NORTH EAST SYPHILIS ACTION PLAN 2024 – 2027

Introduction: There has been a substantial increase in the number of Syphilis diagnoses in recent years in England with infectious syphilis (primary, secondary and early latent) increasing both among gay, bisexual or other men who have sex with men (GBMSM), as well as heterosexual people[1] and the number of Syphilis cases in the UK is now higher than when records began back in 1922[2].

A successful response to the increase in syphilis incidence is dependent upon action that optimises 4 prevention pillars fundamental to syphilis prevention and the following priority actions are identified in the National Syphilis Action Plan 2019 supported by an annual Syphilis Tracking Report 2013 - 2023

1. Increase testing frequency of high-risk MSM and re-testing of syphilis cases after treatment
2. Deliver partner notification to BASHH standards
3. Maintain high antenatal screening coverage and vigilance for syphilis throughout antenatal care
4. Sustain targeted health promotion

Background: The North East Syphilis Action plan has been informed by local epidemiological intelligence for Syphilis along with contributions from a wide network of stakeholders including sexual health commissioners and providers, members of the local BASHH network and attendees at regional Syphilis webinars The syphilis action plan has been developed by a small multi-disciplinary steering group consisting of Genito Urinary Medicine (GUM) clinicians, consultants in public health and public health practitioners.

Syphilis Data:

I. The North East has consistently had one of the highest rates of syphilis diagnoses in the country (NE 21.3 per 100,000 population, England 16.7 per 100,000), with rates ranging from 10.5 per 100,000 population (Sunderland) to 46.5 per 100,000 (Middlesbrough)[3].
II. Compared to England, the rate of syphilis in the North East is higher in all age groups below 45 years of age as shown in table 1 below (2023)

Table 1: Syphilis rates by age group under 45 years (2023)

Age range	England Rate/100,000	NE Rate/100,000
15 – 19-year-olds	4.8	18.7
20–24-year-olds	27.9	67.3
25–34-year-olds	43.2	64.4
35–44-year-olds	35.1	40.4

[1] Sexually transmitted infections and screening for chlamydia in England: 2022 report - GOV.UK (www.gov.uk)
[2] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk) accessed 30/8/24
[3] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk) accessed 09/09/24

III. Rates in women across the North East have been of concern for some time and they are now greater than England (10.9 vs 3.4/100,000) and this is an increase of 166% from 56 cases in 2019 to 149 in 2023 (See Figure 1 and Figure 2 below)

Figure 1: Diagnosis rates of syphilis North East 2019 - 2023

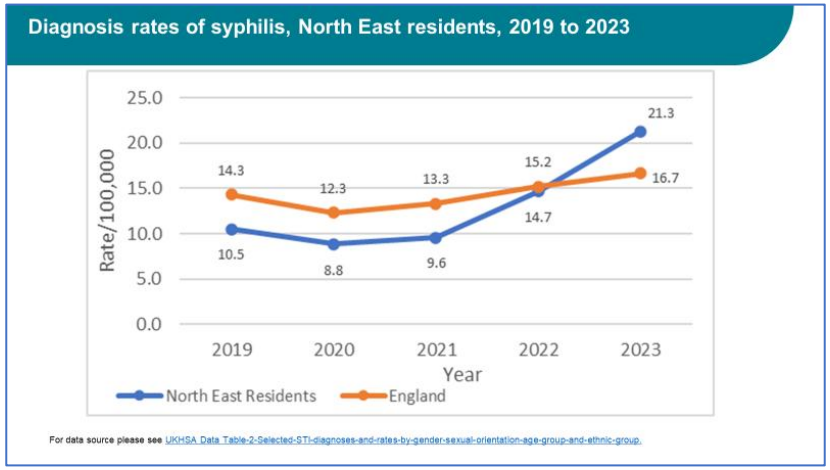
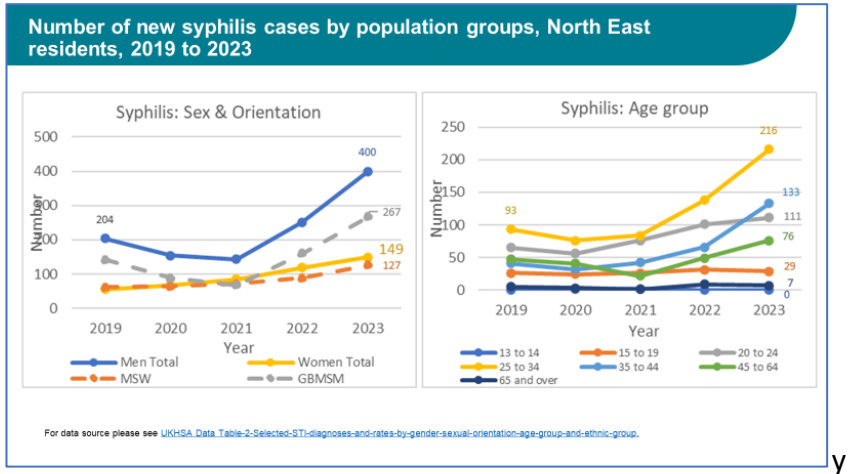


Figure 2: New syphilis cases by population Groups in the North East 2019 - 2023



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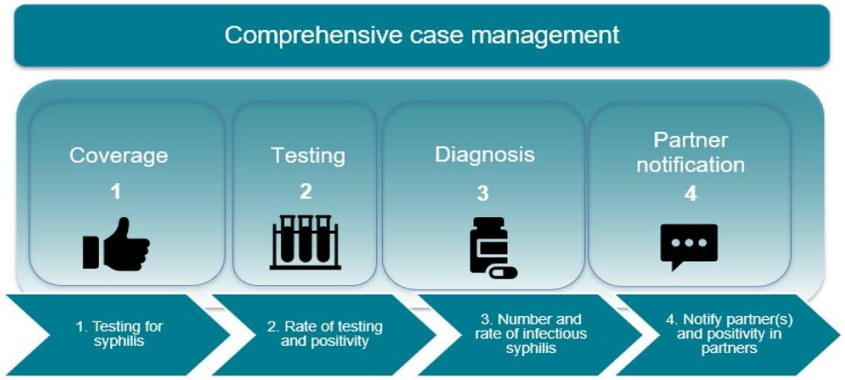
Themes and Objectives: Syphilis rates in the North East region present a notable deviation from the national trend, particularly concerning the rates among females (see point III above) the highest in the country. In addition to recommendations from the national action plan this NE plan will focus on the regional increase in heterosexual male and female syphilis cases.

The North East Regional Syphilis Action Plan has a list of recommended activity associated with the following seven themes:

1. Testing for Syphilis in all groups
2. Treatment for Syphilis including test of cure
3. Effective partner notification
4. Antenatal screening, and management of syphilis in pregnancy
5. Targeted sexual health promotion
6. Surveillance
7. Cluster and Outbreak Response

Syphilis Care Pathway Workshops: A key feature of the work in the North East will be to promote a comprehensive case management approach with facilitated care pathway workshops. The care pathway approach integrates disease specific knowledge, surveillance data and local expertise in a facilitated workshop to identify opportunities for action within the pathway that can have the most impact.

Figure 1: Syphilis Care Pathway



Monitoring and Evaluation: The North East Syphilis Action Plan will be reviewed regularly with progress updates reported to the Regional Directors of Public Health via the Sexual Health, Reproductive Health and HIV Commissioners network at least once per calendar year. Lead officers will be identified for each high-level theme and progress updates will be submitted to the steering group to support regional updates to ADPH. (**See Appendix 1 Governance).**

North East Syphilis Action Plan

High level Theme	National Action Plan Objectives	Regional objectives / activity	Lead / Agency	Progress/Notes DRAFT COMMENTS

(1) Testing for syphilis	**Increase testing in high risk MSM**
	
	Increasing testing in wider population
		1. Review frequency of testing in high risk MSM in line with BASHH guidelines
		  ○ High risk MSM are identified in clinics and there is a mechanism for call / recall
		  ○ ensure regular testing for patients at their HIV review appointment
		
		2. Use local Syphilis dashboard / care pathway workshops in high prevalence areas
		  ○ Regular review of epidemiology including positivity / testing rates in different population groups etc.
		  ○ Dissemination of syphilis 'indicator diseases' to secondary and primary care services
		  ○ non-SH clinicians are aware of how to test / local testing pathways?
				Note: PrEP protocols should aid this

(2) Treatment of syphilis		3. Delivery of treatment in the North East is timely and in line with BASHH guidelines 4. Appropriately qualified staff are available for consultations and treating patients with Syphilis		*Possible audit – check whether being done through other routes* *Link with publication of updated BASHH guidelines*

including test of cure		5. Develop a test of cure self-assessment tool / audit for sexual health services to increase re-testing after treatment (test of cure). 6. Provide national / regional/ support for a local Syphilis Care Pathway to Local Authorities o Share learning through sexual health commissioners / provider's network	UKHSA Sexual Health Facilitator	
(3) Effective partner notification	**Deliver partner notification to BASHH standards**	7. Conduct PN audits within clinical services, to benchmark PN data across the region and share good practice 8. Ensure clinicians undertaking notification of male partners of female syphilis cases specifically enquire about sex (including oral sex) with other men in those identifying as heterosexual 9. Review HA capacity within region (*as part of workforce planning)* 10. Provide professional updates/ training for regional colleagues on motivational interviewing / Partner Notification.		*To be discussed with BASHH / Health Advisors network* *Consider joined up North East HA service / capacity – joint working etc*
		11. Secure timely data from antenatal screening teams about uptake of screening, positivity		*Discussion with NHSE screening team pending re frequency of reporting (uptake / positivity) and processes for*

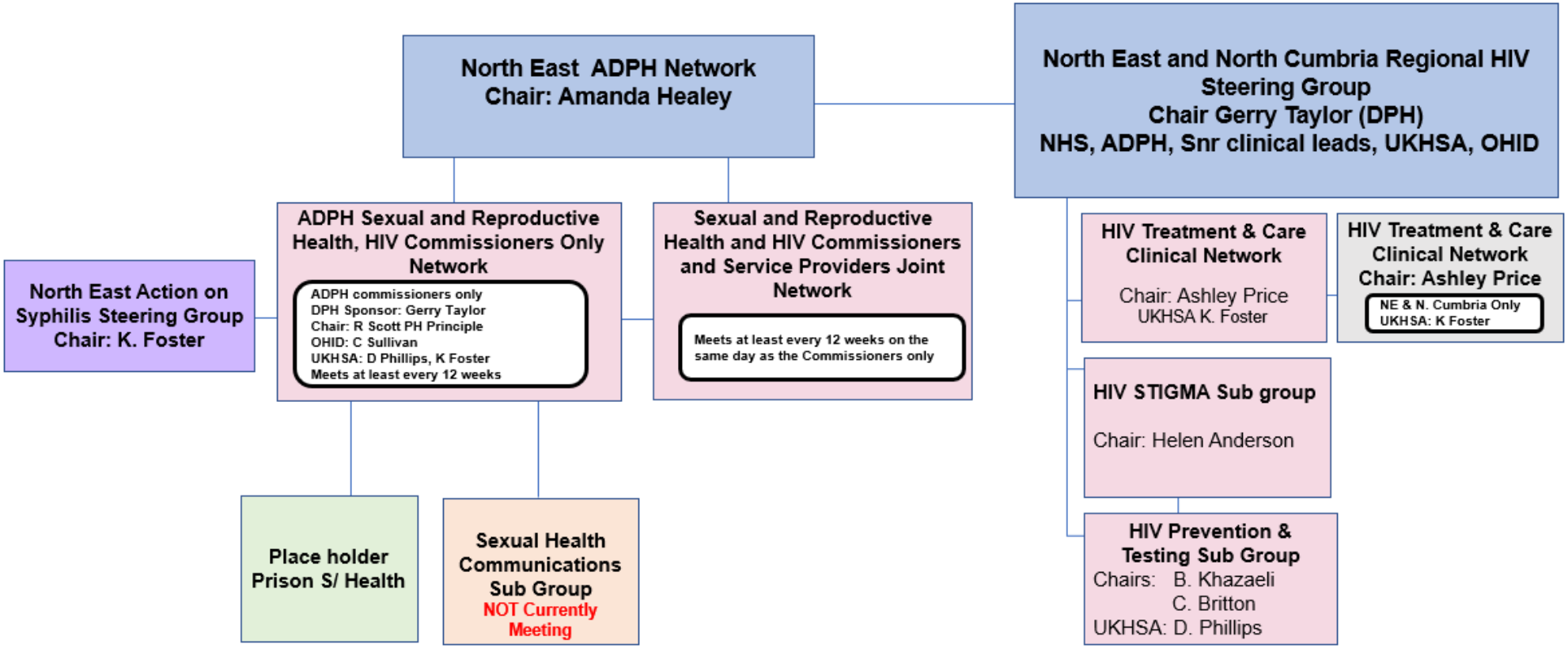
	Maintain high screening coverage – including actions on positive results	and ensure local pathways have robust reporting arrangements 12. Ensure the offer of repeat screening during pregnancy as per national screening guidance and the 'negative now' message is understood and discussed with all women during pregnancy. 13. Provide a programme of annual online training sessions for Midwives – (learn from Teesside 2023 sessions).		*managing near miss or adverse outcomes and sharing lessons*
	Vigilance for syphilis throughout pregnancy	14. Update and re-launch North East guidance on syphilis in pregnancy / congenital syphilis (including the need for sufficient senior clinical cover in all clinics to ensure timely management of positive results in pregnant women) 15. Provide regular updates on syphilis epidemiology across maternity / Obs & Gynae / midwifery services – work with local screening and midwifery networks 16. Raise awareness of syphilis in primary care and ensure that any pregnant woman with genital ulcers ~~are tested~~are tested for syphilis		
(5)	**Sustain targeted sexual**	***Work with the Sexual Health Service providers*** 17. Develop and implement local syphilis awareness plans based on local epidemiology	UKHSA - Sexual Health Facilitator	

Targeted sexual health promotion	**health promotion**	○ Encourage LA commissioners to opt in to syphilis testing as part of the HIV Home sampling programme ○ Consider use of DoxyPep in line with national developments ○ Ensure that local PrEP materials highlight the importance of regular STI testing (including syphilis) ***Work with the public / clients*** 18. Develop a regional toolkit for raising awareness of Syphilis for a range of target audiences, e.g. Heterosexual groups / antenatal /MSM/prisons population – include target groups in design ○ Identify any lessons learned from the NEXUS /James Cook ED opt out study and incorporate into regional toolkit 19. Develop MECC resources for Sexual Health and STIs and add to regional MECC website ○ Develop MECC training for Sexual Health Screening and work with partners to roll out across the region eg D&A services.	UKHSA - Sexual Health Facilitator ADPH Sexual Health Network T&F Group	
	Maintain medical professionals' awareness and knowledge of syphilis	20. Raise awareness of syphilis as differential diagnosis in range of clinical specialities and encourage testing ○ Disseminate Syphilis factsheets to clinical specialties across the region		

		○ Conduct two Syphilis case reviews per year to identify diagnoses from other specialities ○ Raise awareness of syphilis in primary care – including highlighting the North East epidemiology (heterosexual infections, range of ages affected)		
(6) Surveillance	**Develop high quality surveillance and monitoring services**	21. Promote use of syphilis dashboard to produce timely updates on local epidemiology ○ Local services (SH and LA public health intelligence) have mechanism to regularly review surveillance data and identify changes in case presentation / numbers 22. Review regional ISOSS data / positive screens in pregnancy	UKHSA Sexual Health Facilitator S/Health Commissioners	
(7) Cluster / outbreak response	**Use STI outbreak guidance for investigation and response to surge in cases / outbreaks**	23. Establish reporting mechanisms (outbreak management guidance) for services to flag up concerns re changing epi / linked cases ○ Use data from PN activities to understand sexual networks and transmission within region 24. Develop (or collate) a set of local resources (letters, social media messaging etc)	UKHSA - Health Protection Lead	

		25. Share lessons from cluster / outbreak investigations via clinical and sexual health networks eg CPD sessions	UKHSA Sexual Health Facilitator	

Appendix 1 North East Sexual Health System Draft Governance



DRAFT Governance and Leadership for NE Sexual Health System – September 2024