

Clinician alert: gonorrhoea and syphilis outbreaks in Cairns region

Key points

- Cairns and Hinterland Hospital and Health Service region has declared outbreaks of gonorrhoea and syphilis, especially impacting the Cairns urban area. Aboriginal and Torres Strait Islander people, and gay, bisexual and other men who have sex with men continue to be disproportionately affected by sexually transmissible infections (STIs).
- Screen all sexually active people based on risk assessment as per the [STI Guidelines Australia](#).
- All pregnant women should have full STI/BBV testing at first visit, and be tested for syphilis again at 26 to 28 weeks and 36 weeks gestation, with other STI testing as appropriate.
- For symptomatic people, presumptive treatment and discussion of contact tracing is recommended at the time of testing.
- A multi-agency outbreak response group has commenced to address the outbreak. You may be contacted by the Public Health Unit for enhanced surveillance information on gonorrhoea.

Background

Syphilis

- Is sexually transmitted by vaginal, oral and anal sex or through direct contact with infected lesions.
- Syphilis can be transmitted from mother to baby if a woman is untreated or inadequately treated for syphilis during pregnancy and can cause adverse pregnancy outcomes including congenital syphilis.

Gonorrhoea

- Is sexually transmitted by vaginal, oral and anal sex. Infected people may be asymptomatic or have urethral, vaginal or rectal discharge, dysuria, pelvic pain, pharyngeal symptoms or proctitis.
- If untreated, gonorrhoea can cause pelvic inflammatory disease and epididymo-orchitis. Infection during pregnancy may lead to miscarriage or neonatal conjunctivitis.

Current Situation

There have been two times the number of cases of syphilis and gonorrhoea in the Cairns and Hinterland region in 2026 compared with the average of the preceding 3 years. Aboriginal and Torres Strait Islander populations, and gay, bisexual and other men who have sex with men continue to be disproportionately affected.

Recommendations for clinicians

Screening

- Offer STI screening to all sexually active people. Refer to [STI Guidelines Australia](#) for screening recommendations according to risk assessment.
- All pregnant women should have full STI/BBV testing at first visit, and be tested for syphilis again at 26 to 28 weeks and 36 weeks gestation, with other STI testing as appropriate.



For symptomatic people:

- **Presumptively treat patients** presenting with symptoms suggestive of gonorrhoea, including mucopurulent urethral or cervical discharge, dysuria, testicular pain in men, or pelvic pain in women, in accordance with current guidelines.
- Commence presumptive treatment where there is a high clinical suspicion of infectious syphilis. Treatment should not be delayed while awaiting test results.

Contact Tracing

- **Discuss contact tracing at the time of testing for all symptomatic people** and ensure you complete contact tracing for all positive results. Support for contact tracing is available through the Cairns Sexual Health Service or through partner notification apps ([Better to Know](#), [Let Them Know](#), [The Drama Downunder](#))

For confirmed gonorrhoea cases

- If not already performed, collect specimens for **culture and antimicrobial susceptibility testing** from all PCR-positive sites (urethral, cervical, pharyngeal or rectal) at the time of treatment. Culture remains essential for monitoring antimicrobial resistance.

Enhanced surveillance

- Cairns Public Health Unit will commence enhanced surveillance for gonorrhoea notifications, to strengthen understanding of local transmission trends and inform public health responses. You may be contacted for further information.

Support is available

- Cairns Sexual Health Service – (07) 4226 4769
- Cairns Public Health Unit – (07) 4226 5555
- Health Pathways [Welcome](#)
- [Australian STI Guidelines](#)
- [North Queensland Syphilis Surveillance Service](#)
- [North Queensland HIV Public Health Team](#)

Yours Sincerely,



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