

16 January 2019

[REDACTED]

By email: [REDACTED]

Ref: H201808025

Dear [REDACTED]

Response to your request for official information

I refer to your request to the Ministry of Health (the Ministry) of 27 November 2018 under the Official Information Act 1982 (the Act) for:

With respect, I request the following information under the terms of the Official Information Act 1982:

**All communications among MOH staff and between MOH staff and the Minister of Health and his office relating to possible links between HIV Pre-Exposure Prophylaxis (PrEP) and an increase in the reporting of syphilis.*

**Communications could be in the form of reports, memos, emails, letters, notes, draft documents and any other communications.*

The documents within scope of your request are as follows:

Document	Decision
Memorandum: Syphilis in New Zealand	Partially released. Some information withheld pursuant to section 9(2)(a) of the Act, to protect the privacy of individuals. Some information has also been withheld as it is considered to be out of the scope of your request.
Email Correspondence Ministry staff.	Partially released. Some information withheld pursuant to section 9(2)(a) of the Act, to protect the privacy of individuals. Some information has also been withheld as it is considered to be out of the scope of your request.

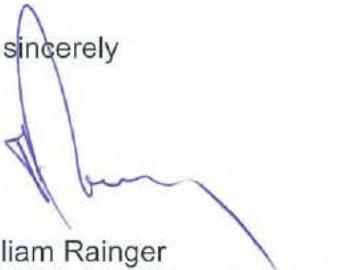
These documents are attached as Appendix One.

You have the right to seek an investigation and review by the Ombudsman of my decisions to withhold information. Information about how to make a complaint is available at www.ombudsman.parliament.nz or free phone: 0800 802 602

Please note that this letter, along with attachments may be published on the Ministry of Health website, with your personal details removed.

I trust this information fulfils your request.

Yours sincerely



Dr William Rainger
Acting Deputy Director-General
Population Health and Prevention

Security classification: In-Confidence

RECEIVED
09 APR 2018
Office of Hon Genter

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Database number: H201802517

Quill record number: N/A
File number: A062-14-201
Action required by: 9 April 2018

Memorandum: Syphilis in New Zealand

To: Hon Julie-Anne Genter, Associate Minister of Health
Copy to: Hon Dr David Clark, Minister of Health

Purpose

You have requested a briefing on syphilis rates in New Zealand relating to a proposed media release produced by the Ministry of Health. This briefing provides a background to the media release and an update on the work being undertaken by the Ministry to address the increasing rate of syphilis in New Zealand.

Key Points

Syphilis rates in New Zealand

1. The incidence of syphilis has been on the rise in New Zealand since 2012. Provisional data from the Institute of Environmental Science and Research (ESR) Ltd indicates that the number of syphilis cases reported in 2017 has more than doubled since 2015, with 470 cases reported in that year.
2. The highest number of cases was reported in males aged 20-39 years, particularly those in the 25-29 age group, in the Auckland and Wellington regions. Nearly 70% of the cases were reported in men who have sex with men (MSM) and nearly 21% of these cases were also HIV positive.
3. MSM remains the group most affected by syphilis. However over recent years there has also been a steady increase in cases diagnosed in heterosexual males and females in New Zealand. For females the highest number of cases reported in 2017 was in the 20-39 years age group.
4. Similar trends have been seen in Australia, the UK and the USA in recent years, with cases first increasing in MSM, followed by the heterosexual population, with an increased risk of congenital syphilis where pregnant women are affected.
5. The Ministry has prepared a media release to accompany the findings by ESR (see Appendix 1). The aim of the media release is to inform interested parties such as district health boards (DHBs), public health units (PHUs), sexual health clinics, healthcare professionals and the public as well as reiterating the importance of practicing safe sex and encouraging regular testing for sexually transmitted infections (STIs).
6. The Ministry has advised sexual health clinics, midwives and general practitioners on the increased prevalence of syphilis and the need to urge vigilance in their communities.

The potential impact of pre-exposure prophylaxis on syphilis rates

7. Pre-exposure prophylaxis (PrEP) refers to the use of HIV medication by people who are HIV-negative in order to reduce their risk of HIV infection. On 1 March 2018, PHARMAC began funding HIV PrEP.

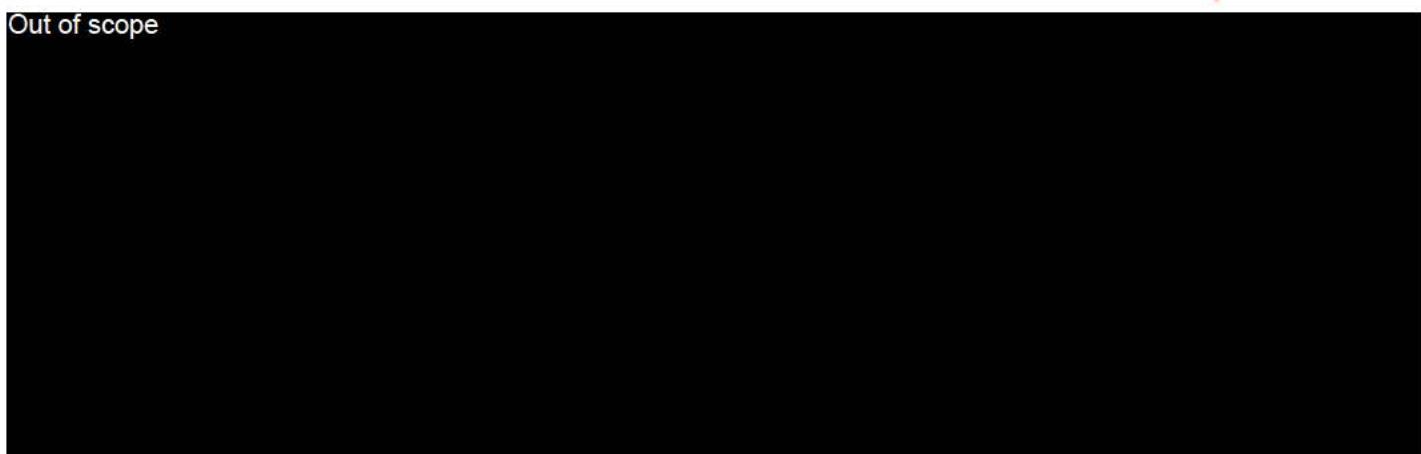
Contacts:	Sarah Reader, Group Manager, Protection Regulation and Assurance	s 9(2)(a)
	Laurence Holding, Manager Communicable Diseases, Protection Regulation and Assurance	04 819 6889

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8. The Ministry welcomes the PHARMAC decision to fund PrEP. Its view is that PrEP is best accessed through a medical practitioner. PrEP prescribing requires three monthly visits to a medical practitioner, frequent HIV and STI tests and the opportunity to provide medical advice to mitigate the increased spread of STIs besides HIV.
 9. Ministry officials have carefully considered the role of PrEP for HIV prevention before supporting this funding decision. One factor taken into consideration was that, prior to Medsafe receiving and approving applications for PrEP use, PrEP had been illegally imported and used with no opportunity for clinical oversight or support.
 10. There remains concern that a reliance on PrEP for preventing HIV transmission could reduce condom use by MSM, thereby increasing rates of transmission of other STIs such as syphilis and gonorrhoea, which has been observed overseas in countries where PrEP is funded.
 11. At the latest HIV forum held in Auckland in March 2018, a recommendation was made to begin work on a national protocol to co-ordinate responses to STI outbreaks. The intention is to provide a coherent response whereby primary care networks can be supported to respond to outbreaks. This would require ensuring that there is good primary care knowledge of testing and management of STIs and competence maintaining sexual health with patients.

Recent campaigns and targeted promotion

12. The Ministry has previously commissioned behavioural surveillance surveys in the form of the Gay Auckland Periodical Sex Survey (GAPSS) and the Gay Online Sex Survey (GOSS) studies; the last such survey was carried out in 2014. This surveillance has enabled the measurement of condom use, and has identified that there is a small group of high-risk people who do not practice safe sex.
13. The Ministry funds the New Zealand AIDS Foundation (NZAF) (\$4.2 million per year) to promote condom use, provide behaviour change counselling, rapid HIV and STI testing, and counselling support, support health services, and deliver social marketing and community engagement programmes.
14. The NZAF, together with Body Positive and Auckland District Health Board, has also been working with sexual health clinics on a syphilis prevention programme, including social marketing and community outreach. The programme will report back to the ADHB in April, with recommendations on ongoing STI communication and control amongst gay and bisexual men. There will also be increased STI education and testing incorporated into the Ending HIV Programme.
15. The Ministry has funded two large scale condom promotion social media campaigns; *Get it On* and *Love your Condom*, which have had measurable effects on condoms use. Eighty percent of New Zealand men responding to the Gay Auckland Periodical Sex Survey (GAPSS) and the Gay Online Sex Survey (GOSS) always or mostly reported using condoms with casual sexual partners. The Ministry intends to continue supporting social marketing for condom promotion through its contract with the NZAF.

Out of scope



Out of scope

18. Some of the actions included in the plan are subject to resource availability.

Recommendations

This report is for your information only and has no recommendations.

Caroline McElroy
Director
Public Health

Minister's signature:

Date: 10 April 2018

END.

Appendix One

R Proposed Media Release: Rise in syphilis cases prompts calls to practice safe sex

A rise in the number of syphilis cases being reported in New Zealand is prompting renewed calls for people to practice safe sex, including the use of condoms.

The unfortunate rise has seen New Zealand fall into line with current international trends.

The incidence of syphilis has been on the rise in New Zealand since 2012. Provisional data from the Institute of Environmental Science and Research (ESR) Ltd, indicates that the number of syphilis cases reported in 2017 has more than doubled since 2015, with 470 cases reported.

The highest number of cases were reported in males aged 20-39 years, particularly those in the 25-29 age group, in the Auckland and Wellington regions. Nearly 70% of the cases were reported in men who have sex with men (MSM) and nearly 21% of these cases were also HIV positive.

MSM remains the group most affected by syphilis. However over recent years there has also been a steady increase in cases diagnosed in heterosexual males and females in New Zealand. For females the highest number of cases reported in 2017 was in the 20-39 years age group.

Similar trends have been seen in Australia, the UK and the US in recent years, with cases first increasing in MSM, followed by the heterosexual population, with an increased risk of congenital syphilis if pregnant women are affected.

On 1 March 2018, PHARMAC began funding HIV Pre-Exposure Prophylaxis (PrEP). This is daily medication taken to reduce the risk of becoming infected with HIV. In other countries, where PrEP is funded, there has been an increase in the reporting of syphilis.

The Ministry of Health is committed to seeing a reverse in this trend and there are a number of key messages to remind people how best to prevent the transmission of syphilis and other sexually transmitted infections (STI).

Transmission of these STIs can be reduced by using condoms every time with casual sexual partners; and regular partners.

If you have unprotected sex, or more than one sexual partner, the Ministry of Health encourages you to get tested even if you don't have any symptoms.

If you think that you have syphilis or are at risk of syphilis, see your doctor or local sexual health clinic.

Additional information on syphilis can be found on the New Zealand Sexual Health Society website, <http://www.nzshs.org/docman/guidelines/management-of-sexual-health-conditions/syphilis/175-syphilis-patient-information/file>.

In January 2017, syphilis was made anonymously notifiable under the Health Act. This is expected to help to further identify at risk groups and enable appropriately targeted sexual and public health interventions.

Further information about syphilis

Syphilis is a serious bacterial infection that can cause significant complications. Syphilis is usually sexually transmitted but can also be transmitted from mother to baby during pregnancy or birth, resulting in serious complications and sometimes death.

Syphilis can be treated and cured with antibiotics. If not treated, over time, syphilis can affect the brain, spinal cord and other organs. Having untreated syphilis also increases your risk of catching HIV infection.

The symptoms of syphilis depend on the stage of infection; primary, secondary, and late (tertiary).

The first symptoms of syphilis usually include genital (or possibly oral or anal) ulcers that are often painless, with swollen local nodes. The ulcers usually last a few weeks, often followed by rashes, and sometimes with fever, tiredness, headache, persistent swollen lymph nodes, hair loss or warty growths especially in the genital or anal areas.

R Symptoms disappear after a few weeks without treatment, however the disease continues to slowly develop if left undiagnosed and untreated. Complications appear after months or years and can affect multiple parts of the body, including the brain, nerves, eyes, heart, blood vessels, liver, bones and joints.

As the symptoms and the severity of syphilis may vary and as the symptoms will disappear even though the disease continues to develop, it is recommended that people at risk of sexually transmitted infections (STIs) (i.e., those with multiple sexual partners and/or practising unprotected sex) are tested regularly for syphilis and other STIs, even if they use condoms.

Preventing syphilis transmission to others also requires timely diagnosis and treatment to reduce spread, contact tracing and follow-up of treated individuals.

R

r the Official Information Act

From: Geoffrey Roche/MOH
To: Elinor Millar/MOH@MOH,
Cc: Laurence Holding/MOH@MOH
Date: 18/09/2018 10:33 a.m.
Subject: bullet point summary of syphilis related matters covered at the HIV forum meeting on Thursday 13th September 2018

Hi Elinor

bullet point summary of syphilis related matters covered at the HIV forum meeting on Thursday 13th September 2018

here's my summary of the syphilis-related matters discussed at HIV forum meeting on Thursday 13 September 2018, for the 11 O'Clock syphilis meeting

-the Forum will be asking the Ministry for endorsement of the "U=U" statement, which may be an opportunity for a statement reiterating the condoms message and that other STIs pose a risk
Out of scope [REDACTED]

[REDACTED]
-PreP: a discussion on the causal relationship between PrEP and syphilis rates; whether U=U could be a contributing factor

-Research on PrEP by s 9(2)(a) [REDACTED] (University of Auckland) which covered attitudes towards condom use.

cheers,

Geoffrey

Dr Geoffrey Roche

Senior Advisor | Communicable Diseases | Public Health Group | Ministry of Health | New Zealand
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