

'Essential to Phone a Friend'

Regional Collaboration to Inform Local Syphilis Outbreak Response

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OUTBREAK

Early infectious syphilis outbreak affecting:

- Cis-female street sex workers
- Partners and clients
- Populations experiencing overlapping vulnerabilities

Key risk factors:

- Crack cocaine use
- Homelessness / insecure housing
- Poor engagement with healthcare

Traditional case finding limited by:

- Low service contact
- Limited healthcare registration
- Required a rapid, outreach-led response



"Alert to all clinicians there's an increase in syphilis cases in Leeds and surrounding areas"

COMMUNICATION

- Trauma-informed, person-centred engagement
- Tailored, non-stigmatising messaging
- Delivered through trusted relationships and settings

Focus on:

- Building trust
- Encouraging testing and treatment uptake
- Integration of prevention approaches (e.g. doxyPEP) without reinforcing stigma

TESTING

- Innovative community diagnostics:
- Lesion PCR testing
- Dried blood spot (DBS) sampling
- Testing delivered outside traditional clinics
- Outreach-led and incentivised screening
- Increased uptake among populations with low service access

PARTNERSHIPS

Local and Regional

Strong multi-agency collaboration enabled:

- Shared intelligence and coordinated action
- Trusted access to underserved populations
- Accelerated case identification and treatment beyond clinical settings

The lesson is simple: work together, build trust, meet people where they are, and combine prevention with treatment—supported by shared intelligence and flexible, coordinated outreach