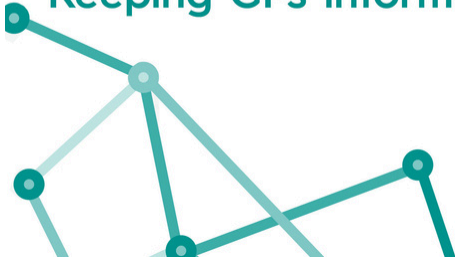


# GP Connect

Keeping GPs informed in the changing primary health landscape



27 March 2026

## Syphilis and affected babies – why syphilis needs to be on your radar

Dr Sarah Smith KEMH Liaison GP  
Donna Mak, Public Health Physician

**Infectious syphilis cases are increasing across the country and Australia's Chief Medical Officer recently declared syphilis to be a communicable disease incident of national significance.**

Infectious syphilis case numbers in Western Australia (WA) have surged by almost 300 per cent over the past 10 years, from 162 in 2015 to 774 in 2025. All of WA is now a declared outbreak area. Sadly, this is also reflected in increasing cases of congenital syphilis, a preventable cause of stillbirth and neonatal and lifelong complications. Of concern, there were three cases of congenital syphilis notified in WA in 2025, which reflects ongoing high levels of infectious syphilis in the community.

Syphilis can present in many ways and often has no or minimal symptoms. Recent syphilis cases in WA have been identified by a wide range of specialists including GPs, dermatologists, dentists, ophthalmologists, rheumatologists, emergency physicians and obstetricians - it is the great masquerader.

Given the rise in cases across all population groups, if we are not testing for syphilis then cases will be missed. Most people with syphilis do not know they are at risk, and most will not have symptoms.



The new [ASHM Stop Syphilis](#) campaign has launched to increase Syphilis awareness amongst GPs and healthcare workers, with the key message being Syphilis is back, put it on your radar.

The campaign includes an excellent [syphilis conversation guide](#) to assist with bringing syphilis into everyday consultations and encouraging testing, and to help educate your patients about this infectious disease.

### **Congenital syphilis – what you need to know**

Early identification of syphilis in pregnancy enables treatment that can positively change the life course of both the pregnant mother and baby. Treatment in pregnancy is both safe and effective. WA and national pregnancy care guidelines recommend that everyone has routine syphilis testing at three key points during every pregnancy:

1. At diagnosis of pregnancy.
2. At 24 weeks (at time of routine 24 to 28 week blood tests).
3. At 36 weeks (at time of routine 36 week blood tests).

*Continued page 2*

## Syphilis and affected babies – why syphilis needs to be on your radar (cont)

The following additional testing in pregnancy is also recommended:

- Routinely at time of any premature birth.
- Opportunistically when an STI or risk for an STI is identified.
- Whenever a patient requests testing.
- Opportunistically when routine antenatal care schedule is disrupted – consider socioeconomic issues, and risk factors such as housing instability, substance use, mental health issues which can all affect access to care.

### What can I do as a GP to reduce cases?

Implement the five Ts to tackle syphilis in your daily practice:

1. Talk about syphilis with your patients.
2. Think of syphilis when considering diagnosis.
3. Test for syphilis – PCR swab of mucosal lesions and syphilis serology.
4. Treat syphilis promptly.
5. Trace contacts with support from local Public Health Units.

Consider the following practice audit and quality improvement activities:

- *Is syphilis serology included in antenatal blood request forms at the first visit, 28 and 36 weeks?*
  - Check and add it to the request forms in your practice software.
- *Is syphilis serology included in routine STI test requests?*
  - Think STI = Think Syphilis.
- *Is syphilis PCR requested when investigating mucosal ulcers/lesions?*
  - Check and add it to the request forms in practice software.
- *Is pregnancy considered whenever a female of reproductive age undergoes syphilis testing?*
  - Check and add pregnancy test (urine or beta-HCG) consideration to syphilis test requests.
  - Audit if a positive test result is obtained, is pregnancy status determined within one working day?



### Staff and patient education

Consider doing a practice education session on syphilis with your colleagues, using the ASHM Stop Syphilis campaign resources and local data.

The [WA Notifiable infectious disease dashboard](#) contains real-time information about syphilis notifications broken down by sex, age-group, region and Aboriginal status. It is a great resource to help discussions with patients and colleagues about syphilis.

Display posters and patient education materials in your waiting room, you can find out how to order resources from the "ordering resources" page on the WA STI and BBV guidelines page.

Together we can all make a difference with small changes that will help prevent congenital syphilis and the stop the spread of syphilis in WA.

Think of syphilis and make a difference today. Keep syphilis on your radar.

More information and resources for GPs are available below:

- [www.ashm.org.au/stopsyphilis](http://www.ashm.org.au/stopsyphilis)
- [www.health.wa.gov.au/WA-STI-and-BBV-guidelines/infections/Syphilis](http://www.health.wa.gov.au/WA-STI-and-BBV-guidelines/infections/Syphilis)
- [www.health.wa.gov.au/Articles/U\\_Z/WA-Syphilis-outbreak-response](http://www.health.wa.gov.au/Articles/U_Z/WA-Syphilis-outbreak-response)
- [www.ashm.org.au/education/syphilis-outbreak-training-website](http://www.ashm.org.au/education/syphilis-outbreak-training-website)
- [www.health.wa.gov.au/Articles/N\\_R/Notifiable-infectious-disease-dashboard](http://www.health.wa.gov.au/Articles/N_R/Notifiable-infectious-disease-dashboard)

## Hospital Liason GP updates

### New referral guideline for the Perth Children's Hospital Lipid Disorder Clinic

The Perth Children's Hospital (PCH) Lipid Disorder Clinic is now accepting GP referrals for eligible children and adolescents who live anywhere in WA and require one of the following two services:

1. Clinical assessment and management of children and adolescents with confirmed or probable Familial Hypercholesterolaemia (FH), elevated Lipoprotein(a) (Lp(a)) or severe hypertriglyceridemia (HTG).
2. Cascade testing of children and adolescents with a parent or first degree adult relative with confirmed FH or elevated Lp(a).

The PCH Lipid Disorder Clinic provides a family centred approach to ensure early diagnosis and effective management of children and adolescents with high impact lipid disorders. Support is delivered across a multidisciplinary team that includes a paediatrician, nurse practitioner, clinical nurse specialist, dietitian and pharmacist. The team delivers weekly outpatient clinics, onsite at PCH, via telephone and telehealth.

Cascade testing involves the process of extending testing to individuals, including children, at risk within a family for inheriting a pathogenic (disease-causing) variant previously identified in a biological relative. Read the [GP Connect clinical feature on familial hypercholesterolaemia](#) for further information on cascade testing.

The PCH team look forward to hearing from GPs with questions about the referral process or to discuss whether one of your patients may benefit from this service.

Please email [PCH.LipidClinic@health.wa.gov.au](mailto:PCH.LipidClinic@health.wa.gov.au) or refer to the [lipid disorders pre referral guideline](#) or phone 0461 393 580. More information, including patient resources for familial hypercholesterolaemia are available here on the [PCH website](#).

Dr Claire Bowden  
Hospital Liaison GP, Perth Children's Hospital  
[PCH.HospitalLiaisonGP@health.wa.gov.au](mailto:PCH.HospitalLiaisonGP@health.wa.gov.au)

## East Metropolitan Health Service Post COVID Clinic

The East Metropolitan Health Service (EMHS) Post COVID Clinic (PCC) is a physiotherapy-led service that continues to provide high quality care for individuals with ongoing symptoms following a COVID-19 infection. GPs can refer patients who have ongoing symptoms causing functional impairment following COVID-19 into the service. Referral to the clinic occurs after medical work up and exclusion of medical conditions that may require speciality medical review. Input is focused on symptom management, which may involve input from other allied health professionals.

### Referral criteria:

#### Inclusion:

1. Patients living in the [EMHS metropolitan catchment](#) (or Kimberley, Pilbara and Wheatbelt patients unable to be managed locally) with ongoing symptoms without other obvious cause that are failing to resolve beyond 12 weeks from COVID-19 diagnosis.
2. SARS-CoV-2 viral infection can be confirmed by a positive RAT or PCR test at the time of acute infection. In the absence of a positive RAT or PCR test, referrals will be accepted for those patients with ongoing symptoms following an illness consistent with COVID-19 and for which other causes have been excluded.

#### Exclusion:

1. Patients with the following 'red flag' symptoms:
  - a. Severe, new onset, or worsening breathlessness or hypoxia.
  - b. Syncope.
  - c. Unexplained chest pain, palpitations or arrhythmias.
  - d. New delirium, or focal neurological signs or symptoms.
2. Patients requiring sub-speciality medical review.

#### How to refer:

All patients require a referral by their GP or treating specialist. Referring practitioners will need to complete a standard Central Referral Service (CRS) referral form and send it to the CRS. Referrals should include the results of routine assessment and investigation according to the presenting syndrome. Refer to the clinic webpage on the [EMHS website](#) for further information.

# Clinical updates

## More measles cases in WA in 2026

At time of publication, there have been five cases of measles identified in WA in 2026 year-to-date. Recent exposure locations include Wangara, Wanneroo and Ellenbrook.

For more information and specific locations, visit the updated [measles health alert](#) (16 March).

Suspect measles in any patient with fever and rash, especially if they have recently travelled overseas or attended a listed exposure location during the specified period (even if vaccinated).



Refer to the WA Health [Measles Quick Guide](#) for information on testing, management and notification in primary health care

Information for clinicians on measles immunisation is available on the [WA Health website](#).

# Outbreak of diphtheria in the Kimberley

WA Department of Health has issued a clinician alert advising seven cases of toxigenic diphtheria (five cutaneous, two respiratory) have been notified in Aboriginal people in the Kimberley since December 2025, with shared genomic and/or epidemiological links.

Respiratory diphtheria is extremely rare in WA; these are the first cases to be notified in over 50 years.

Clinicians are advised to be vigilant for patients presenting with clinically suspicious skin sores, infected wounds, or upper respiratory illness in or from the Kimberley, and potentially the Pilbara or Goldfields regions. Urgently notify suspected or confirmed diphtheria cases to your local [Public Health Unit](#) by phone (or call 1800 434 122 if after hours); do not wait for laboratory confirmation before notifying.

For more information, see the WA Department of Health [Alert for Kimberley, Pilbara and Goldfields Clinicians – 12 March 2026](#).

## Guidance for assessing eligibility for Department of Veterans' Affairs funded health care

The Australian Government Department of Veterans' Affairs (DVA) has updated the [Notes for General Practitioners](#) regarding the assessment of Veteran Card holders' eligibility for DVA-funded health care. The revised guidelines remove the requirement for health providers to contact the DVA to confirm eligibility. DVA have developed a suite of resources to support this change, visit the [DVA website](#) for more information.

## WA Department of Health Winter Strategy – Plan for immunisation

The [2026 Winter Strategy](#) is designed to boost health system resilience and support the community to ensure Western Australians can access safe and appropriate care during the months with highest demand.

Last year was one of the toughest on record, with almost 1.2 million emergency department visits and more than 700,000 public hospital admissions.

Targeted immunisation initiatives supporting the prevention pillar of the strategy include:

- **2026 Free Influenza Vaccine Program:** Free influenza vaccines for those aged 12 to 64 years who are not otherwise eligible for a free influenza vaccine through the National Immunisation Program. The program will commence on 1 May and conclude on 30 June 2026.
- **2026 WA Influenza Nasal Spray Vaccination Program:** Children aged 2 to 11 years will be eligible for a free FluMist vaccine, an intranasal live-attenuated influenza vaccine. This program will commence in mid April and conclude on 31 July 2026.
- **New RSV immunisation option to protect older Western Australians:** Following the success of WA's infant and maternal RSV immunisation program, for the first time, from mid-May the respiratory syncytial virus (RSV) vaccine will be available for free to older Western Australians aged 65 and over in residential aged care homes.

[Find out more and register](#) for the WA Primary Health Alliance Immunisation - Winter Wellness Webinar on Tuesday 14 April at 7pm.

## Expansion of Hospital in the Home



Hospital in the Home (HITH) provides eligible patients with the ability to receive acute inpatient care in the comfort of their own home, away from a hospital setting.

The service includes a multidisciplinary team of health professionals who support a patient's treatment requirements. HITH patients are regarded as hospital patients and will receive daily high-quality hospital-comparable care and monitoring at home, until they are discharged. The service has expanded beyond Country WA and is free for all WA public hospital patients.

Patients are informed at admission that all care is to be delivered by HITH and they cannot also have GP appointments during admission. This is also part of the written information given to patients advising that the first point of contact is the home hospital nursing team and providing that number. If they already have a GP follow up booked, they are asked to delay this until after discharge, to prevent any issues with Medicare billing.

Once the patient no longer requires hospital-level care, they will be transferred back to their GP or another community-based service, such as Silverchain. The GP will be provided with a discharge summary. Referral is by hospital doctor (no self-referrals).

Visit the [WA Department of Health website](#) for more information and related links to Health Service Providers.

## New navigation service for multicultural communities available in Perth and the Pilbara

Perth Multicultural HealthLink and Multicultural Health Connect Pilbara focuses on supporting people from multicultural backgrounds with access to primary health care.

Multicultural Health Navigators are co-located across sites in metropolitan Perth and Hedland. Staff are not clinicians, but rather enablers to help patients address common barriers including:

- language Issues
- lack of health literacy
- unfamiliarity with the Australian health system.

Offering a blend of individual, family and group work, typical services include helping a client find a GP who speaks their language, obtaining a Medicare card, or accessing information about a particular illness/condition.

Staff also facilitate informational workshops for groups when needed and link people to community resources and activities to reduce social isolation.

The Perth team is multilingual and fluent in Arabic, Cantonese, Dari, Farsi, Hazaragi, Mandarin, Pashto, Punjabi, Vietnamese and Urdu. The group also possesses some proficiency in Afrikaans and Spanish.

Both Perth and Pilbara teams have access to interpreter services.

You can direct your patients to self-refer or download a referral form via the links below:

Download the [Perth Multicultural HealthLink Referral Form](#) and email [info@pmhl.com.au](mailto:info@pmhl.com.au)

- Download the [Multicultural Health Connect Pilbara Referral Form](#) and email [rachels@panaceum.com.au](mailto:rachels@panaceum.com.au)

\*Perth Multicultural HealthLink is delivered by Arche Health in partnership with Multicultural Futures. Arche Health is also working in-kind with Panaceum Group on their Multicultural Health Connect Pilbara program. This activity is supported by funding from WA Primary Health Alliance under the Australian Government PHN Program.

## Diabetes WA Connect – Now available across WA

The Diabetes Connect service can support general practices throughout WA with evidence-based decision making on diabetes management. No referral is required.

Based at Diabetes WA, Consultant Endocrinologists Dr Greg Ong, Dr Seng Khee Gan and Dr Gerard Chew are available for direct advice on all diabetes types, over the phone or as part of a multidisciplinary case conference with a credentialled diabetes educator and/or Aboriginal health practitioner.

The team can also connect your patients to local face-to-face, Diabetes WA telehealth or group education services if additional patient support is needed.

GPs who have used the service say that Diabetes WA Connect has helped them manage escalation of therapy and psychosocial complexity of care, as well as validating treatment regimes, and strengthening diabetes knowledge within their teams.

Choose a suitable time to book a call back from an endocrinologist or a multidisciplinary case conference (MDCC)\* via MS Teams [here](#). To speak with an endocrinologist, please phone 9436 6270.

The Diabetes WA Connect team is also available for meet and greets with clinical teams, presentations on the service, general upskilling and all questions around managing diabetes within the community. Visit the [Diabetes WA website](#) for more information.

\*GPs can self-log RACGP/ACRRM Reviewing Performance CPD hours for Diabetes WA Connect MDCC discussion, including preparation and reflection on advice.

Read more from Dr Gregory Ong in his GP Connect clinical feature on [actively targeting weight loss for glycaemic control in type 2 diabetes](#).

## Hepatitis B resources to support people from multicultural communities

Resources have been developed to assist GPs and practice nurses with supporting people from multicultural communities, who are at a higher risk of hepatitis B.

The [Hep B - WA GP Pack](#) includes practical, ready-to-use resources for starting the conversation about hepatitis B testing, reassuring patients about migration concerns, and guiding patients towards appropriate follow-up care.

The resources are part of the [Hep B Get Tested](#) community awareness campaign that includes videos for [Chinese](#) and [Filipino](#) communities.

For free hepatitis B clinical support, call [HepLink](#) on 1800 437 222 or email [heplink@hepatitisaustralia.com](mailto:heplink@hepatitisaustralia.com)

## Supporting young patients to quit nicotine

The latest [National Child Health Poll](#) from The Royal Children's Hospital surveyed Australian parents and children 12-17 years about nicotine products. Results revealed that one in eight children had recently used a nicotine product and almost three quarters using nicotine products experienced dependence. Both children and parents said they would seek cessation support from a doctor.

GPs can identify young nicotine users and support both them and their parents with cessation. The Royal Australian College of General Practitioners' [clinical guidelines](#) offer advice for young patients. Additional [clinical tools and guidelines](#) and [online training](#) are available on the Quit Centre website. GPs can [refer patients to Quitline](#), which supports young people and families, with patient consent. Information on other [Smoking Cessation Support Services](#) is available on Clinician Assist WA.

Accredited training for GPs is also available, visit the [Quit Centre website](#) for more information.

## Endometriosis and Pelvic Pain Clinics

The Endometriosis and Pelvic Pain Clinics in WA, funded by the Australian Government Department of Health, Disability and Aged Care (DHDA) and commissioned by WA Primary Health Alliance (WAPHA), offer coordinated, multidisciplinary care for endometriosis, persistent pelvic pain, perimenopause and menopause in primary care. This team-based approach enables personalised care plans, minimises fragmentation, and improves continuity between primary and specialist services.

These clinics are designed to complement the central role of general practice by improving access to timely diagnosis, evidence-based management, and integrated care for women and people assigned female at birth experiencing chronic pelvic pain. The model recognises the complex and often multifactorial nature of endometriosis and pelvic pain, addressing physical, psychological and functional impacts.

Clear referral pathways and shared care arrangements are in place to ensure GPs remain central to ongoing management.

The clinics are suitable for patients who:

- have suspected or confirmed endometriosis
- experience persistent pelvic pain impacting daily function
- do not require urgent surgical intervention.

Direct your patients to self-refer to their nearest clinic via the links below:

- Perth South: [The Garden Family Medical Clinic](#)
- Perth North: [LUMA](#)
- Country WA: [Pioneer Health Albany](#)

## GP education and training

### New quality improvement activity: Identify eligible patients for the National Lung Cancer Screening Program

Co-designed by Cancer Council WA and WA Primary Health Alliance (WAPHA), this new quality improvement activity can help your practice identify patients who may be eligible for the National Lung Cancer Screening Program (NLCSP) and prioritise them for assessment. By reviewing patient records and following best-practice guidelines, practices can support early detection of lung cancer, improving the chance of better patient outcomes through timely treatment.

This activity is accredited for six CPD hours, and support from WAPHA QI coaches is available, including guidance on running and interrogating Primary Sense reports.

Visit the [Cancer Council WA website](#) for more information or to register.

### Immunisation - Winter Wellness Webinar


Tuesday 14 April 2026 | Online | 7pm to 8pm | WAPHA

In addition to expanding the funded RSV immunisation program to include people residing in residential aged care homes, an intranasal influenza vaccine for children and new COVID-19 vaccine targeting a new variant has been added to the National and WA immunisation schedules.

WA Primary Health Alliance invites you to join Professor Paul Effler and Professor Chris Blythe as we discuss:

- The implementation strategies for the 2026 influenza program.
- The eligibility criteria for older adults, pregnant women and infants in the 2026 RSV program.
- The distribution process and availability of the immunisations.
- The new COVID-19 vaccine ATAGI guidelines.


[Find out more and register](#)



**WAPHA LEARNING WEBINAR**

### The Big 5 proven activities for better mental health

**GUEST SPEAKER**



**Prof. Nick Titov**  
Prof. of Psychology at Macquarie University, Clinical Psychologist and Scientific Advisor at the Australian MindSpot Clinic.

WA Primary Health Alliance and MindSpot GP invite health professionals in WA to attend our Perth webinar about The Big 5 proven activities for better mental health.

**PERTH WEBINAR**  
📅 Tuesday 31 March  
🕒 12pm to 1pm


**REGISTER TODAY**

## National Suicide Prevention Conference 2026

28 to 30 April | In-person | Sydney | Suicide Prevention Australia

The National Suicide Prevention Conference 2026 (NSPC26) provides a powerful platform for advancing best practice and driving collective action in the sector. Hosted by Suicide Prevention Australia, the event brings together the brightest minds and the latest research and innovations to help save more lives.

[Find out more and register](#)



**WAPHA LEARNING WEBINAR**

### Early detection and management of chronic kidney disease (CKD)

Join us for the first webinar in this series with Kidney Health Australia. Speaker Professor Mark Thomas will explore the early detection, diagnosis and management of chronic kidney disease (CKD) in at-risk populations.

**DETAILS**  
📅 Thursday 23 April  
🕒 6pm to 7pm (AWST)

**SPEAKER**  
Prof. Mark Thomas  
Nephrologist, RPH

**REGISTER TODAY**

## WA Health 2026 Respiratory Syncytial Virus education module available

The WA Department of Health has released the 2026 RSV education module to assist immunisation providers with the WA Health RSV Immunisation Program. The module is accessible via the [WA Health modules and registration webpage](#) - scroll to 'Access education modules' and follow the registration link.

Returning participants may need to re-register. The 2026 immunisation update and influenza modules will be available soon, with further updates to follow.

## Psychological Care for Cancer-Related Distress

Tuesday 21 April 2026 | Online | 6pm to 7pm |  
Cancer Council WA

Join Kim Evans, Clinical Psychologist with the WA Psycho-Oncology Service (WAPoS), for a practical session designed to support primary care professionals in managing the emotional and psychological impact of cancer.

This session will equip GPs with practical strategies to recognise distress in routine consultations, clarify the GP's role in ongoing psychosocial support, and identify appropriate referral pathways across public and private settings. Kim will provide an overview of WAPoS and its services, outline common psychological stressors experienced at different stages of cancer care, and discuss the therapies used to address cancer-related distress.

[Find out more and register](#)



**WAPHA LEARNING WEBINAR**

### Refugee health in primary care

**Webinar two: Cultural and language considerations and trauma-informed care**

Join us for the second webinar in a six-part series about refugee health in primary care, presented in conjunction with WA Health.

**DETAILS**

- 📅 Wednesday 22 April
- 🕒 6pm to 7pm (AWST)
- 📍 Webinar
- 👤 For GPs, practice managers and practice staff

**REGISTER TODAY**

## Managing patient depression and suicidality in primary care

February to June 2026 | In-person | Rural Health  
West

Build your local GP mental health network and join an experienced psychiatrist, local GP and your colleagues for a supportive, interactive, case-based learning session over an evening meal. Includes Q&A with an experienced psychiatrist, practical strategies for complex presentations and, updates on local referral pathways.

Find out more and register [here](#)



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