Letters

Syphilis has been declared a communicable disease incident of national significance

Thank you to the authors for the informative article about sudden onset sensorineural hearing loss (SSNHL) (*AJGP* July 2025). The article gives excellent practical advice to the clinician presented with this debilitating challenge.

We would like to bring attention to the rising rates of syphilis across the country, in particular the rising numbers in the heterosexual population, and emphasise that syphilis serology should be considered early in the diagnostic workup of cases of SSNHL as a cheap and effective screening test. Syphilis has been declared a communicable disease incident of national significance by the Australian Chief Medical Officer, Professor Michael Kidd AO, on 7 August 2025 (www.health.gov.au/news/cmo-statement-syphilis-cdins). Syphilis is a well-recognised, but rare cause of SSNHL.

The article reports that 'routine' blood tests for the workup of SSNHL are likely to have 'limited benefit' (see references from article 2, 9, 15, 24) as they have a low diagnostic impact and high cost (having previously been recommended). However, while we acknowledge that HIV and syphilis are rare (but potentially reversible) causes of SSNHL, diagnostic tests are simple and cheap and the repercussions of a missed diagnosis are great. We would advocate strongly for ruling out HIV and syphilis with a simple blood test early in the diagnostic workup of cases of SSNHL. Syphilis is curable and there are significant public health implications of missed diagnosis. There have been a number of preventable infant deaths in Australia from congenital syphilis.

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Response to Letter to the Editor regarding article: Onset of sudden sensorineural hearing loss: An update

We thank Drs Owen and Gardam for their engagement with our article. We acknowledge the concerns raised regarding rising numbers of syphilis in Australia and the association of syphilis and sudden sensorineural hearing loss (SSNHL).

However, our article recommends against routine blood testing in SSNHL. Current consensus guidelines do not recommend blood testing.[1] This is due to low diagnostic yield and the potential for false positive results that may lead to further unnecessary investigations.[2–4]

As highlighted in our article,[5] clinicians should also be guided by the clinical scenario of the patient at hand. Targeted serologic testing should be undertaken as clinically indicated. Clinicians should individualise their investigations, if required, to the patient and should always consider these tests after discussion and consent, where appropriate, with the patient.

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