Strong and ongoing increase of syphilis in MSM in Germany
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Background & Objectives

- Surveillance for syphilis in Germany (since 2001)
- Notification of newly diagnosed cases of syphilis
- Laboratories notify anonymously directly to the Robert Koch-Institute
- Physicians complete notification form with clinical information

- Previous syphilis trends
- Cases doubled between 2001 and 2004 to over 3,000 cases per year
- Stabilisation of cases 2005-09
- Increase between 11% and 22% per year since 2010

Objectives
We analysed syphilis surveillance data from 2014 to assess characteristics of this rise and whether it is continuing in 2014

Methods

- Case definition
  - Direct detection of Treponema pallidum by microscopic or histological examination OR
  - Positive screening test + confirmation tests + VDRL/KBR activity or IgM antibodies or clinical information consistent with syphilis
  - Identification of potential double notifications
  - Comparison of cases by demographic data, diagnosis date, antibody titres, and clinical information

- Data analysis
  - Description of syphilis cases by year of diagnosis, age, sex, and area of residence/3-digit postal code (time, place, person)
  - If available, we analysed the data by transmission category
    - Men who have sex with men (MSM)
    - Heterosexual transmission
    - Sex work
    - Contact to sex worker

Results

- Time
  - Cases rose 14% in 2014, mainly due to MSM (Fig. 1)
  - Cases increased linearly by 669 cases/year since 2010 (Fig. 2)

- Place
  - Overall incidence 7.1/100.000 population
  - Highest incidences in large cities like Berlin (31.0), Cologne (31.9), Munich (27.2), especially in Berlin’s inner city areas (61.3-86.2)
  - Cases in 2014 increased in 13/16 federal states

- Person
  - 94% of cases from men; incidence in men 15-times higher than in women
  - 84% MSM in 2014, of cases with data on risk of transmission available (74%); Fig. 1
  - Distinct increase of cases in MSM of all age groups between 25yr and 60 yr since 2010 (Fig. 3)
  - High and stable proportion of MSM diagnosed in later stages (Fig. 4)

Conclusions

- Strong and ongoing increase of syphilis cases in Germany since 2010, mainly due to MSM in large German cities
- Increase in MSM also in higher age groups, and high proportions of MSM diagnosed not before reaching later stages of disease
- Berlin as a centre of sex tourism for MSM worldwide heavily affected
- Emphasis needed on consistent condom use, early diagnosis and treatment to minimise risk of syphilis and subsequently potential HIV transmission

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