Surveillance Atlas of Infectious Diseases for Sexually Transmitted Infections (2023 data)

Information about the Data

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Chlamydia infection (excluding *Lymphogranuloma venereum*)

**Last updated: 29 August 2024**

**Data as of 29 August 2024**

Data in the chlamydia infection atlas should be interpreted with caution and comparisons across countries avoided. Chlamydia surveillance data depend heavily on testing strategies, availability of diagnostics and diagnostic pathways used and all these vary significantly across countries. In addition, under-reporting may differ between countries depending on the characteristics of their surveillance systems and may change over time. Note that testing rates have increased across Europe since the early 1990s and the increase in reported cases is mainly linked to increased testing.

Chlamydia infection is sexually transmitted and caused by thebacterium Chlamydia trachomatis. For a more detailed description of the disease and its epidemiology, please click [*here*](http://ecdc.europa.eu/en/healthtopics/chlamydia/Pages/index.aspx).

Data

The Surveillance Atlas of Infectious Diseases displays data on chlamydia infections reported by the EU/EEA Member States. The European Centre for Disease Prevention and Control (ECDC) has been coordinating the enhanced surveillance of sexually transmitted infections (STI) in Europe since 2009.

Cases are classified according to the 2018 EU case definition for chlamydia infection[[1]](#footnote-2). The case definition has not changed from the previous 2012 version. Only confirmed cases are reported in TESSy.

**Clinical criteria**

Any person with at least one of the following six:

— Urethritis

— Epididymitis

— Acute salpingitis

— Acute endometritis

— Cervicitis

— Proctitis

In newborn children at least one of the following two:

— Conjunctivitis

— Pneumonia

**Laboratory criteria**

At least one of the following three:

— Isolation of *Chlamydia trachomatis* from a specimen of the ano-genital tract or from the conjunctiva

— Demonstration of *Chlamydia trachomatis* by DFA test in a clinical specimen

— Detection of *Chlamydia trachomatis* nucleic acid in a clinical specimen

**Epidemiological criteria**

An epidemiological link by human-to-human transmission (sexual contact or vertical transmission)

**Case classification**

A. Probable case: Any person meeting the clinical criteria and with an epidemiological link

B. Confirmed case: Any person meeting the laboratory criteria

Data collection and analysis

Data are collected on an annual basis. The Surveillance Atlas indicators are calculated for cases up to the end of 2023. Prior to analysis, data are validated with nominated data providers in each EU/EEA country. Data from countries with sentinel surveillance systems are excluded from the calculation of notification rates. Country population denominators by age group and gender were obtained from Eurostat[[2]](#footnote-3) for the calculation of notification rates. Note that the data published in the Surveillance Atlas might differ from figures in national reports due to different times of reporting, inclusion of cases by different case definitions and use of different denominators.

Indicators were not calculated for variables for which a threshold level of completeness for a given geographical resolution (e.g. country, EU/EEA) and time period has not been reached. Surveillance systems across the EU/EEA countries are heterogeneous and a surveillance systems overview is displayed below.

Surveillance Atlas indicators

All Surveillance Atlas indicators for sexually transmitted infections are classified according to the “date of diagnosis”. If the “date of diagnosis” is not reported, the “date used for statistics” is used instead.

The Surveillance Atlas indicators for chlamydia infection are:

1. Notification rate per 100 000 population;
2. Age-standardised rate per 100 000 population.

The indicators are available for the following populations:

* Confirmed cases;
* Young adults (age 15-24 years), confirmed cases;
* Men who have sex with men, confirmed cases. Notification rates for men who have sex with men are calculated per 100 000 men as individual country denominators are not available.

For notification rate indicators, the data may be displayed in a bar chart as:

* Age-specific notification rate (0-14, 15-24, 25-34, 35-44, 45 years and above);
* Gender-specific notification rate.

For all other indicators, the data may be displayed in a bar chart or a pie chart by proportion of:

* Age groups (0-14, 15-24, 25-34, 35-44, 45 years and above);
* Gender;
* Transmission category;
* Site of infection.

Symbols used in the Surveillance Atlas table:

|  |  |
| --- | --- |
| Symbol | Comment |
| **–** | Indicator is not calculated for a given geographical resolution and time period. |
| **.** | Missing data. Data are not reported to TESSy for a given time period. |

Data quality

The Surveillance Atlas indicators were calculated up to the end of 2023. EU/EEA countries reporting data on chlamydia are displayed in the table below. For data quality, reporting completeness of variables used to calculate Surveillance Atlas indicators was analysed for reported, confirmed cases. For countries reporting data only in aggregated format, the analysis of data completeness is allowed only for data reported such as age and gender.

The Surveillance Atlas indicators for data quality of confirmed chlamydia cases are:

* Completeness age (%);
* Completeness gender (%);
* Completeness transmission (%);
* Completeness site of infection (%);

Interpretation

The results shown in the Atlas should be interpreted with caution and taking into account data quality issues and differences between Member State surveillance systems. Particular caution is required when completeness is rather low or varies between countries. Considering that the majority of chlamydia infections are asymptomatic (particularly among women), chlamydia surveillance data depend heavily on testing strategies, availability of diagnostics and diagnostic pathways used and these vary across countries. In addition, under-reporting may differ between countries depending on the characteristics of their surveillance systems. Hence, any direct comparisons between countries without taking into account these limitations in the data is not advisable.

Since 2020 no data were reported by the United Kingdom (UK) due to its withdrawal from the EU on 1 February 2020. As the UK contributed a large proportion of reported cases in previous years, this led to a large, artefactual decrease in the number of cases and rates at EU/EEA-level since 2020 compared to the years before.

In Luxembourg the surveillance system for chlamydia reporting has changed in 2020, thus the data from 2020 onwards should not be compared with data from previous years.

Reports published by ECDC on chlamydia infection

More information is available in ECDC reports. Later retrievals of data related to the same period may result in slightly different numbers as countries have the possibility to update data retrospectively. Therefore, the data presented in the reports might slightly differ from those presented in the Surveillance Atlas.

**Chlamydia control in Europe – a survey of Member States**

<http://ecdc.europa.eu/en/press/news/_layouts/forms/News_DispForm.aspx?List=8db7286c-fe2d-476c-9133-18ff4cb1b568&ID=1026>

**Chlamydia control in Europe: literature review**

http://ecdc.europa.eu/en/publications/\_layouts/forms/Publication\_DispForm.aspx?List=4f55ad51-4aed-4d32-b960-af70113dbb90&ID=1021

**Annual Epidemiological Report for 2021 - chlamydia**

https://www.ecdc.europa.eu/sites/default/files/documents/AER%20Chlamydia%202021.pdf

Surveillance systems overview, chlamydia, 2023



*Note: Austria, Czechia and Germany do not report chlamydia surveillance data. France did not report data for 2018, 2019 and 2020.*

Gonorrhoea

**Last updated: 29 August 2024**

**Data as of 29 August 2024**

Data in the gonococcal infection atlas should be interpreted with caution and comparisons across countries avoided. A large proportion of gonorrhoea cases are asymptomatic and surveillance data therefore vary depending on testing recommendations (for example number of anatomical sites tested among men who have sex with men), use of dual nucleic acid amplification tests (NAAT) as part of opportunistic chlamydia testing programmes and extent of use of more sensitive NAATs compared to other diagnostics. In addition, under-reporting may differ between countries depending on the characteristics of their surveillance systems.

Gonorrhoea is a sexually transmitted infection (STI) caused by the bacterium Neisseria gonorrhoeae. For a more detailed description of the disease and its epidemiology, please click [*here*](http://ecdc.europa.eu/en/healthtopics/gonorrhoea/Pages/index.aspx)*.*

Data

The Surveillance Atlas of Infectious Diseases displays data on gonococcal infections reported by the EU/EEA Member States. The European Centre for Disease Prevention and Control (ECDC) has been coordinating the enhanced surveillance of sexually transmitted infections in Europe since 2009.

Cases are classified according to the 2018 EU case definition for gonorrhoea[[3]](#footnote-4). The case definition has not changed from the previous 2012 version. Only confirmed cases are reported.

**Clinical criteria**

Any person with at least one of the following eight:

— Urethritis

— Acute salpingitis

— Pelvic inflammatory disease

— Cervicitis

— Epididymitis

— Proctitis

— Pharyngitis

— Arthritis

OR

Any new-born child with conjunctivitis

**Laboratory criteria**

At least one of the following four:

— Isolation of *Neisseria gonorrhoeae* from a clinical specimen

— Detection of *Neisseria gonorrhoeae* nucleic acid in a clinical specimen

— Demonstration of *Neisseria gonorrhoeae* by a non-amplified nucleic acid probe test in a clinical specimen

— Microscopic detection of intracellular gram-negative diploccocci in a urethral male specimen

**Epidemiological criteria**

An epidemiological link by human-to-human transmission (sexual contact or vertical transmission)

**Case classification**

A. **Possible case:** NA

B. **Probable case:** Any person meeting the clinical criteria and with an epidemiological link

C. **Confirmed case:** Any person meeting the laboratory criteria

Data collection and analysis

Data are collected on an annual basis. The Surveillance Atlas indicators are calculated for cases up to the end of 2023. Prior to analysis, data are validated with nominated data providers in each EU/EEA country. Data from countries with sentinel surveillance systems are excluded from the calculation of notification rates. Country population denominators by age group and gender were obtained from Eurostat[[4]](#footnote-5) for the calculation of notification rates. Note that the data published in the Surveillance Atlas might differ from figures in national reports due to different times of reporting, inclusion of cases by different case definitions and use of different denominators.

Indicators were not calculated for variables for which a threshold level of completeness for a given geographical resolution (e.g. country, EU/EEA) and time period has not been reached. Surveillance systems across the EU/EEA countries are heterogeneous and a surveillance systems overview is displayed below.

Surveillance Atlas indicators

All Surveillance Atlas indicators for sexually transmitted infections are classified according to the “date of diagnosis”. If the “date of diagnosis” is not reported, the “date used for statistics” is used instead.

The Surveillance Atlas indicators for gonorrhoea are:

1. Number of reported cases;
2. Notification rate per 100 000 population;
3. Age-standardised rate per 100 000 population.

The indicators are available for the following populations:

* Confirmed cases;
* Young adults (age 15-24 years), confirmed cases;
* Men who have sex with men, confirmed cases. Notification rates for men who have sex with men are calculated per 100 000 men as individual country denominators are not available;
* Heterosexual men, confirmed cases. Notification rates for heterosexual men are calculated per 100 000 men as individual country denominators are not available;
* Women, confirmed cases.

For notification rate indicators, the data may be displayed in a bar chart as:

* Age-specific notification rate (0-14, 15-24, 25-34, 35-44, 45 years and above);
* Gender-specific notification rate;

For all other indicators, the data may be displayed in a bar chart or a pie chart by proportion of:

* Age groups (0-14, 15-24, 25-34, 35-44, 45 years and above);
* Gender;
* Transmission category;
* Site of infection;
* HIV status.

Symbols used in the Surveillance Atlas table:

|  |  |
| --- | --- |
| Symbol | Comment |
| **–** | Indicator is not calculated for a given geographical resolution and time period. |
| **.** | Missing data. Data are not reported to TESSy for a given time period. |

Data quality

The Surveillance Atlas indicators were calculated up to the end of 2023.  EU/EEA countries reporting data on gonorrhoea are displayed in the table below. For data quality, reporting completeness of variables used to calculate Surveillance Atlas indicators was analysed for reported, confirmed cases.  For countries reporting data only in aggregated format, the analysis of data completeness is allowed only for data reported such as age and gender.

The Surveillance Atlas indicators for data quality of confirmed gonorrhoea cases are:

* Completeness age (%);
* Completeness gender (%);
* Completeness transmission (%);
* Completeness site of infection (%);
* Completeness HIV status (%).

Interpretation

The results shown in the Atlas should be interpreted with caution and taking into account data quality issues and differences between Member State surveillance systems. Particular caution is required when completeness is low or varies between countries. Considering that a large proportion of gonorrhoea infection is asymptomatic (for example among women and at extra-genital sites), gonorrhoea surveillance data depend heavily on testing strategies, availability of diagnostics and diagnostic pathways used and all of these might vary across countries. In addition, under-reporting may differ between countries depending on the characteristics of their surveillance systems. Hence, any direct comparisons between countries without taking into account these limitations in the data is not advisable.

Since 2020 no data were reported by the United Kingdom (UK) due to its withdrawal from the EU on 1 February 2020. As the UK contributed a large proportion of reported cases in previous years, this led to a large, artefactual decrease in the number of cases and rates at EU/EEA-level since 2020 compared to the years before.

In France the surveillance system used to report gonorrhoea changed in 2020 and thus data from 2020 onwards should not be compared with data from previous years.

In Luxembourg the surveillance system used to report gonorrhoea changed in 2020 and thus data from 2020 onwards should not be compared with data from previous years.

Reports published by ECDC on gonorrhoea

More information is available in ECDC reports. Later retrievals of data related to the same period may result in slightly different numbers as countries have the possibility to update data retrospectively. Therefore, the data presented in the reports might slightly differ from those presented in the Surveillance Atlas.

**Annual epidemiological report for 2021 – gonorrhoea**

<https://www.ecdc.europa.eu/sites/default/files/documents/gonorrhoea-annual-epidemiological-report-2021_0.pdf>

**Gonococcal antimicrobial susceptibility surveillance in Europe 2020**

<https://www.ecdc.europa.eu/en/publications-data/gonococcal-antimicrobial-susceptibility-surveillance-2020>

Surveillance systems overview, gonorrhoea, 2023



*Note: Austria and Germany does not report gonorrhoea surveillance data.*

Syphilis

**Last updated: 29 August 2024**

**Data as of 29 August 2024**

Syphilis is a sexually transmitted infection caused by the bacterium Treponema pallidum. For a more detailed description of the disease and its epidemiology, please click [*here*](http://www.ecdc.europa.eu/en/healthtopics/syphilis/Pages/index.aspx)*.*

Data

The Surveillance Atlas of Infectious Diseases displays data on syphilis infections reported by the EU/EEA Member States. The European Centre for Disease Prevention and Control (ECDC) has been coordinating the enhanced surveillance of sexually transmitted infections (STI) in Europe since 2009.

Cases are classified according to the 2018 EU case definition for syphilis which has some changes in the laboratory criteria compared to the 2012 definition[[5]](#footnote-6). Only confirmed cases are reported.

**Clinical criteria**

Primary syphilis

Any person with one or several (usually painless) chancres in the genital, perineal, anal area or mouth or pharyngeal mucosa or elsewhere extragenitally

Secondary syphilis

Any person with at least one of the following five:

— Diffuse maculo-papular rash often involving palms and soles

— Generalised lymphadenopathy

— Condyloma lata

— Enanthema

— Diffuse alopecia

Early latent syphilis (< 1 year)

No symptoms and a history of symptoms compatible with those of the earlier stages of syphilis within the previous 12 months\*

Note that ocular and neurological manifestations may occur at any stage of syphilis.

Note that cases of late latent syphilis (> 1 year) are not under EU/EEA surveillance.

**Laboratory criteria**

At least one of the following four laboratory tests:

— Demonstration of *Treponema pallidum* in lesion exudates or tissues by dark-field microscopic examination

— Demonstration of *Treponema pallidum* in lesion exudates or tissues by DFA test

— Demonstration of *Treponema* in lesion exudates or tissues by nuclear acid amplification techniques (NAAT)

— Detection of *Treponema pallidum* antibodies by screening test (TPHA, TPPA or EIA) AND additionally detection of either TP-IgM antibodies (for example, IgM-ELISA or immunoblot or 19S-IgM-FTA-abs) OR non-TP antibodies (for example, RPR, VDRL).

**Epidemiological criteria**

Primary/secondary syphilis

An epidemiological link by human-to-human (sexual contact)

Early latent syphilis

An epidemiological link by human-to-human (sexual contact) within the 12 previous months\*

**Case classification**

A. Probable case: Any person meeting the clinical criteria and with an epidemiological link

B. Confirmed case: Any person meeting the laboratory criteria for case confirmation

*\* United Kingdom uses 24 months as a cut-off for early latent syphilis*

Data collection and analysis

Data are collected on an annual basis. The Surveillance Atlas indicators are calculated for cases up to the end of 2023. Prior to analysis, data are validated with nominated data providers in each EU/EEA country. Data from countries with sentinel surveillance systems are excluded from the calculation of notification rates. Country population denominators by age group and gender were obtained from Eurostat[[6]](#footnote-7) for the calculation of notification rates. Note that the data published in the Surveillance Atlas might differ from figures in national reports due to different times of reporting, inclusion of cases by different case definitions and use of different denominators.

Indicators were not calculated for variables for which a threshold level of completeness for a given geographical resolution (e.g. country, EU/EEA) and time period has not been reached. Surveillance systems across the EU/EEA countries are heterogeneous and a surveillance systems overview is displayed below.

Surveillance Atlas indicators

All Surveillance Atlas indicators for sexually transmitted infections are classified according to the “date of diagnosis”. If the “date of diagnosis” is not reported, the “date used for statistics” is used instead.

The Surveillance Atlas indicators for syphilis are:

1. Number of reported cases;
2. Notification rate per 100 000 population;
3. Age-standardised rate per 100 000 population.

The indicators are available for the following populations:

* Confirmed cases;
* Young adults (age 15-24 years), confirmed cases;
* Men who have sex with men, confirmed cases. Notification rates for men who have sex with men are calculated per 100 000 men as individual country denominators are not available.

For notification rate indicators, the data may be displayed in a bar chart as:

* Age-specific notification rate (0-14, 15-24, 25-34, 35-44, 45 years and above);
* Gender-specific notification rate.

For all other indicators, the data may be displayed in a bar chart or a pie chart by proportion of:

* Age groups (0-14, 15-24, 25-34, 35-44, 45 years and above);
* Gender;
* Transmission category;
* Site of infection;
* Stage of infection;
* HIV status.

Symbols used in the Surveillance Atlas table:

|  |  |
| --- | --- |
| Symbol | Comment |
| **–** | Indicator is not calculated for a given geographical resolution and time period. |
| **.** | Missing data. Data are not reported to TESSy for a given time period. |

Data quality

The Surveillance Atlas indicators were calculated up to the end of 2023.  EU/EEA countries reporting data on syphilis are displayed in the table below. For data quality, reporting completeness of variables used to calculate Surveillance Atlas indicators was analysed for reported, confirmed cases.  For countries reporting data only in aggregated format, the analysis of data completeness is allowed only for data reported such as age and gender.

 The Surveillance Atlas indicators for data quality of confirmed syphilis cases are:

* Completeness age (%);
* Completeness gender (%);
* Completeness transmission (%);
* Completeness site of infection (%);
* Completeness HIV status (%);
* Completeness stage of infection (%).

Interpretation

The results shown in the Atlas should be interpreted with caution and taking into account data quality issues and differences between Member State surveillance systems. Particular caution is required when completeness is rather low or varies between countries. In addition, under-ascertainment and under-reporting may differ between countries depending on the characteristics of their surveillance systems. Hence, any direct comparisons between countries without taking into account these limitations in the data is not advisable.

Since 2020 no data were reported by the United Kingdom (UK) due to its withdrawal from the EU on 1 February 2020. As the UK contributed a large proportion of reported cases in previous years, this led to a large, artefactual decrease in the number of cases and rates at EU/EEA-level since 2020 compared to the years before.

In France the surveillance system used to report syphilis changed in 2020 and thus data from 2020 onwards should not be compared with data from previous years.

In Luxembourg the surveillance system used to report syphilis changed in 2020 and thus data for 2020 and 2021 should not be compared with data from previous years.

Reports published by ECDC on syphilis

More information is available in ECDC reports. Later retrievals of data related to the same period may result in slightly different numbers as countries have the possibility to update data retrospectively. Therefore, the data presented in the reports might slightly differ from those presented in the Surveillance Atlas.

**Annual epidemiological report 2021– syphilis**

<https://www.ecdc.europa.eu/sites/default/files/documents/syphilis-annual-epidemiological-report-2021.pdf>

**Syphilis and congenital syphilis in Europe - A review of epidemiological trends (2007–2018) and options for response**

<https://www.ecdc.europa.eu/en/publications-data/syphilis-and-congenital-syphilis-europe-review-epidemiological-trends-2007-2018>

**Surveillance systems overview, syphilis, 2023**



*Note: Austria does not report syphilis data.*

Lymphogranuloma venereum

**Last updated: 29 August 2024**

**Data as of 29 August 2024**

Lymphogranuloma venereum (LGV) is a systemic sexually transmitted infection caused by the L1, L2 and L3 serovars of the bacterium Chlamydia trachomatis. For a more detailed description of the disease and its epidemiology, please click [*here*](http://ecdc.europa.eu/en/healthtopics/chlamydia/lymphogranuloma-venereum/Pages/lymphogranuloma-venereum.aspx)*.*

Data

The Surveillance Atlas of Infectious Diseases displays data on LGV infections reported by the EU/EEA Member States. The European Centre for Disease Prevention and Control (ECDC) has been coordinating the enhanced surveillance of LGV in Europe since 2009.

Cases are classified according to the 2018 EU case definition for LGV[[7]](#footnote-8). The case definition has not changed from the 2012 version. Only confirmed cases are reported.

**Clinical criteria**

At least one of the following five:

— Urethritis

— Genital ulcer

— Inguinal lymphadenopathy

— Cervicitis

— Proctitis

**Laboratory criteria**

At least one of the following two:

— Isolation of Chlamydia trachomatis from a specimen of the ano-genital tract or from the conjunctiva

— Detection of Chlamydia trachomatis nucleic acid in a clinical specimen

AND

— Identification of serovar (genovar) L1, L2 or L3

**Epidemiological criteria**

An epidemiological link by human-to-human transmission (sexual contact or vertical transmission)

**Case classification**

A. Probable case: Any person meeting the clinical criteria and with an epidemiological link

B. Confirmed case: Any person meeting the laboratory criteria

Data collection and analysis

Data are collected on an annual basis. The Surveillance Atlas indicators are calculated for cases up to the end of 2023. Prior to analysis, data are validated with nominated data providers in each EU/EEA country. Data from countries with sentinel surveillance systems are excluded from the calculation of notification rates. Country population denominators by age group and gender were obtained from Eurostat[[8]](#footnote-9) for the calculation of notification rates. Note that the data published in the Surveillance Atlas might differ from figures in national reports due to different times of reporting, inclusion of cases by different case definitions and use of different denominators.

Indicators were not calculated for variables for which a threshold level of completeness for a given geographical resolution (e.g. country, EU/EEA) and time period has not been reached. Surveillance systems across the EU/EEA countries are heterogeneous and a surveillance systems overview is displayed in the table below.

Surveillance Atlas indicators

The Surveillance Atlas indicators for LGV are:

1. Number of reported cases

The data may be displayed in a bar chart or a pie chart by proportion of:

* Age groups (0-14, 15-24, 25-34, 35-44, 45 years and above);
* Gender;
* Transmission category;
* HIV status

Symbols used in the Surveillance Atlas:

|  |  |
| --- | --- |
| Symbol | Comment |
| **–** | Indicator is not calculated for a given geographical resolution and time period. |
| **.** | Missing data. Data are not reported to TESSy for a given time period. |

Data quality

The Surveillance Atlas indicators were calculated up to the end of 2023.  EU/EEA countries reporting data on lymphogranuloma venereum infection are displayed in the table below. For data quality, reporting completeness of variables used to calculate Surveillance Atlas indicators was analysed for reported, confirmed cases.  For countries reporting data only in aggregated format, the analysis of data completeness is allowed only for data reported such as age and gender.

The Surveillance Atlas indicators for data quality of confirmed *Lymphogranuloma venereum* cases are:

* Completeness age (%);
* Completeness gender (%);
* Completeness transmission (%);
* Completeness HIV status (%).

Interpretation

The results shown in the Atlas should be interpreted with caution and taking into account data quality issues and differences between Member State surveillance systems. Particular caution is required when completeness is rather low or varies between countries. LGV surveillance data depend heavily on availability of diagnostics and diagnostic pathways used and these vary across countries. In addition, under-reporting may differ between countries depending on the characteristics of their surveillance systems. Hence, any direct comparisons between countries without taking into account these limitations in the data is not advisable.

Since 2020 no data were reported by the United Kingdom (UK) due to its withdrawal from the EU on 1 February 2020. As the UK contributed a large proportion of reported cases in previous years, this led to a large, artefactual decrease in the number of cases and rates at EU/EEA-level since 2020 compared to the years before

In France the surveillance system for LGV has changed in 2020 resulting in a lower number of reported cases and thus data from 2020 onwards should not be compared with data from previous years.

Reports published by ECDC on LGV infection

More information is available in ECDC reports. Later retrievals of data related to the same period may result in slightly different numbers as countries have the possibility to update data retrospectively. Therefore, the data presented in the reports might slightly differ from those presented in the Surveillance Atlas.

**Annual epidemiological report 2019 – *Lymphogranuloma venereum***

https://www.ecdc.europa.eu/sites/default/files/documents/lymphogranuloma-venereum-annual-epidemiological-report-2021\_0.pdf

Surveillance systems overview, LGV, 2023



*Note: Austria, Bulgaria, Germany, Greece, Romania and Slovakia do not report LGV surveillance data. Sweden only reported data in 2016.*

Congenital syphilis

**Last updated: 29 August 2024**

**Data as of 29 August 2024**

Congenital syphilis is caused by the bacterium Treponema pallidum and is transmitted from mother to child. For a more detailed description of the disease and its epidemiology, please click [*here*](http://www.ecdc.europa.eu/en/healthtopics/syphilis/Pages/index.aspx)*.*

Data

The Surveillance Atlas of Infectious Diseases displays data on congenital syphilis infections reported by the EU/EEA Member States. The European Centre for Disease Prevention and Control (ECDC) has been coordinating the enhanced surveillance of congenital syphilis in Europe since 2009.

Cases are classified according to the 2018 EU case definition for congenital and neonatal syphilis[[9]](#footnote-10). The case definition has not changed compared to the 2012 version. Only confirmed cases are reported.

**Clinical criteria**

Any infant <2 years of age with at least one of the following 10:

— Hepatosplenomegaly

— Mucocutaneous lesions

— Condyloma lata

— Persistent rhinitis

— Jaundice

— Pseudoparalysis (due to periostitis and osteochondritis)

— Central nervous involvement

— Anaemia

— Nephrotic syndrome

— Malnutrition

**Laboratory criteria**

— Laboratory criteria for case confirmation

At least one of the following three:

— Demonstration of *Treponema pallidum* by dark field microscopy in the umbilical cord, the placenta, a nasal discharge or skin lesion material

— Demonstration of *Treponema pallidum* by DFA-TP in the umbilical cord, the placenta, a nasal discharge or skin lesion material

— Detection of *Treponema pallidum* — specific IgM (FTA-abs, EIA)

AND a reactive non-treponemal test (VDRL, RPR) in the child’s serum

— Laboratory criteria for a probable case

At least one of the following three:

— Reactive VDRL-CSF test result

— Reactive non-treponemal and treponemal serologic tests in the mother’s serum

— Infant’s non-treponemal antibody titre is four-fold or greater than the antibody titre in the mother’s serum

**Epidemiological criteria**

Any infant with an epidemiological link by human-to-human transmission (vertical transmission)

**Case classification**

A. Possible case NA

B. Probable case

Any infant or child meeting the clinical criteria and with at least one of the following two:

— An epidemiological link

— Meeting the laboratory criteria for a probable case

C. Confirmed case

Any infant meeting the laboratory criteria for case confirmation

Data collection and analysis

Data are collected on an annual basis. The Surveillance Atlas indicators are calculated for cases up to the end of 2023. Prior to analysis, data are validated with nominated data providers in each EU/EEA country. Data from countries with sentinel surveillance systems are excluded from the calculation of notification rates. Rates were calculated per 100 000 live births; the denominator data were obtained from Eurostat[[10]](#footnote-11). Note that the data published in the Surveillance Atlas might differ from figures in national reports due to different times of reporting, inclusion of cases by different case definitions and use of different denominators.

Indicators were not calculated for variables for which a threshold level of completeness for a given geographical resolution (e.g. country, EU/EEA) and time period has not been reached. Surveillance systems across the EU/EEA countries are heterogeneous and a surveillance systems overview is displayed in the table below.

Surveillance Atlas indicators

The Surveillance Atlas indicators for congenital syphilis are:

1. Number of reported cases;
2. Notification rate per 100 000 live births.

For notification rate indicators, the data may be displayed in a bar chart as:

* Gender-specific notification rate.

For all other indicators, the data may be displayed in a bar chart or a pie chart by proportion of:

* Age groups (0, 1, 2, 3 months and above);
* Gender.

Symbols used in the Surveillance Atlas:

|  |  |
| --- | --- |
| Symbol | Comment |
| **–** | Indicator is not calculated for a given geographical resolution and time period. |
| **.** | Missing data. Data are not reported to TESSy for a given time period. |

Data quality

The Surveillance Atlas indicators were calculated up to the end of 2023.  EU/EEA countries reporting data on congenital syphilis are displayed in the table below. For data quality, reporting completeness of variables used to calculate Surveillance Atlas indicators was analysed for reported, confirmed cases.

The Surveillance Atlas indicators for data quality of confirmed congenital syphilis cases are:

* Completeness age (%);
* Completeness gender (%);

Interpretation

The results shown in the Atlas should be interpreted with caution and taking into account data quality issues and differences between Member State surveillance systems. Particular caution is required when completeness is rather low or varies between countries. In addition, under-ascertainment and under-reporting may differ between countries depending on the characteristics of their surveillance systems. Hence, any direct comparisons between countries without taking into account these limitations in the data is not advisable.

Reports published by ECDC on congenital syphilis

More information is available in ECDC reports. Later retrievals of data related to the same period may result in slightly different numbers as countries have the possibility to update data retrospectively. Therefore, the data presented in the reports might slightly differ from those presented in the Surveillance Atlas.

**Annual epidemiological report 2019 – congenital syphilis**

https://www.ecdc.europa.eu/sites/default/files/documents/congenital-syphilis-annual-epidemiological-report-2021.pdf

**Syphilis and congenital syphilis in Europe - A review of epidemiological trends (2007–2018) and options for response**

https://www.ecdc.europa.eu/en/publications-data/syphilis-and-congenital-syphilis-europe-review-epidemiological-trends-2007-2018

Surveillance systems overview, congenital syphilis, 2023



*Note: Austria, Belgium, Finland and Netherlands do not report congenital syphilis surveillance data. Ireland did not report data in 2021 and Greece did not report data since 2016.*

1. Commission Implementing Decision [2018/945/EU](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32018D0945&from=EN#page=15) of 22 June 2018 on the communicable diseases and related special health issues to be covered by epidemiological surveillance as well as relevant case definitions. [↑](#footnote-ref-2)
2. Available from: <http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/> [↑](#footnote-ref-3)
3. Commission Implementing Decision [2018/945/EU](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32018D0945&from=EN#page=20) of 22 June 2018 on the communicable diseases and related special health issues to be covered by epidemiological surveillance as well as relevant case definitions. [↑](#footnote-ref-4)
4. Available from: <http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/> [↑](#footnote-ref-5)
5. Commission Implementing Decision [2018/945/EU](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32018D0945&from=EN#page=43) of 22 June 2018 on the communicable diseases and related special health issues to be covered by epidemiological surveillance as well as relevant case definitions [↑](#footnote-ref-6)
6. Available from: <http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/> [↑](#footnote-ref-7)
7. Commission Implementing Decision [2018/945/EU](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32018D0945&from=EN#page=15) of 22 June 2018 on the communicable diseases and related special health issues to be covered by epidemiological surveillance as well as relevant case definitions. [↑](#footnote-ref-8)
8. Available from: <http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/> [↑](#footnote-ref-9)
9. Commission Implementing Decision [2018/945/EU](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32018D0945&from=EN#page=43) of 22 June 2018 on the communicable diseases and related special health issues to be covered by epidemiological surveillance as well as relevant case definitions. [↑](#footnote-ref-10)
10. Available from: <http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/> [↑](#footnote-ref-11)