

Results In 2000 morbidity due to syphilis was 20.3, while in 2002 it reached 31.2 per 100,000 inhabitants. However, in 2011 the incidence had decreased to 11.0 per 100,000 inhabitants. The most affected age group is persons aged between 20–29 years and the infection has been slightly more prevalent among men (67% of all registered cases) than among the women. Over the recent four years, though, syphilis has become more prevalent among the 30–39 years old men. The incidence is also higher in urban areas. Since 2000 latent syphilis prevails, comprising 83% of all syphilis cases and primary syphilis steadily decreases, e.g. in 2010–2011 constituting only 7–8% of all diagnosed cases. During these years, neurosyphilis constituted 0.5–1.2% of all syphilis cases. In 2000 12 cases of congenital syphilis were registered, compared to 16 cases in 2012.

Conclusions The incidence of syphilis remains high in Georgia and epidemiological trends are well coinciding with those in many other countries of Eastern Europe. The high incidence of newly detected latent vs. primary syphilis may indicate a suboptimal surveillance, diagnostics and management of STI patients. A correlation between the availability of the financed STI programmes and increasing incidences of syphilis was also noted.

P3.085 **SYPHILIS ON THE RISE IN GERMANY - IS IT TEMPORARY OR A NEW TREND?**

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Background Since 2001, laboratories in Germany are required to notify newly diagnosed cases of syphilis directly to the Robert Koch-Institut (RKI). The number of syphilis cases doubled 2001–04 to over 3000/year, remained stable until 2008 and decreased in 2009. Syphilis cases rose by 10% in 2010 and 22% in 2011. We analysed preliminary syphilis surveillance data from 2012 to assess whether this rise is continuing in 2012.

Methods Laboratories anonymously notify syphilis diagnoses to RKI and physicians complete laboratory findings with clinical information. Potential double notifications were identified by comparing available demographic data, diagnosis date, antibody titers, and clinical information. Syphilis was defined as: direct detection by microscopic or histological examination; positive screening test plus confirmation tests and VDRL/KBR activity, detection of IgM antibodies or clinical information consistent with syphilis. We described syphilis cases by month of diagnosis, age, sex and area of residence. If available, we analysed the data by transmission category.

Results Overall, 4380 cases were reported in 2012 (until 31.01.2013), corresponding to an 18.3% rise compared to 2011. The overall incidence was 5.3 per 100,000 inhabitants, with highest incidences in Cologne (28.0), Munich (22.7) and Berlin (20.6). The median number of monthly notified cases increased from 253 in 2010 to 374 in 2012. Notified cases increased in 12/16 federal states. Of notified cases, 93.1% were from men. The increase in 2012 was higher in women (26.7%) than men (17.8%). The likely mode of transmission was available for 72.8% of cases; of these, 75.7% were men who have sex with men (MSM) and in 16.4% heterosexual transmission was reported.

Conclusion Syphilis cases continue to increase since 2010, which is mainly attributable to MSM in large cities. Consistent condom use, early diagnosis and treatment are important to minimise the risk of syphilis and subsequently potential HIV transmission.

P3.086 **CHANGING PATTERNS OF SYPHILIS IN ASIA-PACIFIC**

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The pattern of STIs has changed dramatically world over in the last 2 decades. Syphilis had decreased significantly till 90s, but

re-emerged with alarming intensity in last decade. Of about 12 million new cases of syphilis annually globally, 90% occur in developing countries of which about 4 million are in Asia.

We analysed the pattern of syphilis in various Asian countries and possible factors leading to this change in the last 2 decades.

In China, syphilis increased from 0.2/100,000 cases in 1993 to 5.7/100,000 in 2005 and congenital syphilis had an annual increase of > 71%. High risk groups like CSWs and MSMs had syphilis 1 in 5–10 cases. In Singapore, it had risen from 10/100,000 cases in 1979 to 29/100,000 in 1986. Female prostitutes, reduced herd immunity, decreased penicillin use, greater population movement and decreased surveillance were main contributory factors to this change. Infectious syphilis increased from 3.1/100,000 in 2004 to 6.6/100,000 in 2007 in Australia. Blood donors in India had increased seroprevalence of syphilis. Also it was the commonest ulcerative STI seen 46% male inmates in a Delhi gaol in 1999. Similarly, 37% transsexuals in Karachi, Pakistan in 1999 and 20% in Indonesia had syphilis, where as 23% HIV drug users had syphilis in Bangladesh. In South-east Asia and Western Pacific region also syphilis has increased in the last decade mainly due to booming sex industry, travel and tourism, migration of workers and poor control measures. However syphilis has decreased from > 17/100,000 in 1993 to < 2/100,000 cases in 2008 in Thailand and from 11/100,000 in 1998 to 3/100,000 in 2007 in Malaysia primarily due to strict control measures which lead to decline of other STIs and HIV also. Early recognition of cases, their adequate treatment and effective control measures are warranted to control syphilis.

P3.087 **PREVALENCE AND ASSOCIATED RISK FACTORS FOR SEXUALLY TRANSMITTED INFECTIONS AT CHILDBIRTH, IRELAND, 2005–2010**

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Background Sexually transmitted infections (STI) have been increasing across Europe and have resulted in increasing rates among women of childbearing age.

Methods A retrospective cohort study was performed to derive population-based rates of STIs reported during hospitalisation for delivery between 2005 and 2010 in Ireland. ICD-10-AM codes from hospital discharge records were used to identify STI cases. Due to small numbers, unadjusted relative risks (RR) and corresponding 95% confidence intervals (CI) stratified by age were computed to assess the strength of association between maternal risk factors and STI diagnosis.

Results 415 of 403,642 childbirth hospitalisations included a diagnosis for a STI. Venereal warts were the commonest reported infection (62.4 per 100,000), followed by syphilis (24.3 per 100,000) and anogenital herpesviral infection (13.4 per 10,000). Women aged < 25 years were nearly four times as likely (RR 3.90; 95% CI 3.21–4.74) to have a STI diagnosis at delivery than women aged ≥ 25 years. When stratified by age, relative to married women, single women < 25 years of had a 2-fold risk of having a STI, whereas single women ≥ 25 years of age had 3-fold risk. Over the six-year period, annual syphilis rates ranged from 13.8 to 32.9 per 100,000 maternities. The stillbirth rate was substantially higher in women diagnosed with syphilis.

Conclusions Demographic patterns in STI risk observed from hospital discharge charts were in line with international STI surveillance. The high annual rates of syphilis observed within this well defined, universally screened cohort suggest that syphilis rates are underreported in the general population and underscore the importance of future studies examining congenital syphilis.