

RESEARCH LETTER

Is COVID-19 affecting the epidemiology of STIs? The experience of syphilis in Rome

Dear Editor,

In response to the COVID-19 pandemic, on 9 March 2020, the Italian government announced a nationwide lockdown programme of social distancing, self-isolation for contacts and prohibition of public events. People with other medical needs were still able to attend hospital outpatient appointments provided they carried printed self-certification to explain the reason for the journey to an inspection by the police.

Throughout the lockdown period, the STI/HIV Unit of the San Gallicano Dermatological Institute, the largest STI/HIV clinic in Rome, has remained open for emergencies, including STI testing for people with symptoms and for asymptomatic people at risk. Virtual consultations have also been activated.

From the start of lockdown, we observed a reduction in STI diagnoses, particularly of early syphilis. In the whole of March 2020, we diagnosed 15 cases of early syphilis, and all occurred in the first week, prior to the lockdown announcement. This is in contrast with the increase in the number of syphilis cases we diagnosed in the last 2 years, including the period immediately prior to lockdown, especially among men who have sex with men (MSM) and people living with HIV (PLWH). Between 1 January 2020 and 9 March 2020, 68 new cases of syphilis were diagnosed in our centre, of which 60 (88%) were in MSM and more than half (38, 56%) in PLWH. During the first quarter of 2019, the number of syphilis diagnoses totalled 25, of which 23 (92%) were in MSM and 17 (68%) in PLWH. Thus, compared with the first quarter of 2019, in the first quarter of 2020, the number of syphilis diagnoses doubled among PLWH and increased fourfold

among MSM, a finding consistent with the epidemic trends highlighted in the literature.¹⁻³

The fear of infection by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) may have reduced sexual encounters and led to a genuine decline in STIs. However, we cannot exclude that patients have been postponing their visits because of worries about attending the clinic during the pandemic, as also described for other medical specialities.⁴ It is also possible that even with the recent relaxation of lockdown measures, there may be lasting changes to many aspects of people's social life, including sexual lifestyle.

In conclusion, we highlight the strong effects of COVID-19 and consequent lockdown on syphilis diagnoses in Rome. We emphasise the need to find ways of encouraging patients to seek care in cases where they suspect an STI, which is part of the urgent care interventions for which services remain open regardless of lockdown. It remains to be determined whether COVID-19 will have lasting effects on the epidemiology of syphilis and other STIs. The spread of SARS-CoV-2 may change the epidemiology of STIs and may also raise concerns about sexual intimacy that will have to be considered when counselling patients. Research is also needed to understand the magnitude and duration of any genital shedding of SARS-CoV-2 during infection.

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