

## SYPHILIS 2003

No. 15/16, 2004

### Laboratory-detected cases

The number of cases of syphilis has been increasing sharply in 2003, and provisional figures from the first quarter of 2004 suggest an ongoing increasing trend, [table 1](#).

**Table 1. Number of cases of acquired syphilis, 2001 - 1st quarter 2004**

Quarter	2001	2002	2003	2004
1st	8	13	24	approx. 50
2nd	17	19	18	
3rd	15	16	28	
4th	11	15	38	
Total	51	63	108	

In 2003, a total of 94 cases were early acquired (duration <2 years); 87 males and seven females, 14 were late acquired; nine males and five females. No congenital case was detected. Most cases, 65%, were detected in Copenhagen Municipality, [table 2](#), as against 47% in 2002. In none of the "Other counties" were there more than three cases.

**Table 2. Number of cases of acquired syphilis, distributed by gender and place of diagnosis, 2003**

County	M	F
Copenhagen Municipality	68	2
Frederiksberg Municipality	1	1
Copenhagen County	12	3
Other counties	15	6
Total	96	12

The proportion of Danish-born persons with syphilis is rising. In 2003, 75% of both males and females with syphilis were Danish-born, [table 3](#), as against 57% and 46% respectively in 2002.

Just as in 2000, 2001 and 2002, information was provided about transmission in Denmark, [table 3](#). Foreign places of infection stated were: Europe (14), North America (4), Asia (3) and Australia (1). Country of infection was not stated for 47%. The age distribution appears in [table 4](#). Most males were 30-49 years (70%), as against 60% in 2002. Syphilis was

**Table 3. Number of cases of acquired syphilis distributed by gender, place of birth and country of infection, 2003**

	Place of birth		Country of infection	
	M	F	M	F
Denmark	72	8	32	3
Faeroes	0	0	0	0
Greenland	3	1	0	0
Other	17	3	19	3
Not stated	4	0	45	6
Total	96	12	96	12

**Table 4. Number of cases of acquired syphilis, distributed by gender and age, 2003**

Age (years)	Early		Late	
	M	F	M	F
0-19	1	1	1	0
20-24	0	1	1	0
25-29	10	0	0	3
30-39	44	2	5	1
40-49	16	2	2	0
50+	16	1	0	1
Total	87	7	9	5

detected in three pregnant women, two foreign and one Danish-born.

### Notified cases

In 2003, there were 79 notified cases of syphilis, 75 males and four females. This corresponds to 73% of the laboratory-detected cases. In 2002, there were 34 notified cases. A total of 61 (81%) males were homosexual, 12 were heterosexual, one was bisexual, and in one case sexual orientation was unknown. Median age for males was 36 years (21-66). Among homosexual males, 54 were Danes, five immigrants, and in two cases, country of birth was not stated. A total of 51 were from the Greater Copenhagen. Two-thirds (40/61) of the homosexual males were infected in Denmark, ten in Europe, two in Australia, one in the United States and one in Israel, and in seven cases the country of infection was not stated. For 41 (67%) homosexual males a casual contact was stated as source of infection; 15 were infected by a steady partner. In five cases, the source of infection was unknown.

A total of 23 (29%), 22 homosexuals and one heterosexual man, had known HIV infection at the time of diagnosis, compared with eight (24%), all males, in 2002. For 13 males HIV status was not stated. Fourteen HIV-positive males were infected with syphilis in Denmark; nine by a casual partner and two by a steady partner. In three cases, the source of infection was unknown. A total of six HIV-positive males were infected by casual contacts in other European countries, and in three cases, the country of infection was not stated.

Among non-homosexual males, nine were Danish-born and four immigrants, and in one case, country of birth was not stated. The four immigrants were infected in their native countries, four Danish-born were infected in Denmark and five abroad.

The four infected females, all of whom were Danish-born, were in the age group 17-54 years. Three were infected in Denmark, all by their steady partners. One was infected in Italy by an unknown source of infection.

### Comments

The increase in the number of cases of syphilis can be ascribed to males, where there has been a doubling compared with 2002; in Copenhagen Municipality, the number has almost tripled, from 25 in 2002 to 68 in 2003. Similar increases have been reported from several places in Europe and from the US. It is a source of concern that an increasing number and proportion of the infected are HIV-positive. The syphilitic lesions increase the risk of transmission of HIV, and HIV infection increases the risk of serious course of syphilis. The number of female cases has been low since serological screening for syphilis of all pregnant women ceased in 1999. In 2003, three pregnant women were treated for syphilis, but congenital syphilis was excluded in the children through serological follow-up.

### SYPHILIS OUTBREAK IN COPENHAGEN

The increase in number indicates an outbreak among homosexual males in the Greater Copenhagen area. At the start of May, STOP AIDS is launching a nation-wide information campaign, and arrangements for testing in gay circles in Copenhagen are also being planned.

Awareness of the diagnosis of syphilis should be increased, and in case of suspicion, a blood sample should be taken for full serological investigation. It is important to repeat the investigation in the event of a negative result. Treatment should be monitored serologically, partially to increase opportunities to diagnose reinfection, which is common in exposed persons. In addition, it is important to diagnose and treat latent syphilis, because this condition can develop into late syphilis (incubation time 2-20 years).

Awareness of other diseases that occur among men who have sex with men, such as hepatitis A and B, as well as HIV, should also be high. (N. Axelsen, Department of Clinical Biochemistry, A. Mazick, P. Andersen, Department of Epidemiology)

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## Patients with selected individually notifiable diseases

Notifications received during the 1st quarter of 2004, compared with the corresponding period in 2003

County	Tuberculosis		Meningococcal disease		Pertussis < 2 yrs		Chronic Hepatitis B		Hepatitis A		AIDS	
	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003
Cph. Municipality	20	27	2	3	13	5	13	12	7	1	3	1
Frb. Municipality	3	4	-	-	2	2	-	1	3	-	1	-
Cph. County	17	16	4	7	2	1	14	5	5	6	1	-
Frederiksborg	2	1	-	-	3	4	5	12	1	-	-	-
Roskilde	1	4	1	-	1	4	2	2	-	-	-	1
West Zealand	4	2	-	-	5	4	1	5	1	-	-	-
Storstrøm	6	6	1	2	1	7	-	2	2	-	-	-
Bornholm	2	-	1	-	-	-	-	2	-	-	-	-
Funen	4	9	5	1	-	3	1	7	3	-	-	-
South Jutland	1	2	1	4	4	4	-	1	-	1	-	-
Ribe	3	-	1	1	1	6	-	2	-	1	-	-
Vejle	5	8	4	4	3	5	1	1	-	-	-	1
Ringkøbing	4	5	2	3	4	3	3	1	1	9	-	2
Aarhus	11	8	4	4	4	5	1	7	3	2	1	-
Viborg	2	3	2	4	5	4	1	-	-	-	-	1
North Jutland	3	14	4	5	3	1	-	1	-	-	-	1
Other	1	1	-	-	-	-	-	1	-	-	-	-
Total	89	110	32	38	51	58	42	62	26	20	6	7

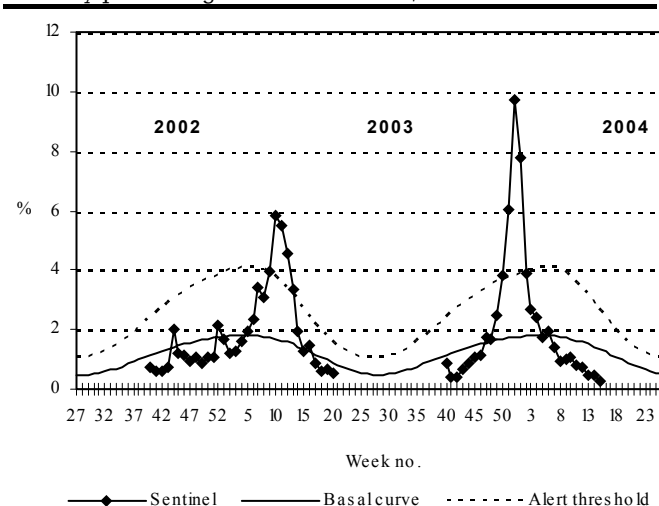
## Patients with other individually notifiable diseases

Notifications received during the 1st quarter of 2004 compared with the corresponding period in 2003, DK

	1st quarter	
	2004	2003
Creutzfeldt-Jakob disease	3	1
Foodborne diseases	79	68
Hepatitis B - acute	5	18
Hepatitis C - acute	-	1
Hepatitis C - chronic	106	64
Hib-meningitis	-	-
Legionella pneumonia	18	23
Measles	-	-
Mumps	1	-
Neuroborreliosis	50	6
Paratyphoid fever	5	2
Pneumococcal meningitis	31	36
Psittacosis (ornithosis)	2	2
Shigellosis	22	31
Typhoid fever	1	4
VTEC/HUS	37	17

## Sentinel surveillance of the influenza activity

Weekly percentage of consultations, 2002/2003/2004



**Sentinel:** Influenza consultations as percentage of total consultations

**Basal curve:** Expected frequency of influenza consultations under non-epidemic conditions

**Alert threshold:** Possible incipient epidemic

(Dept. of Epidemiology)