



SYPHILIS 2004

No. 16, 2005

Laboratory diagnosed cases

2004 saw 151 cases of syphilis, 142 males and nine females. A total of 139 of the cases were acquired early (duration <2 years), 12 were late cases. There were particularly many cases in the first quarter of 2004, which is also reflected in the number of notified cases, [fig. 1](#).

Acquired syphilis

Cases of acquired syphilis were detected in almost all counties and, as before, most commonly in Copenhagen Municipality (54%), [table 1](#).

Table 1. Acquired syphilis cases by sex and county, 2004

County	M	F
Copenhagen Municipality	77	4
Frederiksberg Municipality	2	0
Copenhagen	27	0
Frederiksborg	6	0
Roskilde	0	0
West Zealand	2	2
Storstrøm	2	0
Bornholm	0	0
Funen	3	0
South Jutland	2	0
Ribe	2	0
Vejle	0	0
Ringkøbing	0	0
Aarhus	13	1
Viborg	1	0
North Jutland	5	2
Total	142	9

Distribution by place of diagnosis is shown in [table 2](#). A few cases were detected by dark-field microscopy without serological testing.

Table 2. Acquired and notified syphilis cases by place of diagnosis, 2004

Reported by	Lab diagn cases		Notified cases	
	No.	(%)	No.	(%)
GP	35	(23)	17	(15)
STI clinic	73	(48)	80	(70)
Other	43	(29)	17	(15)
Total	151	(100)	114	(100)

Among males, 102 (72%) were Danish-born, and among females, six (67%). The proportion of Danish-born cases has risen in recent years. Stated places of infection abroad were, in order of frequency: Europe, Asia, South America, Africa, North America. As in previous years, most cases were found in the age group 30-49 years, [table 3](#). Only one pregnant woman was diagnosed with syphilis in 2004. The equivalent figure was four in 2001, one in 2002 and three in 2003. There were no cases of congenital syphilis in 2004.

Fig. 1. Notified syphilis cases by sex and quarter of notification, 1999-2004

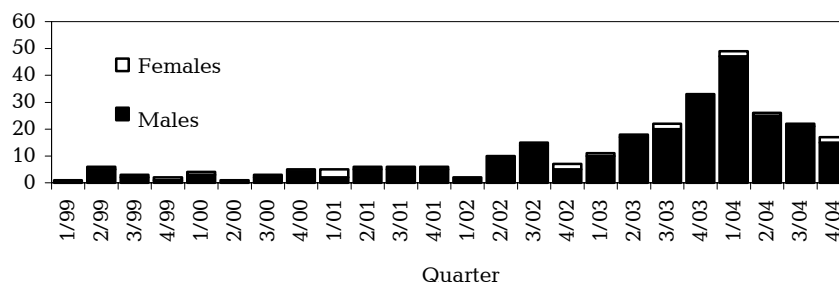


Table 3. Acquired syphilis cases by age, 2004

Age (years)	Early		Late	
	M	F	M	F
0-19	0	0	0	0
20-24	9	0	0	0
25-29	12	1	0	0
30-39	45	3	3	1
40-49	36	2	5	1
50+	30	1	2	0
Total	132	7	10	2

Notified cases

In 2004, there were 114 notified cases of syphilis, 108 males and six females. This is equivalent to 75% of the laboratory diagnosed cases, a proportion that does not diverge from 2003. Among males, 84 (78%) were Danish-born and 23 (21%) were immigrants. For one male, nationality was not stated. Median age for males was 38 years (19-73). Among males, 83 (77%) were infected through homosexual contact and 23 (21%) through heterosexual contact. For two males, mode of infection was not stated, [table 4](#).

Table 4. Infection contacts among males with syphilis, 2004

Infection contact	Homo-sexual		Hetero-sexual	
	No.	(%)	No.	(%)
Steady partner	20	(24)	4	(17)
Casual partner	54	(65)	10	(44)
Prostitute	0	(0)	4	(17)
Not stated	9	(11)	5	(22)
Total	83	(100)	23	(100)

Denmark was the country of infection for a total of 63 (76%) of the males infected through homosexual contact and nine (39%) of the males infected through heterosexual contact. Among the six females, four were Danish-born and two were immigrants; median age was 42 years (34-60). All Danish-born females were infected in Denmark, three by a steady partner and one by a casual partner. Both immigrant females were infected abroad. One of the

females was a sex worker.

HIV status was stated on 99 (87%) of the notifications. A total of 26 cases of syphilis occurred among HIV-positive males: 24 were infected through homosexual contact, and two through heterosexual contact. Among the homosexuals, 16 were infected in Denmark and four abroad; 13 were infected by a casual partner, seven by a steady partner. Source of infection was not stated in four cases. One of the two heterosexuals was infected by a sex worker in Denmark. In a total of 26 cases, it was stated that contact tracing would not be conducted, and of these, eight were HIV-positive.

Comments

The rise in number of cases of syphilis can be attributed solely to males, particularly homosexuals. The outbreak extending from 2003 into 2004, EPI-NEWS 16/04, has subsided. However, the level in the third and fourth quarter of 2004 is still somewhat higher than in the previous years. Since some of the cases were infected via unknown partners, contact tracing is not possible in all cases. STI clinics have notified all diagnosed cases, while less than half of cases diagnosed in practice or in hospital were notified. Awareness of the diagnosis of syphilis should still be maintained, and on suspicion, a blood sample should be taken for full syphilis serology investigation. The serological investigation should be repeated in the event of a negative result, since antibodies in some people do not appear until some time into the primary stage. Treatment should be followed serologically, partially in order to be able to diagnose re-infection. Advice and interpretation is given on phone number +45 3268 3248.

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Individually notifiable diseases

Number of notifications received in the Department of Epidemiology, SSI (2005 figures are preliminary)

Table 1	Week 15 2005	Cum. 2005 ¹⁾	Cum. 2004 ¹⁾
AIDS	0	20	7
Creutzfeldt-Jakob	0	2	4
Food-borne diseases	5	85	98
of these, infected abroad	1	19	16
Gonorrhoea	5	174	83
Hepatitis A	1	33	34
of these, infected abroad	0	8	6
Hepatitis B (acute)	0	15	7
Hepatitis B (chronic)	3	47	45
Hepatitis C (acute)	0	1	1
Hepatitis C (chronic)	5	87	116
HIV	2	101	83
Legionella pneumonia	1	18	20
of these, infected abroad	0	2	2
Leptospirosis	0	7	1
Meningococcal disease	1	23	36
of these, group B	1	18	22
of these, group C	0	1	5
of these, unspec. + other	0	4	9
Mumps	0	3	0
Neuroborreliosis	0	15	50
Ornithosis	1	7	2
Pertussis (children < 2 years)	1	68	59
Purulent meningitis			
Haemophilus influenzae	0	0	0
Listeria monocytogenes	0	1	1
Streptococcus pneumoniae	0	34	38
Other aethiology	0	1	3
Unknown aethiology	0	1	5
Under registration	9	32	-
Shigellosis	2	29	23
of these, infected abroad	2	27	19
Syphilis	1	33	53
Tetanus	0	2	0
Tuberculosis	7	121	106
Typhoid/paratyphoid fever	0	11	6
of these, infected abroad	0	9	4
VTEC/HUS	4	40	41
of these, infected abroad	0	16	7

Selected laboratory diagnosed infections

Number of specimens, isolates, and/or notifications received at Statens Serum Institut

Table 2	Week 15 2005	Cum. 2005 ²⁾	Cum. 2004 ²⁾
Bordetella pertussis (all ages)	9	215	219
Gonococci	8	130	87
of these, females	0	18	12
of these, males	8	112	75
Listeria monocytogenes	2	10	9
Mycoplasma pneumoniae			
Resp. specimens 3)	5	542	51
Serum specimens 4)	14	407	147
Streptococci 5)	4	48	44
Group A streptococci	1	16	18
Group C streptococci	0	5	6
Group G streptococci	1	39	29
S. pneumoniae	26	471	535
Table 3	Week 13 2005	Cum. 2005 ²⁾	Cum. 2004 ²⁾
Pathogenic int. bacteria 6)			
Campylobacter	18	467	551
S. Enteritidis	4	84	77
S. Typhimurium	5	79	84
Other zoon. salmonella	10	120	103
Yersinia enterocolitica	7	53	38

Table 1, notes

In 2005, none of the following cases have been reported: Anthrax, botulism, cholera, diphtheria, haemorrhagic fever, leprosy, measles, plague, polio, rabies, rubella, typhus.

1) Cumulative no. 2005 and corresponding period 2004

Tables 2 & 3, notes

2) Cumulative no. 2005 and corresponding period 2004

3) Respiratory specimens with positive PCR

4) Serum specimens with pos. complement fixation test

5) Isolated in blood or spinal fluid

6) See also www.germ.dk

Erratum

Due to an error in EPI-NEWS 11/05, below we present an adjusted table of:

Patients with laboratory diagnosed RSV and rotavirus infections

4th quarter 2004 compared with 4th quarter 2003

	RSV		Rotavirus	
	2004	2003	2004	2003
October	10	9	16	17
November	23	14	23	4
December	245	39	41	8
Total	278	62	80	29

Reported from Departments of Clinical Microbiology at:

Herning Hospital, Hvidovre Hospital, Slagelse Hospital, Viborg Hospital, Aalborg Hospital, Aarhus Hospital, and the Department of Virology, SSI

Sentinel surveillance of the influenza activity

Weekly percentage of consultations, 2003/2004/2005

