

## SURVEILLANCE & MONITORING

# Congenital syphilis

## Annual Epidemiological Report for 2024

### Key facts

- In 2024, 140 confirmed congenital syphilis cases were reported from 14 EU/EEA countries, while 14 other countries reported no cases. This is an increase from 2023, when 78 cases were reported by 12 out of 26 countries contributing data. Three countries, Bulgaria, Hungary and Portugal, reported 62% of cases in 2024 and 53% of cases in 2023.
- The number of cases reported in 2024 represents the highest number of congenital syphilis notifications since 2009, when ECDC assumed coordination of congenital syphilis surveillance in the EU/EEA and represents nearly a doubling of the number of cases reported in 2023.
- Increases in congenital syphilis were paralleled by increases in the notification rates of syphilis among women in several EU/EEA countries.
- In 2024, 16 EU/EEA countries that provided data on congenital syphilis had national rates at or below the WHO European Region 2030 elimination target of  $\leq 1$  case per 100 000 live births, of which 14 reported zero cases.
- In countries reporting increases in congenital syphilis rates it is important to strengthen the prevention of syphilis among heterosexual populations, have effective antenatal screening programmes, and consider universal third-trimester retesting of pregnant women. Enhanced surveillance, including linking maternal syphilis infections with birth outcomes, is essential to identify prevention gaps and guide targeted interventions.

### Introduction

Congenital syphilis is an infection that occurs when *Treponema pallidum*, the bacterium causing syphilis, is passed down from an infected pregnant person to the foetus during pregnancy, primarily via transplacental transmission or, less commonly, through exposure to infectious lesions at delivery [1]. The term 'congenital' indicates that transmission has taken place in utero. Transmission can occur at any stage of maternal syphilis and at any stage of pregnancy; however, the risk is greatest in pregnant people with untreated early syphilis, in whom foetal infections occur in approximately 70–100% of pregnancies, with stillbirths observed in up to one third of cases. Although transmission can occur at any time during pregnancy, it is most common after 28 weeks of gestation; timely treatment administered before this period and appropriate to the stage of infection is highly effective in preventing adverse foetal outcomes. Currently, only congenital syphilis cases in infants that meet the laboratory criteria for case confirmation are under EU epidemiological surveillance [2].

Suggested citation: European Centre for Disease Prevention and Control. Congenital syphilis. In: ECDC. Annual epidemiological report for 2024. Stockholm: ECDC; 2026.

Stockholm, May 2026

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## Methods

This report is based on data for 2024 retrieved from EpiPulse Cases on 7 April 2026. EpiPulse Cases is a system for the collection, analysis and dissemination of data on communicable diseases; it replaced The European Surveillance System (TESSy) in October 2024.

For a detailed description of methods used to produce this report, refer to the 'Methods' chapter of ECDC's 'Annual Epidemiological Report' [3]. An overview of the national surveillance systems is available on the ECDC website [4].

A subset of the data used for this report is available through ECDC's online 'Surveillance Atlas of Infectious Diseases' [5].

In 2024, the majority of countries (21/28) reported congenital syphilis data using the standard EU case definitions [2]. Of these, 15 countries reported using the 2018 EU case definition, three countries reported using the 2012 EU case definition, two used the 2008 definition and one used the 2002 definition. The remaining seven countries reported either using national case definitions (four countries) or did not specify the case definition in use (three countries).

Congenital syphilis surveillance is comprehensive in 26 countries [4]. In 25 of these countries, reporting is compulsory. The Netherlands did not provide this information. France implements sentinel surveillance for congenital syphilis with voluntary reporting and is therefore not included in the presented population rates. Austria and Belgium did not report congenital syphilis data.

Cases are analysed by date of diagnosis, or when unavailable, by date used for statistics. National congenital syphilis rates per 100 000 live births are calculated by considering the number of reported cases in a given year for the numerator and the number of live births in the country for that respective year for the denominator.

## Epidemiology

In 2024, 140 confirmed cases of congenital syphilis were reported in 14 EU countries (Table 1). Fourteen countries reported no cases. Bulgaria, Hungary, and Portugal reported the most (62%) cases in 2024 (30, 42, and 15 cases, respectively). For 2023, 78 confirmed congenital syphilis cases were reported by 12 of the 26 countries that provided data; most (53%) cases in 2023 were also reported by Bulgaria, Hungary and Portugal (13, 13 and 15 cases, respectively).

The number of cases reported in 2024 in the European Union/European Economic Area (EU/EEA) is the highest reported in the past decade. Prior to 2024, a peak in reported cases was reached in 2019, when 74 cases were reported from 14 of the 25 countries contributing data for that year.

National rates of congenital syphilis in 2024 in EU/EEA countries ranged between 0 and 52.5 cases per 100 000 live births (Table 1, Figure 1). The 14 countries that reported no cases were: Croatia, Cyprus, Denmark, Estonia, Iceland, Ireland, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Norway, Poland, and Slovenia. Additionally, two countries reported cases but had rates of  $\leq 1$  case per 100 000 live births: Germany (0.9) and Sweden (1.0). Eleven countries reported rates above 1 case per 100 000 live births, with highest rates observed in Portugal (17.5), Hungary (47.9) and Bulgaria (52.5) (Table 1, Figure 1).

In 2024, six countries reported data on the mother's country of birth for a total of 63 congenital syphilis cases. Of these, seventeen (27%) were born outside of the reporting country (one case reported by Czechia, eight of 15 cases reported by Portugal, and eight of ten cases reported by Spain).

**Table 1. Confirmed congenital syphilis cases and rates per 100 000 live births by country and year, EU/EEA, 2020–2024**

Country	2020		2021		2022		2023		2024	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Austria	NDR	NRC	NDR	NRC	NDR	NRC	NDR	NRC	NDR	NRC
Belgium	NDR	NRC	NDR	NRC	NDR	NRC	NDR	NRC	NDR	NRC
Bulgaria	16	27.1	13	22.2	24	42.4	13	22.7	30	52.5
Croatia	0	0.0	0	0.0	0	0.0	1	3.1	0	0.0
Cyprus	0	0.0	0	0.0	2	19.6	0	0.0	0	0.0
Czechia	4	3.6	1	0.9	0	0.0	0	0.0	2	2.2
Denmark	0	0.0	0	0.0	1	1.7	0	0.0	0	0.0
Estonia	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Finland	NDR	NRC	NDR	NRC	NDR	NRC	NDR	NRC	1	2.3
France	6	NRC	4	NRC	3	NRC	5	NRC	5	NRC
Germany	6	0.8	1	0.1	2	0.3	3	0.4	6	0.9
Greece	NDR	NRC	NDR	NRC	NDR	NRC	NDR	NRC	5	7.0
Hungary	3	3.2	12	12.8	8	8.9	13	14.8	42	47.9
Iceland	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Ireland	0	0.0	0	0.0	1	1.8	0	0.0	0	0.0
Italy	1	0.2	1	0.2	2	0.5	6	1.6	7	1.8
Latvia	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Liechtenstein	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Lithuania	0	0.0	0	0.0	0	0.0	1	4.8	0	0.0
Luxembourg	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Malta	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Netherlands	0	0.0	1	0.6	0	0.0	0	0.0	2	1.2
Norway	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Poland	0	0.0	0	0.0	1	0.3	1	0.4	0	0.0
Portugal	7	8.3	15	18.8	16	19.1	15	17.5	15	17.5
Romania	2	1.0	1	0.5	3	1.7	9	5.6	10	6.2
Slovakia	1	1.8	0	0.0	6	11.4	4	8.2	4	8.2
Slovenia	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Spain	0	0.0	5	1.5	2	0.6	7	2.2	10	3.1
Sweden	0	0.0	0	0.0	2	1.9	0	0.0	1	1.0
<b>EU/EEA</b>	<b>46</b>	<b>1.3</b>	<b>54</b>	<b>1.6</b>	<b>73</b>	<b>2.4</b>	<b>78</b>	<b>2.7</b>	<b>140</b>	<b>4.7</b>

Source: Country reports.

NDR: no data reported.

NRC: no rate calculated.

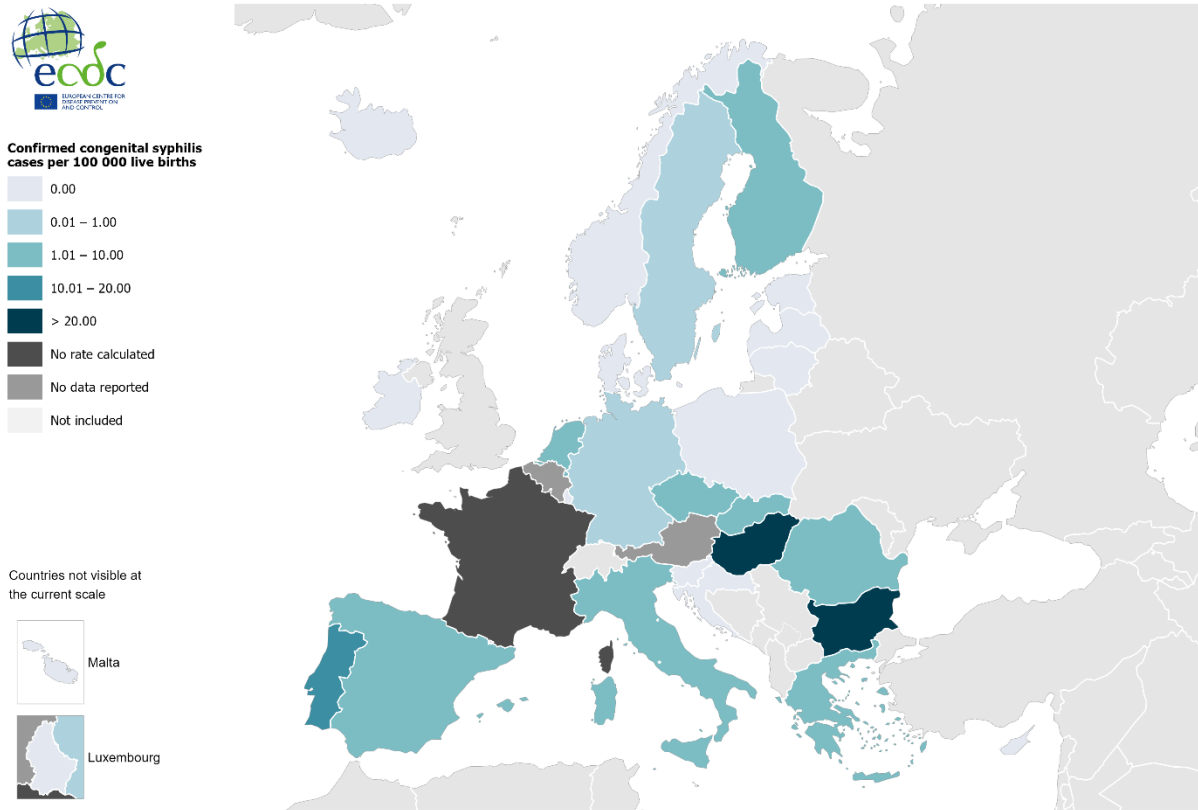
NA: Not applicable.

Among the 24 EU/EEA countries that consistently reported data for 2015–2024, the total number of congenital syphilis notifications increased from 37 cases reported in 2015 to 70 cases reported in 2019 (Figure 2). Cases declined to 45 in 2020, then increased gradually until 2023, followed by a substantial rise to 127 cases in 2024. The decrease observed in 2020 (45 cases vs. 70 in 2019) was largely due to a reduction in reported cases from Bulgaria (-21 cases) and Portugal (-six cases). The sharp increase in 2024 compared with 2023 was mainly driven by increases in Bulgaria (+17 cases) and Hungary (+29 cases), with smaller increases reported by Germany (+three cases), Spain (+three cases), Czechia (+two cases), the Netherlands (+two cases), Romania (+one case) and Sweden (+one case).

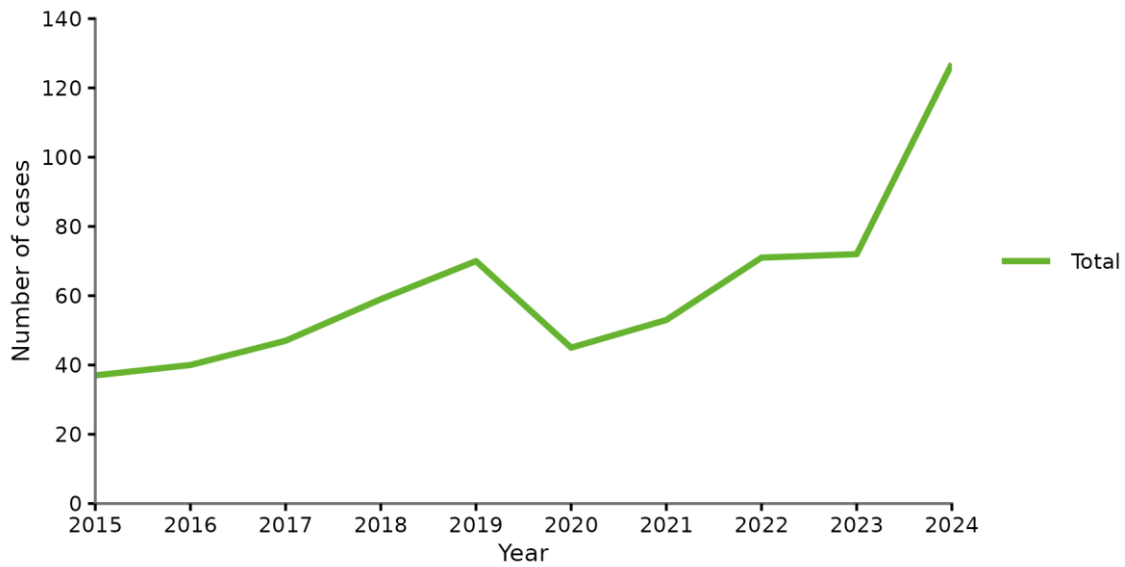
Between 2015–2024, Bulgaria reported the highest cumulative number of congenital syphilis cases (195), followed by Portugal (96) and Hungary (91). For Bulgaria and Hungary, the number of cases reported in 2024 is the highest in the past decade. For Portugal the peak in the number of cases (16) was in 2022.

Between 2015 and 2024, six countries (Estonia, Iceland, Luxembourg, Malta, Norway, and Slovenia) consistently reported no cases of congenital syphilis.

**Figure 1. Confirmed congenital syphilis cases per 100 000 live births by country, EU/EEA, 2024**



**Figure 2. Number of confirmed congenital syphilis cases by year in EU/EEA countries reporting consistently, 2015–2024**



Source: Country reports from Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, France, Germany, Hungary, Iceland, Ireland, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden.

## Outbreaks and other threats

In addition to reporting to EpiPulse Cases, EU/EEA Member States can report events and threats of public health significance for the EU/EEA through the ECDC platform EpiPulse Events [6]. There were no alerts or events related to congenital syphilis posted in 2024.

## Discussion

The total of 140 confirmed congenital syphilis cases reported in 2024 is the highest since ECDC assumed coordination of congenital syphilis surveillance for the EU/EEA in 2009. It also represents nearly a doubling in case counts compared with 2023. While three countries with persistently high annual number of cases (Bulgaria, Hungary, and Portugal) reported the majority of cases in 2024, several other countries reported rises in 2024 compared to 2023. This suggests an increasing geographical spread of the risk of vertical transmission across the EU/EEA.

The rise in congenital syphilis notifications in recent years occurred in parallel with increases in syphilis notifications among women in the EU/EEA. According to data reported to EpiPulse Cases, after a slight decrease in 2020-2021, syphilis rates among women increased for the period 2015-2024 [7] and reached the highest level in 2024. The highest rates were observed among women aged 20–24 and 25–34 years, which is within the reproductive age range.

Congenital syphilis is highly preventable through early screening and timely treatment of maternal infection during pregnancy appropriate to the stage of infection [1,8]. Current upsurges therefore indicate missed prevention opportunities along antenatal care pathways. Country reports from a webinar organised by ECDC/EACS in 2023 (data not published) and data from literature [9-11] indicate that congenital syphilis cases have been largely associated with inadequate antenatal management (such as lack of syphilis testing during antenatal care visits, inadequate or no treatment provided after a positive test result) and maternal social vulnerability (such as young age, low educational attainment, unemployment, migration background, and/or substance use). In addition, syphilis infections can also be acquired after an initial negative screening test in pregnant individuals with no identified risk factors during the initial screening [12,13].

Despite the 2024 upsurge, many countries in the EU/EEA maintain a very low or absent risk of vertical transmission. Fourteen countries (Croatia, Cyprus, Denmark, Estonia, Iceland, Ireland, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Norway, Poland and Slovenia) reported zero confirmed congenital syphilis cases in 2024 and six countries (Estonia, Iceland, Luxembourg, Malta, Norway, and Slovenia) reported no cases during the past decade, 2015–2024.

To maintain these low rates, effective national antenatal screening programmes along with measures to control syphilis transmission among heterosexual populations are essential. Effective interventions comprise a universal offer of first trimester antenatal syphilis screening, followed by timely treatment appropriate to the stage of maternal infection, ideally before 28 weeks of gestation, after which the risk of vertical transmission increases markedly. Additionally, re-testing during the third trimester of pregnancy (at 28–32 weeks) for pregnant people at increased risk of acquiring syphilis infection is recommended, alongside testing them at delivery if they have not previously been tested [14]. In settings where increases in syphilis among women of reproductive age are observed, a universal offer of repeat testing in the third trimester, regardless of apparent risk factors, may be warranted. Screening and treatment of sexual partners are essential to prevent maternal reinfection during pregnancy. Appropriate care and follow-up of perinatally exposed infants in line with clinical guidelines are essential to ensure timely assessment, treatment and follow-up when needed[1,8]. To support countries to assess and audit care provision in these areas, ECDC will publish a European standards of care module on antenatal screening for HIV, hepatitis B and syphilis in 2026.

The surveillance of congenital syphilis in the EU/EEA needs strengthening to improve ascertainment of the vertical transmission burden and reduce under-reporting [15]. The current EU/EEA case definition likely underestimates the extent of syphilis-related adverse pregnancy outcomes in the region as it excludes stillbirths and pregnancy losses and does not capture infections diagnosed in the children after two years of age. In addition, challenges exist in documenting laboratory criteria for a confirmed case of congenital syphilis, as the diagnostic tests routinely performed in clinical practice do not fully align with those indicated in the EU case definition. Enhanced analyses that link syphilis in pregnant women with birth outcomes can provide a more complete understanding of where antenatal care pathways need improvement.

## Public health implications

Congenital syphilis is a preventable condition, and elimination across the EU/EEA is achievable. The WHO Regional Office for Europe has set a 2030 elimination target of  $\leq 1$  cases per 100 000 live births [16]. Although around half of EU/EEA countries already report rates at or below this threshold, intensified efforts to prevent vertical transmission are urgently needed in all countries that reported cases in 2024.

Surveillance of congenital syphilis and syphilis need strengthening across the EU/EEA. Collecting surveillance data that link syphilis-infected pregnant women to their birth outcomes can identify gaps in prevention and inform targeted interventions at national level. The ascertainment of factors that determined each case of vertical transmission is essential to gain a more comprehensive understanding of the epidemiology of vertical transmission of syphilis, to identify gaps in prevention and to inform targeted interventions.

Through consultation with the STI network, ECDC has initiated the process of developing surveillance standards for STIs under EU/EEA surveillance including updated action-oriented objectives and indicators for data to be transmitted, to support more consistent reporting and more timely and targeted public health action.

The upsurges in bacterial STIs across the EU/EEA are of concern. An Health Security Committee opinion on this issue was published in January 2025<sup>1</sup>, outlining public health actions to address the increases in STIs at EU/EEA and Member-State levels [17].

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<sup>1</sup> [https://health.ec.europa.eu/publications/opinion-health-security-committee-sexually-transmitted-infections\\_en](https://health.ec.europa.eu/publications/opinion-health-security-committee-sexually-transmitted-infections_en)

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