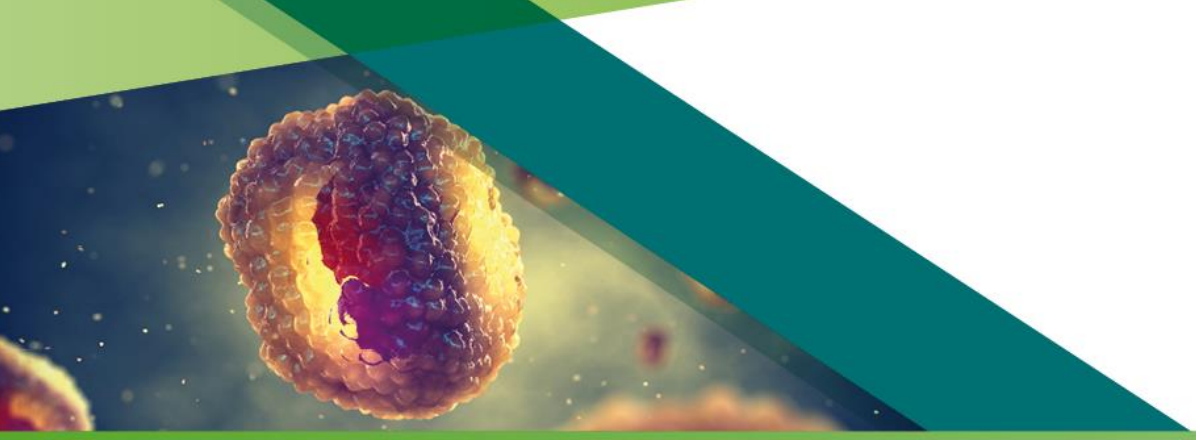

SURVEILLANCE & MONITORING

Chlamydia

Annual Epidemiological Report for 2024

Key facts

- For 2024, 27 EU/EEA countries reported 213 443 confirmed cases of chlamydia infection, with a crude notification rate of 63.4 cases per 100 000 population in the 24 countries with comprehensive surveillance systems.
- This represents a 10% decrease in the crude notification rate compared to 2023, and a 6% decrease compared to 2015, when analysing the rate over time among countries reporting consistently
- Notification rates continued to be highest among women aged 20–24 years in 2024.
- In 2024, transmission between men who have sex with men accounted for 22% of chlamydia cases.
- National notification rates for cases of chlamydia infection ranged between 0.1 and 502 cases per 100 000 population. Differences in chlamydia testing policies, case finding strategies and reporting are considered to have a greater influence on reported chlamydia numbers than actual differences in epidemiology.

Introduction

Chlamydia is a sexually transmitted infection caused by the *Chlamydia trachomatis* bacterium. The infection is often asymptomatic, both in men and women. Urogenital infections can present as urethritis and proctitis in men and women, cervicitis, salpingitis, endometritis and pelvic inflammatory disease (PID) in women, and orchitis, epididymitis and prostatitis in men [1]. Chlamydia can lead to tubal factor infertility, ectopic pregnancy and chronic pelvic pain. *C. trachomatis* infection can also be transmitted from mother to child during labour, leading to disease in the neonate [1]. Urogenital chlamydial infections do not result in lasting immunity, meaning that individuals treated for the infection are susceptible to reinfection [2].

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 the 'ECDC Annual Epidemiological Report' [3].

An overview of the national surveillance systems is available on ECDC's 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 (23/27) reported data based on the standard EU case definitions [6]. Three countries reported data based on national case definitions and one country did not report the case definition used.

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Stockholm, May 2026.

Most countries (24) had comprehensive surveillance systems. Three countries (Belgium, France and the Netherlands) reported data derived from sentinel systems that only capture chlamydia diagnoses from a selection of healthcare providers. Since 2023, Italy report data with national coverage instead of sentinel surveillance data. Reporting chlamydia infection is mandatory in the countries that maintain a comprehensive surveillance system, while it is voluntary in countries with a sentinel system.

Data from sentinel systems (Belgium, France and the Netherlands) were not used in the calculation of national or overall rates because the population coverage was not always known and denominators were therefore not available. As a result, national and EU/EEA notification rates are calculated only for countries with comprehensive surveillance systems and known population denominators. Cases are analysed by date of diagnosis. Surveillance data on chlamydia were not available from Austria, Czechia and Germany for 2015–2024, from Liechtenstein for 2015–2019, and from France for 2018–2020.

Additionally, data from Luxembourg were excluded from 10-year trend analyses by rate and case numbers due to changes in the surveillance system in 2020.

Analyses of gender over time included only countries that had reported gender with at least 85% completeness every year. Analyses of transmission category excludes countries that did not report transmission category with at least 50% completeness each year.

Cases are analysed by date of diagnosis

Epidemiology

In 2024, 27 countries reported 213 443 confirmed chlamydia cases (Table 1). The crude notification rate for the 24 EU/EEA countries with comprehensive surveillance systems was 63.4 per 100 000 population.

Notification rates of cases of chlamydia infection varied considerably across the EU/EEA (Table 1, Figure 1). The highest country-specific rates of over 240 cases per 100 000 population were in Denmark, Finland, Iceland, Norway and Sweden – countries that together reported 35% of chlamydia cases in 2024. The lowest rates (of less than three cases per 100 000 population) were reported by Bulgaria, Cyprus, Greece, Poland and Romania, accounting for 0.6% of the total cases.

Table 1. Confirmed chlamydia cases and rates per 100 000 population by country and year, EU/EEA, 2020–2024

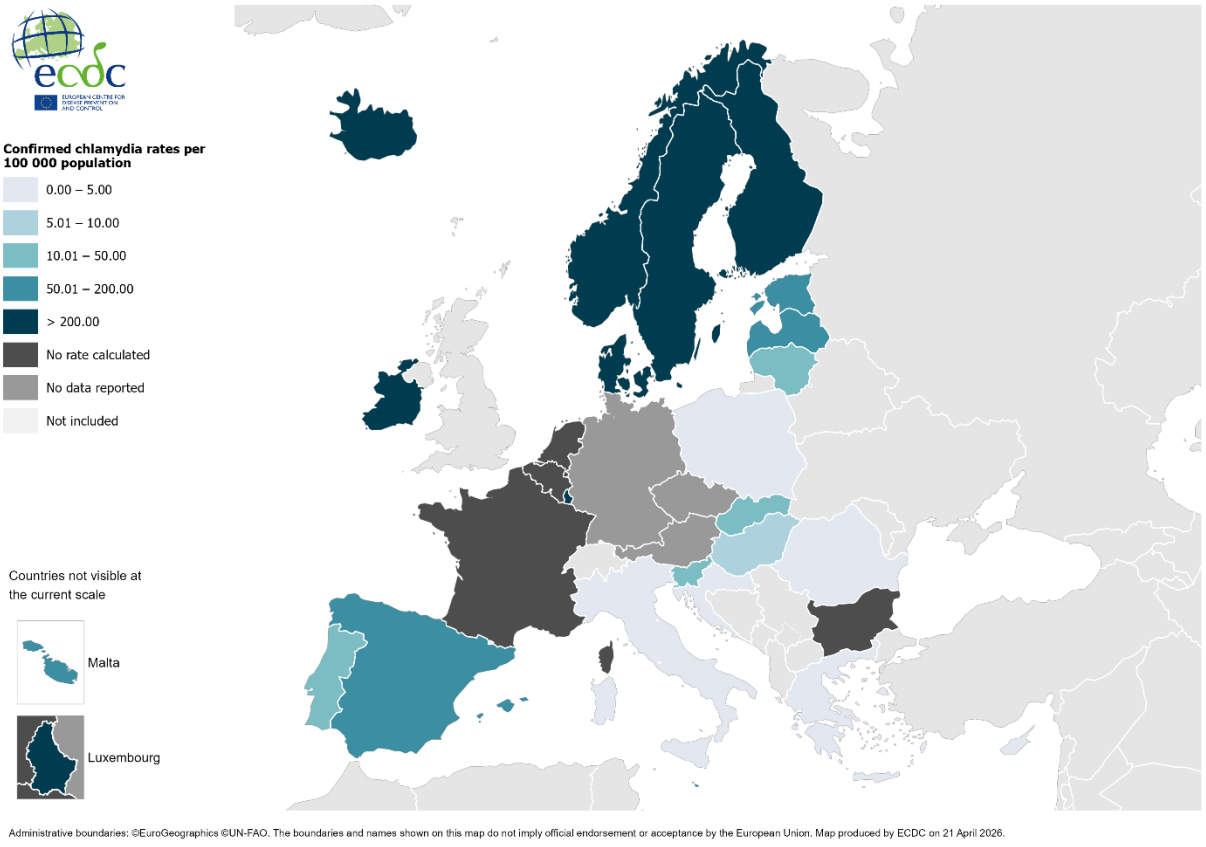
Country	2020		2021		2022		2023		2024	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Austria	NDR	NRC	NDR	NRC	NDR	NRC	NDR	NRC	NDR	NRC
Belgium	5 692	NRC	9 381	NRC	9 081	NRC	10 179	NRC	10 343	NRC
Bulgaria	50	0.8	31	0.5	26	0.4	40	0.6	151	2.3
Croatia	121	3.1	115	3.0	100	2.6	147	3.8	138	3.6
Cyprus	4	0.4	5	0.6	10	1.1	32	3.4	22	2.3
Czechia	NDR	NRC	NDR	NRC	NDR	NRC	NDR	NRC	NDR	NRC
Denmark	34 681	595.6	36 632	627.3	41 634	708.9	37 111	625.5	29 946	502.3
Estonia	942	70.9	977	73.5	1 032	77.5	989	72.4	810	58.9
Finland	16 280	294.6	16 789	303.4	16 863	303.9	17 542	315.3	14 486	258.5
France	NDR	NRC	12 665	NRC	14 199	NRC	19 122	NRC	22 231	NRC
Germany	NDR	NRC	NDR	NRC	NDR	NRC	NDR	NRC	NDR	NRC
Greece	66	0.6	45	0.4	59	0.6	96	0.9	101	1.0
Hungary	624	6.4	640	6.6	641	6.7	677	7.1	806	8.4
Iceland	1 788	491.0	1 807	490.0	1 853	492.5	1 933	498.5	1 876	489.1
Ireland	6 901	137.7	8 322	164.2	10 800	209.5	12 898	244.7	11 271	210.6
Italy	602	NRC	1 243	NRC	1 396	NRC	873	1.5	1 795	3.0
Latvia	1 202	63.0	998	52.7	1 006	53.6	1 168	62.0	941	50.3
Liechtenstein	30	77.4	33	84.5	38	96.7	38	95.8	27	67.5
Lithuania	174	6.2	228	8.1	257	9.2	260	9.1	413	14.3
Luxembourg	1 003	160.2	1 136	179.0	1 527	236.6	1 636	247.6	1 412	210.1
Malta	235	45.6	362	70.1	287	55.2	429	79.1	510	90.5
Netherlands	16 109	NRC	20 484	NRC	24 685	NRC	24 048	NRC	20 174	NRC
Norway	25 444	474.0	23 447	434.9	29 271	539.5	28 137	512.6	23 100	416.2
Poland	145	0.4	236	0.6	460	1.2	909	2.5	1 074	2.9
Portugal	765	7.4	916	8.8	1 598	15.3	1 714	16.3	1 955	18.4
Romania	5	0.0	4	0.0	12	0.1	24	0.1	24	0.1
Slovakia	682	12.5	888	16.3	1 063	19.6	1 038	19.1	1 041	19.2
Slovenia	280	13.4	369	17.5	412	19.6	464	21.9	487	22.9
Spain	15 254	35.9	20 597	48.4	28 824	62.3	36 967	78.8	41 978	86.3
Sweden	32 890	318.5	30 171	290.7	32 844	314.2	32 317	307.2	26 331	249.5
EU/EEA	**161 969**	**72.8**	**188 521**	**76.2**	**219 978**	**88.9**	**230 788**	**70.6**	**213 443**	**63.4**

Source: Country reports.
NDR: no data reported.
NRC: no rate calculated.

Rates for Belgium, France and the Netherlands were not calculated as the reported data were from sentinel systems where population denominators were unknown.

For 2023, Italy reported data with national coverage instead of sentinel surveillance data, therefore 2023 data should not be compared with data from previous years.

Figure 1. Confirmed chlamydia cases per 100 000 population by country, EU/EEA, 2024



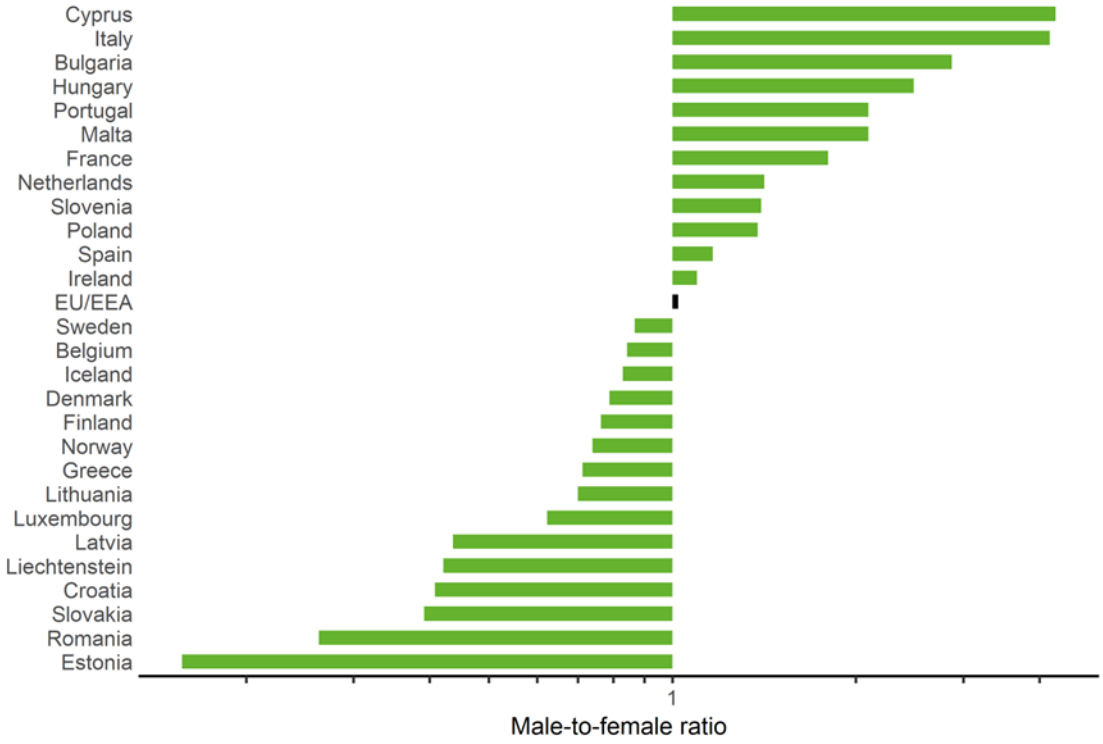
Note: Rates are calculated for countries with comprehensive surveillance that reported data for 2024.

Gender

Data on gender were reported for 213 160 cases (99.9% of all confirmed cases). In 2024, the overall male-to-female ratio was 1.0 (Figure 2), with 107 567 cases reported in men and 105 253 cases among women. There were 340 cases reported as 'other' gender and 283 where gender was unknown.

Among countries with comprehensive surveillance systems, the overall notification rate was 62.2 per 100 000 in men and 64.4 per 100 000 in women. The male-to-female ratios were below one in 15 countries. The five countries that reported rates above 240 per 100 000 population all had male-to-female ratios below one: Denmark (0.8), Finland (0.8), Iceland (0.8), Norway (0.7) and Sweden (0.9). Male-to-female ratios of 2.0 or above were reported from six countries with comprehensive systems: Bulgaria (2.9), Cyprus (4.3), Hungary (2.5), Italy (4.2), Malta (2.1) and Portugal (2.1). These countries, except for Malta, report notification rates below the EU/EEA average. The lowest male-to-female ratio was observed in Estonia (0.2) and Romania (0.3).

Figure 2. Chlamydia, male-to-female ratio in EU/EEA countries, 2024



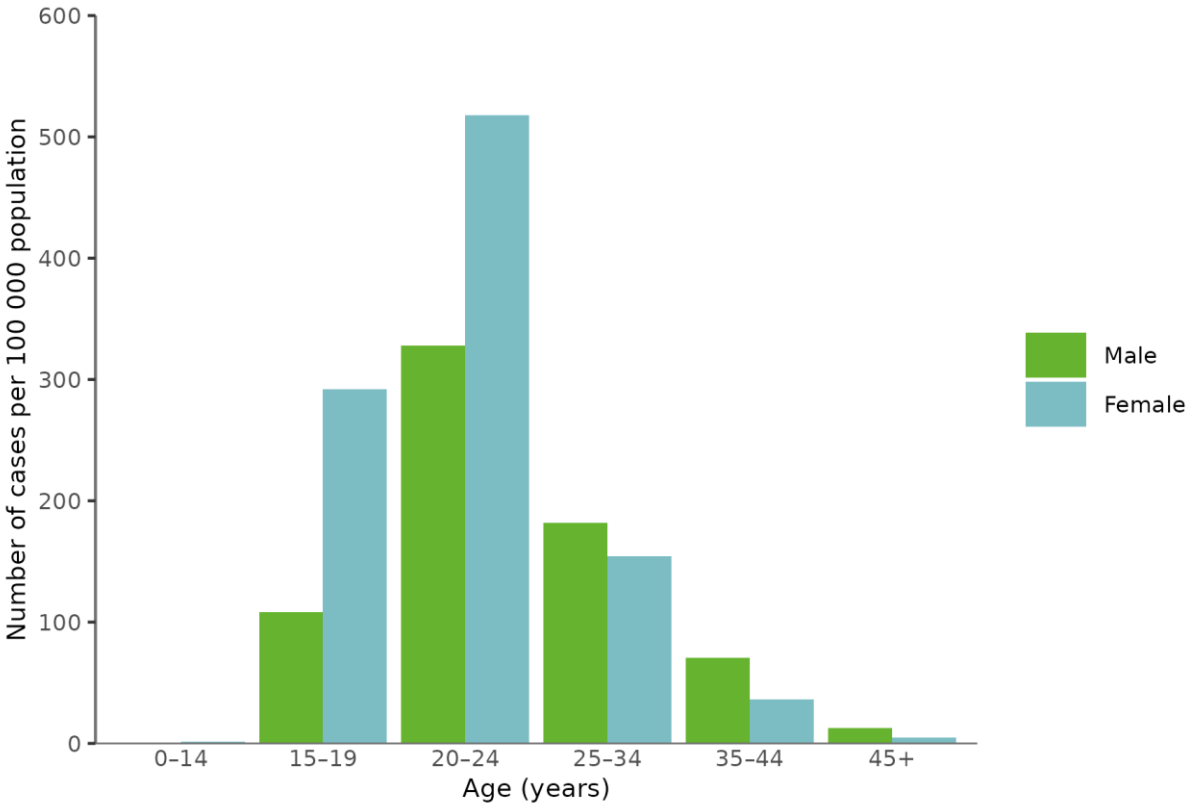
EU/EEA ratio is based on data from 27 countries.

Age

In 2024, information on age was available for 213 072 (99.8%) cases. Those aged 20–24 years accounted for 36% of cases with known age and were the largest proportion of cases reported in 2024. The second-largest group was the age group 25–34 years, accounting for 30% of cases. People aged 15–19 years accounted for 16% of cases, while those aged over 34 years accounted for 19% of cases with known age. There were 491 cases in people aged 0–14 years, accounting for 0.2% of cases with reported age in 2024.

The highest age-specific notification rates for 2024 were seen in the age group 20–24-years, with 419.7 cases per 100 000 population reported by countries with comprehensive systems, followed by the age group 15−19 years, with 197.5 cases per 100 000 population. The highest rates by age and gender were reported among both women and men in the age groups 20–24 years, with 517.6 cases per 100 000 population for women and 327.9 per 100 000 population for men (Figure 3). In all age groups aged 25 years and over rates were higher than among men than among women of the same age-group.

Figure 3. Confirmed chlamydia cases per 100 000 population, by age and gender, EU/EEA, 2024



Source: Country reports from Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Norway, Portugal, Poland, Romania, Slovakia, Slovenia, Spain, and Sweden.

Transmission

In 2024, information on transmission category was available for 32% of all reported cases of chlamydia infection (n=68 480). The main reason for the relatively low completeness of this variable is that countries reporting high numbers of cases (Belgium, Denmark, Finland, Norway) have laboratory-based surveillance systems that are not linked to clinical surveillance and therefore do not include data on transmission. For the 14 countries[1] that reported transmission category for 50% or more of their cases, information was available for 66 863 cases (31% of all reported cases). Of these cases, 77% involved heterosexual transmission (32% in males and 45% in females), 22% were in men who have sex with men and 0.1% were reported as vertical transmission.

Trends 2015–2024

Between 2015 and 2024, 1 878 168 cases of chlamydia infection were reported from 27 EU/EEA countries. France contributed data for 2014–2017 and for 2021–2024, and Liechtenstein for 2020–2024.

During the period 2015–2024, in the 20 countries with comprehensive surveillance that reported consistently, the overall notification rate of reported cases of chlamydia infection decreased by 6.3%, from 84.9 cases per 100 000 population reported in 2015 to 79.5 cases per 100 000 population reported in 2024 (Figure 4a). Over this period notification rates decreased among women by 14%, from 131.9 to 113.6 cases notified per 100 000 population. Among men rates increased by 0.5% from 98.0 to 98.5 cases notified per 100 000 population (Figure 4b). Throughout this period, chlamydia notification rates were consistently higher among women (Figure 4b).

In 2024, compared to 2023, overall notification rates decreased by 10% (from 70.6 to 63.4 per 100 000 population) in 24 countries with comprehensive surveillance that reported consistently[2]. Rates among men decreased by 7% (from 77.4 to 72.0 per 100 000 population) and among women by 13% (from 85.8 to 75.0 per 100 000 population).

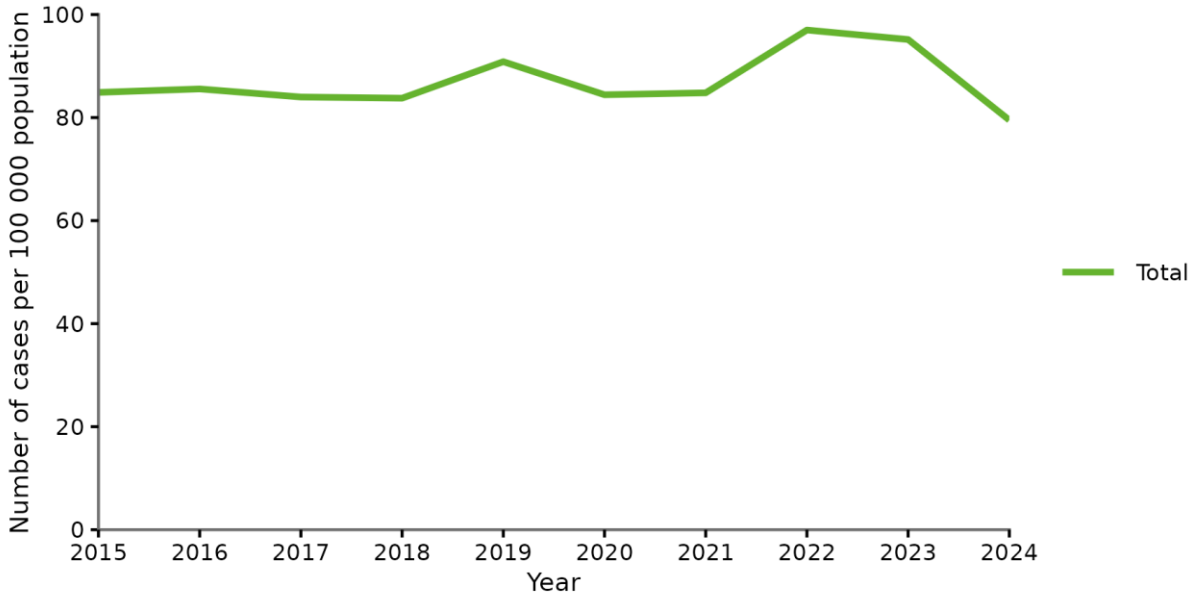
[1] Cyprus, Estonia, France, Greece, Hungary, Iceland, Lithuania, Malta, the Netherlands, Portugal, Romania, Slovakia, Slovenia, Sweden

[2] Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden.

Between 2023 and 2024, notification rates per 100 000 population have decreased by at least 10% in men and women in all age groups below 25 years of age.

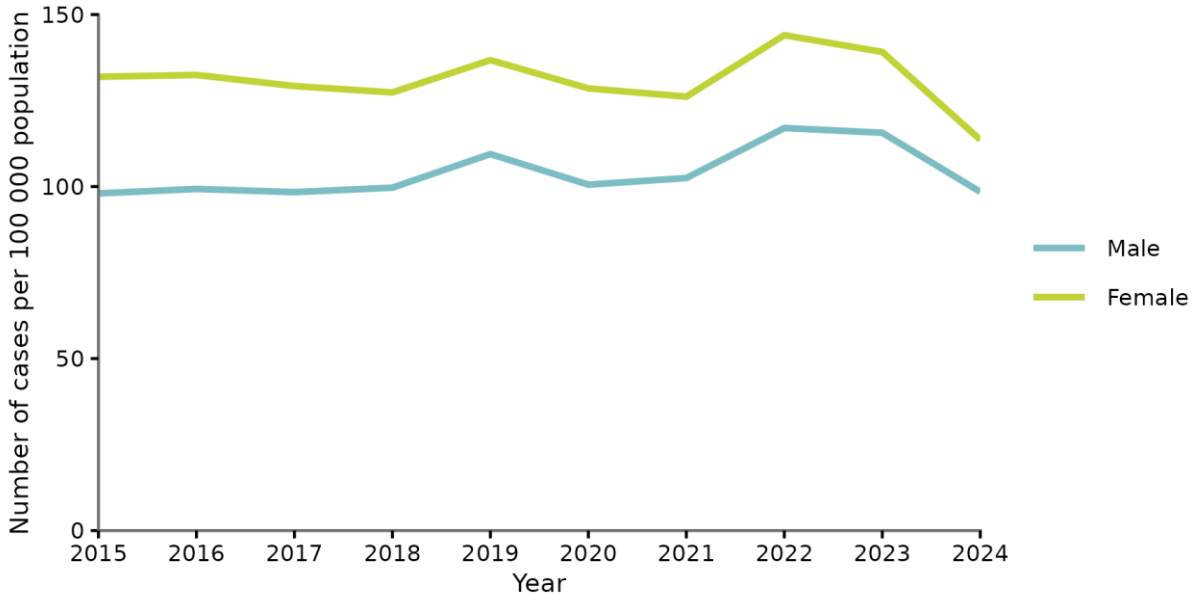
Between 2023 and 2024, information on transmission status was consistently reported for more than 50% of cases by 13 countries[3]. Among these, the number of cases reported among men who have sex with men decreased by 1.6%, from 14 983 in 2023 to 14 744 in 2024. The number of cases reported with transmission status 'heterosexual female' decreased by 14% and those reported with transmission status 'heterosexual male' decreased by 9%.

Figure 4a. Rate of confirmed chlamydia cases per 100 000 population in EU/EEA countries reporting consistently, 2015–2024



Source: Country reports from countries with comprehensive surveillance: Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, Greece, Hungary, Iceland, Ireland, Latvia, Lithuania, Malta, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Sweden.

Figure 4b. Rate of confirmed chlamydia cases per 100 000 population, by gender for cases with available data, in EU/EEA countries reporting consistently, 2015–2024



Source: Country reports from countries with comprehensive surveillance that reported consistently and with at least 85% completeness of gender variable: Bulgaria, Croatia, Denmark, Estonia, Finland, Greece, Hungary, Iceland, Ireland, Latvia, Lithuania, Malta, Norway, Portugal, Romania, Slovakia, Slovenia, Sweden.

[3] Estonia, France, Greece, Hungary, Iceland, Lithuania, Malta, Netherlands, Portugal, Romania, Slovakia, Slovenia, Sweden.

Outbreaks and other threats

In addition to reporting cased based data to EpiPulse Cases , EU/EEA countries can report events and threats of public health significance for the EU/EEA through the ECDC platform EpiPulse [7].

Discussion

Chlamydia remained the most frequently reported bacterial sexually transmitted infection under surveillance in 2024 in the EU/EEA [5].

There are large differences in national notification rates across the EU/EEA. This is in contrast to a more homogenous distribution of chlamydia prevalence within EU/EEA countries, as indicated by prevalence estimates derived from population-based surveys [8,9]. The main factors influencing the notification rates are the extent of access to molecular diagnostics, surveillance system characteristics, national testing policies and the level of implementation of testing policies [10].

Sexually active young women between the ages of 15 and 24 years, and young men aged 20−24 years continued to have the highest rates of reported chlamydia infections in 2024. This is consistent with the findings of a systematic review of European studies where chlamydia prevalence in those aged 15−24 years was estimated to be 5.5% in young women and 3.3% in young men [8]. The higher burden of chlamydia among young people is probably driven by behavioural factors associated with a higher risk of transmission of sexually transmitted infections [11] and testing policies which frequently prioritise these groups [2]. Availability of self-sampling at a patient-selected location (i.e. home-based sampling, community outreach) combined with online services appear to optimise access to testing and testing coverage among the populations at risk of contracting the disease (e.g. young people, men who have sex with men) [12].

The EU/EEA surveillance data indicate an increase in chlamydia diagnoses among men who have sex with men over the last five years. Most clinical guidelines on pre-exposure prophylaxis (PrEP) for HIV recommend regular asymptomatic screening for STIs among this group, which can increase case detection [13]. Enhanced testing may have contributed to the high prevalence estimates identified in the ECDC systematic review among several specific populations of men who have sex with men: those visiting STI clinics (9.7% (95% CI 8.3–11.2), those living with HIV (6.1% (95% CI 0.7–11.4) and those on PrEP (6.1% (95% CI 0.7–11.4)) [8]. The benefit of frequent (three sites every three months) asymptomatic screening in PrEP users is currently under scientific scrutiny, as the modest reduction in chlamydia incidence comes at the cost of high antibiotic use and an increased risk of antimicrobial resistance in this population [14,15]

After a fall in case notifications during the COVID-19 pandemic (in 2020 and 2021), a new peak in case numbers was seen in 2022. National reports for 2022 indicate a drift towards behaviour associated with a higher risk of STI transmission among young people, increased access to testing following the availability of home testing, a rise in the number of consultations in sexual health clinics, and increased travel activity after the lifting of COVID-19 restrictions [16-18]. Increases in chlamydia in 2022 coincided with increases in gonorrhoea in young heterosexual women and men. In 2023, the increase in chlamydia notifications among young people appears to have slowed down and it decreased in 2024.

For six EU/EEA countries (Denmark, Finland, Ireland, the Netherlands, Norway and Sweden) and England that reported declines in chlamydia notifications in 2024, predominantly among young people aged 15–24 years, these decreases were contextualised using country-specific information on testing volumes, test positivity, surveillance systems and public health interventions [19]. The findings suggest that the declines may reflect a combination of strengthened prevention efforts, shifts in testing patterns and behavioural changes during and after the COVID-19 pandemic. Continued surveillance, analytical studies and integration of behavioural data are needed to assess whether these trends represent a sustained epidemiological shift and to inform future STI prevention strategies in Europe.

The large differences in testing, control policies and surveillance methods for chlamydia infection across the EU/EEA also mean that these results should be interpreted with caution, particularly when comparing data at the European level.

In 2025, ECDC published the results of the first ever data collection on STI monitoring indicators. This report provides details on differing testing policies between Member States, including availability of self-sampling and the extent to which non-medical providers can test for chlamydia. The report found that data on the number of tests performed or testing coverage of different populations at risk of contracting the disease was very limited in most EU/EEA countries [20].

Public health implications

The high rate of reported chlamydia diagnoses among young adults indicates the need for further prevention and control. In 2016, ECDC published a guidance document on chlamydia control in Europe [21]. The guidance recommends that EU/EEA countries have a national strategy or plan for the control of STIs (including chlamydia). The strategy should include primary prevention interventions for populations at risk of contracting the disease, evidence-based case management guidelines (including partner notification approaches) for any setting in which chlamydia may be diagnosed, and effective surveillance activities. The guidance indicates that diagnosing and treating cases of chlamydia can improve the health of the affected individual, and that offering young women (under 25 years) a chlamydia test can reduce the risk of them developing pelvic inflammatory disease. There are still gaps in the evidence base for population-level chlamydia control, especially regarding the effectiveness of widespread asymptomatic testing in reducing chlamydia prevalence, as highlighted in the guidance.

Evidence from clinical trials indicate that doxycycline post-exposure prophylaxis (doxyPEP) (single 200mg dose of doxycycline taken within 24–72 hours after unprotected sex) is highly effective in reducing chlamydia and early syphilis by about 70% among men who have sex with men and transgender women living with HIV or using PrEP [22-24]. In 2026, ECDC published public health considerations on the use of doxy-PEP for the prevention of bacterial STIs in the EU/EEA. The guidance highlights that, where implemented, doxy-PEP should be focussed on syphilis prevention [25].

In addition to case reporting, Member States may benefit from considering alternative approaches to measuring chlamydia distribution in the population, such as national prevalence surveys. A literature review published by ECDC in 2024 [8] provides prevalence estimates for the general population and for population groups at high risk of contracting the disease in Europe overall and in countries where studies reporting prevalence estimates have been identified (see country profiles[4]). Prevalence estimates will help describe the epidemiology of chlamydia (and other bacterial STIs) and inform the monitoring process. This, in turn, will aid progress towards the target of ending sexually transmitted infections as a public health threat set for 2030 [26].

Upsurges in bacterial STI across the EU/EEA are of concern. A Health Security Committee opinion[5] on this issue was published in January 2025, outlining public health actions to deal with the increases in STIs at EU/EEA and Member State levels [26].

[4] https://www.ecdc.europa.eu/en/publications-data/systematic-review-chlamydia-gonorrhoea-trichomoniasis-and-syphilis-prevalence

[5] Opinion of the Health Security Committee on Sexually Transmitted Infections - European Commission

References

1. European Centre for Disease Prevention and Contro (ECDC). Facts about chlamydia. Available at: https://www.ecdc.europa.eu/en/chlamydia/facts
2. Lanjouw E, Ouburg S, de Vries H, Stary A, Radcliffe K, Unemo M. 2015 European guideline on the management of Chlamydia trachomatis infections. International Journal of STD & AIDS. 2016;27(5):333-48. Available at: https://journals.sagepub.com/doi/abs/10.1177/0956462415618837
3. European Centre for Disease Prevention and Control (ECDC). Introduction to the Annual Epidemiological Report. Methods. Stockholm: ECDC; 2024. Available at: http://ecdc.europa.eu/annual-epidemiological-reports/methods
4. European Centre for Disease Prevention and Control (ECDC). Annual epidemiological report. Surveillance systems overview for 2024. . Stockholm: ECDC; 2026. Available at: https://www.ecdc.europa.eu/sites/default/files/documents/Table-surveillance_systems_overview_2024_20260413.xlsx
5. European Centre for Disease Prevention and Control (ECDC). Surveillance atlas of infectious diseases Stockholm: ECDC; 2024. Available at: http://atlas.ecdc.europa.eu
6. European Centre for Disease Prevention and Control (ECDC). EU case definitions Stockholm: ECDC; 2018. Available at: https://www.ecdc.europa.eu/en/all-topics/eu-case-definitions
7. European Centre for Disease Prevention and Control (ECDC). EpiPulse - the European surveillance portal for infectious diseases. Stockholm ECDC; 2021. Available at: https://www.ecdc.europa.eu/en/publications-data/epipulse-european-surveillance-portal-infectious-diseases
8. European Centre for Disease Prevention and Control (ECDC). A systematic review and meta-analysis of the prevalence of chlamydia, gonorrhoea, trichomoniasis and syphilis in Europe. Stockholm: ECDC; 2024. Available at: https://www.ecdc.europa.eu/sites/default/files/documents/Syst-review-prevalence-stis.pdf
9. Redmond SM, Alexander-Kisslig K, Woodhall SC, van den Broek IV, van Bergen J, Ward H, et al. Genital chlamydia prevalence in Europe and non-European high income countries: systematic review and meta-analysis. PLoS One. 2015;10(1):e0115753.
10. European Centre for Disease Prevention and Contro (ECDC). Chlamydia control in Europe - a survey of Member States2014 Available at: http://ecdc.europa.eu/en/publications/Publications/chlamydia-control-survey-europe-2012.pdf
11. Smeds S, Obern C, Sundström Poromaa I, Westerbergh J, Tydén T, Gyllenberg F. Self-reported sexually transmitted infections and associated risk factors among female university students. Upsala Journal of Medical Sciences. 2024 10/01;129:e10943. Available at: https://ujms.net/index.php/ujms/article/view/10943
12. European Centre for Disease Prevention and Control (ECDC). Technical Report: Technologies, strategies and approaches for testing populations at risk of sexually transmitted infections in the EU/EEA2021. Available at: https://www.ecdc.europa.eu/sites/default/files/documents/Technologies-strategies-approaches-testing-populations-at-risk-for-STIs.pdf
13. European Centre for Disease Prevention and Contro (ECDC). Monitoring HIV pre-exposure prophylaxis programmes in the EU/EEA – July 20222022. Available at: https://www.ecdc.europa.eu/en/publications-data/monitoring-hiv-pre-exposure-prophylaxis-programmes-eueea
14. Vanbaelen T, Kenyon C. *Primum non-nocere:* Is it time to stop screening for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* in men who have sex with men taking HIV pre-exposure prophylaxis? Sexually Transmitted Infections. 2024;100(6):337-8. Available at: https://sti.bmj.com/content/sextrans/100/6/337.full.pdf https://sti.bmj.com/content/100/6/337.long
15. Vanbaelen T, Tsoumanis A, Florence E, Van Dijck C, Huis in 't Veld D, Sauvage A-S, et al. Effect of screening for Neisseria gonorrhoeae and Chlamydia trachomatis on incidence of these infections in men who have sex with men and transgender women taking HIV pre-exposure prophylaxis (the Gonoscreen study): results from a randomised, multicentre, controlled trial. The Lancet HIV. 2024 2024/04/01/;11(4):e233-e44. Available at: https://www.sciencedirect.com/science/article/pii/S2352301823002990
16. National Institute for Public Health and the Environment (RIVM). Sexually transmitted infections in the Netherlands in 2022. Bilthoven, The Netherlands2023. Available at: https://www.soaaids.nl/files/2023-06/75790_23401268_RIVM_014630_rap_2023-0161_SOA_jaarrapport_v4.pdf
17. (SSI) SSIs. Chlamydia 2022. 2023. Available at: https://en.ssi.dk/surveillance-and-preparedness/surveillance-in-denmark/annual-reports-on-disease-incidence/chlamydia-2022
18. (HPSC) HPSC. Gonorrhoea and chlamydia notifications increase nationally. September 28, 2023. Ireland. Available at: https://www.hpsc.ie/news/newsarchive/2023newsarchive/title-23442-en.html
19. Astorga Alsina AM GDJ, Adlhoch C, Nerlander L, Olsen AO, Igoe D, Hiltunen-Back E, Lyons F, Velicko I, O'Donnell K, Folkard K, Crawford K, Liitsola K, Visser M, Wessman M, Neary M, Ferguson M, Puolakkainen M, Hoffmann S, Pedersen TR, Hannila-Handelberg T, Mårdh O. Decreased chlamydia notifications in 2024 in six EU/EEA Member States and England: are these early signs of a changing trend? Eurosurveillance Accepted/in press (Euroroundup). 2026
20. European Centre for Disease Prevention and Control. Monitoring of the responses to sexually transmitted infection epidemics in EU/EEA countries, 2024. Stockholm: ECDC, 2025
21. European Centre for Disease Prevention and Control (ECDC). Guidance on chlamydia control in Europe – 2015. Stockholm: ECDC; 2016. Available at: https://ecdc.europa.eu/sites/portal/files/media/en/publications/Publications/chlamydia-control-europe-guidance.pdf

22. Molina JM, Bercot B, Assoumou L, Rubenstein E, Algarte-Genin M, Pialoux G, et al. Doxycycline prophylaxis and meningococcal group B vaccine to prevent bacterial sexually transmitted infections in France (ANRS 174 DOXYVAC): a multicentre, open-label, randomised trial with a 2 × 2 factorial design. Lancet Infect Dis. 2024 Oct;24(10):1093-104.
23. Molina JM, Charreau I, Chidiac C, Pialoux G, Cua E, Delaugerre C, et al. Post-exposure prophylaxis with doxycycline to prevent sexually transmitted infections in men who have sex with men: an open-label randomised substudy of the ANRS IPERGAY trial. The Lancet Infectious Diseases. 2018;18(3):308-17. Available at: https://www.embase.com/search/results?subaction=viewrecord&id=L619615142&from=export
24. Luetkemeyer AF, Donnell D, Dombrowski JC, Cohen S, Grabow C, Brown CE, et al. Postexposure Doxycycline to Prevent Bacterial Sexually Transmitted Infections. New England Journal of Medicine. 2023;388(14):1296-306. Available at: https://www.embase.com/search/results?subaction=viewrecord&id=L2024014129&from=export
25. European Centre for Disease Prevention and Control. Public health considerations on the use of doxycycline for post-exposure prophylaxis for bacterial sexually transmitted infections in the EU/EEA. Stockholm: ECDC, 2026
26. World Health Organization/Regional Office for Europe (WHO/Europe). Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030. Copenhagen: WHO/Europe; 2023. Available at: https://www.who.int/europe/publications/i/item/9789289058957