SURVEILLANCE & MONITORING

Gonorrhoea

Annual Epidemiological Report for 2024

Key facts

- Twenty-eight European Union/European Economic Area (EU/EEA) countries reported 106 331 confirmed cases of gonorrhoea for 2024, with a crude notification rate of 26.9 cases per 100 000 population.
- The gonorrhoea notification rate for the EU/EEA in 2024 is the highest recorded since European surveillance of sexually transmitted infections began in 2009.
- Between 2023 and 2024, overall rates increased by 4.3%. Among men, rates increased by 7.9% whereas there was an 8.6% decrease among women.
- Between 2015 and 2024, the notification rate increased by 303%.
- National rates of reported gonorrhoea infection varied considerably across the EU/EEA in 2024, from less than one case to more than 100 cases per 100 000 population.
- Age-specific rates for women were highest among those aged 20–24 years (60.3 cases per 100 000 population) and for men aged 25–34 years (145.5 cases per 100 000 population).
- Men who have sex with men accounted for more than half of the reported cases (62%) in 2024.

Introduction

Gonorrhoea is a sexually transmitted infection (STI) caused by the *Neisseria gonorrhoeae* bacterium. Typical genital infections present as urethritis among men and as urethritis and cervicitis among women, but a broad spectrum of clinical presentations and complications can occur. These include epididymitis and prostatitis among men and endometritis and salpingitis among women, as well as systemic dissemination with fever and skin and joint involvement. Throat and ano-rectal infections may also occur, as well as transmission to newborns that leads to conjunctivitis. Many infections are asymptomatic, especially among women, resulting in delayed diagnosis, complications and uninterrupted transmission [1]. Reinfections with *Neisseria gonorrhoea* are possible [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 the methods used to produce this report, refer to the Methods chapter of the 'ECDC Annual Epidemiological Report' [3].

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

Stockholm, May 2026

An overview of the national surveillance systems is available online [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 (23/28) reported data using standard EU case definitions [6]. Three countries reported case numbers based on national case definitions and two countries did not report which case definition they used.

Cases were analysed by date of diagnosis.

The majority of countries (25/28) report gonorrhoea data from comprehensive surveillance systems. Reporting of gonorrhoea infection is compulsory in these countries. The remaining three countries (Belgium, France, and the Netherlands) have sentinel surveillance systems that only capture gonorrhoea diagnoses from a selection of healthcare services [7]. These three countries have voluntary reporting systems.

Data from sentinel surveillance 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.

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

Analyses of gender over time included only countries that had reported gender with at least 85% completeness every year. Spain is excluded from analysis by gender in Figure 4b as a result. Analyses of transmission category over time exclude countries that did not report this variable with at least 50% completeness each year.

In 2024 Denmark updated their data for 2015 to 2024 with additional cases[1].

Epidemiology

In 2024, 106 331 confirmed gonorrhoea cases were reported by 28 countries (Table 1), marking the highest number of gonorrhoea cases reported in the EU/EEA since the start of European STI surveillance in 2009. The crude notification rate in 2023 was 26.9 per 100 000 population for countries with comprehensive surveillance systems. The highest rates in 2024 (more than 50 cases per 100 000 population) were observed in Ireland (109.0 cases per 100 000 population), Malta (89.6 cases), Iceland (88.1 cases), Luxembourg (86.6 cases), Denmark (85.4 cases), Spain (76.4 cases) and Norway (56.8 cases). The lowest notification rates (less than two cases per 100 000 population) were observed in Bulgaria, Croatia, and Romania. Figure 1 shows confirmed cases of gonorrhoea and notification rates per 100 000 population in countries with comprehensive surveillance systems.

[1] Gonorrhoea is a notifiable infection in Denmark, and the notification rate has historically been estimated at approximately 70% of all cases. Since 2024, laboratory reporting has been integrated into the national notification system, resulting in near-complete coverage of all gonorrhoea tests performed. These data have now been retrospectively added to case numbers since 2015.

Table 1. Confirmed gonorrhoea 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	1 707	NRC	3 964	NRC	4 523	NRC	6 622	NRC	7 623	NRC
Bulgaria	17	0.3	3	0.0	23	0.4	56	0.9	107	1.7
Croatia	13	0.3	17	0.4	21	0.5	26	0.7	33	0.9
Cyprus	7	0.8	5	0.6	13	1.4	25	2.6	21	2.2
Czechia	1 672	15.6	1 829	17.4	2 058	19.6	2 593	23.9	2 382	21.9
Denmark	3 550	61.0	3 611	61.8	5 259	89.5	5 579	94.0	5 091	85.4
Estonia	22	1.7	54	4.1	117	8.8	137	10.0	111	8.1
Finland	482	8.7	510	9.2	960	17.3	1 329	23.9	1 859	33.2
France	5 398	NRC	7 077	NRC	8 704	NRC	10 723	NRC	13 533	NRC
Germany	NDR	NRC	NDR	NRC	NDR	NRC	NDR	NRC	NDR	NRC
Greece	161	1.5	246	2.3	360	3.4	457	4.4	420	4.0
Hungary	1 261	13.0	1 309	13.6	1 156	12.0	1 345	14.0	1 471	15.3
Iceland	93	25.5	105	28.5	158	42.0	333	85.9	338	88.1
Ireland	2 061	41.1	2 349	46.4	4 172	80.9	6 598	125.2	5 832	109.0
Italy	333	0.6	849	1.4	1 953	3.3	2 355	4.0	3 105	5.3
Latvia	109	5.7	70	3.7	158	8.4	145	7.7	157	8.4
Liechtenstein	4	10.3	5	12.8	10	25.4	10	25.2	6	15.0
Lithuania	31	1.1	30	1.1	38	1.4	38	1.3	77	2.7
Luxembourg	311	49.7	417	65.7	475	73.6	606	91.7	582	86.6
Malta	94	18.3	240	46.5	228	43.8	407	75.1	505	89.6
Netherlands	6 826	NRC	7 966	NRC	10 601	NRC	13 853	NRC	13 952	NRC
Norway	1 045	19.5	555	10.3	1 858	34.2	2 985	54.4	3 150	56.8
Poland	246	0.6	287	0.8	556	1.5	1 209	3.3	1 051	2.9
Portugal	1 068	10.3	1 253	12.1	2 402	23.0	2 768	26.3	2 764	26.0
Romania	10	0.1	22	0.1	23	0.1	30	0.2	38	0.2
Slovakia	319	5.8	414	7.6	394	7.2	462	8.5	412	7.6
Slovenia	213	10.2	292	13.8	333	15.8	276	13.0	194	9.1
Spain	10 306	21.8	14 605	30.8	25 157	53.0	34 071	70.9	37 169	76.4
Sweden	2 692	26.1	2 693	25.9	3 355	32.1	4 232	40.2	4 348	41.2
EU/EEA	**40 051**	**9.9**	**50 777**	**12.1**	**75 065**	**19.5**	**99 270**	**25.8**	**106 331**	**26.9**

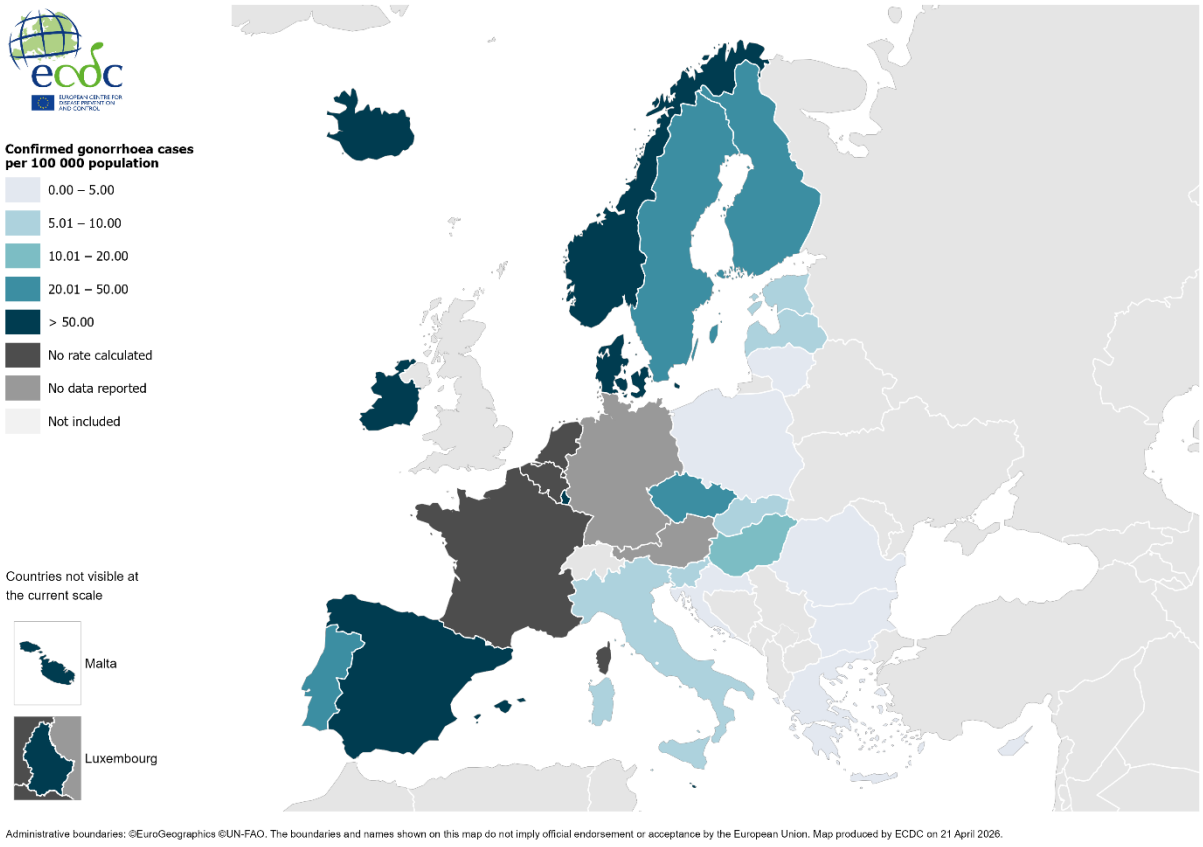
Source: Country reports.

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.

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

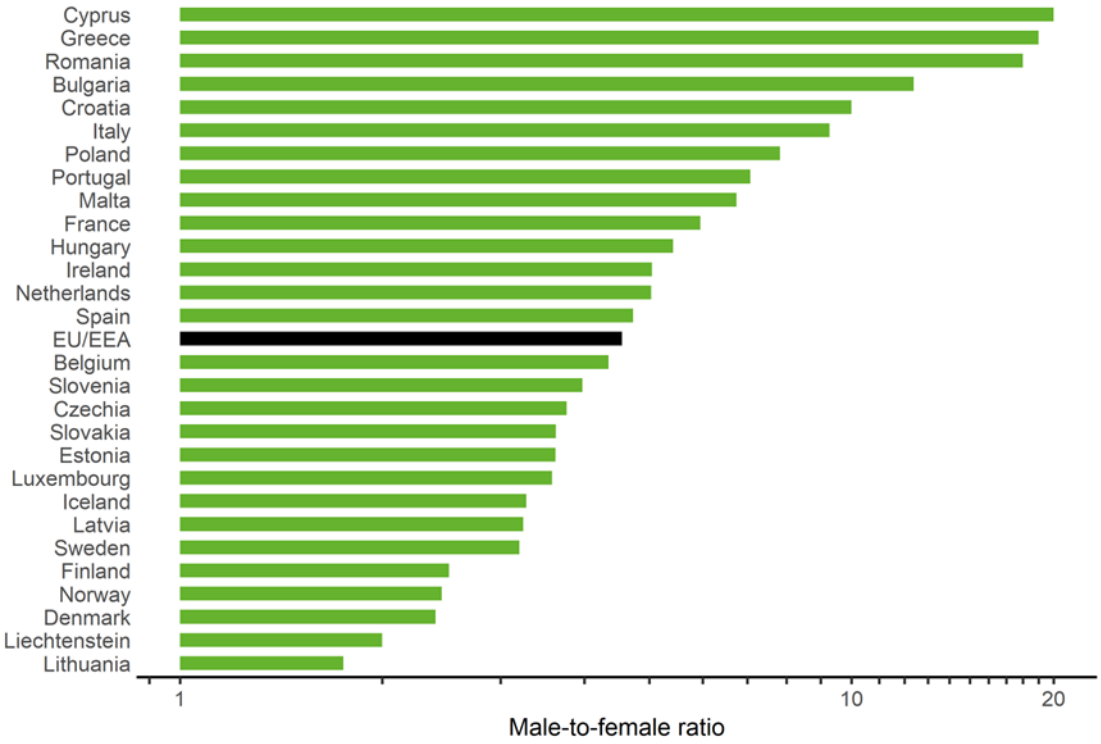


Rates are calculated for countries with comprehensive STI surveillance that reported data for 2024.

Gender

The overall male-to-female ratio in 2024 was 4.6:1 (Figure 2). The notification rate was 44.4 cases per 100 000 population among men (86 327 cases) and 9.9 per 100 000 population among women (18 972 cases). Male-to-female ratios below 3.0 were reported by Lithuania (1.8:1), Liechtenstein (2.0:1), Denmark (2.5:1), Norway (2.5:1) and Finland (2.5:1). The highest male-to-female ratios were reported by Cyprus (20.0:1), Greece (19.0:1) and Romania (18.0:1).

Figure 2. Male-to-female ratio in EU/EEA countries for gonorrhoea, 2024

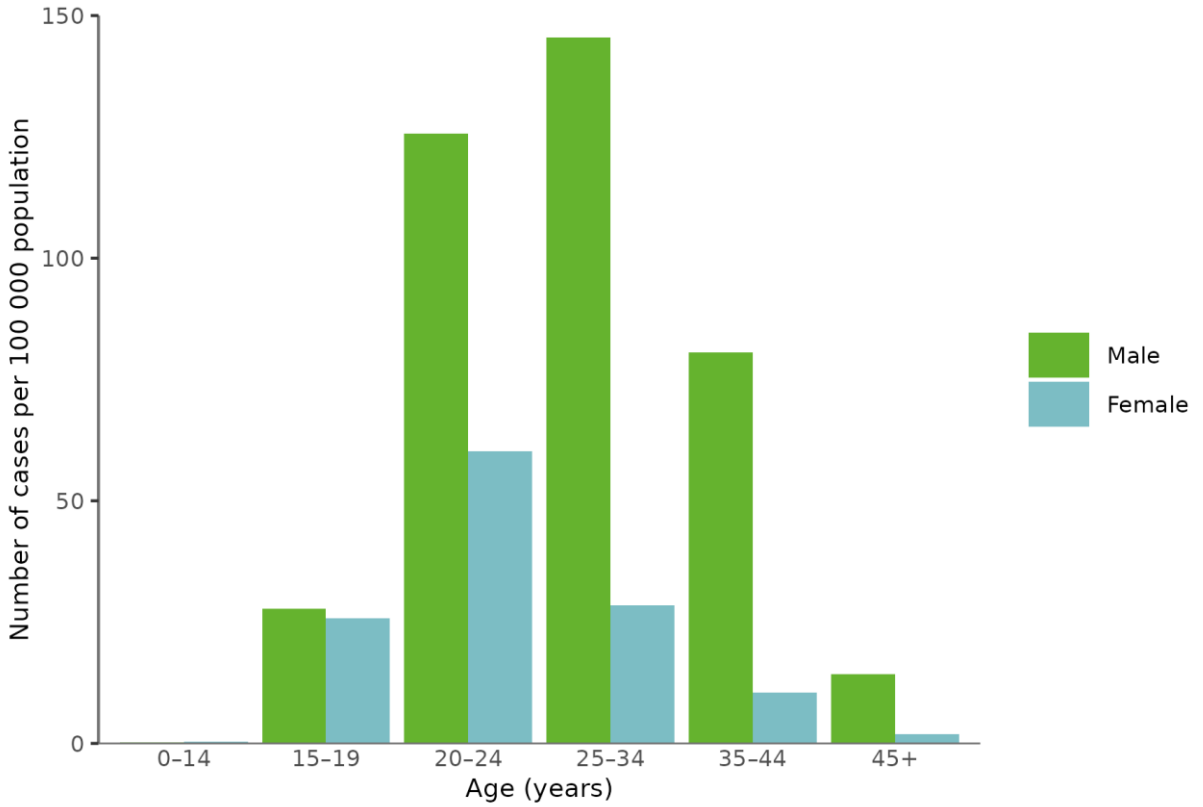


EU/EEA ratio is based on data from 28 countries.

Age

In countries with comprehensive surveillance systems, rates were higher among males in all age groups, except for the group 0–14 years, in which rates were very low for both males and females (Figure 3). For males, the highest age-specific rates were found among those aged 20–24 and 25–34 years (125.7 and 145.5 cases per 100 000 population, respectively). The highest age-specific rate per 100 000 population among females was in the age group 20–24 years (60.3 cases per 100 000 population).

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



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

Transmission

In 2024, 20 countries (Cyprus, Czechia, Denmark, Estonia, Finland, France, Greece, Hungary, Iceland, Ireland, Liechtenstein, Lithuania, Malta, the Netherlands, Norway, Portugal, Romania, Slovakia, Slovenia, and Sweden) reported data on the mode of transmission for 50% or more of their cases. Of all 56 504 cases reported by these countries, transmission was reported for 46 090 cases (82%). These accounted for 43% of all 106 331 reported gonorrhoea cases in 2024. Among the 46 090 cases, 62% were reported as men who have sex with men, 37% as heterosexual men and women (19% in males and 18% in females), and 1.5% as 'other'. By country, the percentage of cases with information on mode of transmission that were reported as sex between men ranged from below 10% in Romania, Slovakia and Liechtenstein, to over 70% in Cyprus, Estonia, Ireland, the Netherlands and Portugal.

HIV status

Data on the HIV status of cases reported in 2024 were provided by 14 countries (Cyprus, Czechia, Denmark, France, Greece, Hungary, Liechtenstein, Luxembourg, Malta, the Netherlands, Poland, Romania, Slovakia and Spain), accounting for 72% of all reported gonorrhoea cases in 2024. Of these 74 857 cases, information on HIV status was available for 32 729 cases (44%). Among cases with known HIV status, 4% were HIV-positive. Of the 22 205 cases among men who have sex with men in countries with data on HIV status, the HIV status was known for 17 481 cases (79%), and 3% of these were HIV-positive.

Trends

Overall trends and trends by gender and age between 2015−2024 and 2023−2024

Between 2015 and 2024, a total of 563 064 cases of confirmed gonorrhoea were reported in 28 EU/EEA countries. During this period, 27 countries reported data for all years. In addition, Liechtenstein reported data from 2020 onwards. Austria and Germany did not report data during this period.

Among the 23 countries with comprehensive (non-sentinel) surveillance that reported consistently between 2015 and 2024, notification rates per 100 000 population increased continuously between 2015 and 2019 (from 6.7 cases in 2015 to 10.9 cases in 2019, Figure 4a). After a decrease to 9.8 cases in 2020, notification rates increased again from 2021, with 12.0 cases per 100 000 population to 26.8 cases per 100 000 population in 2024. Between 2015 and 2024, rates increased by 303% overall and by 180% for men and 122% for women. During this time, gender-specific rates were consistently higher in men than in women (Figure 4b). Spain is excluded from analyses by gender as gender was not reported consistently over this period.

In 2024, notification rates increased by 4.3% compared to 2023. Rates increased by 7.9% among men but decreased by 8.6% among women. Among men, rates decreased in the age group 15-19 (-15%) and in the age group 20-24 (-5%). Rates increased among men aged 25-34 (8%), 35-44 (17%) and those 45 and older (16%). Among women, rates also decreased in the age group 15-19 (-27%) and age group 20-24 (-19%). Rates decreased slightly among those 25-34 (-2%). Rates increased in older women (11% in the age group 35-44 and 13% in the age group 45 and over).

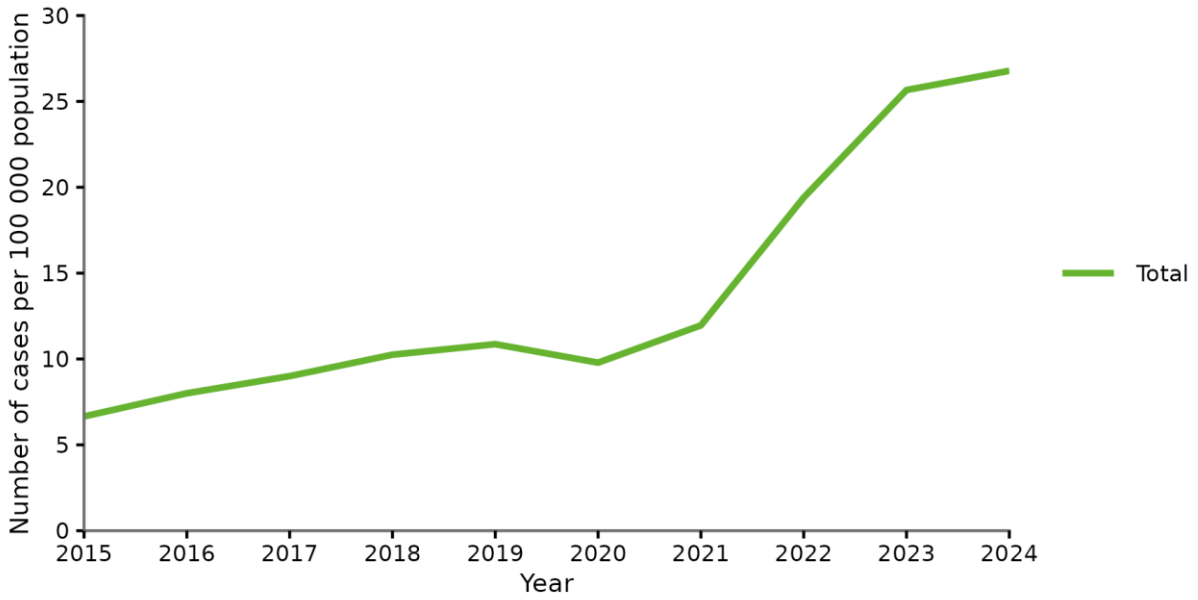
Seventeen out of 28 EU/EEA countries observed increases in the numbers of gonorrhoea cases in 2024 relative to 2023. Increases by more than 20% were reported for Bulgaria, Croatia, Finland, France, Italy, Lithuania, Malta, Romania and Slovenia. Eleven countries reported decreases between 2023 and 2024 with decreases over 10% being reported by Cyprus, Estonia, Ireland, Liechtenstein, Poland and Slovakia.

Trends by transmission category between 2015−2024 and 2023−2024

Between 2015 and 2024, in 12 countries consistently reporting data on mode of transmission with at least 50% completeness each year, there was a 221% increase in cases where transmission was reported due to sex between men (Figure 5). This increase has been evident during the whole 10-year period, with an acceleration in the most recent three years. The number of cases reported as heterosexual male and female transmission increased by 76% and 124% respectively over the 10-year period.

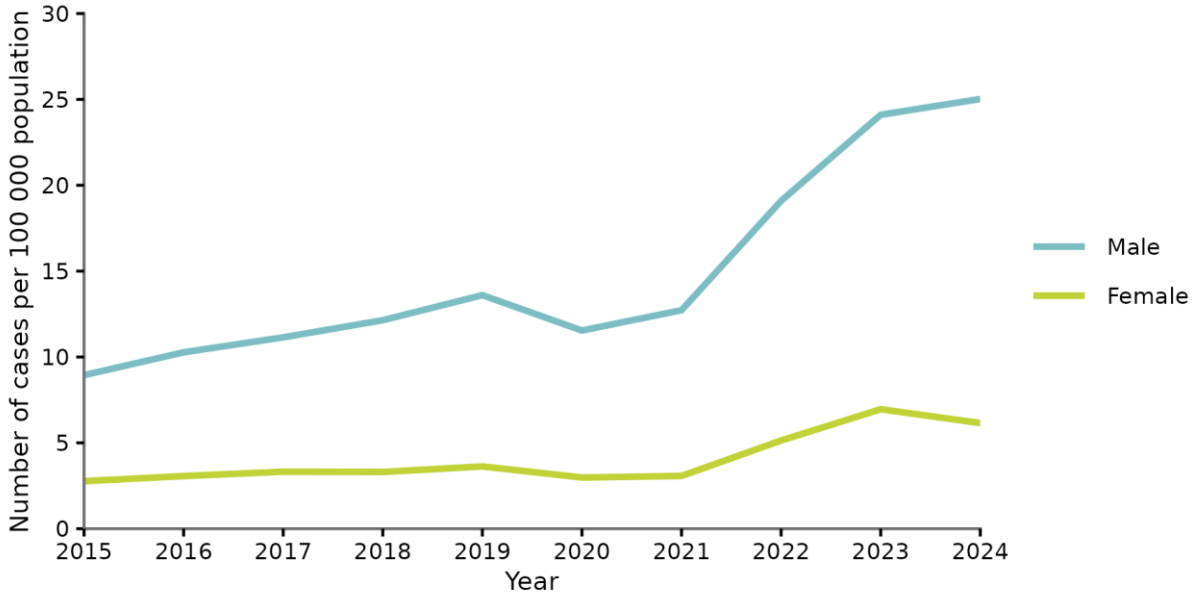
Nineteen countries submitted consistent data on mode of transmission for 2023 and 2024. The number of cases among men who have sex with men increased by 9.2%, among heterosexual males by 1.5%, and decreased by 13% in heterosexual females, in 2024 compared with 2023.

Figure 4a. Rates of confirmed gonorrhoea cases per 100 000 population by year in EU/EEA countries reporting consistently, 2015–2024



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

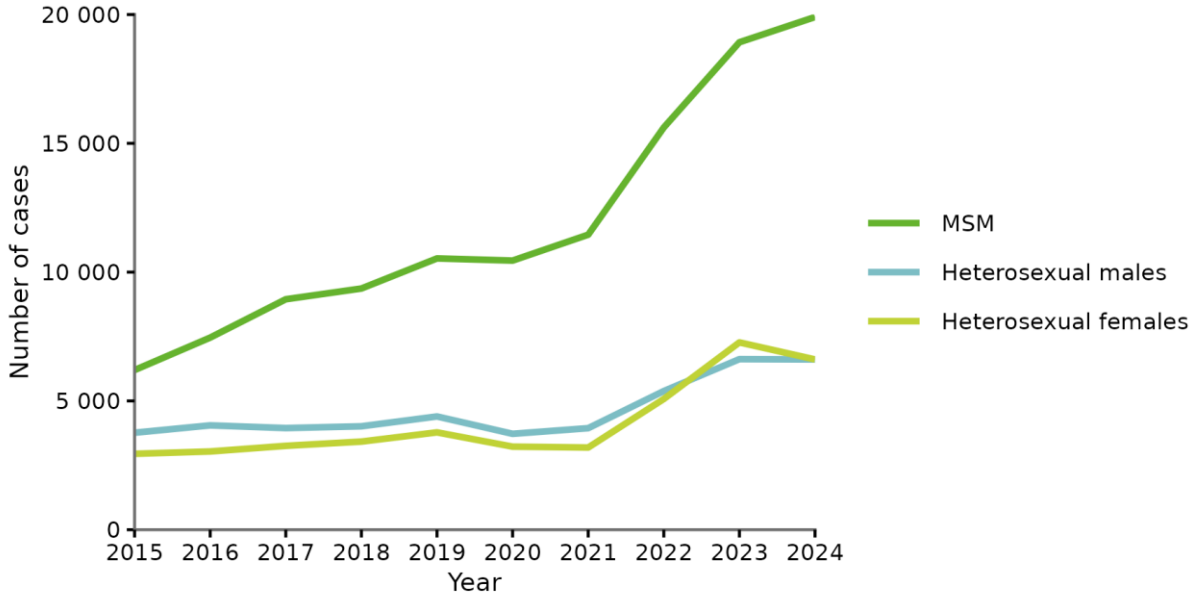
Figure 4b. Rates of confirmed gonorrhoea cases per 100 000 population by gender and year in EU/EEA countries reporting consistently, 2014–2024



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

Note that Spain is excluded from analyses by gender as gender was not reported consistently over this period.

Figure 5. Number of confirmed gonorrhoea cases by gender, transmission category and year in EU/EEA countries reporting consistently, 2015−2024



Source: Country reports from Czechia, Denmark, Finland, Greece, Hungary, the Netherlands, Norway, Portugal, Romania, Slovakia, Slovenia and Sweden.

MSM = men who have sex with men

Outbreaks and other threats

In March–April 2023, several EU/EEA countries (the Denmark, Ireland, Netherlands, and Norway) notified through EpiPulse (The European surveillance portal for infectious diseases) [8] about rapid increases in gonorrhoea notifications among young heterosexual populations that started in mid-2022. Young women, 20–24-years-old, were particularly affected [9]. Assessment using EU-level surveillance data showed that increases were evident in several EU/EEA countries and a more detailed analysis of these cases has been published [10]. The increases were still evident in the 2023 surveillance data with increases of 46% among women aged 20–24 years and by 45% among those aged 25–34 relative to 2022. However, 2024 data presented in this report show that rates of gonorrhoea have decreased between 2023 and 2024 among younger women but also to a lesser extent among younger heterosexual men.

ECDC carries out continuous surveillance of antimicrobial resistance (the European Gonococcal Antimicrobial Surveillance Programme) and the latest report includes data from 2023. Resistance to ceftriaxone, the current main first line antibiotic, is still rare with only a few cases detected in the EU/EEA each year. Two isolates with resistance to ceftriaxone (MIC=0.5 mg/L) were detected in Luxembourg and Norway, respectively. The isolates were extensively-drug resistant. The percentage of isolates with resistance to azithromycin, which is frequently used in combination with ceftriaxone, gradually increased from 7.6% in 2018 to 25.6% in 2022 but decreased to 23.2% in 2023 and continued to decrease to 19.1% in 2024 [11].

Although most countries report that clinics have access to antimicrobial susceptibility testing, only a low proportion individuals with gonorrhoea are actually tested, limiting the ability to monitor resistance effectively. While all countries follow recommended first-line treatment guidelines, only about half can assess whether patients receive the correct regimen [12].

Discussion

Gonorrhoea is the second most commonly reported STI in the EU/EEA after chlamydia [13]. The number of reported cases of gonorrhoea in 2024 is the highest in the past decade, however the increase between 2023 and 2024 is of a much lower magnitude than those seen in 2022 and 2023. Of note, rates among women decreased by 9% between 2023 and 2024.

After a continuous rise between 2015 and 2019, rates of gonorrhoea notifications decreased in 2020 during the first year of the COVID-19 pandemic. Changes in healthcare-seeking behaviour, disruptions in sexual health services and declines in testing volumes during the COVID-19 pandemic have been associated with the decrease in cases in 2020

[14]. Underreporting was an additional contributing factor due to a decrease of STI surveillance capacity resulting from resources diverted to the COVID-19 response (internal ECDC report, data not published). Between 2021 and 2023, the gonorrhoea notification rate increased substantially and while the increases continued in 2024 the rate of increase slowed and reductions in diagnoses were seen among younger women and to a lesser extent among younger heterosexual men.

Cases in men who have sex with men accounted for the majority (62%) of gonorrhoea cases in the EU/EEA and this group was the only group with a substantial increase in cases between 2023 and 2024, in contrast to heterosexual men and women. Several factors have been associated with increases in gonorrhoea in men who have sex with men, such as certain sexual behaviour with a higher risk of STI transmission (e.g. condomless sex, multiple concurrent sexual partners, anonymous sexual partners, the use of specific psychoactive substances to enhance sexual experiences ('chemsex')) , expansion of testing (e.g. regular testing in the context of HIV care, upon enrolment in and follow-up for pre-exposure prophylaxis (PrEP) for HIV, and testing of extra-genital sites, as recommended in clinical guidelines) [2,12,15-18]. Data currently collected at the EU/EEA level cannot indicate the proportion of cases attributable to increased testing and/or the proportion of asymptomatic infections among cases reported. From 2023 onwards, ECDC introduced a new variable on the HIV PrEP-user status for STI surveillance, but so far reporting completeness of this variable has been low.

In 2024, it appears as if the substantial increases seen among young women in 2022 and 2023 have halted, and in fact decreases are seen in younger age groups. Still, the number of notified cases is substantially higher than prior to the COVID-19 pandemic, and rates have continued to increase in women over 35 years of age. While a proportion of these cases may be due to increased awareness and testing, high rates of gonorrhoea among women of reproductive age are of concern due to the potential risk of reproductive tract complications.

Possible reasons behind high rates among heterosexual men and women in recent years include changes in sexual behaviour which involve a higher risk of STI transmission (e.g. less condom use) [19], increase in the number of casual sex partners and changes in the density and structure of sexual networks[2]. In addition, some countries have implemented changes to testing policies as a reaction to increases in bacterial STIs and enhanced access to free testing and self-sampling [20].

The distribution of reported gonorrhoea cases continues to vary considerably across the EU/EEA, with notification rates ranging from less than one case, to more than 100 cases per 100 000 population. However, comparisons between countries should be made with caution. Differences exist across EU/EEA Member States in the intensity of testing policies, easy/free access to sexual health services and the sensitivity of laboratory diagnostics. Surveillance system coverage and reporting practice also play pivotal roles.

A systematic review by ECDC of prevalence estimates in the EU/EEA found a pooled prevalence estimate of 10.5% (95% confidence interval (CI): 7.1−13.9) for gonorrhoea among men who have sex with men attending STI clinics and 9% (5.3−12.7) for men who have sex with men on HIV pre-exposure prophylaxis. Among young women and men aged 15−24 years, the estimated prevalence was 0.6% (95% CI: 0.1−1.0) and 0.1% (95% CI: 0.0−0.3), respectively [21].

The surveillance data presented in this report probably underestimate the true situation. The majority of countries that report gonorrhoea cases indicate that most of their data on STIs are obtained from dedicated specialist services (i.e. STI clinics). Therefore, it is likely that a proportion of cases – for example, those diagnosed in primary healthcare – are not captured by surveillance systems in many countries. In addition, a few countries obtain data through sentinel surveillance, which again only capture a proportion of diagnoses within a given country, and sentinel surveillance may target specific specialist services. Many cases also remain undiagnosed or unreported for various reasons, such as lack of/under-recognition of symptoms, or differences in the availability of diagnostics. In some countries, some cases are treated based on symptoms and never tested [12]. This may result in reported figures that do not represent the true extent of the epidemic. Some of the increases reported over time may also be related to improvements in the coverage of surveillance systems, the use of more sensitive tests, and increased testing. With regard to antimicrobial resistance, EU-wide monitoring and the reporting of treatment failures are necessary to inform European treatment guidelines [2,22].

In 2025, ECDC published the results of the first ever data collection on STI monitoring indicators and goes into detail on differing testing policies between Member States, including availability of self-sampling and the extent to which non-medical providers can perform testing for gonorrhoea. The report found that data on number of tests performed or testing coverage of different populations at risk was very limited in most EU/EEA countries [12].

[2] Source: ECDC communication with Member States reporting increases in gonorrhoea among young people, 2023.

Public health implications

Gonorrhoea notifications in the EU/EEA reached their highest recorded level in 2024, driven primarily by sustained increases among men who have sex with men and persistently high rates among women of reproductive age. While recent declines in younger heterosexual populations are encouraging, overall transmission remains widespread and unevenly controlled across Member States.

Strengthening prevention and testing remains a priority. Targeted, testing and timely treatment should continue to focus on populations at highest risk of contracting the disease, particularly men who have sex with men, including those using HIV PrEP. At the same time, stable or increasing rates among women aged 35 years and older highlight the need to ensure effective access to testing, diagnosis and follow-up for this group across the reproductive life course.

Surveillance and data quality gaps limit effective action. Differences in testing policies, surveillance coverage and reporting practices between countries constrain accurate comparison and timely detection of changes in transmission patterns. Improved monitoring of testing coverage, including in primary care and non-specialist settings, and more complete reporting of key variables (such as transmission category, HIV status and age) are essential to better understand drivers of the epidemic and guide targeted responses. Furthermore, it would be useful to have more studies looking into the reasons for changes in the epidemiology of gonorrhoea in recent years, including quantitative sexual behaviour surveys, qualitative work to better understand sexual behaviour, and molecular typing analyses to understand sexual networks and strain circulation.

Antimicrobial resistance remains a critical threat. Although resistance to first-line treatment remains rare, continued monitoring of gonococcal antimicrobial resistance and treatment outcomes is essential to safeguard treatment effectiveness and inform timely updates to clinical guidelines. The ECDC Gonorrhoea Response Plan outlines several strategies including strengthening the surveillance of gonococcal antimicrobial susceptibility, ensuring that a minimum capacity for culture and susceptibility testing and establishing a strategy to rapidly detect treatment failures. The plan also covers recommended public health actions to be implemented at the national level, following the detection of MDR NG cases [23].

Policy responses should remain proportionate and evidence-based. Evidence from clinical trials indicates 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 [24-26]. In 2026, ECDC published public health considerations on the use of doxy-PEP for the prevention of bacterial STIs in the EU/EEA. Considering the high percentages of tetracycline resistance in *N. gonorrhoeae* across the EU/EEA, particularly among men who have sex with men compared with heterosexual populations, doxy-PEP is unlikely to reduce incident gonorrhoea in most EU/EEA countries. Furthermore, doxy-PEP could rapidly select for gonococcal strains with tetracycline resistance. The guidance highlights that, where implemented, doxy-PEP should be focussed on syphilis prevention [27].

Prevention strategies should therefore prioritise primary prevention, testing, partner notification and prompt treatment rather than reliance on prophylaxis for gonorrhoea control. There is an urgent need to further strengthen prevention activities to increase testing uptake for those most at risk. This could be achieved by addressing specific risk groups with evidence-based messages and methods. In addition to traditional approaches, social media and dating apps should also be considered for prevention campaigns. To reach men who have sex with men, it is essential to work with civil society organisations.

The upsurges in bacterial STIs across the EU/EEA are of concern and a Health Security Committee opinion on this issue was published in January 2025[3], outlining public health actions to deal with the increases in STIs at EU/EEA and Member State levels [23].

[3] https://health.ec.europa.eu/publications/opinion-health-security-committee-sexually-transmitted-infections_en

References

1. European Centre for Disease Prevention and Control (ECDC). Facts about gonorrhoea Available at: https://www.ecdc.europa.eu/en/gonorrhoea/facts
2. Unemo M, Ross J, Serwin A, Gomberg M, Cusini M, Jensen J. 2020 European guideline for the diagnosis and treatment of gonorrhoea in adults. International Journal of STD & AIDS.0(0):0956462420949126. Available at: https://journals.sagepub.com/doi/abs/10.1177/0956462420949126
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). Annual epidemiological report. Surveillance systems overview for 2023. Stockholm: ECDC; 2024. Available at: https://www.ecdc.europa.eu/en/publications-data/surveillance-systems-overview-2023
8. 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
9. European Centre for Disease Prevention and Control (ECDC). Communicable disease threats report, 18-24 June 2023, week 25. 2023. Available at: https://www.ecdc.europa.eu/en/publications-data/communicable-disease-threats-report-18-24-june-2023-week-25
10. Nerlander L, Champezou L, Gomes Diaz J, Aspelund G, Berlot L, Constantinou E, et al. Sharp increase in gonorrhoea notifications among young people in the EU/EEA since the end of the COVID-19 pandemic. Eurosurveillance. 2024 (forthcoming)
11. European Centre for Disease Prevention and Control. Gonococcal antimicrobial susceptibility surveillance in the European Union/European Economic Area, 2024. Stockholm: ECDC, 2026
12. European Centre for Disease Prevention and Control. Monitoring of the responses to sexually transmitted infection epidemics in EU/EEA countries, 2024. Stockholm: ECDC, 2025
13. European Centre for Disease Prevention and Control (ECDC). Chlamydia. In: ECDC. Annual Epidemiological Report for 2023. Stockholm: ECDC, 2025
14. Simoes D, Stengaard AR, Combs L, Raben D, Euro TC-iacop. Impact of the COVID-19 pandemic on testing services for HIV, viral hepatitis and sexually transmitted infections in the WHO European Region, March to August 2020. Euro Surveill. 2020 Nov;25(47) Available at: https://www.ncbi.nlm.nih.gov/pubmed/33243354
15. Wees DAv, Diexer S, Rozhnova G, Matser A, Daas Cd, Heijne J, et al. Quantifying heterogeneity in sexual behaviour and distribution of STIs before and after pre-exposure prophylaxis among men who have sex with men. Sexually Transmitted Infections. 2022;98(6):395-400. Available at: https://sti.bmj.com/content/sextrans/98/6/395.full.pdf
16. Hart TA, Noor SW, Berlin GW, Skakoon-Sparling S, Tavangar F, Tan D, et al. Pre-exposure prophylaxis and bacterial sexually transmitted infections (STIs) among gay and bisexual men. Sexually Transmitted Infections. 2023;99(3):167-72. Available at: https://sti.bmj.com/content/sextrans/99/3/167.full.pdf
17. van Bilsen WPH, Boyd A, van der Loeff MFS, Davidovich U, Hogewoning A, van der Hoek L, et al. Diverging trends in incidence of HIV versus other sexually transmitted infections in HIV-negative MSM in Amsterdam. AIDS. 2020;34(2):301-9. Available at: https://journals.lww.com/aidsonline/fulltext/2020/02010/diverging_trends_in_incidence_of_hiv_versus_other.16.aspx
18. 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
19. Oldenhof A BT, Kraan Y,. Seks onder je 25e. Rutgers en Soa Aids Nederland i.s.m. RIVM en CBS, 2023, https://rutgers.nl/wp-content/uploads/2024/01/samenvatting-conclusie-onderzoek-seks-onder-je-25e.pdf
20. (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
21. 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
22. European Centre for Disease Prevention and Control (ECDC). European Gonococcal Antimicrobial Surveillance Programme (Euro-GASP). Available at: https://www.ecdc.europa.eu/en/about-us/partnerships-and-networks/disease-and-laboratory-networks/euro-gasp

23. European Centre for Disease Prevention and Control. Response plan to control and manage the threat of multidrug-resistant gonorrhoea in Europe. Available at: http://www.ecdc.europa.eu/en/publications/Publications/1206-ECDC-MDR-gonorrhoea-response-plan.pdf Stockholm: ECDC, 2012
24. 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.
25. 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
26. 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
27. 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