SURVEILLANCE & MONITORING

Syphilis

Annual Epidemiological Report for 2024

Key facts

- In 2024, 45 577 confirmed syphilis cases were reported by 29 EU/EEA Member States, corresponding to a crude notification rate of 10.8 cases per 100 000 population in countries with comprehensive surveillance.
- Between 2015 and 2024, syphilis notification rates more than doubled, reaching the highest levels observed during the past decade.
- Syphilis notification rates in 2024 were over six times higher among men than women, with the highest rates observed among men aged 25–34 years (46 cases per 100 000 population).
- Among cases with known transmission category, the majority (69%) were reported among men who have sex with men.
- Since 2021, syphilis notifications have shown a sustained increase across all adult age groups among heterosexual men and women, indicating wider transmission beyond key populations.
- In 11 of the 17 countries reporting clinical stage, the majority of cases were diagnosed as primary or secondary syphilis, suggesting ongoing transmission.

Introduction

Syphilis is a sexually transmitted infection caused by the bacterium *Treponema pallidum* [1]. It can also be transmitted through vertical transmission (congenital syphilis). Syphilis can be acquired during sexual activity through direct contact with treponema-rich, open lesions and contaminated secretions from an partner who has the infection. After an average incubation period of three weeks (range 10–90 days) a lesion (chancre, that is usually painless) at the site of infection occurs (primary syphilis), followed by a series of eruptions on mucous membranes and skin (secondary syphilis). Untreated infection can become latent, early latent syphilis (within first 12 months of infection) and late latent (one year after infection). Many years after the initial infection, tertiary syphilis lesions may appear (visceral, multi-organ involvement, including serious vascular and neurological damage). Treatment regimens adapted to the stage of infection can effectively cure the infection [2]. Re-infections with syphilis following unprotected sexual contact are possible.

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].

Suggested citation: European Centre for Disease Prevention and Control. Syphilis. In: ECDC. Annual Epidemiological Report for 2024. Stockholm: ECDC; 2026.

Stockholm, May 2026

For 2024, the majority of countries (22/29) reported data using the standard EU case definitions [6]. Five countries reported using national case definitions and two countries did not state the case definition used.

Cases were analysed by date of diagnosis.

Most countries (26) had comprehensive surveillance systems. Three countries (Belgium, France and the Netherlands) reported data derived from sentinel systems that captured syphilis diagnoses only from a selection of healthcare providers. Reporting of syphilis infection is compulsory in 26 countries and voluntary in the three countries with sentinel systems. Austria does not report syphilis data.

Data from sentinel surveillance systems were not used to calculate 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 and France 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 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.

Some countries did not provide information on the stage of infection; therefore, all reported syphilis cases are included in the analysis, irrespective of infection stage. As a result, for some countries, cases of non-infectious syphilis (late latent syphilis, acquired > 1 year ago) are included, even though such cases are not under EU/EEA syphilis surveillance.

Epidemiology

Geographical distribution

In 2024, a total of 45 577 confirmed syphilis cases were reported in 29 EU/EEA countries, corresponding to a crude notification rate of 10.8 cases per 100 000 population among countries with comprehensive surveillance systems (Table 1).

The highest rates were observed in Malta (60.3 per 100 000 population), followed by Spain (23.8), Portugal (20.7), Hungary (18.0), Ireland (17.6), Luxembourg (15.0), Iceland (14.3), Slovakia (13.1), and Germany (11.4). The lowest rates - three or fewer cases per 100 000 population - were observed in Croatia (0.9 per 100 000 population) and Romania (3.0 per 100 000 per population) (Table 1, Figure 1).

Table 1. Confirmed syphilis 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	1 407	NRC	2 113	NRC	2 191	NRC	2 545	NRC	3 420	NRC
Bulgaria	319	4.9	271	4.1	361	5.6	348	5.4	398	6.2
Croatia	22	0.6	35	0.9	48	1.2	36	0.9	35	0.9
Cyprus	43	4.8	92	10.3	72	8.0	95	10.0	93	9.6
Czechia	716	6.7	758	7.2	856	8.1	827	7.6	611	5.6
Denmark	445	7.6	638	10.9	677	11.5	672	11.3	628	10.5
Estonia	33	2.5	31	2.3	39	2.9	50	3.7	46	3.3
Finland	207	3.7	169	3.1	383	6.9	461	8.3	309	5.5
France	982	NRC	1 285	NRC	1 761	NRC	2 025	NRC	2 486	NRC
Germany	7 404	8.9	6 755	8.1	8 355	10.0	9 160	11.0	9 509	11.4
Greece	401	3.7	654	6.1	864	8.3	911	8.7	735	7.1
Hungary	774	8.0	764	7.9	1 062	11.1	1 208	12.6	1 725	18.0
Iceland	31	8.5	50	13.6	50	13.3	73	18.8	55	14.3
Ireland	582	11.6	717	14.2	879	17.1	895	17.0	942	17.6
Italy	843	1.4	1 614	2.7	2 544	4.3	2 540	4.3	3 088	5.2
Latvia	68	3.6	53	2.8	41	2.2	64	3.4	75	4.0
Liechtenstein	4	10.3	1	2.6	6	15.3	4	10.1	3	7.5
Lithuania	54	1.9	117	4.2	86	3.1	75	2.6	133	4.6
Luxembourg	199	31.8	185	29.1	151	23.4	165	25.0	101	15.0
Malta	85	16.5	166	32.2	127	24.4	124	22.9	340	60.3
Netherlands	1 526	NRC	1 684	NRC	1 925	NRC	2 097	NRC	2 173	NRC
Norway	287	5.3	163	3.0	195	3.6	208	3.8	259	4.7
Poland	493	1.3	906	2.4	1 503	4.1	2 702	7.4	2 875	7.9
Portugal	874	8.4	1 157	11.1	1 653	15.9	1 894	18.0	2 198	20.7
Romania	296	1.5	318	1.7	493	2.6	569	3.0	564	3.0
Slovakia	160	2.9	289	5.3	451	8.3	721	13.3	709	13.1
Slovenia	31	1.5	37	1.8	34	1.6	78	3.7	104	4.9
Spain	4 531	9.6	5 277	11.1	8 365	17.6	10 918	22.7	11 556	23.8
Sweden	473	4.6	583	5.6	535	5.1	568	5.4	407	3.9
EU/EEA	**23 290**	**5.6**	**26 882**	**6.3**	**35 707**	**8.6**	**42 033**	**10.2**	**45 577**	**10.8**

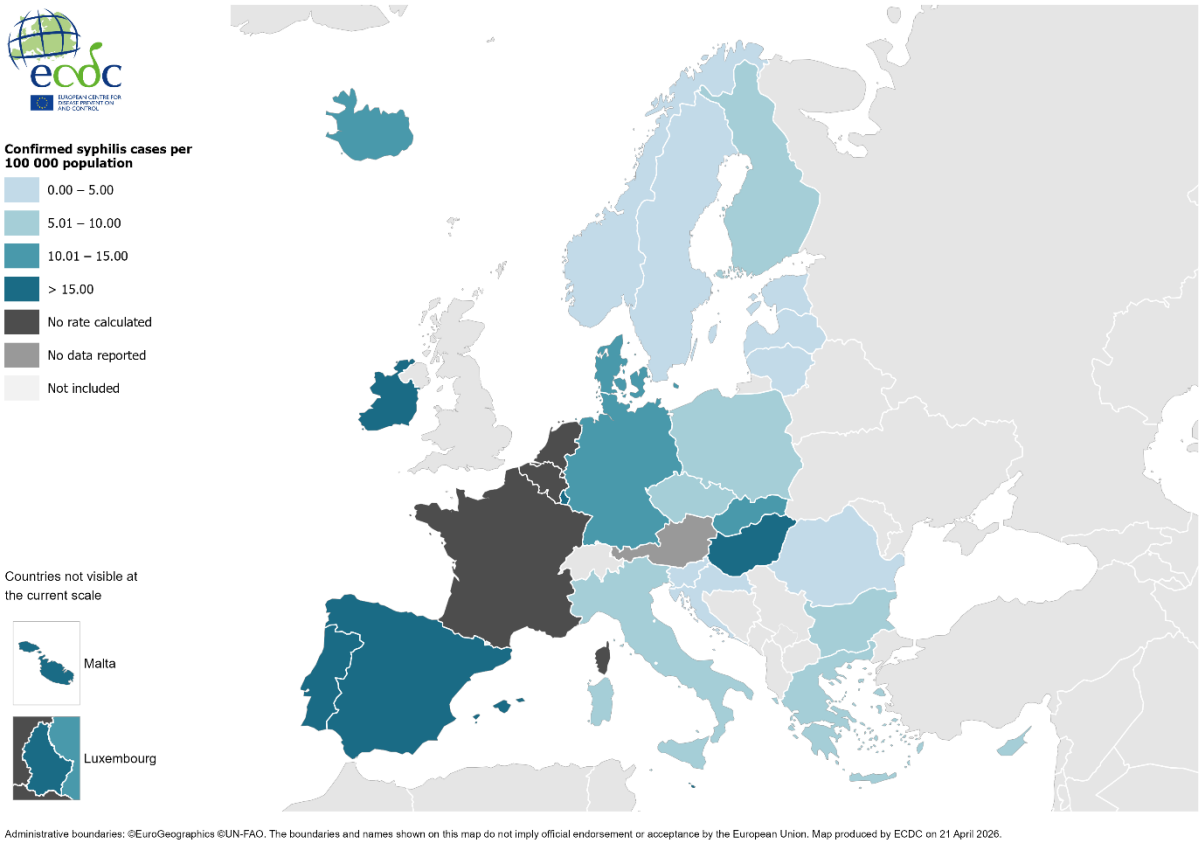
Source: Country reports.

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 syphilis cases per 100 000 population by country, EU/EEA, 2024



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

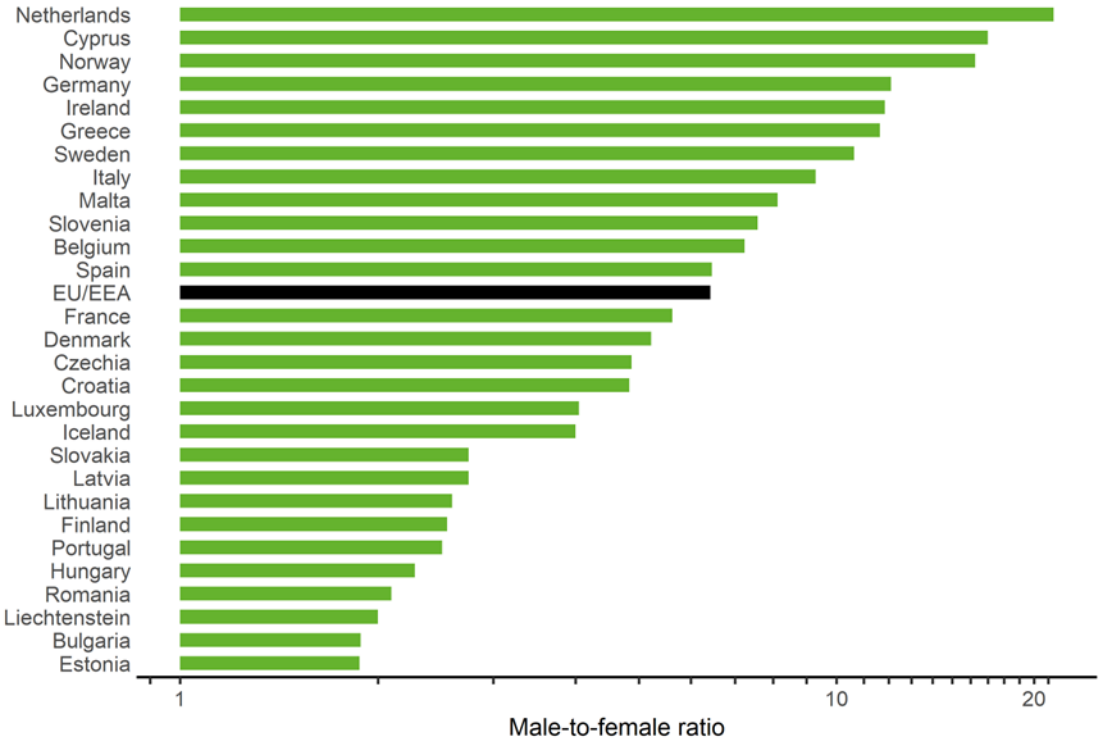
Gender

The overall male-to-female ratio was 6.4:1 in 2024, with notification rates of 19.4 cases per 100 000 population in men (36 609 cases) and 3.0 cases per 100 000 population among women (5 703 cases). In addition, 177 cases were reported with gender classified as 'other', and 3 088 cases had gender recorded as unknown.

In 2024, notification rates among men exceeding 20 cases per 100 000 population were observed in Germany, Hungary, Iceland, Ireland, Luxembourg, Malta, Portugal, and Spain. Among women, the highest rates (≥5 cases per 100 000 population) were reported in Hungary, Iceland, Liechtenstein, Luxembourg, Malta, Portugal, Slovakia, and Spain.

There were marked differences in the male-to-female ratios across countries. Ratios of 10:1 or above were reported by Cyprus, Germany, Greece, Ireland, the Netherlands, Norway and Sweden, while ratios 2:1 or lower were reported by Bulgaria, Liechtenstein and Estonia (Figure 2).

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



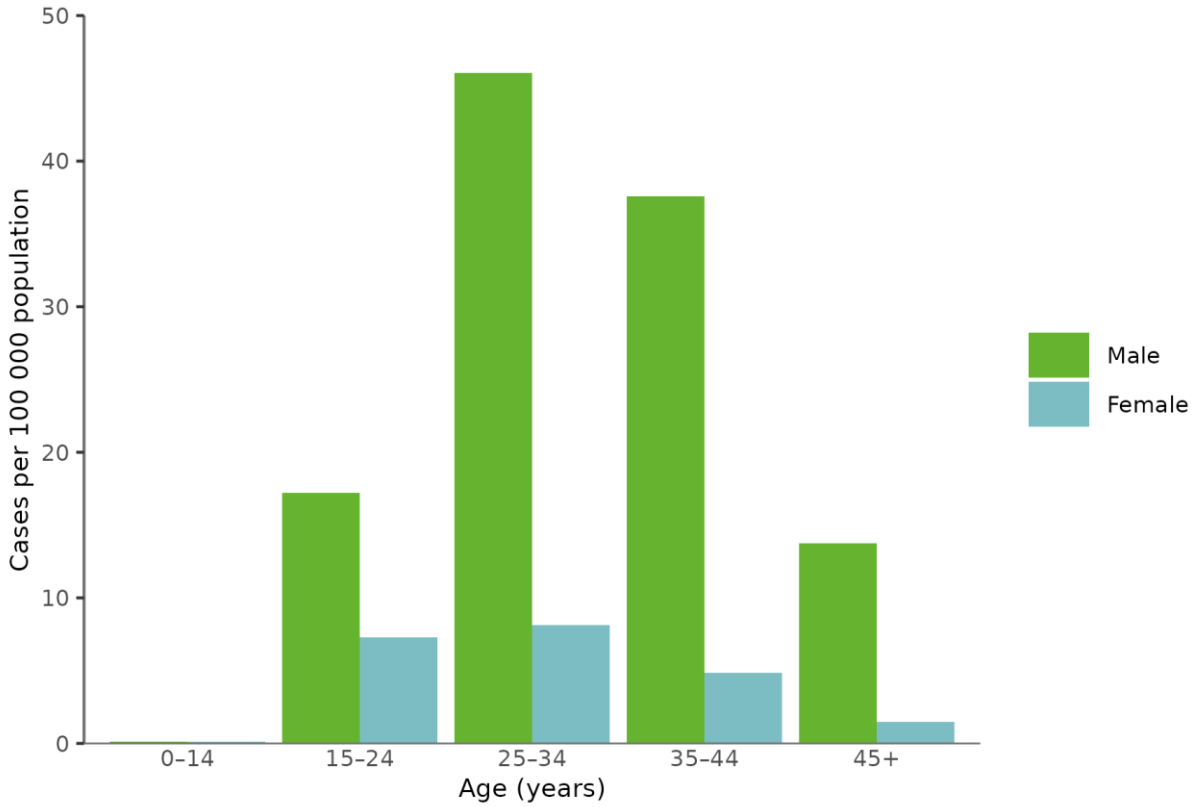
Data for Poland were not stratified by gender.

Age

In 2024, information on age was available for cases reported from 28 countries. Information on age was unavailable for Poland, which accounted for 6% of all cases in the EU/EEA. In 2024, syphilis cases were distributed relatively evenly across adults aged 25–34 years (28%), 35–44 years (24%) and 45 years and above (31%). Among younger population groups, young adults (20–24 years) accounted for nearly 9% of all reported cases.

Age-specific notification rates were higher among men than women across all age groups (Figure 3). Among men, the highest rates were observed in those aged 25–34 years (46.1 per 100 000 population), followed by those aged 35–44 years (37.6 per 100 000) and 20–24 years (28.9 per 100 000 population). Among women, the highest rates were observed in those aged 20–24 years (10.0 per 100 000 population), followed by those aged 25–34 years (8.1 per 100 000 population) and 35–44 years (4.8 per 100 000 population). In the 15–19-year age group, notification rates were 5.3 and 4.6 per 100 000 population among men and women, respectively. In the 45+ age group, men had a notification rate of 13.7 per 100 000 population, compared with 1.5 per 100 000 among women.

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



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

Transmission

In 2024, 19 countries[1] reported transmission information for more than 50% of their cases. Together, these countries accounted for 52% (n=23 705) of all syphilis cases reported in the EU/EEA. Transmission information was available for 78% of these cases (n= 18 435). Among these, most cases were reported among men who have sex with men (69%), followed by heterosexual transmission (30%; 18% among men and 12% among women). The mode of transmission was unknown for 22% of cases in these 19 countries.

The percentage of cases diagnosed in men who have sex with men varied considerably across countries, ranging from 20% or lower in Hungary, Slovakia and Romania to 75% or higher in Cyprus, Germany, Greece, Ireland, the Netherlands, Norway, Portugal and Sweden.

HIV status

In 2024, 16 countries[2] reported HIV status for 23 864 syphilis cases, accounting for 54% of all cases reported in the EU/EEA. HIV status was available for 44% of these cases (n=10 552), of which 11% (n=1 152) were HIV positive, either previously known or newly diagnosed.

Among men who have sex with men, 8 094 syphilis cases were reported in the 16 countries providing HIV status information. HIV status was known for 67% of these cases (n=5 427, of whom 17% (n=903) were HIV positive.

[1] Cyprus, Czechia, Denmark, Estonia, France, Germany, Greece, Hungary, Ireland, Latvia, Luxembourg, Malta, the Netherlands, Norway, Portugal, Romania, Slovakia, Slovenia, Sweden.

[2] Cyprus, Czechia, Denmark, France, Greece, Hungary, Iceland, Ireland, Liechtenstein, Luxembourg, Malta, the Netherlands, Portugal, Romania, Slovakia, Spain.

Syphilis stage

In 2024, 17 countries[3] reported the clinical stage for 59% of all syphilis cases (n=14 127). Among these cases, most infections were classified as early latent (33%), primary (31%) or secondary syphilis (25%). Fewer cases were reported as late latent (9%) or latent syphilis (3%).

The distribution of syphilis stages varied across countries. Ten countries (Czechia, Estonia, France, Greece, Hungary, Latvia, Luxembourg, Norway, Slovenia and Spain) reported more than half of their cases as primary or secondary syphilis. In Cyprus, Malta and the Netherlands, early latent infections accounted for a greater proportion of cases than primary or secondary syphilis. For comparison, in 2023, more than half of reported cases were classified as primary or secondary syphilis in eleven countries, while early latent infections exceeding primary and/or secondary syphilis were reported in two countries.

Trends 2015–2024

Between 2015 and 2024, 29 EU/EEA countries reported 294 638 syphilis cases. Of these, 28 countries reported data consistently across the entire period, while Liechtenstein reported data from 2020 onwards. Between 2023 and 2024, the total number of reported cases increased by 8%, reflecting a continuation of the overall upward trend observed since 2016, despite some year-to-year fluctuations.

When comparing 2024 to 2023, 16 countries reported increases in the number of reported cases in, while 13 countries reported decreases. Czechia, Finland, Liechtenstein, Luxembourg and Sweden reported reductions of 25% or more; together, these countries accounted for 3% of all reported cases in 2024. Belgium, Hungary, Lithuania, Malta, and Slovenia reported increases of 25% or more, which together contributed 13% of all cases in the EU/EEA. Smaller increases (<25%) were observed in Bulgaria, France, Germany, Ireland, Italy, Latvia, the Netherlands, Norway, Poland, Portugal and Spain, accounting for 78% of all reported cases in 2024.

In 2024, most cases (82%) were reported by the 24 countries with comprehensive surveillance systems that have reported consistently over time[4]. In these countries, syphilis notification rates increased overall between 2015 to 2019, declined in 2020, and rose again from 2021 onwards (Figure 4a). This increase accelerated in 2022 and continued through 2023 and 2024, with 2024 representing the highest notification rates recorded during the past decade. Compared with 2023, the overall notification rate in these countries plus Liechtenstein increased from 10.2 to 10.8 per 100 000 population. Over the 10-year period, notification rates in these 24 countries more than doubled, increasing from 5.1 per 100 000 in 2015 to 10.8 per 100 000 in 2024 (+110%).

In the 22 EU/EEA countries with comprehensive surveillance systems that reported data by gender[5], trends between 2015 and 2019 showed a clear divergence: syphilis notification rates increased steadily among men while remaining low and relatively stable among women (Figure 4b). Following the decline observed in 2020, rates rose again in both men and women from 2021 onwards. Although absolute notification rates remained substantially higher among men, relative increases over this period were larger among women. Between 2023 and 2024, notification rates increased by 4% among men (from 18.6 to 19.4 per 100 000 population) and by 15% among women (from 2.6 to 3.0 per 100 000 population), continuing the upward trend observed since 2021.

Age-specific syphilis notification rates increased substantially across almost all age groups over the past decade in the 21 EU/EEA countries with comprehensive surveillance systems reporting data on gender and age for all years[6],. Among men, rates were consistently highest in those aged 25–34 years, followed by 35–44-year-olds, with both age groups showing marked increases since 2021. Among women, notification rates were highest in the 20-24- and 25-34-year age groups for most of the decade.

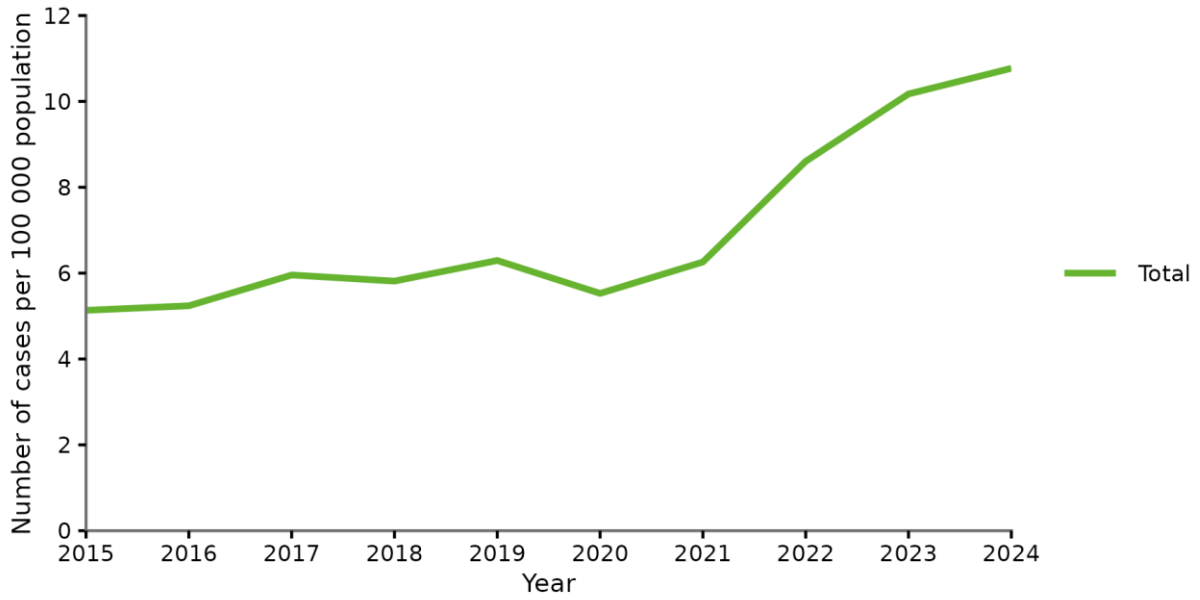
Between 2023 and 2024, in the 25 EU/EEA countries with comprehensive surveillance systems reporting data for both years, including on gender and age[7], age-specific notification rates among men increased by 3.4% in the 20–24-year group, 2.3% in those aged 25–34 years, 2.5% in the 35–44 year group, and 6.4% among those aged 45 years and older. Among women, notification rates increased by 22.6% in the 20–24-year age group, 20.1% in those aged 25–34 years, 9.3% in the 35–44-year age group, and 7.3% among those aged 45 years and older. In addition, large relative increases were observed among adolescents aged 15–19 years; notification rates increased by 30.6% among women and by 8.7% among men but absolute rates were lower in this age category.

[3] Cyprus, Czechia, Estonia, France, Greece, Hungary, Latvia, Liechtenstein, Luxembourg, Malta, the Netherlands, Norway, Portugal, Romania, Slovakia, Slovenia, Spain.
[4] Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Malta, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden.
[5] Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Malta, Norway, Portugal, Romania, Slovakia, Slovenia, Sweden
[6] Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Malta, Norway, Portugal, Romania, Slovakia, Slovenia, Sweden.
[7] Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Norway, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden.

Men who have sex with men consistently accounted for the largest number of reported cases(Figure 5), based on data from 12 countries reporting transmission category information with at least 50% completeness for the period 2015-2024[8]. The number of cases reported among men who have sex with men has increased overall since 2015. This increase accelerated in 2022 and continued through 2023 and 2024, reaching levels higher than those observed prior to 2020.

Trends were broadly similar between heterosexual men and women. In both groups, case notifications increased between 2015 and 2016, followed by an overall decline through to 2020. From 2021 onwards, case notifications increased again, continuing through 2023 and into 2024, with both heterosexual men and women reaching their highest levels reported during the past decade. Between 2023 and 2024, syphilis diagnoses increased by 0.9% among men who have sex with men, 13.2% among heterosexual women, and by 11.6% among heterosexual men in 18 countries that reported transmission category data with at least 50% completeness[9].

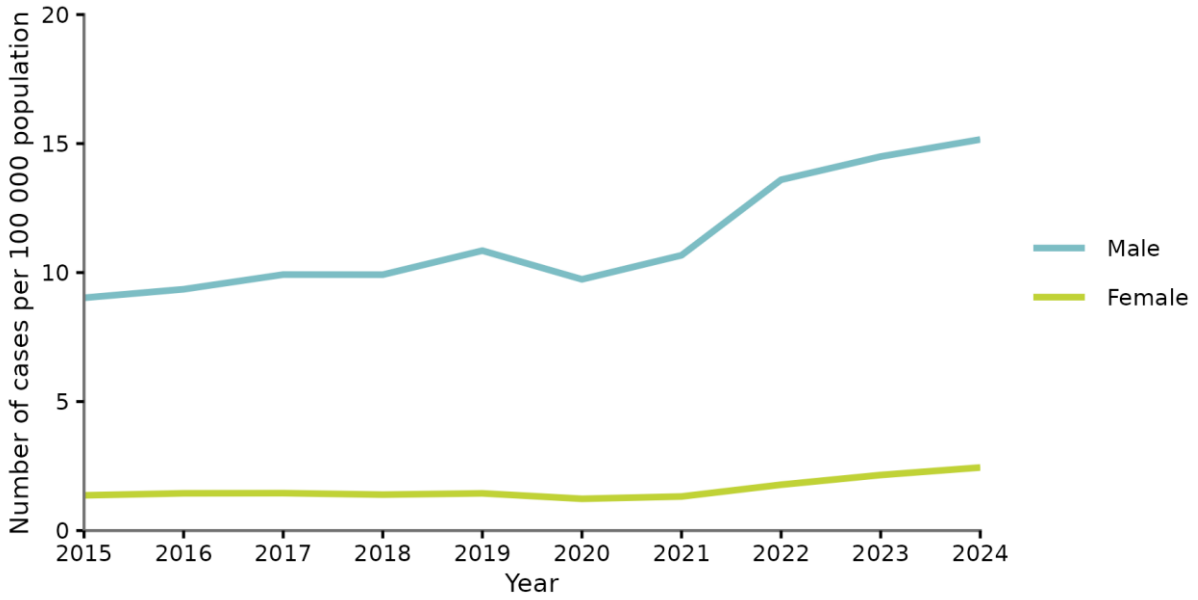
Figure 4a. Rate of confirmed syphilis cases per 100 000 population in EU/EEA countries reporting consistently, 2015-2024



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

[8] Czechia, Germany, Greece, Hungary, Latvia, the Netherlands, Norway, Portugal, Romania, Slovakia, Slovenia, Sweden.
[9] Czechia, Denmark, Estonia, France, Germany, Greece, Hungary, Ireland, Latvia, Luxembourg, Malta, the Netherlands, Norway, Portugal, Romania, Slovakia, Slovenia, and Sweden.

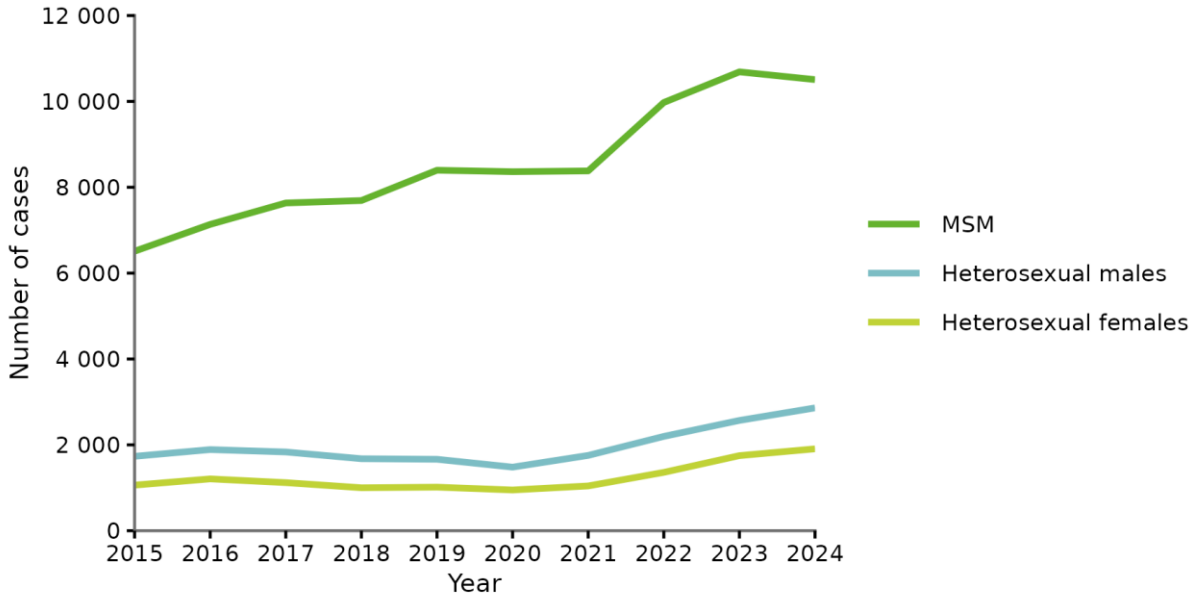
Figure 4b. Rate of confirmed syphilis cases per 100 000 population, by gender for cases with available data, in EU/EEA countries reporting consistently, 2015-2024



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

Data from Spain are not included because data on gender were not reported consistently by Spain over the past 10 years.

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



Source: Country reports from Czechia, Germany, Greece, Hungary, Latvia, the Netherlands, Norway, Portugal, Romania, Slovakia, Slovenia, Sweden.

Outbreaks and other threats

EU/EEA Member States can also report events and threats of public health significance for the EU/EEA through the ECDC platform EpiPulse [7] in addition to reporting syphilis case notifications. There were no alerts or events related to syphilis posted in 2024.

Discussion

Between 2015–2024, nearly 295 000 syphilis cases were reported in the EU/EEA. The number of annual notifications increased continuously between 2014 and 2019 before decreasing in 2020. The decrease in 2020 was associated with the impact of the COVID-19 pandemic on the availability of and access to STI care services, reduced testing opportunities, and disruptions to STI surveillance capacity due to the diversion of resources to the COVID-19 response [internal ECDC report, data not published]. The restoration of STI services, including testing, and surveillance activities, may explain the rebound in case notifications from 2021 onwards. However, the continued increases observed through 2022-2024 affecting multiple transmission groups and age categories, suggest that the observed trends are also due to increased transmission.

Men, particularly men who have sex with men, have remained disproportionately affected by syphilis in the EU/EEA over the last decade. A systematic review of studies conducted in Europe between 2015 and 2022 identified several populations of men who have sex with men with higher prevalence of syphilis: men who have sex with men attending STI clinics (6.5%; 95% CI: 3.2−9.9), men who have sex with men living with HIV (14.4%; 95% CI: 1.1−27.6) and men who have sex with men using pre-exposure prophylaxis (PrEP) (6.5%; 95% CI 3.9−9.0) [8]. However, the highest prevalence estimates were reported among male and transgender sex workers (22.1%; 95% CI 5.1–39.0). These findings are consistent with surveillance data, which continue to indicate that men who have sex with men represent the largest transmission group across EU/EEA.

Behaviour data collected through the European men who have sex with men Internet Surveys (EMIS 2010 and 2017) identified several factors associated with increasing syphilis incidence among this group. These include those living with HIV, having a higher number of non-steady male partners whom they engage in condomless anal intercourse with, recency of STI screening, selling sex and the use of PrEP [9]. For men who have sex with men using PrEP, an increased risk of syphilis was associated with recency of STI screening and the number of non-steady male partners whom they engage in condomless anal intercourse with.

In recent years, syphilis notifications have also increased among heterosexual men and women in the EU/EEA, following a period of relative stability between 2015−2021. Surveillance data indicate that increases since 2021 have affected most adult age groups in both men and women. In European settings, factors associated with heterosexual transmission of syphilis include sexual behaviour which puts people at higher risk of contracting the disease, sex work, substance abuse disorder (drugs or alcohol) and social vulnerabilities such as poverty and homelessness. Certain ethnic minorities and migrant populations who are socio-economically disadvantaged are also at higher risk of acquiring syphilis [10].

Most women diagnosed with syphilis remain within the 20-34 age group, which corresponds to the reproductive age range. Given the rising syphilis incidence among women and a recent increase in confirmed congenital syphilis cases reported in several EU/EEA countries [11], these trends underscore the importance of continued monitoring of syphilis epidemiology among women of reproductive age. Effective implementation of antenatal screening programmes is critical to prevent congenital syphilis and its serious adverse pregnancy and neonatal outcomes. In particular, the universal offer of early prenatal syphilis screening, with re-testing of pregnant people at higher risk of syphilis during the third trimester and testing at delivery if not previously tested, remain key measures to prevent vertical transmission of syphilis [10]. However, while 27 out of 29 EU/EEA countries recommend syphilis screening in the first trimester of pregnancy, policies regarding repeat testing later in pregnancy vary considerably - only five countries reported routine repeat screening for all pregnant people in the third semester, and nine countries only repeat syphilis screening in those with identified risk factors. Only eleven countries test for syphilis at the time of delivery if screening was not done earlier [12].

In addition to broader demographic trends, a substantial proportion of reported syphilis cases in several EU/EEA countries are diagnosed at infectious stages (primary or secondary syphilis). The number of countries reporting more than half of cases as infectious syphilis increased from five in 2021 to eleven in both 2023 and 2024. While this may partially reflect improved access to testing and earlier diagnosis, it may also indicate increased transmission. The European clinical guidelines on the management of syphilis provide recommendations for priority groups for testing, diagnostic approaches and treatment regimens [2].

Comparisons of syphilis data across countries and over time should be made with caution due to heterogeneity in surveillance systems, testing practices and reporting completeness [13]. Differences in data sources, including the use of comprehensive or sentinel surveillance systems, as well as changes to national surveillance systems, may further affect data comparability. For example, changes to syphilis surveillance in France and Luxembourg limit the

interpretation of trends over time in these countries and these have been excluded when analysing 10-year trends at EU/EEA level.

Public health implications

Following the sustained increase in syphilis notifications across the EU/EEA, the public health response options formulated by ECDC in 2019 remain applicable [10].

In general, response activities should include a combination of enhanced case finding, timely diagnosis and treatment, partner notification, targeted prevention interventions (including education of the general population, populations at increased risk of contracting the disease, and healthcare providers), and surveillance activities. Further work to understand which segments of the heterosexual population are experiencing increases in syphilis, and why, could support better targeted response activities. Enhanced testing of populations at increased risk of contracting syphilis, including certain populations of men who have sex with men engaging in sexual behaviour which may increase their risk of contracting the disease, people living with HIV and individuals using PrEP, is recommended [2,14]. Testing strategies for other groups at increased risk (e.g. populations who are socio-economically disadvantaged, sex workers, people who inject drugs) should be informed by local epidemiology.

In light of increasing syphilis notifications among women of reproductive age, and surveillance data showing an increase in notifications of congenital syphilis in the EU/EEA, strengthening antenatal screening programmes and ensuring timely access to diagnosis and treatment remain essential to prevent congenital syphilis, alongside measures to control syphilis transmission in the wider population [10,11].

In 2026, ECDC published public health considerations on the use of doxycycline post-exposure prophylaxis (doxy-PEP) for the prevention of bacterial STIs in the EU/EEA. The guidance highlights that, where implemented, doxy-PEP should be targeted to populations at highest risk of contracting syphilis, integrated as part of a comprehensive and medically guided sexual health services, and accompanied by strengthened surveillance of STI trends and antimicrobial resistance [15].

The first STI monitoring report published by ECDC in 2025 assessed national responses to STI epidemics in the EU/EEA and highlighted substantial heterogeneity across countries in prevention, testing, treatment and surveillance capacities. The report also identified persistent data gaps, particularly in testing and treatment coverage and antenatal syphilis screening, reinforcing the need for strengthened national STI strategies and surveillance to support timely, evidence-based public health action [13].

At the EU level, the upsurges in bacterial STIs were discussed at meetings of the Health Security Committee in 2024. In November 2024, the Committee adopted an opinion on the response to the increase in STIs in the EU/EEA, outlining coordinated public health actions at EU/EEA and Member State levels to address rising STI trends, strengthen surveillance, and improve prevention and response capacities [16].

Updated World Health Organization guidance on laboratory and point-of-care diagnostic testing for STIs, including HIV, published in 2023, alongside an overview of the current STI diagnostics landscape, provides a reference to support timely diagnosis and effective public health response to rising syphilis trends [17,18].

In consultation with the STI Network, ECDC has initiated the process of developing surveillance standards for syphilis and other STIs, including updated action-oriented objectives and indicators for data submission, to support more consistent reporting and more timely and targeted public health action.

References

1. European Centre for Disease Prevention and Control (ECDC). Facts about syphilis. Stockholm ECDC. Available at: https://www.ecdc.europa.eu/en/syphilis/facts
2. Janier M, Unemo M, Dupin N, Tiplica GS, Potočnik M, Patel R. 2020 European guideline on the management of syphilis. Journal of the European Academy of Dermatology and Venereology. 2021;35(3):574-88. Available at: https://onlinelibrary.wiley.com/doi/abs/10.1111/jdv.16946
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; 2026. 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. Mendez-Lopez A, Stuckler D, Marcus U, Hickson F, Noori T, Whittaker RN, et al. Social and behavioural determinants of syphilis: Modelling based on repeated cross-sectional surveys from 2010 and 2017 among 278,256 men who have sex with men in 31 European countries. The Lancet Regional Health - Europe. 2022 2022/11/01/;22:100483. Available at: https://www.sciencedirect.com/science/article/pii/S266677622200179X
10. European Centre for Disease Prevention and Control (ECDC). Syphilis and congenital syphilis in Europe. A review of epidemiological trends (2007–2018) and options for response. Stockholm: ECDC; 2019. Available at: https://www.ecdc.europa.eu/sites/portal/files/documents/Syphilis-and-congenital-syphilis-in-Europe.pdf
11. European Centre for Disease Prevention and Control (ECDC). Congenital syphilis - Annual Epidemiological Report 2024. 2026. Available at: https://www.ecdc.europa.eu/en/publications-data/congenital-syphilis-annual-epidemiological-report-2024
12. European Centre for Disease Prevention and Control (ECDC). ECDC Policy brief: Priorities in the prevention of congenital syphilis in the EU/EEA. Stockholm: ECDC; 2026.
13. European Centre for Disease Prevention and Control (ECDC). Monitoring of the responses to sexually transmitted infection epidemics in EU/EEA countries, 2024. Stockholm: ECDC; 2025. Available at: https://www.ecdc.europa.eu/en/publications-data/monitoring-responses-sexually-transmitted-infection-epidemics-eueea-countries
14. European AIDS Clinical Society (EACS). EACS Guidelines version 12.0, October 2023. Pre-exposure Prophylaxis (PrEP). Available at: https://www.eacsociety.org/media/guidelines-12.0.pdf
15. European Centre for Disease Prevention and Control (ECDC). Public health considerations on the use of doxycycline for post-exposure prophylaxis for bacterial sexually transmitted infections in the EU/EEA. Stockholm: ECDC; 2026. Available at: https://www.ecdc.europa.eu/en/publications-data/public-health-considerations-use-doxycycline-post-exposure-prophylaxis-bacterial
16. European Commission Directorate-General for Health Food Safety. Response to the increase in sexually transmitted infections in the EU/EEA – Health Security Committee Opinion. Luxembourg: European Commission; 2024. Available at: https://health.ec.europa.eu/publications/opinion-health-security-committee-sexually-transmitted-infections_en
17. World Health Organization (WHO). Laboratory and point-of-care diagnostic testing for sexually transmitted infections, including HIV. Geneva: WHO; 2023. Available at: https://www.who.int/publications/i/item/9789240077089
18. World Health Organization (WHO). The diagnostics landscape for sexually transmitted infections. Geneva: WHO; 2023. Available at: https://www.who.int/publications/i/item/9789240077126