

Epidemiological study on Syphilis diagnoses at the Genitourinary Clinic in Malta

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Introduction

In 2015 Malta reported 11.5 confirmed syphilis cases per 100 000 population which is one of the highest rates in Europe. The objective of our study was to analyse the epidemiological characteristics of patients diagnosed with syphilis. The increases continue to be driven by cases among men, specifically among men who have sex with men (MSM), which is likely to be due to both behavioural and testing reasons.

Method

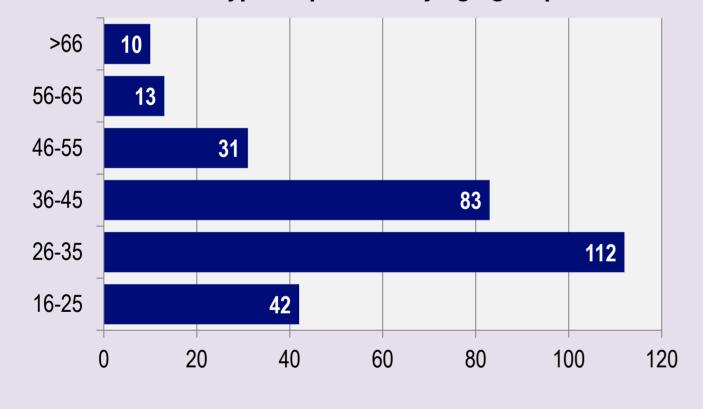
A retrospective analysis of medical records of patients attending our clinic with a diagnosis of syphilis from 2002-2015 was carried out. Data concerning patient demographics (age, gender and sexual orientation), year of diagnosis, syphilis stage, treatment regime, HIV/STI co-infections, partner notification and follow up were recorded. Data collected was input to an excel database with the aim of comparing our management against recommended guidelines.

Results

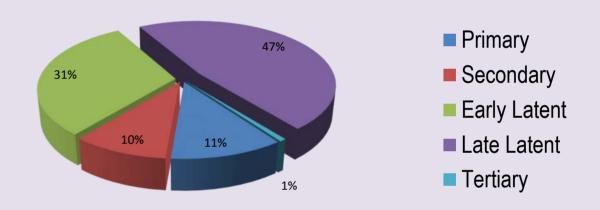
Distribution of Syphilis cases by sexual orientation

| MSM | Bisexual male | Bisexual Female | Heterosexual | Transsexual | Total |
|-------|------------------|--------------------|--------------|-------------|-------|
| 143 | 15 | 1 | 131 | 1 | 291 |
| 49.1% | 5.2% | 0.3% | 45% | 0.3% | 100% |

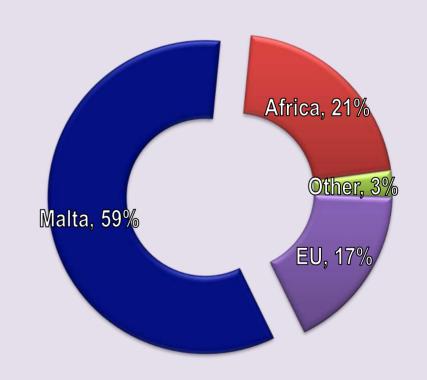
N of Syphilis patients by age group



Stages of diagnosed Syphilis



Nationality of those diagnosed with Syphilis



All patients with syphilis were tested for HIV and 16.1 %(n=47) had a HIV positive result, with 74.5% of them (n=35) being MSM. Partner Notification was not possible and/or not reported in 40.5% (n=118) of patients. Almost all the patients (98.9%) completed treatment. In 21% (n=61) of cases it was not possible to establish whether treatment was successful because patients were lost to follow up.

Conclusion

Outcomes concerning syphilis treatment, STIs/HIV screening and partner notification were in general, satisfactory. More efforts are required for patient follow-ups. As syphilis rates continue to rise so rapidly it is very important that robust mechanisms are in place to limit the spread. Mechanisms such as a proactive recall for treatment and follow-up, partner notification, and education and support regarding safer sexual practices.

References

UK National Guideline on the management of Syphilis 2015