

Factsheet 11

STI prevalence: the current situation in Europe

This factsheet provides an overview of the current situation regarding three sexually transmitted infections (STIs) monitored by the EU across Europe (chlamydia, gonorrhoea and syphilis).

For more information on other STIs, please refer to resources from the [International Union Against Sexually Transmitted Infections \(IUSTI\)](#), [European Centre for Disease Prevention and Control](#) and the [World Health Organization](#). Space has been provided below for you to include your own country statistics.

Fast facts

- Sexually transmitted infections (STIs) are a group of infections that **are spread predominantly by person-to-person sexual contact**.
- Several STIs, particularly **HIV, syphilis, hepatitis B and C**, can be transmitted through **blood products and tissue transfer**, and from **mother to child** during pregnancy and childbirth.
- STIs often do not produce or show symptoms therefore many are unaware that they may have an STI [5].
- Chlamydia is the most commonly reported STI in the EU/EEA, with an **estimated 409 646** reported cases of **chlamydia** in 2017 [2], followed by **89 239** reported cases with **gonorrhoea** in 2017 [1] and **33 189** reported cases of **syphilis** [4].
- STIs are common among the main-affected groups for HIV and those at risk for, or living with HIV, because of the similar modes of transmission—through sexual contact [5].
- Untreated STIs can have serious health consequences (e.g. pelvic inflammatory disease, ectopic pregnancy and tubal factor infertility) [4, 5].
- **STI testing is critical** for early diagnosis and treatment, because **people can go without symptoms** and can pose the potential risk of onward transmission to others [5].
- It's better to know your status as soon as possible because **effective treatment** is available for several STIs [5]

STIs continue to be an active epidemic in Europe

- The prevalence of STIs varies greatly across Europe due to considerable differences in testing practices, case finding and reporting to surveillance systems [1-4].
- The overall trend for **chlamydia** in the EU/EEA has been **stable** over recent years [2]. When comparing the number of reported cases of **gonorrhoea** from 2016 to 2017, there has been an **increase of 17%** and rates vary geographically [1]. Trends for **syphilis** have shown **increases in new cases since 2011** [1].
- In **[insert country]**, the most commonly reported STI is **[insert STI]**.
- In **[insert country]**, approximately **[insert number]** people are infected with **[insert kind of STI]** which is an **[increase/decrease]** from **[year]**.

Main affected groups for STIs

- **Men who have sex with men (MSM)** and **young adults** are the most affected by STIs in the EU/EEA [1, 4].
- **MSM** account for a large proportion of the burden of reported cases of gonorrhoea (47%) and syphilis (67%) [1, 4].
- Chlamydia is most common among **young adults** [2], specifically highest among **young adult women and heterosexuals** [2].
- In **[insert country]**, the main affected groups for STIs are **[insert group]** and **[insert group]**.

How effective are STI treatments today?

- Effective treatment with **antibiotics** is currently available for several bacterial STIs including syphilis, gonorrhoea and chlamydia [5].
- Treatment immediately reduces the potential risk of transmission and health complications--**95% of uncomplicated chlamydia cases** can be treated **effectively** with antibiotics [6].
- There is no cure for some STIs including HIV, but **treatment** can relieve symptoms [5].
- **Drug resistance**, especially for gonorrhoea, has increased in recent years and has reduced treatment options [5], therefore it is important to get tested earlier to get access to **treatment** and reduce the risk of **long-term health complications** [7-10].

How to expand testing of STIs?

- Evidence presented by ECDC shows that **expanding testing for STIs** to settings **outside of specialist healthcare services** provides an opportunity

to **reach groups at high-risk of infection**, such as young people or people who may not otherwise access testing. These settings can include primary care, emergency departments, contraception and emergency contraception clinics etc. [11]

- STI testing can also be **expanded into other community-based settings** to test hard-to-reach populations. Evidence has shown that novel approaches to testing in a variety of venues including pharmacies and locations where target populations gather (e.g. sports clubs, bars and community events) can be effective [11].
- **Home-testing** is also a growing approach in expanding access to STI testing. However, current testing technology may lack specific sensitivity and accuracy potentially leading to a missed diagnosis which can lead to negative consequences including possible transmission and clinical consequences [11].
- **Partner notification** is also another method to expand testing for STIs and offer access to early treatment. Partner notification should be **integrated into STI prevention programmes** whenever possible, be voluntary and observe the international/EU laws and human rights [12].

What is stopping people from getting tested for STIs?

- Barriers to STI testing may exist at a patient, healthcare provider or institutional/policy level, and vary from country to country [13].

Patient-level barriers to STI testing

- Despite studies reporting that most people are aware of STIs and how they can be transmitted, many lack of awareness and knowledge of identifying possible symptoms of STIs [14]. Some studies have shown that many report being unaware that STIs could show no symptoms [14, 15].
- Feeling embarrassed, unease, lack of time and against religious beliefs [16].
- Low risk perception for STIs and lack of knowledge of long-term consequences of STIs [17-19].

Healthcare provider-level barriers to STI testing

- Lack of awareness, lack of training of health workers, lack of laboratory capacity and long-standing, widespread stigma around STIs may influence individuals perspective on testing [5].
- In some low- and middle-income countries, STI diagnostic tests are largely unavailable and/or STI services are provided separately and not in routine health services. Where testing is available, it is often expensive and

geographically inaccessible. Often, services are unable to provide screening for asymptomatic infections [5].

- Additionally, patients often experience long waiting times (or need to return) to receive results for STI tests leading to high dropout rates [5].

Institutional/policy-level barriers to STI testing

- Lack of implemented national testing strategies for STIs [20].
- The stigmatisation of sexual health issues has led to a lack of political will and neglect of STI services in some countries [21].
- Additionally, legal restrictions to testing and treatment by non-specialist providers exist and STI settings are often vertically organised particularly in eastern European countries [22].

European Testing Week **aims to reduce fear and stigma** associated with STIs by **increasing a greater understanding** concerning the benefits of testing and improving access to testing services. Increasing access to, and acceptance of, **free, confidential and voluntary STI testing** including **linkage to treatment and care** needs to be a priority for governments across Europe

Notes

The content of this factsheet represents the views of the European Testing Week initiative and it is their sole responsibility; it can in no way be taken to reflect the views of the European Commission and/or the Executive Agency for Health and Consumers or any other body of the European Union. The European Commission and/or the Executive Agency do(es) not accept responsibility for any use that may be made of the information it contains.

References

1. European Centre for Disease Prevention and Control. Gonorrhoea. In: ECDC. Annual epidemiological report for 2017. Stockholm: ECDC; 2019.
2. European Centre for Disease Prevention and Control. Chlamydia infection. In: ECDC. Annual epidemiological report for 2017. Stockholm: ECDC; 2019.
3. European Centre for Disease Prevention and Control. Congenital syphilis: Annual epidemiological report for 2017. Stockholm: ECDC; 2019.
4. European Centre for Disease Prevention and Control. Syphilis. In: ECDC. Annual epidemiological report for 2017. Stockholm: ECDC; 2019.
5. World Health Organization. Sexually transmitted infections (STIs): Key facts 2016 [updated 3. August 2016. Available from: [http://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-\(stis\)](http://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis))).
6. European Centre for Disease Prevention and Control. Facts about chlamydia Stockholm: ECDC; 2019 [Available from: <https://ecdc.europa.eu/en/chlamydia/facts>].
7. International Union Against Sexually Transmitted Infections (IUSTI). Chlamydia - Patient information leaflet: IUSTI; 2017 [Available from: <https://www.iusti.org/regions/Europe/PatientInfo/2017/ChlamydiaLeaflet2017.pdf>].

8. International Union Against Sexually Transmitted Infections (IUSTI). Gonorrhoea - Patient information leaflet: IUSTI; 2012 [Available from: https://www.iusti.org/regions/Europe/pdf/2012/Euro_PIL_Gonorrhoea.pdf.
9. International Union Against Sexually Transmitted Infections (IUSTI). LGV in MSM - Patient information leaflet: IUSTI; 2017 [Available from: <https://www.iusti.org/regions/Europe/PatientInfo/2017/LGVleaflet2017.pdf>.
10. International Union Against Sexually Transmitted Infections (IUSTI). Syphilis - Patient information leaflet: IUSTI; 2017 [Available from: <https://www.iusti.org/regions/Europe/PatientInfo/2017/Syphilis2017.pdf>.
11. European Centre for Disease Prevention and Control. Novel approaches to testing for sexually transmitted infections, including HIV and hepatitis B and C in Europe. Stockholm: ECDC; 2012.
12. Tiplica GS RK, Evans C, Gomberg M, Nandwani R, Rafila A, Nedelcu L, Salavastru C,. 2015 European guidelines for the management of partners of persons with sexually transmitted infections. European Academy of Dermatology and Venereology. 2015;29:1251-7
13. World Health Organization. Global Health Sector Strategy On Sexually Transmitted Infections 2016-2021. Geneva: WHO; 2016.
14. Lorimer K, GJ H. Knowledge of Chlamydia trachomatis among men and women approached to participate in community-based screening, Scotland, UK. BMC Public Health. 2010;10(794).
15. Lorimer K, Reid ME, Hart GJ. "It has to speak to people's everyday life...": qualitative study of men and women's willingness to participate in a non-medical approach to Chlamydia trachomatis screening. Sex Transm Infect. 2009(85):201-5.
16. Jones LF, Ricketts E, Town K, Rugman C, Lecky D, Folkard K, et al. Chlamydia and HIV testing, contraception advice, and free condoms offered in general practice: a qualitative interview study of young adults' perceptions of this initiative. Br J Gen Pract. 2017;67(660).
17. Newby KV, Wallace LM, DP F. How do young adults perceive the risk of chlamydia infection? A qualitative study. British Journal of Health Psychology. 2011;17:144-54.
18. Samkange-Zeeb F, Pöttgen S, Zeeb H. Higher risk perception of HIV than of chlamydia and HPV among secondary school students in two German cities. PloS one. 2013;8(4):e61636-e.
19. Guleria S, Faber MT, Hansen BT, Arnheim-Dahlström L, Liaw K-L, Munk C, et al. Self-perceived risk of STIs in a population-based study of Scandinavian women. Sexually Transmitted Infections. 2018;94:522-7.
20. van den Broek IV, Sfetcu O, van der Sande MA, Andersen B, Herrmann B, Ward H, et al. Changes in chlamydia control activities in Europe between 2007 and 2012: a cross-national survey. Eur J Public Health. 2015;26(3):382-8.
21. World Health Organization. SEXUALLY TRANSMITTED INFECTIONS (STIs): The importance of renewed commitment to STI prevention and control in achieving global sexual and reproductive health Geneva: WHO; 2013 [Available from: https://apps.who.int/iris/bitstream/handle/10665/82207/WHO_RHR_13.02_eng.pdf?sequence=1.
22. World Health Organization. Scaling up sexually transmitted infection prevention and control in the WHO European Region Ljubljana, Slovenia: WHO; 2011.