Increasing syphilis and gonorrhoea cases in New Zealand: how surveillance data can be used to support control efforts

Sherwood JM[1] Newbern C[2]
[1] Public Health Physician, Health Intelligence Group, Institute of Environmental Science and Research Ltd
[2] Epidemiologist, Health Intelligence Group, Institute of Environmental Science and Research Ltd

Background: Syphilis case counts have been increasing in New Zealand since 2012. Initially this appeared to be confined to men who have sex with men (MSM) but counts in heterosexual males and females have also risen since 2015 and congenital syphilis cases have been reported yearly since 2016. Gonorrhoea rates have increased since 2015 with a significant rise in males. Understanding the changing epidemiology will contribute to control efforts.

Methods: Data from the Institute of Environmental Science and Research Ltd (ESR) STI surveillance systems for 2013-2019 were analysed with a focus on the demography and risk factor information collected for infectious and congenital syphilis and gonorrhoea cases.

Results: The 548 syphilis cases provisionally reported in the 12 months ending 31 March, 2019 is seven times higher than the 82 cases reported for 2013. The highest number of cases were reported in males in the 25-29 year age group, and from regions with large urban centres. 65% of the cases were reported in MSM. The highest numbers of cases reported in heterosexual females in the past 12 months were in the 20–39 years age group. A similar age distribution was seen for gonorrhoea cases, although female cases had a slightly younger age range. Based on limited completion of sexual behaviour questionnaires 30% of gonorrhoea cases were reported in MSM.

Conclusion: Surveillance data shows an increase in both infectious syphilis, with a corresponding increase in congenital syphilis cases, and gonorrhoea cases in recent years. Analysis of the surveillance data provides information for control efforts but also highlights areas where there are some gaps in our knowledge.

Disclosure of Interest

Dr Sherwood has no conflicts of interest relevant to this work to disclose.