



# Sexually transmitted infections in women in EU/EEA - highlights for prevention

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Ministerial Conference Women's health: A life course approach  
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# An EU agency dedicated to the prevention and control of communicable diseases



- Operational since May 2005
- The 28 EU States, plus Iceland, Liechtenstein, Norway
- Located in Stockholm, Sweden

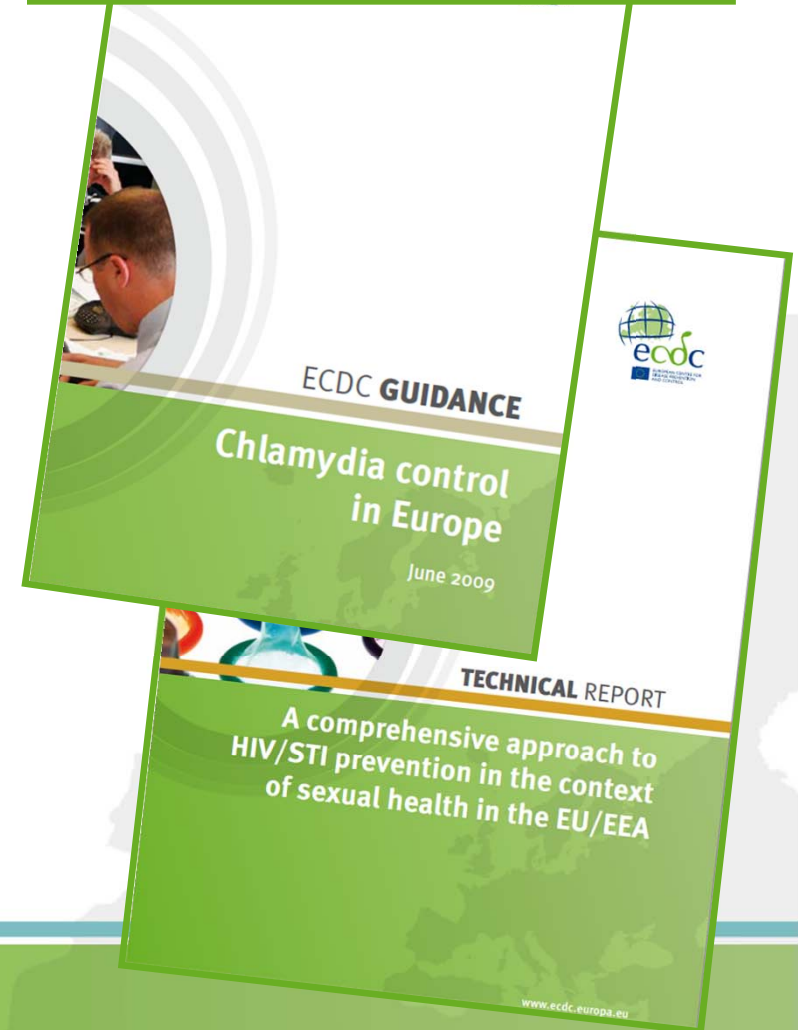
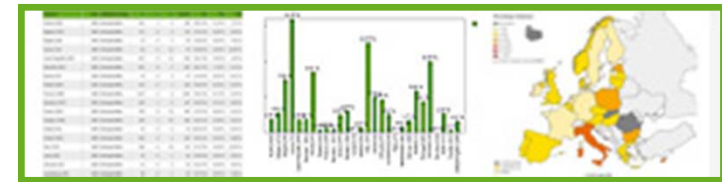


# ECDC mandate on surveillance and prevention

A strong mandate for surveillance of communicable diseases within the EU/EEA

Prevention and control are the responsibilities of the individual Member States

ECDC can support by providing guidance, scientific advice and best practises



# Overview



## Epidemiological indicators

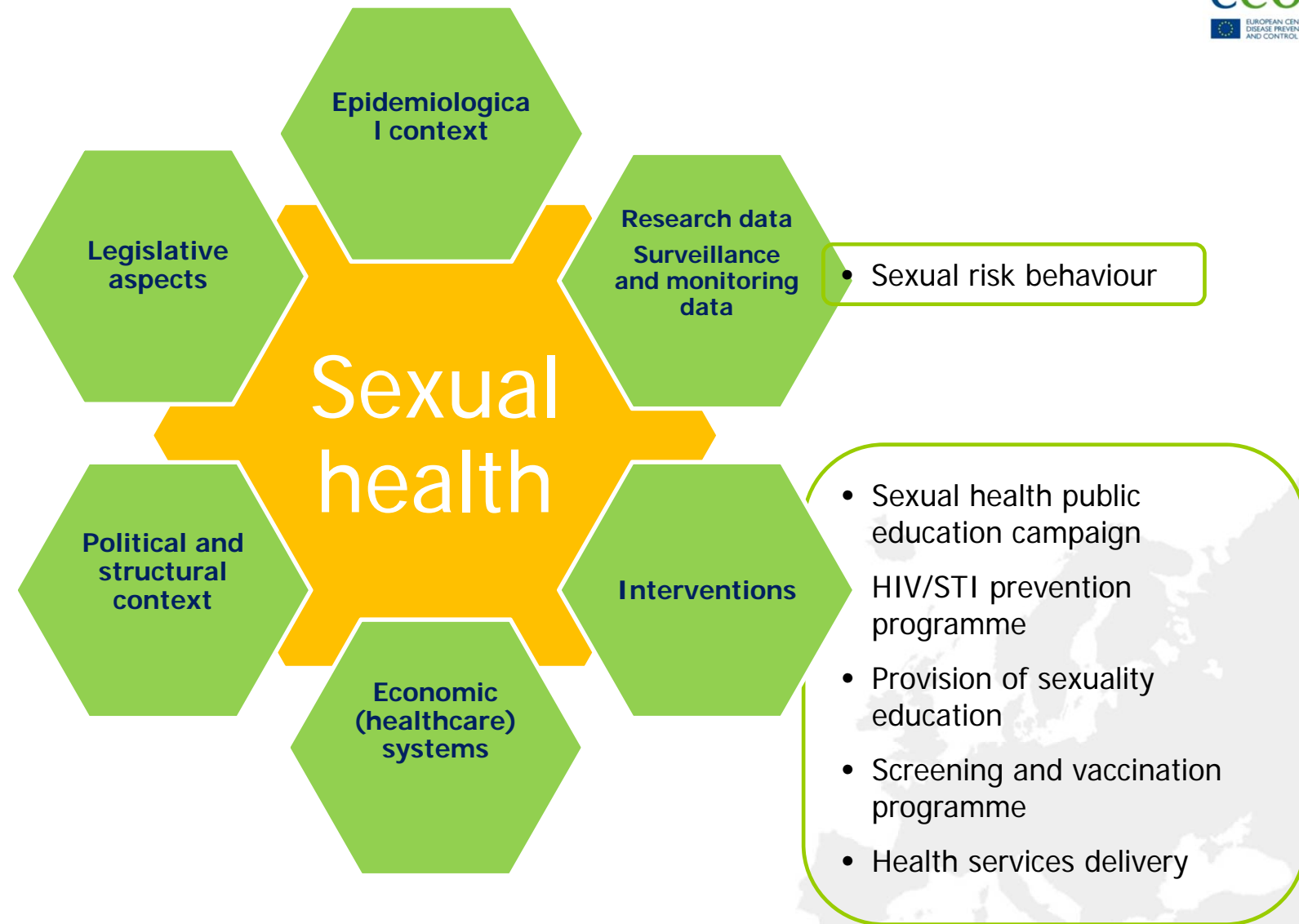
- Syphilis
- Gonorrhoea
- Chlamydia
- HIV

## Prevention and control policies

## ECDC work/projects



# Sexual health domain framework



Source: ECDC Technical report "A comprehensive approach to HIV/STI prevention in the context of sexual health in the EU/EEA", 2013



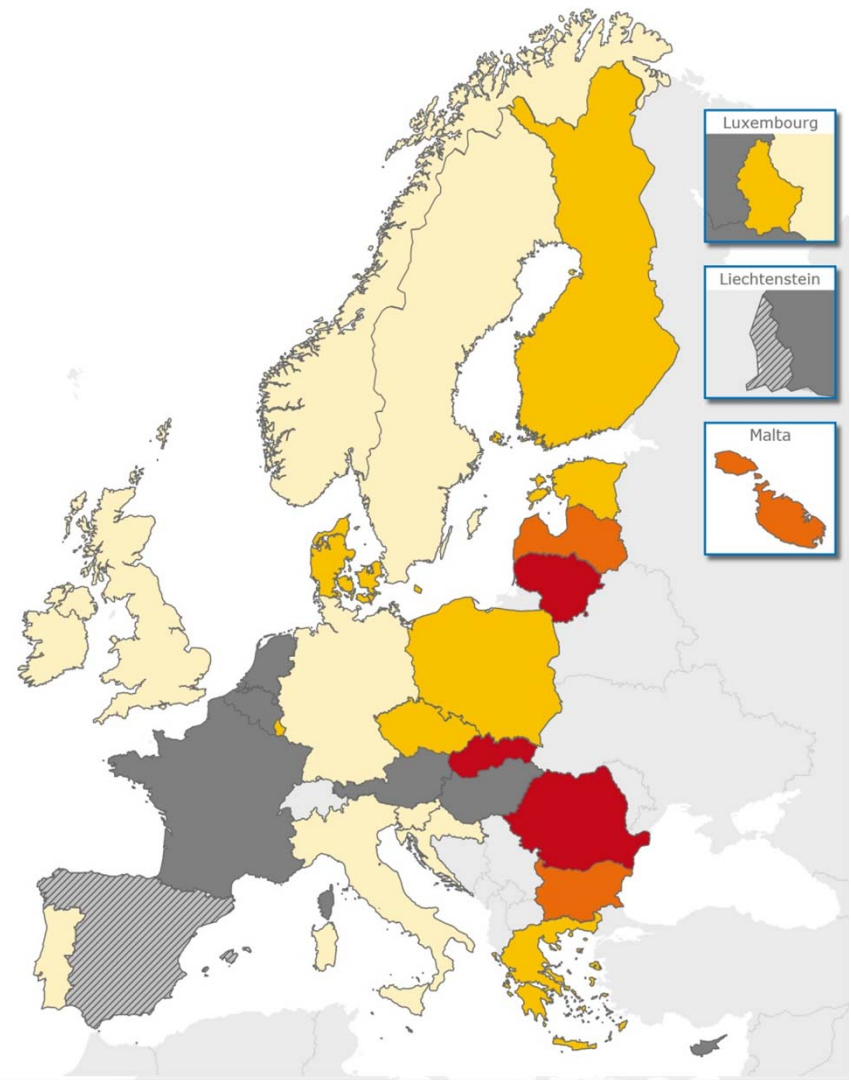
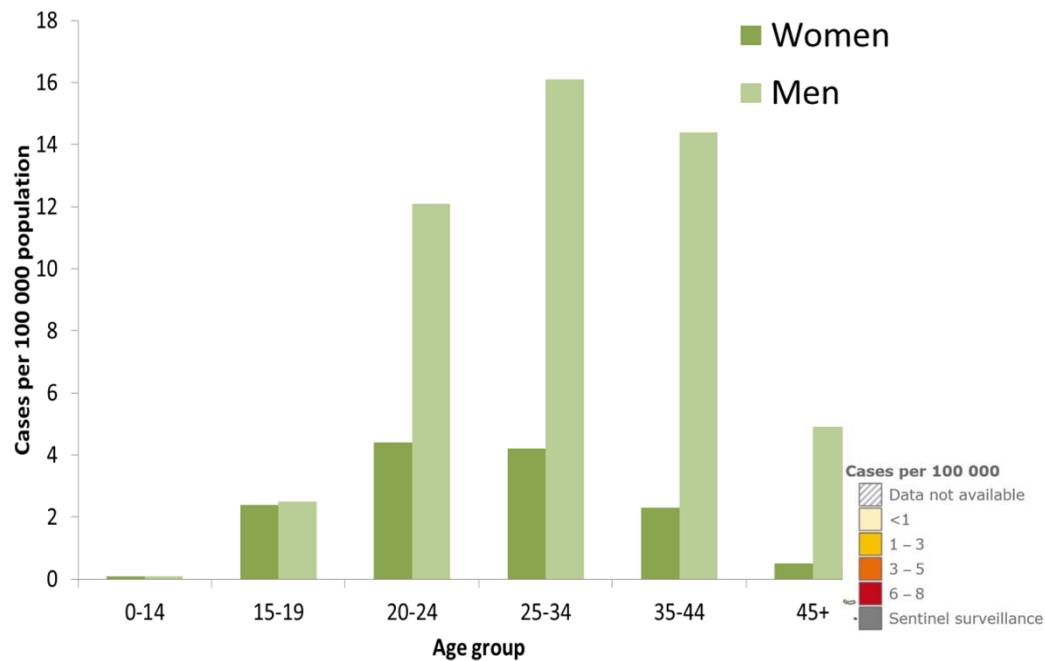
# Syphilis in EU/EEA, 2012-women

**N=2 915 / 20 802 (total)**

EU/EEA rate: 1.7 per 100 000

Range: <0.1- 8.3

M/F 4.9:1



Source: ECDC Technical report Sexually transmitted infections in Europe 2012

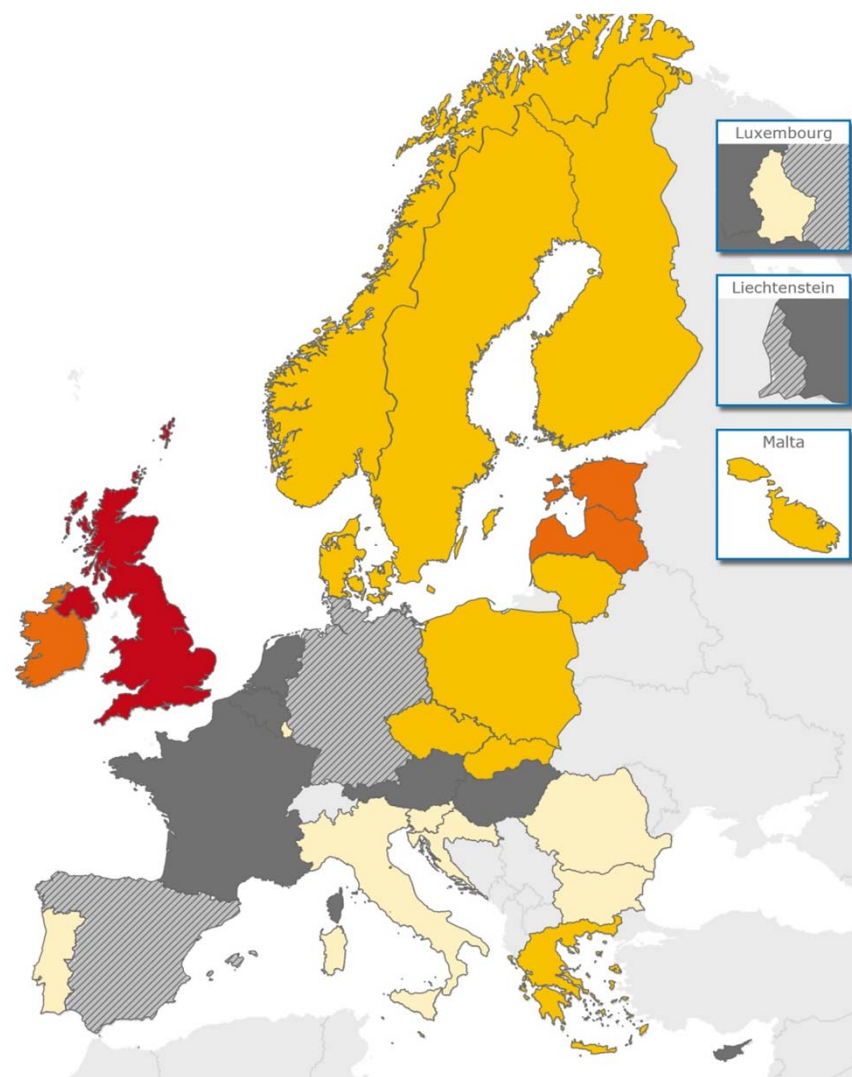
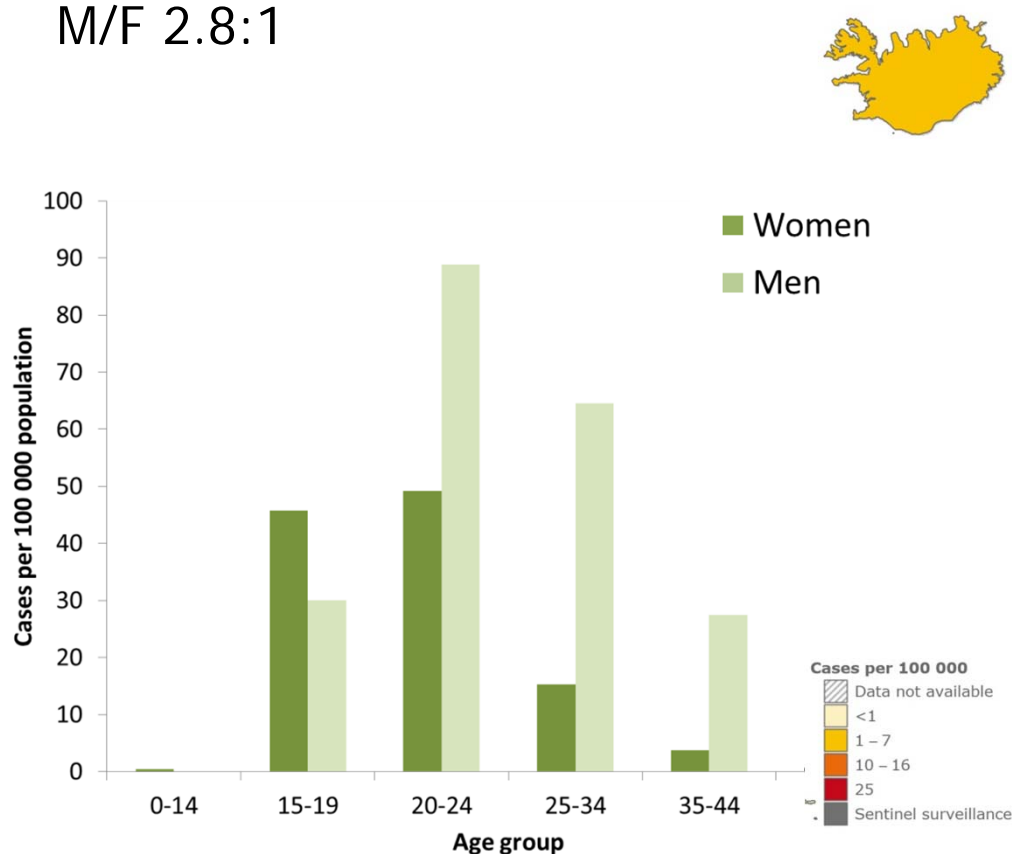
# Gonorrhoea in EU/EEA, 2012-women

**N=11 657** / 47 387 (total)

EU/EEA rate: 9.2 per 100 000

Range: <0.1- 25.1

M/F 2.8:1



Source: ECDC Technical report Sexually transmitted infections in Europe 2012

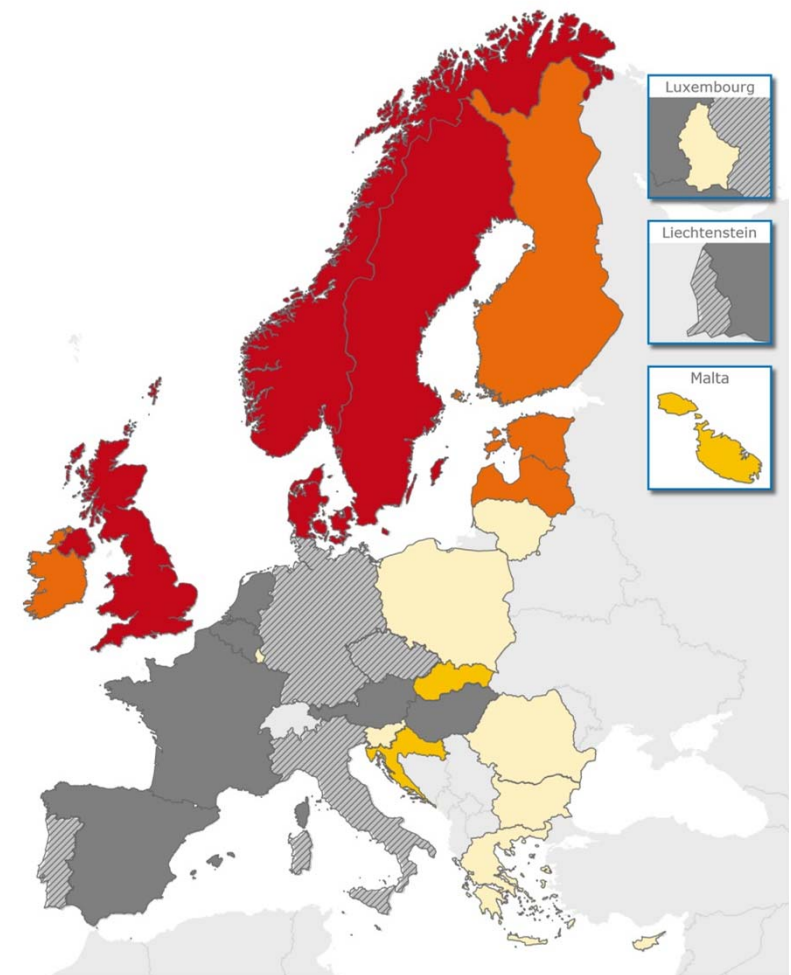
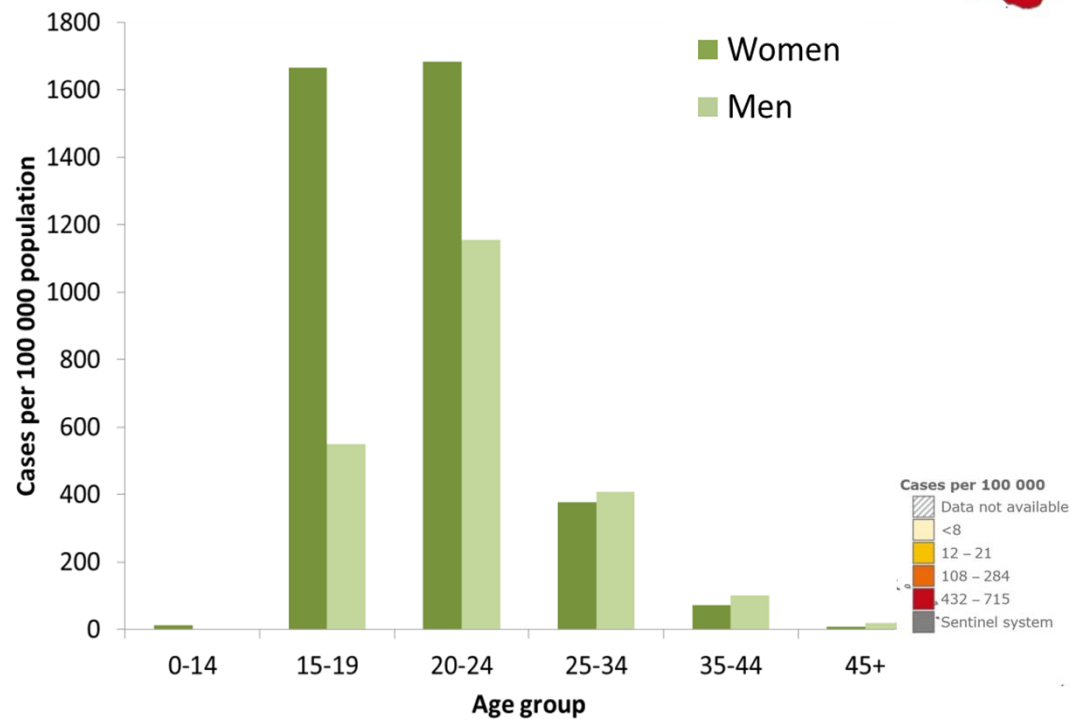
# Chlamydia in EU/EEA, 2012- women

**N=224 656** / 385 307 (total)

EU/EEA rate: 211 per 100 000

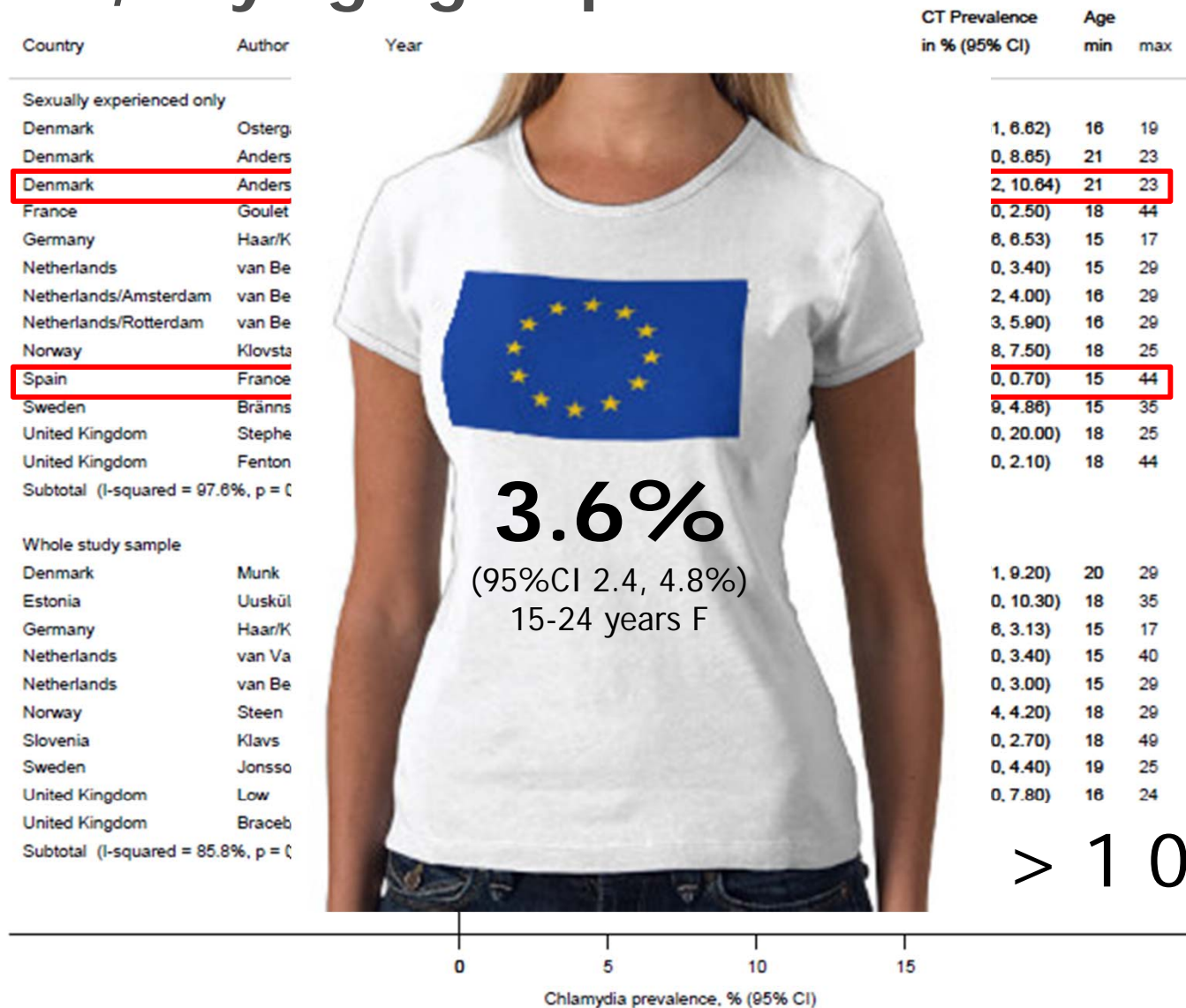
Range: <1 to >700

M/F 0.7:1





# Estimates of chlamydia prevalence EU/EEA, women, any age group



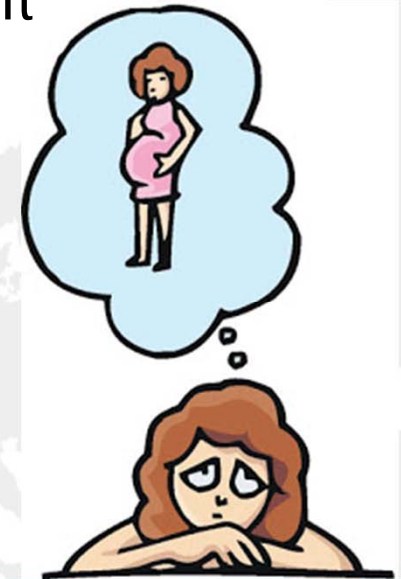
> 1 000 000

# Chlamydia & the long term complications



- Intracellular pathogen → kills host cell! → tissue destruction → fibrosis in urogenital tract
- **PID** after untreated chlamydia<sup>1</sup>: **9%** (95%CI 5-19%) at 12 months
- **Chronic pelvic pain** lasting >6 months: **42%** (95%CI 38-45%) within seven years after PID treatment<sup>2</sup>
- **Infertility** (tubal factor) after exposure to chlamydia: **0.07%**

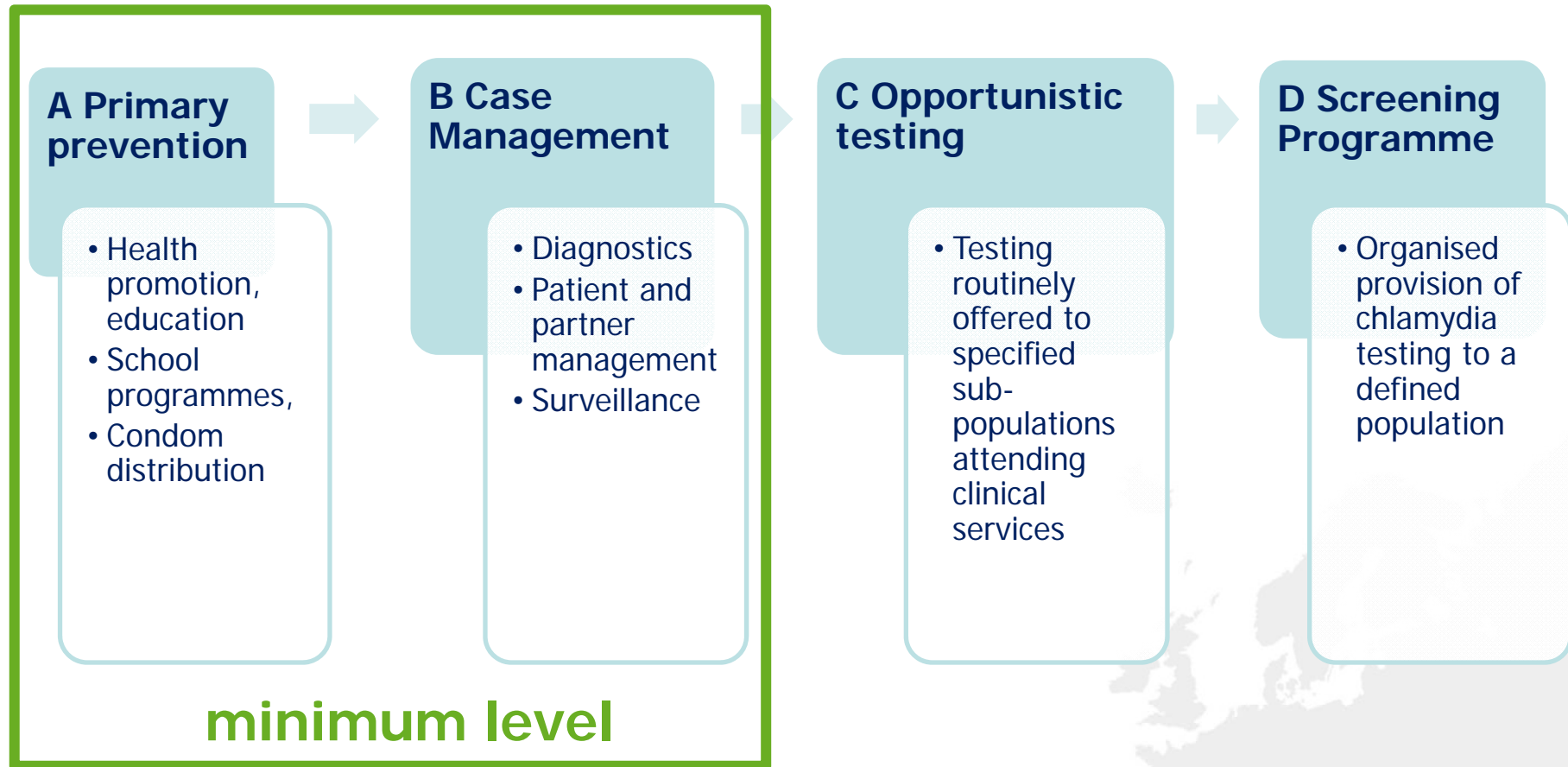
> 700 TFI /year



<sup>1</sup>Oakeshott P et al. *BMJ* 2010;<sup>2</sup>Ness et al, *Am J Obstet Gynecol* 2002; <sup>3</sup>van Valkengoed et al. *Int J Epidemiology* 2004

# ECDC Chlamydia Control Guidance 2009

## Step-wise approach



- Guidance revision ongoing, to be published in 2015

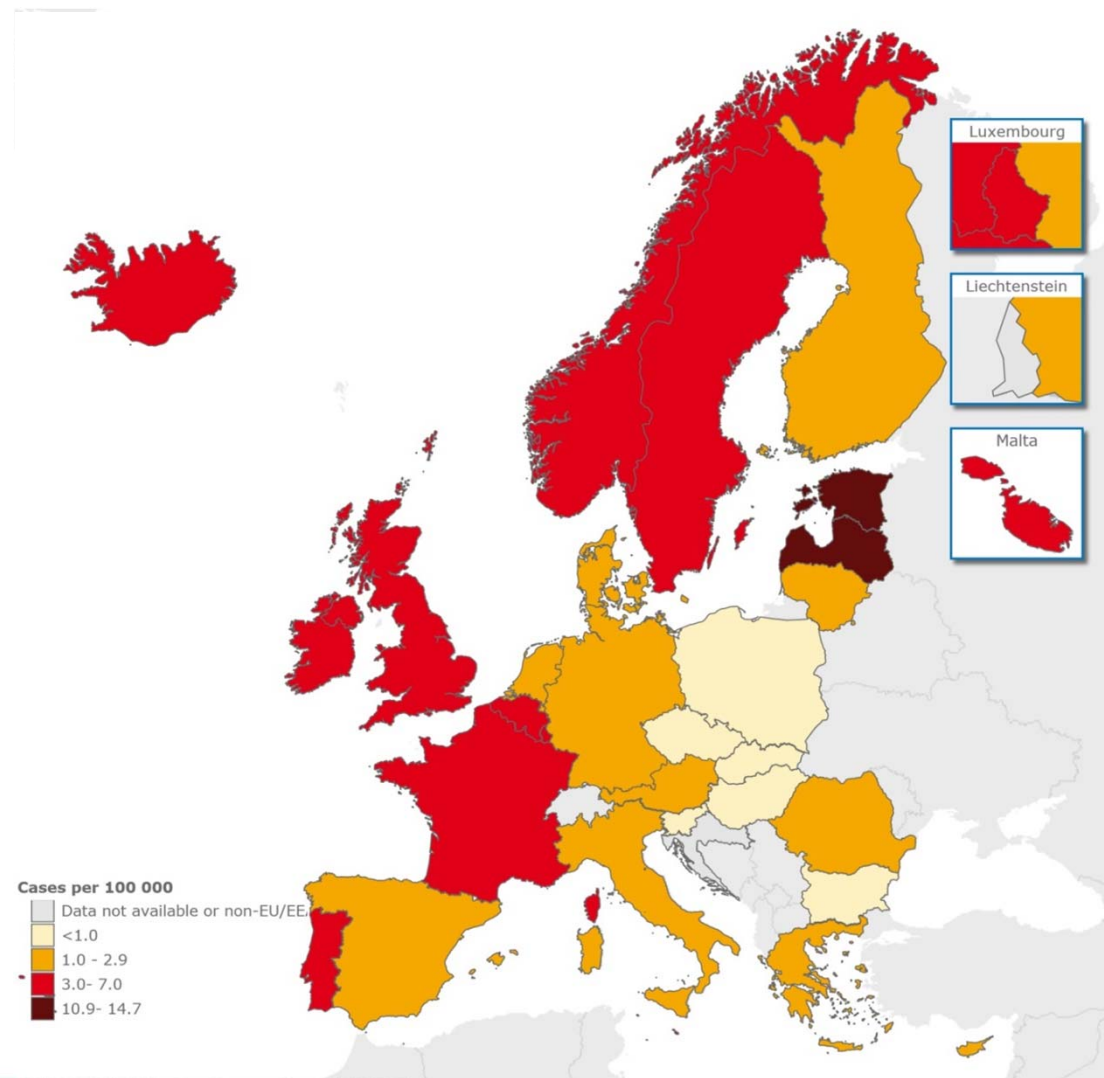
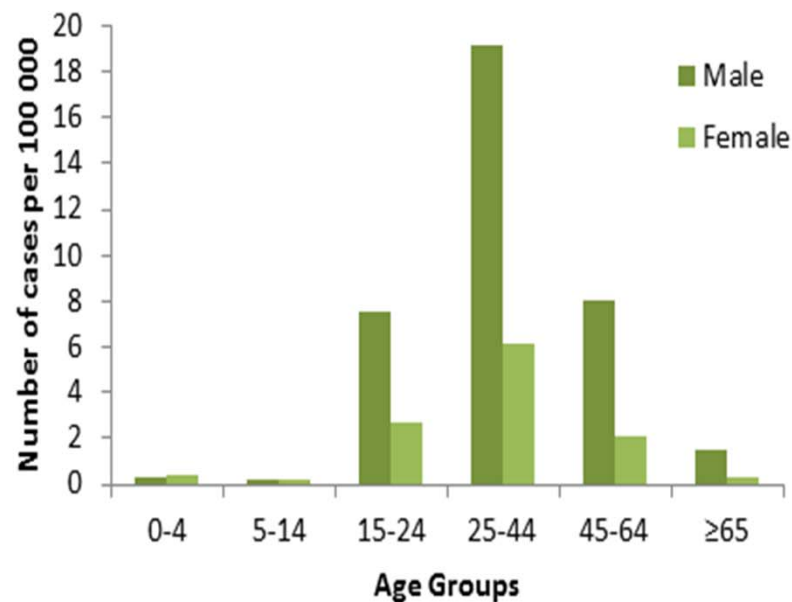
# New HIV diagnoses in EU/EEA, 2012 among women

**N=6 957/ 29 553 (total)**

EU/EEA rate: 2.7 per 100 000

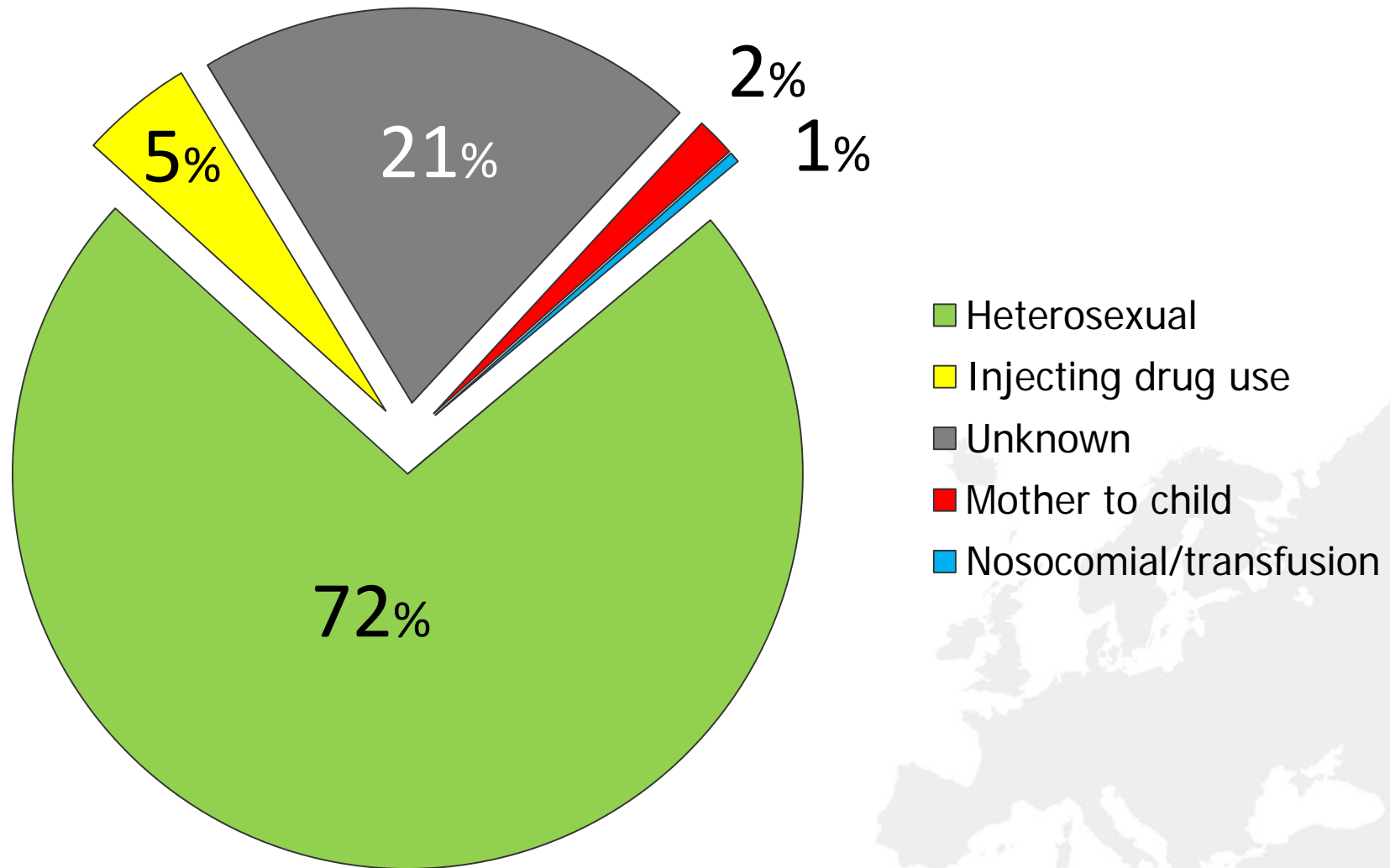
Range: <0.5 to 15

M/F 3.2:1



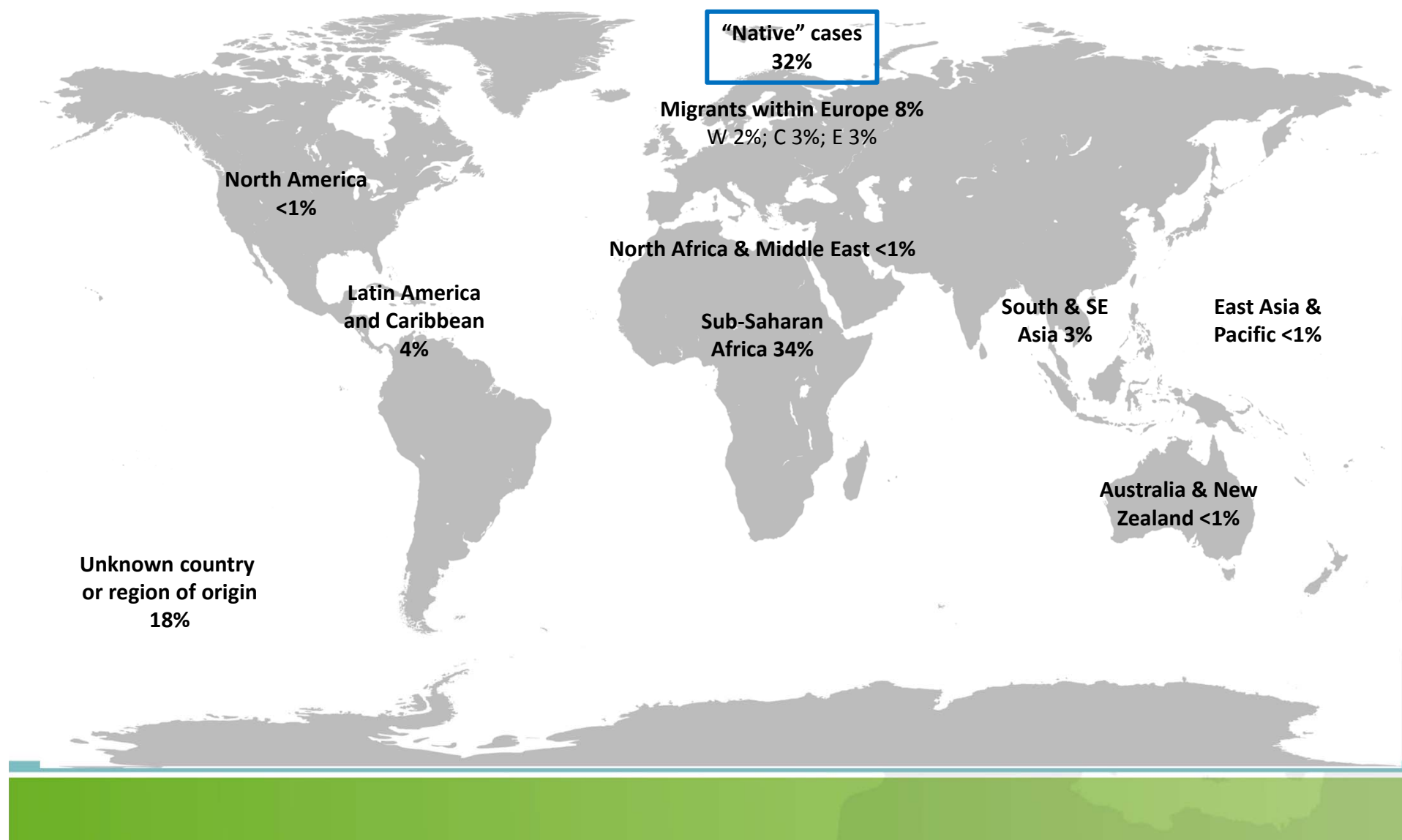
Source: ECDC /WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2012

# HIV diagnoses in women in EU/EEA by transmission group, 2012 (N=6 957)





# Region of origin of HIV cases reported among women in the EU/EEA, 2012 (N=6 957)



# Antenatal screening for infections in EU/EEA



- 5.3 million births yearly

	Antenatal screening (No. of countries)	Positive pregnancies per 1000	Mother-to-child transmission	Vulnerable groups
HIV	24/26 (93%)	0.03 - 2.3	76 reports (15 countries )	<ul style="list-style-type: none"><li>• migrant women</li><li>• women presenting late for antenatal care</li></ul>
Syphilis	25/25 (100%)	0.1 - 1.6	91 reports (11 countries)	<ul style="list-style-type: none"><li>• women injecting drugs</li><li>• sex workers</li></ul>
Hepatitis B	13/24 (54%)	1.4 - 8.6	NA (?)	

*Source: ECDC Survey 2013: Antenatal screening for HIV, hepatitis B and syphilis in EU/EEA*

# Conclusions



- STI/HIV remain a public health challenge – the long term complications may *impact the sexual and reproductive* health of EU/EEA women
- *Surveillance data* can identify sub-populations most at risk and inform targeted prevention
- STI/HIV transmission driven not only by individual risk behaviours but also by *socio-economical factors* that generate *vulnerabilities*
- ECDC recommends a *comprehensive approach* for disease prevention and publishes *evidence based recommendations* for the Member States to consider when constructing public health policies

# Thank you for attention!

## Acknowledgements

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