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Syphilis and gonorrhoea diagnoses in a network of STI centres, 2005-2008

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INTRODUCTION

Sexually transmitted infections (STI) are an important public health problem due both to their morbidity and their complications and sequelae in the absence of early diagnosis and treatment. There is also an important connection with HIV infection: on the one hand, STIs increase the risk of acquiring and transmitting HIV by different mechanisms (1) and, on the other hand, because they share routes of transmission with HIV and have a shorter latency period, they are considered to be indicators of changes in sexual risk behaviours (2).

Epidemiological information on STIs at the national level is obtained from the mandatory surveillance system. The STIs subject to epidemiological surveillance are gonorrhoea and syphilis, but only aggregate total number of each of these diseases must be reported weekly. This information makes it possible to detect changes over time. Thus, this system has made it possible to detect an increase in reported cases of syphilis and gonorrhoea in Spain in recent years (3). However, for obvious reasons, the numeric reporting system does not allow in-depth analysis of the characteristics of new reported cases.

In May 2005 the STI Study Group was created, composed initially of a network of 14 STI centres belonging to 7 Autonomous Regions. In 2007 another centre in Murcia joined the network, together with the national Prison Health Service (encompassing the health services of 69 correctional institutions located in the whole country except prisons located in Catalonia).

The objectives of the study group are: a) to characterise new diagnoses of syphilis and gonorrhoea, and b) to analyse the circumstances in which these diagnoses are produced. For more information on the activities of the group, consult Annex I (Publications of the STI Study Group).

This report presents a description of new diagnoses of infectious syphilis and gonorrhoea identified in the participating centres.

MATERIAL AND METHODS

Descriptive study of infectious syphilis (primary, secondary and early latent) and gonorrhoea diagnoses made in the 15 participating centres and the Prison Health Service from July 2005 to December 2008.

RESULTS

A total of 2,983 patients were identified, corresponding to 3,019 diagnoses of STI (1,412 of syphilis and 1,607 of gonorrhoea). Table 1 shows the distribution of the number of patients and STI diagnoses by participating centre.

Table 1. Distribution of number of cases by diagnosis and participating centre

Autonomous Regions	Centre	No. of cases	Diagnosis	
			Syphilis	Gonorrhoea
Andalusia	Centro ETS de Algeciras	57	30	28
	Hospital San Juan de Dios (Granada)	168	76	94
	Unidad Promoción y Apoyo a la Salud (Málaga)	103	57	49
	Centro ETS de Sevilla	622	246	389
Asturias	Centro ETS de Gijón	182	121	63
	Unidad ITS. Hospital Monte Naranco, Oviedo	78	51	28
Catalonia	Unidad de ITS. CAP Drassanes (Barcelona) *	709	371	338
	Unidad de ITS. CAP Tarragonès(Tarragona)	15	9	8
Madrid	Programa Prevención del Sida-ETS. Ayuntamiento Madrid	173	87	89
Valencian Community	CIPS de Alicante	173	94	79
Murcia	Unidad ETS-sida. CS Área II Cartagena	10	6	4
	Comité de apoyo a trabajadoras del sexo (CATS) (Murcia)**	8	2	6
Basque Country	Unidad ETS-Infecciosas. Hospital Basurto (Bilbao)	436	105	338
	Unidad ETS-Microbiología. Hospital Basurto (Bilbao)	93	35	60
	Consulta de ETS. San Sebastián	62	28	34
	Instituciones Penitenciarias (Prison Health Service)**	94	94	-
	TOTAL	2,983	1,412	1,607

* no data for the period 01/07/2007 to 31/12/2007

** since 1 January 2007

Tables 2 and 3 show the number of syphilis and gonorrhoea diagnoses by year and participating centre.

Table 2. Number of diagnoses of infectious syphilis by participating centre and year of diagnosis

Centre	Year of diagnosis				Total
	2005	2006	2007	2008	
Centro ETS de Algeciras	3	10	5	12	30
Hospital San Juan de Dios (Granada)	7	17	26	26	76
Unidad Promoción y Apoyo a la Salud (Málaga)	5	17	17	18	57
Centro ETS de Sevilla	23	45	82	96	246
Centro ETS de Gijón	3	25	43	50	121
Unidad ITS. Hospital Monte Naranco, Oviedo	7	6	9	29	51
Unidad de ITS. CAP Drassanes (Barcelona) *	63	118	44	146	371
Unidad de ITS. CAP Tarragonès(Tarragona)	—	5	3	1	9
Programa Prevención del Sida-ETS. Ayuntamiento Madrid	5	28	25	29	87
CIPS de Alicante	8	21	26	39	94
Unidad ETS-sida. CS Área II Cartagena	1	1	—	4	6
Comité de apoyo a trabajadoras del sexo (CATS) (Murcia)**	—	—	2	—	2
Unidad ETS-Infecciosas. Hospital Basurto (Bilbao)	13	14	35	43	105
Unidad ETS-Microbiología. Hospital Basurto (Bilbao)	2	6	8	19	35
Consulta de ETS. San Sebastián	2	5	11	10	28
Instituciones Penitenciarias (Prison Health Service)**	—	—	51	43	94
TOTAL	142	318	387	565	1,412

* no data for the period 01/07/2007 to 31/12/2007

** since 1 January 2007

Table 3. Number of diagnoses of gonorrhoea by participating centre and year of diagnosis

Centre	Year of diagnosis				Total
	2005	2006	2007	2008	
Centro ETS de Algeciras	3	6	10	9	28
Hospital San Juan de Dios (Granada)	9	30	23	32	94
Unidad Promoción y Apoyo a la Salud (Málaga)	5	15	13	16	49
Centro ETS de Sevilla	50	91	113	135	389
Centro ETS de Gijón	6	17	21	19	63
Unidad ITS. Hospital Monte Naranco, Oviedo	3	8	7	10	28
Unidad de ITS. CAP Drassanes (Barcelona) *	58	96	54	130	338
Unidad de ITS. CAP Tarragonès(Tarragona)	—	5	3	—	8
Programa Prevención del Sida-ETS. Ayuntamiento Madrid	14	12	30	33	89
CIPS de Alicante	7	17	23	32	79
Unidad ETS-sida. CS Área II Cartagena	1	2	1	—	4
Comité de apoyo a trabajadoras del sexo (CATS) (Murcia)**	—	—	2	4	6
Unidad ETS-Infecciosas. Hospital Basurto (Bilbao)	30	92	124	92	338
Unidad ETS-Microbiología. Hospital Basurto (Bilbao)	8	33	11	8	60
Consulta de ETS. San Sebastián	5	13	10	6	34
TOTAL	199	437	445	526	1,607

* no data for the period 01/07/2007 to 31/12/2007

** since 1 January 2007

Most patients were diagnosed with only one of the STIs studied - 1,376 with syphilis and 1,571 with gonorrhoea - although 36 cases (1.2%) were diagnosed with both syphilis and gonorrhoea at the same time (Table 4).

Table4. Distribution of cases by diagnosis

Diagnoses	No.	Percentage
Primary syphilis	468	15.7
Secondary syphilis	553	18.5
Early latent syphilis	355	11.9
Gonorrhoea	1,571	52.7
Primary syphilis + gonorrhoea	12	0.4
Secondary syphilis + gonorrhoea	13	0.4
Early latent syphilis + gonorrhoea	11	0.4
TOTAL	2,983	100

a) Sociodemographic characteristics of new diagnoses of infectious syphilis and gonorrhoea

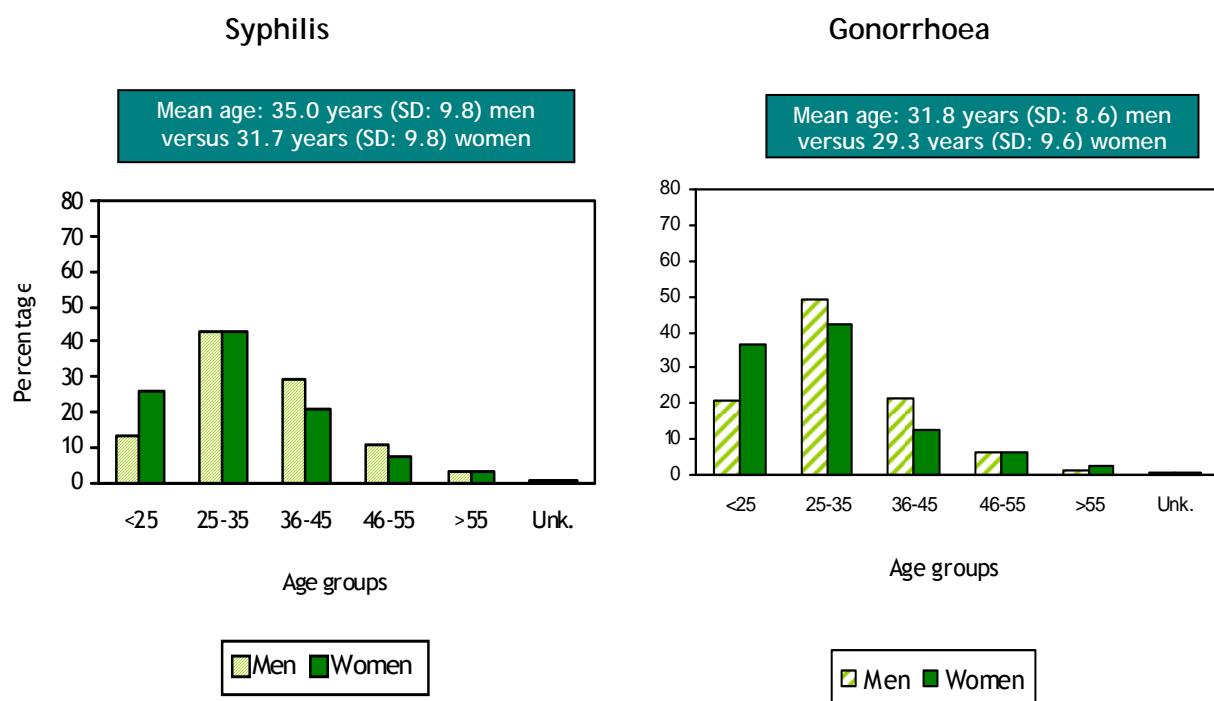
The sociodemographic pattern shows a predominance of men; the mean age for syphilis diagnoses was 34.6 years (SD: 9.9) and for gonorrhoea diagnoses it was 31.4 years (SD: 8.8). About 47.7% of patients had secondary or higher level of education (Table 5).

Table 5. Distribution of syphilis and gonorrhoea diagnoses by sociodemographic characteristics

Variables	Syphilis		Gonorrhoea	
	No.	Percentage	No.	Percentage
Sex				
Man	1,214	86.0	1,387	86.3
Woman	185	13.1	215	13.4
Transgender female	13	0.9	5	0.3
Age				
<=20 years	65	4.6	117	7.3
21-25 years	191	13.5	321	20.0
26-30 years	311	22.0	404	25.1
31-35 years	245	17.4	306	19.0
36-40 years	226	16.0	217	13.5
41-45 years	177	12.5	112	7.0
46-50 years	92	6.5	64	4.0
51-55 years	52	3.7	33	2.1
56-60 years	26	1.8	13	0.8
>60 years	20	1.4	9	0.6
Unknown	7	0.5	11	0.7
Educational level				
No education	20	1.4	22	1.4
Primary	387	27.4	330	20.5
Secondary	375	26.6	415	25.8
Higher	286	20.3	361	22.5
Unknown	344	24.4	479	29.8
TOTAL	1,412	100	1,607	100

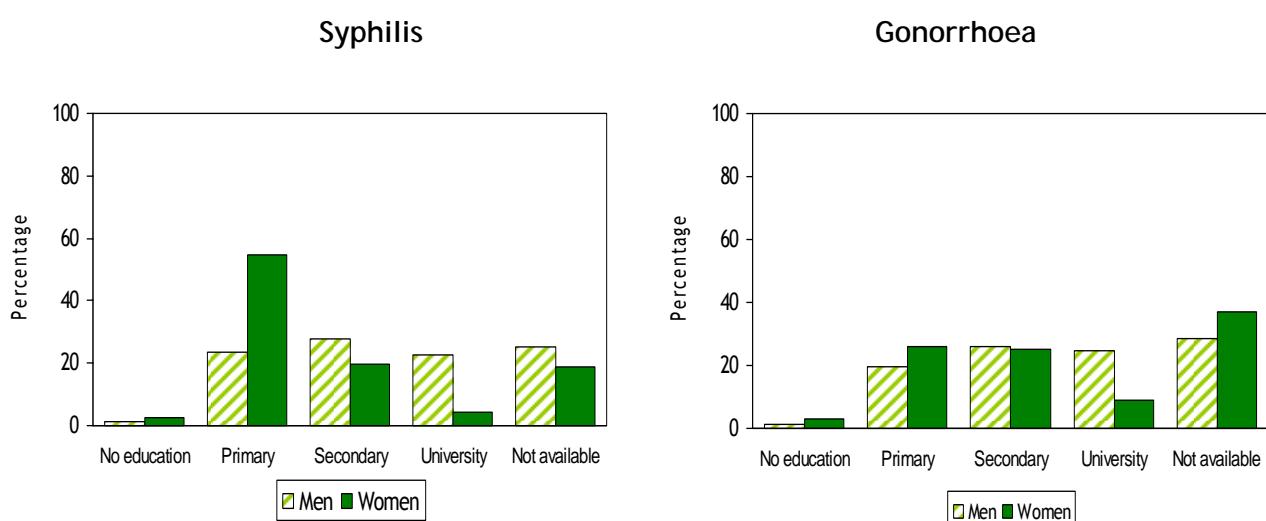
Differences between men and women were found by age: for new diagnoses of both syphilis and gonorrhoea, women were younger than men (Figure 1).

Figure 1. Distribution of syphilis and gonorrhoea diagnoses by age and sex



Differences in educational level by sex were also detected. In syphilis diagnoses, 50.3% of men had secondary or higher education versus 23.8% of women; for gonorrhoea diagnoses, this percentage was 50.5% in men versus 34.0% in women (Figure 2).

Figure 2. Distribution of syphilis and gonorrhoea diagnoses by sex and educational level



With respect to place of birth, more than 65% of syphilis and gonorrhoea diagnoses were born in Spain; those who were natives of other countries were primarily from Latin America (Table 6).

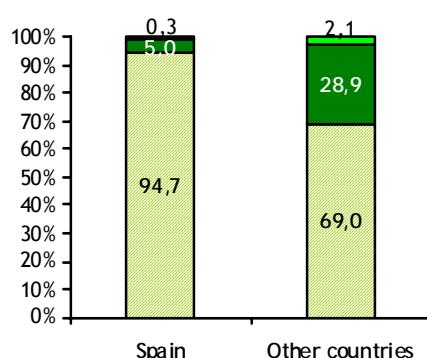
Table 6. Distribution of syphilis and gonorrhoea diagnoses by place of birth

Place of birth	Syphilis		Gonorrhoea	
	No.	Percentage	No.	Percentage
Spain	925	65.5	1,117	69.5
Other countries	481	34.1	484	30.1
Western Europe	62	4.4	67	4.2
Eastern Europe	74	5.2	72	4.5
Latin America	296	21.0	249	15.5
Sub-Saharan Africa	8	0.6	24	1.5
North Africa	29	2.1	52	3.2
Other/Foreign national of unknown origin	12	0.8	20	1.2
Unknown	6	0.4	6	0.4
TOTAL	1,412	100	1,607	100

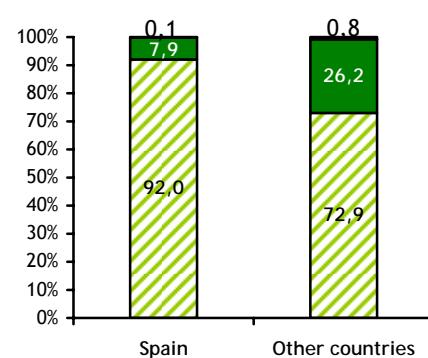
For syphilis and gonorrhoea diagnoses, the proportion of cases in women was larger in persons from other countries than in those from Spain (Figure 3). Differences in age at diagnosis were also observed by place of birth; foreign nationals were younger than those from Spain: 31.9 years vs. 36.0 respectively, for syphilis diagnoses; and 29.5 years vs. 32.3 respectively for gonorrhoea diagnoses.

Figure 3. Distribution of syphilis and gonorrhoea diagnoses by place of birth and sex

Syphilis



Gonorrhoea



Men Women Transgenders female

Men Women Transgenders female

b) Clinical characteristics of new diagnoses of infectious syphilis and gonorrhoea

Most syphilis and gonorrhoea diagnoses exhibited clinical manifestations at the time of diagnosis; between 9.5% and 14.0% of diagnoses were made due to a screening, except for early latent syphilis in which this percentage reached 57.4% (Table 7).

Table 7. Distribution of syphilis and gonorrhoea diagnoses by reason for consultation

Reason for consultation	Primary syphilis		Secondary syphilis		Early latent syphilis		Gonorrhoea	
	No.	%	No.	%	No.	%	No.	%
Clinical manifestations	338	70.4	373	65.9	-	-	1,159	72.1
Screening	55	11.5	79	14.0	210	57.4	152	9.5
Contact Investigation	30	6.3	18	3.2	50	13.7	146	9.1
Unknown	57	11.9	96	17.0	106	29.0	150	9.3
TOTAL	480	100	566	100	366	100	1,607	100

The site of infection was anorectal in 9.1% of diagnoses of primary syphilis, 4.3% of secondary syphilis and 14.2% of gonorrhoea diagnoses. Oropharynx was affected in 10.2% of gonorrhoea diagnoses, 5.7% of primary syphilis, and 3.8% of secondary syphilis diagnoses (Table 8).

Table 8. Distribution of diagnoses of primary and secondary syphilis and gonorrhoea by site of infection #

Site	Primary syphilis (N=405)		Secondary syphilis (N=444)		Gonorrhoea (N=1,399)	
	No.	Percentage	No.	Percentage	No.	Percentage
Anorectal	37	9.1	19	4.3	198	14.2
Oropharyngeal	23	5.7	17	3.8	143	10.2
Cervical	4	1.0	4	0.9	131	9.4
Urethral	—	—	—	—	1,011	72.3
Penis	229	56.5	19	4.3	—	—
Palmoplantar	—	—	30	6.8	—	—
Exanthema	—	—	182	41.0	—	—
Other	26	6.4	18	4.1	6	0.4

*NOTE: The same patient may present more than one site. Percentages calculated on the total number of new diagnoses of primary syphilis, secondary syphilis and gonorrhoea for which information was available.

No information from one centre for the period June 2005-December 2007

For 67.8% of syphilis diagnoses and 65.8% of gonorrhoea diagnoses this was their first consultation at the centre where the diagnosis was made, while the remaining have attended the centre more than once (Table 9); 37.0% of syphilis diagnoses and 38.0% of gonorrhoea diagnoses reported having had a previous STI (Table 10).

Table 9. Distribution of syphilis and gonorrhoea diagnoses by type of visit #

Type of visit	Syphilis		Gonorrhoea	
	No.	Percentage	No.	Percentage
First time visit	706	67.8	835	65.8
Repeat visit	285	27.4	383	30.2
Unknown	50	4.8	51	4.0
TOTAL	1,041	100	1,269	100

No information from one centre

Table 10. Distribution of syphilis and gonorrhoea diagnoses by history of STI #

History of STI	Syphilis		Gonorrhoea	
	No.	Percentage	No.	Percentage
Yes	439	37.0	532	38.0
No	575	48.4	734	52.5
Unknown	173	14.6	133	9.5
TOTAL	1,187	100	1,399	100

No information from one centre for the period June 2005-December 2007

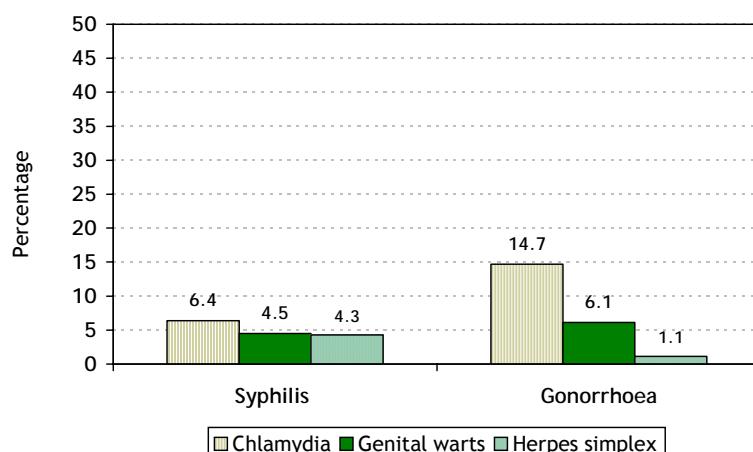
Information was collected on the concurrent diagnoses of other STIs besides HIV infection. Of the 1,041 syphilis diagnoses with available information, 203 (19.5%) also had another infection; with respect to gonorrhoea, 305 of 1,269 diagnoses with available information (24.0%) had other STIs. Almost 10% of syphilis and gonorrhoea diagnoses had two or more additional STIs (Table 11). The prevalence of chlamydia-gonorrhoea coinfection was 14.7% and of chlamydia-syphilis coinfection was 6.4%; the prevalences of infection with genital warts and herpes simplex were lower (Figure 4).

Table 11. Distribution of syphilis and gonorrhoea diagnoses by presence of other STIs diagnosed concurrently #

STI diagnosed concurrently	Syphilis		Gonorrhoea	
	No.	Percentage	No.	Percentage
- 1 concurrent STI:				
Chlamydia	56	27.6	166	54.4
Genital warts	37	18.2	61	20.0
Herpes simplex	38	18.7	9	3.0
Hepatitis B	9	4.4	11	3.6
Trichomoniasis	7	3.4	1	0.3
Molluscum	—	—	2	0.7
Other STI	36	17.7	25	8.2
TOTAL	183	90.1	275	90.2
- 2 concurrent STIs:				
Chlamydia + other STI	9	4.4	19	6.2
Genital warts + molluscum	1	0.5	3	1.0
Genital warts + herpes simplex	3	1.5	2	0.7
Genital warts + hepatitis B	1	0.5	—	—
Genital warts + gardnerella	—	—	1	0.3
Hepatitis B + hepatitis C	1	0.5	1	0.3
Hepatitis B + herpes simplex	1	0.5	—	—
Herpes simplex + gardnerella	1	0.5	1	0.3
Herpes simplex + hepatitis C	—	—	1	0.3
TOTAL	17	8.4	28	9.2
- 3 concurrent STIs:				
Chlamydia + genital warts + pediculosis pubis	1	0.5	—	—
Genital warts + herpes simplex + hepatitis B	1	0.5	—	—
Chlamydia + trichomoniasis + genital warts	1	0.5	1	0.3
Chlamydia + genital warts + <i>Ureaplasma urealyticum</i>	—	—	1	0.3
TOTAL	3	1.5	2	0.6
TOTAL	203	100	305	100

No information from one centre

Figure 4. Prevalence of coinfection with other STIs in syphilis and gonorrhoea diagnoses



Excluding the 75 cases (5.3%) with no information on HIV status, 22.1% of syphilis diagnoses were coinfected with HIV. Gonorrhoea/HIV coinfection was 10.1% after excluding the 257 cases (16.0%) with no information (Table 12). Most of the coinfected cases (65.9%) already knew their HIV status before the diagnosis of the current episode of syphilis and/or gonorrhoea.

Table 12. Distribution of syphilis and gonorrhoea diagnoses by coinfection with HIV

HIV status	Syphilis		Gonorrhoea	
	No.	Percentage	No.	Percentage
HIV +	295	20.9	137	8.5
HIV -	1,042	73.8	1,213	75.5
Unknown	75	5.3	257	16.0
TOTAL	1,412	100	1,607	100

c) **Mechanisms of transmission and risk situations for new diagnoses of infectious syphilis and gonorrhoea**

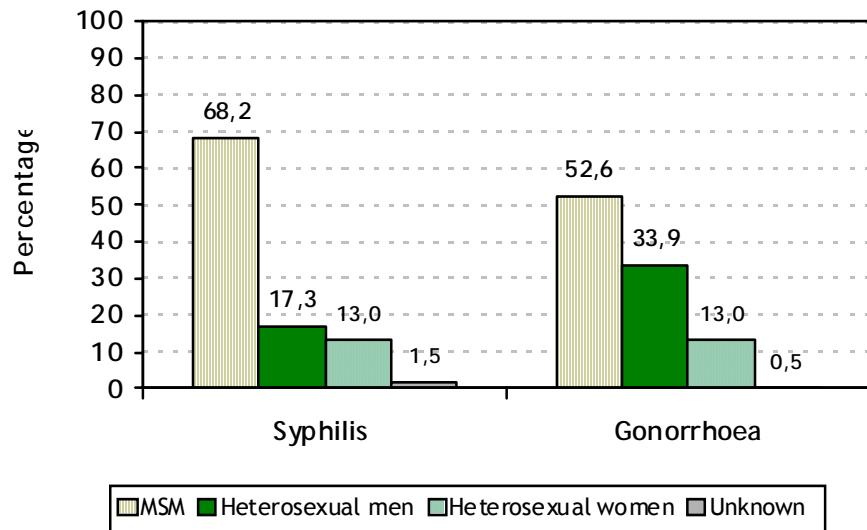
The most frequent transmission mechanism was homosexual relations between men, followed by heterosexual and bisexual relations (Table 13).

Table 13. Distribution of syphilis and gonorrhoea diagnoses by mechanism of transmission

Mechanism of transmission	Syphilis		Gonorrhoea	
	No.	Percentage	No.	Percentage
Unprotected homosexual relations between men	890	63.0	791	49.2
Unprotected heterosexual relations	428	30.3	753	46.9
Unprotected bisexual relations	73	5.2	57	3.5
Unknown	21	1.5	6	0.4
TOTAL	1,412	100	1,607	100

Transmission between men who have sex with men (MSM)), which includes homosexual and bisexual men, constituted most syphilis and gonorrhoea diagnoses; it is notable that one-third of the gonorrhoea cases occurred in heterosexual men (Figure 5).

Figure 5. Distribution of syphilis and gonorrhoea diagnoses by mechanism of transmission and sex



About one-third of syphilis and gonorrhoea diagnoses in MSM were attributed to oral sex (Table 14).

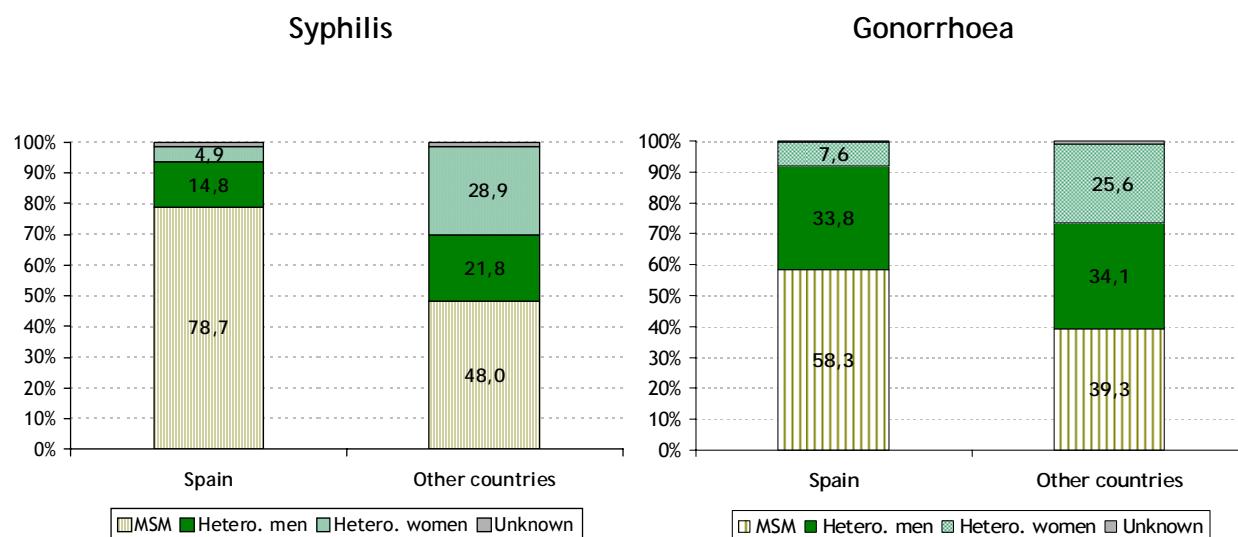
Table 14. Distribution of syphilis and gonorrhoea diagnoses by sexual practice #

Sexual practice	Syphilis		Gonorrhoea	
	No.	Percentage	No.	Percentage
Men who have sex with men				
Anal	36	5.7	68	11.2
Oral	183	28.8	220	36.2
Anal+Oral	352	55.4	285	47.0
Unknown	64	10.1	34	5.6
TOTAL	635	100	607	100
Heterosexuals				
Vaginal	137	35.5	175	26.6
Anal	1	0.3	4	0.6
Oral	10	2.6	104	15.8
Vaginal+Anal	10	2.6	20	3.0
Vaginal+Oral	122	31.6	263	40.0
Anal+Oral	2	0.5	6	0.9
Vaginal+Anal+Oral	24	6.2	39	5.9
Unknown	80	20.7	47	7.1
TOTAL	386	100	658	100

No information from one centre

Differences were seen in the mechanism of transmission of both STIs by place of birth; whereas in Spaniards the main mechanism of syphilis transmission was sexual relations between men, in patients from other countries almost half of the cases were produced in heterosexuals. With regard to gonorrhoea, 58.3% of the cases in Spaniards occurred in MSM while in foreign nationals this proportion was 39.3% (Figure 6).

Figure 6. Distribution of syphilis and gonorrhoea diagnoses by place of birth and mechanism of transmission



In the analysis of the prevalence of coinfection with HIV in these STIs by mechanism of transmission, higher prevalences were seen in MSM than in heterosexuals (Table 15).

Table 15. Prevalence of HIV infection in syphilis and gonorrhoea diagnoses by mechanism of transmission

Mechanism of transmission	Syphilis		Gonorrhoea	
	Total no. of cases	HIV prevalence (%)	Total no. of cases	HIV prevalence (%)
Men who have sex with men	963	28.1	845	14.8
Heterosexual men	244	5.3	544	1.7
Heterosexual women	184	3.3	209	1.0

In 32 (3.5%) of the 922 syphilis diagnoses with available information and in 45 (3.8%) of the 1,194 gonorrhoea diagnoses with information, STI acquisition was attributed to condom accident. With respect to the country where the infection was probably acquired, in 6.1% of syphilis diagnoses and in 1.9% of gonorrhoea diagnoses, this occurred outside of Spain.

The most frequent risk situation for contracting one of these STIs was sexual relations with a casual partner, followed by relations with a steady partner. About 9.8% of syphilis and 7.7% of gonorrhoea diagnoses were sex workers; contact with a sex worker was present as a risk situation in 7.1% of syphilis and 9.6% gonorrhoea diagnoses (Table 16).

Table 16. Distribution of syphilis and gonorrhoea diagnoses by risk situations for acquiring STI

Risk situations*	Syphilis		Gonorrhoea	
	No.	Percentage	No.	Percentage
Sex worker	139	9.8	124	7.7
Contact with sex worker	100	7.1	155	9.6
Relation with a casual partner &	694	58.5	895	64.0
Relation with a steady partner &	402	33.9	465	33.2

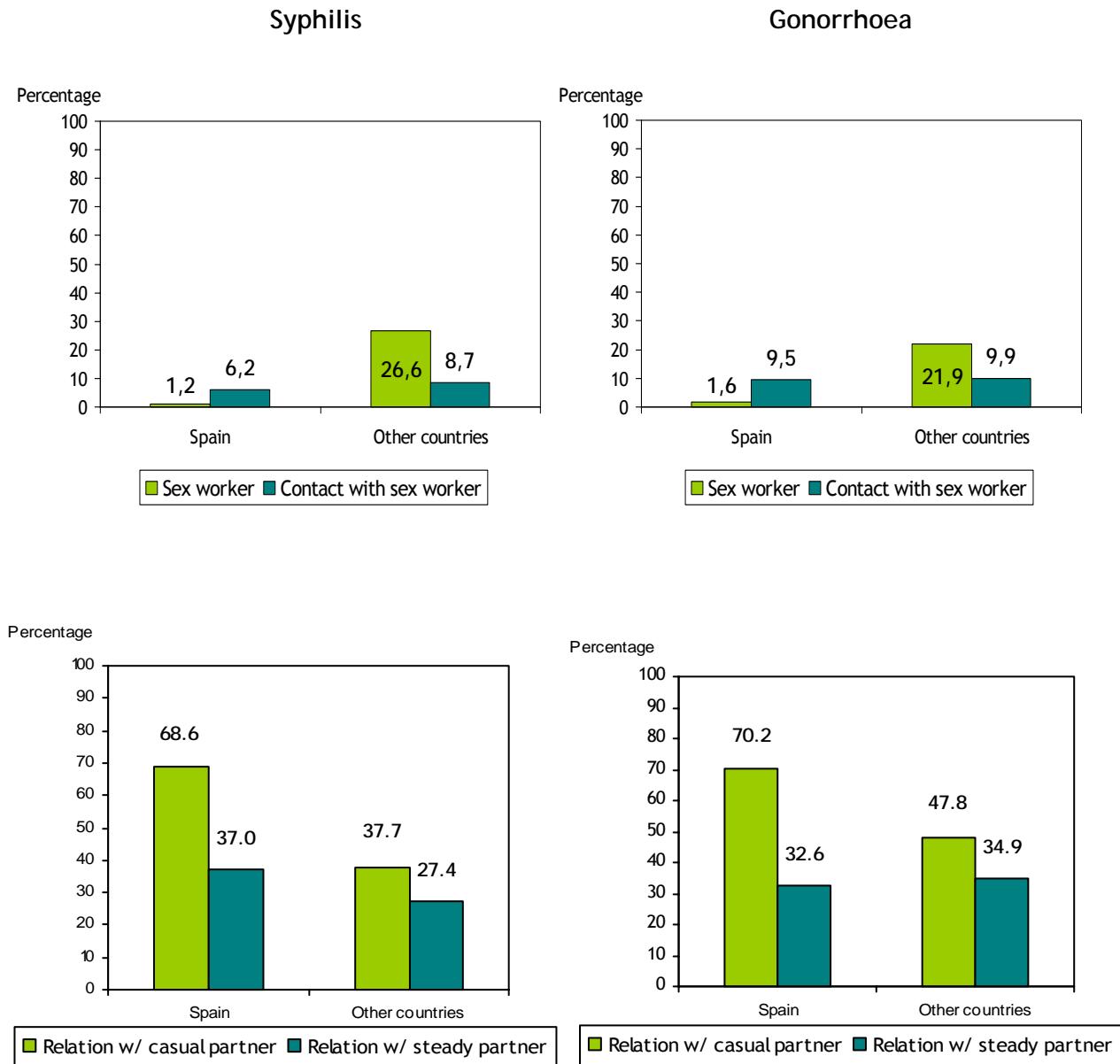
*NOTE: The same patient can have more than one risk situation.

& No information from one centre for the period June 2005-December 2007

In analysing the most frequent risk situations, significant differences are seen by place of birth. In both syphilis and gonorrhoea diagnoses, the proportion of persons who engage in sex work was higher among foreign nationals than in Spaniards.

Conversely, the percentage of syphilis and gonorrhoea diagnoses in which unprotected relations with a casual partner were involved was higher in Spaniards than in foreigners; in syphilis diagnoses, but not those of gonorrhoea infection, the proportion of diagnoses attributed to relations with a steady partner was higher among Spaniards. No differences were found in the percentage of clients of sex workers by place of birth (Figure 7).

Figure 7. Distribution of syphilis and gonorrhoea diagnoses by place of birth and risk situations



The approximate number of partners in the last 12 months is shown in table 17. About 28.8% of syphilis diagnoses and 26.6% of gonorrhoea diagnoses had had over 10 partners in the last year (Table 17).

Table 17. Distribution of syphilis and gonorrhoea diagnoses by approximate number of sexual partners in the last 12 months #

Approximate number of partners in the last 12 months	Syphilis		Gonorrhoea	
	No.	Percentage	No.	Percentage
1-2	285	24.0	337	24.1
3-5	212	17.9	311	22.2
6-10	145	12.2	210	15.0
11-20	112	9.4	143	10.2
Over 20	230	19.4	229	16.4
Unknown	203	17.1	169	12.1
TOTAL	1,187	100	1,399	100

No information from one centre for the period July 2005-December 2007

CONCLUSIONS

- The new diagnoses of syphilis and gonorrhoea identified in the participating centres occurred mainly in adult men, Spaniards, and persons with secondary or higher level of education. However, about one-third were from other countries, mainly from Latin America.
- Syphilis and gonorrhoea cases born outside Spain differ from Spaniards with regard to demographic characteristics in addition to transmission mechanism and risk profile.
- Most STI diagnoses were made as a result of clinical manifestations. Over one-third of syphilis and gonorrhoea diagnoses had a previous history of STI.
- About one of every five syphilis diagnoses and one of every four gonorrhoea diagnoses had another concurrent STI at the time of presentation, most frequently chlamydia and genital warts.
- Coinfection with HIV was found in 22% of syphilis diagnoses and 10% of gonorrhoea diagnoses. Most of these cases knew their HIV serostatus before these STIs were diagnosed. Differences in the prevalence of coinfection with HIV were seen by mechanism of transmission.
- The most common transmission mechanism for both syphilis and gonorrhoea was unprotected homosexual relations between men.
- About one-third of the cases of syphilis and gonorrhoea in MSM were attributed exclusively to oral sex.
- The most frequent risk situations for acquisition of these STIs were sexual relations with a casual partner.
- The results obtained in this study reflect the epidemiological situation of persons who attend the participating centres, thus they can not be considered representative of the situation in other segments of the population.

REFERENCES

1. Cohen M. HIV and sexually transmitted diseases: lethal synergy. *Top HIV Med* 2004;12(4):104-7.
2. Pinkerton S, Layde P, for NIMH multisite HIV prevention trial group. Using sexually transmitted disease incidence as a surrogate marker for HIV incidence in prevention trials: a modeling study. *Sex Transm Dis* 2002;29(5):298-307.
3. Centro Nacional de Epidemiología. Vigilancia epidemiológica de las infecciones de transmisión sexual, 1995-2009. Madrid: Centro Nacional de Epidemiología; 2011. Available at: <http://www.isciii.es/htdocs/pdf/its.pdf>

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ANNEX I. Publications of the STI Working Group

Diaz A, Junquera ML, Esteban V, Martínez B, Pueyo I, Suárez J, Ureña JM, Varela JA, Vall M, del Romero J, Sanz I, Belda J, Boronat J, Gómez P, Gual F, Colomo C, López de Munain J, Balaguer J, Landa MC, Lezaun ME, Cámara MC, Fernández E, Bru FJ, Alastrue I, Ordoñana JR, de Armas C, Azpiri MA, Gomez L, Trullén J, Diez M, on behalf of STI Study Group and EPI-VIH Group. HIV/STI co-infection among men who have sex with men in Spain. Euro Surveill. 2009;14(48):pii=19426. Available online:

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19426>

XVIII International AIDS Conference. Viena, 2010.

A Diaz, C Garriga, ML Junquera, B Martínez, I Pueyo, J Suárez, JM Ureña, JA Varela, M Vall, I Sanz, E Fernández, J Balaguer, J Boronat, P Gómez, F Gual, C Colomo, J López de Munain, M Diez and STI Study Group. Factors associated to HIV-syphilis co-infection in Spain.

18th International Society for STD Research in conjunction with British Association for Sexual Health & HIV Congress (ISSTDR/BASHH). Londres, 2009.

M Vall-Mayans, A Diaz, I Pueyo, J Lopez de Munain, JM Ureña, J Belda, ML Junquera, V Esteban, FJ Bru, JA Varela, J Andonegui, B Martinez, J Suarez, J Boronat, J Balaguer, M Diez on behalf of the STI Study Group. The pattern of infectious syphilis and gonococia diagnosed in STI centers in Spain, 2005-07.

XXVII Reunión Científica de la Sociedad Española de Epidemiología. Zaragoza, 2009.

C Garriga, S Galindo, J López de Munain, V Esteban, ML Junquera, B Martínez, I Pueyo, J Suárez, JM Ureña, JA Varela, M Vall, A Arrillaga, J Balaguer, J Boronat, E Fernández, P Gómez, F Gual, C Colomo, A Díaz por el Grupo de trabajo de ITS. Relaciones orales en pacientes diagnosticados de sífilis y/o gonococia en una red de centros de ITS. Gac Sanit 2009; 23(Espec Congr 3):75. Disponible en:

http://www.elsevier.es/revistas/ctl_servlet?_f=7016&articuloId=13142712&revistaId=138

XII Congreso Nacional sobre el SIDA 2009. Valencia, 2009

C Garriga, S Galindo, C Colomo, J López de Munain, V Esteban, ML Junquera, B Martínez, I Pueyo, J Suárez, JM Ureña, JA Varela, M Vall, A Arrillaga, J Balaguer, J Boronat, E Fernández, P Gómez, F Gual, A. Díaz por el Grupo de trabajo de ITS. Relaciones anales en personas heterosexuales diagnosticadas de sífilis y/o gonococia en una red de centros de ITS. Libro de ponencias y comunicaciones del XII Congreso Nacional sobre el SIDA 2009, pág 278.

XXXVII Congreso Nacional de Dermatología y Venereología. Madrid, 2009.

ML Junquera Llaneza, M Diez, C Colomo Gómez, I Pueyo Rodríguez, J Belda Ibañez, A Diaz Franco, JA Varela Uría, JM Ureña Escribano por el Grupo de trabajo sobre ITS. Grupo de trabajo sobre infecciones de transmisión sexual, resultados de sífilis y gonococia, julio 2005-diciembre 2007. Libro de ponencias y comunicaciones del 37 Congreso Nacional de Dermatología y Venereología 2009. Disponible en:

<http://www.congresoaedv.net/2009/agenda/>

XI Congreso Nacional sobre el SIDA 2008. Córdoba, 2008

A Diaz, M Diez, FJ Bru, M Cámara, V Esteban, ML Junquera, B Martínez, I Pueyo, J Suárez, JM Ureña, M Vall, J Andonegui, E Fernández, JA Varela, J Boronat, J Balaguer por el Grupo de trabajo de ITS. Nuevos diagnosticos de sífilis en una red de centros de ITS: diferencias según lugar de origen. Libro de resúmenes del XI Congreso Nacional sobre el SIDA 2008, pág 141

XXVI Congreso de la Sociedad Española de Epidemiología. Gerona, 2008

A Diaz, M Diez, E Fernández, FJ Bru, M Cámara, V Esteban, ML Junquera, B Martínez, I Pueyo, J Suárez, JM Ureña, JA Varela, M Vall, J Andonegui, J Balaguer, J Boronat, por el Grupo de trabajo de ITS. Coinfección VIH-sífilis en nuevos diagnósticos de infectious syphilis en una red de centros de ITS. Gac Sanit 2008;22(Espec Congr):21. Disponible en:

http://www.elsevier.es/revistas/ctl_servlet?_f=7016&articuloID=13126732&revistaID=138

Conference of Sexually Transmitted Infections and HIV/AIDS. 24th IUSTI-Europe. Milan, 2008.

M Diez, A Diaz, M Vall, I Pueyo, J López de Munain, JM Ureña, J Belda, ML Junquera, V Esteban, FJ Bru, JA Varela, J Andonegui, B Martínez, J Suarez, J Boronat, J Balaguer on behalf of the STIs Study Group. HIV infection and outcome of treatment among patients with syphilis and gonorrhoea. Conference of Sexually Transmitted Infections and HIV/AIDS. 24th IUSTI-Europe. Milan, September 2008.

XXXVI Congreso Nacional de Dermatología y Venereología. Barcelona, 2008.

Mª Luisa Junquera, Asunción Díaz, Isabel Pueyo, Mercedes Díez, Concepción Colomo, J. Manuel Ureña, José Antonio Varela y Grupo de Trabajo sobre ITS. Nuevos diagnósticos de sífilis infectante y gonococia. ¿Coinfecciones con el VIH?. Libro de Resúmenes de Comunicaciones Orales y Pósteres del XXXVI Congreso Nacional de Dermatología y Venereología. Barcelona, 2008. Disponible en:

<http://www.congresoadv.net/2008/agenda/cientifico.php?seccion=ponencia®istro=4221&seccionpre=sesiones&bloqueado=falso&idTimeout=0>

X Congreso Nacional sobre el SIDA. San Sebastián, 2007

A Diaz, M Diez, J Andonegui, J Belda, J Boronat, FJ Bru, MM Cámara, V Esteban, ML Junquera, B Matínez, I Pueyo, J Suarez, JM Ureña, JA Varela, y Grupo de trabajo sobre ITS. Nuevos diagnósticos de sífilis infecciosa y gonococia en una red de centros de ITS: Coinfección con el VIH. Libro de Ponencias y comunicaciones del X Congreso Nacional sobre el SIDA; pág.106

XXIV Congreso de la Sociedad Española de Epidemiología. Logroño, 2006

A Diaz, R Solano, J Balaguer, J Belda, J Boronat, FJ Bru por el Grupo de trabajo de ITS. Nuevos diagnósticos de sífilis y gonococia en una red de centros de diagnostico de infecciones de transmisión sexual (2005). Gac Sanit 2006; 20 (Espec Congr):11. Disponible en:

http://www.elsevier.es/revistas/ctl_servlet?_f=7016&articuloID=13093179&revistaID=138

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