



Early Infectious Syphilis (EIS) Annual Report 2024

June 2026



Acknowledgements

- The Health Protection Surveillance Centre (HPSC) would like to sincerely thank the data providers and all who have contributed data to this report including:
 - Microbiology laboratories
 - National Virus Reference laboratory
 - Departments of Public Health
 - Sexual Health Programme (SHP)
 - Consultants in Infectious Disease/Genitourinary Medicine
 - GPs
 - Health Advisors
 - All other clinical staff involved

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Suggested citation: [HSE-Health Protection Surveillance Centre. **Early Infectious Syphilis \(EIS\) Annual Report 2024**](#)





Key points, EIS in Ireland 2024

In 2024 limited enhanced surveillance data for EIS was available from some Regional Departments of Public Health. This report highlights where data quality is impacted and findings should be interpreted with caution

- Notification rate increased by 12% in 2024
 - 1017 EIS Notifications in 2024
- 92% men, 8% women
 - Highest rate in men aged 30-34 years
 - Highest rate in women aged 25-29 years
- gbMSM¹ remain the group most affected
- 19% of notifications had evidence of re-infection
- Where HIV status was known (53%):
 - 30% of notifications were in people living with HIV
 - 43% of people living with HIV had evidence of re-infection*
 - Among HIV negative men 41% were on HIV PrEP² (status known 84%)
 - 31% of those on HIV PrEP had evidence of re-infection*
 - 8% of those not on HIV PrEP had evidence of re-infection*
- Where known (44%) 18% of notifications were acquired abroad
- Where country of birth was known (64%):
 - 46% born in Ireland
 - 35% born in Latin America and Caribbean
- Antenatal syphilis and notified cases of congenital syphilis remain low in Ireland in 2024
- Ireland has met the WHO 2030 target for congenital syphilis cases
- Considerable efforts will be needed in Ireland and globally if the WHO 2030 target of 90% reduction in EIS notifications in those aged 15-49 years is to be achieved



* re-infection status was known for 30% of all EIS notifications in 2024

1 gay bisexual and other men who have sex with men.
2 HIV Pre-exposure Prophylaxis



Public health implications and key recommendations

- Ireland has reached the WHO target for congenital syphilis of ≤ 10 cases/100,00 population per year, with no congenital syphilis cases reported in 2024
- However, Ireland is not in line to reach WHO targets for EIS in 15-49 years olds
 - 20% reduction in the number of EIS by 2025
 - 90% reduction by 2030

The recommendations are:

- Maximise efforts to raise awareness of syphilis, its symptoms, and how to prevent it
 - [HSE-sexual health services](#)
 - <https://www2.hse.ie/services/sexual-health/free-condoms/>
 - <https://man2man.ie/syphilis/>
 - <https://man2man.ie/free-condoms-lube/>
- Ensure ready access to regular testing for those who are having condomless sex with new and casual partners to aid early detection and prevent further spread. Key populations include, gbMSM, people living with HIV, transgender people and those on HIV PrEP
 - [HSE Free Home STI testing service](#)
 - [HSE sexual health services](#)
 - [Gay Men's Health Service Dublin](#)
- Support the delivery of public sexual health services that are appropriately funded and resourced to meet EIS and other emergent sexual health needs.
- Invest in digital solutions to streamline data collection and deliver high-quality data to inform targeted interventions for improving sexual health in Ireland.



- Syphilis is an infectious disease caused by the bacterium *Treponema pallidum*
- Syphilis is usually transmitted by sexual contact and can also be transmitted vertically from mother to child
- Syphilis is treatable. Left untreated, syphilis can cause severe health outcomes
- Syphilis infection is divided into stages;
 - primary, secondary, and early latent syphilis are known as early infectious syphilis (EIS).
EIS requires treatment and is a notifiable disease in Ireland
 - late syphilis includes late latent and tertiary syphilis, which are not notifiable
- Past infection does not confer complete immunity to reinfection



Surveillance process –Early Infectious Syphilis (EIS)

- Laboratories notify all EIS cases that meet laboratory criteria specified in the [case definition](#) to the Computerised Infectious Disease Reporting (CIDR) system. New infections and reinfections are notified. These cases are classified as confirmed cases
- A clinician working in a specialised STI clinical service can notify public health directly, if a symptomatic person meets the clinical criteria for EIS but does not meet the laboratory criteria. This case will be classified as a probable case
- Once a case has been notified to Public Health via CIDR, Public Health liaise with clinicians to complete enhanced syphilis surveillance forms (ESF)
- Public Health will denotify a case of syphilis, if the clinician informs them that the clinical picture is not consistent with early infectious syphilis
- Public Health enter the data from the ESF on to CIDR
- HPSC monitor trends and provide information that can be used to plan sexual health services and public health response





EIS notification rate by gender, 2019-2024

- In 2024, 1017 EIS cases were notified
- EIS notification rates in the total population increased by 12% in 2024 when compared to 2023.

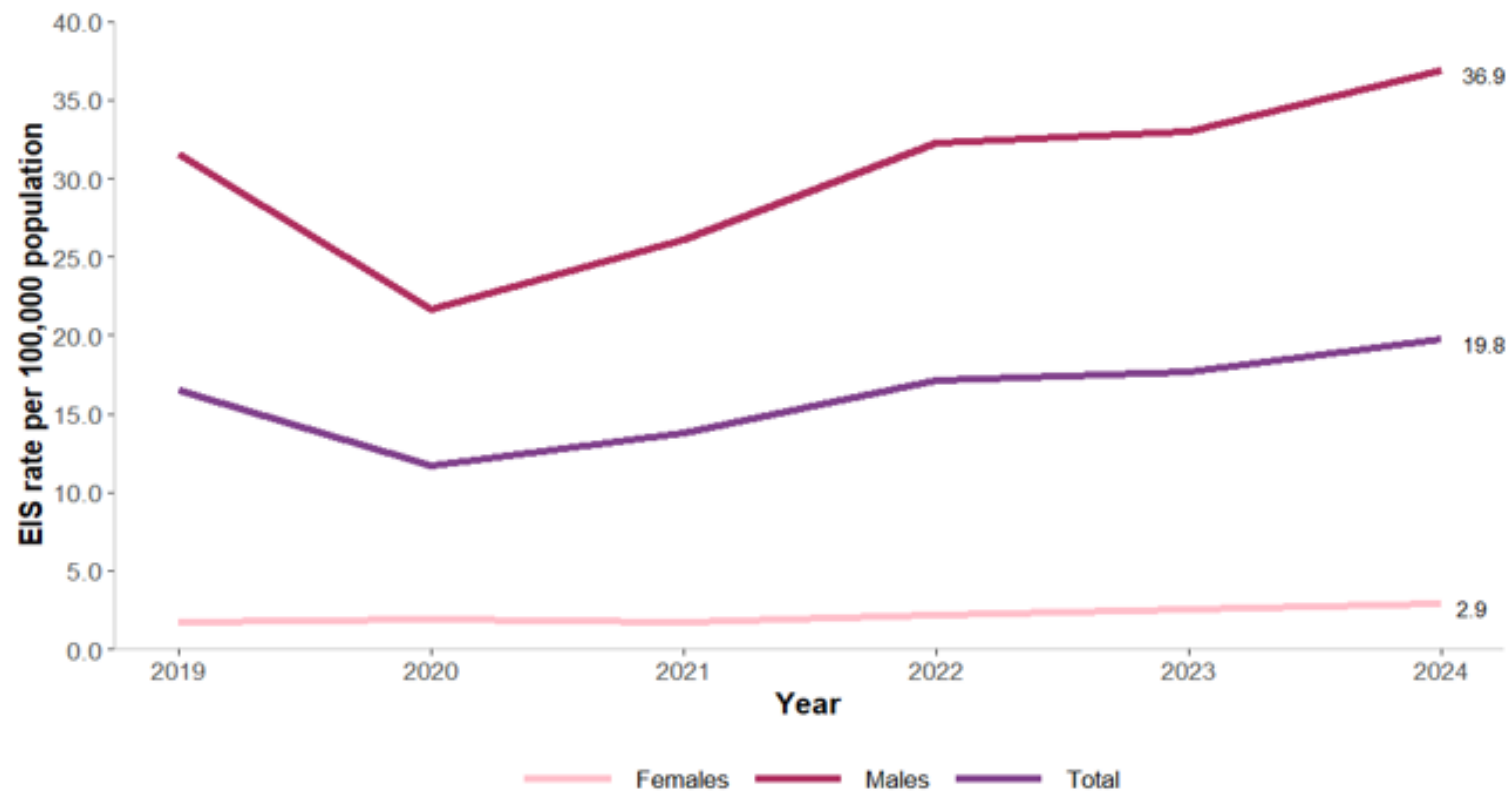


Figure 1. Early infectious syphilis notification rate by gender, 2019 to 2024



EIS notification rate and number of EIS notifications by gender and age group, 2024

- The highest rate of notification was recorded in men aged 30-34 years in 2024

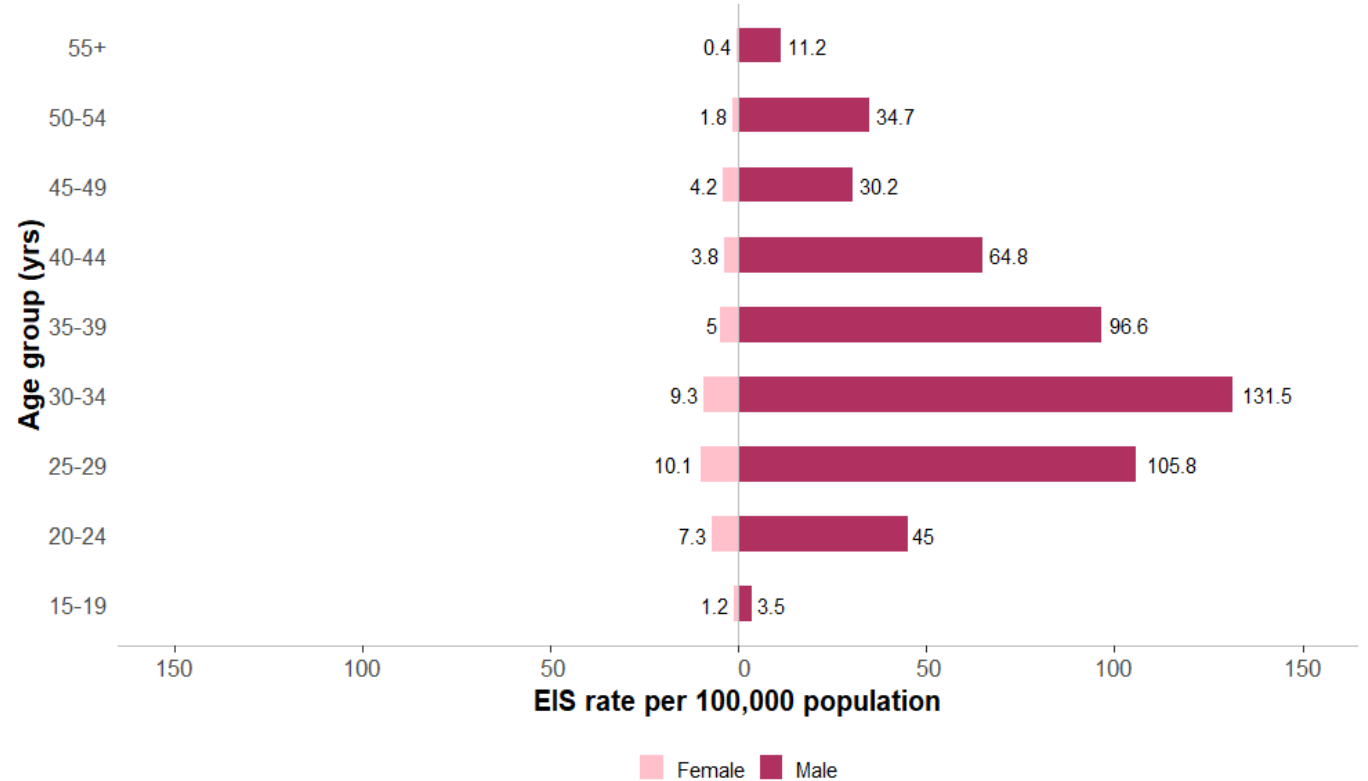


Figure 2. Early infectious syphilis notification rate by age and gender, 2024



EIS notification rate in men by age group 2019-2024

- Highest rate in men in 2024 was in those aged 30-34 years (131.5 per 100,000 population)

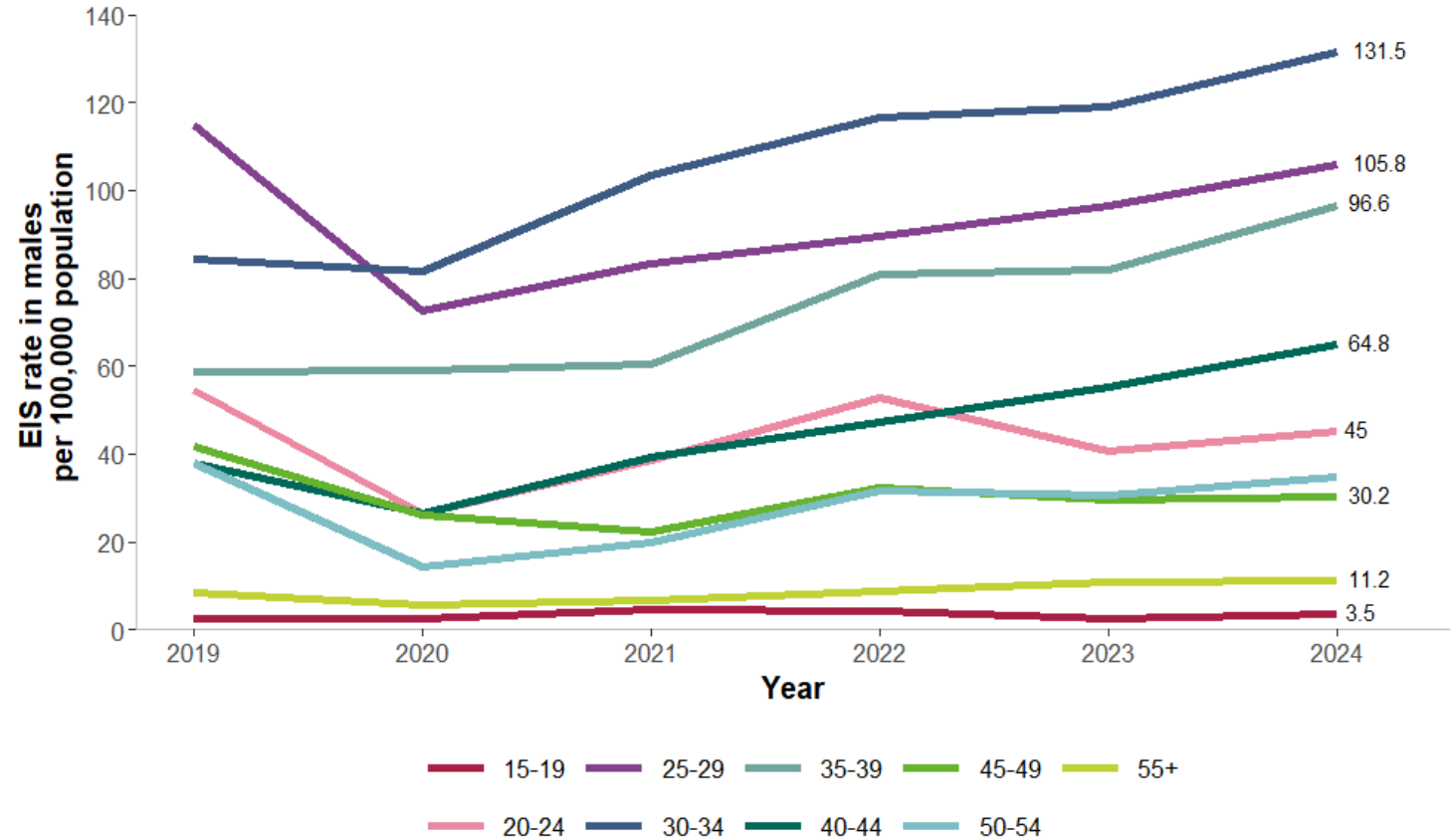


Figure 3. Early infectious syphilis notification rates in men by age group, 2019-2024



EIS notification rate in women by age group 2019-2024

- Highest rate in women in 2024 was in those aged 25-29 years (10.1 per 100,000 population)

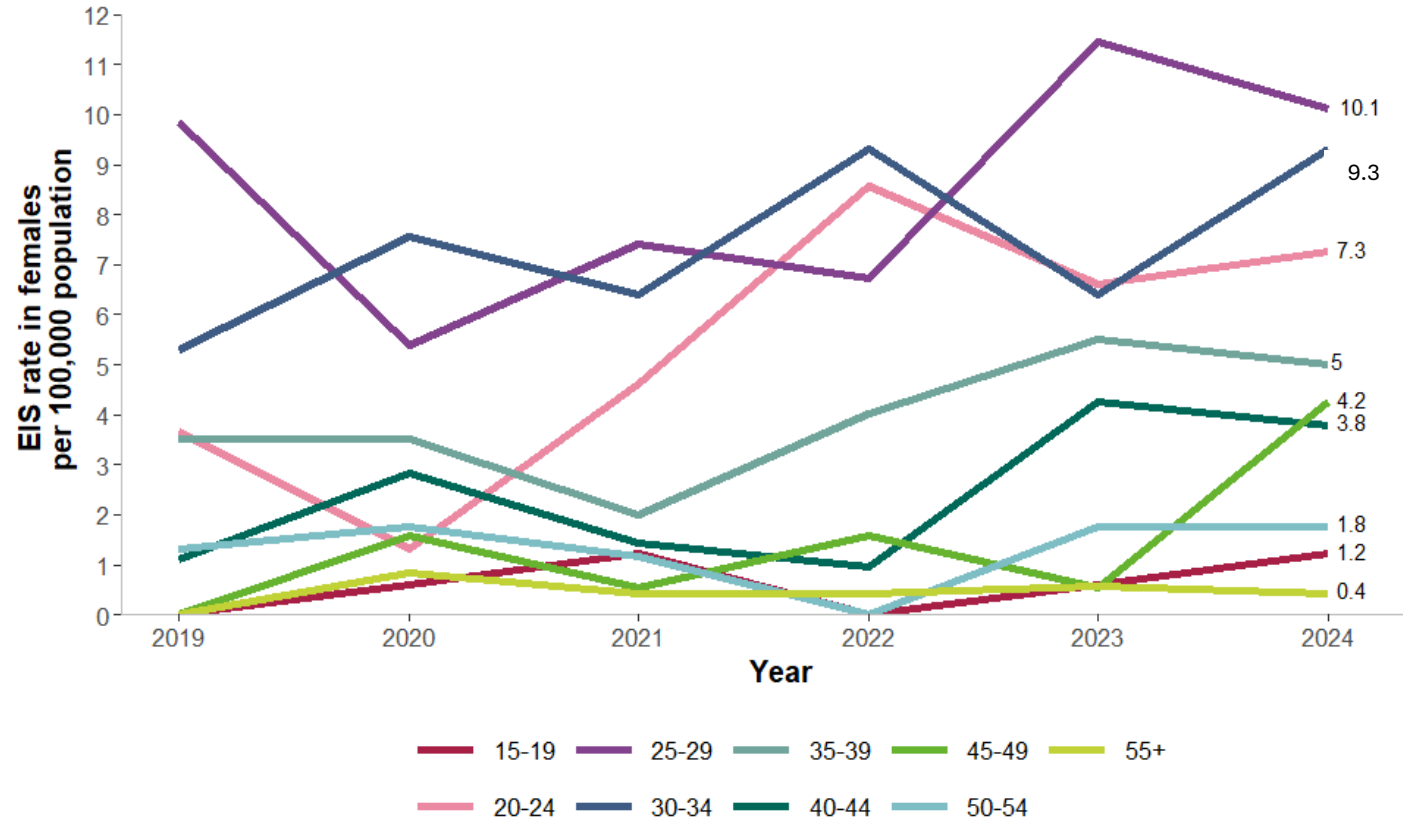


Figure 4. Early infectious syphilis notification rates in women by age group, 2019-2024

Antenatal and congenital syphilis

Antenatal syphilis

- Everyone booking for antenatal care in Ireland is offered screening for syphilis.
- Information on the number who are screened is not available.
- The notification rate per 100,000 pregnancies cannot be calculated from the available data and is reported as notification rate per 100,000 live births*
- The rate of notification of antenatal cases per 100,000 live births in 2024 remains low (1.8 per 100,000 live births)

	2019	2020	2021	2022	2023	2024
Cis-female** EIS notifications	39	48	45	53	68	75
EIS notifications in pregnancy	7	2	5	4	2	1
Number of births per year	59294	55959	58443	57540	54678	54062
Notification Rate per 100,000 live births	11.8	3.5	8.6	7.0	3.7	1.8

Congenital syphilis

- Confirmed congenital syphilis rates remain low in Ireland. Notified cases comply with the [case definition](#).

	2019	2020	2021	2022	2023	2024
Confirmed congenital syphilis	1	0	0	1	0	0
Number of births per year	59294	55959	58443	57540	54678	54062
Notification Rate per 100,000 live births	1.7	0.0	0.0	1.7	0.0	0.0



*CSO [Home, Births Deaths and Marriages VSA03 - Total Births and Deaths Registered](#)

** Cis-Female is person who was assigned female at birth and their gender identity is female



EIS notification rates in those 18 years and older (men, women and gbMSM*), 2019-2024

- The rate of EIS notification in gbMSM has remained stable since 2022
- gbMSM are the group most affected by EIS with a notification rate of 461.6 per 100,000 population in 2024 compared to 439 per 100,000 population in 2023.

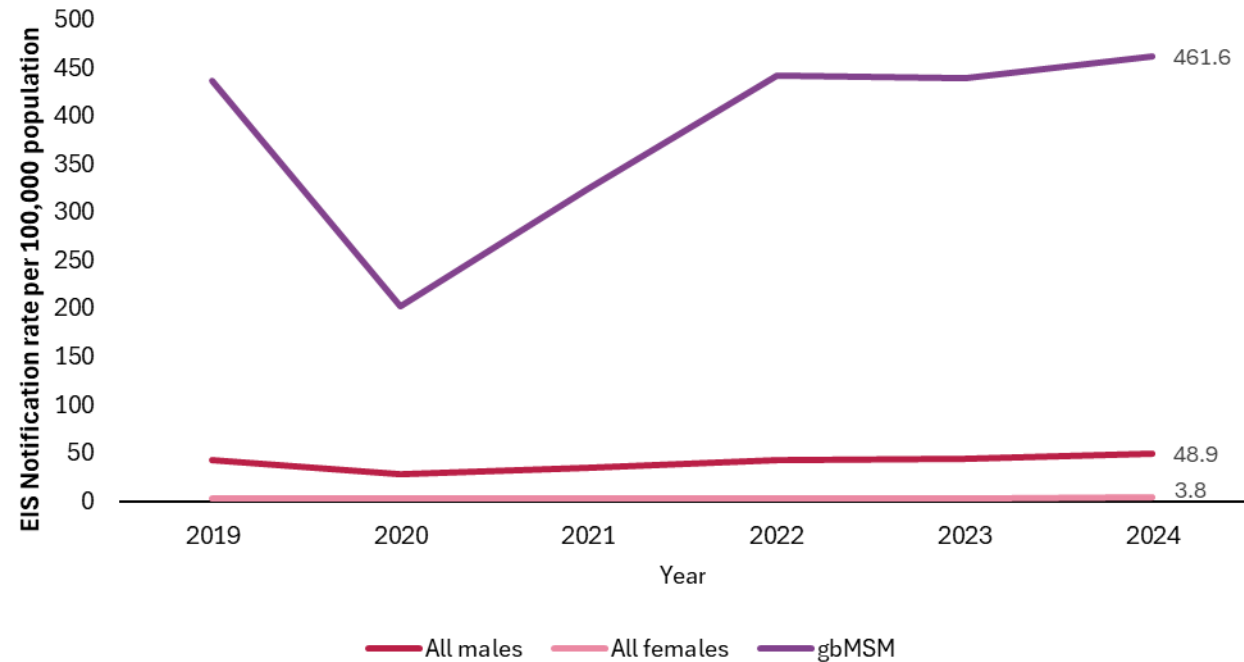


Figure 5. Early Infectious Syphilis notification rates in those aged 18 years and older (men, women and gbMSM 2019-2024)



*gay bisexual and other men who have sex with men.

The [2015 Healthy Ireland survey](#) was used to calculate notification rates in gbMSM



Number of EIS notifications by mode of transmission 2019- 2024

- Where mode of transmission is known, gbMSM account for 93% of all EIS cases in men in 2024
- Mode of transmission is unknown for 39% of EIS notifications in men in 2024 compared to 34% in 2023

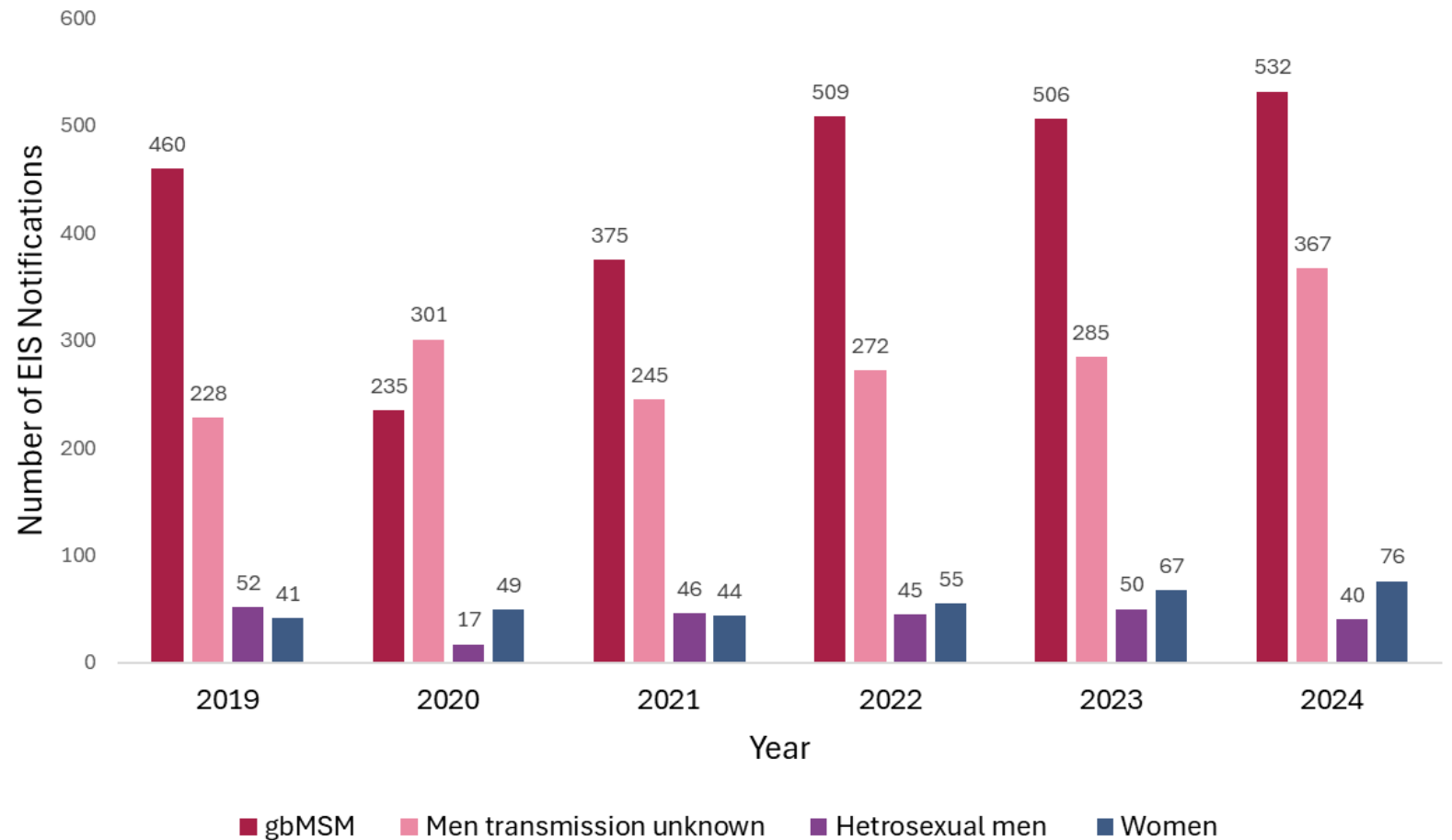


Figure 6. Number of early infectious syphilis notifications by mode of transmission. Excludes notifications where gender is unknown

HE Percentage of EIS notifications with evidence of reinfection 2019- 2024

- There is evidence of reinfection in 19% (n=189/1017) of notifications in 2024, a decrease from 26% in 2023
- In 2024 reinfection status was known for 30% of total EIS notifications compared to 48% in 2023
- 99%(n=187/189) of reinfections were in men

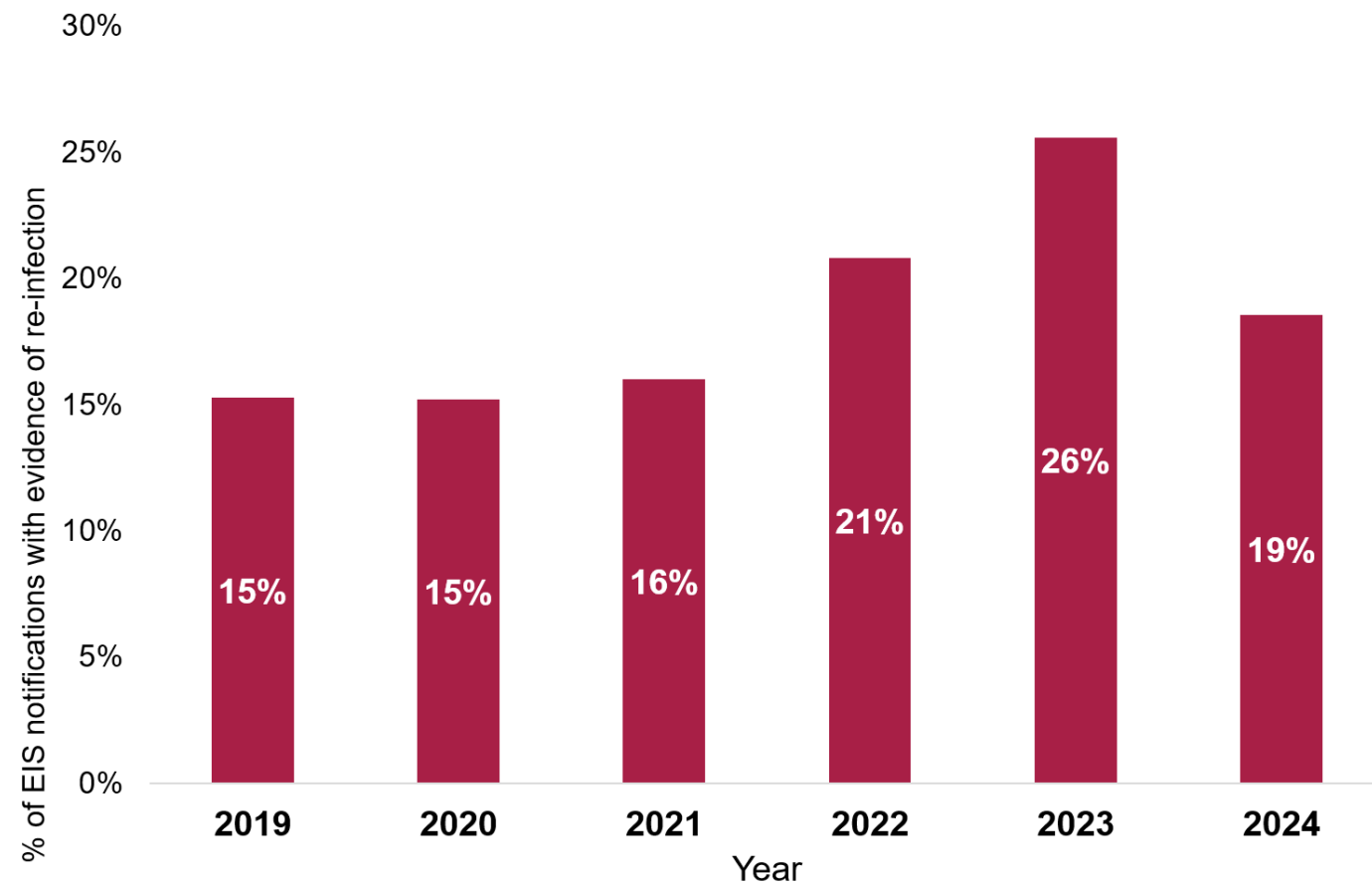


Figure 11. Percentage of early infectious syphilis notifications with evidence of re-infection

HE Trend in HIV status (where known) of EIS cases 2019-2024

- The number of cases where HIV status was unknown increased from 36% in 2023 to 47% in 2024
- In 2024, 30% of EIS notifications were in people living with HIV (where known) unchanged since 2023.

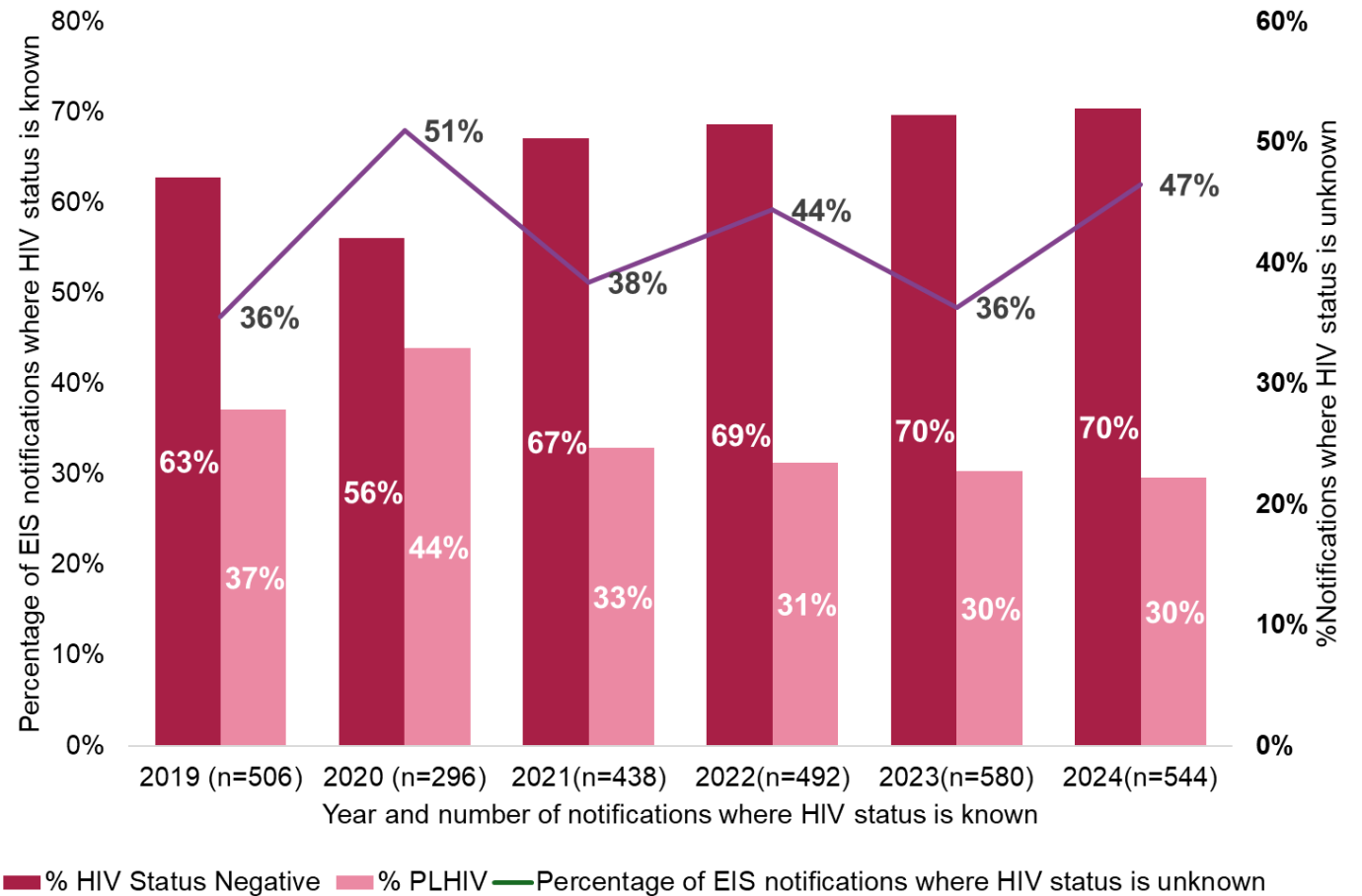


Figure 7. Early infectious syphilis notifications by HIV status.



HE Number of EIS notifications in people living with HIV 2019-2024

- In 2024, 99% of EIS notifications in people living with HIV were men
- 43% (n=70/161) of EIS notifications in people living with HIV had evidence of reinfection in 2024 this compares to 57% in 2023
- Findings should be interpreted with caution as reinfection status was known for 30% of EIS notifications in 2024 compared to 48% in 2023

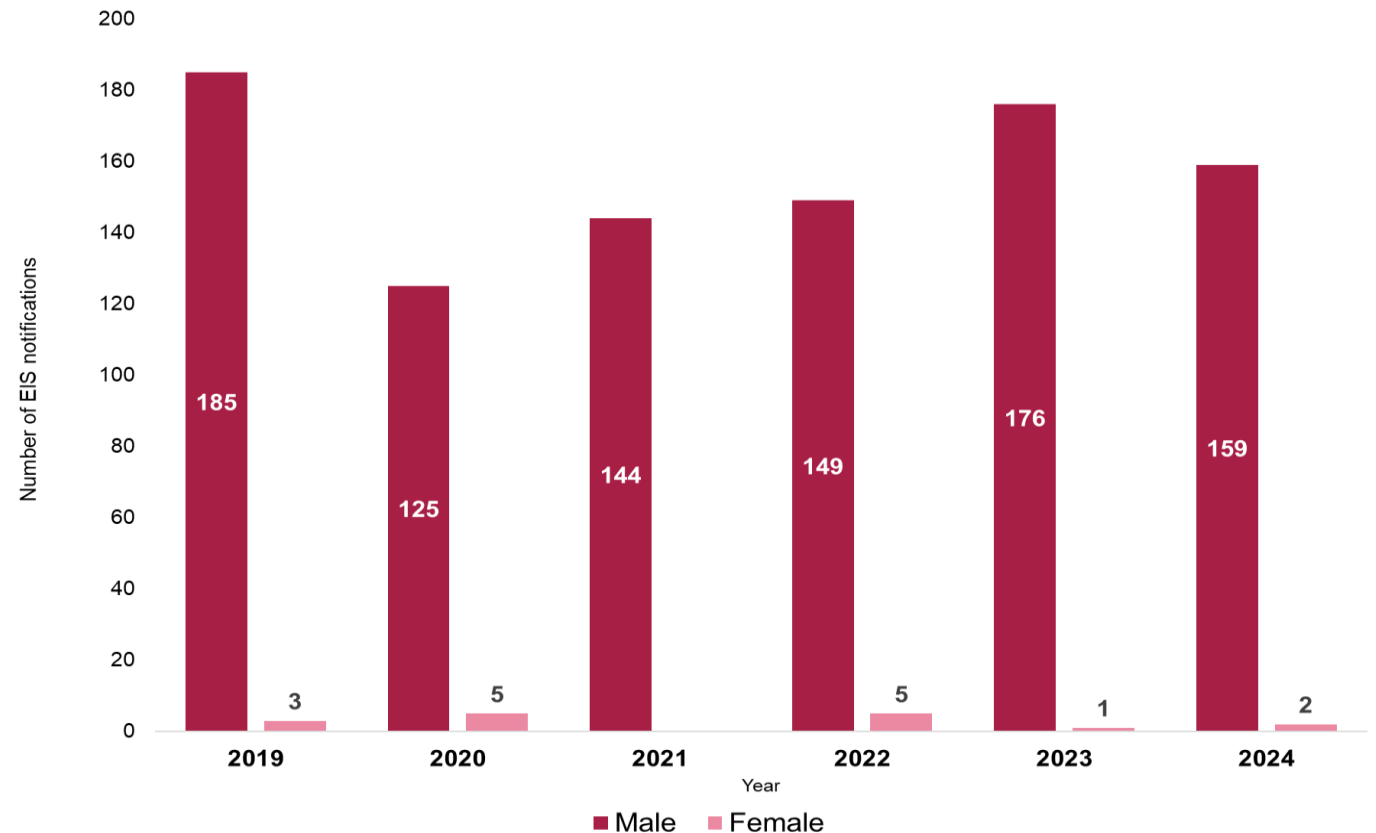


Figure 8. Number of early infectious syphilis notifications in people living HIV

HE Number of EIS notifications in those known to be HIV negative by gender 2019-2024

- 93% of EIS notifications in those known to be HIV negative were in men, compared to 92% in 2023
- 16% (n = 61/383) of those known to be HIV negative had evidence of reinfection, down from 24% in 2023
- Findings should be interpreted with caution as reinfection status was known for 30% of EIS notifications in 2024 compared to 48% in 2023

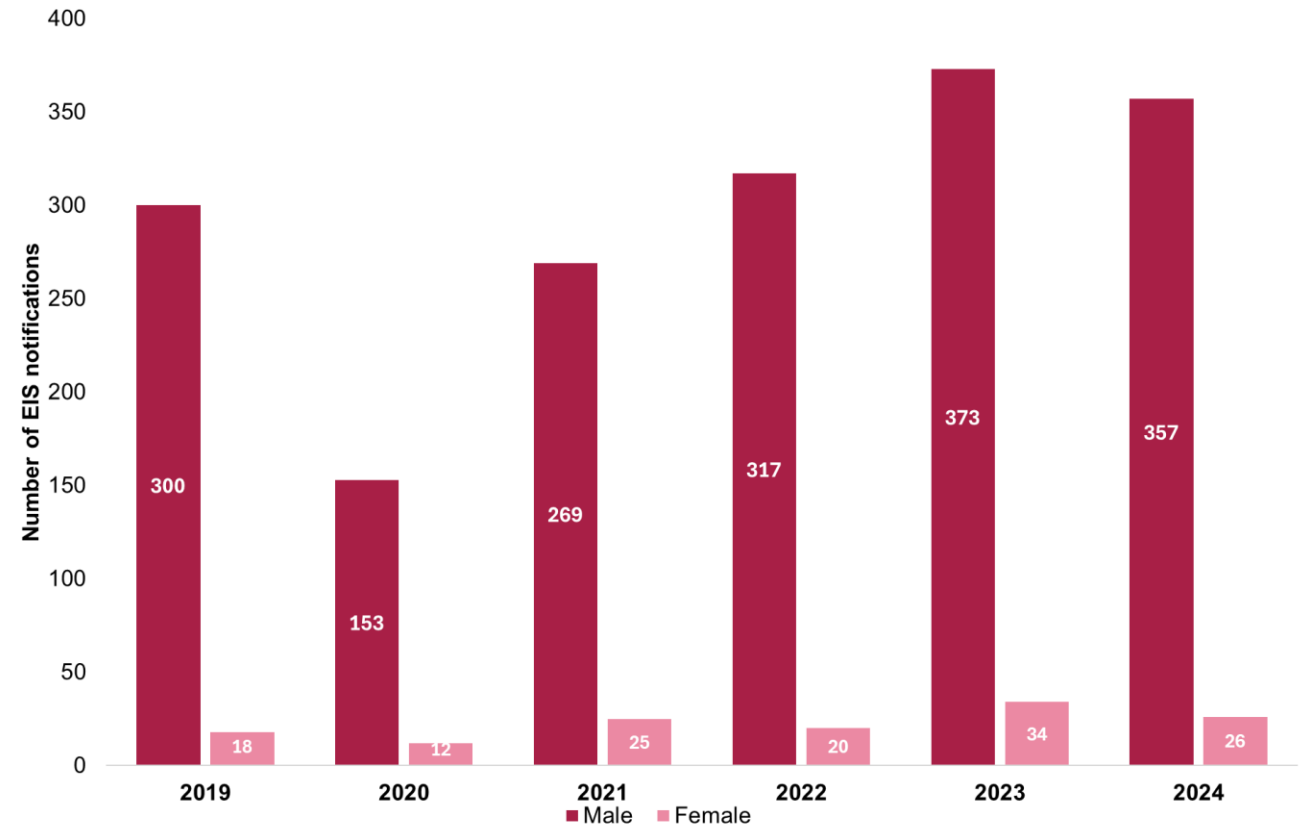


Figure 9. Number of early infectious syphilis in HIV negative people by gender

HE Number of EIS notifications in HIV negative men on HIV PrEP 2021*-2024

In 2024 among HIV negative men with EIS:

- 41% were on HIV PrEP (compared to 45% in 2023)
 - 31% had evidence of reinfection
- 58% were not on HIV PrEP
 - 8% had evidence of reinfection

Findings should be interpreted with caution

- HIV status was known for 55% of EIS notifications in men in 2024 compared to 65% in 2023.
- Reinfection status was known for 31% of EIS notifications in men in 2024 compared to 49% in 2023.
- HIV PrEP status was known for 84% of HIV negative men in 2024 and 2023

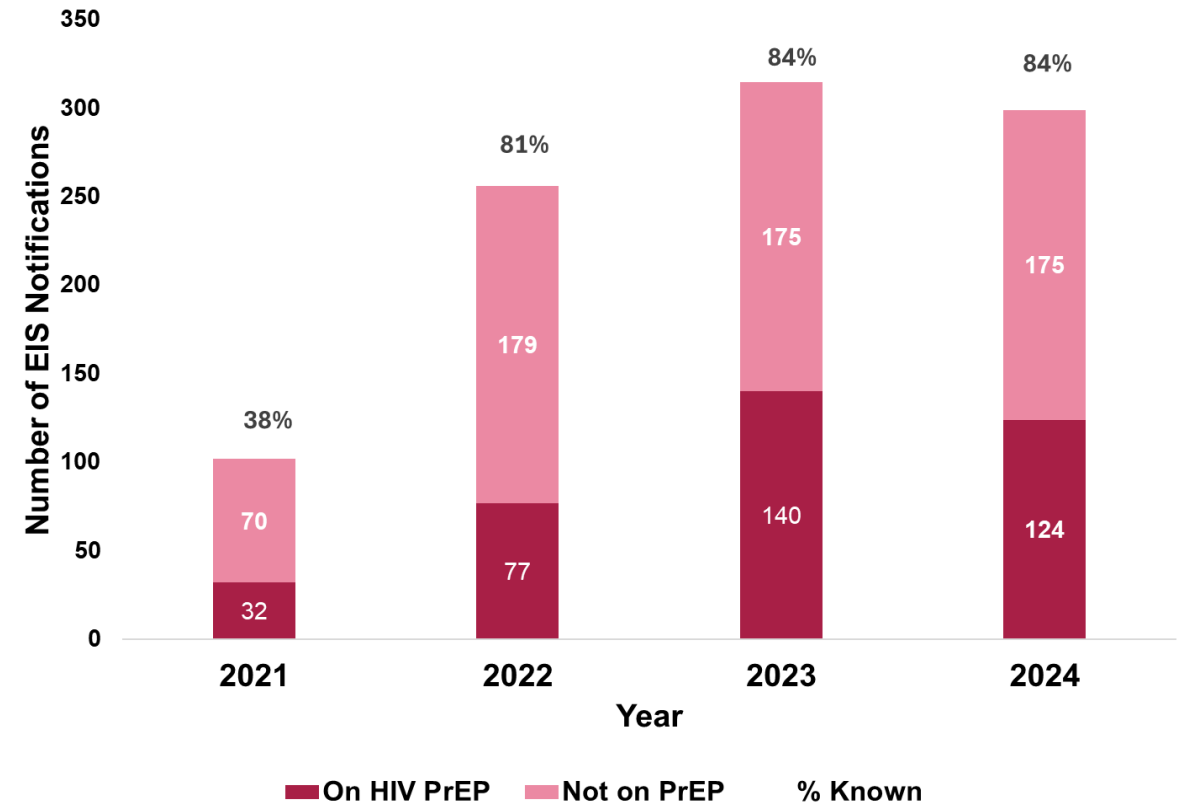


Figure 10. Early infectious syphilis notifications in HIV negative men by HIV PrEP status and percentage of events where HIV PrEP status is known 2021*-2024

*The national HIV PrEP programme started in November 2019. Limited data were available in 2020 likely due to the COVID 19 pandemic.

Percentage of EIS notifications with a second STI notified in the same person in 2024

A second or multiple episodes of STIs were detected in 30% of individuals with an EIS notification in 2024 of those 99% (n=296/300) were in men

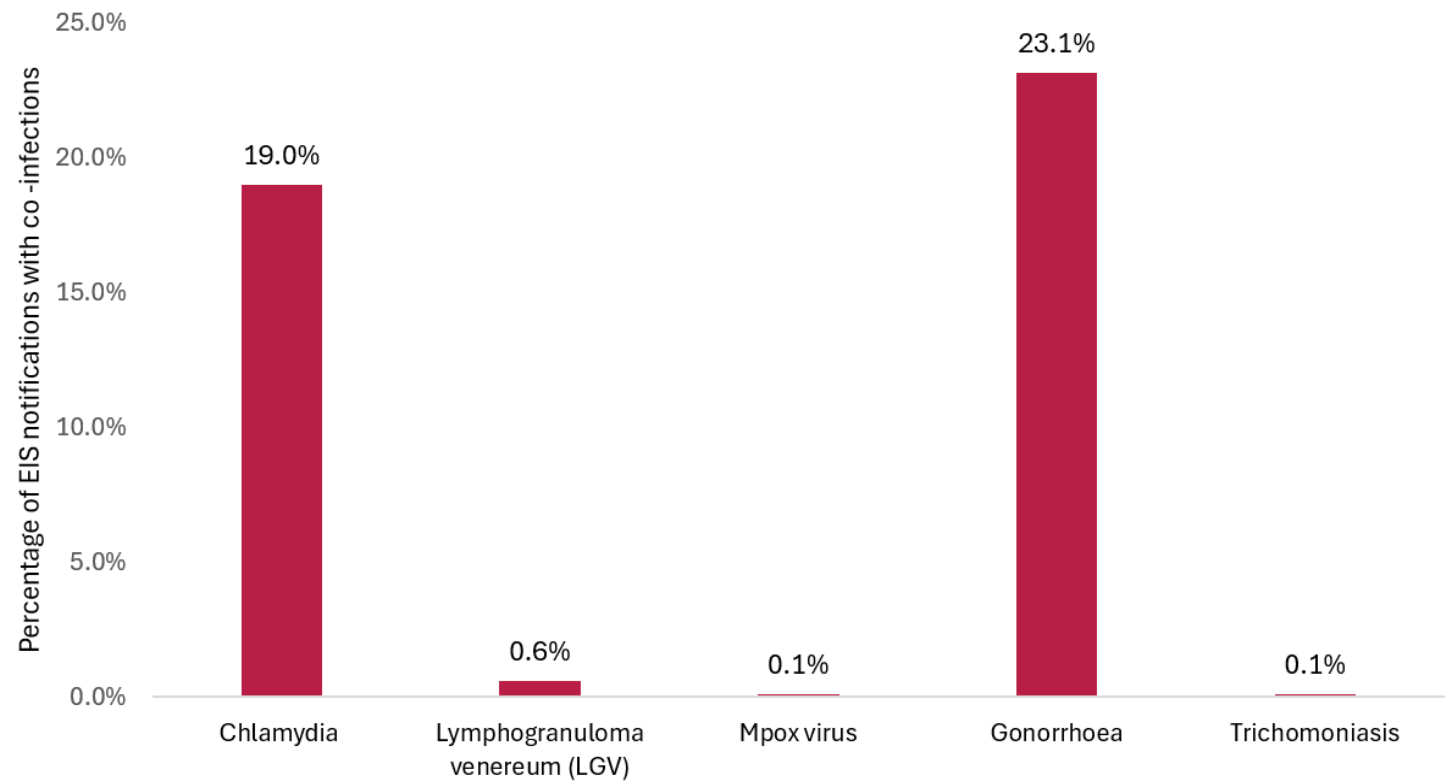


Figure 12. EIS notifications with another STI notified in the same person in 2024

HE Number of EIS notifications in transgender people 2019-2024

- Reporting of data on gender identity began in mid-2018
- In 2024 three EIS notifications were recorded on CIDR as having occurred in transgender people
- Gender identity was known for 64% of EIS notifications in 2024 and 2023

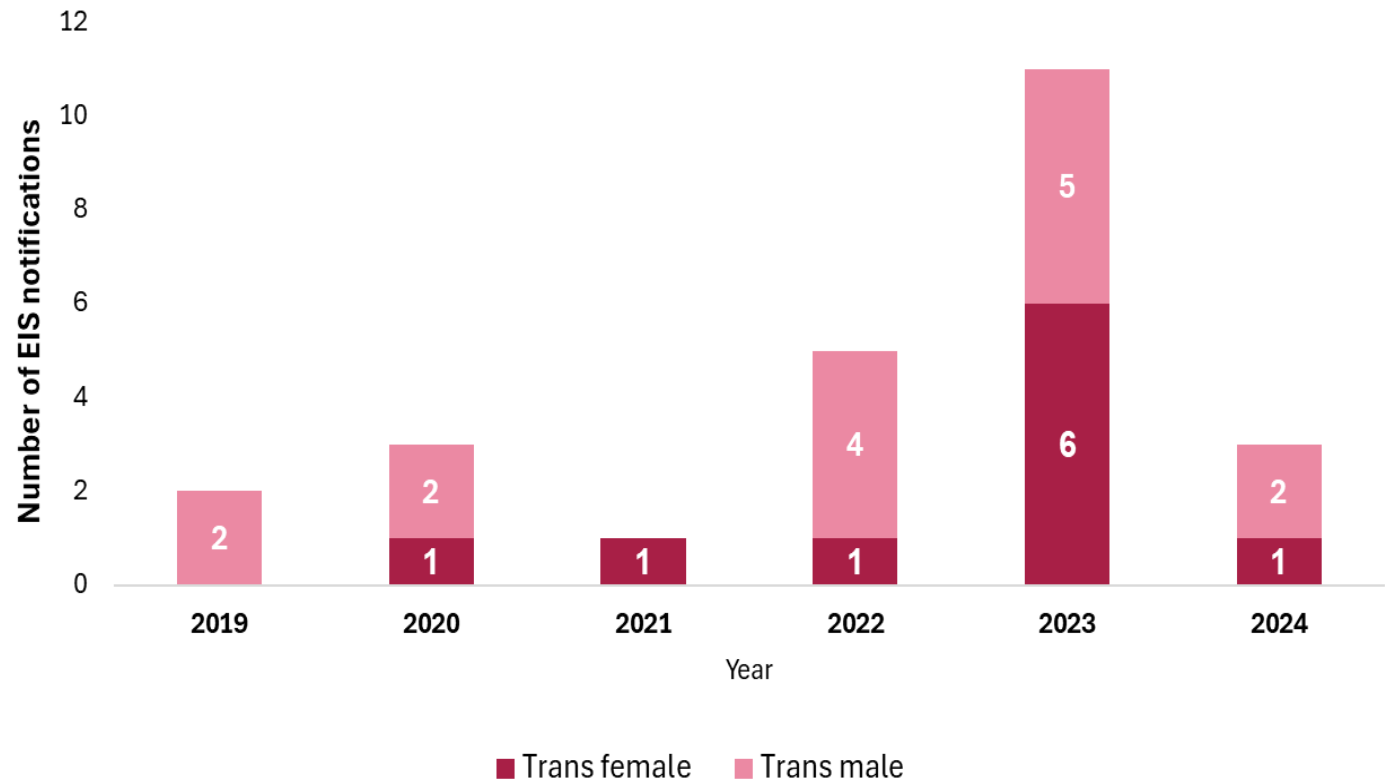


Figure 12. Number of early infectious syphilis notifications in transgender people.



Trend in EIS notifications by country of birth 2019-2024

Where known:

- 46% of those notified with EIS in 2024 were born in Ireland compared with 45% in 2023
- 35% were born in Latin America and Caribbean compared to 32% in 2023

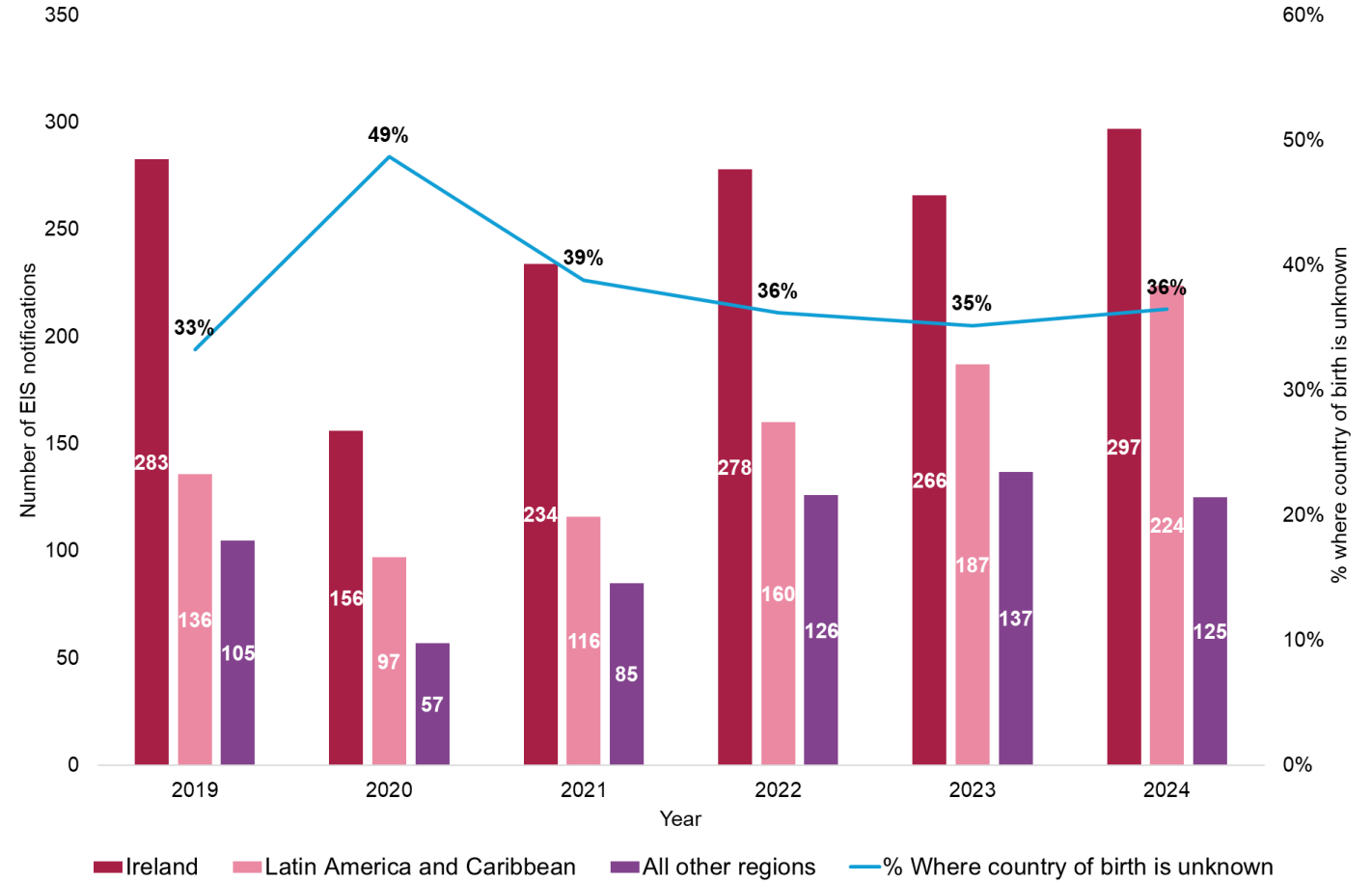


Figure 13. Early infectious syphilis notifications by country of birth.

HSE Trend in EIS notifications by country of infection 2019-2024

Where known:

- In 2024, 18% of people with notified EIS acquired EIS abroad, compared to 17% in 2023

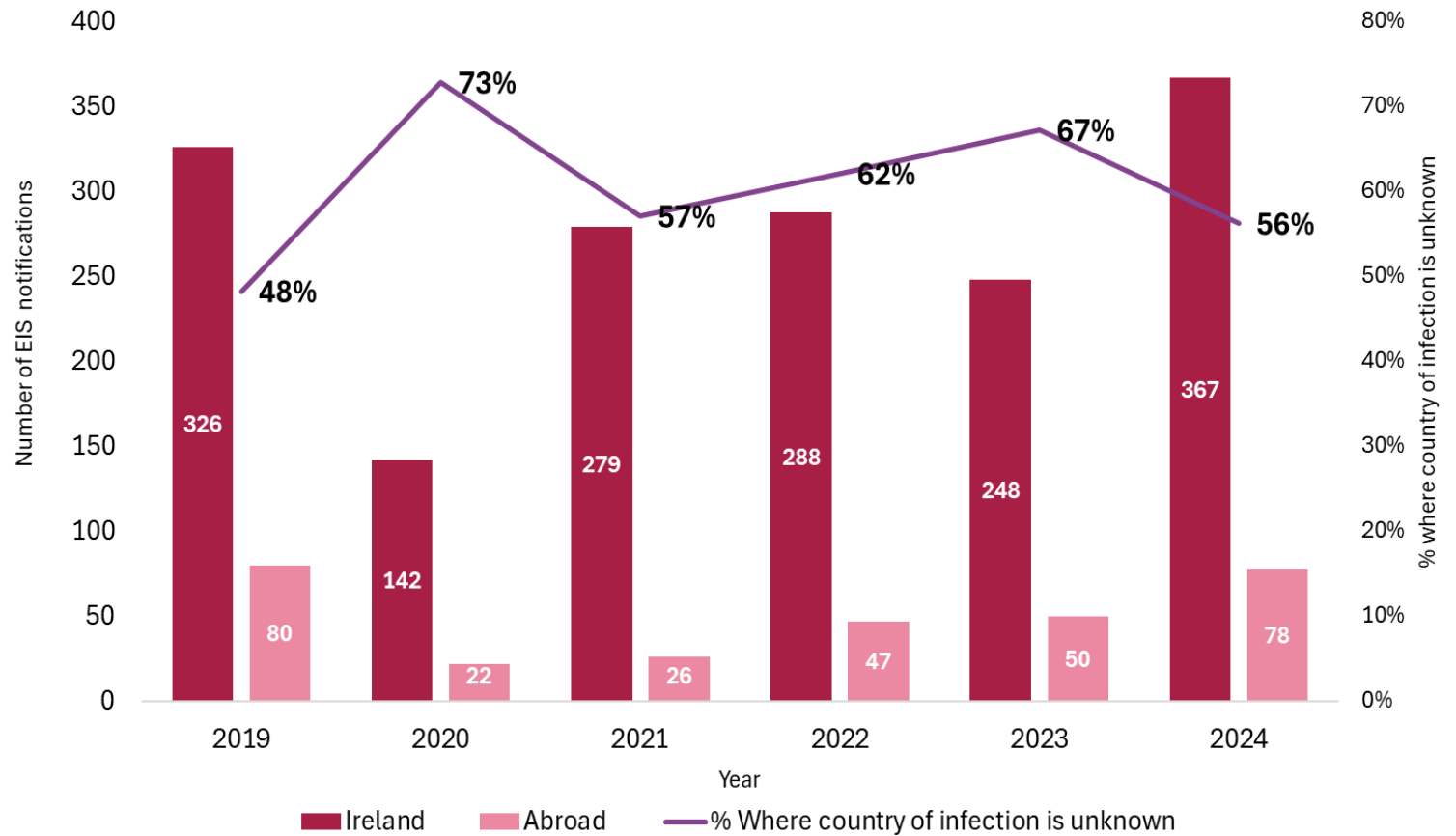


Figure 14 Early infectious syphilis notifications by country of infection.

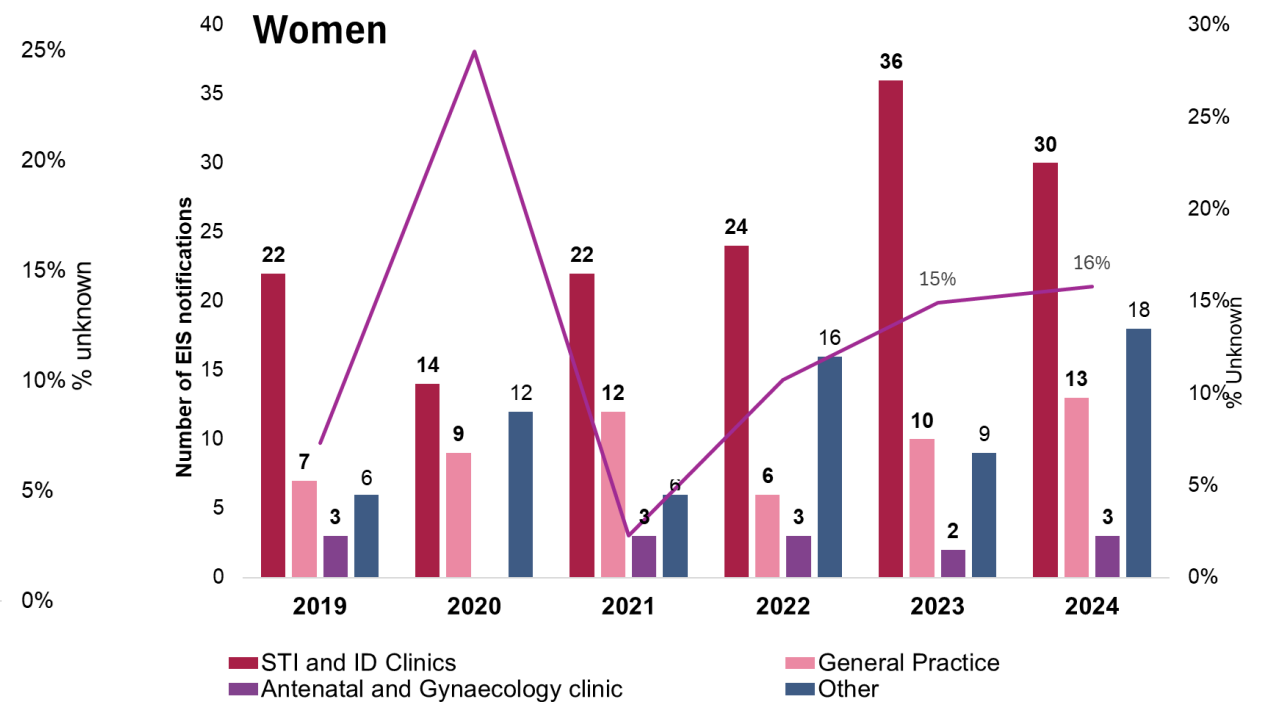
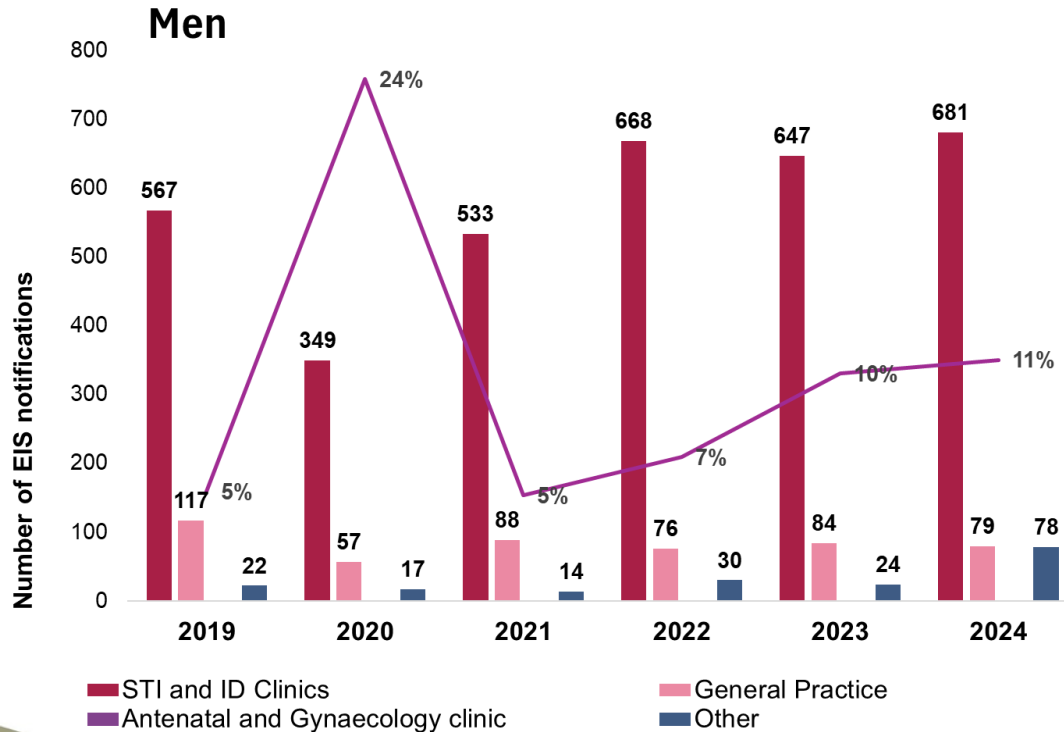


* Findings should be interpreted with caution in 2024 country of infection is known for 44% of notifications



Service where EIS was first identified: 2019-2024

- Dedicated sexual health clinics remain the most common service where EIS was first identified for both men and women in 2024
- Antenatal and gynaecology clinics report a small but significant number of EIS notifications in women
- Syphilis tests are available through the [free HSE home STI testing service](#), a reactive result is **not** notified to CIDR directly, the individual is referred to a public sexual health service for further testing, treatment and notification



Figures 15 A & B. Service where EIS was first identified.



EIS notification rates by HSE Health Regions, 2020-2024

- Highest notification rate for EIS in 2024 in HSEDM (HSE Dublin and Midlands) (43.0 per 100,000 population)

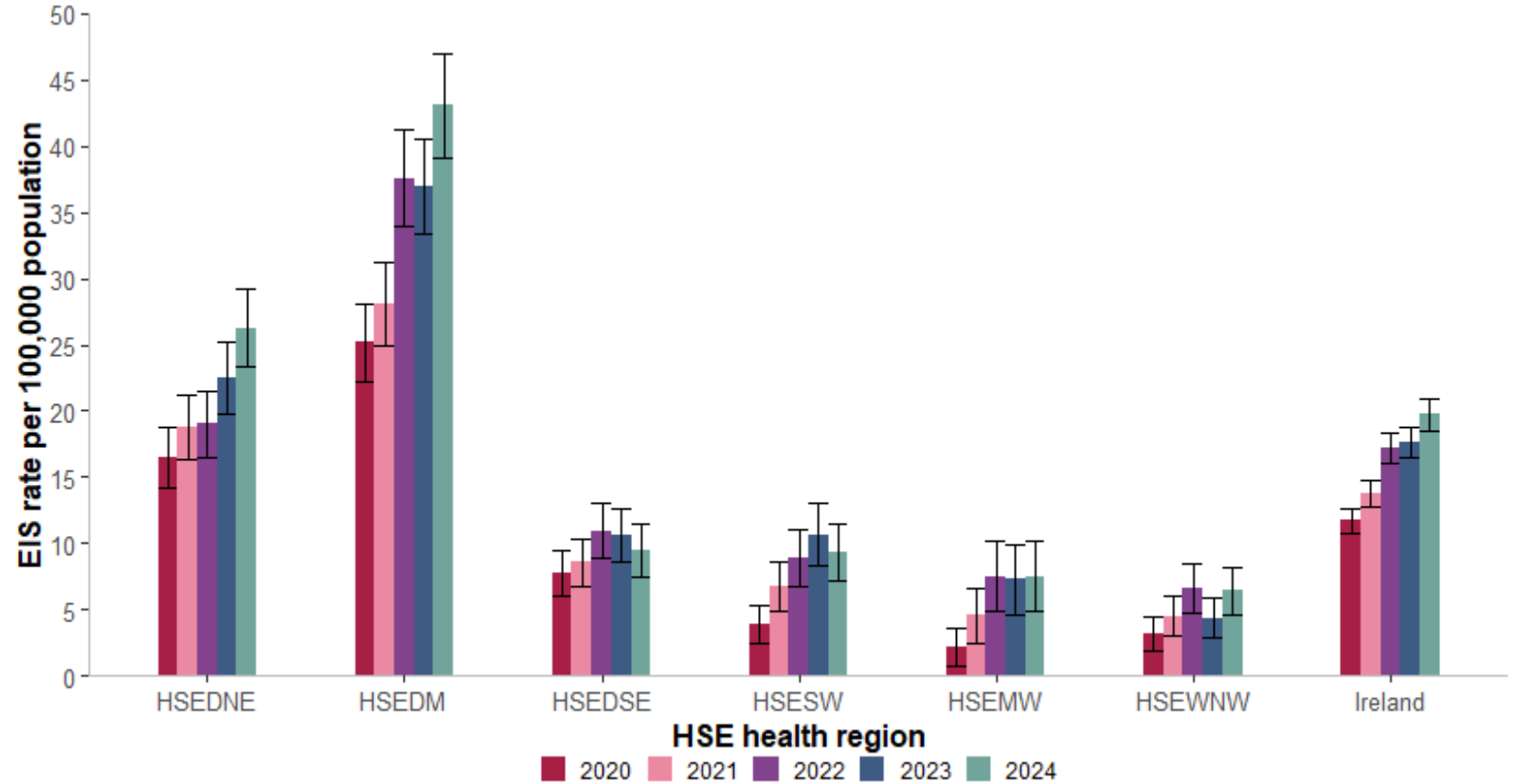


Figure 16 EIS notification rate by HSE health region 2020 to 2024

HE WHO indicators for EIS

- The [WHO Global Health Sector strategy](#) aims to reduce STIs in those aged 15-49 years by 2030
- 2025 targets reflect a 20% reduction in the number of new cases of syphilis (2019 baseline) whilst the 2030 targets reflect a target of 90% reduction in the number of new cases of EIS
- In 2024 cases in those aged 15-49 years increased by 13%. Ireland is not on target to meet the 20% reduction in EIS cases in those aged 15-49 years by 2025
- In 2024 Ireland had no congenital syphilis cases, Ireland has met the WHO 2030 target for congenital syphilis cases

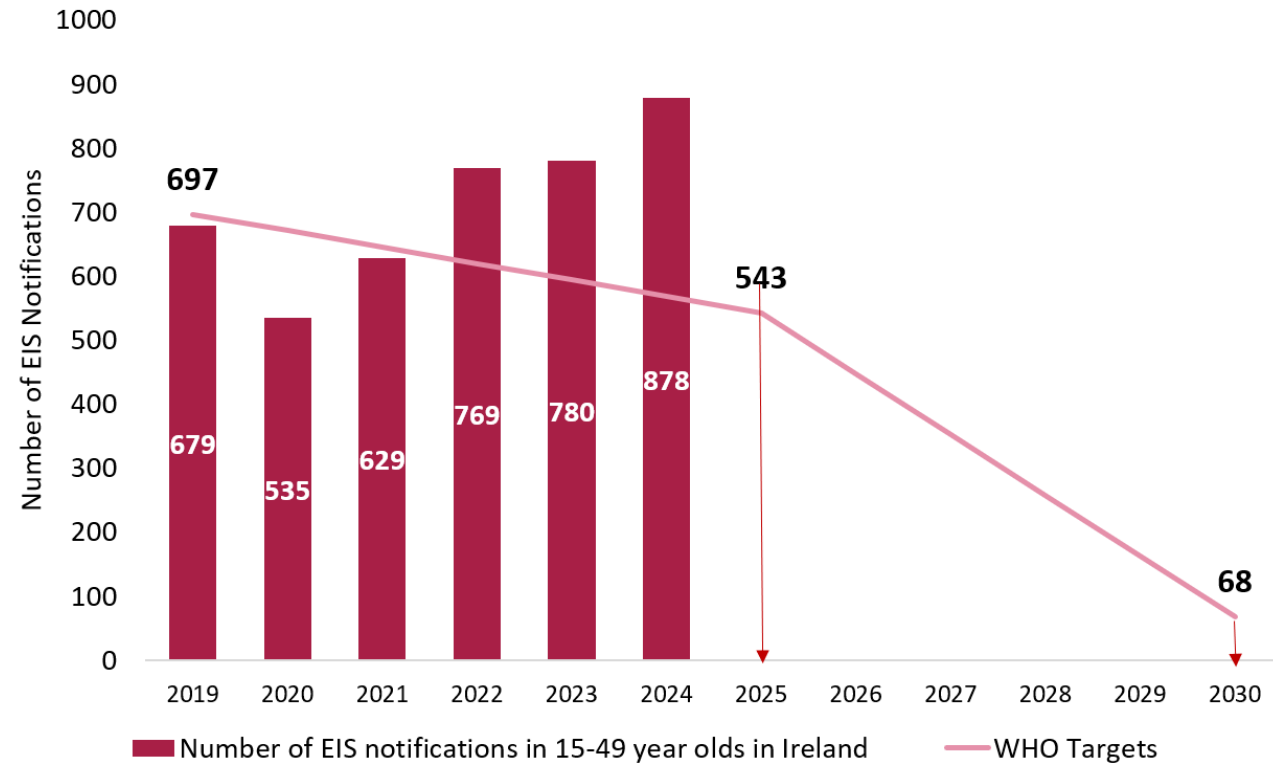


Figure 17. Number of notifications per year 2019-2024 syphilis in those aged 15-49 years and the WHO targets for 2025 and 2030

HE WHO indicators for reduction in STIs (Chlamydia, Gonorrhoea, Syphilis and Trichomoniasis) in Ireland

- In 2024, Ireland saw a 14% decrease in STIs in those aged 15-49 years when compared to 2023
- 44% increase in STIs in those aged 15-49 years in 2024 compared to 2019
- Ireland is not on target to meet the WHO reduction in STIs in those aged 15-49 years in 2025

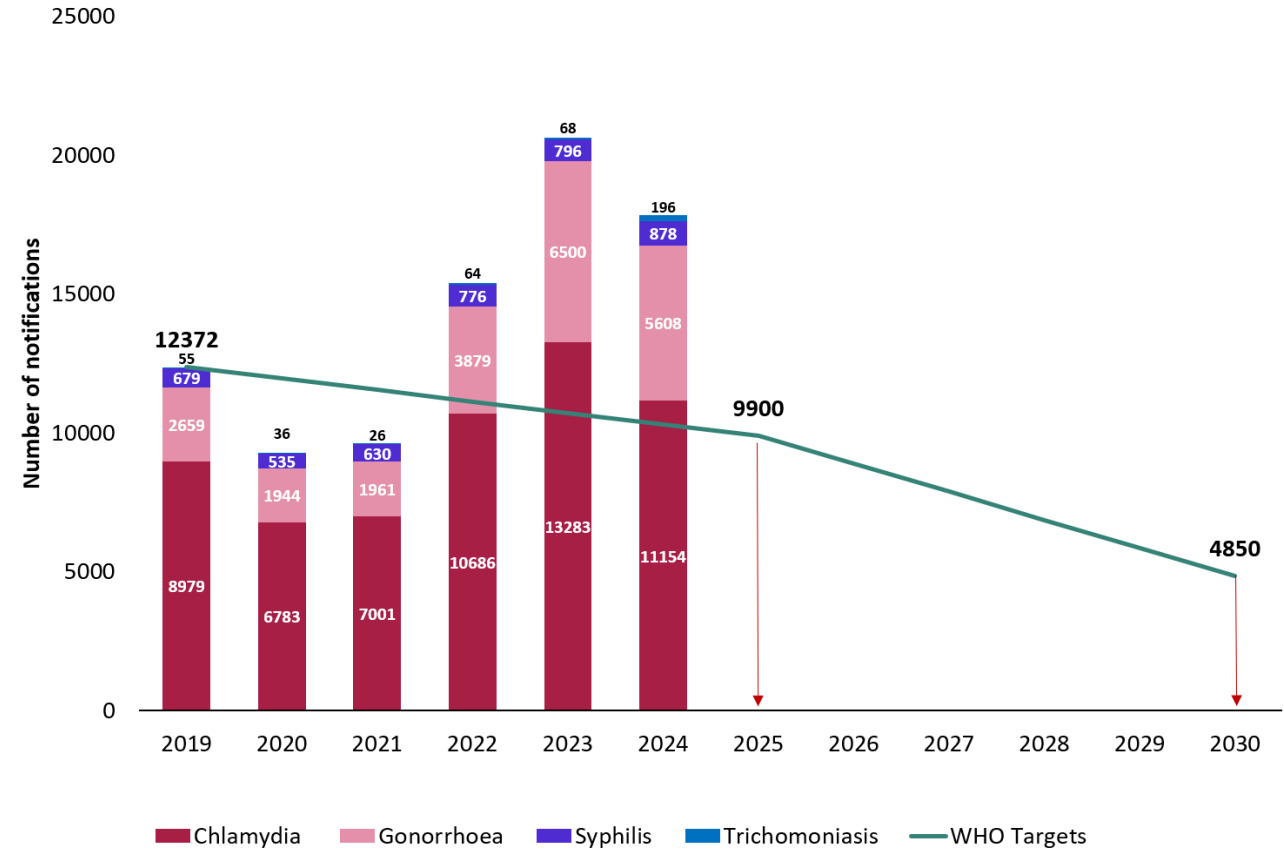


Figure 18. Number of notifications per year 2019-2024 for chlamydia, gonorrhoea, syphilis and trichomoniasis in those aged 15-49 years and [the WHO targets for 2025 and 2030](#)





Irish and International Trends in EIS

- In Ireland EIS notifications increased by 12% in 2024 when compared to 2023
- Those most affected by EIS in Ireland continue to be gbMSM
- Antenatal and congenital syphilis rates in Ireland remain low

Internationally:

- [ECDC report](#) an increase in syphilis notifications of 8% in 2024 when compared to 2023, data were reported by 29 EU/EEA member states. The majority (69%) of syphilis cases with information on transmission category were reported in gbMSM.
- In 2024 140 [congenital syphilis](#) notifications were reported by 14 EU/EEA countries a 79% increase compared to 2023.
- [In UK](#) during 2024, diagnoses of infectious syphilis increased by 1.7% compared to 2023. Diagnoses in gbMSM decreased by 1.6%, diagnoses in men who have sex with women increased by 24% and diagnoses in women who have sex with men increased by 1%, by gender identity and sexual orientation, most infectious syphilis diagnoses 66%, were among gbMSM.



- Data are based on statutory notifications and were extracted from Computerised Infectious Disease Reporting (CIDR) system on 9th March 2026. Data are subject to ongoing review, validation and update. As a result, figures in this report may differ from previously published figures
- STI data in this report are presented based on date of notification to the Health Protection Surveillance Centre (HPSC) unless otherwise stated
- Population data were taken from Census 2016 for the years 2014-2019 and from Census 2022 for the years 2020 to 2024 from the Central Statistics Office. Data were aggregated into the following age groups for analysis: 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, ≥55 years
- Unless otherwise stated data are presented by gender. Gender is based on gender identity where it is provided, otherwise sex at birth is used. Gender identity refers to a person's internal sense of themselves (how they feel inside) as being male, female, transgender, non-binary or something else. This may be different or the same as a person's assigned sex at birth. All data presented by the gender male includes cis male and trans male and data presented by the gender female includes cis female and trans female
- When notification rates by gender are reported the numerator is gender identity as recorded on CIDR and the denominator is population data from Census 2016 by sex (at birth) for the years 2014-2019, the denominator is population data from Census 2022 by sex (at birth) for the years 2020-2024

- To calculate rates among gbMSM, data from [Healthy Ireland survey 2015](#) (for males, gender of last sexual partner male for 6%) was applied to the male population (aged 18 and over) from census data.
- The counties covered by each of the six [HSE Health Regions](#) are as follows:
 - HSE DNE: HSE Dublin and North-East - North Dublin, Meath, Louth, Cavan, and Monaghan
 - HSE DM: HSE Dublin and Midlands - Longford, Westmeath, Offaly, Laois, Kildare, West Wicklow, parts of South Dublin
 - HSE DSE: HSE Dublin and South-East - Tipperary South, Waterford, Kilkenny, Carlow, Wexford, East Wicklow, parts of South Dublin
 - HSE MW: HSE Mid-West - Limerick, Tipperary and Clare
 - HSE SW: HSE South-West - Kerry and Cork
 - HSE WNW: HSE West and North-West - Donegal, Sligo, Leitrim, West Cavan, Roscommon, Mayo, and Galway