New HIV diagnoses through syphilis surveillance system, France, 2000-2005

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Objectives
To describe patients co-diagnosed with infectious syphilis and HIV infection.

Background
Recent syphilis epidemics have occurred mainly among HIV infected men having sex with men (MSM); this sexually transmitted infection (STI) may have consequential effects on HIV transmission.

Methods
In 2001, a syphilis surveillance system was set up in France in order to describe syphilis trends, patients’ characteristics and sexual behaviors. Participation of settings (STI clinics, hospitals consultations, private practitioners) is on a volunteer basis. Case definition of infectious syphilis includes primary, secondary and early latent (<1 year) syphilis. After the patient’s informed consent, the physician completes a standardized epidemiological questionnaire, including items on sexual behavior. For HIV negative patients, or those with an unknown HIV status, an HIV blood test is systematically proposed and performed after patients’ consent.

Results

Patients co-diagnosed with syphilis and HIV infection versus HIV negative syphilis patients (n=828)
Among HIV negative patients, 74% were MSM, and 26% heterosexuals (19% men, 7% women). Newly HIV diagnosed patients’ and HIV negative patients’ characteristics were very similar, except for sexual orientation (table 1).

Duration since HIV diagnosis was 6.3 years (median; IQR=3-11 years). These patients were tested for HIV for the first time. Duration since last HIV negative test, available for 356 patients, was 7 months (median; IQR=2-17), which was significantly shorter compared to patients co-diagnosed with HIV infection.

Patients co-diagnosed with syphilis and HIV infection versus already known HIV infected syphilis patients (n=828)
Duration since HIV diagnosis was 6.3 years (median; IQR=3-11 years). These patients were older, more often MSM, with more STI history than newly diagnosed HIV infected patients (table 2). Number of sexual partners was not different, but unprotected sexual intercourse (vaginal or anal) were significantly less.

Conclusions
• Patients who were co-diagnosed with syphilis and HIV infection did not differ significantly from syphilis patients with HIV negative status.
• Patients who were co-diagnosed with syphilis and HIV infection were more likely to be younger, more often heterosexual, and reported less STI history than syphilis patients already known as HIV infected
• Syphilis and HIV infection were diagnosed at the same time, but syphilis surveillance data was unsuitable to estimate, and compare, timetables of HIV and syphilis transmissions.
• Though the proportion of patients who discovered their HIV infection along with syphilis diagnosis was stable between 2000 and 2005, this proportion (6%) is not negligible. This underlines that HIV screening is crucial for all patients with syphilis, or with any STI.

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