“We are now [assuming] that only a percentage of cases in the primary/secondary stage are symptomatic, and among those with symptoms, some percentage of cases don’t recognize symptoms.”

**Parameter:** Proportion of primary/secondary symptomatic disease among MSM, Het men and Women

**Reference (MSM):** Peel J, Chow EP, Denham I, Schmidt T, Buchanan A, Fairley CK, Williamson DA, Bissessor M, Chen MY. Clinical presentation of incident syphilis among men who have sex with men taking HIV pre-exposure prophylaxis in Melbourne, Australia. Clinical Infectious Diseases. 2021 Aug 15;73(4):e934-7.

<https://academic.oup.com/cid/article/73/4/e934/6125283>

**Summary:**

* MSM attending 3-monthly visits at a PrEP clinic in Melbourne, Australia between Feb 2016 – Mar 2019
* Underwent routine STI screening with serological testing for syphilis at visits but could also attend walk-in clinic outside of their visits
* Syphilis diagnoses classified using Australian laboratory case definition (seroconversion with prior negative serology within 24 months or a 4-fold rise in RPR if reinfection); classified as primary/secondary based on clinical exam and lab results (PCR from a lesion and/or serology)
* Results (Table 1)
  + Total of 69 incident syphilis cases (24 primary, 16 secondary, 29 early latent)
  + Among all 69 cases, 20 presented reporting symptoms of primary syphilis, 14 of whom were diagnosed at walk-in STI clinic *between* PrEP appointments
    - 🡪 **Proportion of incident cases presenting with symptomatic primary syphilis = 20-29%** (14/69 – 20/69)
  + Among the cases who were *not* primary (45 cases), 8 presented reporting symptoms of secondary syphilis, 7 of whom were diagnosed at walk-in STI clinic *between* PrEP appointments
    - 🡪 **Proportion of incident, non-primary cases presenting with symptomatic secondary syphilis = 15-17%** (7/45 – 8/45)