

Supplementary Material

Estimating the syphilis epidemic among gay, bisexual and other men who have sex with men in Australia following changes in HIV care and prevention

Anna L. Wilkinson^{A,B,}, Nick Scott^{A,B,*}, Tom Tidhar^A, Phillip Luong^A, Carol El-Hayek^A, David P. Wilson^A, Christopher K. Fairley^{C,D}, Lei Zhang^{C,D}, David Leslie^{E,†}, Norman Roth^F, B. K. Tee^G, Margaret Hellard^{A,B,H} and Mark Stoové^{A,B,I}*

^ADisease Elimination Program, Burnet Institute, 85 Commercial Road, Melbourne, Vic. 3004, Australia.

^BSchool of Public Health and Preventive Medicine, Monash University, Alfred Hospital, Commercial Road, Melbourne, Vic. 3004, Australia.

^CMelbourne Sexual Health Centre, Alfred Health, 580 Swanston Street, Carlton, Vic. 3053, Australia.

^DCentral Clinical School, Faculty of Medicine, Nursing and Health Sciences, Monash University, Commercial Road, Melbourne, Vic. 3004, Australia.

^EVictorian Infectious Disease Laboratory, 792 Elizabeth Street, Melbourne, Vic. 3000, Australia.

^FPrahran Market Clinic, Pran Central, Mezzanine Level, corner Commercial Road and Chapel Street, Prahran, Vic. 3181, Australia.

^GThe Centre Clinic, 77 Fitzroy Street, St Kilda, Vic. 3182, Australia.

^HInfectious Disease Department, Alfred Health, Alfred Hospital, Commercial Road, Melbourne, Vic. 3004, Australia.

^ICorresponding author. Email: mark.stoove@burnet.edu.au

* Authors A. L. Wilkinson and N. Scott contributed equally to this manuscript.

† Deceased.

Table S1. Model parameters

	Value	Symbol	Source/comment
HIV parameters			
Effectiveness of condoms at preventing HIV/syphilis	70%	ϵ_c	(1)
Effectiveness of PrEP at preventing HIV	86%	δ_p	(2)
Reduction in HIV infectiousness when virally suppressed	96%	δ	(3)
Syphilis parameters			
Duration of exposed stage (days)	21	$1/\beta_1$	(4, 5)
Duration of infectious stage (days)	730.5 (1-3 years)	$1/\beta_2$	(4, 5)
Duration of treatment from late latent stage	7	$1/\beta_3$	(4)
Proportion of GBM at high-risk of syphilis	18%	γ	(6) [†]
Increased syphilis risk for high-risk GBM	9.68	Γ	(6) [†]
Proportion who test frequently			
HIV-negative GBM	69%	ω^-	The Burnet
HIV-positive GBM	90%	ω^+	Institute*
Syphilis testing frequency			
HIV-negative GBM	1/224 days	τ^-	VPCNSS
HIV-positive GBM	1/133 days	τ^+	
Sexual risk parameters			
Proportion of serodiscordant sex acts			
HIV-positive GBM	5%	α^+	(7)
HIV-negative GBM (no PrEP)	5%	α^-	(7)
HIV-negative GBM (PrEP)	5%	$\widehat{\alpha^-}$	Assumed
Condom use with casual partners	42%	c	(8)
Average time at risk of sexually transmitted infections	50 years	$1/\mu$	Assumed 15-64 year olds

*Syphilis monitoring report, November 2015, Burnet Institute, includes unpublished data from the Victorian Primary Care Network on Sentinel Surveillance (VPCNSS) and the Australian Collaboration for Coordinated Enhanced Sentinel Surveillance projects.

[†]PrEP trial data in Australia found that 18% of participants accounted for 68% of STI infections.(6) The increased risk was calculated as: $([68/18] \text{ infections per person at high risk}) / ([32/82] \text{ infections per person for low risk}) = 9.68$.

Table S2. Population size, notifications and prevalence

Year	Victorian population size*	Victorian GBM population size [†]	Victorian HIV+ GBM population size [‡]	Victorian HIV notifications [#]	Victorian syphilis notifications as of July 2018 [‡]	Victorian notified infectious syphilis among GBM [‡]	Among HIV+ GBM ^Δ	Among HIV- GBM [◇]
2010	5,445,172	49447	3560	178	291	189	42	148
2011	5,520,378	51919	3738	218	322	209	46	163
2012	5,611,981	54515	3925	200	467	304	67	237
2013	5,710,847	57241	4121	218	654	467	103	364
2014	5,817,241	60103	4327	219	632	411	90	321
2015	5,924,297	63108	4544	206	949	617	136	482
2016	6,036,731	66263	4771	233				
2017	6,143,715	69577	5010	194				
2018	6,252,595	73055	5260					

* Australian Bureau of Statistics 2006–2016 (9)

[†] Estimated to be 42,000 in Victoria in 2006 (10) , assuming annual growth rate of 5%

[‡] Calculated based on estimated HIV prevalence among GBM (11)

[#] Kirby Institute 2017: annual surveillance report (12)

[‡] Victorian Department of Health and Human Services syphilis notification data, by demographic and risk factor (88% of notifications are male; 74% of male notifications were GBM) (13)

^Δ Victorian Department of Health and Human Services syphilis notification data: 25% of notifications were among people living with HIV, and 88% of these were GBM (13)

[◇] Remaining syphilis notifications among GBM after subtracting HIV-positive GBM syphilis notifications

Figure S1

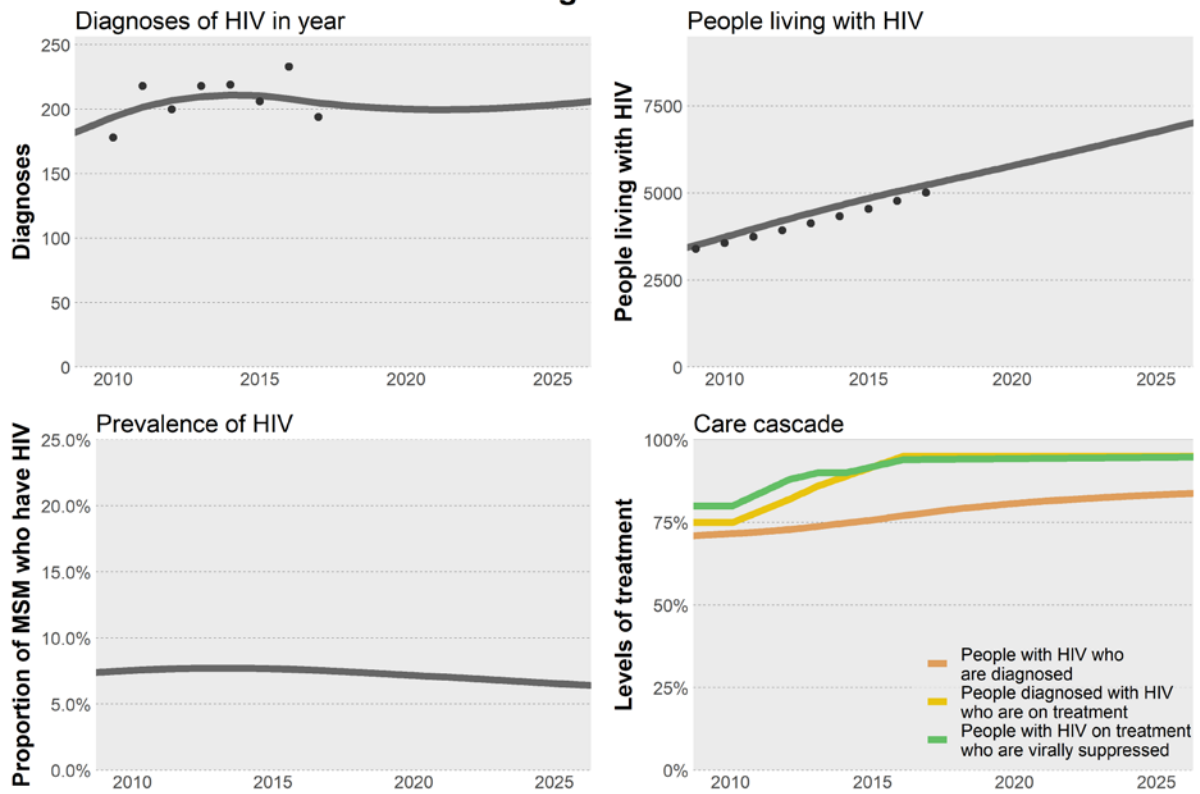


Figure S1: HIV-model calibration. Panels show the HIV notifications over time (top-left); the number of people living with HIV (top-right); the prevalence of HIV (bottom-left); and the care cascade of HIV (bottom-right).

Model equations

1. Define the following compartments and stratifications

t = time (implemented in monthly time steps)

$P(t)$ = total estimated GBM population size

$P^+(t), P^-(t), \widehat{P}^-(t)$ = total model population size for HIV-positive, HIV-negative (no PrEP) and HIV-negative (PrEP) GBM respectively. Note that these are functions of time due to population growth.

$S^+(t), S^-(t), \widehat{S}^-(t)$ = total size of the HIV-positive, HIV-negative (no PrEP) and HIV-negative (PrEP) susceptible for syphilis compartments

$E^+(t), E^-(t), \widehat{E}^-(t)$ = total size of the HIV-positive, HIV-negative (no PrEP) and HIV-negative (PrEP) exposed to syphilis compartments

$I^+(t), I^-(t), \widehat{I}^-(t)$ = total size of the HIV-positive, HIV-negative (no PrEP) and HIV-negative (PrEP) infectious with syphilis compartments

$L^+(t), L^-(t), \widehat{L}^-(t)$ = total size of the HIV-positive, HIV-negative (no PrEP) and HIV-negative (PrEP) late latently syphilis compartments

$T^+(t), T^-(t), \widehat{T}^-(t)$ = total size of the HIV-positive, HIV-negative (no PrEP) and HIV-negative (PrEP) treatment compartments

i = subscript to indicate whether or not someone is at low or high risk of syphilis ($i=0$ for low and $i=1$ for high).

2. Define the following parameters

$\beta_1 = 1/$ average duration of syphilis exposed period (21 days)

$\beta_2 = 1/$ average duration of syphilis infectious stage (730 days)

$\beta_3 = 1/$ syphilis treatment duration (7 days)

$\omega^+, \omega^-, \widehat{\omega}^-$ = fraction of HIV-positive, HIV-negative (no PrEP) and HIV-negative (PrEP) GBM who test regularly for syphilis

$\tau_i^+, \tau_i^-, \widehat{\tau}_i^-$ = $1/$ average time between tests for HIV-positive, HIV-negative (no PrEP) and HIV-negative (PrEP) GBM. Note that these are equal to zero for the fraction who do not regularly test for syphilis.

$\gamma^+, \gamma^-, \widehat{\gamma}^-$ = fraction of HIV-positive, HIV-negative (no PrEP) and HIV-negative (PrEP) GBM who are at high risk for syphilis

δ = relative reduction in the risk of HIV infection for people with viral suppression

δ_p = relative reduction in the risk of HIV infection for people on PrEP

$D(t)$ = fraction of people with HIV who are virally suppressed

$\mu = 1/$ average time at risk (assumed to be 50 years; 15-64 year olds)

$\alpha^+, \alpha^-, \widehat{\alpha}^-$ = the proportion of sex acts undertaken by HIV-positive, HIV-negative (no PrEP) and HIV-negative (PrEP) populations that are serodiscordant (5%, 5% and 10% respectively)

Γ_i = additional risk factor for GBM at high risk of syphilis. Note that $\Gamma_i = 1$ if $i=0$ (low risk is the reference)

c^+, c^-, \widehat{c}^- = average condom use among HIV-positive, HIV-negative (no PrEP) and HIV-negative (PrEP) GBM.

ϵ_c = effectiveness of condoms

3. Force of infection

Let λ_{HIV} be the proportionality constant (determined in the calibration procedure) for the force of HIV infection. Then the force of infection for HIV among non-PrEP (Θ^-) and PrEP ($\widehat{\Theta}^-$) users is given by:

$$\Theta^- = \lambda_{HIV}(1 - \epsilon_c c^-) \frac{[(1 - \delta)D(t) + (1 - D(t))]P^+}{[P^+ + P^- + \widehat{P}^-]}$$

$$\widehat{\Theta}^- = \lambda_{HIV}(1 - \epsilon_c \widehat{c}^-) \frac{[(1 - \delta)D(t) + (1 - D(t))]P^+}{[P^+ + P^- + \widehat{P}^-]}$$

Let $\lambda^+, \lambda^-, \widehat{\lambda}^-$ be the proportionality constants (determined in the calibration procedure) for the force of syphilis infection among HIV-positive, HIV-negative (no PrEP) and HIV-negative (PrEP) GBM respectively. The force of infection for syphilis among these populations was modelled to account for condom use and mixing between HIV-positive and HIV-negative GBM populations:

$$\Phi_i^+ = \lambda^+ \Gamma_i (1 - \epsilon_c c^+) \left(\alpha^+ \frac{I^- + \widehat{I}^-}{P^- + \widehat{P}^-} + (1 - \alpha^+) \frac{I^+}{P^+} \right)$$

$$\Phi_i^- = \lambda^- \Gamma_i (1 - \epsilon_c c^-) \left((1 - \alpha^-) \frac{I^- + \widehat{I}^-}{P^- + \widehat{P}^-} + \alpha^- \frac{I^+}{P^+} \right)$$

$$\widehat{\Phi}_i^- = \widehat{\lambda}^- \Gamma_i (1 - \epsilon_c \widehat{c}^-) \left((1 - \widehat{\alpha}^-) \frac{I^- + \widehat{I}^-}{P^- + \widehat{P}^-} + \widehat{\alpha}^- \frac{I^+}{P^+} \right)$$

4. HIV-positive GBM differential equations

$$\frac{dS_i^+}{dt} = \Theta^- S_i^- + \widehat{\Theta}^- (1 - \delta_p) \widehat{S}_i^- - \Phi_i^+ S_i^+ + \beta_3 T_i^+ - \mu S_i^+$$

$$\frac{dE_i^+}{dt} = \Theta^- E_i^- + \widehat{\Theta}^- (1 - \delta_p) \widehat{E}_i^- + \Phi_i^+ S_i^+ - \beta_1 E_i^+ - \tau_i^+ \omega^+ E_i^+ - \mu E_i^+$$

$$\frac{dI_i^+}{dt} = \Theta^- I_i^- + \widehat{\Theta}^- (1 - \delta_p) \widehat{I}_i^- + \beta_1 E_i^+ - \beta_2 I_i^+ - \tau_i^+ \omega^+ I_i^+ - \mu I_i^+$$

$$\frac{dL_i^+}{dt} = \Theta^- L_i^- + \widehat{\Theta}^- (1 - \delta_p) \widehat{L}_i^- + \beta_2 I_i^+ - \tau_i^+ \omega^+ L_i^+ - \mu L_i^+$$

$$\frac{dT_i^+}{dt} = \Theta^- T_i^- + \widehat{\Theta}^- (1 - \delta_p) \widehat{T}_i^- + \tau_i^+ \omega^+ (E_i^+ + I_i^+ + L_i^+) - \beta_3 T_i^+ - \mu T_i^+$$

5. HIV-negative (no PrEP) GBM differential equations

$$\frac{dS_i^-}{dt} = \frac{dP(t)}{dt} - \Theta^- S_i^- - \Phi_i^- S_i^- + \beta_3 T_i^- - \mu S_i^-$$

$$\frac{dE_i^-}{dt} = -\Theta^- E_i^- + \Phi_i^- S_i^- - \beta_1 E_i^- - \tau_i^- \omega^- E_i^- - \mu E_i^-$$

$$\frac{dI_i^-}{dt} = -\Theta^- I_i^- + \beta_1 E_i^- - \beta_2 I_i^- - \tau_i^- \omega^- I_i^- - \mu I_i^-$$

$$\frac{dL_i^-}{dt} = -\Theta^- L_i^- + \beta_2 I_i^- - \tau_i^- \omega^- L_i^- - \mu L_i^-$$

$$\frac{dT_i^-}{dt} = -\Theta^- T_i^- + \tau_i^- \omega^- (E_i^- + I_i^- + L_i^-) - \beta_3 T_i^- - \mu T_i^-$$

6. HIV-negative (PrEP) GBM differential equations

$$\begin{aligned}\frac{d\widehat{S}_i^-}{dt} &= -\widehat{\Theta}^-(1 - \delta_p)\widehat{S}_i^- - \widehat{\Phi}_i^-\widehat{S}_i^- + \beta_3\widehat{T}_i^- - \mu\widehat{S}_i^- \\ \frac{d\widehat{E}_i^-}{dt} &= -\widehat{\Theta}^-(1 - \delta_p)\widehat{E}_i^- + \widehat{\Phi}_i^-\widehat{S}_i^- - \beta_1\widehat{E}_i^- - \widehat{\tau}_i^-\widehat{\omega}^-\widehat{E}_i^- - \mu\widehat{E}_i^- \\ \frac{d\widehat{I}_i^-}{dt} &= -\widehat{\Theta}^-(1 - \delta_p)\widehat{I}_i^- + \beta_1\widehat{E}_i^- - \beta_2\widehat{I}_i^- - \widehat{\tau}_i^-\widehat{\omega}^-\widehat{I}_i^- - \mu\widehat{I}_i^- \\ \frac{d\widehat{L}_i^-}{dt} &= -\widehat{\Theta}^-(1 - \delta_p)\widehat{L}_i^- + \beta_2\widehat{I}_i^- - \widehat{\tau}_i^-\widehat{\omega}^-\widehat{L}_i^- - \mu\widehat{L}_i^- \\ \frac{d\widehat{T}_i^-}{dt} &= -\widehat{\Theta}^-(1 - \delta_p)\widehat{T}_i^- + \widehat{\tau}_i^-\widehat{\omega}^-(\widehat{E}_i^- + \widehat{I}_i^- + \widehat{L}_i^-) - \beta_3\widehat{T}_i^- - \mu\widehat{T}_i^-\end{aligned}$$

References

- 1 Smith DK, Herbst JH, Zhang X, Rose CE. Condom effectiveness for HIV prevention by consistency of use among men who have sex with men in the United States. *J Acquir Immune Defic Syndr* 2015; 68(3): 337–44. doi:10.1097/QAI.0000000000000461
- 2 McCormack S, Dunn DT, Desai M, Dolling DI, Gafos M, Gilson R, Sullivan AK, Clarke A, Reeves I, Schembri G, Mackie N, Bowman C, Lacey CJ, Apea V, Brady M, Fox J, Taylor S, Antonucci S, Khoo SH, Rooney J, *et al.* Pre-exposure prophylaxis to prevent the acquisition of HIV-1 infection (PROUD): effectiveness results from the pilot phase of a pragmatic open-label randomised trial. *Lancet* 2016; 387(10013): 53–60. doi:10.1016/S0140-6736(15)00056-2
- 3 Cohen MS, Chen YQ, McCauley M, Gamble T, Hosseinipur MC, Kumarasamy N, Hakim JG, Kumwenda J, Grinsztejn B, Pilotto JH, Godbole SV, Mehendale S, Chariyalertsak S, Santos BR, Mayer KH, Hoffman IF, Eshleman SH, Piwowar-Manning E, Wang L, Makehema J, *et al.* Prevention of HIV-1 infection with early antiretroviral therapy. *N Engl J Med* 2011; 365(6): 493–505. doi:10.1056/NEJMoa1105243
4. Clement ME, Okeke NL, Hicks CB. Treatment of syphilis: a systematic review. *JAMA*. 2014; 312(18): 1905–17. doi:10.1001/jama.2014.13259
5. French P. Syphilis. *BMJ*. 2007; 334(7585):143–7. doi:10.1136/bmj.39085.518148.BE
6. Traeger M, Asselin J, Price B, *et al.* Changes, patterns and predictors of sexually transmitted infections in gay and bisexual men using PrEP; interim analysis from the PrEPX demonstration study. 22nd International AIDS Conference; Amsterdam 2018.
7. Lee E, Mao L, McKenzie T, *et al.* Gay Community Periodic Survey: Melbourne 2016. Sydney: Centre for Social Research in Health, UNSW, Australia
8. Holt M, Lea T, Mao L, Zablotska I, Lee E, de Wit JBF, Prestage G. Adapting behavioural surveillance to antiretroviral-based HIV prevention: reviewing and anticipating trends in the Australian Gay Community Periodic Surveys. *Sex Health* 2017; 14(1): 72–9. doi:10.1071/SH16072
9. Australian Bureau of Statistics. Australian demographic statistics. Canberra: Australian Bureau of Statistics; 2016. Available online at: www.abs.gov.au [verified 1 June 2017].

10. Prestage G, Ferris J, Grierson J, *et al.* Homosexual men in Australia: population, distribution and HIV prevalence. *Sex Health*. 2008; 5(2): 97–102. doi:10.1071/SH07080
- 11 Holt M, Lea T, Asselin J, Hellard M, Prestage G, Wilson D, de Wit J, Stoové M. The prevalence and correlates of undiagnosed HIV among Australian gay and bisexual men: results of a national, community-based, bio-behavioural survey. *J Int AIDS Soc* 2015; 18: 20526. doi:10.7448/IAS.18.1.20526
12. Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia: annual surveillance report 2017. Sydney: Kirby Insitute, UNSW Sydney 2052.
- 13 Victorian Department of Health and Human Services. Victorian Annual Surveillance Factsheet, 2017. Sexually transmissible infections: Chlamydia, gonorrhoea and syphilis. Victoria: Victorian Government; 2018. Available online at: <https://www2.health.vic.gov.au/about/publications/Factsheets/sti-epidemiology-fact-sheet> [verified 1 October 2018].