



## Global view

# Actual trends of the incidence of syphilis and gonorrhoea in the Slovak Republic in the years 1990-6

After the "velvet revolution" in 1989 the population of the Slovak Republic had "opened to the world". The mobility of the inhabitants increased considerably. The main reasons were as follows: workers' migration abroad, an intensive and widespread active and passive tourism, and different travel activities. Changes in sexual behaviour were expressed, especially, in homosexual men, sexual liberty in general, enhanced promiscuity, and prostitution. This development after 1989 was distinctively reflected in the incidence of venereal diseases, especially of syphilis (table 1).<sup>1</sup>

Between 1990 and 1996 the number of notified patients with syphilis increased nearly five times. This trend was expressed more in the group of patients with early syphilis where the number of cases increased from eight to 111—that is, 14 times (syphilis I increased six times, syphilis II recens and recidivans almost 17 times). The number of cases with congenital syphilis remained stable, although the incidence of syphilis in pregnant women (syphilis gravidarum) increased yearly from 1 to 8 (table 1).

The trend in the incidence of gonorrhoea had different features (table 2). Between 1990 and 1996 the incidence decreased from 1950 to 224—that is, 11.5% of the notified cases in 1990. The number per 100 000 inhabitants had decreased from 37.5 in 1990 to 4.2 in 1996. The rates in the former departments of the Slovak Republic showed a similar tendency. In Bratislava the decline was 21%, in the western Slovak department 24.1%, in the middle Slovak department 5.3%, and in the east Slovak department only 4.5%. In some big towns, for example, in Banská Bystrica it fell to 1.9% and in Košice to 0.7%. This declining tendency in the number of notified cases of gonorrhoea is also seen in the sexually most active age group (15-24 years), but the percentage out of the total number of cases of gonorrhoea is 64%-67%. The occurrence of chronic gonorrhoea, especially in females, is appreciable.

At present it is difficult to conclude whether this trend is a result of better prevention because of fear of HIV infection (frequent use of condoms) or failure in notification of gonorrhoea (considered as a facile disease treated by a single injection). Gonorrhoea is frequently treated but not notified by general practitioners and other specialists and self treatment of gonorrhoea is also evident. Also, because the gonorrhoea notification form contains the patient's initials, ID number, and his/her exact address, this may be a reason not to notify certain patients. On the other hand, there are indications of similar approaches from other medical specialists.

Preventive corrective measures may be focused on syphilis to improve contact findings, serological testing for syphilis in expectant mothers, and the serological screening for syphilis during the hospitalisation. In gonorrhoea exact contact tracings may uncover further infected people and, in

analysing its course and treatment, it may be necessary to apply these measures in the departments and towns where the significant decrease of gonorrhoea has been reported.

Great importance should be attached to intensive hygiene and sex education in the age groups most threatened.

Table 1 Basic data on notified syphilis in Slovakia in the years 1990-6

Diagnosis	Years						
	1990	1991	1992	1993	1994	1995	1996
Syphilis total	32	42	114	58	89	114	154
Males	16	19	56	27	44	67	97
Females	16	23	58	31	45	47	57
Foreigners	4	1	1	2	1	2	1
Notified cases per 100 000 inhabitants	0.6	0.8	2.2	1.1	1.7	2.1	2.8
Early syphilis	8	22	60	44	78	80	111
Foreigners	1	0	1	2	0	1	0
Notified cases per 100 000 inhabitants	0.2	0.4	1.1	0.8	1.5	1.5	2.1
Syphilis I	5	6	24	23	24	25	32
II recens	3	11	30	20	34	30	51
II recidivans	0	0	2	0	1	0	1
Latens recens	0	5	4	1	19	25	27
Syphilis congenita							
Recens manifesta	0	0	0	0	0	0	0
Tarda	1	0	0	0	0	0	0
Congenita latens	0	0	0	0	1	1	2
Syphilis latens	22	18	52	14	9	30	39
Syphilis organorum	1	2	2	0	1	3	2
Foreigners	0	1	0	0	0	0	0
Syphilis gravidarum	1	0	1	1	7	6	8
Syphilis in the age group							
4 years	0	0	1	0	0	0	1
5-14 years	0	1	0	0	0	0	0
15-24 years	5	19	32	17	32	26	46
25-34 years	3	3	33	18	37	41	54
35-44 years	4	4	9	11	12	23	24
45-54 years	1	4	5	5	2	7	14
55-64 years	3	2	3	3	5	4	6
65+ years	12	8	13	3	0	11	7

Table 2 Basic data on notified gonorrhoea in Slovakia in the years 1990-6

Diagnosis	Years						
	1990	1991	1992	1993	1994	1995	1996
Gonorrhoea total	1950	1956	1850	1308	685	476	224
Males	1059	1089	1036	740	424	296	149
Females	891	867	814	568	261	180	75
Foreigners	30	20	36	31	9	10	1
Notified cases per 100 000 inhabitants	37.5	37.5	34.9	25.4	13.0	8.9	4.2
Gonorrhoea in the age group							
4 years	0	1	5	1	1	0	0
5-14 years	3	7	6	11	8	2	5
15-24 years	1285	1320	1201	876	444	334	151
Males	645	680	622	456	268	195	98
Females	640	640	579	420	176	139	53
Percentage from total gonorrhoea	65.9	67.5	64.9	66.9	64.8	70.2	67.4
25-34 years	502	497	469	340	167	92	49
35-44 years	132	107	97	65	53	29	12
45-54 years	21	22	23	14	9	4	4
55-64 years	7	2	8	1	2	3	2
65+ years	0	1	5	3	1	2	1
Percentage of chronic gonorrhoea	37.9	38.0	31.0	33.3	32.9	26.9	16.1
Males	22.1	23.5	17.7	21.9	19.2	14.2	13.4
Females	57.8	57.4	48.1	49.6	53.4	47.8	21.3

V HEGYI  
T DANILLA

Department of Paediatric Dermatovenerology,  
Medical School, Comenius University,  
Bratislava, Slovak Republic

E HEGYI

Department of Dermatovenerology,  
Postgraduate Medical School, Bratislava,  
Slovak Republic

1 Venereal Diseases 1990–1996. Institute of  
Health Information and Statistics, Bratislava  
(in Slovak).

## Increased number of the cases of syphilis in Trabzon, a trade city in the Black Sea region of Turkey

### Introduction

Although the World Health Organisation reported that syphilis began to increase worldwide in the early 1980s,<sup>1</sup> according to data from the Turkish ministry of health, the total number of cases of syphilis in Turkey decreased from 4077 to 2882 between 1985 and 1996.<sup>2</sup> However, in Trabzon, which is a trade city in the eastern part of the Black Sea region of Turkey, an increase has been observed in recent years. Between January 1992 and July 1996 a total of 82 Turkish patients were diagnosed with syphilis at the outpatient clinic of dermatology and venereology, Trabzon State Hospital, which is the main referral centre for such cases in the region. Of the 82 cases of syphilis, 19 were female (mean age 34.9) and 63 were male (mean age 32.9). The male:female ratio was 3.3:1.

### Methods

In each case clinical diagnosis of syphilis was also confirmed by using VDRL and TPHA tests. The patients were questioned about their marital status, sexual habits, history of drug use, and any recent blood transfusions to obtain information about the source of infection. The partners of married patients with syphilis were also screened. Although some of the patients had another sexually transmitted

disease (STD) it was not taken into consideration in this study.

### Results

The cases of syphilis according to years are shown in figure 1. There was one male infant. Forty of 62 men were married, two were widowed, and 20 had never married. All 19 women were married. The mean age was 32.9 in males and 34.9 in females. Most of the cases of syphilis seemed to be in the sexually active age group, but syphilis has been increasing in elderly people in the world.<sup>3</sup> Indeed, four of our cases (one female, three males) were older than 60 years. All female cases were married and had no a history of extramarital sex, but all male cases had a history of different sexual contacts. When the male cases were questioned concerning their contacts, all of them reported promiscuity with one or more females who came from the former Soviet Union. None of the patients reported a history of recent blood transfusion or male homosexuality. One male patient was a drug addict. All male cases reported having different sexual contact with one or more women who came from the former Soviet Union. These women were unavailable for screening. None of the female cases of syphilis reported a history of extramarital sex.

As the partners of married cases were screened, three wives and eight husbands were found to have syphilis. None of the wives had a history of extramarital sex. All of the eight husbands had a history of extramarital sex.

### Comment

In Turkey the prevalence of syphilis decreased from 8.10 to 4.86 per 100 000 people between 1985 and 1996.<sup>2</sup> However, in Trabzon it increased after 1992 and reached a peak in 1994.

There was an increase in the notification rate for syphilis in the Russian Federation in the 1990s.<sup>4</sup> Sherrard *et al* recently expressed concern regarding importation of syphilis and other STD among British travellers to Russia and Poland.<sup>5</sup> Smacchia *et al* showed

that immigrants from the former Soviet Union had a high rate of active syphilis and had little knowledge of the risks of STD or of contraception.<sup>4</sup> After opening the border between Turkey and the former Soviet Union, a great number of people from these countries visited Turkey, especially Trabzon for tourism or commercial purposes. This situation influenced the conservative socio-cultural status of the region and the tendency of males to promiscuity increased. We think that this tendency is the most important cause of the increase in syphilis in Trabzon and syphilis will continue to threaten public health in the future.

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REBIAY APAYDIN  
NILGÜN BİLEN

Department of Dermatology, Faculty of Medicine,  
Kocaeli University, Kocaeli, Turkey

UĞUR GÜL

Department of Dermatology, Trabzon State Hospital,  
Trabzon, Turkey

SEVGI BAHADIR

Department of Dermatology, Faculty of Medicine,  
Karadeniz Technical University, Trabzon, Turkey

Correspondence to: Dr Rebiay Apaydin, Kocaeli Üniversitesi Tıp Fakültesi, Dermatoloji ABD, 41900, Kocaeli, Turkey.

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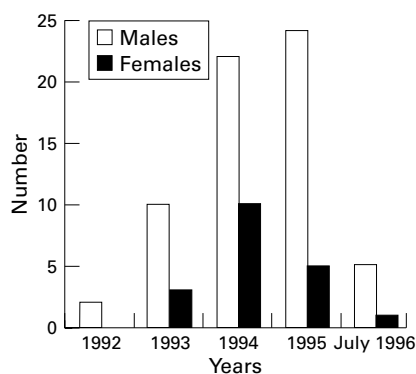


Figure 1 Cases of syphilis according to years.