

## Venereology: An Important Part of Our Speciality

Almost a year ago, I was invited by Agneta Andersson to edit an issue of *Forum for Nordic Dermato-Venereology* on the subject of venereology. The intention was to publish the issue in early autumn. However, the writing of the articles was delayed, and we are now publishing a double issue.

Most of us agree that venereology is an important part of our speciality. The patients are young, pleasant, grateful for being helped without moral judgement, and most are easy to diagnose and treat.

During the last few years, a series of clinical guidelines has been published in Forum. This series continues in this issue, with guidelines on syphilis written by *Gun-Britt Löwhagen*, the Swedish expert in syphilis diagnostic and treatment. Syphilis was almost eradicated in the Nordic countries during the 1990s. However, it has re-occurred, especially among men who have sex with men (MSM), but also in women. Denmark has reported cases of congenital syphilis, and has reintroduced screening for syphilis in pregnant women.

The subsequent 9 articles in this issue cover different aspects of venereology in the Nordic countries, including projects abroad. All the Nordic countries offer good diagnostics and treatment, free of charge, for patients seeking care for sexually transmitted infections (STI).

- *Helle Kiellberg Larsen* and *Kristian Kofoed* from the Department of Dermato-Venereology, Bispebjerg Hospital, Copenhagen, the largest venereological clinic in Denmark, report the current situation in Denmark. As in the other Nordic countries, classical infections, gonorrhoea and syphilis, have increased during the last decade, especially in MSM.
- *Eija Hiltunen-Back* and *Timo Reunala*, who are very enthusiastic Finnish venereologists, write about STIs in Finland. Finland has succeeded in keeping the incidence of genital chlamydia at the lowest level among the Nordic countries. Young people in Finland seem to be more willing to use condoms than their Nordic neighbours. Unfortunately, there is a lack of interest in venereology among young dermatologists in Finland, and there is a risk that these patients will be lost to other specialists.
- The article from Sweden is written by *Per Anders Mjörnberg* on behalf of the section on venereology, the largest section within the Swedish Society of Dermatology and Venereology, with 122 members out of a total of approximately 500. Sweden offers more decentralized specialized care for STI than the other Nordic countries, with venereological outpatient departments localized in most hospitals throughout the country.
- In the article about venereology in Norway, I have referred to the epidemiological situation in the Nordic countries during the last 20–25 years. The Nordic countries have the best reporting system for gonorrhoea, syphilis, chlamydia

and HIV in the world, and like the reports from the different Nordic Institutes of Public Health, I have included the data as diagrams. Greenland, with its small population of 56,000, has more cases of gonorrhoea than any of the other Nordic countries, with 1,239 cases reported in 2010, more than 200 times higher than the other Nordic countries. One must hope that the gonococcal strains circulating in Greenland will not increase their resistance to antibiotics, which is a current global threat.

- *Marius Domeika* and *Magnus Unemo* write on behalf of the Eastern European Network for Sexual and Reproductive Health, on the optimization and quality assurance of management of sexually-transmitted infections in Eastern European countries. Our neighbours in the east experienced a tremendous increase in STIs after the fall of the Soviet Union, and STIs remain an unrecognized, significant public health problem in the majority of Eastern European countries. The network has done a significant job in assuring better laboratory tests and treatment in the former Soviet Union countries.
- *Venhälsan* has done a remarkable job in Stockholm for 30 years in the care of MSM, as this history is told by *Göran Bratt* and *Bo Hejdeman*. We must ensure that we ask all men consulted for STIs if they have had sex with men or women. *Venhälsan* still meet MSM who, when they have contacted other clinics, have not been offered STI testing from all locations or tests for HIV and syphilis. This must change; when any STI is suspected or diagnosed, an HIV test is always indicated.
- *Annamari Ranki*, Professor in Department of Dermatology, Helsinki University Central Hospital, is probably the Nordic dermatologist, together with *Eric Sandström*, who knows most about HIV and AIDS. It is encouraging that she feels wholeheartedly happy when seeing her “old” patients in full health and planning for their future.
- *Eric Sandström* has been a pioneer in HIV and AIDS since *Venhälsan* opened in 1982. The progression in antiviral treatment has been remarkable, but a vaccine, therapeutic or preventive, is still on hold. During the last 20 years, Eric has been involved in building capacity for vaccine trials in Tanzania, and writes about HIV vaccine studies in Africa.
- The final article in this series is written by *Carin Anagrius*. *Mycoplasma genitalium* is an established and important STI, and Carin, together with *Jørgen Skov Jensen*, from Statens Seruminstitut in Copenhagen, and *Brita Loré*, have done significant scientific work to prove its establishment. Increasing resistance to azithromycin is observed, especially in those countries using single-dose azithromycin for the treatment of non-gonococcal urethritis and cervicitis.

HARALD MOI, VENEREOLOGY EDITOR