Venereology in Sweden 2012

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This article is written on behalf of the section on venereology, the largest section within the Swedish Society of Dermatology and Venereology (SSDV), with 122 members out of a total of approximately 500.

The Swedish situation regarding sexually transmitted infections (STI) might be considered a mere breeze in comparison with global stormy weather, although currently there are threats on the horizon. Sexual curiosity, equality and liberation are, unfortunately, not accompanied by more frequent use of condoms, and the lack of awareness of transmission risks is quite astounding.

Chlamydial infections, abortions and number of births rates have all reached high levels in Sweden in recent years.

Chlamydia trachomatis, gonorrhoea, syphilis, hepatitis B virus (HBV) and human immunodeficiency virus (HIV) are notifiable infections with mandatory partner notification, mostly carried out by skilled counsellors.

Testing, and antibiotic therapy for the bacterial infections mentioned, is free of charge, and non-dependent of seeking habits.

There are several sexually transmitted disease (STD)/STI clinics under the supervision of dermato-venereologists at university and county hospitals, in addition to some smaller units. *C. trachomatis* testing is also performed by GPs, gynaecologists, in youth clinics and county-subsidized web-testing (klamydia.nu/klamydia.se). Positive tests are referred to the nearest GP or STD/STI clinic for cure and partner notification.

C. trachomatis

C. trachomatis infections have been at constantly high levels, with an ongoing linear increase during the 21st century, and a dramatic dip-and-peak in 2006/2007 due to a new mutant type, which took us by surprise. Fortunately the only change in bacterial behaviour was that of test-dependent plasmid changes.

A total of 37,300 cases, 393 per 100,000 inhabitants/year, was reported in 2011, predominantly in young girls aged 15–20 years and young men aged 20–25 years.

First-line therapy for *C. trachomatis* is doxycycline, with its low-cost, good compliance – and high cure rates.

Gonorrhoea

A total of 950 cases of gonorrhoea, 10 per 100,000 inhabitants/year, were reported in 2011. This figure has been rising gradually over the years, with clusters of mild or asymptomatic outbursts, especially among young people, but a significant reduction in median age is noted. Domestic spread of gonorrhoea now outnumbers imports. Bacterial culture is the golden standard for testing, although *nucleic acid amplification tests* (*NAATs*) are gradually being introduced for screening purposes. Antibiotic resistance-patterns are troublesome; first-line therapy was changed recently from single-dose cefixime 400 mg oral tablet to ceftriaxone 500 mg given by intramuscular (i.m.) injection.

Syphilis

In 2011, there were 206 cases of syphilis (169 men/35 women) in Sweden. Stage 1 and 2 and early latent infection (<2 years) are obliged to notification. Syphilis is predominantly seen among men who have sex with men (MSM) exposed in Western Europe and immigrants from East Africa. Benzathine penicillin is the first-line therapy.

Hepatitis B virus

HBV accounted for 1,500 cases, 15 per 100,000 inhabitants/year, in 2011. General population-based vaccination programmes for HBV have not yet been introduced, but vaccination is widely proposed and offered to MSM.

HBV is mainly dealt with by specialists in infectious diseases.

Human immunodeficiency virus

There were 465 cases of HIV, 5 per 100,000 inhabitants/year, in 2011. HIV is found predominantly among MSM (of Western Europe origin), heterosexual "sex tourists" (who visit South-East Asia), African immigrants, and as domestic spread among intravenous drug users.

HIV is also largely dealt with by specialists in infectious diseases.

Human papilloma virus

Human papilloma virus (HPV) – condyloma acuminata is widespread, with at least 100,000 new cases/year. However, reliable statistics are lacking. The annual cost is estimated to be 50 million Swedish crowns/year, patient fatigue and suffering not included.

A vaccination programme with quadripotent HPV vaccine (Gardasil) is now offered to girls aged 12 years, with a catch-up offered to girls in the age range 13–17 years. However, the implementation of the vaccination programme has repeatedly been delayed due to manufacturer dispute and appeals (MSD Sanofi Pasteur vs GSK) concerning the nationwide purchase of vaccine stock by Stockholm county.

Discussions are to be held on the advisability of extending the vaccination programme to boys, and thus not relying only on herd immunity.

Herpes simplex virus

Herpes simplex virus (HSV) – genital herpes is thought to be as common as HPV infections. Real-time polymerase chain reaction (RT-PCR) is used for testing when indicated. The use of generic valaciclovir has significantly lowered treatment costs.

Mycoplasma genitalium

Mycoplasma genitalium has become the rising STI and is in some settings as common as *C. trachomatis*. The tendency to antibiotic resistance is not yet as commonly noticed as in Denmark and Norway, probably due to a lesser use of azithromycin for chlamydia in Sweden. Non-commercial NAATs are widely used. The prime therapy for Mg is azithromycin (500 mg/day once, plus 250 mg/day for 4 days), with moxifloxacin (400 mg/day for 7 days) used in treatment failures. Discussions concerning "when to test and how to treat" are currently held.