Venhälsan 1982–2012

Göran Bratt and Bo Hejdeman
Venhälsan/Department of Infectious Diseases, Stockholm South General Hospital (Södersjukhuset), SE-118 83 Stockholm, Sweden. E-mail: Goran.Bratt@sodersjukhuset.se

History of Venhälsan

What was to become Venhälsan began as an outreach clinical service in a gay sauna in Stockholm in 1978–1979. The aim of this initiative, which was started by Drs Geo von Krogh and Eric Sandström, was to establish the incidence of sexually transmitted infections (STIs) among men who have sex with men (MSM). Eric later became Venhälsan's first clinical director and is currently professor at the clinic. In 1981 a group of physicians was formed under the auspices of the Swedish gay and lesbian organization RFSL (Riksförbundet för sexuellt likaberättigande) to follow reports emanating from the USA on the, then new, disease with serious opportunistic infections and tumours affecting MSM. We rapidly became aware that it was just a matter of time before this disease spectrum would arrive in Europe and Sweden. In order to document and attempt to decrease the incidence of STIs among MSM, a group of homosexual doctors and nurses, together with Eric Sandström, Margareta Böttiger (Head Epidemiologist) and Lennart Hellström (Stockholm Medical Officer), started Venhälsan as an evening clinic in the Dermatological Clinic of Stockholm South General Hospital (Södersjukhuset) on 11 November 1982. Following intensive discussions regarding the extent of the clinical examination, the types of tests, and from where they would be taken, we agreed on the content of the examinations. At this stage, however, nobody knew exactly which clinical and laboratory findings might indicate the initial signs of AIDS, or which medical history, sexual activity, and clinical symptoms were relevant to enquire about in our standardized questionnaire. Two very important considerations were: how to guarantee confidentiality and/or anonymity; and how to provide information to our target group. In the 1980s it was essential to be able to guarantee anonymity, and to ensure this a special identification system was used instead of the national ID number. Without this, few men would have risked consulting the clinic. No-one would risk being "outed" as homosexual or as having AIDS. The fact that many of the doctors and nurses running the clinic were themselves homosexual provided an additional degree of comfort for the patients and permitted an open and honest dialogue. In today's relatively tolerant and open society it is difficult to recall how, 30 years ago, many lived a double life in fear.

All costs for tests were covered by a special epidemiological grant, but the work was unpaid. Anders Karlsson, medical student at this time, undertook the administrative work involved, and returned later as a physician until he retired as head of the clinic in 2011.

The aims of Venhälsan were:

- to decrease the incidence of STIs among MSM
- to limit the spread of disease, through information and education
- to improve the health service for MSM by providing information to the medical profession and other health professionals

Of the first 100 male patients, one-third had at least one STI, often with no symptoms. Chronically enlarged lymph nodes were noted in 8% of the attendees, indicating early signs of what we now know as HIV infection. Those men were referred to Dr Linda Morfeldt at the Department of Infectious Disease at Roslagstulls Hospital, Stockholm. She described the fate of these men in her PhD thesis in 1989. In 1983, Stockholm County Council provided funding for identifying the extent of AIDS among gay men in Stockholm, which permitted the remuneration of those working in the clinic. In the same year, a brochure "*AIDS Facts*" was produced under the auspices of the RFSL. This first information leaflet, written before HIV was identified, stated that "AIDS spreads by intimate sexual contact and through blood and blood products". Doctors from Venhälsan also provided information to MSM through meetings, educational sessions, via the media, and RFSL. Together with RFSL and colleagues from Roslagstulls Hospital we advised MSM in January 1983 not to donate blood – more than one year before the National Board of Health and Welfare did the same (in March 1984). This advice, coming from gay doctors, was followed to a very large degree, and was an important factor in limiting the spread of HIV through blood products in Sweden. It is easy to forget that, at that time, there was intense debate as to what caused AIDS. In 1985 the project Venhälsan became a part of Stockholm South General Hospital and primarily responsible for dealing with HIV/AIDS in MSM. The same year Dr Jan Olof Morfeldt started "Nolas Telephone Service", which soon developed into "*Psykhälsan*", providing psychological and psychiatric

support for MSM. It has been renamed and is currently called "*HBT-hälsan*". Another spin-off was "Noaks Ark"', a project started in 1986 by some of Venhälsan's staff, aiming to provide information about HIV and to support those infected and their relatives. Those working at Venhälsan became advisors to the National Board of Health and Welfare, were consulted on many relevant matters by various groups and took part in international meetings. Early on, together with researchers at the Swedish Institute for Communicable Disease Control and Karolinska Institutet, trials were started to study HIV vaccines. Venhälsan also took an active part in the very first trial of an immunomodifying drug, isoprinosine. Numerous drug trials of anti-retroviral drugs have followed, in which Venhälsan has participated. In 1988, Venhälsan opened its own ward for inpatients (ward 53) the importance of which grew rapidly and was, in 1991, complemented by a day patient ward and home healthcare. The incredible effectiveness of the protease inhibitor-based anti-viral treatments introduced in 1996 resulted in ward 53 no longer being necessary and it was closed in 1997. A "drop-in" clinic providing HIV testing for all, regardless of sexual orientation, located in the centre of the city, was opened in the early 1990s, and was later to become one of the inspirations for the development of the Sesam City clinic of today.

Venhälsan today

Today Venhälsan is Sweden's second largest HIV clinic, caring for 1,200 HIV-infected patients of both sexes. Approximately 80% are MSM. The main activities of the clinic are: (*i*) medical treatment and psychosocial support of HIV-infected individuals; and (*ii*) advice, information, testing for and treatment of STIs including HIV among MSM. The latter is achieved through a "drop-in" clinic, where on-the-spot HIV-testing is routine. Over 50% of newly diagnosed HIV infections are today diagnosed by on-the-spot tests, verified by conventional tests.

Since 2000, despite all the educational and clinical activities described above, there has been a marked increase in STIs among MSM. Approximately 150 cases of gonorrhoea, 300 cases of chlamydial infections, 60 cases of syphilis, and 50 new cases of HIV infection are diagnosed at Venhälsan yearly. Twenty-five percent of the men with gonorrhoea or chlamydial infections are HIV-positive. Almost 50% of infected MSM in Sweden are diagnosed at Venhälsan. Since Venhälsan's patients are representative for MSM in Sweden, the clinic can rapidly observe changes in the pattern of diseases in MSM. For example, the general increase in STIs in latter years, the syphilis outbreak around 2000, the spread of *Lymphogranuloma venereum* (LGV; *Chlamydia trachomatis* genotype L2b) in 2007, and now the sexual spread of hepatitis C, particularly among HIV-infected MSM since 2010, have all been noted very early in the data from Venhälsan. Since 2007, 55 cases of LGV have been diagnosed, 80% in HIV-positive men.

By continuously analysing the characteristics of the most recent 100 newly diagnosed MSM with HIV we can accurately describe the HIV epidemic among Swedish MSM. During the last 2 years, 57% of newly diagnosed patients were Swedish residents. The average age was 37 years, with almost 25% under 30 years. In 25% contact tracing, often for another STI than HIV, was the immediate reason for testing. Over 50% had most probably been infected in Sweden. In one-third a concomitant STI was diagnosed at the same time as HIV. Rectal gonorrhoea and/or chlamydial infection were found in 20% and new syphilis in 10%. Evidence of previous or new syphilis was noted in 20%. Many men had more than 1 STI simultaneously. The link between the transmission of HIV and other STIs is thus very strong. Evidence of hepatitis B infection (anti-HBc positivity) was found in 25% among new HIV-patients. Venhälsan has offered free hepatitis B vaccination since 1985 and anti-HBc positivity has decreased from 50% in 1982/83. However, hepatitis C co-infection is currently diagnosed together with HIV in 3–4% of new patients.

Approximately half of the men had been infected in the last 12 months and almost one-quarter was diagnosed very early, i.e. during the primary infection stage with an incompletely developed antibody response. At the initial presentation 1 in 5 had a CD4 count below 200 cells/mm^3 or an AIDS diagnosis, most commonly *Pneumocystis jiroveci* (PCP). CD4 counts below 350 cells/mm^3 (late testers) were seen in one-third, which is lower than described in other studies. Subtype B still dominates, but circulating recombinant forms (CRF) have increased during the last couple of years.

Conclusions based on Venhälsan's experience

Unfortunately MSM continues to be the largest group becoming HIV-infected in Sweden. STIs, particularly gonorrhoea at any site, rectal chlamydial infection or syphilis, are markers for high risk of HIV transmission. In 4–5% of MSM with gonorrhoea or chlamydial infection presenting at the clinic, a previously unknown HIV infection is detected. Investigations of an MSM presenting due to partner notification, regardless for which STI, should always include complete STI testing. Specimens for gonorrhoea and chlamydia taken from the throat, urethra/urine and rectum, as well as blood samples for syphilis, hepatitis A, B and C, and HIV serology should be included in an ordinary routine examination. If chlamydia is only tested in the urine the majority of chlamydial infections in MSM are missed. Clinics with Venhälsan's focus and continuous contact with actual trends in the target group must rapidly collect and analyse changes in the epidemio-

logy of the diseases they treat. A high proportion of newly diagnosed HIV-positive men have been infected recently and are detected early. Thus, we can rapidly identify new disease patterns and transmission routes, which is essential if we are to understand the changing manner in which these infections are spread and be able to initiate timely interventions. In order to decrease the spread of HIV among MSM, STIs must be rapidly and effectively diagnosed and treated. In addition, the clear association between STIs and HIV infection needs to be made more generally known both among MSM and within the health service in general. Considering gonorrhoea and chlamydial infections of low importance in this group will lead to additional HIV-infected MSM. We 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.

References

1. Bakari M, Aboud S, Nilsson C, Francis J, Buma D, Moshiro C, et al. Broad and potent immune responses to a low dose intradermal HIV-1 DNA boosted with HIV-1 recombinant MVA among healthy adults in Tanzania. Vaccine. 2011; 29: 8417–8428.
2. Bratt G, Hejdeman B. Sexuellt överförda infektioner ökar risken för HIV. Läkartidningen 2006; 18; 1438–1439.
3. Bratt G, Edlund M, Cullberg M, Hejdeman B, Blaxhult A, Eriksson L. Sexually transmitted infections (STI) in men who have sex with men (MSM). The Open Infectious Diseases Journal 2009; 3: 118–127.
4. Cullberg M, Bratt G, Pettersson F, Karlsson A. Klamydia i ändtarm och svalg – vanligt bland män som har sex med män (MSM). Läkartidningen 2009; 1–2: 24–27.
5. Hansdotter F, Bratt G, Edlund M, Velicko I, Pettersson F, Karlsson A, et al. Syfilis ökar bland män som har sex med män (MSM). Läkartidningen 2009; 1–2: 32–35.
6. Karlsson A, Bratt G, Moberg L, von Krogh G, Hedqvist B, Morfeldt JO, et al. LAV/HTLV-III-infektion hos homo-och bisexuella män – data om smittspridning och riskmarkörer i Stockholm. Läkartidningen 1986; 35: 2834–2837.
7. Moberg L, von Krogh G, Karlsson A, Bratt G, Blaxhult A, Nyman K, et al. Var tredje "frisk" homosexuell man hade behandlingskrävande infektion. Läkartidningen 1984; 30–31: 2747–2752.
8. Velicko I, Cullberg M, Bratt G, Malmlöv G, Johnsson A, Hansson HB, et al. Lymphogranuloma venereum – ökad spridning i Sverige. Läkartidningen 2009; 1–2: 28–31.
9. Hivis. Jakten på ett vaccin mot hiv. Available from: URL: http://www.sodersjukhuset.se/hivis.