Dermato-Venereology in the Nordic Countries

Harald Moi, New Co-editor of Forum for NDV, Responsible for Venereology Reporting

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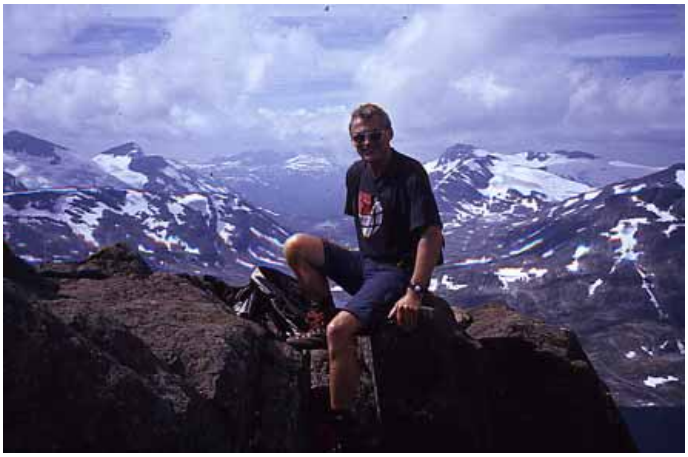
Harald Moi on the top of Kyrkja in Jotunheimen, Norway, summer 2002.

Harald Moi, who is 60 years old, was born in the south of Norway and received his medical training at the faculties of medicine in Göttingen and Mainz. He worked on occasion in Denmark before becoming a full-fledged physician in Sweden in 1972. His training in dermato-venereology took place at the Regional Hospital in Örebro, which is now a university hospital, and he became a specialist in dermato-venereology in 1977. His doctoral thesis from the University of Uppsala, which he defended in 1990, was titled "Bacterial Vaginosis: Clinical and epidemiological studies. Aspects on pathogenesis".

From 1980–1991 Harald Moi worked as assistant senior physician at the Department of Dermatology and Venereology and at the Clinical Microbiological Laboratory, Örebro Medical Center Hospital. From 1985 to 1991 he was head of the STD clinic.

From 1991 to 1993 he worked as the only dermato-venereologist in Greenland, in charge of clinical work, teaching and research in dermatology and sexually transmitted diseases. Since 1993 he has been head of the STD-clinic in Oslo, the Olafia Clinic, located in the centre of Oslo. In May 2002 he was appointed professor of dermato-venereology at the University of Oslo.

Care and Epidemiology of Sexually Transmitted Diseases in Norway and the Other Nordic Countries

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Consultants in dermatology and venereology are in charge of the specialised STD-care in all the Nordic countries. However, the contribution of specialists to the total care of STDs differs from country to country within the region. Sweden has more than 25 venereology outpatient departments connected with dermatology departments around the country. Sweden also has a wide network of youth health clinics, run by midwives in collaboration with physicians (mostly gynaecologists) and social workers. These clinics offer family planning services and testing for chlamydia, among other things. The other Nordic countries also have youth clinics, but not as well organized as Sweden. Finland has full-time or part-time STD clinics in all the main cities, run by the university hospitals or the city health care. Norway has one major STD clinic in the centre of Oslo, which is not connected with the two dermatology departments. Dermatology departments in two other main cities of Norway run STD clinics. The university hospital in Tromsø provides appointments for patients with STDs as a part of the dermatological outpatient clinic. Iceland has one ve-

nereology department in Reykjavik. In Denmark, the central venereology clinic in Copenhagen was removed to a hospital situated at the city border in 1999 due to economic cuts, but it continues to have a high attendance rate. The other main cities in Denmark also have STD-clinics connected with the dermatological clinics. Greenland has a special situation that deserves an article of its own.

Grensen 5–7 from outside. The Oslo Dome in background.

However, primary physicians and gynaecologists in all the Nordic countries manage a great portion of the examination and treatment of STDs. Therefore, the support of the dermatological societies is essential for the future of venereology in the Nordic countries. The appointment of a co-editor of Forum for Nordic Dermato-Venereology responsible for venereology demonstrates the positive attitude towards this sub speciality.

The Norwegian Association of Dermatology has declared a goal of ensuring that specialised polyclinics for STDs are opened in all big population centres in Norway. Due to the present refund system, such clinics must be connected to hospitals. The first STD clinic outside the University hospitals is now planned for Levanger, situated in Nord-Trøndelag.

Epidemiology

The epidemiology of STDs in Norway is very similar to that of the other Nordic countries. After a steep decrease of gonorrhoea and syphilis from the mid nineteen seventies to mid nineties, an increase in most STDs has been observed since 1995. Norway has the highest reported incidence of genital chlamydia in the Nordic countries. Since 1999 an ongoing outbreak of syphilis has been observed among gay men in Oslo, also involving HIV-positive individuals. In contrast to Finland, Norway has not observed any substantial transmission of STDs from Russia over the border to Finnmark, the northern county of Norway neighbouring to Russia.

The yearly incidence of reported new cases of HIV has stabilised in all the Nordic countries to about 2–5/ 100 000 inhabitants, Denmark having the highest and Finland the lowest figures. Fluctuations mainly reflect the burden of asylum seekers from high-endemic areas. However, a slight increase in heterosexual transmission in Nordic citizens has been observed, most of them infected in high endemic countries. The transmission of HIV in the gay population has stabilised to a relatively high level in all Nordic countries, comprising a fifth to a half of the reported cases. The prevalence of HIV in Nordic drug users seems to be low, although outbreaks have been observed in Helsinki and Stockholm during the last two years.

In Norway, less than 10 new cases of HIV are reported each year amongst intravenous drug users. Free access to clean needles and syringes may be one reason for this low incidence. In Oslo, some two million needles are distributed every year to intravenous drug users, mostly heroin addicts. Due to one of the highest rates in Europe of death due to over-dosage, the government has decided to open a “shooting gallery” in Oslo, where heroin shots can be taken under supervision of health care workers.

Olafia Clinic

The Olafia Clinic is named after the Icelandic woman Olafia Johannsdottir, who was a resident of Oslo a hundred years ago. The clinic is situated in modern and well-equipped premises in the centre of Oslo. The department has 7 physicians and 8 nurses, with about 16 000 consultations a year. A few years ago, a new professorial chair in venereology was inaugurated and this year the honour was given one of the senior physicians at the Olafia Clinic. The financial situation at Oslo University, however, did not allow funding for a new professor chair. Therefore, GlaxoSmithKline sponsors the university with the necessary funding.

The department is responsible for teaching venereology as a field of dermatology for all medical students in Oslo. Residents specialising in dermato-venereology at Rikshospitalet and Ullevål University Hospital must work at least 4 months at the Olafia Clinic, and an internal education programme is offered. Several young physicians have started their dermato-venereological careers at the Olafia Clinic.

This year administration of the hospitals and specialised care in Norway was transferred from the counties to new health enterprises directly organised under the Department of Health and financed through the national budget. However, it was decided that the Olafia Clinic should remain in Oslo municipality. I hope that the City of Oslo will support the nation-wide responsibility of the Olafia Clinic, which is essential for the future of venereology in Norway. Up until a reorganisation in 1993, the City Council of Oslo also managed the venereology clinic in Oslo.

The department provides drop-in counselling free of charge, as well as special services such as family planning, CO^2 laser treatment, colposcopy, a vulva clinic, a psychologist for homosexual men and women, and an outreach clinic placed in a centre for prostitutes, offering examination for STDs to this vulnerable group. Until recently, the Olafia Clinic was responsible for the distribution of clean needles to intravenous drug addicts in Oslo, but this programme has been taken over by a new section for harm reduction in the Alcohol and Drug Addiction Service, Municipality of Oslo.

Examination forms were standardized in 1994, and every patient fills in a questionnaire detailing symptoms, risk factors and condom use. After anonymisation the data are registered in an epi-info file, which now comprises some 80 000 consultations. The data has only been used for research to a limited extent until now. Research performed in the department is focused on clinical and epidemiological issues.

As of January 1, 2003, an electronic patient record will be implemented, including active scanning of the questionnaire producing data files for statistics.

Many outreach projects are also run by the Olafia Clinic, such as the National AIDS Hotline, a herpes hotline, courses for health providers, projects in Russia and the Baltic states, and the African Health Team that engages ethnic Africans in working for a raised awareness surrounding all aspects of HIV/AIDS and STDs in the African community in Oslo.