

Sexually Transmitted Diseases in Denmark and in an STD Clinic in Copenhagen 1980–1991

Sir,

The incidence of sexually transmitted diseases (STD) has changed in many Western countries since the first half of the 1980s, a phenomenon assumed, at least in part, to be related to the appearance and spread of HIV infection (1–4). The trend was first observed in homosexual men (5), and later among heterosexual men and women (6).

We have compiled data of the officially notified STD gonor-

rhoea, early syphilis, hepatitis B and AIDS in Denmark during the 1980s (7) and compared the number of cases with data from a large STD clinic in Copenhagen. This clinic, established late in 1983, receives patients mainly from the central and urban area of Copenhagen. As seen in Fig. 1, the annual number of gonorrhoea cases in Denmark has decreased markedly, especially after 1985. A similar decrease was observed in the STD clinic. The male/female (m/f) ratio in Denmark has remained stable – approximately 1.4 to 1.6. In the STD clinic

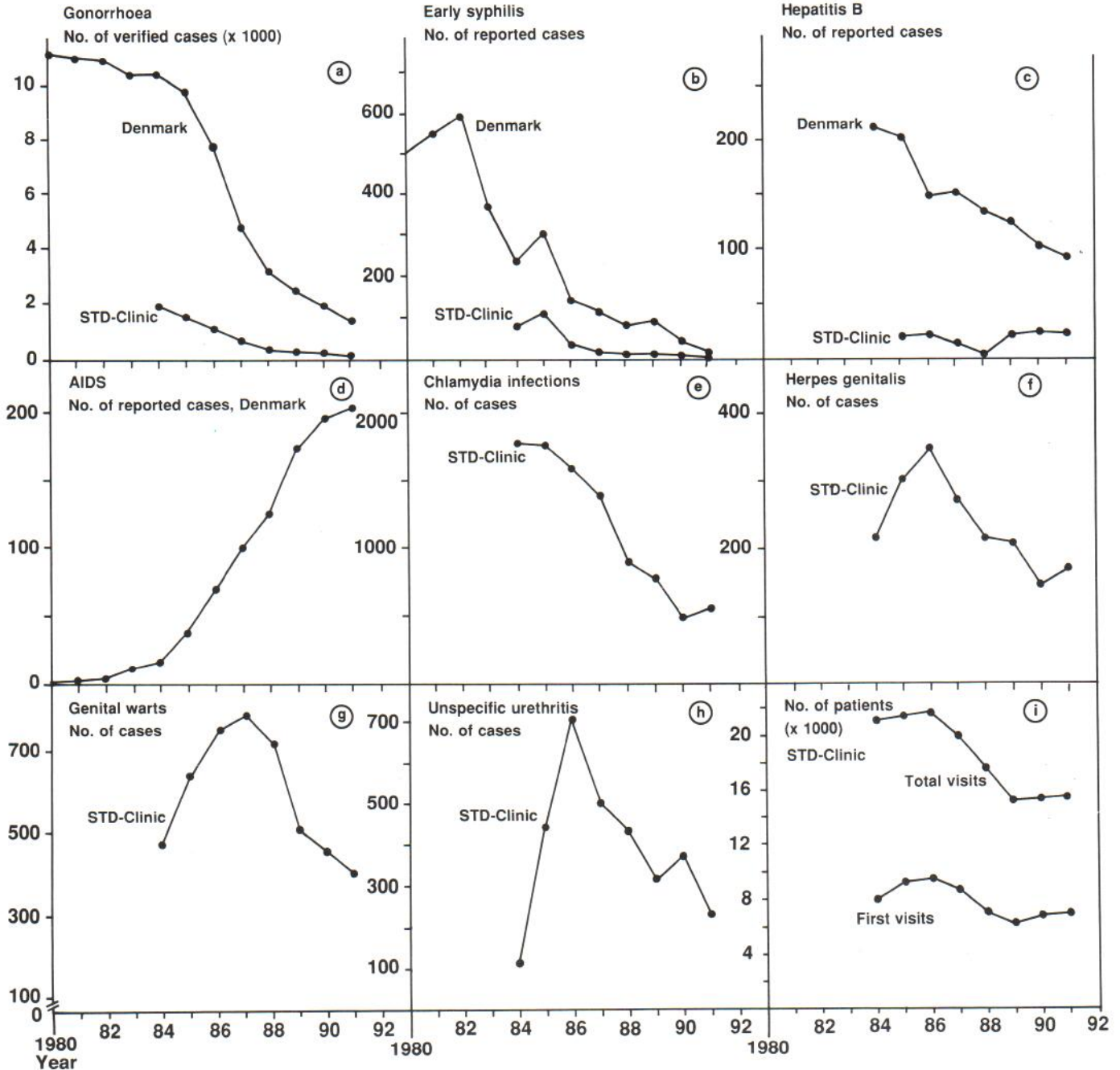


Fig. 1.

more male patients have been seen: the m/f ratio has varied from 2.2 in 1984 to 3.7 in 1991.

The incidence of early syphilis has shown a similar marked reduction with almost parallel fluctuations in the STD clinic. In Denmark the m/f ratio was 5.4 in 1982, 4.0 in 1984 and 1.9 in 1991. The STD clinic m/f ratio was 12.2 in 1984. In 1991 only 4 cases (3 m, 1 f) were diagnosed.

Hepatitis B has shown a steady decline since 1984, the m/f ratio being about 2.0. The number of cases in the STD clinic has not been reduced, probably as a consequence of studies offering free vaccination against hepatitis B. The number of AIDS cases in Denmark has shown a steady increase until 1990; only 8 more cases were found in 1991.

Chlamydia urethritis and cervicitis, herpes genitalis, genital warts and unspecific urethritis are not officially notified, so only observational data from the STD clinic are presented in the figure. Chlamydia infections have been more frequent in males than females: the m/f ratio was 1.4 in 1984 and 1.3 in 1991. We observed a decrease in the total number of cases from 1775 in 1984 to 578 in 1991. We do not know whether this reflects a true decrease in incidence or a shift in the visit pattern to the STD clinic. Herpes genitalis, genital warts and unspecific urethritis were practically seen as often in 1991 as in 1984, but there may be a trend towards a lower incidence of these STD.

It could be speculated that the lack of a consistent fall in certain STD might indicate that certain patient groups, especially young patients, are not reached by public information campaigns or educational programs about STD. We are planning further studies, including detailed epidemiological data on STD in the Copenhagen area, to delineate this. All patients

with repeated STD episodes should be regarded as having an increased risk of attracting other STD, including HIV infection.

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