Sexually transmitted infections (STIs) are among the most common causes of illness in the Ukraine and have far reaching health, social, and economic consequences. The population of Ukraine was 49,456,1 million in January 2000. The country possesses a broad network of sexually transmitted disease (STD) clinics and HIV consulting centres in all 27 administrative regions under the state public health service. STIs are particularly subject to the influence of the social environment. A considerable shift in their epidemiology in Ukraine is a result of the biological evolution and changes within the economic and social spheres of life. Factors which influence the spread of these infections both at the local and national level, may be summarised:

1. Biological factors of the microenvironment (microbiological, immunological, neuroendocrine);
2. Factors determining behaviour (personal psychological peculiarities, cultural standards, customs and traditions, stereotypes of sexual behaviour);
3. Macroenvironmental factors (the state of health services, social policy, appropriateness of legislation, and the extent to which laws are observed).

Without taking into account all the above mentioned causes it is impossible to give a correct evaluation of the spread of STDs or to influence them effectively. The purpose of this study was to measure national and some regional occurrence of syphilis, gonorrhoea, chlamydia, genital herpes (HSV), HIV, and trichomoniasis in the Ukraine; and to identify the relevant medical and social problems.

METHODS

Annual notification rates of infections per 100,000 population and prevalence in selected groups were used as an indicator for the spreading extent of STIs in the Ukraine and in three regions, Donetsk, Mikolaiv, Chernivtsi, from 1994 to 2000.
Gonococcal infection appears to be an exception to this trend; this becomes more obvious when comparing the spread of syphilis and gonorrhoea for the past 40 years (fig 3).

The notification rate of syphilis was 113.9 per 100 000 in the Ukraine in 2000. The incidence peaked in 1996 (150.9), with a reported incidence twice that in 1993, and then fell (fig 1). It is noteworthy that the spread dynamics of syphilis in various regions of Ukraine is different, even while the general national trends are preserved (fig 4). Incidence in children under 14 rose from 3.5/105 in 1995 to 5.6/105 in 1999 with the background of falling rates in those aged 14–17 from 170.1/105 to 81.6/105. In age group 15–20, rates in females are almost five times higher than in males (fig 5).


In the 1970s and 1980s gonorrhoea was more common than syphilis (fig 3). Since the mid-1990s the notification rate of gonorrhoea has been slowly declining in the Ukraine such that the notified rates in 2000 were half those reported in 1994 (fig 1). The decrease has been reported in all the regions of Ukraine, although there has been a recent upturn in Mikolaiv and Chernivtsi provinces (fig 6).

Trichomoniasis appears to be the commonest STI in the Ukraine but its notified rates have been relatively stable over the past 6 years (fig 1). In 1993 chlamydia infection became subject to obligatory registration. Since 1995 the number of patients affected with chlamydia has increased 3.4 times (fig 2).

The point evaluation of incidence of HSV genital infection in Ukraine is difficult as reporting is not mandatory. On some estimates, the incidence of genital herpes in Ukraine reaches 80–200/105 population. The officially registered rate of herpes is approximately 10/105. There was a 217.8% increase of reported incidence of genital herpes in 1995, 5.4 and in 2000, 17.0. The rate in 2000 was 17.0 was 3.2 times the notification rate in 1995 (fig 2).

The first cases of HIV infection in Ukraine were registered in 1987 and by 1994 a total of 118 cases had been registered. In 1995 the number of HIV infections reported rose dramatically 34-fold (to 1490, fig 2) and 179-fold by 1997. The growth of HIV infection was registered in all the administrative territories. In subsequent years the incidence plateaued: population rates in 2000 were 12.6 per 100 000 whole population. A total of 36 600 cases of HIV infection (including 2040 with AIDS) have been reported by January 2001.

The relative share of injecting drug use as a risk factor for HIV has declined from 72.7% in 1997 to 54.2% in 2000 alongside an increase in infection through sexual contact. The prevalence of HIV infection among various populations is
shown in table 1. In 1996 some 1400 new cases of HIV were registered in prisons. In 1987–98 502 HIV positive pregnant women and 491 HIV positive babies had been reported. Only 29.7% of these women were injecting drug users. In 1987–98 502 HIV positive pregnant women and 491 HIV positive babies had been identified. Only 29.7% of these women were injecting drug users.

DISCUSSION
An increase in some STIs (syphilis, chlamydia, herpes, HIV) has been observed in the Ukraine since the beginning of the 1990s. Trichomoniasis and syphilis are the commonest. Infection with the gonococcus appears to be an exception to this tendency. It is possible that this decline may be because in most cases modern gonorrhoea takes asymptomatic forms.7 The existing system of STD reporting in Ukraine was inherited from the USSR. It was reliable and worked well; but, now according to some estimates based on population studies the notification system is valid in only 60–80%. Lack of reporting of STIs, and especially gonorrhoea, is common for patients managed privately.3,5 The number of doctors who have private practice is growing in Ukraine. This may explain some of the apparent decrease of cases of gonorrhoea as with the “over the counter” availability of antibiotics.

Over the past decade, syphilis has gained new clinical and epidemic characteristics in Ukraine. The number of cases of early nervous system involvement and visceral pathology have grown, while there are an increasing number of latent cases with very scant manifestations on skin and mucous membranes. Syphilis has also penetrated into the mucous membranes. Syphilis has also penetrated into the epidemic characteristics in Ukraine. The number of cases of early nervous system involvement and visceral pathology have grown, while there are an increasing number of latent cases with very scant manifestations on skin and mucous membranes. Syphilis has also penetrated into the mucous membranes. Syphilis has also penetrated into the

The process of economic and political reforms in Ukraine has made the problem of sexually transmitted diseases more acute. The sexual revolution which took place in western countries in the 1960s reached Ukraine after the collapse of the Soviet Union. People’s ideas as to what is permitted in their sexual life and what is not have changed very quickly, lagging far behind the attitude to venereal diseases. Such emotions as shame, fear, fastidiousness, and blame prevail when people think of venereal diseases. Narrow views of this kind are, unfortunately, typical of some doctors in Ukraine. Efforts are required to facilitate education, condom use, and prevention of drug addiction. Unfortunately, the scale of these measures is insufficient. Control of STIs presupposes common efforts of various state institutions because it includes not only medical, but also legal aspects. For the past 10–15 years the epidemiology of STIs has considerably changed in Ukraine. This is may be connected with the following tendencies:

1. Exponential spread of HIV. The fact that HIV infection is spreading fast in the Ukraine is a big concern. So substantial financial resources are assigned for control of AIDS. The result is removing these resources from the control of other STIs.

2. A quantitative increase in the core (high risk) groups: prostitutes, drug addicts, tramps, vagrants, and refugees.

3. The aetiology of the main syndromes of STDs has changed. For example, urethritis and endocervicitis are mainly caused by chlamydia, and not by gonococci as was the case in the 1970s.

4. The spectrum of complications after STDs has substantially broadened (sterility, miscarriages, ectopic pregnancy, neonatal illnesses, reactive arthritis, neurological complications).

5. Sensitivity of infecting agents of bacterial and viral aetiology to antibiotics has decreased. Treatments that were considered to be effective not long ago are quickly becoming outdated.

However, more in-depth epidemiological studies are needed to understand the real extent of these influences and control the epidemic.

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