

Sexually transmitted diseases:

Extract from the annual report of the Chief Medical Officer of the Department of Health and Social Security for the year 1982

Since the incidence of the sexually transmitted diseases (STD) started to rise 25 years ago there has been a steady increase in the numbers of new cases reported from the clinics. This increase reached a peak in 1980 when over 500 000 new cases were registered in the United Kingdom as a whole. The number of cases registered in England in the same year was 458 979 (469 140 in England and Wales). In 1981 the figures for England were 479 924 (England and Wales 491 014).

The figures from the annual returns for individual clinics in England show that 50% of all the new cases were seen in clinics in the four Thames regions. This fact has important implications for short and long term planning.

The increase in the number of new cases attending the clinics over the past quarter of a century has been due to the more recently recognised sexually transmissible agents such as *Chlamydia trachomatis*, *Ureaplasma urealyticum*, *Gardnerella vaginalis*,

TABLE I Cases of syphilis, gonorrhoea, and chancroid reported in England for the year ended 31 December 1981 with the figures for the year ended 31 December 1980 in parentheses (for the incidence rate per 100 000 population see Table III)

| | Total | | Men | | Women | |
|----------------------------|--------|----------|--------|----------|--------|----------|
| Syphilis | | | | | | |
| Early | 2 279 | (2 512) | 1 934 | (2 131) | 345 | (381) |
| Primary and secondary only | 1 451 | (1 547) | 1 258 | (1 340) | 193 | (207) |
| Late | 1 396 | (1 428) | 969 | (942) | 427 | (486) |
| Congenital | 135 | (119) | 60 | (61) | 75 | (58) |
| Gonorrhoea | | | | | | |
| All forms | 52 200 | (54 433) | 33 454 | (34 087) | 18 746 | (20 346) |
| Post-pubertal gonorrhoea | | | | | | |
| All ages | 52 174 | (54 388) | 33 448 | (34 070) | 18 726 | (20 318) |
| Under 16 years | 361 | (399) | 96 | (94) | 265 | (305) |
| 16-19 years | 10 266 | (10 504) | 4 351 | (4 288) | 5 915 | (6 216) |
| 20-24 years | 18 256 | (18 898) | 11 000 | (11 314) | 7 256 | (7 584) |
| 25-34 years | 16 054 | (17 340) | 11 943 | (12 525) | 4 111 | (4 815) |
| 35-44 years | 5 369 | (5 432) | 4 446 | (4 316) | 923 | (1 116) |
| 45 years and over | 1 868 | (1 815) | 1 612 | (1 533) | 256 | (282) |
| Chancroid | 91 | (54) | 64 | (38) | 27 | (16) |

TABLE II Other sexually transmitted diseases reported in England in year ended 31 December 1981 together with the figures for year ended 31 December 1980 in parentheses (for incidence per 100 000 population see Table IV)

| | Total | | Men | | Women | |
|--|---------|-----------|--------|----------|--------|----------|
| Lymphogranuloma venereum | 40 | (28) | 30 | (22) | 10 | (6) |
| Granuloma inguinale | 25 | (20) | 11 | (16) | 14 | (4) |
| Non-specific genital infection (NSGI) | 120 018 | (114 306) | 90 071 | (86 896) | 29 947 | (27 410) |
| NSGI with arthritis | 583 | (544) | 547 | (513) | 36 | (31) |
| Trichomoniasis | 20 224 | (20 641) | 1 662 | (1 906) | 18 562 | (18 735) |
| Candidiasis | 46 947 | (44 604) | 9 496 | (9 210) | 37 451 | (35 394) |
| Scabies | 2 145 | (2 288) | 1 748 | (1 799) | 397 | (489) |
| Pediculosis pubis | 8 718 | (7 966) | 5 970 | (5 456) | 2 748 | (2 510) |
| Genital herpes | 11 147 | (10 043) | 6 631 | (6 149) | 4 516 | (3 894) |
| Genital warts | 29 704 | (28 176) | 18 807 | (17 930) | 10 897 | (10 246) |
| Genital molluscum | 1 212 | (1 153) | 730 | (751) | 482 | (402) |
| Other treponemal diseases | 878 | (923) | 556 | (570) | 322 | (353) |
| Other conditions requiring treatment in a centre | 67 842 | (59 963) | 37 288 | (34 749) | 30 554 | (25 214) |
| Other conditions not requiring treatment in a centre | 111 407 | (107 123) | 69 610 | (66 911) | 41 797 | (40 212) |
| Other conditions referred elsewhere | 2 933 | (2 655) | 1 551 | (1 477) | 1 382 | (1 178) |

herpes genitalis, hepatitis B, and cytomegalovirus. Infection with these agents, together with non-specific genital infection, make up the newer group of STDs.

Recently the late complications of these infections have been studied and it is now known that pelvic inflammatory disease, ectopic pregnancy, sterility, and relapsing salpingitis are more common than was formerly appreciated. They affect mostly young people and have costly implications for the National Health Service in terms of repeated hospitalisation for chronic pelvic inflammatory disease and surgical treatment for infertility.

Herpes genitalis (simplex)

The worldwide anxiety about the long term consequences of infection with herpes virus, such as its relation to cancer of the cervix and the risk to a new born baby if its mother is infected, on present evidence, have been greatly exaggerated by the media. Nevertheless, the formation of herpes sufferers' clubs in North America and Western Europe is an indication of the worry and distress caused by this sexually transmitted disease, especially among the more educated and articulate members of society. Research is being undertaken to find better methods of preventing recurrences of infection.

Genital warts

The wart virus caused genital lesions in 29 704 cases in England, an increase of 5% over the previous year. Flat warts of the cervix, which can only be detected by colposcopy, are thought to have a possible relation with the eventual development of carcinoma of the cervix, especially if associated with herpes. Further research into many aspects of this common condition is needed.

Acquired immune deficiency syndrome ('AIDS')

During the past four years a new and frequently fatal syndrome has been described in the United States. It consists of the development of immunodepression of cell mediated immunity, infection with opportunistic micro-organisms and, in many cases, the development of Kaposi's sarcoma. Over 1000 cases have been reported in the United States, mostly among young homosexual men, and the death rate has been over 40%. Cases are now being reported in England and Western Europe. The cause of this serious and often fatal syndrome is unknown. The situation requires careful surveillance, and this is already being undertaken by the Communicable Disease Surveillance Centre (CDSC).

Gonorrhoea

Although the incidence of reported cases of gonorrhoea has declined slightly in recent years, the number of patients infected with beta-lactamase producing penicillin resistant strains continues to increase. In South East Asia, West Africa and several other areas more than 50% of strains are beta-lactamase producers, whereas in England between 2% and 3% are totally penicillin resistant. However, more infections with these resistant strains are now contracted within the United Kingdom than are brought in from abroad, indicating that beta-lactamase producing strains are now diffused widely throughout the indigenous population.

Unfortunately, strains of gonococci resistant to penicillin, spectinomycin, and other antibiotics are being isolated now and the dangers of multiple antibiotic resistant strains are being recognised slowly. Patients infected with these strains require treatment with expensive antibiotics, such as cephalosporins like cefoxitin ('Mefoxin') and cefotaxime ('Claforan').

In response to widespread anxiety about antibiotic resistance the World Health Organisation recently set up a scientific working group on Antimicrobial Resistance which published its report (WHO, 1981). It warned against the indiscriminate use of antibiotics and suggested codes of practice for prescribing them.

Chlamydia trachomatis

Facilities for growing *Chlamydia trachomatis* are still available only in a small number of clinics. Further evidence is now available that this agent is a very common cause of genital inflammatory disease and, if undiagnosed, of serious pelvic inflammatory disease.

Candidosis

This infection is frequently seen in STD clinics. The total number of cases in women increased by 6% to 37 451 (1981 figures for England). The fungus was also found in 9 496 men, an increase of 3%. Treatment remains unsatisfactory because of frequent relapses.

Syphilis

The incidence of infectious syphilis in England showed little change during the year under review. There was a decrease of 6% in primary and secondary syphilis and a 2% decrease in cases of late syphilis. Late manifestations of the disease are now

TABLE III The venereal diseases—new cases per 100 000 population by age seen at hospital clinics in England 1977-1981

| | 1977 | | | 1978 | | | 1979 | | | 1980 | | | 1981 | | |
|----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | Men | Women | Total | Men | Women | Total | Men | Women | Total | Men | Women | Total | Men | Women | Total |
| Early syphilis | 10.15 | 1.97 | 5.95 | 10.53 | 1.74 | 6.02 | 9.45 | 1.48 | 5.36 | 9.41 | 1.60 | 5.41 | 8.50 | 1.44 | 4.90 |
| All ages | 6.70 | 1.13 | 3.84 | 6.77 | 0.92 | 3.76 | 5.88 | 0.80 | 3.28 | 5.92 | 0.87 | 3.33 | 5.53 | 0.80 | 3.10 |
| Primary and secondary only | 0.16* | 0.09* | 0.13 | 0.11* | 0.06* | 0.08* | 0.08* | 0.04* | 0.02* | 0.04* | 0.06* | 0.03* | 0.06* | 0.06* | 0.03* |
| Under 16 years | 7.17 | 5.07 | 6.15 | 5.07 | 2.89 | 4.00 | 4.87 | 3.38 | 4.14 | 4.06 | 3.78 | 3.91 | 4.40 | 2.99 | 3.71 |
| 16-19 years | 19.10 | 5.35 | 12.41 | 18.10 | 4.13 | 11.31 | 14.12 | 2.76 | 8.56 | 14.83 | 3.47 | 9.27 | 15.27 | 3.52 | 9.48 |
| 20-24 years | 7.84 | 0.70 | 4.07 | 8.23 | 0.70 | 4.25 | 7.29 | 0.60 | 3.77 | 7.29 | 0.58 | 3.75 | 6.48 | 0.56 | 3.35 |
| 25 years and over | | | | | | | | | | | | | | | |
| Late syphilis | 4.02 | 1.85 | 2.90 | 4.56 | 1.81 | 3.15 | 4.22 | 1.81 | 2.98 | 4.16 | 2.04 | 3.07 | 4.26 | 1.78 | 2.98 |
| All ages | 0.26 | 0.43 | 0.35 | 0.17 | 0.36 | 0.27 | 0.19 | 0.35 | 0.28 | 0.27 | 0.24 | 0.26 | 0.26 | 0.31 | 0.29 |
| Congenital syphilis | | | | | | | | | | | | | | | |
| All ages | 163.41 | 91.72 | 126.64 | 157.77 | 88.41 | 122.18 | 154.75 | 84.22 | 118.59 | 150.49 | 85.26 | 117.04 | 146.96 | 77.94 | 111.52 |
| Gonorrhoea (post pubertal) | 2.25 | 8.04 | 5.06 | 1.82 | 6.44 | 4.07 | 1.50 | 5.86 | 3.62 | 1.75 | 5.99 | 3.81 | 1.82 | 5.30 | 3.52 |
| All ages | 331.52 | 508.19 | 417.67 | 294.39 | 453.31 | 372.21 | 284.80 | 412.83 | 347.31 | 276.65 | 420.00 | 345.53 | 277.54 | 393.83 | 334.44 |
| Under 16 years | 724.58 | 492.48 | 611.76 | 667.20 | 463.50 | 569.57 | 654.29 | 449.88 | 554.23 | 650.23 | 454.13 | 554.19 | 626.78 | 425.17 | 527.39 |
| 16-19 years | 144.25 | 42.83 | 90.69 | 143.78 | 44.04 | 91.13 | 139.67 | 41.27 | 87.78 | 131.52 | 39.88 | 83.20 | 127.04 | 33.44 | 77.67 |
| 20-24 years | | | | | | | | | | | | | | | |
| 25 years and over | | | | | | | | | | | | | | | |
| Chancroid | | | | | | | | | | | | | | | |
| All ages | 0.17 | 0.02* | 0.09 | 0.22 | 0.01* | 0.11 | 0.16 | 0.02* | 0.09 | 0.17 | 0.07 | 0.12 | 0.28 | 0.11 | 0.19 |

*These rates were based on fewer than 10 events and consequently their reliability as a measure may be affected.

TABLE IV Other sexually transmitted and other conditions—new cases per 100 000 population at all ages seen at hospital clinics in England 1977-1981

| | 1977 | | | 1978 | | | 1979 | | | 1980 | | | 1981 | | |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | Men | Women | Total | Men | Women | Total | Men | Women | Total | Men | Women | Total | Men | Women | Total |
| Lymphogranuloma venereum | 0.13 | 0.02* | 0.07 | 0.10 | 0.01* | 0.06 | 0.09 | 0.04 | 0.06 | 0.10 | 0.03* | 0.06 | 0.13 | 0.04 | 0.85 |
| Granuloma inguinale | 0.06 | 0.01* | 0.04 | 0.04* | 0.01* | 0.02 | 0.08 | 0.05 | 0.06 | 0.07 | 0.02* | 0.04 | 0.04 | 0.06 | 0.05 |
| Non-specific genital infection | 335.89 | 82.65 | 206.02 | 347.52 | 83.91 | 212.28 | 356.67 | 91.41 | 220.67 | 383.82 | 115.02 | 245.98 | 395.74 | 124.65 | 256.53 |
| Non-specific genital infection with arthritis | 2.08 | 0.11 | 1.07 | 1.89 | 0.13 | 0.99 | 1.93 | 0.08 | 0.98 | 2.27 | 0.13 | 1.17 | 2.40 | 0.15 | 1.25 |
| Trichomoniasis | 7.50 | 77.23 | 43.26 | 7.41 | 76.15 | 42.68 | 7.03 | 75.33 | 42.05 | 8.42 | 78.62 | 44.42 | 7.30 | 77.26 | 43.23 |
| Candidiasis | 32.91 | 128.98 | 82.18 | 36.23 | 131.99 | 85.36 | 35.61 | 133.03 | 85.56 | 40.68 | 148.53 | 95.98 | 41.72 | 155.88 | 100.34 |
| Scabies | 7.72 | 1.86 | 4.71 | 7.70 | 1.89 | 4.72 | 7.39 | 1.70 | 4.47 | 7.95 | 2.05 | 4.92 | 7.68 | 1.65 | 4.58 |
| Pubic lice (pediculosis pubis) | 18.75 | 7.68 | 13.07 | 20.73 | 8.83 | 14.62 | 22.97 | 9.60 | 16.12 | 24.10 | 10.53 | 17.14 | 26.22 | 11.44 | 18.63 |
| Herpes simplex | 22.06 | 11.53 | 16.66 | 23.20 | 13.33 | 18.14 | 24.16 | 14.25 | 19.08 | 27.16 | 16.34 | 21.61 | 29.13 | 18.80 | 23.83 |
| Warts (condylomata acuminata) | 65.52 | 33.54 | 49.12 | 69.07 | 35.94 | 52.07 | 69.45 | 36.94 | 52.78 | 79.20 | 43.00 | 60.63 | 82.63 | 45.36 | 63.49 |
| Molluscum contagiosum | 2.82 | 1.24 | 2.01 | 2.94 | 1.26 | 2.08 | 2.77 | 1.43 | 2.09 | 3.32 | 1.69 | 2.48 | 3.21 | 2.01 | 2.60 |
| Other treponemal diseases | 3.27 | 1.55 | 2.39 | 3.09 | 1.61 | 2.33 | 3.23 | 1.49 | 2.34 | 2.52 | 1.48 | 1.99 | 2.44 | 1.34 | 1.88 |
| Other conditions requiring treatment in a centre | 121.67 | 62.95 | 91.56 | 128.74 | 73.07 | 100.17 | 130.27 | 84.49 | 106.80 | 153.48 | 105.81 | 129.04 | 163.83 | 127.17 | 145.01 |
| Other conditions not requiring treatment in a centre | 263.93 | 151.21 | 206.12 | 276.44 | 155.07 | 214.17 | 273.97 | 159.18 | 215.11 | 295.54 | 168.75 | 230.52 | 305.84 | 173.97 | 238.12 |
| Other conditions referred elsewhere | 4 | 2.86 | 3.77 | 5.54 | 3.71 | 4.60 | 5.97 | 3.75 | 4.83 | 6.52 | 4.94 | 5.71 | 6.81 | 5.75 | 6.27 |

*Rates based on fewer than 10 events and consequently their reliability as a measure may be affected.

very rare and the condition appears to be controlled satisfactorily at present.

The classical venereal diseases, syphilis, gonorrhoea, and chancroid now constitute rather less than 12% of all the cases seen at the clinics, and the major problems of control are among the newer STDs, especially the virus diseases.

The clinics

The 180 clinics for patients with STD in England are housed in buildings of various standards, ranging from the old, outdated, basement type of VD clinic to the modern department of genitourinary medicine situated in medical outpatients. Unfortunately, the old fashioned clinics discourage patients from attending and make it very difficult to attract doctors, nurses, and clerical staff to work in them.

Recruitment of doctors has improved marginally. The number of hospital medical staff working in genitourinary medicine in England and Wales at 30 September 1982 totalled 224 (208·6 whole time equivalents (WTE) compared with 219 (203·8 WTE) in September 1981. The figures for 1982 included 111 (106·3 WTE) consultants, 34 (32·2 WTE) senior

registrars, and 37 (35·4 WTE) registrars compared with 110 (106·4 WTE) consultants, 31 (29·4 WTE) senior registrars and 42 (39·6 WTE) registrars in September 1981. At 30 September 1982 there were in addition to the above 23 (6·4 WTE) hospital practitioners and 171 (37·4 WTE) part time medical officers (clinical assistants).

Health advisers (contact tracers)

The Department has offered every health adviser (contact tracer) in sexually transmitted diseases who is currently in post, a place on one of a series of training courses at the NHS Training and Studies Centre at Harrogate. The courses deal with relevant areas of knowledge, interpersonal skills for use with patients, and team work. In a related field, the Department has arranged two appreciation courses for doctors and senior nurses in the work of health advisers.

References

1. World Health Organisation. *Report of scientific working group on antimicrobial resistance*. Geneva: WHO, 1981.