LETTERS TO THE EDITOR

Syphilis prevalence is rapidly decreasing in South Korea

The widespread use of penicillin after the second world war resulted in the dramatic decrease in the incidence of syphilis throughout the world. However, the prevalence of syphilis is rising again in western countries owing to an increased use of drugs.1 In Korea, evaluation of VDRL-positive rates has been carried out in various population groups since the 1960s by various authors. The results ranged from 7-4% in 1962 to 0-2% in 1974. However, because of the variability in the population groups, areas and periods of research, it has been difficult to compare and analyse the findings. We began to evaluate VDRL-positive rates in the late 1970s in similar areas with similar population groups and methods in order to standardise the results for accurate analysis of syphilis prevalence in Korea.

Apparently normal Korean adults over 20 years of age, 17,142 in number, were examined from January to December, 1990. Of the study population, 9,151 (7,063 men, 2,088 women) were blood donors in the Seoul area, 5,309 (3,317 men, 1,992 women) were physical examinees examined at Severance Hospital, Yonsei University, and 2,682 were pregnant women delivered at Severance Hospital, Yonsei University. All of the subjects were screened by the VDRL test. The VDRL titration was performed on VDRL-positive pregnant women and physical examinees. The VDRL tests were done according to the Manual of Tests for Syphilis from Centers for Disease Control (CDC). The results obtained were compared with the results of surveys done by the present author group in the similar population groups in 1977,1981 and 1986.4

The VDRL-positive rates of blood donors were 2.3% among 6,220 in 1977, 1.0% among 8,501 in 1981, 0.5% among 6,097 in 1986 and 0.3% among 9,151 in 1990. The positive rates in pregnant women were 0.8% among 2,588 in 1981, 0.6% among 1,883 in 1986 and 0.1% among 2,682 in 1990. In physical examinees, the rates were 2.9% among 3,393 in 1977, 1.5% among 2,753 in 1981, 0.8% among 5,136 in 1986 and 0.8% among 5,309 in 1990. The mean positive rate of all three groups for 1977 was 2.5% and the rate dropped to 1.1% in 1981, to 0.6% in 1986, and to 0.4% in 1990 (table).

The marked decrease in the VDRL-positive rates in blood donors and pregnant women implies that the occurrence of new patients is decreasing as the two groups in 1990 consisted mostly of young people under 40 years of age (89% of the blood donors, 99% of the pregnant women). Although the overall incidence is decreasing, the higher VDRL-positive rates in the physical examinees in 1990 is due to a relatively higher proportion of older persons (37% above 40 years of age) and cumulative effect occurring thereby.

To summarise, the VDRL-positive rates among apparently normal adult Koreans are decreasing rapidly since the late 1970s owing to a decrease in the occurrence of new patients.

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1 Leads from the MMWR-Continuous increase in infectious syphilis—United States. JAMA 1980;245:975-7.

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Table Decreasing VDRL-positive rates in apparently normal Korean adults

<table>
<thead>
<tr>
<th>Year</th>
<th>Blood donors</th>
<th>Physical examinees</th>
<th>Pregnant women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1977</td>
<td>144/6,220 (2.3)</td>
<td>98/3,393 (2.9)</td>
<td>—</td>
<td>242/9,613 (2.5)</td>
</tr>
<tr>
<td>1981</td>
<td>88/8,501 (1.0)</td>
<td>42/2,753 (1.5)</td>
<td>20/2,588 (0.8)</td>
<td>150/13,842 (1.1)</td>
</tr>
<tr>
<td>1986</td>
<td>33/6,097 (0.5)</td>
<td>40/5,136 (0.8)</td>
<td>11/1,883 (0.6)</td>
<td>84/13,116 (0.6)</td>
</tr>
<tr>
<td>1990</td>
<td>28/9,151 (0.3)</td>
<td>43/5,309 (0.8)</td>
<td>4/2,682 (0.1)</td>
<td>75/17,142 (0.4)</td>
</tr>
</tbody>
</table>

Cytomegalovirus and AIDS

Cytomegalovirus (CMV) retinitis causes significant morbidity in patients with the Acquired Immune Deficiency Syndrome (AIDS) and is the most common cause of retinitis in this group, occurring in up to 29% of patients.1 Untreated CMV retinitis usually relentlessly progresses to retinal necrosis and atrophy. Ganciclovir and phosphonoformate

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