EDITORIAL

SEXUALLY TRANSMITTED DISEASES TODAY

Sexually transmitted diseases, relegated to low priority in medical planning and thinking in the immediate post-penicillin era, have unfortunately re-emerged and assumed such proportions as to merit technical discussions at the General Health Assembly of the World Health Organization in 1975. The world community and governments are understandably concerned over the cost of this resurgence, both in human and economic terms. Public ignorance plays a decisive role in the spread of these diseases, hence the recently launched 'Combat Infectious Diseases' campaign.

Sexually transmitted diseases or veneral diseases, as usually defined, comprise syphilis, gonorrhoea and, in a number of countries, chancroid, lymphogranuloma venereum and granuloma inguinale. More recently, a host of other diseases, such as non-specific urethritis, trichomoniasis, candidosis, condyloma acuminata, herpes progenitalis, molluscum contagiosum, scabies, pediculosis pubis, cytomegalovirus disease have been included. The traditional classification of these diseases into 'major' and 'minor' requires closer scrutiny. Syphilis and gonorrhoea are rightly regarded as 'major'. However, more attention should be focussed on some of the so-called 'minor' sexually transmitted diseases like non-specific urethritis, herpes progenitalis and cytomegalovirus disease because they are known to cause serious disability and even death.[1]

There is overwhelming evidence of the resurgence of infectious syphilis and gonorrhoea in developed and developing countries. Non-specific urethritis, trichomoniasis have been rising pari passu with gonorrhoea in Western Europe. In the Far East, chancroid, lymphogranuloma venereum and granuloma inguinale still pose epidemiological problems.[2] In Singapore, available figures show that the number of cases of primary syphilis has increased by 167%, secondary syphilis by 157%, gonorrhoea by 41.4% and chancroid by 84.2% over the last decade. Four cases of lymphogranuloma venereum were seen in 1966 as against 159 in 1975, but non-specific urethritis and trichomoniasis appear to pose fewer problems.[3] Since these diseases are non-notifiable, the above figures probably under-estimate their prevalence in the country.

Conservative local estimates indicate that only 20% to 30% of cases of sexually transmitted diseases are seen in public clinics and the remainder by private practitioners. This situation is comparable to that in the United States but contrasts sharply with the situation in the United Kingdom where only 5% of patients with gonorrhoea are seen by general practitioners.[4] It is claimed that poor diagnostic and clinic facilities discourage patient utilization of our public clinics. Review of the diagnostic facilities of these clinics clearly reveals standards comparable to the best in the world.[5] However, the physical structure of the clinics, overcrowding, long-waiting are apt to deter attendance by patients. Since sexually transmitted diseases have become serious public health problems, they can be better controlled if a larger proportion of patients are managed at public clinics which are specially geared for investigative work at the public health level. Clearly, improving the condition of the clinics deserves urgent priority.

The treatment of syphilis is standard and uniform. Treponema Pallidum has thus far not developed resistance of any significance to penicillin. However, with the Gonococcus, varying sensitivity patterns in different regions have precluded recommendation of a universally acceptable standard regime of treatment. Each country has to determine the sensitivity pattern of the prevalent strains and recommend the best possible choice of drugs and dosage schedules of treatment. It is important that private practitioners closely adhere to these recommendations, in order to prevent the emergence of resistant strains. In the present jet-age, this kind of information should be widely disseminated and be made available to clinicians outside the region as well. It is in this sphere that the World Health Organization can make an important contribution. The recent knowledge of penicillinase-producing strains of Gonococci has to be closely monitored because of its epidemiological significance.[6]

In their conclusion following the technical discussions at the 28th World Health Assembly in 1975, experts felt that in all areas "there is a need for increased undergraduate and postgraduate education for physicians, with sufficient balance on technical as well as communications and human relations skills." They also suggested that medical schools be encouraged to include in their curricula more regular teaching sessions on sexually transmitted diseases.[7] Intensified continuing educational programmes are required for family physicians in order to upgrade their knowledge of the principles of management of these diseases. The significance of the bizarre and less common manifestations of some of the sexually transmitted diseases may elude specialists of other disciplines; hence the need to include sessions on sexually transmitted diseases in postgraduate courses. Gonococcal pharyngitis, liver disorders from syphilis, disseminated gonococcal infections, or sexually transmitted hepatitis-B disease, myositis and meningitis from syphilis are but a few examples of the extragenital manifestations of sexually transmitted diseases. The association of Herpes Simplex Type II virus with cervical cancers impinges on the sphere of Oncology and Gynaecology.

What of the future? The rising trends are not likely to cease without a radical reversal from the prevalent liberal attitude towards sex. Basic research should be directed in the field of immunology to develop simpler and more efficient diagnostic tests and effective immunization procedures against syphilis and gonorrhoea. Even then, the problems posed by the so-called 'minor' sexually transmitted diseases still require to be properly evaluated and effectively dealt with.

REFERENCES

1. Willcox R.R.: "Importance of the so-called other Sexually Transmitted Diseases."—British Journal of Venereal Diseases, 51, 221-226, 1975.
2. World Health Statistics Report—Vol. 29, No. 5-6, 1976.
3. Annual Report, Middle Road Hospital, 1975.
4. "Sexually Transmitted Diseases"—Extract from the Annual Report of the Chief Medical Officer of the Department of Health and Social Security for the year, 51, 63-68, 1973-1975.
5. Rajan V.S.: "Epidemiology and Control of Sexually Transmitted Diseases in Singapore."—Proceedings of the Weekend Seminar on Infectious Diseases held on 18-19 September 1976—to be published.
6. W.H.O. Weekly Epidemiological Report—17 September 1976.
7. W.H.O. Report of the Technical Discussions at the 28th World Health Assembly on "Social and Health Aspects of the Sexually Transmitted Diseases: Need for a Better Approach."