

SITUATION CONCERNING SEXUALLY TRANSMITTED DISEASES IN TRIESTE

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ABSTRACT

The situation concerning STDs in Trieste during 1994 was evaluated.

We have collected the data regarding syphilis, gonorrhoea, non-gonococcal urethritis, and HIV infection from the Dermoceltic center, from the in- and out-patient clinic of the department of Dermatology and from the Laboratory of tissue typization.

The study showed the following results: syphilis: 12 cases (early 3, late 9), 10 cases of gonorrhoea, 24 cases of non gonococcal urethritis, 35 HIV-1 seropositive patients. Geographical situation of Trieste, and the Italian law that guarantees anonymity only in some cases, may explain the low number of patients. Furthermore, for these reasons, the STD patient could prefer to contact a private doctor, who may not notify the Health authorities.

KEY WORDS

STD epidemiology, syphilis, gonorrhoea, HIV urethritis

INTRODUCTION

In order to present the situation regarding sexually transmitted diseases (STD) in Trieste we have collected the data from some centers in our city in which STDs are detected and/or treated.

We have especially considered the most important venereal diseases: syphilis, gonorrhoea, non gonococcal urethritis and infections with human immunodeficiency virus (HIV).

MATERIALS AND METHODS

We have collected the data regarding STDs in Dermoceltic Center, in- and out-patients admitted

to the Department of Dermatology of the University of Trieste and Tissue typization laboratory of the Cattinara Hospital.

In vitro diagnosis of syphilis was performed with the following tests: RPR test (Human Gesellschaft fur Biochemica und Diagnostica - Germany); TPHA (micro-hemagglutination assay technique - Fujirebio Inc., Japan); FTA-Abs (indirect fluorescent antibody technique by Delta Biologicals srl - Italy). HIV-Ab positivity were tested by Abbott HIV-1/HIV-2 3rd generation test and an in vitro enzyme immunoassay (EIA) for the simultaneous detection of antibodies to HIV type 1 and/or type 2 in human serum or plasma.

Diagnosis of gonococcal and non-gonococcal ure-

Table 1. Patients affected with STD (first diagnosed) during 1994, in Dermoceltic Center and Department of Dermatology - Trieste

Syphilis	12 cases	early s.: 2 males, 1 female late s.: 5 males, 4 females	(medium age: 28 y.) (medium age: 54 y.)
Gonorrhoea	10 cases	(all males) - urethritis	(medium age: 26 y.)
Non gonococcal urethritis	24 cases	22 males - urethritis 2 females - vulvovaginitis	(medium age: 24 y.) (medium age: 19 y.)

thrititis were confirmed by EIA (Gonozyme, Chlamydiazyme - Abbott) and culture on appropriate media (Laboratory of Microbiology - ASS 1 Triestina).

RESULTS

During 1994, in Dermoceltic Center and in the Department of Dermatology, there were diagnosed the following venereal diseases (Table 1):

- syphilis: 12 cases; 2 men and a woman affected with early syphilis, 5 men and 4 women presented with late syphilis.

- gonorrhoea: 10 cases, all men.

- non gonococcal urethritis: 24 cases, 22 men and 2 women; 12 cases due to Chlamidia trachomatis, 5 to Ureaplasma urealiticum, 3 to Streptococcus pyogenes, 2 to Enterococcus faecalis and 1 case to Staphylococcus aureus.

- Medium age of the patients was 29 years for females and 39 for males.

- HIV infection: Table 2 shows the number of seropositive patients detected during 1994, in comparison with those collected each year from 1990 to 1993 (Tissue typization laboratory). During

1994 there were diagnosed 35 new HIV-1 seropositive patients.

DISCUSSION

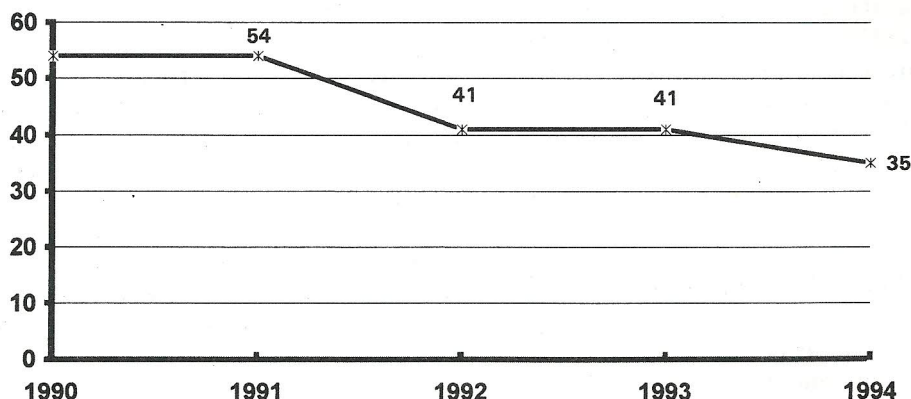
It is important to remember that anyone affected with an STD, can choose between a public institution (hospital, STD center, outpatient clinic) and a private practice (dermatologist, urologist, gynecologist). The private doctors rarely report the STD cases to the local health authority.

Moreover, general practitioner too, may treat a sexually transmitted disease, without notifying the authorities and even without laboratory or microbiological tests.

Furthermore, we should stress another important local factor, which is arising from our specific geographical situation: the area covered by the province of Trieste is not a large one, and so the potential patient may prefer to contact the nearby health services of Gorizia and Monfalcone, for reason of privacy.

Another important point to bear in mind is that, according to the Italian law, the patient with an

Table 2. Newly detected HIV-1 positive patients (1990-1994) in Trieste



STD is guaranteed anonymity only if receiving treatment from an STD center, and not if being treated in hospital or outpatients' clinic. HIV testing, on the other hand, is anonymous wherever it is requested.

After these preliminary statements, we comment our data:

HIV seropositive patients: the data could correspond well to the actual situation since this test is not performed in private laboratories; furthermore the patient is guaranteed total anonymity. During last year, there were detected 35 HIV-1 positive patients. The number of new seropositive patients is decreasing in comparison with previous years, but this diminution

is not statistically significant. Data on pediatric patients are not included. Our opinion is that about 90% of these seropositive patients are intravenous drug users.

Syphilis: The low number of early syphilis could be explained by considerations mentioned before, and by rather elevated number of late cases.

Gonorrhoea and nongonococcal urethritis (NGU): same comment could be made for the ten cases (only men) of *Neisseria* infection and for 24 subjects suffering from NGU.

Finally, we should remark that the record of STDs in Trieste is often influenced both by geographical situation and by Italian law, that guarantees anonymity only in certain cases.

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