

Chlamydia in Sweden

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In the end of the 70s only five laboratories in Sweden could perform Chlamydial culture. Today more than 33 laboratories perform some kind of Chlamydial identification but a number of different tests are used and there is a lack of standardisation. Probably the introduction of tests based on DNA amplification will improve the situation.

Up to the beginning of the 80s Chlamydial disease in Sweden was in an uncontrolled hyper endemic state. The number of Chlamydial infections has been estimated to about 100,000 per year, that is more than twice the number of gonococcal infections in the peak year of 1970. During the 80s culture was increasingly used to identify new cases. With the new act on contagious diseases in 1988 an epidemiological approach was generally adopted.

Chlamydial epidemiology

In contrast to gonococcal disease the epidemiological information on Chlamydial disease is by far shorter. Voluntary reporting from the laboratories was instituted in 1983. As can be seen in figure 1 there was a rapid increase of cases in the middle of the 80s. After 1988 numbers have been decreasing with a tendency to levelling off during the last years.

From figure 2 it is evident that the increase during the beginning of the 80s was due to rapidly increasing diagnostic efforts. The number of positive cases started to decline before the decrease in taking of specimens.

During the last years there has been a constant decrease in number of cultures (figure 3).

The percentage of positive cultures is now rather constant about 4%.

Reporting of clinical cases was not introduced until 1988. Figure 4 shows the same kind of drop on a slightly lower level. The number of clinical cases in 1994 was 13,625.

The distribution of cases from 1993 in the age groups 15 to 30 can be seen in figure 5. For women the peak is in the age 19–20 and for men two years later. From the age of 25 there is no difference in number of cases between the sexes.

Legislation

Probably the most important impact of legislation on the STD situation in Sweden is first of all the rather good quality of reported figures due to the compulsory reporting system and secondly the fact that legislation has forced the granting authorities to allocate resources to STD health care. Acts relating to STDs have been passed in Sweden in 1919, 1969 and the present act on communicable diseases effective from 1988 regulates four STDs – syphilis, gonococcal and Chlamydial disease and infection with HIV-virus.

The basic principles for all acts during the century has been STD care free of charge, a nation-wide case reporting system from clinicians as well as from laboratories, partner tracing and notification. The present law has introduced regional epidemiologists supervising the local situation for all communicable diseases.

The law requires the physician in charge of the patient to inform the patient properly, to perform the contact tracing and follow up on contacts, to report the case to the national register and if necessary notify the county epidemiologist.

The county epidemiologist is a central asset in the field of communicable diseases as well as an independent authority which both can re-

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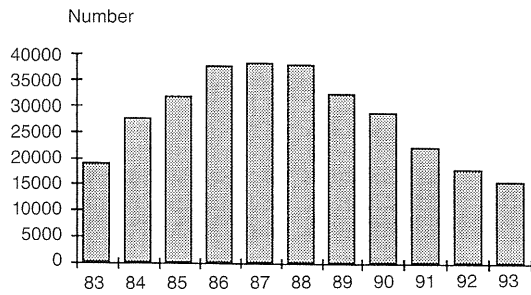


Fig. 1. Laboratory reports of *Chlamydia trachomatis* 1983-1993.

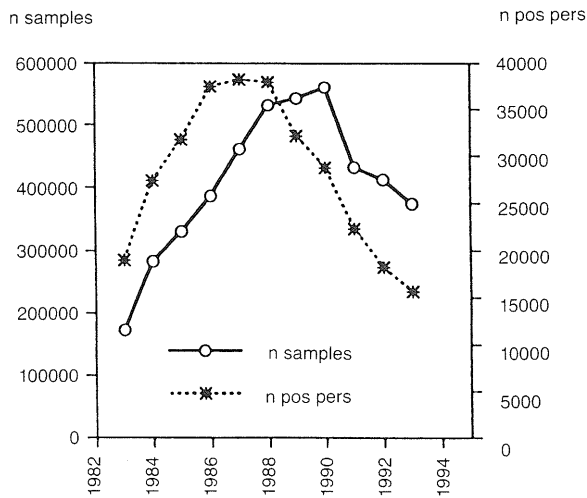


Fig. 2. Chlamydial disease in Sweden: number of samples and positive persons.

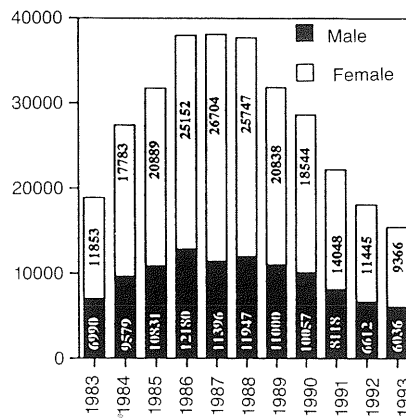


Fig. 4. Chlamydial disease in Sweden.

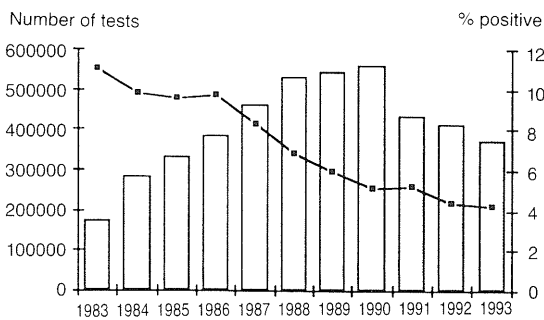


Fig. 3. Number of samples 1983-1990 (open bars) and persons tested 1991-1993 (shaded bars) for *Chlamydia trachomatis* and % positive tests (curve).

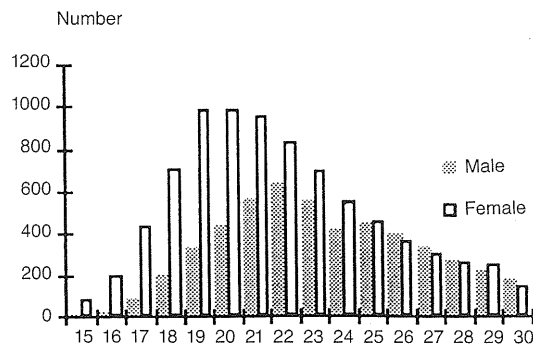


Fig. 5. Age distribution in age groups 15-30 years of reported infections in 1993.

quest patients to attend and can institute compulsory examinations and isolation. Most of the compulsory care is related to HIV disease.

Youth centres

The youth centres are a central part of the present fight in Sweden against STDs and abortions. The first clinic started in 1975 based on a holistic concept of the teenager as an individual with particular needs in the transition from child to grown-up. The number of clinics increased rapidly during the 80s and there are now 176 youth centres with at least the minimum staffing of a midwife, a physician and a social worker.

The youth clinics are usually located outside hospitals, and preferably down town where the youngsters have easy access. They are intended for young people up to the age of about 20. The basic staffing is midwives with special training in contraceptive counselling, licensed to prescribe contraceptive pills and insert IUDs. Depending on local conditions specialists from different fields are involved.

The issues are contraceptive counselling and prescription, primary prevention through information by visiting school classes also participation in teaching in the schools in the catchment area.

Chlamydial screening

Chlamydial screening has been introduced in most counties in Sweden. In short Chlamydial testing is performed whenever possible on all sexually active individuals up to the age of 30. Most often extra money is allocated to relieve the individual physician or clinic from the costs of culture. In this way particularly great numbers of young women have been screened for Chlamydial disease and through these women a great number of men can be reached through contact tracing. The youth clinics have played an important role in this work.

However the medical society can never solve the problem of sexually transmitted diseases single-handed. Views in society of sexuality and sexual behaviour have great impact on STDs. Differences between countries are also great and imply that individual solutions have to be found. Sweden has a strong belief in information and during the 80s emphasis have shifted from technical and medical matters to sex roles, moral and ethics, with the basic view that human sexuality is a powerful gift that has to be handled with care and respect for the partner.