

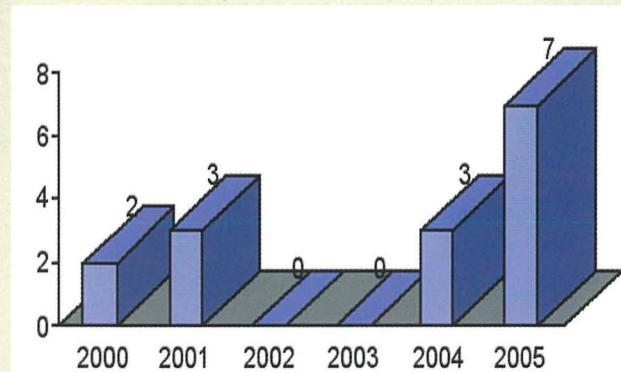
The Scars of Venus – Part II

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Sexually Transmitted Infections (STIs) are very common, with an estimated 330 million new cases yearly. They are the cause of serious morbidity (e.g. pelvic inflammatory disease, tubal infertility and ectopic pregnancies), as well as congenital and neonatal complications and even death. WHO estimates that, in Malta there could be up to 13,000 new cases per year, but this remains speculative. Part I (May 2006 - issue 03/06) discussed the local scenario with respect to Chlamydia gonorrhoea, syphilis & ano-genital warts.

5. HIV

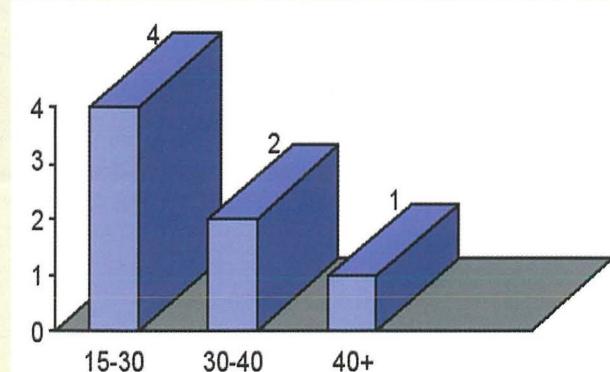
There were 7 cases of HIV diagnosed in 2005, significantly more than in previous years.



HIV cases (GU Clinic) 2000-2005

4 of these patients were male and 3 female; 4 heterosexual and the other 3 MSM.

The ages ranged from 17 to 49 years.

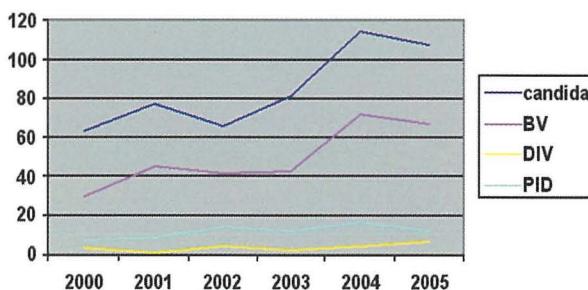


HIV cases (GU Clinic) by age-group

It is generally held that HIV disease is still uncommon in the Maltese Islands. This is mere speculation. It is the clinical impression of medical colleagues that the number of positive patients is about to increase significantly, a view the Clinic fully agrees with. We need as a priority to find out the true national prevalence and plan accordingly. A sudden unexpected increase in HIV positive patients requiring expensive ant-retroviral therapy, even if relatively small, could easily overwhelm our limited resources.

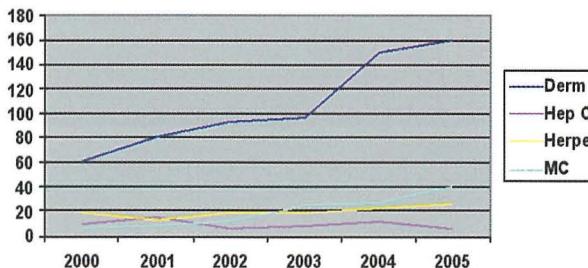
6. Other conditions

All other conditions have shown a steady increase.



Other conditions (1)

BV: bacterial Vaginosis, DIV: desquamative inflammatory vaginitis, PID: pelvic inflammatory disease.



Other conditions (2)

Derm: dermatoses, MC: molluscum contagiosum

Population sub-groups requiring targeted interventions

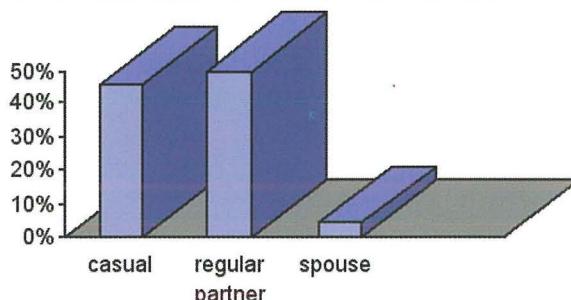
1. Young people

STIs are a major public health problem in people below 25 years. Young people are behaviourally more vulnerable to STI acquisition as they generally have higher numbers of sexual partners, greater number of concurrent partnerships and change partners more often than older age groups. Although consistent and proper use of condoms reduces the risk of STIs and unintended pregnancy, many young people may not have developed the skills and confidence to implement these strategies successfully.

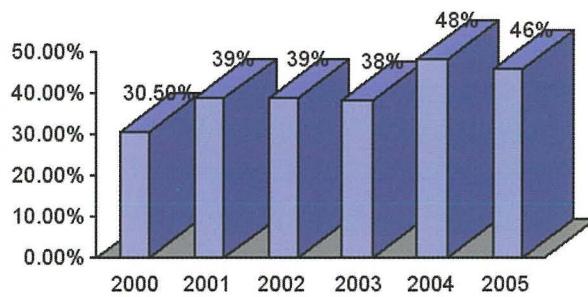
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Contacts



Young people- contacts 2005



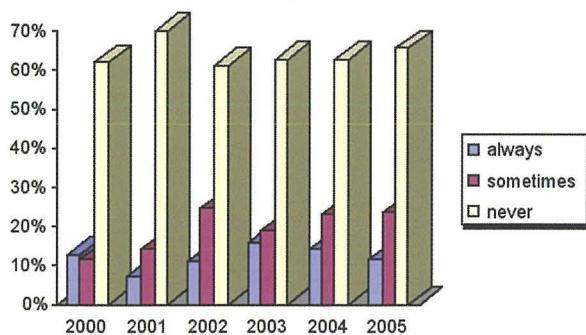
Young people-casual contacts 2000-2005

The rate of admitted casual sex has steadily increased (30.5% in 2000 to 46% in 2005). The seemingly high level of regular partnerships need to be tempered by the fact that many young people, specially teenagers, consider a few weeks old relationship as 'steady', and the rate of partner change is high.

Condom use

Consistent condom use remains low at 11.5% with 65.5% of the young never using one.

Comparing condom use over the last 6 years,



Young people – condom use (2000-2005)

It is apparent that there has been no improvement. If anything the situation seems worse with 11.5% using condoms consistently in 2005, (compared to 14% in 2004), and 65.5% never using one, (compared with 63% in 2004).

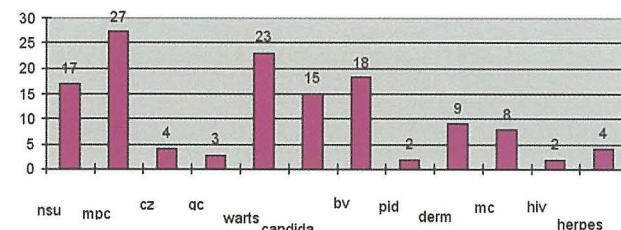
23% of the young females (65 of 282) used contraception.

Of these 89% used the OCP.

37% (232 of 389) admitted to taking illicit drugs at least occasionally. Looking at teenagers (13-19 years) as a separate sub-group, drug was somewhat higher at 40%. Marijuana was by far the most popular drug used in both groups.

28% (175 of 621) admitted to anal sex, which is a known high risk act. 65% of those that admitted to anal sex were heterosexual. The rate of anal sex in the teenage group was 30%.

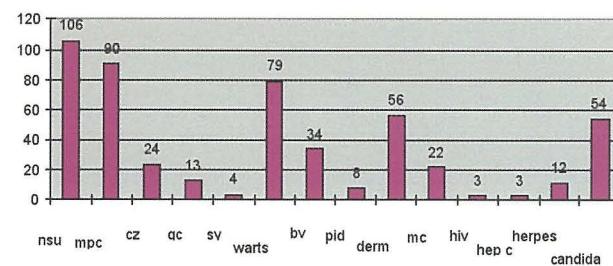
As to the conditions diagnosed, the young suffered 51% of the total seen (508 of 997).



Conditions diagnosed in the young (13-25 years)

Of particular note are the 24 cases of chlamydia, 13 cases of gonorrhoea, 4 cases of syphilis, 8 of PID, and 3 cases each of HIV and Hepatitis C.

The teenage sub-group suffered 13.2% of the total pathology diagnosed (132 of 997 conditions).



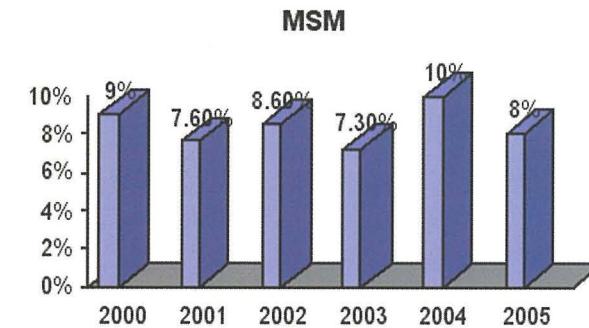
Conditions diagnosed in the young (13-19 years)

Of particular note are the 2 cases of HIV.

Whatever safer sex messages are being propagated, they are clearly not enough.

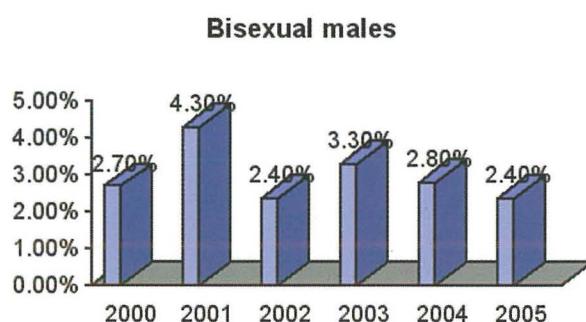
2. Homosexual/Bisexual men

8% of all new male patients were MSM and 2.4% were bisexual.

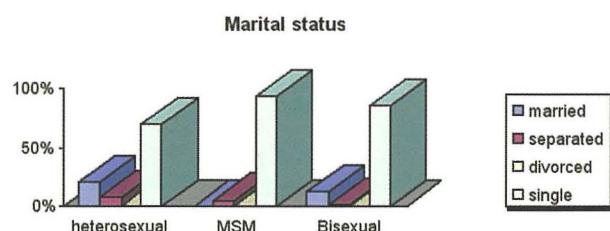


MSM attendances 2000-2005

Venus – Part II

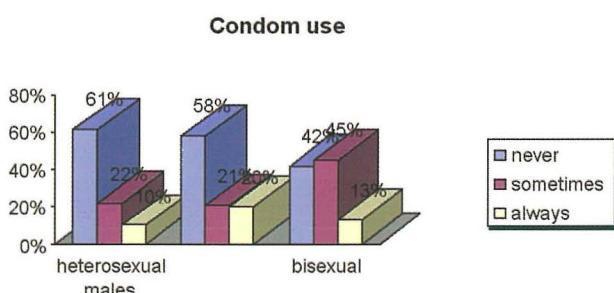


Bisexual attendances 2000-2005



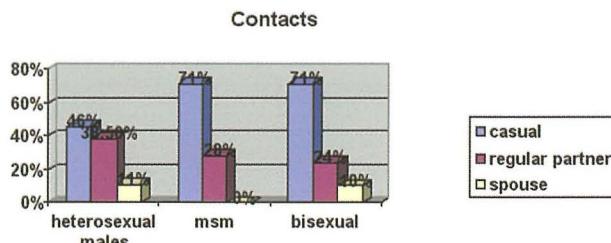
Comparison marital status – heterosexuals/MSM/bisexuals

13% of bisexuals are married, and when they do have extra-marital sex they always seem to do so with another male. How many of these married bisexuals are really gay but have not yet come to terms with it?



Condom use – heterosexuals/MSM/bisexuals.

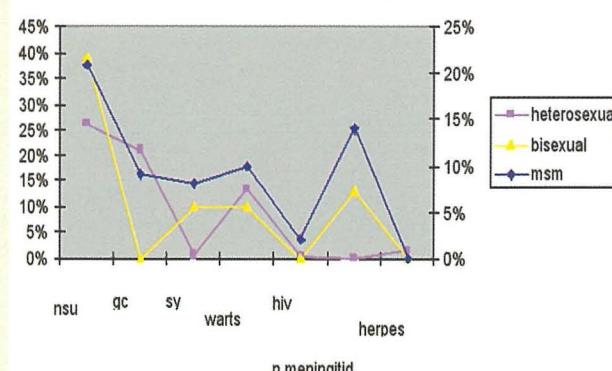
The percentage of those who always use a condom is very low in all three groups. A sub-group of gay men are known for poor condom use. However in this study MSM fared better than the heterosexual males, 20% and 10% respectively. This does not hide the very poor rate of condom use in all three groups, a serious problem that needs to be addressed.



Contacts-heterosexuals/MSM/bisexuals

The rate of casual sex is very high in all groups but particularly high in the MSM and bisexual groups (71% in both).

Asked about anal sex, 19.5% of the heterosexual males admitted to it at least occasionally, while 93% of MSM and 80% of bisexuals admitted to it. The bisexual group is important and difficult to reach. Their high rate of anal sex, (a high risk activity), with invariably casual male contacts, makes them and their female contacts very vulnerable to disease.



Diagnosis – heterosexuals/MSM/bisexuals.

As to actual main disease diagnosed, significantly more serious disease was diagnosed among the MSM and Bisexuals. This is no doubt at least in part due to the high rate of casual sex and poor condom use.

Hepatitis B vaccine was offered to all MSM. 25 vaccines were given in 2004, and 44 in 2005. Initially the standard regime of 3 doses at 0, 1 and 6 months was used. This resulted in a failure to finish the full course in 36% of cases.

It was therefore decided (April 2005) to change the schedule to the ultra-rapid regimen of 0, 7, 21 days, with a routine booster at 12 months to encourage compliance. The failure to finish the course, in fact, dropped to 7%. The anti-body response has been satisfactory in spite of the accelerated course.

3. The married (and separated) groups

The married, 17.5% of the total of new patients, is an interesting group, especially when compared to the 'separated' one, which makes up 10% of the total.

Of the married group (224 patients), four declared themselves to be bisexual (3 males and 1 female). Eight in the separated group said that they were not heterosexual. One was bisexual, one lesbian and six were gay.

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Editorial note

Ethelwald Emilius Vella An appreciation

Ethelwald Emilius Vella was part of the Royal Army Medical Corps, was the editor of the RAMC Journal for many years and head of the Pathology Laboratory Services at Millbank. He had joined the army in Malta in 1941 as an officer cadet in the University Students Battalion of the RMA. After graduation, he joined the RAMC and reached the top rank of colonel by the time he retired to the village of Manikata.

Whilst expressing its deepest sympathy to his family and friends, the editorial board is honoured to publish this letter sent by Ethelwald Emilius Vella. Malta has not only lost a doctor ... it has lost a great man whose beliefs, values and contributions created a benchmark for the whole medical profession.

Vaccines – today's and tomorrow's

There is a dictum attributed I believe to Almroth Wright, a prime promoter of immunological procedures: "The Physician of tomorrow will be a Vaccinator"

The foresight and wisdom of this saying is borne out by Drs Christopher Barbara and Tonio Piscopo in your issue 03/06 (May 2006).

Their two papers are informative and stimulating, covering various viral vaccines (cervical cancers), protozoal vaccine (malaria) and bacterial vaccines in between.

The reader would have noticed inter alia the mention of edible vaccines; these would eliminate the need for sterile syringes and needles. I have seen somewhere a proposal for bioengineered tomatoes as vehicles for Flu vaccines,

with an eye on the ominous threatening Bird Flu Pandemic.

En passant Almroth Wright (1861 - 1947), a Professor of Pathology of the British Army Medical Services, ended his professional career as Professor of Pathology and Microbiology and Director of the Inoculation Department (later Wright-Fleming Institute) at St Mary's, Paddington.

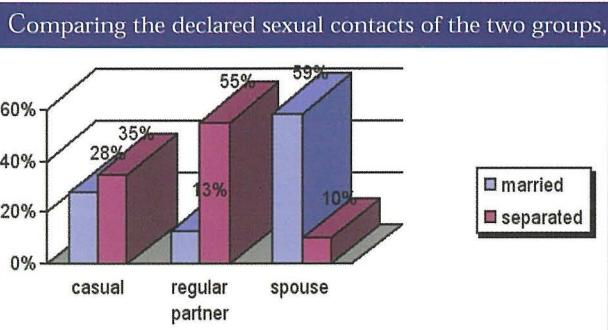
Of some local interest one may record that the first immunological target of Almroth Wright was Malta fever. As a true scientist and firm believer in immunization he injected himself first with a dead culture vaccine and followed this with a live culture. And he went down for several weeks with Malta fever.

Colonel (Retd) Ethelwald Emilius Vella MD FRCPPath L/RAMC

SEXUAL MEDICINE

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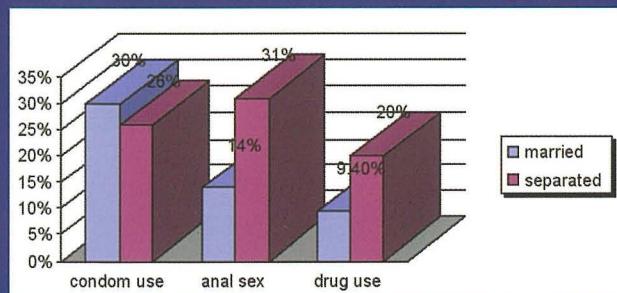
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Married group – sexual contacts.

The regular partner rate of the separated group seems very similar to the spouse group of the married one. Is this a tendency towards stable relationships irrespective of marital status?

70% of the married group and 74% of the separated group never used condoms. 31% of the separated group admitted to anal sex, with 14% of the married group doing so.



Married group – condom use/anal sex/drug use.

Asked about illicit drug use 9.4% of the married group admitted to using illicit drugs, at least occasionally, compared to 20% of the separated group.

One serious problem is the great difficulty of persuading the index patient to notify the 'innocent' spouse of the potential disease.

Conclusion

Although the actual number of the classical STIs is not apparently high, it must be borne in mind that this is very probably the tip of the iceberg. The GU Clinic does not see all the STIs of the Maltese Islands.

Of concern is the high level of casual sex, especially amongst the young compounded by very poor condom use. It is therefore only a question of time before the STIs, including HIV, will become a major problem. It is useless burying our heads in the sand and pretending that all is well. We need with urgency, regular prevalence studies to monitor disease. We cannot possibly mount sensible campaigns without this information.

We need to seriously revisit the sex education in schools as well as our sexual health promotion which needs to become much more aggressive. We need to act now, and decisively. 

*I tell you naught for your comfort,
Yea, naught for your desire,
Save that the sky grows darker yet
And the sea rises higher.*

G.K. Chesterton, Ballad of the White Horse