MEASURES FOR COMBATING SYPHILIS IN SWEDEN

Note submitted by the Government of Sweden

The following applies to a country with a relatively high standard of living, a well-developed school system, well organized health services, and a low rate of syphilis (about 2 pro mille).

I. Measures for increasing resistance

The high standard of living plays an important part in this respect; no specific measures are taken.

II. Measures for diminishing chances of exposure

(a) It is generally felt that information to the public about syphilis and venereal diseases in general play an important rôle. Sex education, including information on venereal diseases, is gradually being introduced in primary and secondary schools; the Medical Board co-operates with many other health-caring institutions, and together they carry on instructive work by means of the radio, the press and films. Among the education-extension organizations the sex problems attract much interest, and so do venereal diseases. The conscripts are given an orientation on venereal diseases while they do their military service.

On the whole, social welfare steps seem to have a preventive influence on the spreading of venereal diseases. Among those steps are for instance family planning, consultation bureaus for sexual hygiene, marriage loans, vocational guidance and such curative measures as are taken with regard to the socially maladjusted.

(b) Preventive measures against venereal diseases are of rare occurrence, due to the scant risk, some sense of shame and, rather often, influence of alcohol. As a matter of fact, the condom is used mostly as a contraceptive. A few years
ago, a trial campaign was carried out: sailors were supplied with condoms previous
to their going ashore in a definite country. It is rarely the case that other
chemical prophylaxis is used than washing with soap and water. Last year the
prophylactic stations in Stockholm, Göteborg and Malmö treated about 10,000 persons
in all.

(b) 2. As far as is known, prophylactic treatment with antibiotics is rare.
People have been warned against such treatment, as a reliable diagnosis is considered
a better way to attain health.

(b) 3. Mass surveys of whole areas or of definite categories of people have
been carried out to a limited extent only, due to economic reasons. During the
Second World War for instance, a large contingent of evacuated people from a
neighbouring country were examined. Examination of blood donors prior to
registration is, in a restricted sense, a kind of mass survey.

At the maternity welfare centres, most of the expectant mothers are submitted
to a WR-test at least once during their pregnancy. Because of the low morbidity
rate the tests are usually not repeated.

Since 1945, sailors arriving in Sweden from a foreign port undergo a systematic
examination about once a year. This examination has proved very valuable. About
every sixtieth examination gives cause for a closer examination which reveals
syphilis unknown to the person or not satisfactorily treated.

Since 1 January 1919, it is laid down by law that epidemiological investigation
shall be made in order to trace the sources of infection. To this end social
workers are employed by the big cities for their out-patients clinics; the social
workers are of great help to the patients as well as to the doctors. The search
for the sources of infection is intensified as much as possible and information is
exchanged with health administrations in other countries. A large number of the
new cases of syphilis have been infected abroad, however, and it is well-nigh
impossible to trace such sources of infection, as the patients often do not know the
name or address of the contact.
III. Treatment

At present, the great majority of syphilis patients are treated with penicillin + bismuth + (in some cases) arsenoxide products. Only those showing syphilis primaria seronegativa seu seropositiva are treated with penicillin only, provided that they can be relied upon to continue their follow-up. Children with syphilis congenita and expectant syphilitic mothers are mostly treated with penicillin exclusively. The fact that syphilis is a comparatively rare occurrence in Sweden restricts the possibilities of obtaining reliable statistical data.