PROBLEMS OF THE CAMPAIGN AGAINST THE VENEREAL DISEASES IN CZECHOSLOVAKIA*

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The constant care of the state health centre and the activity of the anti-venereal clinics have assisted the campaign against the venereal diseases in Czechoslovakia, and the present position is on the whole very favourable.

The incidence of venereal disease has fallen from 184·5 cases per 100,000 of population in 1951 to

42·3 in 1958, a decrease of 22·9 per cent. in 7 years (Fig. 1). The incidence of syphilis has shown a very marked fall from a temporary rise in 1951 which was caused by the inclusion of a large number of cases of latent syphilis discovered in the course of a special drive against syphilis (Action PN I) held in 1950–51. For syphilis the decrease during the last 7 years has been nearly ten-fold.

The incidence of gonorrhoea rose slightly between 1950 and 1954, but has fallen fairly steadily in the last 4 years.

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FIG. 1.—Incidence of venereal disease, 1950–58.

Fig 2 shows the incidence of new cases of syphilis in each of the nineteen departments of Czechoslovakia. From 1951-54 Departments 1, 4, 5, 6, 13, and 14 showed the highest incidence, and from 1955-58 a high incidence is still seen in Department 4. These areas include big towns, well-known spas, frontier districts, and the industrial district of

Ostrava, all places with a large floating population. In Department 19 (Prešov) the number of new cases of syphilis has not fallen so much as elsewhere and the figures have remained at about the same level. During the last 3 years a second special drive against syphilis (PN II) has continued to bring more cases to light in this Department.

FIG. 2.—Incidence of syphilis in nineteen departments, 1951-58.

To gain a true picture of the present position it is necessary to discover not only the numbers of newly detected cases, but also the incidence of early infectious syphilis, *i.e.* primary syphilis, early

secondary syphilis, and early congenital syphilis. Fig. 3 shows that the number of early cases has fallen from 518 in 1953 to 25 in 1958 (from 4 to 0.2 per 100,000 of the population).

FIG. 3.—Incidence of early infectious syphilis, 1953–58.

FIG. 4.—Cases of syphilis in three departments, 1951–58.

FIG. 5.—Cases of early infectious syphilis in three departments, compared with whole country, 1953–58.

In order to assess the effect of migration, three representative departments were chosen for special study; the spa district of Karlovy Vary and the industrial district of Ostrava with their large floating populations, and the Prešov department, where in the past medical care had been somewhat neglected but is now much improved. Fig. 4 (opposite) shows that in the first two departments, where an intensive campaign of case-finding (PN I) was begun in 1951, the incidence of syphilis has fallen steadily, whereas in Prešov the level, which was lower to begin with, shows only a slight fall, so that this is now relatively the worst district. This is because the detection and notification of old cases of syphilis have proceeded more slowly in Prešov, and additional venereal disease specialists have only recently started work in this area.

In Fig. 5 (opposite) the incidence of the early infectious stages of syphilis is expressed by index numbers, taking the average level for the whole country as equal to 100. By far the highest level is found in Karlovy Vary where there is a seasonal fluctuation in population. Both here and in Ostrava there is now an efficient anti-venereal disease organization and the spread of syphilis is being checked.

Fig. 6 shows that the incidence of gonorrhoea is also much higher in these departments than in the country as a whole, but this too is related to the floating population and the situation has greatly improved since 1956. Although the incidence of venereal disease was known to be decreasing steadily, a new special drive (PN II) was inaugurated in 1955 and 1956. The Table shows that by excellent participation the incidence of syphilis became very small so that the drive could be

FIG. 6.—Cases of gonorrhoea in three departments and whole country, 1950–58.

concluded in Karlovy Vary and Ostrava, and is being carried on only in and around Prešov. The actual numbers of persons examined and cases found in the course of the two special drives are shown in the Table.

TABLE
RESULTS OF TWO SPECIAL DRIVES AGAINST SYPHILIS

Special Campaigns	Date	Area		Persons Examined		Cases of Syphilis Discovered	
				No. of Persons	Percentage of Population	No. of Cases	Percentage of Total Examined
Action PN I	1950–51	Whole of Czechoslovakia ..		4,512,920	93·6	17,972	0·4
		Department (Karlovy Vary) ..		57,488	*	34	0·06
Action PN II	1955–56	Department (Ostrava) ..	Opava ..	33,871	99·89	21	0·06
			Frýdek-Místek	32,492	93	10	0·03
		Department 19 (Prešov) ..		194,454	95·13	234	0·12

* Action discontinued.

Conclusions

(1) A well-organized anti-venereal campaign has substantially reduced the incidence of syphilis even in industrial areas and holiday resorts with a large migratory population.

(2) Special drives against syphilis are now unnecessary so long as there is a well-organized public health service.

(3) In areas with a large migratory population a good anti-venereal service has not such a marked effect on the incidence of gonorrhoea as on that of syphilis.

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Problèmes de la campagne contre les maladies vénériennes en Tchécoslovaquie**Résumé**

(1) Une campagne anti-vénérienne bien organisée a réduit substantiellement la fréquence de la syphilis même dans des régions industrielles et des lieux de villégiature avec une grande population de passage.

(2) Les campagnes contre la syphilis ne sont pas nécessaires pourvu qu'on ait un service de santé publique bien organisé.

(3) Dans les régions avec une grande population de passage, un bon service anti-vénérien n'a pas un effet si marqué sur la fréquence de la blennorrhagie que sur celle de la syphilis.