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医薬品 研究報告 調査報告書

識別番号・報告回数			報告日	第一報入手日 2005. 11. 24	新医薬品等の区分 該当なし	機構処理欄
一般的名称		(製造承認書に記載なし)		研究報告の公表状況 Lara Payne, Torsten Berglund, Lisbeth Henriksson, Ingela Berggren-Palme. Eurosurveillance weekly release: 10 November 2005. 2005, volume 10, issue 11	公表国 スウェーデン	
販売名(企業名)		合成血「日赤」(日本赤十字社) 照射合成血「日赤」(日本赤十字社)				
研究報告の概要	<p>○スウェーデンにおける梅毒の再興:2004年サーベイランスの結果 1999年以来、スウェーデンにおける梅毒の症例数は、主として男性と性交渉を持つ男性(MSM)の間で増加している。2004年は前年比7%増の192例で、1980年代半ば以来最高の水準である。報告されたうちの大半(60%、101/169)は男性間性交渉、38%は男女間性交渉による感染である。約半数(n=97)がストックホルム郡から報告された。 ストックホルム郡では、患者の出生地が判明した症例(n=72)のうちスウェーデン生まれは60%だったのに対し、郡外(n=64)ではわずか24例(38%)だった。郡内の症例の大半(82%)は男性間性交渉で感染し、80%(n=53/66)は国内、46例はストックホルム市内で感染、3例は感染経路不明である。郡外の症例のうち2例は海外で血液製剤によって感染し、17例は感染経路は報告されていない。 ストックホルム郡が依然としてMSM間の梅毒感染拡大の中心地となっている一方、男女間の感染は郡外の報告の方が多かった。後者は海外での感染が多く、スウェーデン生まれは少数だった(n=9、26%)。 梅毒感染MSMのおよそ30%がHIVに重複感染していたが、これはロンドンの53%と比べて低率である。ストックホルム郡のMSM感染例と男女間感染例の割合は、感染初期ではロンドンの割合と類似していた。郡外の男女間感染で感染後期に診断されたものは、海外で感染し入国後に診断されたと考えられる。 この調査では、ヨーロッパの他の国と類似した疫学的傾向の知見を反映している。予防プログラム、早期診断、追跡調査、治療のすべてが感染拡大を防ぐために重要である。</p>					使用上の注意記載状況・ その他参考事項等
	<p>報告企業の意見</p> <p>スウェーデンにおける梅毒の症例数が、主として男性と性交渉を持つ男性(MSM)の間で増加しているとの報告である。</p>					

-260-

39

Re-emergence of syphilis in Sweden: results from a surveillance study for 2004

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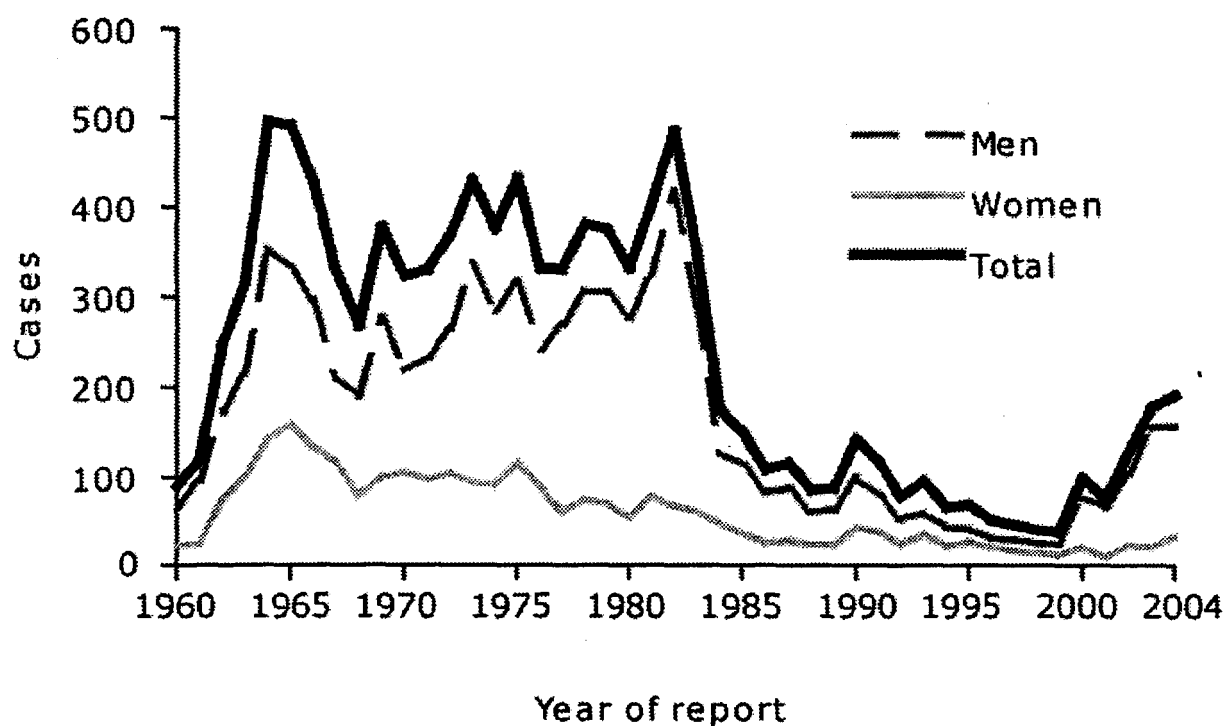
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Since 1999, the annual number of syphilis cases has risen in Sweden due mainly to an outbreak among men having sex with men (MSM) [1].

A 7% increase on the previous year was observed in 2004, with 192 cases - the highest number of annual notifications since the mid-1980s (Figure 1). The majority of infections were reported to have been acquired through sex between men (60%, 101 /169), with 38% of infections acquired heterosexually. Nearly a half (n=97) of all notifications were reported in Stockholm County (which includes city of Stockholm).

Figure 1. Number of syphilis cases reported by year, Sweden 1960-2004



To gain a better understanding of the epidemiology of reported cases, syphilis statutory notifications in Sweden in 2004 were reviewed. Notifying physicians were sent a short form requesting confirmation of the original notification details and collecting further information on patient's country of birth, HIV status, syphilis stage at diagnosis, how the partner probably acquired syphilis, place of infection, and any contact tracing undertaken.

For Stockholm County, 91 forms were returned for the 97 cases notified in 2004. Where the patient's country of birth was known (n=72), 60% were born in Sweden. The majority (82%) of cases in Stockholm County were acquired through sex between men, with 80% of patients (n=53/66 reported as having acquired infection in Sweden and 46 cases in the city of Stockholm. For three cases, no infection route was reported. Outside of Stockholm County, epidemiological information was provided for 81 of 89 notifications. Where country of birth was known (n=64), only 24 (38%) were born in Sweden. Two cases were infected through blood products abroad, and infection route was not reported for 17 cases.

The median age of diagnosis was higher among MSM than heterosexuals.

Table. Epidemiology of statutory notified syphilis cases, Sweden 2004

Infection route	Stockholm County			Outside Stockholm County		
	Cases	(N=91)	%	Cases	(N=81)	%
		Information available			Information available	
	(n)	(N)		(n)	(N)	
Sex between men	72	88	82	21	64	33
Infection acquired in Sweden	53	66	80	10	21	48
Infection acquired in Stockholm	46	46	100	0	7	--
Partner infected in Sweden	7	9	*	3	5	*
Positive HIV status	21	67	31	4	20	20
Primary	26	66	39	8	16	50
Secondary	16	66	24	5	16	31
Syphilis stage						
Early latent (<2yrs)	19	66	29	3	16	19
Late latent (>2yrs)	3	66	5	0	16	--
Tertiary	2	66	3	0	16	--
Median age at diagnosis (Range)	40 years (22-76)			44 years (25-68)		
Sex between men and women	16	88	18	41	64	64
Infection acquired in Sweden	10	16	63	6	39	15
Infection acquired in Stockholm	8	8	*	0	6	--
Partner infected in Sweden	4	5	*	3	9	*
Positive HIV status	0	12	--	1	33	3
Primary	7	16	44	6	23	26
Secondary	5	16	31	4	23	17
Syphilis stage						
Early latent (<2yrs)	2	16	13	5	23	22
Late latent (>2yrs)	2	16	13	7	23	30
Tertiary	0	16	--	1	23	4
Median age at diagnosis (Range)	33 years (18-61)			34 years (19-58)		

* No percentages given due to small numbers

Contact tracing

For Stockholm County, of the 49 cases with infection acquired in Sweden, 4.35 partners/case were recalled and 57% contacted and tested (for 44 cases). Outside Stockholm, of 12 cases infected in Sweden, 2.25 partners/case were recalled. Of the total 27 partners, 16 were contacted and 5 identified as syphilis positive.

Discussion

In 2004, Stockholm County remained the focus of the syphilis epidemic among MSM, whereas among

heterosexuals, more cases were reported outside Stockholm County. This latter group mostly acquired their infections abroad with a minority being Swedish born (n=9, 26%). Overall, little information was known about the partner's country of infection.

Concurrent HIV-infection in syphilis-infected MSM has been reported in many European countries [1-6]. Approximately 30% of MSM with syphilis in 2004 also had HIV infection; which is less than the 53% prevalence among infected MSM in London [8]. Percentages of MSM and heterosexuals in Stockholm County identified at the primary stage of infection are however similar to rates reported for London [7]. The later stage syphilis diagnoses in heterosexuals outside of Stockholm County probably reflect infections acquired abroad being diagnosed on arrival to Sweden.

In Sweden, contact tracing is undertaken for all syphilis cases identified. It is also mandatory in Sweden to be tested for a sexually transmitted infection if identified through contact tracing as having been at risk of exposure to some STIs (as listed in Communicable Disease Act 2004) [8]. Results here indicate that for infections acquired in Sweden, over half the sexual partners recalled through partner follow-up were successfully contacted and tested. Those not contacted included partners recalled who are anonymous or living abroad and could not be reached.

In Sweden it is recommended that all pregnant women be offered syphilis and HIV testing [9]. No congenital syphilis cases were reported in 2004. Only one congenital case has been reported in Sweden since 1997.

This review of syphilis cases from 2004 in Sweden echoes similar findings to epidemiological trends identified within other European countries. Prevention programmes, prompt diagnosis, contract tracing and successful treatment, all remain vital to prevent increases in incidence.

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[back to top](#)