

EDITORIAL

Sexually Transmitted Diseases in prisons

Sexually Transmitted Diseases and Infections (STDs) are related to more than 20 bacterial, viral and other sexually transmittable microorganisms (such as fungus, protozoa and ectoparasites). STDs are a serious public health problem —syphilis, gonorrhoea, HIV and lymphogranuloma venereum are diseases with obligatory declaration— in terms of morbidity and mortality (infertility, pelvic inflammatory disease, anogenital cancer, AIDS, psycho-sexual mental problems, fetal and perinatal complications, etc.). STDs are among the priority health problems due to their epidemiologic impact and high medical costs. The epidemiologic situation in the European Union shows a progressive decrease in STDs until the beginning of the 90's. Such decrease is associated to a change in high-risk sexual behaviours. However, by the end of the 90's STDs reappeared co-ordinately with the expansion of highly active antiretroviral treatments (HAART) in the majority of the countries. The situation in Spain, reviewed by Díez and Díaz¹, shows a similar pattern to the continuous increase in the impact of syphilis, gonorrhoea and, more recently, HIV. The increase in the impact of syphilis is particularly notable: from 2006 it exceeds the figures gathered in 1995. As in other European countries, STDs with a higher impact in public health are those which especially affect homosexual men².

The acknowledgement of the epidemiology of STDs other than HIV (transmitted either by blood or sexually) in Spanish prisons has been limited until recent dates³⁻⁴. Since the imprisoned population is literally confined, in prisons there are the necessary conditions (or conditioning factors) for inmates to have sexual (or homosexual) relations among them. Also, there is the possibility of sexual contact with people from “outside” the prison whether it is with incoming prisoners (national or foreign) or through *face-to-face* visits. The increase in chronic STDs such as HIV due to the effect of HAART treatments has also a reflection within the imprisoned population. Although comparison is difficult, there is evidence that points that inmates are a vulnerable population to STDs. These have a higher prevalence among the imprisoned population than among the general one⁵⁻⁶. In 2008 Garriga⁷ documented a syphilis incidence rate twelve times higher in Spanish penitentiary

centres (prisons) than the existing among the general population and an HIV co-infection rate of 6%.

The elements in the clinical management of STDs cases are: anamnesis and clinic exam, correct diagnosis, effective treatment, sexual education, promotion and provision of condoms, exam of sexual contacts and report of STDs. As an example to examine the mentioned aspects we can cite the case of an inmate who presented sexual risk factors that was reported in a paper by Bedoya et al published in this Journal⁸. The reported case of secondary syphilis was detected through the entrance screening protocol. Further to laboratory evidence, the case was diagnosed and correspondingly treated with penicillin. However the referred paper doesn't mention whether other elements (sexual education, promotion and provision of condoms, exam of sexual contacts and report of the syphilis) were put in place. As in this case, in the research by Garriga⁷ 80% of early diagnosed syphilis cases (primary, secondary and latent) were possible through the screening protocol. As a curiosity, at least half of the cases within the research were clinical manifestations that would have gone unnoticed if they had not been examined. This highlights the importance of an early screening of syphilis cases. Moreover, the exam of sexual contacts is a key issue in the matter. It aims to identify, diagnose and treat the sexual contact/s between people with an STD, the index cases, and, thus, avoid the propagation and reinfection of STDs. This invites us to think on the consequences of the possible transmission of STDs among inmates were the screening to be merely voluntary upon entrance to prison⁹.

Condoms are an effective mean to diminish the transmission risk of HIV and other STDs. However, their distribution among inmates is a controversial issue. In that regard, we have to make reference to the Australian research works of Butler et al¹⁰ that prove that such provision among inmates did not lead to an increase of their sexual activity and that condoms were mostly used for anal sex. The control of STDs among high-risk populations can contribute in a significant way to their control among the general population, most of all, when transmission can happen in densely connected social networks¹¹. The development of the appropriate services and policies on STDs to preserve

inmates' public health is still a huge challenge¹². The implementation of the aforementioned should be encompassed with evaluable health indicators.

CORRESPONDENCE

Martí Vall-Mayans
Unidad de Infecciones de Transmisión Sexual
Hospital Universitario Vall d'Hebron
Instituto Catalán de la Salud. Barcelona

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