A High Incidence of Venereal Diseases and a Rapid Increase of Herpes Zoster in Africa

Sir,

From 1969–1973 I was the advisor to the government in Uganda for dermatology, venereology and leprosy. With systematic darkground microscopical examination of all genital sores for *Treponema pallidum* and microscopical examination of all patients with discharge for *Neisseria gonorrhea* we found a very high prevalence of venereal diseases. The last year we established in addition an effective laboratory for serological testing for syphilis and culturing for gonococci with determination of the resistant pattern.

My statistics for 1973 showed 19,000 cases of gonorrhea, 2,000 cases of early contagious syphilis, 40 cases of early congenital syphilis, 1,000 cases of chancroid and 50 cases of lymphogranuloma venerium. This represented presumably only one third of patients in Kampala (350,000 inhabitants) and its nearest surroundings (1).

We found that contact tracing was feasible but insufficient in view of the high prevalence. The patients, however, attended with impressive regularity for treatment and our treatment results were satisfactory.

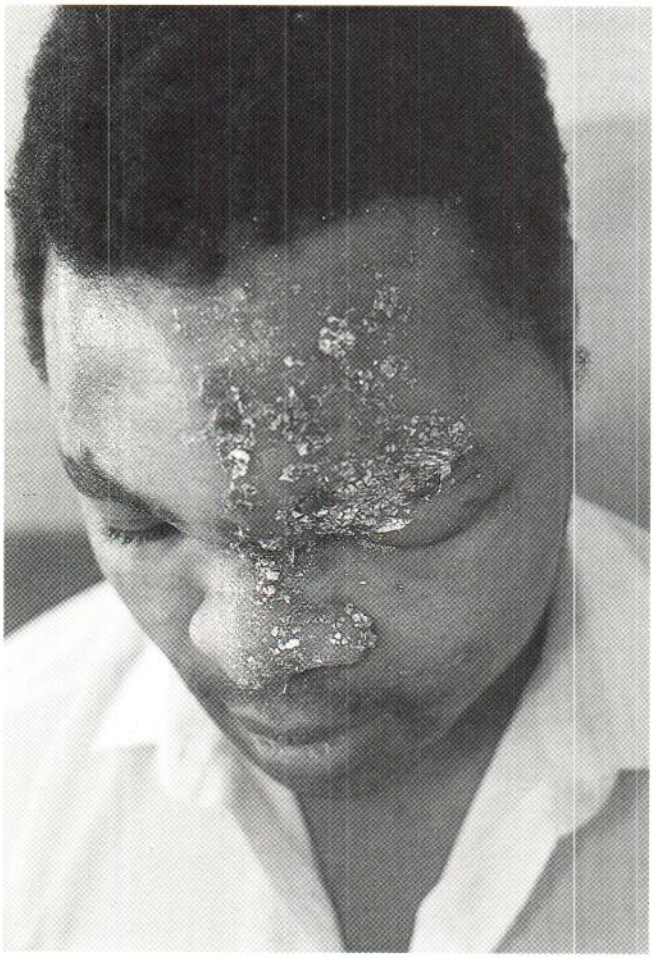

Fig. 1. Severe necrotic herpes zoster in a young man from Malawi.

During 1973 we diagnosed, however, only 10 cases of herpes zoster in Uganda.

When I retired from my last post in Scandinavia in 1984, I returned to Africa as the only dermatologist to Malawi, the former Nyasaland. In 1986, 133 cases of herpes zoster were seen (2). The Danish Red Cross has since my departure taken over the clinic and the number of new patients attending the clinic and the four district clinics has increased from 22,000 in 1986 to 37,000 in 1990 (3). In 1990 the number of herpes zoster showed a disproportionate increase to 840.

The patients were mainly young men with extensive, crusted and partly necrotic facial herpes zoster (Fig. 1). This increase of herpes zoster in young adults is remarkable. Without doubt this is related to HIV on the African continent (4). HIV was not recognized anywhere during my stay in Uganda and in retrospect I do not remember any case with the known symptoms of AIDS. This suggests that HIV infection is a new disease also in Africa.

The prevalence of HIV in Malawi is not known – lack of screening kits is one of the difficulties. Surveys from antenatal clinics and among blood donors have shown figures as high as 18% (5).

Unable to offer any treatment or psychological or psychiatric support, I thought it acceptable not to inform the patients, wishing not to worry them.

Since my departure several patients with seborrheic dermatitis and psoriasis have developed AIDS (3).

The aim of this report is to call attention to the high prevalence of venereal diseases in Central Africa and the marked increase of herpes zoster among young adults from 1972 to 1990. This indicates that the HIV infection is a new event in Africa.

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