

**A Short Review Summarizing Literature on Immediate Measures to Prevent Sexually Transmitted Diseases: Focusing on Current Conditions in Japan**

The Editor,  
Sir,

The recent global increase in sexually transmitted diseases (STDs) has become a major social issue (1) and has been reported on from a variety of perspectives worldwide (2, 3). Genital chlamydial and gonococcal infections account for large numbers of STD-related infections among both men and women (1). This review discusses and summarizes literature on the current state of STD-related infection in Japan, their treatment, and measures to prevent those infections from the perspectives of clinical medicine and preventive medicine; this review also examines future measures to prevent those infections. Here, STD-related infections are denoted simply as STD infections.

In principle, individuals with a STD infection are treated at the same time as their partners, except in some cases (4). A report has indicated that such occasions require appropriate and rapid treatment after the initial visit in order to decrease additional visits (4). Since the 1990s, the number of young people with a STD infection has increased and they typically have little awareness of STD infections (1). That report indicated treatment for genital chlamydial and gonococcal infections as part of treatment guidelines for STD infections (1). Public testing organizations play a major role with regard to HIV testing in Japan by providing free, voluntary and anonymous tests to asymptomatic individuals (5). That said, a paltry proportion of public testing organizations play a role with regard to STD infections such as genital chlamydial infection and most patients seen by private medical facilities when they are symptomatic have been found to have a STD infection (5).

The medical establishment, administrative bodies, members of the community and relevant organizations must each do their part with regard to future measures to prevent STD infections in Japan and these groups must work together to implement such measures.

**REFERENCES**

1. Matsuda S. Prevalence and recent topics of STD. [Sanfujinkachiryō]. 2006; **92**: 791–9. [in Japanese]
2. Lee SJ, Cho YH, Ha US, Kim SW, Yoon MS, Bae K. Sexual behaviour survey and screening for chlamydia and gonorrhoea in university students in South Korea. *Int J Urol* 2005; **12**: 187–93.
3. Stamm WE, Batteiger BE, McCormack WM, Totten PA, Sternlicht A, Kivel NM; Rifalazil Study Group. A randomized, double-blind study comparing single-dose rifalazil with single-dose azithromycin for the empirical treatment of nongonococcal urethritis in men. *Sex Transm Dis* 2007; **34**: 545–52.
4. Sawamura M. STD. [Chiryō]. 2007; **89**: 2839–46. [in Japanese]
5. Nakase K, Shima-Sano T, Imai M. Testing services for sexually transmitted infections in Japan, public funding for HIV testing compared to public funding for other STI testing. *Jpn J Clin Med* 2009; **67**: 30–6. [in Japanese, English abstract].

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