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Syphilis and Social Upheaval in China

TO THE EDITOR: In their Perspective article, Tucker et al. (May 6 issue)¹ report that rapid increases in cases of congenital syphilis in China have generated great concern. Although sexually transmitted diseases (STDs) have become major notifiable diseases in China,² a review by an expert panel concluded in February 2008 that the rapid increase in reported cases of syphilis was primarily caused by systematic changes in diagnosis and reporting, because a nationwide, Web-based, real-time reporting system was introduced in 2004.³ National surveillance of pregnant women with syphilis in China suggested that there was no significant change in the incidence between 2005 and 2009. In 2008, the Shanghai Center for Quality Control of STD Treatment conducted a specific investigation of the increase in reports of congenital syphilis; it revealed that most reported cases were misdiagnosed. For example, among 42 infants with congenital syphilis who were followed for 12 months, all the rapid plasma reagin tests and *Treponema pallidum* particle agglutination assays became negative between 3 and 10 months after birth. Such misdiagnosis and over-reporting of congenital syphilis have also occurred in Detroit.⁴ These findings remind us that we must understand how data are being collected and reported so that we can interpret them appropriately.

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No potential conflict of interest relevant to this letter was reported.

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TO THE EDITOR: Tucker et al. do not mention an important probable contributor to the recent dramatic increase in reported cases of congenital syphilis in China: the removal of the compulsory premarital health examination. Until October 2003, this examination was a requirement for marriage in most of China, and it generally included a test for syphilis.¹ If either would-be spouse tested positive, treatment was required before the marriage could take place.² Under the rules of the one-child policy, almost all births are to married couples, so this screening was a relatively effective measure to prevent congenital syphilis. Since the test became voluntary, the rate of screening has decreased to less than 3% of the population, partly because of the cost and partly because of questions about the quality of the screening in some hospitals, especially in rural areas. However, concerns about the increase in reported cases of congenital syphilis and other conditions such as hepatitis B have led the Chinese authorities to consider reintroducing the premarital examination on a compulsory basis. One province, Heilongjiang, has already reintroduced it.

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THE AUTHORS REPLY: Wu and Zhou suggest that some portion of the increase in reported syphilis cases in China may be an artifact of a one-time change in the reporting system in 2004 — an important concern. However, a systematic review of Chinese and English peer-reviewed publications about syphilis trends among both high-risk groups and pregnant women in China suggests that syphilis was spreading before 2004.¹ After 2004, we would expect that Web-based reporting would provide a realistic account, consistent with Web-based reporting in other contexts.² Studies have shown a wide variation in syphilis risk among the approximately 20 million children born in China each year,^{3,4} making inferences from the sentinel surveillance data to the national situation challenging. The spread of syphilis among men who have sex with men and among nulliparous women who have sex for money could still ultimately affect the occurrence of congenital syphilis. As Wu and Zhou note, accurate diagnosis of congenital syphilis is difficult, but this challenge should not obscure the importance of preventing syphilis and its adverse outcomes in pregnant women.

Hesketh and colleagues bring up an excellent point about reexpanding syphilis screening in China — a strategy that is consistent with the strategy proposed by our research group.³ At the same time, concerns about the feasibility of re-institutionalizing mandatory premarital syphilis testing at the national level in China are not

trivial and demand further investigation. The consensus that China has an expanding syphilis epidemic has already served as a call for action that has been enthusiastically answered by public health leadership at multiple levels in China. The Chinese Ministry of Health has already issued a 10-year plan for national syphilis control and prevention. A pilot program of antenatal syphilis screening in Shenzhen, Guangdong Province, screened more than half a million women and showed the feasibility and cost-effectiveness of such programs,⁵ and now many antenatal clinics routinely provide free syphilis testing there.

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Since publication of their article, the authors report no further potential conflict of interest.

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Retinal Injuries from a Handheld Laser Pointer

TO THE EDITOR: Handheld laser pointers are commonly used in lecture halls and are considered to be harmless and safe.¹ However, laser pointers can cause severe eye injury, as demonstrated by the case of a 15-year-old boy. The boy had ordered a handheld laser pointer with green light on the Internet to use as a toy for popping balloons from a distance and burning holes into paper cards and his sister's sneakers. The boy's life changed when he was playing with his laser pointer in front of a mirror to create a "laser

show," during which the laser beam hit his eyes several times. He noticed immediate blurred vision in both of his eyes. Hoping that the visual loss would be transient and afraid of telling his parents, he waited 2 weeks before seeking an ophthalmic assessment, when he could no longer disguise his bad vision. His visual acuity was so poor in his left eye that he was only able to count fingers at a distance of 3 ft, and it was 20/50 in his right eye. A funduscopic examination revealed a dense subretinal hemorrhage in his left macula