LETTERS TO THE EDITOR

Prevalence of HPV cervical infections among imprisoned women in Barcelona, Spain

EDITOR,—The penitentiary centres in Spain harbour inmates in whom the combination of HIV infection, history of injecting drug use, and prostitution is common.1 Extensive protocols to detect sexually transmitted diseases and tuberculosis are implemented in these centres; however, human papillomavirus (HPV) infections and related lesions are not routinely searched for. Although Spain is characterised by a very low incidence of cervical cancer,2 a high rate of cervical cancer has been reported recently among the AIDS female population in Catalonia.3 We carried out a study aiming to characterise HPV cervical infection and related cervical lesions among women with many potential risk factors for cervical neoplasia. The study was done in the only institution in Barcelona where women are imprisoned. The population consisted of 157 women attending the medical office of the prison between February and December 1996 and represented 90% of all women staying in prison for more than 3 days. Women who agreed to participate underwent a gynaecological examination, collection of cervical cells, a structured interview by a trained nurse, determination of HIV, hepatitis B and C serostatus, and detection of HPV DNA in the cervical cells by means of PCR. L1 consensus primers MY09/MY11 were used with modifications described by Hildesheim et al.4

HPV DNA was detected in 48% of the women. The prevalence of cervical abnormalities was 29.9%; 19 women had a typical squamous cell of undetermined significance (ASCUS) and 28 women were diagnosed with squamous intraepithelial lesion (SIL), five of whom had a high grade lesion. All with squamous intraepithelial lesion (SIL), (ASCUS) and 28 women were diagnosed with SIL increased with low CD4 T cell counts, although POR did not reach statistical significance.5

Data from an ongoing study in a nearby area indicate that the prevalence of cervical abnormalities in the general population is around 4% (manuscript in preparation). This is the first time that we have documented in Spain a group of women with a very high rate of HPV infection linked to injecting drug use and with a rate of pre-neoplastic cervical lesions about seven times higher than that observed in the general population.

While in prison these women were appropriately treated for HIV infection and for SIL. When out of prison or in jail, a gynaecological screening every 6–12 months should be organised and recommended.

Financial support: This work has been partially supported by the Spanish Ministry of Health, FIS No 98/064.

We thank Mrs Anna Coma for her assistance with data managing and analysis.

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Table 1 Age adjusted prevalence odds ratios for human papillomavirus infection (HPV DNA) in the cervical cells by different characteristics

<table>
<thead>
<tr>
<th>HPV DNA Negative (HIV)</th>
<th>HPV DNA positive (HIV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td></td>
</tr>
<tr>
<td>No  %</td>
<td>No  %</td>
</tr>
<tr>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td>54 63.5</td>
<td>31 36.5</td>
</tr>
<tr>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No  %</td>
<td>Yes  %</td>
</tr>
<tr>
<td>59 69.4</td>
<td>26 30.6</td>
</tr>
<tr>
<td>Injecting drug use No</td>
<td></td>
</tr>
<tr>
<td>44 51.8</td>
<td>41 48.2</td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No  %</td>
<td>Yes  %</td>
</tr>
<tr>
<td>42 58.2</td>
<td>44 41.8</td>
</tr>
<tr>
<td>Length of use</td>
<td></td>
</tr>
<tr>
<td>0–9 years</td>
<td>≥10 years</td>
</tr>
<tr>
<td>22 26.5</td>
<td>17 20.5</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td>49 59.8</td>
<td>33 40.2</td>
</tr>
</tbody>
</table>

PORc = adjusted for age and the other variables in the table.

PORa = adjusted for age and the other variables in the table.


Accepted for publication 5 November 1999

Detection of penicillinase producing Neisseria gonorrhoeae strains in Cuba, 1995–8

EDITOR,—Since the 1940s, penicillin has been recommended for the treatment of gonorrhoea. In the 1950s the first strains of Neisseria gonorrhoeae with reduced susceptibility to this antibiotic, as a result of chromosomal mutations, were isolated, and in 1970 the first penicillinase producing Neisseria gonorrhoeae (PPNG) strains emerged in South East Asia and Africa, causing high level resistance to penicillin (MIC 16–32 µg/ml).1 In Cuba, the first reported PPNG strain was made in 1986 (C Almanza, personal communication). We report here on the proportion of PPNG strains received at the Neisseria Reference Laboratory, Tropical Medicine Institute “Pedro Kouri” (IPK), Cuba between January 1995 and December 1998.

In all, 110 strains of N gonorrhoeae isolated from 10 of the 14 Cuban provinces were examined for their beta lactamase activity by the chromogenic method (Nitrocefin, Oxoid). These strains were transported to the IPK using a novel transport and conservation medium for gonococci developed at the laboratory.2 N gonorrhoeae WHO E and WHO A were used as positive and negative control strains, respectively. All strains were identified as gonococci by standard procedures.3

Table 1 shows the distribution of Cuban PPNG and non-PPNG strains detected in our laboratory during 1995–8. The PPNG strains predominated totally (61/110, 55.5%). The percentage of PPNG strains was high in all years analysed.4 To our knowledge it is the first study developed in Cuba, analysing the beta lactamase activity of N gonorrhoeae isolated from different provinces and centres with a high percentage of PPNG strains was found. Previous studies developed in specific Cuban hospitals in Havana city have revealed a lower percentage of PPNG strains (M Berroa et al, 1988; C Almanza et al, 1988, personal communications).

Penicillin has been the drug of choice for treatment of gonococcal infections in Cuba since 1972.5 The results of this study indicate that any policy to treat such infections should not include penicillin or other similar drugs. Other antimicrobials recommended by the World Health Organisation for treatment gonorrhoea—for example, spectinomycin, cephalosporins, quinolones, and azithromycin


We thank Lic D Guzman, Lic Y Gutierrez, and O Gutierrez for their technical support during this study and Dr A Lopez for her revision.

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Table 1. Distribution of Cuban PPNG and non-PPNG strains from 1995 to 1998

<table>
<thead>
<tr>
<th>Year</th>
<th>PPNG strains</th>
<th>Non-PPNG strains</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>63</td>
<td>33</td>
</tr>
<tr>
<td>1996</td>
<td>21</td>
<td>14</td>
</tr>
<tr>
<td>1997</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td>1998</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>110</td>
<td>61</td>
</tr>
</tbody>
</table>

PPNG = penicillinase producing N gonorrhoeae

The discrepancy in total is due to the presence of more than one STD in some patients.

We have recently evaluated in Cuba with good results (R Llanes, et al, unpublished data, 1998).

The prevalence of HIV seropositivity in different STDs is shown in table 1. Large proportions of seropositive patients were truckers (15/40, 37.5%) and housewives (12/ 40, 30%). Among housewives, four were wives of truckers. All of the 26 seropositive male patients confessed to at least one sexual contact with commercial sex workers (CSWs). Twenty eight (70%) seropositive patients had one STD, while the remaining 12 (30%) patients had more than one STD; 18 (45%) seropositive patients had STDs with either atypical morphologies or unusual severity, the remaining 22 (55%) presented with usual morphologies.

India is a country with a wide variation in geographical, cultural, and behavioural patterns. This is also reflected in the trends of current HIV epidemic in the various regions of the country. We believe that no other country has such a high intranation variation in HIV epidemic status. Comparison of our data on HIV prevalence with STD clinics of South Asia, Singapore and the United States shows that the HIV prevalence is low in the United States compared with India.

From June 1998 to July 1999, sera from 281 people were tested. Of these, 194 were positive for syphilis (69.1%). HIV seropositivity was found in 17 of 194 (8.7%) sera. The three most common STDs in the country are genital herpes, gonorrhea, and syphilis. Of the 281 sera tested, 48 (17%) were seropositive to HIV. Of the 48, 9 were positive for HPV, 1 for HSV, and 2 for both. The age range of the patients was 18 to 50 years. The prevalence of HIV seropositivity in different STDs was as follows: syphilis, 2.4%; gonorrhea, 5.2%; and HPV, 0.7%.

In our study we found that a high proportion of HIV positive patients were truckers, who generally acquired infected from CSWs or homosexuals. They came from the high HIV infected zones, where HIV prevalence among STD clinic attenders varies from 15% to 33%. On the other hand, in eastern and northern zones, it is still low and varies from 0.2 to 4%. In our study, the prevalence in our STD clinic increased from 0.56% in 1993 to 8.7% in 1999 (July). This indicates that northern India is entering a low level epidemic (HIV prevalence less than 5% in STD patients) to a concentrated epidemic. This calls for an immediate vigorous intervention programme to be introduced in this region.

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HIV seropositivity in women with syphilis in Delhi, India

EDITOR,—There has been a progressive rise in the prevalence of human immunodeficiency virus (HIV) infection in India, which currently has the largest number of HIV infected people in the world. The spread of HIV is predominantly by heterosexual transmission in India. Sexually transmitted disease (STD), particularly genital ulcer disease (herpes, syphilis, and chancroid), has an important role in the transmission of HIV, and the two are inextricably linked. We conducted a pilot study to assess the relation between syphilis and HIV infection among non-pregnant women attending gynecological and STD clinics of our hospital.

From June 1998 to July 1999, sera from 281 non-pregnant women were tested for HIV using an ELISA linked immunosorbent assay (UBI, HIV-1/2, United Medical Inc, USA, Recombigens HIV-1/2). Any reactive sample was retested using a different assay. Samples that were reactive in all the three tests were considered HIV antibody positive. A sample that was non-reactive on the first test was considered HIV negative, as was a sample that was reactive in the first and non-reactive in the next test.

Of 281 sera tested, 48 (17%) were seropositive for syphilis. HIV antibody was detected in sera of six (12.5%) patients who were seropositive for syphilis (table 1). None of the 135 patients with negative syphilis serology tested...
Intrathecal death, still birth, repeated abortions.

positive for HIV antibody. This was highly significant (p<0.001, Fisher's exact test).

Presence of HIV antibody was associated with genital ulcer in 23.5% women, followed by genital growth and vaginal discharge in 16.6% and 11.1% respectively.

There is a higher prevalence of STD and HIV infection among men compared with women. HIV seropositivity has been associated with a reactive serological test for syphilis among males. This could be probably due to higher percentage of male attendance in STD clinics. We therefore undertook this study to evaluate if some association exists between syphilis and HIV among non-pregnant women attending the gynaecology clinic, as well as the STD clinic. Untreated STDs, especially those with ulcerative disease, can enhance both susceptibility of a person to HIV infection as well as infectivity of HIV positive individual. Breach in the epithelial surface of a genital ulcer may be an important factor in the transmissibility of HIV. This is evident from our results where incidence of positive serology for HIV was highest among women with genital ulcer (23.5%). Our study demonstrates a significant association between positive serology for syphilis and presence of HIV infection. We feel that the diagnosis of syphilis in non-pregnant women may act as a marker to detect the presence of HIV infection.

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Immune reconstitution CMV pneumonitis

Estonia—A 41 year old white homosexual man presented in late July 1999 with a 5 day history of exertional dyspnoea, non-productive cough, fever with sweats, and anorexia. An empirical course of broad spectrum antibiotics did not improve his symptoms and SaO2 remained 96% on air at rest. The chest radiograph showed non-specific abnormalities. He had been found to be HIV-1 antibody positive in August 1991; cutaneous Kaposi's sarcoma defined AIDS in June 1992. In May 1995 he was found to be positive for human immunodeficiency virus (HIV) virus infection and other sexually transmitted diseases.

We therefore undertook this study to evaluate if some association exists between syphilis and HIV among non-pregnant women attending the gynaecology clinic, as well as the STD clinic. Untreated STDs, especially those with ulcerative disease, can enhance both susceptibility of a person to HIV infection as well as infectivity of HIV positive individual. Breach in the epithelial surface of a genital ulcer may be an important factor in the transmissibility of HIV. This is evident from our results where incidence of positive serology for HIV was highest among women with genital ulcer (23.5%). Our study demonstrates a significant association between positive serology for syphilis and presence of HIV infection. We feel that the diagnosis of syphilis in non-pregnant women may act as a marker to detect the presence of HIV infection.

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BOOK REVIEWS


A book with a tittle such as this one makes it difficult for the author to decide what to exclude. This book certainly fulfils its major objective of providing an easy reference manual for the diagnosis and management of common gynaecological conditions. It deals with almost all the gynaecological problems that could be encountered in the community and the common gynaecological problems in hospital medicine. Overall, the topics covered are well presented with special points highlighted.
The use of pictures relating to almost all the conditions dealt with by the book breaks up what would otherwise be a book of lists. The use of two different views of the same woman exercising on a treadmill certainly made me smile. The first picture tells us she is an intensively training sportswoman who may develop amenorrhoea and osteoporosis with stress fractures while the second picture, on a page dealing with advice to women who do not want HRT, reveals she is a grandmother taking regular exercise.

From a genitourinary medicine trainee point of view, I would have liked to see a more comprehensive chapter on pelvic infections and sexually transmitted diseases (this is the second smallest chapter in the book), and would have preferred this chapter to follow the one on vaginal and vulval problems. I am, however, glad to see that the role of the genitourinary clinician in the management of pelvic infections is emphasised.

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These two books provide histories of STDs and HIV in nine sub-Saharan African countries and another 11 countries in the Asia-Pacific region. The contributors are mostly historians or social scientists and the historical accounts take the reader up to 1995. Each volume is divided up into well referenced scholarly monographs on individual countries and individual chapters will be of considerable interest to anyone with an interest in sexual health in the countries studied. The number of readers of this journal who will want to read both books throughout is likely to be much less, given that these books are fairly specialist medical historical studies written mainly by historians for historians. The decision of the editors to treat each country separately has led inevitably to much repetition of certain themes. Many chapters rehearse the familiar story of how governments have responded to public pressure to regulate prostitution and the difficulties of demonstrating whether such efforts have had any real impact on STD transmission. The most interesting example in this context is the account of the attempts to eradicate prostitution and STDs in China, a subject which is particularly difficult to separate out what the facts from the propaganda. Not only were STDs allegedly expunged from the population but they were deleted from medical textbooks too! Another theme to which contributions are constantly returning is the problem of differentiating non-venerae from venerae treponematosis. We are constantly reminded that syphilis reporting may be distorted by this issue but other pertinent issues such the unitarian theory of treponematosis, the lack of specificity of older serological test methods, the impossibility of determining the mode of transmission from serological results or, in many instances, from observed clinical manifestations, receive rather patchy and inconsistent coverage. A third recurring theme is the unreliability of passive reporting systems. While this is often acknowledged, contributors still feel obliged to cite whatever data they can unearth and to discuss observed trends that are unlikely to bear much relation to any true epidemiological situation.

What is there in these books for the clinician or epidemiologist with an interest in STDs? There is no shortage of entertaining anecdotes such as the expatriate doctor in Uganda who had himself publicly injected with mercury to demonstrate his faith in this treatment. The account of regular penicillin injections for prostitutes in Indonesia will interest those who are following studies of targeted periodic presumptive treatment in Africa such as the Lesedi Project. Having worked in Papua New Guinea, I was interested to see what is written about spectacular epidemic of donovonosis that affected the Marind-anim tribe in the 1920s. I felt that the account given failed to bring alive the unique nature of this epidemic and the campaign to control it. The main problem for more clinically oriented readers is the wealth of innovative approaches to STD and HIV control that have been explored in these countries since 1995 and which are too recent for inclusion in these volumes. The accounts of HIV go little further than the difficulties experienced in galvanising governments out of denial and into action. For detailed accounts of the Benazza and Rakata trials and their impact on policy and for the discussion of more topical controversies such as the possible role of polio vaccine development in the Congo in triggering the HIV pandemic we will have to look to future historians.

JOHN RICHENS
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This book is a terrific read and should be read cover to cover by all practising genitourinary medicine physicians and trainees. Generally the quality of the writing is excellent. Genitourinary medicine is a rapidly advancing field so read the book now before it becomes out of date. Already the incubation period of the text shows in places. Some statistics relate to 1992 where 1997 figures are available. Some statements are also slightly out of date.

In a book of this size the referencing presents a challenge. If one references every statement (and considers all the conflicting evidence) the handbook turns into a weighty and unmanageable tomo. Mostly, the authors have managed a sensible compromise. Statements that are uncontroversial or old hat are not referenced. Occasionally more controversial statements remain un referenced. This may present a problem for the trainee. There are also some surprising omissions. I could find no description of desquamative vaginitis or focal vulvitis. However, I believe that this handbook could serve as an excellent basis for discussions between trainer and trainee and stimulate further reading around these topics.

Get this book. You will enjoy it. A number of chapters are absolute gems.

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NOTICES

1st Annual Teesside Sexual Health Conference, 11 March 2000
Further details: Mandy Bruce (tel: 01642 858809).

9th International Congress on Infectious Diseases, 9–12 April 2000, Buenos Aires, Argentina
Further details: International Society for Infectious Diseases, 181 Longwood Avenue, Boston, MA 02115, USA (tel: (617) 277-0551; fax: (617) 731-1541; email: sidbs@aoi.com).

Sexually Transmitted Diseases in a Changing Europe, 14–15 April 2000, Rotterdam, The Netherlands
Further details: Medicson, Organisation for Medical Congresses, PO Box 113, 5660 AC Geldrop, Netherlands (tel: +31-(0)40-2852212; fax: +31-(0)40-2859136; email: MEDICSON@IAEv.nl).

20th Scientific Conference of Venereological Section of the Polish Society of Dermatologists, Bialystok, 28–30 April 2000
The conference will be on epidemiological and clinical aspects of sexually transmitted infections. Further details: Dept Dermatology and Venereology, Sw Rocha 3, 15-879 Bialystok, Poland (tel/fax: (085) 7422778; email: bozychod@amb.ac.bialystok.pl).

Joint meeting of the MSSVD and the ASTDA, 3–7 May 2000, Baltimore Marriot Inner Harbor Hotel, Baltimore, Maryland, USA
Further details: Dr Keith Radcliffe, honorary assistant secretary, MSSVD (fax: +44(0)121-237 5729; email: k.w.radcliffe@bham.ac.uk).

Australasian Sexual Health Conference, Ven Troppo, Carlton Hotel, Darwin, Northern Territory, 21–24 June 2000
Further details: Shirley Corley, Conference manager, Dart Associates, PO Box 781, Lane Cove, 2066 NSW, Australia (tel: 02 9418 9396/97; fax: 02 9418 9398; email: dartconvn@mpx.com.au).

6th ESC Congress on Contraception in the Third Millennium: a (R)Evolution in Reproductive and Sexual Health, Ljubljania, Slovenia, 28 June–1 July 2000
Further details: Orga-Med Congress Office, Mr Peter Erard, Essenestraat 77, B-1740 Ternat, Belgium (tel: +32 2 582 08 52; fax: +32 2 582 05 15; email: orgamed@village.uunet.be).
XIII International AIDS Conference, 9–14 July 2000, Durban, South Africa
Further details: Congress Sweden AB, PO Box 5619, Linnegatan 89A, 114 86 Stockholm, Sweden (tel: +46 8 459 6600; fax: +46 8 661 91 25; email: aids2000@congress.se).

Consortium of Thai Training Institutes for STDs and AIDS—10th STDs/AIDS training course, Bangkok Hospital, Bangkok (30 Oct–12 Nov) and Prince of Songkla University, Hat Yai, Thailand (13–23 Nov) 30 October–23 November 2000
Further details: Hat Yai Secretariat, Dr Veerapol Chandeying, Dept of OB-GYN, Faculty of Medicine, Prince of Songkla University, Hat Yai, Songkhla 90110, Thailand (fax: (66-74) 446 361; email: cverapol@ratree.psu.ac.th; fax: (66-74) 446 3013; email: cverapol@ratree.psu.ac.th)

Letters, Book reviews, Notices, Current publications

CURRENT PUBLICATIONS

Selected titles from recent reports published worldwide are arranged in the following sections:

Gonorrhoea
Chlamydia
Candidiasis
Bacterial vaginosis
Pelvic inflammatory disease
Sepsis and other septicaemias
Hepatitis
Herpes
Human papillomavirus infection
Cervical cytology and colposcopy
Other sexually transmitted infections
Public health and social aspects
Microbiology and immunology
Hematology
Miscellaneous

Gonorrhoea

Predicting Neisseria gonorrhoeae and Chlamydia trachomatis infection using risk scores, physical examination, microscopy and leukocyte esterase urine dipsticks among asymptomatic women attending a family planning clinic in Kenya. MJ TUNSTALL, N ADULU, J SAMUE et al. Sex Transm Dis 1999;26:476–82


Experimental transmission of Neisseria gonorrhoeae from pregnant rat to fetus. S NOWICKI, R SELVARANJAN, G ANDERSON. Infect Immun 1999;67:4974–6


T lymphocyte response to Neisseria gonorrhoeae porin in individuals with mucosal gonococcal infections. SD SIMPSON, Y HO, PA RICE, LM WETZLER. J Infect Dis 1999;180:762–73 38

Decreased azithromycin susceptibility of Neisseria gonorrhoeae due to mtrR mutations. L ZARANTONELLI, G BORTHAGARAY, EH LEE, WM MCCORMACK, SHAFER. J Infect Dis 1999;180:762–73 38

The farAB-encoded efflux pump mediates resistance of gonococci to long-chained antibacterial fatty acids. EH LEE, WM SHAFER. Mol Microbiol 1999;33:839–45 40

Chlamydia


Patterns of Chlamydia trachomatis testing and follow-up at a university hospital medical center. LH BACHMANN, CM RICHEY, K WAITES et al. Sex Transm Dis 1999;26:496–9


How adequate is adequate for the collection of endocervical specimens for Chlamydia trachomatis testing? IL REEVE, KA GERSHMAN, JK KELLEY et al. Sex Transm Dis 1999;26:579–83


Role of gamma interferon in controlling murine chlamydial genital tract infection. JI ITO, JM LYONS. Infect Immun 1999;67:5518–25

Lower prevalence of Chlamydia pneumoniae DNA compared with Chlamydia trachomatis DNA in sylvial tissue of arthritics patients. HR SCHUMACHER, HC GERARD, RK ARAYSSI et al. Arthritis Rheum 1999;42:1889–93


Pelvic inflammatory disease

The association of interleukin 6 with clinical and laboratory parameters of acute pelvic inflammatory disease.


Syphilis and other treponematoses

Incident syphilis among women with multiple admissions to jail in New York City.


Candidiasis

The use of fluconazole and itraconazole in the treatment of Candida albicans infections: a review.


Control of filament formation in Candida albicans by polyamine levels.


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Cost-effectiveness analysis of hepatitis A vaccination strategies for adults.


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Hepatitis

Cost-effectiveness analysis of hepatitis A vaccination strategies for adults.


The Denver school-based adolescent hepatitis B vaccination program: a cost analysis with risk simulation.


Pathogenesis of chronic hepatitis C: immunological features of hepatic injury and viral persistence.


Hepatitis

Cost-effectiveness analysis of hepatitis A vaccination strategies for adults.


The Denver school-based adolescent hepatitis B vaccination program: a cost analysis with risk simulation.


Pathogenesis of chronic hepatitis C: immunological features of hepatic injury and viral persistence.


Herpes

A prospective study of new infections with herpes simplex virus type 1 and type 2.


Is sexual transmission an important pattern for herpes simplex type 2 virus seroconversion in the Spanish general population?


Quality of life and use of health care among people with genital herpes in France.


The differential impact of training stress and final examination stress on herpesvirus latency at the United States Military Academy of West Point.


College students’ attitudes regarding vaccination to prevent genital herpes.


Eczema secondary to herpes simplex virus infection.


Acquired lymphedema of the hand due to herpes simplex virus type 2.


Whole cell lystate enzyme immunoassays vs recombinant glycoprotein G2-based immunoassays for HSV-2 seroprevalence studies.


A double-blind, randomized study assessing the equivalence of valacyclovir 1000 mg once daily versus 500 mg twice daily in the episodic treatment of recurrent genital herpes.


Foscarnet treatment of genital infection due to acyclovir-resistant herpes simplex virus 2 in a pregnant patient with AIDS: case report.


The comparative effects of famciclovir and valacyclovir on herpes simplex virus type 1 infection, latency and reactivation in mice.


Foscarnet treatment of genital infection due to acyclovir-resistant herpes simplex virus 2 in a pregnant patient with AIDS: case report.


The comparative effects of famciclovir and valacyclovir on herpes simplex virus type 1 infection, latency and reactivation in mice.


Downloaded from http://sti.bmj.com/ on June 20, 2017 - Published by group.bmj.com
Antiviral properties of isoborneol, a potent inhibitor of herpes simplex virus type 1.
M ARNACA, E PAPADOPOULOU, A SYVROPOULOU, M ARSENAKIS. Antivir Res 1999;43:79–92

Antitherpetic activity and mode of action of natural carrageenans of diverse structural types.

Civamide (cis-capsaicin) treatment of primary or recurrent experimental genital herpes.

γδ T cell response induced by vaginal herpes simplex 2 infection.

Humoral response to herpes simplex virus is complement-dependent.

LAT expression during an acute HSV infection in the mouse.
RB JARMAN, EK WAGNER, DC BLOOM. Virology 1999;262:384–97

Inhibition of dendritic cell maturation by herpes simplex virus.

Human papillomavirus infection

Assessing gains in diagnostic utility when human papillomavirus testing is used as an adjunct to Papanicolaou smear in the triage of women with cervical cytologic abnormalities.
EL FRANCO, A FERENCZY. Am J Obstet Gynecol 1999;181:382–6

HPV testing in primary screening of older women.

Do HPV-negative cervical carcinomas exist?—revisited.
CS HERRINGTON. J Pathol 1999;189:1–3

Human papillomavirus is a necessary cause of invasive cervical cancer worldwide.
JM MARLBOOMERS, MV JACOBS, MM MANOS et al. J Pathol 1999;189:12–9

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