LETTERS TO THE EDITOR

A study on the possible association of dysfunctional uterine bleeding with bacterial vaginosis, mycoplasma, ureaplasma, and Gardnerella vaginalis

EDITOR,—A number of studies in the recent years have shown that bacterial vaginosis or its associated micro-organisms mycoplasma/ureaplasma may be associated with various obstetric and gynaecological complications such as pelvic inflammatory disease and infertility,1 premature rupture of membranes and preterm labour,2 plasma cell endometritis,3 non-specific urethritis in male partners,4 and in our previous study5 we showed colonisation of the endometrium by mycoplasma and ureaplasma in patients with bacterial vaginosis.

The purpose of this study was to see if there is any association between dysfunctional uterine bleeding (DUB) and mycoplasma, ureaplasma, and/or bacterial vaginosis.

Ten patients, all with dysfunctional uterine bleeding admitted for abdominal hysterectomy, were recruited for the study. Patients were between 38 and 48 years (mean age 44) and all except one were parous. Appropriate ethics committee approval and informed consents were taken.

A detailed history was taken, particularly obstetrics and gynaecological, and any history of bacterial vaginosis or troublesome vaginal discharge. A preoperative high vaginal swab for microscopic diagnosis of bacterial vaginosis was taken. At operation, the endometrial cavity was opened by splitting the anterior wall of the uterus and an endometrial biopsy was taken. A preoperative high vaginal swabs were taken for microbial culture and scanning electron microscopy for mycoplasma, ureaplasma, and Gardnerella vaginalis.

None of the patient had any history of bacterial vaginosis, troublesome vaginal discharge, or any obstetric or gynaecological complications. Microscopic examination of the high vaginal swabs were all normal except one with possible bacterial vaginosis. Microbial culture and scanning electron microscopy showed no mycoplasma, ureaplasma, or Gardnerella vaginalis.

Although there is definite association of colonisation of the endometrium by mycoplasma and ureaplasma in patients with bacterial vaginosis, as we showed in our previous study, this study did not show any association of DUB with bacterial vaginosis, Gardnerella vaginalis, mycoplasma, or ureaplasma. Any significant association of DUB and bacterial vaginosis appears unlikely, as the age group of the majority of patients with DUB, as in this study, is also different from the age group for bacterial vaginosis.

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Ethnicity and country of acquisition of HIV in the current Leicester genitourinary medicine clinic cohort

EDITOR,—We have surveyed the regular HIV infected attenders in the Leicester genitourinary medicine (GUM) HIV cohort; there are currently 60 men and 16 women. Twenty five per cent are black African and 13% are of Indian/Pakistani/Bangladeshi stock, while 62% are white. This amounts to 19 of 8258 black Africans in the Leicestershire total county population (which includes Leicester central district) being HIV positive. Forty seven of 771 181 white people and 10 of 77 537 Asians in the Leicestershire total county population were also HIV positive (Leicester City Council, from 1991 census figures, 2000, personal communication).

For acquisition of HIV related to ethnicity, the results are as displayed in table 1.

In 1997, of those with heterosexually transmitted HIV in the United Kingdom, 3.3% were black Caribbeans, 49% were black African, with 33% being white, and 2.3% were Asian.

In 1999, the Communicable Disease Report stated that, of female HIV infected people in England and Wales, 32% were white people and 49.5% were black Africans, and 2.7% were black Caribbeans, and 1.3% were south Asians.

Compared with the latter England and Wales figures, Leicester appears to have a moderate underrepresentation of black Africans with HIV, and a moderate overrepresentation of Asians in its cohort. This latter figure is to be expected because Leicester’s Asian population is 23.7% of the total population of the city (Leicester City Council, 1991 census figures, 2000, personal communication). However, the Asian figure

Table 1 Table of ethnicity in relation to country of acquisition of HIV, as found in the Leicester genitourinary medicine clinic HIV cohort, and assessed in April 2000

<table>
<thead>
<tr>
<th>Country of acquisition</th>
<th>Ethnicity</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Asian</td>
<td>African</td>
</tr>
<tr>
<td>Asia</td>
<td>2 (3%)</td>
<td>2 (3%)</td>
</tr>
<tr>
<td>Africa</td>
<td>2 (3%)</td>
<td>19 (25%)</td>
</tr>
<tr>
<td>UK</td>
<td>15 (15%)</td>
<td>3 (3%)</td>
</tr>
<tr>
<td>Total</td>
<td>9%</td>
<td>31%</td>
</tr>
</tbody>
</table>

*Thailand.


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Detection of 14–3–3 brain protein in cerebrospinal fluid of HIV infected patients

EDITOR,—The 14–3–3 proteins are a group of highly conserved proteins involved in intracellular signalling. Detection of 14–3–3 brain protein has been described in cerebrospinal fluid (CSF) of patients with transmissible spongiform encephalopathies including both sporadic and variant Creutzfeld–Jakob disease.1–3 False positive results have been reported in conditions producing (sub)acute neuronal destruction, including herpes simplex encephalitis, ischaemic stroke, multi-infarct dementia, and paraneoplastic syndromes.1,4–6 We postulated that 14–3–3 brain protein may be detected in CSF from patients with HIV associated dementia complex (HADC) as this condition is characterised neuropathologically by a giant cell encephalitis, leukoencephalopathy, astroglisis and neuronal loss.

We prospectively studied 17 HIV antibody positive patients (14 men) aged 27–60 (median 37) years, with CD4 counts of 0–220 (median 20) cells x10⁹/L, who underwent lumbar puncture for investigation of HADC (six patients), staging of lymphoma (five patients), or investigation of other conditions (two patients), or with cytopenia (two), cervical radiculopathy (one), chronic demyelinating polyradiculopathy (one), CMV encephalitis (one), self limiting headache (one). Of those with HADC, the severity of dementia assessed using Memorial Sloan-Kettering criteria,6 was mild in two and moderate in four. The degree of atrophy on cranial magnetic resonance imaging, used as a marker of neuronal loss, was mild in four and moderate in two. Clinical details of those with lymphoma are given in table 1. At each lumbar puncture an aliquot of CSF (250 µl) was frozen immediately at −20°C and stored for subsequent 14–3–3 protein analysis.

CSF was routinely processed as described previously.7 Detection of 14–3–3 protein was done without knowledge of the patient’s diagnosis, using a technique described by Hsich et al,8 modified to use anti-14-3-3 γ polyclonal rabbit antibody. In 14 of 17 patients CSF was negative for 14–3–3 protein. Of the three with detectable 14–3–3 protein in CSF, all had lymphoma but only one had CNS disease, the other two had only extraneural disease (table 1). These data, although from a small study population, suggest that detection of 14–3–3 protein in CSF is not useful for diagnosis of HADC. Detectable 14–3–3 protein has previously been reported in a non-HIV infected patient with CNS lymphoma,9 so this observation in our patient is not unique, although brain necrosis from coexisting cerebral toxoplasmosis provides an alternative explanation. Of the two patients with extraneural lymphoma and detectable 14–3–3 protein in CSF, one had EBV DNA in CSF and so was at high risk of developing cerebral lymphoma. This possibility could not be confirmed as necropsy was not performed. In neither of the latter two patients was there a CSF pleocytosis, so contamination by 14–3–3 protein derived from peripheral blood leucocytes is unlikely. In the final case the absence of limbic encephalitis or cerebellar degeneration makes it difficult to ascribe the finding to a paraneoplastic process.

<table>
<thead>
<tr>
<th>Patient</th>
<th>Type of lymphoma</th>
<th>No of lumbar puncture</th>
<th>Interval between lumbar puncture (weeks)</th>
<th>14–3–3 detection</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Primary CNS</td>
<td>1</td>
<td>11</td>
<td>No</td>
<td>Died 2 weeks after lumbar puncture. Necropsy showed also cerebral toxoplasticity.</td>
</tr>
<tr>
<td>2</td>
<td>Primary CNS</td>
<td>2</td>
<td>3</td>
<td>Yes</td>
<td>Died 2 weeks after lumbar puncture. Necropsy confirmed diagnosis.</td>
</tr>
<tr>
<td>3</td>
<td>Primary CNS</td>
<td>2</td>
<td>NA</td>
<td>No</td>
<td>Died 3 weeks later. No necropsy.</td>
</tr>
<tr>
<td>4</td>
<td>Systemic, disseminated extraneural</td>
<td>1</td>
<td>NA</td>
<td>Yes</td>
<td>Died 6 weeks later. Cranial MR scan normal but EBV DNA detected in cell free CSF. No necropsy.</td>
</tr>
<tr>
<td>5</td>
<td>Systemic, extra neural</td>
<td>1</td>
<td>NA</td>
<td>Yes</td>
<td>Alive. Cranial MR scan normal. Treated with local RT and HAART. No lymphoma recurrence after 39 months follow up.</td>
</tr>
</tbody>
</table>

Table 1. Clinical features, results of CSF brain protein detection, and outcome in patients with lymphoma

Hepatitis B vaccination in a high risk MSM population: the need for vaccine education

EDITOR,—Estimates of the prevalence of hepatitis B virus (HBV) markers among men who have sex with men (MSM) range from 5% to 81%, and the prevalence of HBV surface antigen varies from 1% to 11%.1–2 Despite a safe and effective vaccine against HBV, sexually active MSM are not vaccinated adequately.3–4 Few empirical data describe the factors associated with HBV vaccination among MSM. We conducted a study to identify correlates of HBV vaccination among MSM that could inform future interventions designed to enhance HBV vaccination.

Data were collected at two male “gay” bars in Birmingham, Alabama, USA, using a brief, self administered questionnaire. Of 130 bar patrons, our sample consisted of 111 respondents who identified themselves as MSM and knew their vaccination status. Their average age was 31 years with a range of 18–48 years. The sample was disproportionately white (91.9%); 42% reported being vaccinated for HBV.

Based on bivariate associations nine characteristics were significantly associated with HBV vaccination—age; contact with hepatitis knowledge; HBV knowledge; HCV knowledge; HBV vaccination knowledge; number of sources for information about hepatitis; information from a physician; and information from professional training. Two factors retained significance when adjusting for all other factors in a multivariate logistic regression model: respondents’ HBV vaccination knowledge (OR=10.18; 90% CI = 4.0–25.37, p = 0.0001) and their frequency of condom use (OR=6.1; 90% CI = 2.54–14.67, p = 0.0007). The predictive power of the model (χ² = 42.33, p = 0.0001) was high, correctly classifying 76.4% of the respondents into their actual vaccination status categories (p = 0.0001). These findings suggest that respondents with high HBV vaccination knowledge and condom use are significantly more likely to have been vaccinated against HBV.

There is need to enhance awareness and facilitate vaccination among this high risk population for HBV infection; 32% reported having no information about hepatitis. Many respondents reported engaging in behaviours that put them and their sexual partners at risk for HBV infection; 95.5% and 30.6% reported using a condom less than 50% of the time. Further research is warranted to identify correlates of HBV vaccination among MSM that could inform future interventions designed to enhance HBV vaccination.
time during oral and anal intercourse, respectively. Given that HBV transmission usually results from mucous membrane exposure to infectious body fluids, including semen,* the failure to vaccinate this high risk population is a missed opportunity to prevent disease.

Our findings suggest that MSM lack information about HBV risk and vaccination, and are engaging in behaviours that put them at risk for HBV infection. It is critical to develop innovative interventions that encourage condom use and increase knowledge of HBV vaccination among MSM.

This study was supported financially by the research funders. We wish to thank the participating citizens, the bar owners, managers, and staff.

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CORRECTION

The paper by Hughes et al “Comparison of risk factors for four sexually transmitted infections: results from a study of attenders at three genitourinary medicine clinics in England” published in the August issue of STI (2000;76:262–7) contained errors in tables 1 and 2. The correct versions of these tables are published here. The multivariable statistical analyses presented in tables 3 and 4, on which the paper focuses and on which the discussion and conclusions are based, are unaffected by the errors and remain unchanged.

Table 1 Characteristics of patients attending three GUM clinics in England, April 1994 to September 1997

<table>
<thead>
<tr>
<th>Ethnic group:</th>
<th>White</th>
<th>Black Caribbean</th>
<th>Black African</th>
<th>Asian</th>
<th>Other/mixed†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total attenders (‡heterosexuals):</td>
<td>20 334</td>
<td>1 038 (5)</td>
<td>140 (1)</td>
<td>483 (2)</td>
<td>297 (1)</td>
</tr>
<tr>
<td>Age group:</td>
<td>13–15</td>
<td>16–19</td>
<td>20–24</td>
<td>25–34</td>
<td>35–49</td>
</tr>
<tr>
<td>Total attenders (‡heterosexuals):</td>
<td>20 334</td>
<td>1 038 (5)</td>
<td>140 (1)</td>
<td>483 (2)</td>
<td>297 (1)</td>
</tr>
<tr>
<td>Number of recorded</td>
<td>11 (&lt;1)</td>
<td>357 (2)</td>
<td>433 (3)</td>
<td>15 155 (100)</td>
<td>3 150 (2)</td>
</tr>
<tr>
<td>Number of recorded</td>
<td>11 (&lt;1)</td>
<td>357 (2)</td>
<td>433 (3)</td>
<td>15 155 (100)</td>
<td>3 150 (2)</td>
</tr>
</tbody>
</table>

Table 2 Numbers of attenders diagnosed with first episode genital warts, first episode genital HSV, and complications per month, in attenders at three GUM clinics in England, April 1994 to September 1997 (+ = present, − = absent)

<table>
<thead>
<tr>
<th>No of attenders (%)</th>
<th>Warts</th>
<th>HSV</th>
<th>Gonorrhoea</th>
<th>Chlamydia</th>
</tr>
</thead>
<tbody>
<tr>
<td>3320 (6.46)</td>
<td>+</td>
<td>−</td>
<td>−</td>
<td>−</td>
</tr>
<tr>
<td>3101 (6.04)</td>
<td>−</td>
<td>−</td>
<td>−</td>
<td>−</td>
</tr>
<tr>
<td>1184 (2.30)</td>
<td>+</td>
<td>+</td>
<td>−</td>
<td>−</td>
</tr>
<tr>
<td>957 (1.86)</td>
<td>−</td>
<td>+</td>
<td>−</td>
<td>−</td>
</tr>
<tr>
<td>517 (1.04)</td>
<td>−</td>
<td>+</td>
<td>−</td>
<td>−</td>
</tr>
<tr>
<td>187 (0.36)</td>
<td>+</td>
<td>−</td>
<td>−</td>
<td>−</td>
</tr>
<tr>
<td>28 (0.05)</td>
<td>−</td>
<td>+</td>
<td>−</td>
<td>−</td>
</tr>
<tr>
<td>21 (0.04)</td>
<td>−</td>
<td>+</td>
<td>−</td>
<td>−</td>
</tr>
<tr>
<td>11 (0.02)</td>
<td>−</td>
<td>+</td>
<td>−</td>
<td>−</td>
</tr>
<tr>
<td>9 (0.02)</td>
<td>−</td>
<td>+</td>
<td>−</td>
<td>−</td>
</tr>
<tr>
<td>2 (0.00)</td>
<td>−</td>
<td>−</td>
<td>−</td>
<td>−</td>
</tr>
<tr>
<td>42 297 (82.34)</td>
<td>−</td>
<td>−</td>
<td>−</td>
<td>−</td>
</tr>
<tr>
<td>Total 51 371 (100)</td>
<td>−</td>
<td>−</td>
<td>−</td>
<td>−</td>
</tr>
</tbody>
</table>

Gonorrhoea

Sexually transmitted disease clinic clients at risk for subsequent gonorrhoea and chlamydia infections—possible ‘core’ transmitters.
RA GUNN, S FITZGERALD, SO ARAL. Sex Transm Dis 2000;27:543–9

Gonorrhoea among men who have sex with men: outbreak caused by a single genotype of erythromycin-resistant Neisseria gonorrhoeae with a single-base pair deletion in mtrR promoter region.
MS XIA, WH WHITTINGTON, WM SHAPE, KK HOLMES. J Infect Dis 2000;181:2080–2081

Amultiplex polymerase chain reaction to differentiate β-lactamase plasmids of Neisseria gonorrhoeae.

A typing system for Neisseria gonorrhoeae based on biotinylated oligonucleotide probes to PIB gene variable regions.


Expression of AnA, the major anaerobically induced outer membrane protein of Neisseria gonorrhoeae, provides protection against killing by normal human sera.
Chlamydia

Duration of untreated genital infections with Chlamydia trachomatis—a review of the literature.

Urogenital Chlamydia trachomatis serovars in men and women with a symptomatic or asymptomatic infection: an association with clinical manifestations?

Relationship of hormonal contraception and cervical ectopy as measured by computerized planimetry to chlamydial infection in adolescents.
DL JACOBSON, L PERALTA, M FARMER et al. Sex Transm Dis 2000;27:313–9

Pooling cervical swabs and testing by ligase chain reaction are accurate and cost-saving strategies for diagnosis of Chlamydia trachomatis.

Reproducibility problems with the Abbott Laboratories LCx assay for Chlamydia trachomatis and Neisseria gonorrhoeae.
AM GRONOWESKI, S COPPER, D BAORTO, PR MURRAY. J Clin Microbiol 2000;38:2416–8

An important proportion of genital samples submitted for Chlamydia trachomatis detection by PCR contain small amounts of cellular DNA as measured by β-globin gene amplification.

Effects of estradiol and progesterone on susceptibility and early immune responses to Chlamydia trachomatis infection in the female reproductive tract.
C KAUSCH, F ZHOU, AD MURDIN, CR WIRA. Infect Immun 2000;68:4207–16

Priming with Chlamydia trachomatis major outer membrane protein (MOMP) DNA followed by MOMP ISCOM boosting enhances protection and is associated with increased immunoglobulin A and Th1 cellular immune responses.

Genetic differences in the Chlamydia trachomatis tryptophan synthase α-subunit can explain variations in serovar pathogenesis.
AC SHAW, G CHRISTIANSEN, P ROEPSTORFF, S BIRKELUND. Microbes 2000;2:581–92

Bacterial vaginosis

The Papanicolaou smear: inadequate screening test for bacterial vaginosis during pregnancy.

Identification of a human lactoferrin-binding protein in Gardnerella vaginalis.

Trichomoniﬁs

A randomized trial of intravaginal noo-oxy-9 versus oral metronidazole in the treatment of vaginal trichomoniasis.
NM ANTONELLI, SJ DEHIL, JW WRIGHT. Am J Obstet Gynecol 2000;182:1008–10

Host and tissue speciﬁcity of Trichomonas vaginalis is not mediated by its known adherence proteins.

18S ribosomal DNA-based PCR for diagnosis of Trichomonas vaginalis.

Syphilis and other treponematoses

Role of hyphal formation in interactions of Candida albicans with endothelial cells.

Measurement of T-cell-derived antigen binding molecules and immunoglobulin G specific to Candida albicans mannan in sera of patients with recurrent vulvovaginal candidiasis.

Evidence for mating of the ‘asexual’ yeast Candida albicans in a mammalian host.
CM HULL, RA RABNER, AD JOHNSON. Science 2000;289:307–9

Use of synthetic cardioplin and lecithin in the antigen used by the Venerable Disease Research Laboratory Test for serodiagnosis of syphilis.

Comparison of the Serodia Treponema pallidum particle agglutination, Captia syphilis–G and Spiroket Reagin II tests with standard test techniques for diagnosis of syphilis.

Treponema pallidum subsp pertenue displays pathogenic properties different from those of T pallidum subsp pallidum.

Hepatitis

Detection of hepatitis C virus in the semen of infected men.

JG FELDMAN, H MINKOFF, L LANDESMAN, J DHEO-VITZ. Sex Transm Dis 2000;27:338–42

The natural history of hepatitis C virus infection—host, viral and environmental factors.
DL THOMAS, J ASTEMBORSKI, RM RAI et al. JAMA 2000;284:450–6

Herpes

Herpes simplex virus in the human cornea.
HS DUA. Br J Ophthalmol 2000;84:560

Further evidence from a murine infection model that famiclovir interferes with the establishment of HSV-1 latent infections.
AM THACKRAY, H FIELD. J Antimicrob Chemother 2000;45:825–34

Comparison of virus isolation and various polymerase chain reaction methods in the diagnosis of mucocutaneous herpesvirus infection.

Comparison of a monoclonal antibody-blocking enzyme-linked immunosorbent assay and a strip immunoblot assay for identifying type-specific herpes simplex virus type 2 serological responses.

Long term persistence of herpes simplex virus-specific CDS(4) CTL in persons with frequently recurring genital herpes.
Immune protection against HSV-2 in B-cell-deficient mice.

Decreased vaginal disease in J-chain-deficient mice following herpes simplex type 2 genital infection.

The role of the UL41 gene of herpes simplex virus type 1 in evasion of non-specific host defence mechanisms during primary infection.

Difference in incidence of spontaneous mutations between herpes simplex viruses types 1 and 2.

Human papillomavirus infection

Quantitative tests for human papillomavirus.
C JOHNSTON. Lancet 2000;355:2179

Viral load of human papillomavirus 16 as determinant for development of cervical carcinoma in situ: a nested case-control study.

Consistent high viral load of human papillomavirus 16 and risk of cervical carcinoma in situ: a nested case-control study.

Mathematical model for the natural history of human papillomavirus infection and cervical carcinogenesis.

Human papillomavirus DNA testing for cervical cancer screening in low-resource settings.

Human papillomavirus testing in women with mild cytologic atypia.

Mucosal human papillomavirus types in squamous cell carcinomas of the uterine cervix and subsequently on fingers.

Distribution of 37 mucosotropic HPV types in women with cytologically normal cervical smears: the age-related patterns for high-risk and low-risk types.

Cervical neoplasia and repeated positivity of human papillomavirus infection in human immunodeficiency virus-seropositive and -seronegative women.

Genital human papillomavirus infection and associated penile intraepithelial neoplasia in males infected with the human immunodeficiency virus.
M GOMOUSAMICHAEL, D GIALAMA, N GOMOUSAS, G GIALAMA. Acta Cytol 2000;44:301–4

Cost-effectiveness of screening for anal squamous intraepithelial lesions and anal cancer in human immunodeficiency virus-negative homosexual and bisexual men.

Human papillomavirus infection in atrophic smears—a case report.
R LUZZATTO, M POLI, M RECKENVALD, L LUZZATTO. Acta Cytol 2000;44:420–2

Imiquimod: an immune response modifier.

Correlation between pretreatment levels of interferon response genes and clinical responses to an immune response modifier (Imiquimod) in genital warts.

Comparison of human papillomavirus types 16, 18 and 6 capsid antibody responses following incident infection.

Absence of antibody against human papillomavirus type 16 E6 and E7 in patients with cervical cancer is independent of sequence variations.

A new PCR-based assay amplifies the E6-E7 genes of most mucosal human papillomaviruses (HPV).

The human papillomavirus type 16 E7 oncogene is required for the productive stage of the viral life cycle.

Cervical lesions are associated with human papillomavirus type 16 intratypic variants that have high transcriptional activity and increases usage of common mammalian codons.

Minor capsid protein of human genital papillomaviruses contains subdominant, cross-neutralizing epitopes.

Abnormalities of cornified cell envelopes isolated from human papillomavirus type 11-infected genital epithelium.
IC BROWN, JJ BRYAN. Virology 2000;270:65–70

Inverse relationship between the expression of the human papillomavirus type 16 transcription factor E2 and virus DNA copy number during the progression of cervical intraepithelial neoplasia.

8-hydroxy-2’-deoxyguanosine in cervical cells: correlation with grade of dysplasia and human papillomavirus infection.

Immune responses induced by BCG re-combinant for human papillomavirus L1 and E7 proteins.

Uneven distribution of HPV 16 E6 prototype and variant (83V) oncoprotein in cervical neoplastic lesions.

Analysis of relative binding affinity of E7-pkB of human papillomavirus 16 variants using the yeast two-hybrid system.

The E1 helicase of human papillomavirus type 11 binds to the origin of replication with low sequence specificity.

Suprabasal expression of the human papillomavirus type 16 oncogenes in mouse epidermis alters expression of cell cycle regulatory proteins.

Induction of apoptosis in human papillomavirus-positive cancer cells by peptide aptamers targeting the viral E6 oncoprotein.

Binding of the human papillomavirus type 16 E7 oncoprotein and the adeno-associated virus Rep78 major regulatory protein in vitro and in yeast and the potential for downstream effects.


A functional NF-kB binding site in the human papillomavirus type 16 control region.
V PONTEAINE, E VANDERMUIJDEEN, J DEGRAAF et al. Virology 2000;75:40–60

Identification of domains of the HPV11 E1 protein required for DNA replication in vitro.
Cervical cytology and colposcopy


Public health and social aspects


A randomized trial of hierarchical counseling in a short, clinic-based intervention to reduce the risk of sexually transmitted diseases in women. EL Collur, P French, A Loundou et al. AIDS 2000;14:1249–56

Microbiology and immunology

Role played by lactobacilli in controlling the population of vaginal pathogens. S Bors, C Barbes. Microbes Infect 2000;2:543–6


Dermatology


Miscellaneous

Syndromic treatment of sexually transmitted diseases reduces the proportion of incident HIV infections attributable to these diseases in rural Tanzania. KK Orroth, A Gayvoly, J Todd et al. AIDS 2000;14:1429–38


Other sexually transmitted infections


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Fluctuation in lower urinary tract symptoms in women—reassurance and watchful waiting can prevent overtreatment.
S HUNSKAAR. BMJ 2000;320:1418

Incidence and remission rates of lower urinary tract symptoms at one year in women aged 40–60: longitudinal study.

Effect of a three month course of ciprofloxacin on the outcome of reactive arthritis.

Reactive arthritis: the result of an anti-idiotypic immune response to a bacterial lipopolysaccharide antigen where the idiotypie has the immunological appearance of a synovial antigen.

Detection of Kaposi’s sarcoma-associated herpesvirus in oral and genital secretions of Zimbabwean women.

Effect of intravaginal practices on the vaginal and cervical mucosa of Zimbabwean women.

Polyherbal formulations with wide spectrum antimicrobial activity against reproductive tract infections and sexually transmitted pathogens.

Bacteriologic and treatment of malodorous lower reproductive tract in gynaecologic cancer patients.

Association of Ureaplasma urealyticum with abnormal reactive oxygen species levels and absence of leukocytospermia.

Acute vulvar vestibulitis occurring during chemotherapy with cryptophycin analogue LY355703.
TM DEPAS, M MANDALA, G CURIGLIANO, F PECCA-TORI. Obstet Gynecol 2000;95:1030

Drug therapy: erectile dysfunction.

Effect of erectile dysfunction on frequency of intercourse: a population based prevalence study in Finland.
J KOSKIMAKI, M HAKAMA, H HUHTALA, TLJ TAMMELA. J Urol 2000;164:367–70

Safety and acceptability of a baggy latex condom.

Erectile dysfunction on frequency of intercourse: a population based prevalence study in Finland.
J KOSKIMAKI, M HAKAMA, H HUHTALA, TLJ TAMMELA. J Urol 2000;164:367–70

Genital diseases in the Peruvian dusky dolphin (Lagenorhynchus obscurus).
MF VANBRESSEM, K VANWAEREBEKE, U SIEBERT et al. J Comparative Pathol 2000;122:266–77

Scrotal dog bites.
JM CUMMINGS, JA BOULIER. J Urol 2000;164:57–8

Peyronie’s disease: etiology, medical and surgical therapy.

Evidence based assessment of long-term results of plaque incision and vein grafting for Peyronie’s disease.

Tuberculosis of the penis after intravesical bacillus Calmette–Guerin treatment.
JM LATINI, DS WANG, P FORGACS, W BEHRIE. J Urol 2000;163:1870

Clinical management of foreign bodies of the genitourinary tract.

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Scott D Rhodes, Ralph J Diclemente, Leland J Yee and Kenneth C Hergenrather

*Sex Transm Infect* 2000 76: 408-409
doi: 10.1136/sti.76.5.408-a

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