ELECTRONIC PAGES.....

Global views

Sexually Transmitted Infections receives an increasing number of articles relating to prevalence of STIs or the performance of various syndromic management protocols in different populations. While these are very important for policymakers and clinicians locally, they tend to have limited applicability to other populations. For this reason we will publish these articles, after peer review, in full through eSTI. The paper edition of the journal will feature full abstracts in the "global view" section.

Prevalence of different HIV-1 subtypes in an urban clinic in Madrid

J C Martin, A Holguin, V Soriano

The introduction of non-B HIV-1 variants into Western Europe and North America is of great concern since diagnostic tools and drugs are mainly optimised for targeting HIV-1 subtype B viruses. Madrid is an endemic area for HIV, and either the final destination or transient location for many immigrants from HIV-1 non-B endemic areas (mainly from Africa and South America). From a total of 902 HIV seropositive individuals examined since June 1999, only 27 (3%) were found to be infected with non-B HIV variants. However, up to 71.4% of African immigrants carried non-B viruses. Therefore, HIV subtyping should be requested from all HIV infected African immigrants before considering viral load testing and recommending antiretroviral therapy.

(Sex Transm Inf 2002;78:e1) www.sextransinf.com/cgi/content/full/78/1/e1

Syndromic management of sexually transmitted diseases at primary care level, Mozambique

F S Mbofana, F J Brito, A Saifodine, J L Cliff

Objective: To assess STD management in primary healthcare facilities where STD clinics and syndromic management guidelines had been introduced.

Methods: In 26 health facilities in selected sites, we observed management of all STD patients presenting in the adult general or STD clinic. We assessed the referral system by analysing patient registers.

Results: 408 STD patients (65% in STD and 35% in general clinics) were observed. 70% were women. Women were examined less (26% against 75%, $p<0.0001$), had laboratory tests ordered more (74% against 45%, $p=0.0002$), were more often diagnosed syndromically (57% against 38%, $p=0.008$), and received less advice on condom use (19% against 87%, $p<0.001$) and contact treatment (47% against 81%, $p=0.04$). Examination, laboratory requests, diagnosis, and treatment were not significantly different in the STD and general clinic. Health education was better in the STD clinic (condom advice 47% against 8%, $p<0.001$). Only 41% of referred patients presented to the STD clinic.

Conclusions: The better performance of STD clinics in health education was offset by high referral losses. A proposed integration of STD treatment into general outpatient clinics and better implementation of syndromic management and health education should improve STD case management at primary level in Mozambique.

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