

## Correspondence

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TO THE EDITOR, *Genitourinary Medicine*

**Assessment of new enzyme immunoassay to detect herpes simplex virus antigen**

Sir,  
We report our assessment of a new enzyme immunoassay to detect herpes simplex virus (HSV), the IDEIA HSV test (Boots-Celtech Diagnostics, Slough, Berkshire, UK), compared with the results obtained with a culture amplified enzyme immunoassay (CAEIA). The CAEIA has been shown to be reliable for detecting<sup>1,2</sup> and typing<sup>3,4</sup> HSV.

Clinically suspect lesions were rubbed with a cotton tipped swab, which was immediately inoculated into virus transport medium (VTM). On receipt, the samples were inoculated into Vero tissue culture tubes and stored at -20°C until tested by the IDEIA. Results of the IDEIA were reported as positive, negative, or inconclusive, according to the manufacturer's instructions.

A 0.5 ml volume of vortexed VTM was inoculated into Vero tissue culture tubes and incubated for seven days at 37°C, after which the tubes were vortexed for 15 seconds and frozen at -20°C to lyse the culture cells. Next day the samples were thawed at room temperature and enzyme immunoassay performed on the lysates according to the method of Smith *et al.*<sup>3</sup> A Biotek EL-310 microplate reader (Biotek Instruments, Burlington, USA) was used to measure the optical densities of the microwells.

We tested 65 samples for the presence of HSV by CAEIA and IDEIA, and the table shows the results of these assays. All samples positive by CAEIA were also positive for cytopathic effect, whereas those negative by CAEIA had negative cytopathic effect.

The sensitivity of the new assay was comparable with that of other commercial assays for detecting HSV.<sup>2,3</sup> When the IDEIA was used in conjunction with the CAEIA, we could report positive results within two days after collecting specimens in 85% of cases, and could confirm them by culture within a further seven days. False positive and false negative IDEIA results were probably due to the presence of non-viable HSV or low levels of HSV antigen. With reduction of culture time for IDEIA positive samples, confirmation and typing can be completed within five days after specimen collection. IDEIA negative samples need to be cultured for seven days to ensure growth of HSV from specimens with low antigen levels. Saving

**Table Results of CAEIA and IDEIA assays for HSV in 65 specimens**

CAEIA result	IDEIA result		
	Positive	Borderline	Negative
Positive	35	2	6
Negative	1	2	19

time in notifying positive results is relevant for the administration of specific antiherpetic treatment and for women in the last weeks of pregnancy.

The results obtained show that the IDEIA compares well with the CAEIA and, when performed with the CAEIA, offers rapid and reliable detection and typing of HSV from clinical samples.

Yours faithfully,  
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TO THE EDITOR, *Genitourinary Medicine*

**Rotavirus diarrhoea in patient with antibody to human immunodeficiency virus (HIV)**

Sir,  
Diarrhoea caused by rotavirus has been well described in the elderly and in outbreaks, but has only occasionally been described in healthy young adults.<sup>1</sup> We have recently seen a case of diarrhoea caused by rotavirus in a homosexual patient known to be HIV antibody positive.

An insulin dependent diabetic aged 29

presented with a few hours' history of diarrhoea. He had lost more than 10% of his body weight in the previous six months and had cervical and axillary lymphadenopathy. Examination was otherwise normal. In particular, there was no evidence of autonomic neuropathy. His CD<sub>4</sub>/CD<sub>8</sub> ratio was 0.8, and his T lymphocyte CD<sub>4</sub> subset count was 277 × 10<sup>9</sup>/l. Stool examination showed the presence of rotavirus both by enzyme linked immunosorbent assay (ELISA) and on electron microscopy. The diarrhoea resolved spontaneously after a few days, and subsequent stool examination failed to show rotavirus. Diarrhoea had started again at follow up two weeks later. Stool electron microscopy then showed coronavirus. Three months later, the patient continues to have diarrhoea, but no pathogens were detectable at the last examination.

Many pathogens have been associated with diarrhoea in patients infected with HIV. The association with rotavirus has not, to our knowledge, been reported previously. We wonder whether this is the first atypical infection in our patient, who otherwise fulfils the criteria for the diagnosis of AIDS related complex but not of AIDS.<sup>2</sup>

Yours faithfully,  
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TO THE EDITOR, *Genitourinary Medicine*

**Monogamy is . . .**

Sir,  
With the advent of the acquired immune deficiency syndrome (AIDS), research into the sexual behaviour of homosexual and bisexual men has expanded. How clinicians and researchers ask questions, however, may not bear much relation to the understanding of those questions by patients or respondents.

In a recent study of sexual behaviour and use of condoms of 172 homosexually active men, our research on numbers of partners yielded the following results.<sup>1</sup> Forty one (24%) men responded affirmatively to the question, "Have you been in a monogamous relationship for the past two months (or