LETTERS TO THE EDITOR

Does outreach work help in the control of sexually transmitted disease?

Brighton has a large gay population with third largest HIV/AIDS Community in the UK. In 1991 AIDS was the commonest cause of death in men between the ages of 15–45 years.

The incidence of gonorrhoea in gay men was falling steadily reaching its lowest level in 1987 (fig) after the UK government sent HIV/AIDS information pack to every household in 1986. Gonorrhoea in gay men started rising steadily since 1988 which prompted the health authority to appoint Outreach Workers in January 1993. They visit all the local pubs, clubs and the gay night clubs and spread the message of risk reduction, safe sex, prevention of sexually transmitted disease (STD) in the long term and distributed free condoms.

The Genitourinary Medicine Unit at Brighton has four Health Advisers who counsel every patient with acute gonococcal urethritis and trace all their contacts up to 30 days. The patients are re-tested after one week and cure is confirmed. They see the Health Advisers to discuss future prevention of STD. The incidences of gonorrhoea has started falling and we have achieved a 50% reduction in 1994 (table). The number of patients screened remained constant and the clinic routine has not changed over this period. The only extra factor influencing this

success is the contribution of Outreach Workers. Outreach Workers have a definite place in selected areas of the UK in influencing the reduction of STDs.

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1 Street outreach for STD/HIV Prevention—Colorado Springs, Colorado 1987–1991. *MMWR* 1992;41:94–5,101.

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The glittering vagina—a seasonal phenomenon?

A 24 year old Afro Caribbean woman presented to the genitourinary medicine clinic in November 1995 with a one week history of vulval discomfort and a vesicular vulval rash. She was taking oxytetracycline for acne and used the diaphragm for contraception. Acyclovir was started after obtaining a swab for herpes virus culture. Further vaginal and cervical tests were deferred as the vulva was severely ulcerated. On re-examination after ten days the ulcers had disappeared. However, a brown discharge was noted. Dark ground microscopy of a saline mounted wet preparation of vaginal discharge revealed yellow vaginal cells the surface of which appeared to be sprinkled with “golden glitter”. Herpes simplex virus type II had been isolated from the sample taken at initial presentation. Smear and culture samples were otherwise negative.

On further questioning, the patient revealed that she had been taking “CONTAC 400”¹ during the preceding 48 hours for upper respiratory tract symptoms. This cold preparation contains the azo dyes sunset yellow and quinoline yellow, and the vital stain erythrosine (3¹, 6¹-Dihydroxy-2¹ 4¹, 5¹, 7¹ disodium salt). Azo dyes are widely used in foods and pharmaceuticals. They have also been shown to fluoresce, this fluorescence arising from a protein-tetrazonium-naphthol reaction product.² The presence of bacteria may alter the dye reaction.³ Azo dyes in textiles have also been recognised as an important cause of contact dermatitis.⁴

Increase in use of cold preparations containing these dyes may be the cause of unusual microscopy findings on vaginal smears, especially during the winter months, and could contribute to some cases of vaginal/vulval contact dermatitis.

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1 SmithKline Beecham Pharmaceuticals CONTAC 400.

2 Espada J, Stockert JC. Fluorescence of bisazo dye reaction products from the coupled tetrazonium method for proteins. *Acta Histochemica* 1994;96:315–24.

3 Dykes GA, Timm RG, von Holy A. Azoreductase activity in bacteria associated with the greening of instant chocolate puddings. *Appl Environ Microbiol* 1994;60:3027–9.

4 Hatch KL, Maibach HI. Textile dye dermatitis. *J Am Acad Dermatol* 1995;32:631–9.

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Gonorrhoea cases compared in 1993 and 1994

	1993	1994
Total cases of gonorrhoea in gay men	70	35
Site of infection		
Urethra	54	32
Rectum	11	3
Throat	7	0
(2 rectal & throat)		
HIV positive total	13	7
Urethral gonorrhoea	10	6
Rectum	2	1
Throat	1	0
Men saw the contact tracer/ health adviser	57 (81%)	30 (84%)
Default in follow-up	20 (29%)	10 (28%)