LETTERS TO THE EDITOR

Services to general practitioners

Recent changes in the National Health Service have caused us to reconsider the breadth of the service which we offer to general practitioners (GPs). In order to ascertain some services which GPs would wish us to deliver, we sent a questionnaire to the principals of the 150 general practices in Leicestershire. We received 104 replies which showed the following results:

Ninety three per cent of GPs were prepared to refer patients for HIV testing, although 5% of these would not refer patients where official documentation was all that was required (visas etc.).

Seventy seven per cent would use our department for pre-termination infection screening of patients. Those who would not use our service made comments like "only if there was time" and "isn't this the responsibility of gynaecology?"

Interestingly, 90% of GPs would be interested in using our contact tracing facilities, and we are hoping to explore novel ways of offering this facility to general practitioners.

Ninety per cent of GPs would use our erectile dysfunction service.

An open-ended question "Is there any other service you would like us to offer?" only produced 10 responses, and in broad terms six of these requested better or more prompt communication, with two specifying disclosure of the HIV positive status of their patients. The remaining four responses centred around more GP and patient education.

We hope to use the results of this questionnaire as the basis for expanding and improving the service which we offer general practitioners locally.

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HIV infection in a group of New Zealand sex industry workers

Sero-prevalence studies of sexual health centre attendees in New Zealand¹ and in injecting drug users attending needle and syringe exchanges,² have reported very low rates of human immunodeficiency virus (HIV). To date there have been no published data on the prevalence of HIV infection among sex industry workers (SIW) in New Zealand.

We report the prevalence of HIV infection in SIW accessing the New Zealand Prostitutes Collective (NZPC) community, drop-in, outreach medical service in Wellington, the capital city of New Zealand. The NZPC was

established in 1987 by workers in the sex industry and in 1988 received government funding to provide peer-based education and support for workers in the sex industry.

In June 1993 a medical and nursing outreach service was opened at the NZPC community drop-in centre, with health care workers (HCW) from both the Wellington Sexual Health Service and the New Zealand Family Planning Centre providing comprehensive sexual health care including contraception. Unique to this venture was that the HCW were interviewed and chosen by peers of the NZPC for their nonjudgemental attitude and expertise. Services were managed by staff and volunteers of the NZPC who also made appointments for the service.

During the period between October 1993 and December 1994, 126 SIW attended the service for the first time. Thirty five (28%) described themselves as of Maori origin, 79 (63%) of European origin and nine (7%) were from Thailand, two described "other" for ethnic origin. The majority of SIW worked either from a massage parlour (36%) or from an escort agency (44%). Others worked from the street (12%) or from a "private situation" (8%).

Ninety two (73%) were female, 22 (18%) male and 12 (9%) transgendered. Eighty four (67%) were tested for HIV antibodies, and none were found to be newly positive. However, one transgendered SIW was already known to be HIV positive, and one male street SIW who initially tested HIV negative seroconverted during the study period. Both SIW who tested HIV antibody positive were Maori.

Despite limitations, in that not all SIW were tested for HIV antibodies and that most SIW were only tested once, HIV sero-prevalence was low. However, our results may underestimate the prevalence of HIV infection as studies have shown that those more likely to refuse HIV testing when offered, may be at greater risk, and only SIW seeking health care at our centre were offered testing for this study.

This study highlights possible increased risk of HIV infection in marginalised groups of SIW including transgendered and male SIW. It has been shown that among male SIW, sexual orientation is a risk factor for HIV positivity.³

Continuing government support for peer education and accessible, culturally and sexually sensitive medical services, will be crucial in the future if New Zealand is to enjoy its current low sero-prevalence of HIV infection within its sex industry.

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