**LETTERS TO THE EDITOR**

Prevalence of HPV cervical infections among imprisoned women in Barcelona, Spain

**EDITOR,**—The penitentiary centres in Spain harbour inmates in whom the combination of HIV infection, history of injecting drug use, and prostitution is common. Extensive protocols to detect sexually transmitted diseases and tuberculosis are implemented in these centres; however, human papillomavirus (HPV) infections and related lesions are not routinely searched for. Although Spain is characterised by a very low incidence of cervical cancer,1 a high rate of cervical cancer has been reported recently among the AIDS female population in Catalonia.2 We carried out a study aiming to characterise HPV cervical infection and related cervical lesions among women with many potential risk factors for cervical neoplasia. The study was done in the only institution in Barcelona where women are imprisoned. The population consisted of 157 women attending the medical office of the prison between February and December 1996 and represented 90% of all women staying in prison for more than 3 days. Women who agreed to participate underwent a gynaecological examination, collection of cervical cells, a structured interview by a trained nurse, determination of HIV, hepatitis B and C serostatus, and detection of HPV DNA in the cervical cells by means of PCR. L1 consensus primers MY09/MY11 were used with modifications as described by Hidelsheim et al.4 HPV DNA was detected in 48% of the women. The prevalence of cervical abnormalities was 29.9%; 19 women had a uterine squamous cell of undetermined significance (ASCUS) and 28 women were diagnosed with squamous intraepithelial lesion (SIL), five of whom had a high grade lesion. All women with a SIL and 42% of those with a ASCUS were HPV positive. Prostration was reported by 38.2% and injecting drug use by 64.3% women. HPV infection was detected in 56.1%. HPV detection was significantly related to HIV, to injecting drug use, to reproductive and sexual characteristics. In addition, HIV positive women had an increased risk to develop SIL compared with HIV negative women (POR=5.02, 95% CI=1.69–14.89). As previously reported, the risk for SIL increased with low CD4 T cell counts, although POR did not reach statistical significance.1

Data from an ongoing study in a nearby area indicate that the prevalence of cervical abnormalities in the general population is around 4% (manuscript in preparation). This is the first time that we have documented in Spain a group of women with a very high rate of HPV infection linked to injecting drug use and with a rate of pre-neoplastic cervical lesions about seven times higher than that observed in the general population.

While in prison these women were appropriately treated for HIV infection and for SIL. When out of prison or on bail, a gynaecological screening every 6–12 months should be organised and recommended.

Financial support: This work has been partially supported by the Spanish Ministry of Health, FIS No 98/0646. We thank Mrs Anna Coma for her assistance with data managing and analysis.

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**Table 1** Age adjusted prevalence odds ratios for human papillomavirus infection (HPV DNA) in the cervical cells by different characteristics

<table>
<thead>
<tr>
<th></th>
<th>HPV DNA Negative</th>
<th>HPV DNA positive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
</tr>
<tr>
<td>HIV Negative</td>
<td>54</td>
<td>63.5</td>
</tr>
<tr>
<td>HIV Positive</td>
<td>31</td>
<td>36.5</td>
</tr>
<tr>
<td>Prostitution</td>
<td>59</td>
<td>69.4</td>
</tr>
<tr>
<td>No</td>
<td>26</td>
<td>30.6</td>
</tr>
<tr>
<td>Yes</td>
<td>44</td>
<td>51.8</td>
</tr>
<tr>
<td>Injecting drug use</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>42</td>
<td>58.2</td>
</tr>
<tr>
<td>Length of use:</td>
<td>&lt; 0 years</td>
<td>17</td>
</tr>
<tr>
<td>&gt; 10 years</td>
<td>22</td>
<td>26.5</td>
</tr>
<tr>
<td>Hpv C</td>
<td>Negative</td>
<td>49</td>
</tr>
<tr>
<td>Positive</td>
<td>33</td>
<td>40.2</td>
</tr>
</tbody>
</table>

PORa = age adjusted.

PPNG and non-PPNG strains detected in our laboratory during 1995–8. The PPNG strains predominated totally (61/110, 55.5%). The percentage of PPNG strains was high in all years analysed.4 To our knowledge it is the first study developed in Cuba, analysing the β lactamase activity of N gonorrhoeae isolated from different provinces with such a high percentage of PPNG strains was found. Previous studies developed in specific Cuban hospitals in Havana City have revealed a lower percentage of PPNG strains (M Berroa et al, 1988; G Almanza et al, 1988, personal communications).

Penicillin has been the drug of choice for treatment of gonococcal infections in Cuba since 1972.1 The results of this study indicate that any policy to treat such infections should not include penicillin or other similar drugs.

5 Palefsky JM, Minkoff H, Kalish LA, et al. Cervical and anal squamous intraepithelial lesions about seven times higher than that observed in the general population.

Accepted for publication 5 November 1999

Detection of penicillinase producing *Neisseria gonorrhoeae* strains in Cuba, 1995–8

**EDITOR,**—Since the 1940s, penicillin has been recommended for the treatment of gonorrhoea. In the 1950s the first strains of *Neisseria gonorrhoeae* with reduced susceptibility to this antibiotic, as a result of chromosomal mutations, were isolated. In 1976 the first penicillinase producing *Neisseria gonorrhoeae* (PPNG) strains emerged in South East Asia and Africa, causing high level resistance to penicillin (MIC > 0.5 µg/ml).1 In Cuba, the first report of PPNG strain was made in 1986 (C Almanza, personal communication). We report here on the proportion of PPNG strains received at the Neisseria Reference Laboratory, Tropical Medicine Institute “Pedro Kouri” (IPK), Cuba between January 1995 and December 1998.

In all, 110 strains of *N gonorrhoeae* isolated from 10 of the 14 Cuban provinces were examined for their β lactamase activity by the chromogenic method (Nitrocefin, Oxoid). These strains were transported to the IPK using a novel transport and conservation medium for gonococci developed at the laboratory.2 *N gonorrhoeae* WHO E and WHO A were used as positive and negative control strains, respectively. All strains were identified as gonococci by standard procedures.1

Table 1 shows the distribution of Cuban PPNG and non-PPNG strains detected in our laboratory during 1995–8. The PPNG strains predominated totally (61/110, 55.5%). The percentage of PPNG strains was high in all years analysed.4 To our knowledge it is the first study developed in Cuba, analysing the β lactamase activity of *N gonorrhoeae* isolated from different provinces with such a high percentage of PPNG strains was found. Previous studies developed in specific Cuban hospitals in Havana City have revealed a lower percentage of PPNG strains (M Berroa et al, 1988; G Almanza et al, 1988, personal communications).

Penicillin has been the drug of choice for treatment of gonococcal infections in Cuba since 1972.1 The results of this study indicate that any policy to treat such infections should not include penicillin or other similar drugs.

Other antimicrobials recommended by the World Health Organisation for treatment gonorrhoea—for example, spectinomycin, cefalexin, cephalexin, and azithromycin

1 Accepted for publication 5 November 1999
have recently been evaluated in Cuba with good results (R Llanes, et al, unpublished data, 1999).

We thank Lic D Guzman, Lic Y Gutierrez, and O Gutierrez for their technical support during this study and Dr A Llop for her revision.

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4 Centers for Disease Control. Policy guidelines for the detection, management, and control of antibiotic-resistant strains of Neisseria gonorrhoeae. MAHWR CDC Surveillance Summary 1987(36):5.


Accepted for publication 5 November 1999

Rising HIV prevalence in STD clinic attenders at Chandigarh (north India)—a relatively low prevalence area

EDITOR.—The patients attending the STD clinics are at risk of having concurrent HIV infection. The trends of HIV infection in these patients may reflect the trends of HIV epidemic in the community. We have analysed the HIV infection. The trends of HIV infection in these data, 1999).

Ulcerative STDs

Genital herpes

188

19

10.1

Syphilis

107

6

5.6

Chancroid

21

1

4.76

Donovanosis

5

0

100

Lymphogranulomatosis venereum

5

0

100

All ulcerative STDs

322

25

7.6

Non-ulcerative STDs

Condyloma acuminate

184

13

7

Balanoprocrypta

75

2

2.66

Genital warts

35

2

5.71

Molluscum contagiosum

37

1

2.73

Non-gonococcal urethritis

27

0

0

Vaginitis

23

1

4.3

All non-ulcerative STDs

368

18

4.9

All STD clinic attenders

981

40

4

*The discrepancy in total is due to the presence of more than one STD in some patients.

Accepted for publication 5 November 1999

HIV seropositivity in women with syphilis in Delhi, India

EDITOR.—There has been a progressive rise in the prevalence of human immunodeficiency virus (HIV) infection in India, which currently has the largest number of HIV infected people in the world. The spread of HIV is predominantly by heterosexual transmission in India. Sexually transmitted disease (STD), particularly genital ulcer disease (herpes, syphilis, and chancroid), has an important role in the transmission of HIV, and the two have been observed to be interrelated. We conducted a pilot study to assess the relationship between syphilis and HIV infection among non-pregnant women attending gynecology and STD clinics of our hospital.

From June 1998 to July 1999, sera from 281 non-pregnant women were screened for syphilis using a different assay. Samples that were reactive in all the three tests were considered HIV antibody positive. A sample that was non-reactive on the first test was considered HIV negative, as was a sample that was reactive in the first and non-reactive in the next test. Of 281 sera tested, 48 (17%) were seropositive for syphilis. HIV antibody was detected in sera of six (12.5%) patients who were seropositive for syphilis (table 1). None of the 15 patients with negative syphilis serology tested
positive for HIV antibody. This was highly significant (p<0.001, Fisher's exact test). Presence of HIV antibody was associated with genital ulcer in 23.5% women, followed by genital growth and vaginal discharge in 16.6% and 11.1% respectively.

There is a higher prevalence of STD and HIV infection among men compared with women. HIV seropositivity has been associated with a reactive serological test for syphilis among males. This could be probably due to higher percentage of male attendance in STD clinics. 1 We therefore undertook this study to evaluate if some association exists between syphilis and HIV among non-pregnant women attending the gynaecology clinic, as well as the STD clinic. Untreated STDs, especially those with ulcerative disease, can enhance both susceptibility of a person to HIV infection as well as infectivity of HIV positive individual. Breach in the epithelial surface of a genital ulcer may be an important area in the transmissibility of HIV. This is evident from our results where incidence of positive serology for HIV was highest among women with genital ulcer (23.5%). Our study demonstrates a significant association between positive serology for syphilis and presence of HIV infection. We feel that the diagnosis of syphilis in non-pregnant women may act as a marker to detect the presence of HIV infection.

Immune reconstitution CMV pneumonitis

EKTOR,--A 41 year old white homosexual man presented in late July 1999 with a 5 day history of exertional dyspnoea, non-productive cough, fever with sweats, and anorexia. An empirical course of broad spectrum antibiotics did not improve his symptoms and So2 remained 98% on air at rest. The chest radiograph showed non-specific abnormalities. He had been found to be HIV-1 antibody positive in August 1991; cutaneous Kaposi's sarcoma defined AIDS in June 1992. In May 1995 biopsy showed CMV endomyocarditis. He had a co-existent antiretroviral history, having taken combinations of saquinavir. Four weeks after starting antiretroviral therapy viral load had fallen to 1500 copies/ml and CD4 count had risen to 170 cells x10^3/l. Two weeks before the onset of respiratory symptoms the patient had recommenced antiretroviral therapy with d4T, 3TC, and amenvir/ saquinavir. Four weeks after starting antiretroviral therapy viral load had fallen to 1500 copies/ml and CD4 had risen to 170 cells x10^3/l. A computed tomography (CT) scan of the thorax 4 weeks after the onset of respiratory symptoms and 6 weeks after starting antiretroviral therapy showed focal areas of ground glass shadowing, largely in the left upper lobe but also involving other lobes; in addition, chronic changes resulting from the previous episode of pneumonia were noted, including multifocal fibrotic change with thickened interlobular septae, cystic air spaces, and minor bronchiectasis involving all lobes. Repeat CT scan at this time revealed viral load > 200 copies/ml and CD4 = 160 cells x10^3/l. At bronchoscopy, performed after 8 weeks of antiretroviral therapy, the endobronchial appearances were normal. Bronchoalveolar lavage (BAL) was performed from the left upper lobe. Analysis of BAL fluid revealed a lymphocytic reaction; many cells had intranuclear/cytoplasmic inclusions typical of CMV infection. In situ hybridisation for CMV was positive and positive culture for bacteria, mycobacteria, P carini and other fungi were negative. Intravenous ganciclovir 10 mg/kg per day was given for 21 days, in addition, antiretroviral therapy and co- trimoxazole were continued. With this therapy there was a rapid defervescence of fever, a reduction in exudation of dyspnoea and improvement in So2 to > 98% on air. Repeat CT of the thorax after 3 weeks of intravenous ganciclovir showed an improvement in ground glass shadowing and persistence of the chronic changes. The patient was subsequently maintained on oral ganciclovir.

The diagnosis of CMV pneumonitis was made by identifying CMV as the sole pathogen in BAL fluid and the improvement in symptoms, So2, and CT appearances with ganciclovir as monotherapy. This diagnosis was made in the context of a rapidly falling viral load and an increase in CD4 count indicating partial immune reconstitution.

Partial restoration of cell mediated immunity induced by antiretroviral therapy, as shown by recovery of part of CD4 T cell reactivity to memory antigens,1,2 may cause development of sufficient inflammatory responses to produce symptoms and signs in patients latently infected with opportunistic infections. Reactivation mycobacterial lumphadenitis,1,3 cryptococcal meningitis,1 and CMV retinitis1,4 have been described. The case described here suggests CMV pneumonitis should be added to the list of immune reconstitution phenomena.

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Accepted for publication 26 November 1999

BOOK REVIEWS


A book with a title such as this one makes it difficult for the author to decide what to exclude. This book certainly fulfils its major objective of providing an easy reference manual for the diagnosis and management of common gynaecological conditions. It deals with almost all the gynaecological topics that could be encountered in the community and the common gynaecological problems in hospital medicine. Overall, the topics covered are well presented with special points highlighted.
The use of pictures relating to almost all the conditions dealt with by the book breaks up what would otherwise be a book of lists. The use of two different views of the same woman exercising on a treadmill certainly made me smile. The first picture tells us she is an intensively training swimmer who may develop amenorrhoea and osteoporosis with stress fractures while the second picture, on a page dealing with advice to women who do not want HRT, reveals she is a grandmother taking regular exercise.

From a genitourinary medicine trainee point of view, I would have liked to see a more comprehensive chapter on pelvic infections and sexually transmitted diseases (this is the second smallest chapter in the book), and would have preferred this chapter to follow the one on vaginal and vulval problems. I am, however, glad to see that the role of the genitourinary clinic in the management of pelvic infections is emphasised.

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These two books provide histories of STDs and HIV in nine sub-Saharan African countries and another 11 countries in the Asia-Pacific region. The contributors are mostly historians or social scientists and the historical accounts take the reader up to 1995. Each volume is divided up into well referenced scholarly monographs on individual countries and individual chapters will be of considerable interest to anyone with an interest in sexual health in the countries studied. The number of readers of this journal who will want to read both books throughout is likely to be much less, given that these books are fairly specialist medical historical studies written mainly by historians for historians. The decision of the editors to format the facts from the propaganda. Not only are these statements also sometimes misleading. Occasionally more controversial statements remain un referenced. This may present a problem for the trainee. There are also some surprising omissions. I could find no description of desquamative vaginitis or focal vulvitis. However, I believe that this handbook could serve as an excellent basis for discussions between trainee and trainee and stimulate further reading around these topics.

Get this book. You will enjoy it. A number of chapters are absolute gems.

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NOTICES

1st Annual Teesside Sexual Health Conference, 11 March 2000
Further details: Mandy Bruce (tel: 01642 854809).

9th International Congress on Infectious Diseases, 9–12 April 2000, Buenos Aires, Argentina
Further details: International Society for Infectious Diseases, 181 Longwood Avenue, Boston, MA 02115, USA (tel: (617) 277-0551; fax: (617) 731-1541; email: isidbos@aol.com).

Sexually Transmitted Diseases in a Changing Europe, 14–15 April 2000, Rotterdam, The Netherlands
Further details: Mediscon, Organisation for Medical Congresses, PO Box 113, 5660 AC Geldrop, Netherlands (tel: +31-(0)-40-2852212; fax: +31-(0)-40-2851966; email: MEDISCON@IAEv.nl).

20th Scientific Conference of Venereological Section of the Polish Society of Dermatologists, Białystok, 25–30 April 2000
The conference will be on epidemiological and clinical aspects of sexually transmitted infections. Further details: Dept Dermatology and Venereology, Sw Rocha 3, 15-879 Białystok, Poland (tel/fax: (085) 7422778; email: bozchod@amb.ac.bialystok.pl).

Joint meeting of the MSSVD and the ASTDA, 3–7 May 2000, Baltimore Marriott Inner Harbor Hotel, Baltimore, Maryland, USA
Further details: Dr Keith Radcliffe, honorary assistant secretary, MSSVD (fax: +44(0) 121-237 5729; email: k.w.radcliffe@bham.ac.uk).

Australasian Sexual Health Conference, Ven Troppo, Carlton Hotel, Darwin, Northern Territory, 21–24 June 2000
Further details: Shirley Corley, Conference manager, Dart Associates, PO Box 781, Lane Cove, 2066 NSW, Australia (tel: 02 9418 9396/97; fax: 02 9418 9398; email: dartconv@mpx.com.au).

6th ESC Congress on Contraception in the Third Millennium: a (R)Evolution in Reproductive and Sexual Health, Lubliana, Slovenia, 28 June–1 July 2000
Further details: Orga-Med Congress Office, Mr Peter Erard, Essenestraat 77, B-1740 Ternat, Belgium (tel: +32 2 582 08 52; fax: +32 2 582 55 15; email: orgamed@village.uunet.be).
XIII International AIDS Conference, 9–14 July 2000, Durban, South Africa
Further details: Congress Sweden AB, PO Box 5619, Linnegetan 89A, 114 86 Stockholm, Sweden (tel: +46 8 459 6600; fax: +46 8 661 91 25; email: aids2000@congress.se).

Consortium of Thai Training Institutes for STDs and AIDS—10th STDs/AIDS diploma course, Bangkok Hospital, Bangkok (30 Oct–12 Nov) and Prince of Songkla University, Hat Yai, Thailand (13–23 Nov) 30 October–23 November 2000
Further details: Hat Yai Secretariat, Dr Ve-rapol Chandyong, Dept of OB-GYN, Faculty of Medicine, Prince of Songkla University, Hat Yai, Songkla 90110, Thailand (fax: (66-74) 446 361; email: cverapol@rateeat.psu.ac.th or Bangkok Secretariat, Dr Thaith Panalunave, Bangkok Hospital, 189 Sathorn Road, Bangkok 10120, Thailand (fax: (66-2) 286 3013; email: phaihan@email.ksc.net).

Consortium of Thai Training Institutes for STDs and AIDS—International Re-union and Refresher Course on Sexual Health, Lee Garden Plaza Hotel, Hat Yai, Thailand 24–26 November 2000
Further details: Hat Yai Secretariat, Dr Ve-rapol Chandyong, Dept of OB-GYN, Faculty of Medicine, Prince of Songkla University, Hat Yai, Songkla 90110, Thailand (fax: (66-74) 446 361; email: cverapol@rateeat.psu.ac.th or Bangkok Secretariat, Dr Thaith Panalunave, Bangkok Hospital, 189 Sathorn Road, Bangkok 10120, Thailand (fax: (66-2) 286 3013; email: phaihan@email.ksc.net).

CURRENT PUBLICATIONS

Selected titles from recent reports published worldwide are arranged in the following sections:

Gonorrhea
Chlamydia
Candidiasis
Bacterial vaginosis
Pelvic inflammatory disease
Sифilis and other treponematoses
Hepatitis
Herpes
Human papillomavirus infection
Other sexually transmitted infections
Public health and social aspects
Microbiology and immunology
Dermatology
Miscellaneous

Gonorrhea

Predicting Neisseria gonorrhoeae and Chlamydia trachomatis infection using risk scores, physical examination, microc-opy and leukocyte esterase urinary dipsticks among asymptomatic women attending a family planning clinic in Kenya.

Increase in oral sex and pharyngeal gon-orrheae: an unintended effect of a suc-cesful condom promotion programme for vaginal sex.

Cervical wet mount as a negative predi-cotor of Neisseria gonorrhoeae and Chlamydia trachomatis-induced cervicitis in a gravid population.

Experimental transmission of Neisseria gonorrhoeae from pregnant rat to fetus.

Comparison of direct inoculation and copan transport systems for isolation of Neisseria gonorrhoeae from endocervi-cal specimens.

T lymphocyte response to Neisseria gonorrhoeae porin in individuals with mucosal gonococcal infections.

Decreased azithromycin susceptibility of Neisseria gonorrhoeae due to mtrR mutations.

The farAB-encoded efflux pump mediates resistance of gonococci to long-chained antibacterial fatty acids.

Chlamydia

Partner notification for chlamydial in-fections among private sector clinics in Seattle-King County: a clinician and patient survey.

Patterns of Chlamydia trachomatis test-ing and follow-up at a university hospital medical center.
LR Bachmann, CM Ritchey, K Waite et al. Sex Transm Dis 1999;26:496–9

Completeness of and duration of time before treatment after screening women for Chlamydia trachomatis infections.

Control of Chlamydia trachomatis in-fections in female army recruits: cost-effective ness screening and treatment in training cohorts to prevent pelvic inflammatory disease.

Lack of association between serum anti-bodies to Chlamydia trachomatis and a history of recurrent pregnancy loss.

How adequate is adequate for the collect-ion of endocervical specimens for Chlamydia trachomatis testing?

The impact on accuracy and cost of ligase chain reaction testing by pooling urine specimens for the diagnosis of Chlamydia trachomatis infections.

Ability of the Digene Hybrid Capture II test to identify Chlamydia trachomatis and Neisseria gonorrhoeae in cervical specimens.

Impact of reference standard sensitivity on accuracy of rapid antigen detection assays and a leukocyte esterase dipstick for diagnosis of Chlamydia trachomatis infection in first-void urine specimens from men.

Antimicrobial susceptibility testing of Chlamydia trachomatis using a reverse transcriptase PCR-based method.

Detection of Chlamydia trachomatis endocervical infections by ligase chain reaction versus ACCESS Chlamydia an-tigen assay.

Antibody response to the chlamydial heat-shock protein 60 in an experimental model of chronic pelvic inflammatory disease in monkeys (Macaca nemest-rina).

Role of gamma interferon in controlling murine chlamydial genital tract infec-tion.

Lower prevalence of Chlamydia pneu-moniae DNA compared with Chlamydia trachomatis DNA in synovial tissue of arthritics patients.

Lack of cell wall peptidoglycan versus penicillin sensitivity: new insights into the chlamydial anomaly.

The effect of doxycycline treatment and the development of protective immunity in a murine model of chlamydial genital infection.

Letters, Book reviews, Notices, Current publications

PUBLICATIONS

Current: 26:476–82

Other sexually transmitted infections

Herpes

Hepatitis

Syphilis and other treponematoses

Pelvic inflammatory disease

Candidiasis

Gonorrhoea

How adequate is adequate for the collection of endocervical specimens for Chlamydia trachomatis testing?

The impact on accuracy and cost of ligase chain reaction testing by pooling urine specimens for the diagnosis of Chlamydia trachomatis infections.

Presence of a murine chlamydial genital tract infection.

Decreased azithromycin susceptibility of Neisseria gonorrhoeae due to mtrR mutations.

The farAB-encoded efflux pump mediates resistance of gonococci to long-chained antibacterial fatty acids.

Lack of association between serum antibodies to Chlamydia trachomatis and a history of recurrent pregnancy loss.

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Pelvic inflammatory disease

The association of interleukin 6 with clinical and laboratory parameters of acute pelvic inflammatory disease.


Syphilis and other treponematoses

Incident syphilis among women with multiple admissions to jail in New York City.


Enzyme-linked immunospot assay for the diagnosis of active Treponema pallidum infection during the various stages of syphilis.

R TARDELL, RE LEE, P TAMBE et al. Sex Transm Dis 1999;26:426–30

The use of Western blotting as the confirmatory test for syphilis in patients with rheumatic disease.

PT MURPHY, R GEORGE, K KUBOTA et al. J Rheumatol 1999;26:2448–53

T-cell responses to Treponema pallidum subsp pallidum antigens during the course of experimental syphilis infection.


Immunization with Treponema pallidum outer membrane vesicles induces high-titer complement-dependent treponemacidal activity and aggregation of T.pallidum rare outer membrane proteins (TROMPS).


Hepatitis

Cost-effectiveness analysis of hepatitis A vaccination strategies for adults.

JB OCONNOR, PF IMPERIALE, ME SINIHER. Hepatology 1999;30:1077–81

The Denver school-based adolescent hepatitis B vaccination program: a cost analysis with risk simulation.


Pathogenesis of chronic hepatitis C: immunological features of hepatic injury and viral persistence.

A CERINI, PV CHISARI. Hepatology 1999;30:595–601

Herpes

A prospective study of new infections with herpes simplex virus type 1 and type 2.


Is sexual transmission an important pattern for herpes simplex type 2 virus seroconversion in the Spanish general population?


Quality of life and use of health care among people with genital herpes in France.

R TABOLET, B HALOUA, JE MALMA. Acta Derm Venereol 1999;79:380–4

The differential impact of training stress and final examination stress on herpes-virus latency at the United States Military Academy of West Point.


College students’ attitudes regarding vaccination to prevent genital herpes.


Ecthyma secondary to herpes simplex virus infection.

A KINJAPAAA, DK TAUS, NC NOUSARI. Clin Infect Dis 1999;29:454

Acquired lymphedema of the hand due to herpes simplex virus type 2.

DD BUTLER, PS AMLOUF, SC BATEZ, CL STETSON. Arch Dermatol 1999;135:1125

Whole cell lysate enzyme immunoassays vs recombinant glycoprotein G2-based immunoassays for HSV-2 seroprevalence studies.


A double-blind, randomized study assessing the equivalence of valacyclovir 1000 mg once daily versus 500 mg twice daily in the episodic treatment of recurrent genital herpes.


Foscarnet treatment of genital infection due to acyclovir-resistant herpes simplex virus 2 in a pregnant woman with HIV/AIDS: case report.


The comparative effects of famciclovir and valacyclovir on herpes simplex virus type 1 infection, latency and reactivation in mice.

RA LEBLANC, L PENSOCK, M GODLESKI, SE STRAUS. J Infect Dis 1999;180:594–9

Candidiasis

The use of fluconazole and itraconazole in the treatment of Candida albicans infections: a review.


Differential susceptibility of two species of macaques to vaginal candidal candidiasis.

C STEIL, M RATTERREE, PL FIDEL. J Infect Dis 1999;180:802–10

Local production of chemokines during experimental vaginal candidiasis.

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