LETTERS TO THE EDITOR

Labial adhesions following severe primary genital herpes

Editor,—Labial adhesions following genital herpes infection have been described previously.1,2 To prevent their development various suggestions such as the use of early aciclovir,3 paraffin gauze,4 and saline bathing5 have been put forward. We believe nursing care is a significant factor in the prevention of this complication. Here we report two cases of severe genital herpes presenting at different sites, almost at the same time, both necessitating admission and developing labial adhesions.

CASE 1

A 25 year old woman was admitted to the medical ward with severe vulval ulceration, generalised skin rash, and difficulty in micturition of 4 days’ duration. Clinical examination revealed target lesions, swollen labia, bilaterally enlarged tender inguinal lymphadenopathy with extensive vulval ulcerations. A clinical diagnosis of erythema multiforme secondary to herpes simplex virus (HSV) was made. However, swabs taken at admission for HSV culture were negative. The patient was commenced on oral aciclovir and metronidazole and advised to use topical lignocaine gel; this can be facilitated by the liberal use of local anaesthetic agents with the assistance of the nursing staff. Patients should be encouraged to separate the labial folds; this can be facilitated by the liberal use of local anaesthetic agents with the assistance of the nursing staff. Frequent saline bathing of the genitalia should be encouraged to facilitate the removal of the fibrinous exudate, which is responsible for the formation of these adhesions.

GUM nurses and physicians should play an active part in the education and nursing care of such cases and lead the management especially when admitted to other specialties.

Contributors: EH managed case 1, JD managed case 2, while both authors wrote the manuscript.

E HERIEKA
Department of Genitourinary Medicine, Leicester Royal Infirmary

J DHAR
Department of Genitourinary Medicine, Derbyshire Royal Infirmary

Correspondence to: E Herieka, Department of GUM, Leicester Royal Infirmary, Leicester LE1 5WW, UK


Accepted for publication 14 November 2000

Figure 1 (Case 2). Thick band of adhesions between the middle halves of labia minora.
Disseminated cryptococcal infection has a >80% mortality when associated with respiratory failure. Cutaneous lesions occur in 5–10% of cases. These include subcutaneous nodules, ulcers, and cellulitis. These may mimic pyoderma gangrenosum, Kaposis’s sarcoma, and Molluscum contagiosum. Clinically, cryptococcal disease may be distinguished from Molluscum contagiosum by a more acute onset of numerous papules, which often have a central haemorrhagic crust. Our patient was unwell and had skin lesions that were too extensive for simple laboratory failure. >80% mortality when associated with respiratory failure.

Lesions that were too extensive for simple laboratory failure.

V 76 Letters, Book reviews, CD-Rom reviews, Notices

vided mortality.

ated mortality.

may help to improve the poor outcome in this group.

Our patient was unwell and had skin lesions that were too extensive for simple laboratory failure. >80% mortality when associated with respiratory failure.

Letters, Book reviews, CD-Rom reviews, Notices

V 76

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

V

...

Accepted for publication 14 November 2000

**Emergence of high level ciprofloxacin resistant Neisseria gonorrhoeae strain in Buenos Aires, Argentina**

**EDITOR.—**The surveillance programme of Neisseria gonorrhoeae (NG) antimicrobial susceptibility patterns was implemented in 1980 in the National Reference Centre for STI (NRC).

Twenty-nine peripheral STI laboratories belonging to the National Network of Argentina, distributed throughout the country, routinely sent isolates to the NRC for typing, susceptibility testing, and plasmid characterisation.

The NRC was incorporated into the WHO Gonococcal Antimicrobial Susceptibility Project, and the Caribbean in 1993 and since then the methodology has been standardised.

From January 1993 to June 2000, the NRC determined the MICs of 1194 NG strains by the agar dilution method and individual testing (166 and 346, respectively) the cost saving was 52% compared with the 56% obtained using the mathematical formula. The main reason for this minor difference is that the formula does not take into account the inhibited and equivocal results requiring further sample testing.

Despite the low number of studies concerning urine pooling strategies, the results obtained so far suggest that pooling FCU specimens can be useful for epidemiological studies and for screening programmes.

This study was supported by the “Comissão de Fomento da Investigação em Cuidados de Saúde do Ministério da Saúde, Project 20/98” and by the “Instituto Nacional de Saúde”.

**J P GOMES**

**M A CATRY**

Bacteriology Department, Instituto Nacional de Saúde, Lisbon, Portugal

**A BRITO DE SÁ**

Institute of Preventive Medicine, Lisbon Medical School, Lisbon, Portugal

**M A CATRY**

Bacteriology Department, Instituto Nacional de Saúde, Lisbon, Portugal

Correspondence to: João Paulo Gomes, Centro de Bacteriologia, Instituto Nacional de Saúde, Av Padre Cruz, 1649–016, Lisboa, Portugal

---

**Table 1 Distribution of positive samples**

<table>
<thead>
<tr>
<th>“+” Pools</th>
<th>Equivocal</th>
<th>“−” Pools</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

[Confirmed as positive pools.]

The choice for a 5x size pool model was based on the highest potential cost saving for the estimated prevalence of the studied population, according to Peeling et al and Kacena et al.

According to the number of tests required using pooling and individual testing (166 and 346, respectively) the cost saving was 52% compared with the 56% obtained using the mathematical formula. The main reason for this minor difference is that the formula does not take into account the inhibited and equivocal results requiring further sample testing.

Despite the low number of studies concerning urine pooling strategies, the results obtained so far suggest that pooling FCU specimens can be useful for epidemiological studies and for screening programmes.

---

**References**


developed small papular lesions on the glans penis. Lesions enlarged rapidly and started eroding the undersurface of the prepuce. Finally, 3 months later, the prepuce was perforated. Examination revealed a large, circular defect on the dorsal aspect of the prepuce through which multiple papulonodular, warty lesions were visible (fig 1). Warty lesions were also visible all around the prepuce opening. On retraction of the prepuce (which was difficult), the whole glans penis, corona, and frenulum and undersurface of the prepuce were studded with multiple warts varying in size from 2 mm to 1.5 cm. The surface of the lesions was verrucous. Histopathological examination of one of the warty lesions showed features consistent with condyloma acuminatum. Serology for HIV and syphilis was negative.

In our earlier report all patients with dorsal preputial perforation had ulcerative diseases involving genitalia. Maite and Hay earlier reported a patient with genital warts treated with topical podophyllin, who presented later with perforation of the dorsal surface of the prepuce. They considered it as delayed podophyllin damage. Our patient had not been treated before with podophyllin. The identical presentation in our and the reported patient suggests that warts themselves and not podophyllin are responsible for perforation. Condylomata particularly in immunocompromised individuals may attain a very large size and rarely become locally invasive and destructive.

In our patient, however, condylomata were not very large and there was no evidence of immunosuppression. Our patient had condylomata all over the glans, but perforation took place only on the dorsum of the prepuce, confirming that this site is more susceptible to this complication.

Incidentally, two more patients with perforation on the dorsal surface of the prepuce as a complication of chancroid and genital herpes have been depicted in A colour atlas of AIDS in the tropics. Both patients were HIV seropositive. This suggests that this complication is not uncommon (though underreported), more so in tropics. HIV infection by altering the course and severity of genital lesions of sexually transmitted diseases probably makes this complication more frequent.

Out of the 10 patients reported/published, half were HIV seropositive.

SOMESH GUPTA
BHUSHAN KUMAR
Department of Dermatology, Venereology and Leprology, Postgraduate Institute of medical Education and Research, Chandigarh 160 012, India

Correspondence to: Dr Bhushan Kumar kumarbhushan@hotmail.com


Urine proves a poor specimen for culture of Trichomonas vaginalis in women

EDITOR,—Trichomonas vaginalis infection occurs worldwide with an incidence of over 200 million infections per year.1 Clinical disease in women ranges from asymptomatic to severe vaginitis, and has been associated with preterm delivery and an increased rate of HIV-1 transmission.2

The magnitude of T vaginalis associated morbidity, including risk of HIV-1 transmission, makes simple accurate diagnosis important especially in at-risk populations. Microscopic examination of a wet mount vaginal specimen is easy to perform but only identifies 40–60% of infections in comparison to culture. The In-pouch culture system (Biomed Inc, San Jose, CA, USA) is reported to be equally sensitive yet more practical than traditional culture methods. We proved sensitivity, culturing of urine from female patients for T vaginalis might prove useful in population based screening programmes, field investigations, or individual circumstances when a patient might not want a genital examination. Therefore, we set out to determine the sensitivity of culturing urine from women in comparison with a self collected vaginal swab for identification of T vaginalis.

We recruited subjects from a randomised community study that investigated the prevalence of sexually transmitted infections in women with and without access to female condoms.3 In this particular subset we obtained specimens from participants in two study sites. Participants were instructed by one of the study nurses how to obtain a self collected vaginal swab and at the same time collect urine, which was collected in a container not to clean the genital area before providing both specimens. Immediately after collection the vaginal swab was inoculated into the In-pouch and urine was stored at 4°C for up to 10 minutes. After the supernatant was discarded, the sediment was agitated and pipetted directly into the In-pouch. Specimens were shipped at room temperature to the University of Nairobi and incubated at 37°C for up to 5 days according to manufacturer’s instructions. Daily microscopic examination was performed for identification of T vaginalis. Random specimen coding ensured that laboratory staff remained blind to specimen source and pairing.

We recruited 675 women for this study. T vaginalis was detected by culture in 121 (17.9%) women per self collected swab and 23 (3.4%) women per centrifuged urine. In comparison with culture of self collected swab, culture of centrifuged urine yielded a sensitivity of only 17% and a specificity of 99.6% (table 1). We originally intended to recruit over 2000 women into the study, but discontinued recruitment when preliminary results clearly demonstrated the inadequacy of urine for culturing T vaginalis in women.

In this large scale community study we found culture of centrifuged urine very insensitive for identification of trichomonads in women. Since only 5–10 organisms in a sample are necessary for a positive culture,4 these findings were unexpected. We cannot fully explain why culture of urine for T vaginalis in women proved so poor. Because of contamination of the external genitalia with vaginal fluid, a first void urine specimen might have proved a better sample.

Supported by the United States Agency for International Development, Family Health International and a grant from the National Institutes of Health (AI11448). Biomed Inc donated the In-pouch for this investigation.

Correspondence: OM helped design and oversee the study, assisted with analysis of the data, and drafted the manuscript; CRC designed the study protocol, analysed the data, and supervised preparation of the manuscript; DR assisted with the design and supervision of the study, and assisted with manuscript preparation; JO performed statistical analysis and assisted with manuscript preparation; MK assisted with the design and supervision of the study, and assisted with manuscript preparation; PM was a co-investigator of the parent study, and assisted with manuscript preparation; RW was a co-investigator of the parent study, and assisted with manuscript preparation; MJ was a co-investigator of the parent study, and assisted with manuscript preparation; PJF was the principal investigator of the parent study and assisted with manuscript preparation.

OMARI A MOHAMED
Department of Medical Microbiology, University of Nairobi, Nairobi, Kenya and Family Health International, Nairobi, Kenya

CRAIG R COHEN
Department of Medical Microbiology, University of Nairobi, Nairobi, Kenya and Department of Obstetrics and Gynecology, University of Washington, Seattle, Washington, USA

DORCAS KUNGU
Department of Medical Microbiology, University of Nairobi, Nairobi, Kenya

MAUREEN A KUYOH
Family Health International, Nairobi, Kenya

JAMES A ONYANGO
JBI WABYO
Family Health International, Nairobi, Kenya

MIKE WELSH
Family Health International, Nairobi, Kenya

PAUL J FELDBLUM
Research Triangle Park, North Carolina, USA

Correspondence to: Craig R Cohen, MD, MPH, Department of Obstetrics and Gynecology, University of Washington, Box 356460, Seattle, WA 98195, USA

crcohen@uwashington.edu

Table 1 Comparison of culture for T vaginalis from centrifuged urine and self collected vaginal swab in 675 women

<table>
<thead>
<tr>
<th></th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal swab</td>
<td>121</td>
<td>552</td>
</tr>
<tr>
<td>Centrifuged urine</td>
<td>23</td>
<td>652</td>
</tr>
</tbody>
</table>

Kappa = 0.256.
risk factors for HIV-1 transmission in women: result from a cohort study. AIDS 1993;7:95–102.

Accepted for publication 14 November 2000

Guidelines for serological testing for syphilis

EDITOR,—In our area the high HIV preva-
ence could make the interpretation of syphilis tests particularly problematic. Coinfected pa-
tients do appear to reactivate their treponema-
lar infection or possibly reinfection with a different “strain” in the presence of profound
immunosuppression. As with some other agents IgM can persist for several years with peaks and troughs. Non-treponemal tests paticularly problematic. Coinfected pa-
tients need to be handled with a great deal of
care. It is perhaps unfortunate that reference laboratories may have devel-
oped their algorithms in the face of conventional
syphilis diagnosis—these do little to help with HIV coinfected patients.

DENIS J MCIELBOROUGH
Public Health Laboratory, Royal Sussex County
Hospital, Eastern Road, Brighton, UK

DMCELBO@ast.com


Sexually transmitted infections and risk behaviours in women who have sex with women

EDITOR,—While it is comforting that some research is finally being carried out in depth on the risk of STIs among women who have sex with women (WSW)1, any conclusions drawn from this study for WSW in general need to be handled with a great deal of caution when one looks at the make up of the subjects and controls.

For example, over twice as many of the WSW as the control group were current sex workers; 38% of the WSW had had a previous termination of pregnancy; nearly six times as many of the WSW had a history of injecting drug use.

The researchers themselves say their “clinical population . . . may not be representa-
tive of the WSW in the general community.” This is an understatement—and any report-
ing of this study must make very clear


BOOK REVIEWS


It is 6 years since the first edition of this book and the expansion in knowledge about lower genital tract precancer is reflected in the addition of an assistant and a contributing author, as well as an increase in the number of pages (from 254 in the first edition to 323 in the present one).

The extra input and space has been used to maximal effect with the book losing none of its attractions of appearance, content, and even texture by its use of high quality paper.

I would have preferred chapter 5 (Cytology and screening for cervical precancer) to follow chapter 2 (HPV in the pathogenesis of lower genital tract neoplasia) and then the more practical aspects of colposcopy itself would not be interrupted. This is a small criticism of an otherwise comprehensive and logical content.

The chapter on the management of cervi-
cal precancer is a delight to read and see, with the section devoted to HIV positive women reflecting most shades of reliable opinion in this developing field. HIV is again included in the chapter on VIN.

GU colposcopy will be particularly interested in the final chapters on infective conditions causing confusion in diagnosis of lower genital tract precancer. It is easy to quibble with some of the statements of manage-
m of the infections noted (cervical warts do not even merit a mention of treatment) but that is not the remit of the book.

The illustrations are gorgeous thorough and the line drawing will be of very good effect. The overassiduous book critic might mention the data lost on some colposcopic photographs, the venerable laser machine showed on page 171 and whether the specu-

lum is correctly placed on page 36, but not me.

This is a “must buy.” It’s a big book (in appearance, content, and price) which should form the nucleus of the colposcopist’s library.

D A HICKS
Royal Hallamshire Hospital, Department of
Genitourinary Medicine, Glossop Road,
Sheffield S10 2JF


I liked this book. An alternative title could be “An evidence based review of prevention, diagnosis, and treatment of congenital and perinatal infection.” The editors, both recog-
nised experts in perinatal infection, per-

suaded an international panel to provide up to date reviews of particular perinatal infec-
tions with key references up to 1999/2000. Despite clearly a short production time an inevitable weakness is that new data have become available after going to press. To keep costs down there are few illustrations and a lot of text. However, tables are widely used and the text is well broken up. One third of the book is devoted to references, so all the text is strongly evidence based, and state-

ments are not based on authors’ opinion but on published literature.

There is an excellent introduction on the interaction between pregnancy and infection and a thorough discussion on maternal infections and their consequences. This section ends with a review of the pitfalls and benefits of screening for antenatal infec-
tions including an excellent summary of the potential biases involved in setting up and evaluating screening programmes.

The second section is a traditional whiz through the standard common infections in pregnancy. Highlights include Malm’s excellent chapter on herpes simplex infection, and Mandelbrot and Newell’s thorough review of vertical transmission of hepatitis viruses. I was disappointed to see no detailed discussion of HIV infection or any more detailed review of the role of perinatal infections in cerebral palsy.

Two other criticisms could be a relative lack of assessments of cost effectiveness of screening programmes already in place and for the future. The introduction of new screening programmes and the retention of existing screening programmes—for exam-

ple, syphilis and rubella, need to be increas-
ingly driven by cost-benefit analysis. It would also be interesting to have had some specula-
tion about why different infections have such different vertical transmission rates and have their impact at different stages of pregnancy.

Overall, the strength of this book lies in its literature reviews. It is an extremely good summary of where we are at with perinatal infections in the year 2000. Who will find it useful? It is a postgraduate text, too detailed for undergraduates. It should be compulsory reading for obstetricians in training. I would recommend it to perinatologists, obstetri-
cians and genitourinary medicine physicians. It is a practical text with dosages, immunisa-
tion schedules, and treatment algorithms. It is reasonably priced. There are larger textbooks on perinatal infections costing £200, so this fills a gap in the market. Buy it and you won’t be disappointed.

M SHARLAND
Department of Paediatrics, St George’s Hospital,
London SW17


Considering we inquire about or promote the use of condoms with each and every patient we see in GU/HIV clinics, it’s extraordinary how little we know about them. “Penis protectors” have come a long way since they were used in battle, cast the size, and made from goat bladder, although “natural” con-

doms can still be obtained today from the ceca of New Zealand lambs. Thanks to Charles Goodyear, the birth control move-

ment, and the HIV epidemic the condom has enjoyed a renaissance and with more strin-

www.sextransinf.com
ston quality control and legal standards, has become a life saving device. The chapter on latex condom manufacture was fascinating and gives almost enough detail to allow you to try it at home!

Each year 8–10 billion condoms are used worldwide although an estimated 15 billion are required to protect adequately against HIV/STDs. The chapter outlining the effectiveness of condoms in preventing STIs was clearly set out with an excellent summary table outlining data and references. There was a fascinating chapter on how the commercial sector has risen to the challenge of global condom distribution through social marketing. By using pre-existing infrastructure, supplies to Africa have increased from 45.8 million in 1987 to 264.5 million in 1990. In Thailand by targeting commercial sex workers through “the 100% condom programme” usage rates have increased from 14% in 1982–9 to 93% in 1993 with STI cases in government clinics dropping from 237 000 to 39 000. In the chapter on condoms and commercial sex there was a fabulous table summarising different condom usage rates by CSWs in developing countries. The condom should probably receive more credit as a contraceptive device. Failure rates diminish with increasing experience and it may be a suitable long term option for some women when combined with knowledge of fertile days and progestrone only emergency contraception. There were interesting discussions on the use of condoms for anal sex, the pros and cons of non-latex condoms, female condoms (becoming increasingly popular, especially in Zimbabwe), and recent developments in spermicides and viricides.

In summary, condoms are highly effective, cheap, and largely free of side effects. This book left me with a renewed belief that they should be promoted at every opportunity and an oportunity and an educational tool. A separate section allows incredibly flexible searching of a rich international collection of over 700 images by keyword or text. These can then be viewed as thumbnails for rapid, tagged, for later printing, or saved in a personalised teaching set. Sneaking the illustrations onto my own 35 mm slides proved beyond my hacking ability, but I wanted to show just how good the pictures are.

Improvements for the next edition might include presenting the references with Medline abstracts (for example, offering searches for other works on the subject of interest or finding works which cite the article in question), and including more video material such as interviews with key players in the field.

On a deeper level, such an international approach to teaching HIV/AIDS fits well with the emphasis of the recent international AIDS conference on the whole HIV epidemic, not just the treatment options open to those affected by HIV in resource-rich countries. The sections on treatment reflecting mainly research that has not yet been published seem anachronistic, and the pictures of AIDS orphans and underfunded African hospitals. That this CD-ROM left me feeling uncomfortable about the structural inequity of the world is testament to the vision of its creators.

GILL DEAN
The Lawson Unit, Royal Sussex County Hospital, Eastern Road, Brighton BN2 5BE

CD-ROM REVIEW

Topics in International Health: HIV/AIDS. £30 for individuals, £20 or £45 for institutions in developing countries, and £120 for “first world” institutions, post inclusive with a 30 day money back guarantee. CD-Roms are not Apple Mac compatible. Osxn: CABI Publishing, 2000.

So the clinic’s not going well—you’ve too many patients and four students have all rolled up at once. Trouble is, they are all bourgeois forms, and hanging around the corridor is not going to be great for departmental kudos in the medical school teaching stakes. CD-Roms are now the standard fall back for a loose half hour—and this one is definitely the way to get top ratings. It is superbly designed with a host of easy features. Technically there were no problems with installation, and the package ran happily on a Pentium 100 with limited memory, which is welcome when the latest PCs remain out of reach to most in the NHS or in resource-poor countries.

The CD-Rom covers the whole of HIV/AIDS from testing through opportunistic disease to the psychosocial and community impact of the unfolding epidemic. The well crafted material is grouped into 11 tutorials with 50-odd pages each, broken up with well designed interactive exercises to aid factual recall, such as matching HIV prevalence to world region by dragging numbers across a map. In the best educational fashion, wrong answers are met with a gentle reminder of the right answer and an offer to review the section again. A glossary is just a click away should a word be unclear, and a full reference list is hidden on each page for those wanting to explore more. A separate section allows incredibly flexible searching of a rich international collection of over 700 images by keyword or text. These can then be viewed as thumbnails for rapid, tagged, for later printing, or saved in a personalised teaching set. Sneaking the illustrations onto my own 35 mm slides proved beyond my hacking ability, but I wanted to show just how good the pictures are.

Improvements for the next edition might include presenting the references with Medline abstracts (for example, offering searches for other works on the subject of interest or finding works which cite the article in question), and including more video material such as interviews with key players in the field.

On a deeper level, such an international approach to teaching HIV/AIDS fits well with the emphasis of the recent international AIDS conference on the whole HIV epidemic, not just the treatment options open to those affected by HIV in resource-rich countries. The sections on treatment reflecting mainly research that has not yet been published seem anachronistic, and the pictures of AIDS orphans and underfunded African hospitals. That this CD-ROM left me feeling uncomfortable about the structural inequity of the world is testament to the vision of its creators.

GILL DEAN
The Lawson Unit, Royal Sussex County Hospital, Eastern Road, Brighton BN2 5BE

NOTICES

International Herpes Alliance and International Herpes Management Forum

The International Herpes Alliance has introduced a website (www.herpesalliance.org) from which can be downloaded patient information leaflets. Its sister organisation the International Herpes Management Forum (website: www.IHMF.org) has launched new guidelines on the management of herpesvirus in pregnancy at the 9th International Congress on Infectious Disease (ICID) in Buenos Aires.

Pan-American Health Organization, regional office of the World Health Organization

A catalogue of publications is available online (www.paho.org). The monthly journal of PAHO, the Pan American Journal of Public Health, is also available (subscriptions: pubsvc@stp.sheridan.com).

International Symposium on Disorders of the Prostate, 21–23 March 2001, Castres, France

Further details: Dr Mike Briley, Scientific Director, Pierre Fabre Medicament, Parc Industriel de la Chartreuse, F-81106 Castres Cedex, France (tel:+33 563 714 501; fax: +33 563 725; email: briley@pierre-fabre.imagenet.fr).

Call for papers—6th European Forum on Quality Improvement in Health Care, 29–31 March 2001, Bologna, Italy

Further details: BMA/BMJ Conference Unit, BMA House, Tavistock Square, London WC1H 9JP, UK (tel: +44 (0) 20 7383 6409; fax: +44 7383 6806; email: quality@bma.org.uk; website: www.quality.bmj.com).

Joachim Kuhlmann AIDS award 2001

The Joachim Kuhlmann AIDS Foundation, Essen, Germany, is awarding the above mentioned prize to investigators in the field of clinical and scientific HIV work. The prize is valued at 50 000 DM. Papers that have been published in 2000 or are accepted for publication can be submitted to the foundation for anonymous review. The submitted papers must be received by 31 March 2001. The award will be presented to the winner as part of the 8th German AIDS Congress in Berlin.

Submissions should contain seven copies of the paper and should be sent to: Joachim Kuhlmann AIDS Foundation, Biirnackstrasse 55, 45128 Essen, Germany.

Each of the submitted papers should contain a running title and may not indicate the names of the authors. An additional envelope should contain the running title on the outside and information in the inside as follows: first name, last name, date of birth, address, professional position, as well as the running title and the complete title of the submitted paper.


Further details: ECEAR 2001 Conference Secretary, Division of Retrovirology, NIBSC, Blanche Lane, South Mimms, Potters Bar, Herts, EN6 3QG, UK.

International Congress of Sexually Transmitted Infections, 24–27 June 2001, Berlin, Germany

Further details: Congress Partner GmbH, Krausenstrasse 63, D-10117, Berlin, Germany (tel: +49-30-204 500 41; fax: +49-30-204 500 42; email: berlin@cph.de).

10th International Congress on Behcet’s Disease will be held in Berlin 27–29 June 2002

Further details: Professor Ch Zoubboulis (email: zoubbou@zedat.fu-berlin.de).

20th World Congress of Dermatology, Paris, 1–5 July 2002

Further details: P. Fournier, Colloquium, 12 rue de la Croix St Faubin, 75011 Paris, France (tel: +33 1 44 64 15 15; fax: +33 1 44 64 15 16; email: p.fournier@colloquium.fr; website: www.derm-wcd2002.com).

www.sextransinf.com