

Brief Encounters

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FROM THE INDIVIDUAL TO THE SOCIAL SETTING

We may have to move from the question “what makes certain individuals healthy?” to “what makes some societies healthy?” argues Sevgi Aral. Such factors as social deprivation, social cohesion and exclusion, and sex and race relations may be as important as individual sexual behaviour for the geographic clustering of STIs. Or the high rates of these infections observed in certain populations such as African-Americans and black Caribbeans. Sexual networking, the relation of “core groups” to other populations and concurrent partnerships in different settings, and much else, need to be disentangled. The variety of social contexts, the dynamic evolution of epidemics, and population mobility make this work so exciting, and so difficult.

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PCR FOR HERPES

Using cultures will miss about a quarter of genital herpes lesions detected by polymerase chain reaction (PCR). Ann Scoular and her colleagues have shown that an automated PCR improved detection over a wide range of clinical manifestations and the results are available sooner. Sceptics will argue that antiviral treatment of herpes should not await virological result. Yes, true. But such a confirmation will help future management in case of recurrences. The atypical presentation of many herpetic lesions adds to the need for a definitive diagnosis. The future is PCR?

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LESS RELUCTANT, MORE CONFUSED

An audiovisual presentation was used in a busy public health clinic in KwaZulu, South Africa to improve partner notification. It did do marginally. The subjects thoroughly enjoyed the show but were left with confused messages about the relation of STI and HIV. This was an interesting start but needs further development and testing.

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NOT JUST MORE OPENNESS

Beyond the lurid headlines which greeted the publication of the second National Survey of Sexual Attitudes and Lifestyles (Natsal-II) is a key question. Is sexual behaviour under New Labour more risky compared to those, now so distant, Thatcherite days, or is it merely easier to talk about it? Andrew Copas and colleagues compare an age cohort now with one 10 years younger in Natsal-I. Men and women are more likely to admit to sensitive and risky behaviour now than a decade ago but this does not explain away all the differences between Natsal-I and II. There has been a change in sexual behaviour, especially in women and those living outside London.

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TRUCK DRIVERS AND STI

Driving trucks in Africa, India, and Thailand is a risk factor for STI. So it is in Bangladesh according to Laura Gibney and colleagues. Unsurprisingly, having sex with a commercial sex worker was a risk factor for bacterial STIs—mainly serological evidence of syphilis. More intriguingly, truck helpers on interdistrict routes were more likely to be positive for anti-HSV-2 antibody than drivers on the same routes (OR 2.5). The authors speculate that this is because they were more likely to frequent what they call “floating” sex workers. Since genital herpes is a major risk factor for HIV, this is a group to target for sex education.

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RELUCTANT MALES

Partner notification is a hit or miss affair. Warszawski and Meyer have analysed three large French national population based surveys. Men and boys with STI were 6–7 times less likely to inform their main sexual partner than women. Furthermore, over three quarters of males and females failed to inform partners other than their main partner. Although these data were collected between 1991–4 there is no reason to believe things are any better. Innovations please.

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RELUCTANT PATIENTS AND UNAWARE CLINICIANS

The majority (80%) of HIV positive black Africans in London had consulted a general practitioner at some time before diagnosis. Black Africans are less likely to suspect their HIV status, less likely to access STD clinics and, once diagnosed, less likely to disclose their HIV status to their family and friends. When asked most were worried about the negative impacts of HIV diagnosis on their life. We know that the majority of new AIDS diagnosis in the UK is within a few months of the first HIV test. Erwin *et al's* study suggests that perhaps we should be targeting general practitioners.

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KNOW THY NEIGHBOUR

Many sexually transmitted infections occur in geographic clusters which expand and contract in the evolution of an epidemic. Zenilman and his colleagues show how a geomapping system can be used as a surveillance tool to identify point source outbreaks. They mapped gonorrhoea and chlamydia infections in Fort Bragg military base on digitised maps. The highest sectors for gonorrhoea were contiguous and housed lower enlisted personnel while chlamydia was more widely dispersed.

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