

Brief Encounters

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YOU CAN SEE THE NURSE (OR DOCTOR?) NOW

The National Strategy for Sexual Health & HIV proposes that nurses will have an expanding role in the management of STIs. Miles and colleagues have shown in a randomised controlled trial that specialist nurse led genitourinary medicine (GUM) clinics for women provide care equal to that provided by senior house officers. Given support and appropriate training GUM nurses can provide safe and effective patient care.

See pages 93–97

SHORT TERM INTERVENTIONS FOR SEX WORKERS

Despite prostitution being illegal in China, in recent years more and more women have engaged in sex work. Ma and colleagues have shown that short term intervention with screening/treatment of STIs and health promotion (including condom provision) is associated with reductions in risk behaviour and bacterial STIs. Although these are not unique observations it is the first time that they have been reported from China and it is clear that a sustained programme of intervention is needed.

In an accompanying editorial Ward discusses the obstacles to putting in place effective interventions—in particular the need to overcome the hypocrisy that surrounds sex workers.

See pages 80–81 & 110–114

GONORRHOEA IN LONDON—MORE, BUT NOT THE SAME

Approximately 50% of all reports of gonococcal infection in England and Wales are seen in London. In a surveillance programme in London, Ison and

colleagues report an increase in gonococcal isolates of 74% from 1997 to 2000. This increase was paralleled by increases in plasmid mediated resistance to penicillin—to >5%, and year on year increases in resistance to ciprofloxacin. If the targets set by the Sexual Health Strategy are to be met, intervention must be underpinned with effective and appropriate antimicrobial agents.

See pages 106–109

NONPEP OR PEPSI

Giele and colleagues, on behalf of the BCCG, show that post-exposure prophylaxis following non-occupational exposure/sexual intercourse (NONPEP/PEPSI) is increasingly requested by patients, but that there is considerable clinic to clinic variation in prescribing practice. There is now a demonstrable need for national guidelines for NONPEP/PEPSI.

See pages 130–132

WARTS AND THE TOILET SEAT

Can you catch warts from a toilet seat? In a GUM clinic setting the answer is no, but Strauss and colleagues were able to demonstrate contamination of environmental surfaces with cell associated HPV. Clinic beds and colposcopy equipment were contaminated, as were tap, toilet flush, and toilet door handles. Types 6, 11, and 16 were most commonly identified. More rigorous cleaning/control of infection policies are indicated to prevent transfer of HPV infected cells via human vectors.

See pages 132–135

TOXICITY OF NRTIS

Shahmanesh and colleagues describe a patient receiving HAART who presented with lactic acidosis, which worsened following attempted liver biopsy. Rapidly progressive non-cirrhotic portal hypertension developed. Other causes of lactic acidosis (including sepsis) need excluding before ascribing the cause to nucleoside reverse transcriptase inhibitors (NRTIs). Clinicians should be aware that new manifestations of NRTI-induced toxicity are being reported.

See pages 136–139

TRADITIONAL HEALERS AND STIS

In rural Malawi patients with symptomatic STIs frequently consult a traditional healer and continue to have sex (often without a condom) before attending an STD clinic. Traditional healers have an important role in STI control in this setting. They should be integrated into STI control/health promotion programmes.

See pages 127–129