Brief Encounters

Mohsen Shahmanesh, Editor

EVIDENCE BASED UPDATE

Do your patients know more about herpes than you? If so Anne Scoular's article should "update" you on the evidence base. She also highlights huge gaps in our evidence base.

See p 160

HEPATITIS B VACCINE FOR WHOM?

Is there onward transmission of hepatitis B (HBV) in Chinese immigrants living abroad? Apparently not between first and second generation immigrants. Kawsar and Goh found that over two thirds of first generation Chinese immigrants attending a London STI clinic had HBV markers and 12% were HBsAg positive. Yet HBV markers were not different in UK born Chinese compared to controls. A question of time, or is it sexual mixing?

See p 166

HEPATITIS A VACCINE FOR WHOM?

Should we be offering hepatitis A vaccine to homosexual men attending STI clinics? No say Ross *et al* since their finding that 23% seropositivity for hepatitis A was not significantly different from heterosexuals attending the same inner city STI clinic. Keep the vaccine for hepatitis A outbreaks.

See p 174

CHOOSE YOUR MATE WITH CARE

Lifetime sex partners numbers determine if we can find oncogenic human papillomavirus (HPV) on your penis. Svare and colleagues, from Denmark, show that most risk factors for acquiring HPV in men are similar to women—lifetime partners, young age, and not being circumcised. More ammunition for the pro-circumcision brigade?

See p 215

CHOOSE YOUR MATING CIRCLE WITH CARE

Homosexual men in Pittsburgh, USA, not attending STI clinics have surprising low levels of chlamydia and gonorrhoea infection despite reporting multiple partners. Yet another proof that it is not just numbers, but with whom you have sex that decides what you catch.

See p 190

CHOOSE YOUR DOMICILE

Brisbane, if you can. High school students in Brisbane aged 15–18 have chlamydia prevalence rates of 1.3%, over 11 times lower than in "disadvantaged youths". Selection bias aside, these figures are surprisingly low for this age group. But chlamydia isolation rates have also been low in Brisbane university students, gay men, sexual health clinic attendees, and even persons locked up in prison.

See p 194

ONE STOP BEHAVIOUR SURVEY AND STI SCREEN

In resource poor settings it would be an advantage to obtain behaviour data and STI/HIV screen all in one go. MacLachlan and colleagues have shown this to be feasible in such settings in Mali as taxi/bus stations, markets, homes as well as brothels. Rejection rates were highest for truckers and even that was 16%.

See p 187

STI NEWS

The journal is currently developing a number of self contained electronic continuing professional development modules. The first of these is available on our web site www.sextransinf.com under education.

Also, watch out for an upcoming theme issue on "adolescent sexual health" guest edited by A Robinson and K Rogstad.