Helen Ward, *Editor*

MAGIC BULLETS

The ideal for STI management has always been a cheap, single dose, and preferably oral treatment. Add to this an effective syndromic approach to diagnosis and there is the possibility of rapidly improved control of STI and consequent reduction in HIV transmission. Pépin and Mabey have reviewed the effectiveness and price of single dose treatments for various syndromes, and conclude that there is no longer any financial obstacle to the widespread use of single dose treatments. The development of generic drug industries in India and Africa has brought down the price of many drugs, including third generation cephalosporins.

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DROWNING OR WAVING?

Few practitioners in the UK would argue with the basic problem identified by Bradbeer and Mears that GUM services are "consistently overstretched". But consensus breaks down when it comes to finding solutions. The debate presented in this issue is not the first, nor, undoubtedly, the last word on this topic. Bradbeer and Mears set out possible ways of addressing the increased workload: increased throughput (abandoning consultations and examinations in asymptomatic patients, for example), reduced follow up, getting someone else to do the work (the strategy underpinning the sexual health strategy), or reducing STIs in the population. The last option is dismissed—primary prevention never produces quick fixes—and the others are discussed. Carne contests many of the proposed efficiency measures, reminding us both of the advantages of the sexual health consultation, even for asymptomatic patients, and of the lack of precision in the very concept "asymptomatic". The floor is now open for contributions.

See p 435 and 439

"I DO NOT WANT TO BE FRIENDS WITH SOMEONE WHO HAS AIDS": STIGMA AND TESTING PROGRAMMES

South Africa is experiencing a massive AIDS epidemic. A key element in the control programme is voluntary testing and counselling, but uptake remains relatively low. Kalichman and Simbayi report interviews with 500 men and women living in a black township in Cape Town. Less than half had been tested for HIV, and of those tested more than a third had not collected their results. Those who had not been tested were more likely to agree that people with AIDS are dirty and should feel ashamed and guilty. The study shows the urgent need for anti-stigma campaigns, and the authors suggest social marketing, community mobilisation, and social activism models as a way forward.

See p 442

CYBER SEX

More and more people are meeting sexual partners through the internet. In an exploratory study of men who have sex with men at a resort in the USA, Mettey and colleagues found that those who reported meeting partners on the internet had more risky sexual practices. The next step is to look at better ways of using cyber power for prevention interventions.

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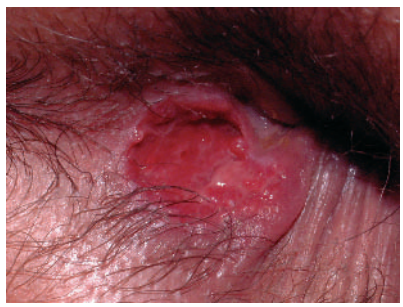

Don't forget LGV
Although not often seen in Europe, Nieuwenhuis *et al* report a case of lymphogranuloma venereum in a man who did not report travel overseas. The patient was diagnosed with HIV at the same time, and responded well to azithromycin

See p 453

LET'S LOOK HARDER

High rates of gonorrhoea transmission between men continue, yet we have relatively poor methods for diagnosing infection anywhere other than the urethra. Nucleic acid amplification tests for gonorrhoea are not licensed for rectal and pharyngeal diagnosis. Young and colleagues evaluated a ligase chain reaction (LCR) based gonorrhoea test on pharyngeal and rectal samples. The LCR picked up almost twice as many cases as culture alone, and almost a quarter of those cases were culture negative at all three sites and would therefore have been missed.

See p 484