EMERGING EPIDEMIC
There is often a fine line between targeting interventions and fuelling prejudice. Routine data presented here for the first time suggest that black Caribbeans in the UK are 12 times more likely than whites to have HIV. Although there are limitations to the data, and the absolute numbers of cases are small, this picture would fit with the growing epidemic of HIV in several Caribbean countries, and the greatly increased risk of gonorrhoea among black Caribbeans in the UK. Targeting health promotion towards vulnerable groups is one answer. Targeting health professionals with anti-racist training may be equally important in improving access to health care.

See p 2 and p 18

TROPICAL DISEASES—DON’T BE CAUGHT OUT
The importance of taking a good travel and sexual history cannot be over emphasised in these days of modernisation of sexual health services, where increasing emphasis is being placed on minimal consultation times, non-invasive testing, and the use of non-medical staff to take histories. Richens eloquently reviews a number of tropical diseases that exhibit genital manifestations to challenge even the best clinician.

See p 12

ALLERGIC TO MEN?
Genital allergy is uncommon, but worth considering in patients with no obvious explanation for persistent soreness. Diagnosis is difficult, and probably requires collaboration with a specialist in dermatology or allergy, argues Sonnex in a detailed review. Allergens described range from components of seminal fluid to newsprint and the adhesive in sanitary pads. Management depends on identifying and then avoiding the trigger.

See p 4

MANAGING RECURRENT BACTERIAL VAGINOSIS
Up to 30% of women with bacterial vaginosis (BV) will have a recurrence within 3 months of successful treatment. Wilson provides a welcome review of this knotty problem. Recurrence occurs with a decline in pH due to a loss of hydrogen peroxide producing lactobacilli and an increase in BV associated organisms. Unfortunately we still do not know which change occurs first. Management includes treatment of partners (does not work), bacteriotherapy with oral or vaginal lactobacilli (promising, but still under investigation), vaginal pH buffering (possibly promising), and antibiotics (widely used but only temporarily effective). Some form of combination therapy may be needed.

See p 8

MORE ARGUMENTS FOR ‘‘DOUBLE DUTCH’’
Advocating the “double dutch” approach to protection (condoms with the pill as a back up) may have an additional advantage of reducing bacterial vaginosis. In a large case control study of women with bacterial vaginosis, Smart and colleagues confirm that having more sexual partners, having at least one female partner, smoking, and having been pregnant all increase your risk, but using condoms and using the oral contraceptive pill independently reduce risk.

See p 58

LOCALISED GENITAL SCABIES
Norwegian or “crusted” scabies in the immunosuppressed HIV infected patient usually presents with generalised hyperkeratotic lesions. Perna and colleagues describe an HIV infected patient with Norwegian scabies localised to the glans penis. Ivermectin was used, as topical treatment does not always penetrate crusted lesions. The case serves to alert clinicians to this manifestation of scabies and further adds to the differential diagnosis of penile lesions.

See p 72

SUN, SEA….AND SEX?
Increasing numbers of young people travel abroad to experience nightlife in international resorts. Recent media coverage of such resorts suggests high levels of sexual activity. Between 2000 and 2003 Bellis and colleagues interviewed 16–35 year olds at the end of their holiday on Ibiza. While there, over half had sex; 26.6% of men and 14.5% of women had sex with more than one partner. Just over 75% of all those interviewed arrived without a sexual partner and of these almost half had sex while in Ibiza—the majority using a condom. Having sex was associated with illicit drug use and with having more sexual partners in the six months before the holiday. The authors identify a clear need for collaboration between the tourist/entertainment industry and both health services and national policy makers in order to protect the sexual health of young people holidaying abroad.

See p 43