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CLINICOPATHOLOGICAL CONFERENCE

A 41 year old HIV infected man with an extensive travel history developed intermittent fever and weight loss shortly after returning from abroad. Extensive and prolonged investigation identified the cause.

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CHLAMYDIA—TIP OF THE ICEBERG IN SLOVENIA?

Klavs *et al* report results from the first National Study of Sexual Lifestyles, Attitudes and Health, in Slovenia. A major objective of this study was to estimate the prevalence of and risk factors for genital *Chlamydia trachomatis* infection. The findings of a relatively high prevalence of genital chlamydial infection, in the presence of relatively low risk sexual behaviour and low reported rates of chlamydia infection, suggest there are deficiencies in the strategies used for diagnosis and treatment of this infection and further lend support for introduction of a chlamydia screening programme in Slovenia.

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WHY WAIT—LETS DO IT!

Many adolescents are sexually active (often with more than one partner) and are frequently inconsistent in practicing safe sex. Rosengard *et al* interviewed sexually active adolescents in an STD clinic setting and found that adolescents had waited less time between meeting a partner and having sex with their most recent casual partner, compared with the delay before sex with their regular (''main'') partner. Interviewees also stated that they intended to wait a longer time before sex with future partners. There were important gender differences in reported factors influencing intention to delay sex with future main partners. Whereas females were positively influenced by the importance of intimacy in relationships and perceived the risk of STDs and health values, males were negatively influenced (that is, wanted sex sooner) by the importance of sex in a relationship. These findings have implications for designing interventions for adolescent males and females.

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LONG LASTING IMPACT OF SEXUAL ASSAULT IN THE YOUNG

Sexual abuse of adolescents and children is widespread and may have serious physical, social, and mental health consequences for those who experience it. Kawsar *et al* identified 98 females aged <16 years old who, over a 5 year period, were referred to a specialist clinic for victims of sexual assault and rape, based in a specialist GUM clinic in London. Of those clients seen in the clinic, 26% had an STI. STIs were commoner in those with a history of previous consensual sexual activity prior to the assault (39%) compared with 24% in those not previously sexually active. Over one third of adolescents/children on presentation gave a history of previous sexual, physical, or other abuse. Of all clients seen, 81% had active psychological problems (sleep disturbance and mood change being most often reported)—5% had attempted self harm. Worryingly, 29% of these vulnerable clients with active problems had no involvement with social or mental health services before their attendance in the specialist clinic. This study underscores the importance of provision of specialist services for vulnerable victims of sexual assault and rape and further underscores the importance of carrying out a specialist assessment of clients for the presence of STIs and mental health problems in female children and adolescents who survive sexual assault and rape.

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CARE IN THE COMMUNITY?

The increasing incidence of STIs in the UK is leading to a situation whereby specialist genitourinary medicine (GUM) services may be unable to meet client demands. It has been suggested that community based services for management of uncomplicated STIs may alleviate this situation. However, the effectiveness and acceptability of this method of service delivery is largely untested. Evans *et al* demonstrate that the introduction of facilities for STI management into a community family planning clinic (FPC) setting had a marked impact, with an increase in the number of clients undergoing testing for STIs, an increase in detection of chlamydia infection—from 6.7% (when FPC clients were referred on to specialist GUM services) to 11.9% (when testing and treatment were offered in the FPC clinic)—and a reduction in delay between testing and treatment from 19 days when referral to a GUM clinic was current practice), down to 10 days (when management was contained within the FPC clinic setting). These data are reassuring and suggest that partnerships between specialist GUM services and community based services, for example, FPC may enable safe and effective management of uncomplicated STIs in a community setting.

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