

# Brief Encounters

Budding

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## STIs IN PREGNANCY— ANOTHER BURDEN TO BEAR?

STIs are associated with a number of adverse pregnancy outcomes, including still birth, premature birth (PB), and low birth weight (LBW). PB and LBW are major determinants of infant morbidity and mortality. The authors of this review comment on the high burden of STIs in the developing world—where most use a syndromic approach to diagnosis of STIs in pregnancy. This strategy is poor for identification of infection, especially *Neisseria gonorrhoea* and *Chlamydia trachomatis*, and will also miss a significant proportion of (asymptomatic) infections. This review identifies a clear need for cheap, rapid, point-of-care screening tests for STI screening in antenatal settings in resource-poor environments.

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## TESTING TIMES FOR GENITAL HERPES

Most people with serological markers for herpes simplex virus type 2 (HSV-2) do not have a history of genital herpes, and screening is controversial. Sizemore and colleagues (p 303) studied 328 men and found that 148 had antibodies to HSV-2. Only 17 (11%) of these men responded yes to the direct question “do you have genital herpes?”; if asked for a history previous recurrent genital ulcer, sore, or zipper cut, 48 (32%) answered yes, giving this question a higher sensitivity but, predictably, a lower specificity. Given such poor clues from the history of clinical presentation, there have been suggestions that serological screening should be more widely available. Meyer and colleagues (p 309) looked at the psychological impact of the results of such screening in a clinic of 248 people with HIV infection. A high proportion (69%) of the patients had HSV-2 antibodies and only a third had a clinical history. The

authors found no evidence of an adverse psychological impact on this group, and suggested more widespread type-specific HSV screening in HIV clinics.

Introducing such a change may be difficult in the UK. Geretti and Brown (p 316) surveyed 25 laboratories in the clinical virology network. In addition to a continued reliance on culture, despite evidence of the superior performance of PCR for genital lesions, they found that only two of the laboratories offered type-specific serology. Fig 1 (reproduced below) shows the resulting increase in requests for such tests from the Health Protection Agency.

See p 303, 309, and 316

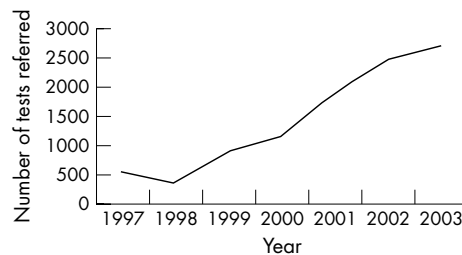


Figure 1 Trends in HSV type specific serology test requests referred to the Health Protection Agency between 1997 and 2003.

## CONDOMS DO WORK

A short report by Nicolai and colleagues from Connecticut provides more ammunition against claims from the US administration that condoms do not protect against STIs. In a study of partners of people with chlamydia, they found that consistent condom users were around 10 times less likely to be infected than inconsistent condom users.

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## HIV IN BLACK AND MINORITY ETHNIC MSM

Dougan and colleagues studied the epidemiology of HIV among black and minority ethnic (BME) men who have sex with men (MSM) in England and Wales between 1997 and 2002. BME accounted for just over 1 in 10 HIV diagnoses among MSM—more than half of who were thought to have acquired infection in UK. In 2002 the proportion of BME MSM living with HIV was 7.4%, significantly higher than white MSM (3.2%). These data underscore the need for remaining alert to the sexual health needs and evolving epidemiology of BME MSM.

See p 345

## YET ANOTHER MANIFESTATION OF IRIS?

A 31 year old woman developed progressive neuropsychiatric problems shortly after starting highly active antiretroviral therapy (HAART). Cranial MR imaging showed diffuse white matter abnormality which was thought to represent immune-mediated demyelination in response to underlying tuberculosis and/or Epstein Barr virus infection.

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