

PostScript

BOOK REVIEW

Contemporary research on sex work

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Contemporary research on sex work is an edited collection of 11 chapters, all of which have been published in the *Journal of Psychology and Human Sexuality*, being copublished simultaneously in the journal with the same title as the book.

Five of the 11 chapters focus on sexual health and one focuses on mental health. The other chapters focus on the variety of sex workers' experiences to be found by comparing some sex market categories. Only physical-contact sex work is covered. There is nothing on pornographers, dancers, storytellers or other erotic artists, phone-sex line operators or the many designers, manufacturers and retailers of sexual products and services. Nor is this book about research methods that might be suitable in this sensitive, criminalised and ethically demanding field, where data are often inaccessible and access confers contagious stigma on the researcher.

Nevertheless, several of the articles are well researched and have something to add to the field. Joanna Busza's article is on how Vietnamese sex workers in Cambodia perceive risk. She applies up-to-date sociological theories of risk in her evaluation of a community health project. She shows how the social conditions of Cambodian brothels, assumptions about gendered power, the influence of managerial control and weak peer networks serve to limit human rights of sex workers. Busza attends to the prioritisation of other competing and relative risks of sex workers and thus uncovers data to extend epidemiological concern with unprotected sex to more holistic concerns that encompass life planning, power dynamics, risk calculations and control.

Morrison and Whitehead's work on stigma resistance among gay-identified sex workers in Canada is to be commended for its clear account of participant recruitment from escort adverts and for its appropriate use of interpretative phenomenological analysis. Their discovery of four main strategies to combat sex-work negativity sheds light on both their participants' abilities to execute these techniques and their awareness of the negative assumptions that are commonly made about them. Although these findings suggest that male escorts are successful in counteracting these stigmas from the wider society, they raise questions regarding their own subsequent derogation of street sex workers.

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CORRESPONDENCE

The prevalence of *Neisseria gonorrhoeae* negative for proline iminopeptidase in Asturias, Spain

Alexander *et al*¹ have recently reported the prevalence of *Neisseria gonorrhoeae* negative for proline iminopeptidase (Pip) in England and

Wales. This is a considerable problem given that many commercial biochemical test panels (Gonochek II, API NH or RapidID NH) monitor the presence of this enzyme and generate a false-negative identification.¹⁻³ As data are scarce, we present our findings of the past 4 years.

A total of 143 isolates from consecutive patients were received during a 4-year period (2003-2006) at the Regional Laboratory for Gonococci, Hospital Monte Naranco, Oviedo, Spain. This unit receives all the isolates of *N gonorrhoeae* in Asturias, a regional county in the north of Spain with a population of 1 million and with two STI units in the cities of Oviedo and Gijón. All isolates were positively identified as *N gonorrhoeae* using commercial kits: API NH (bioMérieux, Marcy l'Etoile, France) and the identity of all isolates was further confirmed definitively using the anti-galactocerebroside monoclonal antibodies specific to *N gonorrhoeae* and by the National Reference Centre in Majadahonda, Madrid, Spain.

The overall prevalence of *N gonorrhoeae* negative for Pip was found to be 6.9% (10 of 143). There were more Pip-negative strains in the Gijón STI unit (70%; 7 of 10 strains) than in the Oviedo unit (20%; 2 of 10). Eighty per cent of Pip-negative strains were isolated from men and at least 50% of these men have sex with other men. One of the strains isolated in a man was also found in his female partner. All of the isolates were serovar IB (4 subtypes serovar *pyuvv*, 2 *pyustv*, 1 *yuvv*, 1 *ropyuvv*, 1 *ropt* and 1 *opyuvv*). The subtypes found by Linnios *et al*⁴ in Sydney were mainly *Bpyvut* (24.8%) and *Bpyut* (69.1%). We found two subtypes in 2003 (2 of 29; 6.9%), 4 in 2004 (4 of 21; 19%), 4 in 2005 (4 of 37; 10.8%), and none so far in 2006 (0 of 28).

Until relatively recently Pip-negative strains had not been widely reported, with 0.5% in 1991,⁵ but in 2001 17 strains were found in Bristol, UK.⁶ Blackmore *et al*⁷ found that between 2002 and 2004 2% of the isolates were Pip negative. Alexander *et al*¹ recorded a prevalence of 4.3%; we found a prevalence of 6.9%. Together these data indicate an increase in prevalence.

For Alexander *et al*,¹ the increase in prevalence may indicate a selective advantage or be an artefact, but the latter is not the case in our report because we used the same methodology during the period of study. The fact that 40% of our subtypes show the same serovar could suggest that they were from the same strain; however, our study period was 4 years and the isolates were identified throughout that time, so we cannot attribute to one specific serovar outbreak.

We believe that it is preferable to use two methods of identification, and alterations to the diagnostic strategies may need to be considered.

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LO was responsible for initiation of the study and the isolate screening methods; HV, JD-G, MA-A and FC were responsible for the isolate screening methods; FV was responsible for the initiation, supervision and elaboration of the study.

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CORRECTIONS

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In the December issue of the journal there was an error in an author's name (Truong H-H M, Kellogg T, Klausener JD, *et al*. Increases in sexually transmitted infections and sexual risk behaviour without a concurrent increase in HIV incidence among men who have sex with men in San Francisco: a suggestion of HIV serosorting. *Sex Transm Infect* 2006;**82**:461-6.) The correct name of the first author should be Truong HM.

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In the December issue of the journal there was a mistake in the last sentence on the first page of the article by Dean GL. Near-patient testing will not improve the control of sexually transmitted infections. *Sex Transm Infect* 2006;**82**:509-12. The sentence should read "What must not be forgotten is that most laboratories will only report a specimen as truly positive, if on re-testing using a different platform the second result is also positive."