

TO THE EDITOR, *Genitourinary Medicine*

Detecting *Chlamydia trachomatis* by direct immunofluorescence using a Cytobrush sampling technique

Sir,

I feel impelled to comment on the paper by Ciotti *et al* (*Genitourin Med* 1988;64:245-6). They compared a cervical Cytobrush with a swab for taking specimens from the cervix of young women attending a family planning clinic and claimed that the brush was responsible for increasing the detection of *Chlamydia trachomatis*, using the MicroTrak technique, from 12% (9/73) to 27% (24/88). There is no way of knowing whether the specimens collected by the brush that were considered adequate for analysis contained more epithelial cells than specimens collected by the swab because the authors did not record the numbers of cells. Such an increase seems unlikely, however, because use of the brush did not increase the proportion of specimens that contained sufficient endocervical material for analysis (presumably a specified, but unstated, minimum number of cells). Specimens containing more infected cells than usual would have provided the most logical reason for the superior detection of *C trachomatis*. That explanation has to be set aside, however, and the authors put forward the suggestion that the brush disintegrates cells to liberate chlamydial elementary bodies, thus increasing the positivity rate. I should like to offer another explanation, namely that the larger amount of blood constituents in specimens collected by the brush caused non-specific fluorescence, which was confused with specifically fluorescing elementary bodies. This would also provide a welcome explanation for the doubtless feasible but nevertheless disquieting notion that the occurrence of chlamydial infection in women attending a family planning clinic can be as great as in women attending most sexually transmitted disease clinics. It is unfortunate that the authors conducted their study in such a way as to leave one guessing about the value of the Cytobrush.

Yours faithfully,
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TO THE EDITOR, *Genitourinary Medicine*

Prevalence of cervical chlamydial infection in antenatal clinic attenders in Lagos, Nigeria

Sir,

Chlamydia trachomatis is the most prevalent sexually transmitted pathogen in industrialised countries and the greatest cause of pelvic inflammatory disease, which may lead to ectopic pregnancy and tubal infertility.¹ It has recently been implicated as a cofactor in the transmission of human immunodeficiency virus (F Plummer *et al*, AIDS conference 1988, Stockholm, abstract 4554).

The prevalence of genital *C trachomatis* infection in antenatal and parturient women in Africa has been studied little. The table summarises the results of the only reports available, which were from The Gambia, Ghana, Kenya, and Gabon.

We report here the prevalence of cervical infection with *C trachomatis* in pregnant women attending antenatal clinics in Lagos, Nigeria. Of 46 women examined, 15 were attending a private clinic in the Yaba district of Lagos, 10 were attending the general hospital, and 21 were attending the military hospital, at which treatment is free. Patients were selected on a first come first served basis; two attending the private hospital refused treatment. The mean age of the 46 patients was 25 (range 17-40) years.

Chlamydial antigen was detected in cervical swabs using the Chlamydia detection enzyme immunoassay (Pharmacia). Swabs provided by the manufacturer were carefully rolled around the endocervix, removed, and stored at 4°C in transport medium also supplied by the manufacturer. At the end of the clinic they were frozen at -20°C and later transported to University College Hospital, London, where the enzyme immunoassays were carried out according to the manufacturer's instructions.

Of three specimens giving positive results, two were from the general hospital and one from the military hospital. The mean age of the three positive patients was 22, which suggested that, as has been found in other

Table *Prevalence of cervical chlamydial infection in unselected pregnant or parturient women in Africa*

Country	No studied	No (%) positive
The Gambia ²	87	6 (6.9)
Ghana ³	39	3 (7.7)
Kenya ⁴	938	201 (21.4)
Gabon ⁵	598	59 (9.9)
Nigeria (this study)	46	3 (6.5)

studies, chlamydial infections are more prevalent in younger age groups. In view of the small numbers, however, the difference in age between infected subjects and others did not attain significance.

We conclude that in Nigeria, as in other African countries where studies have been carried out,²⁻⁵ genital infection with *C trachomatis* is prevalent and is likely to cause considerable morbidity among women of childbearing age and their infants.

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TO THE EDITOR, *Genitourinary Medicine*

Evidence of low prevalence of antibody to HIV-1 in Northern Ireland

Sir,

To October 1988, 48 people from Northern Ireland have been reported as having antibody to the human immunodeficiency virus type 1 (HIV-1). The rate of 0.32 per 10 000 of population makes Northern Ireland the region of lowest incidence in the United Kingdom (A Ellam, unpublished observation). Sources of these positive test results from May 1985 to October 1988 were 65 000 blood samples from people tested by the Northern Ireland Blood Transfusion Service, three of which gave positive results. The remaining 45 were detected from 5653 samples tested during the same period by the Regional Virus Laboratory (1105 samples came from the genitourinary medicine clinic and 325 of these were from homosexual or