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Syphilis outbreak in Milan, Italy

Infectious syphilis has been considered a sensitive marker of risky sexual behaviour.[1] Following a decline of syphilis in Western Europe,[2 3] there has been a resurgence of infectious syphilis in many countries, with a number of outbreaks in men who have sex with men (MSM).[4 5]

The STD centre of milan is the biggest in northern Italy with an average of about 6000 patients per year. All patients are offered screening tests for syphilis using treponemal particle agglutination test (TPPA) and rapid plasma reagin (RPR).

The number of cases of early syphilis (primary, secondary, and early latent asymptomatic with probable infection <12 months previously) has increased from 46 to 211 between 2000 and 2002. Over the same time the number of cases of late syphilis (asymptomatic with probable infection >12 months previously) have remained stable. Most cases of early syphilis in 2001 and 2002 (261/306, 85%) were in MSM. Fig 1 shows the trends.

As in other reports of recent syphilis outbreaks in MSM, a proportion of cases (25.8%) are in men with HIV.[6] Of the 74 HIV positive men with early syphilis, 39 (53%) already knew their HIV status. This is an indication that our health promotion messages are not effective with this group at least.

The fear of AIDS has declined in Italy: public campaigns are soft, HAART therapy has changed the appreciation of HIV infection in infected patients, and HIV is no longer considered a fatal condition.

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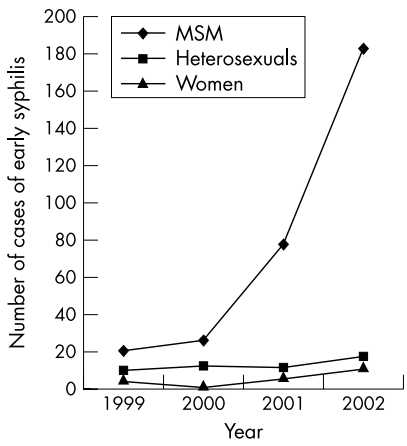

Figure 1 Trend of early syphilis per sexual behaviour 1999, 2000, 2001, and 2002.

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Online HIV/STI Chinese clinician training

The spread of HIV in China is accelerating and many Chinese physicians are poorly trained to address it.[1] We review clinician training and the internet in China, and present the results of a convenience sampling of 136 Chinese clinicians regarding their access and attitudes towards computer based HIV/STI training.

Having been trained in an era of virtual STI eradication, many Chinese physicians are inadequately prepared to respond to the current HIV epidemic.[2] Medical school curricula frequently lack STI coursework, and a European Union-China Project (EUCP) study in 2000 showed as few as 5% of physicians had ever received any HIV/STI training.[3] Coinciding with the spread of HIV in China is the exponential growth of the internet and computer technology, reaching over 68 million internet users as of June 2003.[4] These computer based resources can potentially serve as a powerful medium for the training of clinicians.

To investigate this opportunity, we adapted Chinese language HIV/STI materials developed by the EUCP to create an online HIV/STI training page for the website of the Chinese National AIDS Prevention and Control Center (www.aids.net.cn). We then presented the site and distributed paper based surveys to 136 clinicians recruited during STI training courses in several urban areas.

The response rate was 97% (132/136). Among those sampled, 95% reported having computer access and 86% reported having internet access, defined as access at home, work, or internet cafes. Similar access levels were reported by the subset of respondents (17%) who reported having had no HIV/AIDS training in medical school or in continuing medical education (CME). All 132 respondents reported a willingness to utilise computer based training.

This study found a surprisingly high level of computer and internet access among a convenience sample of STI specialists from several urban areas in China. The main limitation of this study was the non-representative sampling, which makes generalisation to other Chinese physicians difficult. Despite this, we believe that these results can be cautiously applied to significant numbers of urban Chinese clinicians who share similar levels of access and interest with this study population.

Online CME presents a promising way to take advantage of growing computer/internet access in China. Chinese physicians can already obtain many of their required CME credits online, with the largest site (www.cmechina.net) training over 50 000 users annually.[5] Notably, HIV/AIDS training is not available.

Other potential uses of computer/internet resources include creating training centres to serve as clearing houses for up to date training materials. Especially in those areas where extreme geographic barriers limit the scope of traditional training methods, the internet can help remote hospitals and physicians engage in distance learning.

As China strives to control a growing HIV epidemic with a limited budget, low cost/high output resources like computer/internet training cannot be overlooked.[6] While further investigation is needed to show training efforts positively affect outcomes, the computer/internet revolution offers an immediate and cost effective opportunity to train many urban and some rural physicians. This study suggests that the technical access and clinician willingness necessary for such HIV/STI training may already exist.

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Treatment of vulval vestibulitis with a potent topical steroid

Vulval vestibulitis (vestibulodynia) is characterised by penetrative introital pain and erythema and tenderness localised to the vestibular glands.[1] The aetiology is unknown and most treatment strategies are based on anecdote.[2–5] Some clinicians recommend the use of a topical steroid but there are no published data to support this.

We designed a randomised double blind crossover study to compare a potent topical steroid, Dermovate ointment (clobetasol propionate 0.05%), with a very mild steroid, 0.5% hydrocortisone ointment. The hydrocortisone acted as a placebo as it was impossible to obtain a matching placebo for Dermovate ointment. To demonstrate a 20% difference