

Response of patients "aware" of the ABI recommendations

The ABI does not want to know about	Correct	Wrong	Not answered	Total
Negative tests for HIV/AIDS	13	22	0	35
Positive tests for Hepatitis B or C	16	17	2	35
Testing/treatment for any STDs	21	12	2	35

Likert scale was used. One hundred and twenty eight questionnaires were returned completed. Only 35 (27%) stated that they were aware of the ABI recommendations.

This study demonstrated that only a minority (27%) of genitourinary medicine (GUM) attendees were aware of the new ABI recommendations of July 1994. If these recommendations were intended to make HIV antibody testing more acceptable, it failed at the first hurdle. Even in those patients who thought they knew of the changes, less than 40% correctly indicated that insurers no longer wished to know about negative HIV antibody test results. Amongst the minority of patients who correctly indicated that insurers did not want to know about negative HIV antibody tests there was a slight increase in their likelihood of undergoing HIV antibody testing, compared with those who wrongly answered this question (table). From this study it would appear that the correct message from the ABI failed to reach the majority (90%) of GUM attendees. If the ABI and the DOH wish to remove barriers to the uptake of HIV antibody testing a greater effort must be made to inform adequately the general public. This could be achieved through posters and leaflets in GUM clinics, GP surgeries and family planning clinics.

ANTONY NEWELL
LISA ROGERS
SIMON E BARTON

St Stephen's Centre, Chelsea & Westminster Hospital,
369 Fulham Road, London SW10 9TH, UK

- 1 ABI Statement of Practice—Underwriting Life Insurance for HIV/AIDS ABI 25.07.94.
- 2 Surgeon D. Insurers inconsistent over HIV. *BMJ* 1993; 306:1495-8.

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How much sexually transmitted disease is not seen by genitourinary physicians?

At present the majority of national data used in the UK to study the epidemiology of sexually transmitted disease (STD) are provided by the quarterly returns made by genitourinary medicine clinics. Thus far it has been widely assumed that the trends of infection apparent in clinic attenders will reflect those in the community at large. It is likely, however, that a significant number of individuals either never present to the medical services or else only see their general practitioner (GP) who may not refer them on to a specialist clinic. Thus the recent decline in bacterial

STDs could have partially resulted from changes in referral patterns. One of the recommendations of the recent Health of the Nation report was to improve surveillance of STDs at a community level.

We have recently carried out a study looking at GP referrals of men presenting with urethritis in the Lothian region of Scotland as a pilot for a national study. A random selection of 51 GPs selected from the 537 on the Lothian Health Board GP Mailing List were sent a questionnaire enquiring about the number of patients they saw with urethral discharge and their management. Specifically they were asked whether they took swabs for *N gonorrhoea* and *C trachomatis*, if an antibiotic was prescribed, whether the patient was referred to the local genitourinary medicine clinic and what attempts at contact tracing were made.

Forty four (86%) GPs responded. Thirty eight of these, who answered the question, had seen an average of two cases of urethritis over the past year (range 0-6). Six GPs (16%) had not referred their last patient to the local genitourinary medicine clinic. Of these six GPs, three had taken urethral swabs for gonorrhoea and two for chlamydia. All six had prescribed an antibiotic, a tetracycline derivative in four cases and penicillin in one (one GP did not specify which antibiotic was prescribed). None of these six practices were more than 10 miles from the local genitourinary medicine clinic. Contact tracing had been attempted in two cases and successful in one.

Twenty-five of the 37 GPs (68%) who answered the question on which tests were taken had taken a swab for *N gonorrhoeae* while 27/37 (73%) had taken chlamydial swabs. Extrapolating this to the whole of Lothian would have resulted in 749 swabs having been sent to the local bacteriology laboratory for gonococcal culture over a 1 year period. It is estimated, however, by the laboratories in Lothian that they only received 120 male urethral swabs from GPs in 1994.

It seems likely that around 16% of male urethritis presenting to GPs in our region may not be seen in a genitourinary medicine clinic. The associated implications for accurate diagnosis, appropriate management, contact tracing and public health control are obvious but it remains unclear why GPs are reluctant to refer such patients. It would also appear that GPs may overestimate the number of swabs that they take from such patients. As part of an ongoing larger study covering all of Scotland we hope to assess some of the possible factors such as patient refusal, lack of knowledge amongst GPs and geographical variation.

JONATHAN D C ROSS
Department of GU Medicine,
Lauriston Building,
Edinburgh Royal Infirmary,
Edinburgh EH3 9YW

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