Table 1 AIDS defining events and mean CD4+ lymphocyte count at disease occurrence, in the two considered time periods

	Years 1985–95 (144 patients, 151 diseases)		Years 1997–9 (72 patients, 76 diseases)	
AIDS defining diseases	*No of diseases (%)*	*Mean CD4+ count (cells ×10⁶/l (SD))*	*No of diseases (%)*	*Mean CD4+ count (cells ×10⁶/l (SD))*
Pneumocystis carinii pneumonia	40 (26.5)	58.6 (49.0)	22 (28.9)	62.4 (72.1)
Oesophageal candidiasis	21 (13.9)	71.3 (62.6)	16 (21.0)	129.9 (98.1)
Neurotoxoplasmosis	17 (11.3)	79.9 (62.1)	9 (11.8)	75.6 (39.2)
Kaposi's sarcoma	15 (9.9)	98.1 (101.3)	7 (9.2)	133.3 (68.3)
Cytomegalovirus (retinitis or disseminated disease)	10 (6.6)	77.3 (100.2)	1 (1.3)	48
HIV encephalopathy (AIDS-dementia complex)	7 (4.6)	81.1 (45.9)	2 (2.6)	102.0 (29.7)
Extrapulmonary cryptococcosis	6 (4.0)	25.2 (19.4)	0 (—)	—
Disseminated mycobacteriosis	5 (3.3)	62.4 (50.5)	1 (1.3)	78
Wasting syndrome	5 (3.3)	38.4 (41.1)	5 (6.6)	121.2 (54.0)
Non-Hodgkin's lymphoma or primary CNS lymphoma	5 (3.3)	116.3 (41.1)	4 (5.3)	125.9 (71.2)
Cryptosporidiosis	4 (2.7)	38.3 (10.2)	0 (—)	—
Tuberculosis (pulmonary or disseminated disease)	3 (2.0)	148.2 (51.4)	5 (6.6)	289.3 (71.2)
Other AIDS defining events	13 (8.6)	55.3 (48.9)	4 (5.3)	73.3 (101.1)

frequency during the pre-HAART era), virtually disappeared after the introduction of HAART (28 versus four overall cases; $p<0.007$), together with cryptosporidiosis. Neoplasms and HIV related disorders (encephalopathy and wasting syndrome), showed a slightly increased frequency during the HAART era (16.8% and 9.2% during 1997–9, versus 13.2% and 7.9% respectively, during the pre-HAART period). A considerable trend to increased mean CD4+ count was found during the HAART era for all AIDS related illnesses considered, except neurotoxoplasmosis. However, this increase in CD4+ count was significant only for *Candida* oesophagitis ($p<0.04$), wasting syndrome ($p<0.03$), and tuberculosis ($p<0.03$), probably because of small patient samples. Only seven of the 72 patients who developed AIDS since 1997 (9.7%), were effectively treated with HAART for more than 3 months before diagnosis; in the remaining 65 cases HIV infection was detected concurrently with an AIDS defining event in subjects who were unaware of their condition (40 cases), or refused HAART or carried out it with poor adherence (25 patients).

Although a sharp decline in the incidence of multiple AIDS defining events was demonstrated since the introduction of HAART, the distribution of primary AIDS associated diseases showed limited modifications.[1–3] An increased incidence of women, a higher patient age, a greater role for heterosexual transmission compared with injecting drug addiction, and a rise in CD4+ count were disclosed by us in the HAART era compared with the pre-HAART period. Appreciable modifications of the spectrum of AIDS associated illnesses were also observed during the HAART era (a drop of cytomegalovirosis, cryptococcosis, mycobacteriosis, cryptosporidiosis, and HIV encephalopathy, with a parallel increase in pneumocystosis, oesophageal candidiasis, wasting syndrome, tuberculosis, and non-Hodgkin's lymphoma), together with a considerable trend towards an increased mean CD4+ count at diagnosis, as previously noted.[2 5] Disorders which are directly or indirectly associated with HIV damage itself, AIDS related neoplasms, and opportunistic diseases occurring with a less profound immunodeficiency, show a substantially stable or even increasing incidence among newly diagnosed cases of AIDS.[1 2 4] However, opportunistic diseases related to a severe immunodeficiency are still frequent among AIDS defining events, since the majority of cases identified during the HAART era occur in patients who are not aware of their disease, or fail HAART. Only early detection and aggressive treatment of HIV infection may definitively improve the epidemiology of AIDS; a continued surveillance of AIDS related disorders remains critical for the implementation of therapeutic and prophylactic strategies.

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Accepted for publication 25 February 2000

BOOK REVIEWS

Hustling for Health. Developing Services for Sex Workers in Europe. Pp 83; Price 10 euros. The European Network for HIV/STD Prevention in Prostitution (EUROPAP/TAMPEP), 1998. Contact Judith Kilvington/Helen Ward, Coordinating Centre, European Network for HIV/STD Prevention in Prostitution, Department of Epidemiology and Public Health, Imperial College School of Medicine, London W2 1PG (tel: 0207 594 3315; fax: 0207 402 2150; email: europap@ic.ac.uk). (Also available in nine other European languages (Danish, Finnish, Flemish, French, German, Greek, Italian, Portuguese, Spanish), and the full text (without illustrations) can be found online on the website (http://www.med.ic.ac.uk/df/dfhm/europap/hustling/press.htm).

How do you begin to address the sexual health needs of commercial sex workers (CSWs)? Here you will find (most of) the answers. This immensely practical book is essential for those setting up an outreach service, or simply wishing to know more about commercial sex work. It is the outcome of a series of projects and workshops, written by workers providing services to CSWs throughout Europe, and draws from the lessons learnt by these pioneering workers and clients. It is written with great clarity and frankness. The A4 layout is bold, imaginative, and attractive, with illustrations of promotional literature. Its European inclusiveness means that sadly it cannot be specific regarding, for example, the law as it applies to commercial sex. It does, however, give the broad framework with which providers must acquaint themselves wherever they work. It takes us through the steps; sources of funding, the scope of the service, useful contacts, where to make contact with CSWs, and so on. Importantly, in the current climate there are sections on evaluation and monitoring of the service, the legal and political context of the work, and dealing with the media. It stresses the heterogeneous nature of commercial sex workers whether male, female, or transsex, and the spectrum of commercial sex venues. Peer educator programmes are covered in some detail.

There are fascinating pieces of practical advice—for example, cooperate with police, but don't be identified too closely with law enforcement. Advising police of your outreach vehicle's registration number may prevent you being stopped for kerb crawling!

You can set up a flawless screening service and find only a few CSWs attend. The book reminds us middle class, health aware professionals that, for many, sexual health is not a priority. We are perplexed when faced with "indifference, hostility and self destructive behaviour"; that her next fix, a roof over her head, or the desire to have a baby might be more important to the CSW than the nebulous risk of HIV. Address some of these needs and you have the carrot to attract attention to and confidence in your service. The spin off is that clients can then benefit from STD screening and safer sex advice. Simply providing toilets and somewhere safe to have a cup of tea may be enough for some.

I would have liked to see a further reading list, but this book fulfils its remit excellently.

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Children in Mind. Pp 106; £20. London: Audit Commission, 1999. ISBM 186240-8.

The Audit Commission, established in 1983, reports on a 2 year study of the specialist Child and Adolescent Mental Health Services (CAMHS) as provided by local authorities and NHS trusts. Local information has been processed centrally to generate facts and figures and comparative data.

The 13 000 bodies providing CAMHS spend £100 billion (sic) of public money annually in England and Wales. The Commission's team of seven have met with external advisers with a view to shaping of the audit, its comments, and guidance. The aim is to achieve economy with efficiency and effectiveness. The report is in five chapters and five helpful appendices. It lists 71 references and has an index.

Under the heading "The changing context" it is revealed that one in five children and adolescents (alas, not defined for females and males) suffer from a wide range of mental health problems of variable degrees of severity from social ineptitude through psychological to severe psychiatric disorder. Strong links are noted with juvenile crime, alcohol and drug abuse, eating disorders, and of course self harm.

The key components of the CAMHS are viewed as four "tiers": (a) Those providing primary intervention, eg, GPs, health visitors, residential social workers, juvenile justice workers, school nurses, and teachers. (b) Professional providers of services, eg, clinical and educational psychologists, paediatricians, child psychiatric nurses in the community, and child psychiatrists. (c) High grade specialist services for severe, complex and persistent disorders, eg, child psychiatrists, community psychiatric nurses, psychotherapists, occupational therapists and art, music, and drama therapists. (d) Consists of hospital services especially unnamed "highly specialised outpatient teams". This clearly applies to accident and emergency departments, obstetric and gynaecology departments, and genitourinary medicine departments. These deal very adequately with self poisoning episodes, premarital abortions, and sexually acquired infection, but fail to see the underlying behaviour as but one manifestation of an ongoing complex of medicosocial pathology. Clearly, services for the care of our adolescents, unlike paediatrics and geriatrics, are seriously fractionated.

What follows should help the holistically minded hospital doctor to increase his awareness and skills and so make more regular and early use of referral routes and emergency cover arrangements provided by developing CAMHS.

It is clear that in many areas there is an urgent need to plan how best to meet unmet needs, including appropriate monitoring. The final chapter of this book purports to show how, with national support, highly active local coordination can establish and advance improvements. Recommendations are provided. There are opportunities for masterly leadership.

As the first specialty to be nationalised in the United Kingdom, genitourinary medicine has come a long way from the days of "pox doctoring" in "clap clinics". Has the time come for it to give a lead in the development of more appropriate and comprehensive services for adolescents?

For the long sighted and adventurous GU physician this book suggests how to begin.

R S MORTON

Laboratory Diagnosis of Sexually Transmitted Diseases. Pp 135 (available in English, French, and Spanish); Sw fr 35/ $31.50, in developing countries Sw fr 24.50. Geneva: World Health Organisation, 1999. ISBN 92 4 154501 1.

"Venereal diseases are like the fine arts—it is pointless to ask who invented them." (Voltaire, *Dictionaire philosophique*).

Sexually transmitted diseases (STDs) now rank among the top ten diseases for which adults in developing countries seek health care. The economic burden of STDs on both developed and developing countries is enormous. Infection with conventional STDs is a risk factor for transmission of infection with HIV, and therefore for the development and spread of the AIDS

It is imperative that laboratory services are available to guide the clinician to the correct diagnosis and treatment of these conditions, and to give an accurate epidemiological picture of their prevalence in a particular community in order to target relevant populations and ensure optimal and economic use of available resources. Yet, the availability of both funds and technology varies widely between different settings.

This manual sets out to give comprehensive guidance on tests available and applicable to the level of expertise and funding available.

Nine chapters cover the major STDs, encompassing bacterial and viral infections, and under the umbrella of vaginitis in adults; trichomoniasis, candidiasis, and bacterial vaginosis. Each chapter begins with a brief description of the microbiology of the infective agent and the clinical spectrum of disease. The detail given is not consistent, being comprehensive for chancroid and granuloma inguinale, and surprisingly brief for HIV and chlamydia by way of contrast. Then follows a description of collection and transport requirements, and of techniques for diagnosis. The emphasis is on tests that are possible in a reasonably well equipped laboratory, but not one capable of reference facilities. Tests that are suitable for use in the field are highlighted. An evaluation of sensitivity and specificity is also given. Other tests available in central or reference laboratories are mentioned in brief, usually with supporting references.

Two annexes cover media, reagents and stains, and details of equipment required to diagnose each condition. A third annex is an interesting table of which tests should be available at "peripheral," "intermediate," and "central" laboratories.

Overall, this manual is to be welcomed as an educational and reference source for medical microbiologists, technologists, and clinicians. However, I would recommend that the authors "road test" the manual to discover omissions in technical detail that would prevent the sole use of the manual in the field.

Indifferent colour reproduction detracts from the quality of the text—for example, blue reactions appearing as red in the figure.

For the next edition, a chapter on basic microscopical techniques and another on the general principles and interpretation of laboratory tests would provide useful introductions to an otherwise excellent publication.

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CD-ROM REVIEWS

Topics in International Health. HIV/ AIDS. London: The Wellcome Trust, CAB International, 1998. Institutional licence £120; individual licence £30

This is a superb CD Rom covering various aspects of HIV and AIDS by means of interactive tutorials. It is clear, concise, and up to date and has tutorials under the following headings: Overview, Biology of HIV, Natural history, Infections and malignancies, Epidemiology, Transmission and risk factors, Prevention, Diagnosis and monitoring, Women and children, Management, Social and psychological issues.

Each tutorial is self contained (which does lead to some duplication) and has self assessment questions—usually with click and drag matching of statements or true/false boxes. The information itself is well illustrated and contains animations and a video clip, together with further information/annotations in pop up boxes. At the end of each section there is a set of summary points, a reading list, and further activities such as internet sites.

There is a searchable picture index which allows you to search, view, and save sets of images for reference and lectures (although copyright does apply), and a glossary of terms.

Overall this is an excellent CD Rom providing good information, presented in an attractive and usable way, with a wealth of illustrations. I would strongly recommend it.

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Facing HIV: A Resource for Primary Healthcare. Contributors: Annalisa Rossi, Margaret Allen, Sirrka-Liisa Nurkkala, Begona Gros, Cristina Martinez-Bueno. £29.38. East Lancashire Health Authority, South Lancashire Health Authority, University of Central Lancashire, The Faculty of Health, and The Centre for Learning Technologies at the University of Central Lancashire

This is an interesting CD Rom which, gives a very personal guide to issues surrounding HIV—covering the experience of the patient, carer and healthcare professionals.

Four main sections cover the following areas: Living with HIV, Is HIV different? Loss, grieving and bereavement, Supporting people affected by HIV.

These areas are illustrated by short video clips and backed up by further information. Basic information is given about HIV treatment, the impact of diagnosis and of ill health, and other related topics. Unfortunately the information about drug treatment is already outdated and there is no search facility.

The strength of this CD Rom is the view it gives of the emotional responses to HIV and the strategies for coping with the infection from the viewpoint of those involved. The academic content is limited but it is worth a look for the patient perspectives.

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