

A Rise in Sexually Transmitted Diseases

The latest data on the prevalence of chlamydia, gonorrhea and syphilis reveal a growing public health problem, with its severest effects on women, young people and members of minorities.

All three diseases are preventable, treatable with antibiotics, and, at least in their early stages, completely curable. Yet they persist, partly because people can spread them without knowing they are infected.

All three diseases are transmitted through vaginal, oral and anal sex. Untreated chlamydia or gonorrhea in women can lead to painful and long-lasting pelvic inflammatory disease, infertility and potentially fatal ectopic pregnancy; both can be transmitted to babies at birth. Syphilis has various severe symptoms depending on the stage of the disease, can be passed by pregnant women to their babies, and can persist for a lifetime

in both men and women.

"Condoms are a very good way to reduce the risk of getting infections," said Dr. Stuart Berman, an epidemiologist with the Centers for Disease Control and Prevention, which issued the report. "If you use them all the time, and use them correctly, they work."

Screening is also helpful. "Pregnant women and men who have sex with men should be screened yearly for chlamydia, gonorrhea and syphilis," Dr. Berman said. "And all sexually active women younger than 26 should be screened annually for chlamydia." (Women's rates of chlamydia are almost three times those of men.)

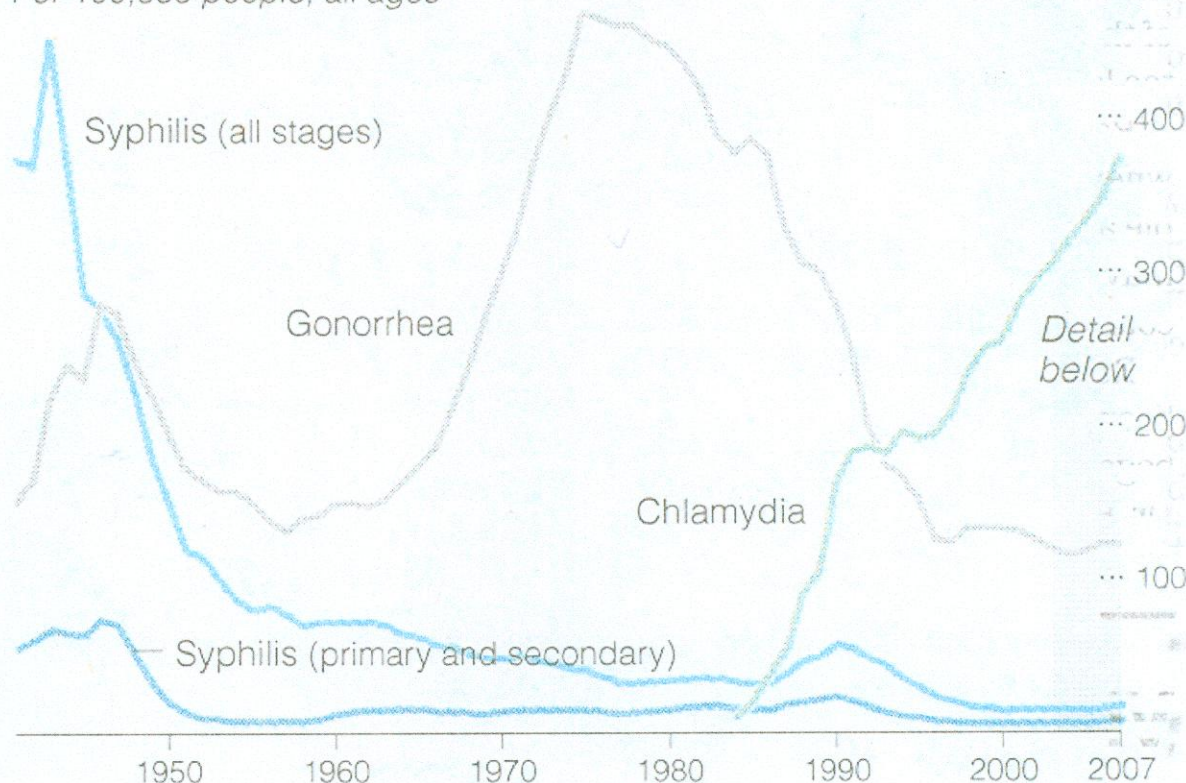
These numbers, which were published in December, include only cases reported by local health departments, clinics and hospitals. The C.D.C. estimates that they account for less than half of the actual number of infections.

NICHOLAS BAKALAR

Rates of sexually transmitted disease

Per 100,000 people, all ages

... 500 REPORTED CASES

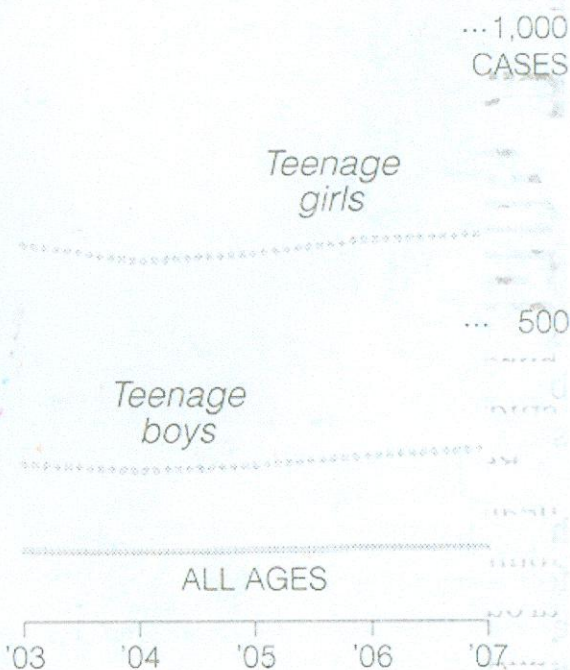
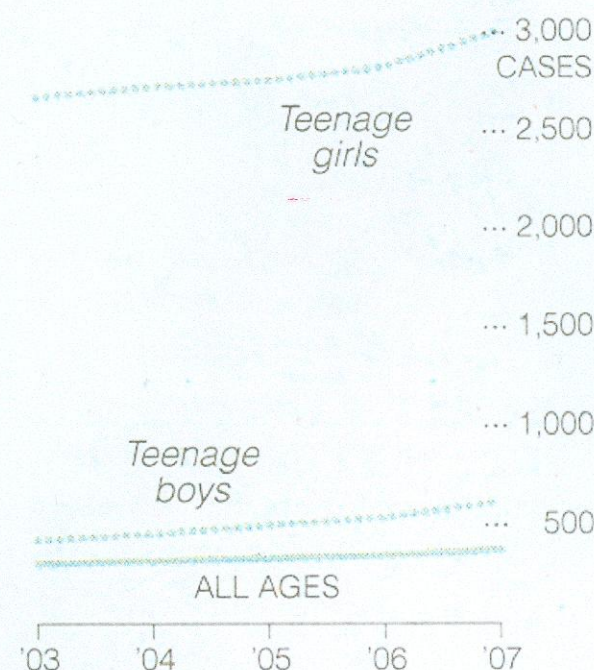


Chlamydia among teenagers

Per 100,000 people, ages 15 to 19

Gonorrhea among teenagers

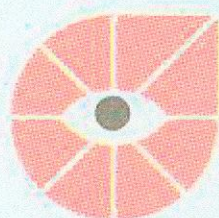
Per 100,000 people, ages 15 to 19



Source: Centers for Disease Control and Prevention

THE NEW YORK TIMES

A Quick High for Sex May Damage Vision



Users call them poppers: a class of chemicals called alkyl nitrites that can

be inhaled for a quick high, or to enhance sexual pleasure. Now doctors in France are warning that they can also cause eye damage and impaired vision.

In a letter to *The New England Journal of Medicine*, the ophthalmologists describe four cases over three months in which patients' vision was affected after they used poppers at parties. Several complained of seeing bright dots of light, and retinal imaging revealed damage to the photoreceptors in the fovea, part of the retina that is responsible for the sharp central vision needed for driving or reading.

Two of the patients' vision returned to normal over time, though their retinas may still

have sustained damage, the doctors said. In one, a 27-year-old woman, the impairment persisted for at least a month.

The damage may occur because nitric oxide affects photoreceptor function and metabolism, the doctors said.

And they warned that the problem was probably underreported. "We believe in fact that this complication is quite common," one of the authors, Dr. Michel Paques, wrote in an e-mail, adding that the doctors have seen several more patients since the letter was accepted for publication. "Preliminary data indeed suggest that only a minority of consumers will show up at the ophthalmologist."

There were no severe cases of vision loss, and in some cases the retinal damage was mild. Still, Dr. Paques said, "even a single dose of poppers may affect the retina."

A Global Battle's Missing Weapon

By Richard Holbrooke and Richard Furman

Of all the mind-numbing statistics about H.I.V. and AIDS, the most staggering — and important — is this: 95 percent of those infected worldwide do not know they are harboring the most deadly virus in history, and are therefore spreading it, however unintentionally. The primary reason for this is that routine AIDS testing is virtually absent in most countries during the long period — it averages eight years — when people don't know they have the disease because they have no visible symptoms.

Having just visited four African nations as part of a delegation led by Tommy Thompson, the secretary of health and human services, we fear that no amount of money — not even the \$2.8 billion proposed in the administration's budget last week — will be enough to bring the disease under control until we focus on testing, the missing front in the battle against AIDS. Even in places that have been able to make headway in prevention and treatment, the lack of testing continues to undermine overall progress.

Consider Uganda, one of the countries we visited. Under the no-nonsense leadership of President Yoweri Museveni, it has set the gold standard in efforts to combat the disease, reducing the infection rate to 6 percent from 21 percent over the last decade, an achievement all the more remarkable when contrasted to the terrifying increases in every country bordering Uganda.

President Museveni has deservedly become famous for his AIDS program, called A.B.C. Easy to understand, A.B.C. skillfully bridges the social-political divide between liberals and conservatives over the best methods for dealing with AIDS by simply embracing them all: A is for abstinence, B for be faithful and C for condoms.

But even B, for be faithful, is not really sufficient without widespread testing. Most people assume monogamy is an effective prevention practice. It isn't. Recent research shows that the safety that supposedly exists in such a relationship is illusory even for many couples who are completely faithful. The reason is simple: H.I.V. may have been brought into the new relationship by a partner who could have been carrying it for those eight silent, deadly years. Un-tested, one partner will inevitably infect the other, and any children they may produce.

In the Tororo area of eastern Uganda, American researchers from the Centers for Disease Control and

Richard Holbrooke, former United States ambassador to the United Nations, is the president of the Global Business Coalition on H.I.V./AIDS. Richard Furman, a thoracic surgeon, is a founder of World Medical Mission.



M. Iton Glaser

Prevention told us that 35 percent of the married couples in their program were H.I.V. discordant (meaning that one of the partners in the marriage was infected, the other not). Furthermore, 9 percent of their children were found to have H.I.V., which means their mother almost certainly passed it on to them during pregnancy.

Current United Nations and United States policy on testing simply does not work. Indeed, it barely exists. Its official name alone suggests the problem: "Voluntary Counseling and Testing," or V.C.T. Throughout Uganda, Zambia, Kenya and Rwan-

In fighting H.I.V., public health should outweigh choice.

da, we saw posters calling for people to get voluntary counseling and testing, with little or no explanation of what that meant or why testing was essential.

We also witnessed a terrible truth that no one wants to admit: almost no one actually gets tested. In every one of the 10 hospitals and clinics we visited we found that not even the nurses and doctors had been tested. How could they recommend to their patients a "voluntary" test that they themselves had not undergone? The answer is simple: they don't. In general, people do not "volunteer" even for ordinary tests, let alone a test for a disease that carries with it an enormous social stigma and a virtually certain death sentence.

International policy on testing must be changed, not only in Africa but also in every nation that is threatened, including India, China and Russia and countries in the Caribbean. It is time to abandon this ethnocentric Western rhetoric, born in the 1980's in the United States under different circumstances, that led to the "V" in V.C.T.

We propose redesignating Volun-

tary Counseling and Testing as something like "Confidential and Recommended [or Routine] Counseling and Testing," or C.R.C.T. This is not simply a small change in terminology. Words have meaning and power. This phrase would not only mean that testing was routine, it would further emphasize the primary concern on people's minds when they consider testing: confidentiality. Given the huge stigma attached to the disease, people must have complete assurance that their test results will be kept truly confidential. It also does not preclude the right to refuse a test, which is part of a promising new "opt out" concept being tried in Botswana.

Even in countries with the highest H.I.V. rates, the majority of the population — over three-quarters — is still uninfected. People who learn that they do not have H.I.V. will have a much greater incentive to practice safe sex in order to stay uninfected.

But our recommendations on testing go even further. We believe that, at a minimum, testing should be required at three specific moments in a person's life: at marriage, before childbirth and upon any visit to a hospital. At these moments (and, we hope, others), public health criteria legitimately take priority over the desire of an individual. This has historically been the case with contagious diseases. (But, as a doctor said to us recently, "When AIDS hit the U.S., the entire rule book on dealing with epidemics was thrown out.")

In Uganda, Secretary Thompson discussed this idea with senior government officials, pointing out that in the United States many states have at various times required blood tests before marriage for sexually transmitted diseases like syphilis, without any public protest. Why, then, should there be objections to routine testing for a disease far more deadly, one that threatens entire nations?

Of course, discussions of testing always come back to the social stigma attached to anyone with AIDS, as a result of local cultural taboos that can often lead to losing one's job or being thrown out of one's home — especially for women. One can argue over how deep these so-called cultur-

al taboos really are, but their hold on the (mostly male) elites in Asia and Africa is real enough. However, when these taboos threaten to destroy the culture itself, they must be defied for the health of the overall public — and to save the culture itself.

Finally, in order to make this all happen, we propose that part of international and American financing for AIDS programs be set aside specifically to encourage and carry out testing; that new technologies, like a quick, cheap and reliable saliva swab test, be widely distributed in Africa and other highly affected areas; and that all public education programs be reoriented to stress the importance of testing.

All this may seem self-evident to those who have not been through the AIDS wars, foreign and domestic, of the last two decades. But testing has always been controversial, and it has never received the high priority it deserves. The next big step is simple: expand President Museveni's A.B.C. mantra. Let's add T for testing. Otherwise, AIDS — the ultimate weapon of mass destruction — will continue to spread no matter what else is done. □