and greater numbers with casual partners, 14/35 (40%) v 1/20 (5%), in those attending the hospital based clinic compared with outreach patients. Interviewees reported that location played an important part in their decision as to which site to attend as 46/55 (83%) attended the clinic that was closest to home or work. Lack of awareness of alternative clinics did not seem to be a significant factor influencing the site attended, as 34/55 (62%) were aware of alternatives. Confidentiality and stigma were not stated as important issues.

Demographic and disease data on 209 consecutive attendees at the hospital based clinic and 111 consecutive attendees at the outreach clinic in 2001 were compared (table 1). The data show that outreach patients were more likely to be teenagers, women, African, and first time clinic attendees. STD rates were similar at both sites. These data are similar to those obtained in 1998 although the ethnic mix has changed.

It has long been assumed that stigma and confidentiality were the main influences on patients' access to GUM services and ever since the Monk report there has been a move towards overcoming these barriers. This study shows that the outreach service attracted a new and very different population, in terms of demographics and GUM experience, but the overriding influence on the patients' choice of site of care was closeness to home or work. However, outreach services such as this are also relatively time consuming and expensive compared with the larger clinic. These factors should be strongly considered when developing new outreach services.

M G Brook
Patricia Clements Clinic, Central Middlesex Hospital, Acton Lane, London NW10 7NS, UK
S Tanner, J Green
Department of Clinical Health Psychology, St Mary’s Hospital, London, UK
Correspondence to: M Gary Brook, Patrick Clements Clinic, Central Middlesex Hospital, Acton Lane, London NW10 7NS, UK; gary.brook@whmh.nhs.uk

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Clearance of HPV infection in middle aged men and women after 9 years’ follow up

The age prevalence of human papillomavirus (HPV) cervical infections is high in young age groups, declining sharply thereafter, reaching a steady state after age 40. Women who remain persistent carriers of HPV DNA are considered at high risk for cervical cancer. To investigate viral persistence over an extended period of time, we re-contacted, in 1997–8, a group of women who participated in case-control studies between 1988–91 in Spain, Colombia, and Brazil. Among women with confirmed normal cervical smears, follow up was scheduled for all women positive for HPV cervical detection (n=91) and for a group of age matched women who were HPV negative (n=254). All but one HPV infection were of high risk types. Husbands of these women in Colombia and in Spain, initially detected to be HPV positive (n=110), were also re-contacted. Follow up data were obtained from personal interview and from HPV DNA tested in cervical and urethral (men) exfoliated cells. The follow up protocol was approved by the institution’s ethics committee and participants signed an informed consent. Finally, 198 women (57.4%) and 42 (38.2%) men were re-interviewed. Of them, 99 women provided cervical samples and 14 men provided urethral samples. HPV detection was carried out in the same laboratories that tested the initial samples. The Spanish and Colombian samples were tested using the PMY09/11 PCR L1 based method and the Brazilian samples were tested using the GP5+/6+ PCR system. The average age at entry was 50.8 years for women and 51.9 for men (range 27–79 years). After an average of 9 years of follow up (range 7–11), none of the women examined harboured HPV DNA irrespective of their initial HPV status (table 1). The follow up cervical smear identified three women in Colombia and one in Brazil with a cervical intraepithelial neoplasia grade I. All were HPV negative. Among the HPV positive husbands who were re-examined, two remained positive (14.3%, 95% CI 3.7 to 32.6%), one for low risk type HPV 6 and one for high risk type HPV 16. No penile lesions were detected upon clinical examination. An active search in the corresponding cancer registries did not identify any case of invasive cervical or penile cancer in the target population.

The data, albeit limited by small size, suggest that HPV infection in middle age is subject to clearance as is commonly observed in young women. All participants with follow up information had no HPV infection after an average follow up period of 9 years. None of the women developed advanced cervical disease in the interval as would be expected in some cases of chronic carriers of HPV infection.

Table 1  HPV detection in women and men at entry and at follow up time

<table>
<thead>
<tr>
<th></th>
<th>Spain</th>
<th>Colombia</th>
<th>Brazil</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV status at entry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td>13</td>
<td>31</td>
<td>35</td>
<td>79</td>
</tr>
<tr>
<td>Positive</td>
<td>3</td>
<td>5*</td>
<td>12</td>
<td>20</td>
</tr>
<tr>
<td>HPV status at follow up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td>16</td>
<td>36</td>
<td>47</td>
<td>99</td>
</tr>
<tr>
<td>Positive</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
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<tr>
<td>HPV status at entry</td>
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<td></td>
</tr>
<tr>
<td>Negative</td>
<td>9</td>
<td>5</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>1**</td>
<td>1***</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>HPV status at follow up</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>8</td>
<td>4</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

*One women was positive for a low risk HPV DNA, **HPV 6, ***HPV 16.

S de Sanjose, F X Bosch
Servei d’Epidemiologia i Registre de Càncer, Institut Català d’Oncologia, L’Hospital, Llobregat, Spain
L A Tafur
Universidad del Valle, Cali, Colombia
C M Nascimento
Universidade de Sao Paulo, Brazil
I Izquierdo
Unidad de Epidemiología i Registre de Càncer de Girona, Spain
A Barricarte
Instituto de Salud Pública. Gobierno de Navarra, Pamplona, Spain
K V Shah
The Johns Hopkins School of Public Health, Baltimore, MD, USA
C J L M Meijer
Department of Pathology, VU Medical Center, Amsterdam, Netherlands
N Muñoz
International Agency for Research on Cancer, Lyon, France

Correspondence to: Silvia de Sanjose, Servei d’Epidemiologia i Registre del Cancer, Institut Català d’Oncologia, Gran Via Km 2.7, E08907 L’Hospitalitat, Barcelona, Spain; s.sanjos@icco.scs.es

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