

LETTERS TO THE EDITORS

Inaccurate statements about sexually transmitted infections

To the Editors: One sometimes needs to be provocative to start a debate and push other people into action. However, the desire to be provocative does not mean that scientific rigor can be abandoned. McIlhaney recently published a provocative article (McIlhaney JS Jr. Sexually transmitted infection and teenage sexuality. *Am J Obstet Gynecol* 2000;183:334-9), but we unfortunately consider his reasoning to have been rather sloppy at times.

First, McIlhaney tried to make the point that condoms offer inadequate protection against the most common sexually transmitted diseases. It is not clear exactly on what data he based his assertion that condoms offer inadequate protection from three of the most common sexually transmitted infections, human papillomavirus, herpes simplex virus type 2, and *Chlamydia*. A study in Costa Rica has shown that women whose partners used condoms had a significantly lower risk of being infected with herpes simplex virus type 2.¹ With respect to *Chlamydia*, McIlhaney stated ambiguously, without any further comment, "Condoms offer inconsistent protection." McIlhaney also chose to ignore the overwhelming evidence from Thailand, where a campaign of 100% condom use in brothels was successful in averting a major human immunodeficiency virus epidemic and led to a reduction in the incidence of sexually transmitted diseases, including nongonococcal urethritis.^{2,3}

Second, McIlhaney stated that sexually transmitted diseases lead to increased poverty and higher crime rates. He did not substantiate this assertion with a reference. On the other hand, there is overwhelming evidence—especially in the United States—that sexually transmitted diseases and teenage pregnancies are a problem of poor and marginalized sections of the population more than of the better off. This reality has to be taken into account when designing interventions, which brings us to the strategy that McIlhaney proposed. Although it is commendable that he called for more action by clinicians, he apparently overestimates the impact that clinicians can have. Two centuries after Semmelweis' discovery, we would have thought that there was general consensus that public health interventions, and especially interventions such as sex education, require a multidisciplinary approach if they are to be effective. McIlhaney's proposals are more likely to impede the necessary collaboration among all key partners, including clinicians.

As a last minor comment, we wish to point out that the maternal mortality rate observed by Semmelweis at the Allgemeines Krankenhaus (not Krakenhanse, as given in the article) was around 9.92% in 1847 (and not 20%) according to the reference provided by the author.⁴ This

makes a simple difference of 10,000 to 20,000 deaths per 100,000 live births.

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Reply

To the Editors: Delvaux et al wrote, "First, McIlhaney tried to make the point that condoms offer inadequate protection against the most common sexually transmitted diseases. It is not clear exactly on what data he based his assertion that condoms offer inadequate protection from three of the most common sexually transmitted infections, human papillomavirus, herpes simplex virus type 2, and *Chlamydia*." My statements regarding condom ineffectiveness relied on >130 studies presented to a panel of experts at the National Institutes of Health and National Institute of Allergy and Infectious Diseases meeting, "Scientific Evidence on Condom Effectiveness and STD Prevention," June 12 and 13, 2000. Those presentations support my statements that condoms have been proved to reduce the risks only of human immunodeficiency virus, gonorrhea, and to a small degree *Chlamydia*; protection against other diseases remains unproven.

The correspondents carelessly noted, "Second, McIlhaney stated that sexually transmitted diseases lead to increased poverty and higher crime rates." I actually said, "These nonmarital pregnancies have a negative impact on the future lives of the mothers, fathers, and resulting children," a statement that was based on reliable sources.

The correspondents suggest that I am opposed to a multidisciplinary approach to solving the problems of adolescent sexual activity. Nothing in my article suggests