Absence of awareness of primary HIV infection

Sir—The Lancet's series on HIV provided valuable, timely information. However, the issues concerning clinical care of the HIV-infected individual were fragmented because of the many subspecialties involved, and thus important issues in primary care were lost. A striking example of this neglect was the way primary HIV infection was dealt with. Several contributors failed to denote important aspects of acute infection (eg, clinical picture and laboratory diagnosis), and some inaccurate statements were made (ie, "primary HIV infection is commonly symptomless" and "is sometimes identifiable"). Many experts will agree that the importance of primary HIV infection cannot be overemphasised for the following reasons.

First, symptomatic primary HIV infection is by no means rare. Its absence of awareness at an age when they do not often need medical help. For HIV-infection is by no means rare. Its result the immune system might be incapable to contain the virus effectively, as discussed by Feinberg. Fourth, recognition of primary HIV infection allows counselling of young individuals, at an age when they do not often need medical help.

Prompt diagnosis of primary HIV infection allows counselling and a high chance to change risk behaviour at an early and, given the high level of viraemia, contagious stage of infection. In addition, identification of a patient with primary HIV infection necessarily implies the existence of a source case of infection, and therefore contact tracing might be more feasible. Altogether these interventions could have a great impact on the spread of the epidemic. Last, we should not miss the unique opportunity to learn more about how the immune system combats HIV by studying acute infection. Thus, every effort should be made to recognize and diagnose symptomatic primary HIV infection.

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Change in male:female ratio among newborn babies in Netherlands

Sir—Möller (Sept 21, p 829) reports a decline in the proportion of male newborn babies in Denmark between 1951 and 1995, possibly indicative of new reproductive hazards ascribed to environmental oestrogens. If this hypothesis holds true, a similar decline in other countries with such chemical exposures would be expected. Therefore, we analysed the data on newborn babies in the Netherlands, provided by the Central Bureau of Statistics, to test the Danish hypothesis, and used linear regression analysis.

The male proportion of newborn infants in the Netherlands decreased significantly from 0·516 in 1950 to 0·513 in 1994, which is similar to the decrease found in Denmark (figure). Annually, the male proportion decreased by 0·083 per 1000 livebirths (95% CI 0·110–0·057 per 1000 births). Between 1950 and 1994, the male to female ratio was somewhat higher than in later years. Excluding this period from the analysis, the decrease in the male proportion remained statistically significant with an annual decrease of 0·058 per 1000 births (0·028–0·089).

Our finding of a decreasing ratio of male to female newborn babies in the Netherlands can only add to concern about the potential hazards of environmental endocrine disruptors. Investigations should continue into the short-term and long-term effects of chemicals on human reproduction.

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