

nity which Prof. Ferrazzi³ might find of interest. In the review, we tried to provide a comprehensive picture of the methods that can be used to help these couples to conceive safely by discussing the advantages and disadvantages of the semen washing method coupled to insemination or extra-corporeal fertilisation. Reference 49 is correct. The year of the Barcelona International AIDS Conference was indeed 2002, but Prof. Ferrazzi should know that according to the editorial rules of biomedical journals, it is possible to include only six authors per reference. Data reported in table 1¹ are extracted from the abstract and are therefore correct. Finally, Dr Semprini's institutional address is indeed correctly reported, as he is appointed as a Research Fellow of the Department of Clinical Sciences of the University of Milan. ■

References

- 1 Gilling-Smith C, Nicopoulos J, Semprini A, Frodsham L. HIV and reproductive care—a review of current practice. *BJOG* 2006;113:1–10.
- 2 Pasquier C, Anderson D, Andreutti-Zaugg C, Baume-Berkenbosch R, Damond F, Devaux A, et al. CREAThE Network. Multicenter quality control of the detection of HIV-1 genome in semen before medically assisted procreation. *J Med Virol* 2006;78:877–82.
- 3 Ferrazzi E. HIV and reproductive care—a review of current practice. *BJOG* 2007;114:511–12.

HIV and reproductive care—a review of current practice

Author's Reply

Sir,

In 1987, nearly 20 years ago, Dr Augusto Semprini devised the semen washing method to remove cell-free and cell-associated HIV from the ejaculate of men infected with HIV, willing to have a child with their seronegative partner. He pioneered this method for many years in Milan and helped other centres in Europe to start their own programmes of assisted conception for HIV-discordant couples, including that established in the UK by his co-authors in the review article 'HIV and reproductive care—a review of current practice'.¹ Nearly all European centres working in this field have now joined the collaborative network, CREAThE (as discussed in the article), to foster collaboration and establish a common database to monitor quality of care provided to couples infected with HIV. The database currently includes approximately 5000 cycles of assisted conception provided by 13 centres in ten countries, with a follow-up rate exceeding 95%. The network was established in 2001 and Augusto Semprini, as its president, is pleased to report that it has already published several research letters and articles, underlying the benefits of collaborative efforts in this particular field, e.g. a multicentre quality control of the detection of HIV-1 genome in semen before medically assisted procreation.² CREAThE is open to any other centre providing fertility care to couples with transmissible pathogens, willing to provide good quality data on their activity, an opportu-

C Gilling-Smith,^a JDM Nicopoulos,^a AE Semprini^b & LG Frodsham^a

^aAssisted Conception Unit, Chelsea & Westminster Hospital, London, UK

^bDepartment of Clinical Sciences 'L. Sacco', University of Milan, Ospedale Luigi Sacco Milan, Italy

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