The recent article on scaling up programmes to prevent sexual human immunodeficiency virus (HIV) transmission is timely and addresses a compelling topic. However, there are two points that should be emphasized in understanding how to organize an effective response to China’s expanding sexually transmitted HIV epidemic: (i) the heterogeneity within China’s commercial sex industry; and (ii) the unique organizational and social forces that constrain responses.

First, China has >6 million female sex workers (FSWs), based on conservative estimates derived from self-reporting in a population-representative sample. Public health and social science research from China suggests that there are distinct typologies of FSW, each with distinct workplaces and sexual risks (Table 1). Several studies show that low-income FSWs in China have a higher risk of syphilis and other sexually transmitted infections (STIs), including one systematic review of 72 studies that found a 2-fold increased risk of syphilis among low-income FSWs. Yet, there have been few interventions focused on low-income FSWs and methodologically rigorous epidemiological studies are limited.

Second, some sources have described sex work as ‘illegal’ in China, but this does not appreciate the complex relationship between women who sell sex and local authorities. A common Chinese saying is that police have ‘one eye open and one eye closed’ when considering sex work. Male police and other local authorities have many incentives both to curtail and to permit commercial sex. A better understanding of these local relationships informed by epidemiology and social sciences could help illuminate strategies for FSW HIV prevention.

Given the remarkable heterogeneity in sociodemographics and sexual risk among FSWs in China, simple policy solutions or importing models from Asian successes should be viewed with caution. Policy solutions for preventing heterosexual HIV that resonate with local FSWs and acknowledge the embedded and highly contextual nature of sexual risk have not been piloted in China and are far from scaling up. More research and programmatic efforts to identify and curb high-risk commercial sex are urgently needed.

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Table 1 Chinese FSW typologies and their workplace and approximate sexual risk

<table>
<thead>
<tr>
<th>FSW typology (Mandarin name)</th>
<th>Workplace and organization</th>
<th>Income and demographics</th>
<th>Approximate sexual risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second wife (e nai)</td>
<td>Hired for a period by a single client, self-employed</td>
<td>High income</td>
<td>Low sexual risk, although limited data²</td>
</tr>
<tr>
<td>Courtesan</td>
<td>Works at hotel or VIP club, self-employed</td>
<td>High income, well-educated, young</td>
<td>Low sexual risk, although limited data²</td>
</tr>
<tr>
<td>Karyoke girl</td>
<td>Employed by manager at an entertainment venue</td>
<td>Middle income, middle-level education, young</td>
<td>Intermediate sexual risk,³ although limited data</td>
</tr>
<tr>
<td>Internet girl</td>
<td>Solicits sex online</td>
<td>Variable</td>
<td>Limited data</td>
</tr>
<tr>
<td>Massage girl (anno nu)</td>
<td>Employed by manager at a massage parlour</td>
<td>Middle income, middle-level education, young</td>
<td>Limited data</td>
</tr>
<tr>
<td>Beauty parlour girl (falang xiaojie)</td>
<td>Work in salon or small roadside shop, sometimes with a manager</td>
<td>Mid-low income, young to middle age</td>
<td>Higher sexual risk based on behaviours and biomarkers⁴,⁶,¹⁰</td>
</tr>
<tr>
<td>Street walking (zhanjie nu)</td>
<td>Solicit on street or near hotel, self-employed or with pimp</td>
<td>Low income, low education, older</td>
<td>Higher sexual risk based on behaviours and biomarkers⁴,⁶,¹⁰</td>
</tr>
<tr>
<td>Factor girl (gongpeng nu)</td>
<td>Solicit in construction areas, usually with pimp</td>
<td>Low income, low education, older</td>
<td>Limited data</td>
</tr>
</tbody>
</table>

Low-income FSW categories shaded.³
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References

Football matches and acute cardiac events: potential effects of a complex psychosocial phenomenon on cardiovascular health
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Football is a highly popular sport in many countries worldwide. Debate about the association of acute cardiovascular events with watching thrilling football matches goes on. In the latest contribution, Barone-Adesi et al.1 reviewed the literature on the issue and concluded that spectators are at negligibly increased or no particular cardiovascular risk whatsoever. However, a body of evidence clearly suggests the opposite. With the jury still out, we are awaiting eventual reports on the phenomenon during the World Cup in South Africa.

Research evidence
Although a recently published research with systematic review1 and accompanying commentary2 favours the hypothesis that the association between football matches and cardiovascular incidents, if any, is not important, a general overlook of published studies suggests that this should perhaps not be the final conclusion. Among four studies of hospital admissions for acute cardiovascular diseases,1,3–5 two reported no association with the timing of football matches.1,4 In contrast, admissions for myocardial infarction were increased in England for 2 days after the penalty elimination of the national team.3 In the only prospective and otherwise methodologically superior German study,5 a 2.7-fold increase in the incidence of cardiac emergencies was observed when the national team played; the risk was particularly pronounced in men and among patients with pre-existing coronary disease, and peaked ~2 h after the start of the match.

More convincingly, among seven studies on cardiovascular mortality,6–12 four found an increased mortality, particularly for men,6,10–12 and one found such a trend in a match with a penalty shoot-out decision.8 A completely opposite association was observed during the 1998 World Cup when, in the finals, France