100 000 new HIV infections per year, an equal number of AIDS-related deaths, and 2·7 million years of life lost.[5]

Programmes aimed at improving blood safety and eradicating the use of non-sterile injections in developing countries should be considered as global priorities in the fight against HIV/AIDS. These interventions would also limit the spread of the other two major bloodborne diseases, hepatitis B and hepatitis C.[2–5]

I declare that I have no conflict of interest.

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## Antiretrovirals for employees of large companies in Cambodia

Heineken reports providing highly active antiretroviral therapy (HAART) to its workers in Africa (Aug 5, p 547).[1] However, we note its failure to provide similar treatment in Cambodia, specifically to its women beer-sellers.[2,3]

The workplace risks from nightly alcohol overuse, violence, forced sex, and HIV/AIDS for sellers of Heineken (and part-owned brands Tiger, ABC, and Anchor) are alarming. Vendors of more than 25 brands compete for the custom of male beer-garden clients. Since company salaries are insufficient by half to support their families, many beer-sellers require secondary incomes, some resorting to paid sex with their customers. Condom use could decline when beer-sellers are urged or forced to drink heavily by male clients.[2,3] Among Siem Reap beer-sellers, HIV prevalence varied around 21·7% in 1995–2003.[4]

Heineken does not apply its own international health policies, including provision of HAART, to its saleswomen in Cambodia, suggesting that such women are classed as "promotion and advertising costs", but not "workers".

We applaud Heineken's vanguard role with predominantly male brewery workers in Africa and hope other companies will follow suit. We would suggest, however, that Heineken follow up its African success story by providing antiretroviral treatment to its female beer-sellers as well as other workers, thus eliminating this gender-specific discrimination. With a prevention education programme and company doctor in place in Phnom Penh, the supply of antiretroviral treatment and medical help should be readily feasible for a small annual investment; likewise, adequate salaries.[5]

TvM has no conflict of interest. BCD, SK, and IL have helped conduct workshops and peer educator programmes for beer-sellers and clients in Siem Reap, Cambodia. IL has been in contact with Heineken executives during 2002–06.

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## Neonatal respiratory distress after antenatal corticosteroids

The study by Caroline Crowther and colleagues (June 10, p 1913)[1,2] has three major limitations: it does not investigate the dose-response relation of corticosteroids, it does not provide a stratified analysis based on gestational age, and it uses non-standard criteria to define severity of lung disease.

To be specific, 42%, 22%, 11%, and 25% of babies were exposed to one, two, three, or at least four additional corticosteroids doses, respectively; however, the growth variables are presented for the total population with *Z* scores. Whether a dose-dependent reduction in these variables was seen, especially in babies exposed to the highest number of corticosteroids doses, is not clear.[3]

The morbidity data are stratified into three gestational ages, with most babies (51%) being in a single group of 28–33 weeks. Surely the morbidities seen in babies born at 28 weeks' gestation are markedly different from those born at 33 weeks' gestation. No further breakdown for each gestational age is given, which leads one to wonder whether more babies in the placebo group were born closer to 28 weeks' gestation or farthest along after receiving the first course of corticosteroids, and what proportion of babies at each gestational age received two or more additional corticosteroid doses. More importantly, was there a correlation between the number of corticosteroid doses, gestational age, and the reduction in cardiorespiratory morbidities between and within each treatment group?

The rationale for choosing mean airway pressure and fractional inspired oxygen instead of the widely used oxygenation index[4] and ratio of partial pressure of oxygen in arterial blood to partial pressure of airway oxygen ($PaO_2/PAO_2$) to reflect pulmonary disease also remains unclear.