

# Highlights from this issue

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This month we continue a Eastern European theme,<sup>1–4</sup> with a report by Platt *et al*<sup>5</sup> on STI and violence among indoor sex workers. Migrant sex work generates much heat and less light in the press, and we are delighted to publish this high quality, along with an editorial by Professor Helen Ward,<sup>6</sup> former Editor and an eminent authority in this field. The regulation of sex work, through health or policing regulations, goes back to the roots of our clinical and academic disciplines, and perverse consequences endlessly emerge from well-meaning initiatives. Only last year we published an Australian study which demonstrated the waste of resources—and displacement of needy patients—resulting from regulations requiring frequent checkups for sex workers.<sup>7</sup> The challenges will continue to evolve and vary across the globe, and it is important that policymakers have high quality data that allows them to act based on evidence, rather than ‘mediasteria’.

The vexed question of whether chlamydial infection increases the risk of cervical intraepithelial neoplasia is addressed by Lehtinen *et al*,<sup>8</sup> using data from two large HPV vaccine trials. An accompanying editorial by Miller and Ko<sup>9</sup> explores the implications of this study.

Sikasote *et al*<sup>10</sup> provide important lessons in the care of people testing negative for HIV, in a Zambian mining community. They explore motivations for testing—the majority reported life changes some months before attending for testing. The authors conclude that there are unmet post-test support needs, including information, life-skills training and supportive networks. The findings have implications for both developing and developed world settings—among all high prevalence communities we need to support HIV negative individuals in remaining negative.

We offer clinical education this month in the form of an Editorial by Goldmeier and Petrak<sup>11</sup> which providing advice on how to recognise—and what to do about—sexual addiction in the sexual health clinic setting. It is increasingly accepted that the

STI clinic can provide a useful setting for the identification, and initial care, of alcohol and drug problems. As structures of sexual healthcare evolve, sexual health clinics may increasingly be seen as a ‘gateway’ to other services—a role already familiar to general practice in the UK, but raising new challenges for the traditionally insulated and determinedly confidential genitourinary medicine clinics. You will see that the authors have provided questions, to which you can give and check your answers online for CPD credits. Please tell us what you think, and let us know of other topics on which we should be commissioning educational materials.

Patients often ask us whether they could have acquired their genital warts from warts elsewhere on their body, and whether they could pass genital warts on to their children or household contacts. Hernandez *et al*<sup>12</sup> show data suggesting that warts elsewhere may indeed be a reservoir for auto-inoculation. Another possibility, as the authors suggest, is that some individuals have a general susceptibility to HPV infection—however the fact that the association was strongest for untyped warts, and for types 6/11 tends to undermine this explanation. This will be a useful study for clinicians advising warts patients, who still lack reliable, quick effective treatments. Readers of this article will also want to look at a paper by Ghanem *et al*<sup>13</sup> which explores the association between current hormonal contraception use and HPV detection.

Clinicians are also challenged when patients ask us how to prevent bacterial vaginosis, which is a common problem among women who have sex with women. Unfortunately Marrazzo *et al*’s patients adhered to a behavioural intervention, this did not reduce rates of BV persistence.<sup>14</sup> In evidence based medicine, we need to know what doesn’t work, as well as what doesn’t work, so this is a welcome addition to the literature.

Don’t forget that we welcome your letters, book reviews and other ‘fillers’, which make the journal more interesting by reaching the places that research

cannot (yet) reach—and look at the blog for regular, breaking STI and HIV news.

**Provenance and peer review** Not commissioned; internally peer reviewed.

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