We are increasingly recognising that re-infection is common, and so strategies to re-test individuals who have already tested positive are an important part of STI control. This is well recognised in sexual health services, which are increasingly using recalls and messaging to encourage re-attendance. As Bowring et al. show this month, this message needs to be promoted to all sexual health providers. In a population of women testing positive for Chlamydia in Australian general practice, 40% attended and were re-tested over the following year, but another 40% re-attended and were not re-tested. Sixteen per cent of those re-tested were diagnosed with Chlamydia.

The question of where care is, and should be, is an increasing challenge for cost-effectiveness of the clinic for young people was compared with the accessibility of the clinic by telephone, using medical students to make calls. Clinicians’ expectations were overoptimistic, and there was substantial difference between the two UK countries—England, which until recently had an access target, performed best.

We have several clinically focused papers this month. Zhou et al. report cases of secondary syphilis that progressed to neurosyphilis despite apparently adequate therapy—they emphasise the need for vigilance and investigation post-treatment. Some years after the re-emergence of lymphogranuloma venereum in Europe, we report the a symptomatic female case. Not everything that affects the genital is a conventional STI, and we also report a case of epididymitis associated with Panton-Valentin leucocidin Staphylococcus aureus. Wilkinson et al. report factors for chlamydia infection in Australian MSM (men who have sex with men), helpful in targeting chlamydia testing in this population.

Access to HIV testing remains restricted to medically overseen settings in many countries. Greacen et al. report on use of unauthorised HIV tests, obtained online, among French speaking MSM using the internet. Very few reported using an online HIV test, but those who had reported high rates of unprotected anal intercourse, and were more likely to conceal homosexual behaviour. Access to online testing may be particularly important for this vulnerable population.

As always, we report a range of global research, including Wang’s interesting systematic review on partner notification in China which also describes current policy and operation across China. Wu et al. describe clustering of syphilis in China, and present a spatial approach to targeting interventions. Chacko et al. present a systematic review, that demonstrates generally poor adherence to post exposure prophylaxis, which was nevertheless higher in developing countries and has implications for prescribing. Finally, a peer education programme for male sex workers in Kenya provided good access to a stigmatised and marginalised population with promising results, but needs to be part of a wider programme of prevention activities.

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REFERENCES


