

# Highlights from this issue

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Jackie A Cassell, *Editor*

Like all journals, STI increasingly functions 'in the cloud', with our podcasts, tweets and blogs forming an ever richer addition to the traditional online journal. We hope that you have explored our various online offerings, and always welcome new contributors. So it is good to see our first randomised controlled trial in cyberspace this month, presented by Kang *et al*<sup>1</sup>. The 'white hot technological revolution' of the new millennium, the internet has been prophesied to solve all problems, with telecare, electronic health records and social marketing gone wild. So what does a real RCT look like? Kang *et al* set up a website from which intervention subjects were invited using 'personalised' communications to have a chlamydia test, while control subjects received similar but 'non-personalise' invites. The target sample size was not achieved, and those who engaged with clinicians online (a predictor of testing) may have been different from those who did not. This interesting study presents challenges to our methods of evaluation. What is the place of online approaches to testing alongside real life contact with health professionals? How should online mass testing ensure that individuals at higher risk—for example some ethnic groups, or men who have sex with men—receive appropriate counselling and advice.

Related to this is the problem of how we understand the populations we are dealing with, and formulate health promotion plans and services. Like health services, research studies reach some and not others—Wei *et al* compare the potential for respondent driven sampling (RDS) and time-location sampling to reach black men who have sex with men (MSM)<sup>2</sup>. In their USA study, Wei *et al* found that their RDS sample identified a more diverse and possibly higher risk group of men, identifying a group most hidden from intervention research and service delivery. What approaches can we use to get these higher risk men into

services? The need to understand, in order to reach, vulnerable populations is re-emphasised in the paper by Mor *et al*<sup>3</sup>, who explore Israeli MSM. Street and internet sex workers had comparable rates of STI/HIV and sexual practices, compared with other male sex workers and—importantly—higher risk MSM in general. What does this mean for service provision and targeting of appropriate services?

There is growing interest in the potential for non-specialist health services for detecting HIV. Thornton *et al*<sup>4</sup> explored the attitudes of staff in the UK, a decade after the normalisation of HIV testing in antenatal women. While they found widespread support, it is disappointing that barriers were still perceived around the time taken to conduct tests, and manage results—clearly the lessons of normalisation within antenatal care have not been widely learned. Wu *et al*<sup>5</sup> explore a similar theme in Taiwan, emphasising the need to ensure repeat testing among higher risk individuals within their Voluntary Counselling and Testing service.

Baseline data for the effectiveness of HPV vaccination programmes are sorely needed, so we are pleased to present two Danish papers which provide important background. Munk *et al*<sup>6</sup> present clinical data on reported genital warts, in which 8% of men aged 18–45 reported at least one episode. Nielsen *et al*<sup>7</sup> report a wide range of lower risk HPV types in women with low grade cervical abnormalities, yet which are rarely present without higher risk HPV types in patients with severe cervical lesions.

An issue of STI rarely passes without the publication of interesting new data on condom use. This month, a fascinating paper by Matson *et al*<sup>8</sup> explores the relationship between intimacy and condom use among African-American adolescents. They emphasise that young women's expectations and beliefs create a need for prevention to focus on reducing

infection through interventions aimed at sexual networks, rather than individual behaviours.

Next year, STI will begin with a special issue on exploring reinfection and re-testing, which has been Guest Edited by Katy Turner and Matthew Golden. We are also looking forward to supplements on drug resistant *Neisseria gonorrhoeae* and on *Trichomonas vaginalis*, an often neglected organism. On behalf of all our editors, I wish you the best for the festive season and a happy New Year.

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**Provenance and peer review** Commissioned; peer reviewed.

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