# Highlights from this issue

doi:10.1136/sextrans-2013-051066

Jackie A Cassell, *Editor*

Point of care testing for chlamydia is an evolving story, and readers will be pleased to see an authoritative update in this month's editorial by Jain and Ison.[1] This is a fast moving field of research, and the potential of meatal swabs to open up self-testing for *Chlamydia trachomatis* by men is explored in an interesting paper by Chernesky *et al*.[2] Huang *et al*[3] also report in this issue on the cost-effectiveness of a new POCT (point of care test), while a letter from Stack[4] describes an HIV POCT algorithm. Gradually, medicine is feeling its way back to the immediacy of the history and examination—our patients want quick answers, and with dark ground and gram stain microscopy being consigned to history, along with the RPR, and the turnaround time of traditional NAATs we need a new generation of POCTs, many of which will also be used remotely.

Point of care testing presents new challenges for surveillance and data management. We are reminded in this month's Editor's Choice by Lowndes *et al*[5] of continuing felt need for confidentiality in a report which for the first time estimates HIV non-disclosure by HIV diagnosed men in London STI clinics. Using an anonymous seroprevalence survey, the authors scrutinised HIV positive samples reported as undiagnosed, and found a substantial proportion of individuals to have a very low viral load, with antiretrovirals present. This non-disclosure of HIV presents a number of challenges and dilemmas both for clinics and surveillance systems. It also links with the subject of this month's BASHH column,[6] which explores patient confidentiality in sexual health services in the age of electronic health records. A major concern is the potential for linkage—deliberate or accidental—of highly sensitive sexual behaviour data into routine medical notes. This could have consequences for trust in sexual health services, and thus on their effectiveness in minimising transmission.

In this month's case reports, we see syphilis again as a 'great pretender', in this case mimicking inflammatory bowel disease in an adolescent[7]—and a report of diphtheria causing sexually transmitted non-gonococcal urethritis.[8]

Our educational article addresses the topic of treatment for non-albicans *Candida* species—this helpful summary by Davies *et al* will be a useful guide for clinicians.[9] Of related interest is a paper on vaginal flora and immunity by Silva *et al*.[10] Many of you will recall last year's editorial by Sobel on our lack of therapeutic knowledge on genital malodour.[11] As POCT develop, it is important that we develop a better scientific knowledge of the less easily characterised problems that our patients present. Perhaps this will take genitourinary medicine in new directions from microbiology perhaps even to nutritional science—who knows.

In the age of DNA amplification tests, false positives due to contamination of clinical surfaces has emerged as a worry. In a carefully planned empirical study, Chan *et al*[12] simulated the processing of specimens, with reassuring results for the credibility of positive results in a clinical setting. On a related theme, sex toys appear to be a risk factor for syphilis among men who have sex with men (MSM) in a French case-control study.[13] When did you last talk to your patients about cleaning sex toys?

We have a range of epidemiological articles on HPV, ranging from trends in the Czech Republic[14] to a reported association between HPV and HIV in Uganda[15] and high reported incidence in a Kenyan cohort.[16] Sheringham *et al* present a systematic review exploring the relationship between socioeconomic status,[17] which demonstrates the limitations of the current literature. The authors suggest that education is most commonly objectively associated with measures of chlamydia morbidity. This has interesting implications for the many post compulsory education based chlamydia screening interventions, some of which have been explored in this journal (Jenkins *et al*[18] and Johnson *et al*[19]).

Other topics to look out for are behavioural changes in Estonia,[20] PREP intentions in MSM, the contribution of external infections to HIV acquisition in serodiscordant couples,[21] HIV and STI among Panaman sex workers,[22] and the estimation of MSM population size.[23]

## REFERENCES


1. **Jain A,** Ison CA. Chlamydia point-of-care testing: where are we now? *Sex Transm Infect* 2013;**89**:88–89.
2. **Chernesky MA,** Jang D, Portillo E, *et al*. Self-collected swabs of the urinary meatus diagnose more Chlamydia trachomatis and Neisseria gonorrhoeae infections than first catch urine from men. *Sex Transm Infect* 2013;**89**:102–104.
3. **Huang W,** Gaydos CA, Barnes MR, *et al*. Comparative effectiveness of a rapid point-of-care test for detection of Chlamydia trachomatis among women in a clinical setting. *Sex Transm Infect* 2013;**89**:108–114.
4. **Stack R,** Mandalia S, McOwan A. Do HIV POCT testing algorithms help in clinical practice? *Sex Transm Infect* 2013;**89**:99.
5. **Sullivan AK,** Savage EJ, Lowndes CM, *et al*. Non-disclosure of HIV status in UK sexual health clinics—a pilot study to identify non-disclosure within a national unlinked anonymous seroprevalence survey . *Sex Transm Infect* 2013;**89**:120–121.
6. **Poulton M**. Patient confidentiality in sexual health services and electronic patient records. *Sex Transm Infect* 2013;**89**:90.
7. **Vasconcelos P,** Borges-Costa J, Loreto H, Marques S. Secondary syphilis mimicking inflammatory bowel disease. *Sex Transm Infect* 2013;**89**:98–99.
8. **Berger A,** Lensing C, Konrad R, *et al*. Sexually transmitted diphtheria. *Sex Transm Infect* 2013;**89**:100–101.
9. **Davies S,** Johnson E, White D, *et al*. How to treat persistent vaginal yeast infection due to species other than Candida albicans. *Sex Transm Infect* 2013;**89**:165–166.
10. **Marconi C,** Donders GG, Parada CMGL, *et al*. Do Atopobium vaginae, Megasphaera sp. and Leptotrichia sp. change the local innate immune response and sialidase activity in bacterial vaginosis? *Sex Transm Infect* 2013;**89**:167–173.
11. **Sobel JD**. Genital malodour in women: an unmet therapeutic challenge Sex Transm Infect 2012;**88**:238.
12. **Chan SY,** Jose S, King R, *et al*. How likely is environmental or patient cross-contamination of Chlamydia trachomatis DNA to lead to false positive results in patients attending our clinic? *Sex Transm Infect* 2013;**89**:105–107.
13. **Champenois K,** Cousien A, Ndiaye B, *et al*. Risk factors for syphilis infection in men who have sex with men: results of a case-control study in Lille, France. *Sex Transm Infect* 2013;**89**:128–132.
14. **Hamsikova E,** Ludvikova V, Stasikova J, Tachezy R. Cross-sectional study on the prevalence of HPV antibodies in the general population of the Czech Republic Sex Transm Infect 2013;**89**:133–137.
15. **Tobian AAR,** Grabowski MK, Kigozi G, *et al*. High-risk human papillomavirus prevalence is associated with HIV infection among heterosexual men in Rakai, Uganda. *Sex Transm Infect* 2013;**89**:122–127.
16. **Backes DM,** Snijders PJF, Hudgens MG, *et al*. Sexual behaviour and less frequent bathing are associated with higher human papillomavirus incidence in a cohort study of uncircumcised Kenyan men. *Sex Transm Infect* 2013;**89**:148–155.
17. **Sheringham J,** Mann S, Simms I, Stafford M, Hart GJ, Raine R. It matters what you measure: a systematic literature review examining whether young people in poorer socioeconomic circumstances are more at risk of Chlamydia. *Sex Transm Infect* 2013;**89**:175–180.
18. **Jenkins WD,** Weis R, Campbell P, Barnes M, Barnes P, Gaydos C. Comparative effectiveness of two self-collected sample kit distribution systems for chlamydia screening on a university campus. *Sex Transm Infect* 2012;**88**:363–7.
19. **Johnson SA,** Simms I, Sheringham J, Bickler G, Bennett CM, Hall R, Cassell JA. The implementation of chlamydia screening: a cross-sectional study in the south east of England. *Sex Transm Infect* 2010;**86**:217–21.
20. **Liivlaid H,** Uusküla A. Changes in high-risk sexual behaviour among Estonian adults between 1996 and 2006. *Sex Transm Infect* 2013;**89**:91–97.
21. **Chemaitelly H,** Abu-Raddad LJ. External infections contribute minimally to HIV incidence among HIV sero-discordant couples in sub-Saharan Africa. *Sex Transm Infect* 2013;**89**:138–141.
22. **Hakre S,** Arteaga G, Núñez AE, *et al*. Prevalence of HIV and other sexually transmitted infections and factors associated with syphilis among female sex workers in Panama. *Sex Transm Infect* 2013;**89**:156–164.
23. **Chen H,** Zhang Y, Tan H, *et al*. Estimating the population size of men who have sex with men: a modified Laska, Meisner and Siegel procedure taking into account internet populations. *Sex Transm Infect* 2013;**89**:142–147.