You’ll see that this is a very special issue. We have brought together two mini-themed issues, both reflecting on social, legal and ethical issues of wide interest. David Gurnham of the University of Southampton is leading a series of seminars, funded by the UK’s Economic and Social Research Council on ‘Criminalising Contagion’ which some of our readers may have attended. We are delighted that he is Guest Editing a series on this topic. We present some research papers which will encourage deeper understanding and wider discussion of emerging political and legal debates about criminalisation. Gurnham’s introductory editorial1 reflects on the papers presented here, which form part of a wider series co-hosted by sister BMJ Publishing journals, the Journal of Medical Ethics, and Medical Humanities.

I am also grateful to Nicola Low, Deputy Editor, for commissioning a collection which reflects on the lessons of the Guatemala syphilis inoculation experiments whose archive appalled the world last year. Jonathan Zenilman’s authoritative editorial2 is accompanied by reflections from a variety of disciplines on the implications of these experiments. It is sobering to reflect that they took place in the light of day, with the knowledge and support of well-respected physicians in positions of authority. What are the lessons for our own generation?

Alongside these mini-themed issues, we have an interesting selection of research. Dize et al3 have compared penile-meatal swabs with urine samples, taken at home by men. Though a small study, their finding that the swabs detected more infections suggests that this may be an under-used testing modality. In particular, it may reduce the need to post urine which is a barrier to home testing.

The need for point-of-care (POC) tests is increasingly emphasised and is addressed in a systematic review of gonococcal POC tests by Watchirs Smith4 which will be a helpful guide especially in high prevalence settings.

UK readers have long awaited full publication of the series of HIV testing demonstration projects which were funded by England’s Department of Health. We are delighted to present results of the Leicester HIV testing setting. Platt et al5 show that they took place in low prevalence is accompanied by even lower testing, and late diagnosis.

Health-related risks of female sex workers (FSWs) are a matter on which strong opinions are held, but it can be hard to find evidence relevant to a particular setting. It is good to see a systematic review which will help practitioners plan and prioritise FSW services. Platt et al6 show that context and—at least for HIV—community of origin are both important. This paper is interestingly complemented by an exploration of non-commercial partnerships in FSWs7 which reminds us of the need to take into account these important aspect of risk for FSWs.

We report a study which used Facebook to explore HPV knowledge in young women.8 It is an interesting approach to recruitment of young people which we will no doubt see more. And finally, a report on the epidemiology of HTLV-1 and HTLV-2 in Argentina reminds us of less common STIs, which we may encounter from time to time.9

Competing interests None.

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REFERENCES
Highlights from this issue

Jackie A Cassell

Sex Transm Infect 2013 89: 273
doi: 10.1136/sextrans-2013-051188

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