An epidemic of Lymphogranuloma venereum, previously considered a near-extinct and largely ‘tropical’ STI persists in Europe following the recognition of ongoing transmission in 2003. Hughes et al present a detailed analysis of the UK outbreak, exploring changes in the characteristics of affected men in the different phases of the epidemic. Their demonstration of the value of enhanced surveillance data in disease control sits nicely alongside De Vries et al’s description of the clinical features of this epidemic, emphasising the variety of symptoms (or none). They emphasise that the diagnosis can easily be missed, and consider that it should be excluded in all chlamydia positive men who have sex with men (MSM). On a related note, Jurstrand et al present a study demonstrating through analysis of archival samples new variant Chlamydia trachomatis in Sweden was present in 2003, some 3 years before it was detected. With increasing dependence on nucleic acid tests, there is no doubt that we will in future see organisms slip under the diagnostic net.

This month’s editorials are complementary, focussing on the provision of effective and appropriate services for vulnerable sexual minorities. Cohen et al focus on the 2011 WHO recommendations for prevention of HIV and STI in MSM and transgender people. This provides a roadmap for implementation, in which we all have a part to play. International co-operation is equally demonstrated in a Schmidt et al’s comparison of STI testing services for MSM across Europe. The authors demonstrate wide variation in the accessibility and comprehensiveness of testing facilities, with implications for prevention and surveillance data. Nardone reflects on the implications of these findings, emphasising the need for leadership, resources and advocacy for best practice on an international level.

Patients are not always forthcoming about their HIV diagnosis, even in a sexual health setting as shown in a recent paper in this journal. Datta et al have taken this further, estimating the extent of STI testing away from usual HIV provider in a panel of MSM—this is relatively uncommon but not rare, though the extent probably varies by geography. The emergence of testing kits available over the internet will in future see organisms slip under the diagnostic net.

Pharyngeal swabs are not much fun for clinician or patient, and this state of affairs will have to continue, according to Mitchell et al. In an analysis of their electronic records system, linked with physician report of changes in technique following training, they show increased isolation rates by those who reported increasing pressure and swabbing area. ‘Deep throat’ is the policy.

Neonatal herpes is relatively uncommon in the UK and many other Western countries, but remains a major problem in many settings. Sudfeld et al have used seroprevalence in a cohort of young Malawian women to assess likely risk, concluding that there are high rates of seroconversion as childbearing begins. It seems likely that retention of girls in education could reduce neonatal herpes infection, by increasing the gap between sexual debut and childbearing.

Measurement of sexual behaviour remains a holy grail for STI and HIV researchers. Béhanzin et al demonstrate a striking increase in disclosure of stigmatised behaviours (extramarital, commercial and anal sex) using a polling booth technique, by contrast with face to face interviews.

Last, but not least, we have a broad reaching meta-analysis of HPV acceptability in men, an interesting exploration of urethritis treatment by variety of Kenyan providers, STI testing after post-exposure HIV prophylaxis and our regular Programme Science column.

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REFERENCE
