

Highlights from this issue

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Lymphogranuloma venereum (LGV) re-emerged in Western Europe in 2003, and has arguably now regained endemic status in many countries. It remains largely contained within a population of men who have sex with men (MSM) with high rates of other sexually transmitted infections (STIs) including HIV, though a first female case was reported in *Sexually Transmitted Infections* in 2012.¹ The first outbreak of a re-emerging STI, LGV has been the subject of a good deal of interest from epidemiologists—for example a recent article reflected on the challenges of interpreting epidemic dynamics from cross-sectional data.² This month, we bring together four papers on LGV in a mini-series. De Vries *et al* present a fascinating case series, with some important clinical lessons which will no doubt generate debate as we continue to optimise testing and treatment guidelines for LGV.³ An analysis of clinical predictors of LGV by Pallawela *et al* reflects on the predominance of anal symptoms which in the light of LGV now need to be considered as potentially indicating an STI.⁴ Taking a wider epidemiological perspective, MacDonald *et al* use their multi-centre case-control study to describe groups who would particularly benefit from frequent screening and other interventions.⁵ However, detailed analysis of LGV repeaters using surveillance data convinced Rönn and colleagues that behaviour alone does not explain reinfection, which they see as related to centrality in sexual networks. This story seems set to run, and will continue to teach us lessons for future outbreaks of re-emergent or novel STIs.

Testing for gonococcal infection and resistance is a perennial concern in the age of nucleic acid testing and multiple resistance. In a report from Canada, Dillon and colleagues report on the association of microbial resistance with strain types, and reflect on its implications for the targeting of antibiotic treatment and culture.⁶ In a paper focussing on the performance of nucleic acid testing in relation to culture, Perry *et al* conclude that the test they studied is superior to culture, but its role in oropharyngeal testing requires further research.⁷

Two manuscripts address sexual violence, an increasingly mainstream pre-occupation of practitioners and

researchers in sexual health. Hagemann *et al* report on the STI experience of Norwegian women attending a sexual health centre, and found that prevalence were in line with familiar risk factors and behaviours and not strongly assault related.⁸ However, a different epidemiological perspective is offered in Reed *et al*'s fascinating report on the sexual behaviour of adolescent males in relation to their perpetration of sexual violence and more broadly.⁹ They emphasise the need for education and interventions for adolescent males.

The internet as a novel location for finding sexual partners has received much attention in recent years—do online opportunities increase higher risk behaviours, or do they simply attract those whose behaviour is higher risk? Lewnard *et al* have undertaken a meta-analysis on this complex issue, and conclude that online encounters have increased odds both for unprotected anal intercourse among MSM and for sero-adaptive behaviours. They acknowledge the complexities of this field in a study well worth reading and with clinical implications.¹⁰

Having skated over the surface of these papers, I will draw your attention to an equally fascinating range of articles on topics ranging from prevention of mother to child transmission of HIV,¹¹ Human papillomavirus vaccination in women attending English sexual health clinics,¹² partnership factors affecting the use of condoms in heterosexuals,¹³ the sexual health of female sex workers,¹⁴ estimation of sexual mixing¹⁵ and HPV viral load and persistence in HIV positive men.¹⁶

Shortly after you read this, I will be reporting to you from the ASTDA conference in Atlanta. Do look out for tweets and blogs, and let me know @sti_bmj what you would like to hear about.

Competing interests None.

Provenance and peer review Commissioned; not peer reviewed.

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