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# Highlights from this issue

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*Sexually Transmitted Infections* is a truly international journal as you can see from the global range of the authors and research teams who write for the journal, our editors and our editorial board. In the United Kingdom, where we are the journal of the British Association for Sexual Health and HIV, we have however been reflecting on what it means to be international. As we go to press, British readers have just heard that following the referendum on the independence of Scotland, we are to remain a single country—but there will be new devolution of powers. Further afield, political turbulence in the Middle East, and the spread of Ebola in Africa are sobering reminders of the role of migration and displacement in epidemiology. In the field of infectious diseases—and particularly of sexually transmitted infections for which travel and migration are structural determinants of risk—it is particularly important that health professionals see themselves as an international community. This is necessary if we are to maintain surveillance of disease, and retain our ability to control and treat infections as the spectre of increasing resistance looms. A case report of gonorrhoea treatment failure with cefotaxime<sup>1</sup> reminds us that infections do not respect border. Our community—professionals, policymakers with lay advocates—should be proud of its history of leveraging access to key interventions. Sarah Hawkes and David Lewis remind us of this in an editorial<sup>2</sup> in which they set out the international context of HPV vaccination programmes. This editorial accompanies an important review by Nasdarzynski *et al.*<sup>3</sup> which explores perceptions of HPV vaccination among men who have sex with men (MSM). These articles together provide a thought provoking update on contemporary inequities in HPV vaccination. The potential of HPV vaccination to achieve population level control is borne out in a clinic based survey which compares self-reported genital warts and chlamydia in Australian population based surveys between 2001 and 2011<sup>4</sup>.

Is there an interaction between chlamydia and neoplastic HIV disease? This remains a vexed debate to which a study by Jensen *et al* provides a further contribution<sup>5</sup>—the authors report that repeated self-reported chlamydial infections are associated with prevalent HPV and persistent high risk HPV infection. On a (possibly) lighter hearted HPV note, Anderson and colleagues report the persistence of HPV on sex toys after cleaning. Does your clinic give advice on the cleaning of sex toys? Is this something we should be doing?

Apps are a growing field of health research, as new communication technologies transform the landscape of risk and self-care. What are clinical services to do about people who meet new partners through apps—is this a marker of risk or a determinant? Beymer *et al* explore this complex issue<sup>6</sup>. Though their data are cross-sectional, by looking at geosocial apps and (not just online partner seeking) their finding of greater gonorrhoea and chlamydia risk among MSM seeking partners suggests that the clinical community needs to pay more attention to this “venue” as a marker of vulnerability to STI and HIV risk.

The role of *Mycoplasma genitalium* remains poorly understood and its epidemiology is in many respects baffling. We were interested to read the Vandepitte *et al.*<sup>7</sup> in which its relationship with HIV incidence is explored. This is not the last word, but an important study assessing potential epidemiological synergy.

How should we target chlamydia testing? Aghaizu *et al.*<sup>8</sup> provide persuasive evidence that retesting of former positives is an important intervention. In the context of continuing debate about chlamydia control vs chlamydia “screening” this is a useful and timely contribution to the debate.

Other highlights of this month’s issue include a fascinating report on HIV outcomes in a Vietnamese cohort<sup>9</sup>, the impact of an intervention for female sex workers on their clients<sup>10</sup> and Toll-like receptors in pelvic inflammatory disease<sup>11</sup>

—as well as some interesting letters. We hope that you will enjoy reading this month’s offering, and as ever please do not hesitate to contact us with your ideas and suggestions on how the journal can best serve your needs.

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