



doi:10.1136/sextrans-2015-052154

Highlights from this issue

Jackie A Cassell, *Editor*

In 1970, the US Surgeon General is said to have declared that it was time to “close the book on infectious diseases, declare the war against pestilence won and shift national resources to such chronic problems as cancer and heart disease”. Though this attribution has been disputed,¹ the undoubted optimism of that era over infectious disease now seems a world away, after a year in which Ebola both reached and was transmitted within the United States of America. In recent years we have been alarmed by the re-emergence of ancient diseases in newly resistant form—particularly gonorrhoea and tuberculosis. This month, Tuddenham and Ghanem’s editorial introduces a mini-series on the threat of antimicrobial resistant (AMR) gonorrhoea,² featuring expert analyses by international experts Rice,³ Lewis,⁴ and Giguère and Alary.⁵ The widespread adoption of (often unconfirmed) nucleic acid testing as reported from the UK by Toby *et al*⁶ has limited our ability to track emerging resistance in the real time allowed by culture methods, for all their limitations. Culture confirmation is reported by Mohammed *et al* to be lower in women and men who have sex with men than in heterosexual men in the UK.⁷ As we try to predict the impact of growing gonococcal resistance, it is daunting to see Trecker *et al* reporting the vulnerability of an AMR gonococcal transmission model to small changes in parameters.⁸

Apart from the catastrophic emergence of HIV on the world stage, another discovery unforeseen in 1970 was the emergence of infectious diseases as important triggers of neoplastic disease and many chronic diseases. Human papilloma virus (HPV) is the nearest concern for the venereological community, who will be interested to read Field and Lechner’s reflection on the implications of HPV infection for head and neck cancer.⁹ This raises new possibilities and challenges for cancer prevention through vaccines, and the major epidemiological challenges in understanding the role of co-factors in variously vulnerable populations such as MSM, smokers and those who abuse alcohol. HPV is as usual a

major topic in this month’s issue, with an exploration of concordance between oral and anogenital HPV by King *et al*,¹⁰ a clinical study of imiquimod in high-grade lesions,¹¹ and a systematic review of the psychological effects of cervical intra-epithelial neoplasia.¹²

This month’s BASHH column addresses the challenge of identifying young people at risk of sexual exploitation,¹³ a topic which nicely partners an interesting study by Cho *et al* on the discordance between HIV and HSV biomarkers and reported behaviour in Kenyan adolescent orphans.¹⁴ Contrasting articles on HIV prevention, from different parts of the globe, remind us of its complexity. Mugo *et al* present an interesting study of HIV testing in Kenyan pharmacies¹⁵ while Vriend *et al*¹⁶ describe STI and HIV testing patterns in Dutch MSM, and others explore acceptability and preparedness for treatment as prevention in Scotland¹⁷ and microbicides in Australia.¹⁸ Noting considerable variation in this population, Logie *et al*¹⁹ report on correlates of STI history in women who have sex with women and emphasize the need to tailor provision of services to sexual practices and history.

Last but not least, Crosby *et al* present condom use data from a diary study which shows that rushed application is associated with both slippage and breakage.²⁰ A variation on the old adage, which becomes “More haste, more speed” of STI and HIV transmission.

REFERENCES

- 1 Spellberg B, Taylor-Blake B. On the exoneration of Dr William H. Stewart: debunking an urban myth. *Infect Dis Poverty* 2013;2:3.
- 2 Tuddenham S, Ghanem KG. Delaying the widespread emergence of cephalosporin-resistant gonorrhoea: what is the best target? *Sex Transm Infect* 2015;91:232–3.
- 3 Rice LB. Will use of combination cephalosporin/azithromycin therapy forestall resistance to cephalosporins in *Neisseria gonorrhoeae*? *Sex Transm Infect* 2015;91:238–40.
- 4 Lewis DA. Will targeting oropharyngeal gonorrhoea delay the further emergence of drug-resistant *Neisseria gonorrhoeae* strains? *Sex Transm Infect* 2015;91:234–7.
- 5 Giguère K, Alary M. Targeting core groups for gonorrhoea control: feasibility and impact. *Sex Transm Infect* 2015;91:241–4.

- 6 Toby M, Saunders P, Ison C A. Survey of the laboratory diagnosis of gonorrhoea and chlamydial infection in the UK. *Sex Transm Infect* 2015;91:299.
- 7 Mohammed H, Ison C A, Obi C, *et al*. Frequency and correlates of culture-positive infection with *Neisseria gonorrhoeae* in England: a review of sentinel surveillance data. *Sex Transm Infect* 2015;91:287–93.
- 8 Trecker MA, Hogan DJ, Waldner CL, *et al*. Revised simulation model does not predict rebound in gonorrhoea prevalence where core groups are treated in the presence of antimicrobial resistance. *Sex Transm Infect* 2015;91:300–2.
- 9 Field N, Lechner M. Exploring the implications of HPV infection for head and neck cancer. *Sex Transm Infect* 2015;91:229–30.
- 10 King EM, Gilson R, Beddows S, *et al*. Oral human papillomavirus (HPV) infection in men who have sex with men: prevalence and lack of anogenital concordance. *Sex Transm Infect* 2015;91:284–6.
- 11 van der Snoek EM, den Hollander JC, van der Ende ME. Imiquimod 5% cream for five consecutive days a week in an HIV-infected observational cohort up to 32 weeks in the treatment of high-grade squamous intraepithelial lesions. *Sex Transm Infect* 2015;91:245–7.
- 12 Frederiksen M E, Njor S, Lynge E, *et al*. Psychological effects of diagnosis and treatment of cervical intraepithelial neoplasia: a systematic review. *Sex Transm Infect* 2015;91:248–56.
- 13 Ashby J, Rogstad K, Forsyth S, *et al*. Spotting the Signs: a national toolkit to help identify young people at risk of child sexual exploitation. *Sex Transm Infect* 2015;91:231.
- 14 Cho H, Luseno W, Halpern C, *et al*. Discordance of HIV and HSV-2 biomarkers and self-reported sexual behaviour among orphan adolescents in Western Kenya. *Sex Transm Infect* 2015;91:260–5.
- 15 Mugo PM, Prins H A B, Wahome EW, *et al*. Engaging young adult clients of community pharmacies for HIV screening in Coastal Kenya: a cross-sectional study. *Sex Transm Infect* 2015;91:257–9.
- 16 Vriend HJ, Stolte IG, Heijne JCM, *et al*. Repeated STI and HIV testing among HIV-negative. *Sex Transm Infect* 2015;91:294–9.
- 17 Young I, Flowers P, McDaid LM. Key factors in the acceptability of treatment as prevention (TasP) in Scotland: a qualitative study with communities affected by HIV. *Sex Transm Infect* 2015;91:269–74.
- 18 Murphy D A, Lea T, de Wit J B F, *et al*. Interest in using rectal microbicides among Australian gay men is associated with perceived HIV vulnerability and engaging in condomless sex with casual partners: results from a national survey. *Sex Transm Infect* 2015;91:266–8.
- 19 Logie C H, Navia D, Loutfy M R. Correlates of a lifetime history of sexually transmitted infections among women who have sex with women in Toronto, Canada: results from a cross-sectional internet-based survey. *Sex Transm Infect* 2015;91:278–83.
- 20 Crosby R, Graham C, Milhausen R, *et al*. Associations between rushed condom application and condom use errors and problems. *Sex Transm Infect* 2015;91:275–7.