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Highlights from this issue

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As we go to press, the global sexual health community is finalizing travel arrangements, checking visas and avidly consulting guidebooks and websites. The World STI and HIV Congress 2015, including the 21st meeting of the International Society for STD Research (ISSTD) takes place in Brisbane in September and the journal is delighted to be associated with this exciting conference. STI journal will be publishing the abstract book and updating from the conference on social media. Our Deputy Editors are playing leading roles, Professor Nicola Low as Scientific Co-Chair and Professor David Lewis as Conference Co-Chair. I hope to see many of you there – if you won't be attending please look at the conference programme at www.worldsti2015.com and tweet @sti_bmj with your priorities for coverage.

We look forward to publishing in this month's issue some conference highlights of the conference. Our Online First resource enables you to access articles that have been published online and are awaiting print publication – do have a look at <http://sti.bmj.com> where you can see our latest research from the conference and beyond. Omori *et al* will be presenting a study from sub-Saharan Africa¹ exploring the contribution of non-cohabiting sex partnerships to sexual networks and potentially to STI transmission. Huffam *et al* usefully report consonance rates for chlamydia between sexual partners, and their associations², while Versteeg *et al*³ report the relationship between chlamydia strain types, ethnicity and symptoms, also in a Dutch population.

Beyond the conference, evidence on programmes of chlamydia testing continues to grow internationally. De Wit *et al* report from the Netherlands that repeated rounds of chlamydia screening appear not to be cost-effective⁴. There is growing emphasis on the targeting of testing, for which partner notification provides an important opportunity.

Expedited partner therapy appeals to practitioners as a tool, especially where concerns about its legality can be overcome⁵ – however this approach does not address chains of transmission through testing for STI and HIV.

We have rich pickings this month for our clinical readers, beyond our regular Clinical Round Up⁶. Rowley *et al*⁷ present a wide ranging report on syphilis in European centres, emphasizing the heavy burden in HIV positive individuals and high co-infection rates. Unsuppressed HIV viraemia is common, suggesting there is a need to re-think sexual health care for this group.

Two studies address complex and even controversial test settings. Yap *et al*⁸ report on mandatory HIV testing in Chinese labour camps, noting that very few detainees found to be infected were informed of their result, few received anti-retroviral therapy and that many were not even aware that they had been tested. There is a clear case for improved practice in line with international standards on testing, care, and human rights. By contrast, Hallfors *et al* explored the effects of disclosing HSV-2 results to adolescents taking part in an HIV intervention trial in Kenya⁹. Some participants, particularly boys, reported extreme stress after disclosure of HSV positive results.

Three papers address epidemiology and behaviour in men who have sex with men (MSM)^{10–12}. Finally, a study from Cameroon reports high rates of HPV45 and multiple infections in cases of invasive cervical cancer¹³.

Competing interests None.

Provenance and peer review Commissioned; Not peer reviewed.

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