Highlights from this issue

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Sexually Transmitted Infections journal regularly hits headlines around the world – our twitter feed @sti_bmj has been buzzing with conversation on the relationship between pubic hair grooming and STI, and a measured but provocative debate on the relationship between antiretroviral treatment for HIV and syphilis incidence. These will reach the print journal in the next few months, and you can access them in the meantime through sti.bmj.com via Online First. In this issue, we bring you full details of the sensation of the 2016 BASHH conference – a randomised controlled trial of mouthwash for gonorrhoea reported by Chow *et al*.[1] With the spectre of antimicrobial resistant gonorrhoea ever closer, this represents a paradigm shift but also a return to an earlier age. In a fascinating editorial – apt for the Centenary celebrations - Miari and Ison give a historical and scientific perspective on topical antiseptics in relation to STIs.[2] They describe a fascinating and largely overlooked literature which is ready to be revisited in the light of progress in understanding the genital microbiome.

Quality improvement goes beyond audit, and clinicians at all levels will enjoy a lucid introduction to "QI" by Hartley and Hopkins.[3] We welcome quality improvement reports in STI journal, but in our experience these are not always reported in ways that make them useful for readers. As I discussed in an earlier editorial[4] we recommend the SQUIRE guidelines which are a very useful tool for writing a high quality report. But that can only be done where the underlying QI methodology is clear to the authors and properly documented. We do also publish audits – this month Rayment *et al*'s important national audit of HIV partner notification in the UK tells us that there is still a lot of work to do to minimise the number of contacts with undiagnosed HIV infection.[5]

This month we have a wide range of editorials, including a challenge to our ethical frameworks by Dunphy,[6] a discussion and introduction to BASHH-endorsed guidance on responding to domestic abuse in sexual health settings by Sacks[7] and a review of workforce requirements by Sherrard and Robinson.[8] Clinicians will also enjoy the debate between Horner and Saunders on use of Azithromycin 1g for STIs.[9]

The research we publish this month is wide-ranging and relevant to clinicians across the globe. With an ageing population of people living with HIV, the balance between GP and HIV clinic care is in flux – Miners *et al* provide important evidence on patient views though a discrete choice experiment.[10] The case for selective vs universal antenatal testing for HIV in a very low prevalence setting is explored by Chowers *et al*,[11] and the performance of a fourth generation HIV point of care test is described by Fitzgerald *et al*.[12]

It is said by many epidemiologists that eating and sexual behaviours are the hardest to measure, though ubiquitous, and this is borne out in two studies in this issue. Mercer *et al* attempt to classify partnership type using survey data.[13] In clinical settings, these are largely reduced to "casual", "regular" or "ex". However there is an increasing need to understand partnerships and their associated risks in ways that will inform partner notification for STIs and HIV. In this study the authors seek to provide an objective way of classifying partnership type. Will this be useful in clinical practice and QI? Time will tell. Rosenbaum *et al* report on the use of Y chromosome biomarkers to assess adolescent self-reported abstinence,[14] and have interesting findings on the relationship between item non-response and biomarkers. Don't forget also to look at interesting articles on group sex and STI,[15] *Trichomonas vaginalis* and circumcision,[16] genital wart epidemiology[17] and the Clinical Roundup.[18]

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