

This month, Whistlestop tour needs to halt first at our website (<http://sti.bmj.com>), where we begin our series of podcasts and launch the 'STI blog.' In the first podcast, Peter Piot, Guest Editor of this month's supplement, discusses the global implications of the Avahan HIV prevention initiative—a large-scale intervention in India. In a second podcast, Michael Waugh discusses the consequences of poorly fitting condoms with the authors of one of this month's papers.²

The blog will, we hope, provide readers with a lively forum for debate. The correspondence pages of a journal such as this inevitably lag too far behind publications in the age of Twitter and Facebook—especially since almost all our research is now published online ahead of print. So, we hope that readers will debate hot topics on the blog, while we will continue to publish occasional letters of broad interest in the paper journal. Please take a look at the site, post your comments and let the Editors know of any topics you want to discuss online and Guest Bloggers we should invite.

This month's research papers address a number of clinical questions of daily interest to practitioners. Should asymptomatic patients with syphilis of unknown duration receive a lumbar puncture? Choe *et al*¹ report reassuringly low rates of neurosyphilis in this group (*see page 39*). Does it matter if condoms

don't fit? In an event-specific study of condom use, Crosby *et al*² report that one important reason it matters is that men are more likely to remove a condom that 'doesn't fit,' with implications for STI and HIV transmission (*see page 36*). Lisboa *et al*³ report that the best way to confirm a diagnosis of candidal balanitis is by direct impression on agar (*see page 32*).

Trends in STIs in eastern Europe since 1996 are reported by Uusküla *et al*⁴—despite considerable gains in syphilis and gonorrhoea control since 1996, there remains a marked East–West gradient (*see page 6*).

We also have a number of papers on diagnosis and typing. Delany *et al*⁵ report on the relative performance of tests for Herpes Simplex type 2 in an African population (*see page 46*), while elsewhere the merits of multilocus sequence to characterise *Chlamydia trachomatis*⁶ (*see page 56*) and of multiantigen sequence typing of non-cultured gonococci⁷ are discussed (*see page 51*).

This month's Editorial by Fenton⁸ (*see page 2*) and Editor's Choice⁹ (*see page 66*) focus on the HIV prevention needs of men who have sex with men in the developed-world setting. Alongside the Avahan supplement, these papers provide us with an opportunity to reflect on prevention needs in contrasting cultural and sexual worlds.

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