

Highlights from this issue

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This month, we carry a series of related papers exploring the sexual health of Eastern European migrants to the UK.¹ As the accompanying editorial points out,² Burns and her team overcame substantial methodological challenges in surveying this diverse group, and are to be congratulated on a comprehensive overview of sexual health and behaviour in a migrant community. They demonstrate particular vulnerability of MSM (men who have sex with men), which has important implications for health promotion and service provision—though reported rates of HIV prevalence are lower than the UK population, high risk behaviour is common and there is much potential for cross-border interaction between differing epidemics.

The challenges of surveying hidden populations are also addressed by Paz-Bailey *et al.*³ They present a capture-recapture based approach to measure the size of the MSM and FSW (female sex worker) populations in El Salvador. This approach is increasingly adopted in sexual health research, and has wider potential, which is explored along with design issues by Berchenko and Frost in an accompanying editorial.⁴

Clinicians are likely to be interested in a case series and literature review on the use of imiquimod for acyclovir-resistant herpes simplex. The spectre of untreatable gonococcal disease has reminded us that antimicrobials may not be forever, and that immune stimulation may be increasingly important in the future.

We also publish a systematic review of what works in promoting HIV testing among MSM.⁵ Opt out testing, where tests are bundled with other tests, and point of care testing can increase uptake, but there is still uncertainty about the effectiveness of community level strategies.

We continue to receive books for review, and this month you might be tempted to order 'Chinese Male Homosexualities', reviewed by William Wong,⁶ or 'Gender, Sexuality and Syphilis in Early Modern Venice: the Disease that Came to Stay', introduced by Michael Waugh.⁷ Venereology lends itself to the comparative disciplines of history and anthropology, humankind being ever the same in new

ways. As HIV becomes the disease that came to stay before our eyes, we can learn from other societies wherever we are.

In a thought-provoking letter, Bates and Olarinde⁸ wonder whether young HIV positive women will become casualties of the age of evidence-based medicine. In England, cervical screening now commences at age 25, taking into account the adverse effects of unnecessary treatment, and low risk of carcinoma in young women. It seems that most HIV centres operate this policy for their populations HIV positive young women, who are too small a group to have figured prominently in policy making in the UK. As are other immunosuppressed young women. What do other clinicians think? We look forward to your rapid responses on the website.

The importance of primary providers in health promotion of MSM is emphasised in a survey of American men's knowledge of post-exposure prophylaxis.⁹ Mehta *et al* conclude that the primary provider's awareness of same sex behaviours is a potentially important vehicle of education and health promotion—less than half of the respondents reported a primary provider aware of this key determinant of their health status.

It is heartening to hear some good news in the HIV epidemic. Bello *et al*¹⁰ report modelling data showing that reduction by men in multiple partnerships appears to have driven a reduction in HIV incidence, in Malawi. The public health impact was substantial, with an estimated 140 000 infections averted in this hyper-endemic setting.

Other interesting papers this month include two cost-effectiveness studies, one exploring the impact of HIV prevention targeted at FSW in India,¹¹ and another pondering the conditions under which chlamydia screening is likely to be cost-effective.¹²

Finally, clinicians will want to look at 'How to run a prison sexually transmitted infection service'.¹³ We are now publishing a series of clinician-focussed 'How to' articles, commissioned by Sarah Edwards, our Education Editor—with CPD questions on the website. Please let Sarah know if you have suggestions for topics or

authors of broad interest to the clinical community.

Please also go to the website and explore our growing library of podcasts and blogs. They may be just the thing for a gap between patients...

Provenance and peer review Not commissioned; internally peer reviewed.

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