

# Highlights from this issue

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New approaches to partner notification have emerged over the past decade. This month we publish the clinical and economic results of a trial of 'Accelerated Partner Therapy', a form of expedited partner therapy adapted to the legislative framework of the UK.<sup>1</sup> An editorial by Dombrowski and Golden<sup>2</sup> provides a perspective from 'across the pond' on the potential of Accelerated Partner Therapy. Policymakers and practitioners will always have to adapt partner notification practice to local professional and cultural contexts, so it is good to see new models of partner notification emerging that may serve the needs of countries where straightforward patient delivered therapy is not approved.

We are pleased to include an editorial this month by David Gurnham, an academic lawyer, on the role of clinical justice in STI control.<sup>3</sup> Many readers will be aware of the recent imprisonment of a young man in the UK following transmission of herpes to his girlfriend. This has further complicated debates about transmission of serious communicable infections, which continue in the UK and internationally. Gurnham and colleagues are planning a series of seminars on this topic is planned for 2012—watch this space for further news.

Recent years have seen worrying news of growing antibiotic resistance in STIs. An editorial this month asks whether we should be reconsidering gentamicin as a therapy for gonorrhoea.<sup>4</sup> The need to monitor and detect worsening gonococcal resistance is addressed by Harryman and colleagues<sup>5</sup> in a paper demonstrating the value of NAAT testing in community settings. As the authors point out, the high quality of the NAAT tests now available increases the need to optimise culture techniques for settings where

direct inoculation and transport of culture plates is not feasible.

Two papers explore the interaction of psychosocial factors and STI risk this month. Pratt *et al*<sup>6</sup> describe an association between current depression and higher risk sexual behaviours in women (but not men) in the USA's NHANES (National Health and Nutrition Examination Survey). This association related both to recent risky behaviour, and early experience. The authors emphasise the need for providers to be aware of this association, and its implications for safe sex counselling needs. An Estonian study of condom use among drug injectors by Uusküla *et al*<sup>7</sup> identifies fatalism about HIV infection within discordant relationships as a factor inhibiting consistent condom use. Both these studies identify specific groups and prevention activities that could reduce their risk, and deserve careful attention by those of us planning health promotion activities.

Risk communication is a common topic in this journal. It is worrying to read that there is confusion between cervical cancer screening and chlamydia screening among many young women in a US population.<sup>8</sup> The findings of Pavlinac *et al*<sup>9</sup> that oral HIV RNA correlated closely with viral load—but was also impacted by local oral factors—should be helpful to practitioners helping people assess the risk associated with oral sex within discordant partnerships.

The impact of incarceration on risk to partners,<sup>10</sup> international variation in discordancy,<sup>11</sup> and progress made in the UK in access to STI services<sup>12</sup> are other topics covered in this month's journal. Please do look at our blog, listen to our podcasts and follow us on Twitter to make sure you are getting up to the minute news!

**Provenance and peer review** Commissioned; internally peer reviewed.

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