Highlights from this issue

Point of care testing for chlamydia is an evolving story, and readers will be pleased to see an authoritative update in this month’s editorial by Jain and Ison.1 This is a fast moving field of research, and the potential of mental swabs to open up self-testing for Chlamydia trachomatis by men is explored in an interesting paper by Chernesky et al.2 Huarg et al also report in this issue on the cost-effectiveness of a new POCT (point of care test), while a letter from Stack4 describes an HIV POCT algorithm. Gradually, medicine is feeling its way back to the immediacy of the history and examination—our patients want quick answers, and with dark ground and grain smear microscopy being consigned to history, along with the RPR, and the turnaround time of traditional NAA Ts we need a new generation of POCTs, many of which will also be used remotely.

Point of care testing presents new challenges for surveillance and data management. We are reminded in this month’s Editor’s Choice by Lowndes et al of continuing felt need for confidentiality in a report which for the first time estimates HIV non-disclosure by HIV diagnosed men in London STI clinics. Using an anonymous serore prevalence survey, the authors scrutinised HIV positive samples reported as undiagnosed, and found a substantial proportion of individuals to have a very low viral load, with antiretrovirals present. This non-disclosure of HIV presents a number of challenges and dilemmas both for clinics and surveillance systems. It also links with the subject of disclosure of HIV presents a number of challenges and dilemmas both for clinics and surveillance systems. It also links with the subject of disclosure of HIV positive women in men who have sex with men (MSM) in a French case-control study.15 When did you last talk to your patients about cleaning sex toys?

We have a range of epidemiological articles on HPV, ranging from trends in the Czech Republic14 to a reported association between HPV and HIV in Uganda12 and high reported incidence in a Kenyan cohort.13 Sheringham et al present a systematic review exploring the relationship between socioeconomic status,12 which demonstrates the limitations of the current literature. The authors suggest that education is most commonly objectively associated with measures of chlamydia morbidity. This has interesting implications for the many post compulsory education based chlamydia screening interventions, some of which have been explored in this journal (Jenkins et al18 and Johnson et al19).

Other topics to look out for are behavioural changes in Estonia,20 PREP intentions in MSM, the contribution of external infections to HIV acquisition in serodiscordant couples,21 HIV and STI among Panaman sex workers,22 and the estimation of MSM population size.23

REFERENCES