

Highlights from this issue

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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 meatal swabs to open up self-testing for *Chlamydia trachomatis* by men is explored in an interesting paper by Chernesky *et al.*² Huang *et al.*³ 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 gram stain microscopy being consigned to history, along with the RPR, and the turnaround time of traditional NAATs 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.*⁵ 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 seroprevalence 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 this month's BASHH column,⁶ which explores patient confidentiality in sexual health services in the age of electronic health records. A major concern is the potential for linkage—deliberate or accidental—of highly sensitive sexual behaviour data into routine medical notes. This could have consequences for trust in sexual health services, and thus on their effectiveness in minimising transmission.

In this month's case reports, we see syphilis again as a 'great pretender', in this case mimicking inflammatory bowel disease in an adolescent⁷—and a report of diphtheria causing sexually transmitted non-gonococcal urethritis.⁸

Our educational article addresses the topic of treatment for non-albicans *Candida* species—this helpful summary by Davies *et al.* will be a useful guide for clinicians.⁹ Of related interest is a paper on vaginal flora and immunity by Silva *et al.*¹⁰ Many of you will recall last year's editorial by Sobel on our lack of therapeutic knowledge on genital malodour.¹¹ As POCT develop, it is important that we develop a better scientific knowledge of the less easily characterised problems that our patients present. Perhaps this will take genitourinary medicine in new directions from microbiology perhaps even to nutritional science—who knows.

In the age of DNA amplification tests, false positives due to contamination of clinical surfaces has emerged as a worry. In a carefully planned empirical study, Chan *et al.*¹² simulated the processing of specimens, with reassuring results for the credibility of positive results in a clinical setting. On a related theme, sex toys appear to be a risk factor for syphilis among men who have sex with men (MSM) in a French case-control study.¹³ 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 Uganda¹⁵ and high reported incidence in a Kenyan cohort.¹⁶ Sheringham *et al.* present a systematic review exploring the relationship between socioeconomic status,¹⁷ 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 al.*¹⁸ and Johnson *et al.*¹⁹).

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

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