

Highlights from this issue

doi:10.1136/sextrans-2013-051144

Jackie Cassell, *Editor*

We live in 'interesting times' for better or worse. Scarcely has nucleic testing outstripped culture in the diagnosis of gonorrhoea, before it is threatened not only by the expected resistance to antibiotics, but also 'invisibility cloak' evolution in the form of mutants lacking the *porA* gene see the Editor's Choice by Ison *et al.*¹ Having watched slow-to-adapt *Chlamydia trachomatis*² evade new generation testing, the future of STI diagnosis looks increasingly uncertain. While enthusiasts continue to look forward to an age in which molecular typing helps in the characterisation of outbreaks,³ this all depends on making the diagnosis in the first place. With syphilis, we may have a little longer,⁴ but the perfect test still eludes us. Don't throw away microscopy and culture just yet....

HIV testing remains a challenge, with widespread reluctance to test persisting outside sexual health services in many settings. Pillay *et al* report the results of a promising educational intervention in a high prevalence borough of London UK, which appeared to improve HIV testing and diagnosis in participating practices.⁵ They propose further research in the form of a step wedge trial, and while this is to be commended, their study needs to be seen within the wider context of the many levers that are available to improve the implementation of public health interventions in general practice—including incentivization.

We report two behavioural studies, which demonstrate high potential for accelerated HIV transmission. A study of customers in alcohol serving venues in South Africa demonstrates very high rates of concurrency, and low rates of condom use outside primary partnerships, in both men and women.⁶ In China, a study of adolescent female sex workers reaches similar conclusions,⁷ with high rates of unprotected non-commercial partnerships. Such populations are important and highly vulnerable groups who have a role in potentiating the HIV epidemic, and need to be better understood and

served with both upstream and downstream interventions.

We also report some early intelligence on behavioural interventions. Aghaizu *et al*⁸ report that half of a community sample of London men who have sex with men (MSM) would be willing to use Pre-Exposure Prophylaxis for HIV, and most of those likely to be in need are regularly in touch with clinical services. While the role of community prevention activities is increasingly recognised, we should not forget that clinical STI and HIV services are places where individuals at high risk of acquisition and transmission concentrate. It is important not to overlook clinical settings as a place for finding those at greatest need of interventions, wherever those interventions may then be delivered. Another report low rates of regular STI testing among MSM, and suggests the use of SMS texting to recall.⁹

Human papilloma virus (HPV) remains an evolving problem, and we were interested to see a study from Rakai, Uganda¹⁰ which demonstrates lower HPV shedding among circumcised men. Of course, the relationship between viral shedding and infectivity remains murky. A related issue is explored by Franco *et al*¹¹ in a study which explores HPV shedding through the menstrual cycle. Like gonorrhoea, the biology and epidemiology of HPV will continue to evolve.

Finally, a letter by Desruelles *et al* had extensive coverage in the UK press. This preliminary report of an excess of molluscum contagiosum among patients who shaved their pubic area raises interesting questions about STI transmission.¹² This is the kind of research that clinicians are well placed to initiate, and is potentially of considerable public health importance. While much research is funded by national or international research councils and charities, it is always heartening to see the origin of research in our observation and care for our patients.

Competing interests None.

Provenance and peer review Commissioned; not peer reviewed.

REFERENCE

1. Ison CA, Golparian D, Saunders P, *et al.* Evolution of *Neisseria gonorrhoeae* is a continuing challenge for molecular detection of gonorrhoea: false negative gonococcal *porA* mutants are spreading internationally. *Sex Transm Infect* 2013;**89**:197–201.
2. Jurstrand M, Christerson L, Klint M, *et al.* Characterisation of *Chlamydia trachomatis* by *ompA* sequencing and multilocus sequence typing in a Swedish county before and after identification of the new variant. *Sex Transm Infect* 2010;**86**:56–60.
3. Cole MJ, Thomas DR, Chisholm SA, *et al.* Molecular epidemiology of gonorrhoea in Wales (UK). *Sex Transm Infect* 2013;**89**:267–272.
4. Gayet-Ageron A, Lautenschlager S, Ninet B, *et al.* Sensitivity, specificity and likelihood ratios of PCR in the diagnosis of syphilis: a systematic review and meta-analysis. *Sex Transm Infect* 2013;**89**:251–256.
5. Pillay TD, Mullineux J, Smith CJ, *et al.* Unlocking the potential: longitudinal audit finds multifaceted education for general practice increases HIV testing and diagnosis. *Sex Transm Infect* 2013;**89**:191–196.
6. Kalichman SC, Pitpitan E, Eaton L, *et al.* Bringing it home: community survey of HIV risks to primary sex partners of men and women in alcohol-serving establishments in Cape Town, South Africa. *Sex Transm Infect* 2013;**89**:231–236.
7. Zhang X-D, Temmerman M, Li Y, *et al.* Vulnerabilities, health needs and predictors of high-risk sexual behaviour among female adolescent sex workers in Kunming, China. *Sex Transm Infect* 2013;**89**:237–244.
8. Aghaizu A, Mercey D, Copas A, *et al.* Who would use PrEP? Factors associated with intention to use among MSM in London: a community survey. *Sex Transm Infect* 2013;**89**:207–211.
9. McDaid LM, Li J, Knussen C, *et al.* Sexually transmitted infection testing and self-reported diagnoses among a community sample of men who have sex with men, in Scotland. *Sex Transm Infect* 2013;**89**:223–230.
10. Wilson LE, Gravitt P, Tobian AAR, *et al.* Male circumcision reduces penile high-risk human papillomavirus viral load in a randomised clinical trial in Rakai, Uganda. *Sex Transm Infect* 2013;**89**:262–266.
11. Tota JE, Ramanakumar AV, Mahmud SM, *et al.* Cervical human papillomavirus detection is not affected by menstrual phase. *Sex Transm Infect* 2013;**89**:202–206.
12. Desruelles F, Cunningham SA, Dubois D. Pubic hair removal: a risk factor for 'minor' STI such as molluscum contagiosum? *Sex Transm Infect* 2013;**89**:216.