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 parA gene.

We also report some early intelligence on behavioural interventions. Aghaizu et al.1 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 papillomavirus (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 al11 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.