

Highlights from this issue

doi:10.1136/sextrans-2013-051188

Jackie A Cassell, *Editor*

You'll see that this is a very special issue. We have brought together two mini-themed issues, both reflecting on social, legal and ethical issues of wide interest. David Gurnham of the University of Southampton is leading a series of seminars, funded by the UK's Economic and Social Research Council on 'Criminalising Contagion' which some of our readers may have attended. We are delighted that he is Guest Editing a series on this topic. We present some research papers which will encourage deeper understanding and wider discussion of emerging political and legal debates about criminalisation. Gurnham's introductory editorial¹ reflects on the papers presented here, which form part of a wider series co-hosted by sister BMJ Publishing journals, the *Journal of Medical Ethics*, and *Medical Humanities*.

I am also grateful to Nicola Low, Deputy Editor, for commissioning a collection which reflects on the lessons of the Guatemala syphilis inoculation experiments whose archive appalled the world last year. Jonathan Zenilman's authoritative editorial² is accompanied by reflections from a variety of disciplines on the implications of these experiments. It is sobering to reflect that they took place in the light of day, with the knowledge and support of well-respected physicians in positions of authority. What are the lessons for our own generation?

Alongside these mini-themed issues, we have an interesting selection of research. Dize *et al*³ have compared penile-meatal swabs with urine samples, taken at home by men. Though a small study, their finding that the swabs detected more infections suggests that this may be an

under-used testing modality. In particular, it may reduce the need to post urine which is a barrier to home testing.

The need for point-of-care (POC) tests is increasingly emphasised and is addressed in a systematic review of gonococcal POC tests by Watchirs Smith⁴ which will be a helpful guide especially in high prevalence settings.

UK readers have long awaited full publication of the series of HIV testing demonstration projects which were funded by England's Department of Health. We are delighted to present results of the Leicester acute medical admissions pilot.⁵ This is a particularly interesting study since it did not use dedicated staff, and should be generalisable to a wide range of settings. Importantly, this includes those settings where low prevalence is accompanied by even lower testing, and late diagnosis.

Health-related risks of female sex workers (FSWs) are a matter on which strong opinions are held, but it can be hard to find evidence relevant to a particular setting. It is good to see a systematic review which will help practitioners plan and prioritise FSW services. Platt *et al*⁶ show that context and—at least for HIV—community of origin are both important. This paper is interestingly complemented by an exploration of non-commercial partnerships in FSWs⁷ which reminds us of the need to take into account these important aspect of risk for FSWs.

We report a study which used Facebook to explore HPV knowledge in young women.⁸ It is an interesting approach to recruitment of young people which will no doubt see more. And finally, a report on the epidemiology of HTLV-1

and HTLV-2 in Argentina reminds us of less common STIs, which we may encounter from time to time.⁹

Competing interests None.

Provenance and peer review Commissioned; not peer reviewed.

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