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Now conference season is in full swing, many of us are looking forward to the biennial meeting of the International Society for Sexually Transmitted Infections Research (ISSTDR), which this year meets in Vienna under the presidency of Angelika Stary. We look forward to attending this outstanding conference and for the first time sending Sean Cassidy as our roving reporter who will be interviewing speakers, tweeting from the conference hall, and reporting from the social events. If you missed us live, have a look at our website and flick through @STI_BMJ for an update and links to the event of the year. We are delighted that the ISSTDR Board includes two of our distinguished editors, Professor David Lewis and Professor Cathy Ison, along with several members of our own Editorial Board, and are grateful that the Board has again chosen STI to publish the abstract book. Programme Science looks again to be a major theme, and you might like to look at this month's contribution in this series by Gray and colleagues.¹

Human papilloma virus (HPV) continues to loom large in the journal, a meta-analysis by Lissouba *et al*² exploring the persistent association in the literature between HIV and HPV. A thoughtful commentary by Rositch *et al*³ reflects on growing calls for trials of HPV vaccine to protect against HIV. The relevance of this debate is highlighted nicely by Watson-Jones' report showing high prevalence and incidence of HPV in a cohort of young African women.⁴

The theme of co-infection continues with a report on HIV and repeat syphilis infection among Danish men with syphilis, in an article by Salado-Rasmussen and colleagues.⁵ This is sobering reading, showing a 9.8% 5-year risk of HIV diagnosis after one episode of syphilis, and 14.8% after two. Many reports tell us that most people at highest risk of HIV do attend sexual health services beforehand. However, it is clear from the audit by Desai *et al*⁶ that uptake of behavioural interventions for men who have sex with men (MSM) in clinic remains low, for reasons that are unclear. We need to work harder to develop and implement interventions for those who cross our threshold regularly.

The debate about HPV vaccination in MSM continues, with Lawton *et al*⁷ presenting a case for vaccination of those under 26 based on their work for the UK's Joint Committee on Vaccination and Immunisation. The targeting of young MSM for vaccination is not without logistic and ethical challenges. Vaccination campaigns normally use a register-based

approach to reach a whole population, and while genitourinary clinics do see a large proportion of young MSM, this may not achieve sufficient coverage at an early enough age.

Several papers explore diagnostic issues, and a particularly fascinating one is the fortuitous discovery of lymphogranuloma venereum through its cytopathic effect on cell lines, reported by Busson and colleagues.⁸ Toby and colleagues present a case report on the use of immunostaining in a case of syphilis, which mimicked a lymphoproliferative disorder.⁹ Missed diagnoses also raise questions about protocols for screening women who report oral and anal sex, in a letter by Shaw *et al*.¹⁰ Finally, Stekler *et al* report a public health campaign for MSM aimed at increasing awareness of primary HIV infection symptoms.¹¹

The epidemiology of chlamydia remains a vexed topic, and this month's contributions are no exception to the trend of cautionary tales. Torrone and colleagues demonstrate how, depending on choice of denominator, three different narratives about reinfection rates can be inferred from the same dataset.¹² Serology as a tool for assessing past history of chlamydia remains elusive, according to a report by Horner *et al*, who describe falls in seropositivity early on for women after one infection, but no clear pattern after 6 months.¹³ Fisher *et al* present two papers on another area of uncertainty, estimation of the size of high-risk populations.^{14 15}

Lastly, we have a series of papers on clinical populations that many of our readers will find familiar. Wiewel *et al* explore HIV diagnosis and uptake of care in New York City, showing an increasing proportion of cases in foreign individual, who may be remaining undiagnosed for longer.¹⁶ Croucher *et al* report on a cohort of perinatally HIV-infected young adults in the UK, demonstrating strikingly high sexual health need.¹⁷ Those of you providing prison services will do well to promote Butler *et al*'s paper which shows that condoms increased safe sex with no evidence that they increased either consensual or non-consensual sexual activity.¹⁸

Competing interests None.

Provenance and peer review Commissioned, not peer reviewed.

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