

Highlights from this issue

doi:10.1136/sextrans-2014-051738

Jackie A Cassell, *Editor*

Having just returned from the Centers for Disease Control and American Sexually Transmitted Diseases Association (ASTDA) conference in Atlanta, I'm struck by the speed of technological change in how we collect, handle and use data. Many presentations addressed novel means of surveillance, and indeed addressed a wider variety of potential influences on sexual health than we usually consider—for example, housing, and local crime rates. Secret diaries are no longer in the form of a the handwritten scrawl of Adrian Mole aged 13—we now ask research subjects and to entrust us with online records of their sexual life. In this issue Stalgaitis and Glick¹ report a systematic review of the use of web-based diaries in sexual risk behaviour research, reflecting on their use, methodological issues and best practice. Such diaries appear to be a useful tool but there many complexities, which are discussed in an accompanying editorial by Hensel.² These are a fascinating read, as we all grapple with the growing challenges of digital healthcare.

Traditionally, sexual health care in England has had specific legal provision for confidentiality, over and above that normally afforded to patients. With the recent re-organisation of the NHS, these regulations are in flux and likely to lapse. The British Association for Sexual Health and HIV (BASHH) undertook a survey of patient attitudes to confidentiality provision, which is reported in this month's expanded BASHH column.³

Sexual health clinics in the UK nowadays take a broader interest in their health of their patients, seeking to address and refer on for issues such as smoking, and alcohol or drug misuse. Lonsdale-Eccles *et al* report this month a case of fixed drug reaction related to consumption of impressive quantities of gin and tonic.⁴ We like our clinical articles to go beyond the guidelines, and address issues where there is real uncertainty and difficulty in our practice. This month, Horner and colleagues present an educational article on the management of chronic pelvic pain syndrome in men reporting to sexual health services,⁵ alongside a letter describing how they evaluated their provision for this group of patients.⁶ Also of clinical interest is a letter by Davies *et al* reporting audit and re-audit of the management of syphilis in pregnancy. There is no room at all for complacency—what are you doing locally to ensure prompt and effective care?

A perennial preoccupation in our speciality is prompt and accurate diagnosis. We know that very early HIV is highly infectious, and it is thought that early treatment may reduce viral reservoirs. Sane *et al*⁷ show that a high proportion of newly diagnosed HIV infections in MSM attending Dutch STI clinics are recent, demonstrating—as elsewhere—the important role of STI clinics in early case finding and linkage into care, with a view to reducing transmission as well as improving outcomes. In a second study from the Netherlands, Bartelsman *et al* the performance of that well known Point of Care Test, the Gram stain, is reviewed.⁸ Used in high risk symptomatic males, it reduced the cost of a correctly managed consultation.

It is always good to see successful studies of vulnerable populations, so important in advocacy and planning of services. Wong *et al* compare the sexual risk behaviours of Singaporean men seeking sex online with those who frequent brothels, finding higher levels in the former group who need to be addressed with educational interventions.⁹ Transgender women are a vulnerable group across the globe, as highlighted in a recent editorial.¹⁰ Santos *et al*¹¹ report high HIV prevalence, along with modest antiretroviral therapy (ART) use and viral suppression in San Francisco transgender women, in whom housing instability was associated with poor outcomes.

Last but by no means least, we report STI outcomes of a randomised trial of microbicides,¹² a review of HIV prevalence in military populations,¹³ the use of condoms for contraception in HIV infected clients,¹⁴ HIV outcomes in drug using sex workers,¹⁵ and a model of the dual impact of HIV therapy and sexual behaviour changes in Uganda,¹⁶ chlamydial seroprevalence in the Netherlands¹⁷ and peer led HIV testing in China.¹⁸ I hope you will find this month's issue as fascinating as I did!

Competing interests None.

Provenance and peer review Commissioned; internally peer reviewed.

REFERENCES

- 1 Stalgaitis C, Glick SN. The use of web-based diaries in sexual risk behaviour research, a systematic review. *Sex Transm Infect* 2014;90:374–81.
- 2 Hensel DJ. The benefits of electronic diaries in understanding the experience of health. *Sex Transm Infect* 2014;90:352–3.
- 3 Saxon C, Sukthakar A. BASHH patient survey on changes to the confidentiality laws: the importance of phrasing and order of survey Questions. *Sex Transm Infect* 2014;90:433.

- 4 Lonsdale-Eccles E, Walleit A, Ward AM. A case of fixed drug eruption secondary to quinine in tonic water presenting to a sexual health clinic. *Sex Transm Infect* 2014;90:356–7.
- 5 Crofts M, Mead K, Persad R, *et al*. How to manage the chronic pelvic pain syndrome in men presenting to sexual health services. *Sex Transm Infect* 2014;90:370–3.
- 6 Crofts M, Mead K, Persad R, *et al*. An evaluation of a dedicated chronic pelvic pain syndrome clinic in genitourinary medicine. *Sex Transm Infect* 2014;90:373.
- 7 Sane J, Heijman T, Hogema B, *et al*. Identifying recently acquired HIV infections among newly diagnosed men who have sex with men attending STI clinics in The Netherlands. *Sex Transm Infect* 2014;90:414–7.
- 8 Bartelsman M, Straetmans M, Vaughan K, *et al*. Comparison of two Gram stain point-of-care systems for urogenital gonorrhoea among high-risk patients: diagnostic accuracy and cost-effectiveness before and after changing the screening algorithm at an STI clinic in Amsterdam. *Sex Transm Infect* 2014;90:358–62.
- 9 Wong ML, Koh TT, Tjahjadi S, *et al*. Men seeking sex online practise riskier sexual behaviours than men frequenting brothels: survey findings from Singapore. *Sex Transm Infect* 2014;90:401–7.
- 10 Cohen J, Lo Y-R, Caceres CF, *et al*. WHO guidelines for HIV/STI prevention and care among MSM and transgender people: implications for policy and practice. *Sex Transm Infect* 2013;89:536–8.
- 11 Santos G-M, Wilson EC, Rapues J, *et al*. HIV treatment cascade among transgender women in a San Francisco respondent driven sampling study. *Sex Transm Infect* 2014;90:430–33.
- 12 Guffey MB, Richardson B, Husnik M, *et al*. HPTN 035 phase IIb randomised safety effectiveness study of the vaginal microbicides BufferGel, 0.5% PRO 2000 for the prevention of sexually transmitted infections in women. *Sex Transm Infect* 2014;90:363–9.
- 13 Lloyd J, Papworth E, Grant L, *et al*. Systematic review and meta-analysis of HIV prevalence among men in militaries in low income and middle income countries. *Sex Transm Infect* 2014;90:382–7.
- 14 Church K, Wringe A, Fakudze P, *et al*. Reliance on condoms for contraceptive protection among HIV care and treatment clients: a mixed methods study on contraceptive choice and motivation within a generalised epidemic. *Sex Transm Infect* 2014;90:394–400.
- 15 Ti L, Milloy M-J, Shannon K, *et al*. Suboptimal plasma HIV-1 RNA suppression and adherence among sex workers who use illicit drugs in a Canadian setting: an observational cohort study. *Sex Transm Infect* 2014;90:418–22.
- 16 Shafer LA, Nsubuga RN, Chapman R, *et al*. The dual impact of antiretroviral therapy and sexual behaviour changes on HIV epidemiologic trends in Uganda: a modelling study. *Sex Transm Infect* 2014;90:423–9.
- 17 van Aar F, de Moraes M, Morré SA, *et al*. Chlamydia trachomatis IgG seroprevalence in the general population of the Netherlands in 1996 and in 2007: differential changes by gender and age. *Sex Transm Infect* 2014;90:434–40.
- 18 Yan H, Zhang R, Wei C, *et al*. A peer-led, community-based rapid HIV testing intervention among untested men who have sex with men in China: an operational model for expansion of HIV testing and linkage to care. *Sex Transm Infect* 2014;90:388–93.