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Highlights from this issue

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In an era of scarce resources, how can we best target prevention activities and screening? This month, Simms and colleagues address this question in an editorial exploring the potential contribution of geographic information systems (GIS) to sexual health research.¹ This is a perennial problem, but new technologies may hold potential for improved targeting of resources without compromising confidentiality. This is definitely worth a read for colleagues working with commissioners to plan their services.

The British Association for Sexual Health and HIV (BASHH) has revised its standards for the management of sexually transmitted infections, originally published in collaboration with the Medical Foundation for HIV and Sexual Health in 2010. Lowbury and Ahmed-Jushuf introduce this new edition in this month's BASHH column.²

The role of experience and training in diagnostic skills is a constant concern for clinicians, both senior and junior. Morris and colleagues present an interesting study which assesses the relationship between clinical experience and the diagnosis of pelvic inflammatory disease, which will provide food for thought for those responsible for training junior doctors in sexual health.³

We try to use our Education column to address issues that go beyond the guidelines. This month, Herbert *et al*⁴ address the practicalities and regulatory framework for notification of infectious diseases with special reference to the UK. A range of infection syndromes, systematic and local, present to genitourinary medicine clinics. It is important not to miss HIV—but equally important to facilitate appropriate action if an infectious disease with non-sexual modes of transmission presents.

The epidemiology of high and low risk HPV subtypes in Sub-Saharan Africa is addressed by Olesen *et al*⁵ in a systematic review who found large variation in preva-

lence. HPV prevalence prior to vaccination in the USA is addressed by Introcaso *et al*,⁶ in a report on seropositivity to vaccine types using the National Health and Nutrition Examination Surveys.

Condom use remains hard to assess, a self-reported variable. We were interested to read a study assessing semen exposure using Y chromosome detection, in relation to risk of pregnancy. The study suggests that under-reporting of semen exposure is itself associated with a higher risk of pregnancy.⁷

Heterosexual anal sex is a common, but probably under-ascertained behaviour associated with vulnerability to STI and HIV. Ladd *et al* report the potential for internet facilitated rectal self-testing for young female heterosexuals. While not a solution on its own, this may have a place in STI services.⁸

Sex workers remain key populations in their different ways across the world. This month we explore STI and HIV among female sex workers in Mongolia⁹ and male sex workers in Glasgow, UK.¹⁰

Other topics include the relationship between mobility and HIV risk,¹¹ seroadaptive behaviours,¹² sexual risk typologies in young African Americans¹³ and HIV couples testing in China.¹⁴

I hope you enjoy this month's selection—do get in touch with your suggestions for commissions and developments you would like to see in the journal.

Competing interests None.

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