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Highlights from this issue

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Many of our readers attended or followed the World STI Congress in Brisbane, during September 2015. It was a fantastic experience, and we were proud of a great conference of which Prof Nicola Low (Deputy Editor) was Scientific Co-Chair, with Prof David Lewis (Deputy Editor) as IUSTI President and Congress Co-Chair. We were also delighted to publish the conference abstracts, and to see many high quality publications presented. You can catch up on these hot topics via Twitter on @sti_bmj.

For many of us, the conference was an eye-opener on the gap between the sexual health of Indigenous peoples and the wider population of Australia. Tuttle *et al*¹ report that gonococcal arthritis remains an important differential diagnosis among the Indigenous Australian population, despite its near disappearance in other groups. A report by Maclaren *et al* reflects on patterns of male circumcision in the former Australian colony of Papua New Guinea,² and how this relates to HIV prevalence. This is a tricky issue and we have already had correspondence on this topic – do look at our website sti.bmj.com

HIV testing outside the specialist setting is an important and challenging policy issue in many settings. This month, we report a study from the Netherlands by Joore *et al*³ which reports high attendance in general practice, yet delayed HIV testing and diagnosis. The role and contribution of general practice to health care and the various components of primary care varies in different context. However as Leber *et al* reflect⁴ the primary care is important globally to the control of HIV, and to the safe and humane care of affected individuals.

Our clinical readers will be interested to see a report on *Tinea genitalis*, potentially

a new STI,⁵ an interesting report of imaging findings in syphilis,⁶ and an evaluation of gram stain versus point of care testing.⁷ Clinicians will also want to turn to our Clinical Roundup⁸ and BASHH column.⁹

Surveillance of disease is a complicated business, and those of us who work in developed world settings often forget the history of how hard-won the information we take for granted. It's salutary to see the tools for effective information gathering that are developed in settings where information is more difficult to gather. This month, Becker *et al* report a study of concordance between child and adult reporting of HIV associated symptoms in South Africa.¹⁰ On a related note, we report the prevalence of STI among pregnant adolescents¹¹ and mother to child HIV transmission.¹² Other studies report on high levels of HPV in a rural population¹³ and on novel strains of chlamydia circulating in South Africa.¹⁴ Last, but not least in this grouping, is a report on methods for calculating the incidence of chlamydia – a far from trivial task yet one that is essential to plan chlamydia control services.¹⁵

Competing interests None.

Provenance and peer review Commissioned; Not peer reviewed.

REFERENCES

- 1 Tuttle CSL, Van Dantzig T, Brady S, *et al*. The epidemiology of gonococcal arthritis in an Indigenous Australian population. *Sex Transm Dis* 2015;91:497–501.
- 2 Maclaren DJ, McBride WJH, Kelly GC, *et al*. HIV prevalence is strongly associated with geographical variations in male circumcision and foreskin cutting in Papua New Guinea: an ecological study. *Sex Transm Dis* 2015;91:502–5.
- 3 Joore IK, Arts DL, Kruijer MJP, *et al*. HIV indicator condition-guided testing to reduce the number of undiagnosed patients and prevent late presentation in a high-prevalence area: a case-control study in primary care. *Sex Transm Infect* 2015;91:467–72.
- 4 Leber W, Anderson J, Griffiths C. HIV testing in Europe: how can primary care contribute? *Sex Transm Infect* 2015;91:464–5.
- 5 Luchsinger I, Bosshard PP, Kasper RS, *et al*. Tinea genitalis: a new entity of sexually transmitted infection? Case series and review of the literature. *Sex Transm Infect* 2015;91:493–6.
- 6 Pesaresi I, Sabato M, Doria R, *et al*. Susceptibility-weighted imaging in parenchymal neurosyphilis: identification of a new MRI finding. *Sex Transm Infect* 2015;91:489–92.
- 7 Bartelsman M, van Rooijen MS, Alba S, *et al*. Point-of-care management of urogenital *Chlamydia trachomatis* via Gram-stained smear analysis in male high-risk patients. Diagnostic accuracy and costeffectiveness before and after changing the screening indication at the STI Clinic in Amsterdam. *Sex Transm Infect* 2015;91:479–84.
- 8 Haddow L, Herbert S. Clinical roundup. *Sex Transm Infect* 2015;91:534.
- 9 Theobald N. The STI Foundation: STIF International. *Sex Transm Infect* 2015;91:466.
- 10 Becker E, Kuo C, Operario D, *et al*. Measuring child awareness for adult symptomatic HIV using a verbal assessment tool: concordance between adult-child dyads on adult HIV-associated symptoms and illnesses. *Sex Transm Infect* 2015;91:528–33.
- 11 Hokeroro A, Kihunrwa A, Hoekstra P, *et al*. High prevalence of sexually transmitted infections in pregnant adolescent girls in Tanzania: a multi-community cross-sectional study. *Sex Transm Infect* 2015;91:473–8.
- 12 Gourlay A, Wringe A, Todd J, *et al*. Factors associated with uptake of services to prevent mother-to-child transmission of HIV in a community cohort in rural Tanzania. *Sex Transm Infect* 2015;91:520–7.
- 13 Zhang C, Liu F, Deng Q, *et al*. Seroprevalence of 10 human papillomavirus types in the general rural population of Anyang, China: a cross-sectional study. *Sex Transm Infect* 2015;91:506–9.
- 14 Versteeg B, Dubbink JH, Bruisten SM, *et al*. High-resolution multilocus sequence typing reveals novel urogenital *Chlamydia trachomatis* strains in women in Mopani district, South Africa. *Sex Transm Infect* 2015;91:510–2.
- 15 Ali H, Cameron E, Drovandi CC, *et al*. A new approach to estimating trends in chlamydia incidence. *Sex Transm Infect* 2015;91:513–9.