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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*<sup>1</sup> 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,<sup>2</sup> 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*<sup>3</sup> 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* reflect<sup>4</sup> 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,<sup>5</sup> an interesting report of imaging findings in syphilis,<sup>6</sup> and an evaluation of gram stain versus point of care testing.<sup>7</sup> Clinicians will also want to turn to our Clinical Roundup<sup>8</sup> and BASHH column.<sup>9</sup>

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.<sup>10</sup> On a related note, we report the prevalence of STI among pregnant adolescents<sup>11</sup> and mother to child HIV transmission.<sup>12</sup> Other studies report on high levels of HPV in a rural population<sup>13</sup> and on novel strains of chlamydia circulating in South Africa.<sup>14</sup> 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.<sup>15</sup>

**Competing interests** None.

**Provenance and peer review** Commissioned; Not peer reviewed.

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