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You can't go far before finding someone who will argue that vaccines are the greatest health intervention – early Bills of Mortality confirmed shocking rates of early childhood death due to measles. Only safe water supplies are on a par, for early childhood deaths. While rotavirus vaccine has a role, cholera disappears in settings with safe water supplies and adequate sewage, with only occasional imported cases. The early public health gains of vaccination were reduction in childhood and early adult death and morbidity. Today vaccines for flu, pneumococcal disease and shingles also bring benefits in later life. Yet we still only have two STI vaccines – HPV and hepatitis B, and the driver for hepatitis B vaccine was vertical rather than sexual transmission.

STIs are notoriously challenging for vaccine development and it was once thought unlikely they could be developed due to the adaptation of pathogen to long periods of immunologically hidden latency. However molecular biology has moved on and gonorrhoea vaccine is taken seriously again in this month's editorial by Semchenko and Seib.<sup>1</sup> They provide a useful and interesting update on the pathogenesis and immunology of gonorrhoea. And we don't get enough of this. Writing a textbook chapter with a junior colleague, it struck me again how the decline of the text book and clinical review article can impoverish our knowledge of underpinning biological sciences. In *Sexually Transmitted Infections* journal we try to provide quality scientific updates – this is something we need to do more of as I am constantly and rightly reminded by my Deputy Editor Professor David Lewis, who after many years support, advice and hard work is stepping down to join our Editorial Board. It may be that we can do more of this by using our blog and other online material more effectively, and I would be very interested to hear your thoughts.

This month we publish exciting and sobering findings on the re-emergence of ocular syphilis,<sup>2–3</sup> a lesson to all of us on the role of STI clinicians in educating beyond the speciality. We also have a fascinating set of editorials and original manuscripts on HIV testing – approaches and impact.<sup>4–8</sup> There are interesting studies on condom use and on gender

based violence in sex work,<sup>9–10</sup> surprising distributions of high risk HPV types in the Netherlands<sup>11</sup> and evidence on the neglected topic of heterosexual male gonorrhoea.<sup>12</sup>

*Sexually Transmitted Infections* journal is very much in transition as we approach the end of 2016. As many of you will be aware, BMJ Publishing advertised for a new Editor-in-Chief earlier this year. No appointment was made and I will now stay on for a further two years. I am delighted that this will allow me the honour of leading journal celebrations and supporting BASHH for the centenary of venereology clinics in the UK. At the same time, we will need a change of gear so that our now world-leading journal can continue to develop and become a multi-dimensional educational presence, while still providing the relevant high quality research that you expect from us.

I would like to take the opportunity to thank a number of colleagues for their service as advisers or as editors over many years – Adrian Mindel, Charles Lacey, John Richens, Richard White, Anne Scoular, John Imrie, and David Goldmeier. Some of our Associate Editors are moving to advisory roles on the Editorial board after long service – I would like to thank Jennifer Smith, Patti Gravitt, William Wong, Lewis Haddow and Ruud Mak for helping to make the journal what it is today. I am very grateful that Professor Nicola Low – a mentor, friend and editorial conscience – has agreed to stay on as Deputy Editor and will support us in the BASHH Centenary year and beyond. Along with research and horizon gazing, we will continue to publish clinical guidance such as Pakianathan on Chemsex<sup>13</sup> and our clinical roundup.<sup>14</sup> But most importantly, we will seek to publish and actively promote game-changing STI research. When I started out in this field, I chose to publish in *Sexually Transmitted Infections* to maximise the reach of my work to practitioners and patients. We will build on this tradition to remain a beacon for our professional readers and beyond.

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