



doi:10.1136/sextrans-2017-053099

This is the first issue of *Sexually Transmitted Infections (STI)* in a very special year – 2017 marks the Centenary of a nationwide network of clinics in England and Wales. Together with the British Association for Sexual Health and HIV (BASHH) – of which *STI* is of course an official journal – we are working to celebrate this important anniversary with a range of specially commissioned content. This month you can begin to read a series of historical vignettes reflecting the history of the journal and the profession, written by eminent physicians and scientists who reflect on a hundred years of progress. We will also be recording podcasts and look forward to joining BASHH at a London celebration in the summer. Make sure to keep an eye on the website and follow us on Twitter.

This journal began in 1925 as the *British Journal of Venereal Disease*, and you can read early editions on the sti.bmj.com website. The very first issue covers skin complaints often mistaken for syphilis, the use of bismuth and malaria inoculation to treat syphilis, and the establishment of a network of clinics following a Royal Commission.¹ It also discusses diathermy in the treatment of gonorrhoea!

A hundred years ago, we had no effective treatment for gonorrhoea, and it is sobering to realise we may soon be in the same position. The GRASP surveillance system which tracks antimicrobial resistance in England and Wales shows indications that we are not far from ceftriaxone treatment failures in a report by Town *et al.*² In an age of nucleic acid based diagnostics, we need alternatives to culture for detecting resistance. A fascinating report by Graham *et al* reports that whole genome sequencing can be achieved with urine specimens, including the detection of markers associated with resistance.³ On a related note, this month's editorial by Nigel Garrett reflects on the perhaps brief life of syndromic management.⁴

From its earliest days, the journal has sought to be a resource for clinicians, and for our BASHH readership the Education and Clinical Roundup columns are firm favourites. Dr Sarah Edwards edits the Education (or “How to do it”) column, which aims to reach the parts of clinical practice that guidelines cannot reach. This month for example, we have a useful and

informative article by Mason and Winter on the diagnosis and management of aerobic and desquamative inflammatory vaginitis.⁵ We are always keen to hear about new topics for this series – please do contact Sarah or me with any offers or suggestions.

The newly established clinics of 1916 defined venereal disease as syphilis, gonorrhoea or “soft sore” (chancroid). The range of pathogens has widened, so that we now have the self-sampling techniques for HPV reported in a review by Nelson *et al*,⁶ while its epidemiology has been reported in a wide range of populations.⁷ But the contribution of host and pathogen to disease progression and cure still holds mysteries – for example pelvic inflammatory disease where no pathogen can be detected,⁸ the impact of HIV and its treatment on anal neoplasia,⁹ and the serological resolution of syphilis.¹⁰

The role of the state and its control of minority populations in STI transmission is certainly a continuing theme from the early journal¹¹ established when homosexuality was both criminalised and victimised. But perhaps the most striking difference between *STI* and its predecessor is the development of a scientific approach to sexual behaviour, the transmission of infection and its use to inform prophylactic interventions. Pre- and post-exposure prophylaxis for HIV^{12–13} are new clinical challenges requiring sophisticated behavioural science which extends beyond the efficacy of medications into complex interactions of behaviour and context such as serosorting and sexualised drug use.¹⁴

I would like to end with my thanks to the editors, reviewers, authors, bloggers and podcasters who make the journal what it is – and thanks are also due to the editorial, production and publishing teams at BMJ who support us so well. The names of 2016's reviewers are published this month, and I am grateful to every one of you. I am also delighted that Adam Bourne has joined us as Associate Editor, while particular thanks must go to Dr Gwenda Hughes who has agreed to join Professor Nicola Low as Deputy Editor in 2017. We are all looking forward to an exciting year in 2017!

Competing interests None.

Provenance and peer review Commissioned, not peer reviewed.

Jackie A Cassell, *Editor in Chief*

REFERENCES

- 1 Diseases. RCoV. Final report of the Commissioners. London: 1916.
- 2 Town K, Obi C, Quaye N, *et al*. Drifting towards ceftriaxone treatment failure in gonorrhoea: risk factor analysis of data from the Gonococcal Resistance to Antimicrobials Surveillance Programme in England and Wales. *Sex Transm Infect* 2017;93:39–45.
- 3 Graham RMA, Doyle CJ, Jennison AV. Epidemiological typing of *Neisseria gonorrhoeae* and detection of markers associated with antimicrobial resistance directly from urine samples using next generation sequencing. *Sex Transm Infect* 2017;93:65–7.
- 4 Garrett NJ, McGrath N, Mindel A. Advancing STI care in low/middle-income countries: has STI syndromic management reached its use-by date? *Sex Transm Infect* 2017;93:4–5.
- 5 Mason MJ, Winter AJ. How to diagnose and treat aerobic and desquamative inflammatory vaginitis. *Sex Transm Infect* 2017;93:8–10.
- 6 Nelson EJ, Maynard BR, Loux T, *et al*. The acceptability of self-sampled screening for HPV DNA: a systematic review and meta-analysis. *Sex Transm Infect* 2017;93:56–61.
- 7 Reiter PL, McRee A-L. HPV infection among a population-based sample of sexual minority women from USA. *Sex Transm Infect* 2017;93:25–31.
- 8 Goller JL, De Livera AM, Fairley CK, *et al*. Characteristics of pelvic inflammatory disease where no sexually transmitted infection is identified: a cross-sectional analysis of routinely collected sexual health clinic data. *Sex Transm Infect* 2017;93:68–70.
- 9 Libois A, Feoli F, Nkuize M, *et al*. Prolonged antiretroviral therapy is associated with fewer anal high-grade squamous intraepithelial lesions in HIV-positive MSM in a cross-sectional study. *Sex Transm Infect* 2017;93:15–7.
- 10 Pastuszczak M, Godzialska A, Jakiela B, *et al*. Robust pro-inflammatory immune response is associated with serological cure in patients with syphilis: an observational study. *Sex Transm Infect* 2017;93:11–4.
- 11 Santos G-M, Makofane K, Arreola S, *et al*. Reductions in access to HIV prevention and care services are associated with arrest and convictions in a global survey of men who have sex with men. *Sex Transm Infect* 2017;93:62–4.
- 12 Snowden JM, Chen Y-H, McFarland W *et al*. Prevalence and characteristics of users of pre-exposure prophylaxis (PrEP), among men who have sex with men, San Francisco, 2014 in a cross-sectional survey: implications for disparities. *Sex Transm Infect* 2017;93:52–5.
- 13 Ottaway Z, Finnerty F, Buckingham T, *et al*. Increasing rates of reported chemsex/sexualised recreational drug use in men who have sex with men attending for postexposure prophylaxis for sexual exposure. *Sex Transm Infect* 2017;93:31.
- 14 Grewal R, Allen VG, Gardner S, *et al*. Serosorting and recreational drug use are risk factors for diagnosis of genital infection with chlamydia and gonorrhoea among HIV-positive men who have sex with men: results from a clinical cohort in Ontario, Canada. *Sex Transm Infect* 2017;93:71–5.