Highlights from this issue

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Domestic violence and abuse (DA) or intimate partner violence (IPV) has become a hot topic of debate for sexual health clinicians globally. Last month we published an editorial[1] highlighting the work of the BASHH Sexual Violence group, culminating in the publication of guidance for sexual health clinicians. This month Pathak and colleagues *(page 125)* publish an educational article which draws on the "IRIS" approach to approaching this difficult issue. It is clear that sexual health settings are uniquely placed to identify and support women and men exposed to violence in their most intimate relationships. With the growing range of services – from HIV clinic, to contraception and sexual service, and now online services – clinicians and academics will need to work closely to evolve and refine DA approaches for the wide range of clients we serve.

It's always good to see a high quality systematic review on a core clinical topic. This month, Werner *et al (page 155)* explore self-administered interventions for anogenital warts. The authors note the limited number of direct comparisons between treatment modalities, which is disappointing given the well-known challenges in treating this common and troubling condition.

The importance of high quality surveillance data to inform clinical and public health policy is a theme begun in our opening editorial (Dunbar *et al page 151*). This theme continues in two reports which make excellent use of routine data. Chandrasekaran *et al (page 226)* explore chlamydia screening data at local authority level, arguing for local targets which may be better suited to reducing health inequalities. In the clinical setting, Mohammed *et al (page 217)* assess patterns of HIV testing among black Africans attending services in England.

Chemsex (sexualised illicit drug use) remains a challenge in clinical settings, and many of our readers will have read and referred to last year's clinical guide by Pakianathan.[2] This month, Weatherburn *et al (page 203)* explore men's motivations and values in relation to chemsex – these need to be addressed in interventions aimed at helping men reduce associated risk. In an accompanying editorial, Frankis and Clutterbuck *(page 153)* set out the issues which practitioners need to address in making sure their services are capable of supporting these clients, whether through in-house or other services.

While PREP (pre-exposure prophylaxis) may be the holy grail, providing support for patients needing PEP (post-exposure prophylaxis) remains a major task for services. A national analysis of PEP recipients *(page 207)* demonstrates high rates of HIV acquisition, particularly in men who have sex with men (MSM) who had also recently been diagnosed with an STI. In a single clinic study *(page 214)* Whitlock *et al* report similar findings in their cohort with high levels of drug use and group sex. Both sets of authors argue cogently that this is a group who should be prioritised for the extension to PREP.

Should azithromycin be used for chlamydia? This has been the subject of considerable debate[3] – this month, Björnelius *et al (page 167)* report low rates of macrolide resistance in *Mycoplasma genitalium* in Sweden. They hypothesize that this could be due to use of doxycycline as first line treatment for *Chlamydia trachomatis*.

There's plenty more fascinating clinical material which I don't have space to describe – immunological predictors of HSV recurrence *(page 169)*; Sophie Herbert's Clinical Roundup *(page 230)*; when is an imported gonococcal strain maintained in a population; the results of an internet based chlamydia intervention including RCT *(page 188, page 179)*; how pubic hair grooming relates to different categories of STI *(page 162)*. But in this centenary year, make sure you take time to read our specially commissioned historical vignettes *(page 229, 220, 178, 202)* – and make sure you've booked the date for BASHH celebrations on 6th June 2017!.

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REFERENCES

1 Sacks R. Domestic abuse. *Sexually Transmitted Infections* 2017;93:81–2.
2 Pakianathan MR, Lee MJ, Kelly B, *et al*. How to assess gay, bisexual and other men who have sex with men for chemsex. *Sexually Transmitted Infections* 2016;92:568–70.
3 Horner P, Saunders J. Should azithromycin 1 g be abandoned as a treatment for bacterial STIs? The case for and against. *Sexually Transmitted Infections* 2017;93:85–7.