



## Highlights from this issue

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Jackie A Cassell, *Editor in Chief*

Integration of healthcare is a clarion call across the world as policymakers, governments and insurers in all kinds of health services. In many services, it is driven by the increasingly complex needs of an ageing population who are ill-served by services with multiple front doors to multiple practitioners. While the need to integrate into wider health services will inevitably transform the services for people living into old age with HIV, integration in sexual health has to date focused primarily on the co-location and integrated provision of contraception, STI diagnosis and care, and to a more limited extent HIV. Though this direction continues to be challenged by commissioning changes in England, it is likely to continue as policymakers look for health services which are both person centred and locally accessible. This month, our educational 'How to do it' series features the experience of clinicians in Wales, UK who set up a PREP clinic in an integrated sexual health clinic.<sup>1</sup> Importantly, Knapper and colleagues' useful study reports the challenges of providing for a population with high levels of polypharmacy and comorbidity and describes a number of lessons learnt. The need for physicians confident in managing complex medical decisions comes across clearly.

Diagnostic tests form another strong theme this month, with three evaluations reported from very different settings. Van Tienen and colleagues assess the potential of the Alere Combo point of care test (POCT) for HIV in the detection of early HIV infection—an important priority in partner notification and transmission prevention.<sup>2</sup> The value of a molecular POCT for gonorrhoea and chlamydia is evaluated by Causer and colleagues in a large number of 'remote' health services serving Aboriginal populations. Strikingly they found excellent correlation with conventional nucleic acid amplification

tests (NAATs). More conventionally, but still with substantial potential for uncovering hidden infections, Tipple and colleagues describe a laboratory pathway for a molecular test for *Trichomonas vaginalis*.<sup>3</sup>

A new generation of diagnostic tests has given rise to online health services, and we are still learning how to optimise the interface between face to face and remote (usually digitally enabled) services. Barnard and colleagues have compared the characteristics of online *vs* face to face service users in a borough of South London where nearly half of all consultations are already online.<sup>4</sup>

As syphilis transmission gathers pace among men having sex with men (MSM) populations, epidemiologists are increasingly looking to understand the interaction between social and behavioural dynamics, as seen in Schneider *et al.*<sup>5</sup> On the other wide of the world, an Australian case control study of oropharyngeal gonorrhoea in MSM showed an association with higher partner numbers, but none with specific behavioural practices.<sup>6</sup>

This month we also publish epidemiological studies exploring risk of STI by ethnicity<sup>7</sup>, ethnicity and socioeconomic status<sup>8</sup>, along with a meta-analysis of the association between anal intercourse and rectal chlamydia infection in women.<sup>9</sup> In a modelling study, Omori and colleagues question the view that HSV potentiates HIV transmission.<sup>10</sup>

Clinicians will be interested to see an observational study of the value of screening for asymptomatic syphilis following treatment of early syphilis in individuals living with HIV<sup>11</sup> before turning to this month's Clinical roundup,<sup>12</sup> a regular for which I am again grateful to Sophie Herbert and Emily Chung.

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