



## Highlights from this issue

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There is a growing move to think smarter about partner notification. As every clinician knows, patients' willingness to share information about exposure risk with partners or ex-partners, and their preferences as to how to do this, vary by relationship type and infection as well as more personal factors. Despite some raised eyebrows on social media for self-advertisement, Bellhouse and colleagues' paper on the implications of "fuckbuddies" for STI transmission, partner notification and behavioural surveillance makes an important contribution to opening up these questions.<sup>1</sup> Partner notification (PN) needs to be targeted and customised, and the better our understanding of sexual partnership typologies the better we can do this.<sup>2</sup> Partner notification is more explicitly the focus for Suzan-Monti's analysis of the IPERGAY study data, exploring use of street drugs and sexual contact outside main partnerships as barriers to partner notification.<sup>3</sup> The interaction between drug use, chemsex and HIV risk behaviours described by Sewell *et al*<sup>4</sup> addresses related issues, as does a Mmeje *et al*'s comparative study of diagnosed chlamydia incidence in US states with, and without, expedited partner notification.<sup>5</sup>

It is always good to see research that explores the needs of vulnerable and hard to study populations. This month we publish a study of female seasonal farm workers in Morocco, a study with low HIV prevalence yet significant potential for STI and HIV acquisition and transmission, by Bozicevic and colleagues.<sup>6</sup>

Testing is another key theme this month, with a range of articles spanning HIV self-testing,<sup>7</sup> the acceptability of oral HIV testing,<sup>8</sup> hepatitis B and C testing among MSM in China.<sup>9</sup> At a population level, surveillance of gonococcal antimicrobial resistance testing, in the Caribbean, is addressed by Sawatzky and colleagues.<sup>10</sup>

The hinterland between gastrointestinal and sexual pathogens has recently re-emerged as an important topic. "Gay bowel syndrome" is now an archaic usage,

but the sexual transmission of organisms such as hepatitis A, salmonella and shigella has never disappeared as a public health problem. Different aspects of rectal STI in MSM are explored in two contrasting studies. Hassan *et al*<sup>11</sup> address the relationship between douching and gonococcal or chlamydial rectal infection in a population using PREP. In an elegant study using unlinked anonymous data to about classically gastrointestinal infections, Hughes *et al* explore their relationship with rectal chlamydia diagnoses.<sup>12</sup>

Further highlights include patient perspectives on 'intentional' HIV transmission,<sup>13</sup> self perceived STI risk among Scandinavian women,<sup>14</sup> the implications and opportunities of sexual health clinic attendance patterns for HPV vaccination,<sup>15</sup> and trends in hospitalisation for pelvic inflammatory disease.<sup>16</sup>

Finally do not forget to read this month's Clinical roundup.<sup>17</sup>

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