



## Highlights from this issue

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Since the UK's Venereal Diseases Act of 1917, the burden of STI has fluctuated as described by Mohammed *et al* in a review surveillance data.<sup>1</sup> While technology has changed some aspects of sexual health, many others remain all too familiar.

In this this month's editorial Jo Gibbs<sup>2</sup> identifies key areas in which the current legislative and regulatory framework for digital healthcare will have an impact. We end with an example of such an advance: the development of digital media to communicate test results, an area where such applications may bring improvement in privacy and in patient/user control over access. In a research report, Gibbs *et al*<sup>3</sup> also assess a service of this kind developed in UK GUM clinics. We also cover the application of digital technologies to diagnostics, as Allan-Blitz *et al*<sup>4</sup> report favourably on the performance of a smartphone-based electronic reader of dual HIV and syphilis POCTs.

In the case of syphilis 'the great imitator', many issues would have been familiar to predecessors in the 1920s in studies ranging over the detection of neuro-syphilis, the symptoms of congenital syphilis in children, and transmission among adult MSM—for whom the risks were always known if not publicly recognised. Marks *et al* explore the role of PCR in diagnosis of neurosyphilis as well as in the detection of early syphilis.<sup>5</sup> A retrospective clinical study undertaken by Pang *et al* in Beijing<sup>6</sup> summarises clinical manifestations and risk factors for Jarisch-Herxheimer reaction in children treated for congenital syphilis. Finally, Towns *et al*<sup>7</sup> report a cross-sectional study of MSM couples in Melbourne, Australia which explores the relationship between HIV and secondary syphilis.

In an interesting prospective cohort study by Matson *et al*<sup>8</sup> report on US adolescent women using smartphones to record feelings of trust towards partners over an 18 month period, and explore relationship with incident STI. This is important for behavioural interventions and partner notification. And intriguingly Braun *et al*<sup>9</sup> conducted on MSM and TG women in Lima, Peru, show that the correlation between expected partner notification and actual notification practice is poor. From the Netherlands we have a report on Expedited Partner Therapy<sup>10</sup> but the authors caution that this resulted in unnecessary use of antibiotics for chlamydia

and potentially untreated gonorrhoea, syphilis and hepatitis B.

Substance misuse and growing antibiotic resistance also permeate this issue. Roth *et al* explore the options for using syringe exchange programmes to educate injecting drug users about site-specific self-collection of samples.<sup>11</sup> A study by Logie *et al* of the link between poor mental health and STI in remote Canadian North-West Territories demonstrates the important role of substance use. Antibiotic resistance is another problem unlikely to find any imminent resolution.<sup>12</sup> The prevalence of nitroimidazole resistance in the the most common STI worldwide, *Trichomonas vaginalis*, leads Thorley *et al* to evaluate intra-vaginal boric acid as an alternative therapy<sup>13</sup> while macrolide resistance in *Mycoplasma genitalium* has inspired the trialling by Pitt *et al* of a new assay for the mutations responsible.<sup>14</sup>

Other studies explore vaginal microbiota in Chlamydia infection,<sup>15</sup> *Lymphogranuloma venereum* in Nigerian MSM,<sup>16</sup> long-term HSV-2 shedding,<sup>17</sup> and the striking disparities of STI incidence seen in the Mississippi Delta region of the US.<sup>18</sup>

Last but not least, our clinical readers will appreciate Saunders *et al*'s educational article exploring person centred communication,<sup>19</sup> our regular Clinical round-up<sup>20</sup> and this month's BASHH column addressing sexual violence.<sup>21</sup>

**Handling editor** Jackie A Cassell

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