Highlights from this issue

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As 2018 draws to a close, it is satisfying to pull together a particularly diverse and interesting issue of STI journal in this final Whistlestop Tour before I hand over as Editor in Chief. Some of our print issues are strongly themed, either by design or by chance when related articles turn up all at once like London buses. This month, we have a mix of perennial themes, basic science and emerging technologies. We also publish an important abbreviated Cochrane review on the use of antibiotics in pelvic inflammatory disease.¹ The accompanying editorial by Nicola Low¹ reflects on the review itself, the Cochrane process, and the role of journals in promoting systematic reviews to professional audiences. Drawing attention to the resources available, she provides a helpful guide to future authors wishing to adapt Cochrane reviews for this and other journals.

The specific vulnerabilities of trans people are long recognised by professionals in our field, who have a proud tradition of prioritising and advocating for people with sexual and social identities they may not share openly within other services. A recent editorial by Jaspal and colleagues² emphasised the particular needs of trans women in relation to HIV, from prevention and transmission to engagement in care and its outcomes, and our need to collect meaningful and useful data. Amidst heated social and legal debate on social media on what it means to be trans, it's good to see Cleer *et al*'s careful study of partnerships with trans and other gender diverse people³ in an Australian sexual health clinic. Their thoughtful reflection on the meaning of their data will be helpful to others seeking respectful and meaningful information to support the care of trans people and their partners. It's also worth reflecting that the range and biosocial meaning of trans identities is kaleidoscopic across the globe and over time. These vary both between cultures, and in relation to the different social and biomedical possibilities in gender and other identities, which may retain resonance for migrants adapting to new settings. A fascinating read on this point is Thompson *et al*'s account of the traditional and contemporary role of the

hijra community in Pakistan within a study focussing on sex work⁴ - and the bibliography of a related study in Bangalore, India points to a deeper social science literature which clinicians would do well to be aware of.

This month, two articles report gastrointestinal outbreaks among men who have sex with men (MSM). Faeco-orally transmitted pathogens have re-emerged as a major STI challenge in recent years, ranging from hepatitis B in Northern France⁵ to shigellosis among MSM living with HIV in Taiwan.⁶ Public health messaging about prevention is more complex and challenging than "use a condom" or recommendation of PREP for semen related transmission.

In high income countries, many clinics will rarely diagnose *Trichomonas vaginalis* and testing is now often targeted or even unavailable. It is important however to keep in mind the importance of *Trichomonas* as a potential contributor to HIV transmission. Chengo Masha and colleagues⁷ present a systematic review and meta-analysis of this relationship, emphasising its continued importance in multi-pronged HIV prevention. The relevance of vaginal immunology to clinical and preventive practice is likely to grow as we understand more about the relationship between vaginal processes and STI.⁸

Other topics this month include the relationship between STI and stillbirth or infant mortality in Kenya,⁹ optimal self-sampling for HIV postal testing,¹⁰ non-cervical HPV disease health system costs and quality of life,¹¹ the contribution of microscopic Gram staining to gonorrhoea control,¹² HIV/STI risks among MSM in Rwanda,¹³ and the epidemiology of chlamydia and gonorrhoea in the Netherlands (REF 053478)¹⁴

Finally don't forget to browse this month's Clinical Roundup,¹⁵ and BASHH column.¹⁶

Handling editor Jackie A Cassell

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