Highlights from this issue

doi:10.1136/sti.2011.049536

Jackie A Cassell, *Editor*

This month, we focus on the views from the far end of the swab. Two papers explore patient experiences of and attitudes to sampling for STIs. Richman *et al*[1] report an innovative study in which they compared three different self-testing devices for women to use in self-sampling for human papilloma virus. Interesting results emerged, including women's dislike for multiple turns of a brush, and a sense that vaginal lavage was messy. These attitudes may vary across cultures, and here they varied even between rural and urban American women in a single state. Apoola *et al* address the longstanding fears of men about urethral swabs.[2] Only a few years ago, Bradbeer and colleagues reported continuing eyewatering fears of 'the umbrella' in the Christmas BMJ.[3] In a randomised controlled trial the authors show that swabs were associated with more discomfort than a loop. Direct urethral sampling may decline in the age of NAAT tests, but is unlikely completely to disappear, so these results are of real clinical significance.

In the age of self-testing, it is surprising to read in Howard *et al*'s US study[4] that most clinic attenders preferred to wait to see a doctor given a long wait. If turned away from a busy clinic, 41% would prefer to come back the next day rather than self-swab. These findings show patients who attend clinic want an interaction that goes beyond finding out whether they are infected. Sutcliffe *et al*[5] explore a very different setting, sexual health services based in primary care in the UK. They show that patients typically expected either in house care, or formal referral to a specialist clinic. Although a specialised service within general practice was well regarded, many patients were disappointed by the lack of formal referral, lack of information and a perceived avoidance of sexual health matters. Recommendations for those commissioning primary care sexual health services are made.

In a review, Kaul *et al* set out the current state of knowledge on the role of mucosal immunity in protecting against HIV. This is a complex topic that challenges clinicians and researchers alike, and this synthesis of state of the art is very welcome. It also illuminates a paper on HIV shedding and genital ulceration, published this month.[6]

Male circumcision remains a hot topic, and Hallett *et al* provide an important update in a study which uses recent data in mathematical models.[7] They conclude that the benefit to communities, and particularly to women, may be greater than previously predicted.

HIV-1 transmission patterns in the Middle East and North Africa are less well documented than in higher prevalence or higher resource settings.[8] Mumtaz *et al*'s review of molecular epidemiology evidence, and of transmission patterns brings together the evidence, showing high diversity of strains, and suggesting that established or nascent epidemics are emerging among the same higher risk groups as elsewhere in the world. The need to focus prevention work on these vulnerable populations is emphasised.

Another randomised controlled trial explores various options for technologically assisted behavioural research among adolescents in Zimbabwe.[9] The authors conclude that audio-computer assisted interview (ACASI) was the best computer-based option, which also outperformed self-adminstered modalities.

As well as a trial of chlamydia screening[10] which is the subject of this month's editorial,[11] we have a wealth of interesting material on many topics. These include screening strategies to prevent neonatal herpes,[12] intimate partner violence in sexual health clinic attenders[13] and seroadaptive behaviours.[14] And don't forget this month's Editor's Choice, in which Brook *et al* show the capacity of well constructed electronic records to expedite the audit of partner notification—a challenging topic. The story of how their records developed and were made fit for audit purposes contains lessons for all clinics entering the electronic age.[15]

Provenance and peer review Not commissioned; not externally peer reviewed.

REFERENCE

1. **Richman AR,** Brewer NT, Liebman AK, *et al*. Optimising human papillomavirus self-testing for high risk women. *Sex Transm Infect* 2011;**87**:118—22.
2. **Apoola A,** Herrero-Diaz M, FitzHugh E, *et al*. A randomised controlled trial to assess pain with urethral swabs. *Sex Transm Infect* 2011;**87**:110—3.
3. **Bradbeer C,** Soni S, Ekbote A, *et al*. You're not going to give me the umbrella, are you? *BMJ* 2006;**333**:1287—8. doi:10.1136/bmj.39043.717245.F7.
4. **Howard EJ,** Xu F, Taylor SN, *et al*. Screening methods for *Chlamydia trachomatis* and *Neisseria gonorrhoeae* infections in sexually transmitted infection clinics: what do patients prefer? *Sex Transm Infect* 2011;**87**:149—51.
5. **Sutcliffe LJ,** Sadler KE, Low N, *et al*. Comparing expectations and experiences of care for sexually transmitted infections in general practice: a qualitative study. *Sex Transm Infect* 2011;**87**:131—5.
6. **Graham SM,** Masese L, Gitau R, *et al*. Genital ulceration does not increase HIV-1 shedding in cervical or vaginal secretions of women taking antiretroviral therapy. *Sex Transm Infect* 2011;**87**:114—7.
7. **Hallett TB,** Alsallaq RA, Baeten JM, *et al*. Will circumcision provide even more protection from HIV to women and men? New estimates of the population impact of circumcision interventions. *Sex Transm Infect* 2011;**87**:88—93.
8. **Mumtaz G,** Hilmi N, Akala FA, *et al*. HIV-1 molecular epidemiology evidence and transmission patterns in the Middle East and North Africa. *Sex Transm Infect* 2011;**87**:101—6.
9. **Langhaug LF,** Cheung YB, Pascoe SJS, *et al*. How you ask really matters: randomised comparison of four sexual behaviour questionnaire delivery modes in Zimbabwean youth. *Sex Transm Infect* 2011;**87**:165—73.
10. **Andersen B,** van Valkengoed I, Sokolowski I, *et al*. Impact of intensified testing for urogenital *Chlamydia trachomatis* infections: a randomised study with 9-year follow-up. *Sex Transm Infect* 2011;**87**:156—61.
11. **Soldan K,** Berman SM. Danish health register study: a randomised trial with findings about the implementation of chlamydia screening, but not about its benefits. *Sex Transm Infect* 2011;**87**:86—7.
12. **Tuite AR,** McCabe CJ, Ku J, *et al*. Projected Danish health register study: simplex virus screening in pregnancy: towards a new screening paradigm. *Sex Transm Infect* 2011;**87**:141—8.
13. **Lockart I,** Ryder N, McNulty AM. Prevalence and associations of recent physical intimate partner violence among women attending an Australian sexual health clinic. *Sex Transm Infect* 2011;**87**:174—6.
14. **Snowden JM,** Raymond HF, McFarland W. Seroadaptive behaviours among men who have sex with men in San Francisco: the situation in 2008. *Sex Transm Infect* 2011;**87**:162—4.
15. **Brook MG,** Rusere L, Coppin-Browne L, *et al*. A prospective study of the effectiveness of electronic patient records in rapid-cycle assessment of treatment and partner notification outcomes for patients with genital chlamydia and gonorrhoea infection. *Sex Transm Infect* 2011;**87**:152—5.