

Highlights from this issue

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As the festive season approaches, we hope you will enjoy this month's 'double bill'—a regular journal issue accompanied by a Supplement for the World Health Organization, exploring the international challenges of antimicrobial resistance in gonorrhoea. The advent of the penicillin age at the end of World War II transformed the treatment of gonorrhoea, including disseminated infection of which the resurgence is the subject of an epidemiological report this month.¹ Urology wards are no longer the regular haunts of men suffering from the urethral strictures which tormented Boswell, Rousseau and Henry VIII. But *Neisseria gonorrhoeae* showed its potential for developing resistance to our new magic bullet early on, has kept pace with novel antimicrobials, and now seriously threatens to become untreatable. The gonococcus is at the cutting edge of bacterial evolution and has been the core interest of Professor Cathy Ison's career as an internationally respected microbiologist. Cathy is honoured this month in an editorial², and also a celebration of her distinguished career which will take place early this month in London as she retires from her role as Director of Public Health England's Sexually Transmitted Bacteria Reference Laboratory. She has, as ever, sung for her supper as a Guest Editor for the Supplement. When I joined *Sexually Transmitted Infections* as an Associate Editor in 2006, I knew Cathy from my clinical and research life. As a new editor I quickly came to realise the high esteem in which she was held by all my colleagues, and I know that my editorial colleagues Nicola Low and Jonathan Ross, as well as David Lewis and Gwenda Hughes who wrote this month's editorial, will share with me in expressing our gratitude to Cathy for all she has done for the journal over many years.

Medical journals increasingly require a rigorous approach to research designs, and use of standardised checklists. We thoroughly support the use of research guidelines, and commend our readers to the extensive library of guidance at the Equator network <http://www.equator-network.org/>. Nevertheless, it's important to realise that research methods outside our traditional frameworks have a lot to

offer, and we were delighted to receive an analysis of an online video context which explores different ways of disclosing a genital herpes simplex diagnosis. In this paper Catallozzi and colleagues³ reflect interestingly on the implications for counselling messages in the healthcare setting.

MSM (men who have sex with men) form a major theme this month, with behavioural research from across the globe exploring various aspects of risk. These bear witness to varying programmatic needs. Vu and colleagues describe low levels of HIV testing, high levels of unprotected anal intercourse (UAI) and substantial bridging to the heterosexual population among MSM living in three major Nigerian cities.⁴ Prestage and colleagues⁵ explore the implications of age difference among Australian MSM, pointing out that although age differences do not seem to affect overall risk, younger men are more likely to take the receptive position in age discrepant partnerships. In a study from Malaysia Lim *et al*⁶ report high levels of risk behaviour, along with low HIV prevalence and low levels of HIV testing. The targeting of interventions to men at highest behavioural risk is important, and this appears to have happened with hepatitis B vaccination in the Netherlands. Xiridou *et al*⁷ present a modelling study which suggests that the observed reduction in hepatitis B can only be explained if higher risk MSM were more likely to receive vaccination. The implications for countries without infant vaccination are explored.

We are always looking for new topics for educational articles, and hope that you will be interested to read 'Holding up the Mirror'.⁸ This is a guide to peer review of services, based on a case study of the peer review processes undertaken in the South West of England. It is likely to be particularly relevant in addressing the risks of service fragmentation which are emerging through as a result of recent changes in commissioning.

A study of adverse obstetric outcomes⁹ in relation to STI interestingly reports that the risks were similar for STIs during pregnancy as before pregnancy, suggesting that there may be complex potential for confounding. Other studies explore the effectiveness of couples interventions for

HIV prevention,¹⁰ the most effective options for pre-exposure prophylaxis in sub-Saharan Africa, and the changing patterns of female sex work and STI in Bangalore.¹¹

We hope you will find this issue interesting—please tell us what you think on Twitter, through the website or even by writing us a letter.

Competing interests None.

Provenance and peer review Commissioned; not peer reviewed.

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