

Annual report

Annual report January to December 2003

R Miller, H Ward

In January 2003 the editorship of *Sexually Transmitted Infections* changed and it was with some trepidation that we took over as editors.¹ Under the editorship of Mohsen Shahmanesh, the journal had gone from strength to strength and had increased its impact factor, which now stands at 2.181 (fig 1). *STI* is currently the second most successful speciality journal, lying closely behind the American speciality publication. The readership of *STI* and indeed the genitourinary medicine community as a whole are indebted to Mohsen and the previous editorial team for producing an outstanding journal.

With our arrival as editors we appointed a new editorial board. Members of the editorial board were selected to represent a range of disciplines, expertise, and geographical distribution, and are asked to advise the editors on major issues of direction of the journal. We were conscious in selecting members of the board to include approximately half from outside of the UK, to reflect our increasingly international readership, and to have a fair gender balance. We also decided to invite a broad group of associate editors to reflect the broad range of interests of our readers. Davis Lewis became assistant editor in mid-2003.

The number of submissions to *STI* increased in 2003, with a total of 378

submissions for the period January to December 2003. This represents an increase of 28% compared with the same period in 2002. We have also seen an increase in submissions from outside the UK, especially from Europe, north America and Canada, and Asia. Currently over 55% of submissions come from outside the UK (box 1).

The average time to the first decision on a paper is 35.5 days, having fallen from 53.3 days in 2002. The increased number of submissions means that our acceptance rate is now 35.2%; in 2002 the acceptance rate was 58.2%.

This year we have published several important research papers and also the national guideline for the management of suspected sexually transmitted infections in children and young people.² A review series on tropical medicine, edited by David Lewis, also began.³ We have continued the brief encounters section at the front of each issue of the journal. This section highlights the key messages of some of the papers in the journal. The *STI* website was renamed (www.stijournal.com). It has proved to be an increasingly popular site and our 10 most frequently read articles online between January and the end of December 2003 had a total of over 10 500 accesses as either full text HTML, PDF versions, or abstracts.²⁻¹¹

The journal has been redesigned with a new cover, and we have introduced groupings for the contents page to help guide readers through the journal. We continue to commission major review articles, and are starting a number of series' including a regular epidemiological update. We are now encouraging submissions of case reports where these have a clear educational message for readers. Some of these will be presented with MCQs either in the journal or on the website. In recognition of the major contribution of nurses and health advisers we are planning a forum within *STI* for discussion of practice issues and reports.

The editors would like to thank all the authors who have submitted their papers for review in the journal. We would also like to thank the many reviewers who have given up their time to assess papers for *STI* and by so doing have contributed to the success of the journal (a full list of reviewers for 2003 is available on the *STI* website at <http://sti.bmjournals.com/misc/reviewers.shtml>). We would like to thank the assistant editor, David Lewis, for his invaluable help, the associate editors for their vital role in selecting the best papers for publication, and the editorial board for their support of the journal. Michelle Dimler, our editorial assistant, has done a fantastic job coping superbly, not just with running the journal, but also with the quirks and foibles of the new editors. Finally we would like to thank Janet O'Flaherty and Sue King, the managing editors during 2003, and Glen Hughes and Melissa Dodd, the technical editors, for helping us produce such a high quality journal.

Our first year as editors has involved a steep learning curve. We have, at various times, been bemused, excited, and challenged. We look forward to 2004 and beyond, with the opportunity to ensure that *STI* continues to be successful journal with an international readership.

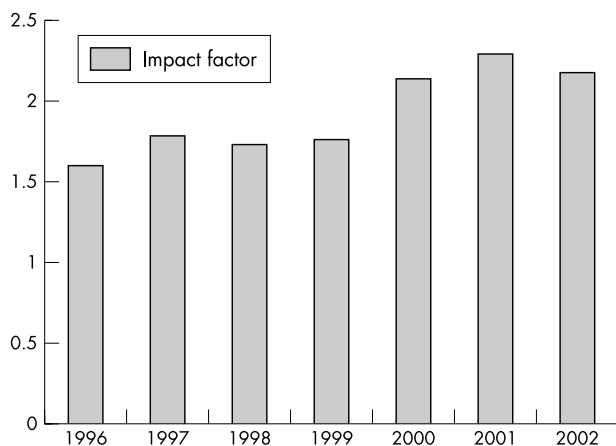


Figure 1 *Sexually Transmitted Infections* impact factor 1996–2002.

Box 1 Geographical distribution of submissions

| Origin | % |
|-----------------------|------|
| UK | 44.5 |
| Europe (excluding UK) | 15.7 |
| USA and Canada | 13.3 |
| Asia | 11.2 |
| Australasia | 5.5 |
| Africa | 3.7 |
| Middle East | 3.2 |
| South America | 2.9 |

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ECHO.....

Facilitation of HIV transmission in the foreskin



Please visit the Sexually Transmitted Infections website (www.stijournal.com) for a link to the full text of this article.

A study of nine normal human foreskin specimens may explain at a molecular level why circumcised men are less frequently infected with HIV than those who are not circumcised.

The C-type lectin DC-SIGN (dendritic cell specific intercellular cell adhesion molecule grabbing non-integrin) binds human immunodeficiency virus (HIV) avidly, and has been shown to facilitate HIV infection of permissive cells both in trans and in cis. This study shows that DC-SIGN may also contribute to HIV transmission in the foreskin.

Cells such as maternal and alveolar macrophages and fetal Hofbauer cells at the placental interface, facilitate HIV infection where DC-SIGN and the HIV entry receptors CD4 and CCR5 are coexpressed. This study of dendritic cells and macrophages in foreskin specimens showed that all the DC-SIGN+ cells expressed both CD4 and CCR5 suggesting that DC-SIGN may potentiate HIV infection of these cells in cis. Most CD4+DC-SIGN– cells also expressed CCR5 and could therefore be infected in trans by the DC-SIGN+ cells in close proximity.

This study only provides circumstantial evidence about the role of the foreskin in the sexual transmission of HIV due to a lack of suitable available specimens. Further studies are now needed correlating levels of DC-SIGN expression in the penis with HIV transmission rates in circumcised and uncircumcised men.

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