

# Whistlestop tour

doi:10.1136/sti.2010.044313

Jackie A Cassell, *Editor*

Deciding how to target tests to populations is a major theme this month. The balance between speed of diagnosis, sensitivity and specificity, predictive value, and treatment rates is ever-changing. In this month's Editor's Choice, Lusk *et al*<sup>1</sup> (*see page 227*) present Australian data suggesting that *Trichomonas vaginalis* may be substantially underdiagnosed with existing policies for the discretionary use of wet mounts. As screening strategies for cervical dysplasia evolve—for example, the age at which cervical screening starts in England is now 25 years—we can expect to see changes in the epidemiology of this parasite, which has been well controlled in recent decades. What are the implications for testing patterns? The trade-off between rapid diagnosis and sensitivity in the diagnosis of syphilis is nicely demonstrated by Mishra *et al*<sup>2</sup> (*see page 193*) in an evaluation of a rapid test. In a setting in which many women did not return for test results, an appropriate treatment rate of 68% was achieved with this imperfect test, by contrast with only 48% among women having laboratory serological testing. In another paper, Johnson *et al*<sup>3</sup> (*see page 217*) describe patterns of coverage and positivity in England's National Chlamydia Screening Programme, demonstrating a higher yield of positives in healthcare settings, and particularly low positivity among university students. All these studies are important, but they need to be complemented by high quality economic studies.

The debate over who should be given which Human Papilloma Virus (HPV) vaccine looks set to continue. Last year we published a paper by Fairley *et al*<sup>4</sup> showing the decline of genital warts in Australia following the introduction of quadrivalent vaccine, a paper that was acclaimed as worldwide paper of the year at this year's British Association for Sexual Health and HIV conference (see the STI conference blog for details of other papers of the year chosen by Steve Taylor). Pirotta *et al*<sup>5</sup> have followed on from the epidemiology with

an estimate of the healthcare costs of genital warts in the same country (*see page 181*), estimating these at A\$14 million per year. Again, more information on cost-effectiveness is needed, which will need to recognise the differences between settings. What are we to make of data presented by Müller *et al*<sup>6</sup> (*see page 175*) showing an association between HIV positivity and multiple HPV types? Even in resource-rich settings, men have poor awareness of HPV, as reported by Reiter *et al*<sup>7</sup> (*see page 241*). Some problems, however, may not be related to HPV—Nasca *et al*<sup>8</sup> report being unable to detect HPV in biopsies of erythroplasia of Queyrat (*see page 199*).

Clinicians will also be interested in a genotypic study that explores the relationship between APOE alleles and HSV (*see page 202*).<sup>9</sup> Mucosal shedding was not related to APOE genotype, but self-reported clinical oral lesions were.

The potential of men who have sex with both men and women in Bangalore to act as a bridge for the transmission of HIV is interestingly reported by Phillips *et al*<sup>10</sup> (*see page 187*). The authors acknowledge the complexity of gender identity in India, and recruited their sample in various sites where men seek various kinds of sex with men. Of 357 men, 196 had ever had sex with a woman, of whom 146 had done so in the past year. The authors conclude by emphasising the range of homosexual and bisexual behaviours and its potential importance in preventing HIV transmission.

Many other interesting papers are worth a read. For epidemiologists, we particularly recommend a modelling paper on Periodic Presumptive Treatment<sup>11</sup> (*see page 163*) along with its commentary<sup>12</sup> (*see page 161*), and an important paper extending uncertainty analysis approaches to STI prevalence data from multiple sources (*see page 169*).<sup>13</sup>

**Competing interests** None.

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



This paper is freely available online under the BMJ Journals unlocked scheme, see <http://sti.bmj.com/site/about/unlocked.xhtml>

## REFERENCES

1. Lusk MJ, Naing Z, Rayner B, *et al*. *Trichomonas vaginalis*: underdiagnosis in urban 1 Australia could facilitate re-emergence. *Sex Transm Infect* 2010;**86**:227–30.
2. Mishra S, Naik B, Venugopal B, *et al*. Syphilis screening among female sex workers in Bangalore, India: comparison of point-of-care testing and traditional serological approaches. *Sex Transm Infect* 2010;**86**:193–8.
3. Johnson SA, Simms I, Sheringham J, *et al*. The implementation of chlamydia screening: a cross-sectional study in the South East of England. *Sex Transm Infect* 2010;**86**:217–21.
4. Fairley CK, Hocking JS, Gurrin LC, *et al*. Rapid decline in presentations of genital warts after the implementation of a national quadrivalent human papillomavirus vaccination programme for young women. *Sex Transm Infect* 2009;**85**:499–502.
5. Pirotta M, Stein AN, Conway EL, *et al*. Genital warts incidence and healthcare resource utilisation in Australia. *Sex Transm Infect* 2010;**86**:181–6.
6. Müller EE, Chirwa TF, Lewis DA. Human papillomavirus (HPV) infection in heterosexual South African men attending sexual health services: associations between HPV and HIV serostatus. *Sex Transm Infect* 2010;**86**:175–80.
7. Reiter PL, Brewer NT, Smith JS. Human papillomavirus knowledge and vaccine acceptability among a national sample of heterosexual men. *Sex Transm Infect* 2010;**86**:241–6.
8. Nasca MR, Potenza MC, Alessi L, *et al*. Absence of PCR-detectable human papilloma virus in erythroplasia of Queyrat using a comparative control group. *Sex Transm Infect* 2010;**86**:199–201.
9. Koelle DM, Magaret A, Warren T, *et al*. APOE genotype is associated with oral herpetic lesions but not genital or oral herpes simplex virus shedding. *Sex Transm Infect* 2010;**86**:202–6.
10. Phillips AE, Lowndes CM, Boily MC, *et al*. Men who have sex with men and women in Bangalore, South India, and potential impact on the HIV epidemic. *Sex Transm Infect* 2010;**86**:187–92.
11. Vickerman P, Ndowa F, O'Farrell N, *et al*. Using mathematical modelling to estimate the impact of periodic presumptive treatment on the transmission of sexually transmitted infections and HIV among female sex workers. *Sex Transm Infect* 2010;**86**:163–8.
12. Murray JM, Vallye A, Page A. When the presumption of innocence is not beneficial: periodic presumptive treatment for STIs and HIV in female sex workers. *Sex Transm Infect* 2010;**86**:161–2.
13. Johnson LF, Alkema L, Dorrington RE. A Bayesian approach to uncertainty analysis of sexually transmitted infection models. *Sex Transm Infect* 2010;**86**:169–74.



## Whistlestop tour

Jackie A Cassell

*Sex Transm Infect* 2010 86: 157  
doi: 10.1136/sti.2010.044313

---

Updated information and services can be found at:  
<http://sti.bmj.com/content/86/3/157.full.html>

---

*These include:*

- |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>References</b>             | This article cites 13 articles, 13 of which can be accessed free at:<br><a href="http://sti.bmj.com/content/86/3/157.full.html#ref-list-1">http://sti.bmj.com/content/86/3/157.full.html#ref-list-1</a>                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Open Access</b>            | This is an open-access article distributed under the terms of the Creative Commons Attribution Non-commercial License, which permits use, distribution, and reproduction in any medium, provided the original work is properly cited, the use is non commercial and is otherwise in compliance with the license. See:<br><a href="http://creativecommons.org/licenses/by-nc/2.0/">http://creativecommons.org/licenses/by-nc/2.0/</a> and<br><a href="http://creativecommons.org/licenses/by-nc/2.0/legalcode">http://creativecommons.org/licenses/by-nc/2.0/legalcode</a> . |
| <b>Email alerting service</b> | Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.                                                                                                                                                                                                                                                                                                                                                                                                                                            |

---

To request permissions go to:  
<http://group.bmj.com/group/rights-licensing/permissions>

To order reprints go to:  
<http://journals.bmj.com/cgi/reprintform>

To subscribe to BMJ go to:  
<http://group.bmj.com/subscribe/>

## Topic Collections

Articles on similar topics can be found in the following collections

[Drugs: infectious diseases](#) (1506 articles)  
[HIV / AIDS](#) (1184 articles)  
[HIV infections](#) (1184 articles)  
[HIV/AIDS](#) (1184 articles)  
[Screening \(epidemiology\)](#) (501 articles)  
[Screening \(public health\)](#) (501 articles)  
[Cervical cancer](#) (62 articles)  
[Cervical screening](#) (41 articles)  
[Gynecological cancer](#) (75 articles)  
[Vulvovaginal disorders](#) (235 articles)  
[Competing interests \(ethics\)](#) (12 articles)  
[Clinical diagnostic tests](#) (146 articles)  
[Health policy](#) (108 articles)  
[Health service research](#) (76 articles)  
[Other viral STIs](#) (84 articles)  
[Surgical diagnostic tests](#) (49 articles)  
[Syphilis](#) (417 articles)

---

## Notes

---

To request permissions go to:

<http://group.bmj.com/group/rights-licensing/permissions>

To order reprints go to:

<http://journals.bmj.com/cgi/reprintform>

To subscribe to BMJ go to:

<http://group.bmj.com/subscribe/>