

# Sexual Health

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WTO deadlines: why developing countries must act now to protect access to medicines <i>Kathryn Dinh</i>	63–64	At the World Trade Organisation, there are intellectual property deadlines fast looming for developing countries that could have a significant impact on their future access to medicines. What are the deadlines? How could they affect access to medicines? What can health practitioners do?
Asymptomatic non-chlamydial, non-gonococcal urethritis — an iatrogenic disease? <i>Basil Donovan</i>	65–67	In this editorial, the practice of routinely screening men for asymptomatic urethritis is challenged. It is argued that the process has a poor evidence base, it is time-consuming, and it often causes harm. Nucleic acid amplification tests for known pathogens offer a better alternative.
Rising HIV infections in Victoria, the need for a new approach to preventative interventions <i>Rebecca Guy and Margaret Hellard</i>	69–71	In Victoria, annual notifications of new HIV diagnoses have increased by 67% between 1999 and 2002. This article describes the current strategies in place in Victoria for minimising HIV transmission and reviews the evidence-based literature on this topic.
Investigating widely available substances as vaginal microbicides <i>Wendy Holmes</i>	73–79	Microbicides to protect women from HIV are urgently needed. Several widely available substances have been suggested as microbicides. Because of the possibility that they could increase risk it is important that these substances undergo safety and acceptability studies, and that their promotion is evaluated for efficacy as a communication intervention.
Virological significance, prevalence and genetic basis of hypersusceptibility to nonnucleoside reverse transcriptase inhibitors <i>Gilda Tachedjian and Anne Mijch</i>	81–89	There have been several reports of strains of HIV-1 with increased susceptibility (hypersusceptibility) to nonnucleoside reverse transcriptase inhibitors (NNRTIs) that appear in patients on long-term antiretroviral therapy. This article reviews the prevalence, genetic basis, structural mechanisms, and clinical significance of these NNRTI hypersusceptible strains.
Evaluation of an ethnic media campaign on patterns of HIV testing among people from culturally and linguistically diverse backgrounds in Australia <i>Tadgh McMahon, Christopher K. Fairley, Basil Donovan, Lilian Wan and John Quin</i>	91–94	People from culturally and linguistically diverse (CALD) backgrounds are more likely to present late with HIV infection in Australia. This article reports on the impact of an intervention to promote HIV testing among priority CALD communities.
Improving adolescent sexual and reproductive health. A view from Australia: learning from world's best practice <i>Henrietta Williams and Sandra Davidson</i>	95–105	This paper reviews adolescent sexual and reproductive health (SRH) in Australia in comparison with international data, and examines the systemic, social and cultural factors that influence it. Based on comparisons with international best practice, recommendations are included for improvement in adolescent SRH within the Australian context.
HIV in prison: what are the risks and what can be done? <i>M. E. Hellard and C. K. Aitken</i>	107–113	A review of research on HIV prevalence in prisons, the associated risk behaviours, and methods of reducing transmission. It is concluded that harm reduction programs in prisons are few and limited, and this must change to enable HIV to be controlled.
The tip of the iceberg: opportunistic screening for <i>Chlamydia trachomatis</i> in asymptomatic patients attending a young people's health clinic reveals a high prevalence — a pilot study <i>Stephanie Jones, Sue Barker, Eugene Athan and Stephen Graves</i>	115–119	Opportunistic screening for <i>Chlamydia trachomatis</i> among sexually active young people in Geelong revealed a prevalence of 5.8%, and up to 16.0% among young women presenting for emergency contraception. A wider community-based screening program is recommended.
Diagnosis of sexually transmitted infections (STI) using self-collected non-invasive specimens <i>Suzanne M. Garland and Sepehr N. Tabrizi</i>	121–126	Advances in molecular biology have allowed sensitive diagnoses of sexually transmitted infections (STIs) on non or minimally invasive samples, including those self-collected by the patient, e.g. first-void urine, cervico-vaginal lavage, low vaginal swabs, and tampons. In this article, self-collected samples for detection of STIs are reviewed.