

# Sexual Health

## Contents

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Where are we going with chlamydia? <b>B. Donovan, A. E. Grulich</b>	207–208	Worldwide, chlamydia notifications are continuing to rise. The Australian Government has begun a series of pilot screening projects involving a wide range of clinical services and a variety of priority populations, and with geographical diversity. The program is also funding national projects investigating chlamydia reinfection rates; education packages for general practitioners, rural and remote health workers, teachers, parents and young people; and a system of advanced sentinel surveillance.
The use of focus groups to design an internet-based program for chlamydia screening with self-administered vaginal swabs: what women want <b>C. A. Gaydos, P. A. Rizzo-Price, M. Barnes, K. Dwyer, B. J. Wood, M. T. Hogan</b>	209–215	Although young women have the highest rates of chlamydia infection in the USA, many do not employ clinical services for screening, partly because many chlamydia infections are asymptomatic and also because adolescents fear pelvic examinations, lack insurance and want to avoid parental involvement. This study used focus-group surveys to inform the design of a specialised website to educate and facilitate access to chlamydia screening through home sampling.
A survey of partner notification practices among general practitioners and their use of an internet resource for partner notification for <i>Chlamydia trachomatis</i> <b>J. E. Tomnay, R. L. Gebert, C. K. Fairley</b>	217–220	In a survey of the attitudes of Victorian General Practitioners (GPs) towards contact tracing, most GPs considered the patients responsible for partner notification, but most considered that they could improve partner notification with support. When a partner notification letter and patient brochure were provided on a website, up to 25% of GPs used it.
Antibiotic consumption and chlamydia prevalence in international studies <b>S. Ginige, M. Y. Chen, J. S. Hocking, T. R. H. Read, C. K. Fairley</b>	221–224	Published studies from between 2000 and 2005 were reviewed to determine whether there is an ecological association between antibiotic use and chlamydia prevalence among young women. A non-significant negative correlation was found between antibiotic consumption and chlamydia prevalence.
The cost-effectiveness of screening for genital <i>Chlamydia trachomatis</i> infection in Australia <b>S. Walleser, G. Salkeld, B. Donovan</b>	225–234	The aim of this study was to examine the cost effectiveness of a hypothetical screening programme for chlamydia based on annual opportunistic testing of all women aged 25 years or younger consulting a general practitioner, compared with no screening. The results indicate that annual opportunistic screening is a potentially worthwhile undertaking. However, the analysis also highlights uncertainties around the natural history of chlamydia and the effectiveness of chlamydia screening, indicating the need for further primary data collection in these areas.

<p>A chlamydia prevalence survey of young women living in Melbourne, Victoria  <b>J. S. Hocking, J. Willis, S. Tabrizi, C. K. Fairley, S. M. Garland, M. Hellard</b>  235–240</p>	<p>Chlamydia is the most commonly notified STI in Australia, but because it is largely an asymptomatic infection, notification data do not represent the prevalence of infection. This paper presents the results of the first population-based chlamydia prevalence survey of women aged 18 to 35 years conducted in Australia and discusses the feasibility of using mailed urine specimens to estimate population prevalence.</p>
<p>Chlamydia testing in general practice – a survey of Victorian general practitioners  <b>J. S. Hocking, M. S. C. Lim, J. Vidanapathirana, T. R. H. Read, M. Hellard</b>  241–244</p>	<p>General practitioners (GPs) in Australia are ideally placed to conduct widespread chlamydia testing, yet they currently only test about 7% of young women for chlamydia each year. Up-to-date information about GPs' chlamydia testing practices is necessary to help educate and equip them with the skills to increase testing. This paper presents the results of a postal survey of Victorian GPs to assess their chlamydia testing practices.</p>
<p>Comparison of self-reported and test-identified chlamydial infections among young adults in the United States of America  <b>B. J. Iritani, C. A. Ford, W. C. Miller, D. D. Hallfors, C. T. Halpern</b>  245–251</p>	<p>Many studies rely on respondent reports of prior diagnosed STIs. Data from a large representative sample of young adults in the USA were used to compare estimates of chlamydial infection prevalence based on self-reported past-year diagnoses with nucleic acid amplification testing conducted at data collection. Ratios of test-identified prevalence to self-reported diagnosis prevalence indicate that use of self-reported diagnoses underestimates chlamydial infection prevalence, particularly in some demographic subgroups.</p>
<p>Prevalence of <i>Chlamydia trachomatis</i> infection among 'high risk' young people in New South Wales  <b>M. Kang, A. Rochford, V. Johnston, J. Jackson, E. Freedman, K. Brown, A. Mindel</b>  253–254</p>	<p>This study reports on a chlamydia prevalence survey conducted among high-risk young people (14–25 years) in New South Wales. Participants were recruited from youth health centres, which target homeless and high-risk youth. Sixteen of 274 available urine samples tested positive for <i>Chlamydia trachomatis</i> infection, giving a prevalence of 5.7%, 95%CI 3.0–8.4%). There were no associated risk factors identified.</p>
<p>Erection loss in association with condom use among young men attending a public STI clinic: potential correlates and implications for risk behaviour  <b>C. A. Graham, R. Crosby, W. L. Yarber, S. A. Sanders, K. McBride, R. R. Milhausen, J. N. Arno</b>  255–260</p>	<p>In this first study of condom-associated erection loss, 278 men (mean age 23.7 years) attending an STI clinic responded to an anonymous questionnaire. Among these men, condom-associated erection loss may be a relatively common occurrence, leading to less frequent use of condoms or removal of condoms before sex is over. Men may be more likely to experience condom-associated erection loss if they lack confidence to use condoms correctly, if they experience problems with the way condoms 'fit or feel' and if they have sex with numerous partners.</p>
<p>Sex preparation and diaphragm acceptability in sex work in Nairobi, Kenya  <b>A. Sharma, E. Bukusi, S. Posner, D. Feldman, E. Ngugi, C. R. Cohen</b>  261–268</p>	<p>In-depth interviews and focus-group discussions about sexual behaviour and post-coital intravaginal practices with female sex workers and their clients in Kenya showed that women adapt several potentially harmful substances for post-coital vaginal use to ensure personal hygiene, disease prevention and client pleasure. The diaphragm as a female-controlled barrier method for HIV/STI prevention may have limited acceptability among women in sex work if its effectiveness depends on a 6-h post-coital wait before removal, along with avoidance of concomitant use of intravaginal substances.</p>

<p>Seroprevalence of herpes simplex virus-1 and -2 in attendees of a sexually transmitted infection clinic in Singapore  <b>C. T. S. Theng, P. R. Sen, T.-W. M. Chio, H. H. Tan, M. L. Wong, R. K. W. Chan</b>  269–274</p>	<p>Participants were recruited from an STI clinic in Singapore to investigate the prevalence of herpes simplex virus (HSV)-1 and HSV-2 (using blood samples) and to determine the level of knowledge about HSV infection (using questionnaires). Although infection with HSV was common, there was an unsatisfactory level of knowledge about HSV infection.</p>
<p>Prevalence and risk factors for lifetime exposure to Pap smear abnormalities in the Australian community  <b>T. N. Posner, F. M. Boyle, D. M. Purdie, M. P. Dunne, J. M. Najman</b>  275–279</p>	<p>Using a cross-sectional telephone survey of 908 women aged 18–59 years randomly selected from the Commonwealth electoral roll, this study found that most women had had at least one Pap smear test and one in four women screened had had an abnormal result. Having been diagnosed with human papillomavirus and, to a lesser degree, having had a greater number of male sexual partners and experiencing sexual problems in the last year were independently associated with reporting of abnormal Pap smear results.</p>
<p>Cysteine 138 mutation in HIV-1 Nef from patients with delayed disease progression  <b>M. Tolstrup, A. L. Laursen, J. Gerstoft, F. S. Pedersen, L. Ostergaard, M. Duch</b>  281–286</p>	<p>The <i>nef</i> gene from HIV-1, an important pathogenic factor in the development of AIDS, was compared in patients in a long-term non-progressor cohort, slow-progressor cohort and control group. No major deletions were found that could account for delayed disease status. However, there was a significantly high incidence of a single amino acid polymorphism (cysteine 138) in HIV-1 Nef in the delayed disease progression group.</p>
<p>A randomised controlled trial of omega-3 fatty acid supplementation for the treatment of hypertriglyceridemia in HIV-infected males on highly active antiretroviral therapy  <b>V. M. Carter, I. Woolley, D. Jolley, I. Nyulasi, A. Mijch, A. Dart</b>  287–290</p>	<p>Hypertriglyceridaemia, a metabolic abnormality in HIV-infected people, may increase in severity as a result of the use of highly active antiretroviral therapy (HAART) in persons infected with HIV. Omega-3 fatty acid supplementation was found to be an effective treatment for hypertriglyceridaemia in HIV infected individuals in a placebo-controlled, randomised, double-blind trial in participants on stable HAART.</p>
<p>Delayed diagnosis of HIV: missed opportunities and triggers for testing in the Australian Capital Territory  <b>E. A. McDonald, M. J. Currie, F. J. Bowden</b>  291–295</p>	<p>Case records from the Canberra Sexual Health Centre were analysed to determine the rate of delayed HIV diagnosis, the missed opportunities for HIV diagnosis and to identify who initiates HIV testing and what triggers them to do so. It was found that delayed diagnosis is common and seems to have increased since the 1980s–1990s. Clinicians need to be aware of the sometimes-subtle manifestations of early and late HIV infection and have a lower threshold for HIV antibody testing.</p>
<p>Bacterial vaginosis in women of low socioeconomic status living in slum areas in Chennai, India  <b>S. Uma, P. Balakrishnan, K. G. Murugavel, A. K. Srikrishnan, N. Kumarasamy, S. Anand, J. A. Cecelia, D. Celentano, K. H. Mayer, S. P. Thyagarajan, S. Solomon</b>  297–298</p>	<p>This study was performed to investigate the prevalence of bacterial vaginosis (BV) and its association with sexually transmitted infections among 487 women of low socioeconomic status in Chennai, India. Bacterial vaginosis was significantly associated with age &gt;25 and sexual experience and was also related to concurrent infections with <i>Trichomonas vaginalis</i> and herpes simplex virus-2.</p>

Human papillomavirus prevalence in Canberra high school students: significance for vaccination strategies and adolescent health <i>S. R. Skinner, M. Kang</i>	299–300	This Letter comments on pertinent issues surrounding sexual health research among adolescents, including minors' capacity to consent to participate in research and human papillomavirus (HPV) prevalence, risk factors and implications for the new HPV vaccines. The authors comment on the need to refocus our research lens from the examination of 'risk factors' for STIs that are no longer useful given broader societal trends in sexual behaviours and attitudes, to identifying effective health promotion strategies.
Sexually transmissible infections among illegal female sex workers in Israel <i>J. G. Cwikel, T. Lazer, F. Press, S. Lazer</i>	301–303	Female sex workers (FSW) working without papers or work permits often have no access to sexual health care. Brothel workers from republics of the Former Soviet Union, working in two locales in Israel, were tested for the presence of eight pathogens and cervical pathology. The level of STIs is high among this population of FSW and it is imperative to develop more accessible health services for these women.
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