

Sexual Health

Contents

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Do Australian female commercial sex workers still harbour sexually transmissible infections? <i>D. Russell</i>	1–2	Commercial sex work in Australia has been decriminalised in several jurisdictions but some sex work remains illegal. Disadvantages, and in some studies, increased risks of sexually transmissible infections (STIs) occur in those workers in the illegal sectors of the industry. A study in this edition of <i>Sexual Health</i> shows higher than expected rates of reported <i>Chlamydia trachomatis</i> infections in a cohort of women working in the Western suburbs of Sydney.
A retrospective case note review of sex worker attendees at sexual health clinics in the western suburbs of Sydney <i>S. Rajesh Kakar, K. Biggs, C. Chung, S. Sawleshwarkar, A. Mindel, K. Lagios and R. J. Hillman</i>	3–7	The authors conducted a retrospective case note review of sex workers (SWs) attending two Sexual Health Clinics in the western suburbs of Sydney. Demographic characteristics, sexual practices and health care of self-identified SWs attending these clinics over a 12-month period have been presented.
HIV result giving. Is it time to change our thinking? <i>L. M. Healey, C. C. O'Connor and D. J. Templeton</i>	8–10	Provision of HIV test results in person is recommended by NSW Health. Only 45% of patients at a Sydney metropolitan sexual health clinic returned to collect their HIV test result. Factors associated with return were being male, attending the men-only outreach clinic, first clinic HIV test and sex overseas in the last year. A more flexible approach to ensure patients receive their HIV result and post-test discussion is warranted.
Pilot of non-invasive (oral fluid) testing for HIV within a community setting <i>F. Birrell, S. Staunton, J. Debattista, N. Roudenko, W. Rutkin and C. Davis</i>	11–16	This study sought to determine the level of undiagnosed HIV infection within a community setting of men who have sex with men (MSM) and identify any associated sexual risk behaviours. An anonymous HIV surveillance study of 464 men identified 19.5% of the total confirmed HIV-positive individuals or 1.9% of the 'non-HIV-positive' MSM sample were unaware of the positive HIV status.
Triple-class HIV antiretroviral therapy failure in an Australian primary care setting <i>M. Bloch, M. Farris, D. Tilden, A. Gowers and N. Cunningham</i>	17–24	Antiviral drug resistance continues to be associated with virological failure and HIV disease progression. Patients shown to be at higher risk are those with triple class therapy failure. This study examines triple class failure in a high HIV-caseload in an Australian inner city primary care practice – the prevalence and types of triple class failure, characteristics of patients experiencing failure, patterns of treatment and virological outcome.
Intimate partner violence and other partner-related factors: correlates of sexually transmissible infections and risky sexual behaviours among young adult African American women <i>P. Seth, J. L. Raiford, L. S. Robinson, G. M. Wingood and R. J. DiClemente</i>	25–30	This study examined partner-related risk factors for sexually transmissible infections (STIs) and risky sexual behaviours among an urban sample of African American women, 18–29 years. The findings revealed that women with a history of intimate partner violence and partner-related condom barriers were more likely to report risky sexual partners, inconsistent condom use, and have an STI, and women with older partners were more likely to report risky sexual partners and have an STI.
Misclassification bias: diversity in conceptualisations about having 'had sex' <i>S. A. Sanders, B. J. Hill, W. L. Yarber, C. A. Graham, R. A. Crosby and R. R. Milhausen</i>	31–34	A telephone survey of 486 US individuals assessed whether respondents would consider various sexual behaviours as having 'had sex'. No universal consensus on which behaviours constituted having 'had sex' was found. Variations in the definition of having 'had sex' existed based on gender, age group, and behavioural qualifiers. Findings highlight the need to use behaviour-specific terminology in sexual history taking, sex research, sexual health promotion and sex education.
Young adult sexual health: current and prior sexual behaviours among non-Hispanic white US college students <i>J. A. Higgins, J. Trussell, N. B. Moore and J. Kenneth Davidson Sr.</i>	35–43	The authors analyse a dataset of ~1500 non-Hispanic white US university students to explore the most common combinations of sexual activities (masturbation and oral, vaginal, and anal sex) and whether these young adults appear to be substituting oral or anal sex for vaginal sex. Other variables measured include age at first intercourse and masturbation, type of consent at first intercourse, contraceptive use, alcohol use proximal to sex, and frequency of sex/masturbation.

Aboriginal health worker screening for sexually transmissible infections and blood-borne viruses in a rural Australian juvenile correctional facility D. J. Templeton, B. A. Tyson, J. P. Meharg, K. E. Habgood, P. M. Bullen, S. Malek and R. McLean	44–48	An Aboriginal health worker-led screening program among young, predominantly Aboriginal, male detainees identified previously undiagnosed sexually transmissible infections (STI) and/or blood-borne viruses (BBV) in one-quarter of those screened. Many remained susceptible to hepatitis B infection. The high prevalence of risk behaviours suggests such an education and screening program could have a substantial impact on STI/BBV prevalence among juvenile detainees.
Providing high quality information about human papillomavirus for women after treatment for high-grade cervical dysplasia S. Dyson, M. Pitts, A. Lyons and R. Mullins	49–54	This paper reports on the findings of qualitative research designed to inform the development of a printed resource for women who are scheduled to undergo human papillomavirus testing after diagnosis and treatment for a high grade cervical abnormality. Findings point to the importance of developing resources for women based on their input and careful pilot testing, and to the need for both biomedical and psychosocial information to be included in an accessible and easy to understand manner.
Prevalence of other sexually transmissible infections in patients with newly diagnosed anogenital warts in a sexual health clinic E. A. Sturgiss, F. Jin, S. J. Martin, A. Grulich and F. J. Bowden	55–59	Human papillomavirus (HPV) vaccination is expected to reduce presentations for treatment of anogenital warts, which may decrease opportunities for full sexually transmissible infection (STI) screening. In this retrospective review of new patients presenting to a sexual health centre with anogenital warts prior to HPV vaccination availability, 53 (5.2%) patients were co-infected with chlamydia and/or gonorrhoea. Screening campaigns should continue to focus on the asymptomatic nature of the majority of STIs.
‘Show me the money’: financial incentives increase chlamydia screening rates among tertiary students: a pilot study M. J. Currie, M. Schmidt, B. K. Davis, A. M. Baynes, E. J. O’Keefe, T. P. Bavinton, M. McNiven, S. J. Martin and F. J. Bowden	60–65	A two phase cross-sectional study was conducted to determine if paying tertiary students to be screened increased participation in on-campus chlamydia screening. Phase 1: over 6 months, 31 screening opportunities, no financial incentive; Phase 2: over 4 days, students offered \$10 to be screened via text message. Participation rates and the number of urine specimens collected were significantly greater in the second phase, 45.3% and 392 versus 22.5% and 627.
Problems with condoms may be reduced for men taking ample time to apply them R. A. Crosby, C. A. Graham, W. L. Yarber and S. A. Sanders	66–70	In controlled, event-specific, analyses, men reporting they did not have sufficient time for condom application were more likely to report condom breakage, slippage, and a number of problematic outcomes related to sexual pleasure. Sexually transmissible infections and pregnancy prevention messages should include recommendations to men to take their time applying condoms.
A cross-sectional study of reported symptoms for sexually transmissible infections among female sex workers in Papua New Guinea E. Bruce, L. Bauai, A. Masta, P. J. Rooney, M. Paniu, M. Sapuri, L. Keogh, J. Kaldor and C. K. Fairley	71–76	The settings in which sex work occur can create favourable conditions that facilitate the rapid spread of sexual transmissible infections (STIs); many of which are curable but usually under reported, under diagnosed, less well-documented and therefore inadequately treated and making HIV transmission far more efficient. Early detection of STIs is essential in HIV control. This paper describes a potential option for identifying infected female sex workers in resource constraint settings.
A case-control study of men with non-gonococcal urethritis at Auckland Sexual Health Service: rates of detection of <i>Mycoplasma genitalium</i> J. Hilton, S. Azariah and M. Reid	77–81	This paper reports results from the first New Zealand study to investigate the role of <i>Mycoplasma genitalium</i> infection in men with acute non-gonococcal urethritis (NGU). <i>M. genitalium</i> infection was detected in 10% of men presenting to Auckland Sexual Health Service with symptoms of acute urethritis compared with 2% of asymptomatic controls ($P < 0.005$). These results have been used to inform clinical guidelines for testing and treatment of men with NGU.
A case of apparent resistance to all available antiretroviral drugs in a HIV-positive patient D. Chibo, N. Roth and C. Birch	82–84	We describe a case of multi-class resistance, including to Raltegravir, in a HIV-positive patient with psychological issues affecting his adherence. In order to optimise future drug therapy, five antiretroviral drug resistance interpretation methods (genotypic and phenotypic) were compared. These showed some level of discordance. The complexities involved in subsequent treatment decisions when resistance interpretation algorithms do not agree are discussed.

Knowledge, attitudes, practices and behaviour of female sex workers in Port Moresby, Papua New Guinea E. Bruce, L. Bauai, W. Yeka, M. Sapuri, L. Keogh, J. Kaldor and C. K. Fairley	85–86	Female sex workers (FSWs) are considered a high-risk group for the acquisition of the HIV. This survey describes the knowledge, attitude, practices and behavioural characteristics that render FSWs vulnerable to the HIV epidemic in Port Moresby, Papua New Guinea and identifies areas where behaviour change including other public health interventions are most required.
Risk factors for herpes simplex virus type 2 and its association with HIV among pregnant teenagers in Zimbabwe M. W. Munjoma, M. P. Mapingure and B. Stray-Pedersen	87–89	A cross-sectional study examining the risk factors of herpes simplex virus type 2 (HSV-2) and association with HIV among pregnant teenagers in Zimbabwe. The prevalence of HSV-2 and HIV were high and HIV-infected teenagers were more likely to be HSV-2 infected. Most risk factors for HSV-2 were associated with the behaviors of their male partners. Abstinence among teenagers is encouraged.
Is screening asymptomatic men who have sex with men for urethral gonorrhoea worthwhile? N. Ryder, I. G. Lockart and C. Bourne	90–91	Only two cases of asymptomatic urethral gonorrhoea were found among 4453 men who have sex with men (MSM) at a sexual health clinic. This low prevalence (0.04%) reinforces the current Australian sexually transmissible infection screening guidelines that urine gonococcal tests are not recommended for MSM without urethral symptoms.
Book Review Contraception: an Australian Clinical Practice Handbook, 2nd Edition Reviewed by Alex Marceglia	92–93	