Early presentation of symptomatic individuals is critical in controlling sexually transmissible infections

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Abstract. Two papers in this issue by Williams \textit{et al.} and Scott \textit{et al.} describe the sexual risks and health-seeking behaviour of young Indigenous Australians. Their sexual risks and health-seeking behaviours are similar to the general Australian population, yet their risk of past sexually transmissible infections (STIs) is higher. These findings are consistent with previous findings and suggest that access to health care, and not sexual risk, remain critical to STI control in remote Indigenous communities.

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under 29 years of age had been tested.¹¹ But not surprisingly, because of the higher rates of STIs in Indigenous communities, two- to three-fold as many Indigenous individuals had had a STI than in the overall Australian community.

Why then do STI rates, and particularly gonorrhoea, remain so much higher despite similar sexual risks and testing practices? The answer may be related to symptom recognition and ‘access’ to services once symptoms appear. Almost all gonorrhoea in men, and approximately half in women, is symptomatic.¹² Furthermore, at a large sexual health service in an Australian capital city, the median duration of symptoms before seeking health care for urethral gonorrhoea in men was only 24 h (EPF Chow, pers. comm.). In contrast, if left untreated, gonorrhoea will last 6 months or 183-fold longer (183 days divided by 1 day) than in those seeking health care within 1 day of symptoms appearing. It is not hard to see then how early presentation and treatment of gonorrhoea dramatically lowers its reproductive rate. But in many Indigenous communities, gonorrhoea is commonly identified in individuals who have not sought health care, and hence the reproductive rate for gonorrhoea remains high.¹³,¹⁴ Screening, even of everyone, every year can only reduce the duration of infection from 180 days to 120 days; early presentation is therefore the key.

But how can we create an environment in which individuals access testing and treatment within days? Several things are needed; enough community support so individuals can prioritise presenting for treatment of a urethral discharge, improved health literacy, confidential free treatment and testing services and health promotion, to name a just a few.¹⁵

A current National Health and Medical Research Council study by Kaldor et al. and work by many others are currently exploring ways to encourage the early presentation of those with symptoms, including ways to make testing more confidential in small communities with drop-off collection centres at night and self-collected specimens.

Hopefully, substantially improving early presentation of symptomatic individuals will drive rates of gonorrhoea down to very low levels seen in most developed countries in heterosexuals and make closing the gap, one step closer.¹⁵

References

10 Ward J, Bryant J, Wand H, Pitts M, Smith A, Delaney-Thiele D, Worth H, Kaldor J. Sexual health and relationships in young Aboriginal and Torres Strait Islander people: results of the first Australian study of knowledge, risk practices and health service access for sexually transmissible infections (STIs) and blood borne viruses (BBVs) among young Aboriginal and Torres Strait Islander people: The Goanna Survey. Alice Springs: Baker IDI Heart & Diabetes Institute; 2014.