

Sexual Health

Contents

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Risks and prevention of sexually transmissible infections among women who have sex with women <i>R. McNair</i> 209–217	Women who have sex with women have significant risks for STIs. But there is a relative silence about these issues within the mainstream medical literature. Marginalisation, contributed to by the ignorance and heterosexism of health-care providers, can result in poor mental health and influence risk-taking behaviours. The development of resources for sexual health promotion specific to WSW is urgently required.
HIV and increased risk of cardiovascular diseases <i>S. Das</i> 219–221	Highly active antiretroviral therapy (HAART) has significantly increased the survival rate of patients with HIV. However, abnormalities of lipid metabolism have been recognised. The management of risk factors for cardiovascular disease is expected to play an important role in the treatment of HIV infection.
Assisted reproduction for HIV-infected couples <i>M. Giles, A. Mijch and S. Garland</i> 223–227	Many HIV-infected individuals are in relationships with HIV-uninfected partners. This paper reviews the reproductive choices for these couples. The results thus far from assisted reproductive technologies in optimising pregnancy outcomes and reducing heterosexual and perinatal HIV transmission are promising.
Sexually transmitted infections, blood-borne viruses and risk behaviour in an Australian senior high school population—the SHLiRP study <i>F. J. Bowden, E. J. O'Keefe, R. Primrose and M. J. Currie</i> 229–236	As 50% of Australian adolescents have had sexual intercourse by the age of 18, it is logical to offer screening and education related to STIs through schools. This study found that rates of STIs and blood-borne viruses and immunity to hepatitis B were low, but unsafe sex and other risk behaviours were common in a senior high school population.
Use of lemon or lime juice douches in women in Jos, Nigeria <i>G. E. Imade, A. S. Sagay, V. A. Onwuliri, D. Z. Egah, M. Potts and R. V. Short</i> 237–239	HIV infection among female commercial sex workers in Nigeria has been reported to be up to 60.6%. Vaginal douching with lemon or lime juice has historically been used by women as a method of protection from pregnancy and STIs. But there is an urgent need to determine whether this practice promotes or prevents HIV infection.
Introduction of screening guidelines for men who have sex with men at an STD clinic, the Melbourne Sexual Health Centre, Australia <i>N. A. Lister, A. Smith and C. K. Fairley</i> 241–244	Australian guidelines for STI/HIV screening for men who have sex with men were developed in 2003. Screening guidelines were introduced at the Melbourne Sexual Health Clinic using a computer reminder, resulting in screening that conformed more closely to clinical guidelines.
HIV testing in an urgent-care clinic <i>K. Murphy, O. Grusky, K. Johnston Roberts and A.-N. Swanson</i> 245–250	Many HIV-positive people do not get tested until late in their infection and many people who do get tested do not return for their test result. In an urgent-care clinic, HIV testing was found to be highly variable because some patients are asked about their sexual risk histories and given HIV prevention education materials and others are not. Moreover, risk assessments and HIV prevention counselling varies from patient to patient.
Changes in testing methods for genital <i>Chlamydia trachomatis</i> in New South Wales, Australia, 1999 to 2002 <i>M. Y. Chen and B. Donovan</i> 251–253	Compared with previous laboratory methods, nucleic acid tests are more sensitive and also allow methods of specimen collection that are more acceptable to patients and more convenient for health-care providers. This paper reports that the proportion of diagnoses made using nucleic acid tests had increased to 90% in men and 92% in women by 2002.
An audit of contact tracing for cases of chlamydia in the Australian Capital Territory <i>D. O. England, M. J. Currie and F. J. Bowden</i> 255–258	The yield from contact tracing for chlamydia has never been formally investigated in an Australian setting. Contact tracing more than doubled the case-finding effectiveness of chlamydia screening, but was time consuming. The cost-effectiveness of this approach to chlamydia control should be further evaluated.
Do all women attending urban sexual health services need testing for gonorrhoea? <i>T. R. H. Read, M. Y. Chen, C. S. Bradshaw, S. Beneragama and C. K. Fairley</i> 259–260	Asymptomatic women are often screened for gonorrhoea at Australian sexual health centres. This study found that selective screening for gonorrhoea on the basis of identifiable characteristics would not miss any of the infections detected by screening all women.
Bacterial vaginosis in female sex workers in Chennai, India <i>S. Uma, P. Balakrishnan, K. G. Murugavel, A. K. Srikrishnan, N. Kumarasamy, J. A. Cecelia, S. Anand, K. H. Mayer, D. Celentano, S. P. Thyagarajan and S. Solomon</i> 261–262	Bacterial vaginosis has been associated with the risk of acquiring HIV and herpes simplex (HSV)-2 infections. In this study, bacterial vaginosis positivity was directly related to concurrent infection with HSV-2, <i>T. vaginalis</i> , <i>T. pallidum</i> and HIV. Future studies are needed to focus on the risk factors for BV.