

# Sexual Health

## Contents

Volume 4 Issue 2 2007

Chaperones: protecting the patient or protecting the doctor? <i>K. E. Rogstad</i>	85–87	The routine use of chaperones during medical examinations, including intimate examinations, is variable. Use of a chaperone may protect patients from sexual abuse by medical or nursing practitioners. An appropriate chaperone may also protect healthcare practitioners from false accusations. This editorial considers issues surrounding the use of chaperones and suggests a chaperoning policy for sexual health clinics.
An extra pair of eyes: do patients want a chaperone when having an anogenital examination? <i>J. A. Baber, S. C. Davies and L. S. Dayan</i>	89–93	We surveyed patients in Sydney to determine their attitudes towards chaperones. Overall, 32% of women wanted a chaperone if the examiner was male, but 29% did not. Otherwise, few participants wanted a chaperone. Independent predictors of women wanting a chaperone with a male clinician were preference for a female clinician and preference for a female chaperone.
Australian sexual health practitioners' use of chaperones for genital examinations: a survey of attitudes and practice <i>D. C. Newton, C. K. Fairley, R. Teague, B. Donovan, F. J. Bowden, J. Bilardi, M. Pitts and M. Y. Chen</i>	95–97	In a survey of sexual health physicians across Australia, few offered or used chaperones during genital examination of their patients even though many felt that chaperones were important for medico-legal reasons and for patient support.
Depressive symptoms and condom use with clients among female sex workers in China <i>Y. Hong, X. Li, X. Fang and R. Zhao</i>	99–104	Based on a survey among 278 female sex workers (FSW) recruited from entertainment establishments in Guangxi, China, a study found that 62% of FSW had high levels of depressive symptoms; and these women were less likely to use condoms consistently or use condoms correctly.
Pilot of non-invasive (oral fluid) testing for HIV within a clinical setting <i>J. Debattista, G. Bryson, N. Roudenko, J. Dwyer, M. Kelly, P. Hogan and J. Patten</i>	105–109	To determine the sensitivity and specificity of oral fluid HIV testing compared to the performance of standard blood-based HIV EIA, a parallel comparative trial of oral fluid and blood testing was conducted amongst a group of HIV positive clients and a group of unknown HIV serostatus clients. Of the 176 confirmed HIV reactive blood test results, the Orasure assay failed to detect only one of these, showing a sensitivity of 99.4%. Of the 178 blood specimens that were tested as non-reactive by the AxSYM Combo system, Orasure recorded four of the corresponding oral fluid specimens as reactive (assumed to be false positive), giving a specificity of 97.6%.
Macrolide use and the risk of vascular disease in HIV-infected men in the Multicenter AIDS Cohort Study <i>I. J. Woolley, X. Li, L. P. Jacobson, F. J. Palella and L. Ostergaard</i>	111–119	There is concern that HIV-infected individuals are at risk for cardiovascular events. An analysis was undertaken using data collected in the Multicenter AIDS Cohort Study to examine this risk. After adjustment, HIV-infection was not independently associated with vascular events but increased risk was observed among those who used highly-active antiretroviral therapy (HAART), antihypertensive treatment, lipid-lowering medication, and antibiotics. Macrolide use for a vascular event in the HAART era appeared to be associated with protection.
Using hepatitis A and B vaccination as a paradigm for effective HIV vaccine delivery <i>S. D. Rhodes and L. J. Yee</i>	121–127	Understanding the facilitators to and barriers of acceptance and uptake of vaccines against hepatitis A and hepatitis B among men who have sex with men (MSM) provides insight into delivery of vaccines, including a future vaccine against HIV. This review explores vaccination among MSM in the USA and asserts that applying what has been learned in vaccination is key to ensuring sufficient uptake of a vaccine against HIV after its development.
Vaccinating young adults against human papillomavirus: the importance of understanding health decision-making and behaviour <i>S. R. Skinner, M. Kang and S. L. Rosenthal</i>	129–132	The promise of the highly effective human papillomavirus (HPV) vaccine, in cervical cancer, dysplasia and genital warts prevention will depend on successful implementation of the recently funded mass vaccination initiative. General practitioners will need to promote this vaccine to each and every young female patient within the relevant age range. This paper describes what is known about health decision-making in young people with respect to HPV vaccines to inform this process.

- Prevalance of *Chlamydia trachomatis* in a public  
colposcopy clinic population  
**R. W. Petersen, S. N. Tabrizi, S. Garland and  
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- Chlamydia trachomatis* prevalence in heterosexual men  
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In this study we aimed to determine the prevalence of *Chlamydia trachomatis* in women attending a colposcopy clinic in Victoria. The overall rate of chlamydia infection in 560 women studied was 2.1% (95% CI 1.5–2.7%). In women aged below 25 years the rate was 5.8% and in women over 25 years the rate was 0.9%. Screening directed at women aged below 25 years would gain the greatest yields in terms of cost efficacy.

There is limited information about chlamydia prevalence in men. Our study aimed to measure the prevalence of chlamydia in young heterosexual men in Melbourne. Recruitment was undertaken through sporting clubs. Participants completed a questionnaire and provided a urine sample that was tested for *Chlamydia trachomatis*. Of 50 participants, four tested positive for chlamydia (8.5%, 95% CI 2.76–21.27). The results highlight the importance of including men in chlamydia response programs.

This study investigated 218 pregnant women in remote far west New South Wales for the presence of *Chlamydia trachomatis* infection. Six women were positive for *C. trachomatis*. The prevalence among pregnant, Indigenous women was 9.1% and targeted screening of this group should be considered.

A survey of 446 urban general practitioners (GPs) was undertaken to determine if differences in patient characteristics influenced prescribing for valaciclovir or famciclovir. There was no efficacy differences perceived between these drugs for 59% and 64% of GPs regarding use in herpes simplex virus-2 or varicella zoster virus, respectively.