

Sexual Health

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HIV SPECIAL ISSUE	
Introduction	
<p>Introductory Editorial: the analysis of a natural experiment in HIV control C. K Fairley, A. E Grulich, J. C Imrie and M. Pitts 89</p>	<p>The issue editors outline what they consider to be the reasons behind the continuing success of HIV control among men who have sex with men in New South Wales (NSW). They suggest that continuing, high-level and coordinated investment in HIV prevention in NSW compared with a disinvestment in other Australian jurisdictions has resulted in sustained reductions in HIV risk behaviour in NSW at a cost of \$A31 250 per HIV case prevented.</p>
<p>Characteristics of HIV diagnoses in Australia, 1993–2006 R. J. Guy, A. M. McDonald, M. J. Bartlett, J. C. Murray, C. M. Giele, T. M. Davey, R. D. Appuhamy, P. Knibbs, D. Coleman, M. E. Hellard, A. E. Grulich and J. M. Kaldor 91–96</p>	<p>From 2000 onwards, the population rate of HIV diagnoses increased significantly in Australia. The trends differed according to jurisdiction; increasing significantly in Victoria, Queensland, South Australia and Western Australia, but not elsewhere. The most frequently reported routes of HIV exposure were male to male sex (71%) and heterosexual contact (18%) and the population rate of diagnoses increased in both categories. These findings underline the continuing need for HIV-prevention programs in Australia.</p>
<p>Homosexual men in Australia: population, distribution and HIV prevalence G. Prestage, J. Ferris, J. Grierson, R. Thorpe, I. Zablotska, J. Imrie, A. Smith and A. E. Grulich 97–102</p>	<p>Using data from multiple sources, we estimated that in 2001 there were about 74 000 homosexual and bisexual men in New South Wales (NSW), about 42 000 in Victoria and about 37 000 in Queensland, and HIV prevalence rates among these men at about 8% in NSW, 5% in Victoria and 4% in Queensland. There were insufficient data to estimate whether the state-specific populations of homosexual men were changing with time.</p>
<p>Trends in HIV prevalence among homosexual and bisexual men in eastern Australian states G. Prestage, F. Jin, I. Zablotska, J. Imrie, J. M. Kaldor and A. E. Grulich 103–107</p>	<p>Self-reported HIV status from annual surveys of homosexual men found a marked decline in aged-standardised HIV prevalence in Sydney, a small decline in Brisbane and no change in Melbourne. HIV prevalence among young homosexual men has declined in Sydney, and these data suggest that HIV incidence among homosexual men is now similar in the eastern state capitals of Australia.</p>
<p>Trend in HIV incidence in a cohort of homosexual men in Sydney: data from the Health in Men Study F. Jin, G. P. Prestage, A. McDonald, T. Ramacciotti, J. C. Imrie, S. C. Kippax, J. M. Kaldor and A. E. Grulich 109–112</p>	<p>This is a longitudinal study aimed at determining the HIV incidence in a community-based cohort of HIV negative homosexual men in Sydney. The study found that it was 0.87 per 100 person-years, and declined non-significantly between 2002 and 2006. This is consistent with surveillance data showing no increase in HIV incidence in homosexual men in New South Wales.</p>
<p>Trends in HIV incidence in homosexual men in developed countries A. E. Grulich and John M. Kaldor 113–118</p>	<p>This review describes trends in HIV incidence in homosexual men in developed countries. In most settings, rates of HIV diagnosis have been increasing since the late 1990s. Increased HIV testing may account for some of the increase in some countries. It also appears that rates of HIV incidence measured in community- and clinic-based cohort studies have increased. Increasing HIV incidence appears to be a near universal trend in homosexual men.</p>
Testing	
<p>Trends in HIV testing among homosexual and bisexual men in eastern Australian states G. Prestage, F. Jin, I. B. Zablotska, J. Imrie, A. E. Grulich and M. Pitts 119–123</p>	<p>Self-reported HIV testing from annual surveys of homosexual men found a marked decline in the proportion who had never been tested for HIV in Sydney and Brisbane but no change in Melbourne. There were increases in the proportion who had been tested for HIV in the previous year across all three cities. HIV testing rates are unlikely to account for differences in trends in HIV notifications in eastern Australia.</p>

<p>Differing trends in sexual risk behaviours in three Australian states: New South Wales, Victoria and Queensland, 1998–2006 I. B. Zablotska, G. Prestage, A. E. Grulich and J. Imrie 125–130</p>	<p>This article reviews the trends in sexual behaviours among gay men in three east coast states of Australia. Analyses presented in this paper show patterns of declining HIV risk behaviours in New South Wales, and increasing risk behaviours elsewhere, that mirror recent changes in HIV case notifications in Australia. The findings suggest that behavioural surveillance indicators can predict changes in HIV epidemiology.</p>
<p>Could sexually transmissible infections be contributing to the increase in HIV infections among men who have sex with men in Australia? M. G. Middleton, A. E. Grulich, A. M. McDonald, B. Donovan, J. S. Hocking and J. M. Kaldor 131–140</p>	<p>Sexually transmissible infections (STI) are known to increase the risk of HIV transmission. This paper evaluates existing data on STI to determine the impact of trends in STI in men who have sex with men on the recent increase in HIV diagnoses in Australia.</p>
<p>Trends in antiretroviral treatment use and treatment response in three Australian states in the first decade of combination antiretroviral treatment K. Falster, L. Gelgor, A. Shaik, I. Zablotska, G. Prestage, J. Grierson, R. Thorpe, M. Pitts, J. Anderson, J. Chuah, B. Mulhall, K. Petoumenos, A. Kelleher and M. Law 141–154</p>	<p>For the most part, patterns of antiretroviral treatment (ART) use were similar across the states using a range of available data from cohort studies, community surveys and national prescription databases in Australia. However, there may be a lower proportion of individuals living with HIV on ART in New South Wales (NSW) compared to the other states, and there is some indication of a more aggressive treatment approach with primary HIV infection patients in NSW compared to Victoria.</p>
<p>Sexually transmissible infections and HIV management among men who have sex with men with and without HIV: survey of medical practitioners who are members of Australasian Society of HIV Medicine C. K. Fairley, G. Fehler, S. R. Lewin, M. Pitts, M. Y. Chen, C. Bradshaw and J. S. Hocking 155–159</p>	<p>This study was a cross sectional survey of medical practitioners who are S100 prescribers and members of Australian Society of HIV Medicine. The aim was to determine if the use of suppressive treatment for genital herpes, the treatment of HIV or sexually transmissible infections (STI) screening practices, were different between states in Australia. In general, there were no differences between clinical practices of practitioners in New South Wales (NSW) and other states and it is unlikely that minor differences in HSV and HIV treatment or STI screening practices among practitioners in NSW and other Australian states explains the differences in HIV notifications between these two areas.</p>
<p>Health Care Services for men who have sex with men in different Australian states and territories since the emergence of HIV C. Pell, S. Donohoe and D. Conway 161–168</p>	<p>Sexual health services available Australia wide for gay men and men who have sex with men are discussed in this article. The study also shows the number and location of sexual health services has changed over time and the services available also differ by state and territory.</p>
Modelling	
<p>Using mathematical modelling to help explain the differential increase in HIV incidence in New South Wales, Victoria and Queensland: importance of sexually transmissible infections A. Hoare, D. P. Wilson, D. G. Regan and M. G. Law 169–187</p>	<p>A mathematical model was analysed to explore the increase in HIV notifications in Australian men who have sex with men. The model suggests that trends in clinical and behavioural parameters, including increases in unprotected anal intercourse, cannot explain the increase. We suggest that the rise in other sexually transmitted infections in magnifying the probability of transmission per act is a highly plausible biological factor for explaining the increase in HIV notifications.</p>
Policy	
<p>Sexually transmissible infection testing guidelines for men who have sex with men C. Bourne, B. Edwards, M. Shaw, A. Gowers, C. Rodgers and M. Ferson 189–191</p>	<p>High rates of sexually transmissible infections (STI) continue among men who have sex with men (MSM) including those with HIV infection in many countries. The early detection of STIs is an essential component of STI and HIV control programs. So, STI testing guidelines for asymptomatic MSM have been developed to promote testing among health care workers and the gay community in Sydney, Australia. This paper describes the current guidelines and their development.</p>
<p>Effective partnership and adequate investment underpin a successful response: key factors in dealing with HIV increases D. Bernard, S. Kippax and D. Baxter 193–201</p>	<p>An analysis of investment in HIV prevention in Australia including strategic contexts and government responses. Partnership and resourcing are central to ensuring the most effective and ongoing response to HIV and need to be taken into account when interpreting or responding to any increases in HIV notifications or unsafe sexual practices among gay men and other men who have sex with men.</p>

Policy and strategic implications of Australia's divergent
HIV epidemic among gay men
R. Griew

203–205

This editorial explores the policy and practice implications of this issue of the Journal. The strength of the early Australian response to the HIV epidemic is well represented in the contributions from social and epidemiological public health researchers, community-based activists and clinicians to the range of papers included. Ironically this comes at a time when there are disturbing signs of an upturn in infections among gay men and there is a less healthy partnership between these players and governments, something all parties need to address.

Investment in HIV prevention works:
a natural experiment
**C. K. Fairley, A. E. Grulich, J. C. Imrie and
M. Pitts**

207–210

The lower rates of HIV in NSW were temporarily associated with less unprotected anal intercourse with casual partners and more serosorting in New South Wales (NSW) than other states. There was substantially more investment in HIV prevention and a stronger relationship between the State Government and the community in NSW compared with other states. If this additional investment in HIV prevention was responsible for the lower rates of HIV transmission in NSW, then the cost for each prevented case of HIV was A\$31 250.

Corrigendum to:

Clinical significance of questionnaire-elicited or clinically reported anorectal symptoms for rectal *Neisseria gonorrhoeae* and *Chlamydia trachomatis* amongst men who have sex with men

N. A. Lister, N. J. Chaves, C. W. Phang, A. Smith and C. K. Fairley [Vol. 5, No. 1 (2008), pp. 77–82] 211