

Sexual Health

Contents

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Time to roll our rapid testing for HIV? Yes, but with appropriate safeguards <i>M. Y. Chen and C. S. Estcourt</i>	1–3	Rapid HIV testing could help reduce the number of people with undiagnosed HIV infection in the population. However, if it is introduced adequate safeguards need to be in place.
Performance of serological tests for syphilis in sexually transmitted disease clinics in Guangxi Autonomous Region, China: implications for syphilis surveillance and control <i>Y.-P. Yin, W.-H. Wei, H.-C. Wang, B.-Y. Zhu, Y.-H. Yu, R. Perline, X.-S. Chen, R. W. Peeling and M. S. Cohen</i>	5–9	TRUST has been widely used for screening of syphilis in China. The current study aims to evaluate the performance of this assay at local sexually transmitted diseases (STD) clinics, and to compare the algorithm of using TRUST as screening and rapid-test (SD-TP) as confirmation with the traditional standard strategy. The algorithm of TRUST screening and SD-TP confirmation in combination can be efficiently used at local STD clinics for diagnosis of serologically active syphilis.
Gender differences in knowledge about chlamydia among rural high school students in Nova Scotia, Canada <i>D. B. Langille, G. Flowerdew, C. Aquino-Russell, R. Strang, K. Proudfoot and K. Forward</i>	11–14	This study examined knowledge about chlamydia among students at a high school in rural Nova Scotia, Canada. Students responded to true-false statements about chlamydia and about their sexual risk behaviours using a self-completion survey. Female students were generally more knowledgeable about chlamydia than males; both males and females knew least about their rights to confidential health services for chlamydia. Higher knowledge score predicted condom use in females, but not males.
Risk reduction as an accepted framework for safer-sex promotion among women who have sex with women <i>P. Cox and R. McNair</i>	15–18	Research for the development and evaluation of a website on safer sex for women who have sex with women (WSW) has identified a misperception that the majority of WSW are at low risk for sexually transmissible infections. There was also an aversion to using latex for safer sex practices but acceptance of a risk-reduction approach including non-latex based practices. Using this approach is recommended to engage WSW and increase safer sex practices.
Importance of promoting HIV testing for preventing secondary transmissions: modelling the Australian HIV epidemic among men who have sex with men <i>D. P. Wilson, A. Hoare, D. G. Regan and M. G. Law</i>	19–33	This study uses a mathematical model calibrated to reflect the Australian HIV epidemic among men who have sex with men to investigate the likely epidemiological impact of increasing HIV testing rates or increasing the rate of early treatment for men detected with acute HIV infection. The expected reduction in incidence due to increasing early treatment would be modest but increases in HIV testing rates could have substantial epidemiological consequences.
An increase in overseas acquired HIV infections among heterosexual people in Western Australia <i>B. C. Combs and C. M. Giele</i>	35–39	HIV notifications in Western Australia increased from 41 cases in 2002 to 66 in 2006. The increase was primarily among non-Aboriginal heterosexually acquired cases, from 12 to 36 cases, respectively. Over this period most (76%) of these cases acquired HIV overseas: the majority of males were travellers from Australia who acquired infection in an overseas country, whereas the majority of females acquired HIV in their overseas region of birth.
Sex on premises venue health promotion project in response to sustained increases in HIV notifications <i>A. B. Mullens, S. Staunton, J. Debattista, E. Hamernik and D. Gill</i>	41–44	A health promotion outreach project was developed with sex on premises venues (SOPV) in <<Brisbane>>. The project demonstrated feasibility within this highly sexualised environment, and was enhanced by careful monitoring and revising the procedure to improve patron/staff responses to the project. The introduction of a survey instrument was a significant contributor to the project's effectiveness, providing opportunities for patrons to discuss a variety of key sexual health issues.
Sexually transmissible infections among sex workers and their clients: variation in prevalence between sectors of the industry <i>C. Seib, J. Debattista, J. Fischer, M. Dunne and J. M. Najman</i>	45–50	An Australian study of commercial sex workers and their clients found little difference in lifetime STI prevalence between licensed brothel, private and illegal sex workers although clients accessing illegal services reported higher infections than those accessing legal services.

Novel approach to an effective community-based chlamydia screening program within the routine operation of a primary health care service M. Buhrer-Skinner, R. Muller, A. Menon and R. Gordon	51–56	The presented prospective study develops an evidence-based outreach chlamydia screening program and demonstrates its viability as a complementary approach to chlamydia testing within the operational budget of a primary healthcare service. This study therefore contributes to the evidence-base necessary for an efficient and cost-effective overall chlamydia management program. While the presented particulars may not be directly transferable to other communities/health systems, the approach as such can be generalised.
Monitoring inequalities in the National Chlamydia Screening Program in England: added value of ACORN, a commercial geodemographic classification tool J. Sheringham, S. Sowden, M. Stafford, I. Simms and R. Raine	57–62	There are limitations to current methods of monitoring socioeconomic inequalities in sexual health, particularly in young people. Records from the National Chlamydia Screening Programme in <<England>> were used to investigate the value of combining an established deprivation index with a commercial geodemographic tool to monitor inequalities in chlamydia screening. This article describes the information obtained using this approach and its potential value for monitoring sexual health inequalities in young people.
Access to sexual health advice using an automated, internet-based risk assessment service D. M. Lee, C. K. Fairley, J. K. Sze, T. Kuo, R. Cummings, J. Bilardi and M. Y. Chen	63–66	The study aimed to determine the sexual risk profile of people using an automated, internet based service that allows internet users to receive recommendations on STI screening (“Check Your Risk” (CYR), [http://www.checkyourrisk.org.au/]). The study found that individuals who accessed an automated, internet based sexual risk assessment service were at substantial risk for sexually transmitted infections, similar to those attending a sexual health service.
<i>In vitro</i> evaluation of the viability of vaginal cells (VK2/E6E7) and probiotic <i>Lactobacillus</i> species in lemon juice K. C. Anukam and G. Reid	67–74	The present study evaluated <i>in vitro</i> the effect of lemon juice on the viability of vaginal cells (VK2/E6E7) and vaginal <i>Lactobacillus</i> species. Lemon juice at pH 2.3 had a significant toxic effect on the vaginal cell line used, whereas at pH 4.5 there was no toxic effect. Lemon juice had varying growth inhibitory effects on the <i>Lactobacillus</i> species used.
Influence of traditional Vietnamese culture on the utilisation of mainstream health services for sexual health issues by second generation Vietnamese Australian young women H. Rawson and P. Liamputtong	75–81	This paper discusses the impact the traditional Vietnamese culture has on the uptake of mainstream health services for sexual health matters by Vietnamese Australian young women. Grounded Theory methodology was adopted. In-depth interviews with 15 Vietnamese Australian young women, aged 18 to 25 years, who resided in Victoria, Australia, were undertaken. We found that the ethnicity of the general practitioner had a major impact on the women utilisation of the health services. It can be concluded that cultural influences can impact on the sexual health of young people from culturally diverse backgrounds. The provision of health services in a multicultural society like Australia must acknowledge the specific needs of ethnically diverse young people.
Rapidly ageing HIV epidemic among men who have sex with men in Australia J. M. Murray, A. M. McDonald and M. G. Law	83–86	The authors model HIV/AIDS data to determine the number and average age of men who have sex with men (MSM) living with HIV in Australia. The average age of HIV-infected Australian MSM is estimated to exceed 44 years of age by the year 2010 and has been increasing by 1 year of age for each 2 calendar years. This will lead to more serious non-AIDS conditions and to increased treatment complexity.
Vulval Crohn’s disease N. Edmiston, C. Ooi, G. Otton and M. Boyle	87–89	The authors report a case of vulval Crohn’s disease, the diagnosis of which was complicated by the presence of sexually transmissible infections.
Primary health care providers surveyed commonly misinterpret ‘first void urine’ for chlamydia screening M. J. Lusk, R. Uddin, M. Ferson, W. Rawlinson and P. Konecny	91–93	The terminology ‘first void urine’ used for urine chlamydia screening is ambiguous and misleading for primary health care providers surveyed, potentially creating barriers to effective screening for chlamydia with reduced opportunity for appropriate sampling and detection of chlamydia. This should be addressed in the planning of chlamydia prevention strategies.
‘Tissue paper sign’: a highly specific marker of gonococcal urethritis in males W.-P. Tan, S.-L. Tham and H.-H. Tan	95–96	In this prospective cohort study, we have shown that the tissue paper sign is a useful clinical sign highly specific for gonococcal urethritis that increases its diagnostic confidence.

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