

# Sexual Health

## Contents

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Human papillomavirus vaccines: challenges to implementation <i>S. M. Garland</i>	63–65	Clinical trials for a prophylactic human papillomavirus (HPV) vaccines have shown overwhelmingly positive results. It is expected that with good coverage of the vaccine, 70% of cervical cancers will be prevented, as will a proportion of other HPV-related anogenital diseases. Issues that will require careful consideration include: whether males and females should be vaccinated; the durability of the immune response; the proportion of attributable disease to the HPV types targeted by the vaccines; and accessibility and cost of the vaccine. Central to an effective vaccination programme will be clear, concise, consistent educative messages regarding HPV not only to the lay public, but also the medical profession.
Herpes and HIV infection—has the time come to act? <i>D. B. Russell</i>	67–71	It has been known for some years that the ulcerative and inflammatory STIs lead to an increased risk of HIV transmission. In particular, there is a two- to four-fold increased risk of HIV-1 acquisition associated with prevalent herpes simplex virus type 2.
A clinical update on female androgen insufficiency—testosterone testing and treatment in women presenting with low sexual desire <i>H. G. Burger and M.-A. Papalia</i>	73–78	The major symptoms of female androgen insufficiency syndrome (FADS) include diminished sense of well being, persistent unexplained fatigue and decreased sexual desire. The diagnosis is supported by the finding of low circulating concentrations of free testosterone. This paper reviews recognition of FADS, measurement of free testosterone and treatment of FADS using testosterone administration.
The role of contact efficacy in evaluating sexual health promotion—evidence-based outreach work within a public sex environment <i>J. S. Frankis and P. Flowers</i>	79–85	Recent rises in unsafe sex, STIs and HIV incidence among gay men in the UK and USA emphasise the continuing importance of sexual health promotion for gay men. This paper explores the role of contact efficacy in evidence-based health promotion by evaluating a mobile-unit sexual health outreach model within a public sex environment (PSE). The service contacted a large proportion of PSE users, particularly those with greater wider health needs.
Triage in a public outpatient sexual health clinic <i>V. Knight and A. McNulty</i>	87–90	The increasing prevalence of STIs in Australia, coupled with a NSW Health Department requirement to target services to those most in need, has led many services to investigate patient triage as a way of better using scarce resources. A triage nurse position was trialled at the Sydney Sexual Health Centre. Nurse triage reduced overall waiting times for people attending the clinic without appointment and most staff felt it improved patient flow.
Prevalence of genital human papillomavirus DNA in a sample of senior school-aged women in the Australian Capital Territory <i>E. J. O'Keefe, A. Gardner, M. J. Currie, S. Garland, S. Tabrizi and F. J. Bowden</i>	91–94	The prevalence of genital human papillomavirus (HPV) in a female, sexually active, senior high school population in the Australian Capital Territory was studied by HPV DNA detection and genotyping by PCR of self-collected vaginal swabs. The prevalence of HPV DNA in this population was lower than reported for similar populations overseas and lower than found in other studies of Australian women. Of those positive for HPV, high-risk genotypes were found in over half and multiple genotypes were found in more than one-third.
Knowledge and acceptance of human papillomavirus vaccination: perspectives of young Australians living in Melbourne, Australia <i>A. McClelland and P. Liamputtong</i>	95–102	Men and women aged 18–23 years were interviewed to explore their knowledge of and attitudes toward STIs, human papillomavirus (HPV) vaccination and vaccine acceptability. Although most participants had knowledge of several STIs, knowledge of HPV was inadequate—including its connection with cervical cancer and development of the vaccine. Nevertheless, vaccine acceptance was high. Probably the most influential factor in vaccine acceptance was an individual's perception of their own susceptibility.

Risk factors and causes of death in the Australian HIV Observational Database <i>K. Petoumenos and M. G. Law, on behalf of the Australian HIV Observational Database</i>	103–112	Despite the increase in survival rates in people living with HIV infection due to highly active antiretroviral treatment (HAART), mortality rates are still high compared with the general population. There has been a decrease in the overall proportion of deaths due to AIDS since the introduction of HAART, but deaths due to non-HIV-related illness have increased. This paper examines the causes of deaths in the Australian HIV Observational Database (AHOD) to compare risk factors for HIV-related and HIV-unrelated deaths.
A clinico-aetiological and ultrasonographic study of Peyronie's disease <i>B. Kumar, T. Narang, S. Gupta and M. Gulati</i>	113–118	Peyronie's disease is an acquired benign condition that usually presents as a palpable induration of plaque and curvature of the erect penis. Even after two centuries since its first description, the aetiology of the disease has remained poorly understood. This 10-year retrospective analysis from India evaluates the clinico-aetiological features of Peyronie's disease and its ultrasonographic features.
Genital ulcer disease in central Australia: predictors of testing and outcomes <i>J. E. Wilkey, K. A. Fethers, A. S. Latif and J. M. Kaldor</i>	119–122	In this first quantitative study of the management of genital ulcer disease (GUD) in central Australia, herpes simplex virus was the most common cause and syphilis and donovanosis were involved in just over one-quarter of cases. The effective management of GUD will continue to be an important strategy in the enhancement of sexual health and HIV prevention in remote indigenous communities.
Screening for chlamydia and gonorrhoea in men who have sex with men in clinical and non-clinical settings <i>M. J. Currie, S. J. Martin, T. M. Soo and F. J. Bowden</i>	123–126	In the Australian Capital Territory, the rates of chlamydia and gonorrhoea in men who have sex with men (MSM) are higher than the infection rates in the general population. The findings of this study support Sexually Transmitted Infections in Gay Men (STIGMA) guidelines, which recommend regular screening of all homosexually active men, including screening of the rectum.
An audit of contact tracing activities and records for chlamydia in an urban sexual health clinic <i>N. Edmiston, J. Chuah and M. L. McLaws</i>	127–128	The National Sexually Transmissible Infections Strategy 2005–2008 emphasised the importance of control of chlamydia and recognised contact tracing as an important health tool for this. This paper reports on a recent audit of contact tracing conducted at the Gold Coast Sexual Health Clinic.
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