

Top Abstracts of the Australasian Sexual and Reproductive Health Conference 2023

Held 18–20 September 2023, Manly, Sydney

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Introduction

The Australasian Sexual and Reproductive Health Conference will take place 18–20 September, 2023 at the Manly Pacific Hotel, Sydney.

The Australasian Sexual and Reproductive Health Day (ASRH day) commenced in 2021 as an affiliated event of the well-established Joint Australasian HIV&AIDS and Sexual Health Conferences. It was created out of an identified need to strengthen the linkages between sexual and reproductive health services and rights. Due to the success of this event over the past 2 years, in 2023, the ASRH Day will be incorporated into the main Sexual Health Conference, officially acknowledging the inclusion of reproductive health within the program.

All abstracts submitted for consideration in the 2023 ASRH Program were independently reviewed by three experts on a range of criteria. These results were aggregated and presented to the National Program Committee who used the scores and feedback from reviewers to select which presentations would be accepted into the program. These scores also determined the top abstracts within each theme.

This year's conference theme is 'Shaking up sexual and reproductive health' which is conveyed via the following conference objectives:

- To provide the foremost annual educational and networking forum for those working or interested in the sexual, and reproductive health (SRH) sectors primarily in Australia, New Zealand and the Asia and Pacific regions (i.e. Australasia), to present and stay informed on current research, clinical management, prevention, best practice healthcare, health promotion and policy, including opportunities for professional development and activities which meet relevant accreditations.
- To develop a program that appeals to the multidisciplinary and diverse audience working or interested in the SRH sectors and reflects the changing environment for the care, management, and prevention of sexually transmissible infections (STIs), the promotion of SRH health, pleasure and well-being, the prevention of unintended pregnancies and increasing access to abortion care and the prevention of sexual violence and responding to the needs of survivors.
- To facilitate dialogue, collaboration and networking among researchers, community representatives, jurisdictional policy decision makers, and the health workforce from various geographic, demographic, and professional sector partners across Australasia. This also includes connecting leading global experts with the Australasian delegates e.g. through invited keynote speakers.
- To encourage the attendance and participation of:
 - new and early career clinicians, researchers, scientists, allied health workers, and community members
 - abstract presenters by prioritising abstract spotlight sessions, poster tours and abstract-based awards
 - attendees through a range of active strategies for engagement including grants, scholarships, and awards

Building Resilience for Sexual and Reproductive Health in Future Threats

I Treating *Mycoplasma genitalium* infection with a sitafloxacin regimen in the context of increased resistance

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Background: Macrolide and fluoroquinolone resistance in *M. genitalium* is rising. In Australia, patients with macrolide-resistant *M. genitalium* who fail first-line treatment with moxifloxacin are treated second-line with either pristinamycin, minocycline or sitafloxacin-based regimens. We evaluated the efficacy of any sitafloxacin-based regimen for macrolide-resistant *M. genitalium* at Melbourne Sexual Health Centre over a 5-year period.

Methods: Patients with macrolide-resistant *M. genitalium* who received a sitafloxacin-regimen between January 2017–February 2022 were included. Prior to October 2017, patients received sequential sitafloxacin monotherapy (doxycycline followed by sitafloxacin); subsequently, patients received combination therapy (doxycycline followed by doxycycline + sitafloxacin). Microbial cure was defined as a negative test-of-cure 14–90 days after completing sitafloxacin. Logistic regression explored factors associated with sitafloxacin failure.

Results: Of 229 patients with macrolide-resistant *M. genitalium* who received a sitafloxacin-containing regimen, 80.6% (95% CI: 74.9–85.5) experienced microbial cure. In adjusted analyses, prior failure of moxifloxacin was the only factor associated with sitafloxacin failure (Adjusted-Odds-Ratio = 7.56, 95% CI 2.38–24.04, $P < 0.001$). Due to correlated variables, we stratified cure based on prior moxifloxacin failure to evaluate the efficacy of the two sitafloxacin regimens. We found no significant difference in microbial cure following sequential monotherapy vs combination therapy among patients who had not previously failed moxifloxacin (87/92 [94.6%] vs 11/12 [91.7%], $P = 0.530$), or among those who had previously failed moxifloxacin (2/6 [33.3%] vs 87/122 [71.3%], $P = 0.069$) however small numbers limited these comparisons.

Conclusion: Microbial cure following sitafloxacin was 81% for macrolide-resistant *M. genitalium* over the past 5 years, with past failure of moxifloxacin associated with an 8-fold increased odds of failing sitafloxacin, reflecting the likely presence of key fluoroquinolone resistance mutations. These data provide contemporary information about the efficacy of sitafloxacin for *M. genitalium* in an era of rising antimicrobial resistance, and highlight the benefit of incorporating markers of fluoroquinolone resistance into diagnostic assays to improve antibiotic selection and stewardship.

2 Risk-based syphilis screening in later pregnancy: is it actually happening?

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Background: Congenital syphilis can cause miscarriage, stillbirth, congenital anomalies and neonatal death. However, it is preventable with early detection through maternal syphilis screening and early treatment. National antenatal care guidelines recommend universal syphilis screening in early pregnancy, with repeated screening later in pregnancy based on maternal risk.

For risk-based syphilis screening to be effective, clinicians must be aware of these guidelines, what constitutes maternal risk, and ask the relevant questions to assess risk. This study aims to understand current clinical practice with regards to syphilis risk assessment in public antenatal services across Victoria.

Approach: We evaluated five public antenatal services (eight sites) across metropolitan and regional Victoria, with a combined total of approximately 24 000 deliveries per year. Evaluation included an audit of local routine antenatal care guidelines and an anonymous survey of midwives and doctors delivering antenatal care. Questions focused on whether clinicians undertook sexual risk assessment for syphilis screening.

Outcomes/impact: Only one of the five services mentioned risk-assessment for syphilis in later pregnancy in their local antenatal care guideline. However, there was no definition of what characterised risk. A total of 153 antenatal clinicians (98 midwives, 65 doctors) responded to the survey, with 82% stating that they believed syphilis screening in later pregnancy was either “extremely important” ($n = 56$) or “somewhat important” ($n = 69$). Among 152 clinicians, 79% never ($n = 54$) or rarely ($n = 66$) asked pregnant patients about whether they had multiple sexual partners in pregnancy ($n = 152$). Among 130 clinicians, 96% never ($n = 109$) or rarely ($n = 20$) asked whether the pregnant woman's male partner had sex with men ($n = 130$).

Innovation and significance: Local antenatal guidelines did not reflect current national guidelines on syphilis screening in later pregnancy. Risk-assessment required to guide repeat screening in later pregnancy was not being undertaken, likely limiting the opportunity to prevent congenital syphilis.

Disclosure of interest statement: None.

3 “It was just the most horrible experience of my life” Understanding social and care experiences during and after mpox illness: qualitative accounts of people diagnosed and close contacts in Australia

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Background: In May 2022, a global outbreak of mpox emerged, with a small number of mpox cases ($n = 144$) identified in Australia. This study sought to document in-depth qualitative accounts of the social, care, and health experiences of people directly affected by mpox.

Methods: Semi-structured interviews were conducted between October–December 2022 with 13 people diagnosed with mpox living in Australia, as well as 3 close contacts (household or sexual partners). 6-month follow-up interviews were conducted in April–May 2023 with 7 participants, providing 23 interviews. Interviews were deidentified and thematically analysed.

Results: All participants were gay or bisexual cisgender men. Most reported acquiring mpox overseas on holiday ($n = 11$) in July or August 2022, and isolated or received care in Australia ($n = 8$). Participants’ experiences of mpox illness, diagnosis, care and recovery were highly distressing amidst the uncertainty of the outbreak, and severe symptoms and long isolation periods were difficult to manage. Physical symptoms were primarily confined to the acute illness period, but half of participants ($n = 7$) reported longer-term social and physical sequelae from mpox, including continuing changes to sexual practices, ongoing fatigue, psychological distress, major scarring, and the need for corrective rectal surgery. Most participants diagnosed with mpox ($n = 10$) reported dissatisfaction with clinical care, including challenging communication with contact tracers, perceived judgement about sexual behaviour, inadequate pain management, or stigmatising care in hospital. Participants expressed a desire for greater empathy from clinicians and contact tracers and more proactive pain management.

Conclusion: Participants’ accounts portray negative healthcare experiences during an unfamiliar disease outbreak. This study highlights potential vulnerabilities in health system capacity to provide culturally-appropriate care when responding to a disease that is linked to sexual practices, anogenital symptoms, and requires pain management. The potentially enduring aftereffects of mpox, including physical symptoms and healthcare-related distress, suggest a need for attention to follow-up care.

Disclosure of interest statement: The Centre for Social Research in Health receives funding from the Australian Government Department of Health. This study was funded by the Triple I Clinical Academic Group Seed Grant Funding (UNSW Medicine & Health). Associate Professor Kari Lancaster is supported by an Australian Research Council DECRA Fellowship (DE230100642). No pharmaceutical grants were received in the development of this study.

*Human Rights for Sexual and Reproductive Health***4 Rethinking risk in adults' engagement with sexual digital imagery**J. Power^A, A. Waling^A and A. James^A^AAustralian Research Centre in Sex, Health and Society, La Trobe University, Vic., Australia

Background: Modern sexuality education and sexual health promotion inevitably must engage with online safety, particularly in relation to self-created sexual imagery ('sexting', production of amateur pornography/'sex tapes' and so forth). This paper reports on a qualitative study about Australian adults' use of digital sexual imagery in their sex lives. The study explored participants' experiences of digital sexual self-image creation and sharing, and the ways perceptions of risk and safety shaped these experiences.

Methods: In-depth interviews were conducted with 23 Australian adults aged between 25 and 75 years. Participants were asked to speak about their experiences creating, sharing and/or receiving amateur sexual imagery, their relationships with people with whom they shared images, the settings, spaces and social contexts in which they created/shared images, their perception and awareness of potential risks and how they responded to these. Data were analysed using inductive thematic analysis.

Results: Participants tended to view the creation and exchange of sexual images as a form of sexual play that built intimacy, sexual tension and eroticism and expanded their intimate experiences in positive ways. Participants were aware that sending sexual or nude images left them vulnerable to potential harm or unwanted sexual exposure. However, they were often more concerned that they would be viewed as foolish or irresponsible for creating/sharing sexual images given the known risks. As a result, participants were often secretive about their experiences and had not spoken to many people about their online practices.

Conclusion: We know that sexual health messaging that is fear-based, and emphasises risk without acknowledging pleasure, can evoke a sense of shame that undermines open conversation about sexual health. This is also true for digital sexual safety. Sex-positive approaches to digital safety education is important to ensure engagement of people who use these technologies in their sex life.

Disclosure of interest statement: This work was supported by the Australian Research Council.

5 A protocol for an innovative disability-inclusive study to address inequities in cervical screening participation for people with intellectual disability

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Background: People with intellectual disability experience additional barriers to cervical screening compared with the general population due to stigma and shame. ScreenEQUAL is a 3-year Australian Government National Health and Medical Research Committee pilot which aims to work with people with intellectual disability to gather and translate new knowledge into immediate action to improve cervical screening participation among this under-screened group.

Methods: This abstract describes the ScreenEQUAL study protocol which uses a multi-method integrated-Knowledge-To-Action approach. The unique co-design protocol is grounded in a team of academic researchers and researcher with intellectual disability and guided by an expert Advisory Group including people with intellectual disability, grassroots disability, service-delivery, and peak body organisations.

Results: In Stage one, qualitative interviews will explore barriers and facilitators to cervical screening among people with intellectual disability, families/support people, General Practitioner and nurses, and disability sector stakeholders ($n = 20$ per group). People with intellectual disability will be offered additional participatory body mapping and photovoice methodologies to further explore their lived experiences. Informed consent will be obtained using accessible study materials including Easy Read information, videos, and conversational language, before, during and after participants' interviews. Data from qualitative interviews and disability-inclusive workshops will inform the co-design of accessible health information resources for people with intellectual disability, their families/support people and health professional training materials. In Stage two, a randomised controlled trial will compare the impact of the co-designed resources, with no intervention, on cervical screening participation using linked cervical screening registry data ($n \approx 200$) and health literacy using qualitative interviews and body mapping ($n \approx 20$).

Conclusion: ScreenEQUAL provides innovative resources and materials which can be rapidly integrated into the community to increase participation in cervical screening among people with intellectual disability and transform clinical practice to improve their experience of the test, with implications for other cancer screening programs.

Disclosure of interest statement: The Daffodil Centre, The University of Sydney, a joint venture with Cancer Council NSW, New South Wales, Australia, Translational Health Research Institute, Western Sydney University, New South Wales, Australia, The University of New South Wales, Sydney, Australia, Self Advocacy Sydney, Disability Innovation Institute, The University of New South Wales, Sydney, Australia, Family Planning Australia, Kirby Institute and The University of New South Wales, Sydney, Australia are funded by the National Health and Medical Research Council.

6 Calling out and preventing enacted stigma in health care encounters: lessons from women cervical cancer patients and health professionals in Indonesia

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Background: Cervical cancer mortality in Indonesia is unacceptably high, with a current survival rate of only 50%. This stems from slow progress in primary and secondary prevention, delayed treatment, and low treatment uptake. In the Indonesian context, cervical cancer is also a highly stigmatised disease. This paper examines how cervical cancer related stigma occurs in health care encounters, typically at the point of diagnosis, and violates women's rights.

Methods: An ARC funded ethnographic study was conducted in Indonesia from 2019 to 2021, producing case-studies with 30 women affected by cervical cancer, and 50 interviews with health professionals engaged in cancer care. Multi-level thematic analysis was conducted using NVivo.

Results: This paper identifies occurrences of enacted stigma that occurred when women were perusing diagnosis, receiving diagnosis or seeking additional information, and discusses the impacts on women. Stigmatising narratives included blaming women's husbands or women for the disease, emphasising risk factors associated with sexual impropriety and lack of female hygiene, and discriminatory hospital protocols for informed consent. Women's reports of enacted stigma were corroborated by health professionals. Two distinct patterns of response emerged among health professionals: one being to agree that stigmatising practices were harmful and could be avoided through adopting non-stigmatising language, providing accurate information on causality and avoiding blame; the other response was to perpetuate stigma via the use of highly moralised language, a focus on sexual impropriety and emphasising discourses of blame.

Conclusion: Empathic health professionals identified feasible strategies for developing standards of patient communication and education that can avoid stigmatising cervical cancer patients. These strategies focused on: normalising HPV infection as common among married couples; emphasising long-term HPV infection as a necessary cause of cervical cancer, rather than risk factors associated with sexuality; avoiding all discourses of blame; and removing discriminatory content from consent forms and information pamphlets.

Reimagining our Sexual and Reproductive Health Systems, Services and Care

7 Vending machines can increase access to HIV testing for diverse groups at risk of HIV and STI: facilitators for use and additional opportunities

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Background: Despite increased HIV testing options in Australia, the proportion of late diagnoses are rising. Innovative strategies for timely access to testing, particularly for people living with or at-risk of undiagnosed HIV, are required. This pilot study, an Australian first, assessed the acceptability of smart vending machines to obtain HIV self-tests (HIVST).

Methods: Consenting participants completed a short pre-vent questionnaire, either online or at vending machines installed at two urban sex-on-premises-venues (SOPV) and a regional university (October 2021–May 2022), prior to accessing one free finger-prick blood HIVST kit and condoms/lubricant. One week post-vent Peer Test Facilitators sent a text message with a survey link to consenting participants.

Results: Of 228 HIVST kits dispensed (SOPV1, 69%; SOPV2, 17%; university, 14%), previous HIV testing was lower amongst university (32%) than SOPV (90%) vends. Post-vent survey respondents (51/228, 22%) differed by region of birth (overseas-born: SOPV1, 46%; SOPV2, 9%; University, 43%), sexual orientation (Gay/bisexual men: SOPV, 93%; University, 57%), and PrEP use (SOPV, 36%; University, 14%). Condom use was less consistent amongst university vends. Access was chosen for convenience (90%) and testing anonymity (39%). Compared with SOPV respondents, a larger proportion of university respondents preferred oral HIVST (43% versus 20%) and would have found it beneficial to talk to a Peer Test Facilitator before (43% versus 20%) and after (71% versus 32%) using the HIVST. Program satisfaction was high (96%), but most (90%) would not pay the retail price for an HIVST.

Conclusion: Vending machines as a strategy to expand HIV testing access are acceptable. Improving oral HIVST and addressing affordability will likely promote uptake. Given the diversity of users and sexual and reproductive health risk profiles, vending machines could be used in various settings and include additional STI tests, SRH preventative strategies e.g., PEP/PrEP, emergency contraceptive pill, dental dams, and/or menstrual products.

Disclosure of interest statement: This research was funded by a Gilead Fellowship and conducted under the auspice of the Queensland Professorial Chair of BBV and STI.

8 HIV self-test: knowledge, attitudes, and practices among Asian-born gay, bisexual, and other men who have sex with men in Australia

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Background: To explore novel interventions to improve awareness of HIV status, we aimed to examine the knowledge, attitudes, and practices of HIV self-testing (HIVST) among Asian-born gay, bisexual and other men who have sex with men (GBMSM).

Methods: This qualitative study used semi-structured interviews of self-identified GBMSM who are of Asian ethnicity and were born overseas. Participants were recruited from personal networks, social media platforms, snowballing, and the Melbourne Sexual Health Centre. Twenty-five participants were purposively sampled with a range of ages and previous experiences of HIVST.

Results: A majority of participants were unaware of HIV self-testing before the interview and only a few had ever used one before. Most had limited sexual health knowledge prior to their arrival in Australia. Upon learning about HIV self-testing during the interview, many expressed willingness to use HIVST, but only under limited circumstances, such as travelling overseas, interim testing while taking on-demand PrEP, and point-of-sex testing. Almost all (23/25) of them were open to distributing HIVST to their casual partners or friends, especially those who they know engaged in high-risk sexual behaviour and were not engaged in sexual health care. However, about half of the participants still preferred traditional serology testing. The reasons cited include regular HIV testing as part of PrEP prescription, need for STI tests, HIVST has a long window period and lack of self-confidence in performing the HIV self-test correctly. Seven participants who had prior experience of HIVST either in their country of origin or in Australia knew or received the HIVST from their friends or partners. Their reasons for utilising HIVST were: to avoid facility-based testing due to confidentiality and privacy reasons, fear of judgement from healthcare staff, point-of-sex testing, and testing after high-risk exposure.

Conclusion: Peer education and secondary distribution may help raise HIV self-testing rates and awareness among the Asian-born GBMSM population.

Disclosure of interest statement: All authors state they do not have any conflicts of interest.

9 Protecting pleasure: sexual health service users' oral STI prevention strategies and views on STI prevention measures

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Background: Rising prevalence of bacterial STIs such as gonorrhoea, chlamydia and syphilis is a concern in the context of antimicrobial resistance, patient and healthcare burden, and reproductive outcomes. This research sought to explore strategies used by attendees of a sexual health service to reduce oral transmission of STIs, and their views on measures currently under investigation (i.e., mouthwash, vaccination and DoxyPEP).

Methods: A qualitative research design was used to explore strategies people used, or might be willing to use, to prevent being infected with or transmitting an oral STI. Purposive sampling and semi-structured interviews allowed for description and comparison of participants' perspectives from a range of ages, sexual orientations, genders and nationalities.

Results: Twenty-one participants with and without a history of an oral STI were interviewed. Whilst individuals varied in the STI prevention strategies they used, and would consider, generally they were unwilling to engage in STI prevention measures that impacted the pleasure and intimacy of sex. As such, use of barrier methods like condoms and dental dams for oral sex were considered unacceptable to many participants and their partners. Conversely, STI testing, treatment and partner notification were preferred to protect themselves and others from STIs. Strategies with unproven efficacy (e.g., mouthwash, showering before sex) were acceptable in the context of improving the pleasure of sex for themselves and their partner. Factors influencing the acceptability of prevention measures (e.g., vaccination, DoxyPEP) included accessibility, practicality, effectiveness and safety. Participants enjoyed a range of practices that increased their risk of an oral STI (e.g. oral sex, spit play, etc.) but generally had not been engaged in conversations about these by health care professionals.

Conclusion: This research highlights the central role pleasure plays in decision-making about STI prevention strategies. It is important this informs discussions within clinical practice, research and public health planning.

Disclosure of interest statement: This research was funded by a National Health and Medical Research Council investigator grant. No pharmaceutical grants were received in the development of this study.

*Sexual and Reproductive Health for Adolescents and Young People***10 A survey of parents' reactions to children's pornography use**M. S. C. Lim^{A,B,C}, E. Johnson^{A,B} and M. Raggatt^{A,C}^ABurnet Institute, Melbourne, Vic., Australia^BUniversity of Melbourne, Melbourne, Vic., Australia^CMonash University, Melbourne, Vic., Australia

Background: From a median age of 13 years, most Australian children view pornography. Parents can play a key role in educating young people about sex and pornography. This study aimed to explore parents' attitudes to children's pornography use and their actions and reactions to their own children's pornography use.

Methods: Parents ($n = 1029$) in Australia with children aged 8 to 20 years were invited to complete an online survey via a market research panel.

Results: Most parents thought that young people view pornography "rarely". Parents were more likely to agree that it is best to accept that young people are going to access pornography and educate them about it (65% agreed), rather than agree that it is best to ensure young people do not have access to pornography by policing their devices (39% agreed).

45% of parents had ever discussed pornography with their child. This was associated ($P = <0.001$) with being aware of previous exposure to pornography for their child and having children older than 13 years.

27% of parents were aware that their child had viewed pornography. They had most commonly been told by their child (50%), followed by finding porn on their devices (34%), or seeing them watch it (22%). Of these, 62% felt confident responding to their child's pornography use. The most common action taken was to communicate with the child (56%), only 6% took steps to restrict access to pornography.

Conclusion: Australian parents generally underestimate the level of pornography use by Australian children, and a minority are aware of their own child's pornography use. Overall, the results indicate parents' preference for education and communication approaches over restrictive approaches to address pornography. Parents may require support and education to understand children's pornography use and how to talk to their children about it.

Disclosure of interest statement: This project was conducted by OurWatch and funded by the Commonwealth Department of Social Services. The authors have no conflicts of interest to declare.

II Taking matters into our own hands – standing up against assault and harassment on WA campuses through redeveloping on-campus consent resources

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Background/purpose: We Are Womxn (WAW) in collaboration with BYMW Designs and The Guild at the University of Western Australia (UWA) developed, implemented, and evaluated a community education project aimed at encouraging and influencing the culture of reporting sexual harassment and assault on university campuses in WA, whilst simultaneously sparking a discussion about consent and the complexities surrounding the topic.

Approach: Five consent resources were created visually depicting different aspects of consent; ways to ask consent, ways to revoke consent, and calls to action. The resources were created to be bold and chaotic, to help grab the attention of students to start conversations around consent. The consent resources were displayed at various locations across the UWA campus, both physically and digitally. The resources were launched in November 2022.

The resources act as a virtual educational platform guiding students to a range of resources. These include mental health guides, consent guides, and documents detailing how to report and what to expect when reporting sexual harassment and assault on campus specific to UWA.

Outcomes/impact: The project used a quantitative approach to measure its impact. Each resource was linked to a QR code. Data from the QR code ‘clicks’ was used to determine its impact.

The results show a click-through rate of 104.35%. Meaning, 100% of all users clicked through to a specified link (accessed an additional resource). Furthermore, in the 3 days prior to submitting, the click-through rate increased to 266.67%, indicating each user accessed more than 2 links. The fluctuations in data coincide with university term dates.

Innovation and significance: The project sheds light on a state-wide issue. It is concluded that more needs to be done to provide university students with campus-specific resources on how to report and what to expect when reporting sexual harassment and assault on campus.

Disclosure of interest statement: The research findings discussed here were supported by We Are Womxn. We Are Womxn delivers educational programs to women in schools.

12 Building sexual literacy online

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Background: Health literacy is defined as the capacity, resources and insight to seek information, ask critical questions and be an advocate for one's health. Sexual literacy is framed in similar terms, relating to the capacity to navigate emotionally and physically safe sexual encounters and to hold a critical and assertive stance on relationship dynamics, gender and consent. Increasingly, young people are going online to learn about sex and relationships. While we hear a lot about potential risks associated this, we know less about the potential of the internet to support sexual literacy. Here we present findings from a qualitative study that explored young people's use of the internet to develop sexual literacy.

Methods: In-depth interviews were conducted with 22 young people (aged 18–25). Interviews explored the ways in which young people engage with online resources and forums to learn about sex, relationships, sexual health or sexual rights. Data were analysed using qualitative, inductive thematic coding.

Results: Young people regularly engaged with websites, social media, videos, networks and forums to learn about sex and relationships, often following 'rabbit holes', links and discussions to develop and explore ideas. In some cases, this was motivated by a video or post on social media. The volume and diversity of content available online enabled young people to explore topics personally relevant to them and encouraged them to reflect on their sexuality, attractions or relationships. Young people were confident in their capacity to critically appraise content, including sexually explicit content, by drawing on multiple sources to cross-check information.

Conclusion: The online environment supports in depth exploration of issues related to sex and relationships that are personally relevant to young people. The capacity to view multiple sources of information in diverse formats (formal and informal) supports critical engagement with topics related to sex and relationships.

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*What's Hot: New Technologies, Tools, Medicines and Commodities***13 Potential impact and efficiency of doxyPEP prescribing strategies for reducing syphilis incidence among gay and bisexual men in Australia**

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Background: Doxycycline post-exposure prophylaxis (doxyPEP) is highly effective at reducing syphilis among gay and bisexual men (GBM). However, doxyPEP raises concerns regarding antimicrobial resistance and side-effects of long-term use. We estimated the potential impact of hypothetical doxyPEP strategies to reduce syphilis while limiting doxycycline use.

Methods: Syphilis laboratory data among GBM with ≥ 2 syphilis tests from 2016 to 2022 were extracted from 54 clinics in the ACCESS sentinel surveillance network. Infectious syphilis diagnoses were detected using an algorithm aligned with national case definitions. We evaluated counterfactual scenarios where doxyPEP was prescribed indefinitely to (1) all GBM; (2) GBM with HIV; (3) GBM using PrEP; (4) GBM with HIV or using PrEP; and scenarios where doxyPEP was prescribed for 12 months following diagnosis of (5) a bacterial STI (BSTI); (6) a rectal BSTI; (7) syphilis; (8) two BSTIs in 6 months; (9) two BSTIs in 12 m. In counterfactuals, syphilis incidence during doxyPEP use was reduced by trial efficacy estimates. For each strategy, we estimated the proportion of syphilis diagnoses averted, proportion of GBM prescribed doxyPEP, and number-needed-to-treat (NNT) for one year to avert one syphilis diagnosis.

Results: Among 83 395 GBM (14.7% PWHIV, 39.4% PrEP-users), 15,806 syphilis diagnoses were detected over 281 190 person-years (rate = 5.6/100 py). In counterfactual scenarios, prescribing doxyPEP to all GBM averted 83% of syphilis diagnoses, but yielded the highest NNT (21.4). Prescribing doxyPEP to all PrEP-users/PWHIV (54% of GBM) averted 65% of diagnoses (NNT = 17.5). The most efficient strategies were prescribing doxyPEP for 12 m following: a syphilis diagnosis (NNT = 5.1; 11% prescribed doxyPEP; 30% diagnoses averted); two BSTIs in 6 m (NNT = 7.2) and two BSTIs in 12 m (NNT = 7.8). Restricting strategies 7–9 to PrEP-users/PWHIV only did not reduce NNTs.

Conclusion: Prescribing doxy-PEP to individuals diagnosed with syphilis or multiple recent BSTIs, regardless of HIV status or PrEP use, could avert a substantial proportion of subsequent syphilis cases while minimising doxyPEP use.

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14 Distinguishing monkeypox from common skin lesions using artificial intelligence in a sexual health clinic: a feasibility study

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Background: The 2022 global monkeypox (Mpox) outbreak like other sexually transmitted infections (STIs) is best controlled through early recognition and access to healthcare. Healthcare services for STIs are at capacity and so other ways of assisting the public with the diagnosis could improve control. Our study aims to develop an AI-assisted diagnosis tool for differentiating Mpox from other common STI/non-STI skin lesions in a sexual health clinic setting.

Methods: We used the existing lesion images recorded at Melbourne Sexual Health Centre (MSHC). MSHC dataset included a total of 1922 (357 Mpox and 1565 non-Mpox lesions), of which 80% used for model training and 20% for testing. Non-Mpox lesion images included common STIs (genital warts, herpes, syphilis, molluscum contagiosum, monkeypox, gonorrhoea) and non-STIs (healthy skin, pearly white penile papules, vaginal intraepithelial neoplasia (VIN), balanitis, lichen sclerosus and other dermatosis). We performed lesion alignment of images and used a residual convolutional neural network (6 types of pre-trained models) to learn coupled spatiotemporal features from aligned images. Then, we extracted the spatiotemporal features of the lesions to classify them into the respective Mpox in comparison with non-Mpox. We chose the best model with highest performance in MSHC dataset and evaluated the model's performance with publicly available Mpox dataset from Kaggle.

Results: The DenseNet-V2 models trained with 150 epochs, and a $3e-4$ learning rate, outperformed the other models in terms of overall AUC (0.928 ± 0.022), accuracy (0.848 ± 0.041), precision (0.942 ± 0.013), recall (0.742 ± 0.024) and F1-score (0.834 ± 0.018). Furthermore, we applied the region-of-interest approach, resulting in an even higher AUC of 0.982 ± 0.002 on the MSHC testing dataset. This model also achieved a similar AUC score of 0.982 ± 0.001 on the Kaggle dataset.

Conclusion: The AI-assisted diagnostic tool could be integrated into existing healthcare platforms or made publically available for early detection of Mpox cases. This could improve the clinic workflow management and prevent transmission of Mpox infection. As a future work, further research is needed to improve the performance of the model and validate its effectiveness in real-world clinical settings.

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15 Image capture: AI-assisted sexually transmitted infection diagnosis tool for clinicians in a clinical setting

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Background: The healthcare industry is experiencing a surge in the adoption of artificial intelligence (AI) technology due to its potential for assisting clinicians in diagnosis and healthcare management decision-making. However, there is currently no AI-assisted image recognition tool for sexually transmitted infections (STIs). This study aims to develop an AI-assisted diagnosis tool for the clinicians in the sexual health clinic.

Methods: Melbourne Sexual Health Centre (MSHC) developed the Image Capture tool to collect lesion images, allowing clinician/client to upload the lesion images via a mobile phone. We used total of ~6000 images (80% for model training and 20% for evaluation) to train the AI algorithm. We include 20 classes of common skin lesions including STIs (genital warts, herpes, syphilis, molluscum contagiosum, monkeypox) and non-STIs (healthy skin, pearly white penile papules, vaginal intraepithelial neoplasia (VIN), balanitis, lichen sclerosis and other dermatosis). We employed deep learning approach and convolutional neural networks (CNN) for training and evaluating the AI model.

Results: Our AI model successfully identified and classified 20 different skin lesions with mean Average Precision (mAP) scores ranging from 50 to 83. Notably, the model achieved high levels of accuracy in detecting and differentiating common STI and non-STI lesions, with mAP scores of 0.70 for herpes, 0.73 for syphilis, 0.75 for molluscum contagiosum, 0.72 for monkeypox, 0.83 for penile papules, and 0.75 for genital warts.

Significance: The integration of trained AI model on the Image Capture tool allows the clinicians to conveniently upload lesion images from their mobile phones and check the predicted diagnosis and corresponding probability. This can aid in making accurate diagnoses in a sexual health clinic. It also has the potential to improve the efficiency and accuracy of diagnosis and reduce the workload for clinicians.