

Sexual Health

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Modelling the population-level impact of vaccination on the transmission of human papillomavirus type 16 in Australia <i>D. G. Regan, D. J. Philip, J. S. Hocking and M. G. Law</i>	147–163	A mathematical model of human papillomavirus type 16 transmission was developed to estimate the impact of a prophylactic vaccine and to inform a health-economic evaluation. The model predicts that mass vaccination with a highly effective vaccine will substantially reduce the prevalence of HPV 16. This can be achieved in a few years if a catch-up campaign is implemented. Booster vaccinations may be required if vaccine conferred immunity is not lifelong.
A cost-effectiveness analysis of adding a human papillomavirus vaccine to the Australian national cervical cancer screening program <i>S. Kulasingam, L. Connelly, E. Conway, J. S. Hocking, E. Myers, D. Regan, D. Roder, J. Ross and G. Wain</i>	165–175	This study examines the potential impact of adding a human papillomavirus vaccine to the National Cervical Screening Program in Australia. The study uses a Markov decision model to determine the cost-effectiveness ratios associated with different scenarios including vaccinating a cohort of girls aged 12 years, offering catch-up vaccination to girls and women aged 14 to 26 years and vaccinating boys in addition to girls.
Knowledge and awareness of human papillomavirus (HPV): attitudes towards HPV vaccination among a representative sample of women in Victoria, Australia <i>M. K. Pitts, S. J. Dyson, D. A. Rosenthal and S. M. Garland</i>	177–180	A survey of a representative sample of women from randomly selected households in Victoria found that more than half had heard of the human papillomavirus (HPV) and that the majority were supportive of a vaccination program for young women to protect against cervical cancer. The media were the major source of information about HPV; high levels of trust were expressed in the advice of general practitioners and other health professionals with regard to vaccination in general and HPV vaccination.
The dynamics of intergenerational sexual relationships: the experience of schoolgirls in Botswana <i>J. Nkosana and D. Rosenthal</i>	181–187	School girls in Botswana who were in an intergenerational sexual relationship were interviewed about the social, cultural and economic factors that affect these relationships. Most, but not all, girls were passive and controlled by their older sexual partners. Negotiation about condom use was difficult for these girls but those who considered themselves to be equal partners in the relationship were able to insist on safe sex.
Transgender people attending a Sydney sexual health service over a 16-year period <i>V. L. Hounsfield, E. Freedman, A. McNulty and C. Bourne</i>	189–193	This paper is a review of the transgender attendees of the Sydney Sexual Health Centre between 1990 and 2006. Demographics, risk behaviours, sexual health morbidity, and other significant features of the transgender population were assessed. Forty clients were identified as transgender. Although half reported few risks, the other half reported multiple risk behaviours and had most sexually transmissible infections. These findings suggest that there needs to be improved sexual health service for transgender clients at our clinic.
A new surveillance system for monitoring HIV infection in Victoria, Australia <i>R. Guy, M. Lim, Y.-H. J. Wang, N. Medland, J. Anderson, N. Roth and M. Hellard</i>	195–199	To interpret increases in case reports of HIV diagnoses in Victoria, we developed a new HIV sentinel surveillance system at medical practices with a substantial clientele of men who have sex with men (MSM). Between 2004 and 2005 the proportion of MSM diagnosed with HIV increased from 1.3% to 2.0%, $P = 0.107$ and there was no significant change in monthly HIV tests. The results indicate the increase in HIV diagnoses in 2005 was unrelated to changes in testing.
Community-based sexual health care works: a review of the ACT outreach programme <i>C. J. Sturrock, M. J. Currie, H. Vally, E. J. O'Keefe, R. Primose, P. Habel, K. Schamburg and F. J. Bowden</i>	201–204	Men who have sex with men, sex workers, youth and university students are at increased risk for sexually transmitted infections and blood-borne viruses. In recognition of this, a collaborative project offering sexual health care in various outreach settings frequented by these groups was developed in the Australian Capital Territory. The current study describes an audit of data collected from these outreach activities.

A hood for a hawk: when to use chaperones in sexual health clinics <i>S. C. Davies, J. A. Baber and L. S. Dayan</i>	205–206	A recent editorial in <i>Sexual Health</i> recommended that male clinicians have a chaperone present during the examination of all female patients in sexual health clinics. However, our recent study in Sydney found that only 32% of women wanted a chaperone. There are few data on the extent of complaints by patients about intimate examinations, and introducing chaperones will have negative aspects. We propose an alternative policy.
Chaperones – are there other options? <i>A. McNulty and V. Knight</i>	206	To ask patients ‘do you have a preference for a male or female clinician?’ may be a more realistic alternative than offering a chaperone to all.
Recommendations for chaperoning in sexual health settings <i>D. C. Newton, M. Y. Chen, R. Cummings and C. K. Fairley</i>	207	This letter outlines recommendations for the use of chaperones in sexual health settings. Derived from the results of surveys among clients of Australian sexual health clinics and sexual health practitioners from both Australia and New Zealand, we provide a set of guidelines for chaperone use that address the differing needs of male and female clients and offer protection for practitioners.
Chaperones – real or virtual? <i>K. E. Rogstad</i>	208	The recent chaperone editorial and articles generated significant debate, and by chance were published at the same time as an article in another sexual health journal on the use of virtual chaperones. The author of the editorial responds to some of the letters received and discusses the new research.
Cambodian-born individuals diagnosed with HIV in Victoria: epidemiological findings and health service implications <i>D. R. Ayton, R. J. Guy, I. J. Woolley and M. E. Hellard</i>	209	A case series among Cambodian-born individuals diagnosed with HIV in Victoria was conducted in response to an increasing number of heterosexually acquired HIV cases. The study findings indicate late presentation of HIV, lack of support service utilisation and limited disclosure of HIV status among this population.
Refining self-reported condom use among young men at risk of HIV acquisition <i>R. Crosby, R. J. DiClemente, W. L. Yarber, G. Snow and A. Troutman</i>	211–212	A study of young African American men evaluated the validity of self-reported condom use. After accounting for selected condom use errors, only 26 of 79 men remained classified as consistent users. After correcting for user error, 29.6% of the reported sexual episodes were actually not protected. Studies assessing self-reported condom use among young African American men should assess user errors as well as frequency of condom use.
Prevalence of sexually transmitted infections among male STD patients in Denpasar and Makassar, Indonesia: Are symptoms of urethritis sufficient to guide syndromic treatment? <i>S. C Davies, B. Madjid, S. Pardohudoyo, A. A. G. P. Wiraguna, J. H. Patten and L. P. Upadisari</i>	213–215	In a prevalence study of sexually transmissible infections among 273 men attending dermatovenereology clinics in Indonesia, urethral gonorrhoea was detected in 18.2%, urethral chlamydia in 10.1%, and 5.2% had positive syphilis serology. Four cases of HIV were detected. Urethral symptoms were the most common complaint and were more accurate in predicting infection with gonorrhoea and/or chlamydia than clinical signs.
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