



SEXUAL HEALTH UPDATE

BROUGHT TO YOU BY YOUR LOCAL SEXUAL HEALTH CLINIC*

SEXUAL HEALTH SERVICES

Sydney Sexual Health Centre, RPA Sexual Health and Clinic 16 are publicly funded sexual health services providing a range of medical, counselling and health promotion services to those most at risk of HIV and sexually transmissible infections.

In addition, we provide comprehensive training and advice to the health sector, including local general practitioners and practice nurses, Medicare Locals, government and non-government organisations.

We are dedicated to providing client centred, evidence based services. We offer a variety of targeted programs to men who have sex with men (MSM) including Men's Clinics, Rapid HIV testing, HIV Services, Counselling and Support.

For more information or to contact your local Sexual Health Service:

South Eastern Sydney Local Health District

Sydney Sexual Health Centre www.sshc.org.au
Macquarie St Sydney ph:02 9382 7440

Sydney Local Health District

RPA Sexual Health <http://ow.ly/eKoPj>
Marsden Street, Camperdown ph:02 9515 1200

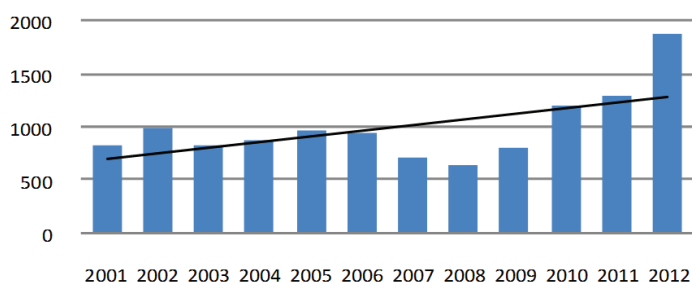
Northern Sydney Local Health District

Clinic 16 www.clinic16.com.au
Herbert Street, St Leonards ph:02 9462 9500

For general sexual health information, the **NSW Sexual Health Infoline** can be contacted on 1800 451 624

GONORRHOEA NOTIFICATIONS

Figure 1: Gonorrhoea notifications in male residents of Sydney & South Eastern Sydney Local Health Districts, 2001-2012



RECOMMENDED CHANGES TO GONORRHOEA TREATMENT

Gonorrhoea rates in MSM are steadily increasing in metropolitan Sydney.

There are concerns in Australia and world-wide regarding increasing gonorrhoea resistance to cephalosporins.

As a consequence it is now recommended that treatment for uncomplicated gonorrhoea is Ceftriaxone 500mg IMI in 2ml of 1% lignocaine statim PLUS Azithromycin 1g po statim.

Consensus¹ is that co-administration of Azithromycin and Ceftriaxone will delay the emergence of cephalosporin resistance, and Azithromycin may work synergistically to enhance the eradication of *Neisseria gonorrhoeae* particularly at the pharynx². Australian guidelines are currently being updated to reflect this change.

1. UK Guidelines for Gonorrhoea Testing 2012

2. UK National Guideline for Management of Gonorrhoea in Adults, 2011.

HIV TESTING

There were 1,137 new HIV diagnoses in Australia and 389 in NSW in 2011¹; the majority occurred following sexual contact between men.

Approximately one-quarter of people living with HIV are diagnosed by a GP who has not previously diagnosed HIV².

The seroprevalence of HIV is highest in Australia in:

- MSM who inject drugs (17%)
- MSM in Sydney (14%)

The riskiest non-occupational exposure leading to possible HIV is:

- Receptive anal intercourse without condoms
- Using contaminated injecting equipment
- Insertive anal / vaginal intercourse
- Receptive vaginal intercourse³

HIV diagnoses are often delayed due to low clinical suspicion of the infection.

One of the key features in being able to perform screening is to feel comfortable in asking male patients whom they have had sexual contact with.

TIP: Are your sexual partners men or women? Have you ever had sex with (the other) and when?

Informed consent is required for HIV testing, except for rare occasions when a legal order is made for compulsory testing or in emergency settings.

If a patient requests HIV testing after a specific risky encounter,

- Check for other sexual or blood risks in the preceding three months and since the previous HIV test
- Note when the previous HIV test was taken
- Unless the patient was tested recently, test the patient that day and offer a retest at three months
- An option for testing at six weeks after risky exposure could also be given

The EIA / Enzyme Immunoassay is the standard screening test for HIV, with high sensitivity > 99.5% and specificity > 99.8%⁴;

medical conditions unrelated to HIV do not alter sensitivity of the test⁵; the timeframe between infection and seropositivity is the window period and a positive HIV result can be found on blood tests up to six to twelve weeks after infection⁶.

For HIV testing resources and guidelines go to the ASHM (Australasian Society for HIV Medicine) testing portal at:
www.testingportal.ashm.org.au/hiv/introduction

For more details of seroconversion symptoms, see 'Is it HIV? A Handbook for healthcare providers' at:
www.ashm.org.au/images/publications/booklets/isithiv/chapter_2.pdf

It has been shown that the majority of patients with HIV seroconversion illness consulted a medical practitioner (87%).

Therefore, the clinician should take a sexual history and consider performing an HIV test if faced with a male patient describing seroconversion symptoms⁷.

References:

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3. Australasian Society for HIV Medicine (ASHM) [Internet]. Darlinghurst; c2013 [updated 2013 Jan 16; cited 2013 Jan 16]. Guide to Australian HIV Laws and Policies for Healthcare Professionals. Available from: <http://www.ashm.org.au/HIVLegal/Default.asp?>
4. Silvester C, Healey D, Cunningham P et al. Multisite evaluation of four anti-HIV-1/HIV-2 enzyme immunoassays. Australian HIV test Evaluation Group. J Acquir Immune Defic Syndr Hum Retrovirol 1995. 8: 411-419
5. U.S. Food and Drug Administration [Internet]. Silver Spring: The Administration; [updated 2013 Jan 15; cited 2013 Jan 16]. Available from: <http://www.fda.gov/downloads/Biologics/BloodVaccines/BloodBloodProducts/ApprovedProducts/LicensedProductsBLAs/BloodDonorScreening/InfectiousDisease/UCM216314.pdf>
6. Ryan C, Oelrichs R, Crowe S. Diagnostics. Chapter 4. In: Hoy J, Lewin S, Post J et al. HIV Management in Australasia a guide for clinical care. ASHM 2010. ISBN 978-1-920773-57-1
7. Tindall B, Barker S, Donovan B et al. Characterization of the acute clinical illness associated with human immunodeficiency virus infection. Arch Intern Med 1988. 148: 945-949

FIRST NATIONAL HEPATITIS B TESTING POLICY – IMPLICATIONS FOR GAY MEN

It is important for anyone considering vaccination for hepatitis B to first be tested to check for infection.

Those requesting testing should ask for the three tests to establish if they:

- Are susceptible – and would benefit from vaccination
- Are immune – and not requiring vaccination or
- Have hepatitis B – and should be actively monitored either by their GP or at a liver clinic.

The three tests are HBsAg, anti-HBc and anti-HBs. More information is available about hepatitis B, C and HIV testing at

www.testingportal.ashm.org.au



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*Sexual Health Update is an initiative of the STIs in Gay Men's Action Group (STIGMA). It is written for general practitioners in Metropolitan Sydney. Partners include: South Eastern Sydney Local Health District, Sydney Local Health District, Northern Sydney Local Health District, Ministry of Health, ASHM NSW, Eastern Sydney Medicare Local, Inner West Sydney Medicare Local, The National Centre in HIV Social Research, The Kirby Institute, Australian Federation of AIDS Organisations (AFAO), Positive Life NSW and ACON.

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