



SEXUAL HEALTH Update

Provided by Local Sexual Health Clinics

CHLAMYDIA ROUND-UP

Dr Stephen Davies, Senior Staff Specialist,
North Shore Sexual Health Service Clinic 16,
Royal North Shore Hospital

Sexually transmitted chlamydial infections are still the most common notifiable condition in NSW. There has been a steady rise in reported cases over the last decade. However the reason for the increased numbers is not necessarily an increase in the infection, because doctors are doing more tests for chlamydia, as seen in the Figure 1.

This is good news. Although there are increased reported cases of chlamydia, there does not appear to be an increase in the reported complications of chlamydia¹. It is tempting to draw the conclusion that the increased cases are all being effectively treated to prevent complications.

A lot of people are still missing out on a test for chlamydia, and testing rates need to increase. Testing is so simple these days, due to the very high sensitivity of nucleic acid technology. Women can collect their own vaginal swab or sample of urine; likewise a sample of urine can be collected from heterosexual men.

It is crucial to collect a rectal swab from Men-who-have-sex-with-men (MSM). MSM can also collect their own rectal swab.

RECENTLY, THERE HAS BEEN SOME DEBATE AS TO HOW EFFECTIVE OUR SINGLE DOSE OF 1GM AZITHROMYCIN IS IN ERADICATING CHLAMYDIA². HOPEFULLY NEW RESEARCH WITH CLARIFY THIS.

FOR THE PRESENT, THIS DOSE OF AZITHROMYCIN REMAINS THE TREATMENT OF CHOICE.

While a test-of-cure can be performed 4 weeks after treatment, we recommend a follow-up test at about 3 months (or opportunistically if the patient happens to re-attend for an unrelated reason). Waiting a bit longer tends to give a better yield in detecting a re-infection.

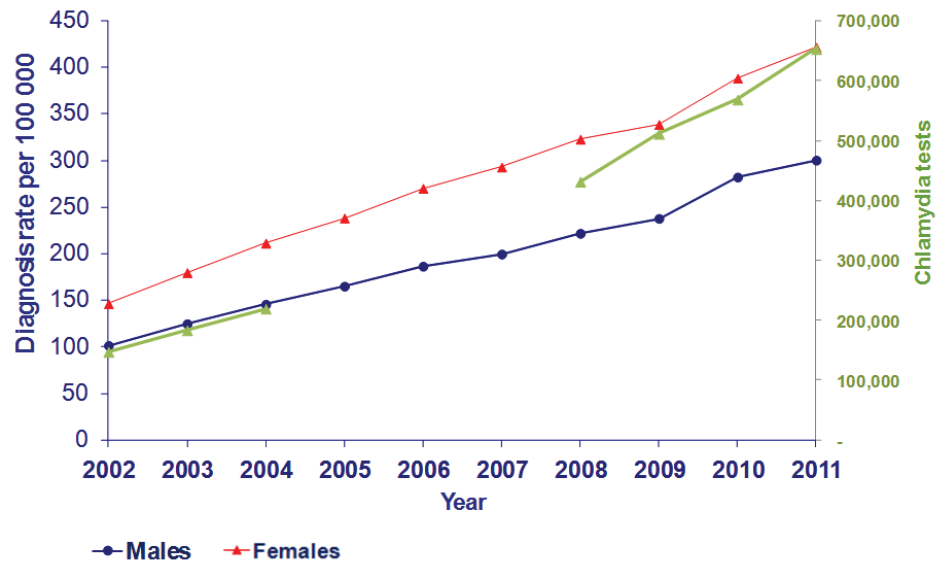
Which brings me to contact tracing. This is crucial – otherwise your patient is at high

Figure 1: Chlamydia, 2002 – 2011, by year and sex

Most frequently notified condition in Australia

- 80,800 diagnoses in 2011

- 4-6 times more chlamydia undiagnosed



Source: National Notifiable Diseases Surveillance System and Medicare

risk of re-infection and the sexual partner(s) are left untreated and could develop complications later in life. Most patients accept the importance of notifying their partners to get treated, and this can be facilitated by the doctor providing a contact slip, or providing the patient with a web address that allows him/her to do the notification anonymously if needed.

Good web addresses are:

www.dramadownunder.info and

www.letthemknow.org.au.

In the USA, some states have legislated to allow doctors to provide medication for the patient to give to their partner(s). Discussions are underway in Australia for a similar process in the future.

Reference:

1. Bette L, Basil Donovan B, Parker J et al. Increasing chlamydia diagnoses but little change in hospitalisations for ectopic pregnancy and infertility among women in New South Wales from 2001 to 2008. *Sexual Health* 2012; 9: 355-9.

2. Horner PJ. Azithromycin antimicrobial resistance and genital Chlamydia trachomatis infection: duration of therapy may be the key to improving efficacy. *Sex Transm Infect* 2012; 88: 154-6.



The Ending HIV campaign is currently promoted in NSW by ACON.

It aims to educate gay men about the real possibility that HIV transmission in NSW could be virtually eliminated by 2020 as a result of advances in testing technologies and HIV treatments.

It urges gay men to *Test More, Treat Early and Stay Safe.*

www.endinghiv.org.au

SYMPTOMATIC PRIMARY HIV INFECTION (OR HIV SEROCONVERSION ILLNESS)

Dr Zarin Gundevia, Registrar,
Sydney Sexual Health Centre, Sydney Hospital

Symptomatic Primary HIV Infection is thought to be present in 40-90% of people and is caused by a high HIV-viral load and the person's immunologic response to HIV. Symptoms can occur between 2 and 5 weeks after exposure and continue for up to 14 days¹.

Symptoms of seroconversion are non-specific, which can make it difficult to identify. An acute mononucleosis type illness can be found in approximately 90% cases.

The most common symptoms are:

- Fever
- Malaise
- Fatigue
- Myalgia

Other symptoms include:

- Anorexia
- Weight loss
- Skin rash
- Ulceration
- Pharyngitis
- Lymphadenopathy
- Nausea
- Vomiting
- Diarrhoea
- Cough
- Headache²

IT HAS BEEN SHOWN THAT THE MAJORITY OF PATIENTS WITH HIV SEROCONVERSION ILLNESS CONSULTED A MEDICAL PRACTITIONER (87%).

THEREFORE, THE CLINICIAN SHOULD TEST FOR HIV PARTICULARLY IN MALE PATIENTS DESCRIBING SEROCONVERSION SYMPTOMS³.

Reference:

1. Kassutto S, Rosenberg ES. Primary HIV Type-1 infection. Clin Infect Dis 2004;38:1447-53.
2. Is it HIV? A Handbook for healthcare providers. Chapter 2. Tan Lian Huat. HIV seroconversion illness.
3. 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

MORE ANAL SWABS NEEDED



The Anal Swab campaign is being run by ACON and STIs in Gay Men Action Group.

It reminds gay men of the importance in getting an anal swab as part of the full sexual health check because they can still get syphilis, gonorrhoea, chlamydia and other STIs in their rectums and not know it.

Tip for GP: Patient self collected anal swabs are acceptable and effective at detecting anal gonorrhoea and chlamydia using Nucleic Acid Amplification Tests (NAATs).

OFFER THE ANAL SWAB WHENEVER YOU TEST FOR HIV.

www.thedramadownunder.info

THE NATIONAL HIV TESTING POLICY



The National HIV Testing Policy can be viewed via the Testing Portal by Australasian Society of HIV Medicine (ASHM):

www.testingportal.ashm.org.au/hiv/introduction

SUBSCRIBE

We extend an invitation to GPs, practice nurses and relevant clinicians to receive this free twice-yearly newsletter and updates on sexual health.

To subscribe please email your name, job title and workplace to:

Jeffrey.Dabbhadatta@sesiahs.health.nsw.gov.au

SEXUAL HEALTH SERVICES

RAPID HIV TESTING
AVAILABLE AT THESE CLINICS



Health
South Eastern Sydney
Local Health District

Sydney Sexual Health Centre

www.sshc.org.au

Macquarie St, Sydney

ph: 02 9382 7440

Short Street Centre

Short Street, Kogarah

ph: 02 9113 2742

SouthZone Sexual Health Centre

Community Health Centre,

Sutherland Hospital

ph: 02 9113 2742

The Albion Centre

www.thealbioncentre.org.au

150 Albion Street, Surry Hills

ph: 02 9332 9600

Clinic 180

180 Victoria Street, Kings Cross

ph: 02 9357 1299



Health
Sydney
Local Health District

RPA Sexual Health

www.slhd.nsw.gov.au/communityHealth/sexualHealth.html

Marsden Street, Camperdown

ph: 02 9515 1200



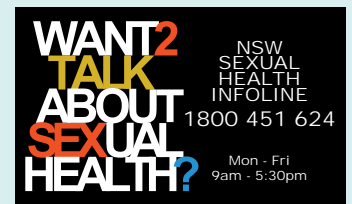
Health
Northern Sydney
Local Health District

Clinic 16

www.clinic16.com.au

Herbert Street, St Leonards

ph: 02 9462 9500



STIs in Gay Men Action Group

This newsletter is an initiative of the STIs in Gay Men Action group (STIGMA). It is written for general practitioners, practice nurses and relevant clinicians 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, Sydney North Shore and Beaches Medicare Local, Centre for Social Research in Health, The Kirby Institute, Australian Federation of AIDS Organisations (AFAO), Positive Life NSW and ACON.

Feedback and suggestions to:

Jeffrey.Dabbhadatta@sesiahs.health.nsw.gov.au