

— AUSTRALASIAN —

20 SEXUAL 17 HEALTH

— CONFERENCE —

7-9 NOVEMBER 2017 • CANBERRA



CONFERENCE REPORT: Key Learnings



ashm

Supporting the HIV, Viral Hepatitis
and Sexual Health Workforce



ASHA
AUSTRALASIAN
SEXUAL HEALTH
ALLIANCE

CONTENTS

From Our Plenary Speakers	3
The 2017 ASHA Oration	4
What's New For STIs?	5
<i>2016 Australian STI data</i>	5
<i>Focus on Indigenous Australians</i>	6
<i>STIs in Gay and Bisexual Men</i>	12
<i>Pelvic Inflammatory Disease (PID)</i>	13
<i>Other</i>	14
Reproductive Health	16
<i>Abortion</i>	17
<i>Long Acting Reversible Contraception (LARC)</i>	19
<i>Cervical Screening</i>	19
Focus on Youth	20
Focus on Gender	23
Focus on Older People	27
The Pleasure Agenda	29
Other Topics from the Conference	30
Save the Date	31
With Thanks	31

A note about the report:

The purpose of this report is to capture highlights from [the 2017 Australasian Sexual Health Conference](#) and to provide a tool to share research presented there. In the interest of space, only a small number of research papers are included. For the full list of presentations please visit the [Conference Program Page](#) and click through the [program to view](#) video, abstracts, slides and audio recording of presentations where available. We hope you enjoy the report and encourage you to share it widely with your colleagues. For HIV information please download the [2017 Australasian HIV&AIDS Conference Key Learnings Report](#).

FROM OUR PLENARY SPEAKERS



Professor Christopher Fairley, Director, Melbourne Sexual Health Centre, Alfred Health, Victoria

"We need to get the message out. The thing that determines STI rates in any society is government policy. And if you have good government policy then you get low rates of STIs. It's our job to lead the public in saying: protect me, and my family from STIs and HIV, by putting in place good government policy."

Mr Simon Blake, Chief Executive, National Union of Students, UK

"Together we are a proud global community of sex educators and sexual health professionals who may not all know each other, who come from different backgrounds and have different experiences, but who stand side by side because we believe in the intrinsic value of people and the power of human sexuality."



Dr Eloise Brook, Researcher and Board of the Gender Centre, Gender Centre, Western Sydney University, NSW

"You'll never see the fight for Australian transgender civil rights marching on a street... What there will be is the ongoing struggle to have our identities recorded and accounted for in a way that legitimates our existence and places us within a system that has been unable to comprehend us for so long."

Professor Danielle Mazza, Head, Department of General Practice, Monash University, Victoria

"I stand before you today with a call to action to advance reproductive and sexual health in this country. We need national leadership through a coalition of peak bodies to drive the agenda forward."



Professor Gracelyn Smallwood, Professor of Nursing and Midwifery, Central Queensland University, Queensland

"Funding needs to go to grass roots organisations and address poverty and social justice, not administration and research. All that nonsense of a top down approach needs to stop. It needs to come from the bottom up."

Access audio recordings of the full range of [Sexual Health Opening Plenary Presentations](#) including **Christopher Fairley, Ayden Scheim and Gracelyn Smallwood.**

Access audio recordings of the full range of [Sexual Health Plenary Presentations](#) including **Simon Blake and Danielle Mazza.**

Access **Eloise Brook's** presentation in the [Sexual Health Closing Plenary.](#)

THE 2017 ASHA ORATION

Challenges and Opportunities in Sexual Health from a Personal Perspective

Professor Christopher Fairley, Director, Melbourne Sexual Health Centre, Alfred Health

The [ASHA Distinguished Services to Sexual Health Award](#) aims to recognise a distinguished visionary leader who has made outstanding contribution to the field of sexual health both nationally and internationally.

This year's winner, Professor Christopher Fairley, has a combination of fearless inquiry and academic rigour that leads him to challenge paradigms, refresh knowledge and answer some of the many unanswered questions in the field of sexual health.

Professor Christopher Fairley, who delivered the ASHA Oration, presented an inspiring personal perspective of challenges and opportunities in sexual health. [Watch to his video message.](#)



Take Home Messages from the ASHA Oration

- *"Failing to plan is planning to fail, so it's import when you implement change, to plan it very carefully."*
- *"I think the most important challenge that every single one of us faces is in getting the public to understand sexual health issues because the public vote."*
- *"Right now, much of the public think that people get STIs through their own fault. But look at HIV rates between white and black women in the US. The black women don't have more sexual partners or use condoms less. What happens is that the people that they have sex with are much more likely to have HIV at a detectable viral load. That's not personal choice - that's government decision. It's about real access to health care."*
- *"If the public don't understand, we don't get funded and if we don't get funded, people get STIs."*
- *"If someone says you can't do something, challenge it. Try it. Get the evidence. Let that inform your programs and policy. Take these examples that peoples said wouldn't work:*
 - *Online medical records*
 - *Digital services (websites, texts) to support management of STIs*
 - *Computer-diagnosed STIs (where will this go? Visit <https://ispysti.org/>)"*
- *"If something doesn't make sense, ask why. There's always an explanation. Find out what it is."*
- *"Get yourself an assistant to help organise you."*
- *"When you choose a job, make sure you love it. If you want to be a researcher, 9 to 5 won't really see you succeed."*
- *"Be nice. Try to put yourself in the position of the person your helping."*

[Listen to Professor Christopher Fairley's presentation](#)

WHAT'S NEW FOR STIs?

To view the full range of presentations on this topic click on the links below:

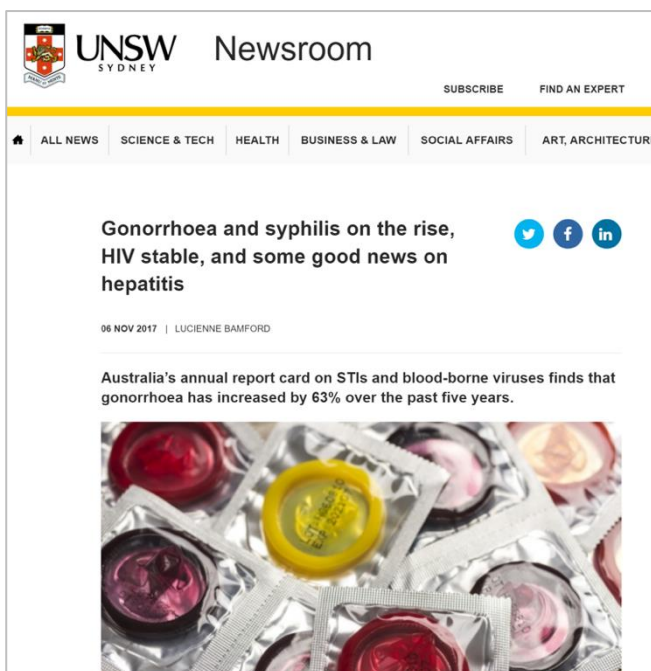
- [Clinical Sexual Health and Epidemiology](#) – Tues
- [Clinical Sexual Health & Epidemiology](#) – Wed
- [Clinical Sexual Health & Epidemiology - Inc. Jan Edwards](#) Prize Presentations
- [Conundrums in STI Testing, Management and Prevention](#)
- [STI Diagnosis and Treatment: New Problems, New Tools](#)

2016 AUSTRALIAN STI DATA

The [Annual Surveillance Report on HIV, Viral Hepatitis and STIs in Australia](#) and the [Annual Report of Trends in Behaviour](#) were launched from the Australasian HIV and Sexual Health Conferences on Tuesday, 6th November 2017.

Key findings:

- Gonorrhoea and syphilis diagnoses are increasing in Australia.
- Gonorrhoea has increased by 63% over the past five years, with particular rises among young heterosexual people in major cities.
- Among Aboriginal and Torres Strait Islander peoples, chlamydia and gonorrhoea rates are 3 and 7 times higher than in the non-Indigenous population and the gaps are greater in regional and remote areas.
- HIV diagnoses have remained stable for the past five years, with 1,013 new diagnoses in 2016.
- Some gay and bisexual men have gradually moved away from consistent condom use and rely on a range of biomedical and behavioural strategies to reduce HIV transmission.
- Strategies for testing, treatment and risk reduction need to be strengthened.



FOCUS ON INDIGENOUS AUSTRALIANS

Take a look at all the presentations in the [Aboriginal & Torres Strait Islander Health](#) and [Joint Symposium: Aboriginal & Torres Strait Islander Health](#) sessions for examples of successful programs from across the country addressing the sexual health of Indigenous Australians.

A/Prof Ward explaining some of the reasons STIs are more prevalent in Indigenous communities than in the non-Indigenous population. [Watch the video](#)



Key Findings

- Chlamydia and gonorrhoea rates are 3x and 7x higher Aboriginal and Torres Strait Islander Australians than in the non-Indigenous population. The gaps are greater in regional and remote areas.
- Since 2011, there has been a resurgence of infectious syphilis among young Aboriginal and Torres Strait Islander people living in regional and remote areas of Northern Australia.
- HIV notification rates in Indigenous Australians are now 2.2 times higher than in non-Indigenous Australians.
- The spike in new HIV infections in Far North Queensland is potentially linked to the syphilis epidemic.
- Undiagnosed HIV and syphilis in Indigenous communities is a concern.
- Indigenous communities in central Australia have the highest prevalence rates of HTLV-1 in the world, exceeding 50 % for adults in some remote communities surveyed so far. The virus can be transmitted through sex and is associated with a rapidly fatal form of leukaemia, inflammation in various organs including the lungs, and an increased risk of other infections.
- Comprehensive strategies are needed to reduce STIs in Aboriginal and Torres Strait Islander peoples.

In the News



EXCLUSIVE: Since 2011 a syphilis epidemic has swept across northern Australia, spreading across multiple states and hitting Indigenous communities hard. Figures obtained by NITV News show the rate of infections is rising fast. Now, stretched health services are warning a rise in HIV cases could be the next epidemic to hit the region.

[Read the SBS news article with interviews with James Ward and Darren Russell.](#)

Related Research

Complexities of providing prevention tools to a vulnerable population; lessons from an outbreak in young Aboriginal people in FNQ

A/Prof Darren Russell Cairns Sexual Health Service

- Health promotion: urgently required, but we have some ideas as to how to increase this.
- Condoms: some usage already, and unlikely to increase this significantly.
- TasP: most likely to reduce onward transmissions, but costly to implement effectively (will require DOT in some case).
- PrEP: many barriers to implementation, and likely to only be taken up by gay community-attached men.
- NSPs: need to be strengthened for young Indigenous injectors.

Indicators of Intervention Success in a Region of Aboriginal Communities on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands which has Achieved Long-Term Prevalence Reductions in Sexually Transmitted Infections (STIs)

Dr Rae-Lin Huang Sexual Health Program Co-ordinator Nganampa Health Council

[Read the abstract.](#)

Young, Deadly, Free: Sexual Health Peer Education Campaign and Resources for Remote Communities

Mr Aaron Ken, Sexual Health Community Engagement Project Officer, Aboriginal Health Council SA

Mrs Jessica Thomas, National Coordinator Remote STI & BBV Project: Young Deadly Free, South Australian Health and Medical Research Institute

- Campaign focusing on Aboriginal and Torres Strait Islander people aged 16-29 years living in remote and very remote Australia.
- Aims to increase STI/BBV testing uptake, knowledge, awareness, skills and prevention.
- [Access the slides and audio from this presentation](#)

Young Deadly Syphilis Free; Implementation of a syphilis campaign in remote Australia: Lessons learned

Ms Katy Crawford, Sexual Health Project Officer, C/- South Australian Health and Medical Research Institute

- Aim was to deliver a multifaceted education and awareness campaign of syphilis in remote areas of Australia currently affected by the syphilis outbreak.
- Lessons learnt from first months:
 - Videos/photos are more successful in reach than links to other stories.
 - Facebooks' algorithm does not place high priority to sharing Links to websites (e.g. to Young Deadly Free website)
 - Advertising required to help reach young people in remote communities.
 - People engage more with posts about the outbreak.
 - FB use may have been overstated in our initial consultations.
 - A lot of remote FB pages not active.
- View the [slides](#).

SPOTLIGHT: HTLV-1 in Indigenous Australians

- Indigenous communities in central Australia have the highest prevalence rates of HTLV-1 in the world, exceeding 50 per cent for adults in some remote communities surveyed so far. The virus - which can be transmitted through blood, sex and breast milk - is associated with a rapidly fatal form of leukaemia, inflammation in various organs including the lungs, and an increased risk of other infections.
- A [media release](#) was issued from the Australasian HIV and Sexual Health Conferences and presenter Dr Lloyd Einsiedel was interviewed by Radio National Presenter Fran Kelly.
- Access the slides and audio recordings from the [Joint Symposium: HTLV-1](#)

In the News



[Home](#) [Programs](#) [Guide](#) [Subjects](#) [Features](#) [Social Media](#) [Podcasts](#) [About](#)

RN Breakfast [Program Home](#) [Past Programs](#) [Features](#) [Subscribe](#) [About Us](#) [Contact Us](#)

HIV related virus spreading in remote indigenous communities

[Listen now](#) [Download audio](#)

Monday 6 November 2017 6:36AM ([view full episode](#))

Doctors are calling for an urgent government response to a rapidly spreading deadly HIV-related virus in Central Australia.

The little known HTLV-1 virus is associated with a rapidly fatal form of leukaemia, inflammation in various organs including the lungs, and an increased risk of other infections.

Indigenous communities in central Australia have the highest prevalence rates in the world.



IMAGE: AUSTRALIAN RESEARCH INTO HTLV-1 IS FALLING BEHIND OTHER COUNTRIES, SUCH AS JAPAN. (FLICKR: PHILLIP JEFFREY)



Monday to Friday 6am
Presented by Fran Kelly

IN THIS PROGRAM
Monday 06 November 2017

[Listen](#) [Download](#)

State Labor withdraws support for billion dollar Commonwealth loan to Adani coalmine
7:38 AM

PM Malcolm Turnbull rejects NZ offer to resettle Manus refugees despite 'humanitarian crisis'
8:08 AM

At least 20 dead after gunman opens fire in Texas church

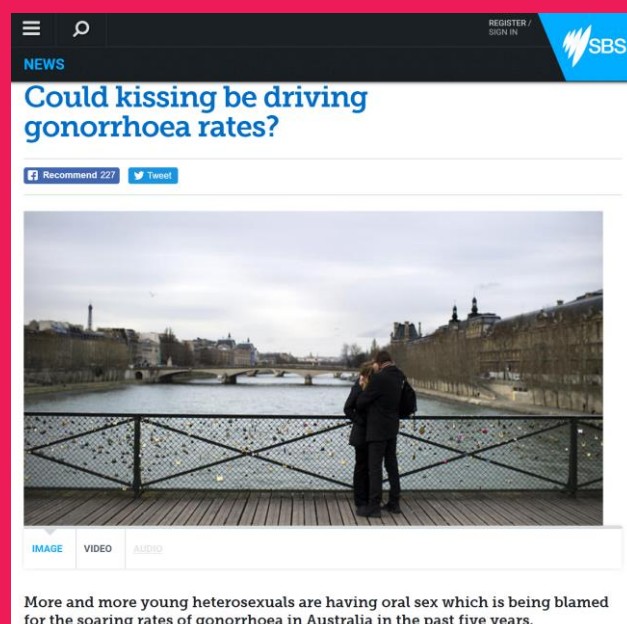
[Listen to the radio interview with Dr Lloyd Einsiedel on ABC Radio National Breakfast](#)

SPOTLIGHT: Gonorrhoea

"The throat may be the key to the control of gonorrhoea. I know some people think we've got this wrong, but I'm so confident we've got it right." **Professor Christopher Fairley, winner of the ASHA Distinguished Services to Sexual Health Award**

Key Statistics

- Over the past 10 years (2007–2016), gonorrhoea notification rates increased in all jurisdictions except the Northern Territory, where rates remain high and fluctuated.
- There were 23 887 gonorrhoea notifications in Australia in 2016, an increase of 29% from 18 511 notifications in 2015.
- Of these, 3779 (16%) were among the Aboriginal and Torres Strait Islander population, 11 658 (49%) were in the non-Indigenous population, and there were a further 8450 (35%) for which Aboriginal and Torres Strait Islander status was not reported.
- About 3/4 of notifications were in males (17 325, 73%), resulting in a male-to-female ratio of 3:1.
- 53% (12 684) of diagnoses were in people aged 15–29 years.
- 75% (17 814) were in people residing in major cities.
- Almost a third (32%) of gonorrhoea notifications in Aboriginal and Torres Strait Islander people in 2016 were in people aged 15–19 years, compared with 7% in the non-Indigenous population.
- The incidence was 46% higher in HIV-positive gay and bisexual men than in HIV-negative gay and bisexual men (23.1 per 100 person-years).
- The increase in gonorrhoea in gay and bisexual men began prior to the introduction of HIV Pre Exposure Prophylaxis (PrEP).
- Many gay and bisexual men remain undiagnosed.



The rise in gonorrhoea infections made national headlines during the Australasian Sexual Health Conference and was a focus of many discussions.

- [Read the article in the SMH.](#)
- [Read the Opinion Piece by conference presenters in the MJA.](#)

Key Messages

- It is not yet clear why we are seeing an increase in gonorrhoea notifications.
- Between 2012-2016, rates rose by 72 % among men and 43 % in women.
- Increased testing, antibiotic resistance and a lack of condom use were all largely ruled out as causes.
- Under consideration are:
 - Changes in sexual behaviours – dating apps, practices
 - Particular strains of gonorrhoea
 - Lower socio-economic areas
 - Inadequate health care access
 - Combination of above
- More research is required, particularly of the role of pharyngeal infection.
- Need for enhanced health promotion.
- Use molecular tools for gonorrhoea outbreak investigations and surveillance.

Related Research

View the full range of presentations:

[Outbreak of gonorrhoea in young people in Australian cities; why and what should be done?](#)

Risk Factors for Gonorrhoea in Heterosexuals

Dr Eric Chow, Senior Research Fellow, Melbourne Sexual Health Centre, VIC

- Study presented a range of potential risk factors including condom use, travel, dating apps, alcohol/drugs use, bisexual men, other unexplored factors.
- Factors unlikely to explain the rise of gonorrhoea:
 - Number of partners, condom use, alcohol/drug
- Possible factors
 - Travel
- Unknown factors
 - Dating apps, bisexual men, kissing, saliva use

In the News

Listerine gargle every day helps to slow spread of gonorrhoea, study finds

Researchers at Melbourne clinic conduct clinical trial and say mouthwash a cheap and effective control measure



Australasian Sexual Health Conference presenter have been researching the viability of daily rinsing and gargling with commercial mouthwash as a control measure for gonorrhoea.

[View the study.](#)

Epidemiology of Gonorrhoea in Women in Australia 2007-2016

Dr Praveena Gunaratnam, Research Fellow, The Kirby Institute, UNSW Sydney

- Gonorrhoea more likely to cause PID than Chlamydia. [See the MJA report.](#)
- Increasing antimicrobial resistance.
- In women - 118% increase in past 10 years, particularly notable in major cities.
- Increase predominantly in:
 - Non-Indigenous women
 - Living in major cities
 - Age 20 to 39 years
 - All cities, most pronounced in WA
 - Rates in Aboriginal and Torres Strait Islander women in major cities remain higher than non-Indigenous women

Molecular epidemiology: Neisseria Gonorrhoeae Circulating Amongst Heterosexuals in NSW

A/Prof David Whiley, Principal Research Fellow, Pathology QLD and The University of QLD

- Molecular methods can enhance our understanding of Neisseria gonorrhoeae (NG) epidemiology.
- The results provide evidence of sustained transmission of NG amongst heterosexuals in NSW, and highlight the added value of using molecular tools for NG outbreak investigations.
- Read the [abstract](#).

An Epidemiological Investigation into an Increase in Gonorrhoea Cases In NSW, 2016-2017

Mrs Tove-Lysa Fitzgerald, Epidemiologist, Health Systems Support Group (HPNSW), NSW

- The increase in gonorrhoea notifications was likely due to targeted screening of gay and bisexual men (GBM) at high risk of sexually transmissible infections (STIs).
- Further investigation is required to determine the impact of PrEP on STIs in GBM in NSW.
- [View abstract, slides and audio of this presentation.](#)

Treating Gonorrhoea in the Absence of Cephalosporins: Practical Considerations and Future Options

Prof David Lewis, Director, Western Sydney Sexual Health Centre, NSW

- Wherever possible, use ceftriaxone to treat gonorrhoea.
- Ceftriaxone allergy is rare and ceftriaxone can be given to patients with a history of IgE-mediated penicillin or amoxicillin/ampicillin drug allergy (usually rash) .
- If there is a history of anaphylaxis/past ITU admission, remote area clinicians may prefer to have therapy administered in a hospital environment.
- In rare situations where ceftriaxone is contra-indicated, patients are best managed in consultation with a Sexual Health specialist.
- Some sub-optimal alternatives exist and could be given as dual therapy to maximise the chance of clinical cure.
- New and better drugs are on the way.
- View the [slides](#).

STIS IN GAY AND BISEXUAL MEN

Key Messages

- Frequent testing remains central to STI control, particularly for PrEP users where there is increasing condomless anal intercourse with casual partners.
- An increased number of diagnoses because of increased STI testing can be anticipated.
- Increase in STI risk from this will be counter-balanced by increased testing and shortened duration of infection.
- STI testing in PrEP users should be every 3 months.
- Pharyngeal STIs require further research.
- Watch out for Lymphogranuloma Venereum.
- There is broad community support for STI prophylaxis, but clinicians are more cautious, with most concerns relating to antimicrobial resistance.

Related Research

Greater than Tenfold Increase in Pharyngeal Chlamydia Trachomatis (CT) among Gay and Bisexual Men (GBM) attending Australian Sexual Health Clinics 2010-2016

A/Prof David Templeton, Clinical Services Manager and Senior Staff Specialist,
RPA Sexual Health & The Kirby Institute, UNSW Sydney

- Largest study ever conducted investigating temporal trends in PCT.
- By far the greatest increase in CT positivity among GBM occurred in the pharynx.
- Given most untreated PCT persists on average for 2 years and is readily transmitted to anogenital sites, regular CT screening of the pharynx could play an important role in reducing CT transmission among GBM.
- Read the [abstract](#).

The Syphilis Epidemic in a New World: A Mathematical Modelling Study of Changes in Testing Frequency and Coverage, Risk Behaviour and Scale-Up of HIV Pre-Exposure Prophylaxis Among Australian Gay, Bisexual and Other Men who have Sex with Men

Dr Anna Wilkinson, Honorary Fellow, Burnet Institute, VIC

- Frequent testing remains central to syphilis control.
- An urgent need to maintain frequent syphilis testing among HIV-positive men, intermittent to routine HIV monitoring appointments, as the need for frequent HIV care dissipates.
- Read the [abstract](#) or listen to the presentation [audio](#).

Twelve-Month Incidence of Anal High-Grade Squamous Intraepithelial Lesions (HSIL) in a Cohort of Gay and Bisexual Men (Gbm): Results from the Study of the Prevention of Anal Cancer (SPANC)

Dr Fengyi Jin, Senior Lecturer, The Kirby Institute, UNSW Sydney

- Incident anal HSIL was extremely common in sexually active GBM and was highly associated with HRHPV infection.
- Repeated testing for HRHPV should be considered as a screening strategy for anal cancer prevention in high-risk populations.
- Read the [abstract](#) or listen to the presentation [audio](#).

Evaluation of the Implementation of a New Express 'Test-And-Go' HIV/STI Testing Service for Men who Have Sex With Men at A Sexual Health Centre In Melbourne

Dr Eric Chow, Senior Research Fellow, Melbourne Sexual Health Centre, VIC

- Men who have sex with men (MSM) who are asymptomatic and do not require treatment are eligible to use the new express HIV/STI testing service called 'Test-And-Go' (TAG) or the general clinic service for an asymptomatic screen.
- Comparison found demographic and some behavioural characteristics differed between the two services but other than syphilis there was no difference in STIs.
- The TAG service required less clinician time and hence created additional clinical capacity at the general clinic to see patients at higher risk.
- Read the [abstract](#).

Lymphogranuloma Venereum in the Era of PreP: Are we Heading for Another Epidemic?

A/Prof David Templeton, Clinical Services Manager and Senior Staff Specialist, RPA Sexual Health & The Kirby Institute, UNSW Sydney

- Lymphogranuloma venereum (LGV), caused by Chlamydia trachomatis serovars L1-3, continues to affect gay and bisexual men (GBM) worldwide.
- LGV is important to distinguish from non-LGV Chlamydia trachomatis because of its frequently severe clinical presentation and sequelae, the need for a longer course of antibiotic therapy and the possible consequence of enhanced HIV and Hepatitis C transmission.
- With rising LGV notifications in NSW, it is particularly important that nonsexual health clinicians to whom these patients may present are aware of the indications for LGV testing, especially in sexually active GBM presenting with anorectal symptoms.
- Urgent need for research on:
 - LGV typing of asymptomatic GBM with anorectal CT attending Australasian clinics to inform screening guidelines
 - Prevalence of asymptomatic LGV
 - Risk factors
- Read the [abstract](#) or view the presentation [slides](#).

PELVIC INFLAMMATORY DISEASE (PID)

Rates of Pelvic Inflammatory Disease and Ectopic Pregnancy Are No Longer Declining: An Ecological Analysis of Australian Hospital Admissions and Emergency Presentation Data, 2009-2014

Ms Jane Goller, Phd Student, University Of Melbourne

- Emergency Services PID presentation rates increased by 34% between 2009 and 2014 and were highest in women aged 15-24 years.
- Ectopic Pregnancy (EP) admission rates per 1000 live births increased by 8%.while
- emergency presentation rates increased by 27%.
- Increasing PID and EP rates could represent changing sexual practices, increasing STI transmission and re-infections in the population, or increased case detection.
- PID remains an important cause of morbidity in young people. A strengthened focus on reducing risk of these sequelae is warranted.
- [View the abstract and audio recording](#).

OTHER

Yes they can; But they can't! Pharmacists are Competent at Requesting Chlamydia Pathology Tests but Health Policy Guidelines Prevent them from doing so.

Dr Sajni Gudka, Assistant Professor, University of Western Australia

- Recommended a change to health policy so that community pharmacists are able to request a Medicare funded chlamydia pathology test; improving accessibility to young people who want long evening and weekend opening hours.
- The greatest impact of this could be in rural or remote areas, where well-documented gaps in provision of sexual health services exist.
- Read the [abstract](#) or view the presentation [slides](#).

SPOTLIGHT: Is there a role for STI Prophylaxis in Australasia?

- Use of the antibiotic doxycycline as on-demand post-exposure prophylaxis by men who have sex with men (MSM) taking part in the Ipergay HIV pre-exposure prophylaxis (PrEP) trial produced a 70% drop in chlamydia infections and a 73% drop in syphilis, but no reduction in gonorrhoea.
- The results were presented at the [Conference on Retroviruses and Opportunistic Infections \(CROI 2017\)](#).
- The topic was part of a panel discussion at the Australasian Sexual Health Conference.
- A/Professor David Templeton, the Conference Co convenor and chair of the discussion, spoke to JOY Radio about the issue.
- [Listen to the JOY Radio interview](#).



If a pill a day could prevent STIs, would you take it?

November 21, 2017 — From [THE INFORMER](#)

Thousands of Australians are now taking HIV Prep – either in demonstration studies or by purchasing the drug from overseas, but what if there was also another option – an antibiotic pill that could prevent [...]

00:00 00:00

Podcast: [Play in new window](#) | [Download](#) (Duration: 14:58 — 27.4MB)

Share this:

[Email](#) [Print](#) [Facebook](#) [Twitter](#) [Google](#) [LinkedIn](#) [More](#)



Plenary Highlight: In the News

New rapid sexual infection test set to transform nation's health

A new speedy test will mean that for the first time ever, patients with common sexual infections will be able to get their diagnosis, results and treatment in one clinical visit.

Placing these rapid and accurate tests into clinics may also have a big impact on the fight against antibiotic resistance, as they enable correct diagnosis of infections that have similar signs and symptoms. It has the potential to be used in specialised sexual health clinics as well as outreach and community settings.

The next step is to conduct local clinical trials.

Dr Tariq Sadiq is Director of University College London (UCL)'s Applied Diagnostic Research and Evaluation Unit (ADREU) who are developing the tests, and a plenary speaker at the Australasian Sexual Health Conference.

"This is a highly exciting and innovative approach to overcoming the substantial challenges to getting great technology adopted ...by shedding light on potential routes through the complex landscape of factors and obstacles in our health systems," he said.

Read the article in [Science Daily](#) about his work.



Plenary Highlight:

Advances in Self-Testing for HIV Infection and other STDs

Professor Jeffrey Klausner, UCLA

"We need to give people choices to increase HIV testing and also to ensure that the people who do self-test with a positive result are linked to care."

Take-away messages:

- ✓ HIV self-testing is desirable, safe and effective, WHO recommended BUT need more evidence on outcomes, impact and cost effectiveness
- ✓ STD home-specimen collection and self-referral/management options need more attention and innovation but promising; true STD home-based self-testing is coming soon

STI Self-testing

- Home-based collection, screening and remote management are possible;
- Helps overcome barriers such as stigma and lack of convenience;
- On-line support can help to overcome confidentiality concerns, provider issues and results in positive outcomes including telemedicine (vouchers being sent by a physician for a prescription issue);
- More needs to be done including true and effective pocket PCR units;
- **STD home-specimen collection and self-referral/management options** need more attention and innovation but promising; true STD home-based self-testing is coming soon.

REPRODUCTIVE HEALTH

“What are the most outrageous things that just don't make sense? Or the key opportunities we're missing? The pill is safe, it's effective - more so than other over-the-counter medications - so why don't we make it available over-the-counter here?”

Professor Danielle Mazza, Head, Department of General Practice, Monash University talking about what needs to change in reproductive care in Australia.

To view the full range of presentations on this topic click on the links below:

- [Reproductive Health](#)
- [Abortion: 2017 and Beyond](#)
- [Pushing the Boundaries: Reproductive health for young people](#)

Key Messages

- Cost, geographical isolation and/or stigma are preventing many Australian women from accessing effective reproductive health care.
- There are about 400,000 conceptions in Australia/year.
- Around 1 in 4 end in termination.
- Of the 300,000 births (it is estimated) 1 in 3 are not at an optimum time for the couple.
- Long Acting Reversible Contraceptives (LARCs) are the most effective reversible form of contraception, however the use of LARCs in Australia is low.
- Innovations such as OTC provision of the contraceptive pill are yet to reach Australia (Note: emergency contraception is available OTC).
- Access to abortion in Australia is piecemeal and hamstrung by stigma and outdated legislation.
- It was anticipated that the PBS listing of medical abortion drugs would dramatically extend women's access to safe abortion by making it available in primary care. However with only around 500 GPs qualified to prescribe the drugs, the reality has been quite different.
- We need to educate and motivate primary care – create a community of practice that will give clinicians the skills and support to provide effective care and improve policy.

Advancing women's sexual and reproductive health in Australia: What needs to change?

Prof Danielle Mazza, Head, Department of General Practice, Monash University, VIC

Prof Danielle Mazza's comprehensive review of reproductive care in Australia asked the question, what needs to change to advance women's reproductive health in Australia? She specifically looked at the importance of primary care for:

- Fertility, including preconception care
- Contraception including best practice approaches to avoid unplanned pregnancy
- Medical abortion

Key Findings

- General Practice needs to reconsider its role in the delivery of sexual and reproductive health care to women by:
 - Taking responsibility for reducing barriers to access;
 - Integrating fertility awareness, preconception care, contraception and abortion into the core business of general practice.
- Disruptive innovations are required to break down barriers. Examples of such innovations from the US include:
 - Online medical consultations with contraception delivered via mail;
 - Reproductive care packs including the emergency contraceptive pill available from vending machines on campus;
 - OTC provision of contraception.
- Sexual health services also need to ensure reproductive health services are integrated into service delivery as the two are inextricably linked for women.
- We need to train the next generation of reproductive health care providers within primary care.
- We need to work closely with consumers to bring about changes in policy and practice.

ABORTION

View the session [Abortion: 2017 and Beyond](#) for the full range of presentations on this topic.

Key Messages

- There is no national data collection on abortion services, complications and outcomes in Australia. This has major public health implications.
- Abortion law is inconsistent across Australia with women and practitioners in NSW and QLD particularly vulnerable to legal prosecution.
- There is strong support for the decriminalisation of abortion in NSW.
- General practitioners are ideally placed to provide medical abortion however they have not yet adopted or integrated it into their practice in large numbers.
- There are no data on how many GP prescribers are actively prescribing medical abortion.
- Barriers to the provision of medical abortion in general practice have been identified as:
 - Stigma
 - Outside of scope of practice
 - Concern about being overwhelmed by demand
 - Concern about management of complications and lack of referral pathways
 - Feelings of isolation

Related Research

The Patchwork Quilt of Australian Abortion Law

Ms Julie Hamblin, Consultant, HWL Ebsworth, Sydney, NSW

- While most States and Territories have legislation that permits abortion to be carried out lawfully in certain circumstances, New South Wales and Queensland still have criminal offences covering abortion.
- Even in the States and Territories where abortion law reform has taken place, legal obstacles to access remain.
- Some require all abortions to be carried out in licensed medical facilities, despite the fact that medical abortion can now be provided safely and cost-effectively outside a clinic setting.

- The result is complex patchwork of laws governing abortion across Australia, with enormous variation in the criteria for lawful abortion based on geography alone.
- Read the [abstract](#), view the [slides](#), listen to the presentation [audio](#).

Support for Decriminalisation of Abortion among respondents of a Community Survey of Knowledge and Views on Abortion Law In NSW

Dr Kevin Mcgeechn, Senior Lecturer, Sydney School of Public Health and Family Planning, NSW

- Abortion remains a crime in the NSW Crimes Act 1900, punishable by up to 10 years jail.
- A community survey to inform development of an abortion law reform bill was commissioned by The Greens NSW. 1015 male and female adult residents of NSW participated.
 - 76% were unaware that abortion is a crime;
 - 73% thought it should be decriminalised and regulated as a healthcare service;
 - Support for decriminalisation was consistent across gender, all age groups, residents of metropolitan/regional and rural areas, and all levels of educational achievement;
 - There was strong support for women seeking abortion to be protected from harassment (89%) and for protest exclusion zones around abortion clinics (81%);
- This survey of knowledge and views on abortion law shows most residents believe abortion should be decriminalised in NSW and women seeking abortion should be protected from harassment.
- [Access the abstract, slides and audio](#).

Abortion in a Global World: Using Technology to Cross National Borders

A/Prof Deborah Bateson, Medical Director, Family Planning NSW

- The global view of abortion shows a number of disruptive strategies to help women in restrictive landscapes access safe abortion care.
- The evaluation of the delivery of medical abortion to 1000 women who underwent self-sourced medical abortion through Women on Web (WoW) found that outcomes compare favourably with in-clinic protocols.
- Insights from the global digital delivery of safe abortion can inform optimal services for Australasian women where access can still be extremely challenging due to remoteness as well as privacy and confidentiality concerns.
- Read the [abstract](#), view the [slides](#), listen to the presentation [audio](#).

Single Visits for IUD Insertions and Medical Abortions in Primary Care

Dr Kathleen McNamee, Medical Director, Family Planning Victoria

- Staff indicated several difficulties in providing a single visit medication abortion, however patients generally appreciated the service.
- Single visit IUD insertions had similar outcomes to two visit IUD insertions.
- Both models offer considerable convenience to women, but may not be applicable in a general practice setting.
- [Access the abstract and presentation audio](#).

Creating an Affordable, Accessible MTOP Service: Evolution of Processes and Retrospective Clinical Audit in a Rural Primary Health Setting

Ms Ange Davidson, Sexual Health Nurse, Gateway Health, Clinic 35, NSW

- The success of this project has been attributed to its combination of client focus and service provision.
- Key elements include nurse-led, affordable, integration, geographical locations, continued consultation with stakeholders, funding support.
- [Access the abstract, slides and audio](#).

LONG ACTING REVERSIBLE CONTRACEPTION (LARC)

View the [SHFPACT LARC Symposium](#) for information on the LARC Consensus Statement, initiation of LARC and Quickstart, managing side effects and problem bleeding, use of LARC in nulliparous women and adolescents, and the extended use of LARC.

A Cost-Benefit Analysis of Long Acting Reversible Contraception use In Australia

Dr Kevin Mcgeechn, Senior Lecturer, Sydney School of Public Health and Family Planning NSW

- Long Acting Reversible Contraceptives (LARCs) are the most effective reversible form of contraception, however the use of LARCs in Australia is low (9%, compared with 18% internationally).
- This analysis shows that LARC use in Australia is cost-effective both to the consumer and to the government.
- By increasing LARC usage to international rates for Australian women at high risk of unplanned pregnancy, the Australian Government would achieve net savings of \$20 million over five years.
- These results can be used to support women in making an informed decision about the contraceptive method that is right for them.
- This analysis can support advocacy efforts on policies to increase the accessibility of LARCs.
- Read the [abstract](#), view the [slides](#), listen to the presentation [audio](#).

Condom Use Among Hormonal Contraceptive Users

Dr Kathleen McNamee, Medical Director, Family Planning Victoria

- Prior research has suggested that users of LARC are less likely to use condoms than users of other hormonal methods of contraception, such as the oral contraceptive pill.
- Study in women aged 16-24 years found there was no difference in condom use usually/always between LARC users and other hormonal contraceptive users.
- Future research should look at education interventions to emphasise use of condoms in high-risk situations to all adolescents, regardless of type of contraception.
- Read the [abstract](#) and view the [slides](#).

CERVICAL SCREENING

Cervical Screening Knowledge and Experiences of Women in Low Socioeconomic Groups in Sydney, Australia

Ms Renee Lovell, Manager Domestic Violence & Women's Health, Sydney Local Health District, NSW

- Some groups of women, including those experiencing socioeconomic disadvantage, have lower rates of cervical screening and higher rates of cervical cancer-related mortality and morbidity.
- Barriers to screening include not having a regular healthcare provider and feeling shy or embarrassed about the process.
- Promotion of cervical screening targeting women in lower socioeconomic groups should focus on appropriate language, provide information on accessing no-cost, female practitioners and include positive messaging.
- This may have implications for the Renewal of the National Cervical Screening Program in Australia in December 2017.
- Read the [abstract](#) and view the presentation [slides](#).

FOCUS ON YOUTH

“Everybody working with young people should be equipped to talk about relationships, sex and sexuality. If we can establish education and health promotion as a core competency for all those who work with young people we can free up clinical capacity for nurses and school nurses to have a much greater clinical role to play in the community and schools.”

Mr Simon Blake, Chief Executive, National Union of Students, UK

View the sessions [Health Education & Health Promotion, Pushing the Boundaries: Reproductive Health for Young People](#) and [the Joint Symposium: 'Contentious' Issues in HIV, Relationships and Sexuality Education](#) for a full range of presentations relating to sexual health in young people.

Key Messages

- Systematic reviews tell us unequivocally that we will improve the sexual health of youth when we have:
 - A positive culture that is open about sex and sexuality;
 - High quality education that starts early - is positive about sex, sexuality and diversity – across home, school and community settings;
 - Education that is both mainstream and targeted;
 - Access to health services that are well linked to education and provide all forms of contraception and STI testing.
- Many young people feel the sexual health information they currently receive from parents and schools is inadequate.
- Much of the messaging is negative and risk focused.
- We need to incorporate pleasure into sexual health education.
- Our work must understand the cultures we are operating in. We must seek to challenge, change and shape these cultures and empower young people to do so too.

Social media and digital

- There is a danger of allowing the internet and social media to create an intergenerational digital divide. We cannot allow that to happen.
- We don't have to be a whizz on it or to operate in youth spaces. But we do have to value it: know what it offers as well as the challenges it brings.
- We must make sure we engage with young people about the content they are producing, reproducing or engaging with as part of our interactions.
- Educators have a role to play in helping young people navigate their way through content – how do you know if information you get on line is real, authentic and to be trusted? How can you check out if you are unsure?
- We then need to use the user generated information to build our own knowledge and better our own understanding of the different ways that our students or our clients may define themselves and how will we bring the content into the room as appropriate.



The Age
@theage

Follow

Kissing kids to blame for gonorrhoea spike, evidence suggests
ow.ly/I7d630gp34A



Much of the messaging young people receive about sex is negative.

Related Research

Does One Size Fit All? A Psychographic Segmentation of Young People In NSW.

Mrs Gemma Hearnshaw, Health Promotion Resources Program Manager, - NSW STI, Programs Unit, Centre for Population Health

- Sexual health campaigns targeting young people commonly use generic and simplistic messages, without adequate understanding of differences between key segments of young people.
- Such messages may have little engagement with many young people, or change their behaviours.
- To be effective, social marketing programs require in-depth understanding of populations.
- This can be gained through psychographic segmentation research.
- Six segments were identified: three for non-sexually active young people, and three for sexually active. “Dominant Risk Takers” and “Experienced Sex Positive” were 23% and 13% of the population respectively. Both had higher numbers of sexual partners and other risk behaviours and therefore are key foci for sexual health program delivery.
- [Access the audio, slides and abstract for this presentation.](#)

Is Pornography Harmful and What Should be Done About it? A Survey of Young People’s Attitudes

Dr Megan Lim, Deputy Director, Behaviours and Health Risks Program, Burnet Institute, VIC

- Most participants (65%) believed that pornography is ‘harmful for some people but not everyone;’ 17% believed it is not harmful;
- 11% believed it is ‘harmful for everyone;’
- Overall, 85% supported school-based pornography education;
- 57% supported national education campaigns about pornography;
- 22% supported a national filter to block all access to pornography;
- 63% supported requiring condom use in all pornography;
- 66% supported banning violence in pornography;
- People who watched porn frequently were less supportive of all policies, including production-level policies such as banning violence (supported by 48% of this group) and requiring condom use (supported by 44%).
- [Access the audio and abstract for this presentation.](#)

Sexual Health Professionals’ Perceptions of Social Influences on Young People’s Sexuality: Pornography, Pressure and Intimacy

Ms Lauren Fee, Clinical Psychology PhD Student, Australian National University, ACT

- Young people in Australia report that they are not getting the sex information they need, and are turning to pornography for information and education.
- Empirical research has linked pornography to a range of attitudes and behaviours.
- Pornography can have a range of impacts on young people’s sex lives - positive and negative.
- Young women in particular feel pressured and anxious to conform to sexual behaviours from pornography.
- We need to broaden sex education.
- We need more interviews with young people.
- [Access the abstract, slides and audio for this presentation](#)

Sexual Health Knowledge of Migrant and Refugee Young People: Sexual Health Education In School

Ms Jessica Botfield, Candidate, UNSW Sydney; Family Planning NSW

- Sexual health education in schools is essential for all young people, but especially migrant and refugee young people who may not learn about these issues elsewhere.
- Education could also target tertiary settings and Intensive English Centres.
- Receiving sexual health education could be a potentially powerful entry point to learning about related health services and promoting access.
- Read the [abstract](#) and view the presentation [slides](#).

Youth on the Margins

A/Prof Melissa Kang, University of Technology, NSW

- While physical barriers such as cost and transport are major issues for marginalised young people, other factors such as autonomy, discrimination and health beliefs can limit real or perceived choice of contraception.
- Specific concerns mentioned in the survey (in order of number who identified with them): cost (45.6%) , opening hours (31.7%), embarrassment (27.6%), transport (22.8%), parents needed to get there (22%), fear of judgement (20%), gender of doctor (18.8), concerns over confidentiality (16.2%), no Medicare card (12.2%), unsure which services to use (11.7%), language or cultural reasons (5.9%).
- View the [slides](#).

Too Young to Parent?

Prof Rachel Skinner, Clinical Academic, Sydney University and Children's Hospital Westmead, NSW

- Teenage mothers are more likely to have experienced family, sexual, and partner violence, family disruption, and socioeconomic disadvantage.
- For their infant, preterm birth, low birth-weight, stillbirth and neonatal death is more common; and for the mother, gestational anaemia, urinary tract infection and pregnancy-induced hypertension. Later, maternal mental health, rapid repeat pregnancy, educational underachievement and socioeconomic disadvantage.
- Health care providers play a critical role in:
 - Early identification of at-risk teens,
 - Prevention of unintended teenage pregnancy,
 - Clinical care of pregnant teens, and
 - Promotion of health and well-being of teenage mothers and their children.
- See the presentation for recommendations for clinical care: [abstract](#); [slides](#); [audio](#)

Factors associated with HPV Vaccination Consent and Uptake at Schools in WA

Prof Donna Mak, Public Health Physician, Communicable Disease Control Directorate, WA

- Aboriginal women have higher rates of cervical cancer but lower rates of HPV vaccination consent and course completion.
- Catholic and Independent school students had the highest rates of consent from return, consent for, and completion of, HPV vaccination.
- View the [slides](#).

FOCUS ON GENDER

“There seems to be a fundamental misunderstanding that health services that support the gay and lesbian community need only be extended to also include trans people. But the shared renaissance around... sexual expression is not equivalent to a shared commonality around health and health service.”

Dr Eloise Brook, Researcher and Board of the Gender Centre, Gender Centre, Western Sydney University

View the full range of presentations from the [Sexuality & Genders](#) session and the [Joint Symposium: Getting It Right: Trans-inclusion in clinical care](#). You can also listen to the audio recording of Dr Brook’s [closing plenary speech](#).

What do we know?

Trans populations are incredibly diverse.

- In a US survey approx. One third of trans people identified as non-binary.
- Some but not all need to medically transform their body through hormones or surgery.
- About 1 in 5 people in Ontario were not living in their felt gender day to day.

Trans populations are largely invisible.

- There is very little data available as trans identities are not recorded when gender information collected.
- A “global” picture obscures context and knowledge gaps.
- This anonymity works against trans people. Crucial services such as access to hormones, surgery, and services for under 18s are not sufficiently addressed, and this problem can be compounded by services that try to offer more comprehensive treatments across a too-wide collection of LGBTQI+ identities.
- The implications are very significant in clinical practice. If we are relying on visual cues or active disclosure to know when clients are trans clinicians will be missing a sizeable part of the population.

Trans populations are vulnerable.

- There are profound and systemic health issues affecting the trans and gender diverse communities.
- Trans people seeking health services in rural remote areas are particularly vulnerable to concerns about disclosing their identities.

What next?

“The way that you approach the problems of recording trans identities, the way that you interact and validate that trans person has a profound and long-term effect on the well-being of that person... Sometimes it is those little positive interactions that can make a difference between a good day and a bad day. Sometimes the accumulation over time of even just a little good might be the difference between life and death.” **Dr Eloise Brook, Researcher and Board of the Gender Centre, Gender Centre, Western Sydney University**

- We must make trans people visible in sexual health.
- We need to move beyond relying on a handful of understanding clinicians, to ensure that all clinicians, particularly GPs, are prepared for providing informed and supportive care to any person with a trans experience who seeks their help.
- This points to the need for far more attention to promoting trans-affirmative education in health and medical training programs, and this needs to extend well beyond the HIV sector.



Transgender health: a call to make the “invisible”, visible

| VIEWS

Read the Opinion Piece by Dr Jason Ong
in MJA Insight

[Download the Language Guide](#)

Related Research

Finding a 'Hidden' Population: Optimising Data Collection to Identify Trans and Gender Diverse People Testing for HIV at a Community Service in Melbourne, Australia

Ms Kathleen Ryan, Burnet Institute

Simple changes to data collection based on community consultation had considerable impact on the utility of surveillance to help guide HIV/STI prevention & care for TGD people.

Listen to the presentation

Blood Borne Viruses and Sexually Transmissible Infections Among Transgender Men and Women Attending Australian Sexual Health Clinics

Dr Denton Callander, Research Fellow, The Kirby Institute, UNSW, Sydney

- While in many parts of the world transgender people are at increased risk of blood borne viruses and sexually transmissible infections (STIs), little is known about prevalence in Australia.
- This gap in our knowledge has potentially major implications for prevention efforts and service delivery.
- This analysis provides the first comprehensive estimates of blood borne viruses and STIs among a sample of trans and gender diverse people in Australia, and it highlights just how different these can be among those broadly identified as transgender.
- Findings:
 - N=755. 303 trans women, 235 trans men and 217 no further specification.
 - At first visit, 5.2% recorded as previously diagnosed with HIV infection (8.9% of trans women, 4.5% trans men and 3.2% of those not further specified; $p=0.04$) and 1.9% had chronic hepatitis C infection (3.7%, 1.3%, 1.1%; $p=0.1$).
 - There were no new diagnoses of HIV or hepatitis C;
 - 14.0% of 499 patients who received a test were diagnosed with a bacterial STI (12.6%, 8.8%, 18.0%; $p<0.001$). Ten per cent of trans patients were diagnosed with chlamydia (8.6%, 7.0%, 13.2%; $p=0.2$);
 - 6.0% with gonorrhoea (5.4%, 1.9%, 9.1%; $p=0.04$), and 3.1% with infectious syphilis (3.6%, 1.0%, 4.0%; $p=0.4$).
- Conclusions:
 - Systems of health data must be improved to better identify trans patients, including their current gender identity.
 - Read the abstract.

Self-Harm Among Incarcerated LGBT+ Australians: Starting the Conversation

Dr Katie Hail-Jares, Research Fellow, Griffith Criminology Institute, QLD

- Incarcerated LGBT+ Australians reported higher rates of suicide and self-harm than their non-incarcerated counterparts, but have been largely ignored in relevant policy and position papers.
- Though comprising a small group, more research and attention should be directed towards this group, especially as they experience a secondary “coming out” process during re-entry.
- Read the abstract, view the slides, listen to the presentation audio.



In the News:

New rapid sexual infection test set to transform nation's health

A new speedy test will mean that for the first time ever, patients with common sexual infections will be able to get their diagnosis, results and treatment in one clinical visit.

Placing these rapid and accurate tests into clinics may also have a big impact on the fight against antibiotic resistance, as they enable correct diagnosis of infections that have similar signs and symptoms. It has the potential to be used in specialised sexual health clinics as well as outreach and community settings.

The next step is to conduct local clinical trials.

Dr Tariq Sadiq is Director of University College London (UCL)'s Applied Diagnostic Research and Evaluation Unit (ADREU) who are developing the tests, and a plenary speaker at the Australasian Sexual Health Conference.

"This is a highly exciting and innovative approach to overcoming the substantial challenges to getting great technology adopted ...by shedding light on potential routes through the complex landscape of factors and obstacles in our health systems," he said.

Read the article in [Science Daily](#) about his work.



Plenary Highlight:

Keynote speaker Dr Ayden Scheim delivered a strong message to public health and policy makers about the need to address the lack of surveillance data for transgender people

To deliver sexual health you need to identify and address vulnerabilities. Dr Scheim recommended collecting sex/gender data by asking the following questions in research and clinical practice:

1. What sex were you assigned at birth, meaning on your original birth certificate?
 - Male
 - Female
2. Which best describes your current gender identity?
 - Male
 - Female
 - Indigenous or other cultural gender minority identity (e.g., locally appropriate term)
 - Something else (e.g., genderfluid, non-binary)
3. [If 1 ≠ 2] What gender do you currently live as in your day-to-day life?
 - Male
 - Female
 - Sometimes male, sometimes female
 - Something other than male or female

FOCUS ON OLDER PEOPLE

View the full range of presentations from the session: [Clinical Sexual Health & Epidemiology - Sexual Health in Older Australians](#)

Key messages

- Older adults currently make up 20% of the Australian population, a proportion expected to rise to 25% by 2030.
- Sexual health discussions are often omitted for older Australians, aged 60+, on the false presumption that they are not, or do not want to be, sexually active.
- Sexual dysfunction increases with age and STIs are rising among older adults.
- Sexuality in later life should be 'normalised' and part of routine care.
- Health practitioners need to be confident to manage such discussions, or have local referral options.

Age Difference in Attitudes Toward Safer Sex Practices In Heterosexual Men Using An Australian Internet Dating Service

Dr Yan (Wendy) Cheng, Senior Research Officer, Family Planning NSW

- Men had lower STI knowledge scores, lower use of condoms and more beliefs of condoms reducing interest in sex as age increased.

- Men with a higher number of sexual partners in the last year were less likely to report that they would have an STI discussion with new partners or intentions to use a condom with a new partner.
- There is a role for health promotion targeting heterosexual men on internet dating sites to address STI risk.
- Read the [abstract](#).

Facilitating Sexual Health Discussions in Primary Care with Older Australians: Patient and Health Practitioner Perspectives

Prof Jane Hocking, Head, Sexual Health Unit, University of Melbourne, VIC

Prof Meredith Temple-Smith, Director, Research Training, University of Melbourne, VIC

- Patients:
 - For the older adults in this study, sexual expression in later life was important and, in some cases, vital.
 - Many felt unable to discuss their sexual health concerns with their GPs and some had been actively discouraged by their GPs from doing so.
 - Older patients feel that discussion of sexual health should be a normal and expected part of any consultation; and would be comfortable using an online intervention to affect such conversations.
 - Sexuality in later life should be 'normalised' and part of routine care.
 - Some older people suggested sexual health should be included in regular health checks.
 - A resource which could encourage sexual health discussions in primary care would be a welcome initiative.
 - Read the [abstract](#), view the [slides](#), listen to the presentation [audio](#).
- Health Practitioner:
 - GPs saw management of older patients' co-morbidities as a barrier to sexual health discussion, alongside embarrassment resulting from the GP and patient having discordant gender and/or age.
 - Health practitioners offered a range of suggestions, including digital and online interventions, to normalise such discussions.
 - Health practitioners need to be confident to manage such discussions, or have local referral options.
 - A resource to assist with discussion would be welcomed by health practitioners and older adults.
 - Read the [abstract](#), view the [slides](#), listen to the presentation [audio](#).

HPV Vaccination of Older Individuals: Should we or Shouldn't we?

Dr Mary Poynten, Senior Lecturer, The Kirby Institute, UNSW, Sydney

- There must be an ongoing risk of infection for the HPV vaccine to provide any benefit.
- More evidence is needed of effectiveness of vaccination for older gay and bisexual men and immuno-compromised populations.
- View the [slides](#).

THE PLEASURE AGENDA

“Personally I am an evangelist for sexual pleasure in all its many forms. And I am wholly unapologetic for that.” **Mr Simon Blake, Chief Executive, National Union of Students, UK**

“Why isn’t pleasure part of the conversation? Why isn’t it part of our service delivery? I think it is the job of clinicians to talk about pleasure. But in order for that to happen we need to give the language to the health sector alongside training so that clinicians feel comfortable, empowered and enabled.”

Ms Claire Vissenga, CEO, Family Planning Victoria

“Let’s be willing to acknowledge the central role of sexual pleasure and happiness in the lives of HIV affected populations, and recognise how it’s the seeking of pleasurable or satisfying sex that may prove to be a significant motivator for the uptake and use of PrEP, and the open, honest and stigma free discussion of HIV status and viral load.”

Dr Adam Bourne, Associate Professor, Australian Research Centre in Sex, Health & Society, La Trobe University, Victoria

“In a context of social stigma, and with the problems trans people can face navigating their own bodies, there are a lot of obstacles to having a fulfilling sex life. Those are the barriers we need to address.”

Dr Ayden Scheim, Postdoctoral Fellow, University of California San Diego, USA

Related Research

Something Missing: The Pleasure Agenda in Sexual Health

Ms Claire Vissenga, CEO, Family Planning Victoria

Ms Vissenga discussed the outcomes of a workshop, where pleasure was discussed through the lenses of research, policy, health and education.

Key findings

- Pleasure and desire are fundamental components of our human existence however for many clinicians and educators, pleasure is a difficult area to incorporate into our everyday practice.
- Sexual health tends to be pathologised, with a focus on dysfunction.
- Defining pleasure is incredibly complicated.
- **Policy:** there is an absence of pleasure in the policy agenda – we do not have an authorising environment.
- **Health:** pleasure is not a topic clinicians are used to and many feel ill equipped.
- **Education:** we have amazing teachers but they are not given the authority or the tools to discuss pleasure or sexual identity.

Conclusion

“We all have a role to play in starting these conversations. Talk to your colleagues about how discussions of pleasure can be integrated in to your work. Because the incorporation of pleasure will only happen if we start to lobby for this.”

Listen to the [audio of this presentation](#), or view all presentations in the session: 'Contentious' Issues in HIV, Relationships and Sexuality Education

OTHER TOPICS FROM THE CONFERENCE

The 2017 Australasian Sexual Health Conference - held back to back with the Australasian HIV&AIDS Conference - had a jam-packed program with a range of presentations from across the many disciplines that work collaboratively towards improving the holistic sexual health of the community. Some additional sessions you may want to explore include:

Intimate Partner Violence

An introduction to strategies for prevention of IPV developed from knowledge about perpetrators; knowledge of on-line interactive tools for assisting women experiencing IPV and awareness of how a restorative justice approach to cases of sexual assault operates as an alternative to going to court.

Sexual Health Symposium - When sex is painful: The role of psychosexual therapy in working with women who experience painful intercourse

This session developed an understanding of the types of painful sex, and an understanding of the treatment options for painful sex.

- Approximately one in five women experience pain during sex.
- Genital pelvic pain penetration disorder is diagnostic “catch-all” for women’s sexual pain.
- A number of conditions can contribute to women’s experience of sexual pain: vaginismus, vulvodynia, dyspareunia, as well as endometriosis.
- Painful sex can impact on the quality of life for the woman, as well as impact on her relationship and her partner.

This symposium explored the role psychosexual therapy plays in addressing painful intercourse for women.

When Evaluation Creates Change: Lessons for the HIV and STI Response

- To achieve the goals for the National STI and HIV strategies, programs need to keep adapting to changing circumstances (communities, practices, technologies and policies).
- This requires us to be able to learn the unexpected from program evaluations.
- This session used a series of ‘case studies’ to illustrate where the unexpected or unintended was learned, what this meant for adaptation, and what lessons we may draw for what we need more broadly in the HIV and STI response now and in the future.

Nursing Care and the Role of Advanced Nursing Practice

This session developed understanding and insight into innovative and emerging models of nursing care within Australasia and elsewhere.

SAVE THE DATE



WITH THANKS

We would like to say a special thanks to the [2017 Australasian Sexual Health Committee](#) and all sector organisations including the [Australasian Sexual Health Alliance organisations](#) who support the conference. A thank you is extended to all our [sponsors](#) for their generous support.

SOCIAL MEDIA ENGAGEMENT

Thank you to all of the conference Tweeters keeping us informed of the buzz of the program and event in the moment. Click to view [#SH17 content from Twitter](#)



Tweets Pictured (L-R):

- Dr Suzanne Belton of [@MenziesResearch](#) presented compelling evidence on the safety efficacy + acceptability of telehealth abortion in AUS at [#SH17](#) conference — [SEE TWEET](#)
- [@Danielle_Mazza](#) talked about disruptive innovation regarding women's health + healthcare delivery at [#SH17](#) conference — [SEE TWEET](#)
- Sex and relationships education for young people: "It's got to be positive" — Simon Blake [@Simonablake](#) (CEO [@nusuk](#); Deputy Chair [@stonewalluk](#)) — [SEE TWEET](#)
-



The Australasian Sexual Health Alliance (ASHA) is a group of partner organisations established to improve national and local responses to sexual health issues via a multidisciplinary support network for the sexual health workforce.

It aims to strengthen bonds between GPs, specialists, nurses, researchers and other key contributors to the sexual health sector through collaboration in sexual health education, training, policy-making and research.

www.sexualhealthalliance.org.au

If you are a part of one of these organisations, you are already a member of ASHA. Please get in touch and let us know what we can do for you.

