



# KEY RESEARCH REPORT

## IUSTI ASIA PACIFIC SEXUAL HEALTH CONGRESS

Thursday 1 - Saturday 3 November 2018  
Pullman Hotel, Auckland, New Zealand

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#IUSTIAP18



# IUSTIAP SEXUAL HEALTH CONGRESS – KEY RESEARCH REPORT

1 - 3 November 2018, Auckland NZ

## A JOINT MEETING BETWEEN THE INTERNATIONAL UNION FOR SEXUALLY TRANSMITTED INFECTIONS – ASIA PACIFIC, THE NZ SEXUAL

*The IUSTI Asia Pacific Sexual Health Congress was held 1 – 3 November 2018 at the Pullman Hotel, Auckland, New Zealand. 443 people attended.*

The Congress theme was '*He muka nō te taura whiri*', 'Many Strands Make up one Rope' The proverb refers to the many strands that make up one rope. When the rope is tightly bound, it symbolises unity and strength. When the rope starts to unravel however, it threatens stability and weakens the effectiveness of the rope to the function as it was intended. The Congress is focusing on bringing together the many strands of sexual health in order to provide stability and strength to the sexual health workforce and strengthening bonds between specialists, GPs, nurses, researchers, health promoters, educators and others in Public Health working in the field of sexually transmissible infections including HIV & AIDS and sexual and reproductive health.

The purpose of this report is to capture highlights from the Congress and to provide a tool to share research presented. Only a small number of research papers are included. For the full list of presentations please visit the Congress Program Page and click on the sessions to view the abstracts, presentations and audio recordings.

Congratulations are extended to all of the ASHA awardees, including: Dr Deborah Bateson awarded the ASHA Distinguished Services Award; Dr Graham Brown awarded the Mid-Career Multidisciplinary Achievement Award and Jessica Botfield awarded the Young Leader Award.

Within this document we have linked to program pages where you can view that particular presentation's abstract, slides, and audio recordings of presentations where available.

### Thank you to the Key Finding Report authors:

1. Jessica Botfield, Senior Research Officer, Family Planning NSW – Behavioural Research & Advocacy Stream
2. Dr Ei Aung, Sexual Health Registrar, Melbourne Sexual Health Centre – Basic Science, Clinical & Laboratory
3. Dr Eric Chow, Senior Research Fellow, Melbourne Sexual Health Centre – Epidemiology, Public Health & Programme Science

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# BEHAVIOURAL RESEARCH & ADVOCACY STREAM

## PLENARY — TE TOKA T MOANA: SUPPORTING THE NAVIGATION OF INDIGENOUS WELLBEING IN COLONISED WATERS

Leonie Pihama

**IUSTI AP SEXUAL HEALTH CONGRESS 2018**  
A JOINT MEETING OF IUSTI-AP, NZSHS, ASHA  
Thursday 1 – Saturday 3 November 2018 • Pullman Hotel, Auckland, New Zealand

**Keynote Speaker**  
**Leonie Pihama**  
Director of To Kotahi Research Institute

Dr Leonie Pihama is an Associate Professor and Director of To Kotahi Research Institute, University of Waikato. Leonie is a Principal Investigator on a number of research projects including the Honour Project Aotearoa, the inaugural national study of factors associated with Takataapui and Māori LGBTQI health and wellbeing in Aotearoa.

**IUSTI** INTERNATIONAL UNION OF SEXUAL HEALTH AND HIV RESEARCH SOCIETIES  
**ASHA** AUSTRALASIAN SEXUAL HEALTH ALLIANCE  
**NZSHS** NEW ZEALAND SOCIETY OF HUMAN SEXUALITY RESEARCHERS  
**ashm** Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

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- *The role of Indigenous and Maori leadership in sexual health is essential, however is often unacknowledged or less recognised in the sector*
- *To better understand Indigenous history and contemporary challenges of engagement, it is essential to be aware of the context and history of colonisation, and the associated intergenerational reproduction of trauma among Maori and Indigenous people*
- *Teen pregnancy and Maori sexual health more broadly are often positioned within a deficit framework; being Maori is often viewed as a “risk factor” for teenage pregnancy, with little recognition of the importance of culture and cultural practices within Indigenous communities*
- *In contrast to this, a Maori-driven approach to sexual and reproductive does not consider culture to be the ‘problem’, but rather to be the ‘answer’*

In closing, A/Prof Pihama challenged conference attendees to think deeply about how we engage with Indigenous and Maori peoples; to consider the impact of colonisation and the historical context and how this should inform our work; to think about our role in advocacy efforts across research, policy, funding and services; and how we can challenge the continued systematic issues and racism that continue to reproduce deficit thinking within the sector, and how we can more actively and meaningfully engage with Maori and Indigenous peoples.

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## PLENARY — THE POWER OF COMMUNITY: LESSONS LEARNED FROM WORKING FOR AFFECTED COMMUNITIES IN SEXUAL HEALTH AND HIV RESEARCH

Carmen Logie



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**Keynote Speaker**  
**Dr. Carmen Logie**  
University of Toronto, Canada



*Dr. Carmen Logie is an Assistant Professor, Factor-Inwentash Faculty of Social Work, University of Toronto, Adjunct Scientist at Women's College Hospital, and Ontario Ministry of Research & Innovation Early Researcher. She has been awarded funding from Canadian Institutes of Health Research, Social Sciences & Humanities Research Council of Canada, Grand Challenges Canada, and Canada Foundation for Innovation, to lead global research focused on sexual health and rights.*

*She is particularly interested in understanding and addressing intersectional stigma and its sexual health impacts. She is currently conducting mixed-methods and intervention sexual health and rights research with: Indigenous Northern adolescents in Northern Canada; African, Caribbean and Black women in Ontario, Canada; and urban refugee and displaced adolescents in Uganda. Her community-based research aims to: identify social ecological vulnerabilities and protective factors associated with sexual and reproductive health outcomes; and provide evidence of effective interventions to improve sexual and reproductive health and rights.*

   

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- *The power of storytelling – the ways people create meaning are grounded in their context; storytelling is a way of producing knowledge and dialogue, and provides an opportunity for people to be seen in their own terms; how people may want their lives represented often extends beyond the research focus. Stories matter!*
- *The power of love and solidarity – bringing people with shared experiences together can be a meaningful and transformative experience; ‘Intimate enquiry’ is a research approach grounded in a love and care ethic; important to create conditions to foster love and solidarity*
- *The power of critical hopefulness – refers to the need to foster hope in resisting marginalisation and inequity*

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# PLENARY — THE ACTIVITY OF ENJOYMENT FOR INNOVATIONS IN SEXUAL HEALTH PROGRAMS AND PRACTICE

## Kane Race



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**Keynote Speaker**  
**Kane Race**  
University of Sydney



Kane Race is Associate Professor in the Department of Gender and Cultural Studies at the University of Sydney. His work has explored embodied engagements with medicine across various different contexts and cultures of consumption: HIV; sexual practice; drug use (both licit and illicit), exercise, and social media/digital culture.

He is the author of *Pleasure Consuming Medicine: The Queer Politics of Drugs* (Duke University Press, 2009); *Plastic Water: the social and material life of bottled water* (with G. Hawkins & E. Potter, MIT Press, 2015) and *The Gay Science: Intimate experiments with the problem of HIV* (Routledge, 2018).

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- Focus on sex, pleasure, experimentation and play and how these can be used in programs and practice
- Important to engage with play and pleasure in drawing in communities with programs and services; make spaces sex-positive, and welcoming, inviting and appealing to the community's services want to engage, and involve these communities in the design process
- The sexual socialisation of clinical and biomedical strategies is increasing

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## PLENARY PROFFERED PAPER ABSTRACT SESSION

THE MANY (INTERCONNECTED AND RELATIONAL) STRANDS OF HIV:  
QUALITATIVE INSIGHTS FROM AUSTRALIA AND PAPUA NEW GUINEA

### Asha Persson

- *HIV is relationally embodied in ways that extend beyond the person with HIV; examples from different studies in Australia and PNG:*
  - *You, Me & HIV study – highlighted the relationality of HIV; HIV-negative partners also “embody” HIV and it can become a shared issue*
  - *YUMI (“us”) study – showed complex embodied connections and ‘vibrant entanglements’ (gender dynamics, religious faith, cultural diversity); HIV can be a catalyst for positive change*
  - *My health, Our family study – embodied connection to family (as defined by participants); families may feel they “live with” HIV*
- *It is clear from these studies that HIV continues to be experienced and negotiated through embodied connections to significant others*

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## SYMPOSIUM: CROSS STREAM SESSION —

THE DEVELOPMENT, TRAINING AND RETENTION OF THE SEXUAL  
AND REPRODUCTIVE HEALTH WORKFORCE

### Charles Chauvel

- *Governments play a critical role in ensuring accountability for implementation of commitments to SDGs*
- *Without sustainable human development there can be no peace and no human rights; and without good governance (and accountability), there can be no sustainable human development*
- *Roles for parliament in SDG implementation: oversight, legislation, representation and budget scrutiny*

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## THE DEVELOPMENT, TRAINING AND RETENTION OF THE SEXUAL AND REPRODUCTIVE HEALTH WORKFORCE

### Angela Kelly

- *Video shown to showcase HIV work being undertaken in PNG and highlight the story of a young woman living with HIV – with a focus on both medical care as well as social care.*
- *The video is one of several being used in PNG as an advocacy tool to reduce stigma and discrimination and engage young people with HIV testing and treatment.*
- *Noted the National STI and HIV 2018-2022 strategy was recently launched in PNG.*

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## SRH IN HUMANITARIAN EMERGENCIES:

PREPARING, RESPONDING AND RECOVERING FROM NATURAL DISASTERS IN THE PACIFIC

### Kristen Beek

- *In humanitarian settings there are specific risks to sexual and reproductive health, yet these may be neglected or not prioritised as part of humanitarian responses providing sexual and reproductive health response to typhoon Yolanda in the Philippines in 2013 – identified need for strong government leadership, the integration of sexual and reproductive health into policy and disaster risk reduction/risk response plans, and capacity building and training at service provision and coordination levels*

## SUSTAINABILITY IN SMALL ISLANDS NEEDS A FRAMEWORK?

IT NEEDS INVESTMENT

### Alec Ekeroma

- *Presentation focused on WHO operational framework published in 2017 relating to the linking of reproductive health and sexual health (Sexual health and its linkages to reproductive health: an operational approach, WHO, 2017)*
- *The framework advocates for improved, comprehensive sexual and reproductive health*
- *Need in the Pacific for policies, training of multi-skilled health workers with a 'holistic approach' to SRH care, sustainable procurement programmes to address shortages, and address the current unmet need for family planning*

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## PLENARY PROFFERED PAPER ABSTRACT SESSION

SEX, GENDER AND HEALTH IN THE ASIA PACIFIC

EVIDENCE OF WOMEN BUYING SEX DISRUPTS NEO-ABOLITIONIST SEX INDUSTRY NARRATIVE

### Hilary Caldwell

- Qualitative study undertaken with women who bought sex and with sex workers shows that commercial sex is not always problematic or exploitative
- Neo-abolitionist strategies are reinforcing dichotomies of expected gendered behaviours and undermines feminist visions

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## OLGETA SAMTING SENIS (EVERYTHING HAS CHANGED):

SOCIAL IMPACTS OF RESOURCE EXTRACTION ON GENDERED SOCIO-SEXUAL RELATIONS IN TARI TOWN, PAPUA NEW GUINEA

### Agnes K Mek

- Qualitative mixed method study to explore the social impacts of PNG LNG (liquefied natural gas)
- Impact of money – affected relationships and health and wellbeing, e.g. women enjoyed the additional income, however new wealth led to husbands forming new relationships; technology used for sexual networking
- LNG money increased inequalities and marginalisation for women and children

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DISABILITY INCLUSION AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE PACIFIC

### Jessica Botfield

- Family Planning NSW delivered a capacity building program on disability inclusion and sexual and reproductive health and rights to family planning organisations in 9 Pacific countries
- As part of the training, a disability audit tool was completed by participants to better understand disability-inclusive practices of their organisation and develop an action plan
- Majority of participants felt there was a need to promote positive organisational attitudes and behaviours towards disability inclusion
- Provision of information and services that uphold the sexual and reproductive health rights of people with a disability will require more inclusive attitudes and practices; the participation of people with disability in the development of programs and services will be essential in this

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## Indi Pattni

- Focus group discussions undertaken with Hazaragi and Somali women living in Western Australia
- Traditional practices the first choice of response to an infection; treatment-seeking is based on recognition of symptoms (so if no symptoms, no treatment needed)
- Traditional roles play key role in sexual interactions, including who initiates sexual activity and gender roles in the activity

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## Jessica Botfield

- Secondary analysis of qualitative interview data with migrant and refugee young people related to unintended pregnancy and abortion; analysis drew on perspectives from social researchers, reproductive health service providers, and legal scholars to explore social, clinical and legal issues relating to access to abortion services in NSW
- Pregnancy outside of marriage viewed as a very shameful prospect, and abortion an unacceptable topic or practice
- However, abortion viewed by participants as a valid (albeit secret) option for an unintended pregnancy; some suggested their parents or family may find an abortion preferable to a pre-marital pregnancy also
- Many participants unsure of where they would go for help or support for an unintended pregnancy, which reflects a broader lack of engagement with services for sexual and reproductive health
- Criminalisation framework in NSW may complicate this further. De-criminalisation of abortion would more effectively support, recognise and facilitate the fulfilment of women's reproductive rights

## EXPECTATIONS AND EXPERIENCES OF 'INCLUSIVE' SEXUAL AND REPRODUCTIVE HEALTH CARE IN THE QUEER GENERATIONS STUDY

### Christy Newman

Presenting qualitative data from the Queer Generations study – study explored the experiences of LGBTQ young people growing up in regional and metro Australia in the 1970s and 1990s

- Some generational differences noted between the two groups, e.g.:
  - Participants from the 1970s were more likely to expect and experience discriminatory health care
  - Those from the 1990s expected both awkwardness and professionalism
- Compelling accounts of mainstream services being unprepared to provide inclusive services to LGBTQ people
- Providing services in a sexuality and gender sensitive way means expecting difference in everyone
- Areas of SRH would benefit from investment of resources, including cervical screening, fertility services, gender transition support, and those living in rural and regional areas

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## ACHIEVING THE MEANINGFUL INCLUSION OF TRANS AND GENDER DIVERSE POPULATIONS IN CERVICAL CANCER SCREENING

### Alexandra Gibson

- Interviews with key informants to explore the inclusion of trans and gender diverse people in cervical cancer screening in Australia
- Highlighted concerns that language remains focussed on 'women' and there is a lack of resources to support trans people in this area
- Providing appropriate screening services will require gender-neutral language, re-education of healthcare professionals and clients, and showing respect for past and current experiences to avoid retraumatizing people

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## Christy Newman

- My health, Our family study undertaken to document experiences of families affected by HIV, Hepatitis B and/or Hepatitis C
- Definition of 'family' very broad and defined by participants themselves
- Three broad categories of communication agreements among families – open agreement (i.e. everyone knows, and can talk about it), selective agreements, and closed agreements (i.e. few people in the family know, and not permitted to discuss)
  - Open agreements – allows for control of the story and message, maintain trust of loved ones, sets example to others
  - Selective / closed agreements – also contributes to greater sense of control, often to protect children from stigma, and protect other family members from stress and worry – but this can also be a burden on family members who do know, and can lead to isolation

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## Shoshana Rosenberg

- Interviewed transgender women to explore their experiences of participating in trans-led research. Key findings:
  - Impact: No need for 'trans 101'; having lived and in-depth knowledge of trans experiences; contributed to trust, rapport, comfort and accountability-building
  - Researcher approach: Benefits of connective communication styles; need for non-judgemental / objective space, an open-ended interview approach, and making participation worthwhile and valuable
  - Barriers/facilitators: Several barriers and facilitators for participation
  - Research modalities: Different experiences with qualitative and quantitative research
  - Who dictates the narrative? Concerns about accuracy, how answers would be used, and tropes and assumptions being replicated
- Ultimately trans-led research has the potential to encourage participation, overcome barriers, and build rapport and co-accountability between researchers and communities

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## PLENARY PROFFERED PAPER ABSTRACT SESSION

"YOUNG PEOPLE TODAY"

### SEXUAL HEALTH RESEARCH: RECRUITING LARGE NATIONAL ADOLESCENT SAMPLES IN A HIGH-TECH WORLD

#### Christopher Fisher

- When, where and how can we reach young people to gather sexual health data? Findings presented regarding the recruitment of young people for the 6th National Survey of Secondary Students and Sexual Health
- Successfully recruited 100% of participants through Facebook, using simple messaging = 8,694 responses
- 90% of participants completed the survey on their smart phone
- First known national study exclusively using Facebook recruitment

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### SEXUAL BEHAVIOURS AND KNOWLEDGE AMONG CHINESE-SPEAKING INTERNATIONAL STUDENTS IN AUSTRALIA

#### Carol el Hayek

- Survey conducted with Chinese-speaking international students to identify sexual health knowledge, sources of information, and levels of sex education
- One third had never received formal sex education
- Among participants who had ever had vaginal or anal intercourse, 11% reported having an STI test in Australia
- Relatively limited knowledge of sexual and reproductive health topics, including STIs
- Main sources of information about sex and relationships: Chinese websites most common, as well as university clinics/services, and English websites

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## SCHOOL-BASED SEXUALITY EDUCATION: THE PERSPECTIVES OF AUSTRALIAN SECONDARY STUDENTS

### Christopher Fisher

- What do young people think about their sex education? Findings presented from 5th National Survey of Secondary Students and Sexual Health
- Students had good knowledge of HIV, lower knowledge about STIs, and limited knowledge of HPV
- Sex education does correlate with better levels of knowledge of HIV, STI and HPV
- Same-sex attracted young people found the sex education they received at school to be less relevant to them

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## TALKING TO MIGRANT AND REFUGEE YOUNG PEOPLE ABOUT SEXUAL HEALTH IN GENERAL PRACTICE

### Jessica Botfield

- Interviews undertaken with migrant and refugee young people in Sydney NSW to explore their views and experiences relating to accessing information and services for sexual and reproductive health
- General practice was raised frequently by participants, with both positive and negative accounts reported
- Those with a 'family doctor' reported good relationships and positive experiences for general health issues, but most were not comfortable going to a family doctor for sexual health matters due to concerns about judgement and confidentiality
- Participants who had been to a more 'anonymous' GP for sexual health reported negative experiences, including not being listened to.
- Opportunity for GPs to better engage this group, initiate discussions about sexual health, provide opportunistic information and support, and provide reassurances of confidentiality

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## SEXUAL HEALTH EDUCATION IN SCHOOLS – IDENTIFIED RESOURCE AND TRAINING NEEDS

### Jessica Botfield

- Sexual Health in Schools project involved a needs assessment with educators (teachers and principals) and secondary school students in NSW, utilising surveys with both groups plus phone interviews with teachers
- Responses across the two groups were complementary; meeting teachers training needs and provision of supportive resources may also help to address some of the needs identified by students

## BREAKING-UP AND GETTING BACK TOGETHER: PATTERNS OF INTIMACY WITHIN ADOLESCENT RELATIONSHIPS WITH AND WITHOUT BACTERIAL STI DIAGNOSIS

### Pamela Matson

- Examine frequency and duration of adolescent breakups within relationships and associations with STI diagnoses
- The majority of those in a relationship experienced a breakup during the course of the study; feelings of intimacy were the same or higher after getting back together
- Participants who tested positive for an STI were similar to those who tested negative in relation to their feelings of intimacy
- A greater proportion of STI-negative relationships got back together after breaking up
- Overall, apparent that adolescents do not end their relationships following an STI diagnosis

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## APPLYING YOUTH SEXUAL HEALTH SEGMENTATION RESEARCH TO IMPROVE THE DESIGN AND DELIVERY OF SEXUAL HEALTH PROGRAMS TO HIGH-RISK YOUNG PEOPLE

### Marty Janssen

- Segmentation research undertaken to enable deeper insight into sexually active young people
- Segmentation mapping shows 'experienced sex positive' segment (i.e. who seek out information, use condoms, etc) and 'dominant risk takers' segment (i.e. less engaged, low condom use and STI testing)
- Able to use segmentation research on different health promotion activities, eg:
  - Sexual health promotion program within music festival setting (Down to Test) developed with members of both segments
  - Playsafe website updated following focusing testing with members of both segments

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## "ISLAMIC PARENTS' ATTITUDES AND BELIEFS TOWARDS SCHOOL-BASED SEXUAL AND REPRODUCTIVE HEALTH EDUCATION PROGRAMS IN OMAN."

### Omar Alzaabi

- Mixed method study undertaken to examine the attitudes and beliefs of parents, teachers and school nurses regarding school-based sex education in Oman
- Participants supportive of introduction of school-based sex education in Oman; majority want the sex education program to be aligned with Islamic beliefs
- Most parents did not provide sex education to their children, and did not feel they had adequate knowledge to provide this

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## SYMPOSIUM – STRENGTH IN DIVERSITY

WHAT DIVERSITY MEANS IN PROMOTING TRANS INCLUSIVENESS IN (SEXUAL HEALTH) PRACTICE

### Tawhanga Nopera

- Often misalignment or misunderstanding between western views and Indigenous views on intimate relationships with people of the same gender
- Important to step back from 'the structure' and get into the spaces that people occupy and think about the environments and contexts that people come from

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WHAT DIVERSITY MEANS WITH REGARD TO SEXUAL HEALTH ISSUES WITHIN PACIFIC COMMUNITIES IN AOTEAROA NEW ZEALAND

### Analosa Veukiso-Ulugia; Letoa Henry Jenkins; Akarere Henry

- Huge diversity within Pacific communities
- Important to understand contexts of communities and multi-dimensions of Pasifika, including generations, importance of family, spirituality, culture and language
- Sex and sexuality often a 'no go zone' within Pacific communities; young people won't go to a GP their parents go to for sexual health
- Highlights importance of cultural competency of healthcare professionals and need to increase access to services

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PROMOTING CULTURAL RESPONSIVENESS TO MĀORI IN SEXUAL HEALTH RESEARCH AND EDUCATION: WHAT DIVERSITY MEANS

### Jillian Tipene

- Promoting culturally responsive education and research in sexual health means ensuring the work is grounded in Maori knowledge and values and is 'Maori-centred', where Maori is the norm, not the 'other'
- Kaupapa Maori research draws on community expertise; is by Maori, for Maori; and is transformative
- Sexual health education should similarly reinforce cultural identity and resonate with young peoples lived experiences

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## WHAT DIVERSITY MEANS IN RESPONDING TO ENDEMIC AND EMERGING STIS IN REMOTE ABORIGINAL COMMUNITIES

### James Ward

- Concept of connectedness critical when working with Aboriginal communities
- Strength and resilience within communities often overlooked
- Huge diversity within Aboriginal communities- e.g. language, religion, mobility, men's and women's business - yet programs and services often use a 'one size fits all' approach
- Young deadly free project takes a strengths-based, collaborative, inclusive approach in health promotion/education and resource development

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## WHAT DIVERSITY MEANS IN PROMOTING THE EMPOWERMENT OF YOUNG LGBTIQ PEOPLE TODAY?

### Aych McArdle

- Rainbow communities not recognised in national data collection or within law and policy in Aotearoa; continue to experience discrimination and stigma
- Must be counted in national data, must have legislative protections and reform, and must be included in design of programs and service

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## PROFFERED PAPER SESSION – RESPONDING TO HIV AND STI PRIORITIES

INCIDENCE AND PREDICTORS OF ANAL HIGH-GRADE SQUAMOUS INTRAEPITHELIAL LESIONS (HSIL): THREE-YEAR FOLLOW UP RESULTS FROM THE STUDY OF THE PREVENTION OF ANAL CANCER (SPANC)

### Fengyi Jin

- Three-year follow-up study investigating anal HPV infection in gay and bisexual men in Sydney
- Anal HSIL very dynamic condition in gay and bisexual men – incidence higher in those who recently cleared anal HSIL
- Screening programs should target persistent HSIL for interventions

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BEHAVIOURAL PREDICTORS OF INCIDENCE AND CLEARANCE OF ANAL HIGH-GRADE SQUAMOUS INTRAEPITHELIAL LESIONS (HSIL): THREE-YEAR FOLLOW-UP RESULTS FROM THE STUDY OF THE PREVENTION OF ANAL CANCER (SPANC)

### Mary Poynten

- Three-year follow-up study investigating anal HPV infection in gay and bisexual men in Sydney
- Demographic and behavioural risk factors for incidence included younger men, HIV+ men, and more recent sexual exposure

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A CONSENSUS STATEMENT ON COMPREHENSIVE HIV PREVENTION IN AOTEAROA/NEW ZEALAND: HOW WILL WE MONITOR PROGRESS?

### Peter Saxton

- Consensus Statement is a comprehensive framework for action, and was developed in response to rising HIV diagnoses in NZ and no high-level policy
- Significant progress has been achieved in policy space; however, many priorities remaining, particularly relating to sexual health clinical workforce, surveillance systems, and funding for NGOs

## WHY ARE SOME AUSTRALIAN GAY AND BISEXUAL MEN CHOOSING NOT TO INITIATE PrEP?

### Mohammed Hammoud and Steven Philpot

- Analysis of Flux Study data to explore reasons gay and bisexual men choose not to use PrEP
- Reasons for non-use: perceived PrEP to be irrelevant to them or that they were ineligible; lack of access (i.e. expensive, don't know where to go); negative views on PrEP; adherence challenges; health consequences (unknown short- and long-term side effects, concerns about toxicity, concerns about STIs and preference for condoms)
- Health promotion and community education important when promoting uptake of PrEP

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## "IT LETS PEOPLE HAVE MORE PERSONAL AGENCY WITH THEIR OWN HEALTH": PERCEPTIONS OF STI-PrEP AMONG GAY AND BISEXUAL MEN

### Ryan Horn

- Qualitative study exploring the acceptability of STI-PrEP to prevent syphilis, chlamydia and gonorrhoea, and perceived risks and benefits among 'high risk' men
- Majority of participants were interested in personal use; STI-PrEP was regularly conceptualised through participants understanding of HIV-PrEP

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## GAY AND BISEXUAL MEN'S PERCEPTIONS OF PrEP IN AUSTRALIA: A SETTING OF HIGH ACCESSIBILITY

### Steven Philpot

- Gay and bisexual men's perceptions of PrEP utilising data from Flux study
- Some of the key themes relating to taking PrEP:
  - Overcoming fear, anxiety and inhibitions
  - Enhancing sexual pleasure and opportunity
  - Positive normative – PrEP will have important social impact
  - Negative normative – concern about the negative social consequences of PrEP
- Overall, most men had something favourable to say about PrEP

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### Michael Shaw

- Many achievements relating to Ending HIV campaign:
  - Public funding of PrEP and increased uptake of PrEP
  - Scale-up and improved access to testing services (including walk-in clinics, home testing)
  - Increasing access to early HIV treatment and decreasing barriers
- To continue this momentum political leadership and increased resources are needed

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### Matthew Dunn

- Interviews with stakeholders working in HIV sector highlighted three themes:
  - Organisational differences in promoting PrEP and the influence on messaging
    - PrEP can be integrated into existing health promotion campaigns but also allows organisations to create new, targeted campaigns
  - Barriers facing PrEP promotion, including “overcoming” decades of successful campaigns promoting condoms
  - Social benefits to PrEP: HIV-negative people can take more control over their health, and opportunity to equalise sexual health responsibility
- Important to support people using whatever ‘tool’ or ‘method’ works best for them

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### Joe Rich

- Provision of HIV self-testing for gay and bisexual men and minority populations
- Reasons for use included convenience, feelings of shame, and concerns about judgement
- Found to be cost-effective and to increase testing among ‘priority populations’

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## ASSESSING PATIENT EXPERIENCES OF AN STI DIAGNOSIS

### Tess Vermeulen

- Qualitative study assessing patient experiences of an STI diagnosis to increase understanding, inform strategies and improve quality of healthcare services
- Positive experiences of diagnoses facilitated by calm, non-judgemental staff
- Clinician education and deeper understanding of patient experiences will lead to better experiences

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## SUPPORTING PEOPLE LIVING WITH HIV; A SHARED-CARE MODEL IN REGIONAL NEW SOUTH WALES

### Andrew Buggie

- Research project exploring complexities of HIV in regional NSW
- People living with HIV in regional face unique challenges – often have to travel vast distances to access specialist services
- Requires a multi-faceted approach to providing care, and a multidisciplinary team, including coordinating care between sexual health clinic and NGOs

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## THE DEVELOPMENT, TRAINING AND RETENTION OF THE SRH WORKFORCE

### Angela Kelly

- Very diverse health workforce in PNG, with limited health personnel in some regions
- Challenges with SRH workforce – high turnover of staff; ageing workforce; separate ‘siloed’ services and lack of task sharing or integration; insufficient training and professional development opportunities; regular stockouts of essential drugs; ‘unfriendly’ services; resistance to adaptation of new innovation and technology; narrow focus on disease
- Despite challenges, many passionate and committed health workers providing SRH care

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## SYMPOSIUM – TRANSGENDER HEALTH

### GYNECOLOGICAL CARE FOR TRANS MEN AND WOMEN

#### Rosemary Jones

- Not all transwomen will have had surgery and may therefore not have any 'gynaecological issues'
- However, most transwomen will have had some form of surgery
- Transmen whose female organs are dormant under the suppression of testosterone may have episodes of break through bleeding and other gynaecological issues

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## CERVICAL SCREENING FOR TRANSGENDER MEN - HOW DOES THE NEW CERVICAL SCREENING PROGRAMME SERVE THIS POPULATION

#### Deborah Bateson

- Renewed National Cervical Screening program: Primary HPV testing replaced the Pap smear in Australia in 2017
- New program supports cervical screening for transgender men
- Barriers to screening for transgender men include gender dysphoria, speculum examination painful, less likely to be offered screening, misperception of risk (by individuals and clinicians)
- Hypo-oestrogenisation contributes to higher risk of unsatisfactory results; can consider offering short course of topical oestrogen prior to cervical screening

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## SETTING UP A TRANS-FRIENDLY HEALTH SERVICE

#### Deborah Bateson

- Transgender-friendly health service provided through ACON and Family Planning NSW in Sydney – inclusive service for 'anybody with a cervix'
- Peer educators essential to the service – provide education, support, and information
- Consultations with LGBTIQ+ people highlighted barriers to screening included misinformation from clinicians about need for cervical screening, fears of homophobia or transphobia, and previous negative or traumatic experiences
- Service is client-centred and directed, collaborative, and a safe space

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## CONTRACEPTION FOR TRANSGENDER PEOPLE

### Deborah Bateson

- Appropriateness and acceptability of different contraceptive methods will vary – e.g. existing medical conditions, side effects, and personal preference
- No restriction on any method on account of current gender identity, however consider effect on menstrual bleeding and desire for menstrual suppression; testosterone therapy not adequate for contraception

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## TRANSGENDER CLIENTS ATTENDING A SEXUAL HEALTH CLINIC IN SYDNEY

### Alisa Pollack

- Retrospective case review of trans and gender diverse clients attending Sydney Sexual Health Centre
- 0.56% clients over review period identified as trans/gender diverse; majority of these were transgender women, born in Thailand, and currently or previously engaged in sex work

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# BASIC SCIENCE & CLINICAL STREAM

## OPTIMISING STI CONTROL WITHIN CLINICAL SERVICES



### IUSTI AP SEXUAL HEALTH CONGRESS 2018 A JOINT MEETING OF IUSTI-AP, NZSHS, ASHA Thursday 1 – Saturday 3 November 2018 • Pullman Hotel, Auckland, New Zealand

#### Keynote Speaker

**Dr. Matthew Golden**  
University of Washington (UW),  
School of Medicine



*Dr. Matthew Golden is a professor of medicine in the Division of Allergy and Infectious Diseases at the University of Washington (UW) School of Medicine, and the Director of the Public Health – Seattle & King County HIV/STD Program and the UW Public Health Capacity Building Center.*

*He received his BA in history from Grinnell College, his MD and MPH from Johns Hopkins University, and completed a residency in internal medicine and a fellowship in infectious diseases at the UW. Dr. Golden's research integrates public health practice with operational research, and includes studies conducted in the US and in sub-Saharan Africa. Much of his work has related to HIV/STD partner services and efforts to use field outreach services to improve the HIV care continuum.*



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## Mathew Golden

[Picture: Matthew Golden]

- Fundamental principle in organising clinical services to control HIV/STI
  - Success in combating generalised epidemics (e.g chlamydia, HPV) depends on intervention at the health system level
  - Success in combating concentrated epidemics (e.g. HIV, syphilis) requires an additional, dedicated and specialised infrastructure
- Role of specialised STI clinics– specialised infrastructure, promotion of follow up care, integrating new interventions, and safety net clinics for those without universal access to healthcare.
- Clinical care is key to the control of HIV/STI
- A good system involves both specialised STD clinics and the broader healthcare system; these two components play complementary roles.
- Developing specialised infrastructure for marginalised population is important in places where stigma is greatest and where authoritarian government poses a risk to individual liberty.
- Efficiency plays a key role in improving access to care and the patient care experience, driving up screening rates
- Serving most vulnerable patients require change in the healthcare system
- Expanding access to care reduces STI incidence and declining demands for care.

***“We need to spend less time trying to change our patients to fit our healthcare system and more time trying to change our healthcare system to fit our patients.”***

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## SYMPOSIUM – SEX WORK: IDENTIFYING CURRENT ISSUES AND GAPS AND FUTURE DIRECTION

SEX WORK: IDENTIFYING CURRENT ISSUES AND GAPS AND FUTURE DIRECTION – LESSONS FROM NEW ZEALAND, AUSTRALIA, HONG KONG AND CHINA

### Dame Catherine Healy, Eric Chow, William Wong, Suzanne Werder

- The speakers discussed how sex work is governed in four different countries: New Zealand, Australia, Hong Kong and China. The section also discussed current HIV/STI epidemic among sex workers in each country; how different legislations shaped quality of life and health of sex workers.
- HIV& STI rates are low among female sex workers compared to the general population. The rates are also low among male clients. Sex workers mainly acquired STIs from private partners.
- Differences in sexual behaviours and HIV/STI knowledge between Asian and non-Asian female sex workers in Australia were reported but reasons are not clear.
- Sex workers are still having discrimination or having no protection from discrimination.
- Migrant sex workers are more vulnerable and less aware of their rights.
- Migrant sex workers are often subject to bullying, harassment, assault by clients and brothel owners with subsequent poorer outcomes
- Overall, the legal frameworks governing the sex industry play an important role in the health and safety of sex workers. Gaps in knowledge and research about migrant sex workers in NZ, Australia and Hong Kong.

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## PROFFERED PAPER SESSION – CLINICAL SESSION

TRAVEL AS A RISK FACTOR FOR CHLAMYDIA AMONG HETEROSEXUAL TRAVELLERS VISITING MELBOURNE, AUSTRALIA, AUSTRALIA, 2007-2017

### Ei Aung

- Chlamydia in travellers higher than local in Australia.
- Risk factors for chlamydia: being a traveller, inconsistent condom use,  $\geq 4$  partners in last 12 months, young age  $\leq 25$ , presenting with urogenital symptoms.
- Consider travellers as priority population for sexual service planning and delivery

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## OCULAR SYPHILIS IN CHINA: A RETROSPECTIVE COHORT STUDY

### Pingyu Zhou

- From 2009 to 2017, 213 had ocular disease and 50 had blindness due to syphilis. 8310 new syphilis cases reported during the study period.
- Treatment outcomes for ocular syphilis are poor if detected late; early recognition and diagnosis is vital to avoid permanent visual loss.

## CLINICAL FEATURES OF MYCOPLASMA GENITALIUM ASSOCIATED PID AND RESPONSE TO MOXIFLOXACIN: A CASE SERIES

### Rosie Latimer

- Increasing azithromycin resistance of MG – MG PID study showed moxi floxacin effective  $>95\%$  in MG PID. Should be recommended as 1st line of tx for MG PID
- There is no clinical difference in chlamydia and MG PID.

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## DIAGNOSTIC EVALUATION OF A MOLECULAR ASSAY FOR TESTING AND TREATING ANO-RECTAL CHLAMYDIA AND GONORRHOEA INFECTIONS AT THE POINT-OF-CARE IN PAPUA NEW GUINEA

### Steven Badman

- Point-of-care testing for chlamydia and gonorrhoea in PNG. 98% of all Xpert anorectal CT/NG tests produced a valid test result at the point of care testing (POC).
- 489 individuals with an anorectal CT infection (23%) and 336 with an anorectal NG infection (16.1%) across 2 study sites -99% received same day treatment
- Reliable and feasible to use in PNG (resource poor settings). Will it be cost effective? Can it be used in screening? – more research needed

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## THE EFFECT OF THE PILL AND SEXUAL BEHAVIOURS ON THE VAGINAL MICROBIOME

### Larissa Ratten

- This pilot RCT of COCP-exposure did not improve BV cure but found sex with an ongoing RSP and a past history of BV were associated with recurrence. These data indicate reinfection and persistence are integral to the pathogenesis of recurrence may overwhelm possible beneficial effects of hormonal contraception on the vaginal microbiota.
- Women who had sex with the same RSP experienced an increase in bacterial diversity and a higher abundance of key BV-associated bacteria including *G. vaginalis*. This supports mounting epidemiological evidence that reinfection with BV- associated bacteria drives post-treatment recurrence.

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## THE DEVELOPMENT AND 6 MONTH REVIEW OF A NURSE PRACTITIONER CLINIC FOR HEPATITIS C TREATMENT IN RURAL VICTORIA

### Suzanne Wallis

- Hep C: success noted with nurse-led management of hep C in rural Victoria.

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## Simon Comben

Some results from SPANC study (anal cancer study in GBM) – Follow up stratified by anal cancer for better allocation of resources

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MEN WHO HAVE SEX WITH MEN WITH MYCOPLASMA GENITALIUM-POSITIVE NON-GONOCOCCAL URETHRITIS ARE MORE LIKELY TO HAVE MACROLIDE RESISTANT STRAINS THAN MEN WITH ONLY FEMALE PARTNERS

## Ruth McIver

- MG macrolide resistance is higher in MSM with NGU.

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MISSED OPPORTUNITIES FOR HIV PRE-EXPOSURE PROPHYLAXIS (PREP) AT SYDNEY SEXUAL HEALTH CENTRE

## David Atefi

- PrEP discussion and documentation should be standard of care in high-risk group for HIV.

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# EPIDEMIOLOGY, PUBLIC HEALTH & PREVENTION STREAM

## PROFFERED PAPER — HIV AND STI SERVICE DELIVERY IN THE REGION SESSION IMPLEMENTATION OF COUNTRY-WIDE STRATEGIC USE OF ARVS IN INDONESIA

### Indri Sukmaputri

- From 2012, MOH implemented decentralised HIV service delivery model.
- Strategic use of ARVs (SUFA) was developed for treatment as prevention
- Test and treat all strategy, start ARV regardless of CD4 count
- Implementation phase – districts selected as unit for SUFA
- Better HIV model : improved rates of testing, increased number of people on ART.
- 990 to 4,311 testing sites in 4 years, 284 to 613 treatment sites, 30,418 to 96,298 people on ART
- Working together with communities (peer HIV) increases the success rate of the program

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### BREAKING TRADITION: USING THE INTERNET TO ENHANCE HIV PARTNER NOTIFICATION FOR PEOPLE WHO ARE DIFFICULT TO REACH

### Lisa McCann

- Audit 2015-2018
- Internet based systems: new social media, geo-social networks, search engine, healthcare databases,
- Traditional – phone, SMS, mail
- Outcomes (those unreachable) – 68% people successfully notified, 76% had follow up testing
- 60% internet use, 40% traditional
- Enhanced methods are important in reaching HIV peripheral risk groups (utilisation combination method)

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### STIs AND HIV SERVICE AVAILABILITY IN PRIMARY CARE SETTINGS: FINDINGS FROM HEALTH FACILITY SURVEY IN BALI PROVINCE, INDONESIA

### I Nyoman Sutarsa

- Bali: 3rd highest prevalence rates in Indonesia
- Increase effort from local Bali government -decentralisation of HIV and STI services
- Non-priority area – accessory services, clinical services non-existent
- Priority areas are set up by global fund
- HIV and STI health services are disproportionally distributed following the intensity of donor interventions in priority areas
- Social and structural determinants of access to health – Inequitably distributed across population

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## IMPROVING ACCESS AND OUTCOMES THROUGH THE INTEGRATION OF VERTICALLY FUNDED HIV SERVICES RUN BY CHURCH HEALTH SERVICES INTO NATIONAL PRIMARY HEALTH CARE STRUCTURES IN PAPUA NEW GUINEA

### Jessica Michaels

- SRHIP: a consortium approach (Catholic church, ASHM, Burnet, IGAT hope, Anglicare in PNG) from 2017
- Faith based provider play a role in PNG
- Challenges in health service delivery in PNG – lab access, transport, remoteness, political and environmental instability, stigma and discrimination data, 1 viral load testing site in Port Moresby,
- 2017: 48,000 with HIV-0.9% prevalence
- 87% those tested for VL testing were virally suppressed
- Parent-to-child syphilis transmission- still a problem
- Extensive 1st line resistance

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## SUSTAINABILITY OF POINT-OF-CARE TESTING FOR SEXUALLY TRANSMISSIBLE INFECTIONS IN REMOTE COMMUNITIES IN AUSTRALIA – TRANSITION FROM TRIAL TO PROGRAM

### Rebecca Guy

- Could point of care (POC) testing improve treatment of STI, timeliness, reduce PID and ongoing transmission in remote Aboriginal communities?
- TTANGO 1 and 2– test, treat, go trials
- TTANGO 1 was a RCT trial, use GeneXpert (Cepheid) to test chlamydia and gonorrhoea in 12 remote primary health services across 3 states in Australia, NHMRC funded
- Results: acceptable, excellent operational performance, increased proportion of patients treated within 7 days.
- TTANGO 2 - >30 remote primary health services (SA, WA, QLD)
- No statistically significant decline in POC testing in phase 2
- Sustained POC testing in most services (interim evaluation)

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## FILLING THE GAP: HOW CAN A NON-GOVERNMENT ORGANISATION TRACK ITS PROGRESS TOWARDS [ENDING HIV] IN THE ABSENCE OF BEHAVIOURAL SURVEILLANCE?

### Adrian Ludlam

- NZ AIDS Foundation carried out an online behaviour survey
- The information collected in these surveys fills a gap left by disinvestment in HIV-related behavioural surveillance and allows NZAF to be responsive and demonstrate its progress towards the goal of ending HIV by 2025.

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## EXTREME SEXUAL HEALTH - CAPE YORK. THE TALE SO FAR...

### Louise Daniel and Lisa Hall

- STI control in remote Aboriginal communities is challenged by geographical location, and sexual health and indigenous culture
- In response to increased Syphilis notifications in Aboriginal populations (67.1 per 100 000 in 2016), 5 teams of outreach program was provided to 10 remote communities with increased syphilis screening among 15-39 years old
- Syphilis notification reduced from 30 to 12 cases in 2016 to 2018

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## SYMPOSIUM – ROLE OF LABORATORY IN CONTROLLING STIS

### GOLLOW LECTURE: DISSECTING STI TRANSMISSION USING GENOMICS

#### Deb Williamson

- Genomic sequencing uses mathematical modelling to reconstruct whole genome; inferring phylogenetic trees.
- Examples of genomic use: shigellosis and *Treponema pallidum*
- Using genomic approach, shigella isolates were sequenced -3 lineages associated with travel (linked to India), 1 lineage mainly associated with MSM
- Ciprofloxacin resistance highest in travel associated lineages, azithromycin resistance highest in MSM associated lineage.
- Another example in TP (*treponema pallidum*).
- Single-locus typing of 477 specimens between 2015 and 2018 (primary and secondary syphilis) showed azithromycin resistance >90%

#### Summary:

- Prevention and control of STIs in the 21st century requires timely effective and high-resolution investigations, which may be contributed by genomic technologies – used in conjunction with other methodologies
- Drug-resistant lineages of sexually transmitted pathogens can be spread readily through populations, facilitated by selection pressure from empirical treatment
- Full potential of genomics applied to STI surveillance and control has yet to be realised (potential use in contact tracing)

### THE ROLE OF THE LABORATORY IN CONTROLLING STIS SESSION

#### David Whiley

- Gaps in bacterial culture-based surveillance – limited info 0.1% of NG cases characterised for AMR (antimicrobial resistance)
- Data not reliable as major isolates from 6 countries with isolates from the rest of world not well presented.
- Molecular gonorrhoea (GC) AMR testing using PCR
- Study in Northern Territory – good correlation between PCR and culture
- Use of PCR: individualised treatment of gonorrhoea e.g. in cases with ciprofloxacin susceptible gonorrhoea. Testing showed oral treatment options for gonorrhoea. To spare use of new drugs e.g. zoliflodacin
- PCR can be used to enhance or complement culture-based surveillance
- Limitations: cannot replace culture, can't detect gonorrhoea DNA loads, cross reaction with commensal *Neisseria* – e.g. pharyngeal samples, need point of care GC AMR methods to facilitate individualised treatment of symptomatic points



### Catriona Bradshaw

- Meta-analysis on global trends in macrolide and quinolone resistance showed overall macrolide resistance: 35.9%, Western Pacific (Australia, New Zealand, Japan) 47.3%, regions of Americas – 53.8%
- Rise of macrolide resistance 3% annum
- Quinolone resistance: overall 6.3% globally, 15% western pacific
- Overall dual resistance globally: 2.5% overall, Western Pacific (highest) – 6.9%
- Sequential treatment with doxycycline and use of antimicrobial resistance assay (resistance guided therapy) – 94.5% cure
- Bacterial load is important in cure. Use of doxycycline to reduce doxycycline has improved cure rate.
- Strategies to effective management of MG:
  - reduce widespread use of azithromycin
  - Protect second line agent –evaluate combination therapy
- Need new antimicrobials – introduce them within combination therapy
- Need resistance assays to individualise antimicrobial therapy; point of care assays for resistance output might be a possibility in the future

## SURVEILLANCE FOR ANTIMICROBIAL RESISTANT NEISSERIA GONORRHOEAE IN JAPAN – DISSEMINATING OF A CEFTRIAXONE RESISTANT CLONE

### Makoto Onishi

- Pathogen-based surveillance for gonorrhoea implemented in Japan from 2015
- Surveillance showed number of strains of AMR increasing 2015 to 2017
- Susceptibility profile showed resistance to ciprofloxacin was 75%, and azithromycin was 10%
- Surveillance system important. It was able to detect new resistance NG strain. Multi-resistant gonorrhoea positive rate is still low < 1%.

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## SUMMARY FROM SYMPOSIUM

- Genomic sequencing has a potential role in surveillance, contact tracing of STI especially in the control of multi-resistant STI and policy making.
- Point-of-care antimicrobial resistance testing for gonorrhoea has been studied in Northern Territory with good correlation between PCR and culture.
- Possible future use of genomic sequencing will be to individualise resistance guided therapy, to reduce oral options, to reduce use of new drugs. However, it cannot replace culture but might be a useful tool as an adjunct test.
- Surveillance is important to detect new *Neisseria gonorrhoeae* strains.
- Resistance to macrolide, quinolone and dual class is increasing with highest prevalence in Asia-Pacific in *Mycoplasma Genitalium*. Sequential treatment with doxycycline and use of antimicrobial resistance assay (resistance guided therapy) has shown good success rate (94% cure rate).

## PROFFERED PAPER SESSION – RELATED RESEARCH TO MG, GONORRHOEA AND LABORATORY TESTING

### IMPROVED DIAGNOSIS OF ACTIVE SYPHILIS AT THE POINT-OF-CARE

#### Mary Garcia

- Rapid point-of-care testing for active syphilis
- Current point of testing cannot distinguish between active and past treated syphilis
- Novel methods using 2 syphilis antigen in an ELISA assay and developed rapid IgA test
- Sensitivity 96.1% and specificity 84.7%, specificity for diagnosing past or treated 71.3%
- Anti-treponemal IgA is a potential marker for syphilis infections
- Can be converted to a RPOC (rapid point-of-care) device
- Further studies need to be undertaken using whole blood on high risk populations in a clinical setting

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### THE ROLES OF MAST CELLS AND THEIR PROTEASES DURING CHLAMYDIA INFECTION

#### Anne Chevalier

- Hypothesis: Mast cells and their proteases play an important role in regulating immunity to chlamydia infection and associated pathological immune response in the female reproductive tract?
- Findings: mast cells and their protease affect chlamydia infection
- Many proteases make up one mast cell

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### A PILOT STUDY TO IDENTIFY MICROBIAL AND IMMUNE BIOMARKERS FOR IMPROVED DIAGNOSIS OF PELVIC INFLAMMATORY DISEASE

#### Sally Sweeney

- PID contributing factors: pathogen factors, host vaginal microbiome and host immune expression
- cervical swabs were taken for human immune gene expression, pathogen culture and host microbiome
- Preliminary findings with significant difference between case and controls
  - o 12 cases recruited so far
  - o Positive findings: recent partner change, vaginal symptoms in preceding 3 months (thrush, BV), antibiotic use in preceding 3 months
  - o All PID cases had either CSTIII and CST IV (Liners, mixed anaerobes). All PID cases had positive Ureaplasma spp; 50% in controls
  - o Only 2 cases of PID had identified pathogen -1 MG and 1 Chlamydia. Majority did not have STIs.

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## PERFORMANCE ASSESSMENT OF THREE PCR ASSAYS FOR THE DETECTION OF MULTIPLE STRAINS OF MYCOPLASMA GENITALIUM AS WELL AS THEIR ASSESSMENT IN CLINICAL STRAINS

### Charlotte Gaydos

- Laboratory methods for MG testing in symptomatic PID patients.
- Comparing 3 different PCRs- the Speedx ResistancePlus MG assay, based on the MgPa gene, and two qPCR research MG assays for the 16S rRNA and pdhD genes
- Tested on 325 vaginal samples
- Speedx showed sensitivity 96%, specificity of 99%
- 16s PCR showed sensitivity 96% and 100% specificity
- pdhD PCR: sensitivity 100% and specificity 100%
- Speedx has good clinical use and resistance guidance
- Speedx testing showed 23s gene mutation in 48% of samples and MG prevalence was 7.7%

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## EVALUATION OF A GYRA REAL-TIME PCR TEST FOR GUIDING CIPROFLOXACIN THERAPY OF GONORRHOEA

### Litty Tan

- Resistance gonorrhoea test (Gyr A) i.e. testing for quinolone resistance
- High concordance of genotype and phenotype to culture results
- Potential use: asymptomatic testing, in treatment of gonorrhoea positive patients.
- By using resistance plus assay for GC, those positive for Gyr A mutation can have ceftriaxone and azithromycin standard treatment and those without mutation can be given ciprofloxacin to spare ceftriaxone use.

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## CULTURE-BASED ANALYSIS OF ANTIMICROBIAL RESISTANCE AMONG MYCOPLASMA GENITALIUM STRAINS

### Ryoichi Hamasuna

- 12 M. genitalium strains from Japanese male patients with urethritis. The MIC of antimicrobials were examined by cell-culture method, using strains which can grow on the Vero-cells.
- The genomes of quinolone resistance determining region on GyrA and ParC and region V of 23S rRNA was sequenced. The relationship between high MIC of moxifloxacin or sitafloxacin and the genomic mutation with amino-acid change of GyrA or ParC was analyzed.
- parC mutations related to high MIC to moxifloxacin

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## MYCOPLASMA GENITALIUM INFECTIONS IN QUEENSLAND, AUSTRALIA: ALARMING RATES OF RESISTANCE TO MACROLIDE AND QUINOLONE ANTIBIOTICS

### Emma Sweeney

- Increasing MG resistance in QLD
- 62% macrolide resistance, 10% quinolone resistance, 7.8% dual resistance
- Regional difference in antibiotic resistance
- Screening for antibiotic resistance
- Resistance guided treatment of MG should be implemented in QLD

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## CAN WE POOL PHARYNGEAL, RECTAL AND URINE SAMPLES WHEN SCREENING MEN WHO HAVE SEX WITH MEN FOR CHLAMYDIA TRACHOMATIS AND NEISSERIA GONORRHOEA USING THE APTIMA COMBO 2 ASSAY?

### Duygu Durukan

- Pooling of rectal, throat and urine chlamydia and gonorrhoea from 3 sites
- Chlamydia 86% sensitivity (95% CI; 78-92%)
- Gonorrhoea 91% sensitivity
- 3 times as many MSM can be for the same cost, however, at the expense of missing 10-20% of infection
- Might not be acceptable in high-risk MSM
- Maybe acceptable in low resource country

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## EVALUATION OF A SPECIMEN POOLING METHOD FOR MOLECULAR POINT-OF-CARE DETECTION OF CHLAMYDIA AND GONORRHOEA

### Sara Bell

- Pooling of chlamydia and gonorrhoea at point of care testing by trained/lay provider
- Use GeneXpert assay for chlamydia and gonorrhoea
- Chlamydia: 90% sensitivity
- Gonorrhoea: 89% sensitivity
- Pooled false negative is associated with DNA loads (less DNA, more false negative)
- Potential for reduction in cost, time to treatment, increase accessibility to testing

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## HIV TESTING AMONG ADOLESCENTS AND YOUNG ADULTS WITH PELVIC INFLAMMATORY DISEASE: RESULTS FROM THE TECH-N STUDY

### Maria Trent

- Recommendations to test for HIV after being tested positive for STI.
- Testing offer to people with positive STI.
- 92% African Americans, 86% low income, 85% seen in ED.
- HIV testing did not reveal HIV positive results, but more than half of eligible women were not tested
- routine HIV testing of women diagnosed with STIs/PID is an unmet public health need

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## IN VITRO ASSESSMENT OF GENTAMICIN AND AZITHROMYCIN BASED COMBINATION THERAPY AGAINST NEISSERIA GONORRHOEAE ISOLATES IN INDIA

### Seema Sood

- Gonorrhoea resistance pattern review using culture
- 72.8% susceptible
- 2.8% resistant to azithromycin
- no gentamicin resistance
- more research needed – maybe future treatment option with gentamicin

#### Rosemary Jones

- Gynaecological and genital problems arising in trans men and trans women vary depending on the type of surgeries they have and the remaining reproductive organs as well as neo genital urinary organs created surgically.
- Transwomen with neovagina
  - Problems: persistent vaginal discharge, hairy vagina, fistula, rupture, residual corpus cavernosum, vaginal stricture (dilatation post-op essential) and neovaginal prolapse.
- Some can be treated with lubricants, topical estrogen, washing; some requires surgery.
- Transman: presents with the problems of female organs that are dormant under the suppression of testosterone.
  - Episodic breakthrough bleeding – responds to increase in testosterone dosage but if bleeding continues, further evaluation of uterus and ovaries by hysteroscopy, cervical screening and an ultrasound is necessary.
  - Endometriosis, Fibroids and adenomycosis and ovarian cyst activity usually suppressed with hormonal treatment.
  - Neophallus – complications – pain, junctional fistula

#### Routine care

- Cervical screening
- HPV immunisation
- Pelvic examination still required to check ovarian morphology
- Mammography less certain if testosterone reduces the risk of cancer
- Ultrasound every 4-5 years if possible.

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## CERVICAL SCREENING FOR TRANSGENDER MEN: HOW DOES THE NEW AUSTRALIAN CERVICAL SCREENING PROGRAM SERVE THIS POPULATION?

### Deborah Bateson

- Barriers to screening for transgender men
- Gender dysphoria; painful speculum exam less likely to be offered screening; misperception of risk
- May be eligible for a rebated self-collected vaginal HPV test
- Post-hysterectomy –follow screening guidelines in this context.
- Consider –sign posting actions; asking about language; use of paediatric speculum; self-insertion; position and propping
- Testosterone may affect sampling due to hypo-oestrogenisation with higher risk of unsatisfactory results;
- Consider short course of topical oestrogen (essential prior to colposcopy)
- Screening for transgender women
  - Screening for people with a neo-vagina is not part of the funded program
  - Research lacking; risk of HPV-related cancer of the neo-vagina thought to be small
  - Vaccine protects against most HPV-related cancers
  - Anyone with symptoms of pain or bleeding should be assessed.

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## SETTING UP A TRANSGENDER-FRIENDLY HEALTH SERVICE

### Deborah Bateson

- Adaptation of peer-led rapid HIV and STI testing service for gay and bisexual men
- Checkout: LGBTIQ+ sexual health clinics in NSW; community-led sexual health and cervical screening clinic for LGBTIQ people – opened in Feb 2018 in Surry Hills, NSW.
  - “Everybody with a cervix” campaign
  - Removing barriers to care – e.g. creating a gender inclusive registration form, signposting, language for anatomy, providing safe place, ensuring appropriate referral pathways and handover
- Evaluation of Checkout – 30% LGBTIQ
- 64.6% were overdue for cervical screening
- 17.7% never had a PAP test
- 100% would use the service again; and would recommend to others.

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### Alisha Pollack

- Retrospective case review of people identified as transgender and/or gender diverse (TGD) who attended SSHC between 2016 and 2018
- Results: 60% of TGD clients had any STI or BBV diagnosis during the study period.
- 26% rectal chlamydia, 24% pharyngeal gonorrhoea, 22% rectal gonorrhoea, 5% were living with HIV
- 72% had history of sex work- 52% currently working as a sex worker
- Small numbers identified for trans men, non-binary and those with unspecified gender identity

#### Summary

- Post-surgical changes and care for transmen and transwomen depends on the type of surgeries. Gynaecological problems and cervical cancer can occur in transmen. Screen transmen for cervical cancer screening if they still have uterus/cervix.
- Most transmen are poorly screened for cervical cancer. Barriers to screening were discussed and strategies to improve them.
- Self-collected cervical screening can be an option. Consider topical oestrogen in trans men before speculum.
- Remove barriers to screening in setting up transgender-friendly service. Community and peer group consultations important.

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## PRESENTATIONS: PrEP — IF YOU WANT GOOD CONTROL YOU NEED EQUITY OF ACCESS

A HOUSE DIVIDED: SUCCESS AND INEQUITY IN PrEP ACCESS IN THE UNITED STATES

### Matthew Golden

- Disparities in black MSM and white MSM re: PrEP use
- A lot of unknown reasons
- Possible due to lack of universal insurance / access

Suggestions:

- Integrate PrEP into partner services – 50% initiated into PrEP, 30% offered started PrEP
- De-medicalising PrEP (home collection kits for STI) or pharmacy dispensing
- PrEP Uptake mirrors disparities – needs concerted efforts to address disparities

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## THE FAILURE OF AUSTRALIA'S CLINICAL HEALTH SERVICE DELIVERY MODELS TO ADAPT TO THE NEW LANDSCAPE OF HIV PREVENTION AND CARE

### Nick Medland

- Who will be left behind post PrEP roll-out – uninsured, remote, indigenous, medicare ineligible
- Newly diagnosed HIV in those newly arrived to Australia– 88% uninsured, 61% int students, 29% never tested –odds ratio of 4.4 times diagnosing with HIV infection in newly arrived visitors. TasP or PrEP effect?
- Newly arrived Asian-born MSM at increased risk of HIV
- Partners more likely to be newly arrived Asian-born
- Four pillars of HIV response -prevention, testing, treatment, protection from discrimination
- All components need to work effectively.
- high coverage of PrEP and TasP across MSM subpopulations will be required to eliminate HIV

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### Andrew Grulich

- Equity important in the PrEP response and eliminating HIV
- EPIC study – NSW state-wide coverage, low cost (free of charge, no barrier to cost), multi-language (translation)
- 32% reduction in HIV infection state-wide
- smaller reduction in younger gay men
- 50% reduction in Australian born, smaller reduction in Asian-born, all other countries – increase

#### Conclusion

- Inequalities in HIV prevention – demands health literacy and access to health services; public funding is only part of the response.
- Monitoring: ongoing matching w data on new HIV infections – age, geo locations, country of birth, transgender, indigenous
- Nation-wide education and demand creation
- Attention to marginalised communities
- Education of medical practitioners
- Sustained long term commitment (not short-term project)
- PrEP is part of prevention

#### Summary

- Disparities of PrEP access and uptake were seen in high-income countries such as US, Australia. Newly arrived Asian-born MSM and newly arrived non-Australian MSM in Australia are at increased risk of HIV.
- Although EPIC study showed 32% HIV new infection in NSW, the increase is seen in non-Australia born MSM.
- Inequalities in HIV prevention demand health literacy and access to health services. PrEP is part of prevention.

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## PRESENTATIONS: SURVEILLANCE OF STIS AND HIV

### TRENDS IN HIV DIAGNOSES IN NEW ZEALAND

#### Peter Saxton

- A 21% reduction in HIV diagnoses from 2016 to 2017
- A 29% reduction in HIV diagnoses among MSM who contracted HIV in New Zealand. Trends remain relatively stable among MSM who contracted HIV outside New Zealand.
- Late HIV diagnosis among heterosexuals – 50% of heterosexuals had a CD4 count <350 at the time of diagnosis

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### TRENDS IN HIV DIAGNOSES IN AUSTRALIA

#### Rebecca Guy

- The 2018 Annual Surveillance Report on HIV, Viral Hepatitis and STIs in Australia and the Annual Report of Trends in Behaviour were launched at the IUSTI AP Sexual Health Congress in Auckland on Thursday 1 November 2018.
- Access: [https://kirby.unsw.edu.au/sites/default/files/kirby/report/KI\\_Annual-Surveillance-Report-2018.pdf](https://kirby.unsw.edu.au/sites/default/files/kirby/report/KI_Annual-Surveillance-Report-2018.pdf)
  - An 7% reduction of new HIV diagnoses in Australia between 2013 and 2017.
  - No change in HIV notification rate among women between 2013 and 2017.
  - An 11% reduction of new HIV diagnoses among MSM between 2013 and 2017 and an 15% reduction between 2016 and 2017.
  - An 10% increase of new HIV diagnoses among heterosexuals between 2013 and 2017.
  - Reduction in HIV trend are due to increased testing, treatment, recent increase in PrEP uptake
  - No declines in HIV diagnoses in people born overseas, Indigenous people
  - STIs notification rates 3-7 times higher in Indigenous people, greatest in remote areas
  - Ongoing syphilis outbreaks in regional and remote Northern Australia
  - Ongoing high rates of STIs in men in major Australian cities
  - Rise in gonorrhoea and syphilis rates in heterosexuals in major Australian cities and this varied by jurisdiction

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## SYMPOSIUM: SEX WORK — IDENTIFYING CURRENT ISSUES AND GAPS AND FUTURE DIRECTIONS

### SEX WORK: LESSONS FROM AUSTRALIA

#### Eric Chow

Three different models for sex work laws in Australia: Prohibition; Licensing and regulation; and Decriminalisation

- Prostitution offences have an impact on the rise of STIs among female sex workers in Adelaide
- Victoria changed the STI screening intervals for sex workers from monthly to quarterly in 2012 resulted in no difference in HIV/STI rate.
- High HIV/STI testing among sex workers in the setting with decriminalisation model in NSW
- Low HIV/STI knowledge among Asian sex workers, particularly Chinese female sex workers
- FSWs mainly acquire STIs from their private non-paying partners

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### MIGRANT SEX WORK IN AOTEAROA NEW ZEALAND

#### Suzanne Werder

- 60% of migrants sex workers in New Zealand work privately
- Two migrant sex workers reported sex assault by brothel owners
- The current policy creates conditions that are conducive to trafficking, rather than protecting against it
- No cases of trafficking in the sex industry have been identified to date

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### SEX WORK: LESSONS FROM HONG KONG AND CHINA

#### William (Chi Wai) Wong

- Not illegal for a Hong Kong resident aged >16 years old (nor as a client) to provide sexual services to another individual in a private premise
- Prostitution is illegal in China
- Some are working illegally in Hong Kong from the mainland China without a valid visa
- The needs for promoting health and legal rights education, peer education and empowerment, policy and legal reform advocacy
- High chlamydia prevalence but low prevalence of HIV, syphilis and gonorrhoea among outreach FSWs in HK.
- New migrants FSWs in HK have higher chlamydia prevalence than local FSWs.
- FSWs have a lower score in the quality of life compare to non-sex workers

## PROFFERED PAPER SESSION: HIV PREP

### HIGH STI INCIDENCE AMONG NZPREP STUDY PARTICIPANTS: IMPLICATIONS FOR REAL WORLD DELIVERY

#### Sunita Azariah

- High STI prevalence (12.7% chlamydia, 11.3% gonorrhoea, 2.7% syphilis) among 150 MSM at baseline enrolment of PrEP trial in New Zealand.
- MSM who are on PrEP have high STI incidence.
- Incident STI among MSM who are on PrEP was associated with high number of male partners (more than 10), engaging in group sex and chemsex; but it was not associated with ethnicity or age.

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### A LONGITUDINAL ANALYSIS OF THE IMPACT OF PREP ON SEXUAL BEHAVIOUR AND DRUG USE AMONG AUSTRALIAN GAY AND BISEXUAL MEN

#### Garrett Prestage

- An online cohort of 1,246 HIV-negative gay and bisexual men in Australia between 2014 and 2017.
- Men who initiated PrEP became more sexually active (more sexual partners) and were more likely to engage in risk behaviours (condomless anal sex and group sex).

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### PREP VIDEO CONSENT - INCREASING PATIENT SATISFACTION AND SAFETY WITH TECHNOLOGY

#### George Forgan-Smith

- Developed a video consent process for PrEP and highlighted areas of knowledge gap.
- Video was translated into multiple languages which provide a good source of educational information for non-English speaking people.
- It is important to increase the literacy of PrEP with patients and clinicians.

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## PROFFERED PAPER SESSION: SYPHILIS, GONORRHOEA AND HPV

### KISSING IS AN IMPORTANT RISK FACTOR FOR OROPHARYNGEAL GONORRHOEA IN MEN WHO HAVE SEX WITH MEN

#### Eric Chow

- Kissing is much common than previously appreciated among gay and bisexual men who have sex with men.
- Kissing, irrespective of whether sex also occurs may be a risk factor for oropharyngeal gonorrhoea among gay and bisexual men.

### OUTBREAK OF INFECTIOUS SYPHILIS IN THE NORTHERN TERRITORY OF AUSTRALIA, NO DOWNFALL YET!

#### Manoji Gunathilake

- Reduction in infectious syphilis in the Northern Territory between 2006 and 2013.
- Outbreak of infectious syphilis cases since 2013, initially in Central Australia followed by Katherine, East Arnhem and Darwin
- Reviewed 800 infectious syphilis, 54% were males and 46% were females, and all were Aboriginal and mostly heterosexual.
- 10% of females were diagnosed and treated during pregnancy.
- More than 3500 rapid point of care testing were performed out in areas with high number of cases since 2014 with a community positivity rate around 3-10%.
- Training for primary healthcare is required to provide more opportunistic testing, appropriate treatment

### INCREASING SYPHILIS CASES IN NEW ZEALAND: WHY WE SHOULD BE WORRIED

#### Jill Sherwood

- Rise in infectious syphilis incidence in New Zealand since 2012
- MSM remain the group most affected but steady increase in cases diagnosed in heterosexual males and females and increasing cases of congenital syphilis
- A decline on the proportion of MSM infectious syphilis cases reported as HIV positive (from 30% in 2013 to 21% in 2017).
- Infectious syphilis cases increased across most ethnic groups and NZ Europeans had the greatest increase in infectious syphilis cases

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## EVIDENCE FOR A NEW PARADIGM OF GONORRHOEA TRANSMISSION: CONCORDANCE OF NEISSERIA GONORRHOEAE INFECTIONS BY ANATOMIC SITE IN 60 MALE COUPLES. A CROSS-SECTIONAL OBSERVATIONAL STUDY

### Vincent Cornelisse

- A study analysed 60 male-male couples with one or both diagnosed with gonorrhoea.
- High concordance of throat-throat (23%) and throat-anus (48%) gonorrhoea infection in the absence of urethral gonorrhoea infection.
- Data suggest the oropharynx may play an important role in gonorrhoea transmission to all three anatomic sites (oropharynx, urethra and anus)
- Saliva exchange for gonorrhoea transmission.

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## EFFECTIVENESS OF A GROUP B OMV MENINGOCOCCAL VACCINE IN PREVENTING HOSPITALISATION FROM GONORRHOEA IN NEW ZEALAND – COHORT STUDY

### Helen Petousis-Harris

- The MeNZB vaccine was effective reducing the hospitalisation rate from gonorrhoea (vaccine effectiveness 24%).
- Possible cross-protection of the MeNZB vaccine against gonorrhoea.
- Further studies and trials are required to evaluate the existing OMV-containing vaccines

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## SUBSTANTIAL OROPHARYNGEAL INFECTIONS MISSED BY UROGENITAL-ONLY SCREENING FOR GONORRHOEA AMONG HETEROSEXUALS WHO REPORTING CONTACT WITH SEXUAL PARTNERS WITH GONORRHOEA

### Eric Chow

- Introduced oropharyngeal gonorrhoea screening among heterosexuals who reported as a contact of gonorrhoea
- Oropharyngeal gonorrhoea infection is not uncommon among heterosexuals who reported a contact of gonorrhoea – 18% in males vs 42% in females
- 18% in males and 36% in females oropharyngeal gonorrhoea infection would have been missed if screening urogenital site only
- Risk factors for oropharyngeal gonorrhoea are unclear



## THE ENHANCED GONOCOCCAL ANTIMICROBIAL SURVEILLANCE PROGRAM (EGASP) IN THAILAND, NOVEMBER 2015 - OCTOBER 2017

### Pachara Sirivongrangson

- Thailand introduced the enhanced surveillance for antimicrobial resistance for gonorrhoea
- Between 2015 and 2017, most *N. gonorrhoeae* isolates were found to be susceptible for Ceftriaxone, Cefixime and Gentamicin
- Continued surveillance for antimicrobial resistance for gonorrhoea is required

## PATIENT ATTITUDES TO THE ROUTINE PROVISION OF ANTIBIOTIC THERAPY TO ASYMPTOMATIC CONTACTS OF NEISSERIA GONORRHOEA

### Sheina Low

- A cross-sectional survey conducted at Sydney Sexual Health Centre examined whether asymptomatic patients who reported as a contact of gonorrhoea were willing to wait for delayed antibiotic treatment rather than empirical treatment.
- Delayed treatment is generally acceptable.
- More concern regarding antimicrobial resistant *N. gonorrhoeae* among gay and bisexual men but not Aboriginal and Torres Strait Islander patients
- 76% of patients agreed to delayed treatment if results in two days
- 52% of patients agreed to delayed treatment if results in seven days
- Gay and bisexual men, and individuals who live in inner regional / outer regional areas were less likely to agree to delayed treatment

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## GETTING TO THE BOTTOM OF IT: SEXUAL POSITIONING AND OTHER ASSOCIATIONS WITH STAGE OF SYPHILIS AT DIAGNOSIS AMONG MEN WHO HAVE SEX WITH MEN

### Vincent Cornelisse

- Exclusive tops are more likely to be diagnosed with primary syphilis compared with exclusive bottoms (60% vs 29%)
- Exclusive bottoms are more likely to be diagnosed with secondary syphilis compared with exclusive tops (35% vs 12%)
- Reasons for this pattern are unclear

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## HIGH PREVALENCE OF ANORECTAL HPV INFECTION AND ITS ASSOCIATED FACTORS AMONG MSM IN JAPAN

### Daisuke Mizushima

- High anal HPV positivity in HIV-infected compared to HIV-uninfected gay and bisexual men (76% vs 53%)
- HPV infection was associated with LSIL or HSIL

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## HIGH PREVALENCE OF ANAL HIGH-RISK HUMAN PAPILLOMAVIRUS INFECTIONS AMONG 20 TO 26 YEARS OLD UNVACCINATED MEN WHO HAVE SEX WITH MEN PRESENTING FOR A TARGETED VACCINATION PROGRAMME IN MELBOURNE, AUSTRALIA

### Eric Chow

- Half of the young MSM had one genotype from the 4vHPV or 9vHPV vaccines before they received the first dose of HPV vaccine
- None had all 4vHPV genotypes
- 4 out of 5 young MSM did not have HPV 16 and these men would benefit from vaccination against this type responsible for most anal cancer if vaccinated at this age
- Highlights the importance of a targeted catch-up HPV vaccination program for MSM together with the school-based gender-neutral vaccination program



### Eric Chow

- A 73% increase in gonorrhoea notification among females from 2013 to 2017
- A 337% increase in infectious syphilis notification among females from 2013 to 2017
- Most gonorrhoea and infectious syphilis cases were aged 29 or under
- Aboriginal and Torres Strait Islander have higher gonorrhoea and infectious syphilis rate than non-Indigenous people
- Syphilis outbreak was reported in Indigenous population
- First congenital syphilis reported in South Australia and Victoria for more than a decade
- Reports on infant's death from syphilis
- Importance of screening syphilis among gay and bisexual men and heterosexuals

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## GONORRHOEA AND SYPHILIS AMONG HETEROSEXUALS IN NEW ZEALAND

### Jill Sherwood

- Rise in congenital syphilis since 2016
- Steady increase in infectious syphilis cases in heterosexual males and females between 2013 and 2017, mostly aged 29 years or under
- An increase in infectious syphilis in Māori, Asian and NZ European ethnic groups among males; and in Māori ethnic groups among females
- Reasons for testing data suggests under-screening of some populations at risk
- Increased gonorrhoea incidence across all ethnic groups for males and mainly in Māori ethnic groups among females.
- Large increase in gonorrhoea positivity in anorectal and throat specimens in males
- The rise in gonorrhoea in males in large urban areas were mainly MSM and the rise in other regions is mainly heterosexuals

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## GONORRHOEA AND SYPHILIS AMONG HETEROSEXUALS IN USA

### Matthew Golden

- Dramatic rise in gonorrhoea and primary/secondary syphilis rate among women in the US
- Rise in gonorrhoea may due to the change in circulating gonococci over time, other strains could have more subtle differences in clinical presentation
- Bridging from MSM to heterosexuals may lead to the rise in infectious syphilis among females
- Data from the US suggest high proportion of bisexual MSM with syphilis is correlated with high congenital syphilis rate
- Social factors such as dating apps and mixing patterns may also play a role in the rise of STIs

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## GONORRHOEA AND SYPHILIS AMONG HETEROSEXUALS IN UNITED KINGDOM

### Jonathan Ross

- 17% of infectious syphilis cases diagnosed at sexual health clinics in the UK were heterosexuals in 2017
- 36% increase in gonorrhoea cases between 2013 and 2017
- Black Caribbean / Black African at highest risk of gonorrhoea
- MIC drift occurring in both heterosexual and MSM populations

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## GONORRHOEA SPATIO-TEMPORAL TRENDS IN URBAN WOMEN IN AUSTRALIA

### Rebecca Guy

- Small spatial clusters were identified in NSW, Queensland and Victoria and large clusters in Western Australia
- 94 postcodes identified in clusters for more than 5 years
- Response and intervention should be targeted towards these persistent clusters

## USING GENOMICS TO UNDERSTAND STI TRANSMISSION ACROSS POPULATION GROUPS

### Deborah Williamson

- Molecular typing can combine with epidemiological data to understand transmission
- Molecular typing can be used to monitor the emergence of AMR-resistant lineages
- Next step is how to translate genomics into policy and practice

## SEXUAL BEHAVIOURS IN HETEROSEXUALS IN AUSTRALIA

### Rebecca Guy

Australian Study of Health and Relationships Surveys showed an increase in proportion of heterosexuals reporting vaginal, oral and anal sex over the last decade.

- 34% of sexually active participants in Australians believe they could contract an STI
- Young sexually active females have a higher proportion of testing for HIV and STIs than males.
- Sexting is common among young people
- Sexting and viewing pornography is associated with lifetime and recent sex, multiple partners and condom-less sex

## OTHER IUSTIAP18 HIGHLIGHTS

### KEY VOICES SPEAK OUT ON INEQUITY AND LACK OF ACCESS ISSUES FOR INDIGENOUS WORKERS

Sexual health workers from across Australia and New Zealand were in Auckland, New Zealand, at the IUSTI-AP18 Congress discussing the many issues affecting their sector including [trends in STI and HIV diagnoses](#) in Asia and the Pacific but also to develop ways forward. The global burden of 4 curable STIs (syphilis, chlamydia, gonorrhoea, and trichomoniasis) in 2016 remains very high and is largely unchanged from 2012, as reported by WHO.



Inequity and lack of access continue to be major barriers that indigenous workers have to deal with, as reported on Te Karere (New Zealand-Aotearoa's longest running Māori news service delivered entirely in Māori). Interviews include Alison Green, Chief Executive of Te [Whāriki Takapou](#) (pictured) who asserted that what is needed to address those structural issues is a clear evidence-based road map from the New Zealand Ministry of Health around the sexual and reproductive health requirements and priorities as identified [not by others, but] by Maori communities.

**View Media Clip:** [https://youtu.be/V3mUgT3x\\_q4](https://youtu.be/V3mUgT3x_q4)

Special issue of SEXUAL HEALTH available for FREE download: Getting PrEP to the people — opportunities, challenges, and examples of successful health services models of PrEP implementation.

For those who work in HIV prevention, there is no doubt that antiretrovirals, both as treatment and PrEP, provide an opportunity to stop HIV transmission altogether. This special issue of Sexual Health brings to light the opportunities and challenges for health service providers engaged in PrEP implementation. It discusses goal setting, policies, demand creation, and what it takes to attract, serve and retain PrEP users. This is illustrated using experiences of PrEP implementation pioneers from around the world. Don't miss an editorial by Australian experts Iryna Zablotska-Manos and Jason Ong; with Jared Baeten, Nittaya Phanuphak and Sheena McCormack.

*Available for download and available free for the whole of December 2018.*

**Access it here:** <http://www.publish.csiro.au/SH/issue/8947>

ASHM scholarship recipients REPORT BACK from IUSTIAP18  
Clinicians who gained ASHM scholarships provided report back of their key  
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