

Review Article

Sexual health services in Australia: Challenges and opportunities

澳洲的性健康服務：挑戰與機會

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Sexual health services in Australia provide testing, diagnosis and treatment of sexually transmitted infections (STIs) and range from larger urban centres to smaller remote clinics. Most services take a multidisciplinary approach to care with policies aimed at increasing efficiency and access to individuals at increased STI risk. A major challenge lies in the delivery of services across a widely distributed population, particularly in remote areas. The successful control of STIs in Australia will require active engagement with general practitioners. Efforts to improve the reach and quality of sexual health services in Australia should include further research, collaboration and innovation.

澳洲的性健康服務於大型醫療中心乃至偏遠的小型診所提供檢測、診斷及治療服務。大多數服務採用多學科形式，以便更有效和方便地照顧性傳播感染高風險患者。廣闊散落的人口分佈是對提供服務的主要挑戰，尤以偏遠地區為甚。在澳洲成功控制性傳播感染有賴全科醫生的積極參與。要提高澳洲性健康服務的普及和質量則應在研究、合作和創新等方面有所發展。

Keywords: Australia, sexually transmitted infections

關鍵詞：澳洲，性傳播感染

Introduction

This article will provide an overview of sexual health services in Australia highlighting some of their distinctive features: the context in which

they are placed, the challenges they face, and prospects for the future.

Sexually Transmitted Infections (STIs) in Australia

It would be difficult to generate a picture of sexual health services in Australia without first appreciating the context in which they exist: the current state of sexual health in Australia and where the priorities lie. The National Sexually Transmitted Infections Strategy 2005-8 identified three priority areas for STI action in Australia: STIs in Aboriginal and Torres Strait Islander

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communities, STIs in men who have sex with men (MSM), and chlamydia control and prevention.¹

Both gonorrhoea and syphilis are relatively uncommon among heterosexual men and women in Australian cities but are prevalent among many remote indigenous communities and MSM.²⁻⁵ Rates of several STIs have remained unacceptably high among indigenous people living in many remote communities, reflecting poor infrastructure and access to appropriate healthcare.⁴ Among MSM in Australia, the picture has been more dynamic with a resurgence in syphilis over recent years alongside an upswing in HIV notifications that has followed a sustained period of HIV control.^{3,5} More recently, cases of lymphogranuloma venereum have been identified among Australian MSM following its re-emergence among MSM in other countries.^{6,7}

Chlamydia is prevalent throughout the general Australian population and is the most common notifiable disease reported in Australia. The Australian government has recently funded pilot programs to investigate the feasibility of a national approach to chlamydia screening but it remains to be seen whether Australia sees the introduction of such a program.⁸

In contrast with the situation in some other industrialised countries, trichomoniasis is now rarely seen among women in Australian cities though it remains a problem among women in remote indigenous populations. The fall in rates of trichomoniasis may, to an extent, reflect increased cervical screening among Australian women and the use of metronidazole for other reasons.⁹

About 4% of Australian men and women report a prior history of genital warts.¹⁰ Australia has recently implemented mass free vaccination of young females against human papillomavirus

(HPV) infection, and is one of the first countries to do so. In contrast with what has been approved in the United Kingdom, vaccination against HPV in Australia has utilised the quadrivalent HPV vaccine which protects not only against HPV 16 and 18, but also against HPV types 6 and 11, the most common HPV types to cause genital warts. Time will tell whether the vaccination program will result in a major reduction in the prevalence of genital warts among Australians.

STI rates among commercial sex workers in Australia are relatively low, particularly in comparison with international figures, with some data to suggest that workers are as likely to acquire STIs from their sexual partners as they are from paying clients.¹¹ In a study of women attending one sexual health service, sex workers were less likely to have had pelvic inflammatory disease than other women.¹² At another service, men were less likely to be chlamydia infected if they had reported sex with a sex worker compared with sex with other women.¹³

Sexual health services in Australia

Australia is a continent with a relatively small population concentrated along its coastal regions. A shortage of medical services exists in many remote areas. Based on the 2008 registry of public sexual health services in Australia published by the Australasian Chapter of Sexual Health Medicine, there were about 89 clinics that offered public sexual health services in Australia.¹⁴ The number of clinical services varied according to region. In the two most populous Australian states – New South Wales and Victoria – there were 42 and 4 clinics listed in each state respectively, reflecting differences in each state's structural responses to STIs and HIV.

The nature of individual sexual health services in Australia is as diverse as the country itself. Services range from larger urban centres with sizeable

multidisciplinary teams and onsite laboratories to smaller remote clinics that operate on a part time basis or which are situated within community based clinics that also provide primary care services other than sexual health. The core business of most sexual health services revolves around the provision of screening, diagnosis and treatment of STIs including HIV. Many services take a multidisciplinary approach to service provision employing sexual health physicians, sexual health nurses, counsellors, and in some cases, health promotional officers. Most services are either free or at minimal cost to patients.^{15,16}

Many services have adopted policies and models of care in an effort to increase access to individuals at increased risk and those from marginalised groups. A number have adopted a walk in, nurse led triage system that prioritises services towards high risk and symptomatic individuals. Such a system aims to improve efficiency by minimising the number of cancelled appointments and by ensuring that those who receive services are those in most need of them.^{17,18}

Many sexual health services operate specialty clinics targeting specific risk groups such as sex workers, youth and MSM alongside mainstream services. Some services have expertise in particular areas such as management of sexual assault, colposcopy and vulval disorders. Most services offer HIV outpatient services and refer HIV admissions to hospital infectious diseases units.^{15,16}

Outreach, where services are offered at sites away from the main clinic, is commonly employed by Australian sexual health services.¹⁵ Outreach services aim to improve access to care for high risk individuals who may not otherwise utilise mainstream services. Examples of outreach services that have operated in Australia include those targeting sex workers, whether street or brothel based, and MSM attending commercial sex on premises venues.¹⁹ It is likely that the

relatively low STI rates seen among brothel based sex workers in Australia reflect reasonable access to sexual health information and care.¹¹

In many remote settings, particularly where there is limited availability of medical practitioners, sexual health nurses play a pivotal role in the provision of sexual health services. In New South Wales for instance, sexual health nurses located in remote communities work in collaboration with sexual health physicians based in Sydney, with the latter providing advice by telephone, prescription of medications, and scheduled visits to those remote services.²⁰

The bulk of STIs in Australia, however, are managed in general practice. In a national representative survey, the proportion of Australians who reported that their STI had been managed by a general practitioner, as opposed to a sexual health service, was: 57% versus 17% for genital warts; 40% versus 8% for genital herpes; and 73% versus 8% for non-specific urethritis respectively.¹⁰

While Medicare, the federally funded universal health insurance system that operates in Australia, ensures reasonable access for Australians to general practice, certain barriers to the provision of sexual health care by general practitioners have been identified. For example, while opportunistic chlamydia screening by general practitioners has been advocated in Australia, barriers to such screening have included: insufficient time during consultations, forgetting to consider testing, and difficulty in raising a sexual health related issue when patients present for other reasons.²¹

In cities such as Melbourne and Sydney, there are a number of private general practices with high caseloads of patients who are MSM. Such practices are staffed by general practitioners experienced in providing services to MSM and HIV positive patients, including STI management and the prescribing of HIV antiretroviral therapy.¹⁶

Changing times and sexual health as a specialty

In almost all Australian states, qualified sexual health physicians are recognised as specialists. Specialist training is undertaken through the Australasian Chapter of Sexual Health Medicine. There are currently over 140 Fellows of the Chapter, most of who work in public sexual health clinics.

In Australia, sexual health as a medical specialty has undergone transformation over the years, attracting increasing interest and recognition. In 1988, the Australasian College of Venereologists was formed to address the problem of variable and uneven standards in medical training and clinical care provided for the management of STIs. In 1996, in recognition of the fact that the work of College Fellows extended beyond that of STIs, the College was renamed the Australasian College of Sexual Health Physicians. In 2004, Sexual Health Medicine was established as a Chapter within the Royal Australian College of Physicians. The Chapter and its Fellows play an important role in the formation, endorsement and dissemination of guidelines on STI testing and treatment that help to standardise clinical care.

A notable development within Australian sexual health has been the growth of research within the field, as evidenced by the number and quality of research abstracts presented at the annual Australasian Sexual Health Conference and published in the journal *Sexual Health*. Many Fellows of the Chapter have a masters degree or higher and a growing number are involved in research.

Challenges and the future

A major challenge for sexual health services in Australia lies in the delivery of services across a widely distributed population with limited resources. Improving access to services in remote

areas and to those at high risk of infection, particularly those who may not ordinarily access services, needs to be a continuing priority. It is difficult to provide systematic data on the quality or efficiency of sexual health service delivery in Australia as there has never been a national assessment undertaken, as has been the case for example in the United Kingdom.²²

Interventions that are implemented to improve the quality or reach of sexual health services should be guided by relevant data including local epidemiology, evaluation of interventions and cost effectiveness analyses. These underscore the importance of collaboration and exchange of information between clinicians and those working in related fields and disciplines such as public health, surveillance, epidemiology, social sciences, and health economics.

Sexual health services should remain responsive to the changing needs of those who use them with the development and evaluation of innovative approaches to the provision of sexual health information and care. In Australia, newer technologies in communication such as text messaging and the internet have been utilised with the aim of improving access to sexual health information and care. Examples include: the use of text messages to provide patients with test results; text messages to relay preventative sexual health messages to young people; websites that allow STI infected people to contact sexual partners via anonymous text messages and emails (www.whytest.org); and a website that allows users to receive automated, personalised recommendations on STI screening.^{23,24} In a randomised controlled trial, use of computer assisted self interview was found to be as effective as conventional face-to-face interview in eliciting a sexual health history in a clinical sexual health setting and has been introduced into routine clinical use at a Melbourne service.²⁵

Innovation should not be restricted to technological advances alone and should include

consideration of new approaches to clinical management. For example, an increasing number of sexual health services in Australia have introduced testing for *Mycoplasma genitalium*.²⁶

Successful management and control of STIs in Australia will require active engagement between sexual health services and general practitioners, with sexual health physicians playing a consultative and educational role. If chlamydia screening is to succeed in Australia, it will require much higher levels of screening by Australian general practitioners than is currently the case.⁸ Delays in the diagnosis of secondary syphilis by Melbourne general practitioners highlight the challenges of promoting awareness of and education on sexual health among general primary care providers.²⁷ A number of Australian sexual health services maintain websites that provide information to members of the public as well as to medical practitioners, including clinical photos to assist diagnosis of STIs and guidelines on STI testing and treatment. Examples can be seen at: www.stdservices.on.net/ and www.mshc.org.au/

While there are challenges faced by sexual health services in Australia, there are also opportunities to build on successes. In the years to come, sexual health services in Australia will continue to play a leading role in advocating and striving for the highest standards of sexual health care for all Australians.

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