

# Current Awareness Service

Providing easy access to  
current information resources  
on HIV/AIDS held at  
The AIDS Council of  
South Australia library



64 Fullarton Road, Norwood SA 5067  
PO Box 907, Kent Town SA 5071

Phone: (08) 8334 1611  
Fax: (08) 8363 1046

Toll Free: 1800 888 559  
TTY: (08) 8362 0306

Email: [information@acsa.org.au](mailto:information@acsa.org.au)  
Web: [www.acsa.org.au](http://www.acsa.org.au)

**July 2008**

**Journal Articles  
CAS No. 59**

R/N 6507 - 6529





## Table of Contents

<b>GAY MEN .....</b>	<b>4</b>
<b>GLOBAL EPIDEMIC .....</b>	<b>7</b>
<b>HEALTH &amp; FINANCIAL ISSUES.....</b>	<b>8</b>
<b>HEPATITIS .....</b>	<b>10</b>
<b>SAFER SEX &amp; RISK BEHAVIOUR.....</b>	<b>10</b>
<b>SCIENCE &amp; RESEARCH .....</b>	<b>11</b>
<b>SEXUALLY TRANSMITTED INFECTIONS .....</b>	<b>12</b>
<b>STATISTICS.....</b>	<b>12</b>
<b>TRANSMISSION.....</b>	<b>13</b>
<b>WOMEN .....</b>	<b>14</b>



## ACSA Information Services Current Awareness Service

### GUIDE TO USE

**This list contains references to articles held in journals in the ACSA Library. Articles are listed under subject headings to make them easy to find. Please refer to the table of contents for the subjects included in this issue. You can request copies of these articles by following the instructions below.**

1. When you locate an article you wish to read, write the **article number** and **title** on the Copyright Declaration Form at the back of this bulletin (and attached to the email version). The form may be completed in Word and returned by email or printed out and posted or faxed. Before you send the completed form back to us, ensure you have also included your **name and address** and that the form has been **signed** - a typed name is adequate if the form is being returned by email (this information is required in order for us to meet our copyright obligations). Additional copies of the form can be found on our website at <http://www.acsa.org.au/cas.html>
2. Email, post, fax or drop the completed form back to ACSA Information Services.
3. Requested articles will be emailed or copied and posted out to you within a week of your request. Please indicate your preference for electronic or print copies on the Copyright Declaration form.

## HIV/AIDS Journal Articles Index

### GAY MEN

6508

#### "Multiple chances: findings from the United Kingdom Gay Men's Sex Survey 2006"

**Location:**

**AA VERTICAL FILE - GAY MEN - GM 44**

Publication Type:

REPORT

by Weatherburn, P et al

Sigma Research

Volume: Issue: Day: Month: Year: 2008 Page numbers: Also available online at <http://www.sigmaresearch.org.uk/files/report2008c.pdf>

**Subjects:**

1. GAY MEN 2. GAY MEN-RISK BEHAVIOUR 3. GREAT BRITAIN

**Abstract:**

*HIV prevention activities in England and Wales need to prioritise men under the age of 30 so that interventions reach men before they are infected, say the authors of this year's report on the Gay Men's Sex Survey, an annual survey that interviewed more than 12,000 men in 2006.*

*Moreover, as men with large numbers of sexual partners are more likely than other men to become HIV-positive and engage in risky sex, prevention must also target this group (from Aidsmap).*

---

6522

#### "Homosexual men in Australia: population, distribution and HIV prevalence"

**Location:**

**AA VERTICAL FILE - GAY MEN - GM 45**

Publication Type:

JOURNAL ARTICLE

by Prestage, Garrett et al

SEXUAL HEALTH

Volume: 5 Issue: 2 Day: Month: June Year: 2008 Page numbers: pp 97-102

**Subjects:**

1. GAY MEN(AUST) 2. GAY MEN WITH HIV 3. AUSTRALIA

**Abstract:**

*Abstract. Objectives: To assess the size, distribution and changes in the population of homosexual and bisexual men in Australia, and the capacity of available measures to make this estimation. Methods: We used data from five sources: the Australian Study of Health and Relationships, the Gay Community Periodic Surveys, HIV Futures, the Health in Men cohort study, the Australian National HIV and AIDS Registries and the Australian Household Census. Results: We estimated that in 2001 there were ~74 000 homosexual and bisexual men in New South Wales (NSW), ~42 000 in Victoria and ~37 000 in Queensland. There was, however, some discrepancy between datasets in the estimates of the overall proportions and distribution of homosexual and bisexual men across states. We also estimated HIV prevalence rates among homosexual and bisexual men in 2001 at ~8% in NSW, 5% in Victoria and 4% in Queensland. There were*

*insufficient data to estimate whether the state-specific populations of homosexual men were changing with time.*

*Conclusion: There are ~75% more homosexual and bisexual men in NSW than in Victoria and about twice as many as in Queensland. There are about two-thirds as many HIV-positive men in NSW as in Victoria and Queensland combined.*

*Improved collection of population based data on homosexuality are required.*

---

**6523**

**"Trends in HIV prevalence among homosexual and bisexual men in eastern Australian states"**

**Location:**

**AA VERTICAL FILE - GAY MEN - GM 46**

Publication Type:

JOURNAL ARTICLE

by Prestage, Garrett et al

SEXUAL HEALTH

Volume: 5 Issue: 2 Day: Month: June Year: 2008 Page numbers: pp 103-107

**Subjects:**

1. GAY MEN(AUST) 2. GAY MEN WITH HIV 3. SEROPREVALENCE 4. AUSTRALIA

**Abstract:**

*Abstract. Objectives: In Australia, HIV notification rates in homosexual men, previously much higher in New South Wales, have become similar across the eastern states. We examined whether trends in HIV prevalence in community-based samples of homosexual men were consistent with the trends in HIV notifications. Methods: We examined data on self-reported HIV status from annual cross-sectional, self-completed anonymous surveys of homosexual men conducted between 1998 and 2006 in Sydney, Melbourne and Brisbane. Men were recruited at gay community venues, clinics and large gay community events. We calculated age-specific and age-standardised HIV prevalence rates. Comparisons of HIV prevalence between the three cities and across time were carried out using age-specific rates, and using logistic regression, controlling for age. Results: Men recruited from clinics had a much higher prevalence of HIV ( $P < 0.001$ ) and were excluded from further analyses. Among the 50 239 completed questionnaires obtained at non-clinic sites, there was a marked decline in aged-standardised HIV prevalence in Sydney (from 14.2 to 8.98%,  $P < 0.001$ ), a small decline in Brisbane (from 8.51 to 6.94%,  $P = 0.012$ ) and no change in Melbourne (from 8.35 to 8.06%,  $P = 0.848$ ). There were significant declines in men aged less than 50 years in Sydney, and in men aged less than 30 years in Brisbane. In Melbourne there was no significant trend in HIV at any age. Conclusion: HIV prevalence among young homosexual men has declined in Sydney, and these data suggest that HIV incidence among homosexual men is now similar in the eastern state capitals of Australia.*

---

**6524**

**"Trend in HIV incidence in a cohort of homosexual men in Sydney: data from the Health in Men Study"**

**Location:**

**AA VERTICAL FILE - GAY MEN - GM 47**

Publication Type:

JOURNAL ARTICLE

SEXUAL HEALTH

Volume: 5 Issue: 2 Day: Month: June Year: 2008 Page numbers: pp 109-112

**Subjects:**

1. GAY MEN(AUST) 2. GAY MEN WITH HIV 3. SEROPREVALENCE 4. AUSTRALIA

**Abstract:**

*Abstract. Objectives: To determine the incidence of HIV seroconversion in a community-based cohort of homosexual men in Sydney from 2002 to 2006. Methods: Participants were recruited between 2001 and 2004 from community-based events and venues. They were tested for HIV annually at follow-up interviews. Each year, the study database was matched against the national HIV register to identify additional HIV seroconversions among men lost to active follow up. The trend in HIV incidence over time was examined using Cox regression. Results: Among 1426 participants, 52 cases of HIV seroconversion were identified between 2002 and 2006, an incidence of 0.87 per 100 person-years (95% CI: 0.65–1.14). HIV incidence varied from 1.67 per 100 person-years in 2002 to 0.39 in 2006 (P trend=0.282). The median age of HIV seroconversion was 36.9 years, ranging from 22 to 63 years. Conclusion: In this community-based cohort of highly sexually active homosexual men in Sydney, HIV incidence was close to 1% each year and declined non-significantly between 2002 and 2006. These data are consistent with surveillance data suggesting no increase in recent HIV incidence in homosexual men in New South Wales.*

---

6525

**"Trends in HIV incidence in homosexual men in developed countries"**

**Location:**

**AA VERTICAL FILE - GAY MEN - GM 48**

Publication Type:

JOURNAL ARTICLE

SEXUAL HEALTH

Volume: 5 Issue: 2 Day: Month: June Year: 2008 Page numbers: pp 113-118

**Subjects:**

1. GAY MEN 2. SEROPREVALENCE 3. EUROPE 4. UNITED STATES OF AMERICA  
5. CANADA

**Abstract:**

*Abstract. Objectives: To describe trends in HIV notifications and in other measures of HIV incidence in homosexual men in developed countries. Methods: A literature search was conducted using PubMed. In addition to the peer-reviewed literature, data on HIV surveillance trends were sought by searching websites of surveillance authorities in developed countries. Results: The availability of long-term HIV surveillance data varied considerably. However, in almost all jurisdictions in which such data were available, notifications of new HIV diagnoses among homosexual men have increased, mostly since the late 1990s. The magnitude of this increase varied, but was more than 50% in many countries. There were much fewer data available on trends in direct measures of HIV incidence in homosexual men, and increases in HIV testing rates may have contributed to the increases in HIV diagnoses in many countries. However, since the late 1990s, several clinic- and community-based cohort studies in Europe and North America reported increasing incidence. Conclusion: There were increases in HIV notifications in homosexual men in almost all developed countries, starting in the late 1990s and continuing to 2006. Although increases in HIV testing probably contributed to the increases in some settings, limited cohort data do support the existence of a true increase in HIV incidence in European and North American countries. Improved monitoring of HIV incidence in homosexual men at the*

population level is required to allow more timely assessment of the drivers underlying such trends

---

6526

**"Trends in HIV testing among homosexual and bisexual men in eastern Australian states"**

**Location:**

**AA VERTICAL FILE - GAY MEN - GM 49**

Publication Type:

JOURNAL ARTICLE

by Prestage, Garrett et al

SEXUAL HEALTH

Volume: 5 Issue: 2 Day: Month: June Year: 2008 Page numbers: pp 119-123

**Subjects:**

1. GAY MEN(AUST) 2. BISEXUAL MEN(AUST) 3. HIV TESTING

**Abstract:**

*Abstract. Objectives: We examined whether trends in HIV testing in community-based samples of homosexual men may account for the convergence in HIV notification rates in homosexual men across the eastern states of Australia. Methods: We examined data on self-reported HIV testing from annual cross-sectional, self-completed anonymous surveys of homosexual men conducted between 1998 and 2006 in Sydney, Melbourne and Brisbane. Men were recruited at gay community venues and events. Comparisons of HIV testing between the three cities and across time were carried out. We also compared reported rates of HIV testing across states in Private Lives, the 2005 online survey of health and wellbeing among non-heterosexual people. Results: Men recruited from clinics had a much higher prevalence of HIV testing and were excluded from further analyses. Among the 48 263 completed questionnaires obtained in non-clinic sites, there was a marked decline in the proportion of men who had never been tested for HIV in Sydney (from 8.1 to 5.1%,  $P$  trend < 0.001) and Brisbane (from 11.8 to 7.9%,  $P$  trend = 0.002) but no change in Melbourne. This proportion of men who had never been tested was lower in Sydney than in either Melbourne or Brisbane ( $P$  < 0.001). There were increases in the proportion of non-HIV-positive men who had been tested for HIV in the previous year across all three cities, although the proportion in Melbourne was lower than in the other two cities. Conclusion: These data suggest that changes in HIV testing rates among homosexual men are insufficient to account for the recent differences in trends in HIV notifications in eastern Australia.*

**GLOBAL EPIDEMIC**

6516

**"2008 report on the global AIDS epidemic : executive summary"**

**Location:**

**AA VERTICAL FILE - GLOBAL EPIDEMIC - GE 32**

Publication Type:

REPORT (SUMMARY)

UNAIDS

Volume: Issue: Day: Month: Year: 2008 Page numbers: pp 1-31

**Subjects:**

1. GLOBAL EPIDEMIC 2. EPIDEMIOLOGY 3. SURVEILLANCE 4. UNAIDS

**Abstract:**

*A two-yearly overview of the global HIV/AIDS epidemic. Includes epidemiological reporting from all affected countries, modes of transmission and risk behaviours.*

---

6518

**"PEPFAR II : the next phase of US global AIDS assistance, 2009-2013"****Location:****AA VERTICAL FILE - GLOBAL EPIDEMIC - GE 33**

Publication Type:

FACTSHEET

Global AIDS Alliance

Volume: Issue: Day: Month: Year: 2008 Page numbers: Also available online at [http://aidsalliance.3cdn.net/67ef381bae5ac2df8c\\_33m6bxwxd.pdf](http://aidsalliance.3cdn.net/67ef381bae5ac2df8c_33m6bxwxd.pdf)

**Subjects:**

1. GLOBAL EPIDEMIC
2. ECONOMIC ISSUES
3. POLITICAL ASPECTS(USA)
4. UNITED STATES OF AMERICA

**Abstract:**

*In 2003, the United States launched the President's Emergency Plan on AIDS Relief (PEPFAR), the largest bilateral HIV/AIDS program in the world. Despite many policy problems, including a focus on abstinence and faithfulness at the expense of comprehensive sexuality education, a ban on syringe exchange, and a requirement that organizations receiving funding sign a pledge that they will not support or condone prostitution (the so-called Prostitution Loyalty Oath), PEPFAR has provided antiretroviral therapy for approximately 1.6 million people in 15 focus countries, and has contributed to providing prevention and care services for millions more. In 2008, the current PEPFAR legislation expires. On 30 July 2008, President Bush signed into law the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008, the bill that defines the next phase of US global AIDS programs. This bipartisan effort will renew the US global AIDS programs for another five years (beginning in 2009). While still imperfect in many ways, the new version of PEPFAR also holds a great deal of promise for people living with and affected by HIV/AIDS in the current 15 focus countries and beyond.*

**HEALTH & FINANCIAL ISSUES**

6510

**"One third of people with HIV have experienced sexual difficulties in the past month"****Location:****AA VERTICAL FILE - HEALTH & FINANCIAL ISSUES - HF 48**

Publication Type:

ARTICLE (ONLINE)

by Pebody, Roger

AIDSMAP

Volume: Issue: Day: 15th Month: July Year: 2008 Page numbers: Also available online at <http://aidsmap.com/en/news/7D802B60-534D-488E-865C-12A9600878D3.asp>

**Subjects:**

1. HIV POSITIVE PEOPLE
2. SEXUAL HEALTH
3. FRANCE

**Abstract:**

*One third of people with HIV attending French hospitals experience sexual difficulties, most often associated with treatment side-effects and the psychological impact of HIV, report researchers in the July 2008 edition of AIDS and Behavior.*

*People with HIV commonly report sexual difficulties, including loss of desire, difficulties in maintaining partnerships and erectile dysfunction. Such problems are often described as "sexual dysfunction", and possible causes include psychological issues, the use of drugs (both prescribed and recreational), other medical conditions such as diabetes, and hormonal abnormalities. Most of the research into the issue has involved men, and there is little information on the prevalence and causes of sexual dysfunction in women.*

*The VESPA study was a cross-sectional survey of a random sample of HIV-positive outpatients attending 102 French hospitals in 2003.*

---

**6514****"Employment rights for people with HIV"****Location:****AA VERTICAL FILE - HEALTH & FINANCIAL ISSUES - HF 49**

Publication Type:

FACTSHEET

POSITIVE HEALTH PROMOTION BRIEFING ACON

Volume: Issue: 4 Day: Month: June Year: 2008 Page numbers: pp 1-7 Also available online from [www.acon.org.au/living\\_with\\_HIV](http://www.acon.org.au/living_with_HIV)

**Subjects:**

1. HIV POSITIVE PEOPLE(AUST)
2. HIV POSITIVE PEOPLE-LEGAL ASPECTS
3. WORKPLACE ISSUES-LEGAL ASPECTS

**Abstract:**

*Factsheet on employment rights for HIV positive people. Provides information on disclosure, discrimination, privacy and occupational health and safety. Some information only relates to people living in NSW.*

---

**6515****"Early access to superannuation for people with HIV"****Location:****AA VERTICAL FILE - HEALTH & FINANCIAL ISSUES - HF 50**

Publication Type:

FACTSHEET

POSITIVE HEALTH PROMOTION BRIEFING ACON

Volume: Issue: 5 Day: Month: June Year: 2008 Page numbers: pp 1-5 Also available online from [www.acon.org.au/living\\_with\\_HIV](http://www.acon.org.au/living_with_HIV)

**Subjects:**

1. HIV POSITIVE PEOPLE(AUST)
2. SUPERANNUATION
3. ECONOMIC ISSUES

**Abstract:**

*Factsheet on the early release of superannuation for HIV positive people. Includes contact details for agencies that may be of assistance.*

---

6520

"Living with HIV in 2008 : what's changed in New Zealand?"

**Location:**

**AA VERTICAL FILE - HEALTH & FINANCIAL ISSUES - HF 51**

Publication Type:

NEWSLETTER

COLLECTIVE THINKING

Volume: Issue: 69 Day: Month: May Year: 2008 Page numbers: pp 18-21

**Subjects:**

1. LIVING WITH HIV/AIDS 2. SOCIAL ASPECTS 3. HEALTH 4. NEW ZEALAND

**Abstract:**

*Summarises the findings of the HIV Futures study, the largest comprehensive study into the health and social experiences of people living with HIV in New Zealand.*

## HEPATITIS

6513

"An 'elephant in the room'? Stigma and hepatitis C transmission among HIV-positive 'serosorting' gay men"

**Location:**

**AA VERTICAL FILE - HEPATITIS - HEP 39**

Publication Type:

JOURNAL ARTICLE

by Owen, Gareth

CULTURE, HEALTH & SEXUALITY

Volume: 10 Issue: 6 Day: Month: August Year: 2008 Page numbers: pp 601-610

**Subjects:**

1. HEPATITIS C 2. GAY MEN WITH HIV 3. GAY MEN WITH HIV-RISK BEHAVIOUR

**Abstract:**

*Recent research has highlighted concerns about sexually transmitted infection with hepatitis C virus (HCV) in populations of HIV-positive men who have sex with men. This paper presents results from a qualitative pilot study exploring the experience of stigma in HIV/HCV co-infected men. The preliminary findings suggest that HCV infection can be experienced as more stigmatising than HIV among gay and other men who have sex with men. This hierarchical stigmatisation complicates the disclosure of HCV infection, threatening the 'safety' of HIV serosorted unprotected sexual practice. Further research is required to explore the effect of stigma on HIV/HCV co-infected men, but these preliminary findings suggest that health promotion initiatives are needed to counter hepatitis C stigma by raising awareness and facilitating greater empathetic ownership of hepatitis C as a gay community issue.*

## SAFER SEX & RISK BEHAVIOUR

6527

"Differing trends in sexual risk behaviours in three Australian states: New South Wales, Victoria and Queensland, 1998--2006"

**Location:**

**AA VERTICAL FILE - SAFER SEX & RISK BEHAVIOUR - SS 73**

Publication Type:

JOURNAL ARTICLE

by Zablotska, Iryna B

SEXUAL HEALTH

Volume: 5 Issue: 2 Day: Month: June Year: 2008 Page numbers: pp 125-130

**Subjects:**

1. GAY MEN-RISK BEHAVIOUR(AUST) 2. SEROPREVALENCE

**Abstract:**

*Abstract. Background: In Australia, the HIV epidemic is concentrated among gay men. In recent years, the number of new diagnoses stabilised in New South Wales (NSW), but increased in other states. We reviewed the trends in sexual behaviours to explain this difference. Methods: We used the Gay Community Periodic Surveys in NSW, Victoria and Queensland during 1998--2006 and restricted analyses to the 30--49 year olds who contribute most of the HIV cases. We used the  $\chi^2$ -test for trends in unprotected anal intercourse with casual partners (UAIC) and regular partners, number of partners, type of relationships, knowledge of HIV serostatus and its disclosure. We compared behaviours of HIV-positive and -negative men and men across states using logistic regression adjusted for the year of report. Results: Trends in behaviours differed across the states: following a period of increase, UAIC prevalence declined in NSW since 2001, but continued to increase in Victoria and Queensland. There were other changes in NSW that were not observed in Victoria and Queensland: a decline in factors increasing HIV risk (the proportions of men with multiple sex partners and men engaging in UAIC and not knowing or not disclosing HIV serostatus) and an increase in behaviours reducing it (the proportions of men in monogamous relationships and men disclosing HIV serostatus while having UAIC). Conclusion: There were patterns of declining HIV risk behaviours in NSW, and increasing risk behaviours elsewhere, that mirrored recent changes in HIV case notifications in Australia. These data suggest that behavioural surveillance can predict changes in HIV epidemiology.*

**SCIENCE & RESEARCH**

6507

**"Gene that protects against malaria may increase HIV risk in Africans"**

**Location:**

**AA VERTICAL FILE - SCIENCE & RESEARCH - SR 45**

Publication Type:

ARTICLE (ONLINE)

by Alcorn, Keith

AIDSMAP

Volume: Issue: Day: 21 st Month: July Year: 2008 Page numbers: Also available online at <http://aidsmap.com/en/news/87712BD2-0BE5-43B6-94F0-30B889BC363A.asp>

**Subjects:**

1. TRANSMISSION 2. AFRICA

**Abstract:**

*A gene variant that became common in people of African ancestry because it protected against malaria appears to increase the risk of HIV infection by around 40% and may contribute to the higher HIV burden in sub-Saharan Africa, according to a study published on July 17th in the journal Cell Host and Microbe. The genetic variation occurs in a gene that encodes a protein found mainly on the surface of red blood cells. The genetic variant confers protection against the malaria parasite Plasmodium vivax. It became more common over time in*

Africans because it protected against malaria, but is not present outside people of African ancestry.

## SEXUALLY TRANSMITTED INFECTIONS

6529

**"Could sexually transmissible infections be contributing to the increase in HIV infections among men who have sex with men in Australia?"**

**Location:**

**AA VERTICAL FILE - SEXUALLY TRANSMITTED INFECTIONS - STD 32**

Publication Type:

JOURNAL ARTICLE

by Middleton, Melanie G

SEXUAL HEALTH

Volume: 5 Issue: 2 Day: Month: June Year: 2008 Page numbers: pp 131-140

**Subjects:**

1. SEXUALLY TRANSMITTED INFECTIONS 2. HIV TRANSMISSION 3. GAY MEN(AUST) 4. SEROPREVALENCE

**Abstract:**

*Abstract. Background: In Australia, the HIV epidemic is concentrated among gay men. In recent years, the number of new diagnoses stabilised in New South Wales (NSW), but increased in other states. We reviewed the trends in sexual behaviours to explain this difference. Methods: We used the Gay Community Periodic Surveys in NSW, Victoria and Queensland during 1998--2006 and restricted analyses to the 30--49 year olds who contribute most of the HIV cases. We used the c2-test for trends in unprotected anal intercourse with casual partners (UAIC) and regular partners, number of partners, type of relationships, knowledge of HIV serostatus and its disclosure. We compared behaviours of HIV-positive and -negative men and men across states using logistic regression adjusted for the year of report. Results: Trends in behaviours differed across the states: following a period of increase, UAIC prevalence declined in NSW since 2001, but continued to increase in Victoria and Queensland. There were other changes in NSW that were not observed in Victoria and Queensland: a decline in factors increasing HIV risk (the proportions of men with multiple sex partners and men engaging in UAIC and not knowing or not disclosing HIV serostatus) and an increase in behaviours reducing it (the proportions of men in monogamous relationships and men disclosing HIV serostatus while having UAIC). Conclusion: There were patterns of declining HIV risk behaviours in NSW, and increasing risk behaviours elsewhere, that mirrored recent changes in HIV case notifications in Australia. These data suggest that behavioural surveillance can predict changes in HIV epidemiology.*

## STATISTICS

6521

**"Characteristics of HIV diagnoses in Australia, 1993–2006"**

**Location:**

**AA VERTICAL FILE - STATISTICS - STA 11**

Publication Type:

JOURNAL ARTICLE

by Guy, Rebecca J et al

SEXUAL HEALTH

Volume: 5 Issue: 2 Day: Month: June Year: 2008 Page numbers: pp91-96

**Subjects:**

1. HIV 2. SEROPREVALENCE 3. EPIDEMIOLOGY(AUST)

**Abstract:**

*Objective: To describe recent trends in the diagnosis of HIV infection in Australia. Methods: National HIV surveillance data from 1993 to 2006 were analysed with a focus on geographic differences by HIV exposure route and late presentation (HIV within 3 months of a first AIDS-defining illness or a CD4 count of less than 200 cells  $\mu\text{L}^{-1}$ ). Results: In 1993–99, the number of HIV diagnoses declined by 32%, and then increased by 39% from 1999 to 2006. From 2000 onwards, rates increased significantly in Victoria, Queensland, South Australia and Western Australia. The most frequently reported routes of HIV exposure were male to male sex (71%) and heterosexual contact (18%), and the population rate of diagnoses have increased in both categories. Among the cases reported as heterosexually acquired ( $n = 2199$ ), 33% were in people born in a high-prevalence country and 19% in those with partners from a high-prevalence country. Late presentation was most frequent in heterosexually acquired infections in persons who had a partner from a high-prevalence country: 32% compared with 20% overall. Conclusions: Recent increases in annual numbers of HIV diagnoses in Australia underline the continuing need for HIV-prevention programs, particularly among men having male to male sex. Early diagnosis and access to care and treatment should also be emphasised, as a substantial proportion of people with HIV infection are unaware of their status until late in the course of disease.*

**TRANSMISSION**

6509

**"Genital shedding of HIV in women with undetectable viral load: less of it, but still happening"****Location:**

**AA VERTICAL FILE - TRANSMISSION - TRM 44**

Publication Type:

ARTICLE (ONLINE)

by Carter, Michael

AIDSMAP

Volume: Issue: Day: 18th Month: July Year: 2008 Page numbers: Also available online at <http://aidsmap.com/en/news/542BCAFE-8458-40E1-B8B5-F8ECB0E60D29.asp>

**Subjects:**

1. TRANSMISSION 2. VIRAL LOAD 3. WOMEN WITH HIV 4. AFRICA

**Abstract:**

*Antiretroviral treatment significantly reduced the frequency of genital shedding of HIV in women, according to a study conducted in Burkina Faso and published in the June edition of Sexually Transmitted Infections. But the investigators also found that HIV remained detectable in the genital tract of a significant proportion of individuals, even when they had an undetectable viral load in their blood. All the women in the study were infected with the genital herpes virus HSV-2, and it is known that this can increase genital shedding of HIV. Nevertheless, the investigators believe that their study underlines the importance of providing safer sex information to patients taking anti-HIV drugs.*

6511

**"HIV safe-sex ruling debunked"**

**Location:**

**AA VERTICAL FILE - TRANSMISSION - TRM 45**

Publication Type:

NEWSPAPER ARTICLE (ONLINE )

by Medew, Julia

THE AGE

Volume: Issue: Day: 25th Month: July Year: 2008 Page numbers:

**Subjects:**

1. HIV 2. HIV TRANSMISSION 3. HIV POSITIVE PEOPLE-RISK BEHAVIOUR 4. HIV POSITIVE PEOPLE-RELATIONSHIPS

**Abstract:**

*Australian researchers have warned HIV-positive people to continue practising safe sex despite controversial suggestions that those receiving medical treatment may not be able to transmit the virus sexually. Dr David Wilson from NCHECR said that an analysis of risk factors for couples including one positive partner showed that the virus could still be transmitted.*

---

**6519**

**"Swiss statement that 'undetectable equals uninfected' creates more controversy in Mexico City"**

**Location:**

**AA VERTICAL FILE - TRANSMISSION - TRM 46**

Publication Type:

ARTICLE (ONLINE)

by Bernard, Edwin J

AIDSMAP

Volume: Issue: Day: 5th Month: August Year: 2008 Page numbers: pp 1-5

**Subjects:**

1. HIV TRANSMISSION 2. VIRAL LOAD

**Abstract:**

*Science took a back seat to politics during one of the most controversial sessions of the XVII International AIDS Conference in Mexico City – one that took place hours before the conference had officially opened. At a specially convened satellite event, seven influential panellists discussed the implications of the Swiss Federal AIDS Commission's controversial January statement – that an undetectable viral load in the blood renders an individual uninfected, under optimal conditions.*

**WOMEN**

**6512**

**"Being and feeling like a woman: respectability, responsibility, desirability and safe sex among women of Afro-Surinamese and Dutch Antillean descent in the Netherlands"**

**Location:**

**AA VERTICAL FILE - WOMEN - WOM 79**

Publication Type:

JOURNAL ARTICLE

by Bertens, Madelief G B C et al

CULTURE, HEALTH & SEXUALITY

Volume: 10 Issue: 6 Day: Month: August Year: 2008 Page numbers: pp547-561

**Subjects:**

1. WOMEN 2. SAFER SEX 3. GENDER ROLES

**Abstract:**

*The objective of this study was to describe and understand gender roles and the relational context of sexual decision-making and safe sex negotiation among Afro-Surinamese and Dutch Antillean women in the Netherlands. Twenty-eight individual in-depth interviews and eight focus group discussions were conducted. In negotiating safe sex with a partner, women reported encountering ambiguity between being respectable and being responsible. Their independence, autonomy, authority and pride inherent to the matrifocal household give them ample opportunity to negotiate safe sex and power to stand firm in executing their decisions. The need to be respectable burdens negotiation practices, because as respectable, virtuous women there would not be the need to use condoms. Respectable women will only participate in serious monogamous relationships, which are inherently safe. Women's desire to feel like a woman, 'to tame the macho-man' and constrain him into a steady relationship, limits negotiation space because of emotional dependency. Respectability seems to enforce not questioning men's sexual infidelity. In developing STI/HIV prevention programmes this ambiguity due to cultural values related to gender roles should be considered. Raising awareness of power differences and conflicting roles and values may support women in safe-sex decision-making.*

---

6517

**"Walking the talk : putting women's rights at the heart of the HIV and AIDS response"**

**Location:**

**AA VERTICAL FILE - WOMEN - WOM 80**

Publication Type:

REPORT

by Corby, Nick et al

VSO and Actionaid

Volume: Issue: Day: Month: Year: 2008 Page numbers: pp 1 - 57

**Subjects:**

1. WOMEN WITH HIV 2. WOMEN WITH HIV(AUST) 3. WOMEN-SEROPREVALENCE  
4. GENDER ROLES 5. GLOBAL EPIDEMIC

**Abstract:**

*Using research from 13 countries, this report demonstrates that gender inequalities and the persistent and systematic violation of their rights are leaving women and girls disproportionately vulnerable to HIV and AIDS (from the introduction).*



