

**on HIV/AIDS held at  
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**November 2006:**

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## ACSA Information Services Current Awareness Service

### GUIDE TO USE

**This list contains references to articles held in journals in the ACSA Library. You can request copies of these by following the instructions below.**

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## October 2006 HIV/AIDS Journal Articles Index

### ABORIGINAL PEOPLE

6116

#### "Sexually Transmitted Infections In Central Australia - Time For Concerted Action"

**Location:**

**AA VERTICAL FILE - ABORIGINAL PEOPLE - AP 9**

Publication Type:

JOURNAL ARTICLE

by Latif, Ahmed S. ; Smith, Kirsty S.

PUBLIC HEALTH BULLETIN (SOUTH AUSTRALIA)

Volume: 4 Issue: Day: Month: Year: 2006 Page numbers: pp 32-34

**Subjects:**

1. ABORIGINAL PEOPLE
2. SEXUALLY TRANSMITTED INFECTIONS
3. HIV
4. CULTURAL ASPECTS

**Abstract:**

*Sexually transmitted infections are an important public health problem not only because they can cause serious short term and long term complications but because they facilitate the transmission of HIV infection. Indigenous communities in Central Australia continue to experience high rates of STIs including chlamydial infection, gonorrhoea, syphilis, trichomoniasis and genital herpes. Article calls for early effective treatment, ongoing screening, a co-ordinated approach to the problem and further research into sociocultural aspects. Also notes that community controlled health services may have better acceptance and effectiveness within communities.*

**Date indexed:**

23/10/2006

### AFRICA

6127

#### "The man who believed he had AIDS was cured: AIDS and sexually-transmitted infection treatment-seeking behaviour in rural Mwanza, Tanzania"

**Location:**

**AA VERTICAL FILE - AFRICA - AF 38**

Publication Type:

JOURNAL ARTICLE

by Plummer, Mary et al

AIDS CARE

Volume: 18 Issue: 5 Day: Month: July Year: 2006 Page numbers: pp 460-466

**Subjects:**

1. AFRICA
2. HIV POSITIVE PEOPLE-HEALTH CARE NEEDS
3. CULTURAL ASPECTS
4. DEVELOPING COUNTRIES

**Abstract:**

*Most people living with AIDS in sub-Saharan Africa have had neither a biomedical diagnosis nor antiretroviral medication, leading to the question of how individuals understand and treat AIDS. This study examined general illness, sexually-transmitted infection (STI) and AIDS treatment-seeking behaviour in rural Mwanza, Tanzania. From 1999 - 2002, participant observation was carried out in*

nine villages for a total of 158 person-weeks. Treatments were pluralistic and opportunistic, usually beginning with home remedies (western or traditional), followed by visits to traditional healers (THs) and/or health facilities (HFs). THs were sometimes preferred over HFs because of familiarity, trust, accessibility, expense, payment plans, and the perceived cause, nature and severity of the illness, e.g. only THs were believed to successfully treat bewitchment. Some people, particularly young girls, delayed or avoided seeking treatment for STIs for fear of stigma. Most STIs were attributed to natural causes, but AIDS was sometimes attributed to witchcraft. Locally available biomedical care of people with AIDS-like symptoms consisted of basic treatment of opportunistic infections. Most such individuals repeatedly visited THs and HFs, but many stopped attending HFs because they came to believe they could not be cured there. Some THs claimed to cure witchcraft-induced, AIDS-like illnesses. There is an urgent need for improved biomedical services, and TH interventions could be important in future HIV/AIDS education and care. ABSTRACT FROM AUTHOR

**Date indexed:**

24/10/2006

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6111

**"Was the "ABC" Approach (Abstinence, Being Faithful, Using Condoms) Responsible for Uganda's Decline in HIV?"**

**Location:**

**AA VERTICAL FILE - AFRICA - AF 39**

Publication Type:

JOURNAL ARTICLE (ONLINE)

by Murphy, Elaine M et al

PLOS MEDICINE

Volume: 3 Issue: 9 Day: Month: September Year: 2006 Page numbers: pp 1443-1447

**Subjects:**

1. AFRICA 2. UGANDA 3. PUBLIC EDUCATION 4. GENDER

**Abstract:**

*Uganda is one of the few African countries where rates of HIV infection have fallen, from about 15 percent in the early 1990s to about five percent in 2001. At the end of 2005, UNAIDS estimated that 6.7 percent of adults were infected with the virus. The reasons behind Uganda's success have been intensely studied in the hope that other countries can emulate the strategies that worked. Some researchers credit the success to the Ugandan government's promotion of "ABC behaviors"—particularly abstinence and fidelity. Uganda receives funds from the United States President's Emergency Plan for AIDS Relief, which promotes the ABC approach with a focus on abstinence-driven public health campaigns. Other researchers question whether the ABC approach was really responsible for the decline in HIV infection. Critics of the ABC approach also argue that by emphasizing abstinence over condom use, the approach leaves women at risk of infection, because in many parts of the world women are not empowered to insist on abstinence or fidelity.*

**Date indexed:**

23/10/2006

6131

**"Dispelling "heterosexual African AIDS" in Namibia: Same-sex sexuality in the township of Katutura"**

**Location:**

**AA VERTICAL FILE - AFRICA - AF 40**

Publication Type:

JOURNAL ARTICLE

by Lorway, Robert

CULTURE, HEALTH & SEXUALITY

Volume: 8 Issue: 5 Day: Month: September-October Year: 2006 Page numbers: pp 435-449

**Subjects:**

1. AFRICA 2. MEN WHO HAVE SEX WITH MEN 3. RISK BEHAVIOUR 4. CULTURAL ASPECTS

**Abstract:**

*This paper questions international public health theories that characterize AIDS in Africa as an unambiguous heterosexual epidemic. It does so by describing the daily sexual lives of a community of Namibian youth who engage in same-sex sexual practices. The author outlines how the ongoing vilification of "homosexuals" by ruling State officials serves as a stigmatizing backdrop against which young people experience and practice their sexuality. Drawing upon 20 months of ethnographic research, the paper discusses the HIV sexual risk perceptions and practices of young men, highlighting the complexities in sexual subjectivity that form within the cultural politics of competing masculinities, state-sponsored anti-homosexual rhetoric and transnational queer rights protest. Bounded and monolithic notions of gender and sexual identity do not lend themselves to HIV risk and vulnerability analysis in this community.*

**Date indexed:**

24/10/2006

**CONDOMS**

6123

**"Condoms + pleasure =safer sex? A missing addend in the safer sex message"**

**Location:**

**AA VERTICAL FILE - CONDOMS - CON 24**

Publication Type:

JOURNAL ARTICLE

by Scott-Sheldon, L. A. J. et al

AIDS CARE

Volume: 18 Issue: 7 Day: Month: October Year: 2006 Page numbers: pp 750-754

**Subjects:**

1. CONDOMS 2. SAFER SEX EDUCATION 3. HETEROSEXUALS-EDUCATION 4. MEN WHO HAVE SEX WITH MEN

**Abstract:**

*Since the emergence of HIV, sexual risk-reduction intervention and prevention programmes have promoted the 'condoms equal safer sex' message with a particular focus on the preventative aspects of condoms (i.e. disease or pregnancy prevention). Yet despite the pervasiveness of this message, research has found that most people fail to use condoms consistently. Using the thought-listing technique, we asked men who have sex with men (MSM) and heterosexuals to list thoughts that immediately came to mind when thinking*

*about condoms. Results show that MSM have more sexual/sensory associations to condoms than heterosexuals, suggesting that interventions highlighting the sexual/sensory aspects of condoms might be an important component to increase condom use among MSM while a combined approach (i.e. messages that integrate preventative, interpersonal, and sexual/sensory components) might be more appealing to heterosexuals. ABSTRACT FROM AUTHOR*

**Date indexed:**  
24/10/2006

## **DEVELOPING COUNTRIES**

**6115**

### **"International drug purchase fund kicks off with support for paediatric & second-line HIV treatment"**

**Location:**

**AA VERTICAL FILE - DEVELOPING COUNTRIES - DC 17**

Publication Type:  
ARTICLE (ONLINE)  
by Alcorn, Keith  
AIDSMAP.COM

Volume: Issue: Day: Month: September Year: 2006 Page numbers:

**Subjects:**

1. DEVELOPING COUNTRIES 2. ANTIRETROVIRAL TREATMENTS

**Abstract:**

*An international drug purchase fund for HIV, malaria and TB medicines called UNITAID was launched this week. The mechanism is intended to raise new money to fund antiretroviral drug purchases by using innovative fundraising methods. The French government announced in February that it will fund its contribution through a new tax on airline tickets. The tax will levy one euro on all domestic and European flights departing from French airports, and four euros on long-haul flights. Business and first class travellers will pay ten euros on European flights and 40 euros on long-haul flights. The United Kingdom will contribute \$25 million in 2007 while France will contribute \$250 million. UK International Development Minister Gareth Thomas promised that the UK's contribution will triple by 2010.*

**Date indexed:**  
23/10/2006

## **DRUGS (RECREATIONAL)**

**6132**

### **"Crystal methamphetamine and sexual sociality in an urban gay subculture: An elective affinity"**

**Location:**

**AA VERTICAL FILE - DRUGS (RECREATIONAL) - DR 52**

Publication Type:  
JOURNAL ARTICLE  
by Green, Adam Isaiah ; Halkitis , Perry N.  
CULTURE, HEALTH & SEXUALITY

Volume: 8 Issue: 4 Day: Month: July-August Year: 2006 Page numbers: pp 317-333

**Subjects:**

1. DRUG USE
2. MEN WHO HAVE SEX WITH MEN
3. RISK BEHAVIOUR
4. CULTURAL ASPECTS

**Abstract:**

*This paper draws on 49 qualitative interviews to explore the contextual antecedents of methamphetamine use in a sample of gay and bisexual Manhattan men. The paper distinguishes itself from the public health literature on crystal methamphetamine use in this population by shifting the analytic focus from individual-level factors of drug use to the role of social context. While individual-level factors—including self esteem and social awkwardness—are related to methamphetamine use, we argue that these factors arise in and are exacerbated by interactional pressures attendant to Manhattan's gay sexual subculture, which revolve around the expectation of peak sexual performance. Because methamphetamine is associated with increased self-esteem, increased libido, greater sexual endurance, diminished sexual inhibition, and a higher threshold for pain, the drug is used strategically by gay and bisexual men to negotiate sexual sociality and increase sexual pleasure. Hence, we suggest that there exists an elective affinity between Manhattan's gay sexual subculture and the particular pharmacological effects of methamphetamine—whereby the former strongly favours the latter as a systematic pattern of response. In turn, this relationship is linked to unsafe sexual practices or the social conditions that put gay men 'at risk of risk' of HIV infection.*

**Date indexed:**

24/10/2006

**HEPATITIS**

6120

**"The QUT Hepatitis C quality of life project"****Location:**

**AA VERTICAL FILE - HEPATITIS - HEP 12**

Publication Type:

JOURNAL ARTICLE

by Lang, Carolyn et al

AUSTRALIAN HEPATITIS C CHRONICLE Australian Hepatitis Council

Volume: 16 Issue: Day: Month: October Year: 2006 Page numbers: pp 19-23

**Subjects:**

1. HEPATITIS C

**Abstract:**

*This study found that people living with HCV experience a significant burden of symptoms in terms of both the diversity of these and their severity. Additionally, several different types of clusters of symptoms occur in people living with HCV. The most severe symptoms were sleep disturbance, physical and mental tiredness and joint pain. There also appears to be a some gender difference in the experience of symptoms.*

**Date indexed:**

24/10/2006

## LEGAL ISSUES

6108

**"Migration law and HIV/AIDS: "a door closes, but a window opens""**

**Location:**

**AA VERTICAL FILE - LEGAL ISSUES - LI 20**

Publication Type:

JOURNAL ARTICLE

by Papadopoulos, Peter

HIV AUSTRALIA Australian Federation of AIDS Organisations

Volume: 5 Issue: 2 Day: Month: September - December Year: 2005 Page numbers: pp 26-27

**Subjects:**

1. MIGRATION 2. LEGAL ASPECTS(AUST) 3. HIV POSITIVE PEOPLE

**Abstract:**

*There is now renewed hope for people living with HIV/AIDS seeking Australian visas following a Federal Court decision handed down late last year.*

**Date indexed:**

23/10/2006

## MENTAL HEALTH

6130

**"Strategies for self-management of HIV-related anxiety"**

**Location:**

**AA VERTICAL FILE - MENTAL HEALTH - MH 25**

Publication Type:

JOURNAL ARTICLE

by Kemppainen, J. K. et al

AIDS CARE

Volume: 18 Issue: 6 Day: Month: August Year: 2006 Page numbers: pp 597-607

**Subjects:**

1. HIV POSITIVE PEOPLE-PSYCHOLOGICAL ASPECTS 2. HIV POSITIVE PEOPLE-SELF CARE 3. MENTAL HEALTH 4. STRESS MANAGEMENT

**Abstract:**

*This study examines the frequency and effectiveness of commonly used strategies for self management of anxiety in an international sample of 502 participants from Norway ( n =42, 8%), Taiwan ( n =35, 7%), and the US ( n =426, 85%). An activities checklist summarized into five categories of self-care behaviours including activities/thoughts, exercise, medications, complementary therapies, and substance use determined self-care behaviours. Ratings of frequency and effectiveness for each self-care activity were also included. Praying received the highest overall rating of effectiveness of any self-management strategies included in this study at 8.10 (scale 1 to 10), followed by meditation (7.37), exercising (7.32), using relaxation techniques (7.22), cooking (6.98), and walking (6.90). An analysis of effectiveness scores for each self-care strategy by country reflected a wide variation. The three most effective anxiety self-care strategies reported by participants from Norway included exercise (7.31), walking (6.96), and reading (6.44). Highest ratings of effectiveness by participants from Taiwan included talking with others with HIV (6.0), attending support groups (6.0), and exercising (6.0). US participants allocated highest ratings of effectiveness to complementary/alternative therapies, including praying (8.10),*

meditating (7.43), and using relaxation techniques (7.35). Regardless of the country, watching television and talking with family and friends were the two most frequently reported strategies. These strategies for self-management of HIV-related anxiety are important for clinicians to be aware of in the care of persons with HIV/AIDS. ABSTRACT FROM AUTHOR

**Date indexed:**

24/10/2006

## POST EXPOSURE PROPHYLAXIS

6124

**"Safe sex after post-exposure prophylaxis for HIV: Intentions, challenges and ambivalences in narratives of gay men"**

**Location:**

**AA VERTICAL FILE - POST EXPOSURE PROPHYLAXIS - PEP 23**

Publication Type:

JOURNAL ARTICLE

by Korner, Henricke ; Hendry, O. ; Kippax, S

AIDS CARE

Volume: 18 Issue: 8 Day: Month: November Year: 2006 Page numbers: pp 879-887

**Subjects:**

1. POST EXPOSURE PROPHYLAXIS
2. SAFER SEX
3. RISK BEHAVIOUR(AUST)
4. GAY MEN(AUST)

**Abstract:**

*This paper draws on findings from an on-going prospective cohort study, with a quantitative and a qualitative arm, to monitor the implementation of non-occupational post-exposure prophylaxis (PEP) in Australia. The aim of the qualitative arm was to explore in-depth details of exposures to HIV and participants understanding 'risk'. Of the 328 patients who were enrolled in the study from March 1999 to July 2001, 88 (27%) participated in the qualitative arm. Interviews were conducted in a semi-structured style and explored the event that precipitated the request for PEP, participants understanding of safe sex, their physical and psychological experience of the treatment and the impact that the availability of PEP may have on their sexual practices in the future. One theme running through the interviews was a determination to either maintain existing high levels of safe sex or to increase safe sex practices in those men who perceived PEP as 'wake up call'. This determination was motivated by the experience of taking combination therapies and reflection on a potentially HIV-positive future. However, there were also tensions and ambivalences in the narratives. PEP was promoted as an adjunct to safe sex, not as an alternative. This is how PEP was understood by the men in this study. ABSTRACT FROM AUTHOR*

**Date indexed:**

24/10/2006

**6119**

**"Hepatitis C virus infection in prisons"**

**Location:**

**AA VERTICAL FILE - PRISONS - PRI 15**

Publication Type:

JOURNAL ARTICLE

by Miller, Emma et al

PUBLIC HEALTH BULLETIN (SOUTH AUSTRALIA)

Volume: 4 Issue: Day: Month: Year: 2006 Page numbers: pp 16-20

**Subjects:**

1. HEPATITIS C 2. PRISONS(AUST) 3. PRISONS-SEROPREVALENCE 4. SOUTH AUSTRALIA

**Abstract:**

*History of imprisonment has been independently associated with HCV infection, with approximately 10% of all South Australian notifications for HCV in 2002 received from the state's prisons, as were 25% of those cases confirmed as new infections. Despite this there has been little investigation of HCV prevalence in prisons and no studies conducted in South Australia. This article presents early findings from a joint University of Adelaide, South Australian Department of Health, the Department for Correctional Services and the South Australian Prison Health Services.*

**Date indexed:**

23/10/2006

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**6118**

**"Reflections on John Snow's pump handle : is there a need for an infection control program in South Australian prisons?"**

**Location:**

**AA VERTICAL FILE - PRISONS - PRI 16**

Publication Type:

JOURNAL ARTICLE

by Rae, Doreen

PUBLIC HEALTH BULLETIN (SOUTH AUSTRALIA)

Volume: 4 Issue: Day: Month: Year: 2006 Page numbers: pp 21-22

**Subjects:**

1. PRISONS(AUST) 2. PRISONS-SEROPREVALENCE 3. HIV 4. HEPATITIS C

**Date indexed:**

23/10/2006

6125

**"Differences between men who report frequent, occasional or no unprotected anal intercourse with casual partners among a cohort of HIV-seronegative gay men in Sydney, Australia"**

**Location:**

**AA VERTICAL FILE - SAFER SEX & RISK BEHAVIOUR – SS 33**

Publication Type:

JOURNAL ARTICLE

by Mao, L. et al

AIDS CARE

Volume: 18 Issue: 8 Day: Month: November Year: 2006 Page numbers: pp 942-951

**Subjects:**

1. SAFER SEX 2. GAY MEN-RISK BEHAVIOUR 3. GAY MEN(AUST)

**Abstract:**

*Past research on unprotected anal intercourse with casual partners (UAIC) contrasts those who report no UAIC with any UAIC. This paper examines differences among three groups of men who had any UAIC on the basis of the number of UAIC acts reported in a six-month period, namely no UAIC (n=507), occasional UAIC (1-5 acts, n=251) and frequent UAIC (more than 5 acts, n=148). The occasional UAIC group had values lying between those of the no- and the frequent-UAIC group. As compared with the frequent-UAIC group, men in the occasional-UAIC group were less likely to have a steady partner, held less favorable attitudes toward condoms and higher levels of HIV treatments optimism and were more likely to report some disclosure of serostatus to or by casual partners and a range of esoteric sexual practice. On the other hand, men in the no-UAIC group had lower levels of 'feeling bad' (distress) and were less likely to use drugs to enhance sexual pleasure in casual encounters. Disclosure of serostatus had a strong association with frequent UAIC and this finding calls for both more research and more community exploration of issues surrounding sexual decision-making. ABSTRACT FROM AUTHOR*

**Date indexed:**

24/10/2006

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6126

**"Unprotected intercourse among people living with HIV/AIDS: The importance of partnership characteristics"**

**Location:**

**AA VERTICAL FILE - SAFER SEX & RISK BEHAVIOUR - SS 32**

Publication Type:

JOURNAL ARTICLE

by Niccolai, L. M. et al

AIDS CARE

Volume: 18 Issue: 7 Day: Month: October Year: 2006 Page numbers: pp 801-807

**Subjects:**

1. HIV POSITIVE PEOPLE-RISK BEHAVIOUR 2. PERSONS WITH AIDS-RISK BEHAVIOUR 3. SAFER SEX

**Abstract:**

*The purpose of this study was to determine the relative importance and*

*interactive effects of partnership characteristics in unprotected intercourse among people living with HIV/AIDS (PLWHA). An interview study was conducted among a convenience sample of PLWHA in care. Of all the demographic, health status, risk history and behaviors and partnership covariates explored, only the partnership covariates were significantly associated with unprotected intercourse. Significant covariates included having a steady partner (OR and 95%CI = 4.2; 1.3, 13.5), HIV-positive (OR and 95%CI = 2.7; 1.0, 6.9 versus HIV-negative partner) or unknown serostatus partner (OR and 95%CI = 4.6; 1.1, 18.3 versus HIV-negative partner) and men who have sex with men (MSM) partnerships (OR and 95%CI = 3.0; 1.2, 7.3). Partnership covariates explained 23% of the variance in unprotected intercourse; other groups of covariates did not significantly improve model fit. Significant interaction terms between reported partner HIV status, partnership type and sexual orientation revealed the greatest likelihood of unprotected intercourse in two groups of individuals: those in steady relationships with HIV-positive partners and MSM in relationships with partners of unknown serostatus. Prevention interventions for PLWHA should focus on partnership characteristics. ABSTRACT FROM AUTHOR*

**Date indexed:**  
24/10/2006

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6122

**"Association between risk of acquiring HIV and beliefs and perceptions about the lived experience of HIV/AIDS among HIV-negative or untested men who have sex with men"**

**Location:**

**AA VERTICAL FILE - SAFER SEX & RISK BEHAVIOUR - SS 34**

Publication Type:

JOURNAL ARTICLE

by Sidat, M. et al

AIDS CARE

Volume: 18 Issue: 8 Day: Month: November Year: 2006 Page numbers: pp 934-941

**Subjects:**

1. RISK BEHAVIOUR 2. MEN WHO HAVE SEX WITH MEN 3. ANAL SEX

**Abstract:**

*The study aim was to assess whether the sexual behaviour of HIV-negative or untested men who have sex with men (MSM) was related to their perceptions of what it is like to live with HIV/AIDS, their beliefs or their attitudes to highly active antiretroviral treatments. Any unprotected anal intercourse (UAI) with casual partners was used as the sexual-risk indicator. The study enrolled 261 MSM. There were no significant differences between beliefs, attitudes and perceptions about HIV/AIDS, knowledge of post-exposure prophylaxis (PEP) or exposure to the HIV/AIDS epidemic among those who had had UAI with casual partners and those that had not. Those who considered that low levels of viral load and withdrawing before ejaculation reduced the risk of HIV transmission were significantly more likely to have had UAI with a casual partner. Only a minority of MSM engaging in UAI were optimistic about antiretroviral therapy. The study participants were in general pessimistic about life with HIV/AIDS despite their risk-taking sexual behaviour. ABSTRACT FROM AUTHOR*

**Date indexed:**  
24/10/2006

## SEX WORKERS

6110

**"Sex worker registration : provacy and ethical concerns"**

**Location:**

**AA VERTICAL FILE - SEX WORKERS - SW 24**

Publication Type:

JOURNAL ARTICLE

by Scarlet Alliance

HIV AUSTRALIA Australian Federation of AIDS Organisations

Volume: 5 Issue: 2 Day: Month: September - December Year: 2005 Page numbers: pp 29-31

**Subjects:**

1. SEX WORKERS 2. SEX WORK(AUST) 3. LEGISLATION 4. ETHICS

**Abstract:**

*The Scarlet Alliance Executive reports on Australia's complex sex industry laws.*

**Date indexed:**

23/10/2006

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6109

**"Tasmanian sex work laws"**

**Location:**

**AA VERTICAL FILE - SEX WORKERS - SW 25**

Publication Type:

JOURNAL ARTICLE

by Cameron, Sally

HIV AUSTRALIA Australian Federation of AIDS Organisations

Volume: 5 Issue: 2 Day: Month: September - December Year: 2005 Page numbers: pp 28

**Subjects:**

1. SEX WORK(AUST) 2. LEGISLATION 3. TASMANIA 4. SEX WORKERS

**Abstract:**

*The long awaited reform of Tasmania's sex industry has crashed and burned with the introduction of restrictive legislation.*

**Date indexed:**

23/10/2006

## SEXUALLY TRANSMITTED INFECTIONS

6117

**"Chlamydia - closing the stable door"**

**Location:**

**AA VERTICAL FILE - SEXUALLY TRANSMITTED DISEASES - STD 23**

Publication Type:

JOURNAL ARTICLE

by Allen, Katrina

PUBLIC HEALTH BULLETIN (SOUTH AUSTRALIA)

Volume: 4 Issue: Day: Month: Year: 2006 Page numbers: pp 30-31

**Subjects:**

1. SEXUALLY TRANSMITTED INFECTIONS
2. CHLAMYDIA
3. INFECTION CONTROL
4. PUBLIC EDUCATION(AUST)

**Abstract:**

*The emergence of the deadly HIV in the early 1980s saw a large increase in attention and funding for sexually transmitted infection clinics and, particularly in Australia, a major expansion in sexual health education and research, charted by the national survey of secondary school students' sexual health. Through the latter it has become clear that the message about HIV as a sexually transmitted disease is being effectively taught at later secondary school level. However what has emerged over the time, as the studies have repeated, is that knowledge about HIV is decreasing. Though there is some improvement in knowledge about transmission of STIs, young peoples knowledge of Chlamydia has not improved. Symptomatic of this lack of awareness is the knowledge that condoms are primarily being used as a contraception rather than infection protection.*

**Date indexed:**

23/10/2006

**SUICIDE**

6121

**" The prevalence of suicidal behaviours in a group of HIV-positive men"****Location:**

**AA - VERTICAL FILE - SUICIDE - SUI 14**

Publication Type:

JOURNAL ARTICLE

by Shelton, A. J. et al

AIDS CARE

Volume: 18 Issue: 6 Day: Month: August Year: 2006 Page numbers: pp 574-576

**Subjects:**

1. HIV POSITIVE PEOPLE-PSYCHOLOGICAL ASPECTS
2. MENTAL HEALTH
3. SUICIDE

**Abstract:**

*We studied a convenience sample of 54 HIV-positive men, recruited from HIV/AIDS community based service organizations. Data were collected on HIV risk factors and suicidal behaviours. Fifty-nine percent of the sample reported ever thinking about suicide, and 50% of those individuals reported attempting suicide at some point in their lives. Suicide ideation and attempts were more common among white participants. Suicidal behaviours were prevalent in this sample suggesting a need for mental health and suicide interventions targeted for this population. ABSTRACT FROM AUTHOR*

**Date indexed:**

24/10/2006

## TESTING

6105

**"CDC recommends routine HIV testing for U.S. residents ages 13 to 64, dropping written consent, pretest counselling requirements"**

**Location:**

**AA VERTICAL FILE - TESTING - TES 20**

Publication Type:

ARTICLE (ONLINE)

by kaisernetwork.org

Volume: Issue: Day: Month: September Year: 2006 Page numbers:

**Subjects:**

1. HIV TESTING 2. ETHICS 3. HIV TESTING-COUNSELLING 4. HIV TESTING-LEGAL ASPECTS

**Abstract:**

*CDC on Thursday released revised recommendations on HIV testing in the U.S. that say HIV tests should become a routine part of medical care for residents ages 13 to 64 and requirements for written consent and pretest counseling be dropped, the Washington Post reports (Brown, Washington Post, 9/22). CDC estimates that about 25% of HIV-positive people in the U.S. do not know their status. Many physicians believe that routine testing could lead to an earlier diagnosis and earlier treatment (Kaiser Daily HIV/AIDS Report, 5/8). According to an agency release, the recommendations, published in the Sept. 22 edition of CDC's Morbidity and Mortality Weekly Report, were designed to "simplify the HIV testing process" and "overcome several barriers that hindered implementation" of the agency's previous guidelines -- released in 1993 -- calling for tests to be given to "high-risk individuals" and to all patients "in health care settings" with HIV prevalence of more than 1% (CDC release, 9/21). According to the revised guidelines, health care providers should continue routine HIV testing unless they establish that less than one of every 1,000 patients tested is HIV-positive, "at which point such screening is no longer warranted" (Branson et al., MMWR, 9/22). States can choose to adopt and modify the guidelines, the New York Times reports (McNeil, New York Times, 9/22). CDC has been working on the revised guidelines for about three years, receiving feedback from more than 100 groups, including HIV/AIDS patient advocacy groups and physician associations (Stobbe, AP/Forbes, 9/21). According to the Los Angeles Times, the recommendations "carry no legal force," but now insurance companies are more likely to cover the cost of the tests (Maugh, Los Angeles Times, 9/21). If health care providers follow the guidelines, the number of HIV-positive people who are unaware of their status might be reduced by two-thirds, the Post reports (Washington Post, 9/22). Lawrence Gostin, associate dean at the Georgetown University Law Center, said that a physician might incur legal issues if he or she does not at least tell a patient about the value of HIV testing and that patient has contracted HIV (Hendrick, Atlanta Journal-Constitution, 9/22). CDC in the release said it will issue additional guidelines for physicians by early next year and provide "model approaches and practical tools" for implementing HIV testing (CDC release, 9/21).*

**Date indexed:**

23/10/2006

## TRANSMISSION

6106

**"Just a few infected cells can transmit HIV"**

**Location:**

**AA VERTICAL FILE - TRANSMISSION - TRM 33**

Publication Type:

ARTICLE (ONLINE)

by \Aidsmap.com

Volume: Issue: Day: Month: September Year: 2006 Page numbers:

**Subjects:**

1. HIV TRANSMISSION

**Abstract:**

*Research on monkeys has found that as few as seven cells productively infected with HIV may be able to establish an infection via sex (Kaizu).*

*The unexpected ease with which the researchers infected animals that, in some cases, were intended to be control animals prompts them to speculate that we may have underestimated the contribution infected T-cells make to HIV transmission, compared with free virus in body fluids.*

**Date indexed:**

23/10/2006

## TREATMENTS

6128

**"To tell or not to tell: Why people with HIV share or don't share with their physicians whether they are taking their medications as prescribed"**

**Location:**

**AA VERTICAL FILE - TREATMENTS - TRE 84**

Publication Type:

JOURNAL ARTICLE

by Kremer, H. ; Ironson, G.

AIDS CARE

Volume: 18 Issue: 5 Day: Month: July Year: 2006 Page numbers: pp 520-528

**Subjects:**

1. HIV POSITIVE PEOPLE-HEALTH CARE NEEDS 2. ANTIRETROVIRAL TREATMENTS 3. COMPLIANCE 4. PHYSICIANS 5. INTERPERSONAL COMMUNICATION

**Abstract:**

*This qualitative study examines whether HIV-positive people ( N = 79) tell their physicians whether they take antiretroviral treatment (ART) as prescribed and why. Interviews, analyzed with qualitative content-analysis, asked about taking/not taking ART and, if taking, whether they shared their reasons for non-adherence with their physician. Patients are more likely to inform physicians why they take than why they do not take ART . ABSTRACT FROM AUTHOR*

**Date indexed:**

24/10/2006

6114

**"HIV-positive patients have increased risk of side-effects to key drugs used to treat opportunistic infections"**

**Location:**

**AA VERTICAL FILE - TREATMENTS - TRE 85**

Publication Type:

ARTICLE (ONLINE)

by Carter, Michael

AIDSMAP.COM

Volume: Issue: Day: Month: September 2006 Year: 2006 Page numbers:

**Subjects:**

1. HIV POSITIVE PEOPLE 2. TREATMENTS-SIDE EFFECTS 3. HIV-RELATED CONDITIONS

**Abstract:**

*Drugs used to treat PCP pneumonia and tuberculosis, the most common AIDS-defining illnesses, are significantly more likely to cause adverse reactions in HIV-positive patients than HIV-negative individuals, according to a review article published in the September edition of the Annals of Pharmacotherapy. The authors also found that HIV-positive individuals who were taking anticonvulsants were more likely to experience adverse events than HIV-negative patients who were taking this type of drug.*

**Date indexed:**

23/10/2006

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6113

**"One-in-six interrupt treatment within two years of initiating ART"**

**Location:**

**AA VERTICAL FILE - TREATMENTS - TRE 86**

Publication Type:

ARTICLE (ONLINE)

by Bernard, Edward J.

AIDSMAP.COM

Volume: Issue: Day: Month: September Year: 2006 Page numbers:

**Subjects:**

1. ANTIRETROVIRAL TREATMENTS 2. TREATMENTS 3. COMPLIANCE

**Abstract:**

*One-in-six previously treatment-naïve individuals were likely to interrupt treatment for at least six months within two years of starting antiretroviral therapy (ART), according to the results of a large observational study published in the August 15th edition of the Journal of AIDS. The study also found that discontinuing treatment appeared to be safe over the short-term for most people, although the risk was higher for people aged over 40, those with a pre-treatment CD4 count below 200 cells/mm<sup>3</sup> or with a CD4 count below 350 cells/mm<sup>3</sup> prior to interrupting therapy.*

**Date indexed:**

23/10/2006

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6112

**"Reasons for Adverse SMART Outcomes Remain Poorly Understood"**

**Location:**

**AA VERTICAL FILE - TREATMENTS - TRE 87**

Publication Type:

ARTICLE (ONLINE)

by Highleyman, Liz

HIVANDHEPATITIS.COM

Volume: Issue: Day: Month: September Year: 2006 Page numbers:

**Subjects:**

1. ANTIRETROVIRAL TREATMENTS 2. HIV 3. COMPLIANCE

**Abstract:**

*The SMART treatment interruption study was prematurely cancelled in January 2006 after it became apparent that patients in the interruption arm had higher rates of opportunistic illnesses (OIs) and death compared with those receiving continuous therapy. Unexpectedly, subjects in the treatment interruption group also had higher rates of non-HIV-related conditions such as cardiovascular and kidney problems, which are often assumed to be associated with antiretroviral therapy.*

*A set of studies presented at the XVI International AIDS Conference, taking place this week in Toronto, offered information from further analyses of the SMART data.*

*SMART included 5,472 participants worldwide, 95% of whom had prior treatment experience. The subjects, who started with CD4 cell counts above 350 cells/mm<sup>3</sup>, were randomly assigned to one of two treatment strategy arms:*

*Drug conservation (DC): subjects stopped antiretroviral therapy when their CD4 cell counts reached 350 cells/mm<sup>3</sup>, and resumed when counts fell back down to 250 cells/mm<sup>3</sup> or less;*

*Viral suppression (VS): subjects remained on continuous therapy.*

*As reported this past February at the Conference on Retroviruses and Opportunistic Illnesses, participants in the DC arm were 2.6 times more likely to experience OIs or death.*

**Date indexed:**

23/10/2006

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6104

**"Changing HIV treatment expectancies: a pilot study"**

**Location:**

**AA VERTICAL FILE - TREATMENTS - TRE 88**

Publication Type:

JOURNAL ARTICLE

by Johnson, M. O., Gamarel, K. E., Rose, C. Dawson

AIDS CARE

Volume: 18 Issue: 6 Day: Month: August Year: 2006 Page numbers: 550-553

**Subjects:**

1. HIV 2. ANTIRETROVIRAL TREATMENTS 3. TREATMENTS-SIDE EFFECTS

**Abstract:**

*Beliefs about HIV treatment efficacy, adherence self-efficacy, and side effects management are related cross-sectionally to adherence to antiretroviral therapy (ART). However, the role of such expectancies held prior to the initiation of ART is unknown. The purpose of this study was to explore feasibility, satisfaction, and*

*preliminary effects of an intervention to address HIV treatment expectancies. ART naive participants (N = 26) who were contemplating ART initiation were randomized to a single session group intervention or standard care control condition. The session included an exploration of expectancies; an education about ART efficacy, adherence, and side effects; and guided problem solving around adherence and side effects management. The pilot intervention was feasible and was rated highly satisfactory. Follow-up assessments demonstrated that intervention participants increased adherence self-efficacy and positive side effects expectancies relative to those in the control group - ABSTRACT FROM AUTHOR*

**Date indexed:**  
23/10/2006

## VACCINES

6107

**"Pre-exposure prophylaxis may need large doses to work"**

**Location:**

**AA VERTICAL FILE - VACCINES - VAC 14**

Publication Type:

ARTICLE (ONLINE)

by Aidsmap.com

Volume: Issue: Day: Month: September Year: 2006 Page numbers:

**Subjects:**

1. VACCINES 2. HIV

**Abstract:**

*Two studies of the use of tenofovir (Viread) as pre-exposure prophylaxis (PrEP) to prevent HIV infection in monkeys have both come out with rather disappointing results, and in both cases the study authors suggest that suboptimal levels of the drug may be to blame.*

*This suggests, to quote one of the study authors, that only a tenofovir regime which provided "drug levels similar to or higher than those obtained by a therapeutic tenofovir regimen" would have the potential to reduce HIV transmission.*

**Date indexed:**  
23/10/2006

## WOMEN

6133

**"She's dying for help: global HIV"**

**Location:**

**AA VERTICAL FILE - WOMEN - WOM 57**

Publication Type:

JOURNAL ARTICLE (ONLINE)

by Murray, Sally

CMAJ

Volume: 174 Issue: 4 Day: Month: February Year: 2006 Page numbers: pp 457-458

**Subjects:**

1. WOMEN WITH HIV 2. WOMEN WITH AIDS 3. GLOBAL EPIDEMIC

#### 4. DEVELOPING COUNTRIES

**Abstract:**

*Women are particularly vulnerable to HIV infection; those aged 15–24 years are 3 times more likely to be infected than men. 1 Biological, social and economic factors play a role: poor women trade sex for income, and many women with low social status or who lack financial autonomy are unable to negotiate safe sex or abstinence in their personal relationships. 1 Pregnant women are also vulnerable because untested blood is frequently used for transfusions, to treat, for example, anemia and intrapartum hemorrhage; blood contaminated with HIV is responsible for some 5%–10% of global HIV infections.*

**Date indexed:**

24/10/2006

### WORK SKILLS

6129

**"Publishing HIV/AIDS behavioural science reports: An author's guide"**

**Location:**

**AA VERTICAL FILE - WORK SKILLS - WS 6**

Publication Type:

JOURNAL ARTICLE

by Ingersoll, K. S. ; Van Zyl, C. ; Cropsey, K. L.

AIDS CARE

Volume: 18 Issue: 7 Day: Month: October Year: 2006 Page numbers: pp 674-680

**Subjects:**

1. SOCIAL RESEARCH 2. RESEARCH-PERIODICALS 3. GUIDELINES

**Abstract:**

*The purpose of this paper is to report on characteristics of journals that publish manuscripts in the HIV/AIDS behavioural science realm, with the goal of providing assistance to authors seeking to disseminate their work in the most appropriate outlet. Fifty journals who publish behavioural research on HIV/AIDS in English were identified through library and electronic searches. Although ten of the journals focused specifically on HIV/AIDS, the majority of journals are in related fields, including health psychology/behavioural medicine, sexual behaviour, substance abuse, public health/prevention or general medicine. Acceptance rates ranged from 8-89% with a mean acceptance rate of 39%. Reported review times ranged from 1-12 months with three months the mode, while publication lag following acceptance averages six months. Acceptance rates were related to impact factors, with more selective journals evidencing higher impact factors. The variety of publication outlets available to authors of HIV/AIDS behavioral science studies creates ample opportunity for dissemination, as well as challenge for readers in discerning the quality of published work. ABSTRACT FROM AUTHOR*

**Date indexed:**

24/10/2006

