Increased access to sterile syringes found related to reductions in HIV incidence

HIV epidemics are increasing among injection drug users throughout the world resulting from the sharing of contaminated needles. Many efforts, including syringe exchange programs (SEPs), have been initiated to curb the epidemics. Despite increased SEPs, IDU-driven HIV epidemics persist in many locations. For some cities with SEPs, many local IDU have experienced difficulties in accessing sterile syringes because of restrictive program and policy factors.

This study assessed the effects of an expanded SEP policy on rates of HIV risk behavior and HIV incidence among IDUs.

Methodology
Between 2000 and 2002 the health authority of Vancouver, British Columbia, Canada, modified its SEP policy by shifting focus on syringe to syringe distribution.

The new policy included (1) increasing the number of sites distributing syringes, (2) diversifying distribution methods, (3) removing the limit on number of syringes that could be obtained, (4) IDU were able to obtain sterile needles without having to exchange used syringes, and (5) and distribution and exchange programs were separated. Further, the local health clinics were required to provide sterile syringes and a peer-run SEP was established.

Outcomes of the Study
Syringe borrowing, syringe lending, and HIV incidence among a prospective cohort of 1228 injection drug users were observed. Major findings include:
• Following the SEP policy change, declines in syringe borrowing occurred from 20.1% in 1998 to 9.2% in 2003.
• Following the SEP policy change, declines in syringe lending occurred from 19.1% in 1998 to 6.8% in 2003.
• The declines coincided with a significant increase in the proportion of participants accessing sterile syringes from nontraditional SEP sources.
• 42.3% reported syringe borrowing at least once during the study period, with 40.1% reporting lending at least once.
• The proportion of participants accessing pharmacies and the SEP vans declined over time. But, other SEP sites shown increases over time.
• Drug-user led SEP increased with about 30% to 40% of participants accessing this service every 6 months.
• The period following the SEP change was independently associated with a greater than 40% reduction in syringe borrowing and lending as well as declining HIV incidence.

Implications for Prevention
This study found that increasing access to sterile syringes was independently associated with substantial reduction in syringe borrowing, syringe lending, and HIV incidence among injection drug users in Vancouver, British Columbia, Canada.

The researchers concluded that widespread syringe distribution appears to be an effective syringe exchange program policy than one that restricts syringe access. They recommend that SEP policies and program design maximize rather hinder syringe access.

SOURCE:
Even when free, HPV vaccine uptake low among women

This study determined the uptake of quadrivalent human papillomavirus recombinant vaccine (Gardasil) offered under optimal conditions to women 18 to 24 years of age. Young women (n=209) were recruited from a university health clinic and were offered a free voucher for the entire series.

Only 59 (28%) women completed the series. 50.7% received the first dose; of these, 78% returned for the second dose and 55% for the third dose.

Women who felt that their mothers would not want them to be vaccinated were less likely to complete the series than those who believe their mother supported vaccination. Several variables, such as sexually active in past 12 months, ever having a Pap test or abnormal Pap test, and ever having a STI, were not related to vaccine uptake.

Maternal endorsement and perception of the time needed to complete the series are important determinants of HPV vaccine uptake among young women.


Older swingers identified as hidden risk group for STI

Identifying STI risk groups is essential to providing effective STI prevention and treatment. This study compared STI prevalence rates in swingers with that of other risk groups.

For this study, swingers were considered those identifying as heterosexual and as a couple having sex with other heterosexuals (e.g. mate swapping, group sex, visit sex clubs for couples). Study participants were from a STI clinic in South Limburg, Netherlands.

Of 8971 consultations, 12% comprised swingers (median age 43 years). Overall, STI prevalence was highest in youth, men who have sex with men and swingers. Older swingers had a chlamydia prevalence of 10% and gonorrhea prevalence of 4%. The STI diagnosis in the older group comprised 45% for swingers and 31% MSM.

Swingers are a hidden STI risk group needing attention in STI prevention and care services. Further, older STI clinic clients should not be overlooked as a potential risk group in need of STI care services.


Consistent condom use associated with lower HPV in men

In two US cities, 463 men 18-40 years were tested for 37 HPV types. Positive for HPV ranged from 37.9% who reported “always” using a condom to 53.9% for those reporting “never” using a condom. Always using a condom (vs less frequently) was associated with lower odds of HPV detection. This association was stronger for men with >1 partner than among men with only one partner.


Sexual intercourse declined among teens

From 1988 to 2006-2008, the percentage of never-married teenage females (15-19 yrs) who ever had sexual intercourse declined from 51% to 42%. For males, the decline was 60% to 43%. Hence, by 2006-2008 ever had coitus was similar for teen males and females.