

87 Years Old, One Sex Partner, Diagnosed with AIDS

A recent article in the Medscape Medical News from the U.S. highlights the issue of older people possibly being overlooked in testing for HIV/AIDS and other STIs.

In this case an 87 year old woman was diagnosed not only positive for HIV but she was diagnosed with AIDS which meant she had been living with HIV without any treatment for years.

“Her husband has been her only sexual partner,” said John Sapero, office chief of the Arizona Department of Health HIV Prevention Program. But Sapero’s office had just implemented an opt-out HIV testing program in their emergency department, meaning that they were compelled to do a test unless she refused. She did not.”

“It turned out the woman’s husband had been to several emergency departments in the area

3 years before for various complaints before he died. Those were likely related to an underlying, untreated HIV infection, Sapero surmised.”

“You’d never walk up to this woman and think about giving her an HIV test, Sapero said at the United States Conference on AIDS in 2019. “The fact that you could screen her for that, regardless of her risk factors, and immediately link her to care and set her on her way to wellness, that’s important.”

“HIV testing can seem like a remote, even unnecessary addition to a busy clinical visit. However, this woman’s diagnosis illustrates that HIV testing is necessary for everyone, said Sapero.

[Source: www.medscape.com](http://www.medscape.com)

Diane Shannon

Community and Public Health
Canterbury District Health Board

Phone: 03 378 6755

Mobile: 021 023 264 57

Email: diane.shannon@cdhb.health.nz



SEXUAL HEALTH NEWSLETTER

November 2019

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Welcome to Community and Public Health's Sexual Health Newsletter.

It provides up to date information to health co-ordinators in schools and others working in the area of sexual and youth health in the Canterbury/West Coast region. Any feedback is welcome.

Abortion Law Changes

The Abortion Legislation Bill aims to update our abortion law by moving it from the Crimes Act to the health system and to simplify the process for early abortions. If the Bill is passed women would be able to self-refer to an abortion provider up to 20 weeks of pregnancy. After that time a doctor would need to approve it. In reality, late second and third trimester abortions are very rare.

This would bring New Zealand into line with other comparable countries. Under our current law (dating from 1977) abortions are often delayed due to the requirement for women to consult two certifying consultants for approval. This is especially difficult for women living in rural and remote areas.

The proposed law change will ensure that more women are able to access less invasive methods of abortion (e.g. pharmaceutical) within the first 12 weeks of pregnancy, rather than needing the surgical options required after 12 weeks. So this will also bring New Zealand up to date with current medical practice.

The Bill would also allow for the provision of a safe zone around abortion provider premises where they are experiencing disruptive protestors and the protestors are engaging in prohibited behaviour (including intimidating or interfering with a person accessing abortion services).

Health practitioners would retain the right to conscientiously object to abortion but would be required to inform a patient of this as soon as possible and inform them how to access other abortion providers.

The Bill passed its first reading in Parliament on 8 August with a vote of 93 to 23 and is now before a special Select Committee for a period of public consultation. It will return to Parliament early next year for further debate.

For further information download the fact sheet Abortion Law Reform: What you need to know from Family Planning www.familyplanning.org.nz.

Long Lasting Contraception Options Now Free

Pharmac have announced that Mirena and Jaydess, two highly effective forms of long lasting contraception, are now available free of cost.

While the devices have been available in New Zealand for a number of years, the \$300 - \$500 cost has been a deterrent to many women.

Mirena and Jaydess are inserted into the uterus and slowly release hormones to prevent pregnancy. The Mirena lasts for about 5 years and the Jaydess for about 3 years. They are 99% effective with less than 1 pregnancy per 100 users per year.

Family Planning welcome the announcement.

“Funding these two additional devices for contraception will improve equity and access to health care. It means everyone, regardless of their income, can now choose a Mirena or a Jaydess as a contraceptive option. This is a great step forward for New Zealand – it’s something we have wanted for a very long time and we are delighted,” Family Planning chief executive Jackie Edmonds says.

Source: www.familyplanning.org.nz/news/2019/pharmac-decision-supports-equity

Endometriosis

Endometriosis is a common inflammatory disease estimated to affect 176 million girls and women worldwide in their reproductive years. In New Zealand 120,000 are thought to be affected. This means that roughly 1 in 10 women in New Zealand will have endometriosis.

Endometriosis occurs when tissue similar to the lining of the uterus is found in places outside of the uterus, commonly in the pelvic region on the thin pelvic lining called the peritoneum, and also on the pelvic ligaments, the ovaries and the bowel. It is occasionally found in places outside the pelvis as well.

Symptoms can include: pain with periods (dysmenorrhoea), bowel problems, pain with sex, infertility, tiredness, pain in other places like the lower back, headaches or migraines, premenstrual syndrome, abnormal menstrual bleeding, or bladder problems.

Treatment options include: pain relief, hormonal medications such as the oral

contraceptive pill, non-steroidal anti-inflammatories or the insertion of an IUD (such as Mirena or Jaydess) that releases hormones into the uterus.

Laparoscopic surgery (key-hole surgery) may be recommended to view the pelvic organs so that a diagnosis can be made, and the endometriosis removed (excised). This is done in hospital under a general anaesthetic and should be performed by a gynaecologist with expertise in treating endometriosis. Evidence based self-management such as making nutritional changes to ease bowel related problems and exercising regularly can make a real difference. A multi-disciplinary approach to treatment is recommended.

Period pain (and pelvic pain) can also be caused by other common conditions like ovarian cysts, fibroids, pelvic inflammatory disease (PID) and heavy bleeding.

Source: Endometriosis New Zealand website at www.nzendo.org.nz