We look forward to having you join us next year at an even bigger gathering of all those with an interest in men’s health (Conference contact: Greg Millan, Conference Development Officer, Australasian Men’s Health Forum, gmillan@bigpond.net.au).

Acknowledgements

Many people are involved in organising these conferences and in running the Australasian Men’s Health Forum. Their hard work and dedication is acknowledged and appreciated.

2 Examples of presentations about “male-friendly” health service delivery

Wow I’m a Dad. Development of a booklet for first-time fathers
Alan Grochulski, Royal North Shore Hospital (booklet co-authored by Salih Ozgul)

Indigenous men’s health and wellbeing — “there’s more than just football”. The Royal Flying Doctor Service Mental Health Program
Brod Osborne and Johnathan Link, Royal Flying Doctor Service, Far North Queensland

Driving to good health — commercial drivers encouraged to “think about it”
Fiona Landgren, Clare Burns, Communicating for Health

Building capacity for health promotion at Fairfax — a case involving the Men@Work Program
Nick Petrunoof, John Fairfax Holdings Ltd

HealthBreak: Sleep Safe—Work Smart—Health Program
Howard, Lehrke, Wilson, Institute for Breathing and Sleep

Locally acquired infection with Entamoeba histolytica in men who have sex with men in Australia
Damien J Stark, Rashmi Fotedar, John T Ellis and John L Harkness

To the Editor: We report three cases of locally acquired Entamoeba histolytica infection in men with sex with men (MSM) in Sydney, New South Wales.

Entamoeba histolytica is an invasive pathogenic amoeba that can cause invasive intestinal and extraintestinal amebiasis. Entamoeba dispar is morphologically identical but is considered non-pathogenic and non-invasive.1

The three patients presented with a 1–3-week history of diarrhoea and abdominal pain. Routine bacterial cultures were negative for pathogens. Ova, cyst and parasite investigations showed cysts and trophozoites of E. histolytica/dispar complex in permanently stained, fixed faecal smears. Stool samples were tested for E. histolytica and E. dispar by polymerase chain reaction (PCR), using a previously described method.2 All three patients were positive for E. histolytica by PCR; sequencing of the amplicons verified the presence of E. histolytica DNA.

The three patients presented within a 12-month period in 2005–2006. All were homosexually active men (ages, 31–53 years) who lived in inner Sydney. None had a history of overseas travel within the previous 5 years, suggesting that the infections were locally acquired.

High rates of intestinal parasitism are found in MSM throughout the world. Oral–anal and oral–genital sexual practices are reported to predispose to infection with enteric pathogens, particularly protozoa. A study reported a higher prevalence (37%) of E. histolytica/dispar complex in a homosexual population in Sydney when compared to non-MSM.3 However, that study did not differentiate between the two species E. histolytica and E. dispar.

Amoebiasis has become endemic in MSM in Japan and causes significant morbidity and mortality; complications such as colitis and liver abscesses occur more frequently in homosexual and bisexual men than in heterosexual men.4 Similar findings on amoebiasis are reported from Taiwan, with MSM at increased risk for invasive amebiasis and intestinal colonisation with E. histolytica.5

The discovery of E. histolytica infection in MSM in Australia is of public health concern and highlights the importance of continued surveillance, as the organism has the potential to become endemic in the gay population and to cause significant morbidity. Clinicians should also be aware that E. histolytica is present in urban settings in Australia and should be included in differential diagnoses.

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REFERENCES


Competing interests

None identified.

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