Health, are now being pursued only in the private and non-government organisation sectors. In Swannell’s article, the dimensions of the broader approach (beyond sexually transmitted infections [STIs]) were given only token lip service — a brief mention of “sexual assault, contraception, sexual dysfunction, reproductive health and gender identity issues”. Most of the article reverted to a narrow biomedical emphasis on STIs and their management, and neglected the management of other crucial sexual health issues. This is disappointing, and a lost opportunity to advocate for a better response from the medical sector.

While the medical profession is central to STI service delivery, the broader realm of sexual health services requires a multisectoral response that involves sex therapists, counsellors, nurses and educators. Groups such as the Society of Australian Sexologists are working towards a more comprehensive approach through the professionalisation of sex therapists and others, with strict accreditation requirements. Sadly, it appears that a more comprehensive vision in the public sector is decreasingly likely, despite its importance in promoting sexual health.

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The health impacts of the 2018 Gold Coast Commonwealth Games: proactive planning is required, but who will do this?

To the Editor: The recent Commonwealth Games in Glasgow are a timely reminder of the 2018 Games planned for the City of Gold Coast. In 2013, the Queensland Government, in collaboration with Gold Coast City Council, produced a legacy plan to identify actions to be taken across government and to invite community input and engagement with the Games, including creating a health legacy. However, in the document supporting this plan, only two explicit health actions stand out: an accessible and inclusive active living and healthy eating program, and a local health and knowledge precinct to help generate economic development.

In early 2013, separate to legacy planning, the Gold Coast City Council also commissioned a social and health impact assessment (IA). The IA, which is not publicly available, reviewed the evidence base to reveal a more mixed picture about health concerns than is included in the legacy plan, and found:

- Mass gatherings provide ideal conditions for influenza transmission and amplification of preseasonal viruses, even in contexts of low seasonal influenza activity.
- Cases of Neisseria meningitides type b and leptospirosis occurring during

Correction

Missing author initial: In “Antibiotic prescribing practice in residential aged care facilities — health care providers’ perspectives” in the 21 July 2014 issue of the Journal (Med J Aust 2014; 201: 101-105), the name of one of the authors should have been published as Anton Y Peleg.

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LETTERS TO THE EDITOR

The MJA welcomes letters on new topics (no longer than 350 words) or commenting on an MJA article (no longer than 250 words). All letters should have no more than three authors. Comments about MJA articles should be submitted within 1 month of that article’s publication and should be given the same title as the article. Letters should be appropriately referenced in the same style and format as other MJA articles, with no more than 5 references. All research letters are peer reviewed, and other letters may also be peer reviewed. All letters are subject to editing. Proofs will not normally be supplied unless significant changes are made.

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