


Annual Report
2012



MISHC



Melbourne Sexual
Health Centre



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Annual Report 2012



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MELBOURNE SEXUAL HEALTH CENTRE ANNUAL REPORT 2012

Annual Report 2012

Melbourne Sexual Health Centre (MSHC) is a service within Alfred Health. The vision of the MSHC is to be a leader in the management and prevention of Sexually Transmitted Infections (STIs) and its mission is to maximize sexual health through innovation and excellence in public health, education, clinical care and research.

The Sexual Health Unit, School of Population and Global Health of the University of Melbourne is situated at MSHC which conducts research aimed at improving the services offered at MSHC and the control of sexually transmitted infections. The Unit also provides substantial input into post graduate sexual health education for health professionals.

OVERVIEW

The MSHC has been in operation since 1917 as a specialised unit for the diagnosis and treatment of sexually transmissible infections (STIs). It is the only centre that provides full-time, free sexual health services to the people of Victoria. The services provided by MSHC include general clinics for the management of STIs and HIV and a variety of specialist clinics. In 2001, the first Director was appointed with a dual role at both the School of Population Health and the Centre. In 2003, the Centre became part of Alfred Health.

The service provided is predominantly walk in led by nurse triage service that focuses on high risk individuals with some appointments

Special services provided by MSHC include:

- Medical care and community welfare support for people living with HIV
- Colposcopy clinic for women with abnormal Pap tests
- Vulval clinic for medical assessment and management of women with vulval disorders
- Dermatology clinic for specialist dermatological management of genital skin disorders and dermatological conditions in HIV positive and negative clients
- Counselling services with qualified counsellors that are available for individuals or couples with concerns about sexual health and STIs, including HIV
- STI testing through telephone consultations for young people under 25 years, men who have sex with men (MSM) and Aboriginal or Torres Strait Islanders of any age living more than 150km from Melbourne augmented by self collected specimens and postal treatment
- Outreach services for street based sex workers and men who attend sex on premises venues.
- Nursing service for Access Health (Salvation Army) in St Kilda that provides services for marginalised people in the community. Funding by the Drug and Alcohol section of the Department of Health has been provided for 5 hours of sexual health nursing services/ week.
- On-site pharmacy provided by Alfred Health
- On-site laboratory service provided by the Public Health Laboratory - Microbiology Diagnostic Unit (PHL-MDU), University of Melbourne which provides assistance to clinicians to make same day diagnoses and treatment

The team of health care providers at MSHC includes 26 doctors, 38 sexual health nurses, 2 counsellors, and a dietitian. The clinicians play an instrumental role in screening and testing for STIs and HIV, STI and HIV prevention, education and counselling. The health care team is supported by 15 other staff members in administrative or clerical roles, IT support, pharmacists and medical scientists.

The pharmacy services at MSHC are co-ordinated by Alfred Health pharmacy services. The staff rotate at approximately 6 monthly intervals and cover 4 campuses: The Alfred Hospital, Caulfield and Sandringham Hospitals, and MSHC.

As the population of Victoria grows, so too does the demand for the Centre's services. MSHC has continued to place importance on the provision of services that maximise access for members of the public in most need. This has been achieved through the continued provision of services that are free of charge, have greater flexibility through the use of walk-in triage and additional gains from clinical efficiency. Extra clinical services are provided for men who have sex with men (MSM), who currently constitute a major risk group for STIs in Victoria.

One of MSHC's key roles is to promote public health and education. It aims to provide material that is freely available to both the general public and health care providers, particularly general practitioners (GPs). MSHC provides support to GPs as well as the public through its web based services www.mshc.org.au and free-call telephone service whereby GPs can receive specialist clinical advice directly from a sexual health physician.

The MSHC website www.mshc.org.au comprises of information divided into three major sections:

- General Public
- Health Professionals
- Research and Education

There are also interactive online services provided:

For the general public:

- www.checkyourrisk.org.au (Check Your Risk) to check risk of exposure to an STI
- www.healthmap.org.au (Health Map) for HIV positive people to find out what tests are needed and also what issues should be on the agenda at the next visit to the doctor or clinic. Health Map asks questions about health and provides a personal report, based on expert advice. This report directs users to chosen websites for particular needs, and provides some facts and a "to do" list for medical care
- www.letthemknow.org.au (Let Them Know) for assisting individuals diagnosed with sexually transmitted infections about informing their partners about their possible risk of infection. The site has numerous tools including examples of conversations, emails, SMS and letters to communicate the information as well as fact sheets and a phone number (03 9341 6242) to listen to a short recorded message about chlamydia
- www.testme.org.au (TESTme) provides STI testing through telephone consultations for young people under 25 years, men who have sex with men (MSM) and Aboriginal or Torres Strait Islanders of any age living more than 150km from Melbourne augmented by self collected specimens and postal treatment

For general practitioners:

- www.mshc.org.au/GPassist (GP Assist) provides a mechanism to improve partner notification by providing the www.mshc.org.au/GPassist web address on laboratory reports of positive results of common STIs. Accessible information about treatment of the more common STIs and simple tools such as partner letters and fact sheets for GPs to use in discussing partner notification are also available at this site

Online training and education resources for health care professionals:

- Educational videos (see list Table 1) and audios for management of common sexual health issues such as treating genital warts and diagnosing PID, taking a Papanicolaou smear, symptoms of acute HIV, and examples of partner notification explanations to clients www.mshc.org.au/Home/tabid/179/Default.aspx
- Treatment guidelines www.mshc.org.au/Guidelines/tabid/257/Default.aspx
- Online STI atlas www.stiatlas.org is a free, open access online atlas showcasing MSHC's extensive library of clinical images aimed at improving diagnoses of STIs for health care providers internationally
- Making a diagnosis information and clinical photographs www.mshc.org.au/MakingaDiagnosis/tabid/254/Default.aspx
- Case studies with photographs www.mshc.org.au/OnlineEducation/CaseStudies/tabid/376/Default.aspx
- Fact sheets for their clients www.mshc.org.au/FactSheets/tabid/253/Default.aspx

Table 1 List of educational videos for health professionals

1. MSHC Orientation	A brief description about what happens at Melbourne Sexual Health Centre
2. Chlamydia - introducing the test	How to introduce the recommended annual chlamydia test in a non sexual health consultation.
3. Chlamydia in general practice	Who, Where, When and Why. An update on a previously recorded - chlamydia testing video
4. Pap test video	A clinicians guide to taking a Pap Test.
5. PID	Pelvic inflammatory disease - diagnosis and management
6. Partner notification	Assisting patients to contact their partners
7. Warts removal	Treating warts by cryocautery
8. Sexual health examination	Sexual Health Examination and Normal Variants

9. Sexual health check up	Sexual health checkups for asymptomatic patients
10. Warts treatment	Wart treatment
11. HSV	Genital herpes

Table 2 List of educational audio presentations for health professionals

Topics	An Interview with	Presented by
Adolescent Sexual Health	Dr. Hennie Williams	Dr. Stella Heley
Genital Chlamydia	Dr. Marcus Chen	Dr. Stella Heley
Management of Vulvar Pain	Dr. Karen Berzins	Dr. Stella Heley
Pap Smear Terminology	Dr. Stella Heley	Dr. Ian Denham
Sex Worker Screening	Dr. Siobhan Burke	Dr. Ian Denham
Type-Specific Herpes Serology	Dr. Ian Denham	Dr. Stella Heley
MSM Screening	Dr. Tina Schmidt	Dr. Ian Denham

The Centre also fulfills an important role as a principal centre for the training of health professionals in Victoria. The Sexual Health Unit of the University of Melbourne is situated at MSHC and conducts epidemiological, public health and clinical research aimed at improving the services offered at MSHC and public health more broadly. In collaboration with the School of Population and Global Health the Centre offers a number of postgraduate courses, postgraduate subjects and short courses in sexual health.

MSHC places a premium on the provision of high quality services that are responsive to client needs. To this end, the Centre is active in quality assurance activities, which include an annual client satisfaction survey, where 99% of clients in 2012 expressed satisfaction with the service.

DIRECTOR'S REPORT

Welcome to our 2012 Annual report. During the year Melbourne Sexual Health Centre increased the number of client consultations without material change in resources. We provided 40,819 consultations which is the first time that we provided over 40,000 consultations in a year. This represents an 8% increase in consultations on the year before. Again 99% of clients were satisfied with the service they received and 99% reported that if needed they would attend the service again. On behalf of Suzanne, Rosey, and Marcus I would like to thank the extraordinarily talented professionals for another wonderful effort.

The further increase in efficiency that we have witnessed this year is due primarily to two major changes over the last few years. Firstly, 2012 was the second year of our electronic medical records system. A careful evaluation of this was undertaken this year, and after adjusting for factors that determine how long it takes to provide a service, the electronic medical record (EMR) system improved efficiency by about 5%. The evaluation was one of the most comprehensive yet undertaken of an EMR system and demonstrated the ideal synergy between the clinical service, our IT services and research that is undertaken at the Centre. Importantly the introduction of the EMR did not result in any reduction in the quality of the services provided. We are grateful to more than 12 MSHC staff were involved in this detailed analysis, that was lead by Lenka Vodstrcil. The second major change that occurred over this time was the maturing of the nurse led express testing service (NETS) that has now become a major part of our service. A special note of gratitude is warranted for Sheranne Dobinson, David Lee, and Karen Worthington as they worked hard to develop, implement and evaluate this service.

Another important change was the adoption of the new regulation for testing sex workers. Many of the staff at MSHC have worked very hard over the last 10 years to provide the scientific evidence that informed the decision to increase the interval of testing sex workers from one month to three months. Literally over night in October, this single change increased the effective efficiency of the service by nearly 10% by allowing the Centre to see more high risk individuals, such as men who have sex with men or clients with symptoms of STIs rather than screening sex workers monthly. This was an important gain in the effectiveness of the health care services in Victoria that occurred at no cost to them.

We took the opportunity to celebrate the Centre's 95th Anniversary on the 22nd June, 2012. The Centre opened on the 22nd June, 1917. This celebration combined the 20th Anniversary of the current site's opening in Carlton. Three guest speakers provided an outstanding historical overview of the Centre. Dr David Bradford was the Director of Melbourne Communicable Diseases Centre 1980 - 1986 (MCDC), Little Lonsdale Street, Melbourne; Dr Joc Forsyth was the previous Director of MDU-PHL Department of Microbiology at the University of Melbourne; Dr Di Tibbits is an Honorary Fellow with the Centre for Health & Society, Melbourne School of Population and Global Health, and has a particular research interest in sexually transmissible diseases and women's health. It was extremely well attended and to James Unger a deserving special thanks for organising the celebration.

Consistent with our aim of providing clients with an outstanding service, our talented IT staff set up "MSHC Wi-Fi". This is a wireless network connection for clients in the waiting room to access fact sheets and video resources through the local Wi-Fi network while in the waiting area. Thank you to Mieken Grant for sourcing so many contemporary health promotion videos which have appeal to our wide client group.

Congratulations to Ian Denham, Mark Chung, Afrizal, Marcus, and others who contributed to a new outstanding internet feature for health professionals. The STI Atlas is an ongoing collection of royalty-free high quality images of STIs courtesy of MSHC clinicians provided as an educational resource for local and international colleagues, available at <http://stiatlas.org/>. It forms part of our expanding resources for health professionals who provide STI services to the Victorian community.

This year Melbourne was chosen as the site for The International Union against Sexually Transmitted Infections (IUSTI) world congress. It is the oldest international organisation in the field (founded in 1923). This provided the opportunity for MSHC staff members to showcase their work with 9 oral presentations, 5 posters, and other related presentations at various sessions over the 4 days.

Finally some congratulations are in order. Tom Carter, DoH Partner Notification Officer for Victoria and MSHC, was recently awarded a Medal of the Order of Australia (OAM) in recognition of all the wonderful work during his career.

We are as always very grateful to the laboratories that provide us with such an excellent service. The Microbiological Diagnostic Unit provides on-site bacteriological services and the Victorian Infectious Disease Laboratory provides serological services. It is a pleasure to work with them in providing the Victorian public with some of the highest quality STI services in the world. Finally thank you to all our staff for their commitment, enthusiasm and wonderful collegial spirit that you display each and every day as you provide Victoria with an exceptional service.

SERVICES AND CONSULTATIONS

The numbers of consultations by type of service provided onsite are shown in Table 3. A further 503 outreach consultations were carried out offsite at various venues for men-who-have-sex with-men (MSM) and street sex workers (SSW).

Table 3

Clinic Type	Total	Male	Female	Transgender
General Clinic	36,528	22,946	13,475	107
HIV Clinic	3,229	2,870	345	14
Counselling	1,062	859	203	0
Total	40,819	26,675	14,023	121
<i>Individuals</i>	<i>18,425</i>	<i>11,970</i>	<i>6,413</i>	<i>42</i>

Diagnoses

The numbers of the most frequently made diagnoses in consultations are shown in Table 4.

Table 4

Diagnoses	Total
<i>Chlamydia trachomatis</i>	1,495
<i>Neisseria gonorrhoea</i>	558
Non gonococcal urethritis (NGU)	1,325
Herpes	776
Syphilis	126
Bacterial vaginosis	601
Warts	1,457
HIV new cases	56
PID	200
<i>Mycoplasma genitalium</i>	173
Lymphogranuloma venereum	9
HIV PEP	383
PCI	65
Gonorrhoea in women	33
Trichomoniasis in women	9

There has been an 8% rise in consultations (Figure 1) and increases in diagnoses including chlamydia and gonorrhoea (Figure 2-7).

Figure 1 Increase in numbers of clients each year

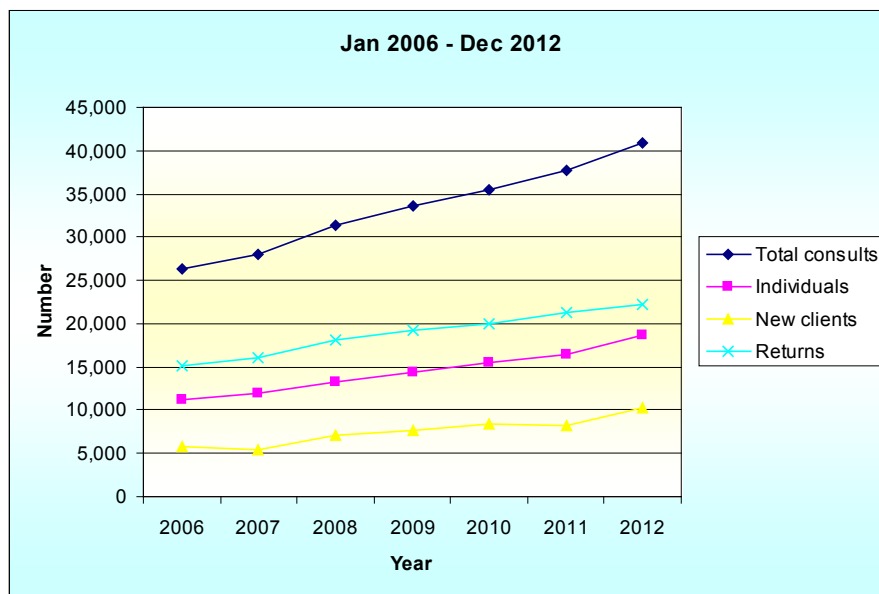


Figure 2 Number of positive chlamydia tests by year

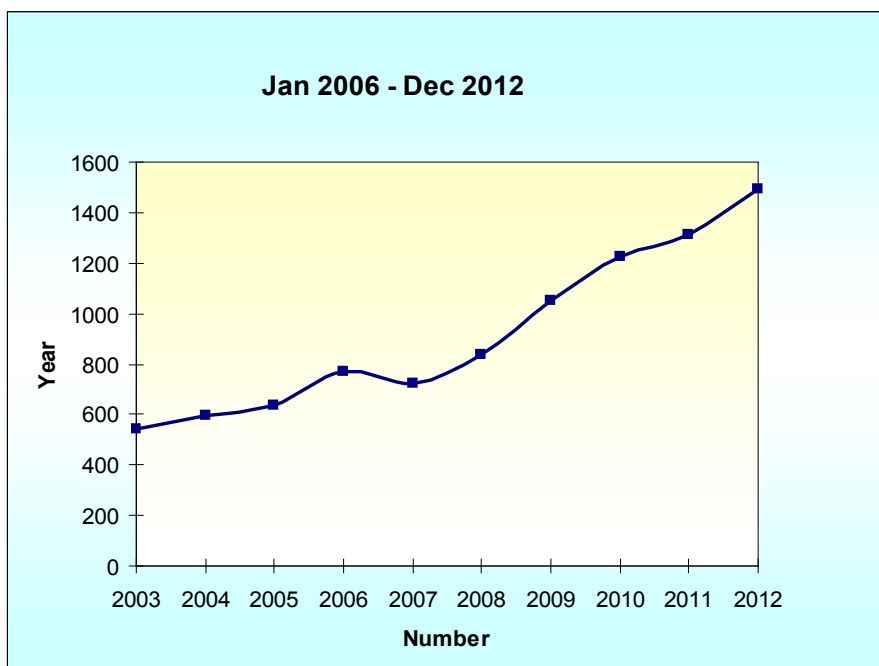


Figure 3 Number of positive gonorrhoea tests by year

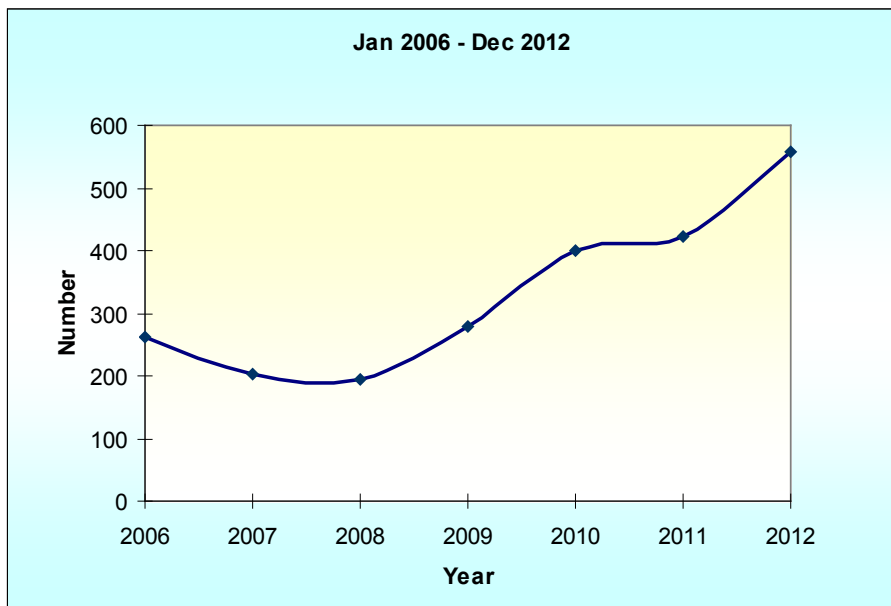
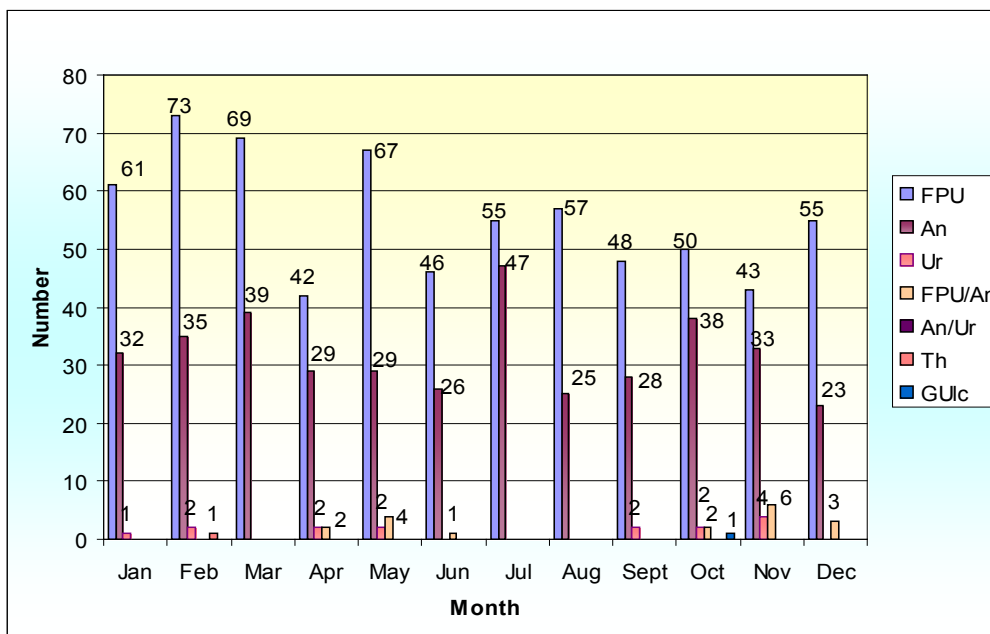
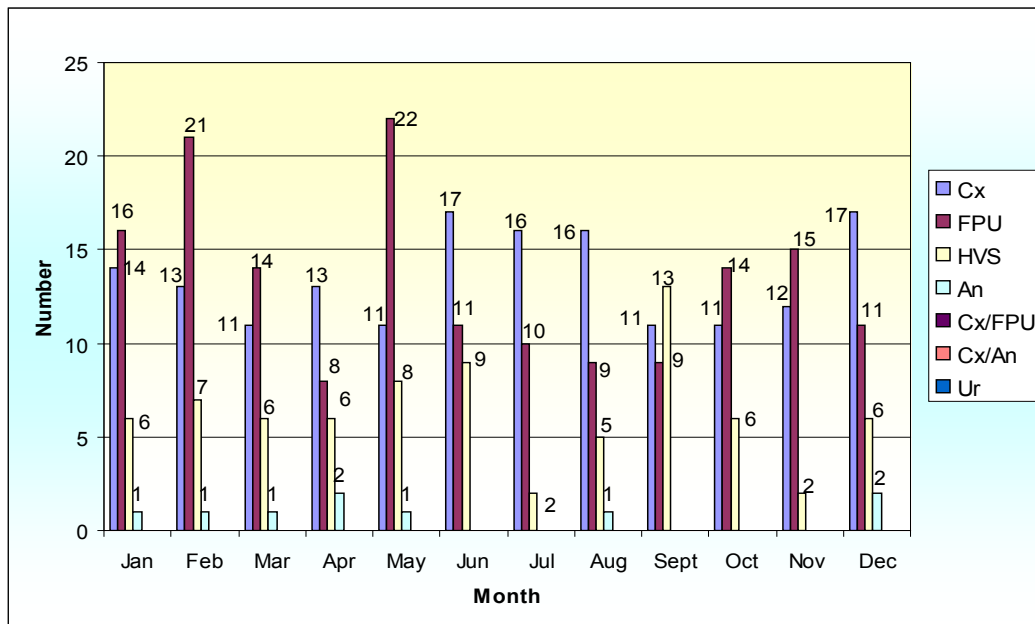


Figure 4 Sites of chlamydia infections among 1,086 males in 2012



List of abbreviations: FPU – first pass urine; An – anal; Ur – urethral, Th – throat, GUlc – genital ulcer

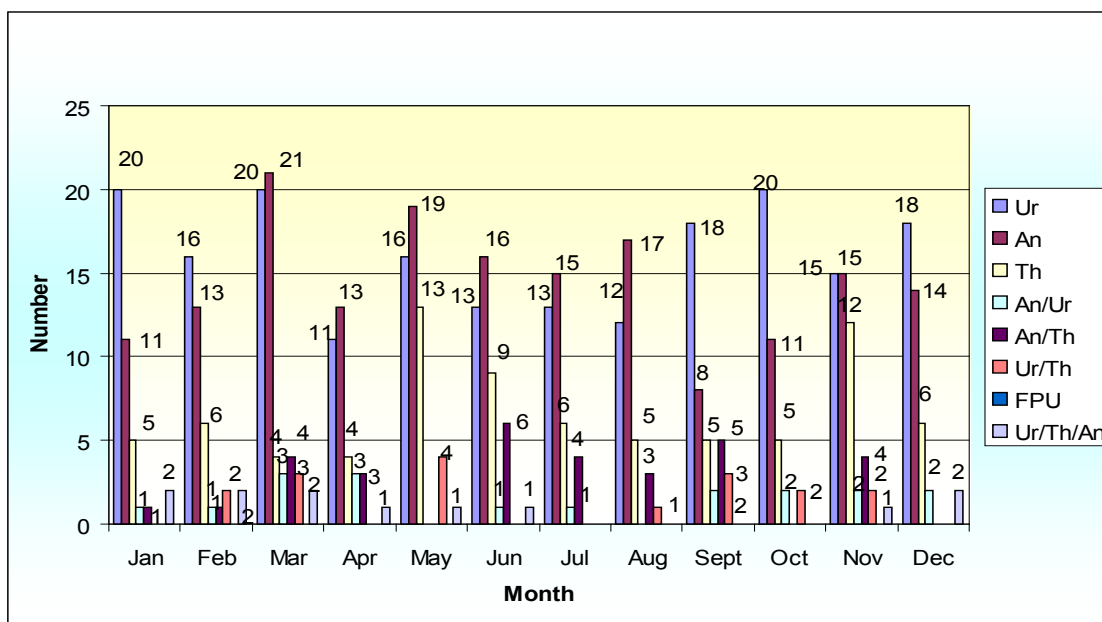
Figure 5 Sites of chlamydia infections among 407 females in 2012



List of abbreviations: Cx – cervical; HVS – high vaginal

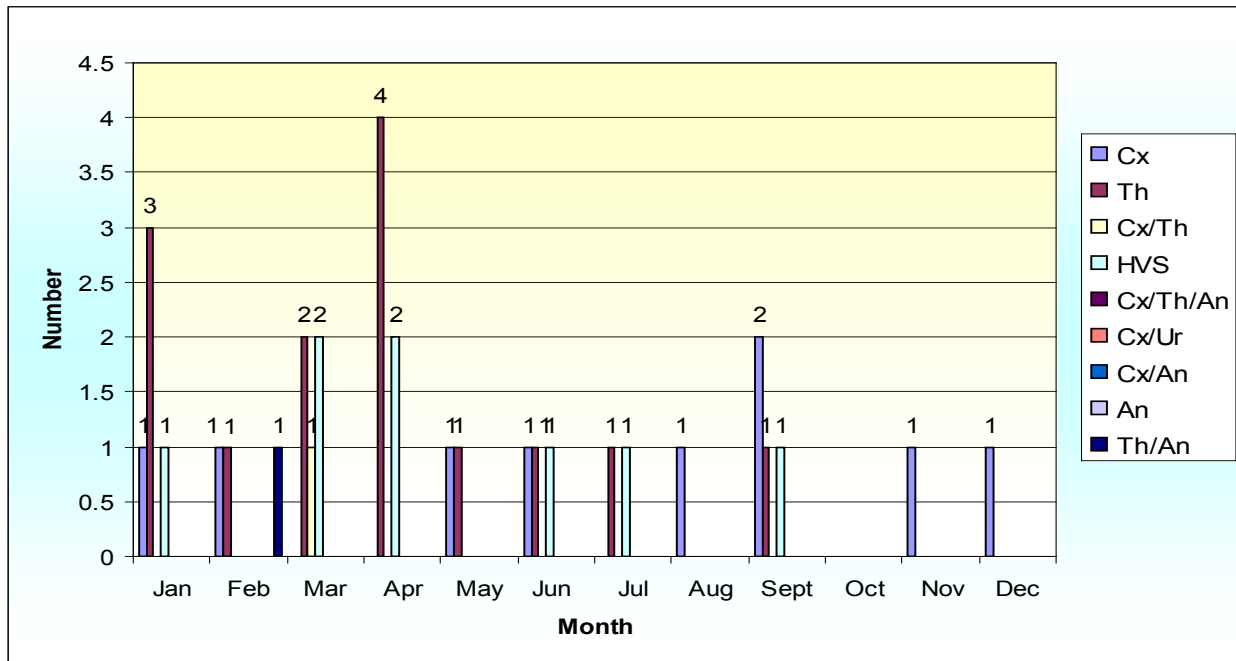
Chlamydia trachomatis remains the most common bacterial STI diagnosed at MSHC. The number of chlamydia infections by sex and site are shown below (Figure 3 and 4). The majority of gonococcal infections occur in MSM.

Figure 6 Sites of gonococcal infections among 523 males in 2012



List of abbreviations: FPU – first pass urine; An – anal; Ur – urethral, Th – throat

Figure 7 Sites of gonococcal infections among 33 females in 2012



List of abbreviations: Cx – cervical; HVS – high vaginal



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INDIGENOUS YOUNG PERSON'S SEXUAL AND REPRODUCTIVE HEALTH PROJECT

The Victorian "Indigenous young person's sexual and reproductive health project" funded by the Victorian Department of Health continues to operate from within the Wulumperi Aboriginal and Torres Strait Islander Unit at MSHC. The primary aim of the project is to raise awareness and encourage young indigenous people to access local services for sexual and reproductive health care. Clinical quality improvement and innovative health promotion programs for workers in Aboriginal and mainstream regional health services and regions continue to be developed and delivered to increase knowledge and confidence in dealing with sexual and reproductive health issues.

The young person's project is conducted in collaboration with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) Sexual Health Unit. MSHC aims to assist them in the delivery of key outcomes in their sexual and reproductive health strategy (2009 – 2014). This strategy incorporates programs for Indigenous Communities and their young people where the emphasis is on health, community, family and social connectedness.

Some activities within the program that are currently being delivered are

- Creating art and using story telling to teach young women about their fertility cycles, risk of sexually transmitted infections and relationships.
- Education about reproductive health and sexually transmitted infections is being delivered to Aboriginal Workers working with young people in the health and education system.
- Education and support for health professionals across Victoria to improve sexually transmitted infection testing services specific to the needs of young people that access Aboriginal and non Aboriginal health services.

Melbourne Sexual Health Centre continues to increase its profile to Aboriginal and Torres Strait Islander People living in Victoria by attending health promotion events held by the Aboriginal Community Controlled Health Services across Victoria. In 2012 MSHC attended many large events organised by local Communities where many hundreds of Aboriginal people of all ages attended and were given the opportunity to discuss sexual and reproductive health issues with the staff of Wulumperi.



Sacred Sistas Project



Sacred Sistas is an arts based sexual and reproductive health program for young women and girls.

A place to come and yarn, share stories, seek advice and support, and be creative through a variety of arts-based activities... all while learning about our bodies and their magic!

Half-day and full-day programs tailored to suit your community's needs.

Topics include:

- Body awareness
- Safe sex
- Contraception
- STI screening
- Pap testing
- HPV vaccination
- Respectful relationships
- Puberty & menarche
- Menstrual cycle
- Ovulation & fertility
- Pregnancy & conception



To organise a Sacred Sistas session in your community or for further information, please contact Kim Saitton
Wulumpeni Aboriginal and Torres Strait Islander Sexual Health Unit
Melbourne Sexual Health Centre, 580 Swanston St, Carlton, VIC 3053
Ph: 03 9341 6272 Email: ksaitton@mshc.org.au



PARTNERSHIP WITH CENTRE FOR EXCELLENCE IN RURAL SEXUAL HEALTH (CERSH), SHEPPARTON

MSHC continued to play a key role at CERSH in 2012 with the Director continuing to hold Chair of the CERSH Advisory Group and assisting the CERSH Director to secure continued funding for CERSH for the period of 2012 - 2016 from the Department of Health Victoria.

Through its partnership with MSHC and others, CERSH has continued to build workforce capacity in North East Victoria through targeted sexual health education programs for GPs, Nurses, Medical Students and Allied Health staff. The partnership with MSHC provides the key element in CERSH's workforce program and ensures that rural practitioners have access to the very latest sexual health research and clinical practice, in turn ensuring service provision is at the highest possible level for rural communities. Contributions the CERSH workforce program has been made by a wide range of MSHC staff throughout 2012.

MSHC and CERSH continued to collaborate on the 'TESTme' project throughout 2012 with development of the new website being completed and the new service being launched throughout the second half of the year.

CERSH also continued to partner with the Wulumperi Team at MSHC and the Sexual Health Unit at VACCHO to build a coordinated, collaborative indigenous sexual health promotion response for Aboriginal people living in rural Victoria. This partnership has been valuable and sustained over two years and continues to be an integral component of CERSH health promotion activities.



The Public Health Prisoner Initiative which commenced in December 2005 aimed to strengthen policies and practices in relation to the management of blood borne viruses BBVs and STIs in the thirteen Victorian Correctional facilities. The Victorian Department of Health funded the project from December 2005 to June 2011 and Justice Health has funded the project for another year until the project ceased at the end of the 2012 financial year. Clinical services within the prisons are now managed and delivered by the contracted prisoner health services.

MSHC has been contracted by St Vincent's Health care who is the prisoner health service provider at Port Philip Prison to provide a nurse for two days per week. Nyree Chung provides this service conducting weekly BBV/STI screening clinics and immunisation services. She also provides ongoing professional development of the health centre staff and has been involved in health promotion activities.



The Centre has continued to maintain strong research and education activities through the Sexual Health Unit of the School of Population Health, University of Melbourne.

Postgraduate Research

Completed:

- *Virtual visits: Investigating the acceptability of webcam consultations for young adults' sexual health*, **Cameryn Garrett**, PhD, University of Melbourne
- *"Choices Women Make" – Contraception and sexual health practices in women of reproductive age in the primary care setting in Victoria, Australia*, **Jason Ong**, MPH, University of Melbourne
- *Evaluation of GP Assist – Online point-of-care drug treatment information and partner notification information for GPs managing patients with a Sexually Transmitted Infection*, **Jane Howard**, MPH, University of Melbourne
- *Inconsistencies in antenatal STI screening practices in Australia: what are practitioner's attitudes towards, and knowledge regarding screening guidelines, sexual history taking, and testing of chlamydia and HIV in antenatal women?* **Claire Butselaar**, MPH, University of Melbourne

Professional Practice Units in Sexual Health as part of MPH

- *Sourcing of internet-based videos for sexuality education in young people that are appropriate for the MSHC website including the development of an evidence-based content list, a video appraisal tool and a video library.* **Clara Adams**, PPU, MPH, University of Melbourne
- *Participation in the delivery and fine tuning the content of a health promotion sexuality education programme for young indigenous women and the development of an evaluation tool for the programme called Sacred Sistas Project.* **Kim Sutton**, PPU, MPH, University of Melbourne

In progress:

- *Use of oral garlic (*Allium sativum*) in recurrent thrush (vulvovaginal candidiasis)*, **Cathy Watson**, PhD, University of Melbourne
- *Sexually transmitted viruses in men having sex with men*, **Tim Read**, PhD, University of Melbourne
- *Human papilloma virus in men who have sex with men*, **Huachun Zou**, PhD, University of Melbourne
- *The acceptability and feasibility of increased chlamydia testing in general practice*, **Anna Yeung**, PhD, University of Melbourne
- *The aetiology of rectal infections in men who have sex with men*, **Melanie Bissessor**, PhD, University of Melbourne

- *Sexually transmitted infections (STIs) in HIV-infected patients in the Australian HIV Observational Database (AHOD)*, **Brian Mulhall**, PhD, University of New South Wales
- *A trial of annual anal examination to detect early anal cancer in HIV positive men who have sex with men*, **Jason Ong**, PhD, University of Melbourne
- *Is the current treatment of genital chlamydia infection appropriate?* **Fabian Kong**, PhD, University of Melbourne
- *Epidemiology of gonorrhoea and its interaction with other major STDs among male patients in South Australia*, **Bin Li (Mikko)**, PhD, University of Adelaide
- *Sex and giving: The involvement of Australian philanthropic foundations in sexual and reproductive health in Australia*. **Elizabeth Gill**, MPH, University of Melbourne.

International Post Doctoral Research Fellows

Dr Nimal Gamagedara, Postgraduate Institute of Medicine, University of Colombo, Sri Lanka

Key achievements

- A Nurse Express Testing Service (NETS) was introduced in May 2010 to improve access to STI screening of clients presenting without symptoms who are deemed to be low-risk of HIV, but at risk of genital Chlamydia trachomatis. NETS relies on computer-assisted self-interview (CASI) to assess eligibility concluding with a brief consultation, utilising client self collected specimens. In 2012, a 12 month retrospective evaluation of NETS was conducted to evaluate client and staff satisfaction, service usage and STI prevalence. NETS detected similar rates of chlamydia to heterosexual asymptomatic clients seen via the usual pathways and high levels of client and staff satisfaction were described. NETS provides a valuable addition to the services MSHC responding to both clients needs and the increasing need for strategic service efficiency.
- Melanie Bissessor completed her training with the Chapter of Sexual Health Medicine and has obtained her specialist qualification in the discipline
- The Centre celebrated its 95th Anniversary on the 22nd June, 2012. The Centre opened on the 22nd June, 1917. This celebration combined the 20th Anniversary of the current site's opening. Three guest speakers were invited to deliver an historical overview of the Centre.
- MSHC Wi-Fi service. A wireless network connection is provided to clients in the waiting room to access fact sheets and video resources, This Wi-Fi connection has no access to the internet or any of MSHC resources
- Legislation was changed for the interval of screening for sex workers in October, 2012. Monthly testing is no longer indicated. The new rules are 3 monthly testing for sex workers for both swabs and bloods.
- The International Union against Sexually Transmitted Infections (IUSTI) is the oldest international organisation in the field (founded in 1923). Its object is the achievement of international cooperation in the control of sexually transmitted diseases, including HIV infection. The Union awarded an IUSTI Silver medal to Professor Christopher Fairley in recognition of his tremendous efforts on the Union's behalf
- MSHC staff members had 14 abstracts accepted (9 oral presentations and 5 posters) at the International Union against Sexually Transmitted Infections (ISSTD) Meeting in Melbourne in October, 2012. This year it was combined with the Australian Sexual Health Conference.
- Tom Carter, DoH contact tracer for MSHC, was recently awarded a Medal of the Order of Australia (OAM) in recognition of all the wonderful work during his career.
- STI Atlas is an ongoing collection of royalty-free high quality images of STIs courtesy of MSHC clinicians provided as an educational resource for local and international colleagues, available at <http://stiatlas.org/>
- Vinita Rane Sexual Health Registrar passed her physician's FRACP examination
- Lenka Vodstrcil was awarded a University of Melbourne Early Career Researcher Grant. The title is "The effect of hormonal contraception on bacterial vaginosis: a pilot study"



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PUBLICATION HIGHLIGHTS

Oral human papillomavirus in men having sex with men: risk-factors and sampling

Tim R. H. Read, Jane S. Hocking, Lenka A. Vodstrcil, Sepehr N. Tabrizi, Michael J. McCullough, Andrew E. Grulich, Suzanne M. Garland, Catriona S. Bradshaw, Marcus Y. Chen, Christopher K. Fairley

PLoS ONE 2012, 7 (11); e49324

Human papillomavirus (HPV) associated mouth or throat cancer is becoming more common. We looked at the commonness and risk factors for oral HPV among men who have sex with men (MSM) and also compared sampling and transport methods for finding HPV in samples. In 2010, 500 MSM (249 HIV-positive) attending Melbourne Sexual Health Centre answered a questionnaire, had their mouth and throat swabbed and provided a gargled oral rinse sample for HPV testing. Any HPV was detected in 19% of HIV-infected men and 7% of HIV-negative men. HPV type 16 was detected in 4% of HIV-infected men and less than 1% of HIV-negative men. HPV 16 and 18 persisted in 10 of 12 men who retested after six months. Oral HPV was found more often in men with HIV infection, who smoked, and had more lifetime tongue-kissing and oral sex partners. HPV detection in the oral gargle sample increased after recent tooth brushing from abrasions from brushing that increased the amount of infected cells. The liquid oral gargle sample was more sensitive than a tampon-absorbed oral gargle sample or the self-collected swab.

Bacterial vaginosis (BV) candidate bacteria: associations with BV and behavioural practices in sexually-experienced and inexperienced women

Fethers K, Twin J, Fairley CK, Fowkes FJI, Garland SM, Fehler G, Morton AM, Hocking JS, Tabrizi SN, Bradshaw CS

PLoS ONE 2012, 7(2); e30633

Recently 8 new bacteria associated with bacterial vaginosis have been described. We examined vaginal smears for BV by microscope and samples were tested for these newly described bacteria by molecular assays in 193 sexually-inexperienced university women and 146 women from a highly sexually-active clinic population in Melbourne. Detailed behavioural data was collected by questionnaire. The newly described bacteria associated with BV were found more often in women with BV compared to women with normal flora. The majority of BV associated bacteria were absent or rare in sexually-unexposed women, and were found more frequently with increasing sexual exposure, suggesting potential sexual transmission of BV associated bacteria

What do young women think about having a chlamydia test? Views of women who tested positive compared with women who tested negative.

Walker J, Walker S, Fairley CK, Bilardi J, Chen MY, Bradshaw CS, Urban E, Pirodda M, Donovan B, Kaldor J, Gunn J, Hocking JS, Hocking JS.

Sexual Health (May 2012) <http://dx.doi.org/10.1071/SH12019>

Published online: 19 November 2012

The experience of women testing positive for chlamydia was compared to the experience of women testing negative in this study. The women completed a questionnaire about their future sexual behaviour and testing. The questionnaire was completed by 872/1116 (78%) women including 67 women who tested positive. Many women (75%) felt anxious about having a chlamydia test but the women who tested positive were: less concerned about their future health (61% versus 81%); were less concerned about their partner(s) reactions (62% versus 79%); and were more likely to discuss their diagnosis with other people (57% versus 36%). The participants in the study were pleased to have been tested and supported a screening program. Women who tested positive were less concerned about having a positive result than women who tested negative anticipated they might be. Having a chlamydia test may cause anxiety in young women and should be addressed for a chlamydia screening program to be successful.

Clients' views on a piloted telemedicine sexual health service for rural youth

Cameryn C Garrett, Maggie Kirkman, Marcus Y.Chen, Rosey Cummings, Candice Fuller, Jane Hocking, Jane E Tomnay, and Christopher K Fairley

Sexual Health, 2012, 9, 192–193

Letter

We tested a service where young people could have doctors visits through the telephone with posted specimens (called telemedicine service). A free telemedicine service ('TESTme') for rural youth offered telephone consultation or video consultation via computer. The Melbourne-based service was available to clients under 26 years, living in Victoria at least 150 km from Melbourne. After the phone or video consultation, a home testing chlamydia kit was sent to clients. The service was widely advertised through flyers, SMS, Facebook, regional newspapers and youth magazines. Clients' views were investigated. All clients aged 15–24 were given a questionnaire. Some were also interviewed. The service was used by 25 rural youths aged 15–24; 18 returned the questionnaire, 4 were interviewed. All had a telephone consultation. They reported being satisfied with the service; most preferred the telemedicine service to consulting a doctor in person. Online video consultations for sexual health may not yet be an acceptable option to young people in Australia.

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STAFF

The continuing successes enjoyed by MSHC hinge on the ongoing enthusiasm and dedication shown by its multidisciplinary team. The professionalism and commitment of all staff of MSHC is reflected in the Annual Client Surveys which have recorded overall satisfaction rates of approximately 97-99% since 2005 (see Annual Client Survey).

Over the past 12 months a number of staff have reached important milestones in their length of service with Melbourne Sexual Health Centre. The staff members are:

25 years
Deanna De Silva
Stella Heley
Seenivasagam Yoganathan
15 years
Helen Henzell
Kirsty McNab
Tim Read
10 years
Surbhi Bird
Siobhan Bourke
Kathy Cook
Mandy Crema
Christopher Fairley
Ria Fortune
Kerri Howley
David Lee
Julie Silvers
Richard Teague
Robin Tideman
Jeanette Venkataya
Jocelyn Verry
Brad Whitton
Wendy Zeng

Staff Members

Administration and Computer Services

Afrizal	IT Systems and Support Officer
Angus Ayres	Patient Services Officer
Suzanne Amisano	Operations Manager
Bruce Barclay	Patient Services Officer
Christine Harrison	Operations Manager
Chelsie Jennings	Patient Services Officer
David Johnston	Patient Services Officer
Jun Kit Sze	IT Systems, Support & Development Officer
Karen Kon	Patient Services Co-ordinator
Cecily Sheppard	Patient Services Officer
Maggie Vandeleur	Patient Services Officer
Wendy Zeng	Patient Services Officer

Other Support

Mark Chung	Multimedia Content Co-ordinator
Deanne de Silva	Purchasing and Resources Officer
Glenda Fehler	Project Officer
James Unger	Personal Assistant to Director

Clinical Services - Medical

Karen Berzins	Doctor
Siobhan Bourke	Doctor
Melanie Bissessor	Doctor
Catriona Bradshaw	Doctor, Postdoctoral Research Fellow
Andrew Buchanan	Doctor
Marcus Chen	Doctor, Medical Unit Manager
Kathy Cook	Doctor
Ian Denham	Doctor
Christopher Fairley	Professor/Director
Kath Fethers	Doctor
Stella Heley	Doctor
Helen Henzell	Doctor
Kirsty McNab	Doctor
Alex Marceglia	Doctor
Anna Morton	Doctor
Tim Read	Doctor
Vinita Rena	Doctor, Sexual Health Registrar
Stephen Rowles	Doctor
Hennie Williams	Doctor, Senior Lecturer
Tina Schmidt	Doctor
Richard Teague	Doctor
Robin Tideman	Doctor
Seenivasagam Yoganathan	Doctor

Clinical Services - Nursing

Rohan Anderson	Sexual Health Nurse
Penne Braybrook	Sexual Health Nurse
Surbhi Bird	Sexual Health Clinic Support Nurse
Nyree Chung	Public Health BBV/STI Nurse
Caroline Cittarelli	Sexual Health Clinic Support Nurse
Mandy Crema	Sexual Health Nurse
Rosey Cummings	Nursing Services Manager
Freya Dench	Sexual Health Nurse
Sheranne Dobinson	Sexual Health Nurse
Jo Eccles	Sexual Health Nurse
Ria Fortune	Sexual Health Nurse
Candice Fuller	Sexual Health Nurse
Meakin Grant	Sexual Health Nurse
Peter Hayes	Counsellor
Kerri Howley	Sexual Health Nurse
Lisa Kennedy	Sexual Health Nurse
David Lee	Sexual Health Nurse Practitioner
Aileen McConnell	Sexual Health Nurse
Lorna Moss	Sexual Health Nurse; Clinical Nursing Co-ordinator
Jeannie Nicholson	Sexual Health Nurse
Ian O'Meara	Sexual Health Nurse
Susan Peterson	Sexual Health Nurse
Kate Potappel	Sexual Health Nurse
Lyn Pierce	Public Health BBV/STI Nurse
Anne Reid	Sexual Health Nurse
Carly Schreiber	Sexual Health Nurse
Roxana Sherry	Sexual Health Nurse
Anthony Snow	Sexual Health Nurse Practitioner Candidate
Mee Tan	Sexual Health Nurse
Haiping Tang	Sexual Health Nurse
Nuala Tobin	Sexual Health Nurse
Jocelyn Verry	Counsellor
Patricia Wakefield	Sexual Health Nurse
Karen Worthington	Sexual Health Nurse

HIV Clinic

Andrew Buggie	Clinical HIV Co-ordinator
Stephen Kent	Doctor
Jenny McDonald	Dietitian
Richard Moore	Doctor
Joe Sasadeusz	Doctor
Ivan Stratov	Doctor
Jeanette Venkataya	Patient Services Officer
Lucy Williamson	Sexual Health/HIV Nurse

Evaluation Unit

Clare Bellhouse	Research Administration
Jade Bilardi	Postdoctoral Researcher
Jane Hocking	Postdoctoral Research Fellow
Sarah Huffam	Sexual Health and Infectious Disease Physician
Helen Kent	Research Nurse
Andrea Morrow	Research Nurse
Julie Silvers	Research Nurse
Lenka Vodstrcil	Postdoctoral Research Fellow
Jennifer Walker	Postdoctoral Researcher
Sandra Walker	Postdoctoral Researcher
Karen Worthington	Sexual Health Nurse/Research Nurse

Indigenous Sexual and Reproductive Health Project

Bev Greet	Aboriginal Community Development Health Worker
Fiona Hassall	Aboriginal Community Development Health Worker
Rhys Kingsey	Aboriginal Community Development Health Worker
Bradley Whitton	Project Co-ordinator
Animaya Yates	Aboriginal Community Development Health Worker

Support Services

Laboratory

Leonie Horvarth	Senior Laboratory Scientist
Irene Kuzevski	Laboratory Scientist
Tori Haeusler	Laboratory Scientist
Megan Triantafilou	Laboratory Scientist
Kate Frauenfelder	Laboratory Scientist

Pharmacy

Catherine Forrester	Senior Clinical Pharmacist
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Rotating clinical pharmacists and technicians

Eva Koval	Clinical Pharmacist
Mei Pang	Clinical Pharmacist
Sarah Galea	Pharmacy Technician
Anna Asmanis	Pharmacy Technician



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