



TheAlfred



2013 Annual Report





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MELBOURNE SEXUAL HEALTH CENTRE ANNUAL REPORT 2013

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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.

Director:
Medical Unit Manager:
Nursing Services Manager:
Operations Manager:

Professor Christopher Fairley
Associate Professor Marcus Chen
Ms Rosey Cummings
Ms Suzanne Amisano



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. This year the Director transferred his University attachment and research from The University of Melbourne to Monash University's Central Clinical School. The teaching and sexual health courses remain with The University of Melbourne.

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 a website and/or 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 100km 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), The 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 and 2 counsellors. 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 100km 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 through Dr Williams at The University of Melbourne.

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 98% of clients in 2013 expressed satisfaction with the service.



Director's report



Welcome to our 2013 Annual report. This was the first year that Melbourne Sexual Health Centre did not observe an increase in the total number of consultations (Figure 1). Despite the number of consultations not increasing, the number of individuals and new clients seen increased, and most importantly more chlamydia, gonorrhoea, and syphilis was diagnosed. This highlights the success of our drive to provide services to those at greatest risk, and to maximize our contribution to the sexual health of Victorians.

In early 2013 we implemented a phone results system so gay and other men who have sex with men (MSM) could get their HIV results over the telephone. We had provided this for women and low risk men some time ago but extended the service to MSM for their convenience and also to ease pressure on our service. It has worked seamlessly and has improved effectiveness of our service. A detailed report on the effect of this is being prepared by Dr Melanie Bissessor as part of her PhD.

Secondly we were delighted that in October 2012 the sex worker screening changed and monthly testing is no longer required. A detailed analysis of this has been prepared by Dr Eric Chow and Glenda Fehler but essentially it shows that consultations that used to be filled by low risk sex workers are now being filled by higher risk symptomatic individuals with higher rates of sexually transmitted infections. Despite the more complex nature of clients that we see, the annual client survey showed again that 98% of clients were satisfied with the service they received and 98% reported that if needed they would attend the service again.

The express testing service (NETS) that was designed by Sheranne Dobinson, David Lee, and Karen Worthington is working extremely well. In 2013, approximately 3,260 NETS services were provided. Caroline Cittarelli and Surbhi Bird, along with the rest of the sexual health nurses, perform an outstanding job with this service that allows clinicians to focus their time and the Centre's resources on higher risk individuals.

A number of our staff have excelled this year. We are proud that Anthony Snow has now joined David Lee as a nurse practitioner at the Centre. Thank you to Tina Schmidt, Hennie Williams and Ian Denham for providing medical mentorship for Anthony. Jade Bilardi was awarded the 2013 Advancing Women's Research Success Grant from Monash University; Catriona Bradshaw received the 2013 award for Outstanding Contribution to Research in Sexual Health Medicine from The Royal Australasian College of Physicians, Australasian Chapter of Sexual Health Medicine; Vinita Rane was awarded the Jan Edwards prize at the Sexual Health Conference in Darwin in October, 2013 for the best proffered oral presentation by a trainee of the Australian Chapter of Sexual Health Medicine; and Jason Ong was awarded the Junior Research Award at the Sexual Health Conference in Darwin, 2013 by a trainee of the Australian Chapter of Sexual Health Medicine. Dr Tim Read and Dr Huachun Zou were both awarded PhDs.

Suzanne Wallis who is now employed at Goulbourn Vally Health has also been endorsed as a Nurse Practitioner. She has also received considerable support from MSHC clinical staff.

Our research program continues to grow strongly both in quality and quantity. We were awarded an NH&MRC Program Grant which provides over \$400,000 research funding a year until the end of 2019. A number of research staff published papers in prestigious journals such as the *British Medical Journal*, *Journal of Infectious Diseases* and *Clinical Infectious Diseases*

(see list of publications), and one of our papers written by Jessica Nash accepted for publication in *Sexually Transmitted Infections* this year was one of the 10 most read papers for the year (Nash et al, 2014; 90 (1): 55-57)

This year we were excited to develop closer links with Monash University, given that The Alfred is a Monash University teaching hospital. Dr Marcus Chen and Dr Catriona Bradshaw took up Adjunct Associate Professor positions and Dr Tim Read and Dr Eric Chow joined us as Postdoctoral Research Fellows and I moved my chair to Monash University. We will maintain strong links with The University of Melbourne and Dr Hennie Williams will continue her exceptional undergraduate and post graduate teaching program. The Centre will continue to work closely with our colleagues, such as Associate Professors Jane Hocking and Jane Tomnay at The University of Melbourne.

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.

On behalf of Suzanne, Rosey, and Marcus, I would like to thank the extraordinarily talented professionals for another wonderful effort. 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 526 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	35,072	22,306	12,647	119
HIV Clinic	3,474	3,103	363	7
Counselling	1,046	810	235	1
Total	39,592	26,219	13,245	127
Individuals	20,184	13,012	7,118	52

Diagnoses

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

Table 4

Diagnoses	Total
<i>Chlamydia trachomatis</i>	1,746
<i>Neisseria gonorrhoea</i>	646
Non gonococcal urethritis (NGU)	1,385
Herpes	938
Syphilis	177
Bacterial vaginosis	735
Warts	1,454
HIV new cases	64
PID	199
<i>Mycoplasma genitalium</i>	196
Lymphogranuloma venereum	9
HIV PEP	486
PCI	64
Gonorrhoea in women	25
Trichomoniasis in women	18

There has been a marginal decrease in consultations in the General Clinic from 36,528 in 2012 to 35,072 in 2013. The greatest reduction in clients was seen in returning clients (Figure 1) and this may be the result of changes to sexworker health checks from monthly to 3 monthly in October 2012 and the change in policy of HIV negative results for all clients being provided by telephone consultations from the beginning of the year.

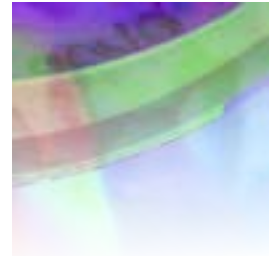
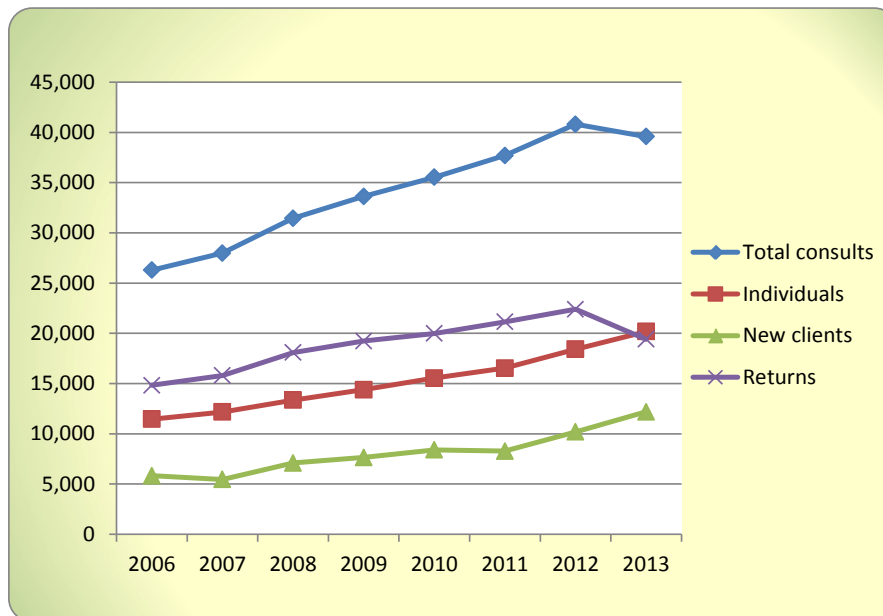


Figure 1 showing increasing numbers of clients each year



The numbers of positive chlamydia and gonorrhoea tests have also increased (Figure 2 and 3) as well as the number of infectious syphilis cases (Figure 4)

Figure 2 Number of positive chlamydia tests by year

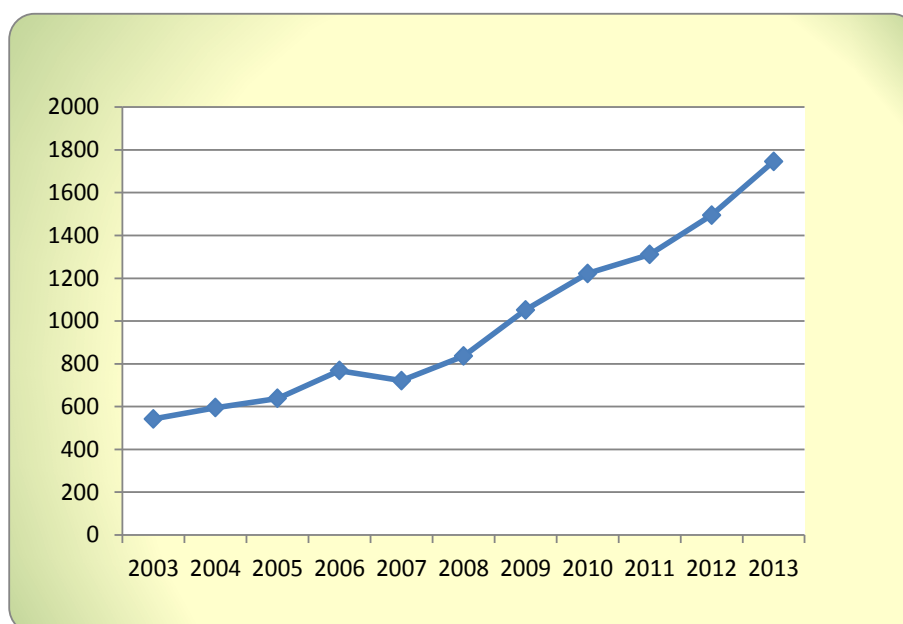




Figure 3 Number of positive gonorrhoea tests by year

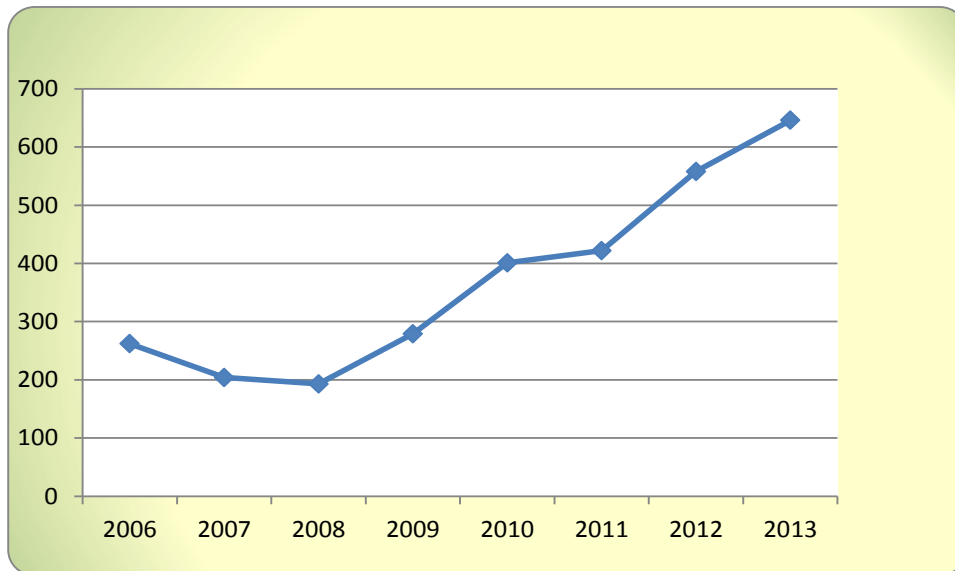
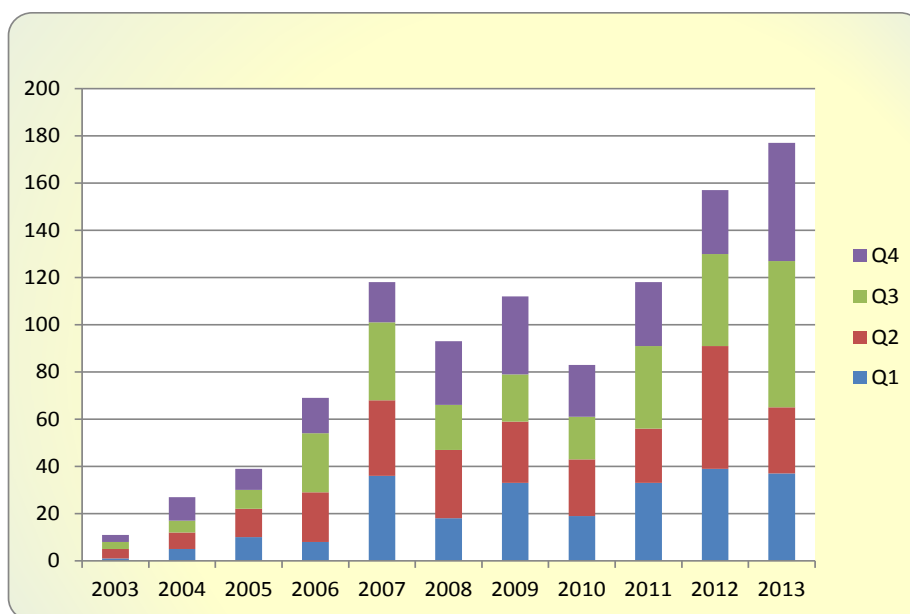


Figure 4 Number of infectious syphilis cases by Quarter



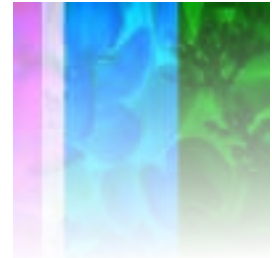
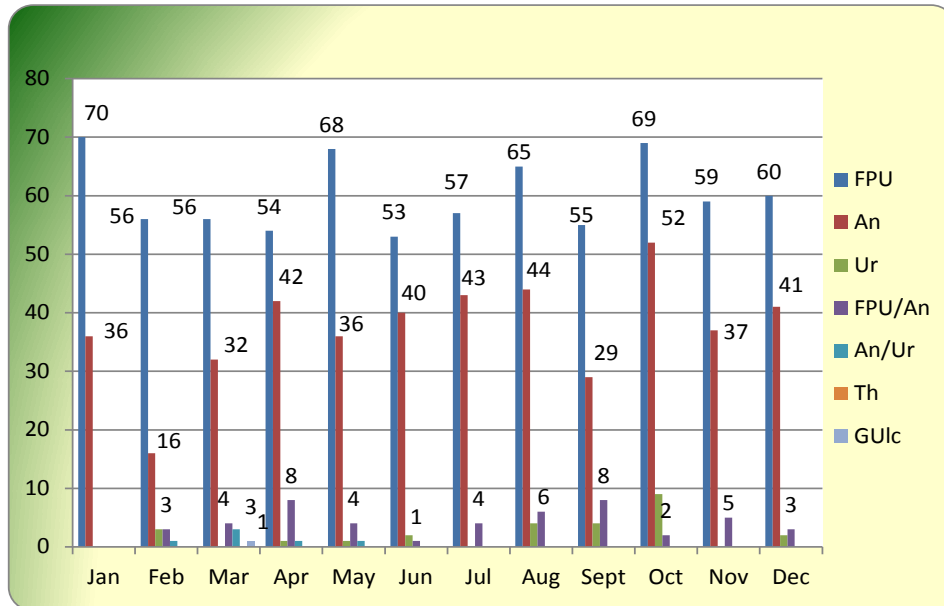
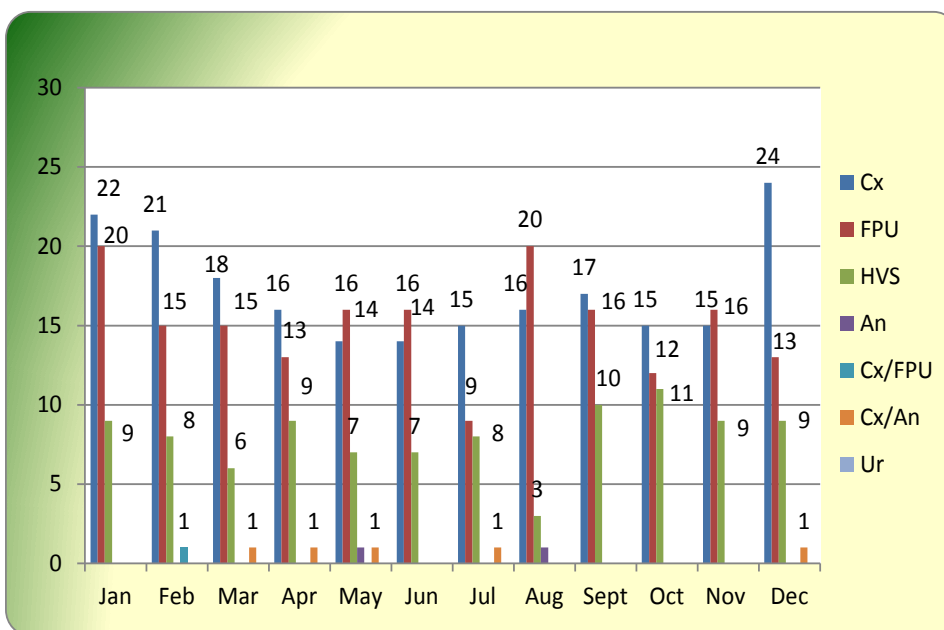


Figure 5 Sites of chlamydia infections among 1,251 males in 2013



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

Figure 6 Sites of chlamydia infections among 493 females in 2013

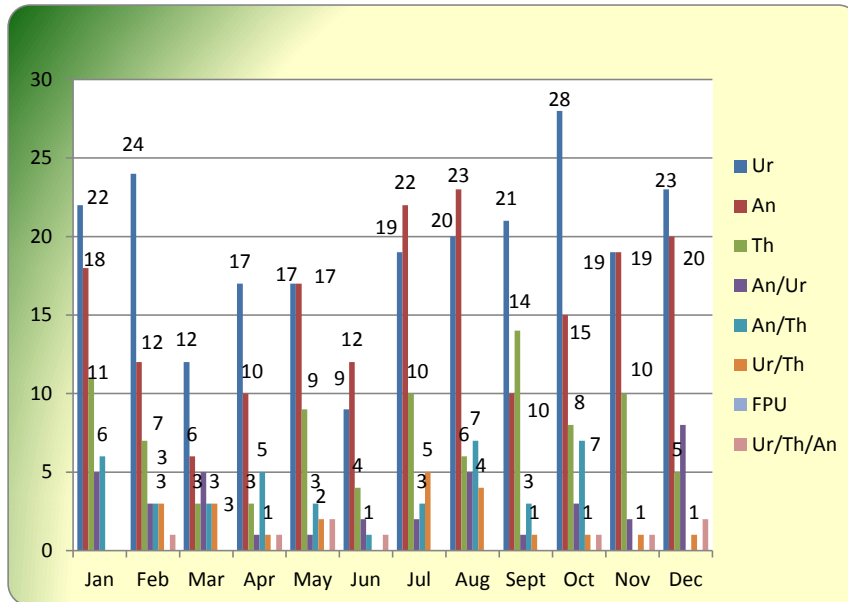


List of abbreviations: Cx – cervical; HVS – high vaginal

Chlamydia trachomatis remains the most common bacterial STI diagnosed at MSHC. The number of chlamydia infections by sex and site are shown in Figure 4 and 5). The majority of gonococcal infections occur in MSM.

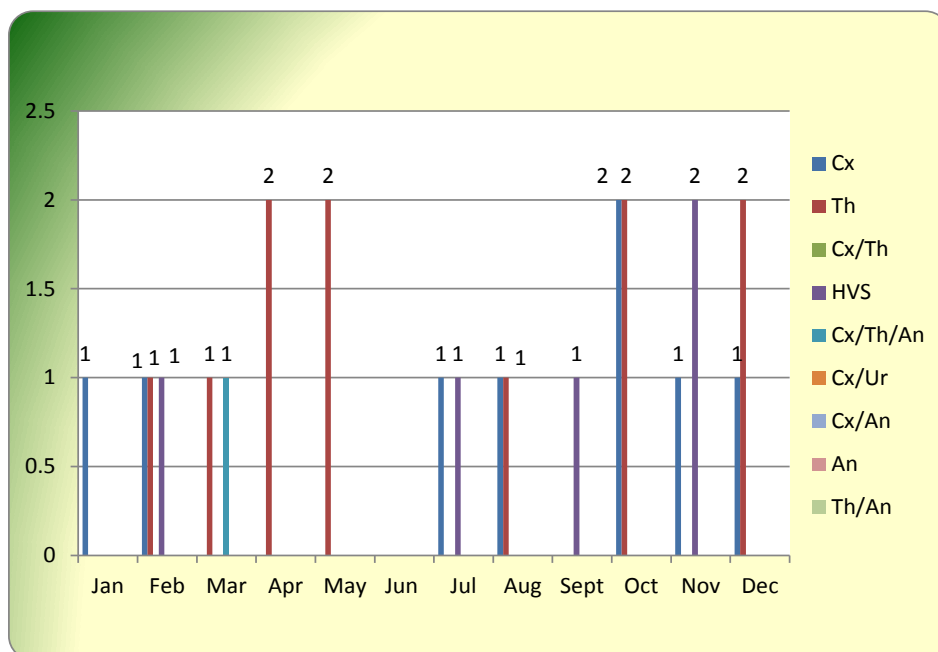


Figure 7 Sites of gonococcal infections among 615 males in 2013



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

Figure 8 Sites of gonococcal infections among 25 females in 2013



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

Indigenous young person's sexual and reproductive health project



The Victorian "Indigenous young person's sexual and reproductive health project" funded by the Closing the Gap National Partnership Agreement on Indigenous Early Childhood Agreement continues to operate from within the Wulumperi Aboriginal and Torres Strait Islander Unit at MSHC.

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 Aboriginal Communities and their young people where the emphasis is on health, community, family and social connectedness. The primary aim of the young person's project is to raise awareness and encourage young Aboriginal 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.

Some activities within the program that are currently being delivered to the Aboriginal Community are

- Creating art and using storytelling to teach young Aboriginal women and men about their fertility, risk of sexually transmitted infections and blood borne viruses and developing healthy relationships.
- Education about safe sex, sexually transmitted infections, reproductive health, and how to access local services is being delivered to Aboriginal young people within and external to the secondary school 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 2013 MSHC again 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.

Funding for the project is due to end in June 2014. MSHC and VACCHO will lobby the Australian Government Department of Health and the Victorian Department of Health for continued funding to keep delivering the programs and sexual and reproductive health on the agenda for Aboriginal young people and their Communities in Victoria.

Partnership with Centre for Excellence in Rural Sexual Health (CERSH), Shepparton and Bendigo



MSHC continued to play a key role at CERSH during 2013 with the Director of MSHC, Professor Kit Fairley, continuing to Chair the CERSH Advisory Group.

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 and has now expanded these activities into the Loddon Mallee Region of Victoria, setting up a base in Bendigo at La Trobe University, School of Rural Health.

CERSH looks to MSHC, as the peak State-wide clinical sexual health service, to provide leadership and research expertise to inform CERSH's rural workforce development program. Many MSHC staff have contributed to CERSH teaching and learning activities throughout 2013 and in return, CERSH has contributed a rural perspective to some of MSHC/The University of Melbourne teaching.

MSHC has also provided important leadership and partnership to CERSH in research projects, specifically this year continuing to enhance access to chlamydia testing for rural young people through the TESTme internet and telephone based service. MSHC and CERSH have also partnered on a research project aimed at exploring ways to further support newly diagnosed HIV positive men carry out partner notification.

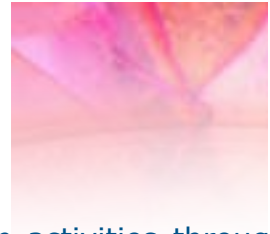
CERSH continues to collaborate with the Sexual Health Unit at VACCHO and the Wulumperi Team at MSHC to work towards building a coordinated, collaborative indigenous sexual health promotion response for Aboriginal people living in rural Victoria. The principles of Aboriginal health promotion practice guide this work, including community centered practice, authentic participatory processes and respect for the local cultural context. In partnership with local Aboriginal communities, MSHC and VACCHO, CERSH has focused in 2013 on evaluating the collaborative programs we have delivered in the past and exploring the strengths and challenges we have encountered, with a view to informing future work.

Prison Initiative

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 and Justice Health funded the project from December 2005 to June 2012. Clinical services within the prisons are now managed and delivered by the contracted prisoner health services.

MSHC is now contracted by St Vincent's Health Care to provide a nurse for two days per week at Port Philip Prison. 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.

Research



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

Postgraduate Research

Completed:

*Use of oral garlic (*Allium sativum*) in recurrent thrush (vulvovaginal candidiasis), **Cathy Watson**, PhD, The University of Melbourne*

*Human papilloma virus in men who have sex with men, **Huachun Zou**, PhD, The University of Melbourne*

*Sexually transmitted viruses in men having sex with men, **Tim Read**, PhD, The University of Melbourne*

*Sex and giving: The involvement of Australian philanthropic foundations in sexual and reproductive health in Australia. **Elizabeth Gill**, MPH, The University of Melbourne*

*Heterosexual HIV-negative partners views on HIV pre-exposure prophylaxis- a qualitative study **Joana Falcao**, MPH, The University of Melbourne*

Professional Practice Units in Sexual Health as part of MPH

*'What is it?' Gaining consumer views into an online self-diagnosis tool for sexually transmitted infections, **Jessica Hehir**, The University of Melbourne*

In progress:

*The acceptability and feasibility of increased chlamydia testing in general practice, **Anna Yeung**, PhD, The University of Melbourne*

*The aetiology of rectal infections in men who have sex with men, **Melanie Bissessor**, PhD, The 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, The University of Melbourne*

*Is the current treatment of genital chlamydia infection appropriate? **Fabian Kong**, PhD, The 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*

*What do we know about the diagnosis & management of pelvic inflammatory disease in Australia? **Jane Goller**, PhD, The University of Melbourne*

International Post Doctoral Research Fellows

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

Key achievements

- MSHC staff members had 30 abstracts accepted (10 oral presentations and 20 posters) at the International Union against Sexually Transmitted Infections (ISSTDR) Meeting in Vienna, Austria in July, 2013
- Tom Carter and Beth Hatch, DoH partner notification officers for MSHC, were presented with the 2013 "Human Rights and Nursing Award" by the University of Surrey, Faculty of Health and Medical Sciences in recognition of their valuable work in partner notification, since the advent of HIV / AIDS in Victoria. Both Tom and Beth are the first Australian

nurses to be recognised and presented with this award. The Human Rights and Nursing Award is presented to any nurse in recognition of an outstanding commitment to human rights and exemplifying the essence of nursing's philosophy of humanity

- Jade Bilardi was awarded the 2013 Advancing Women's Research Success Grant from Monash University based on evidence of high research achievement, strong potential for career progression and the likelihood that the grant would enable the applicant to improve their research track record and enhance their career progression. This is a highly competitive grant and many applications are received from women across Monash University
- Sex Talk annual education program was attended by 67 participants in 2013 which included doctors, a psychologist, youth workers, Aboriginal health workers, school health and rural nurses
- Suzanne Wallis and Anthony Snow received endorsement as Nurse Practitioners
- Vinita Rane was awarded the Jan Edwards prize at the Sexual Health Conference in Darwin in October for the best proffered oral presentation by a trainee of the Australian Chapter of Sexual Health Medicine
- Jason Ong was awarded the Junior Research Award at the Sexual Health Conference in Darwin by a trainee of the Australian Chapter of Sexual Health Medicine
- Catriona Bradshaw received the award for Outstanding Contribution to Research in Sexual Health Medicine from The Royal Australasian College of Physicians, Australasian Chapter of Sexual Health Medicine



Publication highlights



Acceptability of Digital Anal Cancer Screening Examinations in HIV-positive Homosexual Men

Read TRH, Grulich AE, Vodstrcil L, Farmer C, Bradshaw CS, Tabrizi SN, Hocking JS, Anderson J, Fairley CK

HIV Medicine, 2013 14 (8): 491 - 496

Anal cancer (squamous cell carcinoma) is more common in HIV-positive gay men than in the general population and outcomes worsen with increasing tumour size. Medical records were reviewed between 1992 and 2010 from a hospital radiotherapy unit and major centre for HIV care, in Melbourne, Australia. Of 128 cases with anal cancer, 24 (19%) were in HIV-positive men. At diagnosis, half (52%) of the tumours were visible and the average size was 36mm in size (29mm in HIV-positive and 38mm in HIV-negative patients). The most frequent symptoms were bleeding (43%) and pain (36%). Symptoms were present for around 22 weeks ranging from 1 to 104 weeks. Physical examination may detect many of the tumours before patients seek medical care, meaning that screening high-risk groups by anal inspection is possible.

Gay and bisexual men's views on rapid self-testing for HIV

Bilardi JE, Walker S, Read T, Prestage G, Chen MY, Guy R, Bradshaw C, Fairley CK

AIDS & Behaviour 2013, 17(6): 2093 - 2099

Thirty-one gay and bisexual men were interviewed for their views on HIV rapid tests for home use in Australia. The main reasons men gave for not getting tested more often for HIV were because: they believed themselves to be at low risk, particularly if they were in a regular relationship; it was inconvenient and impractical to visit health services for testing during working hours, particularly given lengthy waiting times and repeat visits for results; or due to laziness or procrastination. The majority of men supported the introduction of quick and easy, painless self-testing home tests and would be likely to use the tests. Most reported they would use them for interim testing and not to replace blood testing at health services because they could not detect other sexually transmitted infections or provide the professional expertise and support provided at health services. The frequency with which they would use rapid home tests would largely depend on the cost. Details about the accuracy and reliability of the test and the window period with access to 24 hour helpline could be useful.

The potential of metatranscriptomics for identifying screening targets for bacterial vaginosis

Twin J, Bradshaw CS, Garland SM, Fairley CK, Fethers K, Tabrizi SN

PLoS ONE 2013, 8(9): e76892

No single germ has been identified yet as the cause of bacterial vaginosis (BV), and BV is now generally considered to be caused by more than one germ. The introduction of sophisticated molecular-based screening methods has increased our capability to characterise and give us a better understanding of the germs in human clinical samples. A sample collected from a woman with bacterial vaginosis (BV) was analysed to determine which active germs were present and to identify potential targets for use in further screening. The most common bacteria found were *Prevotella* (predominately *P. amnii*) (36%), followed by *Megasphaera* (19%), *Leptotrichia/Sneathia* (8%) and *Fusobacterium* (8%). The presence of *P. amnii* was screened for in a larger pool of samples of 90 sexually active women. This bacterium was found to be strongly associated

with BV among the 90 women. *Prevotella amnii* was chosen as an example target, being the most metabolically active germ present in women with BV. Our limited findings reinforce that *P.amnii* may be an important BV-associated germ.

Women's experiences of pelvic inflammatory disease: Implications for health care professionals

Newton, D, Bayly C, Fairley CK, Chen M, Keogh L, Temple-Smith M, Williams H, McNamee K, Fisher J, Henning D, Hsueh A, Hocking J

Journal of Health Psychology 2013, 11 March

This study interviewed 23 women diagnosed with pelvic inflammatory disease about their health-care experiences. Many women felt more empowered about their health after being diagnosed. A smaller number reported becoming hyper aware of their symptoms. The possibility of infertility was the greatest concern for these women. Inadequate information and treatment resulted in negative health experiences, whereas clinician honesty and concern were viewed positively even when doctors were unable to provide exact information. The findings highlight the need for community education emphasizing the importance of safe sex practices and encouraging early presentation for the treatment of pelvic pain. There is also the need for health practitioners to provide adequate good quality verbal and written information that could reduce the level of psychological distress and confusion for some women with pelvic inflammatory disease.



Publications

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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:

30 years

Ian Denham

15 years

Joe Sasadeusz

25 years

Tina Schmidt

10 years

Lorna Moss

David Johnston

Catriona Bradshaw

20 years

Alex Marceglia

Trish Wakefield

Anthony Snow

Helen Kent

Staff Members

Administration and Computer Services

Afrizal	IT Systems and Support Officer
Suzanne Amisano	Operations Manager
Alison Clough	Patient Services Officer
Jon Colvin	Patient Services Officer
Fleur Glenn	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
Melanie Bissessor	Doctor
Catriona Bradshaw	Doctor
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 Rane	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
Stuart Cook	Sexual Health Nurse
Mandy Crema	Sexual Health Nurse
Rosey Cummings	Nursing Services Manager
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
Abby Knoester	Sexual Health Nurse
David Lee	Sexual Health Nurse Practitioner
Aileen McConnell	Sexual Health Nurse
Lorna Moss	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
Anne Reid	Sexual Health Nurse
Carly Schreiber	Sexual Health Nurse
Anthony Snow	Sexual Health Nurse Practitioner
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
Richard Moore	Doctor
Joe Sasadeusz	Doctor
Ivan Stratov	Doctor
Jeanette Venkataya	Patient Services Officer
Rohan Anderson	Sexual Health/HIV Nurse
Lucy Williamson	Sexual Health/HIV Nurse
Pene Braybrook	Sexual Health/HIV Nurse
Haiping Tang	Sexual Health/HIV Nurse
Aileen Mc Connell	Sexual Health/HIV Nurse
Anne Reid	Sexual Health/HIV Nurse
Susan Peterson	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
Sandra Walker	Postdoctoral Researcher
Karen Worthington	Research Nurse
Stuart Cook	Research Nurse
Huachun Zou	Postdoctoral Research Fellow

Indigenous Sexual and Reproductive Health Project

Bev Greet	Aboriginal Community Development Health Worker
Rhys Kinsey	Aboriginal Community Development Health Worker
Kim Sutton	Aboriginal Community Development Health Worker
Bradley Whitton	Project Co-ordinator

Support Services

Laboratory

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

Pharmacy

Ivette Aguirre	Senior Clinical Pharmacist
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Rotating clinical pharmacists and technicians

Kate Mackie	Clinical Pharmacist
Candice Kloeden	Pharmacy Technician
Kirsty Warne	Pharmacy Technician



