

MSHC 2011

ANNUAL REPORT



MELBOURNE SEXUAL HEALTH CENTRE ANNUAL REPORT 2011

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 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.

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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.

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
- 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
12. F+RST	Symptoms of acute HIV and diagnosis

The Centre also fulfils 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 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 97% of clients in 2011 expressed satisfaction with the service.

DIRECTOR'S REPORT

Welcome to our 2011 Annual report. During the year Melbourne Sexual Health Centre increased the number of client consultations without material change in resources. We provided 37,696 consultations to 24,126 individuals which was a 6% increase on the year before. Again 97% of clients were satisfied with the service they received and 98% reported that if needed they would attend the service again. Another extraordinary effort, from an extraordinary group of talented professionals.

Perhaps the highlight of this year was the introduction of our paperless medical record system that was specifically designed to seamlessly integrate our many different functions. The careful and meticulously planning over the preceding years allowed its introduction to almost go unnoticed. There are too many individuals to thank each by name, but Jun, Afrizal, Glenda, Rosey, Marcus, Lorna and many others need a very loud round of applause and also Ian Krigsman who wrote the software. It has been a universal success and now we can't

possibly manage without it. The significant savings in time and materials associated with this new system will be substantial. The next task is to further develop decision support algorithms to further improve the quality of the medical service we provide.

This year the Centre had the opportunity to show case our research profile at the largest international STI research conference (ISSTD) in Quebec City, Canada which is held every two years. MSHC gave 10 oral presentations. In comparison, in 2003 in Ottawa we gave only one oral presentation. We have had other research successes with two staff members, including Marcus Chen receiving awards for outstanding contributions to research at the Australasian Sexual Health Conference in Canberra in September. Catriona Bradshaw and Marcus Chen were both successful as chief investigators on NHMRC project grants and Melanie Bissessor was awarded an NHMRC scholarship. The Centre received a Victorian Public Health Award (Silver) in the category of excellence in enhanced quality healthcare through e-health and communications technology for the 'Let Them Know' website.

We are 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.

Following a pilot phase in 2010, the nurse led express service (NETS) moved into full operation in 2011. This service allows asymptomatic individuals at significant STI risk to avoid the need to wait to see a clinician. Following a detailed sexual history on the computer assisted self interviewing screens; they collect their own clinical samples, have bloods drawn and then collect their results by phone. These sorts of services are now developing in a small number of innovative centres around the world and provide efficient and effective STI screening at significantly reduced costs. Thank you to Sheranne, David Lee, Rosey and Karen Worthington for so carefully planning and implementing this new service model.

Our web page continues to attract considerable interest with over 100,000 visits in 2011. It provides the Victorian public with lots of information about STIs, the Centre and other services. It provides professionals with a considerable variety of clinical resources to assist them in the management of STIs and an ever increasing number of videos and audio presentations for professional development. A special thanks to Mark Chung, Ian, Stella and others for the continued development of these.

To all our staff who have shared their innovative ideas and enthusiasm for change not only this year but over the last decade, I appreciate their wonderful collegial spirit combined with the desire for excellence in service provision that has allowed MSHC to develop into a centre that now has a prominent role on the world stage. None of this would have happened without our exceptional staff.

Finally, I am grateful to the Management Team, Rosey, Marcus, Suzanne and Christine for their outstanding work over the year.

SERVICES AND CONSULTATIONS

The numbers of consultations by type of service provided onsite are shown in Table 2. A further 389 outreach consultations were carried out offsite at various venues for men-who-have-sex-with-men (MSM) and street sex workers (SSW).

Table 2

Clinic Type	Total	Male	Female	Transgender
General Clinic	33,437	19,995	13,349	93
HIV Clinic	3,170	2,852	302	16
Counselling	1,089	844	244	1
Total	37,696	23,691	13,895	110
<i>Individuals</i>	<i>16,535</i>	<i>10,616</i>	<i>5,883</i>	<i>36</i>

Diagnoses

The numbers of the most frequently made diagnoses in consultations are shown in Table 3.

Table 3

Diagnoses	Total
<i>Chlamydia trachomatis</i>	1,303
<i>Neisseria gonorrhoea</i>	422
NGU	1,193
Herpes	748
Syphilis	101
Bacterial vaginosis	611
Warts	1,507
HIV + (new)	52
PID	168
<i>Mycoplasma genitalium</i>	101
HIV PEP	264
PCI	49
Gonorrhoea in women	30
Trichomoniasis in women	16

There has been a 6% rise in consultations (Figure 1) and increases in diagnoses including chlamydia and gonorrhoea (Figure 2-7).

Figure 1 showing increasing numbers of clients each year

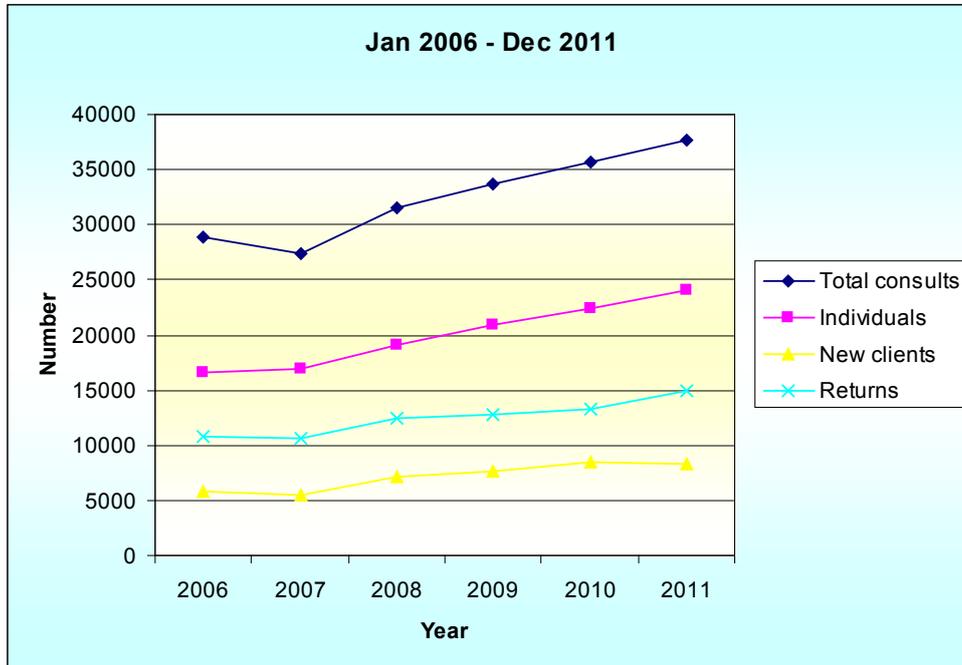


Figure 2 Number of positive chlamydia tests by year

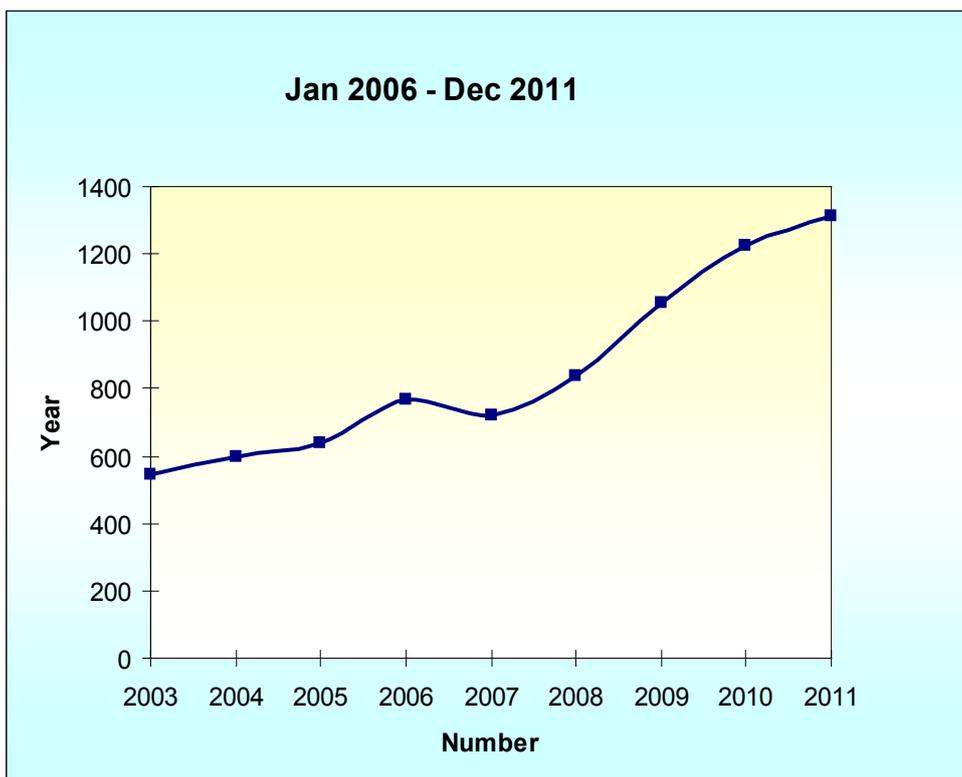
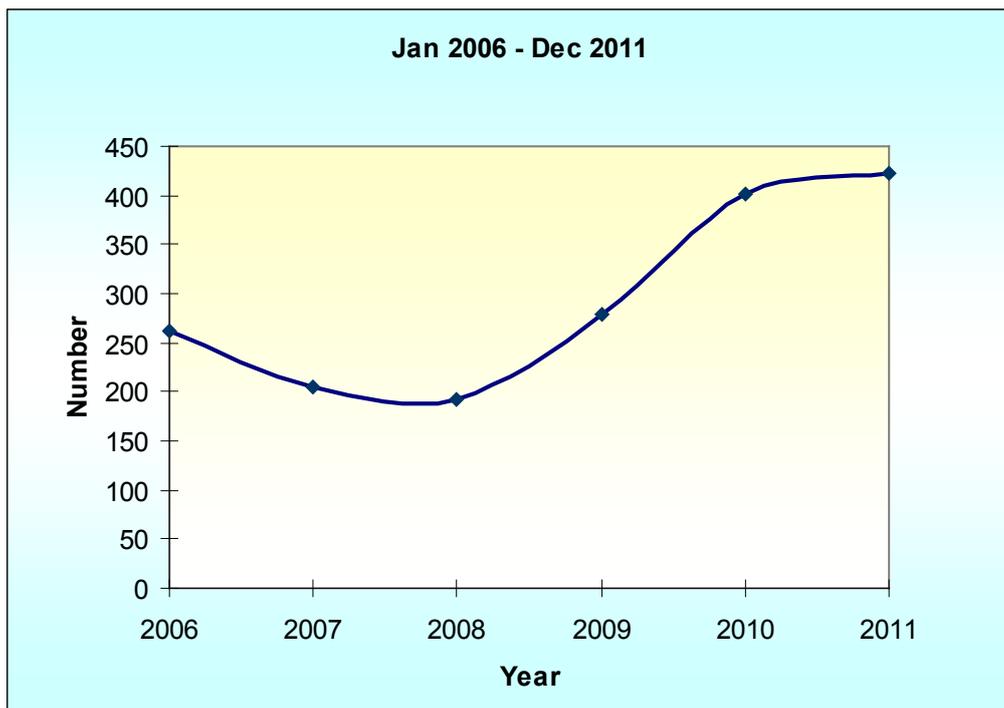
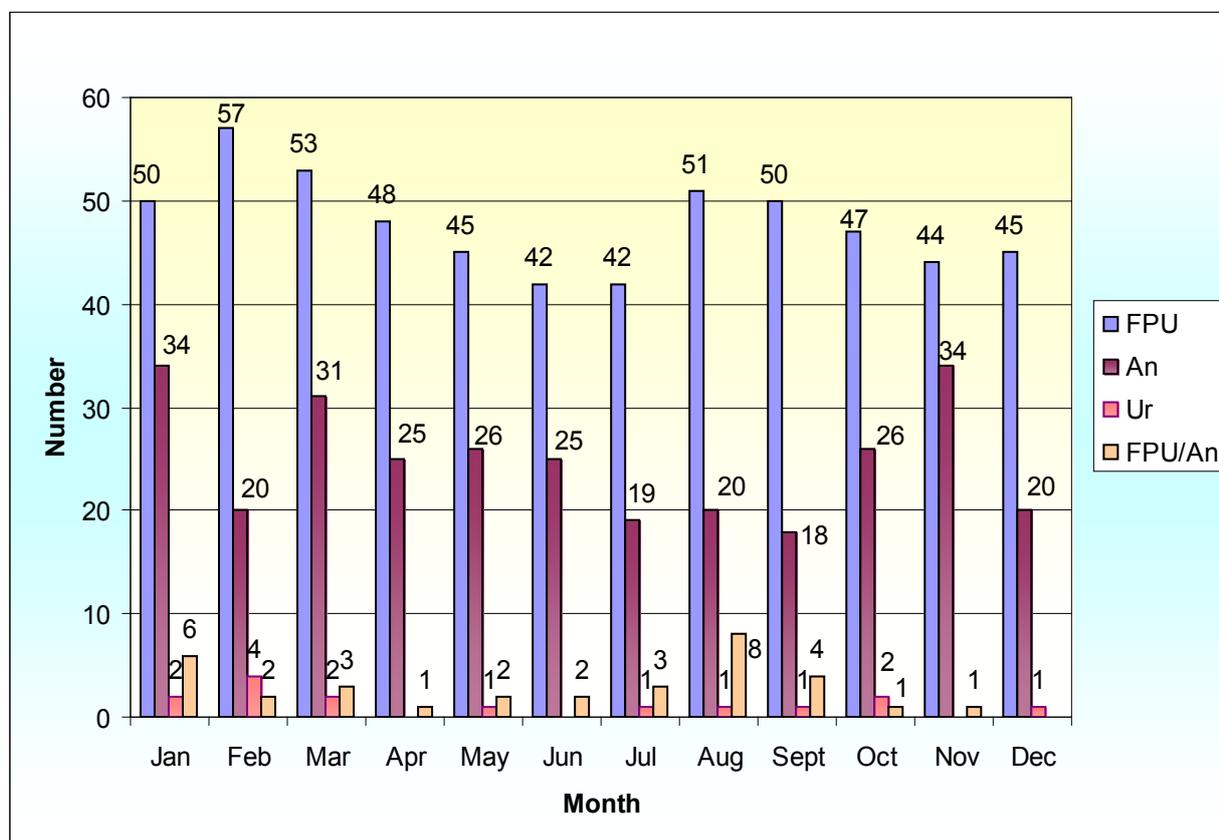


Figure 3 Number of positive gonorrhoea tests by year



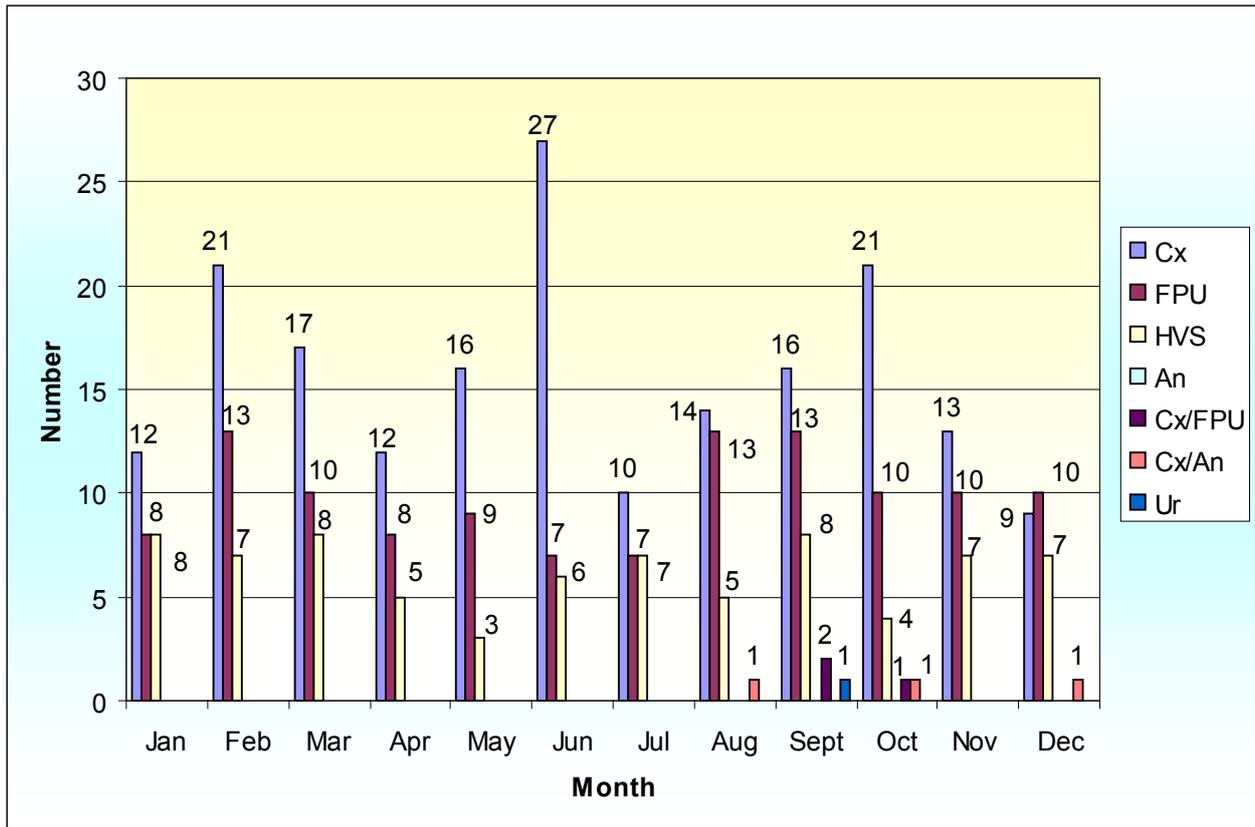
Chlamydia trachomatis remains the most common bacterial STI diagnosed at MSHC. The number of chlamydia infections by sex and site are shown below (Figure 3 and 4).

Figure 4 Sites of chlamydia infections among 921 males in 2010



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

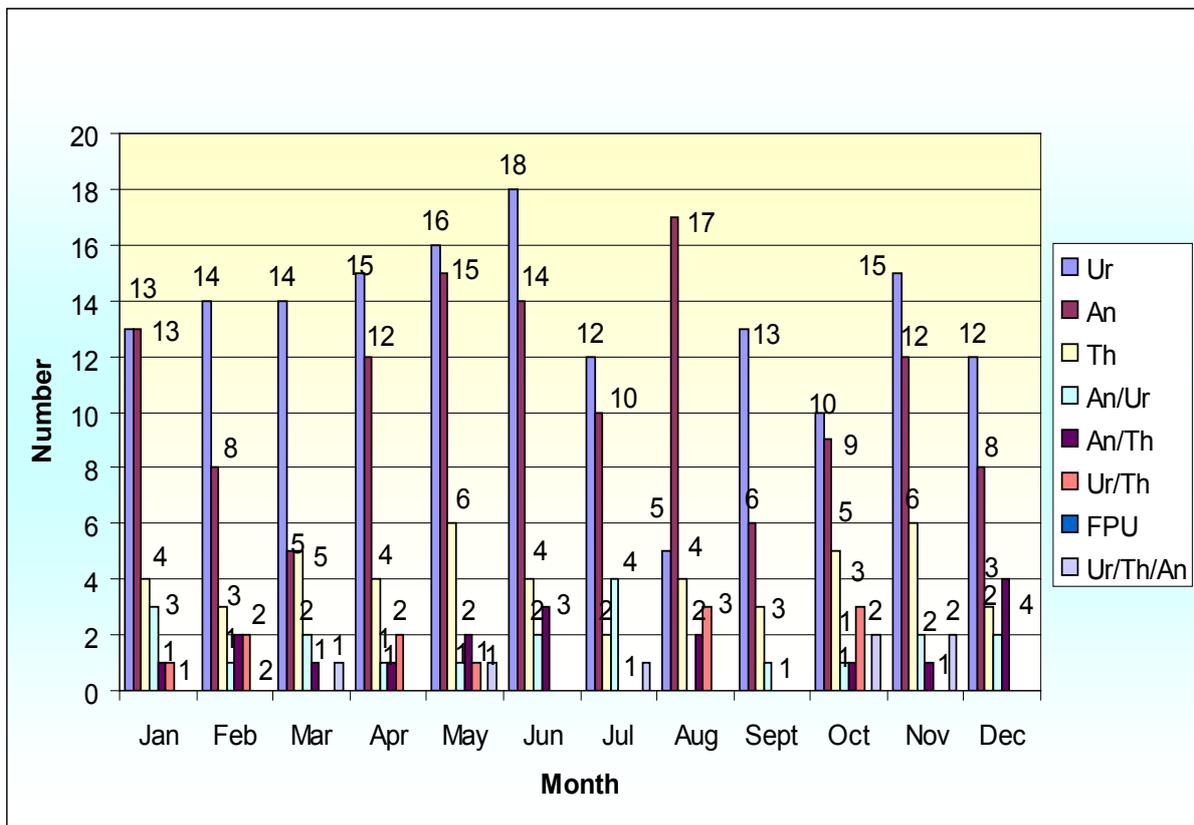
Figure 5 Sites of chlamydial infections among 388 females in 2011



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

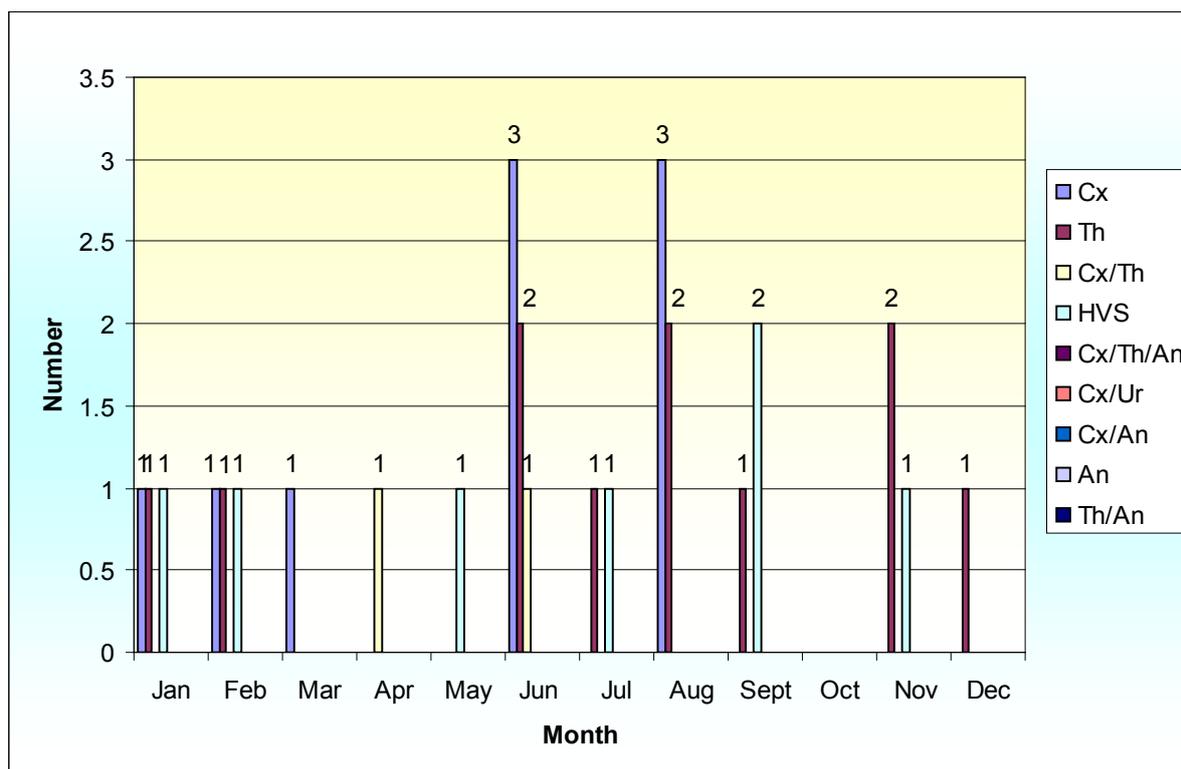
The majority of gonococcal infections occur in MSM

Figure 6 Sites of gonococcal infections among 392 males in 2011



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

Figure 7 Sites of gonococcal infections among 29 females in 2011



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 Victorian Department of Health has continued to operate from within the Wulumperi 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. Training opportunities 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 and also aims to assist them in the delivery 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.

Melbourne Sexual Health Centre continues to increase its profile to Aboriginal and Torres Strait Islander People living in Victoria as an alternative point of care for sexual and reproductive health services. During 2011-12 we have continued to support clinicians and culturally assess the clinical environment to make it welcoming for Aboriginal and Torres Strait Islander Communities.

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

MSHC has played a key role at CERSH during 2011 with the Director holding Chair of the CERSH Advisory Group and has offered time, expertise and leadership to the Director of CERSH and the advisory group as a whole.

In partnership with MSHC and others, CERSH provided professional development sessions in sexual health to a total of 51 GPs, 9 medical students and 128 nurses and allied health professionals throughout Northeast Victoria.

During 2011, CERSH supported a number nurses from Northeast Victoria to travel to Melbourne to spend time at MSHC to enhance their sexual health knowledge and clinical skills.

MSHC and CERSH continue to work closely on the 'Testme' project with further development of the website being undertaken to ensure it provides the best possible STI testing service for rural people in Victoria.

Throughout 2011 CERSH have been working closely with the Wulumperi Project Team at MSHC to build a coordinated, collaborative indigenous sexual health service and health promotion response for Aboriginal people living in the Hume region.

Prison Initiative

The Centre has continued to play a significant role in the Public Health Prisoner Initiative. The project which was launched 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 subsequently Justice Health has funded the project for another year until the project ceases at the end of the 2012 financial year.

Two nurses (1.2 EFT) have worked within the prisons providing encouragement and support to the clinical staff of the contracted primary health care providers; St Vincent's Correctional Health and Pacific Shores Healthcare. Their support and expertise has achieved ongoing improvements in the uptake, documentation and follow up of BBV/STI screening and hepatitis B vaccinations. The nurses have also played a mentoring role in the development and support of nurse led BBV/STI clinics. Education and professional development for all prison nurses and other clinical staff has continued. One nurse left the project in November 2011.

The Clinical Management Guidelines for BBV and STIs that were produced in 2009 and distributed to all prisons in 2010 continue to be a valuable resource and guide for prison medical staff with regard to BBV/STI testing and vaccination.

One of the original aims of the Public Health Prisoner Initiative was to increase the numbers of prisoners receiving treatment for hepatitis C. Hepatitis C treatment now occurs at Port Phillip Prison, Marngoneet Correctional Centre and Dame Phyllis Frost Centre. There are plans for hepatitis C treatment to commence at Barwon Prison.

RESEARCH

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:

Chlamydia incidence and re-infection rates (CIRIS): a longitudinal study of young Australian women, Jennifer Walker, PhD, University of Melbourne

The epidemiology of bacterial vaginosis in Australian women, Kath Fethers, PhD, University of Melbourne

Evaluation of enhancing STI control of homosexually active men in primary care (ESTIHM), Anthony Snow, MPH, University of Melbourne

The prevalence of sexually transmitted infections among the female migrant sex workers in Melbourne. Haiping Tang, MPH, University of Melbourne

Sexual health of Australian adolescents who do not attend mainstream schools: a pilot study, Sue Barker, MPH, University of Melbourne

Knowledge of oral health practitioners around oral squamous cell carcinoma and oropharyngeal squamous cell carcinomas in the context of Human papilloma virus (HPV), Roisin McGrath, MPH, University of Melbourne

Knowledge of HPV amongst University of Melbourne students, Kathryn Saxby, MPH, University of Melbourne

The impact of cultural transition on young women's attitudes to contraception: a case study of young women from the Horn of Africa, living in Victoria, Australia. Anisa Assifi, MPH, University of Melbourne

In progress:

Virtual visits: Investigating the acceptability of webcam consultations for young adults' sexual health, Cameryn Garrett, PhD, University of Melbourne

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

"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

International Post Doctoral Research Fellows

Dr Ajith Weerakoon, Postgraduate Institute of Medicine, University of Colombo, Sri Lanka

KEY ACHIEVEMENTS

- Introduction of fully electronic medical records
- MSHC staff members had ten oral presentations at the ISSTD Meeting in Quebec in July 2011 which is the premier STI research meeting and is held only every two years
- 16 abstracts accepted (11 oral and 6 posters) for presentation at the Sexual Health Conference, Canberra, 2011
- Professor Christopher Fairley received the 2011 Outstanding Contribution to Research in Sexual Health Medicine Award from The Royal Australasian College of Physicians,

Australasian Chapter of Sexual Health Medicine

- Marcus Chen received the Sexual Health Award for significant contribution to sexual health medicine by a Fellow of less than 10 years standing, 2011 from The Royal Australasian College of Physicians, Australasian Chapter of Sexual Health Medicine
- Silver winner Victorian Public Health Awards 2011 in the category of excellence in enhanced quality healthcare through e-health and communications technology for the Let Them Know website
- Partnership Award 2011 for providing long standing support to Inner South Community Health Service and Resourcing Health and Education service (Rhed) as well as Victorian sexworkers
- Catriona Bradshaw received an NHMRC Project Grant - Investigation of candidate aetiological organisms of bacterial vaginosis in diverse and unique epidemiological and clinical studies
- Melanie Bissessor secured an NHMRC Postgraduate Scholarship commencing in 2012
- Bradley Whitten received MPH from Monash University
- Anthony Snow was appointed as a nurse practitioner candidate

Community outreach

Midsumma Carnival

Numerous contacts were made for the 'women on women' study (WOW) and many participants provided positive feedback. There were also offers to support our studies

PUBLICATION HIGHLIGHTS

Incidence of Hepatitis-C among HIV infected men who have sex with men (MSM) attending a sexual health service: a cohort study

Garage DG, Read RTH, Bradshaw CS, Hocking JS, Howley H, Chen MY, Fairley CK
BMC Infectious Diseases 2011; 11:39

The incidence of Hepatitis C (HCV) infection was determined among HIV-infected men who have sex with men (MSM) attending a Sexual Health Centre. The study was carried out among HIV-infected MSM seen at least once between February 2002 and March 2010. The analysis was restricted to MSM who had a negative HCV antibody test for at least 6 months after their diagnosis of HIV. During the study period 1065 HIV-infected MSM attended the clinic. Of these 869 (82%) were tested for HCV at any time after HIV diagnosis and 69% (620) tested HCV negative at least 6 months after their HIV diagnosis. There were 40 cases of HCV identified, of which 16 were among injecting drug users (IDU) and 24 in non-IDU. Our study is one of the larger cohort studies performed to date and the first cohort study in Australia, to report presumed sexual transmission of HCV among HIV-infected MSM who do not inject drugs. Our study suggests that HIV positive MSM who have never used injected drugs have a low but significant risk of HCV infection of about half a percent per year. The most common reason for HCV testing among HCV positive individuals in our study was the development of abnormal liver function tests.

Low Incidence of bacterial vaginosis in cohort of young Australian women

Fethers KA, Fairley CK, Morton A, Hocking JS, Fehler G, Kennedy LJ, Bradshaw CS.
Sexually Transmitted Diseases 2011; 38(2): 124-126

The study was conducted in women aged between 17 and 21 years attending the University of Melbourne. This population has a low prevalence of BV of 4.7%. Women with no previous history of BV could participate in the 12-month cohort study. A questionnaire and study kit to self collect vaginal samples was posted to participants every 3 months for 12 months. Women who developed incident BV during the 12 month study period were no longer included in the cohort. The study showed that incident BV was uncommon in young women from a low prevalence population who had low numbers of sexual partners, and importantly, was absent in women reporting no sexual activity. These data should provoke further interest in the association between BV and sexual activity and inform the debate about possible sexual transmission of BV.

The difference in determinants of *Chlamydia trachomatis* and *Mycoplasma genitalium* in a sample of young Australian women

Walker J, Fairley CK, Bradshaw CS, Tabrizi SN, Chen MY, Twin J, Taylor N, Donovan B, Kaldor JK, McNamee K, Urban E, Walker S, Currie M, Birden H, Bowden F, Gunn J, Pirodda M, Gurrin L, Harindra V, Garland S and Hocking JS
BMC Infectious Diseases; 2011: 11:35

A cohort of 16 to 25 year old Australian women were recruited from primary health care clinics to determine chlamydia and MG prevalence and incidence using vaginal swabs collected at recruitment. Among 1116 participants, chlamydia prevalence was 4.9% and MG prevalence was 2.4%. Younger women were more likely to have a chlamydia infection, and younger age was not associated with MG infection. MG was associated with vaginal discharge, but chlamydia showed no associations with any reported symptoms. Having two or more partners in the last 12 months was more strongly associated with chlamydia than MG. Unprotected sex with three or more partners was less strongly associated with chlamydia than MG. These results demonstrate significant chlamydia and MG prevalence in Australian women. The differences in strengths of association between numbers of sexual partners and unprotected sex for infection with chlamydia and MG may be due to differences in the transmission dynamics between these infections.

Evaluation of Health Map: a patient centred web based service for supporting HIV infected patients

Garage DG, Sidat M, Read T, Cummings R, Bradshaw CS, Howley K, Fehler GF, Chen MY and Fairley CK
Sexual Health 2011; 8: 194 - 198

Our aim was to describe the use of and responses to a self-management website, 'Health Map', established to address the key chronic health issues of HIV-positive people. Health Map assessed health issues against current commendations for: treatment adherence, monitoring CD4 counts and viral load, psychological health and physical activity, vaccination, cholesterol, fasting blood sugar, blood pressure, alcohol consumption, smoking, body mass index, and cervical screening for women and sexually transmissible infection (STI) screening for men who have sex with men (MSM). A total of 552 people, with a mean age of 37 years, completed the full 'Health Map' program, of whom 536 (97%) were Australian, 425 (77%) were male, including 268 (63%) MSM. Online responses to several health indices were of concern: 49% missed at least one dose of antiretroviral therapy per month and only 41% had had an HIV viral load test in the 4 months prior. Only 43% reported regular physical activity, and 49% and 61% reported vaccination for hepatitis A and B. The proportion tested within the recommended periods for fasting cholesterol (40%), fasting blood sugar (35%) and cervical screening (43%) in women or STI screening for MSM (53%) were low. A substantial proportion of individuals completing the online survey reported information that would suggest their HIV and more general health care is suboptimal. These data are consistent with community surveys and indicate the need for improvement in the chronic management of HIV.

PUBLICATIONS

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6. Bruce EA, Bauai L, Sapuri M, Kaldor JM, Fairley CK, Keogh LA. HIV knowledge, risk perception and safer sex practices among female sex workers in Port Moresby, Papua New Guinea. *International Journal of Women's Health* 2011;3: 53–61
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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%% for the last 5 years ([see Annual Client Survey](#)).

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
Mark Chung	Multimedia Content Co-ordinator
Deanne de Silva	Purchasing and Resources Officer
Glenda Fehler	Project 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	Administration Team Leader
Cecily Sheppard	Patient Services Officer
James Unger	Personal Assistant
Maggie Vandeleur	Patient Services Officer
Wendy Zeng	Patient Services Officer

Clinical Services - Medical

Karen Berzins	Doctor
Siobhan Bourke	Doctor
Melanie Bissessor	Doctor, SH Registrar
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
Stephen Rowles	Doctor
Hennie Williams	Doctor, Senior Lecturer
Tina Schmidt	Doctor
Richard Teague	Doctor
Robin Tideman	Doctor
Seenivasagam Yoganathan	Doctor

Clinical Services - Nursing

April Alcouffe	Sexual Health Clinic Support Nurse
Rohan Anderson	Sexual Health Nurse
Surbhi Bird	Sexual Health Clinic Support Nurse
Andrew Buggie	Sexual Health Nurse/HIV Clinic Coordinator
Nyree Chung	Public Health BBV/STI 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
Janine Garrier	Sexual Health Nurse
Meakin Grant	Sexual Health Nurse
Peter Hayes	Counsellor
Vanessa Hamilton	Sexual Health Nurse/Educator
Kerri Howley	Sexual Health Nurse
Lisa Kennedy	Sexual Health Nurse
David Lee	Sexual Health Nurse Practitioner
Fiona MacFarlane	Sexual Health Nurse
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
Daniel Sankar	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
Jocelyn Verry	Counsellor
Suzanne Wallis	Sexual Health Nurse
Patricia Wakefield	Sexual Health Nurse
Karen Worthington	Sexual Health Nurse

HIV Clinic

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

Evaluation Unit

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

Indigenous Sexual and Reproductive Health Project

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
Philippa Mercieca	Laboratory Administration

Pharmacy

Catherine Forrester	Senior Clinical Pharmacist
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Rotating clinical pharmacists and technicians

Alison Duncan	Clinical Pharmacist
Mona Mostaghim	Clinical Pharmacist
Kate Mackie	Clinical Pharmacist
Debbie Budge	Clinical Pharmacist
Shevon Fernando	Clinical Pharmacist
Enoka Gamage	Pharmacy Technician
Kirsten Lowe	Pharmacy Technician
Sarah Galea	Pharmacy Technician

