



A service within The Alfred,
a member of Bayside Health

Annual Report 2006



580 Swanston Street, Carlton Victoria 3053

phone: +61 3 9347 0244 toll free: 1800 032 017

fax: +61 3 9347 2230 TTY: +61 3 9347 8619

website: www.mshc.org.au

Annual Report 2006



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

OVERVIEW

The MSHC has been in operation for more than 85 years. It is the only centre that provides full-time, free sexual health services to the people of Victoria. The services include general clinics for the detection and management of Sexually Transmissible Infections (STIs), a variety of specialist clinics in HIV/AIDS medicine, dermatology, colposcopy and an on-site pharmacy.

Various clinical outreach services are provided including those for street based sex workers (SSW) and men who attend sex on premises venues (SOPV). An on-site laboratory service is provided by the Public Health Laboratory - Microbiology Diagnostic Unit (PHL-MDU), University of Melbourne which provides assistance to clinicians in making rapid diagnoses to provide the most appropriate treatment at the initial visit.

Qualified counsellors are available for individuals or couples with concerns about sexual health and STIs including HIV. In addition to the doctors providing services, sexual health nurses play an instrumental role in the daily functioning of the clinical services including screening for STIs, preventative education, counselling, providing results and follow-up of all positive and abnormal results, and contact tracing.

As the service has become increasingly sophisticated and demanding with rates of STIs/BBVs (blood borne viruses) rising, so too has the challenge to remain easily accessible, not only to users of the service, but also to healthcare professionals.

The MSHC website (www.mshc.org.au) which is frequently updated provides a variety of sexual health education and other useful information for both healthcare professionals and the general population. To ensure that MSHC remains responsive to user needs, an annual client satisfaction survey is conducted and client feedback is actively sought.

The Sexual Health Unit of the University of Melbourne is situated at MSHC which conducts research projects aimed at improving the services offered at MSHC. The Unit also provides substantial input into the growing body of sexual health knowledge and evidence that conducts post graduate sexual health studies for health professionals.

FOCUS ON 2006

The Centre has continued to provide high quality care for clients with a total of 26,718 consultations and 11,580 new clients being registered in 2006. The walk-in triage system remains a rapid catalyst for treating more symptomatic clients than the past appointment system with 90% of clients been seen by a triage nurse in less than 20 minutes and by a practitioner within one hour.



SERVICES AND CONSULTATIONS

The numbers of consultations by type of service are shown in the table below.

2006: Consultations

<i>Clinic Type</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Transgender</i>
General Clinic	22,695	12,739	9,939	37
HIV Clinic	1,813	1,610	198	5
Outreach	485	393	86	6
Counselling	1028	786	259	1
Vaccination	697	502	195	-
Total	26,718	16,012	10,677	29
<i>Individuals</i>	<i>11,580</i>	<i>7,111</i>	<i>4,455</i>	<i>14</i>

Jan 01 - Dec 31, 2006

DIAGNOSES

The numbers of the most frequently made diagnoses in consultations are shown in the table below.

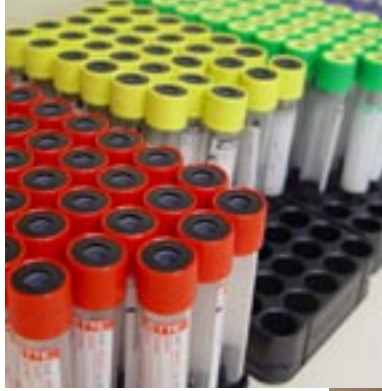
2006: Diagnosis

<i>Clinic Type</i>	<i>Total</i>
<i>Chlamydia trachomatis</i>	768
<i>Neisseria gonorrhoeae</i>	262
Nongonococcal urethritis	774
Herpes simplex virus	663
Syphilis	51
Bacterial vaginosis	496
Warts	1,570
Human immunodeficiency virus (new cases)	32*
HIV post exposure prophylaxis	139
Post coital intervention	88
Trichomoniasis in women	10

Jan 01 - Dec 31, 2006

*include 2 females

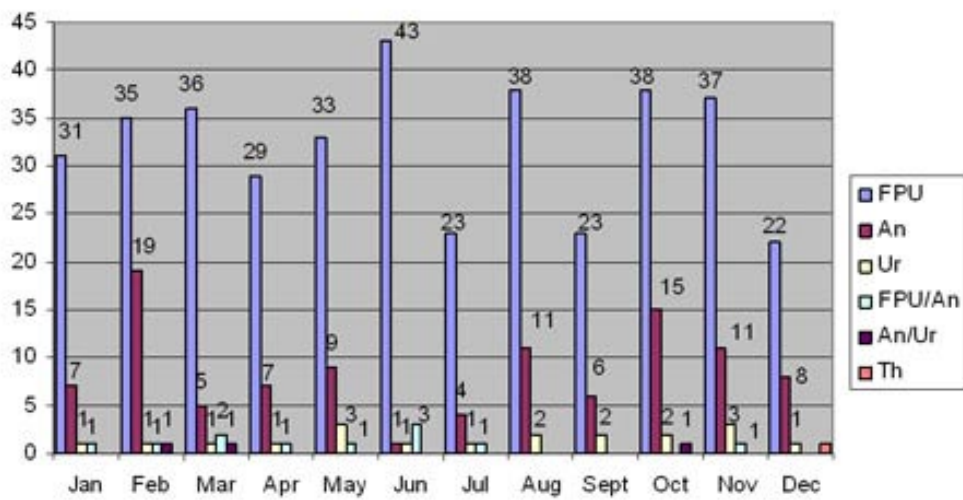
Chlamydia trachomatis is the most common bacterial STI diagnosed and the number of infections by sex and site are shown in the graphics that follow. The majority of gonococcal infections occur in men who have sex with men (MSM).



Diagnoses

Males - Chlamydia by site 2006

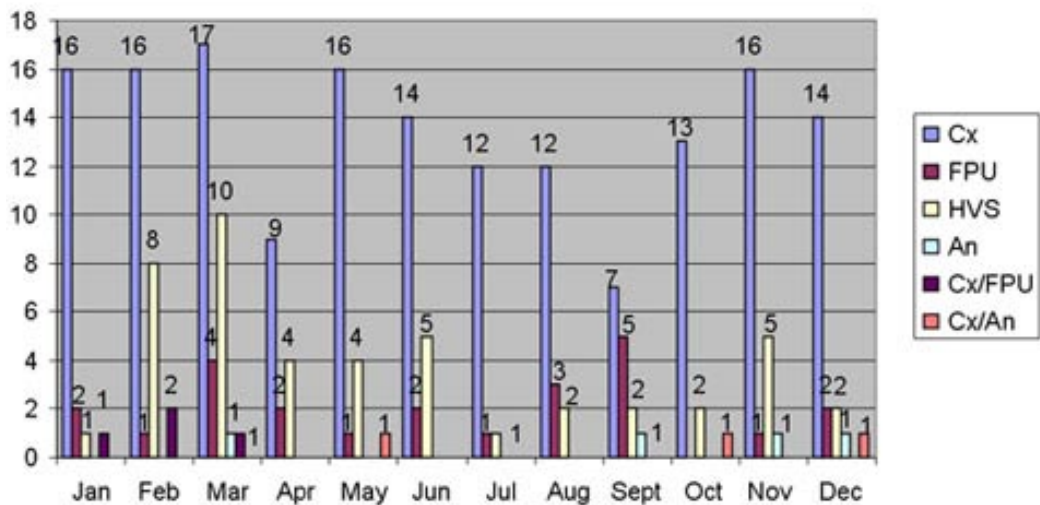
(YTD = 525)



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

Females - Chlamydia by site 2006

(YTD 243)



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

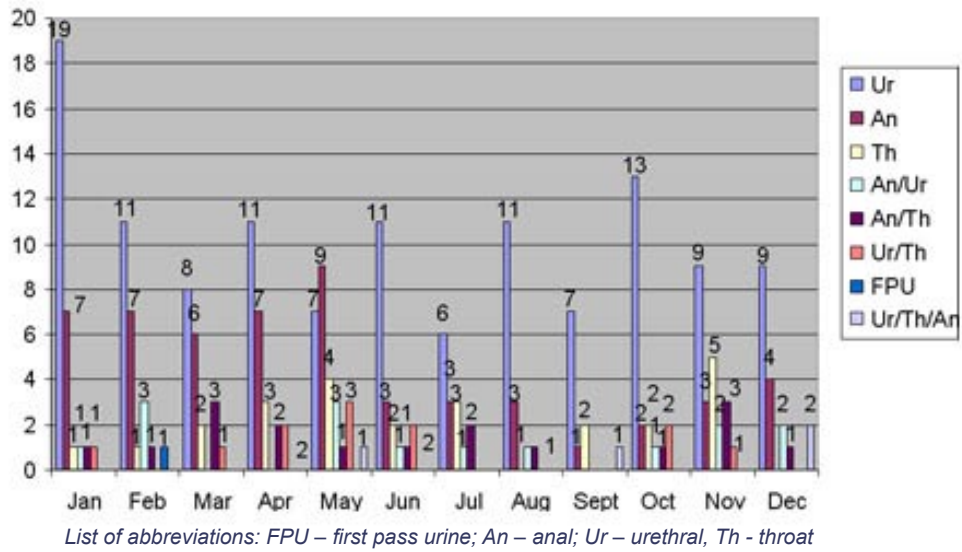
Diagnoses



004

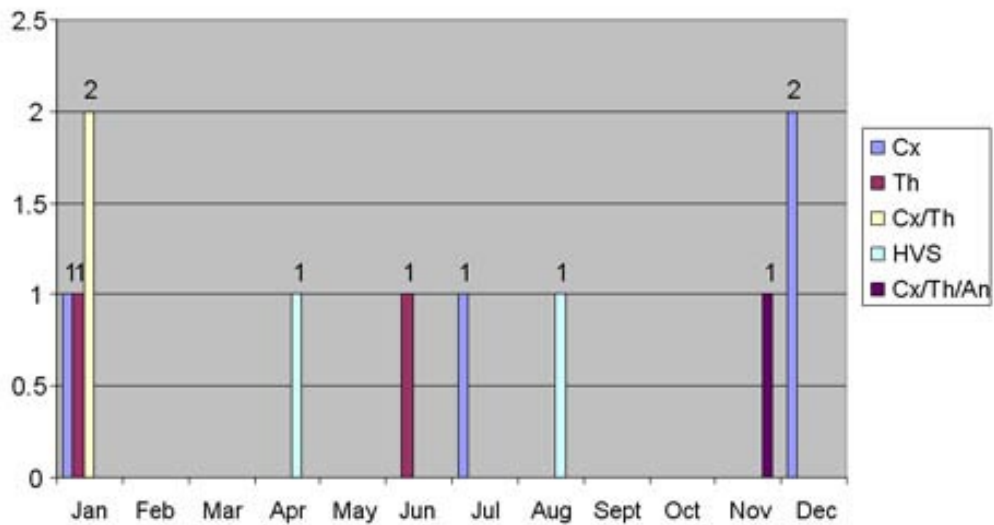
Males - Gonorrhoea by site 2006

(YTD 251)



Females - Gonorrhoea by site 2006

(YTD 11)



Outreach Services

Eight nurses are engaged in outreach work, providing STI/BBV screening for higher risk communities such as men who access Sex on Premises Venues (SOPVs) and street based sex workers.

005

Sex on Premises Venues

Our outreach team continued weekly or second weekly visits to six prominent venues and provided confidential STI testing and referral services to men who have sex with men (MSM). MSM attending SOPVs are particularly vulnerable to increased incidence of STIs including HIV due to their increase in rates of partners and numbers of different partners.

A total of 388 consultations were conducted and 175 new clients were registered during 2006. The service is well accepted by clients and we enjoy ongoing support from venue proprietors. Plans are in place to increase this service during the coming year in response to Victoria's rising STI rates.

Street Sex Worker Program

Clinics for the street sex workers (SSW) continue to be run on Thursday and Friday every week at the Resourcing Health and Education (RhED) premises, a satellite of Inner South Community Health Centre, in St Kilda. The number of clients screened decreased over the last year but infection rates with chlamydia remained relatively high (9%) compared to gonorrhoea (2%).

Engagement with this population has its own inherent problems and many months may be spent in gaining the SSWs trust before they will agree to attend the clinic. The service we offer is primarily screening for STIs and blood borne viruses but also includes providing vein care, advising on general health issues and referral to other services.

Melbourne Sexual Health Centre's Indigenous Australian Sexual Health Project

Throughout 2006, MSHC has maintained its commitment to indigenous sexual health. We have continued providing education to various indigenous groups across Victoria, advising for the Victorian Advisory Committee for the Koori Health Sexual Health Sub-committee.

Two nurses have worked alongside the Department of Human Services (DHS), the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) on a number of initiatives and the Victorian Aboriginal Health Service (VAHS) in developing a sexual health nurse role within this indigenous medical centre.

The development of this role has created a great working relationship between a mainstream centre such as MSHC and VAHS, whereby education and cross organisational training and support is now happening freely. This is a huge step forward in metropolitan indigenous sexual health.

Prison Initiative

MSHC has been involved in the DHS funded Victorian Public Health Prisoner Initiative, (a collaboration between DHS BBV/STI Unit, DHS Prisoner Health Unit and Corrections Victoria) since the project was launched in December, 2005. This program aims to strengthen policies and practices in relation to the management of blood borne viruses (BBVs), in particular, Hepatitis C and STIs in Victorian adult correctional facilities.

The Centre has provided three nurses who have been working in the prisons with existing primary health care providers and developing clinical management guidelines. Since the initiative began there has been considerable progress in the uptake of Hepatitis B vaccination, training of staff in pre and post test counselling and best practice within the BBV clinics.



Research and Education



006

Rates of a number of sexually transmissible infections (STIs) in Australia are rising. One of the most important factors that determines rates of STIs is access to health care for STI testing and treatment. However, Australia is currently experiencing a shortage of doctors, particularly in rural and remote areas.

Considerable barriers exist to the provision of sexual health services, such as the embarrassment and stigma which patients may experience. General practitioners (GPs) may also not be comfortable dealing with sexual health issues.

To help overcome these barriers, a team at Melbourne Sexual Health Centre (MSHC) developed a service to improve public access to STI services and advice.

- A novel online service Check Your Risk has been developed and implemented at MSHC. Check Your Risk allows users to enter data relating to their sexual behaviour and, by using specially developed evidence based algorithms, outputs 'printer-friendly' recommendations on sexual health check-up requirements.

This service effectively combines a web application to deliver health services to at risk members of the public and encourages communication between GPs and their patients. It also promotes sexual health awareness and health seeking behaviour to the broader community.

The feedback received from users and GPs has been very positive as well as receiving a "Highly Commended" award in the 2006 Victorian Public Healthcare Awards in the Category of Innovation in Information Technology.

Chlamydia is the most common notified sexually transmissible infection (STI) and because the symptoms are so mild, infections often remain undetected. Effective control strategies include improving partner notification and screening of at risk populations. MSHC has continued to address these issues with innovative research as shown in the list of publications.

- A study in collaboration with DHS Victoria and the MSHC showed that population rates of chlamydia testing increased in Victoria as a result of a chlamydia awareness campaign, and an increase in chlamydia detection correlated closely with the increased testing.

- In the past decade there has been an increase in the use of mobile phones, including SMS, the internet and email. In view of this, a number of studies have been undertaken to determine the use and acceptability of these applications in sexual health services. These include computer-assisted self interview of sexual history which was found to be a practical and constructive approach to streamlining clinical services.

- A survey of GPs was undertaken to determine in which circumstances Victorian GPs offer chlamydia testing to patients, their attitudes to contact tracing, how often GPs use pre-printed partner notification letters and brochures and what proportion of GPs have immediate internet access in their consulting rooms. In addition, an assessment of whether GPs would access a website with treatment guidelines, a printable client brochure and a partner letter for clients (index case) to pass on to their exposed sexual partners was included.

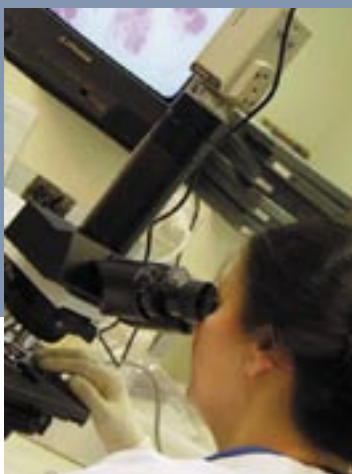
The survey found that GPs most commonly test patients for chlamydia when signs and symptoms are present, patients report an infected partner or when they request a test. Women of less than 25 years of age are the risk group most selected for screening programs and were shown to be infrequently tested, and patients were considered responsible for partner notification. The use of preprinted partner letters and brochures was uncommon. In this study, GPs reported that they could improve partner notification if further support was provided and when a website was provided with appropriate information, up to 25% of GPs in the study used it.

- A case-control study of men with and without symptoms of nongonococcal urethritis (NGU) was conducted and sexual practices were measured by questionnaire.

Chlamydia trachomatis (20%), *Mycoplasma genitalium* (9%), adenoviruses (4%), and Herpes simplex virus type 1 (HSV-1) (2%) were more common in the cases with NGU (n=329). Infection with adenoviruses or HSV-1 was associated with distinct clinical features, oral sex, and male partners, whereas infection with *M. genitalium* or *C. trachomatis* was associated with unprotected vaginal sex.

Oral sex was associated with NGU in which no pathogen was detected. Adenoviruses and HSV-1 were identified as significant causes of NGU with distinct clinical and behavioral characteristics and highlighted the association between insertive oral sex and NGU.

Research and Education



007

2006: Publications

Tideman RL, Pitts MK, Fairley CK. Client acceptability of the use of computers in a sexual health clinic. *International Journal of STD & AIDS*, 2006; 17: 121-123

Bradshaw CS, Tabrizi SN, Read TR, Garland SM, Hopkins CA, Moss LM, Fairley CK. Etiologies of nongonococcal urethritis: bacteria, viruses, and the association with orogenital exposure. *Journal of Infectious Diseases*, 2006; 193(3):336-45

Doxanakis A, Fairley CK. Cohort analysis of multi-disciplined adherence intervention programs for patients on antiretroviral therapy. 2006; *International Journal of STD & AIDS*, 17(4): 257-259

Hocking J, Fairley CK. Associations between condom use and rectal or urethral chlamydia infection in men. *Sexually Transmitted Diseases*, 2006; 33(4): 256-258

Tideman RL, Pitts MK, Fairley CK. Use of Delphi Sorting Technique to establish a core sexual history. *International Journal of STD & AIDS*, 2006; 17: 170-172

Chen MY, Hocking J, Fairley CK. Towards a national chlamydia screening programme for Australia. *Medicine Today*, 2006;7(3):57-58

Bradshaw CS, Morton AN, Hocking J, Garland SM, Morris MB, Moss LM, Horvath LB, Kuzevska I, Fairley CK. High recurrence rates of bacterial vaginosis over 12 months following oral metronidazole & factors associated with recurrence. *Journal of Infectious Diseases*, 2006;193(11): 1478-1486

Lister NA, Smith A, Tabrizi SN, Garland SM, Fairley CK. Re-infection of *Neisseria gonorrhoeae* and *Chlamydia trachomatis* infections among men who have sex with men. *International Journal of STD & AIDS*, 2006;17(6): 415-417

Tomnay JE, Pitts MK, Kuo T, Fairley CK. Does the Internet assist clients to carry out contact tracing? A randomized control trial using web-based information. *International Journal of STD & AIDS*, 2006;17(6): 391-394

Bradshaw CS, Jensen JS, Tabrizi SN, Read TRH, Garland SM, Hopkins CA, Moss LM, Fairley CK. Azithromycin failure in *Mycoplasma genitalium* urethritis. *Emerging Infectious Diseases*, 2006; 12(7): 1149-1152

Ginige S, Chen MY, Fairley CK. Are patient responses to sensitive sexual health questions influenced by the sex of the practitioner? *Sexually Transmitted Infections*, 2006; 82(4): 321-322

Hayes RD, Bennett CM, Fairley CK, Dennerstein L. What can prevalence studies tell us about female sexual difficulty and dysfunction? *Journal of Sexual Medicine*, 2006; 3(4): 589-95

Lee DM, Chen M, Bradshaw C, Fairley CK. Is routine vaginal examination necessary for asymptomatic women attending sexual health services? *International Journal of STD & AIDS*, 2006; 17(9): 631-632

Bradshaw CS, Tabrizi SN, Fairley CK, Morton AN, Rudland E, Garland SM. The Association of *Atopobium vaginae* and *Gardnerella vaginalis* with bacterial vaginosis and recurrence after oral metronidazole therapy. *Journal of Infectious Diseases*, 2006; 194(6): 828 – 836

Research and Education



2006: Publications (cont)

Morton AN, Bradshaw CS, Fairley CK. Changes in the diagnosis and management of bacterial vaginosis following clinical research. *Sexual Health*, 2006; 3(3) 183–185

Morton AN, Fairley CK, Zaia AM, Chen MY. Anorectal lymphogranuloma venereum in a Melbourne man. *Sexual Health*, 2006; 3(3) 189-190

Pavlin NL, Gunn JM, Parker R, Fairley CK, Hocking J. Implementing chlamydia screening: what do women think? A systematic review of the literature. *BioMed Central Public Health*, 2006; 6:221

Sidat M, Rawstone P, Lister N, Fairley CK. Association between risk of acquiring HIV and beliefs and perceptions about the lived experience of HIV/AIDS among HIV-negative or untested men who have sex with men. *AIDS Care*, 2006; 18(8): 934-941

Tomnay JE, Gebert R, Fairley CK. A survey of partner notification practices among general practitioners and their use of an internet resource for partner notification for *Chlamydia trachomatis*. *Sexual Health*, 2006; 3(4): 217-220

Ginige S, Chen MY, Hocking JS, Read TRH, Fairley CK. Antibiotic consumption and chlamydia prevalence in international studies. *Sexual Health*, 2006; 3(4): 221-224

Hocking JS, Willis J, Tabrizi S, Fairley CK, Garland SM, Hellard M. A chlamydia prevalence survey of young women living in Melbourne, Victoria. *Sexual Health*, 2006; 3(4): 235-240

Hocking J, Lim MSC, Fairley CK, Vidanapathirana J, Hellard M. Chlamydia testing in general practice – a survey of Victorian general practitioners. *Sexual Health*, 2006; 3(4): 241-244

The ongoing enthusiasm and dedication of the multidisciplinary staff have all contributed to making MSHC such an interesting and stimulating work environment. The professionalism and commitment of all staff of MSHC is reflected in the Annual Client Surveys which have recorded overall satisfaction rates of approximately 98% for the last couple of years (see Annual Client Survey).

The past year has been one of continuing consolidation and innovation for the diverse MSHC Nursing team of sexual health nurses, counsellors and HIV nurses, as they rise to the challenge of working in an environment of increasing STI/BBV rates and an increasingly busy clinical setting. As well as continuing to expand their skills and knowledge, virtually all nurses qualified as nurse immunizers and a large number of nurses are studying at tertiary level.

Also pleasing is the increasing role of nurses in providing post graduate sexual health education and training for other nurses in association with Melbourne University to expand the provision of sexual health services within their own communities. A particularly exciting initiative for the team and also for sexual health nursing has been the creation of two Sexual Health Nurse Practitioner Candidate positions within the centre.

Administration and Computer Services

Suzanne Amisano - Operations Manager
Bruce Barclay - Patient Services Officer
Marc C-Scott - Multimedia Content Co-ordinator
Deanne de Silva - Purchasing and Resources Officer
Shane Dunlop - Patient Services Officer
Glenda Fehler - Project Officer
David Johnston - Patient Services Officer
Jun Kit Sze - IT Systems, Support & Development Officer
Tim Kuo - IT & Research Officer
Beck Mawkes - Administration Co-ordinator
Rachel Potter - Patient Services Officer
Mary Santoro - Patient Services Officer
Doris Sciberras - Patient Services Officer
James Unger - Personal Assistant
Wendy Zeng - Patient Services Officer

Clinical Services

Karen Berzins - Doctor
Siobhan Bourke - Doctor
Catriona Bradshaw - Doctor
Andrew Buchanan - Doctor
Marcus Chen - Research Fellow, Doctor
Kathy Cook - Doctor
Ian Denham - Doctor
Christopher Fairley - Professor/Director
Stella Heley - Doctor
Helen Henzell - Doctor
Kirsty McNab - Doctor
Alex Marceglia - Doctor
Anne Mijch - Doctor
Anna Morton - Doctor
Tim Read - Doctor
Nilofar Rizvi - Doctor, Medical Unit Manager
Stephen Rowles - Doctor
Joe Sasadeusz - Doctor
Hennie Williams - Doctor
Tina Schmidt - Doctor
Richard Skinner - Doctor
Richard Teague - Doctor
Seenivasagam Yoganathan - Doctor

Evaluation Unit

Jade Bilardi - Research Assistant
Catriona Bradshaw - Doctor
Deborah De Guingand - Research Assistant
Richard Hayes - PhD student
Jane Hocking - Research Fellow
Carol Hopkins - Research Nurse
Helen Kent - Research Nurse
David Lee - Research Nurse
John Marrone - DPH student
Fiona MacFarlane - Research Nurse
Danielle Newton - Research Assistant
Mandy Pate - Research Nurse
Moshin Sidat - PhD student
Julie Silvers - Research Nurse
Robin Tideman - PhD student (Doctor)
Jane Tomnay - Research Nurse
Eve Urban - Research Assistant
Jennifer Walker - Research Assistant
Sandra Walker - Research Assistant



MSHC Staff

HIV Clinic

Kerri Boyd - Clinical HIV Co-ordinator
Stephen Kent - Doctor
Jenny McDonald - Dietitian
Anne Mijch - Doctor
Richard Moore - Doctor
Simon Powell - Advanced Practice Nurse HIV
Joe Sasadeusz - Doctor
Norm Roth - Doctor
Jeanette Venkataya - Patient Services Officer

Nursing Services

Surbhi Bird - Sexual Health Nurse
Matiu Bush - Sexual Health Nurse Practitioner Candidate
Nyree Chung - Public Health BBV/STI Nurse
Darryl Coonan - Sexual Health Nurse
Rosey Cummings - Nursing Services Manager
Candice Fuller - Sexual Health Nurse
Belinda Hengel - Sexual Health Nurse
Ria Fortune - Sexual Health Nurse
Peter Hayes - Counsellor
Steven Hill - Sexual Health Nurse
Carol Hopkins - Sexual Health Nurse
Lisa Kennedy - Sexual Health Nurse
David Lee - Sexual Health Nurse Practitioner Candidate
Fiona MacFarlane - Sexual Health Nurse
Kim Messieh - Public Health BBV/STI Nurse/Sexual Health Nurse
Lorna Moss - Sexual Health Nurse
Jeannie Nicholson - Sexual Health Nurse
Mandy Pate - Sexual Health Nurse
Phillip Patterson - Sexual Health Nurse/ Educator
Lyn Pierce - Public Health BBV/STI Nurse/Sexual Health Nurse
Daniel Sankar - Sexual Health Nurse
Carly Schreiber - Sexual Health Nurse
Anthony Snow - Sexual Health Nurse
Mee Tan - Sexual Health Nurse
Jocelyn Verry - Counsellor
Suzanne Wallis - Sexual Health Nurse
Patricia Wakefield - Sexual Health Nurse
Bradley Whitton - Clinical Nursing Co-ordinator
Vanessa Wood - Sexual Health Nurse

Laboratory Services

Leonie Horvarth - Laboratory Scientist
Irene Petalotis - Laboratory Scientist

Pharmacy Services

Chris Thomas - Pharmacist
Bernard Folley - Pharmacist
Patrice Quinn - Pharmacist



www.mshc.org.au