



A part of Alfred Health

Annual Report 2007





Melbourne
Sexual
Health
Centre

Melbourne Sexual Health Centre (MSHC)

is a service within Bayside Health. The vision of 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.

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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 Centre's funding is assured under an agreement between the Commonwealth and State Government. The services provided by MSHC include general clinics for the management of STIs and a variety of specialist clinics.

The team of health care providers at MSHC includes 26 doctors, 34 sexual health nurses, 2 counsellors, and a dietitian. The clinicians play an instrumental role in screening and testing for STIs, STI prevention, education and counselling. The health care team is supported by 17 other staff members in administrative or clerical roles, IT support, 2 pharmacists and 3 medical scientists.

As rates of STIs have increased in Victoria, so too has 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. 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. This will be further enhanced by the introduction of extra clinical services targeting 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 recently updated web based services (www.mshc.org.au) and a free-call telephone service whereby GPs can receive specialist clinical advice directly from a sexual health physician. 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 98% of clients have consistently expressed satisfaction with the service.

Special services provided by MSHC:

- 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
- On-site pharmacy
- 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



DIRECTOR'S REPORT

Welcome to our 2007 annual report. We are very fortunate to have an enormous depth of highly trained and committed staff. For the fourth year in a row we have achieved outstanding results in our client satisfaction survey which fundamentally is a reflection of our staff who have yet again performed brilliantly. An added bonus was the staff survey which showed overwhelmingly that staff like working here and providing an exceptional clinical service under considerable strain.

The Centre also appreciates the importance of improving STI services throughout the state in addition to providing excellent on site clinical services. In 2007 we made a number of important additions to our IT services to strengthen our support to the Victorian community. We launched the GPassist component of the web site (www.mshc.org.au/GPassist) which was a culmination of Dr Tomnay's PhD studies. Our superb IT team captured the research findings and developed the GP assist web site that provides contact letters, treatment guidelines and client brochures for all common STIs. Most laboratory services in Melbourne provide a link to this site on their reports of positive test results for STIs. This provides GPs with immediate access to these tools at the exact moment that they are seeing the client. The research demonstrated that GPs found the documents to be of practical value and were commonly used when provided in this way. In recognition for her contribution and that of the IT team, the Centre received the 2007 Victorian Healthcare Award in the category of IT innovation.

In 2007 we were also extremely pleased to launch our completely rebuilt web page. After many long hours and extraordinary efforts, our staff have created an outstanding web page. It provides strong support to practitioners outside the centre with clinical photographs, case studies, videos of common procedures, treatment guidelines and many other highly innovative online features. It represents the culmination of the work of many highly dedicated, resourceful and imaginative individuals who have a common focus on improving the sexual health of Victorians. There is also an interactive online service for members of the public (Check your Risk: www.checkyourrisk.org.au), which enables individuals to receive automated online recommendations for STI screening

MSHC continues to be one of Australia's powerhouses for STI research. This is in no small way a result of the enormous support provided by the Centre's dedicated clinical, IT and administrative workforce who provide unending support for innovation. In 2007 the Centre published more than 20 scientific articles and had four research students complete their theses including three doctoral students. The work these individuals undertook was not ivory tower academic material, but has laid the foundations for continued innovations in the provision of service excellence.



Dr Tideman's thesis for example has provided the necessary data to allow the implementation in 2008 of computer assisted interviewing that will both increase the efficiency and quality of the service the Centre provides while Dr Sidat's work has improved the provision of HIV services through the development of "Health Map" to assist clients with HIV (www.healthmap.org.au).

The Centre and its staff received a number of important awards in 2007. Dr Bradshaw was the recipient of one of four highly prestigious L'Oreal For Women in Science fellowships. The Centre's HIV service received the Victorian AIDS Councils Presidents award and the GP assist program the 2007 Victorian Healthcare Award for IT innovation. These awards highlight two things. Firstly the calibre and commitment of the individuals who work at the Centre and secondly the Centre's constant drive for innovation to improve the efficiency and quality of the service it provides. A clinical service that does not focus on improving, effectively moves slowly backwards.

This year we celebrated the enormous contribution of Nilofar Rizvi, who after nearly three decades of dedicated service retired. We all have very fond memories of her time at the centre and I in particular am grateful to her for her support since 2001 when I started.

None of what we have achieved would be possible without our staff. These individuals perform at a simply astounding standard as evidenced by some of our achievements above. I am immensely grateful to each and every one of them, and to the Victorian Department of Human Services who fund this service, and to Bayside Health whose support, year after year allows us to make the contribution we do, to the health of our Victorian community who we serve.

SERVICES AND CONSULTATIONS

The Centre has provided high quality care for clients with a total of 27,457 consultations and 9,962 new clients being registered in 2007. The walk-in triage system remains a catalyst for prioritizing high risk and symptomatic clients with 90% of clients being assessed by a triage nurse in less than 20 minutes and being seen by a practitioner within one hour. This compares favourably with the previous appointments based service.

The numbers of consultations provided by MSHC according to type of service and sex of the client are shown in the table below. A further 506 offsite consultations occurred at various outreach venues for MSM and street sex workers (SSW).

Clinic Type	Total	Male	Female	Transgender
General Clinic	23,744	13,446	10,265	33
HIV Clinic	1,557	1,390	165	2
Outreach	407	357	49	1
Counselling	932	700	231	1
Vaccination	817	565	252	-
Total	27,457	16,458	10,962	37
Individuals	12,181	7,407	4,759	15

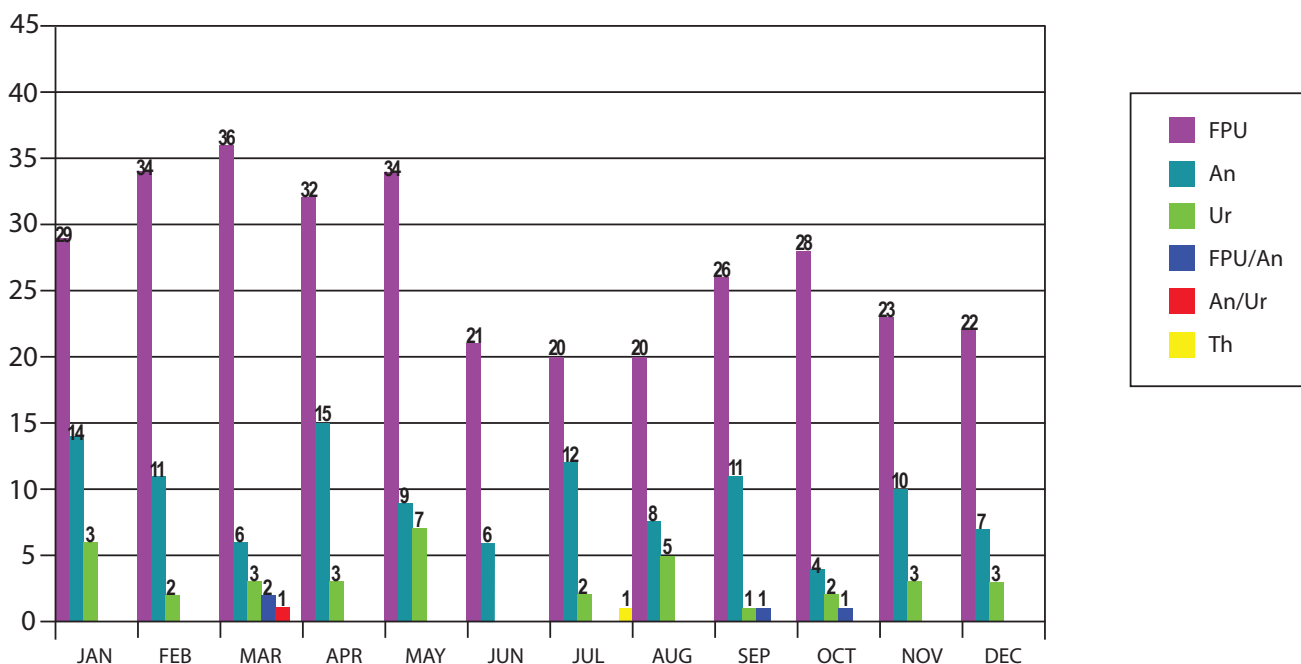
DIAGNOSES

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

Diagnoses	Total
<i>Chlamydia trachomatis</i>	721
<i>Neisseria gonorrhoeae</i>	204
Nongonococcal urethritis	781
Herpes simplex virus	786
Syphilis	93
Bacterial vaginosis	518
Warts	1611
Human immunodeficiency virus (new cases)	42
HIV post exposure prophylaxis	190
Post coital contraception	83
Trichomoniasis in women	10

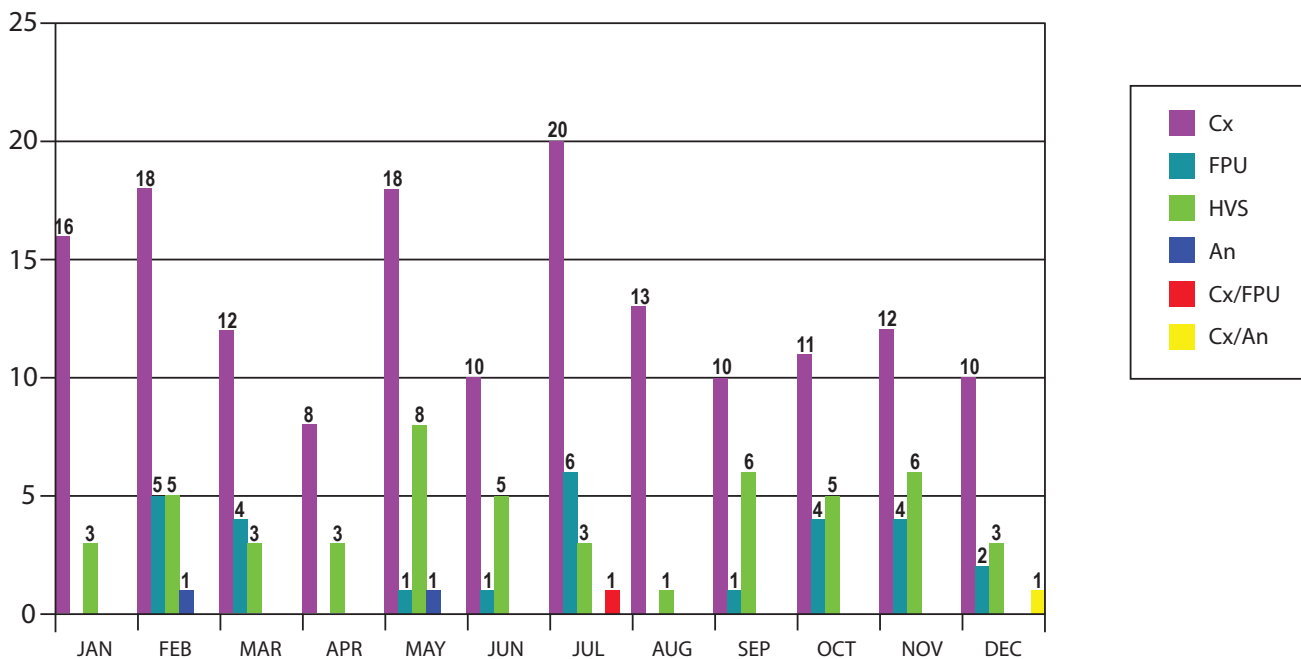
Chlamydia trachomatis remains the most common bacterial STI diagnosed at MSHC. The number of chlamydia infections by sex and site are shown below.

Males - Chlamydia by site 2007
(YTD = 480)



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

Females - Chlamydia by site 2007
(YTD = 241)

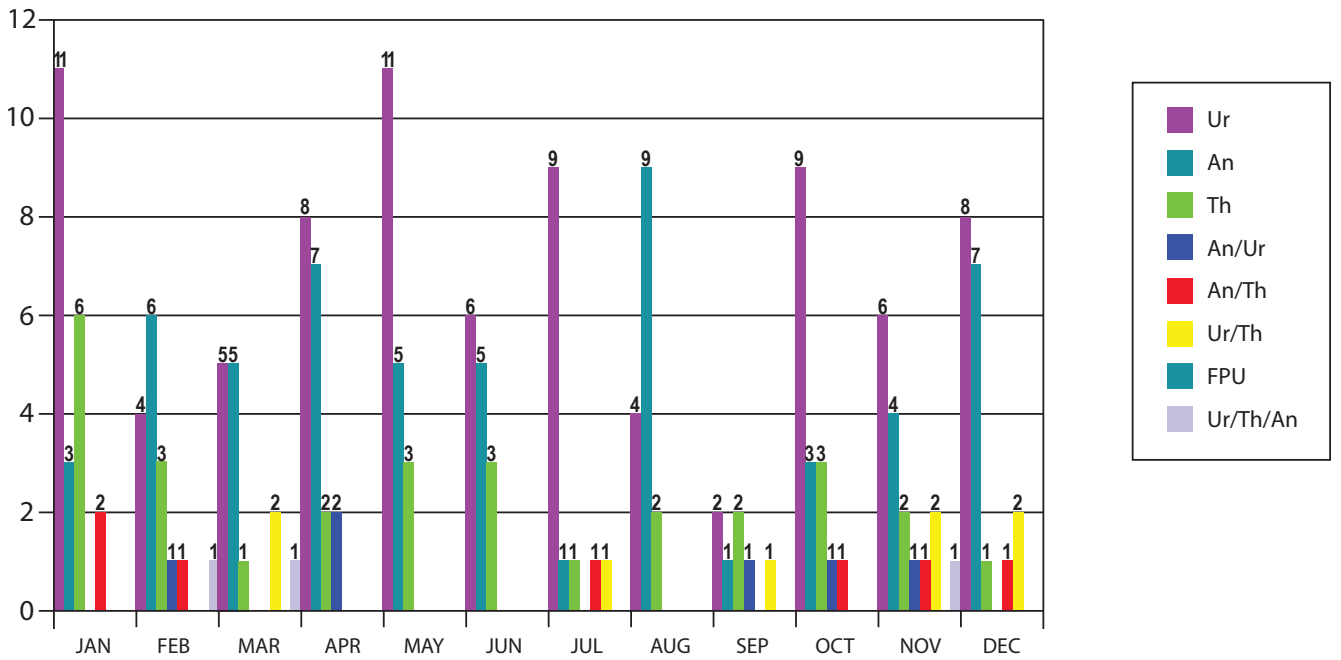


List of abbreviations: Cx – cervical; HVS – high vaginal

The majority of gonococcal infections occur in MSM.

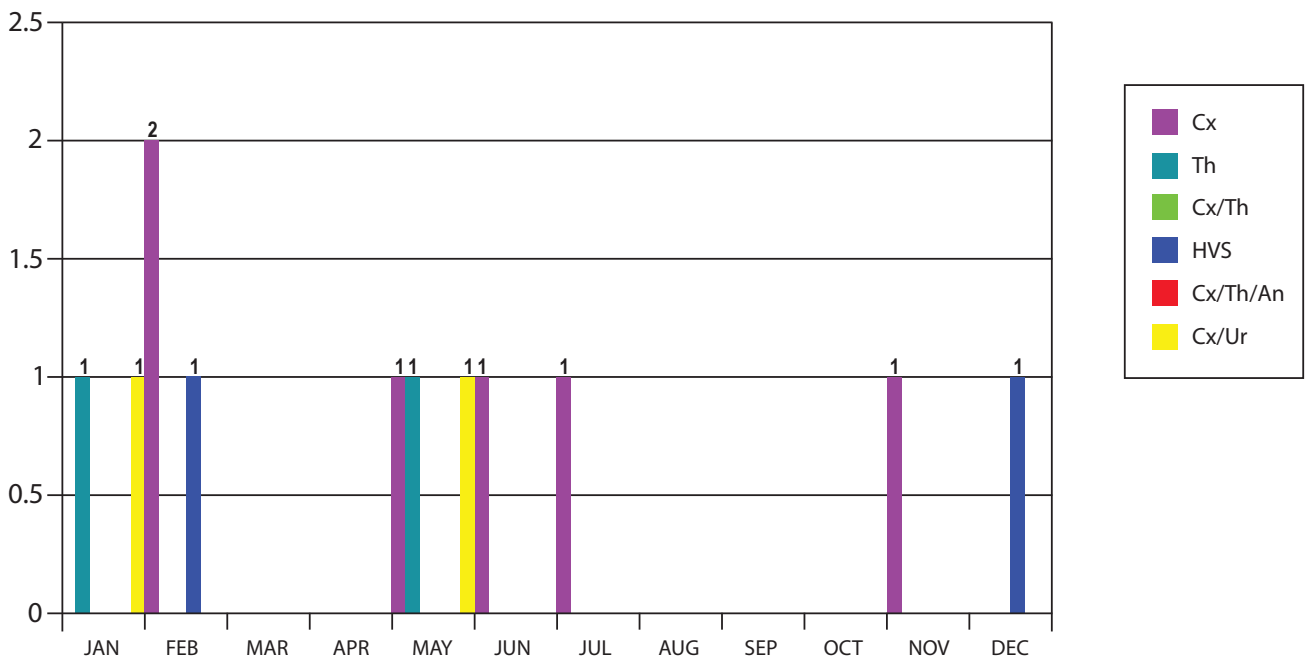
Males - Gono by site 2007

(YTD = 192)



Females - Gono by site 2007

(YTD = 12)



OUTREACH SERVICES

In 2007, 9 nurses were 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. A total of 506 offsite consultations were conducted for 415 males, 88 females and 3 transgender clients.

Sex on Premises Venues

Our outreach team continued weekly or second weekly visits to six SOPVs in Melbourne where confidential STI testing was provided for MSM.

There were 395 consultations performed for 258 individual clients with 182 new clients registered for this service during 2007. The service has been well received by clients and supported by venue proprietors. With additional funding from the Victorian Department of Human Services, in response to Victoria's rising syphilis and HIV rates among MSM, there are plans to increase this service during the coming year.

Street Sex Worker Program

Clinics for the SSW continue to operate weekly in collaboration with the Inner South Community Health Service's Resourcing Health and Education (RhED) program in St Kilda. In 2007, there were 111 consultations with 52 SSW, which included 25 new clients. Of these clients, 88 were female, 20 were male and 3 were transgender.

Melbourne Sexual Health Centre's Aboriginal and Torres Strait Islander Sexual Health Program:

2007 has been an exciting year for MSHC's continuing commitment to the improvement of Aboriginal and Torres Strait Islander sexual health. We have consolidated our previous working partnerships with the Victorian Aboriginal Community Controlled health Organisation (VACCHO) and seen the secondment of a sexual health nurse to work as part of the VACCHO team for 9 months. MSHC has worked with VACCHO to provide clinical guidance and support to the sexual health and blood borne virus team throughout the development of the team's strategic direction.

Prison Initiative

MSHC has been involved in the Department of Human Services funded Victorian Public Health Prisoner Initiative. The project was launched in December 2005 and aims to strengthen policies and practices in relation to the management of BBV and STIs in Victorian adult correctional facilities.

MSHC has provided three nurses who have been working in the prisons with existing primary health care providers. Since the initiative began there has been considerable progress in the uptake of Hepatitis B vaccination, education and professional development of prison nurses, the establishment of BBV/STI clinics in metropolitan prisons and the development of clinical management guidelines for BBVs and STIs.



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.

Higher Research Degrees in 2007

Completed:

HIV/AIDS prevention and management.

Moshin Sidat, PhD

Using computers to improve sexual history.

Robin Tideman, PhD

In progress:

A look at two opposing STI trends in Australia: Increasing HIV and decreasing *Trichomonas vaginalis*.

John Marrone, DPH (submitted)

Quality assurance project of the diagnostic accuracy of pelvic inflammatory disease.

Asiye Doxanakis, MPH

An investigation of interventions aimed at enhancing sexual satisfaction in women.

Richard Hayes, PhD

Chlamydia incidence and re-infection rates: a longitudinal study of young Australian women.

Jennifer Walker, PhD

The screening and control of Chlamydia.

Jade Bilardi, PhD

Advanced Medical Students

Completed:

More than just anal sex: the potential for STI transmission among men visiting sex on premises venues in Melbourne.

Chee Wun Phang, Advanced Medical Student (AMS)

In progress:

The Clinical Features of HIV patients in Melbourne Sexual Health Centre who Experienced Renal Impairment Events: Case Series and Case-Control Study.

Jeremia Siregar (AMS)

Survey of female patients on the use of chaperones with male practitioners.

Charley Simanjuntak (AMS)

The perception of MSM about HPV and the HPV vaccine.

Devamalar Simatherai (AMS)

Investigation of pelvic examinations on asymptomatic women with chlamydial infection among doctors at MSHC.

Yi Man Lee (AMS)



PUBLICATION HIGHLIGHTS

Study:

Experiences and Perceptions of Patients With 100% Adherence to Highly Active Antiretroviral therapy (HAART) - A Qualitative Study. Sidat M, Grierson J, Fairley CK. *AIDS Patient Care and STDs* 2007; 21(7): 509-520

The aim of this study was to understand from patients' perspectives and experiences what resulted in them having 100% adherence to HAART. In-depth interviews were conducted with 10 participants (7 men and 3 women).

The study found that 100% adherence was associated with a readiness to go on HAART; HAART was viewed as a life-line and related with a willingness to live longer and healthier; ongoing patient-physician relationship; better coping and/or lack of perceived side effects; improvement in clinical condition as well as in CD4 T-cell count and viral load all reinforced the motivation to continue 100% adherence.

Study:

Australian sexual health practitioners' use of chaperones for genital examinations: a survey of attitudes and practice. Newton DC, Fairley CK, Teague R, Donovan B, Bowden FJ, Bilardi J, Pitts M, Chen MY. *Sexual Health* 2007; 4(2): 95-97

The current practice and attitudes of Australian sexual health practitioners towards the use of chaperones for genital examinations was examined by use of an anonymous questionnaire. Of 166 questionnaires posted out to members of the Australian Chapter of Sexual Health Medicine, 110 completed the questionnaire (66%).

Of these, only 9% and 19% offered chaperone services routinely for all male and female genital examinations, respectively. Among practitioners who did not offer chaperone services routinely, chaperone services were offered with a mean frequency of 19% for female examinations and 8% for male examinations ($P=0.01$). Significantly more male practitioners compared to female practitioners thought a chaperone was important for medico-legal purposes when examining females (72% v 53%, $P=0.05$). In addition, significantly more female practitioners compared to male practitioners thought a chaperone was sometimes important for reasons of support when examining male patients (52% v 26%, $P < 0.001$). However, only 39% of male practitioners and 36% of female practitioners felt resources spent on chaperones were justified by the benefits they provided.

Despite only a minority of practitioners offering chaperones to patients during examinations, many feel they are important for medico-legal reasons and support for the patient. The authors concluded that best practice may be to offer chaperone services routinely and record when the offer is declined.

Study:

The Differing Views of Male and Female Patients toward Chaperones for Genital Examinations in a Sexual Health Setting. Teague R, Newton D, Fairley CK, Hocking J, Pitts M, Bradshaw C, Chen M. *Sexually Transmitted Diseases*, 2007; 34(12): 1004 - 1007

An anonymous questionnaire was administered to patients attending Melbourne Sexual Health Centre to determine the attitudes of male and female clients to the use of chaperones during genital examination within a sexually transmitted infection clinic. Only 7% of male patients expressed the desire for a chaperone when examined by a male practitioner and 6% if examined by a female practitioner.

Among female patients, 27% felt the need to have a chaperone when being examined by a male practitioner compared to 6% when being examined by a female practitioner. Around one third of male and female patients indicated they would feel uncomfortable having a chaperone present regardless of whether the practitioner was male or female.

Study:

Prevalence of sexual difficulties among female sex workers and clients attending a sexual health service. Thiloma Munasinghe, Richard D Hayes, Jane Hocking, Jocelyn Verry, Christopher K Fairley. *International Journal of STD & AIDS* 2007; 18: 1 - 4

The objective of the study was to determine by anonymous survey the proportion of sex workers and non-sex workers with sexual difficulties attending Melbourne Sexual Health Centre. There were 93 female sex workers and 178 non-sex worker female clients who consented to participate in the self administered questionnaire about demographic characteristics, sexual behaviour, prevalence of sexually difficulties with their non-work related partners, distress regarding their sex life, physical pleasure, emotional satisfaction with sex and overall satisfaction with their life.

Comparing sex workers to non-sex workers; 34% v 42% respectively experienced painful sex, anorgasmia was recorded in 43% v 40%; vaginal dryness in 45% v 36%; and performance anxiety respectively (28% v 37%). Physical pleasure and emotional satisfaction with sex and overall life satisfaction was similar in both groups. Sex workers were more likely to experience sexual disinterest (odds ratio 1.9; 95% CI 1.1 to 3.2), and were less likely to report being distressed about their sex life ($p = 0.04$). The prevalence of sexual difficulties, other than desire was similar to non-sex workers. These findings may be relevant only to sex workers operating in a highly regulated sex industry.

PUBLICATION HIGHLIGHTS Continued

Study:

A randomised controlled trial comparing computer-assisted with face-to-face sexual history taking in a clinical setting. Tideman RL, Chen MY, Pitts MK, Ginige S, Slaney M, Fairley CK. *Sexually Transmitted Infections* 2007; 83: 52-56

Sexual health history taking is an important routine component of any sexual health consultation. The accuracy is important as it has direct implications on the resulting management and treatment. This randomised study evaluated computer-assisted self-interviews (CASI) compared to face-to-face interviews (FTFI) using identical predefined questions for eliciting sexual history. FTFI was the preexisting routine method for taking sexual history at Melbourne Sexual Health Centre. All participants completing CASI also underwent FTFI and the clinicians were not aware that these patients had undergone CASI.

The majority of participants (95%) found CASI easy to use and 86% were comfortable using CASI. There were no differences in reported risk behaviours between CASI and FTFI except women reported considerably higher numbers of male partners using CASI. The results of this study indicated that CASI can be reliable, efficient and a highly acceptable method for screening of sexual risk in a clinic setting. CASI could be used routinely before a clinical consultation saving time and thus improving clinical efficiency of services.

PUBLICATIONS in 2007

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2. Ginige S, Chen MY, Hocking JS, Grulich A, Fairley CK. Rising HIV notifications in Australia: accounting for the increase in people living with HIV and implications for the HIV transmission rate. *Sexual Health*, 2007; 4:31-33
3. Fairley CK, Williams H, Lee DM, Cummings R. A plea for more research on access to Sexual Health Services. *International Journal of STD & AIDS*, 2007;18:75-76
4. Tabrizi S, Ling A, Bradshaw C, Fairley CK, Garland SM. Human adenoviruses types associated with non-gonococcal urethritis. *Sexual Health*, 2007;4:41-44
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13. Newton DC, Chen MY, Cummings R, Fairley CK. Recommendations for Chaperoning in sexual health settings. *Sexual Health*, 2007; 4 ,1
14. Sidat M, Grierson J, Fairley CK. Experiences and Perceptions of Patients With 100% Adherence to HAART - A Qualitative Study. *AIDS Patient Care and STDs*, 2007; 21(7): 509-520
15. Teague R, Newton D, Fairley CK, Hocking J, Pitts M, Bradshaw C, Chen M. The Differing Views of Male and Female Patients toward Chaperones for Genital Examinations in a Sexual Health Setting. *Sexually Transmitted Diseases*, 2007; 34(12): 1004 – 1007
16. Skinner SR, Parsons A, Kang M, Williams H, Fairley CK. Sexually Transmitted Infections – Initiatives for Prevention. *Int J Adolesc Med Health*, 2007; 19(3):285-294
17. Fairley CK, Gurrin I, Walker J, Hocking JS. “Doctor, how long has my Chlamydia been there?” Answer: “..... years”. *Sexually Transmitted Diseases*, 2007.; 34 (9):727 – 8
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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 98% for the last 2 years (see Annual Client Survey).

The past year has witnessed consolidation and innovation for MSHC's 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. An exciting initiative has been the creation of two Sexual Health Nurse Practitioner Candidate positions within the centre.



Staff Members

Administration & Computer Services

Suzanne Amisano
Operations Manager

Meg Anderson
Patient Services Officer

Bruce Barclay
Patient Services Officer

Marc C-Scott
Multimedia Co-ordinator

Deanne de Silva
Purchasing
& Resources Officer

Shane Dunlop
Patient Services Officer

Glenda Fehler
Project Officer

David Johnston
Patient Services Officer

Jun Kit Sze
IT Systems, Support
& Development Officer

Karen Kon
Administration Team Leader

Tim Kuo
IT & Research Officer

Rachel Potter
Patient Services Officer

Mary Santoro
Patient Services Officer

Doris Sciberras
Patient Services Officer

James Unger
Personal Assistant

Jeanette Venkataya
Personal Assistant (A/g)

Wendy Zeng
Patient Services Officer

Clinical Services

Karen Berzins
Doctor

Siobhan Bourke
Doctor

Catriona Bradshaw
Doctor, Postdoctoral
Research Fellow

Andrew Buchanan
Doctor

Marcus Chen
Doctor, Postdoctoral
Research Fellow

Kathy Cook
Doctor

Ian Denham
Doctor

Christopher Fairley
Professor/Director

Kath Fethers
Doctor, PhD Candidate,

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

Hennie Williams
Doctor, Senior Lecturer

Tina Schmidt
Doctor

Richard Skinner
Doctor

Richard Teague
Doctor

Robin Tideman
Doctor, PhD

Seenivasagam Yoganathan
Doctor

Evaluation Unit

Jade Bilardi
Research Assistant, PhD Candidate

Deborah De Guingand
Research Assistant

Richard Hayes
PhD Candidate

Jane Hocking
Postdoctoral Research Fellow

Carol Hopkins
Research Nurse

Helen Kent
Research Nurse

John Marrone
DPH Candidate

Fiona MacFarlane
Research Nurse

Danielle Newton
Research Assistant

Mandy Pate
Research Nurse

Moshin Sidat
PhD Candidate

Julie Silvers
Research Nurse

Jane Tomnay
Research Nurse

Eve Urban
Research Assistant

Jennifer Walker
Research Assistant, PhD Candidate

Sandra Walker
Research Assistant

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

Vanessa Hamilton
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, PhD

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

Ian O'Meara
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

Support Services

Leonie Horvarth
Laboratory Scientist

Irene Kuzevski
Laboratory Scientist

Artemisia Green
Laboratory Administration

Chris Thomas
Pharmacist

Bernard Folley
Pharmacist

