



Melbourne Sexual Health Centre

ANNUAL REPORT

2009

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 projects aimed at improving the services offered at MSHC. The Unit also provides substantial input into the growing evidence based body of sexual health knowledge by conducting post graduate sexual health studies for health professionals.

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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. In 2001, the Director was given a dual appointment between 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
- 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

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 18 other staff members in administrative or clerical roles, IT support, 3 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. 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 heterosexuals diagnosed with chlamydial 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) was introduced in 2009 to provide STI testing through webcam or phone consultation for rural Victorians who reside 150km or more from Melbourne

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.

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 99% of clients in 2009 expressed satisfaction with the service.

Welcome to our 2009 Annual Report. This year has been one of the Centre's most successful with numerous outstanding achievements. Perhaps the highlight was that the Centre won the Minister's Award for Outstanding Achievement by a Team, in the 2009 Victorian Public Healthcare Awards against all other health services. It is no surprise that this occurred because of the dedication, enthusiasm, professionalism and innovative character of our staff. It illustrates the depth of commitment that our staff shows to their responsibility to serve the Victorian Community in every way. We won because we were able to show that the time and effort spent in research and development, led to material change in services that improved the health of the Victorian community. A list of these achievements is outlined under the Key achievements section of this annual report.

This year was also one of our saddest. We lost a dear colleague and friend, Nilofar Rivzi. Nilofar was an extraordinary individual and a close friend of many at the Centre. She was a committed individual who had made an enormous contribution to the field and to the Centre for nearly 4 decades. We and the Victorian community have benefited a great deal from that contribution, and MSHC and Victoria is a better place because of it. Nilofar was also a warm and empathetic individual who touched many lives on a personal level. We will all miss her very much indeed.



SERVICES AND CONSULTATIONS

The numbers of consultations by type of service provided onsite are shown in Table 1 below. In 2009, 33,696 consultations were provided for 20,835 individuals. 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). There has been a 7% rise in consultations (Figure 1) and increases in diagnoses including chlamydia, gonorrhoea and infectious syphilis (Table 2) (Figure 2-6).

Table 1

Clinic Type	Total	Male	Female	Transgender
General Clinic	28,995	16,891	11,975	129
HIV Clinic	2,513	2,262	247	5
Counselling	1,401	1,186	214	0
Vaccination	787	510	276	1
Total	33,696	20,849	12,712	135
<i>Individuals</i>	<i>20,835</i>	<i>12,707</i>	<i>8,050</i>	<i>78</i>

Table 2

Diagnoses	Total
<i>Chlamydia trachomatis</i>	1052
<i>Neisseria gonorrhoeae</i>	279
<i>Mycoplasma genitalium</i>	128
Nongonococcal urethritis	862
Herpes simplex virus	797
Syphilis	128
Bacterial vaginosis	547
Warts	1,522
Human immunodeficiency virus (new cases)	53
HIV post exposure prophylaxis	245
Post coital intervention	74
Trichomoniasis in women	12

Figure 1 showing increasing numbers of clients each year

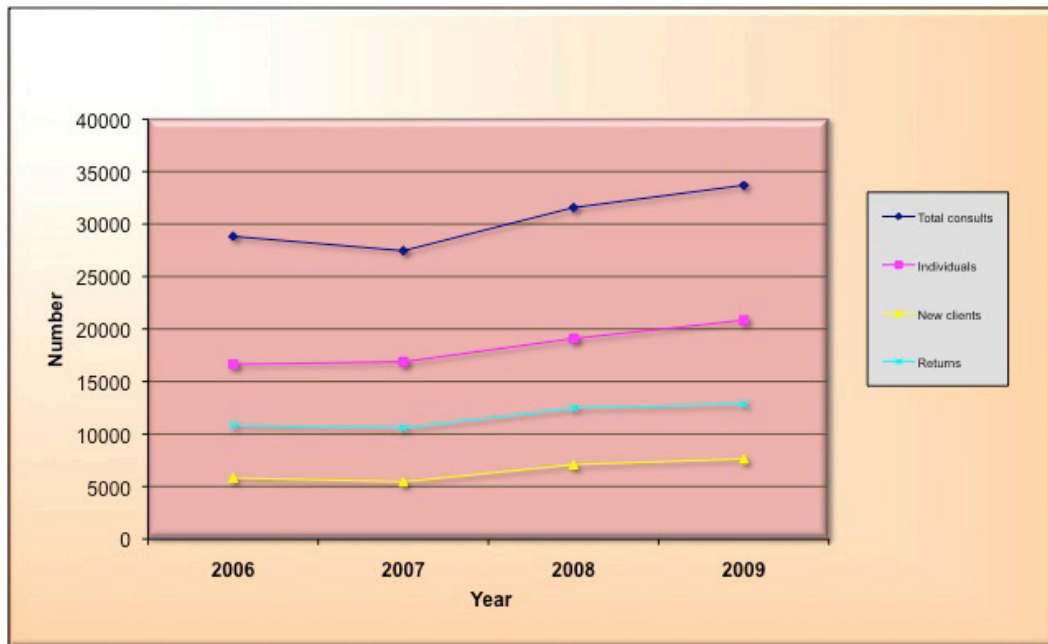
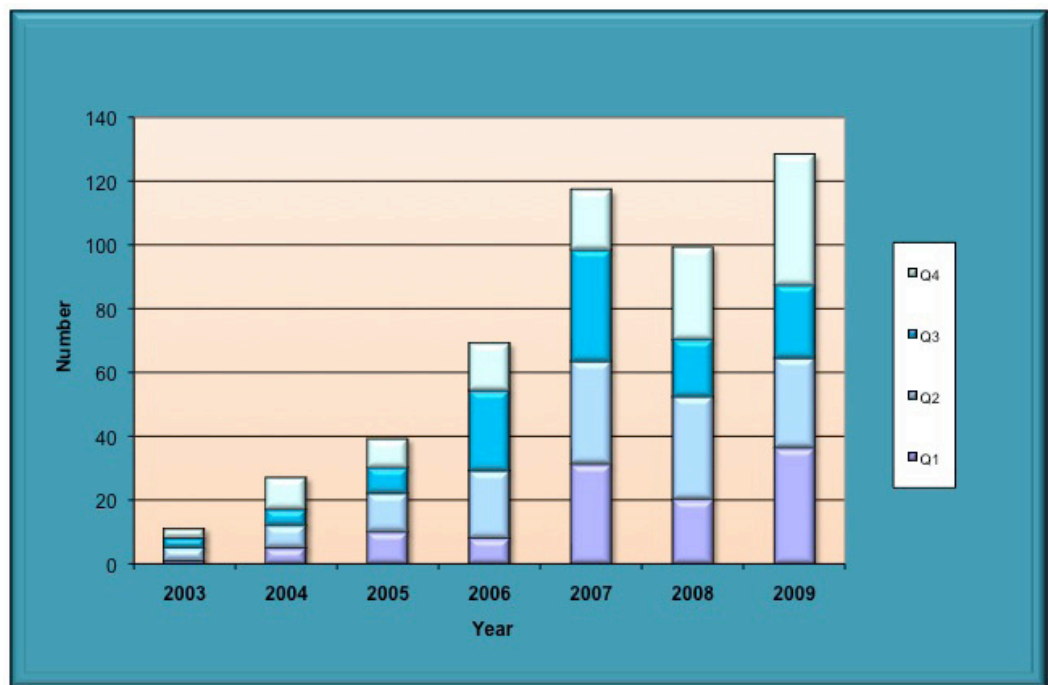
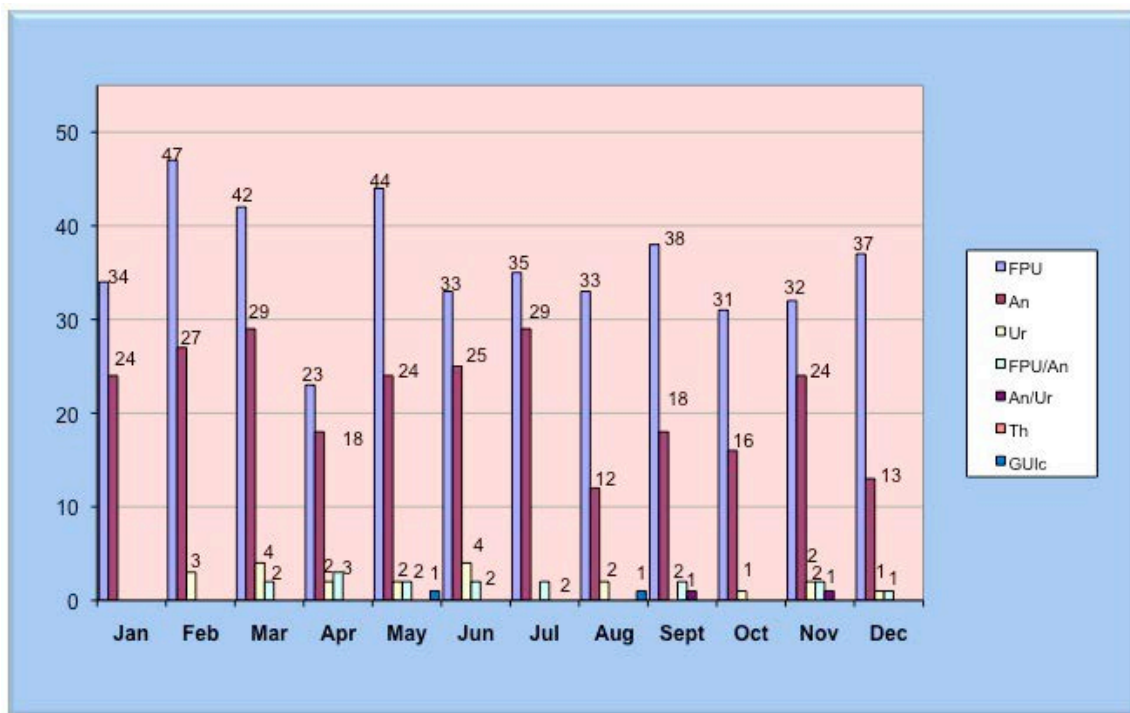


Figure 2 showing the rising rates of infectious syphilis



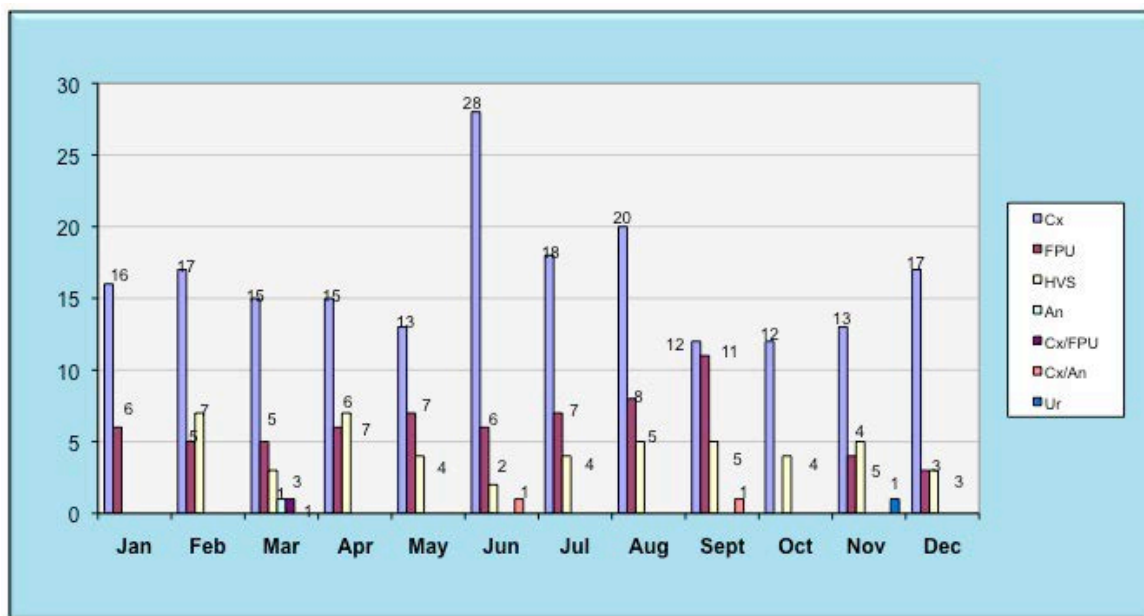
Chlamydia trachomatis remains the most common bacterial STI diagnosed at MSHC. The number of chlamydia infections by sex and site are shown below (Figure 3 and 4).

Figure 3 Sites of chlamydial infections among 727 males in 2009



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

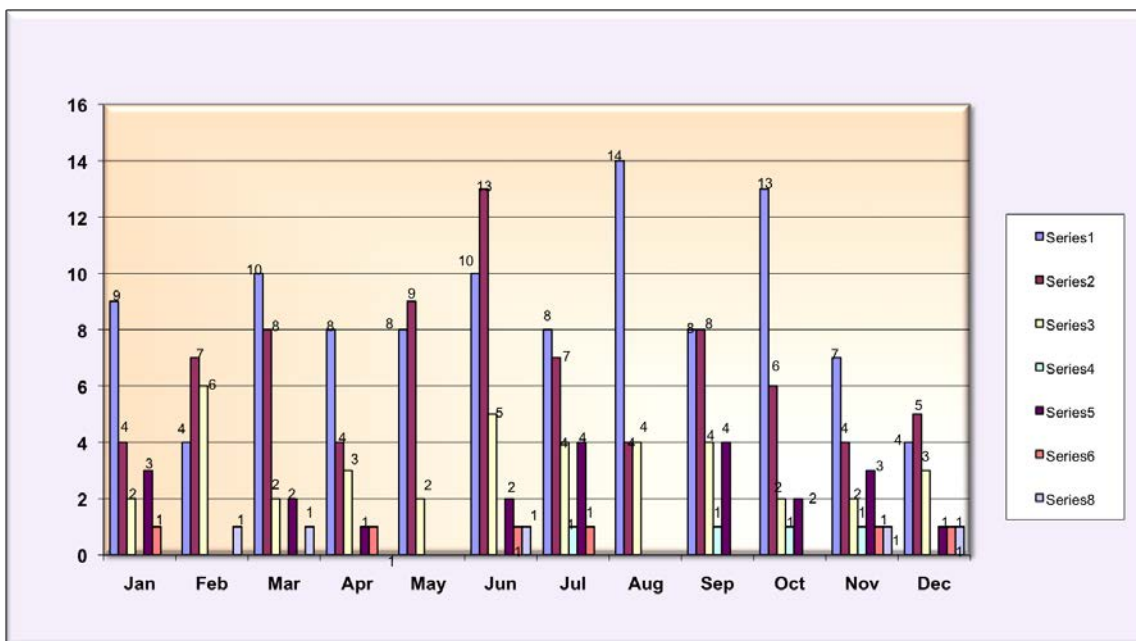
Figure 4 Sites of chlamydial infections among 319 females in 2009



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

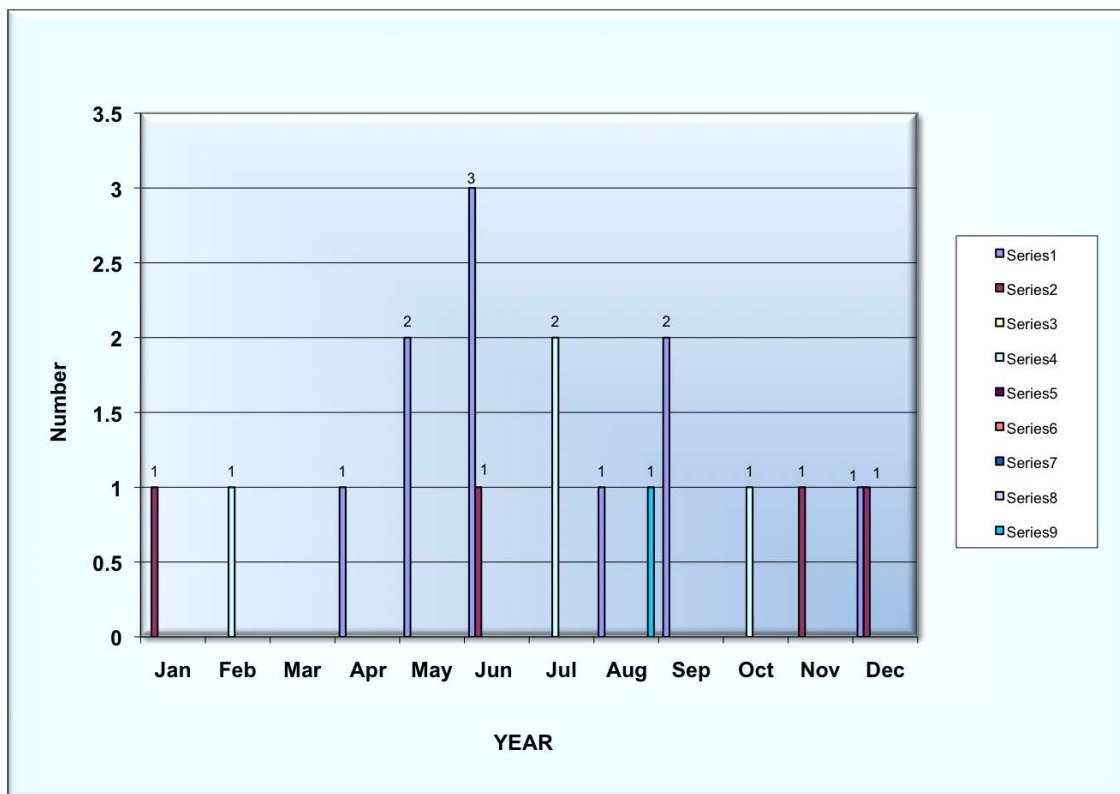
The majority of gonococcal infections occur in MSM

Figure 5 Sites of gonococcal infections among 258 males in 2009



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

Figure 6 Sites of gonococcal infections among 19 females in 2009



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

Enhancing STI Control among Homosexually Active Men in Primary Health Care (ESTIHM)

The ESTIHM project is a 2 year Victorian Department of Health funded project which ends June 2010. The primary aim of the project was to increase STI testing among men-who-have-sex-with-men (MSM) who attend inner metropolitan general practices with high case loads of these clients. Preliminary findings show testing has increased from approximately 8% to 20% depending on the type and anatomical site of the test among both HIV positive and HIV negative MSM. The general practitioners (GPs) interviewed responded favourably to the enhanced service that importantly has saved them valuable time.

The second arm of the project aims to increase sexual health education for GPs and other health professionals throughout Victoria. Educational videos are currently being developed at MSHC and are available on the MSHC website.

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

The Centre was approached by the Victorian Department of Health to expand and build on previous work with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) in a collaborative 5 year project. The project "Indigenous young people's sexual and reproductive health project" aims to work with VACCHO and other Victorian Aboriginal Community Controlled Health Organisations to assist them in providing sexual and reproductive health programs for indigenous young people where the emphasis is on health, community, family and social connectedness. Community and cultural values will be recognised and supported within the context of helping communities to view sexual and reproductive health as a positive contributor to overall health and wellbeing. Increasing knowledge about sexual and reproductive health and developing a coordinated and systematic approach to teenage reproductive & sexual health education and STI prevention may lead to increasing access to clinical services, testing and treatment. The project will employ a coordinator and 2 Aboriginal health workers.

Prison Initiative

MSHC has continued to be involved in the Victorian Department of Health's funded Public Health Prisoner Initiative during 2009. The project was launched in December 2005 and aims to strengthen policies and practices in relation to the management of blood borne viruses (BBV) and STIs in the thirteen Victorian correctional facilities.

MSHC originally provided three nurses to work on this prison project. Two nurses worked within the prisons with the existing primary health care providers and the third nurse developed the clinical management guidelines for BBVs and STIs. Due to the resignation of one nurse in December 2008 one nurse worked in the prisons with the health care providers until the appointment of a second nurse in June 2009.

BBV/STI clinics continue to be encouraged and supported by the sexual health/BBV nurses. Education and professional development for all prison nurses has been ongoing, and during 2009 education and support to other allied health professionals such as nurses from Youth Substance Abuse Service and Turning Point was delivered. The Clinical Management Guidelines for BBVs and STIs were distributed to all prisons from October 2009 to January 2010. There has been ongoing improvement in the uptake, documentation and follow up of Hepatitis B serology and vaccinations.

One of the original aims of the Public Health Prisoner Initiative was to increase the numbers of prisoners receiving treatment for Hepatitis C. The nurses have played a key role in supporting Hepatitis C treatment at Port Phillip Prison and also Marngoneet Correctional Centre. There are plans for Hepatitis C treatment to commence at the Dame Phyllis Frost Centre during 2010.

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:

The risk factors (or protective factors) associated with having sex with a sex worker in Australia vs other countries where sex work is not legal, Mary Burns, MPH, Melbourne University, 2009

The role of the secondary school nurse in the sexual and reproductive health of young Victorians, Gillian Robinson, MPH, Melbourne University, 2009

The risk profile of HIV positive heterosexual men attending MSHC, Matiu Bush, MPH, Melbourne University, 2009

In progress: 7 PhD; 6 MPH

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

Screening and control of chlamydia. Jade Bilardi, PhD, Melbourne University

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

Comprehensive models of HIV/STI prevention among sex workers and their clients in Papua New Guinea, Eunice Bruce, PhD, Melbourne University

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

Use of oral garlic (Allium sativum) in recurrent thrush (vulvovaginal candidiasis). C Watson, PhD, Melbourne University

Human papilloma virus in men who have sex with men. Huachun Zou, PhD, Melbourne University

Evaluation of enhancing STI control of homosexually active men in primary care (ESTIHM), Anthony Snow, MPH, Melbourne University, 2009

To investigate the delay in returning for HIV test results at MSHC, Daniel Sankar, MPH, Melbourne University, 2009

"Choices Women Make" – Contraception and sexual health practices in women of reproductive age in the primary care setting in Victoria, Australia. Jason Ong, MPH, Melbourne University, 2009

Use of computerised medical records data to determine the feasibility of testing for chlamydia without patients seeing a practitioner. Anna Yeung, MPH, Melbourne University, 2009

Outcomes of cultural literacy training workshop around sexual minorities for primary healthcare workers in rural and regional Victoria. Kimberley Ivory, MPH, Melbourne University, 2009

Frequent screening for syphilis as part of HIV monitoring increases the detection of early, asymptomatic syphilis among HIV positive homosexual men

Melanie Bissessor, MPH, Melbourne University, 2009

Advanced Medical Students

Completed:

Optimal detection of Neisseria gonorrhoeae, Mohamed Razali (AMS)

In progress:

HIV testing of men who have sex with men attending a sexual health service, Teedzani Petlo (AMS)
The efficacy of azithromycin, 1g as current first line therapy for Mycoplasma genitalium infection, Yii Li Min (AMS)

International Post Doctoral Research Fellows

Determining the rates of STIs among MSHC attendees, 2008-2009

Dr Anil Samaranayake, Postgraduate Institute of Medicine, University of Colombo, Sri Lanka

International Student Visitors

Alison Webster, a 5th year elective medical student from Guy's King's and St Thomas' School of Medicine in London (1/08/09 to 25/09/09)

KEY ACHIEVEMENTS

- Melbourne Sexual Health Centre was the winner of the Minister's Award for Outstanding Achievement by a Team, 2009 Victorian Public Healthcare Awards
- Professor Christopher Fairley received the Melbourne School of Population Health (MSPH) 2009 Award for Excellence in Research Higher Degree Supervision for Outstanding Supervisor
- Maiti Bush successfully obtained endorsement as a Sexual Health Nurse Practitioner
- Melbourne Sexual Health Centre staff members had 14 abstracts accepted for presentation at the International Society for STD research meeting in London in 2009
- Melbourne Sexual Health Centre staff members had 17 abstracts accepted for presentation at the Sexual Health Conference, Brisbane, 2009
- The Australasian Chapter of Sexual Health Medicine annual update in sexual health was held in Melbourne in May 2009. The feedback received was outstanding. Of the 12 speakers, 9 were from Melbourne Sexual Health Centre
- Jenny Walker won the prize for the best epidemiology presentation on the methodology of the chlamydia incidence and reinfection rates study (CIRIS) at the Victorian Branch post-graduate student workshop of the Australasian Epidemiology Association.
- Tim Read was awarded an Australian Postgraduate Scholarship to undertake his PhD. This will commence in 2010 with a study of HPV oral infection in MSM and a randomised trial of the use of the rapid oral HIV testing in MSM attending MSHC
- Educational videos were introduced in the waiting rooms in March 2009 following research in the United States that indicated a 10% decrease in STI in clients who were exposed to educational videos in waiting rooms

- SMS AND Email reminder service started in February 2009 for MSM offering enrolment for a reminder to attend MSHC for their next STI check.
- A new service TESTme was introduced in August 2009 for asymptomatic clients. TESTme provides STI testing through telephone or webcam consultations for rural Victorians living at least 150kms from Melbourne. The consultations are conducted by a sexual health nurse. The TESTme nurse holds a 1800 number for potential clients to call. Eligible clients are offered an appointment and the consultation takes place either by telephone or webcam. The clients register electronically through the TESTme website www.testme.org.au. A self collected testing kit is sent by post with instructions on how to collect samples with a prepaid MSHC addressed envelope for the client to post back to MSHC or the RWH lab. This is a DoH funded project.
- Huachun Zhou was awarded 2 scholarships from Melbourne University from 2009 until 2012 (Melbourne International Fee Remission Scholarship and Melbourne International Research Scholarship)

Community Outreach

MIDSUMMA Carnival day and Chill Out Festival

These events provide an excellent opportunity for MSHC to connect with the gay and lesbian community. The rates of syphilis in MSM have been rising since 2004 and do not appear to be tapering down (Figure 2). In response to this, MSHC clinical staff in attendance of the MSHC stand at both festivals offered a rapid 15 minute syphilis test (RST) using blood collected by finger prick. Anyone that tested positive to the RST was encouraged to have a confirmatory blood test which was collected on the spot. The clients that tested positive were given an appointment for follow up at the Centre on the next working day. This was the first time that testing was offered at these community events.

In addition, recipients of the RST were asked about their preferences for HIV testing in a clinic setting, and 64% indicated a preference for rapid oral HIV testing with 18% preferring conventional blood testing. Melbourne MSM expressed that they would test more frequently if rapid oral HIV tests were available for clinic use (74%) or home use (61%) in Australia.



STUDY:

Mycoplasma genitalium in men who have sex with men at male-only saunas

Bradshaw CS, Fairley CK, Lister NA, Chen SJ, Garland SM, Tabrizi NS

Sexually Transmitted Infections 2009; 85(6): 432-435

A cross-sectional study of 521 men who have sex with men (MSM) attending six male-only saunas in Melbourne was conducted between October 2001 and September 2002 to determine the prevalence and clinical associations of *Mycoplasma genitalium* in urethral, rectal and pharyngeal specimens. Stored urine and rectal and pharyngeal swabs were tested for *M genitalium* by real-time polymerase chain reaction. A high prevalence (13%) of sexually transmitted infections (STIs) was found in MSM. *M genitalium* (2%) was less common than *Chlamydia trachomatis* (8%), and *Neisseria gonorrhoeae* (5%). *M genitalium* was most likely to be detected as an asymptomatic rectal (2%) or urethral infection (0.6%), but was absent from the pharynx. In comparison, *C trachomatis* was more common in the rectum (6%) than urethra (2%), and was uncommon in the pharynx (0.6%). Urethral infection with *N gonorrhoeae* (0.2%) was rare, but was as common in the pharynx (3%) as the rectum (2%). No significant demographic or behavioural associations with *M genitalium* were identified. *M genitalium* was less common than *C trachomatis* and *N gonorrhoeae* in MSM attending male-only saunas and was most often detected as an asymptomatic rectal or a urethral infection but was absent from the pharynx. To inform STI screening strategies in MSM, more data are needed to understand how common *M genitalium* infection is in urethral and non-urethral sites in MSM, and how it contributes to clinical symptoms.

STUDY:

Innovative resources could help improve partner notification for chlamydia in primary care.

Bilardi J, Fairley CK, Hopkins C, Temple-Smith M, Bowden F, Russell D, Pitts M, Tomnay J, Parker R, Pavlin N, Chen M

Sexually Transmitted Diseases 2009; 36(12): 779-783

A postal survey of randomly selected general practitioners' (GPs) was carried out to examine partner notification practices for chlamydia and to identify innovative resources that could improve partner notification for chlamydia in primary care. Of 521 eligible GPs, 234 (45%) returned a completed questionnaire. Ninety-five percent felt that it was their role to discuss partner notification with patients diagnosed with chlamydia; however, only 45% (105/232) were sure how best to assist their patients with this. Considerable variation was shown in the way partner notification was undertaken, including how far back in time GPs recommended contacting partners. GPs considered a wide range of possible resources useful, including a website supporting patients (90%), information sheets generated by practice software when chlamydia is diagnosed (90%), printed information packs for patients (85%), a website designed to assist GPs (80%), and referral to these websites via positive laboratory results (85%). Forty-three percent currently undertook patient delivered partner therapy for chlamydia. GPs reported a need for greater guidance and resources to assist with partner notification for chlamydia. Practice software with mechanisms that automatically direct GPs to resources utilizing the internet when chlamydia is diagnosed have wide appeal and the potential to improve the effectiveness of partner notification for chlamydia.

STUDY:

What men who have sex with men think about the human papillomavirus vaccine

D Simatherai, C S Bradshaw, C K Fairley, M Bush, S Heley, M Y Chen

Sexually Transmitted Infections 2009; 85 (2): 148-149

This study aimed to ascertain the attitudes of men who have sex with men (MSM) to the human papillomavirus (HPV) vaccine and to determine the age at which MSM would be willing to ask for the HPV vaccine in relation to their age of sexual debut. Of 205 MSM attending the Melbourne Sexual Health Centre between December 2007 and January 2008, 200 completed the study questionnaire. Only 30% were aware that there was a vaccine available for protection against infection with certain HPV types. When informed of the increased risk of anal cancer among MSM, 47% of MSM indicated that they would be willing to pay \$A450 for the vaccine course. A total of 93% indicated that they would be willing to disclose that they were MSM to a health professional in order to obtain the vaccine for free, but not until a median age of 20 years: 2 years after the median age of sexual debut (18 years) and after a median of 15 sexual partners. If the HPV vaccine is targeted to MSM, the challenge will be for MSM to be vaccinated before they acquire HPV infection.

STUDY:

The experience of providing young people attending general practice with an online risk assessment tool to assess their own sexual health risk

Jade E Bilardi, Lena A Sanci, Christopher K Fairley, Jane S Hocking, Danielle Mazza, Dot J Henning, Susan M Sawyer, Michelle J Wills, Deborah A Wilson, Marcus Y Chen

BMC Infectious Diseases 2009; 9:29

The aim of this study was to measure the effect of offering an online sexual health assessment tool, Youth Check Your Risk (YCYR), on chlamydia testing rates among young people attending general practices. General practitioners at three practices in Melbourne, Australia, referred patients aged 16 to 24 years to YCYR at www.checkyourrisk.org.au for use post consultation from March to October 2007. The proportion of young people tested for chlamydia before and during the implementation of the tool was compared. The intervention did not result in any significant increases in 16 to 24 year old males (2.7% to 3.0%) or females (6.3% to 6.4%) tested for chlamydia. A small increase in the proportion of 16 to 19 year old females tested was seen (4.1% to 7.2%). The major reasons for low referral rates reported by practitioners included lack of time, discomfort with raising the issue of testing, and difficulty in remembering to refer patients.

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- Bissessor M, Fairley CK, De Guingand D, Bradshaw CS, Chen MY. Delay in the diagnosis of early syphilis among men who have sex with men: need for greater community and health provider education. *International Journal of STD & AIDS* 2009 20(1): 52-53
- Simanjuntak C, Cummings R, Chen MY, Williams H, Snow A, Fairley CK. What female patients feel about the offer of a chaperone by a male sexual health practitioner. *International Journal of STD & AIDS* 2009 20 (3): 165 – 167
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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 4 years (see [Annual Client Survey](#)).

Staff Members

Administration and Computer Services	Afrizal	IT Systems and Support 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
	David Johnston	Patient Services Officer
	Jun Kit Sze	IT Systems, Support & Development Officer
	Justine Keon	Patient Services Officer
	Karen Kon	Administration Team Leader
	Brad Morgan	Operations Manager
	Cecily Sheppard	Patient Services Officer
	Doris Sciberras	Patient Services Officer
	James Unger	Personal Assistant
	Hannah Westrop Evans	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, PhD Candidate,
	Stella Heley	Doctor
	Helen Henzell	Doctor
	Kirsty McNab	Doctor
	Alex Marceglia	Doctor
	Anna Morton	Doctor
	Tim Read	Doctor
	Stephen Rowles	Doctor
	Joe Sasadeusz	Doctor
	Richard Skinner	Doctor
	Hennie Williams	Doctor, Senior Lecturer
	Tina Schmidt	Doctor
	Richard Teague	Doctor
	Robin Tideman	Doctor
Seenivasagam Yoganathan	Doctor	

Clinical Services Medical	Surbhi Bird	Sexual Health Clinic Support Nurse
	Matiu Bush	Sexual Health Nurse Practitioner
	Nyree Chung	Public Health BBV/STI Nurse
	Rosey Cummings	Nursing Services Manager
	Freya Dench	Sexual Health Nurse
	Sheranne Dobinson	Sexual Health Nurse
	Jo Eccles	Sexual Health Nurse
	Vanessa Hamilton	Sexual Health Nurse/Educator
	Jayne Howard	Public Health BBV/STI Nurse
	Ria Fortune	Sexual Health Nurse
	Candice Fuller	Sexual Health Nurse/TESTme project
	Peter Hayes	Counsellor
	Carol Hopkins	Sexual Health Nurse
	Lisa Kennedy	Sexual Health Nurse
	David Lee	Sexual Health Nurse Practitioner
	Fiona MacFarlane	Sexual Health Nurse/PH BBV/STI Nurse
	Aileen McConell	Sexual Health Nurse
	Lorna Moss	Sexual Health Nurse
	Jeannie Nicholson	Sexual Health Nurse
	Ian O'Meara	Sexual Health Nurse
	Clíodhna O'Sullivan	Sexual Health Nurse
	Mandy Pate	Sexual Health Nurse
	Phillip Patterson	Sexual Health Nurse/ Educator
	Simon Powell	Sexual Health Nurse/ ESTIHM project
	Susan Peterson	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/ESTIHM project Coordinator
	Mee Tan	Sexual Health Nurse
	Haiping Tang	Sexual Health Nurse
	Jocelyn Verry	Counsellor
Suzanne Wallis	Sexual Health Nurse	
Patricia Wakefield	Sexual Health Nurse	
Bradley Whitton	Clinical Nursing Co-ordinator	
Karen Worthington	Sexual Health Nurse	

HIV Clinic	Kerri Howley	Clinical HIV Co-ordinator
	Candice Fuller	Sexual Health Nurse
	Stephen Kent	Doctor
	Jenny McDonald	Dietitian
	Richard Moore	Doctor
	Simon Powell	Advanced Practice Nurse HIV
	Joe Sasadeusz	Doctor
	Jeanette Venkataya	Patient Services Officer

Evaluation Unit	Andrea Morrow	Research Assistant
	Jade Bilardi	Research Assistant, PhD Candidate
	Eunice Bruce	Research Assistant, PhD Candidate
	Deborah De Guingand	Research Assistant
	Jane Hocking	Postdoctoral Research Fellow
	Helen Kent	Research Nurse
	Mandy Pate	Research Nurse
	Julie Silvers	Research Nurse
	Eve Urban	Research Assistant
	Jennifer Walker	Research Assistant, PhD Candidate
	Sandra Walker	Research Assistant

Support Services	Leonie Horvarth	Laboratory Scientist
	Irene Kuzevski	Laboratory Scientist
	Tori Haeusler	Laboratory Scientist
	Philippa Mercieca	Laboratory Administration
	Chris Thomas	Pharmacist
	Bernard Folley	Pharmacist
	Owen Bentley	Pharmacist
	Suzanne Lau Goey	Pharmacist

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