

# 2014 ANNUAL REPORT





# Contents

## MELBOURNE SEXUAL HEALTH CENTRE ANNUAL REPORT 2014

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



# 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.

The service provided is predominantly walk in led by nurse triage service that focuses on high risk individuals with some appointments

## **Special services provided by MSHC include:**

- Medical care and community welfare support for people living with HIV
- Colposcopy clinic for women with abnormal Pap tests
- Vulval clinic for medical assessment and management of women with vulval disorders
- Dermatology clinic for specialist dermatological management of genital skin disorders and dermatological conditions in HIV positive and negative clients
- Counselling services with qualified counsellors that are available for individuals or couples with concerns about sexual health and STIs, including HIV
- STI testing through a website and/or telephone consultations for young people under 25 years, men who have sex with men (MSM) and Aboriginal or Torres Strait Islanders of any age living more than 100km from Melbourne augmented by self collected specimens and postal treatment
- Outreach services for street based sex workers and men who attend sex on premises venues.
- Nursing service for Access Health (Salvation Army) in St Kilda that provides services for marginalised people in the community. Funding by the Drug and Alcohol section of the Department of Health has been provided for 5 hours of sexual health nursing services/week.
- On-site pharmacy provided by Alfred Health
- On-site laboratory service provided by the Public Health Laboratory - Microbiology Diagnostic Unit (PHL-MDU), University of Melbourne which provides assistance to clinicians to make same day diagnoses and treatment

The team of health care providers at MSHC includes 26 doctors, 38 sexual health nurses and 2 counsellors. The clinicians play an instrumental role in screening and testing for STIs and HIV, STI and HIV prevention, education and counselling. The health care team is supported by 15 other staff members in administrative or clerical roles, IT support, pharmacists and medical scientists.

The pharmacy services at MSHC are co-ordinated by Alfred Health pharmacy services. The staff rotate at approximately 6 monthly intervals and cover 4 campuses: The Alfred Hospital, Caulfield and Sandringham Hospitals, and MSHC.

As the population of Victoria grows, so too does the demand for the Centre's services. MSHC has continued to place importance on the provision of services that maximise access for members of the public in most need. This has been achieved through the continued provision of services that are free of charge, have greater flexibility through the use of walk-in triage and additional

gains from clinical efficiency. Extra clinical services are provided for men who have sex with men (MSM), who currently constitute a major risk group for STIs in Victoria.

One of MSHC's key roles is to promote public health and education. It aims to provide material that is freely available to both the general public and health care providers, particularly general practitioners (GPs). MSHC provides support to GPs as well as the public through its web based services [www.mshc.org.au](http://www.mshc.org.au) and free-call telephone service whereby GPs can receive specialist clinical advice directly from a sexual health physician.

The newly updated MSHC website [www.mshc.org.au](http://www.mshc.org.au) comprises of information divided into four major sections:

- Clinic information
- Sexual health for the general public
- Resources for health professionals
- Research and education

### **Interactive online services provided:**

#### **For the general public:**

- [www.checkyourrisk.org.au](http://www.checkyourrisk.org.au) (Check Your Risk) to check risk of exposure to an STI
- [www.healthmap.org.au](http://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](http://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.
- [www.testme.org.au](http://www.testme.org.au) (TESTme) provides STI testing through telephone consultations for young people under 25 years, men who have sex with men (MSM) and Aboriginal or Torres Strait Islanders of any age living more than 100km from Melbourne augmented by self collected specimens and postal treatment
- [www.mshc.org.au/syphilis](http://www.mshc.org.au/syphilis) (Syphilis) for assisting people who may have concerns about having contracted or have been diagnosed with syphilis. The site has detailed information about symptoms and treatment of syphilis, photographs and information on reducing risk and informing partners

#### **For general practitioners:**

- [www.mshc.org.au/GPassist](http://www.mshc.org.au/GPassist) (GP Assist) provides a mechanism to improve partner notification by providing the [www.mshc.org.au/GPassist](http://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:**

- Treatment guidelines [www.mshc.org.au/HealthProfessional/MSHCTreatmentGuidelines/tabid/116/Default.aspx](http://www.mshc.org.au/HealthProfessional/MSHCTreatmentGuidelines/tabid/116/Default.aspx)
- 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/HealthProfessional/OnlineEducation/tabid/121/Default.aspx](http://www.mshc.org.au/HealthProfessional/OnlineEducation/tabid/121/Default.aspx)

- Online STI atlas [www.stiatlas.org](http://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
- Case studies with photographs [www.mshc.org.au/HealthProfessional/OnlineEducation/tabid/121/Default.aspx](http://www.mshc.org.au/HealthProfessional/OnlineEducation/tabid/121/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.<br>An update on a previously recorded - chlamydia testing video   |
| 4. Sexual health check up           | Sexual health checkups for asymptomatic patients  |
| 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. Warts treatment                  | Wart treatment  |
| 9. Laboratory diagnosis of STIs     | Laboratory diagnosis of sexually transmitted infections                                     |
| 10. Sexual health examination       | Sexual Health Examination and Normal Variants   |
| 11. HSV                             | Genital herpes  |
| 12. Pap test video                  | A clinicians guide to taking a Pap Test   |

**Table 2 List of educational audio presentations for health professionals**

| Topics                        |
|-------------------------------|
| Adolescent Sexual Health      |
| Genital Chlamydia             |
| Management of Vulvar Pain     |
| Pap Smear Terminology         |
| Sex Worker Screening          |
| Type-Specific Herpes Serology |
| MSM Screening                 |

The Centre also fulfills an important role as a principal centre for the training of health professionals in Victoria through Dr Hennie Williams at Melbourne University. In 2013, the Director transferred his University attachment and research from The University of Melbourne to Monash University's Central Clinical School. The teaching and sexual health courses remain with The University of Melbourne.

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 2014 expressed satisfaction with the service.

# DIRECTOR'S REPORT

Welcome to our 2014 Annual report. The enclosed graphs tell a consistent story; a highlighted skill and dedicated team of health professionals continue to diagnose and treat more STIs every year. It has achieved this mainly through ensuring its services are directed towards those at greatest STI risk; thereby providing downward pressure on STI prevalence, through early diagnosis and treatment. This approach is now being adopted with HIV through the 'Treatment as Prevention' (TasP) program. Our team is playing a major role having increased our HIV testing in men who have sex with men by over 150% in the last 6 years from 3,284 HIV tests to over 8,400 HIV in 2014.

This year has been a year of major change in staff. After 15 years of seeing Leonie Horvath's warm and friendly face in the MDU lab, she has decided to retire- and is thoroughly enjoying it. Thank you Leonie, your presence at MSHC has made a substantial and measureable impact on us all. We are very grateful for the wonderful service you have provided us, and the State of Victoria is better off because of your devoted contribution. And thank you and welcome to Irene Kuzevski who has stepped up into Leonie's role.

We were particularly saddened to say goodbye to Rosie Cummings after 10 years of extraordinary dedication as Nursing Services Manager at MSHC. Rosie has overseen many changes in the nursing role over this time and was greatly respected and admired by many. Many tears flowed at the celebration of her contribution to MSHC. We wish her and Ross well in their new life, living among the palm trees near Port Douglas where she is playing a major role with STI control in Indigenous communities in Far North Queensland. Welcome also to Ria Fortune, who was successfully appointed to Nursing Services Manager at MSHC in 2014.

It has also been a year of tremendous achievement. Record numbers of STI were diagnosed and treated, record numbers of clients with HIV were cared for in The Green Room and we maintained our 98-99% satisfaction record despite one of our busiest years ever. Congratulations to Eric Chow, Huachun Zou, and Tim Read all of whom obtained highly competitive and prestigious NHMRC training fellowships and Jason Ong for his NHRMC scholarship. Congratulations to Eric who was awarded his PhD this year and obtained Burnet Prize for Infectious Diseases. Lastly congratulations to all those involved in the successful application of NHMRC Program grant which will provide the Centre with over \$400,000 of research funds every year to find ways of addressing the rising rates of STIs in Australia. Lastly, congratulations to the Jane Hocking who was promoted to the highest academic level of Professor in 2014.

This year was full of detailed and thorough planning for improvements to be implemented in 2015 that will further improve the efficiency and effectiveness of the MSHC service. This involved the move from nucleic acid testing for gonorrhoea, SMS results for HIV tests and large express MSM service. The 1,000 of hours of planning needed for these changes deliver dividends to Victorians; as they all seek to drive STI rates lower, through more efficient service provision.

On behalf of Suzanne, Ria and Marcus, thank you to a wonderfully talented team of extraordinarily health professionals who are; Melbourne Sexual Health Centre.





# SERVICES AND CONSULTATIONS

The numbers of consultations by type of service provided onsite are shown in Table 3. A further 526 outreach consultations were carried out offsite at various venues for men-who-have-sex-with-men (MSM) and street sex workers (SSW).

**Table 3**

| Clinic Type    | Total  | Male   | Female | Transgender |
|----------------|--------|--------|--------|-------------|
| General Clinic | 35,836 | 23,061 | 12,661 | 114         |
| HIV Clinic     | 3,546  | 3,145  | 390    | 10          |
| Counselling    | 1,100  | 815    | 283    | 2           |
| Total          | 40,482 | 27,021 | 13,334 | 126         |
| Individuals    | 21,138 | 13,741 | 7,329  | 67          |

## Diagnoses

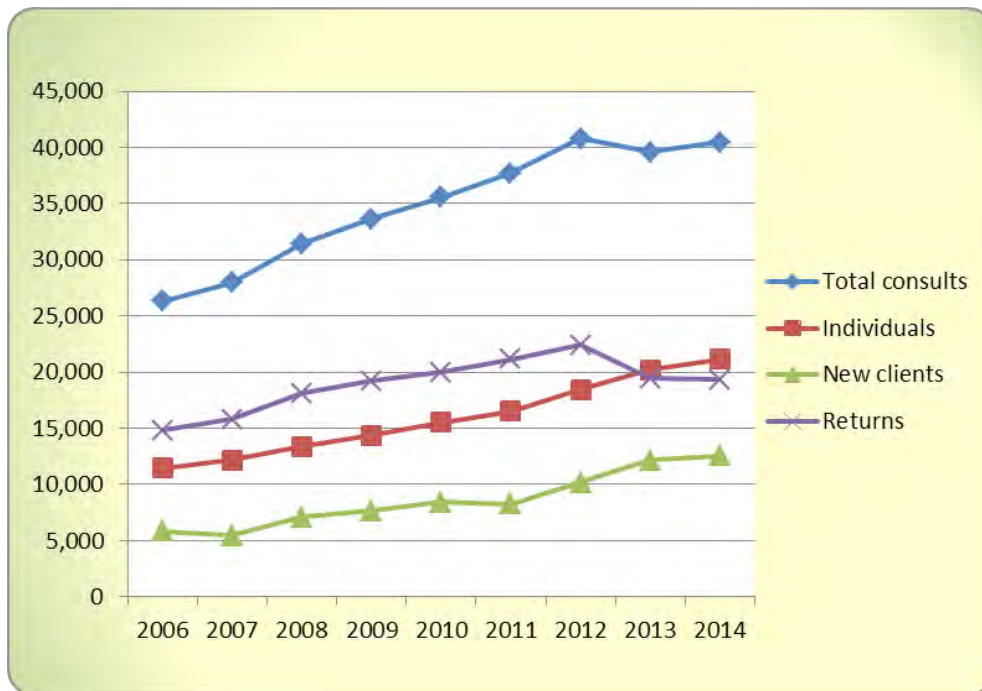
The numbers of the most frequently made diagnoses in consultations are shown in Table 4.

**Table 4**

| Diagnoses                       | Total |
|---------------------------------|-------|
| Chlamydia trachomatis           | 1,885 |
| Neisseria gonorrhoea            | 731   |
| Non gonococcal urethritis (NGU) | 1,553 |
| Herpes                          | 901   |
| Syphilis                        | 241   |
| Bacterial vaginosis             | 910   |
| Warts                           | 1,453 |
| HIV new cases                   | 64    |
| PID                             | 258   |
| Mycoplasma genitalium           | 281   |
| Lymphogranuloma venereum        | 3     |
| HIV PEP                         | 664   |
| PCI                             | 36    |
| Gonorrhoea in women             | 35    |
| Trichomoniasis in women         | 10    |

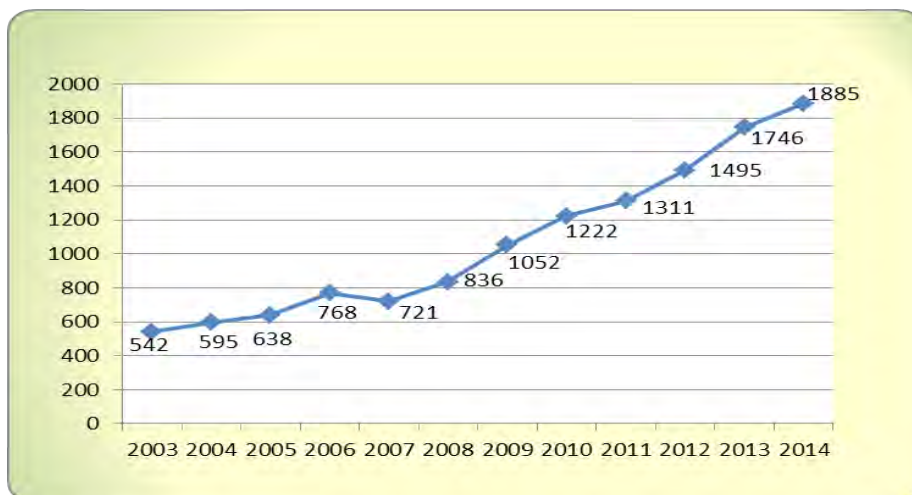
There has been a marginal decrease in consultations in the General Clinic from 36,528 in 2012 to 35,072 in 2013 and in 2014 35,836. The greatest reduction in clients was seen in returning clients (Figure 1) and this may be the result of changes to sexworker health checks from monthly to 3 monthly in October 2012 and the change in policy of HIV negative results for all clients being provided by telephone consultations from the beginning of 2013.

**Figure 1 showing increasing numbers of clients each year**

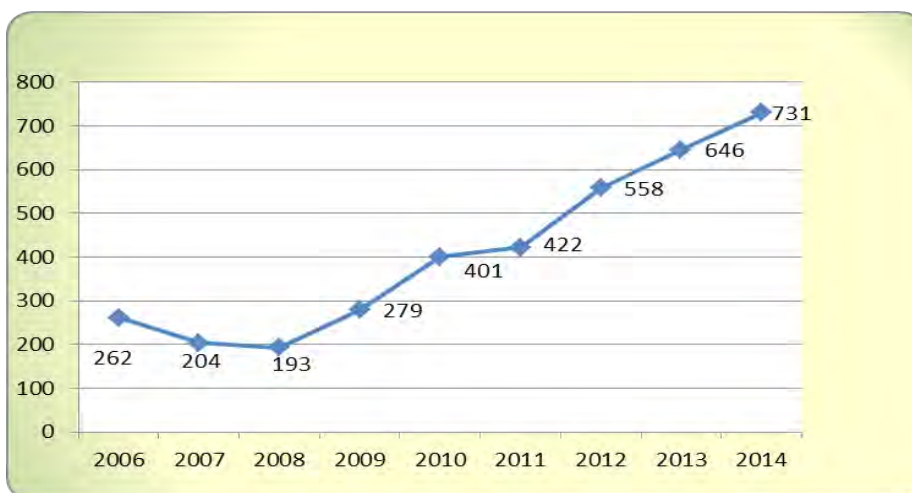


The numbers of positive chlamydia and gonorrhoea tests have also increased (Figure 2 and 3) as well as the number of infectious syphilis cases (Figure 4)

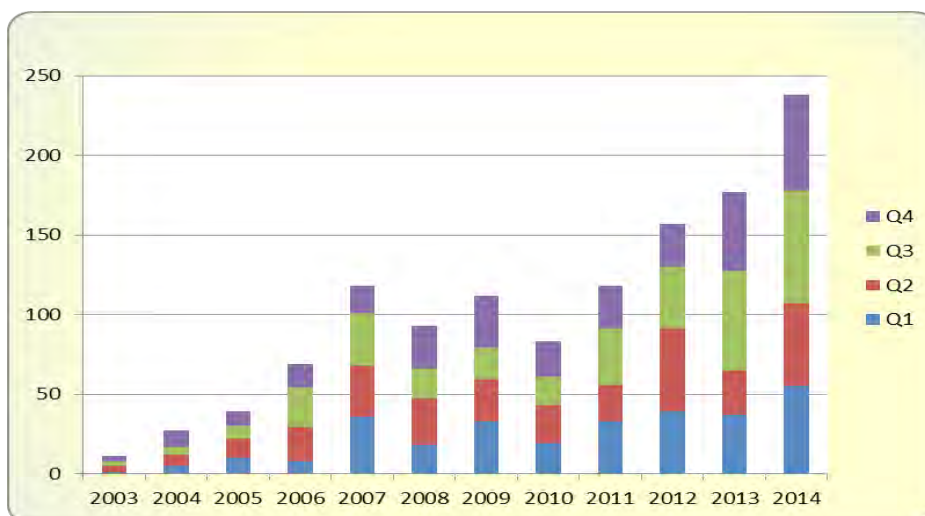
**Figure 2 Number of positive chlamydia tests by year**



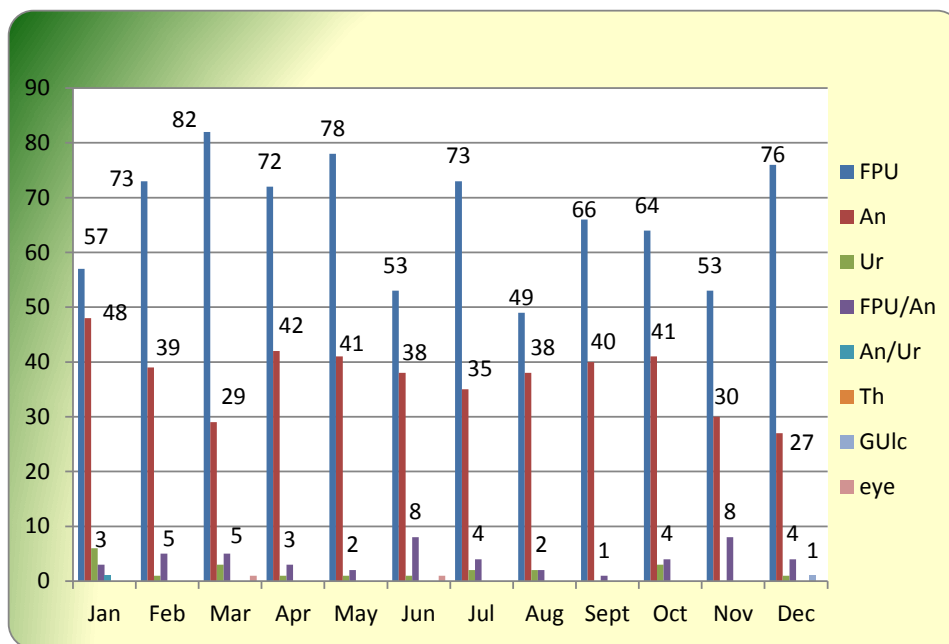
**Figure 3 Number of positive gonorrhoea tests by year**



**Figure 4 Number of infectious syphilis cases by Quarter**

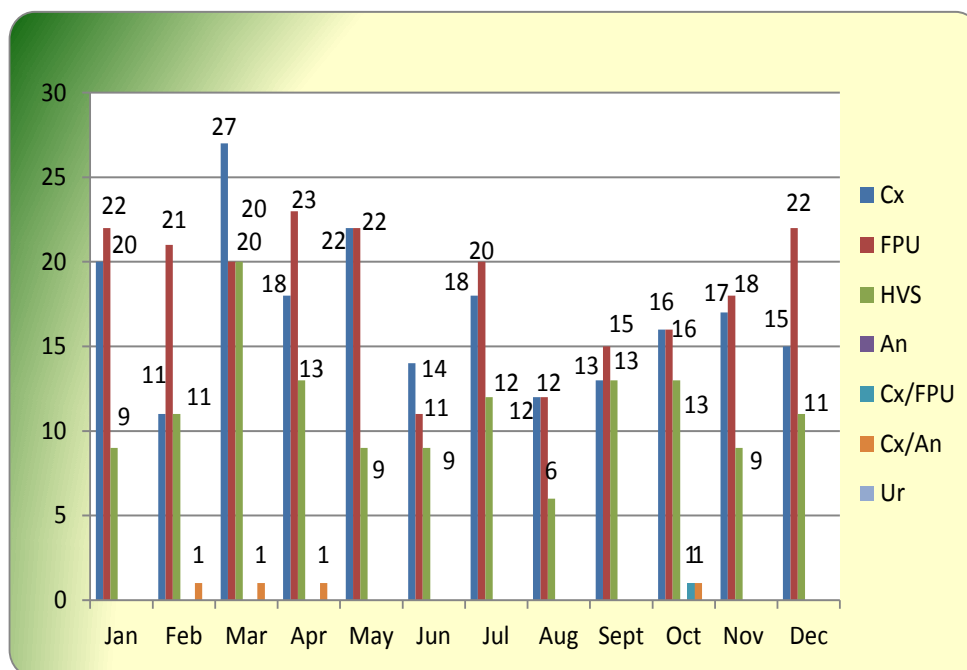


**Figure 5 Sites of chlamydia infections among 1,317 males in 2014**



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

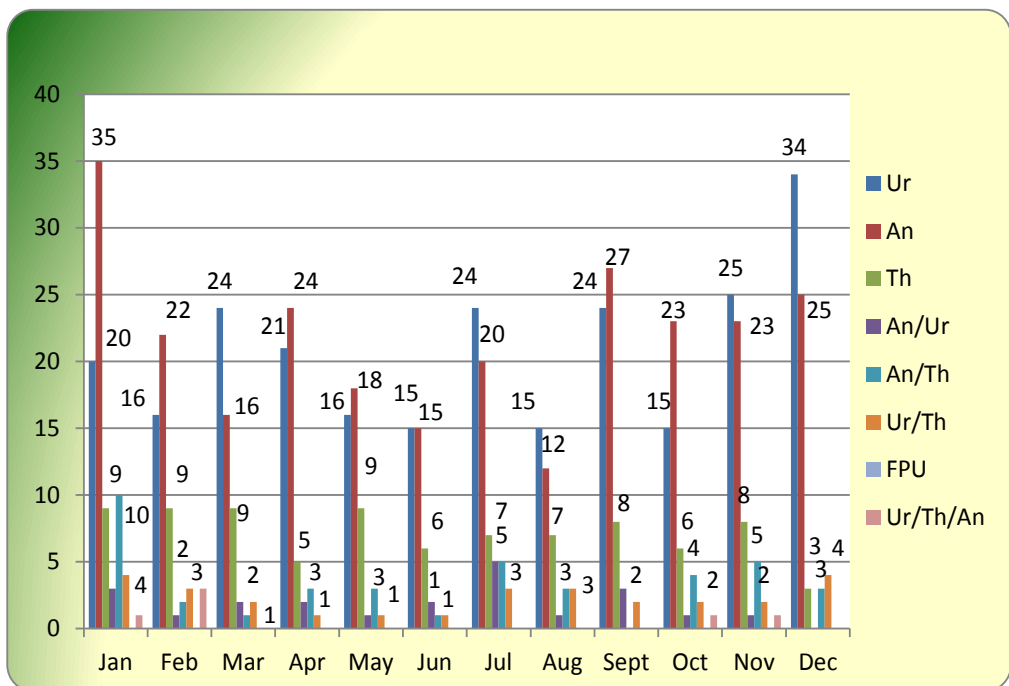
**Figure 6 Sites of chlamydia infections among 565 females in 2014**



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

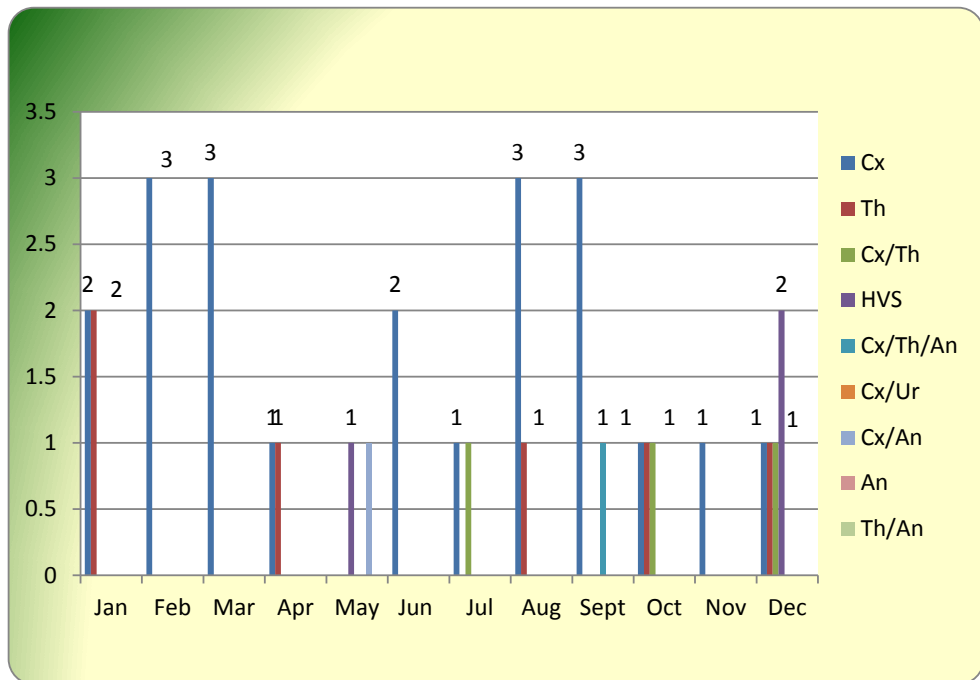
*Chlamydia trachomatis* remains the most common bacterial STI diagnosed at MSHC. The number of chlamydia infections by sex and site are shown in Figure 4 and 5). The majority of gonococcal infections occur in MSM.

**Figure 7 Sites of gonococcal infections among 691 males in 2014**



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

**Figure 8 Sites of gonococcal infections among 35 females in 2014**



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" continued to operate from within the Wulumperi Aboriginal and Torres Strait Islander Unit at MSHC.

The young person's project is conducted in collaboration with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) Sexual Health Unit. The primary aim of the young person's project is to raise awareness of sexual and reproductive health issues for the Victorian Aboriginal Communities and to encourage young Aboriginal people to access their local health care services.

Aboriginal and Torres Strait Islander people aged 15-29 experience high chlamydia and hepatitis C infection and unplanned pregnancy rates nationally.

The Wulumperi Unit developed three innovative culturally and educationally peer reviewed health promotion programs to positively influence sexual and reproductive health knowledge, reduce STIs, BBVs, and decrease unplanned pregnancies for the Victorian Aboriginal Community. Culturally specific sexual and reproductive health resources developed by Aboriginal communities and agencies were sourced and used extensively within the programs.

The programs are

1. Young Peoples Sexual and Reproductive Health
2. Sacred Sistas
3. Deadly Dudes

They deliver specific information about chlamydia and hepatitis C transmission, harm reduction messages about safer sex, injecting, tattooing, body piercing, fertility, pregnancy, contraception and where to access sexual and reproductive health information, screening and treatment services provided by local Aboriginal Community Controlled Health Organisations (ACCHOs) and community health organisations.

Young people aged 15-29 participated in the programs. Health care workers from Victorian ACCHOs and community health organisations also participated and some were trained to continue sustainable delivery of the programs in the future.

Surveys of the young people and health care workers after attending the programs measured knowledge of key messages delivered. After participation most young people identified the risks for acquiring chlamydia or hepatitis C infection or becoming pregnant. Using condoms for contraception and safer sex was identified, as was using clean injecting, tattooing, and body piercing equipment. Participants could identify where to access relevant information and health services in their local area. Healthcare workers indicated a high level of satisfaction with the programs, improved personal knowledge and confidence to discuss sexual and reproductive health issues with young people, and an increased willingness to deliver the programs themselves. Overall the programs increase knowledge about sexual and reproductive health and health care provision. Continued delivery aims to decrease STIs, BBVs and unplanned pregnancies.

Wulumperi continued to increase its profile to Aboriginal and Torres Strait Islander People living in Victoria by attending health promotion events held by the ACCHOs across Victoria. In 2014 MSHC again attended many large events organised by local Communities where Aboriginal people of all ages attended and were given the opportunity to obtain health promotion resources and discuss sexual and reproductive health issues with the staff of Wulumperi.

Funding for the project was continued for a further twelve months and is due to end in June 2015. MSHC and VACCHO will lobby the Australian Government Department of Health and the Victorian Department of Health for continued funding to keep delivering the programs and to keep sexual and reproductive health on the agenda for Aboriginal young people and their Communities in Victoria.

### **Partnership with Centre for Excellence in Rural Sexual Health (CERSH), Northeast and North West Victoria**

MSHC continued to play a key role at CERSH during 2014 with the Director of MSHC, Professor Kit Fairley, continuing to Chair the CERSH Advisory Group.

Through its partnership with MSHC and others, CERSH has continued to build workforce capacity in North East and North West Victoria through targeted sexual health education programs for GPs, nurses, medical students and allied health staff.

CERSH looks to MSHC, as the peak state-wide clinical sexual health service, to provide leadership and research expertise to inform CERSH's rural workforce development program. Many MSHC staff have contributed to CERSH teaching and learning activities throughout 2014 and in return, CERSH has contributed a rural perspective to some of MSHC/University of Melbourne teaching.

MSHC has also provided important leadership and partnership to CERSH in research projects, specifically this year continuing our qualitative research project aimed at exploring ways to further support newly diagnosed HIV positive men carry out partner notification. We hope to complete this project in 2015.

CERSH continues to work towards building a coordinated, collaborative indigenous sexual health promotion response for Aboriginal people living in rural Victoria and towards this goal has maintained its affiliation with the Wulumperi Unit at MSHC. The principles of Aboriginal health promotion practice guide CERSH work, including community centred practice, authentic participatory processes and respect for the local cultural context. In partnership with local Aboriginal communities and others, CERSH has focused in 2014 on evaluating our Smart and Deadly program to explore the strengths and challenges we encountered during the implementation of this project, with a view to informing future work. During the evaluation of this project, CERSH and MSHC partnered to supervise a Masters level student to learn, engage and contribute to the evaluation project in order to build the capacity of this student, a Melbourne Doctor, to engage with Aboriginal patients.



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

### **Completed research projects as part of MPH:**

*Study Protocol for Research into the Sexual Health Knowledge, Attitudes and Behaviors of the students at The University of Melbourne,* **Kanishka Kogar**, The University of Melbourne

*Feasibility of Practice Nurses' involvement in increasing uptake of Implanon in Australian General Practice,* **Qazi Waheed**, The University of Melbourne

*A research protocol to explore the knowledge and awareness about Hepatitis C amongst HIV positive MSM in Melbourne,* **Sabareesh Kilimangalathu Ayyappan**, The University of Melbourne

### **In progress:**

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

*Sexually transmitted infections (STIs) in HIV-infected patients in the Australian HIV Observational Database (AHOD),* **Brian Mulhall**, PhD, The University of New South Wales

*A trial of annual anal examination to detect early anal cancer in HIV positive men who have sex with men,* **Jason Ong**, PhD, The University of Melbourne

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

*Determine the prevalence of vitamin D deficiency and insufficiency in HIV-infected individuals in Melbourne and Queensland,* **Karen M Klassen**, PhD, University of Melbourne

*Epidemiology of gonorrhoea and its interaction with other major STDs among male patients in South Australia,* **Bin Li (Mikko)**, PhD, The University of Adelaide

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

*The HIV Treatment Cascade: improved individual and population health outcomes through a better understanding of the natural history of HIV and its treatment in modern health care systems*, **Nick Medland**, PhD, Monash University

### **International Post Doctoral Research Fellow**

Dr Geethani Samaraweera, Postgraduate Institute of Medicine, The University of Colombo, Sri Lanka

### **Undergraduate Research**

Reinfection rates in men who have sex with men for Chlamydia trachomatis and Neisseria gonorrhoea, **Tess Marinelli**, Advance Medical Student, Volunteer, Monash University

Testing for human immunodeficiency virus needs paradigm shift in Australia given minimal increase between 2003 and 2013 in Melbourne, Australia, **Andrew Lin**, Doctor of Medicine, Scholarly Selective, University of Melbourne

High prevalence of rectal gonorrhoea among men reporting contact with men with gonorrhoea: implications for transmissibility and epidemiological treatment, **Krishneel Dutt**, Doctor of Medicine, Scholarly Selective, University of Melbourne

### **Key achievements**

- Tim Read was awarded the Early Career Fellowship from the National Health and Medical Research Council (NHMRC) to support his postdoctoral training from 2014-2017 (Project title: A randomised trial of allowing men who have sex with men to have HIV and syphilis tests between clinic consultations)
- Eric Chow was awarded a PhD from The University of New South Wales for his thesis entitled 'Rapidly expanding HIV epidemic and high-risk behavioural patterns among men who have sex with men in China'
- Eric Chow was awarded the Early Career Fellowship from the National Health and Medical Research Council (NHMRC) to support his postdoctoral training from 2015-2018 (Project title: Prevalence of genital HPV infection in males following introduction of universal male HPV vaccination)
- Jason Ong was awarded an NHMRC Scholarship entitled: Annual anal examinations to detect early cancer in HIV positive men who have sex with men to undertake his work in anal cancer prevention
- Eric Chow received the Burnet Prize for Infectious Diseases at the 2014 Alfred Week Research with the research title 'Ongoing decline in genital warts among young heterosexual seven years after the Australian human papillomavirus (HPV) vaccination program'
- Ria Fortune and Anne Reid completed the MPH at Monash University
- Huachun Zou awarded NHMRC Australia-China Fellowship.

# PUBLICATION HIGHLIGHTS

## **Detection of Oral Human Papillomavirus in HIV-Positive Men Who Have Sex with Men 3 years after baseline: A Follow Up Cross-Sectional Study**

Ong JJ, Read TRH, Vodstrcil LA, Walker S, Chen MY, Bradshaw CS, Garland SM, Tabrizi SN, Cornall A, Grulich AE, Hocking JS, Fairley CK

*PLOS One*, 2014; 9(7) e102138 doi:10.1371/journal.pone.0102138

Human papillomavirus (HPV) can cause throat cancer. The natural history of oral HPV in HIV-positive men who have sex with men (MSM) is unclear. Detection of oral human papillomavirus in 173 HIV-positive MSM using oral rinse samples 3 years apart was investigated. Of 173 men tested in 2010, 17% had at least one HPV type, 9% had at least one high risk HPV type, and 5% had HPV 16 detected. In 2013, 19% had at least one HPV type, 12% had at least one high risk HPV type and 4% had HPV 16 detected. Of 30 men at baseline (2010) with any HPV detected, 47% had at least one persistent type in 2013. Of the 15 men in 2010 with high risk HPV, 40% had at least one persistent high risk HPV type 3 years later. In HIV-positive MSM, 43% had at least one of the same HPV types and 40% of men had at least one high-risk HPV type detected again three years later. The same oral HPV type was detected again after 3 years in nearly half of HIV-positive men who have sex with men. Persistence of oral HPV in HIV-positive MSM may explain why there is a higher rate of mouth and throat cancer.

## **How very young men who have sex with men view vaccination against human papilloma virus**

Zou H, Grulich AE, Cornall AM, Tabrizi SN, Garland SM, Prestage G, Bradshaw CS, Hocking JS, Morrow A, Fairley CK, Chen MY

*Vaccine*, 2014; 32(31): 3936–3941

HPV vaccination of men who have sex with men (MSM) prior to their first sexual activity would have the maximum impact on preventing HPV and anal cancer in this population. Two hundred MSM aged 16 to 20 were recruited via community and other sources and participants were asked about their knowledge and attitudes towards HPV and HPV vaccination. Most men (80%) were not willing to purchase the vaccine because of the cost (AUD\$450). However, if the vaccine was offered to MSM free of charge, 86% reported they would be willing to disclose their sexuality to a health care provider in order to obtain the vaccine. Over half 54% of men would only be willing to disclose their sexuality to receive the HPV vaccine after their first experience of anal intercourse. Overall, very young MSM expressed high acceptance of HPV vaccination. About half of participants had already been sexually active before the age at which they were willing to access the vaccine. This raises the question as to how effective selective vaccination of MSM would be in preventing HPV acquisition. Ideally vaccination would be given before the onset of any sexual activity but the reality is that at present, there are no countries other than Australia that offer free, universal school based HPV vaccine programs. Early vaccination of very young MSM may be feasible in settings through universal programs targeting school aged males.

## **The influence of behaviours and relationships on the vaginal microbiota of women and their female partners: The WOW Health Study**

Bradshaw CS, Walker SM, Vodstrcil LA, Bilardi JE, Law M, Hocking JS, Fethers KA, Fehler G, Petersen S, Tabrizi SN, Chen MY, Garland SM, Fairley CK *JID*, 2014; 209: 1562 -1572

A study of women-who-have-sex-with women (WSW) with bacterial vaginosis (BV) was carried out to look at behaviours that may influence the vaginal microorganisms of women and their female partners. Women between the ages of 18-55 years were recruited nationally. Participants completed questionnaires and self-collected vaginal swabs weekly on 3 occasions for BV assessment. 458 participants were recruited of which 192 were co-enrolled with their female partner (96 couples). BV was detected in 125 women (27%). BV was found more often in females who smoked, and who had 4 or more lifetime female partners, and when a female partner had BV symptoms. 375 (88%) participants had stable normal vaginal flora. Co-enrolled couples were less likely to have BV (31% vs 23%). Long term sexually-active WSW partnerships were more likely to have normal vaginal microorganisms.

## **Exploring the acceptability of online sexually transmissible infection testing for rural young people in Victoria**

Jane E Tomnay, Lisa Bourke and Christopher K. Fairley  
*Australian Journal of Rural Health*, 2014; 22(1): 40-44

Seven focus groups were held with fifty 16 to 25 year olds, grouped by gender and age in two small country towns for their views on accessible and acceptable services for STI testing that included a free telephone consultation or an online website for testing with postal samples. The group of younger people (less than 18years) raised more concerns with using their local GP services. Trust, confidentiality, costs and parent involvement were some of the issues discussed and thus were more inclined to using online services for testing and treatment. Whereas the older group (18 years or over and less than 25 years) felt it was easier to go and see a doctor than to use online or telephone consultations. There was less discussion about availability of services and more discussion about privacy, trust, reliability in using generalist health care providers for sexual health needs in rural communities. Free online testing services address issues of access for rural young people. Barriers to rural sexual health services may remain. Free online STI testing services are acceptable to these rural young people.

# PUBLICATIONS

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# STAFF

The continuing successes enjoyed by MSHC hinge on the ongoing enthusiasm and dedication shown by its multidisciplinary team. The professionalism and commitment of all staff of MSHC is reflected in the Annual Client Surveys which have recorded overall satisfaction rates of approximately 97-99% since 2005 (see Annual Client Survey).

Over the past 12 months a number of staff have reached important milestones in their length of service with Melbourne Sexual Health Centre. The staff members are:

## **20 years**

Karen Berzin  
Anna Morton  
Richard Moore

## **Staff Members**

### **Administration and Computer Services**

|                  |   |
|------------------|---|
| Afrizal          | IT Systems and Support Officer            |
| Suzanne Amisano  | Operations Manager                        |
| Alison Clough    | Patient Services Officer                  |
| Jon Colvin       | Patient Services Officer                  |
| Fleur Glenn      | Patient Services Officer                  |
| David Johnston   | Patient Services Officer                  |
| Jun Kit Sze      | IT Systems, Support & Development Officer |
| Karen Kon        | Patient Services Co-ordinator             |
| Cecily Sheppard  | Patient Services Officer                  |
| Maggie Vandeleur | Patient Services Officer                  |
| Wendy Zeng       | Patient Services Officer                  |

### **Other Support**

|                 |                                  |
|-----------------|----------------------------------|
| Mark Chung      | Multimedia Content Co-ordinator  |
| Deanne de Silva | Purchasing and Resources Officer |
| Glenda Fehler   | Project Officer                  |
| James Unger     | Personal Assistant to Director   |

### **Clinical Services - Medical**

|                     |                              |
|---------------------|------------------------------|
| Karen Berzins       | Doctor                       |
| Melanie Bissessor   | Doctor                       |
| Catriona Bradshaw   | Doctor                       |
| Andrew Buchanan     | Doctor                       |
| Marcus Chen         | Doctor, Medical Unit Manager |
| Kathy Cook          | Doctor                       |
| Ian Denham          | Doctor                       |
| Christopher Fairley | Professor/Director           |
| Kath Fethers        | Doctor                       |

|                         |                                 |
|-------------------------|---------------------------------|
| Stella Heley            | Doctor                          |
| Helen Henzell           | Doctor                          |
| Kirsty McNab            | Doctor                          |
| Alex Marceglia          | Doctor                          |
| Nick Medland            | Doctor                          |
| Anna Morton             | Doctor                          |
| Jason Ong               | Doctor                          |
| Tim Read                | Doctor                          |
| Vinita Rane             | Doctor, Sexual Health Registrar |
| Stephen Rowles          | Doctor                          |
| Hennie Williams         | Doctor, Senior Lecturer         |
| Tina Schmidt            | Doctor                          |
| Richard Teague          | Doctor                          |
| Robin Tideman           | Doctor                          |
| Seenivasagam Yoganathan | Doctor                          |

### **Clinical Services - Nursing**

|                     |  |
|---------------------|--|
| Rohan Anderson      | Sexual Health Nurse                          |
| Penne Braybrook     | Sexual Health Nurse                          |
| Surbhi Bird         | Sexual Health Clinic Support Nurse           |
| Caroline Cittarelli | Sexual Health Clinic Support Nurse           |
| Stuart Cook         | Sexual Health Nurse                          |
| Rosey Cummings      | Nursing Services Manager                     |
| Freya Dench         | Sexual Health Nurse                          |
| Sheranne Dobinson   | Sexual Health Nurse                          |
| Michelle Doyle      | Sexual Health Nurse                          |
| Jo Eccles           | Sexual Health Nurse                          |
| Ria Fortune         | Sexual Health Nurse/Nursing Services Manager |
| Candice Fuller      | Sexual Health Nurse                          |
| Miekin Grant        | Sexual Health Nurse                          |
| Peter Hayes         | Counsellor                                   |
| Kerri Howley        | Sexual Health Nurse                          |
| Lisa Kennedy        | Sexual Health Nurse                          |
| Abby Knoester       | Sexual Health Nurse                          |
| David Lee           | Sexual Health Nurse Practitioner             |
| Aileen McConnell    | Sexual Health Nurse                          |
| Amy McNaughton      | Sexual Health Nurse                          |
| Lorna Moss          | Clinical Nursing Co-ordinator                |
| Jeannie Nicholson   | Sexual Health Nurse                          |
| Ian O'Meara         | Sexual Health Nurse                          |
| Susan Peterson      | Sexual Health Nurse                          |
| Kate Potappel       | Sexual Health Nurse                          |
| Anne Reid           | Sexual Health Nurse                          |
| Anthony Snow        | Sexual Health Nurse Practitioner             |
| Mee Tan             | Sexual Health Nurse                          |
| Haiping Tang        | Sexual Health Nurse                          |
| Nuala Tobin         | Sexual Health Nurse                          |
| Jocelyn Verry       | Counsellor                                   |
| Patricia Wakefield  | Sexual Health Nurse                          |
| Lucy Williamson     | Sexual Health Nurse                          |
| Karen Worthington   | Sexual Health Nurse                          |

## **HIV Clinic**

|                    |                               |
|--------------------|-------------------------------|
| Andrew Buggie      | Clinical HIV Co-ordinator     |
| Stephen Kent       | Doctor                        |
| Richard Moore      | Doctor                        |
| Joe Sasadeusz      | Doctor                        |
| Ivan Stratov       | Doctor                        |
| Jeanette Venkataya | Patient Services Officer      |
| Abby Knoester      | Sexual Health Nurse/HIV Nurse |

## **Evaluation Unit**

|                   |  |
|-------------------|--|
| Clare Bellhouse   | Research Administration                        |
| Jade Bilardi      | Postdoctoral Researcher                        |
| Eric Chow         | Postdoctoral Research Fellow                   |
| Stuart Cook       | Research Nurse                                 |
| Jane Hocking      | Postdoctoral Research Fellow                   |
| Sarah Huffam      | Sexual Health and Infectious Disease Physician |
| Helen Kent        | Research Nurse                                 |
| Eamon McIntyre    | Research Nurse                                 |
| Andrea Morrow     | Research Nurse                                 |
| Julie Silvers     | Research Nurse                                 |
| Lenka Vodstrcil   | Postdoctoral Research Fellow                   |
| Sandra Walker     | Postdoctoral Researcher                        |
| Rebecca Wigan     | Research Nurse                                 |
| Lucy Williamson   | Research Nurse                                 |
| Karen Worthington | Research Nurse                                 |
| Huachun Zou       | Postdoctoral Research Fellow                   |

## **Indigenous Sexual and Reproductive Health Project**

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

## **Support Services**

### **Laboratory**

|                   |                             |
|-------------------|-----------------------------|
| Leonie Horvarth   | Senior Laboratory Scientist |
| Mardi Bassett     | Laboratory Scientist        |
| Kate Frauenfelder | Laboratory Scientist        |
| Irene Kuzevski    | Laboratory Scientist        |

### **Pharmacy**

|                     |                            |
|---------------------|----------------------------|
| Ivette Aguirre      | Senior Clinical Pharmacist |
| Catherine Forrester | Senior Clinical Pharmacist |

