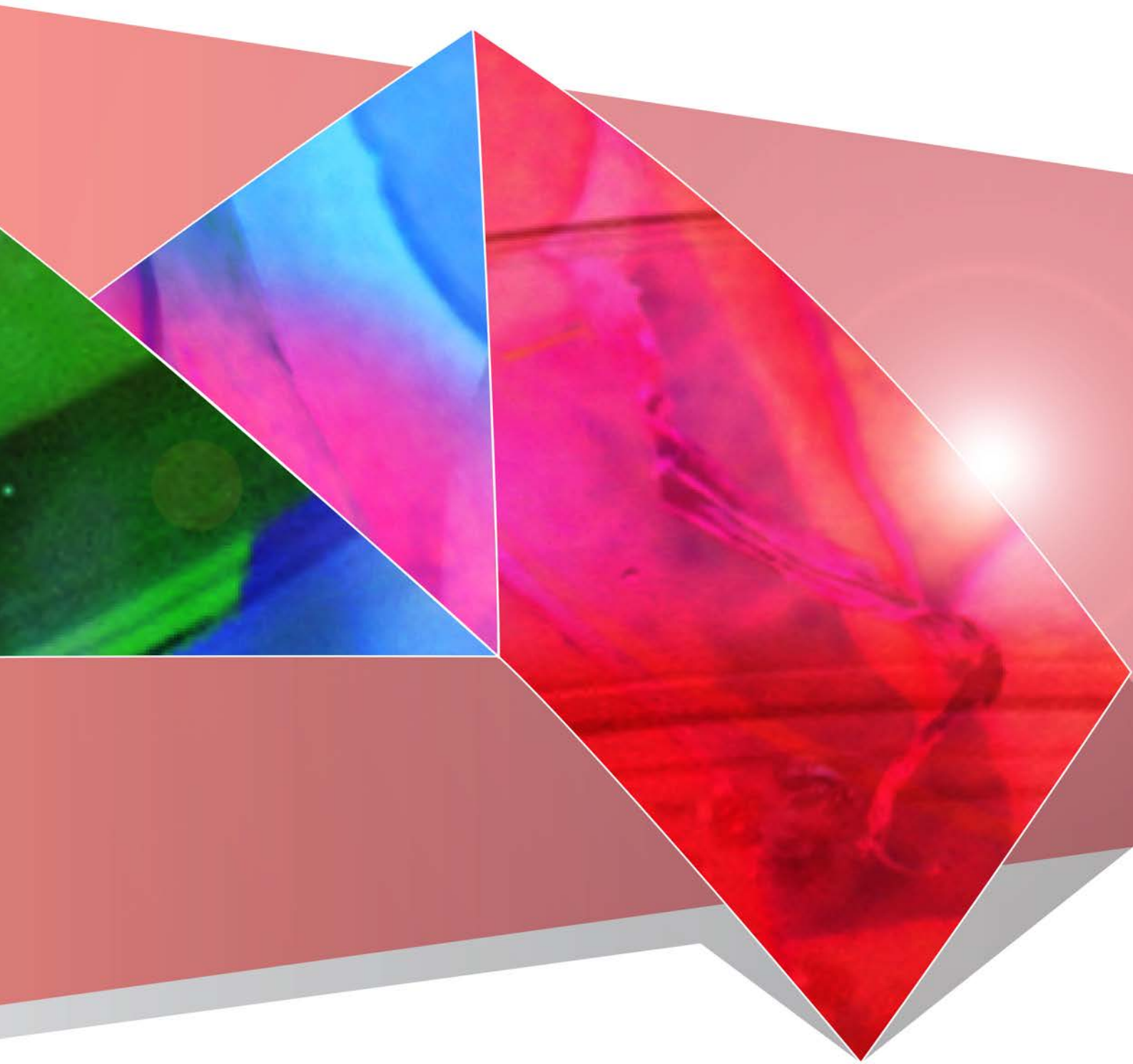
MSHC

MELBOURNE SEXUAL HEALTH CENTRE

Part of AlfredHealth



2015 ANNUAL REPORT

Contents

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 Centre became part of Alfred Health in 2003. 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
- 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
- Express testing service for MSM (Test and Go service (TAG)
- Outreach services for 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 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 comprises of information divided into four major sections:

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

There are also interactive online services provided:

For the general public:

- www.checkyourrisk.org.au (Check Your Risk) to check risk of exposure to an STI
- www.healthmap.org.au (Health Map) for HIV positive people to find out what tests are needed and also what issues should be on the agenda at the next visit to the doctor or clinic. Health Map asks questions about health and provides a personal report, based on expert advice. This report directs users to chosen websites for particular needs, and provides some facts and a "to do" list for medical care
- www.letthemknow.org.au (Let Them Know) for assisting individuals diagnosed with sexually transmitted infections about informing their partners about their possible risk of infection. The site has numerous tools including examples of conversations, emails, SMS and letters to communicate the information as well as fact sheets
- 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 (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 (GP Assist) provides a mechanism to improve partner notification by providing the www.mshc.org.au/GPassist web address on laboratory reports of positive results of common STIs. Accessible information about treatment of the more common STIs and simple tools such as partner letters and fact sheets for GPs to use in discussing partner notification are also available at this site

Online training and education resources for health care professionals:

- Treatment guidelines 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

- Online STI atlas www.stiatlas.org is a free, open access online atlas showcasing MSHC's extensive library of clinical images aimed at improving diagnoses of STIs for health care providers internationally
- Case studies with photographs www.mshc.org.au/HealthProfessional/OnlineEducation/tabid/121/Default.aspx

Table 1List of educational videos for health professionals

1. MSHC Orientation	A brief description about what happens at Melbourne Sexual Health Centre
2. Chlamydia - introducing the test	How to introduce the recommended annual chlamydia test in a non sexual health consultation.
3. Chlamydia in general practice	Who, Where, When and Why. An update on a previously recorded - chlamydia testing video
4. 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 2015 expressed satisfaction with the service.

DIRECTOR'S REPORT

Welcome to 2015, our busiest year on record. We recoded 42,466 consultations, and treated over two thousand cases of chlamydia, one and a half thousand cases of gonorrhoea, and the highest number of syphilis and mycoplasma cases ever. In contrast, 12 years ago in 2003, we provided 23,567 consultations, diagnosed 481 cases of chlamydia and 263 cases of gonorrhoea. How have we done this with virtually no change in budget or staff numbers? In short, because of the high quality and enduring commitment of our team, and the close to 99% satisfaction level every year reflected by our clients in the annual client satisfaction surveys. (Mark add link here) We have harnessed our collective wisdom, embraced change and transformed our Center into one of the most efficient and effective sexual health centers.

Some examples of the changes in 2015 include the implementation of negative HIV results by SMS, the introduction of an express service for screening MSM with self-collected specimens, the introduction of nucleic acid testing for gonorrhea in MDU and revamping our intranet substantially to allow busy clinical staff to find the client brochure they need, the list of doctors to refer to or the right web site to find an individual's Medicare number. Each of these are small individually, but collectively add up over time to explain how the same number of staff now see twice as many people as they did just over 10 years ago.

One highlight this year was the dramatic turnaround in HIV test results. With help from Sarah Falshaw and the team at The Alfred's Centre for Health Innovation, together with a high level of commitment from the laboratory that does our HIV testing (VIDRL), the time between blood being drawn and a text message received with a negative HIV result is mostly less than 24 hours (excluding weekends). This is a particularly important step because of the pressure we have been under to adopt the lower sensitivity point of care tests. This achievement means we can still keep using the very sensitive 4th generational HIV tests, yet at the same time provide rapid turnaround of results.

Another major development this year was the upgrading of our internet and intranet. Our internet site is now looking tremendous with over 142,000 visitors in 2015 and has become as essential as wheels on a car for any organization. The revamped extremely user friendly intranet is all about improving efficiency and effectiveness of our services.

This year saw us include consumer feedback groups from the Patient Experience and Consumer Participation Program (PECPP) with Suzanne Corcoran at the Alfred. We incorporated this feedback into our TAG service, introduction of Medicare at registration, and the Green Room evaluation. We also had the consumer groups provide feedback on our patient information literature for PrEP (Pre-exposure prophylaxis) and TAG clinics.

Some major staff changes have occurred this year. Lorna Moss retired after 10 years of dedicated service as Nurse Clinical Coordinator and we thank Lorna very much for her contribution. We welcome Trish Wakefield into this role and Jayne Howard to the role of Nurse Coordinator of our HIV service. Congratulations to Peter Hayes who reached a 30 year milestone of service.

We saw the completion of the five year Wulumperi project. This project delivered targeted sexual and reproductive health promotion and education programs to over 2,000 Victorian Aboriginal young people. The resources created Sacred Sistas and Deadly Dudes are a valuable resource to the Aboriginal community. Brad Whitton coordinated the both the project and other team members involved.

Our research program continues to grow with more than 80 published peer review papers, invited presentations to expert international meetings, and visiting fellows. We had Wei Sheng Tan for 6 months from Singapore who undertook an outstanding systematic review with Tim Read among other work. Melanie Bissessor, Jason Ong, Karen Klassen completed their PhD's and Janet Towns joined our large group of PhD candidates who contribute so much to the Centre's vibrant atmosphere. Eric Chow, Jade Bilardi and Nick Medland were all successful with various grants. The quality and number of publications continues to rise with 3 articles appearing in the Lancet Infectious Diseases and 7 in Clinical Infectious Diseases, being the first and second ranked infectious disease journals in the world. We also welcome Lei Zhang whose mathematical modelling skills are already being applied across the STI spectrum to assist with key clinical questions that will assist on improved STI control.

Finally let me thank those who 'just make things happen'. Every clinic consulting room has a fully stocked room with all the swabs, speculums and paper we need. The intranet documents are up to date, the software works beautifully, as does the heating and air-conditioning. Somehow all the tests we drop off or blood requests we send electronically to the lab - appear as results in the electronic record a few days later. This happens because so many individuals do their jobs so well. They almost go unnoticed as MSHC swings into gear every morning at 8.30 am when the doors open. While we might not always notice when things go well, we greatly appreciate you and what you do.

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

The numbers of consultations by type of service provided onsite are shown in Table 3. A further 327 outreach consultations were carried out offsite at various venues for men-who-have-sex-with-men (MSM) and Access Health services for marginalized people.

Table 3

Clinic Type	Total	Male	Female	Transgender
General Clinic	37,859	28,804	12,906	149
HIV Clinic	3,572	3,266	290	16
Counselling	1,035	740	277	18
Total	42,466	28,810	13,473	183
Individuals	22,615	14,731	7,799	85

Diagnoses

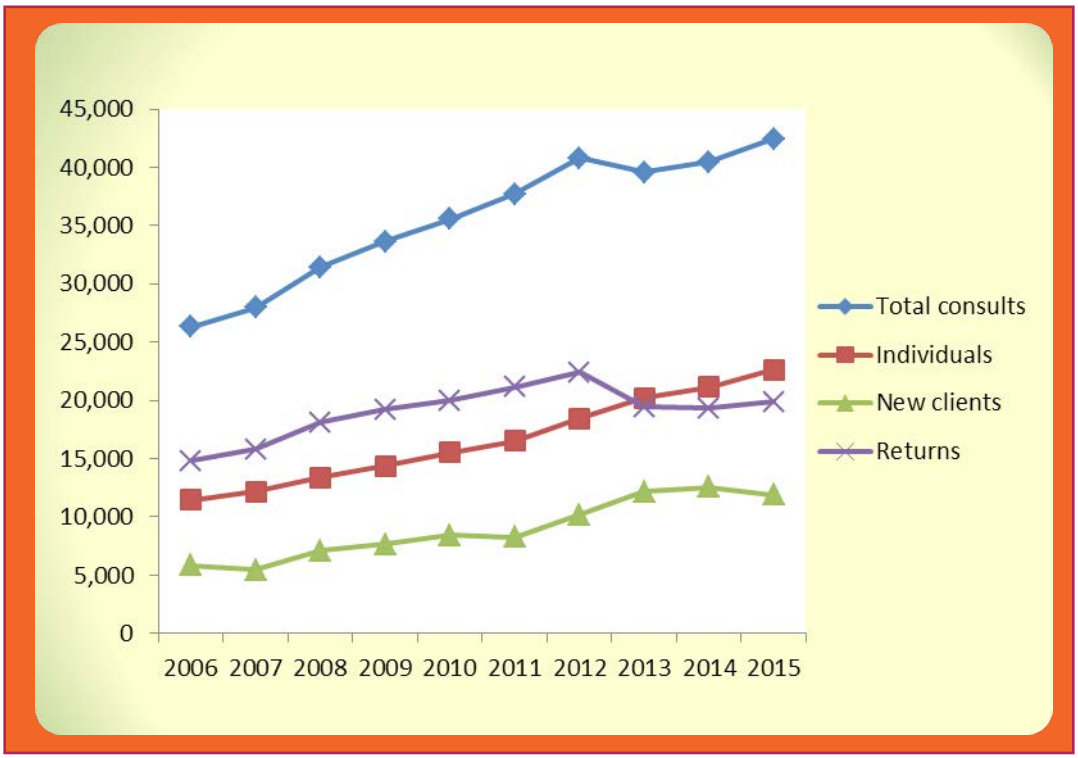
The numbers of the most frequently made diagnoses in consultations are shown in Table 4.

Table 4

Diagnoses	Total
Chlamydia trachomatis	2,205
Neisseria gonorrhoea	1,508
Non gonococcal urethritis (NGU)	1,652
Herpes	928
Infectious syphilis	332
Bacterial vaginosis	932
Warts	1,478
HIV new cases	63
PID	229
Mycoplasma genitalium	373
Lymphogranuloma venereum	2
HIV PEP	956
PCI	42
Gonorrhoea in women	76
Trichomoniasis in women	17

The numbers of consultations continue to rise with the number of individuals steadily increasing (Figure 1). There was 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 number of returning clients has remained at approximately the same level since 2013 after a significant reduction in returning clients in 2012 as a 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 Increasing numbers of clients each year



The numbers of positive chlamydia and gonorrhea tests have also increased (Figure 2 and 3) as well as the number of infectious syphilis cases (Figure 4). The numbers of gonococcal positive tests have increased significantly since the introduction of highly sensitive nucleic acid amplification tests for screening in March 2015.

Figure 2 Number of positive chlamydia tests by year

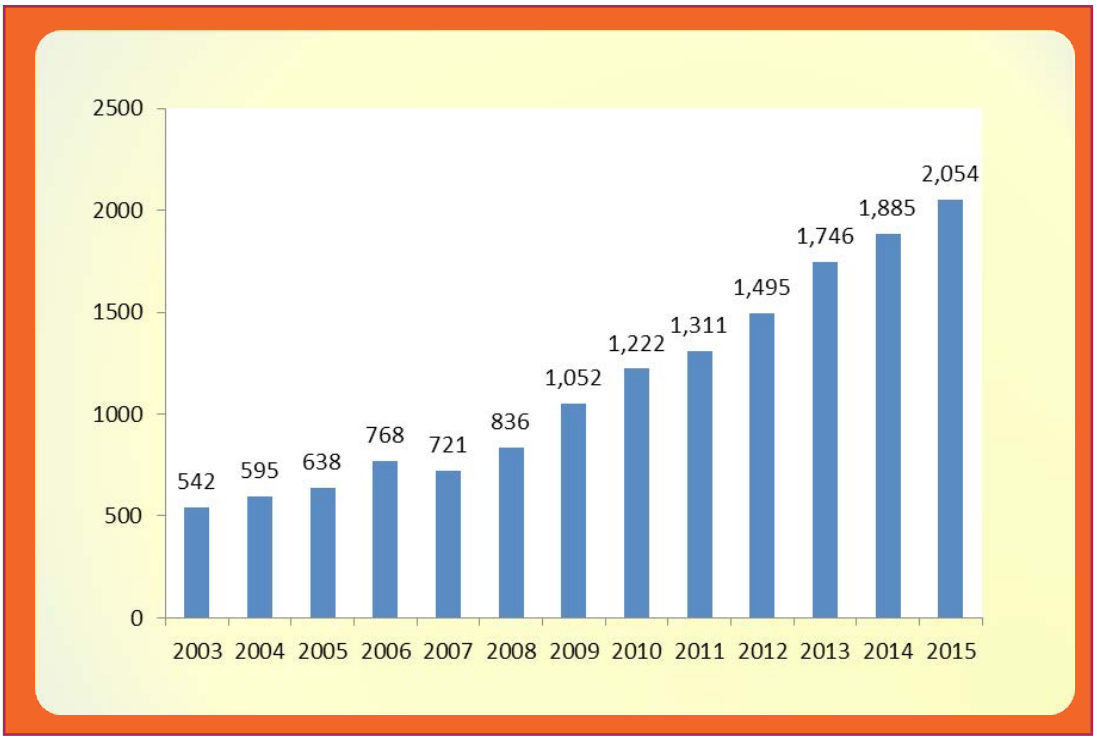


Figure 3 Number of positive gonorrhoea tests by year

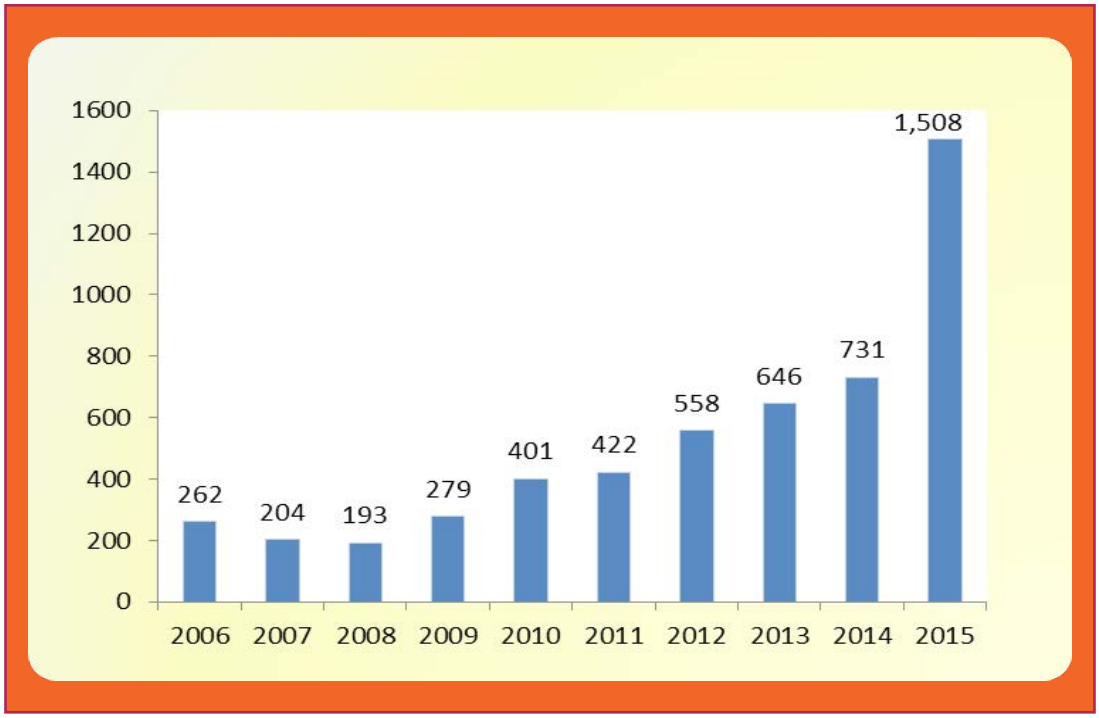


Figure 4 Number of infectious syphilis cases by quarter

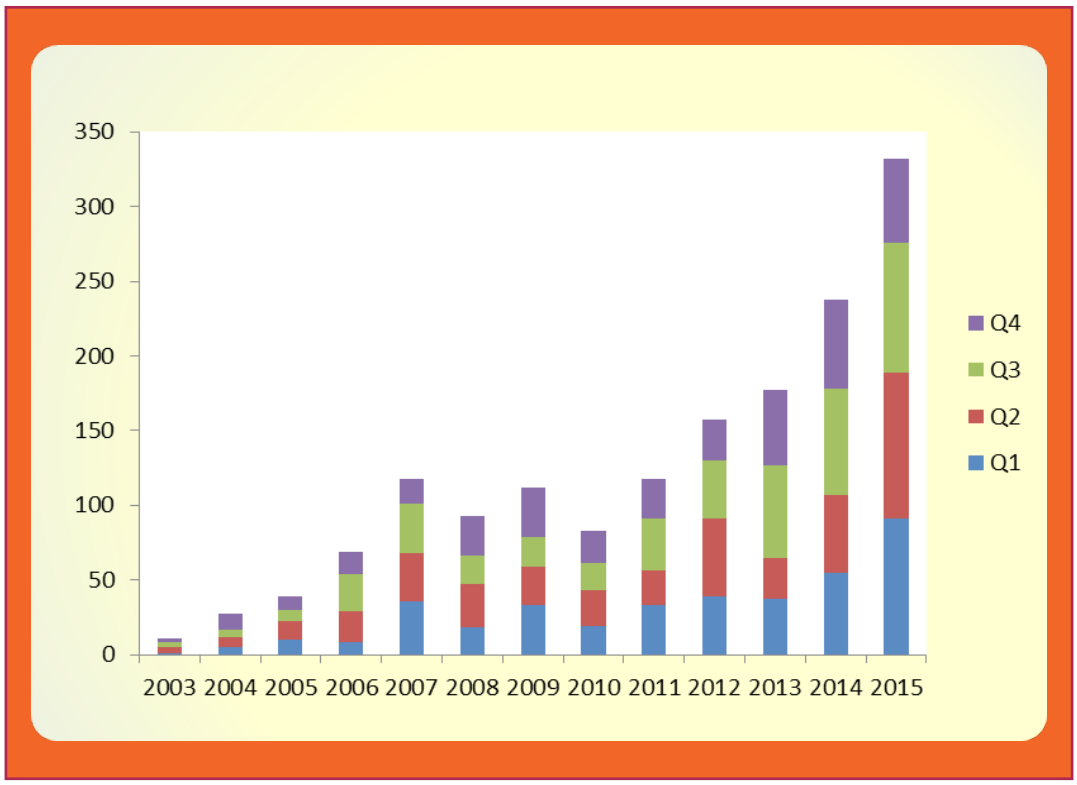
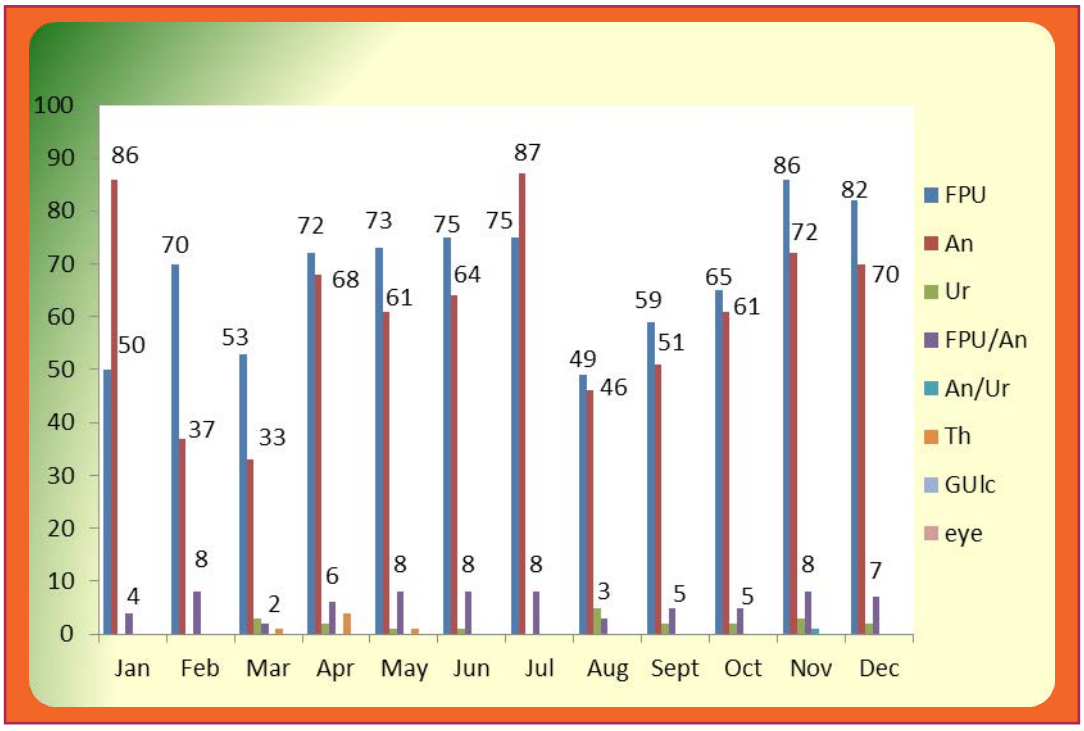
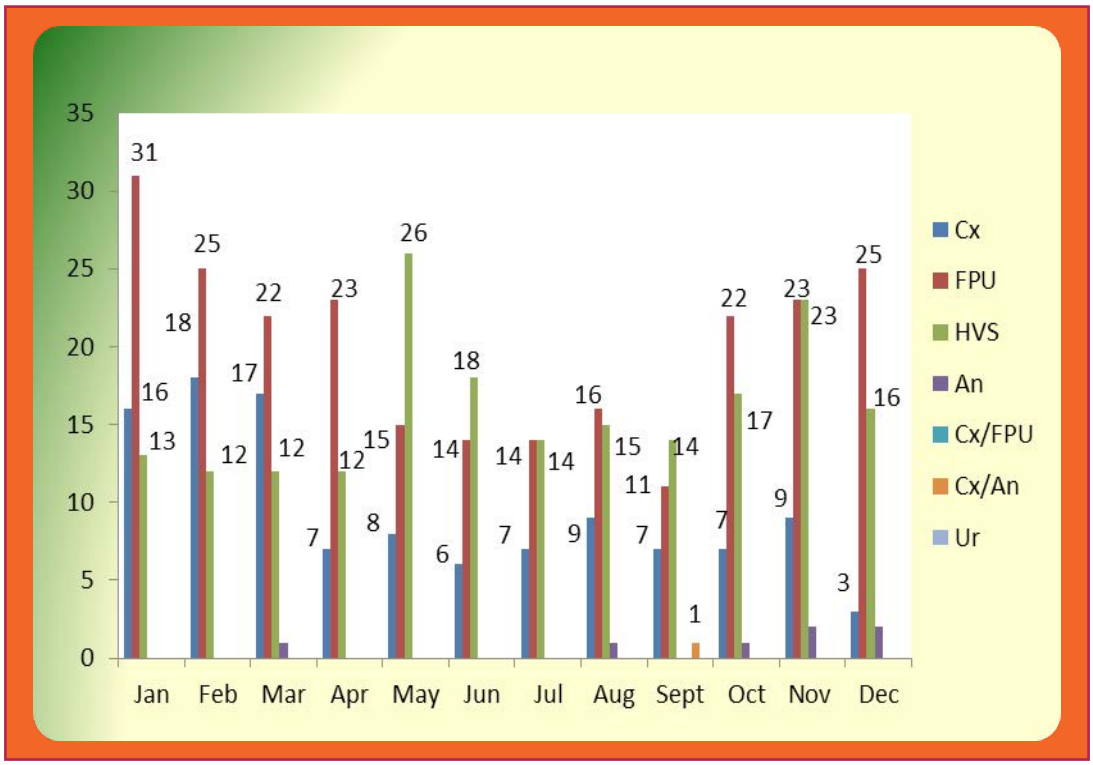


Figure 5 Sites of chlamydia infections among 1,645 males in 2015



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

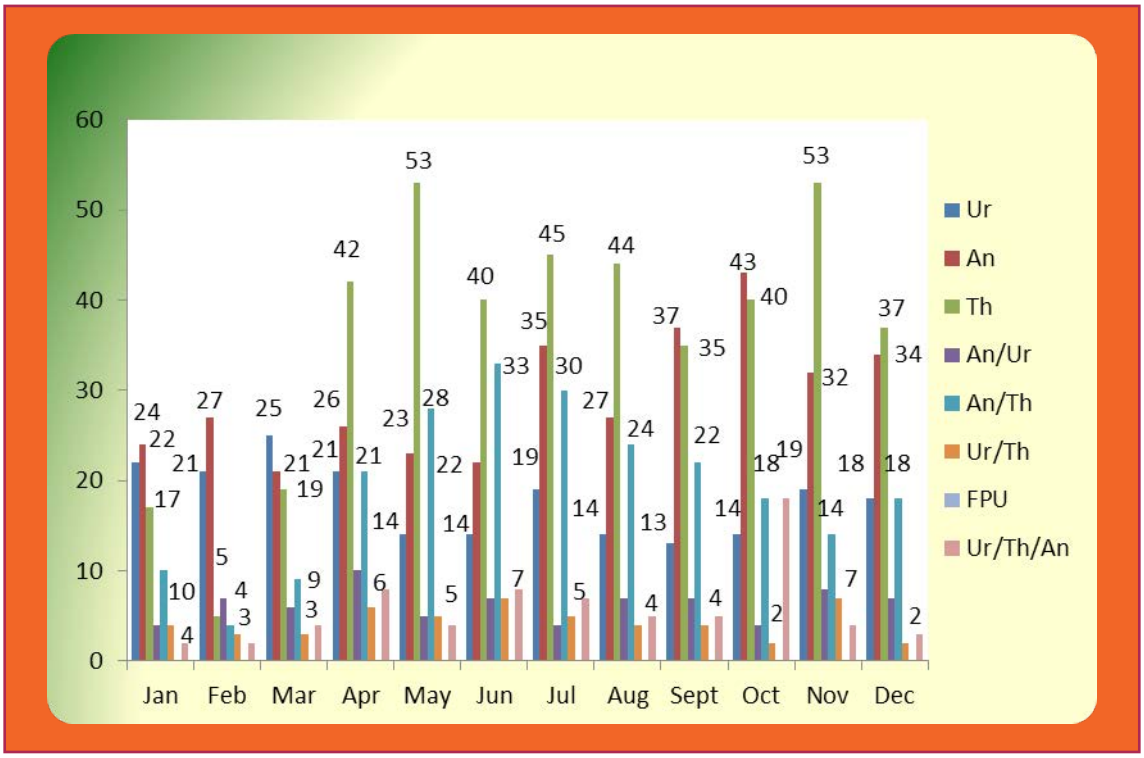
Figure 6 Sites of chlamydia infections among 406 females in 2015



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

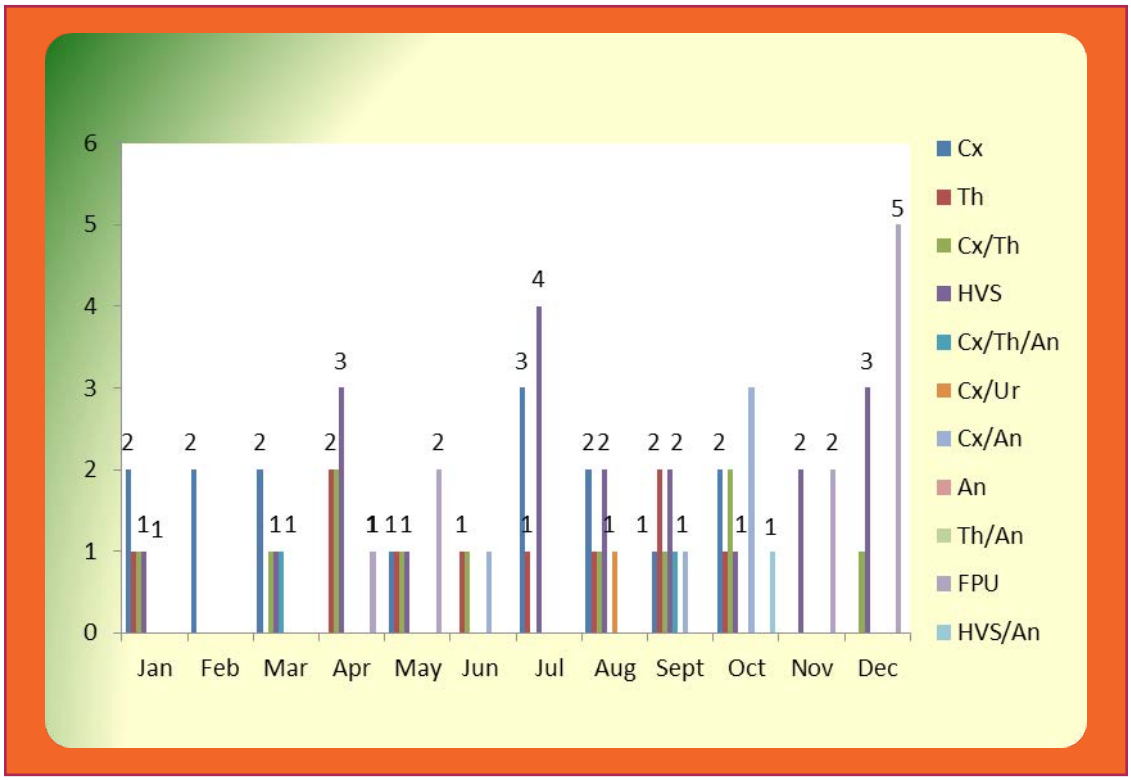
Chlamydia trachomatis remains the most common bacterial STI diagnosed at MSHC. The number of chlamydia infections by sex and site are shown in Figure 4 and 5). The majority of gonococcal infections occur in MSM.

Figure 7 Sites of gonococcal infections among 1,424 males in 2015



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

Figure 8 Sites of gonococcal infections among 76 females in 2015



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

RESEARCH

The Centre has continued to maintain strong research and education activities through the Central Clinical School, Monash University and The Sexual Health Unit of the School of Population Health, University of Melbourne**.**

Postgraduate Research

Completed:

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

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

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

In progress:

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

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

HIV and sexual health in men who have sex with men (MSM). **Vincent Cornelisse,** PhD, Monash University

Epidemic syphilis in Victoria 2015: Where to from here? **Janet Towns**, PhD, Monash University

Completed research projects as part of MPH

Strategies for improving uptake of long acting reversible contraceptives (LARC); a systematic review of RCTs, **Abhishek Udani,** The University of Melbourne

Chlamydia transmission between men and their male partners, **Chris Sherman,** The University of Melbourne

A research protocol: Evaluating the acceptability of HPV self-collection as a method for cervical screening in Indigenous populations, **Nyssa Ferguson,** The University of Melbourne

A Systematic review of Strategies that improve uptake of Long Acting Reversible Contraceptives (LARCs), **Aditya Tandio,** The University of Melbourne

A research protocol: Exploration of barriers and facilitators to access and utilization of modern contraceptives among unmarried women aged between 18 and 23 who have experienced an abortion in Ho Chi Minh city, Vietnam, **Ly Bui Phan,** The University of Melbourne

A systematic review: A review of safe sex messages within smartphone applications, **Evelyn Tzu-yen Huang,** The University of Melbourne

A research protocol to explore young womens' attitudes towards genital hair removal, **Sally Guo,** The University of Melbourne

A qualitative research protocol: An exploration of the factors that influence the consistency of condom use in female sex workers in Kigali- Rwanda, **Solange Uwingeneye**, The University of Melbourne

A research protocol: The development of a questionnaire to assess and understand the perceived role mothers have in helping their children with contraceptive choices, in Australia, **Uththara DeSilva**, The University of Melbourne

Scholarly Selective Doctor of Medicine Student

Testing for HIV among men who have sex with men needs a paradigm shift in Australia, given the minimal increase between 2003 and 2013 in Melbourne, Australia. **Andrew (An) Chieh Lin** The University of *Melbourne*

Bachelor of Medical Science (Hons)

Should female partners of men with pathogen negative non-gonococcal urethritis (NGU) be informed and treated? **Angela Sarumpaet,** *Monash University*

Characteristics, sexual practices and sexually transmitted infections diagnosis of men who have sex with men who do and do not use non-occupational HIV post-exposure prophylaxis in Victoria, Australia, **Andre Landika,** Monash University

Advanced Medical Students (AMS)

Duration of infection of gonorrhoea and chlamydia at the pharynx and rectum among men who have sex with men: a systematic review, **Chris Sherman,** Monash University

Trends in gonorrhoea positivity by nucleic acid amplification test versus culture among Australian heterosexual men with a low-prevalence of gonorrhoea, 2007-2014, **Patrick Mannion**, Monash University

International Visiting Fellow

Dr Weisheng Tan, National Skin Centre, Singapore

Prizes and awards

- Eric Chow was awarded the 2015 MIME (Monash Institute of Medical Engineering) Seed Fund, Monash University
- Eric Chow received the Sexual Health Society of Victoria Educational Support Grant
- Eric Chow received The International Papillomavirus Society HPV 2015 Travel Award, the Australian Epidemiological Association Early Career Researcher Travel Award and Monash University Central Clinical School Travel Grant 2015 Round 1
- Janet Towns completed her Fellowship in Clinical Forensic Medicine FFCFM (RCPA)
- Nick Medland received a scholarship from the Australasian Chapter of Sexual Health Medicine, Research
- Jade Bilardi, Monash University Central Clinical School Travel Grant

Publication highlights

Persistence of *Neisseria gonorrhoeae* DNA following treatment for pharyngeal and rectal gonorrhea is influenced by antibiotic susceptibility and re-infection

This study examined the presence of *Neisseria gonorrhoeae* DNA following treatment for throat and rectal gonorrhoea. Men who had sex with men who were diagnosed with throat or rectal gonorrhoea had swabs taken from the throat or rectum 7 and 14 days following treatment. Repeat testing for gonorrhoea DNA was undertaken using 2 different polymerase chain reaction (PCR) tests. One hundred throat and 100 rectal gonorrhoea infections in 190 men were included. For throat gonorrhoea, gonorrhoea DNA was present in 13% of men at day 7 and 8% at day 14 for both PCR tests. For rectal gonorrhoea, gonorrhoea DNA was present in 6% of men at day 7 and 8% at day 14 for both PCR tests. Throat and rectal gonorrhoea DNA was present in 8% of men 14 days after treatment. Persistent gonorrhoea DNA may be more common in settings where infections with gonorrhoea are resistant to treatment or may reflect reinfection. Tests of cure following treatment should be maintained using culture

Chlamydia trachomatis A repeat test for chlamydia 3 months after treatment is recommended to find reinfection, but retesting rates are typically low. This study compared sending a short message service (SMS) reminder to retest and a postal home collection kit 3 months after treatment of chlamydia to only sending an SMS reminder to return to the clinic for retesting. 200 women, 200 heterosexual men, and 200 men who have sex with men who were diagnosed and treated for chlamydia infection at sexual health services were included. Three months after their chlamydia diagnosis and treatment, half the participants in each group received an SMS reminder and the other half a postal home collection kit and SMS reminder. The number who retested within 1-4 months of their chlamydia diagnosis was much higher in the home kit retest group (61%) [184/302] versus those who received an SMS only to return to the clinic for retesting (39%) [117/298]: women: 64% [66/103] vs 39% [38/97], heterosexual men: (56% [57/101] vs 34% [34/99], men who have sex with men: (62% [61/98] vs 44% [45/102]. The home kit retest group with repeat positive tests was higher than the clinic retest group (10% [31/302] vs 4% [12/298] and among men who have sex with men (16% [16/98] vs 5% [5/102]. The addition of a postal home collection kit to routine SMS reminders resulted in large improvements in chlamydia retesting rates in all three test groups and detection of more repeat positive tests, compared with SMS alone.

Human papilloma virus We investigated digital ano-rectal examination (DARE) as a way to detect early anal cancer in HIV-positive men who have sex with men (MSM). We recruited 327 HIV-positive MSM aged 35 and over from clinics with HIV physicians in Melbourne, Australia, to receive an annual DARE. We analysed responses from patient questionnaires about their anal and sexual health, adverse effects from the anal examination, cancer worry, and quality of life. The majority of men (82%) felt relaxed during the DARE, 1% complained of pain, and 1% reported bleeding after the examination. Nearly all men (99%) were willing to continue with an annual DARE. An anal abnormality was detected in 86 men (27%) and the majority of abnormalities were dealt with by the HIV physicians. There were 17 men (5%) referred to a specialist with an uncertain diagnosis of which one had anal cancer confirmed. Recruitment rates for the study varied depending on clinical setting (sexual health centre 78%, general practice 13%, hospital 14%) and the clinician's specialty (sexual health physician 67%, general practitioner 20%, and infectious disease physician 14%). Annual DARE to detect anal cancer in HIV-positive MSM was acceptable for patients, with minimal side effects or quality of life effects. Strategies to increase HIV physician's patient recruitment would be needed if DARE were to be implemented in anal cancer screening.

PUBLICATIONS

1. Zou H, Tabrizi SN, Grulich AE, Hocking JS, Bradshaw CS, Cornall AM, Morrow A, Prestage G, Law MG, Garland SM, Chen MY, Fairley CK. Site-specific human papillomavirus infection in adolescent men who have sex with men: an observational cohort study. The Lancet Infectious Diseases 2015; 15(1): 65-73 doi.org/10.1016/S1473-3099(14)70994-6

2. Tong WWY, Shepherd K, Garland SM, Meagher A, Templeton DJ, Fairley CK, Jin F, Poynten M, Zaunders J, Hillman RJ, Gruclich AE. Kelleher AD, Carr A. Human papillomavirus 16-specific T-cell responses and spontaneous regression of anal high-grade squamous intraepithelial lesions. Journal of Infectious Diseases 2015; 211(3):405-15 doi: 10.1093/infdis/jiu461

3. Chow EPF, Tomnay J, Fehler G, Whiley D, Read TRH, Denham I, Bradshaw CS, Chen MY, Fairley CK. Substantial increases in chlamydia and gonorrhea positivity unexplained by changes in individual-level sexual behaviors among men who have sex with men in an Australian sexual health service from 2007-2013. Sexually Transmitted Diseases 2015; 42(2): 81-87 doi: 10.1097/OLQ.0000000000000232

4. Ong JJ, Temple-Smith M, Chen MY, Walker S, Grulich AE, Hoy J, Fairley CK. Why are we not screening for anal cancer routinely - HIV physicians' perspectives on anal cancer and its screening in HIV-positive men who have sex with men: a qualitative study. BMC Public Health 2015; 15:67 doi:10.1186/s12889-015-1430-1

5. Chow EPF, Read TRH, Chen MY, Fehler G, Bradshaw CS, Fairley CK. Routine CD4 cell count monitoring seldom contributes to clinical decision making on antiretroviral therapy in virologically suppressed HIV patients. HIV Medicine 2015; 16(3): 196-200 doi: 10.1111/hiv.12198

6. Bissessor M, Whiley DM, Fairley CK, Bradshaw CS, Lee DM, Snow AS, Lahra M, Hocking JS, Chen MY. Persistence of Neisseria gonorrhoeae DNA following treatment for pharyngeal and rectal gonorrhea is influenced by antibiotic susceptibility and re-infection. Clinical Infectious Diseases 2015; 60(4): 557-563 doi: 10.1093/cid/ciu873

7. Ong JJ, Chen M, Grulich AG, Walker S, Temple-Smith M, Bradshaw CS, Garland SM, Hilman R, Templeton D, Hocking J, Beng E, Tee BK, Fairley CK. Exposing the gaps in awareness, knowledge and estimation of risk for anal cancer in men who have sex with men living with HIV: a cross-sectional survey in Australia. Journal of the International AIDS Society 2015; 18: 19895 doi: 10.7448/IAS.18.1.19895

8. Chow EPF, Lin AC, Read TRH, Bradshaw CS, Chen MY, Fairley CK. Ratio of anogenital warts between different anatomical sites in homosexual and heterosexual individuals in Australia, 2002-2013: implications for susceptibility of different anatomical sites to genital warts. Epidemiology & Infection 2015; 143(7): 1495-1499 doi: 10.1017/S0950268814002118

9. Chow EPF, Read TRH, Tabrizi S, Hocking JS, Denham I, Bradshaw CS, Chen MY, Fairley CK. Gonorrhoea notifications and nucleic acid amplification testing in a very low-prevalence Australian female population. MJA 2015; 202(6): 321-323 doi: 10.5694/mja14.00780

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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).

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
Sharon Noronho	Patient Services Officer
Cecily Sheppard	Patient Services Officer
Maggie Vandeleur	Patient Services Officer
Wendy Zeng	Patient Services Officer

Other Support

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Deanne de Silva	Purchasing and Resources Officer
Glenda Fehler	Project Officer
James Unger	Personal Assistant to Director

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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
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Tina Schmidt	Doctor
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Michelle Doyle	Sexual Health Nurse
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Lisa Kennedy	Sexual Health Nurse
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Kate Potappel	Sexual Health Nurse
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Joe Sasadeusz	Doctor
Ivan Stratov	Doctor
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