

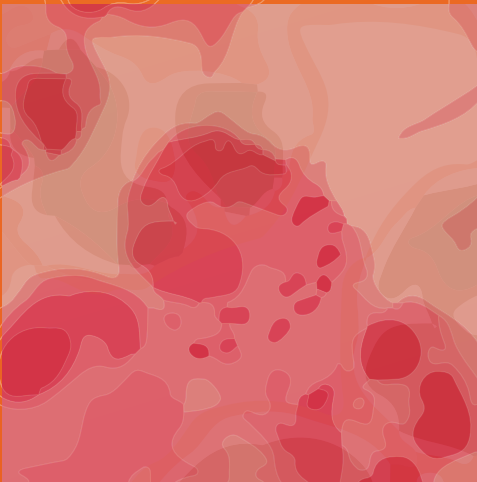


MSHC

MELBOURNE SEXUAL HEALTH CENTRE

Part of **AlfredHealth**

Melbourne Sexual Health Centre
Annual Report 2016





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2016

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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 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
- 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)
- HIV Integrated Prevention clinic (HIP)
- 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 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 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 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.

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 our 2016 annual report. This year has been another great year for the Centre and I'm sure we all feel very proud of what we have achieved for the state of Victoria. We've provided 46,564 consultations and received countless kind words of thanks from grateful clients, 99% of whom have been satisfied with the care they have received. And whenever I look around the Centre- I see the smiling happy faces of our wonderful staff who clearly derive so much pleasure and satisfaction with helping the public we serve. Thank you to all of you.

Like other years, we've had to adapt to a rapidly changing landscape of STI and HIV prevention and treatment. In the last 12 years we've seen pre-exposure prevention for HIV (termed PrEP) become perhaps the most rapidly adopted HIV prevention tool in history. A special thanks to Tina Schmidt, Andrew Buchanan and Melanie Bissessor for stepping up to staff these special PrEP clinics. To extend our contribution to HIV prevention we've also had some additional funding from the Department of Health and Human Services to expand our Test and Go (TAG) services to maximise our role in the early diagnosis of HIV as we support another HIV treatment program known as 'Treatment as Prevention' or 'TasP'. A special thanks to Ria Fortune, Trish Wakefield and Sheranne Dobinson for their contribution to our express services.

We have again this year worked very hard to improve the way we do things in the General Clinic to make optimal use of the extraordinary talents of our team. Thanks to David Lee and Anthony Snow for their work in supporting the nursing team to extend their scope of practice to include clients with uncomplicated vaginal and urethral discharge. Some nurses have been signed off, while others are working towards training completion. This has benefitted the nursing team by allowing them to expand their scope of practice while freeing up the medical staff, and nurse practitioners for the more complex clients.

Low risk asymptomatic clients are now largely seen in express clinics with self-collected sampling, supported by our professional team of division two nurses Surbi Bird, Caroline Cittarelli, and Jordan Wotten. These and other changes have allowed us to halve the cost of consultations to the State over the years and seen us become a highly streamlined and efficient service.

We now also have a new role in the nursing team of Flexi Nurse. This role arose to provide support for triage and serology, and has been very successful. It has meant that clients are waiting less time for triage and serology, and also for 'Test and Go Style' screening.

Two members of staff sadly completed their service in 2016 and deserve special mention. Tom Carter has been a household name and face around MSHC prior to the days in 1990 when I was an infectious disease registrar. His service to the State has been extraordinary and something we are very grateful for and something that he should be immensely proud of. This year he retired and has moved to Central Victoria for a well-earned rest. After 14 years of service, Brad Whiton moved into the exciting area of hepatitis C. Brad spent 5 years creating and running the successful Wulumperi Unit. 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 remain available for use and are

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

This has been an outstanding year for research. Not only were Eric Chow's and Jane Hocking's NHRMC project grants successful but we had 90 papers published this year in very high ranking journals. These NHRMC grants now have a success rate of less than 15% so getting one is a miracle but getting two can only be explained by sheer brilliance on the part of Eric and Jane.

We've also had lots of industry collaboration this year, which is what Governments like to see. Catriona Bradshaw and Tim Read have worked closely with an Australian Biotech company called Speedex, to extend their work on *Mycoplasma genitalium* treatment. There is little doubt that the knowledge Catriona and Tim have generated (and will continue to generate) is of very high quality and is why most international researchers hang on their every word at conferences- in relation to *Mycoplasma genitalium* treatment. Eric and Marcus Chen have also obtained a large grant from Merck in the USA to carry out the HYPER 2 study looking at whether the HPV vaccination coverage in boys is sufficient to essentially prevent any significant HPV among young gay men. The world will be watching these results which will help them decide whether or not a boys program is needed or a focused program for gay men is sufficient. Not one of these studies would turn into successful projects without the exceptional support of all of you at MSHC who support this research so tirelessly, in the face of an extraordinarily clinical load. A very special thank you to Kate Maddeford, Bec Wigan, Tiffany Rose, Sandy Walker and Michelle Doyle from our research team whose dedication and skills are second to none.

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 329 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	41,973	28,314	13,422	237
HIV Clinic	3,641	3,242	385	14
Counselling	950	702	244	4
Total	46,564	32,258	14,051	255
Individuals	24,142	15,818	8,198	126

Diagnoses

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

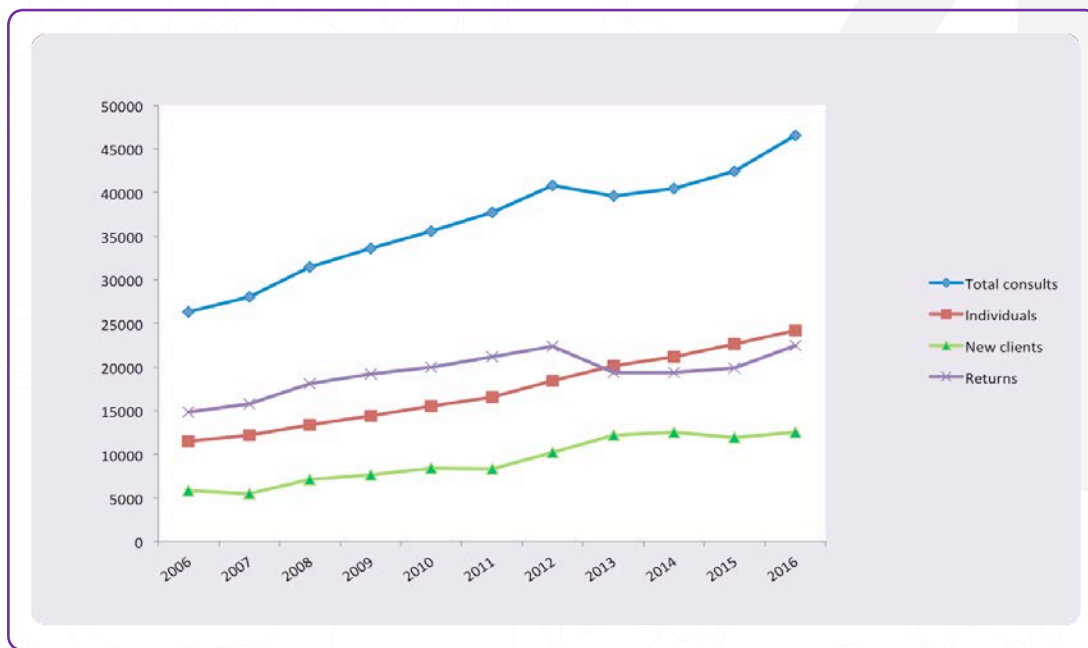
Table 4

Diagnoses	Total
<i>Chlamydia trachomatis</i>	2,730
<i>Neisseria gonorrhoea</i>	1,719
Non gonococcal urethritis (NGU)	1,786
Herpes	1,055
Infectious syphilis	342
Bacterial vaginosis	1,065
Warts	1,629
HIV new cases	79
PID	304
<i>Mycoplasma genitalium</i>	528
Lymphogranuloma venereum	3
HIV PEP	1,292
PCI	57
Gonorrhoea in women	107
Trichomoniasis in women	16

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 remained at approximately the same level from 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. In 2016, there has been a significant increase in returning clients. This may be the result of the introduction of the Test and Go (TAG) and HIV Integrated (HIP) services.

Figure 1 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). 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

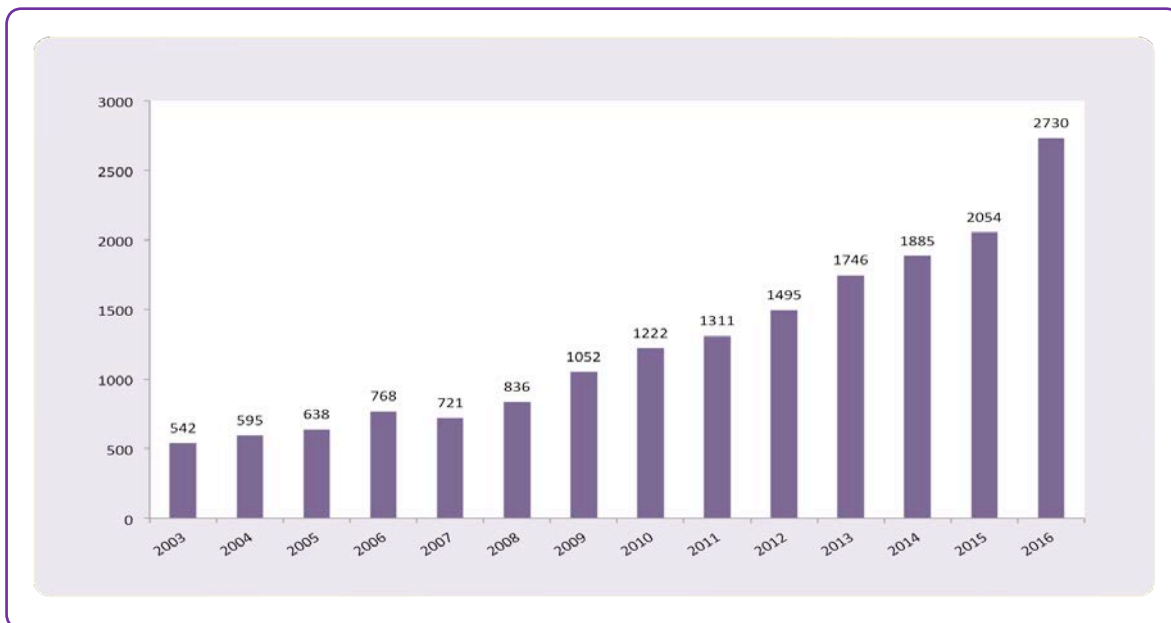


Figure 4 Number of infectious syphilis cases by quarter

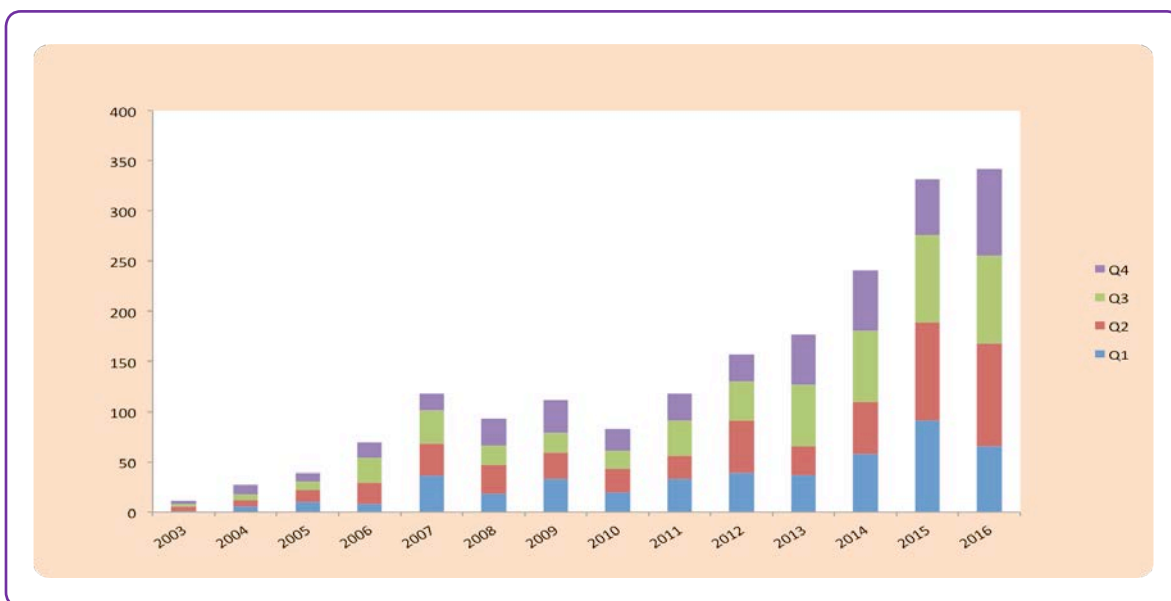
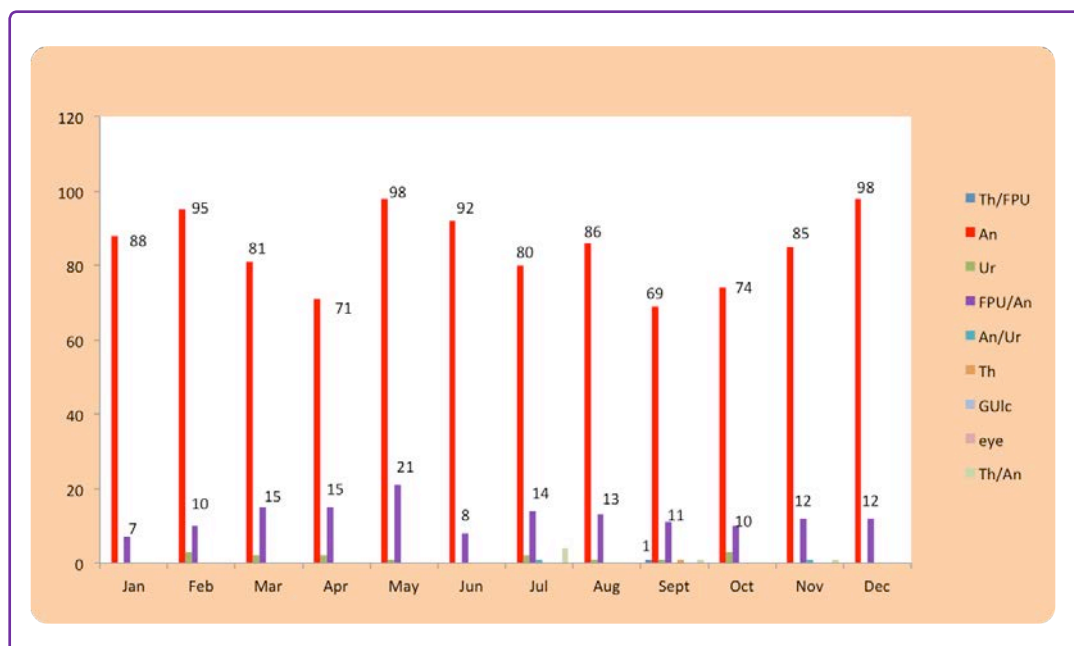
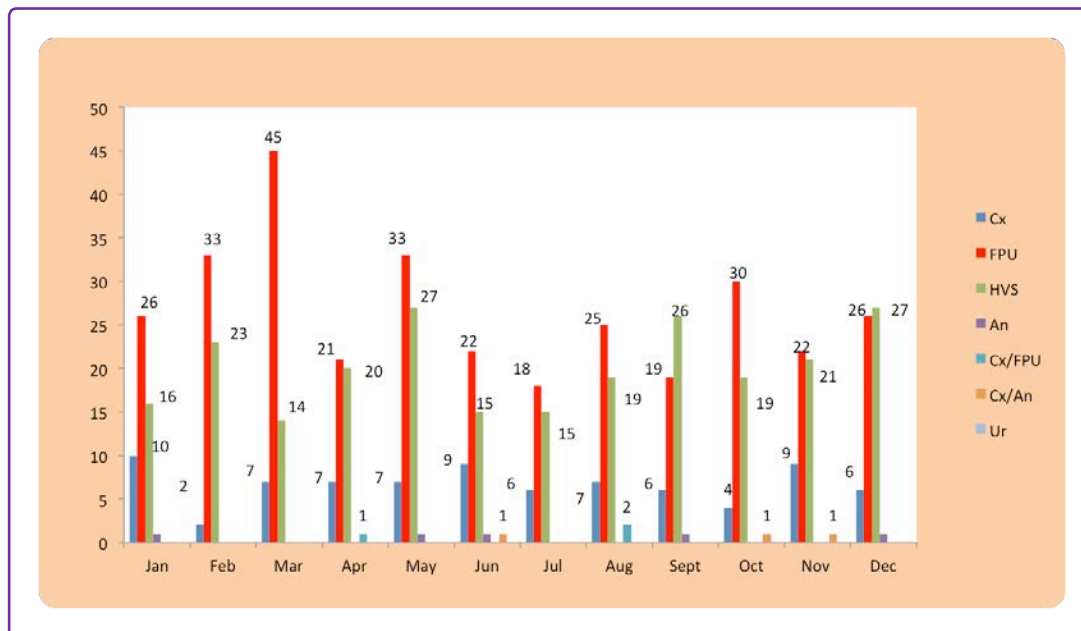


Figure 5 Sites of chlamydia infections among 2,067 males in 2016



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

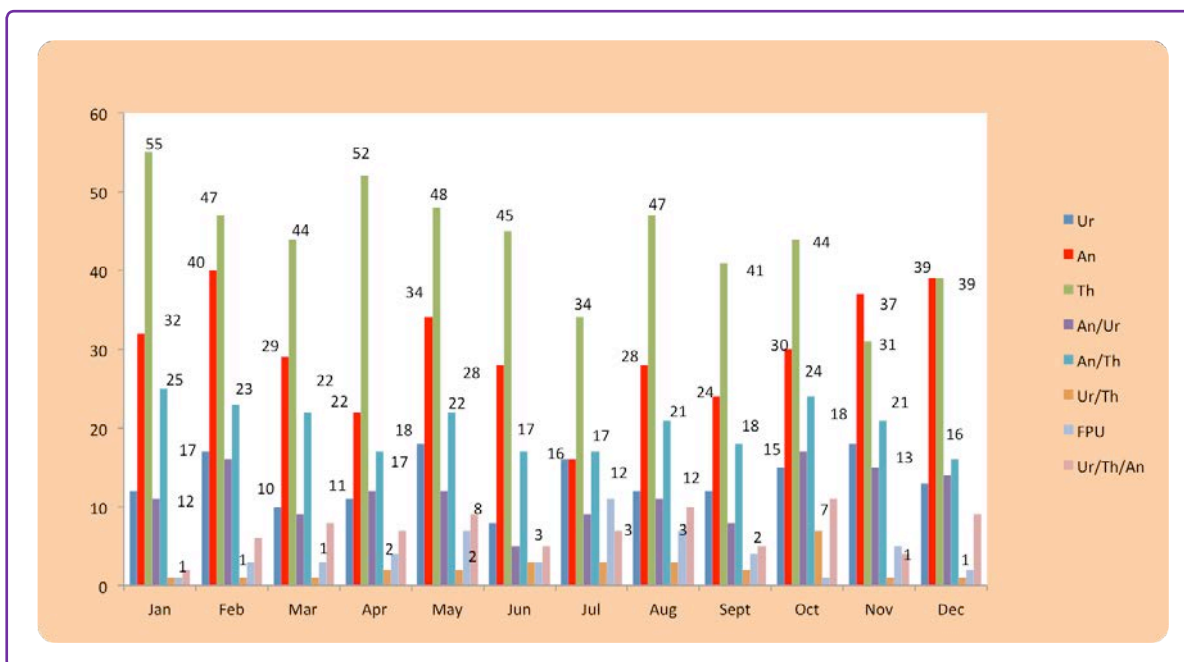
Figure 6 Sites of chlamydia infections among 653 females in 2016



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

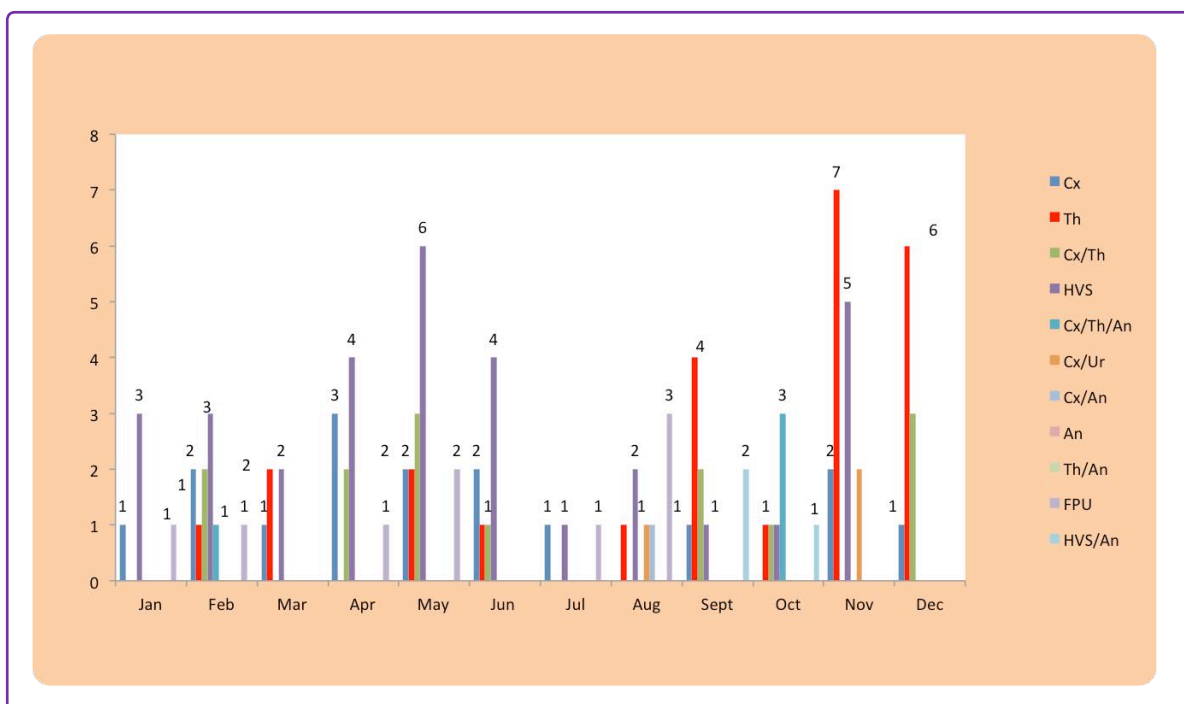
Chlamydia trachomatis remains the most common bacterial STI diagnosed at MSHC. The number of chlamydia infections by sex and site are shown in Figure 4 and 5). The majority of gonococcal infections occur in MSM.

Figure 7 Sites of gonococcal infections among 1,591 males in 2016



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

Figure 8 Sites of gonococcal infections among 107 females in 2016



List of abbreviations: Cx – cervical; HVS – high vaginal
Introduction in October of routinely collected throat swabs from female sexworkers

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

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

RTS: Rectal Treatment Study - comparing single dose 1g azithromycin to 500mg doxycycline twice daily for 7 days as treatment for rectal chlamydia in men who have sex with men (MSM). **Andrew Lau** PhD, The University of Melbourne

Completed research projects as part of MPH

Quality Appraisal of Economic Evaluations done on Oral Health Preventive Programs-A Systematic Review. **Gayatri Ravisankar**, The University of Melbourne

STI and BBV screening of antenatal patients at the Mercy Hospital for Women, Melbourne, **Monica Oswald**, The University of Melbourne

Bachelor of Medical Science (Hons)

Temporal changes in the epidemiology of gonorrhoea among men who have sex with men (MSM). **David Priest**, Monash University

Changes in the epidemiology of Sexually Transmitted Infections (STIs) in Melbourne for the last 100 years in relation to world wars, immigration, the HIV epidemic and Medicare. **Emile Jasek**, Monash University

The proportion of contacts of Mycoplasma genitalium (MG) who were infected. **Josephine Slifirski**, Monash University

The microbiological and clinical features of Mycoplasma genitalium (MG) pelvic inflammatory disease. **Rosie Latimer**, Monash University

Bachelor of Biomedical Science (Hons)

Comparison of the results of samples taken from different body sites, tested individually or collectively, for their accuracy in diagnosing chlamydia and gonorrhoea infections. **Anne Tran**, Monash University

Prizes and awards

- The Nursing Team from MSHC was awarded “The Alfred Hospital League Nursing Team Award for Excellence in Patient Centered Care” from 42 nominations and a shortlist of 11 teams
- Melbourne Sexual Health Clinic scientist, Eric Chow has been awarded the 2016 Victorian Fresh Scientist Award for his research findings on human papilloma virus (HPV)
- Eric Chow received the 2016 AMREP Public Health Research Early-Career Researcher Best Paper Award for our paper titled ‘Human papillomavirus in young women with Chlamydia trachomatis infection 7 years after the Australian human papillomavirus vaccination programme: a cross-sectional study’ published in the Lancet Infectious Diseases in 2015
- Eric Chow received a grant from The Alfred Foundation for “What Is It – Program for self-diagnosis of STIs”
- Eric Chow was awarded an “Educational Support Grant” from the Sexual Health Society of Victoria
- Eric Chow obtained a “Central Clinical School Travel Grant 2016 Round 1” from Monash University
- Jade Bilardi was awarded an unrestricted educational grant from Bayer Australia Ltd for the development in part of the website “What’s going on down there”
- Eric Chow received a Seqirus “Educational Grant for HPV Research”
- Eric Chow received a European Research Organisation on Genital Infection and Neoplasia “EUROGIN 2016 Grant”
- Nimal Gamagedara, Postgraduate Institute of Medicine, University of Colombo, Sri Lanka, received a Sri Lankan Presidential Award for Scientific Publications in International Journals of which the Impact Factor is above 1 for his involvement in scientific publications during my Postdoctoral Training at MSHC in 2012-2013.



Publication highlights

Human papilloma virus Australia introduced a national quadrivalent human papillomavirus (4vHPV) vaccination programme for girls and young women in April, 2007. The HPV genotypes targeted by the female vaccine could also provide indirect protection to heterosexual men. This is the first study to document annual trends in HPV prevalence among young, sexually active, predominantly unvaccinated heterosexual men diagnosed with chlamydia during an 11-year period. We described a dramatic fall in HPV genotypes 6/11, and 16/18 in Australian-born men after the introduction of a universal female vaccination programme. The declining trend in prevalence of HPV genotypes 6/11 are consistent with reductions in genital warts in men reported in previous studies, but these findings provide the first evidence of herd protection from HPV genotypes 16/18. We also observed a decline in HPV 16/18 but not in HPV 6/11 in overseas-born men who recently arrived from countries that have implemented a bivalent vaccine programme (HPV 16/18). In this study, we provide, for the first time, an indication of the effectiveness of Australia's female vaccination programme, against all four vaccine-targeted HPV infections in men. In addition, the decline in HPV genotypes 16/18 in overseas-born men provides the first evidence of herd effects in countries with high female coverage with the bivalent vaccine. The substantial reduction of vaccine targeted HPV genotypes should, in time, translate to reduction in HPV related malignancies in men, even in countries with female only vaccine programmes.

PrEP (pre-exposure prophylaxis) is a way to prevent HIV infection by taking a pill every day for people who do not have HIV, but who are at very high risk of becoming infected. PrEP may be an effective option to prevent HIV among heterosexual serodiscordant couples. The aim of this study was to explore the views of HIV-negative men and women in stable serodiscordant heterosexual relationships about the possible use of PrEP. Interviews were conducted face-to-face or by telephone. In total, 13 HIV-negative partners were interviewed; six men and seven women. Their main concerns around using PrEP were the cost, not being fully effective, taking a tablet every day and side-effects. The HIV negative partner within the heterosexual couple would be willing to consider taking PrEP as part of an approach to HIV prevention especially when trying to conceive a child free of HIV infection. Men were more likely than women to entertain the idea of PrEP as they felt it might improve sexual pleasure if they could stop using condoms. Women did not feel as strongly about this as men. This was one of the first studies looking at attitudes towards PrEP in heterosexual communities

Neisseria gonorrhoea The pharynx is a common site of gonorrhoea among men who have sex with men (MSM) and may serve as a reservoir for infection, with saliva implicated in transmission possibly through oral sex, kissing, and rimming. Reducing sexual activities involving saliva may reduce pharyngeal gonorrhoea. This study aimed to explore MSM's views and knowledge of pharyngeal gonorrhoea and their willingness to change saliva transmitting sexual practices. MSM were also asked their views on using alcohol-containing mouthwash to potentially reduce transmission. Using a qualitative descriptive approach, 30 MSM who were part of a larger study (GONE) conducted at the Melbourne Sexual Health Centre agreed to take part in semi-structured interviews between 14th May and 8th September 2015. The 10 interviews conducted face to face and 20 by telephone, lasted between 20–45 minutes. Data were analysed using qualitative content analysis. Most men considered pharyngeal gonorrhoea to be a non-serious sexually transmitted infection and attributed transmission primarily to oral sex. Almost all men reported they would not stop kissing, oral sex, or consider using condoms for oral sex to reduce their risk of pharyngeal gonorrhoea. Kissing and oral sex were commonly practised and considered enjoyable low risk sexual activities. Men were more likely to consider stopping sexual activities they did not enjoy or practice often, in particular insertive rimming. If proven effective, the majority of men reported they would use alcohol-containing mouthwash to reduce or prevent their risk of pharyngeal gonorrhoea. Findings from this study suggest MSM are unlikely to stop saliva transmitting sexual practices they enjoy and consider low risk. Men would, however, consider using alcohol-containing mouthwash if found to be effective, highlighting the importance of exploring innovative strategies to reduce pharyngeal gonorrhoea.

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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
Lucy Beaton	Patient Services Officer
Alison Clough	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

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

Clinical Services - Medical

Ei Aung	Doctor
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
Helen Henzell	Doctor
Kirsty McNab	Doctor
Alex Marceglia	Doctor
Nick Medland	Doctor
Anna Morton	Doctor
Jason Ong	Doctor
Tim Read	Doctor
Stephen Rowles	Doctor

Hennie Williams	Doctor, Senior Lecturer
Tina Schmidt	Doctor
Richard Teague	Doctor
Janet Towns	Doctor
Robin Tideman	Doctor
Seenivasagam Yoganathan	Doctor

Clinical Services - Nursing

Surbhi Bird	Sexual Health Clinic Support Nurse
Caroline Cittarelli	Sexual Health Clinic Support Nurse
Penne Braybrook	Sexual Health Nurse
Stuart Cook	Sexual Health Nurse
Sheranne Dobinson	Sexual Health Nurse
Michelle Doyle	Sexual Health Nurse
Jo Eccles	Sexual Health Nurse
Ria Fortune	Nursing Services Manager
Candice Fuller	Sexual Health Nurse
Miekin Grant	Sexual Health Nurse
Shauna Hall	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
Genevieve Lilley	Sexual Health Nurse
Lorna Moss	Clinical Nursing Co-ordinator
Jeannie Nicholson	Sexual Health Nurse
Ian O'Meara	Sexual Health Nurse
Amy Peachey	Sexual Health Nurse
Susan Peterson	Sexual Health Nurse
Kate Potappel	Sexual Health Nurse
Anne Reid	Sexual Health Nurse
Carly Schreiber	Sexual Health Nurse
Anthony Snow	Sexual Health Nurse Practitioner
Mee Tan	Sexual Health Nurse
Haiping Tang	Sexual Health Nurse
Mark Thompson	Sexual Health Nurse
Jacinta Tierney	Sexual Health Nurse
Jocelyn Verry	Counsellor
Eloise Vicary	Sexual Health Nurse
Patricia Wakefield	Sexual Health Nurse/Clinical Nurse Co-ordinator
Leah Ward	Sexual Health Nurse
Bradley Whitton	Sexual Health Nurse
Jordan Wotten	Sexual Health Nurse
Lucy Williamson	Sexual Health Nurse
Karen Worthington	Sexual Health Nurse

HIV Clinic

Jayne Howard	Clinical HIV Co-ordinator
Stephen Kent	Doctor
Richard Moore	Doctor
Joe Sasadeusz	Doctor
Ivan Stratov	Doctor

Jeanette Venkataya

Patient Services Officer

Evaluation Unit

Jade Bilardi	Postdoctoral Research Fellow
Eric Chow	Postdoctoral Research Fellow
Stuart Cook	Research Nurse
Vincent Cornelisse	PhD student
Mieken Grant	Research Nurse
Sarah Huffam	Sexual Health and Infectious Disease Physician
Helen Kent	Research Nurse
Genevieve Lilley	Research Nurse
Kate Maddeford	Research Nurse
Nick Medland	Doctor, PhD student
Tiffany Phillips	Research Administration
Tiffany Rose	Research Nurse
David Samson	Research Nurse
Julie Silvers	Research Nurse
Lenka Vodstrcil	Postdoctoral Research Fellow
Sandra Walker	Postdoctoral Researcher
Rebecca Wigan	Research Nurse
Lucy Williamson	Research Nurse
Lei Zang	PhD, Master of Applied Mathematics

Laboratory

Liz Fagen	Laboratory Scientist
Catherine Flower	Laboratory Scientist
Kate Frauenfelder	Laboratory Scientist
Irene Kuzevski	Senior Laboratory Scientist
Kathy Petit	Laboratory Scientist

Pharmacy

Ivette Aguirre	Senior Clinical Pharmacist
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Long service recognition for staff Members in 2015 and 2016

2015	No. of years	2016	No. of years
Andrew Buchanen	25	Kit Fairley	15
Marcus Chen	10	Glenda Fehler	10
Peter Hayes	30	Lisa Kennedy	10
Stephen Kent	20	Julie Silvers	15
Stephen Rowles	15	Richard Teague	15
Carly Schreiber	10	Robin Tideman	15
Ivan Stratov	10	Jeanette Venkataya	15
Jun Kit Sze	10	Jocelyn Verry	15
James Unger	15		
Hennie Williams	10		

