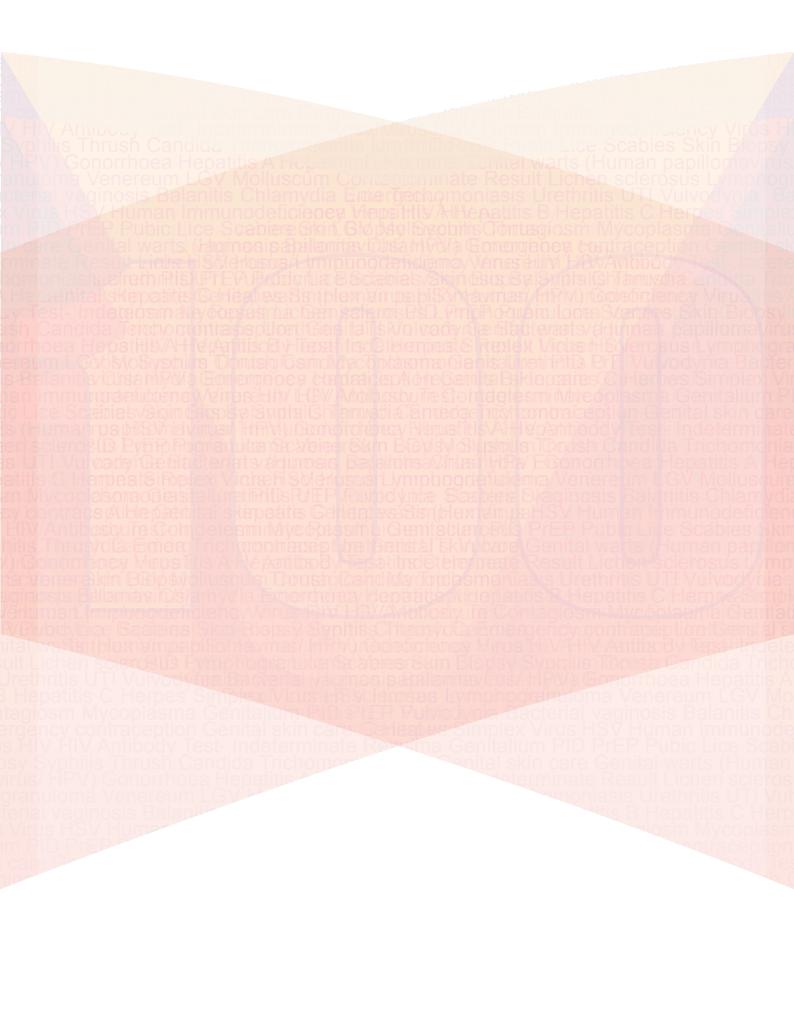


Annual Report
2018



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 1918 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 service www.mshc.org.au and free-call telephone service whereby GPs can receive specialist clinical advice directly from a sexual health physician.

The frequently updated MSHC website <u>www.mshc.org.au</u> comprises of information divided into four major sections:

- Clinic information that includes available services recently implemented
- Sexual health for the general public
- Resources for health professionals
- Research and education

There are also interactive online services provided:

For the general public:

- ispysti.org/ (iSpy STI) is a symptom checker to help users understand their genital symptoms who may have a sexually transmitted infection
- http://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
- checkyourrisk.org.au/ (Check Your Risk) to check risk of exposure to an STI
- http://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
- 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
- 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
- https://wgodt.com.au/ ('What's Going On Down There?') information for women about vaginal health, symptoms and information for women who have been diagnosed with BV or thrush

For general practitioners:

- Online STI atlas https://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
- (GP Assist) provides a mechanism to improve partner notification by providing the 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
- https://www.mshc.org.au/images/downloads/stiTool.pdf
 This Tool has been prepared as an aid for GPs, providing simplified guidelines for STI screening and for dealing

with common symptomatic presentations. The PDF file may be downloaded to allow offline access, both desktop and mobile, but please make sure you have the latest version. The Tool is an ongoing project and will be updated frequently.

• Treatment guidelines www.mshc.org.au/health-professionals/treatment-guidelines

Online training and education resources for health care professionals:

 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/Education

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. Cervical sampling	A clinicians guide to taking a Pap Test

Table 2 List of educational audio presentations for health professionals

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 98% of clients in 2018 expressed satisfaction with the service.

Director's report 2018

Welcome to our 2018 annual report. This year our extraordinarily committed staff provided 55,862 consultations to the public we serve. But this year I think we all felt that the demand for STI services was beyond what we could provide. We still achieved a 98% satisfaction rating but the rising demand meant we had to direct clients to other services or ask them to return another day. I imagine if we asked them what they thought of not being seen; they would have been less kind.

We have tried hard over many years to streamline the service and improve its efficiency. This year Ian Denham has developed a new service in triage. We plan to start in 2019 where clients who we cannot see on the day can receive the standard STI testing that is bulk billed privately through external service providers. We would follow up the results of these but it would allow clients to receive the testing they want without a consultation here. We are also utilizing our substantial IT skills to develop new ways of providing advice to clients without necessarily seeing them. Janet Towns and collaborators at Monash have developed a website (*spysti.org*) that provides symptomatic individuals with a list of likely diagnoses and a referral letter to see their general practitioner for testing and treatment. This builds on the many of our successful sites such as *checkyourrisk.org.au* and *letthemknow.org.au* which are now widely used around Australia.

We have had a very successful year this year with staff recognition. Nick Medland, Vincent Cornelisse and Jane Goller all were awarded their PhDs' and Kate Seong was awarded her Masters. Peter Hayes received the Alfred Health Award recognising excellence for patient centred care and two members of staff including Stephen Kent were elected as fellows to the prestigious Australian Academy of Health and Medical Sciences. Lenka Vodstrcil and Rosie Latimer received a number of grants for young investigators, and Erica Plummer, Jade Bilardi also received grants, scholarships or prizes. Eric Chow received the UTS Alumni Award for Excellence 2018, Faculty of Science, University of Technology, Sydney. I was lucky enough to be recognised in the Officer of the Order of Australia (AO) honours and wanted to very gratefully acknowledge that this occurred in large part because of work many of us have done together. We published 112 papers in 2018, received a substantial number of research grants and many of the staff spoke at international research meetings around the globe. There is little doubt that internationally 'Melbourne Sexual Health Centre' has a well-recognised reputation for excellence. Thank you for supporting the research staff in these endeavours through recruiting participants into the large number of clinical studies.

We said thank you and good bye to Jun Kit Sze, who had been with us since the early days. He was responsible for developing some of the IT successes and efficiencies we have had over time and had been part of a number of prizes for this work. We wish him well and welcome Rashidur Rahman who has quite exceptional skills in IT organizational work. We also lost Tim Read to politics. He was elected to the Victorian Parliament for a 4 year term. Tim you have contributed so much to MSHC in the 21 years with us and it is not possible to describe it all. He was a great clinician, a great researcher, a hard worker and just a down right decent bloke. Tim made major contributions in so many areas including publications involving; *Mycoplasma genitalium*, warts, hepatitis A, herpes, gonorrhea, chlamydia and so much more that was published in great journals; British Medical Journal, Clinical Infectious Diseases and Emerging Infectious Diseases. Tim is one of the great thinkers of the world, quietly asking razor sharp questions that disarmed us all.

But most of all thank you to our outstanding staff. The clinical load that our Centre and staff are facing seems to be rising without a clear solution. We look forward to the outcome of the Victorian Government review of Sexual Health Services and the changes to increase sexual health capacity in the state.

Services and consultations

The numbers of consultations by type of service provided onsite are shown in Table 3. A further 326 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	51,307	34,841	16,021	445
HIV Clinic	3,571	3,189	355	27
Counselling	984	738	244	2
Total	55,862	38,768	16,620	474
Individuals	27,248	17,718	9,327	203

Diagnoses

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

Gonococcal and chlamydial infections included are individuals with a newly diagnosed infection and may have more than one site of infection. Those returning with a new infection following successful treatment are included as a new diagnosis.

Table 4

Diagnoses	Total
Chlamydia trachomatis	3,496
Neisseria gonorrhoea	2,333
Non gonococcal urethritis (NGU)	2,273
Herpes	1,249
Infectious syphilis	361
Bacterial vaginosis	1,126
Warts	1,509
HIV new cases	65
PID	366
Mycoplasma genitalium	485
Lymphogranuloma venereum	21
HIV PEP	1,303
PCI	61
Gonorrhoea in women	249
Trichomoniasis in women	48
Infectious syphilis in women	14

The numbers of consultations continue to rise with the number of individuals steadily increasing (Figure 1). In 2015, there were 42,466 consultations in total; 46,564 in 2016, 49,370 in 2017 and 55,862 in 2018. 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. Since 2015, consultations in the General Clinic have risen from 37,859 to 51,307 in 2018 (Table 3). The number of returning clients remained at approximately the same level from 2013 (19,410 to 19,851 in 2015) 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. Since 2016, there has been a significant increase in returning clients (22,422 to 28,614 in 2018). This may be the result of the introduction of the Test and Go (TAG) and HIV Integrated (HIP) services.

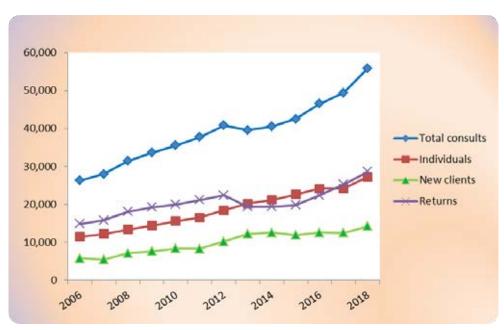


Figure 1 Increasing numbers of clients each year

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

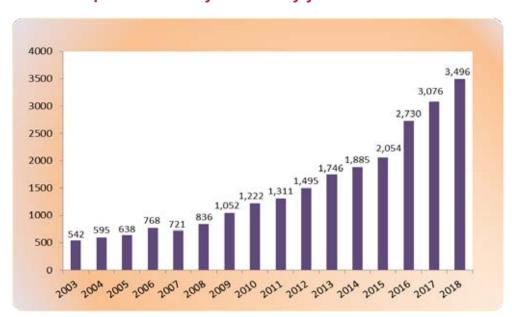


Figure 2 Number of positive chlamydia tests by year

Figure 3 Number of positive gonorrhoea tests by year

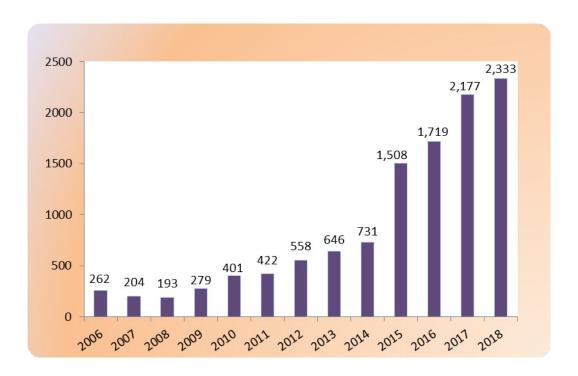


Figure 4 Number of infectious syphilis cases by quarter and year

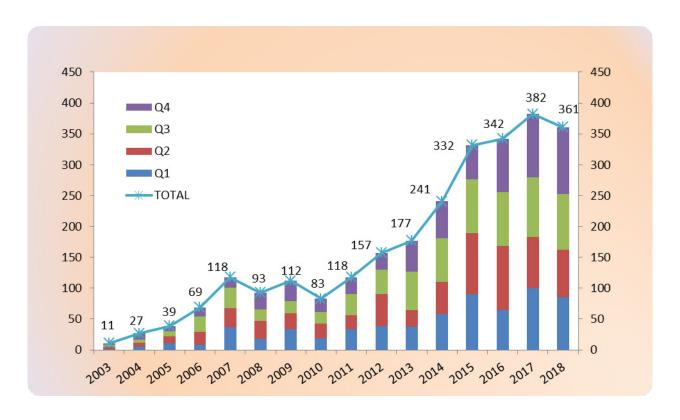
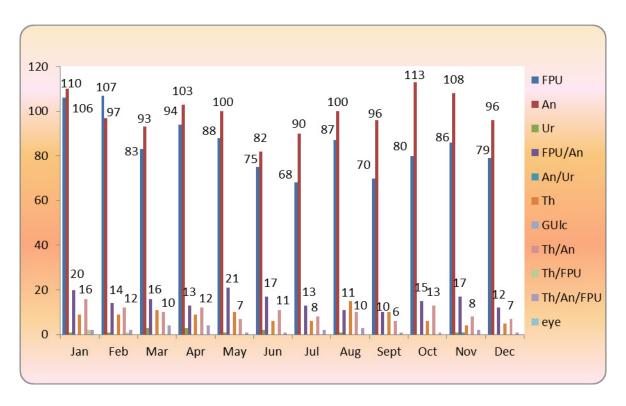
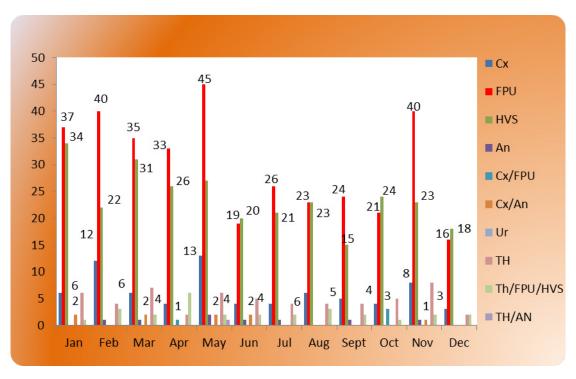


Figure 5 Sites of chlamydia infections among 2,651 males in 2018



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

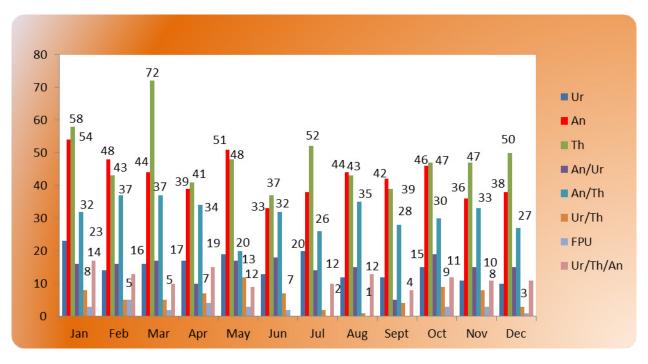
Figure 6 Sites of chlamydia infections among 825 females in 2018



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

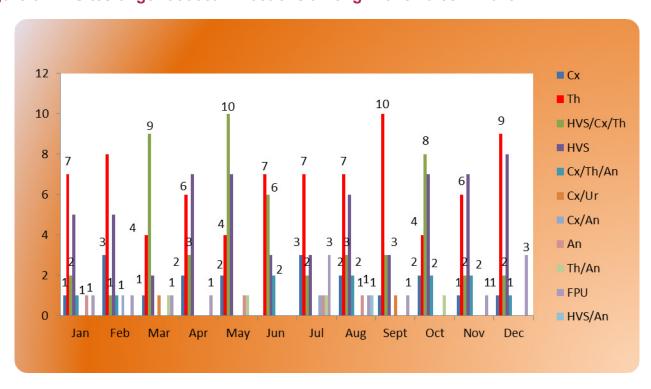
Chlamydia trachomatis remains the most common bacterial STI diagnosed at MSHC. The number of chlamydia infections by sex and site are shown in Figure 4 and 5). The majority of gonococcal infections occur in MSM.

Figure 7 Sites of gonococcal infections among 2,046 males in 2018



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

Figure 8 Sites of gonococcal infections among 249 females in 2018



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

Table 5 Number of HIV and Syphilis tests provided by year

Year	HIV tests (Total)	HIV tests (in MSM)	Syphilis (Total)	Syphilis (in MSM)
2012	15168	6304	18129	8176
2013	17518	7544	20580	9489
2014	18666	8500	21881	10674
2015	20499	9931	23630	12199
2016	23307	12241	26443	14549
2017	25686	13753	29161	16332
2018	31315	15378	35245	18043

MSM= men who have sex with men

The numbers of HIV and syphilis tests over time has doubled since 2012 to 2018 (Table 5; Figures 9 and 10)

Figure 9 Numbers of HIV tests taken over time

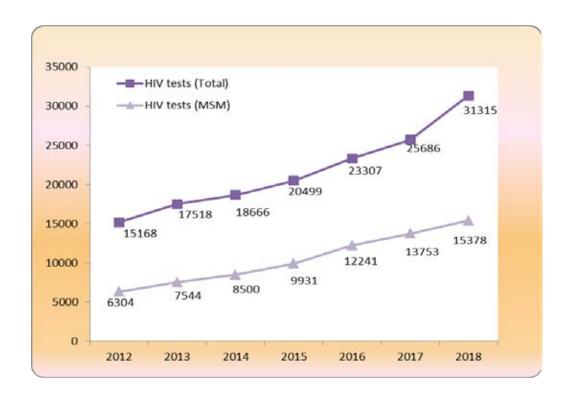


Figure 10 Numbers of Syphilis tests taken over time

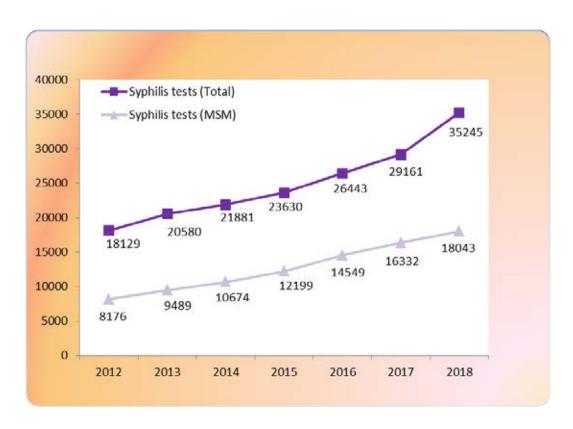
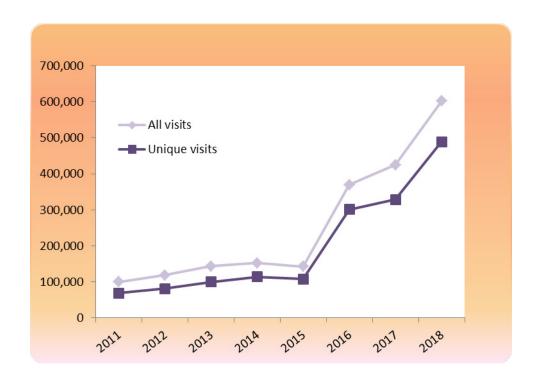


Figure 11 Estimated usage of MSHC website from 2011 - 2018



Use of the MSHC website has steadily increased over time. In 2011 there were 100,125 visits in total and 68,991 unique visits. In 2015 a new website was launched and subsequently visits increased substantially

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:

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

Epidemiology of gonorrhea, chlamydia and HIV in men who have sex with men, and evaluation of new prevention strategies, **Vincent Cornelisse**, PhD, Monash University

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

Epidemic syphilis in Victoria 2015: Strategies to improve prevention, early detection and treatment, **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

Mycoplasma genitalium to genital symptoms in women and MSM. Rosie Latimer, PhD, Monash University

Using metagenomic techniques to investigate the influence of hormonal contraception on the vaginal microbiota and to determine the cause of non-gonococcal urethritis. **Larissa Ratten,** PhD, Monash University

Understanding the pathogenesis of bacterial vaginosis. Erica Plummer, PhD, Monash University

Novel approaches to treatment and testing of sexually transmitted infections, **Chloe Durukan**, PhD, Monash University

Applications of artificial intelligence on disease prevention in public health, **Eric Xu**, PhD, Monash University

Completed research projects as part of MPH

Exploration of the experiences of women who continue a pregnancy following reproductive coercion by a male intimate partner: A research proposal. **Rosie Brennan**, University of Melbourne

Factors associated with ano-rectal chlamydia in women. The sexual practices and non-sexual behaviours associated with genital and rectal chlamydia in women: a study protocol. **Marti Kaiser**, University of Melbourne.

Does geographical location have an association with sexual behaviours in 16-29 year olds? An analysis of Data. **Jackie Chan Hon Tang**, University of Melbourne

Completed Bachelor of Medical Science (Hons)

Association between drug use and condom-less anal sex among men who have sex with men, **Christopher Hardy**, Monash University

Sexual practices among female sex workers in Victoria, Annalisa Zappulla, Monash University

Medical Student Projects

Human papillomavirus vaccine uptake rate among young men who have sex with men. Launcelot McGrath, Royal College of Surgeons, Ireland

Sex with a trans or gender diverse person. Eoin Cleere, Royal College of Surgeons, Ireland

Comparing the sexual practices of men who have sex with men and women (MSMW) and men who have sex with men only (MSMO). **Thomas Smardon**, University of Melborne

Kissing partners among heterosexual men. Finley Charleson, University of Melbourne

Hepatitis A vaccine uptake rate among gay and bisexual men who have sex with men at Melbourne Sexual Health Centre from a time-limited vaccination programme in 2018. **Sam Burrell,** Monash University

Prizes and awards

Queen's Birthday honours to Professor Kit Fairley

Congratulations to Kit on receiving Queen's Birthday honours. Kit was awarded Officer of the Order of Australia (AO) for his distinguished service to community health, particularly in the area of infectious and sexually transmitted diseases, as a clinician, researcher and administrator, and to medical education.

Congratulations to new AAHMS Fellow Professor Kit Fairley and Professor Stephen Kent Australian Academy of Health and Medical Sciences (AAHMS) elects 37 of Australia's leading health and medical researchers as Fellows.

Eric Chow

- Griffith University Discovery Award 2018 Highly Commended, The Research Australia Health and Medical Research
- UTS Alumni Award for Excellence 2018, Faculty of Science, University of Technology Sydney
- BHIVA/BASHH Best Sexual Health Poster Research Presentation at the Fourth Joint Conference of the British HIV Association (BHIVA) with the British Association for Sexual Health and HIV (BASHH) 2018
- 2018 Club Melbourne Fellowship
- GSK Immunisation Grants 2018, Public Health Association Australia

Lenka Vodstrcil

• Vodstrcil LA, Bradshaw CS, Plummer EP. Platform Access Grant, Monash University, platform:

- Micromon, "Investigating microbial factors associated with bacterial vaginosis recurrence"
- Bradshaw CS, Guy R, Vodstrcil LA, Plummer EP and Murray G. *Mycoplasma genitalium* and antimicrobial resistance in women. Australian Department of Health grant
- Central Clinical School Gender Equity Diversity and Inclusion travel award
- Vodstrcil LA, Hayward J. AMREP Collaborative Seed Grants Application to support our Genital Microbiome Group Initiative between Monash University and the Burnet Institute Advancing Women's Research Success Grant, Monash University, Chief Investigator

Erica Plummer

- Recipient of a Keystone Symposia Scholarship to attend the Keystone Symposium on "Role of the Genital Tract Microbiome in Sexual and Reproductive Health", Cape Town, Western Cape, South Africa Dec 11-Dec 15, 2018
- Post Graduate student presentation winner at 2018 Royal Women's Hospital Research week.
 Presentation: Plummer EL, Vodstrcil LA, Tabrizi SN, Garland SM, Fairley CK, Tan A, Law MG, Hocking JS, Bulach DM, Murray GL, Bradshaw CS. Sexual Behaviours Impact the Vaginal Microbiota of Women Who Have Sex with Women.

Other prizes and awards

- Launcelot McGrath won the Fennessy Hogan medal for the best research project at Royal College of Surgeons in Ireland (RCSI). Launcelot is a medical student at RCSI and spent 6 weeks at MSHC in Feb 2018 doing a research project under Eric's and Kit's supervision.
- Jade Bilardi received CIA award, Advancing Women's Research Grant, Faculty of Medicine, Nursing and Health Sciences, Monash University
- Rosie Latimer was awarded second prize in the three minute thesis competition at the Central Clinical School for her study on non-consensual condom removal
- Peter Hayes received the Alfred Health recognising excellence award for patient centered care.
 These awards recognise staff who have been identified by their colleagues for their significant
 effort in achieving excellence every day. This year, 202 nominations were received across Alfred
 Health

Publication highlights

Study: Risk factors for oropharyngeal gonorrhoea in men who have sex with men: an

age-matched case-control study

Researchers: Vincent J Cornelisse, Sandra Walker, Tiffany Phillips, Jane S Hocking, Catriona S

Bradshaw, David A Lewis, Garrett Paul Prestage, Andrew E Grulich, Christopher K

Fairley, Eric P F Chow

Publication: Sex Transm Infect Published Online First: 22 January 2018

2018 doi: 10.1136/sextrans-2017-053381

Summary: In 2015, we compared MSM of similar age who attended the Melbourne Sexual Health Centre and had either tested positive or negative for throat gonorrhoea. We looked at which oral sex practices were important risk factors for spreading throat gonorrhoea including tongue kissing, receptive oro-penile sex (fellatio) or insertive oro-anal sex (rimming), and whether the use of mouthwash every day and recent antibiotics would protect against getting infection. The highest risk factor for gonorrhoea throat infection was the number of casual sex partners. Throat gonorrhoea was not associated with insertive oro-anal sex or mouthwash use. The finding that throat gonorrhoea was associated with a higher number of sexual partners but not specific sexual practices highlights the need for further research in the area of how gonorrhoea is transmitted.

Study: The frequency of kissing as part of sexual activity differs depending on how men

meet their male casual sexual partners

Researchers: Cornelisse VJ, Priest D, Fairley CK, Walker S, Bradshaw CS, Phillips T, Chow EPF

Publication: International Journal of STD & AIDS 2018, 29(6): 598 - 602

doi: 10.1177/0956462417748717

Summary: This was a questionnaire-based study of men who have sex with men (MSM) attending Melbourne Sexual Health Centre, Australia, between March and September 2015. We measured differences in kissing practices among MSM who use different methods to find male casual sexual partners. We surveyed 753 MSM around the age of 29 years. Most of the men (80%) had used apps in the last 3 months to find casual sex partners. Users of apps had a higher number of casual sex partners than non-users and also kissed more casual partners than non-users. We are also investigating whether kissing is an important way of spreading gonorrhoea infection.

Study: Combined oral and topical antimicrobial therapy for male partners of women with

bacterial vaginosis: tolerability, acceptability and impact on the genital microbiota

of couples

Researchers: Plummer EL, Vodstrcil LA, Danielewski JA, Murray GL, Fairley CK, Garland SM,

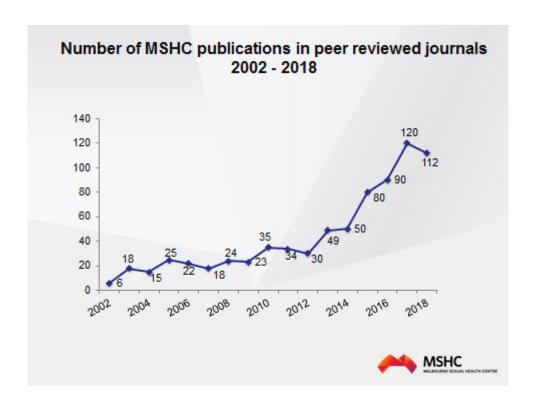
Hocking JS, Tabrizi SN, Bradshaw CS

Publication: *PLOS ONE* 2018, 13(1): e0190199 *doi:10.1371/journal.pone.0190199*

Summary: We report that treatment of the male partner of women with bacterial vaginosis (BV) is acceptable and treatment was tolerable. Current treatments for BV are associated with unacceptably high recurrence rates. We observed low recurrence of BV in a group of women with a past history of BV who were having unprotected sex with a regular partner following treatment and treatment of their partner. This study supports the need for larger studies with longer follow up to assess the impact on BV recurrence.

Figure 9 Number of publications over time

The number of publications in peer reviewed journals steadily increased from 6 in 2002 to 30 in 2012, and then significant increases were achieved from 49 in 2013 to 120 in 2017, and 107 in 2018



Publications

- 1. Cornelisse VJ, Fairley CK, Phillips T, Walker S, Chow EPF. Fuckbuddy partnerships among men who have sex with men a marker of sexually transmitted infection risk. *International Journal of STD & AIDS* 2018; 29(1): 44-50 doi:10.1177/0956462417717647
- 2. Plummer EL, Vodstrcil LA, Danielewski JA, Murray GL, Fairley CK, Garland SM, Hocking JS, Tabrizi SN, Bradshaw CS. Combined oral and topical antimicrobial therapy for male partners of women with bacterial vaginosis: tolerability, acceptability and impact on the genital microbiota of couples. *PLOS ONE* 2018; 13(1): e0190199. doi:10.1371/journal.pone.0190199
- 3. Read TRH, Jensen JS, Fairley CK, Grant M, Danielewski JA, Su J, Murray GL, Chow EPF, Worthington K, Garland SM, Tabrizi SN, Bradshaw CS. Use of Pristinamycin for Macrolide-Resistant *Mycoplasma genitalium* Infection. *Emerging Infectious Diseases* 2018; 24(2):328-335. *doi.org/10.3201/eid2402.170902*
- 4. Ong JJ, Chow EPF, De Petra V, Williamson D, Petalotis I, Howden B, Zhang L, Chen MY, Bradshaw CS, Hocking JS, Fairley CK. Should asymptomatic men who have sex men be screened for oropharyngeal chlamydia? Clinical outcomes from a cross-sectional study. Sexually Transmitted Diseases 2018; 45(2): 103-106 doi:10.1097/OLQ.0000000000000718
- 5. Medland NA, Chow EPF, Walker RG, Chen MY, Read THR, Fairley CK. Incidence of renal Fanconi syndrome in patients taking antiretroviral therapy including tenofovir disoproxyl fumarate. International Journal of STD & AIDS 2018; 29(3): 227-236 doi:10.1177/0956462417722133
- Su S, Fairley CK, Sasadeusz J, He J, Wei X, Zheng H, Jing J, Mao L, Chen X, Zhang L. HBV, HVC and HBV/HCV co-infection among HIV-positive patients in Hunan province, China: regimen selection, hepatotoxicity, and antiretroviral therapy outcome. *Journal of Medical Virology* 2018; 90(3): 518-525
 - doi: 10.1002/jmv.24988
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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
David Nguyen Patient Services Officer
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

Glenda Fehler Clinical Project Manager
James Unger Personal Assistant to Director
Lyn Zhang Resource and Billing Officer

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 Vincent Cornelisse Doctor

Mark Darling Dermatologist

Ian Denham Doctor

Christopher Fairley Professor/Director

Kath Fethers Doctor Helen Henzell Doctor Sarah Huffam Doctor Kirsty McNab Doctor Alex Marceglia Doctor Nick Medland Doctor Anna Morton Doctor Tim Read Doctor Stephen Rowles Doctor Tina Schmidt Doctor Richard Teague Doctor Janet Towns Doctor Robin Tideman Doctor

Hennie Williams Doctor, Senior Lecturer

Josephine Yeatman Dermatologist

Clinical Services - Nursing

Surbhi Bird Sexual Health Clinic Support Nurse Caroline Cittarelli Sexual Health Clinic Support Nurse

Penne Braybrook Sexual Health Nurse

Suzanne Brown Sexual Health Nurse Sexual Health Nurse Lauren Bryar Beth Costelloe Sexual Health Nurse Sheranne Dobinson Sexual Health Nurse Michelle Doyle Sexual Health Nurse Sexual Health Nurse Jo Eccles Ria Fortune Nursing Services Manager Sexual Health Nurse Candice Fuller Shauna Hall Sexual Health Nurse

Peter Hayes Counsellor

Kerri Howley Sexual Health Nurse
Marti Kaiser Sexual Health Nurse
Lisa Kennedy Sexual Health Nurse
Abby Knoester Sexual Health Nurse

David Lee Sexual Health Nurse Practitioner

Sexual Health Nurse Genevieve Lilley Sexual Health Nurse Chantal Maloney Luke Mitchell Sexual Health Nurse Colette Mc Guiness Sexual Health Nurse Sexual Health Nurse Lesley O'Donell Monica Owlad Sexual Health Nurse Ian O'Meara Sexual Health Nurse Amy Peachey Sexual Health Nurse Susan Peterson Sexual Health Nurse Kate Potappel Sexual Health Nurse Sexual Health Nurse Anne Reid Suzanne Rose Sexual Health Nurse Sexual Health Nurse Carly Schreiber Inkyung Kate Seong Sexual Health Nurse

Anthony Snow Sexual Health Nurse Practitioner

Mee TanSexual Health NurseHaiping TangSexual Health NurseMark ThompsonSexual Health NurseJacinta TierneySexual Health Nurse

Jocelyn Verry Counsellor

Eloise Vicary Sexual Health Nurse

Patricia Wakefield Sexual Health Nurse/Clinical Nurse Co-ordinator

Leah Ward

Rebecca Wigan

Jordan Wotten

Karen Worthington

Sexual Health Nurse
Sexual Health Nurse
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

Michelle Doyle Research Nurse
Marti Kaiser Research Nurse
Helen Kent Research Nurse
Kate Maddeford Research Nurse
Nick Medland Doctor, PhD student

Erica Plummer PhD scholar, Masters in Bioinformatics

Tiffany Phillips Research Administration

Tiffany Rose Research Nurse
David Samson Research Nurse
Julie Silvers Research Nurse

Sabrina Trumpour Research Administrative Assistant Lenka Vodstrcil Postdoctoral Research Fellow

Rebecca Wigan Research Nurse

Lei Zang PhD, Master of Applied Mathematics

Laboratory

Vesna de Petra Section Leader
Catherine Flower Laboratory Scientist
Kate Paoli Laboratory Scientist
Kathy Petit Laboratory Scientist

Marleen Tschaepe Laboratory Section Support

Maree Soumilas Laboratory Scientist

Pharmacy

Ivette Aguirre Senior Clinical Pharmacist

Long service recognition for staff Members in 2018

2018	No. of years	2018	No. of years
Afrizal Afrizal	10	Helen Kent	15
Melanie Bissesor	10	Anthony Snow	15
Mark Chung	10	Joseph Sasadeus	20
Anne Reid	10	Alexandra Marceglia	25
Sharon Noronho	10	Trish Wakefield	25
Catriona Bradshaw	15	Tina Schmidt	30
David Johnston	15	Ian Denham	35

100 YEARS 1918 - 2018





Melbourne Sexual Health celebrated 100 years of service to the people of Victorian on the 20th July 2018. Dr Ian Denham gave a fascinating presentation on the history of the Clinic from 1918 to 2000. MSHC has been the only publically funded clinic providing STI care over this time. Initially in 1918, the Government Clinic was based in Lonsdale street from 1918 to 1929. The clinic made several moves over time and moved to 580 Swanston street in 1992. The Director, Professor Kit Fairley gave an excellent presentation on the achievements of Melbourne Sexual Health Centre from 2001 to the current time.





Associate Professor Marcus Chen welcoming distinguished guests and staff to the celebrations

Figure 1 shows the rate of gonorrhoea by sex per 100,000. For men, the rates fell to a low in 1953, then rose until about 1980, fell dramatically until about 2000, and steadily rose again. In women, there were two peaks (in 1930 and in 1972), after which rates declined to very low levels but began rising again in the early 2000s.

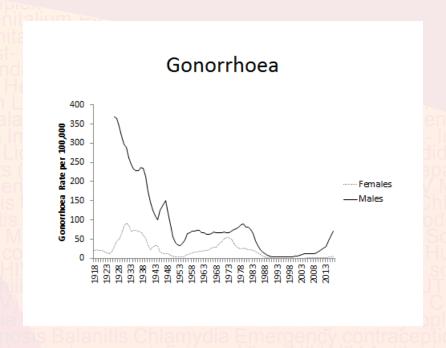


Figure 2 shows the rate of syphilis by sex per 100,000. Rates in men fell rapidly from a peak in 1928 to almost zero by about 1990. During this decline two substantial peaks occurred in 1942 and 1949. Rates in men began to rise again from early 2000s to the levels not seen since the 1940s. In women, rates fell from 1918 to an initial nadir in 1924, and then rose to peak in 1929. They then fell fairly rapidly to very low levels from the 1950s.

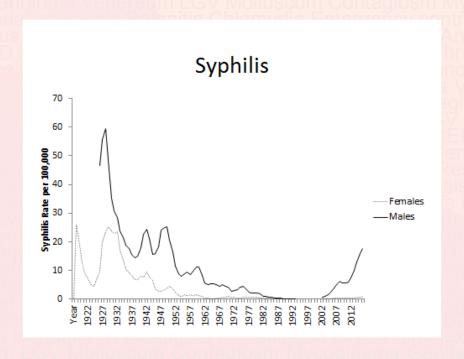
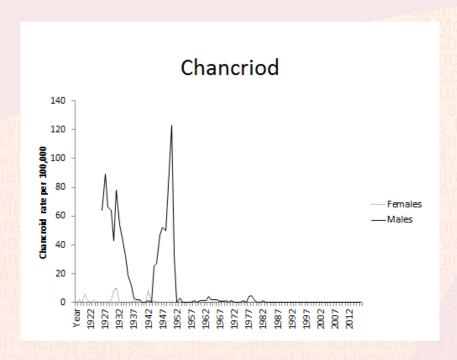


Figure 3 shows the number of chancroid diagnosis by sex for males from 1926 and for women from 1918. In men, two peaks occurred in 1927 and then again in 1950 with virtually no cases between these peaks or after 1952. In women only a few sporadic cases were seen in the years before the mid-1940s and since the 1950's has almost disappeared.



Evolved since 2001

In 2001, the clinic had 4 computers, no email or internet and all client information was paper based. All consultations were appointment based with a 2 week waiting time. Anyone with any symptoms went elsewhere. There was no phone room where clients could call with questions or concerns about their symptoms or STI results.

Since 2001 under the leadership of the visionary Director Professor Kit Fairley, MSHC has seen many changes by focusing on efficiency and access to health care to high risk individuals. A number of interventions have been implemented to improve access to sexual health services by translating medical research into clinical practice (see Figure 5)

Some of the changes:

A walk in triage system (WITS) 2002

This saw a 20% increase in the number of new clients attending the clinic who were younger and less likely to report using condoms (increased consultations from 19,056 to 22,025)

Examinations of asymptomatic patients ceased 2005

We found examinations of 400 asymptomatic patients did not provide any clinical improvement to their care so we ceased examining asymptomatic women and use the time gained to see more clients

Nurse Practitioner Program

The introduction of the sexual health practice nurses in 2007 resulted in significant increases in quality of care and episodes of complete STI testing among men who have sex with men (MSM)

HIV phone results for patients 2008-2013

We identified those at lowest risk of HIV who could safely receive their negative HIV results on the phone rather than mandating they return in person. There were no HIV positive results among 14,902 low-risk men, none tested positive (0%, 95% CI: 0, 0.00025) or in 16,655 low risk women. We extended negative phone results to MSM and found it significantly reduced unnecessary clinic visits (74% to 33%)

NETS 2010

The introduction of this express testing service for heterosexuals saw a rise in total consultations and a rise in the risk profile of clients seen outside the express service

Fully electronic medical records 2011 and computer assisted self interviewing for sexual history (CASI)

The introduction of an electronic record saw high levels of satisfaction among staff, clients and a 5% rise in consultations (about 2,000 extra) as well as substantially reduced costs

Change in sex worker legislation in Victoria 2011

We provided much of the evidence in published research that lead to this change in the sex worker legislation (7 of 12 publications in briefing documents to the Minister). We then showed that the reduction in unnecessary screening (from monthly to every 3 months) resulted in a 15% increase in efficiency of our service saving AU\$247,000

HIV SMS results within 24 hours (2015)

To reduce the pressure on the phone room we introduced automated text messages for HIV negative results (previously we rang clients with HIV positive results) without any adverse feedback.

Express clinic for gay men (TAG) 2015

We introduced a new express HIV/STI testing service called 'Test-And-GO' (TAG) for gay men. The cost of providing TAG testing was significantly less

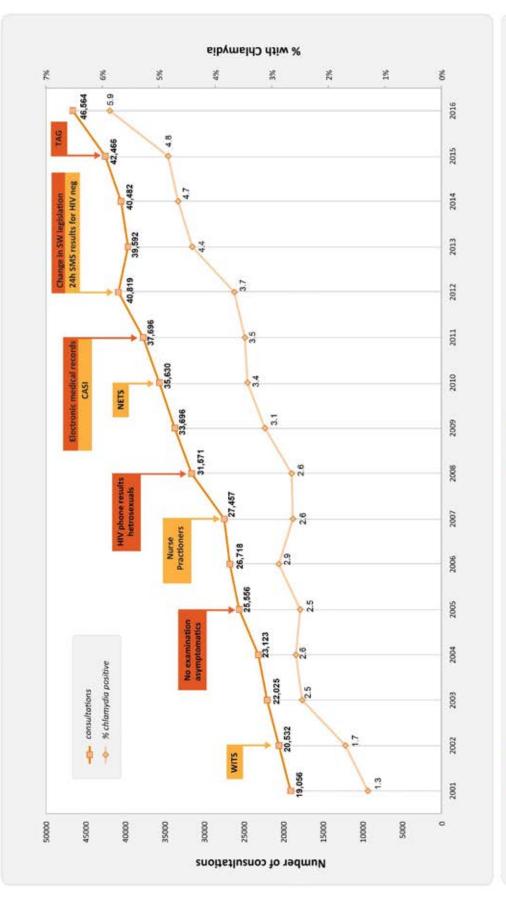
Website

Our website is continuously updated with educational 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 service www.mshc.org.au and free-call telephone service whereby GPs can receive specialist clinical advice directly from a sexual health physician. For the general public there are interactive online services for partner notification, risk assessments, testing and fact sheets about STIs.

Research

The number of publications in peer reviewed journals steadily increased from 6 in 2002 to 30 in 2012, and then significant increases were achieved from 49 in 2013 to 120 in 2017, and 112 in 2018 (Figure 4)

Embedding clinical research translates into more efficient health care





Footnote: Graphs shows the number of consultations provided by MSHC each year without any substantial increase in funding and the percentage of consultations with chlamydia diagnosed. This demonstrates more efficient health care by halving costs per consultation: a large increase in the effectiveness of health care because the risk of clients seen (as measured by chlamydia positivity) has risen greatly.





Professor Kit Fairley (Director); Suzanne Amisano (Operations Manager), Ria Fortune (Nursing Services Manager), Associate Professor Marcus Chen (Medical Unit Manager)



A sample of the historic equipment on display



Audience at the presentation July 2018



Professor Kit Fairley and Dr Joc Forsyth



Suzanne Amisano and Simone Alexander



Andrew Way, Ria Fortune and Marcus Chen



Dr Anne Myers and Professor Kit Fairley







vaginosis Balanitis Chlamydia Emergency Virus HSV Human Immunodeficiency Virus HSV Human Papillomavirus Openital skin care Genital warts (Human papillomavirus Intibody Test- Indeterminate Result Lichen sclerosus Lymphographic Conditation Contagiosm Mycoplasma Conitation Venereum LGV Molluscum Contagiosm Mycoplasma Conitation Lymphogranuloma Venereum LGV Molluscum Contagiosm Mycoplasma Genitality alvodynia Bacterial vaginosis Balanitis Chlamydia Emergency contraception Genital skerpes Simplex Virus HSV Human Immunodeficiency Virus HIV HIV Antibody Test-Indeterasma Genitalium PID PrEP Pubic Lice Scabies Skin Biopsy Syphilis Thrush Candida Trickion Genital skin care Genital warts (Human papillomavirus/ HPV) Gonorrhoea Hepatitis Antibody Test-Indeteration Genital skin care Genital warts (Human papillomavirus/ HPV) Gonorrhoea Hepatitis Antibody Test-Indeteration Result Lichen selerosus Lymphograpuloma Veneroum LGV Molly dy Test- Indeterminate Result Lichen sclerosus Lymphogranuloma Venereum LGV Mollish Candida Trichomoniasis Urethritis UTI Vulvodynia Bacterial vaginosis Balanitis Chlaorrhoea Hepatitis A Hepatitis B Hepatitis C Herpes Simplex Virus HSV Human Immunod Preum LGV Molluscum Contagiosm Mycoplasma Genitalium PID PrEP Pubic Lice Scabi Balanitis Chlamydia Emergency contraception Genital skin care Genital warts (Human Immunodeficiency Virus HIV HIV Antibody Test-Indeterminate Result Lichen scleros Lice Scabies Skin Biopsy Syphilis Thrush Candida Trichomoniasis Urethritis UTI Vulvo (Human papillomavirus/ HPV) Gonorrhoea Hepatitis A Hepatitis B Hepatitis C Herpes Sclerosus Lymphogranuloma Venereum LGV Molluscum Contagiosm Mycoplasma G s UTI Vulvodynia Bacterial vaginosis Balanitis Chlamydia Emergency contractations of the sum of the contraception Genital skin care Genital warts (Human papillomavirus/ Antibody Test- Indeterminate Result Lichen sclerosus Lymphogranuloma Thrush Candida Trichomoniasis Urethritis UTI Vulvodynia Bacterial vagir Jonorrhoea Hepatitis A Hepatitis B Hepatitis C Herpes Simplex Virus HSV F Jenereum LGV Molluscum Contagiosm Mycoplasma Genitalium PID PrEP inosis Balanitis Chlamydia Emergency contraception Genital skin care Genital warts (H Human Immunodeficiency Virus HIV HIV Antibody Test- Indeterminate Result Lichen so nunodeficiency Virus HIV HIV Antibody Test- Indeterminate Result Scabies Skin Biopsy Syphilis Thrush Candida Trichomoniasis Ure al warts (Human papillomaviruš/ HPV) Gonorrhoe<mark>a Hepatitis A Hepatitis B He</mark> ult Lichen sclerosus Lymphogranuloma Venereum LGV Molluscum Cont rethritis UTI Vulvodynia Bacterial vaginosis Balanitis Chlamydia Emerg Hepatitis C Herpes Simplex Virus HSV Human Immunodeticiency Viru agiosm Mycoplasma Genitalium PID PrEP Pubic Lice Scables Skin Bi ency contraception Genital skin care Genital wa