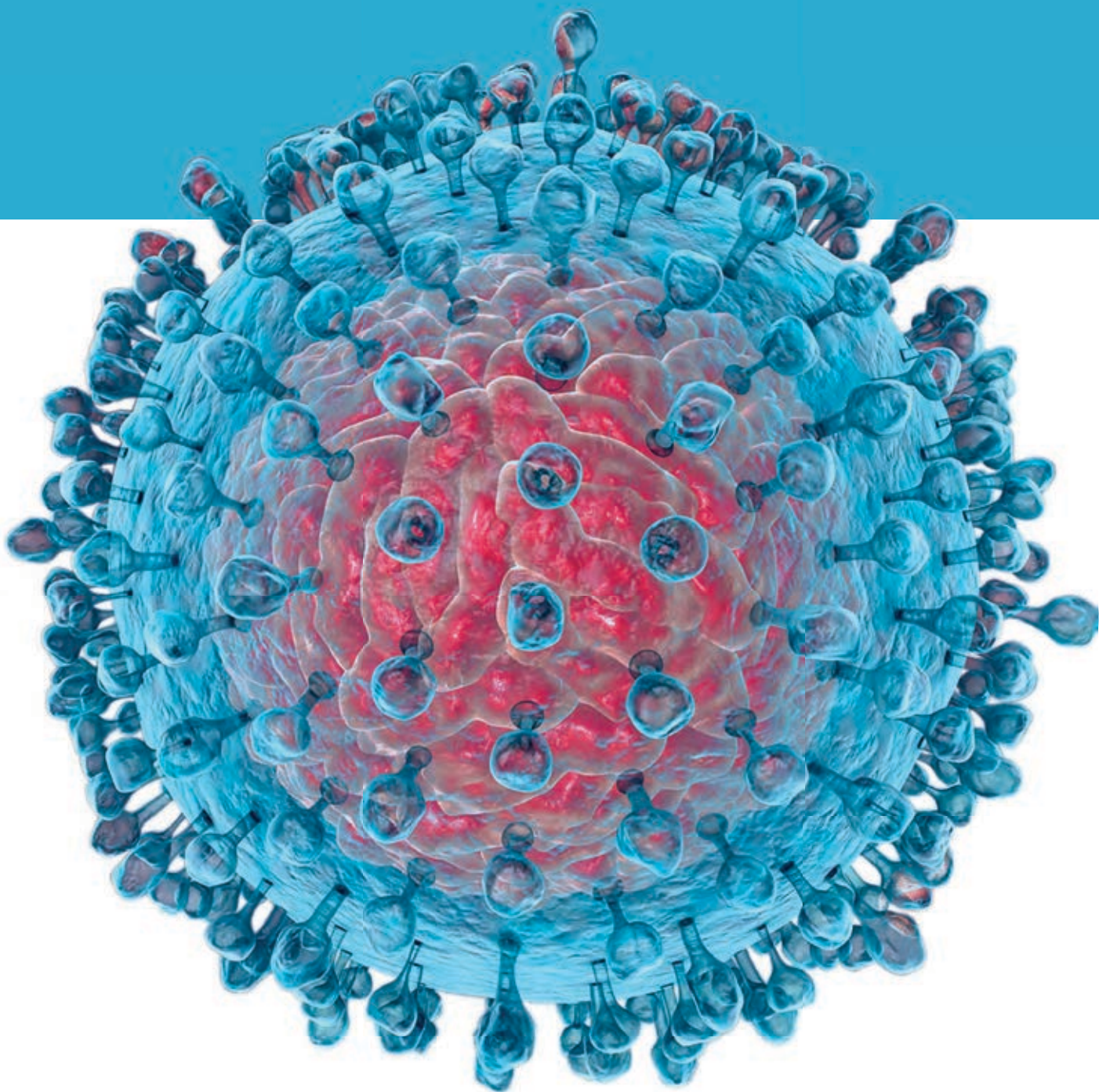


MELBOURNE SEXUAL HEALTH CENTRE ANNUAL REPORT 2019



MSHC

MELBOURNE SEXUAL HEALTH CENTRE
Part of AlfredHealth

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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 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)
- 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 3 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 www.mshc.org.au 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
- mshc.org.au/gpassist (GP Assist) provides a mechanism to improve partner notification by providing the 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

- <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 for VCS pathology |

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. This year 22 nurses attended and successfully completed an assessed introductory course on sexual and reproductive health to become HIV and BBV test advisors and cervical screening practitioners.

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 97% of clients in 2018 expressed satisfaction with the service.

DIRECTOR'S REPORT 2019

Welcome to our 2019 annual report. This year we provided more consultations (57,110) to the public we serve than we have ever provided thanks to our fabulous staff. We maintained our 97% client satisfaction rating but unfortunately we often had to refer clients to other services or ask them to return on another day. The building was so crowded at times leaving standing room only in the waiting area. This unprecedented demand for our services meant that for the first time, we have had to make changes not primarily driven by our desire to improve public health but driven by a service that couldn't provide an entirely walk-in service.

So in December this year we introduced a new system called "Time to test". This service aimed to reduce the number of clients in the building at any one time, occurring because of the very long time individuals had to wait to be seen. We did this by providing walk in access and priority for anyone who was urgent (e.g. someone with symptoms or who required post-exposure prophylaxis for HIV). For other high risk individuals without symptoms we provided an appointment for screening with a specific time in the next 24 hours. We provided the screening appointments through a new phone triage system that again reduced the actual number of individuals in the Centre at any one time. Ria Fortune worked with Jo Eccles, Chantal Maloney, Lisa Kennedy, Claire Randall, Anthony Snow and Rebecca Wigan in the planning and implementation of this new system. Implementation went very smoothly indeed and achieved its aims. Eric Chow will be leading the evaluation of this program to ensure something we implemented to 'manage' the impossible demand did not adversely affect our key role to maintain downward pressure on STI rates in Victoria. To further increase our efficiency and throughput, we stopped examining sex workers which significantly reduced the time required to provide clinical services to this group.

We have said goodbye to a lot of very good people this year. Tim Read was elected to the lower house in the Victorian Government, Robin Tideman moved to Adelaide to live, Nick Medland moved to the UK with his partner and Vincent Cornelisse moved to Sydney. All obtained their PhD's during their time here and contributed immensely to our profile and will be greatly missed. Marti Kaiser left for a role in another organisation, and Jordan Wotton moved across to the Alfred site to undertake his graduate year in nursing. Many wonderful staff have stayed and we welcomed many other new and inspiring individuals to our team.

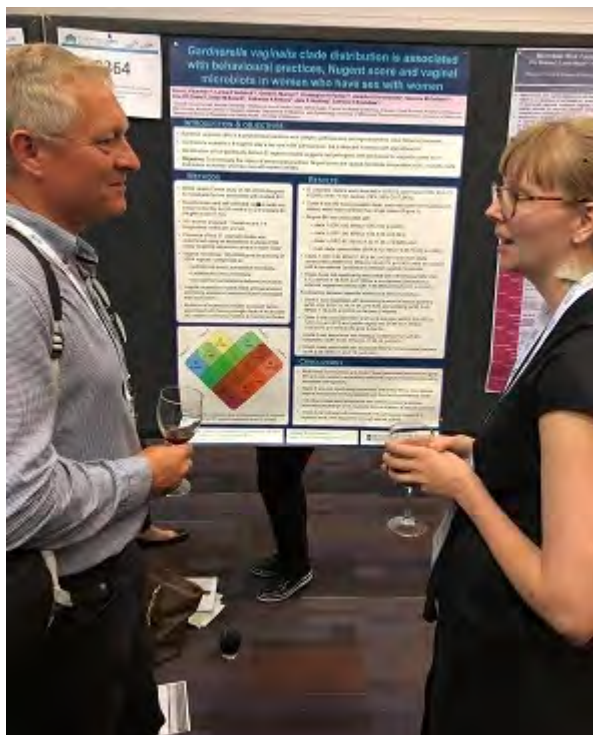
It has been an extraordinary year for research in so many ways. Three of us received three NHMRC investigator grants and one ARC grant that will provide the Centre with nearly two million dollars of research funding each year. Congratulations to Catriona Bradshaw, Jade Bilardi and Eric Chow. These grants were highly competitive and the chance of being successful in all four applications was well under 1 in 1,000. All that hard work, long hours and weekends of work has paid off brilliantly. Eric Chow was the top ranked applicant in Australia in the Emerging Leadership category.

We performed outstandingly at the 2019 ISSTD conference in Vancouver. This meeting is held every two years and is the most prestigious STI meeting in the world. This year we had more abstracts and symposia than any other research group in the world including a plenary debate. Congratulations to Erica Plummer who won the best iPoster presentation. We are now collectively known as the 'Melbourne Group' together with our collaborators from The University of Melbourne. A long way from a solitary oral presentation at the ISSTD meeting in Ottawa in 2003. We have come a very long way indeed.

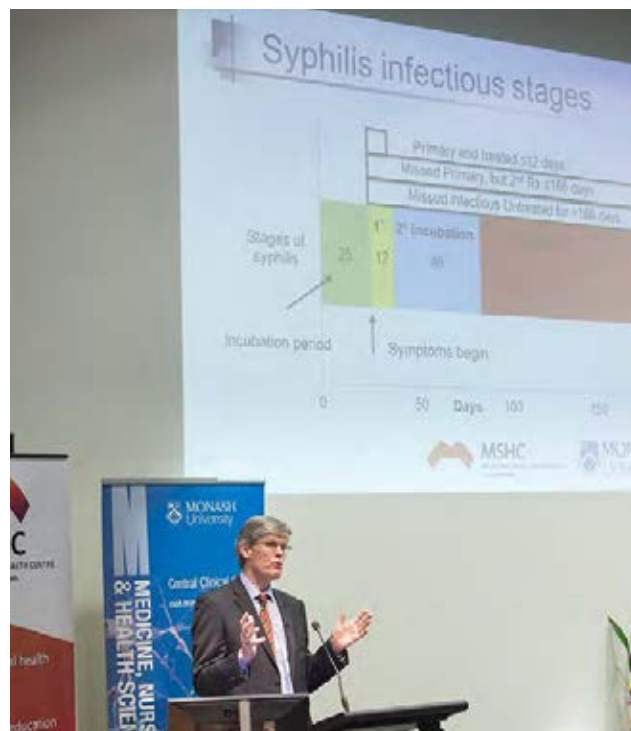
We also formed an important research collaboration called the 'China-Australia Joint Research Centre for Infectious Diseases' which is a collaboration between Monash University and Jiaotong University lead by

Lei Zhang, Jason Ong and Jane Hocking went to meet Lei Zhang in Xi'an and we signed an MOU with Monash and Jiaotong University. Our role will be to provide methodology advice on research to address their rising rates of HIV and STIs.

Lastly I'd like to thank our outstanding team. The clinical load that our Centre and staff have faced this year has been quite extraordinary. But as always each and every one of them has done a truly outstanding job in providing the Victorian public with one of the best STI services in the world.



Erica Plummer winner of the best iPoster presentation at the ISSDTR conference in Vancouver



Public lecture on Thursday 17th October 2019 when Professor Kit Fairley presented the 2019 Central Clinical School Public Lecture on "Whose Fault is It That Bob Got Syphilis"



It was an interesting night filled with a controversial presentation filled with facts and figures and also nice to meet new people and bump into old work colleagues, friends and family.

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 | 52,454 | 34,620 | 17,290 | 544 |
| HIV Clinic | 3,749 | 3,338 | 381 | 30 |
| Counselling | 907 | 661 | 243 | 3 |
| Total | 57,110 | 38,619 | 17,914 | 577 |
| Individuals | 29,257 | 18,530 | 10,464 | 263 |

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.

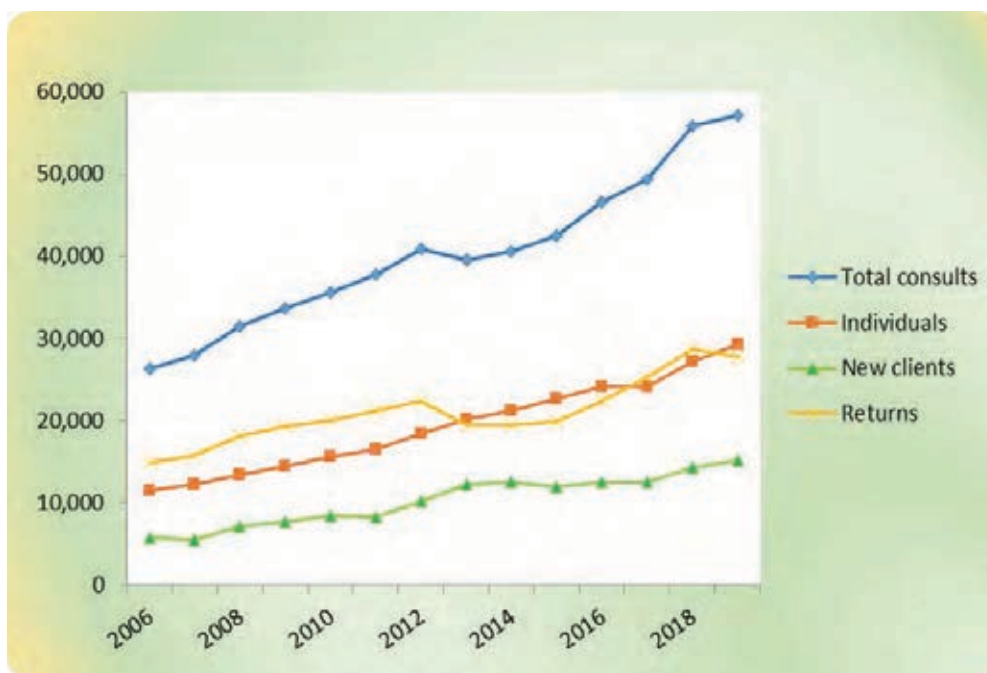
Table 4

| Diagnoses | Total |
|---------------------------------|-------|
| Chlamydia trachomatis | 3,644 |
| <i>Neisseria gonorrhoeae</i> | 2,352 |
| Non gonococcal urethritis (NGU) | 2,201 |
| Herpes | 1,274 |
| Infectious syphilis | 464 |
| Bacterial vaginosis | 1,332 |
| Warts | 1,402 |
| HIV new cases | 70 |
| PID | 310 |
| Mycoplasma genitalium | 551 |

| | |
|------------------------------|-------|
| Lymphogranuloma venereum | 15 |
| HIV PEP | 1,279 |
| PCI | 38 |
| Gonorrhoea in women | 182 |
| Trichomoniasis in women | 44 |
| Infectious syphilis in women | 11 |

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, 55,862 in 2018 and 57,110 in 2019. 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 52,454 in 2019 (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 and 27,853 in 2019). 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).

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

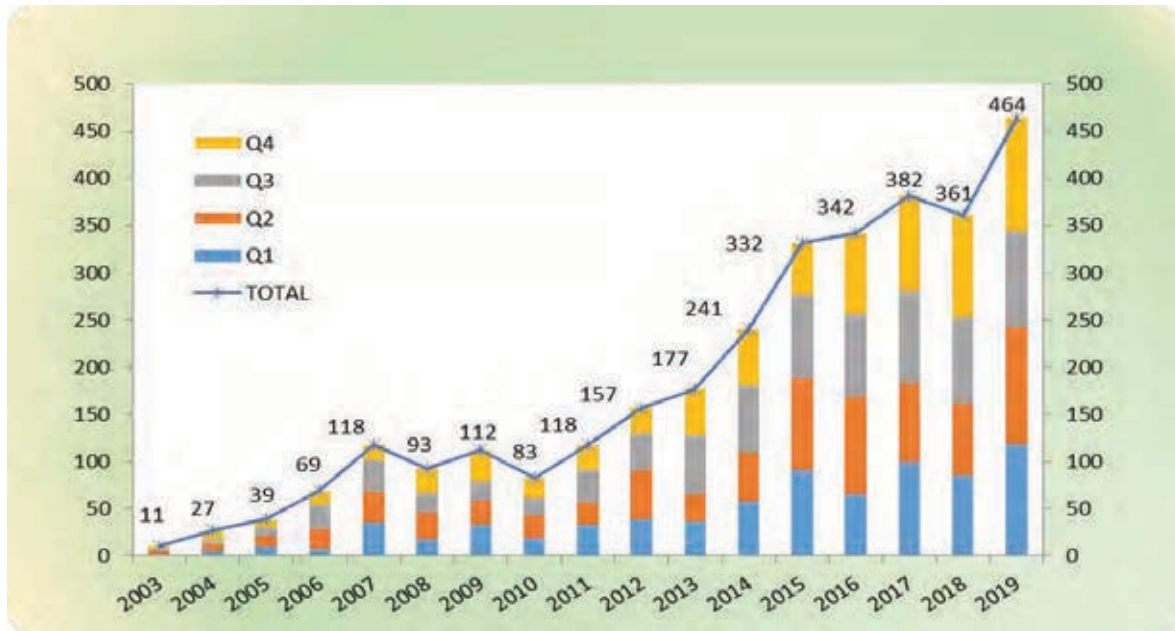
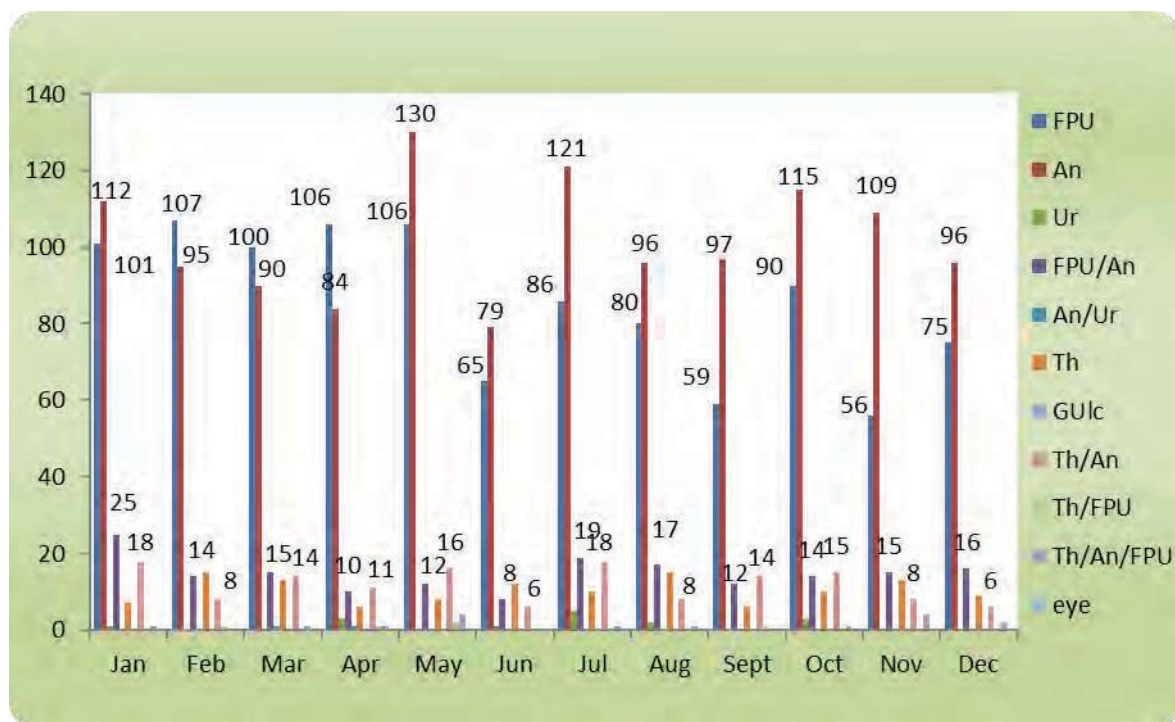
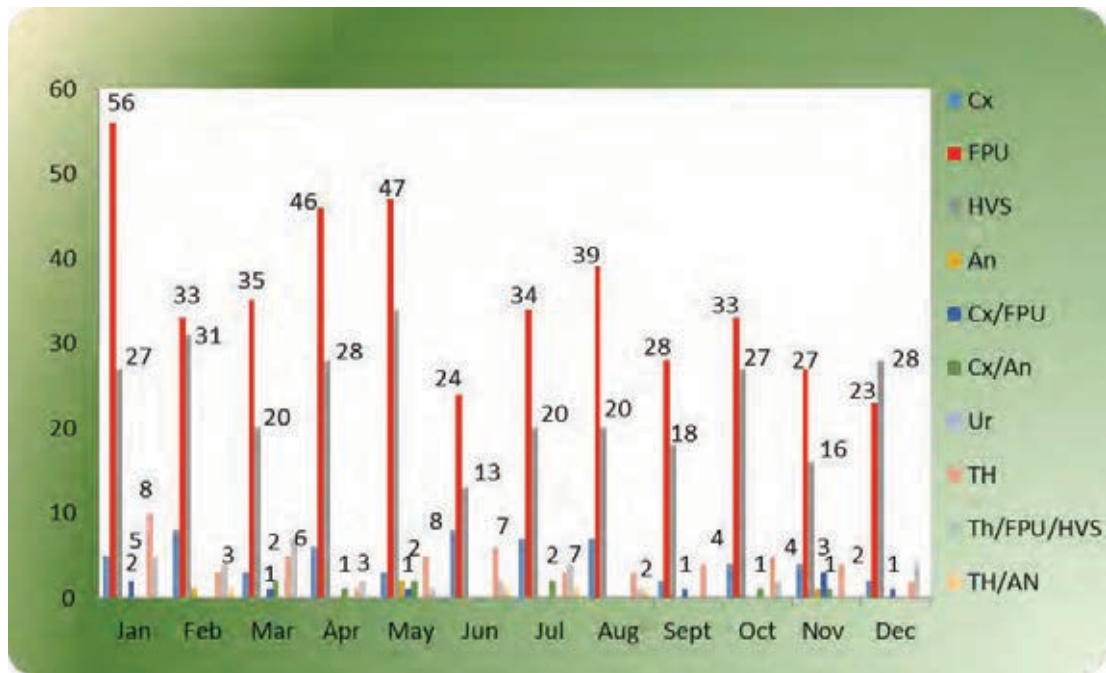


Figure 5 Sites of chlamydia infections among 2,736 males in 2019



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

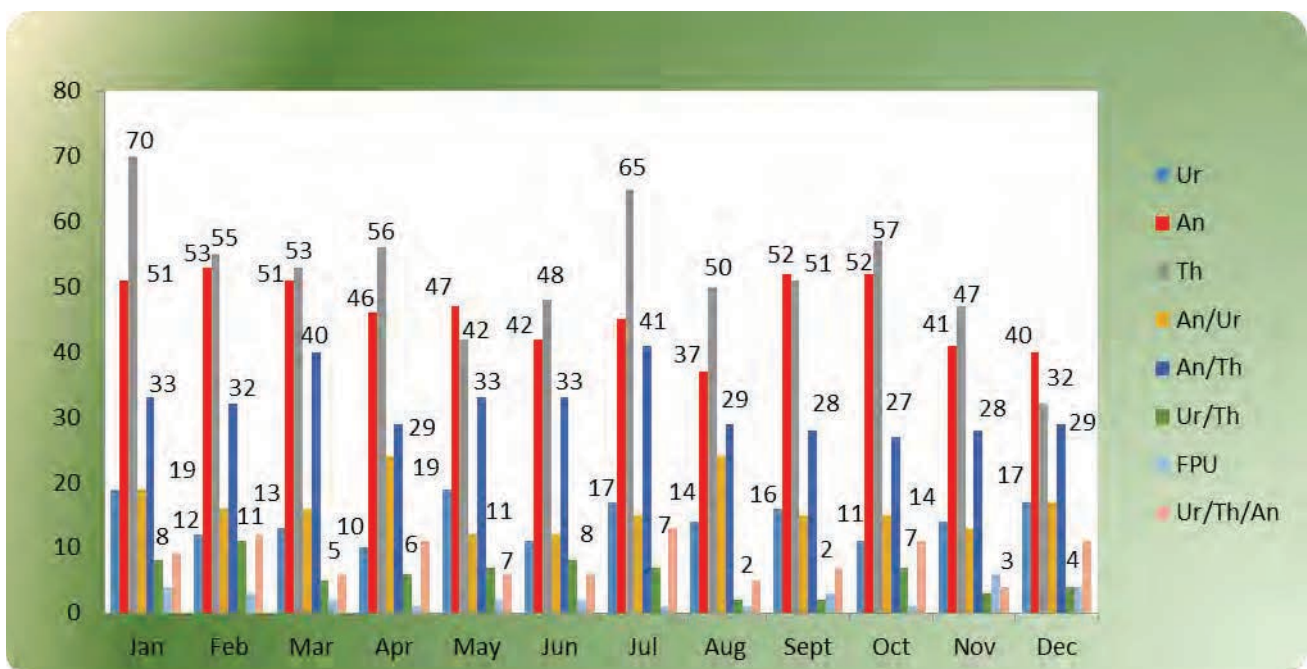
Figure 6 Sites of chlamydia infections among 875 females in 2019



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

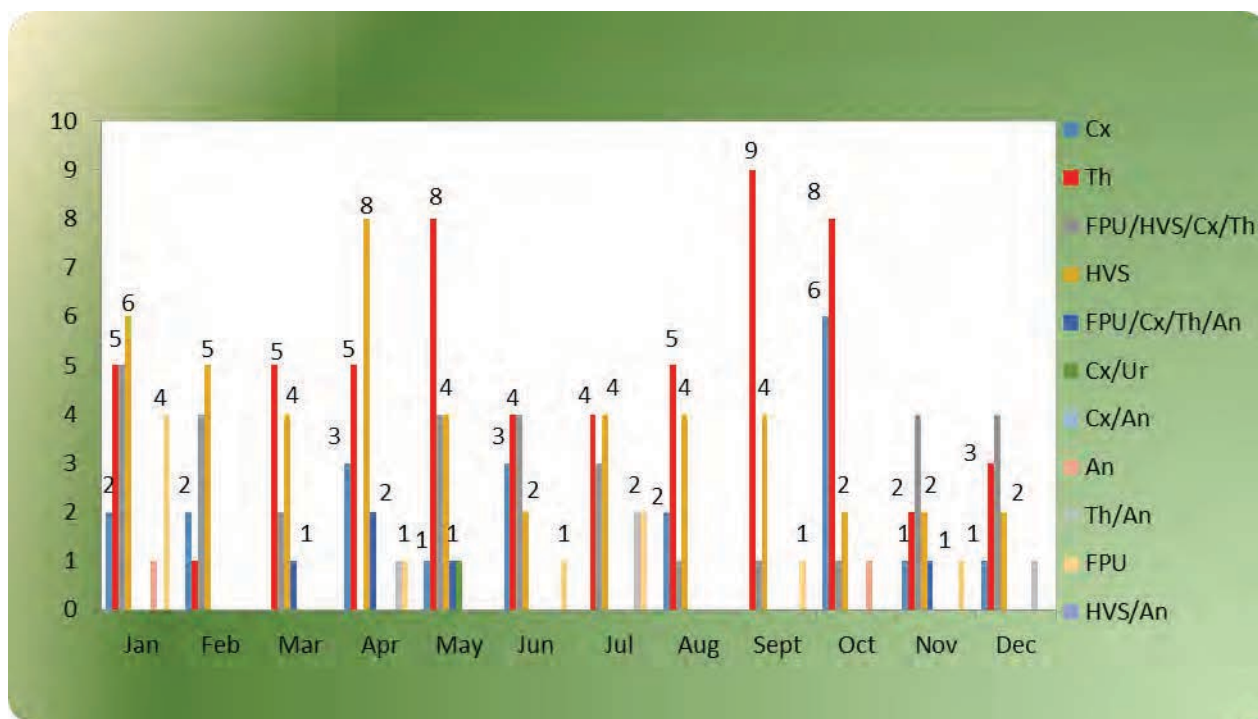
Chlamydia trachomatis remains the most common bacterial STI diagnosed at MSHC. The number of chlamydia infections by sex and site are shown in Figure 4 and 5). The majority of gonococcal infections occur in MSM.

Figure 7 Sites of gonococcal infections among 2,137 males in 2019



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

Figure 8 Sites of gonococcal infections among 182 females in 2019



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 | 18024 |
| 2019 | 31978 | 15008 | 36350 | 18043 |

MSM= men who have sex with men

The numbers of HIV and syphilis tests over time has doubled since 2012 to 2019 (Table 5; Figures 9 and 10)

Figure 9 Numbers of HIV tests taken over time

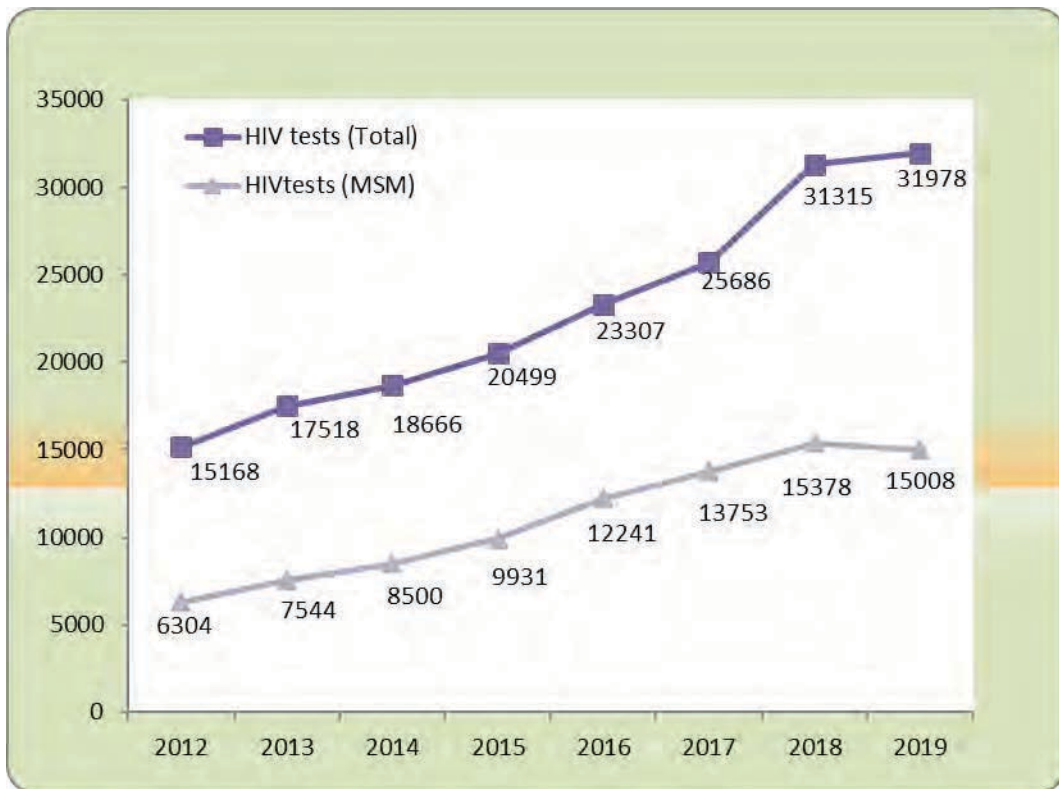


Figure 10 Numbers of Syphilis tests taken over time

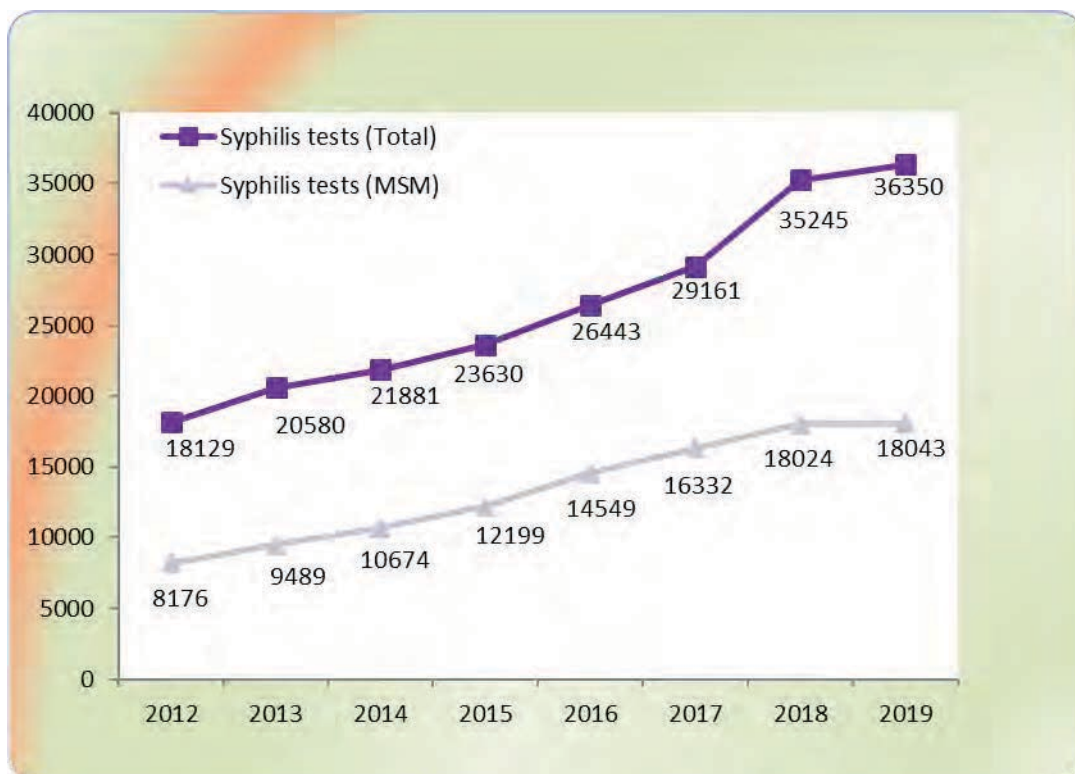
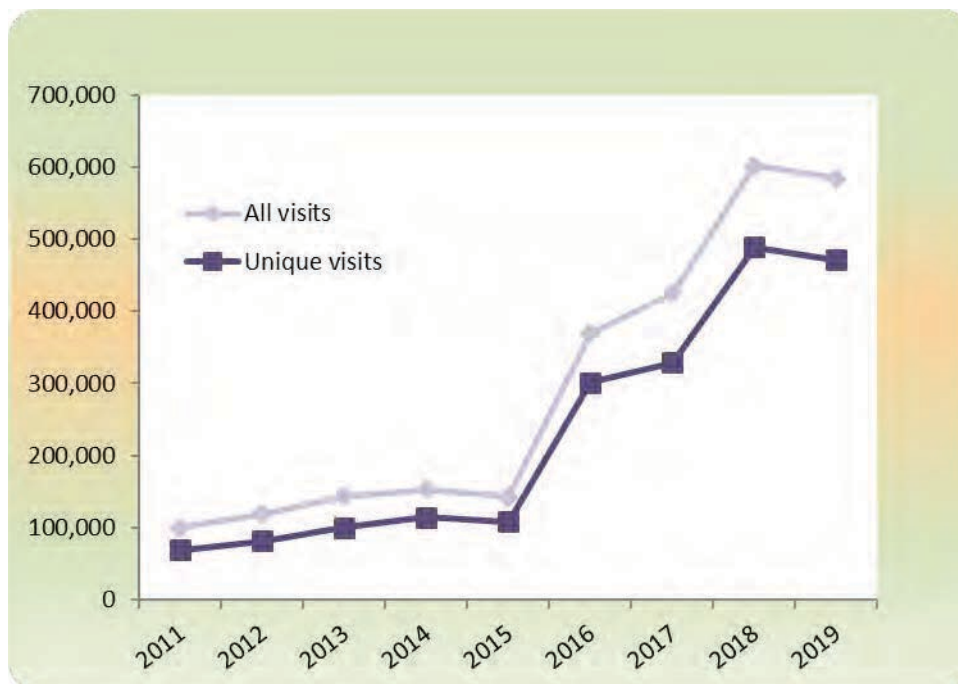


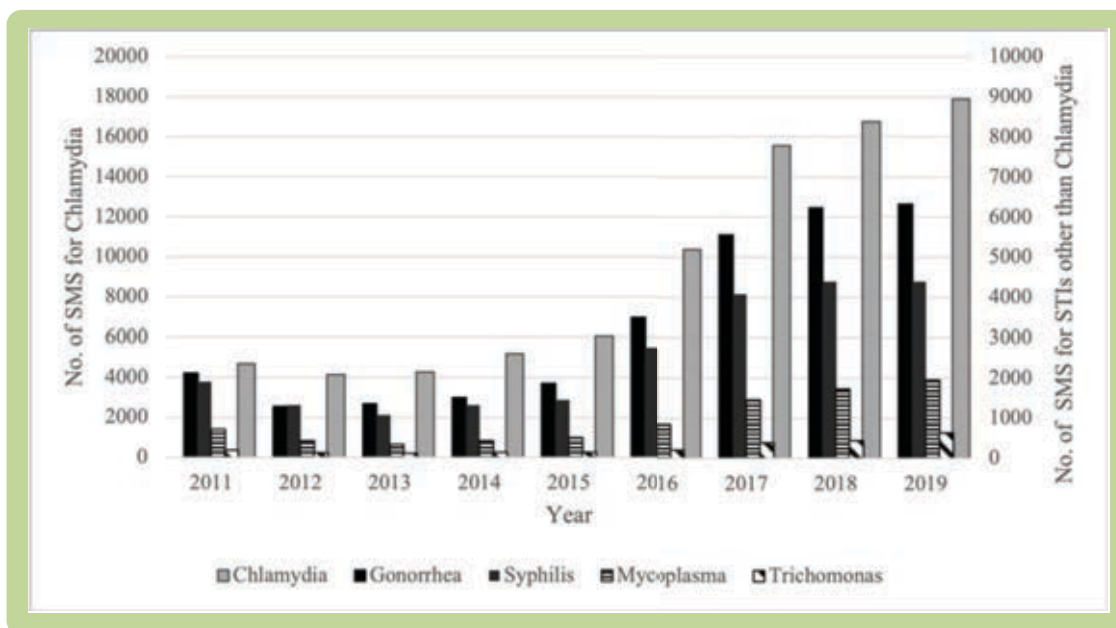
Figure 11 Estimated usage of MSHC website from 2011 - 2019



Note Google Analytics changed their search algorithm in June 2019 resulting in an ~25% reduction in users compared to the same time last year

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

Figure 12 Number of text messages sent from Let Them Know for chlamydia, gonorrhoea, syphilis, Mycoplasma genitalium and trichomonas, 2011 to 2019.



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 changing course of the HIV epidemic: implications from the rapid scale-up of antiretroviral therapy and the emerge of synthetic drug use in China. **Shu Su**, 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

Understanding the transmission of sexually transmitted infections and evaluation of control approach. **Ei Aung**, PhD, Monash University

Completed research projects as part of MPH

Eligible sub-Saharan African communities and the human papillomavirus (HPV) vaccine: an exploration of attitudes, knowledge, motivators and barriers to HPV vaccination in Victoria: a research protocol. **Neihad Abdulwadud**, The University of Melbourne

Completed Bachelor of Medical Science (Hons)

HIV, STIs and sexual behaviours in male sex workers

Evelyn Turek, Monash University

Medical Student Projects

Preferences for HIV/STI services among priority populations: a systematic review. **Joscelyn Gan**, The University of Melbourne

Lifetime cost of managing HIV: a global systematic review. **An Huynh**, Monash University

Usability of HIV self-testing kits among Australian gay, bisexual and other men who have sex with men. **Dana Lee**, Monash University

Healthcare access among Medicare-eligible and Medicare-ineligible patients at MSHC, Monash University. **Anysha Walia**, Monash University

Prizes and awards

- Catriona Bradshaw in collaboration with Metrodora Therapeutics and The Royal Women's Hospital were awarded a Victorian Medical Research Acceleration Fund Grant (Tier 2) to evaluate pharmaceutical-grade bovine lactoferrin in women with bacterial vaginosis.
- Vincent Cornelisse received the 2019 Victorian Premier's Award for Health and Medical Research in the public health category 1/04/2019 in recognition of his research involvement at MSHC and in PrEPX.
- Catriona Bradshaw is part of one of 10 grants awarded to Burnet, MSHC, Swinburne, Deakin and FP NSW as part of the Medical Research Future Fund (MRFF) Frontiers initiative, for the EVE-M project. The EVE-M – Enhancing the Vaginal Environment and Microbiome—Initiative is headed by Professor Gilda Tachedjian of the Burnet Institute. The EVE-M initiative will develop and commercialise a series of pioneering technologies to improve women's sexual and reproductive health
- Associate Professor Eric Chow has received the 2019 UNSW Young Alumni Award. The Young Alumni Award acknowledges the most accomplished UNSW Sydney Alumni under 35 years across 13 categories spanning science and technology to arts and services to the community.

Associate Professor Eric Chow received the 2019 UNSW Young Alumni Award



- National Health and Medical Research Council (NHMRC) Investigator grants were received by: Kit Fairley for optimising the control and management of sexually transmitted infections through research and innovation. Catriona Bradshaw for innovative approaches to improving treatment and control of *Mycoplasma genitalium* and bacterial vaginosis. Eric Chow for a multidisciplinary approach to understanding the transmission dynamics and control of sexually transmitted infections
- 2019 NHMRC Peter Doherty Investigator Grant Award (Emerging Leadership) was received by Eric Chow
- Anthony Snow and David Lee (Nurse Practitioners) were nominated for an Alfred Excellence Award in the Education Category
- Suzanne Amisano was nominated for an Alfred Excellence Award
- Rosie Latimer and Erica Chow received prizes for their excellent presentations and research at the Central Clinical School, Monash University translational research symposium
- Jade Bilardi was successful in the very highly competitive Australian Research Council 'Decra' grants (stands for Discovery Early Career Research Award)
- Erica Plummer Plummer's iposter presentation on the association between subtypes of Gardnerella vaginalis and bacterial vaginosis and sexual behaviour won first prize in the young investigator category in Vancouver at the 2019 STI World Congress

Publication highlights

Study: Combined oral contraceptive pill-exposure alone does not reduce the risk of bacterial vaginosis recurrence in a pilot randomised controlled trial

Researchers: Vodstrcil LA, Plummer E, Fairley CK, Tachedjian G, Law MG, Hocking JS, Worthington K, Grant M, Okoko N, Bradshaw CS

Publication: *Scientific Reports* 2019; 9(1):3555. doi:10.1038/s41598-019-39879-8

Summary: A study looked at whether using a hormonal contraceptive pill could lower the risk of getting bacterial vaginosis (BV). Ninety-five women with symptoms of BV were prescribed antibiotics together with an oral contraceptive pill or a non-hormonal contraceptive. The women were followed up every month for six-months or until their BV returned. The hormonal contraceptive pill did not improve a cure of BV but found returning BV was found more often in women with an ongoing untreated regular sexual partner and had a previous history of BV.

Study: Incidence, clearance, and persistence of anal human papillomavirus in men who have sex with men living with human immunodeficiency virus: implications for human papillomavirus vaccination

Researchers: Ong JJ, Walker S, Grulich A, Hoy J, Read TRH, Bradshaw CS, Chen MY, Garland SM, Cornall A, Hillman R, Templeton DJ, Hocking J, Eu B, Tee BK, Chow EPF, Fairley CK

Publication: *Sexually Transmitted Diseases* 2019; 46(4):229-233. doi: 10.1097/OLQ.0000000000000958

Summary: Men who have sex with men living with human immunodeficiency virus have a high risk of getting anal cancer. Anal swabs at their first visit and at their 2 year follow up visit were tested for anal HPV and if found the HPV was typed. Of 255 men, 74% had at least 1 HPV type at their first visit, and 55% had at least 1 high risk to cancer HPV type. Of the men who had any type of anal HPV, most had multiple HPV types at their first visit. After 2 years of follow-up, 58% had at least 1 high-risk HPV type and 28% had 2 high risk HPV types. If vaccination was received at the first visit, we assume that HPV-negative men would receive vaccine protection, and this could prevent high risk type HPV infection.

Study: Association of HIV preexposure prophylaxis with incidence of sexually transmitted infections among individuals at high risk of HIV infection

Researchers: Traeger MW, Cornelisse VJ, Asselin J, Price B, Roth NJ, Willcox J, Tee BK, Fairley CK, Chang CC, Armishaw J, Vujovic O, Penn M, Cundil P, Forgan-Smith G, Gall J, Pickett C, Lal L, Mak A, Spelman TD, Nguyen L, Murphy DA, Ryan KE, El-Hayek C, West M, Ruth M, Batrouney C, Lockwood JT, Hoy JF, Hellard ME, Stoové MA, Wright EJ

Publication: *JAMA* 2019; 321(14): 1380-1390. doi:10.1001/jama.2019.2947

Summary: A study of mostly gay and bisexual men who received daily HIV pre-exposure prophylaxis (PrEP) to reduce being infected with HIV found that a small group of 25% were more likely to have STIs. The results found that there was an increase in STIs in some after taking PrEP compared to before taking PrEP. These findings highlight the importance of frequent STI testing among gay and bisexual men using PrEP.

Study: Co-circulation of multidrug-resistant *Shigella* among men who have sex with men, Australia

Researchers: Ingle DJ, Easton M, Seemann T, Kwong JC, Stephens N, Carter GP, Da Silva AG, Adamopoulos J, Baines SL, Holt KE, Chow EPF, Fairley CK, Chen MY, Kirk M, Howden BP, Williamson DA

Publication: *Clinical Infectious Diseases* 2019 doi:10.1093/cid/ciz005

Summary: In urban Australia, infection with *Shigella* bacteria is usually found in returning travelers from regions where *Shigella* are often found or in men who have sex with men (MSM). We describe data on sexual exposure and travel and the spread of multidrug-resistant *Shigella*. All positive laboratory tested *Shigella* in Victoria, Australia were included from 1 January 2016 through 31 March 2018. The study found that multidrug-resistant *Shigella* bacteria acquired in Victoria or by international travel are also found across many continents and are often found in MSM. The data highlights the ongoing public health threat posed by multidrug-resistant *Shigella* bacteria, both in Australia and globally.

Study: Kissing may be an important and neglected risk factor for oropharyngeal gonorrhoea: a cross-section study in men who have sex with men

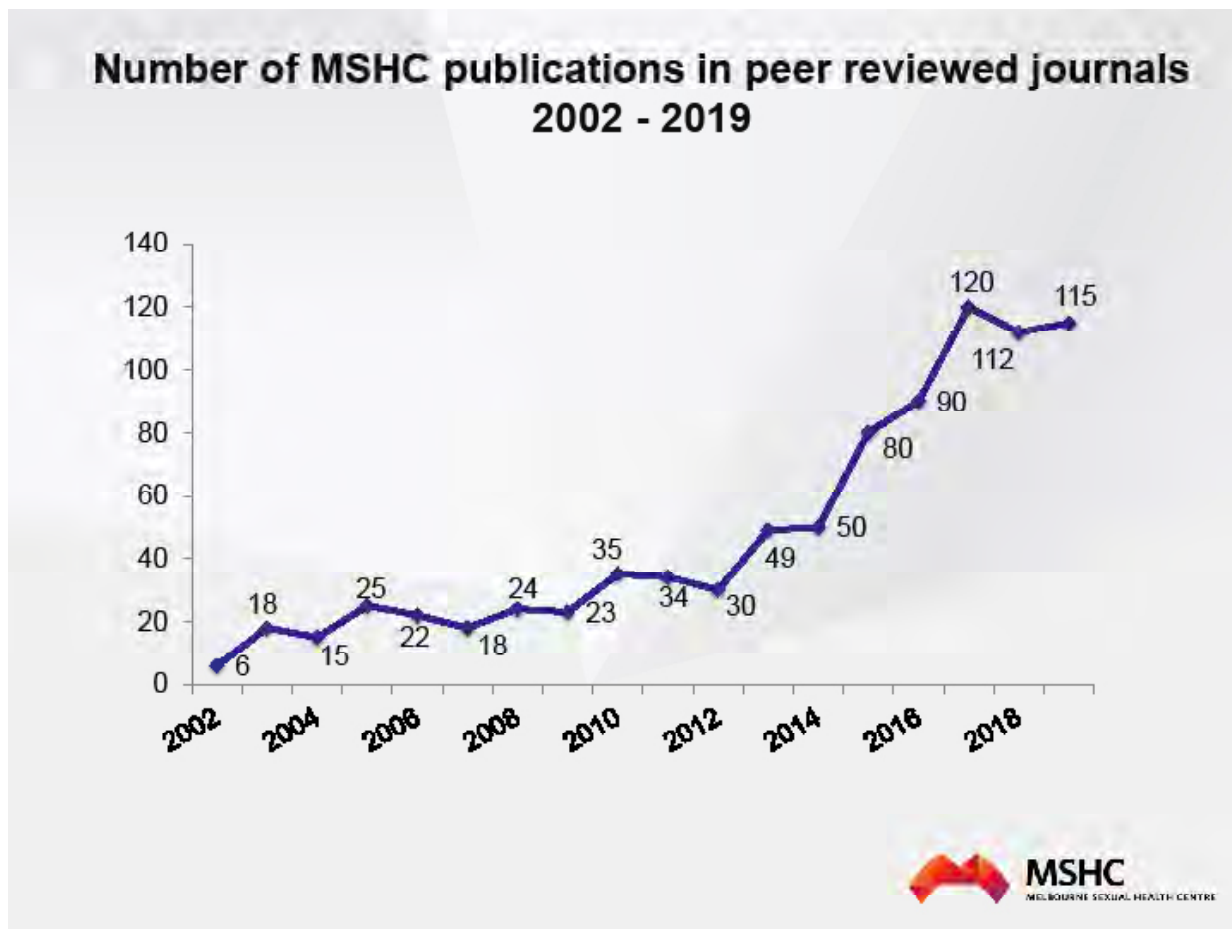
Researchers: Chow EPF, Cornelisse VJ, Williamson DA, Priest D, Hocking JS, Bradshaw CS, Read TRH, Chen MY, Howden BP, Fairley CK

Publication: *Sexually Transmitted Infections* 2019; 0:1–6. doi:10.1136/sextrans-2018-053896

Summary: Men who have sex with men (MSM) attending a public sexual health centre in Melbourne, Australia, between March 2016 and February 2017 were invited to participate in a brief survey that linked data on their number of male partners in the last 3 months to if they only kissed their partner(s) (ie, no sex including no oral and/or anal sex), or if they only had sex (ie, any sex without kissing), and if they kissed during sex (ie, kissing with any sex). A total of 3677 men completed the survey and 6% had oropharyngeal gonorrhoea. Kissing-only and kissing-with-sex was shown to contribute to the spread of oropharyngeal gonorrhoea, but sex-only did not. The link was higher in MSM with 4 partners or more. These data suggest that kissing may contribute to the spread of oropharyngeal gonorrhoea in MSM, irrespective of whether sex also occurs.

Figure 13 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 115 in 2019.



PUBLICATIONS

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STAFF

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

Staff Members

Administration and Computer Services

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| Safron Brady | Patient Services Officer |
| Andrew Elstone | Patient Services Officer |
| Fleur Glenn | Patient Services Officer |
| David Johnston | Patient Services Officer |
| Karen Kon | Patient Services Co-ordinator |
| David Nguyen | Patient Services Officer |
| Sharon Noronho | Patient Services Officer |
| Rashidur Rahman | IT Lead Technology Specialist |
| Cecily Sheppard | Patient Services Officer |
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| Wendy Zeng | Patient Services Officer |

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| James Unger | Personal Assistant to Director |
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| Karen Berzins | Doctor |
| Melanie Bissessor | Doctor |
| Catriona Bradshaw | Doctor |
| Andrew Buchanan | Doctor |
| Marcus Chen | Doctor, Medical Unit Manager |
| Kathy Cook | 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 |
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| Suzanne Brown | Sexual Health Nurse |
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| Freya Dench | Sexual Health Nurse |
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| Shauna Hall | Sexual Health Nurse |
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