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Newsletter

December 2019

Issue no.4

(PDF Version at <http://ashhna.org.au/news/>)

Contents



- **Member News (Cat Brown)**
- **ACON Honour Awards; *HIV Hero* announced**
- **Farewell Alison Kincaid - CNC HIV/Sexual Health (Murrumbidgee and Southern Regions NSW)**

- **M Clinic**
- **Gold Coast Sexual Health**
- **Carol Martin Recipient winners feedback (Sandra Lee Gregson)**
- **Western Australian Syphilis Symposium**
- **Carol Martin Recipient winners feedback (Rachael Dunn)**
- **Ankali Project**
- **Gender Affirming Resources - Sexual Health Info Link (SHIL)**



Member news

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included HIV nursing to become the Australasian Sexual Health and HIV Nurses Association (ASHHNA) providing a long history of nurses networking together in the field.

We currently have 2 life members who have demonstrate dedication and long term commitment in the areas of Sexual and Reproductive Health and/or HIV nursing (Jo Perks and Robyn Hatley).

Whilst working through membership renewals recently I noticed we also have quite a few Nurses who have been long term members. I would like to recognise their contribution and ongoing support of the organisation and to sexual and reproductive health and HIV nursing.

Members of ASHHNA for 20 years or more:

- Kate Allardice (joined in 1999)
- Catherine Carroll (joined in 1997)
- Debra Pittam (joined in 1996)
- Nicky Sharp (joined in 1996)
- Glen Curran (joined in 1995)
- Debbie Morgan (joined in 1994)
- Elizabeth Griggs (joined in 1992)
- Mairead Hetherington (joined in 1992)
- Sam Libertino (joined in 1992)

These members represent almost every state in Australian and a variety of workplace settings. We continue to gain new members regularly, and in 2019 have consistently maintained about 200 members.

As mentioned through the email list previously, our recent changes to our constitution means that we are now able to accept membership applications from individuals who are undertaking study to become a registered nurse, midwife or enrolled nurse and to organisations or groups working in the field of sexual and reproductive health and/or HIV nursing. They are able to apply for an Associate membership, enjoying all rights and privileges of full membership except voting rights. If anyone working with Universities or students would like ASHHNA business cards, we have plenty available. Please let me know if I can send these out to you.

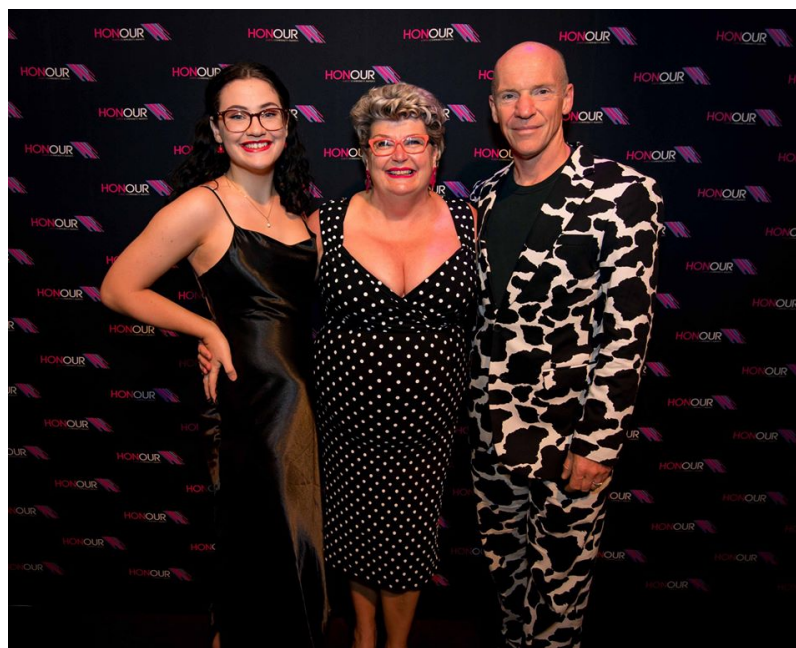
Thanks to all the members for your support over the year
Hope you have a wonderful Christmas and New Year!

Cat Brown
ASHHNA membership coordinator

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HIV HERO

Lizzie Griggs: Lizzie has worked in the HIV/Sexual Health sector for 34 years. In 1985 Lizzie pioneered the world's first nurse led HIV/AIDS Outreach service for male and transgender sex workers from the Albion Street Centre and moved this service to Kirketon Road in 1990. Lizzie worked at the MOH for 13 years as HIV/AIDS Surveillance Officer, finding over \$20,000,000 in funding for HIV/AIDS services in NSW. Currently a CNS at RPA SHC, Lizzie set up a[TEST] Newtown with ACON in 2013 and provides ongoing support for the wider LGBTI community.



Lizzie Griggs with her Daughter Dot and partner Simon

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Farewell Alison Kincaid, CNC Sexual Health/NIV.

Thank You to Alison for sharing a summary of her career as she retires in December 2019.

Nurse Kincaid career overview

After applying to Royal North Shore Hospital and being knocked back, Alison had an interview with Matron Dorothy Nixon at Manly District Hospital and commenced Preliminary Training School on May 3rd 1972

Alison had no idea whatsoever what nursing duties were and was repulsed and horrified at some of them and overjoyed at others and she says that she learned many things during her three years in Manly and that they were not all related to nursing!

Graduating in May 1975, Alison commenced her grad year at the Mater in Brisbane in a neurosurgical unit – and discovered that this specialty was not for her!

Following a hitchhiking holiday around NZ, Alison returned home to Pleasant Hills and commenced working at Henty District Hospital - this was the means to an end for her to achieve her goal of Studying Midwifery. Applying to many training schools in Australia, she discovered that they had long waiting lists as Australia was entering a period of zero population growth, and therefore decided to look further afield and to the home of midwifery - Scotland where she could also explore her ancestral roots.

Alison completed her midwifery training at Bangour Hospital which is situated half way between Edinburgh and Glasgow – a hospital built to cater for the injured in WWII and a very old Psych Hospital on the grounds in beautiful rural countryside

Finishing Mid training she headed to London and worked in various roles in Midwifery and General Nursing – as agency nurse and then a permanent position in St Anne's General hospital in South Tottenham in North London.

Back home to Australia at the end of 1979 Alison hoped to return to Sydney and work in Midwifery, but could not get a job - zero population growth was still the thing! She came into Albury to do some Christmas shopping and ran into an old school friend who happened to be the catering officer at Albury Base Hospital, he said to Alison 'come with me I will take you down to meet Lorna (Turnbull) the matron', she gave me a job right there and then, wanting her to commence the next day!.

Blackie A was the mid unit at Albury Base, Alison commenced on January 2nd 1980 and she really loved that job, finding Midwifery extremely rewarding.

The shift work became intolerable to Alison and 1985 saw her looking to more regular working hours so she commenced Community Nursing. At this time Alison also coordinated the Cancer's Councils Breast cancer Support service and recruited, educated and supported volunteers who were on their own breast cancer journey assisting them to support women in the early stages of breast cancer.

Community Nurses then were also involved in palliative care service delivery and Alison also found pal care nursing most rewarding - assisting people in their last days of life.

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The HIV/AIDs services commenced – The AIDS Safety program, during the late 80s and Alison assisted the Community health manager to set up a local service to enable people to die at home – and commenced volunteering in that program.

Wodonga Hospital commenced a Sexual health service in 1991. and Alison set the Sexual health service up and worked 2 evenings a week till 1993.

In 1992 she commenced in the Women's health Nurse Position, another new initiative by NSW Health to improve the screening rates and health of priority populations of women, with all types of disadvantage from poverty and violence to rural isolation.

In 1996 Sexual health Services were allocated increased funding and expanded in the Hume health district from Wagga to Albury and later to Griffith and Deniliquin.

Alison was given the opportunity to set up the Sexual health service in Albury along with VMO Chris Carmody and Health promotion Officer Mark Selkrig.

During this time Alison achieved CNC grading, extending her role considerably.

Border Family Planning clinic was operating after hours out of Albury Community health Service and Alison commenced work with them in 2001, providing after hours clinics, screening for STIs, HPV vaccination, contraceptive services and cervical screening and continued with them until the clinic closure in 2013.

Hume health District became Greater Murray health Service and during the early 2000s sexual health services in Southern area health service also came under the one HIV/AIDs and Related programs management, it was clear that providing a Fulltime Sexual health service and a consultancy service to both area health services was not viable in the long term. The .4fte sexual health nurse position was relocated from Deniliquin to Albury in 2003 allowing Alison to develop the CNC role.

In mid-2007 the CNC role was relocated to the Public Health unit, where the next phase of Alison's Sexual health nursing began and she found another new health family to belong to! Twelve years later it is from here that Alison is now hanging up her Veil!

Alison says that Sexual health Nursing is a very special and rewarding career, and that she is very pleased that she has taken all the opportunities that have been offered to her throughout her working life and leading her to this point in time.

She has met, worked with and cared for some amazing and inspiring people.

3/5/1972 – 20/12/2019 - and who knows what the coming years will bring for her?

Looking after someone, somewhere no doubt.

This month we say goodbye for now, to our esteemed colleague who will be very much missed.



The Postgraduate Program in Sexual and Reproductive Health run by the University of Sydney is a unique program providing specialist education to professionals in four key areas of sexual and reproductive health: HIV and STIs, psychosexual therapy and sexology, public health, and reproductive health and fertility. We provide a diverse and inter-professional curriculum suitable for Australian and international students interested in these disciplines.

The Postgraduate Program in Sexual and Reproductive Health offers qualifications at the graduate certificate (four units of study), graduate diploma, (six units of study), or masters (eight units of study). Students can also elect to complete the advanced masters program which provides additional training in research.

Compulsory and stream specific units of study provide students with foundational competence and a wide range of electives to further explore their areas of interest.

The inter-professional and multi-disciplinary structure encourages students to develop effective collaborative approaches preparing them for employment in a variety of healthcare settings.

The Postgraduate Program in Sexual and Reproductive Health is designed to provide the maximum professional relevance, flexibility and choice. To facilitate the best educational and professional outcomes from their studies, each student is advised to discuss their unit of study choices with a Pathway Coordinator before the commencement of each semester. All units of study are evidence-based and we encourage critical engagement with the current research literature in these fields.

Applications for 2020 are open now.

Contact us for more information.

Visit us: <http://sydney.edu.au/medicine-health/schools/sydney-medical-school/discipline-of-medicine/sexual-health.html>

Email us: srh.admin@sydney.edu.au



M Clinic, Western Australia

Health Excellence finalist;

M Clinic is a peer/nurse led STI screening clinic for transgender people and men who have sex with men were fortunate enough to be involved in PrEPit-WA, a PrEP implementation trial similar to EPIC NSW. M Clinic was the only trial site where the operations of this trial was performed by clinical nurse consultants which was overseen and governed by a medical consultant. This trial ran from October 2017 to April 2019.

M Clinic along with three other trial sites in collaboration with the WA health department were nominated and became a finalist at the 2019 West Australian Health Excellence Awards in the category of promotion of preventative health. Unfortunately we did not take home the win but nevertheless, this shows that a nurse led sexual health and HIV prevention service is a great success and an

Matt Jones - Clinical Nurse Consultant
M Clinic



Gold Coast Sexual Health

Recent awards and nominations at Gold Coast Sexual Health include:

Gold Coast Sexual Health Service were a finalist in the category of Excellence at the recent Gold Coast Health Golden Gala Awards 2019.

The Excellence Award for sexual health was for delivering outstanding service to colleagues, patients and stakeholders and leading by example to set clear expectations and enable excellence.

There were 146 nominations in this category and only 3 finalists. Unfortunately, we did not win but were very pleased to have been short-listed into the top three.

Gold Coast Hospital and Health Service Research Week Conference 20-21 November 2019

Karen Biggs and Maudie Todkill both presented 3-minute lightning talks and poster presentations at research week.

Karen presented two presentations:

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- PEP in the Era of PrEP: a comparison of PEP use in South-East Queensland pre and post-PBS listing of PrEP

Maudie presented one presentation:

- Enhanced surveillance of chlamydia and gonorrhoea infections diagnosed in the Gold Coast during the period of the Commonwealth Games 2018 (GC2018)

Congratulations to Karen for being a joint winner for the best lightning talk. The prize was \$250.

For a small unit we achieve good things and are very privileged to work with great staff who contribute to research, changes in clinical practice through evidence-based practice and excellent care to a diverse group of clients.

Maudie Todkill
A/CNC Gold Coast Sexual Health
Southport, Qld

ASHHNA Carol Martin Scholarship recipient feedback

Sandra Lee Gregson;

Clinical Coordinator Men's and Womens Health (Sexual Health)- Thursday Island.

Attending the 2019 Australasian Sexual Health Conference in Perth was very exciting, to "get off the rock" as we say up here, connect with some fresh faces, get up to date information and to be stimulated but what is happening elsewhere.

I took the long trip from the Torres Straight to Perth and got a lot out of the conference. The great thing about the Sexual Health and HIV conferences is that there are always people around that you have known for a long time and its great to catch up with what everyone is doing.

My favourite presentation was Jane Tomnay's Oration which I could relate to, given my similar age, and that we had fellow colleagues. Sexual Health is always changing even if it does not always feel like this day to day. I have admired seeing her develop the marvelous regional program that should be copied throughout the country. She is

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I felt that this conference had a varied subject base and I found the presentation on the acceptance of contraceptive counselling during pregnancy and commencement at birth very interesting and I could relate this to the Torres Strait where access to health care can involve travel and most Island Health services are overwhelmingly busy. I had also recently diagnosed a pregnancy for a woman who was 5 months post-partum which was a coincidence. I have shared this with the antenatal team that works in the Torres. The Sexual Health Proffered paper plenary included papers that attempted to include the psycho-social side of sexual and reproductive health including feedback from the Australian Secondary School survey. There is still a long way to go with school-based sex education for young people it appears, though the feedback presented that it can be done right just not all the time.

The presentation about access to HIV treatments in PNG also was of specific interest to me as once again the region is so close to where I work. People travel between the Torres Strait Islands and PNG by dinghy and many there are many cross-border sexual relationships. I would really encourage people to read “Critical Concerns for HIV Treatment & Care in Papua New Guinea -A Call to Action” The presentations discussed lack of continuity in medication supply, access to health care, increase in the number of babies being born with HIV and other marginalised communities being at a higher risk due to lack of money and local policies and laws.

I attended the sessions on Gonorrhoea antimicrobial resistance and resistance testing in practice which I found extremely well presented. The science and its relevance to clinical practice was explained thoroughly. I found it interesting how it was explained why different regions are using different treatments. The development of resistance profiles can ensure that treatment guidelines are evidenced based and it was emphasized how important it is to adhere to these. The expanding resistance to Azithromycin and so that is extremely disappointing as this single dose treatment has been so significant in sexual health. This session and that of *Mycoplasma genitalium* were the most valuable sessions for me.

I am appreciative of the support I got from ASHHNA to attend the conference. I worked with Carol Martin in the past, so I did think of her whilst I was there.

Western Australian Syphilis Symposium

Gary Kuchel

Garry was invited to be one of 5 presenters at the ASHM Satellite Session “WA Syphilis Symposium; The Outbreaks, The Response”, and quite honoured to be the only invited nursing speaker among some of the most highly regarded physicians in WA. His presentation specifically focussed on syphilis in gay/MSM

gay/MSM in WA since ~2016, which coincided with increased accessibility to PREP. This was not to say that syphilis was specifically to 'blame' for the rise in syphilis since 2016, however it did seem to be a significant correlating factor. Garry also presented a variety of clinicians' points of view, attitudes and opinions as to what might be 'driving' the high rates of syphilis.

Many of the comments were 'controversial', however these were included to ensure a balanced representation. The comments (paraphrased) ranged from 'It seems that the rise in syphilis does seem to be correlated with increased use of PREP', to 'I just don't think these guys take STI's seriously anymore...they think they're all easily treated and they seem to have a sense of entitlement', to 'we treat patients who are overweight, with hypertension and diabetes with care & compassion; why don't we apply the same attitude of care and compassion to MSM who keep acquiring STI's'.

The slides of the full presentation are available through the link below, and Garry would always welcome other professionals' thoughts on the issue.

<https://ashm.eventsair.com/QuickEventWebsitePortal/joint-sh-and-hiv-aids-conferences-2019/online-program/Agenda/AgendaItemDetail?id=a3803e37-2d64-444a-a0dd-bd3a28e830bd>

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Gary Kuchel - CNC, M Clinic - WA.

Conference Report

Rachael Dunn

This year I had the privilege of being one of the recipients for the ASHHNA carol martin professional development scholarship. I work as a clinical nurse specialist in the care of children and teens LHIV and their families, and in the prevention of perinatal transmission of HIV. This was my first time attending this conference, and it gave me the opportunity to learn about wider issues surrounding HIV, that go beyond the paediatric focus, but are essential in understanding the broader issues for these children as they grow into teenagers and young adults. There were many highlights,

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Women living with HIV

Dr Moira Wilson gave an informative talk on pregnancy and Women LHIV, and the effect of some antiretroviral medications on maternal viral load, recent studies regarding risk of neural tube defects associated with dolutegravir, and guidelines on the use of cART during pregnancy. Professor Deborah Bateson presented on contraception and the special considerations for women LHIV. The talk highlighted the effect of contraception on disease progression and transmission, antiretroviral drug interactions & the need to protect from other STIs. Of particular interest to me was the higher rate of unintended pregnancy in younger women LHIV. This presentation reinforced the importance of sexual health education and enabling Women LHIV to make informed decisions about their contraception. Ms Angela Corry, CEO of Peer Based Harm Reduction WA, presented her personal experience as a woman LWHIV, and the challenges she found accessing services appropriate and supportive to women's needs. This was a moving talk, which reinforced the need for advocacy and meaningful support for women living with HIV in Australia. I enjoyed Ms Donatelli Cifali's presentation on "decision-making in the context of infant feeding by HIV-positive mothers" which discussed the complexities women can face in regards to choices around infant feeding. This talk again reinforced the unique challenges faced by women LHIV.

Long term Impacts of HIV:

This topic comes of interest to me as children and teenagers living with HIV often ask how HIV will impact them in the longer term. Dr Jennifer Hoy's presentation discussed the higher prevalence of comorbidities in PLWHIV even with cART, and the spiralling impact co-morbidities, polypharmacy, and frailty have on quality of life. Of note, frailty was associated with initiation of ART prior to 1996. This presentation highlighted the need for developing a response that addresses the multi-dimensional needs of people aging with HIV. A validated quality of life (QoL) tool for PLHIV, PoZQoL, presented by Dr Graham Brown, is in the process of being refined for use in the clinical setting, and shows promise in clinical practice for monitoring QoL and guiding the service we provide to consumers.

HIV, Stigma and Discrimination:

Major strides have been made in the treatment of HIV in improving quality of life and reducing new infections, however stigma and discrimination continues, as well as HIV criminalisation. Not only does this have serious impacts on access to healthcare for PLHIV, especially in marginalised populations, it also makes it more difficult for those at risk of HIV to access testing and prevention. The speakers in the symposium on "Stigma and discrimination; overcoming barriers to healthcare in our region" presented on these issues, and discussed strategies needed within health and justice to bring an end to HIV stigma, discrimination and criminalisation to ensure all PLHIV

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reflect on how stigma and discrimination can impact on care they provide to people with a blood born virus. Nurses have the ability to make a significant impact on the elimination of stigma and discrimination, and this module aims to enable them in this process.

Syphilis Outbreak:

There was a considerable focus on the syphilis outbreak within Australia. Dr Clare Huppertz, Dr Paul Armstrong and Professor Donna Mak each presented on the Syphilis outbreak in West Australia (WA). Cases of infectious syphilis have been rising in WA since 2014 with the two main increases seen in male and MSM populations in the metropolitan area, and in heterosexual groups in regional areas, especially amongst aboriginal populations in the Kimberley, Pilbara and Goldfields regional areas. More recently there has been a third trend, with a significant increase of infectious syphilis cases in heterosexual women within the Perth metropolitan region. There have been 2 cases of congenital syphilis in WA since 2018 (one in the Perth metropolitan area and one in a regional area). A case study on one of these infants was presented by Dr Andrew Savery, which highlighted the challenges of managing a case of congenital syphilis in a WA regional hospital. These included a lack of uniform guidelines for the management of syphilis in pregnancy and the neonatal period in WA (which is currently being addressed), current WA guidelines not being suitable for regional areas, and a lack of local paediatric staff familiar with the management of congenital syphilis. Dr Paul Armstrong also presented on the WA State Outbreak Response Group (WA SORG) and the development of a WA Syphilis Outbreak Response Action plan with an aligned monitoring framework.

Culture is Strength: First nation's people and culturally secure Sexual Health work in Australia Symposium

This symposium focused on the need for cultural competence in the delivery of safe and effective health care within Aboriginal communities, and the critical need for community involvement and engagement in the health promotion, research and health care. The disproportionately higher rates of BBVs, syphilis, and other STIs in Aboriginal communities was highlighted, as well as barriers to health care, and social determinates that impact on health outcomes. Dr Stephen Bell presented on a Peer led research program, where young members of a community were provided research training and worked as researchers within their own communities. Through their work within the community, they advised and codesigned research strategies to enhance STI testing among aboriginal young people (incentive clinic based STI testing and remote specimen collection without clinic attendance). I also learned of the Young Deadly Free Project, a peer education training program aimed at working with young people to encourage STI and BBV testing.

As a nurse who works with children and teenagers living with HIV and their families,

valuable networking, but for the opportunity to advocate for children, families, and women LHIV at a national forum.

Rachael Dunn - CNS Immunology - WA.



Tell me about the Ankali Project

The Ankali Project has been training and supporting volunteers since 1985; matching them on a one to one basis with people living with HIV. These days volunteers provide social and emotional support to clients who are living well with HIV but find themselves socially isolated, dealing with mental health issues and ageing.

Tell me about training and support

The project provides 3 days of training before volunteers are matched with a client for an initial 6 month term. The volunteers are supported by a fortnightly support group that happens at Ankali House in Surry Hills.

Tell me about being a volunteer

Volunteers are in direct contact with their clients to develop and fulfil on the role of friend. Usually activities include coffees, chats, movies and walks.

Tell me about other benefits

Since its inception Ankali has been a part of the Albion Centre. This means that volunteers of Ankali are able to access free Albion education courses and the

The next Ankali volunteer training is set down for 14, 15 & 21 March 2020. Please visit [The Ankali Project](#) and [Albion Education and Development](#) for further information.



New Gender Affirming Care Resource

As more services are beginning to provide hormonal therapies to trans and gender diverse people, the NSW Sexual Health Infolink (SHIL) has consolidated the key resources to guide best practice. Bookmark SHIL's [Gender Affirming Care](#) page for quick access to:

- Clinical guidelines and patient fact sheets about hormonal therapies,
- Specialist trans and gender diverse clinical services,
- Counselling and peer support services,
- Information and resources for family and friends.

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Background

The Australasian Sexual Health and HIV Nurses Association (ASHHNA) constitution specifies that no more than 10% of membership at a given time should be Life Members. ASHHNA Life Membership has been awarded to several recipients for outstanding contribution to the field of Sexual and Reproductive Health Nursing and for their involvement on the ASHHNA Executive Committee.

Criteria for Life Membership

Essential Criteria

Membership of ASHHNA for a minimum 10 years

and

Significant contribution to ASHHNA Inc and the field of Sexual and Reproductive Health and HIV Nursing

Desirable Criteria

Membership of the ASHHNA Executive Committee for a minimum of 2 years

Nomination Process

Current financial members of ASHHNA Inc can nominate a member for Life Membership.

Nomination forms are available at www.ashhna.org.au.

Nominations require supporting information regarding the contribution of the nominee to Sexual and Reproductive Health and HIV Nursing.

Nomination forms must be emailed to the ASHHNA Executive Committee with the names of the proposer and seconder of the nomination by the 30th June each year.

Nomination forms should be sent to ashhnanurses@gmail.com

Voting and Award Process

1. Letter sent to nominee by ASHHNA President advising they have been nominated for ASHHNA Life Membership and if they would like their nomination to be formally considered to forward a copy of their resume to the ASHHNA President for review by the ASHHNA Executive Committee
2. Member voting for Life Membership nominees is undertaken at the next AGM requiring an affirmative vote of 80%
3. The ASHHNA Executive Committee reviews the resume of the nominee and undertakes final voting requiring an affirmative vote of 80%
4. The Life Membership recipient is notified in writing and announced via ASHHNA communication routes
5. The Life Membership Award will be formally presented at the following AGM by the current ASHHNA President.



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