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Changes to the National Cervical Screening Program

Dr Michelle Alizart BBiomedSc, MBBS (Hons), FRCPA

Histopathologist and Cytopathologist

A Success Story

The introduction of the National Cervical Screening Program (NCSP) in 1991 is one of the great public health success stories. In just over 20 years, the incidence and mortality rates for cervical cancer have both decreased by approximately 50%¹.

The Current National Cervical Screening Program

Diagram 1 outlines the current management for the NCSP². Beginning at the age of 18yrs, women are screened with a Pap smear test, every two years. Those found to have low grade changes (possible or definite) have a repeat smear annually. Those with high grade changes (possible or definite) are referred for colposcopy and biopsy. All glandular abnormalities or changes suggestive of malignancy are referred to a gynaecological oncologist for investigation and management.

Currently, HPV DNA testing is not used as a diagnostic tool. Its primary use is as a 'test of cure' in the clinical setting of a woman who has been treated for a high grade squamous intraepithelial

lesion (HSIL) via LLETZ or cone biopsy. The management guidelines for these women, as recommended by the NHMRC guidelines³, are as follows:

- 4-6 months after treatment: Colposcopy and cervical cytology
- 12 months after treatment: Cervical cytology and high risk HPV DNA testing
- 24 months after treatment: Repeat Cervical cytology and high risk HPV DNA testing
- If both tests (cytology and HPV DNA testing) are negative, on two consecutive occasions, then pap smear screening may resume at 2 yearly intervals
- Otherwise, cervical cytology and high risk HPV DNA testing is repeated every 12 months until the woman has tested negative for both tests on two consecutive occasions.

In this clinical setting, there is a Medicare rebate for HPV DNA testing. If there is no biopsy proven HSIL, then HPV DNA testing may still be requested by the clinician, at a non-rebatable cost to the patient of approximately \$100.

So, If It's Not Broken, Why Fix It?

Because we can do it better. In the 20 years since the implementation of cervical screening, the environment in which it operates has markedly changed. We have new tests to aid in diagnosis such as HPV DNA testing and Liquid Based Cytology (LBC). We now have improved knowledge of the natural history of cervical cancer, as well as new evidence about appropriate screening age ranges and intervals⁴. In addition, The National Human Papilloma Virus (HPV) Vaccination Program commenced in 2007 for girls and 2013 for boys, which will change the prevalence of HPV within the community⁵.

Time for Change - The National Cervical Screening Program Renewal

To stay current, the impact of this new information needed to be assessed and the findings ultimately reflected in changes to the NCSP. The National Cervical Screening Program Renewal commenced in 2011 and was the first step in this process⁶. The Renewal provided a strategy for reviewing the current policy and operation of the National Cervical Screening Program (NCSP) with the main aims to:

- Assess the evidence for screening tests, interval and age range
- Assess and recommend a cost effective pathway
- Improve national data collection and registers
- Improve safety and quality monitoring
- Assess feasibility and acceptability of the new program

The findings from the Renewal were submitted to the Medical Services Advisory Committee (MSAC) who in turn, considered the reviews and then made their recommendations for proposed changes to the Australian Government in April 2014.

The Proposed Changes (see also Diagram 2⁷)

1. **Replacing the Pap Smear with a molecular HPV test.** The current cervical screening program is centred on the Pap smear. This involves inspecting a sample of cells from the cervix under a microscope to visually detect precancerous changes. Under the new guidelines, women will be screened with a HPV test which detects the presence of HPV viral DNA at the molecular level.

Pathway for the management of abnormal Pap smear results - low and high grade

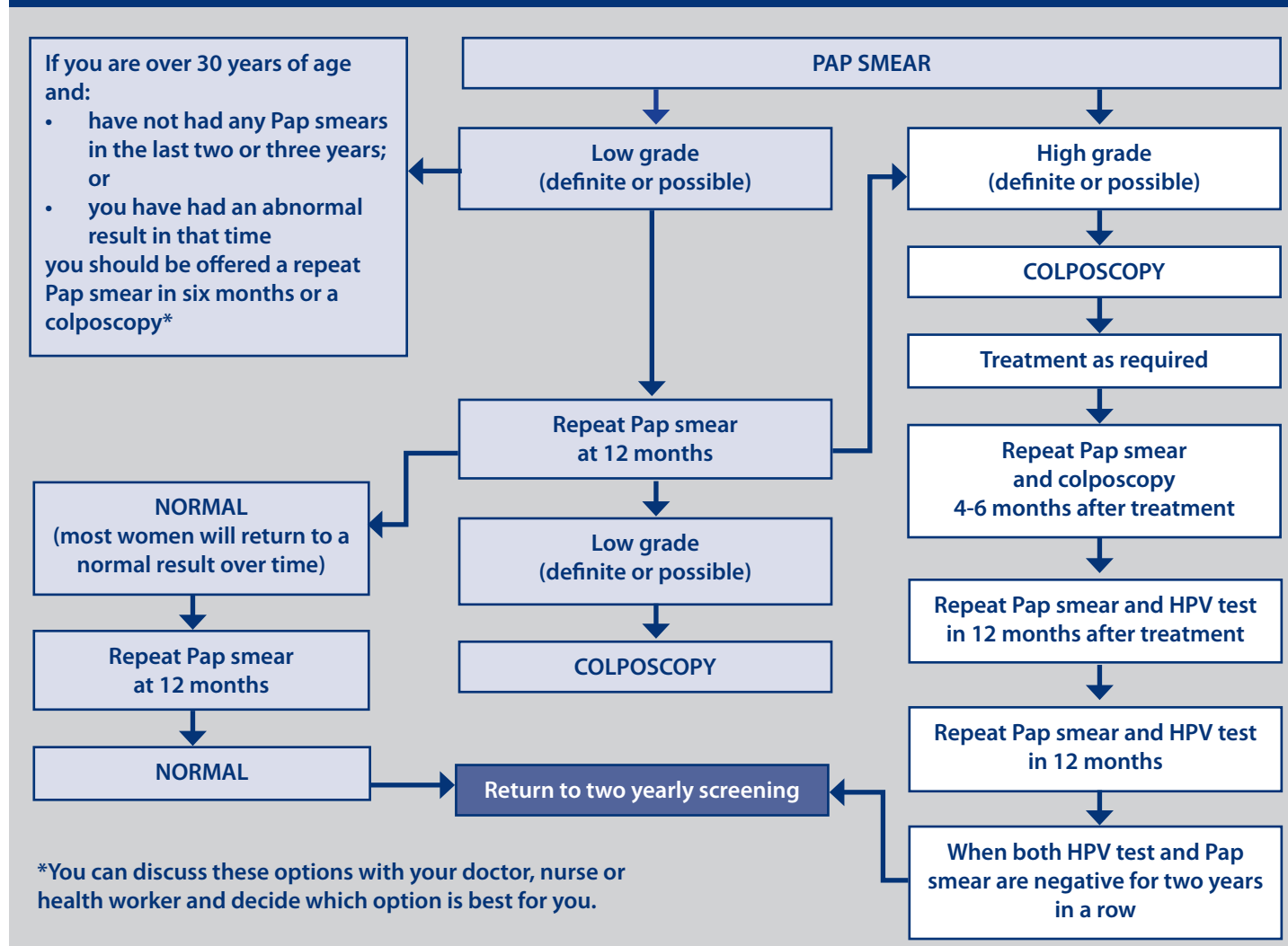


Diagram 1: Current Pathway for the Management of Abnormal Pap Smear Results ²

Proposed cervical screening pathway

Risk of cervical cancer precursors

Lower

Intermediate

Higher

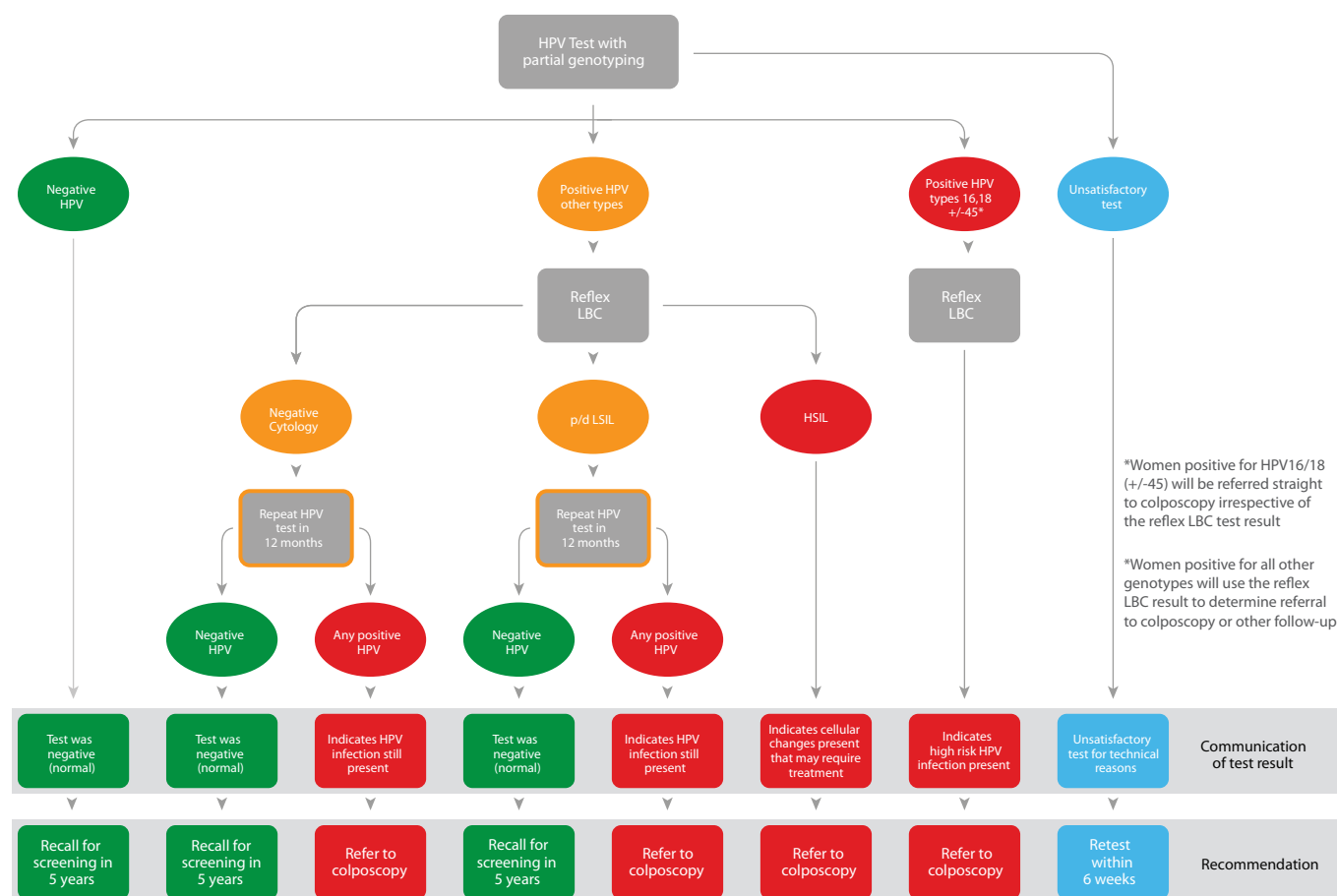


Diagram 2: MSAC Recommendations for the New Cervical Screening Pathway⁷

2. Raising the Age That Screening Commences to 25 years:

Currently the cervical screening program recommends all women over 18, who have ever had sexual intercourse, to have a Pap smear every two years. The new MSAC recommendations for both HPV vaccinated and unvaccinated women, is for cervical screening to commence at 25 years of age. This is based on evidence that shows:

- cervical cancer in young women is rare;
- screening women younger than 25 years of age has not changed the number of cases of cervical cancer or deaths from cervical cancer in this age group⁸;
- commencing screening at 25 years of age would prevent over treatment of common cervical abnormalities in young women that usually resolve spontaneously⁹;
- HPV vaccination has already been shown to reduce cervical abnormalities among women younger than 25 years of age and will continue to reduce the risk of cervical abnormalities in this age group.

- 3. Increased Screening Interval from 2 years to 5 years.** The current guidelines recommend women with a negative Pap smear to be re-screened at 2 yearly intervals. Under the new guidelines, women found to be HPV-negative to be followed up at 5 yearly intervals. Samples from women found to have HPV infection during a screening test will undergo further testing and, if required, will have more intensive evaluation and follow-up.

This increase in screening interval is based on evidence that shows that a HPV test every 5 years is more effective than, and just as safe as, screening with a Pap test every 2 years.

- 4. Exit HPV test between 70 and 74 years of age.** Under current management guidelines, women 70 years and over, can leave the screening program if they have had two normal Pap smears in the last five years. Under the new guidelines, women between 70 and 74 years of age who have had regular screening tests, would be invited to have a single exit HPV test before leaving the cervical screening program. Women older than 69 years of age who have never been screened or have not had regular screening tests should have an HPV test if they request screening.

- 5. HPV Self – Collection for Never and Under-screeners.** Under the new management guidelines, women who are under screened, or those that have never been screened, have the option of self-collection of an HPV sample, which is facilitated by a medical or nurse practitioner. Women considered as under screened or never screened are:

- those who have not participated in the National Cervical Screening Program within the preceding 6 years.
- those who have never participated in the National cervical Screening program and are between 30 and 74 years of age; or
- those who are of Aboriginal and Torres Strait Islander descent and are between 25 and 74 years of age.

International studies have shown that HPV self-sampling increases screening participation rate in women who are under screened or never screened¹⁰. It is not, however, recommended for routine screening for a number of reasons:

- HPV self-collection is not as effective as a health professional collected sample, although, it is more effective than the current Pap test.
- The accuracy of HPV self-collection varies for different types of sampling devices and HPV tests;
- HPV self-collection is less cost effective than the mainstream pathway.
- If the HPV test is positive, then the patient must have a separate LBC sample collected for cytology testing.

Important Points to Note

- The clinical procedure for collecting the sample for HPV testing is the same as the procedure for having a Pap smear. A small sample of cells is collected from the woman's cervix to send away to a laboratory to be examined. If HPV is found (HPV positive), further testing (cytology) would automatically be done on the same sample to check if any abnormal cells are present, with no need to go back for a second test.
- Although a HPV positive test indicates the need for more intensive surveillance, the majority of these infections regress naturally and those that persist, take many years to develop into cervical cancer.
- The MSAC recommendations also advise an invitation/ recall system to ensure the screening program reaches all women in the target age groups
- The increase screening interval from 2 years to 5 years is recommended only for those women with a negative history of cervical abnormalities. Those with previous abnormal screening tests will continue to have management tailored to their circumstances.
- Women with symptoms (including pain or bleeding) can have a cervical test at any age.
- The HPV vaccine does not protect against all the types of HPV that cause cervical cancer and so HPV vaccinated women still require cervical screening.
- Until these changes are implemented, women should continue to have two yearly Pap tests.

The Impact

The changes recommended by the NCSP Renewal will have a pervasive impact on Australian healthcare.

The new screening approach is expected to reduce cervical cancer rates even further than that offered by the current NCSP. The evaluation supporting the recommendations predicts an 8-18% decrease in cervical mortality and a \$33.8M to \$52.8M health system saving⁷. This means that of the 750 or more Australian women currently diagnosed with cervical cancer each year, up to 100 or more will be now be spared, and up to 30 more lives will be saved every year.

Most women find the experience of cervical cancer screening both uncomfortable and a necessary nuisance. The proposed changes would mean the number of screening tests women undergo in a lifetime would drop from 26 to approximately 10.

Colposcopy rates are expected to initially rise from 82,000 to 102,000. However, this is expected to plateau and then decrease as the size of the HPV vaccinated cohort increases.

The estimated changes to laboratory testing per year include:

- reduction in Pap smear tests from 2.4 Million to 0
- concurrent increase in LBC tests to ~340K
- increase in HPV tests from ~55K to 1.3M

The recommended NCSP changes will play an important role in advancing medical innovation. We will be able to complement our world-first HPV vaccine and our first national school based HPV vaccination program with a world-leading cervical screening program that's based on direct detection of the causative virus for cervical cancer.

Where to Now?

For now, it's business as usual and it is important that women continue to have Pap smears every two years. The projected date for implementation of primary HPV screening has been recently announced as May 1 2017, with a transition period of 6-12 months. This date is a projection only and is dependent upon completion of planned projects. QML Pathology will notify all referrers of any changes prior to implementation. Once these recommendations are enacted, a 6-12 month transition period is predicted to enable the de-listing of the existing cervical screening test MBS items to assist practice changes.

References:

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Pathologist Profile

Dr Michelle Alizart BBiomedSc MMBS (Hons) FRCPA

CONSULTANT CYTOPATHOLOGIST

Phone: (07) 3121 4066

CONSULTANT HISTOPATHOLOGIST

Email: DrMichelle.Alizart@qml.com.au

Dr Michelle Alizart has a long history with QML. After graduating with a Bachelor of Biomedical Science in 1997, she began working as a Scientist in the Endocrinology/Radioisotopes department at QML Pathology's Central Laboratory. Dr Alizart then moved to medical research, and worked at The University of Queensland's Department of Medicine at RBWH, in Guillain-Barre research. In 2002, she commenced medical training at The University of Queensland and graduated with Honours in 2005, before progressing to clinical work at The Gold Coast Hospital. Specialist training as an Anatomical Pathologist began in 2008, which saw Dr Alizart continue to work at varied Public and Private Institutions, including: QML Pathology, the Princess Alexandra Hospital, Royal Brisbane Women's and Children Hospital and the Prince Charles Hospital. Dr Alizart also completed a research posting in Breast Pathology at the University of Queensland Centre for Clinical Research, under Professor Lakhani. Dr Alizart was awarded Fellowship in Anatomical Pathology and returned to QML Pathology in early 2013 as a specialist in histopathology and cytopathology. Her special interests include breast and gynaecological pathology, dermatopathology and cytopathology.

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Highly efficient, non-invasive screening test for fetal Trisomy, based on Massively Parallel Sequencing (MPS), that analyses circulating cell-free fetal DNA extracted from a maternal blood sample.

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Only available at selected collection centres and pre booking is required.

For further information, please call the QML Pathology Duty Scientist on (07) 3121 4344 or (07) 3121 4346.



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Dr Raluca Fleser, Clinical Haematologist

MBBS, FRACP & FRCPA

phone. (07) 3353 9026 | fax. (07) 3353 6027 | email. admin@ralucafleser.com.au

Dr Raluca Fleser is a Clinical Haematologist with special interests in general haematology, pregnancy related haematological issues and diagnostic management of haematological malignancies with a focus on lymphoma and myeloma.

After graduating with a Bachelor of Medicine in 1996, Raluca became a specialist in Internal Medicine before moving from Europe to Australia in 2002. Raluca then commenced post-graduate physician and specialist training in clinical and laboratory haematology at both the Mater and Princess Alexandra Hospitals.

Raluca is a member of the Haematology Society of Australia & New Zealand (HSANZ), and a fellow of the Royal Australasian College of Physicians (RACP).

All inquiries and bookings can be made at Raluca's private practice at North West Private Hospital. Raluca also consults and visits Greenslopes Private Hospital, North Lakes Specialist Centre and is happy to announce that in 2015 she will also be visiting Caboolture Private Hospital.

Raluca ensures that each patient is provided with the upmost professional advice, treatment and personable service while in her care.

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Warfarin Care Clinic

Services during the Easter Period
25 March 2015 - 7 April 2015

QML Pathology wishes to advise that the Warfarin Care Clinic will not be accepting any new registrations over the Easter period. Registration closures will commence as of 5:00pm Wednesday 25th March, 2015 and will re-open at 8:00am Tuesday 7th April, 2015.

Patients who are currently monitored by QML Pathology and are being discharged from hospital will still be accepted during this time.





Collection Centre Updates

NEW COLLECTION CENTRES

GEEBUNG(07) 3049 4444

2/328 Newman Rd
Monday to Friday
By Appointment Only

MT GRAVATT

LOGAN RD..... (07) 3420 3019

Inside Good Health Medical Centre
1290 Logan Rd
Monday to Friday
08:30 – 13:30

CANNON HILL..... (07) 3390 8191

Inside Cannon Hill Doctors
Shop 17 / 1177 Wynnum Rd
Monday to Friday
07:30 – 12:30

EXTENSION OF HOURS

PIALBA

BEHRENDORFF PLACE..... (07) 4194 1967

5/107 Boat Harbour Drive
Monday to Friday
08:30 – 14:30

ARANA HILLS..... (07) 3351 4255

20 Nepean Ave
Monday to Friday
07:00 – 17:00
Saturday
07:00 – 12:00

CLAYFIELD

FIGHTREES..... (07) 3262 2263

531 Sandgate Rd (Cnr Oriel Rd)
Monday to Friday
07:00 – 17:00

DALBY..... (07) 4662 1660

(Inside Dalby Medical Centre)
12 Cunningham St
Monday to Friday
07:45 – 16:15



NOW OPEN SUNDAYS AND LATE THURSDAY NIGHTS

TAIGUM(07) 3865 4795

Taigum Central Shopping Centre
Cnr Beams & Church Rds
Mon, Tues, Wed, Fri:..... 6.30am–5.00pm
Thurs..... 7.30am–7.00pm
Saturday:..... 7.00am–11.30am
Sunday: 8.00am–11.00am

NORTH LAKES WESTFIELD..(07) 3204 6792

Mon, Tues, Wed, Fri:..... 7.30am–4.00pm
Thurs..... 7.30am–7.00pm
Saturday:..... 7.30am–11.30am
Sunday: 8.00am–11.00am

Don't miss out on your points. Enrol in an audit today!

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education programs each year.

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THE SURGICAL SKIN AUDIT

Assess your skin excisions according to:

- ✓ Identification
- ✓ Detection rate
- ✓ Diagnostic accuracy
- ✓ Histological accuracy
- ✓ Overall treatment rates

This information can be used to further inform and improve clinical practice techniques and enhance quality of care for patients.

Eligible GPs may attain Cat 1 points when 80 excisions have been received. These points can be earned each calendar year, with a possible total of three Cat 1 points being accrued over the triennium. 30 ACRRM points are awarded once over the triennium when 80 excisions have been received. Data will be collected from all registered participants, and collated into a graphical report, delivered monthly.

Following registration, audit participants will receive green Surgical Skin Audit Request Forms, which must accompany any samples to be included.

CYTOLOGY PAP SMEAR AUDIT

Assess your smear collection according to:

- ✓ Identification
- ✓ Detection rate
- ✓ Diagnostic accuracy
- ✓ Practical accuracy
- ✓ STI pick up rates

This information can be used to further inform and improve clinical practice techniques and enhance quality of care for patients.

Eligible GPs may attain Cat 1 points when 50 pap smears have been received. These points can be earned each calendar year, with a possible total of three Cat 1 points being accrued over the triennium. 30 ACRRM points are awarded once over the triennium when 50 excisions have been received. Data will be collected from all registered participants, and collated into a graphical report, delivered monthly.

Following registration, audit participants will receive lavender Cytology Audit Request Forms, which must accompany any samples to be included.

Enrol now and get your education points in 2015.

Ordering request forms: Phone (07) 3121 4565.

Clinical assistance: Our team of Cytopathologists are here to assist you.
Phone (07) 3121 4444 or contact your local laboratory.

Further information: Please contact your local medical liaison officer.





Dr Mark Daoud is a General Surgeon specialising in Breast, Endocrine and Laparoscopic GI surgery.

Dr Daoud has worked alongside world-class pioneers in weight loss surgery and is the Director of Obesity Clinic Queensland (OCQ). Dr Daoud has performed over 2000 bariatric procedures since the clinic's inception in 2004.

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M: 0405 721 882
www.ocq.com.au



Dr Richard Lim, MBBS (Hons), MRCP (UK), MD, MPhil, FRCP (London), FACC, FESC, FCSANZ, Interventional Cardiologist at The Princess Alexandra Hospital Brisbane since

July 1997 and Associate Professor of Medicine at The University of Queensland commenced private practice with Brisbane Heart in September 2014.

P: (07) 3346 1122
F: (07) 3346 1146
E: brisbaneheart@uq.edu.au



Assoc. Prof. Sudhir Wahi MBBS, MD, FRACP, FCSANZ, Director of Echocardiography and Senior Staff Cardiologist at the Princess Alexandra Hospital,

Associate Professor of Medicine at The University of Queensland and Adjunct Assoc and Professor of Medicine at the University of Tasmania, commenced private practice with Brisbane Heart in September 2014.

P: (07) 3346 1122
F: (07) 3346 1146
E: brisbaneheart@uq.edu.au



Dr Gerald Kaye, MBChB MD, FRCP (London) FRACP, Associate Professor of Cardiology at The University of Queensland and Interventional Electrophysiologist at

Princess Alexandra Hospital since 2005, commenced private practice with Brisbane Heart in September 2014.

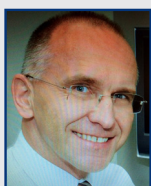
P: (07) 3346 1122
F: (07) 3346 1146
E: brisbaneheart@uq.edu.au



Dr Adrian Chong MBBS (Hons), FRACP, FCSANZ, FASE, BPharm, Cardiologist and senior lecturer at the Princess Alexandra and Mater Adults Hospitals in Brisbane

commenced private practice with Brisbane Heart in September 2014.

P: (07) 3346 1122
F: (07) 3346 1146
E: brisbaneheart@uq.edu.au



Dr Dariusz Korczyk, MDipl IntMedSpec, FRACP, FCSANZ, MHFA DDU, brings a wealth of experience in managing patients with heart disease to Brisbane heart.

Dariusz graduated from The Silesian School of Medicine (Poland), where he was awarded the title of Internal Medicine Specialist following training and board examinations. He continued his training in Australia and New Zealand and became a Consultant Cardiologist with a particular interest in Heart Failure and Cardiac Transplantation, before establishing the Heart failure Unit at The Princess Alexandra Hospital.

His areas of expertise include Heart Failure, Cardiomyopathies and Pulmonary Hypertension. Dariusz is actively involved in research and is a Senior Lecturer at The University of Queensland.

P: (07) 3346 1122
F: (07) 3346 1146
E: brisbaneheart@uq.edu.au



Dr Wendy Munckhof MB BS, FRACP, FRCPA, PhD is an infectious diseases physician and clinical microbiologist with over 20 years experience. Wendy has joined Doctor Deb the

Travel Doctor in Brisbane City and is available to see patients requiring infectious diseases specialist advice or care.

P: (07) 3221 9066
F: (07) 3221 7076
E: clinic@thetraveldoctor.com.au



Dr Roderick Chua MBBS (Syd) FRACP FCSANZ has commenced consultation sessions at the North Lakes Day Hospital on Thursday mornings. Roderick is

an interventional Cardiologist and heart failure specialist based at the Holy Spirit North Side Hospital working with Queensland Cardiology.

Appointments with Dr Chua can be arranged via Queensland Cardiology
P: (07) 3861 5522.

Roderick is available to discuss patient management directly on 0416 182 989.



Dr Alexander Incani MBBS Hons FRACP Cardiologist

Dr Alexander Incani graduated from The University of Melbourne in 2003, with first class honours and Dux of internal medicine. Following cardiology training at St Vincent's Hospital Melbourne, he commenced interventional training at Sir Charles Gairdner Hospital (Perth), working with the team who bought MitraClip to Australia.

Alex is a valued member of the coronary and structural interventional team at The Prince Charles Hospital, and is actively involved in all aspects of tertiary level cardiac care including transcatheter heart valve insertion and complex high risk angioplasty.

P: (07) 3831 6202



Dr Kevin Lee is an Australian trained Consultant Physician in Endocrinology and Diabetes.

Dr Lee offers private practice sessions by appointment at Banyo Clinic, whilst pursuing further training in Nuclear Medicine/Radiology. Kevin Holds a Masters of Health Studies in Clinical Epidemiology and is a Fellow of the Royal Australasian College of Physicians. He is also an associate clinical lecturer with The University of Queensland and James Cook University. Dr Lee bulk-bills aged pensioners as he believes this demonstrates a strong commitment to improve the care to those most in need.

Dr Bonev has practiced with Professor Corbett as a Neurologist at Corbett Medical Services since 2007 and has made numerous valuable contributions to the profession and communities throughout Brisbane and the Gold Coast.

Corbett Medical Services specialises in Neurophysiology testing, Nerve Conduction Studies, bulk-billed EMG's, EEGs, and bulk-billed neurological patient consultation. Corbett Medical Services also welcomes work cover and insurance patients.

P: (07) 5503 2499
F: (07) 5503 2488
E: Bookings@corbett.com.au
www.corbett.com.au

Dr Viral Chikani, MBBS FRACP has joined practice with Dr Grant Cracknell at Spring Hill Endocrinology and is seeing patients with diabetes and general endocrine disorders.

Dr Chikani completed his specialist training in Endocrinology at the Princess Alexandra and Gold Coast Hospitals. He is currently undertaking a PhD at The University of Queensland, investigating growth hormone effects on muscle function and exercise capacity.

P: (07) 3309 3077
F: (07) 3839 3044
E: reception@endoadvce.com.au

Dr Michelle Phillips

Child, Adolescent and Adult Psychiatrist
Amicus Medical Chambers
Level 2/155 Wickham Tce
Spring Hill 4000

P: (07) 3832 3332
F: (07) 3832 0753
E: reception@amicusmedical.com.au
www.drnichellephillips.com.au



ANNOUNCEMENTS

Dr Lata Sharma MD, MMed Rep, FRANZCOG is pleased to announce the extension of her private practice consulting services at the North Lakes Specialist Centre.
P: (07) 3049 2750

Urgent and professional consultation:
M: 0417 797 146.

Dr Jane Howard has returned to medical practice at the Lilian Cooper Centre, specialising in women's health and sexual difficulties.
P: (07) 3832 1666

Dr Peter Campbell would like to announce the expansion of his private practice into new consulting rooms at St Andrew's War Memorial Hospital. He is available for specialist consultations in all areas on Urology.
P: (07) 3367 1608
F: (07) 33671607
E: office@campbellurology.com.au

Dr Liza Siebuhr, General Adult Psychiatrist and has commenced practice at the Toowong Specialist Clinic. Her interests include mood disorders, PTSD and adult inpatient care.

Dr Siebuhr is happy to take new referrals and can be contacted on
P: (07) 3720 9700.

Dr Mohamed Khafaji and the Gold Coast Renal and Hypertension Clinic have expanded their services.

Dr Khafaji now consults every second Friday at Varsity Lakes. This clinic is fully bulk-billed for patients with an eligible Medicare card.
P: (07) 5527 8270
F: (07) 5527 8207

Sunnybank Hills Family Practice now provides the following procedures with no referral required:

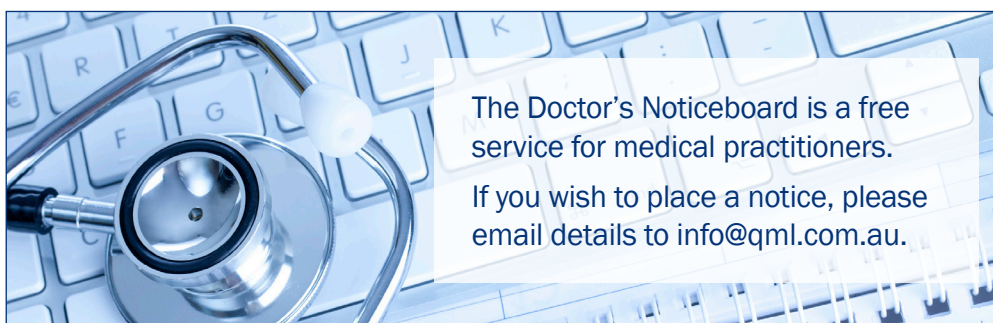
- Circumcisions—using the Plastibell method from birth to 16 years (Medicare rebatable).
- Vasectomies (Medicare rebatable).
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P: (07) 3361 8111
F: (07) 3272 1066

Southside Specialist Clinic

is an outpatient facility providing comprehensive health care for people suffering from mental health problems in the south of Brisbane. We have been successfully providing quality mental health care for almost two years and have relocated to a new and convenient location in order to accommodate the needs of patients and carers.

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The Doctor's Noticeboard is a free service for medical practitioners.

If you wish to place a notice, please email details to info@qml.com.au.

Infectious Diseases Report

GEOGRAPHIC DISTRIBUTION - JANUARY 2015

ORGANISM	Regions (as per key below)															TOTAL			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	JAN	DEC	NOV	OCT
Adenovirus (not typed)	1	10					8		1	2	11	3	2	1	2	41	26	41	57
Adenovirus (typing pending)		1							3			2	1		1	8	11	11	18
Barmah Forest virus									1		2	2			1	6	2	2	3
Bordetella pertussis	9	14	14	1			15		11	3	28	10	4	6		115	79	99	126
Brucella species		1					1				1					3	2	0	5
Campylobacter jejuni																0	0	1	0
Chlamydia pneumoniae											1					1	0	0	0
Chlamydia trachomatis, not typed	61	112	39	26	1		94		63	26	173	63	24	25	14	721	605	681	760
Coxiella burnetii		2	1	1							1					5	10	18	22
Cryptococcus species																0	1	1	0
Cytomegalovirus (CMV)	7	14	7	2			19		7		9	6	5	1	5	82	72	69	62
Enterovirus - not typed											1					1	0	0	0
Entamoeba histolytica																0	0	0	2
Epstein-Barr virus (EBV)	14	30	12	6			23		30	8	52	19	10	5	9	218	190	213	243
Flavivirus unspesified	7	4					3			3	5		1		1	24	17	7	10
Hepatitis A virus			1		1				1		2					5	1	10	2
Hepatitis B virus	12	5	5	1	1		19		5	2	53	4	2	3	2	114	94	108	141
Hepatitis C virus	10	34	24	4	2		53		29	4	72	20	12	9	12	285	232	310	347
Hepatitis D virus																0	0	1	1
Hepatitis E virus																0	3	0	
Herpes simplex Type 1	15	48	25	9			66		32	14	79	42	7	6	10	353	340	335	356
Herpes simplex Type 2	9	40	9	7			22		24	7	33	23	6	13	5	198	210	208	247
Herpes simplex virus - not typed																0	0	0	0
HIV-1							4		3	1	5	1	1			15	24	13	11
HTLV-1																0	0	0	0
Human Metapneumovirus		4					4		5		4	4		2	1	24	25	45	96
Influenza A virus	13	24	5		1		29		14	2	22	15	5	2	5	137	94	48	190
Influenza B virus		1					3		3	2	7	1				17	18	30	110
Legionella pneumophila (all serogroups)		2	1				3			1	4	3				14	9	22	34
Legionella species			2				2		1		4	4	2		3	18	17	25	17
Leptospira species												1				1	3	1	0
Measles virus																0	1	0	3
Mumps virus									1		1					2	0	0	3
Mycoplasma pneumoniae	20	93	40	13	2	1	84		68	26	141	64	23	19	28	622	662	704	1024
Neisseria gonorrhoeae	11	5	3				11		2	2	14		2	4	1	55	53	55	53
Parainfluenza virus	2	7	2				5		3	3	7	7	1	1	1	39	79	111	154
Parvovirus																0	3	6	10
Pneumocystis carinii									1						1	2	3	0	1
Respiratory Syncytial virus	2	7	2	1	1		8		6	1	6	1	1	4		40	21	15	49
Rhinovirus (all types)	2	11	3	3			9		11	4	16	6	5	3	11	84	147	195	218
Rickettsia - Spotted Fever Group						1						2				3	3	3	3
Ross River virus	15	24	12	10			17		29	10	43	21	9	2	12	204	126	128	104
Rubella virus																0	0	1	1
Salmonella paratyphi A																0	0	0	0
Salmonella paratyphi B											1					1	0	0	0
Salmonella typhi																0	2	3	0
Streptococcus Group A	4	8	1		3		9	8	4		13	5	6	3	4	68	60	68	94
Toxoplasma gondii	1	1									4			1		7	3	8	10
Treponema pallidum	22	13	4	2	7		39	3	5	6	38	14	4	13	1	171	147	145	220
Trichomonas vaginalis	15	3	2				1		1		4		1	7		34	19	29	40
Varicella Zoster virus	13	27	15	2			36		33	14	73	19	5	11	9	257	262	261	300
Yersinia enterocolitica																0	0	0	0
TOTAL	265	545	229	88	19	2	587	11	397	141	930	362	139	141	139	3995	3676	4031	5147

REGIONS:

1 Cairns
2 Gold Coast/Tweed
3 Ipswich

4 Mackay
5 Mount Isa
6 New England
7 North Brisbane

8 Northern Territory
9 Redcliffe
10 Rockhampton
11 South Brisbane

12 Sunshine Coast
13 Toowoomba
14 Townsville
15 Wide Bay/Burnett

FURTHER HISTORICAL CLINICAL DATA CAN BE OBTAINED BY CONTACTING MARKETING ON INFO@QML.COM.AU.