

## STD Services

### Internal Medicine Service, Royal Adelaide Hospital

#### Services Provided

#### Organization and Role

#### Clinical Services

Free and confidential advice, testing, treatment for all STD (including HIV infection) at:

Clinic 275  
275 North Terrace (1st Floor)  
ADELAIDE 5000

#### Clinic Hours

Monday, Thursday, Friday 10.00 a.m. - 4.30 p.m.

Tuesday, Wednesday 12.00 noon - 7.00 p.m.

No appointment necessary; telephone 8226 6025 for advice or discussion at a personal or general level on STD; country callers only: 1800 806 490 (toll free).

#### Training and Education

?? *Workshops* for all levels of health workers (doctors/nurses/social workers); all workshop participants receive regular updated literature on STD and may borrow teaching materials from STD Resource Centre; enquiries, bookings and materials, contact the surveillance unit, telephone 8226 6025.

#### ?? *Publications*

Annual epidemiologic and quarterly surveillance reports describing the epidemiologic patterns of STD, HIV/AIDS, hepatitis B and hepatitis C in South Australia.

Technical bulletins on various aspects of STD.

Contact the surveillance unit, telephone 8226 6025, regarding mailing list.

?? *Clinical training* is offered to all medical practitioners and nurses at both undergraduate and postgraduate levels.

For further information, contact Dr Gavin Hart, telephone 8226 6025.

#### Consultant Services

?? Advice and support with all aspects of individual client management

?? Epidemiologic and statistical information

?? Health promotion and other STD control activities

Contact Dr Gavin Hart on telephone 8226 6025.

## Organization and role of STD Services

STD Services operates as an integrated program combining clinical and public health activities. STD Services provides a centre of excellence for clinical care, epidemiology and contact tracing of STD including HIV, hepatitis C and hepatitis B. The STD control program has been developed in accordance with principles outlined in 'Control of Sexually Transmitted Diseases' World Health Organization, 1985.

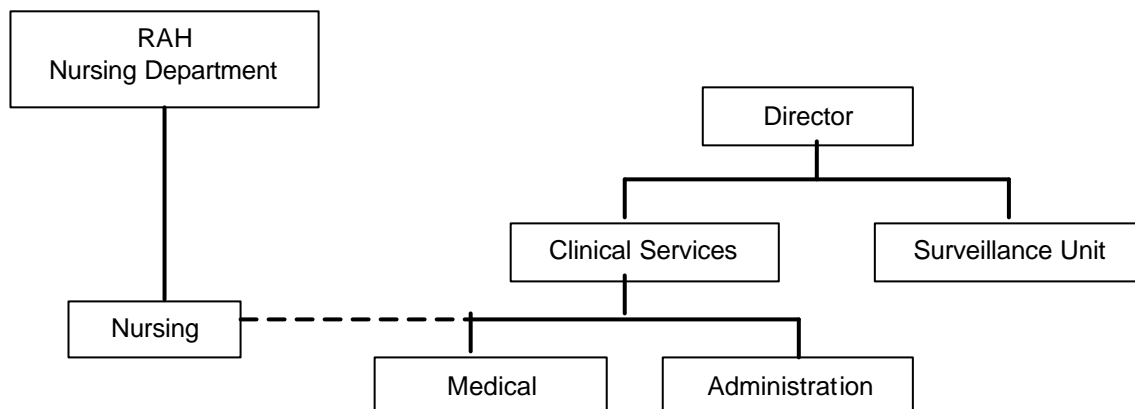
The role of the STD control program is to reduce the impact of STD in the community by:

- ?? reducing the incidence of disease
- ?? reducing the duration of infection
- ?? reducing the complications and the anxiety associated with infection
- ?? decreasing the nett costs of managing individual cases.

The functions of STD Services, the headquarters of the control program, are:

- ?? improving clinical care
- ?? improving laboratory diagnosis
- ?? developing programs for training health care personnel
- ?? performing operational research
- ?? implementing control strategies such as health promotion, contact tracing and screening.

Figure 1 Organizational structure of STD Services as at 1 January, 2000.



## **Clinical Services**

The primary role of Clinic 275 (the central STD clinic) is to facilitate the functions of STD Services. It provides an environment for developing clinical protocols, assessing the performance of laboratory tests, training health care workers, and collecting epidemiologic information.

Specific activities of Clinic 275 include:

- ?? providing a clinical training resource for education/professional training
- ?? development of diagnosis and management guidelines for all STD (available to all clinicians on request)
- ?? providing information for analysis by the surveillance unit
- ?? providing statewide consultation to clinicians on diagnosis and management of STD
- ?? in addition to the above activities, high quality care is provided for an estimated 30% of episodes of notifiable STD in metropolitan Adelaide
- ?? whereas Clinic 275 operates predominantly as a public service, private care is available by appointment on referral from general practitioners
- ?? counselling to reduce risk taking among clientele which is a major strategy for reducing reinfection with all STD
- ?? periodic immune assessment of clients infected with HIV
- ?? counselling and referral service for HIV positive and AIDS clients
- ?? periodic assessment of liver function for clients with HCV/HBV infection
- ?? clinical trials for treatment drugs and vaccines.

## **STD Clinic Resource Utilization (SCRU) System**

Since 1 January 1987 a standardized casenotes system (form STD.M.1) has operated. A key element of this system is aggregating attendances to episodes of illness and assigning such episodes to individual clients. This provides more meaningful statistics than systems which merely analyse data in terms of attendances, thereby producing a marked bias when a few clients account for a disproportionate number of attendances.

## **Surveillance Unit**

The surveillance unit is responsible for the collection and analysis of epidemiologic data, education/professional training and operation of statewide notification systems.

### **Epidemiology**

The role of this unit is to analyse data on STD (including HIV/AIDS infection, hepatitis B and hepatitis C infection) as a basis for control strategies or guidelines for medical practitioners; to conduct research for these same purposes and to implement control strategies.

Special activities include:

- ?? operation and analysis of clinic records
- ?? operation of the statewide chlamydia, gonorrhoea, syphilis, HIV/AIDS, hepatitis B and hepatitis C notification systems
- ?? participation in sentinel HIV surveillance in STD clinics; this project involves collaboration between the National Centre in HIV Epidemiology and Clinical Research, public STD clinics in the five Australian states and the National Venereology Council of Australia
- ?? liaison with community groups with a particular interest in STD control
- ?? contact tracing on index cases referred from both Clinic 275 and from medical practitioners outside the central STD clinic
- ?? the Surveillance Unit publishes an annual epidemiologic report and quarterly surveillance reports.

### **Education/Professional Training**

The major emphasis is to provide training on STD to major groups of health professionals, particularly medical undergraduates and nursing graduates. Such training is conducted predominantly at Clinic 275.

Specific activities include:

- ?? training of medical students - seminars, self-learning programs and clinical experience
- ?? training of doctors - seminars and clinical experience
- ?? supervision and training of medical trainees at Clinic 275 (RMOs from RAH and FMC)
- ?? training of specialist STD counsellors/contact tracers
- ?? in-service training of all Clinic 275 staff
- ?? training of STD educators
- ?? production of client information pamphlets, guidelines for doctors and STD educational material for educators

- ?? dissemination of STD information to health professionals and libraries
- ?? production of slides, video and written training materials for health professional training
- ?? consultancy service for STD training activities conducted by other agencies
- ?? supervision of school groups and others visiting Clinic 275.
- ?? publication of information on an internet site.

## **Notification System for Sexually Transmitted and Blood Borne Diseases**

In South Australia there is a dual notification system which involves information from both laboratories and medical practitioners.

Cases of gonorrhoea, chlamydia, syphilis, hepatitis B, hepatitis C, HIV and AIDS are notifiable to the South Australian Health Commission under the Public and Environmental Health Act of 1987.

The responsibility for the notification system for these infections has been delegated to the Royal Adelaide Hospital STD Services.

The notification system enables disease surveillance which facilitates statewide prevention and control activities.

All enquiries should be directed to:

Surveillance Unit  
STD Services  
275 North Tce  
Adelaide SA 5000

Telephone: 8226 6025

Notification forms and reply paid envelopes are sent out from the unit.

### **Medical notification**

There is a legal requirement for the attending clinician to notify all cases of syphilis, gonorrhoea, chlamydia, HIV/AIDS, hepatitis B and hepatitis C infection. Computer analysis is performed on all medical notifications.

### **Laboratory notification**

There is a legal requirement for laboratories to notify positive laboratory tests for syphilis, gonorrhoea, chlamydia, HIV, hepatitis B and hepatitis C. STD Services is notified of the patient's name, doctor's name and phone number.

The purpose of this system is to monitor medical notification and to contact the attending doctor rapidly when such notification is not forthcoming. The objectives of notification cannot be achieved by laboratory notification alone.

## **Notification of gonorrhoea, syphilis and/or chlamydia**

Purpose of notification is twofold

?? to enable epidemiologic analysis for control activities and

?? to facilitate contact tracing which reduces spread of disease in the community and probability of reinfection in the treated patient. Clinicians indicate on notification forms whether they wish STD Services to undertake contact tracing or whether they would prefer to investigate the case themselves.

## **Notification of HIV infection**

Purpose of HIV notification:

?? to enable surveillance of HIV infection in SA

?? to facilitate contact tracing/partner notification. Medical Officers notifying the infection can either initiate the contact tracing and send relevant information to the HIV epidemiologist or after consultation with the client, request the HIV epidemiologist to investigate the case.

## **Notification of hepatitis B infection**

Purpose of HBV Notification:

?? to define HBV infection (both acute cases and chronic carriers) in South Australia for epidemiologic analysis

?? to follow up individuals with acute infection

## **Notification of hepatitis C infection**

Purpose of HCV Notification:

?? to define HCV infection in South Australia for epidemiologic analysis

?? to follow up individuals with recently acquired infection and those whose risk factor was not stated.

Appendices 2, 3, 4 and 5 contain examples of the notification forms. Medical practitioners should ensure that the information required is available from the patient records.



**Appendix 2**

Signed: .....

IS

04/02



**Appendix 2**

**Signed:** .....

SA  04/02

**Appendix 4**

**CONFIDENTIAL  
NOTIFICATION OF HIV INFECTION**

To: STD Services, Royal Adelaide Hospital, North Terrace, Adelaide, 5000 Phone: 8226 6025

**USE ENVELOPE PROVIDED OR MARK ENVELOPE "STRICTLY CONFIDENTIAL"**

PURSUANT TO THE PROVISIONS OF SECTION 30 AND 41 OF THE PUBLIC AND ENVIRONMENTAL HEALTH ACT  
1987

(Regulation 5, 19<sup>th</sup> September 1991), I HEREBY REPORT:-

<p>PLEASE COMPLETE THE FOLLOWING FOR MOST QUESTIONS YOU NEED TO CIRCLE A NUMBER.</p> <p>1. FAMILY NAME (first two letters only) ____</p> <p>2. GIVEN NAME (first two letters only) ____</p> <p>3. DATE OF BIRTH ____/____/____</p> <p>4. POSTCODE ____</p> <p>5. SEX 1. Male 2. Female</p> <p>6. Country of Birth .....</p> <p>7. HAS THERE BEEN A PREVIOUS NOTIFICATION OF HIV FOR THIS PERSON IN AUSTRALIA 1. Yes 2. No</p> <p>IF YES COMPLETE Q.8-9, IF NO GO TO Q.10</p> <p>8. IF PREVIOUS NOTIFICATION – WHERE? 1. NSW 2. VIC 3. WA 4. QLD 5. NT 6. TAS 7. ACT 8. SA</p> <p>9. DATE OF PREVIOUS NOTIFICATION ____/____/____</p>	<p>IF THIS IS THE FIRST HIV NOTIFICATION FOR THIS PERSON COMPLETE QUESTIONS 9-19</p> <p>10. DATE OF POSITIVE LABORATORY TEST ____/____/____</p> <p>11. PATIENT FOLLOW-UP 1. I prefer you to follow -up contacts 2. I will follow -up contacts &amp; fill out case Investigation form HIV CM</p> <p>12. MARITAL STATUS 1. Never married 2. Married/defacto 3. Widowed/sep/div</p> <p>13. RACIAL ORIGIN 1. Aboriginal 2. Asian 3. Caucasian 4. African 5 Other.....</p> <p>14. EMPLOYMENT 1. Currently employed 2. Unemployed</p> <p>15. PREVIOUSLY TESTED NEGATIVE 1. Yes 2. No If yes date of test ____/____/____</p> <p>16. LIKELY LOCATION INFECTION ACQUIRED 1. SA 2. Interstate 3. Overseas</p> <p>17. LIKELY MODE OF INFECTION 1. Sexual 2. Injecting drug use 3. Sexual and injecting drug use 4. Other .....</p> <p>18. SEX OF LIKELY SOURCE OF INFECTION 1. Male            2. Female 3. Uncertain (male and female exposure)</p> <p>19. CURRENT STAGE OF INFECTION 1. Asymptomatic HIV 2. Symptomatic HIV (non AIDS) 3. AIDS</p> <p>21. CD4 COUNT .....</p> <p>22. PAST OR CURRENT BLOOD DONOR 1. No            2. Yes            9. Unknown <b>if yes</b> Where ..... What Year .....</p>	<p align="center">OFFICE USE</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; 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## Appendix 2

Signature .....

Name .....

Address ..... Postcode .....

Telephone .....

NS	<input type="text"/>	<input type="text"/>
IS	<input type="text"/>	07/02







**CONFIDENTIAL  
NOTIFICATION OF DONOVANOSIS**

*Pursuant to the provisions of the Public and Environmental Health Act, 1987, these are notifiable diseases.  
To: STD Services, Royal Adelaide Hospital, North Terrace, 5000; Ph 8226 6025*

**Use envelope provided or mark envelope: STRICTLY CONFIDENTIAL**

<p><b>Surname:</b> ..... <b>Given Names:</b> .....</p> <p><b>Address:</b>.....</p> <p><b>Post Code:</b>..... <b>Telephone:</b>.....<b>Date Of Birth:</b> .....</p>	<p align="center"><b>Office Use Only</b></p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>
<p><b>Site of Lesions</b> <i>(Please circle appropriate option)</i></p> <p>1. <b>Anogenital</b></p> <p>2. <b>Other</b></p> <p><i>(if other specify) .....</i></p>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div>
<p><b>Testing and Treatment Information</b></p> <p><b>Date of Test:</b> ..... <b>Laboratory:</b> .....</p> <p><b>Treatment:</b> .....</p>	
<p><b>Epidemiological Information</b> <i>(please circle where appropriate)</i></p> <p><b>Sex:</b></p> <p><b>Marital Status:</b>            1. Never Married            2. Married/Defacto            3. Widowed/Div/Sep</p> <p><b>Racial:</b>                        1. Aboriginal                        2. Asian                        3. Caucasian</p> <p>    4. Other</p> <p><b>Presently Employed</b>            1.No                                    2.Yes                                    3.Sex Worker</p> <p><b>Likely Location Infection Acquired:</b></p> <p>    1. South Australia            2. Interstate                        3. Overseas</p> <p><b>Sex Of Likely Source Of Infection</b></p> <p>    1. Male                                    2. Female</p>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div>
<p><b>Follow Up Of Patient</b> <i>(please tick one of the following boxes)</i></p> <p><input type="checkbox"/> <b>I Would Prefer That You Follow Up The Matter.</b> <i>(please complete details)</i></p> <p><i>Preferred method for patient to be contacted:</i></p> <p><i>Address:</i>.....</p> <p><i>Telephone HM:            .....WK:.....MB:.....</i></p> <p><i>Names, addresses and telephones of possible sources/contacts:</i></p> <p>.....</p>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div>
<p><input type="checkbox"/> <b>I Would Prefer To Follow Up Possible Contacts And Forward The Results To You.</b></p>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div>
<p><b>I have informed the patient that further follow-up may be required by the South Australian Health Department.</b></p> <p align="center"><input type="checkbox"/> <b>Yes</b>                                    <input type="checkbox"/> <b>No</b></p> <p><b>Notifying Doctor:</b></p> <p><b>Address:</b></p> <p><b>Telephone:</b></p> <p><b>Signed:</b> .....</p>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> <p>NS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div></p> <p>IS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div></p> <p>SA <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div></p>





**STD Control Branch**

**Female STD Episode**

**Clinic 275**

Record Number

Clinic Number  **S**

Referral By:

Postcode

FAMILY NAME.....

SEEN BY

DAY

GIVEN NAME.....

TIME IN DAY TIME DR WAIT

1. Date of visit	1. <input type="text"/>			Occupation
2. Occupation	1. U/E 4. Home duties 7. Office	2. Student 5. Professional 8. Manual	3. M/P 6. ParaProf 9. Other	History
3. Reason for visit	1. Asym vol 4. Doctor ref	2. Sym vol 5. Other ref	3. Contact 6. Clinic	
4. Symptoms & signs	1. None 4. Genital lump 7. Rash	2. Discharge 5. Genital ulcer 8. Pelvic pain/mass	3. Dysuria 6. Itch 9. Other	
5. Duration of main symptom (days)	1. Asym 4. 8-14	2. 0-3 5. Over 14	3. 4-7 6. Audit	
6. Current Medication (14 days)	1. None 4. Antibiotic & other	2. Antibiotic	3. Other	
7. Blood risk (12 months)	1. Nil 4. Bld transf (3&4) 7. (3&4)	2. Tattoos 5. (2&3) 8. (2,3,4)	3. IDU 6. (2&4) 9. Other	
8. HIV test (12 mths)	1. No	2. Yes	9. Unknown	
9. HIV test offered	1. Requested	2. Offered	3. No offer	
10. Pregnant	1. No LMP:	2. Yes K:	3. Uncertain	
11. Contraception	1. None 4. Other	2. Pill	3. IUCD	
12. Number of partners (3 months)	1. One 4. Four LSI:	2. Two 5. Five or more	3. Three 6. None	
13. Sex partner (12 months)	1. Solely male 3. Solely female	2. Male & female 4. Nil		
14. Sex contacts (12 months)	1. Nil 4. Overseas	2. S.A. only 5. (3&4)	3. Interstate	
15. Steady partner	1. No	2. Yes	Duration	
16. Gravida	1. One	2. Two	3. Three	
17. Para	4. Four 7. Seven or more	5. Five 8. None	6. Six	
Genital Examination	1. Yes	2. No		
18. Urethral smear	1. Not done 4. 5-9 p/hpf	2. <5p/hpf 5. 10+ p/hpf	3. GC 6. Other	
19. Urethral culture	1. Not done 4. Other	2. Negative	3. GC	
20. Urethral chlamydia	1. Not done	2. Negative	3. Positive	
21. Vaginal smear	1. Not done 4. Candida 7. Candida & Trich	2. Negative 5. Trich 8. Other	3. GC 6. G Vag pH=	
22. Vaginal culture	as for smear			
23. Cervical smear	1. Not done 4. +poly	2. Vag contam 6. ++polys	3. GC 8. +++polys	
24. Cervical culture	1. Not done 4. Other	2. Negative	3. Positive	
25. Cervical chlamydia	1. Not done	2. Negative	3. Positive	
26. Pap smear	1. Not done 4. LGEA-HPV	2. Negative 5. LGEA-CIN1	3. LGEA-NS 6. HGEA-CIN2+	
27. Throat culture	1. Not done 4. Other	2. Negative	3. GC	
28. Rectal culture	1. Not done	2. Negative	3. GC	
29. Herpes culture	1. Not done 4. Type 2	2. Negative	3. Type 1	
30. Syphilis EIA	1. Not done 4. Equivocal	2. Non reactive 5. Reactive	3. Prev reactive	
31. Syphilis RPR	1. Not done 4. 1:1 or more	2. Non reactive	3. Weak reactive	
32. Syphilis FTA	1. Not done 4. Reactive minimal	2. Non reactive 5. Positive Igm	3. Prev reactive 6. Positive IgG	
33. Hepatitis B	1. Not done 4. sAg+ eAg+ 7. Vaccinated	2. Negative 5. sAg+ eAg-	3. Ab+ alone 6. Other	
34. Hepatitis C	1. Not done 4. Reactive	2. Negative 5. Indeterminate	3. Prev reactive	
35. HIV serology	1. Not done 4. Reactive	2. Negative 5. Indeterminate	3. Prev reactive	
36. Diagnosis	4. Syphilis 8. Warts 12. Scabies 16. Ur. Irritation 20. Uncertain	5. Herpes 9. Trich 13. Molluscum 17. Balanitis 21. Other STD	6. Chlamydia 10. Candida 14. B vag 18. Enteroparasite 22. PCC	7. NSU 11. Crabs 15. Hep B 19. Non STD illness 23. Hep C
37. Treatment	1. None 4. Cryotherapy 7. Podophyllin	2. Penicillin 5. Nitroimidazoles 8. Miticides	3. Tetracycline 6. Antifungals 9. Macrolides	

Occupation

History

Hep C test last 12mths 1. No 2. Yes 3. Unknown

**IF STEADY PARTNER**

Attended  YES Clinic  Other (Clinic  
 Clinic  NO Number ..... Contacts (Nos.).....

L.P.U.....Hrs ago Exposure sites: Genitals  Rect.  Throat

**Examination**

Assessment

Treatment

Follow up 1. None 2. M.O. 3. Results

10. Cephalosporins 11. Other 12. Quinolones 37. | | |

4. Optional

5. Referral

6. Other



Trial Patient

1. No

2. Offered/declined

3. Yes

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Episode No

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Referred To: .....

Letter Sent: .....

## **Publications of STD Services**

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- BULLETIN No. 1    Diagnosis and Management of STD (including HIV infection)  
First printed May 1988  
Revised May 1990  
Revised June 1993  
Revised August 1996  
Revised April 2000
- BULLETIN No. 2    Reducing the Impact of Sexually Transmitted Diseases including  
HIV Infection  
First printed 1988 (Revised 1991)
- BULLETIN No. 3    STD Training for Doctors and Medical Students
- BULLETIN No. 4    Information Systems for STD Control Programmes
- BULLETIN No. 5    Clinic 275 Operations Manual
- BULLETIN No. 6    The Epidemiology of Chlamydia and Gonorrhoea
- BULLETIN No. 7    Service Evaluation and Staff Management in an STD clinic.

Venereologica: facts and figures from an STD clinic

From Night Clinics to the Internet: A history of sexually transmitted diseases in South Australia, 1916 - 1996

## **Epidemiologic Reports**

Sexually Transmitted Diseases in South Australia Epidemiologic Report No.	1 - 1987
Sexually Transmitted Diseases in South Australia Epidemiologic Report No.	2 - 1988
Sexually Transmitted Diseases in South Australia Epidemiologic Report No.	3 - 1989
Sexually Transmitted Diseases in South Australia Epidemiologic Report No.	4 - 1990
Sexually Transmitted Diseases in South Australia Epidemiologic Report No.	5 - 1991
Sexually Transmitted Diseases in South Australia Epidemiologic Report No.	6 - 1992
Sexually Transmitted Diseases in South Australia Epidemiologic Report No.	7 - 1993
Sexually Transmitted Diseases in South Australia Epidemiologic Report No.	8 - 1994
Sexually Transmitted Diseases in South Australia Epidemiologic Report No.	9 - 1995
Sexually Transmitted Diseases in South Australia Epidemiologic Report No.	10 - 1996
Sexually Transmitted Diseases in South Australia Epidemiologic Report No.	11 - 1997
Sexually Transmitted Diseases in South Australia Epidemiologic Report No.	12 - 1998
Sexually Transmitted Diseases in South Australia Epidemiologic Report No.	13 - 1999
Sexually Transmitted Diseases in South Australia Epidemiologic Report No.	14 - 2000

## Quarterly Surveillance Reports

STD Control Branch Quarterly Surveillance Report No. 1	July - September	1996
STD Control Branch Quarterly Surveillance Report No. 2	October - December	1997
STD Control Branch Quarterly Surveillance Report No. 3	January - March	1997
STD Control Branch Quarterly Surveillance Report No. 4	April - June	1997
STD Control Branch Quarterly Surveillance Report No. 5	July - September	1997
STD Control Branch Quarterly Surveillance Report No. 6	October - December	1997
STD Control Branch Quarterly Surveillance Report No. 7	January - March	1998
STD Control Branch Quarterly Surveillance Report No. 8	April - June	1998
STD Control Branch Quarterly Surveillance Report No. 9	July - September	1998
STD Control Branch Quarterly Surveillance Report No. 9	July - September	1998
STD Control Branch Quarterly Surveillance Report No. 10	October - December	1998
STD Control Branch Quarterly Surveillance Report No. 11	January - March	1999
STD Control Branch Quarterly Surveillance Report No. 12	April - June	1999
STD Services Quarterly Surveillance Report No. 13	July - September	1999
STD Services Quarterly Surveillance Report No. 14	October - December	1999
STD Services Quarterly Surveillance Report No. 15	January - March	2000
STD Services Quarterly Surveillance Report No. 16	April - June	2000
STD Services Quarterly Surveillance Report No. 17	July - September	2000
STD Services Quarterly Surveillance Report No. 18	October - December	2000
STD Services Quarterly Surveillance Report No. 19	January - March	2001
STD Services Quarterly Surveillance Report No. 20	April - June	2001
STD Services Quarterly Surveillance Report No. 21	July - September	2001
STD Services Quarterly Surveillance Report No. 22	October - December	2001

Miller, Chris      *Genital Herpes. Current Therapeutics Internet Supplement*  
June 2000

Waddell, Russell      *Genital HPV In Perspective. SA Cervical Screening Program,*  
*Pap News, Newsletter No. 10 November 2000*

Waddell, Russell      *Genital HSV Infection: Long-Term Approaches For A Lifelong*  
*Disease. In Focus, Herpes Virus Infections: New Paradigms*  
*for a New Millennium*

## Appendix 8