

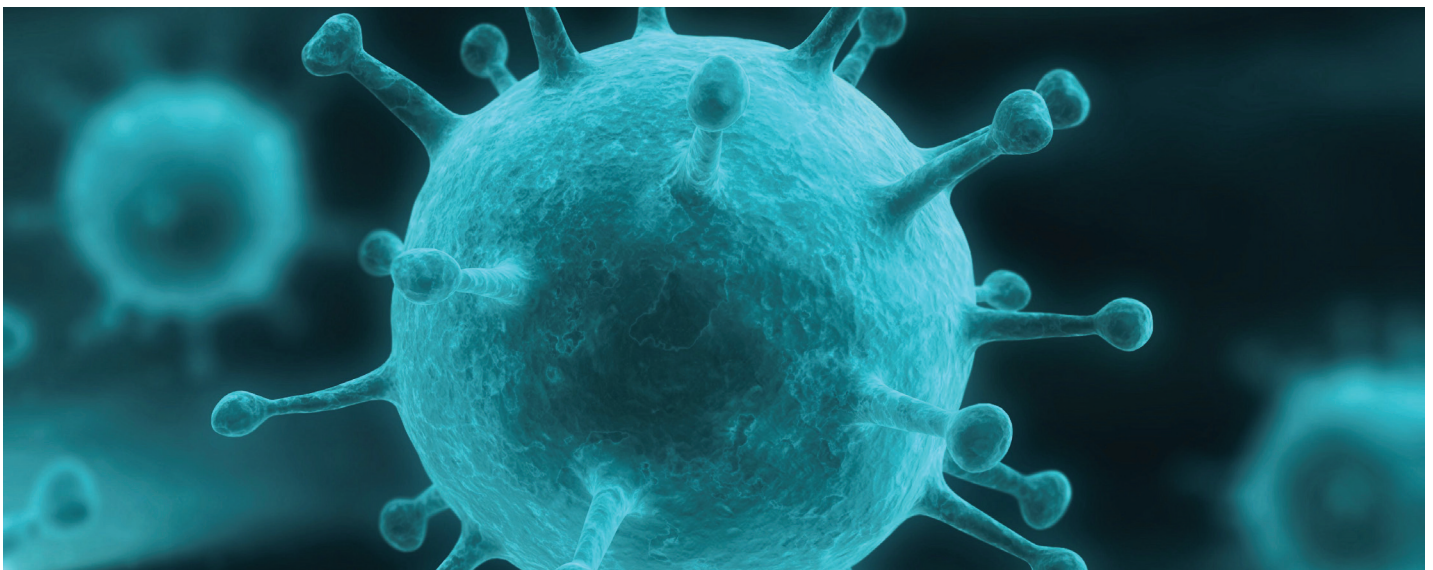
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This fact sheet will give a brief overview of the main Sexually Transmitted Infections, (S.T.I.s), occurring in Australia, some of the symptoms of having an S.T.I. and the tests for detecting them. There are many infections it is possible to get from sexual contact. If you have any concerns regarding possible signs or symptoms of an S.T.I. or feel you may have been exposed to an S.T.I. please contact your doctor or your nearest sexual health clinic. This article is to be used as a reference only.

A sexually transmitted infection, (S.T.I.), is any infection that is acquired through sexual contact. It can be caused by bacteria, a virus or a parasite. The sexual contact can be penetrative, (vaginal or anal), oral sex, masturbation, touching someone's genitals or skin to skin contact, depending on the type of S.T.I. involved. The term "signs and symptoms" means physical things a person may notice if they have an S.T.I., such as a discharge from their genitals, pain or discomfort. It is very important to remember most S.T.I.s can be present in a person without any signs or symptoms, therefore a person may not know they have an infection without having a test.



S.T.I.s affect all genders and sexualities. The infections a person could be exposed to depend on what genitals a person has and the type of sex that person has. S.T.I.s do not discriminate. They are bacteria, viruses and parasites that can be passed on during sexual contact. They affect men and women, gay, straight bisexual or however a person identifies. They affect all races, religions, cultures, socioeconomic groups and education levels. People having any sort of sexual contact can be exposed to and infected by an S.T.I.

If a person has had reassignment surgery he or she is less likely to contract these bacterial infections in their genitals, due to the nature of many S.T.I.s targeting mucous membrane tissue. After reassignment surgery the tissue of the genitals may not be the same mucous membrane type tissue as was originally there, decreasing the risk to that part of the body. However as many S.T.I.s can be transmitted via oral or anal contact the bacteria can infect a person in these sites. If a person is diagnosed with an S.T.I. it is also important to contact current and past sexual contacts to notify them they may have been exposed to an S.T.I. If a person is uncomfortable with doing this the clinician can assist. It is very important that



sexual contacts are notified to allow them to be tested and treated and avoid possible problems or complications from the infection. It is also important to know that being treated for these bacterial infections does not give a person immunity to getting it again. Therefore if a person has sex with an untreated partner again, or if they put themselves at risk again, they can be reinfected. The best way to prevent transmission of S.T.I.s is using condoms for penetrative sex, condoms or dental dams for oral sex and gloves for fingering. When using condoms, the condom needs to be on before there is any contact with the other person's genitals. This means not just for the actual penetration but before there is any touching or rubbing of another person's genitals.

## **CHLAMYDIA AND GONORRHOEA**

These are both bacterial infections.

### **Transmission:**

Chlamydia and or gonorrhoea can be transmitted, (passed from one person to another), through penetrative sex, using toys and possibly on fingers. (These infections could be passed on from finger contact in a situation where someone has an infection and touches their own genitals and then someone else's). Gonorrhoea can be transmitted from oral sex, be it fellatio, cunnilingus or rimming.

**Signs and Symptoms:**

Possible signs or symptoms of these infections include discharge, (coloured or clear), from a penis or unusual discharge from a vagina, burning, stinging or difficulty urinating. For a person with a vagina being penetrated there could be pain during sex or bleeding after sex or between periods, if a person still has periods. If a person has anal sex, signs of an infection can be discharge from their bottom, unusual pain during a bowel movement, or pain or discomfort in their rectum at other times.

It is always important to remember these infections can be present without any signs and without a person knowing. These infections are easily passed from one person to another. The presence of one S.T.I. increases the chances of passing on or contracting H.I.V.

**Diagnosis:**

Both of these infections are easily tested. The tests performed depend on the type of sex a person has. Chlamydia can be tested for with a urine test. The first part of the urine passed, (not a mid-stream urine), is collected. For chlamydia and gonorrhoea swabs may also be collected from the vagina, cervix and/or rectum depending on what sexual contact a person has had. The swabs used resemble a cotton bud, only slightly larger. Having a swab collected is not painful but can be a little uncomfortable for some people. Some clinicians may allow a person to collect their own swabs while others prefer to do it themselves. For gonorrhoea a throat swab may also be collected.

If a person has symptoms of either of these infections the clinician may collect a few other swabs for testing. If a person presents with a discharge from his or her genitals the clinician may look at a sample of this discharge under a microscope. This will depend on where a person goes for testing.

**Treatment:**

Both of these infections are normally easily treated with a one-off dose of antibiotics. For chlamydia, two tablets of an antibiotic called azithromycin taken at the same time are given. For gonorrhoea the treatment is a one of injection of an antibiotic called ceftriaxone. If there are complications from an infection more antibiotics may be prescribed. The treatment may also differ if a person has an allergy to certain antibiotics.



## **SYPHILIS**

Syphilis as another bacterial infection.

### **Transmission:**

Syphilis can be passed on through vaginal, anal, oral sex and from a mother to her unborn child during pregnancy. The rates of syphilis have been steadily increasing in Australia for a number of years now.

### **Signs and Symptoms:**

Syphilis is quite a complicated infection to explain. The most common symptoms in an early syphilis infection are an ulcer or ulcers on the genitals, in the anus or in the mouth. The ulcer is not painful. Another sign of syphilis is a rash on a person's chest or back, or the palms of their hands or soles of their feet. As with most S.T.I.s a person may not know they have syphilis. If the ulcer is in a part of a person's body they cannot see and it is not painful, it is quite easy for them not to know they have it. A person may not develop a rash or be aware of any symptoms. The only way to really know is to have a test. Syphilis in the early stages of an infection is very easily passed on. The infectious stage can last for up to 2 years. After 2 years a person is not usually infectious to others but if not treated the infection can go on to cause serious health problems later in life. This bacterium can affect a person's heart, brain and nervous system. The effects of untreated syphilis on an unborn baby are very serious and can lead to birth abnormalities or death.

### **Diagnosis:**

Syphilis is tested for with a blood test. If a person presents to a doctor or clinic with an ulcer a swab may be taken as well.

### **Treatment:**

Syphilis is treated with penicillin injections, usually given in the buttocks. The number of injections needed is determined by how long a person has had the infection for. If a person is allergic to penicillin another antibiotic may be used. If there are already complications from having untreated syphilis for a long time a person may need further tests and different treatment.

## **CANDIDA OR THRUSH**

Thrush is a fungal condition called monilia or candida albicans. It is caused by overgrowth of the yeast candida albicans. The organism is often found in the body without causing disease and is not harmful. It may become evident during sex; during pregnancy; during the use of antibiotics or other medication; or in diabetic people.

### **Transmission:**

Although thrush is not usually acquired from sexual intercourse it can infect a male partner who can re-infect the female during sex. Thrush can live under the skin of a uncircumcised penis.

### **Signs and Symptoms:**

The usual symptoms are itchiness of the genital area; soreness of the vagina; a cheesy white discharge from the vagina; and discomfort during intercourse and or pain when urinating.

## Treatment

Prescribed vaginal or oral medications are very effective treatments. The following may help to make the vagina less favourable to thrush or help to smooth the irritation but they are not cures. A external genital wash or medications are very effective treatments, but are not cures. The following may help:

- an external genital wash of weak vinegar solution, (1 teaspoon per cup) or bicarbonate of soda, (1 teaspoon per litre of water);
- a hand full of raw salt in the bath water;
- inserting acidophilus yogurt in the vagina; and
- Use of Acigel available from your chemist.

## Prevention:

The following points may help to avoid an infection:

- Wear loose clothing as tight clothing promotes excessive sweating and makes it easier for the candida fungus to invade surfaces;
- wear cotton or silk underwear instead of polyester;
- after urinating wipe from front (Vagina) to back (anus) to avoid infection of the vagina;
- avoid excess use of soap; and
- it is not advisable to have sex during a severe attack.

Thrush causes swelling of the genitals and sexual stimulation will increase the swelling, bringing discomfort, while the natural lubrications produced are alkaline and may aggravate the problem.

## HERPES SIMPLEX VIRUS (HSV) OR HERPES

Specific strains of the Herpes Simplex Virus have been associated with abnormal cell changes on the cervix, vulva, penis or anus. Only a few of these virus strains, however, are strongly associated with early signs of cancerous cell changes. The risk is increased by other factors, such as smoking. The Herpes Simplex Virus (HSV) causes herpes, one of the most common infections in humans. There are two types of H.S.V. and both can occur in any area of the skin. Type 1 is usually found around the mouth and is commonly known as a "cold sore" and Type 2 is usually found around the genital or anal area. Approximately one in eight adults carries the H.S.V.2 and the majority of those affected do not know it. This is because most people do not have symptoms or do not get the "classical" visible herpes blisters.

## TRANSMISSION:

H.S.V. is transmitted by close skin contact with someone who has the infection. This usually occurs during vaginal, anal or oral sex. Condoms do not remove the risk entirely as the condom may not cover the infected part or may not remain in place for the duration of the sexual activity.

Transmission can also occur if there is skin-to-skin contact without penetrative sex. Transmission occurring from individuals with obvious symptoms is well documented, but many people are unaware they are infected with H.S.V. because they have no symptoms, or very minor ones that may go unnoticed. Most herpes is transmitted from people who are shedding the virus in the absence of symptoms.

Once a person is infected with H.S.V., it travels along the nerves that are connected to the affected area of the skin and lies dormant in this nerve pathway. The virus can re-activate later and travel along the nerve to the skin surface and cause a recurrent episode.

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### **SIGNS AND SYMPTOMS:**

The first episode of genital herpes may cause symptoms such as fever, muscle aches, headaches and fatigue. Local symptoms on or near the genitals include the development of fluid filled blisters (vesicles), that break and cause genital ulcers that may be painful and cause pain when passing urine. The severity of the first episode, however, is extremely variable and in some people the symptoms are very mild or may be unnoticed. All people who suspect they are having their first episode of H.S.V. should seek immediate medical attention. It is important the diagnosis is confirmed.

Recurrent episodes are usually less severe and of a shorter duration. Some people may get a variety of symptoms before a recurrence occurs. This is called a "prodrome" where symptoms such as itchiness, numbing or tingling sensations occur at the skin site.

Recurrent episodes occur in most, but not all people and can happen years after the first episode. The interval between episodes varies greatly between individuals. Genital infection with H.S.V.1 is much less likely to recur than genital infection with H.S.V.2. H.S.V.2 around the mouth rarely occurs. Recurrences occur when the virus inside the nerve cell is reactivated. For many people there does not seem to be a pattern to their recurrences while others notice that recurrences occur when they are premenstrual, tired, stressed, sunburnt or they consume excessive alcohol and other drugs.

## DIAGNOSIS:

Most of the tests for herpes involve taking a swab at the site where symptoms are felt. Some blood tests may also be available. It's important to specify the type of H.S.V. it is to know how to manage it. Adjusting to a diagnosis can be difficult at first and support is available from your doctor, nurse or psychologist.

## TREATMENT:

There is no cure for herpes. There is, however, a medication called "antivirals" that can help with symptoms. They are prescribed in two ways:

- Episodic treatment (a short course): to reduce the length and severity of a genital H.S.V. reoccurrence. This may be suitable for infrequent reoccurrences.
- Suppressive treatment (a long course): to reduce the frequency of reoccurrences. This may be suitable for people who have frequent reoccurrences.

## Herpes in Pregnancy

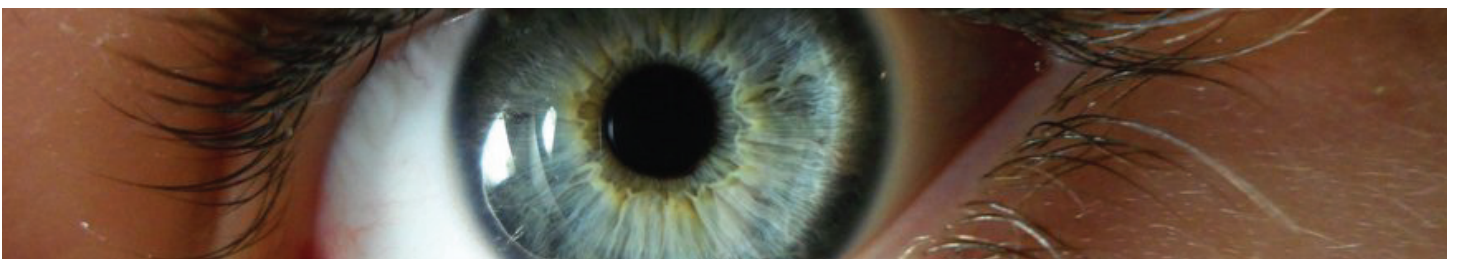
H.S.V. is not transmitted by sperm, nor does it affect fertility. Recurrent episodes during a pregnancy very rarely affect the baby in the uterus. A first episode during pregnancy could, however, be serious and immediate attention is required, especially in late pregnancy. Male partners with genital herpes who have female partners who are pregnant should take precautions and discuss transmission prevention strategies with a doctor.

Women should advise their obstetrician or midwife that they have had genital herpes in case a recurrence is experienced at the time of childbirth. In this case she may be advised to have a caesarean section to avoid transmission of herpes to the baby. A woman may be prescribed a course of antiviral medication in the last trimester of pregnancy.

## Managing Recurrences

Bathing in salt water and taking mild analgesia such as paracetamol may help with pain. During an initial outbreak or a severe recurrence people sometimes have trouble passing urine. Drinking water can help dilute urine, making it easier to urinate. Sitting in a tepid bath and urinating there may help. If recurrences are frequent or uncomfortable seek medical advice.

As with all infections discussed, condoms should be used as they may reduce the risk of transmission of herpes. It is advisable to avoid sexual contact during herpes recurrences from the time of prodromal symptoms (burning, tingling, itching sensation at or near the affected area) until the sores have completely healed.



## **MOLLUSCUM CONTAGIOSUM**

Molluscum contagiosum is a viral infection of the skin.

### **TRANSMISSION:**

Molluscum contagiosum is transmitted by close physical (skin to skin) contact. Sexual intercourse is not required to transmit the virus.

### **SIGNS AND SYMPTOMS:**

It presents as multiple round, small, waxy lumps that have a dimple or core in the middle.

In sexually active adults, molluscum contagiosum are found mainly in the genital area but may affect other parts of the body (such as the abdomen or thighs). Because of their appearance they are sometimes mistaken for warts or even pimples.

### **TREATMENT:**

Molluscum contagiosum can be removed by freezing with Liquid Nitrogen or by using a needle to "de-roof" the core. Treatment may be slightly uncomfortable. Freezing is the advised treatment.

If molluscum contagiosum are not treated they will eventually clear themselves. This may, however, take between two weeks and two years and, if untreated, they may be transmitted to other people. It may be advisable for sexual partners to see a doctor for a check-up if they have any unexplained lumps.

## **HUMAN IMMUNODEFICIENCY VIRUS (H.I.V) AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)**

Human Immunodeficiency Virus (H.I.V.) is a virus which affects certain immune cells in the body. Acquired Immune Deficiency Syndrome (AIDS) is a group of infections and cancers which occurs as a result of a severely weakened immune system in people who are infected with H.I.V. AIDS usually occurs about ten years after a person becomes infected with H.I.V., or earlier if they have high levels of the virus in their blood. H.I.V. antiretroviral treatments can prevent AIDS in most people.

### **TRANSMISSION:**

A person with H.I.V. can pass on the virus to someone else by the exchange of body fluids such as blood, semen, vaginal fluids and breast milk. This can occur by vaginal or anal sexual intercourse without a condom, sharing drug injecting equipment or from an infected mother to her baby during pregnancy, childbirth or breastfeeding.

H.I.V. has never been proven to be transmitted by kissing or cuddling, shaking hands, social contact, sharing knives and forks, cups or glasses, toilet seats or mosquitoes. H.I.V. is not transmitted in urine, faeces, saliva, sweat, tears or phlegm unless there is blood present.

### **SIGNS AND SYMPTOMS:**

Some people may experience a severe cold or flu, swollen or sore glands and general malaise, (feeling generally tired and unwell), when infected with H.I.V. It is, however, important to note that many people do not know they have been infected with H.I.V., they may have no signs or symptoms of it.

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## **DIAGNOSIS**

H.I.V. is tested for with a blood test. The window period (the period of time needed to be certain to be certain a person has not been infected) for H.I.V. is three months. Some countries offer "rapid" testing or testing with a saliva test. These tests have not been validated or approved in Australia and are therefore not used or encouraged.

## **TREATMENT**

There is no cure for H.I.V. H.I.V. management has greatly improved and there are many treatment options to prevent H.I.V. becoming AIDS and maintaining a person's health but it is a virus that infected people will have for the rest of his or their lives.

## **HEPATITIS A**

Hepatitis is inflammation of the liver caused by any of the hepatitis viruses.

### **TRANSMISSION:**

Hepatitis A is passed from one person to another when faeces from an infected person are transferred to another person's mouth. This can occur during anal sex especially during anal/oral contact, such as rimming. Hepatitis A can also be from contaminated food or water (such as water supplies, contaminated with sewerage, used for drinking in some countries).

### **SIGNS AND SYMPTOMS:**

The average time between exposure to the hepatitis A virus and developing symptoms is about twenty-eight days. Symptoms may begin suddenly or gradually. The most obvious sign of hepatitis is jaundice, when the eyes and/or the skin turn yellow, urine becomes darker and faeces is lighter in colour. Other common signs of hepatitis include fatigue, loss of appetite, nausea, vomiting, abdominal pain and fever.

These symptoms will resolve after a few weeks to several months. It is important at this time to avoid alcohol, paracetamol and recreational drugs. Infected people can transmit the virus from two weeks before they develop symptoms until approximately one week after they develop jaundice, approximately three to four weeks in total. Following acute hepatitis A and recovery, people develop natural immunity. This means they cannot be infected with the hepatitis A virus again. It does not go on to cause possible lifelong infections like Hepatitis B or C.

### **DIAGNOSIS:**

Hepatitis A virus is tested for with a blood test.

### **TREATMENT:**

There are vaccinations available for Hepatitis A. A blood test can determine if you have been vaccinated or are immune to Hepatitis A. Vaccinations for these viruses are made from an inactive form of the virus, which means a person cannot get hepatitis from the vaccination. If a person is not immune to either Hepatitis A or B viruses a combined vaccination is available if required. It is best to discuss the need for which type of vaccination required with your health practitioner.

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## HEPATITIS B

Hepatitis B is a virus which can cause inflammation of the liver. It is more infectious sexually than H.I.V. and more common globally.

### TRANSMISSION:

The Hepatitis B virus is transmitted by vaginal, anal or oral sex without a condom, sharing needles, syringes and other injecting equipment, by an infected woman to her child during birth, sharing toothbrushes, razors or personal items that may lead to the exchange of bodily secretions such as blood and saliva with a person infectious with the virus.

### SIGNS AND SYMPTOMS:

Symptoms usually develop within two to six months after the exposure. Many adults will have no symptoms while others may experience a mild flu-like illness, nausea and vomiting, abdominal pain and jaundice (yellowing of the skin and whites of the eyes).

Most adults who acquire Hepatitis B will recover, and develop lifelong immunity. These people are no longer infectious. About five per cent of adults remain infectious for many years and are called "carriers" of Hepatitis B. Acute Hepatitis B is occasionally so severe it can be life threatening. Long term Hepatitis B virus carriers may suffer chronic hepatitis which may predispose to cirrhosis (scarring of the liver), liver failure and cancer of the liver.

### DIAGNOSIS:

Hepatitis B virus is tested for with a blood test.

### TREATMENT:

There are vaccinations available for Hepatitis B. A blood test can determine if you have been vaccinated or are immune to Hepatitis B. Vaccinations for these viruses are made from an inactive form of the virus, which means a person cannot get hepatitis from the vaccination. If a person is not immune to either Hepatitis A or B viruses a combined vaccination is available if required. It is best to discuss the need for which type of vaccination required with your health practitioner.

## HEPATITIS C

Hepatitis C is not classed as a sexually transmitted infection. It is easily confused however with the other types of Hepatitis.

### TRANSMISSION:

Hepatitis C is transmitted by blood to blood contact. It is not transmitted in other body fluids unless blood is present in these. There have been cases of Hepatitis C being transmitted through sexual contact, however there was most likely blood to blood transmission in these cases (such as sex during menstruation or "rough" sex where bleeding has occurred and cuts or abrasions are present on the other partner. Some "kink" or S&M practices, such as cutting or needle work that cause bleeding increase the chance of Hepatitis C being transmitted. Sharing needles and any kind of injecting equipment for injecting drug use is the biggest risk for transmission of Hepatitis C.

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## DIAGNOSIS:

Hepatitis C is tested for with a blood test. The window period (amount of time needed to be certain a person has not been infected) is six months.

## TREATMENT:

There are effective treatments for some types of Hepatitis C. If a person has any concerns or questions contact the Hepatitis C Council of N.S.W. There are no vaccinations for Hepatitis C. Therefore prevention is best. If a person is involved with any sexual practices that may involve blood, gloves should be used. Do not share or re-use any sharp or potentially contaminated equipment. If a person injects drugs, either for recreational use or therapeutic (e.g. injecting hormones), do not share any equipment, needles, tourniquets or even swabs.

## ANO-GENITAL WARTS OR HPV (HUMAN PAPILLOMA VIRUS)

Ano-genital warts are caused by Human Papilloma Virus (H.P.V.) infection. There are over 150 different strains of H.P.V. affecting various parts of the body. H.P.V. is one of the most common sexually transmitted infections and it is estimated that 80% or more of the sexually active population is infected by the virus but only 1% of infected people develop warts (i.e. will have a visible wart or warts). Therefore most people do not know that they are infected by the virus.

## TRANSMISSION:

H.P.V. infection is spread by genital skin to genital skin contact with another person. It is most likely to be transmitted when visible warts or subclinical infection is present. Because condoms only cover the penis other areas, such as the groin, testes and areas surrounding the vagina many not be protected. H.P.V. may also be spread on sex toys or potentially even from fingers if they have come into contact with one person's genitals and then someone else's.

## SIGNS AND SYMPTOMS:

H.P.V. infection presents in the following ways:

- Visible warts which can be found anywhere on the genital or anal area;
- Sub-clinical infection, which is where no warts are visible but microscopic changes show that the virus is present (this is usually found on a Pap smear or biopsy); or
- Latent infection, where the virus is only detectable using laboratory techniques reserved for research purposes. Most people infected with H.P.V. have latent infection.

It is also important to point out that having anal warts does not mean that someone has had anal sex. Also please note that warts on other parts of the body (hands etc.), cannot spread to the genitals. Ano-genital warts only spread to this type of skin.

## TREATMENT:

There is currently no cure for HPV. Treatments can remove the warts or the infected cells but they will not get rid of the virus from the skin. Most warts can be treated by applying:

- Freezing agents such as liquid nitrogen;
  - Chemical based solutions/creams such as Podophyllotoxin; or
  - Immune boosting based creams such as Imiquimod
-

The doctor or nurse will discuss which treatment is most suitable, depending on the number, the size and location of the warts. Treatment is usually not painful but can be uncomfortable (this may vary from person to person) and does not result in scarring.

It is possible that recurrences of ano-genital warts may occur after treatment has completed. For this reason it is sufficient to examine the anal and genital area at least once a month. If new warts develop it is easier to treat them early when they are smaller.

## **DOES HPV CAUSE CANCER?**

Specific strains of the H.P.V. have been associated with abnormal cell changes on the cervix, vulva, penis or anus. Only a few of these virus strains, however, are strongly associated with early signs of cancerous cell changes. The risk is increased by other factors, such as smoking.

## **PUBIC LICE**

Pubic lice (also known as "crabs") are parasitic insects notorious for infesting human genitals. The species may also live on other areas with hair, including the eyelashes. They feed exclusively on blood.

Transmission:

Pubic lice usually infect a new host only by close contact between individuals, usually through sexual intercourse. Parent-to-child infestations are more likely to occur through routes of shared towels, clothing, beds or closets. Adults are more frequently infested than children. As with most sexually transmitted pathogens, they can only survive a short time away from the warmth and humidity of the human body.

Pubic lice are primarily spread through sweat, body contact or sexual contact. Therefore, all partners with whom the patient has had sexual contact within the previous 30 days should be evaluated and treated, and sexual contact should be avoided until all partners have successfully completed treatment and are thought to be cured.

## **SIGNS AND SYMPTOMS:**

The main symptom is itching, usually in the pubic-hair area, resulting from hypersensitivity to louse saliva, which can become stronger over two or more weeks following initial infestation. In some infestations, a characteristic grey-blue or slate coloration appears (maculae caeruleae) at the feeding site, which may last for days.

## **DIAGNOSIS:**

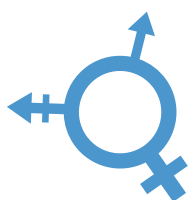
A pubic louse infestation is usually diagnosed by carefully examining pubic hair for nits, nymphs, and adult lice. Lice and nits can be removed either with forceps or by cutting the infested hair with scissors (with the exception of an infestation of the eye area). A magnifying glass or a stereo-microscope can be used for the exact identification. If lice are detected in one family member, the entire family needs to be checked and only those who are infested with living lice should be treated.

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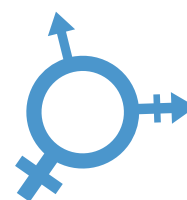
## TREATMENT:

Crab lice can be treated with Permethrin 1% cream rinse and pyrethrins. They can be used for this purpose and are the drugs of choice for pregnant or lactating women. These agents should be applied to the affected areas and washed off after 10 minutes. Shaving off or grooming any hair in the affected areas with a fine-toothed comb is necessary to ensure full removal of the dead lice and nits. A second treatment after 10 days is recommended. It is also crucial to make sure that all the bed sheets are changed. The sheets used before the first application of the treatment must be put away in a plastic bag, without air and well shut. They should be left alone for 15 days before washing to avoid the reproduction and survival of lice eggs that may have been left on the sheets and lead to reinfestation.

Pubic lice on the eyelashes can be treated with a permethrin formulation by applying the solution to the infested hair with an applicator.



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[www.gendercentre.org.au](http://www.gendercentre.org.au)



## SOURCES OF FURTHER INFORMATION:

### **The Gender Centre Inc.**

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Annandale N.S.W. 2038

Phone (02) 9519 7599

Fax (02) 9519 8200

### **Anti-Discrimination Board**

Level 4, 175-183 Castlereagh Street

Sydney N.S.W. 2000

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