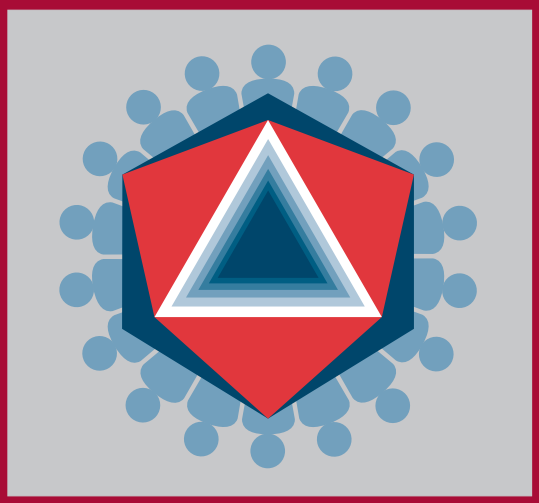

National Centre in HIV Epidemiology and Clinical Research

Annual Report 2000

The National Centre in HIV Epidemiology and Clinical Research is funded by the Commonwealth Department of Health and Aged Care through the Australian National Council on AIDS, Hepatitis C and Related Diseases (ANCAHRD), and is affiliated with the Faculty of Medicine, The University of New South Wales.

ISSN no. 1441-2640

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National Centre in HIV Epidemiology and Clinical Research

Annual Report 2000

Contents

What is NCHECR?

The National Centre in HIV Epidemiology and Clinical Research (NCHECR) was established in 1986 by the Australian Government to fulfil a number of key roles in Australia's fight against HIV/AIDS. The Centre's brief has grown over the years.

Located on the campus of St Vincent's Hospital in Sydney, the Centre is directly affiliated with the Faculty of Medicine at the University of New South Wales, and receives its core funding through the Commonwealth Department of Health and Aged Care. Its work is overseen by a Scientific Advisory Committee, which reports through the Australian National Council on AIDS, Hepatitis C and Related Diseases.

NCHECR's primary functions relate to the coordination of national surveillance programs and clinical trials related to HIV/AIDS. The Centre also carries out research on the epidemiological and clinical aspects of HIV/AIDS and other blood-borne viruses and sexually transmitted infections. Other functions of NCHECR include the training of health professionals, and input into the development and implementation of health policy and programs.

NCHECR carries out its functions by working with an extensive range of collaborators, including State and Territory Health Departments, public and private clinical units, national and international organisations, and the corporate sector. It also works closely with the two other national HIV research centres, the National Centre in HIV Virology Research and the National Centre in HIV Social Research.

Dissemination of NCHECR's research output is undertaken through publication in scientific journals and a series of surveillance reports.

The Centre conducts its research through two areas:

- The Therapeutic Research Unit
- The Epidemiology Unit.

Director's Report

The year 2000 has been remarkably productive for the National Centre in HIV Epidemiology and Clinical Research. We have consolidated and built on a number of areas that have become priorities for HIV/AIDS research.

AIDS vaccine

The search for an AIDS vaccine has gained considerable momentum. NCHECR, in a consortium with colleagues from public and private institutions from around Australia, was successful in being awarded a contract from the United States National Institutes of Health (NIH) to develop a prime boost DNA-fowlpox vaccine.

The basic research and development has been carried out over a number of years in Australia at the Australian National University, CSIRO and the University of Melbourne. This contract commits us to the manufacture of vaccine components and the conduct of phase I and II clinical trials in Australia and Thailand.

The expertise of NCHECR in clinical trials work was recognised by the selection of UNSW to be the lead institution for this work. The formal involvement of social researchers and community-based organisations together with the laboratory scientists, clinical researchers and epidemiologists is an excellent example of the partnership approach to HIV/AIDS that has served us so well over many years of the epidemic in Australia.

International role

The International AIDS Conference in Durban in July brought world attention to the plight of Africa in dealing with this terrifying epidemic.

Access to the new effective antiretroviral therapy has become prominent on both the research and public health agendas.

For geographical reasons, NCHECR's research focus has been in Asia.

We have been working steadily over a number of years to assist in the development and implementation of prevention and treatment strategies with public health and clinical colleagues.

Examples of these collaborations include the Bangkok-based HIVNAT clinical trials consortium in which NCHECR is a partner and the development and analysis of surveillance systems for HIV and sexually transmitted infections in a number of countries of the region.

The renewed interest in immunotherapy has resulted in NCHECR becoming a regional coordinating centre for clinical endpoint trials for interleukin-2 treatment of people with HIV-infection through ESPRIT, a large clinical trial funded by NIH.

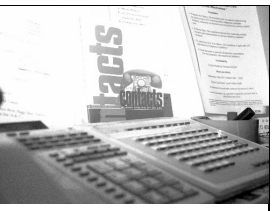
The expertise of NCHECR in implementing and coordinating trials not only in Australia but also regionally and internationally was recognised in our selection for this role.

Lipodystrophy

Recognition of the chronic metabolic toxicity of antiretroviral therapy for HIV infection, first described as lipodystrophy syndrome by Australian network colleagues in 1998, has played a key role in changing treatment guidelines. The difficulty of describing many of these complications for regulatory, diagnostic and surveillance purposes led to recognition of the need for a standardised international case definition, which NCHECR was commissioned to develop through a grant from the European Medicines Evaluation Agency.

Surveillance

Analyses of NCHECR's national surveillance systems for HIV/AIDS revealed a number of important trends and patterns including, for the first time in a decade, an increase in survival following AIDS diagnosis, but on the other hand a lower than expected impact of



preventive interventions for mother to child HIV transmission.

The "detuned" method for detecting early HIV infection was also introduced in Australia on a pilot basis, to further augment our surveillance capacity.

NCHECR also supported developments in hepatitis C surveillance during 2000, focusing on improving Australia's ability to identify newly acquired cases.

At the same time, surveillance for risk behaviour among population groups at higher risk of HIV and hepatitis C infection found indications of an increase in unsafe practices, pointing to the need to refocus prevention activities.

Observational database

Clinical research programs at NCHECR were strengthened through an expanded HIV observational database, which is now reporting on over 1000 people with HIV infection seen at 25 sites across Australia. Clinical aspects of hepatitis C infection were explored through comprehensive epidemiological analyses of national data on people treated with interferon, and of studies published in the international literature on progression to cirrhosis.

Supervised injecting

A groundbreaking decision by the New South Wales Government in 1999 resulted in plans being drawn up for Australia's first medically supervised injecting centre, to be set up on a trial basis with the goal of reducing the health risks of illicit drug injecting. NCHECR was centrally involved in the team developing the evaluation protocols for the centre, which was due to open in early 2001.

All of these achievements are not possible without the support of numerous people, including our dedicated staff, the NCHECR networks of clinical trial investigators and surveillance sites and our Scientific Advisory Committee. I am particularly grateful to the chair of the Scientific Advisory Committee, Professor Peter McDonald, and to the Dean of the Faculty of Medicine at The University of New South Wales, Professor Bruce Dowton, for all the input and support they have given the Centre over the last year.

David A Cooper

Professor of Medicine

Director, National Centre in HIV Epidemiology and Clinical Research

The University of New South Wales

The National Centre in 2000

Epidemiological programs

The epidemiological research program of the NCHECR continues to cover a diverse range of topics. Surveillance and monitoring for public health purposes, carried out in association with the States and Territories, is the foundation on which the program is built. Activities in these areas are augmented and complemented by collaborative research programs designed to address specific questions in the areas of prevention, treatment and health services.

Surveillance systems, analyses and methods

Ongoing improvement and application of Australia's surveillance systems for HIV infection continued to be a central focus of NCHECR's activity in 2000. As transmission levels have been low over the past few years, the challenge is now to ensure that these surveillance mechanisms remain sensitive to shifts in transmission patterns, of the kind that have been shown to be capable of occurring over relatively short time frames in a number of countries.

Survival following AIDS was found to have increased for the first time in a decade. This improvement, essentially attributable to the use of more effective antiretroviral treatment, follows substantial reductions in the incidence of AIDS, also due to better treatment. Another analysis of AIDS cases showed that country of birth was associated with some AIDS defining illnesses, including tuberculosis.

Analysis of the results of paediatric HIV surveillance in 2000 showed that the number of maternally transmitted cases in Australia has remained very low, and the transmission rate has declined since the introduction of a range of preventive interventions, including antiretroviral treatment. The transmission rate is nevertheless higher than would be expected if all women with HIV who were having children were gaining full access to these interventions.

During 2000, NCHECR worked with the States and Territories under the auspices of the Communicable Disease Network of Australia and New Zealand to improve the reporting of hepatitis C diagnosis in Australia. The emphasis was identification and characterisation of cases of newly acquired hepatitis C infection, to provide a better indication of current transmission patterns in Australia.

Agreement was also reached in 2000 with the Australian Red Cross Blood Service in regard to the national reporting of information on hepatitis B and C in blood donors.

Surveillance for sexual and injecting risk behaviour has become increasingly important in Australia as a means of assessing the requirements and impact of prevention programs. The Periodic Surveys of gay men in 2000 have shown an increase in self-reported risk behaviour in several capital cities, for reasons that may be related to the optimism surrounding new treatments.

An important development for HIV surveillance in 2000 was the introduction, on a pilot basis, of the so-called "detuned" method of testing blood specimens for HIV infection. Based on the ELISA test procedure, the detuned method can be used to determine whether a person has acquired HIV infection in the recent past, thereby providing a means of assessing transmission risks in a more timely fashion. Initial testing of some 150 specimens in 2000 indicated that the method will be of considerable value in improving Australia's capacity for HIV surveillance.

Months of painstaking activity in data compilation and report writing culminated in the release of the Annual Surveillance Report for 2000, again a key initiative of the NCHECR.

The report includes an increasing amount of information on hepatitis C and sexually transmissible infections, and continues to be the authoritative resource for program development and evaluation.

Social epidemiological research

Research into the social and behavioural determinants of HIV and hepatitis C infection was pursued through a number of projects, generally in collaboration with the National Centre in HIV Social Research.

The Positive Health cohort of people with HIV infection continued its follow up, and the post-exposure prophylaxis study expanded to become one of the largest of its kind in the world.

With the successful awarding of a grant from the US National Institutes of Health to undertake vaccine development, planning began during 2000 for a new cohort of gay men without HIV infection at enrolment. It is planned that the study, to be known as HIM, will monitor a range of social and behavioural factors with relevance to a potential HIV vaccine, as well as the occurrence of other sexually transmitted infections.

During 2000, funding for the national survey of sexual behaviour was transferred from the NHMRC to the Commonwealth Department of Health and Aged Care. This change resulted in a more central role for NCHECR, including co-chairing of the survey's advisory committee and representation among the principal investigators.

Clinical epidemiological research

NCHECR maintained its active participation in CASCADE, a collaboration based in Europe that is studying clinical outcomes and their predictors in over 5000 people with known date of HIV infection. The impact of treatment on the rate of AIDS and death is one of the main questions of interest in the collaboration.

During 2000 the Australian HIV Observational Database was extended to include 21 sites and close to 1500 patients. It was used as the mechanism of recruitment to an international study of cardiovascular endpoints in people with HIV infection.

Epidemiological analyses were undertaken of liver fibrosis in people with hepatitis C infection, using a number of sources of information. Based on an Australian database, predictors of fibrosis were identified, including age at infection, duration of infection and levels of alcohol intake. A systematic international review found that the best estimate of the rate of progression to cirrhosis was much lower than the rate commonly cited.

Epidemiological research on pathogenesis and disease progression

In continuing investigation of host and virological factors in people with HIV infection whose progression rate is slow, it was found that viral diversity, as measured in the nef/LTR region, was higher in people whose viral load was increased. Cytotoxic T-cell activity was also elevated in people with a higher likelihood of progression, even after taking account of differences in viral load.

A national analysis of time trends in AIDS-related cancer showed that there had been a marked decline in Kaposi's sarcoma, previously the most common form of malignant disease in people with HIV infection in Australia. In contrast, there had been a much smaller drop in the incidence of non-Hodgkin's lymphoma, which was now the most common AIDS-associated cancer. It appears that antiretroviral treatment is more effective against the herpes virus that is the causal agent for Kaposi's sarcoma, than it is against the still unidentified factors responsible for lymphomas.

Mathematical modelling

While NCHECR has always used mathematical models to assist in the interpretation of epidemiological data, their application has broadened considerably in 2000. Applications in the past have related primarily to estimation and projection of the HIV and hepatitis C

epidemics in Australia. This year, models were applied to estimate the number of dependant heroin users in Australia, the impact of donor deferral strategies on infectious risk in the blood supply, and the impact of improved therapy in the risk of HIV transmission among gay men in Australia.

Epidemiological research in health services

The national survey of antenatal testing for HIV and hepatitis C infection was completed in 2000. The survey found that over the preceding year, some 30-40% of women were tested for HIV and hepatitis C antenatally. Prevalence of infection was roughly 1 in 5000 for HIV and 1% for hepatitis C.

NCHECR began collecting data for the evaluation of the medically supervised injecting centre in Kings Cross that was due to open in early 2001. Baseline information on community attitudes was obtained through a telephone survey, and the annual study of attenders at needle and syringe programs was expanded to include factors relevant to the establishment of the injecting centre.

Therapeutic Research Unit

Building upon the foundations laid in 1999, the Therapeutic Research Unit continued to undergo further evolution in research agenda and structural changes. These changes included real expansion of personnel arising from project related funding and expansion arising from the continued unification of CHRN and TRU.

Research program evolution

The highlight of 2000 was the award, through the US National Institutes of Health, of an HIV Vaccine Design and Development Team contract.

With an estimated 15,000 new HIV infections per day, it is clear that a prophylactic vaccine in addition to other preventative measures may have an enormous impact on the global epidemic. This award provides a tremendous opportunity for Australian researchers to make a contribution in this regard.

The award represents the biggest single research contract ever received by an Australian group from an overseas source.

The contract was made between the NIH and UNSW as primary offeror. UNSW collaborates with The John Curtin School of Medical Research at the Australian National University, University of Melbourne, University of Newcastle, Commonwealth Scientific and Industrial Research Organisation, Virax Holdings and the Australian Federation of AIDS Organisations.

The broad project goals are to design, manufacture and undertake two phase I clinical trials of candidate HIV vaccines over the next five years. The vaccines are based upon a strategy of DNA prime and recombinant fowlpox boost. Each vaccine will contain genetically modified sequences of the HIV genome. The fowlpox vaccine may also contain the gene for a human cytokine. This project brings many new challenges to the entire group largely arising from its focus on product development rather than just the conduct of clinical trials.

Continuing the network's investigations into lipodystrophy, the NCHECR coordinated the MITOX study in which patients with lipodystrophy were randomised to replace their thymidine analogue HIV reverse transcriptase inhibitor with abacavir. The rationale for this study is that thymidine analogues were responsible for at least some of the syndrome.

This study followed the PIILR trial that indicated replacement of a protease-inhibitor in an antiretroviral regimen did little to resolve lipodystrophic symptoms and signs. Further progress was made following an international meeting that had identified the absence of a

case-definition for lipodystrophy as a significant problem for further research.

The NCHECR in collaboration with Andrew Carr was asked to coordinate an international study to develop a case-definition on behalf of the European Medicines Evaluation Agency. The Case-Definition Study collects comprehensive metabolic, body habitus, imaging and demographic data from approximately 800 patients in 35 clinical sites from 4 continents.

In keeping with current issues the NCHECR developed a clinical protocol to evaluate different research methods for assessing HIV drug resistance in virus from patients currently failing a regimen of combination antiretroviral therapy. The CREST protocol received financial support from each of the six pharmaceutical companies that market antiretroviral therapies, in addition to marketers of technologies for HIV drug resistance testing. The study randomised patients to receive a genotypic resistance test or a virtual phenotypic resistance test. Forty-one clinical sites in the network recruited patients and nine laboratories in Australia and New Zealand undertook to provide uniform genotypic resistance tests.

The network continued to contribute to ongoing long-term studies such as INITIO, ESPRIT and SILCAAT.

Structural evolution

A total of nine new staff joined the Therapeutic Research Unit during 2000. This more than compensated for the usual turnover of personnel.

New staff were appointed as clinical project leaders, coordinators, data managers and administrators. These positions constitute the project teams that support the conduct of clinical research projects in the NCHECR network.

Depending upon the size, type and age of a given project the nature of the project team will change. Importantly, project team members will support more than one project, thereby making best use of available resources. Further support for research programs in the NCHECR network is provided through the distribution of funds for research nurse coordinators at participant sites.

After a process of consultation with the network a uniform algorithm for funding was implemented based entirely upon patient recruitment and follow-up. This system is under regular consultative review to ensure as far as possible that the limited resources are used most efficiently and effectively.

A markedly different model is being evaluated among primary practices in Melbourne sites that have agreed to share full-time research nurse coordinators, employed through the Clinical Research Unit of The Alfred Hospital.

Continued monitoring of these positions will determine the success of this approach and its applicability to other settings.

For a number of years the Working Groups have played a central role in advising the Director of the NCHECR on research priorities for the network.

In recent years a number of investigators and working group members indicated that as currently convened the working group meetings did not facilitate interactions between the different special interest groups. As a consequence the NCHECR now convenes all the working groups together twice yearly.

In the bi-annual meetings all of the working groups are able to discuss broad clinical and methodological issues in plenary sessions as well as provide feedback on proposals emanating from individual working groups.

If this format continues to prove successful it is sufficiently flexible to allow further expansion. In order to preserve continuity, individual working groups can meet more frequently if they wish.

Epidemiology Unit

The main achievements of the Epidemiology Unit are described in more detail below. We are indebted to many collaborating individuals and agencies around the world.

Surveillance systems

Routine HIV and AIDS reporting

State and Territory health authorities continued to monitor and notify the NCHECR of new diagnoses of HIV infection, AIDS, and deaths following AIDS. Cases of perinatal exposure to HIV were also monitored in collaboration with the Australian Paediatric Surveillance Unit.

In the past six years, AIDS incidence has dropped by almost 85%, from 955 cases in 1994 to 147 cases in 1999. The annual number of new diagnoses of HIV infection has also continued to decline to around 700 diagnoses in 1999, whereas diagnoses of newly acquired infection remained relatively stable at 150 – 200 cases per year.

Software for the national surveillance databases is being upgraded and strategies for transferring data to the new databases are under development.

Investigators: Ann McDonald, Patty Correll
Collaborators: State and Territory health authorities; Australian Paediatric Surveillance Unit; National Serology Reference Laboratory, Australia

Case reporting for hepatitis C infection

The National Hepatitis C Surveillance Committee was established as a subcommittee of the Communicable Disease Network of Australia and New Zealand, in 1999, to oversee the implementation of hepatitis C surveillance procedures at a national level. The committee's work has been coordinated by NCHECR.

Through a series of meetings during 2000, including the first face-to-face encounter, a standardised format was developed for the national reporting of diagnoses of hepatitis C infection. This development has focussed on cases that were determined to have been recently acquired.

Particular issues resolved by the Committee included case definitions and reporting of exposure categories.

The extent to which the agreed surveillance procedures for newly acquired hepatitis C infection were implemented during 2000 varied across jurisdictions, but the majority of States and Territories were able to improve their description of incident cases, and the quality of national reporting was correspondingly strengthened.

Investigator: Jenean Spencer

Monitoring HIV infection through sexual health clinics

The extent of testing for HIV antibody and new HIV diagnoses continued to be monitored through a network of six metropolitan sexual health clinics in Australia.

Reports from the United States and the United Kingdom had suggested a recent increase in HIV incidence among homosexually active men.

In Australia, HIV incidence was estimated among men, seen through the sexual health clinics, who reported a history of homosexual contact and who had a negative HIV antibody in 12 months prior to last being seen in a calendar year. In 1993 – 1999, estimated HIV incidence remained relatively stable at 2.1% per year and did not change significantly by year or by age.

Investigator: Ann McDonald
Collaborator: Network of sexual health clinics

Monitoring HIV infection among people entering Australian prisons

The extent and outcome of HIV antibody testing among people received into Australian prisons continued to be monitored in

collaboration with State and Territory Departments of Corrections.

HIV prevalence among prison entrants remained below 0.5% in 1993 – 1999.

Investigator: Ann McDonald
Collaborators: State and Territory Departments of Corrections

Surveillance of HIV, hepatitis C and related risk behaviours among clients at needle and syringe programs

In October 2000, thirty-five needle and syringe programs, representing all jurisdictions, participated in the NCHECR annual one-week survey of HIV and hepatitis C virus infection and related risk behaviour. Around 2,500 clients completed the survey questionnaire and provided blood for HIV and hepatitis C testing.

Results from the 1999 survey were released in the Annual Surveillance Report 2000. Prevalence of HIV infection remained low (1.4%) among 2,387 injectors recruited from 34 sites in 1999. Consistent with previous surveys, HIV prevalence remained high among gay, male injectors (17%). Prevalence of hepatitis C virus remained stable at 50%. However, there was a slight increase in hepatitis C virus prevalence among participants reporting less than three years of drug injection from 1998 (17%) to 1999 (20%), particularly among females (20% to 27%).

Trends in type of drug last injected were reported in the Illicit Drug Reporting System (IDRS) Bulletin, October 2000 in collaboration with the National Drug and Alcohol Research Centre.

Investigator: Margaret MacDonald
Collaborators: Macfarlane Burnet Centre for Medical Research; National Drug and Alcohol Research Centre; St Vincent's Hospital Alcohol and Drug Service; South Australian Drug and Alcohol Services Council; State and Territory health authorities; Needle and Syringe Program sites

Monitoring HIV and hepatitis C prevalence among blood donors

Prevalence of HIV infection among blood donors continued to be monitored in collaboration with the Australian Red Cross Blood Service.

In 1997 – 1999, 13 new diagnoses of HIV infection were reported among blood donors, giving a prevalence of 0.5 per 100,000 donations.

Information on the prevalence of hepatitis C infection among blood donors in Australia was published for the first time in the Annual Surveillance Report 2000. Hepatitis C virus prevalence among blood donors in 1999 was 18.3 per 100,000 donations.

Investigators: Patty Correll, Ann McDonald
Collaborators: Australian Red Cross Blood Service

Monitoring HIV and hepatitis C prevalence among entrants into the Australian Defence Force

New diagnoses of HIV infection continued to be monitored among entrants to the Australian Defence Force.

Over the past four years, no new cases of HIV infection were reported among entrants into the Australian Defence Force. Monitoring of blood borne viruses among entrants was extended in 1999 to include new diagnoses of hepatitis C infection. In 1999, hepatitis C virus prevalence was 0.2%.

Investigators: Patty Correll, Matthew Law
Collaborator: Australian Defence Force

Occupational exposure to HIV, hepatitis B and hepatitis C infection among health care workers

A network of hospitals, established by State and Territory health authorities and the NCHECR, collects data on occupational exposures to HIV, hepatitis B virus and hepatitis C virus infection among health care workers.

Conversion of the EpiNet database, used for recording data, from the Epi Info computer program to a Microsoft Access database continued in 2000. Work focussed on improving the reporting component.

A workshop, coordinated by the NCHECR and sponsored by Becton Dickinson Pty Ltd, was held in conjunction with the biennial Australian Infection Control Association Conference in Adelaide in May. The main aim was to provide a forum for people with project responsibility at participating hospitals to discuss any problems that they may have encountered, and subsequent solutions, and also to improve their database, analysis and reporting skills.

Investigator: Margaret MacDonald
Collaborators: National HIV Surveillance Committee; Melbourne Diagnostic Unit, Melbourne University; State and Territory health departments

Periodic Survey

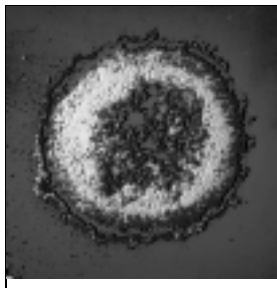
The Periodic Surveys began in 1996 in Sydney as a form of behavioural surveillance among gay men at risk of HIV infection. Since then, the survey has been extended to all mainland State capitals, and in 2000 was extended to include Canberra.

In 2000, surveys were conducted in Sydney (February – 2015 completed questionnaires; and August – 901 completed questionnaires), Melbourne (February – 1578 completed questionnaires), Queensland (June – 1285 completed questionnaires), Perth (October – 1035 completed questionnaires) and Canberra (November – 350 completed questionnaires).

A trend of increasing unprotected anal intercourse with casual partners was found in all capital cities where the survey was repeated in 2000. This was the first time that such a trend had been identified outside of Sydney. Analyses indicate that optimism about improved HIV treatments is associated with the increase in unprotected anal intercourse

Investigators: Garrett Prestage, Andrew Grulich

Collaborators: National Centre for HIV Social Research; Australian Federation of AIDS Organisations; National Association of People with HIV/AIDS



Surveillance methods and analyses

HIV/AIDS, hepatitis C and sexually transmissible infections in Australia annual surveillance report 2000

The fourth issue of *HIV/AIDS, Hepatitis C and Sexually Transmissible Infections in Australia Annual Surveillance Report* was released in October 2000.

The Annual Surveillance Report 2000 indicated that an estimated 12,000 people were living with HIV infection in Australia by the end of 1999. The decline in AIDS incidence observed since 1994, due to the fall in HIV transmission rates a decade earlier, had accelerated over the past three years due to improvements in treatments for HIV infection. However, the fall in AIDS incidence was limited to cases diagnosed with HIV infection at least three months prior to AIDS diagnosis. AIDS cases, newly diagnosed with HIV infection in the three months prior to AIDS diagnosis, accounted for an increasing percentage of AIDS cases, from 20% in 1994 to 45% in 1999.

HIV transmission continued in Australia, primarily among homosexually active men. There was no evidence of a recent change in rates of transmission through male homosexual contact or any increase in the very low rate of transmission through injecting drug use or heterosexual contact. Almost half of the new diagnoses of HIV infection attributed to heterosexual contact were in people from countries with high HIV prevalence or their sexual partners.

Hepatitis C was the most frequently reported notifiable infection in Australia in 1999. The annual number of hepatitis C diagnoses among

people aged 15 – 19 years increased substantially from 482 in 1995 to 1,350 in 1999. The number of diagnoses of newly acquired hepatitis C infection continued to increase, to 368 in 1999. Transmission of hepatitis C continued at high levels among people who inject drugs.

Diagnoses of gonorrhoea per 100,000 people increased substantially over the past five years whereas the rate of syphilis diagnoses remained relatively stable. Indigenous people continued to be diagnosed with specific sexually transmissible infections at much higher rates than non-Indigenous people.

Investigator: Ann McDonald
Collaborators: Collaborating networks in surveillance for HIV/AIDS, hepatitis C and sexually transmissible infections in Australia

Australian HIV Surveillance Report

The 10-year anniversary of publication of the quarterly Australian HIV Surveillance Report, in April 2000, was highlighted by the publication of articles reviewing the past decade of HIV/AIDS surveillance in Australia and the value of sentinel surveillance for HIV infection in sexual health clinics.

Reports on the Australian HIV Observational Database, the 13th World AIDS Conference and surveillance of HIV risk behaviour among gay men in Australia were published in the January, July and October issues of the Australian HIV Surveillance Report, respectively.

An evaluation was carried out on the value of continued publication of the quarterly Australian HIV Surveillance Report, given the availability of the Annual Surveillance Report.

Responses to the evaluation indicated that the Australian HIV Surveillance Report would continue to be published quarterly in both paper and electronic formats.

Both the Australian HIV Surveillance Report and HIV/AIDS, Hepatitis C and Sexually Transmissible Infections in Australia Annual Surveillance Report are available at www.med.unsw.edu.au/nchecr.

Investigators: Ann McDonald, Yueming Li
Collaborators: State and Territory health authorities; Network of sexual health clinics; Australian Paediatric Surveillance Unit

Linkage between the National AIDS Registry and the National Death Index

To estimate the completeness of AIDS notification in Australia, 8,070 AIDS cases, including 5,728 deaths following AIDS, notified to the National AIDS Registry were matched to deaths associated with AIDS, registered with the National Death Index. Matched cases are being reviewed to confirm cases of death following AIDS; and to identify and follow up AIDS cases for which a death has apparently not been notified.

Investigators: Ann McDonald, Patty Correll
Collaborators: Australian Institute of Health and Welfare
State and Territory health authorities

Use of the "detuned" ELISA for monitoring newly acquired HIV infection

Patterns of HIV transmission among new diagnoses of HIV infection have been monitored in Australia from 1991, based on a reported history of a negative HIV antibody test in the 12 months prior to HIV diagnosis or a clinical diagnosis of HIV seroconversion illness following exposure to HIV.

The US Centers for Disease Control and Prevention has recently developed a serological test for identifying newly diagnosed HIV infection that was recently acquired, even in the absence of prior negative test or a clinical diagnosis of HIV seroconversion illness. Approval was obtained from the US Centers for Disease Control and Prevention for the NCHECR, in collaboration with the NSW State Reference Laboratory for HIV, to participate in monitoring cases of early HIV infection using the so-called "detuned ELISA".

Test kits were obtained from the USA and testing of cases of HIV infection newly diagnosed at St Vincent's Hospital, Sydney, has commenced. To date, 149 cases of HIV infection diagnosed in 2000 have been tested with the "detuned ELISA" and 48 cases of early HIV infection have been identified.

Investigators: Ann McDonald, Matthew Law
Collaborators: NSW State Reference Laboratory for HIV; NSW Health Department

Survival following AIDS

While many of the initial studies of the benefit of highly active antiretroviral therapy demonstrated its effectiveness in reducing the rate of HIV disease progression, few had specifically focussed on its effect in people with AIDS.

Survival following AIDS was analysed based on 4,814 AIDS cases, diagnosed in Australia in 1991 – 1996, and 3,193 deaths following AIDS that had been notified to the National AIDS Registry by 30 June 1999. Median survival following AIDS was 17.7 months. Survival following AIDS increased from 16.0 months in 1991 to 27.7 months in 1996. Factors independently associated with improved survival were year of AIDS diagnosis, late HIV diagnosis, CD4+ cell count greater than 50 cells/µl, age of less than 45 years and presentation with *Pneumocystis carinii* pneumonia only or Kaposi's sarcoma only. The risk of death declined over time for all initial AIDS defining illnesses except non-Hodgkin's lymphoma.

Temporal improvements in survival following AIDS were coincident with the introduction of combination antiretroviral treatment for HIV infection and suggest that treatment is also effective in limiting disease progression among people with advanced HIV infection.

Investigators: Yueming Li, Ann McDonald, Greg Dore

Factors influencing mother to child HIV transmission

Large overseas studies of perinatally exposed children have shown that use of antiretroviral therapy in pregnancy, elective caesarean delivery, and avoidance of breastfeeding by women with HIV infection significantly reduces the risk of mother-to-child HIV transmission from around 30% to less than 5%.

Analysis of 204 cases of perinatal exposure to HIV, reported in Australia by December 1999, indicated that 50% of exposed children were born to women whose HIV infection was diagnosed antenatally. Use of the interventions by these women reduced the rate of HIV infection from 25% among children born in 1982 – 1993 (when avoidance of breastfeeding was the only known intervention) to 19% among children born in 1994 – 1999 (when antiretroviral use in pregnancy and elective caesarean delivery were also known to be effective in reducing mother-to-child transmission).

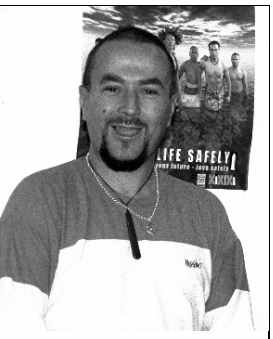
The rate of mother-to-child HIV transmission observed in Australia remains high in comparison with other industrialised countries.

Investigator: Ann McDonald
Collaborators: Australian Paediatric Surveillance Unit; State and Territory health authorities

AIDS clinical spectrum by country/region of birth

An analysis of the influence of country of birth on the pattern of disease among people diagnosed with AIDS in Australia over the period 1992-1998 was undertaken.

Of the 4,269 people notified with AIDS over the study period, 25% were born overseas. AIDS cases born in sub-Saharan Africa had an increased risk of tuberculosis and cryptococcosis, but a decreased risk of oesophageal candidiasis and *Pneumocystis carinii* pneumonia compared to AIDS cases born in Australia.



Tuberculosis risk was elevated among AIDS cases born in other developing countries. The risk of tuberculosis was particularly high among recent immigrants from developing countries. Country of birth had no influence on risk of cytomegalovirus disease (CMV) and *Mycobacterium avium* (MAC) complex infection. People born in Australia and other developed countries had a very similar AIDS clinical spectrum.

The findings suggest that environmental microbial habitats are important determinants of opportunistic infection risk, but that for some ubiquitous organisms, such as CMV and MAC, lack of diagnostic capacity may have influenced previously low prevalence estimates in developing country settings.

Investigators: Greg Dore, Yueming Li, Ann McDonald
Collaborator: National HIV Surveillance Committee

Monitoring disease progression from newly acquired HIV infection

The rate of HIV disease progression among people with a known date of HIV infection was monitored by matching cases of newly acquired HIV infection to the corresponding AIDS diagnosis, notified to the National AIDS Registry.

Of 1,500 cases of newly acquired HIV infection, 130 had been notified with AIDS. Age greater than 30 years and CD4+ cell count <500/μl at HIV diagnosis, a diagnosis of HIV seroconversion illness, and infection acquired in 1991 – 1994 compared to 1995 – 1998 were independently associated with disease progression. Gender was not associated with HIV disease progression.

Investigators: Ann McDonald, Yueming Li
Collaborators: State and Territory health authorities

Social epidemiological research

Risk factors for seroconversion

In response to literature reports that circumcision was protective against HIV infection in heterosexual men in Africa, we analysed whether this was a risk factor in gay men in Sydney in the Sydney seroconverters study.

We found that men infected with HIV through insertive anal intercourse were no more or less likely to be circumcised than men infected through receptive anal intercourse, indicating that circumcision was not protective against HIV infection.

Policy papers were written for the ANCAHRD National HIV Committee, and a paper was accepted for publication. In addition, a new questionnaire was developed and enrolment began in a study of risk factors for HIV seroconversion. The study will focus particularly on newly emerging HIV risk behaviours, such as sexual negotiation based on viral load.

Investigators: Andrew Grulich, Olympia Hendry, Garrett Prestage
Collaborator: National Centre in HIV Social Research

Studies of hepatitis C incidence

NCHECR investigators were involved in two NHMRC-funded studies of hepatitis C incidence and its risk factors. One study, at UNSW School of Pathology and Prince of Wales Hospital, involved the recruitment and follow up of prisoners.

NCHECR assisted in conducting and reporting on the pilot study, and has since contributed to development of the study database. The second study is taking place in South West Sydney, the Illawarra, and the Northern Rivers area, and involves the recruitment and follow-up of people who inject drugs. The NCHECR role has been to advise on the design and conduct of the study.

Investigator: Jenean Spencer
Collaborators: UNSW
Department of Pathology, Royal Prince Alfred Hospital; Prince of Wales Hospital

Vaccine preparedness cohort study

As part of the NIH-funded vaccine development project described elsewhere in this report, a protocol was developed for a large cohort study.

The study will recruit 500 gay men a year for five years to monitor HIV incidence, and to assess socio-behavioural factors in relation to the vaccine trial. It will provide data that will be essential in preparing for a possible future vaccine efficacy trial in Sydney.

In 2000, a questionnaire was developed and the mechanism of recruitment was designed. Additional funding was obtained from NSW Health to allow a commencement of the cohort in 2001. This cohort study will be the first time centralised blood collection has been part of a large community-based study at the NCHECR and discussions were held about possible mechanisms for coordinating this. Centralised collection and storage of blood will allow the accurate measurement of HIV incidence and will also allow the assessment of prevalence and transmission of other sexually transmitted infections in gay men.

Investigators: Andrew Grulich, Garrett Prestage
Collaborator: National Centre in HIV Social Research

Positive health study

The Positive Health cohort study commenced in 1998 to track the treatments-related behaviour of people with HIV in New South Wales and Victoria.

In 2000, a follow-up survey instrument covering a broad range of health-related behaviours was developed. Follow-up interviews were conducted with over half of the participants, and recruitment commenced for an additional 100 participants. Overall, a third of the participants had been hospitalised as a consequence of their HIV infection, including 11% who had been hospitalised at some time in the previous year. Fifty-one percent had previously reported a CD4 cell count of less than 200 (per microlitre), but this was the case in only 18% of cases at the time of the interview. Seventy-seven percent were currently taking combination anti-retroviral therapy.

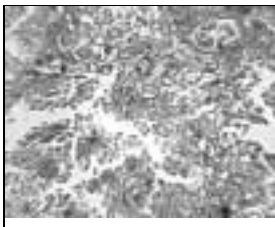
Investigators: Garrett Prestage, Andrew Grulich, Olympia Hendry
Collaborators: National Centre in HIV Social Research; Australian Research Centre for Sex, Health and Society; Australian Federation of AIDS Organisations; National Association of People with HIV/AIDS

Non-occupational post-exposure prophylaxis (PEP)

While PEP has been available after occupational exposures to HIV for many years, in 1998, NSW became one of the first jurisdictions in the world to publish guidelines recommending the use of PEP after non-occupational exposure. The NCHECR is monitoring the use of non-occupational PEP through an observational study.

During 2000, the rate of enrolment in this study increased, and the study is now one of the largest of non-occupational PEP in the world. The study was extended to include Queensland, where this therapy has recently become available. Among over 200 participants, there have been no seroconversions on PEP, although one participant seroconverted because of continuing HIV risk behaviour after receiving PEP. Side effects have been common, although severe side effects were rarely reported. Several participants received PEP on more than one occasion.

Investigators: Andrew Grulich, Patty Correll, Don Smith, Olympia Hendry, Belinda O'Sullivan
Collaborator: National Centre in HIV Social Research



National survey of sexual health and sexual behaviour

Many countries have performed national sex surveys, which have helped to build a comprehensive picture of the HIV risk behaviour of their population. This study aims to provide such data for the first time for the Australian population.

During 2000, the funding for this project was transferred from the NHMRC to the Commonwealth Department of Health and Aged Care, and a second pilot study was performed. The full national survey, which will randomly sample over 10 000 adult Australians, will be undertaken in mid 2001.

Investigator: Andrew Grulich
Collaborators: Australian Research Centre in Sex, Health and Society; Central Sydney Area Health Service; National Centre in HIV Social Research; NSW Health Department; Deakin University

Sydney Men and Sexual Health Study (SMASH)

Interviews with over 1,000 gay men were completed during 1999 in the final interviews of this cohort study that started in 1993.

Further analyses are ongoing to examine the effectiveness, or otherwise, of gay men's risk reduction strategies such as sexual positioning and withdrawal prior to ejaculation. In addition, a report on changes in behaviour over time was produced. This analysis found there were few changes in men's patterns of HIV testing, relationships and sexual behaviour between 1993 and 1998.

Investigators: Andrew Grulich, Garrett Prestage, Yueming Li
Collaborators: National Centre in HIV Social Research; Australian Council on AIDS

Sydney Women and Sexual Health (SWASH)

Behavioural surveys of women in contact with the gay community were commenced in 1996 to track the behaviour of this population that is potentially at risk of HIV infection. The third bi-annual survey was conducted in February 2000. Over 1000 women participated in the survey. Data analysis is ongoing.

Investigator: Garrett Prestage
Collaborators: National Centre in HIV Social Research; AIDS Council of New South Wales

Sydney Asian Gay Men's Survey

This survey of the HIV risk behaviour of gay men of Asian descent was completed between December 1999 and January 2000, with 319 completed questionnaires. Respondents came from a range of East Asian backgrounds, with men of Chinese descent comprising about half the sample.

Participants were less likely to report unprotected anal intercourse with both regular and casual partners than were other gay men recruited through the periodic survey. They were less likely to have been tested for HIV than Caucasian men. These results were released in a community report.

Investigator: Garrett Prestage
Collaborators: National Centre in HIV Social Research; Multicultural HIV Project

Clinical epidemiological research

Cascade study

Cohorts of people with known duration of infection offer the best opportunity to understand the natural history of HIV infection and assess the effect of different risk factors on disease progression.

Factors influencing progression are being examined in a European-based multi-centre study of over 5,000 seroincident cases from 11 countries. Individuals enrolled in the Australian AIDS Prospective Study and the Primary Infection Cohort have been included in the study, and their status was updated during 2000.

Of particular interest, in current analysis, is the impact of treatment on disease progression as some recent studies have indicated that the profile of opportunistic infections in people with HIV infection had changed over time and that survival time to AIDS has lengthened since the beginning of the epidemic. These changes have been largely attributed to the increased availability of treatment to prevent opportunistic infections such as *Pneumocystis carinii* pneumonia (PCP) and more effective anti-retroviral drugs.

Investigator: Lesley Ashton
Collaborator: Concerted Action on Seroconversion to AIDS and Death in Europe, UK

The Australian HIV Observational Database

The Australian HIV Observational Database (AHOD) was established to observe ongoing information relating to demographic factors, markers of HIV disease stage and treatment uptake.

Recruitment to the AHOD cohort commenced in June 1999, and since then, there have been three data transfers from the collaborating sites to the NCHECR. The first data transfer occurred in September 1999. Subsequent data transfers were also performed in March and September 2000. In total, 1476 patients from 21 sites throughout Australia have now been recruited to the database.

Data on trends in antiretroviral treatment uptake and rates of change of combination treatments were presented at ASHM. Higher rates of combination antiretroviral treatment change were mainly associated with patients commencing combination therapy at a CD4+ count below 200 cells/µl. Summary biannual reports were published in June and December and data was also presented in the *Annual Surveillance Report 2000.*

Investigators: Kathy Petoumenos, Matthew Law
Collaborators: Network of up to 30 sites (GPs, hospitals and sexual health clinics throughout Australia)

The Data Collection on the Adverse Events of Anti-HIV Drugs (DAD) Study

The DAD Study is a large, international, collaborative study aimed at assessing the medium to long-term effects of antiviral treatment of people with HIV in terms of possible increased risk of cardiovascular events. The study is coordinated through the Copenhagen HIV Programme in Denmark, and will involve observational data from approximately 20,000 people with HIV from 11 cohorts in Europe, USA and Australia followed for two years.

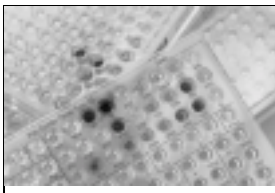
The Australian contribution to the DAD Study is based on eight sites in the Australian HIV Observational Database (AHOD). Anonymised baseline data on 667 patients recruited into AHOD were forwarded to the coordinating office in Copenhagen in December 2000. Follow-up data will be forwarded biannually for the next two years.

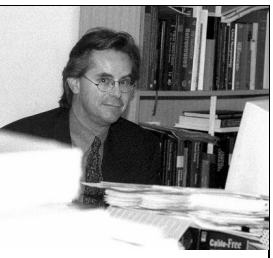
Investigators: Kathy Petoumenos, Matthew Law
Collaborators: Network of up to 30 sites (GPs, hospitals and sexual health clinics throughout Australia)

Neurological disease in HIV infection

Further analyses from an AIDS dementia complex (ADC) retrospective, case-control study were performed to examine factors that influence survival following AIDS dementia complex.

Based on 110 ADC cases matched with controls within St Vincent's Hospital HIV Unit over the period 1988-1994, the study identified several factors associated with survival following ADC. These included severity of ADC at diagnosis, CD4+ cell count and haemoglobin level. Analyses of ADC survival in the era of HAART were also performed, based





on data from the National AIDS Registry over the period 1993-1998. These analyses demonstrated a marked improvement in median survival following ADC, from 11.8 months for people diagnosed in 1993-1995 to 42.5 months in 1996-1998, well in excess of the increase in median survival among all AIDS cases (18.9 to 39.6 months).

Investigators: Greg Dore, Ying Pan, Bruce Brew

National Incident Hepatitis C Case Register (NIHCR)

The NIHCR was established with Commonwealth seed money in 1999, with the aim of describing and following up incident cases of hepatitis C infection to improve our understanding of both the transmission and progression of this disease. It was proposed that the main sources of recruitment to the registry would be the Red Cross Blood Service, which hold information on cases acquired through blood transfusion prior to the implementation of universal blood screening in 1990, and the State and Territory Health Departments, which receive case reports of incident infection through routine surveillance.

During 2000, development activities for the NIHCR continued. The advisory committee established for this project approved study protocols, and pilot activities started to provide an indication of the feasibility of the two proposed recruitment mechanisms.

Investigator: Jenean Spencer
Collaborator: Macfarlane Burnet Centre for Medical Research

Predictors of severity of hepatic fibrosis among people with chronic hepatitis C: analysis of the S100 interferon database

As a requirement for interferon prescription for chronic hepatitis C, through the Commonwealth Government-funded S100 scheme, baseline data on demographic and clinical characteristics was forwarded to a centralised database at John Hunter Hospital, Newcastle. Individual pre-treatment information was collected on 2,986 patients from 61 hospital-based liver clinics from October 1994 through December 1996.

Five factors were found to be independently associated with more severe hepatic fibrosis: age at infection; duration of infection; alcohol intake in previous six months; mean ALT level; and HBcAb. There was no association with gender, ethnicity, source of infection, or HBsAg status. These associations can assist in the targeting of people for liver biopsy investigation and therapeutic intervention.

Investigators: Greg Dore, Mark Danta, Yueming Li
Collaborators: John Hunter Hospital, Newcastle; Australian Liver Association

Hepatitis C natural history review and mortality estimates

Although there have been many studies on the natural history of hepatitis C, conflicting conclusions have been drawn as to the rate of liver disease progression. A systematic review of the natural history of chronic hepatitis C was therefore undertaken to address this uncertainty. Data collected included the cirrhosis prevalence and estimated mean duration of infection within each study population.

Based on 52 studies which met the inclusion criteria, the modelled prevalence of cirrhosis 20 years after initial infection was 25% in liver clinic-based studies, 28% in post-transfusion cohorts, 7% in community-based cohorts, and 4% in studies of people newly diagnosed on blood donor screening.

The community-based cohorts appeared most representative of the broader population of people with hepatitis C. Based on these studies; chronic hepatitis C appears to progress more slowly than previously envisaged. The progression estimates from community-based cohorts were then used to model excess

mortality in chronic hepatitis C, with a resulting estimated life expectancy reduction of two to three years. This estimate is likely to be considerably higher in certain subgroups such as those with heavy alcohol intake.

Investigators: Greg Dore, Matthew Law
Collaborators: Prince of Wales Hospital; Australian Liver Association; Macfarlane Burnet Centre for Medical Research; Swiss Re Life and Health Australia Limited

Problems with publishing results of interim analyses of randomised clinical trials

It has become common for interim analyses of randomised, clinical trials of HIV therapy to be presented at international conferences, even though it is widely accepted that this introduces methodological and ethical problems.

A simulation study was developed to illustrate the extent of biases that may arise through this practice. The study showed that publication of interim results could, under certain circumstances, reduce the power of a study from 80% to 37%.

Investigator: Matthew Law

Epidemiological research on pathogenesis and disease progression

Host genetic factors associated with long-term asymptomatic HIV-1 infection

The natural history of infectious diseases such as HIV-1 presents a major challenge in identifying single genes that can influence disease progression. Genetic variations (polymorphisms) that occur within the chemokine co-receptor genes, as well as interactions that may occur between the regulatory regions of these genes, may ultimately influence rates of disease progression.

Associations between CCR5 promoter polymorphisms and nonprogression were examined within the Australian long-term nonprogressor (LTNP) cohort. Individuals lacking the *CCR5 59029A/CCR5 59353C* homozygous genotype were more likely to progress more slowly toward AIDS or death.

Investigator: Lesley Ashton
Collaborators: Graeme Stewart, Alison Clegg, Robyn Biti, Prina Badhwar, Peter Williamson, Department of Clinical Immunology, Westmead Hospital; Andrew Carr, Claudette Satchell, Kate McGhie, Centre for Immunology, St Vincent's Hospital

HIV-1 species diversity in long-term nonprogressors

The *nef* gene of HIV has been shown to play an important role in controlling viral replication. However, deletions occurring within this region of the HIV-1 genome have been reported to have a limited role in long-term asymptomatic HIV infection, both in animal studies and in small series of human subjects.

Sequence variations occurring within the *nef*/LTR region of 38 individuals enrolled in the Australian long-term nonprogressor (LTNP) cohort were investigated to examine the role of *nef* variations in long-term asymptomatic HIV-1 infection.

Variable diversity was observed in the *nef*/LTR region of long-term nonprogressors. Increased diversity occurred at a greater frequency in individuals with higher levels of viral load and these mutations appeared to cluster at certain sites within the Nef protein. The results provide further evidence that subtle changes occurring within the *nef*/LTR region of the HIV-1 genome are associated with levels of HIV-1 RNA and appear to contribute to disease pathogenesis.

Investigator: Lesley Ashton
Collaborators: Nick Deacon, David Rhodes, National Centre in HIV Virology Research, Macfarlane Burnet Centre for Medical Research Claudette Satchell, Kate McGhie, Centre for Immunology, St Vincent's Hospital

The cytotoxic T-cell (CTL) response: associations with delayed disease progression

HIV disease progression has been attributed to strong cytotoxic T-cell (CTL) responses to HIV-1 antigens. CTL responses were characterised in a subset of long-term nonprogressors (LTNP) enrolled in the Australian LTNP cohort to examine whether the strength and diversity of these responses are associated with long-term asymptomatic HIV infection.

Detectable CTL responses to HIV *pol* and *gag* genes were correlated with higher levels of HIV-1 RNA, ICD p24 antigen, β_2-microglobulin and CD8+ T-cells. However, there were no apparent associations between chemokine co-receptor mutations and the presence of an effector CTL response.

Individuals with detectable CTL responses at study entry were more likely to progress within four years compared to those without detectable CTL responses. Although CTL effector responses were associated with disease progression, viral load remained the strongest predictor of increased risk of disease progression in this group.

These findings demonstrate the importance of HIV replication in generating an effector CTL response and show that detection of CTL response is a predictor of progression in people with long-term asymptomatic HIV-1 infection.

Investigator: Lesley Ashton
Collaborators: Rose Ffrench, Liz Keoshkerian, Westmead Research Laboratories, Sydney Children's Hospital; Claudette Satchell, Kate McGhie, Centre for Immunology, St Vincent's Hospital; Graeme Stewart, Westmead Hospital

Effects of chemokine co-receptors on HIV disease progression: An international meta-analysis of individual patient data

Findings from several studies examining the effect of chemokine receptor gene polymorphisms on HIV disease progression have yielded inconsistent results.

An international meta-analysis of individuals infected with HIV-1 was conducted on data contributed by 19 groups of investigators. Results showed that both *CCR5-Δ32* and *CCR2b-64I* polymorphisms decrease the risk of progression to AIDS among seroconverters, extend survival, and are associated with lower levels of viral load after seroconversion.

Investigator: Lesley Ashton
Collaborators: International Cochrane Collaboration; National Institutes of Health, USA

HIV superinfection study

Whether or not HIV infected individuals can be super-infected by another strain of HIV is unknown.

In the SMASH study, a range of behaviours have been identified among HIV positive men that would impact upon the possibility of super-infection. While many positive men have protected sex all the time, others have unprotected sex with HIV positive partners, exposing themselves to the theoretical possibility of super-infection. Blood specimens and behavioural histories of about 40 HIV positive men from SMASH were collected. Testing for HIV sequence diversity is currently underway to determine whether viral diversity correlates with the number of unprotected sexual partners since becoming HIV positive.

Investigators: Andrew Grulich, Garrett Prestage
Collaborators: National Centre in HIV Social Research; National Centre in HIV Virology Research

Transmission of HHV-8

The NCHECR has two ongoing studies of transmission of HHV-8 among gay men and from mother to child.

During 2000, testing of blood specimens was performed using an immunofluorescence assay. In the SMASH study, we found the seroprevalence of the agent was 18% in HIV seronegative men and 30% in HIV seropositive

men. A variety of sexual behaviours were associated with HHV-8 seropositivity. Testing of the mother to child specimens is underway. In late 2000, we obtained an HHV-8 ELISA assay that will enable us to greatly increase our capacity and accuracy in testing specimens for HHV8.

Investigators: Andrew Grulich, Garrett Prestage
Collaborators: Centre for Immunology Prince of Wales Hospital; National Centre in HIV Social Research; Baragwanath Hospital, Soweto, South Africa

Estimation of cancer risk prior to AIDS

There has been considerable debate on the best way to calculate cancer risk prior to the development of AIDS in AIDS-cancer linkage studies. Risks of non-AIDS defining cancers in people with HIV prior to AIDS were examined using a cohort based on AIDS diagnosis and a second cohort based on HIV diagnosis. National population-based registries of AIDS and HIV diagnoses were matched separately with the National Cancer Registry in Australia. These separate analyses gave quantitatively similar estimates of relative risk of cancers both overall and for individual types of cancer. This suggests that the relative risk of non-AIDS defining cancers, prior to AIDS, may be estimated reliably based on cancer experience five years before AIDS diagnosis.

Investigators: Yueming Li, Matthew Law, Ann McDonald, Patty Correll, Andrew Grulich

Non AIDS lymphoma case-control study

This NHMRC funded study is examining risk factors for non-Hodgkin's lymphoma (NHL) in NSW. The investigators are examining ultraviolet radiation and occupational exposures as possible causes of this common cancer. The study is also investigating possible infectious causes, and the role of immune stimulation and immune deficiency. These hypotheses were developed after previous work in people with AIDS performed at NCHECR. During 2000, more than 300 cases and 300 controls were enrolled, and enrolment is scheduled to be complete in late 2001.

Investigator: Andrew Grulich
Collaborator: NSW Cancer Council

Risk of cancer in people with HIV/AIDS

The NCHECR has a long-standing interest in linkage studies that examine rates of cancer in people with AIDS.

In 2000, data from our previous studies of cancer risk in people with AIDS were used in an international collaborative study of cancer risk in people with AIDS. It was coordinated by the Imperial Cancer Research Fund, Oxford, United Kingdom. In addition, the first analysis of national linkage of HIV and cancer data was performed to examine changes in rates of AIDS-defining cancers.

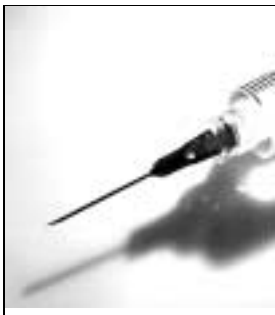
Previous research had suggested that rates of non-Hodgkin's lymphoma had decreased little since the availability of combination, anti-retroviral therapy. Analysis of national data showed convincing evidence of decreasing rates of both non-Hodgkin's lymphoma and Kaposi's sarcoma. While Kaposi's sarcoma rates had decreased markedly, lymphoma had decreased only slightly, and this cancer is now the most common AIDS-associated cancer in Australia.

Investigators: Andrew Grulich, Yueming Li, Patty Correll, Matthew Law, Ann McDonald
Collaborator: Australian Institute of Health and Welfare

Mathematical modelling

HIV modelling and projections

A new mathematical model of the HIV epidemic in homosexual men in Australia was developed and used to assess the competing effects on HIV incidence of decreased infectiousness in men with HIV receiving



effective combination antiretroviral treatments; and in homosexual men engaging in unprotected anal intercourse with increased numbers of partners (levels of unsafe sex).

The models suggested that decreases in infectiousness due to treatment of two-fold, five-fold and ten-fold would be counterbalanced by more modest increases in unsafe sex of around 40%, 60% and 70% respectively. Estimates and projections of the HIV epidemic in Australia, including adjustment of AIDS diagnoses and deaths for reporting delays, adjustment of HIV diagnoses for multiple reporting, and back-projection estimates of HIV incidence and numbers of people living with HIV, were updated and published in the *Annual Surveillance Report 2000*.

Investigators: Matthew Law, Yueming Li, Ann McDonald

Estimates of the number of dependent heroin users in Australia

The number of people in Australia who are dependent heroin users is uncertain.

As part of a wider exercise aimed at improving estimates of dependent heroin user numbers, back-projection models were adapted and applied to reported numbers of opioid overdose deaths in Australia, and entrants to methadone treatment in NSW. These data were then used to estimate the number of people commencing dependent heroin use in Australia between 1960 and 1997. These models, and estimates based on other data sources and statistical methods, suggested that there were approximately 74,000 dependent heroin users in Australia at the end of 1997.

Investigator: Matthew Law
Collaborators: Michael Lynskey, Joanne Ross, Wayne Hall, National Drug and Alcohol Research Centre

Variant Creutzfeldt-Jakob disease (vCJD) in Australian blood donors: estimation of risk and the impact of deferral strategies

Australia has instituted a policy of deferring blood donations from donors who have lived in the UK for more than six months between 1980-1996. This is to reduce the risk of transmitting vCJD through the blood supply.

Epidemiological modelling was used to compare the number of donations potentially infected with vCJD that are excluded by the new policy, and the possible increased number of blood donations infected with HIV, hepatitis C or hepatitis B made during a window period as a result of increased donations from first-time donors.

The study showed that the annual number of blood donations made by donors potentially infected with vCJD is 1.15 (range 0.02 to 31.1). Donor deferral was estimated to remove 0.92 (range 0.02 to 25.1) of these donations. Replacement of 33% of excluded donations, by donations from first time donors, was estimated to result in an increase of: 0.0010 HIV-infected donations, per year, donated during the window period; 0.021 hepatitis C-infected donations per year; and 0.18 hepatitis B-infected donations per year.

Investigators: Patricia Correll, Matthew Law
Collaborator: Commonwealth Department of Health and Aged Care

Hepatitis C modelling and projections in New Zealand

The extent of the hepatitis C epidemic in New Zealand was assessed by adapting the NCHECR model previously developed for Australia.

The model suggested that there were 25,000 people in New Zealand living with hepatitis C antibodies, and 1200 living with hepatitis C-related cirrhosis.

Investigator: Matthew Law
Collaborator: Institute of Environmental Science and Research, New Zealand

Epidemiological research on health services

Data from the highly specialised drugs program

As a condition of Commonwealth funding of antiretroviral treatment for people seen in community or day services, State and Territory Health Departments forward summaries of the number of people receiving, and the number of prescriptions for, each antiretroviral drug on a quarterly basis.

In 2000, the total number of people prescribed antiretroviral treatment was approximately 6,000 patients, while just over 1,000 people were prescribed prophylactic treatment. These data form a source of information on trends in antiretroviral use which is complementary to the Australia HIV Observational Database.

Investigators: Kathy Petoumenos, Matthew Law
Collaborator: Commonwealth Department of Health and Aged Care

Survey of HIV and hepatitis C antenatal policy and practice

A survey of antenatal testing for HIV and hepatitis C infection was undertaken in collaboration with RANZCOG, in order to guide national policy in this area.

A total of 995 survey questionnaires were sent to a random sample of RANZCOG fellows in general practice, RANZCOG fellows in public antenatal clinics, and RANZCOG "Diplomates" (General Practitioners registered with RANZCOG). Although significant differences were evident between the three groups of obstetric practitioners, HIV and hepatitis C testing practice divided broadly into two groups. Approximately half the practitioners universally offer testing for HIV and hepatitis C, and subsequently test a high proportion of antenatal women attending their clinics. The other half of practitioners offer testing to those considered at higher risk of exposure and those who request testing, and subsequently test a small proportion of antenatal women.

Overall, during 1999 an estimated 30-40% of antenatal women in Australia were tested for HIV and for hepatitis C. Based on the number of antenatal women with HIV and hepatitis C receiving obstetric care during 1999, the prevalence of HIV was estimated at approximately 1 in 5000 and for hepatitis C at 1%, consistent with estimates from previous seroprevalence surveys.

Investigators: Jenean Spencer, Greg Dore
Collaborator: The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

Evaluation of the Medically Supervised Injection Centre

In May 1999, the NSW parliament passed legislation to establish a Medically Supervised Injecting Centre (MSIC) in Kings Cross, Sydney. An evaluation committee, including the NCHECR, was established and a preliminary evaluation strategy developed. The evaluation protocol was refined and baseline data collection commenced in 2000.

NCHECR is conducting four components of the evaluation:

Community opinion and experience of the MSIC and injecting drug use

Three populations were surveyed in 2000 to establish baseline data for the evaluation. The first was a survey of NSW residents selected using randomly generated phone numbers. The second was a survey of 500 randomly selected local residents, and the third included 200 local businesses with phone numbers randomly selected from the yellow pages. Similar questionnaires were used for each population and the survey will be repeated in 2001.

Counting of syringes discarded in Kings Cross

The number of syringes discarded in the street is being recorded for one month, every six months, by researchers at selected sites in the

2011 postcode area and by South Sydney Council in the main streets of Kings Cross. Data on syringes collected by Langton Centre Clean Up Team in Kings Cross on a daily basis are also being analysed.

HIV and hepatitis C infection and injecting behaviour of drug injectors in Kings Cross

A survey of drug injectors at the two needle and syringe programs in Kings Cross, Kirketon Road Centre and K2, was carried out in October 2000 as part of the national needle and syringe program survey. Additional questions, specifically for the evaluation were included on history of overdose, treatment uptake, and health. The survey will be repeated each year during the evaluation.

Client and staff perception of the MSIC

Focus groups and anonymous questionnaires will be used to assess client and staff perception of the service.

Investigator: Margaret MacDonald
Collaborators: AIDS and Infectious Diseases Branch, NSW Health Department
National Drug and Alcohol Research Centre
Kirketon Road Centre
Bureau of Crime Statistics and Research
School of Health Services Management, UNSW

Needle and syringe program information kit

An ANCAHRD commissioned review of the evidence for and against needle and syringe programs was released in May 2000. The review was published as an information kit consisting of a brochure with frequently asked questions and answers, and a summary of published literature.

The literature review strongly suggested that needle and syringe programs are effective in reducing transmission of HIV, hepatitis B, and hepatitis C infections among injecting drug users and is consequently a cost-effective public health measure. The information kit was distributed to parliamentarians, local government councillors and officers, health department officers and service providers.

Investigator: Margaret MacDonald
Collaborator: National Drug and Alcohol Research Centre.

Therapeutic Research Unit

Primary HIV infection

Completed studies

CHRN014

An open-label study to determine the safety and efficacy of combination antiretroviral therapy (AZT + 3TC + IDV) in patients with primary HIV infection.

Status: Opened July 1996, initial phase complete, extension phase complete. Results published. Patients now being followed long-term.
Sites: 8
Enrolled/target: 8/8
Sponsor: Merck / NCHECR
Contact: Pat Grey, Don Smith

CHRN 015

An open-label study to determine the antiretroviral activity and safety of nelfinavir + zidovudine + lamivudine in patients with primary HIV infection.

Status: Trial closed July 2000. Patients now being followed long-term. Manuscript submitted.
Sites: 8
Enrolled/target: 28/24
Sponsor: Agouron
Contact: Pat Grey, Don Smith

Current studies

QUEST

An open-label, randomised study of induction therapy with four antiretroviral drugs followed by maintenance therapy with three drugs, then placebo-controlled vaccination phase followed by treatment discontinuation in patients with primary HIV infection.

Status: Opened November 1998, enrolment closed November 1999. Amendment submitted December 1999 to add two vaccines to the study, then, discontinue treatment.
Sites: 9
Enrolled: 31
Sponsor: GlaxoSmithKline
Contact: Pat Grey, Don Smith

PULSE

A randomised trial of combination therapy plus or minus hydroxyurea for primary HIV infection followed by a regimen of treatment interruption based on HIV-RNA load.

Status: Open January 2000
Sites: 8
Enrolled/target: 28/26
Sponsor: NCHECR
Contact: Pat Grey, Don Smith

Studies in preparation

AIEDRP – Acute HIV Infection and Early Disease Research Program

An open-label study of the effects of combination antiretroviral therapy with abacavir, efavirenz, indinavir and lamivudine in acute HIV-1 infection with an emphasis on immunological responses.

Status: Protocol being finalised for implementation
Sites: To be determined
Target: 10
Sponsor: University of Washington / Division of AIDS, NIH USA / NCHECR
Contact: Don Smith

Antiretroviral therapy

Completed studies

CHRN 025

A randomised, open-label comparison of stavudine, SGC-saquinavir and delavirdine versus stavudine, SGC-saquinavir and ritonavir versus stavudine, SGC-saquinavir and nelfinavir in HIV positive, treatment experienced patients.

Status: Study completed October 1999. Manuscript accepted for publication
Sites: 27
Enrolled/target: 75/150
Sponsor: NCHECR / Roche / Bristol Myers Squibb / Abbott / Pharmacia & Upjohn
Contact: Gillian Hales, Don Smith

OZCombo I

A randomised comparison of three triple combinations of antiretroviral agents including indinavir in patients who are antiretroviral naive.

Status: Study completed, manuscript published
Sites: 27 sites in Australia and New Zealand
Enrolled/target: 109/120
Sponsor: GlaxoSmithKline / Bristol-Myers Squibb / Merck Sharpe and Dohme / NCHECR
Contact: Jeff Hudson, Sean Emery

OZCombo II

A randomised comparison of three triple combinations of antiretroviral agents including nevirapine in patients who are antiretroviral naive.

Status: Enrolment closed December 1998, manuscript submitted
Sites: Same as OZCombo I
Enrolled/target: 73/120
Sponsor: GlaxoSmithKline / Bristol-Myers Squibb / Boehringer Ingelheim / NCHECR
Contact: Jeff Hudson, Sean Emery

BI 1036

Long-term follow-up of nevirapine use in patients who participated in randomised trials of nevirapine.

Status: Opened 1994, follow-up completed mid 1999
Sites: 2
Enrolled: 4
Sponsor: Boehringer Ingelheim
Contact: Pat Grey, Don Smith

GILEAD (GS98432)

An international, multicentre, open-label study of the safety and efficacy of adefovir dipivoxil in combination therapy for antiretroviral naive patients.

Status: Discontinued March 2000 due to discontinuation of adefovir. Manuscript in preparation.
Sites: 2
Enrolled: 18
Sponsor: Gilead
Contact: Gillian Hales, Sean Emery

PIILR

An open-label, multicentre, randomised study of the reversibility of HIV-protease induced lipodystrophy in HIV-1 subjects.

Status: Study closed December 1999, follow-up continuing, manuscript submitted
Sites: 15
Enrolled/target: 79/80
Sponsor: GlaxoSmithKline / Boehringer Ingelheim / Gilead Sciences / NCHECR
Contact: Jeff Hudson, Don Smith

HIV-NAT 001.1 (extension)

A randomised, open-label, follow-up study to protocol HIV-NAT 001 to explore the antiretroviral efficacy and tolerability of switching to therapy with d4T/ddI/saquinavir soft gel capsules versus Combivir (AZT/3TC)/saquinavir soft gel capsules (with or with out the addition of itraconazole) in an HIV-infected Thai population.

Status: Enrolment completed September 1999, manuscript in preparation
Sites: 1
Enrolled/target: 88/88
Sponsor: Roche (Thailand) Ltd / Roche Diagnostics / Molecular Systems / Bristol-Myers Squibb (Thailand) Ltd / GlaxoSmithKline R& D / Janssen Pharmaceuticals
Contact: Chris Duncombe, Sean Emery

Current studies

Mitox

A randomised comparative study of continuing therapy versus replacement at thymidine analogue with guanosine analogue in patients with lipoatrophy.

Status: Open April 2000, completed December 2000.
Sites: 16
Enrolled/**Target:** 111/100
Sponsor: GlaxoSmithKline / NCHECR
Contact: Jeff Hudson, Don Smith

PIILR extension

Effect of stavudine substitution on lipodystrophy in PIILR participants.

Status: Recruitment completed, study ongoing
Sites: 3
Enrolled: 19
Sponsor: GlaxoSmithKline / Boehringer Ingelheim / Gilead Sciences / NCHECR
Contact: Jeff Hudson, Don Smith

INITIO

A randomised trial to evaluate different therapeutic strategies of combination therapy for HIV infection.

Status: Open 1999, recruitment to continue till 31st September, 2001
Sites: 27 (25 in Australia and 2 in New Zealand)
Enrolled: 108
Sponsor: MRC-HIV Connect / NCHECR
Contact: Dianne Carey, Ainslee Moore

CREST

A randomised, multi-centre study to assess and compare genotypic and virtual phenotypic resistance testing in HIV-1 infected individuals with an HIV RNA viral load >1500 copies/ml in whom a change in current antiretroviral therapy is indicated.

Status: Open October 2000
Sites: 50
Enrolled/target: 150/300
Sponsors: Virco / Roche / Boehringer Ingelheim / GlaxoSmithKline / Abbott / Bristol-Myers Squibb / Merck Sharpe and Dohme / Perkin-Elmer Biosystems / Australian Technology
Contact: Gillian Hales, Sean Emery

HIV-NAT 004 (extension)

A randomised, open-label, Phase II study of subcutaneous interleukin-2 (Proleukin®), plus antiretroviral therapy (ART) versus ART alone in patients with HIV infection and CD4+ lymphocyte count greater than 350 cells/mm^3.

Status: Open November 1998, ongoing
Sites: 2
Enrolled/target: 71/71
Sponsor: National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, MA, USA / Division of AIDS, CDC / Ministry of Public Health, Thailand
Contact: Chris Duncombe, Mark Boyd, Sean Emery

HIV-NAT 001.3

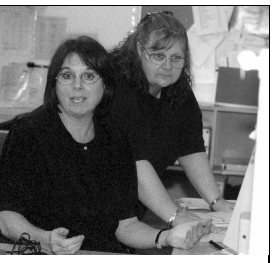
An open-label, follow-up, comparative 48 week cohort study to evaluate the efficacy, safety, pharmacokinetics and tolerability of saquinavir-SGC 1600 mb OD/ritonavir, 100 mg OD plus dual nucleosides in patients with an undetectable viral load (less than 50 copies/ml); and saquinavir SGC 1400 mg BID plus dual nucleoside in patients with a detectable viral load (greater than 50 copies/ml).

Status: Open April 2000, ongoing
Sites: 1
Enrolled/target: 87/87
Sponsor: Roche (Thailand) Ltd / Roche Diagnostics / Molecular Systems / Bristol-Myers Squibb (Thailand) Ltd / GlaxoSmithKline R& D / Janssen Pharmaceuticals
Contact: Chris Duncombe, Mark Boyd, Sean Emery

HIV-NAT 002.1 and 002.2

A randomised, open-label study to explore the antiretroviral efficacy and tolerability of immediate versus deferred switching from ddI/d4T to AZT/3TC in a Thai HIV-1 infected population, pretreated with ddI/d4T

Status: Open November 1997, follow-up protocol ongoing
Sites: 1
Enrolled/target: 70/70
Sponsor: Bristol-Myers Squibb, Thailand / GlaxoSmithKline / R& D Division of AIDS, CDC / Ministry of Public Health, Thailand
Contact: Chris Duncombe, Mark Boyd, Sean Emery



HIV-NAT 003.2

An open-label, follow-up study to protocol HIV-NAT 003.1 to explore the durability of the antiretroviral efficacy and tolerability of AZT/3TC and d4T/ddI in a population originally treated with AZT/3TC; and of AZT/3TC/ddI and d4T/3TC/ABC in a population originally treated with AZT/3TC/ddI. The study also explores the efficacy of adding hydroxyurea to the last regimen failed or d4T/3TC/ddI/HU as a salvage regimen.

Status: Open June 1999, follow-up protocol ongoing
Sites: 2
Enrolled/target: 93/93
Sponsor: GlaxoSmithKline R&D, GlaxoSmithKline (Thailand) Ltd, Bristol-Myers Squibb (Thailand) Ltd
Contact: Chris Duncombe, Mark Boyd, Sean Emery

HIV-NAT 005

A randomised, open-label, comparative study to evaluate the efficacy and tolerability of indinavir/low dose ritonavir BID versus indinavir TID as part of combination antiretroviral therapy with Combivir® (AZT+3TC) for the treatment of HIV-1 infection in an antiretroviral, pretreated Thai study population.

Status: Open June 1999, ongoing
Sites: 1
Enrolled/target: 100/100
Sponsor: MSD (Thailand) / GlaxoSmithKline R&D
Contact: Mark Boyd, Sean Emery

HIV-NAT 007

A study of the safety, tolerability and pharmacokinetics of nelfinavir co-administered with stavudine (d4T) and didanosine (ddI) in HIV-exposed infants

Status: Open July 1999. Pharmacokinetics study complete. Cohort continues to be followed
Sites: 1
Enrolled/target: 36/36
Sponsor: Roche (Thailand Ltd)
Contact: Chris Duncombe, Sean Emery

2NN

An open-label, comparative study to evaluate the antiviral efficacy of nevirapine and efavirenz in combination with d4T and 3TC.

Status: Open February 2000, enrolment ongoing
Sites: 18 sites worldwide
Target: 170/200 at HIV-NAT
Sponsor: Boehringer Ingelheim
Contact: Chris Duncombe, Mark Boyd, Sean Emery

ACTT 002

A randomised, open-label, comparative study to evaluate the efficacy of full dose versus half dose of stavudine (d4T) compared to zidovudine (AZT), in combination with didanosine (ddI), in a treatment-naïve HIV-1 infected patients with CD4+ cell count 100-500/ mm^3.

Status: Open April 2000, ongoing
Sites: 15 in Thailand
Target: 260/330
Sponsor: Ministry of Public Health, Thailand / Bristol- Myers Squibb (Thailand)
Contact: Chris Duncombe, Sean Emery

AI-424-008

Evaluation of the safety and antiviral efficacy of a novel HIV-1 protease inhibitor, BM232632, in combination with d4T and 3TC as compared to a reference combination regimen.

Status: Open April 2000, ongoing
Sites: 54
Enrolled/target: 31/31
Sponsor: Bristol- Myers Squibb
Contact: Chris Duncombe, Sean Emery

AI-455-099

Evaluation of the safety and antiviral efficacy of stavudine extended release formulation as compared to stavudine immediate release formulation, each as part of a potent antiretroviral combination therapy.

Status: Open October 2000, ongoing
Sites: 54 worldwide
Enrolled/target: 15/35
Sponsor: Bristol- Myers Squibb
Contact: Chris Duncombe, Sean Emery

E-1696

A multi-centre, double-blind, randomised trial to compare the effects of nandrolone decanoate and placebo on body composition and bodyweight in HIV-positive men with mild to moderate wasting, with Sustanon 250 as active reference treatment.

Status: Open April 2000 ongoing
Sites: 2 in Thailand
Target: 18/24 at HIV-NAT
Sponsor: NV Organon
Contact: Chris Duncombe, Sean Emery

Studies in preparation

No-Nuc Study

An open-label study looking at whether antiretroviral combinations without nucleoside reverse transcriptase inhibitors are able to reduce lipoatrophy whilst still maintaining control of virus replication.

Status: In development
Sites: 15 – 20 through the network
Enrolled/target: 100 patients
Sponsor: In negotiation
Contact: Fraser Drummond

Kaletra Induction/Maintenance Study

An open-labelled, prospective study to determine if HIV suppression can be maintained with a monotherapy, protease inhibitor regimen of Lopinavir/r following an induction phase of Combivir (AZT+3TC) + Lopinavir/r therapy in antiretroviral naive HIV positive patients.

Status: In development
Sites: 25 through the network
Enrolled/target: 240
Sponsor: In negotiation
Contact: Fraser Drummond

SMART Study

A large, simple, trial comparing two strategies for management of anti-retroviral therapy: this study is looking at HIV control by randomising patients to receive antiretrovirals to either maintain an undetectable viral load or maintain an acceptable CD4 count.

Status: In development
Sites: 25 through the network
Enrolled/target: To be determined in Australia, 6000 internationally
Sponsor: NIH
Contact: Fraser Drummond

OPTIMA Study

A Tri-national (Canada, UK, USA) randomised, controlled trial to determine the optimal management of patients with HIV infection for whom first and second-line highly active anti-retroviral therapy has failed.

Status: In development
Sites: 25 through the network
Enrolled/target: 50 in Australia, 1300 internationally
Sponsor: In negotiation
Contact: Fraser Drummond

Lipodystrophy studies

Completed studies

GEMFIBROZIL

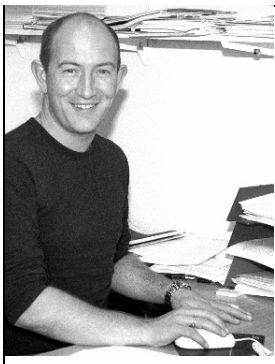
A randomised study of gemfibrozil for the treatment of HIV-protease inhibitor associated hypertriglyceridaemia.

Status: Open March 99, recruitment completed December 1999. Manuscript in preparation
Sites: St. Vincent's Hospital
Target: 40
Sponsor: Abbott / NCHECR
Contact: John Miller

National Lipodystrophy Survey

A national, prevalence survey of lipodystrophic phenomena in patients with HIV.

Status: Recruitment complete, November 1999. Manuscript in preparation
Sites: 14
Enrolled: 1348
Sponsor: Roche / Abbott / Bristol-Myers Squibb / NCHECR
Contact: John Miller



Current studies

Lipodystrophy and related diseases case definition study

Changes in body shape and metabolism have recently become apparent in patients treated for HIV infection. Fat loss from the face, limbs and buttocks, and fat gain in the abdomen, base of the neck and breasts have been shown in both sexes. Increased fats in the blood and decreased insulin activity may be seen, sometimes with type-2 diabetes.

A case definition for the "lipodystrophy syndrome(s)" is yet to be validated and it is possible that a combination of clinical and metabolic features might be necessary to define the syndrome(s).

This study aims to develop diagnostic criteria for HIV-associated LD syndrome(s) that will assist clinicians in confirming/excluding a diagnosis of lipodystrophy syndrome(s) and identify possible risk factors involved.

Status: Open September 2000, due for completion May 2001
Sites: 35
Enrolled/target: 400/800
Sponsor: EMEA
Contact: Rebekah Puls

Immune based therapies

Completed studies

Vanguard Thailand (HIV-NAT 004)

A randomised, open-label, Phase II study of subcutaneous interleukin-2 (Proleukin) plus antiretroviral therapy versus antiretroviral therapy alone in Thai patients with HIV infection and greater than 350 CD4+ cells/mm^3.

Status: Complete, study published
Sites: 2
Enrolled/target: 72/72
Sponsor: Division of AIDS, NIH USA / Thai Ministry of Public Health / NCHECR
Contact: Sean Emery

Vanguard UK

A randomised, open-label, Phase II study of subcutaneous interleukin-2 (Proleukin) versus no therapy in patients with HIV infection and greater than 350 CD4+ cells/mm^3 who do not wish to commence antiretroviral therapy.

Status: Enrolment complete, manuscript submitted
Sites: 3 (all UK)
Enrolled/target: 36/36
Sponsor: Division of AIDS, NIH USA / NCHECR / MRC UK
Contact: Sean Emery

Current studies

SILCAAT

A Phase III, multicentre, randomised study of the biological and clinical efficacy of subcutaneous recombinant, human interleukin-2 in HIV-infected patients with low CD4+ counts receiving active antiretroviral therapy.

Status: Open April 2000
Sites: 12
Enrolled/target: 76/200
Sponsor: Chiron Therapeutics / NCHECR
Contact: Sean Emery, Sarah Pett

ESPRIT

A randomised, open-label, Phase III, international study of subcutaneous recombinant interleukin-2 in patients with HIV infection and CD4 lymphocyte count greater than or equal to 300 cells/mm^3.

Status: Open December 2000
Sites: 48 (25 in Australia; other sites in Argentina, Israel, Japan, Singapore and Thailand)
Enrolled/target: 228/750 (40/135 in Australia)
Sponsor: National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, MA, USA / Division of AIDS, CDC / The Government Pharmaceutical Organisation / Ministry of Public Health, Thailand / GlaxoSmithKline (Thailand) / Bristol-Myers Squibb (Thailand)
Contact: Sean Emery, Sarah Pett, Fraser Drummond, Chris Duncombe

Avipox vaccine study

A multicentre, double-blind, placebo-controlled, randomised evaluation of safety and immunogenicity of an avipox vector (rFPV) containing HIV genomic material (gag-pol) with or without co-expression of an immuno-enhancing cytokine gene (interferon-gamma).

Status: Recruitment commencing first quarter of 2001
Sites: 11
Enrolled/target: 0/36
Sponsor: Virax Holdings / CTARC
Contact: Alexander Aichelburg, Sean Emery

HRG 214 study

A Phase I trial of the pharmacokinetics and safety of the Caprine antibody ^{PE}HRG214 in persons living with HIV.

Status: Pending
Sites: 1
Enrolled/target: 15-18
Sponsor: Probe Pharmaceuticals Pty Ltd
Contact: Sarah Pett

Opportunistic infections, AIDS-related malignancies

Completed studies

Thai TB study

Prevention of tuberculosis by isoniazid, or isoniazid plus rifampicin, in asymptomatic or early symptomatic HIV seropositive patients in Thailand – a randomised controlled trial.

Status: Complete, manuscript in preparation
Sites: 1
Enrolled/target: 600/600
Sponsor: NCHECR / WHO / UNAIDS
Contact: Kate Clezy

ADHOC

A randomised, controlled study of the safety and efficacy of adefovir dipivoxil in patients with advanced HIV infection.

Status: Opened September 1997, closed, manuscript in preparation
Sites: 30
Enrolled/target: 82/350
Sponsor: NCHECR / HIV Connect / Gilead Sciences
Contact: Kate Clezy, Jeff Hudson

Current studies

IM862

A Phase III, randomised study of IM862 versus placebo in the treatment of AIDS-related Kaposi's sarcoma.

Status: Open
Sites: 4
Enrolled/target: 10/40
Sponsor: UNSW / Cytran
Contact: Kate Clezy

CHOP

An open study of CHOP chemotherapy with, or without rituximab, for the initial treatment for HIV-related NHL.

Status: Pending
Sites: 3
Target: 5
Sponsor: UNSW / Roche
Contact: Kate Clezy

Centre staff

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Deputy Director

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Epidemiology Unit

Head
John M Kaldor PhD

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Yueming Li BSc, MAppStat

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Administrative Assistant
Matthew Calvert

Clerk
Melanie Middleton BMedSci

Therapeutic Research Unit

Head
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Director, Community HIV Research Network
Don Smith MB ChB, MD

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Gilbert Kaufmann MD

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Mark Boyd MB BS, BA (HIV-NAT)

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Gillian Hales RN, BSc(Hons)

Jeff Hudson RN, GradDip(Health Science)

Pat Grey RN, BA, DipAppSci, DipCounselling

Rebekah Puls BSc(Hons), PhD (from April)

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Julie Patching RN (The Alfred Hospital, Melbourne – from April)

Helen Wood RN (The Alfred Hospital, Melbourne – from November)

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Wendy Lee

Robyn Munro

Administrative Assistants
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Morgan Stewart RN, BA(Hons)
Adrienne Broe BA

Clerks
Susan Lewis MA
Jo Groves BA

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Danielle Smith BSc(Hons)
Mee Ling Munier BSc, GradDipEpi, MSc

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A/Prof, Dept Neurology and HIV Medicine
St Vincent's Hospital, Sydney

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Deputy Director and Head
Epidemiology and Social Research Unit
Macfarlane Burnet Centre for Medical Research, Melbourne

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Senior Staff Specialist and Director
Alcohol and Drug Service
St Vincent's Hospital, Sydney

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Business Manager
Annie Tung MPA (from September)

Librarian
Coralie Kronenberg BA, DipIMLib, AALIA

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Charles Tran BCompSci
Mary Larkin BA (to February)
Regina Linich (from March)

Executive Assistant
Janette Button

Administrative Officer
Margaret Micallef BSocSci (to June)

Administrative Assistants
Ian Brodie BEc, GradDipEd, AssDipHlthSc (from July)
Merideth Hatton BA (from September)
Alison Leckie (to March)
Tracie Mohr BEc (to March)
Renae Myhill BMedSci (from March)
Yvette Toole
Philippa Wong BEc (from June)

Receptionist
John Redmond

Collaborating organisations

National

Australasian Society for HIV Medicine, Sydney
Australian Defence Force, Canberra
Australian Federation of AIDS Organisations, Sydney
Australian Hepatitis Council, Sydney
Australian Infection Control Association, Hobart
Australian Institute of Health and Welfare, Canberra
Australian IV League, Sydney
Australasian Liver Association, Sydney
Australian Medical Association, Sydney
Australian National Council on AIDS, Hepatitis and Related Diseases, Canberra
Australian Nursing Federation, Canberra
Australian Paediatric Surveillance Unit, and its contributors, Sydney
Australian Red Cross Blood S ervice, Sydney
Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne
Commonwealth Department of Health and Aged Care, Canberra
Communicable Diseases Network Australia and New Zealand, Canberra
Haemophilia Foundation, Sydney
Intergovernmental Committee on AIDS and Related Diseases, Canberra
National Association of People Living with HIV/AIDS, Sydney
National Centre in HIV Social Research, Sydney
National Centre in HIV Virology Research, Melbourne
National Drug Research Centre, Perth
National Drug and Alcohol Research Centre, UNSW, Sydney
National Serology Reference Laboratory, Melbourne
Royal Australian & New Zealand College of Obstetricians & Gynaecologists, Sydney
Royal Australian College of General Practitioners, Sydney

Australian Capital Territory

ACT Corrective Services, Canberra
ACT IV League, Canberra
AIDS Action Committee of the ACT, Canberra
Australian National University, Canberra
Calvary Hospital, Canberra
Canberra Sexual Health Clinic, Canberra
Communicable Disease Control Program, ACT Department of Health and Aged Care, Canberra
Drug Referral Information Centre, Canberra
Interchange General Practice, Canberra
John James Memorial Hospital, Canberra
Microbiology Department, Canberra Hospital
The Canberra Hospital

New South Wales

Area Public Health Units, NSW Health Department
AIDS Council of NSW (ACON), Sydney
Albion Street Centre, Sydney
Ballina Hospital
Bankstown/Lidcombe Hospital, Sydney
Bathurst Hospital
Blacktown Hospital, Sydney
Bloomfield Hospital, Sydney
Blue Mountains Sexual Health Clinic
Bigge Park Medical Centre, Sydney
Blacktown and Parramatta Centres (Western Sydney AIDS Prevention Services), Sydney
Bligh Street Clinic, Tamworth
Byron Bay Hospital
Calvary Hospital, Wagga Wagga
Campbell Hospital, Sydney
Campbelltown Hospital, Sydney
Casino and District Hospital
Centre for Immunology, St Vincent's Hospital, Sydney
Coffs Harbour Hospital
Communicable Disease Surveillance & Control Unit, NSW Health, Sydney
Concord Hospital, Sydney
Corrections Health Service, Sydney
Drug Intervention Services, Sydney
Eastern Sydney Division of General Practice, Sydney
General Medical Practice, Burwood, Sydney
General Medical Practice, Strathfield, Sydney
General Medical Practice, Lismore
General Medical Practice, Coffs Harbour
General Medical Practice, Newtown, Sydney

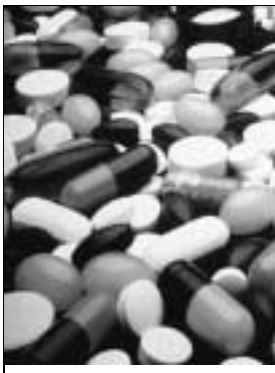
General Medical Practice, Darlinghurst, Sydney
Goulburn Base Hospital
Gosford Sexual Health Clinic
Ground Zero Medical Centre, Sydney
HIV Service, Sydney Children's Hospital
Holdsworth House General Practice, Sydney
Immunology & Microbiology Department, The University of Newcastle
John Hunter Hospital, Newcastle
Kirketon Road Centre, Sydney
Leichhardt Family Medical Practice, Sydney
Lismore Base Hospital
Livingstone Road Sexual Health Centre, Sydney
Liverpool Hospital, Sydney
Mount Druitt Hospital, Sydney
Multicultural HIV/AIDS Service, Sydney
Murwillumbah Hospital
Neisseria Reference Laboratory, Prince of Wales Hospital, Sydney
NSW Cancer Council, Sydney
Northern Rivers Health Services
Nowra Hospital
Parramatta Sexual Health Clinic, Parramatta Health Service, Westmead Hospital, Sydney
People Living with HIV/AIDS (PLWHA), Sydney
Prince Henry/Prince of Wales Hospitals, Sydney
RACGP NSW Branch, Sydney
Resource and Education Program for IDU (Redfern and Canterbury), Sydney
Royal Hospital for Women, Sydney
Royal North Shore Hospital, Sydney
Royal Prince Alfred Hospital, Sydney
Sexual Health Clinic, Nepean Hospital
Sexual Health Clinic, Port Kembla Hospital
Sexual Health Clinic, Shoalhaven District Hospital
Sexual Health Clinic, St George Hospital, Sydney
Sexual Health Service, Royal Newcastle Hospital
SHAIDS, Lismore
St George Hospital, Sydney
St George Needle Exchange, Sydney
St Leonards Medical Centre, Sydney
St Luke's Private Hospital, Sydney
St Vincent's Hospital, Sydney
St Vincent's Hospital, Lismore
Strathfield Private Hospital, Sydney
Sydney Children's Hospital
Sydney Sexual Health Centre, Sydney
Taylor Square Private Clinic, Sydney
The Exchange Services, Manly and Ryde, Sydney
Wentworth HIV and Sexual Health Service, Sydney
Western Sydney AIDS Prevention Service, Auburn, Blacktown and Parramatta, Sydney
Westmead Hospital, Sydney
407 Doctors, Sydney

Northern Territory

AIDS Council of Central Australia, Darwin
AIDS/STD Unit, Communicable Diseases Centre, Royal Darwin Hospital
Clinic 34, Royal Darwin Hospital
Department of Correctional Services, Darwin
Nganampa Health Council, Alice Springs
Northern Territory AIDS Council, Darwin
Royal Darwin Hospital
Territory Health Services, Casuarina
Territory Health Services, Alice Springs

Queensland

AIDS Medical Unit, Queensland Health, Brisbane
Biala and QuIVAA Needle and Syringe Programs, Brisbane
Blackall Terrace Specialist Centre, Nambour
Brisbane Sexual Health Clinic,
Brunswick Street Medical Centre, Brisbane
Cairns Base Hospital
GAIN Needle and Syringe Program, Gold Coast
Gladstone Road Medical Centre, Brisbane
Gold Coast Hospital, Southport
Gold Coast Sexual Health Clinic, Miami
Holy Spirit Hospital, Brisbane
Ipswich Hospital
Kobi House, Toowoomba Base Hospital
Logan Hospital, Brisbane
Mater Misericordiae Public, Brisbane
Mt Isa Hospital
Nambour General Hospital



Prince Charles Hospital, Brisbane
Princess Alexandra Hospital, Wooloongabba
Queensland Corrective Services Commission, Brisbane
Queensland AIDS Council (QAC), Brisbane
Queensland Positive People, Brisbane
Special Health Services, Cairns
Sunshine Coast Intravenous AIDS Association (SCIVAA)
St Andrew's Hospital, Toowoomba
The Sexual Health Program, Cairns
Townsville General Hospital

South Australia

AIDS Council of South Australia, Adelaide
Christies Beach National Pharmacy, Adelaide
Clinic 275, Adelaide
Clovelly Park NSP, Adelaide
Drug and Alcohol Services Council, Adelaide
Flinders Clinical Trials Pharmacy, Adelaide
Flinders Medical Centre, Adelaide
Infectious Diseases Laboratories, Institute of Medical and Veterinary Science, Adelaide
Lyell McEwin Health Service, Adelaide
Midnight Pharmacy, Adelaide
Morphett Vale Pharmacy
Noarlunga Community Health Service
Northern Metropolitan Community Health Service, Adelaide
Parks Community Centre, Adelaide
Royal Adelaide Hospital
SAVIVE, Adelaide
South Australian Drug and Alcohol Services Council, Adelaide
South Australian Forensic Health Service, Adelaide
South Australian Health Commission, Adelaide
South Road Pharmacy, Adelaide
STD Control Branch, Adelaide
The Care & Prevention Program, Adelaide
Threadgolds Pharmacy, Adelaide
Warrinalla Clinic
William Jeffs Pharmacy, Adelaide
Whyalla Hospital

Tasmania

Calvary Hospital, Hobart
Corrective Services Division, Hobart
General Medical Practice, Collins Street, Hobart
Public and Environmental Health, Department of Community and Health Services, Hobart
Launceston General Hospital
Royal Hobart Hospital
Tasmanian AIDS Council, Hobart
Tasmanian Users Health Support League, Hobart

Victoria

Ballarat Community Health Services
Beechworth Hospital
Beleura Private Hospital
Box Hill Hospital, Melbourne
Cabrini Hospital, Melbourne
Coorong Hospital
Dandenong Hospital, Melbourne
Department of Human Services, Melbourne
Epworth Private Hospital
Freemasons Hospital, Melbourne
Gay Men's Health Centre, Melbourne
Geelong Community Health Services
Immunology & Microbiology Department, The University of Melbourne
Kerang Hospital
Kyabram Hospital
Macfarlane Burnet Centre for Medical Research, Melbourne
Mansfield District Hospital
Melbourne Diagnostic Unit, University of Melbourne
Melbourne Inner Needle Exchange
Melbourne Sexual Health Centre
Middle Park Clinic, Melbourne
Mildura Base Hospital
Monash Medical Centre, Melbourne
Mornington Peninsula Hospital
Mount Alexander Hospital
Mount Alvernia, Bendigo
Northcote Clinic, Melbourne
People Living with HIV/AIDS (PLWHA), Melbourne

Positive Living Centre, Melbourne
Prahran Market Clinic, Melbourne
Royal Children's Hospital, Melbourne
Royal Melbourne Hospital
SHARPS, Frankston
St John of God Hospital, Ballarat
St Kilda Needle and Syringe Program
St Vincent's Hospital, Melbourne
The Alfred Hospital, Melbourne
The Carlton Clinic, Melbourne
The Centre Clinic, Melbourne
Turning Point, Melbourne
Upper Murray Hospital
Victorian AIDS Council/Gay Men's Health Centre (VAC), Melbourne
Victorian Infectious Diseases Reference Laboratory, Melbourne
West Gippsland Hospitals
Western Region AIDS and Hepatitis Prevention
Wimmera Base Hospital
Wodonga District Hospitals

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Dept Clinical Immunology, Royal Perth Hospital
Fremantle Hospital
General Medical Practice, Mt Lawley
Lindisfarne Medical Group, Mt Lawley
Ministry of Justice, Strategic and Specialist Services Division
Princess Margaret Hospital for Children, Subiaco
Royal Perth Hospital
WA Users Association, Perth
Western Australia AIDS Council, Perth

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Academic Medical Centre, University of Amsterdam, The Netherlands
Agence Nationale pour la Recherche de SIDA (ANRS), Paris, France
AIDS Clinical Centre, International Medical Centre of Japan, Tokyo, Japan
AIDS Clinical Trials Group, DAIDS, NIH, Bethesda, USA
AIDS Malignancy Consortium, USA
Auckland Hospital, Auckland, New Zealand
CAICI, Rosario, Argentina
Canadian Trials Network (CTN), Vancouver BC, Canada
Centre for AIDS Research and Education, University of California, California, USA
Centre Regional D'Essais Clinique VIH, Montreal, Canada
Chelsea and Westminster Hospital, London, UK
Chiang Rai Regional Hospital, Chiang Rai, Thailand
Chonburi Regional Hospital, Chonburi, Thailand
Christchurch Hospital, New Zealand
Chulalongkorn University Hospital, Bangkok, Thailand
Columbia University New York, USA
Community Research Initiative, New England, USA
Denver Infectious Disease Consultants, Denver, USA
Department Medecin Sociale et Preventive, Universite de Montreal, Montreal, Canada
Departments of Genitourinary Medicine and Sexual Health, Kings College Hospital, London, UK
Department of HIV/GUM Research, Brighton, UK
Division of AIDS, National Institute of Allergy and Infectious Diseases (NIAID), National Institute of Health (NIH), Bethesda, USA
Division Infectious Diseases, Geneva Hospital, Geneva, Switzerland
Division of Statistics, School of Public Health, University of Minnesota, Minneapolis, USA
Dupont Circle Physicians Group, Washington, USA
Family Health International, Arlington, Virginia, USA.
FUNCEI - Clinica La Sagrada Familia, Buenos Aires, Argentina
Gemeinschafts Praxis, Dusseldorf, Germany
Glasgow Royal Infirmary, Glasgow, Scotland
Harlem Hospital Centre, New York, USA
HIV Netherlands Australia Thailand Research Collaborative (HIV-NAT), Bangkok, Thailand
Hospital Clinic Provincial de Barcelona, Spain
Hospital de Enfermedades Infecciosas FJ Muniz, Buenos Aires, Argentina
Hospital General de Agudos Juan A Fernandez, Buenos Aires, Argentina

Hospital General de Agudos Ramos Mejia, Buenos Aires, Argentina
Hospital Interzonal de Agudos San Juan de Dios, La Plata, Argentina
Hospital Interzonal General de Agudos Oscar Alende, Mar del Plata, Argentina
Hospital Italiano de Buenos Aires, Argentina
Hospital JM Ramos Meja, Buenos Aires, Argentina
Hospital Universitario Clementino, Rio de Janeiro, Brazil
Hopital Gui de Chauliac, Montpellier, France
Hopital Haut-Leveque, Bordeaux, France
Hopital Rothschild, Paris, France
Hopital Necker, Paris, France
Hvidovre Hospital, Copenhagen, Denmark
Immune Deficiency Treatment Centre, Montreal General Hospital, Canada
Infectologia Hospital Porf, Alejandro Posadas, Haedo, Argentina
Imperial Cancer Research Fund, Oxford, UK
International AIDS Society, Stockholm, Sweden
International AIDS Therapy Evaluation Centre, Amsterdam, The Netherlands
Institute of Environmental Science & Research Ltd. Wellington, New Zealand
Istituto Superiore di Sanita, Rome, Italy
J W Goethe Universitat, Frankfurt, Germany
Kaplan Medical Centre, Rehovot, Israel
Khon Kaen University, Srinagarind Hospital, Khon Kaen, Thailand
Miriam Hospital, Providence, USA
National Cancer Institute, USA
National AIDS Therapy Evaluation Centre, Amsterdam, The Netherlands
NHLBI, National Institute of Health, Bethesda, USA
Northwestern Uni Medical School, Chicago, USA
Osaka National Hospital, Osaka, Japan
Rambam Medical Centre, Haifa, Israel
Royal Free Hospital, London, UK
Royal Sussex County Hospital, Sussex UK
San Francisco General Hospital, San Francisco, USA
Siriraj Hospital, Bangkok, Thailand
South Hospital, Stockholm, Sweden
Tan Tock Seng Hospital, Singapore
Tel Aviv Sourasky Medical Centre, Tel Aviv, Israel
Terry Beirn Community Programs for Clinical Research in AIDS (CPCRA), Washington, USA
Thai Red Cross, Chulalongkorn University Hospital, Thailand
The Chaim Sheba Medical Centre, Ramat Gan, Israel
Toronto Hospital, Toronto, Canada
UNAIDS, Geneva, Switzerland
University of Minnesota, Minneapolis, USA
University of Munich, Munich, Germany
University of Tokyo Institute of Medical Science, Tokyo, Japan
University of Washington, Seattle, USA
Waikato Hospital, Waikato, New Zealand
Washington University School of Medicine, St Louis, USA
Wellington Hospital, Wellington, New Zealand
WHO Western Pacific Regional Office, Manila, Philippines

Commercial Organisations

Abbott
Agouron
Ansell Australia
Australian Technology
Becton Dickinson
Boehringer Ingelheim
Bristol-Myers Squibb
Chiron Therapeutics
Dupont Pharmaceuticals Company
Gilead Sciences
GlaxoSmithKline
ICON
Merck Research Laboratories
Merck Sharpe and Dohme
Perkin-Elmer
Probe Pharmaceuticals
Quintiles
Roche Diagnostics
Roche Products
Swiss Re Life and Health
Virax Immunotherapeutics
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Visible Genetics Inc.

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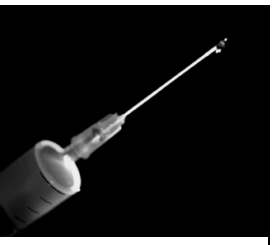

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Membership of external boards and committees

David Cooper

Editorial Boards

Editorial Board, Journal of Acquired Immune Deficiency Syndromes
Raven Press, USA
Board member, 1988-

Honorary Editorial Advisory Board, Venereology
The Australian College of Venereologist Incorporated
Board member, 1991-

Editorial Board, Antiviral Therapy
MTM Publications
Board member, 1996-2000

Editorial Board, Sexually Transmitted Infections
British Medical Association, UK
Board member, 1998-

Editorial Board, AIDS
AIS International AIDS Society, USA
Board member, 2001-2003

Government Advisory Bodies

National Serology Reference Laboratory Scientific Advisory Committee
National Serology Reference Laboratory
Committee member, 1998-

International Congress on Drug Therapy in HIV Infection Scientific Committee
International Congress on Drug Therapy in HIV Infection, Scotland
Committee member, 1992, 1994, 1996, 1998, 2000

Program Committee, Interscience Conference on Antimicrobial Agents and Chemotherapy
American Society for Microbiology, USA
Committee member, 1997-2000

International Organisations

PETRA study on perinatal HIV transmission in Africa Trial Management Committee
UNAIDS
Committee member, 1995-

International AIDS Society
International AIDS Society
Past-president and member, 1988-

HIV-NAT Thai Red Cross Program on AIDS
HIV-NAT (HIV Netherlands, Australia, Thailand), Bangkok, Thailand
Director, 1994-

John Kaldor

HIV related

National HIV Surveillance Committee
National Centre in HIV Epidemiology and Clinical Research
Ex officio, 1989-

National Centre in HIV Social Research Scientific Advisory Committee
National Centre in HIV Social Research
Committee member, 1998-

Other communicable diseases

Communicable Diseases Network Australia and New Zealand
Commonwealth Department of Health and Aged Care
Committee member, 1993-

NSW Health Department Sexual Health Advisory Committee
NSW Health Department
Committee member, 1995-

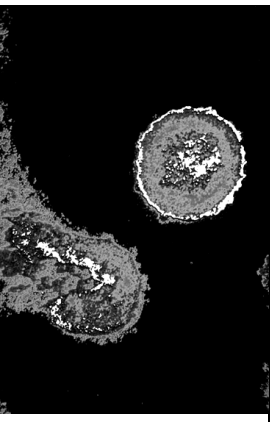
Hepatitis C Council of NSW Medical Advisory Panel
Hepatitis C Council of NSW
Committee member, 1996-

STD/HIV Subcommittee of the Central Australian Disease Control Coordinating Committee
Northern Territories Health
Committee member, 1998-

NSW Health Department Hepatitis C Awareness Campaign Working Group
NSW Health Department
Committee member, 1999-2000

National Incident Hepatitis C Case Register Advisory Committee
National Centre in HIV Epidemiology and Clinical Research
Committee member, 2000-

Steering Group for CMO Report on Communicable Disease
Commonwealth Department of Health and Aged Care
Committee member, 2000-



NSW Ministerial Advisory Committee on Hepatitis
NSW Health Department
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National Health and Medical Research Council Expert Advisory Group on Transmissible Spongiform Encephalopathies
National Health and Medical Research Council
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CDNANZ Hepatitis C Surveillance Subcommittee
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St Vincent's Hospital Research Ethics Committee
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Advisory Committee for the Retrospective Cohort Study of Cancer Incidence and Mortality in Workers at Lucas Heights Research Laboratories
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Australasian Epidemiological Association Council
Australasian Epidemiological Association
Council Member, 1995-2000; President, 1996-2000

UNSW Centre for Public Health Management Committee
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UNSW Higher Degree Committee of the Faculty of Medicine
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National Centre for Immunisation Research and Surveillance of Vaccine Preventable Disease Scientific Advisory Committee
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NSW Health Department Olympic Surveillance System Design Working Party
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Central Sydney Area Health Service Expert Advisory Group for the Australian Study of Health and Relationships
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Evaluation Committee for Supervised Injecting Room Project
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Repatriation Medical Authority Subcommittee on Ionising Radiation Dose
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ANCAHRD Indigenous Australians' Sexual Health Committee
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National Health and Medical Research Council
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International

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Consultancy on HIV, AIDS and STI Surveillance, Papua New Guinea
WHO
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Cochrane Collaborative Review Group on HIV Infection and AIDS, Biomedical Interventions Reviews Editor
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Consultancy for Family Health International to Advise on Analysis of HIV Surveillance Data in Cambodia
Family Health International
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Member, 2000-2001

ASHM Standing Committee on Hepatitis C
Australasian Society for HIV Medicine
Chair, 2000-

Hepatitis C Council of NSW Medial and Research Advisory Panel
Hepatitis C Council of NSW
Member, 2000-

Matthew Law

The DAD Study Steering Committee
Copenhagen HIV Programme
Oversee the DAD Study, 1999-

The Lipodystrophy Case Definition Study Steering Committee
National Centre in HIV Epidemiology and Clinical Research
Oversee the LDCD Study, 2000-

Fraser Drummond

ACON Board
AIDS Council of NSW member, 1997

Academic activities

Students supervised by NCHECR academic staff

Students are enrolled at UNSW unless otherwise specified.

Supervised by David Cooper

Master of Public Health candidate

Helen Fraser

A prevalence survey of lipodystrophy in HIV positive patients in Japan.

Master of Science candidate

Oliver Distler

Restoration of immune response to enteric pathogens in HIV disease.

Doctor of Philosophy candidates

Angel (Bill) Jaramillo

Characterisation of T-cell repertoire variation in HIV-1 positive individuals at primary infection.

Palanee Ammaranond

Natural versus vaccine induced T-cell responses to HIV.

Dominic Dwyer

Molecular studies of HIV-1 and HIV-2.

John Miller

Lipodystrophy in patients with HIV disease.

Nicole Newcombe

Primary HIV infection: clinical severity, cellular immune responses and host genetics.

Supervised by John Kaldor

Master of Applied Epidemiology (Indigenous health) awarded

Jill Guthrie (ANU)

Indigenous HIV and STIs.

Doctor of Philosophy candidates

Tony Butler

Health status of prisoners.

Rima Habib

Retrospective cohort study of cancer incidence and mortality among nuclear industry workers at Lucas Heights Science and Technology Centre.

Ann Mijch (Monash University)

Measuring and managing HIV virological failure.

Master of Public Health candidates

Shellee Korn

Incidence of hepatitis C in a cohort of HIV-positive patients of an inner-city practice; and rate of uptake of hepatitis A and B vaccination within the same cohort.

Melissa Irwin

Protease inhibitor-related lipodystrophy.

Master of Applied Epidemiology candidate

Jenean Spencer (ANU)

Development of hepatitis C surveillance and epidemiology.

Master of Medicine (STD/HIV) candidates

Elizabeth Sullivan (University of Sydney)

Prevalence survey of sexually transmitted infections in women attending a first visit antenatal clinic in Vila, Vanuatu, 1999-2000.

Supervised by David Cooper and John Kaldor

Doctor of Philosophy Awarded

Greg Dore

Natural history of HIV-related opportunistic infections.

Lesley Ashton

Factors influencing the natural history of HIV-1 infection.

Supervised by John Kaldor and Alex Wodak

Doctor of Philosophy candidate

Margaret MacDonald

Monitoring the prevalence of HIV, hepatitis B and hepatitis C in intravenous drug users.

Supervised by Andrew Grulich

Master of Public Health awarded

Sharon Boatwright

Sources of haematological stem cell donations in Australia: a comparison of the Australian Bone Marrow Donor Registry and Australian Cord Blood Bank.

Master of Public Health candidate

Darren Su

Chronic immune stimulation in the development of non-Hodgkin's lymphoma in people with HIV infection.

World Health Organisation Fellowship

Dr Bo-Kyung Jeong

Supervised by Greg Dore

Master of Public Health candidate

Shahzad Baig

Ethnicity and sexually transmissible infection risk at a Sydney sexual health clinic.

Mark Danta (University of Sydney)

Predictors of hepatic fibrosis among people with chronic hepatitis C: an analysis of the S100 interferon database.

Supervised by Bruce Brew

Doctor of Philosophy awarded

Louise Pemberton

Molecular basis for the pathogenesis of AIDS dementia.

Staff lecturing at tertiary courses

David Cooper

Course coordination

Reach Asia training programme in HIV/AIDS Clinical management, Bangkok, Thailand

Course coordination/lecturing

Reach Asia training programme in HIV/AIDS Clinical Management, Shanghai, China

Reach Asia training programme in HIV/AIDS Clinical Management, Sydney

Course lecturing

Interactive sessions - Year 6 Medicine, Prince of Wales Hospital Clinical School, Sydney

John Kaldor

Course coordination/course lecturing

Indonesia-Australia Specialised Training Project in HIV/AIDS Management and Development, UNSW, Sydney

Epidemiology, Master of Public Health, UNSW, Sydney

Course lecturing

Year 4 Medicine, School of Community Medicine, UNSW, Sydney

HIV/AIDS: challenging and changing health care systems, Master of Public Health, UNSW, Sydney

Industry-funded short courses in epidemiology, Sydney/Melbourne

Post Registration nursing course in sexual health, Sydney Hospital, Sydney

Case studies in epidemiology, Master of Public Health, UNSW, Sydney

Andrew Grulich

Course coordination/course lecturing

Epidemiology, Master of Public Health, UNSW, Sydney

Case studies in epidemiology, Master of Public Health, UNSW, Sydney

Course lecturing

Indonesia-Australia specialised training project in HIV/AIDS management and development, UNSW, Sydney

Master of Medicine (Sexual Health), Westmead Hospital, Sydney Diploma of Sexual Health Counselling Course, Sydney Hospital

Postgraduate nursing course, NSW College of Nursing, Sydney

Reach Asia training programme in HIV/AIDS clinical management, Sydney

Greg Dore

Course coordination/course lecturing

HIV/AIDS: Challenging and changing health care systems, Master of Public Health

UNSW, Sydney

Course lecturing

Shandong Province, China, Public Health Officer Training Course, Sydney

Master of Medicine (STI and HIV), University of Sydney

Indonesia-Australia specialised training project in HIV/AIDS management and development, UNSW, Sydney

Reach Asia training programme in HIV/AIDS clinical Management, Shanghai, China

Post registration nursing course in sexual health, Sydney Hospital

Short course in sexual health medicine, Prescribers Course, ASHM, Sydney

Post registration nursing course in sexual health, Sydney Hospital

Infection and immunity - Year 3 Science, University of Adelaide

Reach Asia training programme in HIV/AIDS clinical management, Sydney

Course tutoring

Clinical tutorials - Year 3 Medicine, UNSW (St Vincent's Hospital), Sydney

Epidemiology for public health, Master of Public Health, UNSW, Sydney

Matthew Law

Course lecturing

Reach Asia training programme in HIV/AIDS clinical management, Sydney

Bruce Brew

Course lecturing

Master in HIV Studies, University of Western Sydney, Post registration nursing course in HIV infection and disease, Sydney Hospital

Year 6 Medicine, School of Community Medicine, UNSW, Sydney

Course tutoring

FRACP Part 1 - clinical tutorials

Sean Emery

Course coordination

ESPRIT regional training program, Sydney

Reach Asia training programme in HIV/AIDS clinical management, Sydney

ESPRIT Thailand training programme, Bangkok, Thailand

Dianne Carey

Course lecturing

Short course in HIV medicine, prescribers course, ASHM, Sydney

Pharmacology, Master of Medicine (Sexual Health), University of Sydney/ UNSW

Pharmacology, Postgraduate Nursing Course, Sydney Hospital

HIV Pharmacology, Master of Clinical Pharmacy, University of Sydney

Lesley Ashton

Course lecturing

HIV/AIDS: Challenging and changing health care systems, Master of Public Health, UNSW, Sydney

Indonesia-Australia specialised training project in HIV/AIDS management and development, UNSW, Sydney

Course tutoring

HIV/AIDS: challenging and changing health care systems. Master of Public Health, UNSW, Sydney

Don Smith

Course coordination

Primary care case presentation series (convenor with A/ Professor Julian Gold), Sydney

Course lecturing

Reach Asia training programme in HIV/AIDS clinical management, Bangkok, Thailand

Sexually Transmitted Diseases/HIV, Master of Medicine (Sexual Health), University of Sydney/ UNSW, Sydney

Reach Asia training programme in HIV/AIDS clinical management, Sydney

Course tutoring

Antiretrovirals workshop, Reach Asia training programme in HIV/AIDS clinical management, Bangkok, Thailand

Funding

Commonwealth Department of Health and Aged Care

The Commonwealth Department of Health and Aged Care provided an allocation in 2000 to fund the activities and administration of the National Centre. It also provided funding for the Clinical Trials and Research Committee (CTARC). For administrative purposes, these funds are allocated into the following categories:

Core Allocation	*2,812,518*
Clinical Trial and Research Advisory Committee	*505,186*

Other Commonwealth Department of Health and Aged Care grants

CDHAC: Equipment Grant	*244,390*
CDHAC: Hepatitis C Surveillance and Research Activities	*232,702*
CDHAC: Long-term Asymptomatic HIV Infection in Australia	*92,811*
CDHAC: The Health and Treatments Study	*67,030*
CDHAC: Development of Hepatitis C Strategy	*10,000*

Other grants and contracts

University of Minnesota: ESPRIT Study	*613,633*
United States National Institutes of Health: HIV Vaccine Design and Development Team Contract	*431,957*
UNSW: Research Infrastructure Block Grant	*399,951*
UNSW: Research Quality Funds	*345,000*
Ingenix Pharmaceutical Services Inc.: Lipodystrophy Case Definition Study	*175,300*
United Kingdom Medical Research Council: INITIO Study	*163,676*
NH&MRC: Role of Kynurenine Pathway Metabolites in the Pathogenesis of AIDS Dementia Complex	*66,104*
Fred Hutchinson Cancer Research Centre, University of Washington: AIRDP Study	*58,804*
Swiss Re Life and Health Australia Ltd: Natural History of Hepatitis C Infection	*48,000*
UNAIDS: Thai TB Prophylaxis Trial	*34,565*
NSW Department of Health: Positive Health Cohort	*18,528*
Consulting fees	*6,818*
Ohio State University (AIDS Malignancy Consortium)	*5,423*
Donations to HIV Research	*3,500*

Pharmaceutical industry funding

GlaxoSmithKline Research and Development (UK)	*690,321*
Bristol-Myers Squibb Pharmaceuticals (Australia)	*267,792*
Gilead Sciences Inc.	*181,882*
Chiron Corporation	*132,118*
Merck Sharp & Dohme (Australia)	*102,243*
GlaxoSmithKline Australia Ltd	*131,244*
Abbott Australia Pty Ltd	*90,000*
Agouron Pharmaceuticals USA Inc	*64,171*
Cytran Inc.	*26,203*

Presentations and conferences

April

The natural history of hepatitis C infection. **Dore G**, Freeman A, **Law M**, **Kaldor J.** *The Australasian Society for Infectious Diseases Annual Scientific Meeting.* Leura, NSW.

Survey of community attitudes to injecting drug use and the needle and syringe program. **MacDonald M**, Wodak A, **Kaldor JM.** *11th International Conference on the Reduction of Drug Related Harm.* Jersey, UK.

May

National linkage of HIV, AIDS and cancer incidence data. **Grulich AE, Li Y, Correll P, McDonald AM, Kaldor JM.** *National AIDS Malignancy Conference*. Bethesda, USA.

National monitoring of occupational exposures to hepatitis C virus, HIV and hepatitis B virus infection. **MacDonald M** on behalf of the state coordinators and the participating sites. *Australian infection Control Association First Biennial Conference.* Adelaide, SA.

HIV infection and related risk behaviour among cocaine injectors in Sydney. **MacDonald M**, vanBeek I, Dolan K, Maher L, **Kaldor JM** and the collaboration of Australian NSPs. *National HIV Social Research Conference.* Sydney, NSW**.**

Increases in unprotected anal intercourse among gay men. **Prestage G.**

National Gay Educators' Conference. Sydney, NSW**.**

CSF S100 concentrations predict rapid AIDS dementia progression. **BJ Brew**, L Pemberton. *Australian Association of Neurologists Annual Scientific Meeting.* Melbourne.

June

Decision-making in therapy for chronic hepatitis C infection. **Dore G**. *2nd Annual Hepatitis C Educators Workshop*. Brisbane, QLD**.**

Monitoring HIV prevalence and incidence in metropolitan public sexual health clinics in Australia. **McDonald AM, Kaldor JM** for the Collaborative Group on Sentinel HIV Surveillance in Sexual Health Clinics. *Australasian Sexual Health Conference*. Darwin, NT.

CSF S100 concentrations predict rapid AIDS dementia progression. **BJ Brew**, L Pemberton. *Neuroscience of HIV Infection Conference*. Edinburgh, Scotland.

July

An astrocyte marker in the CSF correlates with moderate/severe ADC and predicts progression. **BJ Brew**, L Pemberton. *XIII International AIDS Conference.* Durban, South Africa.

September

Lipodystrophy and metabolic abnormalities in a cross-sectional study of participants in randomised controlled studies of combination antiretroviral therapy (ARV). **Law MG, Emery S**, French M, Carr A, Chuah J, **Cooper DA**. 2nd *International Workshop on Adverse Drug Reactions and Lipodystrophy in HIV*. Toronto, Canada.

D38+ +/CD8 T cell subsets: a key marker to monitor antiretroviral responses in primary HIV infection (PHI) patients receiving HAART. **D Smith**. 40th *Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC).* Toronto, Canada.

October

Australasian Society for HIV Medicine, 12th Annual Conference. Melbourne, VIC.

A further Three *nef*-Deleted Strains of HIV-1 Associated with Long-Term Nonprogression. Rhodes D, **Ashton L**, Solomon A, **Kaldor JM**, Carr A, **Cooper DA**, Deacon N on behalf of the Australian LTNP Study Group.

Prognosis of AIDS Dementia Complex (ADC) and predictors of post-ADC survival. **Pan Y, Dore G**, van der Bij A, **Kaldor JM, Brew B**.

Review of antenatal HIV and hepatitis C virus screening policy and practice in Australia. **Spencer JD, Dore G**, Tibbits D, Tippett C, Mead C, **Kaldor JM**.

Randomised study of intermittent subcutaneous interleukin-2 therapy without antiretrovirals versus no treatment. **Emery S**.

Seroprevalence and risk factors for human herpesvirus 8 in the SMASH cohort. **Grulich AE, Prestage G**, Cunningham P, Kippax S, Isaacs M, Rawlinson W, **Kaldor JM**.

Monitoring non-occupational post exposure prophylaxis (PEP) in New South Wales. **Correll P, Smith D**, Kippax S, **Hendry O, Grulich A.**

What is the likely effect of combination antiretroviral treatments on numbers of new HIV infections? **Law MG, Prestage G, Grulich AE**.

Use of interventions for reducing mother-to-child HIV transmission in Australia. **McDonald AM, Li Y**, Cruickshank M, Elliott E, **Kaldor JM** and Ziegler JB.

Newly diagnosed HIV infection in Australia attributed to heterosexual contact, 1994 – 1999. **McDonald AM, Kaldor JM** for the National HIV Surveillance Committee.

Time trends in HIV incidence among homosexually active men seen at sexual health clinics in Australia, 1993 – 1999. **McDonald AM** for the Collaborative Group on Sentinel HIV Surveillance in Sexual Health Clinics.

Trends in antiviral treatments, CD4 counts and viral load in the Australian HIV Observational Database. **Petoumenos K** on behalf of the Australian HIV Observational Database.

Under what circumstances do gay men forego condom use in seroconcordant HIV-negative regular relationships? **Prestage, G**, Van de Ven, P, **Grulich, A,** Kippax, S**.**

Review of antenatal HIV and hepatitis C virus screening policy and practice in Australia. **Spencer J.**

Hepatitis C infection in Australia – epidemiology, natural history and therapy **Dore G**. *ALUCA National Conference*. Gold Coast, QLD.

Decision-making in therapy for chronic hepatitis C infection. **Dore G**. *2nd Victorian Hepatitis C Council Conference*. Melbourne, VIC.

Natural history of hepatitis C infection. **Dore G**, Freeman A, **Law MG, Kaldor J.** *8th Annual St Vincent's Hospital Hepatitis Symposium.* Melbourne, VIC.

Preventing hepatitis C virus infection in Australia. **MacDonald M**. *8th Annual St Vincent's Hospital Hepatitis Symposium.* Melbourne, VIC.

December

HIV associated cancer in the era of potent anti-retroviral therapy: National linkage study. **Grulich A, Li Y, McDonald AM, Correll P, Law MG, Kaldor JM**. *Australasian Epidemiological Association Annual Scientific Meeting*. Canberra, ACT.

Poster presentations

January

Comparison of immune reconstitution in subjects treated with HAART during primary and chronic HIV-1 infection. **Smith D.** *7th Conference on Retroviruses and Opportunistic Infections.* San Francisco, USA.

CCR5+ CD4 and CD8 T lymphocytes in primary HIV-1 infection. **Smith D.** *7th Conference on Retroviruses and Opportunistic Infections.* San Francisco, USA.

March

Potential interaction with protease and gemfibrozil. **Carey D**. *First International Workshop in Clinical Pharmacology of HIV Therapy*. Noordwijk, The Netherlands.

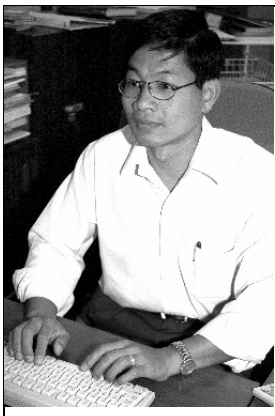
April

The natural history of chronic hepatitis C: a systematic review. **Dore G**, Freeman A, **Law MG, Kaldor J.** *10th International Symposium on Viral Hepatitis and Liver Disease.* Atlanta, USA.

Clinical management of hepatitis C infection: targeting the progressors**. Dore G.** *The Australasian Society for Infectious Diseases Annual Scientific Meeting.* Leura, NSW.

June

Is primary HIV a medical emergency? A prospective study of immune reconstitution and viral suppression in early and late stages of primary HIV-1 infection. **Smith D.** *4th International Workshop on HIV Drug Resistance & Treatment Strategies.* Barcelona, Spain.



July

XIII International AIDS Conference. Durban, South Africa.

Risk factors for AIDS Dementia Complex. **Dore G**.

Spectrum of AIDS-defining illnesses in Australia, 1992-1998: Influence of birthplace. **Dore G, Li Y, McDonald AM, Kaldor J.**

Risk factors for AIDS Dementia Complex. **Dore G, Pan Y**, van der Bij A, **Kaldor J, Brew B**.

Monitoring non-occupational post exposure prophylaxis (PEP) in New South Wales. **Correll P, Smith DE, Kippax S, Hendry O, Grulich AE**

Sexual behaviour during a four-year period within a cohort of Australian men. **Prestage G**, Van de Ven P, **Grulich A**.

Sexual risk behaviour increases and is associated with HIV optimism among HIV-infected and uninfected gay men in Sydney over the four-year period to February 2000. Van de Ven P, **Prestage G**, Knox S, Crawford J, **Grulich A**, Allan B, Fowler D, Kippax S.

Australian gay men of Asian background. **Prestage, G**, Van de Ven, P**.**

HIV disease progression following newly acquired infection in Australia, 1991 – 1998. **McDonald AM, Li Y and Kaldor J**.

September

The Australian Prevalence Survey of Lipodystrophy Syndrome. **J Miller**

2nd International Workshop on Adverse Drug Reactions and Lipodystrophy in HIV. Toronto, Canada.

Importance of centralised assessment of dual-energy X-ray absorptiometry (DEXA) in multicentred studies of HIV associated lipodystrophy - The PIILR study DEXA QA programme. **G Kauffman.** *40th Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC).* Toronto, Canada.

October

Australasian Society for HIV Medicine, 12th Annual Conference. Melbourne, VIC.

HIV associated cancer in the era of potent anti-retroviral therapy: National linkage study. **Grulich A, Li Y, McDonald AM, Correll P, Law MG, Kaldor JM**.

A randomised, double-blind study of gemfibrozil (GF) for the treatment of protease-associated hypertriglyceridaemia. **Miller J.**

Problems with publishing results of interim analyses of randomised clinical trials. **Law MG**.

Itroconazole for primary fungal prophylaxis in HIV patients: a randomised placebo-controlled trial. **Smith D**.

Estimation of cancer incidence in people with HIV infection prior to the occurrence of AIDS. **Li Y, Law MG, Grulich AE, McDonald AM, Correll P, Kaldor JM.**

Rates of change of combination antiretroviral treatments in Australia, 1997 - 2000. **K Petoumenos** on behalf of the Australian HIV Observational Database.

Potential interaction with ritonavir and gemfibrozil. **Carey D.**

November

Rates of change of combination antiretroviral treatments in Australia. **Law MG** on behalf of the Australian HIV Observational Database. *5th International Congress on Drug Therapy in HIV Infection*. Glasgow, UK.

Enhancing saquinavir levels by utilising novel antiretrovirals as cytochrome p450 inhibitors. **Smith D**. *5th International Congress on Drug Therapy in HIV Infection*. Glasgow, UK.

Other presentations by staff members

David Cooper

January

Factors affecting the success of HAART & Case Studies. *GlaxoSmithKline (Thailand) Ltd Roundtable discussion – Optimising ART-challenges and opportunities.* Bangkok, Thailand.

Immunological monitoring: phenotypic and functional assays Antiretrovirals: an overview, *and* Immune reconstitution and immune reactivation disease. *Symposium on HIV Medicine.* Bangkok, Thailand.

Metabolic toxicity and lipodystrophy. *7th Conference on Retroviruses and Opportunistic Infections.* San Francisco, USA.

March

HIV into the new millennium – *Australasian Perspective. Millennium Bugs HIV & STDs – Seventh Scientific Meeting*. Sydney, NSW.

Lipodystrophy and metabolic complications of HIV disease treatment. *4th Annual John T Carey Lecturer and Visiting Professor*. Cleveland, USA.

The management and prevention of lipodystrophy. *Managing HIV Infection in the 21st Century.* Taormina, Sicily.

HIV-NAT: clinical trial activities in Thailand to provide treatment and improve survival in HIV-infected persons. *AusAID.* Canberra, ACT.

May

Public lecture: Lipodystrophy and metabolic disorders in HIV disease, *and* In-house Lecture: Clinical trials of HIV treatments in the developing world – HIV-NAT as a model. *2000 AIDS Research Amsterdam 6th ARA Endowed Chair for AIDS Research.* Amsterdam, The Netherlands.

June

Therapeutic overview: What's new? College Update-24th June

HIV Update. *Australasian Sexual Health Conference Ven Troppo*. Darwin, NT.

September

Meet the Experts Roundtable: Management of the HIV-infected woman including pregnancy. Meet the Experts Roundtable: Antiretroviral Therapy I, II, III. Keynote Symposium: AIDS Plenary. *Didactic Symposium:* Lipodystrophy and Metabolic Complications of HIV 40th *Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC).* Toronto, Canada.

October

How is toxicity of ARV influencing HIV research? *ASHM 2000 - AIDS into the next Millennium.* Melbourne, VIC.

Prospects for an HIV/AIDS vaccine. *XVII International Congress of Allergology and Clinical Immunology (ICACI 2000): Allergy – Global challenges for the third millennium.* Sydney, NSW.

ICAAC Conference Report. *St Vincent's Hospital HIV/Immunology & Infectious Diseases Unit Journal Club.* Sydney, NSW.

A perspective on the adverse effects of HAART: an overview including lipodystrophy. *5th International Congress on Drug Therapy in HIV infection.* Glasgow, Scotland.

Toxicity associated to antiretroviral therapy in HIV infection 2nd *Colloque de Recherche Lemanique sur le SIDA*. Lausanne, Switzerland.

November

Lipodystrophy and the adverse events of anti retroviral therapy. *Panhellenic HIV Congress*. Athens, Greece.

The NCHECR and hepatitis. *CTARC Hepatitis Research Workshop*. Sydney, NSW (with John Kaldor).

December

Metabolic overview, *and* Switch studies, *and* SMART substudy. *Terry Beirn Community Programs for Clinical Research on AIDS. CPCRA Winter 2000 Group Meeting.* Washington, USA.

Invited Speaker: Acute primary HIV infection: recognition and natural history. *RSM/Anglo-American Conference, New Trends in HIV Management and Research.* London, UK.

Invited Speaker: Long-term toxicity. Roundtable panel member. *Frontiers in Drug Development for Antiretroviral Therapies HIV DART 2000.* Isla Verde, Puerto Rico.

John Kaldor

January

Changing epidemiology of HIV in the era of HAART. The HIV Netherlands-Australia-Thailand Research Collaboration (HIV-NAT), *The Thai Red Cross AIDS Research Centre 2000 Bangkok Symposium on HIV Medicine.* Bangkok, Thailand.

March

Natural history of chronic hepatitis C infection: a systematic review. *MAE Conference*, NCEPH. Canberra, ACT.

April

Hepatitis C in prisons. *NSW Corrections Health Hepatitis C Training Weekend.* Sydney, NSW.

May

Meet the Expert Breakfast Session: Risk factors for occupationally acquired HIV and hepatitis C virus – the Australian experience; Epidemiological radiation studies in Australia and overseas. *RACP Annual Scientific Meeting.* Adelaide, SA.

The role of surveillance for sexually transmitted infections. *WHO National Consensus Workshop of the Epidemiology of Sexually Transmitted Infections and HIV/AIDS in Papua New Guinea.* Port Moresby, Papua New Guinea.

June

Using epidemiological assessment to support public health strategies, *and* Monitoring HIV prevalence and incidence in metropolitan public sexual health clinics in Australia. *Ven Troppo, Australasian Sexual Health Conference 2000. The Australasian College of Sexual Health Physicians.* Darwin, NT.

July

Chair debate: TB Prophylaxis should be given to all HIV infected persons. *Chair symposium:* Effect of HAART on HIV trends. *XIII International AIDS Conference.* Durban, South Africa.

August

Update on hepatitis C. *NSW Health Department Hepatitis Advisory Committee.* Sydney, NSW.

October

Monitoring the HIV epidemic in the era of effective antiretroviral therapy. *Australasian Society for HIV Medicine 12th Annual Conference.* Melbourne, VIC

The role of behavioural monitoring in national surveillance for HIV/AIDS. *Third International HIV/AIDS Surveillance Workshop.* London, UK.

November

Co-Chair plenary session: Incentives or impediments to recruitment and retention of subjects in HIV clinical trials. *NCHECR Protocol Working Group*. Sydney, NSW.

The NCHECR and Hepatitis. *CTRAC Hepatitis Research Workshop*. Sydney, NSW (with David Cooper).

Biomedical strategies for responding to the HIV epidemic. *National Academies Forum. Every Eight Seconds: AIDS Revisited.* Canberra, ACT.

Chair symposium: Epidemiology in action. *Workshop presentation:* Logistic regression in epidemiology. Chair student workshop. *Australasian Epidemiological Association Annual Scientific Meeting.* Canberra, ACT.

Andrew Grulich

January

Post exposure prophylaxis for non-occupational exposure to HIV. *AIDS Council of NSW Service Providers Forum, Western Sydney Branch.* Sydney, NSW.

February

HIV re-infection. *AIDS Council of NSW Community Forum.* Sydney, NSW.

National AIDS Cancer linkage. *NCHECR Journal Club*. Sydney, NSW.

Should we be promoting non-occupational post-exposure prophylaxis against HIV? *South Eastern Sydney Area Health Service Health Providers Forum.* Sydney, NSW.

March

Non-occupational post-exposure prophylaxis, and oral sex and HIV risk. *NSW Health Ministerial Advisory Committee on AIDS strategy.* Sydney, NSW.

April

PEP: scientific background. *Non-occupational HIV PEP Seminar and Workshop, Australasian Society for HIV Medicine.* Sydney, NSW.

May

Oral sex, and HIV re-infection. *HIV GP Study Group*. Sydney, NSW.

What does HIV teach us about the aetiology of NHL? *Viral Epidemiology Branch, Division of Viral Carcinogenesis, National Cancer Institute.* Bethesda, USA.

June

Risk factors for non-Hodgkin's lymphoma. *Centenary Cancer Research Institute.* Sydney, NSW.

De-mystifying epidemiology. *AIDS Council of NSW, Women and HIV speaker series.* Sydney, NSW.

August

Feedback from the Durban AIDS conference. *St George Sexual Health Clinic.* Sydney, NSW.

Feedback from the Durban AIDS conference. *Sydney GP HIV study group.* Sydney, NSW.

Feedback from the Durban AIDS conference. *Melbourne GP HIV study group.* Melbourne, VIC.

October

Recent trends in unprotected anal intercourse and in HIV transmission. *NSW Health Department Committee on AIDS Strategy.* Sydney, NSW.

Non-occupational PEP. *NCHECR nurses network*. Melbourne, VIC.

November

Update on HIV incidence. NSW Health Department Committee on AIDS Strategy. Sydney, NSW.

Chair: Surveillance. *NSW Communicable disease control workshop.* Sydney, NSW.

Greg Dore

February

Hepatitis D to G. *Sexual Health Society Meeting*. Sydney, NSW.

March

Hepatitis C and the primary care giver. *Southern Region Sexual Health, Hepatitis C, and HIV seminar.* Canberra, ACT.

April

The natural history of hepatitis C infection. *The Australasian Society for Infectious Diseases Annual Scientific Meeting.* Leura, NSW.

June

Epidemiology of HIV in Australia. *Positive Speakers Bureau Training Workshop.* Sydney, NSW.

Epidemiology and natural history of hepatitis C. *Royal Prince Alfred Hospital Hepatitis C Seminar.* Sydney, NSW.

Decision-making in therapy for chronic hepatitis C infection. *2nd Annual Hepatitis C Educators Workshop.* Brisbane, QLD.

July

Antiviral therapy for hepatitis C. *HIV, Immunology and Infectious Diseases Unit Journal Club*. Sydney, NSW.

August

Therapy for HIV/hepatitis C virus coinfection. *ASHM S100 Prescribers Course.* Sydney, NSW.

Epidemiology of hepatitis C. *Central Sydney Area Health Service (Mental Health).* Sydney, NSW.

October

Natural history of hepatitis C infection. *The University of Adelaide, Institute of Medical and Veterinary Science.* Adelaide, ACT.

Therapeutic strategies for chronic hepatitis C infection. *South Australian Department of Human Services: HIV, Hepatitis C and Related Programs.* Adelaide, ACT.

November

Hepatitis C infection in Australia: Epidemiology, natural history and therapy. *ALUCA National Conference.* Gold Coast, QLD.

Therapeutic strategies for people with hepatitis C. *Hepatitis C Council of NSW Annual General Meeting.* Sydney, NSW.

Decision-making in therapy for chronic hepatitis C infection. *2nd Victorian Hepatitis C Council Conference.* Melbourne, VIC.

Natural history of hepatitis C infection. *8th Annual St Vincent's Hospital Hepatitis Symposium*. Melbourne, VIC.

Matthew Law

January

The Australian HIV Observational Database. *Livingstone Road Sexual Health Clinic.* Sydney, NSW.

May

Modelling the hepatitis C virus epidemic in Australia. *Public Health Network: Epidemiology Special Interest Group. NSW Cancer Council.* Sydney, NSW.

June

National HIV Resistance Testing Database. *HIV Resistance Workshop.* Melbourne, VIC.

September

Statistical Considerations in the CREST trial. *CREST Investigator Meeting.* Sydney, NSW.

October

The Australian HIV Observational Database. *St Vincent's Hospital HIV Medicine Journal Club.* Sydney, NSW.

Intention to treat analyses. *HIV Clinical Trial Nurses Seminar.* Melbourne, VIC.

November

Estimates and projections of the hepatitis C virus epidemic in Australia. *Symposium on Hepatitis B and C, St Vincent's Hospital.* Melbourne, VIC.

Garrett Prestage

February

Increases in unprotected anal intercourse with casual partners among gay men. *Australian Federation of AIDS Organisations.* Sydney, NSW.

March

Final report on the Sydney Men and Sexual Health project. *AIDS Council of NSW.* Sydney, NSW.

Findings from the Gay Community Periodic Surveys. *AIDS Council of NSW*. Sydney, NSW.

April

Findings from the Gay Community Periodic Surveys. *Queensland AIDS Council.* Brisbane, QLD.

Findings from the Gay Community Periodic Surveys. *Queensland AIDS Council.* Cairns, QLD.

May

Increases in unprotected anal intercourse with casual partners among gay men. *Australian Federation of AIDS Organisations.* Sydney, NSW.

June

Findings from the Gay Community Periodic Surveys. *AIDS Council of South Australia*. Adelaide, SA.

October

Findings from the Gay Community Periodic Surveys. Victorian AIDS Council/Gay Men's Health Centre. Melbourne, VIC.

Findings from the Asian Gay Men's Survey. *Gaywaves, 2-SER.* Sydney, NSW.

November

Findings from the Gay Community Periodic Surveys. *Queensland AIDS Council.* Brisbane, QLD.

Sean Emery

January

Invited Speaker: Immune responses to antiretroviral therapy, *and* Lipodystrophy. *National AIDS Meeting*. Rosario, Argentina.

March

AIDS Vaccine Research. *AFAO.* Sydney, NSW.

July

Clinical Trials, *and* HIV Vaccine Research. *ASHM Training Program.* Sydney, NSW.

October

Future Trials, *and* HIV Vaccine Research. *Research Nurse Symposium.* Melbourne, VIC.

Bruce Brew

May

HAART and AIDS dementia complex: Implications for pathogenesis and treatment from epidemiological and clinical trials. *NIMH and NINDS sponsored workshop on Impact of HAART on HIV-induced Disease of the Nervous System. National Institutes of Health.* Washington, USA.

AIDS dementia complex: pathogenetic issues. *Johns Hopkins Hospital Department of Neurology.* Washington, USA.

September

Invited participant in NINDS sponsored workshop on HIV and the peripheral nervous system. Rosslyn, Virginia, USA.

HIV and the central nervous system. *Grand Rounds St James Hospital.* Dublin, Ireland.

Neurological complications of HIV disease. *Grand Rounds St Vincent's Hospital.* Dublin, Ireland.

The kynurenine pathway in the pathogenesis of neurological diseases. *Grand Rounds Beaumont Hospital*. Dublin, Ireland.

Don Smith

May

CNS effects of efavirenz. *Efavirenz workshop*. Sydney, NSW.

HIV pathogenesis. *HIV registrars meeting*. Sydney. NSW.

August

Use of antiretrovirals. *HIV registrars meeting*. Sydney, NSW.

October

Update on resistance testing. *NRL resistance workshop*. Sydney, NSW.

Ann McDonald

June

Perinatal exposure to HIV in Australia, 1982 – 1999. *Women and HIV Speaker Series, AIDS Council of New South Wales.* Sydney, NSW.

December

The role of country of birth in AIDS incidence in Australia. *Cultural diversity and HIV/AIDS forum, Liverpool Hospital*. Sydney, NSW.

Margaret MacDonald

March

Cocaine injection in Sydney. *Cocaine Training Day, Fairfield Community and Allied Health Service*, South Western Sydney Area Health Service. Sydney, NSW.

April

HIV and hepatitis C virus antibody among injecting drug users attending needle and syringe programs in Australia. *Trimbos Institute*. Utrecht, The Netherlands.

July

Preventing HIV and hepatitis C virus among Australian Drug injectors: Policies and progress. *Public Health Laboratory Surveillance Seminar on blood borne viral infections among injecting drug users, London School of Tropical Health and Hygiene.* London, UK.

Hepatitis C virus infection among injecting users in Australia. *National Addiction Centre London.* London, UK.

September

Hepatitis C virus infection among IDU at NSPs in Australia. *Returns on Investment Committee, Commonwealth Department of Health and Human Services.* Canberra, ACT.

November

Drug Injection in Kings Cross: Health Indicators. *Kings Cross Police Training Day.* Sydney, NSW.

John Miller

January

The Australian Prevalence Survey of Lipodystrophy Syndrome. *7th Conference on Retroviruses and Opportunistic Infections.* San Francisco, USA.

Sarah Pett

April

Immunotherapy with Interleukin-2 – a novel treatment for HIV. *Chiron Corporation/NAPWA community presentation.* Melbourne, VIC.

Immunotherapy with Interleukin-2 – a novel treatment for HIV. *Chiron Corporation/NAPWA community presentation*. Sydney, NSW.

Immunotherapy with Interleukin-2 – a novel treatment for HIV. *Chiron Corporation/NAPWA community presentation*. Gold Coast, QLD.

Immunotherapy with Interleukin-2 – a novel treatment for HIV. *Chiron Corporation/NAPWA community presentation*. Newcastle, NSW.

Immunotherapy with Interleukin-2 – a novel treatment for HIV. *Chiron Corporation/NAPWA community presentation*. Perth, WA.

October

SILCAAT October 2000, *and* Haemolytic anaemia and IL-2. *ESPRIT/SILCAAT Investigator Meeting.* Melbourne, VIC.

NCHECR Staff on organising committees of conferences/workshops

David Cooper

January

Symposium on HIV Medicine. Bangkok, Thailand.

March

Postgraduate Forum: HAART: Maintaining Your Standard. Langkawi, Malaysia

April

Virology in Perspective, Sixth Australian Seminar. Cairns, QLD.

June

40th ICAAC Program Committee. Washington, USA.

NCHECR Shanghai Course. Shanghai, China.

July

XIII International Conference on AIDS. Durban, South Africa.

August

ESPRIT Meeting. Copenhagen, Denmark.

September

2nd International Workshop on Adverse Drug Reactions and Lipodystrophy. Toronto, Canada.

October

ASHM 2000, AIDS into the next Millennium. Melbourne, VIC.

5th International Congress on Drug Therapy in HIV infection. Glasgow, Scotland.

December

Frontiers in Drug Development for Antiretroviral Therapies HIV DART 2000. Isla Verde, Puerto Rico.

John Kaldor

July

XIII International Conference on AIDS. Durban, South Africa.

Sean Emery

June

HIV Resistance Workshop. Melbourne, VIC.

August

ESPRIT Meeting. Copenhagen, Denmark.

October

Research Nurse Symposium. Melbourne, VIC.

Publications

Peer-reviewed

*** Invited publication**

Ashton LJ, Kaldor JM. The historical development of epidemiological methods for studying HIV-1 disease progression. *Journal of Epidemiology and Biostatistics* 2000;5:67-78.

The AVANTI and INCAS Study Groups (**Cooper DA** member steering committee and investigator). Highly active antiretroviral therapy including protease inhibitors does not confer a unique CD4 cell benefit. *AIDS* 2000;14:1383-1388.

The AVANTI study group (**Cooper DA** member steering committee and investigator). AVANTI 2. Randomized, double-blind trial to evaluate the safety of zidovudine plus lamivudine versus zidovudine plus lamivudine plus indinavir in HIV-infected antiretroviral-naïve patients. *AIDS* 2000;14:367-374.

Brew BJ, Dore G. Decreasing incidence of CNS AIDS defining events associated with antiretroviral therapy. *Neurology* 2000;55:1424 (letter).

Brew BJ. Does HHV-8 have a neuroprotective role on the development of HIV encephalopathy? *Neurology* 2000;55:459-60 (letter).

Butler T, Donovan B, Taylor J, Cunningham AL, Mindel A, Levy M, **Kaldor J.** Herpes simplex virus type 2 in prisoners, New South Wales, Australia. *Int J STD AIDS* 2000;11:743-747.

Carr A, **Cooper DA.** Adverse effects of antiretroviral therapy. *Lancet* 2000;356:1423-1430.

Carpenter CCJ, **Cooper DA**, Fischl MA, Gatell JM, Gazzard BG, Hammer SM, Hirsch MS, Jacobsen DM, Katzenstein DA, Montaner JSG, Richman DD, Saag MS, Schechter M, Schooley RT, Thompson MA, Vella S, Yeni PG, Volberberding PA. Antiretroviral therapy in adults – Updated recommendations of the International AIDS Society – USA Panel. *JAMA* 2000;283:381-390.

Carr A, Chuah J, **Hudson J**, French M, Hoy J, **Law M**, Sayer D, **Emery S** and **Cooper DA** on behalf of the Oz Combo1 investigators. A randomised, open-label comparison of three highly active antiretroviral therapy regimes including two nucleoside analogues and indinavir for previously untreated HIV-1 infection: the OzCombo1 study. *AIDS* 2000;14:1171-1180.

Carr A, **Miller J**, **Law M**, **Cooper DA**. A syndrome of lipoatrophy, lactic acidaemia and liver dysfunction associated with HIV nucleoside analogue therapy: contribution to protease inhibitor-related lipodystrophy syndrome. *AIDS* 2000;14:F25-F32.

CASCADE Collaboration (**Cooper D, Kaldor J**, **Vizzard J** collaborators). Changes in the uptake of antiretroviral therapy and survival in people with known duration of HIV infection in Europe: results from CASCADE. *HIV Medicine* 2000;1:224-231.

CASCADE Collaboration (**Cooper D, Kaldor J**, **Vizzard J** collaborators). Effect of ignoring the time of HIV seroconversion in estimating changes in survival over calendar time in observational studies: results from CASCADE. *AIDS* 2000;14:1899-1906.

CASCADE Collaboration (**Cooper D, Kaldor J**, **Vizzard J** collaborators). Survival after introduction of HAART in people with known duration of HIV-1 infection. *Lancet* 2000;355:1158-1159 (letter).

Clegg AO, **Ashton LA**, Biti RA, Badhwar P, Williamson P, **Kaldor JM**, Stewart GJ and the Australian Long-Term Non-Progressor Study Group. CCR5 promoter polymorphisms, CCR5 59029A and CCR5 59353C, are under represented in HIV-1 infected long-term non-progressors. *AIDS* 2000;14:103-108.

***Clezy K, Emery S.** Clinical trials of antiretroviral therapy in developing countries. *Aust NZ J Med* 2000;29;3-4.

Collaborative Group on AIDS Incubation and HIV Survival including the CASCADE EU Concerted Action (**Cooper D**, **Tindall B, Sharkey T**, **Vizzard J, Kaldor J** collaborators). Time from HIV-1 seroconversion to AIDS and death before widespread use of highly-active antiretroviral therapy: a collaborative re-analysis. *Lancet* 2000;355:1131-1137.

Cunningham PH, Smith DG, Satchell C, **Cooper DA, Brew B**. Evidence for independent development of resistance to HIV-1 reverse transcriptase inhibitors in the cerebrospinal fluid. *AIDS* 2000;14:1949-1954.

Dore GJ, Brew B. Response to Eberly *et al.,* Kaposi's sarcoma and central nervous system disease: a real association or an artifact of the control group? *AIDS* 2000;14:2631-2632 (letter).

Dore GJ, Kaldor JM. Detection of HCV RNA in semen. *Lancet* 2000;356:1520 (letter).

Duncombe C. Reversal of hyperlipidemia and lipodystrophy in patients switching therapy to nelfinavir. *J Acquir Immune Defic Syndr* 2000;24:78-79 (letter).

Emery S, Capra WB, **Cooper DA**, Mitsuyasu RT, Kovacs JA, Vig P, Smolskis M, Saravolatz LD, Lane HC, Fyfe GA, Curtin PT, for the International Interleukin-2 Study Group. Pooled analysis of 3 randomized, controlled trials of interleukin-2 therapy in adult human immunodeficiency virus type 1 disease. *J Infect Dis* 2000;182:428-434.

Geczy AF, Kuipers H, **Ashton LJ**, Kennedy C, Ng G, Dodd R, Wallace R, Le T, Raynes-Greenow CH, Dyer WB, Learmont JC, Sullivan JS. HLA and other host factors in transfusion-acquired HIV-1 infection. *Hum Immunol* 2000;61:172-176.

Goh L-I, McDade H, Kinloch S, Perrin L, **Cooper D,** Phillips A, Hoen B, Autran B, Sonnerborg A, Tsoukas C. The Quest Trial, a paradigm of HIV collaborative research. *Nat Med* 2000;6:1194.

***Grulich A.** HIV risk in gay men: on the rise? *BMJ* 2000;320:1487-1488.

Grulich AE, Dore GJ, Brew BJ. Human herpes virus 8 and protection from AIDS dementia complex. *Herpes* 2000;7(2):38-40.

Grulich AE, Wan X, **Law MG**, Milliken ST, Lewis CR, Garsia RJ, Gold J, Finlayson RJ, **Cooper DA**, **Kaldor JM**. B-cell stimulation and prolonged immune deficiency are risk factors for non-Hodgkin's lymphoma in people with AIDS. *AIDS* 2000;14:133-140.

Guillemin G, Smith DG, Kerr SJ, Smythe GA, Kapoor V, Armati PJ, **Brew BJ**. Characterisation of kynurenine pathway metabolism in human astrocytes and implications in neuropathogenesis. *Redox Reports* 2000;5:108-111.

Guthrie JA, **Dore GJ**, **McDonald AM**, **Kaldor JM** for the National HIV Surveillance Committee. HIV and AIDS in Aboriginal and Torres Strait Islander Australians:1992-1998. *Med J Aust* 2000;172:266-269.

Hall WD, Ross JE, Lynskey MT, **Law MG**, Degenhardt LJ. How many dependent heroin users are there in Australia? *Med J Aust* 2000;173:528-531.

Hales G, Beveridge A, **Smith D**. The conflicting roles of clinicians versus investigators in HIV randomised clinical trials. *Culture Health & Sexuality* 2000;3:67-79.

Hales G, Roth N, **Smith D**. Possible fatal interaction between protease inhibitors and methamphetamine. *Antiviral Therapy* 2000;5:19 (letter).

HIV Surrogate Marker Collaborative Group (**Cooper D** member). Human immunodeficiency virus type 1 RNA level and CD4 count as prognostic markers and surrogate end points: a meta-analysis. *AIDS Res Hum Retroviruses* 2000;16:1123-1133.

International Collaboration on HIV and Cancer (**Cooper D, Kaldor J, Grulich A, Law M** investigators). Highly active antiretroviral therapy and incidence of cancer in human immuondeficiency virus-infected adults. *J Natl Cancer Inst* 2000;92:1823-1830.

Kaldor JM, Dore GJ, Correll PKL. Towards control of hepatitis C in the Asia-Pacific region – Public health challenges in hepatitis C virus infection. *J Gastroenterol Hepatol* 2000;15(suppl):E83-E90.

Kaufmann GR, Bloch M, Zaunders JJ, **Smith D, Cooper DA**. Long-term immunological response in HIV-1-infected subjects receiving potent antiretroviral therapy. *AIDS* 2000;14:959-969.

Kaufmann GR, Cooper DA. Antiretroviral therapy of HIV-1 infection: established treatment strategies and new therapeutic options. *Curr Opin Microbiol* 2000;3:508-514.

Kaufmann GR, Zaunders JJ, Cunningham P, Kelleher AD, **Grey P, Smith D**, Carr A, **Cooper DA**. Rapid restoration of CD4 T cell subsets in subjects receiving antiretroviral therapy during primary HIV-1 infection. *AIDS* 2000;14:2543-2551.

Kroon EDMB, Ungsedhapand C, Ruxrungtham K, Chuenyam M, Ubolyam S, **Newell ME**, van Leeuwen R, Kunanusont C, Buranapraditkul S, Sirivichayakul S, Lange JMA, **Cooper DA**, Phanuphak P. A randomized, double-blind trial of half versus standard dose of zidovudine plus zalcitabine in Thai HIV-1-infected patients (study HIV-NAT 001). *AIDS* 2000;14:1349-1356.

Law MG. Problems with publishing results of interim analyses of randomized clinical trials. *HIV Clinical Trials* 2000;1(3)30-36.

Law MG, Li Y, McDonald AM, Cooper DA, Kaldor JM. Estimating the population impact in Australia of improved antiretroviral treatment for HIV infection. *AIDS* 2000;14:197-201.

Law MG, Roberts SK, **Dore GJ, Kaldor JM**. Primary hepatocellular carcinoma in Australia, 1978-1997: increasing incidence and mortality. *Med J Aust* 2000;173:403-405.

Li Y, McDonald AM, Dore GJ, Kaldor JM for the National HIV Surveillance Committee. Improving survival following AIDS in Australia, 1991-1996. *AIDS* 2000;14:2349-2354.

Losso MH, Belloso WH, **Emery S,** Benetucci JA, Cahn PE, Lasala MC, Lopardo G, Salomon H, Saracco M, Nelson E, **Law M**G, Davey RT, Allende MC, Lane HC and the Vanguard Study Group. A randomized, controlled, Phase II trial comparing escalating doses of subcutaneous interleukin-2 plus antiretrovirals versus antiretrovirals alone in human immunodeficiency virus-infected patients with CD4+ cell counts ≥ 350/mm^3. *J Infect Dis* 2000;181:1614-1621.

MacDonald MA, Wodak AD, Dolan KA, van Beek I, Cunningham PH, **Kaldor JM**, for the Collaboration of Australian NSPs. Hepatitis C virus antibody prevalence among injecting drug users at selected needle and syringe programs in Australia, 1995-1997. *Med J Aust* 2000;172:57-61.

Maguire M, Gartland M, Moore S, Hill A, Tisdale M, Harrigan R, Kleim J-P and the AVANTI study group (**Cooper DA** member steering committee and investigator). Absence of zidovudine resistance in antiretroviral-naïve patients following zidovudine/lamivudine/protease inhibitor combination therapy: virological evaluation of the AVANTI 2 and AVANTI 3 studies. *AIDS* 2000;14:1195-1201.

Miller J, Carr A, **Smith D, Emery S, Law MG, Grey P, Cooper DA**. Lipodystrophy following antiretroviral therapy of primary HIV infection. *AIDS* 2000;14:2406-2407 (letter).

Pillay D, Cane PA, Ratcliffe D, Atkins M, **Cooper DA** for the CAESAR co-ordinating committee. Evolution of lamivudine-resistant hepatitis B virus and HIV-1 in co-infected individuals: an analysis of the CAESAR study. *AIDS* 2000;14:1111-1116.

Raboud JM, Rae S, Montaner JSG, and the INCAS and AVANTI Study Groups (**Cooper DA** member Steering committee and investigator). Predicting HIV RNA virologic outcome at 52-weeks follow-up in antiretroviral clinical trials. *J Acquir Immune Defic Syndr* 2000;24:433-439.

Rhodes DI, **Ashton L**, Solomon A, Carr A, **Cooper D, Kaldor J**, Deacon N for the Australian Long-Term Nonprogressor Study Group. Characterization of three *nef*-defective human immunodeficiency virus type 1 strains associated with long-term nonprogression. *J Virol* 2000;74:10581-10588.

Ruxrungtham K, Kroon EDMB, Ungsedhapand C, Teeratakulpisarn S, Ubolyam S, Buranapraditkun S, van Leeuwen R, Weverling G-J, Kunanusont C, Lange JMA, **Cooper DA,** Phanuphak P. A randomized, dose-finding study with didanosine plus stavudine versus didanosine alone in antiviral-naïive, HIV-infected Thai patients. *AIDS* 2000;14:1375-1382.

Ruxrungtham K, Suwanagool S, Tavel JA, Chuenyam M, Kroon E, Ubolyam S, Buranapraditkun S, Techasathit W, **Li Y, Emery S,** Davey RT, Fosdick L, Kunanusont C, Lane HC, Phanuphak P and the Vanguard Study Group. A randomized, controlled 24-week study of intermittent subcutaneous interleukin-2 in HIV-1 infected patients in Thailand. *AIDS* 2000;14:2509-2513.

Smith D, Berrey M, Robertson M, Mehrotra D, Markowitz M, Perrin L, Clumeck N, Lazzarin A, Burckhardt B, Weber R, Corey L, **Cooper DA**. Virological and immunological effects of combination antiretroviral therapy with zidovudine, lamivudine, and indinavir during primary human immunodeficiency virus type 1 infection. *J Infect Dis* 2000;182:950-954.

Smith D, Goggin L, Meldrum H, Phillips S, Russell D, Bloch M, Bodsworth NJ, Roth N, **Law MG**. Capturing the paradigm shift in HIV treatment: changing attitudes in the choice of combination antiretroviral drugs by high HIV caseload Australian GPs (1996-1997). *AIDS Care* 2000;12:41-47.

Stellbrink H-J, Hawkins DA, Clumeck N, **Cooper DA**, Myers R Jr, Delfraissy J-F, Gill MJ, Ramirez-Ronda C, Vella S, Salgo M, Bragman K. Randomised, multicentre Phase III study of saquinavir plus zidovudine plus zalcitabine in previously untreated or minimally pretreated HIV-infected patients. *Clin Drug Invest* 2000;5:295-307.

Tokita H, **Kaufmann GR**, Matsubayashi M, Okuda I, Tanaka T, Harada H, Mukaide M, Suzuki K, **Cooper DA**. Hepatitis C virus core mutations reduce the sensitivity of a fluorescence enzyme immunoassay. *J Clin Microbiol* 2000;182:334-337.

Van de Ven P, Crawford J, Kippax S, Knox S, **Prestage G**. A scale of optimism-scepticism in the context of HIV treatments. *AIDS Care* 2000;12:171-176.

Van de Ven P, **Prestage G**, Crawford J, **Grulich A**, Kippax S. Sexual risk behaviour increases and is associated with HIV optimism among HIV-negative and HIV-positive gay men in Sydney over the four-year period to February 2000. *AIDS* 2000;14:2951-2953.

Van de Ven P, **Prestage G**, Knox S, Kippax S. Gay men in Australia who do not have HIV test results. *Int J STD AIDS* 2000;11:456-460.

Vanhems P, Gaudet R, Hirschel B, Imrie A, Conway B, Rouleau D, **Vizzard J**, Perrin L, **Cooper DA**, Yerly S. Clinical features of acute HIV-1 infection: zidovudine-resistant isolates compared with zidovudine-sensitive isolates. *AIDS* 2000;14:8 (letter).

Vanhems P, Hirschel B, Phillips AN, **Cooper DA**, **Vizzard J**, Brassard J, Perrin L. Incubation time of acute human immunodeficiency virus (HIV) infection and duration of acute HIV infection are independent prognostic factors of progression to AIDS. *J Infect Dis* 2000;182:334-337.

Vanhems P, Hughes J, Collier AC, **Vizzard J**, Perrin L, **Cooper DA**, Hirschel B, Corey L. Comparison of clinical features, CD4 and CD8 responses among patients with acute HIV-1 infection from Geneva, Seattle and Sydney. *AIDS* 2000;14:375-381.

Wilkinson D, **Dore G.** An unbridgeable gap? Comparing the HIV/AIDS epidemics in Australia and sub-Saharan Africa. *Aust N Z J Public Health* 2000;24:276-280.

Zaunders JJ, Cunningham PH, **Kaufmann GR, Cooper DA.** Questions about results reported with potent antiretroviral therapy for human immunodeficiency virus type 1 infection. (Authors' reply). *J Infect Dis* 2000;181:1519-1520 (letter).

Non-peer reviewed

Anand C, Baker D, Doong N, **Smith D**. HIV/AIDS consultations. *Aust Fam Physician* 2000;29:517 (letter).

Aspin C, Van de Ven P, **Prestage G**, Kippax S, Horn G, Madeddu D. *Melbourne Gay Community Periodic Survey: February 2000.* Sydney: National Centre in HIV Social Research, UNSW, 2000.

Aspin C, Van de Ven P, **Prestage G**, Kippax S, Mason D, Lewis C, Gallagher S. *Queensland Gay Community Periodic Survey: June 2000.* Sydney:National Centre in HIV Social Research, UNSW, 2000.

Carey D, Cooper DA. Therapeutic drug monitoring for protease inhibitors. *HIV & AIDS Current Trends* 2000;6:1-3.

Carr A, Cooper DA. Primary HIV infection. In: Schuitemaker H, Miedema F, eds. *AIDS Pathogenesis*. Netherlands: Kluwer Academic Publishers, 2000:19-40.

Correll PK, Law MG, **Kaldor JM**. *Variant Creutzfeldt-Jakob Disease in Australian blood donors: estimation of risk and the impact of deferral strategies. Report to Commonwealth Department of Health and Aged Care.* National Centre of HIV Epidemiology and Clinical Research, The University of New South Wales, 2000.

Correll PK, MacDonald M, Dore G. Hepatitis C infection in Indigenous communities in Australia. In: Commonwealth Department of Health and Aged Care. *Hepatitis C: Informing Australia's Response*. Canberra:Commonwealth of Australia, 2000:47-60.

Correll PK, Smith D, Grulich A. Post exposure prophylaxis for non-occupational exposure to HIV: Experience in New South Wales one year after the guidelines. *NSW Public Health Bulletin* 2000;11:114-117.

Dolan K, Topp L, **MacDonald M.** *NSP - Needle & Syringe Programs: A Review of the Evidence.* Canberra: Australian National Council on AIDS, Hepatitis C and Related Diseases, 2000.

Donovan B and **McDonald A**. The value of sentinel surveillance of HIV infection in sexual health clinics in Australia. Australian HIV Surveillance Report 2000;16(2)5-7.

Dore GJ. Infectious diseases in the 21st century: are we entering the hot-zone? *Australian Family Physician* 2000;29:627-630.

Dore GJ. Natural history of hepatitis C virus infection. *Hepatitis C: Informing Australia's Response*. Commonwealth Department of Health and Aged Care. Canberra. Commonwealth of Australia, 2000:95-118.

Dore GJ. Sexual transmission of hepatitis C: what is the evidence? *Australian Hepatitis Chronicle* 2000;Issue 4 (Mar):2-5.

Dore GJ, Grulich A, Prestage G. Epidemiological and social research findings reported at the 13th World AIDS Conference. *Australian HIV Surveillance Report* 2000;16(3):1-6.

Grulich AE. Update: Cancer risk in people with AIDS in the era of combination anti-retroviral therapy. *AIDS Reader* 2000;10:341-346.

Kaldor JM. Reflections on a decade of HIV/AIDS surveillance in Australia. *Australian HIV Surveillance Report*. 2000;16(2):1-4.

McDonald A. Evaluation of the Australian HIV Surveillance Report. Australian HIV Surveillance Report 2000;16(2)8-9.

McDonald A. HIV infection, AIDS, hepatitis C, and sexually transmissible infections in Australia: National Surveillance Results to December 1998. NSW *Public Health Bulletin* 2000;11(4):58-60.

McDonald A, Li Y and Menzies R. Trends in newly acquired HIV infection in Australia, January 1993 - September 1998. Australian HIV Surveillance Report 2000;15(1)1-5.

MacDonald M, Correll PK, Dore G. Occupational exposure to hepatitis C in health care settings. In: Commonwealth Department of Health and Aged Care. *Hepatitis C: Informing Australia's Response*. Canberra: Commonwealth of Australia, 2000:119-135.

MacDonald M and Topp L on behalf of the Collaboration of Australian Needle and Syringe Programs. Drug use trends among injecting drug users (IDU): findings from the Australian Needle and Syringe Program (NSP) Survey, 1995-1999. *IDRS Illicit Drug Reporting System* 2000 October.

National Centre in HIV Epidemiology and Clinical Research, UNSW. *Australian HIV Surveillance Report*. 2000;16(1-4).

National Centre in HIV Epidemiology and Clinical Research, UNSW. *Australian HIV Observational Database – Biannual Treatments Report.* 2000;1(2-3).

National Centre in HIV Epidemiology and Clinical Research. *HIV/AIDS, Hepatitis C and Sexually Transmissible Infections in Australia Annual Surveillance Report 2000*. Sydney: National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales, 2000.

Nesdale A, Baker M, Gane E, Kemp R, Brunton C, **Law MG**, Garret N. Hepatitis C infection in New Zealand: estimating the current and future prevalence and impact. Wellington: Institute of Environmental Science and Research Ltd, New Zealand, 2000.

Prestage G, Grulich A, Van de Ven P. Surveillance of HIV risk behaviour among gay men in Australia. *Australian HIV Surveillance Report*. 2000;16(4):1-6.

Prestage G, Van de Ven P, **Grulich A,** Knox S, Crawford J, Kippax S. *Sydney Men and Sexual Health Study: changes in behaviour over time.* Report C4. Sydney: National Centre in HIV Epidemiology and Clinical Research & National Centre in HIV Social Research, 2000.

Prestage G, Van de Ven P, Wong K, Mahat M, McMahon T. *Asian Gay Men in Sydney: December 1999-January 2000*. Sydney: National Centre in HIV Social Research, National Centre in HIV Epidemiology and Clinical Research & Multicultural HIV/AIDS Council. Sydney: National Centre in HIV Social Research, UNSW, 2000.

Smith D. Why does treatment fail? *Journal of HIV Therapy* 2000;5:27-29.

Van de Ven P, **Prestage G**, Kippax S, Knox S, Nicholas G, Horwood B, Petersen K. *Adelaide Gay Community Periodic Survey: November 1999.* Sydney: National Centre in HIV Social Research, UNSW, 2000.