Australian HIV Surveillance Report

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HIV in Australian children, 1993 - 1994

In May 1993, the Australian Paediatric Surveillance Unit (APSU) was established as a Unit of the Australian College of Paediatrics, with the objective of monitoring trends in the occurrence of rare childhood disorders or conditions, or rare complications of common childhood conditions (APSU 1994, Elliott and Chant 1994). We report the results of the first 20 months of surveillance by the APSU of paediatric HIV infection and perinatal exposure to HIV.

At the end of each calendar month, the APSU forwards to paediatricians in Australia a report card listing the ten rare childhood conditions currently being monitored. Paediatricians to whom the report card is sent includes those recorded as members of the Australian College of Paediatrics, paediatric members of the Royal Australasian College of Physicians, complemented by members of paediatric subspecialty organisations, and paediatricians recorded by the Health Insurance

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The National Centre is funded by the Commonwealth Department of Human Services and Health through the Australian National Council on AIDS (ANCA), and is affiliated with the Faculty of Medicine, University of New South Wales

ANNOUNCEMENTS

Ž National meetings

Public Health Association of Australia 27th annual conference will be held in Cairns, Queensland, on 24 - 27 September 1995.

The 7th Annual Conference of the Australasian Society for HIV Medicine will be held in Coolum, Queensland, on 16 - 19 November 1995.

Ž International meetings

International Union Against the Venereal Diseases and Treponematoses World STD/AIDS Congress 1995 will be held in Singapore from 19 - 23 March 1995.

Asian-Pacific Congress on the management of HIV infection will be held in Bangkok, Thailand, on 19 - 23 June 1995.

Third International Conference on AIDS in Asia and the Pacific and the Fifth National AIDS Seminar in Thailand will be held in Chiang Mai, Thailand, on 17 - 21 September 1995.

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Commission. The paediatricians are requested to indicate on the report card the number of children with each of the specified conditions seen during the previous month or to indicate that they had seen no such children, and to return the completed report card to the APSU. The APSU forwards to the National Centre in HIV Epidemiology and Clinical Research (NCHECR) the list of paediatricians who reported having seen children with HIV infection or perinatal HIV exposure, for further investigation. The NCHECR forwards a questionnaire to the paediatrician, seeking the name code, sex and date of birth of the child, the source of exposure to HIV, whether through transfusion of blood or blood products, treatment for haemophilia or through perinatal HIV exposure, and the child's current HIV disease status. Based on the response from the paediatricians, the reports are classified as either confirmed cases or duplicate reports of HIV infection or perinatal HIV exposure or as reporting errors.

Over the 20 month reporting interval May 1993 to December 1994 inclusive, 136 reports of paediatric HIV infection or perinatal HIV exposure were received by the APSU. The distribution of reports, the response rate to the questionnaire and the number of confirmed cases of paediatric HIV infection or perinatal exposure to HIV, by State/Territory of report is summarised in Table 1.1.

Table 1.1

Number of reports to the Australian Paediatric Surveillance Unit during the interval May 1993 to December 1994 of paediatric HIV infection or perinatal exposure to HIV, number of reports for which the questionnaire was returned, response rate and number of confirmed cases, by State/Territory of report.

STATE/ TERRITORY	Reports received by APSU	Reportsforwhich questionnaire was returned	Response rate (%)	Number of confirmed cases
ACT	0	-	-	-
NSW	78	73	94	41
NT	0	-	-	-
QLD	15	10	67	7
SA	7	5	71	2
TAS	0	-	-	-
VIC	33	11	33	5
W A	3	1	33	1
TOTAL	136	100	74	56

The majority of reports came from New South Wales and no reports were received from the Australian Capital Territory, the Northern Territory or Tasmania. By 31 January 1995, 100 of 136 questionnaires forwarded to the reporting paediatricians had been returned to the NCHECR, giving an overall response rate of 74%. The response rate increased from 67% in 1993 to 82% in 1994. No information or insufficient information was provided on the returned questionnaire to enable classification of the case for two reports in 1993 and three reports in 1994. Therefore a completed questionnaire was available for 51 reports (65%) in 1993 and 44 reports (77%) in 1994.

Of the 51 reports of paediatric HIV infection in 1993 for which a completed questionnaire was available, 40 were of confirmed cases and 11 were identified as duplicate reports. In 1994, 16 reports were of confirmed cases, and 27 duplicate reports and one reporting error were identified. The source of exposure to HIV for the confirmed cases of paediatric HIV infection or perinatal exposure to HIV is summarised in Table 2. The majority (73%) of cases seen in 1993 and all cases seen in 1994 were cases of perinatal exposure to HIV. Of the 29 cases of perinatal HIV exposure seen in 1993, 6 (21%) were born in 1993 whereas 11 cases (69%) seen in 1994 were born in 1994.

Table 1.2

Number of confirmed cases of paediatric HIV infection or perinatal exposure to HIV by sex, exposure category and year of report.

EXPOSURE CATEGORY	Male	1993 Female	Total	Male	1994 Female	Total
Mother with/at risk for HIV infection Haemophilia/coagulation disorder	19 9	10 0	29 9	9	7 0	16 0
Receipt of blood trans- fusion,blood compon- ents, or tissue	1	1	2	0	0	0
TOTAL	29	11	40	9	7	16

For the majority (55%) of children with perinatal HIV exposure born in 1994, HIV status remained indeterminate at 31 January 1995 and 4 children have been diagnosed with HIV infection. Of the 34 children born prior to 1994, 16 had been diagnosed with HIV infection, 17 have been confirmed as being HIV antibody negative and the HIV antibody status of 1 case remained indeterminate at 31

January 1995. Almost all cases of medically acquired HIV infection reported to the APSU had been first diagnosed with HIV infection prior to 1990. By December 1994, three of these cases were reported as having been diagnosed with AIDS and two had died following AIDS.

Of the 16 cases of perinatal HIV exposure reported in 1994, 13 (81%) had previously been notified through routine HIV surveillance. The APSU was the primary source of information for three cases (19%) of perinatal exposure to HIV seen in 1994. Continued surveillance for paediatric HIV infection and perinatal exposure to HIV through the APSU, complemented by national surveillance for cases of newly diagnosed HIV infection, is expected to provide a relatively complete indication of the extent and outcome of perinatal exposure to HIV in Australia.

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The Sydney AIDS Prospective Study: Ten years on

The Sydney AIDS Prospective Study (SAPS) was one of the largest prospective studies of HIV infection in the world. The study was established with the goals of monitoring prevalence and incidence of HIV, their association with demographic and behavioural characteristics and investigating the natural history of HIV infection. In this paper, we report the achievements of the Sydney AIDS Prospective Study.

Between February 1 1984 and January 30 1985, 1075 homosexually active men were enrolled through six enrolling centres. Participants attended at six monthly intervals for completion of a self-administered questionnaire, a clinical examination and to provide a blood sample for HIV antibody and immune function testing (Sydney AIDS Prospective Study Group 1984).

At enrolment, 41% (n=440) of the cohort were found to be HIV antibody positive and by mid 1989, 27% of these men had developed AIDS (Tindall *et al* 1990). Between enrolment and mid 1991, 75 participants were known to have acquired HIV infection. Participation in the study has declined substantially, so that by the end of 1988 over half the participants no longer attended for regular study assessments.

A number of important findings have emerged from SAPS. The seroconversion illness of HIV infection was first identified by SAPS investigators in 1985 (Cooper *et al* 1985). Further studies characterised both the clinical features and the immune response to primary infection (Tindall *et al* 1986, Cooper *et al* 1987). In 1991, Burcham and collegues demonstrated that CD4+ percentages are a more accurate predictor of progression to AIDS than CD4+ absolute counts (Burcham *et al* 1991).

SAPS also provided information on the change in sexual practices that took place among homosexually active men in response to the HIV epidemic. Both antibody positive and antibody negative men in the study adopted safer sex practices regardless of their partners' antibody status (Tindall *et al* 1989). The sexual practices of those men who acquired HIV infection in the course of the study were also examined. These men were found, in the six months preceding HIV seroconversion, to have had more sexual partners and to be more likely to have used amphetamines (Burcham *et al* 1989). In 1986, SAPS identified a man with HIV infection in whom insertive fisting was the only sexual practice that could have been responsible for transmission of HIV (Donovan *et al* 1986). This man had broken skin on his hands and apart from kissing and mutual masturbation with his HIV antibody positive partner, fisting was the couple's only other sexual activity.

Possible factors associated with Kaposi's sarcoma (KS) were explored by SAPS investigators after a suggestion from another study that rimming may be associated

with KS (Elford *et al* 1992, Kaldor *et al* 1993). They found no association with recreational drug use or any specific sexual practice. In particular, rimming was not involved in the transmission of a postulated KS agent.

A condition known as idiopathic CD4+ cell lymphocytopenia where individuals are HIV antibody negative but have CD4+ counts less than 300 cells/litre and can develop opportunistic infections has recently been identified. The CD4+ counts of HIV antibody negative men in SAPS were recently reviewed to look for participants with persistently low CD4+ counts. Examination of the SAPS data found persistently low CD4+ counts in these HIV antibody negative men to be extremely rare (Tindall et al 1993).

An international collaboration, the Tricontinental Seroconverter Study, uses data from SAPS and have published a number of papers examining the natural history of HIV infection, most recently demonstrating that increasing age is associated with faster progression to neoplasms but not opportunistic infections (Veugelers *et al* 1994).

A study is currently being undertaken at the National Centre in HIV Epidemiology and Clinical Research to follow—up those who enrolled in SAPS and attended for more than one visit (n=912). This study aims to document HIV seroconversion rates in this group, provide an estimate of HIV progression rates and examine the feasibility of establishing a long term survivor cohort. Study participants seeking further information should contact the Epidemiology Unit of the National Centre in HIV Epidemiology and Clinical Research on (02) 332 4648.

Reported by

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THE NATIONAL AIDS REGISTRY

Table 2.1
Cases of AIDS and deaths following AIDS by sex and State/Territory in which diagnosis of AIDS was made, cumulative to 30 September 1994, and for two previous yearly intervals.

Cases

STATE/ TERRITORY		– 30 Sep 93 Female	1 Oct 93 Male	3 – 30 Sep 94 Female	Cu Male	mulative t Female	o 30 Sep Total	94 %
ACT	9	0	3	0	58	2	60	1.1
NSW	386	16	331	8	2986	103	3096	58.2
NT	7	0	3	0	23	0	23	0.4
QLD	74	6	75	3	490	22	514	9.7
SA	44	2	38	2	227	13	240	4.5
TAS	3	0	0	0	25	2	27	0.5
VIC	151	9	149	10	1104	36	1146	21.5
W A	32	2	3	0	208	10	218	4.1
TOTAL†	706	35	602	23	5121	188	5324	100.0

Deaths

ACT	4	1	8	0	44	2	46	1.2
NSW	297	11	348	13	2166	73	2244	58.7
NT	6	0	4	0	16	0	16	0.4
QLD	64	4	62	3	330	15	346	9.0
SA	26	3	35	5	143	10	153	4.0
TAS	5	0	2	1	20	2	22	0.6
VIC	147	2	165	5	840	16	860	22.5
W A	25	0	3	0	136	3	139	3.6
TOTAL†	574	21	627	27	3695	121	3826	100.0

[†] Total columns of Tables 2.1 – 2.6 and 7.1. include 15 cases and 10 AIDS deaths in people whose sex was reported as transsexual.

Table 2.2 Incidence of AIDS per million current population by sex and State/Territory of diagnosis, from 1 January 1981 to 30 September 1994, and for two yearly intervals prior to 30 September 1994¹.

STATE/ TERRITORY	1	- 30 Sep 93 Female	1 Oct 93 Male	– 30 Sep 94 Female	Cumula Male	tive to 30 S Female	Sep 94 Total
ACT	60.1	0.0	19.9	0.0	384.4	13.4	199.9
NSW	129.5	5.3	110.2	2.6	994.4	33.9	512.5
NT	79.6	0.0	33.9	0.0	260.2	0.0	134.7
QLD	47.6	3.9	47.1	1.9	307.6	13.9	161.7
SA	60.6	2.7	52.1	2.7	311.3	17.6	163.4
TAS	12.8	0.0	0.0	0.0	106.7	8.4	57.2
VIC	68.3	4.0	67.3	4.4	498.4	15.9	256.2
WA	38.1	2.4	3.5	0.0	244.2	11.9	128.6
TOTAL	80.4	4.0	67.9	2.6	577.6	21.0	299.1

^{1.} Population estimates by sex, State/Territory and calendar period from *Australian Demographic Statistics* (Australian Bureau of Statistics).

Table 2.3
Cases of AIDS and deaths following AIDS by sex and age group, cumulative to 30
September 1994, and for two previous yearly intervals.

Cases1

AGE GROUP	1 Oct 92	– 30 Sep 93	1 Oct 93	- 30 Sep 94	Cur	nulative to	30 Sep	94
(years)	Male	Female	Male	Female	Male	Female	Total	%
0 - 12	2	0	0	1	24	8	32	0.6
13 - 19	0	0	0	0	16	3	19	0.4
20 - 29	112	6	86	5	920	46	975	18.3
30 - 39	297	20	268	12	2117	59	2180	40.9
40 - 49	213	7	182	5	1473	30	1505	28.3
50 - 59	60	1	51	0	442	18	460	8.6
60 +	22	1	15	0	129	24	153	2.9
TOTAL	706	35	602	23	5121	188	5324	100.0

Deaths²

0 - 12 13 - 19 20 - 29	5 1 64	0 0 3	2 0 49	1 0 4	20 12 479	5 2 21	25 14 505	0.7 0.4 13.2
30 - 39 40 - 49 50 - 59	215 190 74	11 5 0	263 223 69	10 7	1474 1183 404	34 21 16	1511 1206 420	39.5 31.5 11.0
60 +	25	2	21	4	123	22	145	3.8
TOTAL	574	21	627	27	3695	121	3826	100.0

- 1. Cases are classified by age at diagnosis.
- 2. Deaths are classified by age at death.

Table 2.4
Cases of AIDS by sex and exposure category, cumulative to 30 September 1994, and for two previous yearly intervals of diagnosis.

Adults/adolescents (13 years and older at diagnosis of AIDS)

EXPOSURE CATEGORY		et 92 – ep 93	1 Oc 30 Se	t 93 –	Cur	nulative t	o 30 Se	р 94
EXPOSURE CATEGORY	1	Female		Female	Male	Female	Total	%
Male homosexual/bisexual								
contact	570	-	498	-	4409	_	4409	82.8
Male homosexual/bisexual	52	-	36	-	212	_	212	4.0
contact and ID use								
ID use (female and								
heterosexual male)	14	5	11	4	71	43	114	2.1
Heterosexual contact:	22	23	25	16	127	77	204	3.8
Sex with ID user	1	2	1	1	2	4	6	
Sex with bisexual male	_	4	_	3	_	20	20	
Fromspecifiedcountry	3	2	1	3	11	12	23	
Sex with person from								
specified country	2	2	5	1	15	7	22	
Sex with person with								
medicallyacquiredHIV	0	1	1	1	2	5	7	
SexwithHIV-infected								
person, exposure								
notspecified	6	4	5	1	23	10	33	
Not further specified	10	8	12	6	74	19	93	
Haemophilia/coagulation								
disorder	10	1	5	0	73	1	74	1.4
Receipt of blood trans-								
fusion, blood com–								
ponents, or tissue	4	5	5	1	70	50	120	2.3
Other/undetermined [†]	32	1	22	1	135	9	159	3.0
Total Adults/ Adolescents †	704	35	602	22	5097	180	5292	99.4

Children (under 13 years at diagnosis of AIDS)

Haemophilia/coagulation disorder Receipt of blood trans- fusion, blood com- ponents, or tissue	2	0	0	0	12	2	14	0.3
Total Children	2	0	0	1	24	8	32	0.6

TOTAL [†]	706	35	602	23	5121	188	5324	100.0
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Table 2.5
Deaths following AIDS by sex and exposure category, cumulative to 30 September 1994, and for two previous yearly intervals.

Adults/adolescents (13 years and older at diagnosis of AIDS)

EXPOSURE CATEGORY		t 92 –		t 93 –	Cur	nulative 1	to 30 Se	р 94
EXPOSURE CATEGORY	30 Se Male F	ep 93 Female	30 Se Male F	emale	Male	Female	Total	%
Male homosexual/bisexual								
contact	490	_	527	-	3229	_	3229	84.4
Male homosexual/bisexual								
contact and ID use	31	-	38	-	138	_	138	3.6
ID use (female and								
heterosexualmale)	6	8	8	5	39	27	66	1.7
Heterosexual contact:	19	8	23	15	73	40	113	3.0
Sex with ID user	0	1	0	0	0	2	2	
Sex with bisexual male	-	3	_	8	_	16	16	
Fromspecifiedcountry	1	2	0	0	3	4	7	
Sex with person from								
specified country	2	1	2	0	8	4	12	
Sex with person with								
medicallyacquiredHIV	1	0	1	1	2	3	5	
SexwithHIV-infected								
person, exposure								
notspecified	4	1	9	3	17	6	23	
Not further specified	11	0	11	3	43	5	48	
Haemophilia/coagulation								
disorder	3	0	9	1	53	1	54	1.4
Receipt of blood trans-								
fusion, blood com-								
ponents, or tissue	3	4	7	5	58	44	102	2.7
Other/undetermined [†]	16	1	13	0	83	4	97	2.5
Total Adults/ Adolescents †	568	21	625	26	3673	116	3799	99.3

Children (under 13 years at diagnosis of AIDS)

Mother with/at risk for								
HIV infection	3	0	2	1	5	4	9	0.3
Haemophilia/coagulation								
disorder	1	0	0	0	5	0	5	0.1
Receipt of blood trans-								
fusion, blood com–								
ponents, or tissue	2	0	0	0	12	1	13	0.3
Total Children	_		_		20		27	0.7
Total Children	6	0	2	1	22	5	27	0.7

TOTAL†	574	21	627	27	3695	121	3826	100.0
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Table 2.6
Cases of AIDS by AIDS-defining condition and sex, cumulative to 30 September 1994, and for two previous yearly intervals.

AIDS DEFINING		et 92 – ep 93	' -	ct 93 – ep 94	Cur	nulative t	o 30 Se	ep 94
CONDITION		Female	1	Female	Male	Female	Total	%
Pneumocystis carinii								
pneumonia (PCP)	169	10	157	6	1677	45	1727	32.4
Kaposi's sarcoma (KS) -								
skin	93	1	68	0	712	5	718	13.5
KS and PCP only	8	0	4	0	50	0	50	0.9
KS and other (not PCP)	13	0	11	0	99	0	99	1.9
PCP and other (not KS)	33	2	16	0	302	15	319	6.0
Candidiasis-oesophageal	83	5	84	4	421	20	442	8.3
Toxoplasmosis-cerebral	29	1	23	1	173	6	181	3.4
Cryptococcosis-meningeal	0	0	0	0	78	1	80	1.5
Lymphoma-non-Hodgkin	25	2	24	1	180	9	189	3.5
Mycobacterium-avium	52	2	30	2	194	11	205	3.9
Herpes simplex virus	17	0	11	2	125	11	136	2.6
HIV encephalopathy	21	1	24	0	149	3	152	2.9
Cytomegalovirus	38	2	37	2	215	4	220	4.1
HIV wasting disease	45	5	39	1	198	20	218	4.1
Cryptosporidiosis-gut	21	0	23	1	121	3	124	2.3
Mycobacterium-								
tuberculosis (TB)	0	0	0	0	13	2	15	0.3
Other single diagnoses ¹	20	2	21	1	97	8	106	2.0
Othermultiplediagnoses	39	2	30	2	317	25	343	6.4
TOTAL	706	35	602	23	5121	188	5324	100.0

^{1.} Following implementation of the Australian AIDS case definition in January 1993, AIDS was diagnosed on the basis of recurrent pneumonia for 14 cases, pulmonary tuberculosis for 2 cases, and cervical cancer for 1 case.

Table 2.7 Survival following the diagnosis of AIDS by one-year period of diagnosis.

Calendar Period of Diagnosis	Cases	Deaths to 30 Sep 94 ¹	Alive at	Lost to Follow Up ³	Other ⁴	% Su 1 yr	rvival 2 yrs
Oi Diagnosis	Ouses			- Onow op	<u> </u>		
1984	54	52	0	1	1	25.1	7.7
1985	127	124	0	1	2	44.5	22.2
1986	230	216	2	7	5	34.1	14.8
1987	380	367	5	1	7	57.3	29.3
1988	531	484	3	9	35	67.0	29.4
1989	609	548	19	4	38	60.9	29.8
1990	659	543	22	7	87	62.7	31.7
1991	781	594	37	6	144	57.9	27.7
1992	762	494	65	5	198	_	_
1993	741	324	239	0	178	_	_
1994 ⁵	450	80	370	0	0	-	_
TOTAL	5324	3826	762	41	695	_	_

- 1. Deaths occurring prior to 1 October 1994.
- 2. Last medical contact on or after 1 October 1993.
- 3. Reported as having permanently left Australia with no subsequent report of status.
- 4. Last medical contact prior to 1 October 1993.
- 5. January to September 1994.

Table 2.8: Cases of AIDS by month of diagnosis, 1985 to 1994.

YEAR	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1985	10	10	7	8	21	10	12	4	15	10	10	10	127
1986	14	15	14	14	19	19	16	24	24	32	26	13	230
1987	29	26	33	20	43	33	28	26	38	30	45	29	380
1988	42	43	24	35	34	45	56	49	44	52	58	49	531
1989	62	47	41	31	47	54	48	57	56	63	50	53	609
1990	62	46	57	50	45	50	59	59	65	68	48	50	659
1991	63	65	63	69	61	59	53	65	83	76	65	59	781
1992	54	67	65	61	74	60	70	73	57	62	62	57	762
1993	67	63	63	60	48	58	69	73	63	69	53	55	741
1994	56	56	52	58	37	45	39	52	55	_	_	_	450

Table 2.9: Deaths following the diagnosis of AIDS by month of death, 1985 to 1994.

YEAR	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1985	5	2	2	7	11	5	4	5	5	5	6	7	64
1986	11	7	8	6	13	10	17	8	15	17	16	16	144
1987	13	14	18	29	23	15	17	13	17	9	15	18	201
1988	12	18	15	21	18	20	19	19	14	20	24	22	222
1989	20	24	29	33	25	41	33	41	29	41	42	39	397
1990	54	32	49	35	43	43	48	47	47	40	33	41	512
1991	45	38	42	52	59	52	54	48	38	49	43	54	574
1992	49	47	57	51	54	49	39	51	44	36	46	45	568
1993	48	38	60	62	69	43	50	52	48	54	63	61	648
1994	54	52	57	60	47	60	62	43	43	-	-	-	478

Table 2.10: Deaths following the diagnosis of AIDS by month of diagnosis, 1985 to 1994.

YEAR	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1985	10	10	7	8	20	9	11	4	15	10	10	10	124
1986	14	15	13	12	18	17	16	22	21	30	25	13	216
1987	28	26	32	19	43	31	28	24	38	28	41	29	367
1988	39	39	23	33	34	43	46	40	41	50	49	47	484
1989	57	41	37	30	38	49	44	51	52	56	48	45	548
1990	52	40	53	45	36	37	46	46	53	54	41	40	543
1991	53	56	49	55	50	37	43	48	51	59	48	45	594
1992	38	42	46	45	52	38	51	48	39	34	35	26	494
1993	32	37	26	29	26	24	26	33	27	26	22	16	324
1994	14	16	17	15	3	8	3	2	2	_	_	_	80

THE NATIONAL HIV DATABASE

Table 3.1 Number of new diagnoses of HIV infection by sex¹ and State/Territory, cumulative to 30 September 1994, and for two previous yearly intervals.

	1 Oct 92	•	1	– 30 Sep 94	Cu	mulative t	-	94
TERRITORY	Male	Female	Male	Female	Male	Female	Total	Rate ²
ACT	6	3	8	2	147	12	159	53.0
NSW ³	513	36	434	30	9523	515	12089	200.1
NT	8	0	7	0	75	4	79	46.3
QLD ⁴	129	10	177	10	1441	82	1529	48.1
SA	55	3	30	2	517	40	557	37.9
TAS	4	0	0	0	68	3	71	15.0
VIC ⁵	202	19	199	19	3110	148	3309	74.0
W A	38	7	47	11	680	56	737	43.5
TOTAL ⁶	955	78	902	74	15561	860	18530	104.1

- 1. Twenty people (8 NSW, 4 QLD, 7 VIC and 1 WA) whose sex was reported as transsexual are included in the total columns of Tables 3.1 3.3.
- 2. Rate per one hundred thousand current population. Population estimates by sex, State/Territory and calendar interval from *Australian Demographic Statistics*(Australian Bureau of Statistics).
- 3. Cumulative total for NSW includes 2043 people whose sex was not reported.
- 4. Cumulative total for QLD includes 2 people whose sex was not reported.
- 5. Cumulative total for VIC includes 44 people whose sex was not reported.
- 6. Cumulative total for Australia includes 2089 people whose sex was not reported.

Table 3.2 Number of new diagnoses of HIV infection for which exposure category was reported, by sex and exposure category, cumulative to 30 September 1994 and for two previous yearly intervals.

	1 0	ct 92 –	10	ct 93 –	Cı	umulativ	e to 30 S	Sep 94
EXPOSURE CATEGORY	l	Sep 93		ер 94				
	Male	Female	Male	Female	Male	Female	Total	%
Male homosexual/bisexual								
contact	685	-	647	_	9587	_	9587	81.1
Male homosexual/bisexual								
contact and ID use	30	-	39	-	344	_	344	2.9
ID use	34	5	30	10	445	144	612	5.2
Heterosexual	11	3	14	8	107	51	161	
Not further specified	23	2	16	2	338	93	451	
Heterosexual contact:	76	57	75	45	499	320	822	7.0
Sex with ID user	4	7	3	6	13	22	35	
Sex with bisexual male	_	3	_	5	_	20	20	
Fromspecifiedcountry	4	2	8	6	29	18	47	
Sex with person from								
specified country	10	8	15	6	42	20	62	
Sex with person with								
medicallyacquiredHIV	1	1	1	1	4	5	9	
SexwithHIV-infected								
person, exposure								
notspecified	6	6	5	4	23	21	44	
Not further specified	51	30	43	17	388	214	605	
Haemophilia/coagulation								
disorder	0	0	0	0	190	2	192	1.6
Receipt of blood trans-								
fusion, blood com–								
ponents, or tissue	5	1	8	0	104	63	167	1.4
Total Adults/ Adolescents †	830	63	799	56	11169	529	11724	99.2

Children (under 13 years at diagnosis of AIDS)

Mother with/at risk for HIV infection Haemophilia/coagulation	0	1	3	4	18	13	31	0.3
disorder Receipt of blood trans-	0	0	0	0	49	0	49	0.4
fusion, blood com- ponents, or tissue	1	0	0	0	12	4	18	0.1
Total Children	1	1	3	4	79	17	98	0.8

TOTAL	831	64	802	60	11248	546	11822	100.0
Other/Undetermined	124	14	100	14	4313	314	6708	

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- 1. Total column includes cases for which sex was not reported.
- The 'Other/undetermined' category includes 6680 adults/adolescents and 28 children whose sex was not
 reported. Twenty people whose sex was reported as transsexual are included with adults/adolescents.
 The 'Other/undetermined' category was excluded from the calculation of the percentage of cases
 attributed to each exposure category.

Table 3.3 Number of new diagnoses of HIV infection by sex and age group, cumulative to 30 September 1994, and for two previous yearly intervals.

AGE GROUP	1 Oct 92	- 30 Sep 93	1 Oct 93	- 30 Sep 94	Cu	ımulative t	o 30 Sep	94
(YEARS)	Male	Female	Male	Female	Male	Female	Total	%
0 - 2	0	0	2	2	31	11	43	0.2
3 - 12	2	2	1	2	72	9	83	0.5
0 - 12	2	2	3	4	103	20	126	0.7
13 - 19	12	2	15	4	345	43	395	2.1
20 - 29	321	35	293	35	5058	341	5513	29.8
30 - 39	363	24	330	17	4993	189	5291	28.6
40 - 49	161	10	146	6	2220	65	2325	12.5
50 - 59	57	2	69	4	668	29	703	3.8
60 +	24	1	28	2	201	37	239	1.3
Unknown	15	2	18	2	1973	136	3938	21.2
TOTAL ¹	955	78	902	74	15561	860	18530	100.0

^{1.} See footnotes Table 3.1.

Table 3.4
Number of new diagnoses of HIV infection for which an HIV seroconversion illness was diagnosed or the date of a prior negative HIV antibody test was within one year of diagnosis of infection, by sex and State/Territory, cumulative to 30 September 1994, and for two previous calendar intervals.

STATE/ TERRITORY		- 31 Mar 94 Female	1 Apr 9 Male	4 – 30 Sep 94 Female	1 Oc Male	t 93 – 30 Se Female	ep 94 Total
ACT	0	0	1	1	1	1	2
NSW ¹	75	4	51	1	126	5	133
NT	0	0	0	0	o	0	0
QLD	6	0	10	2	16	2	18
SA	5	1	1	0	6	1	7
TAS	0	0	0	0	0	0	0
VIC	23	3	23	3	46	6	52
W A	_	_	_	-	_	_	-
TOTAL ¹	109	8	86	7	195	15	212

^{1.} Total column for Tables $3.4-3.6\,$ includes 2 people whose sex was not reported.

Table 3.5
Number of new diagnoses of HIV infection for which an HIV seroconversion illness was diagnosed or the date of a prior negative HIV antibody test was within one year of diagnosis of infection, by sex and exposure category, cumulative to 30 September 1994, and for two previous calendar intervals.

EXPOSURE CATEGORY		Oct 93 – Mar 93		Apr 94 – Sep 94	1 Oc	t 93 – 30 S	ep 94
	Male	Female	Male	Female	Male	Female	Total
Malehomosexual/bisexual							
contact	88	_	71	_	159	_	159
Male homosexual/bisexual							
contact and ID use	6	_	4	_	10	_	10
ID use (female and							
heterosexualmale)	3	3	2	1	5	4	9
Heterosexual contact	8	3	6	5	14	8	22
Other/undetermined	4	2	3	1	7	3	12
TOTAL ¹	109	8	86	7	195	15	212

1. See footnote Table 3.4.

Table 3.6
Number of new diagnoses of HIV infection for which an HIV seroconversion illness was diagnosed or the date of a prior negative HIV antibody test was within one year of diagnosis of infection, by sex and age group, cumulative to 30 September 1994, and for two previous calendar intervals.

AGE GROUP	1 Oct 93	3 – 31 Mar 94	1 Apr 9	4 – 30 Sep 94	1 Oct	t 93 – 30 Se	p 94
(YEARS)	Male	Female	Male	Female	Male	Female	Total
0 – 12	4	0	1	0	5	0	5
13 – 19	60	5	37	5	97	10	107
20 – 29	34	2	30	1	64	3	68
30 – 39	8	1	9	0	17	1	19
40 – 49	2	0	8	1	10	1	11
50 – 59	1	0	0	0	1	0	1
60 +	0	0	1	0	1	0	1
TOTAL ¹	109	8	86	7	195	15	212

1. See footnote Table 3.4.

SENTINEL SURVEILLANCE OF HIV INFECTION IN SEXUALLY TRANSMISSIBLE DISEASE CLINICS

Table 4.1 Number of people seen, number of people tested for HIV antibody and number of people newly diagnosed with HIV infection by sex and STD clinic, during the quarter 1 July 1994 to 30 September 1994.

STD CLINIC	Seen at Clinic		Tested for HIV antibody		Newly diagnosed with HIV infection		
	Male	Female	Male	Female	Male	Female	Total
Sydney Sexual Health Centre, NSW	1724	957	781	458	6	0	6
Parramatta Sexual Health Clinic, NSW	485	443	216	199	1	0	1
Clinic 34, Darwin, NT	153	67	60	41	0	0	0
Brisbane Sexual Health Clinic, QLD	1112	692	437	291	1	0	1
Clinic 275, Adelaide, SA	1128	730	844	545	1	0	1
Melbourne Sexual Health Centre, VIC	1807	1266	1455	1114	7	1	8
TOTAL	6409	4155	3793	2648	16	1	17

Table 4.2 Number of people seen¹ who had a previous negative HIV antibody test, percent retested for HIV antibody, and number (percent) newly diagnosed with HIV infection, by sex and exposure category, during the quarter 1 July 1994 to 30 September 1994.

EXPOSURE CATEGORY	1	is negative tibody test Female	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ested for antibody Female	witl	wly dia h HIV ii Femal	nfectio	n
Homosexual/bisexual								
contact	715	_	64.1	_	4	_	4	0.9
Homosexual/bisexual								
contact and ID use	74	_	73.0	_	1	-	1	1.9
ID use (female and								
heterosexualmale)	251	55	66.5	36.4	0	0	0	0.0
Heterosexual contact	2307	802	48.9	35.8	0	0	0	0.0
outside Australia ²	289	110	49.8	37.3	0	0	0	0.0
within Australia only	2018	692	48.8	35.5	0	0	0	0.0
Sex worker	_	176	-	63.1	-	0	0	0.0
Sex worker and ID use	-	22	-	59.1	_	0	0	0.0
Other/undetermined	94	4	87.2	50.0	0	0	0	0.0
TOTAL	3441	1059	54.9	40.9	5	0	5	0.2

^{1.} At clinics other than Clinic 34, Darwin, NT.

^{2.} Within 3 months for Clinic 275 and one year for other clinics.

Table 4.3 Number of people seen¹ with *no previous HIV antibody test*, percent tested for HIV antibody for the first time, and number (percent) newly diagnosed with HIV infection, by sex and exposure category, during the quarter 1 July 1994 to 30 September 1994.

EXPOSURE CATEGORY		revious iibody test Female		ested for antibody Female	witl	wly diag h HIV ir Femal	nfectio	n
Homosexual/bisexual								
contact	281	_	79.7	_	5	_	5	2.2
Homosexual/bisexual								
contact and ID use	13	_	84.6	_	0	_	0	0.0
ID use (female and								
heterosexualmale)	109	53	84.4	86.8	0	1	1	0.7
Heterosexual contact	1983	1416	67.2	62.2	4	0	4	0.2
outside Australia ²	145	70	67.6	61.7	0	0	0	0.0
within Australia only	1838	1346	67.1	62.7	4	0	4	0.2
Sex worker	_	95	-	100.0	_	0	0	0.0
Sex worker and ID use	_	18	-	100.0	_	0	0	0.0
Other/undetermined	277	229	59.9	70.7	2	0	2	0.6
TOTAL	2663	1811	68.5	66.4	11	1	12	0.4

^{1.} At clinics other than Clinic 34, Darwin, NT.

Table 4.4 Number of people seen¹, number of people tested for HIV antibody and number of people newly diagnosed with HIV infection, by sex and age group, during the quarter 1 July 1994 to 30 September 1994.

AGE GROUP	Seen at Clinic			Testedfor HIV antibody		Newlydiagnosed with HIV infection	
(YEARS)	Male	Female	Male	Female	Male	Female	Total
13 - 19	223	491	134	294	0	0	0
20 - 29	2932	2099	1857	1337	3	1	4
30 - 39	1851	938	1059	653	6	0	6
40 - 49	783	345	452	220	4	0	4
50 - 59	244	89	128	51	3	0	3
60 +	144	28	75	7	0	0	0
Unknown	79	98	28	45	0	0	0
TOTAL	6256	4088	3733	2607	16	1	17

^{1.} At clinics other than Clinic 34, Darwin, NT.

^{2.} Within 3 months for Clinic 275 and one year for other clinics.

Table 4.5 Number of people diagnosed with specific STD¹, other than HIV, by sex, exposure category and whether or not they were tested for HIV antibody² during the quarter 1 July 1994 to 30 September 1994³.

EXPOSURE CATEGORY		sted for antibody Female		ested for antibody Female
Homosexual/bisexual				
contact	22	_	13	_
Homosexual/bisexual				
contact and ID use	1	_	2	_
ID use (female and				
heterosexual male)	7	4	1	2
Heterosexual contact	55	30	30	14
outside Australia ²	11	5	6	1
within Australia only	44	25	24	13
Sex worker	-	10	_	2
Sex worker and ID use	-	1	_	0
Other/undetermined	1	1	5	2
TOTAL	86	46	51	20

- 1. Specific STD are gonorrhoea, syphilis and chlamydia.
- 2. Includes people who may have been previously tested for HIV antibody and excludes people previously known to have HIV infection.
- 3. Not including data from Clinic 34, Darwin, NT or the Brisbane Sexual Health Clinic, QLD.

SENTINEL SURVEILLANCE FOR SEXUALLY TRANSMISSIBLE DISEASES

Table 5.1

Number of diagnoses of gonorrhoea in sentinel sexual health centres¹ during the quarter 1 July to 30 September 1994, by sex, exposure category and HIV antibody status.

CHARACTERISTICS OF CASES	1 . Male	Jul 94 – 30 Se Female	p 94 Total	
EXPOSURE CATEGORY ²				
Homosexual/bisexual contact	28	1	29	
Homosexual/bisexual contact and ID use	2	4	2	
ID use (female and	_	1	3	
heterosexual male)	1	1	2	
Heterosexual contact ³	17	5	22	
outside Australia	2	1	2	
within Australia only	15	4	19	
Sex worker	1	2	3	
Sex worker and ID use	0	1	1	
HIV ANTIBODY STATUS				
Positive	3	0	3	
Negative	22	7	29	
Unknown	24	4	28	
Total⁴	49	11	60	

Participating clinics: Clinic 275, Adelaide, SA; Clinic 34, Darwin, NT; Garran Clinic, Canberra, ACT; Gold Coast Sexual Health Clinic, QLD; Kirketon Road Centre, Sydney, NSW; Melbourne Sexual Health Centre, Melbourne, VIC; Parramatta Sexual Health Clinic, Parramatta, NSW; Port Kembla Sexual Health Clinic, Port Kembla, NSW; Sydney Sexual Health Centre, Sydney, NSW.

^{2.} For most clinics, the exposure categories represent those for the preceding 12 month period.

^{3.} No other category specified.

^{4.} Total number of males and females diagnosed with specific STD by exposure category and separately for HIV antibody status.

Table 5.2 Number of diagnoses of early syphilis¹ in sentinel sexual health centres during the quarter 1 July to 30 September 1994, by sex, exposure category and HIV antibody status.

CHARACTERISTICS OF CASES	1 Male	Jul 94 – 30 Se Female		
EXPOSURE CATEGORY ²				
Homosexual/bisexual contact	0	0	0	
Homosexual/bisexual contact				
and ID use	2	0	2	
ID use (female and				
heterosexual male)	0	0	0	
Heterosexual contact	7	1	8	
outside Australia	0	0	0	
within Australia only	7	1	8	
Sex worker	0	0	0	
Sex worker and ID use	0	0	0	
HIV ANTIBODY STATUS				
Positive	0	0	0	
Negative	4	1	5	
Unknown	5	0	5	
Total	9	1	10	

Early syphilis includes cases diagnosed as primary, secondary or early latent infection only.
 See footnotes Table 5.1.

HIV ANTIBODY TESTING IN BLOOD TRANSFUSION SERVICES AND PUBLIC HEALTH LABORATORIES.

Table 6.1 Number of new diagnoses of HIV infection in blood donors by State/Territory, cumulative to 30 September 1994, and for two previous yearly intervals.

STATE/ TERRITORY		1 Oct 93 – 30 Sep 94	1 May 85 to 30 Sep 94
ACT	1	0	1
NSW	3	1	32
NT	0	0	0
QLD	1	2	17
SA	1	0	3
TAS	0	0	0
VIC	1	1	12
W A	0	0	6
TOTAL	7	4	71

Table 6.2 Number of HIV antibody tests conducted in Blood Transfusion Services by State/ Territory and calendar interval.

STATE/ TERRITORY	1 Oct 92 – 30 Jun 93	1 Jul 93 - 30 Sep 93	1 Oct 92 to 30 Sep 93
ACT	11476	4089	15565
NSW	220343	73121	293464
NT	7011	2175	9186
QLD	142648	43398	186046
SA	71182	24806	95988
TAS	19246	6235	25481
VIC	199670	59456	259126
WA	59122	19621	78743
TOTAL	730698	232901	963599

STATE/ TERRITORY	1 Oct 93 – 30 Jun 93	1 Jul 94 <i>-</i> 30 Sep 94	1 Oct 93 to 30 Sep 94
ACT	10994	4088	15082
NSW	218570	70078	288648
NT	6868	2375	9243
QLD	134918	45091	180009
SA	71649	24592	96241
TAS	14203	0	14203
VIC	184345	55126	239471
W A	58195	18667	76862
TOTAL	699742	220017	919759

STATE/ TERRITORY	WEEKS	YEAR	Blood Transfusion Service
NSW	29-40	1994	Young District Hospital
TAS	21-40	1994	Hobart Blood Bank

Table 6.3 Number of HIV antibody tests conducted in Public Health Laboratories by State/ Territory and calendar interval.

STATE/ TERRITORY	1 Oct 92 – 30 Jun 93	1 Jul 93 - 30 Sep 93	1 Oct 92 to 30 Sep 93
ACT	8212	2900	11112
NSW	256556	91844	348400
NT	7241	2503	9744
QLD	106686	39215	145901
SA	58825	21841	80666
TAS	9106	3548 40352	12654 159614
VIC	119262		
W A	51278	18467	69745
TOTAL	617166	220670	837836

STATE/ TERRITORY	1 Oct 93 – 30 Jun 93	1 Jul 94 - 30 Sep 94	1 Oct 93 to 30 Sep 94
ACT	7217	2475	9692
NSW	248454	83483	331937
NT	7846	2752	10598
QLD	87929	36634	124563
SA	65846	7892	73738
TAS	10400	3468	13868
VIC	117016	30546	147562
W A	55010	19585	74595
TOTAL	599718	186835	786553

Public Health Laboratories for which counts were partially unavailable:

STATE/ TERRITORY	WEEKS	YEAR	Public Health Laboratory
NSW	43–52,1–40	1993,1994	Westmead Hospital
	33–40	1994	Hampton and Associates
	36–40	1994	St Vincent's Hospital
QLD	52,1-12	1993,1994	Queensland State Health Laboratory
	9–40	1994	Townsville Hospital
	33–40	1994	Cairns Base Hospital
SA	30–40	1994	Clinpath Laboratories
	30–40	1994	Gribbles Pathology
VIC	29-40	1994	Consultant Diagnostic Services
	29–40	1994	Geelong Pathology Services

REPORT FROM WHO WESTERN PACIFIC REGION

Dr RM Sarda, Medical Officer, WHO Regional Office, Manila.

Table 7.1 AIDS and HIV in the WHO Western Pacific Region by country; based on reports available at 30 September 1994.

COUNTRY/	CUMULATIVE AIDS CASES Children				AIDS	Cumulative Diagnoses
AREA	Male	Female	<13 Years	Total	Rate ¹	HIV
American Samoa	0	0	0	0	0.0	0
Australia	5121	188	32	5324	29.9	18530
Brunei	4	0	0	4	1.4	182
Cambodia	0	0	0	1	0.1	633
China ²	41	2	0	43	0.0	1550
Cookislands	0	0	0	0	0.0	0
Fed. S. Micronesia	2	0	0	2	1.8	2
Fiji	4	3	1	7	0.9	21
French Polynesia	25	5	1	42	19.4	138
Guam	23	1	0	24	16.9	64
Hong Kong	108	7	3	115	1.9	490
Japan	769	41	0	810	0.7	3481
Kiribati	0	0	0	0	0.0	2
Laos	11	1	0	14	0.3	80
Macao	7	1	0	8	1.9	88
Malaysia	101	14	4	115	0.6	10048
Marshall Islands	0	0	0	6	10.4	10
Nauru	0	0	0	0	0.0	0
New Caledonia	33	4	1	37	19.9	111
New Zealand	432	19	4	451	12.7	953
Niue	0	0	0	0	0.0	0
N. Mariana Islands	0	0	0	6	10.4	10
Palau	1	0	0	1	5.8	1
Papua New Guinea	45	42	3	87	2.1	236
Philippines	104	62	5	166	0.3	557
Rep. of Korea	20	5	0	25	0.1	386
Samoa	1	0	0	1	0.6	1
Singapore	83	6	1	89	3.0	252
Solomon Islands	0	0	0	0	0.0	0
Tokelau	0	0	0	0	0.0	0
Tonga	4	0	0	5	5.1	6
Tuvalu	0	0	0	0	0.0	0
Vanuatu	0	0	0	0	0.0	0
Vietnam Wallis and Futuna	197 1	18 0	0 0	215 1	0.3 7.1	1809 2
TOTAL	7137	419	55	7599	0.5	39643

^{1.} AIDS cases per 100,000 total current population.

^{2.} For Taiwan 45 AIDS cases in males, 3 in females and 300 diagnosis of HIV infection were reported to 31 December 1993.

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NOTES

The National AIDS Registry is maintained by NCHECR on behalf of the National HIV Surveillance Committee, which consists of representatives from NCHECR, and the Health Departments of each State and Territory and the Commonwealth of Australia. The Registry is based on reports from doctors who diagnose AIDS, made to the Health Department in the State/Territory of diagnosis. Date of birth and a name code (first two letters of first and last name) are used to minimise duplicate registration, while maintaining confidentiality.

The National HIV Database is maintained by NCHECR on behalf of the National HIV Surveillance Committee. It is based on reports of new diagnoses of HIV infection from HIV Reference Laboratories (ACT, NSW, TAS, VIC), or from a combination of Reference Laboratory and diagnosing doctors (NT, QLD, SA, WA). In order to avoid counting the same case more than once, only diagnoses which are determined to be new by the diagnosing laboratory or doctor are reported for the purposes of national surveillance.

Sentinel surveillance is carried out by six STD Clinics in five Australian cities, which send quarterly re-

Sentinel surveillance is carried out by six STD Clinics in five Australian cities, which send quarterly reports on HIV antibody testing to NCHECR.

Tabulations from the National AIDS Registry, the National HIV Database and Sentinel HIV Surveillance in STD clinics are based on data available three months after the end of the reporting interval indicated, to allow for reporting delay and to incorporate newly available information.

HIV antibody testing is carried out at Public Health Laboratories and Blood Transfusion Services, and summary information on testing is sent on a four–weekly basis to the National HIV Reference Laboratory, which produces quarterly tabulations for publication in the Australian HIV Surveillance Report.

Abbreviations: HIV is the human immunodeficiency virus, and unless otherwise specified, refers to HIV–1 only. AIDS is the acquired immunodeficiency syndrome, ID stands for injecting drug, and STD for sexually transmissible disease. Specified countries are those of sub–Saharan Africa and the Caribbean, where transmission of HIV is believed to be predominantly heterosexual. The Australian States and Territories are: Australian Capital Territory (ACT), New South Wales (NSW), Northern Territory (NT), Queensland (QLD), South Australia (SA), Tasmania (TAS), Victoria (VIC) and Western Australia (WA). NCHECR is the National Centre in HIV Epidemiology and Clinical Research.

All data in this report are provisional and subject to future revision.

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