



National Centre in HIV Epidemiology and Clinical Research

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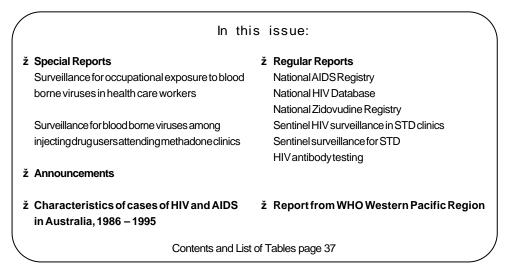
April 1996

National surveillance for occupational exposure to blood borne viruses in health care workers

Health care workers (HCWS) are potentially at risk of acquiring blood borne viral infections following occupational exposure to blood or body fluid. A national network of hospitals is being established in Australia to measure the extent of occupational exposure to HIV, hepatitis C and hepatitis B in health care workers and the extent of occupationally acquired infection. The project was developed with guidance from a steering committee with representation from relevant national and professional bodies.

The characteristics of each occupational exposure to blood or body fluid was collated by State and Territory Health Departments or other nominated agencies

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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

• National meeting

The 8th Annual Conference of the Australasian Society for HIV Medicine will be held in Randwick, New South Wales, on 14 – 17 November 1996. Telephone: 02 382 1656, Facsimile: 02 382 3699

• International meetings

Australasian Sexual Health Conference will be held in Auckland, New Zealand, from 12 – 14 June 1996. Further information may be obtained from the Conference Company, PO Box 90-040, Auckland, New Zealand (Facsimile: 64 9 360 1242).

X1 International Conference on AIDS will be held in Vancouver, Canada, from 7 – 12 July 1996.

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and nationally by the National Centre in HIV Epidemiology and Clinical Research. Information was collected prospectively on the exposure and the HIV, hepatitis C and hepatitis B serology of the source. Information was also collected on the HIV, hepatitis C and hepatitis B infection status of the health care worker at the time of the exposure and three months after the exposure.

Hospitals and community health care agencies may contribute information from existing records, or from a standardised database. A simple database using the *Epi Info* program has been devised and distributed to hospitals which have the capacity and wish to collect data for national surveillance using this program. The database package has been distributed to around 100 public and private hospitals and community health agencies. This first analysis of the surveillance system was based on cases occurring in the six months 1 July to 31 December 1995 and reported on the database by 13 sites—12 hospitals and one community care centre. Three months follow up was available for exposures occurring prior to November 1995.

In the 12 hospital sites, the average percutaneous exposure rate was 11.9 per 100 occupied beds and the average non-percutaneous exposure rate was 2.7 per 100 occupied beds (Table 1.1). For at least a third of exposures, the source was tested for HIV, hepatitis C or hepatitis B. HIV prevalence was four percent, hepatitis C prevalence was six percent, and hepatitis B e antigen prevalence was 12% among source patients tested following percutaneous exposure by a HCW (Table 1.2). Ten

Table 1.1

Number of cases of occupational exposure to blood or body fluids¹ in health care workers reported by participating sites² during the six months 1 July to 31 December 1995 and number of cases of occupational exposure per 100 occupied beds by type of exposure³.

Type of exposure	Number of exposures	Exposures per 100 occupied beds
Percutaneous exposure	432	11.9
Hollowboresharps	256 (59%)	7.0
Non hollow bore, non glass sharps	150 (35%)	4.1
Glassobjects	8 (2%)	0.2
Unknown sharp objects	18 (4%)	0.5
Non percutaneous exposure	98	2.7

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Table 1.2

Number of cases of occupational exposure to blood or body fluids¹ in health care workers reported by participating sites² during the six months 1 July to 31 December 1995 for which the source was tested for specific blood borne viruses, and number with infection, by type of exposure³ and viral test.

Viraltest	Percutan	eous	Non-percutaneous				
	Number tested	Number with infection	Number tested	Number with infection			
HIV antibody	156	6	43	5			
HCV antibody	149	9	44	14			
HBs antigen	155	3	44	4			
HB e antigen	17	2	4	1			

See footnotes page 5

Table 1.3

Number of health care workers (HCWs) exposed to blood or body fluids in the six months 1 July to 31 December 1995 with at least 3 months post exposure followup, number tested for specific blood borne viruses, and number with occupationally acquired infection, by type of exposure and viral test.

Viral test	Percutan (Number of H		Non-percutaneous (Number of HCW = 83)			
	Number tested	Number with infection				
HIV antibody	96	0	31	0		
HCV antibody	62	0	18	0		
HBs antigen	13	0	0	0		
HBs antibody	50	0	8	0		
HBc antibody	4	0	0	0		

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- 1. Reported cases of occupational exposure to blood or body fluids were exposures classified as possible or definite parenteral and massive exposures according to the Australian National Council on AIDS classification (ANCA Bulletin No 16).
- 2. Participating sites: Blacktown NSW, Bloomfield NSW, Box Hill VIC, Calvary ACT, John James Memorial ACT, Mount Druitt NSW, Nowra NSW, St. Vincent's NSW, Silver Chain Community Health Care WA, Sir Charles Gardiner WA, Tamworth NSW, Westmead NSW, Woden Valley ACT.
- 3. The type of exposures were either percutaneous (a skin penetration caused by a sharp object) or non percutaneous exposure (mucous membrane or conjunctival contact with blood, and non intact skin contact with blood or body fluid).
- 4. Zidovudine prophylaxis was prescribed for 2 health care workers.

percent of HCWs were known to be lost to follow-up at three months following the exposure. No health care worker was reported to have acquired HIV, hepatitis C or hepatitis B infection at three months following exposure (Table 1.3).

The information presented in the tables was limited by the small number of sites that were able to contribute information to the first round of data collection and by reporting delay with the three month follow up serology for health care workers. Since the first round of data collection was initiated, additional hospitals have been recruited to the network and several hospitals within the network have commenced standard data collection. In time, it is anticipated that the information will be presented according to hospital size and /or speciality.

Reported by:

Margaret MacDonald

National Centre in HIV Epidemiology and Clinical Research, Sydney

on behalf of the participating sites:

Calvary, John James Memorial, and Woden Valley hospitals, ACT; Blacktown, Bloomfield, Mount Druitt, Nowra, St. Vincent's, Tamworth and Westmead hospitals, NSW; Box Hill Hospital, VIC; Silver Chain Community Health Care and Sir Charles Gardiner Hospital, WA.

and the State and Territory co-ordinators:

Helen Bedford, Public Health Division, ACT Health, ACT; Ann Arthur and Frank Bowden, Communicable Diseases Centre, Royal Darwin Hospital, NT; Lizzy Griggs and John Brown, AIDS/ Infectious Diseases Branch, NSW Department of Health, NSW; Jo Murray and Hugo Ree, Queensland Health, QLD; Tess Davey, STD Control Branch, SA; David Coleman, Community Health Services, TAS; John McBride and Geoff Hogg, Microbiological Diagnostic Unit, University of Melbourne, VIC; and Marghrita Veroni, Communicable Diseases Control Unit, WA.

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National surveillance for HIV, hepatitis C and hepatitis B infection among injecting drug users attending methadone clinics

The high rate of HIV transmission through blood contact places injecting drug users at risk for HIV infection primarily through the use of contaminated injecting equipment. Methadone, a drug substitution therapy for opiate dependent injecting drug users, was introduced as a component of Australia's response to the HIV epidemic. Methadone clinics may function as sites for national surveillance for HIV, hepatitis C and hepatitis B among injecting drug users because clients are identified as having a history of injecting drug use, avoiding reliance on self-report of an illicit activity, and many clients are tested for blood borne viral infections when starting methadone treatment.

Methadone can only be prescribed for opiate dependence by authorised practitioners and is available through both the public and private health sectors. A central registry is maintained in each State or Territory where authorised prescription of methadone is available, to ensure that clients receive methadone from only one practitioner. Methadone is dispensed at methadone or specialist practitioner clinics, or at pharmacies. Clients attend the clinics on a regular basis for assessment with regard to dose and effectiveness and may also attend daily, every couple of days or weekly, to receive methadone.

At the end of September 1995, there were 17,833 people receiving methadone for opiate dependence in Australia, 39% prescribed through the public sector which included prison and hospital programs in some States (Table 2.1). Between 1990 and 1995, methadone places in Australia increased at around 15% per annum (Commonwealth Department of Human Services and Health, 1995)

Selected methadone clinics throughout Australia have participated in a project co-ordinated by the National Centre in HIV Epidemiology and Clinical Research in collaboration with the National Methadone Policy Committee to collate the information routinely collected on HIV, HBV and HCV antibody testing and to measure the prevalence of these three viruses.

The project is being established in a small number of clinics in all States and Territories except the Northern Territory which does not have a methadone program.

Clinics with either more than 100 clients, or sites with 50 to 100 clients and places available for new clients; a policy of offering HIV, HBV and HCV testing with appropriate pre- and post-test counselling on entry and, ideally, further testing; capable of providing regular reports; and willingness to participate were selected for the surveillance project.

Information was collected on age, sex, sexual preference, number of years of injecting drug use, previous treatment with methadone, whether HIV, HBV and HCV tests were performed on entry and if performed the test results, and whether

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State / Territory	June 1986		June	1994	June 1995		
	Public	Private	Public	Private	Public Private		
ACT	64	0	300	23	336	9	
NSW	1296	1376	2953	5352	3091	6398	
QLD	542	291	1482	470	1713	481	
SA	297	0	888	0	769	544	
TAS	0	0	90	0	74	59	
VIC	202	78	166	2627	150	3043	
WA	300	0	645	0	689	0	
TOTAL	2701	1745	6524	8472	6822	10534	

Table 2.1 Number of methadone clients by State and Territory and public or private sector as at June 1986, 1994 and 1995.

Source: Commonwealth Department of Human Services and Health

positive HIV antibody status was the reason for prescribing methadone. Past exposure to hepatitis B was assessed by the presence of hepatitis B surface antibody.

Data for the last quarter of 1995 available from clinics in New South Wales (Western Sydney and Coffs Harbour), Queensland (Brisbane), South Australia (Adelaide) and Western Australia (Perth). In total, 201 clients were enrolled to the participating programs (Table 2.2). Forty percent were prescribed methadone for the first time, 37% had been on methadone in the past and 23% had transferred from another clinic including 3% who transferred from prison. The average age of all clients was 30 years and the average age of new clients was 29 years. Clients had been injecting drugs for an average of 10 years and new clients had been injecting for 8 years on average. Sexual orientation was reported for 75% of clients and 93% of these clients were heterosexual.

Testing patterns and prevalence for HIV, HCV and HBV antibody are shown in Table 2.2 according to methadone history and sex and in Table 2.3 for methadone history and years of injecting drug use. For all clients, 58% were tested for HIV antibody, 59% were tested for hepatitis C antibody and 57% were tested for hepatitis B antibody (surface and/or core antibody). Similar proportions of new clients were tested for these three viruses (HIV 60%, HCV 62%, and HBV 58%). Clients who were tested were similar to clients not tested with regard to sex, age, years of drug use and history of treatment with methadone.

No client was given priority placement due to HIV infection and the prevalence of HIV infection was 2.6% (males 2.7%, females 2.4%). HIV infection was only

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Table 2.2

History of methadone	Number	HIV ant	ibody	HCV an	tibody	HBs ant	HBs antibody	
treatment Sex	enrolled	Number tested	% with infection	Number tested	% with infection	Number tested	% with infection	
New to methadone								
Male	52	31	6.5	32	44	31	35	
Female	29	18	5.6	18	50	16	25	
Total	81	49	6.1	50	46	47	32	
Previousmethadone								
Male	68	43	0.0	43	72	40	68	
Female	52	24	0.0	25	80	27	48	
Total	120	67	0.0	68	75	67	60	
All clients								
Male	120	74	2.7	75	60	71	54	
Female	81	42	2.4	43	67	43	40	
Total	201	116	2.6	118	63	114	48	

Number of IDU enrolled to methadone in the quarter 1 October – 31 December 1995, number tested for HIV, HCV and HBV antibody and number with HIV, HCV and HBV antibody by history of methadone treatment and sex.

detected among new clients who had first injected drugs between 1988 and 1992 (Table 2.3) and among clients who reported their sexual orientation as heterosexual.

In contrast to the low prevalence of HIV infection, the prevalence of hepatitis C antibody was 63% (males 60%, females 67%). Hepatitis C prevalence was higher among clients who had been prescribed methadone in the past or were transferring from another program than among new clients (75% compared with 46%, p=0.001, Table 2.2). Hepatitis C prevalence was also higher among clients who had been injecting for 10 or more years than among clients who commenced injecting more recently (86% compared with 27%, p=0.001, Table 2.3).

The prevalence of hepatitis B surface antibody was 48% (males 54%, females 40%) and hepatitis B vaccination was reported for 17%. As for hepatitis C, prevalence of hepatitis B antibody was higher among clients who had been prescribed methadone in the past or were transferring from another program than among new clients (60% compared with 32%, p<0.01) and higher among clients who had been injecting for 10 or more years than among clients who commenced injecting more recently (63% compared with 43%, p=0.01).

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Table 2.3

Number of IDU enrolled to methadone in the quarter 1 October – 31 December 1995, number tested for HIV, HCV and HBV antibody and number with HIV, HCV and HBV antibody by history of methadone treatment and years of injecting drug use.

History of methadone	Number	HIV ant	ibody	HCV an	tibody	HBs antibody	
treatment and years of IDU	enrolled	Number tested	% with infection	Number tested	% with infection	Numbe tested	r % with infection
New to methadone							
<3 years IDU	24	15	7	16	31	15	47
4-9 years IDU	23	13	15	14	29	13	15
10+ years IDU	31	19	0	18	67	16	38
Not reported	3	2	0	2	100	3	0
Previousmethadone							
<3 years IDU	11	6	0	6	16	6	33
4-9 years IDU	37	21	0	22	55	22	41
10+ years IDU	68	40	0	40	38	40	73
Not reported	4	0	-	0	-	0	-
All clients							
<3 years IDU	35	21	5	22	27	21	43
4-9 years IDU	60	34	6	36	44	35	31
10+ years IDU	99	59	-	58	86	56	63
Not reported	7	2	-	2	0	3	0
Total	201	116	2.6	118	63	115	48

The first round of data collection was limited by the small number of clients tested for HIV, hepatitis B and hepatitis C. Recruitment of additional clinics and collection of information on testing history for new clients will increase the number of clients and improve estimates of the incidence of infection. Methadone programs can provide a mechanism for monitoring trends in seroprevalence of HIV, HCV and HBV antibody among injecting drug users who are treated with methadone.

Reference

Commonwealth Department of Human Services and Health. Review of methadone treatment in Australia (Final Report). AGPS October 1995.

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Reported by

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- 1. National Centre in HIV Epidemiology and Clinical Research, Sydney
- 2. St Vincent's Hospital Alcohol and Drug Service, Sydney

on behalf of the participating clinics:

Leonie Stevens and Dr Gilbert Witton, Jacaranda House, South Western Sydney, New South Wales.

Sue Baker and Les Mayler, Praxix Centre, Coffs Harbour, New South Wales.

Jake Anderson and Dr Barbara O'Shea, Peel Street Clinic, Brisbane South Region Alcohol and Drug Program, Queensland.

Dr Carolyn Edmonds and Dr Robert Ali, Warrinalla Clinic, Drug and Alcohol Services Council, South Australia.

Sharon Hilier and Dr John Sherman, Barkly Street, Victoria

Nick Linzaris and Tracey Brooke, Turning Point, Victoria

Ann Bartu, Carrellis Centre, Alcohol and Drug Authority, Western Australia.

CHARACTERISTICS OF CASES OF AIDS AND HIV INFECTION IN AUSTRALIA, 1986 - 1995

Table 3.1

Characteristics of cases of newly diagnosed HIV infection, 1986 – 1995, by year. Number of cases, mean age, and percent of total cases for each year by sex, State/ Territory of diagnosis and exposure category.

Description	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
Totalcases	2624	2773	1711	1604	1398	1400	1160	1030	944	827
Males(%) ¹	95.8	96.1	94.7	94.8	92.7	94.4	92.0	92.7	91.3	91.0
Meanage										
Males Females	31	32	33 32	33	33	33	35 33	34 31	35	35 30
remaies	31	33	32	28	29	32	33	31	30	30
State/Territory (%)										
ACT	1.2	0.8	0.6	0.7	1.0	0.6	1.3	0.6	1.5	2.1
NSW	72.8	75.1	68.1	59.2	56.0	57.2	54.6	51.6	45.1	53.4
NT	0.3	0.6	0.2	0.4	0.6	0.4	0.5	0.9	0.8	0.1
QLD	5.8	5.1	7.1	10.1	10.5	11.2	13.2	14.4	18.3	14.3
SA	2.1	2.4	2.8	4.6	4.6	3.3	2.9	5.4	3.8	3.6
TAS	0.0	0.2	0.1	0.9	0.6	0.4	0.9	0.4	0.2	0.2
VIC W A	13.5	12.8	16.9	20.3	21.8	22.0	22.1	22.0	23.2	20.1
VV A	4.2	3.1	4.1	3.9	4.9	4.9	4.5	4.7	7.1	6.2
Exposure category (%) ²										
Malehomosexual/										
bisexualcontact	84.7	86.3	83.7	81.2	79.9	79.2	75.1	76.8	73.4	73.1
Malehomosexual/										
bisexualcontact										
and ID use	2.6	3.3	2.0	3.1	3.1	2.6	3.7	3.7	5.1	4.1
ID use (female and										
heterosexual male)	5.0	4.4	7.0	6.5	6.2	5.3	5.4	4.0	3.8	4.0
Heterosexualcontact	1.8	3.0	5.2	6.9	9.2	10.9	13.8	14.5	15.4	17.7
Haemophilia/	10	4 7	07	0.0	0.4	0.0	0.0	0.0	0.4	
coagulation disorder Receipt of blood	4.0	1.7	0.7	0.3	0.1	0.2	0.2	0.0	0.1	0.0
components/tissue	1.8	1.3	1.4	1.6	1.4	1.2	1.4	0.6	1.2	0.3
Mother with/at risk	1.0	1.5	1.4	1.0	1.4	1.2	1.4	0.0	1.2	0.5
for HIV infection	0.0	0.0	0.0	0.4	0.1	0.6	0.4	0.4	1.0	0.8
Other/undetermined	50.7	40.7	24.4	26.2	30.6	27.7	14.7	12.4	7.2	11.1
	00.7	10.7	27	20.2	00.0	<u> </u>				

1. Proportion of males among cases whose sex was reported.

2. The 'Other/undetermined' category was excluded from the calculation of the percentage of cases attributed to each exposure category.

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Table 3.2

Characteristics of AIDS cases, 1986 – 1995, by year. Number of cases, mean age, and percent of total cases for each year by sex, State/Territory of diagnosis, exposure category and AIDS-defining condition.

Description	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
Total cases	231	381	522	613	672	799	779	821	909	648
Males (%)	97.0	96.1	97.0	97.6	97.0	96.2	95.3	95.0	95.0	95.5
Mean age Males Females	38 52	36 40	37 30	37 34	37 36	37 36	39 39	38 37	38 31	38 31
State/Territory (%) ACT NSW NT QLD SA TAS VIC W A	0.9 69.2 0.0 5.6 2.2 0.0 16.9 5.2	0.8 65.6 0.0 6.6 2.4 0.5 21.0 3.1	1.5 59.7 0.0 7.3 4.1 0.2 22.5 4.7	1.5 58.2 0.2 8.2 4.7 1.0 21.4 4.8	1.5 62.6 0.4 8.5 3.7 0.6 18.5 4.2	1.0 55.1 0.6 10.4 4.8 0.4 23.0 4.6	1.0 54.4 0.6 11.4 4.2 1.3 21.6 5.4	1.0 57.1 0.6 11.2 5.5 0.1 20.8 3.7	1.4 57.1 0.3 10.8 5.3 0.6 20.1 4.4	1.1 56.1 0.3 14.2 3.4 0.2 21.3 3.4
Exposure category (%) Male homosexual/ bisexual contact Male homosexual/ bisexual contact	87.0	86.6	88.9	86.3	85.4	80.9	80.0	77.8	80.5	77.9
and ID use ID use (female and	4.8	2.6	2.8	3.3	2.4	3.6	4.6	6.8	4.5	4.0
heterosexualmale) Heterosexualcontact Haemophilia/	0.9 0.0	0.5 1.6	2.1 1.7	2.3 1.6	2.4 2.8	3.8 4.7	1.9 6.4	3.0 6.1	2.9 5.7	3.5 6.0
coagulation disorder Receipt of blood	0.9	1.8	1.3	2.3	1.8	1.4	1.7	1.2	1.0	1.7
components/tissue Mother with/at risk	5.6	5.2	1.3	1.4	2.1	2.1	1.9	1.0	1.0	0.8
for HIV infection Other/undetermined	0.0 0.9	0.0 1.6	0.2 1.7	0.2 2.6	0.4 2.7	0.4 3.1	0.4 3.1	0.0 4.0	0.7 3.7	0.5 5.5
AIDS-definingcond'n(%) Pneumocystiscarinii pneumonia (PCP) Kaposi's sarcoma	37.7	42.8	40.0	35.2	29.8	31.5	27.0	21.9	21.9	21.0
(KS)-skin PCP and other (not KS) HIV encephalopathy Other	16.0 10.8 0.4 35.1	17.6 8.9 1.3 29.4	15.0 9.8 2.6 32.6	14.0 7.2 4.4 39.2	10.7 9.5 4.6 45.4	11.9 6.5 2.5 47.6	12.6 7.1 2.6 50.7	11.0 5.2 3.5 58.4	10.2 3.5 4.9 59.5	10.5 4.0 3.1 61.4

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THE NATIONAL AIDS REGISTRY

Table 4.1

Cases of AIDS and deaths following AIDS by sex and State/Territory in which diagnosis of AIDS was made, cumulative to 31 December 1995, and for two previous yearly intervals.

Cases

STATE/ TERRITORY	1 Jan 9 Male	4 – 31 Dec 94 Female	1 Jan 9 Male	5 – 31 Dec 95 Female	C Male	umulative Female	to 31 D Total	ec 95 %
АСТ	12	1	5	2	71	5	76	1.2
NSW	499	18	354	10	3708	130	3848	58.6
NT	3	0	2	0	25	0	25	0.4
QLD	95	3	88	4	626	28	656	10.0
SA	43	5	21	1	260	18	278	4.2
TAS	5	0	1	0	32	2	34	0.5
VIC	172	10	128	9	1307	47	1361	20.7
WA	35	4	20	1	270	17	289	4.4
TOTAL [†]	864	41	619	27	6299	247	6567	100.0

Deaths								
АСТ	10	0	4	0	50	2	52	1.1
NSW	378	16	297	17	2610	96	2712	57.5
NT	3	0	3	0	20	0	20	0.4
QLD	71	4	65	3	432	21	455	9.6
SA	31	4	29	2	177	13	190	4.0
TAS	3	1	0	0	21	2	23	0.5
VIC	152	7	140	13	1024	32	1062	22.5
WA	28	4	18	1	199	9	209	4.4
TOTAL [†]	676	36	556	36	4533	175	4723	100.0

†. Total columns of Tables 4.1 – 4.6 and 10.1 include 21 cases and 15 AIDS deaths in people whose sex was reported as transsexual.

STATE/ TERRITORY	1 Jan 94 – 31 Dec 94 Male Female		1 Jan 95 Male	– 31 Dec 95 Female	Cumulative to 31 Dec 95 Male Female Total			
АСТ	70.0	0.7	22.0	40.0	400.4	22.4	240.0	
	79.3	6.7	32.6	13.2	463.4	33.1	249.9	
NSW	166.0	5.9	116.5	3.3	1220.3	42.3	629.3	
NT	33.9	0.0	22.4	0.0	279.6	0.0	143.8	
QLD	59.3	1.9	53.6	2.4	381.1	17.1	200.2	
SA	58.9	6.8	28.7	1.3	355.3	24.2	188.6	
TAS	21.3	0.0	4.3	0.0	136.5	8.4	71.9	
VIC	77.6	4.4	57.4	4.0	586.4	20.7	302.3	
WA	41.0	4.7	23.0	1.2	310.5	19.7	166.9	
TOTAL [†]	97.2	4.6	69.8	3.0	700.6	27.3	363.7	

Incidence of AIDS per million current population by sex and State/Territory of diagnosis, from 1 January 1981 to 31 December 1995, and for two previous yearly intervals.

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

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Cases of AIDS and deaths following AIDS by sex and age group, cumulative to 31 December 1995, and for two previous yearly intervals.

Cases¹

AGE GROUP (years)	1 Jan 94 Male	– 31 Dec 94 Female	1 Jan 9 Male	5 – 31 Dec 95 Female	Cu Male	mulative t Female	o 31 Dec Total	95 %
0 - 12	3	4	0	3	26	14	40	0.6
13 – 19	1	0	3	0	22	3	25	0.4
20 - 29	125	14	86	4	1101	64	1177	17.9
30 - 39	389	14	279	13	2658	80	2744	41.8
40 - 49	254	6	171	6	1777	39	1818	27.7
50 - 59	65	2	62	1	547	21	569	8.6
60 +	27	1	18	0	168	26	194	3.0
TOTAL [†]	864	41	619	27	6299	247	6567	100.0

Deaths²

0 - 12	2	3	1	0	20	8	28	0.6
13 – 19	1	0	0	1	13	3	16	0.3
20 - 29	52	5	49	10	567	34	610	12.9
30 - 39	277	13	238	15	1829	55	1888	40.0
40 - 49	247	10	170	6	1439	31	1472	31.2
50 - 59	68	0	76	3	507	19	526	11.1
60 +	29	5	22	1	158	25	183	3.9
TOTAL [†]	676	36	556	36	4533	175	4723	100.0

1. Cases are classified by age at diagnosis.

2. Deaths are classified by age at death.

Cases of AIDS by sex and exposure category, cumulative to 31 December 1995, and for two previous yearly intervals.

		an 94 –		n 95 –	Cu	mulative	to 31 De	c 95
EXPOSURE CATEGORY		Dec 94 Female		ec 95 Female	Male	Female	Total	%
Male homosexual/bisexual								
contact	732	-	505	-	5394	-	5394	82.1
Male homosexual/bisexual								
contact and ID use	41	-	26	-	264	-	264	4.0
ID use (female and								
heterosexual male)	18	8	16	7	104	60	164	2.5
Heterosexual contact:	28	24	25	14	168	106	274	4.2
Sex with ID user	0	1	2	2	3	6	9	
Sex with bisexual male	-	2	-	2	-	24	24	
Fromspecifiedcountry	5	3	3	3	19	15	34	
Sex with person from								
specified country	5	3	6	1	22	10	32	
Sex with person with								
medicallyacquiredHIV	2	2	0	1	3	7	10	
Sex with HIV-infected								
person, exposure								
notspecified	4	3	0	2	25	15	40	
Notfurtherspecified	12	10	14	3	96	29	125	
Haemophilia/coagulation								
disorder	9	0	11	0	93	2	95	1.4
Receipt of blood								
components/tissue	5	3	3	2	75	54	129	2.0
Health care setting	1	1	0	1	2	3	5	0.1
Other/undetermined [†]	27	1	33	0	173	8	202	3.1
Total Adults/Adolescents †	861	37	619	24	6273	233	6527	99.4

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

Children (under 13 years at diagnosis of AIDS)

Mother with/at risk for HIV infection Haemophilia/coagulation disorder Receipt of blood components/tissue	3 0 0	3 0 1	0 0 0	3 0 0	10 5 11	11 0 3	21 5 14	0.3 0.1 0.2
Total Children	3	4	0	3	26	14	40	0.6
[
TOTAL [†]	864	41	619	27	6299	247	6567	100.0

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Deaths following AIDS by sex and exposure category, cumulative to 31 December 1995, and for two previous yearly intervals.

EXPOSURE CATEGORY		in 94 – ec 94		in 95 – ec 95	Cur	nulative	to 31 De	c 95
EXPOSORE CATEGORT	-	Female	-	Female	Male	Female	Total	%
Male homosexual/bisexual								
contact	562	-	465	-	3932	-	3932	83.2
Male homosexual/bisexual								
contact and ID use	41	-	27	-	180	-	180	3.8
ID use (female and								
heterosexual male)	6	5	16	8	61	39	100	2.1
Heterosexual contact:	24	20	16	23	98	72	170	3.6
Sex with ID user	0	0	0	2	0	4	4	
Sex with bisexual male	-	6	-	2	-	19	19	
Fromspecifiedcountry	1	1	3	4	7	9	16	
Sex with person from								
specified country	1	1	2	2	10	7	17	
Sex with person with								
medicallyacquiredHIV	1	1	0	2	2	5	7	
Sex with HIV-infected								
person, exposure								
notspecified	10	5	1	2	22	10	32	
Notfurtherspecified	11	6	10	9	57	18	75	
Haemophilia/coagulation								
disorder	13	2	8	0	67	2	69	1.5
Receipt of blood								
components/tissue	5	5	3	4	64	48	112	2.4
Health care setting	0	1	1	0	1	1	2	0.0
Other/undetermined [†]	23	0	19	0	108	4	127	2.7
TotalAdults/Adolescents †	674	33	555	35	4511	166	4692	99.3

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

Children (under 13 years at diagnosis of AIDS)

Mother with/at risk for HIV infection Haemophilia/coagulation disorder Receipt of blood components/tissue	2 0 0	2 0 1	1 0 0	0 0 1	6 5 11	6 0 3	12 5 14	0.3 0.1 0.3
Total Children	2	3	1	1	22	9	31	0.7
TOTAL [†]	676	36	556	36	4533	175	4723	100.0

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Cases of AIDS by AIDS-defining condition and sex, cumulative to 31 December 1995, and for two previous yearly intervals.

AIDS DEFINING		n 94 – ec 94		n 95 – ec 95	Cui	mulative	to 31 De	ec 95
CONDITION	Male Female		Male Female		Male	Female	Total	%
Pneumocystis carinii								
pneumonia (PCP)	184	15	129	7	1865	62	1933	29.4
Kaposi's sarcoma (KS) -								
skin	93	0	68	0	816	4	821	12.5
KS and PCP only	7	0	3	0	59	0	59	0.9
KS and other (not PCP)	12	0	8	0	115	0	115	1.8
PCP and other (not KS)	22	1	20	1	337	16	357	5.4
Candidiasis-oesophageal	129	4	109	2	593	24	618	9.4
Toxoplasmosis-cerebral	26	2	17	2	225	12	239	3.6
Cryptococcosis-meningeal	40	2	25	1	247	7	256	3.9
Lymphoma-non-Hodgkin	36	1	22	2	236	12	248	3.8
Mycobacterium-avium	42	4	40	7	298	24	323	4.9
Herpes simplex virus	13	1	14	0	148	13	161	2.5
HIV encephalopathy	42	2	19	1	203	7	211	3.2
Cytomegalovirus	44	1	25	1	260	4	265	4.0
HIV wasting disease	62	1	51	3	281	26	308	4.7
Cryptosporidiosis-gut	29	1	21	0	153	4	157	2.4
Mycobacterium-								
tuberculosis (TB)	5	0	2	0	37	4	41	0.6
Othersinglediagnoses ¹	30	3	21	0	123	10	134	2.0
Other multiple diagnoses	48	3	25	0	303	18	321	4.9
TOTAL [†]	864	41	619	27	6299	247	6567	100.0

1. Following implementation of the Australian AIDS case definition in January 1993, AIDS was diagnosed on the basis of recurrent pneumonia for 29 cases, pulmonary tuberculosis for 7 cases and cervical cancer for 0 cases.

Calendar Period		Deaths to	Alive at	Lost to		% Su	irvival
of Diagnosis	Cases	31 Dec 95 ¹	1 Jan 95 ²	Follow Up ³	Other⁴	1 yr	2 yrs
1984	54	52	0	1	1	25.0	7.7
1985	127	123	0	2	2	44.0	21.6
1986	231	220	0	8	3	33.5	14.0
1987	381	368	2	1	10	57.0	28.9
1988	533	491	5	8	29	67.0	29.5
1989	613	562	6	4	41	61.2	30.5
1990	672	580	17	4	71	64.2	34.6
1991	799	685	20	6	88	60.0	32.5
1992	779	607	25	7	140	60.9	28.1
1993	821	543	87	1	190	-	-
1994	909	388	186	3	332	-	-
1995	648	104	544	0	0	-	-
TOTAL	6567	4723	892	45	907	-	-

Table 4.7Survival following the diagnosis of AIDS by one-year period of diagnosis.

1. Deaths occurring prior to 1 January 1996.

2. Last medical contact on or after 1 January 1995.

3. Reported as having permanently left Australia with no subsequent report of status.

4. Last medical contact prior to 1 January 1995.

Table 4.8: Cases of AIDS by month of diagnosis, 1986 to 1995.

YEAR	Jan	Feb	Mar	Jul	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1986	14	15	14	14	20	19	17	24	24	32	25	13	231
1987	29	27	32	20	43	34	28	26	37	30	45	30	381
1988	42	43	24	35	34	45	56	50	44	52	59	49	533
1989	64	47	42	31	46	56	47	57	56	63	51	53	613
1990	64	46	57	51	45	53	60	59	67	71	49	50	672
1991	66	66	66	70	60	65	54	65	83	77	67	60	799
1992	55	67	65	61	75	66	73	73	58	64	62	60	779
1993	68	70	66	66	47	71	75	81	69	77	64	67	821
1994	77	68	78	77	58	76	62	82	97	100	65	69	909
1995	63	69	60	58	73	52	41	67	45	58	38	24	648

Table 4.9: Deaths following the diagnosis of AIDS by month of death, 1986 to 1995.

YEAR	Jan	Feb	Mar	Jul	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1986	11	7	8	6	13	10	17	8	15	17	16	16	144
1987	13	15	18	29	23	15	17	13	17	9	15	18	202
1988	12	18	15	21	18	20	19	19	14	20	24	23	223
1989	20	24	29	33	26	43	32	42	30	41	43	39	402
1990	55	32	49	35	43	44	48	47	46	40	33	41	513
1991	47	40	42	53	60	51	55	48	38	50	43	54	581
1992	50	47	61	52	57	49	43	51	44	38	47	46	585
1993	54	40	62	64	71	46	53	53	51	56	66	65	681
1994	58	56	59	69	60	68	69	55	54	52	56	61	717
1995	57	69	61	48	56	45	53	45	30	47	47	35	593

 Table 4.10: Deaths following the diagnosis of AIDS by month of diagnosis, 1986 to 1995.

YEAR	Jan	Feb	Mar	Jul	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1986	14	15	13	12	19	17	17	22	22	31	25	13	220
1987	28	27	31	19	43	32	28	24	37	29	41	29	368
1988	39	40	23	33	34	43	46	43	41	51	51	47	491
1989	58	43	38	30	40	52	43	53	52	57	50	46	562
1990	55	42	53	49	38	43	49	48	59	60	42	42	580
1991	63	59	54	63	53	46	49	55	65	69	58	51	685
1992	45	52	55	52	60	51	62	57	44	46	44	39	607
1993	45	52	46	46	38	43	43	53	46	50	44	37	543
1994	40	37	35	36	28	29	29	42	38	38	25	11	388
1995	14	22	17	9	18	6	3	4	4	4	2	1	104

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THE NATIONAL HIV DATABASE

Table 5.1

Number of new diagnoses of HIV infection by sex¹ and State/Territory, cumulative to 31 December 1995, and for two previous yearly intervals.

STATE/	1 Jan 94	- 31 Dec 94	1 Jan 9	5 – 31 Dec 95	С	umulative	e to 31 De	ec 95
TERRITORY	Male	Female	Male	Female	Male	Female	Total	Rate ²
ACT	12	2	15	2	166	15	181	59.5
NSW ³	385	31	396	36	9906	550	12511	204.6
NT	7	0	1	0	79	3	82	47.2
QLD	162	10	107	11	1549	94	1648	50.3
SA	32	4	29	1	557	44	601	40.8
TAS	1	1	2	0	70	4	74	15.6
VIC ⁴	201	18	155	10	3323	164	3537	78.6
WA	53	14	39	12	748	69	819	47.3
TOTAL ⁵	853	80	744	72	16398	943	19453 ⁶	107.7

1. Twenty two people (7 NSW, 5 QLD, 8 VIC and 2 WA) whose sex was reported as transsexual are included in the total columns of Tables 5.1 - 5.6.

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 2048 people whose sex was not reported.

4. Cumulative total for VIC includes 42 people whose sex was not reported.

5. Cumulative total for Australia includes 2090 people whose sex was not reported.

6. Estimated number of new diagnoses of HIV infection, adjusted for multiple reports, was 15,200 (range 14,300 to 16,100). (Reference: Law MG, McDonald AM and Kaldor JM. Estimation of cumulative HIV incidence in Australia, based on national case reporting. Aust NZJ Public Health 1996; 20: 215 - 17).

Table 5.2

Number of new diagnoses of HIV infection for which exposure category was reported, by sexand exposure category, cumulative to 31 December 1995 and for two previous yearly intervals.

	1 Ja	an 94 –	1 J	an 95 –	Cu	mulative	to 31 De	ec 95
EXPOSURE CATEGORY	31 🛙	Dec 94	31 E)ec 95				
	Male	Female	Male	Female	Male	Female	Total	%
Male homosexual/bisexual								
contact	643	-	537	-	10279	-	10279	80.5
Male homosexual/bisexual								
contact and ID use	45	-	30	-	393	-	393	3.0
ID use	22	11	27	3	465	150	636	5.0
Heterosexual	12	7	9	2	119	53	175	
Notfurtherspecified	10	4	18	1	346	97	461	
Heterosexual contact:	79	56	71	58	583	395	981	7.7
Sex with ID user	2	5	4	5	17	29	46	
Sex with bisexual male	-	2	-	7	-	26	26	
Fromspecifiedcountry	13	9	13	10	48	33	81	
Sex with person from								
specified country	10	10	11	9	55	34	89	
Sex with person with								
medicallyacquiredHIV	1	2	0	0	4	6	10	
Sex with HIV-infected								
person, exposure								
notspecified	4	4	9	7	31	28	59	
Notfurtherspecified	49	24	34	20	428	239	670	
Haemophilia/coagulation								
disorder	1	0	0	0	188	3	191	1.5
Receipt of blood/tissue	9	1	0	2	107	65	172	1.3
Health care setting ¹	1	2	0	0	3	7	10	0.1
Total Adults/Adolescents ²	800	70	665	63	12018	620	12662	99.1

Children (under 13 years at diagnosis of HIV infection)

Mother with/at risk for HIV infection Haemophilia/coagulation disorder Receipt of blood/tissue	4 0 0	5 0 0	2 0 0	4 0 0	23 54 12	20 0 5	43 54 17	0.3 0.4 0.2
Total Children	4	5	2	4	89	25	114	0.9
Sub-total	804	75	667	67	12107	645	12776	100.0
Other/undetermined ³	49	5	77	5	4291	298	6677	
TOTAL	853	80	744	72	16398	943	19453 ⁴	

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- 1. The category 'Health care setting' includes 5 cases of occupationally acquired HIV infection and 4 cases of transmission in surgical rooms.
- 2. Total column includes cases for which sex was not reported.
- 3. The 'Other/undetermined' category includes 6659 adults/adolescents and 18 children. Twenty two people whose sex was reported as transsexual are included in the 'Other/undetermined' category. The 'Other/undetermined' category was excluded from the calculation of the percentage of cases attributed to each exposure category.
- 4. See footnote 6 Table 5.1.

AGE GROUP	1 Jan 94 – 31 Dec 94		1 Jan 95	5 – 31 Dec 95	Cu	mulative f	o 31 De	c 95
(YEARS)	Male	Female	Male	Female	Male	Female	Total	%
0 - 2	3	5	1	0	29	13	43	0.2
3 - 12	1	0	1	5	74	15	89	0.5
0 - 12	4	5	2	5	103	28	132	0.7
13 – 19	19	4	5	10	355	54	416	2.1
20 - 29	266	40	233	20	5329	366	5807	29.9
30 - 39	331	21	283	26	5340	222	5675	29.2
40 - 49	134	6	146	8	2384	72	2498	12.8
50 - 59	63	2	49	3	717	32	757	3.9
60 +	31	2	23	0	230	38	269	1.4
Unknown	5	0	3	0	1940	131	3899	20.0
TOTAL ¹	853	80	744	72	16398	943	19453	100.0

Table 5.3Number of new diagnoses of HIV infection by sex and age group, cumulative to 31December 1995, and for two previous yearly intervals.

1. See footnotes Table 5.1.

Table 5.4

Number of new diagnoses of HIV infection in the year 1 January 1995 to 31 December 1995 for which an HIV seroconversion illness was diagnosed or the date of a prior negative test was within one year of diagnosis of HIV infection, by sex and State/Territory and for two six month intervals of HIV diagnosis.

STATE/ TERRITORY	1 Jan 95 – 30 Jun 95 Male Female		1 Jul 95 Male	5–31 Dec 95 Female	1 Ja Male	ec95 Total	
	maio		maie	- onlaid	mare	Female	
ACT	1	0	5	0	6	0	6
NSW ¹	76	6	40	1	116	7	128
NT	0	0	0	0	0	0	0
QLD	17	2	10	0	27	2	29
SA	6	0	5	0	11	0	11
TAS	0	0	0	0	0	0	0
VIC	20	2	15	1	35	3	38
WA	3	0	3	1	6	1	7
TOTAL ¹	123	10	78	3	201	13	219

1. Total column for Tables 5.4 – 5.6 includes 1 person whose sex was reported as transsexual and 4 people whose sex was not reported.

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Table 5.5

Number of new diagnoses of HIV infection in the year 1 January 1995 to 31 December 1995 for which an HIV seroconversion illness was diagnosed or the date of a prior negative test was within one year of diagnosis of HIV infection, by sex and exposure category, and for two six month intervals of HIV diagnosis.

EXPOSURE CATEGORY	1 Jan 95 – 30 Jun 95		1 Jul 95 – 31 Dec 95		1 Jan 95 – 31 Dec 95		
	Male	Female	Male	Female	Male	Female	Total
Malehomosexual/bisexual							
contact	108	-	64	-	172	-	172
Malehomosexual/bisexual							
contact and ID use	5	-	5	-	10	-	10
ID use (female and							
heterosexual male)	3	1	0	1	3	2	5
Heterosexual contact	5	9	5	2	10	11	21
Health care setting	0	0	0	0	0	0	0
Other/undetermined ¹	2	0	4	0	6	0	11
TOTAL ¹	123	10	78	3	201	13	219

1. See footnote Table 5.4.

Table 5.6

Number of new diagnoses of HIV infection in the year 1 January 1995 to 31 December 1995 for which an HIV seroconversion illness was diagnosed or the date of a prior negative test was within one year of diagnosis of HIV infection, by sex and age group and for two six month intervals of HIV diagnosis.

AGE GROUP				5 – 31 Dec 95	1 Jan 95 – 31 Dec 95		
(YEARS)	Male	Female	Male	Female	Male	Female	Total
13 – 19	0	1	2	1	2	2	4
20 – 29	51	1	32	2	83	3	87
30 – 39	42	3	32	0	74	3	80
40 – 49	19	4	10	0	29	4	33
50 – 59	5	1	2	0	7	1	9
60 +	6	0	0	0	6	0	6
TOTAL ¹	123	10	78	3	201	13	219

1. See footnote Table 5.4.

NATIONAL ZIDOVUDINE REGISTRY

Table 6.1

Number of new zidovudine prescriptions cumulative to 31 December 1995 and for two previous yearly intervals, by sex and State/Territory.

STATE/ TERRITORY	1 Jan 94 Male	– 31 Dec 94 Female	1 Jan 95 Male	1 Jan 95 – 31 Dec 95 Male Female		Cumulative to 31 D Male Female		
АСТ	17	0	0	0	82	5	87	
NSW	220	8	49	0	4114	212	4406	
NT	6	0	4	0	30	1	31	
QLD	6	0	1	0	186	7	193	
SA	44	1	14	0	363	25	391	
TAS	0	0	0	0	15	3	20	
VIC	4	1	1	0	1409	63	1480	
WA	37	7	34	3	450	61	512	
TOTAL ¹	334	17	103	3	6649	377	7120	

1. Totals include people whose sex was not reported.

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SENTINEL SURVEILLANCE OF HIV INFECTION IN SEXUALLY TRANSMISSIBLE DISEASE CLINICS

Table 7.1

Number of people seen, number of people tested for HIV antibody and number of people newly diagnosed with HIV infection by sex and STD clinic¹, during the quarter 1 October 1995 to 31 December 1995.

STD CLINIC		Seen at Clinic		Tested for HIV antibody		Newlydiagnosed with HIV infection Male Female To		
	Male	Female	Male	Female	Male	Female	Total	
Sydney Sexual Health Centre, NSW	1614	1015	637	387	3	1	4	
Clinic 34, Darwin, NT	167	121	83	74	0	0	0	
Brisbane Sexual Health Clinic, QLD	972	617	332	177	1	0	1	
Clinic 275, Adelaide, SA	945	636	687	458	2	0	2	
Melbourne Sexual Health Centre, VIC	1961	1408	1396	1167	2	1	3	
TOTAL	5659	3797	3135	2263	8	2	10	

1. Data not available for Parramatta Sexual Health Clinic, NSW.

Table 7.2

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 October 1995 to 31 December 1995.

EXPOSURE CATEGORY	Previous negative HIV antibody test Male Female			tested for Intibody Female	Newlydiagnosed with HIV infection Male Female Total			n
Homosexual/bisexual								
contact	694	-	65.0	-	1	-	1	0.2
Homosexual/bisexual								
contact and ID use	70	-	52.9	-	1	-	1	2.7
ID use (female and								
heterosexual male)	213	105	59.1	60.0	0	0	0	0.0
Heterosexual contact	2079	1538	54.1	52.5	0	0	0	0.0
outside Australia ²	266	152	50.4	43.4	0	0	0	0.0
within Australia only	1813	1386	54.7	53.5	0	0	0	0.0
Sex worker	-	368	-	78.5	-	1	1	0.3
Sex worker and ID use	-	34	-	73.5	-	0	0	0.0
Other/undetermined	72	105	86.1	73.3	0	0	0	0.0
TOTAL	3128	2150	57.6	58.7	2	1	3	0.1

1. At clinics other than Clinic 34, Darwin, NT.

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

Table 7.3

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 October 1995 to 31 December 1995.

EXPOSURE CATEGORY		revious tibody test Female		ested for Intibody Female	Newlydiagnosed with HIV infection Male Female Total		n	
Homosexual/bisexual								
contact	308	-	56.5	-	3	-	3	1.7
Homosexual/bisexual								
contact and ID use	9	-	66.7	-	0	-	0	0.0
ID use (female and								
heterosexual male)	66	33	78.8	66.1	0	0	0	0.0
Heterosexual contact	1537	1151	59.9	62.7	2	1	3	0.2
outside Australia ²	134	75	56.7	58.7	0	1	1	0.8
within Australia only	1403	1076	60.2	63.0	2	0	2	0.1
Sex worker	-	72	-	91.7	-	0	0	0.0
Sex worker and ID use	-	5	-	80.0	-	0	0	0.0
Other/undetermined	277	257	35.4	44.0	1	0	1	0.5
TOTAL	2197	1518	56.9	61.1	6	1	7	0.3

1. At clinics other than Clinic 34, Darwin, NT.

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

Table 7.4

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 October 1995 to 31 December 1995.

AGE GROUP	Seen at Clinic UP			ed for ntibody	Newly diagnosed with HIV infection			
(YEARS)	Male	Female	Male	Female	Male	Female	Total	
13 – 19	193	418	106	205	0	0	0	
20 – 29	2422	2029	1431	1229	2	2	4	
30 - 39	1699	833	909	521	5	0	5	
40 – 49	761	297	395	184	1	0	1	
50 - 59	268	81	141	47	0	0	0	
60 +	147	17	69	3	0	0	0	
Unknown	2	1	1	0	0	0	0	
TOTAL	5492	3676	3052	2189	8	2	10	

1. At clinics other than Clinic 34, Darwin, NT.

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Table 7.5

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 October 1995 to 31 December 1995.

EXPOSURE CATEGORY		ated for antibody Female		ested for antibody Female
Homosexual/bisexual contact	9	_	21	-
Homosexual/bisexual			21	
contact and ID use	0	-	0	-
ID use (female and				
heterosexual male)	3	1	1	2
Heterosexual contact	42	20	42	25
outside Australia ³	9	1	10	12
within Australia only	33	19	32	13
Sex worker	-	11	-	1
Sex worker and ID use	-	0	-	0
Other/undetermined	2	5	4	2
TOTAL	56	37	68	30

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. Within three months for Clinic 275 and one year for other clinics.

SENTINEL SURVEILLANCE FOR SEXUALLY TRANSMISSIBLE DISEASES

Table 8.1

Number of diagnoses of gonorrhoea in sentinel sexual health centres¹ during the quarter 1 October 1995 to 31 December 1995, by sex, exposure category and HIV antibody status.

CHARACTERISTICS OF CASES	1 C Male	Oct 95 – 31 De Female	ec 95 Total	
EXPOSURE CATEGORY ²				
Homosexual/bisexual contact Homosexual/bisexual contact	20		20	
and ID use	0	0	0	
ID use (female and				
heterosexual male)	0	0	0	
Heterosexual contact ³	10	4	14	
outsideAustralia	4	0	4	
within Australia only	6	4	10	
Sex worker	0	0	0	
Sex worker and ID use	0	0	0	
HIV ANTIBODY STATUS				
Positive	6	0	6	
Negative	10	2	12	
Unknown	14	2	16	
Total⁴	30	4	34	

- Participating clinics provided data on 9,276 attendances among 4,857 male patients seen and 7,716 attendances among 4,433 female patients seen: Clinic 275, Adelaide, SA; Clinic 34, Darwin, NT; The Gilmore Clinic, Woden, ACT; Gold Coast Sexual Health Clinic, QLD, Kirketon Road Centre, Sydney, NSW; Sexual Health Clinic, Kogarah, NSW; SHAIDS, Lismore, NSW; Melbourne Sexual Health Centre, Melbourne, VIC; Sexual Health Clinic, Nowra, NSW; Port Kembla Sexual Health Clinic, Port Kembla, NSW; The Livingstone Raod Clinic, Sydney, NSW; Sydney Sexual Health Centre, Sydney, NSW.
- 2. For most clinics, exposure category represents that reported 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 8.2

Number of diagnoses of early syphilis¹ in sentinel sexual health centres during the quarter 1 October 1995 to 31 December 1995, by sex, exposure category and HIV antibody status.

	1 Oct 95 – 31 Dec 95				
CHARACTERISTICS OF CASES	Male	Female	Total		
EXPOSURE CATEGORY ²					
Homosexual/bisexual contact	0	0	0		
Homosexual/bisexual contact					
and ID use	0	0	0		
ID use (female and					
heterosexual male)	0	0	0		
Heterosexual contact	2	3	5		
outsideAustralia	0	0	0		
within Australia only	2	3	5		
Sex worker	0	0	0		
Sex worker and ID use	0	0	0		
HIV ANTIBODY STATUS					
Positive	0	0	0		
Negative	0	3	3		
Unknown	2	0	2		
Total	2	3	5		

1. Early syphilis includes cases diagnosed as primary, secondary or early latent infection only.

2. See footnotes Table 8.1.

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

Table 9.1

Number of new diagnoses of HIV infection in blood donors by State/Territory, cumulative to 31 December 1995, and for two previous yearly intervals.

STATE/ TERRITORY	1 Jan 94 – 31 Dec 94	1 Jan 95 – 31 Dec 95	1 May 85 – 31 Dec 95
ACT	0	0	1
NSW	1	2	34
NT	1	0	1
QLD	3	4	21
SA	0	0	3
TAS	0	0	0
VIC	0	0	12
WA	0	0	6
TOTAL	5	6	78

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STATE/ TERRITORY	1 Jan 94 – 30 Sep 94	1 Oct 94 – 31 Dec 94	1 Jan 94 to 31 Dec 94
ACT	11636	3960	15596
NSW	217891	66846	284737
	7024	916	7940
	133015	45481	178496
SA	73119	22732	95851
	18501	5707	24208
VIC	176613	59044	235657
	57673	17906	75579
TOTAL	695472	222592	918064

Table 9.2 Number of HIV antibody tests conducted in Blood Transfusion Services by State/Territory and calendar interval.

STATE/ TERRITORY	1 Jan 95 – 30 Sep 95	1 Oct 95 – 31 Dec 95	1 Jan 95 to 31 Dec 95
ACT	12023	4312	16335
NSW	219778	54125	273903
NT	7231	2523	9754
QLD	129998	41394	171392
SA	65666	19943	85609
TAS	20181	6469	26650
VIC	173288	56004	229292
WA	62402	22401	84803
TOTAL	690567	207171	897738

Blood Transfusion Services for which counts were partially unavailable:

STATE/ TERRITORY	WEEKS	YEAR	Blood Transfusion Service	
NSW	39-52	1995	Young District Hospital	
	41-52	1995	Orange Base Hospital	
NT	41-48	1994	Royal Darwin Hospital	
VIC	25-52	1995	Ballarat Base Hospital	

STATE/ TERRITORY	1 Jan 94 – 30 Sep 94	1 Oct 94 – 31 Dec 94	1 Jan 94 to 31 Dec 94
АСТ	7800	2554	10354
NSW	263051	84036	347087
NT	8191	3434	11625
QLD	98939	39610	138549
SA	58793	19438	78231
TAS	10714	3402	14116
VIC	110590	22612	133202
WA	57982	19388	77370
TOTAL	616060	194474	810534

Table 9.3 Number of HIV antibody tests conducted in Public Health Laboratories by State/ Territory and calendar interval.

STATE/ TERRITORY	1 Jan 95 – 30 Sep 95	1 Oct 95 – 31 Dec 95	1 Jan 95 to 31 Dec 95
ACT	7614	1848	9462
NSW	250002	69548	319550
NT	9116	2848	11964
QLD	125464	36904	162368
SA	57956	12680	70636
TAS	9943	3195	13138
VIC	96164	31317	127481
WA	59344	14808	74152
TOTAL	615603	173148	788751

Public Health Laboratories for which counts were partially unavailable:

STATE/ TERRITORY	WEEKS	YEAR	Public Health Laboratory
NSW	41-52	1994	Hanly Moir Pathology
	41-44	1994	Repatriation General Hospital
QLD	33-52	1995	Prince Charles Hospital
	1-12	1994	Queensland State Health Laboratory
WA	33-52	1995	Western Diagnostic Pathology
	50-52	1995	Royal Perth Hospital

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REPORT FROM WHO WESTERN PACIFIC REGION

Dr G Poumerol, Acting Regional Advisor, WHO Regional Office, Manila.

Table 10.1

AIDS and HIV in the WHO	Western Pacific R	Region by cour	ntry; based on reports
available at 31 December 1	995.		

	CUM	ULATIVE A	IDS CASES			Cumulative
COUNTRY/			Children		AIDS	Diagnoses
AREA	Male	Female	<13 Years	Total	Rate ¹	HIV
American Samoa	0	0	0	0	0.0	0
Australia	6299	247	40	6567	36.4	19453
Brunei	6	0	0	6	2.1	252
Cambodia	56	23	0	86	0.9	2536
China ²	70	7	0	77	0.0	2428
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	28
French Polynesia	3	2	1	50	23.1	156
Guam	34	3	0	37	26.1	87
Hong Kong	160	15	3	175	3.0	642
Japan	962	64	0	1026	0.8	3919
Kiribati	0	0	0	0	0.0	3
Laos	10	3	0	14	0.3	113
Macao	7	1	0	8	1.9	122
Malaysia	239	20	4	259	1.3	13250
MarshallIslands	2	0	0	6	10.4	10
Nauru	0	0	0	0	0.0	1
New Caledonia	37	6	1	47	26.3	130
New Zealand	501	22	4	523	14.8	1077
Niue	0	0	0	0	0.0	0
N. Mariana Islands	2	0	0	6	10.4	10
Palau	1	0	0	1	5.8	1
Papua New Guinea	78	74	3	152	3.7	371
Philippines	163	86	5	249	0.4	732
Rep. of Korea	38	5	0	43	0.1	535
Samoa	3	1	0	4	2.5	4
Singapore	166	13	1	179	6.1	419
Solomon Islands	0	0	0	0	0.0	1
Tokelau	0	0	0	0	0.0	0
Tonga	5	0	0	5	5.1	6
Tuvalu	0	0	0	0	0.0	0
Vanuatu	0	0	0	0	0.0	0
Vietnam	274	33	0	316	0.4	3461
Wallis and Futuna	1	0	0	1	7.1	2
TOTAL [†]	9123	628	63	9846	0.5	49751

1. AIDS cases per 100,000 total current population.

 For Taiwan 45 AIDS cases in males, 3 in females and 300 diagnosis of HIV infection were reported to 31 December 1995.

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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 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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