



# Australian HIV Surveillance Report

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## The status and trends of the HIV/AIDS/STD epidemics in Asia and the Pacific

A report from the first Monitoring the AIDS Pandemic (MAP) Network Symposium  
Manila, Philippines, October 1997

Monitoring the AIDS Pandemic (MAP) Network is a global network of specialists in epidemiology, statistics, economics, demography, public health and international development, established to monitor the dynamics of the HIV/AIDS pandemic and various regional epidemics. The network was established in December 1996 by the AIDS Control and Prevention (AIDSCAP) Project of Family Health International, the François-Zavier Bagnoud Centre of Health and Human Rights of the Harvard School of Public Health and the Joint United Nations Programme on HIV/AIDS (UNAIDS). The first Symposium formally organised by the MAP Network was held in Manila, Philippines, on 21 – 23 October 1997, when the status and trends of the HIV/AIDS/STD epidemics in Asia and the Pacific were analysed. An edited summary of the Provisional Report of the Symposium is presented below.

The Asia-Pacific region defined by the MAP Network stretches from India in the west to Japan and island nations in the Pacific in the east, and from China in the north to countries forming Oceania in the south. With a population in excess of 2.5 billion – representing more than sixty percent of the world's population – the Asia-Pacific region has the potential to greatly influence the course and overall impact of the global HIV/AIDS pandemic.

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## **A**NNOUNCEMENTS

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### **National meetings**

The **Australasian Sexual Health Conference** will be held in Cairns, Queensland, on 10 – 13 June 1998.

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The **10th Annual Conference of the Australasian Society for HIV Medicine** will be held in Newcastle, New South Wales, on 18 – 21 November 1998.

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### **International meeting**

The **12th World AIDS Conference** will be held in Geneva, Switzerland, on 28 June – 3 July 1998.

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## **Epidemic patterns**

The spread of HIV in the region began in the early-to-mid 1980s. Early cases of HIV infection were attributed to sexual contact with infected people living outside the region, in addition to limited spread within the region. By the late 1980s, HIV transmission was increasing among several populations, in some cases with great velocity, and two sets of factors were strongly influencing the course of the emerging epidemics: participation in sex work and patterns of injecting drug use.

By early 1997, South and South East Asia accounted for an estimated 5.2 million (23%) of the 22.6 million adults and children living with HIV infection in the world. About one third of adults living with HIV infection in the region are female. The estimated prevalence of HIV infection in the 15 – 49 year age group varies from zero in Korea to one per several thousand in most countries in the region, including Australia, to 2-3% in Cambodia, Myanmar and Thailand. As the HIV epidemic in the region is still relatively recent, HIV disease, including AIDS, is only beginning to occur.

HIV epidemics in the Asia-Pacific region are diverse, localised and have different trends over time. Against this backdrop, however, it is becoming increasingly clear that the intensity of HIV epidemics associated with sex work, affecting both female sex workers and their clients, is primarily determined by the number of sexual partners per sex worker, the frequency of use of commercial sex by men, and such other factors as the rate of regular condom use in commercial sex and the magnitude and quality of the response to the epidemics.

Although rapid transmission of HIV infection among injecting drug users and their sexual partners has been documented in the region, these epidemics have, to date, resulted in limited HIV transmission in the broader heterosexual population. For a variety of reasons including social isolation of some populations of injecting drug users and their sexual partners, and stigmatisation, there are tenuous links between populations of injecting drug users and other sexually active adults. Strikingly, in Asia and the Pacific, HIV epidemics associated with commercial sex work and those involving injecting drug users do not appear to fuel each other. The epidemics have emerged and evolved almost independently of each other. For example, in Thailand, there are two concurrent HIV epidemics in sex workers and their clients, and in injecting drug users, which is based on two different subtypes of HIV.

From a regional perspective, the magnitude and short-term trends in the HIV epidemic are largely dependent on the extent of ongoing epidemics in few countries: Cambodia, India, Thailand, Myanmar and, due to their population size, Indonesia and China (Table 1.1).

**Table 1.1**  
**Patterns of HIV incidence and prevalence in the Asia-Pacific region**

***Countries with epidemic spread***

Country	Current HIV epidemic			Projected HIV epidemic (3 – 5 years)
	HIV incidence	HIV prevalence	Populations affected	
Australia	Low and decreasing	Low and stable	Homosexual men	Declining
Cambodia	High and increasing rapidly	High and increasing	People with high and moderate risk heterosexual behaviour	Sustained upward trend
China	Low except Yunnan	Low and increasing	Injecting drug users	Increasing
India	Moderate and increasing with substantial regional variation	Low but increasing – substantial regional variation	People with high risk heterosexual behaviour and injecting drug users	Increasing
Malaysia	Moderate and increasing	Low and increasing	Primarily injecting drug users but increasing among people with high risk sexual behaviour	Increasing
Myanmar	High and increasing	High and increasing	People with high risk heterosexual behaviour, injecting drug users and their spouses	Increasing
New Zealand	Low and decreasing	Low and stable	Homosexual men	Declining
Papua New Guinea	Moderate and increasing	Low but increasing	People with high risk heterosexual behaviour	Slowly increasing
Thailand	Moderate and stabilising in specific groups	High but stabilising	Injecting drug users and people with high and moderate heterosexual behaviour	Tending to stabilise
Vietnam	Moderate and increasing	Low but increasing	Primarily injecting drug users but increasing among people with high risk sexual behaviour	Increasing

**Countries with low levels of HIV transmission**

Bangladesh	Low	Low	People with high risk heterosexual behaviour	Slowly increasing
Indonesia	Low	Low	Homosexual men, people with high risk heterosexual behaviour	Slowly increasing
Japan	Low	Low	Previously blood product related, currently sexual	Slowly increasing
Hong Kong	Low	Low	Injecting drug users, homosexual men	Slowly increasing
Nepal	Low except in injecting drug users	Low except in injecting drug users	People with high risk heterosexual behaviour and injecting drug users	Slowly increasing
Philippines	Low	Low	People with high risk heterosexual behaviour	Slowly increasing
Singapore	Low	Low	Homosexual men, injecting drug users	Slowly increasing
Sri Lanka	Low	Low	People with high risk heterosexual behaviour	Slowly increasing

## Mapping the epidemics

If the HIV epidemics were analysed on a country by country basis, as if HIV epidemics respected national geopolitical boundaries, most countries in the Asia-Pacific region present a reassuring image of low HIV prevalence (proportion of adults living with HIV infection or AIDS) and a low HIV incidence (proportion of adults newly infected each year). Such is the case in Australia and New Zealand where epidemics of HIV infection occurred in men who have sex with men, with a peak in HIV incidence in the mid-1980s followed by a rapid decline. HIV infection among injecting drug users in these two countries has been and remains limited (less than 2%) and heterosexual transmission also remains at low levels (HIV prevalence among pregnant women is less than 1 per 10,000).

An epidemic pattern, similar to that in Australia and New Zealand, occurred in Japan, where an outbreak of HIV infection among people with haemophilia was brought under control in the mid-1980s, and where other modes of transmission contribute minimally to a limited HIV burden in the country (less than 1 HIV infection per 10,000 adults in 1997). China also presents an apparently reassuring profile where, in spite of trends of increasing HIV incidence in injecting drug users in selected southern provinces (Yunnan, Guanxi), overall HIV prevalence in adults remains below 4 per 10,000 population. HIV transmission from injecting drug users to their sexual partners accounts for the majority of cases of heterosexually acquired HIV infection in China.

The Kingdom of Cambodia has recently experienced a rapid rise in both HIV incidence and prevalence. The epidemic has progressed so quickly that, by mid-1997, 100,000 people were estimated to have HIV infection, although only about 600 AIDS diagnoses had been reported. HIV serological surveys carried out in 1997 indicate that approximately 40 percent of sex workers, 6 percent of police/military and 3 percent of women seen at antenatal clinics had HIV infection. The prevalence of other sexually transmissible infections was also high in Cambodia, contributing to HIV transmission. A 1996 survey in selected cities indicated that the prevalence of gonorrhoea was 12 – 31 percent in sex workers and 2 – 6 percent in women attending antenatal clinics. The prevalence of syphilis among sex workers was 4 – 24 percent and 2 – 8 percent among antenatal women.

The prevalence of HIV infection in India as a whole was reported to be about 0.3%, a rate much lower than that in many other countries in the Asia-Pacific region. However, with an estimated 2.5 million people with HIV infection, India has more HIV infections than any other country in the world. The HIV epidemic in India is, however, highly localised. Of 4,828 cases of AIDS reported in India by mid 1997, almost half were reported from the state of Maharashtra and 80% of these cases were from Mumbai (formerly Bombay). Of the 32 states in India, 21 reported 4% of the total AIDS cases. In the state of Manipur, all AIDS diagnoses to date have occurred among injecting drug users. Among injecting drug users in Manipur, which borders on the 'Golden Triangle', the most recent estimate of HIV seroprevalence was between 50 and 80 percent.

**Table 1.2**  
**HIV prevalence among sex worker populations in Asia**

Country	Population	HIV prevalence
Cambodia	2,906 female sex workers, various sites throughout the country in 1996	40%
Indonesia	National seroprevalence study of high risk groups, 12,418 registered prostitutes, 1991 – 1992	0.02%
Laos	216 male and female bar workers in one town, 1995	0.0%
Myanmar	Sampling (n= 200) at 2 sites	25%
Philippines	6,084 registered female sex workers, 10 cities, 2 rounds of testing, 1996	0.13%
Singapore	738 brothel-based female sex workers, 1992	0.0%
Thailand <sup>1</sup>	sentinel sites in all provinces, brothel-based and 'indirect' female sex workers, 1996	18.8%
Vietnam	8,178 female sex workers in 20 provinces, 1996	0.5%

1. 'Indirect' female sex workers work in massage parlors, bars, night clubs, discos and coffee shops which cater to middle and upper income clientele.

HIV prevalence among sex workers in India varies widely from state to state with high HIV prevalence in western and southern India to low levels in eastern and northern India. In Mumbai, HIV prevalence among sex workers rose from 1% to 51% between 1987 and 1993. Among people attending sexual health clinics in Mumbai, HIV prevalence increased from 1 – 2 percent before 1990 to 36% in 1994. Prevalence among sex workers in Calcutta was consistently low at about 1% until 1994 but there are suggestions that it may be increasing.

In some countries, HIV prevalence has remained very low (less than 0.1 percent in the 15 – 49 year age group). In the Philippines, AIDS incidence has increased slowly. By September 1997, 958 AIDS cases had been reported. Surveillance for HIV infection in the Philippines among female sex workers, men attending sexual health clinics and men who have sex with men has found few cases of HIV infection. Similarly, a small number of AIDS cases and a low prevalence of HIV infection has been reported from Indonesia.

**Why are there widely different patterns of HIV infection in the Asia-Pacific region?**

The available data indicate that HIV transmission is occurring very slowly in some areas in Asia and very rapidly in other areas. The different epidemic patterns are not considered to be the result of an earlier or later introduction of HIV into the populations. HIV has been present

in the commercial sex networks in the Philippines and Indonesia for as long as it has been in Thailand and Cambodia. Yet rapid and extensive HIV epidemics have occurred in the latter two countries and apparently not yet in the Philippines and Indonesia. (Table 1.2)

Behavioural factors may provide an explanation for the different epidemic patterns in heterosexual populations. The average number of clients per week that an individual female sex worker engages in sexual contact and the proportion of the male population who use female sex workers are the two factors considered to impact on the epidemic pattern. The intensity of risk (the first factor) determines whether the initial burst of infection will lead to further infections and the prevalence of risk (the second factor) will determine how widely HIV may be transmitted in the general population. Prior to the HIV epidemics in Thailand and Cambodia, the average number of customers per female sex worker was several times higher than that for female sex workers in Indonesia and the Philippines. The proportion of the male population who visit sex workers in a given year was also higher in Thailand and Cambodia than in Indonesia and the Philippines.

**Source:**

Monitoring the AIDS Pandemic Network. The status and trends of the HIV/AIDS/STD epidemics in Asia and the Pacific. 4th International Conference on AIDS in Asia and the Pacific. Provisional Report of the Official Satellite Symposium. Manila, Philippines. 25 – 29 October 1997.



## New numbers on HIV diagnoses in Australia

The number of cases of newly diagnosed HIV infection reported to the *National HIV Database* has been recognised as being affected by multiple reporting of individual cases. From April 1996, an estimate of the number of distinct cases of newly diagnosed HIV infection, adjusted for multiple reporting, has routinely been published in the *Australian HIV Surveillance Report*. The number of distinct HIV diagnoses was estimated using a statistical algorithm based on the reported birthdate of each case (Law *et al* 1996). Multiple reporting of cases of HIV infection was estimated as occurring most frequently in New South Wales (NCHECR 1997). From this issue of the *Australian HIV Surveillance Report*, we report a substantial change in the number of cases of HIV infection diagnosed in New South Wales.

Prior to the establishment of national surveillance for cases of newly diagnosed HIV infection, each State/Territory health authority independently developed procedures for monitoring HIV diagnoses. In some health jurisdictions, the full name of people with newly diagnosed HIV infection was sought whereas in other jurisdictions, no identifying information was collected.

From July 1990, cases of newly diagnosed HIV infection were reported nationally with the person's date of birth and sex only (McDonald *et al* 1994). National reporting of cases with name code (based on the first two letters of the family name and the first two letters of the given name) was introduced in January 1993, to facilitate identification and removal of duplicate diagnoses.

Partly because of the limited identifying information originally sought on cases of newly diagnosed HIV infection, and partly due to confidentiality concerns early in the HIV epidemic, HIV diagnoses in New South Wales have included more than 3,500 records without identifying information including name code and date of birth. The majority of these cases were newly diagnosed in the mid 1980s. As people with HIV infection are tested for HIV antibody on more than one occasion, it was considered that cases initially notified without identifying information would be diagnosed again, when more complete identifying information was routinely sought on HIV diagnoses, and subsequently notified to the *National HIV Database*. For these reasons, records of HIV diagnosis in New South Wales without name code and date of birth have been removed from the *National HIV Database*.

The NSW Health Department also indicated that a large number of records of HIV diagnosis had not been notified to the *National HIV Database* as they had been reported to the NSW Health Department as previously diagnosed. These records were matched on birthdate with records of HIV diagnosis reported to the *National HIV Database* to identify those records with newly available dates of birth or a previously available date of birth and newly available name codes. A total of 1,165 records of HIV diagnosis reported as previously diagnosed have now been added to the *National HIV Database*, including 976 records with a newly available date of birth.

The net effect of these changes to the *National HIV Database* has been to reduce the number of cases of newly diagnosed HIV infection reported by the end of 1997, from 21,080 to 18,674 in Australia as a whole, and from 13,282 to 10,899 in New South Wales. The estimated number of distinct HIV diagnoses has, however, remained broadly unchanged. Prior to the changes being made, 16,870 distinct cases of HIV infection (plausible range 15,940 to 17,810) were estimated as having been diagnosed in Australia compared to 16,030 cases (plausible range 15,620 to 16,440) after the changes had been made. The estimate of the number of distinct HIV diagnoses in New South Wales has been revised from 10,050 cases (range 9,300 to 10,800) to 9,570 cases (range 9,280 to 9,870).

These changes to the *National HIV Database* reduce the uncertainty surrounding the estimate of the number of distinct HIV diagnoses. Furthermore, the newly available information on name code and date of birth allows more complete identification of cases of repeat diagnosis, especially between State/Territory health authorities, leading to an ongoing improvement in monitoring the extent of diagnosed HIV infection in Australia.

### **Reported by**

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### **References**

Law MG, McDonald AM and Kaldor JM. Estimation of cumulative HIV incidence in Australia, based on national case reporting. *Aust NZ J Public Health* 1996; 20: 215 – 217

McDonald AM, Crofts N, Blumer CE, Gertig DM, Patten JJ, Roberts M, Davey T, Mullins SE, Chuah JCP, Bailey KA and Kaldor JM. The pattern of diagnosed HIV infection in Australia, 1984 – 1992. *AIDS* 1994; 8: 513-519

National Centre in HIV Epidemiology and Clinical Research (editor). HIV/AIDS and related diseases in Australia Annual Surveillance Report 1997. National Centre in HIV Epidemiology and Clinical Research, Sydney. 1997.

## 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 31 December 1997, and for two previous yearly intervals.**

### Cases

STATE/ TERRITORY	1 Jan 96 – 31 Dec 96		1 Jan 97 – 31 Dec 97		Cumulative to 31 Dec 97			
	Male	Female	Male	Female	Male	Female	Total	%
ACT	7	2	0	0	80	7	87	1.1
NSW	333	17	149	6	4325	157	4493	58.1
NT	1	0	3	0	30	0	30	0.4
QLD	70	3	47	10	752	43	797	10.3
SA	30	1	18	0	318	19	337	4.4
TAS	7	0	1	0	41	2	43	0.6
VIC	126	6	58	5	1516	62	1585	20.5
WA	35	3	11	3	334	23	359	4.6
<b>TOTAL†</b>	<b>609</b>	<b>32</b>	<b>287</b>	<b>24</b>	<b>7396</b>	<b>313</b>	<b>7731</b>	<b>100.0</b>

### Deaths

ACT	1	0	0	0	52	2	54	1.0
NSW	256	5	98	5	3031	112	3150	56.9
NT	2	0	1	0	23	0	23	0.4
QLD	60	4	26	1	523	28	553	10.0
SA	26	1	7	0	214	14	228	4.1
TAS	3	0	1	0	26	2	28	0.5
VIC	108	5	60	5	1198	43	1247	22.5
WA	23	2	11	2	241	15	257	4.6
<b>TOTAL†</b>	<b>479</b>	<b>17</b>	<b>204</b>	<b>13</b>	<b>5308</b>	<b>216</b>	<b>5540</b>	<b>100.0</b>

† Total columns in Tables 2.1 – 2.5 and 5.1 include 22 AIDS cases and 16 deaths following AIDS in people whose sex was reported as transgender.

**Table 2.2****Incidence of AIDS per million current population<sup>1</sup> by sex and State/Territory of diagnosis for the two most recent yearly intervals.**

STATE/ TERRITORY	1 Jan 96 – 31 Dec 96			1 Jan 97 – 31 Dec 97		
	Male	Female	Total	Male	Female	Total
ACT	45.8	12.9	29.2	0.0	0.0	0.0
NSW	108.1	5.4	56.4	47.8	1.9	24.7
NT	10.4	0.0	5.5	30.4	0.0	16.0
QLD	41.8	1.8	21.9	27.6	5.9	16.8
SA	41.1	1.3	21.0	24.6	0.0	12.2
TAS	29.9	0.0	14.8	4.3	0.0	2.1
VIC	55.9	2.6	28.9	25.5	2.1	13.7
WA	39.4	3.4	21.5	12.2	3.4	7.8
<b>TOTAL†</b>	<b>66.9</b>	<b>3.5</b>	<b>35.0</b>	<b>31.1</b>	<b>2.6</b>	<b>16.8</b>

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 31 December 1997, and for two previous yearly intervals.

**Cases<sup>1</sup>**

AGE GROUP (years)	1 Jan 96 – 31 Dec 96		1 Jan 97 – 31 Dec 97		Cumulative to 31 Dec 97			
	Male	Female	Male	Female	Male	Female	Total	%
0 – 2	0	0	0	1	8	7	15	0.2
3 – 12	0	0	0	0	19	9	28	0.4
0 – 12	0	0	0	1	27	16	43	0.6
13 – 19	2	0	0	0	25	4	29	0.4
20 – 29	77	9	36	9	1259	84	1356	17.5
30 – 39	278	11	112	9	3121	105	3232	41.8
40 – 49	159	6	84	4	2074	49	2125	27.5
50 – 59	69	4	39	1	676	26	703	9.1
60 +	24	2	16	0	214	29	243	3.1
<b>TOTAL†</b>	<b>609</b>	<b>32</b>	<b>287</b>	<b>24</b>	<b>7396</b>	<b>313</b>	<b>7731</b>	<b>100.0</b>

**Deaths<sup>2</sup>**

AGE GROUP (years)	1 Jan 96 – 31 Dec 96		1 Jan 97 – 31 Dec 97		Cumulative to 31 Dec 97			
	Male	Female	Male	Female	Male	Female	Total	%
0 – 2	0	0	0	0	5	5	10	0.2
3 – 12	0	0	0	1	16	5	21	0.4
0 – 12	0	0	0	1	21	10	31	0.6
13 – 19	0	0	0	0	13	3	16	0.3
20 – 29	41	3	16	1	634	41	685	12.3
30 – 39	212	8	76	9	2145	76	2225	40.2
40 – 49	149	2	68	2	1688	37	1727	31.2
50 – 59	58	3	35	0	615	22	637	11.5
60 +	19	1	9	0	192	27	219	3.9
<b>TOTAL†</b>	<b>479</b>	<b>17</b>	<b>204</b>	<b>13</b>	<b>5308</b>	<b>216</b>	<b>5540</b>	<b>100.0</b>

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 31 December 1997, and for two previous yearly intervals.**

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

EXPOSURE CATEGORY	1 Jan 96 – 31 Dec 96		1 Jan 97 – 31 Dec 97		Cumulative to 31 Dec 97			
	Male	Female	Male	Female	Male	Female	Total	%
<b>Male homosexual/bisexual contact</b>	486	–	211	–	6258	–	6258	83.7
<b>Male homosexual/bisexual contact and injecting drug use</b>	35	–	12	–	333	–	333	4.4
<b>Injecting drug use</b>	19	5	8	5	137	71	208	2.8
<i>Heterosexual</i>	6	3	3	2	96	56	152	
<i>Not further specified</i>	13	2	5	3	41	15	56	
<b>Heterosexual contact:</b>	29	21	32	16	229	152	381	5.1
<i>Sex with injecting drug user</i>	2	4	0	2	6	14	20	
<i>Sex with bisexual male</i>	–	4	–	3	–	34	34	
<i>From high prevalence country</i>	6	4	8	4	34	24	58	
<i>Sex with person from high prevalence country</i>	4	2	7	1	33	14	47	
<i>Sex with person with medically acquired HIV</i>	0	0	0	1	3	9	12	
<i>Sex with HIV-infected person, exposure not specified</i>	1	2	3	1	27	19	46	
<i>Not further specified</i>	16	5	14	4	126	38	164	
<b>Haemophilia/coagulation disorder</b>	6	0	4	0	108	3	111	1.5
<b>Receipt of blood /tissue</b>	3	4	0	1	77	58	135	1.8
<b>Health care setting</b>	0	0	0	0	1	3	4	0.1
<b>Total Adults/Adolescents†</b>	<b>578</b>	<b>30</b>	<b>267</b>	<b>22</b>	<b>7143</b>	<b>287</b>	<b>7430</b>	<b>99.4</b>

**Children (under 13 years at diagnosis of AIDS)**

<b>Mother with/at risk for HIV infection</b>	0	0	0	1	11	13	24	0.3
<b>Haemophilia/coagulation disorder</b>	0	0	0	0	5	0	5	0.1
<b>Receipt of blood /tissue</b>	0	0	0	0	11	3	14	0.2
<b>Total Children</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>27</b>	<b>16</b>	<b>43</b>	<b>0.6</b>
<b>Sub-total</b>	<b>578</b>	<b>30</b>	<b>267</b>	<b>23</b>	<b>7170</b>	<b>303</b>	<b>7473</b>	<b>100.0</b>
Other/undetermined	31	2	20	1	226	10	258	
<b>TOTAL†</b>	<b>609</b>	<b>32</b>	<b>287</b>	<b>24</b>	<b>7396</b>	<b>313</b>	<b>7731</b>	

**Table 2.5**

**Deaths following AIDS by sex and exposure category, cumulative to 31 December 1997, and for two previous yearly intervals.**

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

EXPOSURE CATEGORY	1 Jan 96 – 31 Dec 96		1 Jan 97 – 31 Dec 97		Cumulative to 31 Dec 97			
	Male	Female	Male	Female	Male	Female	Total	%
<b>Male homosexual/bisexual contact</b>	383	–	164	–	4549	–	4549	84.6
<b>Male homosexual/bisexual contact and injecting drug use</b>	28	–	16	–	235	–	235	4.4
<b>Injecting drug use</b>	13	4	6	4	83	49	132	2.4
<i>Heterosexual</i>	8	3	3	3	67	42	109	
<i>Not further specified</i>	5	1	3	1	16	7	23	
<b>Heterosexual contact:</b>	25	11	6	7	127	97	224	4.2
<i>Sex with injecting drug user</i>	1	1	1	0	2	7	9	
<i>Sex with bisexual male</i>	–	0	–	2	–	24	24	
<i>From high prevalence country</i>	1	2	0	1	9	12	21	
<i>Sex with person from high prevalence country</i>	3	2	0	0	13	10	23	
<i>Sex with person with medically acquired HIV</i>	1	1	0	0	3	6	9	
<i>Sex with HIV-infected person, exposure not specified</i>	1	1	2	2	22	14	36	
<i>Not further specified</i>	18	4	3	2	78	24	102	
<b>Haemophilia/coagulation disorder</b>	10	0	4	0	84	3	87	1.6
<b>Receipt of blood /tissue</b>	2	1	1	0	67	49	116	2.1
<b>Health care setting</b>	0	0	0	0	1	2	3	0.1
<b>Total Adults/Adolescents†</b>	<b>461</b>	<b>16</b>	<b>197</b>	<b>11</b>	<b>5146</b>	<b>200</b>	<b>5346</b>	<b>99.4</b>

**Children (under 13 years at diagnosis of AIDS)**

<b>Mother with/at risk for HIV infection</b>	0	0	0	1	7	8	15	0.3
<b>Haemophilia/coagulation disorder</b>	0	0	0	0	3	0	3	0.1
<b>Receipt of blood /tissue</b>	0	0	0	0	11	2	13	0.2
<b>Total Children</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>21</b>	<b>10</b>	<b>31</b>	<b>0.6</b>
<b>Sub-total</b>	<b>461</b>	<b>16</b>	<b>197</b>	<b>12</b>	<b>5167</b>	<b>210</b>	<b>5377</b>	<b>100.0</b>
Other/undetermined	18	1	7	1	141	6	163	
<b>TOTAL†</b>	<b>479</b>	<b>17</b>	<b>204</b>	<b>13</b>	<b>5308</b>	<b>216</b>	<b>5540</b>	





## THE NATIONAL HIV DATABASE

**Table 3.1**

**Number of new diagnoses of HIV infection by sex<sup>1</sup> and State/Territory, cumulative to 31 December 1997, and for two previous yearly intervals.**

STATE/ TERRITORY	1 Jan 96 – 31 Dec 96		1 Jan 97 – 31 Dec 97		Cumulative to 31 Dec 97			
	Male	Female	Male	Female	Male	Female	Total	Rate <sup>2</sup>
<b>ACT</b>	7	1	5	3	178	20	198	63.9
<b>NSW<sup>3</sup></b>	434	33	359	27	10075	541	10899	173.7
<b>NT</b>	6	0	7	4	93	7	100	53.4
<b>QLD</b>	146	10	102	18	1772	119	1896	55.7
<b>SA</b>	42	3	29	6	620	52	672	45.4
<b>TAS</b>	3	0	0	0	75	4	79	16.7
<b>VIC<sup>4</sup></b>	172	14	167	13	3675	191	3905	84.8
<b>WA<sup>5</sup></b>	44	8	28	5	839	82	925	51.4
<b>TOTAL<sup>6</sup></b>	<b>854</b>	<b>69</b>	<b>697</b>	<b>76</b>	<b>17327</b>	<b>1016</b>	<b>18674</b>	<b>100.8<sup>7</sup></b>

1. Thirty eight people (20 NSW, 5 QLD, 10 VIC and 3 WA) whose sex was reported as transgender 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 263 people whose sex was not reported.
4. Cumulative total for VIC includes 29 people whose sex was not reported.
5. Cumulative total for WA includes 1 person whose sex was not reported.
6. Cumulative total for Australia includes 293 people whose sex was not reported.
7. Estimated number of new diagnoses of HIV infection, adjusted for multiple reports, was 16,700 (range 15,800 to 17,600). Reference: Law MG, McDonald AM and Kaldor JM. Estimation of cumulative HIV incidence in Australia, based on national case reporting. *Aust NZ J Public Health* 1996; 20: 215 – 217.

**Table 3.2**

**Number of new diagnoses of HIV infection for which exposure category was reported, by sex and exposure category, cumulative to 31 December 1997 and for two previous yearly intervals.**

EXPOSURE CATEGORY	1 Jan 96 – 31 Dec 96		1 Jan 97 – 31 Dec 97		Cumulative to 31 Dec 97			
	Male	Female	Male	Female	Male	Female	Total <sup>1</sup>	%
<b>Male homosexual/bisexual contact</b>	622	–	485	–	11842	–	11842	79.4
<b>Male homosexual/bisexual contact and injecting drug use</b>	29	–	24	–	512	–	512	3.4
<b>Injecting drug use</b>	24	3	16	7	515	163	685	4.6
<i>Heterosexual</i>	8	2	10	5	154	109	264	
<i>Not further specified</i>	16	1	6	2	361	54	421	
<b>Heterosexual contact:</b>	71	61	67	58	727	557	1286	8.6
<i>Sex with injecting drug user</i>	1	5	2	4	20	66	86	
<i>Sex with bisexual male</i>	–	6	–	2	–	87	87	
<i>From high prevalence country</i>	13	13	10	14	72	82	155	
<i>Sex with person from high prevalence country</i>	24	14	19	12	102	59	161	
<i>Sex with person with medically acquired HIV</i>	1	0	0	0	5	13	18	
<i>Sex with HIV-infected person, exposure not specified</i>	4	9	1	13	38	70	108	
<i>Not further specified</i>	28	14	35	13	490	180	671	
<b>Haemophilia/coagulation disorder</b>	0	0	0	0	227	4	231	1.5
<b>Receipt of blood /tissue</b>	1	2	1	1	104	100	204	1.4
<b>Health care setting<sup>2</sup></b>	0	0	0	0	3	8	11	0.1
<b>Total Adults/Adolescents</b>	<b>747</b>	<b>66</b>	<b>593</b>	<b>66</b>	<b>13930</b>	<b>832</b>	<b>14771</b>	<b>99.0</b>

**Children (under 13 years at diagnosis of AIDS)**

<b>Mother with/at risk for HIV infection</b>	4	2	3	2	32	25	58	0.4
<b>Haemophilia/coagulation disorder</b>	0	0	0	0	66	0	66	0.4
<b>Receipt of blood /tissue</b>	0	0	0	0	13	7	20	0.1
<b>Total Children</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>111</b>	<b>32</b>	<b>144</b>	<b>1.0</b>
<b>Sub-total</b>	<b>751</b>	<b>68</b>	<b>596</b>	<b>68</b>	<b>14041</b>	<b>864</b>	<b>14915</b>	<b>100.0</b>
Other/undetermined <sup>3</sup>	103	1	101	8	3286	152	3759	
<b>TOTAL</b>	<b>854</b>	<b>69</b>	<b>697</b>	<b>76</b>	<b>17327</b>	<b>1016</b>	<b>18674</b>	

1. Total column includes people whose sex was not reported.
2. 'Health care setting' includes 5 cases of occupationally acquired HIV infection and 4 cases of HIV transmission in surgical rooms.
3. The 'Other/undetermined' category includes 3742 adults/adolescents and 17 children. Thirty eight people whose sex was reported as transgender were 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 footnotes Table 3.1.

**Table 3.3**

Number of new diagnoses of HIV infection by sex and age group, cumulative to 31 December 1997, and for two previous yearly intervals.

AGE GROUP (YEARS)	1 Jan 96 – 31 Dec 96		1 Jan 97 – 31 Dec 97		Cumulative to 31 Dec 97			
	Male	Female	Male	Female	Male	Female	Total	%
0 – 2	3	1	3	2	37	16	54	0.3
3 – 12	1	1	0	0	87	19	107	0.6
0 – 12	4	2	3	2	124	35	161	0.9
13 – 19	12	5	2	5	386	67	461	2.5
20 – 29	236	30	184	30	6062	422	6608	35.4
30 – 39	349	21	269	20	6344	261	6713	35.9
40 – 49	157	5	153	14	2954	103	3105	16.6
50 – 59	66	4	59	3	948	47	1008	5.4
60 +	24	1	22	2	304	51	357	1.9
Unknown	6	1	5	0	205	30	261	1.4
<b>TOTAL<sup>1</sup></b>	<b>854</b>	<b>69</b>	<b>697</b>	<b>76</b>	<b>17327</b>	<b>1016</b>	<b>18674</b>	<b>100.0</b>

1. See footnotes Table 3.1.

**Table 3.4**

Number of new diagnoses of HIV infection in the year 1 January 1997 to 31 December 1997 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 97 – 30 Jun 97		1 Jul 97 – 31 Dec 97		1 Jan 97 – 31 Dec 97		
	Male	Female	Male	Female	Male	Female	Total <sup>1</sup>
ACT	0	0	0	0	0	0	0
NSW	37	0	17	2	54	2	57
NT	1	1	1	0	2	1	3
QLD	11	0	7	0	18	0	18
SA	5	1	4	1	9	2	11
TAS	0	0	0	0	0	0	0
VIC	28	2	18	1	46	3	49
WA	1	0	4	0	5	0	5
<b>TOTAL</b>	<b>83</b>	<b>4</b>	<b>51</b>	<b>4</b>	<b>134</b>	<b>8</b>	<b>143</b>

1. Total column for Tables 3.4 – 3.6 includes 1 person whose sex was reported as transgender.

**Table 3.5**

Number of new diagnoses of HIV infection in the year 1 January 1997 to 31 December 1997 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 97 – 30 Jun 97		1 Jul 97 – 31 Dec 97		1 Jan 97 – 31 Dec 97		
	Male	Female	Male	Female	Male	Female	Total <sup>1</sup>
Male homosexual/bisexual contact	71	–	46	–	117	–	117
Male homosexual/bisexual contact and injecting drug use	4	–	3	–	7	–	7
Injecting drug use (female and heterosexual male)	2	0	0	0	2	0	2
Heterosexual contact	6	2	2	4	8	6	14
Health care setting	0	0	0	0	0	0	0
Other/undetermined	0	2	0	0	0	2	3
<b>TOTAL</b>	<b>83</b>	<b>4</b>	<b>51</b>	<b>4</b>	<b>134</b>	<b>8</b>	<b>143</b>

**Table 3.6**

Number of new diagnoses of HIV infection in the year 1 January 1997 to 31 December 1997 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 (YEARS)	1 Jan 97 – 30 Jun 97		1 Jul 97 – 31 Dec 97		1 Jan 97 – 31 Dec 97		
	Male	Female	Male	Female	Male	Female	Total <sup>1</sup>
13 – 19	0	1	1	1	1	2	3
20 – 29	27	0	24	2	51	2	53
30 – 39	36	1	19	1	55	2	58
40 – 49	12	1	5	0	17	1	18
50 – 59	5	1	2	0	7	1	8
60 +	3	0	0	0	3	0	3
<b>TOTAL</b>	<b>83</b>	<b>4</b>	<b>51</b>	<b>4</b>	<b>134</b>	<b>8</b>	<b>143</b>



## SENTINEL SURVEILLANCE OF HIV INFECTION IN SEXUAL HEALTH 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 sexual health clinic, during the quarter 1 October 1997 to 31 December 1997.

Sexual Health Clinic	Seen at Clinic		Tested for HIV antibody		Newly diagnosed with HIV infection		
	Male	Female	Male	Female	Male	Female	Total
<b>Sydney Sexual Health Centre, NSW</b>	1473	1097	575	433	6	1	7
<b>Brisbane Sexual Health Clinic, QLD</b>	888	525	286	147	0	0	0
<b>Clinic 34, Darwin, NT</b>	230	153	129	96	0	0	0
<b>Gold Coast Sexual Health Clinic, QLD</b>	433	462	204	222	1	0	1
<b>Clinic 275, Adelaide, SA</b>	1033	679	723	424	4	1	5
<b>Melbourne Sexual Health Centre, VIC</b>	2237	1587	1294	1317	2	0	2
<b>TOTAL</b>	<b>6294</b>	<b>4503</b>	<b>3211</b>	<b>2639</b>	<b>13</b>	<b>2</b>	<b>15</b>

**Table 4.2**

**Number of people seen<sup>1</sup> 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 1997 to 31 December 1997.**

EXPOSURE CATEGORY	Previous negative HIV antibody test		% Retested for HIV antibody		Newly diagnosed with HIV infection			
	Male	Female	Male	Female	Male	Female	Total	%
Homosexual/bisexual contact	779	–	63.4	–	9	–	9	1.8
Homosexual/bisexual contact and injecting drug use	78	–	60.3	–	0	–	0	0.0
Injecting drug use (female and heterosexual male)	225	173	55.5	57.2	0	0	0	0.0
Heterosexual contact	1993	1733	54.2	54.8	0	0	0	0.0
<i>outside Australia</i> <sup>2</sup>	249	160	52.2	42.5	0	0	0	0.0
<i>within Australia only</i>	1744	1573	54.5	56.0	0	0	0	0.0
Sex worker	–	381	–	77.2	–	0	0	0.0
Sex worker and injecting drug use	–	25	–	52.0	–	0	0	0.0
Other/undetermined	120	155	87.5	85.2	0	0	0	0.0
<b>TOTAL</b>	<b>3195</b>	<b>2467</b>	<b>58.0</b>	<b>60.3</b>	<b>9</b>	<b>0</b>	<b>9</b>	<b>0.3</b>

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

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



**Table 4.3**

Number of people seen<sup>1</sup> 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 1997 to 31 December 1997.

EXPOSURE CATEGORY	No previous HIV antibody test		% Tested for HIV antibody		Newly diagnosed with HIV infection			
	Male	Female	Male	Female	Male	Female	Total	%
Homosexual/bisexual contact	343	–	51.3	–	2	–	2	1.1
Homosexual/bisexual contact and injecting drug use	20	–	80.0	–	0	–	0	0.0
Injecting drug use (female and heterosexual male)	97	57	73.2	94.7	0	0	0	0.0
Heterosexual contact	1519	1342	51.9	57.1	0	2	2	0.1
<i>outside Australia</i> <sup>2</sup>	129	109	59.7	45.0	0	0	0	0.0
<i>within Australia only</i>	1390	1233	51.2	58.2	0	2	2	0.1
Sex worker	–	71	–	85.9	–	0	0	0.0
Sex worker and injecting drug use	–	2	–	0.0	–	0	0	0.0
Other/undetermined	644	394	27.6	44.4	2	0	2	0.6
<b>TOTAL</b>	<b>2623</b>	<b>1866</b>	<b>46.9</b>	<b>56.6</b>	<b>4</b>	<b>2</b>	<b>6</b>	<b>0.3</b>

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

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

**Table 4.4**

Number of people seen<sup>1</sup>, 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 1997 to 31 December 1997.

AGE GROUP (YEARS)	Seen at Clinic		Tested for HIV antibody		Newly diagnosed with HIV infection		
	Male	Female	Male	Female	Male	Female	Total
13 - 19	200	500	126	248	0	0	0
20 - 29	2575	2434	1418	1426	6	2	8
30 - 39	1895	948	914	595	3	0	3
40 - 49	887	352	404	217	4	0	4
50 - 59	348	98	153	50	0	0	0
60 +	159	18	67	7	0	0	0
<b>TOTAL</b>	<b>6064</b>	<b>4350</b>	<b>3082</b>	<b>2543</b>	<b>13</b>	<b>2</b>	<b>15</b>

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

**Table 4.5**

Number of people diagnosed with specific STD<sup>1</sup>, other than HIV, by sex, exposure category and whether or not they were tested for HIV antibody<sup>2</sup> during the quarter 1 October 1997 to 31 December 1997.

EXPOSURE CATEGORY	Tested for HIV antibody		Not tested for HIV antibody	
	Male	Female	Male	Female
Homosexual/bisexual contact	18	–	23	–
Homosexual/bisexual contact and injecting drug use	2	–	1	–
Injecting drug use (female and heterosexual male)	8	1	5	1
Heterosexual contact	61	32	44	13
<i>outside Australia</i> <sup>3</sup>	9	5	7	1
<i>within Australia only</i>	52	27	37	12
Sex worker	–	7	–	2
Sex worker and injecting drug use	–	0	–	0
Other/undetermined	4	1	2	1
<b>TOTAL</b>	<b>93</b>	<b>41</b>	<b>75</b>	<b>17</b>

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.



# REPORT FROM WHO WESTERN PACIFIC REGION

Dr G Pomerol, Regional Advisor, WHO Regional Office, Manila.

Table 5.1

AIDS and HIV in the WHO Western Pacific Region by country; based on reports available at 31 December 1997.

COUNTRY/ AREA	CUMULATIVE AIDS CASES				AIDS Rate <sup>1</sup>	Cumulative Diagnoses HIV
	Male	Female	Children <13 Years	Total		
American Samoa	0	0	0	0	0.0	0
Australia†	7396	313	43	7731	41.7	18674
Brunei	9	1	0	10	3.1	422
Cambodia	104	23	122	617	4.2	9051
China <sup>2</sup>	145	10	0	155	0.0	5990
Cook Islands	0	0	0	0	0.0	0
Fed. S. Micronesia	2	0	0	2	1.8	2
Fiji	2	1	0	8	1.0	36
French Polynesia	7	2	0	54	24.9	164
Guam	43	4	0	47	29.6	106
Hong Kong	249	25	5	274	4.2	855
Japan	700	106	10	1447	1.2	3324
Kiribati	4	0	0	4	2.6	16
Laos	34	24	2	69	0.7	243
Macao	9	2	0	11	2.2	151
Malaysia	1047	63	19	1110	3.0	21561
Marshall Islands	1	1	0	2	3.8	9
Mongolia	0	0	0	0	0.0	1
Nauru	0	0	0	0	0.0	1
New Caledonia	45	10	1	55	26.9	145
New Zealand	612	29	4	641	18.7	1231
Niue	0	0	0	0	0.0	0
N. Mariana Islands	3	1	0	7	10.4	12
Palau	1	0	0	1	5.8	1
Papua New Guinea	73	74	9	306	5.4	784
Philippines	200	110	7	310	0.5	922
Rep. of Korea	74	9	0	83	0.1	679
Samoa	4	2	2	6	3.7	9
Singapore	295	19	1	314	9.2	631
Solomon Islands	0	0	0	0	0.0	1
Tokelau	0	0	0	0	0.0	0
Tonga	1	0	0	7	6.1	11
Tuvalu	0	0	0	0	0.0	1
Vanuatu	0	0	0	0	0.0	0
Vietnam	802	106	4	1020	1.0	6723
Wallis and Futuna	1	0	0	1	7.1	2
<b>TOTAL†</b>	<b>11863</b>	<b>935</b>	<b>229</b>	<b>14292</b>	<b>0.8</b>	<b>71758</b>

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

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## **Australian HIV Surveillance Report**

**National Centre in HIV Epidemiology and Clinical Research**

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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 sexual health 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 sexual health 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 Serology Reference Laboratory Australia, 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 and STD stands 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.

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