

# **Australian HIV Surveillance Report**

National Centre in HIV Epidemiology and Clinical Research

Vol 15 No 3 July 1999

#### Monitoring HIV disease progression in Queensland

In November 1984, the Queensland Minister for Health announced that four infants, recipients of blood transfusion, had died following AIDS. The announcement galvanised national control measures, aimed initially at protecting the blood supply.

AIDS, as it was then known, had previously been shown to be a transmissible infection, spread primarily through sexual contact; this fact formed the initial focus of Queensland Health's responses. In 1984, "venereal diseases", now known as sexually transmissible infections, were notifiable conditions under the provisions of the Health Act 1937 – 1982. Notification of these traditional diseases did not require personal identifiers. Amendments to the Health Act in 1984 made AIDS a notifiable condition under the venereal diseases provisions, and also mandated that name, address, occupation and marital status be provided. When the test for antibody to HIV (HTLV-III) became available in 1985, a positive antibody result was interpreted as infection with HIV, and was included as a notifiable condition.

In 1984 – 1985, homosexual acts between consenting adults were criminal offences in Queensland. Despite the confidentiality provisions of the Health Act, the requirements for notification of HIV infection by name and address posed an immediate threat to affected communities. To allay this perceived threat, notifications were sent, not directly to Queensland Health but to the AIDS Medical Unit, which had been established previously to provide education, counselling, testing and management of those found to have HIV infection. The AIDS Medical Unit was then charged with monitoring and reporting on the epidemiology of HIV infection and AIDS in the State. Notification by name code (based on the first two letters of the person's family name and the first two letters of the given name) was introduced in 1990.

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The National Centre is funded by the Commonwealth Department of Health and Aged Care through the Australian National Council on AIDS and Related Diseases (ANCARD), and is affiliated with the Faculty of Medicine, The University of New South Wales

# ANNOUNCEMENTS

#### **National meetings**

The 2nd Australasian Conference on Hepatitis C: HCV – The Evolving Epidemic, will be held in Christchurch, New Zealand, on 17 – 19 August 1999. Further information may be obtained through the Conference Secretariat, PO Box 1370 Christchurch, New Zealand. Telephone: 64 3 379 0390 Facsimile: 64 3 379 0460 E-mail: cindy@conference.co.nz Website: www.cae.canterbury.ac.nz/hcv/hcv99.htm

The 11th Annual Conference of the Australasian Society for HIV Medicine will be held in Perth, Western Australia, on 2 – 5 December 1999. Further information may be obtained from Dr Martyn French, Department of Clinical Immunology, Royal Perth Hospital, GPO Box X2213, Perth WA 6001. Telephone: 08 9224 2899 Facsimile: 08 9224 2920 E-mail: martfren@rph.health.wa.gov.au

## International meeting

The 5th International Congress on AIDS in Asia and the Pacific will be held in Kuala Lumpur, Malaysia, on 23 – 27 October 1999. Further information may be obtained from Julie Wong. Telephone: 603 445 1033 Facsimile: 603 442 6133 E-mail: juliew@pc.jaring.my

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Because HIV was considered to be the "cause" of AIDS, the decision was taken to notify both conditions on the same register. While it was thought that only a proportion of those with HIV infection would eventually develop AIDS, clinical progression should be monitored by follow up at regular intervals of all people with diagnosed HIV infection. The system in use today is essentially the same as that established in the mid 1980s, though the details have changed.

Confirmatory HIV tests (that is, Western blot) are carried out by the State Reference Laboratory only; a copy of all confirmed HIV antibody positive results is sent to the AIDS Medical Unit with the name of the medical practitioner who ordered the test. If the medical practitioner is recognised by staff at the AIDS Medical Unit as being someone with limited HIV experience, medical or nursing staff contact the practitioner, discuss notification issues, offer guidelines on management and referral to appropriate expertise, and advice on resources available for social support for the person with newly diagnosed HIV infection. A notification form, which requests demographic and clinical information (clinical category, date of diagnosis, HIV exposure category, CD4+ cell count, viral load) is sent to the practitioner. A contact tracing form is also included, to remind the medical practitioner that, under the Health Act, contact tracing of sexual partners is required, to offer advice, and if necessary, assistance. At regular intervals, and at least every twelve months, a follow up form is sent to the clinical manager: the form asks for information on recent clinical events, CD4+ cell counts, viral loads and treatments. Follow up is continued until the person leaves the State, is lost to follow up or dies: all follow up information is entered into the original database as a historical record.

The system works well for people diagnosed with HIV infection and living in Queensland. However, there has been a substantial influx of people into the State who were originally diagnosed overseas or in another State/Territory. If people with HIV infection or AIDS come under medical care in Queensland, medical practitioners have a duty to notify them – whether or not they had been previously notified elsewhere – to the Queensland database. As almost half the Queensland notifications were of people initially diagnosed with HIV/AIDS elsewhere, there is always a disparity between the number published by the National Centre (which refers to those originally diagnosed and notified in Queensland) and those published by Queensland Health. Additionally, since Queensland Health had notified cases by name at a time when other health authorities either did not notify diagnoses of HIV infection or notified anonymously, it has not always been possible to match "duplicate" notifications: under this condition, the National Centre usually allocates the case to the State/Territory which can identify the individual – that is usually Queensland.

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Year of HIV diagnosis	1984 – 1986	1987 – 1988	1989 - 1990	1991 - 1992	1993 - 1994	1995 - 1996	1997 – 1998
Number newly diagnosed with HIV in QLD	227	159	263	224	207	243	216
Seen in QLD following diagnosis elsewhere	121	133	135	218	218	234	150
Total number with HIV/ AIDS in QLD	348	292	398	442	425	477	366
Number diagnosed with AIDS	193	147	201	204	153	129	70
Number of deaths following AIDS	164	122	160	153	79	50	10
Number of deaths from causes other than AIDS	17	7	17	8	8	4	5
Number living with HIV/ AIDS <sup>1</sup>	52	56	86	113	116	227	253
Others <sup>2</sup>	115	107	135	168	222	203	98

Table 1.1 HIV disease progression in Queensland, 1984 – 1998.

1 Date of last medical contact after 1 November 1998.

2 Date of last medical contact prior to 1 November 1998.

Again, this leads to disparities in the number of reported cases.

Despite these difficulties, the database has some unique advantages: firstly, it provides up to date information on the number of people living with HIV infection or AIDS in the State; this information provides the basis for planning service delivery. Secondly, it provides an opportunity to assess the rate of HIV disease progression, CD4+ cell count decline, and survival following AIDS. Thirdly, the pattern of illness following the AIDS defining illness can be described. Only the first AIDS defining illness is notified nationally: with the system of follow up, subsequent AIDS defining illnesses are also recorded.

The major disadvantage of the system is the amount of time spent in completing notification forms, especially follow up forms. Most medical practitioners understand the need for notification but the concept of follow up is not universally understood. For practitioners with large caseloads, completing all the paperwork, without remuneration, is time consuming and frustrating.

Despite these difficulties, the system's unique advantages outweigh its potential limitations: the Unit regularly publishes statistical and epidemiological information on HIV and AIDS diagnoses in Queensland: ad hoc analyses of the occurrence of HIV/AIDS in women, prisoners and Indigenous people have also been published. Information on the current status of people living with diagnosed HIV infection is readily available through the monitoring program, facilitating healthcare planning and delivery in Queensland.

### **Reported by**

Dr GH Rée, J Murray and Dr JJ Patten Queensland Health, Brisbane, QLD

#### References

AIDS Medical Unit. *Queensland HIV/AIDS Statistical Report Period ending 31 December 1998*. AIDS Medical Unit, The Prince Charles Hospital and District Health Service, Queensland Health 1998

Neilsen G and Hill PS. Human immunodeficiency virus notification for Aborigines and Torres Strait Islanders in Queensland. *Med J Aust* 1993; 158: 155 – 157

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Rée GH and Andrews M. Cryptococcal disease in HIV infected individuals in Queensland, 1984 – 1996. 10<sup>th</sup> Annual Conference of the Australasian Society for HIV Medicine, Newcastle, NSW. 18 – 21 November 1998

Rée GH and Risetto G. The impact of changes in first AIDS defining illnesses in Queensland 1985 – 1994 on survival. 7<sup>th</sup> Annual Conference of the Australasian Society for HIV Medicine, Boolum, QLD, 16 – 19 November 1995

Thackway SV, Furner V, Mijch A, Cooper DA, Holland D, Martinez P, Shaw D, van Beek I, Wright E, Clezy K, Rée H and Kaldor JM. Fertility and reproductive choice in women with HIV-1 infection. *AIDS* 1997; 176; 112 – 117

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# THE NATIONAL AIDS REGISTRY

#### Table 2.1

Cases of AIDS and deaths following AIDS by sex and State/Territory in which diagnosis of AIDS was made, cumulative to 31 March 1999, and for two previous yearly intervals.

Cases

STATE/	1 Apr 97 -	- 31 Mar 98	1 Apr 98	– 31 Mar 99	С	Cumulative to 31 Mar 99					
TERRITORY	Male	Female	Male	Female	Male	Female	Total	%			
АСТ	0	0	4	1	85	8	93	1.1			
NSW	171	6	112	7	4526	171	4709	58.1			
NT	2	0	3	0	34	0	34	0.4			
QLD	43	9	27	1	792	46	840	10.4			
SA	16	1	7	1	327	21	348	4.3			
TAS	2	0	2	1	44	3	47	0.6			
VIC	61	5	38	1	1586	67	1660	20.5			
WA	11	3	7	2	344	26	372	4.6			
TOTAL <sup>†</sup>	306	24	200	14	7738	342	8103	100.0			

Deaths								
АСТ	0	0	0	0	63	2	65	1.1
NSW	91	3	58	1	3126	113	3247	56.4
NT	0	0	1	0	24	0	24	0.4
QLD	20	1	22	2	554	30	586	10.2
SA	7	0	10	1	225	15	240	4.2
TAS	1	0	1	0	28	2	30	0.5
VIC	50	6	37	2	1246	47	1299	22.6
WA	9	2	3	0	245	16	262	4.6
TOTAL <sup>†</sup>	178	12	132	6	5511	225	5753	100.0

<sup>†</sup> Total columns in Tables 2.1 - 2.5 and 5.1 include 23 AIDS cases and 17 deaths following AIDS in people whose sex was reported as transgender.

STATE/	1 A	Apr 97 – 31 Ma	ar 98	1 Apr 98 – 31 Mar 99				
TERRITORY	Male	Female	Total	Male	Female	Total		
АСТ	0.0	0.0	0.0	26.0	6.5	16.2		
NSW	54.8	1.9	28.1	35.4	2.2	18.9		
NT	20.2	0.0	10.7	29.8	0.0	15.7		
QLD	25.2	5.3	15.2	15.5	0.6	8.1		
SA	21.8	1.3	11.5	9.5	1.3	5.4		
TAS	8.6	0.0	4.2	8.6	4.2	6.4		
VIC	26.7	2.1	14.3	16.4	0.4	8.3		
WA	12.1	3.3	7.8	7.6	2.2	4.9		
TOTAL	33.1	2.6	17.8	21.4	1.5	14.1		

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.

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 March 1999, and for two previous yearly intervals.

Cases<sup>1</sup>

AGE GROUP	1 Apr 97	1 Apr 97 – 31 Mar 98 1 Apr 98 – 31 Mar 99			Cur	nulative to	o 31 Mar	99
(years)	Male	Female	Male	Female	Male	Female	Total	%
0 - 2	0	0	1	0	9	7	16	0.2
3 - 12	0	0	1	0	20	9	29	0.3
0 - 12	0	0	2	0	29	16	45	0.5
13 – 19	0	0	0	0	25	4	29	0.3
20 – 29	38	8	20	5	1301	92	1406	17.4
30 - 39	121	10	79	5	3255	117	3379	41.7
40 – 49	88	5	63	3	2171	55	2228	27.5
50 - 59	42	1	22	0	722	28	751	9.3
60 +	17	0	14	1	235	30	265	3.3
TOTAL <sup>†</sup>	306	24	200	14	7738	342	8103	100.0

#### Deaths<sup>2</sup>

AGE GROUP	1 Apr 97	– 31 Mar 98	1 Apr 9	3 – 31 Mar 99	Cui	nulative to	o 31 Mar	99
(years)	Male	Female	Male	Female	Male	Female	Total	%
0 - 2	0	0	0	0	5	5	10	0.2
3 - 12	0	1	0	1	16	6	22	0.4
0 – 12	0	1	0	1	21	11	32	0.6
13 – 19	0	0	0	0	13	3	16	0.3
20 – 29	16	1	11	0	653	41	704	12.2
30 - 39	75	6	43	3	2219	80	2304	40.0
40 - 49	53	4	37	2	1743	41	1786	31.0
50 - 59	26	0	26	0	652	22	674	11.7
60 +	8	0	15	0	210	27	237	4.1
TOTAL <sup>†</sup>	178	12	132	6	5511	225	5753	100.0

1. Cases are classified by age at diagnosis.

2. Deaths are classified by age at death.

## Table 2.4

Cases of AIDS by sex and exposure category, cumulative to 31 March 1999, and for two previous yearly intervals.

EXPOSURE CATEGORY		or 97 – 1ar 98	1 Ap 31 M	or 98 –	Cun	nulative t	o 31 Ma	nr 99
EXPOSORECATEGORT		Female		Female	Male	Female	Total	%
Male homosexual/bisexual								
contact	221	-	142	-	6504	-	6504	83.1
Male homosexual/bisexual								
contact and injecting drug use	11	-	8	-	348	-	348	4.4
Injecting drug use	14	6	9	2	155	79	234	3.0
Heterosexual	7	3	4	2	104	62	166	
Not further specified	7	3	5	0	51	17	68	
Heterosexual contact:	34	17	24	10	267	170	437	5.6
Sex with injecting drug user	0	0	0	1	7	16	23	
Sex with bisexual male	_	3	_	0	_	37	37	
From high prevalence country	12	5	4	7	43	31	74	
Sex with person from								
high prevalence country	6	1	3	0	36	13	49	
Sex with person with								
medically acquired HIV	0	1	0	0	2	9	11	
Sex with HIV-infected								
person, exposure								
not specified	2	4	0	0	27	21	48	
Not further specified	14	3	17	2	152	43	195	
Haemophilia/coagulation								
disorder	4	0	1	0	110	3	113	1.4
Receipt of blood /tissue	0	1	2	1	79	59	138	1.8
Health care setting	0	0	0	0	1	3	4	0.1
Total Adults/Adolescents <sup>†</sup>	284	24	186	13	7464	314	7778	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 /tissue	0 0 0	0 0 0	2 0 0	0 0 0	13 5 11	13 0 3	26 5 14	0.3 0.1 0.2
Total Children	0	0	2	0	29	16	45	0.6
Sub-total	284	24	188	13	7493	330	7823	100.0
Other/undetermined <sup>1</sup>	22	0	12	1	245	12	280	
TOTAL <sup>†</sup>	306	24	200	14	7738	342	8103	

1. The 'Other/undetermined' category includes 23 AIDS cases in people whose sex was reported as transgender. The category was excluded from the calculation of the percentage of cases attributed to each exposure category.

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## Table 2.5

Deaths following AIDS by sex and exposure category, cumulative to 31 March 1999, and for two previous yearly intervals.

EXPOSURE CATEGORY		r 97 – ar 98	1 Ар 31 Ма	r 98 – ar 99	Cun	nulative t	o 31 Ma	r 99
	Male	Female	Male I	Female	Male	Female	Total	%
Male homosexual/bisexual								
contact	146	-	106	-	4715	-	4715	84.6
Male homosexual/bisexual								
contact and injecting drug use	12	-	6	-	246	-	246	4.4
Injecting drug use	4	3	4	0	90	49	139	2.5
Heterosexual	1	2	1	0	69	42	111	
Not further specified	3	1	3	0	21	7	28	
Heterosexual contact:	4	8	6	3	133	103	236	4.2
Sex with injecting drug user	1	1	0	0	2	8	10	
Sex with bisexual male	-	2	-	1	_	26	26	
From high prevalence country	0	1	0	1	9	12	21	
Sex with person from								
high prevalence country	1	1	2	0	14	10	24	
Sex with person with								
medically acquired HIV	0	0	0	0	2	6	8	
Sex with HIV-infected								
person, exposure								
not specified	1	1	0	0	22	15	37	
Not further specified	1	2	4	1	84	26	110	
Haemophilia/coagulation								
disorder	4	0	1	0	85	3	88	1.5
Receipt of blood /tissue	0	0	0	1	67	50	117	2.1
Health care setting	0	0	0	0	1	2	3	0.1
Total Adults/Adolescents <sup>†</sup>	170	11	123	4	5337	207	5544	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 /tissue	0 0 0	1 0 0	0 0 0	1 0 0	7 3 11	9 0 2	16 3 13	0.3 0.1 0.2
Total Children	0	1	0	1	21	11	32	0.6
Sub-total	170	12	123	5	5358	218	5576	100.0
Other/undetermined <sup>1</sup>	8	0	9	1	153	7	177	
TOTAL <sup>†</sup>	178	12	132	6	5511	225	5753	

1. The 'Other/undetermined' category includes 17 deaths following AIDS in people whose sex was reported as transgender. The category was excluded from the calculation of the percentage of cases attributed to each exposure category.

#### 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 March 1999, and for two previous yearly intervals.

STATE/	1 Apr 97	– 31 Mar 98	1 Apr 98	– 31 Mar 99	Cumulative to 31 Mar 99				
TERRITORY	Male	Female	Male	Female	Male	Female	Total	Rate <sup>2</sup>	
АСТ	4	0	5	3	188	23	211	68.4	
NSW <sup>3</sup>	370	27	301	42	10569	587	11433	180.3	
NT	2	4	12	1	105	8	113	59.5	
QLD	93	15	89	11	1888	134	2029	58.7	
SA	30	5	23	5	652	57	709	47.7	
TAS	2	0	0	1	77	5	82	17.4	
VIC <sup>4</sup>	156	12	121	9	3775	202	4016	86.2	
WA	35	11	26	17	878	107	988	53.9	
TOTAL <sup>5</sup>	692	74	577	89	18132	1123	19581	104.4 <sup>6</sup>	

1. Forty two people (19 NSW, 7 QLD, 13 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 258 people whose sex was not reported.

4. Cumulative total for VIC includes 26 people whose sex was not reported.

5. Cumulative total for Australia includes 284 people whose sex was not reported.

 Estimated number of new diagnoses of HIV infection, adjusted for multiple reports, was 16,870 (range 16,470 to 17,270). 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 March 1999 and for two previous yearly intervals.

EXPOSURE CATEGORY	1 Ap 31 M	r 97 – ar 98	1 Ap 31 M	or 98 – ar 99	Cun	nulative 1	to 31 Ma	r 99
	Male	Female	Male	Female	Male	Female	Total <sup>1</sup>	%
Male homosexual/bisexual								
contact	498	-	343	_	12421	-	12421	78.8
Male homosexual/bisexual								
contact and injecting drug use	31	-	28	-	586	-	586	3.7
Injecting drug use	15	8	17	4	528	171	706	4.5
Heterosexual	13	7	11	3	182	117	300	
Not further specified	2	1	6	1	346	54	406	
Heterosexual contact:	68	61	78	68	814	644	1462	9.3
Sex with injecting drug user	2	7	4	4	27	81	109	
Sex with bisexual male	-	3	-	4	-	93	93	
From high prevalence country	16	18	22	28	106	122	229	
Sex with person from								
high prevalence country	18	10	20	5	126	61	187	
Sex with person with								
medically acquired HIV	0	0	1	0	6	13	19	
Sex with HIV-infected								
person, exposure								
not specified	4	14	4	15	46	94	141	
Not further specified	28	9	27	12	503	180	684	
Haemophilia/coagulation								
disorder	0	0	2	0	226	4	230	1.4
Receipt of blood /tissue	0	1	1	4	105	104	209	1.3
Health care setting <sup>2</sup>	0	0	0	0	3	8	11	0.1
Total Adults/Adolescents	612	70	469	76	14683	931	15625	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	1 0 0	3 0 0	0 0 0	36 66 13	25 0 7	61 66 20	0.4 0.4 0.1
Total Children	4	1	3	0	115	32	147	0.9
Sub-total	616	71	472	76	14798	963	15772	100.0
Other/undetermined <sup>3</sup>	76	3	105	13	3334	160	3809	
TOTAL	692	74	577	89	18132	1123	<b>19581</b> <sup>4</sup>	

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- 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 3792 adults/adolescents and 17 children. Forty two 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.

AGE GROUP	1 Apr 97	– 31 Mar 98	1 Apr 98	– 31 Mar 99	Cui	nulative 1	to 31 Ma	ır 99	
(YEARS)	Male	Female	Male	Female	Male	Female	Total	%	
0 - 2	4	0	2	0	41	16	58	0.3	
3 - 12	0	1	1	0	87	19	106	0.5	
0 - 12	4	1	3	0	128	35	164	0.8	
13 – 19	4	5	9	10	402	77	488	2.5	
20 – 29	197	31	146	38	6295	466	6883	35.2	
30 - 39	249	23	208	27	6637	298	7045	36.0	
40 - 49	150	11	128	11	3137	116	3301	16.8	
50 - 59	65	2	58	0	1017	48	1078	5.5	
60 +	21	1	24	3	333	53	388	2.0	
Unknown	2	0	1	0	183	30	234	1.2	
TOTAL <sup>1</sup>	692	74	577	89	18132	1123	19581	100.0	

Table 3.3Number of new diagnoses of HIV infection by sex and age group, cumulative to31 March 1999, and for two previous yearly intervals.

1. See footnotes Table 3.1.

#### Table 3.4

Number of new diagnoses of HIV infection in the year 1 April 1998 to 31 March 1999 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/	1 Apr 98	–30 Sep 98	1 Oct 98	3 –31 Mar 99	1 Ap	r 98 – 31 M	ar 99
TERRITORY	Male	Female	Male	Female	Male	Female	Total
ACT	1	0	0	0	1	0	1
NSW	30	0	17	0	47	0	47
NT	0	0	2	0	2	0	2
QLD	11	0	10	0	21	0	21
SA	3	0	3	0	6	0	6
TAS	0	0	0	0	0	0	0
VIC	14	1	19	0	33	1	34
WA	4	3	1	1	5	4	9
TOTAL	63	4	52	1	115	5	120

#### Table 3.5

Number of new diagnoses of HIV infection in the year 1 April 1998 to 31 March 1999 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 Apr 98 – 30 Sep 98		1 Oct 98 – 31 Mar 99		1 Apr 98 – 31 Mar 99		
	Male	Female	Male	Female	Male	Female	Total
Male homosexual/bisexual							
contact	52	_	42	-	94	_	94
Male homosexual/bisexual contact and injecting							
drug use	7	_	5	-	12	_	12
Injecting drug use (female							
and heterosexual male)	0	2	1	0	1	2	3
Heterosexual contact	2	2	3	1	5	3	8
Health care setting	0	0	0	0	0	0	0
Other/undetermined	2	0	1	0	3	0	3
TOTAL	63	4	52	1	115	5	120

#### Table 3.6

Number of new diagnoses of HIV infection in the year 1 April 1998 to 31 March 1999 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.

AGEGROUP	1 Apr 98 – 31 Jun 98		1 Jul 9	1 Jul 98 – 31 Mar 99		1 Apr 98 – 31 N		
(YEARS)	Male	Female	Male	Female	Male	Female	Total	
13 – 19	0	2	3	0	3	2	5	
20 – 29	26	2	22	1	48	3	51	
30 – 39	23	0	19	0	42	0	42	
40 – 49	7	0	6	0	13	0	13	
50 - 59	5	0	1	0	6	0	6	
60+	2	0	1	0	3	0	3	
TOTAL	63	4	52	1	115	5	120	

# 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 January 1999 to 31 March 1999.

Sexual Health Clinic	Seen a	at Clinic	Test HIV an	ted for tibody	New with		
	Male	Female	Male	Female	Male	Female	Total
Sydney Sexual Health Centre, NSW	1255	823	462	302	1	0	1
Livingstone Road Sexual Health Clinic, NSW	268	291	116	135	0	0	0
Brisbane Sexual Health Clinic, QLD	874	578	298	149	1	0	1
Gold Coast Sexual Health Clinic, QLD	426	562	200	327	1	0	1
Clinic 275, Adelaide, SA	1078	743	782	489	0	0	0
Melbourne Sexual Health Centre, VIC	1923	1589	1098	1079	6	2	8
TOTAL	5824	4586	2956	2481	9	2	11

## Table 4.2

Number of people seen 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 January 1999 to 31 March 1999.

EXPOSURE CATEGORY		HIV antibody test		% Retested for HIV antibody Male Female		Newly diagnosed with HIV infection Male Female Tota		
Homosexual/bisexual								
contact	763	-	63.6	-	2	_	2	0.4
Homosexual/bisexual contact and injecting								
drug use	72	_	51.4	-	0	-	0	0.0
Injecting drug use (female and								
heterosexual male)	217	188	62.2	59.6	0	0	0	0.0
Heterosexual contact	1772	1778	53.7	55.6	0	0	0	0.0
outside Australia	244	189	53.3	51.8	0	0	0	0.0
within Australia only	1528	1589	53.7	56.1	0	0	0	0.0
Sex worker	-	224	-	81.7	-	0	0	0.0
Sex worker and injecting								
drug use	-	16	-	50.0	-	0	0	0.0
Other/undetermined	72	156	88.9	75.0	0	0	0	0.0
TOTAL	2896	2362	57.7	59.6	2	0	2	0.06

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## Table 4.3

Number of people seen 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 January 1999 to 31 March 1999.

EXPOSURE CATEGORY	-	revious ibody test Female		sted for tibody Female	wi	ewly dia th HIV Fema	infection	on
Homosexual/bisexual								
contact	433	-	49.6	-	3	-	3	1.4
Homosexual/bisexual contact and injecting								
drug use	24	-	79.2	-	1	-	1	5.3
Injecting drug use (female and								
heterosexual male)	86	82	77.9	89.0	0	0	0	0.0
Heterosexual contact	1682	1657	52.6	50.6	2	0	2	0.1
outside Australia	161	127	62.1	42.5	0	0	0	0.0
within Australia only	1521	1530	51.5	51.3	2	0	2	0.1
Sex worker	-	55	-	70.9	-	0	0	0.0
Sex worker and injecting								
drug use	-	5	-	100.0	-	0	0	0.0
Other/undetermined	427	392	23.2	29.6	1	2	3	1.4
TOTAL	2652	2191	48.4	48.9	7	2	9	0.4

Та	ble	4.4

AGE GROUP	Seen at Clinic GE GROUP			ed for ntibody	Newly diagnosed with HIV infection			
(YEARS)	Male	Female	Male	Female	Male	Female	Total	
13 – 19	191	494	108	217	1	0	1	
20 – 29	2406	2508	1329	1382	2	1	3	
30 - 39	1863	1029	906	580	3	1	4	
40 – 49	828	418	381	240	1	0	1	
50 - 59	381	110	166	54	2	0	2	
60 +	152	27	66	8	0	0	0	
Not reported	3	0	0	0	0	0	0	
TOTAL	5824	4586	2956	2481	9	2	11	

Number of people seen, 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 January 1999 to 31 March 1999.

#### Table 4.5

Number of people diagnosed with specific STI<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 January 1999 to 31 March 1999.

EXPOSURE CATEGORY	Tested for Male	HIV antibody Female	Not tested f Male	or HIV antibody Female
Homosexual/bisexual contact	29	_	41	-
Homosexual/bisexual contact and injecting drug use	2	-	3	-
Injecting drug use (female and heterosexual male)	9	6	1	2
Heterosexual contact	57	30	54	30
outside Australia	10	4	16	5
within Australia only	47	26	38	25
Sex worker	-	2	_	0
Sex worker and injecting drug use	-	1	-	0
Other/undetermined	4	4	7	3
TOTAL	101	43	106	35

1. Specific STI 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.

## **REPORT FROM WHO WESTERN PACIFIC REGION**

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

Table 5.1

AIDS and HIV in the WHO Western Pacific Region by country; based on re	ports
available at 31 March 1999.	

	CUMULATIVE AIDS CASES Cumulative					
COUNTRY/ AREA	Male	Female	Children < 13 Years	Total	AIDS Rate <sup>1</sup>	Diagnoses HIV
ANEA	Iviale	remale		TOLAI	nale	
American Samoa	0	0	0	0	0.0	0
Australia <sup>†</sup>	7738	342	45	8103	43.2	19581
Brunei	11	1	0	12	3.1	475
Cambodia	108	23	333	1379	4.2	14670
China <sup>2</sup>	269	18	1	301	0.0	10676
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	43
French Polynesia	4	0	0	54	24.9	174
Guam	45	4	0	49	29.6	108
Hong Kong	314	35	5	349	4.2	1066
Japan	1007	162	12	1266	1.2	3954
Kiribati	3	1	0	4	2.6	20
Laos	42	29	2	91	0.7	288
Масао	11	2	0	13	2.2	173
Malaysia	1696	108	34	1804	3.0	26549
Marshall Islands	1	1	0	2	3.8	9
Mongolia	0	0	0	0	0.0	3
Nauru	0	0	0	0	0.0	1
New Caledonia	52	14	2	66	26.9	169
New Zealand	637	32	5	669	18.9	1336
Niue	0	0	0	0	0.0	0
N. Mariana Islands	4	1	0	7	10.4	15
Palau	1	0	0	1	5.8	1
Papua New Guinea	215	196	21	417	5.4	1213
Philippines	219	123	7	343	0.5	1099
Rep. of Korea	104	11	0	115	0.1	811
Samoa	4	2	2	6	3.7	9
Singapore	389	30	4	419	9.2	831
Solomon Islands	0	0	0	0	0.0	1
Tokelau	0	0	0	0	0.0	0
Tonga	10	2	0	14	6.1	19
Tuvalu	0	0	0	0	0.0	1
Vanuatu	0	0	0	0	0.0	0
Vietnam	1008	157	8	1819	1.0	10118
Wallis and Futuna	1	0	0	1	7.1	2
TOTAL <sup>†</sup>	13897	1295	481	17314	0.8	93417

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 STI stands for sexually transmissible infection. 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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