# Australian HIV Surveillance Report

National Centre in HIV Epidemiology and Clinical Research

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## HCV - The Evolving Epidemic

2nd Australasian Conference on Hepatitis C
Christchurch, New Zealand, 17 - 19 August 1999

The 2nd Australasian Conference on Hepatitis C, perhaps uniquely in the field of hepatitis C internationally, brought together diverse groups of people to discuss a broad range of issues. The conference was attended by people from the United States, the United Kingdom, Australia and New Zealand and those living with hepatitis C, including current and former injecting drug users, people with medically acquired HCV infection and representatives from community based organisations. Here, we report selected epidemiological, social research and clinical management findings presented at the conference.

### HCV genotypes

A presentation on the molecular epidemiology of hepatitis C by Peter Simmonds from the University of Edinburgh was one of the highlights of the conference. Worldwide comparison of HCV nucleotide sequences has resulted in the identification of six main HCV "genotypes", with closely related variants within each genotype. Some genotypes (types 1a, 1b, 2a, 2b) have broad geographical distribution, while others (types 5a, 6a) are found in specific regions. In Australasia, as in Europe and North America, the most common genotypes are 1a, 1b, 2a, 2b, and 3a, although their distribution varies according to age and/or duration of HCV infection. Type 1b is more commonly found among those with longer duration of infection or older age. HCV

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## ANNOUNCEMENTS

### National meeting

The 11th Annual Conference of the Australasian Society for HIV Medicine will be held in Perth, Western Australia, on 9 – 11 December 1999. Further information may be obtained from ASHM Conference Secretariat, GPO Box 2609, Sydney NSW 2001.
Telephone: 02 9241 1478
Facsimile: 02 9251 3552
E-mail: ashm@icmsaust.com.au

### International meeting

The XIII International AIDS Conference will be held in Durban, South Africa, on 9 – 14 July 2000. Program updates are available through the web page: http://www.aids2000.com

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genotypes are of importance in predicting the response to therapy (for example, response to interferon is considerably poorer for genotype 1 compared with genotypes 2 and 3), and may influence the natural history of HCV-related liver disease. There is no evidence, however, for differences in infectivity among HCV genotypes.

The origin of current HCV genotypes is difficult to specify both geographically and temporally. Measurement of the rate of HCV sequence change suggests that HCV has been transmitted for several hundred years, although the confidence intervals around this estimate are particularly wide.

### Patterns of HCV transmission

Miriam Alter, from the Centers for Disease Control and Prevention in Atlanta, described three broadly different patterns of HCV transmission: transmission predominantly through injecting drug use in the past 30 years in countries such as Australia and the United States, resulting in most people with HCV infection being aged 20 – 50 years; transmission through unsafe injection practices and use of contaminated equipment in traditional health care and folk medicine settings – this pattern occurred 30 to 50 years ago in countries such as Japan and Italy and resulted in increasing HCV prevalence with age; and high levels of ongoing transmission in countries such as Egypt, largely as a result of continuing unsafe injection – this transmission pattern has also resulted in increasing HCV prevalence with age, to above 20% in many areas.

Based on patient reported risk factors for HCV infection, 20-25% of HCV infections in the United States were attributed to sexual transmission. However, other conference participants argued for minimal, if any, risk of sexual HCV transmission, and suggested that there was substantial underreporting of injecting drug use in the United States.

Campbell Aitken from the Macfarlane Burnet Centre for Medical Research in Melbourne reported the results of a study of risk factors for HCV transmission. Risk factors were assessed by telephone interview with randomly selected adults aged 15 years or older, living in Victoria in 1996. Of 757 people interviewed, 2.2% reported having ever injected drugs, 4.8% reported having had a tattoo and 11.4% reported a blood transfusion prior to 1990. More than 10% of Victorians were estimated as having had a test for HCV infection. The prevalence of a history of injecting drug use in Victoria was similar to that reported from a recent national drug survey and suggests that approximately 300,000 people in Australia have a history of injecting drug use.

Scott Bowden from the Victorian Infectious Diseases Reference Laboratory in Melbourne reported the application of molecular biological techniques to documentation of epidemiological links in cases of HCV transmission. Following

diagnosis in a person with no identifiable risk factor for HCV infection other than a minor surgical procedure, testing of all other people on the surgical list found the person immediately prior to the case to have HCV infection. Confirmation of HCV transmission from patient-to-patient was made through evidence of a high degree of HCV sequence homology, despite the surgery having occurred several years prior to the investigation.

### HCV prevalence among people who have injected drugs

Results from cross sectional surveys carried out annually from 1995 among injecting drug users attending needle and syringe programs in Australia were reported by Margaret MacDonald from the National Centre in HIV Epidemiology and Clinical Research in Sydney. Although HCV prevalence has remained high, it had declined significantly from 63% in 1995 to 50% in 1998. Among people who had injected drugs for less than three years, HCV prevalence dropped from 22% in 1995 to 13% in 1997. In concordance with the reduction in HCV prevalence was the decline in reported sharing of injecting equipment.

HCV prevalence was very high (approximately 80%) among people who reported injecting methadone, although HCV prevalence in this group had also declined in recent years. Even following adjustment for age, duration of injecting drug use and other correlates of HCV infection, people who reported methadone as their last drug injected were three times more likely to be HCV antibody positive than people who injected amphetamines. An increase in the prevalence of cocaine injecting was described, especially in New South Wales (6% in 1995 to 17% in 1998), and HCV prevalence among cocaine injectors increased from 61% in 1995 to 70% in 1997. Methadone and cocaine injectors have specific risk behaviours and need specific intervention strategies.

### HCV prevention and injecting drug use

Ethnic communities tend to be poorly served by current interventions and are at high risk of HCV infection. However, successful peer led harm reduction projects were reported in various ethnic communities. Peter Higgs from the Centre for Harm Reduction in Melbourne presented on a peer education intervention that resulted in the training of young injecting drug users of Vietnamese ethnicity who now provide a source of accurate information on risk reduction in their communities.

Annie Madden from the NSW Users and AIDS Association (NUAA) argued that peer education not only required information provision but also involved capacity building, skills provision to enable participation in the learning process and empowerment. Michael Kerger, from the Macfarlane Burnet Centre for Medical Research, noted that the whole social and cultural context of people's lives needed to be taken into account when designing prevention programs. Jude Byrne from the

Australian Intravenous League suggested that marginalisation of people who inject drugs limits their participation in the public health response, resulting in a substantially diminished response. The biggest barrier to prevention education, however, remained the illegality of injecting drug use.

Libby Plumridge from the Christchurch School of Medicine presented qualitative analyses of the relationship between self-identity, drug use practices and social networks reported by young injecting drug users in Christchurch, New Zealand. Different social contexts supported different styles of drug use and self-identity. Young men identified as recreational users or as addicts whereas all young women participating in the study identified as addicts. The women offered different rationales for injecting drug use from men who identified as addicts. It was suggested that the relationship between social context, self-identity and drug using practices reported by injecting drug users could be exploited for harm minimisation.

Qualitative studies of injecting behaviours other than sharing of injecting equipment revealed a number of "hidden" practices and accidents which continue to put injecting drug users at risk of exposure to hepatitis C. Susan Carruthers, from the National Centre for Research into the Prevention of Drug Abuse, in Perth, found that although injecting drug users appeared to be knowledgeable about avoiding exposure, small errors were made during the injection process that increased the risks of transmission of blood borne viruses.

### HCV disease progression

The risk of progression to advanced liver disease among people with HCV infection now appears to be considerably lower than earlier, predominantly liver clinic-based studies had suggested. Alison Rodger from the Macfarlane Burnet Centre for Medical Research reported that 10% of people hospitalised for acute hepatitis in Melbourne in 1971-1975 had liver cirrhosis at 26 years post HCV infection. People who participated in the study were 8 times more likely to die from drug overdose or suicide than HCV infection in the 26 years of follow up.

Greg Dore from the National Centre in HIV Epidemiology and Clinical Research presented a review of published papers on the natural history of HCV infection. Estimates of progression to advanced liver disease in population-based studies ranged from 2 to 8% at 17 – 24 years following infection whereas estimates of progression in clinic-based studies ranged from 20 to 33% at 12 – 30 years follow up. After adjustment for selection characteristics within clinic populations, the estimated overall progression rate to cirrhosis was 8% (range 4-12%) within 20 years.

### Clinical management

A consensus had emerged among clinicians that interferon monotherapy was of limited benefit to people with chronic HCV infection and should not be considered

standard of care. William Sievert from the Monash Medical Centre in Melbourne reported that addition of ribavirin to interferon therapy more than doubled the sustained response rate (clearance of HCV viraemia and normalisation of levels of the liver enzyme alanine aminotransferase (ALT) 6-12 months after completion of therapy) compared with interferon therapy only. Predictors of response to therapy included degree of fibrosis on liver biopsy, HCV viral load and HCV genotype. People with HCV genotypes 2-3 had a sustained response rate of 65% when receiving combination therapy whereas people with HCV genotype 1 had a sustained response rate of 30% after 48 weeks of combination therapy.

Stephen Locarnini from the Victorian Infectious Diseases Reference Laboratory in Melbourne presented on future therapy for chronic HCV infection. Although protease inhibitors have provided major advances in the treatment of HIV infection, development of HCV-specific protease inhibitors has been slow, predominantly due to the more superficial and diffuse nature of the protease site on the surface of HCV. Other possible therapeutic agents include helicase and RNA polymerase enzyme inhibitors but it could be several years before these agents reach the clinical trials stage.

The role of complementary therapies, predominantly Chinese herbal preparations, in the management of HCV infection was discussed in several presentations. Although initial trials have demonstrated some biochemical response (approximately 30% of people normalise their ALT levels), no antiviral effects have been demonstrated. However, Matthew Dolan, from London, encouraged a greater sharing of Western and Eastern approaches to health and observed that many younger people were open to integrated models of care.

Liz Coates, from Adelaide, reported the associations between chronic hepatitis C infection and poor oral health. Dental health needed to be included in strategies for the management of hepatitis C infection.

### Community education and support

Sandy Gifford, from Deakin University in Melbourne, reported results of a study of women living with hepatitis C infection and spoke of the urgent need to normalise hepatitis C infection and to reduce the stigma of disclosure. Socioeconomic, gender and ethno-specific considerations needed to be addressed in order to close the gaps that led to poor health outcomes. Appropriate primary care and hepatitis C specific services were required that address the broader issue of disadvantage.

Chris Puplick, Chair of the Australian National Council on AIDS and Related Diseases, observed that discrimination against people with hepatitis C infection continued to occur, in some cases in the health care setting itself. Some general practitioners were reluctant to work with people with hepatitis C infection who continued to inject drugs.

Results of a collaborative study coordinated by the National Centre in HIV Social Research and the Hepatitis C Council of New South Wales were reported by Jan Cregan. An analysis of over 9,000 calls to a community-based hepatitis C telephone information and support service indicated that people with hepatitis C infection were interested in issues related to health whereas transmission issues were the topic of greatest interest among relatives, friends and health care workers.

Michaela Coleborne from the Australian Hepatitis Council described an education workshop involving community-based workers from hepatitis C councils, drug user groups and needle and syringe programs. Through sharing of ideas and resources, thereby reducing duplication of time and effort, the workshop's aim was to increase community organisations' capacity to respond to a range of hepatitis C issues – not least of which is the necessary reduction of discrimination.

Carlo Campora of the Hepatitis C Council of Victoria suggested that the structure of local support groups needed to be re-designed following initial implementation. The changing nature of people's needs meant that constant questioning and adaptation of support groups' modes of operation was required. The Australian Hepatitis Council's Jack Wallace sought adequate funding for community support to ensure an effective partnership response. In some cases, minimal funding from government had hindered the communities' support, information and prevention education provision capabilities.

### Government response

Eamonn Murphy from the Commonwealth Department of Health and Aged Care in Canberra reported on the development of Australia's first National Hepatitis C Strategy. The following objectives form the cornerstone of the overall strategy:

- reducing the number of new hepatitis C infections
- improving treatment and care for people living with hepatitis C
- 'getting the research right'
- extending partnerships
- clarifying structures, roles and responsibilities.

A process of wide consultation is underway, with the projected launch date early next year.

A consensus evolved during the conference that a multi-disciplinary (or inter-disciplinary) response to hepatitis C, involving community groups, medical practitioners, research groups and governments, provided the best way forward. The final plenary panel discussion entitled "Co-operation in care, prevention and support: new partnerships for a new millennium" encapsulated the strengthening collaborative response to hepatitis C in Australia, as seen with HIV/AIDS in the 1980s. An acknowledgment of a responsibility by all participants, especially from the various streams of research, to share their findings and developments with the wider

community of HCV affected and other interested people, rounded off a highly successful conference.

**Reported by:**

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# THE NATIONAL AIDS REGISTRY

**Table 1.1**
**Cases of AIDS and deaths following AIDS by sex and State/Territory in which diagnosis of AIDS was made, cumulative to 30 June 1999, and for two previous yearly intervals.**

**Cases**

| STATE/ TERRITORY | 1 Jul 97 – 30 Jun 98 | | 1 Jul 98 – 30 Jun 99 | | Cumulative to 30 Jun 99 | | | |
|---|---|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female | Total | % |
| **ACT** | 2 | 1 | 2 | 0 | 86 | 8 | 94 | 1.2 |
| **NSW** | 168 | 6 | 79 | 6 | 4546 | 173 | 4731 | 58.1 |
| **NT** | 3 | 0 | 3 | 0 | 35 | 0 | 35 | 0.4 |
| **QLD** | 40 | 7 | 23 | 1 | 793 | 46 | 841 | 10.3 |
| **SA** | 13 | 2 | 7 | 0 | 330 | 21 | 354 | 4.3 |
| **TAS** | 1 | 0 | 1 | 1 | 44 | 3 | 47 | 0.6 |
| **VIC** | 62 | 3 | 33 | 1 | 1595 | 67 | 1669 | 20.5 |
| **WA** | 11 | 1 | 4 | 2 | 344 | 26 | 372 | 4.6 |
| **TOTAL†** | **300** | **20** | **152** | **11** | **7773** | **344** | **8140** | **100.0** |

**Deaths**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **ACT** | 0 | 0 | 1 | 1 | 65 | 3 | 68 | 1.2 |
| **NSW** | 85 | 1 | 45 | 1 | 3135 | 113 | 3256 | 56.4 |
| **NT** | 0 | 0 | 1 | 0 | 24 | 0 | 24 | 0.4 |
| **QLD** | 21 | 1 | 19 | 2 | 557 | 30 | 589 | 10.2 |
| **SA** | 9 | 1 | 9 | 0 | 228 | 15 | 243 | 4.2 |
| **TAS** | 1 | 0 | 1 | 0 | 28 | 2 | 30 | 0.5 |
| **VIC** | 44 | 5 | 35 | 1 | 1250 | 47 | 1303 | 22.6 |
| **WA** | 4 | 2 | 3 | 0 | 245 | 16 | 262 | 4.5 |
| **TOTAL†** | **164** | **10** | **114** | **5** | **5532** | **226** | **5775** | **100.0** |

† Total columns in Tables 1.1 – 1.5 and 4.1 include 23 AIDS cases and 17 deaths following AIDS in people whose sex was reported as transgender.

**Table 1.2**
**Incidence of AIDS per million current population[1] by sex and State/Territory of diagnosis for the two most recent yearly intervals.**

| STATE/ TERRITORY | 1 Jul 97 – 30 Jun 98 | | | 1 Jul 98 – 30 Jun 99 | | |
|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total |
| **ACT** | 13.1 | 6.5 | 9.8 | 13.0 | 0.0 | 6.5 |
| **NSW** | 53.7 | 1.9 | 27.6 | 24.9 | 1.9 | 13.5 |
| **NT** | 30.2 | 0.0 | 15.9 | 29.7 | 0.0 | 15.7 |
| **QLD** | 23.3 | 4.1 | 13.7 | 13.2 | 0.6 | 6.9 |
| **SA** | 17.7 | 2.7 | 10.1 | 9.5 | 0.0 | 4.7 |
| **TAS** | 4.3 | 0.0 | 2.1 | 4.3 | 4.2 | 4.2 |
| **VIC** | 27.1 | 1.3 | 14.0 | 14.3 | 0.4 | 7.3 |
| **WA** | 12.1 | 1.1 | 6.6 | 4.3 | 2.2 | 3.3 |
| **TOTAL** | **32.4** | **2.1** | **17.7** | **16.2** | **1.2** | **8.7** |

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

**Table 1.3**
**Cases of AIDS and deaths following AIDS by sex and age group, cumulative to 30 June 1999, and for two previous yearly intervals.**

**Cases[1]**

| AGE GROUP (years) | 1 Jul 97 – 30 Jun 98 | | 1 Jul 98 – 30 Jun 99 | | Cumulative to 30 Jun 99 | | | |
|---|---|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female | Total | % |
| *0 – 2* | *1* | *0* | *0* | *0* | *9* | *7* | *16* | *0.2* |
| *3 – 12* | *0* | *0* | *1* | *0* | *20* | *9* | *29* | *0.4* |
| 0 – 12 | 1 | 0 | 1 | 0 | 29 | 16 | 45 | 0.6 |
| 13 – 19 | 0 | 0 | 0 | 0 | 25 | 4 | 29 | 0.3 |
| 20 – 29 | 33 | 8 | 18 | 5 | 1307 | 93 | 1413 | 17.4 |
| 30 – 39 | 119 | 7 | 63 | 4 | 3269 | 118 | 3394 | 41.7 |
| 40 – 49 | 91 | 4 | 42 | 2 | 2177 | 55 | 2234 | 27.4 |
| 50 – 59 | 38 | 0 | 20 | 0 | 729 | 28 | 758 | 9.3 |
| 60 + | 18 | 1 | 8 | 0 | 237 | 30 | 267 | 3.3 |
| **TOTAL[†]** | **300** | **20** | **152** | **11** | **7773** | **344** | **8140** | **100.0** |

**Deaths[2]**

| AGE GROUP (years) | 1 Jul 97 – 30 Jun 98 | | 1 Jul 98 – 30 Jun 99 | | Cumulative to 30 Jun 99 | | | |
|---|---|---|---|---|---|---|---|---|
| | 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 | 14 | 1 | 12 | 0 | 655 | 41 | 706 | 12.2 |
| 30 – 39 | 67 | 5 | 37 | 1 | 2225 | 80 | 2310 | 40.0 |
| 40 – 49 | 43 | 3 | 36 | 3 | 1753 | 42 | 1797 | 31.1 |
| 50 – 59 | 29 | 0 | 20 | 0 | 654 | 22 | 676 | 11.7 |
| 60 + | 11 | 0 | 9 | 0 | 211 | 27 | 237 | 4.1 |
| **TOTAL[†]** | **164** | **10** | **114** | **5** | **5532** | **226** | **5775** | **100.0** |

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

**Table 1.4**
**Cases of AIDS by sex and exposure category, cumulative to 30 June 1999, and for two previous yearly intervals.**

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

| EXPOSURE CATEGORY | 1 Jul 97 – 30 Jun 98 | | 1 Jul 98 – 30 Jun 99 | | Cumulative to 30 Jun 99 | | | |
|---|---|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female | Total | % |
| **Male homosexual/bisexual contact** | 220 | – | 104 | – | 6529 | – | 6529 | 83.1 |
| **Male homosexual/bisexual contact and injecting drug use** | 10 | – | 8 | – | 351 | – | 351 | 4.5 |
| **Injecting drug use** | 15 | 5 | 7 | 1 | 156 | 80 | 236 | 3.0 |
| *Heterosexual* | *8* | *3* | *4* | *1* | *105* | *62* | *167* | |
| *Not further specified* | *7* | *2* | *3* | *0* | *51* | *18* | *69* | |
| **Heterosexual contact:** | 32 | 13 | 22 | 10 | 273 | 171 | 444 | 5.6 |
| *Sex with injecting drug user* | *0* | *0* | *0* | *1* | *7* | *16* | *23* | |
| *Sex with bisexual male* | *–* | *1* | *–* | *0* | *–* | *37* | *37* | |
| *From high prevalence country* | *10* | *6* | *6* | *7* | *46* | *32* | *78* | |
| *Sex with person from high prevalence country* | *5* | *1* | *2* | *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* | *1* | *2* | *0* | *0* | *27* | *21* | *48* | |
| *Not further specified* | *16* | *2* | *14* | *2* | *155* | *43* | *198* | |
| **Haemophilia/coagulation disorder** | 1 | 0 | 1 | 0 | 110 | 3 | 113 | 1.4 |
| **Receipt of blood /tissue** | 1 | 1 | 1 | 0 | 79 | 59 | 138 | 1.8 |
| **Health care setting** | 0 | 0 | 0 | 0 | 1 | 3 | 4 | 0.0 |
| **Total Adults/Adolescents†** | **279** | **19** | **143** | **11** | **7499** | **316** | **7815** | **99.4** |

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

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Mother with/at risk for HIV infection** | 1 | 0 | 1 | 0 | 13 | 13 | 26 | 0.3 |
| **Haemophilia/coagulation disorder** | 0 | 0 | 0 | 0 | 5 | 0 | 5 | 0.1 |
| **Receipt of blood /tissue** | 0 | 0 | 0 | 0 | 11 | 3 | 14 | 0.2 |
| **Total Children** | **1** | **0** | **1** | **0** | **29** | **16** | **45** | **0.6** |
| **Sub-total** | **280** | **19** | **144** | **11** | **7528** | **332** | **7860** | **100.0** |
| Other/undetermined[1] | 20 | 1 | 8 | 0 | 245 | 12 | 280 | |
| **TOTAL†** | **300** | **20** | **152** | **11** | **7773** | **344** | **8140** | |

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.

**Table 1.5**
**Deaths following AIDS by sex and exposure category, cumulative to 30 June 1999, and for two previous yearly intervals.**

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

| EXPOSURE CATEGORY | 1 Jul 97 – 30 Jun 98 | | 1 Jul 98 – 30 Jun 99 | | Cumulative to 30 Jun 99 | | | |
|---|---|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female | Total | % |
| **Male homosexual/bisexual contact** | 135 | – | 87 | – | 4729 | – | 4729 | 84.5 |
| **Male homosexual/bisexual contact and injecting drug use** | 10 | – | 5 | – | 246 | – | 246 | 4.4 |
| **Injecting drug use** | 3 | 2 | 7 | 0 | 93 | 49 | 142 | 2.5 |
| *Heterosexual* | *1* | *1* | *3* | *0* | *71* | *42* | *113* | |
| *Not further specified* | *2* | *1* | *4* | *0* | *22* | *7* | *29* | |
| **Heterosexual contact:** | 4 | 5 | 8 | 4 | 137 | 104 | 241 | 4.3 |
| *Sex with injecting drug user* | *1* | *1* | *0* | *0* | *2* | *8* | *10* | |
| *Sex with bisexual male* | *–* | *1* | *–* | *1* | *–* | *26* | *26* | |
| *From high prevalence country* | *0* | *1* | *1* | *2* | *11* | *13* | *24* | |
| *Sex with person from high prevalence country* | *1* | *1* | *3* | *0* | *15* | *10* | *25* | |
| *Sex with person with medically acquired HIV* | *0* | *0* | *0* | *0* | *2* | *6* | *8* | |
| *Sex with HIV–infected person, exposure not specified* | *1* | *0* | *0* | *0* | *22* | *15* | *37* | |
| *Not further specified* | *1* | *1* | *4* | *1* | *85* | *26* | *111* | |
| **Haemophilia/coagulation disorder** | 3 | 0 | 1 | 0 | 85 | 3 | 88 | 1.6 |
| **Receipt of blood /tissue** | 0 | 1 | 0 | 0 | 67 | 50 | 117 | 2.1 |
| **Health care setting** | 0 | 0 | 0 | 0 | 1 | 2 | 3 | 0.0 |
| **Total Adults/Adolescents†** | **155** | **8** | **108** | **4** | **5358** | **208** | **5566** | **99.4** |

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

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Mother with/at risk for HIV infection** | 0 | 1 | 0 | 1 | 7 | 9 | 16 | 0.3 |
| **Haemophilia/coagulation disorder** | 0 | 0 | 0 | 0 | 3 | 0 | 3 | 0.1 |
| **Receipt of blood /tissue** | 0 | 0 | 0 | 0 | 11 | 2 | 13 | 0.2 |
| **Total Children** | **0** | **1** | **0** | **1** | **21** | **11** | **32** | **0.6** |
| **Sub-total** | **155** | **9** | **108** | **5** | **5379** | **219** | **5598** | **100.0** |
| Other/undetermined[1] | 9 | 1 | 6 | 0 | 153 | 7 | 177 | |
| **TOTAL†** | **164** | **10** | **114** | **5** | **5532** | **226** | **5775** | |

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 2.1**
**Number of new diagnoses of HIV infection by sex[1] and State/Territory, cumulative to 30 June 1999, and for two previous yearly intervals.**

| STATE/ TERRITORY | 1 Jul 97 – 30 Jun 98 | | 1 Jul 98 – 30 Jun 99 | | Cumulative to 30 Jun 99 | | | |
|---|---|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female | Total | Rate[2] |
| **ACT** | 6 | 1 | 3 | 3 | 188 | 24 | 212 | 68.8 |
| **NSW[3]** | 345 | 30 | 298 | 40 | 10631 | 590 | 11499 | 180.3 |
| **NT** | 7 | 2 | 9 | 2 | 107 | 9 | 116 | 60.6 |
| **QLD** | 105 | 17 | 79 | 12 | 1914 | 139 | 2060 | 59.2 |
| **SA** | 29 | 7 | 18 | 3 | 655 | 57 | 712 | 47.8 |
| **TAS** | 2 | 0 | 2 | 1 | 79 | 5 | 84 | 17.8 |
| **VIC[4]** | 142 | 9 | 131 | 12 | 3813 | 206 | 4056 | 86.6 |
| **WA** | 33 | 13 | 26 | 14 | 886 | 110 | 999 | 54.1 |
| **TOTAL[5]** | **669** | **79** | **566** | **87** | **18273** | **1140** | **19738** | **104.7** |

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 2.1 – 2.3.
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 259 people whose sex was not reported.
4 Cumulative total for VIC includes 24 people whose sex was not reported.
5 Cumulative total for Australia includes 283 people whose sex was not reported.
6 Estimated number of new diagnoses of HIV infection, adjusted for multiple reports, was 17,000 (range 16,600 to 17,400). 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 2.2**
**Number of new diagnoses of HIV infection for which exposure category was reported, by sex and exposure category, cumulative to 30 June 1999 and for two previous yearly intervals.**

| EXPOSURE CATEGORY | 1 Jul 97 – 30 Jun 98 | | 1 Jul 98 – 30 Jun 99 | | Cumulative to 30 Jun 99 | | | |
|---|---|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female | Total[1] | % |
| **Male homosexual/bisexual contact** | 476 | – | 340 | – | 12525 | – | 12525 | 78.7 |
| **Male homosexual/bisexual contact and injecting drug use** | 28 | – | 27 | – | 590 | – | 570 | 3.7 |
| **Injecting drug use** | 14 | 7 | 21 | 6 | 534 | 173 | 714 | 4.5 |
| *Heterosexual* | *10* | *6* | *13* | *4* | *185* | *118* | *304* | |
| *Not further specified* | *4* | *1* | *8* | *2* | *349* | *55* | *410* | |
| **Heterosexual contact:** | 70 | 67 | 79 | 66 | 830 | 660 | 1494 | 9.4 |
| *Sex with injecting drug user* | *3* | *7* | *5* | *4* | *29* | *82* | *112* | |
| *Sex with bisexual male* | *–* | *3* | *–* | *6* | *–* | *95* | *95* | |
| *From high prevalence country* | *17* | *23* | *25* | *26* | *116* | *129* | *246* | |
| *Sex with person from high prevalence country* | *15* | *9* | *19* | *8* | *125* | *64* | *189* | |
| *Sex with person with medically acquired HIV* | *0* | *0* | *1* | *0* | *5* | *13* | *18* | |
| *Sex with HIV–infected person, exposure not specified* | *4* | *12* | *5* | *11* | *47* | *94* | *142* | |
| *Not further specified* | *31* | *13* | *24* | *11* | *508* | *183* | *692* | |
| **Haemophilia/coagulation disorder** | 0 | 0 | 3 | 0 | 227 | 4 | 231 | 1.5 |
| **Receipt of blood /tissue** | 1 | 2 | 0 | 3 | 105 | 104 | 209 | 1.3 |
| **Health care setting[2]** | 0 | 0 | 0 | 0 | 3 | 8 | 11 | 0.0 |
| **Total Adults/Adolescents** | **589** | **76** | **470** | **75** | **14814** | **949** | **15774** | **99.1** |
| **Children (under 13 years at diagnosis of HIV infection)** | | | | | | | | |
| **Mother with/at risk for HIV infection** | 5 | 0 | 1 | 0 | 36 | 25 | 61 | 0.4 |
| **Haemophilia/coagulation disorder** | 0 | 0 | 0 | 0 | 66 | 0 | 66 | 0.4 |
| **Receipt of blood /tissue** | 0 | 0 | 0 | 0 | 13 | 7 | 20 | 0.1 |
| **Total Children** | **5** | **0** | **1** | **0** | **115** | **32** | **147** | **0.9** |
| **Sub-total** | **594** | **76** | **471** | **75** | **14929** | **981** | **15921** | **100.0** |
| Other/undetermined[3] | 75 | 3 | 95 | 12 | 3344 | 159 | 3817 | |
| **TOTAL** | **669** | **79** | **566** | **87** | **18273** | **1140** | **19738[4]** | |

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 3799 adults/adolescents and 18 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 2.1.

**Table 2.3**
**Number of new diagnoses of HIV infection by sex and age group, cumulative to 30 June 1999, and for two previous yearly intervals.**

| AGE GROUP (YEARS) | 1 Jul 97 – 30 Jun 98 | | 1 Jul 98 – 30 Jun 99 | | Cumulative to 30 Jun 99 | | | |
|---|---|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female | Total | % |
| *0 – 2* | *4* | *0* | *1* | *0* | *41* | *16* | *58* | *0.3* |
| *3 – 12* | *1* | *0* | *2* | *0* | *89* | *18* | *107* | *0.5* |
| **0 – 12** | 5 | 0 | 3 | 0 | 130 | 34 | 165 | 0.8 |
| **13 – 19** | 4 | 6 | 9 | 10 | 402 | 79 | 490 | 2.5 |
| **20 – 29** | 188 | 36 | 156 | 34 | 6332 | 471 | 6923 | 35.1 |
| **30 – 39** | 242 | 26 | 201 | 27 | 6691 | 303 | 7104 | 36.0 |
| **40 – 49** | 147 | 10 | 122 | 12 | 3161 | 120 | 3329 | 16.9 |
| **50 – 59** | 64 | 0 | 55 | 1 | 1035 | 49 | 1097 | 5.5 |
| **60 +** | 18 | 1 | 20 | 3 | 336 | 54 | 392 | 2.0 |
| **Unknown** | 1 | 0 | 0 | 0 | 186 | 30 | 238 | 1.2 |
| **TOTAL[1]** | **669** | **79** | **566** | **87** | **18273** | **1140** | **19738** | **100.0** |

1. See footnotes Table 2.1.

**Table 2.4**
**Number of new diagnoses of HIV infection in the year 1 July 1998 to 30 June 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/ TERRITORY | 1 Jul 98 –31 Dec 98 | | 1 Jan 99 –30 Jun 99 | | 1 Jul 98 – 30 Jun 99 | | |
|---|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female | Total |
| **ACT** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **NSW** | 26 | 0 | 26 | 0 | 52 | 0 | 52 |
| **NT** | 2 | 0 | 0 | 0 | 2 | 0 | 2 |
| **QLD** | 11 | 0 | 12 | 1 | 23 | 1 | 24 |
| **SA** | 2 | 0 | 3 | 0 | 5 | 0 | 5 |
| **TAS** | 0 | 0 | 1 | 0 | 1 | 0 | 1 |
| **VIC** | 19 | 1 | 17 | 2 | 36 | 3 | 39 |
| **WA** | 3 | 2 | 0 | 1 | 3 | 3 | 6 |
| **TOTAL** | **63** | **3** | **59** | **4** | **122** | **7** | **129** |

**Table 2.5**
**Number of new diagnoses of HIV infection in the year 1 July 1998 to 30 June 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 Jul 98 – 31 Dec 98 | | 1 Jan 99 – 30 Jun 99 | | 1 Jul 98 – 30 Jun 99 | | |
|---|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female | Total |
| Male homosexual/bisexual contact | 50 | – | 48 | – | 98 | – | 98 |
| Male homosexual/bisexual contact and injecting drug use | 9 | – | 3 | – | 12 | – | 12 |
| Injecting drug use (female and heterosexual male) | 0 | 2 | 4 | 1 | 4 | 3 | 7 |
| Heterosexual contact | 3 | 1 | 3 | 3 | 6 | 4 | 10 |
| Health care setting | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other/undetermined | 1 | 0 | 1 | 0 | 2 | 0 | 2 |
| **TOTAL** | **63** | **3** | **59** | **4** | **122** | **7** | **129** |

**Table 2.6**
**Number of new diagnoses of HIV infection in the year 1 July 1998 to 30 June 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.**

| AGE GROUP (YEARS) | 1 Jul 98 – 31 Dec 98 | | 1 Jan 99 – 30 Jun 99 | | 1 Jul 98 – 30 Jun 99 | | |
|---|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female | Total |
| **13 – 19** | 2 | 1 | 1 | 0 | 3 | 1 | 4 |
| **20 – 29** | 31 | 2 | 26 | 2 | 57 | 4 | 61 |
| **30 – 39** | 19 | 0 | 19 | 2 | 38 | 2 | 40 |
| **40 – 49** | 9 | 0 | 8 | 0 | 17 | 0 | 17 |
| **50 – 59** | 1 | 0 | 3 | 0 | 4 | 0 | 4 |
| **60 +** | 1 | 0 | 2 | 0 | 3 | 0 | 3 |
| **TOTAL** | **63** | **3** | **59** | **4** | **122** | **7** | **129** |

## SENTINEL SURVEILLANCE OF HIV INFECTION IN SEXUAL HEALTH CLINICS

**Table 3.1**
**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 April 1999 to 30 June 1999.**

| Sexual Health Clinic | Seen at Clinic | | Tested for HIV antibody | | Newly diagnosed with HIV infection | | |
|---|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female | Total |
| Sydney Sexual Health Centre, NSW | 1040 | 693 | 388 | 255 | 5 | 0 | 5 |
| Livingstone Road Sexual Health Clinic, NSW | 246 | 295 | 133 | 127 | 1 | 0 | 1 |
| Brisbane Sexual Health Clinic, QLD | 821 | 501 | 262 | 136 | 3 | 0 | 3 |
| Gold Coast Sexual Health Clinic, QLD | 350 | 488 | 152 | 255 | 1 | 1 | 2 |
| Clinic 275, Adelaide, SA | 926 | 616 | 610 | 415 | 1 | 0 | 1 |
| Melbourne Sexual Health Centre, VIC | 1967 | 1502 | 1147 | 1017 | 3 | 0 | 3 |
| **TOTAL** | **5350** | **4095** | **2692** | **2205** | **14** | **1** | **15** |

**Table 3.2**
**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 April 1999 to 30 June 1999.**

| 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 | 704 | – | 63.9 | – | 4 | – | 4 | 0.9 |
| Homosexual/bisexual contact and injecting drug use | 81 | – | 53.1 | – | 3 | – | 3 | 7.0 |
| Injecting drug use (female and heterosexual male) | 196 | 132 | 51.5 | 54.5 | 1 | 0 | 1 | 1.0 |
| Heterosexual contact | 1611 | 1542 | 56.0 | 58.8 | 0 | 0 | 0 | 0.0 |
| *outside Australia* | *195* | *134* | *55.4* | *43.3* | *0* | *0* | *0* | *0.0* |
| *within Australia only* | *1416* | *1408* | *56.1* | *60.2* | *0* | *0* | *0* | *0.0* |
| Sex worker | – | 300 | – | 73.7 | – | 0 | 0 | 0.0 |
| Sex worker and injecting drug use | – | 35 | – | 68.6 | – | 0 | 0 | 0.0 |
| Other/undetermined | 80 | 131 | 80.0 | 74.0 | 0 | 0 | 0 | 0.0 |
| **TOTAL** | **2672** | **2140** | **58.4** | **61.7** | **8** | **0** | **8** | **0.3** |

**Table 3.3**
**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 April 1999 to 30 June 1999.**

| 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 | 406 | – | 52.2 | – | 3 | – | 3 | 1.4 |
| Homosexual/bisexual contact and injecting drug use | 19 | – | 36.8 | – | 0 | – | 0 | 0.0 |
| Injecting drug use (female and heterosexual male) | 96 | 71 | 67.7 | 59.2 | 0 | 1 | 1 | 2.4 |
| Heterosexual contact | 1476 | 1458 | 50.7 | 44.7 | 2 | 0 | 2 | 0.1 |
| *outside Australia* | *122* | *97* | *60.7* | *45.4* | *0* | *0* | *0* | *0.0* |
| *within Australia only* | *1354* | *1361* | *44.9* | *44.7* | *2* | *0* | *2* | *0.2* |
| Sex worker | – | 77 | – | 73.6 | – | 0 | 0 | 0.0 |
| Sex worker and injecting drug use | – | 12 | – | 83.3 | – | 0 | 0 | 0.0 |
| Other/undetermined | 418 | 303 | 23.7 | 25.7 | 1 | 0 | 1 | 0.6 |
| **TOTAL** | **2415** | **1921** | **46.9** | **46.1** | **6** | **1** | **7** | **0.3** |

**Table 3.4**
**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 April 1999 to 30 June 1999.**

| AGE GROUP (YEARS) | Seen at Clinic | | Tested for HIV antibody | | Newly diagnosed with HIV infection | | |
|---|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female | Total |
| **13 – 19** | 174 | 437 | 106 | 189 | 0 | 0 | 0 |
| **20 – 29** | 2142 | 2178 | 1209 | 1197 | 4 | 0 | 4 |
| **30 – 39** | 1740 | 985 | 831 | 561 | 6 | 1 | 7 |
| **40 – 49** | 795 | 361 | 349 | 198 | 3 | 0 | 3 |
| **50 – 59** | 335 | 108 | 131 | 54 | 1 | 0 | 1 |
| **60 +** | 163 | 24 | 66 | 6 | 0 | 0 | 0 |
| **Not reported** | 1 | 2 | 0 | 0 | 0 | 0 | 0 |
| **TOTAL** | **5350** | **4095** | **2692** | **2205** | **14** | **1** | **15** |

**Table 3.5**
**Number of people diagnosed with specific STI[1], other than HIV, by sex, exposure category and whether or not they were tested for HIV antibody[2] during the quarter 1 April 1999 to 30 June 1999.**

| EXPOSURE CATEGORY | Tested for HIV antibody | | Not tested for HIV antibody | |
|---|---|---|---|---|
| | Male | Female | Male | Female |
| **Homosexual/bisexual contact** | 35 | – | 44 | – |
| **Homosexual/bisexual contact and injecting drug use** | 7 | – | 5 | – |
| **Injecting drug use (female and heterosexual male)** | 3 | 4 | 3 | 1 |
| **Heterosexual contact** | 53 | 42 | 50 | 26 |
| ***outside Australia*** | *9* | *7* | *12* | *5* |
| ***within Australia only*** | *44* | *35* | *38* | *21* |
| **Sex worker** | – | 1 | – | 7 |
| **Sex worker and injecting drug use** | – | 0 | – | 0 |
| **Other/undetermined** | 5 | 5 | 8 | 5 |
| **TOTAL** | **103** | **52** | **110** | **39** |

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 4.1**
**AIDS and HIV in the WHO Western Pacific Region by country; based on reports available at 30 June 1999.**

| COUNTRY/ AREA | CUMULATIVE AIDS CASES Male | Female | Children <13 Years | Total | AIDS Rate[1] | Cumulative Diagnoses HIV |
|---|---|---|---|---|---|---|
| American Samoa | 0 | 0 | 0 | 0 | 0.0 | 0 |
| Australia[†] | 7773 | 344 | 45 | 8140 | 43.2 | 19738 |
| Brunei | 11 | 1 | 0 | 12 | 3.1 | 475 |
| Cambodia | 108 | 23 | 333 | 1379 | 4.2 | 14670 |
| China[2] | 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 |
| Macao | 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 | 647 | 34 | 5 | 681 | 18.9 | 1371 |
| 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[†]** | **13942** | **1299** | **481** | **17363** | **0.8** | **93609** |

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.

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