



National Centre in HIV Epidemiology and Clinical Research

Australian HIV Surveillance Report

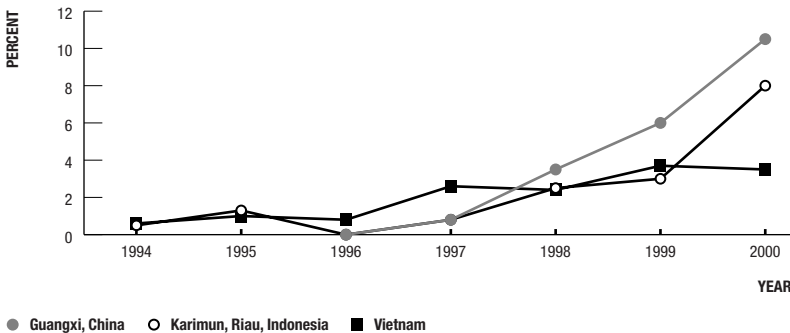
Vol 17 No 4 October 2001

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

A report from the Monitoring the AIDS Pandemic (MAP) Network 4 October 2001, Melbourne

Monitoring the AIDS Pandemic (MAP) Network is a collegial network of internationally recognised specialists in epidemiology, statistics, economics, demography, public health and international development, established to monitor the occurrence of HIV/AIDS and sexually transmissible infections, and its social and behavioural contexts. Preceding the 6th International Congress on AIDS in Asia and the Pacific, held in Melbourne on 5 – 10 October 2001, members of the MAP Network met to discuss the current status and trends of the HIV epidemics in Asia and the Pacific. An edited summary of the Report of the meeting is presented below.

Figure 1.1 HIV prevalence among female sex workers in China, Indonesia and Vietnam by year



The HIV epidemic in the Asia Pacific region varies substantially both between and within countries. The extent of HIV infection in the population as a whole may be indicated by the prevalence of HIV infection among pregnant women. In India, HIV prevalence among pregnant women was above two percent in many surveillance sites, rising to as high as 6 percent in specific sites. Up to five percent of pregnant women have HIV infection in Myanmar. In Thailand and Cambodia, HIV prevention efforts have curbed HIV transmission resulting in HIV prevalence of just over two percent nationally.

The National Centre is funded by the Commonwealth Department of Health and Aged Care and is affiliated with the Faculty of Medicine, The University of New South Wales. Its work is overseen by the Australian National Council on AIDS, hepatitis C and related diseases.

Announcements

National meetings

The **3rd Australasian Conference on Hepatitis C** will be held in Melbourne, Victoria, on 25 – 27 March 2002. Further information may be obtained through the Secretariat, ASN, PO Box 200 Balnarring VIC 3926.

Telephone: 03 5983 2400
E-mail: mp@asnevents.net.au
Website: www.hepc.conf.au

The **Australasian Sexual Health Conference** will be held in Perth, Western Australia, on 28 May – 1 June 2002. Further information may be obtained from Dr Heather Lyttle,

Telephone: 08 9224 2178
Facsimile: 08 9224 3557
E-mail: Heather.Lyttle@health.wa.gov.au

Conference Secretariat: Dart Associates,
PO Box 781 Lane Cove NSW 2066.

Telephone: 02 9418 9396/9397
Facsimile: 02 9418 9398
E-mail: dartconv@mpx.com.au
Website: www.acshp.org.au

The **Australasian Society for HIV Medicine Conference 2002 Complex Problems: Emerging Solutions** will be held in Sydney, New South Wales, on 23 – 26 October 2002. Further information may be obtained from OzAccom Conference Services, PO Box 164 Fortitude Valley QLD 4006.

Telephone: 07 3854 1611
Facsimile: 07 3854 1507
E-mail: ashm2002@ozaccom.com.au
Website: www.ashm.org.au

International meeting

The **XIV International AIDS Conference** will be held in Barcelona, Spain on 7 – 12 July 2002. Further information may be obtained from the Communications Department, XIV International AIDS Conference,

Calle Pomaret 21, 08017 Barcelona, Spain.
E-mail: kbennett@aids2002.com
Website: www.aids2002.com

...continued from page 1

Other countries in Asia have seen relatively limited spread of HIV, to date. In Bangladesh, Hong Kong, Laos, Philippines and South Korea, HIV prevalence was low in virtually all subgroups at risk of HIV infection. However, recent evidence suggests rapidly growing epidemics in some populations in China, Indonesia and Vietnam.

While only three countries in the Asia Pacific region (Cambodia, Myanmar and Thailand) have recorded, to date, a national prevalence of over one percent, HIV prevalence at a national level may not be the best indicator for summarising the extent of infection. National averages mask the uneven geographic spread of HIV within countries. HIV epidemics begin as geographically localised cases of HIV transmission, and only later, more widespread transmission is identified. Secondly, when an epidemic is concentrated within a specific sub-group, it is misleading to take HIV prevalence in the general population as an indicator of the extent of HIV transmission. In Myanmar, for example, national HIV rates currently registered among people with a history of injecting drug use, and sex workers, are as high as 60% and 40%, respectively, compared with an estimated national prevalence of 2%. Thirdly, national summaries of HIV prevalence are meaningless in countries with large populations such as China, India and Indonesia. For example, in India, the states of Maharashtra, Andhra Pradesh and Tamil Nadu each have more than 55 million inhabitants and have registered HIV rates of over three percent in pregnant women and higher than ten percent among patients seen at clinics for sexually transmissible infections, far exceeding the national prevalence of 0.7 percent.

Female sex workers

In many countries, years of low levels of HIV infection among female sex workers are giving way to sharp increases. In Vietnam, HIV prevalence among female sex workers has increased from around 0.5% in 1994 to more than 3.5% in 2000. HIV prevalence has also increased steadily among female sex workers in China, especially in Guangxi, where HIV prevalence has increased from undetectable levels in 1996 to more than 10% in 2000 (Figure 1.1).

Since 1988, HIV antibody testing of female sex workers in Indonesia had continually indicated very low levels of HIV infection. However, substantial increases in HIV prevalence have been documented from 1998 - 1999 among female sex workers in three cities in Indonesia. A number of behavioural risk factors for HIV infection may have contributed to the observed increases in HIV prevalence among female sex workers. Sex work was common, condom use was low and the prevalence of other sexually transmissible infections was high.

In Bangladesh and the Philippines, HIV prevalence among female sex workers has remained low to date. However, behavioural risk factors provide the potential for rapid HIV transmission. Consistent condom use for sex work is low. Women working in brothels report an average of 19 clients per week and street-based workers report between 12 and 16 clients per week. Injecting drug use is also common in Bangladesh. In 2001, over 60% of injecting drug users reported sharing injecting equipment in the previous week. Furthermore, paid and unpaid sex between men is readily available.

While HIV infection among clients of female sex workers is not directly monitored through HIV surveillance systems, men attending clinics for sexually transmissible infections may be used as a proxy for clients of sex workers. In Vietnam, HIV prevalence among patients attending clinics for sexually transmissible infections increased from 0.5% in 1994 to around 1.5% in 2000.

Injecting drug use

In Asia, injecting drug users were one of the first populations to be affected by HIV. In areas where drug injection has been long established, such as in Manipur in north-eastern India, Yunnan in south-western China, Myitkyina in northern Myanmar and several urban areas in Thailand, HIV prevalence rates of over 40% have been recorded for several years.

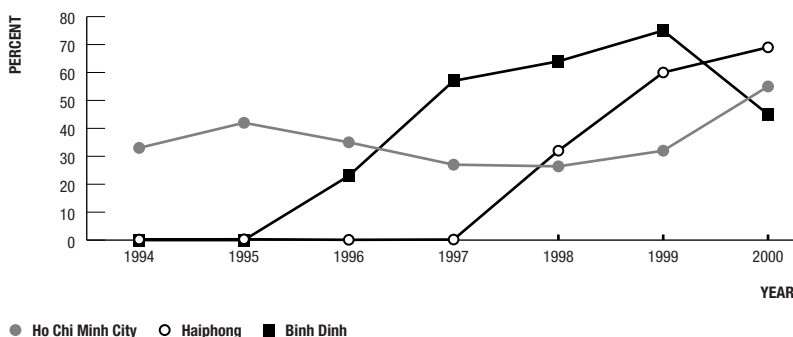
In Nepal, harm reduction programmes were carried out among injecting drug users in the early 1990s and HIV prevalence remained less than 1%. However, in early 1999, HIV prevalence was 40% among injecting drug users living in 19 cities in Nepal and was 50% in Kathmandu.

In Indonesia, injecting drug use is a relatively recently identified behavioural risk factor for HIV infection. The number of people seen at a drug addiction hospital in Jakarta has increased from around 1,500 in 1996 to almost 9,000 in 1999. In 2000, HIV prevalence was 40% when first measured among injecting drug users seen at treatment facilities in Jakarta.

In Iran, substantial levels of HIV infection were first identified among injecting drug users in prison in 1996. While HIV antibody testing among injecting drug users in the early 1990s identified only sporadic cases of infection, HIV prevalence was 29% among imprisoned injecting drug users in 1996.

In Vietnam, HIV prevalence has remained high among injecting drug users in Ho Chi Minh City but has recently sharply increased in other cities (Figure 1.2).

Figure 1.2 HIV prevalence among injecting drug users in Ho Chi Minh City, Haiphong and Binh Dinh, Vietnam, by year



Homosexually active men

While substantial HIV transmission has been documented among men and women with a history of heterosexual contact, or injecting drug use, HIV transmission through male homosexual contact has not been recognised in many Asian countries. However, transvestites and transsexuals – known as *katoey* in Thailand, *waria* in Indonesia and *hijra* in Bangladesh, provide culturally accepted forms of sex between men. More recently, openly gay scenes have begun to appear in many urban centres.

In Cambodia, HIV prevalence among men who have sex with men was 15% in 2000. Similar levels of HIV infection were recorded among male sex workers in Thailand, while in Malaysia HIV prevalence was around 10% in several states.

In Japan, the number of cases of HIV infection diagnosed among men who have sex with men has increased from less than 50 in 1992 to more than 200 in 2000.

Links between different sub-populations

HIV may be transmitted from populations at high risk of HIV infection to populations of lower risk through sexual contacts. While sharing of injecting equipment is a very effective means of spreading HIV, injecting drug users may also transmit HIV to their sexual partners. For example, injecting drug users sometimes sell sex and some male drug injectors are regular clients of female sex workers.

Female sex workers may also be at risk of HIV infection through injecting drug use. In Vietnam, 20 percent of female sex workers in Hanoi and 16 percent of sex workers in Ho Chi Minh City reported injecting drug use. In both cities, more than one third of street-based sex workers reported inconsistent condom use. In Bangladesh, up to 75 percent of male injecting drug users bought sex from female sex workers in the past year, and close to 10 percent also bought sex from men or transvestites. Less than 25 percent of the injecting drug users reported using a condom when last having paid for sex.

In a survey carried out in the Indonesian capital of Jakarta in 2000, more than one third of sexually active respondents reported that they had paid for sex in the past year and almost 60 percent reported sexual contact with multiple unpaid partners. Condom use in all of these relationships was limited. Approximately 50 percent of injecting drug users reported using a condom with their most recent paid partner.

While communities self-identified as "gay" are found throughout Asia, they co-exist with a more extensive practice of sex between men. In some countries, transvestites and transsexuals sell anal sex to men who identify themselves as heterosexual. Other male sex workers sell sex to men and to women and they may also have unpaid partners. In Cambodia, a study of 200 men who have sex with men found that 40 percent of the men had sex with both men and women in the past month and at least 13 percent reported unprotected penetrative sex. Men in northern Thailand who had sex with men reported twice the number of lifetime female partners, were more likely to visit female sex workers and were less likely to use condoms, compared to exclusively heterosexual men.

Increases in the annual number of diagnoses of sexually transmissible infections and the number of sexual partners suggest changing patterns of sexual behaviour in many countries. In China, the annual number of treated sexually transmissible infections gradually increased during the late 1980s and early 1990s, and then doubled from 430,000 cases in 1997 to 860,000 cases in 2000. In Indonesia, the percentage of unmarried transportation workers in Jakarta, Surabaya and Manado who reported that they were sexually active increased from around 67% in 1996 to 80% in 2000. The sexual behaviour of youth in Japan also appears to have changed significantly in the last few years. Results from a nationwide sexual behaviour survey carried out in 1999 indicated that people aged 18 – 24 years had initiated sexual intercourse earlier, had more casual partners, had more concurrent sexual relationships and had more paid sex than was reported in previous surveys.

Mobility and its risks

Movement of populations from low prevalence areas to high prevalence areas and back again provides HIV an opportunity to move with those populations. For example, up to 70% of men in the Far Western region of Nepal migrate to India for temporary or permanent work. Men from specific districts in Nepal elect to work in specific regions in India, some of which have high HIV prevalence and others that have relatively low HIV prevalence. In an area of Doti district in the Far West region of Nepal, 10 percent of migrant workers returning from Mumbai, a high HIV prevalence area in India, had HIV infection compared with 2 percent among non-migrant workers. While HIV prevalence among female sex workers was 4 percent, striking differences in HIV prevalence were found according to whether the women had worked in India. HIV prevalence was 50 percent among women who had worked in Mumbai, 7.4 percent among women who worked in other areas in India and 1.2 percent among women who had never worked in India.

In Indonesia, both sex workers and their clients frequently move from one location to another. Sex workers typically work in one location for about one year before moving to another location. In Kupang, West Timor, 80 percent of clients of sex workers reported having bought sex in other cities. The risks for HIV transmission associated with a mobile population of sex workers and their clients may be considered an “outsiders” problem in some local communities. However, a substantial proportion of clients of sex workers are men from the local community.

Given the current pattern of HIV transmission in Asia, the limitation in resources, and the low HIV prevalence in some countries, high priority should be given to prevention of HIV transmission related to sex work, injecting drug use and other high risk behaviours. Effective interventions need to address all affected groups as well as the context in which transmission occurs. Targeting intervention toward young people to increase awareness and knowledge of HIV transmission is a most cost effective investment in the future of all societies.

Source:

Monitoring the AIDS Pandemic (MAP) Network. The status and trends of HIV/AIDS/STI epidemics in Asia and the Pacific. 6th International Conference on AIDS in Asia and the Pacific. 30 September – 2 October 2001, Melbourne

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 2001, and for two previous yearly intervals

Cases

State/Territory	1 Jul 99 – 30 Jun 00		1 Jul 00 – 30 Jun 01		Cumulative to 30 June 01			
	Male	Female	Male	Female	Male	Female	Total†	%
ACT	1	1	0	0	87	9	96	1.1
NSW	102	15	47	8	4 757	202	4 971	57.6
NT	0	0	2	0	37	0	37	0.4
QLD	35	3	26	1	867	50	919	10.6
SA	6	2	3	0	352	25	377	4.4
TAS	1	0	0	0	45	3	48	0.6
VIC	45	2	43	1	1 709	73	1 791	20.8
WA	10	1	4	0	363	27	392	4.5
Total	200	24	125	10	8 217	389	8 631	100.0

Deaths

State/Territory	1 Jul 99 – 30 Jun 00		1 Jul 00 – 30 Jun 01		Cumulative to 30 Jun 01			
	Male	Female	Male	Female	Male	Female	Total†	%
ACT	2	1	1	0	68	4	72	1.2
NSW	71	1	38	1	3 258	115	3 381	56.2
NT	0	0	0	0	24	0	24	0.4
QLD	15	2	11	2	585	34	621	10.3
SA	2	0	4	1	235	16	251	4.2
TAS	1	0	0	0	29	2	31	0.5
VIC	29	3	23	1	1 306	51	1 364	22.7
WA	3	1	3	0	256	17	274	4.5
Total	123	8	80	5	5 761	239	6 018	100.0

† Totals include 25 AIDS cases and 18 deaths following AIDS in people whose sex was reported as transgender.

Table 1.2 Incidence of AIDS per million current population¹ by sex and State/Territory of diagnosis for the two most recent yearly intervals

State/ Territory	1 Jul 1999 – 30 Jun 2000			1 Jul 2000 – 30 Jun 2001		
	Male	Female	Total	Male	Female	Total
ACT	6.5	6.4	3.2	0.0	0.0	0.0
NSW	31.9	4.6	18.2	14.5	2.4	8.5
NT	0.0	0.0	0.0	19.3	0.0	10.2
QLD	19.8	1.7	10.7	14.5	0.6	7.5
SA	8.1	2.6	5.3	4.0	0.0	2.0
TAS	4.3	0.0	2.1	0.0	0.0	0.0
VIC	19.2	0.8	10.1	18.1	0.4	9.4
WA	10.6	1.1	5.9	4.2	0.0	2.1
Total	21.1	2.5	11.8	13.0	1.0	7.1

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 2001, and for two previous yearly intervals

Cases¹

Age group (years)	1 Jul 99 – 30 Jun 00		1 Jul 00 – 30 Jun 01		Cumulative to 30 Jun 01			
	Male	Female	Male	Female	Male	Female	Total ^a	%
0–2	0	0	0	0	9	7	16	0.2
2–12	0	0	0	0	20	9	29	0.3
0–12	0	0	0	0	29	16	45	0.5
13–19	1	0	0	0	27	4	31	0.4
20–29	19	4	8	2	1 346	100	1 459	16.9
30–39	89	12	43	5	3 455	140	3 603	41.7
40–49	56	3	41	3	2 302	65	2 369	27.4
50–59	28	2	22	0	799	31	832	9.6
60+	7	3	11	0	259	33	292	3.4
Total	200	24	125	10	8 217	389	8 631	100.0

Deaths²

Age group (years)	1 Jul 99 – 30 Jun 00		1 Jul 00 – 30 Jun 01		Cumulative to 30 Jun 01			
	Male	Female	Male	Female	Male	Female	Total ^a	%
0–2	0	0	0	0	5	5	10	0.1
2–12	0	0	0	0	16	6	22	0.4
0–12	0	0	0	0	21	11	32	0.5
13–19	1	0	0	0	14	3	17	0.3
20–29	10	1	3	1	671	43	724	12.0
30–39	51	6	27	2	2 311	88	2 405	40.0
40–49	41	0	32	0	1 833	42	1 877	31.2
50–59	16	0	11	1	688	23	711	11.8
60+	4	1	7	1	223	29	252	4.2
Total	123	8	80	5	5 761	239	6 018	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 2001, and for two previous yearly intervals

Exposure category	1 Jul 99 – 30 Jun 00		1 Jul 00 – 30 Jun 01		Cumulative to 30 Jun 01			%
	Male	Female	Male	Female	Male	Female	Total	
Male homosexual/ bisexual contact	132	–	86	–	6 835	–	6 835	82.3
Male homosexual/ bisexual contact and injecting drug use	11	–	7	–	375	–	375	4.5
Injecting drug use	12	4	3	1	180	88	268	3.2
<i>Heterosexual</i>	6	4	2	0	116	68	184	
<i>Not further specified</i>	6	0	1	1	64	20	84	
Heterosexual contact	21	16	18	9	322	202	524	6.3
<i>Sex with injecting drug user</i>	0	3	0	1	7	21	28	
<i>Sex with bisexual male</i>	–	0	–	2	–	41	41	
<i>From a high prevalence country</i>	7	4	4	3	60	39	99	
<i>Sex with person from a high prevalence country</i>	5	1	6	1	49	15	64	
<i>Sex with person with medically acquired HIV</i>	0	1	0	0	2	10	12	
<i>Sex with HIV infected person, exposure not specified</i>	1	3	1	2	29	27	56	
<i>Not further specified</i>	8	4	7	0	175	49	224	
Haemophilia/coagulation disorder	2	0	1	0	115	3	118	1.4
Receipt of blood/tissue	0	2	0	0	78	63	141	1.7
Health care setting	0	0	0	0	1	3	4	0.0
Total Adults/Adolescents	178	22	115	10	7 906	359	8 265	99.5
Children (under 13 years at AIDS diagnosis)								
Mother with/at risk for HIV infection	0	0	0	0	13	13	26	0.3
Haemophilia/coagulation disorder	0	0	0	0	5	0	5	0.0
Receipt of blood/tissue	0	0	0	0	11	3	14	0.2
Total children	0	0	0	0	29	16	45	0.5
Sub-total	178	22	115	10	7 935	375	8 310	100.0
Other/undetermined ¹	22	2	10	0	282	14	321	
Total	200	24	125	10	8 217	389	8 631	

1 The 'Other/undetermined' exposure category includes 25 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 2001, and for two previous yearly intervals

Exposure category	1 Jul 99 – 30 Jun 00		1 Jul 00 – 30 Jun 01		Cumulative to 30 Jun 01			
	Male	Female	Male	Female	Male	Female	Total	%
Male homosexual/ bisexual contact	86	–	57	–	4 891	–	4 891	84.1
Male homosexual/ bisexual contact and injecting drug use	9	–	5	–	262	–	262	4.5
Injecting drug use	6	0	6	2	106	51	157	2.7
<i>Heterosexual</i>	2	0	4	1	77	43	120	
<i>Not further specified</i>	4	0	2	1	29	8	37	
Heterosexual contact	8	8	3	1	148	112	260	4.5
<i>Sex with injecting drug user</i>	1	3	0	0	3	11	14	
<i>Sex with bisexual male</i>	–	0	–	1	–	28	28	
<i>From a high prevalence country</i>	2	0	1	0	13	12	25	
<i>Sex with person from a high prevalence country</i>	0	0	1	0	17	10	27	
<i>Sex with person with medically acquired HIV</i>	0	1	0	0	2	7	9	
<i>Sex with HIV infected person, exposure not specified</i>	0	0	0	0	22	14	36	
<i>Not further specified</i>	5	4	1	0	91	30	121	
Haemophilia/coagulation disorder	3	0	3	0	91	3	94	1.6
Receipt of blood/tissue	0	0	0	1	67	52	119	2.0
Health care setting	0	0	0	0	1	2	3	0.0
Total Adults/Adolescents	112	8	74	4	5 566	220	5 786	99.5
Children (under 13 years at death following AIDS)								
Mother with/at risk for HIV infection	0	0	0	0	7	9	16	0.3
Haemophilia/coagulation disorder	0	0	0	0	3	0	3	0.0
Receipt of blood/tissue	0	0	0	0	11	2	13	0.2
Total children	0	0	0	0	21	11	32	0.6
Sub-total	112	8	74	4	5 587	231	5 818	100.0
Other/undetermined ¹	11	0	6	1	174	8	200	
Total	123	8	80	5	5 761	239	6 018	

1 The 'Other/undetermined' exposure category includes 18 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 sex¹ and State/Territory, cumulative to 30 June 2001, and for two previous yearly intervals

State/Territory	1 July 99 – 30 Jun 00		1 Jul 00 – 30 Jun 01		Cumulative to 30 Jun 01			
	Male	Female	Male	Female	Male	Female	Total	Rate ²
ACT	10	2	4	0	228	27	255	81.6
NSW ³	368	35	296	34	11 398	655	12 319	189.4
NT	3	0	2	1	110	10	120	61.1
QLD	121	18	84	15	2 121	173	2 301	64.0
SA	22	3	25	5	707	66	773	51.5
TAS	0	1	2	0	80	5	85	18.1
VIC ⁴	154	16	164	18	4 115	237	4 391	91.5
WA	35	8	30	4	959	124	1 089	57.4
Total⁵	713	83	607	77	19 718	1 297	21 333⁶	110.7

- 1 Forty nine people (21 NSW, 7 QLD, 15 VIC and 6 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 245 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 269 people whose sex was not reported.
- 6 Estimated number of new diagnoses of HIV infection, adjusted for multiple reports, was 18 500 (range 18 050 to 18 950). 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 2001, and for two previous yearly intervals

Exposure category	1 Jul 99 – 30 Jun 00		1 Jul 00 – 30 Jun 01		Cumulative to 30 Jun 01			%
	Male	Female	Male	Female	Male	Female	Total ¹	
Male homosexual/ bisexual contact	473	–	398	–	13 603	–	13 603	77.7
Male homosexual/ bisexual contact and injecting drug use	35	–	24	–	693	–	693	4.0
Injecting drug use	36	5	26	4	596	183	787	4.5
<i>Heterosexual</i>	21	5	14	4	222	132	355	
<i>Not further specified</i>	15	0	12	0	374	51	432	
Heterosexual contact	97	75	82	64	1 013	816	1 832	10.5
<i>Sex with injecting drug user</i>	1	5	1	4	32	91	123	
<i>Sex with bisexual male</i>	–	8	–	6	–	113	113	
<i>From a high prevalence country</i>	29	25	25	32	186	196	383	
<i>Sex with person from a high prevalence country</i>	29	14	21	10	173	92	265	
<i>Sex with person with medically acquired HIV</i>	0	2	0	0	5	16	21	
<i>Sex with HIV infected person, exposure not specified</i>	6	11	4	5	58	120	179	
<i>Not further specified</i>	32	10	31	7	559	188	748	
Haemophilia/coagulation disorder	0	0	0	0	222	4	226	1.3
Receipt of blood/tissue	0	0	0	0	103	102	205	1.1
Health care setting ²	0	0	0	0	3	8	11	0.0
Total Adults/Adolescents¹	641	80	530	68	16 233	1 113	17 357	99.1
Children (under 13 years at HIV diagnosis)								
Mother with/at risk for HIV infection	1	1	1	2	39	28	67	0.4
Haemophilia/coagulation disorder	1	0	0	0	67	0	67	0.4
Receipt of blood/tissue	0	1	0	0	13	8	21	0.1
Total children	2	2	1	2	119	36	155	0.9
Sub-total	643	82	531	70	16 352	1 149	17 512	100.0
Other/undetermined ³	70	1	76	7	3 366	148	3 821	
Total¹	713	83	607	77	19 718	1 297	21 333⁴	

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' exposure category includes 3 803 adults/adolescents and 18 children. Forty nine 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 footnote Table 2.1

Table 2.3 Number of new diagnoses of HIV infection by sex and age group, cumulative to 30 June 2001, and for two previous yearly intervals

Age group (years)	1 Jul 99 – 30 Jun 00		1 Jul 00 – 30 Jun 01		Cumulative to 30 Jun 01			%
	Male	Female	Male	Female	Male	Female	Total ¹	
0–2	0	1	1	2	43	19	63	0.3
3–12	2	1	0	0	91	19	110	0.5
0–12	2	2	1	2	134	38	173	0.8
13–19	8	4	7	3	417	85	511	2.4
20–29	165	33	135	33	6 654	532	7 305	34.2
30–39	306	31	254	22	7 319	359	7 784	36.5
40–49	138	8	125	10	3 465	139	3 650	17.1
50–59	64	1	56	1	1 164	50	1 227	5.8
60+	24	3	18	2	384	59	445	2.1
Not reported	6	1	11	4	181	35	238	1.1
Total¹	713	83	607	77	19 718	1 297	21 333	100.0

1 See footnotes Table 2.2

Table 2.4 Number of new diagnoses of HIV infection in the year 1 July 2000 to 30 June 2001 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 00 – 31 Dec 00		1 Jan 01 – 30 Jun 01		1 Jul 00 – 30 Jun 01		
	Male	Female	Male	Female	Male	Female	Total ³
ACT	1	0	0	0	1	0	1
NSW ¹	33	0	38	2	71	2	74
NT	0	1	2	0	2	1	3
QLD	12	1	12	2	24	3	27
SA	3	1	3	0	6	1	7
TAS	0	0	1	0	1	0	1
VIC	22	2	28	0	50	2	52
WA ²	6	0	3	0	9	0	10
Total³	77	5	87	4	164	9	175

1 Total includes one person whose sex was not reported.

2 Total includes one person whose sex was reported as transgender.

3 Total includes one person whose sex was reported as transgender and one person whose sex was not reported.

Table 2.5 Number of new diagnoses of HIV infection in the year 1 July 2000 to 30 June 2001 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 00 – 31 Dec 00		1 Jan 01 – 30 Jun 00		1 Jul 00 – 30 Jun 01		
	Male	Female	Male	Female	Male	Female	Total ¹
Male homosexual/bisexual contact	63	–	79	–	142	–	142
Male homosexual/bisexual contact and injecting drug use	2	–	0	–	2	–	2
Injecting drug use (female and heterosexual male)	4	1	3	0	7	1	9
Heterosexual contact	4	4	4	3	8	7	15
Health care setting	0	0	0	0	0	0	0
Other/undetermined	4	0	1	1	5	1	7
Total¹	77	5	87	4	164	9	175

¹ Totals include one person whose sex was reported as transgender and one person whose sex was not reported.

Table 2.6 Number of new diagnoses of HIV infection in the year 1 July 2000 to 30 June 2001 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 00 – 31 Dec 00		1 Jan 01 – 30 Jun 01		1 Jul 00 – 30 Jun 01		
	Male	Female	Male	Female	Male	Female	Total ¹
13–19	2	0	1	0	3	0	3
20–29	22	4	24	0	46	4	50
30–39	31	1	37	2	68	3	72
40–49	14	0	18	0	32	0	32
50–59	7	0	5	1	12	1	13
60+	1	0	1	1	2	1	3
Not reported	0	0	1	0	1	0	2
Total¹	77	5	87	4	164	9	175

¹ Totals include one person whose sex was reported as transgender and one person whose sex was not reported.

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 to 30 June 2001

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	1 317	973	554	383	5	0	5
Livingstone Road Sexual Health Centre, Marrickville, NSW	296	337	126	110	0	0	0
Brisbane Sexual Health Clinic, QLD	936	702	295	222	1	0	1
Gold Coast Sexual Health Clinic, QLD	379	524	118	228	0	0	0
Clinic 275, Adelaide, SA	897	606	623	400	0	0	0
Melbourne Sexual Health Centre, VIC	1 810	1 491	564	453	14	3	17
Total	5 635	4 633	2 280	1 796	20	3	23

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 to 30 June 2001

Exposure category	Previous negative HIV antibody test		% retested for HIV antibody		Newly diagnosed with HIV infection			
	Male	Female	Male	Female	Male	Female	Total	%
Male homosexual/bisexual contact	736	–	58.3	–	2	–	2	0.5
Male homosexual/bisexual contact and injecting drug use	64	–	54.7	–	4	–	4	11.4
Injecting drug use (female and heterosexual male)	153	106	48.4	50.9	0	0	0	0.0
Heterosexual contact	1 510	1 472	38.5	34.4	0	0	0	0.0
<i>outside Australia</i>	154	101	55.8	53.5	0	0	0	0.0
<i>within Australia only</i>	1 356	1 371	36.6	33.0	0	0	0	0.0
Sex worker	–	439	–	24.8	–	0	0	0.0
Sex worker and injecting drug use	–	38	–	52.6	–	0	0	0.0
Other/undetermined	67	89	41.8	34.8	1	0	1	1.7
Total	2 530	2 144	45.4	40.1	7	0	7	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 to 30 June 2001

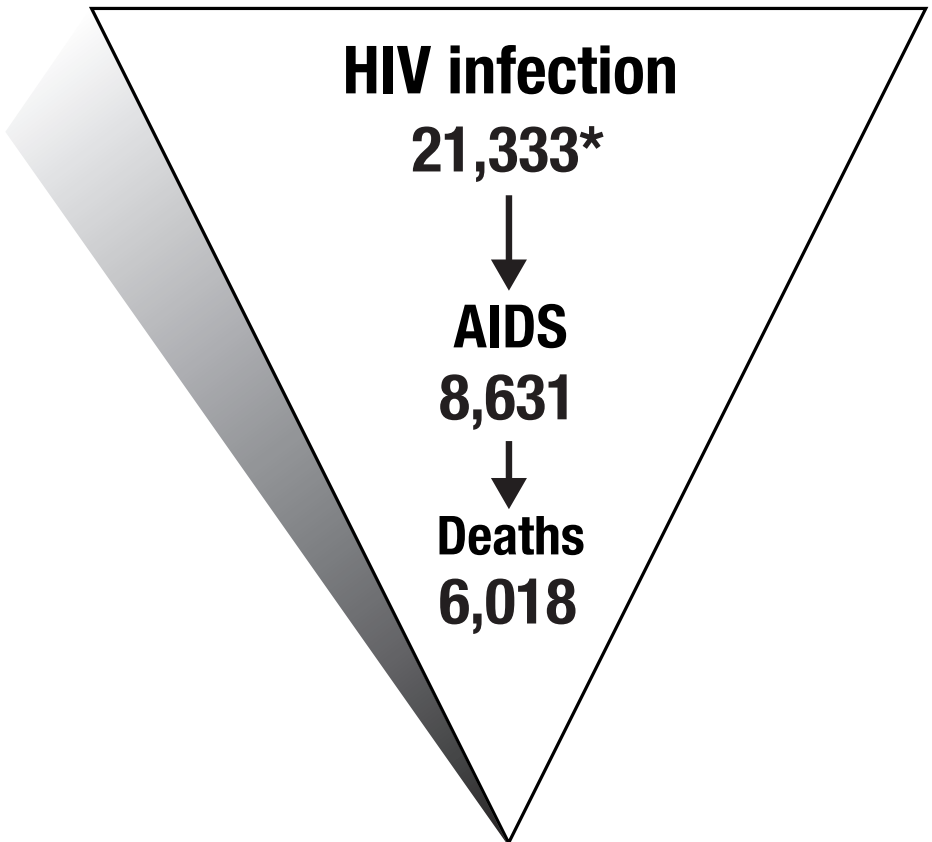
Exposure category	No previous HIV antibody test		% tested for HIV antibody		Newly diagnosed with HIV infection			
	Male	Female	Male	Female	Male	Female	Total	%
Male homosexual/bisexual contact	452	–	52.2	–	8	–	8	3.4
Male homosexual/bisexual contact and injecting drug use	23	–	39.1	–	0	–	0	0.0
Injecting drug use (female and heterosexual male)	60	58	76.7	41.4	0	0	0	0.0
Heterosexual contact	1 683	1 773	44.4	38.5	2	0	2	0.1
<i>outside Australia</i>	140	146	58.6	57.5	0	0	0	0.0
<i>within Australia only</i>	1 543	1 627	43.1	36.8	2	0	2	0.2
Sex worker	–	133	–	73.7	–	0	0	0.0
Sex worker and injecting drug use	–	33	–	51.5	–	0	0	0.0
Other/undetermined	385	431	24.4	26.7	3	3	6	2.9
Total	2 603	2 428	43.5	38.6	13	3	16	0.6

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 to 30 June 2001

Age group (years)	Seen at Clinic		Tested for HIV antibody		Newly diagnosed with HIV infection		
	Male	Female	Male	Female	Male	Female	Total
13–19	167	471	84	176	0	0	0
20–29	2 004	2 444	944	936	4	0	4
30–39	1 950	1 114	731	437	11	3	14
40–49	893	437	318	188	4	0	4
50–59	427	138	142	52	1	0	1
60+	194	27	61	7	0	0	0
Not reported	0	2	0	0	0	0	0
Total	5 635	4 633	2 280	1 796	20	3	23

The HIV epidemic in Australia

A cumulative profile to 30 June 2001



* Estimated number of new diagnoses of HIV infection, adjusted for multiple reports, was 18,500 (range 18,050 to 18,950), cumulative to 30 June 2001.



Diagnoses in the second quarter

1 April– 30 June

- a total of 158 diagnoses of HIV infection, 20 diagnoses of AIDS and 13 deaths following AIDS were reported, by 30 September 2001, to have occurred in the second quarter of 2001
- following adjustment for reporting delay, the estimated numbers of AIDS diagnoses and deaths following AIDS occurring in the second quarter of 2001 were 33 and 25
- in comparison, 192 diagnoses of HIV infection, 50 diagnoses of AIDS and 37 deaths following AIDS were reported, by 30 September 2001, to have occurred in the second quarter of 2000

New HIV infection

During the second quarter of 2001, 37 cases were reported as having newly acquired HIV infection identified by a negative test within the 12 months prior to diagnosis or the diagnosis of HIV seroconversion illness. A history of homosexual contact, with or without a history of injecting drug use, was reported in 82.9% of cases.

Diagnoses in the year to 30 June 2001

- 689 diagnoses of HIV infection
- 136 diagnoses of AIDS
- 85 deaths following AIDS were reported by 30 September 2001

HIV diagnoses

People diagnosed with HIV infection in the year to 30 June 2001 had an average age of 36 years and 1.5% was in the age group 13 – 19 years

- 88.1% were male, 11.2% were female and sex was reported as transgender for 0.3% of cases
- of 422 cases of HIV infection in adult/adolescent men, newly diagnosed in the year to 30 June 2001 for which exposure to HIV was recorded, a history of homosexual contact, with or without a history of injecting drug use, was reported in 79.6%

Total diagnoses to 30 June 2001

- 21,333 diagnoses of HIV infection
- 18,500 diagnoses of HIV infection following adjustment for multiple reporting
- 8,631 diagnoses of AIDS
- 6,018 deaths following AIDS were reported by 30 September 2001

HIV testing in sexual health clinics

Six sexual health clinics in Adelaide, Brisbane, Gold Coast, Melbourne and Sydney tested 4,076 people in the quarter 1 April – 30 June 2001 who were not previously known to have HIV infection

- of 2,069 people reported as having been tested for the first time, 16 (0.6%) were found to have HIV infection
- of 2,007 people reported as having been retested following a previous negative test, 7 (0.3%) were found to have HIV infection
- of 429 men who reported a history of homosexual contact only, and who were retested following a previous negative test, 2 (0.5%) were newly diagnosed with HIV infection

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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.

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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State/Territory publications of surveillance data, available through the Internet, are listed below:

NSW Public Health Bulletin	www.health.nsw.gov.au/public-health/phb/phb.html
The Northern Territory Disease Control Bulletin	www.nt.gov.au/nths/publich/cdc/bulletin.htm
Sexually Transmitted Diseases in South Australia	www.stdservices.on.net/publications
Victorian Infectious Diseases Bulletin	www.dhs.vic.gov.au/phd/vidb/
Disease WA	www.public.health.wa.gov.au/

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