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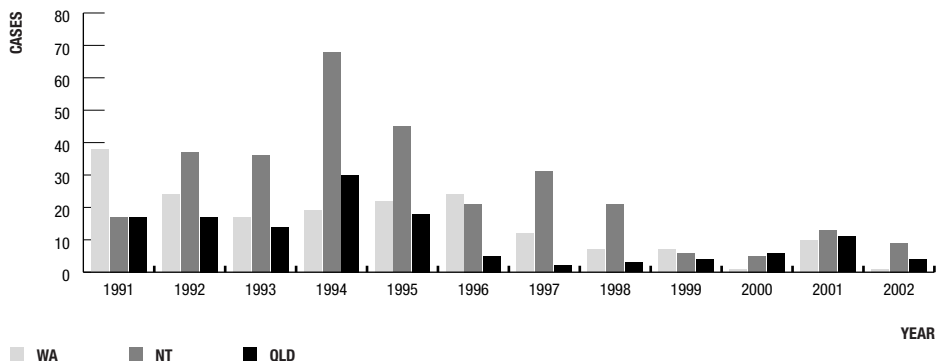
National Donovanosis Eradication (Elimination) Project 2001–2004*

Background

Donovanosis is a relatively uncommon condition with low infectivity. It is characterised by large painless genital ulcers that become chronic if left untreated. The ulceration may be extensive and destructive, resulting in severe genital mutilation (Miller 2001). Secondary bacterial infection is common, and may cause pain and a characteristic, offensive smell, resulting in affected people being marginalised from their community (Mein *et al* 1995).

Historically, donovanosis occurs mainly in developing countries and is associated with poverty, poor access to health services, poor genital hygiene and tropical climate (Latif 1987). The first documented case of donovanosis in Australia occurred in the 1890s. Donovanosis continues to be diagnosed in Australia among Aboriginal and Torres Strait Islander people living in rural or remote communities in northern and central Australia (Miller 2001). However, surveillance of new diagnoses of donovanosis in the Northern Territory, Queensland and Western Australia indicates that the number of notifications of donovanosis is small and has declined over time (Figure 1).

Figure 1 Number of diagnoses of donovanosis, by State/Territory and year



Source: National Notifiable Diseases Surveillance System

* "The National Donovanosis Eradication Project 2001–2004" is the official title of the project. "Elimination" is the more correct epidemiological term.

The National Centre in HIV Epidemiology and Clinical Research is funded by the Commonwealth Department of Health and Ageing and is affiliated with the Faculty of Medicine, The University of New South Wales. Its work is overseen by the Australian National Council on HIV, AIDS, Hepatitis C (Hepatitis) and Sexual Health (ANCHHS).

Announcements

National meetings

The **Australasian Society for HIV Medicine Conference 2003 Global Crisis: Local Action** will be held in Cairns, Queensland, on 22 – 25 October 2003. Further information may be obtained from The Australasian Society for HIV Medicine,
Locked Mail Bag 5057, Darlinghurst NSW 1300 Australia.

Telephone: 61 2 9368 2700

Facsimile: 61 2 9380 9528

E-mail: ashm@ashm.org.au

Website: www.ashm.org.au

The **Eleventh National Symposium on hepatitis B and C** will be held at St Vincent's Hospital, Melbourne, VIC, on Saturday 22 November 2003. Further information may be obtained from Ms Eleanor Belot, Meeting Administrator.

Telephone: 03 9288 3580

Facsimile: 03 9288 3590

E-mail: belote@svhm.org.au

The **Australasian Sexual Health Conference 2004 – Behind the Mask** – will be held in Adelaide, SA, on 31 March – 3 April 2004. Further information may be obtained from Dart Associates, PO Box 781, Lane Cove NSW 2066.

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Donovanosis has been a neglected disease. Little progress had been made in our understanding of donovanosis since the early 1950s (Richens 1991; Miller 2001). The causative organism *Klebsiella granulomatis* (formerly *Calymmatobacterium granulomatis*) had not been cultured for thirty years until 1996 in South Africa (Kharsany *et al* 1996) and in 1997 by a group in Darwin (Carter *et al* 1997). This development contributed to increased accuracy in laboratory methods of diagnosis.

In 1994, a pilot study of azithromycin treatment for donovanosis was carried out, followed by a field trial in central Australia in 1995 (Bowden *et al* 1996; Skov *et al* 1998). These studies provided evidence that azithromycin was an effective and acceptable treatment for donovanosis. One gram taken weekly for four weeks or 500mg daily for seven days or until the ulcer has epithelialised will cure the disease. Prior to the introduction of azithromycin treatment in 1996, long courses of antibiotic treatment (up to several weeks) were the recommended management (Mein *et al* 1995; Mein *et al* 1996; Rajam and Rangiah (1954); Richens (1991)).

During 1997–1998, a project involving active follow up of donovanosis cases was carried out in central Australia. The project provided education, training and back up to primary health care workers to enable them to manage genital ulcer disease (GUD) until cure. The project officer ensured that all confirmed donovanosis cases were notified to the National Notifiable Disease Surveillance System (NNDSS). Thirty seven cases were followed to cure, demonstrating that active case follow up, and support of primary health care workers, could lead to improved medication compliance and control (Miller 2001, Howard 2003).

People with sexually transmissible infections are at increased risk of HIV infection but the risks are further increased for GUD, particularly donovanosis (O'Farrell *et al* 1991a; O'Farrell *et al* 1991b; O'Farrell (1995)). Ulcers caused by donovanosis bleed easily and HIV may be carried in the secretions from a person with HIV infection to an inoculation site. People with AIDS who also have donovanosis have difficulty clearing donovanosis, even during long courses of antibiotics (Richens 1991). Reducing the occurrence of GUD in a population early in the course of an HIV epidemic may further limit HIV transmission (O'Farrell *et al* 1991b).

Major barriers to the elimination of donovanosis are under diagnosis, under notification and poor adherence to treatment regimes (Miller 2001, Mein *et al* 1995). The physical, social, emotional and public health outcomes of donovanosis infection provide compelling arguments for maintaining targeted surveillance of donovanosis until elimination of the disease. The role of the National Donovanosis Eradication (Elimination) Project is discussed below.

National Donovanosis Eradication (Elimination) Project, 2001–2004

The National Donovanosis Eradication Project (NDEP) commenced after a decade of renewed interest in the disease. Targeted surveillance, high quality education and support for primary health care workers, intermittent or short course oral medication and new laboratory techniques were the strategies employed for the elimination of donovanosis.

Four project officers were appointed in 2001 to support the activities of primary health care workers in areas where the disease was endemic. The positions were based in Alice Springs, Darwin, Perth and Cairns. The NDEP was funded by the Australian Government Department of Health and Ageing's Office for Aboriginal and Torres Strait Islander Health (OATSIH) through the National Indigenous Australians' Sexual Health Strategy. A National Donovanosis Elimination Advisory Committee (NDEAC) was established, to provide progress reports and expert advice on the implementation of the NDEP to the OATSIH. The National Donovanosis Eradication Team (NDET) was a technical advisory team that supported the four project officers to deliver a national approach to the project through national meetings and resource development. The project will run until 2004.

The aim of the NDEP was to eliminate donovanosis from Australia by increasing the capacity of primary health care workers to recognise and manage GUD. Project officers provided education and training in the use of standard treatment protocols to support early diagnosis, treatment and follow up by primary health care workers (CARPA Standard Treatment Manual (2003); Communicable Disease Control Branch (2001); Primary Clinical Care Manual (2003)). Syndromic management of GUD was promoted, as was the use of laboratory testing. The officer in each jurisdiction facilitated directly observed treatment and ensured that all cases were followed up and notified to the local and national surveillance system. Project officers encouraged sexual health best practice and contributed to prevention strategies in each jurisdiction to limit the spread of STIs.

The number of notified donovanosis cases gradually declined from 1996 following introduction of azithromycin treatment for donovanosis (Miller 2001). Azithromycin for the treatment of trachoma and sexually transmitted chlamydial infections and widespread general use of antibiotics may also have contributed to the decline in donovanosis notifications (O'Farrell 1995).

By raising awareness of donovanosis, the NDEP has improved case finding and management of GUD, including cases due to primary syphilis and herpes simplex virus, in areas where donovanosis had been diagnosed previously. Education and training of primary health workers has been a key donovanosis control strategy. Management guidelines for donovanosis, herpes and syphilis, provided as wall charts and fact sheets, are examples of the resources that have been made available to primary health care workers.

Elimination will be achieved when regions that have previously notified donovanosis cases have no further notifications while maintaining enhanced surveillance. The donovanosis-free time frame agreed on by the National Donovanosis Advisory Committee was two years, based on the longest reported incubation period for donovanosis.

Summary

Over the last decade, improved laboratory techniques have made the diagnosis of donovanosis more accurate, and short course antibiotic therapy using azithromycin has improved treatment compliance and reduced morbidity. The elimination of donovanosis will reduce at least one of the risk factors for HIV transmission in rural and remote communities, and enhanced surveillance of GUD will alert surveillance teams to the risks brought by other GUD such as herpes and primary syphilis. The donovanosis project has promoted awareness of the disease and provided targeted clinical support, high quality education and enhanced surveillance by primary health care providers who play an essential role in the elimination of the condition.

Reported by

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Acknowledgements

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Queensland project officers during 2002–2003: Brenda Henry and Chris Wilson
Members of NDET for technical and other support.
Colleagues in each region for their valuable contribution.

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Obituary

Margaret MacDonald

Epidemiologist
1956–2003

Margaret MacDonald, who died suddenly on September 29, was a unique and wonderful individual and an outstanding contributor to our knowledge about injecting drug use and its harms.

Margaret joined the research team at the National Centre in HIV Epidemiology and Clinical Research in 1992, making a transition from her already successful career as a specialist nurse in paediatric intensive care.

She quickly became involved in several key projects in disease surveillance.

The annual national survey of needle and syringe programs that she developed became the cornerstone of much of her research, including the work for her doctorate.

The survey was initially developed at a small number of sites. By the time of the 2003 survey, which was scheduled to begin the day Margaret died, nearly 50 sites were involved across the country in the collection of blood specimens and behavioural questionnaires from more than 2,500 participants. This innovative surveillance mechanism has guided Australia's response to the risk of blood-borne viral transmission through injecting drug use.

In 2002, Margaret completed a comprehensive international analysis that showed a strong association between the implementation of needle and syringe programs and lower levels of HIV and hepatitis C infection. She had key responsibilities in the evaluation, published just two months ago, of Australia's first supervised injecting room. Over the past year she was appointed as a WHO consultant to assist the Malaysian government in conducting behavioural and viral surveillance in difficult-to-reach populations.

She is survived by her partner of nine years, Kate Dolan.

Professor John Kaldor

National Centre in HIV Epidemiology and Clinical Research, Sydney

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 2003, and for two previous yearly intervals

Cases

State/Territory	1 Jul 01 – 30 Jun 02		1 Jul 02 – 30 Jun 03		Cumulative to 30 Jun 03			
	Male	Female	Male	Female	Male	Female	Total†	%
ACT	0	0	2	0	90	9	99	1.1
NSW	82	4	60	2	4 943	213	5 170	57.0
NT	1	0	0	0	38	0	38	0.4
QLD	39	3	21	3	932	56	990	10.9
SA	15	4	5	1	377	30	407	4.5
TAS	1	0	1	1	47	4	51	0.5
VIC	39	7	33	3	1 791	87	1 887	20.8
WA	16	2	8	1	397	33	432	4.8
Total	193	20	130	11	8 615	432	9 074	100.0

Deaths

State/Territory	1 Jul 01 – 30 Jun 02		1 Jul 02 – 30 Jun 03		Cumulative to 30 Jun 03			
	Male	Female	Male	Female	Male	Female	Total†	%
ACT	2	0	0	0	71	4	75	1.2
NSW	39	2	32	3	3 402	125	3 536	56.2
NT	1	0	1	0	26	0	26	0.4
QLD	11	1	11	2	611	38	651	10.4
SA	8	2	7	2	252	20	272	4.4
TAS	0	0	1	0	31	2	33	0.5
VIC	13	5	11	0	1 334	57	1 398	22.2
WA	4	1	1	2	273	22	296	4.7
Total	78	11	64	9	6 000	268	6 287	100.0

† Totals include 27 AIDS cases and 19 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 01 – 30 Jun 02			1 Jul 02 – 30 Jun 03		
	Male	Female	Total	Male	Female	Total
ACT	0.0	0.0	0.0	12.6	0.0	6.2
NSW	25.0	1.2	13.2	18.1	0.6	9.4
NT	9.7	0.0	5.1	0.0	0.0	0.0
QLD	21.4	1.6	11.5	11.3	1.6	6.4
SA	20.0	5.2	12.5	6.6	1.3	3.9
TAS	4.3	0.0	2.1	4.3	4.2	4.2
VIC	16.4	2.9	9.5	13.7	1.2	7.3
WA	16.7	2.1	9.4	8.2	1.0	4.6
Total	19.9	2.0	11.0	13.2	1.1	7.2

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 2003, and for two previous yearly intervals

Cases¹

Age group (years)	1 Jul 01 – 30 Jun 02		1 Jul 02 – 30 Jun 03		Cumulative to 30 Jun 03			%
	Male	Female	Male	Female	Male	Female	Total†	
0–2	0	1	0	0	9	9	18	0.2
2–12	0	1	0	0	20	10	30	0.3
0–12	0	2	0	0	29	19	48	0.5
13–19	0	0	0	0	27	4	31	0.3
20–29	14	2	10	3	1 380	108	1 501	16.5
30–39	78	9	37	6	3 590	162	3 761	41.5
40–49	67	3	49	2	2 442	70	2 514	27.7
50–59	24	4	25	0	860	35	898	9.9
60+	10	0	9	0	287	34	321	3.5
Total	193	20	130	11	8 615	432	9 074	100.0

Deaths²

Age group (years)	1 Jul 01 – 30 Jun 02		1 Jul 02 – 30 Jun 03		Cumulative to 30 Jun 03			%
	Male	Female	Male	Female	Male	Female	Total†	
0–2	0	1	0	0	5	6	11	0.2
2–12	1	0	0	0	17	6	23	0.4
0–12	1	1	0	0	22	12	34	0.5
13–19	0	0	0	0	14	3	17	0.3
20–29	3	1	1	2	683	47	741	11.8
30–39	24	4	19	5	2 394	98	2 498	39.7
40–49	26	1	26	2	1 916	46	1 964	31.2
50–59	14	4	13	0	728	30	758	12.1
60+	10	0	5	0	243	32	275	4.4
Total	78	11	64	9	6 000	268	6 287	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 2003, and for two previous yearly intervals

Exposure category	1 Jul 01 – 30 Jun 02		1 Jul 02 – 30 Jun 03		Cumulative to 30 Jun 03			%
	Male	Female	Male	Female	Male	Female	Total	
Male homosexual/bisexual contact	147	–	87	–	7 132	–	7 132	81.6
Male homosexual/bisexual contact and injecting drug use	6	–	12	–	400	–	400	4.6
Injecting drug use	8	2	5	2	191	93	284	3.3
<i>Heterosexual</i>	4	1	5	1	124	70	194	
<i>Not further specified</i>	4	1	0	1	67	23	90	
Heterosexual contact	22	14	16	8	371	232	603	6.9
<i>Sex with injecting drug user</i>	0	1	0	1	7	25	32	
<i>Sex with bisexual male</i>	–	1	–	1	–	43	43	
<i>From a high prevalence country</i>	4	5	3	3	71	52	123	
<i>Sex with person from a high prevalence country</i>	3	0	3	1	58	16	74	
<i>Sex with person with medically acquired HIV</i>	0	0	0	0	2	10	12	
<i>Sex with HIV infected person, exposure not specified</i>	5	2	0	1	35	31	66	
<i>Not further specified</i>	10	5	10	1	198	55	253	
Haemophilia/coagulation disorder	2	0	1	0	118	3	121	1.4
Receipt of blood/tissue	0	0	0	1	78	65	143	1.6
Health care setting	0	0	0	0	1	3	4	0.1
Total Adults/Adolescents	185	16	121	11	8 291	396	8 687	99.5
Children (under 13 years at AIDS diagnosis)								
Mother with/at risk for HIV infection	0	2	0	0	13	16	29	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	0.1
Total children	0	2	0	0	29	19	48	0.5
Sub-total	185	18	121	11	8 320	415	8 735	100.0
Other/undetermined ¹	8	2	9	0	295	17	339	
Total	193	20	130	11	8 615	432	9 074	

1 The 'Other/undetermined' exposure category includes 27 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 2003, and for two previous yearly intervals

Exposure category	1 Jul 01 – 30 Jun 02		1 Jul 02 – 30 Jun 03		Cumulative to 30 Jun 03			%
	Male	Female	Male	Female	Male	Female	Total	
Male homosexual/ bisexual contact	61	–	47	–	5 082	–	5 082	83.6
Male homosexual/bisexual contact and injecting drug use	6	–	5	–	278	–	278	4.6
Injecting drug use	5	0	2	2	114	54	168	2.8
<i>Heterosexual</i>	1	0	0	1	78	44	122	
<i>Not further specified</i>	4	0	2	1	36	10	46	
Heterosexual contact	5	9	5	6	162	130	292	4.8
<i>Sex with injecting drug user</i>	0	0	0	1	4	12	16	
<i>Sex with bisexual male</i>	–	1	–	2	–	31	31	
<i>From a high prevalence country</i>	3	4	0	0	17	16	33	
<i>Sex with person from a high prevalence country</i>	0	0	1	0	19	10	29	
<i>Sex with person with medically acquired HIV</i>	0	0	0	0	2	7	9	
<i>Sex with HIV infected person, exposure not specified</i>	0	1	0	1	22	17	39	
<i>Not further specified</i>	2	3	4	2	98	37	135	
Haemophilia/coagulation disorder	0	0	1	0	93	3	96	1.6
Receipt of blood/tissue	0	1	0	0	68	55	123	2.0
Health care setting	0	0	0	0	1	2	3	0.0
Total Adults/Adolescents	77	10	60	8	5 798	244	6 042	99.4
Children (under 13 years at death following AIDS)								
Mother with/at risk for HIV infection	1	1	0	0	8	10	18	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	1	1	0	0	22	12	34	0.6
Sub-total	78	11	60	8	5 820	256	6 076	100.0
Other/undetermined ¹	0	0	4	1	180	12	211	
Total	78	11	64	9	6 000	268	6 267	

1 The 'Other/undetermined' exposure category includes 19 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 2003, and for two previous yearly intervals

State/Territory	1 Jul 01 – 30 Jun 02		1 Jul 02 – 30 Jun 03		Cumulative to 30 Jun 03			
	Male	Female	Male	Female	Male	Female	Total	Rate ²
ACT	8	1	4	0	240	28	268	83.1
NSW ³	339	28	394	31	12 151	707	13 120	196.7
NT	5	2	4	2	119	14	133	67.4
QLD	90	13	129	17	2 324	201	2 533	67.5
SA	34	10	25	3	766	79	845	55.4
TAS	4	1	2	1	85	7	92	19.4
VIC ⁴	193	28	188	18	4 495	281	4 818	98.3
WA	29	15	38	12	1 039	154	1 199	61.8
Total⁵	702	98	784	84	21 219	1 471	23 008⁶	116.3

1 Fifty eight people (26 NSW, 8 QLD, 18 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 236 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 260 people whose sex was not reported.

6 Estimated number of new diagnoses of HIV infection, adjusted for multiple reports, was 20 160 (range 19 690 to 20 640).

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 2003, and for two previous yearly intervals

Exposure category	1 Jul 01 – 30 Jun 02		1 Jul 02 – 30 Jun 03		Cumulative to 30 Jun 03			%
	Male	Female	Male	Female	Male	Female	Total ¹	
Male homosexual/ bisexual contact	507	–	570	–	14 847	–	14 847	77.3
Male homosexual/bisexual contact and injecting drug use	31	–	36	–	794	–	794	4.1
Injecting drug use	22	6	20	5	632	196	835	4.3
<i>Heterosexual</i>	17	5	10	4	252	144	397	
<i>Not further specified</i>	5	1	10	1	380	52	438	
Heterosexual contact	72	85	82	73	1 153	970	2 127	11.1
<i>Sex with injecting drug user</i>	3	2	1	5	32	94	126	
<i>Sex with bisexual male</i>	–	8	–	8	–	130	130	
<i>From a high prevalence country</i>	27	35	20	27	240	269	510	
<i>Sex with person from a high prevalence country</i>	13	14	22	8	204	108	312	
<i>Sex with person with medically acquired HIV</i>	0	0	0	0	5	17	22	
<i>Sex with HIV infected person, exposure not specified</i>	3	13	6	13	66	143	210	
<i>Not further specified</i>	26	13	33	12	606	209	817	
Haemophilia/coagulation disorder	1	0	0	0	221	4	225	1.2
Receipt of blood/tissue	0	0	0	0	106	102	208	1.1
Health care setting ²	0	1	0	0	3	9	12	0.1
Total Adults/Adolescents¹	633	92	708	78	17 756	1 281	19 048	99.2
Children (under 13 years at HIV diagnosis)								
Mother with/at risk for HIV infection ³	0	3	1	0	40	31	71	0.4
Haemophilia/coagulation disorder	0	0	0	0	66	0	66	0.3
Receipt of blood/tissue	0	0	0	0	13	8	21	0.1
Total children	0	3	1	0	119	39	158	0.8
Sub-total	633	95	709	78	17 875	1 320	19 206	100.0
Other/undetermined ⁴	69	3	75	6	3 344	151	3 802	
Total¹	702	98	784	84	21 219	1 471	23 008⁵	

1 Total column includes people whose sex was not reported.

2 'Health care setting' includes 6 cases of occupationally acquired HIV infection and 4 cases of HIV transmission in surgical rooms.

3 A total of 303 children were notified as having been born to women with HIV infection, cumulative to 30 June 2003.

4 The 'Other/undetermined' exposure category includes 3 790 adults/adolescents and 18 children. Fifty eight people whose sex was reported as transgender were included in the 'Other/undetermined' category. The 'Other/undetermined' category was excluded from the calculation of the percentage of cases attributed to each exposure category.

5 See footnote Table 2.1

Table 2.3 Number of new diagnoses of HIV infection by sex and age group, cumulative to 30 June 2003, and for two previous yearly intervals

Age group (years)	1 Jul 01 – 30 Jun 02		1 Jul 02 – 30 Jun 03		Cumulative to 30 June 03			
	Male	Female	Male	Female	Male	Female	Total ¹	%
0–2	0	1	0	0	43	20	64	0.3
3–12	0	2	1	0	91	21	112	0.5
0–12	0	3	1	0	134	41	176	0.8
13–19	9	5	5	4	433	94	536	2.3
20–29	168	32	171	27	7 047	597	7 767	33.7
30–39	289	41	321	37	7 921	430	8 458	36.8
40–49	155	9	170	9	3 774	153	3 970	17.2
50–59	59	6	89	2	1 314	57	1 383	6.0
60+	22	2	27	5	428	67	497	2.2
Not reported	0	0	0	0	168	32	221	1.0
Total¹	702	98	784	84	21 219	1 471	23 008	100.0

1 See footnotes Table 2.2

Table 2.4 Number of new diagnoses of HIV infection in the year 1 July 2002 to 30 June 2003 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 02 – 31 Dec 02		1 Jan 03 – 30 Jun 03		1 Jul 02 – 30 Jun 03		
	Male	Female	Male	Female	Male	Female	Total ³
ACT	1	0	0	0	1	0	1
NSW ¹	68	2	78	1	146	3	151
NT	0	0	0	0	0	0	0
QLD	21	2	17	1	38	3	41
SA	5	0	5	0	10	0	10
TAS	1	0	0	0	1	0	1
VIC ²	24	0	36	3	60	3	64
WA	4	1	7	0	11	1	12
Total³	124	5	143	5	267	10	280

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

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

3 Total includes two people 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 2002 to 30 June 2003 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 02 – 31 Dec 02		1 Jan 03 – 30 Jun 03		1 Jul 02 – 30 Jun 03		
	Male	Female	Male	Female	Male	Female	Total ^a
Male homosexual/bisexual contact	111	–	125	–	236	–	236
Male homosexual/bisexual contact and injecting drug use	4	–	6	–	10	–	10
Injecting drug use (female and heterosexual male)	0	0	3	1	3	1	4
Heterosexual contact ¹	5	5	4	4	9	9	19
Health care setting	0	0	0	0	0	0	0
Other/undetermined ²	4	0	5	0	9	0	11
Total^a	124	5	143	5	267	10	280

1 Total includes one person whose sex was not reported.

2 Total includes two people whose sex was reported as transgender.

3 Total includes two people 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 2002 to 30 June 2003 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 02 – 31 Dec 02		1 Jan 03 – 30 Jun 03		1 Jul 02 – 30 Jun 03		
	Male	Female	Male	Female	Male	Female	Total ¹
13–19	0	0	3	0	3	0	3
20–29	32	1	39	0	71	1	72
30–39 ¹	56	2	56	5	112	7	122
40–49	27	2	31	0	58	2	60
50–59	8	0	11	0	19	0	19
60+	1	0	3	0	4	0	4
Total¹	124	5	143	5	267	10	280

1 Totals include two people 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 2003

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	1 457	1 028	624	394	4	1	5
Livingstone Road Sexual Health Centre, Marrickville, NSW	403	405	199	126	1	1	2
Brisbane Sexual Health Clinic, QLD	853	669	329	152	1	0	1
Gold Coast Sexual Health Clinic, QLD	386	489	117	189	1	0	1
Clinic 275, Adelaide, SA	1 063	832	821	575	1	0	1
Melbourne Sexual Health Centre, VIC	3 499	2 525	850	604	5	0	5
Total	7 661	5 948	2 940	2 040	13	2	15

Table 3.2 Number of people seen¹ who had a *previous negative HIV antibody test*, percent retested for HIV antibody and number (percent) newly diagnosed with HIV infection, by sex and exposure category, during the quarter 1 April to 30 June 2003

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	758	–	62.9	–	5	–	5	1.1
Male homosexual/bisexual contact and injecting drug use	64	–	56.3	–	1	–	1	2.8
Injecting drug use (female and heterosexual male)	124	89	58.9	47.2	0	0	0	0.0
Heterosexual contact	1 253	1 269	45.6	38.4	0	0	0	0.0
<i>outside Australia</i>	191	162	59.7	54.3	0	0	0	0.0
<i>within Australia only</i>	1 062	1 107	43.1	36.0	0	0	0	0.0
Sex worker	–	317	–	59.3	–	0	0	0.0
Sex worker and injecting drug use	–	32	–	71.9	–	0	0	0.0
Other/undetermined	32	53	31.3	53.8	0	0	0	0.0
Total	2 231	1 760	52.4	43.6	6	0	6	0.3

¹ Data from the Melbourne Sexual Health Centre, VIC, not included for this quarter.

Table 3.3 Number of people seen¹ with *no previous HIV antibody test*, percent tested for HIV antibody for the first time, and number (percent) newly diagnosed with HIV infection, by sex and exposure category, during the quarter 1 April to 30 June 2003

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	338	–	58.6	–	1	–	1	0.5
Male homosexual/bisexual contact and injecting drug use	18	–	61.1	–	0	–	0	0.0
Injecting drug use (female and heterosexual male)	67	43	68.7	53.5	0	0	0	0.0
Heterosexual contact	1 121	1 369	56.7	41.3	0	1	1	0.1
<i>outside Australia</i>	216	188	60.2	56.9	0	1	1	0.4
<i>within Australia only</i>	905	1 181	55.9	38.8	0	0	0	0.0
Sex worker	–	55	–	69.1	–	0	0	0.0
Sex worker and injecting drug use	–	11	–	63.6	–	1	1	14.3
Other/undetermined	159	160	19.5	21.9	1	0	1	1.5
Total	1 703	1 638	54.1	40.8	2	2	4	0.3

¹ Data from the Melbourne Sexual Health Centre, VIC, not included for this quarter.

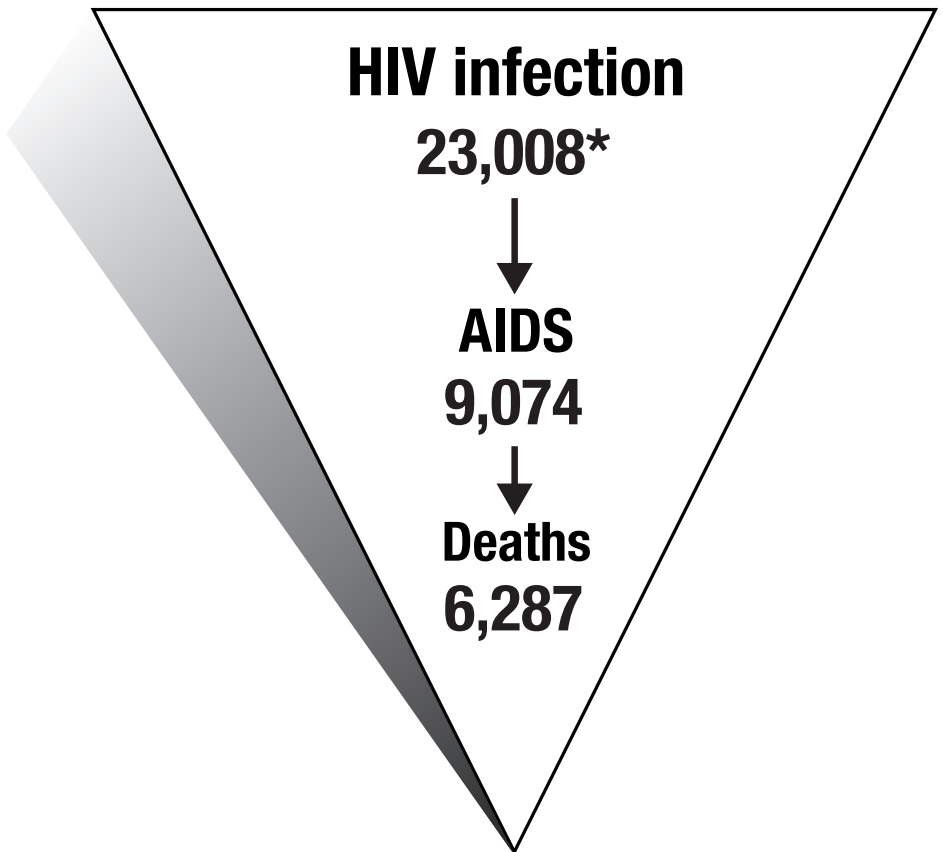
Table 3.4 Number of people seen¹, number of people tested for HIV antibody and number of people newly diagnosed with HIV infection, by sex and age group, during the quarter 1 April to 30 June 2003

Age group (years)	Seen at Clinic		Tested for HIV antibody		Newly diagnosed with HIV infection		
	Male	Female	Male	Female	Male	Female	Total
13–19	134	474	77	184	0	0	0
20–29	1 665	1 762	907	760	1	2	3
30–39	1 285	781	632	319	5	0	5
40–49	638	289	283	124	1	0	1
50–59	291	90	123	46	1	0	1
60+	149	27	68	3	0	0	0
Total	4 162	3 423	2 090	1 436	8	2	10

¹ Data from the Melbourne Sexual Health Centre, VIC, not available for this quarter.

The HIV Epidemic in Australia

A cumulative profile to 30 June 2003



* Estimated number of new diagnoses of HIV infection, adjusted for multiple reports, was 20,160 (range 19,690 – 20,640)



Diagnoses in the second quarter

1 April – 30 June 2003

- a total of 224 diagnoses of HIV infection, 11 diagnoses of AIDS and 6 deaths following AIDS were reported, by 30 September 2003, to have occurred in the second quarter of 2003
- following adjustment for reporting delay, the estimated numbers of AIDS diagnoses and deaths following AIDS occurring in the second quarter of 2003 were 27 and 10
- in comparison, 176 diagnoses of HIV infection, 41 diagnoses of AIDS and 17 deaths following AIDS were reported by 30 September 2003, to have occurred in the second quarter of 2002

New HIV infection

During the second quarter of 2003, 78 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 male homosexual contact, with or without a history of injecting drug use, was reported in 69 (88.5%) cases.

Diagnoses in the year to 30 June 2003

- 874 diagnoses of HIV infection
- 142 diagnoses of AIDS
- 73 deaths following AIDS were reported by 30 September 2003

HIV diagnoses

People diagnosed with HIV infection in the year to 30 June 2003 had an average age of 37 years and 1.0% was in the age group 13 – 19 years

- 89.7% were male, 9.6% were female, and was not reported or was reported as transgender in 0.3% of cases.
- of 710 cases of HIV infection, newly diagnosed in males in the year to 30 June 2003 for which exposure to HIV was recorded, a history of male homosexual contact, with or without a history of injecting drug use, was reported in 85.5%.

Total diagnoses to 30 June 2003

- 23,008 diagnoses of HIV infection
- 20,160 diagnoses of HIV infection following adjustment for multiple reporting
- 9,074 diagnoses of AIDS
- 6,287 deaths following AIDS were reported by 30 September 2003

HIV testing in sexual health clinics

Six sexual health clinics in Adelaide, Brisbane, Gold Coast, Melbourne and Sydney tested 3,526 people in the quarter 1 April – 30 June 2003 who were not previously known to have HIV infection

- of 1,590 people reported as having been tested for the first time, 4 (0.3%) was found to have HIV infection
- of 1,936 people reported as having been retested following a previous negative test, 6 (0.3%) were found to have HIV infection
- of 477 men who reported a history of homosexual contact only, who were retested following a previous negative test, 5 (1.0%) 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. High prevalence countries are those of sub-Saharan Africa, the Caribbean and specific countries in South East Asia (Cambodia, Myanmar and Thailand), where HIV prevalence is above 1% and transmission 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/health/cdc/aids_std/report/index.shtml
Sexually Transmitted Diseases in South Australia	www.stdservices.on.net/publications
Victorian Infectious Diseases Bulletin	www.dhs.vic.gov.au/phd/vidb/
Disease WATCH	www.public.health.wa.gov.au/

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