



National Centre in HIV Epidemiology and Clinical Research

# Australian HIV Surveillance Report

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## Selected epidemiological and social research findings reported at the XV International AIDS Conference, Bangkok, Thailand, 11 – 16 July 2004

### Trends in HIV/AIDS diagnosis

HIV prevalence measured among women attending antenatal clinics has been widely used as an indicator of HIV prevalence in the general population. HIV testing among women attending antenatal clinics in countries in sub-Saharan Africa indicated increasing prevalence in southern African countries, from 20.3% in 1997 – 1998 to 25.7% in 2001 – 2002, whereas substantially lower and declining prevalence estimates were reported among countries in eastern Africa and western Africa, from 13.7% and 5.4% in 1997 – 1998 to 11.4% and 4.3% in 2001 – 2002, respectively. Among first visit antenatal clinic attendees in a rural community in KwaZulu-Natal, South Africa, HIV prevalence increased from 26% in 2001 to 34% in 2002, and to 41% in 2003. In 2002, HIV prevalence reached 25.8% among women aged less than 19 years and 45.8% among women aged 20 – 24 years.

In contrast to the very high prevalence among young pregnant women in South Africa, declining HIV prevalence among young pregnant women demonstrated the success of the Thai national program of prevention of HIV transmission. Among women aged less than 20 years and women aged 20 – 24 years who attended public antenatal care clinics, HIV prevalence declined from 2.4% and 2.5%, respectively, in 1995 to 0.8% and 1.4%, respectively, in 2003. HIV prevalence among women at their first pregnancy also declined, from 1.8% in 1997 to 1.0% in 2003.

Surveillance for newly diagnosed HIV infection in 12 countries in western Europe (excluding France, Netherlands and Portugal) indicated that in 1997 – 2002, the number of new HIV diagnoses increased from 7,770 to 11,336, a 46% increase. In 2002, exposure to HIV was attributed to heterosexual contact in 52% of diagnoses and the majority of these cases (62%) originated from countries in sub-Saharan Africa. Among homosexually active men, new HIV diagnoses increased in 2002 following a slow decline in previous years.

### Monitoring HIV incidence

In southwest Uganda, HIV incidence has been monitored in 15 villages since 1990 through annual seroprevalence surveys. HIV incidence declined significantly from 6.7 in 1990 to 4.7 per 1,000 person-years at risk in 2002. HIV incidence also declined significantly among young women aged 20 – 24 years, from 7.4 in 1990 to 4.2 per 1,000 person-years at risk.

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## Announcements

### National meetings

The **4th Australasian Hepatitis C Conference** will be held at the National Convention Centre, Canberra, on 31 August – 3 September 2004. Further information may be obtained from 4th Australasian Hepatitis C Conference, Locked Mail Bag 5057, Darlinghurst NSW 1300.

Telephone: +61 2 9368 2714

Facsimile: +61 2 9380 9528

E-mail: [conferenceinfo@ashm.org.au](mailto:conferenceinfo@ashm.org.au)

Website: [www.ashm.org.au/conference2004](http://www.ashm.org.au/conference2004)

The **16th Annual Conference of Australasian Society for HIV Medicine** will be held at the National Convention Centre, Canberra, on 2 – 4 September 2004. Further information may be obtained from ASHM Conference 2004,

Locked Mail Bag 5057, Darlinghurst NSW 1300 Australia.

Telephone: 61 2 9368 2714

Facsimile: 61 2 9380 9528

E-mail: [conferenceinfo@ashm.org.au](mailto:conferenceinfo@ashm.org.au)

Website: [www.ashm.org.au/conference2004](http://www.ashm.org.au/conference2004)

### International meeting

The **XV International AIDS Conference** will be held in Bangkok, Thailand, on 11 – 16 July 2004. Further information may be obtained through the Conference Secretariat, International AIDS Society HQ,

Berzeliusvag 8, Karolinska Institute, SE-171 77 Stockholm, Sweden.

Telephone: +46 8 508 846 40

Facsimile: +46 8 508 846 64

E-mail: [info@aids2004.org](mailto:info@aids2004.org)

In Cambodia, HIV incidence was measured among sentinel populations using a peptide-based enzyme immunoassay (IgG BED-CEIA) that distinguishes long term HIV infection from recent infection. HIV incidence was estimated to have declined among commercial sex workers, indirect sex workers and in the police force from 13.9, 5.1 and 1.7 per 100 person-years in 1999 to 6.5, 2.9 and 0.3 per 100 person-years in 2002, respectively. No evidence of a change in HIV incidence (0.7 and 0.6 per 100 person-years in 1999 and 2002, respectively) was found among women attending antenatal clinics.

Estimates of HIV incidence based on the Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS) assay were considered to be unbiased if HIV antibody testing behaviour was independent of the hazard of being infected in general, and the event of HIV seroconversion, in particular. Voluntary HIV antibody testing may lead to violation of the assumptions of independence. Incidence density may be overestimated if people at higher risk test more frequently or sooner than usual following HIV seroconversion and underestimated if people at lower risk test more frequently than people at higher risk.

### **Homosexually active men**

The conference in Bangkok was especially interesting in terms of research among homosexually active men, not because there were ground-breaking new studies identifying changes in gay men's risk behaviour, or because new methods of researching these populations were introduced. The major shift from previous conferences was the broad range of countries contributing papers detailing research or service delivery among homosexually active men.

In Bangkok, HIV prevalence among 1,121 Thai men who have sex with men recruited by daytime sampling at parks, saunas and entertainment venues, was 17.3%. Forty four percent of the men reported unprotected intercourse (anal, vaginal or both) in the previous three months. Independent risk factors for HIV infection were lower education, recruitment from a park, self-identification as a homosexual, practicing both insertive and receptive anal intercourse, increasing years elapsed since first anal intercourse and increasing numbers of male sex partners.

More than 90% of men who have sex with men in Andhra Pradesh state in India who were invited to participate in a confidential interview on their sexual behaviour participated in the study. The men had a median age of 27 years and 47.4% were married to a woman. The majority (85%) reported male-to-male sex in the previous four weeks with an average of six different partners, and condom use was reported in 50% of occasions of anal sex. Fifty five percent of the men also reported sexual contact with women in the previous three months and 85% reported not using a condom at last penetrative sex with a woman.

Among gay men enrolled in the Multicenter AIDS Cohort Study, reports of risky sexual behaviour, defined as unprotected anal intercourse among men with multiple partners, increased significantly in the years 1998 – 2003 compared to reports in the years prior 1996, when highly active antiretroviral therapy (HAART) first became available. Among men using HAART, length of time on therapy, lower education and use of recreational drugs predicted unprotected sex with multiple partners but HIV disease markers such as CD4+ cell count and viral load did not affect behaviour.

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## Injecting drug use

In Bac Ninh province in northern Vietnam, HIV and hepatitis C prevalence among 309 peer recruited injecting drug users was 42.4% and 74.1%, respectively, in August – September 2003. Almost all (98.5%) injecting drug users with HIV infection also had hepatitis C infection. In multivariate analysis, a history of injecting drug use of at least three years and having purchased fewer than two syringes per purchase were independent risk factors for both HIV and hepatitis C infection. Having ever inhaled heroin (adjusted odds ratio (AOR) = 2.8, 95% Confidence interval (CI) = 1.3, 6.1) and having had sex with a female sex worker at last intercourse (AOR = 2.1, 95% CI = 1.2, 3.8) was associated with HIV infection. Factors associated with hepatitis C infection included being male (AOR = 48.7, 95% CI = 2.8, 840.5), having injected drug solution that was transferred from other syringes in the past six months (AOR = 4.6, 95% CI = 1.5, 14.0), having injected heroin mixed with valium (AOR = 3.9, 95% CI = 1.0, 15.0), and having injected drugs more than twice a day in the past six months (AOR = 3.4, 95% CI = 1.2, 9.9). An ethnographic study among Vietnamese injecting drug users in Australia found that cultural characteristics and practices influence vulnerability to HIV infection.

Inexperience and lack of education have been suggested as factors associated with exposure to infectious disease among injecting drug users. The behaviour of requiring help injecting was reported by 41.3% of 1,013 injectors enrolled in the Vancouver Injection Drug User Study. Cumulative HIV incidence was significantly higher (16.1%) among injecting drug users who required help injecting than it was among injecting drug users who did not require help (8.8%). After adjustment for potential confounding variables, requiring help injecting (relative hazard (RH) = 1.8, 95% CI = 1.2, 2.6), daily cocaine use (RH = 2.7, 95% CI = 1.9, 4.0) and being aboriginal (RH = 1.7, 95% CI = 1.5, 2.5) remained independent predictors of HIV seroconversion.

Clear evidence of risk behaviours for transmission of blood borne viruses in prison was reported by injecting drug users with a history of incarceration. The majority (73%) of injecting drug users enrolled in the Vancouver Injecting Drug User Study reported a history of incarceration since they had commenced injecting. Having been incarcerated in the six months prior to study interview was independently associated with lending a syringe among 318 injecting drug users with HIV infection, and with borrowing a syringe among 1,157 injectors without HIV infection. Among injectors aged less than 30 years at enrolment into the study, 46% of females and 31% of males reported commencing injecting before they were 16 years old. Early age at initiation into injecting among females was associated with HIV infection (AOR = 2.5, 95% CI = 1.2, 4.9) whereas among males, early age at initiation was associated with hepatitis C infection (AOR = 3.1, 95% CI = 1.7, 5.9), shooting gallery attendance (AOR = 2.7, 95% CI = 1.5, 4.8) and frequency of cocaine injection (AOR = 2.0, 95% CI = 1.1, 3.6).

Information obtained through an evaluation of a cross-border peer-based harm reduction intervention among injecting drug users in Ning Ming county, China, and Lang Son Province, Vietnam, indicated an increase in knowledge of HIV transmission and an increase in favourable attitudes towards the project. It was suggested that information obtained through the evaluation should be included in education programmes to dispel misunderstandings that the intervention would lead to increased injecting drug use.

In New York City, HIV prevention interventions among injecting drug users expanded rapidly in the 1990s. The number of syringes exchanged annually increased from 250,000 in 1990 to 3 million in 2002. The impact of the increased availability of clean syringes on HIV transmission was assessed, using the STARHS assay, among 3,651 injecting drug users who had entered a detoxification programme. HIV incidence decreased significantly, from 3.61 per 100 person-years at risk in 1990 – 1992 to 0.77 per 100 person-years at risk in

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1999 - 2002. The decrease in HIV incidence was directly related to the increase in the number of syringes exchanged.

In March 1999 – August 2000, 2,546 HIV antibody negative injecting drug users in Thailand were recruited into a phase III HIV vaccine efficacy trial and followed up for 36 months. The AIDSvax® B/E HIV vaccine was designed to protect against infection with HIV-1 subtypes B and E. The trial was successfully completed but the vaccine did not protect against infection. A total of 211 people acquired HIV infection during trial follow up, resulting in an HIV incidence of 3.1%.

### **Sexually transmissible infections other than HIV**

A number of studies reported a positive association between bacterial sexually transmissible infections (STIs) and HIV infection. A large-scale study conducted in Brazil showed an odds ratio (OR) of 3.65 for previous STIs. In Spain, homosexually active men with previous STIs were three times more likely to have HIV infection compared to men without STIs. A community-based study in Peru showed that 16% of participants with HIV infection were also diagnosed with syphilis, whereas 4% of HIV negative participants had syphilis. A multi-centre study among women in Thailand, Uganda and Zimbabwe documented an HIV incidence of 0.2, 1.6 and 4.1 per 100 person-years in those three countries respectively. Women with gonorrhoea (Relative risk (RR) = 11.96, 95% CI = 7.9, 17.9) and women with chlamydia (RR = 6.23, 95% CI = 3.8, 10.3) were at increased risk of HIV acquisition. In Argentina, cumulative HIV incidence among 215 initially HIV negative men who have sex with men was 5.1%, and the acquisition of HIV infection was associated with previous STIs, with an OR of 3.25.

In gay communities in developed countries, concerns have been raised regarding increasing rates of STIs, and the possibility of an accompanying increase in HIV transmission. Surveillance data showed that rates of new episodes of gonorrhoea among men who have sex with men have doubled since 1999 in the United Kingdom, and new episodes of syphilis have increased six-fold over the same period. In 2000 – 2003, 1,080 cases of syphilis were reported in France. The majority (84%) of cases were among men who have sex with men, of whom 54% had HIV infection. In an HIV clinic in New York, an annual increase of 54% in syphilis diagnoses was recorded from 2000 to 2003, and all syphilis cases were among men whereas 60% of the patients visiting that clinic were male. In Germany, the number of syphilis cases among men who have sex with men increased from 200 in the first quarter of 2001 to 600 in the first quarter of 2004, while the number of newly diagnosed HIV infections increased from 190 to 270 in the same period.

Herpes simplex virus type 2 (HSV-2) was increasingly seen as playing a primary role in HIV transmission. Among 2,298 HIV negative male volunteers followed prospectively through three STI clinics in Pune, India, HSV-2 recorded the highest incidence (10.8 per 100 person-years), followed by syphilis (5.3 per 100 person-years) and HIV infection (5.1 per 100 person-years). HIV and HSV-2 prevalence among female bar and hotel workers recruited in Moshi, Tanzania, in December 2002 – November 2003 was 19.5% and 55.8% respectively. Women with HSV-2 infection who worked at truck stops and around goldfields in north-west Tanzania had a significantly higher HIV prevalence (38%) compared to women without HSV-2 infection (10%). Among women in Zimbabwe and South Africa tested for STI at enrolment into a randomised controlled trial, HIV and HSV-2 prevalence was 40% and 44% respectively, whereas the prevalence of chlamydia and gonorrhoea was 2%. In Ethiopia, HSV-2 prevalence and incidence among factory workers was 40.9% and 1.9 per 100 person-years. Risk factors for HSV-2 seroconversion were having a partner with HSV-2, female gender and having HIV or syphilis antibodies. Among young street-recruited men in San Francisco who reported a history of sexual contact with men and injecting drug use, HIV prevalence was 26% and HSV-2 prevalence was

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28%. Because men with HIV infection were significantly more likely than men without HIV infection to be diagnosed with another STI, particularly HSV-2, it was suggested that early detection and treatment of STIs may be an effective strategy for minimising HIV transmission.

### **Prevention of mother-to-child HIV transmission**

In 2000, Thailand launched a national program of prevention of mother-to-child HIV transmission. The program included treatment of pregnant women with zidovudine from 34 weeks gestation and intrapartum zidovudine treatment, infant zidovudine treatment for 1 – 6 weeks and formula feeding. The program was evaluated among 1,442 children born to women with HIV infection in four provinces. The majority of women (89%) received antenatal care and 76% were treated with zidovudine in pregnancy. The majority of infants (93%, 1,342/1,442) were treated with zidovudine. Of 1,003 children aged 18 months or older at December 2003, 41 had been diagnosed with HIV infection. The transmission rate was substantially lower among children who were treated with neonatal zidovudine and whose mother was treated with antenatal and intrapartum zidovudine (4.6%, 95% CI 2.5, 8.1) than among mother and child pairs who did not receive any intervention (17.6%, 95% CI 4.8, 44.2).

It was estimated that antenatal care clinics and delivery rooms capture 59% and 75%, respectively, of all births in Thailand. In 2002, comparable estimates of HIV prevalence among pregnant women were reported through sentinel HIV surveillance sites (1.4%, 920 of 64,958 pregnant women), through antenatal care clinics (1.3%, 6,228 of 470,022 pregnant women) and through delivery rooms (1.2%, 6,979 of 599,916 pregnant women). HIV prevalence among pregnant women attending sentinel surveillance sites and antenatal care clinics may be overestimated due to referral of women with HIV infection to these sites whereas HIV prevalence among pregnant women attending delivery rooms may be underestimated due to exclusion of women who did not complete the pregnancy.

A decision analysis framework was used to compare the number of children with HIV infection under three scenarios: no preventive interventions, current coverage level of preventive interventions and full coverage (ideal) of preventive interventions. Based on input data reflecting realities in Thailand in 2002, the current coverage level of preventive interventions in a hypothetical annual cohort of 650,000 pregnant women was estimated to have prevented more than 1,500 infants from HIV infection.

Several treatment intervention studies were reported for preventing mother-to-child HIV transmission. A randomised open-label controlled clinical trial was conducted in South Africa comparing two post-exposure prophylactic regimens for preventing HIV infection in children born to women with no prior antiretroviral therapy. Single dose nevirapine was compared to six weeks of zidovudine commenced within 24 hours of delivery among infants. The HIV-1 transmission rates in the nevirapine and zidovudine groups were similar: 7.0% and 5.8% at birth; 11.9% and 13.5% at 6 weeks and 14.3% and 18.1% by 12 weeks of age. Nevirapine prophylaxis to infants may only be a valid alternative in settings where there is a need to preserve nevirapine for treatment of the mother with HIV infection.

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## HIV subtyping

HIV-1 is characterised by extensive genetic diversity. There are 9 HIV-1 subtypes within the main (M) group of viruses (subtypes A – D, F - H and K) and 15 circulating recombinant forms (CRF). In western Europe, subtype B is the predominant subtype among diagnosed cases of HIV infection but increasing numbers of infections with subtypes other than B are being diagnosed. Among 82 cases of non-subtype B HIV infection diagnosed in a clinic in London, 27 A, 28 C, 10 D, 1 CRF01\_AE, 3 CRF02\_AG and 13 unique mosaics were identified by phylogenetic analysis. All subtype B infections yielded similar results when measured by three different viral load assays whereas some non-subtype B infections yielded substantially lower viral loads on one or more assays.

Phylogenetic analysis of 3,988 serum samples collected in Kinshasa, Zaire (Central Africa) in 1984 and 1986, and 849 samples collected in Ouagadougou, Burkino Faso (West Africa) collected in 1986, indicated extensive genetic diversity in Kinshasa, with virtually all HIV subtypes detected, and limited genetic diversity in Ouagadougou. The diversity of HIV subtypes and unclassifiable strains found in Kinshasa suggested that Central Africa was the epicentre of the global HIV-1 group M epidemic. The limited HIV-1 diversity detected in West Africa suggested a more recent introduction of HIV-1 with a limited number of founder viruses.

In an ethnically diverse HIV cohort in south London, 96.7% of black Africans, 14.2% of white patients and 30.9% of black Caribbeans had a non-subtype B HIV-1 infection. The majority (81.4%) of 183 cases of non-subtype B infection were among black Africans who probably acquired their infection in sub-Saharan Africa whereas the majority of white patients (13/21, 62%) and all of the black Caribbean patients (13) with non-subtype B infection probably acquired their infection in the United Kingdom. Three of 5 cases with subtype B infection among black Africans were probably acquired in the United Kingdom.

Unique geographical hotspots of extensive recombination were identified in central Myanmar and in western Yunnan province in China, which may reflect the presence of highly exposed people and social networks among injecting drug users in these areas. In Mandalay, central Myanmar, 10 – 30% of HIV-1 strains were unique recombinant forms of subtypes B' and C, and CRF01\_AE; in Yangon, southern Myanmar, subtype B' predominated and in Yunnan, CRF08\_BC predominated. A new class of recombinants between CRF07\_BC and CRF08\_BC was identified at the Honghe site in Yunnan. Analysis of recombination breakpoints indicated that the unique recombinant forms in central Myanmar and CRF07\_BC and CRF08\_BC in Yunnan shared precise breakpoints, suggesting evolution from a common ancestor.

## Reported by

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# 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 31 March 2004, and for two previous yearly intervals**

## Cases

State/Territory	1 Apr 02 – 31 Mar 03		1 Apr 03 – 31 Mar 04		Cumulative to 31 Mar 04			
	Male	Female	Male	Female	Male	Female	Total†	%
ACT	2	0	3	1	93	9	102	1.1
NSW	83	3	108	1	5 077	217	5 309	57.1
NT	0	0	3	1	41	1	42	0.4
QLD	32	1	17	4	952	58	1 012	10.9
SA	7	1	7	0	383	30	414	4.5
TAS	1	1	0	0	47	4	51	0.5
VIC	41	3	37	2	1 828	89	1 927	20.7
WA	7	2	12	0	407	34	443	4.8
<b>Total</b>	<b>173</b>	<b>11</b>	<b>187</b>	<b>9</b>	<b>8 828</b>	<b>442</b>	<b>9 300</b>	<b>100.0</b>

## Deaths

State/Territory	1 Apr 02 – 31 Mar 03		1 Apr 03 – 31 Mar 04		Cumulative to 31 Mar 04			
	Male	Female	Male	Female	Male	Female	Total†	%
ACT	0	1	1	1	72	6	78	1.2
NSW	40	4	34	1	3 433	126	3 568	56.1
NT	1	0	0	0	26	0	26	0.4
QLD	17	2	10	2	622	40	664	10.4
SA	7	1	5	1	257	20	277	4.4
TAS	1	0	0	0	32	2	34	0.5
VIC	11	0	16	1	1 350	58	1 416	22.3
WA	1	2	4	0	277	22	300	4.7
<b>Total</b>	<b>78</b>	<b>10</b>	<b>70</b>	<b>6</b>	<b>6 069</b>	<b>274</b>	<b>6 363</b>	<b>100.0</b>

† Totals include 30 AIDS cases and 20 deaths following AIDS in people whose sex was reported as transgender.

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

State/Territory	1 Apr 02 – 31 Mar 03			1 Apr 03 – 31 Mar 04		
	Male	Female	Total	Male	Female	Total
ACT	12.6	0.0	6.2	18.8	6.1	12.4
NSW	25.1	0.9	13.1	32.5	0.3	16.3
NT	0.0	0.0	0.0	28.7	10.6	20.1
QLD	17.2	0.5	8.8	8.9	2.1	5.5
SA	9.3	1.3	5.3	9.3	0.0	5.2
TAS	4.3	4.2	4.2	0.0	0.0	0.0
VIC	17.1	1.2	9.0	15.2	0.8	7.9
WA	7.2	2.1	4.7	12.2	0.0	6.1
<b>Total</b>	<b>17.7</b>	<b>1.1</b>	<b>9.4</b>	<b>18.9</b>	<b>0.9</b>	<b>9.9</b>

<sup>1</sup> 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 31 March 2004, and for two previous yearly intervals**

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

Age group (years)	1 Apr 02 – 31 Mar 03		1 Apr 03 – 31 Mar 04		Cumulative to 31 Mar 04			
	Male	Female	Male	Female	Male	Female	Total <sup>†</sup>	%
0–2	0	0	0	0	9	9	18	0.2
2–12	0	0	0	0	21	10	31	0.3
0–12	0	0	0	0	30	19	49	0.5
13–19	0	0	0	0	27	4	31	0.3
20–29	15	2	10	1	1 394	108	1 515	16.4
30–39	55	6	66	4	3 671	165	3 846	41.4
40–49	68	3	54	2	2 500	75	2 579	27.7
50–59	24	0	40	2	900	37	940	10.1
60+	11	0	17	0	306	34	340	3.6
<b>Total</b>	<b>173</b>	<b>11</b>	<b>187</b>	<b>9</b>	<b>8 828</b>	<b>442</b>	<b>9 300</b>	<b>100.0</b>

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

Age group (years)	1 Apr 02 – 31 Mar 03		1 Apr 03 – 31 Mar 04		Cumulative to 31 Mar 04			
	Male	Female	Male	Female	Male	Female	Total <sup>†</sup>	%
0–2	0	0	0	0	5	6	11	0.2
2–12	0	0	0	0	17	6	23	0.3
0–12	0	0	0	0	22	12	34	0.5
13–19	0	0	0	0	14	3	17	0.3
20–29	1	2	2	1	686	48	745	11.7
30–39	20	5	23	2	2 417	99	2 523	39.7
40–49	33	2	26	3	1 940	49	1 991	31.3
50–59	19	1	11	0	739	31	770	12.1
60+	5	0	8	0	251	32	283	4.4
<b>Total</b>	<b>78</b>	<b>10</b>	<b>70</b>	<b>6</b>	<b>6 069</b>	<b>274</b>	<b>6 363</b>	<b>100.0</b>

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 31 March 2004, and for two previous yearly intervals**

Exposure category	1 Apr 02 – 31 Mar 03		1 Apr 03 – 31 Mar 04		Cumulative to 31 Mar 04			%
	Male	Female	Male	Female	Male	Female	Total	
Male homosexual/ bisexual contact	125	–	129	–	7 290	–	7 290	81.4
Male homosexual/bisexual contact and injecting drug use	15	–	13	–	419	–	419	4.7
Injecting drug use	7	2	8	0	199	93	292	3.2
<i>Heterosexual</i>	6	1	4	0	128	70	198	
<i>Not further specified</i>	1	1	4	0	71	23	94	
Heterosexual contact	18	8	24	8	394	241	635	7.1
<i>Sex with injecting drug user</i>	0	1	2	0	9	25	34	
<i>Sex with bisexual male</i>	–	1	–	1	–	44	44	
<i>From a high prevalence country</i>	5	2	1	3	72	55	127	
<i>Sex with person from a high prevalence country</i>	3	0	5	4	63	18	81	
<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>	0	2	2	0	37	33	70	
<i>Not further specified</i>	10	2	14	0	211	56	267	
Haemophilia/coagulation disorder	2	0	1	0	119	3	122	1.4
Receipt of blood/tissue	0	1	1	0	79	65	144	1.6
Health care setting	0	0	0	0	1	3	4	0.0
<b>Total Adults/Adolescents</b>	<b>167</b>	<b>11</b>	<b>176</b>	<b>8</b>	<b>8 501</b>	<b>405</b>	<b>8 906</b>	<b>99.4</b>
<b>Children (under 13 years at AIDS diagnosis)</b>								
Mother with/at risk for HIV infection	0	0	0	0	14	16	30	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
<b>Total children</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>30</b>	<b>19</b>	<b>49</b>	<b>0.5</b>
<b>Sub-total</b>	<b>167</b>	<b>11</b>	<b>176</b>	<b>8</b>	<b>8 531</b>	<b>424</b>	<b>8 955</b>	<b>100.0</b>
Other/undetermined <sup>1</sup>	6	0	11	1	297	18	345	
<b>Total</b>	<b>173</b>	<b>11</b>	<b>187</b>	<b>9</b>	<b>8 828</b>	<b>442</b>	<b>9 300</b>	

1 The 'Other/undetermined' exposure category includes 30 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 31 March 2004, and for two previous yearly intervals**

Exposure category	1 Apr 02 – 31 Mar 03		1 Apr 03 – 31 Mar 04		Cumulative to 31 Mar 04			
	Male	Female	Male	Female	Male	Female	Total	%
Male homosexual/ bisexual contact	58	–	46	–	5 129	–	5 129	83.4
Male homosexual/bisexual contact and injecting drug use	5	–	9	–	287	–	287	4.7
Injecting drug use	3	3	4	2	117	57	174	2.8
<i>Heterosexual</i>	0	2	2	1	79	46	125	
<i>Not further specified</i>	3	1	2	1	38	11	49	
Heterosexual contact	7	6	7	3	169	132	301	4.9
<i>Sex with injecting drug user</i>	0	1	0	0	4	12	16	
<i>Sex with bisexual male</i>	–	2	–	0	–	31	31	
<i>From a high prevalence country</i>	1	0	0	2	17	18	35	
<i>Sex with person from a high prevalence country</i>	1	0	2	1	21	10	31	
<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	2	0	24	17	41	
<i>Not further specified</i>	5	2	3	0	101	37	138	
Haemophilia/coagulation disorder	1	0	0	0	92	3	95	1.5
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
<b>Total Adults/Adolescents</b>	<b>74</b>	<b>10</b>	<b>66</b>	<b>5</b>	<b>5 863</b>	<b>249</b>	<b>6 112</b>	<b>99.4</b>
<b>Children (under 13 years at death following AIDS)</b>								
Mother with/at risk for HIV infection	0	0	0	0	8	10	18	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
<b>Total children</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>13</b>	<b>37</b>	<b>0.6</b>
<b>Sub-total</b>	<b>74</b>	<b>10</b>	<b>66</b>	<b>5</b>	<b>5 887</b>	<b>262</b>	<b>6 149</b>	<b>100.0</b>
Other/undetermined <sup>1</sup>	4	0	4	1	182	12	214	
<b>Total</b>	<b>78</b>	<b>10</b>	<b>70</b>	<b>6</b>	<b>6 069</b>	<b>274</b>	<b>6 363</b>	

1 The 'Other/undetermined' exposure category includes 20 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<sup>1</sup> and State/Territory, cumulative to 31 March 2004, and for two previous yearly intervals

State/Territory	1 Apr 02 – 31 Mar 03		1 Apr 03 – 31 Mar 04		Cumulative to 31 Mar 04			
	Male	Female	Male	Female	Male	Female	Total	Rate <sup>2</sup>
ACT	3	0	9	2	247	30	277	85.7
NSW <sup>3</sup>	389	31	361	48	12 413	747	13 424	200.5
NT	4	3	6	3	121	17	138	69.4
QLD	132	14	112	17	2 347	215	2 571	67.3
SA	15	3	53	4	800	81	882	57.7
TAS	2	2	0	0	85	7	92	19.2
VIC <sup>4</sup>	181	16	192	16	4 624	292	4 957	100.6
WA	32	10	28	10	1 049	159	1 215	62.0
<b>Total<sup>5</sup></b>	<b>758</b>	<b>79</b>	<b>761</b>	<b>100</b>	<b>21 686</b>	<b>1 548</b>	<b>23 556<sup>6</sup></b>	<b>118.2</b>

1 Sixty three people (27 NSW, 9 QLD, 1 SA, 19 VIC and 7 WA) whose sex was reported as transgender are included in the total columns of Tables 3.1 – 3.3

2 Rate per one hundred thousand current population. Population estimates by sex, State/Territory and calendar interval from *Australian Demographic Statistics* (Australian Bureau of Statistics).

3 Cumulative total for NSW includes 237 people whose sex was not reported.

4 Cumulative total for VIC includes 22 people whose sex was not reported.

5 Cumulative total for Australia includes 259 people whose sex was not reported.

6 Estimated number of new diagnoses of HIV infection, adjusted for multiple reports, was 20 820 (range 20 340 to 21 300). 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 31 March 2004, and for two previous yearly intervals**

Exposure category	1 Apr 02 – 31 Mar 03		1 Apr 03 – 31 Mar 04		Cumulative to 31 Mar 04			%
	Male	Female	Male	Female	Male	Female	Total <sup>1</sup>	
Male homosexual/ bisexual contact	559	–	555	–	15 210	–	15 210	77.0
Male homosexual/bisexual contact and injecting drug use	36	–	33	–	834	–	834	4.2
Injecting drug use	22	3	23	7	637	198	841	4.3
<i>Heterosexual</i>	13	2	11	7	258	147	405	
<i>Not further specified</i>	9	1	12	0	379	51	436	
Heterosexual contact	73	70	84	80	1 200	1 034	2 241	11.4
<i>Sex with injecting drug user</i>	1	6	4	4	33	98	131	
<i>Sex with bisexual male</i>	–	8	–	5	–	134	134	
<i>From a high prevalence country</i>	22	24	20	36	254	296	554	
<i>Sex with person from a high prevalence country</i>	17	5	31	10	228	114	342	
<i>Sex with person with medically acquired HIV</i>	0	0	0	0	4	18	22	
<i>Sex with HIV infected person, exposure not specified</i>	5	14	5	13	71	156	228	
<i>Not further specified</i>	28	13	24	12	610	218	830	
Haemophilia/coagulation disorder	0	0	0	0	218	4	222	1.1
Receipt of blood/tissue	0	0	0	0	107	102	209	1.1
Health care setting <sup>2</sup>	0	1	0	0	3	9	12	0.1
<b>Total Adults/Adolescents<sup>1</sup></b>	<b>690</b>	<b>74</b>	<b>695</b>	<b>87</b>	<b>18 209</b>	<b>1 347</b>	<b>19 569</b>	<b>99.2</b>
<b>Children (under 13 years at HIV diagnosis)</b>								
Mother with/at risk for HIV infection <sup>3</sup>	1	0	0	3	40	34	74	0.4
Haemophilia/coagulation disorder	0	0	0	0	65	0	65	0.3
Receipt of blood/tissue	0	0	0	0	13	9	22	0.1
<b>Total children</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>118</b>	<b>43</b>	<b>161</b>	<b>0.8</b>
<b>Sub-total</b>	<b>691</b>	<b>74</b>	<b>695</b>	<b>90</b>	<b>18 327</b>	<b>1 390</b>	<b>19 730</b>	<b>100.0</b>
Other/undetermined <sup>4</sup>	67	5	66	10	3 359	158	3 826	
<b>Total<sup>1</sup></b>	<b>758</b>	<b>79</b>	<b>761</b>	<b>100</b>	<b>21 686</b>	<b>1 548</b>	<b>23 556<sup>5</sup></b>	

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 320 children were notified as having been born to women with HIV infection, cumulative to 31 March 2004.

4 The 'Other/undetermined' exposure category includes 3 806 adults/adolescents and 20 children. Sixty three 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 31 March 2004, and for two previous yearly intervals**

Age group (years)	1 Apr 02 – 31 Mar 03		1 Apr 03 – 31 Mar 04		Cumulative to 31 Mar 04			%
	Male	Female	Male	Female	Male	Female	Total <sup>1</sup>	
0–2	0	0	0	1	44	22	67	0.3
3–12	1	0	0	2	90	24	114	0.5
0–12	1	0	0	3	134	46	181	0.8
13–19	2	5	6	5	438	97	544	2.3
20–29	170	24	165	37	7 141	622	7 885	33.5
30–39	329	35	293	27	8 107	449	8 666	36.8
40–49	157	9	174	16	3 877	169	4 091	17.4
50–59	71	2	95	8	1 377	63	1 452	6.1
60+	28	4	28	4	453	70	525	2.2
Not reported	0	0	0	0	159	32	212	0.9
<b>Total<sup>1</sup></b>	<b>758</b>	<b>79</b>	<b>761</b>	<b>100</b>	<b>21 686</b>	<b>1 548</b>	<b>23 556</b>	<b>100.0</b>

1 See footnotes Table 2.2

**Table 2.4 Number of new diagnoses of HIV infection in the year 1 April 2003 to 31 March 2004 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 Apr 03 – 30 Sep 03		1 Oct 03 – 31 Mar 04		1 Apr 03 – 31 Mar 04		
	Male	Female	Male	Female	Male	Female	Total <sup>2</sup>
ACT	0	0	1	0	1	0	1
NSW	74	2	55	3	129	5	134
NT	0	0	1	0	1	0	1
QLD	11	1	14	2	25	3	28
SA	12	0	7	2	19	2	21
TAS	0	0	0	0	0	0	0
VIC <sup>1</sup>	34	2	33	0	67	2	70
WA <sup>1</sup>	7	0	2	0	9	0	10
<b>Total<sup>2</sup></b>	<b>138</b>	<b>5</b>	<b>113</b>	<b>7</b>	<b>251</b>	<b>12</b>	<b>265</b>

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

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



**Table 2.5 Number of new diagnoses of HIV infection in the year 1 April 2003 to 31 March 2004 for which an HIV seroconversion illness was diagnosed or the date of a prior negative test was within one year of diagnosis of HIV infection, by sex and exposure category and for two six month intervals of HIV diagnosis**

Exposure category	1 Apr 03 – 30 Sep 03		1 Oct 03 – 31 Mar 04		1 Apr 03 – 31 Mar 04		
	Male	Female	Male	Female	Male	Female	Total <sup>1</sup>
Male homosexual/bisexual contact	122	–	97	–	219	–	219
Male homosexual/bisexual contact and injecting drug use	7	–	4	–	11	–	11
Injecting drug use (female and heterosexual male)	3	2	1	0	4	2	6
Heterosexual contact	3	3	11	7	14	10	24
Health care setting	0	0	0	0	0	0	0
Other/undetermined <sup>1</sup>	3	0	0	0	3	0	5
<b>Total<sup>1</sup></b>	<b>138</b>	<b>5</b>	<b>113</b>	<b>7</b>	<b>251</b>	<b>12</b>	<b>265</b>

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

**Table 2.6 Number of new diagnoses of HIV infection in the year 1 April 2003 to 31 March 2004 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 Apr 03 – 30 Sep 03		1 Oct 03 – 31 Mar 04		1 Apr 03 – 31 Mar 04		
	Male	Female	Male	Female	Male	Female	Total <sup>2</sup>
13–19	2	0	1	2	3	2	5
20–29 <sup>1</sup>	35	1	43	2	78	3	82
30–39 <sup>1</sup>	59	4	38	0	97	4	102
40–49	26	0	21	3	47	3	50
50–59	14	0	8	0	22	0	22
60+	2	0	2	0	4	0	4
<b>Total<sup>2</sup></b>	<b>138</b>	<b>5</b>	<b>113</b>	<b>7</b>	<b>251</b>	<b>12</b>	<b>265</b>

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

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

## 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<sup>1</sup>, during the quarter 1 January to 31 March 2004

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	1 501	953	688	385	5	1	6
Livingstone Road Sexual Health Centre, Marrickville, NSW	447	427	228	149	2	0	2
Brisbane Sexual Health Clinic, QLD	1 022	939	386	269	1	0	1
Gold Coast Sexual Health Clinic, QLD	389	459	107	173	2	0	2
Melbourne Sexual Health Centre, VIC	1 965	1 468	1 499	1 125	2	0	2
<b>Total</b>	<b>5 324</b>	<b>4 246</b>	<b>2 908</b>	<b>2 101</b>	<b>12</b>	<b>1</b>	<b>13</b>

<sup>1</sup> Data from Clinic 275, Adelaide, SA, not included for this quarter.

**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 January to 31 March 2004

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	983	–	65.8	–	7	–	7	1.1
Male homosexual/bisexual contact and injecting drug use	75	–	66.7	–	1	–	1	2.0
Injecting drug use (female and heterosexual male)	83	51	42.2	47.1	0	0	0	0.0
Heterosexual contact	1 490	1 338	33.6	34.8	1	1	2	0.2
<i>outside Australia</i>	277	273	49.4	51.6	0	1	0	0.4
<i>within Australia only</i>	1 213	1 065	30.0	30.5	1	0	1	0.1
Sex worker	–	600	–	65.3	–	0	0	0.0
Sex worker and injecting drug use	–	66	–	68.2	–	0	0	0.0
Other/undetermined	77	56	20.8	8.9	0	0	0	0.0
<b>Total</b>	<b>2 708</b>	<b>2 111</b>	<b>46.1</b>	<b>44.1</b>	<b>9</b>	<b>1</b>	<b>10</b>	<b>0.5</b>

**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 January to 31 March 2004

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	444	–	61.7	–	3	–	3	1.1
Male homosexual/bisexual contact and injecting drug use	18	–	66.7	–	0	–	0	0.0
Injecting drug use (female and heterosexual male)	32	32	81.3	65.6	0	0	0	0.0
Heterosexual contact	1 669	1 784	79.1	59.0	0	0	0	0.0
<i>outside Australia</i>	312	353	64.1	64.6	0	0	0	0.0
<i>within Australia only</i>	1 357	1 431	82.5	57.7	0	0	0	0.0
Sex worker	–	87	–	79.3	–	0	0	0.0
Sex worker and injecting drug use	–	13	–	53.8	–	0	0	0.0
Other/undetermined	211	194	37.0	9.8	0	0	0	0.0
<b>Total</b>	<b>2 374</b>	<b>2 110</b>	<b>69.9</b>	<b>55.4</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0.1</b>

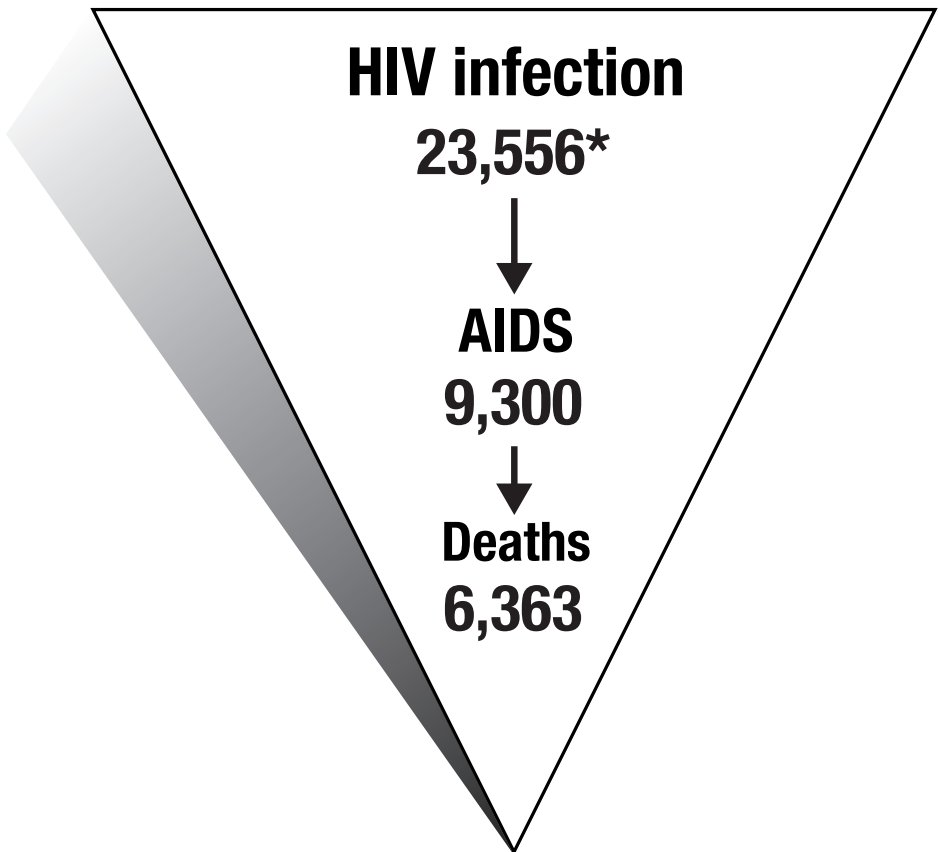
**Table 3.4** Number of people seen, number of people tested for HIV antibody and number of people newly diagnosed with HIV infection, by sex and age group, during the quarter 1 January to 31 March 2004

Age group (years)	Seen at Clinic		Tested for HIV antibody		Newly diagnosed with HIV infection		
	Male	Female	Male	Female	Male	Female	Total
13–19	124	376	68	117	0	0	0
20–29	2 021	2 133	1 141	1 084	5	0	5
30–39	1 693	1 170	959	616	3	0	3
40–49	913	415	457	218	2	1	3
50–59	379	115	189	50	1	0	1
60+	194	37	94	16	1	0	1
<b>Total</b>	<b>5 324</b>	<b>4 246</b>	<b>2 908</b>	<b>2 101</b>	<b>12</b>	<b>1</b>	<b>13</b>

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# The HIV Epidemic in Australia

A cumulative profile to 31 March 2004



\* Estimated number of new diagnoses of HIV infection, adjusted for multiple reports, was 20,820 (range 20,340 – 21,300)



## Diagnoses in the first quarter

### 1 January– 31 March 2004

- a total of 241 diagnoses of HIV infection, 40 diagnoses of AIDS and 13 deaths following AIDS were reported, by 30 June 2004, to have occurred in the first quarter of 2004
- following adjustment for reporting delay, the estimated numbers of AIDS diagnoses and deaths following AIDS occurring in the first quarter of 2004 were 86 and 30
- in comparison, 222 diagnoses of HIV infection, 38 diagnoses of AIDS and 21 deaths following AIDS were reported by 30 June 2004, to have occurred in the first quarter of 2003

## New HIV infection

During the first quarter of 2004, 62 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 heterosexual contact in Australia was reported in 10 (16.1%) cases.

## Diagnoses in the year to 31 March 2004

- 870 diagnoses of HIV infection
- 196 diagnoses of AIDS
- 76 deaths following AIDS were reported by 30 June 2004

## HIV diagnoses

People diagnosed with HIV infection in the year to 31 March 2004 had an average age of 37 years and 1.3% was in the age group 13 – 19 years

- 87.5% were male, 11.5% were female, and sex was not reported or was reported as transgender in 0.8% and 0.2% of cases, respectively
- of 167 cases of HIV infection, newly diagnosed in the year to 31 March 2004 for which exposure to HIV was attributed to heterosexual contact, 100 (60%) were attributed to heterosexual contact in a high prevalence country or to heterosexual contact with a partner from a high prevalence country.

## Total diagnoses to 31 March 2004

- 23,556 diagnoses of HIV infection
- 20,820 diagnoses of HIV infection following adjustment for multiple reporting
- 9,300 diagnoses of AIDS
- 6,363 deaths following AIDS were reported by 30 June 2004

## HIV testing in sexual health clinics

Five sexual health clinics in Brisbane, Gold Coast, Melbourne and Sydney tested 5,009 people in the quarter 1 January – 31 March 2004 who were not previously known to have HIV infection

- of 2,828 people reported as having been tested for the first time, 3 (0.1%) were found to have HIV infection
- of 2,181 people reported as having been retested following a previous negative test, 10 (0.5%) were found to have HIV infection
- of 278 people who reported a history of heterosexual contact overseas who were retested following a previous negative test, 1 (0.4%) was 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.

## All data in this report are provisional and subject to future revision.

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

<b>NSW Public Health Bulletin</b>	<a href="http://www.health.nsw.gov.au/public-health/phb/phb.html">www.health.nsw.gov.au/public-health/phb/phb.html</a>
<b>The Northern Territory Disease Control Bulletin</b>	<a href="http://www.nt.gov.au/health/cdc/aids_std/report/index.shtml">www.nt.gov.au/health/cdc/aids_std/report/index.shtml</a>
<b>Sexually Transmitted Diseases in South Australia</b>	<a href="http://www.stdservices.on.net/publications">www.stdservices.on.net/publications</a>
<b>Victorian Infectious Diseases Bulletin</b>	<a href="http://www.dhs.vic.gov.au/phd/vidb/">www.dhs.vic.gov.au/phd/vidb/</a>
<b>Disease WAatch</b>	<a href="http://www.public.health.wa.gov.au/">www.public.health.wa.gov.au/</a>

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