Australia’s rates of HIV remain steady, while gonorrhoea and chlamydia are increasing, and genital warts are declining.

Rates of most STIs are relatively high among young Aboriginal and Torres Strait Islander people but HIV has remained stable for over a decade in this population.

Hepatitis C accounts for one-third of liver transplants.

Despite safe sex generally among gay men, unprotected sex among casual partners on the rise.

Findings contained in three national surveillance reports to be launched in Canberra today.

Notifications of gonorrhoea increased by 25 percent in Australia in 2010. Chlamydia notifications continue to increase relentlessly and are at higher levels than any other notifiable condition in Australia, but the rate of genital warts in young women has declined sharply following the introduction of national HPV vaccination, the latest national surveillance reports show.

The annual *HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report* will be released today (Tuesday 27 September) at the Australasian HIV/AIDS Conference 2011 by UNSW’s Kirby Institute (formerly known as the National Centre in HIV Epidemiology and Clinical Research), alongside two other national reports: the *Bloodborne viral and sexually transmitted infections in Aboriginal and Torres Strait Islander People: Surveillance and Evaluation Report 2011*; and the *Annual Report of Trends in Behaviour 2011*.

The report indicates that the number of new cases of HIV has remained stable for the past five years, with 1043 new diagnoses in 2010. The rate of diagnosis has modestly declined in NSW and Victoria and risen in Queensland and Western Australia. “It is possible that these trends reflect population movement patterns across the country and equalization of transmission rates,” said UNSW Associate Professor David Wilson, head of the Surveillance and Evaluation Program for Public Health at the Kirby Institute. “Importantly, overall rates of HIV remain low compared to other countries due to ongoing prevention strategies.”

More than 10,000 people were diagnosed with gonorrhoea in 2010, a jump of 25 percent over 2009 levels. Chlamydia was the most frequently reported notifiable condition in Australia, with 74,305 cases diagnosed in 2010 – a 17 percent increase over the previous year and continuing the large increase seen over the past ten years. Young heterosexual people had most chlamydia infections while the increase in gonorrhoea has occurred predominantly among men who have sex with men. “Increases in the rate of these sexually transmissible infections are of concern and imply the need for renewed and targeted prevention efforts along with coordinated surveillance and monitoring,” said Dr Wilson. However, the introduction of
vaccination against human papillomavirus has had a large health impact. The proportion of young women seen in sexual health services who had genital warts dropped from 10.9 percent in 2007 (when the vaccination program began) to 3.4 percent in 2010. A decline in infectious syphilis diagnoses has also occurred, coinciding with the scale-up of strategies for prevention, detection and treatment.

The rates of hepatitis C and hepatitis B have stabilised over recent years but, in 2010, hepatitis C was the underlying cause of almost one-third of all liver transplants. An estimated 217,000 people in Australia are living with hepatitis C infection, including 48,000 with moderate or severe liver disease; and 170,000 with hepatitis B infection. Transmission of both hepatitis B and hepatitis C continues to occur predominantly among people who inject drugs.

The report *Bloodborne viral and sexually transmitted infections in Aboriginal and Torres Strait Islander People: Surveillance and Evaluation Report 2011* reveals that chlamydia and gonorrhoea diagnosis rates in the Indigenous population in 2010 were many times higher than in the non-Indigenous population, equating to 36 percent of all cases of gonorrhoea and nine percent of all chlamydia cases notified in Australia. The majority of diagnosed cases in the Indigenous population are from remote and very remote areas. The rate of chlamydia is three times the rate among non-Indigenous people in major cities, indicating epidemic rates of chlamydia across Aboriginal communities. Infectious syphilis rates remained stable in 2010, with 130 cases notified among Aboriginal and Torres Strait Islander people, mostly in remote communities. “This gives hope to the aspiration of eliminating infectious syphilis from Aboriginal and Torres Strait Islander communities,” said James Ward, head of the Kirby Institute’s Aboriginal and Torres Strait Islander Health Program. The rate of HIV diagnosis in the Indigenous population continues to be at the same level as among the non-Indigenous population. However, higher proportions of cases were diagnosed among women (22 percent vs 8.1 percent for non-Indigenous) and people who inject drugs (19 percent vs three percent).

The third report, the *Annual Report of Trends in Behaviour 2011*, released today by UNSW’s National Centre in HIV Social Research (NCHSR), reviews social and behavioural research on HIV, viral hepatitis and sexually transmitted infections. Stigma remains a major issue for people affected by HIV, hepatitis C or drug dependence. In HIV prevention, survey research indicates that despite safe sex being well embedded, gay men’s social networks are diversifying, posing a challenge to educators. “As gay men have become more integrated into mainstream society, they have become a less cohesive group to target in HIV education and prevention,” said Dr Martin Holt, Senior Research Fellow at NCHSR. In addition, the proportion of gay men engaging in unprotected sex with casual partners has increased over time (to 38 percent of men with casual partners in 2010). “These are often isolated or occasional incidents of unprotected sex, and may occur in situations where both partners believe they have the same HIV status,” said Dr Holt. “However, attempts by gay men to limit HIV transmission by disclosing HIV status are not always effective.” After significant improvements in HIV testing rates, the proportion of gay men reporting recent HIV testing has fallen (to 59 percent of men in 2010). This suggests that new ways need to be found to make it easier for gay men to undergo regular sexual health checkups and HIV testing. “The proposed changes to Australia’s *National HIV Testing Policy* to allow community-based, rapid HIV testing may make testing more accessible to at-risk groups,” Dr Holt said.

**Media contacts:**

A/Prof David Wilson, Kirby Institute, 0421 598 939
James Ward, Kirby Institute, 0434 149 714
Dr Martin Holt, National Centre in HIV Social Research, 0403 990 806
Summary of key statistics

HIV infection

- By 31 December 2010, 30,486 cases of HIV infection had been diagnosed in Australia.
- An estimated 21,391 people were living with diagnosed HIV infection in Australia at the end of 2010.
- The number of new HIV diagnoses in Australia in 2010 was 1,043. The annual number of new HIV diagnoses has remained relatively stable at around 1,000 over the past five years.
- Trends in newly diagnosed HIV infection have differed across State and Territory health jurisdictions. New South Wales recorded a decline in the rate of diagnosis from 6.3 in 2003 to 4.9 per 100,000 population in 2010. Queensland and Western Australia recorded their highest rate of HIV diagnosis in 2010 of 5.4 and 4.3 per 100,000 population, respectively. The rate of HIV diagnosis in Victoria peaked in 2006 at 5.5 and declined to 4.9 per 100,000 population in 2010, similar to the rate in New South Wales.
- HIV continued to be transmitted primarily through sexual contact between men.
- Of 5,177 new diagnoses of HIV infection in 2006–2010, 1,481 (28.6%) had evidence of acquiring infection in the 12 months prior to HIV diagnosis.
- The per capita rate of HIV diagnosis in the Aboriginal and Torres Strait Islander population was similar to that in the non-Indigenous population. Aboriginal and Torres Strait Islander cases of HIV infection differed from non-Indigenous cases, excluding those from a high HIV prevalence country, in that a higher proportion were attributed to heterosexual contact (18% compared with 13%) and injecting drug use (19% compared with 3%).
- Of 1,297 cases of HIV infection newly diagnosed in 2006–2010, for which exposure to HIV was attributed to heterosexual contact, 60% were in people from high prevalence countries or their partners.

Viral hepatitis

- The per capita rate of diagnosis of hepatitis B infection in Australia in 2006–2010 was stable at around 31 per 100,000 population. The rate of diagnosis of newly acquired hepatitis B infection declined from 1.4 to 1.0 per 100,000 population between 2006 and 2010.
- An estimated 170,000 people were living in Australia in 2010 with hepatitis B infection. An estimated 335 deaths in 2010 were attributable to chronic hepatitis B infection.
- The per capita rate of diagnosis of hepatitis C infection has stabilised over the last three years at approximately 52 per 100,000 population.
- An estimated 221,000 people were living in Australia with chronic hepatitis C infection, including 48,000 with moderate to severe liver disease.
- The reported annual number of diagnoses of newly acquired hepatitis C infection ranged from 362 to 442 in 2006–2010 and accounted for 3.5% of new hepatitis C diagnoses.
- Based on reported cases, hepatitis B and hepatitis C transmission in Australia continued to occur predominantly among people with a recent history of injecting drug use.
- In 2010, chronic hepatitis B infection and chronic hepatitis C infection were the underlying cause of liver disease in 5.7% and 31.8% of liver transplants, respectively.
- An estimated 3,760 people with chronic hepatitis C infection were prescribed ribavirin and pegylated interferon combination treatment or pegylated interferon only in 2010.
- The proportion of people seen at needle and syringe programs who reported having injected drugs for five years or less was stable in 2006–2010 at around 10%. Within this group, hepatitis C prevalence ranged from 28% in 2007 and 2008 to 18% in 2010.

Sexually transmissible infections other than HIV

- Chlamydia was the most frequently reported notifiable condition in Australia in 2010 with 74,305 diagnoses. The population rate of diagnosis of chlamydia in 2010 was 319 per 100,000 population, a 17% increase over the rate in 2009, continuing the increase seen over the past ten years.
• The number of diagnoses of gonorrhoea increased by 25%, from 7,993 cases in 2009 to 10,015 in 2010. The rate of diagnosis of infectious syphilis increased by 60%, from 4.2 in 2006 to 6.7 in 2007 and declined to 4.9 in 2010. The increases in infectious syphilis have occurred largely among men who have sex with men.
• Substantially higher rates of diagnosis of chlamydia and gonorrhoea were recorded in the Aboriginal and Torres Strait Islander population compared with non-Indigenous population.
• In the past 5 years, more than 75% of men and women seen for the first time through a network of sexual health services were tested for chlamydia. In 2010, the chlamydia positivity rate was highest among Aboriginal and Torres Strait Islander men and women (20.7%) and among young heterosexual men and women (16.3% and 15.6%, respectively), and was lowest among female sex workers (5.6%).
• Following the introduction of vaccination against human papilloma virus, the proportion of young women diagnosed with genital warts dropped from 10.9% in 2007 to 3.4% in 2010.

Social and behavioural trends
• The majority of gay men (54%) continue to use condoms and avoid unprotected anal intercourse.
• The proportion of gay men who spend a lot of their time with gay men or who have a lot of gay friends is declining over time, falling to 48% of men in 2010.
• Unprotected anal intercourse with casual partners has gradually increased (to 38% of gay men with casual partners in 2010).
• The proportion of gay men reporting a recent HIV test (testing in the last year) has fallen to 59%.
• A review of health promotion resources addressing hepatitis C prevention in Australia indicates a lack of attention to couples who inject drugs, despite research indicating this is a key context in which transmission can occur.
• Stigma remains a major issue for people affected by HIV, hepatitis C or who have problems with illicit drugs.
• HIV-positive gay men report sexual exclusion from HIV-negative men as more men rely on HIV status disclosure to reduce HIV risk.
• HIV-positive heterosexual men are concerned about their perceived sexual orientation because of the association between HIV and homosexuality in Australia.
• It remains common for people who disclose a positive hepatitis C status to receive a bad reaction, including from doctors and healthcare workers.
• Drug treatment clients who perceive staff have discriminated against them are less likely to successfully complete treatment.

ENDS