



**National Centre in HIV  
Epidemiology and  
Clinical Research**

**Annual Report 1999**

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# *National Centre in HIV Epidemiology and Clinical Research*

## **Annual Report 1999**

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## *What is NCHECR?*

The National Centre in HIV Epidemiology and Clinical Research (NCHECR) was established in 1986 by the Australian Government to fulfil a number of key roles in Australia's fight against HIV/AIDS. The Centre's brief has grown over the years.

Located on the campus of St Vincent's Hospital in Sydney, the Centre is directly affiliated with the Faculty of Medicine at the University of New South Wales, and receives its core funding through the Commonwealth Department of Health and Aged Care. Its work is overseen by a Scientific Advisory Committee, which reports through the Australian National Council on AIDS and Related Diseases.

NCHECR's primary functions relate to the coordination of national surveillance programs and clinical trials related to HIV/AIDS. The Centre also carries out research on the epidemiological and clinical aspects of HIV/AIDS and other blood-borne viruses and sexually transmitted infections. Other functions of NCHECR include the training of health professionals, and input into the development and implementation of health policy and programs.

NCHECR carries out its functions by working with an extensive range of collaborators, including State and Territory Health Departments, public and private clinical units, national and international organisations, and the corporate sector. It also works closely with the two other national HIV research centres, the National Centre in HIV Virology Research and the National Centre in HIV Social Research.

Dissemination of NCHECR's research output is undertaken through publication in scientific journals and a series of surveillance reports.

The Centre conducts its research through two areas:

- The Therapeutic Research Unit
- The Epidemiology Unit.

## Director's Report

For NCHECR the year 1999 served to consolidate our position both nationally and internationally as providing leadership in both clinical research and epidemiology of HIV.

The annual surveillance report includes more data on hepatitis C and other sexually transmissible infections whose interaction with HIV is critical for the understanding of the spread of all these infections. In clinical research we have committed ourselves to a large program of investigation of immunotherapy of HIV especially the cytokine interleukin-2. We are playing a major coordinating role in the implementation of two large phase 3 studies of this drug both nationally and internationally. One study is sponsored by the public sector through the US National Institutes of Health and the other by the pharmaceutical industry. Considerable synergies have been realised by this productive yet separate partnership.

I would like to thank all my colleagues at NCHECR for their hard work and dedication to our expansion into these new dimensions of clinical trials and epidemiology of HIV. They are a remarkable team. The advisors to our networks as well as the network investigators provide extraordinary support and commitment to our studies.

The strength of a clinical research and epidemiology network is in the partnerships that are built up and we are indeed fortunate to have so many doctors, nurses, laboratory scientists and public health workers so dedicated to HIV infection and its consequences. The community continues to play a major role in the partnership approach to our work providing excellent and critical input to our programs.

Finally I would like to thank Prof Peter McDonald chair of our scientific advisory committee, the members of the SAC and the Dean, Prof Bruce Dowton for the encouragement and support they have shown me and the Centre over the last year.



David A Cooper  
 Professor of Medicine  
 Director, National Centre in HIV Epidemiology  
 and Clinical Research  
 The University of New South Wales



## *The National Centre in 1999*

### **Epidemiological programs**

The epidemiological activities of the NCHECR were pursued in a wide variety of areas, with the continuing emphasis on surveillance and monitoring, combined with research programs designed to address specific questions in the areas of prevention and treatment.

Collaboration with a range of agencies and individuals was the foundation for achievement in these areas.

### **Surveillance systems and methods**

The systems for HIV surveillance established over the previous ten years were further strengthened. Australia now has a comprehensive structure for monitoring the occurrence of HIV infection in a range of clinical and population settings, that is likely to be sensitive to any changes that might occur in patterns of transmission.

This year also sees the beginning of the development, in collaboration with the States and Territories, of improved procedures for monitoring the occurrence of hepatitis C infection in Australia. With an agreed surveillance strategy in place, it is now a matter of working through its implementation across the jurisdictions. Other agencies, including the Red Cross Blood Service and the Australian Defence Force, also began reporting the results of hepatitis C testing at a national level via the NCHECR.

Monitoring of risk behaviour also continued, both among people attending needle and syringe programs, and participants in the Periodic Surveys of gay men in the larger Australian cities.

As in the previous two years, production of the Annual Surveillance Report for 1999 was a key initiative of the NCHECR. The report, which presents comprehensive information on the occurrence of HIV/AIDS, hepatitis C and sexually transmissible infections, is now used by

a range of agencies in Australia as the authoritative source of information for planning and assessment.

### **Social epidemiological research**

New research initiatives in 1999, largely in collaboration with the National Centre in HIV Social Research, saw an expansion of the NCHECR's activities in investigating social and behavioural factors in health outcomes.

A new cohort of people with HIV infection, the Positive Health study, completed most of its recruitment in 1999, and is now in a position to begin follow up. This study will provide insight into the experience of living with HIV infection in an era of rapid therapeutic change. Meanwhile, the long-running SMASH study drew to a close, although there remains a wealth of material provided by participants that will be analysed over the coming year.

In New South Wales, NCHECR began monitoring the uptake of the newly introduced prophylactic treatment for people who had been potentially exposed to HIV infection through sexual contact or drug injecting. This study, one of the first of its kind in the world, will shed light on the circumstances of risk exposure, and the outcome of taking prophylactic treatment.

NCHECR was associated with several successful NHMRC grant applications awarded to commence in 1999 that have substantial social and behavioural components. Two of the studies involve recruitment and follow up of people at risk of hepatitis C infection, and the third is a national survey of sexual behaviour.

### **Clinical epidemiological research**

A major initiative of the NCHECR in 1999 was the establishment of an observational study of people with HIV infection involving a number of hospital and primary care sites around Australia. Focussing on treatment uptake and its immunological, virological and clinical

outcomes, the Australian Observational Database will initially provide information on patterns of use of antiretroviral therapies. Over time, it will also be used to undertake studies of factors that influence progression in HIV disease.

Development also began of a mechanism for recruitment and follow up of people with newly acquired hepatitis C infection in Australia. Through a variety of sources, people with newly acquired infection will be identified and invited to participate in long-term monitoring.

### **Epidemiological research on pathogenesis and disease progression**

NCHECR maintains one of the largest cohorts in the world of people with HIV infection whose rate of progression is slow. In 1999, analyses of a number of factors, including viral species diversity and chemokine receptor genotypes were undertaken, leading to further insights into the complex interplay of viral and host factors in HIV pathogenesis.

Studies of HIV and cancer continued, with the first national linkage taking place in 1999 of registries of cancer and HIV/AIDS.

### **Epidemiological research in health services**

NCHECR has increasingly been applying epidemiological methods to provide information to assist the planning and evaluation of health services.

In 1999 planning began for a national survey of antenatal testing for HIV and hepatitis C infection. The survey will update the information provided by a similar study in the early 1990s, as well as exploring a number of more current issues related to testing practice.

A major public health initiative of last year was the New South Wales Government's decision

to trial a medically supervised injecting centre in Kings Cross. NCHECR is one of the agencies that have been asked to assist in the evaluation of the service. During 1999, a protocol was developed for the evaluation incorporating a number of survey methodologies that the NCHECR has initiated in the area of injecting drug use.

### **Therapeutic Research Unit**

This year was characterized by a number of key changes in research agenda and administration within the Unit. These changes were both responses to an evolving clinical field and also premeditated efforts to improve the effectiveness and efficiency of the network.

New antiretroviral therapies can now be developed without the need to engage large collaborative research networks. Collaborative research networks have had to redefine their purpose and also how they go about doing research. The NCHECR network has addressed this challenge on a number of fronts. Consultation within the network has been modified to help define and refine the research agenda. Relationships with international collaborators have been extended and expanded to broaden opportunities for sharing experiences and seeking funding.

### **Research focus**

Key clinical questions relate to preserving or to improving the longer term success of antiretroviral therapies in treatment-naive and treatment-experienced patients, improving compliance with complex regimens of therapy, managing side effects and toxicities, and determining the role of HIV drug resistance testing in clinical decision-making. During 1999 the NCHECR network completed the OZCombo I and OZCombo II protocols, commenced work on the INITIO study for treatment-naive individuals, the CHRN025 protocol for heavily pre-treated patients and

commenced the development of a national QA program for HIV drug resistance testing as the basis of the CREST protocol.

Seminal descriptions of lipodystrophy by Australian researchers in collaboration with NCHECR resulted in the implementation of a National Lipodystrophy Prevalence Survey and the PIILR study as a means of both examining the prevalence and characteristics of the syndrome as well as assessing whether therapeutic intervention might allow for resolution of the diagnostic abnormalities.

## IL-2

In addition to ongoing research with antiretroviral therapies, the NCHECR network continued to explore new approaches to treatment and particularly interleukin-2 therapy.

Building upon the experience of prior research, NCHECR staff were involved in further clinical trials of IL-2 in England, Argentina and Thailand.

In parallel with these activities, the NCHECR played a significant leadership role in preparing the successful ESPRIT study application to the US NIH.

This grant (\$US43.5 million) was awarded in September 1999, with NCHECR to receive \$US6 million to support the trial in both Australia and a number of other countries (Argentina, Israel, Japan, Singapore and Thailand). This international leadership was also important in ensuring that Chiron were enthusiastic about engaging the NCHECR network for the SILCAAT clinical endpoint study of IL-2 therapy, that commenced recruitment in parallel with ESPRIT.

## Miracle or Madness

In February of 1999, the National Centre in conjunction with CTARC convened a workshop entitled "HIV vaccines: Miracle or Madness" at the Coogee Holiday Inn. The meeting drew

together an invited audience of approximately 70 representatives from biomedical research, social research, community, government and industry to discuss how Australia may contribute to the development of prophylactic and therapeutic vaccines for HIV disease. Keynote speaker, Seth Berkley, set the scene for two days of discussion, *"There is an enormous need – worldwide - for an HIV vaccine ... Despite international research efforts, only one HIV vaccine in the world has entered efficacy testing. This is a public policy disaster."*

The important outcome of this meeting was the identification of a critical need to coordinate a national effort toward vaccine development. To this end a group of Australian representatives under the leadership of NCHECR commenced preparation of a contract application to the NIH that was submitted in August.

## Administrative changes

Providing a collective forum for discussions in research agenda and methodology, NCHECR invited 60 representatives from the network to a session at the International Clinical Trial Symposium entitled "HIV Forum: Methodologic Issues in HIV Medicine". This gathering established consensus in research priorities and practical aspects for the NCHECR network. The NCHECR working groups continued to provide the most direct mechanism for development of research protocols through the network.

In keeping with a recommendation of the last quinquennial review, NCHECR commenced the unification of the previously separate administrative structure of CHRN and the Clinical Trials Unit with the new structure called the Therapeutic Research Unit. The initial steps in this process were completed in August 1999 and were scheduled for review in 2000 following further consultation both internally and externally.



## *Epidemiology Unit*

The main achievements of the Epidemiology Unit are described in more detail below. Many aspects of our research could not proceed without many of our collaborators – both individuals and agencies – around the world.

### **Surveillance systems**

#### **Routine HIV and AIDS reporting**

New diagnoses of HIV infection, AIDS, and deaths following AIDS were monitored in collaboration with State and Territory health authorities and the Australian Paediatric Surveillance Unit.

The annual number of AIDS diagnoses continued to decline from a peak of 950 cases in 1994 to 265 cases in 1998.

The number of HIV infections diagnosed per year also continued to decline to around 700 diagnoses in 1998.

**Investigators:** Ann McDonald, Patty Correll

**Collaborators:** State and Territory health authorities

Australian Paediatric Surveillance Unit  
National Serology Reference Laboratory,  
Australia

#### **Routine hepatitis C case reporting**

The National Hepatitis C Surveillance Committee met every four months to discuss implementation of the Australian Hepatitis C Surveillance Strategy.

Improvements to routine hepatitis C case reporting commenced with the standardisation of data collection from the States and Territories. Discussions surrounding a move towards enhanced hepatitis C surveillance were undertaken, although not all States and Territories were in a position to undertake this change.

**Investigators:** Jenean Spencer, Patty Correll

#### **Monitoring HIV infection through sexual health clinics**

The pattern of HIV antibody testing and its outcome continued to be monitored through a network of metropolitan, public, sexual health clinics.

The monitoring network was expanded in 1999 to include the Livingstone Road Sexual Health Centre in Marrickville, Sydney. HIV incidence was estimated among men and women seen at the clinics through 1993 – 1998, who had previously tested negative. Incidence was highest (around 2% per year) among men with a history of homosexual contact. Incidence remained low among men and women with a history of heterosexual contact only (less than 0.1% per year), among men and women with a history of injecting drug use (0.2% or less per year) and among women with a history of sex work (less than 0.2% per year).

**Investigator:** Ann McDonald

**Collaborators:** Network of sexual health clinics

#### **Monitoring HIV infection among people entering Australian prisons**

The number of people entering Australian prisons, the number tested for HIV antibodies and the number diagnosed with HIV infection continued to be monitored, in collaboration with State and Territory Departments of Corrections. HIV prevalence, which did not differ between genders, was 0.2% among men and women received into Australian prisons in 1991 – 1998.

**Investigator:** Ann McDonald

**Collaborators:** State and Territory Departments of Corrections

#### **Surveillance of HIV, hepatitis C and related risk behaviours among clients at needle and syringe programs (NSPs)**

Representative surveys of HIV and hepatitis C virus prevalence in injecting drug users provide valuable data on the spread of HIV and hepatitis C.



Since 1995, the NCHECR has conducted annual cross-sectional surveys at needle and syringe programs of one week's duration. Three new sites were involved in 1999: Manly and Ryde (NSW) and the Sunshine Coast (Qld).

In 1999, the survey recruited 2,378 (45%) injecting drug users from 34 needle and syringe programs, representing all Australian jurisdictions. Results from the 1998 survey were released in the Epidemiology Unit Annual Surveillance Report for 1999. Consistent with previous surveys, HIV prevalence remained low (1.5%) except among male participants reporting homosexual identity (17%). Hepatitis C virus prevalence also remained stable (49%) except among participants reporting less than three years of drug injection. Among this group, hepatitis C virus prevalence increased from 13% (1997) to 17% (1998).

Trends in type of drug last injected were reported in the Illicit Drug Reporting System (IDRS) Bulletin, October 2000 in collaboration with the National Drug and Alcohol Research Centre.

**Investigator:** Margaret MacDonald

**Collaborators:** Macfarlane Burnet Centre for Medical Research  
National Drug and Alcohol Research Centre  
St Vincent's Hospital Alcohol and Drug Service  
South Australian Drug and Alcohol Services Council  
State and Territory health authorities  
Needle and Syringe Program sites

### **Monitoring HIV prevalence among blood donors**

Cases of newly diagnosed HIV infection in blood donors in Australia continued to be monitored in collaboration with the Australian Red Cross Blood Service. HIV prevalence among blood donors has gradually declined over time, from 0.9 per 100,000 donations in 1985 – 1990 to 0.5 per 100,000 donations in 1997 – 1998.

**Investigators:** Patty Correll, Ann McDonald, Matthew Law

**Collaborators:** Australian Red Cross Blood Service

### **Monitoring HIV prevalence among entrants into the Australian Defence Force**

The extent and outcome of testing for HIV antibody among Australian Defence Force entrants was monitored in collaboration with the Australian Defence Force. In 1988 – 1998, four cases of HIV infection were diagnosed among entrants, giving a prevalence of seven per 100,000 entrants. No new cases of HIV infection were diagnosed among entrants in the past three years.

**Contacts:** Patty Correll, Matthew Law

**Collaborators:** Australian Defence Force

### **Occupational exposure to HIV, hepatitis B and hepatitis C infection among health care workers**

A network of hospitals, established by the NCHECR and State and Territory health authorities, collects information on the circumstances of occupational exposures to blood and body fluids.

The rate of exposures decreased from 29 exposures per 100 daily-occupied beds in 1995 to 22 in 1997. In 1998, the rate of exposures increased to 25, however among sites that had participated in both 1997 and 1998, the rate of reported exposures remained stable.

Prevalence of HIV infection (1.1%) was much lower among source patients than prevalence of hepatitis B (3.2%) and hepatitis C infection (7.4%).

**Investigator:** Margaret MacDonald

**Collaborators:** National HIV Surveillance Committee  
Melbourne Diagnostic Unit, Melbourne University

## Periodic Survey

The Periodic Surveys are cross sectional surveys conducted regularly in each of the mainland capital city gay communities. Men in a variety of gay community settings complete questionnaires. They report on their sexual behaviour, condom use, HIV testing, attitudes and contact with the gay community.

In 1999, surveys were conducted in Sydney (February – 2401 completed questionnaires; and August – 942 completed questionnaires), Queensland (June – 1115 completed questionnaires), and Adelaide (October – 463 completed questionnaires).

Results from the Sydney surveys in 1999 showed a continuing trend of increasing unprotected anal intercourse with casual partners. However, no such trend was found in Queensland or Adelaide.

**Investigators:** Garrett Prestage, Andrew Grulich

**Collaborators:** National Centre in HIV Social Research  
Australian Federation of AIDS Organisations  
National Association of People Living with HIV/AIDS

## Surveillance methods and analyses

### HIV/AIDS, Hepatitis C and Sexually Transmissible Infections in Australia Annual Surveillance Report 1999

The third comprehensive review of the pattern of HIV/AIDS and related infections in Australia was published in *HIV/AIDS, Hepatitis C and Sexually Transmissible Infections in Australia Annual Surveillance Report 1999*.

The report shows that based on observations taken since 1994, improvements in treatments for HIV infections have accelerated the decline in AIDS incidence. There were more than 1,000 fewer AIDS cases detected as a result of these improvements successfully delaying HIV infection from progressing to AIDS.

In 1998, over 40% of AIDS diagnoses were among people who had only been diagnosed with HIV infection within the previous three months. Because people with late HIV presentation were unable to benefit from treatment for HIV infection, or prophylaxis for opportunistic infections, the percentage of AIDS cases with *Pneumocystis carinii* pneumonia increased for the first time since the 1980s.

HIV transmission continued in Australia, primarily among homosexually active men. There was no evidence of a recent change in rates of transmission through male homosexual contact, or any increase in the very low rates of transmission through injecting drug use or heterosexual contact. Almost half of the new diagnoses of HIV infection attributed to heterosexual contact were in people from countries with high HIV prevalence, or in people whose sexual partners came from a high prevalence country.

Hepatitis C infection was the most frequently reported notifiable infection in Australia in 1998. The number of diagnoses of hepatitis C virus infection increased substantially among people aged less than 20 years. Hepatitis C continued to be transmitted in 1998 with a marked increase in the number of diagnoses of newly acquired infection. Transmission of hepatitis C continued at high levels among people with a history of injecting drug use.

The population rate of diagnoses of gonorrhoea increased from 16.3 per 100,000 in 1994 to 29.4 per 100,000 in 1998; the population rate of diagnoses of syphilis also increased in 1998 to 9.1 per 100,000 population. The annual number of diagnoses of donovanosis declined from 118 in 1994 to 36 in 1998.

**Investigator:** Ann McDonald

**Collaborators:** Collaborating networks in surveillance for HIV/AIDS, hepatitis C and sexually transmissible infections in Australia

### Australian HIV surveillance report

The *Australian HIV Surveillance Report* continues to be issued quarterly, providing updates on the number of new diagnoses of HIV infection and AIDS in Australia; and estimates of HIV prevalence and incidence through a network of sexual health clinics. In 1999, reports on monitoring newly acquired HIV infection, occupational exposure to blood borne viruses among health care workers and HIV disease progression in Queensland were published in the *Australian HIV Surveillance Report*, as well as a report from the 2<sup>nd</sup> Australasian Conference on Hepatitis C, held in Christchurch, New Zealand in August 1999.

**Investigator:** Ann McDonald, Yueming Li  
**Collaborators:** State and Territory health authorities, network of sexual health clinics, Australian Paediatric Surveillance Unit

### Perinatal surveillance

Cases of perinatal exposure to HIV were monitored by reports from paediatricians to the Australian Paediatric Surveillance Unit, by assessment of perinatal exposure to HIV among children born to women with newly diagnosed HIV infection and through notification of new HIV diagnoses in children. In 1995 – 1998, 51 cases of perinatal exposure in Australia were notified and 16 children acquired HIV infection.

**Investigator:** Ann McDonald  
**Collaborators:** Australian Paediatric Surveillance Unit, State and Territory health authorities

### Monitoring newly acquired HIV infection

The pattern of HIV transmission in Australia was monitored, in collaboration with State and Territory health authorities and State HIV Reference Laboratories, by reports of a negative test or a diagnosis of HIV seroconversion illness within 12 months of HIV diagnosis.

In 1991 – 1998, 1,372 cases of newly acquired HIV infection were notified to the National HIV

Database. In 1998, 144 newly acquired cases were diagnosed, predominantly among men who reported a history of homosexual contact, indicating continuing HIV transmission in Australia.

**Investigators** Ann McDonald, Yueming Li  
**Collaborators:** State and Territory health authorities

### HIV disease progression following newly acquired HIV infection

The pattern of HIV disease progression from a known date of HIV infection was monitored among cases of newly acquired HIV infection linked to the corresponding AIDS diagnosis.

By 30 June 1999, 1,376 cases of newly acquired HIV infection had been diagnosed in Australia in 1991 – 1998 and 121 cases had been diagnosed with AIDS. Factors that were independently associated with disease progression included: age of more than 30 years at HIV diagnosis; a CD4+ cell count of less than 500; and earlier year of infection (1991 – 1994 versus 1995 – 1998).

**Investigators:** Ann McDonald, Yueming Li  
**Collaborators:** State and Territory health authorities

### Exposure assessment

Patient report of exposure to HIV continued to be monitored among cases of newly diagnosed HIV infection for which exposure to HIV was attributed to sources other than male homosexual contact and perinatal HIV infection.

Almost 50% of cases of newly diagnosed HIV infection, for which exposure to HIV was attributed to heterosexual contact only, probably acquired the virus through heterosexual contact in a high HIV prevalence country.

**Investigator:** Ann McDonald  
**Collaborators:** State and Territory health authorities

## Social epidemiological research

### Study of risk factors for seroconversion

Interview-based studies of recent HIV seroconverters can provide valuable data on the context of HIV transmission.

During 1999, enrolment into this study of risk factors for HIV seroconversion ceased and an analysis of risk factors was performed. Seventy-five men with newly acquired HIV infection were compared with 39 controls, who were HIV negative gay men seen at the same medical practice as the man with newly acquired HIV.

Cases reported drinking more alcohol at the seroconversion event than at the highest risk event for the controls, and were also more likely to report use of recreational drugs.

Among participants who were in a regular relationship at the time of the high-risk event, cases who believe they were infected by their regular partner (33) had a much shorter relationship than the controls.

Fifty-nine percent of infections within relationships occurred within the first year.

Cases were more likely to report unprotected anal intercourse in the six months prior to the seroconversion event, but no other sexual practices were reported more often by cases. These data were presented to community-based organisations and incorporated into HIV prevention education.

**Investigators:** Andrew Grulich, Olympia Hendry, Garrett Prestage

**Collaborators:** National Centre in HIV Social Research

### Hepatitis C incidence in prisons

In 1999, a pilot study commenced in three metropolitan prisons to assess the feasibility and logistics for the main study. Thirty inmates were enrolled and followed up over a two-

month period. The pilot study was evaluated by process analysis.

**Investigators:** Jenean Spencer, Kate Dolan

**Collaborators:** UNSW  
Department of Pathology, Royal Prince Alfred Hospital  
Prince of Wales Hospital

### Positive health study

This study of treatment practices and use of health services among HIV positive individuals commenced in 1998. During 1999, baseline interviews were completed for 369 HIV-positive individuals in NSW and 56 in Victoria. Participants were recruited from a variety of sources, including the previous SMASH study (23%), gay community events (11%) and doctors' clinics (10%). Most participants (95%) were male, and 82% of all participants identified as homosexual. In NSW, nearly 20% of participants were recruited from outside Sydney.

**Investigators:** Garrett Prestage, Andrew Grulich, Olympia Hendry

**Collaborators:** National Centre in HIV Social Research  
Australian Research Centre in Sex Health and Society  
Australian Federation of AIDS Organisations  
National Association of People Living with HIV/AIDS

### Non-occupational post-exposure prophylaxis (PEP)

During late 1998, New South Wales became one of the first health jurisdictions in the world to recommend post-exposure prophylaxis against HIV after high-risk non-occupational exposures.

In conjunction with the introduction of this policy, the NCHECR, in collaboration with the NCHSR, set up an observational study. People receiving PEP from their doctors were enrolled and monitored for six months. An average of two prescriptions of PEP occurred each week, and prescription was mainly after appropriate (i.e. high risk) exposures. However, doctors

tended to use three drugs, rather than the two anti-retrovirals recommended for most exposures under the NSW Health guidelines.

**Investigators:** Andrew Grulich, Patty Correll, Don Smith, Olympia Hendry

**Collaborators:** National Centre in HIV Social Research

### **National survey of sexual health and sexual behaviour**

The NCHECR collaborates in a national survey of sexual behaviour, which was awarded a NHMRC grant for the years 1999-2001.

During 1999, a questionnaire was drafted and designed for use as a computer assisted telephone interview. A pilot study of 1035 people demonstrated that the method of sampling was effective, with a response rate of 71%.

Following alterations in the questionnaire, it is anticipated that the survey will be conducted during 2001. This will provide valuable population-based data on the prevalence of HIV risk behaviours.

**Investigator:** Andrew Grulich

**Collaborators:** Australian Research Centre in Sex, Health and Society  
Central Sydney Area Health Service  
National Centre in HIV Social Research  
NSW Health Department  
Deakin University

### **Sydney Men and Sexual Health (SMASH)**

This cohort study of over 1000 homosexually active men commenced in 1992, and has provided valuable longitudinal data about the context of gay men's sexual behaviour during the 1990's. For example, the study has documented that HIV positive gay men are much more likely to report unprotected anal intercourse with casual partners than HIV negative men.

A detailed analysis of the data indicated that HIV positive men were more likely to have unprotected anal intercourse with both HIV

positive and HIV negative or unknown partners. Until 1998, follow up rates in SMASH were 60% or more. In 1999, a decision was made to cease interviewing in this study, and final data collection was conducted using a reply-paid, self-complete questionnaire.

**Investigators:** Garrett Prestage, Andrew Grulich

**Collaborators:** National Centre in HIV Social Research  
AIDS Council of New South Wales

### **SMASH risk factors**

The design of the SMASH cohort allows a detailed analysis of risk factors for HIV infection.

Of the 701 seronegative men at enrolment, 30 became HIV infected between 1993 and 1998, with an annual incidence of between one and two per cent. The follow up rate of those enrolled during 1992-3 was 61% by 1998.

Risk factors for HIV included: a history of sex work and sexually transmitted diseases, and reporting more personal contact with the HIV epidemic. Use of injecting and other recreational drugs was also associated with HIV risk.

Unprotected anal intercourse with casual partners was associated with risk of HIV infection, and risk increased with increasing numbers of partners. Oral sex was not associated with risk of HIV infection.

**Investigators:** Andrew Grulich, Garrett Prestage, Yueming Li

**Collaborators:** National Centre in HIV Social Research  
AIDS Council of New South Wales

### **Sydney Asian Gay Men's Survey**

Despite the existence of a large population of gay men of Asian descent in Australia, little is known about the risk behaviours of these men. Relatively few Asian gay men have participated in previous studies of the gay community.

During 1999, discussions were held with organisations that provide services to these

men. A survey instrument was developed in consultation with these groups. Items included sexual behaviour, condom use, HIV and STD testing, contact with the gay community and contact with relevant ethnic communities.

The survey was conducted at a range of Sydney gay community venues. Interviews were scheduled for completion between December 1999 and January 2000.

**Investigator:** Garrett Prestage

**Collaborators:** National Centre in HIV Social Research  
Multicultural HIV Project

### Indigenous HIV/AIDS

An analysis of the Indigenous HIV/AIDS epidemic was performed during 1999, based on HIV and AIDS notifications over the period 1992-1998 in all States and territories except Victoria and ACT.

The analysis demonstrated a similar incidence of HIV infection between Indigenous and non-Indigenous Australians.

Features that distinguished the Indigenous HIV epidemic were a stable rate of HIV notification (declining in the non-Indigenous population), and a higher proportion of female, heterosexual, injecting drug use and rural cases. Among AIDS notifications, Indigenous people were at higher risk of disseminated fungal infections (cryptococcal disease and oesophageal candidiasis) than non-Indigenous people.

**Investigators:** Jill Guthrie, Greg Dore, Ann McDonald

**Collaborators:** State and Territory health authorities

## Clinical epidemiological research

### The Australian HIV Observational Database

The Australian HIV Observational Database (AHOD) commenced in June 1999. This

observational cohort was established to observe ongoing information relating to demographic factors, markers of HIV diseases stage and the uptake of antiretroviral and prophylactic treatments.

The first data transfer from the collaborating sites to the NCHECR occurred in September 1999. Data were combined from 766 patients with HIV from 12 sites throughout Australia. Data on antiretroviral treatment uptake were presented by Kathy Petoumenos on behalf of AHOD at ASHM in Perth, and were published in the first of what will be biannual reports summarising the projects progress.

The second data exchange is planned for March 2000, involving data from over 1,000 patients with HIV from around 18 sites. Data exchanges are planned to occur in March and September each year, and it is hoped that the full AHOD will involve over 2,000 patients from some 25 sites.

Data from a pilot study, which assessed the feasibility of electronic data exchange prior to commencement of the full AHOD, on trends in antiretroviral treatment uptake showed that more aggressive antiretroviral treatment was associated with the stage of HIV disease, and with being infected with HIV through male homosexual sex.

**Investigators:** Kathy Petoumenos, Matthew Law

**Collaborators:** Network of up to 30 sites (GPs, hospitals and sexual health clinics throughout Australia)

### Neurological disease in HIV infection

An AIDS dementia complex (ADC) retrospective case-control study was completed in 1999. The study was based on 110 ADC cases matched one-to-one with controls within St Vincent's Hospital HIV Unit over the period 1988-1994.

The study demonstrated several factors associated with ADC. These included demographic (older age), neurological

(myelopathy, seizure), and psychiatric (hypomania, depression). Myelopathy and hypomania generally presented within a month of ADC diagnosis suggesting a similar underlying pathogenesis.

In contrast, depression often presented in the 12 months prior to ADC diagnosis, and may therefore provide a marker for early diagnosis of ADC.

**Investigators:** Greg Dore, Ying Pan, Bruce Brew

### **National Incident Hepatitis C Case Register**

In 1999, NCHECR and MBC developed a protocol for the development of a national incident hepatitis C case register (NIHCR). An advisory committee involving key stakeholder representatives met in 1999 to discuss and advise on the development of the NIHCR.

The groundwork is in place for the commencement of enrolling patients from two main sources, the National Notifiable Diseases Surveillance System (NNDSS) and the Australian Red Cross Blood Service (ARCBS) "look back" programme. NCHECR is concentrating on notifications via NNDSS, while MBC is focusing on the ARCBS pilot.

**Investigator:** Jenean Spencer

**Collaborators:** Macfarlane Burnet Centre for Medical Research

### **Trends in hepatocellular carcinoma incidence and mortality in Australia**

One of the long-term sequelae of hepatitis C virus infection is hepatocellular carcinoma (HCC). Trends in HCC incidence and mortality between 1978 and 1997 were assessed using data from the National Cancer Statistics Clearing House and the National Mortality Database held at the Australian Institute of Health and Welfare.

The incidence of HCC has increased in men and women, while HCC mortality has increased in overseas born men and women, and in Australian born men. Because alcohol

use has declined over this period in Australia, a likely explanation for the observed increases in HCC incidence and mortality would appear to be increasing rates of hepatitis B and C virus infection.

**Investigators:** Matthew Law, Greg Dore  
**Collaborators:** Stuart Roberts, The Alfred Hospital, Melbourne

### **Incident sexually transmitted infections in an Aboriginal community in Australia**

A population-based cohort study, based on an Aboriginal community in central Australia, was used to identify risk factors for incidence sexually transmitted infections (STIs). Included were 1034 Aboriginal people aged 12 to 40 years, resident in the study region, seen during the period 1.1.96 to 30.6.98 for STI diagnosis.

There were 313 episodes of incident gonorrhoea, 240 of incident chlamydial infection and 17 of incident syphilis. For gonorrhoea, risk factors were age, substance abuse and previous prevalent chlamydial infection with a rate ratio of 3.2 in people aged 15 to 19 years, 1.6 in people who abused alcohol and 3.2 in women who had sniffed petrol on a regular basis.

For chlamydia, risk factors were gender, age and a prior history of STI with a risk ratio of 2.7 in people aged 15 to 19 years. Similar factors were associated with an increased risk of syphilis but the associations were not statistically significant.

The study identified objective predictors of incident STI that can be used to target interventions and maximise their impact. The results of this study may well have relevance to Indigenous communities in other countries that are faced with high levels of STI and substance abuse.

**Investigators:** Matthew Law, John Kaldor  
**Collaborators:** Penny Miller, Paul Torzillo, Nganampa Health Council



## Epidemiological research on pathogenesis and disease progression

### Host genetic factors associated with long-term asymptomatic HIV-1 infection.

The discovery of the  $\alpha$ - and  $\beta$ -chemokine families and their associated co-receptors used by HIV-1 for cell entry has focused renewed attention on genetically predetermined factors associated with HIV-1 disease progression.

The long-term nonprogressors (LTNP) cohort was examined for polymorphisms that occur within the chemokine co-receptor genes, CCR5 and CCR2b, as well as within the gene coding for the stromal-derived factor SDF-1 3'A were examined within the Australian LTNP cohort.

A higher frequency of heterozygosity for CCR5- $\Delta$ 32 and CCR2b-64I was observed in long-term nonprogressors compared to rapid progressors, while the SDF-1 3'A mutations were equally distributed between both groups. Compared to HIV seronegative controls, LTNPs also showed higher frequencies of HLA class I A23, B14, B57, B70 and lower frequencies of HLA class I A11, A24, B35, and B51.

These results suggest that these chemokine co-receptors, together with certain HLA class I alleles, may be more abundant in LTNPs and contribute to delayed disease progression.

**Investigator:** Lesley Ashton

**Collaborators:** Graeme Stewart, Robyn Biti, Department of Clinical Immunology, Westmead Hospital  
John Sullivan, NSW Tissue Typing Laboratory, Australian Red Cross Blood Service  
Andrew Carr, Claudette Satchell, Centre for Immunology, St Vincent's Hospital

### HIV-1 species diversity in long-term non-progressors

The viral species present in individuals infected with HIV-1 can vary enormously. Previous studies have suggested that viral diversity may have a role in HIV-1 pathogenesis.

Viral and host characteristics of an Australian cohort of long-term nonprogressors (LTNPs) were examined in HIV accessory genes *nef*, *vpr*, *vpu* and *vif*. Increased genetic diversity in the *nef*LTR region of the HIV-1 genome correlated with decreased levels of CD4+ T-cells, increased levels of HIV-1 RNA, serum  $\beta_2$ -microglobulin and a lower frequency of CCR2b-64I heterozygosity. Although increased viral diversity was associated with increased risk of disease progression, lower CD4+ T-cell count and higher plasma levels of HIV-1 RNA remained the strongest predictors of progression in these individuals.

**Investigator:** Lesley Ashton

**Collaborators:** Nick Deacon, David Rhodes, National Centre in HIV Virology Research, Macfarlane Burnet Centre for Medical Research  
Andrew Carr, Claudette Satchell, Centre for Immunology, St Vincent's Hospital  
Graeme Stewart, Robyn Biti, Department of Clinical Immunology, Westmead

### The cytotoxic T-cell (CTL) response: associations with delayed disease progression

Viral-specific T-lymphocyte responses are thought to play a central role in containing viral replication in long-term asymptomatic HIV-1 infection. Strong cytotoxic T-cell responses to HIV-1 antigens have been attributed to HIV disease progression. CTL responses were characterised in a subset of LTNPs enrolled in the Australian LTNP cohort to examine whether the strength and diversity of these responses are associated with long-term asymptomatic HIV infection.

Preliminary results showed that about one third of LTNPs display HIV-specific CTL effector activity at least eight years after HIV-1 infection.

Detectable *ex vivo* effector CTL activity was strongly correlated with higher plasma levels of HIV-1 RNA ICD p24 antigen,  $\beta_2$ -microglobulin and CD8+ T-cells. There were no apparent associations between chemokine co-receptor mutations and the presence of an effector CTL response. Despite the relatively low levels of both viral load and virus-specific CTL effector activity seen in this group, there appeared to be a level of chronic immune stimulation in some individuals.

These findings suggest that virus-specific CD8+ T-cells undergo expansion during increased viral replication and may be associated with increased risk of disease progression in people with long-term asymptomatic HIV infection.

**Investigator:** Lesley Ashton

**Collaborators:** Rose Ffrench, Liz Keoshkerian, Paediatric Research Laboratory, Sydney Children's Hospital

Andrew Carr, Claudette Satchell, Centre for Immunology, St Vincent's Hospital  
Graeme Stewart, Westmead Hospital

### **Effects of chemokine co-receptors on HIV disease progression: An international meta-analysis of individual patient data**

Findings from several studies examining the effect of chemokine receptor gene polymorphisms on HIV disease progression have yielded inconsistent results.

An international meta-analysis of individuals infected with HIV was conducted on data contributed by 19 groups of investigators.

Results showed that both CCR5- $\Delta$ 32 and CCR2b-64I polymorphisms decrease the risk of progression to AIDS among seroconverters, extend survival, and are associated with lower levels of viral load after seroconversion.

**Investigator:** Lesley Ashton

**Collaborators:** International Cochrane Collaboration

National Institutes of Health, USA

### **Non-AIDS lymphoma case-control study**

The NCHECR is a collaborator in a NSW study of risk factors for non-Hodgkin's lymphoma in HIV negative individuals. It is anticipated that 800 cases and controls will be enrolled in 2000 and 2001. This study was funded by the NHMRC for the years 1999-2001. Among other hypotheses, the study will examine hypotheses of immune stimulation and infective causes of non-Hodgkin's lymphoma that have been generated by the Centre's work in AIDS-NHL. During 1999, the survey instrument was developed and piloted successfully.

**Investigator:** Andrew Grulich

**Collaborators:** NSW Cancer Council

### **Risk of cancer in people with HIV/AIDS**

In previous research at the NCHECR, we have examined cancer rates in people with AIDS by linking the NSW cancer registry with the NSW component of the national AIDS registry.

During 1999, we held negotiations with the Australian Institute of Health and Welfare, and state and territory cancer registers, in order to perform this linkage at a national level. A procedure to perform linkage with a reduced version of the national cancer register was developed in order to ensure that the privacy of people with HIV and AIDS was protected. Linkage was successfully performed in 1999. Ongoing analyses will enable us to determine rates of cancer in people with AIDS and HIV in this national sample.

**Staff:** Andrew Grulich, Patty Correll, Matthew Law, Ann McDonald

**Collaborators:** Australian Institute of Health and Welfare

## Changes in serum immunoglobulin following HAART and the risk of non-Hodgkin's lymphoma

Previous research at this centre has identified that raised immunoglobulin levels, which reflect B cell activation, are a risk factor for non-Hodgkin's lymphoma among people with HIV infection. To examine the effect of combination anti-retroviral therapy on this risk factor, we analysed the response of serum immunoglobulin in antiretroviral naive subjects commenced on therapy in the OZCombo II trial. Immunoglobulin was raised at baseline, and did not decrease to normal over one years of highly active anti-retroviral therapy. This suggests that combination anti-retroviral therapy is only partially effective in reducing B cell activation, as reflected by serum immunoglobulin.

**Investigators:** Andrew Grulich, Patty Correll, Matthew Law, Sean Emery, Jeff Hudson  
**Collaborators:** OZCombo study group

## Mathematical modelling

### HIV modelling and projections

Estimates and projections of the HIV epidemic were updated and published in the *Annual Surveillance Report 1999*. Analyses were also performed which estimated the number of AIDS cases avoided, and the increased number of AIDS-free person years lived, since the availability of effective combination antiretroviral treatments in Australia since 1995. Estimates of the number of AIDS diagnoses which would have been predicted between 1995 and 1998 if antiretroviral treatments had had no effect of reducing the rate of progression to AIDS were compared with the numbers of AIDS diagnoses actually observed. Overall, it was estimate that 1093 AIDS cases (33%) had been avoided with the availability of effective antiretroviral treatment, corresponding to an increased 1462 AIDS-free person years lived.

**Investigators:** Matthew Law, Yueming Li, Ann McDonald

## Epidemiological research on health services

### Data from the highly specialised drugs program

As a condition of Commonwealth funding of antiretroviral treatment for people seen in community or day services, State and Territory health authorities forward summaries of the number of people receiving, and the number of prescriptions for, each antiretroviral drug on a quarterly basis.

The total number of people prescribed antiretroviral treatment rapidly increased during 1996, to a plateau of around 6,000 people during 1998 and 1999. These data form a source of information on trends in antiretroviral use which is complimentary to the Australia HIV Observational Database (AHOD), and were published at ASHM, in the *Annual Surveillance Report 1999* and the AHOD's biannual treatments report (Vol 1, No: 1).

**Investigators:** Kathy Petoumenos, Matthew Law

**Collaborators:** Commonwealth Department of Health and Aged Care

### Survey of HIV and hepatitis C antenatal policy and practice

A study was undertaken to assess antenatal HIV and hepatitis C policy and practice in Australia.

Consultation commenced with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and key stakeholders were approached to appoint representatives for the steering committee.

A study protocol and survey questionnaires were prepared, and approved by RANZCOG. Survey questionnaires were prepared for RANZCOG fellows in general practice,

RANZCOG fellows in public antenatal clinics and RANZCOG "Diplomates" (General Practitioners registered with RANZCOG).

**Investigators:** Jenean Spencer, Greg Dore

**Collaborators:** The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

### **Evaluation of the Medically Supervised Injection Centre (MSIC)**

Following the NSW Parliamentary Drug Summit in May 1999, the NSW Government legislated for an 18-month trial of a Medically Supervised Injecting Centre (MSIC) to be established in Kings Cross.

The NCHECR was commissioned as one of the research centres responsible for carrying out an evaluation of the MSIC. The main expectations of the service specified by NSW Health were to decrease overdose deaths, provide a gateway to treatment and reduce the problem of discarded needles and drug injection in public places.

The Evaluation Proposal was developed throughout the last six months of 1999 with a focus of assessing MSIC usage, its impact on health and the community, and economic aspects of the service. Despite several political delays, NSW Health anticipated that the MSIC would commence operation in April 2000.

**Investigator:** Margaret MacDonald

**Collaborators:** AIDS and Infectious Diseases Branch, NSW Health Department  
National Drug and Alcohol Research Centre  
Kirketon Road Centre  
Bureau of Crime Statistics and Research  
School of Health Services Management, UNSW

### **Needle and syringe program information kit**

Work commenced on an ANCAHRD commissioned review of the effectiveness of needle and syringe programs to inform recent public debate about the program. Opposition to the needle and syringe program generally relates to concerns over the message sent to young people, cost and improperly discarded

syringes. The literature review will address these concerns as well as reporting on the effectiveness of needle and syringe programs in preventing transmission of HIV, hepatitis B and hepatitis C infection.

**Investigator:** Margaret MacDonald

**Collaborators:** National Drug and Alcohol Research Centre

## Therapeutic Research Unit

### Primary HIV Infection

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#### Current studies

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##### QUEST

An open-label, randomised study of induction therapy with four antiretroviral drugs followed by maintenance therapy with three drugs, then treatment discontinuation in primary HIV infection.

**Status:** Opened November 1998, enrolment closed November 1999.

**Sites:** 9

**Enrolled:** 31

**Sponsor:** GlaxoWellcome

**Contact:** Pat Grey, Don Smith

##### CHRN014

An open-label study to determine the safety and efficacy of combination antiretroviral therapy (AZT + 3TC + IDV) in patients with primary HIV infection.

**Status:** Opened July 1996, initial phase complete, extension phase continuing. Manuscript submitted for publication.

**Sites:** 8

**Enrolled/target:** 8/8

**Sponsor:** Merck / NCHECR

**Contact:** Pat Grey, Don Smith

##### CHRN 015

An open-label study to determine the antiretroviral activity and safety of nelfinavir + zidovudine + lamivudine in patients with primary HIV infection.

**Status:** Opened May 1997, ongoing, enrolment closed December 1998. Follow-up is continuing.

**Sites:** 8

**Enrolled/target:** 28/24

**Sponsor:** Agouron

**Contact:** Pat Grey, Don Smith

##### PULSE

A randomised trial of combination therapy plus or minus hydroxyurea for primary HIV infection, followed by a regimen of treatment interruption based on HIV-RNA load.

**Status:** Protocol finalised

**Sites:** 8

**Target:** 26

**Sponsor:** NCHECR

**Contact:** Pat Grey, Linley Kilham, Don Smith

#### Studies in preparation

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##### AIEDRP – Acute HIV Infection and Early Disease Research Program

An open-label study of the effects of combination antiretroviral therapy with abacavir, efavirenz, indinavir and lamivudine on acute HIV-1 infection with an emphasis on immunological responses.

**Status:** Awaiting final protocol

**Sites:** St Vincent's Hospital

**Target:** 10

**Sponsor:** University of Washington / Division of AIDS, NIH USA / NCHECR

**Contact:** Don Smith, Gilbert Kaufmann

### Antiretroviral Therapy

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#### Completed studies

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##### OZCombo I

A randomised comparison of three triple combinations of antiretroviral agents including indinavir in patients who are antiretroviral naive.

**Status:** Study completed, manuscript published

**Sites:** 27 sites in Australia and New Zealand

**Enrolled/target:** 109/120

**Sponsor:** GlaxoWellcome / Bristol-Myers Squibb / Merck Sharpe and Dohme / NCHECR

**Contact:** Jeff Hudson, Sean Emery

##### BI 1036

Long-term follow-up of nevirapine use in patients who participated in randomised trials of nevirapine.

**Status:** Opened 1994, follow-up completed mid 1999

**Sites:** 2

**Enrolled:** 4

**Sponsor:** Boehringer Ingelheim

**Contact:** Pat Grey, Don Smith



## Current studies

### CHRN 025

A randomised, open-label comparison of stavudine, SGC-saquinavir and delavirdine versus stavudine, SGC-saquinavir and ritonavir versus stavudine, SGC-saquinavir and nelfinavir in HIV positive, treatment experienced patients.

**Status:** Opened September 1997, recruitment terminated October 1998, completed October 1999

**Sites:** 27

**Enrolled/target:** 75/150

**Sponsor:** NCHECR / Roche / Bristol Myers Squibb / Abbott / Pharmacia & Upjohn

**Contact:** Gillian Hales, Don Smith

### INITIO

A randomised trial to evaluate different therapeutic strategies of combination therapy for HIV infection.

**Status:** Open September 1999

**Sites:** 27 (25 in Australia and 2 in New Zealand)

**Enrolled/target:** 32/100

**Sponsor:** MRC-UK

**Contact:** Dianne Carey

### OZCombo II

A randomised comparison of three triple combinations of antiretroviral agents including nevirapine in patients who are antiretroviral naive.

**Status:** Enrolment closed December 1998, manuscript in preparation

**Sites:** Same as OZCombo I

**Enrolled/target:** 73/120

**Sponsor:** GlaxoWellcome / Bristol-Myers Squibb / Boehringer Ingelheim / NCHECR

**Contact:** Jeff Hudson, Sean Emery

### PIILR

An open-label, multicentre, randomised study of the reversibility of HIV-protease induced lipodystrophy in HIV-1 subjects.

**Status:** Enrolment closed December 1998, follow-up continuing

**Sites:** 15

**Enrolled/target:** 79/80

**Sponsor:** GlaxoWellcome / Boehringer Ingelheim / Gilead Sciences / NCHECR

**Contact:** Jeff Hudson, Don Smith

### GILEAD (GS98432)

An international, multicentre, open-label study of the safety and efficacy of adefovir dipivoxil in combination therapy for antiretroviral naive patients.

**Status:** Discontinued March 2000

**Sites:** 2

**Enrolled:** 18

**Sponsor:** Gilead Sciences

**Contact:** Gillian Hales, Sean Emery

### HIV-NAT 001.1 (extension)

A randomised, open-label, follow-up study to protocol HIV-NAT 001 to explore the antiretroviral efficacy and tolerability of switching to therapy with d4T/ddI/saquinavir soft gel capsules versus Combivir (AZT/3TC)/saquinavir soft gel capsules (with or without the addition of itraconazole) in an HIV-infected Thai population.

**Status:** Enrolment completed September 1999, ongoing

**Sites:** 1

**Enrolled/target:** 88/88

**Sponsor:** Roche (Thailand) Ltd, Roche Diagnostics, Molecular Systems, Bristol-Myers Squibb (Thailand) Ltd, GlaxoWellcome R& D, Janssen Pharmaceuticals

**Contact:** Chris Duncombe, Sean Emery

### HIV-NAT 002.1 and 002.2

A randomised, open-label study to explore the antiretroviral efficacy and tolerability of immediate versus deferred switching from ddI/d4T to AZT/3TC in a Thai HIV-1 infected population, pretreated with ddI/d4T.

**Status:** Open November 1997, follow-up protocol ongoing

**Sites:** 1

**Enrolled/target:** 71/71

**Sponsor:** Bristol-Myers Squibb, Thailand / GlaxoWellcome / R& D Division of AIDS, CDC / Ministry of Public Health, Thailand

**Contact:** Chris Duncombe, Sean Emery

**HIV-NAT 003.2**

An open-label, follow-up study to protocol HIV-NAT 003.1 to explore the durability of the antiretroviral efficacy and tolerability of:

- AZT/3TC and d4T/ddI in a population originally treated with AZT/3TC;
- AZT/3TC/ddI and d4T/3TC/ABC in a population originally treated with AZT/3TC/ddI.

The study also explored the efficacy of adding hydroxyurea to the last regimen failed or d4T/3TC/ddI/HU as a salvage regimen.

**Status:** Open June 1999, follow-up protocol ongoing.

**Sites:** 2

**Enrolled/target:** 101/101

**Sponsor:** GlaxoWellcome R&D / GlaxoWellcome (Thailand) Ltd / Bristol-Myers Squibb (Thailand) Ltd

**Contact:** Chris Duncombe, Sean Emery

**HIV-NAT 005**

A randomised, open-label, comparative study to evaluate the efficacy and tolerability of indinavir/low dose ritonavir BID versus indinavir TID as part of combination antiretroviral therapy with Combivir® (AZT+3TC) for the treatment of HIV-1 infection in an antiretroviral pretreated Thai study population.

**Status:** Open June 1999. Enrolment completed September 1999

**Sites:** 1

**Enrolled/target:** 100/100

**Sponsor:** MSD (Thailand) / GlaxoWellcome R&D

**Contact:** Sean Emery

**HIV-NAT 007**

A study of the safety, tolerability and pharmacokinetics of nelfinavir, co-administered with stavudine (d4T) and didanosine (ddI) in HIV-exposed infants.

**Status:** Open July 1999, ongoing

**Sites:** 1

**Enrolled/target:** 24/36

**Sponsor:** Roche (Thailand Ltd)

**Contact:** Chris Duncombe, Sean Emery

**2NN**

An open-label, comparative study to evaluate the antiviral efficacy of nevirapine and efavirenz in combination with d4T and 3TC.

**Status:** enrolment expected between February and May 2000

**Sites:** 1 (Thailand)

**Target:** 100

**Sponsor:** Boehringer Ingelheim

**Contact:** Chris Duncombe, Sean Emery

**E-1696**

A multi-centre, double-blind, randomised trial to compare the effects of nandrolone decanoate and a placebo on body composition and body weight in HIV-positive men with mild to moderate wasting, with Sustanon 250 as an active reference treatment.

**Status:** To open April 2000

**Sites:** 1 (Thailand)

**Target:** 24

**Sponsor:** NV Organon

**Contact:** Chris Duncombe, Sean Emery

**ACTT 002**

A randomised, open-label, comparative study to evaluate the efficacy of full dose versus half dose of stavudine (d4T), compared to zidovudine (AZT), in combination with didanosine (ddI), in treatment-naïve HIV-1 infected patients with CD4+ cell count 100-500/ mm<sup>3</sup>.

**Status:** To open April 2000

**Sites:** 1 (Thailand)

**Target:** 330

**Sponsor:** Ministry of Public Health, Thailand / Bristol-Myers Squibb (Thailand)

**Contact:** Chris Duncombe, Sean Emery

**AI424-008**

Evaluation of the safety and antiviral efficacy of a novel HIV-1 protease inhibitor, BM232632, in combination with d4T and 3TC as compared to a reference combination regimen.

**Status:** To open April 2000

**Sites:** 1 (Thailand)

**Enrolled/target:** 31/31

**Sponsor:** Bristol-Myers Squibb (Thailand)

**Contact:** Chris Duncombe, Sean Emery

## Lipodystrophy studies

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### Current studies

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#### GEMFIBROZIL

A randomised study of gemfibrozil for the treatment of HIV-protease inhibitor associated hypertriglyceridaemia.

**Status:** Open March 1999, recruitment completed December 1999

**Sites:** St. Vincent's Hospital

**Target:** 40

**Sponsor:** Abbott / NCHECR

**Contact:** John Miller

#### National Lipodystrophy Survey

A national prevalence survey of lipodystrophic phenomena in patients with HIV.

**Status:** Open November 1998, recruitment complete November 1999

**Sites:** 14

**Enrolled:** 1348

**Sponsor:** Roche / Abbott / Bristol-Myers Squibb / NCHECR

**Contact:** John Miller

### Studies in preparation

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#### Mitox

A randomised, comparative study of continuing therapy versus replacement of the thymidine analogue with a quanonine analogue reverse transcriptase inhibitor in patients with lipodystrophy.

**Status:** In preparation

**Sites:** 15

**Target:** 100

**Sponsor:** GlaxoWellcome / NCHECR

**Contact:** Jeff Hudson, Don Smith

#### PIILR extension

Effect of stavudine substitution on lipodystrophy in PIILR participants.

**Status:** In preparation

**Sites:** 15

**Sponsor:** GlaxoWellcome / Boehringer Ingelheim / Gilead Sciences / NCHECR

**Contact:** Jeff Hudson, Don Smith

## Immune Based Therapies

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### Completed studies

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#### Vanguard Thailand (HIV-NAT 004)

A randomised, open-label, Phase II study of subcutaneous interleukin-2 (Proleukin) plus antiretroviral therapy versus antiretroviral therapy alone in Thai patients with HIV infection and greater than 350 CD4+ cells/mm<sup>3</sup>.

**Status:** Complete, manuscript submitted

**Sites:** 2

**Enrolled/target:** 72/72

**Sponsor:** Division of AIDS, NIH USA / Thai Ministry of Public Health / NCHECR

**Contact:** Sean Emery

#### Vanguard UK

A randomised, open-label, Phase II study of subcutaneous interleukin-2 (Proleukin) versus no therapy in patients with HIV infection and greater than 350 CD4+ cells/mm<sup>3</sup> who do not wish to commence antiretroviral therapy.

**Status:** Enrolment complete, manuscript submitted

**Sites:** 3

**Enrolled/target:** 36/36

**Sponsor:** Division of AIDS, NIH USA / NCHECR / MRC UK

**Contact:** Sean Emery

### Current studies

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#### HIV-NAT 004 (extension)

A randomised, open-label, Phase II study of subcutaneous interleukin-2 (Proleukin®), plus antiretroviral therapy (ART) versus ART alone in patients with HIV infection and a CD4+ lymphocyte count greater than 350 cells/mm<sup>3</sup>.

**Status:** 71 patients rolled over to the extension phase between November 1998 and January 1999

**Sites:** 2

**Enrolled/target:** 71/71



**Sponsor:** National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda USA / Division of AIDS, CDC / Ministry of Public Health, Thailand  
**Contact:** Chris Duncombe, Sean Emery

## Studies in preparation

### SILCAAT

A Phase III, multicentre, randomised study of the biological and clinical efficacy of subcutaneous recombinant, human interleukin-2 in HIV-infected patients with low CD4+ counts receiving active antiretroviral therapy.

**Status:** In preparation

**Sites:** 12

**Target:** 1400 international (200 in Australia)

**Sponsor:** Chiron Therapeutics / NCHECR

**Contact:** Sean Emery

### ESPRIT

An international randomised trial of interleukin-2 versus no interleukin-2 in patients with HIV infection and CD4+ cell counts > 300/ mm<sup>3</sup>.

**Status:** In preparation

**Sites:** 212 (27 in Australia)

**Target:** 4000 (200 in Australia)

**Sponsor:** Division of AIDS / NIH USA / NCHECR

**Contact:** Sean Emery

## Opportunistic Infections, AIDS-Related Malignancies

### Completed studies

#### Thai TB Study

Prevention of tuberculosis by isoniazid or isoniazid plus rifampicin in asymptomatic or early symptomatic HIV seropositive patients in Thailand – a randomised controlled trial.

**Status:** Complete, manuscript in preparation

**Sites:** 1

**Enrolled/target:** 600/600

**Sponsor:** NCHECR / WHO / UNAIDS

**Contact:** Kate Clezy

## Current studies

### ADHOC

A randomised, controlled study of the safety and efficacy of adefovir dipivoxil in patients with advanced HIV infection.

**Status:** Opened September 1997, closed, follow-up continuing

**Sites:** 30

**Enrolled/target:** 82/350

**Sponsor:** NCHECR / HIV Connect / Gilead Sciences

**Contact:** Kate Clezy, Jeff Hudson

### IM862

A Phase III randomised study of IM862 versus placebo in the treatment of AIDS-related Kaposi's sarcoma.

**Status:** Open

**Sites:** 4

**Enrolled/target:** 6/40

**Sponsor:** UNSW / Cytran

**Contact:** Kate Clezy

## Studies in preparation

### CHOP chemotherapy

An open study of CHOP chemotherapy with, or without, rituximab for the initial treatment for HIV-related NHL.

**Status:** Pending

**Sites:** 3

**Target:** 5

**Sponsor:** UNSW, Roche

**Contact:** Kate Clezy

## Centre staff

### Director

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David A Cooper DSc, MD, FRACP, FRCPA,  
FRCP

### Deputy Director

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John M Kaldor PhD

### Epidemiology Unit

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#### Head

John M Kaldor PhD

#### Senior Lecturer

Andrew Grulich MB BS, MSc, PhD, DRACOG,  
FAFPHM

#### Lecturer

Greg Dore MB BS, BSc, FRACP, MPH

#### Statistician

Matthew Law MG, MSc, PhD  
Yueming Li BSc, MAppStat  
Kathy Petoumenos BSc, MA

#### Senior Research Assistants

Lesley Ashton BA(Hons), MPH  
Ann McDonald BSc, MPH  
Margaret MacDonald RN, BSocSci,  
GradDipEpidemiol

#### Project Scientist

Garrett Prestage BA(Hons)

#### Research Assistant/Interviewers

Olympia Hendry BA, GradDip(Counselling)  
Patty Correll RN, BN, MPH

#### Masters in Applied Epidemiology Placement

Jill Guthrie BA (from April)

#### Unit Coordinator

Jennifer Kemp

#### Administration Assistant

Matthew Calvert

#### Clerk

Gabriel Clark (to December)  
Melanie Middleton, BMedSci (from December)

### Therapeutic Research Unit

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#### Head

Sean Emery BSc(Hons), PhD

#### Head, Hospital Network

Kate Clezy MB BS, FRACP

#### Director, Community HIV Research Network

Don Smith MB ChB, MD

#### Project Team Leader

Dianne Carey BPharm, MPH

#### Visiting Research Fellow

John Miller RN, MN(Clin)

#### Clinical Research Coordinators

Gillian Hales RN, BSc(Hons)  
Jeff Hudson RN, GradDip(Health Science)  
Pat Grey RN, BA, DipAppSci, DipCounselling  
Jenni Mitchell RN

#### Computer Systems Officer

Terry Sharkey BSc

#### Data Entry Clerks

Wendy Lee  
Jo Groves BA  
Robyn Munro

#### Administration Assistants

Robyn Tompkins (from March)  
Morgan Stewart RN, BA(Hons)  
Adrienne Broe BA

#### Clerks

Susan Lewis MA

### Other research staff

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#### Research Assistants

Steve Kerr BPharm(Hons)  
Louise Pemberton BSc(Hons)

### **Honorary Visiting Fellows**

Bruce Brew MB BS, FRACPA

Prof, Department of Neurology and HIV  
Medicine  
St Vincent's Hospital

Nick Crofts MB BS, MPH, FAFPHM

Deputy Director and Head, Epidemiology  
and Social Research Unit, Macfarlane Burnet  
Centre for Medical Research, Melbourne

Alex Wodak MB BS, MRACP, FRACP, MRCP,  
FAFPHM

Senior Staff Specialist and Director, Alcohol  
and Drug Service, St Vincent's Hospital

### **Finance and Administration**

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#### **Head**

Margaret Micallef BSocSci (to November)

Bronwen Turner BA (from November)

#### **Librarian**

Coralie Kronenberg BA, DipIMLib, AALIA.

#### **Information Officer**

Diane Bradley RN, BA(Comm) (to November)

#### **Computer Systems Officer**

Charles Tran BCompSci

Mary Larkin BA

#### **Executive Assistant**

Alison Leckie

#### **Administrative Officer**

Margaret Micallef BSocSci (from November)

#### **Administration Assistants**

Merideth Hatton BA

Yvette Toole

Robyn Tompkins (to March)

Tracie Mohr Bec (from March)

#### **Receptionist**

John Redmond

## *Collaborating organisations*

### **National**

Australasian Society for HIV Medicine, Sydney  
 Australian Defence Force, Canberra  
 Australian Federation of AIDS Organisations, Sydney  
 Australian Infection Control Association, Tasmania  
 Australian Institute of Health and Welfare, Canberra  
 Australian IV League, Sydney  
 Australian Liver Association, Sydney  
 Australian Medical Association, Sydney  
 Australian National Council on AIDS and Related Diseases, Canberra  
 Australian Nursing Federation, Canberra  
 Australian Paediatric Surveillance Unit, and its contributors, Sydney  
 Australian Red Cross Blood Service, Sydney  
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 Communicable Diseases Network Australia and New Zealand, Canberra  
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 National Serology Reference Laboratory, Melbourne  
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 ACT Drug Referral and Information Centre, Canberra  
 ACT IV League, Canberra

Australian National University, Canberra  
 Calvary Hospital, Canberra  
 Communicable Disease Control Program, ACT Department of Health & Aged Care, Canberra  
 Drug Referral Information Centre, Canberra  
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 Interchange General Practice, Canberra  
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 Microbiology Department, Canberra Hospital  
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 Albion Street Centre, Sydney  
 Ballina Hospital  
 Bankstown/Lidcombe Hospital, Sydney  
 Bathurst Hospital  
 Bigge Park Medical Centre, Liverpool  
 Blacktown Hospital, Sydney  
 Blacktown and Parramatta Centres (Western Sydney AIDS Prevention Services)  
 Bligh Street Clinic, Tamworth  
 Bloomfield Hospital, Sydney  
 Blue Mountains Sexual Health Clinic, Katoomba  
 Byron Bay Hospital  
 Calvary Hospital, Wagga Wagga  
 Campbell Hospital  
 Campbelltown Hospital  
 Cancer Control Information Centre, NSW Cancer Council  
 Casino and District Hospital  
 Centre for Immunology, St Vincent's Hospital, Sydney  
 Coffs Harbour Hospital  
 Concord Hospital, Sydney  
 Drug Intervention Services, Sydney  
 Eastern Sydney Division of General Practice  
 General Medical Practice, Burwood, Sydney  
 General Medical Practice, Strathfield, Sydney  
 General Medical Practice, Lismore, Sydney  
 General Medical Practice, Coffs Harbour  
 General Medical Practice, Darlinghurst, Sydney

General Medical Practice, George Street, Sydney  
 Goulburn Base Hospital  
 Gosford Sexual Health Clinic  
 Ground Zero Medical Centre, Sydney  
 Holdsworth House General Practice, Sydney  
 Illawarra Sexual Health, Wollongong  
 Immediate Health Care Centre, (Darlinghurst Branch), Sydney  
 Jacaranda House, Liverpool  
 John Hunter Hospital, Newcastle  
 Kirketon Road Centre, Sydney  
 Lake Munmora Doctors' Centre  
 Leichhardt Family Medical Practice, Sydney  
 Lismore Base Hospital  
 Livingstone Road Sexual Health Clinic, Sydney  
 Liverpool Hospital, Sydney  
 Mount Druitt Hospital, Sydney  
 Murwillumbah Hospital  
 Neisseria Reference Laboratory, Prince of Wales Hospital, Sydney  
 NSW Cancer Council, Sydney  
 Multicultural HIV/AIDS Service, Sydney  
 Nepean Sexual Health & HIV Clinic, Penrith  
 Newcastle Clinic, Newcastle  
 Northern Rivers Health Services  
 Nowra Hospital  
 Paediatric HIV Services Unit, Sydney Children's Hospital  
 Parramatta Sexual Health Clinic, Parramatta Health Service,  
 Westmead Hospital, Sydney  
 Praxis Centre, Coffs Harbour  
 Prince Henry/Prince of Wales Hospitals, Sydney  
 Prison Medical Service, NSW Health  
 Quay Street Medical Centre, Sydney  
 RACGP NSW Branch, Sydney  
 Resource and Education Program for IDU (Redfern and Canterbury), Sydney  
 Royal Hospital for Women, Sydney  
 Royal North Shore Hospital, Sydney  
 Royal Prince Alfred Hospital, Sydney  
 Sexual Health Clinic, Nepean Hospital  
 Sexual Health Clinic, Port Kembla Hospital  
 Sexual Health Clinic, Shoalhaven District Hospital

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 Sexual Health Service, Royal Newcastle Hospital  
 SHAIDS, Lismore  
 St George Needle Exchange, Sydney  
 St Leonards Medical Centre, Sydney  
 St Luke's Private Hospital, Sydney  
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 St Vincent's Hospital, Sydney  
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 Holy Spirit Hospital, Brisbane  
 Ipswich Hospital  
 Kobi House, Toowoomba Base Hospital  
 Logan Hospital, Brisbane  
 Mater Misericordiae Public Hospital, Brisbane  
 Mount Isa Hospital  
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 Peel Street Clinic, Brisbane  
 Prince Charles Hospital, Brisbane  
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 Queensland Corrective Services Commission  
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 Salisbury NSP, Adelaide  
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 South Australian Health Commission, Adelaide  
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 The Royal Adelaide Hospital  
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 William Jeffs Pharmacy, Adelaide  
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 Cabrini Hospital, Melbourne  
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 Melbourne  
 Epworth Private Hospital, Melbourne  
 Freemasons Hospital, Melbourne  
 Gay Men's Health Centre, Melbourne  
 Geelong Community Health Services  
 Kerang & District Hospital  
 Kyabram & District Memorial Community  
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 Ludwig Oncology Institute, Austin Hospital,  
 Melbourne  
 Macfarlane Burnet Centre for Medical  
 Research, Melbourne  
 Melbourne Inner Needle Exchange  
 Melbourne Sexual Health Centre  
 Middle Park Clinic, Melbourne

Peter McCallum Cancer Institute, Melbourne  
 Mansfield District Hospital, Melbourne  
 Mildura Base Hospital  
 Monash Medical Centre, Melbourne  
 Mornington Peninsula Hospital  
 Mountfield Clinic, Melbourne  
 Mount Alexander Hospital, Castlemaine  
 Mount Alvernia Hospital, Bendigo  
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 People Living with HIV/AIDS (PLWHA), Melbourne  
 Positive Living Centre, Melbourne  
 Prahran Market Clinic, Melbourne  
 Royal Melbourne Hospital  
 SHARPS, Melbourne  
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 St Kilda Needle and Syringe Programme, Melbourne  
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 Turning Point, Melbourne  
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Mount Henry Health Service, Perth  
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Roche Products  
Swiss Re Life and Health  
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MTM Publications  
Board member, 1996-2000

##### Editorial Board, Sexually Transmitted Infections

British Medical Association, UK  
Board member, 1998-

##### Editorial Board, AIDS

AIS International AIDS Society, USA  
Board member, 2001-2003

#### Government Advisory Bodies

##### National Serology Reference Laboratory Scientific Advisory Committee

National Serology Reference Laboratory  
Committee member, 1998-

##### International Congress on Drug Therapy in HIV Infection Scientific Committee

International Congress on Drug Therapy in HIV Infection, Scotland  
Committee member, 1992, 1994, 1996, 1998, 2000

##### Program Committee, Interscience Conference on Antimicrobial Agents and Chemotherapy

American Society for Microbiology, USA  
Committee member, 1997-2000

#### International Organisations

##### PETRA study on perinatal HIV transmission in Africa Trial Management Committee

UNAIDS  
Committee member, 1995-

##### International AIDS Society

International AIDS Society  
Past-president and member, 1988-

### HIV-NAT Thai Red Cross Program on AIDS

HIV-NAT (HIV Netherlands, Australia, Thailand) Thai Red Cross Program on AIDS, Bangkok, Thailand  
Director, 1994-

### John Kaldor

#### HIV related

##### National HIV Surveillance Committee

National Centre in HIV Epidemiology and Clinical Research  
*Ex officio*, 1989 -

##### ANCARD Research Advisory Committee

Australian National Council on AIDS and Related Diseases (ANCARHD)  
*Ex officio*, 1997-1999

##### ANCARD/NHMRC Joint Working Group on HIV/AIDS Research Funding

Australian National Council on AIDS and Related Diseases (ANCARHD)/National Health and Medical Research Council (NHMRC)  
Committee member, 1998-1999

##### National Centre in HIV Social Research Scientific Advisory Committee

National Centre in HIV Social Research  
Committee member, 1998-

#### Other communicable diseases

##### Communicable Diseases Network Australia and New Zealand

Commonwealth Department of Health and Aged Care  
Committee member, 1993-

##### NSW Health Department Sexual Health Advisory Committee

NSW Health Department  
Committee member, 1995-

##### Hepatitis C Council of NSW Medical Advisory Panel

Hepatitis C Council of NSW  
Committee member, 1996-

##### ANCARD Hepatitis C Subcommittee

Australian National Council on AIDS and Related Diseases (ANCARHD)  
Committee member, 1997-1999

**STD/HIV Subcommittee of the Central Australian Disease Control Coordinating Committee**

Northern Territories Health Department  
Committee member, 1998-

**National Pituitary Hormone Advisory Council Longitudinal Health Study Working Group**

Pituitary Hormone Advisory Council (PHAC)  
Committee member, 1998-1999

**Australian Family Physician Hepatitis C Supplement Editorial Committee**

Australian Family Physician  
Committee member, 1998-1999

**Australian Red Cross Blood Service Expert Committee on New Variant Creutzfeldt-Jakob Disease**

Australian Red Cross Blood Service  
Committee member, 1999

**NSW Health Department Hepatitis C Awareness Campaign Working Group**

NSW Health Department  
Committee member, 1999-

**Other**

**St Vincent's Hospital Research Ethics Committee**

St Vincent's Hospital  
Committee member, 1991-

**Advisory Committee for the Retrospective Cohort Study of Cancer Incidence and Mortality in Workers at Lucas Heights Research Laboratories**

Australian Nuclear Science and Technology Organisation (ANSTO)  
Committee member, 1994-

**Australasian Epidemiological Association Accreditation Working Party**

Australasian Epidemiological Association  
Chair, 1995-1999

**Australasian Epidemiological Association Council**

Australasian Epidemiological Association  
Council member, 1995-, President, 1996-

**UNSW Centre for Public Health Management Committee**

UNSW Centre for Public Health Management  
Committee member, 1995-

**UNSW Higher Degree Committee of the Faculty of Medicine**

UNSW Faculty of Medicine  
*Ex officio*, 1995-

**NSW Health Department Optimising Cancer Management Expert Advisory Group**

NSW Health Department  
Committee member, 1996-1999

**National Centre for Immunisation Research and Surveillance of Vaccine Preventable Disease Scientific Advisory Committee**

National Centre for Immunisation Research and Surveillance of Vaccine Preventable Disease  
Committee member, 1997-

**NSW Health Department Olympic Surveillance System Design Working Party**

NSW Health Department  
Committee member, 1997-

**Australian Institute of Health and Welfare Steering Committee for a National Biomedical Risk Factor Survey**

Australian Institute of Health and Welfare  
Committee member, 1997-1999

**ANCARD/IGCARD Monitoring and Evaluation Working Party**

Australian National Council on AIDS and Related Diseases (ANCARHD)/  
Intergovernmental Committee on AIDS and Related Diseases (IGCARD)  
Committee member, 1998-1999

**South Eastern Sydney Area Health Service Research Committee**

South Eastern Sydney Area Health Service  
Committee member, 1998-1999

**Central Sydney Area Health Service Expert Advisory Group for the Australian Study of Health and Relationships**

Central Sydney Area Health Service  
Committee member, 1999-

**UNSW Faculty of Medicine Research Advisory Committee**

UNSW Faculty of Medicine  
Committee member, 1999-

**NSW Health Department Evaluation Committee for Supervised Injecting Room Project**

NSW Health Department  
Committee member, 1999-



**CDHAC Sexual Health Reference Group**

Commonwealth Department of Health and  
Aged Care  
Member, 1999-

**International**

**Consultancy on HIV/STD Surveillance,  
Cambodia**

WHO  
Consultant, 1999

**Regional Office for the Western Pacific,  
Manila. Workshop on HIV, AIDS and STI  
Surveillance in the Western Pacific Region**

WHO  
Consultant, 1999

**Temporary Adviser on Analysis and  
Interpretation of HIV Sentinel Surveillance,  
Cambodia**

WHO  
Consultant, 1999

**Monitoring the AIDS Pandemic Steering  
Committee**

MAP  
Consultant, 1996-

**Cochrane Collaborative Review Group on  
HIV Infection and AIDS, Biomedical  
Interventions Reviews Editor**

Cochrane Collaborative Review Group on HIV  
infection and AIDS  
Consultant, 1998-

**Consultancy for Indonesian Government  
(World Bank Funded), Assessment Mission  
to Evaluate the Situation of HIV/STDs in  
Indonesia**

Indonesian government  
Consultant, 1999

**Andrew Grulich**

**Board of Governors**

AIDS Council of NSW  
Treasurer, 1999

**Treatments Strategy Group**

AIDS Council of NSW  
Chair, 1999

**Executive Committee**

Australasian Society for HIV Medicine  
Vice President, 1999-2001

**Committee for the Development and  
Review of Guidelines on the Availability of  
Post-Exposure Prophylaxis Against HIV in  
Non-Occupational Settings (1998 to  
present)**

NSW Health Department  
Committee member, 1998-

**Greg Dore**

**National Hepatitis C Strategy Development  
Reference Group**

Commonwealth Department of Health and  
Aged Care  
Member, 1999

**ASHM Standing Committee on  
International Affairs**

Australasian Society for HIV Medicine  
Chair, 1997-1999

**Matthew Law**

**The DAD Study Steering Committee**

Copenhagen HIV Programme  
Oversee the DAD Study  
December 1999 - April 2002

**Fraser Drummond**

**ACON Board**

AIDS Council of NSW  
Member, 1997-

## *Academic activities*

### **Students supervised by NCHECR academic staff**

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Students are enrolled at UNSW unless otherwise specified.

### **Supervised by David Cooper**

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#### **Doctor of Philosophy awarded**

##### **John Wilkinson**

CD8+ Anti-HIV suppressor activity in HIV-1 infected individuals and the effect of antiretroviral therapy.

##### **Natalie Zheng**

Genotypic and phenotypic analysis of HIV isolated from patients enrolled in the Alpha dideoxyinosine (ddI) trial and 935U83 trial.

#### **Master of Science candidate**

##### **Oliver Distler**

Restoration of immune response to enteric pathogens in HIV disease.

#### **Doctor of Philosophy candidates**

##### **Angel (Bill) Jaramillo**

Characterisation of T-cell repertoire variation in HIV-1 positive individuals at primary infection.

##### **John Miller**

Lipodystrophy in patients with HIV disease.

##### **Nicole Newcombe**

Primary HIV infection: clinical severity, cellular immune responses and host genetics.

##### **Dominic Dywer**

Molecular Studies of HIV-1 and HIV-2

##### **Patricia McCabe (University of Sydney)**

Incidence of communication disorders in people with HIV.

### **Supervised by John Kaldor**

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#### **Doctor of Philosophy Awarded**

##### **Matthew Law**

Estimating HIV/AIDS incidence and prevalence based on national surveillance data.

#### **Doctor of Philosophy candidates**

##### **Tony Butler**

Health status of prisoners.

##### **Rima Habib**

Retrospective cohort study of cancer incidence and mortality among nuclear industry workers at Lucas Heights Science and Technology Centre.

#### **Master of Public Health candidates**

##### **Melissa Irwin**

Protease inhibitor-related lipodystrophy.

#### **Master of Applied Epidemiology candidate**

##### **Jenean Spencer (ANU)**

Development of hepatitis C surveillance and epidemiology.

#### **Master of Medicine (STD/HIV) candidate**

##### **Elizabeth Sullivan (University of Sydney)**

Prevalence survey of sexually transmitted infections in women attending a first visit antenatal clinic in Vila, Vanuatu, 1999-2000.

### **Supervised by David Cooper and John Kaldor**

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#### **Doctor of Philosophy candidates**

##### **Greg Dore**

Natural history of HIV-related opportunistic infections.

##### **Lesley Ashton**

Factors influencing the natural history of HIV-1 infection.

### **Supervised by John Kaldor and Alex Wodak**

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#### **Doctor of Philosophy candidate**

##### **Margaret MacDonald**

Monitoring the prevalence of HIV, hepatitis B and hepatitis C in intravenous drug users.

### **Supervised by Andrew Grulich**

#### **Master of Public Health awarded**

##### **Dianne Carey (University of Sydney)**

Drug treatment in HIV-related non-Hodgkin's lymphoma.

#### **Master of Public Health candidate**

##### **Sharon Boatwright**

Sources of haematological stem cell donations in Australia: a comparison of the Australian Bone Marrow Donor Registry and Australian Cord Blood Bank.

### **Supervised by Greg Dore**

#### **Master of Public Health awarded**

##### **Sunee Talawat**

Mother to child transmission: a dilemma for HIV infected women in Northern Thailand.

Master of Community Health awarded

##### **Ying Pan**

AIDS Dementia Complex: risk factors and survival.

### **Supervised by Bruce Brew**

#### **Doctor of Philosophy candidates**

##### **Irit Ben-Nissan**

Psychological aspects of patients with AIDS dementia.

##### **Louise Pemberton**

Molecular basis for the pathogenesis of AIDS dementia.

### **Staff lecturing at tertiary courses**

#### **John Kaldor**

##### **Course coordination and course lecturing**

Epidemiology, Master of Public Health, UNSW, Sydney

Case studies in epidemiology, Master of Public Health, UNSW, Sydney

Indonesia-Australia Specialised Training Project in HIV/AIDS Management and Development, UNSW, Sydney

##### **Course lecturing**

Year 4 Medicine, School of Community Medicine, UNSW, Sydney

HIV/AIDS: Challenging and changing health care systems, Master of Public Health, UNSW, Sydney

Short courses to the pharmaceutical industry

Post registration nursing course, Sydney Hospital, Sydney

Statistical methods in clinical research

Transplant training course, Sydney

Sexually transmitted diseases/HIV, Master of Medicine, UNSW/ University of Sydney, Sydney

Public health aspects of HIV/AIDS, Master of Public Health, UNSW/ University of Sydney, Sydney

### **Andrew Grulich**

##### **Course coordination & course lecturing**

Epidemiology, Master of Public Health, UNSW, Sydney

Case studies in epidemiology, Master of Public Health, UNSW, Sydney

##### **Course lecturing**

Year 4 Medicine, UNSW, Sydney

Update from the AIDS Malignancy Conference

NSW S100 Prescribers Course, ASHM, Sydney

Post-registration nursing course, NSW College of Nursing, Sydney

Cancer epidemiology and prevention, Year 4 Dentistry, University of Sydney

Risk factors for HIV seroconversion, Diploma of Sexual Health Counselling Australasian

College of Sexual Health Physicians, Sydney

Short courses in evidence based medicine, Sydney and Melbourne

NCHECR short course in HIV medicine, Sydney

Indonesia-Australia Specialised Training Project in HIV/AIDS Management and Development, UNSW, Sydney

## **Greg Dore**

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### **Course tutoring**

Clinical tutorials - Year 3 Medicine, UNSW (St Vincent's Hospital), Sydney

### **Course coordination and course lecturing**

HIV/AIDS: challenging and changing health care systems, Master of Public Health, UNSW, Sydney

### **Course lecturing**

Clinical epidemiology of HIV infection, Master of Medicine (STI and HIV). UNSW, Sydney

Short course in STD medicine: Hepatitis A, B and C, Australasian College of Sexual Health Physicians, Sydney

Epidemiology of hepatitis C in Australia, Postgraduate course in Medical Microbiology, Westmead Hospital, Sydney

Public health aspects of HIV/AIDS in Australia

Global HIV/AIDS epidemiology and surveillance systems, Master of Medicine (Sexual Health) and Master of Public Health, University of Sydney, Sydney

Natural history of HIV infection, Sydney Hospital Post Registration Nursing Course, Sydney

Indonesia-Australia Specialised Training Project in HIV/AIDS Management and Development, UNSW, Sydney

## **Matthew Law**

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### **Course coordination and course lecturing**

HIV Forum: methodological issues in HIV medicine, International Clinical Trials Symposium, Sydney

### **Course lecturing**

Trial design and statistics, Postgraduate Studies in Drug Development, UNSW, Sydney

HIV prescribers continuing medical education project, The Australian HIV observational database short course, Sydney

HIV Prescribers continuing medical education project short course, Sydney

Short course for HIV clinical research nurses, Perth

## **Garrett Prestage**

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### **Course lecturing**

Master of Community Health, University of Sydney, Sydney

### **Course coordination**

Interpreting and applying findings from gay community periodic surveys - staff training workshops Western Australian AIDS Council, Perth, and AIDS Council of South Australia, Adelaide

## **Bruce Brew**

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### **Course lecturing**

Clinical tutorials - Year 3 & 4 Medicine, UNSW, Sydney

Integrated session - Year 6 Medicine, UNSW, Sydney

Neurological complications of HIV disease, Bangkok symposium on HIV Medicine (sponsored by HIV/NAT), Bangkok, Thailand

Industry funded short course in HIV Medicine, Sydney

AIDS dementia complex, Grand Rounds Cairns Base Hospital, Cairns

AIDS dementia complex, Grand Rounds Nepean Hospital, Sydney

AIDS dementia complex, short course in HIV Medicine for Australian Community Based Treatment Officers and Advisors, Sydney

HIV related peripheral neuropathy, Grand Rounds, Alfred Hospital, Melbourne

AIDS dementia complex, Neurology Grand Rounds, Austin Hospital, Melbourne

Update on AIDS dementia complex and HIV related peripheral neuropathy, GP prescribers course, Sydney

Advances in neurological aspects of HIV disease, Neurology Grand Rounds, Bankstown Lidcombe Hospital, Sydney

Efavirenz neurotoxicity, ASHM state meeting, Sydney

AIDS dementia complex/AIDS and the nervous system course, American Academy of Neurology 51st Meeting Toronto, Canada

## **Don Smith**

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### **Course lecturing**

Metabolic and immunologic complications of HIV therapy, Master of Medicine (Sexual Health), University of Sydney/UNSW, Sydney

Approaches to HIV therapy in different environments, Master of Medicine (Sexual Health), University of Sydney/UNSW, Sydney

HIV treatments/HIV pathogenesis, Hospital HIV Registrars Course, Sydney

Update from the 6<sup>th</sup> Conference on Retroviruses and Opportunistic Infections, CME lecture to HIV prescribers and hospital specialists, Sydney

## **Dianne Carey**

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### **Course lecturing**

Clinical pharmacology, Master of Medicine (STDs/HIV), University of Sydney/UNSW, Sydney

ASHM HIV prescribers course University of Sydney/University of New South Wales, Sydney

Pharmacology (Undergraduate Course), University of Sydney, Sydney

Infection control, HIV/sexual health, Sydney Hospital Post Registration Nursing Courses, Sydney

Diploma in Hospital Pharmacy, University of Sydney, Sydney

Master of Clinical Pharmacy, University of Sydney, Sydney

## **Jeff Hudson**

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### **Course coordination**

Research coordinator seminar, Perth

## Funding

### The Commonwealth Department of Health and Aged Care

The Commonwealth Department of Health and Aged Care provided funds of \$3,426,155 in 1999 to the National Centre for administration of the Centre, and the Clinical Trials and Research Committee (CTARC).

For administrative purposes, these funds are allocated into the following categories:

<i>Core Activities</i> .....	2,375,251
<i>Community HIV Research Network</i> .....	395,703
<i>Clinical Trial and Treatments Advisory Committee</i> .....	497,721

### Other Commonwealth Department of Health and Aged Care grants

<i>CDHAC - Equipment Grant</i> .....	244,390
<i>CDHAC - Hepatitis C Surveillance and Research Activities</i> .....	232,702
<i>CDHAC - Long-term Asymptomatic HIV Infection in Australia</i> .....	91,440
<i>CDHAC - The Health and Treatments Study</i> .....	66,040
<i>CDHAC - Hepatitis C Incident Case Register</i> .....	17,000
<i>CDHAC - Review of Antenatal Testing</i> .....	20,000

### Other grants and contracts

<i>UNSW: Research Infrastructure Block Grant</i> .....	590,000
<i>UNSW: Research Quality Funds</i> .....	248,137
<i>Fred Hutchinson Cancer Research Centre, University of Washington:</i>	
<i>AIRD Study</i> .....	138,517
<i>NSW Department of Health: Cocaine Injectors in Sydney</i> .....	80,000
<i>NH&amp;MRC: Role of Kynurenine Pathway Metabolites in the Pathogenesis of AIDS Dementia Complex</i> .....	63,231
<i>NH&amp;MRC: The Metabolic Pathogenesis of AIDS Dementia Complex</i> .....	61,274
<i>NH&amp;MRC: The Molecular Basis of HIV-1 Macrophage Tropism as Marker of AIDS Dementia Complex</i> .....	60,005
<i>NSW Department of Health: Positive Health Cohort</i> .....	51,226
<i>NSW Department of Health: Needle Exchange Study</i> .....	29,976
<i>Yamanashi University</i> .....	13,436
<i>Australian National University: MAE Placement (Guthrie)</i> .....	8,000
<i>Consulting Fees</i> .....	6,818
<i>Donations to HIV Research</i> .....	2,060
<i>Immune Based Working Group</i> .....	2,200

### Pharmaceutical industry funding

<i>GlaxoWellcome Research and Development (UK)</i> .....	223,074
<i>Gilead Sciences Inc.</i> .....	137,212
<i>Merck Sharp &amp; Dohme (Australia)</i> .....	102,243
<i>GlaxoWellcome Australia Ltd</i> .....	100,953
<i>Boehringer Ingelheim Pty Ltd</i> .....	76,350
<i>GlaxoWellcome Inc (USA)</i> .....	64,164
<i>Agouron Pharmaceuticals USA Inc</i> .....	54,626
<i>Bristol-Myers Squibb Pharmaceuticals (Australia)</i> .....	50,000
<i>Roche Products Pty Ltd</i> .....	35,000
<i>Pharmacia and Upjohn Inc</i> .....	34,994
<i>Abbott Australia Pty Ltd</i> .....	33,500

## Presentations and conferences

### David Cooper

#### February-March

Plenary presentation and updated review. *5<sup>th</sup> AIDS Meeting*. Taipei, Taiwan.

#### March

Creating our Future – HIV: The product in practice. *GlaxoWellcome General Managers Conference*. Sydney, NSW.

Metabolic factors affecting antiretroviral therapy. *Paradigms of care: A state of the art update on the treatment of HIV disease*. Phuket, Thailand.

Strategy of treatment of HIV infection in the developing countries. *Bristol Myers Squibb: Vietnam -The War on HIV*. Ho Chi Minh City, Vietnam.

#### April

Current HIV therapy in the world. *Boehringer Ingelheim*. Tokyo, Japan.

Metabolic factors affecting antiretroviral therapy. *Bristol Myers Squibb Paradigms of care: A state-of-the-art update on the treatment of HIV disease*. Rio de Janeiro, Brazil.

#### May

Clinical Trial Design and Analysis; Practical considerations in managing adverse effects. *Merck Sharp & Dohme Asia Pacific Postgraduate Forum – HAART Treatment Strategies to Arrest the HIV Virus*. Beijing, China.

The Harrison Lecture: Toxicity of HIV protease inhibitors. *Medical Society for the Study of Venereal Diseases, Spring Meeting*. Llandudno, Wales

#### June

Lipodystrophy workshop. *1st International Workshop on Adverse Drug Reactions and Lipodystrophy in HIV*. San Diego, California USA

#### August

Update on lipodystrophy. *HIV GP Study Group. Post San Diego Conference*. Sydney, NSW.

Australian AIDS Vaccine Initiative. *International AIDS Vaccine Initiative Meeting*. New York, USA.

#### September

Toxicity of HIV protease inhibitors-lipodystrophy. *39th Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC)*. San Francisco, California, USA

#### December

Thompson Memorial Lecture. NCHECR therapeutic research 1999/2000. Persistent activation of CD8T lymphocytes in patients with primary HIV infection (PHI) despite treatment for one year with HAART (zidovudine, lamivudine and indinavir). *11<sup>th</sup> Annual Conference Australasian Society for HIV Medicine (ASHM)*. Perth, WA.

### John Kaldor

#### February

Surveillance systems related to HIV/AIDS in Australia. *The 9<sup>th</sup> Workshop on Epidemiology and the Control of AIDS. HIV/AIDS Surveillance: Current Situation and Future Perspectives*. Tokyo, Japan.

Monitoring blood-borne viruses in prisons. *National Drug and Alcohol Research Centre. Prison Research Day*. Sydney, NSW.

Status of HIV and related diseases in Australia. *Intergovernmental Committee on AIDS and Related Diseases*. Melbourne, VIC.

#### March

Recent developments and future challenges in surveillance for blood-borne viruses and sexually transmissible diseases. *NCEPH Inaugural MAE Conference*. Canberra, ACT.

Epidemiology of HIV/AIDS in the Asia-Pacific Region. *Asia-Pacific Region HIV/AIDS Surveillance Centre Investigator Meeting*. Phuket, Thailand.

Issues in HIV surveillance in Cambodia. *First National AIDS Conference*. Cambodia.

#### April

Future directions for CASCADE collaboration. *Concerted Action on Seroconversion to AIDS and Death in Europe Workshop*. Paris, France.

Review of studies of nuclear test participants. *Combined Government and Veterans' organisations (convened by the Department of Defence)*. Sydney, NSW.

### May

The aetiology of HIV-related non-Hodgkin's lymphoma: Epidemiological correlates and clues. *International Symposium on HIV, Leukemia and Opportunistic Cancers*. Marrakech, Morocco.

### June

Guidelines for STD surveillance. *WHO Regional Meeting on STD, HIV/AIDS Epidemiological Surveillance*. Manila, Philippines.

### July

Disease surveillance – how? *NSW Health Department Acute Disease Surveillance Workshop*. Sydney, NSW.

### August

Issues in hepatitis C virus surveillance in Australia. Chair session: Evolving responses – The epidemic in IDU. Panellist, plenary session: *Cooperation in care, prevention and support: New partnerships for a new millennium? 2<sup>nd</sup> Australasian Conference on Hepatitis C*. Christchurch, New Zealand.

### September

Public health challenges in hepatitis C infection. *Asian Pacific Association for the Study of Liver/Journal of Gastroenterology and Hepatology. Asian Pacific Consensus for Diagnosis and Treatment of Chronic Hepatitis B and C*. Kyoto, Japan.

HIV/AIDS situation. Assessment report. *Consensus Workshop on HIV/AIDS, STDs and related behaviour in Indonesia*. Indonesia.

Analysis of postgraduate epidemiology courses in Australia. *Australasian Epidemiological Association Annual General Meeting*. Darwin, NT.

### October

Control of hepatitis B and C in Australia. *Australian Liver Association Workshop: Current and Future Trends in Hepatitis B and C*. Brisbane, QLD.

Study of cancer risk among workers in the nuclear industry. *Third Conference on Nuclear Science and Engineering in Australia*. Canberra, ACT.

### November

Update for national surveillance of hepatitis C virus. Surveillance for STDs. *Communicable Disease Network Australia New Zealand/Public Health Laboratory Network Joint Face to Face Meeting*. Canberra, ACT.

### December

Chair, Symposium: Changing Aspects of HIV Epidemiology and Prevention. *Australasian Society for HIV Medicine 11<sup>th</sup> Annual Conference*. Perth, WA.

HIV epidemiology update. *NSW Ministerial Advisory Committee on AIDS Strategy*. Sydney, NSW.

## Andrew Grulich

### January

Current aspects of the HIV epidemic in Australia. *Australian Federation of AIDS Organisations*. Sydney, NSW.

### February

An observational study of non-occupational post-exposure prophylaxis against HIV. *Royal North Shore Hospital*. Sydney, NSW.

### March

An observational study of non-occupational post-exposure prophylaxis against HIV. *NSW Health HIV area coordinators meeting*. Sydney, NSW.

Health service providers forum, *South Eastern Sydney Area Health Service*. Sydney, NSW.

HIV vaccine trials in Australia: epidemiological aspects. *Vaccine workshop*. Sydney, NSW.

HIV-related cancer research at the NCHECR. *Bristol-Myers Squibb symposium on HIV in the Asia-Pacific*. Phuket, Thailand.

### April

How HIV epidemiology influences HIV prevention education. *AIDS Council of NSW*. Sydney, NSW.

An observational study of non-occupational post-exposure prophylaxis against HIV. *NSW Health Committee on AIDS strategy*. Sydney, NSW.

### May

HIV transmission update. *Positive Speakers Bureau*, Sydney, NSW.



## June

Research into non-occupational post-exposure prophylaxis against HIV. *Scientific Advisory Committee of the NCHECR*. Sydney, NSW.

Risk factors for non-Hodgkin's lymphoma in people with AIDS. *Prince of Wales Hospital physicians group*. Sydney, NSW.

## August

Research into non-occupational, post-exposure prophylaxis against HIV. *Albion Street Clinic*. Sydney, NSW.

A case-control study of non-Hodgkin's lymphoma. *Westmead Hospital Oncology Group*. Sydney, NSW.

## September

A case-control study of non-Hodgkin's lymphoma. *St Vincent's Hospital combined haematology-oncology group*. Sydney, NSW.

## October

Non-occupational, post-exposure prophylaxis against HIV: where does it fit in with prevention? *Australian Federation of AIDS Organisations*. Sydney, NSW.

## November

HIV-related cancer research at the NCHECR. *Scientific Advisory Committee of the NCHECR*. Sydney, NSW.

An observational study of non-occupational post-exposure prophylaxis against HIV. *NSW HIV registrars meeting*. Sydney, NSW.

Should we be promoting non-occupational post-exposure prophylaxis against HIV? *South Eastern Sydney Area Health Service health providers forum*. Sydney, NSW.

Studies of B cell activation as a risk factor for NHL in people with AIDS. *Immune-based therapies working group, NCHECR*. Sydney, NSW.

An observational study of non-occupational post-exposure prophylaxis against HIV. *Immunology B scientific meeting, St Vincent's Hospital*. Sydney, NSW.

HIV at the millennium: Cancer and HIV. *St Vincent's Hospital health care workers seminar for World AIDS awareness week*. Sydney, NSW.

## December

An observational study of non-occupational post-exposure prophylaxis against HIV: update. *NSW Health Committee on AIDS strategy*. Sydney, NSW.

## Greg Dore

### March

Management of HIV/AIDS in resource-limited settings; PETRA study: implications for Cambodia. *First Cambodian AIDS Conference*. Phnom Penh, Cambodia.

### May

Hepatitis C: what's new. *4<sup>th</sup> Annual General Practitioner Conference and Exhibition*. Sydney, NSW.

Management of tuberculosis and other HIV-related opportunistic infections; Management strategies for HIV/AIDS in resource-poor settings. *HIV/AIDS and International Development Network of Australia (HIDNA) Conference*. Sydney, NSW.

### June

Hepatitis C: epidemiology and natural history. *South-Eastern Area Health Service Health Care Worker Seminar*. Sydney, NSW.

Hepatitis C: epidemiology, natural history and management. *St George Hospital Health Care Worker Seminar*. Sydney, NSW.

### July

The current dimensions of the HIV epidemic in Asia and the Pacific. *19<sup>th</sup> Pacific Science Congress*. Sydney, NSW.

Epidemiology and natural history of hepatitis C infection. *Royal Prince Alfred Hospital Hepatitis C Health Care Worker Seminar*. Sydney, NSW.

### August

Case studies in hepatitis C infection. *South-Eastern Division of General Practice*. Sydney, NSW.

Epidemiology and natural history of hepatitis C infection. *Concord Hospital Health Care Worker Seminar*. Sydney, NSW.

Estimates and projections of hepatitis C infection in New South Wales. *NSW Health Review of Hepatitis C Treatment and Care Services*. Sydney, NSW.

Epidemiology and natural history of hepatitis C infection. *Canterbury Hospital Health Care Worker Seminar*. Sydney, NSW.

### September

Hepatitis C overview. *Kirketon Road Centre*. Sydney, NSW.

Overview of hepatitis C and prevalence among Indigenous IDUs. *Aboriginal and Torres Strait Islander IDU Blood Borne Virus Prevention Forum*. Brisbane, QLD.

Role of observational databases in assessing treatment efficacy in HIV/AIDS. *International Clinical Trials Symposium*. Sydney, NSW.

### November

HIV and hepatitis C coinfection. HIV GP Study Group. Sydney, NSW. Overview of hepatitis C infection. *St Vincent's Hospital Drug and Alcohol Services*. Sydney, NSW.

Hepatitis C: diagnosis and management. *Rural Health Education Foundation*. Canberra, ACT.

### December

Epidemiological overview of hepatitis C. *Central Sydney Area Health Service (Mental Health Services)*. Sydney, NSW.

Long-term outcomes of hepatitis C; HIV and hepatitis C coinfection. *HIV Clinical Trial Nurse Seminar*. Perth, WA.

Altered history of HIV-related opportunistic infections after HAART. *Australasian Society for HIV Medicine 11<sup>th</sup> Annual Conference*. Perth, WA.

## Matthew Law

### September

Modelling and HIV Surveillance. *St Vincent's Hospital HIV Journal Club*. Sydney, NSW.

What is the role of observational data in assessing treatment efficacy in HIV/AIDS? *HIV Forum: methodological issues in HIV Medicine International Clinical Trials symposium*. Sydney, NSW.

## Garrett Prestage

### June

Gay relationships: How are they described and defined. *Social Aspects of AIDS Conference*. London, UK.

### July

Gay men's disclosure of HIV sero-status to casual partners. *AIDS Impact Conference*. Ottawa, Canada.

HIV prevention within gay sexual subcultures. *AIDS Impact Conference*. Ottawa, Canada.

## Jenean Spencer

### August

Perinatal transmission of hepatitis C virus. *South Eastern Sydney Public Health Unit*. Sydney, NSW.

### December

National Typhoid outbreak on a cruise ship. *NSW Health Bug Breakfast*. Sydney, NSW.

An evaluation of HIV surveillance in NSW. *NSW HIV Surveillance Stakeholder Group*. Sydney, NSW.

## Margaret MacDonald

### September

Occupational exposure to blood-borne viruses among health care workers in Australia. *4<sup>th</sup> International Conference on Occupational Health for Health care Workers*. Montreal, Canada.

## Dianne Carey

### November

Management of adverse drug interactions. *Australasian Society for HIV Medicine 11<sup>th</sup> Annual Conference*. Perth, WA.

## Oral presentations

### February

HIV prevalence at reception into Australian prisons, 1991 – 1997. **McDonald AM**, Ryan J, Brown P, Manners C, Falconer A, Kinnear R, Harvey W, Hearne P, Banaszczyk M, **Kaldor JM**. *Minimising the harm: health in prisons*. *Public Health Association Conference*. Sydney, NSW.

## May

Use of interventions for reducing the risk of mother-to-child HIV transmission in Australia.

**McDonald AM**, Cruickshank M, Li Y, Elliott E, Ziegler J, **Kaldor JM**. *Royal Australasian College of Physicians Annual Scientific Meeting*. Perth, WA.

Newly acquired HIV infection in people seen at sexual health clinics in Australia, 1993 –

1998. **McDonald AM**, Rohrsheim R, Patten JJ, Waddell R, Jacobs D, Donovan B and **Kaldor JM**. *Australasian Sexual Health Conference*. Adelaide, SA.

## June

Gay relationships: how are they described and defined? **Prestage G**. *Social Aspects of AIDS Conference*. London, UK.

## July

Gay men's disclosure of HIV sero-status to casual partners. **Prestage G**, Kippax S, van de Ven P. *3<sup>rd</sup> International AIDS Impact Conference*. Ottawa, Canada.

## August

*2<sup>nd</sup> Australasian Conference on Hepatitis C*. Christchurch, New Zealand.

Management of chronic hepatitis C: targeting the progressors. **Dore G**

Natural history of hepatitis C infection: making sense of disparate findings. **Dore G**, **Law MG**, **Kaldor JM**.

Declining hepatitis C virus prevalence among needle and syringe program attenders in Australia. **MacDonald M**, **A Wodak**, **Kaldor J** on behalf of the Collaboration of Australian Needle Exchanges.

Prevalence of hepatitis C virus among cocaine injectors in Sydney. **MacDonald M**, van Beek I, **Wodak A**, **Kaldor J**, on behalf of the Collaboration of Australian Needle Exchanges.

Prevalence of hepatitis C virus antibody among methadone injectors in Australia. **MacDonald M**, Evers A, **Wodak A**, **Kaldor JM** on behalf of the Collaboration of Australian Needle Exchanges.

Development of a national incident hepatitis C case register in Australia. **Spencer J**, Rodger A, **Kaldor JM**, Roberts L, **Crofts N**.

## September

National surveillance for newly acquired HIV infection in Australia, 1991 – 1998.

**McDonald AM**, **Kaldor JM** for the National HIV Surveillance Committee. *National HIV Prevention Conference*. Atlanta, Georgia, USA.

Pattern of HIV diagnosis in people with AIDS in Australia, 1991 – 1998. **McDonald AM**, Li Y,

**Dore G**, **Kaldor JM** for the National HIV Surveillance Committee. *National HIV Prevention Conference*. Atlanta, Georgia, USA.

Sexually transmitted infections among female prisoners in NSW. **Guthrie J**, Butler T. *Australasian Epidemiological Association's Annual Scientific Meeting*. Darwin, NT.

## December

*Australasian Society for HIV Medicine, 11<sup>th</sup> Annual Conference*. Perth, WA.

The Australian long-term nonprogressor study: An overview of factors associated with delayed progression in a cohort of LTNPs 1994-1999. **Ashton LJ**, Rhodes D, Deacon N, Satchell C, Cunningham P, Carr A, Sullivan J, Stewart G, French R, **Cooper DA**, **Kaldor JM** on behalf of the Australian LTNP Study Group.

Sequence variations in the nef/LTR region of the HIV-1 genome: associations with long-term asymptomatic HIV-1 infection. **Ashton LJ**, Rhodes D, Deacon N, Solomon A, Carr A, Stewart G, **Cooper DA**, **Kaldor JM** on behalf of the Australian LTNP Study Group.

Experience with non-occupational post exposure prophylaxis (PEP) in New South Wales. **Correll P**, **Smith D**, Kippax S, **Hendry O**, **Grulich AE**.

Risk factors for AIDS Dementia Complex. **Dore G**, Pan Y, van der Bijl A, **Brew B**.

Post exposure prophylaxis (PEP): does it add anything to prevention? **Grulich AE**.

Risk factors for HIV infection: the SMASH cohort, 1993-99. **Grulich AE**, **Prestage G**, **Li Y**, Knox S, **Law MG**, Kippax S, **Kaldor JM**.

Low frequency of HIV-specific cytotoxic T lymphocyte responses in long-term non-progressors. Keoshkerian L, Ffrench R, Newcombe N, **Smith D**, Ziegler J, Biti R, Stewart G, **Cooper DA**, **Kaldor JM**, **Ashton LJ** on behalf of the Australian LTNP Study Group.

Estimating the population impact of improved antiretroviral treatment in Australia since 1995. **Law MG**, **Li Y**, **McDonald AM**, **Cooper DA**, **Kaldor JM**.

HIV disease progression following newly acquired infection in Australia, 1991 – 1998. **McDonald AM**, **Li Y**, **Kaldor JM** and the National HIV Surveillance Committee.

HIV infection and related risk behaviour among cocaine injectors in Sydney. **MacDonald M**, Dolan K, Maher L, vanBeek I, Donald A, and **Kaldor JM** on behalf of the collaboration of Australian NSPs.

Community attitudes to injecting drug use and the needle and syringe program. **MacDonald M**, **Wodak A** and **Kaldor JM** on behalf of the collaboration of Australian Needle Exchanges.

The Australian HIV Observational Database. **Petoumenos K** on behalf of The Australian HIV Observational Database.

Invited keynote speaker. Strategies for the use of antiretroviral therapy. **Smith D**.

Analysis of T lymphocyte subsets in subjects commencing antiretroviral therapy during primary HIV-1 infection and in advanced stages of the disease. **Smith D**.

24 week CD4+ cell count and HIV viral load response in a randomised study of combination antiretroviral (ARV) treatment experienced HIV infected patients. Roth N, Hales G, **Law MG**, **Smith D** on behalf of the CHRN 025 investigator group.

Long-term immunological response in an observational cohort of HIV-1 infected subjects on highly active antiretroviral therapy (HAART). Kaufmann G, Bloch M, Zaunders J, **Smith D**, **Cooper DA**.

## Poster presentations

### January

Phenotypic identification of CD4 and CD8 CTL in TCR beta expansion in Primary HIV-1 infection. **Cooper DA**. *6<sup>th</sup> Conference on Retroviruses and Opportunistic Infections*. Chicago, USA.

### October

*7<sup>th</sup> European Conference on HIV therapy*. Lisbon, Portugal.

Experience with non-occupational HIV post exposure prophylaxis (PEP) in New South Wales (NSW), Australia. **Correll P**, **Smith D**, **Kippax S**, **Grulich AE**.

Virological suppression for four years on a non-protease combination regimen containing nevirapine-proof of concept. **Grey P**, **Smith D**, **Baker D**, **McFarlane R**, **Kidd J**.

The occurrence of lipodystrophic phenomena in patients with primary HIV infection (HIV) treated with antiretroviral therapy. Miller J, Finlayson R, **Smith D**, **Grey P**, **Emery S**, Carr A, Anderson J, Bloch M, Genn W, MacFarlane R, **Cooper DA**.

High exposure to nevirapine is associated with a higher likelihood to reach undetectability and prolonged suppression of HIV-1 replication. Veldkamp AI, Hoetelmans RMW, Beijnen JH, and the investigators of the INCAS trial group: Montaner JSG, Reiss P, **Cooper DA**, Vella S, Harris M, Conway B, Wainberg M, **Smith D**, Robinson P, Hall D, Myers M, Lange JMA.

Australian gay men of Asian background. **Prestage G**, Van de Ven P. *5<sup>th</sup> International Congress on AIDS in Asia and the Pacific*. Kuala Lumpur, Malaysia.

Sexual Risk behaviour in Australian gay communities. Van de Ven P, **Prestage G**. *5<sup>th</sup> International Congress on AIDS in Asia and the Pacific*. Kuala Lumpur, Malaysia.

### December

*Australasian Society for HIV Medicine, 11th Annual Conference*. Perth, WA.

Risk factors for HIV infection: the seroconverters study 1993-99. **Grulich AE**, **Hendry O**, Clark T, **Law MG**, S Kippax, **Kaldor JM**.

Changes in immunoglobulin levels following initiation of highly active antiretroviral therapy among antiretroviral naive subjects in the OzCombo 1 trial. **Correll P, Law MG, Emery S, Hudson J, Grulich AE** for the OzCombo 1 Study Group.

Northern Thailand health care worker education project. **Correll P, Dore G, Miller J, Cooper DA.**

Monitoring trends in antiretroviral treatment in Australia through the highly specialised drugs (S100) program. **Petoumenos K, Law MG.**

Survival following AIDS in Australia, 1991 – 1996. **McDonald AM, Li Y, Dore GJ, Kaldor JM** for the National HIV Surveillance Committee.

Late HIV diagnosis in people with AIDS in Australia, 1991 – 1998. **McDonald AM, Li Y, Dore GJ, Correll PKL, Kaldor JM** for the National HIV Surveillance Committee.

HIV and hepatitis C virus infection and injecting behaviour among needle and syringe program attenders in Australia. **MacDonald M, Wodak A, Kaldor JM** on behalf of the collaboration of Australian Needle Exchanges.

Spectrum of AIDS defining illnesses in Australia, 1992 - 1998: influence of birthplace. **Li Y, Dore GJ, McDonald AM, Kaldor JM.**

Clinical responses in an abacavir compassionate access programme. **Smith D, Hales G, Clezy K**, on behalf of the ABV compassionate access study group.

The Australian lipodystrophy syndrome prevalence survey. **Miller J**, on behalf of the Australian lipodystrophy syndrome research group.

The PIILR study - an open-label study of the reversibility of HIV protease inhibitor induced lipodystrophy in HIV-1 infected patients. **Carr A, Hudson J, Law MG, Chuah J, Hoy J, Mallal S, Smith D, Cooper DA** for the PILR study group.

Low frequency of HIV-specific cytotoxic T lymphocyte responses in long-term non-progressors. **Koeshkerian E, Ffrench R, Newcombe N, Smith D, Ziegler J, Biti R, Stewart G, Cooper DA, Kaldor JM, Ashton L** and the Australian LTNP study group.

Lactic acidosis and nucleoside analogue therapy - is it an issue? **Drummond F**, Kelly M, Post J, Anderson B, **Smith D**, Michelmore H, Furner V, Gold J.

Lipodystrophy syndrome in patients with primary HIV infection (PHI) treated with antiretrovirals. **Miller J, Finlayson R, Smith D, Grey P, Emery S, Carr A, Anderson J, Bloch M, Genn W, McFarlane R, Cooper DA.**

Self report versus pill count as a means of assessing compliance in a clinical trial of combination antiretroviral therapy. **Hales G, Mitchell J, Smith D, Kippax S.**

The buzz on efavirenz. **Kelly M, Anderson B, Bridle S, Drummond F, Kidd M, Mitchelmore H, Mossop G, Peterson J, Post J, Smith D, Furner V, McMurchie M, Gold J.**

## NCHECR Staff on organising committees of conferences/workshops

### David Cooper

1st International Workshop on Adverse Drug Reactions and Lipodystrophy in HIV. San Diego, California, USA.

39th Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC). San Francisco, California, USA.

## Publications

### Peer reviewed

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- Bloch M, Carr A, Vasak E, Cunningham P, **Smith DE**. The use of human immunodeficiency virus postexposure prophylaxis after successful artificial insemination. *Am J Obstet Gynecol* 1999;181:760-761.
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- Crofts N**, Aitken CK, **Kaldor JM**. The force of numbers: why hepatitis C is spreading among injecting Australian drug users while HIV is not. (Author's reply) *Med J Aust* 1999;171:165-166 (letter).
- Delta Coordinating Committee and Delta Virology Committee (**Cooper DA** member Delta Coordinating Committee). HIV-1 RNA response to antiretroviral treatment in 1280 participants in the Delta Trial: an extended virology study. *AIDS* 1999;13:57-65.
- Delta Coordinating Committee and Virology Group (**Cooper DA** member Delta Coordinating Committee). An evaluation of HIV RNA and CD4 cell count as surrogates for clinical outcome. *AIDS* 1999;13:565-573.
- Dore GJ**, **Cooper DA**, Barrett C, Goh L-E, Thakrar B, Atkins M for the CAESAR Coordinating Committee. Dual efficacy of lamivudine treatment in human immunodeficiency virus/hepatitis B virus-coinfected persons in a randomized, controlled study (CAESAR). *J Infect Dis* 1999;180:607-613.

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