

Australian Surveillance

HIV Report

National Centre in HIV Epidemiology and Clinical Research

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Occupationally acquired HIV infection in Australia

This report publishes for the first time details on all confirmed cases of occupationally acquired HIV infection in Australia (Tables 1.1 – 1.3).

The cases occurred between May 1990 and September 1994 and involved four health care workers (HCWs) and one prison officer. For all cases, information additional to that collected through routine surveillance for newly diagnosed HIV infection was sought from the treating doctor.

All cases resulted from percutaneous exposure to blood via a hollow bore needle. Post exposure antiretroviral therapy was administered in two cases. All four HCWs knew the HIV status of the patient whose blood was the source of infection, at the time of exposure. One of the source patients had been diagnosed with AIDS and two were receiving antiretroviral therapy at the time the exposure occurred.

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ANNOUNCEMENTS

Ž National meetings

Australasian Epidemiological Association Annual Conference will be held on 24 September 1995 in conjunction with the **Public Health Association of Australia** 27th Annual Conference in Cairns, Queensland, which is being held on 24 - 27 September 1995. Telephone: (070) 503 650, Facsimile: (070) 311 440, email: rstreatfield@peg.apc.org

The 7th Annual Conference of the Australasian Society for HIV Medicine will be held in Coolumb, Queensland, on 16 - 19 November 1995. Telephone: (07) 253 1661, facsimile: (07) 253 1388.

ž International meetings

Third International Conference on AIDS in Asia and the Pacific and the Fifth National AIDS Seminar in Thailand will be held in Chiang Mai, Thailand, on 17 - 21 September 1995. Telephone: (66) (2) 939 2239, Facsimile: (66) (2) 939 2122, email: oithri@chulkn.chula.ac.th

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The characteristics of the Australian cases were similar to the documented cases of occupationally acquired HIV infection in HCWs occurring in other countries.

On the basis of published studies, most occupational exposures leading to HIV seroconversion have been shown to involve percutaneous exposure to blood from hollow needles used for drawing blood (Berry 1993, Centers for Disease Control 1987, Fitch *et al* 1994). Five HIV seroconversions have been documented after mucocutaneous exposure (Centers for Disease Control 1987, Fitch *et al* 1994) and one after both mucocutaneous and percutaneous exposure (Centers for Disease Control 1992, Fitch *et al* 1994). In the majority of cases the source patient had been diagnosed with AIDS (Fitch *et al* 1994) and the HIV status of the source patient was known to the HCW (Heptonstall *et al* 1993). Most HCWs who have acquired HIV infection occupationally were nurses (Centers for Disease Control 1992, Fitch *et al* 1994, Heptonstall *et al* 1993).

Other factors which have been proposed as increasing the probability of infection were the volume of fluid transferred, the contact time, the type and gauge of needle, the depth of penetration and the titre of virus (Fitch *et al* 1994, Gerberding 1995, Mast, Woolwine and Gerberding 1993). Wearing gloves was considered to reduce the risk of infection (Mast, Woolwine and Gerberding 1993, Gerberding *et al* 1990). Overall, the risk of HIV infection following occupational exposure has been estimated to be 0.3% (Henderson *et al* 1990, Gerberding 1990). The risk associated with an HIV needlestick injury was estimated to be at least 30 times lower than the risk associated with needlestick exposure to hepatitis B virus (Gerberding 1990).

Of the five cases in this report, one case from South Australia (Looke and Grove 1990), one from Victoria (Baird 1994) and one from NSW (Jones 1991) had previously been reported in the medical literature, while the two other NSW cases had been reported in media releases only.

In July 1995 national surveillance of occupational exposure to bloodborne pathogens was established by the State and Territory health authorities in collaboration with the National Centre in HIV Epidemiology and Clinical Research. Approximately 60 hospitals are participating initially. This will provide for the first time in Australia a framework for participating hospitals to report on the circumstances surrounding occupational exposure, including the equipment used, antiretroviral prophylaxis and serological status of both the exposed HCW and the source patient.

Table 1.1
Characteristics of cases of occupationally acquired HIV infection in Australia, 1990 - 1994

Case	Occupation	State/ Territory	Procedure	Type of exposure	Instrument	Body fluid	Gloves worn
A	HCW	SA	venepuncture	percutaneous	hollow needle, gauge not specified	blood	Yes
B	HCW	NSW	venepuncture	percutaneous	hollow needle (butterfly), 21G	blood	Yes
C	HCW	NSW	venepuncture	percutaneous	hollow needle, gauge not specified	blood	Yes
D	Medical practitioner	VIC	venepuncture	percutaneous	hollow needle (butterfly), gauge not specified	blood	No
E	Prison officer	NSW	-	percutaneous	hollow needle gauge not specified	blood	-

Table 1.2
Diagnosis of HIV infection in cases of occupationally acquired HIV infection

Case	Baseline HIV test	First HIV diagnosis	HIV seroconversion illness
A	negative (day 0)	week 6	week 5
B	negative (day 0)	day 38	days 16 - 35
C	-	-	-
D	negative (day 0)	day 14	2nd month
E	negative (day 0)	-	day 21

Table 1.3
Characteristics of the source patient by case of occupationally acquired HIV infection

Case	Sex/Age	Time from HIV diagnosis	AIDS	CD4+ count at time of incident	Antiretroviral therapy	HIV status known to HCW
A	adult male	-	Yes	-	Zidovudine	Yes
B	adult male	6 years	No	150	Zidovudine + ddC	Yes
C	adult male	-	No	-	-	Yes
D	-	more than 1 year	No	normal	No	Yes
E	adult male	-	No	260	No	-

Table 1.4
Management of occupational exposure to HIV by case of occupationally acquired HIV infection

Case	Time to commencement of treatment	Treatment with zidovudine	Time to first dose	Dosage
A	within 6 hours	Yes	within 6 hours	250 mg 6 hourly for 56 days
B	immediate	No	-	-
C	-	No	-	-
D	within 4 hours	No	-	-
E	-	Yes	within 4 hours	500 mg within 4 hours, 250 mg 6 hourly, duration not specified

Reported by

Rob Menzies¹ and Maggie Tomkins²

1. AIDS/Infectious Diseases Branch, NSW Health Department, North Sydney
2. Albion Street Centre, Albion Street, Sydney

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References

- Baird RW. Needlestick injury in practice (letter). *Medical Journal of Australia* 1994; 161: 339
- Berry A. Are some types of needles more likely to transmit HIV to health care workers? (Letter) *American Journal of Infection Control* 1993; 21(4): 216 - 218
- Centers for Disease Control. Update: Human immunodeficiency virus infections in health-care workers exposed to blood of infected patients. *Morbidity and Mortality Weekly Report* 1987; 36 (19): 285 - 289
- Centers for Disease Control. Surveillance for occupationally acquired HIV infection - United States, 1981-1992. *Morbidity and Mortality Weekly Report* 1992; 41: 823 - 825
- Fitch K, Alvarez L, de Andres R, Morrondo R. Occupational transmission of HIV in health care workers: a review. 1994 Instituto de Salud Carlos III, Madrid, Spain (Unpublished Paper)
- Gerberding J. Management of occupational exposures to blood-borne viruses. *New England Journal of Medicine* 1995; 332(7): 444 - 451
- Gerberding JL. HIV risks in the health care organization. *AIDS* 1990; 4: S119 - S122
- Gerberding JL, Littell C, Tarkington A, Brown A and Schecter WP. Risk of exposure of surgical personnel to patients' blood during surgery at San Francisco General Hospital. *New England Journal of Medicine* 1990; 322: 1788 - 1743
- Henderson DK, Fahey BJ, Willy M, Schmitt JM, Carey K, Koziol DE, Lane HC, Fedio J and Saah AJ. Risk for occupational transmission of human immunodeficiency virus type 1 (HIV-1) associated with clinical exposures. *Annals of Internal Medicine* 1990; 113: 740 - 746
- Heptonstall J, Gill O, Porter K, Black M, Gilbert V. Health care workers and HIV: surveillance of occupationally acquired infection in the United Kingdom. *Communicable Disease Report - Review* 1993; 3(11): R147 - R153

Jones PD. HIV transmission by stabbing despite zidovudine prophylaxis (letter). *Lancet* 1991; 338: 884

Looke DFM, Grove DI. Failed prophylactic zidovudine after needlestick injury (letter). *Lancet* 1990; 335: 1280

Mast S, Woolwine J, Gerberding J. Efficacy of gloves in reducing blood volumes transferred during simulated needlestick injury. *The Journal of Infectious Diseases* 1993; 168: 1589 - 1592

Pattern of zidovudine prescription in Australia, 1991 - 1994

The National Zidovudine Registry (NZR) was established in 1987 to monitor zidovudine treatment in people with AIDS or AIDS-related complex. In 1989 zidovudine became more widely available for treatment of HIV disease and doctors were no longer required to register their patients with the NZR as a condition of prescribing. National monitoring of zidovudine prescription was re-established in 1991, as a component of national HIV surveillance.

Procedures for data collection to the NZR have evolved over time. Prior to 1991, doctors were asked to complete a detailed enrolment form which sought information on the name code of the person, their sex, date of birth, date of first prescription for zidovudine, reason for zidovudine prescription and, if appropriate, HIV disease status at enrolment, including CD4+ count. Since 1991, pharmacies dispensing zidovudine have been the primary source of information on zidovudine prescription. Pharmacies were asked to forward a list of zidovudine prescriptions to the NZR at regular intervals, providing the name code and date of birth of the patient prescribed zidovudine and the name of the prescribing doctor. On receipt of zidovudine prescriptions at the NCHECR, cases of new zidovudine prescription were enrolled onto the NZR and the pharmacy and the prescribing doctor were contacted to confirm the enrolment and to provide an enrolment number for use in future zidovudine prescriptions. In South Australia and Western Australia and from some individual institutions, doctors have remained the primary source of information on patients newly prescribed zidovudine.

Over the five year interval 1987 - 1991, the annual number of zidovudine enrolments increased, and the pattern of disease stage at enrolment changed from predominantly AIDS in 1987 to asymptomatic HIV disease in 1991 (Elford and Flynn, 1992). The annual number of zidovudine enrolments declined over the subsequent three year interval 1991 - 1993 (McNulty *et al* 1995).

Over the four year interval, 1991 - 1994, 3,652 new zidovudine prescriptions were recorded on the NZR (Table 2.1). The majority (60%) of zidovudine enrolments were reported from New South Wales and 20% were reported from Victoria. In each year, males represented approximately 95% of zidovudine enrolments. Queensland was substantially underrepresented as a proportion of all enrolments in comparison to its representation in HIV and AIDS surveillance.

The annual number of zidovudine enrolments declined from 1,458 in 1991 to 324 in 1994. In Victoria, the number of enrolments in 1994 was less than 2% of the number enrolled in 1991. Decline in the number of zidovudine enrolments occurred in all categories of HIV disease and for cases of occupational exposure to HIV (Table 2.2).

Table 2.1
Number of zidovudine enrolments reported to the National Zidovudine Registry, 1991 – 1994, by sex, State/Territory and year of enrolment

State/ Territory	1991		1992		1993		1994		1991–1994		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Total
ACT	17	2	9	0	9	2	18	0	53	4	57
NSW	776	45	778	40	337	14	204	8	2095	107	2202
NT	5	1	4	0	7	0	6	0	22	1	23
QLD	32	3	50	1	10	1	6	0	98	5	103
SA	89	8	63	6	46	2	44	1	242	17	259
TAS	8	1	7	1	1	0	0	0	16	2	18
VIC	357	12	268	14	71	8	4	1	700	35	735
W A	94	8	66	14	38	3	28	4	226	29	255
TOTAL	1378	80	1245	76	519	30	310	14	3452	200	3652

The pattern of decline in the number of people treated with zidovudine was also suggested from reports of zidovudine use among cases of AIDS notified to the National AIDS Registry. In 1992 and 1993, approximately 80% of people diagnosed with AIDS were reported to have been treated with zidovudine prior to AIDS diagnosis, whereas in 1994, the proportion fell to 67%.

Zidovudine was prescribed for treatment of HIV disease in the vast majority of cases (97%); less than 3% of zidovudine prescriptions were provided to health care workers following occupational exposure to HIV.

The pattern of predominantly asymptomatic HIV infection at zidovudine enrolment did not change over the interval 1991 - 1994. CD4+ count among people with asymptomatic HIV disease for whom a CD4+ count at zidovudine enrolment was available was 200 - 500 / μ l for almost 80% of cases.

Mean age at zidovudine enrolment was 37 years for males and 28 years for females. Mean age at first diagnosis of HIV infection, for cases notified to the National HIV Database, was 34 years and mean age at AIDS diagnosis, for cases notified to the National AIDS Registry, was 38 years, suggesting that treatment with zidovudine occurred relatively late in the course of HIV disease.

The pattern of decline in the annual number of zidovudine enrolments over the interval 1991 - 1994 may be partly attributable to a perception that zidovudine treatment in early HIV infection has limited effectiveness (McNulty *et al* 1995). Within specific States, changes in data collection procedures over time are likely to have resulted in a decrease in the completeness of reporting of zidovudine enrolments to the NZR.

Table 2.2
Number of zidovudine enrolments reported to the National Zidovudine Registry, 1991 – 1994, by reason for zidovudine prescription, category of CD4+ count and year of enrolment

Reason for prescription	1991	1992	1993	1994	1991 – 1994	Percent
<i>Treatment for HIV disease</i>	1403	1266	539	318	3526	96.6
AIDS	226	153	80	27	486	13.8
Symptomatic	372	247	87	34	740	21.0
CD4+ count						
<200	145	102	36	16	299	
200 – 500	190	129	40	15	374	
>500	10	15	10	3	38	
Not known	27	1	1	0	29	
New infection/asymptomatic	730	785	282	64	1861	52.8
CD4+ count						
<200	151	102	48	18	319	
200 – 500	531	619	216	32	1398	
>500	14	56	11	9	90	
Not known	34	8	7	5	54	
Not known	75	81	90	193	439	12.4
<i>Occupational exposure</i>	55	36	10	6	107	2.9
<i>Not known</i>	0	19	0	0	19	0.5
TOTAL	1458	1321	549	324	3652	100.0

The NCHECR is currently developing a proposal for simplifying NZR reporting, to include only the name code of the person with HIV infection, date of zidovudine enrolment and daily dose, reason for prescription, and clinical HIV disease status at the time of zidovudine enrolment. Pharmacies would continue to be the primary source of zidovudine enrolments. It is also proposed that information on zidovudine enrolments be published quarterly in the *Australian HIV Surveillance Report* and that reporting to the NZR be reviewed over the next six months, in consultation with State/Territory health authorities and zidovudine prescribers.

Reported by

Ann McDonald and Yueming Li

National Centre in HIV Epidemiology and Clinical Research, Sydney, NSW

References:

Elford J. & Flynn J. Use of zidovudine in Australia 1987 - 1991. *Australian HIV Surveillance Report* 1992; 8(S2):4-5

McNulty AM, Kaldor JM and Cooper DA. Changes in zidovudine prescribing practices in Australia, 1991 - 1993. *Australian and New Zealand Journal of Medicine* 1995; 25: 239-240

THE NATIONAL AIDS REGISTRY

Table 3.1

Cases of AIDS and deaths following AIDS by sex and State/Territory in which diagnosis of AIDS was made, cumulative to 31 March 1995, and for two previous yearly intervals.

Cases

STATE/ TERRITORY	1 Apr 93 – 31 Mar 94		1 Apr 94 – 31 Mar 95		Cumulative to 31 Mar 95			
	Male	Female	Male	Female	Male	Female	Total	%
ACT	5	1	11	0	67	3	70	1.2
NSW	443	14	367	16	3310	119	3448	58.6
NT	4	0	4	0	24	0	24	0.4
QLD	82	5	81	3	536	24	562	9.6
SA	43	2	44	3	246	15	261	4.4
TAS	3	0	5	0	32	2	34	0.6
VIC	157	12	145	8	1188	38	1232	20.9
W A	22	2	23	2	239	13	252	4.3
TOTAL†	759	36	680	32	5651	214	5883	100.0

Deaths

ACT	2	0	8	0	46	2	48	1.1
NSW	358	9	324	18	2335	82	2423	57.8
NT	7	0	3	0	17	0	17	0.4
QLD	75	3	64	5	374	18	394	9.4
SA	26	6	32	2	155	11	166	4.0
TAS	4	0	2	1	21	2	23	0.5
VIC	164	6	149	6	918	21	945	22.5
W A	19	1	28	4	172	8	180	4.3
TOTAL†	655	25	610	36	4038	144	4196	100.0

†. Total columns of Tables 3.1 - 3.6 and 7.1 include 18 cases and 14 AIDS deaths in people whose sex was reported as transsexual.

Table 3.2
Incidence of AIDS per million current population by sex and State/Territory of diagnosis, from 1 January 1981 to 31 March 1995, and for two yearly intervals prior to 31 March 1995¹.

STATE/ TERRITORY	1 Apr 93 – 31 Mar 94		1 Apr 94 – 31 Mar 95		Cumulative to 31 Mar 95		
	Male	Female	Male	Female	Male	Female	Total
ACT	33.3	6.7	72.7	0.0	442.5	20.1	232.6
NSW	148.6	4.6	121.7	5.6	1103.2	39.4	569.8
NT	45.6	0.0	45.2	0.0	271.2	0.0	140.3
QLD	52.5	3.2	50.5	1.9	334.5	15.1	175.8
SA	59.2	2.7	60.3	4.1	337.1	20.3	177.6
TAS	12.8	0.0	21.3	0.0	136.6	8.4	72.0
VIC	71.0	5.3	65.4	3.5	536.0	16.8	275.2
W A	26.1	2.4	26.9	2.4	279.5	15.4	148.1
TOTAL	86.3	4.1	76.6	3.7	635.8	24.0	329.7

1. Population estimates by sex, State/Territory and calendar period from *Australian Demographic Statistics* (Australian Bureau of Statistics).

Table 3.3
Cases of AIDS and deaths following AIDS by sex and age group, cumulative to 31 March 1995, and for two previous yearly intervals.

Cases¹

AGE GROUP (years)	1 Apr 93 – 31 Mar 94		1 Apr 94 – 31 Mar 95		Cumulative to 31 Mar 95			
	Male	Female	Male	Female	Male	Female	Total	%
0 – 12	1	0	2	4	26	11	37	0.6
13 – 19	0	0	1	0	19	3	22	0.4
20 – 29	112	6	89	10	998	57	1066	18.1
30 – 39	328	21	328	11	2378	65	2447	41.6
40 – 49	226	8	192	5	1603	33	1638	27.9
50 – 59	66	1	49	1	480	19	500	8.5
60 +	26	0	19	1	147	26	173	2.9
TOTAL	759	36	680	32	5651	214	5883	100.0

Deaths²

0 – 12	5	1	1	2	21	7	28	0.7
13 – 19	0	0	1	0	13	2	15	0.4
20 – 29	54	3	47	4	511	24	543	12.9
30 – 39	265	9	268	16	1627	44	1675	39.9
40 – 49	228	8	205	10	1288	27	1317	31.4
50 – 59	81	1	61	1	440	17	457	10.9
60 +	22	3	27	3	138	23	161	3.8
TOTAL	655	25	610	36	4038	144	4196	100.0

1. Cases are classified by age at diagnosis.
2. Deaths are classified by age at death.

Table 3.4
Cases of AIDS by sex and exposure category, cumulative to 31 March 1995, and for two previous yearly intervals of diagnosis.

Adults/adolescents (13 years and older at diagnosis of AIDS)

EXPOSURE CATEGORY	1 Apr 93 – 31 Mar 94		1 Apr 94 – 31 Mar 95		Cumulative to 31 Mar 95			
	Male	Female	Male	Female	Male	Female	Total	%
Male homosexual/bisexual contact	611	-	584	-	4862	-	4862	82.6
Male homosexual/bisexual contact and ID use	56	-	23	-	231	-	231	3.9
ID use (female and heterosexual male)	19	11	14	7	91	54	145	2.5
Heterosexual contact:	29	21	22	17	146	87	233	4.0
<i>Sex with ID user</i>	2	2	0	1	2	5	7	
<i>Sex with bisexual male</i>	-	8	-	0	-	21	21	
<i>From specified country</i>	4	1	3	4	15	13	28	
<i>Sex with person from specified country</i>	2	0	3	1	15	7	22	
<i>Sex with person with medically acquired HIV</i>	0	0	2	1	3	5	8	
<i>Sex with HIV-infected person, exposure not specified</i>	9	2	0	3	24	13	37	
<i>Not further specified</i>	12	8	14	7	87	23	110	
Haemophilia/coagulation disorder	9	0	6	0	79	1	80	1.4
Receipt of blood components/tissue	4	4	7	2	76	52	128	2.2
Health care setting	0	0	0	1	0	2	2	0.0
Other/undetermined†	30	0	22	1	140	7	165	2.8
Total Adults/Adolescents †	758	36	678	28	5625	203	5846	99.4

Children (under 13 years at diagnosis of AIDS)

Mother with/at risk for HIV infection	0	0	2	3	9	8	17	0.3
Haemophilia/coagulation disorder	0	0	0	0	5	0	5	0.1
Receipt of blood components/tissue	1	0	0	1	12	3	15	0.2
Total Children	1	0	2	4	26	11	37	0.6
TOTAL	759	36	680	32	5651	214	5883	100.0

Table 3.5
Deaths following AIDS by sex and exposure category, cumulative to 31 March 1995,
and for two previous yearly intervals.

Adults/adolescents (13 years and older at diagnosis of AIDS)

EXPOSURE CATEGORY	1 Apr 93 – 31 Mar 94		1 Apr 94 – 31 Mar 95		Cumulative to 31 Mar 95			
	Male	Female	Male	Female	Male	Female	Total	%
Male homosexual/bisexual contact	559	-	510	-	3514	-	3514	83.7
Male homosexual/bisexual contact and ID use	37	-	37	-	159	-	159	3.8
ID use (female and heterosexual male)	9	7	12	6	52	32	84	2.0
Heterosexual contact:	25	10	18	22	84	53	137	3.3
<i>Sex with ID user</i>	0	1	0	1	0	3	3	
<i>Sex with bisexual male</i>	-	7	-	4	-	17	17	
<i>From specified country</i>	0	0	1	1	4	5	9	
<i>Sex with person from specified country</i>	2	0	0	1	8	5	13	
<i>Sex with person with medically acquired HIV</i>	0	0	1	2	2	4	6	
<i>Sex with HIV-infected person, exposure not specified</i>	8	2	6	5	20	9	29	
<i>Not further specified</i>	15	0	10	8	50	10	60	
Haemophilia/coagulation disorder	6	0	11	1	59	1	60	1.4
Receipt of blood components/tissue	5	5	4	5	60	46	106	2.5
Health care setting	0	1	0	0	0	1	1	0.0
Other/undetermined^f	9	1	17	0	87	4	105	2.5
Total Adults/Adolescents[†]	650	24	609	34	4015	137	4166	99.3

Children (under 13 years at diagnosis of AIDS)

Mother with/at risk for HIV infection	3	1	1	1	6	5	11	0.3
Haemophilia/coagulation disorder	0	0	0	0	5	0	5	0.1
Receipt of blood components/tissue	2	0	0	1	12	2	14	0.3
Total Children	5	1	1	2	23	7	30	0.7
TOTAL	655	25	610	36	4038	144	4196	100.0

Table 3.6
Cases of AIDS by AIDS-defining condition and sex, cumulative to 31 March 1995,
and for two previous yearly intervals.

AIDS DEFINING CONDITION	1 Apr 93 – 31 Mar 94		1 Apr 94 – 31 Mar 95		Cumulative to 31 Mar 95			
	Male	Female	Male	Female	Male	Female	Total	%
Pneumocystis carinii pneumonia (PCP)	163	6	134	12	1718	52	1776	30.2
Kaposi's sarcoma (KS) - skin	89	0	72	0	744	3	748	12.7
KS and PCP only	7	0	5	0	55	0	55	0.9
KS and other (not PCP)	10	0	11	0	90	0	90	1.5
PCP and other (not KS)	20	2	13	1	271	13	286	4.9
Candidiasis-oesophageal	90	6	98	1	470	19	490	8.3
Toxoplasmosis-cerebral	31	0	25	1	207	7	216	3.7
Cryptococcosis-meningeal	37	0	34	1	223	5	230	3.9
Lymphoma-non-Hodgkin	25	1	26	1	206	10	216	3.7
Mycobacterium-avium	56	3	36	4	263	19	282	4.8
Herpes simplexvirus	12	2	13	1	132	12	144	2.5
HIV encephalopathy	36	1	27	2	171	5	176	3.0
Cytomegalovirus	46	2	35	2	227	4	231	3.9
HIV wasting disease	44	4	52	0	216	21	238	4.0
Cryptosporidiosis-gut	22	0	21	1	126	4	130	2.2
Mycobacterium- tuberculosis (TB)	8	0	6	0	36	4	40	0.7
Other single diagnoses ¹	18	2	22	2	106	9	115	2.0
Other multiple diagnoses	45	7	50	3	390	27	420	7.1
TOTAL	759	36	680	32	5651	214	5883	100.0

1. Following implementation of the Australian AIDS case definition in January 1993, AIDS was diagnosed on the basis of recurrent pneumonia for 18 cases, pulmonary tuberculosis for 5 cases, and cervical cancer for 1 case.

Table 3.7
Survival following the diagnosis of AIDS by one-year period of diagnosis.

Calendar Period of Diagnosis	Deaths to		Alive at	Lost to	Other ⁴	% Survival	
	Cases	31 Mar 95 ¹				1 Apr 94 ²	Follow Up ³
1984	54	52	0	1	1	25.1	7.7
1985	127	124	0	2	1	44.5	22.2
1986	231	218	2	8	3	34.4	15.2
1987	382	370	4	1	7	57.3	29.3
1988	533	488	3	9	33	67.0	29.2
1989	610	553	11	4	42	61.0	30.1
1990	664	558	18	4	84	63.7	33.3
1991	795	644	20	7	124	59.5	30.6
1992	774	550	47	7	170	59.4	23.4
1993	791	425	121	0	245	-	-
1994	812	208	539	2	63	-	-
1995	110	6	104	0	0	-	-
TOTAL	5883	4196	869	45	773	-	-

1. Deaths occurring prior to 1 April 1995.
2. Last medical contact on or after 1 April 1994.
3. Reported as having permanently left Australia with no subsequent report of status.
4. Last medical contact prior to 1 April 1994.

Table 3.8: Cases of AIDS by month of diagnosis, 1986 to 1995.

YEAR	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1986	14	15	14	14	19	20	17	24	24	32	25	13	231
1987	29	27	32	20	43	34	28	26	37	30	45	29	380
1988	42	43	24	35	34	45	56	50	44	52	59	49	533
1989	63	47	41	31	47	55	47	57	56	63	50	53	610
1990	63	46	56	50	45	52	59	59	66	70	49	50	665
1991	64	66	65	70	60	63	54	66	84	78	66	60	796
1992	55	67	65	61	75	65	72	72	60	63	61	58	774
1993	68	67	64	66	48	64	70	80	68	72	61	63	791
1994	72	63	74	74	55	68	50	77	88	88	49	54	812
1995	35	44	31	-	-	-	-	-	-	-	-	-	110

Table 3.9: Deaths following the diagnosis of AIDS by month of death, 1986 to 1995.

YEAR	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1986	11	7	8	6	13	10	17	8	15	17	16	16	144
1987	13	15	18	29	23	15	17	13	17	9	15	18	202
1988	12	18	15	21	18	20	19	19	14	20	24	22	222
1989	20	24	29	33	26	43	33	41	30	41	42	39	401
1990	55	32	49	35	43	44	48	47	46	40	32	41	512
1991	45	38	42	53	59	51	54	48	38	49	43	54	574
1992	49	47	58	52	55	49	41	51	44	38	46	45	575
1993	51	38	61	63	71	43	51	52	49	56	65	63	663
1994	58	55	58	67	60	66	69	53	53	48	48	43	678
1995	46	52	45	-	-	-	-	-	-	-	-	-	143

Table 3.10: Deaths following the diagnosis of AIDS by month of diagnosis, 1986 to 1995.

YEAR	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1986	14	15	13	12	18	17	17	22	21	31	25	13	218
1987	28	27	31	19	43	32	28	24	37	29	41	29	368
1988	39	40	23	33	34	43	46	42	41	50	50	47	488
1989	58	42	37	30	39	50	43	52	52	57	48	45	553
1990	53	40	53	46	38	40	46	47	56	57	42	40	558
1991	57	59	53	59	52	41	45	53	60	64	53	48	644
1992	40	45	49	49	56	46	58	53	42	41	38	34	551
1993	37	45	33	39	33	34	32	42	40	36	33	22	426
1994	25	22	26	28	18	20	15	21	12	13	6	2	208
1995	3	2	1	-	-	-	-	-	-	-	-	-	6

THE NATIONAL HIV DATABASE

Table 4.1

Number of new diagnoses of HIV infection by sex¹ and State/Territory, cumulative to 31 March 1995, and for two previous yearly intervals.

STATE/ TERRITORY	1 Apr 93 – 31 Mar 94		1 Apr 94 – 31 Mar 95		Cumulative to 31 Mar 95			
	Male	Female	Male	Female	Male	Female	Total	Rate ²
ACT	2	0	14	2	154	13	167	55.3
NSW ³	475	38	414	39	9720	538	12316	202.5
NT	6	0	7	0	78	4	82	47.6
QLD	152	9	151	13	1490	89	1583	49.0
SA	48	3	38	5	540	44	584	39.7
TAS	3	0	1	1	69	4	73	15.4
VIC ⁴	198	20	198	11	3216	154	3420	76.2
WA	54	8	36	12	703	60	764	44.5
TOTAL⁵	938	78	859	83	15970	906	18989	105.8

1. Twenty people (8 NSW, 4 QLD, 7 VIC and 1 WA) whose sex was reported as transsexual are included in the total columns of Tables 4.1 – 4.3.
2. Rate per one hundred thousand current population. Population estimates by sex, State/Territory and calendar interval from *Australian Demographic Statistics* (Australian Bureau of Statistics).
3. Cumulative total for NSW includes 2050 people whose sex was not reported.
4. Cumulative total for VIC includes 43 people whose sex was not reported.
5. Cumulative total for Australia includes 2093 people whose sex was not reported.

Table 4.2

Number of new diagnoses of HIV infection for which exposure category was reported, by sex and exposure category, cumulative to 31 March 1995 and for two previous yearly intervals.

EXPOSURE CATEGORY	1 Apr 93 – 31 Mar 94		1 Apr 94 – 31 Mar 95		Cumulative to 31 Mar 95			
	Male	Female	Male	Female	Male	Female	Total	%
Male homosexual/bisexual contact	664	-	631	-	9903	-	9903	80.7
Male homosexual/bisexual contact and ID use	34	-	43	-	368	-	368	3.0
ID use	37	9	17	10	446	152	620	5.0
<i>Heterosexual</i>	16	6	8	5	110	53	166	
<i>Not further specified</i>	21	3	9	5	336	99	454	
Heterosexual contact:	88	50	79	51	548	350	901	7.3
<i>Sex with ID user</i>	4	8	1	4	13	24	37	
<i>Sex with bisexual male</i>	-	3	-	3	-	22	22	
<i>From specified country</i>	12	3	13	8	42	23	65	
<i>Sex with person from specified country</i>	13	6	9	11	45	28	73	
<i>Sex with person with medically acquired HIV</i>	1	0	1	2	4	6	10	
<i>Sex with HIV-infected person, exposure not specified</i>	4	5	5	3	23	22	45	
<i>Not further specified</i>	54	25	50	20	421	225	649	
Haemophilia/coagulation disorder	0	0	1	0	191	2	193	1.6
Receipt of blood/tissue	8	0	6	3	107	66	173	1.4
Health care setting¹	1	2	0	1	2	7	9	0.1
Total Adults/Adolescents²	832	61	777	65	11565	577	12167	99.1

Children (under 13 years at diagnosis of HIV infection)

Mother with/at risk for HIV infection	1	3	6	8	22	20	42	0.3
Haemophilia/coagulation disorder	0	0	0	0	51	0	51	0.4
Receipt of blood/tissue	0	0	0	0	12	5	18	0.2
Total Children	1	3	6	8	85	25	111	0.9
Sub-total	833	64	783	73	11650	602	12278	100.0
Other/undetermined ³	105	14	76	10	4320	304	6711	
TOTAL	938	78	859	83	15970	906	18989	

1. The category 'Health care setting' includes 4 cases of occupationally acquired HIV infection and 4 cases of transmission in surgical rooms.
2. Total column includes cases for which sex was not reported.
3. The 'Other/undetermined' category includes 6683 adults/adolescents and 28 children. Twenty people whose sex was reported as transsexual are included in the 'Other/undetermined' category. The 'Other/undetermined' category was excluded from the calculation of the percentage of cases attributed to each exposure category.

Table 4.3
Number of new diagnoses of HIV infection by sex and age group, cumulative to 31 March 1995, and for two previous yearly intervals.

AGE GROUP (YEARS)	1 Apr 93 – 31 Mar 94		1 Apr 94 – 31 Mar 95		Cumulative to 31 Mar 95			
	Male	Female	Male	Female	Male	Female	Total	%
0 – 2	1	1	4	5	34	15	51	0.3
3 – 12	0	3	2	3	73	14	88	0.4
0 – 12	1	4	6	9	107	29	139	0.7
13 – 19	18	5	13	3	352	45	404	2.1
20 – 29	329	34	266	32	5188	353	5655	29.9
30 – 39	343	24	337	24	5171	206	5487	28.9
40 – 49	136	6	153	9	2296	72	2410	12.7
50 – 59	74	2	52	3	687	30	726	3.8
60 +	26	1	25	2	214	38	253	1.3
Unknown	11	2	7	1	1955	133	3915	20.6
TOTAL¹	938	78	859	83	15970	906	18989	100.0

1. See footnotes Table 4.1.

Table 4.4
Number of new diagnoses of HIV infection for which HIV seroconversion illness was diagnosed or the date of a prior negative HIV antibody test was within one year of diagnosis of infection, by sex and State/Territory, cumulative to 31 March 1995, and for two previous calendar intervals.

STATE/ TERRITORY	1 Apr 94 – 30 Sep 94		1 Oct 94 – 31 Mar 95		1 Apr 94 – 31 Mar 95		
	Male	Female	Male	Female	Male	Female	Total
ACT	1	1	0	0	1	1	2
NSW ¹	51	1	62	3	113	4	120
NT	0	0	1	0	1	0	1
QLD	11	2	3	0	14	2	16
SA	1	0	4	0	5	0	5
TAS	0	0	1	0	1	0	1
VIC	23	3	25	0	48	3	51
WA	0	0	4	0	4	0	4
TOTAL¹	87	7	100	3	187	10	200

1. Total column for Tables 4.4–4.6 includes 1 person whose sex was reported as transsexual and 2 people whose sex was not reported.

Table 4.5

Number of new diagnoses of HIV infection for which HIV seroconversion illness was diagnosed or the date of a prior negative HIV antibody test was within one year of diagnosis of infection, by sex and exposure category, cumulative to 31 March 1995, and for two previous calendar intervals.

EXPOSURE CATEGORY	1 Apr 94 – 30 Sep 94		1 Oct 94 – 31 Mar 95		1 Apr 94 – 31 Mar 95		
	Male	Female	Male	Female	Male	Female	Total
Male homosexual/bisexual contact	73	-	87	-	160	-	160
Male homosexual/bisexual contact and ID use	4	-	6	-	10	-	10
ID use (female and heterosexual male)	3	1	0	0	3	1	4
Heterosexual contact	5	5	3	3	8	8	16
Health care setting	0	1	0	0	0	1	1
Other/undetermined	2	0	4	0	6	0	9
TOTAL¹	87	7	100	3	187	10	200

1. See footnote Table 4.4.

Table 4.6

Number of new diagnoses of HIV infection for which HIV seroconversion illness was diagnosed or the date of a prior negative HIV antibody test was within one year of diagnosis of infection, by sex and age group, cumulative to 31 December 1994, and for two previous calendar intervals.

AGE GROUP (YEARS)	1 Apr 94 – 30 Sep 94		1 Oct 94 – 31 Mar 95		1 Apr 94 – 31 Mar 95		
	Male	Female	Male	Female	Male	Female	Total
13 – 19	1	0	1	1	2	1	3
20 – 29	40	5	43	1	83	6	90
30 – 39	31	1	38	0	69	1	70
40 – 49	8	0	15	1	23	1	25
50 – 59	6	1	2	0	8	1	10
60 +	1	0	1	0	2	0	2
TOTAL¹	87	7	100	3	187	10	200

1. See footnote Table 4.4.

SENTINEL SURVEILLANCE OF HIV INFECTION IN SEXUALLY TRANSMISSIBLE DISEASE CLINICS

Table 5.1

Number of people seen, number of people tested for HIV antibody and number of people newly diagnosed with HIV infection by sex and STD clinic¹, during the quarter 1 January 1995 to 31 March 1995.

STD CLINIC	Seen at Clinic		Tested for HIV antibody		Newly diagnosed with HIV infection		
	Male	Female	Male	Female	Male	Female	Total
Sydney Sexual Health Centre, NSW	1804	1073	791	492	2	1	3
Clinic 34, Darwin, NT	204	119	99	55	1	0	1
Clinic 275, Adelaide, SA	2720	2021	1662	1329	2	1	3
Melbourne Sexual Health Centre, VIC	1177	774	835	544	2	0	2
TOTAL	5905	3987	3387	2420	7	2	9

1. Data not available for Brisbane Sexual Health Clinic, QLD and Parramatta Sexual Health Clinic, NSW.

Table 5.2

Number of people seen¹ who had a *previous negative HIV antibody test*, percent retested for HIV antibody, and number (percent) newly diagnosed with HIV infection, by sex and exposure category, during the quarter 1 January 1995 to 31 March 1995.

EXPOSURE CATEGORY	Previous negative HIV antibody test		% Retested for HIV antibody		Newly diagnosed with HIV infection			
	Male	Female	Male	Female	Male	Female	Total	%
Homosexual/bisexual contact	678	-	75.1	-	2	-	2	0.4
Homosexual/bisexual contact and ID use	74	-	79.7	-	0	-	0	0.0
ID use (female and heterosexual male)	222	96	68.9	75.0	0	0	0	0.0
Heterosexual contact	1814	1323	59.9	65.8	0	0	0	0.0
<i>outside Australia</i> ²	257	160	45.5	60.0	0	0	0	0.0
<i>within Australia only</i>	1557	1163	62.3	66.6	0	0	0	0.0
Sex worker	-	343	-	82.8	-	1	1	0.4
Sex worker and ID use	-	28	-	78.6	-	0	0	0.0
Other/undetermined	130	122	91.5	90.2	0	0	0	0.0
TOTAL	2918	1912	66.0	71.0	2	1	3	0.1

1. At clinics other than Clinic 34, Darwin, NT.
2. Within 3 months for Clinic 275 and one year for other clinics.

Table 5.3

Number of people seen¹ with no previous HIV antibody test, percent tested for HIV antibody for the first time, and number (percent) newly diagnosed with HIV infection, by sex and exposure category, during the quarter 1 January 1995 to 31 March 1995.

EXPOSURE CATEGORY	No previous HIV antibody test		% Tested for HIV antibody		Newly diagnosed with HIV infection			
	Male	Female	Male	Female	Male	Female	Total	%
Homosexual/bisexual contact	255	-	60.4	-	2	-	2	1.3
Homosexual/bisexual contact and ID use	15	-	80.0	-	0	-	0	0.0
ID use (female and heterosexual male)	89	36	78.7	69.4	0	0	0	0.0
Heterosexual contact	1460	1167	65.5	66.5	0	0	0	0.0
<i>outside Australia²</i>	109	102	65.1	52.0	0	0	0	0.0
<i>within Australia only</i>	1351	1065	65.6	67.9	0	0	0	0.0
Sex worker	-	55	-	85.5	-	0	0	0.0
Sex worker and ID use	-	5	-	80.0	-	0	0	0.0
Other/undetermined	882	691	19.0	22.4	2	1	3	0.9
TOTAL	2701	1954	50.4	51.5	4	1	5	0.2

1. At clinics other than Clinic 34, Darwin, NT.
2. Within 3 months for Clinic 275 and one year for other clinics.

Table 5.4

Number of people seen¹, number of people tested for HIV antibody and number of people newly diagnosed with HIV infection, by sex and age group, during the quarter 1 January 1995 to 31 March 1995.

AGE GROUP (YEARS)	Seen at Clinic		Tested for HIV antibody		Newly diagnosed with HIV infection		
	Male	Female	Male	Female	Male	Female	Total
13 - 19	220	445	131	234	0	0	0
20 - 29	2601	2137	1544	1351	0	1	1
30 - 39	1771	857	1001	531	3	0	3
40 - 49	723	302	412	184	1	0	1
50 - 59	261	94	134	53	0	1	1
60 +	122	29	65	10	2	0	2
Unknown	3	4	1	2	0	0	0
TOTAL	5701	3868	3288	2365	6	2	8

1. At clinics other than Clinic 34, Darwin, NT.

Table 5.5
Number of people diagnosed with specific STD¹, other than HIV, by sex, exposure category and whether or not they were tested for HIV antibody² during the quarter 1 January 1995 to 31 March 1995.

EXPOSURE CATEGORY	Tested for HIV antibody		Not tested for HIV antibody	
	Male	Female	Male	Female
Homosexual/bisexual contact	20	-	15	-
Homosexual/bisexual contact and ID use	3	-	0	-
ID use (female and heterosexual male)	9	3	1	1
Heterosexual contact	39	30	39	13
<i>outside Australia²</i>	5	5	6	3
<i>within Australia only</i>	34	25	33	10
Sex worker	-	6	-	7
Sex worker and ID use	-	0	-	0
Other/undetermined	4	5	8	2
TOTAL	75	44	63	23

1. Specific STD are gonorrhoea, syphilis and chlamydia.
2. Includes people who may have been previously tested for HIV antibody and excludes people previously known to have HIV infection.

SENTINEL SURVEILLANCE FOR SEXUALLY TRANSMISSIBLE DISEASES

Table 6.1

Number of diagnoses of gonorrhoea in sentinel sexual health centres¹ during the quarter 1 January 1995 to 31 March 1995, by sex, exposure category and HIV antibody status.

CHARACTERISTICS OF CASES	1 Jan 95 – 31 Mar 95		
	Male	Female	Total
EXPOSURE CATEGORY²			
Homosexual/bisexual contact	36	0	36
Homosexual/bisexual contact and ID use	1	0	1
ID use (female and heterosexual male)	2	1	3
Heterosexual contact ³	15	4	19
<i>outside Australia</i>	4	0	4
<i>within Australia only</i>	11	4	15
Sex worker	1	3	4
Sex worker and ID use	0	0	0
HIV ANTIBODY STATUS			
Positive	2	0	2
Negative	37	6	43
Unknown	16	2	18
Total⁴	55	8	63

1. Participating clinics provided data on 10,489 male attendances with 6080 male patients seen and 8674 female attendances with 5409 female patients seen. Participating clinics: Clinic 275, Adelaide, SA; Clinic 34, Darwin, NT; The Gilmore Clinic, Canberra, ACT; Fremantle Sexual Health Clinic, Fremantle, WA; Gold Coast Sexual Clinic, Gold Coast, QLD; Kirketon Rd Centre, Sydney, NSW; The Livingstone Rd Clinic, Sydney, NSW; Lismore Sexual Health and AIDS Service, Lismore, NSW; Melbourne Sexual Health Clinic, Melbourne, VIC; Newcastle Sexual Health Clinic, Newcastle, NSW; Port Kembla Sexual Health Clinic, Port Kembla, NSW; Shoalhaven Sexual Health Clinic, Nowra, NSW; Sydney Sexual Health Clinic, Sydney, NSW.
2. For most clinics, the exposure categories represent those for the preceding 12 month period.
3. No other category specified.
4. Total number of males and females diagnosed with specific STD by exposure category and separately for HIV antibody status.

Table 6.2
Number of diagnoses of early syphilis¹ in sentinel sexual health centres during the quarter 1 January 1995 to 31 March 1995, by sex, exposure category and HIV antibody status.

CHARACTERISTICS OF CASES	1 Jan 95 – 31 Mar 95		
	Male	Female	Total
EXPOSURE CATEGORY²			
Homosexual/bisexual contact	0	0	0
Homosexual/bisexual contact and ID use	0	0	0
ID use (female and heterosexual male)	0	0	0
Heterosexual contact	5	2	7
<i>outside Australia</i>	2	1	3
<i>within Australia only</i>	3	1	4
Sex worker	0	0	0
Sex worker and ID use	0	0	0
HIV ANTIBODY STATUS			
Positive	0	0	0
Negative	4	0	4
Unknown	1	2	3
Total	5	2	7

1. Early syphilis includes cases diagnosed as primary, secondary or early latent infection only.
2. See footnotes Table 6.1.

HIV ANTIBODY TESTING IN BLOOD TRANSFUSION SERVICES AND PUBLIC HEALTH LABORATORIES.

Table 7.1
Number of new diagnoses of HIV infection in blood donors by State/Territory, cumulative to 31 March 1995, and for two previous yearly intervals.

STATE/ TERRITORY	1 Apr 93 – 31 Mar 94	1 Apr 94 – 31 Mar 95	1 May 85 – 31 Mar 95
ACT	0	0	1
NSW	0	2	34
NT	0	1	1
QLD	1	2	18
SA	0	0	3
TAS	0	0	0
VIC	2	0	12
W A	0	0	6
TOTAL	3	5	75

Table 7.2
Number of HIV antibody tests conducted in Blood Transfusion Services by State/ Territory and calendar interval.

STATE/ TERRITORY	1 Apr 93 – 31 Dec 93	1 Jan 94 – 31 Mar 94	1 Apr 93 to 31 Mar 93
ACT	11161	3771	14932
NSW	218948	73337	292285
NT	6733	2277	9010
QLD	135785	44658	180443
SA	71167	25221	96388
TAS	18466	6259	24725
VIC	184122	60169	244291
W A	58344	19393	77737
TOTAL	704726	235085	939811

STATE/ TERRITORY	1 Apr 94 – 31 Dec 94	1 Jan 95 – 31 Mar 95	1 Apr 94 to 31 Mar 95
ACT	11767	3920	15687
NSW	207280	72081	279361
NT	5587	2442	8029
QLD	132479	44455	176934
SA	70039	22448	92487
TAS	17756	6280	24036
VIC	173023	56618	229641
W A	55225	19644	74869
TOTAL	673156	227888	901044

STATE/ TERRITORY	WEEKS	YEAR	Blood Transfusion Service
NSW	29-52	1993	Ballarat Base Hospital

Table 7.3
Number of HIV antibody tests conducted in Public Health Laboratories by State/ Territory and calendar interval.

STATE/ TERRITORY	1 Apr 93 – 31 Dec 93	1 Jan 94 – 31 Mar 94	1 Apr 93 to 31 Mar 93
ACT	7671	2452	10123
NSW	255131	85249	340380
NT	7373	2708	10081
QLD	108315	17294	125609
SA	61797	23209	85006
TAS	9991	3490	13481
VIC	121151	40458	161609
W A	53423	18162	71585
TOTAL	624852	193022	817874

STATE/ TERRITORY	1 Apr 94 – 31 Dec 94	1 Jan 95 – 31 Mar 95	1 Apr 94 to 31 Mar 95
ACT	7605	2570	10175
NSW	259350	76630	335980
NT	8825	3274	12099
QLD	111781	41755	153536
SA	48076	2687	50763
TAS	10487	3373	13860
VIC	90439	30553	120992
W A	58136	20467	78603
TOTAL	594699	181309	776008

Public Health Laboratories for which counts were partially unavailable:

STATE/ TERRITORY	WEEKS	YEAR	Public Health Laboratory
NSW	13-14	1995	Concord Repatriation Hospital
	41-52, 1-14	1994, 1995	Hanly Moir Pathology
	43-52, 1-52,		
QLD	1-14	1993, 1994, 1995	Westmead Hospital
	9-14	1995	Queensland Medical Laboratories
	52, 1-12	1994, 1995	Queensland State Health Laboratory
SA	9-48	1994	Townsville Hospital
	33-52, 1-14	1994, 1995	Clinpath Laboratories
	1-14	1995	Gribbles Pathology
	49-52, 1-14	1994, 1995	Institute of Medical and Veterinary Science

REPORT FROM WHO WESTERN PACIFIC REGION

Dr RM Sarda, Medical Officer, WHO Regional Office, Manila.

Table 8.1
AIDS and HIV in the WHO Western Pacific Region by country; based on reports available at 31 March 1995.

COUNTRY/ AREA	CUMULATIVE AIDS CASES				AIDS Rate ¹	Cumulative Diagnoses HIV
	Male	Female	Children <13 Years	Total		
American Samoa	0	0	0	0	0.0	0
Australia	5651	214	37	5883	32.8	18989
Brunei	6	0	0	6	2.1	252
Cambodia	1	1	0	13	0.1	1225
China ²	61	4	0	65	0.0	1774
Cook Islands	0	0	0	0	0.0	0
Fed. S. Micronesia	2	0	0	2	1.8	2
Fiji	4	3	1	7	0.9	28
French Polynesia	25	5	1	45	20.8	144
Guam	28	2	0	30	21.2	70
Hong Kong	132	10	3	142	2.4	544
Japan	841	48	0	889	0.7	4122
Kiribati	0	0	0	0	0.0	2
Laos	7	1	0	10	0.2	59
Macao	7	1	0	8	1.9	93
Malaysia	101	14	4	200	1.0	11375
Marshall Islands	1	1	0	2	3.8	8
Nauru	0	0	0	0	0.0	0
New Caledonia	37	6	1	43	23.2	123
New Zealand	454	19	4	473	13.4	997
Niue	0	0	0	0	0.0	0
N. Mariana Islands	0	0	0	6	10.4	10
Palau	1	0	0	1	5.8	1
Papua New Guinea	47	44	3	91	2.2	247
Philippines	121	73	5	198	0.3	618
Rep. of Korea	27	5	0	32	0.1	456
Samoa	1	0	0	1	0.6	1
Singapore	115	8	1	123	4.2	308
Solomon Islands	0	0	0	0	0.0	1
Tokelau	0	0	0	0	0.0	0
Tonga	5	0	0	5	5.1	6
Tuvalu	0	0	0	0	0.0	0
Vanuatu	0	0	0	0	0.0	0
Vietnam	115	25	0	228	0.3	2325
Wallis and Futuna	1	0	0	1	7.1	1
TOTAL[†]	7791	484	60	8504	0.5	43781

1. AIDS cases per 100,000 total current population.

2. For Taiwan 45 AIDS cases in males, 3 in females and 300 diagnosis of HIV infection were reported to 31 March 1995.

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Editor	John Kaldor
Assistant Editor	Ann McDonald
Editorial Advisory Panel	Frank Bowden, Nick Crofts, Ken Donald, Basil Donovan, Richard Kemp, Helen Longbottom, Aileen Plant, Charles Watson
Desktop publishing	Barbara Hoffman

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NOTES

The National AIDS Registry is maintained by NCHECR on behalf of the National HIV Surveillance Committee, which consists of representatives from NCHECR, and the Health Departments of each State and Territory and the Commonwealth of Australia. The Registry is based on reports from doctors who diagnose AIDS, made to the Health Department in the State/Territory of diagnosis. Date of birth and a name code (first two letters of first and last name) are used to minimise duplicate registration, while maintaining confidentiality.

The National HIV Database is maintained by NCHECR on behalf of the National HIV Surveillance Committee. It is based on reports of new diagnoses of HIV infection from HIV Reference Laboratories (ACT, NSW, TAS, VIC), or from a combination of Reference Laboratory and diagnosing doctors (NT, QLD, SA, WA). In order to avoid counting the same case more than once, only diagnoses which are determined to be new by the diagnosing laboratory or doctor are reported for the purposes of national surveillance.

Sentinel surveillance is carried out by six STD Clinics in five Australian cities, which send quarterly reports on HIV antibody testing to NCHECR.

Tabulations from the National AIDS Registry, the National HIV Database and Sentinel HIV Surveillance in STD clinics are based on data available three months after the end of the reporting interval indicated, to allow for reporting delay and to incorporate newly available information.

HIV antibody testing is carried out at Public Health Laboratories and Blood Transfusion Services, and summary information on testing is sent on a four-weekly basis to the National HIV Reference Laboratory, which produces quarterly tabulations for publication in the Australian HIV Surveillance Report.

Abbreviations: HIV is the human immunodeficiency virus, and unless otherwise specified, refers to HIV-1 only. AIDS is the acquired immunodeficiency syndrome, ID stands for injecting drug, and STD for sexually transmissible disease. Specified countries are those of sub-Saharan Africa and the Caribbean, where transmission of HIV is believed to be predominantly heterosexual. The Australian States and Territories are: Australian Capital Territory (ACT), New South Wales (NSW), Northern Territory (NT), Queensland (QLD), South Australia (SA), Tasmania (TAS), Victoria (VIC) and Western Australia (WA). NCHECR is the National Centre in HIV Epidemiology and Clinical Research.

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

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Australian HIV Surveillance Report
National Centre in HIV Epidemiology and Clinical Research
376 Victoria Street
Darlinghurst NSW 2010
Australia
Tel: (02) 332 4648
Fax: (02) 332 1837 International prefix: (612)

For further information at a State/Territory level, contact:

ACT	Ms Irene Passaris, ACT Health	(06)	205 0960
NSW	Mr Robert Menzies, NSW Department of Health	(02)	391 9195
NT	Dr Frank Bowden, Department of Health and Community Services	(089)	228 007
QLD	Dr Hugo Réé, Queensland Department of Health	(07)	224 5526
SA	Ms Therese Davey, SA Health Commission	(08)	226 6000
TAS	Mr David Coleman, Department of Health	(002)	333 203
VIC	Dr Sandy Thompson, Macfarlane Burnet Centre for Medical Research	(03)	280 2534
WA	Dr Jill Rowbottom, WA Department of Health	(09)	388 4999