

Australian Surveillance

HIV Report

National Centre in HIV Epidemiology and Clinical Research

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The Third International Conference on AIDS in Asia and the Pacific and The Fifth National AIDS Seminar in Thailand

17 – 21 September 1995, Chiang Mai

The World Health Organisation (WHO) has received reports of HIV infection in all but nine of the 46 countries in Southeast Asia and the Western Pacific. The stage of the HIV/AIDS epidemic varies widely among these countries. In New Zealand and Australia, the peak in HIV incidence was over ten years ago and AIDS incidence has either begun to decline (New Zealand) or stabilised (Australia). Although Thailand may be currently close to the peak of HIV incidence, the AIDS epidemic is in a relatively early stage despite over 20,000 AIDS cases so far reported. Based on available surveillance data, other countries in the region such as Vietnam, Indonesia and China, are at early stages of the HIV epidemic.

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ANNOUNCEMENTS

National meetings

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

Surveillance workshop on Hepatitis C will be held at the Melbourne Sexual Health Centre, 580 Swanston Street, Carlton, Victoria, on Thursday, 23 November 1995 from 1 – 5 pm. Further information may be obtained from Professor John Kaldor (Telephone 02 332 4648, Facsimile 02 332 1837).

International meetings

7th International Conference on the Reduction of Drug Related Harm - from Science to Policy to Practice will be held in Hobart, Tasmania from 3 – 7 March 1996. Further information may be obtained from the Australian Drug Foundation (Telephone 03 690 6000)

Australasian Sexual Health Conference will be held in Auckland, New Zealand, from 12 – 14 June 1996. Further information may be obtained from the Conference Company, PO Box 90-040, Auckland, New Zealand (Facsimile: 64 9 360 1242).

X1 International Conference on AIDS will be held in Vancouver, Canada, from 7 – 12 July 1996.

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The projected peak of the HIV epidemic in Asia is the year 2000 with an estimated 1.3 million infections in that year, while the peak of the AIDS epidemic is not expected until 2010. The total number of HIV infections in Asia is expected to be ultimately greater than that of sub-Saharan Africa.

Among the broad range of HIV/AIDS issues discussed at the conference was the encouraging evidence of a decrease in HIV incidence in northern Thailand, prevention of transmission among injecting drug users in Nepal, the impact of the HIV epidemic on tuberculosis control and the role of preventive therapy, mother to child transmission and prognosis of HIV infected children, current and future prevention strategies including preparation for vaccine trials, and the use of various models to estimate the current state and future direction and magnitude of HIV/AIDS epidemics. Also presented were social impact data demonstrating that the HIV epidemic will significantly inhibit economic growth in a number of countries in the region.

HIV Surveillance / Epidemiology

New Zealand is probably the first country in the world to have seen a decreasing rate of AIDS notifications. As in Australia, where AIDS notifications are plateauing, the peak of HIV incidence in New Zealand is now over 10 years old. However, most other countries in the Asia-Western Pacific region are at much earlier stages of the HIV/AIDS epidemic.

Several prospective studies reported continuing high HIV incidence rates among some population sub-groups. These include 22.8 per 100 person years (py) among female sex workers, and 8.9 per 100 py among male STD clinic attenders in Pune, India; 15.5 per 100 py among female sex workers in Chiangrai, northern Thailand; 7.5 per 100 py among female sex workers, 2.1 per 100 py among male STD clinic attenders and 0.8 per 100 py among Royal Thai Army conscripts in Chiang Mai, northern Thailand; 11.2 per 100 py among injecting drug users in Bangkok.

On the other hand, there is encouraging evidence of decreasing HIV incidence among young men in northern Thailand, based on seroprevalence among army conscripts (21 year old men chosen randomly) at entry. Between May 1991 and November 1993 HIV seroprevalence was 10-13%. However, among the two most recent cohorts who entered the army in November 1994 and May 1995, seroprevalence had fallen to 5-6%. This decrease in prevalence follows evidence of substantial behaviour change. Contact with female sex workers among conscripts during the previous year decreased from 72% to 38% over the 1991-1993 period, and use of a condom with the most recent sex worker increased from 61% to 85%

over the same period. In contrast to the situation in the north there is no evidence of a downward trend in HIV incidence elsewhere in Thailand.

To December 1994, Japan had reported 3,233 people with HIV infection and 889 with AIDS, of whom over 55% in both categories were recipients of blood products, predominantly people with haemophilia. Heterosexual and male homosexual transmission were represented in 23% and 9% respectively of HIV notifications.

Vietnam has reported 2,602 HIV notifications, 131 AIDS cases and 55 deaths from AIDS, cumulative to June 1995. Approximately 80% of HIV notifications have been among injecting drug users in whom the HIV seroprevalence has increased dramatically over the last three years to over 30%. Vietnam was projected to have 570,000 people living with HIV and 15,000 deaths from AIDS by 1998.

While Indonesia has reported only 280 HIV notifications and 69 AIDS cases, cumulative to 31 January 1995, estimates place the number of HIV infections at approximately 50,000. Mathematical models have predicted between 476,000 and 689,000 HIV infections by the year 2000.

Mother to child HIV transmission

Presentations from a large prospective study in Bangkok demonstrated a perinatal transmission rate of 25% to non-breastfed infants. As in European and African studies, transmission was associated with higher viral loads, lower CD4 cell counts, and vaginal delivery. Although 19 of the approximately 250 women in the cohort had seroconverted during pregnancy, the rate of perinatal transmission was similar among this sub-group.

The same study reported that approximately half of the HIV-infected infants had developed symptoms of HIV infection at 12 months, and 18% fulfilled the modified WHO paediatric AIDS definition. However, mortality was lower than anticipated at 22%, a rate similar to studies conducted in developed countries.

Another study from Bangkok investigated vertical HIV transmission by sampling fetal heart blood from elective terminations of pregnancy between 18 and 25 weeks in women seropositive for HIV. All samples were positive for HIV-1 antibody (ELISA), but negative by PCR and HIV-1 p24 antigen assay, supporting the absence of midtrimester HIV transmission.

Trials were about to commence in Thailand examining the efficacy and feasibility of antiretroviral therapy for prevention of perinatal transmission in a developing country. The trials will use a similar protocol to that used in the recently published North American / European trial (ACTG 076), with some modifications, predominantly involving a shorter duration of therapy. Information from these studies and a WHO/GPA trial soon to commence in sub-Saharan Africa using AZT/

3TC combination therapy, with a maximum duration of therapy of 4 weeks, will assess the feasibility of antiretroviral therapy for the prevention of mother to child transmission relevant to cases which occur in the developing world.

Currently, all women with HIV in Thailand are advised to bottlefeed their infants to reduce the risk of HIV transmission. Although this recommendation would appear appropriate and feasible for women from the growing middle class, concerns have been raised in Thailand about the appropriateness of such a policy for lower socio-economic groups including women from Hilltribe villages. In addition to the practical and cost issues of bottles and milk products is the increased risk of infectious disease among bottle-fed infants, the lost contraceptive effect of breastfeeding and the possible adverse psychosocial impact of such a policy.

Vaccine development

Several presentations reviewed the status of vaccine research, incorporating progress made and the major hurdles that lie ahead. The importance of surveillance of HIV subtypes to vaccine development was highlighted. Thailand has two predominant HIV-1 subtypes, E and B, responsible for largely segregated HIV epidemics relating to transmission of HIV through heterosexual contact and injecting drug use respectively. There is concern regarding both the protective efficacy of HIV-1 vaccines across subtypes, and, due to significant intra-subtype variation, within subtypes.

The view that a large phase III efficacy trial is the only way to further advance HIV vaccine development was expressed. However, there remains questions about the level of immunogenicity in currently developed candidate vaccines, and the potential shift in the focus away from prevention of HIV transmission through behaviour change.

HIV and tuberculosis

The HIV epidemic in Thailand has already impaired tuberculosis control, especially in the north. A steady decline in tuberculosis incidence during the 1980s has been followed by a sharp increase during the 1990s. Incidence rates in Chiangrai Province have doubled between 1991 and 1993, and the proportion of people with tuberculosis who also have HIV infection has increased from 1.5% in 1990 to 45.5% in 1994. Analysis of *Mycobacterium tuberculosis* isolates from people with HIV demonstrated a wide diversity of DNA patterns without clustering, indicating that reactivation, rather than newly acquired infection, was the main source of active tuberculosis. These findings are not surprising in a country such as Thailand, with a high background prevalence of *M. tuberculosis* infection.

Other studies presented of people with HIV and tuberculosis were consistent with previous reports from regions such as sub-Saharan Africa, demonstrating the

atypical nature of pulmonary tuberculosis, increased adverse reactions to therapy and high cure rates for those able to complete standard short-course therapy, but overall high mortality rates in people with HIV. One year mortality among people with tuberculosis and HIV infection treated at Chiangrai Regional Hospital was 68.6% compared to 10.0% for HIV seronegative cases of tuberculosis.

Thai and Indian delegates noted much poorer compliance with tuberculosis therapy among people with HIV. Low compliance rates were multi-factorial in their cause, and related to other HIV-related morbidity, both physical and psychological. Strategies proposed to improve compliance were improved patient education and counselling, combination therapy regimes, and directly observed therapy utilising village health care workers or other peers.

There was debate on the issue of preventive therapy against tuberculosis for people with HIV. Concerns raised included increased resistance due to treatment of undiagnosed active cases, especially in a region such as northern Thailand where isoniazid resistance rates are already 10-15%, difficulties in ensuring compliance, and diversion of resources away from management of active cases in countries where the WHO targets of 70% detection and 85% cure of tuberculosis cases are far from being met. Despite the public health argument, it would be difficult to recommend against tuberculosis prophylaxis for a person living with HIV in a developing country with a high prevalence of tuberculosis infection. In fact, preventive therapy appears to be the only available measure that can effectively curb further large increases in tuberculosis incidence in areas such as northern Thailand.

Clinical manifestations

Penicillium marneffe infection, although not as yet considered to be an AIDS defining illness, is the third most common opportunistic infection (after tuberculosis and cryptococcal disease) among adults with HIV in northern Thailand. A series of 24 cases of *P. marneffe* infection among children with HIV was reported. Presentation was similar to that seen among adults with major features of fever, generalised lymphadenopathy, hepatosplenomegaly, anaemia, and skin lesions (67%). Initial therapy consisted of amphotericin B or fluconazole, with ketoconazole maintenance therapy. Early mortality was 18%, but no relapses were reported among those on maintenance therapy.

A study from Chiang Mai University demonstrated an increased incidence of *P. marneffe* infection during the rainy season, based on 550 cases, but no seasonal variation among 793 cases of cryptococcal meningitis.

A series of 5,980 HIV symptomatic patients from Bombay was reported , with

predominant clinical manifestations of tuberculosis (83%), herpes zoster (48%), neurological disorders (28%), recurrent diarrhoea (22%) and Reiter's syndrome (8%). Only 1% were reported with Kaposi's sarcoma.

Conclusion

The conference highlighted some encouraging developments in both prevention of HIV transmission and in improved clinical management of people living with HIV. However, to ensure that significant gains are made from these developments in prevention and care, political commitment from governments within the region is required. In this regard, Australia's partnership approach, which was a prominent message in the Australian stand, organised through the HIV/AIDS and International Development Network of Australia (HIDNA), is an example of how political commitment and the involvement of community-based organisations can reduce the potential impact of the HIV/AIDS epidemic.

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THE NATIONAL AIDS REGISTRY

Table 1.1

Cases of AIDS and deaths following AIDS by sex and State/Territory in which diagnosis of AIDS was made, cumulative to 30 June 1995, and for two previous yearly intervals.

Cases

STATE/ TERRITORY	1 Jul 93 – 30 Jun 94		1 Jul 94 – 30 Jun 95		Cumulative to 30 Jun 95			
	Male	Female	Male	Female	Male	Female	Total	%
ACT	5	1	10	1	68	4	72	1.2
NSW	458	15	321	13	3373	121	3504	58.1
NT	4	0	4	0	25	0	25	0.4
QLD	90	4	79	2	563	24	589	9.8
SA	45	2	36	4	249	17	266	4.4
TAS	4	0	2	0	32	2	34	0.5
VIC	155	12	151	11	1232	44	1283	21.3
WA	23	1	19	2	247	14	262	4.3
TOTAL†	784	35	622	33	5789	226	6035	100.0

Deaths

ACT	4	0	8	0	48	2	50	1.2
NSW	369	13	256	13	2372	84	2462	57.1
NT	7	0	2	0	18	0	18	0.4
QLD	65	3	71	4	394	18	414	9.6
SA	28	5	33	4	162	13	175	4.1
TAS	5	1	1	0	21	2	23	0.5
VIC	168	5	135	8	950	23	979	22.7
WA	22	2	26	2	179	8	188	4.4
TOTAL†	668	29	532	31	4144	150	4309	100.0

†. Total columns of Tables 1.1 - 1.6 and 7.1 include 20 cases and 15 AIDS deaths in people whose sex was reported as transsexual.

Table 1.2
Incidence of AIDS per million current population by sex and State/Territory of diagnosis, from 1 January 1981 to 30 June 1995, and for two yearly intervals prior to 30 June 1995¹.

STATE/ TERRITORY	1 Jul 93 – 30 Jun 94		1 Jul 94 – 30 Jun 95		Cumulative to 30 Jun 95		
	Male	Female	Male	Female	Male	Female	Total
ACT	33.2	6.7	65.9	6.7	448.0	26.7	238.7
NSW	153.0	5.0	106.3	4.3	1116.6	39.6	576.5
NT	45.2	0.0	45.0	0.0	281.5	0.0	145.3
QLD	56.9	2.5	48.8	1.2	347.4	14.9	182.2
SA	61.8	2.7	49.3	5.4	341.0	22.9	180.8
TAS	17.1	0.0	8.5	0.0	136.5	8.4	71.9
VIC	70.0	5.3	68.0	4.9	554.7	19.4	286.0
WA	27.1	1.2	22.1	2.3	286.8	16.4	152.8
TOTAL	88.7	3.9	70.2	3.7	648.2	25.1	336.6

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

Table 1.3
Cases of AIDS and deaths following AIDS by sex and age group, cumulative to 30 June 1995, and for two previous yearly intervals.

Cases¹

AGE GROUP (years)	1 Jul93 – 30 Jun 94		1 Jul94 – 30 Jun 95		Cumulative to 30 Jun 95			
	Male	Female	Male	Female	Male	Female	Total	%
0 – 12	0	0	2	5	26	12	38	0.6
13 – 19	0	0	1	0	19	3	22	0.4
20 – 29	113	7	80	9	1019	59	1090	18.1
30 – 39	338	20	297	13	2431	71	2507	41.5
40 – 49	240	6	176	3	1648	34	1684	27.9
50 – 59	70	2	46	2	495	21	517	8.6
60 +	23	0	20	1	151	26	177	2.9
TOTAL	784	35	622	33	5789	226	6035	100.0

Deaths²

0 – 12	4	1	1	3	21	8	29	0.7
13 – 19	0	0	1	0	13	2	15	0.3
20 – 29	54	3	37	6	519	26	554	12.9
30 – 39	275	9	232	13	1673	46	1723	40.0
40 – 49	235	10	174	7	1316	27	1345	31.2
50 – 59	75	1	63	2	458	18	476	11.0
60 +	25	5	24	0	144	23	167	3.9
TOTAL	668	29	532	31	4144	150	4309	100.0

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

Table 1.4
Cases of AIDS by sex and exposure category, cumulative to 30 June 1995, and for two previous yearly intervals of diagnosis.

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

EXPOSURE CATEGORY	1 Jul 93 – 30 Jun 94		1 Jul 94 – 30 Jun 95		Cumulative to 30 Jun 95			
	Male	Female	Male	Female	Male	Female	Total	%
Male homosexual/bisexual contact	641	-	530	-	4978	-	4978	82.5
Male homosexual/bisexual contact and ID use	57	-	22	-	239	-	239	4.0
ID use (female and heterosexual male)	16	12	14	6	93	55	148	2.5
Heterosexual contact:	29	18	23	19	153	95	248	4.1
<i>Sex with ID user</i>	1	1	1	1	3	5	8	
<i>Sex with bisexual male</i>	-	5	-	1	-	22	22	
<i>From specified country</i>	3	2	3	3	16	14	30	
<i>Sex with person from specified country</i>	3	0	4	2	17	8	25	
<i>Sex with person with medically acquired HIV</i>	1	1	1	0	3	5	8	
<i>Sex with HIV-infected person, exposure not specified</i>	8	3	0	4	24	15	39	
<i>Not further specified</i>	13	6	14	8	90	26	116	
Haemophilia/coagulation disorder	10	0	3	0	79	1	80	1.3
Receipt of blood components/tissue	3	2	8	2	77	52	129	2.1
Health care setting	0	1	1	1	1	3	4	0.1
Other/undetermined†	28	2	19	0	143	8	171	2.8
Total Adults/Adolescents †	784	35	620	28	5763	214	5997	99.4

Children (under 13 years at diagnosis of AIDS)

Mother with/at risk for HIV infection	0	0	2	4	9	9	18	0.3
Haemophilia/coagulation disorder	0	0	0	0	5	0	5	0.1
Receipt of blood components/tissue	0	0	0	1	12	3	15	0.2
Total Children	0	0	2	5	26	12	38	0.6
TOTAL	784	35	622	33	5789	226	6035	100.0

Table 1.5
Deaths following AIDS by sex and exposure category, cumulative to 30 June 1995,
and for two previous yearly intervals.

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

EXPOSURE CATEGORY	1 Jul 93 – 30 Jun 94		1 Jul 94 – 30 Jun 95		Cumulative to 30 Jun 95			
	Male	Female	Male	Female	Male	Female	Total	%
Male homosexual/bisexual contact	568	-	445	-	3603	-	3603	83.6
Male homosexual/bisexual contact and ID use	36	-	30	-	162	-	162	3.8
ID use (female and heterosexual male)	9	4	16	6	56	34	90	2.1
Heterosexual contact:	24	18	14	16	86	55	141	3.3
<i>Sex with ID user</i>	0	1	0	1	0	3	3	
<i>Sex with bisexual male</i>	-	9	-	2	-	17	17	
<i>From specified country</i>	0	0	1	2	4	6	10	
<i>Sex with person from specified country</i>	2	0	2	2	8	6	14	
<i>Sex with person with medically acquired HIV</i>	0	1	1	1	2	4	6	
<i>Sex with HIV-infected person, exposure not specified</i>	11	4	3	3	21	9	30	
<i>Not further specified</i>	11	3	9	5	51	10	61	
Haemophilia/coagulation disorder	10	0	7	1	62	1	63	1.4
Receipt of blood components/tissue	5	5	3	5	61	47	108	2.5
Health care setting	0	1	0	0	0	1	1	0.0
Other/undetermined^f	12	0	16	0	93	4	112	2.6
Total Adults/Adolescents[†]	664	28	531	28	4123	142	4280	99.3

Children (under 13 years at diagnosis of AIDS)

Mother with/at risk for HIV infection	2	1	1	2	6	6	12	0.3
Haemophilia/coagulation disorder	0	0	0	0	3	0	3	0.1
Receipt of blood components/tissue	2	0	0	1	12	2	14	0.3
Total Children	4	1	1	3	21	8	29	0.7
TOTAL	668	29	532	31	4144	150	4309	100.0

Table 1.6
Cases of AIDS by AIDS-defining condition and sex, cumulative to 30 June 1995,
and for two previous yearly intervals.

AIDS DEFINING CONDITION	1 Jul 93 – 30 Jun 94		1 Jul 94 – 30 Jun 95		Cumulative to 30 Jun 95			
	Male	Female	Male	Female	Male	Female	Total	%
Pneumocystis carinii pneumonia (PCP)	181	9	124	10	1758	56	1820	30.2
Kaposi's sarcoma (KS) - skin	82	0	69	0	760	3	764	12.7
KS and PCP only	7	0	3	0	55	0	55	0.9
KS and other (not PCP)	17	0	8	0	114	0	114	1.9
PCP and other (not KS)	25	1	14	1	318	16	337	5.6
Candidiasis-oesophageal	106	5	92	1	501	21	523	8.7
Toxoplasmosis-cerebral	26	0	23	3	217	11	230	3.8
Cryptococcosis-meningeal	38	0	29	3	230	7	239	4.0
Lymphoma-non-Hodgkin	28	1	25	1	211	10	221	3.7
Mycobacterium-avium	44	7	38	5	271	20	292	4.8
Herpes simplexvirus	13	2	10	1	138	13	151	2.5
HIV encephalopathy	37	1	27	3	187	7	195	3.2
Cytomegalovirus	46	1	33	1	237	4	242	4.0
HIV wasting disease	47	2	46	0	234	22	257	4.2
Cryptosporidiosis-gut	23	1	24	0	139	4	143	2.4
Mycobacterium- tuberculosis (TB)	4	1	5	0	36	4	40	0.6
Other single diagnoses ¹	25	2	19	2	117	11	129	2.1
Other multiple diagnoses	35	2	33	2	266	17	283	4.7
TOTAL	784	35	622	33	5789	226	6035	100.0

1. Following implementation of the Australian AIDS case definition in January 1993, AIDS was diagnosed on the basis of recurrent pneumonia for 21 cases, pulmonary tuberculosis for 7 cases, and cervical cancer for 1 case.

Table 1.7
Survival following the diagnosis of AIDS by one-year period of diagnosis.

Calendar Period of Diagnosis	Cases	Deaths to	Alive at	Lost to	Other ⁴	% Survival	
		30 Jun 95 ¹	1 Jul 94 ²	Follow Up ³		1 yr	2 yrs
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	380	368	4	1	7	57.0	28.9
1988	533	488	3	9	33	67.0	29.2
1989	611	554	13	4	40	61.1	30.3
1990	665	560	16	4	85	63.8	33.4
1991	796	649	16	7	124	59.5	30.6
1992	776	568	33	7	168	59.6	24.2
1993	795	450	105	0	240	-	-
1994	827	250	443	2	132	-	-
1995	240	28	212	0	0	-	-
TOTAL	6035	4309	847	45	834	-	-

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

Table 1.8: Cases of AIDS by month of diagnosis, 1986 to 1995.

YEAR	Jan	Feb	Mar	Jul	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	51	53	611
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	66	61	75	65	72	72	60	64	61	58	776
1993	68	67	65	66	48	65	73	79	68	72	61	63	795
1994	74	62	74	75	56	69	52	78	88	89	54	56	827
1995	38	49	37	40	47	29	-	-	-	-	-	-	240

Table 1.9: Deaths following the diagnosis of AIDS by month of death, 1986 to 1995.

YEAR	Jan	Feb	Mar	Jul	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	43	39	402
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	59	52	55	49	41	51	44	38	46	45	576
1993	51	38	61	63	71	43	51	52	49	56	65	63	663
1994	58	55	58	68	60	66	69	53	53	48	48	45	681
1995	47	55	47	37	36	29	-	-	-	-	-	-	251

Table 1.10: Deaths following the diagnosis of AIDS by month of diagnosis, 1986 to 1995.

YEAR	Jan	Feb	Mar	Jul	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	49	45	554
1990	53	40	53	46	38	40	47	47	56	57	42	41	560
1991	58	59	53	60	53	41	46	54	60	64	53	48	649
1992	40	47	51	50	56	48	59	54	44	44	39	36	568
1993	39	47	36	41	34	34	35	44	41	39	35	25	450
1994	27	23	28	30	22	22	19	26	17	21	11	5	251
1995	6	10	6	1	4	0	-	-	-	-	-	-	27

THE NATIONAL HIV DATABASE

Table 2.1

Number of new diagnoses of HIV infection by sex¹ and State/Territory, cumulative to 30 June 1995, and for two previous yearly intervals.

STATE/ TERRITORY	1 Jul93 – 30 Jun 94		1 Jul94 – 30 Jun 95		Cumulative to 30 Jun 95			
	Male	Female	Male	Female	Male	Female	Total	Rate ²
ACT	5	1	14	3	158	15	173	57.5
NSW ³	438	32	395	40	9728	537	12320	203.6
NT	7	0	6	0	79	4	83	48.5
QLD	164	9	134	13	1503	93	1601	50.1
SA	40	3	36	4	546	44	590	40.1
TAS	3	1	3	0	71	4	75	15.9
VIC ⁴	209	19	187	13	3249	160	3460	77.3
W A	55	12	34	15	715	69	785	46.1
TOTAL⁵	921	77	809	88	16049	926	19087	107.0

1. Twenty one people (7 NSW, 5 QLD, 8 VIC and 1 WA) whose sex was reported as transsexual are included in the total columns of Tables 2.1 – 2.6.
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 2048 people whose sex was not reported. Duplicate cases have been removed from NSW HIV diagnoses.
4. Cumulative total for VIC includes 43 people whose sex was not reported.
5. Cumulative total for Australia includes 2091 people whose sex was not reported.

Table 2.2

Number of new diagnoses of HIV infection for which exposure category was reported, by sex and exposure category, cumulative to 30 June 1995 and for two previous yearly intervals.

EXPOSURE CATEGORY	1 Jul 93 – 30 Jun 94		1 Jul 94 – 30 Jun 95		Cumulative to 30 Jun 95			
	Male	Female	Male	Female	Male	Female	Total	%
Male homosexual/bisexual contact	676	-	597	-	10018	-	10018	80.6
Male homosexual/bisexual contact and ID use	41	-	38	-	371	-	371	3.0
ID use	34	10	19	6	450	150	622	5.0
<i>Heterosexual</i>	15	8	11	2	115	52	170	
<i>Not further specified</i>	19	2	8	3	335	98	452	
Heterosexual contact:	85	53	80	63	555	378	936	7.5
<i>Sex with ID user</i>	4	7	4	7	16	28	44	
<i>Sex with bisexual male</i>	-	4	-	5	-	25	25	
<i>From specified country</i>	9	6	13	9	40	26	66	
<i>Sex with person from specified country</i>	13	9	9	13	48	35	83	
<i>Sex with person with medically acquired HIV</i>	0	0	1	2	4	6	10	
<i>Sex with HIV-infected person, exposure not specified</i>	5	4	7	6	26	25	51	
<i>Not further specified</i>	54	23	46	21	421	233	657	
Haemophilia/coagulation disorder	0	0	1	0	191	2	193	1.6
Receipt of blood/tissue	8	0	4	3	106	65	171	1.4
Health care setting¹	1	2	0	2	2	8	10	0.0
Total Adults/Adolescents²	845	65	739	74	11693	603	12321	99.1

Children (under 13 years at diagnosis of HIV infection)

Mother with/at risk for HIV infection	4	4	4	7	24	20	44	0.4
Haemophilia/coagulation disorder	0	0	0	0	53	0	53	0.4
Receipt of blood/tissue	0	0	0	0	13	5	19	0.1
Total Children	4	4	4	7	90	25	116	0.9
Sub-total	849	69	743	81	11783	628	12437	100.0
Other/undetermined ³	72	8	66	7	4266	298	6650	
TOTAL	921	77	809	88	16049	926	19087	

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 6632 adults/adolescents and 18 children. Twenty one 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 2.3
Number of new diagnoses of HIV infection by sex and age group, cumulative to 30 June 1995, and for two previous yearly intervals.

AGE GROUP (YEARS)	1 Jul 93 – 30 Jun 94		1 Jan 94 – 30 Jun 95		Cumulative to 30 Jun 95			
	Male	Female	Male	Female	Male	Female	Total	%
0 – 2	3	2	3	4	30	14	45	0.2
3 – 12	1	2	1	4	74	14	89	0.5
0 – 12	4	4	4	8	104	28	134	0.7
13 – 19	14	6	10	10	349	53	409	2.1
20 – 29	313	34	258	29	5219	359	5690	29.8
30 – 39	343	21	315	28	5203	213	5528	29.0
40 – 49	144	7	140	7	2312	71	2425	12.7
50 – 59	67	3	51	4	689	32	729	3.8
60 +	27	2	28	1	221	38	260	1.4
Unknown	9	0	3	1	1952	132	3912	20.5
TOTAL¹	921	77	809	88	16049	926	19087	100.0

1. See footnotes Table 2.1.

Table 2.4
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 30 June 1995, and for two previous calendar intervals.

STATE/ TERRITORY	1 Jul 94 – 31 Dec 94		1 Jan 95 – 30 Jun 95		1 Jul 94 – 30 Jun 95		
	Male	Female	Male	Female	Male	Female	Total
ACT	1	0	1	0	2	0	2
NSW ¹	50	3	76	6	126	9	139
NT	1	0	0	0	1	0	1
QLD	6	0	17	0	23	0	23
SA	2	0	6	0	8	0	8
TAS	1	0	0	0	1	0	1
VIC	29	1	20	2	49	3	52
WA	2	0	3	0	5	0	5
TOTAL¹	92	4	123	8	215	12	231

1. Total column for Tables 2.4–2.6 includes 1 person whose sex was reported as transsexual and 3 people whose sex was not reported.

Table 2.5

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 30 June 1995, and for two previous calendar intervals.

EXPOSURE CATEGORY	1 Jul 94 – 31 Dec 94		1 Jan 95 – 30 Jun 95		1 Jul 94 – 30 Jun 95		
	Male	Female	Male	Female	Male	Female	Total
Male homosexual/bisexual contact	78	-	108	-	186	-	186
Male homosexual/bisexual contact and ID use	6	-	4	-	10	-	10
ID use (female and heterosexual male)	1	0	4	1	5	1	6
Heterosexual contact	4	3	4	7	8	10	18
Health care setting	0	1	0	0	0	1	1
Other/undetermined ¹	3	0	3	0	6	0	10
TOTAL¹	92	4	123	8	215	12	231

1. See footnote Table 2.4.

Table 2.6

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 30 June 1995, and for two previous calendar intervals.

AGE GROUP (YEARS)	1 Jul 94 – 31 Dec 94		1 Jan 95 – 30 Jun 95		1 Jul 94 – 30 Jun 95		
	Male	Female	Male	Female	Male	Female	Total
13 – 19	1	1	0	1	1	2	3
20 – 29	44	2	52	1	96	3	100
30 – 39	34	0	42	2	76	2	80
40 – 49	9	0	19	3	28	3	31
50 – 59	4	1	5	1	9	2	12
60 +	0	0	5	0	5	0	5
TOTAL¹	92	4	123	8	215	12	231

1. See footnote Table 2.4.

NATIONAL ZIDOVUDINE REGISTRY

Table 3.1

Number of new zidovudine prescriptions cumulative to 31 March 1995 and for two previous intervals, by sex and State/Territory.

STATE/ TERRITORY	1 Oct 94 – 31 Dec 94		1 Jan 95 – 31 Mar 95		Cumulative to 31 Mar 95		
	Male	Female	Male	Female	Male	Female	Total
ACT	5	0	0	0	82	5	87
NSW	48	0	30	0	4100	211	4311
NT	0	0	1	0	28	1	29
QLD	0	0	1	0	186	7	193
SA	7	0	8	0	358	25	383
TAS	0	0	0	0	16	3	19
VIC	2	0	1	0	1410	63	1473
W A	0	0	0	0	407	54	461
TOTAL	62	0	41	0	6587	369	6956

SENTINEL SURVEILLANCE OF HIV INFECTION IN SEXUALLY TRANSMISSIBLE DISEASE CLINICS

Table 4.1

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 April 1995 to 30 June 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	1574	1076	608	458	2	1	3
Clinic 34, Darwin, NT	244	110	93	67	0	0	0
Brisbane Sexual Health Clinic, QLD	1531	1044	307	207	0	0	0
Clinic 275, Adelaide, SA	957	669	742	502	3	0	3
Melbourne Sexual Health Centre, VIC	2720	2021	1662	1329	2	1	3
TOTAL	7026	4920	3412	2563	7	2	9

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

Table 4.2

Number of people seen¹ who had a previous negative HIV antibody test, percent retested for HIV antibody, and number (percent) newly diagnosed with HIV infection, by sex and exposure category, during the quarter 1 April 1995 to 30 June 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	762	-	66.0	-	2	-	2	0.4
Homosexual/bisexual contact and ID use	65	-	60.0	-	0	-	0	0.0
ID use (female and heterosexual male)	238	119	60.1	62.2	0	0	0	0.0
Heterosexual contact	2166	1726	53.7	54.3	0	0	0	0.0
<i>outside Australia</i> ²	266	152	47.4	50.7	0	0	0	0.0
<i>within Australia only</i>	1900	1574	54.6	54.6	0	0	0	0.0
Sex worker	-	365	-	78.1	-	0	0	0.0
Sex worker and ID use	-	30	-	70.0	-	0	0	0.0
Other/undetermined	132	155	93.2	74.2	0	0	0	0.0
TOTAL	3363	2395	58.6	59.8	2	0	2	0.06

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

2. Within 3 months for Clinic 275 and one year for other clinics.

Table 4.3

Number of people seen¹ with *no previous HIV antibody test*, percent tested for HIV antibody for the first time, and number (percent) newly diagnosed with HIV infection, by sex and exposure category, during the quarter 1 April 1995 to 30 June 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	328	-	41.8	-	1	-	1	0.7
Homosexual/bisexual contact and ID use	21	-	61.9	-	1	-	1	7.7
ID use (female and heterosexual male)	105	46	59.0	63.0	0	0	0	0.0
Heterosexual contact	1992	1559	48.1	52.5	1	1	2	0.11
<i>outside Australia</i> ²	157	105	52.9	51.4	0	1	1	0.73
<i>within Australia only</i>	1835	1454	47.7	52.6	1	0	1	0.06
Sex worker	-	92	-	75.0	-	0	0	0.0
Sex worker and ID use	-	8	-	50.0	-	0	0	0.0
Other/undetermined	881	705	19.1	20.3	2	1	3	0.96
TOTAL	3327	2410	40.5	44.1	5	2	7	0.29

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

2. Within 3 months for Clinic 275 and one year for other clinics.

Table 4.4

Number of people seen¹, number of people tested for HIV antibody and number of people newly diagnosed with HIV infection, by sex and age group, during the quarter 1 April 1995 to 30 June 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	260	628	116	299	1	0	1
20 - 29	3129	2678	1591	1411	3	0	3
30 - 39	2025	989	991	522	2	1	3
40 - 49	895	370	421	199	0	0	0
50 - 59	307	104	136	48	0	1	1
60 +	163	38	63	16	1	0	1
Unknown	3	3	1	1	0	0	0
TOTAL	6782	4810	3319	2496	7	2	9

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

Table 4.5
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 April 1995 to 30 June 1995.

EXPOSURE CATEGORY	Tested for HIV antibody		Not tested for HIV antibody	
	Male	Female	Male	Female
Homosexual/bisexual contact	13	-	14	-
Homosexual/bisexual contact and ID use	0	-	1	-
ID use (female and heterosexual male)	3	5	3	3
Heterosexual contact outside Australia ²	51	31	47	22
<i>within Australia only</i>	12	4	5	3
Sex worker	39	27	42	19
Sex worker and ID use	-	15	-	5
Other/undetermined	-	0	-	0
	4	3	8	2
TOTAL	71	54	73	32

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 5.1

Number of diagnoses of gonorrhoea in sentinel sexual health centres¹ during the quarter 1 April 1995 to 30 June 1995, by sex, exposure category and HIV antibody status.

CHARACTERISTICS OF CASES	1 Apr 95 – 30 Jun 95		
	Male	Female	Total
EXPOSURE CATEGORY²			
Homosexual/bisexual contact	8	0	8
Homosexual/bisexual contact and ID use	1	0	1
ID use (female and heterosexual male)	0	1	1
Heterosexual contact ³	19	4	23
<i>outside Australia</i>	2	1	3
<i>within Australia only</i>	17	3	20
Sex worker	0	6	6
Sex worker and ID use	0	0	0
HIV ANTIBODY STATUS			
Positive	2	0	2
Negative	12	4	16
Unknown	14	7	21
Total⁴	28	11	39

1. Participating clinics provided data on 9,011 male attendances with 5,180 male patients seen and 7,525 female attendances with 4,514 female patients seen. Participating clinics this quarter: Clinic 275, Adelaide, SA; Clinic 34, Darwin, NT; Gold Coast Sexual Clinic, Gold Coast, QLD; Kirketon Road Centre, Sydney, NSW; The Livingstone Rd Clinic, Sydney, NSW; Melbourne Sexual Health Clinic, Melbourne, VIC; Sydney Sexual Health Centre, Sydney, NSW; St George Sexual Health Clinic, Kogarah, NSW; Nowra Sexual Health Clinic, Nowra; 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 5.2

Number of diagnoses of early syphilis¹ in sentinel sexual health centres during the quarter 1 April 1995 to 30 June 1995, by sex, exposure category and HIV antibody status.

CHARACTERISTICS OF CASES	1 Apr 95 – 30 Jun 95		
	Male	Female	Total
EXPOSURE CATEGORY²			
Homosexual/bisexual contact	2	0	2
Homosexual/bisexual contact and ID use	0	0	0
ID use (female and heterosexual male)	0	0	0
Heterosexual contact	2	2	4
<i>outside Australia</i>	1	0	1
<i>within Australia only</i>	1	2	3
Sex worker	1	0	1
Sex worker and ID use	0	0	0
HIV ANTIBODY STATUS			
Positive	1	0	1
Negative	3	1	4
Unknown	1	1	2
Total	5	2	7

1. Early syphilis includes cases diagnosed as primary, secondary or early latent infection only.
2. See footnotes Table 5.1.

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

Table 6.1
Number of new diagnoses of HIV infection in blood donors by State/Territory, cumulative to 30 June 1995, and for two previous yearly intervals.

STATE/ TERRITORY	1 Jul93 – 30 Jun 94	1 Jul94 – 30 Jun 95	1 May 85 – 30 Jun 95
ACT	0	0	1
NSW	1	2	34
NT	0	1	1
QLD	1	3	18
SA	0	0	3
TAS	0	0	0
VIC	2	0	12
W A	0	0	6
TOTAL	4	6	75

Table 6.2
Number of HIV antibody tests conducted in Blood Transfusion Services by State/ Territory and calendar interval.

STATE/ TERRITORY	1 Jul 93 – 31 Mar 94	1 Apr 94 – 30 Jun 94	1 Jul 93 to 30 Jun 94
ACT	11298	3719	15017
NSW	220239	70117	290356
NT	6747	2296	9043
QLD	136409	41907	178316
SA	73195	22715	95910
TAS	18616	5906	24522
VIC	181870	58853	240723
W A	59164	18652	77816
TOTAL	707538	224165	931703

STATE/ TERRITORY	1 Jul 94 – 31 Mar 95	1 Apr 95 – 30 Jun 95	1 Jul 94 to 30 Jun 95
ACT	11968	3812	15780
NSW	209244	73641	282885
NT	5733	2290	8023
QLD	135027	42590	177617
SA	69772	21251	91023
TAS	18130	6909	25039
VIC	170788	54296	225084
W A	56217	20595	76812
TOTAL	676879	225384	902263

Table 6.3
Number of HIV antibody tests conducted in Public Health Laboratories by State/ Territory and calendar interval.

STATE/ TERRITORY	1 Jul 93 – 31 Mar 94	1 Apr 94 – 30 Jun 94	1 Jul 93 to 30 Jun 94
ACT	7541	2576	10117
NSW	252333	87148	339481
NT	7710	2639	10349
QLD	91720	39351	131071
SA	64957	22728	87685
TAS	10325	3617	13942
VIC	120157	37150	157307
W A	54157	19302	73459
TOTAL	608900	214511	823411

STATE/ TERRITORY	1 Jul 94 – 31 Mar 95	1 Apr 95 – 30 Jun 95	1 Jul 94 to 30 Jun 95
ACT	7599	2508	10107
NSW	249701	66161	315862
NT	9460	3627	13087
QLD	122702	39926	162628
SA	28035	2282	30317
TAS	10243	3280	13523
VIC	83842	31212	115054
W A	59301	23417	82718
TOTAL	570883	172413	743296

Public Health Laboratories for which counts were partially unavailable:

STATE/ TERRITORY	WEEKS	YEAR	Public Health Laboratory
NSW	41-52, 1-27	1994,1995	Hanly Moir Pathology
	1-27	1995	St Vincent's Hospital
	25-27	1995	Royal Newcastle Hospital
	25-27	1995	Sydney Diagnostic Service
QLD	52, 1-12	1993,1994	Queensland State Health Laboratory
	21-27	1995	Cairns Base Hospital
SA	33-52,1-27	1994,1995	Clinpath Laboratories
	49-52, 1-27	1994,1995	Institute of Medical and Veterinary Science
VIC	1-27	1995	Gribbles Pathology
	25-27	1995	Royal Melbourne Hospital

REPORT FROM WHO WESTERN PACIFIC REGION

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

Table 7.1

AIDS and HIV in the WHO Western Pacific Region by country; based on reports available at 30 June 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	5789	226	38	6035	32.8	19087
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	105
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	69	65	3	134	3.3	308
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	2
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	2
TOTAL[†]	7951	517	61	8699	0.5	43954

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 30 June 1995.

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National Centre in HIV Epidemiology and Clinical Research

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NOTES

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

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

Sentinel surveillance is carried out by six 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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