Sexually Transmitted Diseases Services
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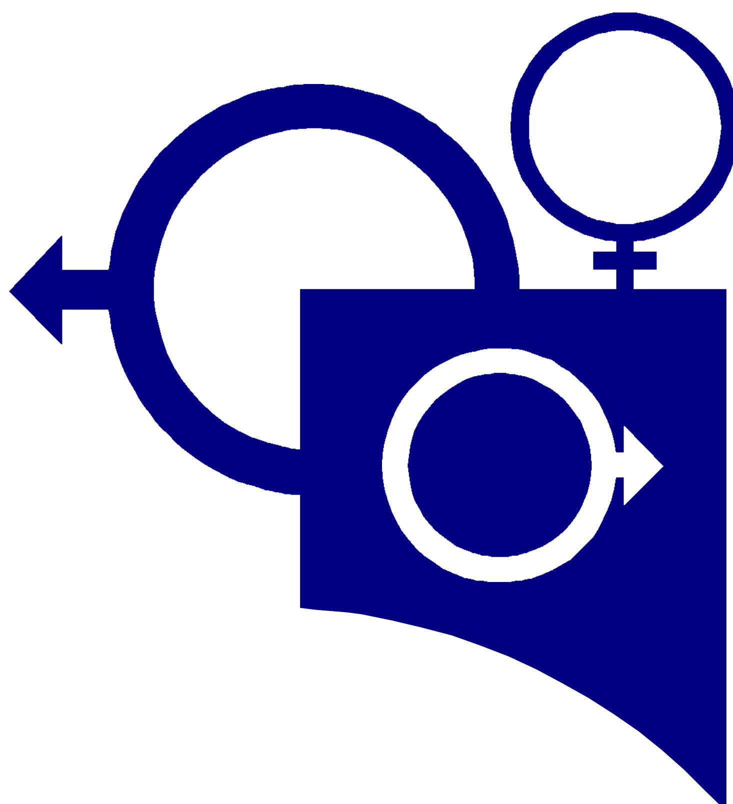

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Internet sites allow access to, and presentation of educational matter about sexually transmitted diseases in a setting controlled by the user. Regardless of the amount of content, some questions cannot be answered by searching a web site. The article this quarter examines the content of questions posed by visitors to stdservices.on.net.

Electronic mail received by STD Services, January 1999 – May 2000

Use of e-mail by STD Services

The STD Services web site (stdservices.on.net), was described in a previous STD Services Quarterly Surveillance Report.[1] Each page of the web site includes a general e-mail address for STD Services, hence visitors to the site can send e-mail addressing sexual health concerns. Messages to the STD Services e-mail address are received by an administrative officer and forwarded to an appropriate staff member (Director, medical officer, trials nurse, etc.) for further action. Since January 1999, copies of all messages and replies have been retained. This article considers e-mail messages received by STD Services in the period January 1999 to May 2000.

Rationale for analysis of e-mail messages

The publication of a web site has provided numerous benefits for STD Services, its clients, referring health workers, South Australian students and members of the South Australian community affected by STDs. [1] Analysis of unsolicited e-mail sent by visitors to the site gives an insight into the benefits that STD Services can provide via its web site on local, national and international levels.

From e-mails of site visitors we gain an impression of the audience (type, location of person), information of interest to users and the purpose for seeking information on the web site. We can then deduce whether web site information is reaching our target audience, the conditions/issues of concern to site visitors and whether resources available to local visitors are adequately addressing these issues.

Questions raised (and not always easily answered) include:

- Who is the target audience of the STD Services web site?
- Is responding to e-mail an efficient use of STD Services resources? How does STD Services gain by providing this service?
- Could people e-mailing from other countries be more appropriately served by services closer to home?
- Should STD Services take responsibility for advising e-mail correspondents? Is it appropriate to offer diagnostic and management advice in situations where a medical consultation is not possible or the person refuses to seek face-to-face care?
- What are the medicolegal implications?

This article offers suggestions for management of e-mail correspondence from visitors to the STD Services web site.

Results

Some limitations apply when considering e-mail content and source. E-mail messages are an unstructured medium; senders do not provide a standard set of information. Information volunteered in some messages (for example, the sender is a client of Clinic 275) may not be specified in others. The country of origin of the message is not always apparent. (When the country of origin was not specified, the message was assumed to come from the USA.) Messages may deal with more than one subject and not all categories analysed were mutually exclusive or easily defined.

The characteristics of messages examined were:

- nature/subject of message
- condition under consideration (where specified)
- occupation of sender
- STD status of sender (for example, person with STD, person with undiagnosed condition, person with a history of STD risk activity)
- country of origin.

From January 1999 to May 2000, 201 e-mail messages were received from visitors to the STD Services web site. In two e-mails, (1%) the sender identified as a previous client of Clinic 275.

Table 1: Subject of message

Subject content	Messages No.	%
Request - information about a nominated condition	60	28
Request - diagnosis for described symptoms	36	17
Herpes vaccine: requesting vaccination or wanting to take part in clinical trial	23	11
Request - assessment of STD risk for a described behaviour	23	11
Request - information for a school / university project	21	10
Request - management advice for a diagnosed condition (for self or others)	12	5
Request - referral to other clinics/services	8	4
Comment/query on web site	7	3
Request - statistics about STDs	7	3
Request - information about STD Services	6	3
Other eg.non-STD sexual health, anatomy, sexual dysfunction	6	3
Request - information about STD check-ups	3	1
Request - that medication be sent	2	<1
Request - to copy information from web site	2	<1
Request - health worker advice (for client)	1	<1
Total	217	

Not all e-mail messages specified an STD, many referred to STDs in general, and some specified multiple conditions. Table 2 lists STDs named in e-mails, in order of frequency.

Table 2: Most common STD enquiries.

Specified STD	Number	%
Herpes	51	37
Warts / HPV	20	14
Chlamydia	17	12
Pediculosis pubis	9	6
Trichomoniasis	8	6
Syphilis	7	5
Gonorrhoea	6	4
Scabies	6	4
HIV	5	4
Molluscum contagiosum	3	2
NSU	2	1
Vaginal candidiasis	2	1
Bacterial vaginosis	1	<1
Hepatitis B	1	<1
Hepatitis C	1	<1
Total	139	

Details of correspondents

Occupational information was provided in 42 (21%) e-mail messages and information relating to STD status was stated in 96 (48%) messages. Eighty messages (40%) gave no details of the sender's occupation or STD status. The majority were students (25), one identified as a medical practitioner and another as a nurse.

Table 3: STD status of e-mail correspondents

Sender's STD status	Number	%
Person with undiagnosed condition[a]	39	41
Person with STD[b]	33	34
Friend/family/partner of person with STD	15	16
Person potentially at risk[c]	9	9
Total	96	

Notes: [a] described symptoms attributable to STD
[b] confirmed diagnosis of STD, specified in the e-mail message
[c] described a particular incident or behaviour, and requested assessment of likely STD transmission.

Country of origin

The majority of e-mails originated in the United States of America (146, 73%) whilst 28% were from Australia. South Australia was the place of origin for 6 (3%) messages. Two percent of e-mails came from each of the United Kingdom, Canada and Indonesia. Single messages originated from 17 different countries, such as Turkey, Bermuda and Japan.

Discussion

Managing requests for information

Requests for information from STD Services fall into two categories, general STD information and information relating to individuals.

E-mail and the world wide web are appropriate media for dissemination of general information, and STD Services can play an important role in community sexual health education by responding to requests. STD information can be researched by consulting reference material, such as diagnosis and management guidelines, basic STD facts and statistics. These represent the most common information requests received by STD Services (Table 1).

In many cases, the information requested is already available on the STD Services web site. The strategy for dealing with requests of this type is to refer the enquirer to specific sections of the web site. This reduces the need to individually supply existing information, and usually provides information additional to that requested. As an example, a request for herpes information is directed to stdservices.on.net/std/herpes. As this is the condition which generates the most requests for information, the herpes section of the STD Services web site contains a relatively large amount of information and suggestions for further research (books and web sites).

Information relating to individual cases requires consultation with a health worker. It is not appropriate to offer diagnosis or management advice or offer an assessment of STD risk because of inability to perform a physical examination, take a detailed history or perform investigations. To date, the approach of STD Services has been to respond to such enquiries with a standard message explaining the difficulty of assessment by e-mail and recommending that the person consult a doctor. This approach, while providing appropriate clinical advice and helping STD Services avoid medicolegal liability for misdiagnosis, may prove unsatisfying to the person concerned about STD.

An alternative approach might direct correspondents to a designated section of the STD Services web site which gives a range of possible diagnoses for given symptoms, reinforces the need to consult a doctor for diagnosis and provides an opportunity for further research of the conditions. The *"Should I see a doctor?"* section of the STD Services web site (stdservices.on.net/see_doctor) has been designed to offer such a service. The section includes a legal disclaimer as well as links to pages describing the STD check-up process.

An improved method for managing information requests may be to use automatically generated responses to direct the person to a specific area of the web site, thus sparing STD Services administrative resources. Different responses, triggered by particular words in the subject line of received e-mail messages, could direct the enquirer to a suitable area of information content. In most cases, this would obviate the need to manually reply to individual messages.

Demographics and target audience

As relatively few correspondents volunteered information relating to occupational or STD status (Table 3), it is difficult to comment on the readership of the STD Services web site. From the e-mail data, it seems few health professionals request information.
STD Services currently targets health workers preferentially with its printed publications (Diagnosis and Management Guidelines, Quarterly Surveillance Reports,

Epidemiologic Reports). These publications are also published and updated on the web site. It may therefore be appropriate to further promote the STD Services web site to health professionals. In addition, STD Services needs to be mindful that most visitors to its web site are not necessarily familiar with specialist health-related literature, and the site should reflect the needs of this readership. Basic information about STDs should be easy to find and regularly updated.

Geographic considerations

The majority of e-mail received by STD Services comes from the USA. This implies that STD Services web site's main use is dissemination of general STD information, rather than local information such as Clinic 275 opening hours and South Australian STD statistics. However, the publication of local information is a major function of STD Services, with printed publications relating to local STD information being distributed regularly. Wider promotion of the web site at a local level (eg. establishment of a local mailing list advising of new information on the site) may increase use of the site by South Australians.

As the majority of internet users are North American, the preponderance of e-mail correspondence from the USA is likely to continue. STD Services resources will continue to be expended on the management of e-mail sent from other countries, hence a philosophical rather than economic viewpoint is possibly indicated.

- If an STD is treated or prevented due to information obtained from STD Services, this is a worthwhile outcome, irrespective of the location of the person.
- International recognition of our service and web site comes at the price of receiving e-mails from people in other countries.

Future strategies

Future management of e-mail from visitors to the STD Services web site should focus on reducing unnecessary expenditure of resources whilst gathering information to analyse ongoing use of the site.

Strategies for achieving these objectives include:

- automated responses, based on key words in the message, directing the sender to suitable areas of the STD Services web site,
- replacement of the free-text e-mail message format with an on line form requesting a standard set of information from all correspondents,
- disclaimers and warnings about the limitations of STD Services resources and e-mail as a mode of STD diagnosis and management, enforced as a reading before an e-mail or a form can be sent from the web site.

Reference

1. Miller C, Copland J. *STD Services web site*. STD Services Quarterly Surveillance Report. No. 13, July-September 1999

Chris Miller, Clinic 275

May 2000

HIV INFECTION IN SOUTH AUSTRALIA

HIV Infection 1985 - 31/03/00

In South Australia 745 individuals have been diagnosed with HIV infection, 682 (92%) males and 63 (8%) females. Of the males, 519 (76%) reported male-to-male sexual contact, 55 (8%) reported injecting drug use and 28 (4%) reported both risk factors. Injecting drug use was reported by 23 (37%) females diagnosed with HIV infection and 33 (52%) reported heterosexual transmission.

HIV Infection 01/01/00 - 31/03/00

Seven males were diagnosed with HIV infection in the first quarter of this year. Three of the men acquired their infection in the preceding 12 months (Table 1.3).

Laboratory Screening For HIV Infection 01/01/00 - 31/03/00.

During the first quarter of 2000, 20765 screening tests were performed; 9510 (46%) on males, 11167 (57%) on females, and 88 tests on individuals whose sex was unknown (Table 1.4).

Table 1.1 HIV infection detected in South Australia, 1985 - 31/03/00. Exposure category by sex.

Exposure category	Male		Female		Total	
	No.	%	No.	%	No.	%
Homosexual contact	519	76	na		519	70
Homosexual contact/IDU	28	4	na		28	4
Heterosexual contact	39	6	33	52	72	10
IDU	55	8	23	37	78	10
Blood products	7	1	2	3	9	1
Other	4	1	3	5	7	1
Unknown	30	4	2	3	32	4
Total	682		63		745	

na not applicable

Table 1.2 HIV infection detected in South Australia, 01/01/00 - 31/03/00. Exposure category by sex.

Exposure category	Male
Homosexual contact	5
Heterosexual contact	2
Total	7

Table 1.3 HIV infection detected in South Australia, 01/01/00 - 31/03/00. Testing history by age at diagnosis.

Testing history	Age group (years)		
	<25	25-39	≥40
Negative < 12 months	1	2	-
No previous test	-	1	1
Negative > 12 months	-	-	1
Known positive overseas	-	1	-
Total	1	4	2

Table 1.4 Summary of HIV antibody tests, 01/01/00 - 31/03/00. Laboratory by sex.

Laboratory	Male	Female	Unknown	Total
Private	4606	5333	-	9939
Public	4904	5834	88	10826
Total	9510	11167	88	20765

Table 1.5 Number of new diagnoses of HIV infection by sex[1] and State/Territory, cumulative to 30 September 1999, and for two previous yearly intervals. (From HIV Surveillance Report, Feb, 2000).

State / Territory	1 Oct 97 – 30 Sep 98 Male	1 Oct 97 – 30 Sep 98 Female	1 Oct 97 – 30 Sep 98 Male	1 Oct 97 – 30 Sep 98 Female	Cumulative to 30 Sep 99 Male	Cumulative to 30 Sep 99 Female	Cumulative to 30 Sep 99 Total	Cumulative to 30 Sep 99 Rate[2]
ACT	5	1	7	4	192	25	217	70.4
NSW[3]	339	35	287	32	10712	595	11587	181.7
NT	7	3	8	1	107	9	116	60.6
QLD	98	16	95	11	1945	142	2094	60.1
SA	29	4	23	6	669	61	730	49.0
TAS	2	0	2	2	79	6	85	18.0
VIC[4]	127	9	138	13	3847	211	4095	87.4
WA	35	19	24	7	893	111	1007	54.6
Total[5]	**642**	**87**	**584**	**76**	**18444**	**1160**	**19931[6]**	**105.7**

1. Forty one people (19 NSW, 7 QLD, 13 VIC and 3 WA) whose sex was reported as transgender are included in the total column.
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 261 people whose sex was not reported.
4. Cumulative total for VIC includes 24 people whose sex was not reported.
5. Cumulative total for Australia includes 285 people whose sex was not reported.
6. Estimated number of new diagnoses of HIV infection, adjusted for multiple reports, was 17,200 (range 16,800 to 17,600). Reference: Law MG, McDonald AM and Kaldor JM. Estimation of cumulative HIV incidence in Australia, based on national case reporting. *Aust NZJ Public Health* 1996; 20: 215-217.

Table 1.6 Report from WHO Western Pacific Region

Dr G Poumerol, Regional Advisor, WHO Regional Office, Manila.

AIDS and HIV in the WHO Western Pacific Region by country; based on reports available at 30 September 1999. (From Australian HIV Surveillance Report, January, 2000.)

Country/ Area	Cumulative AIDS Cases Male	Female	Children <13 Years	Total	AIDS Rate[1]	Cumulative Diagnoses HIV
American Samoa	-	-	-	-	-	-
Australia	7826	351	45	8200	43.2	19931
Brunei	11	1	-	12	3.1	498
Cambodia	108	23	333	4834	4.2	24028
China	269	18	1	417	-	12639
Cook Islands	-	-	-	-	-	-
Fed. S. Micronesia	2	-	-	2	1.8	2
Fiji	2	1	-	8	1.0	43
French Polynesia	4	-	-	54	24.9	174
Guam	45	4	-	60	29.6	129
Hong Kong	314	35	5	409	4.2	1255
Japan	1007	162	12	2065	1.2	6019
Kiribati	3	1	-	10	2.6	25
Laos	42	29	2	105	0.7	367
Macao	11	2	-	17	2.2	197
Malaysia	1696	108	34	2894	3.0	30593
Marshall Islands	1	1	-	2	3.8	9
Mongolia	-	-	-	1	-	2
Nauru	-	-	-	-	-	1
New Caledonia	52	14	2	67	26.9	189
New Zealand	657	37	5	694	18.9	1396
Niue	-	-	-	-	-	-
N. Mariana Islands	4	1	-	8	10.4	15
Palau	1	-	-	1	5.8	1
Papua New Guinea	215	196	21	618	5.4	1741
Philippines	219	123	7	404	0.5	1259
Rep. of Korea	104	11	-	145	0.1	964
Samoa	4	2	2	6	3.7	10
Singapore	389	30	4	484	9.2	930
Solomon Islands	-	-	-	-	-	2
Tokelau	-	-	-	-	-	-
Tonga	7	1	-	8	6.1	11
Tuvalu	-	-	-	-	-	1
Vanuatu	-	-	-	-	-	-
Vietnam	1008	157	8	2736	1.0	14509
Wallis and Futuna	1	-	-	1	7.1	2
TOTAL	**14002**	**1308**	**481**	**24264**	**0.8**	**116942**

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

HEPATITIS C SURVEILLANCE IN SOUTH AUSTRALIA

Hepatitis C Medical Notification 01/01/00 - 31/03/00

In the first quarter of 2000, medical notifications of hepatitis C infection were received for 323 individuals, 204 (63%) males and 119 (37%) females. Data from medical notifications show 237 (73%) individuals were first diagnosed with hepatitis C infection during this period.

Among the 323 notifications, 117 individuals reported a positive hepatitis C test for the first time in 2000 while 42 individuals had earlier, positive tests (before 1995). Forty-four individuals reported a previous negative test; in 15 cases, more than 12 months earlier, and 29 within the last year. In a further 120 cases the testing history was unknown. In 199 (71%) instances, past or present injecting drug use was reported as a likely transmission route for hepatitis C virus (Table 2.1).

At the time of diagnosis, the majority of individuals were aged between 20 and 39 years, 117 (67%) males and 63 (59%) females (Table 2.2). Nineteen females (18%) were aged less than twenty years, of these, 18 had a history of injecting drug use.

Newly acquired infections - Incident Cases

During the quarter, 29 incident cases (infection acquired in the previous 12 months) were identified by negative serology within the last 12 months. The incident cases comprised 13 females and 16 males. The probable mode of transmission for hepatitis C virus was injecting drug use in 25 (86%) cases (Table 2.3). In three cases no recent exposure to hepatitis C was identified. The most common age-group at diagnosis was 20 to 29 years. Four females and two males were aged less than 20 years at the time of diagnosis (Table 2.4).

Collated laboratory data for hepatitis C antibody tests performed during the quarter are shown in Table 2.5.

Table 2.1 Hepatitis C infection, 01/01/00 - 31/03/00. Exposure category by sex.

Exposure category	Male		Female		Total	
	No.	%	No.	%	No.	%
IDU*	132	75	67	62	199	71
Blood transfusion/blood products	5	3	15	14	20	7
Tattoos	5	3	5	5	10	4
High prevalence country***	11	6	8	8	19	7
Other**	6	4	4	5	10	3
Unknown	15	9	8	8	23	8
Total	174		107		281	

* includes IDU in combination with other categories
** includes -, household contact, positive sexual partner, possible occupational exposure
*** residence/medical treatment in a high prevalence country

Table 2.2 Hepatitis C infection, 01/01/00 - 31/03/00. Age group by sex.

Age group (years)	Male		Female		Total	
	No.	%	No.	%	No.	%
10 - 19	4	2	19	18	23	8
20 - 29	54	31	31	29	85	30
30 - 39	63	36	32	30	95	34
40 - 49	39	23	11	10	50	18
≥ 50	14	8	14	13	28	10
Total	174		107		281	

Table 2.3 Newly acquired infections (Incident cases*) of hepatitis C, 01/01/00 - 31/03/00. Exposure category by sex.

Exposure category	Male	Female	Total
IDU	14	11	25
Sex partner hepatitis C positive	1	-	1
Not identified	1	2	3
Total	16	13	29

* Incident cases are newly acquired infections, see text

Table 2.4 Newly acquired infections (Incident cases*) of hepatitis C, 01/01/00 - 31/03/00. Age group by sex.

Age group (years)	Male	Female	Total
10 - 19	1	4	5
20 - 29	11	6	17
30 - 39	4	2	6
40 - 49	-	1	1
Total	16	13	29

* Incident cases are newly acquired infections, see text

Table 2.5 Summary of hepatitis C antibody tests, 01/01/00 - 31/03/00. Laboratory by sex.

Laboratory	Male	Female	Unknown	Total
Private	4138	3984	-	8122
Public	5197	5610	70	10877
Total	9335	9594	70	18999

HEPATITIS B SURVEILLANCE IN SOUTH AUSTRALIA

Hepatitis B Medical Notification 01/01/00 - 31/03/00

During the first quarter of 2000, 51 hepatitis B medical notifications were received. Of these, only one was an acute clinical case of hepatitis B infection (Tables 3.1, 3.2). A further ten were reports of chronic carriers of greater than twelve months duration, who had been previously diagnosed but not notified. Reports of antigen positivity of uncertain duration accounted for 40 cases (Table 3.3).

Of the 40 reports of antigen positivity of uncertain duration, 20 tested surface antigen positive for the first time this quarter and the testing history was unknown for the remaining 20 cases. Among the 20 individuals who tested surface antigen positive for the first time, but were not acute cases, the racial origin of 12 was reported as Asian (Table 3.4).

The number of hepatitis B surface antigen tests performed by laboratories for this quarter is shown in Table 3.5.

Table 3.1 Acute hepatitis B infection, 01/01/00 - 31/03/00. Exposure category by sex.

Exposure category	Male	Female	Total
Overseas Travel	1	-	1
Total	1	-	1

Table 3.2 Acute hepatitis B infection, 01/01/00 - 31/03/00. Age group by sex.

Age group (years)	Male	Female	Total
20 - 29	1	-	1
Total	1	-	1

Table 3.3 Hepatitis B infection, 01/01/00 - 31/03/00. Case category by sex.

Case category	Male	Female	Total
Acute Infection	1	-	1
Antigen positivity - uncertain duration	21	19	40
Chronic carriers - >12 months duration	6	4	10
Total	28	23	51

Table 3.4 Individuals who tested hepatitis B surface antigen positive for the first time, 01/01/00 - 31/03/00. Race by sex.

Racial origin	Male	Female	Total
Aboriginal	-	2	2
Asian	7	5	12
Caucasian	5	-	5
Other	-	1	1
Total	12	8	20

Table 3.5 Summary of hepatitis B surface antigen tests, 01/01/00 - 31/03/00. Laboratory by sex.

Laboratory	Male	Female	Unknown	Total
Private	4540	5979	-	10519
Public	4951	6996	96	12043
Total	9491	12975	96	22562

GENITAL CHLAMYDIAL INFECTION IN SOUTH AUSTRALIA

Genital Chlamydial Infection 01/01/00 - 31/03/00

Between 1 January and 31 March 2000, 251 cases of chlamydial infection were notified by medical practitioners to STD Services. One hundred and ten cases (44%) occurred in males and 141 (56%) in females (Table 4.1). This data is consistent with the expected incidence and sex ratios based on data for the period 1995-99.

Males and females aged less than 30 years accounted for 66% and 89% of cases of genital chlamydial infection, respectively (Table 4.1). The racial origin of 185 cases (74%) was reported as Caucasian. The infection was reported as being acquired in South Australia for 218 cases (87%).

The number of laboratory tests for genital chlamydia performed during this quarter is shown in Table 4.2.

Table 4.1 Genital chlamydial infection in South Australia, 01/01/00 - 31/03/00. Age group by sex.

Age group (years)	Male	Female	Total
15 - 19	9	49	58
20 - 24	40	55	95
25 - 29	24	21	45
30 - 34	17	7	24
35 - 39	7	5	12
≥40	13	4	17
Total	110	141	251

Table 4.2 Summary of laboratory tests for genital chlamydia, 01/01/00 - 31/03/00. Laboratory by sex.

Laboratory	Male	Female	Total
Private	609	2176	2785
Public	1321	3586	4907
Total	1930	5762	7692

GONOCOCCAL INFECTION IN SOUTH AUSTRALIA

Gonococcal Infection 01/01/00 - 31/03/00

Between 1 January and 31 March 2000, 79 cases of gonococcal infection were notified to STD Services by laboratories (Table 5.1). This compares with a range of 45 to 76 infections per quarter notified during 1999. The reported infections included one case each of gonococcal bacteraemia and septic arthritis.

Forty nine (62%) cases occurred in males, and 30 (38%) in females (Table 5.1). The male to female ratio of 1.6:1 compares to a quarterly ratio range of between 1:1 and 3:1 during 1999.

Gonococcal infection in males was distributed across age strata with 2 peaks noted; in the age group 25 - 29 years and ≥40 years. Among females, 90% of cases occurred in those aged less than 35 years, with 43% of cases occurring in the age group 15-19 years (Table 5.1).

Medical notifications were received for only 53 (67%) cases reported by laboratories, thus demographic data are not yet known for 23% of cases. Data on racial origin and proportion of males reporting male-to-male have not been analysed because of bias introduced by missing data. These demographic characteristics will be analysed in the Quarterly Surveillance Report April - June 2000.

Of the 53 cases reported by medical practitioners to date, the majority (81%) of infections were acquired in South Australia.

Table 5.1 Gonococcal infection detected in South Australia, 01/01/00 - 31/03/00. Age group by sex.

Age group (years)	Male	Female	Total
<15	-	1	1
15 - 19	9	13	22
20 - 24	8	6	14
25 - 29	12	4	16
30 - 34	6	3	9
35 - 39	2	-	2
≥40	12	3	15
Total	49	30	79

CLINIC 275 ACTIVITY REPORT

Table 6.1 Clinic 275 - Summary Statistics.

Diagnosis	01/01/00 - 31/03/00		
	Male	Female	Total
No illness	503	318	821
HIV	1	-	1
Gonorrhoea	11	1	12
Syphilis	1	-	1
Herpes	23	23	46
Chlamydia	25	13	38
NSU	30	na	30
Warts	185	66	251
Trichomoniasis	-	3	3
Candida vaginitis	na	79	79
Crabs	21	3	24
Scabies	1	-	1
Molluscum	42	9	51
Bacterial vaginosis	na	52	52
Hepatitis B antigen positive	3	1	4
Hepatitis C infection - incident	1	-	1
new diagnosis	5	-	5
known Hep C	11	11	22
Urethral irritation	67	na	67
Balanitis	57	na	57
Non STD illness	142	64	206
Post coital contraception	na	47	47
Abnormal Pap smear	na	24	24
Other/Uncertain	27	27	54
Clinic attendances	1926	1250	3176
Episodes of care	1083	664	1747
Individual clients	1008	625	1633

na not applicable

Note: A client may have more than one diagnosis for an episode of care. An individual client may have several episodes of care each requiring one or more attendances. Data on episodes of care and individual clients are from the computerised casenotes system based on date of first visit for an episode of care. Clinic attendances were obtained from the daybook for the time period covered by this report.

Table 6.2 Males diagnosed with chlamydia, gonorrhoea or syphilis at C275, 01/01/00 - 31/03/00. Exposure category by infection.

Exposure category	No.	Chlamydia	Syphilis	Gonorrhoea
Homosexual, IDU	13	-	-	1
Homosexual	148	-	-	8
Bisexual	50	1	-	1
Heterosexual, IDU	117	3	-	-
Heterosexual, O/S#	86	6	-	-
Heterosexual	632	15	1	1
Total		25	1	11

Overseas contact in the previous 12 months.

Table 6.3 Males diagnosed with hepatitis C, hepatitis B* or HIV infection at C275, 01/01/00 - 31/03/00. Exposure category by infection.

Exposure category	No.	Hepatitis C New diagnosis	Hepatitis B Previous exposure**	Hepatitis B Carrier	HIV
Homosexual	148	-	7	-	1
Bisexual	50	-	4	-	-
Bisexual, IDU	6	-	1	-	-
Heterosexual, IDU	117	4	3	-	-
Heterosexual, O/S#	86	-	3	-	-
Heterosexual	632	1	17	2	-
Other	31	-	-	1	
Total		5	35	3	1

* No case of acute hepatitis B diagnosed during the quarter.
** Refers to previous infection, now surface antibody positive.
# Overseas contact in the previous 12 months.

Table 6.4 Females diagnosed with chlamydia, gonorrhoea or syphilis* at C275, 01/01/00 - 31/03/00. Exposure category by infection.

Exposure category	No.	Chlamydia	Gonorrhoea
Heterosexual, IDU#	56	2	-
Heterosexual	468	9	-
Sex worker, IDU	11	1	1
Other	54	1	-
Total		13	1

* No case of syphilis diagnosed during the quarter.
# Overseas contact in the previous 12 months.

Table 6.5 Females diagnosed with hepatitis C*, hepatitis B* or HIV* infection at C275, 01/01/00 - 31/03/00. Exposure category by infection.

Exposure category	No.	Hepatitis B Previous exposure**	Hepatitis B Carrier
Heterosexual, IDU	56	4	-
Heterosexual, O/S#	56	1	-
Heterosexual	468	8	1
Sex worker, IDU	11	1	-
Other	54	1	-
Total		15	1

* No cases of HIV, acute hepatitis B, or Hepatitis C diagnosed during reporting period
** Refers to previous infection, now surface antibody positive
# Overseas contact in the previous 12 months.

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