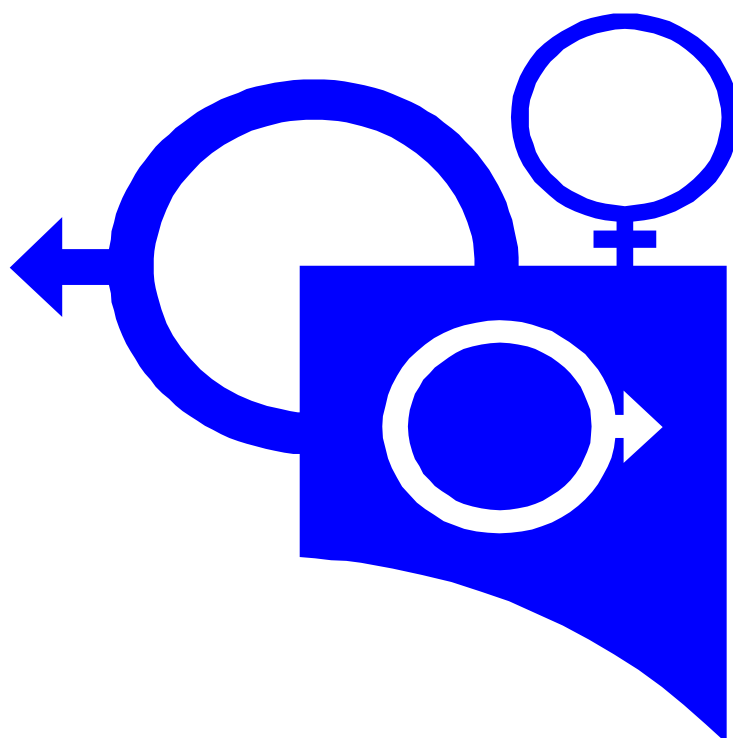


Sexually Transmitted Diseases Services Quarterly Surveillance Report

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Interpreters and sexual health

Interpreting services function to bridge the communication gap between English speaking professionals and non-English speaking clients.

In Australia, appropriately qualified and accredited interpreters can be accessed 24 hours, 7 days a week through the Translating and Interpreting Service (TIS), which operates in each state and territory. Interpreter assistance can be provided either over the telephone or in person at a specified location. Telephone use provides the widest range of interpreters as it is independent of location. A minimum of 24 hours notice is required for an on-site interpreter. The TIS also undertakes other types of translations such as correspondence from English to other languages or vice versa.

The role of the interpreter is to facilitate accurate communication between people speaking different languages, taking into account cultural sensitivities. When using interpreters in consultations and interviews related to sexually transmitted diseases further consideration must be given to the feelings and reactions of the client. Shame and guilt are commonly experienced after diagnosis of a sexually transmitted disease (STD) these feelings may be exacerbated by the physical presence of an interpreter.

Although both health personnel and interpreters have professional training, religion and culture may create strong barriers based on gender that preclude open discussion about topics of an intimate nature. During an interview, for example, for an STD check-up or an interview to elicit the names of past sexual partners, the client may be asked to reveal extremely private details, which may generate anxiety. Should a physical examination be required, sensitivity to the cultural and personal needs of the client is essential for what is an intensely personal consultation. In particular, the sex of the interpreter may be just as important as the sex of the doctor examining the client as discussion of sexual matters is confined to single sex groups in some cultures. As many ethnic groups congregate in small communities where all members are known to each other, there is often great concern on the part of the client about confidentiality.

General considerations

- **Language:** many dialects may be spoken in a country, so advice is usually required about which language is appropriate for the client.
- **Political, religious or cultural sensitivities:** the interpreting situation should be arranged to minimise religious and cultural sensitivities which may influence the success of an interview.
- **Specialist knowledge:** access to specialist knowledge eg sexually transmitted diseases, may assist with the success of the interpreting situation.
- **Gender:** in most situations it is advisable to book a female interpreter for a female client and a male interpreter for a male client.

Face-to-face interviews

The decision about whether to use a telephone interpreting service or face-to-face interview is influenced by factors such as whether the non-English speaking client is under physical or mental stress, or a lengthy interview is anticipated. Although it may be preferred to have an interpreter visit for a face-to-face interview, occasionally the urgency of the situation may dictate the interview mode.

Interviewing techniques when using interpreters

Before the interview begins:

- explain the purpose of the interview to the interpreter
- arrange the seating in a culturally appropriate style, generally with participants seated at equal distances from each other so eye contact can be maintained. In some cultures eye contact is inappropriate.
- select a small room in which there will be no interruptions.

During the interview:

- speak directly to the non-english speaking client, not to the interpreter
- speak clearly, slowly and simply using short sentences
- pause at short intervals to allow time for the information to be interpreted
- choose appropriate language for the education level of the client
- avoid slang or jargon
- do not have private discussions with the interpreter
- clarify any problems that arise with the interpreter.

Telephone interviews

To conduct a telephone interview, contact the TIS, explain the purpose of the interview and arrange a connection with an interpreter in the required language.

Telephone interviews using interpreters are usually conducted at the health site, with the health professional and client together in a private room with a common telephone handset and the interpreter connected by telephone from what can be a distant location. Either the handset is transferred between the service provider and the non-english speaking client to enable interpreting to take place, or a speaker system used. Most modern telephone speakers have sufficient clarity to facilitate interpretation.

This medium is more anonymous and the client may have fewer worries about loss of privacy as physical recognition cannot occur and information about their identity is preserved. The sex of the interpreter is less important than for face-to-face interviews.

Telephone interviewing techniques through interpreters

As with direct interviews, the style of language is important; brief sentences at an appropriate level of language are required.

- Sit facing the non-English speaker and watch their body language
- speak in the first person
- ensure clarity of speech to enable the interpreter to hear properly
- keep the amount to be interpreted short
- pause after each sentence so the participants do not talk over each other or cut each other off.

Cost

The cost varies with the type of interpreting service. Clinic 275 does not pass the interpreting fee on to the client, in keeping with the philosophy of STD Services of providing free sexual health care to clients where possible.

Joy Copland
March 2001.

HIV INFECTION IN SOUTH AUSTRALIA

HIV Infection 1985 - 30/12/00

In South Australia, 763 individuals have been diagnosed with HIV infection, 698 (91%) males and 65 (9%) females. Of the males, 532 (76%) reported male-to-male sexual contact, 55 (8%) reported injecting drug use and 30 (4%) reported both risk factors. Heterosexual transmission was reported by 36 (55%) females diagnosed with HIV infection and 23 (35%) females reported injecting drug use (Table 1.1).

HIV Infection 01/10/00 - 31/12/00

Three males were diagnosed with HIV infection during the fourth quarter of this year (Table 1.2). Two of the three reported male-to-male sexual contact as their risk factor and one male reported heterosexual contact as his risk factor (Table 1.2).

One of the males was likely to have acquired his infection within the preceding 18 months (Table 1.3).

Laboratory screening for HIV infection 01/10/00 - 31/12/00

During the fourth quarter of 2000, 17432 screening tests have been performed, 7202 (41%) on males, 10144 (58%) on females and 86 tests on individuals whose sex was unknown (Table 1.4).

Table 1.1 HIV infection detected in South Australia, 1985 - 31/12/2000. Exposure category by sex.

Exposure category	Male		Female		Total	
	No.	%	No.	%	No.	%
Homosexual contact	532	76	na		532	70
Homosexual contact/IDU	30	4	na		30	4
Heterosexual contact	42	6	36	55	78	10
IDU	55	8	23	35	78	10
Blood products	7	1	2	3	9	1
Other	4	1	3	5	7	1
Unknown	28	4	1	2	29	4
Total	698		65		763	

na not applicable

Table 1.2 HIV infection detected in South Australia, 01/10/00 - 31/12/00 and whole year. Exposure category by sex.

Exposure category	4th Quarter 01/10/00 - 31/12/00		Whole year 01/01/00 - 31/12/00	
	Male	Female	Male	Female
Homosexual	2	na	16	na
Homosexual/IDU	-	na	2	na
Heterosexual contact	1	-	3	2
Unknown	-	-	1	-
Total	3	-	22	2

na not applicable

Table 1.3 HIV infection detected in South Australia, 01/10/00 - 31/12/00 and whole year. Testing history by age at diagnosis.

Testing history	4th Quarter 01/10/00 - 31/12/00			Whole year 01/01/00 - 31/12/00		
	Age group (years)			Age group (years)		
	<25	25 - 39	>39	<25	25 - 39	>39
Negative £12 months	-	-	-	1	7*	-
Negative > 12 - = 24 months	1	-	-	2	-	-
Negative >24 months	-	-	1	2	3	2
No previous test	-	-	1	-	3*	3
Known positive overseas	-	-	-	-	1	-
Total	1	-	2	5	14	5

* includes one female

Table 1.4 Summary of HIV antibody tests, 01/10/00 - 31/12/00 and whole year. Laboratory by sex.

Laboratory	4th Quarter 01/10/00 - 31/12/00			Whole year 01/01/00 - 31/12/00			
	Male	Female	Unknown	Male	Female	Unknown	Total
Public	4036	5617	79	18100	22744	408	41252
Private	3166	4527	7	15638	19378	7	35023
Total	7202	10144	86	33738	42122	415	76275

HEPATITIS C SURVEILLANCE IN SOUTH AUSTRALIA

Hepatitis C Medical Notification 01/10/00 - 31/12/00

In the fourth quarter of 2000, 295 medical notifications of hepatitis C infection were received for 177 (60%) males and 118 (40%) females.

Among the notifications, 29 cases were reported as having an earlier positive test (pre-1995), whilst 113 individuals had never been tested before for hepatitis C. In a further 119 cases the testing history was unknown. Of 34 reports of a previous negative test, 19 cases were tested more than 12 months earlier and 15 within the last year.

Among 266 new diagnoses, past or present injecting drug use was reported as a likely transmission route for hepatitis C virus in 188 (71%) instances (Table 2.1).

The majority of individuals were aged between 20 and 39 years at diagnosis, 97 (59%) males and 67 (63%) females (Table 2.2). Of six males and eight females aged less than twenty years (14 cases), 13 had a history of injecting drug use.

Newly acquired infections - Incident cases

Incident cases are identified by seroconversion of hepatitis C antibodies in a 12 month period or positive serology accompanied by acute clinical hepatitis not ascribed to other causes.

Sixteen incident cases were identified during the quarter, all had previous negative serology. The incident cases comprised six males and ten females. In all cases the likely mode of transmission for hepatitis C virus was injecting drug use (Table 2.3). At diagnosis, most (75%) were less than 30 years of age (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, 01/10/00 - 31/12/00 and whole year. Exposure category by sex.

Exposure category	4th Quarter 01/10/00 - 31/12/00		Whole year 01/01/00 - 31/12/00		
	Male	Female	Male	Female	Total
IDU ¹	123	65	502	272	774
Blood transfusion / products	7	16	26	49	75
Tattoos	7	4	31	15	46
Other ²	4	5	16	17	33
High prevalence country ³	4	5	32	28	60
Unknown	16	10	43	35	78
Total	161	105	650	416	1066

¹ Includes IDU in combination with other categories.

² Includes possible occupational, household, perinatal & sexual transmission; body piercing /acupuncture.

³ Residence / medical treatment in an overseas country with a high prevalence of hepatitis C infection.

Table 2.2 Hepatitis C infection, 01/10/00 - 31/12/00 and whole year. Age group by sex.

Age group (years)	4th Quarter 01/10/00 - 31/12/00		Whole year 01/01/00 - 31/12/00		
	Male	Female	Male	Female	Total
<20	6	8	23	45	68
20 - 29	45	32	209	134	343
30 - 39	52	35	212	123	335
40 - 49	48	15	157	62	219
50-59	7	5	23	20	43
>59	3	10	26	32	58
Total	161	105	650	416	1066

Table 2.3 Newly acquired infections (Incident cases*) of hepatitis C infection, 01/10/00 - 31/12/00 and whole year. Exposure category by sex.

Exposure category	4th Quarter 01/10/00 - 31/12/00		Whole year 01/01/00 - 31/12/00		
	Male	Female	Male	Female	Total
IDU	6	10	43	38	81
IDU/Sex partner positive	-	-	1	-	1
Not identified	-	-	1	4	5
Total	6	10	45	42	87

* Incident cases are newly acquired infections, see text.

Table 2.4 Newly acquired infections (Incident cases*) of hepatitis C infection, 01/10/00 - 31/12/00 and whole year. Age group by sex.

Age group (years)	4th Quarter 01/10/00 - 31/12/00		Whole year 01/01/00 - 31/12/00		
	Male	Female	Male	Female	Total
10 - 19	-	3	3	9	12
20 - 29	4	5	30	23	53
30 - 39	2	1	10	7	17
>39	-	1	2	3	5
Total	6	10	45	42	87

* Incident cases are newly acquired infections, see text.

Table 2.5 Summary of laboratory tests for hepatitis C antibodies, 01/10/00 - 31/12/00 and whole year. Laboratory by sex.

Laboratory	4th Quarter 01/10/00 - 31/12/00			Whole year 01/01/00 - 31/12/00			
	Male	Female	Unknown	Male	Female	Unknown	Total
Public	4787	5800	32	19847	22577	253	42677
Private	3202	3619	-	14495	14417	-	28912
Total	7989	9419	32	34342	36994	253	71589

HEPATITIS B SURVEILLANCE IN SOUTH AUSTRALIA

Hepatitis B Medical Notification 01/10/00 - 31/12/00

During the fourth quarter of 2000, 83 hepatitis B medical notifications were received. Of these, four were acute clinical cases of hepatitis B infection (Tables 3.1, 3.2). A further 12 were reports of chronic carriers of greater than twelve months duration, who had been previously diagnosed, but not notified (Table 3.3). There were two reports of antigen positivity of less than 12 months duration (defined by a negative hepatitis surface antigen test in the 12 months prior to diagnosis) (Table 3.3). Reports of antigen positivity of uncertain duration accounted for 65 cases (Table 3.3).

Exposures identified for the four acute clinical cases were injecting drug use (1), heterosexual contact (2), and social/family contact (1) (Table 3.1).

Of the 65 reports of antigen positivity of uncertain duration, 34 tested surface antigen positive for the first time this quarter, two had a previous negative test and the testing history was unknown for the remaining 29 cases. Among the 34 individuals who tested surface antigen positive for the first time, but were not acute cases, the racial origin of 17 (50%) 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, 01/10/00 - 31/12/00 and whole year. Exposure category by sex.

Exposure category	4th Quarter 01/10/00 - 31/12/00		Whole year 01/01/00 - 31/12/00		
	Male	Female	Male	Female	Total
IDU	1	-	7	3	10
Heterosexual contact	1	1	1	4	5
Overseas travel	-	-	2	1	3
Social/family	1	-	1	1	2
None identified	-	-	4	1	5
Total	3	1	15	10	25

Table 3.2 Acute hepatitis B infection, 01/10/00 - 31/12/00 and whole year. Age group by sex.

Age group (years)	4th Quarter 01/10/00 - 31/12/00		Whole year 01/01/00 - 31/12/00		
	Male	Female	Male	Female	Total
< 20	-	-	-	2	2
20 - 29	-	1	5	3	8
30 - 39	2	-	6	1	7
40 - 49	-	-	2	1	3
> 49	-	1	2	3	5
Total	2	2	15	10	25

Table 3.3 Hepatitis B infection, 01/10/00 - 31/12/00 and whole year. Case category by sex.

Case category	4th Quarter 01/10/00 - 31/12/00		Whole year 01/01/00 - 31/12/00		
	Male	Female	Male	Female	Total
Acute infection	2	2	15	10	25
Antigen positive- <12 months duration	2	-	2	3	5
Antigen positive - uncertain duration	49	16	150	82	232
Chronic carriers - >12 months duration	8	4	32	20	52
Total	61	22	199	115	314

Table 3.4 Individuals who tested hepatitis B surface antigen positive for the first time, 01/10/00 - 31/12/00 and whole year. Race by sex.

Racial origin	4th Quarter 01/10/00 - 31/12/00		Whole year 01/01/00 - 31/12/00		
	Male	Female	Male	Female	Total
Aboriginal	3	-	8	4	12
Asian	12	5	61	52	113
Caucasian	9	2	39	9	48
Other/Unknown	2	1	11	5	16
Total	26	8	119	70	189

Table 3.5 Summary of hepatitis B surface antigen tests, 01/10/00 - 31/12/00 and whole year. Laboratory by sex.

Laboratory	4th Quarter 01/10/00 - 31/12/00			Whole year 01/01/00 - 31/12/00			
	Male	Female	Unknown	Male	Female	Unknown	Total
Public	4055	4791	23	18537	23648	287	42472
Private	3391	5173	-	15599	21542	-	37141
Total	7446	9964	23	34136	45190	287	79613

GENITAL CHLAMYDIAL INFECTION IN SOUTH AUSTRALIA

Genital Chlamydial Infection 01/01/00 - 31/12/00

During the fourth quarter of 2000, 268 cases of genital chlamydial infection were notified (Table 4.1). The expected number of notifications for this period is 233, based on data for the years 1995-1999.

Of the 268 cases of genital chlamydia, 105 (39%) were diagnosed in males and 163 (61%) in females (Table 4.1). Eighty cases in males (76%) and 144 cases in females (88%) occurred in persons aged less than thirty years (Table 4.1).

The racial origin was reported as Caucasian for 221 (82%) cases (Table 4.2). Genital chlamydial infection was recorded as being acquired in South Australia in 266 (84%) instances.

Laboratory tests for genital chlamydia performed during this quarter are detailed in Table 4.3.

Table 4.1 Genital chlamydial infection in South Australia, 01/10/00 - 31/12/00 and whole year. Age group by sex.

Age group (years)	4th Quarter 01/10/00 - 31/12/00		Whole year 01/01/00 - 31/12/00		
	Male	Female	Male	Female	Total
<20	17	58	48	193	241
20 - 24	36	66	136	227	363
25 - 29	27	20	103	95	198
30 - 34	11	14	53	50	103
35 - 39	4	1	24	17	41
>39	10	4	45	14	59
Total	105	163	409	596	1005

**Table 4.2 Genital chlamydial infection, 01/10/00 - 31/12/00 and whole year.
Race by sex.**

Racial origin	4th Quarter 01/10/00 - 31/12/00		Whole year 01/01/00 - 31/12/00		
	Male	Female	Male	Female	Total
Aboriginal	15	16	66	104	170
Asian	2	5	18	34	52
Caucasian	82	139	300	443	743
Other/unknown	6	3	25	15	40
Total	105	163	409	596	1005

**Table 4.3 Summary of laboratory tests for genital chlamydia,
01/10/00 - 31/12/00 and whole year. Laboratory by sex.**

Laboratory	4th Quarter 01/10/00 - 31/12/00		Whole year 01/01/00 - 31/12/00		
	Male	Female	Male	Female	Total
Public	1295	3364	5169	13572	18741
Private	710	1889	2644	7998	10642
Total	2005	5253	7813	21570	29383

GONOCOCCAL INFECTION IN SOUTH AUSTRALIA

Gonococcal Infection 01/01/00 - 31/12/00

During the fourth quarter of 2000, 43 cases of gonorrhoea were reported, (Table 5.1) compared with an average of 49 notifications for the same period over the years 1995-1999.

Of the 43 cases of gonococcal infection, 25 (58%) cases were detected in males, and 18 (42%) in females.

In females, 78% of infections occurred in those under thirty years of age. In males, infection was more evenly distributed across age groups with the majority of cases for this quarter in the less than 20 age group.

Four (17%) males with gonococcal infection reported male-to-male sexual contact. In both males and females, the majority of infections were acquired in South Australia (63%). The racial origin was reported as Aboriginal in all female cases; in males, 76% of cases were Aboriginal and 24% were Caucasian.

Table 5.1 Gonococcal infection detected in South Australia, 01/10/00 - 31/12/00 and whole year. Age group by sex.

Age group (years)	4th Quarter 01/10/00 - 31/12/00		Whole year 01/01/00 - 31/12/00		
	Male	Female	Male	Female	Total
< 20	8	5	32	38	70
20 - 24	5	7	36	29	65
25 - 29	2	2	31	12	43
30 - 34	2	1	22	8	30
35 - 39	2	-	13	1	14
> 39	6	3	31	9	40
Total	25	18	165	97	262

CLINIC 275 ACTIVITY REPORT

Table 6.1 Clinic 275 - Summary Statistics

Diagnosis	4th Quarter 01/10/00 - 31/12/00		Whole year 01/01/00 - 31/12/00		
	Male	Female	Male	Female	Total
No illness	370	286	1567	1224	2791
HIV	1	-	6	-	6
Gonorrhoea	5	-	46	-	46
Syphilis	-	-	4	-	4
Herpes	22	22	89	90	179
Chlamydia	33	33	105	81	186
NSU	32	-	124	-	124
Warts	196	47	787	280	1067
Trichomoniasis	-	1	-	7	7
Candida vaginitis	na	92	na	328	328
Crabs	12	2	62	7	69
Scabies	1	-	11	4	15
Molluscum	41	9	156	38	194
Bacterial vaginosis	na	58	na	202	202
Hepatitis B antigen positive carrier	4	3	17	10	27
Hepatitis C infection - Incident	-	-	1	-	1
New	1	-	12	3	15
Known	14	10	56	43	99
Urethral irritation	33	na	193	na	193
Balanitis	41	na	185	na	185
Non STD illness	138	72	548	244	792
Post coital contraception	na	34	na	175	175
Abnormal Pap smear	na	27	na	125	125
Other/Uncertain	19	32	97	126	223
Clinic attendances	1828	1211	7468	4937	12405
Episodes of care	898	637	3763	2616	6379
Individual clients	665	502	2908	2051	4959

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, 01/10/00 - 31/12/00. Exposure category by infection.

Exposure category	No.	Chlamydia	Gonorrhoea
Homosexual	153	6	3
Homosexual, IDU	17	1	-
Bisexual	36	2	-
Heterosexual, IDU	77	2	-
Heterosexual, O/S [#]	79	2	2
Heterosexual	509	19	-
Other/unknown	21	1	-
Total		33	5

* No cases of syphilis were diagnosed during the quarter

Overseas contact in the previous three months.

Table 6.3 Males diagnosed with hepatitis C, hepatitis B or HIV infection at C275, 01/10/00 - 31/12/00. Exposure category by infection.

Exposure category	No.	Hepatitis C	Hepatitis B	Hepatitis B	HIV
		New diagnosis	Previous exposure**	Carrier	
Homosexual	153	-	7	3	-
Homosexual IDU	17	-	-	1	1
Bisexual	36	-	3	-	-
Heterosexual, IDU	77	1	4	-	-
Heterosexual, O/S [#]	79	-	4	-	-
Heterosexual	509	-	12	-	-
Other/unknown	21	-	1	-	-
Total		1	31	4	1

** Previous exposure to hepatitis B refers to previous infection and now surface antibody positive.

Overseas contact in the previous three months.

Table 6.4 Females diagnosed with chlamydia, gonorrhoea* or syphilis* at C275, 01/10/00 - 31/12/00. Exposure category by infection.

Exposure category	No.	Chlamydia
Heterosexual, IDU	60	6
Heterosexual, O/S [#]	58	2
Heterosexual	443	23
Other Unknown	33	2
Total		33

* No case of syphilis or gonorrhoea diagnosed during the quarter.

Overseas contact in the previous three months.

Table 6.5 Females diagnosed with hepatitis C*, hepatitis B or HIV* infection at C275, 01/10/00 - 31/12/00. Exposure category by infection.

Exposure category	No.	Hepatitis B** Previous exposure	Hepatitis B carrier
Heterosexual, IDU	60	-	1
Heterosexual, O/S#	58	1	1
Heterosexual	443	4	2
Sex worker	29	1	-
Sex worker, IDU	14	2	-
Total		8	3

* No new diagnoses of hepatitis C or HIV infection during the quarter.

** Previous exposure to hepatitis B refers to previous infection and now surface antibody positive.

Overseas contact in the previous three months.

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