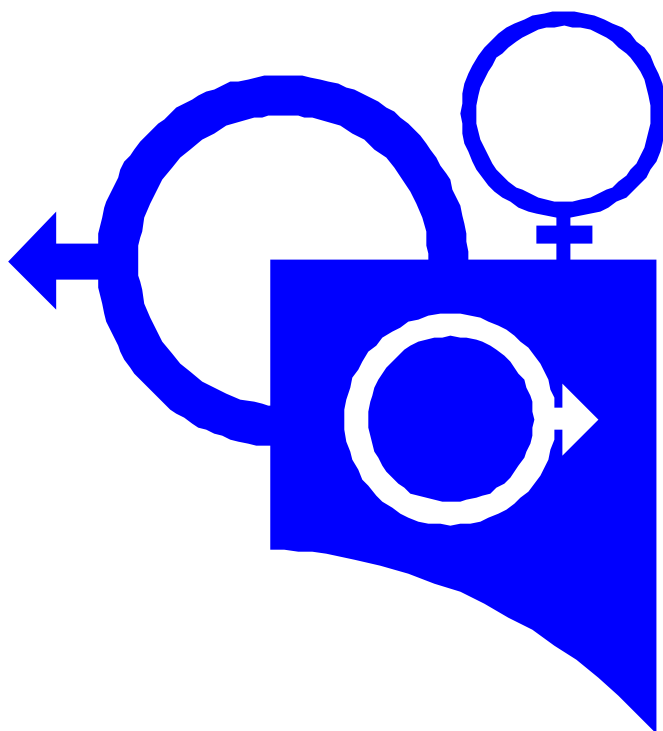


Sexually Transmitted Diseases Services Quarterly Surveillance Report

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Our feature article this quarter describes a subset of those infected with hepatitis C virus. Data collected by medical notification is supplemented by information obtained during interview with an epidemiologist. These data describe the group infected and common behaviours associated with recent transmission of hepatitis C virus.

Surveillance of newly acquired hepatitis C infection (incident cases) in South Australia, 1995 to 2000.

Introduction

Hepatitis C virus (HCV) is a blood-borne virus that infects the liver and is a major health problem worldwide.¹ Few acute hepatitis C infections demonstrate clinical illness, and a high proportion of cases progress to chronic infection.¹ Exposure to HCV is possible through skin breaching activities such as injecting drug use (IDU), tattooing and other means of skin piercing. In many infections, exposure to the virus is attributed to the sharing of equipment associated with IDU. Receipt of blood or blood products, before the introduction of screening for hepatitis C antibody in 1990, is also associated with HCV infection. Occasionally, HCV may be transmitted through sexual intercourse.

Notification of HCV in South Australia

Since 1st January 1995, hepatitis C infection has been designated a controlled, notifiable disease under the Public and Environmental Health Act, making laboratory and medical reporting of cases a legal requirement.

More than ten thousand cases of hepatitis C infection have been diagnosed in South Australia since HCV antibody tests became available in 1990. Each year, approximately one thousand people are diagnosed with hepatitis C infection in South Australia.² Fewer than ten percent of diagnoses of HCV infection are identified as newly acquired infection (incident cases); the majority are infections of longstanding duration (prevalent cases).

Incident cases of HCV - newly acquired infections

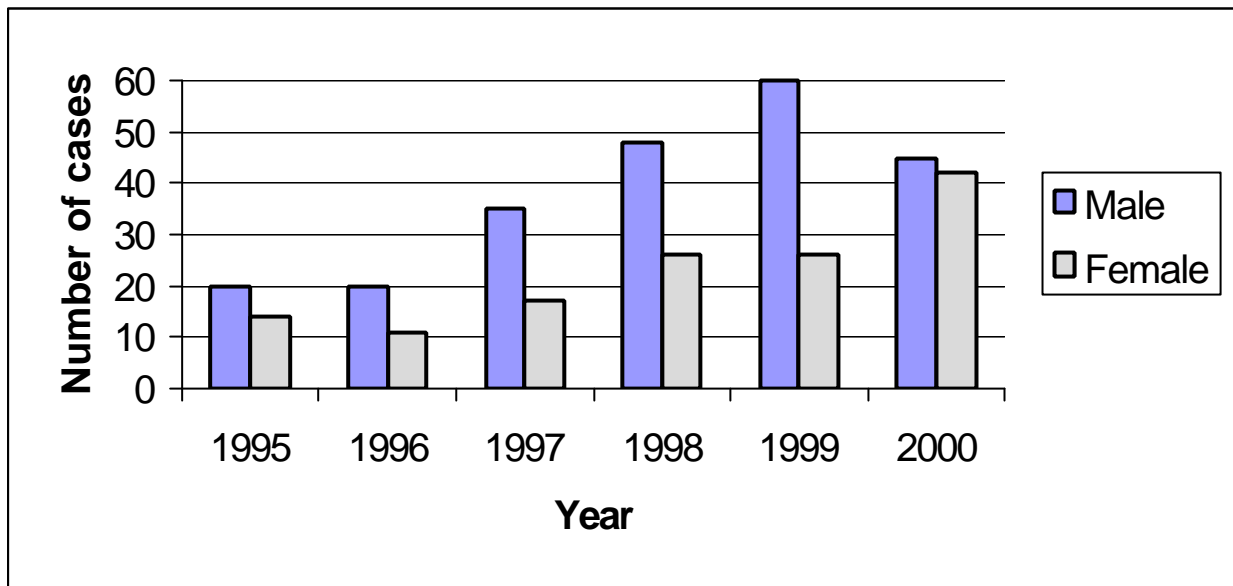
Incident infections of HCV in South Australia are identified by seroconversion for hepatitis C antibodies in the preceding 12 months or the presence of hepatitis C antibodies accompanied by acute clinical hepatitis not ascribed to other causes.

Monitoring incident cases of HCV infection provides insight into current modes of disease transmission, common routes of infection and may identify unusual mechanisms of exposure. This information directs public health activities to interrupt the chain of transmission.

Incident cases of hepatitis C infection in South Australia are identified by changes in serological markers of infection. Positive serology includes detection of antibodies to HCV or detection of hepatitis C viral ribonucleic acid (RNA). In the majority of cases, the diagnosis of hepatitis C infection is based on a positive antibody test.

Potential incident cases of HCV infection are interviewed to determine their testing history and the timing, location, source and probable routes of exposure to HCV.

Figure 1. Newly acquired infections (Incident cases) of hepatitis C in South Australia, 1995 - 2000. Year of diagnosis by sex.



Case Descriptions

Between 1 January 1995 and 31 December 2000, 364 incident cases of HCV infection were notified in South Australia, 228 males and 136 females (Figure 1). The incident case group had a male to female ratio of 2.1:1, compared to a male to female ratio of 1.8:1 for all diagnoses of HCV in the same period.^{2,3}

Of the 364 cases, 347 had had a previous negative test, of which 336 were in the previous 12 months; 11 cases with clinical hepatitis had a negative test more than 12 months before their HCV diagnosis. Fourteen cases had never been tested before for HCV but had clinical hepatitis; the testing history was unknown in three cases with a clinical illness.

Clinical symptoms of hepatitis were reported in 46 (13%) of the 364 cases, 25 males and 21 females.

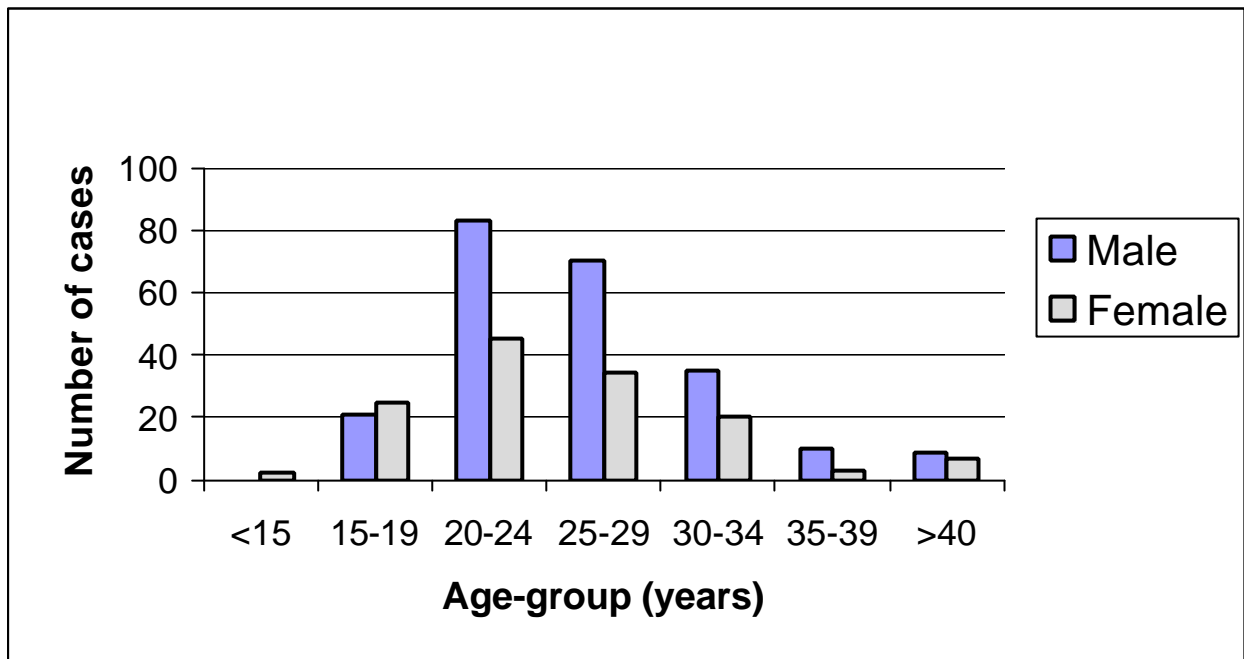
Most cases (84%) were reported as Caucasian, and 13% identified as Aboriginal. Few cases were diagnosed in people of Asian origin (Table 1).

Age data

Among those aged less than 20 years at diagnosis, the male to female ratio was 1:1.3, in contrast to older age groups where males were in the majority (Figure 2). Although the age range at the time of diagnosis of HCV infection was 14 to 74 years, the majority of cases (77%) were less than 30 years of age.

Sixteen people (4%) were more than 40 years old when diagnosed with HCV infection and 19% were in the 30 - 39 year age group. Among prevalent HCV infections diagnosed in the same period, the age group at diagnosis was 20 - 29 years in 28% of cases, 30 - 39 years in 37% of cases and 40 - 49 in 21% of cases.^{2,3}

Figure 2. Newly acquired infections (Incident cases) of hepatitis C in South Australia, 1995 - 2000. Age-group at diagnosis by sex.



Cases reporting injecting drug use

Among 364 cases of newly acquired HCV infection, 335 (92%) were reported as having a history of IDU. In 309 cases, IDU alone was reported as the likely route of transmission of HCV; recent or current IDU was confirmed in 271 of these cases, and no details are available for the other 27 cases. One male among the 271 cases with recent IDU also had a male sexual partner with HCV. In 20 further cases, the person was reported as having a history of IDU and tattoos, however the timing of the respective exposures (IDU, tattoos) is unknown (Table 1).

Six incident cases claimed past, but not recent, IDU. Current or recent IDU was strongly denied in four cases, and no alternative exposure could be identified; in some, the earlier negative test result may have been a false negative report. Recent injecting drug use was also denied in two institutionalised cases; occupational exposure was claimed in one case and recent tattooing was the likely source of exposure in the other.

Cases with no history of injecting drug use

Among 29 cases with no history of IDU, two reported sharing razors with household members with HCV infection. Male-to-male sexual transmission appeared to be the mode of transmission in one case with a long-term sexual partner with hepatitis C

infection; in one other case, with no further details, the sexual partner was nominated as the source of infection.

Although exposure through an occupational source of infection was likely in one case, no incident likely to result in transmission was recalled; no details are available for another case reported to be from occupational exposure to HCV.

Recent tattooing at home appeared responsible for transmission of HCV in one case and body piercing in another. In two further cases tattooing was reported as the exposure to HCV. The likely source of exposure to HCV in another case was sharing of a medical home-use finger-prick device.

In eleven cases where no exposure could be identified, six had a history of indeterminate test results and were possibly false positive results. One further case was likely to have been exposed occupationally many years earlier, and the earlier negative test result may have been an error.

Seven cases (2%) were lost to follow-up. Information provided at notification in these cases was incomplete and the source of exposure to HCV remains unknown.

Table 1. Summary statistics: Incident cases of hepatitis C infection in South Australia, 1995 -2000.

Cases	Male	Female	Total
Testing History			
No previous test*	8	6	14
Negative test ≤12 months	210	127	337
Negative test >12 months ago *	9	2	11
Unknown *	1	2	3
* Cases diagnosed by clinical hepatitis not ascribed to other causes.			
Age-group at diagnosis (years)			
10 - 19	21	27	48
20 - 29	153	79	232
30 - 39	45	24	69
40 - 49	9	6	15
>70	-	1	1
Likely exposure route			
Injecting drug use	195	114	309
Injecting drug use / tattoos	16	4	20
Injecting drug use / sex partner HCV+	1	-	1
Tattoos	3	1	4
Occupational exposure	1	2	3
Sex partner HCV+	1	1	2
Body piercing	1	-	1
Household	-	2	2
Home-use medical device	-	1	1
Not identified	7	8	15
Unknown	3	4	7
Clinical hepatitis			
Clinical hepatitis present	25	21	46

No clinical hepatitis	200	115	315
Unknown	3	1	4
Racial origin			
Aboriginal	30	19	49
Asian	6	-	6
Caucasian	191	116	307
Other	1	2	3
Total	228	137	365

Summary

Surveillance of incident HCV infection indicates current transmission of HCV in South Australia is primarily through injecting drug use. The number of incident cases of HCV infection diagnosed in this time period is likely to be an underestimate, partly due to the relatively small proportion of cases demonstrating clinical symptoms. Many cases would not have been detected without institutional screening for blood-borne infections in high-risk populations.

Activities in the place of residence (tattooing, body piercing, sexual activity, sharing of bathroom items and home-use medical device) were the reported risk exposure in many non-IDU cases.

In two cases, unusual modes of transmission were identified. Male-to-male sexual transmission was likely in one case; a male with a long-term male partner diagnosed with hepatitis C infection seven years earlier. In the other, sharing of a home use finger-prick device by a couple in a long-standing partnership seemed responsible for transmission of HCV. Attempts to genotype the virus in the index and likely source were unsuccessful, as the index case was RNA negative at three months.

While occupational exposure seemed the likely route of infection in one case, specific exposure to blood could not be remembered. Among the cases in which no recent exposure was identified at interview, some had past behaviour considered to be high risk for transmission of HCV. Two cases in this group were inmates of institutions and the circumstances of the interview may have resulted in incomplete disclosure of behaviours at high risk for exposure to HCV.

Overall, seven incident cases were lost to follow-up. When combined with those cases for which no exposure was identified at interview, the transmission route of HCV remains unknown in six percent of incident cases for the period.

Ongoing monitoring of the hepatitis C status of people at risk will assist in future identification of cases of newly acquired hepatitis C infection. Prevention efforts focussed on safer injecting drug use may have the greatest potential for decreasing current transmission of HCV in South Australia.

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Joy Copland,
March 2001.

HIV INFECTION IN SOUTH AUSTRALIA

HIV Infection 1985 - 31/03/01

In South Australia 771 individuals have been diagnosed with HIV infection, 704 (91%) males and 67 (9%) females. Of the males, 536 (76%) reported male-to-male sexual contact, 56 (8%) reported injecting drug use and 30 (4%) reported both risk factors. Injecting drug use was reported by 23 (34%) females diagnosed with HIV infection and 38 (57%) reported heterosexual transmission.

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

Ten individuals (8 male, 2 female) were diagnosed with HIV infection in the first quarter of this year. Six men reported male-to-male sexual contact as their risk factor. Two men and two women were from countries where HIV infection is transmitted predominantly by heterosexual contact. Of the eight men, two were likely to have acquired their infection in the preceding 12 months (Table 1.3).

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

During the first quarter of 2001, 13433 screening tests were performed; 5771 (43%) on males, 7577 (56%) on females, and 85 tests on individuals whose sex was unknown (Table 1.4).

**Table 1.1 HIV infection detected in South Australia, 1985 - 31/03/01.
Exposure category by sex.**

Exposure category	Male		Female		Total	
	No.	%	No.	%	No.	%
Homosexual contact	536	76	na		536	70
Homosexual contact/IDU	30	4	na		30	4
Heterosexual contact	43	6	38	57	81	11
IDU	56	8	23	34	79	10
Blood products	7	1	2	3	9	1
Other	4	1	3	5	7	1
Unknown	28	4	1	1	29	3
Total	704		67		771	

na not applicable

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

Exposure category	Male	Female	Total
Homosexual contact	6	-	6
Heterosexual contact	1	2	3
Heterosexual/IDU	1	-	1
Total	8	2	10

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

Testing history	Male			Female		
	Age group (years)			Age group (years)		
	<25	25 - 39	≥40	<25	25 - 39	≥40
Negative ≤12 months	-	2	-	-	-	-
Negative >12 months	-	3	-	1	1	-
No previous test	1	2	-	-	-	-
Total	1	7	-	1	1	-

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

Laboratory	Male	Female	Unknown	Total
Private	3768	5166	-	8934
Public	4714	5986	118	10818
Total	8482	11152	118	19752

HEPATITIS C SURVEILLANCE IN SOUTH AUSTRALIA

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

In the first quarter of 2001, medical notifications of hepatitis C infection were received for 283 individuals, 197 (70%) males and 86 (30%) females.

Medical notification data show 256 (90%) individuals were newly diagnosed with hepatitis C infection during this period while 27 individuals had earlier positive tests. Thirty-nine individuals reported a previous negative test; more than 12 months earlier in 24 cases and within the last year in 15 cases. In 109 cases the testing history was unknown. Past or present injecting drug use (IDU) was reported as a likely transmission route for hepatitis C virus in 188 cases (73%) (Table 2.1).

At the time of diagnosis, males covered a broad age range (89%, 20-49 years), while most females (63%) were in the 20 to 39 age groups (Table 2.2). Eight females and four males were aged less than 20 years at diagnosis; all had a history of IDU.

Newly acquired infections - Incident Cases

During the quarter, 19 incident cases (infection acquired in the previous 12 months) were identified. Sixteen had negative serology within the last 12 months and three presented with clinical hepatitis. The incident cases comprised four females and 15 males. The probable mode of transmission for hepatitis C virus was IDU in 17 cases (89%) (Table 2.3). In two cases no recent exposure to hepatitis C was identified, however one had occupational exposure to blood many years ago. Most (63%) were aged less than 30 years at diagnosis; two males and one female were less than 20 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, 01/01/01 - 31/03/01. Exposure category by sex.

Exposure category	Male		Female		Total	
	No.	%	No.	%	No.	%
IDU ¹	133	75	55	69	188	73
Blood transfusion/blood products	7	4	9	11	16	6
Tattoos	8	5	-	-	8	3
High prevalence country ²	11	6	2	3	13	5
Other ³	4	3	7	8	11	5
Unknown	13	7	7	9	20	8
Total	176		80		256	

¹ includes IDU in combination with other categories

² residence/medical treatment in a high prevalence country overseas

³ includes – positive sexual partner, possible occupational exposure, perinatal, body piercing

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

Age group (years)	Male		Female		Total	
	No.	%	No.	%	No.	%
10 - 19	4	2	8	10	12	4
20 - 29	63	36	26	33	89	35
30 - 39	44	25	25	31	69	27
40 - 49	49	28	12	15	61	24
≥ 50	16	9	9	11	25	10
Total	176		80		256	

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

Exposure category	Male	Female	Total
IDU	15	2	17
Not identified	-	2	2
Total	15	4	19

* Incident cases are newly acquired infections, see text

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

Age group (years)	Male	Female	Total
10 - 19	2	1	3
20 - 29	7	2	9
30 - 39	5	1	6
40 - 49	1	-	1
Total	15	4	19

* Incident cases are newly acquired infections, see text

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

Laboratory	Male	Female	Unknown	Total
Private	3763	4049		7812
Public	5651	5971	40	11662
Total	9414	10020	40	19474

HEPATITIS B SURVEILLANCE IN SOUTH AUSTRALIA

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

During the first quarter of 2001, 80 hepatitis B medical notifications were received. Of these, 10 were acute clinical case of hepatitis B infection (Tables 3.1, 3.2). A further 21 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 47 cases (Table 3.3). There were two reports of antigen positivity of less than 12 months duration (defined by a negative hepatitis B antigen test in the 12 months prior to diagnosis) (Table 3.3).

Of the 47 reports of antigen positivity of uncertain duration, 27 tested surface antigen positive for the first time this quarter, two had previously tested positive interstate or overseas and the testing history was unknown for the remaining 18 cases. Among the 27 individuals who tested surface antigen positive for the first time, but were not acute cases, the racial origin of 14 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, 01/01/01 - 31/03/01.
Exposure category by sex.**

Exposure category	Male	Female	Total
IDU	1	-	1
Heterosexual contact	1	3	4
Overseas travel	1	-	1
Social/family	1	-	1
None identified	1	2	3
Total	5	5	10

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

Age group (years)	Male	Female	Total
10 - 19	2	2	4
20 - 29	-	2	2
30 - 39	1	-	1
40 - 49	1	-	1
>49	1	1	2

Total	5	5	10
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**Table 3.3 Hepatitis B infection, 01/01/01 - 31/03/01.
Case category by sex.**

Case category	Male	Female	Total
Acute Infection	5	5	10
Antigen positive - <12 months duration	2	-	2
Antigen positive - uncertain duration	30	17	47
Chronic carriers - >12 months duration	15	6	21
Total	52	28	80

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

Racial origin	Male	Female	Total
Aboriginal	5	-	5
Asian	9	5	14
Caucasian	5	3	8
Other	-	-	-
Total	19	8	27

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

Laboratory	Male	Female	Unknown	Total
Private	3553	5318	-	8871
Public	4548	6919	43	11510
Total	8101	12237	43	20381

GENITAL CHLAMYDIAL INFECTION IN SOUTH AUSTRALIA

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

Between 1 January and 31 March 2001, 372 cases of genital chlamydial infection were notified to STD Services. This compares with a range of 233 to 275 notifications per quarter during 2000. Greater than the expected number of reports were received from Clinic 275 and from other metropolitan medical officers. One hundred and sixty three cases (44%) occurred in males and 209 (56%) in females (Table 4.1)

Males and females aged less than 30 years accounted for 75% and 90% of cases of genital chlamydial infection, respectively (Table 4.1). The racial origin of 296 cases (80%) was reported as Caucasian (Table 4.2). The infection was reported as being acquired in South Australia for 310 cases (83%), consistent with the range seen in previous quarters (81-87%).

The number of laboratory tests for genital chlamydia performed during this quarter is shown in Table 4.3.

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

Age group (years)	Male	Female	Total
< 20	21	78	99
20 - 24	54	79	133
25 - 29	48	31	79
30 - 34	17	14	31
35 - 39	11	5	16
≥40	12	2	14
Total	163	209	372

Table 4.2 Genital chlamydial infection, 01/01/01 - 31/03/01.

Racial origin	Male	Female	Total
Aboriginal	20	22	42
Asian	8	9	17
Caucasian	127	169	296
Other/unknown	8	9	17
Total	163	209	372

Table 4.3 Summary of laboratory tests for genital chlamydia, 01/01/01 - 31/03/01. Laboratory by sex.

Laboratory	Male	Female	Total
Private	704	2300	3004
Public	1434	3489	4923
Total	2138	5789	7927

GONOCOCCAL INFECTION IN SOUTH AUSTRALIA

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

Between 1 January and 31 March 2001, 86 cases of gonococcal infection were notified to STD Services (Table 5.1). This compares with a range of 43 to 78 infections for the first quarter during the years 1996 to 2000. A slight increase in the number of notifications received for Caucasian persons is noted (39 cases compared to 19-31 cases for the same period since 1997). The reported infections for 2001 include one case of gonococcal septic arthritis.

Fifty-five cases (64%) occurred in males, and 31 (36%) in females (Table 5.1). Gonococcal infection in males occurred in a wide age range with 26 cases (47%) occurring in 25-34 year old men. In females, 74 % of cases occurred in women aged between 20 and 34 years (Table 5.1).

The racial origin was reported as Aboriginal for 24 female cases (77%). In males, 18 cases (33%) were Aboriginal and 34 (62%) were Caucasian. The proportion of males with gonococcal infection reporting male-to-male sexual contact was 42%.

Thirty-five cases (41%) were reported amongst residents of South Australian communities in Central Australia. Of the remaining 51 cases, the majority (71%) acquired infection in South Australia with 9 cases (18%) acquired overseas.

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

Age group (years)	Male	Female	Total
< 20	5	4	9
20 - 24	7	8	15
25 - 29	12	8	20
30 - 34	14	7	21
35 - 39	9	3	12
≥40	8	1	9
Total	55	31	86

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

Exposure category	No.	Chlamydia	Gonorrhoea	Syphilis
Homosexual, IDU	112	2	8	-
Homosexual	14	1	1	-
Bisexual	29	1	1	-
Heterosexual, IDU	67	5	2	-
Heterosexual, O/S [#]	41	6	2	-
Heterosexual	378	20	-	1
Total		35	14	1

Overseas contact in the previous 12 months.

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

Exposure category	No.	Hepatitis C		Hepatitis B		HIV
		Incident cases	New diagnosis	Previous exposure ¹	Carrier	
Homosexual	112	-	-	2	-	-
Homosexual IDU	14	-	-	1	-	1
Heterosexual, IDU	67	1	2	2	-	-
Heterosexual, O/S [#]	41	-	-	1	-	-
Heterosexual	378	-	-	6	1	-
Other	18	-	-	1	-	-
Total			2	13	1	1

* No case of acute hepatitis B diagnosed during the quarter.

¹ 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, 01/01/01 - 31/03/01. Exposure category by infection.

Exposure category	No.	Chlamydia	Gonorrhoea	Syphilis
Heterosexual, IDU	64	7	1	-
Heterosexual O/S [#]	35	2	-	-
Heterosexual	355	18	-	-
Sex worker, IDU	6	1	-	-
Other	37	-	-	1
Total		28	1	1

Overseas contact in the previous 12 months.

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

Exposure category	No.	Hepatitis B		HIV
		Previous exposure ¹	Carrier	
Heterosexual, O/S [#]	35	-	1	1
Heterosexual	355	5	1	-
Sex worker, IDU	6	-	1	-
Other	37	2	2	-
Total		7	5	1

* No new cases of hepatitis C or acute hepatitis B diagnosed during reporting period

¹ Refers to previous infection, now surface antibody positive

Overseas contact in the previous three months

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