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In this quarterly report we continue a series of articles relating to public health surveillance activities undertaken at the STD Control Branch. Two major control strategies used to reduce the impact of sexually transmitted diseases in the community are education and contact tracing. In this and the following report, we consider these strategies with articles on the roles of education and contact tracing, respectively.

EDUCATION

Public health education programs are used to inform the public about infectious diseases and likely methods of transmission. To be effective, such programs should supply accurate information in an appropriate cultural context, distinguish fact from myth, as well as pitch information to appropriate levels of understanding using relevant terminology and sensitivity.

Across society there is a need to recognise the existence of sexually transmitted diseases (STDs), their impact on the health of individuals and health care services. Education programs aim to increase interest in STDs to inform people (particularly high risk groups) and improve knowledge of STDs and their potential effects. In such programs, an open atmosphere for discussion and debate encourages questions and answers that provide relevant information. Problems associated with STD education may include stigma associated with genital infections, resulting in reticence to discuss the topic, fear of being seen to “know too much” about STDs in a group of peers, as well as inappropriate teaching approaches.

Essential information for target groups such as young adults should cover

- the nature of STDs including transmission, risk factors and asymptomatic infections
- prevention methods, including behaviour alterations to reduce transmission
- signs and symptoms
- where and when to seek help.

Cultural traditions may be a powerful force in some communities. The beliefs, values and norms of behaviour for a group may influence the choice of education method.

Aspects to consider include:

- information pertinent to the target group.
- physical setting, group size and gender mix
- gender of the educator.

Objectives for evaluation of STD education can include assessment of knowledge, changes in behaviour and evidence of a decrease in disease prevalence. An acceptable format is required for evaluation studies to ensure co-operation of participants.

Two common evaluation methods are:

- tests before and after education programs, to measure knowledge levels of STDs
- questionnaires about behavioural aspects of safe sex practices.

Strict confidentiality and sensitivity is required, as there can be conflict between questioning for evaluation purposes and intrusion into personal privacy. A decrease in the levels of STD in a target group may provide evidence of effectiveness of a program. Conversely an increase in numbers attending for STD checks may also reflect the positive impact of education.

At the STD Control Branch, education is used to inform both individuals and the general public. In Clinic 275, as part of the treatment regime for STD, educational information for clients is targeted to suit individual needs. General STD education for students and community organisations is usually undertaken during group visits to the clinic. The format includes an overview of services, tour of the clinic and discussion about common STDs in South Australia, including prevention methods. An informal, interactive style of teaching encourages students to participate and retain information. Visits for 1996 are summarised below.

Groups participating in STD education programs include

- secondary schools - years 10, 11 and 12
- university undergraduates - nursing, pharmacy, health science
- TAFE students
- trainee youth workers
- post-graduates - pharmacists, family planning practitioners.

Medical students attend one-day seminars with sessions covering diagnosis, management, treatment and public health issues associated with STDs. Questionnaires are completed at the end of each seminar, analysis of the replies contributes to the evaluation of the medical student program.

The STD Control Branch / Clinic 275 internet web site contains information relating to STD in South Australia as well as the text of education brochures produced for clients. The website includes data from surveillance activities as well as information about specific diseases, risks, prevention and transmission. Students are encouraged to visit the internet site (<http://www.stdservices.on.net>). Information for the students is also available through the Nexus Information Service in school libraries, which is accessible Australia-wide.

Summary of education visits, 1996. STD Control Branch

Institutions	Number of Students
State secondary schools	491
Private schools	277
Tertiary institutions*	204
Other organisations	112
Total	1084

* Medical Students are not included.

References and Reading

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STD Control Branch

HIV INFECTION IN SOUTH AUSTRALIA

HIV Infection 1985 - 30/09/97

There have been 672 individuals diagnosed with HIV infection, 620 (92%) males and 52 (8%) females. Of the males, 473 (76%) reported male to male sexual contact, 54 (9%) reported injecting drug use and 27 (4%) reported both risk factors. Injecting drug use was reported by 22 (43%) of the women diagnosed with HIV infection and 23 (45%) reported heterosexual transmission.

HIV Infection 01/07/97 - 30/09/97

Between 01/01/97 and 30/09/97 six men (reporting male to male sexual contact) had acquired their infection in the preceding 12 months (Table 1.2).

Four males and three females were diagnosed with HIV infection in the third quarter of this year. All the women acquired their infection overseas, while the men identified male to male sexual contact as their risk factor (Table 1.1).

Laboratory Screening For HIV Infection 01/07/97 - 30/09/97

During the third quarter of 1997, 19463 screening tests were performed; 9518 on males and 9780 on females, 165 tests on individuals whose sex was unknown (Table 1.3).

**Table 1.1 HIV infection detected in South Australia in 1997.
New diagnosis of HIV infection, by sex and exposure category,
01/07/97 - 30/09/97, cumulative to 30/09/97.**

Exposure Category	3rd Quarter 01/07/97 - 30/09/97		Cumulative 01/01/97 - 30/09/97	
	Male	Female	Male	Female
Homosexual contact	4	0	19	0
Heterosexual contact	0	3	1	4
Unknown/other	0	0	0	1
Total	4	3	20	5

Table 1.2 HIV infection detected in South Australia in 1997. Testing history by age at diagnosis of HIV infection, 01/07/97 - 30/09/97, cumulative to 30/09/97.

Testing History	3rd Quarter 01/07/97 - 30/09/97			Cumulative 01/01/97 - 30/09/97			Total
	Age			Age			
	<25	25 - 39	40+	<25	25 - 39	40+	
Male							
Previous 12 months	0	1	0	2	3	1	6
12 - 24 months	0	0	1	0	4	3	7
No previous test	0	0	2	1	2	4	7
Total	0	1	3	3	9	8	20
Female							
Previous 12 months	1	0	0	1	0	0	1
12 - 24 months	0	1	0	0	1	0	1
No previous test	1	0	0	1	1	1	3
Total	2	1	0	2	2	1	5

Table 1.3 Number of HIV antibody tests performed in 1997, by laboratory and sex 01/07/97 - 30/09/97, cumulative to 30/09/97.

Lab	3rd Quarter 01/07/97 - 30/09/97			Cumulative 01/01/97 - 30/09/97			
	Male	Female	Unknown	Male	Female	Unknown	Total
Public	6568	6973	165	19353	21423	519	41295
Private	2950	2807	0	6568	8192	0	14760
Total	9518	9780	165	25921	29615	519	56055

HEPATITIS C SURVEILLANCE IN SOUTH AUSTRALIA

Hepatitis C Medical Notification 01/07/97 - 30/09/97

In the third quarter of 1997, laboratory notifications of positive hepatitis C antibody tests were received for 410 individuals. Of these, 386 (94%) were notified by medical practitioners. Among the medical notifications, 128 (33%) cases were reported as never having a previous test for hepatitis C antibodies, whilst 133 (34%) previously had a positive test. In 27 (7%) cases there was a previous negative test for hepatitis C antibodies, the testing history was unavailable in 98 (25%) cases.

Of the 27 individuals with a previous negative test, 13 were incident cases, with negative serology in the preceding 12 months. Six females and seven males were identified as incident cases, representing a disproportionate number of females for the quarter. The risk factor for transmission in all six females was injecting drug use (Table 2.3).

Among the 253 cases in whom antibodies to hepatitis C were detected for the first time in the third quarter, 172 (68%) reported past or present injecting drug use as a possible transmission route for hepatitis C virus (Table 2.1).

The majority of males, 124 (73%), were aged between 30 and 49 years; 43 (52%) women were aged between 30 and 39 years (Table 2.2).

Hepatitis C antibody tests were performed on 7911 males and 7938 females, 95 tests were performed on individuals whose sex was not stated (Table 2.4).

Table 2.1 Cases with first positive test for hepatitis C antibodies, 01/07/97 - 30/09/97, cumulative to 30/09/97. Exposure category by sex.

Exposure Category	3rd Quarter 01/07/97 - 30/09/97		Cumulative 01/01/97 - 30/09/97		
	Male	Female	Male	Female	Total
IDU*	119	53	344	144	488
Blood transfusion/blood products	7	5	23	17	40
Tattoos	10	3	29	10	39
Other**	17	13	36	36	72
Unknown	18	8	64	26	90
Total	171	82	496	233	729

* includes IDU, IDU/tattoos, IDU/tattoos/blood transfusion and IDU/blood transfusion.

** includes exposure categories - body piercing, residence in a high prevalence country, household contact, positive sexual partner, perinatal.

Table 2.2 Cases with first positive test for hepatitis C antibodies, 01/07/97 - 30/09/97, cumulative to 30/09/97. Age group by sex.

Age Group	3rd Quarter 01/07/97- 30/09/97		Cumulative 01/01/97 - 30/09/97		
	Male	Female	Male	Female	Total
Under 10	-	-	-	3	3
10 - 19	2	7	8	14	22
20 - 29	34	16	121	55	176
30 - 39	71	43	206	96	302
40 - 49	53	9	121	31	152
50+	11	7	40	34	74
Total	171	82	496	233	729

Table 2.3 Cases of hepatitis C infection acquired in the preceding 12 months, 01/07/97 - 30/09/97, cumulative to 30/09/97. Exposure category by sex.

Exposure Category	3rd Quarter 01/07/97 - 30/09/97		Cumulative 01/01/97 - 30/09/97		
	Male	Female	Male	Female	Total
IDU	5	6	25	10	35
Tattoos	-	-	1	0	1
Household	-	-	-	1	1
Unknown	2	-	3	1	4
Total	7	6	29	12	41

Table 2.4 Summary of laboratory screening for hepatitis C antibodies, by sex, 01/07/97 - 30/09/97, cumulative to 30/09/97.

Lab	3rd Quarter 01/07/97 - 30/09/97			Cumulative 01/01/97 - 30/09/97			
	Male	Female	Unknown	Male	Female	Unknown	Total
Public	4838	4272	95	14078	12614	329	27021
Private	3073	3666	0	8155	10693	0	18848
Total	7911	7938	95	22233	23307	329	45869

HEPATITIS B SURVEILLANCE IN SOUTH AUSTRALIA

Hepatitis B Medical Notification 01/07/97 - 30/09/97

During the second quarter of 1997, 96 hepatitis B medical notifications were received. Of these, two were acute clinical cases of hepatitis B infection (Tables 3.1, 3.2). A further 25 were reports of chronic carriers of greater than twelve months duration, who had been previously diagnosed but not notified. There were 69 reports of antigen positivity of uncertain duration (Table 3.3).

Of the 69 reports of antigen positivity of uncertain duration, 34 tested surface antigen positive for the first time this quarter, and the testing history was unknown for the remaining 35 cases. Among the 34 individuals who tested surface antigen positive for the first time, but were not acute cases, the racial origin of 18 (53%) 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 cases of hepatitis B infection, 01/07/97 - 30/09/97, cumulative to 30/09/97. Risk category by sex.

Risk Category	3rd Quarter 01/07/97 - 30/09/97		Cumulative 01/01/97 - 30/09/97		
	Male	Female	Male	Female	Total
IDU	0	0	2	1	3
Heterosexual Contact	1	0	1	2	3
Social/Family	0	0	0	1	1
Unknown	1	0	4	1	5
Total	2	0	7	5	12

Table 3.2 Acute cases of hepatitis B infection, 01/07/97 - 30/09/97, cumulative to 30/09/97. Age group by sex.

Age Group	3rd Quarter 01/07/97 - 30/09/97		Cumulative 01/01/97 - 30/09/97		
	Male	Female	Male	Female	Total
20 - 29	2	0	3	2	5
30 - 39	0	0	3	1	4
50+	0	0	1	2	3
Total	2	0	7	5	12

Table 3.3 Hepatitis B infection, 01/07/97 - 30/09/97, cumulative to 30/09/97. Case category by sex.

Case Category	3rd Quarter 01/07/97 - 30/09/97		Cumulative 01/01/97 - 30/09/97		
	Male No.	Female No.	Male No.	Female No.	Total No.
Acute Infection	2	0	7	5	12
Antigen positive - uncertain duration	42	27	128	77	205
Chronic carriers - >12 months duration	13	12	36	22	58
Total	57	39	171	104	275

Table 3.4 Individuals who tested hepatitis B surface antigen positive for the first time, 01/07/97 - 30/09/97, cumulative to 30/09/97. Race by sex.

Racial Origin	3rd Quarter 01/07/97 - 30/09/97				Cumulative 01/01/97 - 30/09/97					
	Male		Female		Male		Female		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Aboriginal	3	14	1	8	8	12	1	3	9	9
Asian	10	48	8	61	36	54	18	49	54	52
Caucasian	8	38	3	23	17	25	15	40	32	31
Other/Unknown	0	-	1	8	6	9	3	8	9	8
Total	21		13		67		37		104	

Table 3.5 Laboratory screening for hepatitis B surface antigen, by sex, 01/07/97 - 30/09/97, cumulative to 30/09/97.

Lab	3rd Quarter 01/07/97 - 30/09/97			Cumulative 01/01/97 - 30/09/97			
	Male	Female	Unknown	Male	Female	Unknown	Total
Public	4725	6528	102	13922	19325	359	33606
Private	3030	4951	-	7976	14867	-	22843
Total	7755	11479	102	21898	34192	359	56449

GENITAL CHLAMYDIAL INFECTION IN SOUTH AUSTRALIA

The STD Control Branch recently upgraded the chlamydia, gonorrhoea and syphilis notification systems. From September 1997, notification forms for cases of these diseases will be posted, together with reply paid envelopes, to medical practitioners within South Australia. **To avoid duplication, please discard old blue and white Chlamydia /Gonorrhoea and Syphilis notification forms.**

Genital Chlamydial Infection 01/01/97 - 30/09/97

There were 852 cases of genital chlamydial infection notified between 1 January and 30 September 1997 (Table 4.1). Of these 852 cases, 314 (37%) occurred in males and 538 (61%) occurred in females.

Genital Chlamydial Infection 01/07/97 - 30/09/97

Between 1 July and 30 September 1997 there were 253 cases of genital chlamydia notified to the STD Control Branch. Screening programs conducted in the Anangu/ Pitjantjatjara homelands are now complete.

Of the 253 cases of genital chlamydia, 80 (32%) occurred in males and 173 (68%) in females (Table 4.1). In males, 74 (93%) cases were under 35 years of age, and 143 (83%) cases occurred in females aged less than 30 years (Table 4.1). An increase was noted in chlamydial infections reported in the over-40 age group in women.

There was an increase in the number of chlamydia tests performed during this quarter. Laboratory tests are detailed in Table 4.2.

Table 4.1 Genital chlamydial infection in South Australia, 01/07/97 - 30/09/97, cumulative to 30/09/97. Age group by sex.

Age Group	3rd Quarter 01/07/97 - 30/09/97		Cumulative 01/01/97 - 30/09/97		
	Male	Female	Male	Female	Total
10 - 14	-	-	2	5	7
15 - 19	19	43	56	159	215
20 - 24	27	73	113	201	314
25 - 29	18	27	73	81	154
30 - 34	10	8	31	34	65
35 - 39	2	6	17	28	45
40+	3	16	18	30	48
Unknown	1	0	4	0	4
Total	80	173	314	538	852

Table 4.2 Laboratory testing for genital chlamydia in South Australia, by sex, 01/07/97 - 30/09/97, cumulative to 30/09/97.

Lab	3rd Quarter 01/07/97 - 30/09/97		Cumulative 01/01/97 - 30/09/97		
	Male	Female	Male	Female	Total
Public	1396	3130	3996	9387	13383
Private	558	2217	1772	6878	8650
Total	1954	5347	5768	16265	22033

GONOCOCCAL INFECTION IN SOUTH AUSTRALIA

Gonococcal Infection 01/01/97 - 30/09/97

There were 296 cases of gonococcal infection notified between 1 January and 30 September 1997 (Table 5.1).

Gonococcal Infection 01/07/97 - 30/09/97

During the third quarter, 54 cases of gonorrhoea were reported to the STD Control Branch. There were fewer cases of gonococcal infection notified in this quarter than for previous quarters in 1997.

Forty (74%) cases of gonococcal infection occurred in men, and 14 (26%) in women. Stratification by age shows 12 (86%) cases occurred in women aged less than 29 years, while infection in men was equally distributed by age (Table 5.1). No cases of conjunctival infection were reported during this quarter.

Of the 40 males, seven (17%) reported male to male sexual contact. The majority (77%) of infections in males and all infections in females were acquired in South Australia.

Table 5.1 Gonococcal infection in South Australia, 01/07/97 - 30/09/97, cumulative to 30/09/97. Age group by sex.

Age Group	3rd Quarter 01/07/97 - 30/09/97		Cumulative 01/01/97 - 30/09/97		
	Male	Female	Male	Female	Total
< 15	-	-	2	4	6
15 - 19	9	4	33	30	63
20 - 24	7	5	40	31	71
25 - 29	7	3	43	13	56
30 - 34	7	1	30	13	43
35 - 39	2	1	17	6	23
40+	6	0	21	6	27
Unknown	2	0	6	1	7
Total	40	14	192	104	296

CLINIC 275 ACTIVITY REPORT

Table 6.1 Clinic 275 - Summary Statistics

Diagnosis	Period 01/07/97 - 30/09/97		Cumulative 01/01/97 - 30/09/97		
	Male	Female	Male	Female	Total
No illness	564	334	1571	1094	2665
HIV	0	0	5	0	5
Gonorrhoea	8	0	47	3	50
Syphilis	1	0	3	0	3
Herpes	36	27	100	68	168
Chlamydia	24	15	85	56	141
NSU	23	-	89	-	89
Warts	206	74	618	211	829
Trichomoniasis	0	2	0	4	4
Candida vaginitis	-	73	-	261	261
Crabs	29	7	93	22	115
Scabies	3	0	20	0	20
Molluscum	36	8	84	22	106
Bacterial vaginosis	-	32	-	151	151
Acute hepatitis B	0	0	0	0	0
Hepatitis B antigen positive	3	0	7	1	8
Hepatitis C infection	18	6	51	20	71
Urethral irritation	78	-	191	-	191
Balanitis	52	-	142	-	142
Non STD illness	103	43	391	170	561
Post coital contraception	-	44	-	118	118
Abnormal Pap smear	-	50	-	145	145
Other/Uncertain	21	15	78	72	150
Clinic attendances	2248	1401	6758	4280	11038
Episodes of care	1124	639	3334	2130	5464
Individual clients	1069	612	2760	1783	4543

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 Number of men diagnosed with chlamydia, gonorrhoea or syphilis at C275, by exposure category, 01/07/97 - 30/09/97.

Exposure Category	Chlamydia	Gonorrhoea	Syphilis	Total
Homosexual	1	4	1	6
Bisexual	0	1	0	1
Heterosexual, IDU	3	0	0	3
Heterosexual, overseas contact	0	1	0	1
Heterosexual	20	2	0	22
Other/Unknown	0	0	0	0
Total	24	8	1	33

Table 6.3 Number of men diagnosed with hepatitis C, hepatitis B and HIV infection at C275, by exposure category, 01/07/97 - 30/09/97.

Exposure Category	Hepatitis C	Hepatitis B* Previous exposure	Hepatitis B carrier	HIV	Total
Homosexual	1	6	1	0	8
Homosexual/IDU	2	1	0	0	3
Bisexual	0	1	0	0	1
Bisexual/IDU	1	0	0	0	1
Heterosexual, IDU	11	6	0	0	17
Heterosexual, overseas contact#	0	1	0	0	1
Heterosexual	1	11	2	0	14
Other/Unknown	2	0	0	0	2
Total	18	26	3	0	47

* No case of acute hepatitis B diagnosed during reporting period.

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

Overseas contact in the previous three months.

Table 6.4 Number of women diagnosed with chlamydia, *gonorrhoea or syphilis at C275, by exposure category, 01/07/97 - 30/09/97.

Exposure Category	Chlamydia	Total
Homosexual	0	0
Bisexual	0	0
Heterosexual, IDU	2	2
Heterosexual, overseas contact	0	0
Heterosexual	13	13
Other/Unknown	0	0
Total	15	15

* No cases of gonorrhoea or syphilis were diagnosed among women during the quarter.

Table 6.5 Number of women diagnosed with hepatitis C, hepatitis B or HIV infection at C275, by exposure category, 01/07/97 - 30/09/97.

Exposure Category	Hepatitis C	Hepatitis B* Previous exposure	Hepatitis B carrier	HIV	Total
Heterosexual, IDU	3	1	0	0	4
Heterosexual, overseas contact#	0	1	0	0	1
Heterosexual	0	8	0	0	8
Sex Worker	0	0	0	0	0
Sex Worker/IDU	0	0	0	0	0
Other/Unknown	3	0	0	0	3
Total	6	10	0	0	16

* No case of acute hepatitis B diagnosed during reporting period.

* 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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