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Our feature article in this quarterly report reviews gonococcal infection data collected in South Australia and related sensitivity data from the IMVS Infectious Diseases Laboratories. Analysis of these data has led to a change in treatment guidelines, highlighting the role of surveillance in controlling sexually transmitted diseases.

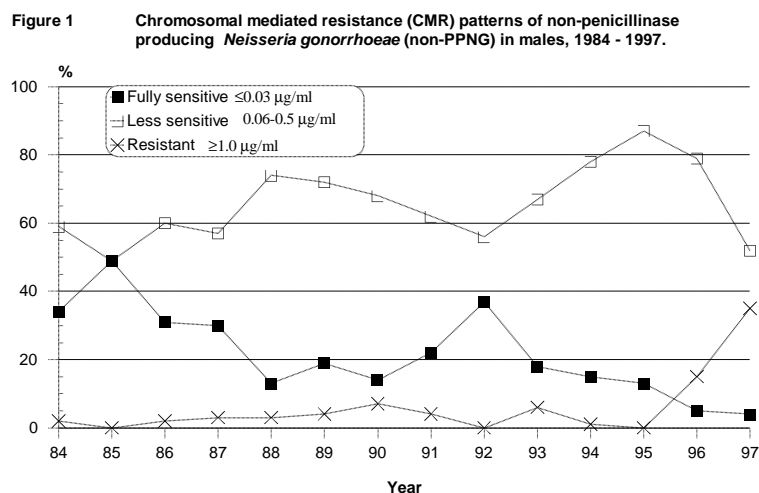
## Gonorrhoea in South Australia - New Treatment Guidelines

In South Australia, there were 323 laboratory notifications of gonorrhoea in 1997. Of these 323 cases, 322 (99%) were notified by medical practitioners. Two hundred and ten (65%) cases occurred in males and 113 (35%) occurred in females. Men who have sex with men and Aboriginal men and women accounted for the majority of infection. An examination of the age distribution shows that 67% of infection occurred in females under twenty five while in males infection was evenly distributed across age groups. Most of the 322 cases of gonorrhoea were acquired in South Australia (80% males, 86% females).

Overall there has been an increase in the number of cases of gonorrhoea reported since 1995, particularly in Aboriginal women. This may be attributed to the introduction of annual screening programs within some Aboriginal communities. In 1997, 56 % of males and 88 % of females were notified from this group. In 1997, 37% of gonorrhoea cases were diagnosed by polymerase chain reaction (PCR) testing of urine samples. This was predominantly in those remote communities where screening programs have been implemented. It must be noted that the PCR testing procedure does not produce isolates for antibiotic susceptibility testing so penicillin susceptibility data are not available for those communities.

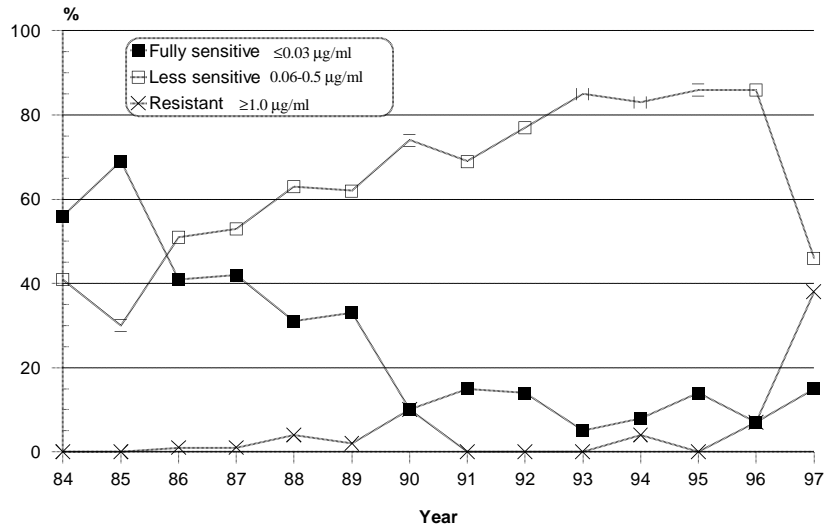
### Antibiotic Susceptibility

Data on antibiotic susceptibility patterns of *Neisseria gonorrhoeae* have been collected by the IMVS Infectious Diseases Laboratory since 1981. Figures 1 and 2 show the trends in sensitivity for non-penicillinase producing *N. gonorrhoeae* (non-PPNG) strains in South Australia from 1984-1997. During that period, penicillinase producing *N. gonorrhoeae* (PPNG) strains fluctuated from 0 to 12 percent of isolates. In 1997, 5% of isolates produced penicillinase.



Historically, non-PPNG strains in South Australia have been sensitive to penicillin. Since 1995 the susceptibility pattern for non-PPNG isolates has been similar for men and women, with an increasing chromosomal mediated resistance (CMR) pattern. In 1997, non-PPNG isolates from 94 males and 13 females were available for susceptibility testing, 38% of these isolates were classified as being relatively resistant to penicillin.

Figure 2 Chromosomal mediated resistance (CMR) patterns of non-penicillinase producing *Neisseria gonorrhoeae* (non-PPNG) in females, 1984 - 1997.



## Treatment

Despite the decrease in susceptibility to penicillin, there has been no increase in treatment failures noted among Clinic 275 patients. However, very few clinic patients are treated with the amoxycillin and probenecid regimen. A high proportion of gonococcal infection diagnosed in the clinic occurs in men who have sex with men and intramuscular ceftriaxone (250mg) is the drug of choice for suspected rectal or pharyngeal infection.

In view of the susceptibility pattern of gonococcal isolates in South Australia amoxycillin (3 grams) with probenecid (1 gram) in a single oral dose can no longer be considered effective therapy for infections acquired in metropolitan South Australia.

**The recommended regimen is now ceftriaxone 250 mg im, in a single dose.**

Ciprofloxacin (500mg oral, stat) is a useful alternative if there is no history of overseas travel in the last 3 months. Ciprofloxacin resistant isolates have been reported from many parts of the world, but are particularly widespread in Asia. Currently, no third generation cephalosporin suitable for oral, single dose therapy is on the market in Australia.

In South Australia, the recommended treatment regimens for sexually transmitted diseases are contained in the publication: *Diagnosis and Management of STDs (including HIV Infection)*, Fourth Edition 1996, produced by the Public and Environmental Health Service. The Fifth edition will be published in 1999, but in view of the penicillin susceptibility patterns for 1997, the treatment guidelines for gonorrhoea have been updated.

As an interim measure, the new guidelines were circulated recently with the South Australian Medical Review and also appear in detail on page six of this quarterly surveillance report.

Dr Russell Waddell  
Clinic Manager  
May 1998

## **New guidelines for antibiotic treatment of Gonorrhoea**

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### **Adults**

- Routine treatment for urethral, cervical, pharyngeal and rectal gonococcal infection:

**ceftriaxone 250 mg im in a single dose**

or

**ciprofloxacin # 500mg in a single oral dose.**

Observe patient for 15 minutes after administering any antibiotic.

- In some remote and rural communities, after discussion with STD Services, the following regimen may be used for urethral or cervical infection:

**amoxicillin 3 g plus probenidol 1 g in a single oral dose.**

- Penicillin allergic patients

Anogenital infection: **spectinomycin 2 g im in a single dose.**

Pharyngeal infection: **ciprofloxacin# 500mg in a single oral dose**  
or  
**trimethoprim (80 mg) / sulphamethoxazole (400 mg), 9 tablets daily for 5 days.**

### **Children weighing less than 45 kg**

- Routine treatment for urethral, cervical, pharyngeal and rectal gonococcal infection:

**ceftriaxone 125 mg im in a single dose.**

- Children with penicillin allergy:

**spectinomycin 40 mg / kg im in a single dose.**

- Children who weigh 45 kg or more should receive adult regimens.

### **Disseminated gonococcal infection**

- A specialist venereologist should be consulted in all cases:

**ceftriaxone 1 g im or iv every 24 hours for 7 days.**

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# not to be used : in pregnancy, for children or adolescents, or for infection acquired overseas.

# HIV INFECTION IN SOUTH AUSTRALIA

## HIV Infection 1985 - 31/03/98

In South Australia 691 individuals have been diagnosed with HIV infection, 638 (92%) males and 53 (8%) females. Of the males, 488 (77%) reported male to male sexual contact, 55 (9%) reported injecting drug use and 27 (4%) reported both risk factors. Injecting drug use was reported by 22 (42%) females diagnosed with HIV infection and 24 (45%) reported heterosexual transmission.

## HIV Infection 01/01/98 - 31/03/98

Eight males were diagnosed with HIV infection in the first quarter of this year. Six males reported male to male sexual contact as their risk factor (Table 1.2).

## Incident Cases

Two of the men acquired their infection in the preceding 12 months (Table 1.3).

## Laboratory Screening For HIV Infection 01/01/98 - 31/03/98.

During the first quarter of 1998, 18870 screening tests were performed; 9000 on males and 9735 on females, and 135 tests on individuals whose sex was unknown (Table 1.4).

**Table 1.1 HIV infection detected in South Australia, 1985 - 31/03/98.  
Exposure category by sex.**

Exposure Category	Male		Female		Total	
	No.	%	No.	%	No.	%
Homosexual contact	488	77	na		488	71
Homosexual contact/IDU	27	4	na		27	4
Heterosexual contact	28	4	24	45	52	8
IDU	55	9	22	42	77	11
Blood products	7	1	2	4	9	1
Other	3		2	4	5	
Unknown	30	5	3	5	33	5
<b>Total</b>	<b>638</b>		<b>53</b>		<b>691</b>	

na not applicable

**Table 1.2 HIV infection detected in South Australia, 01/01/98 - 31/03/98.  
Exposure category by sex.**

<b>Exposure Category</b>	<b>Male</b>
Homosexual contact	6
Heterosexual contact	2
<b>Total</b>	<b>8</b>

**Table 1.3 HIV infection detected in South Australia, 01/01/98 - 31/03/98.  
Testing history by age at diagnosis of HIV infection.**

<b>Testing History</b>	<b>Age</b>			<b>Total</b>
	<b>25 - 29</b>	<b>30 - 39</b>	<b>40+</b>	
No previous test	1	2	2	5
Test last 12 months	-	1	1	2
Test 12 - 24 months	-	1	-	1
<b>Total</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>8</b>

**Table 1.4 Summary of HIV antibody tests performed between  
01/01/98 - 31/03/98. Laboratory by sex.**

<b>Laboratory</b>	<b>Male</b>	<b>Female</b>	<b>Unknown</b>	<b>Total</b>
Private	2869	2891	-	5760
Public	6131	6844	135	13110
<b>Total</b>	<b>9000</b>	<b>9735</b>	<b>135</b>	<b>18870</b>

**Table 1.5 Number of new diagnoses of HIV infection by sex<sup>1</sup> and State/Territory, cumulative to 31 December 1997, and for two previous yearly intervals. (From Australian HIV Surveillance Report, April 1998; 14, 2).**

STATE/ TERRITORY	1 Jan 96 - 31 Dec 96		1 Jan 97 - 31 Dec 97		Cumulative to 31 Dec 97			Rate <sup>2</sup>
	Male	Female	Male	Female	Male	Female	Total	
ACT	7	1	5	3	178	20	198	63.9
NSW <sup>3</sup>	434	33	359	27	10075	541	10899	173.7
NT	6	-	7	4	93	7	100	53.4
QLD	146	10	102	8	1772	119	1896	55.7
SA	42	3	29	6	620	52	672	45.4
TAS	3	-	-	0	75	4	79	16.7
VIC <sup>4</sup>	172	14	157	13	3675	191	3905	84.8
WA <sup>5</sup>	44	8	28	5	839	82	925	51.4
<b>TOTAL<sup>6</sup></b>	<b>854</b>	<b>69</b>	<b>697</b>	<b>66</b>	<b>17327</b>	<b>1016</b>	<b>18674</b>	<b>100.8<sup>7</sup></b>

1. Thirty eight people (20 NSW, 5 QLD, 10 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 263 people whose sex was not reported.
4. Cumulative total for VIC includes 29 people whose sex was not reported.
5. Cumulative total for WA includes 1 person whose sex was not reported.
6. Cumulative total for Australia includes 293 people whose sex was not reported.
7. Estimated number of new diagnoses of HIV infection, adjusted for multiple reports, was 16,700 (range 15,800 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 31 December 1997. (From Australian HIV Surveillance Report, April 1998; 14, 2).**

COUNTRY/ AREA	CUMULATIVE AIDS CASES				AIDS Rate <sup>1</sup>	Cumulative Diagnoses HIV
	Male	Female	Children <13 Years	Total		
American Samoa	-	-	-	-	-	-
Australia	7396	313	7731 <sup>2</sup>	43	41.7	18674
Brunei	9	1	10	-	3.1	422
Cambodia	104	23	617	122	4.2	9051
China	145	10	155	-	-	5990
Cook Islands	-	-	-	-	-	-
Fed. S. Micronesia	2	-	2	-	1.8	2
Fiji	2	1	8	-	1.0	36
French Polynesia	7	2	54	-	24.9	164
Guam	43	4	47	-	29.6	106
Hong Kong	249	25	274	5	4.2	855
Japan	700	106	1447	10	1.2	3324
Kiribati	4	-	4	-	2.6	16
Laos	34	24	69	2	0.7	243
Macao	9	2	11	-	2.2	151
Malaysia	1047	63	1110	19	3.0	21561
Marshall Islands	1	1	2	-	3.8	9
Mongolia	-	-	-	-	-	1
Nauru	-	-	-	-	-	1
New Caledonia	45	10	55	1	26.9	145
New Zealand	612	29	641	4	18.7	1231
Niue	-	-	-	-	-	-
N. Mariana Islands	3	1	7	-	10.4	12
Palau	1	-	1	-	5.8	1
Papua New Guinea	73	74	306	9	5.4	784
Philippines	200	110	310	7	0.5	922
Rep. of Korea	74	9	83	-	0.1	679
Samoa	4	2	6	2	3.7	9
Singapore	295	19	314	1	9.2	631
Solomon Islands	-	-	-	-	-	1
Tokelau	-	-	-	-	-	-
Tonga	1	-	7	-	6.1	11
Tuvalu	-	-	-	-	-	1
Vanuatu	-	-	-	-	-	-
Vietnam	802	106	1020	4	1.0	6723
Wallis and Futuna	1	-	1	-	7.1	2
<b>TOTAL</b>	<b>11863</b>	<b>935</b>	<b>14292</b>	<b>229</b>	<b>0.8</b>	<b>71758</b>

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

2. Twenty two people whose sex was reported as transgender are included in the total column.

# HEPATITIS C SURVEILLANCE IN SOUTH AUSTRALIA

## Hepatitis C Medical Notification 01/01/98 - 31/03/98

In the first quarter of 1998, laboratory notifications of positive hepatitis C antibody tests were received for 358 individuals, 211 (59%) males and 147 (41%) females. Of these, 340 (95%) were notified by medical practitioners.

Among the medical notifications, 245 (72%) individuals were tested for hepatitis C for the first time in 1998. Of these, 160 (65%) reported past or present injecting drug use as a likely transmission route for hepatitis C virus (Table 2.1). Of the 26 individuals with a previous negative test, 14 were tested more than 12 months earlier, whilst 12 were tested in the last year. The majority of males, 98 (68%), were aged between 20 and 39 years; 65 (65%) women were aged between 20 and 39 years (Table 2.2).

### Incident Cases

Thirteen incident cases were identified during the quarter. Of these, 12 had negative serology in the preceding 12 months and one was a clinical diagnosis. The incident cases comprised seven females and six males. The probable mode of transmission for hepatitis C virus was injecting drug use in 9 cases (Table 2.3). The most common (9/13) age-group at diagnosis was 20 to 29 years; two females, but no males, were aged less than 20 years (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 detected between 01/01/98 - 31/03/98.  
Exposure category by sex.**

Exposure Category	Male		Female		Total	
	No.	%	No.	%	No.	%
IDU*	98	68	62	62	160	65
Blood transfusion/blood products	12	8	8	8	20	8
Tattoos	9	6	5	5	14	6
Other**	9	6	14	14	23	9
Unknown	17	12	11	11	28	12
<b>Total</b>	145		100		245	

\* includes IDU in combination with other categories.

\*\* includes - residence in a high prevalence country, household contact, positive sexual partner, possible occupational exposure.

**Table 2.2 Hepatitis C infection detected between 01/01/98 - 31/03/98.  
Age group by sex.**

Age Group	Male		Female		Total	
	No.	%	No.	%	No.	%
10 - 19	6	4	12	12	18	8
20 - 29	41	28	33	33	74	30
30 - 39	57	39	32	32	89	36
40 - 49	30	21	10	10	40	16
50+	10	8	13	13	23	10
Unknown	1		-		1	
<b>Total</b>	145		100		245	

**Table 2.3 Incident cases of hepatitis C infection detected between 01/01/98 - 31/03/98. Exposure category by sex.**

Exposure Category	Male	Female	Total
IDU	5	4	9
Possible occupational exposure	1	-	1
Household	-	1	1
Unknown	-	2	2
<b>Total</b>	6	7	13

**Table 2.4 Incident cases of hepatitis C infection detected between 01/01/98 - 31/03/98. Age group by sex.**

Age Group	Male	Female	Total
15 - 19	-	2	2
20 - 29	5	4	9
30 - 39	1	1	2
<b>Total</b>	6	7	13

**Table 2.5 Summary of hepatitis C antibody tests performed between 01/01/98 - 31/03/98. Laboratory by sex.**

Laboratory	Male	Female	Unknown	Total
Private	3245	4195	-	7440
Public	4932	4618	59	9609
<b>Total</b>	8177	8813	59	17049

# HEPATITIS B SURVEILLANCE IN SOUTH AUSTRALIA

## Hepatitis B Medical Notification 01/01/98 - 31/03/98

During the first quarter of 1998, 75 hepatitis B medical notifications were received. Of these, 5 were acute clinical cases of hepatitis B infection (Tables 3.1, 3.2). A further 15 were reports of chronic carriers of greater than twelve months duration, who had been previously diagnosed but not notified. There were 2 reports of antigen positivity of less than 12 months duration (defined by a negative hepatitis B surface antigen test in the 12 months prior to diagnosis) (Table 3.3). Reports of antigen positivity of uncertain duration accounted for 53 cases (Table 3.3).

Of the 53 reports of antigen positivity of uncertain duration, 45 tested surface antigen positive for the first time this quarter, and the testing history was unknown for the remaining 8 cases. Among the 45 individuals who tested surface antigen positive for the first time, but were not acute cases, the racial origin of 27 (60%) 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, 01/01/98 - 31/03/98.  
Exposure category by sex.**

Exposure Category	Male	Female	Total
IDU	1	1	2
Heterosexual Contact	1	-	1
Overseas Travel	1	-	1
Unknown	-	1	1
<b>Total</b>	3	2	5

**Table 3.2 Acute hepatitis B infection, 01/01/98 - 31/03/98.  
Age group by sex.**

Age Group	Male	Female	Total
10 - 19	1	1	2
20 - 29	1	1	2
40 - 49	1	-	1
<b>Total</b>	3	2	5

**Table 3.3 Hepatitis B infection, 01/01/98 - 31/03/98.  
Case category by sex.**

<b>Case Category</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Acute Infection	3	2	5
Antigen Positive - < 12 months duration	-	2	2
Antigen positivity - uncertain duration	32	21	53
Chronic carriers - >12 months duration	10	5	15
<b>Total</b>	<b>45</b>	<b>30</b>	<b>75</b>

**Table 3.4 Individuals who tested hepatitis B surface antigen positive for the first time, 01/01/98 - 31/03/98. Race by sex.**

<b>Racial Origin</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Aboriginal	2	-	2
Asian	15	12	27
Caucasian	10	6	16
<b>Total</b>	<b>27</b>	<b>18</b>	<b>45</b>

**Table 3.5 Summary of hepatitis B surface antigen tests performed between 01/01/98 - 31/03/98. Laboratory by sex.**

<b>Laboratory</b>	<b>Male</b>	<b>Female</b>	<b>Unknown</b>	<b>Total</b>
Private	3026	5021	-	8047
Public	4752	6773	87	11612
<b>Total</b>	<b>7778</b>	<b>11794</b>	<b>87</b>	<b>19659</b>

## GENITAL CHLAMYDIAL INFECTION IN SOUTH AUSTRALIA

Changes introduced to the chlamydia, gonorrhoea and syphilis notification system in 1997 have considerably streamlined the medical notification process for these infections. Thanks must go to medical practitioners in South Australia for the prompt return of all notification forms.

### Genital Chlamydial Infection 01/01/98 - 31/03/98

There were 289 cases of genital chlamydial infection notified in the first quarter of 1998 (Table 4.1). Of the 289 medical notifications received, 126 (44%) cases occurred in males and 163 (56%) in females.

During this quarter there has been an increase in the number of cases of genital chlamydial infection compared to the same period in 1997. There has been a marked increase (25%) in the number of positive tests in males, however, the proportion of infection has remained stable in those aged less than 30. In males and females aged less than 30 years, 101 (80%) and 137 (84%) cases of genital chlamydial infection were diagnosed, respectively (Table 4.1).

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, 01/01/98 - 31/03/98. Age group by sex.**

Age Group	Male	Female	Total
15 - 19	20	56	76
20 - 24	44	57	101
25 - 29	37	24	61
30 - 34	12	10	22
35 - 39	7	8	15
40+	6	8	14
<b>Total</b>	126	163	289

**Table 4.2 Summary of laboratory tests for genital chlamydia performed between 01/01/98 - 31/03/98. Laboratory by sex.**

Laboratory	Male	Female	Total
Private	537	2301	2838
Public	1458	3502	4960
<b>Total</b>	1995	5803	7798

# GONOCOCCAL INFECTION IN SOUTH AUSTRALIA

## Gonococcal Infection 01/01/98 - 31/03/98

There were 53 medical notifications of gonococcal infection received in the first quarter of 1998 (Table 5.1). Twenty three fewer cases of gonococcal infection were reported in this quarter than for the same period in 1997.

Thirty five (66%) cases of gonococcal infection occurred in males, and 18 (34%) in females. Stratification by age shows all female cases (18) were aged less than 35 years. Infection in males was evenly distributed across age strata (Table 5.1). No cases of conjunctival infection with gonorrhoea were reported during this quarter.

The proportion of males with gonococcal infection reporting male to male sexual contact was 31 percent. The majority (87%) of infections were acquired in South Australia.

**Table 5.1** Gonococcal infection detected in South Australia, 01/01/98 - 31/03/98. Age group by sex.

Age Group	Male	Female	Total
15 - 19	8	7	15
20 - 24	9	7	16
25 - 29	6	1	7
30 - 34	4	3	7
35 - 39	5	-	5
40+	3	-	3
<b>Total</b>	<b>35</b>	<b>18</b>	<b>53</b>

## CLINIC 275 ACTIVITY REPORT

Table 6.1 Clinic 275 - Summary Statistics.

Diagnosis	01/01/98 - 31/03/98		
	Male	Female	Total
No illness	603	424	1027
HIV	3	-	3
Gonorrhoea	9	1	10
Syphilis	-	-	-
Herpes	30	34	64
Chlamydia	48	37	85
NSU	45	na	45
Warts	226	76	302
Trichomoniasis	-	1	1
Candida vaginitis	na	80	80
Crabs	23	12	35
Scabies	1	-	1
Molluscum	54	12	66
Bacterial vaginosis	na	53	53
Acute hepatitis B	-	-	-
Hepatitis B antigen positive	1	1	2
Hepatitis C infection	17	9	26
Urethral irritation	64	na	64
Balanitis	41	na	41
Non STD illness	130	62	192
Post coital contraception	na	54	54
Abnormal Pap smear	na	41	41
Other/Uncertain	11	15	26
<b>Clinic attendances</b>	2459	1581	4040
<b>Episodes of care</b>	1225	801	2026
<b>Individual clients</b>	1148	766	1914

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, 01/01/98 - 31/03/98. Exposure category by infection.**

Exposure Category	Chlamydia	Gonorrhoea	Total
Homosexual	2	5	7
Bisexual	-	1	1
Heterosexual/IDU	7	1	8
Heterosexual, overseas contact	3	-	3
Heterosexual	36	2	38
<b>Total</b>	<b>48</b>	<b>9</b>	<b>57</b>

\* No cases of syphilis were diagnosed during the quarter.

**Table 6.3 Males diagnosed with hepatitis C, \*hepatitis B or HIV infection at C275, 01/01/98 - 31/03/98. Exposure category by infection.**

Exposure Category	Hepatitis C	Hepatitis B* Previous exposure	Hepatitis B carrier	HIV	Total
Homosexual	-	9	-	2	11
Homosexual/IDU	1	1	-	-	2
Bisexual	-	3	-	-	3
Bisexual/IDU	1	2	-	1	4
Heterosexual/IDU	12	8	-	-	20
Heterosexual, o/s#	1	2	-	-	3
Heterosexual	2	9	1	-	12
<b>Total</b>	<b>17</b>	<b>34</b>	<b>1</b>	<b>3</b>	<b>55</b>

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

\* Previous exposure to hepatitis B refers to previous infection and now surface antibody positive with no history of vaccination.

# Overseas contact in the previous three months.

**Table 6.4 Females diagnosed with chlamydia, gonorrhoea or \*syphilis at C275, 01/01/98 - 31/03/98. Exposure category by infection.**

Exposure Category	Chlamydia	Gonorrhoea	Total
Heterosexual/IDU	7	-	7
Heterosexual, overseas	1	-	1
Heterosexual	27	1	28
Sex worker/IDU	1	-	1
Other/Unknown	1	-	1
<b>Total</b>	<b>37</b>	<b>1</b>	<b>38</b>

\* No cases of syphilis were diagnosed during the quarter.

**Table 6.5 Females diagnosed with hepatitis C, hepatitis B or HIV infection at C275, 01/01/98 - 31/03/98. Exposure category by infection.**

<b>Exposure Category</b>	<b>Hepatitis C</b>	<b>Hepatitis B* Previous exposure</b>	<b>Hepatitis B carrier</b>	<b>Total</b>
Heterosexual/IDU	3	1	-	4
Heterosexual	3	5	-	8
Sex worker/IDU	1	-	-	1
Other/Unknown	2	1	1	4
<b>Total</b>	9	7	1	17

- No cases of acute hepatitis B or HIV diagnosed during reporting period.
- \* Previous exposure to hepatitis B refers to previous infection and now surface antibody positive with no history of vaccination.

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