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Sexually Transmitted Diseases Services (STD Services)

On July 1 1999, the Sexually Transmitted Diseases Control Branch transferred from Public and Environmental Health Services, Department of Human Services to the Internal Medicine Service, Royal Adelaide Hospital. Accompanying the transfer was a change of name to Sexually Transmitted Diseases Services (STD Services).

STD Services will continue its public health disease surveillance responsibilities as part of the severance contract with Public and Environmental Health. Clinical services offered by Clinic 275 will remain unchanged.

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In this quarterly report we review data from incident cases of hepatitis C infection diagnosed during 1997 and 1998. These data describe the group infected, and common behaviours associated with recent transmission of hepatitis C virus.

Incident cases of hepatitis C infection in South Australia, 1997-1998.

Background

Hepatitis C is a blood-borne virus infecting the liver, a high proportion of cases become chronically infected. Exposure is possible through skin breaching activities such as injecting drug use, tattoos, acupuncture, body piercing, medical treatments, occupational exposure, accidents involving blood spills and, occasionally, sexual intercourse. In many cases, infection by the virus has been attributed to the sharing of equipment associated with injecting drug use. Receipt of blood or blood products, prior to the introduction of screening for hepatitis C antibodies in 1990, is also associated with infection.

Newly acquired, asymptomatic cases (incident cases) of hepatitis C virus infection are often difficult to distinguish from newly diagnosed infections of longstanding duration (prevalent cases).

Incident cases of hepatitis C are infections acquired within a defined period of time. They may be identified by recent seroconversion for hepatitis C antibodies or the presence of hepatitis C antibodies accompanied by acute clinical illness not ascribed to other causes. Surveillance data obtained from recently acquired cases provide an insight into current modes of disease transmission, common routes of infection and may identify unusual mechanisms of transmission.

Data Collection

In South Australia, incident cases of hepatitis C infection are commonly identified by changes in serological markers within a defined time frame (Table 1). Hence, negative hepatitis C serology within the previous 12 months, or recent clinical illness accompanied by positive serology where other causes of hepatitis have been excluded, may indicate a newly acquired infection. Positive serology includes detection of antibodies to hepatitis C virus or detection of hepatitis C viral ribonucleic acid (RNA). In the majority of cases, diagnosis of hepatitis C infection is based on a positive antibody test.

Under the 1987 South Australian Health Act, hepatitis C is a controlled, notifiable infection. Since January 1 1995, data have been collected by medical notification of cases. Information collected by medical notification covers patient demographics, markers of clinical illness, possible transmission routes and likely time period of exposure. Data are categorised, cases classified by defined criteria (Table 1) and the information recorded in a database. Validation and checking procedures maintain true and accurate records.

Previous laboratory results are confirmed before final classification of cases. For surveillance purposes, an indeterminate test result is regarded as negative. Some indeterminate results represent recent seroconversion and retesting for antibodies or viral RNA detection is indicated; others may represent false positive results.

Analysis of data is undertaken regularly to identify trends in patterns of infection, ascertain new and current modes of transmission, and to identify cases needing referral for further epidemiological investigation. Data are disseminated in quarterly and annual reports.

Persons considered as possible incident cases are interviewed to determine their testing history, and the timing, location, source and route of exposure to hepatitis C, and to reinforce the need for follow-up. Contact tracing of persons possibly exposed to hepatitis C is carried out where possible.

Table 1 Classification of hepatitis C infection in South Australia.

<p>Hepatitis C infection (HCV) - case definition</p> <ul style="list-style-type: none">• Demonstration of antibodies to hepatitis C virus or• demonstration of HCV RNA by polymerase chain reaction (PCR). <p>Case classifications</p> <p>Incident case (infection of less than 12 months duration)</p> <ul style="list-style-type: none">• Negative serology in the preceding 12 months or• clinical illness consistent with acute hepatitis C, within the last twelve months, where other causes of acute hepatitis have been excluded. <p>Infection likely to be greater than 12 months</p> <ul style="list-style-type: none">• Documented positive test result more than 12 months ago or• history of diagnosed clinical illness more than 12 months ago or• risk behaviour confined to more than 12 months ago. <p>Infection of uncertain duration</p> <ul style="list-style-type: none">• No evidence of a previous test or clinical illness.
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Case Descriptions

Between 1st January 1997 and 31st December 1998, 124 individuals were identified as incident cases of hepatitis C, acquiring the infection in the preceding 12 months (Summary statistics). Of these, 118 individuals had a previous negative test, five individuals had never been tested before for hepatitis C virus, and the testing history was unknown in one case (Summary statistics).

The group comprised 82 males and 42 females (male to female ratio 1.96:1).

Ten males and nine females were less than 20 years of age at the time of diagnosis. Three individuals were more than 40 years old when infected with hepatitis C virus. The majority of individuals (83%) were aged between 20 and 30 years when diagnosed, and hence at the time of infection (Summary statistics). Nineteen percent of the group were in the 30-39 years age group. By comparison, for prevalent infections over the same period, the age at diagnosis was 20-29 years in 28% of cases and 30-40 years in 41% of cases¹.

Although 113 individuals had a history of injecting drug use, it seemed responsible for transmission in only 107 cases (86%). Occupational exposure was a likely source of infection in one case; recent home tattooing appeared responsible for transmission of hepatitis C virus in another. In four cases, recent injecting drug use was strongly denied and no other exposure could be identified; in some of these, earlier test results may have been false negative results (Summary statistics).

Among the 11 cases with no history of injecting drug use, two resulted from household exposure to hepatitis C virus, and one from home-tattooing; in a further case the probable source was occupational exposure to the virus. In two cases no exposure could be identified; one of these had a history of indeterminate tests and was possibly a false positive result (Summary statistics). Overall, three individuals (2%) did not respond to contact letters, these cases were lost to follow-up.

In the majority of cases the racial origin was reported as Caucasian (87%); 10% identified as Aboriginal, one case originated from the Pacific islands and two cases were reported as Asian (Summary statistics).

During 1997 and 1998, 44 (35%) incident cases were diagnosed from tests performed within the prison medical service; 16 (13%) cases were identified from hospital testing and 11 (9%) through drug and alcohol services (DASC). Metropolitan and country general practitioners requested the tests in 47 (38%) instances (Summary statistics).

Compulsory HIV testing at prison entry of persons incarcerated for more than seven days, accompanied by the offer of testing for hepatitis C, ceased during 1998. Despite this change in practice, 30 incident cases were detected in 1998, whereas 14 diagnoses were made from prisons in 1997 (Summary statistics). These numbers reflect serial tests performed on a high-risk population, and do not provide information about the location in which hepatitis C virus was transmitted.

Clinical symptoms of hepatitis were reported in 15 (12%) incident cases.

Summary statistics: incident cases of hepatitis C in South Australia, 1997-8.

Incident cases of hepatitis C infection			
	Females	Males	Total
Testing history			
No previous test	1	4	5
Previous negative test, last 12 months	40	78	118
Unknown	1	-	1
Age-group at diagnosis (years)			
<15	1	-	1
15-19	8	10	18
20-29	26	57	83
30-39	6	13	19
40-49	1	2	3
Likely exposure route			
Injecting drug use	34	73	107
Tattoos	-	2	2
Body piercing	-	1	1
Occupational exposure	1	1	2
Household	2	-	2
Unknown	5	5	10
Racial origin			
Aboriginal	3	10	13
Asian	-	2	2
Caucasian	38	70	108
Other	1	-	1
Source of medical notification			
Hospitals	8	8	16
Prisons	3	41	44
DASC	7	4	11
Mental Health Services	1	1	2
Community Health Services	1	3	4
General practitioners	22	25	47
Total	42	82	124

Summary

Incident cases of hepatitis C infection provide information about current mechanisms of disease transmission. During 1997 and 1998, recent or current injecting drug use was identified as a likely route for hepatitis C virus in 86% of incident cases. Activities in the place of residence (tattooing, body piercing, sharing of bathroom items) were responsible for transmission in 4% of cases. Hence a small number of types of behaviour were responsible for transmission of hepatitis C in 90% of incident cases detected during the time period. No novel modes of transmission were identified.

Whilst occupational exposure seemed the likely route of infection in two cases, in a further 6% no recent exposure was identified, although some had past behaviour considered to be high-risk for transmission of hepatitis C virus. Overall, 2% of incident cases were lost to follow-up; these cases are unlikely to alter the proportions in identified exposure categories. Few incident cases (12%) reported clinical hepatitis.

The number of incident cases detected in this time period is likely to be an underestimate, partly due to the relatively small proportion of cases demonstrating clinical symptoms. Many incident cases would not have been detected without the offer of standard screening for blood-borne diseases in clinics and institutions dealing with high-risk populations.

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HIV INFECTION IN SOUTH AUSTRALIA

HIV Infection 1985 - 30/06/99

There have been 718 individuals diagnosed with HIV infection, 659 (92%) males and 59 (8%) females. Of the males diagnosed, 506 (77%) reported male-to-male sexual contact, 53 (8%) reported injecting drug use and 28 (4%) reported both risk factors. Heterosexual transmission was reported by 23 (39%) women and injecting drug use was reported by 30 (51%) of the women diagnosed with HIV infection (Table 1.1).

HIV Infection 01/04/99 - 30/06/99

Three males were diagnosed with HIV infection during the second quarter. All reported male-to-male sexual contact as their risk factor (Table 1.2). One male acquired the infection in the preceding 12 months (Table 1.3).

Laboratory Screening For HIV Infection 01/04/99 – 30/06/99

During the second quarter of 1999, 16704 screening tests have been performed, 8006 (48%) on males, 8613 (51%) on females and 85 tests on individuals whose sex was unknown (Table 1.4).

**Table 1.1 HIV infection detected in South Australia, 1985 – 30/06/99.
Exposure category by sex.**

Exposure category	Male		Female		Total	
	No.	%	No.	%	No.	%
Homosexual contact	506	77	na		506	70
Homosexual contact/IDU	28	4	na		28	4
Heterosexual contact	33	5	30	51	63	9
IDU	53	8	23	39	76	11
Blood products	7	1	2	3	9	1
Other	4	1	3	5	7	1
Unknown	28	4	1	2	29	4
Total	659		59		718	

na not applicable

Table 1.2 HIV infection detected in South Australia, 01/04/99 - 30/06/99 and year to date. Exposure category by sex.

Exposure category	2nd Quarter 01/04/99 - 30/06/99		Year to date 01/01/99 - 30/06/99	
	Male		Male	
Homosexual contact	3		4	
Heterosexual contact	-		1	
Heterosexual/IDU	-		1	
Total	3		6	

Table 1.3 HIV infection detected in South Australia, 01/04/99 – 30/06/99 and year to date. Testing history by age at diagnosis.

Testing history	2nd Quarter 01/04/99 - 30/06/99		Year to date 01/01/99 - 30/06/99		
	Age		Age		Total
	<25	>40	<25	>40	
No previous test	1	-	2	-	2
Previous 12 months	1	-	2	1	3
12 - 24 months	1	-	1	-	1
Total	3	-	5	1	6

Table 1.4 Summary of HIV antibody tests, 01/04/99 - 30/06/99 and year to date. Laboratory by sex.

Laboratory	2nd Quarter 01/04/99 - 30/06/99			Year to date 01/01/99 - 30/06/99			
	Male	Female	Unknown	Male	Female	Unknown	Total
Public	4709	5407	85	10346	12867	184	23397
Private	3297	3206	-	5815	5809	-	11624
Total	8006	8613	85	16161	18676	184	35021

HEPATITIS C SURVEILLANCE IN SOUTH AUSTRALIA

Hepatitis C Notification 01/04/99 - 30/06/99

In the second quarter of 1999, medical notifications of positive hepatitis C antibody tests were received for 308 individuals, 203 (66%) males and 105 (34%) females.

Among the medical notifications, 245 (80%) individuals were newly diagnosed with hepatitis C infection during 1999. Of these, 100 had never been tested before for hepatitis C; in a further 93 cases the testing history was unknown. Of 37 individuals with a previous negative test, 19 were tested more than 12 months earlier, whilst 18 were tested within the last year.

Among the 245 cases, 176 (72%) individuals reported past or present injecting drug use as a likely transmission route for hepatitis C virus (Table 2.1). The majority were aged between 20 and 39 years at diagnosis, 108 (67%) males; 52 (63%) females (Table 2.2).

Incident Cases

Eighteen incident cases were identified during the quarter, all had negative serology in the preceding 12 months. The incident cases comprised 14 males and 4 females. The probable mode of transmission for hepatitis C virus was injecting drug use in 16 cases (Table 2.3). In males, the most common age-group at diagnosis was 20 to 29 years; two females 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, 01/04/99 - 30/06/99 and year to date. Exposure category by sex.

Exposure category	2nd Quarter 01/04/99 - 30/06/99		Year to date 01/01/99 - 30/06/99		
	Male	Female	Male	Female	Total
IDU*	120	56	251	116	367
Blood transfusion/blood products	6	7	20	14	34
Tattoos	16	-	31	3	34
Other**	10	10	26	23	49
Unknown	10	10	20	20	40
Total	162	83	348	176	524

* includes IDU in combination with other categories.

** includes possible occupational exposure, residence in a high prevalence country, household contact, positive sexual partner, body piercing/acupuncture.

Table 2.2 Hepatitis C infection, 01/04/99 - 30/06/99 and year to date. Age group by sex.

Age group (years)	2nd Quarter 01/04/99- 30/06/99		Year to date 01/01/99 - 30/06/99		
	Male	Female	Male	Female	Total
10 - 19	2	6	10	9	19
20 - 29	48	23	97	54	151
30 - 39	60	29	128	64	192
40 - 49	35	16	83	31	114
>50	17	9	30	18	48
Total	162	83	348	176	524

Table 2.3 Incident cases of hepatitis C infection, 01/04/99 - 30/06/99 and year to date. Exposure category by sex.

Exposure category	2nd Quarter 01/04/99 - 30/06/99		Year to date 01/01/98 - 30/06/99		
	Male	Female	Male	Female	Total
IDU	12	4	26	7	33
Sexual partner positive	1	-	1	-	1
Unknown	1	-	1	-	1
Total	14	4	28	7	35

Table 2.4 Incident cases of hepatitis C infection, 01/04/99 - 30/06/99 and year to date. Age group by sex.

Age group (years)	2nd Quarter 01/04/99 –30/06/99		Year to date 01/01/99 –30/06/99		
	Male	Female	Male	Female	Total
15 - 19	-	2	2	2	4
20 - 29	9	-	20	2	22
30 - 39	5	1	5	2	7
>40	-	1	1	1	2
Total	14	4	28	7	35

Table 2.5 Summary of laboratory tests for hepatitis C antibodies, 01/04/99 - 30/06/99 and year to date. Laboratory by sex.

Laboratory	2nd Quarter 01/04/99 - 30/06/99			Year to date 01/01/99 - 30/06/99			
	Male	Female	Unknown	Male	Female	Unknown	Total
Public	4940	5053	46	9744	10243	109	20096
Private	4377	4909	-	8216	10393	-	18609
Total	9317	9962	46	17960	20636	109	38705

HEPATITIS B SURVEILLANCE IN SOUTH AUSTRALIA

Hepatitis B Medical Notification 01/04/99 - 30/06/99

During the second quarter of 1999, 59 hepatitis B medical notifications were received. Of these, three were acute clinical cases of hepatitis B infection (Tables 3.1, 3.2). A further 16 were reports of chronic carriers of greater than twelve months duration, who had been previously diagnosed, but not notified. There was one report 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 39 cases (Table 3.3).

Of the 39 reports of antigen positivity of uncertain duration, 24 tested surface antigen positive for the first time this quarter and the testing history was unknown for the remaining 15 cases. Among the 24 individuals who tested surface antigen positive for the first time, but were not acute cases, the racial origin of 14 (58%) 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, 01/04/99 - 30/06/99 and year to date. Exposure category by sex.

Exposure category	2nd Quarter 01/04/99 - 30/06/99		Year to date 01/01/99 - 30/06/99		
	Male	Female	Male	Female	Total
IDU	1	-	2	1	3
Social/family	1	1	1	1	2
Unknown	-	-	-	1	1
Total	2	1	3	3	6

Table 3.2 Acute hepatitis B infection, 01/04/99 - 30/06/99 and year to date. Age group by sex.

Age group (years)	2nd Quarter 01/04/99 - 30/06/99		Year to date 01/01/99 - 30/06/99		
	Male	Female	Male	Female	Total
< 10	-	1	-	1	1
20 - 29	1	-	2	-	2
30 - 39	-	-	-	1	1
40 - 49	1	-	1	-	1
>50	-	-	-	1	1
Total	2	1	3	3	6

Table 3.3 Hepatitis B infection, 01/04/99 - 30/06/99 and year to date. Case category by sex.

Case category	2nd Quarter 01/04/99 - 30/06/99		Year to date 01/01/99 - 30/06/99		
	Male	Female	Male	Female	Total
Acute infection	2	1	3	3	6
Antigen positive - < 12 months duration	1	-	3	-	3
Antigen positive - uncertain duration	18	21	54	43	97
Chronic carriers - > 12 months duration	8	8	14	19	33
Total	29	30	74	65	139

Table 3.4 Individuals who tested hepatitis B surface antigen positive for the first time, 01/04/99 - 30/06/99 and year to date. Race by sex.

Racial origin	2nd Quarter 01/04/99 - 30/06/99		Year to date 01/01/99 - 30/06/99		
	Male	Female	Male	Female	Total
Aboriginal	1	-	3	1	4
Asian	6	8	18	14	32
Caucasian	3	5	8	7	15
Other/unknown	-	1	3	1	4
Total	10	14	32	23	55

Table 3.5 Summary of hepatitis B surface antigen tests, 01/04/99 - 30/06/99 and year to date. Laboratory by sex.

Laboratory	2nd Quarter 01/04/99 - 30/06/99			Year to date 01/01/99 - 30/06/99			
	Male	Female	Unknown	Male	Female	Unknown	Total
Public	4389	6437	48	8830	13157	123	22110
Private	4290	5392	-	7967	10992	-	18959
Total	8679	11829	48	16797	24149	123	41069

GENITAL CHLAMYDIAL INFECTION IN SOUTH AUSTRALIA

Genital Chlamydial Infection 01/01/99- 30/06/99

Between 1 January and 30 June 1999, 505 medical notifications of genital chlamydial infection were received (Table 4.1). Of these, 210 (42%) cases occurred in males and 295 (58%) in females.

Genital Chlamydial Infection 01/04/99 - 30/06/99

During this quarter, 290 cases of chlamydial infection were notified to STD Services. Much of the increase in cases for this quarter is the result of the annual screening program in the Anangu/Pitjantjatjara lands during April and May.

Of the 290 cases of genital chlamydia, 123 (42%) were diagnosed in males and 167 (58%) in females.

Ninety one (74%) cases occurred in males aged less than thirty years; in females, 118 (71%) cases of infection were detected in the 15-25 year age-group.

Laboratory tests for genital chlamydia performed during this quarter are detailed in table 4.2.

Table 4.1 Genital chlamydial infection in South Australia, 01/04/99 - 30/06/99 and year to date. Age group by sex.

Age group (years)	2nd Quarter 01/04/99 - 30/06/99		Year to date 01/01/99- 30/06/99		
	Male	Female	Male	Female	Total
<15	-	5	-	7	7
15 - 19	21	56	28	87	115
20 - 24	38	62	65	118	183
25 - 29	31	24	55	44	99
30 - 34	13	14	29	24	53
35 - 39	13	4	19	9	28
>40	7	2	14	6	20
Total	123	167	210	295	505

**Table 4.2 Summary of laboratory tests for genital chlamydia,
01/04/99 - 30/06/99 and year to date. Laboratory by sex.**

Laboratory	2nd Quarter 01/04/99 - 30/06/99		Year to date 01/01/99- 30/06/99		
	Male	Female	Male	Female	Total
Public	1294	3420	2711	7077	9788
Private	678	2310	1312	4620	5932
Total	1972	5730	4023	11697	15720

GONOCOCCAL INFECTION IN SOUTH AUSTRALIA

Gonococcal Infection 01/01/99- 30/06/99

In the first half of 1999, 128 cases of gonococcal infection were notified by medical practitioners (Table 5.1). Of these, 89 (70%) cases occurred in males and 39 (30%) in females.

Gonococcal Infection 01/04/99 - 30/06/99

During the second quarter, 76 cases of gonorrhoea were reported to STD Services. An increase in the number of cases in Aboriginal males was a consequence of annual screening programs in the Anangu/Pitjantjatjara lands.

Fifty seven (75%) cases of gonococcal infection were detected in males, and 19 (25%) in females. The majority of infections occurred in males and females aged less than 30 years (30 males; 16 females) (Table 5.1).

The proportion of males with gonococcal infection reporting male-to-male sexual contact was 23%. In both males and females, the majority of infections were acquired in South Australia (87%).

Table 5.1 Gonococcal infection detected in South Australia, 01/04/99 - 30/06/99 and year to date. Age group by sex.

Age group (years)	2nd Quarter 01/04/99 - 30/06/99		Year to date 01/01/99- 30/06/99		
	Male	Female	Male	Female	Total
<15	-	-	-	3	3
15 - 19	9	7	12	11	23
20 - 24	21	9	23	12	35
25 - 29	12	2	24	5	29
30 - 34	5	-	9	5	14
35 - 39	8	-	11	1	12
>40	2	1	10	2	12
Total	57	19	89	39	128

CLINIC 275 ACTIVITY REPORT

Table 6.1 Clinic 275 - Summary Statistics

Diagnosis	2nd Quarter 01/04/99 - 30/06/99		Year to date 01/01/99 - 30/06/99		
	Male	Female	Male	Female	Total
No illness	405	273	922	686	1608
HIV	1	-	2	-	2
Gonorrhoea	10	3	17	4	21
Syphilis	1	-	5	-	5
Herpes	25	25	57	50	107
Chlamydia	22	24	53	47	100
NSU	26	na	58	na	58
Warts	214	89	461	181	642
Trichomoniasis	2	5	2	6	8
Candida vaginitis	na	79	na	162	162
Crabs	20	2	35	5	40
Scabies	5	2	9	2	11
Molluscum	36	13	67	21	88
Bacterial vaginosis	na	51	na	100	100
Hepatitis B antigen positive	5	1	12	3	15
Hepatitis C infection - incident	-	1	2	1	3
new	4	5	12	6	18
known	15	9	34	19	53
Urethral irritation	64	na	136	na	136
Balanitis	46	na	86	na	86
Non STD illness	132	67	266	123	389
Post coital contraception	na	44	na	90	90
Abnormal Pap smear	na	36	na	69	69
Other/uncertain	24	41	50	78	128
Clinic attendances	1865	1283	4083	2758	6841
Episodes of care	1057	770	2185	1558	3743
Individual clients	919	612	1997	1355	3352

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, 01/04/99 - 30/06/99. Exposure category by infection.

Exposure category	n	Chlamydia	Gonorrhoea	Syphilis	Total
Homosexual	144	1	7	-	8
Heterosexual, IDU	18	1	1	-	2
Heterosexual, O/S [#]	59	4	-	1	5
Heterosexual	552	16	2	-	18
Total		22	10	1	33

Overseas contact in the previous three months.

n Number of clients in category seen during the quarter.

Table 6.3 Males diagnosed with hepatitis C, *hepatitis B or HIV infection at C275, 01/04/99 - 30/06/99. Exposure category by infection.

Exposure category	n	Hepatitis C	Hepatitis B**	Hepatitis B	HIV	Total
		New diagnoses	Previous exposure	carrier		
Homosexual	144	-	8	-	-	8
Homosexual, IDU	18	1	1	-	1	3
Bisexual	38	-	2	-	-	2
Heterosexual, IDU	116	2	7	1	-	10
Heterosexual, O/S	59	-	2	1	-	3
Heterosexual	552	1	6	1	-	8
Other/unknown	30	-	1	2	-	3
Total		4	27	5	1	37

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

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

Overseas contact in the previous three months.

n Number of clients in category seen during the quarter.

Table 6.4 Females diagnosed with chlamydia, gonorrhoea or syphilis* at C275, 01/04/99 - 30/06/99. Exposure category by infection.

Exposure category	n	Chlamydia	Gonorrhoea	Total
Heterosexual, IDU	74	2	-	2
Heterosexual, O/S [#]	32	1	-	1
Heterosexual	466	21	2	23
Other/unknown	65	-	1	1
Total		24	3	27

Overseas contact in the previous three months.

* No case of syphilis diagnosed during the quarter.

n Number of clients in category seen during the quarter.

Table 6.5 Females diagnosed with hepatitis C, *hepatitis B or *HIV infection at C275, 01/04/99 - 30/06/99. Exposure category by infection.

Exposure category		Hepatitis C	Hepatitis B**	Hepatitis B	Total
n		New diagnoses	Previous exposure	carrier	
Heterosexual, IDU	74	♦3	2	-	5
Heterosexual, O/S#	32	-	1	-	1
Heterosexual	466	1	7	1	9
Other/unknown	65	2	-	-	2
Total		6	10	1	17

* No case of HIV or 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.

♦ Includes one incident case.

n Number of clients in category seen during the quarter.

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