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The article featured in this quarterly report examines the web site of STD Services. The diagnosis of a sexually transmitted disease can lead to an urgent need for information often not discussed openly. Publication on the world wide web allows anonymous, 24-hour access to material for both doctors and patients.

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## **STD Services Web Site:** [www.stdservices.on.net](http://www.stdservices.on.net)

Education and the provision of current material are important in the control and treatment of sexually transmitted diseases (STD). At STD Services education is used in several settings, one-to-one for client information, general STD prevention seminars for student groups and more formal structured discussions and lectures for undergraduates. Verbal information is often augmented by pamphlets produced by the service.

In 1995, the STD Services web site was established as an extension of the education resources of Clinic 275, and in recognition of the need to provide information that could be viewed privately and at any time. Initially, the site existed on space donated by Camtech as part of the East End On Line "virtual community", later it was moved to the current address: [stdservices.on.net](http://stdservices.on.net). Expansion and upgrading of the site in 1998 incorporated several new areas of content, a search engine, new logos and colour schemes.

## **Information formats**

The STD Services web site contains information formatted either as HTML (web pages) or Adobe *portable document format* (pdf files). HTML pages can be viewed on line using browser software such as Microsoft Internet Explorer and Netscape Navigator. The pdf files allow visitors with the necessary software (Adobe Acrobat Reader version 3 or later) to view the files with page layouts and formatting suitable for printing. The Acrobat Reader can be downloaded free of charge from the internet - easy to follow instructions are provided on the STD Services web site.

In this article, reference to material being "downloaded" implies pdf documents as described above, which can be printed using an Adobe Acrobat Reader. The printed layout will be the same as that seen when the document is viewed within the Adobe Reader.

## **Site Content**

The web site encompasses a number of topics related to STD Services ranging from provision of guidelines for clinicians, public health data, specific information for particular groups and links to related sites. Also on the site are details of the role, function and staff of STD Services, a client visit guide to Clinic 275 and information for secondary and tertiary students. In the "*Should I see a doctor?*" section users are assisted in deciding whether symptoms being experienced may be attributable to STD. The content of the STD Services education program for medical students is also in the site.

Figure 1 Home page of STD Services web site



## Diagnosis and management guidelines

The Diagnosis and Management of STDs is published regularly by STD Services. These guidelines on diagnosis and management have been prepared on the basis of local experience, review of the literature and consultation of the current recommendations of the United States Centers for Disease Control and the World Health Organisation.

As these guidelines were developed primarily for use by Clinic 275 staff, they may not be appropriate in all clinical practice settings, so some flexibility is required in applying them to some private practice situations.

The early sections provide guidance to the practitioner on risk assessment and appropriate testing, other sections provide concise information on diagnosis and management of individual diseases. Checklists on HIV testing and counselling, chlamydia, STD interview and points on prevention have been provided for use as desktop reminders. A feature of the web site not available in the printed version is the inclusion of photographs of common presentations of many infections.

Publication on the web site allows STD Services to highlight major changes in current treatments ahead of regular publication, it also disseminates information to practitioners promptly and free of charge.

For information and explanation, educational material for patients can be viewed on the "Essential Facts" page for each STD, this information is taken from a series of patient education pamphlets produced by STD Services. If individuals wish to print the information, the pamphlets can be downloaded (in pdf format) by following instructions on the web site. The pamphlets cover a range of common questions about STDs diagnosed in South Australia.

### **Publications and reports**

Timely dissemination of information is a basic tenet of good public health practice. The annual Epidemiologic and quarterly Surveillance reports of STD Services provide data on the number of infections, trends in disease and describe high risk exposures for notifiable, sexually transmitted diseases in South Australia. Additionally, other publications of STD Services are listed on the web site and, where possible, linked to the original article. These cover a range of STD material from the history of STD clinics to clinical articles and new treatment regimes.

### **Information tailored to specific groups**

Included in the STD Services web site is material of particular interest to some groups within the community such as gay and bisexual men, injecting drug users, hepatitis C antibody positive people and teenagers.

Targeted pages outline the specific services offered by Clinic 275 to members of these groups. They also provide explanations of risk factors and infections commonly encountered by the groups, as well as links to pages of information about pertinent infections.

### **Links to sexual health sites**

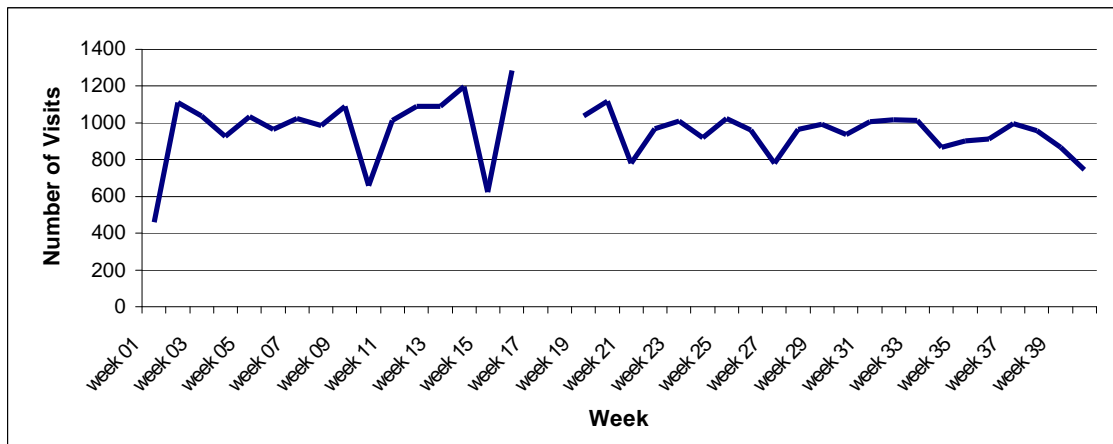
The links to other sexual health sites on the world wide web allow easy access to many sites where material extends and complements the information found on stdservices.on.net, making the STD Services web site a convenient gateway for STD-related matters. Classification of some linked sites by area allows visitors to access sites in their own physical locality where they may obtain relevant data and information.

### **Visits to the web site 1/1/99 - 30/9/99**

Both Netscape Navigator (versions 3, 4 & 5) and Microsoft Internet Explorer (versions 3, 4 & 5), can be used to view the site and most visits are made using these browsers.

Statistics on use of the web site have been available since relocation to a new server in July, 1998. The number of visits each day ranged between 900 and 1000 during January to September, 1999 (Figure 2). In the period studied, the average length of time spent viewing the site was over three minutes, with an average of five pages viewed per visit.

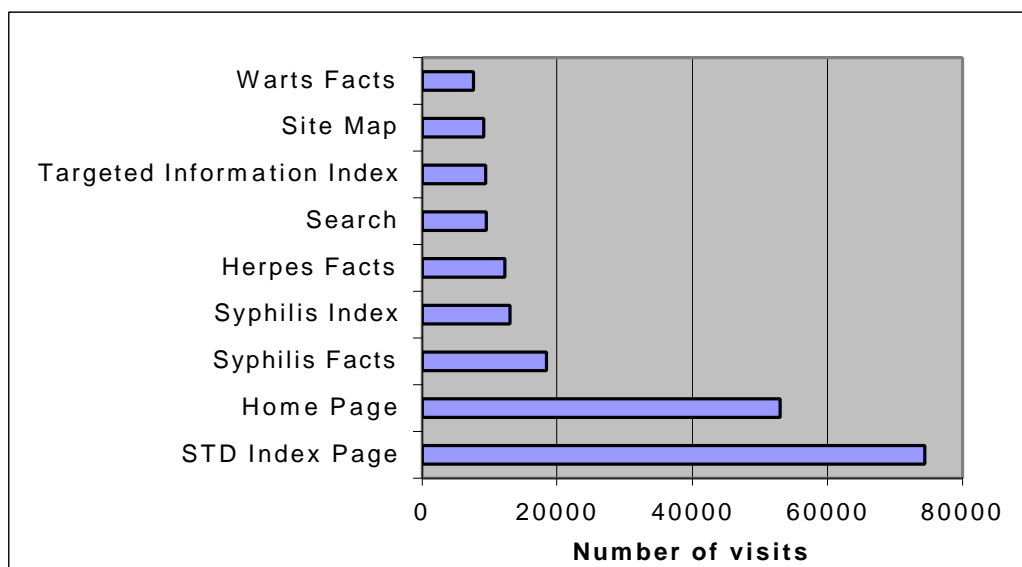
**Figure 2 Average daily visits to stdservices.on.net, 01/01/99 - 30/09/99. Number of visits by week of visit.**



Note: Data not available for weeks 17 &18.

Between 1 January and 30 September 1999, 74521 visits were made to the STD index page. After the home page, some of the most commonly viewed pages on the site were Syphilis: Essential Facts, Information for patients (18432 visits), Herpes: Essential Facts (12168), and Warts: Essential Facts (7608). More than 9000 visits were made to the pages with information targeted at particular groups (Figure 3).

**Figure 3 Pages most frequently visited, 1/1/99 - 30/9/99. Page visited by number of visits.**



The majority of visits (88%) to stdservices.on.net originated in the United States followed by Australia (5%). The combined visits from Canada, Britain, New Zealand, Japan, Singapore and Malaysia accounted for a further six percent. Other visits were made from countries as diverse as Croatia, Mexico and China.

Material downloaded frequently (more than 1000 times each) included patient information pamphlets on pediculosis pubis, syphilis, trichomonas, bacterial vaginosis, genital warts, and genital herpes. Among material downloaded more than 500 times each were the Diagnosis and Management of STD guidelines as well as pamphlets on balanitis, chlamydia, and gonorrhoea.

Enquiries about the web site should be directed to the STD Services web site administrator at the e-mail address: [stdservices@dhs.sa.gov.au](mailto:stdservices@dhs.sa.gov.au).

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# HIV INFECTION IN SOUTH AUSTRALIA

## HIV Infection 1985 - 30/09/99

There have been 729 individuals diagnosed with HIV infection, 667 (92%) males and 62 (8%) females. Of the males, 509 (76%) reported male-to-male sexual contact, 55 (8%) reported injecting drug use and 28 (4%) reported both risk factors. Heterosexual transmission was reported by 23 (37%) women and injecting drug use was reported by 33 (53%) the women diagnosed with HIV infection (Table 1.1).

## HIV Infection 01/07/99 - 30/09/99

Eight males and three females were diagnosed with HIV infection during the third quarter. Of the five heterosexual males, two identified injecting drug use as their risk factor and two originated from countries where HIV is transmitted predominantly by heterosexual contact. Three males reported male to male sexual contact. Of the three females diagnosed, two were from countries where HIV is transmitted predominantly by heterosexual contact (Table 1.3).

## Laboratory Screening For HIV Infection 01/07/99 - 30/09/99

During the third quarter of 1999, 21465 screening tests have been performed, 10087 (47%) on males, 11298 (51%) on females and 80 tests on individuals whose sex was unknown (Table 1.4).

**Table 1.1 HIV infection detected in South Australia, 1985 - 30/09/99.  
Exposure category by sex.**

Exposure category	Male		Female		Total	
	No.	%	No.	%	No.	%
Homosexual contact	509	76	na		509	70
Homosexual contact/IDU	28	4	na		28	4
Heterosexual contact	36	6	33	53	69	9
IDU	55	8	23	39	78	11
Blood products	7	1	2	3	9	1
Other	4	1	3	5	7	1
Unknown	28	4	1	2	29	4
<b>Total</b>	<b>667</b>		<b>62</b>		<b>729</b>	

na not applicable

**Table 1.2 HIV infection detected in South Australia, 01/07/99 - 30/09/99 and year to date. Exposure category by sex.**

Exposure category	3rd Quarter 01/07/99 - 30/09/99		Year to date 01/01/99 - 30/09/99	
	Male	Female	Male	Female
Homosexual contact	3	-	7	-
Heterosexual contact	3	3	4	3
Heterosexual/IDU	2	-	3	-
<b>Total</b>	<b>8</b>	<b>3</b>	<b>14</b>	<b>3</b>

**Table 1.3 HIV infection detected in South Australia, 01/07/99 - 30/09/99 and year to date. Testing history by age at diagnosis.**

Testing history	3rd Quarter 01/07/99 - 30/09/99		Year to date 01/01/99 - 30/09/99		
	Age (years)		Age (years)		Total
	25 - 39	>40	25 - 39	>40	
No previous test	3	4	4	4	8
Negative < 12 months	-	1	2	2	4
Negative > 12 months	-	1	1	1	2
Known positive overseas	1	-	1	-	1
Unknown	1	-	2	-	2
<b>Total</b>	<b>5</b>	<b>6</b>	<b>10</b>	<b>7</b>	<b>17</b>

**Table 1.4 Summary of HIV antibody tests, 01/07/99 - 30/09/99 and year to date. Laboratory by sex.**

Laboratory	3rd Quarter 01/07/99 - 30/09/99			Year to date 01/01/99 - 30/09/99			
	Male	Female	Unknown	Male	Female	Unknown	Total
Public	4880	5828	80	15226	18695	264	34185
Private	5207	5470	-	11022	11279	-	22301
<b>Total</b>	<b>10087</b>	<b>11298</b>	<b>80</b>	<b>26248</b>	<b>29974</b>	<b>264</b>	<b>56486</b>

# HEPATITIS C SURVEILLANCE IN SOUTH AUSTRALIA

## Hepatitis C Medical Notification 01/07/99 - 30/09/99

In the third quarter of 1999, medical notifications of hepatitis C infection were received for 333 individuals, 201 (60%) males and 132 (40%) females.

Among the notifications, 267 (80%) individuals were newly diagnosed with hepatitis C infection during 1999. Of these, 120 had never been tested before for hepatitis C; in a further 107 cases the testing history was unknown. Forty cases reported a previous negative test, 25 were tested more than 12 months earlier, whilst 15 were tested within the last year.

On 191 (72%) notifications, past or present injecting drug use was reported as the likely transmission route for hepatitis C virus (Table 2.1). The age range at diagnosis for most males was 20 to 49 years, 145 (89%); 62 (59%) females were aged between 20 and 39 years (Table 2.2).

### Incident Cases

Nineteen incident cases were identified during the quarter, 15 had negative serology in the previous 12 months. The incident cases comprised seven females and 12 males. The probable mode of transmission for hepatitis C virus was injecting drug use in 17 cases (Table 2.3). The most common age-group at diagnosis was 20 to 29 years (Table 2.4).

Collated laboratory data for hepatitis C antibody tests are shown in Table 2.5.

**Table 2.1 Hepatitis C infection, 01/07/99 - 30/09/99 and year to date. Exposure category by sex.**

Exposure category	3rd Quarter 01/07/99 - 30/09/99		Year to date 01/01/99 - 30/09/99		
	Male	Female	Male	Female	Total
IDU*	120	71	375	189	564
Blood transfusion/blood products	7	8	28	22	50
Tattoos	3	4	33	9	42
Other**	2	4	12	19	31
High prevalence country***	12	9	26	19	45
Unknown	18	9	40	28	68
<b>Total</b>	<b>162</b>	<b>105</b>	<b>514</b>	<b>286</b>	<b>800</b>

\* includes IDU in combination with other categories.

\*\* includes - body piercing, acupuncture, household contact, positive sexual partner.

\*\*\* residence/medical treatment in a high prevalence country

**Table 2.2 Hepatitis C infection, 01/07/99 - 30/09/99 and year to date. Age group by sex.**

Age group (years)	3rd Quarter 01/07/99 - 30/09/99		Year to date 01/01/99 - 30/09/99		
	Male	Female	Male	Female	Total
10 - 19	3	8	13	17	30
20 - 29	45	35	141	91	232
30 - 39	50	27	181	94	275
40 - 49	50	24	134	55	189
≥ 50	14	11	45	29	74
<b>Total</b>	162	105	514	286	800

**Table 2.3 Incident cases of hepatitis C infection, 01/07/99 - 30/09/99 and year to date. Exposure category by sex.**

Exposure category	3rd Quarter 01/07/99 - 30/09/99		Year to date 01/01/99 - 30/09/99		
	Male	Female	Male	Female	Total
IDU	10	7	37	14	51
Partner positive	-	-	1	-	1
Unknown	2	-	3	-	3
<b>Total</b>	12	7	41	14	55

**Table 2.4 Incident cases of hepatitis C infection, 01/07/99 - 30/09/99 and year to date. Age group by sex.**

Age group (years)	3rd Quarter 01/07/99 - 30/09/99		Year to date 01/01/99 - 30/09/99		
	Male	Female	Male	Female	Total
15 - 19	1	1	3	3	6
20 - 29	8	5	29	7	36
30 - 39	1	-	6	2	8
≥ 40	2	1	3	2	5
<b>Total</b>	12	7	41	14	55

**Table 2.5 Summary of laboratory tests for hepatitis C antibodies, 01/07/99 - 30/09/99 and year to date. Laboratory by sex.**

Laboratory	3rd Quarter 01/07/99 - 30/09/99			Year to date 01/01/99 - 30/09/99			Total
	Male	Female	Unknown	Male	Female	Unknown	
Public	5171	5378	52	14915	15621	161	30697
Private	4499	3993	-	12715	14386	-	27101
<b>Total</b>	9670	9371	52	27630	30007	161	57798

# HEPATITIS B SURVEILLANCE IN SOUTH AUSTRALIA

## Hepatitis B Medical Notification 01/07/99 - 30/09/99

During the third quarter of 1999, 69 hepatitis B medical notifications were received. Of these, four were acute clinical cases of hepatitis B infection (Tables 3.1, 3.2). A further 14 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 50 cases (Table 3.3).

Of the 50 reports of antigen positivity of uncertain duration, 30 tested surface antigen positive for the first time this quarter, one case had a previous negative test and the testing history was unknown for the remaining 19 cases. Among the 30 individuals who tested surface antigen positive for the first time, but were not acute cases, the racial origin of 15 (50%) was reported as Caucasian and 13 (43%) 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, 01/07/99 - 30/09/99 and year to date. Exposure category by sex.**

Exposure category	3rd Quarter 01/07/99 - 30/09/99		Year to date 01/01/99 - 30/09/99		
	Male	Female	Male	Female	Total
IDU	1	1	3	2	5
Heterosexual Contact	-	1	-	1	1
Social Family	-	-	1	1	2
Unknown	1	-	1	1	2
<b>Total</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>5</b>	<b>10</b>

**Table 3.2 Acute hepatitis B infection, 01/07/99 - 30/09/99 and year to date. Age group by sex.**

Age group (years)	3rd Quarter 01/07/99 - 30/09/99		Year to date 01/01/99 - 30/09/99		
	Male	Female	Male	Female	Total
< 10	-	-	-	1	1
10 - 19	-	1	-	1	1
20 - 29	-	-	2	-	2
30 - 39	1	1	1	2	3
40 - 49	1	-	2	-	2
≥ 50	-	-	-	1	1
<b>Total</b>	2	2	5	5	10

**Table 3.3 Hepatitis B infection, 01/07/99 - 30/09/99 and year to date. Case category by sex.**

Case category	3rd Quarter 01/07/99 - 30/09/99		Year to date 01/01/99 - 30/09/99		
	Male	Female	Male	Female	Total
Acute Infection	2	2	5	5	10
Antigen positive - < 12 months duration	-	1	3	1	4
Antigen positive - uncertain duration	26	24	80	68	148
Chronic carriers - > 12 months duration	6	8	20	27	47
<b>Total</b>	34	35	108	101	209

**Table 3.4 Individuals who tested hepatitis B surface antigen positive for the first time, 01/07/99 - 30/09/99 and year to date. Race by sex.**

Racial origin	3rd Quarter 01/07/99 - 30/09/99		Year to date 01/01/99 - 30/09/99		
	Male	Female	Male	Female	Total
Aboriginal	-	-	3	1	4
Asian	6	7	24	21	45
Caucasian	7	8	15	15	30
Other/Unknown	1	1	4	2	6
<b>Total</b>	14	16	46	39	85

**Table 3.5 Summary of hepatitis B surface antigen tests, 01/07/99 - 30/09/99 and year to date. Laboratory by sex.**

Laboratory	3rd Quarter 01/07/99 - 30/09/99			Cumulative 01/01/99 - 30/09/99			
	Male	Female	Unknown	Male	Female	Unknown	Total
Public	4740	6955	75	13570	20112	198	33880
Private	4541	5558	-	12508	16550	-	29058
<b>Total</b>	9281	12513	75	26078	36662	198	62938

## GENITAL CHLAMYDIAL INFECTION IN SOUTH AUSTRALIA

### Genital Chlamydial Infection 01/01/99 - 30/09/99

Between 1 January and 30 September 1999 there were 755 cases of genital chlamydial infection notified to STD Services (Table 4.1). Of these, 320 cases (42%) occurred in males and 435 (58%) in females. This data is consistent with the expected incidence and sex ratio based on data for the period 1994-98.

### Genital Chlamydial Infection 01/07/99 - 30/09/99

Between 1 July and 30 September 1999, 230 cases of genital chlamydial infection were notified. Of these, 100 cases (43%) occurred in males and 130 (57%) in females (Table 4.1). Seventy five cases in males (75%) and 115 cases in females (88%) occurred in persons aged less than 30 years (Table 4.1).

The racial origin of 183 cases (80%) was reported as Caucasian (Table 4.2). The infection was reported as being acquired in South Australia for 201 cases (87%), and overseas for 16 cases (7%).

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

**Table 4.1 Genital chlamydial infection in South Australia, 01/07/99 - 30/09/99 and year to date. Age group by sex.**

Age group (years)	3rd Quarter 01/07/99 - 30/09/99		Year to date 01/01/99 - 30/09/99		
	Male	Female	Male	Female	Total
< 15	-	1	-	8	8
15 - 19	13	47	43	137	180
20 - 24	34	45	102	164	266
25 - 29	28	22	85	68	153
30 - 34	15	10	45	36	81
35 - 39	7	4	27	14	41
≥ 40	3	1	18	8	26
<b>Total</b>	100	130	320	435	755

**Table 4.2 Genital chlamydial infection, 01/07/99 –30/09/1999 and year to date. Race by sex.**

Racial origin	3rd Quarter 01/07/99 –30/09/99		Year to date 01/01/99 –30/09/99		
	Male	Female	Male	Female	Total
Aboriginal	6	11	48	57	105
Asian	7	11	19	24	43
Caucasian	82	101	242	335	577
Other/unknown	5	7	11	19	30
<b>Total</b>	100	130	320	435	755

**Table 4.3 Summary of laboratory tests for genital chlamydia, 01/07/99 - 30/09/99 and year to date. Laboratory by sex.**

Laboratory	3rd Quarter 01/07/99 - 30/09/99		Year to date 01/01/99 - 30/09/99		
	Male	Female	Male	Female	Total
Public	1365	3460	4076	10537	14613
Private	691	2270	2003	6890	8893
<b>Total</b>	2056	5730	6079	17427	23506

## GONOCOCCAL INFECTION IN SOUTH AUSTRALIA

### Gonococcal Infection 01/01/99 - 30/09/99

Between 1 January and 30 September 1999 there were 189 cases of gonococcal infection notified to STD Services (Table 5.1). For the years 1994-98, between 110 and 307 notifications were received for the corresponding period each year.

### Gonococcal Infection 01/07/99 - 30/09/99

During the third quarter of 1999, 45 cases of gonorrhoea were reported.

Twenty seven cases of gonococcal infection (60%) occurred in males, and 18 cases (40%) in females. Infection in both males and females was evenly distributed by age (Table 5.1). Only one case of gonococcal conjunctivitis was reported, occurring in a male adult.

Of the 27 males, five (19%) reported male to male sexual contact. The infection was reported as being acquired in South Australia for 38 cases (85%), and overseas for four cases (9%). The racial origin was reported as Aboriginal for 25 cases (56%), and Caucasian for 18 cases (40%).

**Table 5.1 Gonococcal infection detected in South Australia, 01/07/99 - 30/09/99 and year to date. Age group by sex.**

Age group (years)	3rd Quarter 01/07/99 - 30/09/99		Year to date 01/01/99 - 30/09/99		
	Male	Female	Male	Female	Total
< 15	-	1	-	4	4
15 - 19	3	3	16	14	30
20 - 24	6	5	34	17	51
25 - 29	4	3	30	9	39
30 - 34	6	2	17	8	25
35 - 39	3	2	17	3	20
≥ 40	5	2	16	4	20
<b>Total</b>	<b>27</b>	<b>18</b>	<b>130</b>	<b>59</b>	<b>189</b>



**Table 6.2 Males diagnosed with chlamydia, gonorrhoea or syphilis\* at C275, 01/07/99 - 30/09/99. Exposure category by infection.**

Exposure Category	n	Chlamydia	Gonorrhoea
Homosexual	108	-	1
Heterosexual, IDU	12	4	1
Heterosexual, O/S#	82	4	2
Heterosexual	572	22	4
<b>Total</b>		30	8

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

# 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, 01/07/99 - 30/09/99. Exposure category by infection.**

Exposure Category	n	Hepatitis C	Hepatitis B	Hepatitis B	HIV
		New diagnosis	Previous exposure**	Carrier	
Homosexual	108	-	6	-	-
Homosexual, IDU	12	-	1	-	-
Heterosexual, IDU	124	2	4	-	-
Heterosexual, O/S#	82	-	2	-	-
Heterosexual	572	1	12	4	1
<b>Total</b>		3	25	4	1

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

\*\* Refers to previous infection, 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, 01/07/99 - 30/09/99. Exposure category by infection.**

Exposure Category	n	Chlamydia	Gonorrhoea
Heterosexual, IDU	60	1	2
Heterosexual	450	13	3
Sex Worker	10	1	-
<b>Total</b>		15	5

\* 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, 01/07/99 - 30/09/99. Exposure category by infection.**

Exposure Category	n	Hepatitis B Previous exposure**	Hepatitis B carrier
Heterosexual	450	7	1
Sex Worker	10	1	-
Sex Worker, IDU	8	1	-
<b>Total</b>		9	1

\* No case of hepatitis C, HIV or acute hepatitis B diagnosed during reporting period.

\*\* Refers to previous infection, now surface antibody positive.

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.**