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## Sexually transmissible and blood-borne infections: the 2009 Surveillance Reports

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The Annual Surveillance Report on HIV/AIDS, viral hepatitis and sexually transmissible infections indicates that various groups – including Aboriginal people, injecting drug users, and men who have sex with men – are increasingly affected with these infections.

Three linked 2009 reports, launched today at the Australasian HIV/AIDS Conference 2009 in Brisbane, are released each year by the National HIV Research Centres, to track the effectiveness of Australia's public health programs in these areas.

The report "HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2009" indicates that the annual number of new HIV diagnoses has remained relatively steady at about 1,000 over the past three years. This level of HIV diagnoses was last recorded in Australia in 1994, indicating the need for strengthening safer sexual and injecting messages to minimise the risk of HIV infection. Despite the number of new infections, HIV prevalence in Australia remains one of the lowest in the world, at about 0.1 percent.

The pattern of HIV transmission in the Aboriginal and Torres Strait Islander population differs from that in the non-Indigenous population. The report "Bloodborne viral and sexually transmitted infections in Aboriginal and Torres Strait Islander People: Surveillance and Evaluation Report 2009", also to be released today, indicates that HIV infection among Aboriginal and Torres Strait Islander people was attributed to injecting drug use in 22% of cases over the past five years. "We are following the path of the Canadian Indigenous population, where HIV and huge numbers of hepatitis C diagnoses are reported following increased drug injecting patterns," said James Ward, head of the Aboriginal and Torres Strait Islander Health Program at the National Centre in HIV Epidemiology and Clinical Research. "We need to act urgently to bring down injecting drug use rates and high rates of bacterial STIs in Aboriginal communities before HIV becomes entrenched."

The reports provide the good news that rates of hepatitis C infections have declined by about half in the past decade, particularly in younger age groups. However despite this, hepatitis C prevalence remains high among injecting drug users across Australia and the burden of advanced liver disease continues to grow among infected people. Greater numbers of people are progressing into more advanced stages of fibrosis of the liver. Levels of HCV treatment uptake have plateaued over the last 2 years, despite this growing burden of disease.

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Diagnoses of chlamydia have continued their steady rise, particularly among young Australians aged 15 to 25, said Associate Professor David Wilson, head of the Surveillance and Evaluation Program for Public Health at the National Centre in HIV Epidemiology and Clinical Research, "This could be due to increases in testing but chlamydia continues to affect young people having unprotected sex," he said. "We have also had an epidemic of infectious syphilis in men having sex with men over the past five years, which has started to stabilise but remains at high and concerning levels" said Dr Wilson.

During 2008 the Australian Collaboration for Chlamydia Enhanced Sentinel Surveillance (ACCESS) Project was launched, funded through the Department of Health and Ageing Chlamydia Pilot Program, and first findings from this project are released today. Over 80 clinical sites are involved in the ACCESS project. Importantly, this system will provide the first national chlamydia surveillance system among priority populations such as young heterosexuals, Aboriginal and Torres Strait Islander people, men who have sex with men, and sex workers.

Rates of gonorrhoea, chlamydia and infectious syphilis are much higher in Aboriginal communities compared with the non-Indigenous population, particularly among the 15 to 19 year age group, partly reflecting poor access to appropriate primary health care services for many Aboriginal people in remote and regional communities.

The third report released today, the "Annual Report of Trends in Behaviour 2009" by the National Centre in HIV Social Research, indicates that an increase in unprotected sex with casual partners may have contributed to an increase in diagnoses of HIV among Queensland men who have sex with men. "Unprotected sex remains risky for acquiring HIV infection and other sexually transmissible diseases," said Centre director, Professor John de Wit. "Using condoms consistently with sexual partners is still the best strategy for minimizing risk." Unprotected sex with casual partners remains stable high among gay men in other jurisdictions, as does unprotected sex with regular partners, underscoring the importance of continued behavioural surveillance and prevention.

The report of trends in behaviour also shows that the sharing of injection equipment remains high among some people who inject drugs, which suggests that access to sterile needles and syringes remains less than ideal. Particularly concerning is that more than 40% of young people who attended music festivals in Sydney, Melbourne and the Gold Coast had been offered drugs to inject or had a partner or friend who injected drugs.

The two National Centres in HIV Research are part of the University of New South Wales.

**Further comment is available from:**

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## *P3/statistics summary*

### Summary of statistics

#### HIV/AIDS

- By 31 December 2008, 28 330 diagnoses of HIV infection, 10 348 diagnoses of AIDS and 6 765 deaths following AIDS had occurred in Australia. An estimated 17 444 people including 12 053 people aged 15 – 49 years were living with HIV infection in Australia at the end of 2008.
- Over the past 10 years, the number of new HIV diagnoses in Australia increased by 38% from 718 in 1999 to 995 in 2008.
- Trends in newly diagnosed HIV infection differed across State and Territory health jurisdictions. New South Wales recorded a stable population rate at around 5.9 per 100 000 population in 2004 – 2008 whereas the rate steadily increased in Queensland from 3.4 in 1999 to 4.7 in 2008. In Victoria, the rate increased from 2.8 in 1999 to 5.5 in 2006 and was stable at 5.3 in 2007 – 2008.
- Around 11% of cases of HIV infection newly diagnosed in Australia in 2008 had been previously diagnosed overseas.
- The annual number of diagnoses of newly acquired HIV infection increased from 171 in 1999 to 308 in 2006 and declined to 281 in 2008.
- HIV continued to be transmitted primarily through sexual contact between men.
- There was a similar per capita rate of HIV diagnosis in the Aboriginal and Torres Strait Islander and non-Indigenous populations. Higher proportions of cases were attributed to heterosexual contact and injecting drug use in the Aboriginal and Torres Strait Islander population.
- The per capita rate of HIV diagnosis in Australia in 2005 – 2008 was at more than eight times higher among people born in countries in sub-Saharan Africa than among Australian born people. In the past five years, 59% of cases of HIV infection attributed

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to heterosexual contact were in people who were from a high HIV prevalence country or whose sexual partner was from a high prevalence country.

## Viral hepatitis

- The *per capita* rate of diagnosis of hepatitis C infection in Australia declined by 18% over the past five years to 53.2 per 100 000 population in 2008.
- At the end of 2008, an estimated 211 700 people were living in Australia with chronic hepatitis C infection, including 44 000 with moderate to severe liver disease and 5 700 with cirrhosis.
- The reported number of diagnoses of newly acquired hepatitis C infection fluctuated between 456 and 381 in 2004 – 2008.
- Based on reported cases, hepatitis C transmission in Australia continued to occur predominantly among people with a recent history of injecting drug use. Similarly, reported cases of hepatitis B transmission were also attributed predominantly to injecting drug use.
- The proportion of people seen at needle and syringe programs who reported having injected drugs for three years or less was stable in 2004 – 2008 at around 5.3%. Within this group, hepatitis C prevalence ranged from 17% in 2005 to 27% in 2008.
- In 2008, chronic hepatitis B infection and chronic hepatitis C infection were the underlying causes of liver disease in 1.9% and 27.7% of liver transplants, respectively.
- An estimated 3 562 people with chronic hepatitis C infection were prescribed ribavirin and pegylated interferon combination treatment or pegylated interferon only in 2008.

## Sexually transmissible infections other than HIV

- Chlamydia was the most frequently reported notifiable condition in Australia in 2008 with 58 456 reported diagnoses. The population rate of diagnosis of chlamydia in 2008 was 270 per 100 000 population, a 10% increase over the rate in 2007, continuing the increase seen over the past ten years.
- Results available through the Australian Collaboration for Chlamydia Enhanced Sentinel Surveillance (ACCESS), a new surveillance system for monitoring testing and diagnoses of chlamydia, indicated increased testing rates among young heterosexual

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men and women seen at sexual health services, from 72.3% and 66.6% in 2004 to 80% and 77.4%, respectively, in 2008. The chlamydia positivity rate increased among young heterosexual men and women from 12.4% and 10.4%, respectively, in 2004 to 14.6% and 14.2%, respectively, in 2008.

- The population rate of diagnosis of gonorrhoea was stable in 2004 – 2008 at 36 per 100 000 population. The rate of diagnosis of infectious syphilis doubled from 3.1 in 2004 to 6.8 in 2007 and declined to 6.1 in 2008. These increases largely occurred among men who have sex with men.
- Substantially higher rates of diagnosis of chlamydia, gonorrhoea and infectious syphilis were recorded among Aboriginal and Torres Strait Islander people compared with non-Indigenous people.

Copies of the reports, *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2009*, *Bloodborne viral and sexually transmitted infections in Aboriginal and Torres Strait Islander people: Surveillance and Evaluation Report 2009* and *Annual Report of Trends in Behaviour 2009* are available online at the NCHECR website <http://www.nchecr.unsw.edu.au/> and the NCHSR website <http://nchsr.arts.unsw.edu.au>