

# Victorian Primary Care Network for Sentinel Surveillance on BBVs and STIs\*

## HIV Report 1: April – December 2006

Welcome to our new report.

We are pleased to present the first report in a new series. The report is intended to present new information on trends and patterns in HIV in Victoria, with a particular focus on the findings from a sentinel surveillance network that has been established with the collaboration of a number of primary health and sexual health services.

The report will be produced every six months. Each issue will include standard tabulations from the sentinel surveillance network. It will also feature updates from other surveillance systems of relevance to HIV, as new information comes to hand. A briefer summary will be also produced every other quarter for participating clinics.

The establishment of the new surveillance network comes at a time when there is an urgent need to gain insight into the recent increases in annual HIV and STI diagnosis in Victoria, particularly in men who have sex with men (MSM). The sentinel surveillance network provides information about HIV testing and prevalence among those tested (the first time such data are available) complementing other data sources.

### Sentinel Surveillance for HIV

**Method:** In March 2006, a sentinel surveillance system based on primary care and sexual health sites commenced operation involving collection and linking of two data sets i) demographic data and HIV test results collected by the laboratory on all individuals routinely tested for HIV at the site and ii) extra demographic information (all individuals) and risk behaviour information (MSM only) collected through brief questionnaires completed voluntarily by patients while in the doctor's room. Sentinel sites were chosen if (i) they diagnosed a high number of HIV infections per year, (ii) had a high case load of MSM and (iii) were willing to participate. Five clinics (listed on page 2) were approached and agreed to participate. This report provides results from the HIV sentinel surveillance system for the period April 2006 to December 2006. Data from one site were not included in the report due to a low response rate.

**Results – All tests:** Between April and December 2006, a total of 7331 HIV tests were conducted in individuals at the four participating sites; 4926 (67%) among males and 2339 (32%) in females. The questionnaire response rate among males ranged from 80% to 100% (Table 1).

**Results - MSM:** There was a total of 2763 questionnaires completed among MSM; with an average of 307 questionnaires (range: 276-334) per month (Figure 1). Thirty two percent of the MSM surveyed were aged 30 to 39 years and 46% reported a negative HIV test in the 12

months prior to their current test. Of MSM with casual partners and having anal sex, 34% reported not always using condoms in the past six months (Table 2 & 3).

The overall HIV prevalence among MSM surveyed and tested was **1.9% (95% CI 1.4-2.5)**. The highest prevalence was observed in those (i) aged 30 to 39 years (ii) tested due to a seroconversion illness, (iii) who reported a previous HIV test more than 12 months prior to the current diagnosis (iv) who reported the most recent HIV test of current regular partner/s was positive and (v) who reported that they did not always use condoms with regular anal sex partner/s (Table 2 and Table 3).

**Table 1: HIV tests and questionnaires, by sex and HIV result, April-Dec 2006**

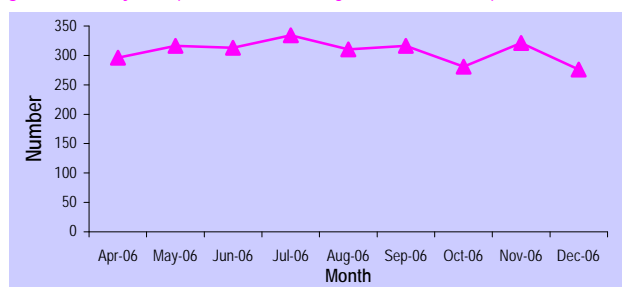
Site Number	18	10	5	6	All
<b>All tests</b>					
HIV tests (n)	5360	1332	579	60	7331
<b>Tests in males</b>					
HIV tests (n)	3131	1214	558	23	4926
HIV tests (%)	58.4	91.1	96.4	38.3	67.2
Questionnaires (n)	3131	1015	445	23	4614
Response rate (%)**	100%	83.6%	79.7%	100%	93.7%
<b>MSM</b>					
Questionnaires (n)	1471	861	423	8	2763
Positive tests (n)	25	21	6	0	52
Positive Tests (%)***	1.7	2.4	1.4	-	1.9 (1.4-2.5)

\*\*Site 6 and 18 completed questionnaires on all MSM as part of routine sexual history taking

\*\*Response rate = total questionnaires completed / total number of persons tested for HIV x 100

\*\*\*Positive Tests (%) = total positive tests amongst MSM completing a questionnaire / total questionnaires completed x 100

**Figure 1: Monthly HIV questionnaires among MSM, all clinics, April-Dec 2006**



**Conclusion:** The HIV prevalence of 1.9% among MSM tested in 2006 was similar to the 2005 estimate obtained in the pilot study of 2.0% but higher than 2004 estimate of 1.3%. These findings appear consistent with the pattern of new diagnoses in Victoria (see below), where a 9% increase in notifications was observed between 2005 and 2006 compared to a 17% increase between 2004 and 2005. The number of questionnaires completed each month (average of 300) remained consistent in 2006.

**Limitations:** (i) the sentinel system only includes MSM seeking health services and thus the results cannot be assumed to apply to all MSM, (ii) the results describe HIV prevalence rather than incidence - HIV incidence is a more direct consequence of changes in transmission risk and will be described in future issues as the sample size increases, (iii) the current system included a different clinic to the pilot study, but results seem comparable.

In regards to sentinel surveillance, BBVs (blood borne viruses) refers to hepatitis C and STIs (sexually transmissible infections) refers to HIV, chlamydia and syphilis

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Sites: Melbourne Sexual Health Centre, Prahran Market Clinic, The Centre Clinic, Carlton Clinic, Geelong Sexual health Clinic

The data in this report were collated and analysed by the Burnet Institute in collaboration with the Victorian Infectious Diseases Reference Laboratory, Melbourne Sexual Health Centre and the Victoria Department of Human Services (DHS). This project is funded by the DHS.

**Table 2: Characteristics of MSM surveyed and tested for HIV, all clinics (sex workers and unknowns excluded), April-Dec 2006**

		Apr-Dec 2006			
		Tested		Positive	
		n	%	n	%
<b>All individuals</b>		2709	100	49	
<b>Age group (years)</b>	16-19	61	2.3	0	-
	20-29	954	35.2	7	0.7
	30-39	888	32.8	24	2.7
	40-49	520	19.2	12	2.3
	50+	286	10.6	6	2.1
<b>Country of birth</b>	Australia	1822	73.2	30	1.7
	Other	666	26.8	14	2.1
<b>Aboriginal and/or Torres Strait Islander</b>	No	2410	99.2	43	1.8
	Yes	19	0.8	0	-
<b>Reason for test (n=1248)*</b>	Asymptomatic screen	1184	94.9	22	1.9
	Seroconversion illness	8	0.6	2	25.0
	STI symptoms	54	4.3	3	5.6
	Other	2	0.2	0	-
<b>History of Injecting drug use (n=1243)*</b>	No	1178	94.8	25	2.1
	Yes	65	5.2	2	2.1
<b>Timing of last negative HIV test</b>	Within the last 12 months	1266	46.7	19	1.5
	Greater than 12 months ago	1199	44.3	29	2.4
	No history of a previous test	244	9.0	1	0.4

\* Data not available from site 18 at time of analysis

**Table 3: Characteristics of MSM surveyed and tested for HIV, excluding site 18\* (sex workers and unknowns excluded), April-Dec 2006**

		Apr-Dec 2006			
		Tested		Positive	
		n	%	n	%
<b>All individuals</b>		1282	100	27	
<b>Male anal sex partners in the last six months</b>	None	152	11.9	0	-
	1-5	835	65.5	19	2.3
	6+	288	22.6	8	2.8
<b>Regular anal sex partners, last six months</b>	No	452	36.7	7	1.6
	Yes	779	63.3	19	2.4
<b>HIV status of current regular partner</b>	Positive	99	14.4	6	6.0
	Negative	465	67.4	9	1.9
	Don't know/he hasn't had a test	126	18.3	2	1.6
<b>Condom use when having anal sex with regular partner/s in the last six months</b>	Did not always use condoms	419	53.8	14	3.3
	Always used condoms	360	46.2	5	1.4
<b>Casual anal sex partners, last six months</b>	No	326	25.8	4	1.2
	Yes	939	74.2	22	2.4
<b>Condom use when having anal sex with casual partner/s in the last six months</b>	Did not always use condoms	319	34.0	8	2.5
	Always used condoms	620	66.0	14	2.3

\* Site 18 uses electronic data collection which collects briefer behavioural information than the sentinel surveillance form

## Updates from other surveillance systems

### Passive Surveillance

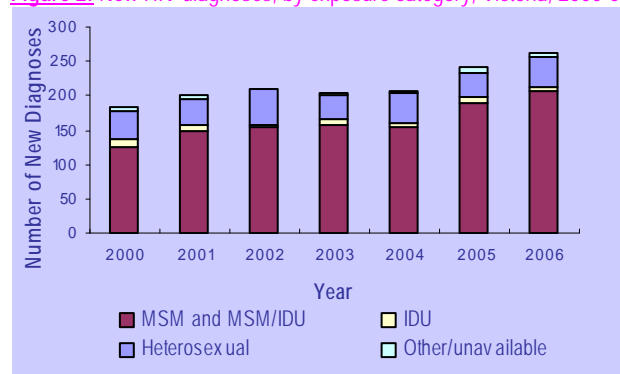
Between 2000 and 2006, there was a 43% increase in new HIV diagnoses in Victoria, from 184 in 2000 to 263 in 2006 (Figure 2). The major risk group for HIV was MSM and the proportion of diagnoses from this subgroup, has increased from 66 per cent in 2000 to 77 per cent in 2006.

Among MSM, the largest proportions of HIV diagnoses were among those aged 30-39 years (38%), followed by

40-49 years (24%) then 20-29 years (20%). Although there have been increases in the number of diagnoses in all these age groups, the increase has been more marked in those aged 30-39 years and 40-49 years, giving rise to a shift in the median age from 34 years in 1999 to 37 years 2005 to 38 in 2006.

Consistently over time approximately 80 per cent of diagnoses arose from Australian born MSM and greater than 90 per cent from those residing in metropolitan Melbourne. The proportion of MSM reporting that they acquired their infection in Victoria has remained over 70% highlighting that transmission has remained localised.

**Figure 2: New HIV diagnoses, by exposure category, Victoria, 2000-06**



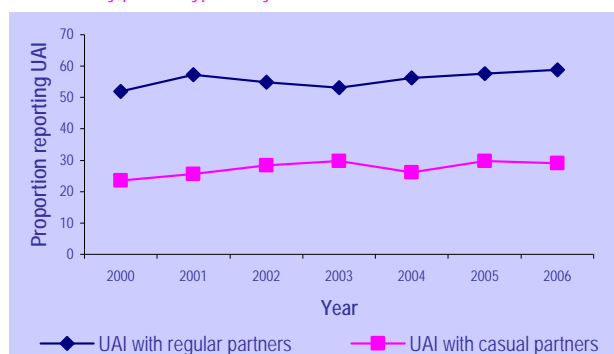
IDU = injecting drug user

### Periodic Survey

Sexual risk behaviour among MSM is monitored through the annual Melbourne Periodic Gay Community Periodic Survey. The most recent publicly available data from the survey conducted in February, 2006 found that among those with casual sexual partners, an increase in unprotected anal intercourse (UAI) was observed from 24% in 2000 to 29% in 2006 (Figure 3).

The Periodic Survey also showed a significant increase in the proportion of HIV negative MSM who reported a HIV test within 12 months of being surveyed, from 62% in 2000 to 66% in 2006.

**Figure 3: Frequency of reported unprotected anal intercourse (UAI) in the past six months, by partner type and year, Victoria, 2000 to 2006**



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