

Communicable Diseases Weekly Report

Week 33, 13 to 19 August 2017

In summary, we report:

- [HIV - NSW HIV Strategy April to June 2017 Data Report](#)
- [NSW STI Strategy 2016-2020: January to December 2016](#) - data report released
- [Summary of notifiable conditions activity in NSW](#)

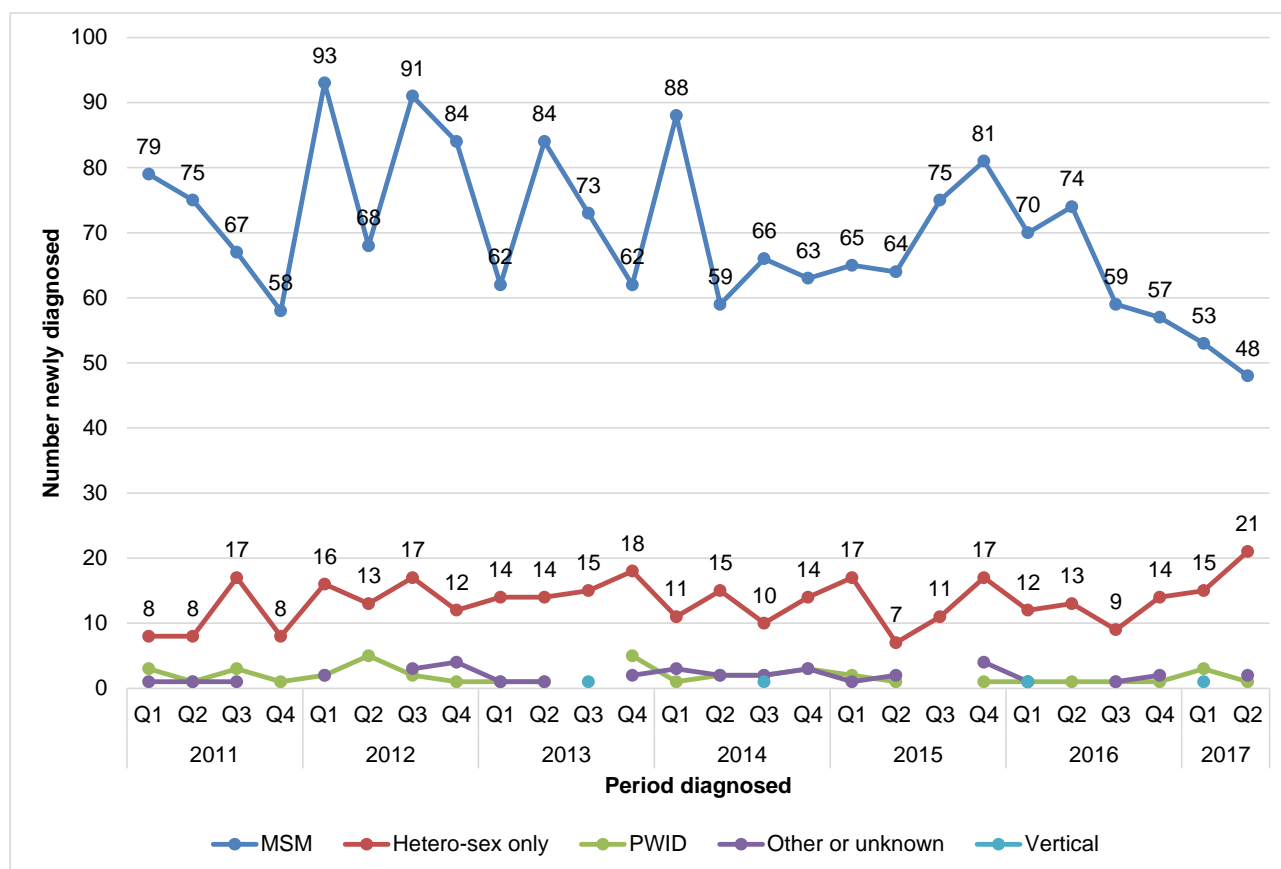
For further information see NSW Health [infectious diseases page](#). This includes links to other NSW Health [infectious disease surveillance reports](#) and a [diseases data page](#) for a range of notifiable infectious diseases.

HIV

[Reports on progress](#) against the NSW HIV Strategy 2016-2020 are published every three months, and the report for quarter 2 (April to June) 2017 is now available.

The number of diagnoses of HIV continued to decrease in April to June 2017, showing a sustained decline since quarter 3 2016 (Figure 1). In quarter 2 2017, 72 NSW residents were newly diagnosed with HIV infection, 15% less than the quarter 2 average 2011-2016 (n=85).

Figure 1: Number of NSW residents notified with newly diagnosed HIV infection from 1 January 2011 to 30 June 2017 by reported HIV risk exposure



Data source: Notifiable Conditions Information Management System, Health Protection NSW, extracted 7 August 2017
HIV Risk Exposure categories: MSM = male to male sex; PWID = people who inject drugs; Vertical = transmission from mother to child.

The drop in new HIV diagnoses has occurred in men who have sex with men (MSM); 48 of 72 (67%) people newly diagnosed reported being MSM, 32% less than the average number of new diagnoses in MSM in quarter 2 2011-2016 (n=71) (Figure 1). The July 2016 - June 2017 count of new diagnoses in MSM (n=217) is 25% less than the average for the same period in the previous five financial years. The decline in diagnoses in MSM has occurred among those who are Australian born.

In quarter 2 2017, HIV testing continued to scale up in NSW, with 138,952 HIV serology tests performed in 15 laboratories in NSW, which is a year on year increase compared with previous quarter 2 periods (34% more than in 2012 when there were 110,994 tests). HIV testing of MSM in sexual health and HIV clinics also increased in quarter 2 2017.

The proportion of people newly diagnosed with HIV who initiate antiretroviral treatment within six weeks of diagnosis has continued to increase, with 68% of people diagnosed between 1 October 2016 to 31 December 2016 reported to be on treatment within six weeks.

Antiretroviral treatment is also effective in preventing HIV-negative people from acquiring the infection. On 1 March 2016, the population level HIV pre-exposure prophylaxis (PrEP) study (EPIC-NSW) commenced in NSW. By 30 June 2017, 6336 people at high risk of HIV infection were enrolled in the study.

The fall in new diagnoses, despite increasing HIV testing coverage and frequency among priority populations, indicates HIV transmission among MSM is declining. Earlier treatment initiation and high rates of treatment in people with HIV, earlier diagnosis through more frequent testing, and high uptake of pre-exposure prophylaxis (PrEP) for HIV prevention are all contributing to preventing HIV transmission in NSW.

The number of people newly diagnosed with evidence of late diagnosis (62) in the first half of 2017 was similar to that seen in previous years. This indicates that there are still people with undiagnosed HIV infection in the community and continued efforts are required to increase testing in those at risk of HIV infection.

Additionally, almost half of the new diagnoses among gay and bisexual men in January to June 2017 (46 of 101) had evidence of early stage infection, meaning they were likely infected in the 12 months prior to diagnosis. The number is a 39% fall on the average January-June count for the previous 6 years. However continuing early stage diagnoses emphasises the need to further strengthen HIV prevention by increasing PrEP access for people at high HIV risk and promoting condom use.

Diagnoses among gay and bisexual men who were born overseas and heterosexuals have not declined. Further efforts are needed to:

- reach people with longstanding undiagnosed HIV infection for HIV testing
- better identify people at risk of HIV, particularly among people who identify as heterosexual or come from culturally and linguistically diverse backgrounds
- increase HIV testing in priority settings including general practice and drug and alcohol services and
- identify and support sexual and injecting partners of people newly diagnosed to test for HIV.

A fact-sheet on HIV and many other resources can be found from the [NSW Health Ending HIV](#) landing page.

More detailed data can be found in the [NSW HIV Strategy 2016-2010 April–June 2017 Data Report](#).

NSW STI Strategy 2016-2020: January to December 2016

Sexually transmissible infections (STIs) remain a significant public health burden in NSW. [The NSW Sexually Transmissible Infections Strategy 2016-2020](#) provides a framework to

effectively respond to changes in STI epidemiology across NSW. The Strategy outlines four goals:

1. Reduce gonorrhoea and syphilis infections and reduce the burden of disease of chlamydia infection

2. Sustain the low rates of STIs amongst sex workers
3. Sustain the virtual elimination of congenital syphilis
4. Maintain high coverage of HPV vaccination.

The [NSW Sexually Transmissible Infections Strategy 2016-2020: 2016 Annual Data Report](#) is now available. These data reports form the primary mechanism for reporting progress against the Strategy's targets (Table 1).

Table 1. Key STI data to 31 December 2016

<i>Reduce gonorrhoea infections</i>				
		2016	Change since 2015	
Gonorrhoea notification rate		90 per 100,000 population	27% higher (71 per 100,000 population)	
Monthly average number of tests		68,967	13% higher (60,752)	
<i>Reduce infectious syphilis infections</i>				
		2016	Change since 2015	
Infectious syphilis notification rate		11.1 per 100,000 population	5% higher (9.9 per 100,000 population)	
<i>Reduce pelvic inflammatory disease (PID) associated with chlamydia</i>				
		2016	Change since 2015	
Hospital admissions for chlamydia associated PID ¹		202 (2015)	2% higher than 2014 (198)	
Chlamydia notification rate		337 per 100,000 population	13% higher (297 per 100,000 population)	
Monthly average number of tests		45,747	15% higher (41,001)	
<i>Maintain levels of condom use for preventing the transmission of STIs</i>				
		2016	Change since 2015	
Proportion reporting condomless intercourse with casual partners	Men who have sex with men, anal intercourse	41%	Increased 5 percentage points (36%)	
	Young people aged 15-29 years, vaginal/anal intercourse	63%	-	
<i>Maintain high coverage of HPV vaccination for Year 7 school students</i>				
		2016	Change since 2015	
Human papilloma virus vaccination: first dose only	Female year 7 students	86%	Decreased 1 percentage point (87%)	
	Male year 7 students	83%	Decreased 1 percentage point (84%)	
<i>Increase comprehensive STI testing in priority populations in accordance with risk</i>				
		2016	Change since 2015	
Comprehensive STI testing rates	Men who have sex with men	PFSHSs ²	86%	Increased 4 percentage points (82%)
		GP ³	62%	Increased 7 percentage points (55%)
	Young people		29%	No change
	Female sex workers		90%	Decreased 2 percentage points (92%)

¹Data to 2015 only

²PFSHSs: Publically funded sexual health services

³GP: General practice

The NSW population annual rate of gonorrhoea notification rose by 27% in 2016 compared to 2015. However, the number of gonorrhoea tests done also increased in 2016, by 13%, so some, though not all, of the increase in notifications is likely to be due the increased testing.

An increase in 2016 in the overall number of tests for chlamydia and gonorrhoea includes an increased proportion of gay and bisexual men seen at publically funded sexual health clinics and at high case load general practices receiving a comprehensive STI screen, compared to 2015. Increases in STI testing is one of the key aim of the STI Strategy and a positive achievement, as this means that previously undiagnosed STIs are now being treated, which prevents transmission to others.

Condoms remain the most effective way to prevent STIs. Surveys suggest that the proportion of gay and bisexual men who have condomless anal intercourse with casual partners has increased over recent years, and of people aged 15-29 years with casual sex partners, 63% did not use

condoms during all casual vaginal or anal intercourse. Further scaling up and strengthening of initiatives to increase the use of condoms for the prevention of transmission of STIs is required.

STI testing of recent sexual partners of someone diagnosed with an STI (partner notification) is central to the prevention of STIs and should be comprehensively undertaken. The [Let Them Know](#) website provides a means whereby partners can be informed anonymously that they are at risk of having an STI and they should seek testing and treatment. [The Drama Down Under](#) is a similar website targeting gay and bisexual men.

The full report can be found in the [NSW Sexually Transmissible Infections Strategy 2016-2020: 2016 Annual Data Report](#).

Summary of notifiable conditions activity in NSW

The following table summarises notifiable conditions activity over the reporting period (Table 1).

Table 1. NSW Notifiable conditions from 13 – 19 August 2017, by date received*

		Weekly		Year to date			Full Year	
		This week	Last week	2017	2016	2015	2016	2015
Enteric Diseases	Cryptosporidiosis	6	15	1103	794	656	1184	1040
	Giardiasis	33	57	2175	2516	2343	3481	3413
	Hepatitis A	4	3	26	29	58	41	72
	Rotavirus	52	47	660	314	282	750	1033
	Salmonellosis	35	52	2688	3294	2863	4544	4022
	Shigellosis	6	1	139	199	117	310	172
	Typhoid	2	1	41	27	29	37	41
Respiratory Diseases	Influenza	9644	8916	43966	15182	12526	35541	30297
	Tuberculosis	11	8	305	311	273	534	445
Sexually Transmissible Infections	Chlamydia	440	498	18225	16715	14580	25990	22525
	Gonorrhoea	134	143	5844	4476	3515	7003	5395
	LGV	1	0	16	39	21	60	35
Vaccine Preventable Diseases	Meningococcal Disease	1	6	50	40	30	75	47
	Pertussis	109	110	3820	6762	5262	10956	12078
	Pneumococcal Disease (Invasive)	23	32	396	308	302	544	494
Vector Borne Diseases	Barmah Forest	2	1	79	28	155	35	184
	Chikungunya	2	5	18	9	30	39	38
	Malaria	2	2	49	35	28	59	47
	Ross River	5	11	1355	350	1368	541	1635
Zoonotic Diseases	Leptospirosis	1	0	15	11	10	15	15
	Psittacosis	1	0	7	1	1	9	3
	Q fever	3	5	135	137	146	230	264

* Notes on Table 1: NSW Notifiable Conditions activity

- Data cells represent the number of case reports received by NSW Public Health Units and recorded on the NSW Notifiable Conditions Information Management System (NCIMS) in the relevant period.
- Data cells in the 'Adverse Event Following Immunisation' category refer to suspected cases only. These reports are referred to the Therapeutic Goods Administration (TGA) for assessment. Data on adverse events following immunisation is available online from the TGA [Database of Adverse Event Notifications](#).
- Only conditions for which at least one case report was received appear in the table. HIV and other blood-borne virus case reports are not included here but are available from the [Infectious Diseases Data](#) webpage.