

# NSW HIV Strategy 2012 – 2015

## Data for Performance Monitoring

### Report



## Executive Summary: 3<sup>rd</sup> Quarter Update 2013

The *NSW HIV strategy 2012–2015: A New Era* was launched in December 2012 and includes major changes in the way that HIV is detected, treated and prevented in NSW, as well as improved support for people at the time of their HIV diagnosis and throughout their life.

In brief, the 2015 targets of the Strategy are to:

- Reduce HIV transmission by 60% among men who have sex with men.
- Reduce heterosexual transmission of HIV and transmission of HIV among Aboriginal populations by 50%
- Sustain the virtual elimination of mother to child transmission of HIV
- Sustain the virtual elimination of HIV transmission in the sex industry
- Sustain the virtual elimination of HIV among people who inject drugs
- Reduce the average time between HIV infection and diagnosis
- Increase to 90% the proportion of people living with HIV on ART
- Sustain the virtual elimination of HIV related deaths

The range of activities NSW health is engaged in to meet these targets are summarised in the June 2013 Snapshot of the HIV Strategy: <http://www.health.nsw.gov.au/sexualhealth/Pages/HIV.aspx>.

To monitor progress in meeting the targets set by the Strategy, a range of data sources have been identified and a strategy for data collection, analysis and reporting is in place.

- In the first 9 months of 2013, 271 people newly diagnosed with HIV infection were notified in NSW. This compares with 308 notifications for the same period in 2012, a decrease in 2013 of 12%. In 2012, there was a 24% increase in total notifications compared with 2011.
- Rates of HIV testing have increased in 2013. In particular, testing appears to have increased substantially in high risk groups (men who have sex with men, people who inject drugs and sex workers) and priority populations (Aboriginal people) who access Publicly Funded Sexual Health Clinics.
- Rapid HIV testing is available in 18 sites across NSW in both clinical and community settings.
- Data from selected Publicly Funded Sexual Health Clinics and the Sydney Children's Hospital Network suggest that approximately 86% of people living with HIV who attended these services in Quarter 3 2013 were receiving antiretroviral treatment.
- Overall in NSW, occasions of service for HIV management in Publicly Funded Sexual Health Clinics have decreased in 2012/13 while actual client numbers have increased. This is consistent with new service models.

## Table of Contents

<b>1. Reduce HIV Transmission</b>	<b>5</b>
1.1 How many cases are notified?	
1.2 What proportion of HIV notifications are newly acquired infections?	
1.3 Which groups are being notified?	
<b>2. Maintain Safe Behaviour</b>	<b>11</b>
2.1 How many people use condoms with casual sexual partners?	
2.2 Where are NSP services available?	
2.3 How many units of injecting equipment are being distributed?	
2.4 How many people are using new injecting equipment?	
<b>3. Increase HIV Testing</b>	<b>13</b>
3.1 Is HIV testing increasing?	
3.2 Where is HIV testing occurring?	
3.3 Who is being tested for HIV?	
3.4 How is testing being made more accessible?	
<b>4. Increase HIV Treatment</b>	<b>18</b>
4.1 How many people are on antiretroviral treatment?	
4.2 What are the current antiretroviral treatment prescribing patterns?	
4.3 What is the number of HIV treatment/management occasions of service in Publicly Funded Sexual Health Clinics?	
<b>5. Sustain the Virtual Elimination of HIV related Deaths</b>	<b>22</b>
5.1 What is the number of deaths for which HIV/AIDS was reported as underlying cause?	
<b>Appendices</b>	<b>23</b>
A. New HIV diagnoses in people who were NSW residents at the time of diagnosis	
B. HIV Testing Figures	

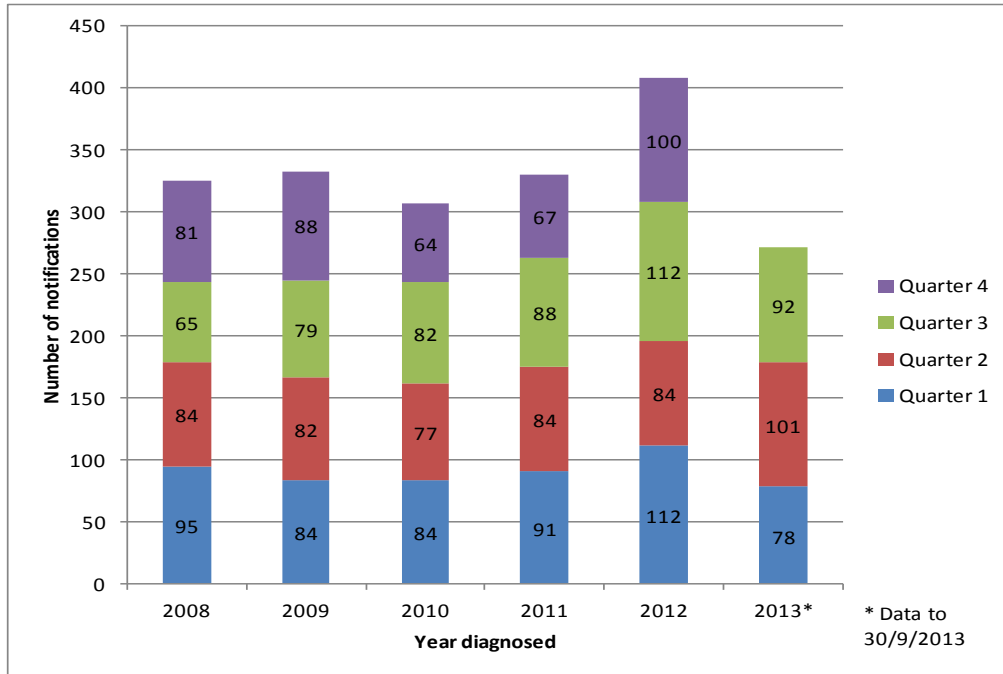
## Glossary of Terms

ACCESS	Australian Collaboration for Chlamydia Enhanced Sentinel Surveillance
ACON	AIDS Council of NSW
ADM	Automatic dispensing machine
ART	Antiretroviral treatment
CD4	Cluster of differentiation 4
HIV	Human Immunodeficiency Virus
IDC	Internal dispensing chute
LHD	Local Health District
MSM	Men who have sex with men
NSP	Needle and syringe program
NSW	New South Wales
PBS	Pharmaceutical Benefits Scheme
PWID	People who inject drugs
PFSHC	Publicly Funded Sexual Clinic
SGCPS	Sydney Gay Community Periodic Survey
SHIP	Specialised Health Information Program
STI	Sexually transmitted disease
TBC	To be confirmed

## 1. Reduce HIV transmission

### 1.1 How many cases are notified?

**Figure 1: Number of NSW residents newly diagnosed with HIV infection per quarter and notified to NSW Health, 1 January 2008 to 30 September 2013.**



Data source: NSW HIV/AIDS data base, NSW Health

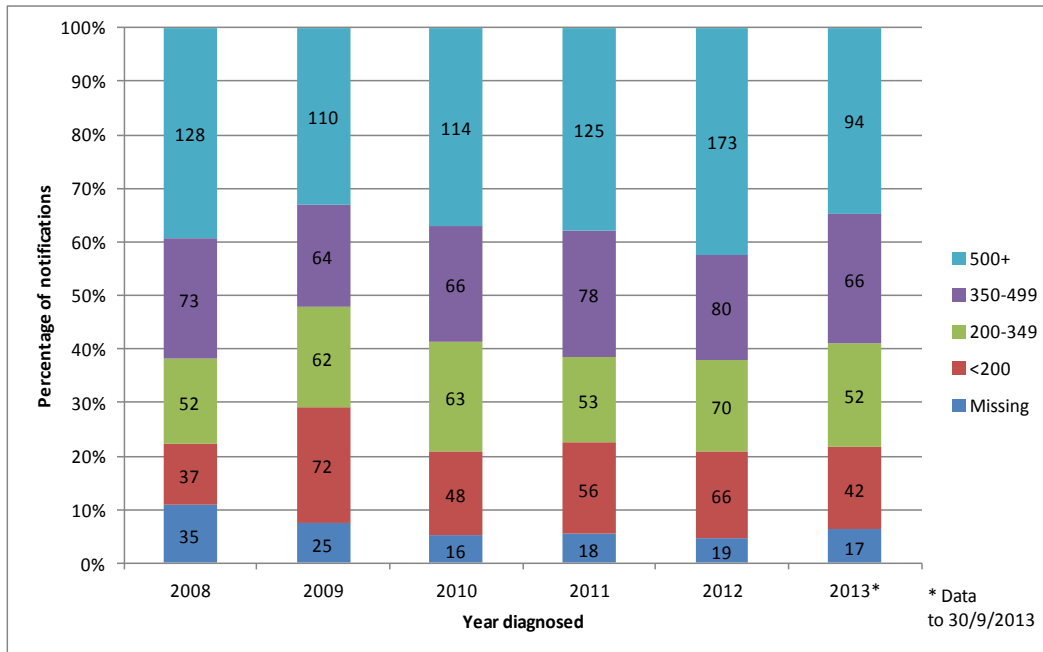
#### Comment

In the first 9 months of 2013, 271 people newly diagnosed with HIV infection were notified in NSW. This compares with 308 notifications for the same period in 2012, a decrease in 2013 of 12%. In 2012, there was a 24% increase in total notifications compared with 2011. The decrease in the number of new diagnoses to date in 2013 has occurred in the context of overall increases in testing for HIV infection (section 3.1.1) increases in testing at publically funded sexual health clinics and among high risk groups (section 3.3.1) indicating that the lower number of notifications is not due to less testing. Notification data for quarter 4 in 2013 and for 2014 will show whether the decrease in notifications is sustained.

### 1.2 What proportion of HIV notifications are newly acquired infections?

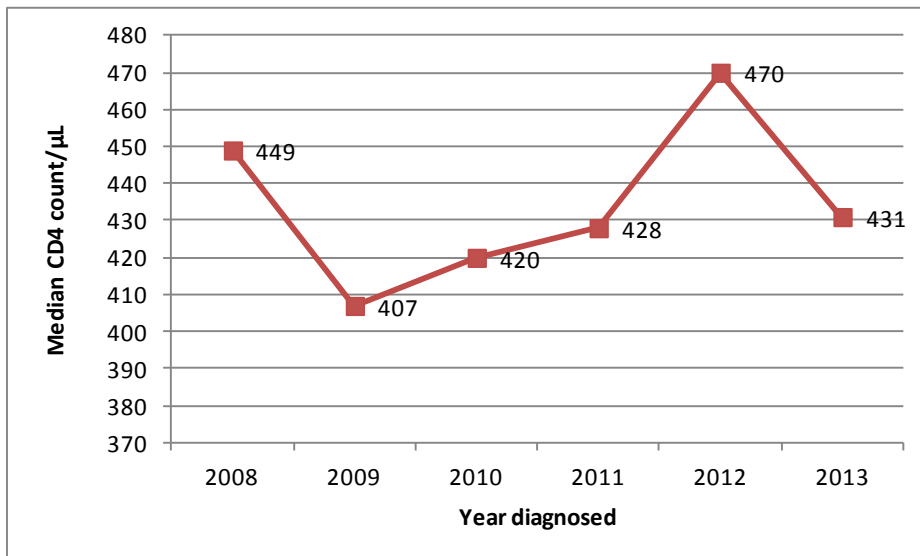
Trends in CD4 count and stage of infection at diagnosis provide an indication as to whether the time between HIV infection and diagnosis is likely to be reducing in the population.

**Figure 2: Number of NSW residents newly diagnosed with HIV infection per CD4 count category and year diagnosed, 1 January 2008 to 30 September 2013**



Date source: NSW HIV/AIDS database, NSW Health

**Figure 3: Median CD4 count/ $\mu$ L among NSW residents newly diagnosed with HIV infection, per year, 1 January 2008 to 30 September 2013**

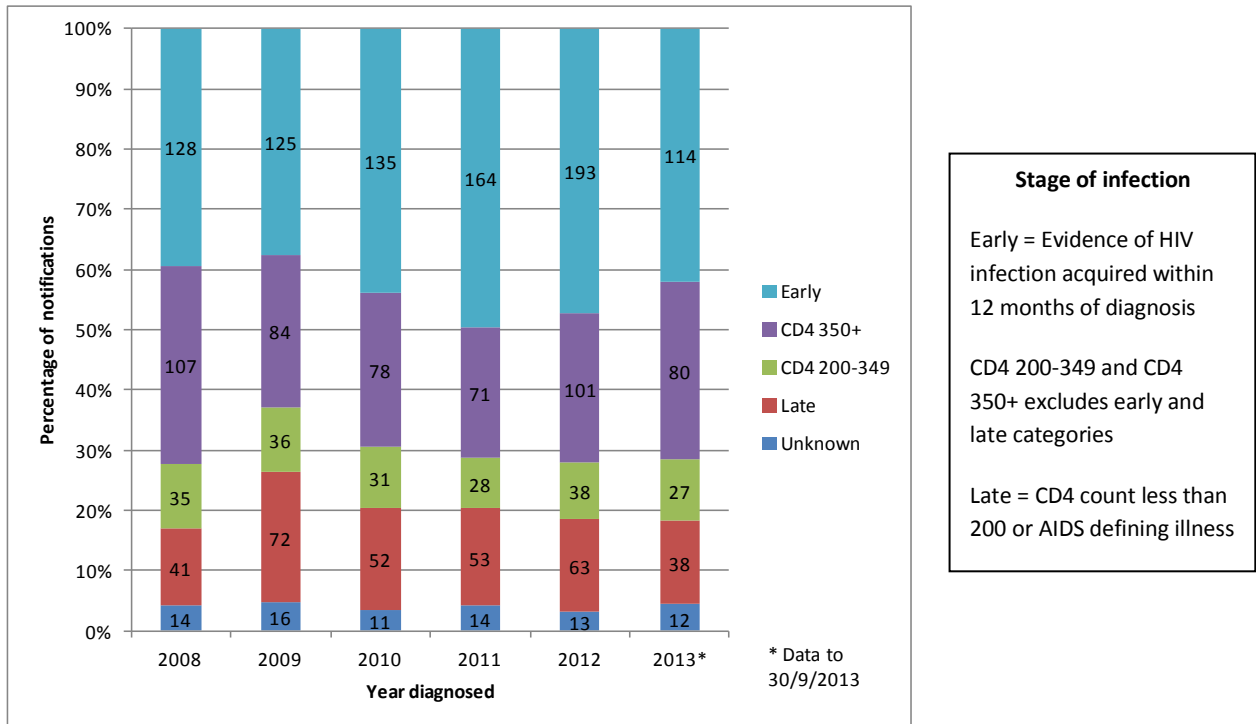


Date source: NSW HIV/AIDS database, NSW Health

**Comment**

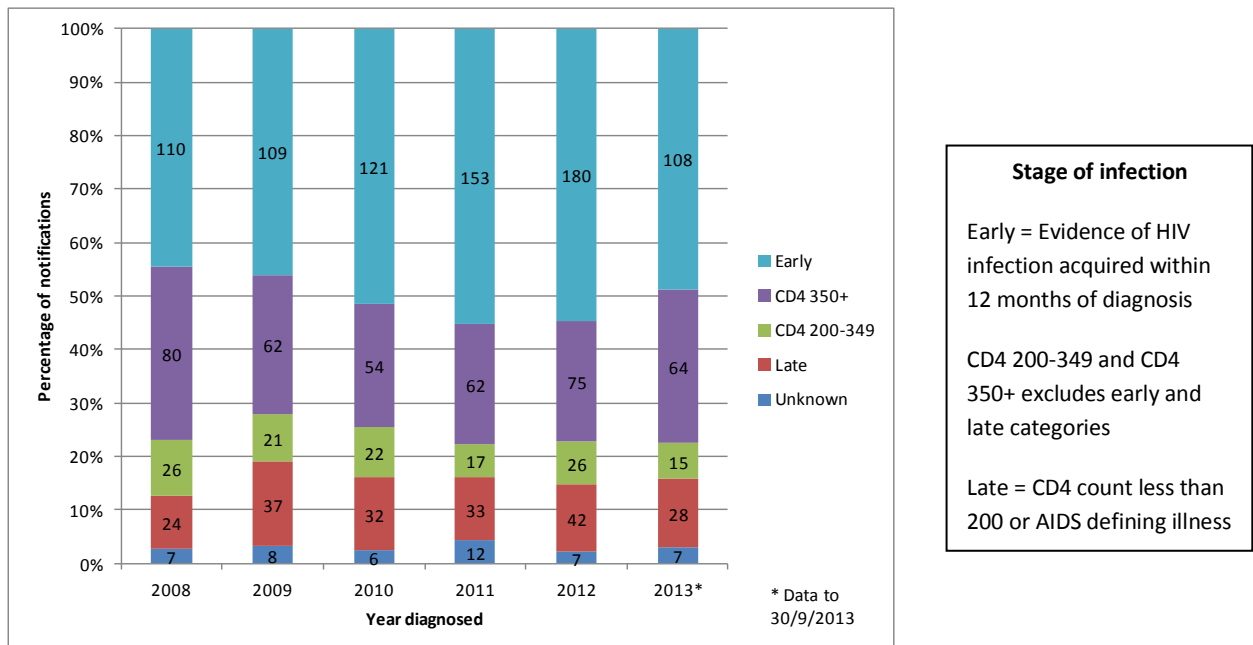
The proportion of newly diagnosed HIV infections with a CD4 count at diagnosis of less than 350 cells/ $\mu$ L has remained fairly stable since 2008. The median CD4 count in 2013 to 30 September 2013 is lower than that for 2012; however more time is required to ascertain whether or not this is a continuing trend. A reduction in median CD4 may indicate that older infections are being detected by increased testing of those who have never tested before or who last tested over 12 months ago.

**Figure 4a: Proportion of NSW residents newly diagnosed with HIV infection by stage of infection at diagnosis, 1 January 2008 to 30 September 2013.**



Data source: NSW HIV/AIDS data base, NSW Health

**Figure 4b: Proportion of NSW residents newly diagnosed with HIV infection acquired through homosexual sex, by stage of infection at diagnosis, 2008 to 30 September 2013.**



Data source: NSW HIV/AIDS data base, NSW Health

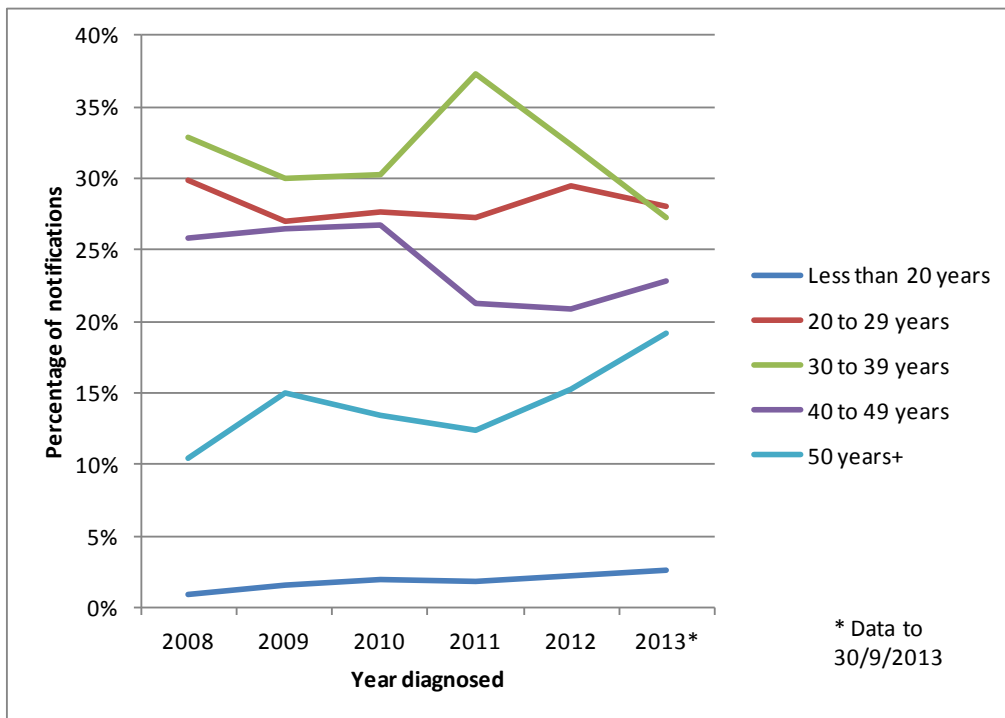
Comment

Stage of infection at diagnosis of NSW residents newly diagnosed with HIV infection shows little change in recent years. However, to 30 September 2013 there is a smaller proportion of new diagnoses made in the early stage of infection in 2013 than in 2012, which could result from increases in testing of people who had not tested within the previous 12 months. In the first three quarters of 2013, 42% of new diagnoses were in an early stage of infection; this proportion was 49% when considering just those reporting homosexual sex as their HIV risk exposure, suggesting proportionately more frequent testing of men who have sex with men than of other population groups.

**1.3 Which groups are being notified?**

Among 271 NSW residents newly diagnosed with HIV infection in the first three quarters of 2013, 255 (94%) were male and 16 (6%) were female, a gender breakdown consistent with previous years.

**Figure 5: Percentage of NSW residents newly diagnosed with HIV infection by age group and year diagnosed, 1 January 2008 to 30 September 2013**



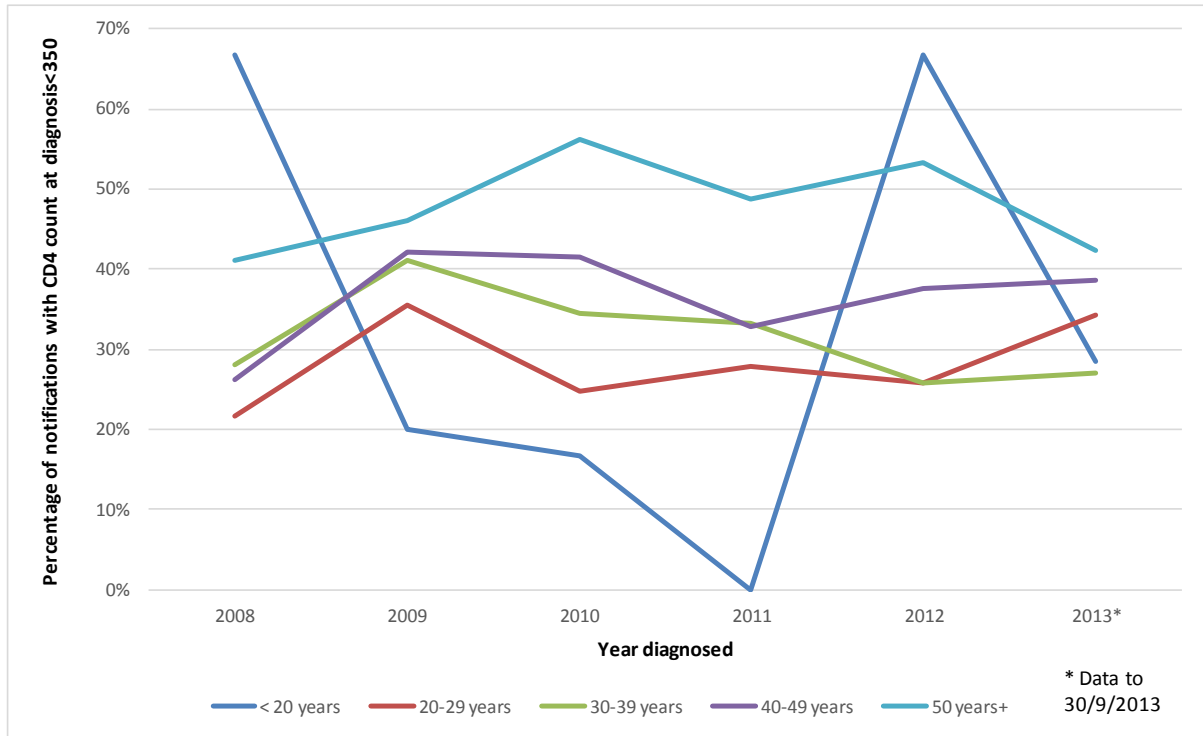
Data source: NSW HIV/AIDS data base, NSW Health

Comment

The greatest proportion of notifications is reported from people in their 20s and 30s. There is a continuing increase in the proportion of notifications in people aged 50 years and over at diagnosis, representing 19% compared to 13% for the previous five year average. There is a slight decrease in the proportion of notifications in people aged 30 to 39 years at diagnosis, representing 27% compared with 33% for the previous five year average. Data on the age at HIV diagnosis is used to target HIV prevention and testing strategies.



**Figure 6: Proportion of newly diagnosed HIV notifications per age group with a CD4 count at diagnosis less than 350, 1 January 2008 to September 2013**

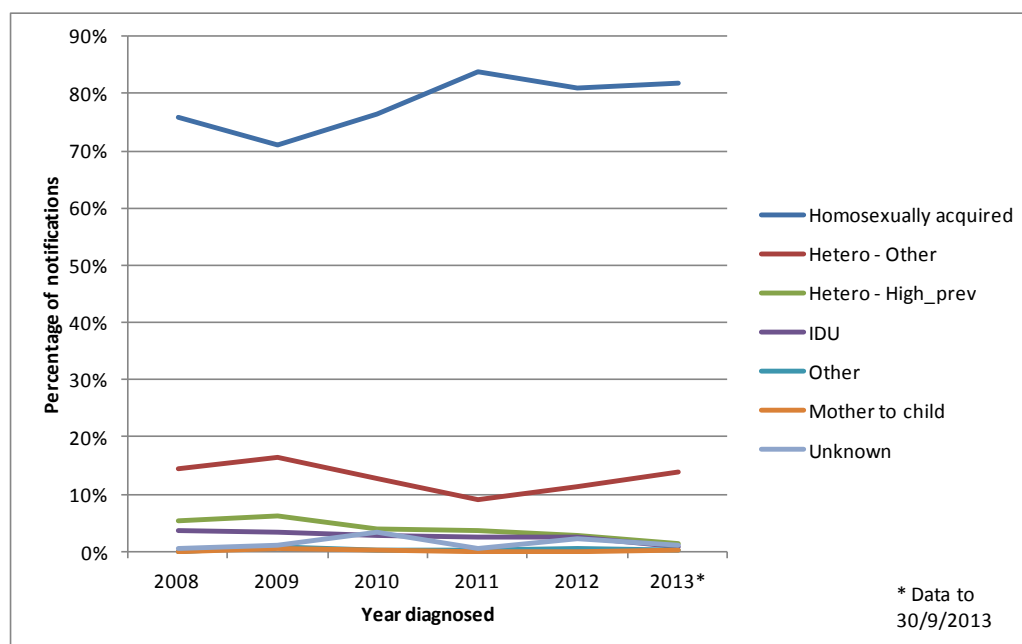


Data source: NSW HIV/AIDS data base, NSW Health

**Comment**

A CD4 count at diagnosis of less than 350 is considered to be an indicator of late diagnosis. Over the last five years, older age groups have had higher proportions of diagnoses with a CD4 count less than 350. Messages to increase testing frequency need to be targeted to all age groups, but particularly those aged 50 years and over.

**Figure 7: Percentage of NSW residents newly diagnosed with HIV infection by HIV risk exposure category and year of diagnosis, 1 January 2008 to 30 September 2013**



Data source: NSW HIV/AIDS data base, NSW Health

**Table 1: Number of NSW residents newly diagnosed with HIV infection and notified to NSW Health, by HIV risk exposure category, 1 January 2008 to 30 September 2013**

Year	Homosexually acquired	Hetero - Other	Hetero - High_prev	IDU	Mother to child	Other	Unknown	Total
2008	247 (76%)	47 (14%)	17 (5%)	12 (4%)			2 (1%)	325
2009	237 (71%)	55 (17%)	21 (6%)	11 (3%)	2 (1%)	3 (1%)	4 (1%)	333
2010	235 (77%)	39 (13%)	12 (4%)	9 (3%)	1 (0%)	1 (0%)	10 (3%)	307
2011	277 (84%)	30 (9%)	12 (4%)	8 (2%)		1 (0%)	2 (1%)	330
2012	330 (81%)	46 (11%)	11 (3%)	10 (2%)		2 (0%)	9 (2%)	408
2013*	222 (82%)	38 (14%)	4 (1%)	2 (1%)	1 (0%)	1 (0%)	3 (1%)	271*
<b>Total</b>	<b>1548 (78%)</b>	<b>255 (13%)</b>	<b>77 (4%)</b>	<b>52 (3%)</b>	<b>4 (0%)</b>	<b>8 (0%)</b>	<b>30 (2%)</b>	<b>1974</b>

\* Year to 30 September

Date source: NSW HIV/AIDS database, NSW Health

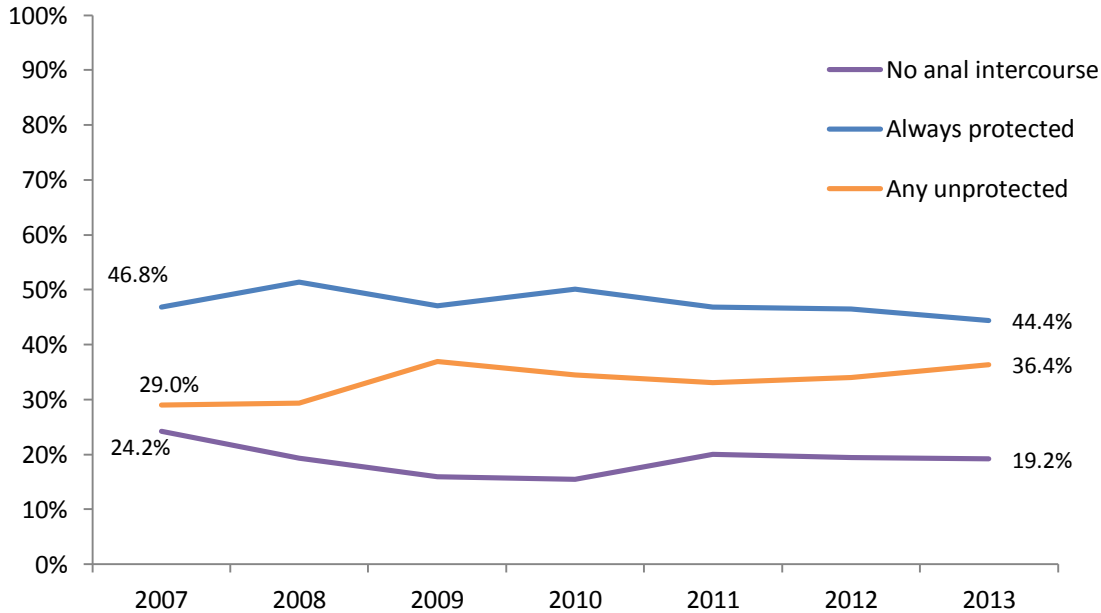
Comment

In the first three quarters of 2013, most infections reported were in gay and homosexually active men (82%) with heterosexual contact accounting for 15% and injecting drug use 1% of notifications. Heterosexual acquisition amongst people from high prevalence countries has decreased from 6% in 2009 to 1% in 2013. The proportion of infections acquired through injecting drug use has remained low; it is important to ensure that testing for HIV infection in people who inject drugs is sufficiently high to detect any increase in HIV transmission in this group.

## 2. Maintain safe behaviour

### 2.1 How many people use condoms with casual sex partners?

**Figure 8: Condom use reported by MSM when engaged in anal intercourse with casual sexual partners in NSW, 2007-2013**



Data source: Sydney Gay Community Periodic Survey (February, 2013)

#### Comment

This data is the same that was reported in the 2<sup>nd</sup> Quarter report due to the timing of the conduct of the Sydney Gay Community Periodic Survey. The 2013 figures represent behaviour in the previous 6 months and are therefore reflective of behaviours in the latter part of 2012. Among gay men with casual sexual partners surveyed, 64% reported practicing safe sex (always protected or avoided anal sex). There has been a slight declining trend since 2009. Updated data will be available in 2014. Other surveys to assess condom use at the population level will also be conducted in early 2014.

### 2.2 Where are Needle and Syringe Program (NSP) services available in NSW?

There are 1029 NSP outlets located across NSW including 346 primary and secondary NSPs, 496 pharmacies and 187 Automatic Dispensing Machines (ADMs) and Internal Dispensing Chutes (IDCs). This represents an increase of 57 additional outlets (5%) across NSW compared to the same period in 2012.

Data source: NSP Data Collection

### 2.3 How many units of injecting equipment are being distributed in NSW?

9,048,790 units of injecting equipment were distributed in the first three quarters of 2013. This represents a 7% increase compared to the same period in 2012.

Data source: NSP Data Collection

## 2.4 How many people are using new injecting equipment in NSW?

According to the Australian NSP Survey National Data report, the proportion of PWID in NSW who reported using only new injecting equipment in the past month increased slightly between 2008 and 2012 from 79% to 83% respectively.

In 2013, the first annual NSW NSP Enhanced Data Collection survey was conducted. The purpose of the survey is to collect NSP client demographic, behavioral and drug use data on an annual basis to strengthen the state-wide prevention approach, and also inform LHDs in planning for NSP service delivery at the local level. In 2013, among all respondents surveyed, 20% reported receptive sharing of injecting equipment in the last month.<sup>[1]</sup>

Data source: New South Wales NSP Enhanced Data Collection 2013 and Australian NSP Survey National Data report

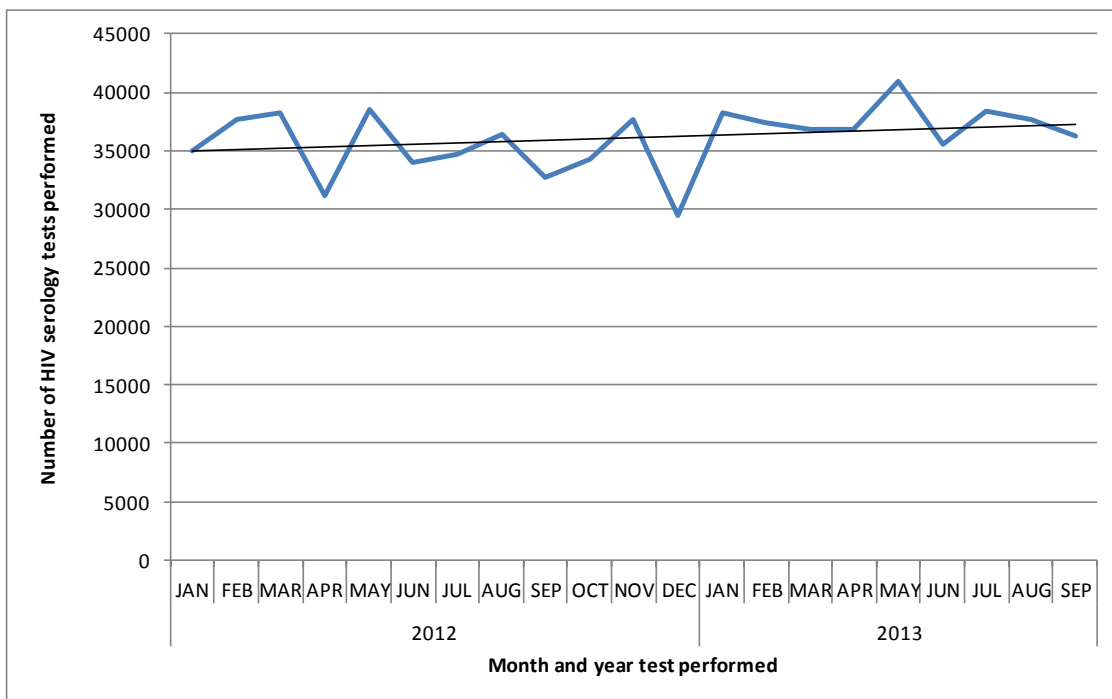
### 3. Increase HIV testing

#### 3.1 Is HIV testing increasing in NSW?

##### 3.1.1 NSW overall

In 2012, NSW Health commenced a project to collate testing data for selected notifiable conditions including HIV from 15 NSW laboratories. These laboratories represent about 95% of the laboratory testing for HIV in NSW residents. Information from laboratories does not provide any indication on the purpose of testing (screening of high risk individuals, routine antenatal, post-exposure testing), nor whether there are repeat tests on the same individual.

**Figure 9: Number of HIV serology tests performed at 15 NSW laboratories, per month, 1 January 2012 to 30 September 2013**



Date source: NSW Health Testing Data Denominator Project

##### Comment

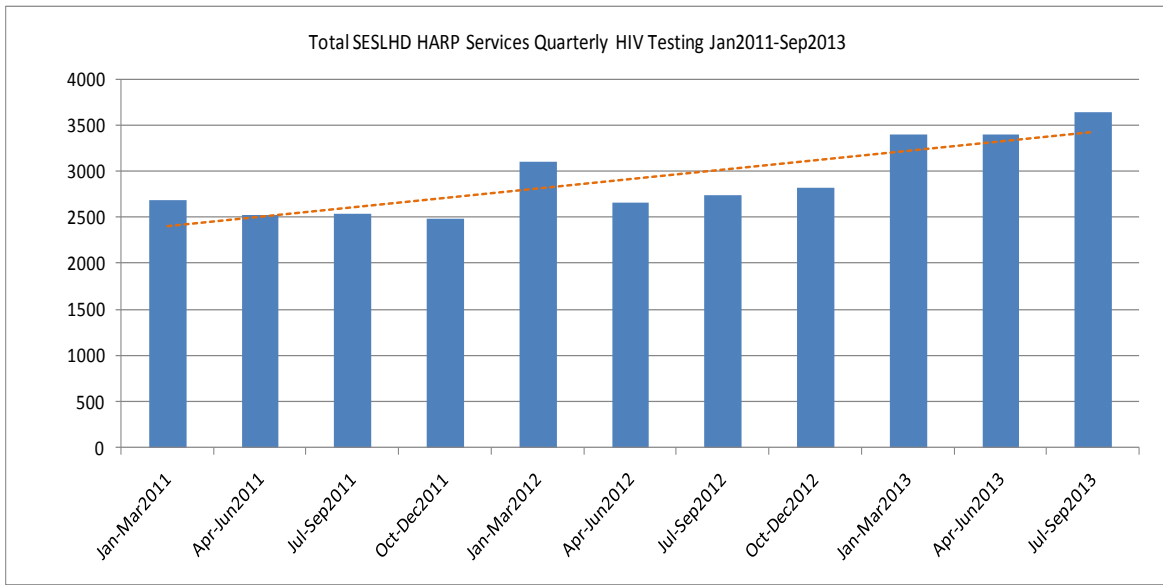
From 1 January to 30 September 2013, there were 337 907 HIV serology tests performed in 15 laboratories in NSW compared to 318 534 in the same period in 2012 (Figure 9). This is an increase of 19 373 tests (6%). In the three months of quarter 3 alone, testing increased 8% compared with quarter 3 2012. In order to maximise the detection of undiagnosed infections, testing needs to be targeted to those people at higher risk of HIV infection. Testing frequency needs to be high in those with an on-going risk of HIV infection.

##### 3.1.2 Local Health Districts

Occurrences of service (OOS) data show that in the 12 month period ending 30 September 2013, there were 52,402 OOS for HIV testing in PFSHCs, a 10.2% increase compared with the previous 12 months.

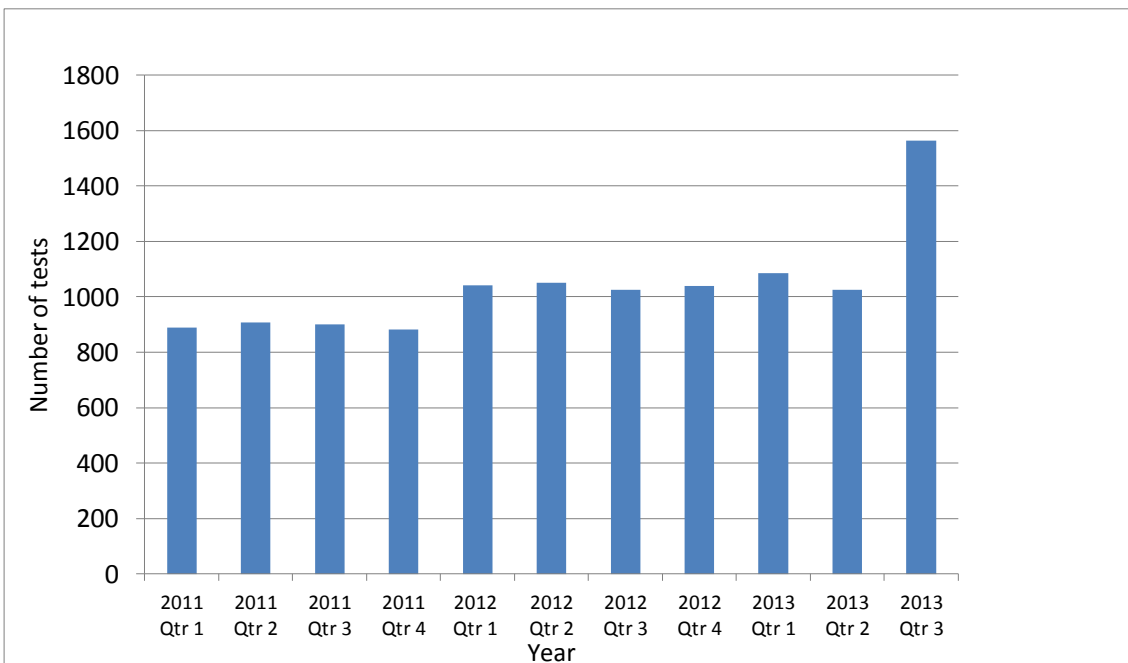
Figure 10 and 11 display the trend in the number of HIV tests done since 1 January 2011 in PFSHCs in LHDs where this data is available. Figure 10 displays data from SES LHD and Figure 11 displays aggregated data from Western Sydney, North Sydney, Nepean Blue Mountains and Northern NSW LHDs. It is currently not possible to report on HIV testing trend data from the remaining LHDs, including Sydney LHD. This data will be available in the near future.

**Figure 10: Trend in number of HIV tests performed in Sexual Health Clinics in South Eastern Sydney Local Health District January 2011 –September 2013**



Data source: South Eastern Sydney Local Health District

**Figure 11: Trend in number of HIV tests performed in four Local Health Districts in Publicly Funded Sexual Health Clinics, January 2011 – September 2013**



Data source: PFSHCs in Western Sydney, North Sydney, Nepean Blue Mountains, and Northern NSW.

### Comment

In 2012, HIV testing in SES LHD HARP services increased by 10.5% compared to 2011. From 1 January to 30 September 2013, HIV testing increased 22.7% compared with the same period in 2012.

In 2012, HIV testing in PFSHCs in four LHDs increased by 16% compared to 2011. From 1 January to 30 September 2013, HIV testing increased 18% compared with the same period in 2012. Quarter 3 2013 saw a spike in testing with a 53% increase in the number of tests done compared with Quarter 3 of 2012. Improvements in data collection systems may account for part of this increase.

## 3.2 Where is HIV testing being done?

Apart from PFSHCs, HIV testing takes place in a range of other clinical settings. A large proportion of testing occurs in the private sector, especially in General Practice. Work is in progress to examine trends in HIV testing by clinical setting including General Practice and Drug and Alcohol services. HIV rapid HIV testing is also available in community settings (see 3.4).

South Eastern Sydney Local Health District is conducting an HIV testing project over two years and is expected to monitor trends in HIV testing in mainstream public sector health services in that LHD.

## 3.3 Who is being tested for HIV?

### 3.3.1 Clinical services<sup>1</sup>

Occasions of service (OOS) data from PFSHCs in NSW show that in the 12 month period ending 30 September 2013, 40% of the 52,402 OOS were for MSM. 2.9% of all OOS were for Aboriginal clients.

#### South Eastern Sydney LHD

In Quarter 3 2013, 3632 HIV tests were done in SESLHD of which 1.1% were positive. The majority of tests were done for males aged 20-39. 62% of the 2712 tests done at Sydney Sexual Health centre during the quarter were for MSM.

#### Sydney LHD

In Quarter 3 2013, 579 HIV tests were done in Sydney LHD Sexual Health Services of which 0.9% were positive. The majority of tests were done for males aged 20-39. 60% of tests were in MSM, 9% in sex workers, 6.2% in people who inject drugs and 1.7% in Aboriginal clients. All positive results were in MSM, with a positivity rate in this group of 1.4%.

#### Other LHDs

Data from Western Sydney, North Sydney, Nepean Blue Mountains, and Northern NSW shows that testing in MSM, sex workers and injecting drug users was higher in Q3 2013 than in any quarter since January 2011.

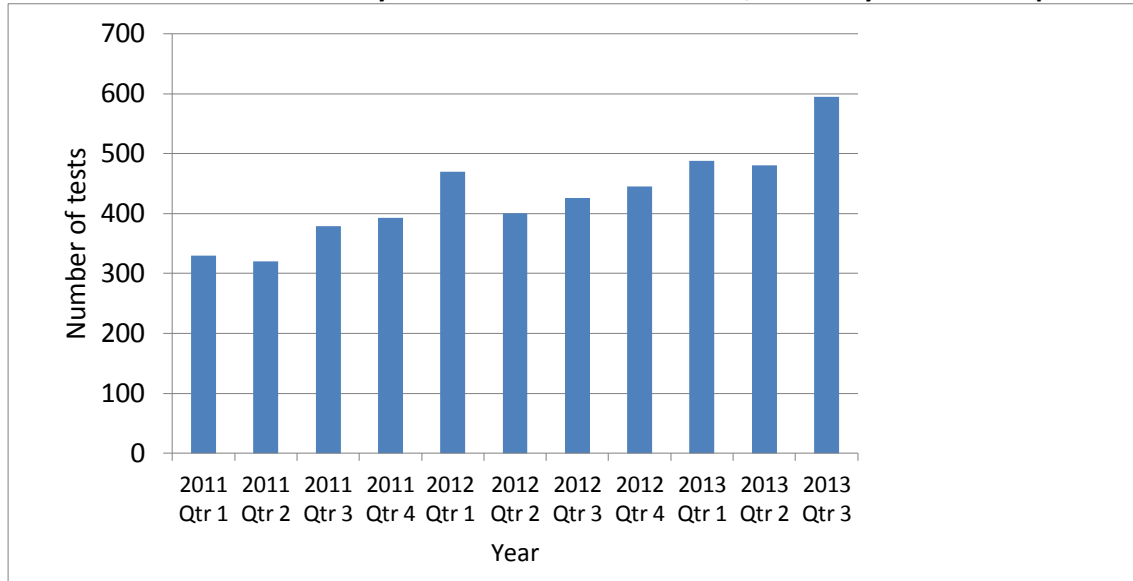
Figure 12 displays this trend in MSM where there has been a 20% increase in the first three quarters of 2013 compared with the same period in the previous year. Data for sex workers, injecting drug users and for Aboriginal people is displayed graphically in appendix B.

---

<sup>1</sup> *Upcoming data sources*

1. NSW Ministry of Health has invested in capturing HIV testing data within sexual health clinics and selected Aboriginal Medical Services and GP clinics through the national ACCESS study. Data will be available from early 2014.
2. The Perinatal Data Collection offers a potential means to monitor the coverage of HIV testing among pregnant women, as is nationally recommended. This is being explored by NSW Health.

**Figure 12: Trend in number of HIV tests performed in Men who have Sex with Men (MSM) in four Local Health Districts in Publicly Funded Sexual Health Clinics, 1 January 2011 – 30 September 2013**



Data source: PFSHCs in Western Sydney, North Sydney, Nepean Blue Mountains, and Northern NSW.

Comment

This data suggests that public clinics are reaching priority populations. It is important to continue to maintain high testing rates in at risk and priority populations.

**1.3.2 Survey data<sup>2 3</sup>**

This data is the same that was reported in the 2<sup>nd</sup> Quarter report. In 2012, 49.4% of MSM who reported any unprotected anal intercourse were tested for HIV in the last 6 months, and 72.4% were tested for HIV in the last 12 months. 52.8% of MSM who reported up to 10 sexual partners in the previous 12 months were tested for HIV in the last 6 months and 74.8% were tested for HIV in the last 12 months. 79.1% of all MSM surveyed reported ever testing for HIV.

Data source: How much do you care survey (2012)<sup>4</sup>

<sup>2</sup> This data is the most recent survey data available. It does not relate directly to quarter 3 2013.

<sup>3</sup> *Upcoming data sources* NSW Health will begin to collect data from NSW residents about testing for HIV in the last 12 months. This is via the NSW Population Health Survey. Data collection will commence in the fourth quarter of 2013.

<sup>4</sup> Philippe C.G., Adam, John B.F. de Wit, Christopher P. Bourne, Douglas Knox and Julia Purchas. Promoting regular testing: an examination of HIV and STI testing routines and associated demographic, behavioral and social-cognitive factors among men who have sex with men in New South Wales, Australia (Manuscript in preparation)



### 3.4 How is testing being made more accessible?

#### 3.4.1 Rapid testing

Rapid HIV testing has been shown to be effective in increasing HIV testing rates among hard to reach and at-risk populations who may avoid clinic based testing services. It is intended to complement, not replace conventional testing. As at 30 September 2013, 18 sites<sup>5</sup> in NSW are performing rapid HIV testing. Three different types of rapid tests are in use. Key results of rapid testing to date are:

- From 1 January to 30 September 2013, approximately 3000 HIV rapid tests have been done.
- Though the number of clients tested at community rapid testing sites is relatively small (269), a high proportion are gay men who have never tested for HIV (23%), have not tested in the last 12 months (28%) or who engage in high risk behaviour (34%).
- Plans to further expand rapid testing at community sites are in process.

Data source: Sydney Rapid HIV Testing Study, Rapid testing Evaluation Framework and The Albion Centre Oraquick study

---

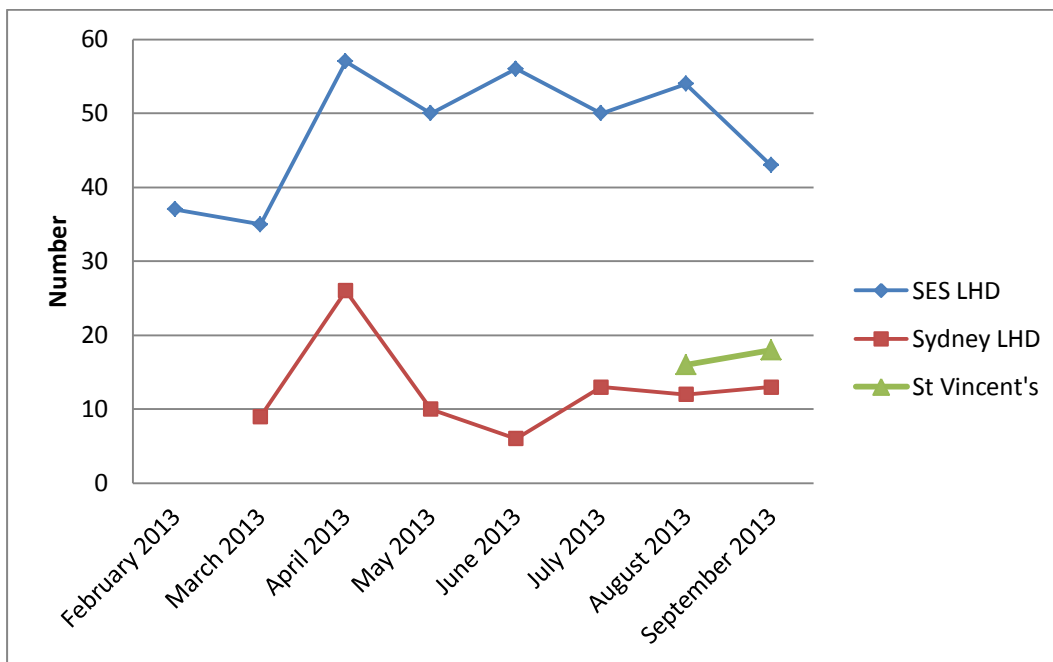
<sup>5</sup> 14 Sexual Health Clinics, 2 GPs and 2 community sites

## 4 Increase HIV treatment

### 4.1 How many people in NSW are on antiretroviral treatment?

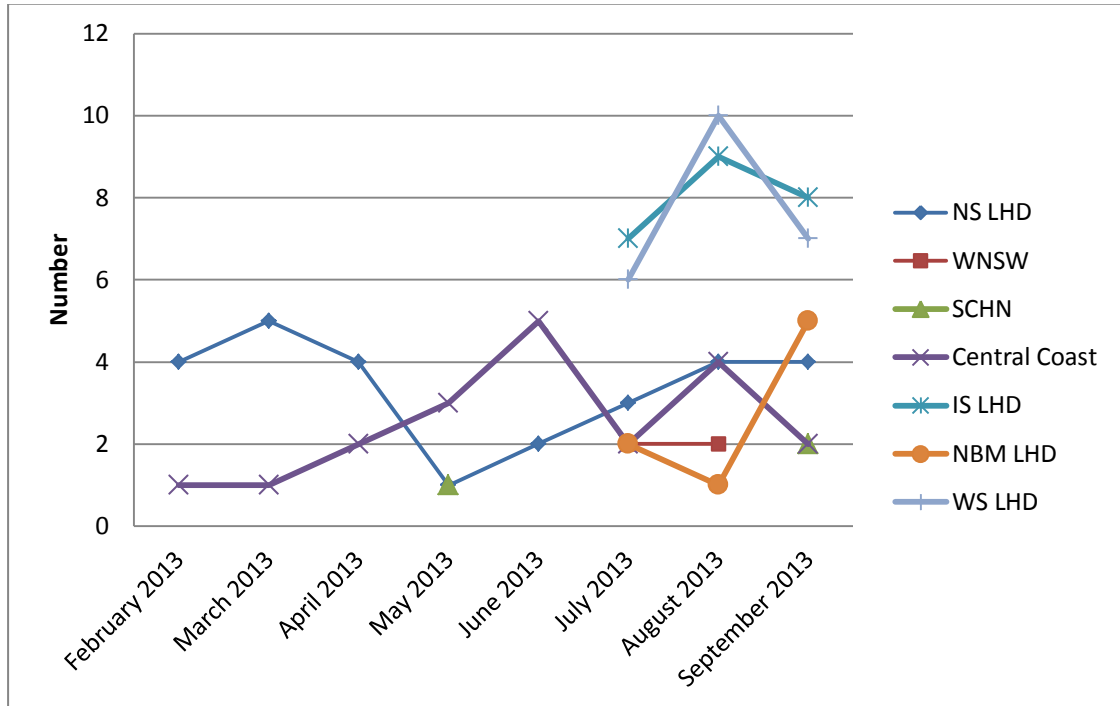
In late 2012, HealthShare NSW began collecting data from LHDs about pharmacy dispensing activities including dispensing of antiretroviral treatment (ART) for HIV. Pharmacies are coming ‘on line’ in a staggered way and to date data is not available from all LHDs. Figures 13 and 14 present data on ART initiations by month. This data is preliminary and likely overestimates monthly initiations. As at 30 September 2013, at least 4672 patients were on ART in the 10 LHDs/Networks for which data was available.

**Figure13: Trend in antiretroviral treatment initiations in SES LHD, Sydney LHD and St Vincent’s for the period 1 February 2013 to 30 September 2013**



Data source: Health Share NSW ipharmacy data

**Figure14: Trend in antiretroviral treatment initiations in seven Local Health Districts for the period 1 February 2013 to 30 September 2013**



Data source: Health Share NSW ipharmacy data

Comment

The trends in ART initiations by LHD show month to month variation. Further detailed analysis of the data and a longer time period are necessary to understand these trends.

In Quarter 3 2013, an estimated 251 patients initiated ART in the 10 LHDs/Networks for which data was available. This exceeds the approximate 100 new HIV notifications each quarter suggesting an increasing proportion of people living with HIV on treatment. However, further detailed analysis is necessary to confirm this data.

As the new pharmacy system is rolled out across NSW, comprehensive quarterly reporting of the ART cohort will be possible.

## 4.2 What are the current antiretroviral treatment prescribing patterns?<sup>6 7</sup>

### 4.2.1

A snapshot of the treatment status of HIV patients seen in Quarter 3 2013 was collected from PFSHCs in 11 LHDs and the Sydney Children's Hospital Network (SCHN). Data from two large HIV treatment services, St Vincent's and The Albion Centre, is not available at this time and is therefore not included.

The available data show that in Quarter 3, approximately 1345 HIV patients attended PFSHCs or the SCHN. Data on treatment status was available for approximately 1237 (92%). Of these 1237 patients, 86% were on Antiretroviral Treatment (ART). Among those not on ART, 33% had a recent CD4 count less than 500 cells/mm<sup>3</sup>.

### 4.2.2

As part of HIV Surveillance, the doctor of each newly diagnosed patient is asked whether the patient has commenced treatment. Between January and June 2013, each patient's doctor was contacted between one and six months after the patient's diagnosis. This provides some indication of how soon people who are newly diagnosed with HIV infection are beginning antiretroviral treatment. Data is not available for diagnoses made prior to 2013.

**Table 2: CD4 count category at diagnosis and ART commencement status at diagnosis NSW residents who were newly diagnosed with HIV infection, 1 January to 30 September 2013**

CD4 count	ART commenced	ART deferred	Missing	Total
<200	29	13		42
200-349	25	27		52
350-499	24	42		66
500+	23	71		94
Missing	2	13	2	17
<b>Total</b>	<b>103 (38%)</b>	<b>166 (61%)</b>	<b>2 (1%)</b>	<b>271</b>

Date source: NSW HIV/AIDS database, Health Protection NSW

### Comment

Table 2 displays preliminary data on ART commencement around the time of diagnosis. They must be interpreted with caution as ART commencement at HIV diagnosis cannot currently be determined in the same manner and time frame for every case notified<sup>8</sup>. Standardisation of this process is occurring from November 2013.

<sup>6</sup> The US DHHS ARV guidelines are the main guideline reference used in Australia. At present prescribing of ARVs for asymptomatic patients with CD4 counts above 500 cells is not available on PBS. An application to remove this restriction is currently before the PBAC.

<sup>7</sup> *Upcoming data sources:* Data on ARV regimens will be collected annually from pharmacy dispensing data to monitor the use of specific categories of ARVs to assess patterns of prescribing.

<sup>8</sup> The time to seek and obtain missing information on and finalise each individual HIV notification varies from weeks to months. For example, one diagnosing doctor may provide complete case information within four weeks of diagnosis, so the patient is unlikely to have yet started ART, even if in the process of pre-initiation work-up. Alternatively, it may take much longer, three to even six months in some instances, to obtain complete information on a case from another doctor; so for this case there is much more likelihood of them being started on ART.

Among 271 NSW residents newly diagnosed with HIV infection from 1 January to 30 September 2013, 103 (38%) had initiated antiretroviral therapy (ART) at the time of follow up of case notification information.

Among 40 cases with ART deferred but with CD4 count less than 350 cells/ $\mu$ L, 14 (35%) were to start ART soon, 6 (15%) were under treatment for another condition such as tuberculosis, 6 (15%) were not eligible for Medicare, 8 (20%) were still under medical review or the patient was still considering the option of ART, 2 (<1%) had declined ART, 2 (<1%) were leaving or had left NSW, 1 (<1%) had adherence issues and 1 (<1%) had died.

### 4.3 What is the number of HIV treatment/management occasions of service in Publicly Funded Sexual Health Clinics?

Table 3 displays a comparison of Occasions of service for HIV treatment/management with actual clients numbers attending PFSHCs in NSW for the financial years 2011/12 and 2012/13.

**Table 3: Comparison of HIV treatment/management occasions of service and actual client numbers in NSW Publicly Funded Sexual Health Clinics**

NSW** HIV Treatment/Management			
Activity/Financial Year	2011/12	2012/13	Change
OOS	72,692	70,407	-3.1%
Clients	6,823	7,343	7.6%

\*\* Excluding SVH due to possible error in number of clients reported

#### Comment

Overall in NSW, occasions of service for HIV management have decreased in 2012/13 while actual client numbers have increased. This is consistent with new service models in PFSHCs. It should be noted that not all LHDs demonstrate this trend even though it is the overall net effect. SES LHD and Sydney LHD both show a decrease in OOS with a concomitant increase in client numbers.

## 5. Sustain the virtual elimination of HIV related deaths

### 5.1 What is the number of deaths for which HIV/AIDS was reported as underlying cause?

Ascertaining the number of deaths due to HIV is complex in an era when people with HIV have access to effective treatment giving them a long life expectancy. People with HIV are subject to the same causes of morbidity and mortality as are people without HIV. Methods to better estimate deaths attributable to HIV are being investigated.

**Appendix A: NSW residents newly diagnosed with HIV infection by year of diagnosis and case characteristics, 1/1/1981 to 30/9/2013**

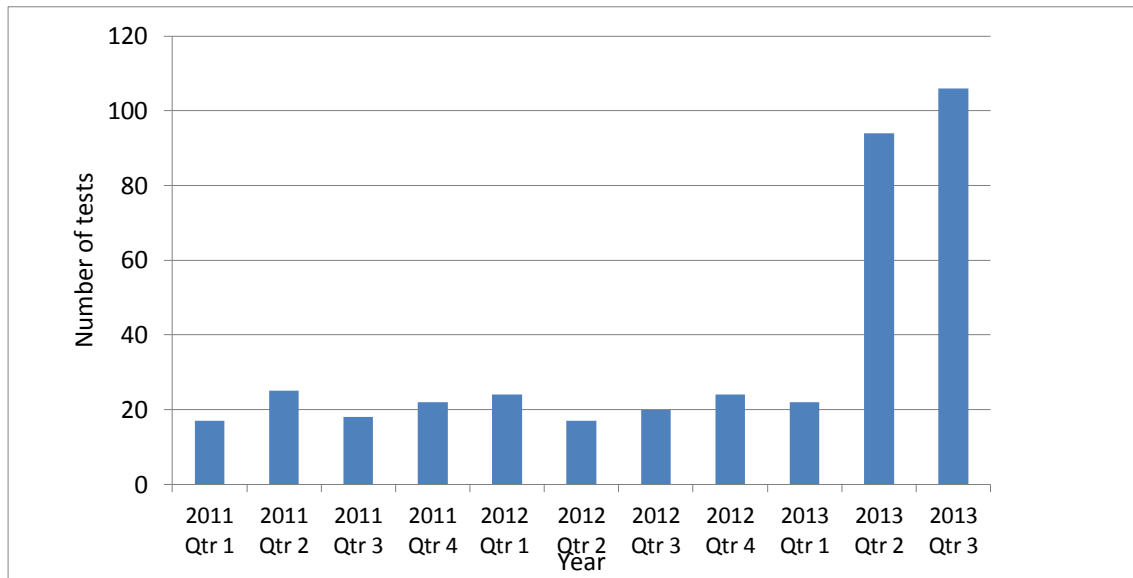
	2007	2008	2009	2010	2011	2012	2013 to Qtr 3	1981– Qtr 3 2013
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
<b>Total</b>	<b>386 (100%)</b>	<b>325 (100%)</b>	<b>333 (100%)</b>	<b>307 (100%)</b>	<b>330 (100%)</b>	<b>408 (100%)</b>	<b>271 (100%)</b>	<b>16832 (100%)</b>
<b>Gender</b>								
Male	344 (89.1%)	293 (90.2%)	292 (87.7%)	282 (91.9%)	309 (93.6%)	371 (90.9%)	255 (94.1%)	15482 (92.0%)
Female	41 (10.6%)	32 (9.8%)	39 (11.7%)	23 (7.5%)	21 (6.4%)	36 (8.8%)	16 (5.9%)	1067 (6.3%)
Transgender	1 (0.3%)	0 (0.0%)	2 (0.6%)	2 (0.7%)	0 (0.0%)	1 (0.2%)	0	35 (0.2%)
Not stated	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0	248 (1.5%)
<b>Age in years</b>								
0 – 2	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.3%)	0 (0.0%)	0 (0.0%)	0	34 (0.2%)
3 - 12	0 (0.0%)	0 (0.0%)	2 (0.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.4%)	49 (0.3%)
13 - 14	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0	15 (0.1%)
15 - 19	1 (0.3%)	3 (0.9%)	3 (0.9%)	5 (1.6%)	6 (1.8%)	9 (2.2%)	6 (2.2%)	299 (1.8%)
20 - 24	33 (8.5%)	39 (12.0%)	33 (9.9%)	29 (9.4%)	34 (10.3%)	44 (10.8%)	29 (10.7%)	2042 (12.1%)
25 - 29	61 (15.8%)	58 (17.8%)	57 (17.1%)	56 (18.2%)	56 (17.0%)	76 (18.6%)	47 (17.3%)	3337 (19.8%)
30 - 39	146 (37.8%)	107 (32.9%)	100 (30.0%)	93 (30.3%)	123 (37.3%)	132 (32.4%)	74 (27.3%)	6199 (36.8%)
40 - 49	94 (24.4%)	84 (25.8%)	88 (26.4%)	82 (26.7%)	70 (21.2%)	85 (20.8%)	62 (22.9%)	3252 (19.3%)
50 - 59	41 (10.6%)	24 (7.4%)	40 (12.0%)	29 (9.4%)	35 (10.6%)	42 (10.3%)	38 (14%)	1123 (6.7%)
60 +	10 (2.6%)	10 (3.1%)	10 (3.0%)	12 (3.9%)	6 (1.8%)	20 (4.9%)	14 (5.25%)	395 (2.3%)
Not reported	0.0 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	87 (0.5%)
<b>HIV risk exposure</b>								
Male homosexual-bisexual	257 (66.6 %)	236 (72.6%)	219 (65.8%)	227 (73.9%)	267 (80.9%)	317 (77.7%)	208 (76.8%)	10558 (62.7%)
Male homosexual-bisexual and IDU	11 (2.8%)	11 (3.4%)	17 (5.1%)	8 (2.6%)	10 (3.0%)	12 (2.9%)	9 (3.3%)	462 (2.7%)
Heterosexual	63 (16.3%)	64 (19.7%)	78 (23.4%)	50 (16.3%)	42 (12.7%)	58 (14.2%)	42 (15.5%)	1571 (9.3%)
Injecting drug use	14 (3.6%)	12 (3.7%)	11 (3.3%)	10 (3.3%)	8 (2.4%)	10 (2.5%)	2 (0.7%)	544 (3.2%)
Haemophilia, coagulation disorders, or blood tissue recipient	1 (0.0%)	0 (0.0%)	1 (0.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	249 (1.5%)
Vertical	0 (0.0%)	0 (0.0%)	2 (0.6%)	1 (0.3%)	0 (0.0%)	0 (0.0%)	1 (0.4%)	50 (0.3%)
Other / undetermined	40 (10.4%)	2 (0.6%)	5 (1.5%)	11 (3.6%)	3 (0.9%)	11 (2.7%)	9 (3.3%)	3398 (20.2%)
<b>Local Health District of residence</b>								
South Eastern Sydney	128 (33.2%)	118 (36.3%)	105 (31.5%)	109 (35.5%)	123 (37.3%)	148 (36.3%)	100 (36.9%)	5248 (31.2%)
Sydney	89 (23.1%)	77 (23.7%)	92 (27.6%)	76 (24.8%)	88 (26.7%)	112 (27.5%)	72 (26.6%)	2733 (16.2%)
Northern Sydney	34 (8.8%)	25 (7.7%)	38 (11.4%)	19 (6.2%)	24 (7.3%)	23 (5.6%)	18 (6.6%)	936 (5.6%)
Western Sydney	26 (6.7%)	26 (8.0%)	21 (6.3%)	20 (6.5%)	31 (9.4%)	25 (6.1%)	17 (6.3%)	674 (4.0%)

South Western Sydney	25 (6.5%)	16 (4.9%)	22 (6.6%)	25 (8.1%)	18 (5.5%)	30 (7.4%)	24 (8.9%)	613 (3.6%)
Hunter New England	19 (4.9%)	14 (4.3%)	16 (4.8%)	16 (5.2%)	10 (3.0%)	14 (3.4%)	12 (4.4%)	438 (2.6%)
Nepean Blue Mountains	3 (0.8%)	7 (2.2%)	3 (0.9%)	3 (1.0%)	4 (1.2%)	5 (1.2%)	1 (0.4%)	245 (1.5%)
Illawarra Shoalhaven	9 (2.3%)	3 (0.9%)	5 (1.5%)	8 (2.6%)	5 (1.5%)	9 (2.2%)	7 (2.6%)	211 (1.3%)
Central Coast	10 (2.6%)	6 (1.8%)	5 (1.5%)	5 (1.6%)	4 (1.2%)	10 (2.5%)	4 (1.5%)	183 (1.1%)
Northern NSW	4 (1.0%)	4 (1.2%)	4 (1.2%)	9 (2.9%)	11 (3.3%)	5 (1.2%)	2 (0.7%)	180 (1.1%)
Mid North Coast	3 (0.8%)	8 (2.5%)	6 (1.8%)	3 (1.0%)	4 (1.2%)	3 (0.7%)	4 (1.5%)	133 (0.8%)
Western NSW	4 (1.0%)	3 (0.9%)	3 (0.9%)	4 (1.3%)	3 (0.9%)	7 (1.7%)	3 (1.1%)	114 (0.7%)
Murrumbidgee	2 (0.5%)	3 (0.9%)	1 (0.3%)	6 (2.0%)	2 (0.6%)	3 (0.7%)	2 (0.7%)	57 (0.3%)
Southern NSW	3 (0.8%)	3 (0.9%)	6 (1.8%)	1 (0.3%)	2 (0.6%)	8 (2.0%)	3 (1.1%)	52 (0.3%)
Albury	0 (0.0%)	0 (0.0%)	1 (0.3%)	1 (0.3%)	0 (0.0%)	2 (0.5%)	1 (0.4%)	25 (0.1%)
Far West	0 (0.0%)	0 (0.0%)	2 (0.6%)	0 (0.0%)	0 (0.0%)	2 (0.5%)	0 (0.0%)	8 (0.0%)
Justice Health	0 (0.0%)	1 (0.3%)	0 (0.0%)	1 (0.3%)	0 (0.0%)	1 (0.2%)	0 (0.0%)	3 (0.0%)
Unknown	27 (7.0%)	11 (3.4%)	3 (0.9%)	1 (0.3%)	1 (0.3%)	1 (0.2%)	1 (0.4%)	4979 (29.6%)
<b>Total</b>	<b>386</b>	<b>325</b>	<b>333</b>	<b>307</b>	<b>330</b>	<b>408</b>	<b>271</b>	<b>16832</b>



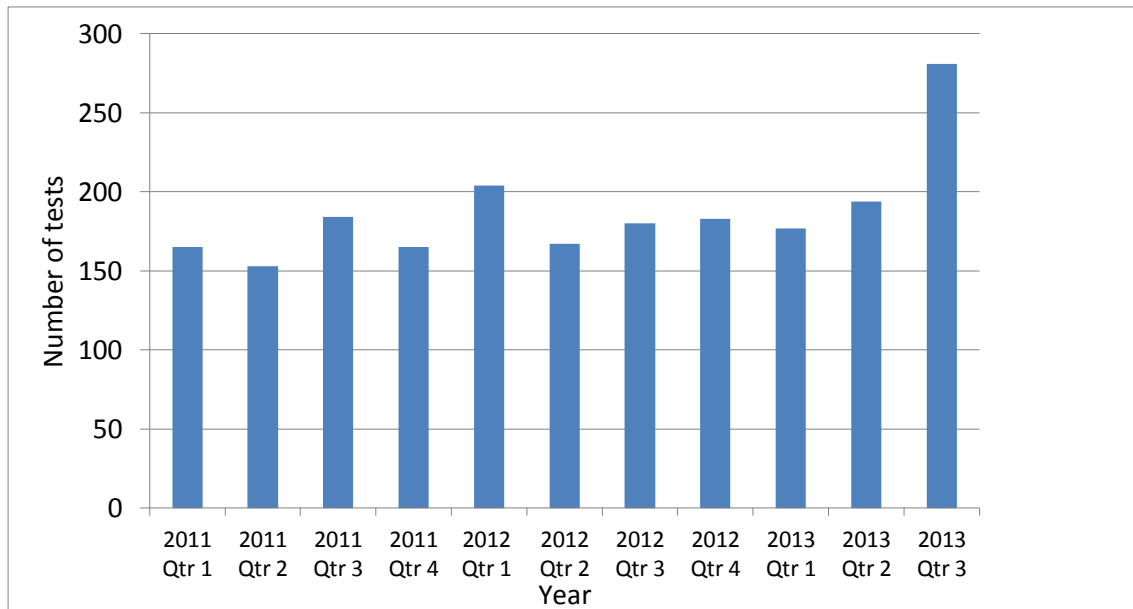
Appendix B : HIV Testing Figures

**Figure 15: Trend in number of HIV tests performed in Aboriginal people in four Local Health Districts in Publicly Funded Sexual Health Clinics<sup>9</sup> 1 January 2011 – 30 September 2013**



Data source: PFSHCs in Western Sydney, North Sydney, Nepean Blue Mountains, and Northern NSW.

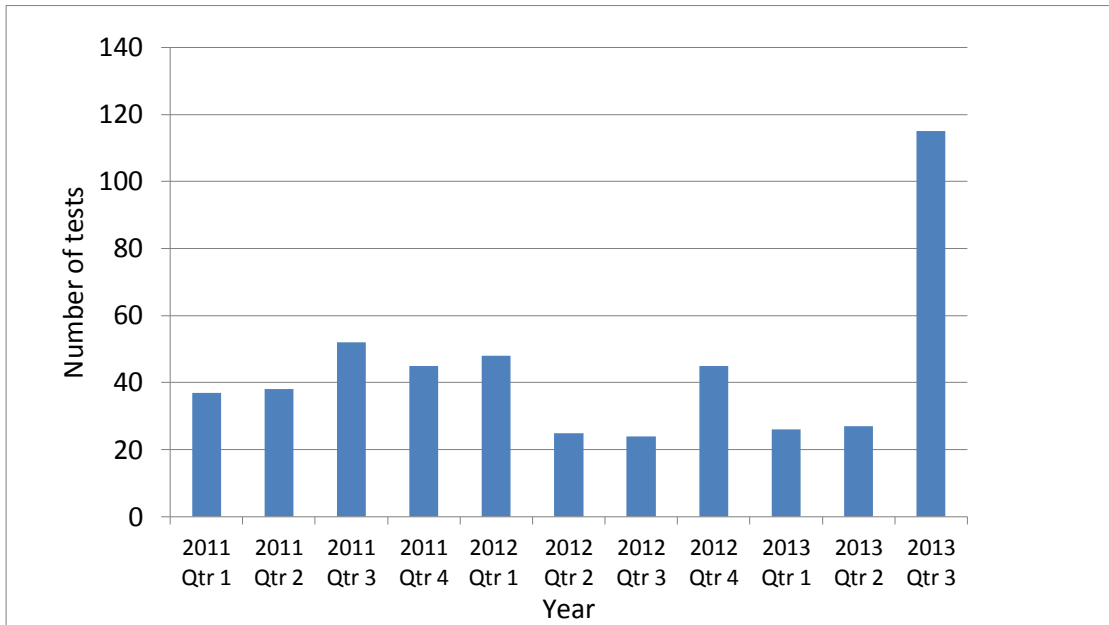
**Figure 16: Trend in number of HIV tests performed in clients who were ever sex workers in four Local Health Districts in Publicly Funded Sexual Health Clinics<sup>13</sup> 1 January 2011 – 30 September 2013**



Data source: PFSHCs in Western Sydney, North Sydney, Nepean Blue Mountains, and Northern NSW.

<sup>9</sup> Nepean Blue Mountains, North Sydney, Northern NSW and Western Sydney

**Figure 17: Trend in number of HIV tests performed in clients who ever injected drugs in four Local Health Districts in Publicly Funded Sexual Health Clinics <sup>13</sup> 1 January 2011 – 30 September 2013**



Data source: PFSHCs in Western Sydney, North Sydney, Nepean Blue Mountains, and Northern NSW.