

HIV in NSW
Data for Performance Monitoring
Report

Executive Summary: 2nd 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 plans for data collection, analysis and reporting are being finalised.

Summary of Key Points

- There is an early indication of increasing overall rates of HIV testing in 2013.
- There is an early indication of increasing HIV testing rates among high risk populations.
- The expansion of rapid HIV testing is likely to lead to an increase in uptake, and frequency of testing in high risk populations.
- The number of new notifications since the beginning of 2013 is similar to the previous four year average for the same period.
- The proportion of gay men who report not using condoms when engaged in anal intercourse with casual sexual partners has remained stable since 2009.
- A system to monitor the number of people who are receiving antiretroviral treatment is being finalised and will allow trends in treatment initiation to be observed as well as quality measures of ART prescribing practices to be assessed.

Table of Contents

1. Reduce HIV Transmission	5
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?	
2. Maintain Safe Behaviour	8
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?	
3. Increase HIV Testing	10
3.1 Is HIV testing increasing?	
3.2 Where is HIV testing occurring?	
3.3 Who is being tested for HIV?	
3.4 Where is rapid HIV testing occurring?	
4. Increase HIV Treatment	17
4.1 How many people are on antiretroviral treatment?	
4.2 Is antiretroviral treatment being prescribed according to guidelines?	
4.3 What is the number of HIV treatment/management occasions of service in Publicly Funded Sexual Health Clinics?	
5. Sustain the Virtual Elimination of HIV related Deaths	20
5.1 What is the number of deaths for which HIV/AIDS was reported as underlying cause?	
Appendices	21
A. New HIV diagnoses in people who were NSW residents at the time of diagnosis	
B. Mocked example of the antiretroviral treatment cohort	

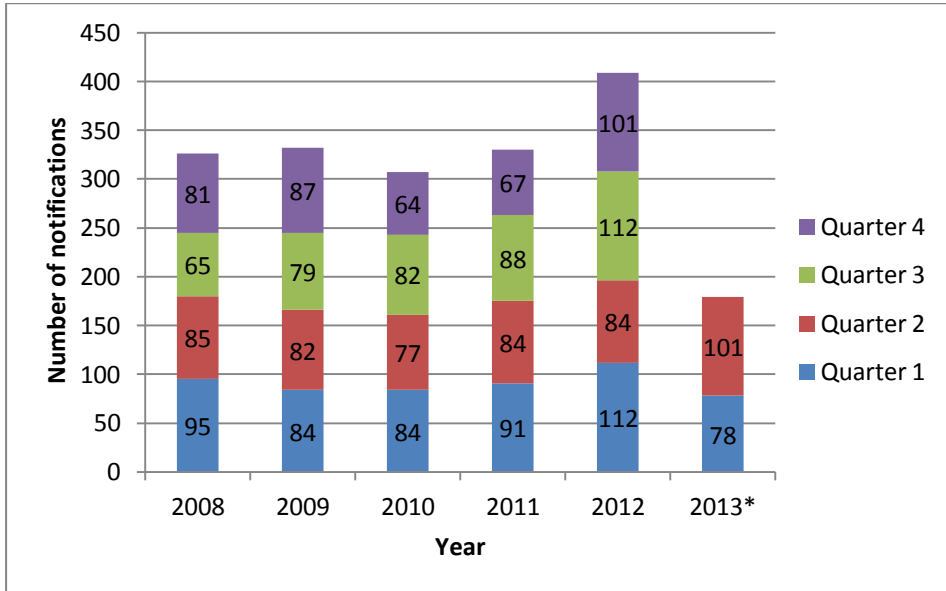
Glossary of Terms

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
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 notifications of newly diagnosed HIV infection in NSW residents, by quarter, 1 January 2008 – 30 June 2013



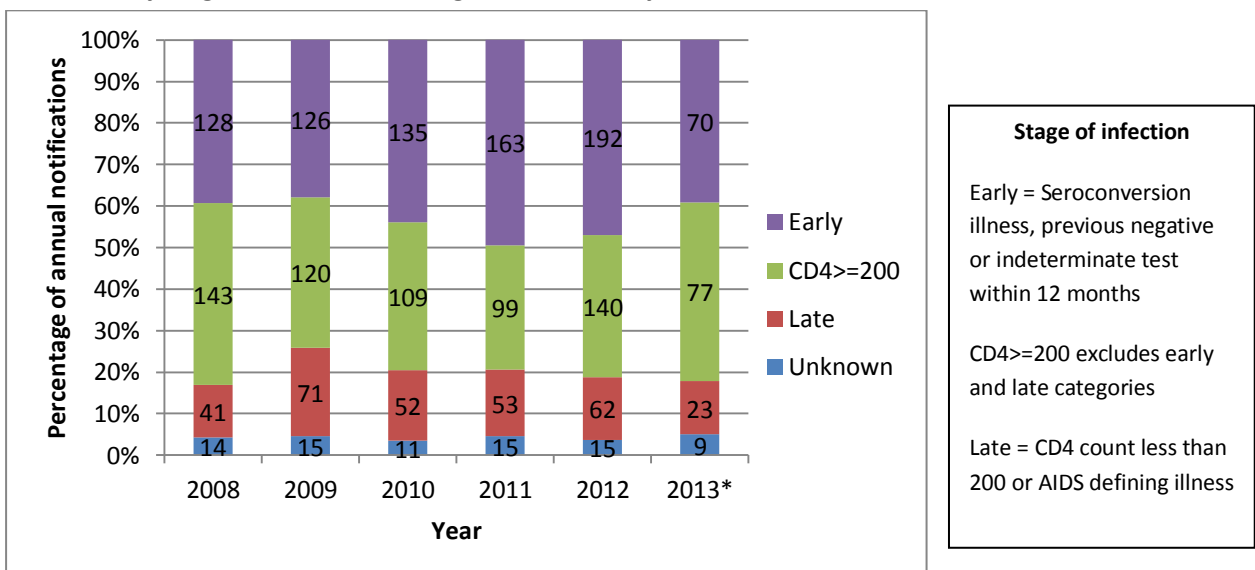
Data source: NSW HIV/AIDS data base, Health Protection NSW

* Data from 1 January to 30 June 2013 only

1.2 What proportion of HIV notifications are newly acquired infections?

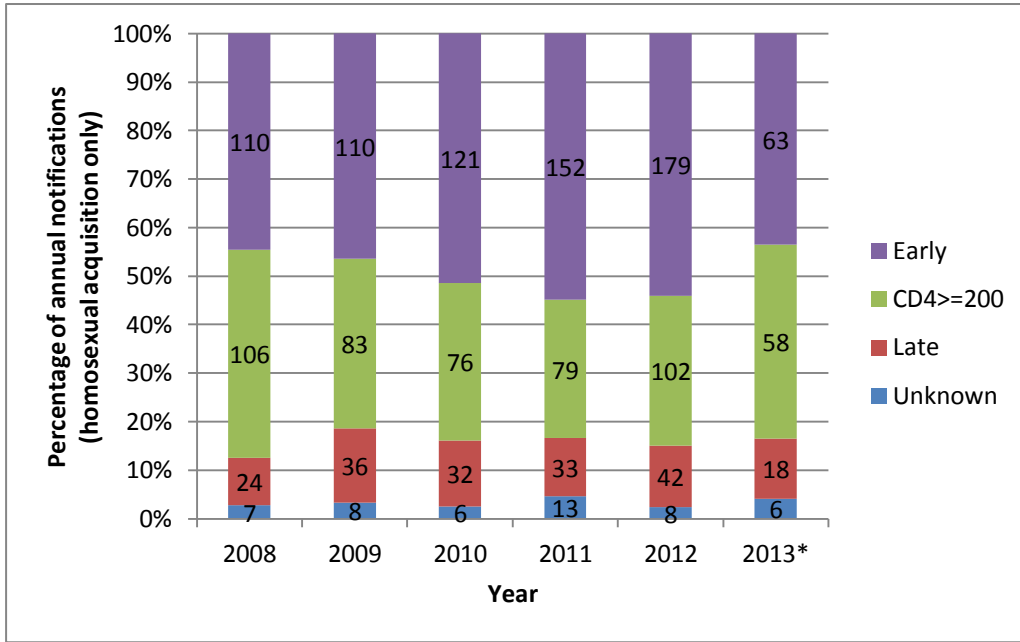
Stage of infection at diagnosis provides an indication as to whether the time between HIV infection and diagnosis is likely to be reducing in the population. The notifications in the early category may be underestimated.

Figure 2a: Proportion of annual notifications of newly diagnosed HIV infection in NSW residents, by stage of infection at diagnosis, 1 January 2008 – 30 June 2013



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

Figure 2b: Proportion of annual notifications of newly diagnosed, homosexually acquired HIV infection in NSW residents, by stage of infection at diagnosis, 1 January 2008 – 30 June 2013



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

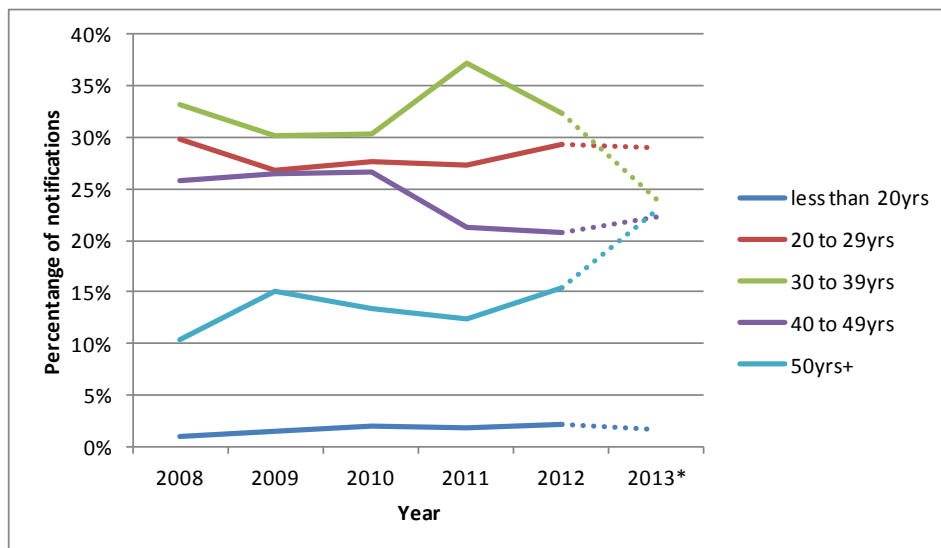
Interpretation

In 2013, 39% of annual notifications are in people in an early stage of infection; this proportion increases to 43% amongst those who report homosexual acquisition of HIV. This has been relatively stable since 2008.

1.3 Which groups are being notified?

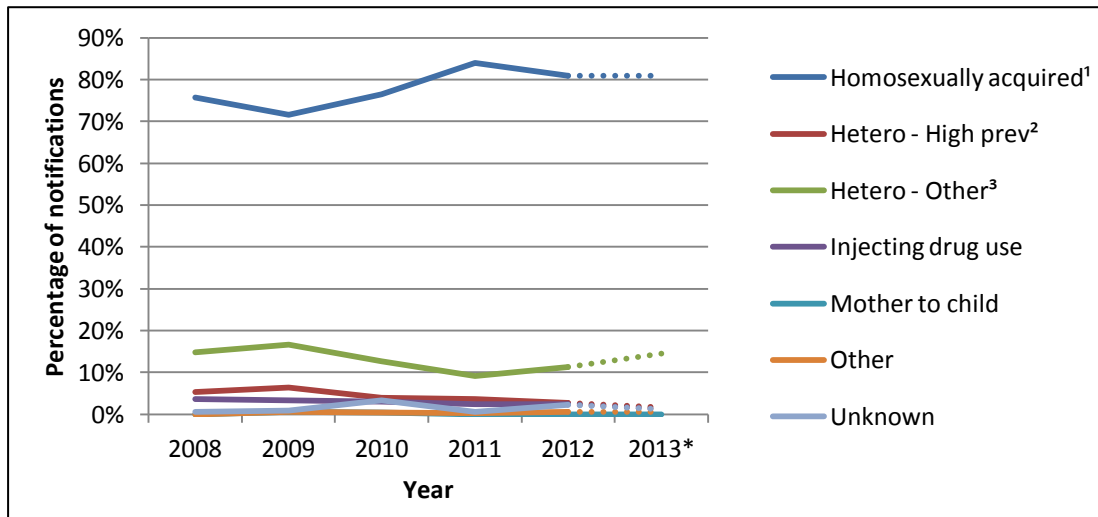
Of 179 NSW residents newly diagnosed with HIV infection between January and June 2013, 169 (94%) were male and 10 (6%) were female.

Figure 3: Percentage of annual newly diagnosed HIV notifications in NSW residents, by age group and year of diagnosis, January 2008 – 30 June 2013



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

Figure 4: Percentage of annual newly diagnosed HIV notifications in NSW residents by risk exposure category, January 2008 – 30 June 2013^{1,2,3}



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

Interpretation

The greatest proportion of notifications is reported from people in their 20's and 30's. There is a continuing increase in proportion of notifications in people aged 50 years and over at diagnosis. Most infections were in men, and were homosexually acquired but heterosexual acquisition amongst people from non-high prevalence countries continues to steadily increase.

Key points on HIV notifications

- More than 80% of HIV notifications were homosexually acquired.
- 94% of notifications were men.
- The greatest number of HIV notifications was reported from people in their 20's and 30's.
- There is a continuing increase in notifications in people aged 50 years and over.
- The number of notifications since the beginning of 2013 is similar to the previous four year average for the same period.

¹ Includes those who report both homosexual contact and injecting drug use

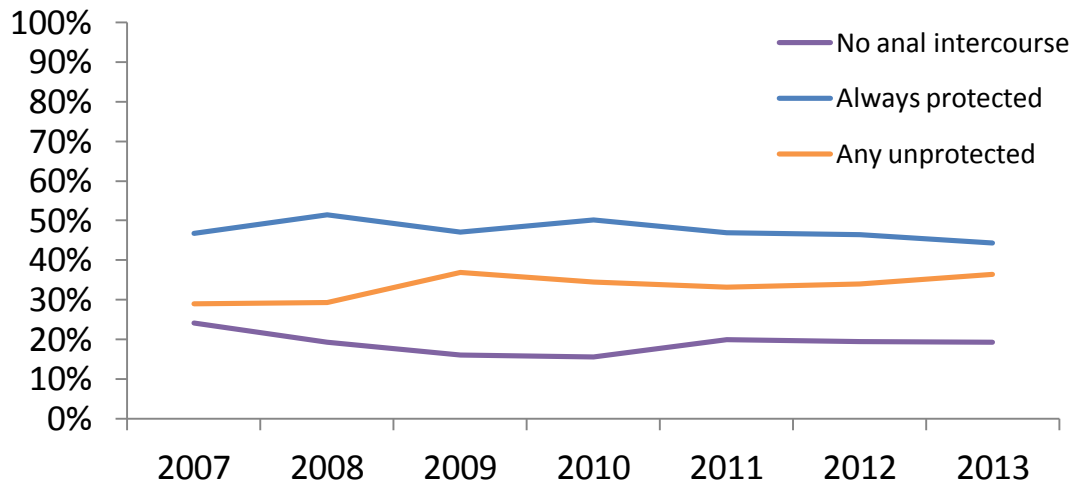
² HIV infections in people born in countries with a high prevalence of HIV. High prevalence countries are defined as those with an estimated number of adults aged 15-49 years living with HIV/AIDS greater than one percent

³ HIV infections in people born in countries with a low or medium prevalence of HIV, which includes Australia

2. Maintain safe behaviour

2.1 How many people use condoms with casual sex partners?

Figure 5: 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

Interpretation

Among gay men who engaged in anal sex with casual sexual partners (78%):

- Over half of MSM reported always using condoms (56%). There has been a slight declining trend since 2009.
- One third reported not using a condom. This is stable since 2009, with a slight increase from 2012-2013.

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

There are 1021 NSP outlets located across NSW including 356 primary and secondary NSPs, 488 pharmacies and 187 Automatic Dispensing Machines (ADMs) and Internal Dispensing Chutes (IDCs).

Data source: NSP Data Collection

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

11,802,420 units of injecting equipment were distributed from July 2012 - June 2013. This is a 7% increase from the previous 12 months.

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.

The NSW NSP Enhanced Data Collection 2013, which had a much larger sample size for NSW than the Australian NSP Survey, indicates that 77% of PWID reported using only new injecting equipment in the last month.⁴

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

Key points on maintaining safe behaviour

- The proportion of gay men who report not using condoms when engaged in anal intercourse with casual sexual partners has remained stable since 2009.
- The number of injecting equipment units distributed in NSW has steadily increased since 2009.

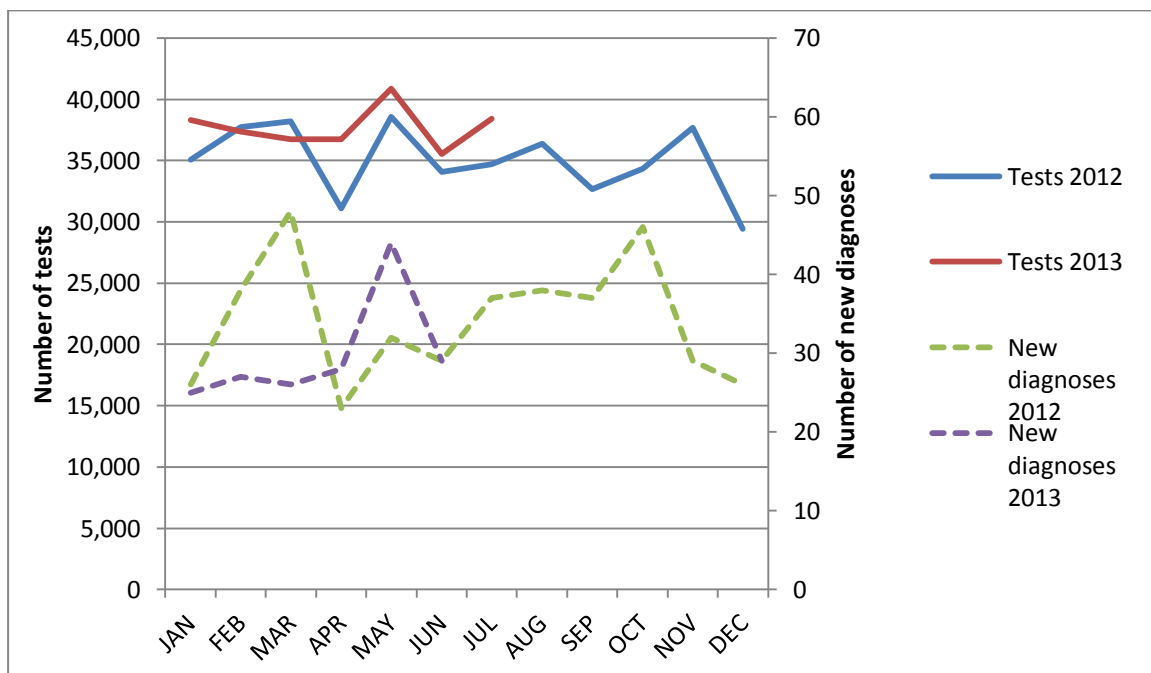
⁴ 97% of participants responded to the question

3. Increase HIV testing

3.1 Is HIV testing increasing in NSW?

In 2012, Health Protection NSW 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 6: Number of HIV serology tests performed at 15 NSW laboratories, by month, January 2012 – July 2013, and new HIV diagnoses notified per month, January 2012 – June 2013



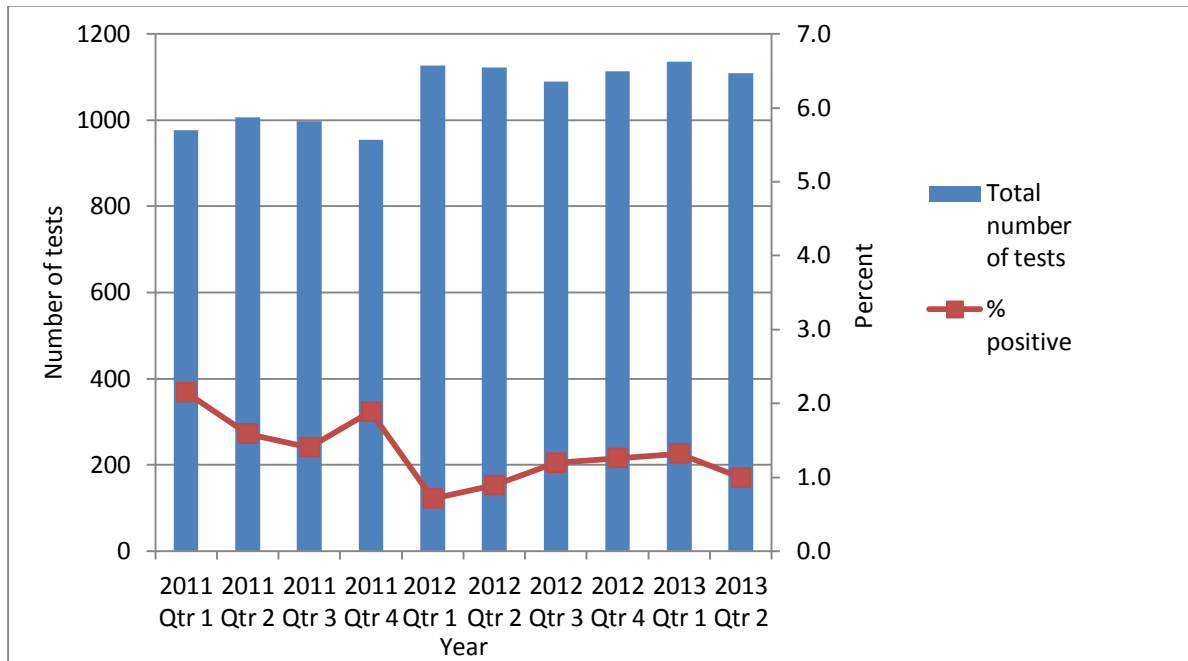
Data source: Denominator data project & HIV Database- Health Protection NSW

Interpretation

In 2012, 15 laboratories performed 419,968 HIV tests, 78% in the private sector. In the first six months of 2013 there were 225,615 HIV serology tests performed compared to 214,731 in the same period in 2012, a 5% increase.

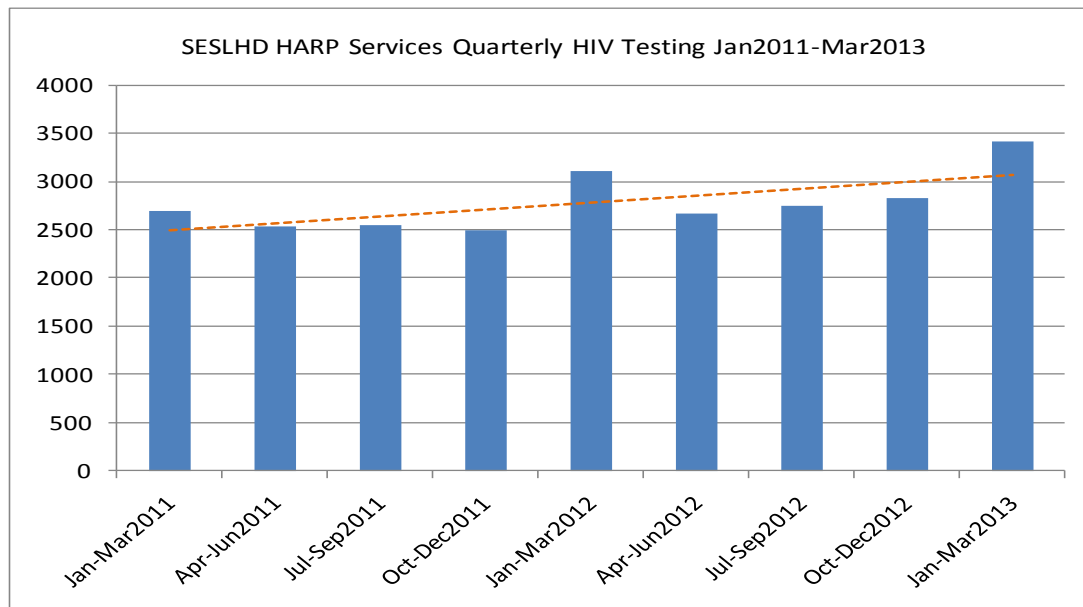
The peak of testing in May 2013 is temporally related to a fax sent to all NSW GPs on April 30 2013 encouraging HIV testing according to national guidelines, and the implementation of the ACON “Ending HIV Campaign”. A second GP fax was sent in July 2013.

Figure 7: Trend in number of HIV tests performed, and positivity in Publicly Funded Sexual Health Clinics in five Local Health Districts 1 January 2011 – 30 June 2013⁵



Data source: SHIP database

Figure 8: Trend in number of HIV tests performed in Sexual Health Clinics in South Eastern Sydney Local Health District January 2011 – March 2013



Data source: South Eastern Sydney Local Health District

Interpretation

There is an early indication of increasing HIV testing rates among high risk groups.

⁵ Nepean Blue Mountains, Illawarra Shoalhaven, North Sydney, Northern NSW and Western Sydney. NOTE: number of tests and positivity in quarter 2 2013 is likely under estimated as some data is pending.

3.2 Where is HIV testing being done?

3.2.1 Other services

Health Protection NSW is working with laboratories in NSW on a pilot project to describe HIV testing by clinical setting including general practice, emergency departments, antenatal clinics as well as sexual health clinics. This project is expected to inform strategies to improve the targeting of HIV testing in clinical services.

Data source: NSW Public and Private Labs

South Eastern Sydney Local Health District will be conducting an HIV testing project over two years and is expected to provide insights as to how HIV testing can be better integrated in mainstream public sector health services.

Data source: South Eastern Sydney Local Health District HIV Testing Project⁶

3.2.2 Survey data

Table 1: Place of last HIV test for gay men in NSW reported in Sydney Gay Community Periodic Survey, February 2013

Where last HIV test took place	n	%
GP	1029	52.6%
Clinic/hospital	889	45.5%
Gay bar/club/sex venue	7	0.4%
At home	6	0.3%
Somewhere else	24	1.2%
Total	1955	100%

Data source: Sydney Gay Community Periodic Survey

Note: this table excludes HIV-positive men and men who said they had not been tested for HIV.

Interpretation

In 2013, the majority of gay men surveyed in the SGCPs reported that their last HIV tests took place in general practice or a public hospital service, 52.6% and 45.5% respectively⁷. Only a few men reported HIV testing in non traditional setting such as social venues (0.4%) or at home (0.3%).

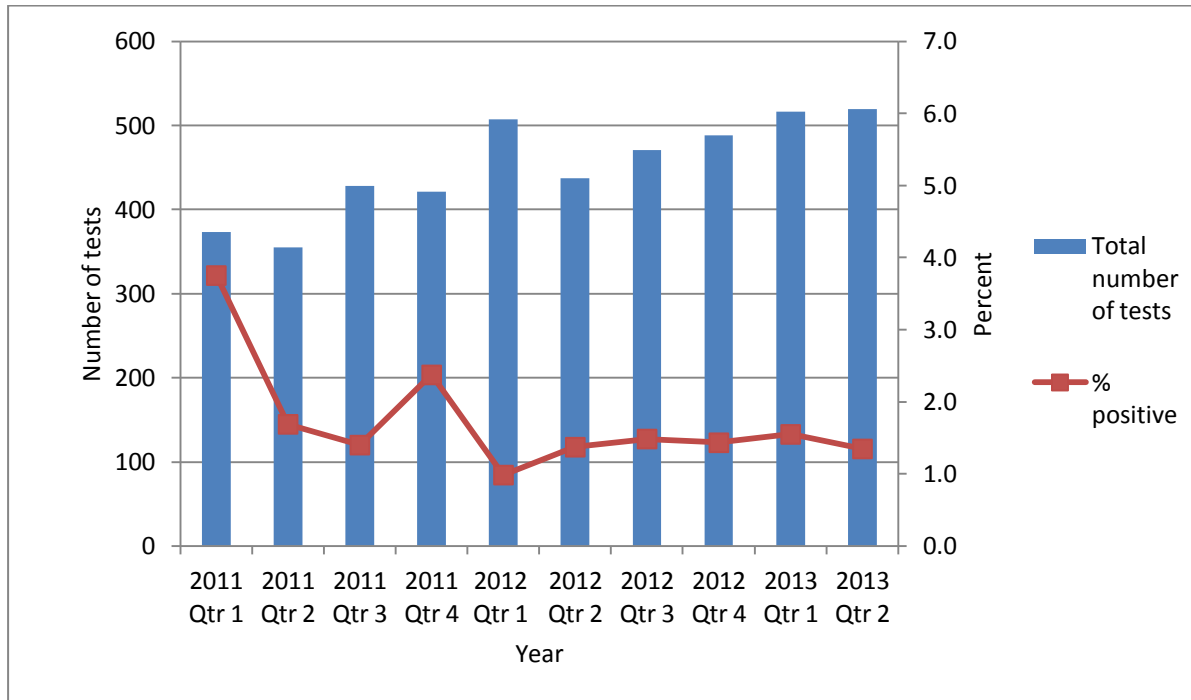
⁶ South Eastern Sydney LHD has commenced a HIV Testing Project with the goal of increasing the capacity of hospital clinical settings to provide HIV testing for priority and other targeted populations.

⁷ excludes HIV-positive men and men who said they hadn't been tested for HIV

3.3 Who is being tested for HIV?

3.3.1 Clinical services

Figure 9: Trend in number of HIV tests performed in Men who have Sex with Men (MSM), and positivity in Publicly Funded Sexual Health Clinics in five Local Health Districts⁸ 1 January 2011 – 30 June 2013



Data source: SHIP Database

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.

Data source: ACCESS

The Midwives Data Collection offers a potential means to monitor the coverage of HIV testing among pregnant women, as is nationally recommended. This is currently being explored by NSW Health.

Data source: Midwives Data Collection (TBC)

⁸ Nepean Blue Mountains, Illawarra Shoalhaven, North Sydney, Northern NSW and Western Sydney. NOTE: number of tests and positivity in quarter 2 2013 is likely under estimated as some data is pending.

Table 2: Proportion of Occasions of Services for HIV testing for priority populations in Publicly Funded Sexual Health Clinics, July 2012 –June 2013⁹.

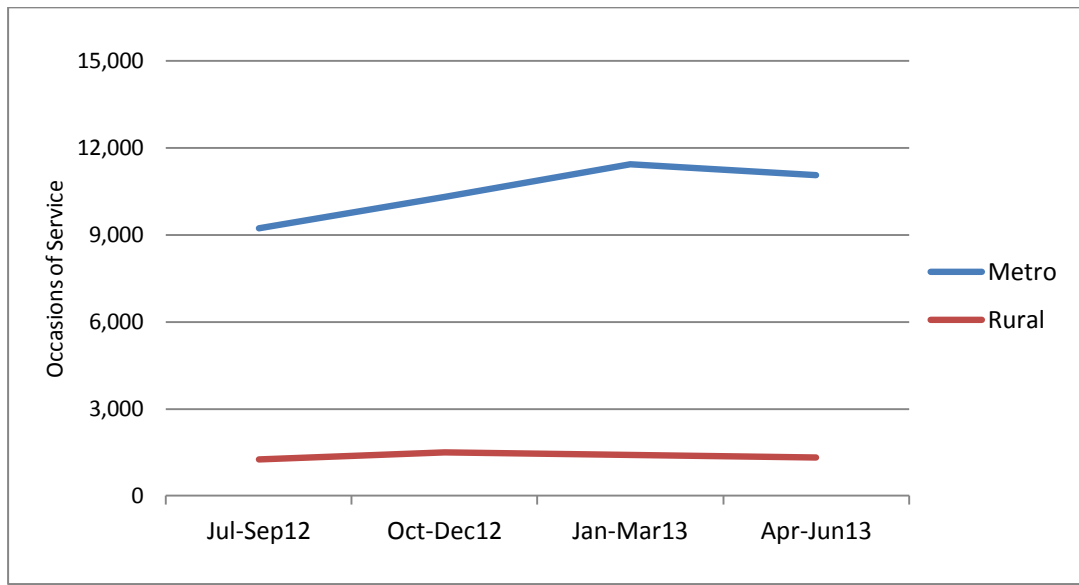
Total testing/screening occasion of services	47,554
Proportion provided to:	
Aboriginal people	2.9 %
MSM	38.7%
Injecting drug use risk (last 12 months)	2.6%
Sex work risk (last 12 months)	9.6%

Data source: HIV-STI-HCV Minimum Data Set

Interpretation

A significant proportion of testing occurring in Publically Funded Sexual Health Clinics is provided to priority populations.

Figure 10: Number of HIV testing occasions of service in Publicly Funded Sexual Health Clinics, July 2012 – June 2013, by rural or metropolitan location¹⁰



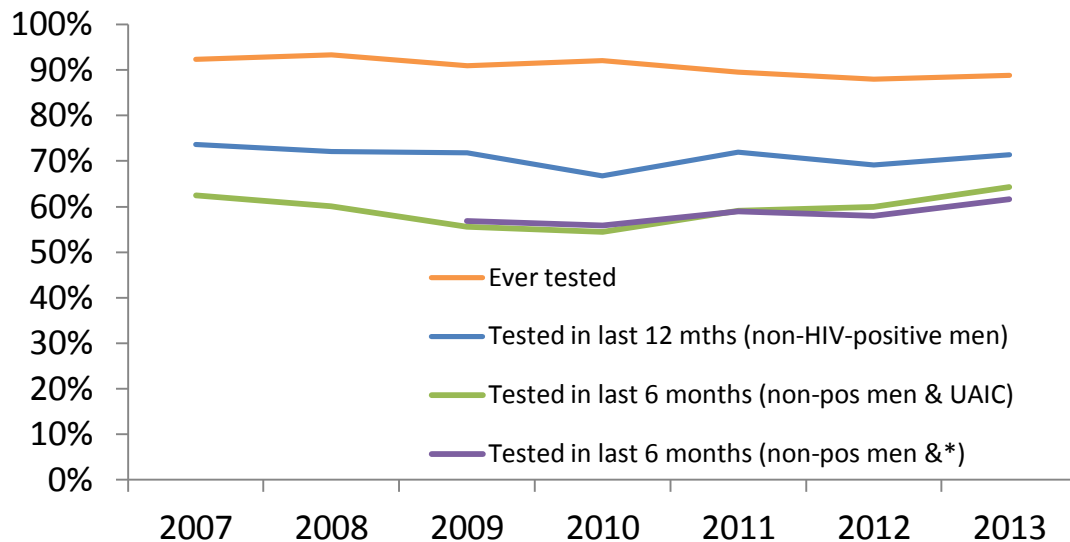
Data source: HIV-STI-HCV Minimum Data Set

⁹ In July 2012, Publicly Funded Sexual Health Clinics in NSW began collecting Occasions of Service data that is specific for HIV testing and is available by risk group.

¹⁰ This data reflects the workload for clinics associated with caring for HIV patients.

3.3.2 Survey data

Figure 11: HIV testing trends among gay men between 2007 and 2013 in NSW



Data source: Sydney Gay Community Periodic Survey

*Tested in last 6 months for men who had UAIC or >10 partners or group sex or used drugs for sex

Interpretation

In 2013, 64.3% of gay men reported testing for HIV in the last 6 months, 71.4% reported testing for HIV in the last 12 months, and 88.9% reported ever testing for HIV. HIV testing has been stable over time, with no change between 2012 and 2013.

NSW Health will begin to collect data from NSW residents about testing for HIV in the last 12 months. Data collection will commence in the fourth quarter of 2013.

Data Source: NSW Population Health Survey¹¹

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)¹²

¹¹ The NSW Population Health Survey is a periodic telephone survey of a representative sample of NSW residents

¹² 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)

Of 201 sex workers surveyed in the greater Sydney metropolitan region, 65% reported ever being tested for HIV.

Data source: Law and Sex Worker Health Study (2007/08)

3.4 Where is rapid HIV testing occurring?

1716 rapid tests were done in 2012 in the context of the Sydney Rapid HIV Testing study¹³. In 2013, NSW Health funded the expansion of the study to 12 additional sites including GP clinics and community settings at ACON in Surry Hills. In addition, The Albion Centre has been running a rapid testing trial using the Oraquick test in seven sites since January 2013.

In the month of June 2013, more than 253 rapid HIV tests were done in ten sites across NSW. This includes one community setting at ACON in Surry Hills. In this community site, 21% of clients had never previously tested and 32% had not tested in the previous 12 months. The availability of rapid testing continues to increase across the state.

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

Key points on HIV testing

- There is an early indication of increasing overall rates of HIV testing in 2013.
- There is an early indication of increasing HIV testing rates among high risk groups in 2013.
- A project is underway to quantify levels of HIV testing occurring in routine clinical settings to enable better targeting of testing.
- The expansion of point of care HIV testing is likely to lead to an increase in uptake, and frequency of testing in high risk groups.

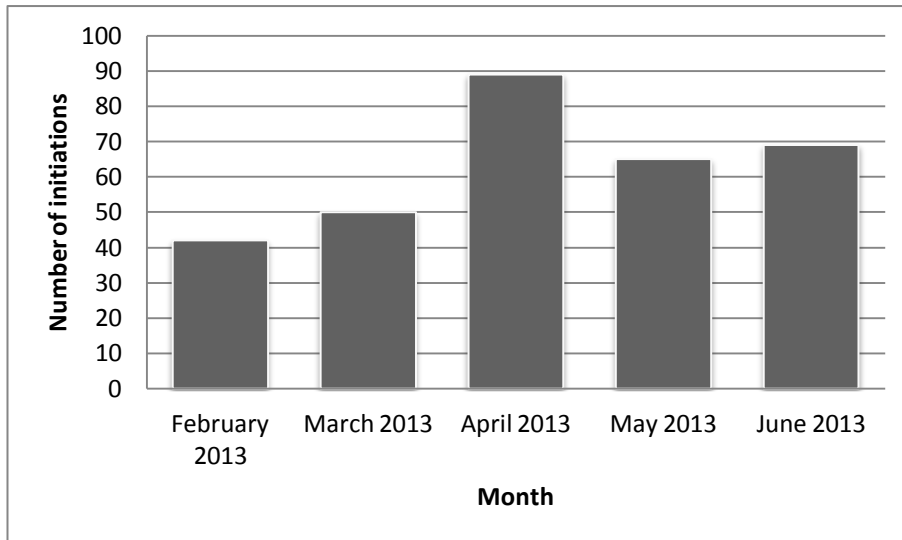
¹³ In October 2011, the Kirby Institute initiated the Sydney Rapid HIV Testing study in four sexual health clinics in NSW.

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 HIV¹⁴.

Figure 12: Trend in antiretroviral treatment initiations in four reporting metropolitan LHDs and the Sydney Children’s Hospital Network for the period 1 February 2013 to 30 June 2013.



Data source: Health Share NSW ipharmacy data

Interpretation

From February 2013 to present, 3396 patients were dispensed ART including 235 patients who initiated treatment.

Data from other LHDs will become available in the near future to allow comprehensive quarterly reporting of the ART cohort in each LHD, and in NSW overall as demonstrated by a mocked example in Appendix B.

¹⁴ Data from February 2013 to the present are available from Central Coast, Sydney, Northern Sydney and South East Sydney LHDs as well as from the Sydney Children’s Hospital Network.

4.2 Is antiretroviral treatment being prescribed according to current guidelines?¹⁵

To monitor patterns in how CD4 criteria are being applied by prescribers, data will be collected quarterly from LHDs according to the template in Figure 13. Data collection will start from October 2013.

Figure 13: Data collection template for LHDs, antiretroviral treatment by CD4

Period/Groups	Group 1: on ARV all year				Group 2: stopped ARV in the last 12 months				Group 3: initiated ARV in the last 12 months				Group 4: not on ARV all year			
	≥500	350 to 500	≥350	Median	≥500	350 to 500	≥350	Median	≥500	350 to 500	≥350	Median	≥500	350 to 500	≥350	Median
Jul-Sep 2010																
Oct-Dec 2010																
Jan-Mar 2011																
Apr-Jun 2011																
Jul-Sep 2011																
Oct-Dec 2011																
Jan-Mar 2012																
Apr-Jun 2012																
Jul-Sep 2012																
Oct-Dec 2012																
	Latest CD4 done for each year				Latest CD4 done for each year				CD4 of nearest date to starting ARV				Latest CD4 done for each year			

Data Source: HIV-STI-HCV Minimum Data Set

Note: A summary from health services using the SHIP database will be provided quarterly (starting from October 2013).

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.

Data Source: HIV/AIDS database

Table 3. Antiretroviral treatment (ART) status by CD4 count for NSW residents with newly diagnosed HIV, January to 30 June 2013.

CD4 count	Commenced	Deferred	Missing	Total
<200	16	8	0	24
200-349	14	15	0	29
350-499	16	29	0	45
500+	16	52	0	68
Missing	2	4	7	13
Total	64	108	7	179

Data Source: HIV/AIDS data base - NSW HIV Support Program, Health Protection NSW.

¹⁵ The US DHHS ARV guidelines are the main guideline reference used in Australia. These guidelines are based on randomized trial data, cohort data and expert opinion. At present prescribing of ARVs for asymptomatic patients above 500 CD4 cells is not available on PBS for people with CD4 counts above 500 in Australia. However, an application to remove this restriction is currently before the PBAC.

Interpretation

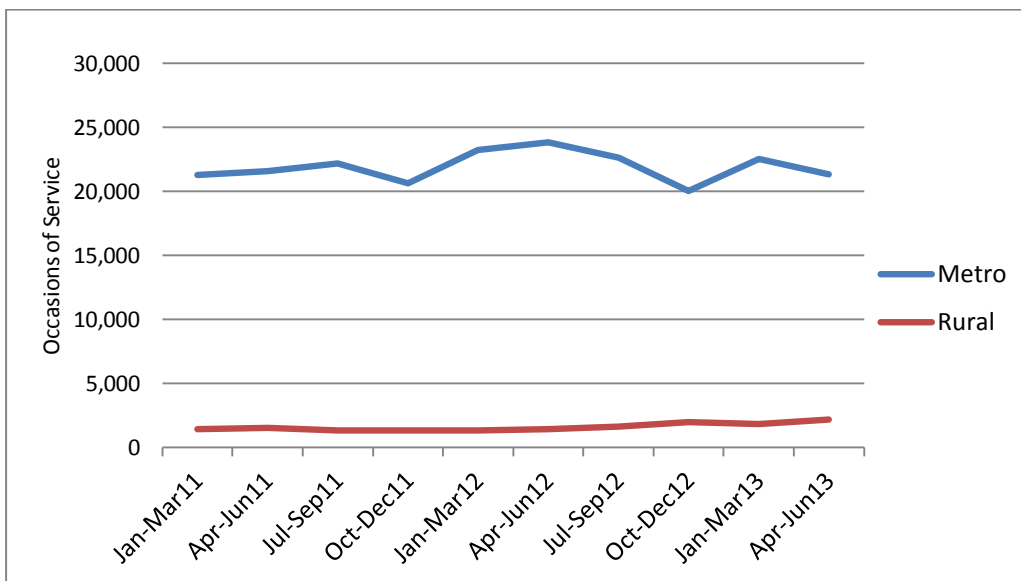
In 2013, just under half of patients newly diagnosed with HIV and with CD4 count less than 500 had commenced treatment at the time of follow up (46 out of 98). Of the patients that had treatment deferred and CD4 count less than 500, 14 (27%) were reported as not clinically indicated, 9 (17%) pending further clinical review, and 6 (12%) had no access to Medicare.

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, use of salvage regimens and quality measures.

Data Source: Health Share ipharmacy ARV regimens

4.3 What is the number of HIV treatment/management occasions of service¹⁶ in Publically Funded Sexual Health Clinics?

Figure 14: Number of HIV treatment/management occasions of service in Publicly Funded Sexual Health Clinics, January 2011 – June 2013, by rural or metropolitan location¹⁷



Data Source: HIV-STI-HCV Minimum Data Set

Interpretation

A 1.6% rise seen between April-June 2011 and April-June 2013 in NSW may reflect a combination of i) an increase workload on clinics associated with putting more patients on ARVs ii) an expected increase associated with an expanding HIV patient cohort.

¹⁶ non-admitted occasion of service provided in publicly-funded HIV and sexual health services that is for treatment or management of a HIV diagnosed condition

¹⁷ This data reflects the workload for clinics associated with caring for HIV patients.

Key points on HIV treatment

- A system to monitor the number of people who are receiving antiretroviral treatment is being finalised and will allow trends in treatment initiation to be observed as well as quality measures of ART prescribing practices to be assessed.

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.

Data source: TBC

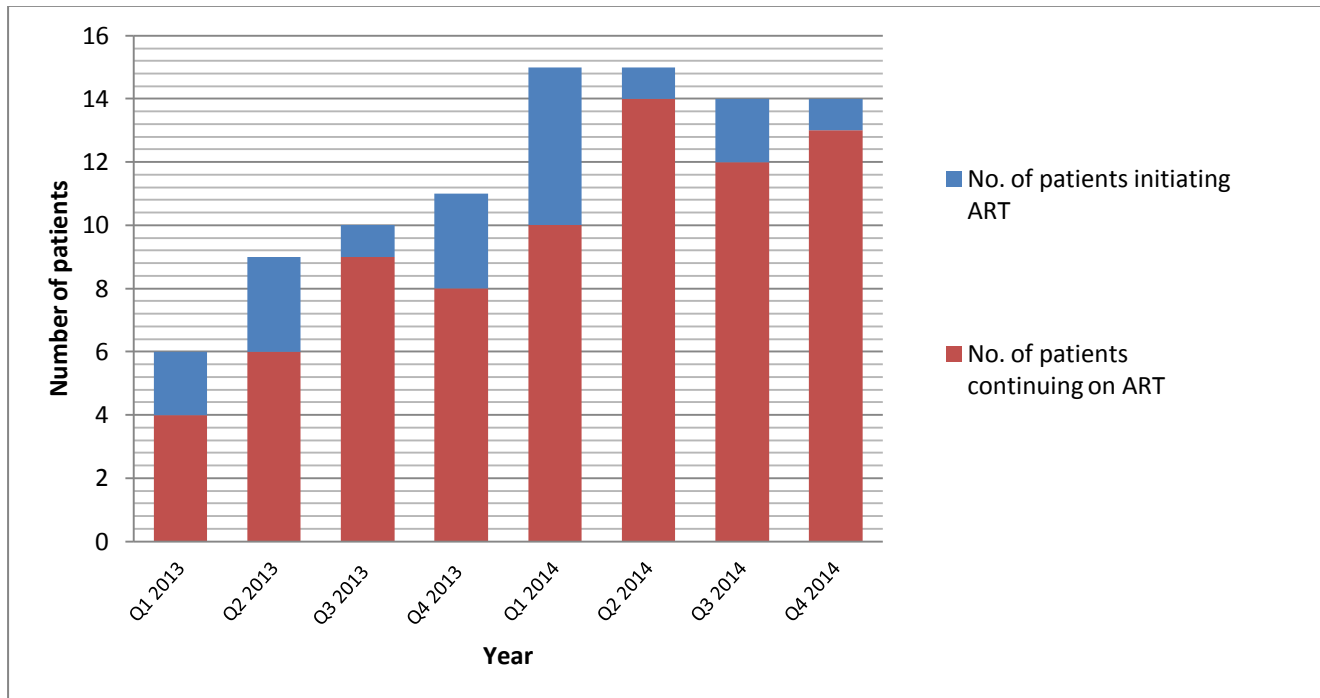
Appendix A New HIV diagnoses in people who were NSW residents at the time of diagnosis, by year of diagnosis and case characteristics, 1981 – 2012

	2006	2007	2008	2009	2010	2011	2012	1981 - 2012
Gender								
Female	45 (12.3%)	41 (10.6%)	32 (9.9%)	39 (11.8%)	23 (7.5%)	21 (6.4%)	36 (8.8%)	1049 (6.3%)
Male	320 (87.2%)	344 (89.1%)	292 (90.1%)	290 (87.6%)	282 (91.9%)	309 (93.6%)	372 (91.0%)	15215 (92.0%)
Transgender	2 (0.5%)	1 (0.3%)	0 (0.0%)	2 (0.6%)	2 (0.7%)	0 (0.0%)	1 (0.2%)	35 (0.2%)
Not stated	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	247 (1.5%)
Age (years)								
0 – 2	2 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.3%)	0 (0.0%)	0 (0.0%)	34 (0.2%)
3 - 12	1 (0.3%)	0 (0.0%)	0 (0.0%)	2 (0.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	48 (0.3%)
13 - 14	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	15 (0.1%)
15 - 19	4 (1.1%)	1 (0.3%)	3 (0.9%)	3 (0.9%)	5 (1.6%)	6 (1.8%)	9 (2.2%)	295 (1.8%)
20 - 24	33 (9.0%)	33 (8.5%)	39 (12.0%)	33 (10.0%)	29 (9.4%)	34 (10.3%)	44 (10.8%)	2011 (12.2%)
25 - 29	57 (15.5%)	61 (15.8%)	58 (17.9%)	56 (16.9%)	56 (16.9%)	56 (17.0%)	76 (18.6%)	3286 (19.9%)
30 - 39	121 (33.0%)	146 (37.8%)	106 (32.7%)	100 (30.2%)	93 (30.3%)	123 (37.3%)	132 (32.3%)	6119 (37.0%)
40 - 49	102 (27.8%)	94 (24.4%)	84 (25.9%)	87 (26.3%)	82 (26.7%)	70 (21.2%)	85 (20.8%)	3188 (19.3%)
50 - 59	37 (10.1%)	41 (10.6%)	24 (7.4%)	40 (12.1%)	29 (9.4%)	35 (10.6%)	43 (10.5%)	1086 (6.6%)
60 +	10 (2.7%)	10 (2.6%)	10 (3.1%)	10 (3.0%)	12 (3.9%)	6 (1.8%)	20 (4.9%)	380 (2.3%)
Not reported	0 (0.0%)	0.0 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	84 (0.5%)
Exposure								
Male homosexual-bisexual	238 (64.9%)	257 (66.6%)	236 (72.8%)	219 (66.2%)	227 (73.9%)	267 (80.9%)	319 (78.0%)	10289 (62.2%)
Male homosexual-bisexual and IDU	15 (4.1%)	11 (2.8%)	10 (3.1%)	17 (5.1%)	8 (2.6%)	10 (3.0%)	12 (2.9%)	454 (2.7%)
Injecting drug use	5 (1.4%)	14 (3.6%)	12 (3.7%)	11 (3.3%)	9 (2.9%)	8 (2.4%)	10 (2.4%)	540 (3.3%)
Heterosexual	71 (19.3%)	63 (16.3%)	64 (19.8%)	76 (23.0%)	51 (16.6%)	42 (12.7%)	57 (13.9%)	1468 (8.8%)
Haemophilia-coagulation disorders	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	114 (0.7%)
Blood-tissue recipient	0 (0.0%)	1 (0.3%)	0 (0.0%)	1 (0.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	162 (1.0%)
Vertical	4 (1.1%)	0 (0.0%)	0 (0.0%)	2 (0.6%)	1 (0.3%)	0 (0.0%)	0 (0.0%)	44 (0.0%)
Other / undetermined	34 (9.3%)	40 (10.4%)	2 (0.6%)	5 (1.5%)	11 (3.6%)	3 (0.9%)	11 (2.7%)	3475 (21.0%)
Local Health District								
Sydney	79 (21.5%)	89 (23.1%)	77 (23.8%)	92 (27.8%)	76 (24.8%)	88 (26.7%)	112 (27.4%)	2658 (16.1%)
South Western Sydney	12 (3.3%)	25 (6.5%)	16 (4.9%)	21 (6.3%)	25 (8.1%)	18 (5.5%)	30 (7.3%)	588 (3.6%)
South Eastern Sydney	138 (37.6%)	128 (33.2%)	118 (36.4%)	104 (31.4%)	109 (35.5%)	123 (37.3%)	148 (36.2%)	5145 (31.1%)
Illawarra Shoalhaven	5 (1.4%)	9 (2.3%)	3 (0.9%)	5 (1.5%)	8 (2.6%)	5 (1.5%)	9 (2.2%)	203 (1.2%)
Western Sydney	27 (7.4%)	27 (7.0%)	26 (8.0%)	21 (6.3%)	20 (6.5%)	31 (9.4%)	26 (6.4%)	657(4.0%)
Nepean Blue Mountains	11 (3.0%)	3 (0.8%)	7 (2.2%)	3 (0.9%)	3 (1.0%)	4 (1.2%)	5 (1.2%)	244 (1.5%)
Northern Sydney	28 (7.6%)	33 (8.5%)	25 (7.7%)	38 (11.5%)	19 (6.2%)	24 (7.3%)	23 (5.6%)	917 (5.5%)

Central Coast	8 (2.2%)	10 (2.6%)	6 (1.9%)	5 (1.5%)	5 (1.6%)	4 (1.2%)	10 (2.4%)	179 (1.1%)
Hunter New England	18 (4.9%)	19 (4.9%)	14 (4.3%)	16 (4.8%)	16 (5.2%)	10 (3.0%)	14 (3.4%)	426 (2.6%)
Northern NSW	6 (1.6%)	4 (1.0%)	4 (1.2%)	4 (1.2%)	9 (2.9%)	11 (3.3%)	5 (1.2%)	178 (1.1%)
Mid North Coast	3 (0.8%)	3 (0.8%)	8 (2.5%)	6 (1.8%)	3 (1.0%)	4 (1.2%)	3 (0.7%)	129 (0.8%)
Southern NSW	2 (0.5%)	3 (0.8%)	3 (0.9%)	6 (1.8%)	1 (0.3%)	2 (0.6%)	8 (2.0%)	49 (0.3%)
Murrumbidgee	4 (1.0%)	2 (0.5%)	3 (0.9%)	2 (0.6%)	7 (2.3%)	2 (0.6%)	5 (1.2%)	79 (0.4%)
Western NSW	2 (0.5%)	4 (1.0%)	3 (0.9%)	3 (0.9%)	4 (1.3%)	3 (0.9%)	7 (1.7%)	111 (0.7%)
Far West	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (0.6%)	0 (0.0%)	0 (0.0%)	2 (0.5%)	8 (0.0%)
Justice Health	0 (0.0%)	0 (0.0%)	1 (0.3%)	1 (0.3%)	1 (0.3%)	0 (0.0%)	1 (0.2%)	2 (0.0%)
Unknown	24 (6.5%)	27 (7.0%)	10 (3.1%)	2 (0.6%)	1 (0.3%)	1 (0.3%)	1 (0.2%)	4973 (31.1%)
Grand Total	367 (100.0%)	386 (100.0%)	324 (100.0%)	331 (100.0%)	307 (100.0%)	330 (100.0%)	409 (100%)	16546 (100%)

Appendix B

Mocked example of the proposed quarterly presentation of data on the antiretroviral treatment cohort*
(please note – the data in this example is fictitious and is for demonstration only)



*Data will be presented by LHD and for NSW overall.