

## BACKGROUND INFORMATION

MSHC aims to provide quality free HIV clinical and treatment services with high levels of HIV viral suppression, high rates of STI screening of HIV positive individuals and counselling about the risk of transmission.

We aim to:

- Ensure individuals receive high quality HIV care and treatment
- Screen and treat for bacterial STI
- Ensure all clients attending the Green Room (TGR) taking antiretroviral therapy achieve HIV viral suppression
- Commence antiretrovirals (ART) as early as possible
- Provide extensive support by doctors and nurse provided adherence sessions to ensure clients are able to adhere to their medication
- Provide case management with community health and welfare providers for complex cases living with HIV

In this report, we present data collected through our HIV surveillance activities to monitor our progress over time in the Green Room clinic population from 2007 - 2018.

## RESULTS

The number of individuals attending TGR for their HIV care has increased from 596 in 2007 to 1,568 in 2018 as shown in Figure 1. Of these, the number of individuals taking ART has increased from 410 in 2007 (69%) to 1,524 in 2018 (97%) (Figure 2). Of the total number of individuals attending the clinic for their HIV care, 169 in 2007 (28%) versus 1,475 in 2018 (94%) had a plasma viral load of less than 400 copies/mL at their last visit in that year (Figure 3). Figure 4 shows the increasing numbers of individuals seen by year, taking ART and with HIV viral loads of less than 400 copies/mL. The number of individuals on ART with viral loads of less than 400 copies/mL at their last visit in that year, increased from 41% in 2007 to 97% in 2018.

**Figure 1**

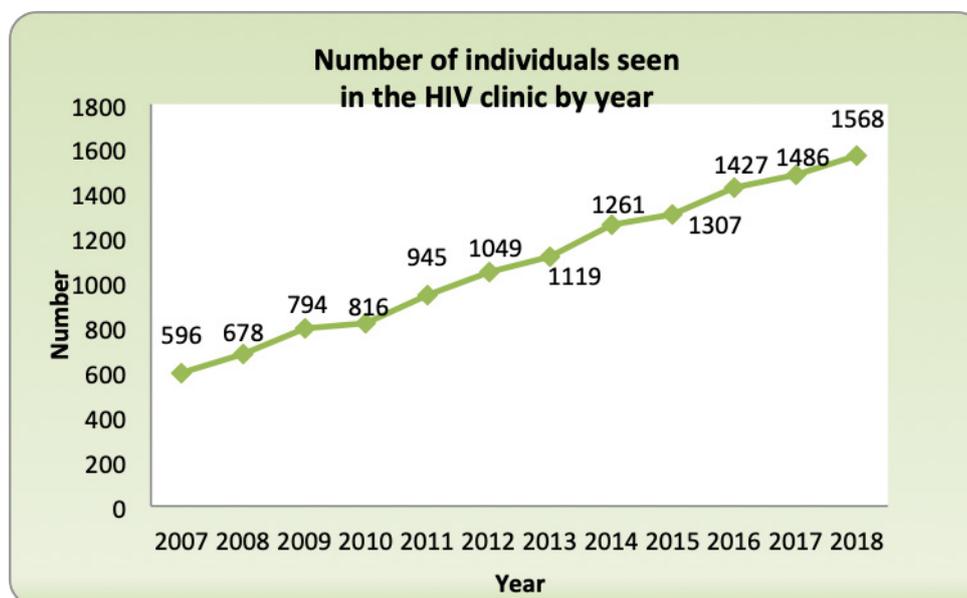


Figure 2

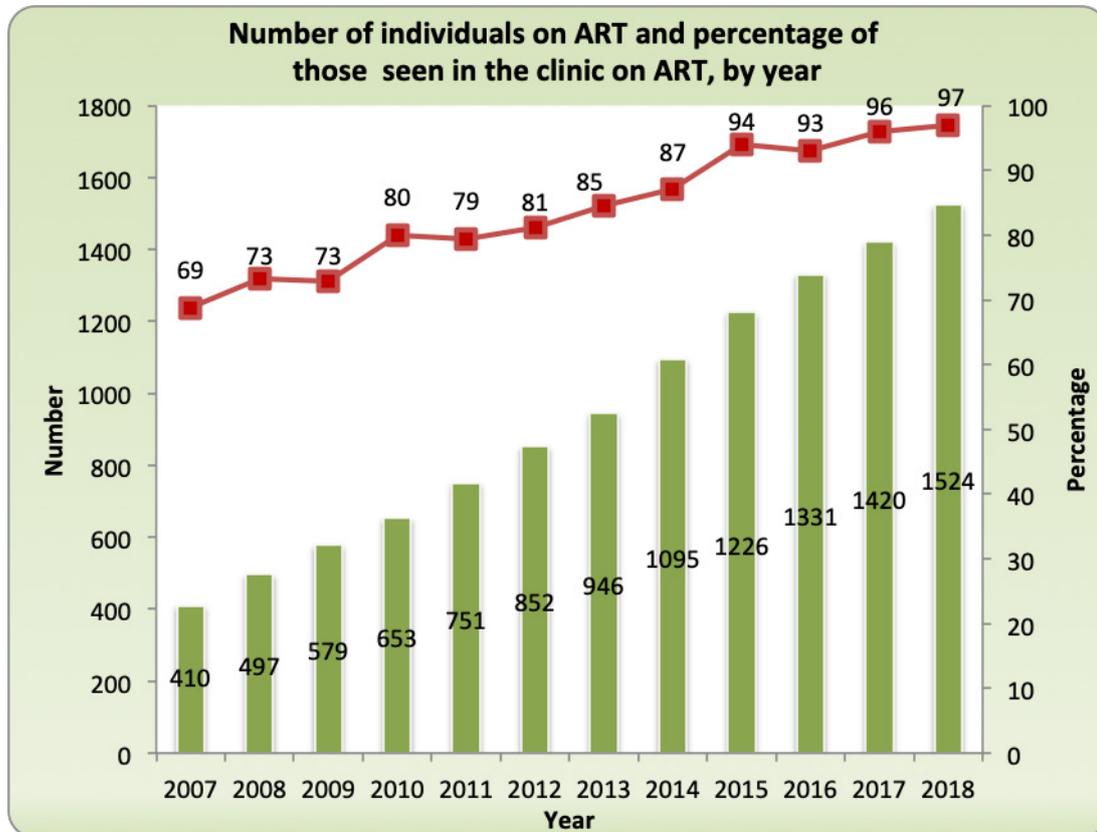


Figure 3

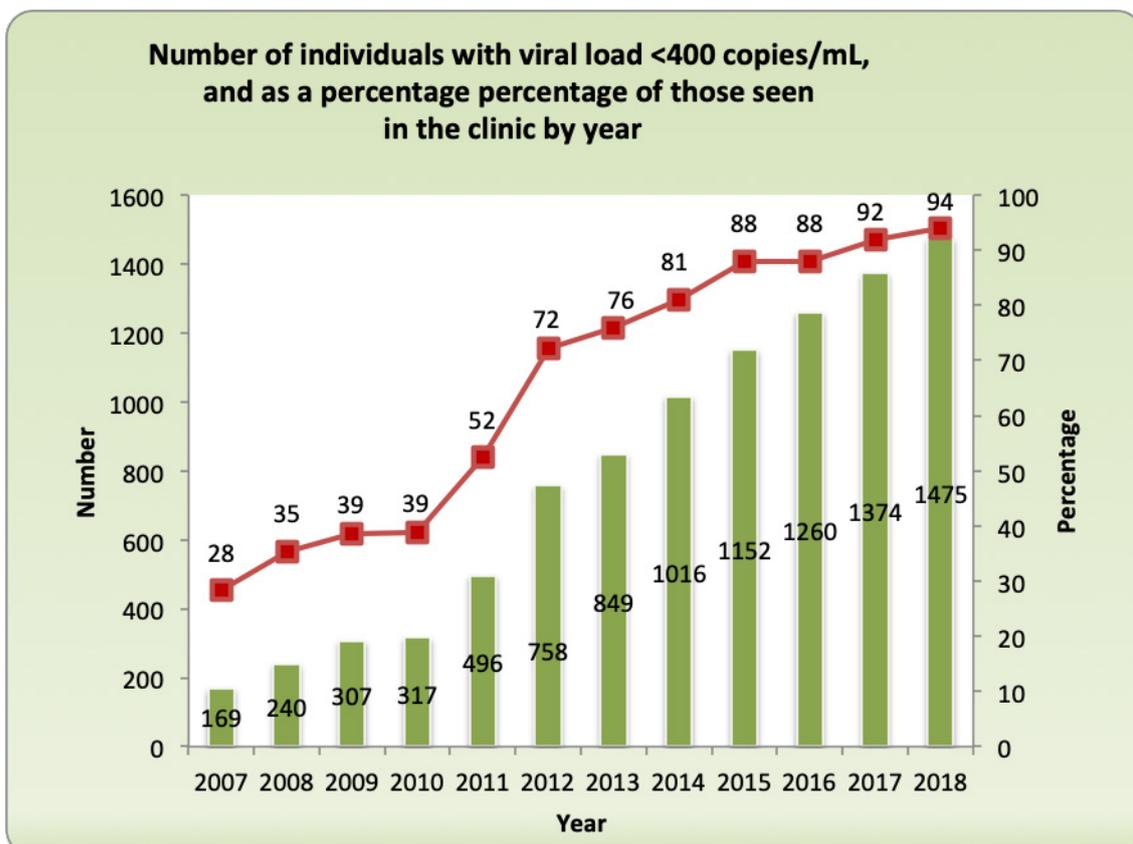
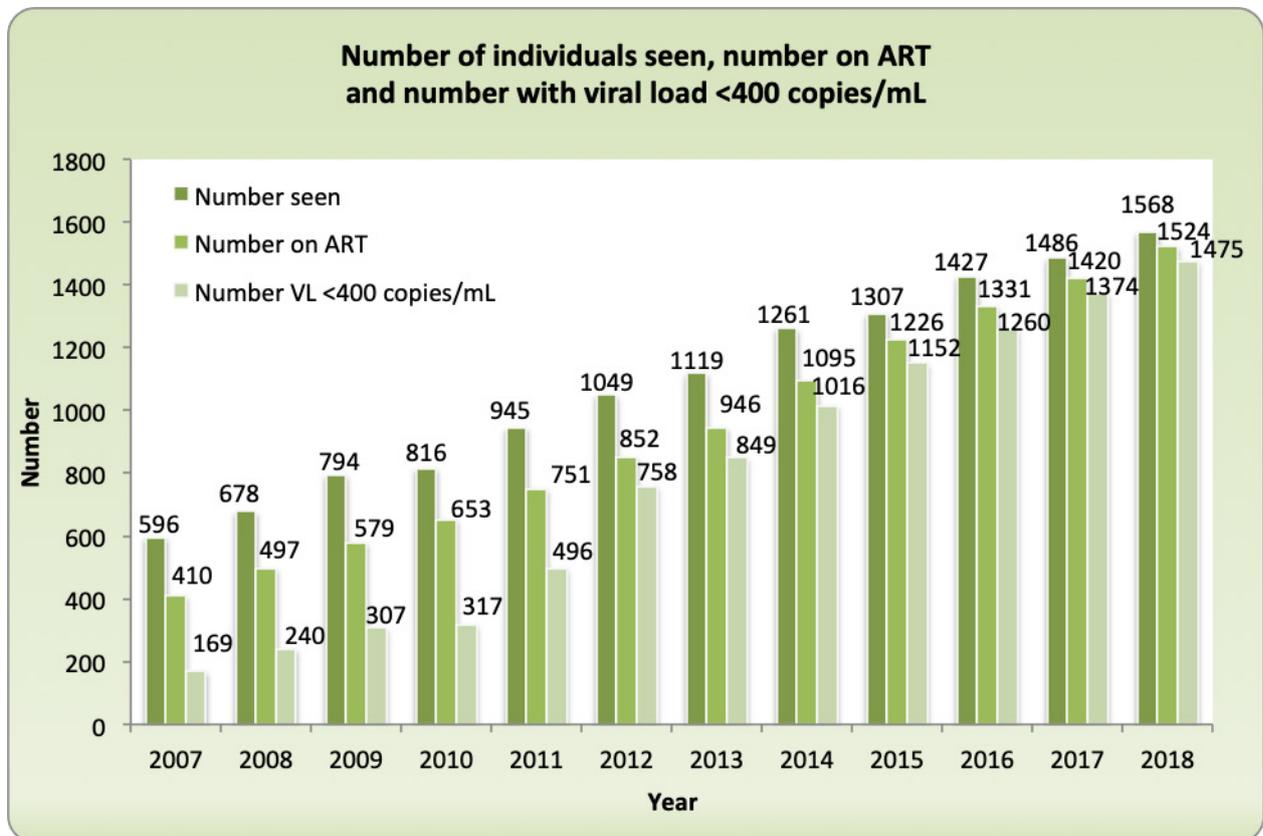


Figure 4



Currently there are no recommendations on clinical outcome indicators that clinical services should use for patients with HIV. Opportunistic infections and deaths are almost unheard of among patients diagnosed early with HIV in developed countries, making these largely irrelevant outcomes as a measure of HIV outpatient service quality.

Melbourne Sexual Health Centre provides an annual report of outcomes after starting HIV treatment at the Centre for the first time

[www.mshc.org.au/ClinicInformation/MSHCReports/tabid/101/Default.aspx#.WNnFzDO1uM8](http://www.mshc.org.au/ClinicInformation/MSHCReports/tabid/101/Default.aspx#.WNnFzDO1uM8)

We are doing this because how well patients do on treatment can affect their health. How well patients do on treatment is also related to the quality of care that staff provide patients with HIV. Since 2000, 1,229 patients started HIV treatment for the first time at Melbourne Sexual Health Centre. Of these, 44 (4%) failed treatment over a 18 year period and most of these were in the first 4 years. There were no new failures in 2018. By international standards this is a very good result. Taking your HIV treatment as prescribed and trying to never miss any doses is the best way to avoid your treatment failing.

**Disclaimer**

The content of this document is for information purposes only. The content are generic in character and should be applied to individuals only as deemed appropriate by the reader on a case by case basis. Alfred Health, through MSHC, does not accept liability to any person for the information or advice (or the use of such information or advice) which is provided through these treatment guidelines. The information contained within this document is provided on the basis that all persons accessing it undertake responsibility for assessing the relevance and accuracy of the content and its suitability for a particular patient.