BACKGROUND INFORMATION

MSHC aims to provide high quality and free HIV clinical and treatment services that resulted in high levels of HIV viral suppression, high rates of STI screening of HIV positive individuals and counseling about the risk of transmission.
We aim to:

- Ensure individuals receive high quality HIV care and treatment
- Screen and treat all individuals for bacterial STI
- Ensure all clients attending the Green Room (TGR) who are taking antiretroviral therapy achieve HIV viral suppression
- Commence antiretrovirals (ART) as early as possible
- Provide extensive support to clients by doctors and nurses so we 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 - 2019.

RESULTS

The number of individuals attending TGR for their HIV care has increased from 596 in 2007 to 1,667 in 2019 as shown in Figure 1. Of these, the number of individuals taking ART has increased from 410 in 2007 (69%) to 1,618 in 2019 (97%) (Figure 2). Of the total number of individuals attending the clinic for their HIV care, 169 in 2007 (28%) versus 1,553 in 2019 (93%) 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.

Figure 1
Figure 2

Number of individuals on ART and percentage of those seen in the clinic on ART, by year

Figure 3

Number of individuals with viral load <400 copies/mL, and as a percentage percentage of those seen in the clinic by year
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

[Website Link]

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, 1,349 patients started HIV treatment for the first time at Melbourne Sexual Health Centre. Of these, 44 (3%) failed treatment over a 19 year period and most of these were in the first 4 years. There were no new failures in 2019. 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.

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