

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 - 2020.

Results

The number of individuals attending TGR for their HIV care has increased from 596 in 2007 to 1,691 in 2020 as shown in Figure 1. Of these, the number of individuals taking ART has increased from 410 in 2007 (69%) to 1,651 in 2020 (98%) (Figure 2). Of the total number of individuals attending the clinic for their HIV care, 169 in 2007 (28%) versus 1,500 in 2020 (89%) 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

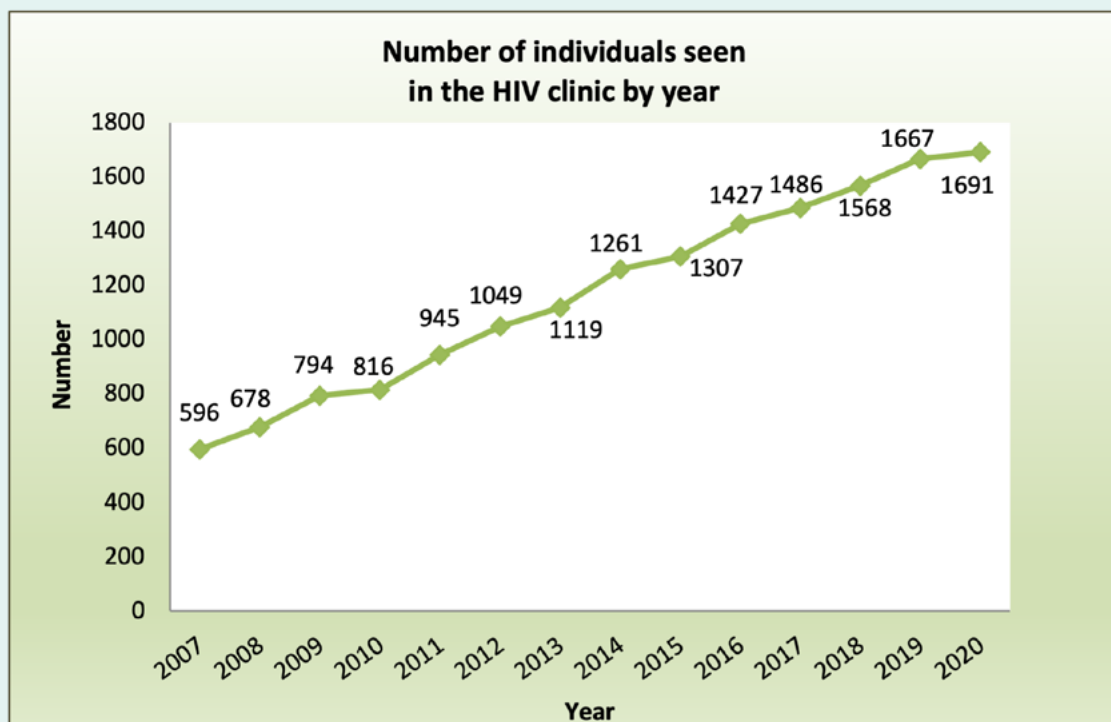


Figure 2

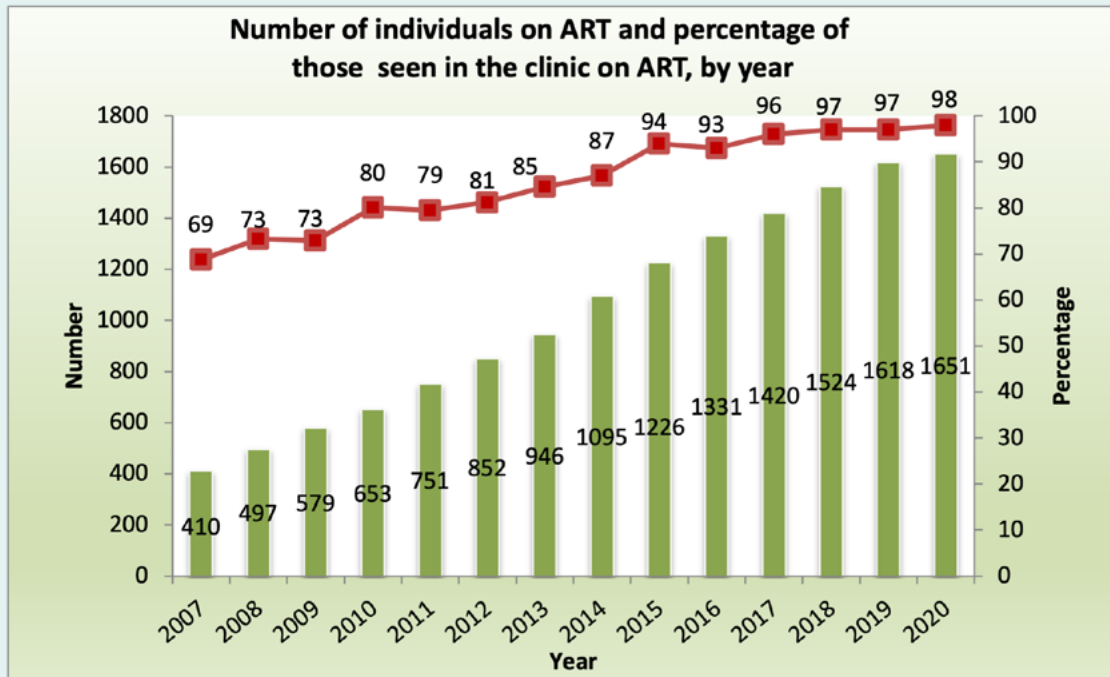
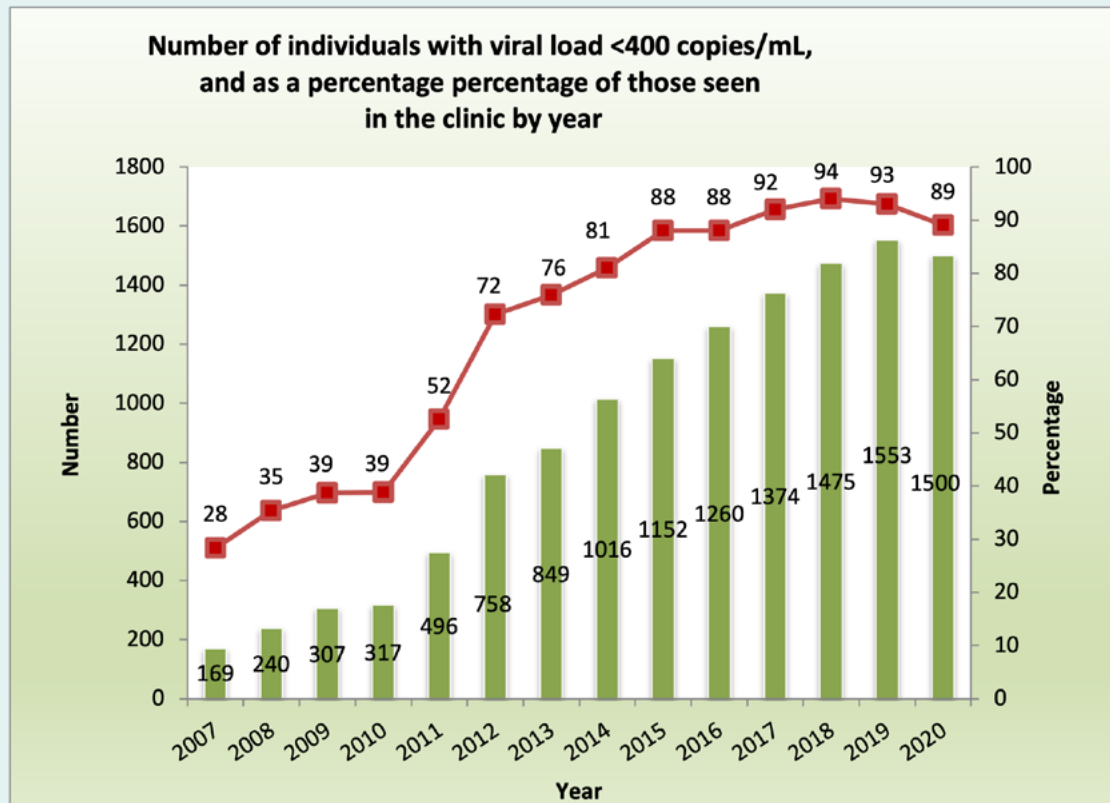
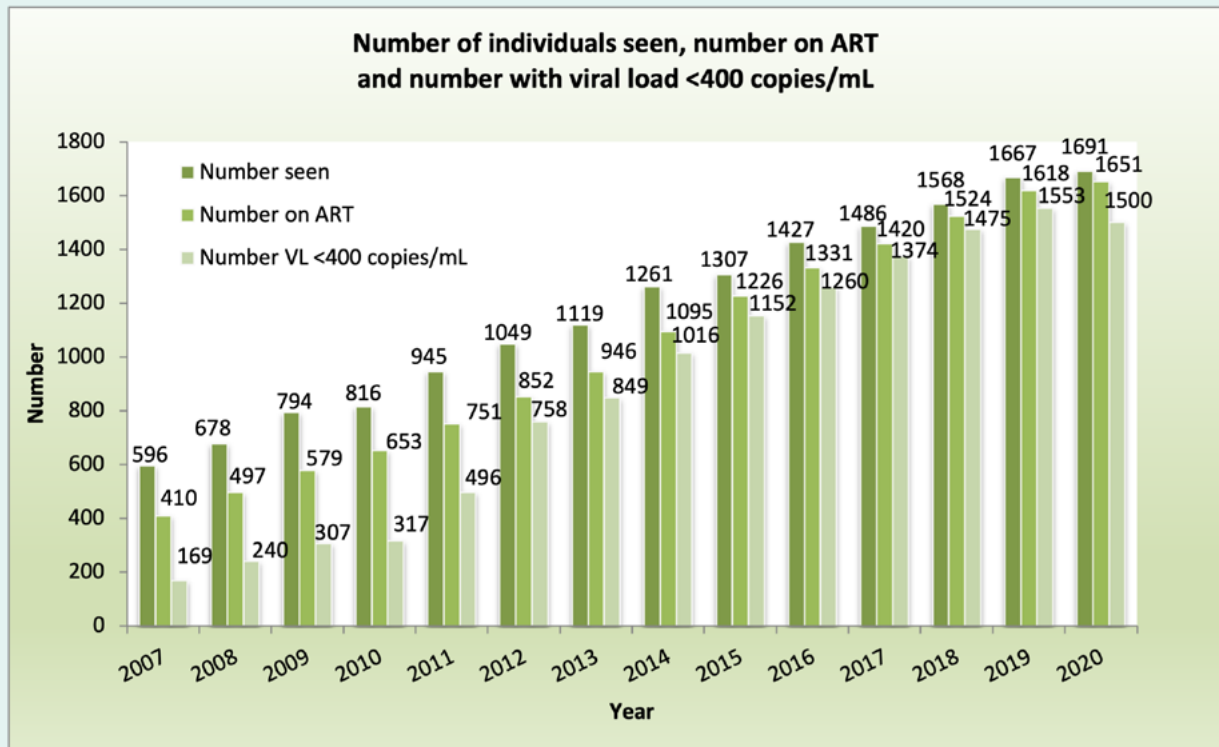


Figure 3



Note: Despite the increase in individuals attending MSHC for their HIV care in 2020, less individuals had viral load tests documented at MSHC during Covid and the percentage decrease in 2020 of numbers of individuals who had a viral load of <400 copies/mL (89%) also reflects the decrease in individuals not having had their viral load tests documented at MSHC. Many individuals had teleconsultations during Covid.

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 <https://www.mshc.org.au/about/corporate-publications>

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, 1,410 patients started HIV treatment for the first time at Melbourne Sexual Health Centre.

Of these, 45 (3%) failed treatment over a 20 year period and most of these were in the first 4 years. There was one new failure in 2020. 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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