

## Background

MSHC provides HIV clinical and treatment services with high levels of HIV viral suppression, high rates of STI screening of people living with HIV (PLWHIV) and counselling about the risk of transmission. Our focus is clients who find it difficult to access hospital or primary care services.

We aim to:

- Ensure individuals receive high quality HIV care and treatment, free of stigma.
- 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.
- Provide nurse initiated adherence sessions to support clients to adhere to their medication
- Provide case management with community health and welfare providers for complex cases living with HIV

## Results

The number of individuals attending TGR for their HIV care has increased from 596 in 2007 to 1,793 in 2022 as shown in Figure 1. Of these, the number of individuals taking ART has increased from 410 in 2007 (69%) to 1,749 in 2022 (98%) (Figure 2). Of the total number of individuals attending the clinic for their HIV care, 169 in 2007 (28%) versus 1,666 in 2022 (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. Since 2017 the status of Medicare among the clients has been captured and the number who do not have Medicare cards has risen from 147 in 2017 (10%) to 305 in 2022 (17%) (Figure 5).

**Figure 1**

**Number of individuals seen in HIV clinic by year**

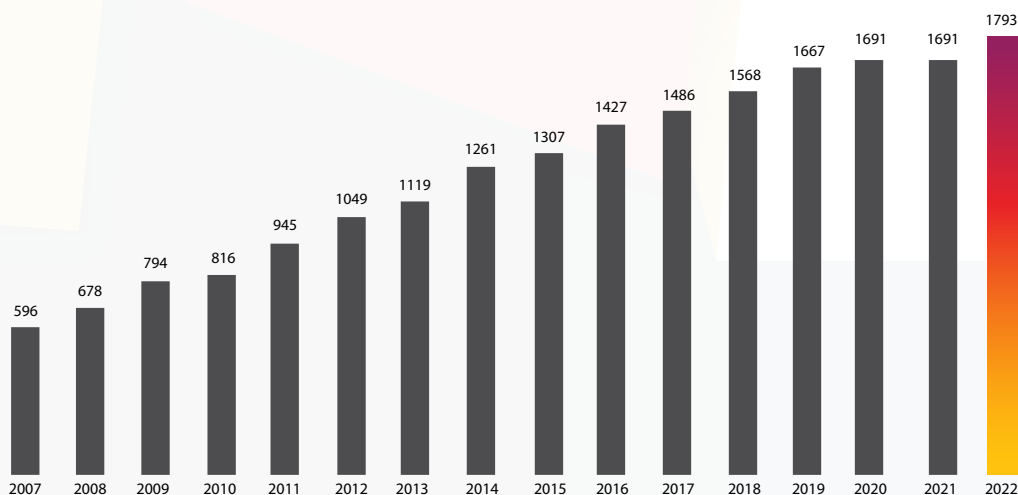


Figure 2

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

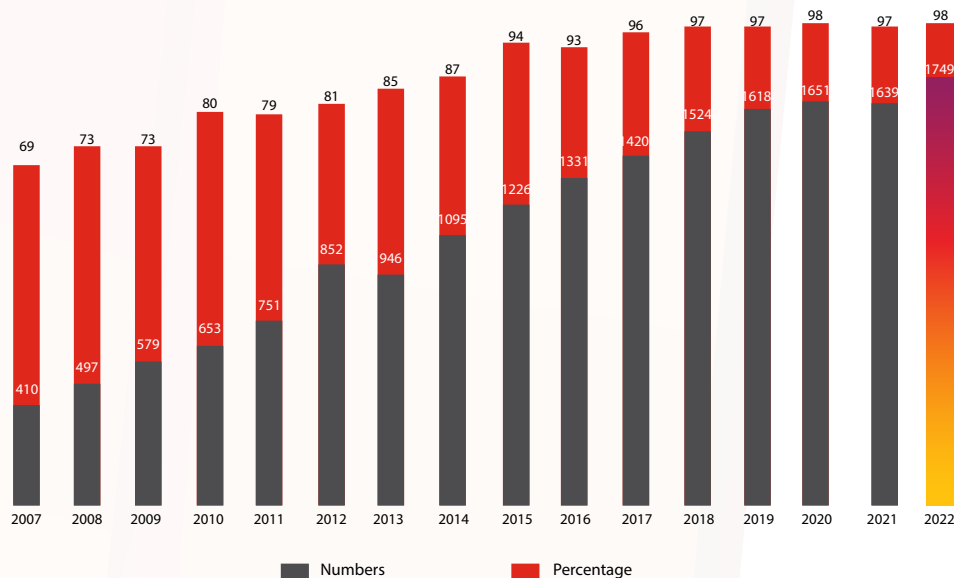
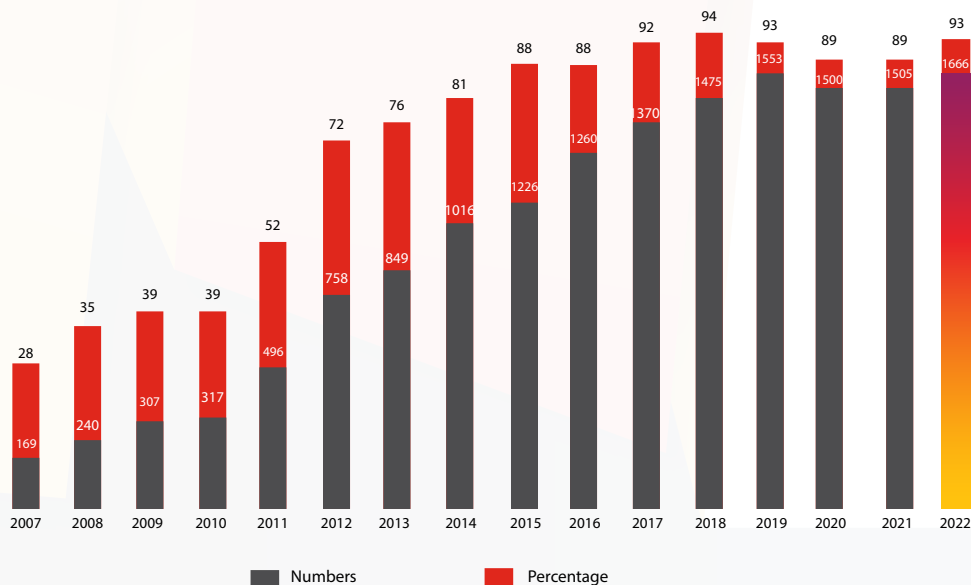


Figure 3

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



Note: Despite the increase in individuals attending MSHC for their HIV care in 2021, less individuals had viral load tests documented at MSHC during Covid19 and the percentage decrease in 2021 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 Covid19. In 2022, the numbers are steadily increasing.

Figure 4

Number of individuals seen, number on ART and number with viral load <400 copies/mL

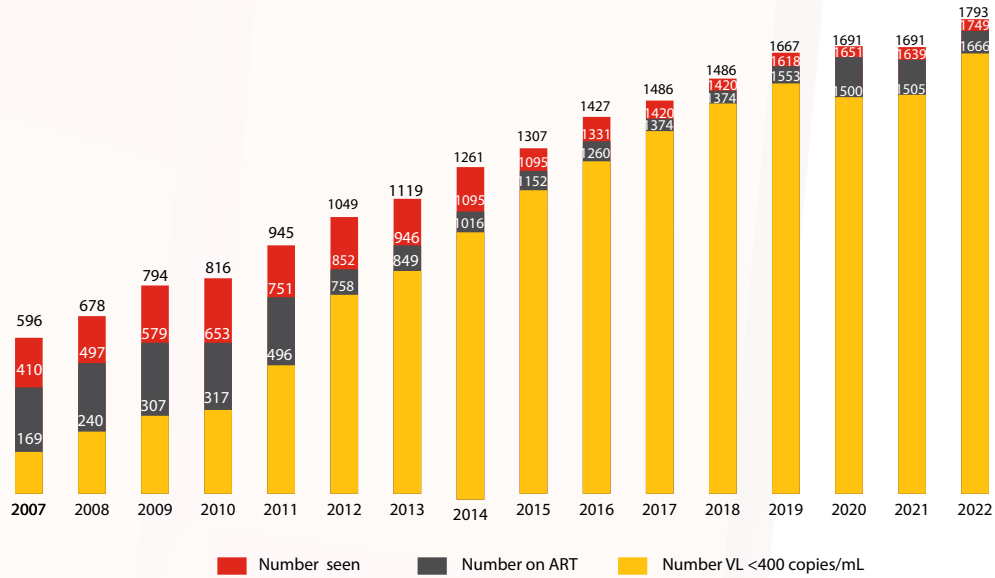
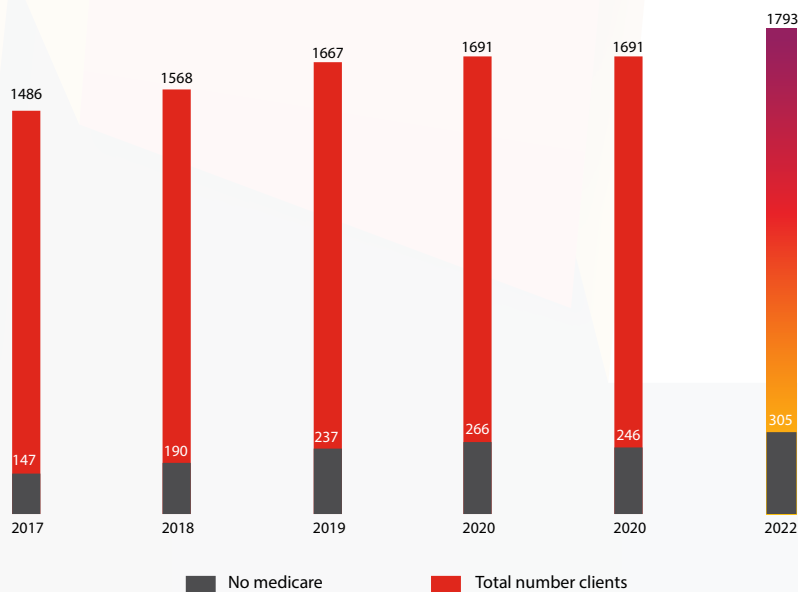


Figure 5

Number of individuals without medicare



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, [https://www.mshc.org.au/images/downloads/Green\\_Room\\_ARV\\_Report\\_2022.pdf](https://www.mshc.org.au/images/downloads/Green_Room_ARV_Report_2022.pdf)

Since 2000, 1,509 patients started HIV treatment for the first time at Melbourne Sexual Health Centre. Of these, 52 (3%) have failed treatment over the 22-year period and most of these were in the first 4 years. There were five new failures in 2022. By international standards this is a very good result.

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