

Northern Territory Sexual Health and Blood Borne Viruses Unit Surveillance Update

Department of Health and Community Services, Vol. 6 No 1,
January-March 2005 & April-June 2005

A. Introduction:

This surveillance update presents quarterly statistics for all notifiable sexually transmissible infections (STIs) and blood borne viruses (BBVs) in the Northern Territory (NT) for the first two quarters of 2005.

The aim of the report is to provide quarterly statistics of notifiable STIs and BBVs at district level. Where appropriate, we have also provided diseases rate comparisons with other jurisdictions and/or Australia as a whole.

The report is divided into sections on notifiable sexually transmissible bacterial infections (gonorrhoea, chlamydia, syphilis and trichomoniasis) and blood borne viruses (hepatitis C and human immunodeficiency virus). Donovanosis is presented separately due to its small numbers of notifications.

All data used for this report have been extracted from the Northern Territory Notifiable Diseases Surveillance System (NTNDSS), and the HIV and AIDS Database maintained by the Sexual Health and Blood Borne Viruses Unit (SHBBVU). Statistics for other jurisdictions and Australia were from '*HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Report 2005*' published by National Centre in HIV Epidemiology and Clinical Research.

B. Quarterly Statistics of STI/BBV Notifications:

The following descriptions and comments refer specifically to the numbers and rates¹ of notifications for the first two quarters of 2005.

B.1 Gonorrhoea

¹ Unless stated otherwise, all rates in this section are annualised rates. The denominators for the rates of a quarters and a half-year are a quarter and a half of the NT population for that year respectively.

In the first half of 2005, 999 cases of gonorrhoea were notified in the NT (985.5 cases per 100,000 population, see Table 1.1). This represented a significant 19.0% rate increase over the same period of last year, and was consistent with an increasing trend persisting in the last five years (Fig. 1.1).

There were slightly more females than males (51.5% vs. 48.5%) while the vast majority (87.9%) of all notifications were Aboriginal (Table 1.2 and 1.3). Both male and female rates had increased when compared with the rates for the same period of 2004 (by 20.6% and 17.5% respectively, see Table 1.2 and Fig. 1.2). The Aboriginal rate was about 26 times the non-Aboriginal rate. Both rates were substantially higher than the national average rate (35.8 per 100,000 in 2004). It is worth noting that both Aboriginal and non-Aboriginal rates had increased considerably over the respective rates for the same period of 2004 (by 19.6% and 25.1% respectively, see Table 1.3 and Fig. 1.3).

When examined at district level (Table 1.4 and Fig. 1.4), the highest number and rate of notifications were both recorded in Alice Springs. The number of cases notified in Alice Springs Region continued to represent more than half of all NT notifications (about 60%), and the rate of nearly 3,000 per 100,000 represented an approximately 30% increase over the rate for the same period of 2004. In contrast, Darwin recorded the lowest rate in the NT, though its rate of 351.9 per 100,000 population was still about 9.5 times the national rate (37.0 per 100,000 population in 2004) and had increased 26.6% over the rate for the same period of 2004.

The highest numbers of cases and rates were recorded in the 15 to 24 year age groups, the same as what was observed both in the NT and nationally in the past few years. These age groups contributed 54.0% of all gonorrhoea notifications during this reporting period (Table 1.5).

Most of the disease burden of the two largest districts, namely, Darwin and Alice Springs, continued to occur in the rural area (Table 2.1 and Fig. 2.1). The rural to urban rate ratio for Darwin was 3.8:1 and that for Alice Springs 4.6:1.

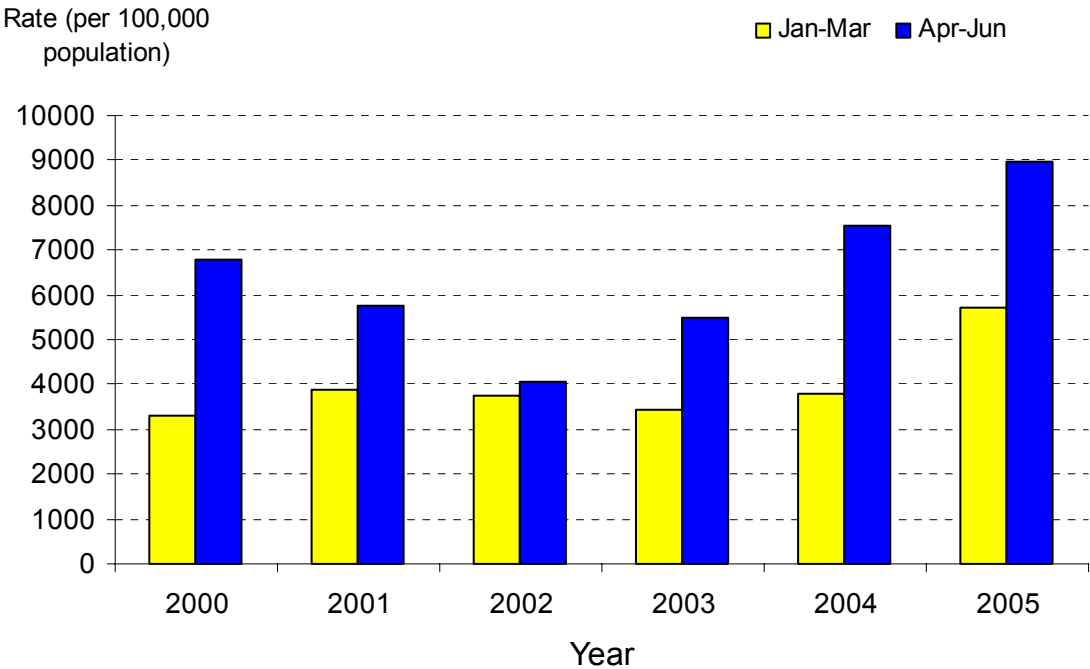
The high rate of gonorrhoea for Alice Springs in this reporting period warrants further analysis, in particular, the rate for Alice Springs Rural Area which was 4.6 times as high as that for Alice Springs Urban Area. The Tristate Project has been conducting STI screening and treatment activities in the rural Aboriginal communities in Central Australia in April each year; as shown in Table B.1.1 and Fig. B.1.1, the number and rate of gonorrhoea for Aboriginal population in Alice Springs Rural Area (the targeted population for Tristate

Project) had both significantly increased in the first quarter this year (before the annual screening started) compared with those for same time last year, which suggests that there was a true increase in gonorrhoea unrelated to the amount of testing done. It is also evident from Fig. B.1.1 that the rates of gonorrhoea for both the first and second quarters have been on the increase in the last three years.

Table B.1.1 Number and rate of gonorrhoea for Aboriginal population in Alice Springs Rural Area, Jan-Mar & Apr-Jun, 2000-2005

Year	Jan-Mar		Apr-Jun	
	Number	Rate	Number	Rate
2000	79	3322.8	161	6771.8
2001	94	3870.3	140	5764.3
2002	91	3744.1	99	4073.2
2003	83	3426.2	133	5490.2
2004	92	3776.7	184	7553.4
2005	141	5714.9	221	8957.3

Fig. B.1.1 Rate of gonorrhoea notifications for Aboriginal population in Alice Springs Rural Area, Jan-Mar & Apr-Jun, 2000-2005



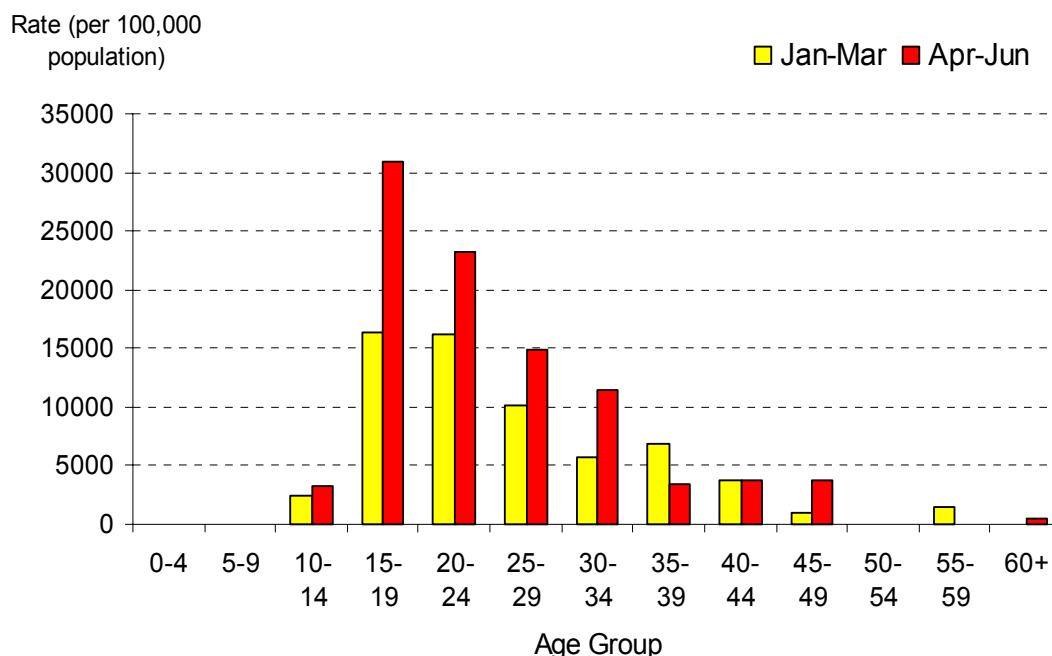
A further look at the number and rate of gonorrhoea for the Aboriginal population in Alice Springs Rural Area by age groups reveals some extremely high rates in several younger age groups. A total of 361 gonorrhoea notifications were recorded in the first half of 2005 in this population, and the overall notification rate was 7,315.8 per 100,000 population, more than

double the total rate for Alice Springs of 2,968.6 per 100,000 population (see Table B.1.2. and Table 1.4).

Table B.1.2 Number and rate of gonorrhoea notifications for the Aboriginal population by age group, Alice Springs Rural Area, Jan-Mar & Apr-Jun 2005

Age group	Jan-Mar		Apr-Jun	
	Number	Rate	Number	Rate
0-4	0	0.0	0	0.0
5-9	0	0.0	0	0.0
10-14	7	2515.7	9	3234.5
15-19	46	16326.5	87	30878.4
20-24	39	16199.4	56	23260.6
25-29	21	10108.3	31	14921.8
30-34	11	5699.5	22	11399.0
35-39	10	6837.6	5	3418.8
40-44	5	3738.3	5	3738.3
45-49	1	928.1	4	3712.3
50-54	0	0.0	0	0.0
55-59	1	1444.0	0	0.0
60+	0	0.0	1	564.2
Total	141	5714.9	220	8916.8

Fig. B.1.2 Notification rate of gonorrhoea for the Aboriginal population by age group, Alice Springs Rural Area, Jan-Mar & Apr-Jun 2005



Furthermore, the burden of disease did not spread evenly across all age groups. The notification rate of gonorrhoea for the 15-19 and 20-24 years age groups were 30,878.4 and

23,260.6 per 100,000 population respectively (Table B.1.2 and Fig.1.2). These were about 340 and 250 times the national notification rates of gonorrhoea for those in the same age groups, respectively². Given that there were only a small number of cases notified more than once, the total of 228 notifications in these two age groups means that, in this 6-month period, 11% of young people aged between 15 to 24 had been infected with gonorrhoea.

However, when taking into consideration the relatively low coverage rate of the annual community STI screen and the fact that some patients did not present themselves for medical attention (either because they were asymptomatic or for other reasons), the actual incidence rate can be expected to be higher than this. Such high rates and the sharply increasing trend (described in the last issue) indeed call for more innovative and effective interventions.

B.2 Genital Chlamydia

There were 865 (853.3 cases per 100,000 population) cases of genital chlamydia notified in the NT in this reporting period (Table 1.1). This represents a slight 2.2% rate increase over the same period of last year. Unlike gonorrhoea, the rate of chlamydia for the first 6 months of the year had remained generally stable in the past three years after a sharp increasing trend found during the preceding three years (2000-2002, Fig. 1.1).

Females represented about 65.4% of all cases (Table 1.2). 66.2% of all notifications were Aboriginal, about 2.5 times the number of non-Aboriginal notifications; in terms of notification rate, the Aboriginal rate was 6.2 times the non-Aboriginal rate (Table 1.3). They were 5.7 and 3.3 times the national rate (186.1 per 100,000 in 2004), respectively. Alice Springs continued to record both the highest number of notifications (49.5% of all cases) and highest rate in the two quarters (Table 1.4 & Fig. 1.4).

The younger age groups continued to record the highest numbers and rate of chlamydia (Table 1.5 & Fig. 1.5). The 15 to 24 year age groups represented about 62.2% of all cases and recorded the highest rate of all age groups (about 3,500 per 100,000 population, or, 3.5%).

Darwin rural and urban areas had similar rates of chlamydia while in Alice Springs the rate for rural area was about four times that for urban area (Table 2.1 and Fig. 2.1).

² The national notification rates for the 15-19 and 20-24 age groups were 90.8 and 92.7 per 100,000 population respectively in 2005 (year to date, source: National Notifiable Disease Surveillance System at <http://www1.health.gov.au/cda/Source/CDA-index.cfm>, accessed on 25 Oct, 2005).

B.3 Syphilis

There were 112 syphilis notifications recorded in these two quarters (excluding congenital syphilis), compared with 156 notifications for the same period in 2004 (Table 1.1). Despite the rapidly increasing trend of gonorrhoea and chlamydia in the NT, syphilis had shown a decreasing trend over the last 4 years. The specific factors leading to such a trend are not known. The SH/BBV Unit is in a process of gathering testing data from all pathology laboratories servicing the NT, so the answer to this question may be better explained with enough testing data becoming available. However, the notification rate for the NT (112 per 100,000, Table 1.1) was still significantly higher than the national average of less than 10 per 100,000 in 2004.

The male to female ratio was 1.4:1, which was different from the even gender distribution seen in the past few years (Table 1.2). Aboriginal people accounted for 89.3% of the total notifications (Table 1.3). Over half (53.6%) of notifications were from Alice Springs, followed by Katherine (24.1%) and Darwin (16.1%, Table 1.4). In terms of rates, Alice Springs and Katherine had the highest among all districts (about 290 per 100,000), about ten times the rate for Darwin.

The highest rates continued to occur in the 15 to 24 years age groups (representing 46.4% of all syphilis notifications, see Table 1.5).

There were 4 notifications of congenital syphilis in these two quarters. Two of them were male and two female. All of these cases were Aboriginals from Alice Springs district.

B.4 Trichomoniasis

There were 346 notifications of Trichomoniasis in this reporting period, compared with 294 notifications in the same time 2004 (Table 1.1). 99.4% of all notifications occurred in women (Table 1.2) and 91.6% were Aboriginals (Table 1.3). Notably, the notification rate for Aboriginal population was about 50 times that for non-Aboriginals. Alice Springs district accounted for 45.7% of all cases, and 28.3% were from Darwin district (Table 1.4). Alice Springs continued to record the highest rate (783.0 per 100,000), followed by East Arnhem (748.6 per 100,000). Similar to other notifiable STIs, the majority of the cases (41.6%) and the highest age-specific rates were recorded in the 15 to 24 year age groups (Table 1.5).

B.5 Donovanosis

There were three notifications of donovanosis in the first half of 2005, and all of them were Aboriginal females (Table 3.1). Two of them were from Alice Springs and one from Barkly. All of them were between 25 to 34 years old.

B.6 Other Sexually Transmitted Infections

There were no notifications of chancroid or lymphogranuloma venereum in this reporting period.

B.7 Hepatitis C

There were 149 notifications of hepatitis C in this reporting period (Table 4.1). This figure not only represented a 15.5% increase over the number of notifications for the same time of 2004, but was also significantly greater than the average number of notifications for the same period in the previous five years (mean=98.2, 95% confidence interval=74.0~122.4). On top of the increasing trend observed in the last few years in the NT (reported in our last issue) and against the backdrop of decreasing national rates, this indeed warrants further exploration in order to establish the real cause(s) for such an increasing trend.

However, as the vast majority were categorised as 'unspecified' (91.3%, see Table 4.2) and without enhanced surveillance of every case notified, it was difficult to ascertain whether this was a true increase or simply the result of an increase in testing due to enhanced awareness. The Centre for Disease Control is developing a program to implement enhanced surveillance of hepatitis C.

The male to female rate ratio was 1.9:1 (Table 4.1), and 63.8% of all notifications were non-Aboriginal (Table 4.1) and about 70% were from Darwin district (Table 4.3) with a notification rate of 167.9 per 100,000 population, still remaining more than double the national rate (70.2 per 100,000 in 2004).

While the majority of male cases occurred in 30-49 years age groups, in females the 30-34 and 40-44 age groups had the highest numbers of notifications (Table 4.4). Overall, the highest rate occurred in 40-49 years age groups, different from bacterial STIs for which the highest rates occurred in younger age groups.

B.8 Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS)

Only one non-Aboriginal HIV case was notified in this reporting period. There was no AIDS notified.

6. Consumer response

The Sexual Health and BBV Unit is interested in readers' responses to this report. Please forward any comments or suggestions to:

Surveillance Project Officer
Jiunn-yih Su

Head of Sexual Health and BBV Unit
Dr. Kevin Sesnan

Sexual Health and BBV Unit,
Centre for Disease Control
Department of Health and Community Services
PO Box 40596, Casuarina
Northern Territory
Phone: (08) 89228874
Fax: (08) 8922 8809
Email: Jiunn-yih.Su@nt.gov.au, Kevin.Sesnan@nt.gov.au

All data in this report are provisional and subject to future revision.

This report is downloadable in PDF format from the Department of Health and Community Services website: <http://www.health.nt.gov.au/>

Suggested citation: Sexual Health and Blood Borne Viruses Unit Surveillance Update, Department of Health and Community Services, NT, 2005; Vol. 6, No. 1.

1. Sexually transmissible infections (STIs)

Table 1.1 Notifications of gonorrhoea, chlamydia, syphilis and trichomoniasis, number and rate per 100,000 population, Northern Territory, January-March & April-June, 2004 and 2005

Quarter	Gonorrhoea		Chlamydia		Syphilis		Trichomoniasis	
	Cases	Rate	Cases	Rate	Case	Rate	Case	Rate
2005								
Jan-Mar	442	872.1	386	761.6	44	86.8	168	331.5
Apr-Jun	557	1099.0	479	945.1	68	134.2	178	351.2
Total	999	985.5	865	853.3	112	110.5	346	341.3
2004								
Jan-Mar	376	752.3	379	758.3	67	134.1	179	358.2
Apr-Jun	452	904.4	448	896.4	85	170.1	115	230.1
Total	828	828.4	827	827.4	156	156.1	294	294.1

Figure 1.1 Notification rates of gonorrhoea, chlamydia, syphilis and trichomoniasis, Northern Territory, January-June 2000-2005

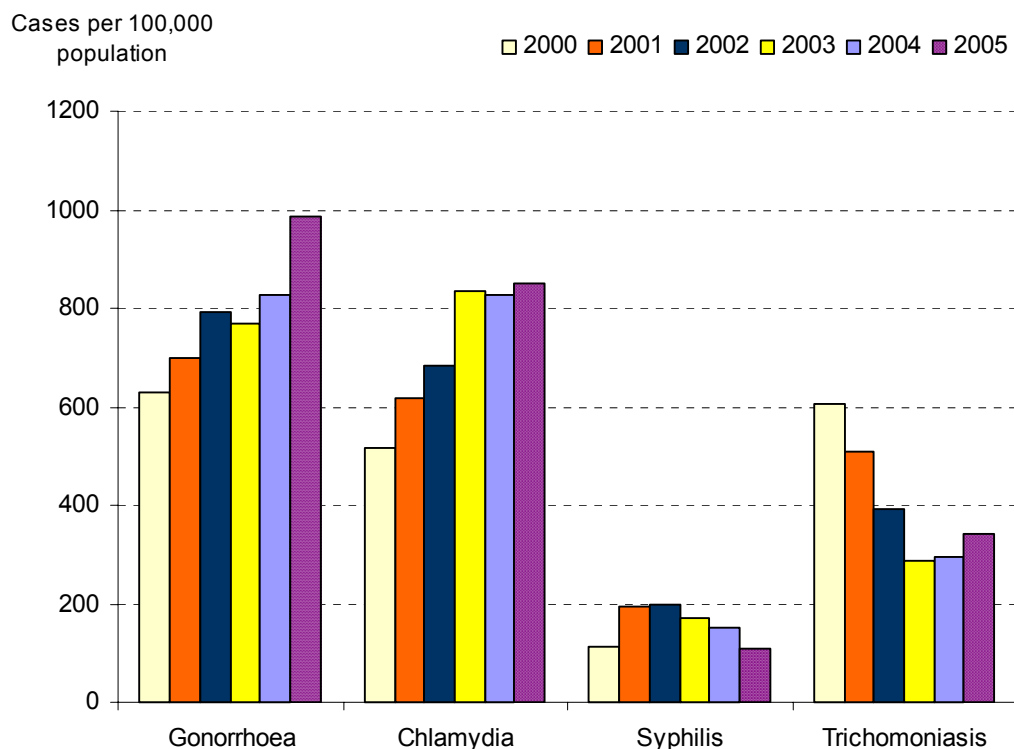


Table 1.2 Notification of gonorrhoea, chlamydia, syphilis and trichomoniasis, number and rate per 100,000 population, Northern Territory, by gender, January-June, 2004 and 2005

Gender	Gonorrhoea		Chlamydia		Syphilis		Trichomoniasis	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Jan-Jun, 2005								
Males								
Jan-Mar	215	813.0	131	495.4	20	75.6	1	3.8
Apr-Jun	269	1017.3	168	635.3	46	174.0	1	3.8
Total	484	915.2	299	565.4	66	124.8	2	3.8
Females								
Jan-Mar	226	932.3	255	1052.0	24	99.0	167	688.9
Apr-Jun	288	1188.1	311	1283.0	22	90.8	177	730.2
Total	514	1060.2	566	1167.5	46	94.9	344	709.6
Unknown								
Jan-Mar	1		0		0		0	
Total	1		0		0		0	
Jan-Jun, 2004								
Males	399	758.7	321	610.4	75	142.6	4	7.6
Females	429	905.6	506	1068.2	77	162.6	290	612.2

Figure 1.2 Notification rates of Gonorrhoea, chlamydia, syphilis and trichomoniasis, Northern Territory, by gender, January-June, 2004 and 2005

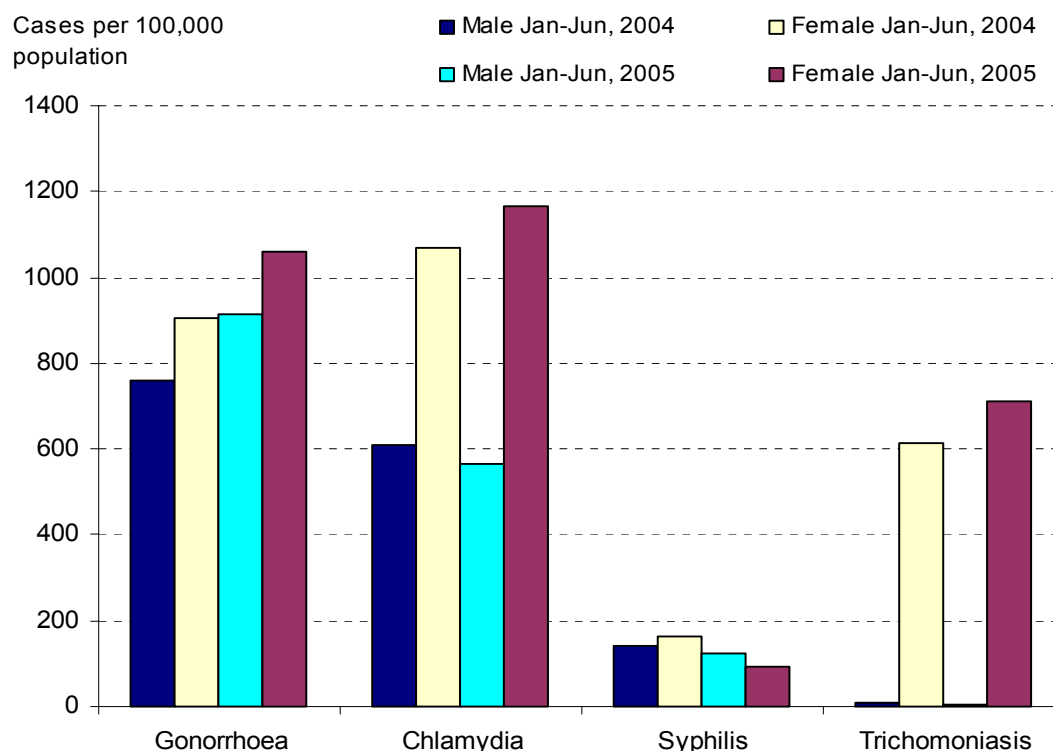


Table 1.3 Notifications of gonorrhoea, chlamydia, syphilis and trichomoniasis, number and rate per 100,000 population, Northern Territory, by Indigenous status, January-June, 2004 and 2005

Ethnicity	Gonorrhoea		Chlamydia		Syphilis		Trichomoniasis		
	Quarter	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Aboriginal									
	Jan-Mar	389	2699.3	246	1707.0	37	256.7	153	1061.7
	Apr-Jun	489	3393.2	327	2269.1	63	437.2	164	1138.0
	Total	878	3046.3	573	1988.1	100	347.0	317	1099.9
Non-Aboriginal									
	Jan-Mar	38	104.8	111	306.0	7	19.3	11	30.3
	Apr-Jun	47	129.6	120	330.8	3	8.3	5	13.8
	Total	85	117.2	231	318.4	10	13.8	16	22.1
Unknown									
	Jan-Mar	15		29		0		4	
	Apr-Jun	21		32		2		9	
	Total	36		61		2		13	
Jan-Jun, 2004									
	Aboriginal	726	2552.5	544	1912.6	139	488.7	282	991.5
	Non-Aboriginal	67	93.7	208	290.9	11	15.4	7	9.8
	Unknown	35		75		2		5	

Figure 1.3 Notification rates of Gonorrhoea, chlamydia, syphilis and trichomoniasis, Northern Territory, by Indigenous status, January-June 2005

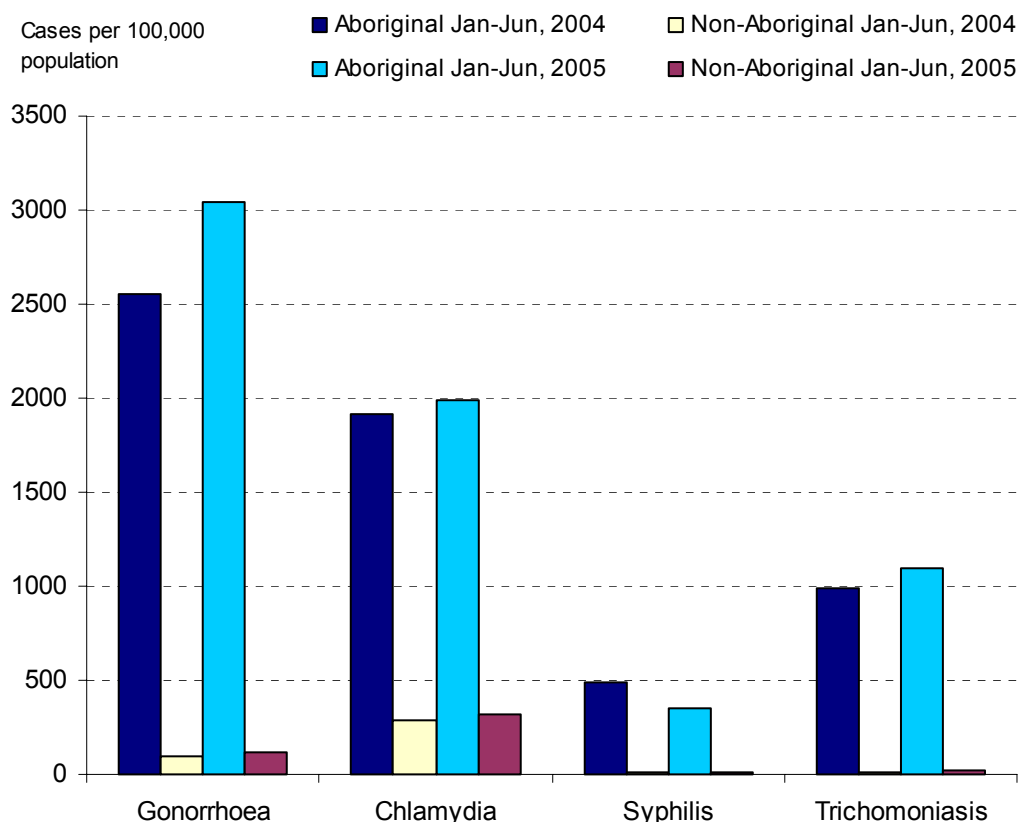


Table 1.4 Notification rates of gonorrhoea, chlamydia, syphilis and trichomoniasis, Northern Territory, by district, January-March & April-June 2005

District	Gonorrhoea		Chlamydia		Syphilis		Trichomoniasis	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Darwin								
Jan-Mar	93	300.2	140	452.0	10	32.3	45	145.3
Apr-Jun	125	403.5	151	487.5	8	25.8	53	171.1
Total	218	351.9	291	469.7	18	29.1	98	158.2
Katherine								
Jan-Mar	38	812.4	20	427.6	10	213.8	9	192.4
Apr-Jun	58	1239.9	31	662.7	17	363.4	19	406.2
Total	96	1026.1	51	545.1	27	288.6	28	299.3
East Arnhem								
Jan-Mar	43	1214.7	38	1073.4	2	56.5	23	649.7
Apr-Jun	23	649.7	37	1045.2	2	56.5	30	847.5
Total	66	932.2	75	1059.3	4	56.5	53	748.6
Barkly								
Jan-Mar	8	570.8	10	713.5	0	0.0	6	428.1
Apr-Jun	13	927.6	10	713.5	3	214.1	3	214.1
Total	21	749.2	20	713.5	3	107.0	9	321.1
Alice Springs								
Jan-Mar	260	2577.1	178	1764.3	22	218.1	85	842.5
Apr-Jun	338	3350.2	250	2477.9	38	376.6	73	723.6
Total	598	2963.6	428	2121.1	60	297.4	158	783.0

Figure 1.4 Notification rates of gonorrhoea, chlamydia, syphilis and trichomoniasis, Northern Territory, by district, January-June 2005

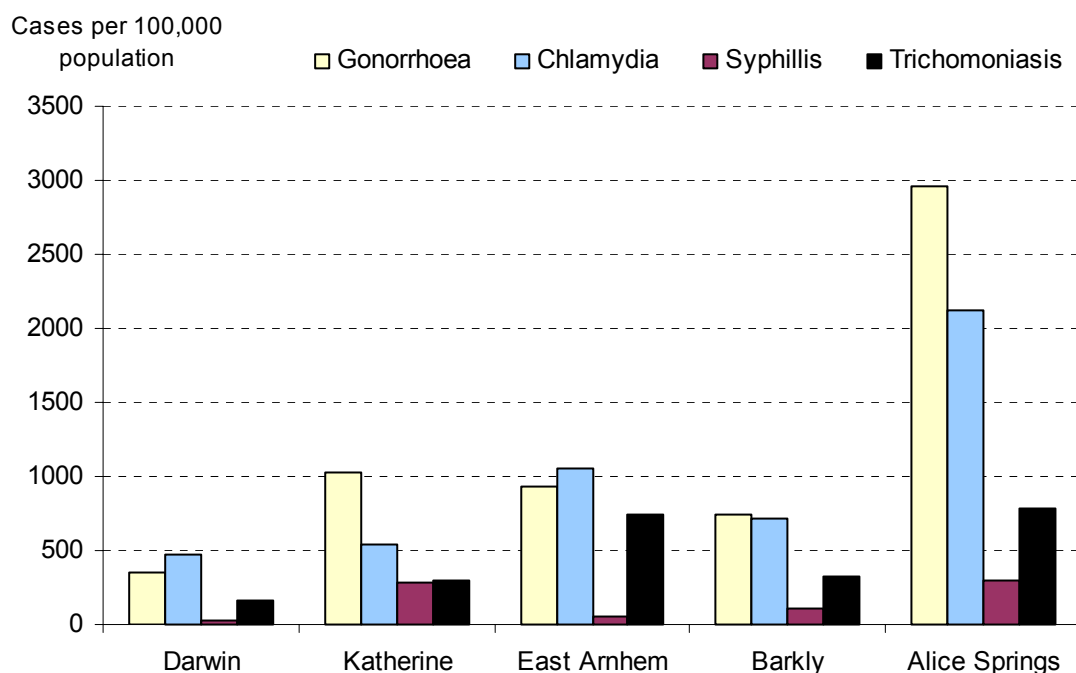
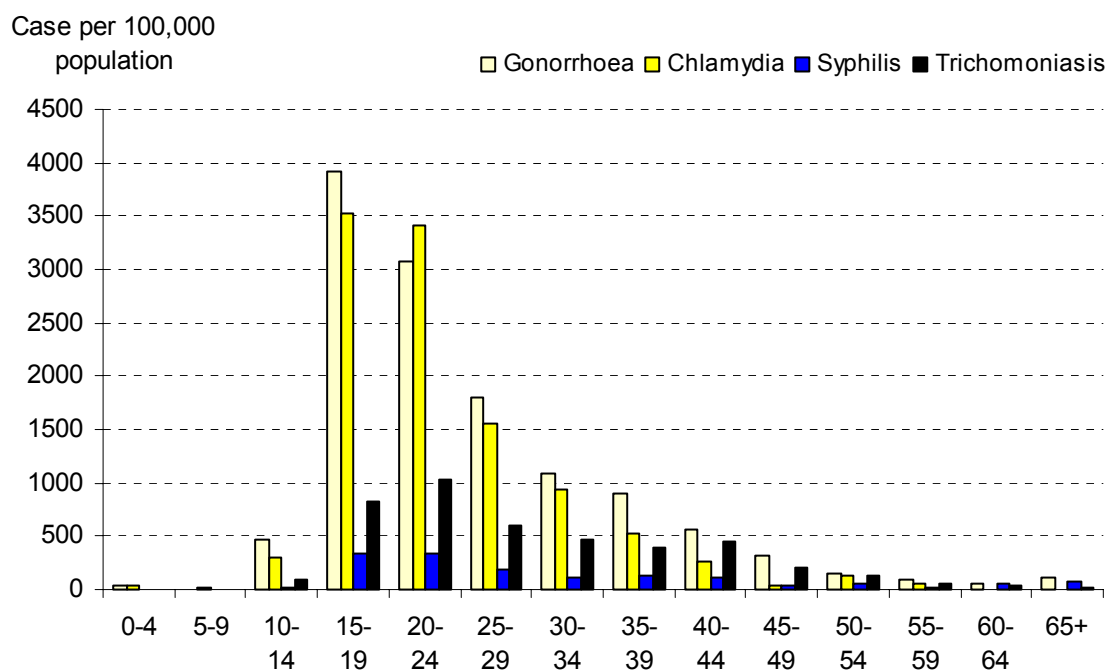


Table 1.5 Notification of gonorrhoea, chlamydia, syphilis and trichomoniasis, number and rate per 100,000 population, Northern Territory, by five-year age group, January-June 2005

Age group	Gonorrhoea		Chlamydia		Syphilis		Trichomoniasis	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
<i>Jan-Jun 2005</i>								
0-4	3	33.6	3	33.6	0	0.0	0	0.0
5-9	0	0.0	1	11.9	0	0.0	0	0.0
10-14	38	461.8	24	291.7	1	12.2	8	97.2
15-19	291	3925.0	262	3533.9	25	337.2	61	822.8
20-24	248	3066.8	276	3413.1	27	333.9	83	1026.4
25-29	153	1798.3	133	1563.2	16	188.1	51	599.4
30-34	100	1094.7	86	941.4	11	120.4	43	470.7
35-39	76	892.8	45	528.6	11	129.2	33	387.6
40-44	46	569.2	21	259.9	9	111.4	36	445.5
45-49	23	323.9	3	42.3	3	42.3	15	211.3
50-54	9	140.7	8	125.0	3	46.9	8	125.0
55-59	5	100.4	3	60.3	1	20.1	3	60.3
60-64	2	62.3	0	0.0	2	62.3	1	31.1
65+	5	114.1	0	0.0	3	68.5	1	22.8
Total	999	985.5	865	853.3	112	110.5	343	338.4

Figure 1.5 Notification rates of Gonorrhoea, chlamydia, syphilis and trichomoniasis rates, Northern Territory, by five-year age group, January-June 2005



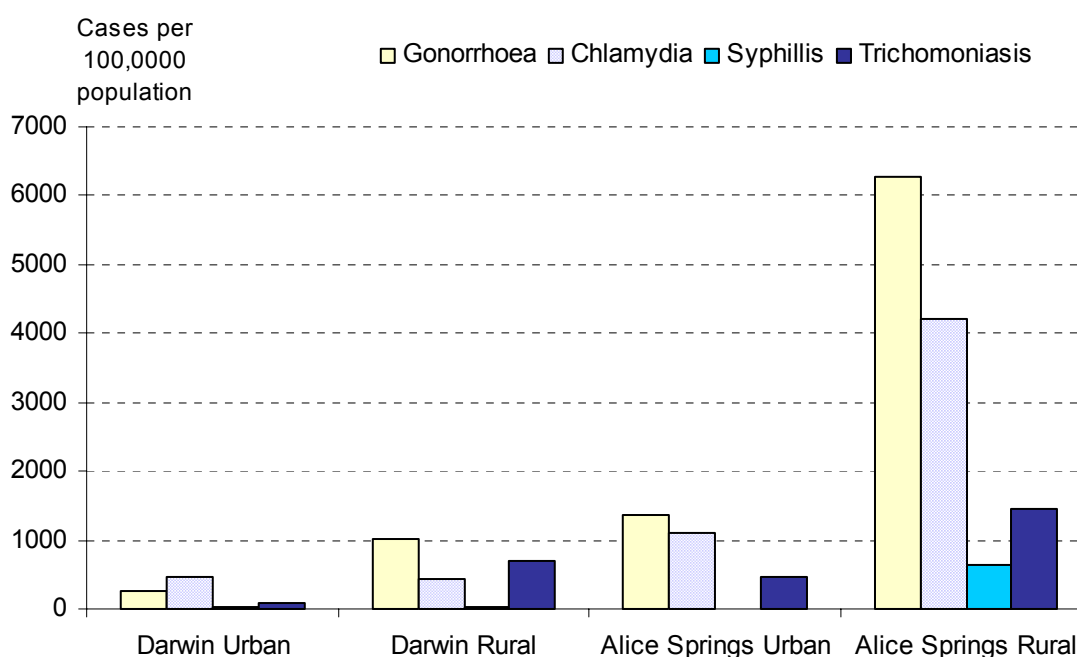
2. Urban and Rural Burden of Disease

Table 2.1 Notifications of gonorrhoea, chlamydia syphilis and trichomoniasis, number and rate per 100,000 population, Northern Territory, by urban and rural split by district, January-March & April-June 2005

District	Gonorrhoea		Chlamydia		Syphilis		Trichomoniasis	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Darwin Urban								
Jan-Mar	64	233.0	123	447.8	10	36.4	20	72.8
Apr-Jun	82	298.5	130	473.3	5	18.2	27	98.3
Total	146	265.8	253	460.5	15	27.3	47	85.6
Darwin Rural								
Jan-Mar	28	798.5	14	399.2	0	0.0	24	684.4
Apr-Jun	43	1226.2	17	484.8	3	85.5	25	712.9
Total	71	1012.3	31	442.0	3	42.8	49	698.7
Alice Springs Urban								
Jan-Mar	99	1434.2	76	1101.0	9	13.0	36	521.5
Apr-Jun	91	1318.3	76	1101.0	9	13.0	27	391.1
Total	190	1376.2	152	1101.0	18	13.0	63	456.3
Alice Springs Rural								
Jan-Mar	156	4896.4	98	3076.0	11	345.3	48	1506.6
Apr-Jun	243	7627.1	171	5367.2	29	910.2	44	1381.0
Total	399	6261.8	269	4221.6	40	627.7	92	1443.8

*Figures shown here may be different from District totals in Table 1.4. This is because interstate cases and visitors may be notified under Alice Springs or Darwin Districts

Figure 2.1 Notification rates of gonorrhoea, chlamydia, syphilis and trichomoniasis, Northern Territory, by Urban and Rural split by district, January-June 2005



3. Donovanosis

Table 3.1 Number of notifications of Donovanosis, Northern Territory, by gender, indigenous status, age group and district, January-March & April-June 2005

Quarter	Gender	Indigenous status	Age group	District
Jan-Mar	Female	Aboriginal	30-34	Alice Springs
Apr-Jun	Female	Aboriginal	30-34	Alice Springs
Apr-Jun	Female	Aboriginal	25-29	Barkly
January-June 2005 Total = 3 cases				

4. Hepatitis C

Table 4.1 Notifications of hepatitis C, number and rate per 100,000 population, Northern Territory, by gender and indigenous status, January-June 2005

Quarter	Gender	Aboriginal		Non-Aboriginal		Unknown	Total	
		Case	Rate	Case	Rate	Case	Case	Rate
<i>Jan-Mar</i>	Female	5	69.2	12	70.5	11	28	115.5
	Male	3	41.7	41	212.9	12	56	211.8
	Total	8	55.5	53	146.1	23	84	165.7
<i>Apr-Jun</i>	Female	4	55.4	13	76.4	6	23	94.9
	Male	4	55.6	29	150.6	9	42	158.8
	Total	8	55.5	42	115.8	15	65	128.2
Jan-Jun	Female	9	62.3	25	73.4	17	51	105.2
	Male	7	48.7	70	181.8	21	98	185.3
	Total	16	55.5	95	131.0	38	149	147.0

Table 4.2 Number of notifications of hepatitis C, Northern Territory, by hepatitis category, indigenous status and gender, January-June 2005

Type	Gender	Indigenous status			Total	Percentage
		Aboriginal	Non-Aboriginal	Unknown		
Chronic	Female	3	1	0	4	8.0%
	Male	4	4	0	8	
New	Male	0	1	0	1	0.7%
Unspecified	Female	6	24	17	47	91.3%
	Male	3	65	21	89	
Total		16	95	38	149	

Table 4.3 Notifications of hepatitis C, number and rate per 100,000 population, Northern Territory, by district and gender, January-June 2005

Quarter	Gender	District									
		Darwin		Katherine		East Arnhem		Barkly		Alice Springs	
		Case	Rate	Case	Rate	Case	Rate	Case	Rate	Case	Rate
Jan-Mar	Female	19	129.1	1	45.4	2	116.7	0	0	6	121.7
	Male	43	264.5	2	80.8	1	54.8	2	275.4	8	155.0
Apr-Jun	Female	15	101.9	2	90.8	1	58.3	0	0.0	5	101.5
	Male	27	166.1	2	80.8	3	121.2	1	137.7	9	174.4
Jan-Jun 2005											
	Female	34	115.5	3	68.1	3	87.5	1	74.0	12	121.7
	Male	70	215.3	4	80.8	5	136.9	3	206.5	17	164.7
	Total	104	167.9	7	74.8	7	98.9	3	107.0	28	138.8

Figure 4.1 Notification rate of hepatitis C, Northern Territory, by district and gender, January-June 2005

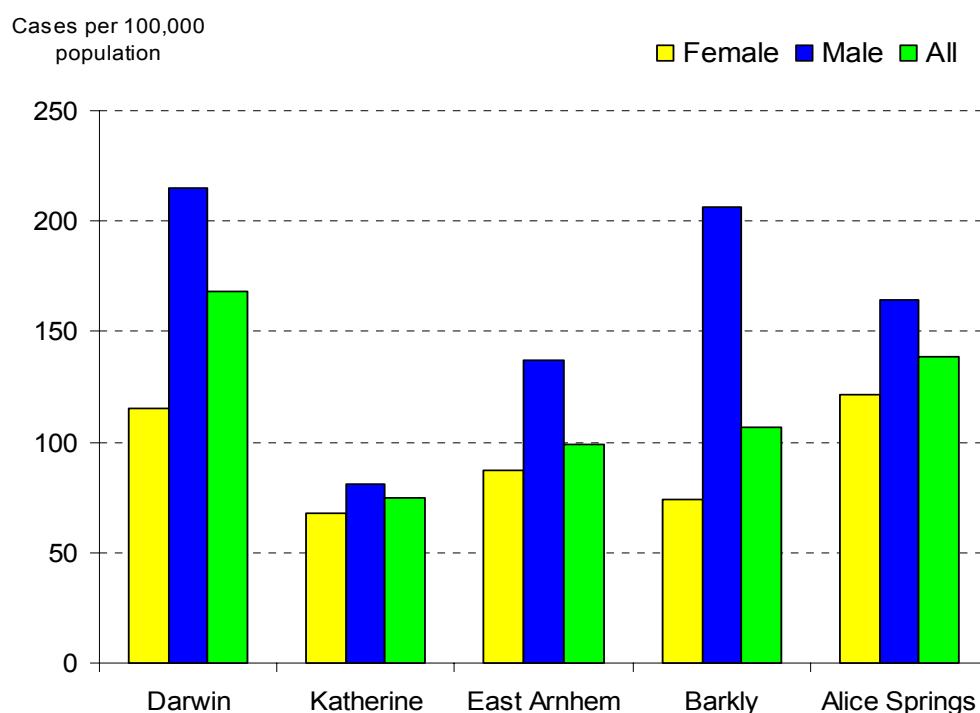
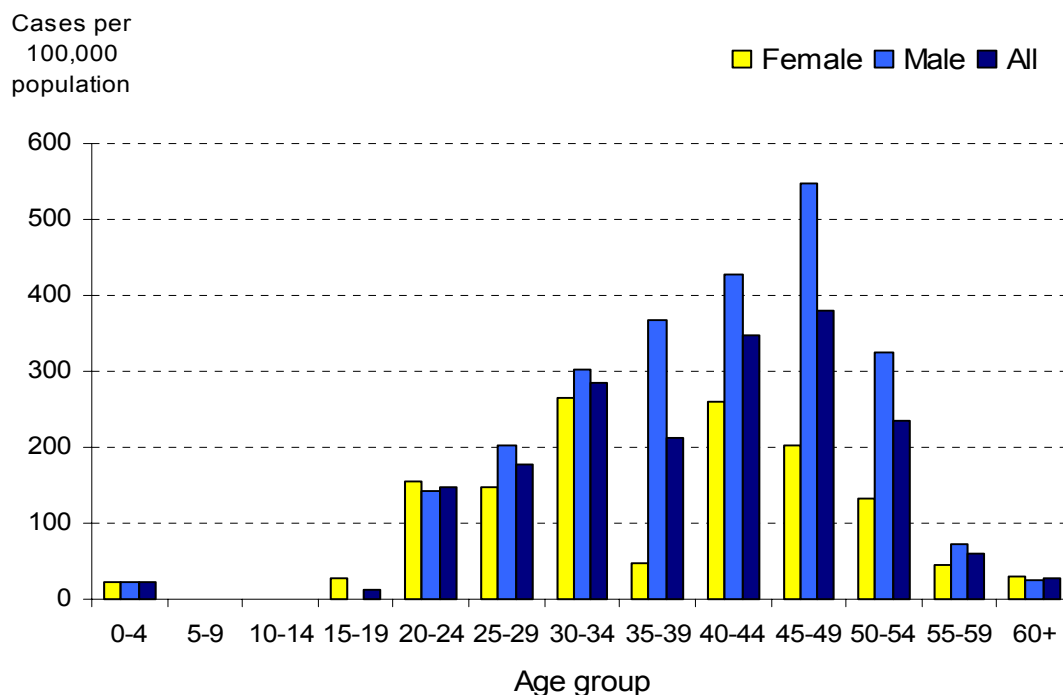


Table 4.4 Notifications of hepatitis C, number and rate per 100,000 population, Northern Territory, by five-year age group and gender, January-June 2005

Age group	Female		Male		Total	
	Case	Rate	Case	Rate	Case	Rate
0-4	1	22.9	1	21.9	2	22.4
5-9	0	0.0	0	0.0	0	0.0
10-14	0	0.0	0	0.0	0	0.0
15-19	1	28.2	0	0.0	1	13.5
20-24	6	155.0	6	142.3	12	148.4
25-29	6	147.5	9	202.6	15	176.3
30-34	12	265.7	14	303.1	26	284.6
35-39	2	48.2	16	366.4	18	211.4
40-44	10	258.8	18	426.8	28	346.5
45-49	7	202.7	20	548.3	27	380.3
50-54	4	132.3	11	326.0	15	234.5
55-59	1	44.7	2	73.0	3	60.3
60+	1	29.2	1	24.0	2	26.3
Total	51	96.4	98	96.7	149	147.0

Figure 4.2 Notification rate of hepatitis C, Northern Territory, by five-year age group, January-June 2005



Erratum for Vol.5 No.2, Page 19:

The Figure 1.5 should be replaced with this one:

Figure 1.5 Gonorrhoea, chlamydia, syphilis and trichomoniasis rates in the Northern Territory by five-year age group, July-December 2004

