



Northern  
Territory  
Government

DEPARTMENT OF HEALTH AND FAMILIES

# Northern Territory Sexual Health and Blood Borne Viruses Unit Surveillance Update

Department of Health and Families, Vol. 9 No. 1,  
Jan-Mar 2008 & Apr-Jun 2008

## A. Introduction

This surveillance update presents the quarterly statistics for notifiable sexually transmissible infections (STIs) and blood borne viruses (BBVs) in the Northern Territory (NT) for the first two quarters of 2008. Continuous monitoring of the epidemiology of STIs and BBVs is essential to the control of these infections, and it is hoped that the information provided in this report may inform service providers who can use the information for the planning of targeted prevention and intervention programs.

The data used for this report include surveillance data extracted from the Northern Territory Notifiable Diseases Surveillance System (NTNDSS) and HIV and AIDS data from the HIV/AIDS Database maintained by the Sexual Health and Blood Borne Virus Unit (SHBBVU). The statistics of Australia and other states/territories used for comparison were extracted from the National Notifiable Disease System<sup>1</sup> and the 'HIV/AIDS, Viral Hepatitis and Sexually Transmissible Infections in Australia Annual Surveillance Report 2007' published by National Centre in HIV Epidemiology and Clinical Research. Population data used for rate calculation are estimated resident population derived from the census data retrieved from the Australian Bureau of Statistics.

All notification rates for quarters and 6-month periods presented in this report are crude annualised rates. Due to some notifications being categorised as 'interstate', the sum of district-specific notifications presented in tables with district breakdown may be lower than the total number of notifications shown in other tables.

As STI rates are known to be influenced by the amount of testing, caution should be taken when interpreting the statistics reported in this publication. This is particularly true for the NT where the STI rates have been high and an increase in notifications can often be due to an increase in testing or a large-scale community screening activity, and therefore does not necessarily represent an increase in transmission.

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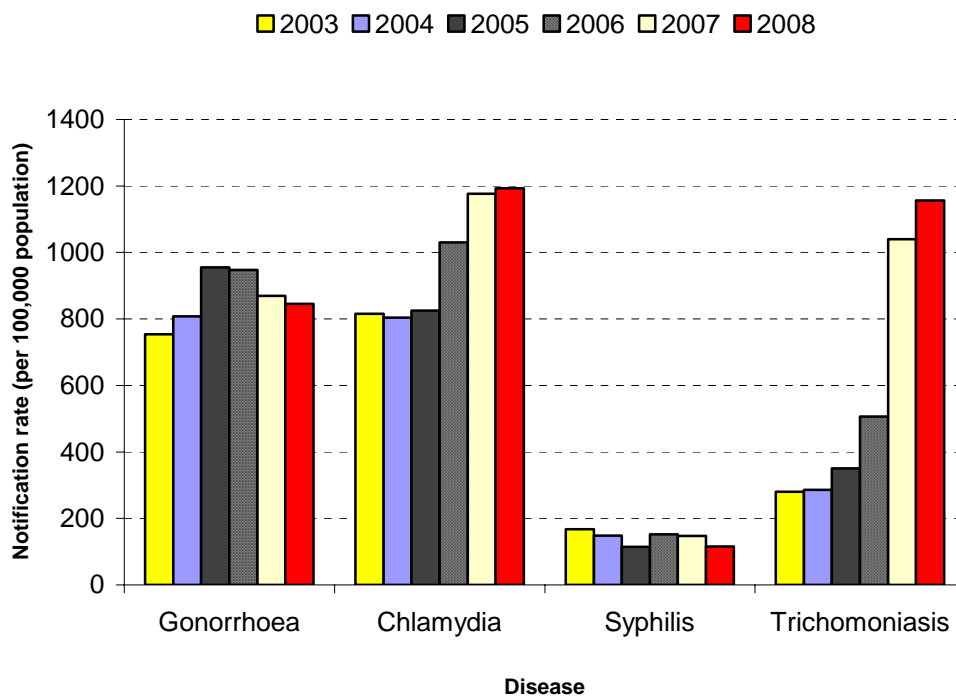
<sup>1</sup> National Notifiable Disease Surveillance System, assessable at <http://www9.health.gov.au/cda/Source/CDA-index.cfm>, date assessed 13 August 2008.

## B. Quarterly Statistics

**Table B.1.1 Number and rate of gonorrhoea, chlamydia, syphilis and trichomoniasis notifications, NT, Jan-Jun 2008**

Quarter	Gonorrhoea		Chlamydia		Syphilis		Trichomoniasis	
	Cases	Rate	Cases	Rate	Case	Rate	Case	Rate
<b>2008</b>								
Jan-Mar	379	719.6	512	972.1	61	115.8	484	919.0
Apr-Jun	512	972.1	745	1414.5	61	115.8	734	1393.6
<b>Total</b>	<b>891</b>	<b>845.9</b>	<b>1257</b>	<b>1193.3</b>	<b>122</b>	<b>115.8</b>	<b>1218</b>	<b>1156.3</b>
<b>2007</b>								
<b>Jan-Jun</b>	<b>916</b>	<b>869.6</b>	<b>1239</b>	<b>1176.2</b>	<b>155</b>	<b>147.1</b>	<b>1095</b>	<b>1039.5</b>

**Figure B.1.1 Notification rates of gonorrhoea, chlamydia, syphilis and trichomoniasis, NT, Jan-Jun, 2003-2008**



**Table B.1.2 Number and rate of gonorrhoea, chlamydia, syphilis and trichomoniasis by sex, NT, Jan-Jun 2008**

Gender	Gonorrhoea		Chlamydia		Syphilis		Trichomoniasis	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
<b>Males</b>								
Jan-Mar	189	691.1	198	724.0	34	124.3	38	138.9
Apr-Jun	258	943.4	292	1067.7	38	138.9	70	255.9
Total	447	817.2	490	895.8	72	131.6	108	197.4
<b>Females</b>								
Jan-Mar	189	746.5	313	1236.2	27	106.6	444	1753.6
Apr-Jun	252	995.3	453	1789.2	23	90.8	664	2622.6
Total	441	870.9	766	1512.7	50	98.7	1108	2188.1
<b>Unknown</b>								
Jan-Mar	1		1		0		2	
Apr-Jun	2		0		0		0	
Total	3		1		0		0	

**Figure B.1.2 Notification rates of gonorrhoea, chlamydia, syphilis and trichomoniasis by gender, NT, Jan-Jun, 2003-2008**

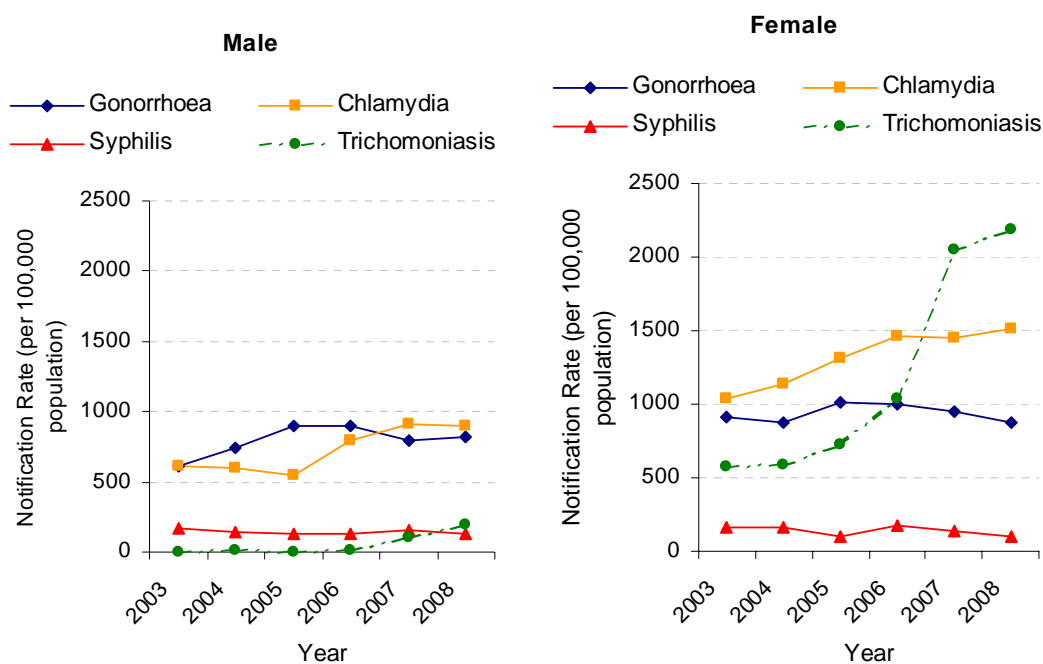


Table B.1.3 Number and rate of gonorrhoea, chlamydia, syphilis and trichomoniasis notifications by ethnicity, NT, Jan-Jun 2008

Ethnicity	Gonorrhoea		Chlamydia		Syphilis		Trichomoniasis		
	Quarter	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
<b>Aboriginal</b>									
	Jan-Mar	330	1982.6	315	1892.5	53	318.4	448	2691.5
	Apr-Jun	468	2811.7	520	3124.1	50	300.4	696	4181.4
	<b>Total</b>	<b>798</b>	<b>2397.1</b>	<b>835</b>	<b>2508.3</b>	<b>103</b>	<b>309.4</b>	<b>1144</b>	<b>3436.5</b>
<b>Non-Aboriginal</b>									
	Jan-Mar	34	94.4	137	380.3	8	22.2	17	47.2
	Apr-Jun	30	83.3	168	466.4	10	27.8	19	52.7
	<b>Total</b>	<b>64</b>	<b>88.8</b>	<b>305</b>	<b>423.3</b>	<b>18</b>	<b>25.0</b>	<b>36</b>	<b>50.0</b>
<b>Unknown</b>									
	Jan-Mar	15		60		0		19	
	Apr-Jun	14		57		1		19	
	<b>Total</b>	<b>29</b>		<b>117</b>		<b>1</b>		<b>38</b>	

Figure B.1.3 Notification rates of gonorrhoea, chlamydia, syphilis and trichomoniasis by ethnicity, NT, Jan-Jun, 2008

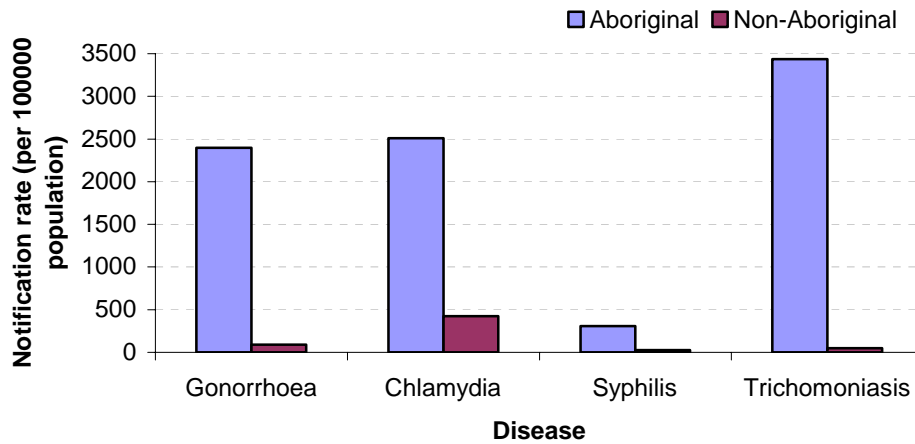
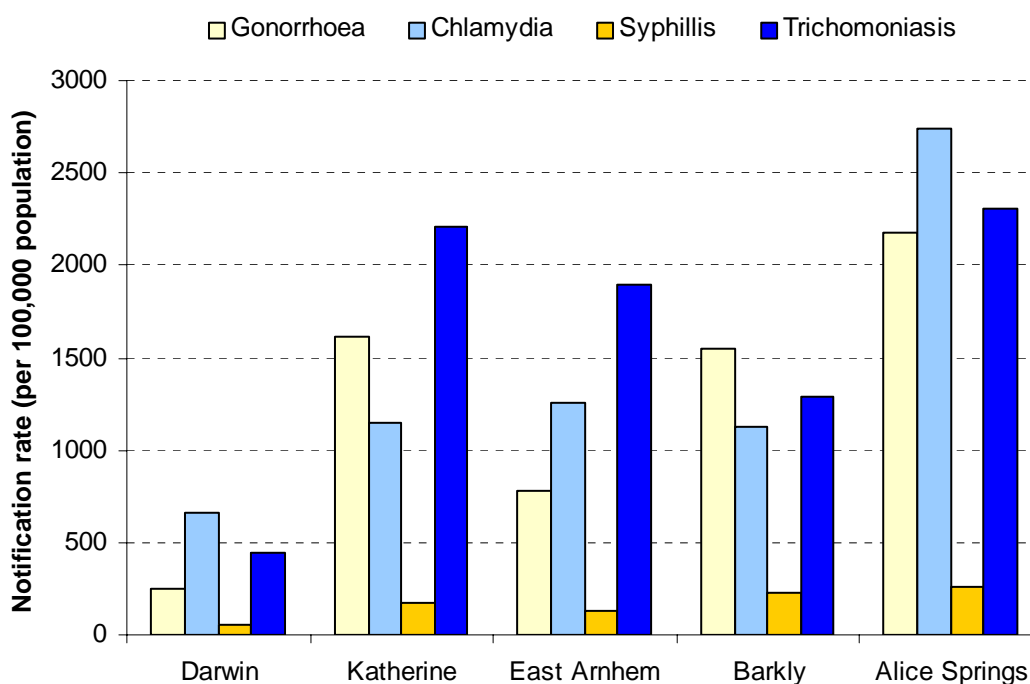


Table B.1.4 Number and rate of gonorrhoea, chlamydia, syphilis and trichomoniasis notifications by district, NT, Jan-Jun 2008

District	Gonorrhoea		Chlamydia		Syphilis		Trichomoniasis	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
<b>Darwin</b>								
Jan-Mar	81	248.6	203	623.0	19	58.3	131	402.1
Apr-Jun	78	239.4	231	709.0	18	55.2	156	478.8
<b>Total</b>	<b>159</b>	<b>244.0</b>	<b>434</b>	<b>666.0</b>	<b>37</b>	<b>56.8</b>	<b>287</b>	<b>440.4</b>
<b>Katherine</b>								
Jan-Mar	80	1716.4	59	1265.8	8	171.6	108	2317.1
Apr-Jun	70	1501.8	48	1029.8	8	171.6	98	2102.6
<b>Total</b>	<b>150</b>	<b>1609.1</b>	<b>107</b>	<b>1147.8</b>	<b>16</b>	<b>171.6</b>	<b>206</b>	<b>2209.8</b>
<b>East Arnhem</b>								
Jan-Mar	27	677.8	44	1104.5	8	200.8	78	1958.0
Apr-Jun	35	878.6	56	1405.7	2	50.2	73	1832.4
<b>Total</b>	<b>62</b>	<b>778.2</b>	<b>100</b>	<b>1255.1</b>	<b>10</b>	<b>125.5</b>	<b>151</b>	<b>1895.2</b>
<b>Barkly</b>								
Jan-Mar	26	1676.6	16	1031.8	4	257.9	14	902.8
Apr-Jun	22	1418.7	19	1225.2	3	193.5	26	1676.6
<b>Total</b>	<b>48</b>	<b>1547.6</b>	<b>35</b>	<b>1128.5</b>	<b>7</b>	<b>225.7</b>	<b>40</b>	<b>1289.7</b>
<b>Alice Springs</b>								
Jan-Mar	144	1456.0	172	1739.1	21	212.3	126	1274.0
Apr-Jun	286	2891.7	371	3751.2	30	303.3	331	3346.7
<b>Total</b>	<b>430</b>	<b>2173.9</b>	<b>543</b>	<b>2745.1</b>	<b>51</b>	<b>257.8</b>	<b>457</b>	<b>2310.4</b>

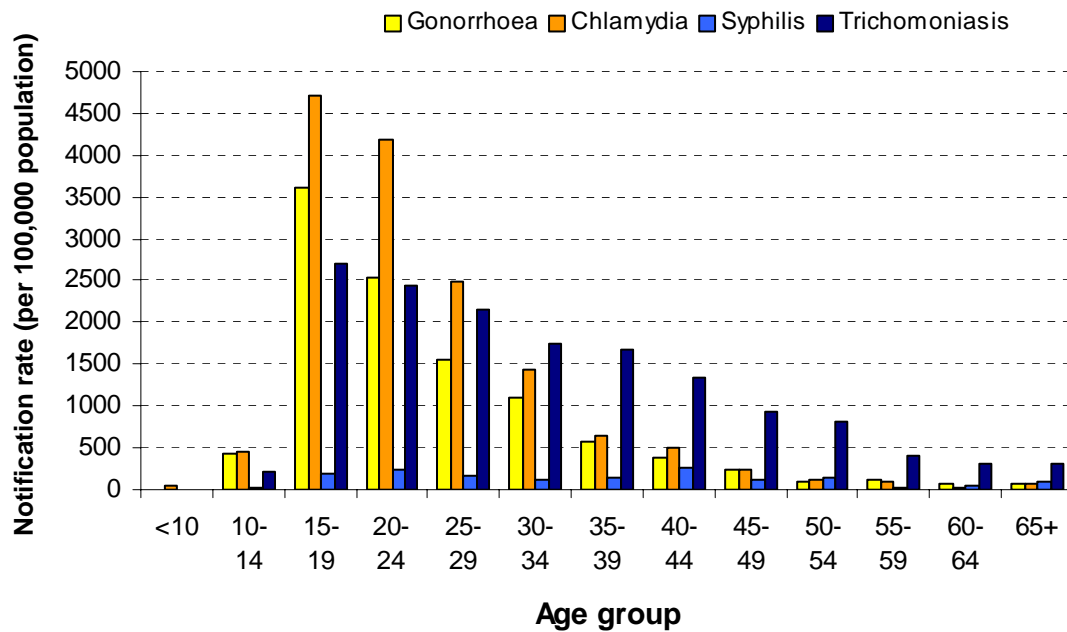
Figure B.1.4 Notification rates of gonorrhoea, chlamydia, syphilis and trichomoniasis by district, NT, Jan-Jun 2008



**Table B.1.5 Number and rate of gonorrhoea, chlamydia, syphilis and trichomoniasis notifications by 5-year age group, Jan-Jun 2008**

Age group	Gonorrhoea		Chlamydia		Syphilis		Trichomoniasis	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
<10	0	0.0	10	57.5	0	0.0	0	0.0
10-14	37	441.5	38	453.4	2	23.9	18	214.8
15-19	280	3605.5	366	4712.9	15	193.1	210	2704.1
20-24	216	2539.2	357	4196.8	20	235.1	208	2445.2
25-29	139	1564.4	222	2498.6	14	157.6	191	2149.7
30-34	100	1107.2	130	1439.3	11	121.8	158	1749.3
35-39	50	568.8	56	637.1	13	147.9	147	1672.4
40-44	31	378.4	42	512.7	21	256.4	110	1342.9
45-49	19	248.9	19	248.9	9	117.9	72	943.0
50-54	7	104.1	8	119.0	9	133.8	55	817.9
55-59	6	108.0	5	90.0	1	18.0	23	414.2
60-64	3	83.2	1	27.7	2	55.5	11	305.2
65+	3	61.5	3	61.5	5	102.5	15	307.5
<b>Total</b>	<b>891</b>	<b>845.9</b>	<b>1257</b>	<b>1193.3</b>	<b>122</b>	<b>115.8</b>	<b>1218</b>	<b>1156.3</b>

**Figure B.1.5 Notification rate of gonorrhoea, chlamydia, syphilis and trichomoniasis notifications by 5-year age group, Jan-Jun 2008**



### **B.1 Gonorrhoea**

The annualised rate of gonorrhoea showed little change compared with that for 2007, after a decreasing trend seen between 2005 and 2007 (see Table B.1.1 and Figure B.1.1). In comparison, the population rate of gonorrhoea has been on the increase nationally in 2002-2006, though it showed a 4% decrease in 2007.

The decrease in notification rates was more prominent in females: there was a nearly 15% decrease in the rate for females between 2005 and 2008, compared with a 9% decrease in males (see Figure B.1.2). In contrast to the wider gaps reported before, the notification rate for females was only about 6.6% higher than the male rate during this reporting period. (Table B.1.2).

About 90% of all notifications were Aboriginal. The notification rate for the Aboriginal population was about 27 times the non-Aboriginal rate (see Table B.1.3). However, the non-Aboriginal rate for the NT was more than double the rate for Australia (38.9 per 100000 in 2007).

Alice Springs district recorded the highest number and rate of notifications among all districts (see Table B.1.4). About 48% of all notified cases were from Alice Springs. This proportion is usually higher in the first half of the year because the annual community sexual health screens in the Alice Springs Rural area are usually conducted in the second quarter.

The highest notification rates continued to occur in the 15-19 and 20-24 years age groups, which accounted for 56% of all notifications during this reporting period (Table B.1.5 and Figure B.1.5).

### **B.2 Genital Chlamydia**

The annualised notification rate of genital chlamydia for the first 6 months of the year has been on the increase between 2005 and 2007, but it remained at about the same level in this reporting period, compared with that for 2007 (see Figure B.1.1 and Table B.1.1).

The notification rate for females was about 1.7 times the male rate (see Table B.1.2). About 66% of the notifications were Aboriginal, much lower than the 90% for gonorrhoea; however, the notification rate for Aboriginals was still much higher, about 6 times the non-Aboriginal rate (see Table B.1.3). The Aboriginal status was not reported in about 9% of all notifications (117 cases); in comparison, it was not reported in only about 3% of gonorrhoea and trichomoniasis notifications. Both Aboriginal and non-Aboriginal rates were considerably higher than the national notification rate (249.3 per 100000 in 2007).

As is the case with gonorrhoea, Alice Springs District recorded the highest number and rate of notification (see Table B.1.4). However, a considerable proportion (36%) of notifications were recorded in Darwin.

The highest age-specific rates were recorded in the 15-19 and 20-24 year age groups (Table B.1.5). These two age groups represented 58% of all notifications.

### **B.3 Syphilis**

The annualised notification rate for syphilis for the first 6 months of the year showed a mild decreasing trend in 2006-2008, and the rate for 2008 was about the same as that for 2005. (see Table B.1.1 and Figure B.1.1).

The number and rate of notification continued to be higher in males (see Table B.1.2), although they decreased in both sexes in this year compared with previous two years (see Figure B.1.2). Notifications from the Aboriginal population represented 84% of all notifications and the Aboriginal rate was about 12 times the non-Aboriginal rate. However, it is worth noting that the number of notifications for the first 6 months of the year in non-Aboriginal population has increased from 6 cases in 2006, 11 cases in 2007 to 18 cases in this year.

About 42% of all notifications were from Alice Springs District, where the highest notification rate was recorded (see Table B.1.4). Notably, there were 37 notifications from Darwin in this reporting period, compared with 17 cases recorded in 2006 and 15 in 2007 during the same period.

Notifications of syphilis were relatively less concentrated in one or two age groups, compared with those for gonorrhoea and chlamydia (see Table B.1.5). Highest rates were recorded in the 20-24 and 40-44 year age groups.

There was no congenital syphilis case notified in this reporting period.

### **B.4 Trichomoniasis**

The accelerated increasing trend observed in 2006 and 2007 has persisted in this year (see Figure B.1.1). For more detailed discussion about this increasing trend, please refer to the previous two issues of this report. A prospective study is being conducted in the Top End to investigate the performance of the current nucleic acid test for trichomonas.

The increase occurred in both sexes, though it was much more in females (see Figure B.1.2).

The majority (91%) of all notifications were female and 94% of them were Aboriginal (see Table B.1.3). The Aboriginal rate was nearly 70 times the non-Aboriginal rate. Aboriginal status was not reported in about 3% of the notifications.

About 40% of all notifications were from Alice Springs, where the highest notification rate was also recorded. Notably, the second highest rate was recorded in Katherine, where about 18% of all notifications were reported.

As was the case with gonorrhoea and chlamydia, the highest rates were recorded in the 15-19 and 20-24 year age groups (see Table B.1.5), which accounted for about 34% of all notifications.

### **B.5 Donovanosis**

There was one case of donovanosis notified in Alice Springs in this reporting period.

**B.6 Other Sexually Transmitted Infections**

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

**B.7 Hepatitis C**

The number of notifications of hepatitis C virus (HCV) infection for this reporting period was at about the level as that for the same time last year (see Table B.7.1). Notably, there were 5 cases categorised as 'newly acquired' (3 females and 2 males; 1 from Alice Springs, 1 from East Arnhem and 3 from Darwin), all notified in the first five months of this year. This was considerably more than expected based on statistics for the past two years. However, they were believed to be sporadic cases as an investigation conducted in May-June this year could not detect any suspicious point source of infection. Four out of the five (80%) were current or previous injection drug users (IDUs).

**Table B.7.1 Number of hepatitis C notifications by gender, NT, Jan-Jun, 2004-2008**

<b>Gender</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
Female	43	50	44	42	44
Male	86	94	106	78	72
<b>Total</b>	<b>129</b>	<b>144</b>	<b>150</b>	<b>120</b>	<b>116</b>

As for the category of 'unspecified' HCV, there were 111 cases recorded in this 6-month period, representing 96% of all cases (see Table B.7.2). Among them, 45 were new to the NTNDSS and therefore investigated by the enhanced surveillance system. History of injection drug use was unknown in 10 (22%); 8 (18%) of them never used injection drugs and 27 (28%) were current or previous IDUs. Despite the implementation of enhanced surveillance, the Aboriginal status was unknown in 13% of the notifications (see Table B.7.3).

**Table B.7.2 Number and rate of hepatitis C by gender and ethnicity, NT, Jan-Jun 2008**

<b>Quarter</b>	<b>Gender</b>	<b>Aboriginal</b>		<b>Non-Aboriginal</b>		<b>Unknown</b>		<b>Total</b>	
		<b>Case</b>	<b>Rate</b>	<b>Case</b>	<b>Rate</b>	<b>Case</b>	<b>Case</b>	<b>Rate</b>	
<b>Jan-Mar</b>	Female	7	83.0	19	112.6	2	28	110.6	
	Male	1	12.2	24	125.4	6	31	113.3	
	<b>Total</b>	<b>8</b>	<b>48.1</b>	<b>43</b>	<b>119.4</b>	<b>8</b>	<b>59</b>	<b>112.0</b>	
<b>Apr-Jun</b>	Female	3	35.6	12	71.1	1	16	94.8	
	Male	2	24.4	33	172.4	6	41	214.2	
	<b>Total</b>	<b>5</b>	<b>30.0</b>	<b>45</b>	<b>124.9</b>	<b>7</b>	<b>57</b>	<b>158.2</b>	
<b>Jan-Jun</b>	Female	10	59.3	31	91.8	3	44	86.9	
	Male	3	18.3	57	148.9	12	72	131.6	
	<b>Total</b>	<b>13</b>	<b>39.1</b>	<b>88</b>	<b>122.1</b>	<b>15</b>	<b>116</b>	<b>110.1</b>	

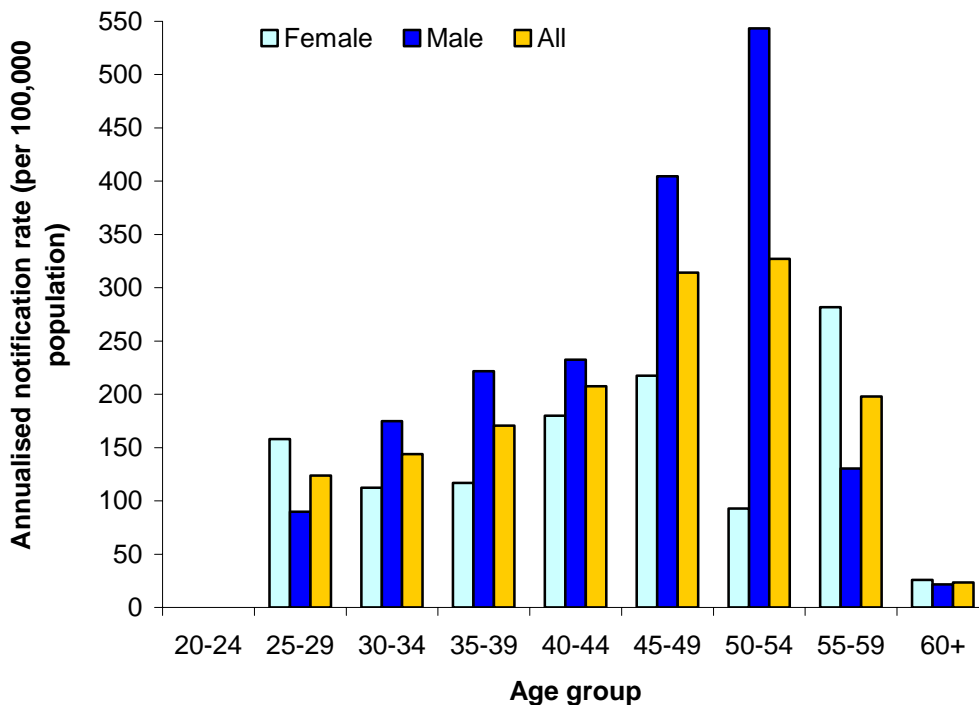
**Table B.7.3 Number of hepatitis C notifications by gender, ethnicity and disease categories, NT, Jan-Jun 2008**

Category	Gender		Ethnicity			Total	%
			Non-Aboriginal				
			Aboriginal	Aboriginal	Unknown		
New	Female	0	3	0	3	4%	
	Male	0	2	0	2		
Unspecified	Female	10	28	3	41	96%	
	Male	3	55	12	70		
<b>Total</b>		<b>13</b>	<b>88</b>	<b>15</b>	<b>116</b>		
<b>%</b>		<b>11%</b>	<b>76%</b>	<b>13%</b>			

**Table B.7.4 Number and annualised rate of hepatitis C notifications by gender and district, NT, Jan-Jun 2008**

Quarter	Gender	District									
		Darwin		Katherine		East Arnhem		Barkly		Alice Springs	
		Case	Rate	Case	Rate	Case	Rate	Case	Rate	Case	Rate
Jan-Mar	Female	18	117.2	3	131.0	1	51.9	0	0	6	120.3
	Male	22	127.8	4	168.7	1	48.6	0	0.0	4	81.6
Apr-Jun	Female	15	97.6	1	43.7	0	0.0	0	0.0	0	0.0
	Male	37	214.9	1	42.2	1	48.6	1	124.8	1	20.4
<b>Total Jan-Jun 2007</b>		92	141.2	9	96.5	3	18.8	1	32.2	11	55.6
		79%		8%		3%		1%		9%	

**Figure B.7.1 Annualised notification rate of hepatitis C by age groups, NT, Jan-Jun 2008**



The notification rate for males was about 1.5 times the female rate, whereas the rate for the non-Aboriginal population was about 3.1 times that for the Aboriginal population. About 76% of cases were non-Aboriginal.

The majority of the notifications were recorded in Darwin District (79%, see Table B.7.3). Darwin also recorded the highest rate among all districts. The highest age-specific rates were recorded in the relatively older age groups in both sexes (50-54 and 45-49 year age groups, see Figure B.7.1).

### **B.8     *Human Immunodeficiency Virus (HIV)***

In this reporting period, six new HIV notifications were recorded, all being Australian residents. Five of them were male and one female. Four of them were diagnosed in Darwin and two in Alice Springs, and all were non-Aboriginal. Three contracted HIV through male homosexual contact, one through injection drug use and the exposure category was unknown in one. One was categorised as newly acquired case. The median age was 36.5 years.

## C. Surveillance of antibiotic sensitivity of *N. gonorrhoeae* in the NT, 2007

Surveillance of the antibiotic sensitivity of *N. gonorrhoeae* is important to the control of the genital gonorrhoea. It is especially important to the NT not only because the NT is one of the few jurisdictions in which locally acquired genital gonorrhoea can still be satisfactorily treated with inexpensive oral penicillin, but also because there continues to be a heavy disease burden of gonorrhoea in the NT. Enhanced surveillance and active case management and contact tracing have been implemented for resistant gonorrhoea cases in the NT in order to maintain the favourable therapeutic situation against this STI.

The consolidated gonococcal sensitivity data for the NT, 2007, was provided by the Australian Gonococcal Surveillance Programme (AGSP). It contains antibiotic sensitivity data for *N. gonorrhoeae* from the three reference laboratories that process NT isolates, i.e. Institute for Medical and Veterinary Science (IMVS) in South Australia (for isolates from Central Australia), Prince of Wales Hospital (POW) in NSW (for isolates from Royal Darwin Hospital laboratory), and Royal Perth Hospital (RPH) in Western Australia (for isolates from Western Diagnostics laboratory). For a detailed description of the significance of this surveillance system and current practice, please refer to the July-December 2004 issue of this publication, as well as the 2007 Annual Report for the AGSP available from this web site:

<http://www.health.gov.au/internet/main/publishing.nsf/content/cda-cdi3202c.htm>.

In 2007, a total of 404 isolates from the NT were sent to these three reference laboratories, representing a 26.4% decrease from the 549 isolates in 2006. This is consistent with the national trend as the total number of isolates for Australia dropped from 3937 in 2006 to 3103 in 2007, a 21.2% decrease.

Out of the 404 isolates, 267 (66.1%) were from males and 136 (33.7%) from females, with one whose sex was unknown. In terms of specimen type, 98.1% of male specimens were urine while 97.1% of female specimens were from the cervix.

**Table C.1 Penicillin sensitivity for *N. Gonorrhoeae* isolates from the NT by region, 2007**

<b>Sensitivity result</b>	<b>Top End</b>	<b>%</b>	<b>Central Australia</b>	<b>%</b>	<b>Total</b>	<b>%</b>
Fully sensitive	0	0.0%	0	0.0%	0	0.0%
Less sensitive	248	93.9%	125	100.0%	373	95.9%
Relative resistant	4	1.5%	0	0.0%	4	1.0%
PPNG	12	4.5%	0	0.0%	12	3.1%
<b>Total</b>	<b>264</b>		<b>125</b>		<b>389</b>	

Among the 404 isolates, only 389 (96.3%) were viable. The penicillin sensitivity results for these viable isolates are shown in Table C.1. Notably, no viable isolates were fully sensitive to penicillin, and about 4.1% of them were resistant to penicillin by one or more mechanisms, slightly decreased from the 4.6% in 2006. In contrast, this proportion was much higher at 38.2% nationally and there was an increasing trend in this proportion nationally in recent years (see the 2007 AGSP Annual Report mentioned above).

All of these isolates resistant to penicillin were sensitive to Ceftriaxone, the antibiotic currently recommended for gonococcal infections acquired from people from interstate or overseas. Among the 16 resistant cases, two were infected by people from the NT (12.5%), one by people from interstate (6.3%), one by a person with unknown residence (6.3%), and the rest were by people from South East Asian countries (75.0%).

This low level of penicillin resistance provides good evidence for the current treatment recommendations for gonorrhoea contained in NT Guidelines for the Management of Sexually Transmitted Infections in the Primary Health Care Setting. Furthermore, there continued to be no penicillin resistant isolates recorded in Central Australia, which is important information for the STI control programs as gonorrhoea rates have remained extremely high in this region.

## D. Readers' responses

The SHBBVU is very interested in readers' responses to this report. Please forward any comments or suggestions to:

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

This report is downloadable in PDF format from the website of the Department of Health and Families:

[http://www.health.nt.gov.au/Centre\\_for\\_Disease\\_Control/Publications/Sexual\\_Health\\_Surveillance\\_Updates/index.aspx](http://www.health.nt.gov.au/Centre_for_Disease_Control/Publications/Sexual_Health_Surveillance_Updates/index.aspx)

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