The 2024 Annual Clinical Report of the HIV clinic, Melbourne Sexual Health Centre, Alfred Health

MSHC
MELBOURNE SEXUAL HEALTH CENTRE
Part of AlfredHealth

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

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 - 2024.

Results

The number of individuals attending TGR for their HIV care has increased from 596 in 2007 to 2,083 in 2024 as shown in Figure 1. Of these, the number of individuals taking ART has increased from 410 in 2007 (69%) to 2,000 in 2024 (96%) (Figure 2). Of the total number of individuals attending the clinic for their HIV care, 169 in 2007 (28%) versus 1,910 in 2024 (92%) 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 510 in 2023 (25%) (Figure 5).

Figure 1

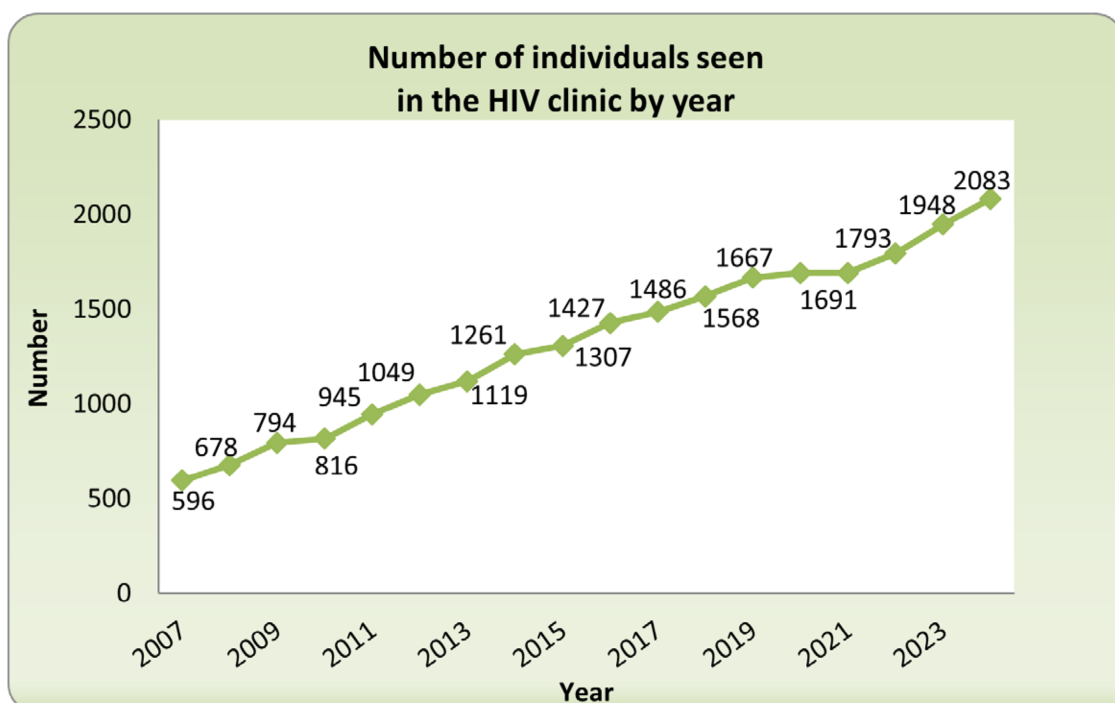


Figure 2

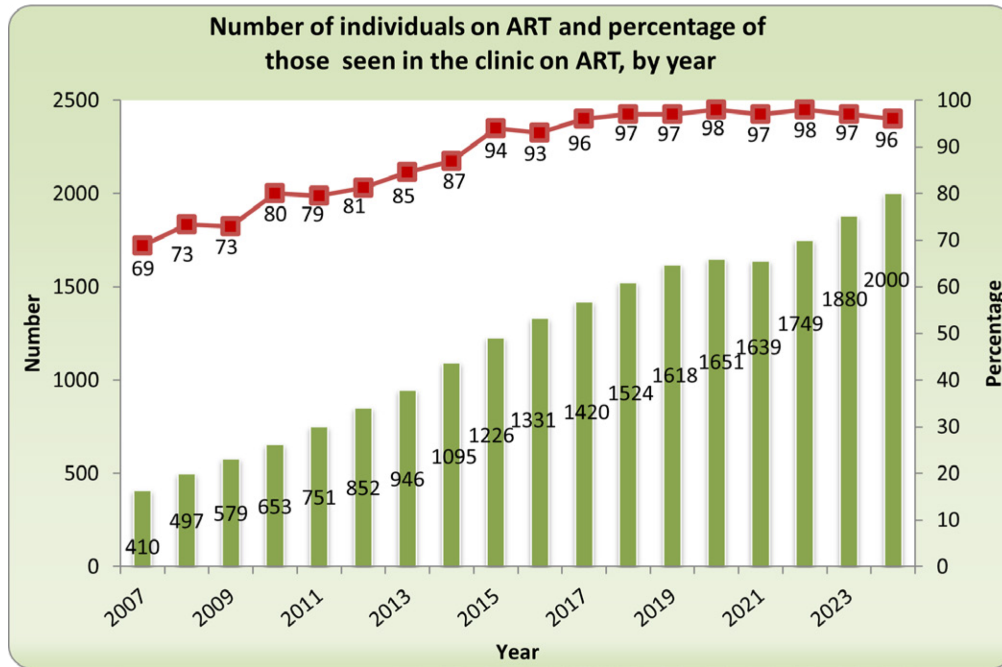
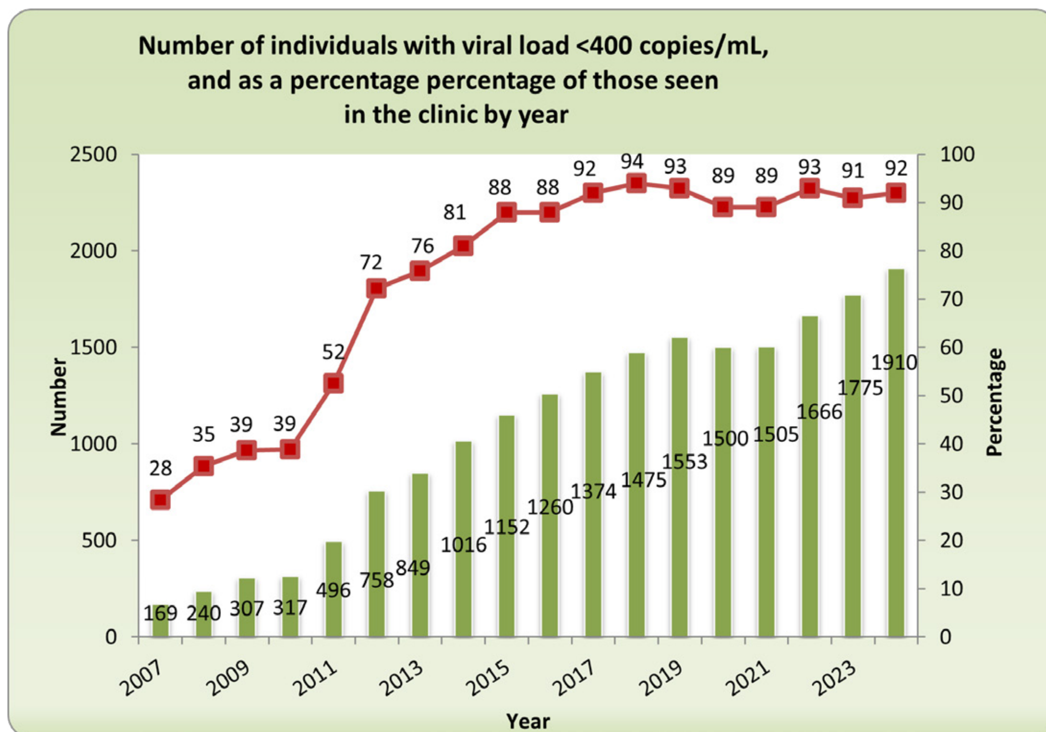


Figure 3



Note: Despite the increase in individuals attending MSHC for their HIV care in 2023, the percentage decrease in 2023 of numbers of individuals who had a viral load of <400 copies/mL (91%), reflects the decrease in individuals not having had their viral load tests documented at MSHC.

Figure 4

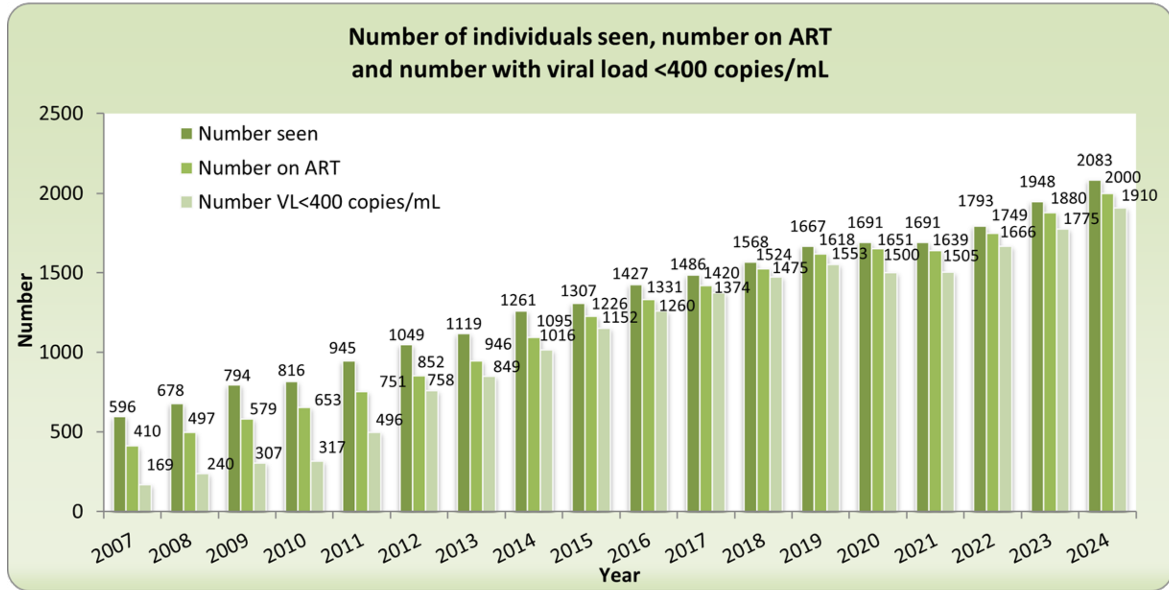
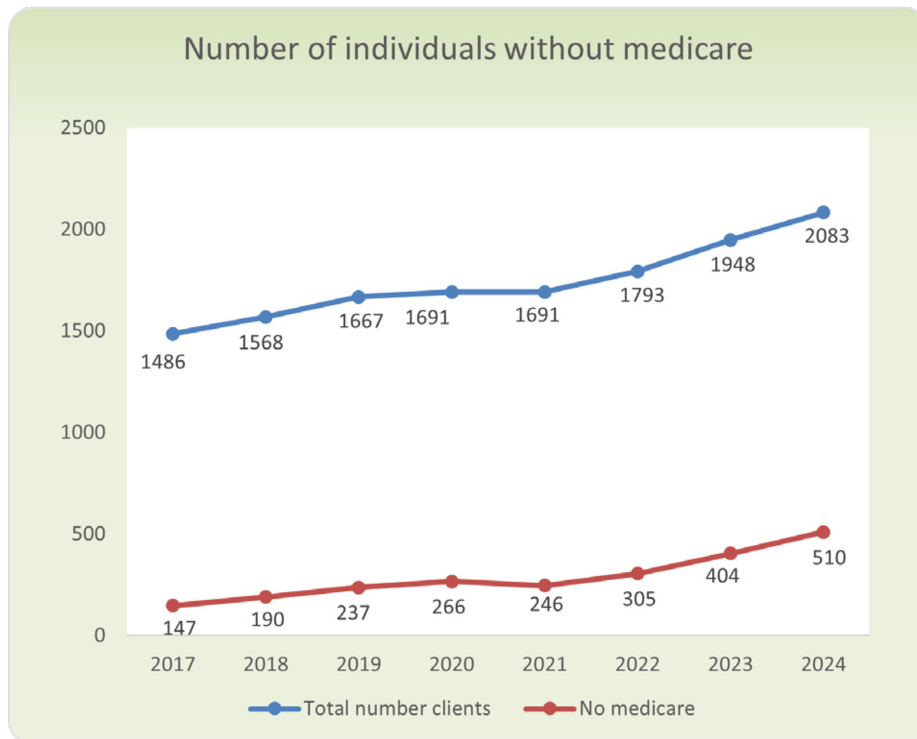


Figure 5



Currently there are no recommendations on clinical outcome indicators that clinical services should use for patients living 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 patient outcomes after starting HIV treatment at the Centre.

https://www.mshc.org.au/images/downloads/Green_Room_ARV_Report_2024.pdf

Since 2000, 1,574 patients started HIV treatment for the first time at Melbourne Sexual Health Centre.
Of these, 56 (3.5%) have failed treatment and most of these were in the first 4 years. There was one new failure in 2024. By international standards this is a very good result.

Definition of treatment failure

Treatment is said to have failed if:
Plasma HIV-1 RNA level (viral load) < 400 copies/mL was not achieved after 6 months of treatment

or

- A confirmed virological rebound above 400 copies/mL on 2 consecutive readings

Note 1: Patients were permitted to change treatment or stop treatment so long as the viral load remained < 400 copies/mL while on treatment.
Note 2: A viral load of <400 copies/mL rather than <20 copies/mL was used because historical laboratory data has not always reported <20 copies/mL

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