

# NSW HIV Strategy 2012 – 2015

## Quarter 1 2015 Data Report



## Executive Summary

The *NSW HIV strategy 2012–2015: A New Era* was launched in December 2012 and includes major changes in the way that HIV is detected, treated and prevented in NSW, as well as improved support for people at the time of their HIV diagnosis and throughout their life.

Evidence suggests that combination antiretroviral (ART) treatment offers improved health benefits for people living with HIV and the potential to dramatically reduce the risk of passing on HIV. This makes treatment a critical part of HIV prevention. Gaining the optimal benefit in NSW relies on early detection of HIV through increased HIV testing, early provision of ART treatment for people diagnosed with HIV, and support for treatment adherence to achieve undetectable viral load.

In brief, the 2015 targets of the NSW HIV Strategy are to:

- Reduce HIV transmission by 60% among men who have sex with men.
- Reduce heterosexual transmission of HIV and transmission of HIV among Aboriginal populations by 50%
- Sustain the virtual elimination of mother to child transmission of HIV
- Sustain the virtual elimination of HIV transmission in the sex industry
- Sustain the virtual elimination of HIV among people who inject drugs
- Reduce the average time between HIV infection and diagnosis
- Increase to 90% the proportion of people living with HIV on ART
- Sustain the virtual elimination of HIV related deaths

The range of activities NSW Health is engaged in to meet these targets is summarised in the [NSW HIV Snapshot](#). To monitor progress against the Strategy targets, a range of data sources have been identified, analysed and reported via this quarterly data report. More detailed information on NSW residents newly diagnosed with HIV up to 31 December 2013 is available in the [NSW HIV 2013 Epidemiological Report](#).

Recent additions to this data report include:

- NSW residents newly diagnosed with HIV by country of birth and country in which HIV was most likely acquired

In quarter 1 2015:

- 93 people were newly diagnosed with HIV in NSW, a seventeen per cent (%) decrease compared with quarter 1 2012, and similar to the 2009 to 2014 quarter 1 average. Among the newly diagnosed in this quarter, a greater proportion had evidence of late diagnosis compared with previous years.
- HIV testing continued to increase both overall in NSW, and among high risk populations. However, there remains more scope for increasing HIV testing rates.
- 124,447 HIV serology tests were performed in NSW. This is a three per cent increase compared with quarter 1 2014 (120,658), an 11% increase compared with quarter 1 2013 (112,441) and a 12% increase compared with quarter 1 2012 (110,994).
- 10,964 HIV tests were performed across public sexual health clinics in NSW. This represents a 21% increase compared with quarter 1 2014 (9,072). Of the tests done in public clinics in quarter 1 2015, 51% were among men who have sex with men.
- Data from public sexual health and HIV clinics indicate 90% of people living with HIV who attended these services were on antiretroviral therapy (ART).
- Progress is being made in reducing the gap between HIV diagnosis and commencement of ART, but continuing efforts are required to support early ART for individual and public health benefits.
- Of the cohort of 616 people newly diagnosed with HIV in NSW from 1 January 2013 to 30 September 2014, 61% were reported to have commenced ART within six months of diagnosis.

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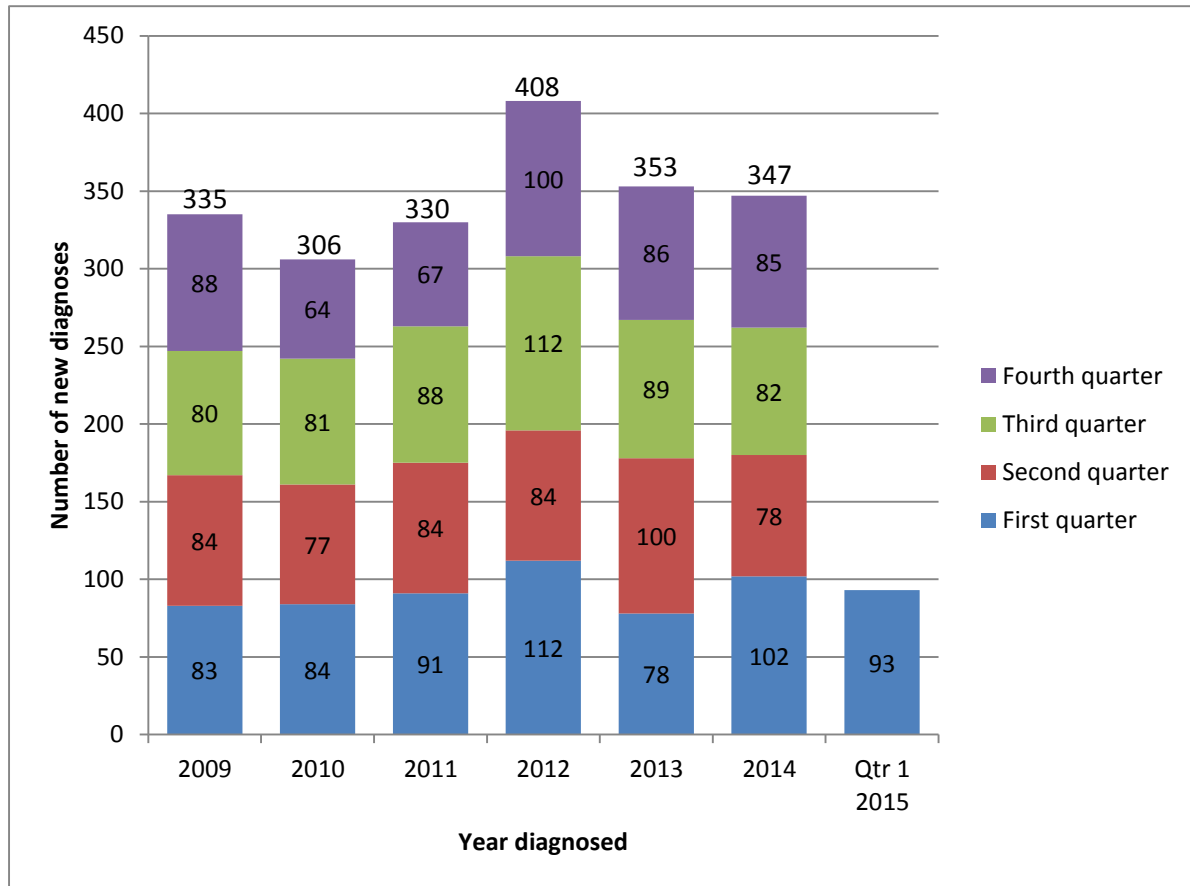
## Glossary of Terms

ART	Antiretroviral treatment
HIV	Human Immunodeficiency Virus
LHD	Local Health District
MSM	Men who have sex with men
NSP	Needle and syringe program
NSW	New South Wales
NSWPHS	New South Wales Population Health Survey
PWID	People who inject drugs
PFSHC	Publicly Funded Sexual Health Clinic
SGCPS	Sydney Gay Community Periodic Survey

## 1. Reduce HIV transmission

### 1.1 How many cases are notified?

**Figure 1: Number of NSW residents newly diagnosed with HIV infection, 1 January 2009 to 31 March 2015**



Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 8 May 2015

#### Comment

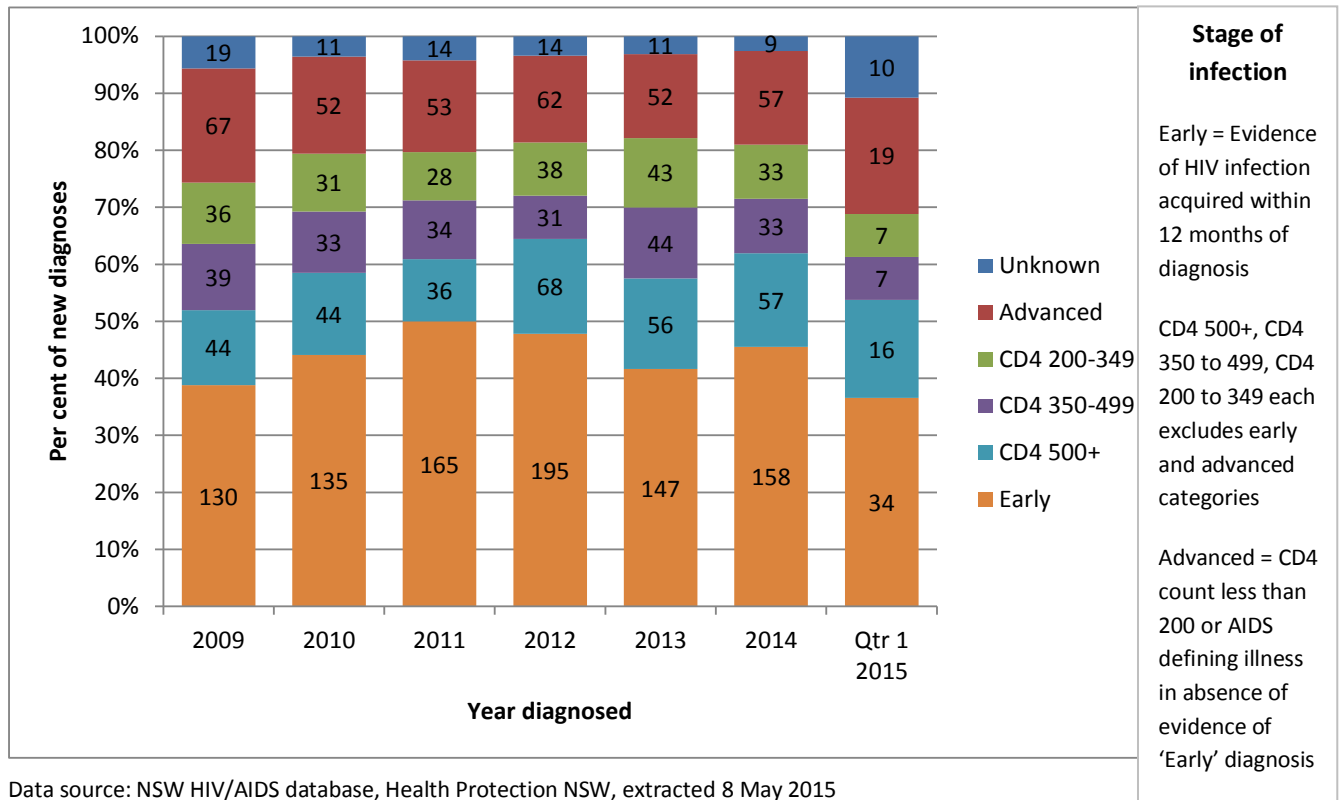
From 1 January to 31 March 2015 (quarter 1), 93<sup>1</sup> NSW residents were newly diagnosed with HIV infection and notified to NSW Health (Figure 1), a seventeen per cent (%) decrease compared with the first quarter of 2012, despite a 12% increase in HIV testing in NSW in the same period (see Section 3. HIV testing). It is also similar to the 2009 to 2014 quarter 1 average of 92.

<sup>1</sup> As it takes time for each full patient history to emerge, be reported and the data reconciled, the new diagnoses count for quarter 1 2015 will likely decrease in time, due to factors such as some 'new diagnoses' were in fact previously notified.

## 1.2 What proportion of HIV notifications are newly acquired infections?

Trends in the stage of infection at which people present when newly diagnosed with HIV provide an indication as to the timeliness of diagnosis over time.

**Figure 2: Number and per cent of all NSW residents newly diagnosed with HIV by reported stage of infection at diagnosis<sup>1</sup>, 1 January 2009 to 31 March 2015**



Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 8 May 2015

<sup>1</sup>Evidence of early stage infection was defined as notification of a sero-conversion like illness or negative or indeterminate HIV test within 12 months of diagnosis, irrespective of CD4 or presentation with an AIDS defining illness at diagnosis.

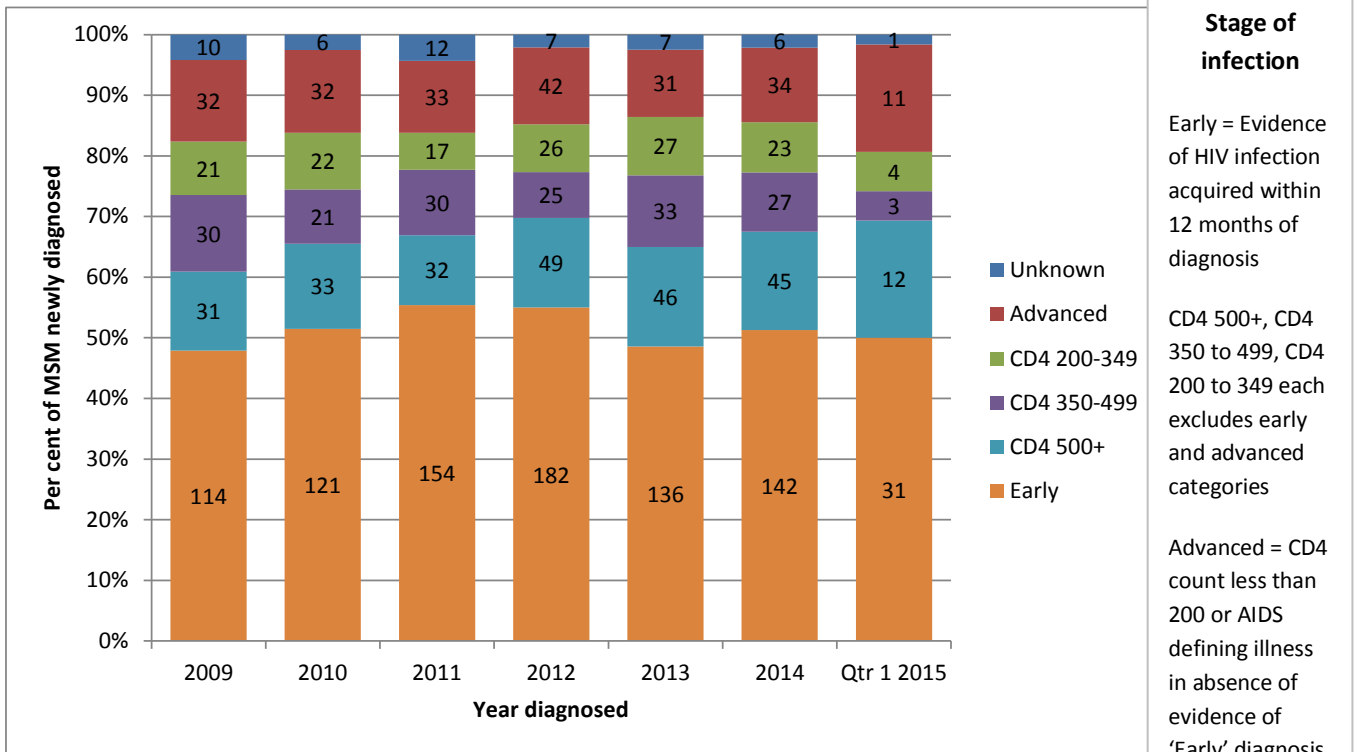
### Comment

In quarter 1 2015, 34 of all 93 (37%) NSW residents newly diagnosed with HIV infection had evidence of early stage infection, less than the 2009 to 2014 quarter 1 average of 47% (Figure 2).

Conversely, 20% of NSW residents newly diagnosed in quarter 1 2015 had evidence of advanced stage infection, compared with the 2009 to 2014 quarter 1 average of 13%.

At this point the stage of infection at diagnosis of 10 (11%) people is unknown. This will decrease as more information is provided on these recent notifications and so may impact the proportion of early or advanced infections notified.

**Figure 3: Number and per cent of newly diagnosed men who have sex with men (MSM) by reported stage of infection at diagnosis<sup>1</sup>, 1 January 2009 to 31 March 2015**



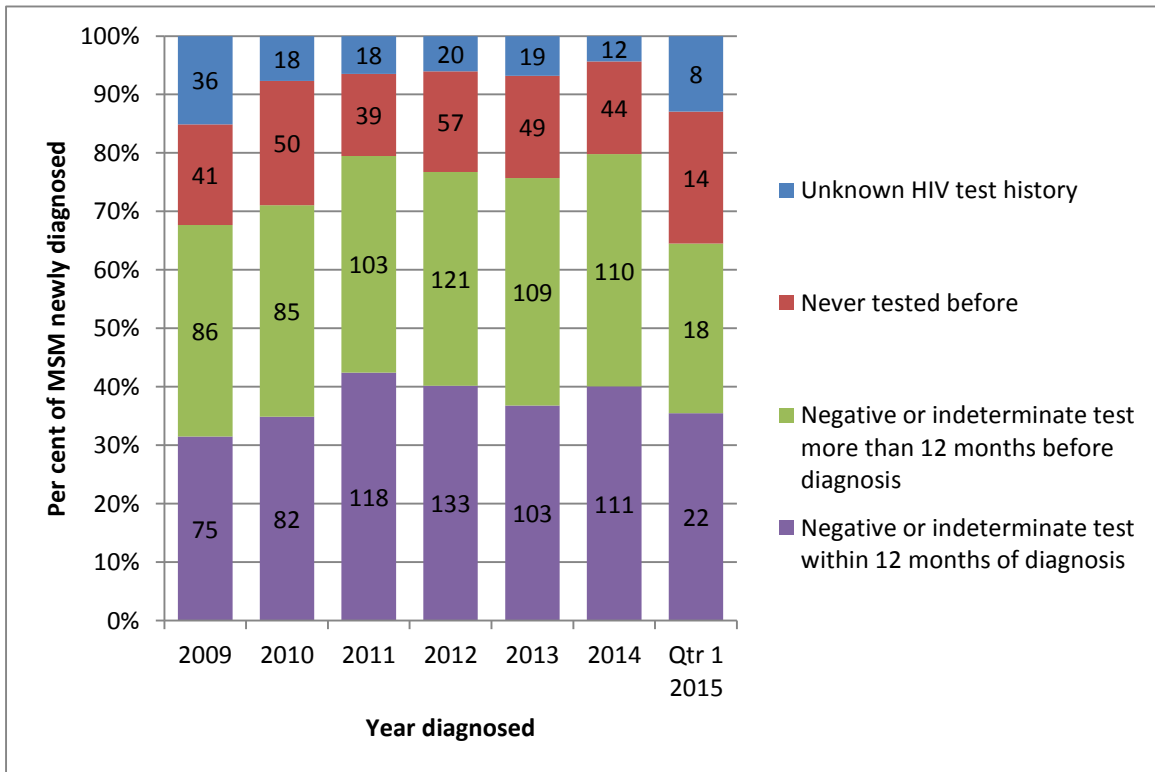
Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 8 May 2015

<sup>1</sup>Evidence of early stage infection was defined as notification of a sero-conversion illness or negative or indeterminate HIV test within 12 months of diagnosis, irrespective of CD4 or presentation with an AIDS defining illness at diagnosis

**Comment**

In quarter 1 2015 among 62 of 93 new diagnoses reporting to be men who have sex with men (MSM), 31 (50%) had evidence of early stage infection, similar to the 2009 to 2014 quarter 1 average of 52% (Figure 3). In quarter 1 2014 18% of newly diagnosed MSM had evidence of advanced stage infection, compared with the 2009 to 2014 quarter 1 average of 11%.

**Figure 4: Number and per cent of newly diagnosed MSM by reported HIV testing history, 1 January 2009 to 31 March 2015**



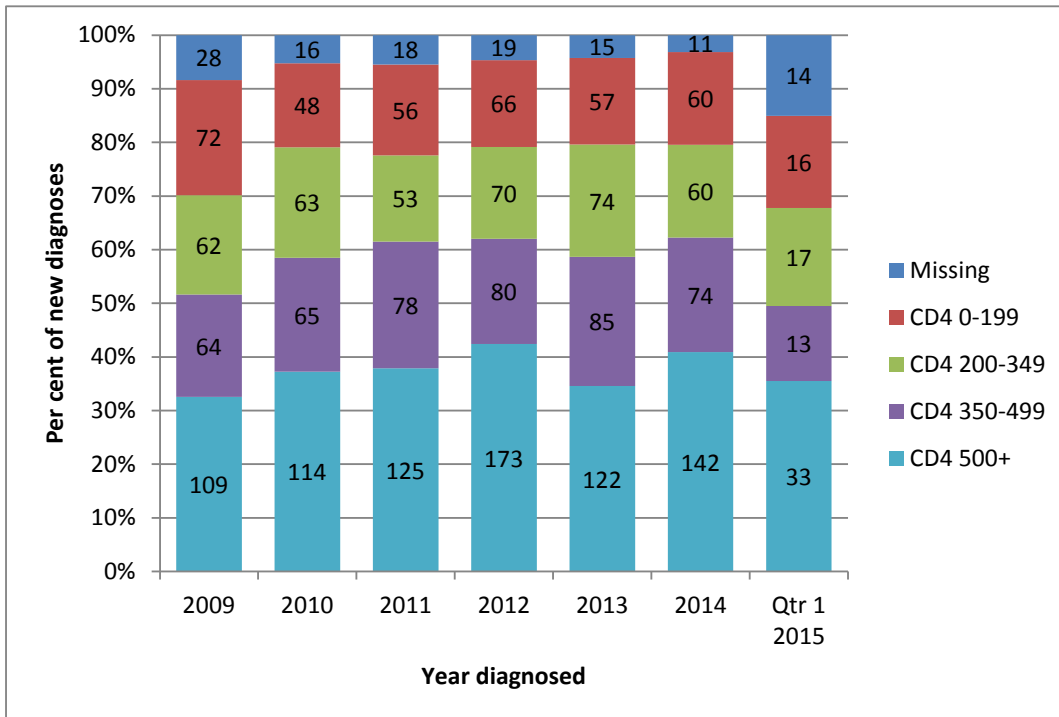
Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 8 May 2015

**Comment**

In quarter 1 2015 among 62 of 93 new diagnoses reporting to be men who have sex with men, 22 (35%) were reported as having had a negative or indeterminate HIV test within 12 months of their diagnosis, similar to the quarter 1 average 2009 to 2014 of 37% (Figure 4). In quarter 1 2015, 23% of people newly diagnosed reporting to be MSM were reported as not ever having had an HIV test before diagnosis, greater than the quarter 1 average 2009 to 2014 of 16%.



**Figure 5: Number and per cent of all NSW residents newly diagnosed with HIV by their CD4 count (cells/ $\mu$ L) at diagnosis, 1 January 2009 to 31 March 2015**

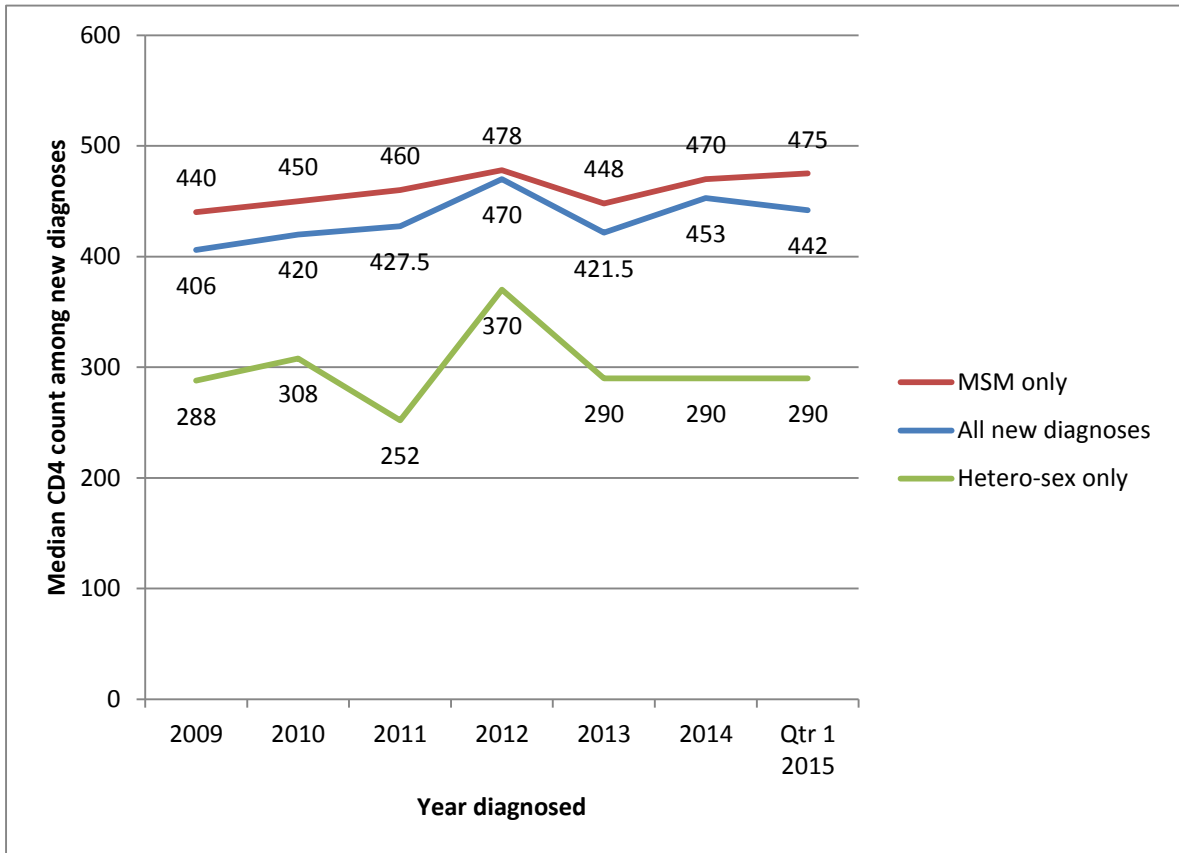


Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 8 May 2015

**Comment**

In quarter 1 2015, 33 of all 93 (35%) NSW residents newly diagnosed with HIV infection had a CD4 count less than 350 cells/ $\mu$ L at diagnosis, similar to the 2009 to 2014 quarter 1 average of 33% (Figure 5).

**Figure 6: Median CD4 count (cells/ $\mu$ L) at diagnosis for all NSW residents newly diagnosed with HIV and for MSM and heterosexual risk exposure groups<sup>1</sup>, 1 January 2009 to 31 March 2015**



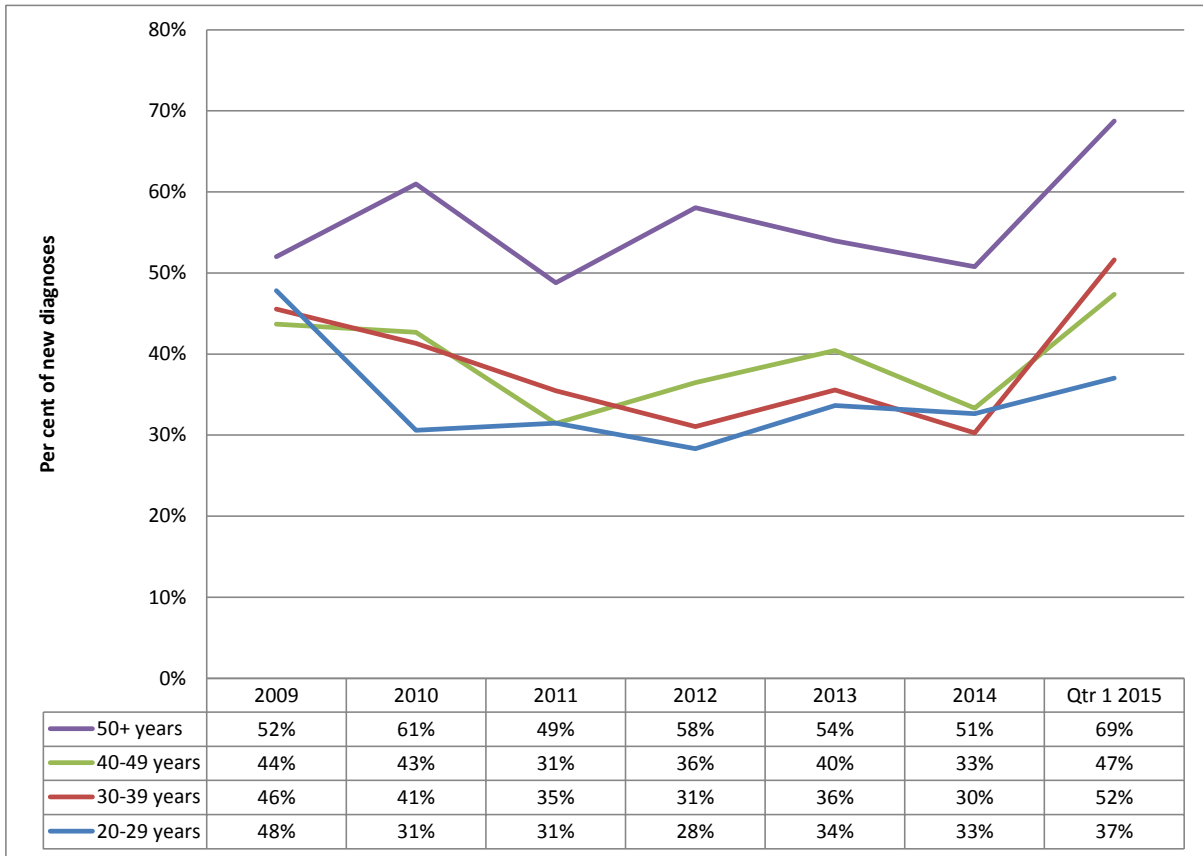
Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 8 May 2015.

<sup>1</sup>The median CD4 count at diagnosis for other HIV risk exposure groups such as being a person who injected drugs (PWID) are not reported separately due to very low count numbers.

**Comment**

The median CD4 count at diagnosis of NSW residents newly diagnosed with HIV infection in quarter 1 2015 is similar to that in previous years both among just those reporting to be MSM and for all new diagnoses. The median CD4 count at diagnosis among those reporting heterosexual exposure to HIV remains low (Figure 6).

**Figure 7: Per cent within each age group of NSW residents newly diagnosed with HIV who had clinical or immunological evidence of late diagnosis<sup>1</sup>, 1 January 2009 to 31 March 2015**



Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 8 May 2015.

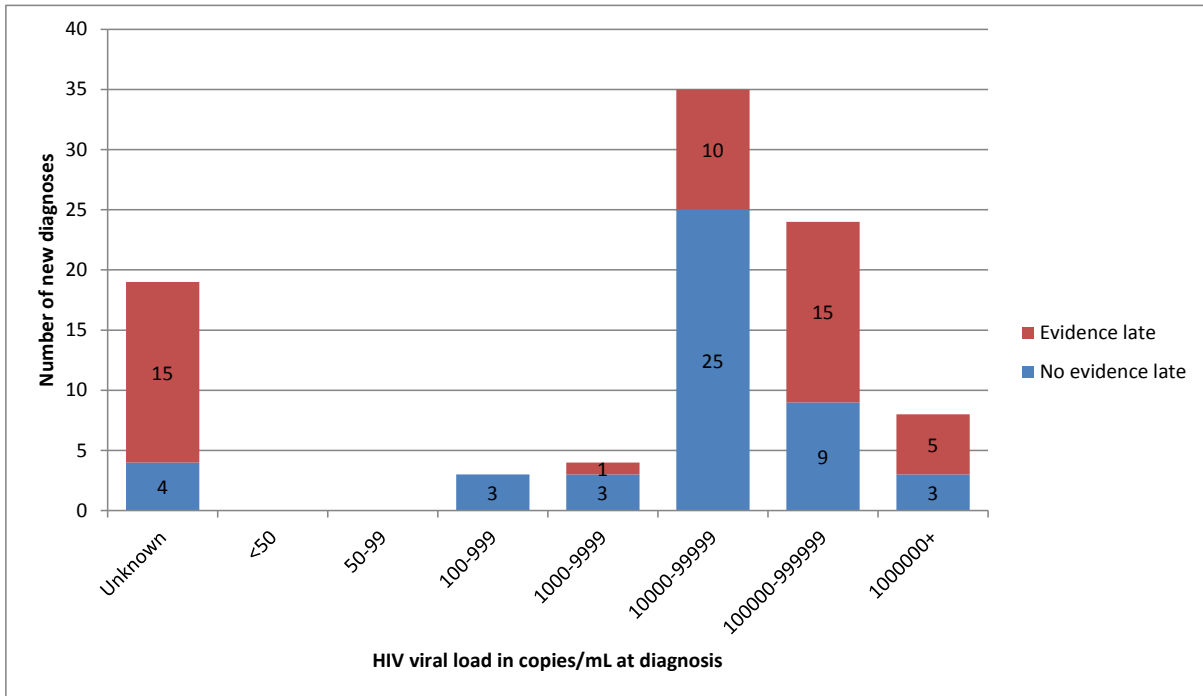
<sup>1</sup>Clinical or immunological evidence of a late diagnosis included a CD4 count less than 350 or an AIDS defining illness within three months of diagnosis, in the absence of a laboratory confirmed negative HIV test in the 12 months prior to diagnosis. Please note: this definition of “late” has changed and tightened since the 2013 fourth quarter and annual report.

**Comment**

The “50 years and over” age group has a distinctly higher proportion of people with evidence of late diagnosis compared with younger age groups. The age category “less than 20 years” was excluded from Figure 7 due to very low numbers and in quarter 1 2015 there was zero cases diagnosed less than 20 years of age.

Among NSW residents newly diagnosed in quarter 1 2015, a greater proportion within each age group represented had evidence of late diagnosis, compared with previous years (Figure 7).

**Figure 8: Number of NSW residents newly diagnosed with HIV 1 January to 31 March 2015 by their HIV viral load in copies/mL at diagnosis and evidence of late diagnosis<sup>1</sup>**



Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 8 May 2015

<sup>1</sup>Clinical or immunological evidence of a late diagnosis included a CD4 count less than 350 or an AIDS defining illness within three months of diagnosis, in the absence of a laboratory confirmed negative HIV test in the 12 months prior to diagnosis. Please note: this definition of “late” has changed and tightened since the 2013 fourth quarter and annual report.

**Comment**

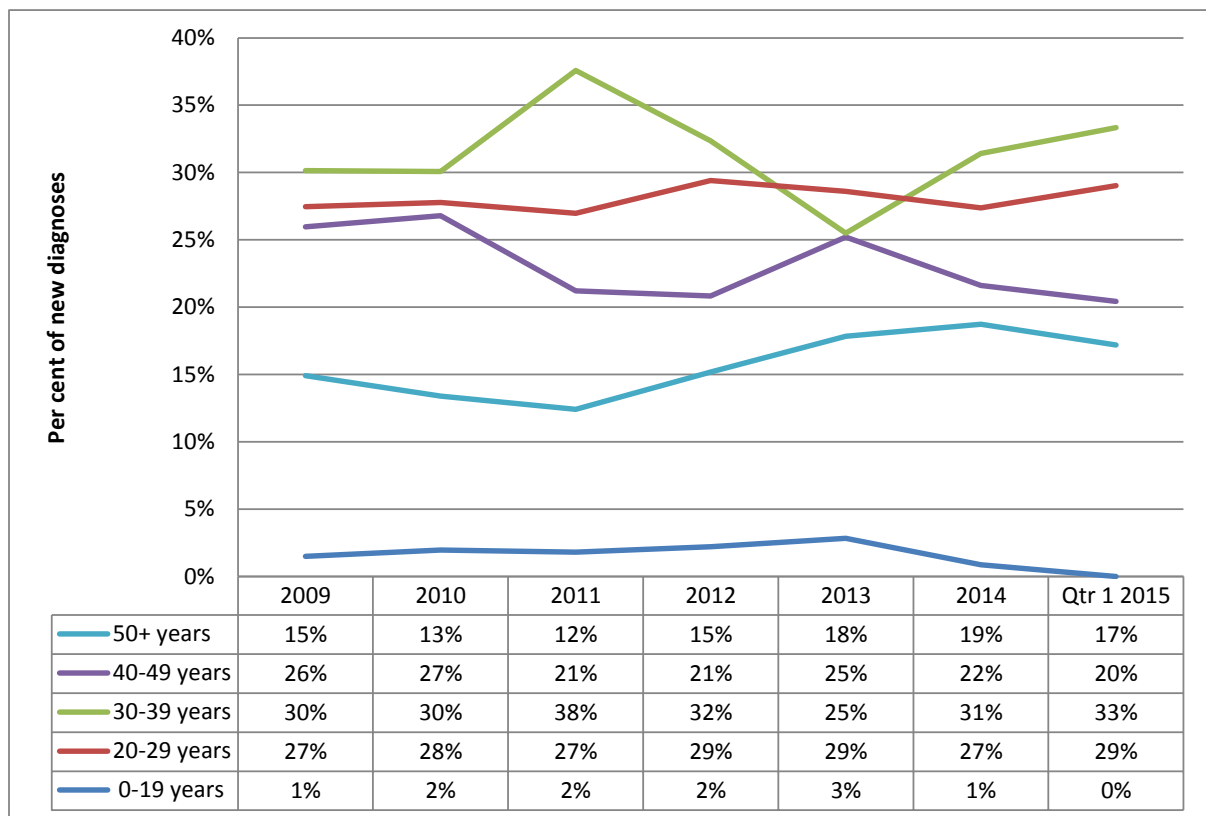
Of the 93 new diagnoses in quarter 1 2015, at diagnosis, seven (8%) had HIV viral load (HIVVL) less than 10,000 copies/mL at diagnosis, 35 (38%) had a HIVVL between 10,000 and 99,999 copies/mL, 24 (26%) had a HIVVL between 100,000 and 999,999, 5 (9%) had a HIVVL greater than or equal to 1,000,000 and 19 (20%) were missing an HIVVL (Figure 8). Twenty of 46 new diagnoses with evidence of late diagnosis had a high HIVVL (100,000 or greater).

For the HIV-infected individual, unchecked viral replication is associated with negative clinical outcomes and is a factor in disease progression and death, independent of CD4 count. Higher viral loads are associated with a higher risk of transmission of HIV and lower viral loads are associated with a lower risk of transmission of HIV.

### 1.3 Which groups are being notified?

Of the 93 NSW residents newly diagnosed in quarter 1 2015, 82 (88%) were male, a lesser proportion compared with the 2009 to 2014 quarter 1 average of 95% (Appendix A). Ten (11%) new diagnoses were in females, a greater proportion compared with the 2009 to 2014 quarter 1 average of 5%. One person newly diagnosed was reported as being transgender.

**Figure 9: Per cent of NSW residents newly diagnosed with HIV by age group at diagnosis, 1 January 2009 to 31 March 2015**

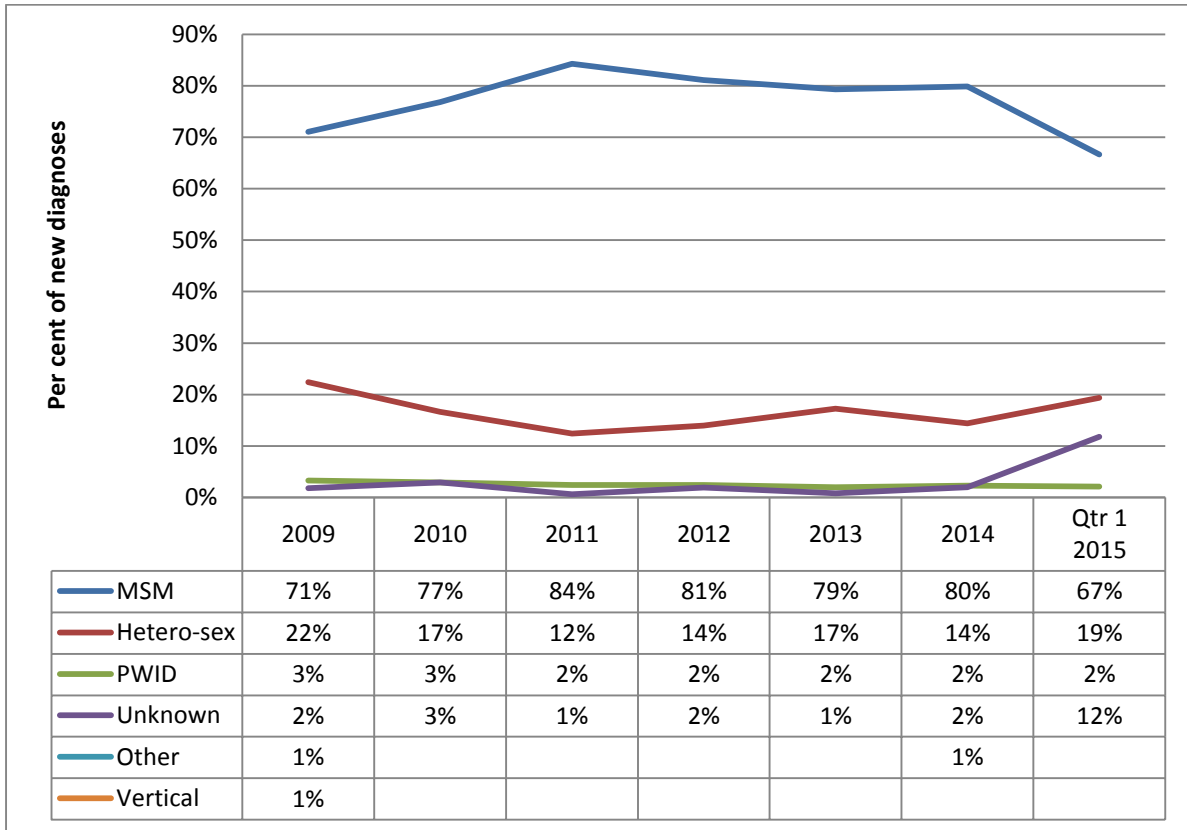


Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 8 May 2015

#### Comment

Of 93 NSW residents newly diagnosed with HIV in quarter 1 2015, 27 (29%) were 20 to 29 years, 31 (33%) were 30 to 39 years, 19 (20%) were 40 to 49 years and 16 (17%) were 50 years or over, a very similar age distribution to previous years (Figure 9).

**Figure 10: Per cent of NSW residents newly diagnosed by self-reported HIV risk exposure, 1 January 2009 to 31 March 2015**



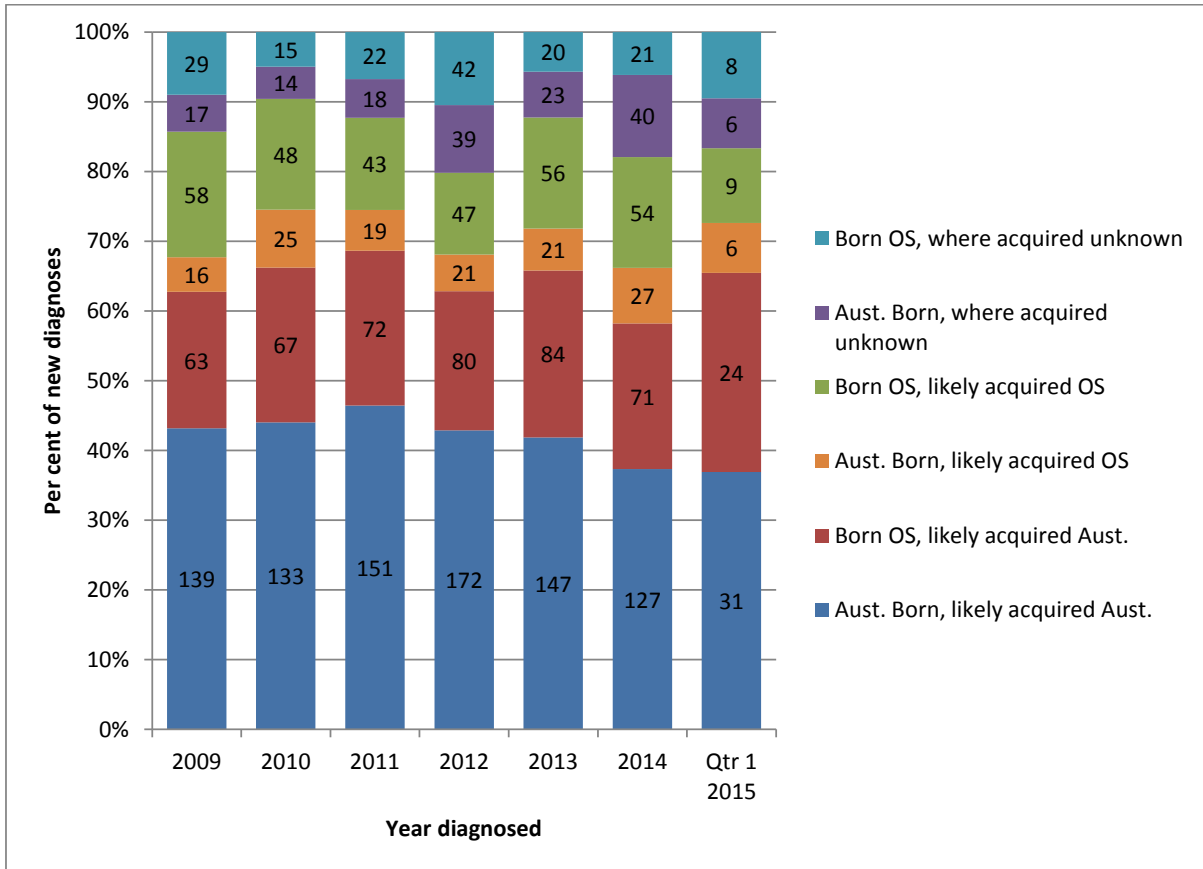
Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 8 May 2015

**Comment**

Of the 93 new diagnoses in quarter 1 2015, 62 (67%) reported being men who have sex with men (MSM), less than the 2009 to 2014 quarter 1 average of 82% (Figure 10). A further 18 (19%) people newly diagnosed self-reported acquiring HIV through heterosexual sex, more than the 2009 to 2014 quarter 1 average of 14% (Figure 5). Two (2%) reported being a person who injected drugs (PWID). At this point the HIV risk exposure for 11 (12%) new diagnoses is unknown (Figure 10).

Among the 62 MSM newly diagnosed in quarter 1 2015, seven (11%) also reported injecting drugs, which is a greater proportion compared with previous years (Appendix A).

**Figure 11: Number of NSW residents newly diagnosed with HIV in 1 January 2009 to 31 March 2015 by country of birth and country in which HIV was most likely acquired\***



Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 8 May 2015.

\* Excluded were 18 new diagnoses in 2009 to 2014 with unknown country of birth or/and unknown country likely acquired OS – overseas, Aust. - Australia

**Comment**

**Australian born NSW residents newly diagnosed**

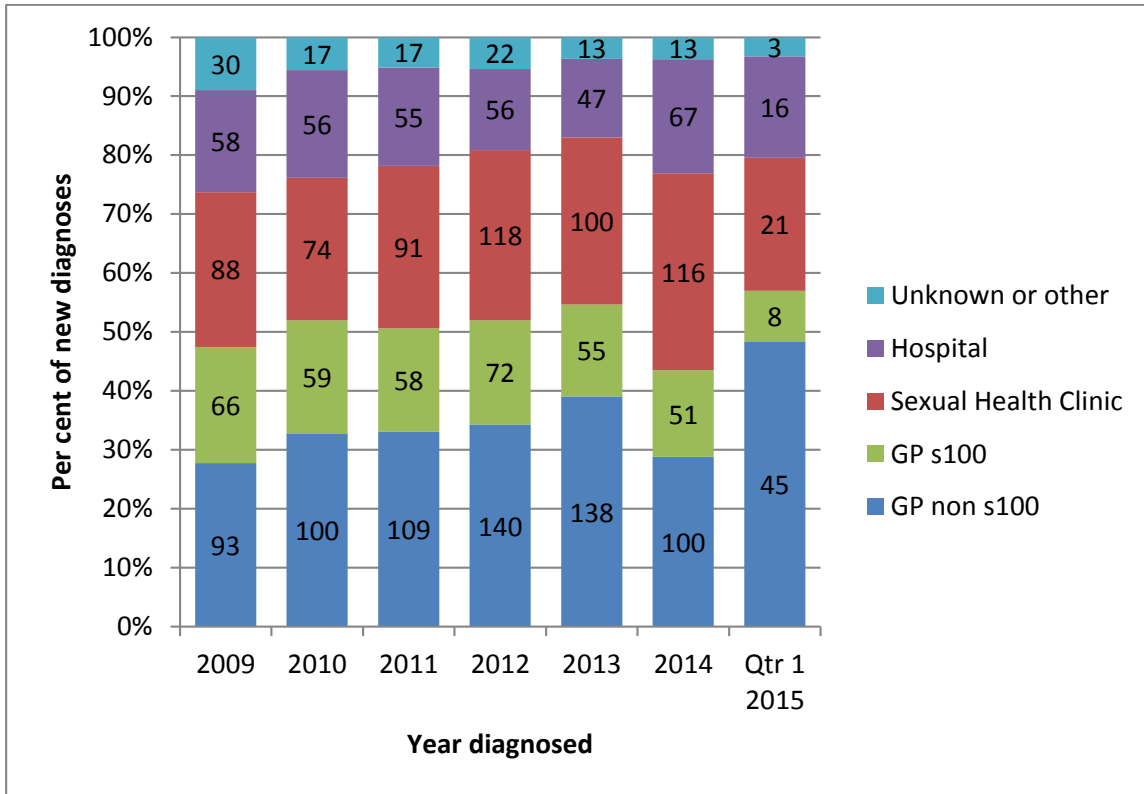
In quarter 1 2015 31 of 43 (72%) Australian born NSW residents likely acquired their infection in Australia, compared with the 2009 to 2014 quarter 1 average of 79%. Six of 43 (14%) Australian born NSW residents likely acquired their infection overseas, compared with the 2009 to 2014 quarter 1 average of 12%. Place of acquisition was unknown for 6 (14%) in quarter 1 2015 compared with 10% for the 2009 to 2014 quarter 1 average (Figure 11).

**Overseas born NSW residents newly diagnosed**

In quarter 1 2015 24 of 41 (59%) overseas born NSW residents likely acquired their infection in Australia, compared with 59% for the 2009 to 2014 quarter 1 average. Nine of 41 (22%) overseas born NSW residents likely acquired their infection overseas, compared with the 2009 to 2014 quarter 1 average of 27%. Place of acquisition was unknown for 8 (20%) overseas born new diagnoses in quarter 1 2015, compared with 14% for the 2009 to 2014 quarter 1 average.

At this point country of birth was unknown for nine recently notified people in quarter 1 2015.

**Figure 12: Number of NSW residents newly diagnosed with HIV from 1 January 2009 to 31 March 2015 per year by type of diagnosing doctor**



Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 8 May 2015

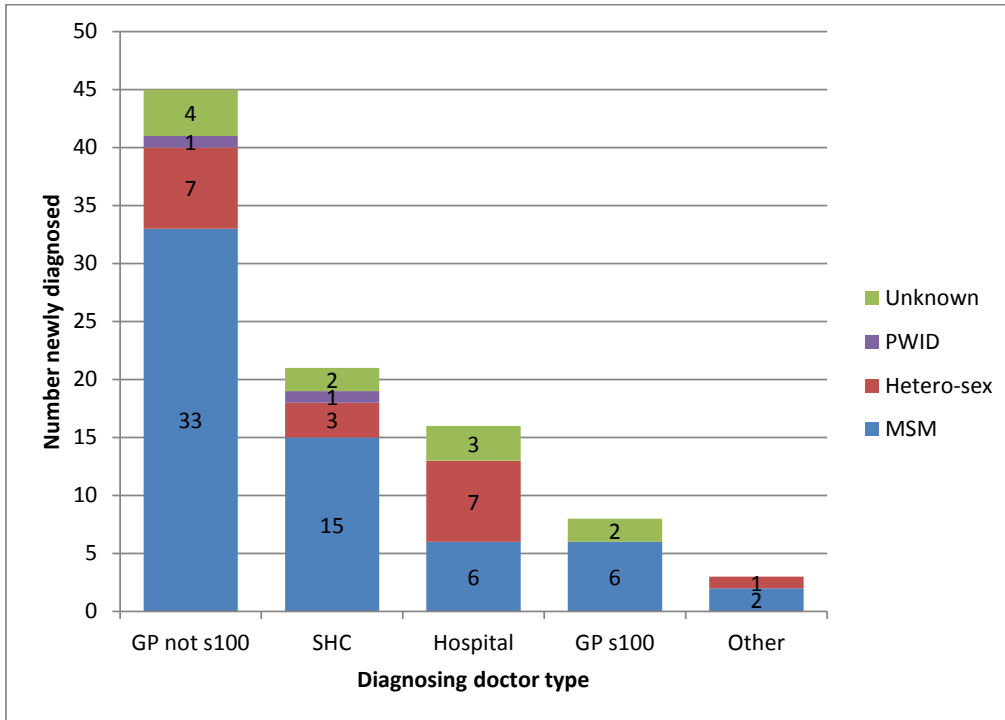
**Comment**

Of the 93 new diagnoses in quarter 1 2015, 45 (48%) were diagnosed by general medical practitioners not accredited to prescribe antiretroviral therapy nor specialised in HIV (GP non-s100), which was greater than the 2009 to 2014 quarter 1 average of making 32% of new diagnoses (Figure 12). This gain may reflect recent efforts to support HIV testing in NSW by GP non-s100s. Sexual health clinics (SHC) (which also includes linked community testing sites) made 21 (23%) of new diagnoses, a lesser proportion compared with the 2009 to 2014 quarter 1 average of 31%. Next was hospital located doctors who made 16 (17%) of the new diagnoses in quarter 1 2015, slightly greater than the 2009 to 2014 quarter 1 average of 14%. GP s100 doctors (GP HIV specialist) made 8 (9%) of the new diagnoses in the period, compared with the 2009 to 2014 quarter 1 average of 18%.

GP non-s100, SHC and hospital based doctors diagnose HIV in a mix of at risk groups whereas GP s100s almost exclusively diagnose MSM (Figure 13). Evidence of late diagnosis is prevalent in people newly diagnosed by hospital located doctors and also by GP non-s100 and SHC (Figure 14).

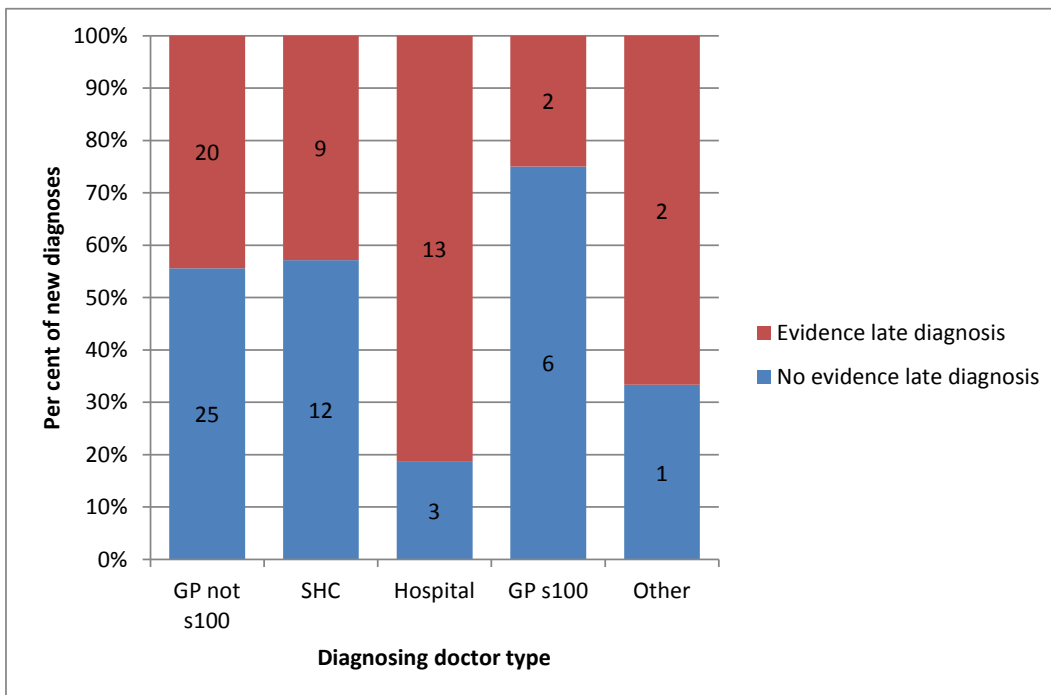


**Figure 13: Number of NSW residents newly diagnosed with HIV from 1 January to 31 March 2015 (n=93) by type of diagnosing doctor and self-reported HIV risk exposure**



Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 8 May 2015

**Figure 14: Number of NSW residents newly diagnosed with HIV from 1 January to 31 March 2015 (n=93) by type of diagnosing doctor and evidence of late diagnosis**



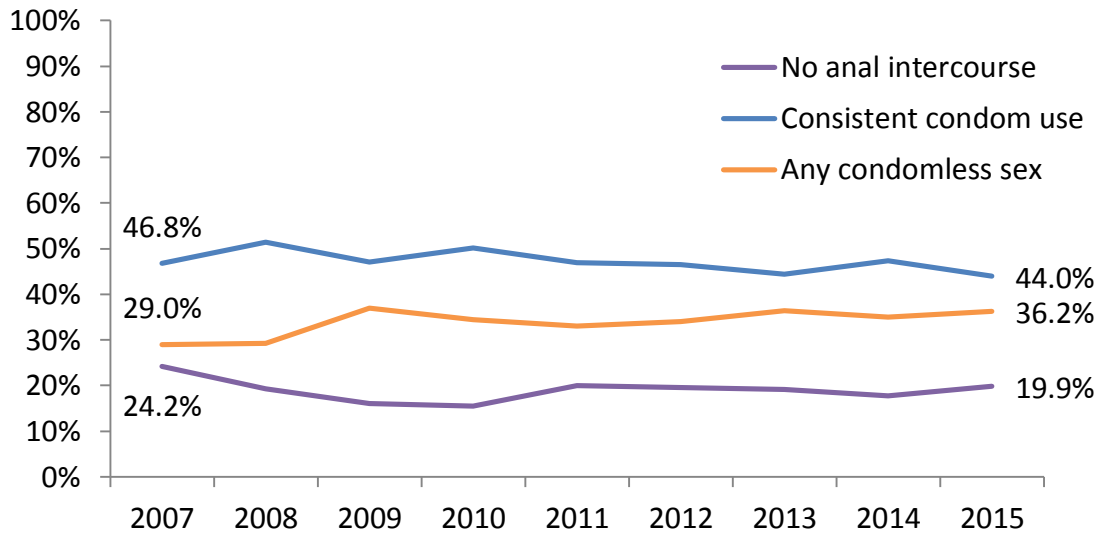
Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 8 May 2015

## 2. Maintain safe behaviour

### 2.1 How many men who have sex with men use condoms with casual sexual partners?

Condom use among men who have sex with men with casual sexual partners is measured through the Sydney Gay Community Periodic Survey (SGCPS). This represents behaviour in the 6 months prior to February 2015 and is therefore reflective of behaviours in the latter part of 2014.

**Figure 15: Condom use reported by MSM with casual sexual partners in NSW, 2007-2015**



Data source: Sydney Gay Community Periodic Survey (February 2015)

#### Comment

Among gay men with casual sexual partners surveyed, 64% reported “always using a condom for anal sex” or “avoided anal sex”. This has remained stable since 2009.

Questions have recently been introduced into the NSW Population Health Survey (NSWPHS) on sexual identity and HIV testing, and sex without a condom in the last 12 months. Reporting of data from the NSWPHS will occur once the sample size is sufficient to produce reliable estimates of the proportion of men who have sex with men who report sex without a condom in the past year, and/or report sex with more than one partner.

### 2.2 Community mobilisation “Ending HIV”

Since 2013, ACON has monitored the knowledge and attitudes of gay men in regards to key messages relating to the NSW ‘Ending HIV’ campaign. Key findings and a description of the evaluation is provided in Appendix B.

### 2.3 How accessible are NSP services in NSW?

As of 30 June 2014, there were 1,050 NSP outlets located across NSW. This represents an increase of 21 additional outlets (2%) compared with same period in 2013 (NSW NSP Data Collection).

In the year ending 31 March 2015, 12,509,032 units of injecting equipment were distributed in NSW. This represents an increase of 242,923 additional units (2%) compared with the previous 12 months (NSW NSP Data Collection).

#### 2.4 How many people are using new injecting equipment in NSW?

Among respondents to the NSW NSP Enhanced Data Collection survey 2013<sup>2</sup> who reported injection, 22% reported receptive sharing (RSS) of needles and syringes in the previous month. In 2014, the proportion who reported receptive sharing of needles and syringes declined to 14%.<sup>3</sup>

These results are broadly comparable to the Australian NSP survey. In the Australian NSP survey, which surveys only primary NSW sites, the proportion of NSW respondents who reported receptive sharing of needles and syringes in the previous month was 13% in 2013 and 16% in 2014.<sup>4</sup>

Findings from the upcoming 2015 NSW NSP Enhanced Data Collection will indicate whether the reduction between 2013 and 2014 identified in that survey is a continuing trend or an expected fluctuation.

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<sup>2</sup> In 2013, the first annual NSW NSP Enhanced Data Collection survey was conducted. The purpose of the survey is to collect NSP client demographic, behavioural and drug use data on an annual basis to strengthen the state-wide prevention approach, and also inform LHDs in planning for NSP service delivery at the local level.

<sup>3</sup> Currie B, Iversen J, Maher L NSW Needle and Syringe Program Enhanced Data Collection 2013 A report for the Ministry of Health by the Kirby Institute, UNSW Australia, 2014.

<sup>4</sup> Iversen J, Chow S and Maher L. Australian Needle and Syringe Program Survey National Data Report 2009-2013. The Kirby Institute, UNSW Australia, 2014. In 2013, 686 people in NSW were surveyed in 20 primary NSPs. Refer to Appendix 1, Table 2

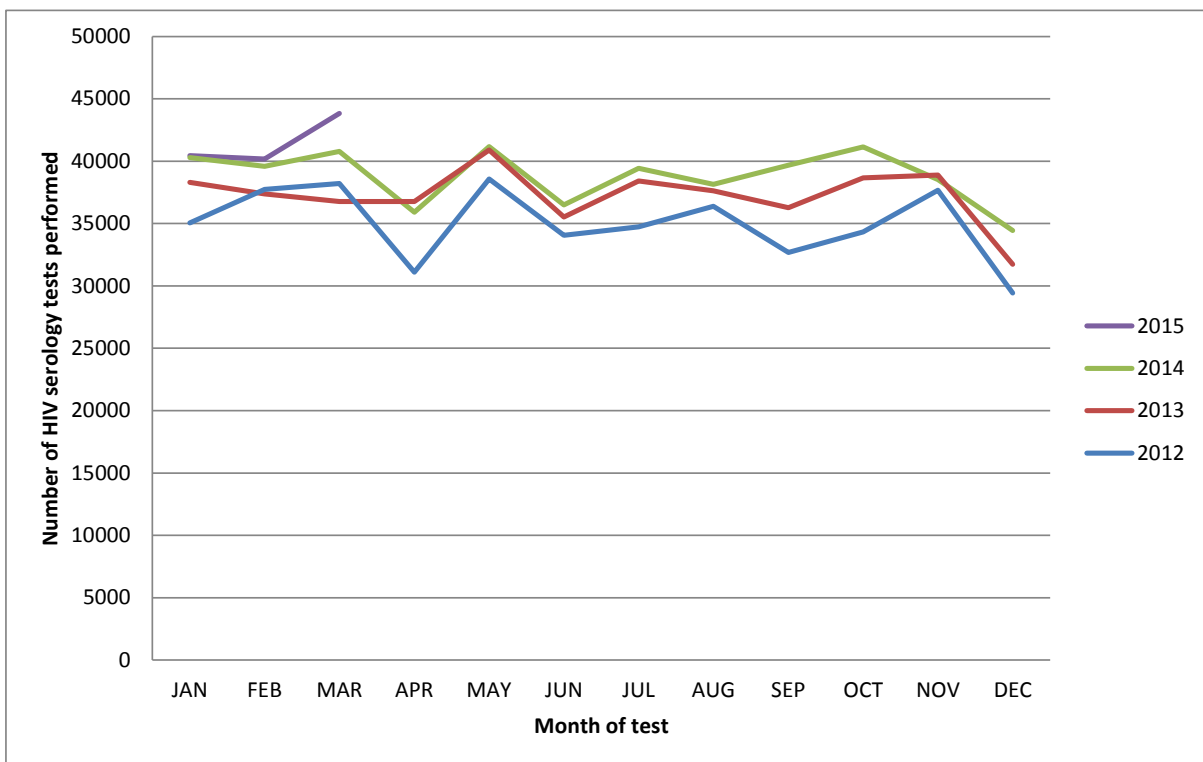
### 3. Increase HIV testing

#### 3.1 Is HIV testing increasing in NSW?

##### 3.1.1 NSW overall

In 2012, NSW Health commenced collection of testing data for selected notifiable conditions, including HIV, from 15 NSW laboratories. These laboratories represent about 95% of the laboratory testing for HIV in NSW residents. Information from laboratories does not provide any indication on the purpose of testing (screening of high risk individuals, routine antenatal, post-exposure testing), nor whether there are repeat tests on the same individual.

**Figure 16: Number of HIV serology tests performed at 15 NSW laboratories per month, 1 January 2012 to 31 March 2015**



Data source: NSW Health denominator data project

#### Comment

In quarter 1 2015, there were 124,447 HIV serology tests performed in 15 laboratories in NSW (Figure 15). This is a three per cent increase compared with quarter 1 2014 (120,658), an 11% increase compared with quarter 1 2013 (112,441) and a 12% increase compared with quarter 1 2012 (110,994). These data do not include data on point of care (rapid) HIV testing offered at a range of community sites.

**3.1.2 Local Health Districts**

Data on HIV testing is available from Publicly Funded Sexual Health Clinics (PFSHCs) in all LHDs however the time periods and the type of data is not uniform due to different data management systems. Key differences in the availability of data are summarised in Table 1.

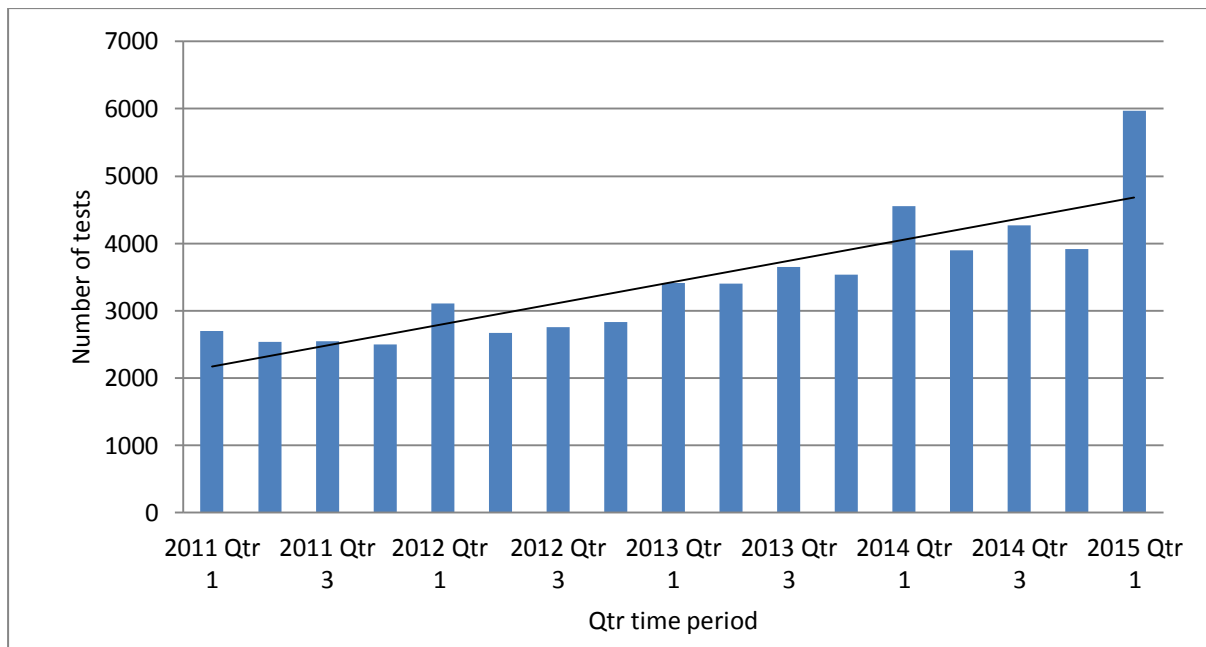
**Table 1: Summary of testing data availability from Publicly Funded Sexual Health Clinics in NSW**

	Total number of HIV tests and positivity per quarter	Number of HIV tests and positivity per quarter by priority population
	<i>Available from</i>	<i>Available from</i>
South Eastern Sydney LHD	January 2011	July 2013
Western Sydney LHD	January 2011	January 2011
Nepean Blue Mountains LHD		
North Sydney LHD		
Northern NSW LHD		
Illawarra Shoalhaven LHD		
All other LHDs	July 2013	July 2013

As trend data for PFSHCs have become available, the proportional increase/decrease for HIV testing has varied considerable, in particular for high risk groups that have low numbers.

Figure 17 displays the number of HIV tests done in PFSHC between 1 January 2011 and 31 March 2015 in South Eastern Sydney LHD where this data is available. Both rapid HIV testing and HIV serology are included.

**Figure 17: Number of HIV serology tests performed in South Eastern Sydney Local Health District Publicly Funded Sexual Health Clinics, 1 January 2011 to 31 March 2015**



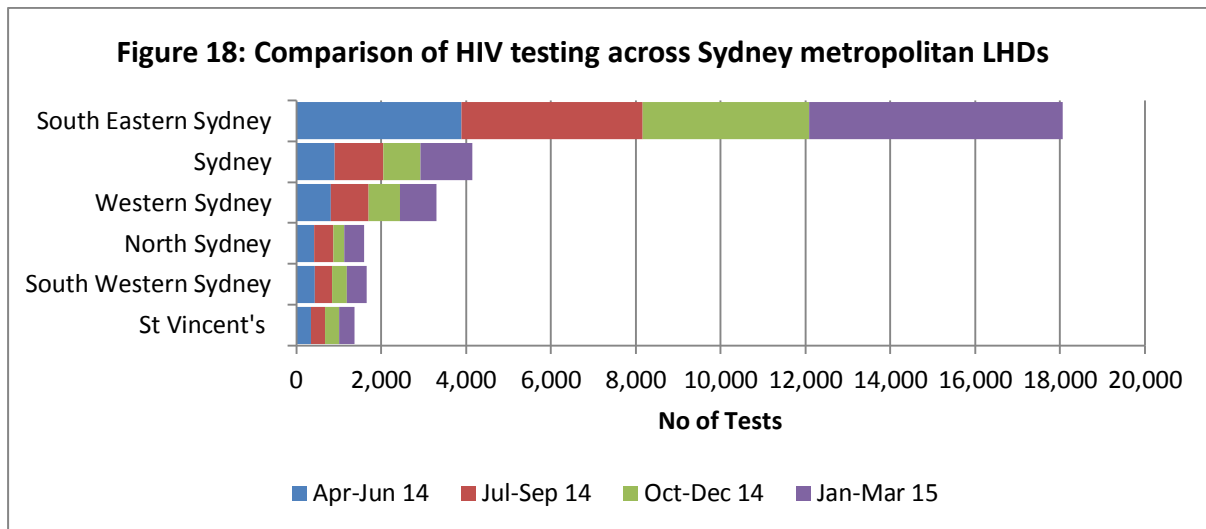
Data source: South Eastern Sydney Local Health District

Comment

In quarter 1 2015, testing in South Eastern Sydney LHD (Figures 17) increased by 31% compared with the same period in 2014, and by 92% compared to same period in 2012.

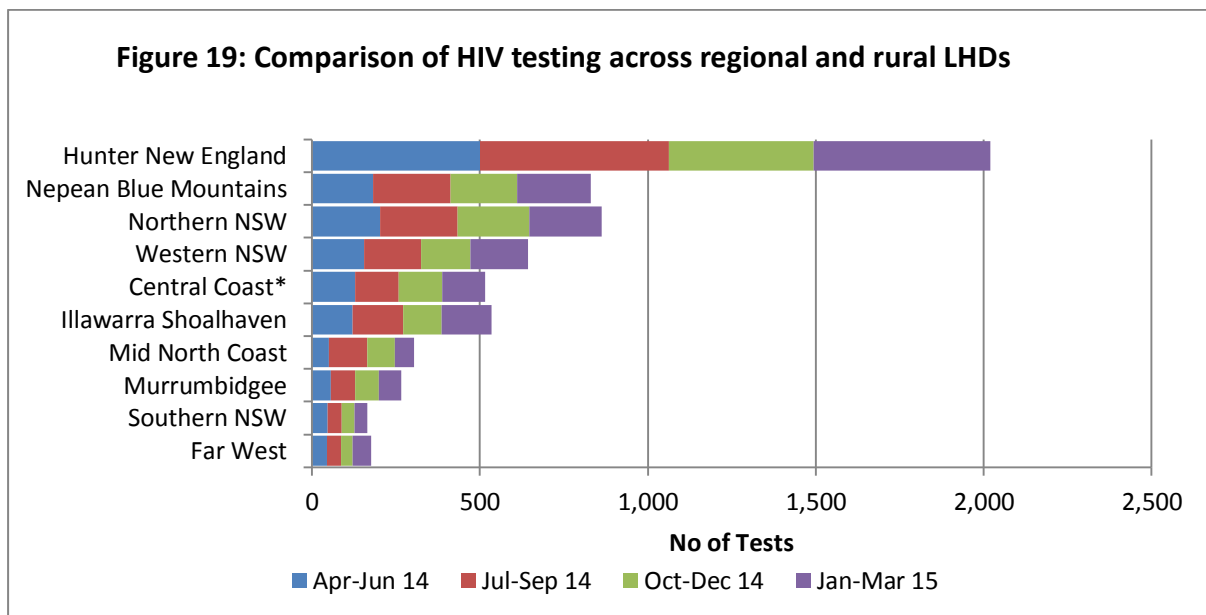
A comparison in the number of HIV tests done between 1 April 2014 and 31 March 2015 for metropolitan PFSHCs is displayed in Figure 18 and for regional and rural PFSHCs in Figure 19. Both rapid HIV testing and HIV serology are included.

**Figure 18: Number of HIV tests performed in Sydney metropolitan Local Health District Publicly Funded Sexual Health Clinics, 1 April 2014 to 31 March 2015**



Data source: NSW Health HIV Strategy Monitoring Database

**Figure 19: Number of HIV tests performed in regional and rural Local Health District Publicly Funded Sexual Health Clinics, 1 April 2014 to 31 March 2015**



\*Central Coast figures are an underestimate as actual activity data not available from Dec 2013

Data source: NSW Health HIV Strategy Monitoring Database

Comment

In quarter 1 2015, 10,964 HIV tests were done in all PFSHCs in NSW. This represents a 21% increase on the number of tests performed in the same quarter in 2014 (9,072).

In quarter 1 2015, testing increased particularly in key Sydney metropolitan areas; overall HIV testing in Sydney LHD increased by 36% compared with the same period in 2014, and testing in South Western Sydney LHD increased by 45% (461) compared to the same period in 2014.

HIV testing increased both overall in NSW and among high risk populations. To reduce the number of undiagnosed HIV infections in the community, populations with ongoing risk of HIV infection need to continue to test frequently.

**3.2 Where is HIV testing being done?**

Apart from PFSHCs, HIV testing takes place in a range of other clinical and community settings. A large proportion of testing occurs in the private sector, especially in general practice. Efforts to better understand HIV testing practices in different clinical settings including drug and alcohol services and emergency departments are ongoing.

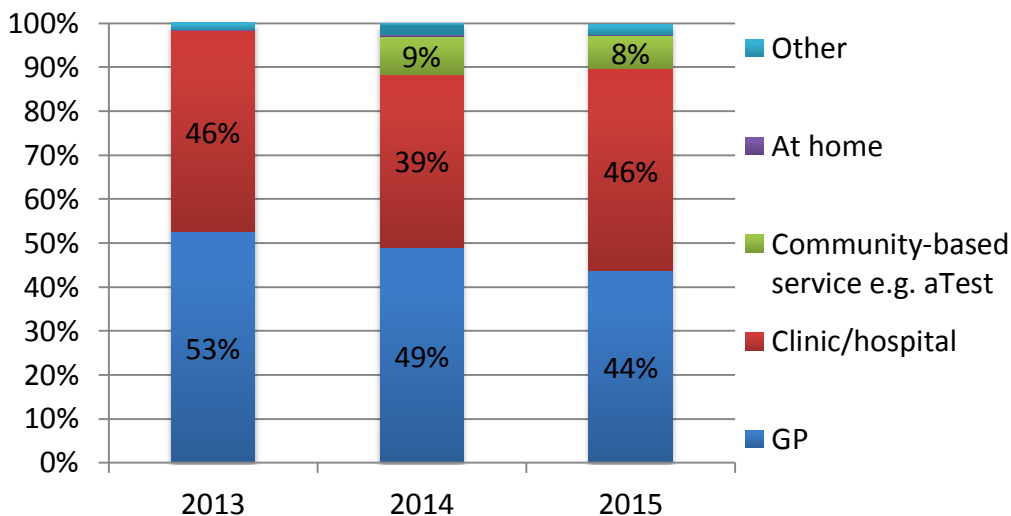
**3.2.1 General practice**

Number of HIV tests done and positivity for 3 General Practice clinics with high caseloads of MSM clients located in South Eastern Sydney LHD was presented in the Quarter 2 2014 report and are included here in Appendix C. Obtaining a further understand of HIV testing practices in General Practice is a high priority for NSW.

**3.2.2 Survey data**

HIV testing practices among MSM including location (Figure 20) and testing history (Figures 21 and 22) is measured annually through the SGCPs.

**Figure 20: Location of last HIV test reported by non-HIV-positive men.**



Data source: Sydney Gay Community Periodic Survey (February 2015)

### Comment

The majority of gay men reported that their last HIV test took place in general practice or a public hospital service, 44% and 46% respectively.<sup>5</sup>

## 3.3 Who is being tested for HIV?

### 3.3.1 LHD data

To reduce the pool of undiagnosed HIV infection, testing should be targeted to high risk populations. Table 2 summarises the available data from PFSHCs on HIV testing in priority population groups. The number of HIV tests among priority populations in quarter 1, 2015 was higher compared to the same period in 2014.

**Table 2: HIV testing in priority populations, Publicly Funded Sexual Health Clinics, NSW**

Priority Population	% of HIV tests in all PFSHCs, Quarter 1 2015*	Number of tests in Q 1 2015 in PFSHCs in all LHDs*	% increase from Q 1 2014 in PFSHCs in all LHDs <sup>#</sup>
Men who have sex with men (MSM)	51%	5,556	20%
Sex workers <sup>^</sup>	12%	1,314	4%
People who inject drugs (PWID) <sup>^</sup>	6%	649	5%
Aboriginal people	3%	317	3%

\*Excludes Central Coast LHD who was unable to provide testing data by priority population. Also excludes Sydney Children's Hospital Network.

<sup>#</sup>Excludes LHDs without testing data by priority population in Q1 2014 (St Vincent's Hospital Network, select Southern Eastern Sydney LHD services and Central Coast LHD).

<sup>^</sup>Includes people who *ever* were sex workers or who *ever* injected drugs.

Data source: NSW Health HIV Strategy Monitoring Database<sup>6</sup>

Sydney Sexual Health Centre in South Eastern Sydney LHD performed the highest number of serology HIV tests in MSM amongst PFSHCs in NSW. Of the 3,756 serology tests done by this clinic in quarter 1 2015, 1,940 (52%) were for MSM. Seven were positive yielding a 0.4% positivity rate among MSM clients.

In summary, data from PFSHCs indicates that priority populations are being reached by public services. Achieving further increases in testing and retesting, particularly in high risk MSM, are important to identify and link HIV infected individuals to care; and to reduce the number of people living with HIV in NSW who are undiagnosed.

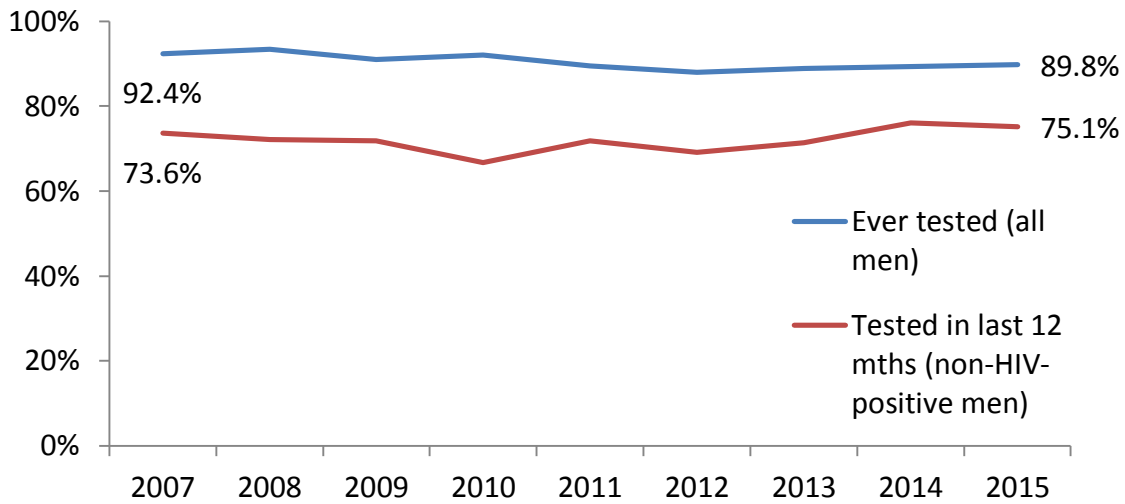
<sup>5</sup> excludes HIV-positive men and men who said they hadn't been tested for HIV

<sup>6</sup> Public sexual health and HIV services data provided by Local Health Districts for the purpose of monitoring the implementation of the NSW HIV Strategy.



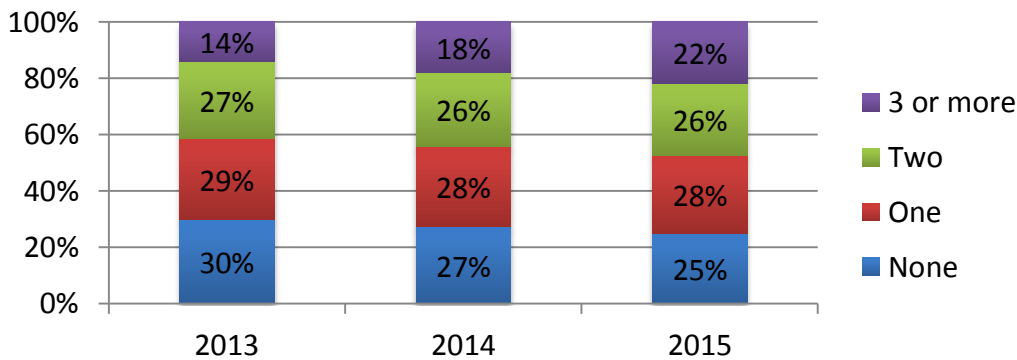
4.3.2 Survey data

Figure 21: HIV test in the previous 12 months reported by non-HIV-positive men



Data source: Sydney Gay Community Periodic Survey (February 2015)

Figure 22: Number of HIV tests in the previous 12 months reported by non-HIV-positive men



Data source: Sydney Gay Community Periodic Survey (February 2015)

Comment

The high proportion of gay men reporting to have had an HIV test in the last 12 months recorded in 2014 (76%) has been sustained in 2015 (75%); these figures are the highest since the survey began in 1996 and represent a modest but statistically significant increase compared with 2013 (71%).

Among non-HIV-positive men, there has been a gradual decline in the proportion reporting no HIV tests in the previous year and an increase in the proportion who had “three or more” HIV tests in the previous 12 months (Figure 22). This suggests that while annual HIV testing appears stable overall, the proportion of men having multiple HIV tests within a year is gradually increasing.

In the context of increased testing and retesting among high risk groups, declines in positive rates are to be expected. Saturation of testing is likely to have occurred when testing numbers are high, high risk populations are well targeted and positivity is low. Aiming for and maintaining this triad is important for ensuring a negligible pool of undiagnosed HIV infection.

### 3.4 How is testing being made more accessible?

#### 3.4.1 Rapid testing

Rapid HIV testing is part of a mix of high quality, safe and innovative HIV testing services being offered across NSW, to encourage gay men and other men who have sex with men to have a test annually, with more frequent testing up to 4 times a year for men who report higher risk behaviours including sex without a condom and multiple sexual partners. Rapid testing offers choice and convenience to people who do not routinely access conventional testing.

Rapid HIV testing has been made available to high risk groups in a range of settings across NSW, with a focus on community based testing services. Since June 2013, five 'fixed' community sites and five 'pop up' sites have been operational.

Table 3 displays the number of Rapid HIV tests done in Community-based and other testing sites in NSW and the percentage of clients with high risk behaviours and infrequent testing history.

**Table 3: Number of rapid HIV tests in non-traditional testing sites and percentage of clients with high risk behaviour and infrequent testing history, 1 January to 31 March 2015**

Non-traditional Settings	Number of RHT, Quarter 1 2015	% Positive	% never previously tested	% tested more than 12 months ago	% with > 5 sexual partners in last 3 months
<b>Community-based</b>					
<i>aTEST Surry Hills (7 hours/week)</i>	337	0.0%	12.2%	16%	31%
<i>aTEST Oxford St<sup>#</sup> (40 hours/week)</i>	642	0.9%	12.5%	20%	35%
<i>aTEST Kings Cross (3 hours/week)</i>	74	0.0%	13.5%	34%	16%
<i>aTEST Newtown (6 hours/week)</i>	179	0.6%	10.6%	-	19%
<b>Other</b>					
<i>Ankali House (14 hours/week)</i>	61	0.0%	-	54	16%

<sup>†</sup>data is unavailable

<sup>#</sup> Service commenced operation 23/2/2015

Data sources: NSW Health HIV Strategy Monitoring Database<sup>7</sup>

#### Comment

In quarter 1 2015, 1,422 HIV rapid tests were performed in NSW, approximately 1,293 of which were at community sites. 8 of the total 1,422 rapid tests were confirmed as positive (0.6%).

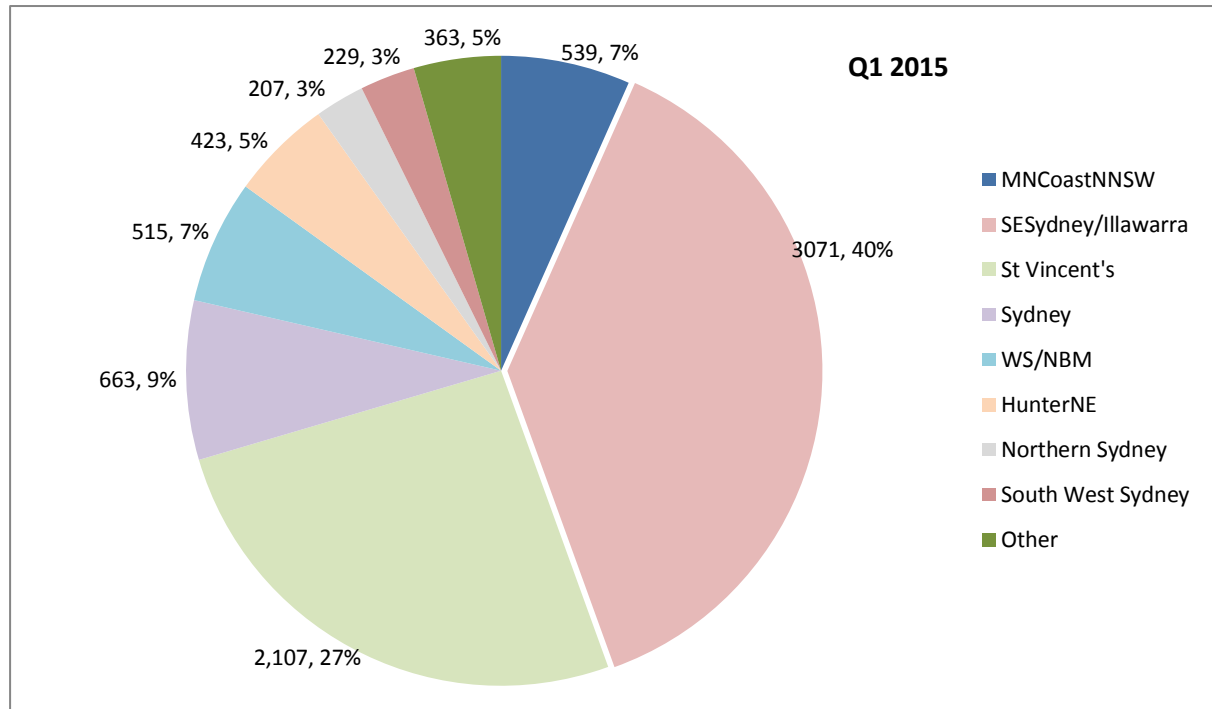
<sup>7</sup> Public sexual health and HIV services data provided by Local Health Districts for the purpose of monitoring the implementation of the NSW HIV Strategy.

Though the number of clients tested in community sites is relatively small, NSW data suggests it is an effective testing model for engaging MSM, a high proportion of whom reported high risk behaviours, or infrequent testing for HIV.

## 4 Increase HIV treatment

### 4.1 How many people in NSW are on antiretroviral treatment?

**Figure 23: Number of patients dispensed ART in NSW by LHD of dispensing pharmacy, 1 April 2014 to 31 March 2015<sup>89101112</sup>**



Data source: Health Share NSW ipharmacy data and data submitted by Western Sydney, Nepean Blue Mountains and Hunter New England LHDs

#### Comment

NSW public hospital pharmacy dispensing data indicates that in the 12 months between 1 April 2014 to 31 March 2015, 7,728 people diagnosed with HIV in NSW and in care were dispensed antiretroviral therapy (ART) at least once. This includes all people accessing subsidised HIV treatment from public hospital pharmacies through the Pharmaceutical Benefits Scheme. It does not include people who may be accessing treatment through other sources, including those who purchase HIV treatment from overseas, receive ART through clinical trials or are dispensed ART for post-exposure prophylaxis.

<sup>8</sup> HIV treatment data was updated on 17/5/16 to correct for a duplication error identified in the iPharmacy data.

<sup>9</sup> In December 2013, Health Share NSW completed the NSW rollout of a standardised ipharmacy system, which enables the collection of data from LHDs about pharmacy dispensing activities including dispensing of ART for HIV. 2013 was the first year for which actual treatment numbers can be ascertained. Past estimates were based on modelled data and therefore comparisons should be made with caution.

<sup>10</sup> Northern NSW, Mid North Coast, South Western Sydney, Justice Health, Murrumbidgee and Southern NSW LHDs came online with the ipharmacy system late in 2013. The 2014 calendar year ART dispensing data was the first complete data available of the public pharmacies from which iPharmacy data is extracted.

<sup>11</sup> The numbers displayed in the graph add up to a figure greater than the overall total of 7,728 for 1/4/14 -31/3/15. This is because a small number of cross-LHD patient flows are not eliminated

<sup>12</sup> 'Other' includes Central Coast 143 (1.85%); Far West/Western NSW 76 (0.98%); Murrumbidgee/Southern NSW 82 (1.06%); Childrens Hospital Network 14 (0.18%); Justice Health 53 (0.69%).

Almost three-quarters (74.4%) of all ART dispensing by public hospitals in NSW in the year ending 31 March 2015 occurred through inner metropolitan pharmacies, with over half of all patients receiving ART from pharmacies at the Albion Centre (28.7%) or the St Vincent's Hospital (27.3%). A further 7.3% received ART from the Royal Prince Alfred Hospital and 7.1% from Sydney Hospital and Sydney Eye Hospital.

The NSW Ministry of Health is working with Health Share NSW towards making more comprehensive ART dispensing data available, including data on ART initiations, the LHD of patient's residence, prescriber location and drug combinations.

## 4.2 What are the current antiretroviral treatment prescribing patterns?

### 4.2.1 LHDs

Data on the treatment status of clients who received HIV care in NSW public sexual health and HIV services in the year ending 31 April 2015 is summarised at Table 6<sup>13</sup>.

**Table 4: Clients who received HIV care in NSW public sexual health and HIV services between 1 April 2014 and 31 March 2015**

<b>Total number of patients who received care between April 2014 and March 2015</b>	<b>5315</b>
<b>Number (%) of patients for whom treatment information was available</b>	4987 (94%)
<b>Number (%) on ART</b>	4469 (90%)
<b>Number not on ART<sup>^</sup></b>	518
<i>Number (%) not on ART with CD4 count &lt; 350</i>	121 (23%)
<i>Number (%) not on ART with CD4 count between 350 - 499</i>	99 (19%)
<i>Number (%) not on ART with CD4 count &gt; 500</i>	297 (57%)
<b>Number who initiated ART</b>	384
<i>Number (%) initiated at a CD4 count &lt;350</i>	125 (33%)
<i>Number (%) initiated at a CD4 count between 350 - 500</i>	77 (20%)
<i>Number (%) initiated at a CD4 count &gt;500</i>	182 (47%)

<sup>^</sup> Includes ART naïve clients and clients who have stopped ART  
Data source: NSW Health HIV Strategy Monitoring Database<sup>14</sup>

In the year ending 31 March 2015, at least 5,315 clients with HIV received care in public HIV and sexual health clinics in NSW. The available data indicates that treatment coverage in public clinics is high at 90%.

In the year ending 31 March 2015, 384 people living with HIV initiated ART at public HIV and sexual health clinics in NSW; this number is greater than the total number of new diagnoses in NSW (338) and does not include any persons initiating ART in the private sector.

<sup>13</sup> Data is representative of all clients who has received HIV care in NSW public HIV and sexual health services in the last 12 months where treatment information is available.

<sup>14</sup> Public sexual health and HIV services data provided by Local Health Districts for the purpose of monitoring the implementation of the NSW HIV Strategy.

**4.2.2 Care outcome, ART initiation and post ART HIV viral load among those newly diagnosed 1 January 2013 to 30 September 2014 with at least six months passed since the time of diagnosis**

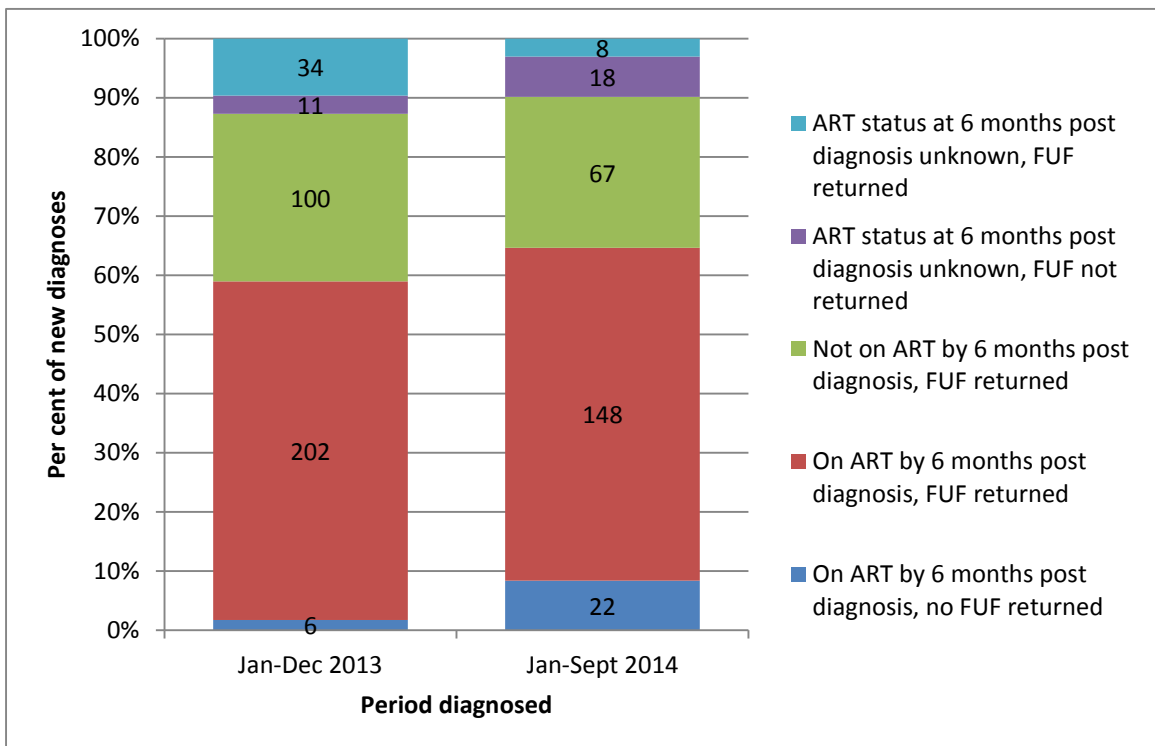
Since 2013, HIV surveillance in NSW was enhanced to:

- a) at the time of diagnosis, collect from doctors additional information on the patient’s HIV viral load, antiretroviral therapy (ART) commencement or deferral, and;
- b) at six months post diagnosis, follow up on the patient via their doctor to collect information on retention in care, ART commencement, pre-ART and latest HIV viral load and CD4 count.

At least six months must have passed between the time of diagnosis and follow up, meaning that in each quarterly report, the cohort of new diagnoses reported on with respect to follow up indicators, will have closed at least six months prior. This section of the performance report summarises the some key indicators reported by doctors on NSW residents newly diagnosed with HIV infection 1 January 2013 to 30 September 2014 based on six month post diagnosis follow up data and where this was not yet available, notification data.

**Return of follow up forms (FUF) at least six months post diagnosis**

**Figure 24: Per cent of NSW residents newly diagnosed with HIV infection in 2013 (n=353) and the first three-quarters of 2014 (n=263) by FUF return and ART status six months post diagnosis**



Data source: NSW HIV notification and follow up data, Health Protection NSW, extracted 8 May 2015.

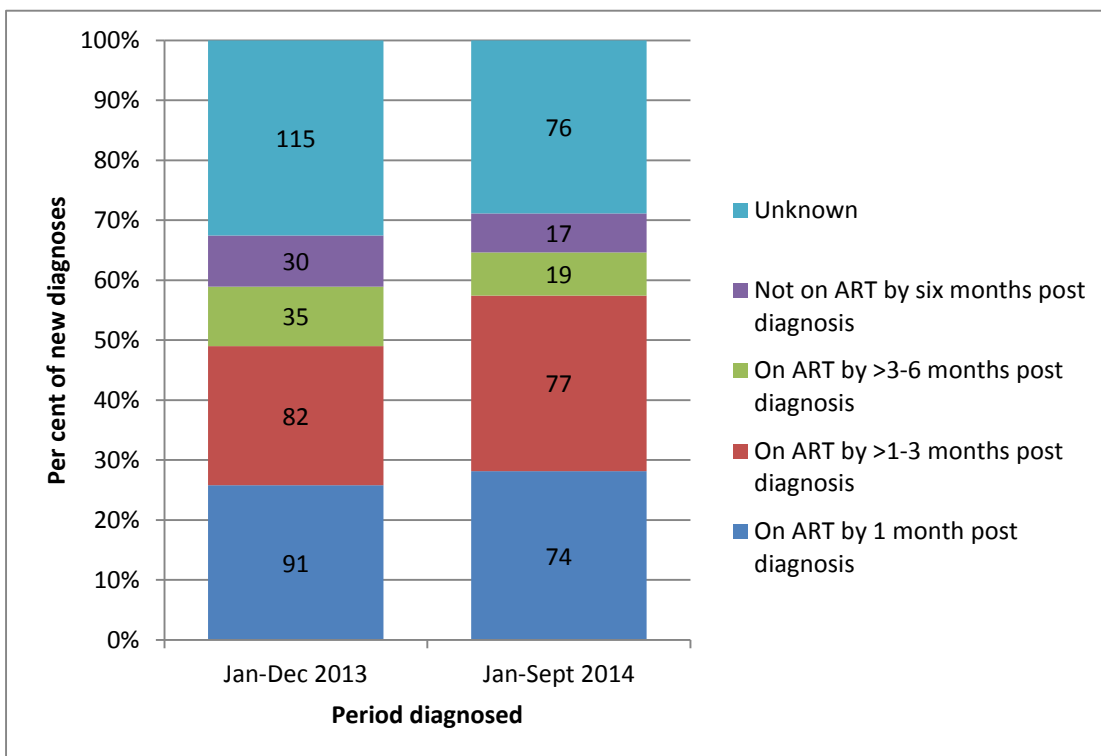
Comment

Return rate of six month post diagnosis follow up forms by treating clinicians was high with 336 of 353 (95%) returned for the 2013 new diagnoses cohort and 223 of 263 (85%) being returned so far for new diagnoses January to September 2014 (Figure 20).

**Commencement of ART by six months post diagnosis**

Data on commencement of ART by six months post diagnosis was drawn from follow up forms (FUF) and notifications forms and combined for analysis. All new diagnoses were included independent of care outcome by six months post diagnosis.

**Figure 25: Per cent of NSW residents newly diagnosed with HIV infection in 2013 (n=353) and the first three-quarters of 2014 (n=263) who were on ART by six months post diagnosis, based on notification form and six month post diagnosis data.**



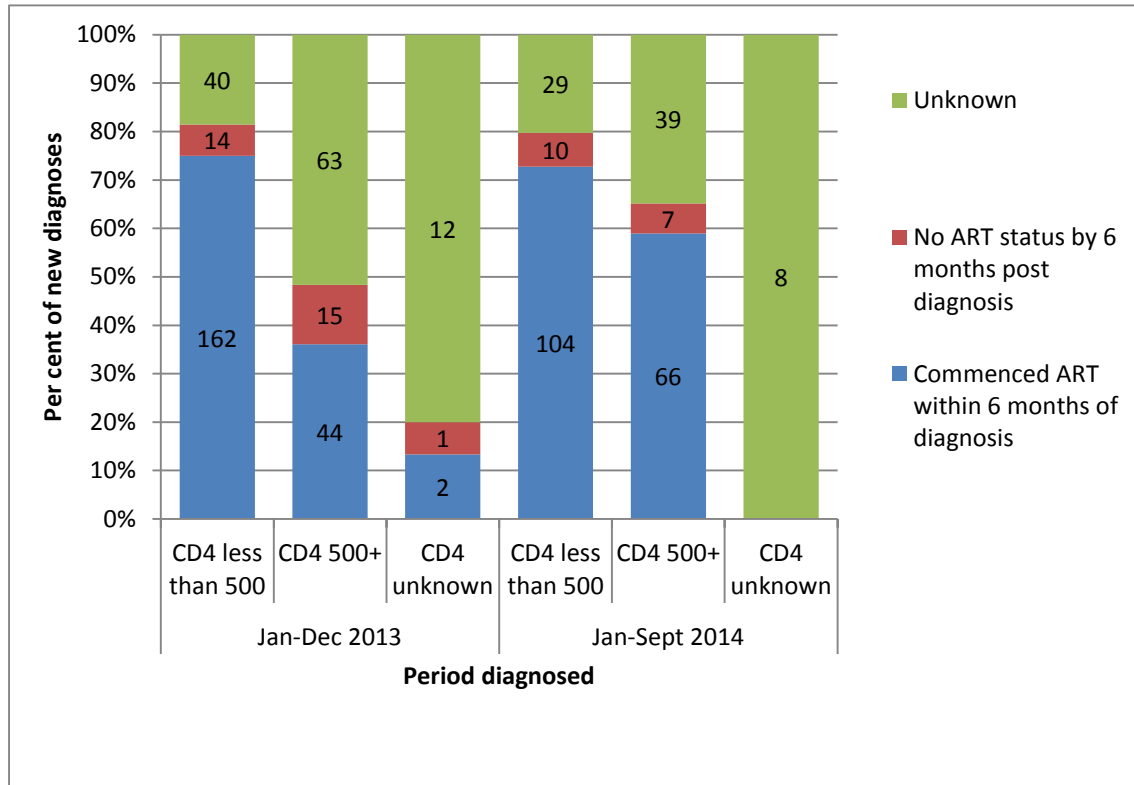
Data source: NSW HIV notification and follow up data, Health Protection NSW, extracted 8 May 2015.

Comment

Among the cohort of 616 NSW residents newly diagnosed with HIV infection from 1 January 2013 to 30 September 2014, to date 378 (61%) were reported to have commenced ART within six months of diagnosis. Of 353 NSW residents newly diagnosed with HIV infection in the year 2013, 208 (59%) were reported to have commenced ART within six months of diagnosis (Figure 21). Of the 263 NSW residents newly diagnosed with HIV infection in the first three quarters of 2014, to date 170 (65%) were reported to have commenced ART within six months of diagnosis (Figure 21). This increase in early ART commencement may reflect potential impacts of a) lifting of the CD4 count restriction to access subsidised ART, b) the reported changing attitudes and practices among treating clinicians towards earlier ART initiation and c) targeted campaigns to promote early treatment uptake. For approximately one third of new diagnoses the ART status is unknown due to a) on returned follow up forms it was reported the patient was no longer in the care of the doctor for a range of reasons

(including lost to follow up, died and exited NSW), b) non-return of follow up forms and c) missing data on follow up forms.

**Figure 26: Per cent of NSW residents newly diagnosed with HIV infection in 2013 (n=353) and the first three-quarters of 2014 (n=263) by CD4 count at diagnosis and ART status six months post diagnosis.**



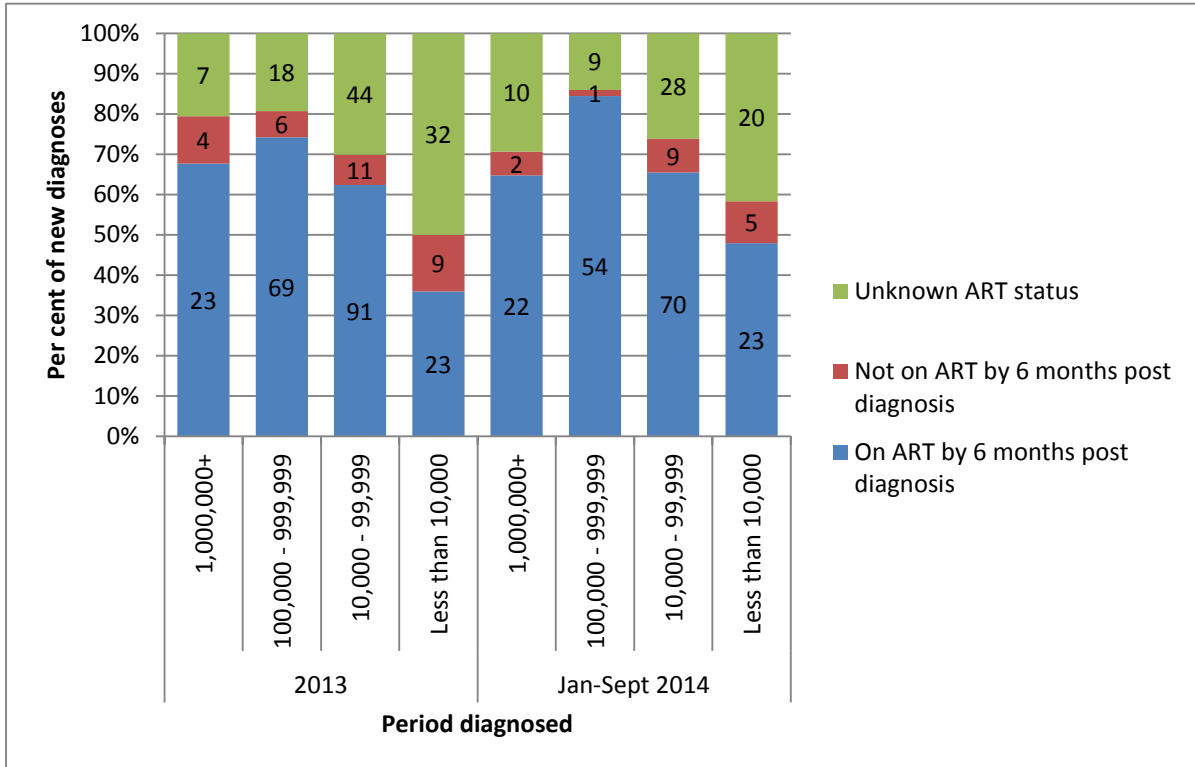
Date source: NSW HIV notification and follow up data, Health Protection NSW, extracted 8 May 2015.

**Comment**

When comparing the new diagnoses of 2013 and the first three quarters of 2014, there is an increase in the proportion commencing ART by six months post diagnosis among those with a CD4 count 500 or over (cells/ $\mu$ L) at diagnosis (Figure 22). Of the 122 new diagnoses in 2013 with a CD4 count 500 or over at diagnosis, 44 (36%) had commenced ART by six months post diagnosis. Of the 112 new diagnoses in the first three quarters of 2014 with a CD4 count 500 or over at diagnosis, 66 (59%) had commenced ART by six months post diagnosis. As mentioned before this temporal change may reflect potential impacts of a) lifting of the CD4 count restriction to access subsidised ART, b) the reported changing attitudes and practices among treating clinicians towards earlier ART initiation and c) targeted campaigns to promote early treatment uptake.



**Figure 27: Per cent of all NSW residents newly diagnosed with HIV infection in 2013 (n=353) and the first three-quarters of 2014 (n=263) by HIV viral load in copies/mL at diagnosis<sup>1</sup> and ART status at six months post diagnosis.**



Data source: NSW HIV notification and follow up data, Health Protection NSW, extracted 8 May 2015.

<sup>1</sup>26 excluded from figure with no HIV VL reported

Comment

Among new diagnoses 1 January to 30 September 2014, there was a modest increase in the proportion of new diagnoses with a HIV viral load in copies/mL less than 10,000 (48%), 10,000 to 99,999 (65%), 100,000 to 999,999 (84%) starting ART within six months of diagnosis, compared with the 2013 new diagnoses cohort (36%, 62% and 74% respectively) (Figure 23).

**HIV viral load after ART initiation within six months of diagnosis**

The goal of ART is to reduce the HIV viral load to both minimise the effects of the virus and reduce the risk of HIV transmission. Of the 378 of 616 NSW residents newly diagnosed with HIV infection from 1 January 2013 to 30 September 2014 who were reported to have commenced ART within six months of diagnosis, 335 (89%) had a post ART HIV viral load reported. Of these 335 persons, 281 (84%) had an undetectable viral load at six months follow up on ART and 98% had a viral load below 1000 copies/mL.

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## 5. Sustain the virtual elimination of HIV related deaths

### 5.1 What is the number of deaths for which HIV/AIDS was reported as underlying cause?

Ascertaining the number of deaths due to HIV is complex in an era when people with HIV have access to effective treatment giving them a long life expectancy. People with HIV are subject to the same causes of morbidity and mortality as are people without HIV. Methods to better estimate deaths attributable to HIV are being investigated.

## Appendix A: Case characteristics of NSW residents newly diagnosed with HIV infection 1981 to 31/3/2015

Case characteristics	2008		2009		2010		2011		2012		2013		2014		Jan-Mar 2015		1981-31/3/15	
	325	%	335	%	306	%	330	%	408	%	353	%	347	%	93	%	17360	%
Male	293	90.2%	294	87.8%	281	91.8%	309	93.6%	371	90.9%	323	91.5%	321	92.5%	82	88.2%	15960	91.9%
Female	32	9.8%	39	11.6%	23	7.5%	21	6.4%	36	8.8%	27	7.6%	25	7.2%	10	10.8%	1113	6.4%
Transgender	0	0.0%	2	0.6%	2	0.7%	0	0.0%	1	0.2%	3	0.8%	1	0.3%	1	1.1%	40	0.2%
Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	247	1.4%
<b>Aboriginal person status</b>																		
Aboriginal person	8	2.5%	9	2.7%	7	2.3%	5	1.5%	11	2.7%	8	2.3%	7	2.0%	1	1.1%	163	0.9%
Non-Aboriginal person	301	92.6%	315	94.0%	294	96.1%	323	97.9%	391	95.8%	343	97.2%	332	95.7%	81	87.1%	10252	59.1%
Not stated	16	4.9%	11	3.3%	5	1.6%	2	0.6%	6	1.5%	2	0.6%	8	2.3%	11	11.8%	6945	40.0%
<b>Age in years at diagnosis</b>																		
0 to 4	0	0.0%	1	0.3%	1	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	39	0.2%
5 to 9	0	0.0%	1	0.3%	0	0.0%	0	0.0%	0	0.0%	1	0.3%	0	0.0%	0	0.0%	23	0.1%
10 to 14	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.3%	0	0.0%	36	0.2%
15 to 19	3	0.9%	3	0.9%	5	1.6%	6	1.8%	9	2.2%	9	2.5%	2	0.6%	0	0.0%	304	1.8%
20 to 24	39	12.0%	34	10.1%	29	9.5%	34	10.3%	44	10.8%	37	10.5%	41	11.8%	8	8.6%	2103	12.1%
25 to 29	58	17.8%	58	17.3%	56	18.3%	55	16.7%	76	18.6%	64	18.1%	54	15.6%	19	20.4%	3430	19.8%
30 to 34	44	13.5%	43	12.8%	49	16.0%	65	19.7%	69	16.9%	48	13.6%	64	18.4%	16	17.2%	3464	20.0%
35 to 39	63	19.4%	58	17.3%	43	14.1%	59	17.9%	63	15.4%	42	11.9%	45	13.0%	15	16.1%	2894	16.7%
40 to 44	52	16.0%	57	17.0%	52	17.0%	44	13.3%	47	11.5%	44	12.5%	45	13.0%	9	9.7%	2124	12.2%
45 to 49	32	9.8%	30	9.0%	30	9.8%	26	7.9%	38	9.3%	45	12.7%	30	8.6%	10	10.8%	1248	7.2%
50 to 54	14	4.3%	28	8.4%	7	2.3%	25	7.6%	28	6.9%	24	6.8%	26	7.5%	8	8.6%	756	4.4%
55 to 59	10	3.1%	12	3.6%	22	7.2%	10	3.0%	14	3.4%	22	6.2%	15	4.3%	2	2.2%	426	2.5%
60 to 64	6	1.8%	1	0.3%	5	1.6%	2	0.6%	13	3.2%	6	1.7%	14	4.0%	4	4.3%	227	1.3%
65 to 69	0	0.0%	4	1.2%	6	2.0%	2	0.6%	4	1.0%	9	2.5%	7	2.0%	0	0.0%	124	0.7%
70 or over	4	1.2%	5	1.5%	1	0.3%	2	0.6%	3	0.7%	2	0.6%	3	0.9%	2	2.2%	76	0.4%
Unknown age	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	86	0.5%

Stated HIV risk exposure	2008		2009		2010		2011		2012		2013		2014		Qtr 1 2015		1981-31/3/15	
Men who have sex with men	236	72.6%	221	66.0%	227	74.2%	267	80.9%	318	77.9%	265	75.1%	260	74.9%	55	59.1%	10882	62.7%
MSM who inject drugs	11	3.4%	17	5.1%	8	2.6%	11	3.3%	13	3.2%	15	4.2%	17	4.9%	7	7.5%	500	2.9%
Hetero-sex only	64	19.7%	75	22.4%	51	16.7%	41	12.4%	57	14.0%	61	17.3%	50	14.4%	18	19.4%	1598	9.2%
Blood disorder, tissue recipient	0	0.0%	1	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.3%	0	0.0%	277	1.6%
Person who injects drugs	12	3.7%	11	3.3%	9	2.9%	8	2.4%	10	2.5%	7	2.0%	8	2.3%	2	2.2%	558	3.2%
Vertical transmission	0	0.0%	2	0.6%	1	0.3%	0	0.0%	0	0.0%	1	0.3%	1	0.3%	0	0.0%	46	0.3%
Other	0	0.0%	2	0.6%	1	0.3%	1	0.3%	2	0.5%	1	0.3%	3	0.9%	0	0.0%	44	0.3%
Unknown	2	0.6%	6	1.8%	9	2.9%	2	0.6%	8	2.0%	3	0.8%	7	2.0%	11	11.8%	3455	19.9%
<b>LHD of residence</b>																		
South Eastern Sydney	117	36.0%	108	32.2%	110	35.9%	128	38.8%	149	36.5%	124	35.1%	120	34.6%	33	35.5%	5432	31.3%
Sydney	78	24.0%	90	26.9%	77	25.2%	83	25.2%	111	27.2%	91	25.8%	78	22.5%	26	28.0%	2857	16.5%
Northern Sydney	25	7.7%	39	11.6%	19	6.2%	24	7.3%	23	5.6%	26	7.4%	19	5.5%	2	2.2%	957	5.5%
Western Sydney	26	8.0%	22	6.6%	20	6.5%	31	9.4%	25	6.1%	26	7.4%	26	7.5%	2	2.2%	696	4.0%
South Western Sydney	16	4.9%	21	6.3%	23	7.5%	18	5.5%	31	7.6%	29	8.2%	27	7.8%	8	8.6%	629	3.6%
Hunter New England	14	4.3%	16	4.8%	16	5.2%	10	3.0%	14	3.4%	17	4.8%	27	7.8%	1	1.1%	463	2.7%
Nepean Blue Mountains	7	2.2%	3	0.9%	3	1.0%	4	1.2%	5	1.2%	3	0.8%	6	1.7%	1	1.1%	254	1.5%
Illawarra-Shoalhaven	3	0.9%	5	1.5%	8	2.6%	5	1.5%	9	2.2%	7	2.0%	6	1.7%	3	3.2%	220	1.3%
Central Coast	6	1.8%	5	1.5%	5	1.6%	4	1.2%	10	2.5%	5	1.4%	8	2.3%	3	3.2%	194	1.1%
Northern NSW	4	1.2%	4	1.2%	9	2.9%	11	3.3%	5	1.2%	5	1.4%	7	2.0%	2	2.2%	189	1.1%
Mid North Coast	8	2.5%	6	1.8%	3	1.0%	4	1.2%	3	0.7%	6	1.7%	7	2.0%	2	2.2%	141	0.8%
Western NSW	3	0.9%	3	0.9%	4	1.3%	3	0.9%	7	1.7%	5	1.4%	3	0.9%	0	0.0%	119	0.7%
Murrumbidgee-Albury	3	0.9%	2	0.6%	7	2.3%	2	0.6%	5	1.2%	3	0.8%	3	0.9%	0	0.0%	85	0.5%
Southern NSW	3	0.9%	6	1.8%	1	0.3%	2	0.6%	7	1.7%	4	1.1%	4	1.2%	0	0.0%	54	0.3%
Far West	0	0.0%	2	0.6%	0	0.0%	0	0.0%	2	0.5%	0	0.0%	0	0.0%	0	0.0%	8	0.0%
Unknown or other	12	3.7%	3	0.9%	1	0.3%	1	0.3%	2	0.5%	2	0.6%	6	1.7%	10	10.8%	5062	29.2%
<b>Total</b>	<b>325</b>	<b>100%</b>	<b>335</b>	<b>100%</b>	<b>306</b>	<b>100%</b>	<b>330</b>	<b>100%</b>	<b>408</b>	<b>100%</b>	<b>353</b>	<b>100%</b>	<b>347</b>	<b>100%</b>	<b>93</b>	<b>100%</b>	<b>17360</b>	<b>100%</b>

## Appendix B: Ending HIV Seven Statements Evaluation, ACON 2015

The table below shows the figures over the five separate surveys.

Percentage of respondents who strongly agree or agree with the statements below.							
Answer Options	FEB 2013 (n=233)	MAY 2013 (n=517)	NOV 2013 (n=553)	APRIL 2014 (n=530)	DEC 2014 (n=549)	APR 2015 (n=602)	+/-
Everything has changed, we can now dramatically reduce HIV transmission	48%	59%	59%	67%	61%	71%	<b>+23</b>
Now more than ever, gay men need to know their HIV status	81%	85%	86%	90%	89%	91%	+10
Sexually active gay men should take an HIV test at least twice a year	88%	87%	92%	93%	89%	92%	+4
HIV treatments now offer increased health benefits and fewer side effects	65%	66%	67%	73%	69%	75%	+10
HIV treatments significantly reduce the risk of passing on HIV	33%	42%	50%	64%	59%	69%	<b>+36</b>
Early HIV treatment is better for your health and can help protect your sex partners	74%	80%	89%	91%	92%	93%	<b>+19</b>
Condoms continue to be the most effective way of preventing HIV transmission	95%	92%	92%	91%	91%	85%	-10

### Survey methodology:

Each of the five online evaluation surveys was developed and analysed by an independent consultant using the Survey Monkey online tool. Each survey was run over a one to three week period. In addition to 30 to 40 mainly multiple choice questions, with a few opportunities for respondents to provide comments, respondents were provided with a set of seven statements and asked to indicate whether they agree or disagree with the statements (using a five point scale)

### Recruitment methodology:

Respondents were mainly recruited through the placement of survey advertisements on Facebook undertaken by ACON.

### Survey objectives:

The online evaluation survey focussed on measuring a) advertisement awareness, b) engagement with campaign components, and c) self-reported impact and getting answers to seven statements.

## Appendix C: eTEST study, 2014

### 3.2.1 General practice

Table 2 displays the number of HIV tests done and positivity for 3 clinics with high caseloads of MSM clients located in South Eastern Sydney LHD between 1 January 2012 and 30 June 2014.

**Table 5: HIV testing and positivity among general practice clinics with high caseloads of MSM**

Year	Q	Total tests	Positives*	Positivity
<b>2012</b>	Total	6611	122	1.8%
<b>2013</b>	1	1732	32	1.8%
	2	1656	26	1.6%
	3	1847	26	1.4%
	4	1775	16	0.9%
	Total	7010 (+6%)	100 (-18%)	1.4% (-0.4%)
<b>2014</b>	1	1943	18	0.9%
	2	1798	17	1.2%

\*not all new diagnoses

Data source: eTEST study (2014)

#### Comment

In three general practice clinics with high caseloads of MSM located in South East Sydney LHD, HIV testing increased by 10% in the first half of 2014 compared with the first half of 2013.