

NSW HIV Strategy 2016 – 2020

Quarter 2 2018

Data Report



The NSW HIV Strategy 2016-2020

The *NSW HIV Strategy 2016-2020* continues the NSW Government's commitment to achieving the virtual elimination of HIV transmission in NSW by 2020, and sustaining the virtual elimination of HIV transmission in people who inject drugs, sex workers and from mother to child. The Strategy refines our efforts across prevention, testing and treatment, building on the actions that have proven successful in implementing the *NSW HIV Strategy 2012-2015* and prioritising the additional activities needed to end HIV transmission in NSW, including expanding access to PrEP for people at a high risk of HIV and the rapid initiation of HIV treatment.

To achieve this goal the Strategy focuses on:

- Sustaining the central role of condoms in preventing the transmission of HIV
- Reducing sharing of injecting equipment among people who inject drugs by 25%
- Assessing all people attending public sexual health services and high caseload general practices for PrEP eligibility
- Facilitating testing of all recent sexual and injecting partners of people newly diagnosed with HIV
- Increasing the frequency of HIV testing in priority populations in accordance with risk
- Strengthening service integration and models of care to deliver HIV testing in our priority settings
- Strengthening systems and service integration for HIV prevention, diagnosis and management for Aboriginal people at risk
- Increasing the proportion of people with diagnosed HIV on ART to 95%
- Ensuring 90% of people newly diagnosed with HIV are on ART within 6 weeks of diagnosis in 2016 and to further reduce this timeframe over the life of the Strategy
- Further strengthening systems for timely collection and reporting of data to monitor progress, report outcomes and determine additional focus

The Strategy identifies the range of key settings needed for action including publicly funded sexual health services, general practice and primary care, Aboriginal Community Controlled Health Services, NSW needles and syringe program outlets, antenatal care services, drug and alcohol services, mental health services and emergency departments.

The activities NSW Health is engaged in to meet the Strategy goals and targets is summarised in the [NSW HIV Snapshot](#). To monitor progress against the Strategy goals and targets, a range of data sources are monitored and reported against via this quarterly data report. Detailed information on NSW residents newly diagnosed with HIV up to 2013 is available in the [NSW HIV 2013 Epidemiological Report](#).

Key messages

NSW continues to make progress towards the virtual elimination of HIV

Between April and June 2018, 60 NSW residents were newly diagnosed with HIV infection. This number is 27% less than the average for the same period of the previous five years.

The number of early stage infections diagnosed in Australian-born men who have sex with men (MSM) in the first half of 2018 (n=18) was 49% less than the average for the same period of the previous five years (n=35.6).

The declining trend in HIV notifications, in the context of high testing and treatment among people living with HIV, suggests that HIV transmissions in NSW are decreasing.

New diagnoses in overseas-born MSM are yet to decline

Although the number of new diagnoses in overseas-born MSM in the second quarter of 2018 was lower than recent quarters, the number of new diagnoses in this group in the first six months of this year is 10% higher than the average of the same period of the previous five years.

Further information is being collected about all newly diagnosed people, to inform strategies to better prevent HIV infection and improve testing.

NSW will strengthen efforts to better target testing

The number of HIV tests provided in NSW continues to increase, but testing rates must improve in all groups at risk of HIV. In the first six-months of 2018, two-thirds of newly diagnosed MSM had not had a HIV test in the 12 months prior to being diagnosed, and 44% had evidence of late diagnosis.

Partnerships and innovative strategies remain the key to increasing access to HIV services

The continued fall in the number of new diagnoses in Australian-born MSM, particularly in diagnoses made in early infection, reflects the joint efforts of all NSW partners in the HIV response, and the diverse combination prevention strategies.

The NSW Ministry of Health and the NSW STI Programs Unit is working with key partners to conduct rigorous research and coordinate state-wide efforts to better engage overseas-born MSM in HIV prevention and testing services.

The NSW Dried Blood Spot (DBS) HIV test pilot continues to demonstrate that DBS testing is an appropriate, alternative option. Six hundred and seventy-two DBS tests were completed in NSW to 30 June 2018 since the pilot study was launched in November 2016. Over 40% of the people who registered for a DBS kit had never tested for HIV before or had their last test over 2 years ago.

Key data

HIV INFECTIONS	Target group	Apr-Jun 2018	Compared with Apr-Jun 2013-2017 average
Number of NSW residents newly diagnosed	All new diagnoses	60	27% less (av. n=82.4)
	MSM	50	24% less (av. n=65.8)
	Australian-born MSM	23	38% less (av. n=36.8)
	Overseas-born MSM	27	7% less (av. n=29.0)
	Heterosexuals	10	30% less (av. n=14.2)
Number of new diagnoses with evidence of early stage infection	All new diagnoses	23	29% less (av. n=32.4)
	MSM	22	27% less (av. n=30.2)
	Australian-born MSM	11	35% less (av. n=17.0)
	Overseas-born MSM	11	17% less (av. n=13.2)
Number all new diagnoses with evidence of late diagnosis	All new diagnoses	30	1% less (av. n=30.4)
PREVENT	Target group	Mar 2016 –Apr 2018	
Number of people receiving PrEP through EPIC-NSW	People in NSW at high risk of HIV infection	9,415	
TEST	Target group	Apr–Jun 2018	Compared with Apr–Jun 2017
Number of HIV serology tests performed in NSW	All	147,464	6% more (n=138,952)
Number of HIV tests performed in NSW public sexual health and HIV clinics, and priority LHD settings	All	16,665	16% more (n=14,358)
	Identifying as MSM	9,236	12% more (n=8,225)
Number of DBS tests* (*November 2016-June 2018)		672 (5 HIV positive)	
TREAT	Target group	Apr–Jun 2018	Target
Proportion of patients with diagnosed HIV infection in care, who were on treatment	Sexual Health and HIV Clinic attendees	97%	95%
	Select high and medium caseload general practices	94%	95%
Proportion of NSW residents newly diagnosed with HIV who initiated ART within four and six weeks of diagnosis	Newly diagnosed Jan-Dec 2017 (n=312)	56% < 4 weeks 73% < 6 weeks	>90%
Proportion of NSW residents newly diagnosed who were reported to be virally suppressed (VL < 200 copies/mL) at 6-month follow-up	NSW residents Jan-Dec 2017 (n=312)	88%	100%

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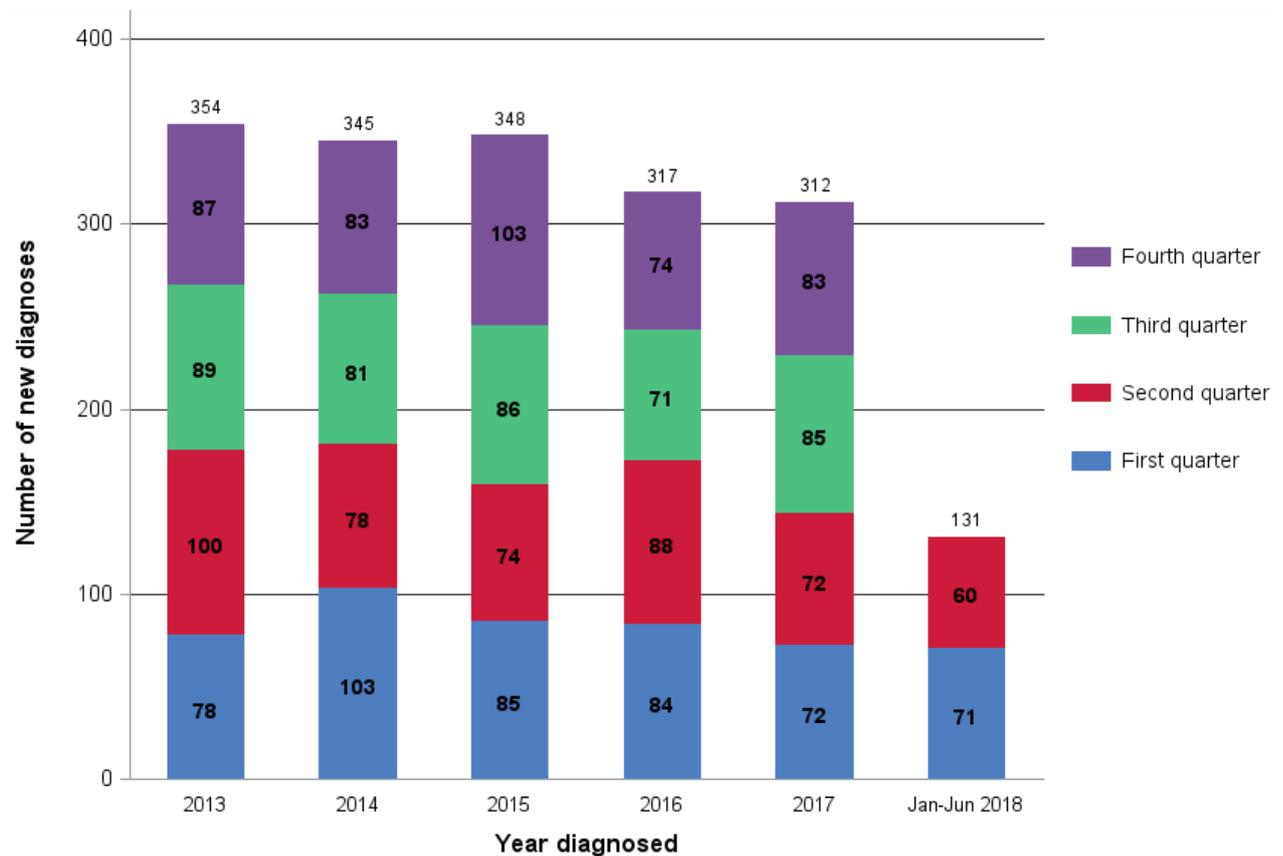
Glossary of Terms

ART	Antiretroviral therapy
CAIC	Condomless anal intercourse with casual partners
GBM	Gay and bisexual men
HIV	Human Immunodeficiency Virus
LHD	Local Health District
MSM	Men who have sex with men
NSP	Needle and syringe program
NSW	New South Wales
PBS	Pharmaceutical Benefits Scheme
PFSHC	Publicly Funded Sexual Health Clinic
PrEP	Pre-exposure prophylaxis
PWID	People who inject drugs
Quarter 1 / Q1	1 January – 30 March
Quarter 2 / Q2	1 April – 30 June
Quarter 3 / Q3	1 July – 30 September
Quarter 4 / Q4	1 October – 31 December
SGCPS	Sydney Gay Community Periodic Survey
SVHN	St Vincent's Health Network

1. Reduce HIV transmission

1.1 How many cases are notified?

Figure 1: Number of NSW residents newly diagnosed HIV infection in January 2013 to June 2018



Source: Notifiable Conditions Information Management System Health Protection NSW, out 6 August 2018

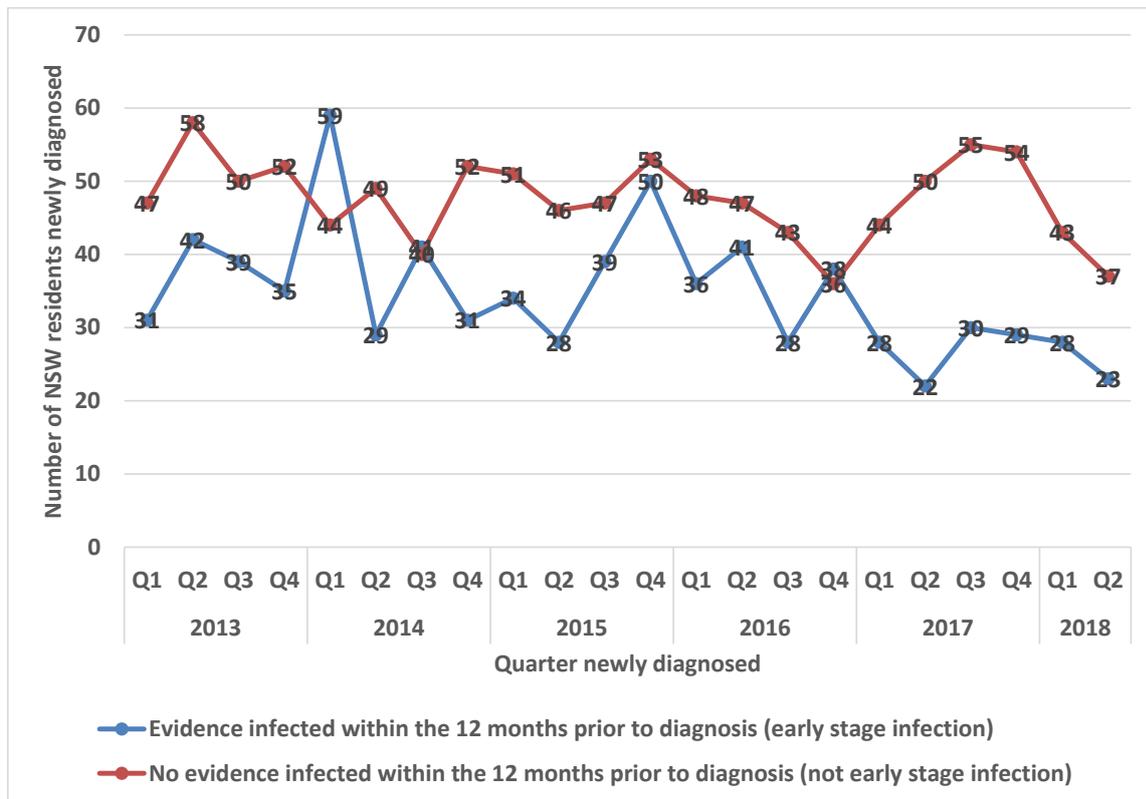
In April to June (Q2) 2018:

- Sixty NSW residents were notified to NSW Health with newly diagnosed HIV infection, 27 per cent (%) fewer than the Q2 2013-2017 average of 82.4 (Figure 1).
- Of 60, 23 (38%) had evidence their infection was acquired within one year of diagnosis (early stage infection), 29% less than the Q2 2013-2017 average of 32.4 (Figure 2).
- Fifty (83%) were men who have sex with men (MSM) and ten (17%) acquired HIV via hetero-sex (Figure 3). This is 24% fewer MSM and 30% fewer heterosexuals compared with the new diagnoses averages of Q2 2013-2017 (av. n MSM = 65.8; av. n heterosexuals = 14.2).

In January to June 2018:

- One hundred and thirty-one NSW residents were notified to NSW Health with newly diagnosed HIV infection, 21% fewer than the Jan to June 2013-2017 average of 166.8 (Figure 1).
- Of 131, 51 (39%) had evidence of early stage infection, 27% less than the Jan to June 2013-2017 average of 70.0 (Figure 2).
- Of 131, 107 (82%) were MSM, 22 (17%) acquired HIV via hetero-sex, one (<1%) via injecting drugs and one (<1%) via another exposure. This is 20% fewer MSM and 21% fewer heterosexuals compared with the new diagnoses averages of Jan-June 2013-2017 (av. n MSM = 133.2; av. n heterosexuals = 28.0) (Figure 3).

Figure 2: New diagnoses Jan 2013–June 2018 by evidence infected within 12 months of diagnosis



Early stage infection: 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

Figure 3: New diagnoses Jan 2013–June 2018 by reported HIV risk exposure

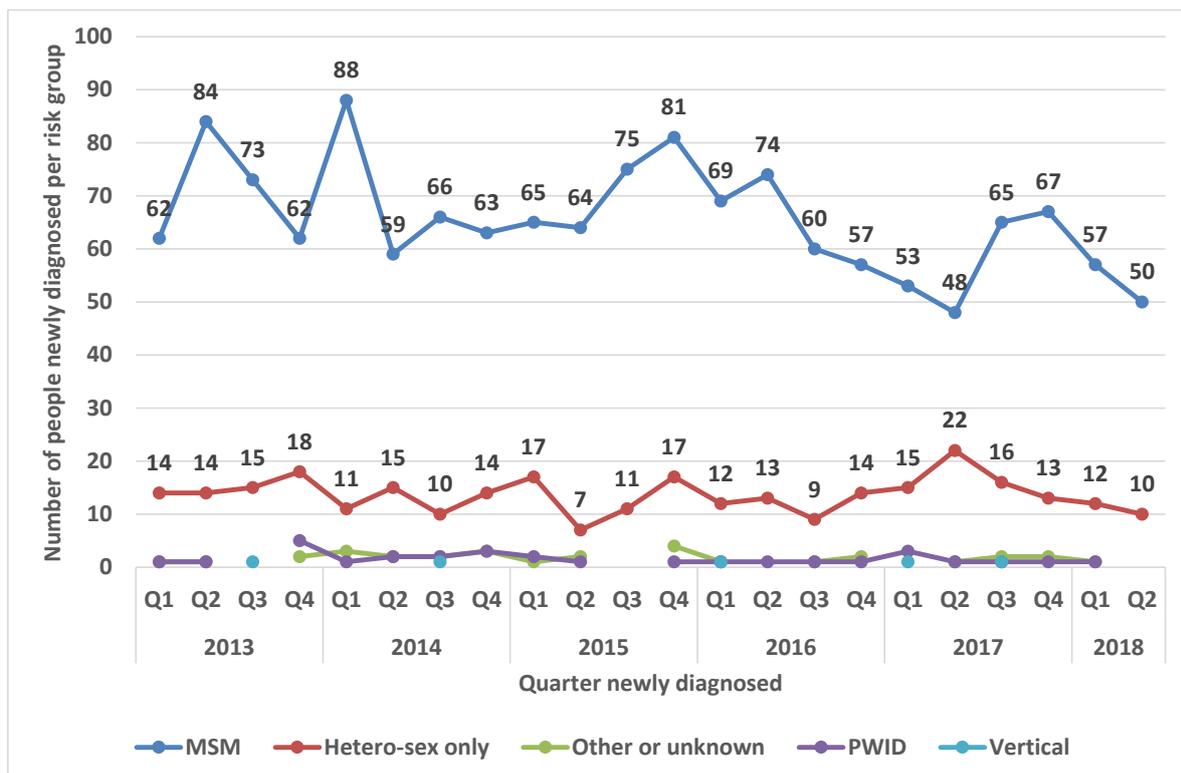
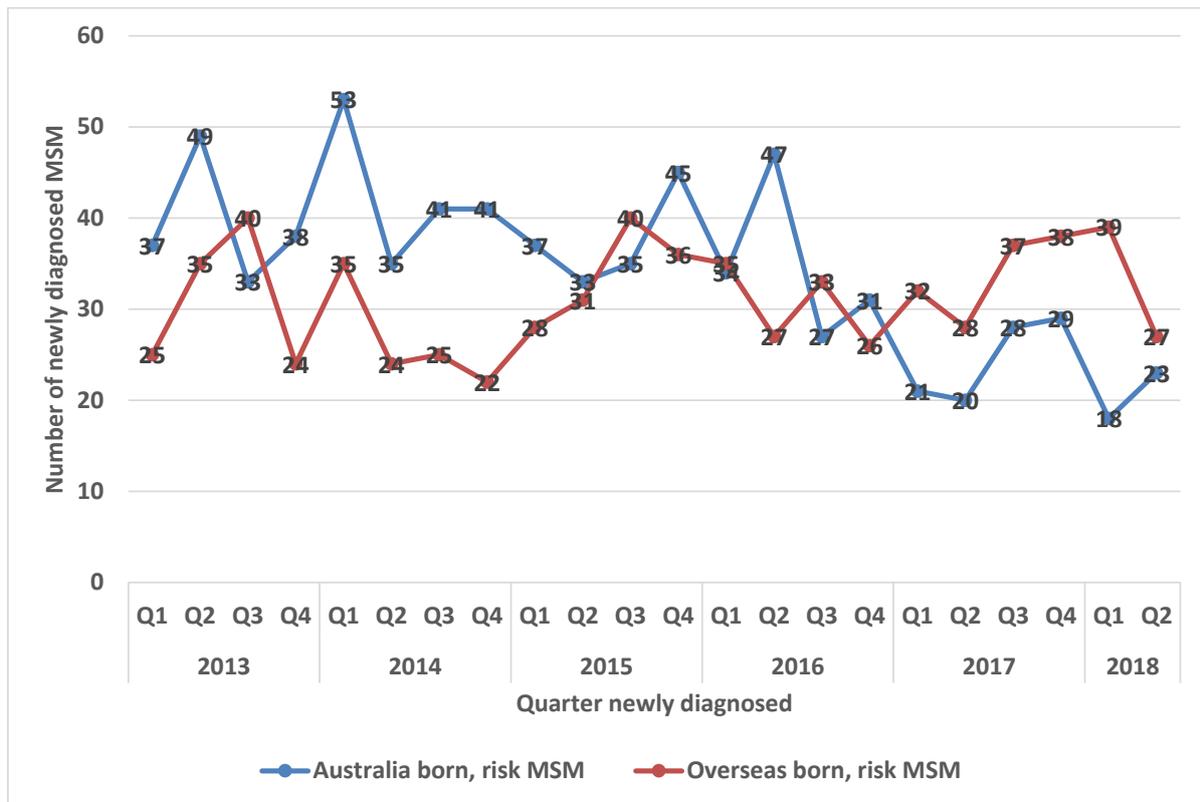


Figure 4: New diagnoses Jan 2013-June 2018 in Australia versus overseas-born MSM



In April to June (Q2) 2018:

- Twenty-three of the 50 (46%) MSM newly diagnosed were Australian-born, which was 38% fewer than the average for Q2 2013-2017 (av. n=36.8) (Figure 4). Eleven of 23 (48%) Australian-born newly diagnosed MSM had evidence their infection was acquired within one year of diagnosis (early stage infection), 35% fewer than the Q2 2018 average of 17.0 (Figure 5).
- Twenty-seven of the 50 (54%) MSM newly diagnosed were overseas-born, which was 7% fewer than the average for Q2 2013-2017 (av. n=29.0). Eleven of 27 (41%) overseas-born newly diagnosed MSM had evidence of early stage infection, 17% less than the Q2 2013-2017 average of 13.2 (Figures 6).

In January to June 2018:

- Forty-one of 107 (38%) MSM newly diagnosed were Australian-born, which was 44% fewer than the average for Jan-June 2013-2017 (av. n=73.2) (Figure 4). Eighteen of 41 (44%) of Australian-born newly diagnosed MSM had evidence of early stage infection, 49% fewer than the Jan to June 2013-2017 average (av. n=35.6) (Figure 5).
- Sixty-six of 107 (62%) MSM newly diagnosed were overseas-born, a 10% rise in this group (Jan to June 2013-2017 average = 60.0). Twenty-nine of 66 (44%) overseas-born newly diagnosed MSM had evidence of early stage infection, similar to the comparison period (Jan to June 2013-2017 average =28.4) (Figure 6). Of 29 overseas-born MSM newly diagnosed in early stage infection, 22 (76%) most likely acquired their infection in Australia.

Figure 5: New diagnoses Jan 2013-June 2018 in Australian-born MSM by evidence infected within 12 months of diagnosis

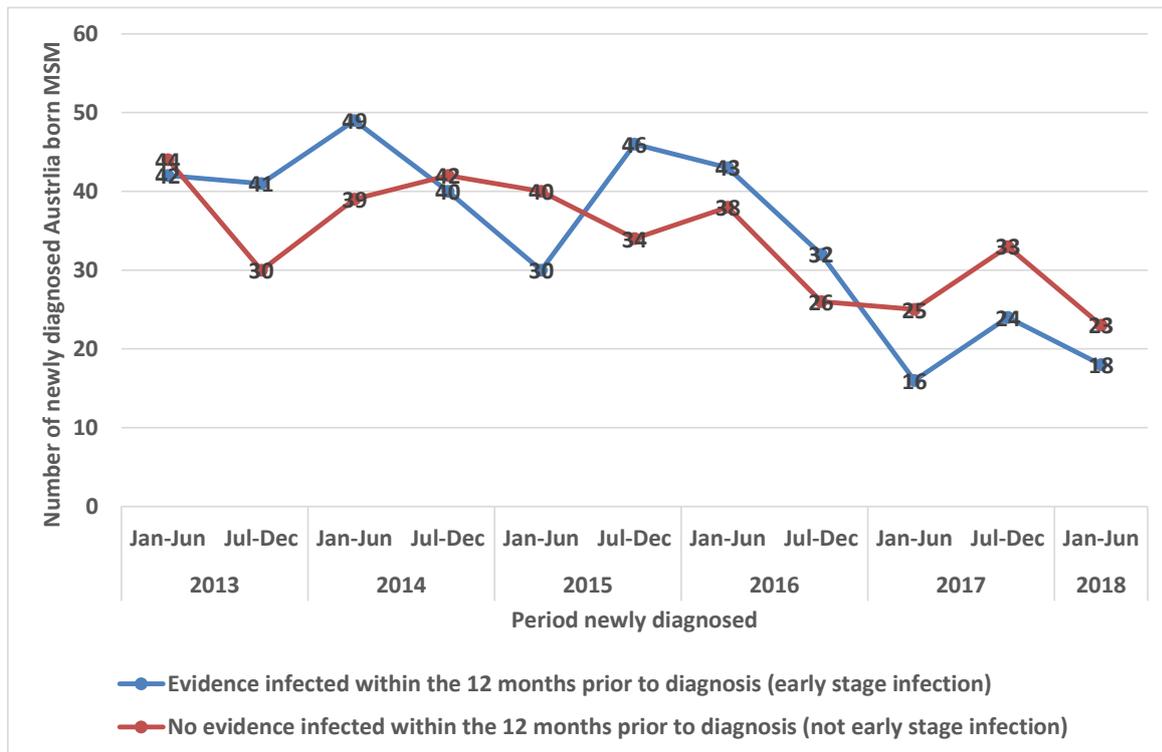


Figure 6: New diagnoses Jan 2013-June 2018 in overseas-born MSM by evidence infected within 12 months of diagnosis

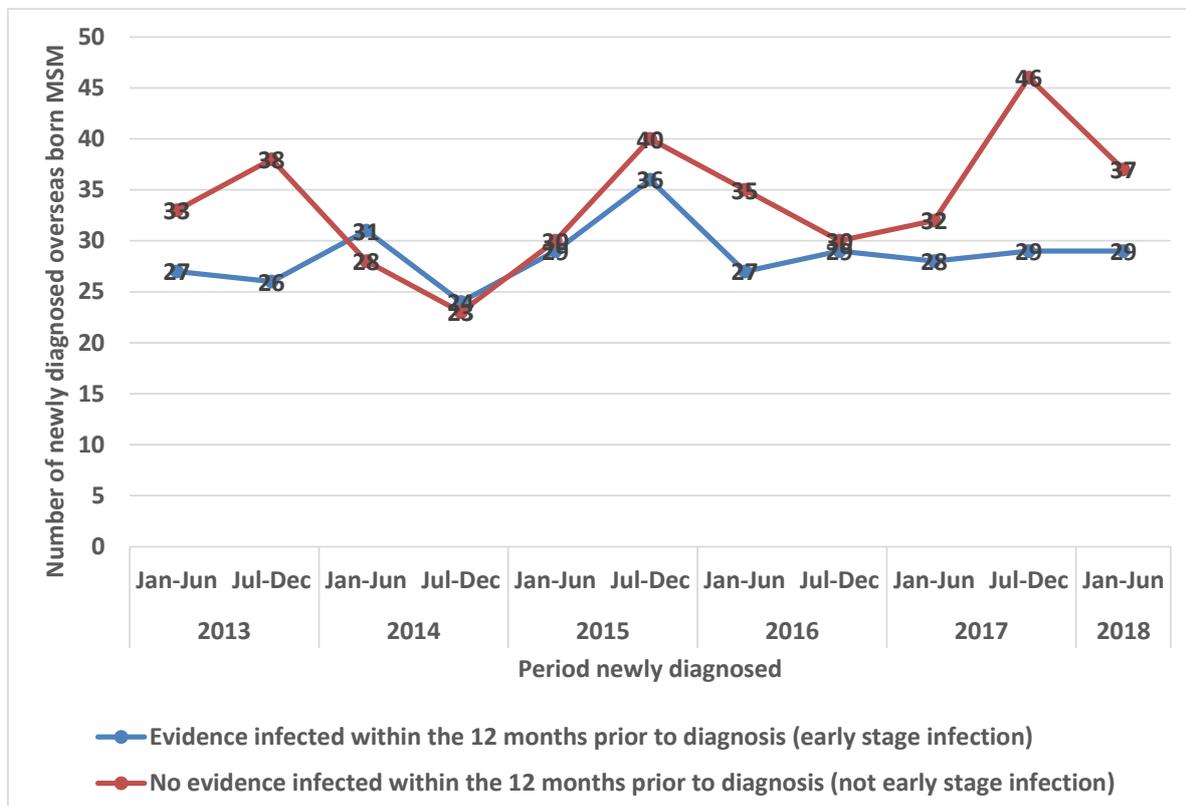
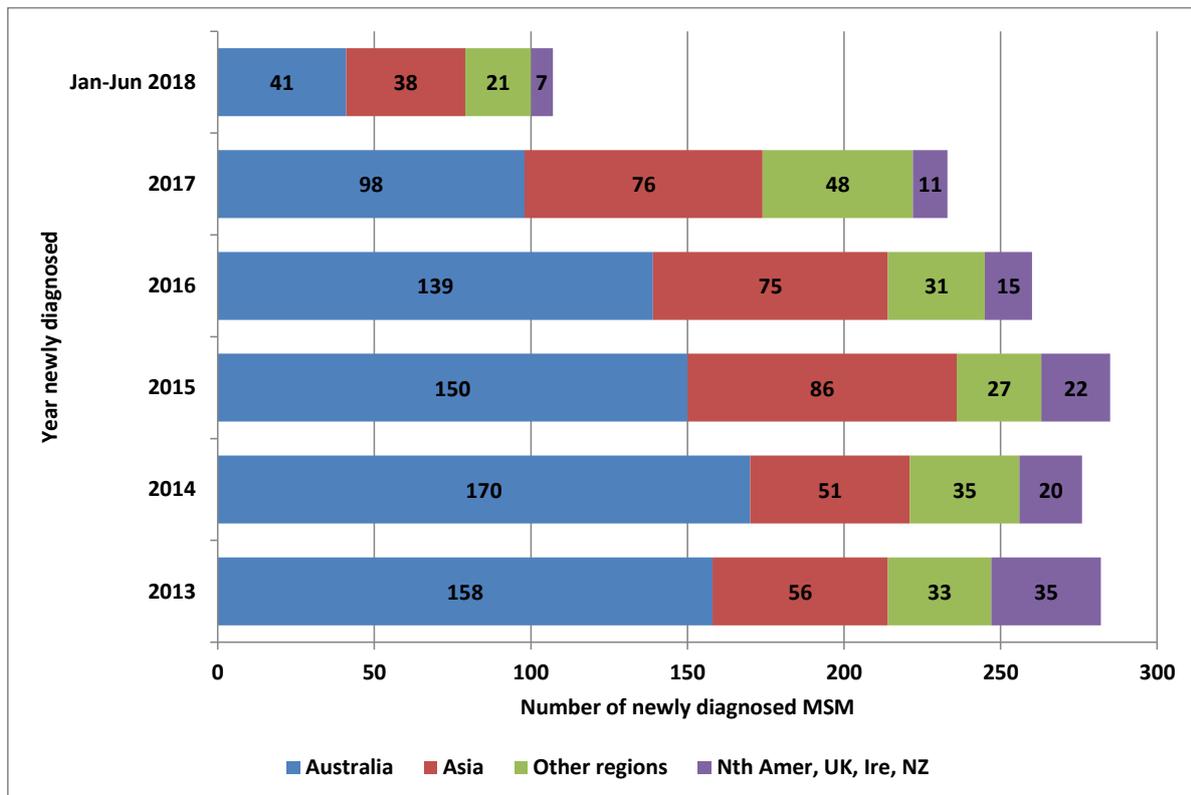


Figure 7: New diagnoses Jan 2013-June 2018 who were MSM by world area of birth



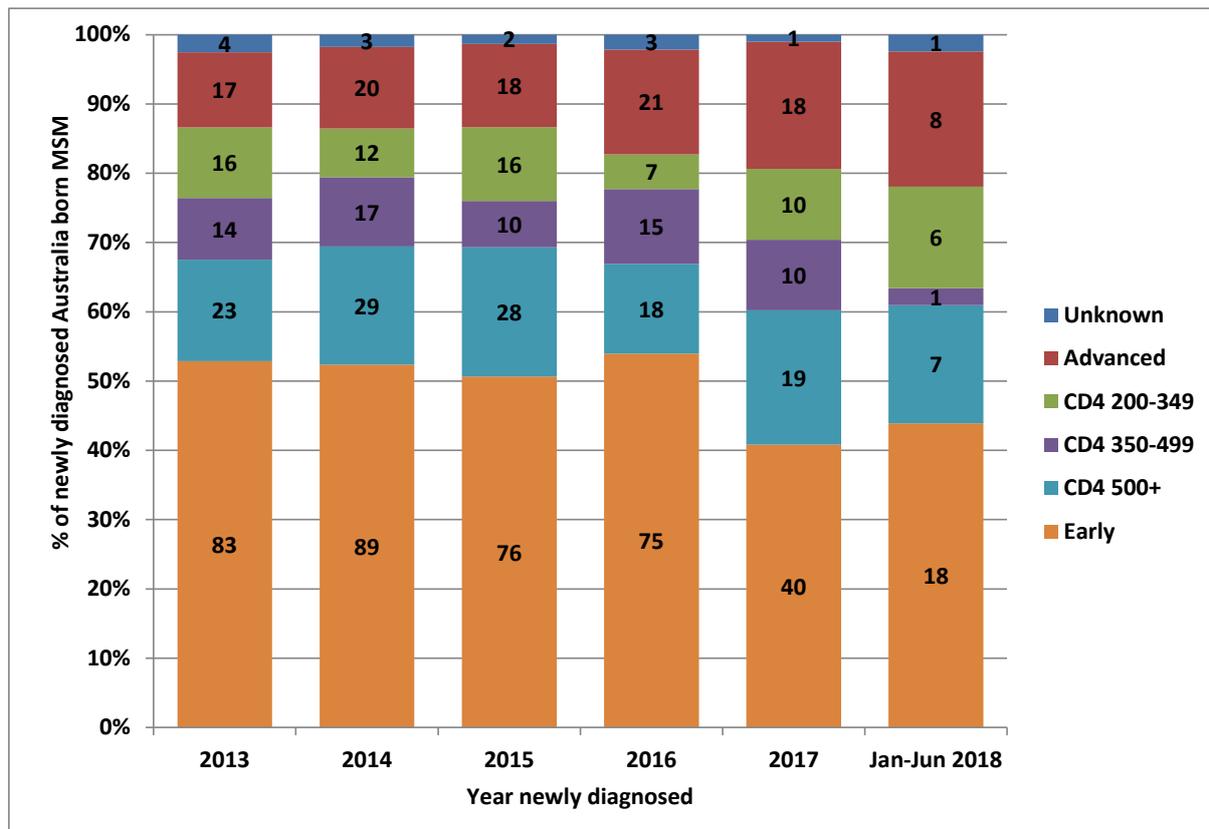
Comments on Figure 7

- Of 107 NSW MSM newly diagnosed in Jan to June 2018, 38% were born in Australia, 23% in South-East Asia, 13% in Southern and Central America, 8% in North-East Asia, 5% in each of Oceania and Southern and Central Asia, and less than 5% in each of North-West Europe, North Africa & Middle East, and Sub-Saharan Africa (Figure 7).

1.2 What is the stage of infection at diagnosis?

Stage of infection is reported here among Australian-born MSM (8a), overseas-born MSM (8b), and among all other groups other than MSM (8c). **Early stage** infection is evidence of HIV infection acquired within 12 months of diagnosis, such as a sero-conversion illness or negative or indeterminate HIV test within 12 months of diagnosis, irrespective of CD4 or an AIDS defining illness at diagnosis. Categories of **CD4 of 500+, 350-499, 200-349** exclude early and advanced stage categories. **Advanced stage** is a CD4 count less than 200 or an AIDS defining illness in absence of 'Early' criteria.

Figure 8a: Stage of infection among Australian-born MSM newly diagnosed Jan 2013-June 2018



Comment on Figures 8a-c

- Of 41 Australian-born newly diagnosed MSM in Jan-June 2018, 18 (44%) had evidence of early stage infection, 49% less compared to the Jan-June 2013-2017 average of 35.6 (Figure 8a). Fourteen (34%) had late or advanced stage infection, 16% less than the comparison period (av. n=16.6) (Figure 8a).
- Of 66 overseas-born newly diagnosed MSM in Jan-June 2018, 29 (48%) had evidence of early stage infection, similar to the Jan-June 2013-2017 average of 28.4. Of these 29 early stage infections, eight had been in NSW for less than 3 years, ten for 3-4 years, two for 5-10 years and nine for 11 or more years. Twenty-five (38%) had late or advanced stage disease, 71% greater than the comparison period (av. n=14.6) (Figure 8b). Of these 25, 14 had been here for less than 3 years, one for 3-4 years, four for 5-10 years, five for 11 or more years and one was unknown.
- The number of new diagnoses in NSW residents who were not MSM was 29% lower in Jan-June 2018 (n=24) than in Jan-June 2013-2017 (av. n=33.8). This was mainly due to fewer diagnoses in late and advanced stage infection (11 vs 16.2) (Figure 8c).

Figure 8b: Stage of infection among overseas-born MSM newly diagnosed Jan 2013-June 2018

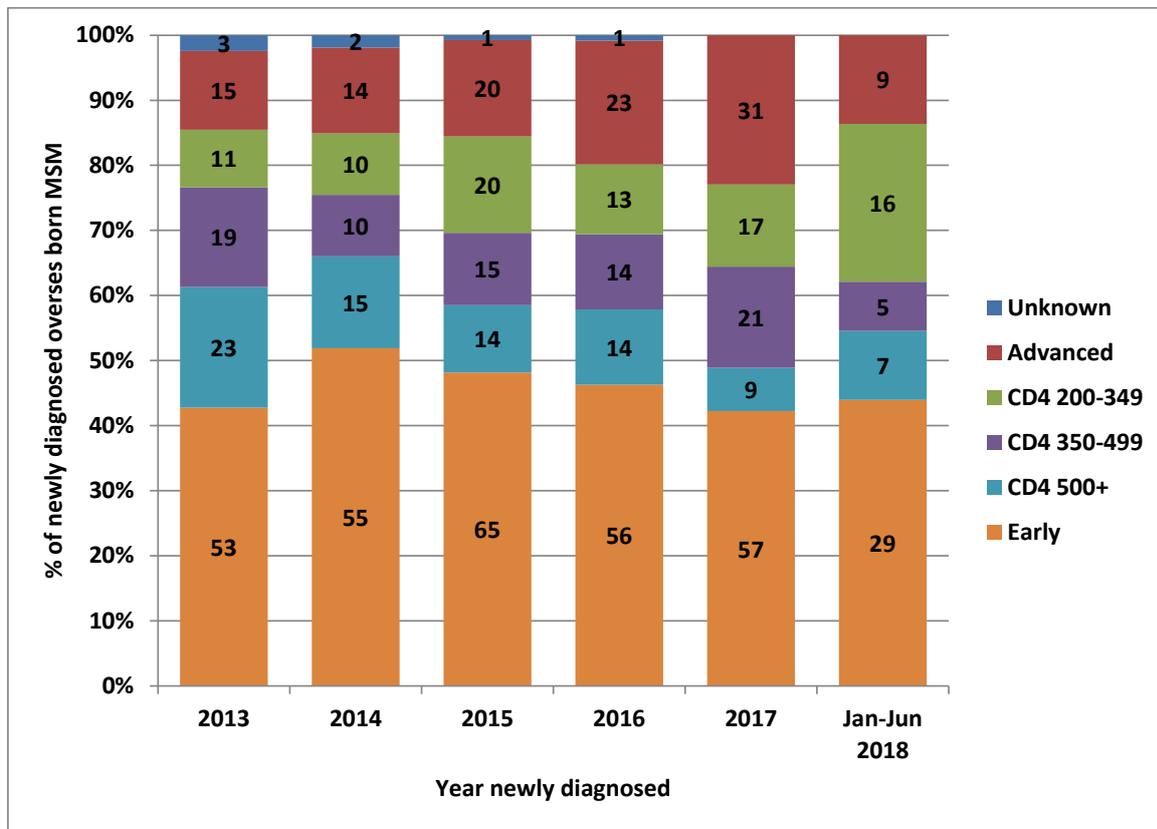


Figure 8c: Stage of infection among new diagnoses Jan 2013-June 2018 with a risk other than MSM

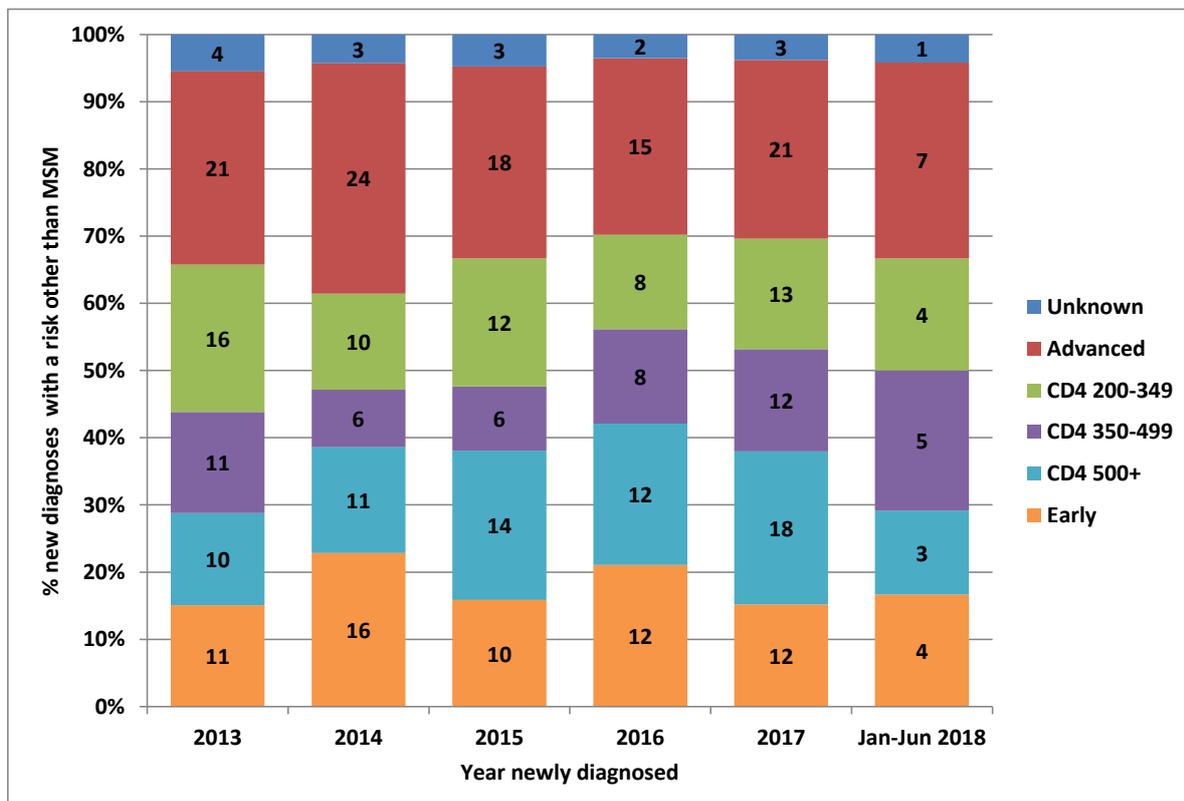
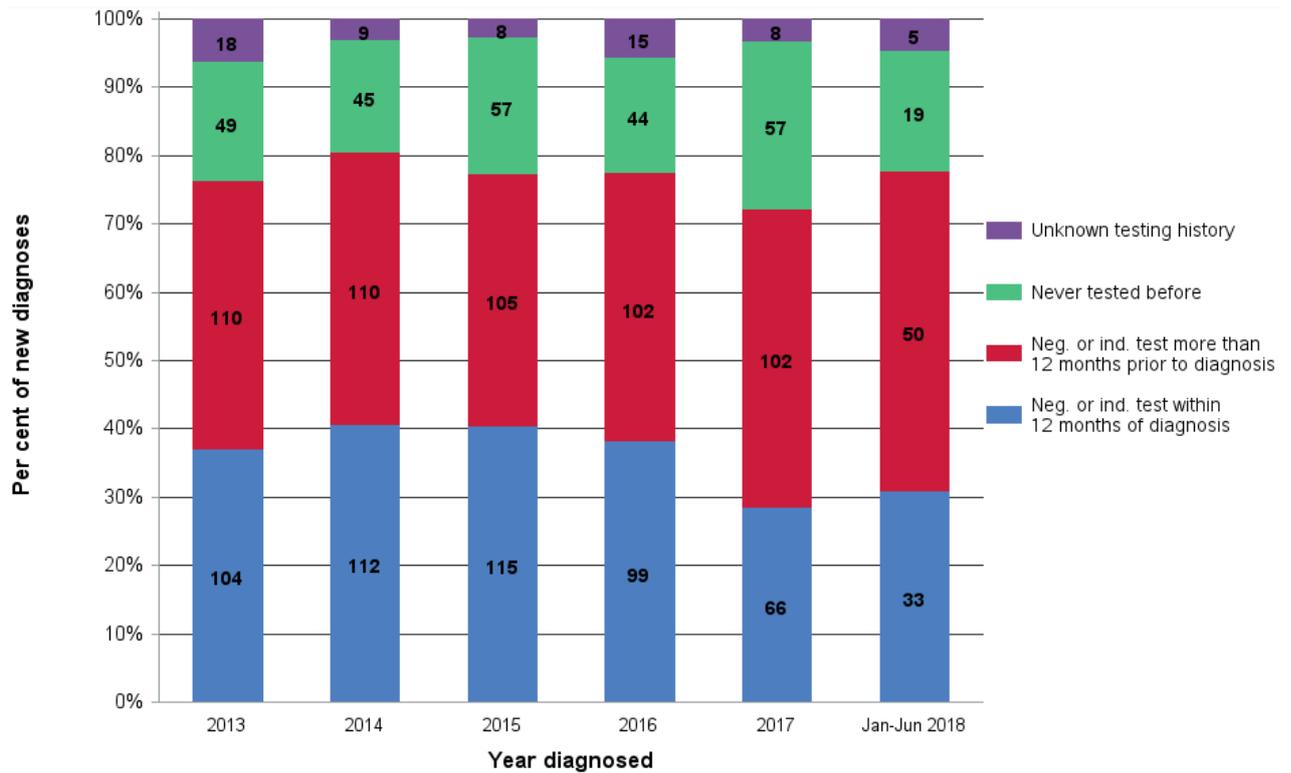


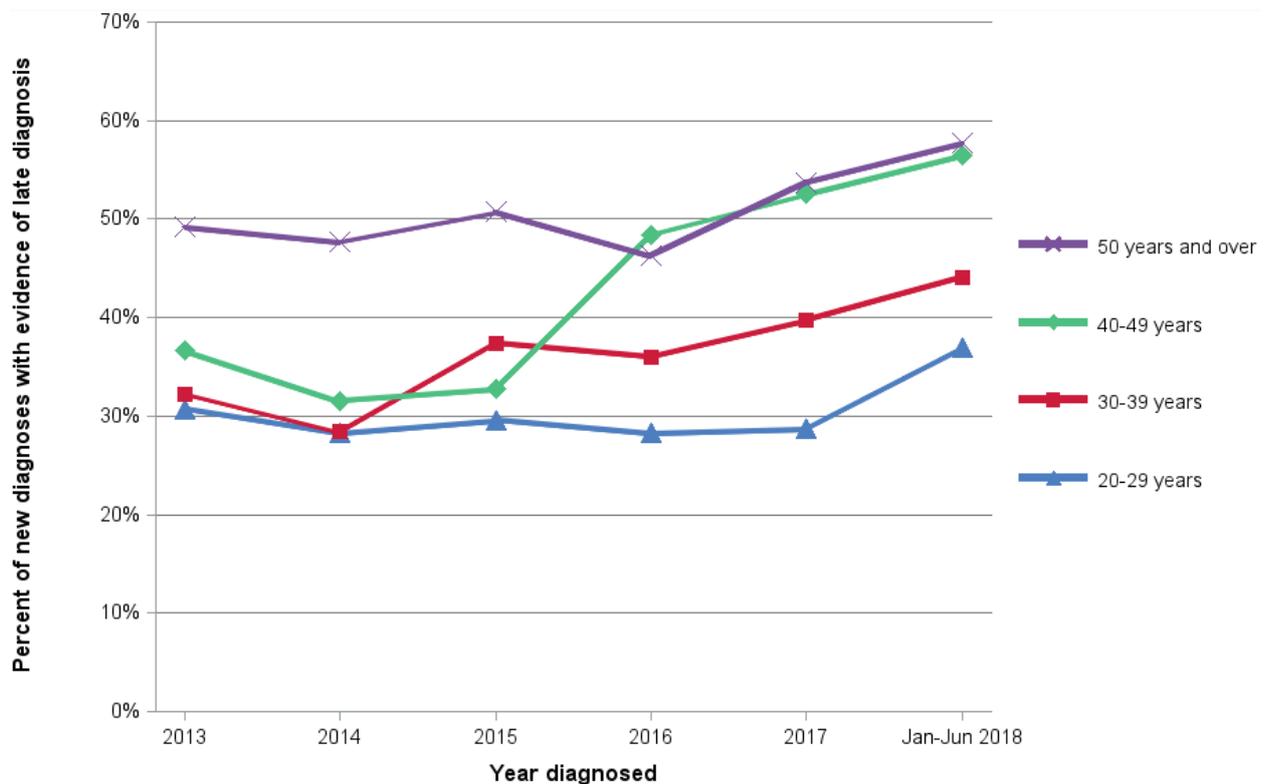
Figure 9: Per cent of new diagnoses Jan 2013-June 2018 in MSM by their HIV testing history



Of 107 men who have sex with men newly diagnosed in Jan to June 2018:

- Thirty-one (31%) were reported (by a laboratory, a doctor, or the patient) to have had a negative or indeterminate HIV test within 12 months of diagnosis.
- Fifty (47%) were reported to have had a negative or indeterminate HIV test sometime in the past, but not within 12 months of diagnosis.
- Nineteen (18%) reported not ever having had an HIV test prior to diagnosis.
- About two-thirds had not been testing regularly.
- Forty-seven (44%) had evidence of late diagnosis.

Figure 10: Per cent of new diagnoses Jan 2013-June 2018 in each age group category with evidence of late diagnosis



- Evidence of late diagnosis was defined as a CD4 count less than 350 or an AIDS defining illness or AIDS death within three months of diagnosis, in the absence of a laboratory confirmed negative HIV test in the 12 months prior to diagnosis.
- Of 131 new diagnoses in Jan to June 2018, 60 (46%) had evidence of late diagnosis, the same as the Jan-June 2013-2017 average count of 59.6. This was 58% of those who were aged 50 years or over at diagnosis, 57% of those aged 40 to 49 years, 44% of those aged 30 to 39 years at diagnosis and 37% of those aged 20 to 29 years at diagnosis.
- The upswing in late diagnosis in 20 to 29 year olds occurred among overseas-born MSM, but proportions are influenced by small numbers in this Q2 report (Figure 12).

Figure 11: New diagnoses Jan 2013-June 2018 in Australian-born MSM by age in years at diagnosis

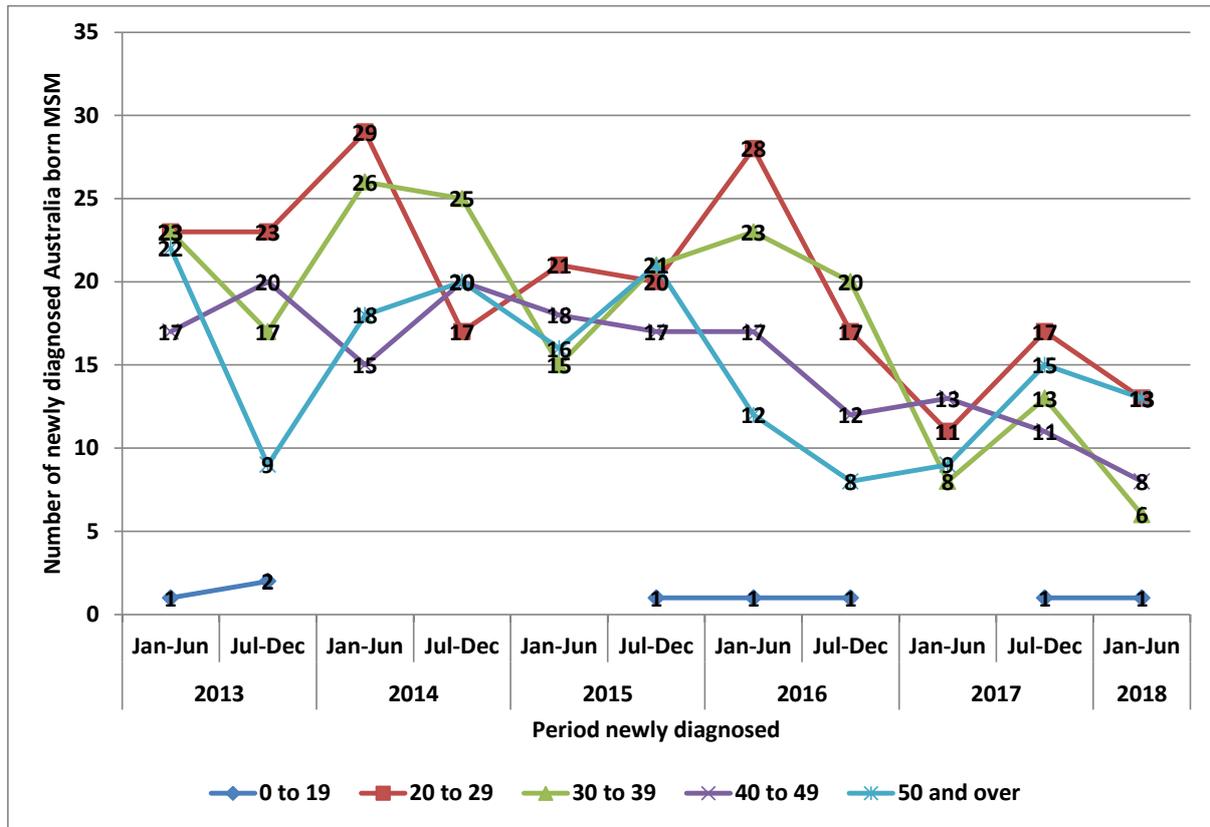
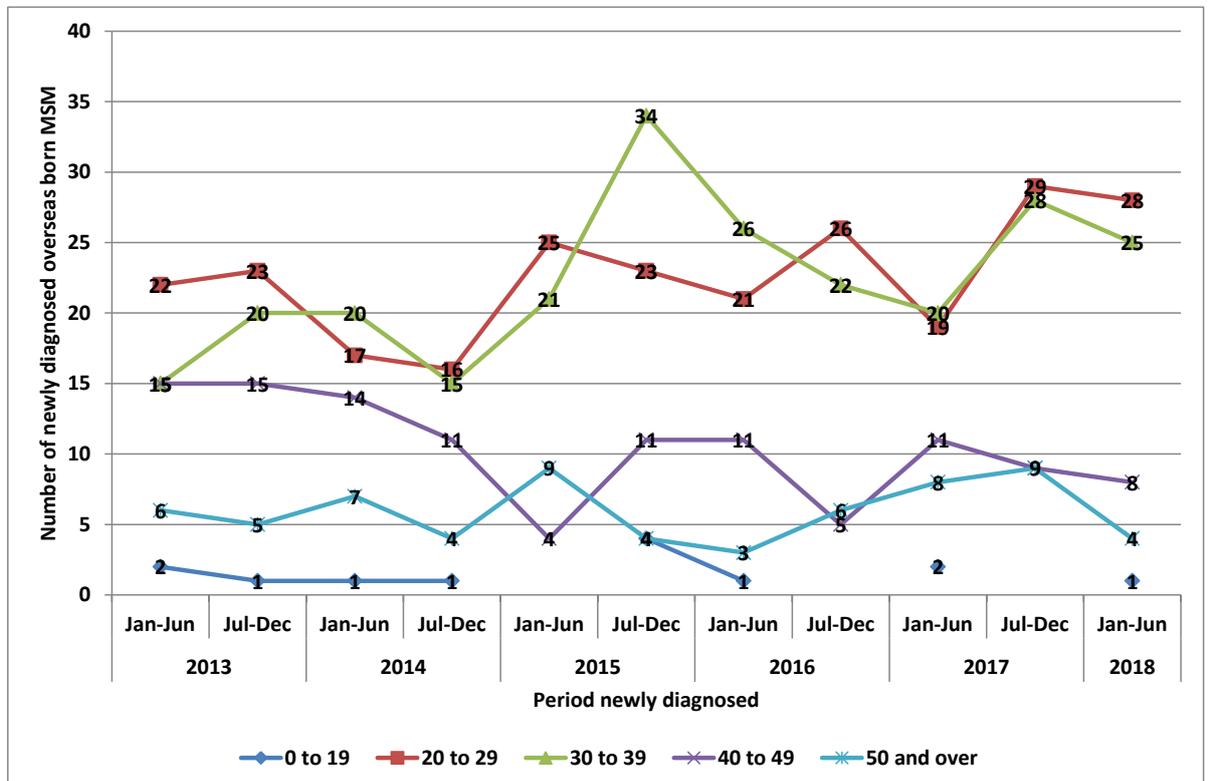


Figure 12: New diagnoses Jan 2013-June 2018 in overseas-born MSM by age in years at diagnosis



1.3 What are some of the characteristics of people newly diagnosed?

Table 1: Characteristics of Australian-born MSM and of overseas-born MSM newly diagnosed in Jan-June 2018 versus the Jan-June 2013-2017 average count, and the count difference

Case characteristics	Australian-born MSM			Overseas-born MSM		
	Jan-Jun 2013-2017 average	Jan-Jun 2018	Count diff.	Jan-Jun 2013-2017 average	Jan-Jun 2018	Count diff.
Number	73.2	41	-32.2	60	66	+6
Gender						
<i>Male</i>	72.6	41	-31.6	59.4	64	+4.6
<i>Transgender</i>	0.6	0	-0.6	0.6	2	+1.4
Age in years at diagnosis						
<i>0 to 19</i>	0.4	1	+0.6	1.2	1	-0.2
<i>20 to 29</i>	22.4	13	-9.4	20.8	28	+7.2
<i>30 to 39</i>	19	6	-13	20.4	25	+4.6
<i>40 to 49</i>	16	8	-8	11	8	-3
<i>50 and over</i>	15.4	13	-2.4	6.6	4	-2.6
Evidence of early stage infection*						
<i>Yes</i>	36	18	-18	28.4	29	+0.6
<i>No</i>	37.2	23	-14.2	31.6	37	+5.4
Evidence of late diagnosis**						
<i>Yes</i>	22.8	15	-7.8	19.8	32	+12.2
<i>No</i>	48.6	25	-23.6	39	34	-5
<i>Unknown</i>	1.8	1	-0.8	1.2	0	-1.2
Place most likely acquired HIV						
<i>Australia</i>	61.6	27	-34.6	34.8	35	+0.2
<i>Overseas</i>	6	11	+5	18.8	26	+7.2
<i>Unknown</i>	5.6	3	-2.6	6.4	5	-1.4
Reported HIV risks						
<i>MSM</i>	65.6	37	-28.6	58.2	62	+3.8
<i>MSM and IDU</i>	7.6	4	-3.6	1.8	4	+2.2

* Evidence of early stage infection/being infected in the 12 months prior to diagnosis: Early stage infection is evidence of HIV infection acquired within 12 months of diagnosis, such as a sero-conversion illness or negative or indeterminate HIV test within 12 months of diagnosis, irrespective of CD4 or an AIDS defining illness at diagnosis

** Evidence of a late diagnosis: a CD4 count less than 350 or an AIDS defining illness or AIDS death within three months of diagnosis, in the absence of a laboratory confirmed negative HIV test in the 12 months prior to diagnosis.

Figure 13a: Per cent of men who have sex with men newly diagnosed in Jan 2013-June 2018 by place born and place most likely acquired HIV

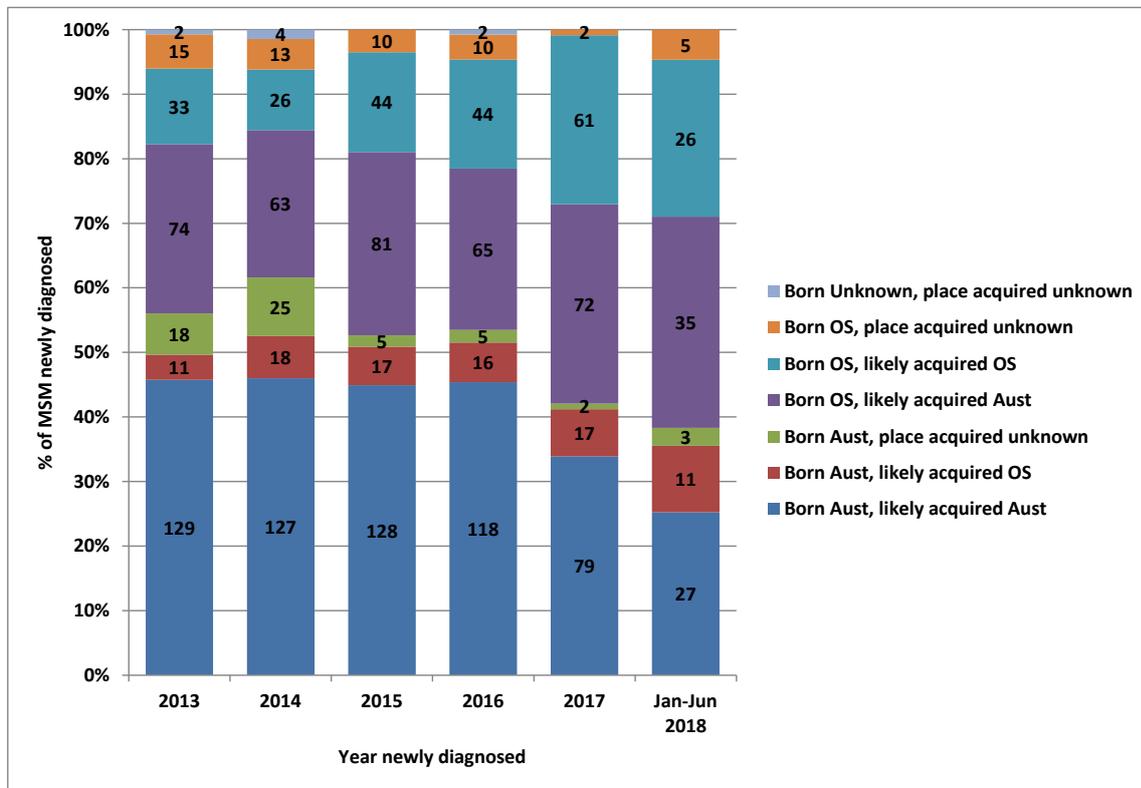
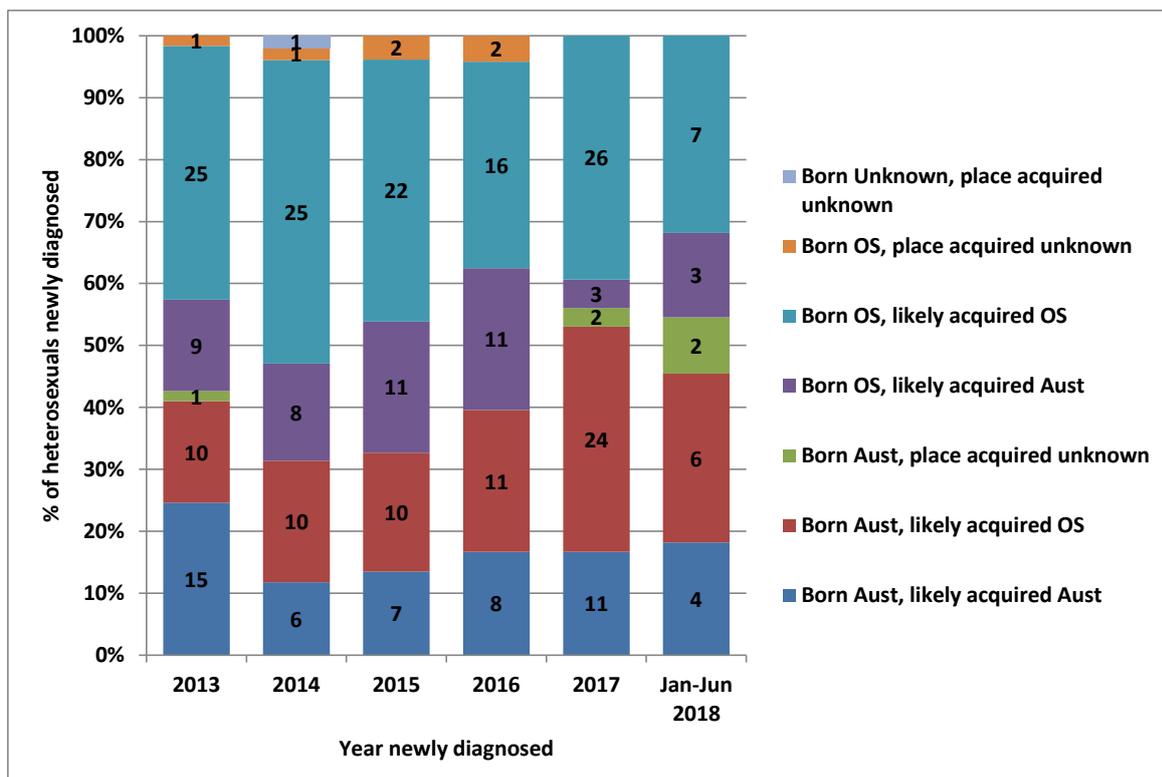


Figure 13b: Per cent of heterosexual people newly diagnosed in Jan 2013-June 2018 by place born and place most likely acquired HIV



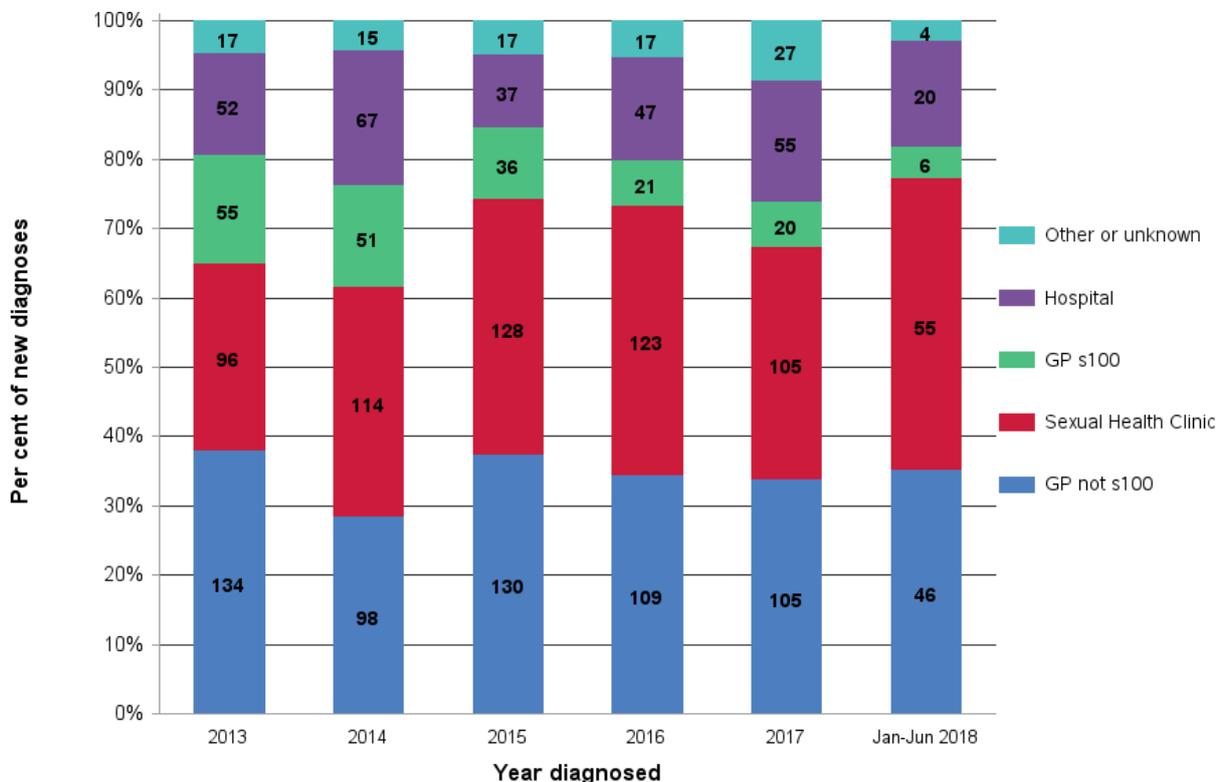
Of 107 MSM newly diagnosed in Jan to June 2018:

- Forty-one (38%) were Australian-born, 44% less than the average of 73.2 for Jan-June 2013-2017. Twenty-seven of these Australian-born MSM likely acquired HIV in Australia, 56% less than the average for Jan-June 2013-2017 (av. n=61.6), and 11 likely acquired HIV overseas, 8% more than in the comparison period (av. n=6.0) (Figure 13a).
- 66 (68%) were born overseas, 10% more than the average of 60.0 for Jan-June 2013-2017. The relative increase was in the number of overseas-born MSM who likely acquired HIV overseas, which was up 38% (to 26 versus the average of 18.8 for Jan-June 2013-2017) (Figure 13a).

Of 22 heterosexual people newly diagnosed in Jan-June 2018:

- 12 were Australian-born, similar to the average of 11.6 for Jan-June 2013-2017.
- Ten were born overseas-born, 39% less than the average of 16.4 for Jan-June 2013-2017 (Figure 13b).

Figure 14: Per cent of new diagnoses Jan 2013-June 2018 by type of diagnosing doctor



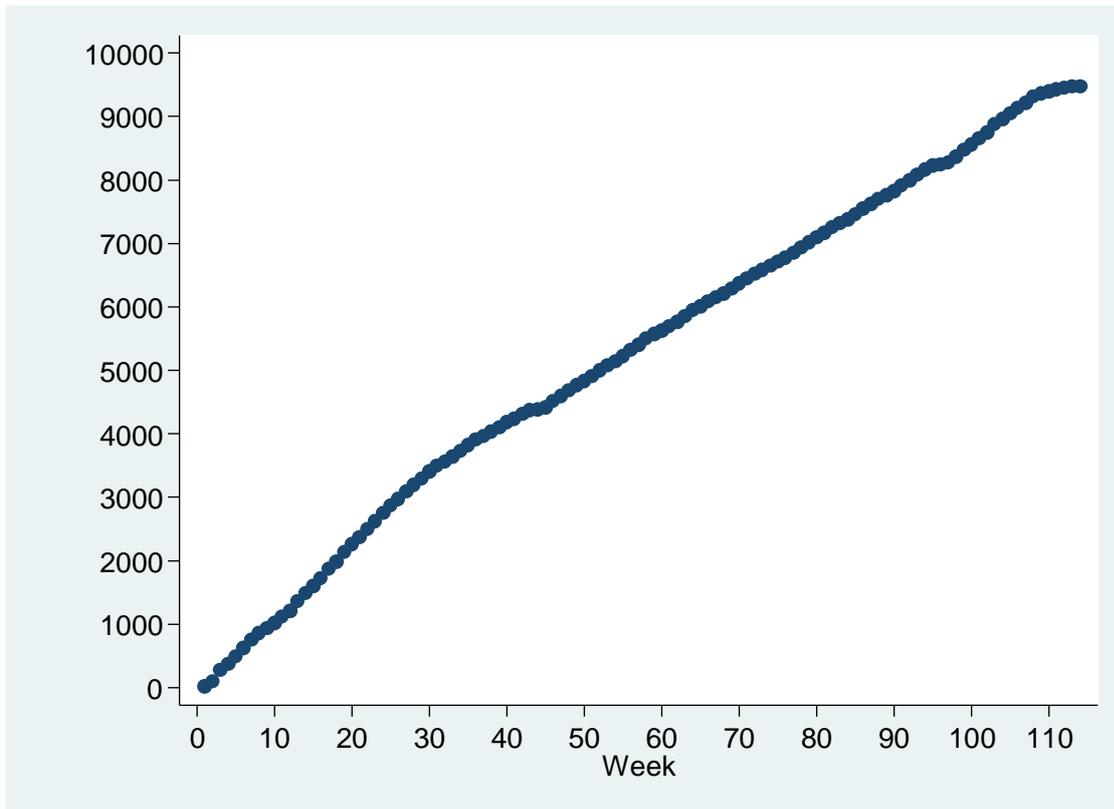
Of 131 NSW residents notified with newly diagnosed HIV infection in Jan-June 2018:

- Fifty-five (42%) were diagnosed by sexual health centres including community testing sites, 6% less than the Jan-Jun 2013-2017 average (av. n=58.8) (Figure 14);
- Forty-six (35%) were diagnosed by general practitioners (GPs) not accredited to prescribe antiretroviral therapy (GP not-s100), 14% less than the comparison period (av. n=53.4);
- Twenty (15%) were diagnosed by hospital doctors, 30% less than the comparison period (av. n=28.4);
- Six (5%) were diagnosed by GP s100 doctors (HIV specialised and accredited to prescribe ART), 66% less than 17.8, the average for Jan-June 2013-2017, and;
- Four (3%) were diagnosed by other doctor types (two by immigration, one by private medical specialist and one in Justice Health), half the average in Jan-June 2013-2017 (av. n=8.4).

2. Expand HIV Prevention

2.1 Who is accessing PrEP through EPIC-NSW?

Figure 15: Enrolment of participants in EPIC-NSW, by study week, from 1 March 2016 to 30 April 2018



Comments on Figure 15:

- A total of 9,477 participants enrolled in EPIC-NSW between 1 March 2016 and 30 April 2018.
- No new HIV diagnoses have been made in EPIC-NSW participants who continued to take PrEP as directed throughout the trial
- Participating clinics were: The Albion Centre (SESLHD), Albury Sexual Health (MLHD), Brookong Centre Wagga (MLHD), Clinic 16 (NSLHD), Coffs Harbour Sexual Health (MNCLHD), Dubbo Sexual Health (WNSW LHD), Dr Doong's Surgery, East Sydney Doctors, Holdsworth House, Hunter New England Sexual Health (HNE LHD), Holden Street Clinic (CCLHD), Illawarra Shoalhaven Sexual Health (ISLHD), Kirketon Road Centre (SESLHD), Lismore Sexual Health Clinic (NNSW LHD), Liverpool Sexual Health (SWSLHD), MacCleay Street Medical Practice, Nepean Sexual Health and HIV Clinics (NBMLHD), Orange Sexual Health (WNSW LHD), RPA Sexual Health (SLHD), Short Street Clinic (SESLHD), St Vincent's Hospital (SVHN), Sydney Sexual Health Centre (SESLHD), Taylor Square Private Clinic, Western Sydney Sexual Health (WSLHD).

Table 2: Demographic data for EPIC-NSW participants enrolled between 1 March 2016 – 30 April 2018 (not including screen fails and duplicates. N=9,415)

Gender	N	%
Male	9,281	98.8
Female	13	0.2
Transgender, male-to-female	78	0.8
Transgender, female-to-male	11	0.1
Other	12	0.1
Total	9,395	100.0
Sexual identity		
Gay/Homosexual	8,582	93.2
Bisexual	524	5.7
Heterosexual	47	0.5
Other*	54	0.6
Total	9,207	100.0
Age at enrolment (years)		
Median (Inter-quartile range)	34 (28 to 43)	
Age group		
< 20	100	1.1
20-29	2,817	30.6
30-39	3,204	34.8
40-49	1,887	20.5
≥50	1,208	13.1
Total	9,216	100.0
Aboriginal and/or Torres Strait Islander status		
Non-Indigenous	8,292	97.9
Aboriginal and/or Torres Strait Islander **	176	2.1
Total	8,468	100.0
Country/Region of birth		
Australia	4,704	59.5
Oceania	291	3.7
Asia	1,180	14.9
Northern America	208	2.6
South America, Central America & the Caribbean	355	4.5
Europe	895	11.3
Middle East	129	1.6
Africa	139	1.8
Total	7,901	100.0
Area of residence		
Major cities	8,727	94.1
Inner Regional	502	5.4
Outer Regional	38	0.4
Remote	8	0.1
Very Remote Australia	2	0.0
Total	9,277	100.0

Gender, age, Aboriginal and/or Torres Strait Islander status, country of birth, and area of residence (based on participant postcode) were obtained from enrolment, risk assessment, behavioural survey, and/or ACCESS databases, where available. Number of participants for whom data were available for is presented in **Appendix C**.

* Other sexual identity as indicated by participants, including queer, pansexual, gender fluid, sapio, transgender, gender neutral, men who have sex with men, non-specified and not sure.

** Of the 1,208 (12.9%) participants whose Indigenous status was not stated, 11 participants' country/region of birth was available and not Australia, so these people were counted as Non-Indigenous, as it was assumed that there would be very few Indigenous Australian or Torres Strait Islander people born outside Australia.

Comments on Table 2

- Almost 99% of participants were male. Around 93% identified as gay/homosexual
- More than 65% of the participants were between 20-39 years, and 21% were 40-49 years old
- Of the 7,901 participants who answered the question in the behavioural survey about place of birth, 60% were born in Australia, 15% were born in Asia and 11% were born in Europe
- A majority of participants (94%) resided in major cities. Only 5% of participants resided in an inner regional area and 0.5% resided in an outer regional or remote area
- Of 8,468 participants who answered the question in the behavioural survey about Aboriginality, 2.1% identified as Aboriginal or Torres Strait Islander

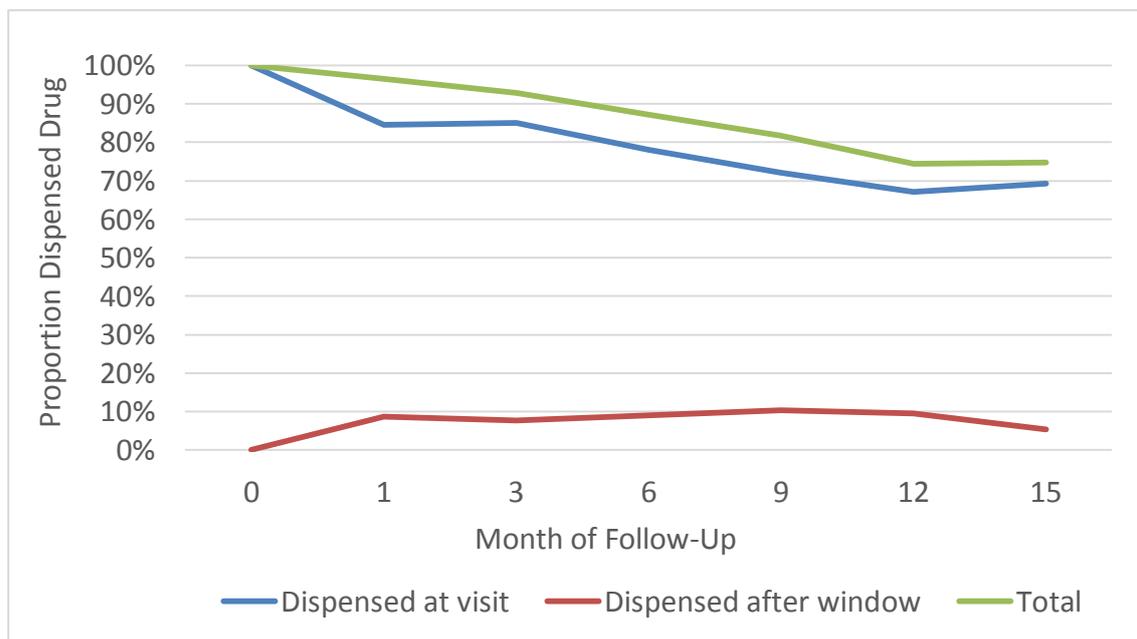
PrEP use over time by EPIC-NSW participants

Analysis of data from dispensing logs of the first 3700 EPIC-NSW participants (who enrolled prior to 31 October 2016) provides information on PrEP use in the first 15-months of follow-up.

The following dispensing patterns were observed:

1. Dispensed drug at a visit: defined as being dispensed drug at the relevant visit (within the pre-specified window period (± 45 days))
2. Dispensed drug after window: defined as NOT being dispensed drug during the current visit window, but being dispensed drug within a later visit window.

Figure 16: PrEP dispensing in the first 15 months of follow-up, using dispensing log data



Comments on Figure 16

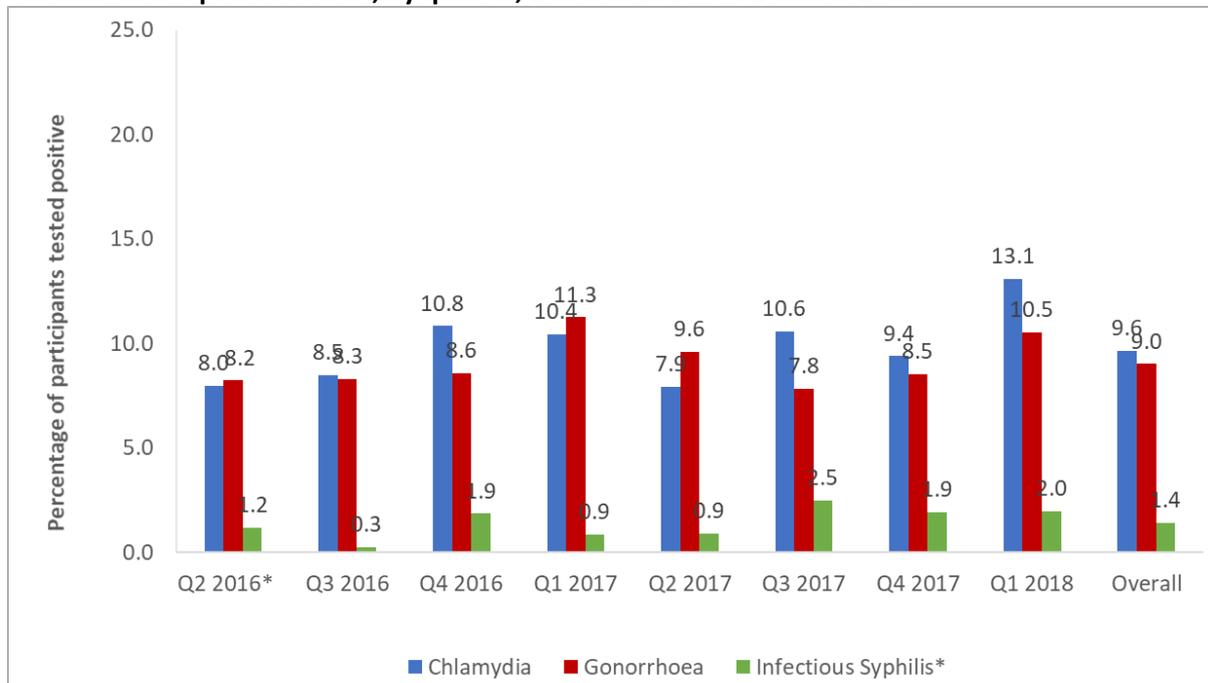
- Approximately 70% of the first 3,700 participants enrolled in EPIC-NSW presented for their clinic visit, and were dispensed PrEP within the window period (estimated date ±45 days).
- There was group of about 10% of study participants who did not collect their PrEP within their scheduled visit window, but return to collect it in a later window. It is likely that these 10% of participants were non-adherent to daily PrEP. This may be people who took intermittent PrEP, people who took breaks from PrEP (“periodic PrEP”), or people who were not-adherent to ongoing, daily PrEP.

2.2 What is the prevalence of STIs among EPIC-NSW participants?

HIV and sexually transmissible infection (STI) testing is recommended for all EPIC-NSW participants at baseline (enrolment), 1 month (HIV only) and every three months, in accordance with the NSW Health Guidelines on the Pre-Exposure Prophylaxis of HIV with Antiretroviral Medications (GL2016_011).

Of the 8,206 participants up to the end of Quarter 4 2017, STI testing data were available for 7,596 (92.6%) participant enrolled in 27 sites. The sites are: Albion Street, Albury Sexual Health, Brookong Centre Wagga Wagga, Clinic 16, Coffs Harbour Sexual Health, Dubbo Sexual Health, HNE Sexual Health, Holden St Clinic, Illawarra Shoalhaven Sexual Health, Kirketon Road Centre, Lismore Sexual Health, Liverpool Sexual Health, Nepean Sexual Health, Orange Sexual Health, RPA Sexual Health, Short Street Clinic, Site 203, Site 206, Site 215, Site 229, Site 266, Site 267, Site 271, Site 272, Site 276, Sydney Sexual Health and Western Sydney Sexual Health.

Figure 17: Proportion of individuals tested for chlamydia, gonorrhoea and infectious syphilis* at baseline with a positive result, by quarter, 1 March 2016 to 31 March 2018



Note: CT, chlamydia; NG, gonorrhoea; SY, infectious syphilis. n-s, the number of sites.

*Q2 2016 data was from 1 March 2016 to 30 June 2016

*Infectious syphilis was based on pathology test results and clinical information available from public clinics only.

Comments on Figure 17

Of the EPIC-NSW participants tested for STIs at baseline between 1 March 2016 and 31 December 2017:

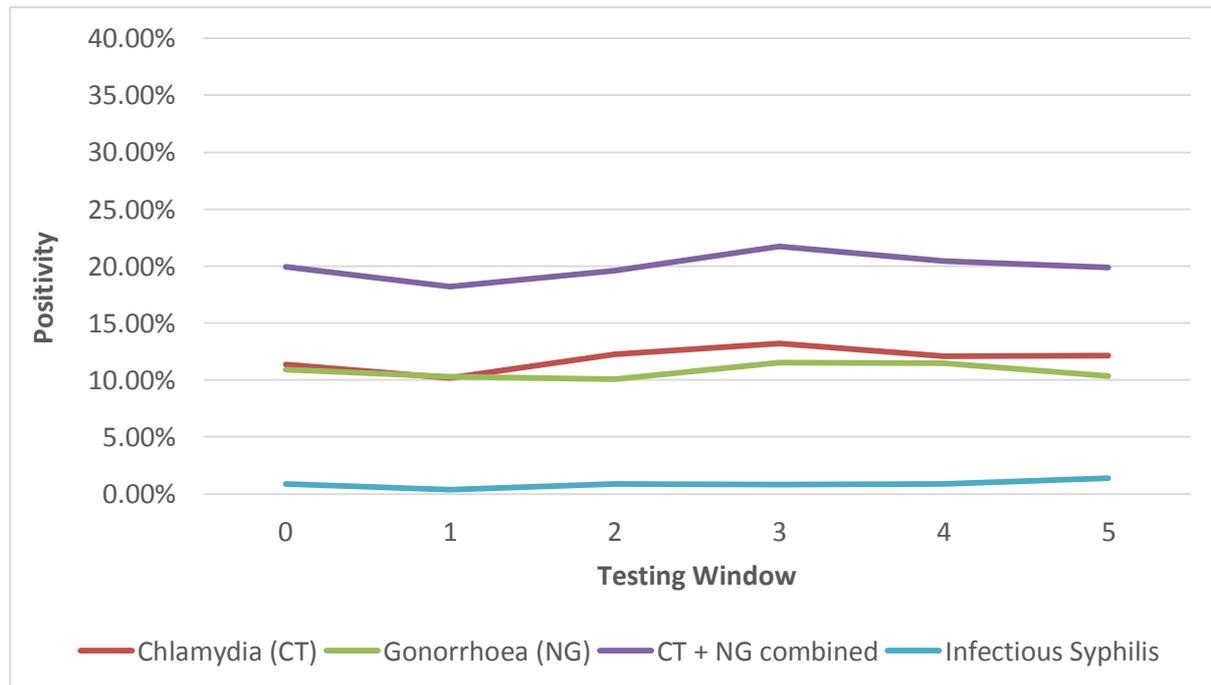
- 9.6% had a positive test result for chlamydia and 9.0% for gonorrhoea
- 1.4% had a positive test result at public clinics for infectious syphilis

There has been a slight increase in the overall diagnosis rate for infectious syphilis, but this is based on only a handful of new cases, with the small numerator. The prevalence of STI rates remained reasonably stable over time, with some fluctuations by quarter, suggesting the program is continuing to reach men at risk of HIV.

STI positivity over 12 months of follow-up in EPIC-NSW participants

EPIC-NSW collected STI longitudinal trends in chlamydia, gonorrhoea, and infectious syphilis positivity among the first 3700 participants enrolled in EPIC-NSW during their first 15 months of study follow-up. Enrolment was completed by 31 October 2016, and follow-up data was included up until 31 December 2017. A total of 3487 (94%) of participants had a record of one or more STI tests, and were included in this analysis. Not every participant had an STI test conducted at baseline, as this was not a study eligibility requirement.

Figure 18: STI positivity¹ over 15 months of follow-up



Testing window 1 represents the first recommended STI test after enrolment, at three months after enrolment ± 45 days. Each subsequent window covers a similar three-month period.

Comments on Figure 18

The number of chlamydia/gonorrhoea tests conducted in each testing window declined over time; from 3515 in testing window 0, to 2512 in testing window 5. Data on infectious syphilis were only available from public clinics, with 1,779 tests conducted in window 0 and 1,136 in window 5.

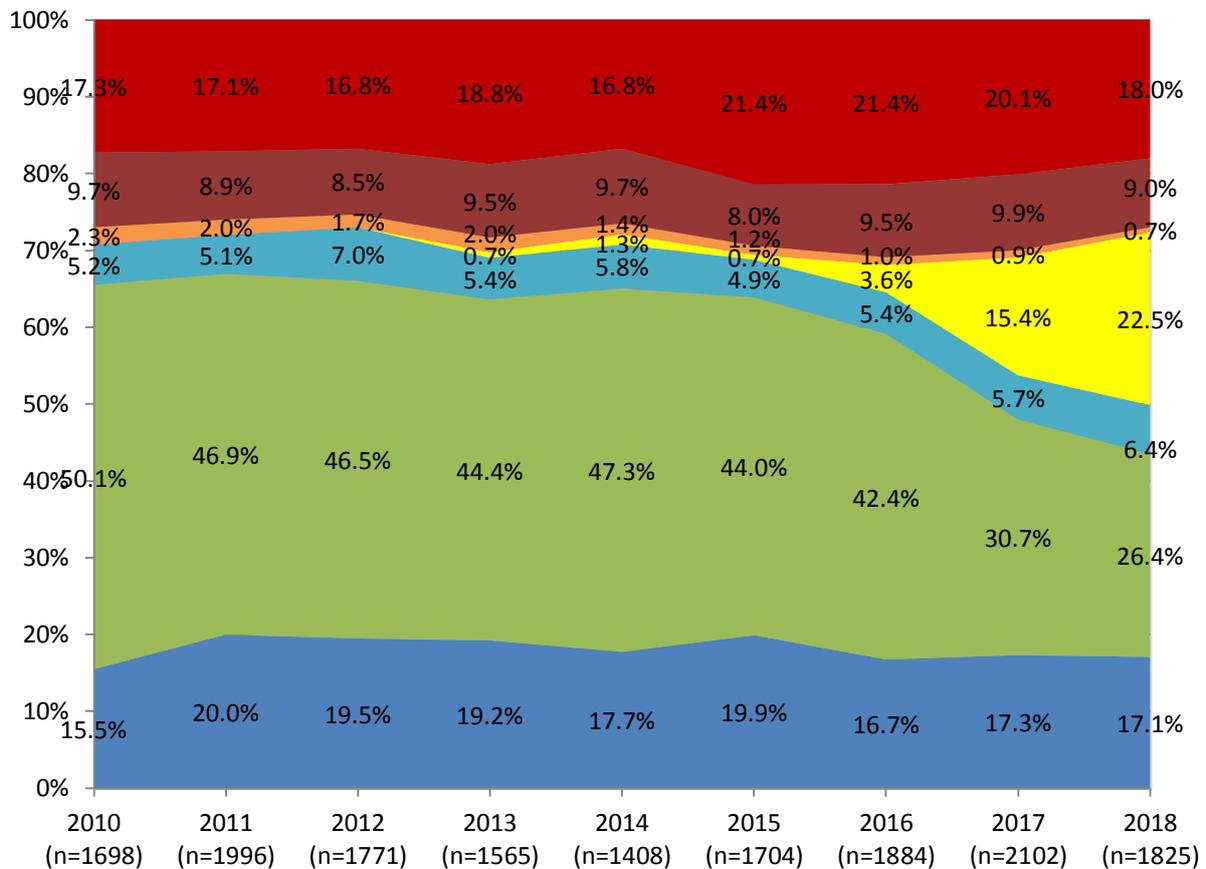
¹ Chlamydia and gonorrhoea positivity was calculated as a positive test at any anatomical site (ano-rectal, pharyngeal, or urethral).

- Chlamydia positivity increased slightly from 10.2% in testing window 1 to 12.1% in window 5.
- Gonorrhoea positivity ranged from 10.4% in window 1 to 11.6% in window 3, and infectious syphilis from 0.4% in window 1 to 1.4% in testing window 5.
- In each 3-month testing window about 20% of participants who were tested were diagnosed with chlamydia and/or gonorrhoea, and over time the rate of detection increased slightly.

2.3 How many men who have sex with men use condoms and other HIV risk reduction practices?

Condom use and other HIV risk reduction strategies used by gay and bisexual men are measured through the annual Sydney Gay Community Periodic Survey (SGCPS), conducted each year during February/March. With the introduction of pre-exposure prophylaxis (PrEP) in NSW and the focus on the preventative benefits of HIV treatment in the current NSW HIV Strategy, reporting of condomless anal intercourse with casual partners (CAIC) in the SGCPS has been modified, distinguishing between CAIC that is safe and unlikely to lead to HIV transmission (because of HIV treatment and viral suppression or PrEP use) or CAIC that is unprotected and poses a risk for transmission.

Figure 19: Proportion of MSM with casual partners reporting consistent condom use and any condomless anal intercourse in the previous six months



- CAIC (any receptive): HIV-negative/untested not on PrEP
- CAIC (insertive only): HIV-negative/untested not on PrEP
- CAIC: HIV-positive not on ART/DVL
- CAIC: HIV-negative on PrEP
- CAIC: HIV-positive on ART/UVL
- Consistent condom use
- No anal intercourse

Data source: Sydney Gay Community Periodic Survey, Centre for Social Research in Health, UNSW Sydney.

Note: CAIC = condomless anal intercourse with casual male partners. ART = antiretroviral treatment. UVL = undetectable viral load. Consistent condom use includes men who report condom use for anal sex with casual male partners in the 6 months prior to survey and no condomless anal intercourse with those partners.

Comments on Figure 19

- Among gay men with casual male partners, the proportion avoiding anal intercourse has remained relatively stable since 2010.
- The proportion of gay men with casual partners reporting consistent condom use has declined, particularly since 2016, falling to 26.4% in 2018.
- The proportion of HIV-positive men not on treatment or with a detectable viral load who reported CAIC declined to 0.7% of men with casual partners in 2018.
- Between 2016 and 2018, HIV-negative men on PrEP who reported CAIC increased from 3.6% to 22.5% of men with casual partners.

- In 2018, HIV-negative men not using PrEP who reported any CAIC (insertive or receptive) fell to 27.0% of casual partners.
- 2018 was the first year in which over half of men reporting CAIC were HIV-positive, on treatment and with an undetectable viral load or HIV-negative men using PrEP i.e. the majority of CAIC was protected by PrEP or HIV treatment.

2.4 Community mobilisation “Ending HIV”

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

2.5 How accessible is the Needle and Syringe Program in NSW?

From April 2017 to March 2018,

- 13,987,840 injecting units were distributed in NSW.
- The LHDs with the highest number of units of injecting equipment distributed were Hunter New England, Sydney, South Western Sydney, Western Sydney and Western NSW.

2.6 What proportion of people re-use other people’s needles and syringes (receptive syringe sharing) in NSW?

- In 2017, 20% of respondents reported receptive syringe sharing in the previous month (NSW Needle and Syringe Program Enhanced Data Collection, 2017)².

² Geddes, L, Iversen J, and Maher L. NSW Needle and Syringe Program Enhanced Data Collection Report 2017, The Kirby Institute, UNSW Australia, Sydney 2017.

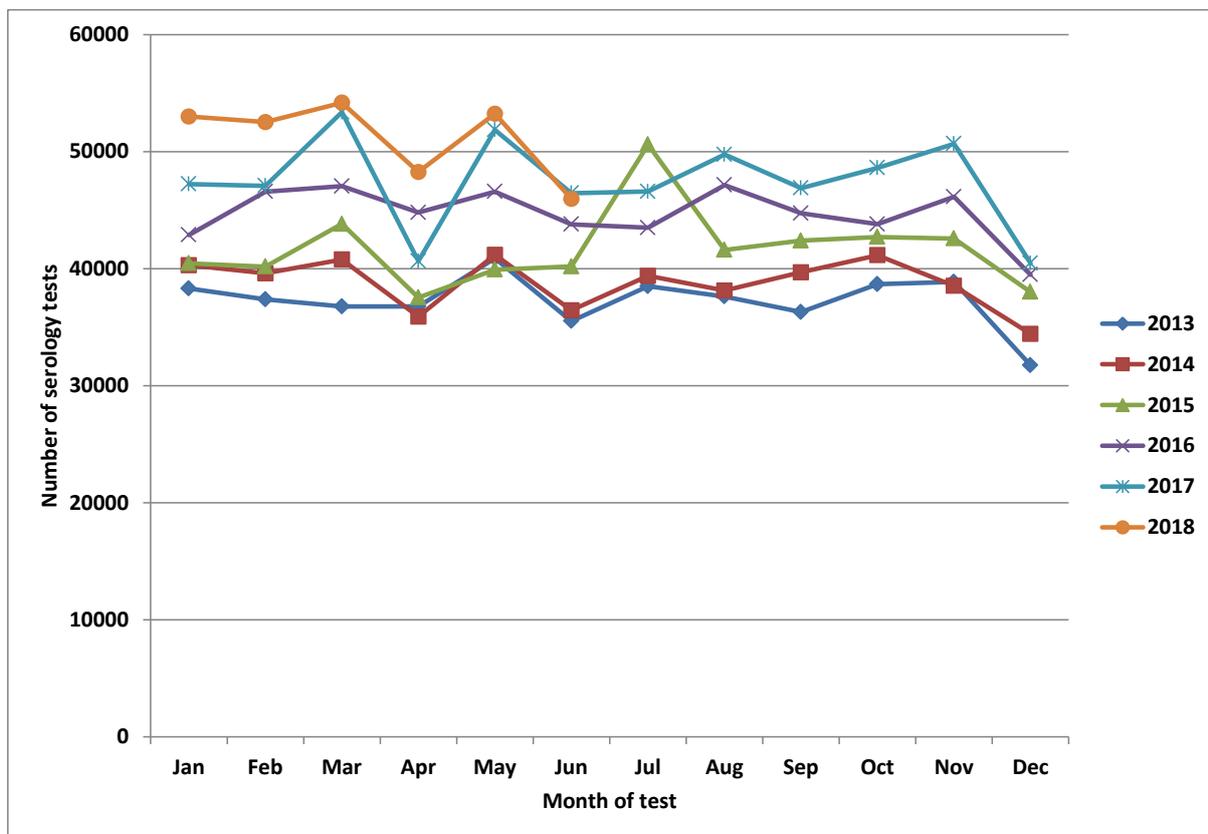
3. Increase HIV testing frequency

3.1 Is HIV testing increasing in NSW?

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 20: Number of HIV serology tests performed in 15 NSW laboratories, Jan 2013 to June 2018



Data source: NSW Health denominator data project, out 10 August 2018.

Comments on Figure 20

In April to June (Q2) 2018:

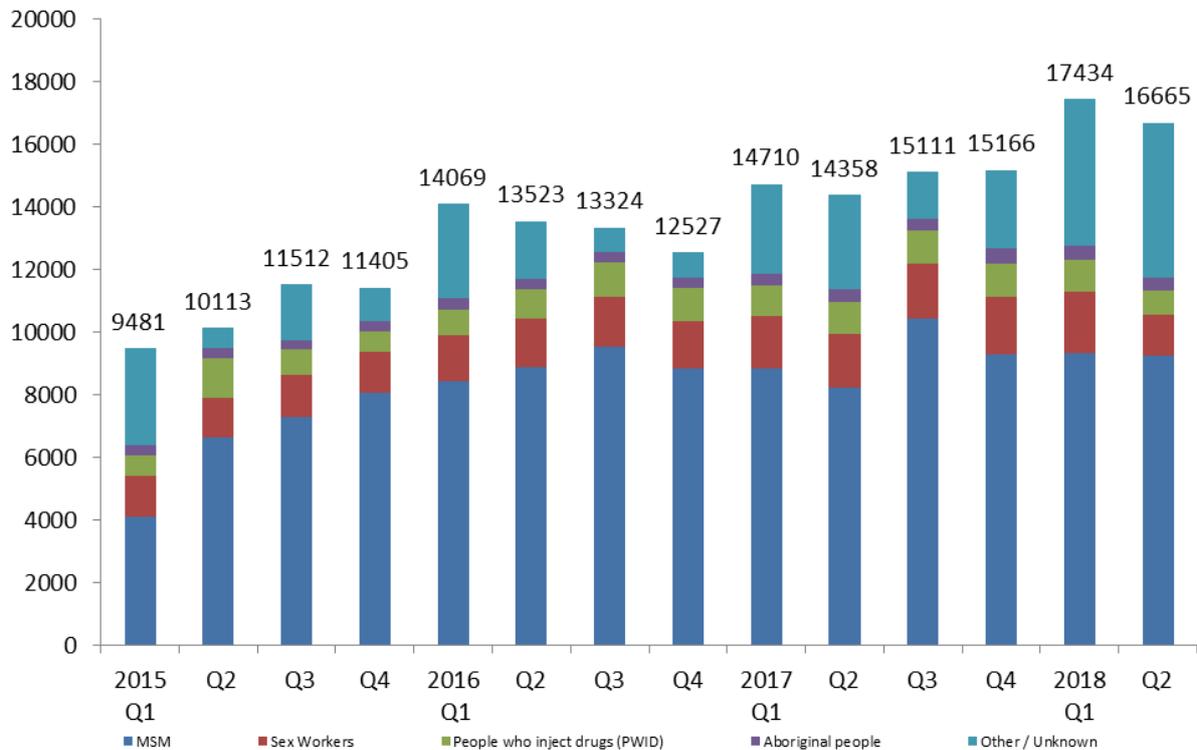
- 147,464 HIV serology tests were performed in 15 laboratories in NSW, which was 6% more than in Q2 2017 (n=138,952), 9% more than in Q2 2016 (n=135,164), 25% more than in Q2 2015 (n=117,628), 30% more than in Q2 2014 (n=113,512), and 30% more than in Q2 2013 (n=113,174).

In January to June 2018:

- 307,156 HIV serology tests were performed in 15 laboratories in NSW, which was 7% more than in Jan-June 2017 (n=286,626), 13% more than in Jan-June 2016 (n=271,667), 27% more than in

Jan-June 2015 (n=242,075), 31% more than in Jan-June 2014 (n=234,179), and 36% more than in Jan-June 2013 (n=225,615).

Figure 21: Number of HIV rapid and serology tests performed in public sexual health and priority LHD settings in NSW between 1 January 2015 and 30 June 2018, by quarter and priority population



Data source: NSW Health HIV Strategy Monitoring Database

Notes: Data for sex workers, PWID and Aboriginality not available in 2014; patients have been classified as other/unknown where priority population data is not available. Includes data from St Vincent’s Hospital.

Comments on Figure 21

- In 2017 (April-June, 2018), 9236 HIV tests were conducted in MSM in PFSHCs.
- Both rapid HIV testing and HIV serology are included. Priority settings include mental health, drug and alcohol, and emergency departments.

Dried Blood Spot testing

[Dried Blood Spot](#) (DBS) is an innovative finger stick test for HIV and hepatitis C that is accessed by eligible people online or via a settings based approach. The NSW DBS Self-Sampling HIV Testing Pilot Program aims to increase testing among high-risk populations who experience barriers to testing through conventional services.

Table 3: Recruitment data for the NSW DBS Self-Sampling HIV Testing Pilot, November 2016 to June 2018

Recruitment indicators	Q2 2018 (April-June)	Total from Nov 2016 to June 2018
Number of registrations for HIV DBS test	202	1082
Number (%) of people who registered for a DBS kit who had never tested before or had tested over 2 years ago	122/202 (60%)	439/1082 (41%)
Return rate of DBS kits	148/202 (73%)	672/1082 (62%)
Number (%) of reactive HIV tests	0	5/672 (0.7%)

Data Source: NSW Dried Blood Spot Research database

Comments on Table 3

- 41 per cent of people who registered for the test had never previously tested for HIV or had tested more than 2 years ago
- 1082 test HIV test kits have been ordered, with a return rate of 62%
- The positivity rate of returned HIV test kits is 0.7%

Table 4: Number per target population who registered for the NSW DBS Self-Sampling HIV Testing Pilot, November 2016 to June 2018*

Target population	Q2 2018 (April to June)	Total from Nov 2016 to June 2018
MSM	113 (56%)	750 (69%)
Partners from Asia or Africa continents	69 (34%)	352 (33%)
From Asia or Africa continents	37 (18%)	268 (25%)
Ever injected drugs**	62 (31%)	133 (12%)
Aboriginal or Torres Strait Islander People**	22 (11%)	66 (6%)

Data Source: NSW Dried Blood Spot Research database

*Participants can have the profile for more than one target population

**Included as target populations for the pilot since September 2017

Table 5: Number of tests done per target population for the NSW DBS Self-Sampling HIV Testing Pilot, November 2016 to June 2018

Target population	Number (%) of tests done	
	1 Nov 2016 – 30 June 2018	
Aboriginal people*	35	5%
MSM	461	69%
Ever injected drugs*	90	13%
From Asia/Africa	166	25%
Partners from Asia/Africa	210	31%

Data Source: NSW DBS Research Database

*Aboriginal people and people who have ever injected drugs included from September 2017.

Comment on Table 4 and 5

- Majority of the individuals who returned a DBS test were MSM (69%). A quarter of participants were from Asia/Africa and nearly a third of participants had partners from Asia/Africa.

Table 6: Registrations for the NSW DBS Self-Sampling HIV Testing Pilot per LHD of participant from November 2016 to June 2018, and number of tests done (kits returned) in Q2 2018

LHD	Total number of registrations in Nov 2016 - June 2018	Number of registrations in Q2 2018 (April-June)	Number of tests done (kits returned) in Q2 2018 (April-June)
Central Coast	46	11	5
Far West	11	9	6
Hunter New England	195	28	19
Illawarra Shoalhaven	75	21	17
Mid North Coast	29	4	3
Murrumbidgee	49	13	8
Nepean Blue Mountains	36	4	4
Northern NSW	21	2	2
Northern Sydney	98	9	11
South Eastern Sydney	258	54	45
Southern NSW	10	1	0
South Western Sydney	60	9	7
Sydney	143	31	21
Western NSW	14	2	3
Western Sydney	36	4	2

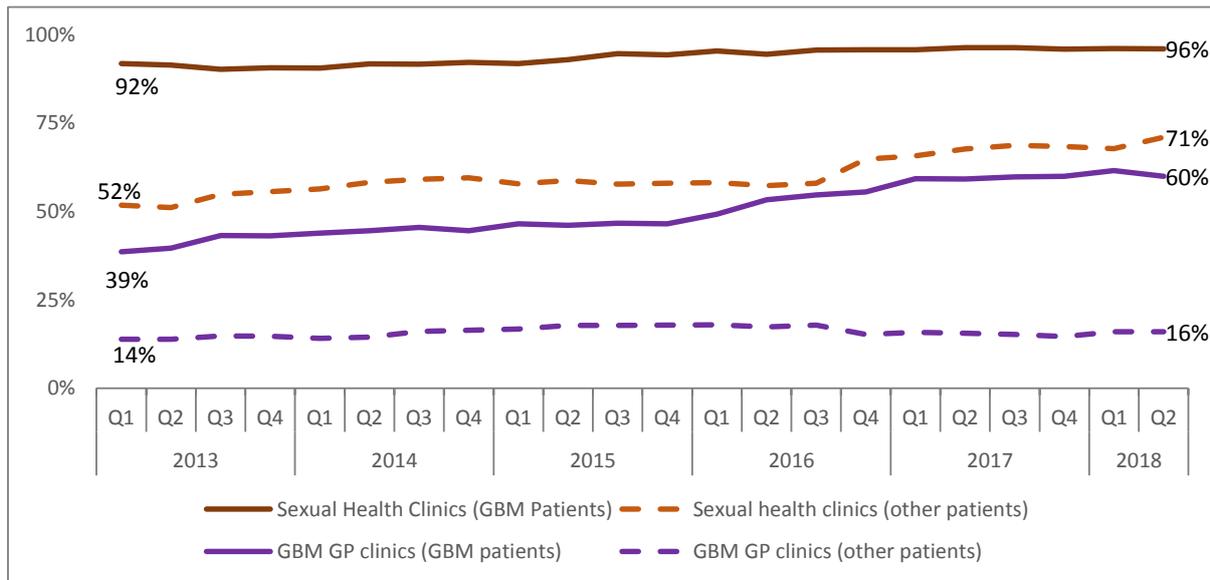
Data Source: NSW Dried Blood Spot Research database

*The total number of DBS tests by LHD for the period 1 Nov 2016 to 31 March 2018 will be available in the next report.

3.2 What are the HIV testing patterns in NSW?

HIV testing takes place in a range of clinical and community settings, including general practice, PFSHCs and community HIV testing sites.

Figure 22: Proportion of patients³ attending PFSHCs and GBM GP clinics⁴ tested at least once for HIV at any clinic in the ACCESS network in the previous year, by quarter and service type, January 2013 to June 2018⁵



Data source: ACCESS Database, The Kirby Institute and the Burnet Institute

Comments on Figure 22

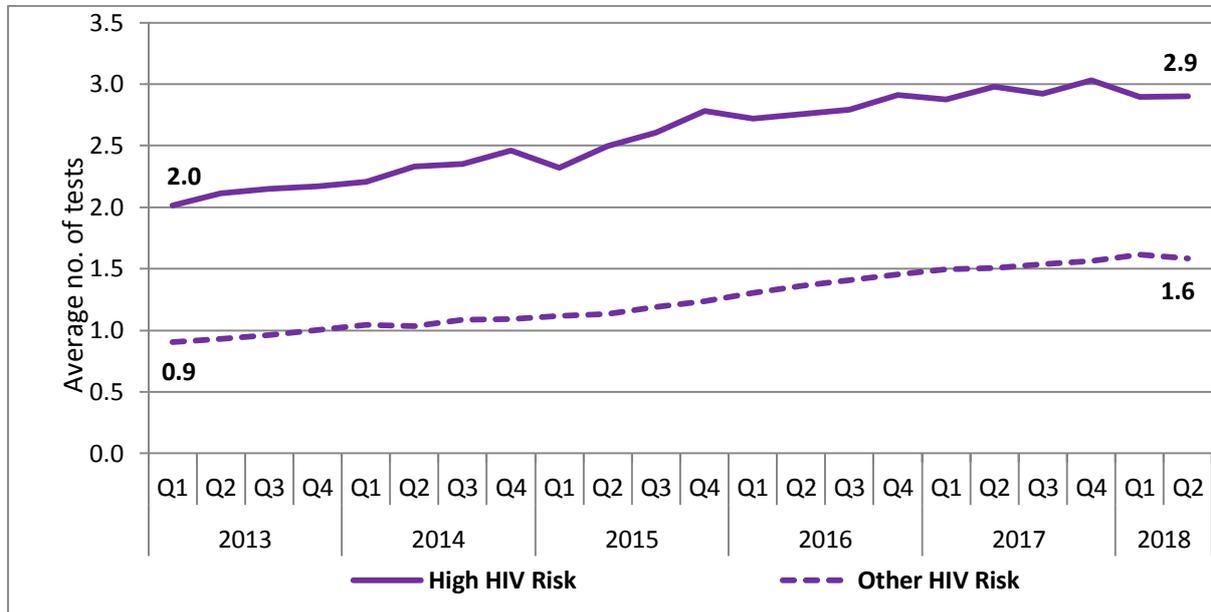
- In PFSHCs, testing uptake by other patients started to increase in the middle of 2016, rising from 57% in June-September 2016 to 71% in April-Jun 2018. Among GBM, testing uptake was maintained at 96% since middle of 2016.
- In GP clinics, testing uptake by GBM increased from 39% in January-March 2013 to 60% in April-Jun 2018. The uptake remained stable among other patients at those clinics.

³ Excludes patients known to be HIV positive

⁴ GBM clinics defined as general practice clinics serving at least 50 GBM patients annually; attendance data for patients not tested for HIV was unavailable for at GP clinics prior to 2013 and has been excluded

⁵ The testing period is retrospective; the proportion represents those who attended in a quarter and had at least one HIV test in the previous 12 months

Figure 23: Average number of annual HIV tests among GBM patients⁶ attending any clinic in the ACCESS network⁷, by HIV risk and quarter, January 2013 to June 2018 (excludes men accessing PrEP via EPIC-NSW)



Data source: ACCESS Database, The Kirby Institute and the Burnet Institute

Comments on Figure 23

In this report, the definition of risk relative to HIV has been adapted to reflect a more nuanced assessment of clinical data that explicitly excludes men accessing PrEP. The updated categories for risk are defined as follows:

- **High risk:** assigned to men not on PrEP who, on the basis of a hierarchical decision tree, had a history of a rectal STI in the 24 months prior, or over the past 12 months evidence of inconsistent condom use, 20 or more partners, or injecting drug use
- **Other risk:** Any man not on PrEP not otherwise meeting the criteria of ‘high risk’

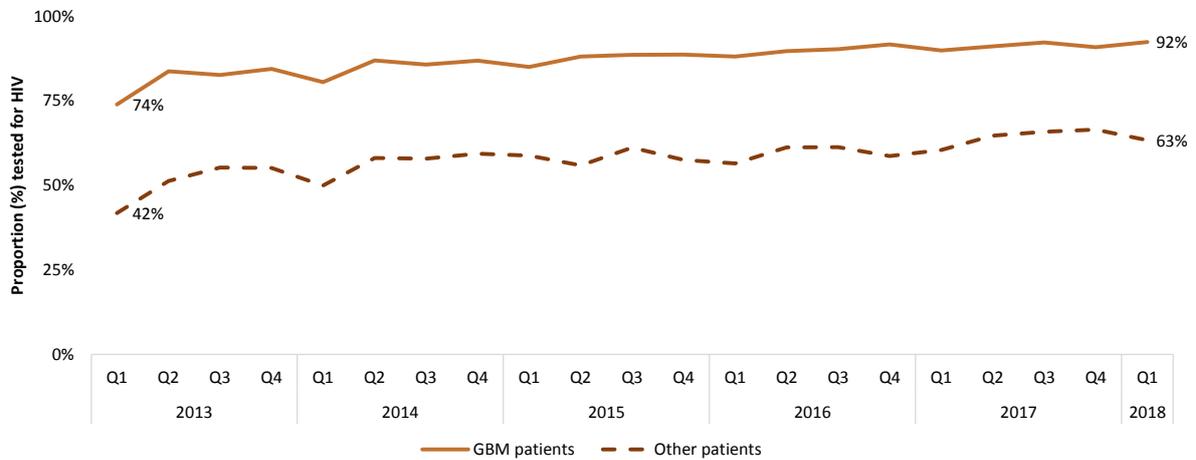
This change to the definition of ‘high risk’ means that the frequency of HIV testing among this group is lower than in previous reports because it excludes men accessing PrEP. Nevertheless, among those classified as at high risk for HIV, test frequency increased from 2.0 tests per year in Q1 of 2013 to 2.9 in Q2 of 2018.

Men accessing PrEP through the EPIC-NSW study were considered ‘low risk’ for HIV and, as per the protocol for that study, had consistently high rates of HIV testing. In Q2 of 2018, the average number of tests per EPIC participant in the previous 12 month period was 4.4.

⁶ Excludes patients known to be HIV positive

⁷ GBM clinics defined as general practice clinics serving at least 50 GBM patients annually

Figure 24: Proportion of patients⁸ attending PFSHCs and GBM GP clinics⁹ diagnosed with an STI who received a concurrent HIV test at any clinic in the ACCESS network¹⁰, by GBM status and quarter, 1 January 2013 to 31 March 2018



Data source: ACCESS Database, The Kirby Institute and the Burnet Institute

Comments on Figure 24

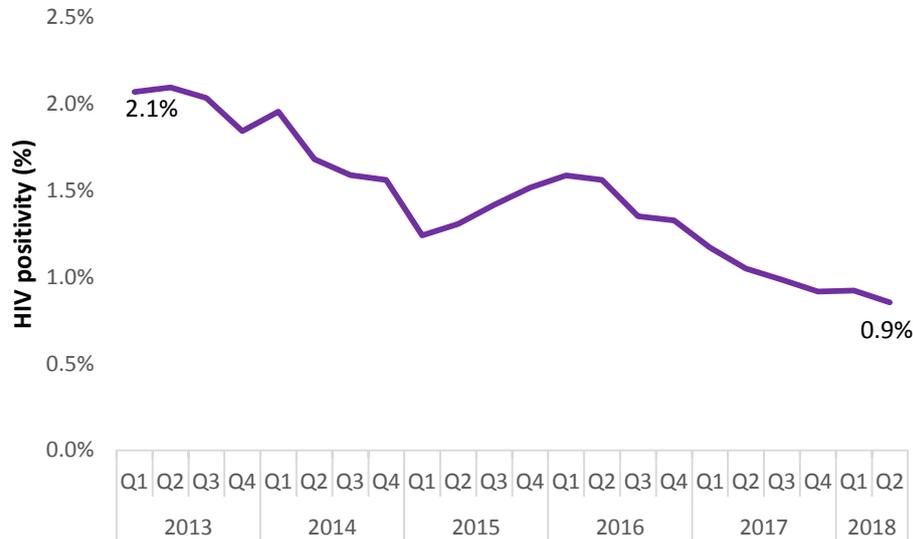
The proportion of GBM who received an HIV test in conjunction with an STI diagnosis increased over time from 74% in early 2013 to 92% in Q1 of 2018. Testing in conjunction with STI diagnoses was less common overall among other patients but also increased during this period (42% to 63%).

⁸ Excludes patients known to be HIV positive

⁹ GBM clinics defined as general practice clinics serving at least 50 GBM patients annually

¹⁰ Any HIV test conducted 60 days before or 30 days after a diagnosis of chlamydia, gonorrhoea and/or infectious syphilis.

Figure 25: Proportion of individual GBM patients¹¹ tested for HIV with a positive result (HIV positivity)¹² at any ACCESS site, by quarter, 1 January 2013 to 30 June 2018



Data source: ACCESS Database, The Kirby Institute and the Burnet Institute

Note: For this indicator, positivity refers to the proportion of unique clients tested for HIV who returned a positive result out of the total number of unique clients tested for HIV, rather than the proportion of positive HIV tests out of all HIV tests conducted.

Comments on Figure 25

- HIV positivity among GBM attending PFSHCs and GBM GP clinics has decreased from 2.1% in January-March 2013 to 0.9% in the April-June 2018.

¹¹ Excludes patients known to be HIV positive

¹² HIV positivity is calculated as the proportion of individuals tested in a retrospective year period (discounting repeat tests among individuals) with an HIV diagnosis or confirmed pathology (positive p24 antigen or western blot test)

3.3 How is testing being made more accessible?

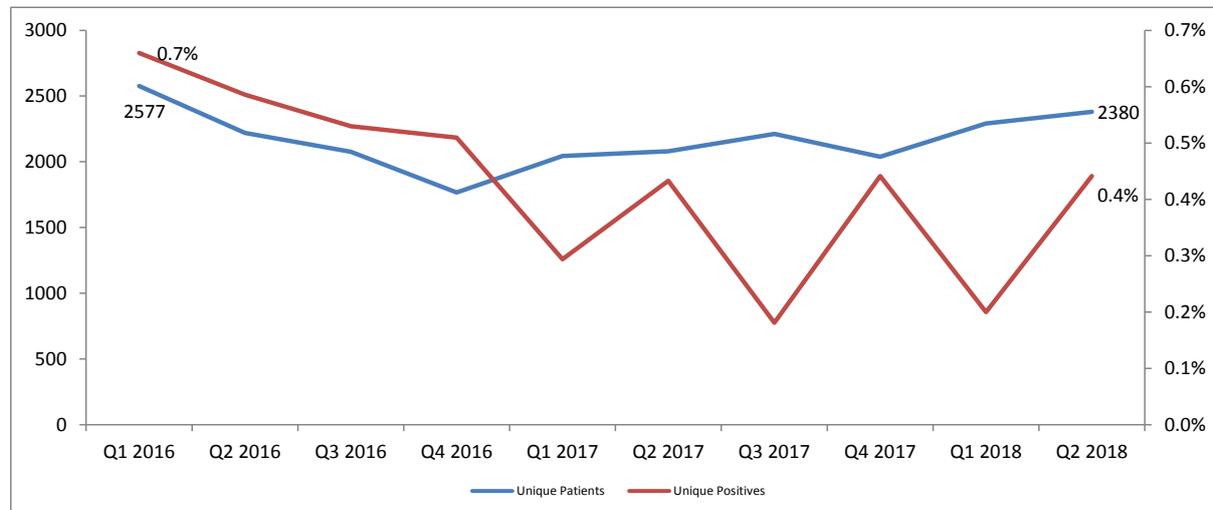
Table 7: Number of rapid HIV tests in community based sites and proportion of clients with high risk behaviour and infrequent testing history in April-June 2018

Non-traditional Settings	Number of RHT and (unique)	% Unique Positive	% never previously tested	% tested more than 12 months ago [#]	% with > 5 sexual partners in last 3 months*
Community-based					
<i>aTEST Oxford ST</i>	1961	0.5%	7.3%	12.5%	30.7%
<i>aTEST Kings Cross</i>	133	0%	6.0%	34.6%	14.0%
<i>aTEST Newtown</i>	286	0.3%	15.4%	16.4%	16.7%

Data sources: NSW Health HIV Strategy Monitoring Database¹³

Note: [#]Does not include 'never tested'; *Only patients who provided information on this characteristic have been included

Figure 26: The number of unique patients who had a rapid HIV test at a community based site between January 2016 and June 2018 and the proportion of tests that were positive



Data sources: NSW Health HIV Strategy Monitoring Database¹⁴

Comments on Figure 26

- NSW data suggests community-based testing sites are an effective testing model for engaging GBM.
- Rapid HIV testing has been effectively embedded into the mix of the testing options in NSW.

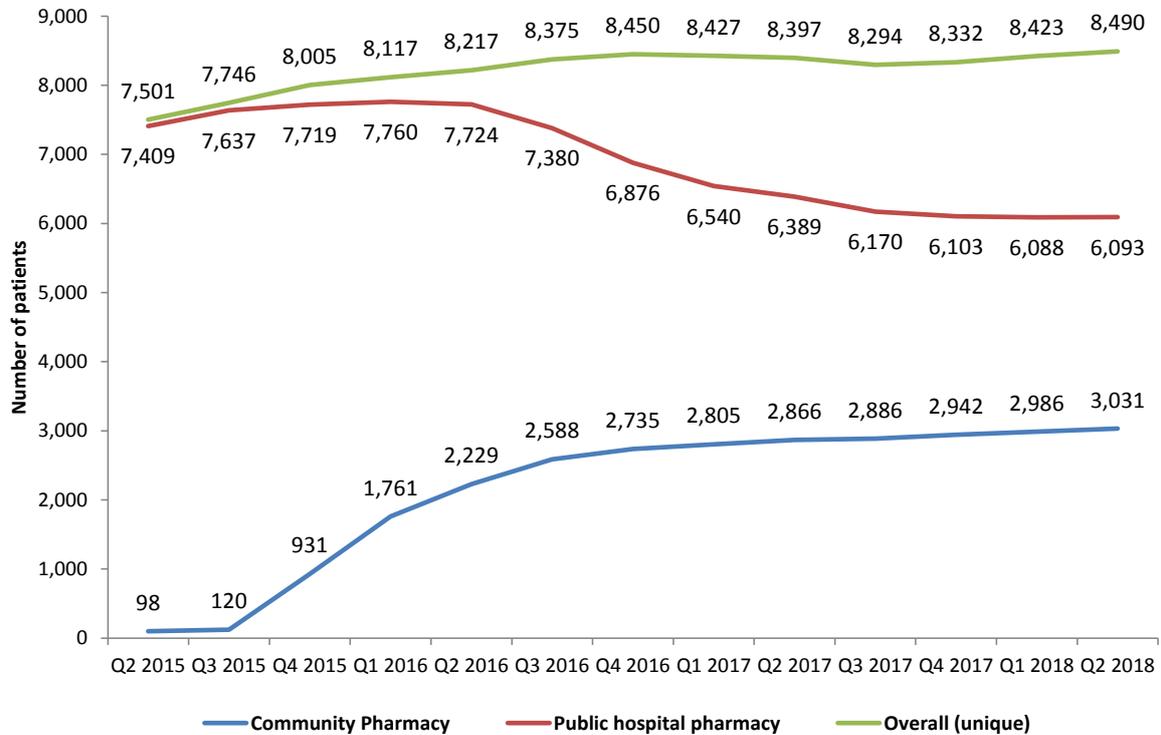
¹³ Public sexual health and HIV services data provided by Local Health Districts for the purpose of monitoring the implementation of the NSW HIV Strategy.

¹⁴ 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. Increase HIV Treatment

4.1 How many people in NSW are on antiretroviral therapy?

Figure 27: The number of NSW residents who have been dispensed ART for HIV, by pharmacy type and by quarter, in the previous 12 months from 1 April 2014 to 31 March 2018

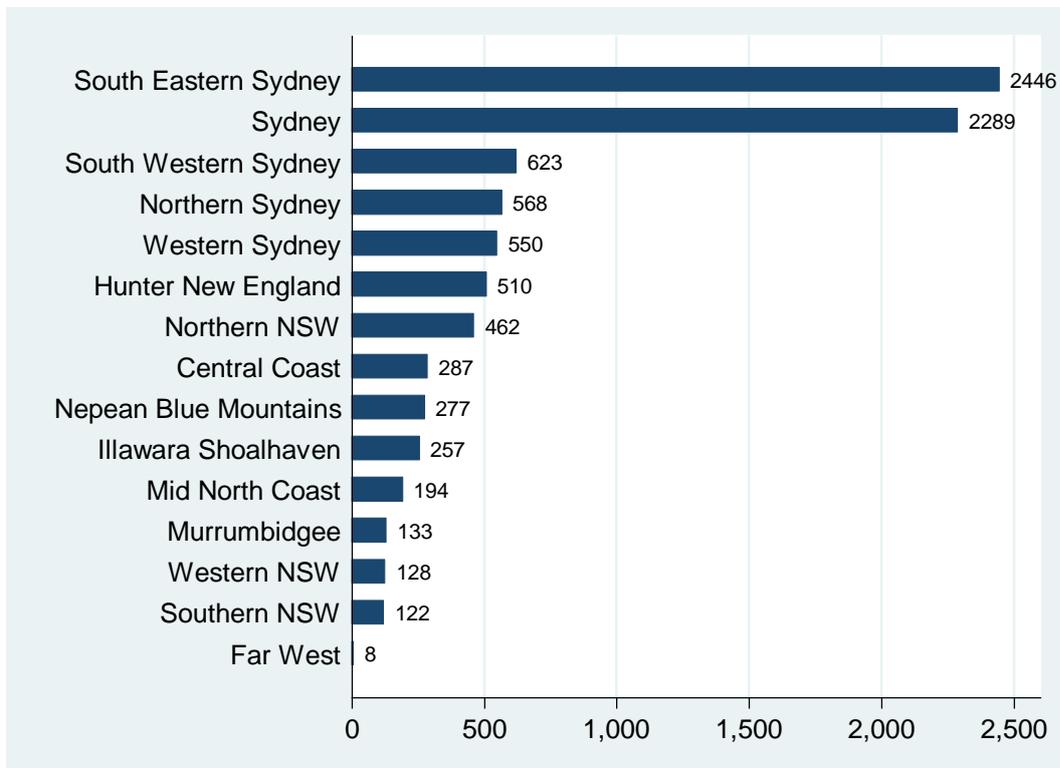


Data source: PBS Highly Specialised Drugs Programme data from 1 April 2014 to 31 March 2018 prepared for NSW Health. Note: The number of patients dispensed via community and public hospital pharmacies may add to a figure greater than the overall unique patients as some patients receive treatment from more than one pharmacy type within a year. Due to boundary changes or movements in and or out of NSW, the overall unique number of individuals presented in the above graph may differ slightly from previous reports.

Comments on Figure 27

- Between 1 April 2017 and 31 March 2018, a total of 8,490 NSW residents were dispensed ART for HIV at least once within the previous 12 months.
- Of the 8,490 residents dispensed ART, 91% were male. The majority (54.15%) were 50 years or older, 26.40% were aged 40-49 years, and about 20% aged 39 years or younger.

Figure 28: The number of NSW residents dispensed ART for HIV, by the LHD of patient residence, from 1 April 2017 to 31 March 2018¹⁵



Data source: Pharmaceutical Benefits Schedule Highly Specialised Drugs Programme data from April 2017 to March 2018

Comments on Figure 28

- About three-quarters (73%) of the ART dispensed in the 12 months ending 31 March 2018 was to patients residing in the following five LHDs: South Eastern Sydney, Sydney, South Western Sydney, Northern Sydney and Western Sydney LHDs.

¹⁵ The sum of the numbers displayed in the graph is higher than the total of 8,490 patients as some patients resided in more than one LHD.

4.2 Is the proportion of people on antiretroviral treatment coverage increasing in NSW?

Data on the treatment status of clients who received HIV care in NSW public sexual health and HIV services between July 2017 and June 2018 is summarised at Table 8¹⁶.

Table 8: Clients who received HIV care in NSW public sexual health and HIV services from 1 July 2017 and 30 June 2018

Number (%) of patients for whom treatment information was available	5159*
Number (%) on ART	5017 (97%)

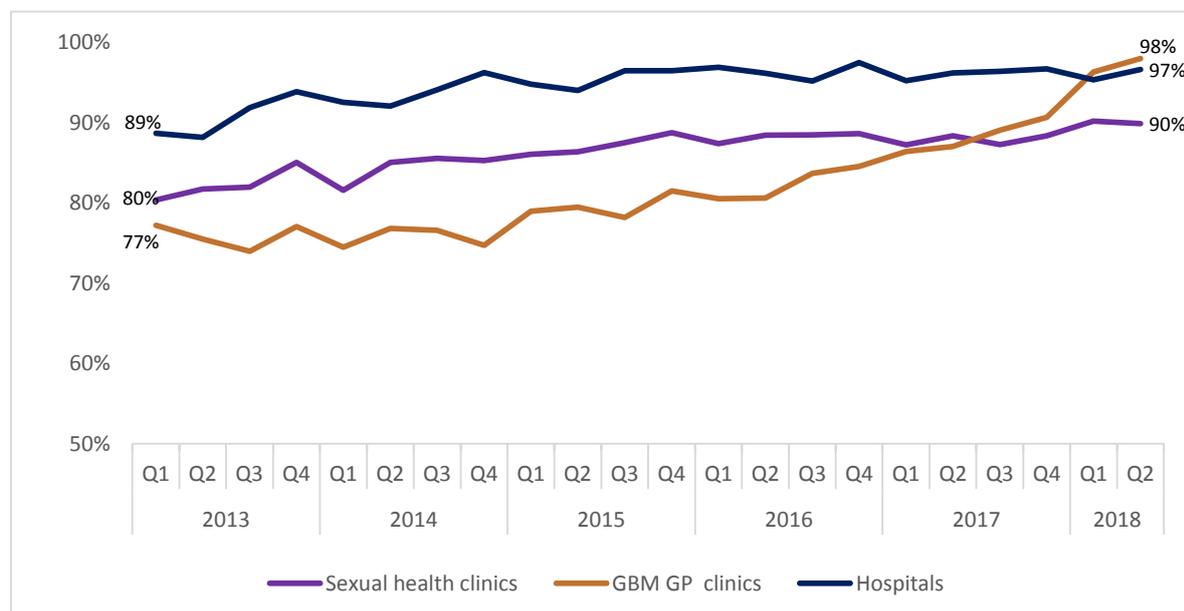
Data sources: NSW Health HIV Strategy Monitoring Database¹⁷

*No data submitted by the Prince of Wales Hospital.

Comment

- During period from July 2017 to June 2018, treatment information was available for 5,159 clients with HIV who received care in public HIV and sexual health clinics in NSW. The available data indicates treatment coverage in NSW PFSHCs is high at 97%.

Figure 29: Proportion of HIV positive patients¹⁸ attending PFSHCs, public hospital outpatient clinics and GBM GP clinics¹⁹ who received treatment or were recorded as on treatment in the previous year at any clinic in the ACCESS network, by service type and quarter, January 2013 to June 2018



Data source: ACCESS Database, The Kirby Institute and the Burnet Institute

Comments on Figure 29

¹⁶ 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.

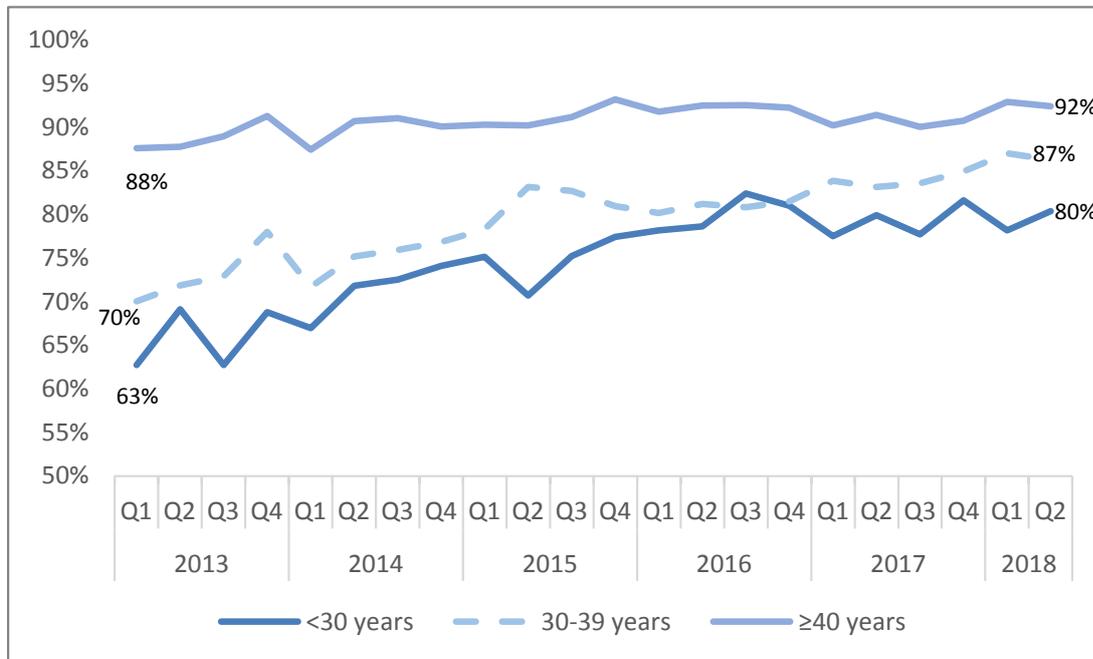
¹⁷ Public sexual health and HIV services data provided by Local Health Districts for the purpose of monitoring the implementation of the NSW HIV Strategy.

¹⁸ Excludes patients for whom HIV care was recorded as managed elsewhere

¹⁹ GBM clinics defined as general practice clinics serving at least 50 GBM patients annually

- HIV treatment uptake increased steadily over time across PFSHCs, GBM GP clinics and public hospitals. The greatest increase was among patients who attended GBM GP clinics, increased from 77% in early 2013 to 98% in April-June 2018.

Figure 30: Proportion of HIV positive patients attending PFSHCs, public hospital outpatient clinics and GBM GP clinics²⁰ who received treatment or were recorded as on treatment in the previous year at any clinic in the ACCESS network, by age group and quarter, January 2013 to June 2018



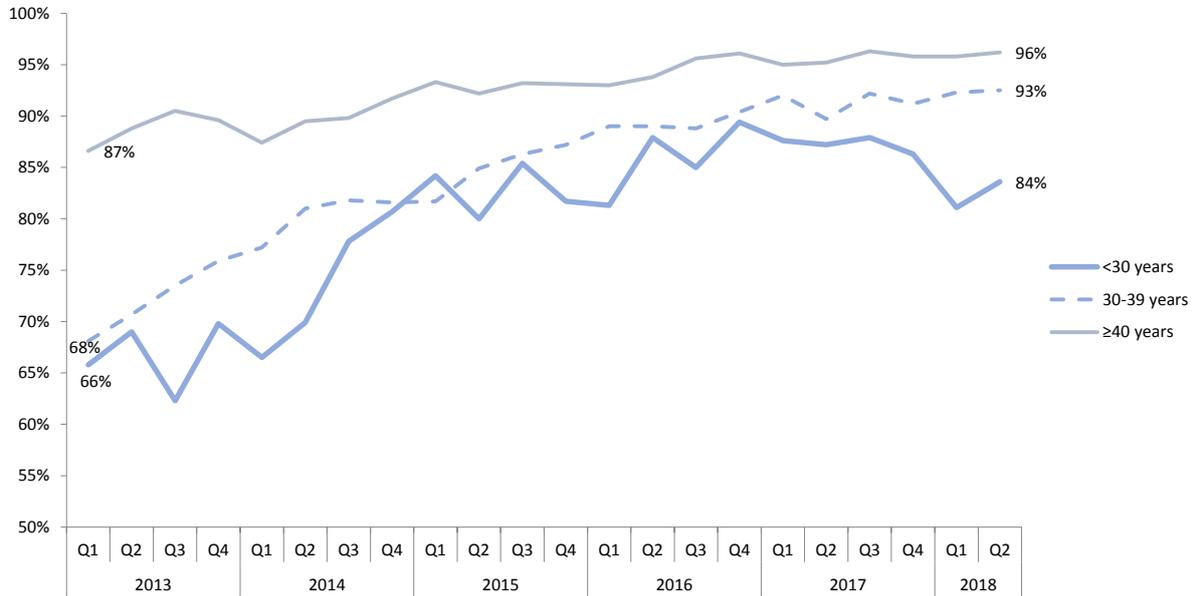
Data source: ACCESS Database, The Kirby Institute and the Burnet Institute

Comments on Figure 30

- HIV treatment uptake was highest among patients aged 40 years and older. Greatest change in uptake was in patients under 30 years old, increasing from 63% in early 2013 to 80% in April-June 2018.

²⁰ GBM clinics defined as general practice clinics serving at least 50 GBM patients annually

Figure 31: Proportion of HIV positive patients on treatment at PFSHCs, public hospital outpatient clinics and GBM GP²¹ clinics with 'undetectable'²² viral load at their most recent test in the previous 12-month period at any clinic in the ACCESS network²³, by age group and quarter, January 2013 to June 2018



Data source: ACCESS Database, The Kirby Institute and the Burnet Institute

Comments on Figure 31

- The proportion of HIV positive patient with undetectable viral load (UVL) was consistently higher among patients aged 40 years and older (96%).
- The greatest change over time was among younger patients with HIV UVL among patients aged under 30 years increased from 66% in early 2013 to 84% in April-June 2018. However, the proportion has experienced a decline by 3% in April-June 2018 (84%) when compared to the same period in 2017(87%).

4.3 How quickly are people newly diagnosed with HIV commencing antiretroviral therapy and achieving undetectable viral load in NSW?

Under the 2016-2020 HIV Strategy the aim is to ensure that at least 90% of people newly diagnosed with HIV are on ART within 6 weeks of diagnosis and to further reduce the time from diagnosis to ART over the life of the Strategy. In 2013 HIV surveillance in NSW was enhanced to collect at six months post diagnosis, via doctors, information on retention in care, ART commencement, pre-ART and latest HIV viral load and CD4 count.

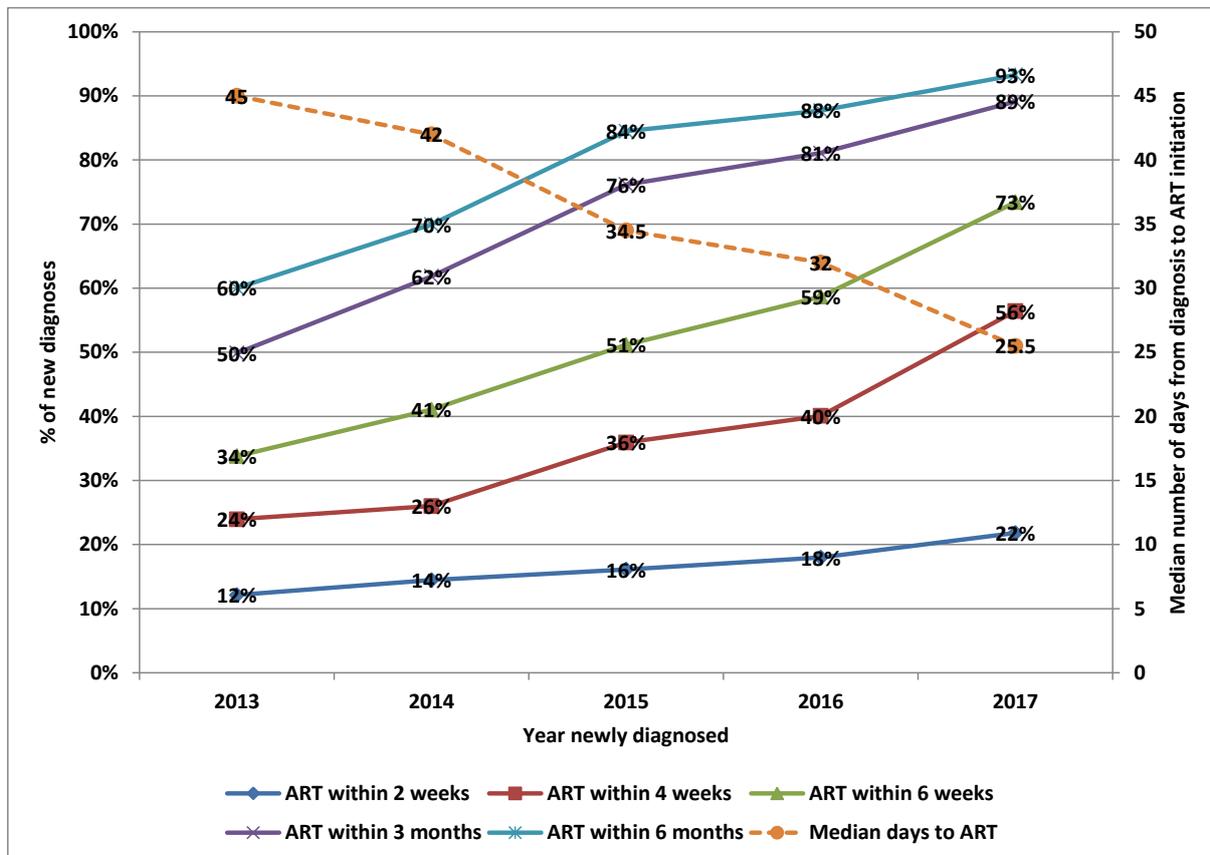
At the time of preparing this Q2 2018 report, six months post diagnosis follow up had been done on NSW residents newly diagnosed in the five year period 1 January 2013 to 31 December 2017 (n=1678). Data on initiation of ART was drawn from six months post diagnosis follow up form (FUF) data and HIV notification form data and combined for analysis. All new diagnoses were included irrespective of whether eligible for follow up and of care outcome.

²¹ GBM clinics defined as general practice clinics serving at least 50 GBM patients annually

²² Undetectable' defined as <200 RNA copies/mm³ of blood

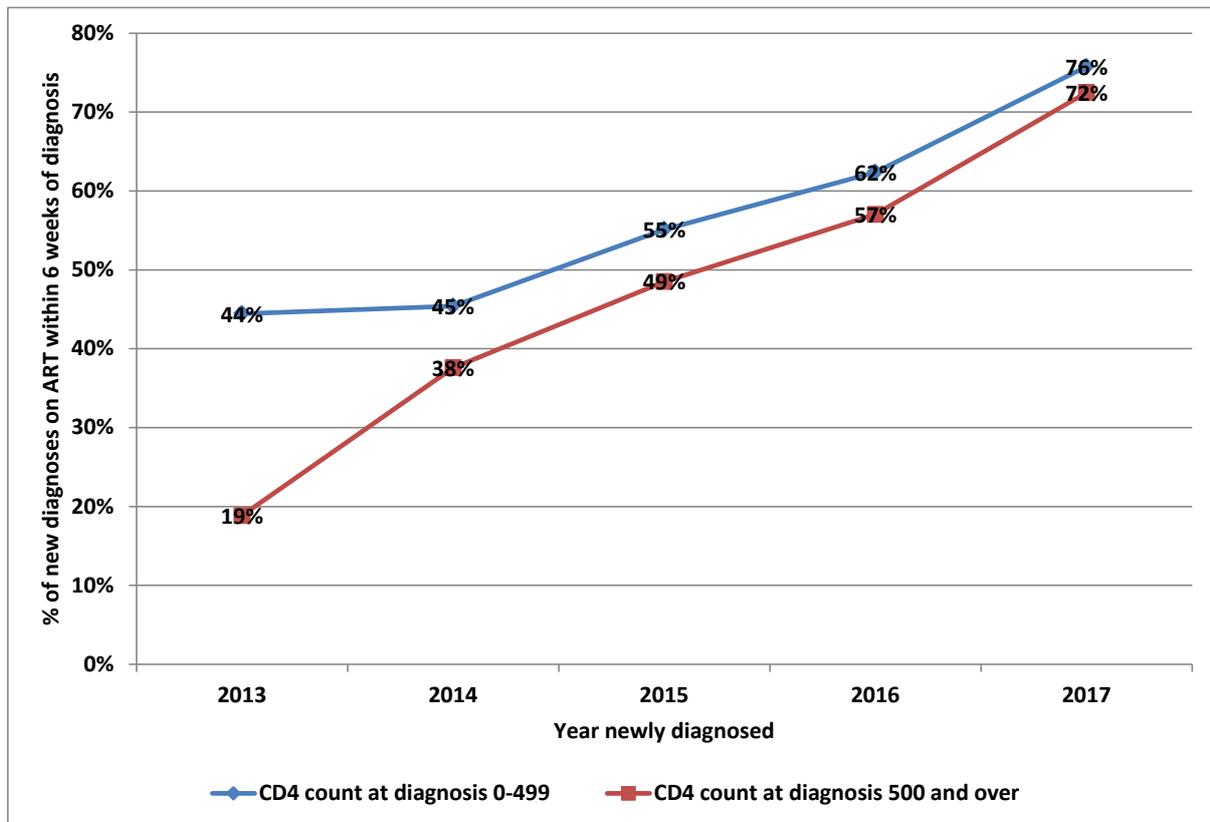
²³ Excludes patients for whom viral load test information was not available

Figure 32: Time to ART for NSW residents newly diagnosed in 2013-2017



- Of the 312 people newly diagnosed in 2017 now followed up six months post diagnosis, 22% initiated ART within two weeks, 56% within four weeks, 73% within six weeks, 89% within three months and 93% within six months of diagnosis. The median time to ART initiation was 25.5 days. Of the 291 on ART within six months of diagnosis, 257 (88%) were already virally suppressed at six months follow up.

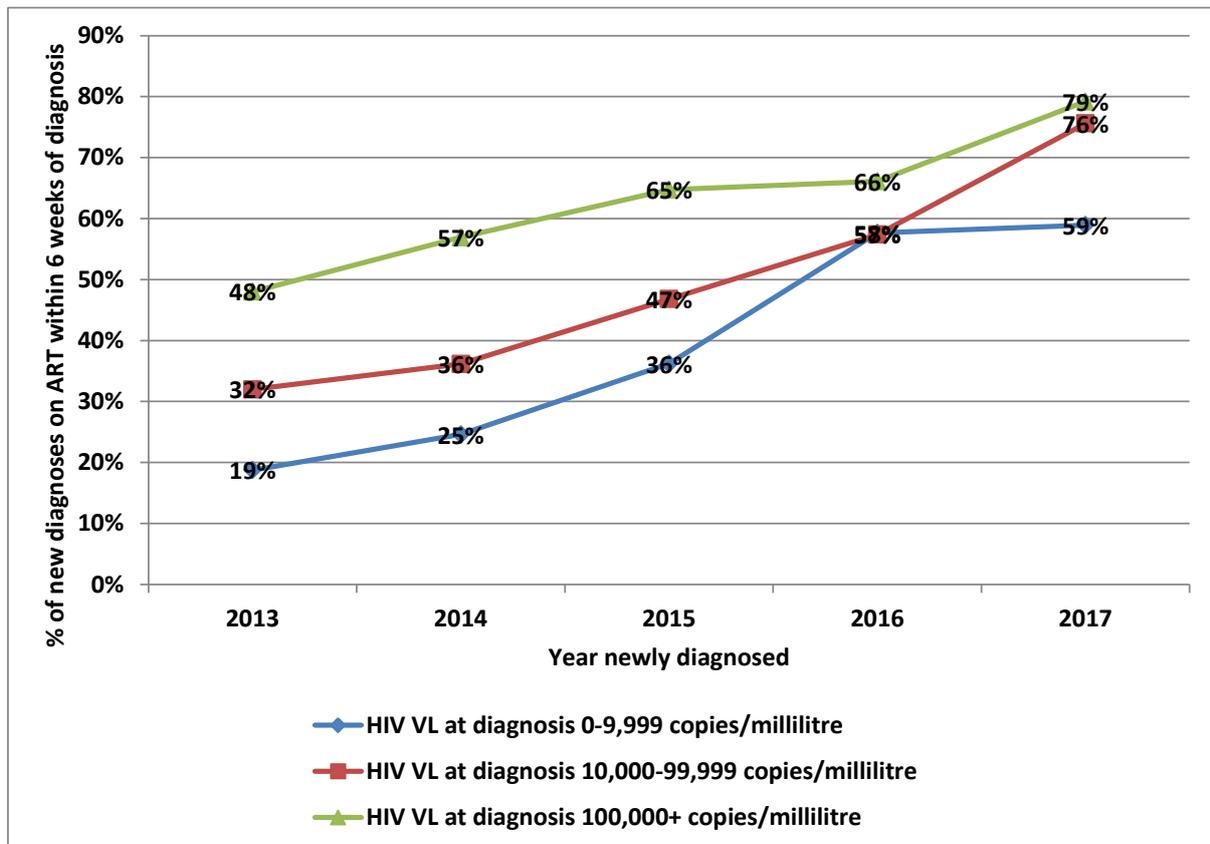
Figure 33: CD4 count at diagnosis of NSW residents notified with newly diagnosed HIV infection in 2013-2017 and % on ART within six weeks of diagnosis



Note: excludes 50 new diagnoses with missing CD4 at diagnosis, some of whom had commenced ART within 6 months.

- The proportion of people newly diagnosed with a CD4 count of 0-499 cells/ μ L who commenced ART within six weeks of diagnosis was 44% of the 2013, 45% of the 2014, 55% of the 2015, 62% of the 2016 and 76% of the 2017 new diagnoses.
- The proportion of people newly diagnosed with a CD4 count of 500 or over who commenced ART within six weeks of diagnosis was 19% of the 2013, 38% of the 2014, 49% of the 2015, 57% of the 2016 and 72% of the 2017 new diagnoses.

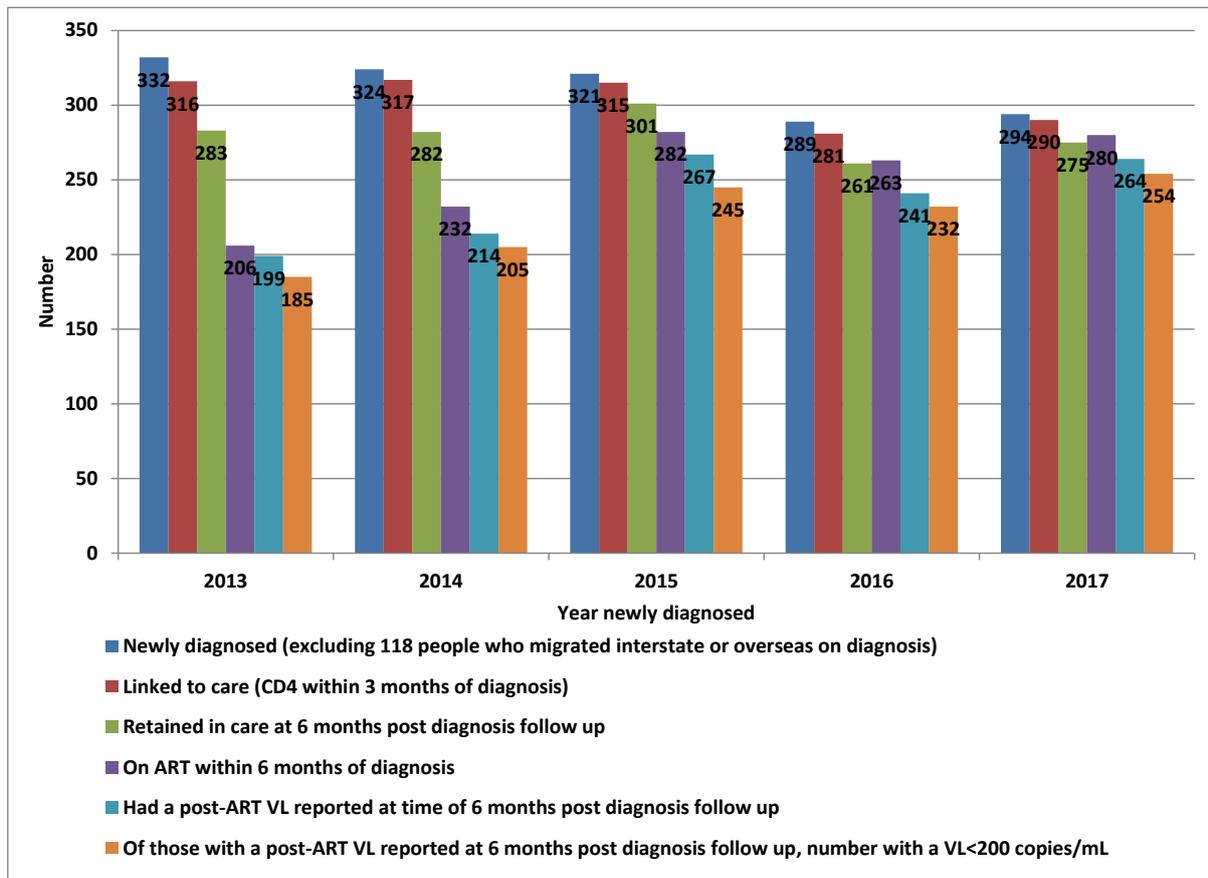
Figure 34: HIV viral load at diagnosis of NSW residents notified with newly diagnosed HIV infection in 2013-2017 and % on ART within six weeks of diagnosis



Note: excludes 64 new diagnoses with missing HIVVL at diagnosis, some of whom had commenced ART within 6 months.

- The proportion of people newly diagnosed with a HIV VL of 0-9,999 copies/mL who commenced ART within six weeks of diagnosis was 19% of the 2013, 25% of the 2014, 36% of the 2015, 58% of the 2016 and 59% of 2017 new diagnoses with low viral load.
- The proportion of people newly diagnosed with a HIV VL of 10,000-99,999 who commenced ART within six weeks of diagnosis was 32% of the 2013, 36% of the 2014, 47% of the 2015, 57% of the 2016 and 76% of the 2017 new diagnoses with mid viral load.
- The proportion of people newly diagnosed with a HIV VL of 100,000 or over who commenced ART within six weeks of diagnosis was 48% of the 2013, 57% of the 2014, 65% of the 2015, 66% of the 2016 and 79% of the 2017 new diagnoses with high viral load.

Figure 35: HIV care continuum indicators measured six months post diagnosis on 1560 NSW residents newly diagnosed with HIV infection in 2013-2017



HIV surveillance data were used to construct an HIV care continuum (or cascade) at an interval six months after diagnosis for NSW residents newly diagnosed 1 January 2013 onwards. In this report follow up data were available on people newly diagnosed in 2013-2017. The HIV care continuum reflects their linkage to HIV services, retention in care, early uptake of treatment and subsequent HIV viral load suppression at the time of their six month follow up.

Included in the cascade were 1560 of 1678 (93%) NSW residents newly diagnosed in 2013-2017 whom had not permanently migrated out of NSW within 6 months of diagnosis (118 exits excluded).

- Since 2013 each year increasing proportions of people newly diagnosed have been linked to HIV services, retained in care, and achieved rapid ART initiation and HIV VL suppression.
- Of the 294 people included in the NSW new diagnosis cascade for 2017, 290 (99%) were linked to care (CD4 count at diagnosis used as proxy measure); 275 (94%) were retained in care six months post diagnosis; 280 (95%) commenced ART within six months of diagnosis; 264 (90%) had a post-ART HIV viral load (HIV VL) done by the time of follow up, and 254 (86%) had a HIV VL<200 copies/mL at the time of follow up. Of the 264 with a post-ART viral load by time of follow up, 254 (96%) had a HIV VL<200 copies/mL. Of 19 new diagnoses in 2017 not retained in care six months post diagnosis, eight (3%) were lost to follow up from the reporting doctor, five (2%) had died and six (2%) had an “other” reason for not being in care.

Appendix A: Data Sources

Notifications Data Sources

Name	Custodian	Availability	Details
Notifiable Conditions Information Management System (NCIMS)	Health Protection NSW, NSW Health	Quarterly	State wide coverage of HIV notifications received by NSW Health and their follow-up six months post diagnosis. Quarterly report restricted to notifications on NSW residents who are newly diagnosed with HIV. NCIMS contains de-identified epidemiological information including on: basic demographic data, diagnosis date, reasons for testing, CD4 count, HIV viral load (HIV VL), past testing history, risk exposure, retention in care and ART status six months post diagnosis. HIV surveillance forms available at: http://www.health.nsw.gov.au/Infectious/Pages/notification.aspx

Prevention Data Sources

Name	Custodian	Availability	Details
EPIC-NSW Enrolment and Behavioural survey databases	The Kirby Institute, UNSW Australia	Quarterly	Demographic data on all EPIC-NSW participants. Data fields include: site, age, sex, sexuality, residence, country of birth.
ACCESS study database and EPIC-NSW Temporary Data Collection	The Kirby Institute, UNSW Australia, and Burnet Institute	Quarterly	Deidentified clinical data patients attending sexual health clinics, high caseload general practice clinics and hospital outpatients clinics, which includes details on patient consultations, demographics, behaviour, testing, diagnoses and treatment/prescriptions. ACCESS is a live and real-time database, which means that data are not always available from every service and it is possible for services to be introduced and discontinued over time. These changes may introduce slight variations from one reporting period to the next.
Sydney Gay Community Periodic Survey	Centre for Social Research in Health	Annually	Repeat cross-sectional survey of gay and homosexually active men recruited at a range of gay community sites in Sydney. Data fields include sexual, drug use and testing practices related to the transmission of HIV and other STIs among gay men in Sydney. Data is self-reported. Data is collected in February-March annually and published in the following quarter.
ACON Ending HIV online survey database	ACON	Ad-hoc	Survey respondents are self-selected gay identifying men, recruited mainly through advertisements undertaken by ACON on Facebook. Contains data knowledge and attitudes of respondents towards testing, prevention and treatment.

NSW Health NSP Minimum Data Set	Centre for Population Health, NSW Health	Quarterly	Units of injecting equipment distributed in NSW by pharmacies participating in the Pharmacy NSP Fitpack® scheme and by the Public NSP
NSW NSP Data Collection	Centre for Population Health, NSW Health	6-monthly	Number of public NSP outlets by type in NSW by LHD
NSW Needle and Syringe Program Enhanced Data Collection	The Kirby Institute, UNSW Australia	Annual	Annual Survey of NSP attendees. Provides NSP client demographic, behavioural and drug use data to strengthen the state-wide prevention approach, and inform LHDs in planning for NSP service delivery at the local level. Data is self-reported. Data is collected over a two week period in late Feb/early March. The reports are circulated to CEs and key stakeholders in August. (The report may be published for the first time in 2017 TBC)

Testing Data Sources

Name	Custodian	Availability	Coverage
NSW Health denominator data project	Health Protection NSW, NSW Health	Quarterly	Number of tests in NSW
NSW Health HIV Strategy Monitoring Database	NSW Ministry of Health, NSW Health	Quarterly	Public sexual health and HIV services data provided by Local Health Districts for the purpose of monitoring the implementation of the NSW HIV Strategy, includes aggregate testing data by priority population for relevant tests conducted within the LHD and community sites.
ACCESS Database	The Kirby Institute, UNSW Australia, and Burnet Institute	Quarterly	Deidentified clinical data patients attending sexual health clinics, high caseload general practice clinics and hospital outpatients clinics, which includes details on patient consultations, demographics, behaviour, testing, diagnoses and treatment/prescriptions. ACCESS is a live and real-time database, which means that data are not always available from every service and it is possible for services to be introduced and discontinued over time. These changes may introduce slight variations from one reporting period to the next.
Sydney Gay Community Periodic Survey	Centre for Social Research in Health	Annually Note: collected February-March	Repeat cross-sectional survey of gay and homosexually active men recruited at a range of gay community sites in Sydney. Data fields include sexual, drug use and testing practices related to the transmission of HIV and other STIs among gay men in Sydney. Data is self-reported. Data is collected in February-March annually and published in the following quarter.

Treatment Data Sources

Name	Custodian	Availability	Coverage
Pharmaceutical Benefits Schedule (PBS) Highly Specialised Drugs Programme data	Centre for Population Health, NSW Health	Quarterly Note: 4-6 month lag in data being provided to NSW Health.	PBS dispensing data for HIV treatments for all NSW residents from July 2014. This data is prepared by the Commonwealth Government for NSW Health and captures all HIV treatment dispensing in NSW through the PBS from a public hospital, private hospital or community pharmacies.
NSW Health HIV Strategy Monitoring Database	NSW Ministry of Health, NSW Health	Quarterly	Public sexual health and HIV services data provided by Local Health Districts for the purpose of monitoring the implementation of the NSW HIV Strategy, includes summarised data on treatment coverage among patients diagnosed with HIV who are 'in care'.
ACCESS Database	The Kirby Institute, UNSW Australia, and Burnet Institute	Quarterly	Deidentified clinical data patients attending sexual health clinics, high caseload general practice clinics and hospital outpatients clinics, which includes details on patient consultations, demographics, behaviour, testing, diagnoses and treatment/prescriptions. ACCESS is a live and real-time database, which means that data are not always available from every service and it is possible for services to be introduced and discontinued over time. These changes may introduce slight variations from one reporting period to the next.
Notifiable Conditions Information Management System (NCIMS)	Health Protection NSW, NSW Health	Quarterly	State wide coverage/representation of HIV notifications received by NSW Health under public health legislation and of their follow up six months post diagnosis. Quarterly report restricted to notifications on people who are NSW residents and who are newly diagnosed with HIV. NCIMS contains de-identified epidemiological information on people notified with HIV infection including on: basic demographic data, diagnosis date, reasons for testing, CD4 count, HIV viral load (HIV VL), past testing history, risk exposure, retention in care and ART status six months post diagnosis. HIV surveillance forms available at: http://www.health.nsw.gov.au/Infectious/Pages/notification.aspx

Appendix B: Characteristics of NSW residents notified with newly diagnosed HIV infection 1981 to 30 June 2018 (continues over page) Data extracted from NCIMS, Health Protection NSW, 6 August 2018.

Case characteristics	2010		2011		2012		2013		2014		2015		2016		2017		Jan-June 2018		1981-Jun 18	%
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	
Total (ALL)	305	100.0%	332	100.0%	412	100.0%	354	100.0%	345	100.0%	348	100.0%	317	100.0%	312	100.0%	131	100.0%	18398	100.0%
Gender																				
Male	280	91.8%	311	93.7%	375	91.0%	324	91.5%	319	92.5%	319	91.7%	291	91.8%	282	90.4%	124	94.7%	16916	91.9%
Female	23	7.5%	21	6.3%	36	8.7%	27	7.6%	25	7.2%	28	8.0%	22	6.9%	24	7.7%	5	3.8%	1181	6.4%
Transgender	2	0.7%	0	0.0%	1	0.2%	3	0.8%	1	0.3%	1	0.3%	4	1.3%	6	1.9%	2	1.5%	52	0.3%
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%	0	0.0%	249	1.4%
Aboriginal or Torres Strait Islander person status																				
Aboriginal person	7	2.3%	5	1.5%	13	3.2%	8	2.3%	7	2.0%	7	2.0%	9	2.8%	8	2.6%	5	3.8%	201	1.1%
Torres Strait Islander person	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.3%	0	0.0%	0	0.0%	1	0.0%
Non-Aboriginal person	293	96.1%	324	97.6%	393	95.4%	344	97.2%	331	95.9%	338	97.1%	306	96.5%	304	97.4%	126	96.2%	11285	61.3%
Not stated	5	1.6%	3	0.9%	6	1.5%	2	0.6%	7	2.0%	3	0.9%	1	0.3%	0	0.0%	0	0.0%	6911	37.6%
Age in years at diagnosis																				
0-4	1	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	39	0.2%
5-9	0	0.0%	0	0.0%	0	0.0%	1	0.3%	0	0.0%	0	0.0%	1	0.3%	1	0.3%	0	0.0%	25	0.1%
10-14	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	36	0.2%
15-19	5	1.6%	6	1.8%	9	2.2%	9	2.5%	2	0.6%	6	1.7%	3	0.9%	5	1.6%	2	1.5%	319	1.7%
20-24	29	9.5%	34	10.2%	44	10.7%	37	10.5%	41	11.9%	45	12.9%	39	12.3%	29	9.3%	21	16.0%	2234	12.1%
25-29	56	18.4%	55	16.6%	77	18.7%	64	18.1%	51	14.8%	63	18.1%	60	18.9%	58	18.6%	25	19.1%	3619	19.7%
30-34	49	16.1%	65	19.6%	71	17.2%	48	13.6%	64	18.6%	62	17.8%	63	19.9%	58	18.6%	23	17.6%	3657	19.9%
35-39	43	14.1%	59	17.8%	64	15.5%	42	11.9%	45	13.0%	45	12.9%	48	15.1%	35	11.2%	11	8.4%	3023	16.4%
40-44	51	16.7%	46	13.9%	47	11.4%	45	12.7%	46	13.3%	32	9.2%	30	9.5%	38	12.2%	12	9.2%	2231	12.1%
45-49	30	9.8%	26	7.8%	38	9.2%	45	12.7%	30	8.7%	26	7.5%	32	10.1%	21	6.7%	11	8.4%	1331	7.2%
50-54	7	2.3%	25	7.5%	28	6.8%	24	6.8%	26	7.5%	28	8.0%	18	5.7%	19	6.1%	8	6.1%	821	4.5%
55-59	22	7.2%	10	3.0%	14	3.4%	22	6.2%	15	4.3%	13	3.7%	13	4.1%	16	5.1%	10	7.6%	476	2.6%
60-64	5	1.6%	2	0.6%	13	3.2%	6	1.7%	14	4.1%	15	4.3%	6	1.9%	17	5.4%	3	2.3%	264	1.4%
65-69	6	2.0%	2	0.6%	4	1.0%	9	2.5%	7	2.0%	7	2.0%	4	1.3%	5	1.6%	2	1.5%	142	0.8%
70 or over	1	0.3%	2	0.6%	3	0.7%	2	0.6%	3	0.9%	6	1.7%	0	0.0%	10	3.2%	3	2.3%	93	0.5%
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%	0	0.0%	88	0.5%

	2010		2011		2012		2013		2014		2015		2016		2017		Jan-June 2018		1981- Jun 18	%
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
Total (ALL)	305	100.0%	332	100.0%	412	100.0%	354	100.0%	345	100.0%	348	100.0%	317	100.0%	312	100.0%	131	100.0%	18398	100.0%
Reported HIV risk exposure																				
Men who have sex with men	226	74.1%	269	81.0%	321	77.9%	265	74.9%	256	74.2%	264	75.9%	235	74.1%	217	69.6%	99	75.6%	11656	63.4%
MSM who injects drugs	8	2.6%	11	3.3%	14	3.4%	16	4.5%	20	5.8%	21	6.0%	25	7.9%	16	5.1%	8	6.1%	572	3.1%
Hetero-sex only	51	16.7%	41	12.3%	58	14.1%	61	17.2%	50	14.5%	52	14.9%	48	15.1%	66	21.2%	22	16.8%	1741	9.5%
PWID	9	3.0%	8	2.4%	10	2.4%	7	2.0%	8	2.3%	4	1.1%	4	1.3%	6	1.9%	1	0.8%	572	3.1%
Blood or tissue recipient	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.3%	0	0.0%	0	0.0%	0	0.0%	277	1.5%
Mother to child	1	0.3%	0	0.0%	0	0.0%	1	0.3%	1	0.3%	0	0.0%	1	0.3%	2	0.6%	0	0.0%	53	0.3%
Other	1	0.3%	1	0.3%	2	0.5%	1	0.3%	4	1.2%	3	0.9%	1	0.3%	1	0.3%	0	0.0%	50	0.3%
Unknown	9	3.0%	2	0.6%	7	1.7%	3	0.8%	6	1.7%	3	0.9%	3	0.9%	4	1.3%	1	0.8%	3477	18.9%
LHD of residence																				
South Eastern Sydney	109	35.7%	124	37.3%	150	36.4%	126	35.6%	112	32.5%	128	36.8%	84	26.5%	92	29.5%	41	31.3%	5731	31.2%
Sydney	76	24.9%	88	26.5%	113	27.4%	87	24.6%	82	23.8%	84	24.1%	94	29.7%	66	21.2%	30	22.9%	3125	17.0%
Northern Sydney	19	6.2%	24	7.2%	23	5.6%	25	7.1%	18	5.2%	24	6.9%	19	6.0%	29	9.3%	11	8.4%	1038	5.6%
Western Sydney	20	6.6%	31	9.3%	25	6.1%	27	7.6%	27	7.8%	20	5.7%	24	7.6%	29	9.3%	9	6.9%	786	4.3%
South Western Sydney	25	8.2%	18	5.4%	30	7.3%	33	9.3%	32	9.3%	33	9.5%	32	10.1%	29	9.3%	15	11.5%	769	4.2%
Hunter New England	16	5.2%	11	3.3%	14	3.4%	17	4.8%	27	7.8%	17	4.9%	15	4.7%	7	2.2%	6	4.6%	512	2.8%
Nepean Blue Mountains	3	1.0%	4	1.2%	5	1.2%	3	0.8%	6	1.7%	6	1.7%	2	0.6%	6	1.9%	2	1.5%	270	1.5%
Illawarra Shoalhaven	8	2.6%	5	1.5%	9	2.2%	7	2.0%	6	1.7%	7	2.0%	8	2.5%	10	3.2%	4	3.1%	245	1.3%
Central Coast	5	1.6%	4	1.2%	10	2.4%	5	1.4%	8	2.3%	5	1.4%	11	3.5%	12	3.8%	3	2.3%	222	1.2%
Northern NSW	8	2.6%	11	3.3%	5	1.2%	5	1.4%	7	2.0%	8	2.3%	5	1.6%	11	3.5%	3	2.3%	219	1.2%
Mid North Coast	3	1.0%	4	1.2%	3	0.7%	6	1.7%	7	2.0%	6	1.7%	2	0.6%	4	1.3%	1	0.8%	153	0.8%
Western NSW	4	1.3%	3	0.9%	7	1.7%	5	1.4%	2	0.6%	2	0.6%	5	1.6%	5	1.6%	1	0.8%	132	0.7%
Murrumb-Alb	7	2.3%	2	0.6%	5	1.2%	3	0.8%	3	0.9%	4	1.1%	9	2.8%	6	1.9%	3	2.3%	107	0.6%
Southern NSW	1	0.3%	2	0.6%	8	1.9%	4	1.1%	4	1.2%	2	0.6%	6	1.9%	3	1.0%	0	0.0%	69	0.4%
Far West	0	0.0%	0	0.0%	2	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	8	0.0%
Other	1	0.3%	1	0.3%	3	0.7%	1	0.3%	4	1.2%	2	0.6%	1	0.3%	3	1.0%	2	1.5%	5012	27.2%

Appendix C: Demographic profile of participants who participated in EPIC study

Category	Description
Gender	Gender was obtained from the risk assessment, behavioural survey, and ACCESS databases, where available. Risk assessment data were available for 6,554 (70.2%) participants, behavioural survey data for 6,334 (67.8%) participants and ACCESS data for 8,029 (85.9%) participants. Data were not available for 307 (3.3%) participants.
Sexual identity	Sexual identity was obtained from the risk assessment and behavioural survey databases, where available. Risk assessment data were available for 6,554 (70.1%) participants, and behavioural survey data for 6,334 (67.8%) participants. Data were missing for 397 (4.2%) participants.
Age	Age was obtained from the enrolment and ACCESS databases, where available. In the enrolment database, date of birth (used to calculate age) was recorded for participants who consented to data linkage; 7,407 (79.3%) provided consent and data are available for 7,393 participants. Age was available in the ACCESS database for 8,035 participants (86.0%). Data on age were not available from either the enrolment or ACCESS databases for 331 (3.5%) of total participants.
Aboriginal and/or Torres Strait Islander status	Aboriginal and/or Torres Strait Islander status was obtained from the behavioural survey and ACCESS databases, where available. 8116 (87%) participants consented to participate in the behavioural survey and 6344 (67.8% of the total sample) completed it. Of the 1,208 (12.9%) participants whose Indigenous status was not stated, 11 participants' country/region of birth was available and not Australia, so these people were counted as Non-Indigenous, as it was assumed that there would be very few indigenous Australian or Torres Strait Islander people born outside Australia. Overall, after this assumption, data for Indigenous status was missing for 1,197 (12.8%) participants.
Country/region	Country/region of birth was obtained from the behavioural survey and ACCESS databases, where available (see above). Data for country/region of birth was missing for 1,697 (18.2%) participants.
Area of residence	Area of residence (based on participant postcode) was obtained from the enrolment, behavioural survey and ACCESS databases, where available. Data were missing for 222 (2.4%) participants.

Appendix D: Ending HIV Seven Statements Evaluation, ACON 2013-2018

Answer Options	FEB 2013	MAY 2013	NOV 2013	APRIL 2014	DEC 2014	APR 2015	MAR 2016	SEP 2016	APR 2017	MAR 2018
Everything has changed, we can now dramatically reduce HIV transmission	48%	59%	59%	67%	61%	71%	77%	86%	77%	87%
Now more than ever, gay men need to know their HIV status	81%	85%	86%	90%	89%	91%	92%	92%	91%	92%
Sexually active gay men should take an HIV test at least twice a year	88%	87%	92%	93%	89%	92%	93%	96%	94%	95%
HIV treatments now offer increased health benefits and fewer side effects	65%	66%	67%	73%	69%	75%	77%	78%	71%	77%
HIV treatments significantly reduce the risk of passing on HIV	33%	42%	50%	64%	59%	69%	73%	83%	78%	84%
Early HIV treatment is better for your health and can help protect your sex partners	74%	80%	89%	91%	92%	93%	93%	95%	93%	95%
Condoms continue to be the most effective way of preventing HIV transmission	95%	92%	92%	91%	91%	85%	94%	94%	94%	94%

* In March 2016 this statement was changed to reflect advances in bio-medical prevention. On all prior surveys the statement was 'condoms continue to be the most effective way of preventing HIV transmission'.

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.