NSW Health

NSW HIV Data Report

Quarter 2
April – June 2023

NSW GOVERNMENT

Table of Contents

We acknowledge Aboriginal people as the Traditional Custodians of the lands and waters in which we all work, live and learn. We recognise the incredible richness, strength and resilience of the world's oldest living cultures, including cultural practices, languages and connection to Country

The artwork is called 'Baalee'. It is inspired by the original artwork of Aboriginal artist Tanya Taylor and designed by the National Aboriginal Design Agency. This artwork symbolises the Centre for Aboriginal Health working in partnership with Aboriginal people to support wholistic health and wellbeing and its role in the health system to build a culturally safe and responsive health service.

1. Data Summary

The NSW HIV Strategy 2021 – 2025

New ways to prevent, test and treat mean that the virtual elimination of HIV transmission in NSW, once inconceivable, is now a realistic and achievable goal. The HIV Strategy is a plan for the virtual elimination of HIV transmission in NSW for all. The goals of the strategy are to prevent transmission, normalise testing, start and maintain treatment soon after diagnosis and reduce stigma.

Communique

Between April – June 2023, HIV diagnoses in NSW increased by 11% compared to the five-year average. Increases were largely driven by diagnoses in overseas born MSM with evidence of both early and late diagnosis, in the context of an increase of HIV testing rates in NSW public and private laboratories.

In NSW, progress towards the elimination of HIV transmission has been greatest among MSM living in inner Sydney where ≥ 20% of adult men are estimated to be gay. MSM living in outer suburban and regional areas with lower concentrations of gay-identified men have not experienced the same level of declines in HIV diagnoses. NSW has developed targeted testing and HIV prevention including HIV testing campaigns in a range of languages.

Treatment for HIV is effective, and rapid access to treatment after a diagnosis improves health outcomes, improves quality of life and prevents further transmission of HIV. The time from HIV diagnosis to treatment initiation continues to improve. At a six-month follow up, over half of people diagnosed in NSW with HIV in January to December 2022 had initiated treatment within two weeks of diagnosis, 89% within six weeks and 96% within six months of diagnosis.

Executive summary

In Q2 2023, 64 NSW residents were newly diagnosed with HIV, an 11% rise compared to the Q2 average for the last five years. Of 64 HIV diagnoses, 52 (81%) HIV diagnoses were preventable in NSW.

In Q2, 72% (46) of HIV diagnoses were men who have sex with men (MSM) which is a 2% rise among MSM compared with the new diagnoses Q2 five-year average. Of 46, 30 were overseas-born MSM which is 18% more than the Q2 five-year average and16 were Australian-born MSM, 19% less than the Q2 five-year average.

Of 30 overseas-born MSM newly diagnosed in April – June 2023, 12 had evidence of early-stage infection, 67% more than the Q2 five-year average and 13 had evidence of late-stage infection, 8% more than the Q2 five-year average.

Of 16 Australian-born MSM newly diagnosed in April – June 2023, four had evidence of early-stage infection, 50% less than the Q2 five-year average, and two had evidence of late stage infection, 72% less than the Q2 five-year average.

NSW HIV Testing rates in NSW public and private laboratories have almost returned to pre-pandemic levels

HIV testing in public and private laboratories in Q2 2023 (n=146,081) was 8% higher than Q2 2022. This result is just 2% lower than Q2 2019.

The number of HIV tests in PFSHCs in Q2 2023 (n=12,455) was 24% higher than Q2 2022. This result is 11% lower than Q2 2019.

The time from HIV diagnosis to treatment initiation continues to improve

At a six-month follow up, over half of people diagnosed in NSW with HIV in January to December 2022 had initiated treatment within two weeks of diagnosis, 89% within six weeks and 96% within six months of diagnosis.

The median number of days from diagnosis to treatment was 14 days.

Of those on treatment in the period January – December 2022 (161), 83% had an undetectable viral load by the six-month follow-up.

NSW Policy response

Treatment for HIV is effective, and rapid access to treatment after a diagnosis improves health outcomes, improves quality of life and prevents further transmission of HIV

HIV prevention messages, HIV education programs, and direct offers of HIV testing increase the uptake of testing among recent immigrants. The people most affected by HIV can also face stigma and discrimination. Stigma may come with an HIV infection. It can be connected with sexual behaviours, gender identity, sex work and drug use. It can also change between contexts, such as location, community or cultural identity.

Stigma and discrimination can discourage people at risk of HIV from seeking prevention, testing and treatment. It also affects the wellbeing and daily lives of people living with HIV. Reducing stigma is a priority of the NSW HIV Strategy 2021-2025 because of its pervasive impact across this Strategy. Effective initiatives to reduce the impact of stigma will have a multiplying effect, making other initiatives more effective.

NSW has developed targeted testing and HIV prevention including HIV testing campaigns in a range of languages

In June 2023, the NSW Ministry of Health launched an in-language campaign promoting HIV testing to Mandarin-speaking heterosexual MSM with men. Key messages for the HIV Testing Campaign (Mandarin) included that HIV can affect anyone; that testing for HIV keeps you and your family safe; and that testing for HIV is private and confidential. The Multicultural HIV and Hepatitis Service (MHAHS) ran a multilingual ethnic media campaign across digital and standard platforms targeting African, Arabic-speaking, Chinese-speaking, Indonesian, Portuguese-speaking, Spanish speaking, Thai, and Vietnamese communities.

Pozhet, a NSW-wide service for heterosexual people living with or at risk of HIV, held an event to celebrate 30 years of service delivery on 7 June 2023 to reflect and acknowledge the changing HIV landscape for heterosexuals. As a key activity of HIV testing week (1-7 June 2023), Pozhet worked with MHAHS to translate and launch three factsheets in ten key languages.

In May and June 2023 ACON released a sexual health testing reminder tailored to people who

were sexually active during Sydney World Pride. ACON runs peer education programs focusing on sexual health and HIV prevention for gay, bi+ and queer men. The team delivered five workshops and two forums. The April-June quarter (Q2) included the first pilot forum in Thai language called For Fun which focused on the specific experiences of gay, bi+ and queer Thai guys living in Sydney.

ACON's Multicultural Team partnered with South Western Sydney Local Health District to deliver HIV and sexual health promotion at The West Ball 4 event held in Parramatta, which was attended by 500 LGBTQ+ community members. ACON distributed party bags which included Atomo HIV self-test kits, safe-sex packs, Know Your Local and other sexual health and health promotion material.

A series of short video promoting awareness of Undetectable = Untransmittable (U=U). This short video was used to drive awareness and encourage a positive perception around U=U and navigated people towards the Ending HIV website. This was implemented across Instagram, TikTok and Facebook during June.

Key data – Quarter 2, 2023 *

HIV INFECTIONS	Target group	April – June 2023	Compared with April-June 2018-2022 average
All NSW residents	All new diagnoses	64	11% more (av. n = 57.8)
	MSM	46	2% more (av. n = 45.2)
	Australian-born MSM	16	19% less (av. n = 19.8)
	Overseas-born MSM	30	18% more (av. n = 25.4)
	HET	10	7% less (av. n = 10.8)
NSW residents with evidence of early stage infection	All new diagnoses	18	11% more (av. n = 16.2)
	MSM	16	5% more (av. n = 15.2)
	Australian-born MSM	4	50% less (av. n = 8)
	Overseas-born MSM	12	67% more (av. n = 7.2)
	HET	1	0% more (av. n = 1)
NSW residents with evidence of late diagnosis	All new diagnoses	23	12% less (av. n = 26.2)
	MSM	15	22% less (av. n = 19.2)
	Australian-born MSM	2	72% less (av. n = 7.2)
	Overseas-born MSM	13	8% more (av. n = 12)
	HET	4	38% less (av. n = 6.4)
PREVENT	**Target group**	**April 2018 – June 2023**	
People dispensed PrEP through PBS at least once	People at risk	28,450	
TEST	**Target group**	**April – June 2023**	**Compared with Apr-Jun 2022**
HIV serology tests performed in NSW	All	158,947	12% more (n = 273,065)
HIV tests performed in NSW public sexual health clinics.	All	12,455	24% more (n=10,076)
	MSM	7,346	18% more (n=6,208)
HIV DBS Tests Nov 2016 – Jun 2023		1,370 Apr-Jun 2023	19% less (n=1,688)
TREAT	**Target group**	**2023**	**Target**
Patients with diagnosed HIV infection in care, who were on treatment	Sexual Health and HIV Clinic Attendees	98%	95% 95%
New diagnoses who initiated ART within two weeks of diagnosis	Newly diagnosed Jan-Dec 2022 (n=167)	53%	90%
New diagnoses reporting viral suppression at 6-month follow-up	Newly diagnosed Jan-Dec 2022 (n=167)	80%	100%

* Note: St Vincent Health Network data is not available in Q2 2023.

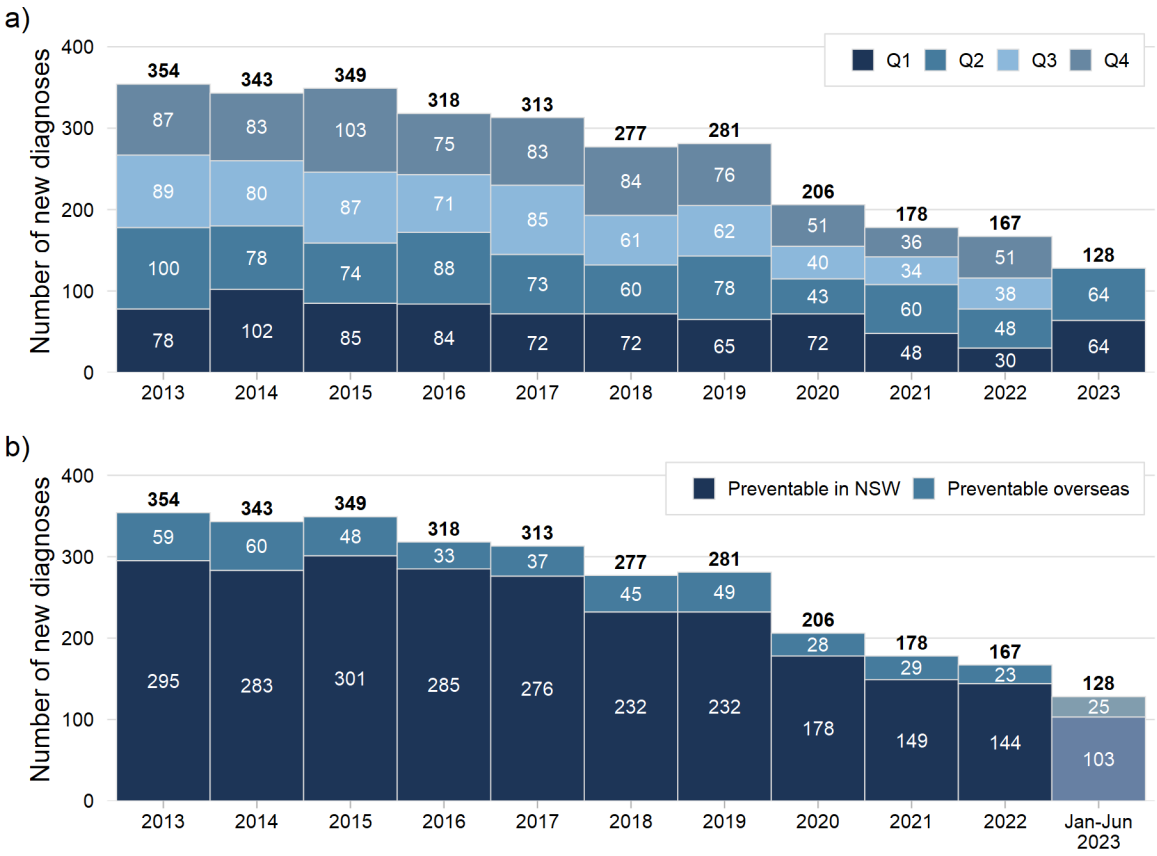
Glossary

ART	Antiretroviral therapy
CAIC	Condomless anal intercourse with casual partners
CTG	Closing the Gap
GBM	Gay and bisexual men
HIV	Human Immunodeficiency Virus
LHD	Local Health District
MSM	Men who have sex with men
HET	People with heterosexual risk exposure
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 – 31 March
Quarter 2 / Q2	1 April – 30 June
Quarter 3 / Q3	1 July – 30 September
Quarter 4 / Q4	1 October – 31 December
SVHN	St Vincent's Health Network

1. Reduce HIV transmission

1.1 How many cases of HIV are notified?

Figure 1: Number of NSW residents with newly diagnosed HIV infection, January 2013 to June 2023



Source: Notifiable Conditions Information Management System (Secure Analytics for Population Health Research and Intelligence), NSW Ministry of Health, 8 August 2023. Note: In b) notifications from January to June 2023 are compared to previous full year counts. Note: Preventable in NSW is defined as: People who are Australian-born; People born overseas who have been in Australia for over 4 years, or in Australia for less than 4 years and do not have a late HIV diagnosis.

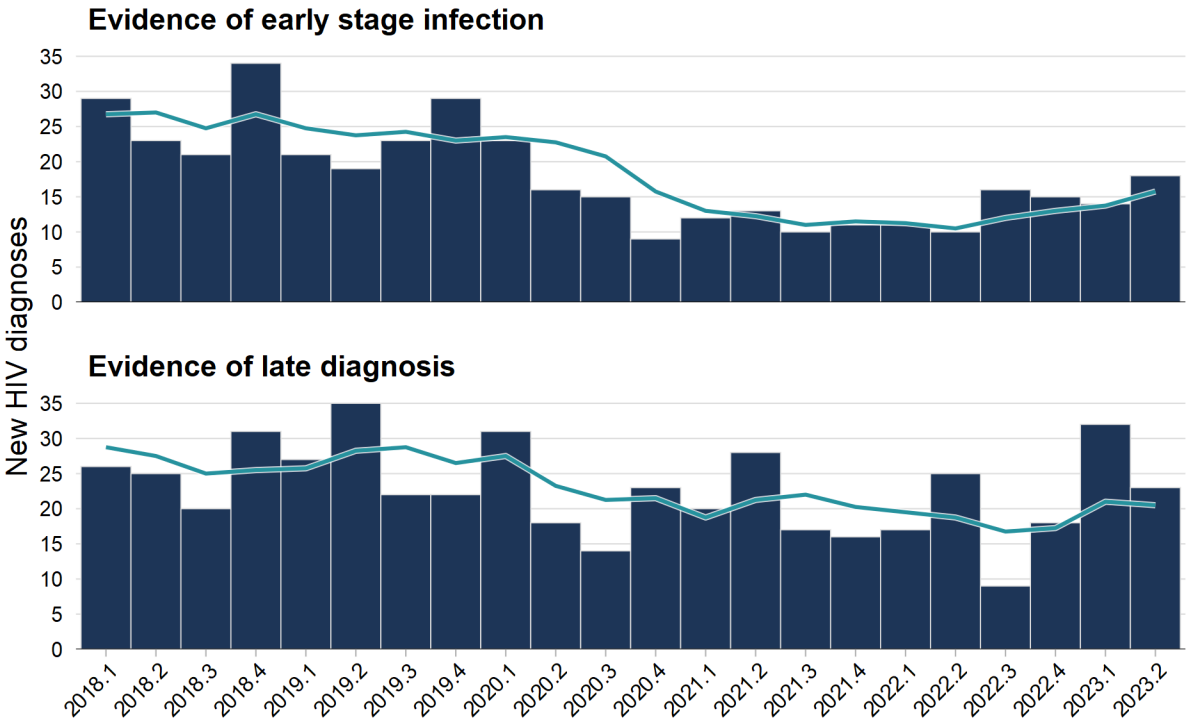
In April to June (Q2) 2023:

- Sixty-four NSW residents were notified to NSW Health with a newly diagnosed HIV infection, 11% more than the Q2 2018-2022 average of 57.8 (Figure 1a).
- Of 64, 52 (81%) HIV diagnoses were preventable in NSW, 6% more than the Q2 2018-2022 average of 49.0 (Figure 1b).

In January to June 2023:

- One hundred and twenty-eight NSW residents were notified to NSW Health with newly diagnosed HIV infection, 11% more than the January to June 2018-2022 average of 115.2 (Figure 1a).
- Of 128, 103 (80%) HIV diagnoses were preventable in NSW, 6% more than the January to June 2018-2022 average of 97.6 (Figure 1b).

Figure 2: New HIV diagnoses by evidence of early stage infection or late diagnosis, January 2018 to June 2023



Note: Bars represent diagnoses per quarter and lines represent a rolling four quarter average of diagnoses
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. Late diagnosis: a CD4 count of less than 350 or an AIDS defining illness at the time or within three months of diagnosis, in the absence of 'early' criteria.

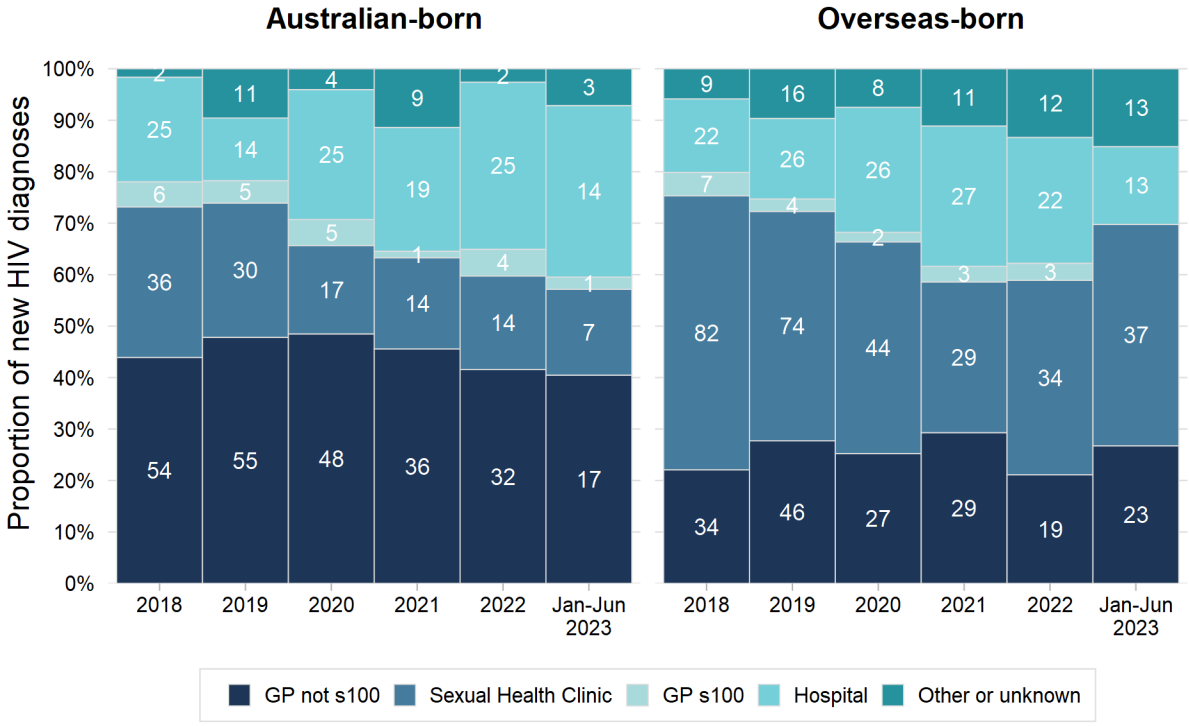
Of 64 NSW residents with newly diagnosed HIV infection in April to June (Q2) 2023:

- Eighteen (28%) had evidence their infection was acquired within one year of diagnosis (early stage infection), 11% more than the Q2 2018-2022 average of 16.2 (Figure 2).
- Twenty-three (36%) had evidence of late diagnosis, 12% less than the Q2 2018-2022 average of 26.2 (Figure 2).

Of 128 NSW residents with newly diagnosed HIV infection in January to June 2023:

- Thirty-two (25%) had evidence of early stage infection, 10% less than the January to June 2018-2022 average of 35.4 (Figure 2).
- Fifty-five (43%) had evidence of late diagnosis, an increase of 9% compared with the January to June 2018-2022 average of 50.4 (Figure 2).

Figure 3: Type of diagnosing doctor for new HIV diagnoses, January 2018 to June 2023



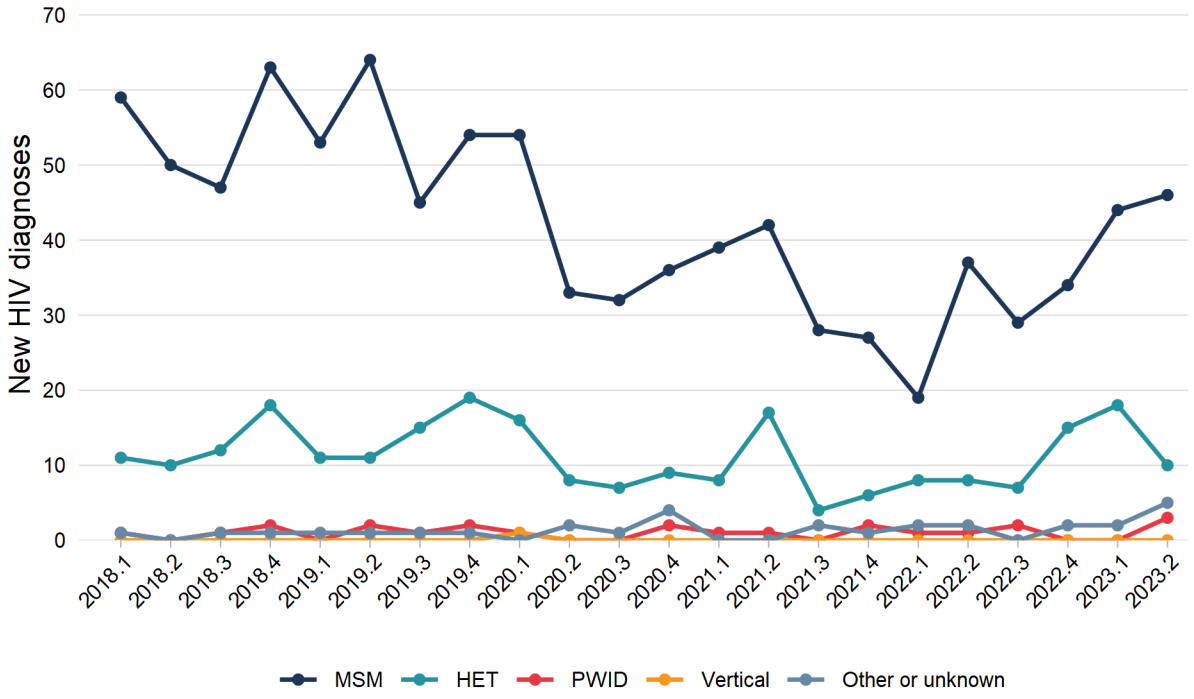
Of 42 Australian-born NSW residents with newly diagnosed HIV infection in January to June 2023 (Figure 3):

- Seventeen (41%) were diagnosed by general practitioners (GPs) not accredited to prescribe antiretroviral therapy, 34% less than the comparison period (av. n=25.6).
- Seven (17%) were diagnosed by sexual health centres including community testing sites, 35% less than the January to June 2018-2022 average (av. n=10.8).
- Fourteen (33%) were diagnosed by hospital doctors, 27% more than the comparison period (av.n=11.0).
- One (2%) was diagnosed by a GP s100 doctor (HIV specialised and accredited to prescribe ART), 38% less than 1.6, the average for January to June 2018-2022.
- Three (7%) were diagnosed by other doctor types, similar to the average for January to June 2018-2022 (av. n=2.6).

Of 86 overseas-born NSW residents with newly diagnosed HIV infection in January to June 2023 (Figure 3):

- Twenty-three (27%) were diagnosed by GPs not accredited to prescribe antiretroviral therapy, 49% more than the comparison period (av. n=15.4).
- Thirty-seven (43%) were diagnosed by sexual health centres including community testing sites, 30% more than the January to June 2018-2022 average (av. n=28.4).
- Thirteen (15%) were diagnosed by hospital doctors, 7% more than the comparison period (av. n=12.2).
- None were diagnosed by GP s100 doctors, compared with 2.6, the average for January to June 2018-2022.
- Thirteen (15%) were diagnosed by other doctor types, 160% more than the average for January to June 2018-2022 (av. n=5.0).

Figure 4: New HIV diagnoses by reported risk exposure, January 2018 to June 2023



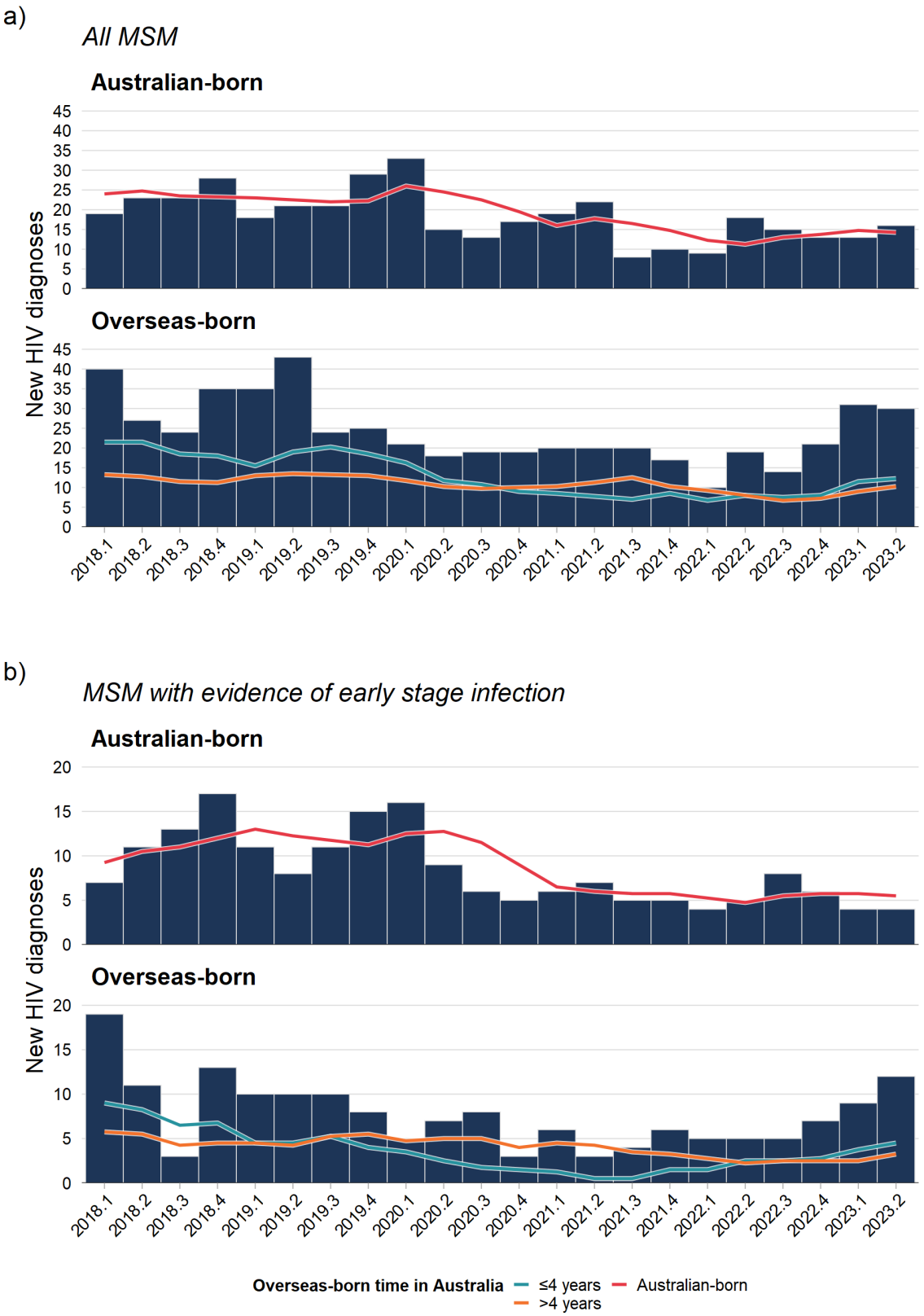
In April to June (Q2) 2023:

- Forty-six (72%) were men who have sex with men (MSM) and ten (16%) were people with heterosexual exposure only (HET). This is 2% more MSM, and 7% fewer HET compared with the new diagnosis averages of Q2 2018-2022 (av. n MSM = 45.2; av. n HET = 10.8).
- Of 10 HET, five were cisgender women and five were cisgender men. This is 67% more cisgender women and 36% fewer cisgender men when compared to the new diagnosis averages of Q2 2018-2022 (av. n cisgender women = 3.0; av. n cisgender men = 7.8).

In January to June 2023:

- Of 128, 90 (70%) were MSM, 28 (22%) were HET, three (2%) likely acquired HIV via injecting drugs, and six (5%) via another exposure (Figure 5). This is identical for MSM and a 30% more HET compared with the new diagnosis averages for January to June 2018-2022 (av. n MSM = 90.0; av. n HET = 21.6) (Figure 5).
- Of 28 HET, 12 were cisgender women and 16 were cisgender men. This is 54% more cisgender women and 18% more cisgender men when compared to the new diagnosis averages for January to June 2018-2022 (av. n cisgender women = 7.8; av. n cisgender men = 13.6).

Figure 5: New HIV diagnoses in MSM by place of birth, with overseas-born by years living in Australia, January 2018 to June 2023



Note: Bars represent diagnoses per quarter and lines represent a rolling four quarter average of diagnoses.

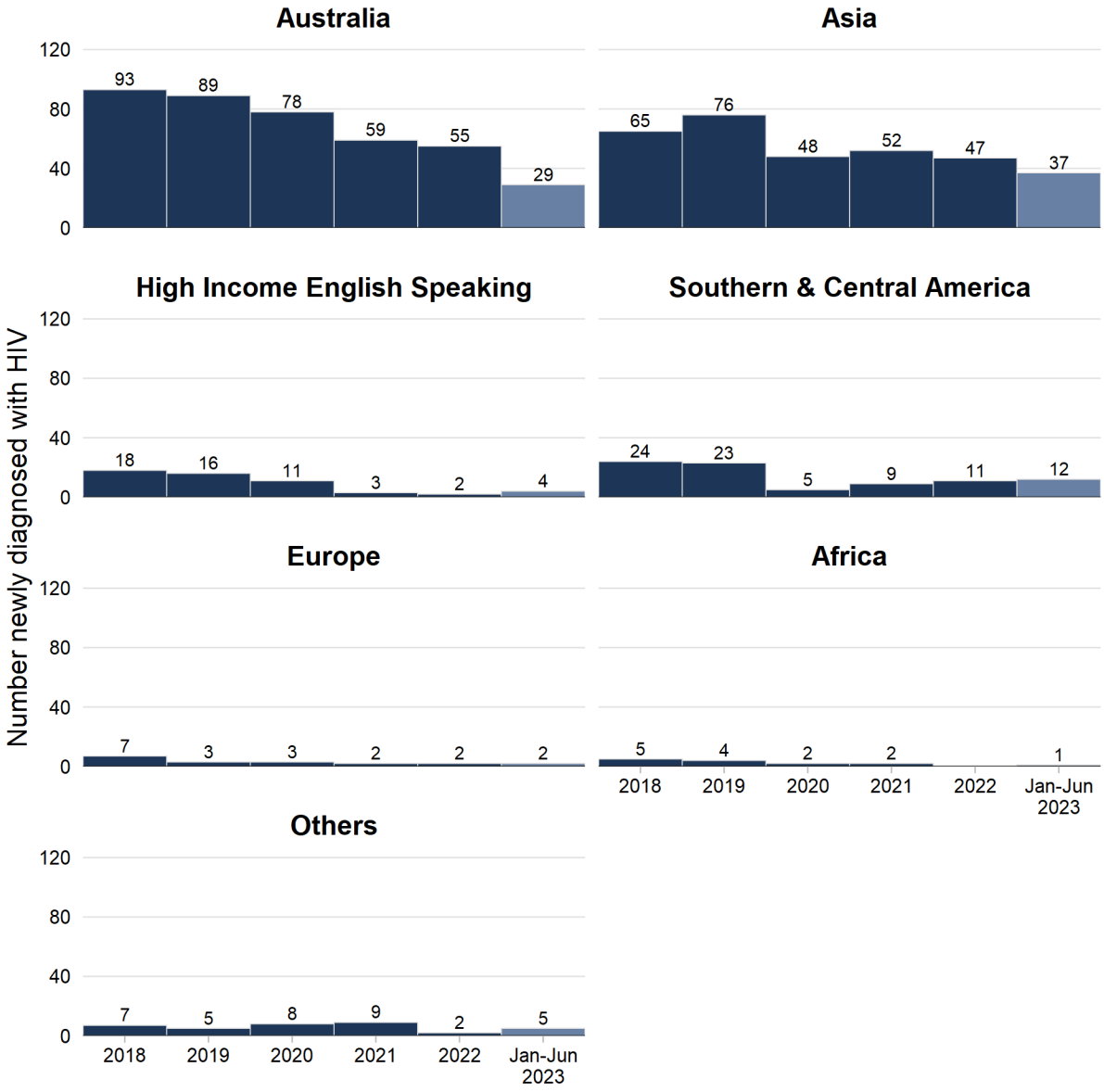
In April to June (Q2) 2023:

- Sixteen of the 46 (35%) newly diagnosed MSM were Australian-born, 19% less than the average for Q2 2018-2022 (av. n=19.8).
    - Four of 16 (25%) Australian-born newly diagnosed MSM had evidence of early stage infection, 50% less than the Q2 2018-2022 average of 8.0.
- Thirty of the 46 (65%) newly diagnosed MSM were overseas-born, 18% more than the average for Q2 2018-2022 (av. n=25.4).
    - Fifteen of these MSM had lived in Australia for four years or less at the time of HIV diagnosis, 6% more than the Q2 2018-2022 average of 14.2, 12 had lived in Australia for more than four years, 13% more than the comparison period average of 10.6 and three for an unknown length of time.
    - Twelve of 30 (40%) overseas-born newly diagnosed MSM had evidence of early stage infection, 67% more than the Q2 2018-2022 average of 7.2.

In January to June 2023:

- Twenty-nine of 90 (32%) MSM newly diagnosed were Australian-born, 26% less than the average for January to June 2018-2022 (av. n=39.4) (Figure 6).
    - These people ranged from 20-64 years old with a median age of 43.
    - Eight of 29 (28%) Australian-born newly diagnosed MSM had evidence of early stage infection, 52% less than the January to June 2018-2022 average (av. n=16.8) (Figure 6).
- Sixty-one of 90 (68%) MSM newly diagnosed were overseas-born, 21% more than the January to June 2018-2022 average (av. n=50.6) (Figure 6).
    - These people ranged from 20-78 years old with a median age of 33.
    - Twenty-nine of these MSM had lived in Australia for four years or less at the time of their HIV diagnosis, 9% more than the January to June 2018-2022 average of 26.6, 28 lived in Australia for more than four years, 23% more than the comparison period average of 22.8 and four for an unknown length of time.
    - Twenty-one of 61 (34%) overseas-born newly diagnosed MSM had evidence of early stage infection, a 30% increase compared to the January to June 2018-2022 average (av. n=16.2) (Figure 6).
    - Of these 21 with early stage infection, 11 had been in NSW for four years or less, while eight lived in Australia for more than four years and two for an unknown length of time.

Figure 6: New HIV diagnoses in MSM by world area of birth, January 2018 to June 2023

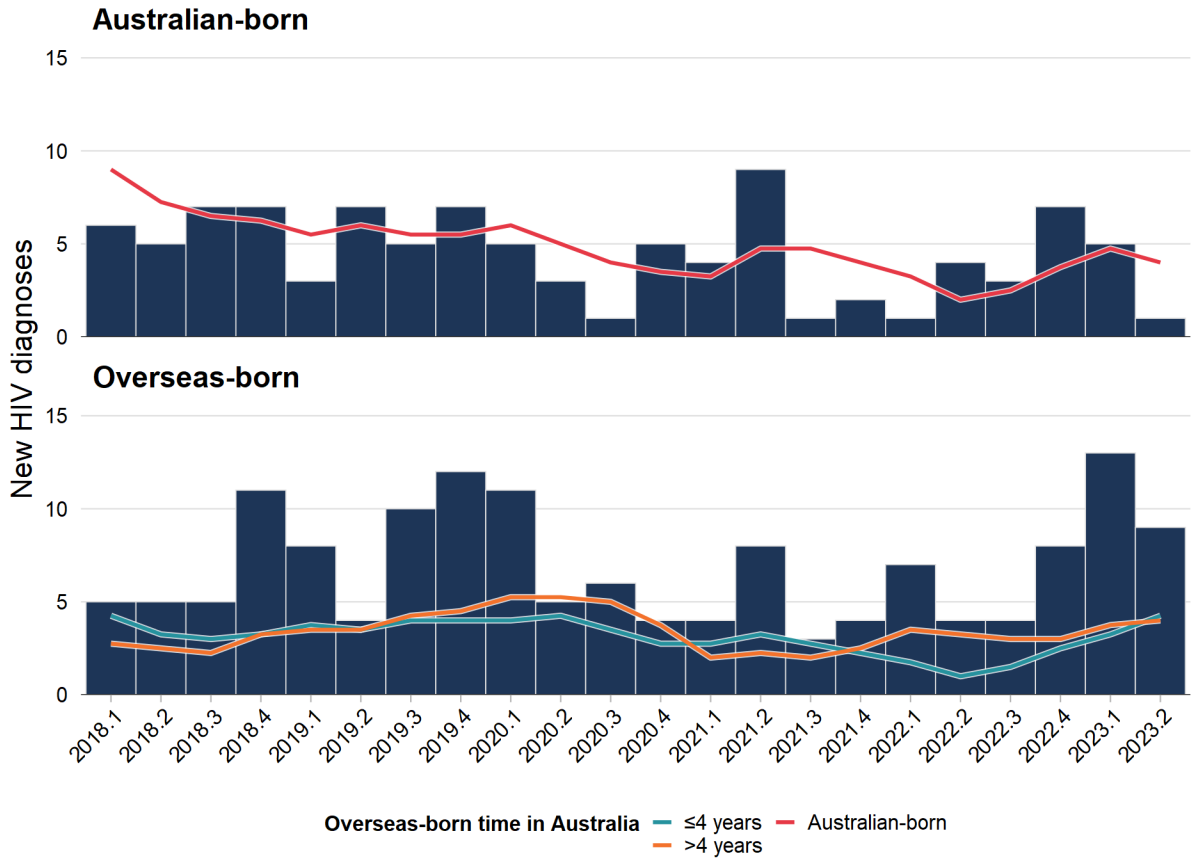


High-Income English-Speaking countries include Canada, USA, United Kingdom, Ireland, and New Zealand

Comments on Figure 6

- Of 90 MSM newly diagnosed in NSW during January to June 2023, 32% were born in Australia, 29% in South-East Asia, 12% in Southern & Central America, 8% in North-East Asia, 6% in Oceania, and less than 5% in Southern & Central Asia, North-West Europe, North Africa & the Middle East, the Caribbean, Southern & Eastern Europe and Sub-Saharan Africa.

Figure 7: New HIV diagnoses in HET by place of birth, with overseas-born by years living in Australia, January 2018 to June 2023



Note: Bars represent diagnoses per quarter and lines represent a rolling four quarter average of diagnoses

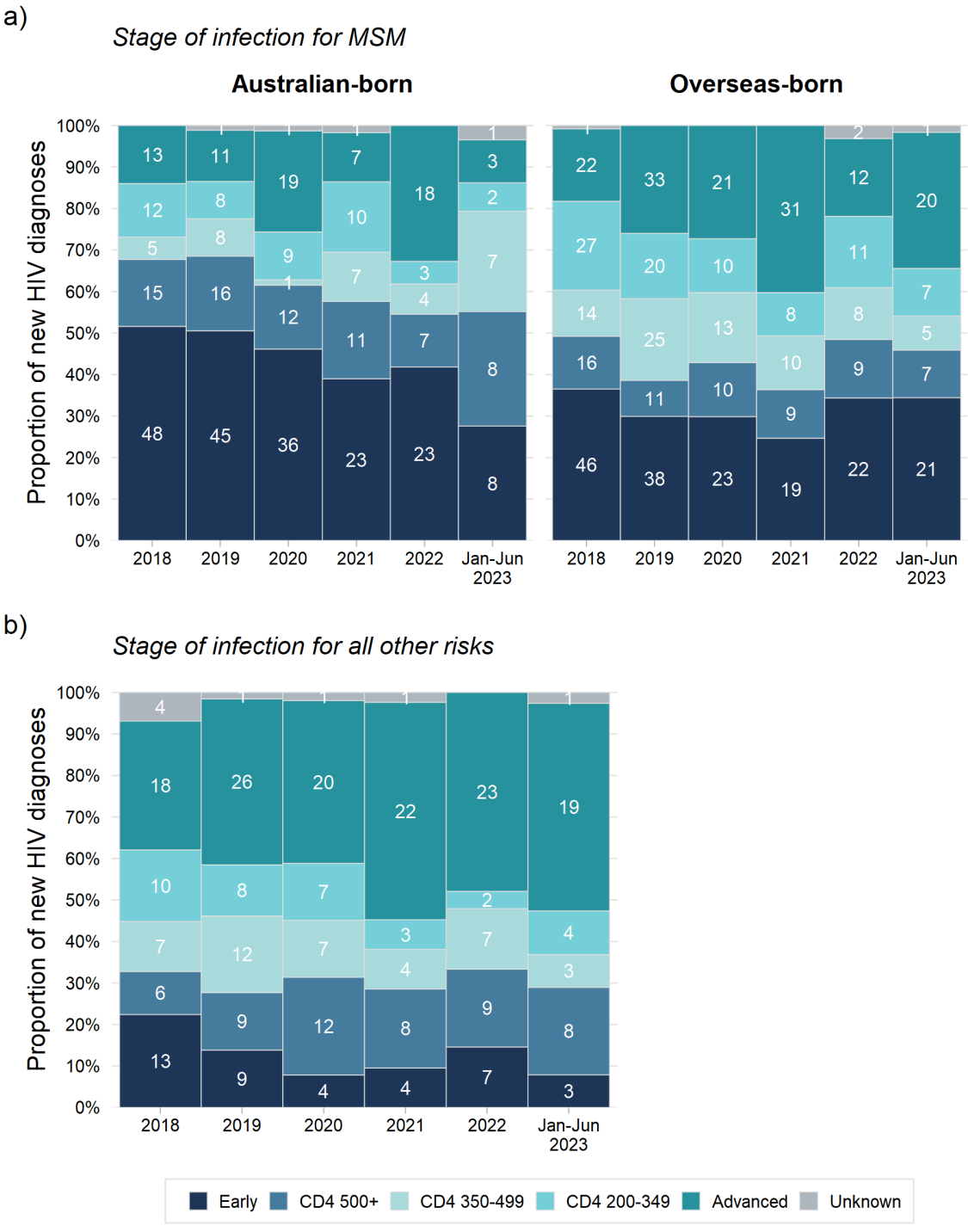
In January to June 2023:

- Six of 28 (21%) HET newly diagnosed were Australian-born, 36% less than the average for January to June 2018-2022 (av. n=9.4) (Figure 7).
    - These people ranged from 27-54 years old with a median age of 36.5.
- Twenty-two of 28 (79%) HET newly diagnosed were overseas-born, 80% more than the January to June 2018-2022 average (av. n=12.2) (Figure 7).
    - These people ranged from 23-66 years old with a median age of 37.
    - Ten of these HET had lived in Australia for four years or less at the time of their HIV diagnosis, 92% more than the January to June 2018-2022 average of 5.2, 11 had lived in Australia for more than four years, 62% more than the comparison period average of 6.8 and one for an unknown length of time.

1.2 What is the stage of infection at 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. **Advanced stage** is a CD4 count less than 200 or an AIDS defining illness in absence of 'Early' criteria. Categories of **CD4 500+, 350-499, 200-349** exclude early and advanced stage cases. Cases with a CD4 count less than 350 or are advanced stage are considered to have evidence of **late diagnosis**.

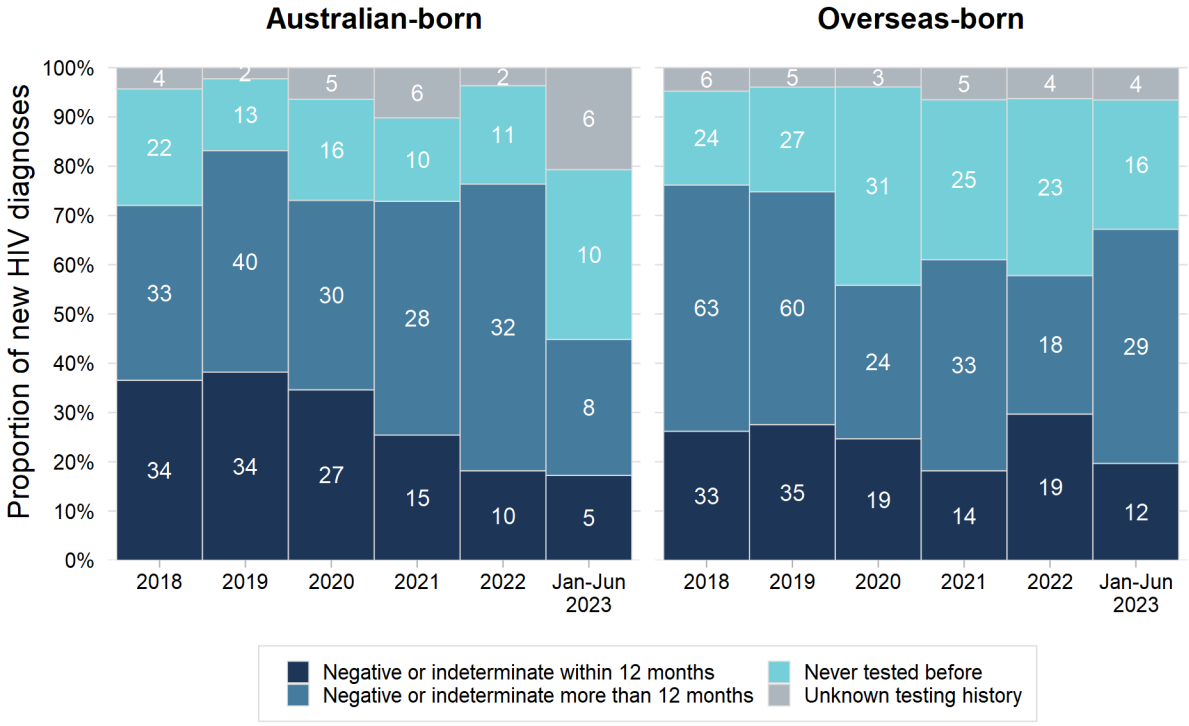
Figure 8: Stage of infection in newly diagnosed NSW residents, January 2018 to June 2023



Comment on Figure 8

- Of 29 Australian-born MSM newly diagnosed in January to June 2023:
    - Eight (28%) had evidence of early stage infection, 52% less than the January to June 2018-2022 average of 16.8.
    - Five (17%) had evidence of late diagnosis, 64% less than the comparison period average (av. n=13.8) (Figure 8a).
- Of 61 overseas-born MSM newly diagnosed in January to June 2023:
    - Twenty-one (34%) had evidence of early stage infection, 30% more than the comparison period average of 16.2.
    - Twenty-seven (44%) had evidence of late diagnosis, 17% more than the comparison period average of 23.0 (Figure 8a).
- The number of new diagnoses in NSW residents who were not MSM was 51% higher in January to June 2023 (n=38) compared to the five-year average (n=25.2).
    - There were 23 with evidence of late diagnosis, 69% more than the January to June 2018-2022 average of 13.6 (Figure 8b).

Figure 9: HIV testing history in newly diagnosed MSM, January 2018 to June 2023



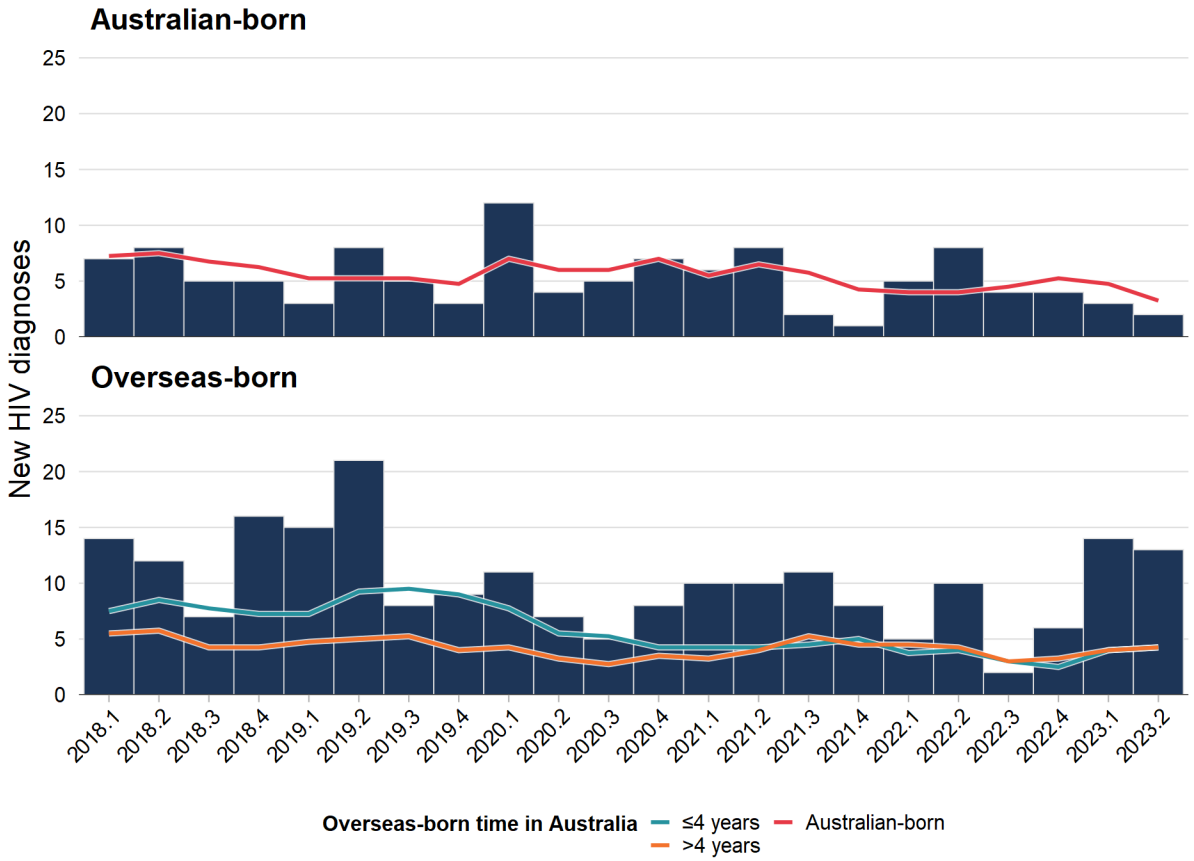
Of 29 Australian-born MSM newly diagnosed during January to June 2023:

- Five (17%) reported a negative or indeterminate HIV test within 12 months of diagnosis.
- Eight (28%) reported a negative or indeterminate HIV test in the past, not within 12 months of diagnosis.
- Ten (34%) reported not ever having an HIV test prior to diagnosis.
- Almost two thirds had not been testing according to guidelines.

Of 61 overseas-born MSM newly diagnosed during January to June 2023:

- Twelve (20%) reported a negative or indeterminate HIV test within 12 months of diagnosis.
- Twenty-nine (48%) reported a negative or indeterminate HIV test in the past, not within 12 months of diagnosis.
- Sixteen (26%) reported not ever having an HIV test prior to diagnosis.
- Almost three quarters had not been testing according to guidelines.

Figure 10: New HIV diagnoses with evidence of late diagnosis in MSM by place of birth, with overseas-born by years living in Australia, January 2018 to June 2023

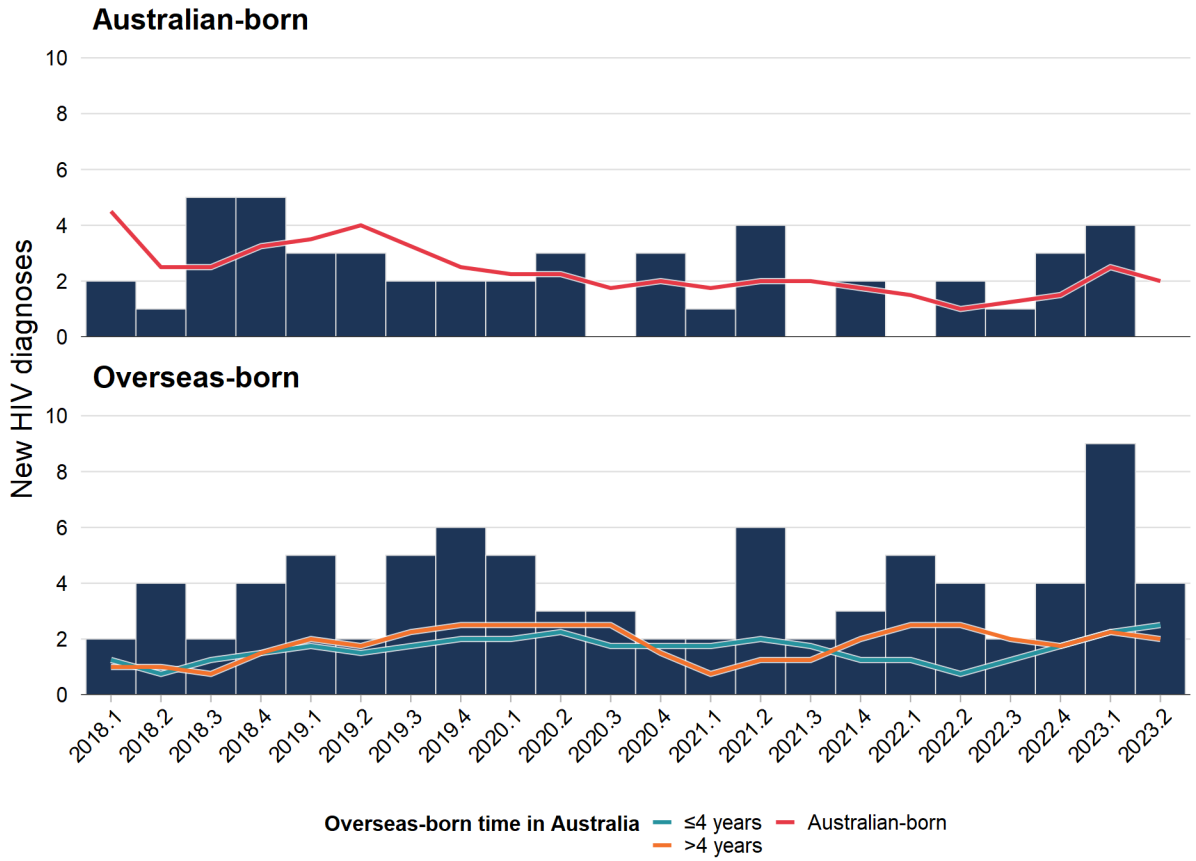


Note: Bars represent diagnoses per quarter and lines represent a rolling four quarter average of diagnoses.

In January to June 2023:

- Of 55 NSW residents with evidence of late HIV diagnosis, 32 (58%) were MSM, 13% less than the January to June 2018-2022 average count of 36.8.
- Five (16%) of the 32 MSM with evidence of late diagnosis were Australian-born, 64% less than the January to June 2018-2022 average count of 13.8 (Figure 10).
- Twenty-seven (84%) of the 32 MSM with evidence of late diagnosis were overseas-born, 17% more than the January to June 2018-2022 average count of 23.0 (Figure 10).
    - Twelve of these 27 MSM had lived in Australia for four years or less at the time of their HIV diagnosis, similar to the January to June 2018-2022 average of 12.2, while 14 had lived in Australia for more than four years, 37% more than the comparison period average of 10.2 and one for an unknown length of time.

Figure 11: New HIV diagnoses with evidence of late diagnosis in HET by place of birth, with overseas-born by years living in Australia, January 2018 to June 2023



Note: Bars represent diagnoses per quarter and lines represent a rolling four quarter average of diagnoses.

In January to June 2023:

- Of 55 NSW residents with evidence of late HIV diagnosis, 17 (31%) were HET, 44% more than the January to June 2018-2022 average count of 11.8.
- Four (24%) of the 17 HET with evidence of late diagnosis were Australian-born, similar to the January to June 2018-2022 average count of 4.2 (Figure 11).
- Thirteen (76%) of the 17 HET with evidence of late diagnosis were overseas-born, 71% more than the January to June 2018-2022 average count of 7.6 (Figure 11).
    - Six of these 13 HET had lived in Australia for four years or less at the time of their HIV diagnosis, 67% more than the January to June 2018-2022 average of 3.6, while six had lived in Australia for more than four years, 58% more than the comparison period average of 3.8 and one was unknown.

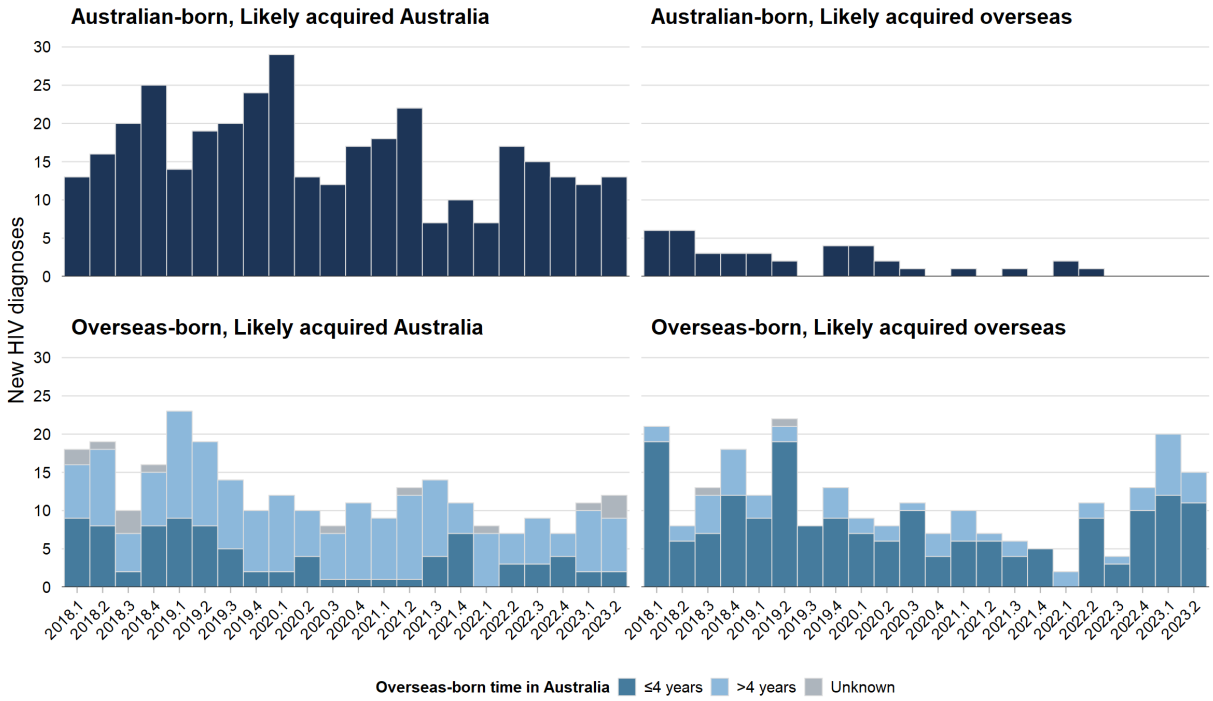
1.3 What are some of the characteristics of people newly diagnosed?

Table 1: Characteristics of Australian-born and overseas-born MSM newly diagnosed in January to June 2023 vs the 2018-2022 average count, and the count difference

	Australian-born MSM			Overseas-born MSM		
Case characteristics	**Jan-Jun 2018-2022 average**	**Jan-Jun 2023**	**Count (%) diff.**	**Jan-Jun 2018-2022 average**	**Jan-Jun 2023**	**Count (%) diff.**
Number	**39.4**	**29**	**-10.4 (-26%)**	**50.6**	**61**	**+10.4 (+21%)**
Gender						
Cisgender man	39.4	29	-10.4 (-26%)	48.4	58	+9.6 (+20%)
Trans woman	0	0	0 (0%)	2.2	3	+0.8 (+36%)
Age at diagnosis						
0 to 19	0.4	0	-0.4 (-100%)	0.6	0	-0.6 (-100%)
20 to 29	8.2	8	-0.2 (-2%)	19.2	19	-0.2 (-1%)
30 to 39	12.8	5	-7.8 (-61%)	19.4	26	+6.6 (+34%)
40 to 49	8	8	+0 (+0%)	7.2	7	-0.2 (-3%)
50 and over	10	8	-2 (-20%)	4.2	9	+4.8 (+114%)
Evidence of early stage infection[1]						
Yes	16.8	8	-8.8 (-52%)	16.2	21	+4.8 (+30%)
No	22.6	21	-1.6 (-7%)	34.4	40	+5.6 (+16%)
Evidence of late diagnosis[2]						
Yes	13.8	5	-8.8 (-64%)	23	27	+4 (+17%)
No	25.2	23	-2.2 (-9%)	27.6	33	+5.4 (+20%)
Unknown	0.4	1	+0.6 (+150%)	0	1	+1 (+100%)
Area of residence[3]						
≥20%	3.8	2	-1.8 (-47%)	8	8	+0 (+0%)
5-19.99%	5.2	3	-2.2 (-42%)	13.8	13	-0.8 (-6%)
<5%	30.4	24	-6.4 (-21%)	28.8	40	+11.2 (+39%)
Place most likely acquired HIV						
Australia	33.6	25	-8.6 (-26%)	27.6	23	-4.6 (-17%)
Overseas	5.4	0	-5.4 (-100%)	22	35	+13 (+59%)
Unknown	0.4	4	+3.6 (+900%)	1	3	+2 (+200%)
Reported HIV risks						
MSM	33	21	-12 (-36%)	46.2	60	+13.8 (+30%)
MSM and IDU	6.4	8	+1.6 (+25%)	4.4	1	-3.4 (-77%)

[1]Evidence of early stage infection/being infected in the 12 months prior to diagnosis: 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.
[2]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 sero-conversion illness and/or a negative or indeterminate HIV test in the 12 months prior to diagnosis.
[3]Areas grouped based on the estimated proportion of adult males who identify as gay in each postcode in NSW. A summary of postcodes in each area is in Appendix E.

Figure 12: New HIV diagnoses in MSM by place of birth and place of likely HIV acquisition, with overseas-born by years living in Australia, January 2018 to June 2023



In January to June 2023:

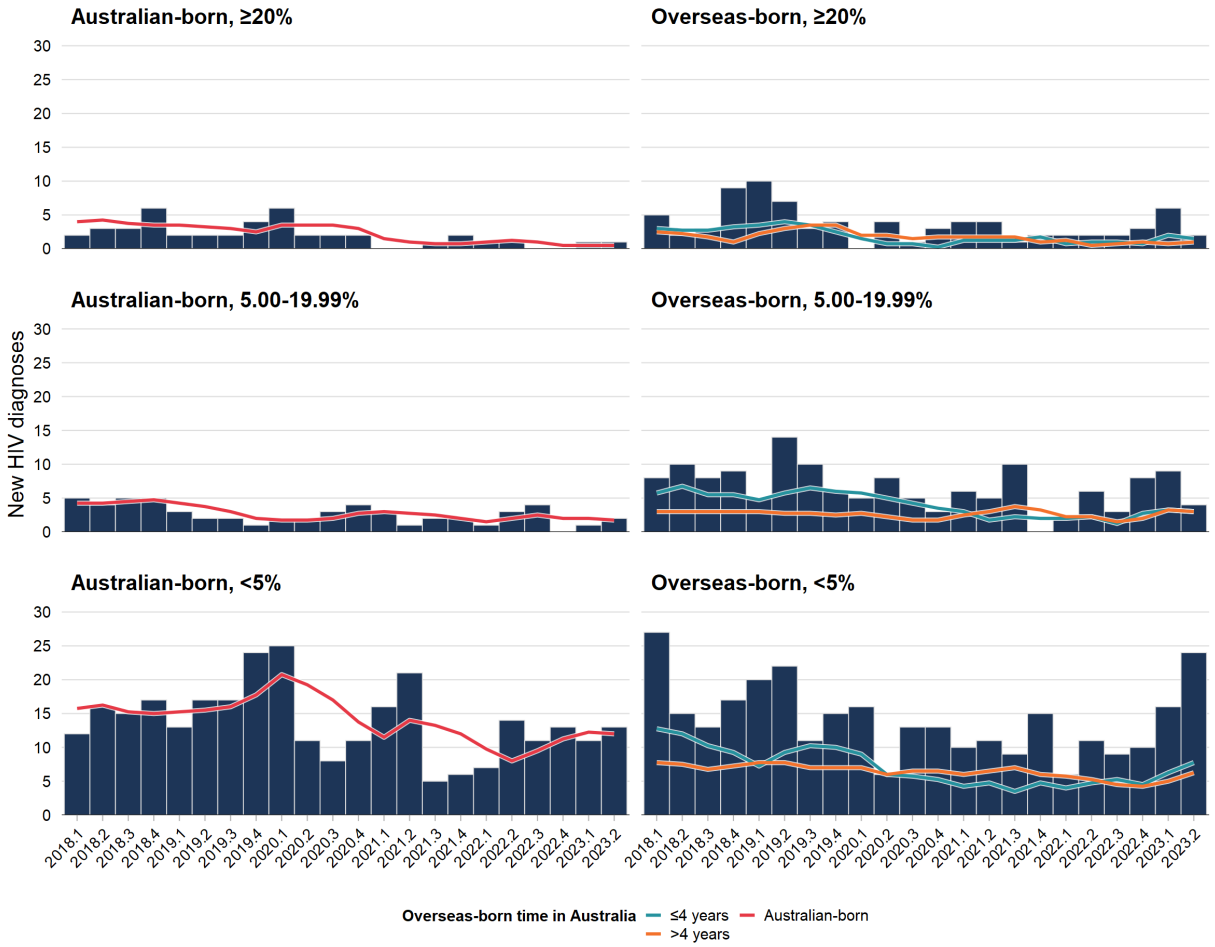
- Of 29 Australian-born MSM:
  - Twenty-five (86%) likely acquired HIV in Australia, 26% less than the January to June 2018-2022 average of 33.6.
  - None likely acquired HIV overseas, compared with the average of 5.4 for January to June 2018-2022.
  - Four were unknown.
- Of 61 overseas-born MSM:
  - Twenty-three (38%) likely acquired HIV in Australia, 17% less than the average for January to June 2018-2022 (av. n=27.6).
  - Thirty-five (57%) likely acquired HIV overseas, 59% more than January to June 2018-2022 (av. n=22.0).
  - Three were unknown.

Area of residence for people newly diagnosed

These areas have been grouped together based on recent estimates[1] for the proportion of adult males who identify as gay and reside in each postcode in NSW. These estimates per postcode are based on Australian Census data for co-habiting male couples and survey data on the proportion of gay males who cohabit[2]. The grouped postcodes are defined as those with ≥20%, 5-19.9% and <5% of adult males estimated to be gay. Overall, 23% of gay men in NSW were estimated to live in the ≥20% area, 24% in the 5-19.9% area and 53% in the <5% area. A summary of postcodes in each area can be found in Appendix E.

[1] Callander D, Mooney-Somers J, Keen P, Guy R, Duck T, Bavinton BR, et al. Australian 'gayborhoods' and 'lesborhoods': a new method for estimating the number and prevalence of adult gay men and lesbian women living in each Australian postcode. International Journal of Geographical Information Science. 2020:1-17.
[2] Van de Ven P, Rawstorne P, Crawford J, Kippax S. Increasing proportions of Australian gay and homosexually active men engage in unprotected anal intercourse with regular and with casual partners. AIDS Care. 2002;14(3):335-41.

Figure 13: New HIV diagnoses in MSM by area of residence, January 2018 to June 2023



Of 29 Australian-born MSM newly diagnosed during January to June 2023:

- Two (7%) lived in the ≥20% area, 47% less than January to June 2018-2022 (av. n=3.8).
- Three (10%) lived in the 5-19% area, 42% less than the comparison period (av. n=5.2).
- Twenty-four (83%) lived in the <5% area, 21% less than January to June 2018-2022 (av. n=30.4) (Figure 13).

Of 61 overseas-born MSM newly diagnosed during January to June 2023:

- Eight (13%) lived in the ≥20% area, identical to the January to June 2018-2022 (av. n=8.0).
- Thirteen (21%) lived in the 5-19% area, 6% less than the comparison period (av. n=13.8),
- Forty (66%) lived in the <5% area, 39% more than January to June 2018-2022 (av. n=28.8) (Figure 13).

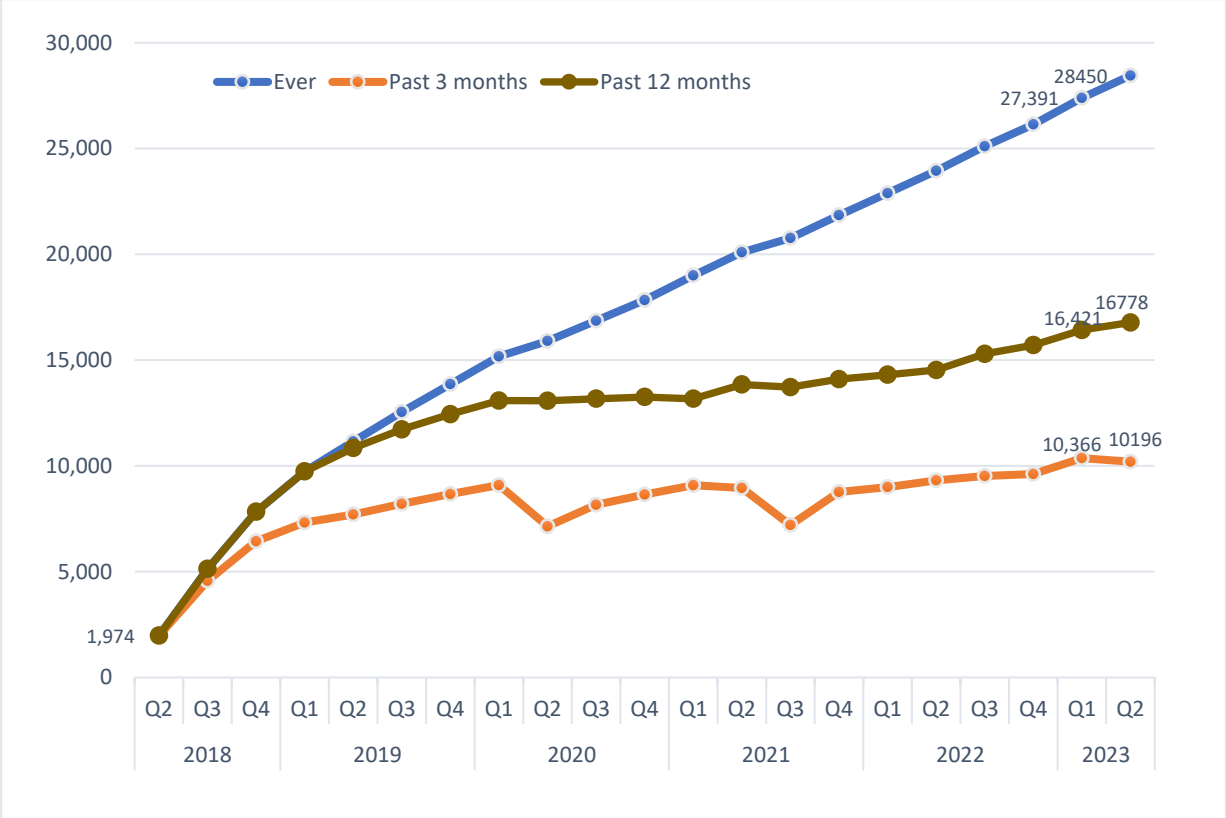
2. Expand HIV Prevention

2.1 How many people were prescribed PrEP?

Between 1 April 2018 and 30 June 2023:

- A total of 28,450 (unique number) NSW residents were dispensed PrEP at least once under the PBS for HIV prevention.
- Of the 28,450 residents on PrEP, 98% were male.
- Among those who initiated PrEP, 74% were prescribed by GP; 23% were dispensed by a specialist and 3% by unknown and other specialty.
- A total of 566 (2%) NSW residents were eligible and prescribed under the Closing the Gap (CTG) program.

Figure 14: Total number of unique clients dispensed PrEP between April 2018 (blue line) to June 2023 compared to the quarterly number of unique clients dispensed PrEP (orange line)



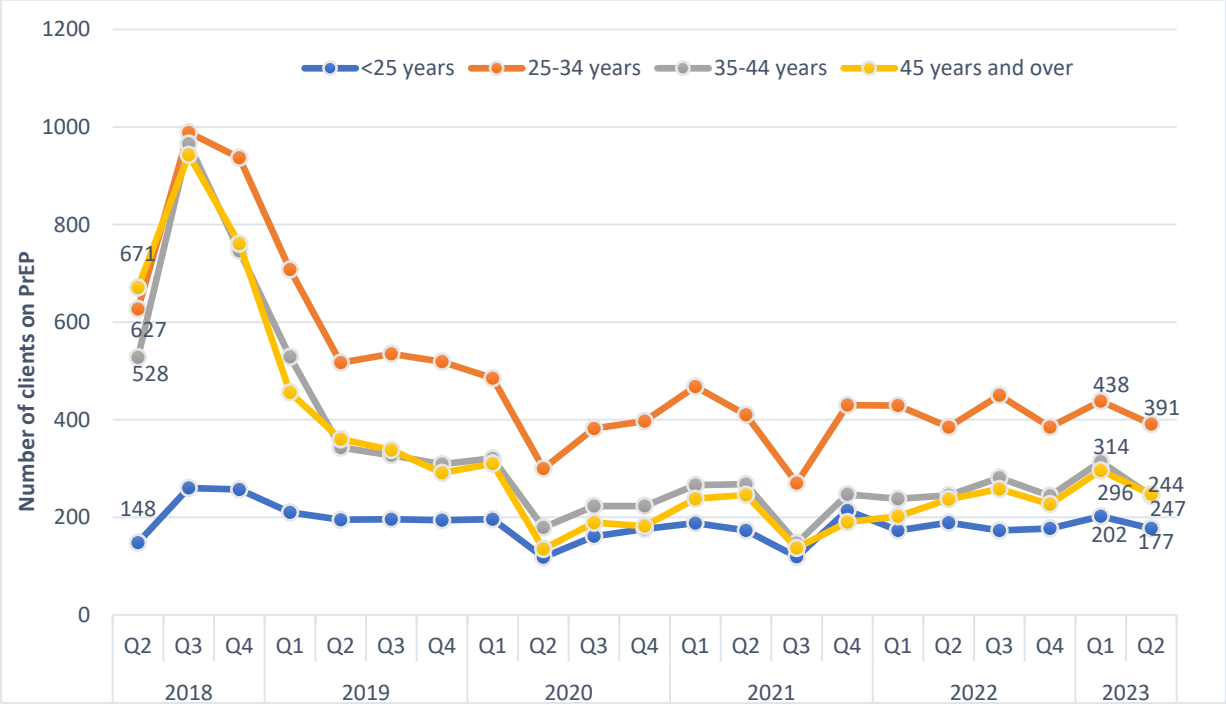
Data source: Pharmaceutical Benefits Schedule Highly Specialised Drugs Programme (PBS)

Comment on Figure 14

- Between April 2018 and June 2023, the total number of unique NSW residents ever prescribed PrEP under the PBS for HIV prevention increased steadily overtime to 28,450 people (blue line).
- Between April and June 2023, the quarterly number of unique NSW residents prescribed PrEP under the PBS for HIV prevention decreased by 2% from 10,366 in January to

March 2023 to 10,196 people in April to June 2023 (orange line). This result marks a 9% increase compared to same quarter in 2022.

Figure 15: Number of people in each age group dispensed PrEP for the first time between April 2018 to June 2023

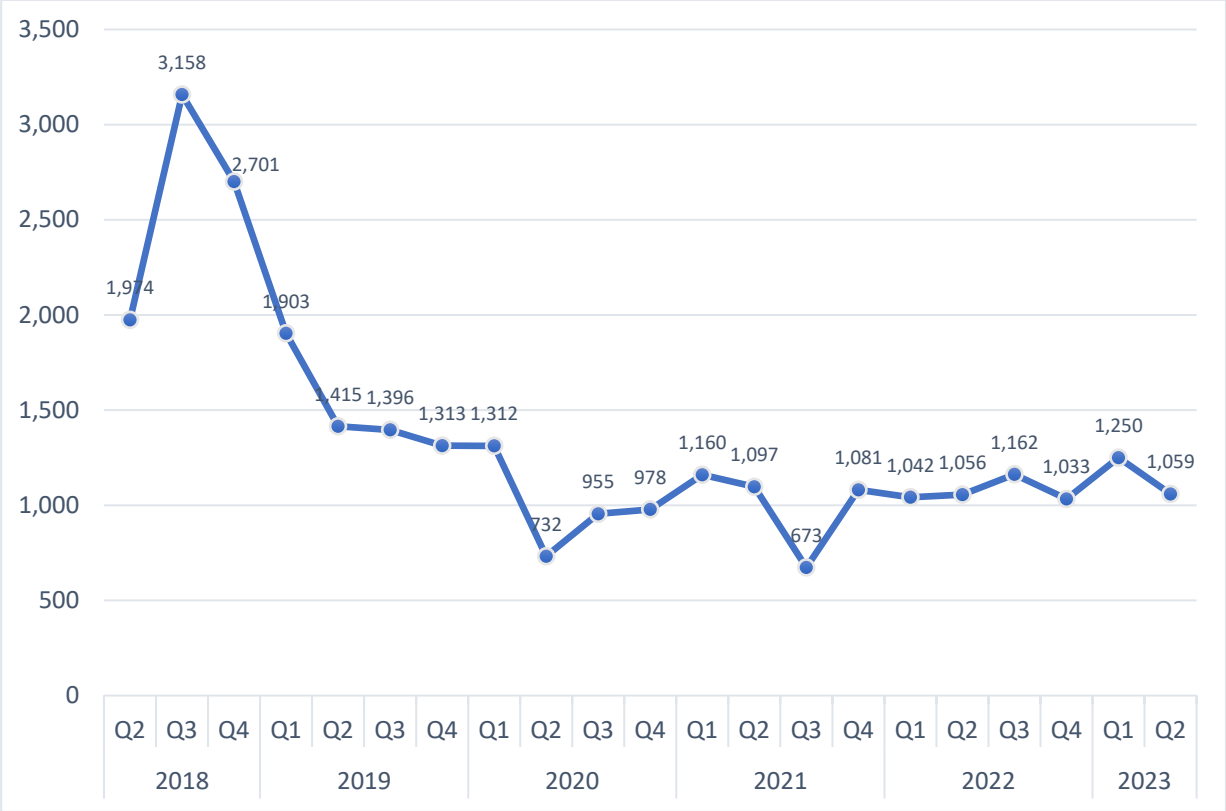


Data source: Pharmaceutical Benefits Schedule Highly Specialised Drugs Programme (PBS)

Comments on Figure 15

- Since April 2018, 3,896 (14%) unique clients dispensed PrEP were aged under 25 years, 10,452 (37%) were between the ages of 25 and 34 years, 7,188 (25%) were between 35 and 44 years and 6,914 (24%) aged 45 years and older.
- PrEP initiation is highest among those aged between 25 and 34 years. PrEP initiations decreased among all aged group in Q2 2023.

Figure 16: Number of people dispensed PrEP under the PBS for the first time by quarter between April 2018 to June 2023

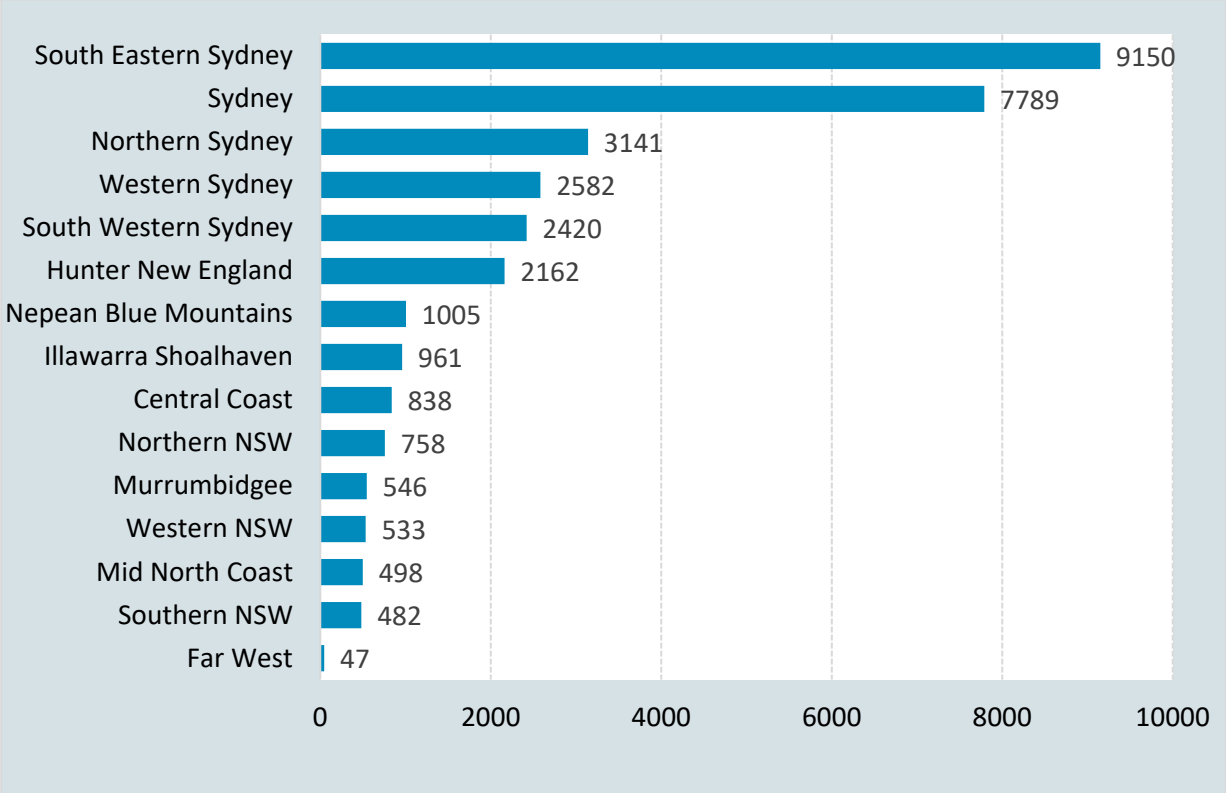


Data source: Pharmaceutical Benefits Schedule Highly Specialised Drugs Programme (PBS)

Comments on Figure 16

- The number of people dispensed PrEP under the PBS for the first time increased significantly between July-September 2018. This was partly due to people transitioning from the EPIC-NSW study to the PBS.
- The number of new people dispensed PrEP under the PBS has declined gradually over time and fluctuated during COVID restrictions.
- PrEP initiations have recovered from reductions during heavier COVID restrictions in Q2 2020 and Q3 2021.
- In Q2 2023, PrEP initiations decreased by 15% to 1,059 people from 1,250 in Q1 2023.

Figure 17: Number of NSW residents dispensed PrEP by LHDs of patient residence from April 2018 to June 2023[3]



Data source: Pharmaceutical Benefits Schedule Highly Specialised Drugs Programme (PBS)

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 LHDs 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 17

Between April 2018 to June 2023:

- Almost 83% of people dispensed PrEP under the PBS in NSW were residents of South Eastern Sydney (28%), Sydney LHDs (24%), followed by Northern Sydney (9.5%), Western Sydney (7.8%), South Western Sydney (7.4%), and Hunter New England (6.6%).

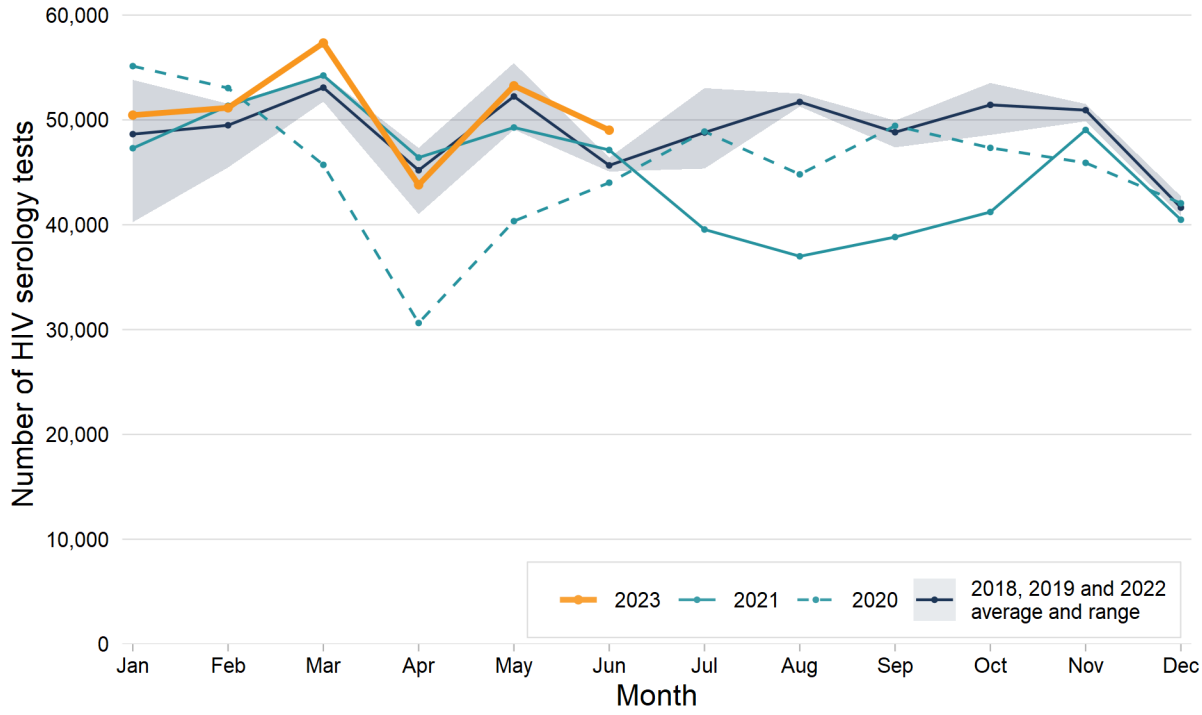
[3] PrEP was available under the PBS from April 2018.

3. Increase HIV testing

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 12 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 18: Number of HIV serology tests performed in 12 NSW laboratories, January 2018 to June 2023



Data source: NSW Health denominator data project, out 3 August 2023.

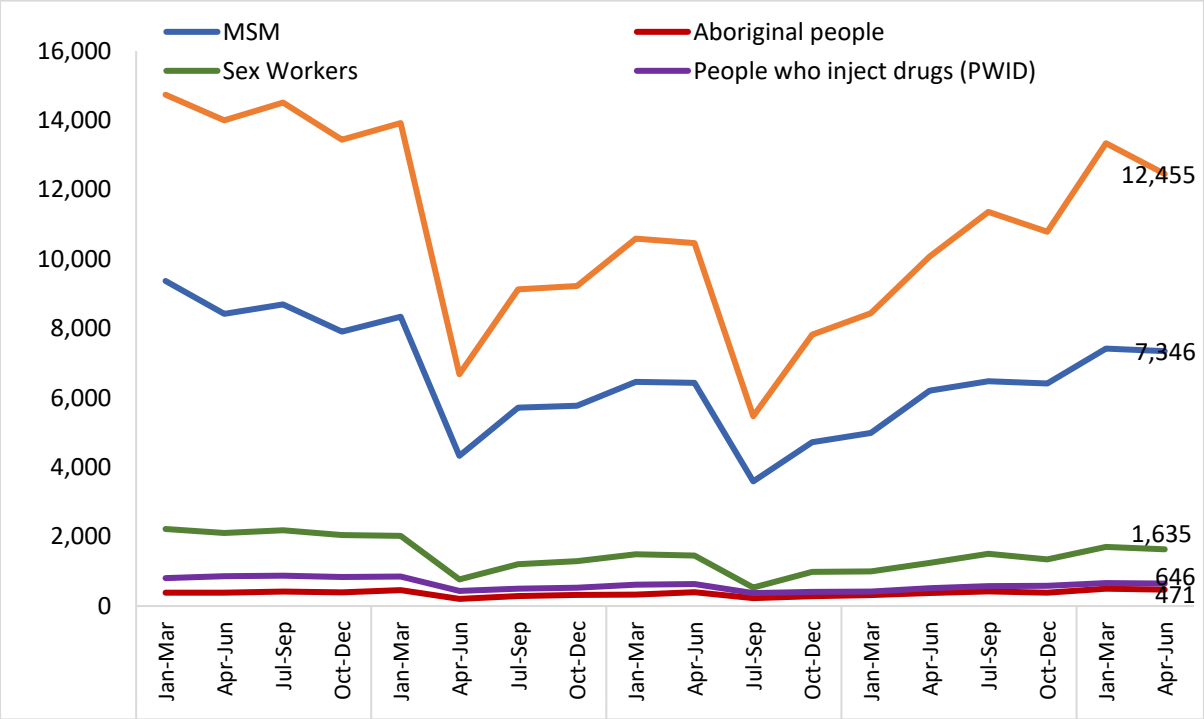
In April to June (Q2) 2023:

- 146,081 HIV serology tests were performed in 12 laboratories in NSW, which was 8% more than Q2 2022 (n=135,604), 2% more than Q2 2021 (n=142,815), 27% more than Q2 2020 (n=114,984), 2% less than Q2 2019 (n=149,080), and 1% more than Q2 2018 (n=144,622).

In January to June 2023:

- 305,028 HIV serology tests were performed in 12 laboratories in NSW, which was 12% more than in 2022 (n=273,065), 3% more than 2021 (n=295,700), 13% more than 2020 (n=268,868), 1% less than 2019 (n=308,774), and 1% more than 2018 (n=301,108).

Figure 19: Number of HIV tests performed in public sexual health clinics in NSW between January 2019 and June 2023, by quarter and priority population



Data source: NSW Health HIV Strategy Monitoring Database
Note: The sum of the groups may be greater than the total of tests because individuals belonging to more than one priority population are counted in each grouping they belong to.
Note: Central Coast data become available from April to June 2022 after solving data collection system problems
Note: Testing data from Illawarra Shoalhaven LHD is included in the total number of tests but is excluded from priority population groups from Jul 2021 to Mar 2023 .

Note: St Vincent Health Network data is not available in Q2 2023.

In April to June 2023:

- The number of HIV tests in PFSHCs (n=12,455) decreased by 7% compared to January to March 2023 (n=13,340). This result is 24% higher than the number of tests in Q2 2022 (n=10,076) and 19% more than Q2 2021 (n=10,463). This result is 86% higher than Q2 2020 (n=6,684) and 11% lower than Q2 2019 (n=14,002).
- Testing remained targeted with 7,346 of 12,455 (59%) HIV tests in PFSHCs done by MSM.
- Of 12,455 tests in PFSHCs where country of birth was recorded, 58% (7,177) were Australian-born, 41% (5,095) overseas-born and 1% (183) unknown.

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 (home-testing) 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.

In September 2019, the pilot was updated to expand access to at-risk populations. As part of the update, participants can be tested for hepatitis C without an HIV test. People eligible for a hepatitis C test can still opt-in for an HIV test.

Table 2: Recruitment data for the NSW DBS Self-Sampling HIV and HCV Testing Pilot, November 2016 to June 2023

Recruitment indicators	Q2 2023 (Apr - Jun)	Total (Nov 2016–Jun 2023)
Number of registrations for DBS test (including Hepatitis C)	2,121	23,938
Number of registrations for DBS requesting HIV testing	1,473/2,121 (69%)	21,305/23,938 (89%)
Number of HIV DBS tests performed*	1,370	18,574
Aboriginal people***	462 (34%)	5,301 (29%)
Ever injected drugs***	876 (64%)	10,371 (56%)
Number (%) of reactive HIV tests**	0	14

Data Source: NSW Dried Blood Spot Research database**.**

***** Number of HIV DBS tests performed refers to total number of people returning test in the report quarter.

** Reactive HIV tests were confirmed positive by venous testing and linked into care. Participants with known HIV positive status when accessing DBS testing removed from total.

*** Number base on tests completed in the report quarter. Aboriginal people and people who have ever injected drugs included from September 2017.

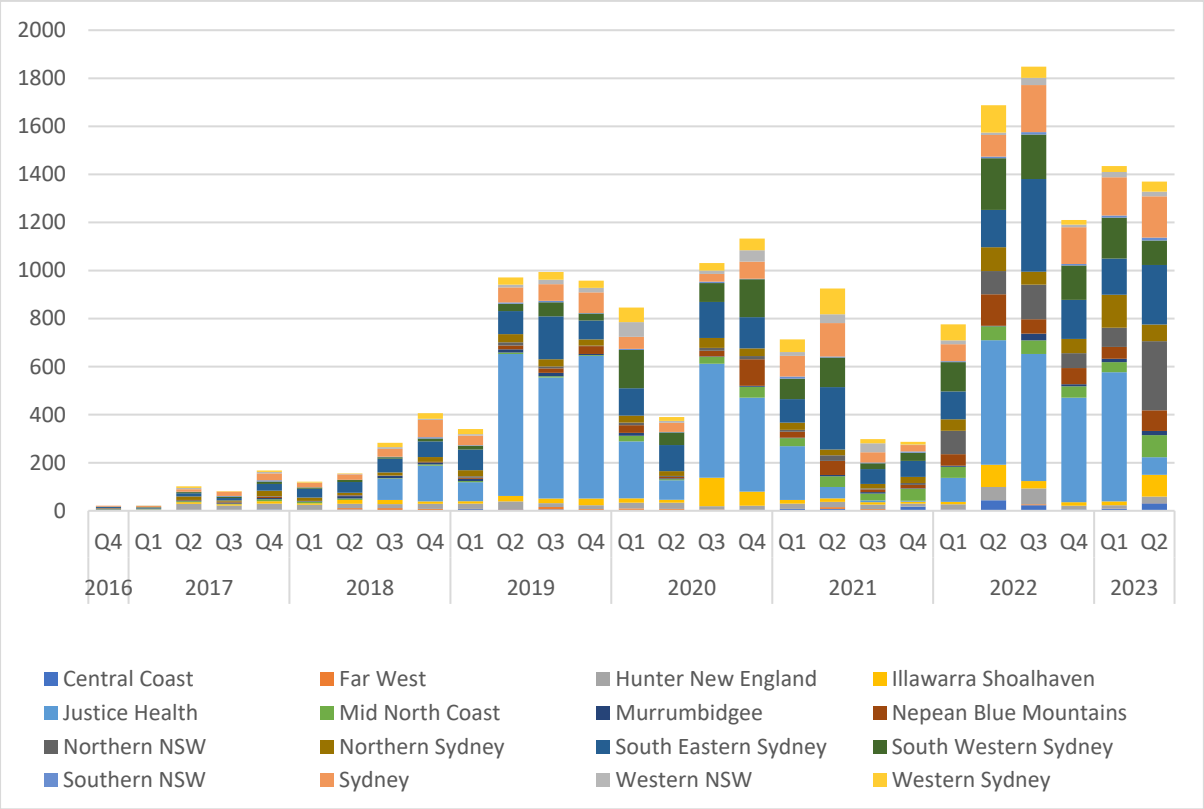
In April to June 2023:

- There was a total of 1,473 HIV DBS tests performed in NSW.
- Of 1,473 HIV DBS tests, 462 (34%) were done by Aboriginal people.
- 876 (64%) of tests were done by people who had ever injected drugs.
- People born in Australia did 1,159 (85%) tests, and 211 (15%) tests were done by people born overseas.

In November 2016 to June 2023 (over the entire pilot):

- 89% of registrations for DBS requesting HIV testing.
- Total of 18,574 HIV DBS tests performed in NSW.
- 29% tests were done by Aboriginal people.
- 56% of tests were done by people who had ever injected drugs.

Figure 20: DBS HIV tests conducted per quarter by LHD of participant's residence

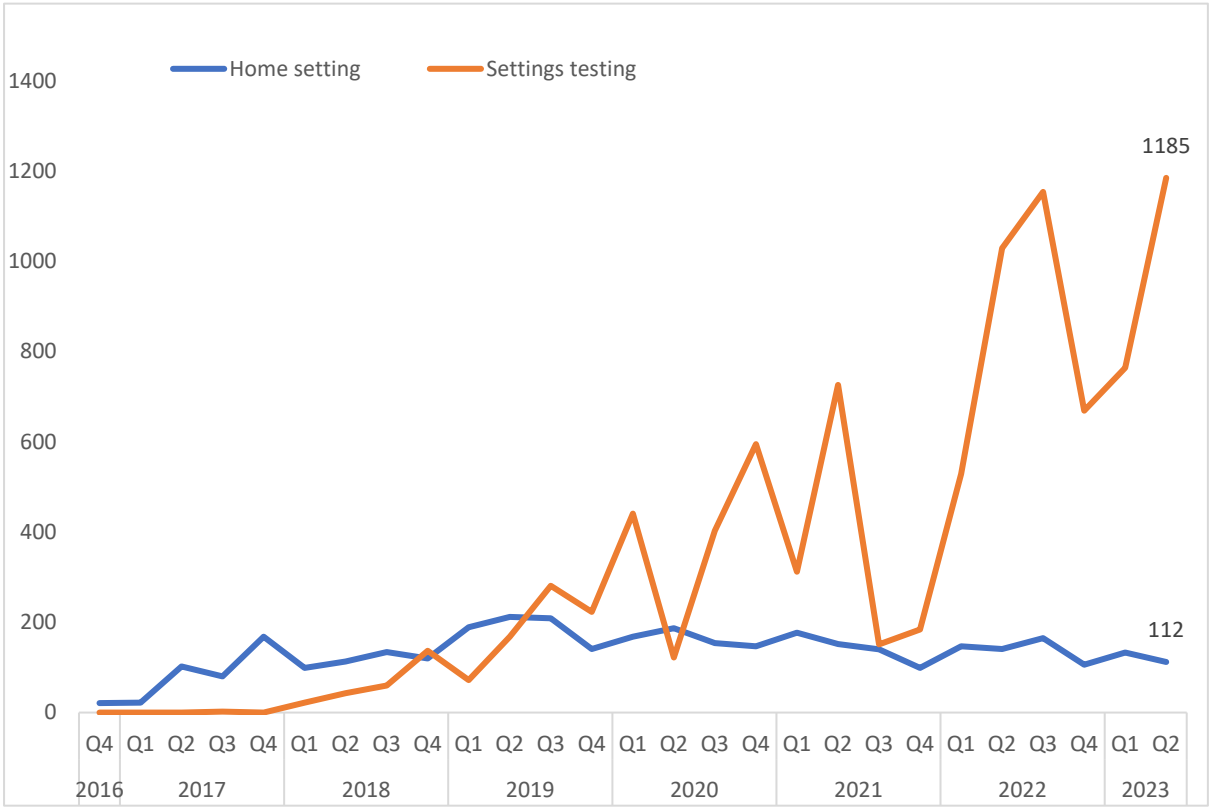


Data Source: NSW DBS Research Database

In April to June 2023:

- There was a total of 1,370 HIV DBS tests in NSW, which is 5% lower than Q1 2023 (n=1,435), and 19% lower compared to Q2 2022 (n=1,688).

Figure 21: HIV DBS tests done at home (ordered online) and settings-based tests per quarter, November 2016 to June 2023



Note: Justice Health is excluded from the figure. Settings include drug and alcohol, sexual health services, and needle and syringe programs

In April to June 2022:

- Home testing decreased by 16% to 112 HIV DBS tests compared to Q1 2023.
- Settings-based testing increased by 55% to 1,185 HIV DBS tests (excluding Justice Health) compared to Q1 2023.

3.1 How is testing being made more accessible?

Table 2: Number of HIV tests in community based a[TEST] sites and proportion of clients with high risk behaviour and infrequent testing history in April to June 2022

Non-traditional Settings	Number of RHT	Number of HIV antibody tests	% Unique Positive	% never previously tested	% tested more than 12 months ago#	*% with > 5 sexual partners in last 3 months**	*% overseas-born*
Community-based							
a[TEST] Surry Hills	65	155	0.00%	8.2%	13.5%	18.2%	75%
a[TEST] Oxford ST	543	1,270	0.24% (n=3)	6.5%	15.4%	28.8%	64%

Data sources: NSW Health HIV Strategy Monitoring Database[17]
Note: In Apr-Jun 2022, aTest Surry Hills started reporting data from this quarter; a[TEST] Newtown site was closed during COVID-19 and will require resourcing to secure a new site. The total number of unique patients at a[TEST] Surry Hills is 171, at a[TEST] Oxford St is 1,335. Some patients at this site have an HIV antibody test without a rapid test, which accounts for the additional HIV antibody tests above.
Note: Unique positive is for HIV antibody tests and incorporates positive results for HIV tests done without a rapid test at Oxford St aTest sites.
Note: Clients' risk behaviour and infrequent testing history is calculated by total unique patients at Oxford St and Surry Hills (n=1,506).
#Does not include 'never tested'; *Only patients who provide information on this characteristic is included.
Note: The proportion of overseas-born clients is calculated amongst unique clients

Comments on Table 2

In April to June 2023 at a[TEST] Oxford St and Surry Hills:

- Peer-led community based testing at aTest Oxford Street and Surry Hills remained high and well targeted in Q2 2023 with 608 rapid tests and 1,425 antibody tests conducted.
- At Oxford St, 15.4 % of clients tested more than 12 months ago and 28.8% of clients were classified as high risk, with more than 5 sexual partners in the last 3 months.
- At Surry Hills, 13.4 % of clients tested more than 12 months ago and 18.2% of clients were classified as high risk, with more than 5 sexual partners in the last 3 months.

Of 1,506 unique clients:

- 65% were born overseas.
- 47% were from SESLHD, 32% from Sydney LHD, 8% from Northern Sydney LHD, 5% from Western Sydney LHD, 4% from South Western Sydney LHD and 4% from other LHDs.

- NSW data suggests community-based testing sites are an effective testing model for engaging GBM with high risk behaviour and infrequent testing history.

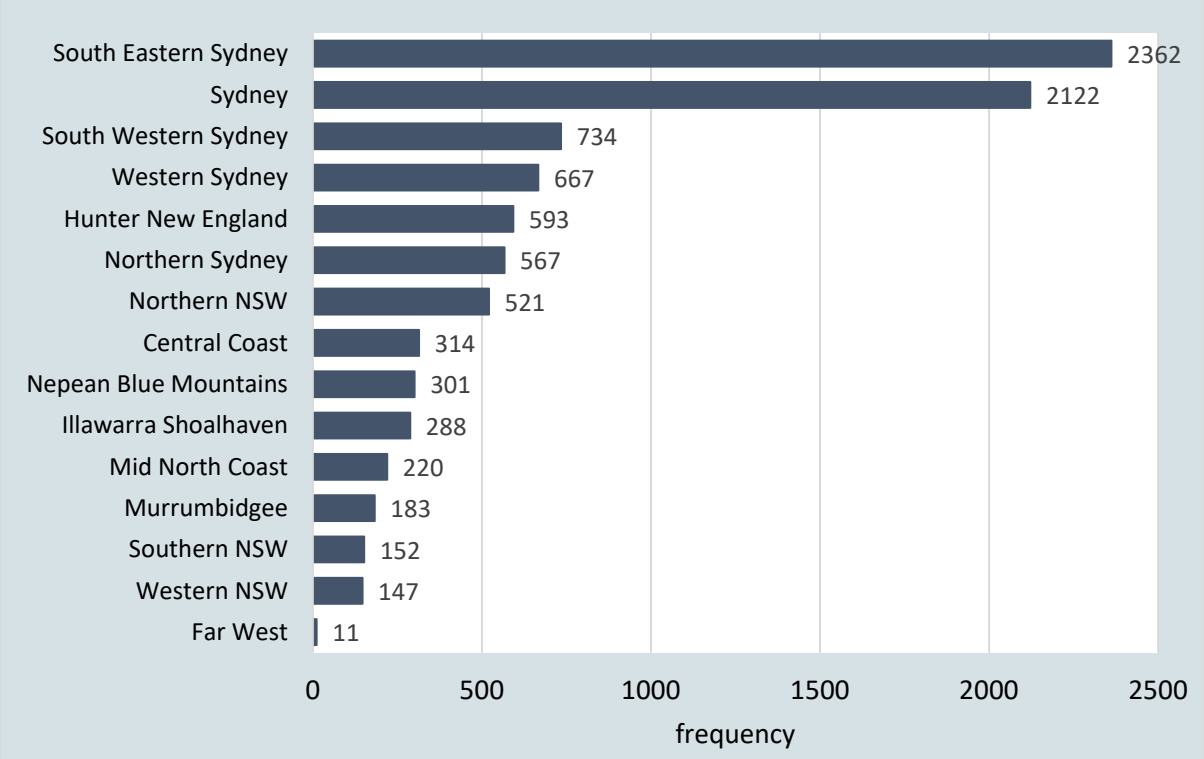
4. Increase HIV Treatment

4.1 How many people in NSW are on antiretroviral therapy?

Between July 2022 to June 2023:

- A total of 8,927 (unique number) NSW residents were on ART for HIV treatment at least once within the previous 12-month
- Among those clients who were on ART for HIV treatment in the past 12-month, 91% (8,104) were male. The majority (63%) were 50 years or older, 21% were aged 40 to 49 years, 13% aged 30 to 39 years and about 3% aged 20 to 29 years and younger.
- Among those residents on ART for HIV treatment, none were noted as prescribed under the CTG program. CTG eligible patients can have their co-payment covered under the NSW s100 Highly Specialised Drugs Co-Payment Program which does not require CTG marked.

Figure 22: The number of NSW residents dispensed ART for HIV, by the LHD of patient residence, from 1 July 2022 to 30 June 2023[4]



Data source: Pharmaceutical Benefits Schedule Highly Specialised Drugs Programme (PBS)

Comments on Figure 22

- About three-quarters (77%) of the PBS-subsidised ART dispensed in the 12 months ending June 2023 was to patients residing in the following six LHDs: South Eastern Sydney, Sydney, South Western Sydney, Western Sydney, Hunter New England and Northern Sydney LHDs.

4 The sum of the numbers displayed in the graph is higher than the total of 8,929 patients as some patients resided in more than one LHD.

4.2 HIV antiretroviral therapy initiation in NSW

Data on the treatment status of clients who received HIV care in NSW public sexual health and HIV services between 1 July 2022 and 30 June 2023 is summarised at Table 3[5].

Table 3: Clients who received HIV care in NSW public sexual health and HIV services from 1 July 2022 and 30 June 2023

Number (%) of patients for whom treatment information was available	5,699
Number (%) on ART	5,561 (98%)

Data sources: NSW Health HIV Strategy Monitoring Database[6]
Note: St Vincent Health Network data is not available in Q2 2023.

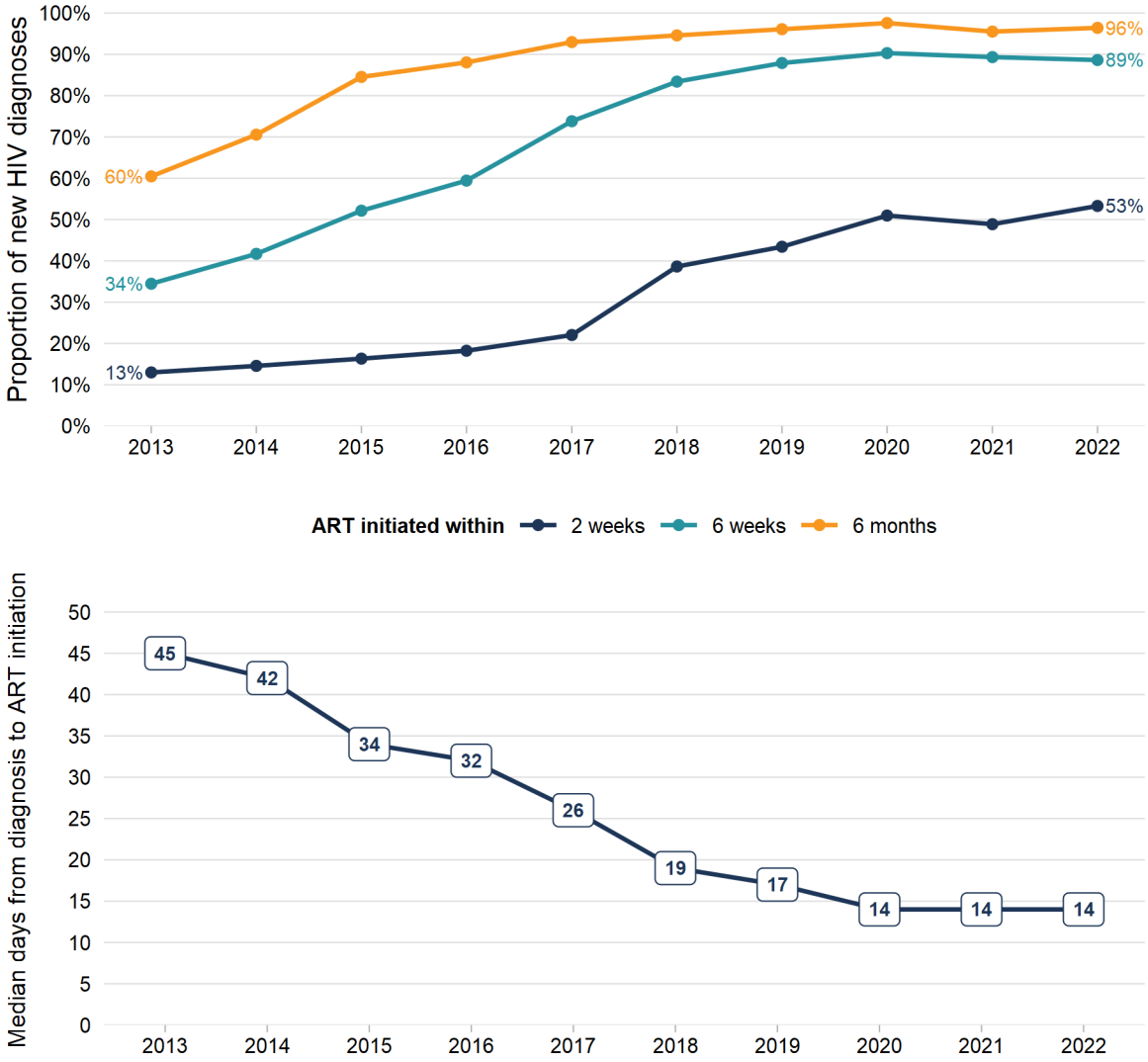
- Between 1 July 2022 and 30 June 2023, treatment information was available for 5,561 clients with HIV who received care in public HIV and sexual health clinics in NSW. The available data indicates treatment coverage in NSW PFSHCs is high at 98%.

[5] 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.
[6] 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 How quickly are people newly diagnosed with HIV commencing antiretroviral therapy and achieving undetectable viral load in NSW?

The 2021-2025 HIV Strategy now aims to ensure that at least 90% of people newly diagnosed with HIV are on ART within 2 weeks of diagnosis. Data on ART initiation was drawn from the six-month follow up and initial HIV notification form. At the time of preparing this Q2 2023 report, the six-month post diagnosis follow-up had been done on NSW residents newly diagnosed from 1 January 2013 to 31 December 2022 (n=2,786). All new diagnoses were included irrespective of whether eligible for follow up and of care outcome.

Figure 23: Time to ART for NSW residents newly diagnosed in January 2013 to December 2022



- Of the 167 people newly diagnosed during January to December 2022 and followed up six months post diagnosis, 53% initiated ART within two weeks, 89% within six weeks and 96% within six months of diagnosis. The median time to ART initiation was 14 days. Of the 161 on ART within six months of diagnosis, 134 (83%) were already virally suppressed (VL < 200 copies/mL) at six month follow up.

5. Appendices

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 bisexual men recruited at a range of gay community sites in Sydney, with online recruitment across NSW. 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)
Flux Study	The Kirby Institute, UNSW Australia	Quarterly	Online prospective observational study of gay and bisexual men recruited via social media and community organisations. Data fields include age, state of residence, sexuality, sexual behaviours, HIV risk behaviours, use of pre-exposure prophylaxis (PrEP), and HIV and STI testing. Data is self-reported. Between May 2020 and May 2021, data was collected weekly. From April 2021, data are collected at the end of each quarter.

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.

Treatment Data Sources

Name	Custodian	Availability	Coverage
Pharmaceutical Benefits Schedule (PBS) Highly Specialised Drugs Programme data	Centre for Population Health, NSW Health	Quarterly Note: 6-week 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’.
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 June 2023 (continues over page); data extracted from NCIMS, HPNSW, 8 August 2023.

Case characteristics	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Jun 2023	1981-Jun 2023
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Total (ALL)	**354**	**343**	**349**	**318**	**313**	**277**	**281**	**206**	**178**	**167**	**128**	**19528**
Gender												
Male	324 (91.5%)	317 (92.4%)	320 (91.7%)	292 (91.8%)	282 (90.1%)	254 (91.7%)	252 (89.7%)	181 (87.9%)	165 (92.7%)	143 (85.6%)	112 (87.5%)	17922 (91.8%)
Female	27 (7.6%)	25 (7.3%)	28 (8.0%)	22 (6.9%)	25 (8.0%)	20 (7.2%)	23 (8.2%)	21 (10.2%)	12 (6.7%)	22 (13.2%)	13 (10.2%)	1290 (6.6%)
Transgender	3 (0.8%)	1 (0.3%)	1 (0.3%)	4 (1.3%)	6 (1.9%)	3 (1.1%)	6 (2.1%)	4 (1.9%)	1 (0.6%)	2 (1.2%)	3 (2.3%)	68 (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%)	0 (0.0%)	0 (0.0%)	248 (1.3%)
Aboriginal or Torres Strait Islander person status												
Aboriginal person	8 (2.3%)	7 (2.0%)	7 (2.0%)	9 (2.8%)	8 (2.6%)	11 (4.0%)	6 (2.1%)	5 (2.4%)	1 (0.6%)	6 (3.6%)	4 (3.1%)	233 (1.2%)
Torres Strait Islander	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.3%)	0 (0.0%)	0 (0.0%)	1 (0.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (0.0%)
Non-Aboriginal person	343 (96.9%)	331 (96.5%)	339 (97.1%)	308 (96.9%)	305 (97.4%)	266 (96.0%)	274 (97.5%)	200 (97.1%)	177 (99.4%)	161 (96.4%)	122 (95.3%)	12414 (63.6%)
Not stated	3 (0.8%)	5 (1.5%)	3 (0.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	2 (1.6%)	6879 (35.2%)
Age in years at diagnosis												
0-4	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%)	0 (0.0%)	0 (0.0%)	40 (0.2%)
5-9	1 (0.3%)	0 (0.0%)	0 (0.0%)	1 (0.3%)	1 (0.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	25 (0.1%)
10-14	0 (0.0%)	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%)	0 (0.0%)	36 (0.2%)
15-19	8 (2.3%)	2 (0.6%)	6 (1.7%)	3 (0.9%)	5 (1.6%)	4 (1.4%)	4 (1.4%)	5 (2.4%)	0 (0.0%)	3 (1.8%)	0 (0.0%)	335 (1.7%)
20-24	37 (10.5%)	41 (12.0%)	45 (12.9%)	38 (11.9%)	29 (9.3%)	36 (13.0%)	29 (10.3%)	17 (8.3%)	10 (5.6%)	8 (4.8%)	10 (7.8%)	2326 (11.9%)
25-29	64 (18.1%)	51 (14.9%)	63 (18.1%)	62 (19.5%)	58 (18.5%)	60 (21.7%)	43 (15.3%)	46 (22.3%)	44 (24.7%)	31 (18.6%)	25 (19.5%)	3851 (19.7%)
30-34	48 (13.6%)	64 (18.7%)	62 (17.8%)	63 (19.8%)	57 (18.2%)	50 (18.1%)	67 (23.8%)	44 (21.4%)	35 (19.7%)	35 (21.0%)	22 (17.2%)	3889 (19.9%)
35-39	42 (11.9%)	45 (13.1%)	45 (12.9%)	48 (15.1%)	36 (11.5%)	29 (10.5%)	41 (14.6%)	22 (10.7%)	19 (10.7%)	25 (15.0%)	21 (16.4%)	3178 (16.3%)
40-44	45 (12.7%)	45 (13.1%)	32 (9.2%)	30 (9.4%)	38 (12.1%)	27 (9.7%)	30 (10.7%)	21 (10.2%)	18 (10.1%)	20 (12.0%)	9 (7.0%)	2341 (12.0%)
45-49	45 (12.7%)	30 (8.7%)	27 (7.7%)	32 (10.1%)	22 (7.0%)	23 (8.3%)	19 (6.8%)	16 (7.8%)	17 (9.6%)	17 (10.2%)	13 (10.2%)	1427 (7.3%)
50-54	24 (6.8%)	25 (7.3%)	28 (8.0%)	18 (5.7%)	19 (6.1%)	18 (6.5%)	19 (6.8%)	14 (6.8%)	8 (4.5%)	13 (7.8%)	13 (10.2%)	897 (4.6%)
55-59	23 (6.5%)	15 (4.4%)	13 (3.7%)	13 (4.1%)	16 (5.1%)	15 (5.4%)	13 (4.6%)	9 (4.4%)	13 (7.3%)	7 (4.2%)	7 (5.5%)	531 (2.7%)
60-64	6 (1.7%)	14 (4.1%)	15 (4.3%)	6 (1.9%)	17 (5.4%)	7 (2.5%)	4 (1.4%)	6 (2.9%)	6 (3.4%)	6 (3.6%)	6 (4.7%)	295 (1.5%)
65-69	9 (2.5%)	7 (2.0%)	7 (2.0%)	4 (1.3%)	5 (1.6%)	4 (1.4%)	7 (2.5%)	6 (2.9%)	5 (2.8%)	1 (0.6%)	1 (0.8%)	164 (0.8%)
70 or over	2 (0.6%)	3 (0.9%)	6 (1.7%)	0 (0.0%)	10 (3.2%)	4 (1.4%)	5 (1.8%)	0 (0.0%)	3 (1.7%)	1 (0.6%)	1 (0.8%)	105 (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%)	0 (0.0%)	0 (0.0%)	88 (0.5%)

Case characteristics	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Jun 2023	1981-Jun 2023
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Total (ALL)	**354**	**343**	**349**	**318**	**313**	**277**	**281**	**206**	**178**	**167**	**128**	**19528**
Reported HIV risk exposure												
MSM	266 (75.1%)	254 (74.1%)	264 (75.6%)	237 (74.5%)	215 (68.7%)	194 (70.0%)	190 (67.6%)	135 (65.5%)	121 (68.0%)	104 (62.3%)	81 (63.3%)	12405 (63.5%)
MSM who injects drugs	16 (4.5%)	20 (5.8%)	21 (6.0%)	25 (7.9%)	17 (5.4%)	25 (9.0%)	26 (9.3%)	20 (9.7%)	15 (8.4%)	15 (9.0%)	9 (7.0%)	681 (3.5%)
HET	60 (16.9%)	50 (14.6%)	52 (14.9%)	48 (15.1%)	68 (21.7%)	51 (18.4%)	56 (19.9%)	40 (19.4%)	35 (19.7%)	38 (22.8%)	28 (21.9%)	1963 (10.1%)
PWID	7 (2.0%)	8 (2.3%)	4 (1.1%)	4 (1.3%)	6 (1.9%)	4 (1.4%)	5 (1.8%)	3 (1.5%)	4 (2.2%)	4 (2.4%)	3 (2.3%)	598 (3.1%)
Blood disorder, blood or tissue recipient	0 (0.0%)	0 (0.0%)	1 (0.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (0.8%)	279 (1.4%)
Vertical transmission	1 (0.3%)	1 (0.3%)	0 (0.0%)	1 (0.3%)	2 (0.6%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	55 (0.3%)
Other	1 (0.3%)	4 (1.2%)	3 (0.9%)	1 (0.3%)	1 (0.3%)	1 (0.4%)	3 (1.1%)	2 (1.0%)	1 (0.6%)	3 (1.8%)	4 (3.1%)	64 (0.3%)
Unknown	3 (0.8%)	6 (1.7%)	4 (1.1%)	2 (0.6%)	4 (1.3%)	2 (0.7%)	1 (0.4%)	4 (1.9%)	2 (1.1%)	3 (1.8%)	2 (1.6%)	3483 (17.8%)
LHD of residence												
South Eastern Sydney	126 (35.6%)	112 (32.7%)	129 (37.0%)	84 (26.4%)	92 (29.4%)	85 (30.7%)	73 (26.0%)	50 (24.3%)	53 (29.8%)	41 (24.6%)	32 (25.0%)	6025 (30.9%)
Sydney	92 (26.0%)	84 (24.5%)	86 (24.6%)	95 (29.9%)	71 (22.7%)	63 (22.7%)	61 (21.7%)	37 (18.0%)	32 (18.0%)	27 (16.2%)	21 (16.4%)	3383 (17.3%)
Northern Sydney	26 (7.3%)	17 (5.0%)	24 (6.9%)	20 (6.3%)	30 (9.6%)	23 (8.3%)	23 (8.2%)	19 (9.2%)	13 (7.3%)	19 (11.4%)	5 (3.9%)	1134 (5.8%)
Western Sydney	26 (7.3%)	26 (7.6%)	20 (5.7%)	24 (7.5%)	27 (8.6%)	24 (8.7%)	30 (10.7%)	25 (12.1%)	22 (12.4%)	14 (8.4%)	17 (13.3%)	905 (4.6%)
South Western Sydney	28 (7.9%)	30 (8.7%)	31 (8.9%)	31 (9.7%)	25 (8.0%)	21 (7.6%)	34 (12.1%)	27 (13.1%)	22 (12.4%)	27 (16.2%)	15 (11.7%)	858 (4.4%)
Hunter New England	17 (4.8%)	27 (7.9%)	17 (4.9%)	15 (4.7%)	7 (2.2%)	17 (6.1%)	23 (8.2%)	19 (9.2%)	7 (3.9%)	4 (2.4%)	7 (5.5%)	586 (3.0%)
Nepean Blue Mountains	3 (0.8%)	6 (1.7%)	6 (1.7%)	2 (0.6%)	6 (1.9%)	5 (1.8%)	4 (1.4%)	5 (2.4%)	8 (4.5%)	7 (4.2%)	5 (3.9%)	302 (1.5%)
Illawarra Shoalhaven	7 (2.0%)	6 (1.7%)	7 (2.0%)	8 (2.5%)	10 (3.2%)	7 (2.5%)	6 (2.1%)	4 (1.9%)	3 (1.7%)	7 (4.2%)	5 (3.9%)	277 (1.4%)
Northern NSW	5 (1.4%)	7 (2.0%)	8 (2.3%)	5 (1.6%)	10 (3.2%)	9 (3.2%)	10 (3.6%)	2 (1.0%)	7 (3.9%)	5 (3.0%)	5 (3.9%)	257 (1.3%)
Central Coast	5 (1.4%)	8 (2.3%)	5 (1.4%)	11 (3.5%)	12 (3.8%)	5 (1.8%)	2 (0.7%)	5 (2.4%)	2 (1.1%)	2 (1.2%)	6 (4.7%)	242 (1.2%)
Mid North Coast	6 (1.7%)	7 (2.0%)	6 (1.7%)	2 (0.6%)	4 (1.3%)	3 (1.1%)	2 (0.7%)	3 (1.5%)	1 (0.6%)	3 (1.8%)	3 (2.3%)	168 (0.9%)
Western NSW	5 (1.4%)	2 (0.6%)	2 (0.6%)	5 (1.6%)	5 (1.6%)	3 (1.1%)	3 (1.1%)	4 (1.9%)	3 (1.7%)	3 (1.8%)	1 (0.8%)	147 (0.8%)
Murrumbidgee-Albury	3 (0.8%)	3 (0.9%)	4 (1.1%)	9 (2.8%)	6 (1.9%)	4 (1.4%)	2 (0.7%)	4 (1.9%)	0 (0.0%)	2 (1.2%)	2 (1.6%)	121 (0.6%)
Southern NSW	4 (1.1%)	4 (1.2%)	2 (0.6%)	6 (1.9%)	3 (1.0%)	3 (1.1%)	2 (0.7%)	1 (0.5%)	2 (1.1%)	4 (2.4%)	2 (1.6%)	84 (0.4%)
Far West	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.4%)	2 (0.7%)	0 (0.0%)	1 (0.6%)	0 (0.0%)	0 (0.0%)	12 (0.1%)
Unknown or other	1 (0.3%)	4 (1.2%)	2 (0.6%)	1 (0.3%)	5 (1.6%)	4 (1.4%)	4 (1.4%)	1 (0.5%)	2 (1.1%)	2 (1.2%)	2 (1.6%)	5027 (25.7%)

Appendix C: NSW HIV Data Advisory Group members

Meredith Claremont	Advisory Group Chair, Centre for Population Health, NSW Ministry of Health
Bianca Prain	Centre for Population Health, NSW Ministry of Health
Erin Devine	Centre for Population Health, NSW Ministry of Health
Tina Gordon	Advisory Group Secretariat, Centre for Population Health, NSW Ministry of Health
Hongli Dang	Centre for Population Health, NSW Ministry of Health
Christine Selvey	Health Protection NSW, NSW Health
Steven Nigro	Health Protection NSW, NSW Health
Nathan Ryder	STIPU, Centre for Population Health, NSW Ministry of Health
David Lewis	Western Sydney Local Health District
Andrew Grulich	The Kirby Institute, University of NSW
Rebecca Guy	The Kirby Institute, University of NSW
Phillip Keen	The Kirby Institute, University of NSW
Prital Patel	The Kirby Institute, University of NSW
Benjamin Bavinton	The Kirby Institute, University of NSW
Martin Holt	Centre for Social Research in Health, University of NSW
Tim Broady	Centre for Social Research in Health, University of NSW
Nicolas Parkhill	ACON
Matthew Vaughan	ACON
Barbara Luisi	Multicultural HIV and Hepatitis Service (MHAHS)
Jane Costello	Positive Life
Mary Harrod	NSW Users and AIDS Association (NUAA)

Appendix D: NSW postcodes in each area by proportion of male population estimated to be gay

Estimated proportion of adult male population that is gay	Postcode	Suburb(s)
≥20%	2010	Darlinghurst, Surry Hills
	2043	Erskineville
	2015	Beaconsfield, Eveleigh, Alexandria
	2011	Rushcutters Bay, Woolloomooloo, Elizabeth Bay, Potts Point
	2016	Redfern
	2042	Newtown, Enmore
5-19%	2050	Missenden Road, Camperdown
	2017	Waterloo, Zetland
	2044	Tempe, St Peters, Sydenham
	2021	Paddington, Moore Park, Centennial Park
	2008	Chippendale, Darlington
	2048	Stanmore, Westgate
	2049	Petersham, Lewisham
	2009	Pyrmont
	2027	Darling Point, Edgecliff, Point Piper
	2205	Wolli Creek, Turrella, Arncliffe
	2037	Forest Lodge, Glebe
	2025	Woollahra
	2204	Marrickville, Marrickville South
	2203	Dulwich Hill
	2028	Double Bay
	2038	Annandale
	2020	Mascot
	2040	Leichhardt, Lilyfield
	2000	The Rocks, Sydney, Millers Point, Haymarket, Barangaroo
	2130	Summer Hill
	2007	Ultimo, Broadway
	2039	Rozelle
	2022	Queens Park, Bondi Junction
	2060	Waverton, North Sydney, McMahons Point, Lavender Bay
<5%	All others	All other postcodes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