
NSW Health

NSW HIV Data Report

Quarter 3 July–September 2023

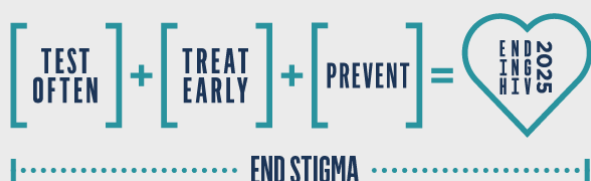


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We acknowledge Aboriginal people as the Traditional Custodians of the lands and waters in which we all work, live, and learn. We recognise the incredible richness, strength, and resilience of the world's oldest living cultures, including cultural practices,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

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

There were 54 HIV diagnoses in NSW between July and September 2023. This is an increase comparable to pre-COVID-19 pandemic levels. One-third of new diagnoses had evidence their infection was acquired within one year of diagnosis (early-stage infection). Three-quarters of new diagnoses were among men who have sex with men (MSM), with a high proportion of MSM being born overseas.

HIV testing has also returned to high pre-COVID-19 levels, and pre-exposure prophylaxis (PrEP) use is at its peak, with 10,580 individuals dispensed within the previous three months. The time from diagnosis to starting treatment continues to improve, with 92% on treatment within six weeks, and 98% within six months of diagnosis.

Executive summary

In Q3 2023, 54 NSW residents were diagnosed with HIV, a 15% rise compared to the Q3 average for the last five years.

MSM made up 76% (41) of diagnoses in Q3, of whom 70% (29) were overseas-born. The number of overseas-born MSM diagnosed was 44% more than the Q3 five-year average, compared to a 25% drop Australian-born MSM.

Of 29 overseas-born MSM newly diagnosed in July - September 2023, 10 had evidence of early-stage infection, 67% more than the Q3 five-year average.

Of 12 Australian-born MSM newly diagnosed in July - September 2023, six had evidence of early-stage infection, 30% less than the Q3 five-year average.

HIV testing has returned to high pre-COVID-19 levels

There was a 9% increase in HIV testing in public and private laboratories in Q3 2023, compared to Q3 2022. Testing in publicly funded sexual health clinics was 20% higher in Q3 2023 than in Q3 2022.

The time from diagnosis to starting treatment continues to improve

At a six-month follow up, over half of people diagnosed in NSW with HIV in January-March 2023 had initiated treatment within two weeks of diagnosis, 92% within six weeks and 98% 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 – March 2023 (64), 83% had an undetectable viral load by the six-month follow-up.

NSW Health response

Progress towards the virtual elimination of HIV transmission has been greatest among MSM living in inner Sydney where more than 20% of adult men are estimated to be gay. However, not all groups are benefiting equally from these successes. NSW Health and the HIV partnership are collaboratively extending our efforts to outer suburban and regional areas, particularly Greater Western Sydney, where rates of HIV have begun to rise. We are adapting and implementing new technologies to increase access to testing and clinical services, raising awareness through in-language prevention campaigns, and developing innovative testing models to improve uptake among infrequently testers or people never tested for HIV.

Over 100 health workers, researchers and community organisations working in Western Sydney came together in October 2023 for the Greater Western Sydney HIV Symposium, led by the PRISM research partnership. The symposium reflected on HIV data and discussed how HIV support can be strengthened in Greater Western Sydney.

One new initiative to increase access to confidential HIV self-testing is *MyTest*. The project involves deploying self-test kit vending machines at university and community precincts with focus on South-West and Western Sydney local health districts.

Key data – Quarter 3, 2023

HIV INFECTIONS			
	Target group	Jul – Sep 2023	Compared with Jul-Sep 2018-2022 average
All NSW residents	HIV diagnoses	54	15% more (av. n = 47)
	MSM	41	13% more (av. n = 36.2)
	Australian-born MSM	12	25% less (av. n = 16)
	Overseas-born MSM	29	44% more (av. n = 20.2)
	HET	10	11% more (av. n = 9)
NSW residents with evidence of early-stage infection	Early-stage diagnoses	18	6% more (av. n = 17)
	MSM	16	10% more (av. n = 14.6)
	Australian-born MSM	6	30% less (av. n = 8.6)
	Overseas-born MSM	10	67% more (av. n = 6)
	HET	1	% NR [†] (av. n = 2)
NSW residents with evidence of late diagnosis	Late diagnoses	23	40% more (av. n = 16.4)
	MSM	15	39% more (av. n = 10.8)
	Australian-born MSM	4	% NR [†] (av. n = 4.2)
	Overseas-born MSM	11	67% more (av. n = 6.6)
	HET	8	82% more (av. n = 4.4)
PREVENT			
	Target group	Apr 2018 – Sep 2023	
People dispensed PrEP through PBS at least once	People at risk	29,616	
TEST			
	Target group	Jul – Sep 2023	Compared with Jul-Sep 2022
HIV serology tests performed in NSW	All	152,511	5% more (n = 145,787)
HIV tests performed in NSW public sexual health clinics. *	All	13,662	20% more (n=11,363)
	MSM	7,906	22% more (n=6,480)
TREAT			
	Target group	Jan-Mar 2023	Target
New diagnoses reporting viral suppression at 6-month follow-up.	Newly diagnosed Jan-Mar 2023 (n=64)	81%	100%

* Note: St Vincent Health Network data is not available in Q3 2023.

† Note: Percentage change not reported for counts ≤5

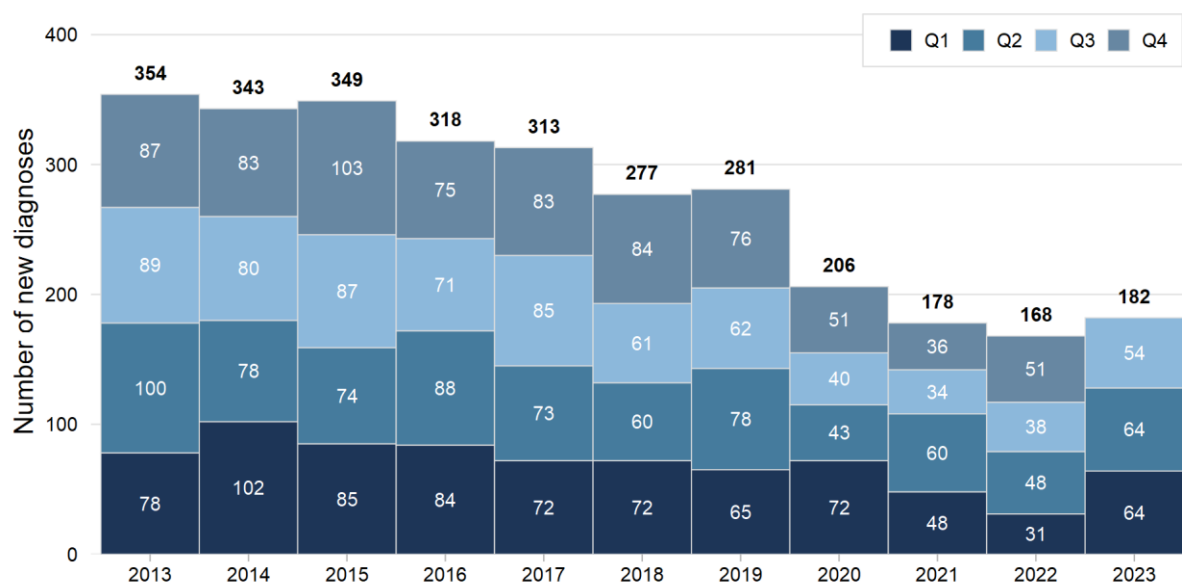
Glossary

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 September 2023



Source: Notifiable Conditions Information Management System, NSW Health, data extracted 16 November 2023.

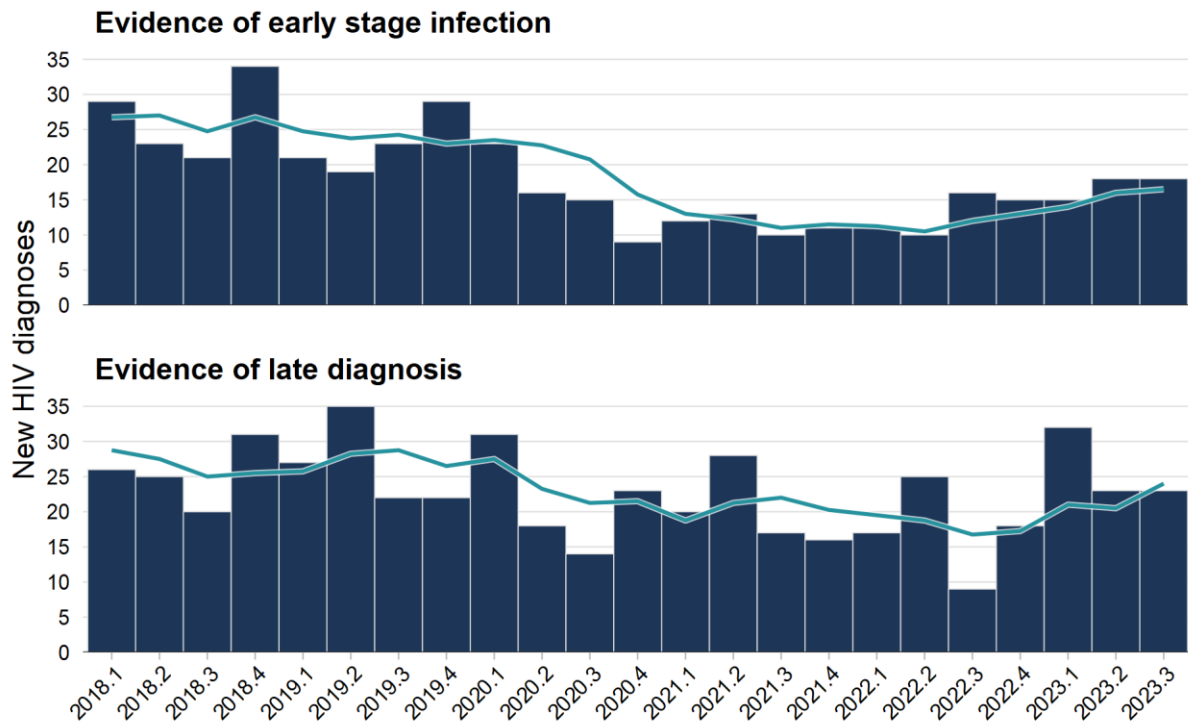
In July to September (Q3) 2023:

- Fifty-four NSW residents were notified to NSW Health with a newly diagnosed HIV infection, 15% more than the Q3 2018-2022 average of 47.0 (Figure 1).
- Of 54, 18 (33%) had evidence their infection was acquired within one year of diagnosis (early-stage infection), 6% more than the Q3 2018-2022 average of 17.0 (Figure 2).
- Of 54, 23 (43%) had evidence of late diagnosis, 40% more than the Q3 2018-2022 average of 16.4 (Figure 2).

In January to September 2023:

- One hundred and eighty-two NSW residents were notified to NSW Health with newly diagnosed HIV infection, 12% more than the January to September 2018-2022 average of 162.4 (Figure 1).
- Of 182, 51 (28%) had evidence of early-stage infection, 3% less than the January to September 2018-2022 average of 52.4 (Figure 2).
- Of 182, 78 (43%) had evidence of late diagnosis, an increase of 17% compared with the January to September 2018-2022 average of 66.8 (Figure 2).

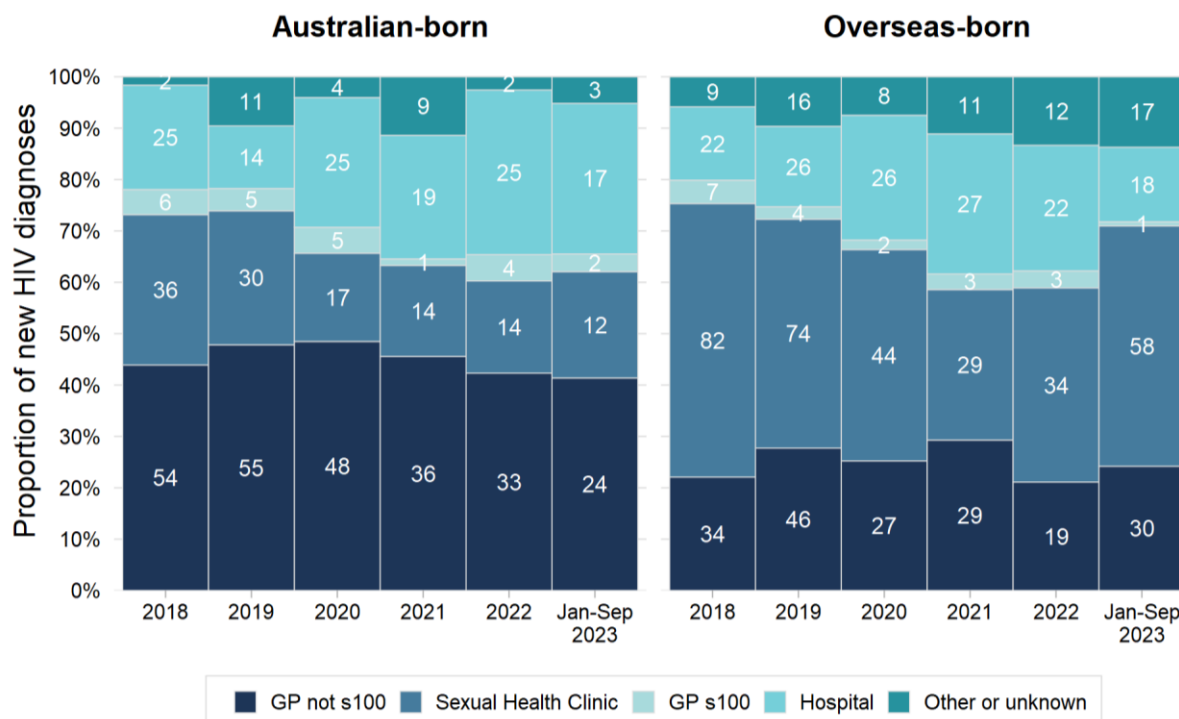
Figure 2: New HIV diagnoses by evidence of early stage infection or late diagnosis, January 2018 to September 2023



Source: Notifiable Conditions Information Management System, NSW Health, data extracted 16 November 2023.

Note: Bars represent diagnoses per quarter and lines represent a rolling four quarter average of diagnoses
 Early stage infection: a seroconversion 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.

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



Source: Notifiable Conditions Information Management System, NSW Health, data extracted 16 November 2023.

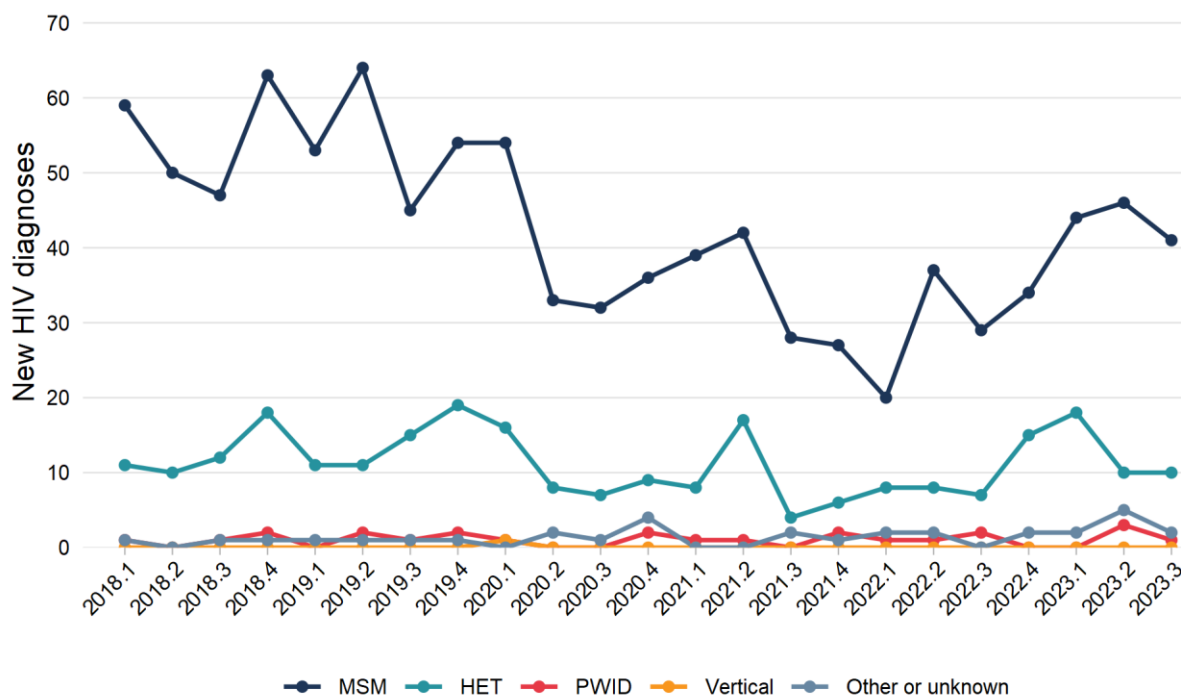
Of 58 Australian-born NSW residents with newly diagnosed HIV infection in January to September 2023 (Figure 3):

- Twenty-four (41%) were diagnosed by general practitioners not accredited to prescribe antiretroviral therapy (GPS not s100), 29% less than the comparison period (av. n=33.8).
- Twelve (21%) were diagnosed by sexual health centres including community testing sites, 24% less than the January to September 2018-2022 average (av. n=15.8).
- Seventeen (29%) were diagnosed by hospital doctors, 12% more than the comparison period (av. n=15.2).
- Two (3%) were diagnosed by GP s100 doctors (HIV specialised and accredited to prescribe ART), 33% less than 3.0, the average for January to September 2018-2022.
- Three (5%) were diagnosed by other doctor types, 29% less than the average for January to September 2018-2022 (av. n=4.2).

Of 124 overseas-born NSW residents with newly diagnosed HIV infection in January to September 2023 (Figure 3):

- Thirty (24%) were diagnosed by GPs not s100, 35% more than the comparison period (av. n=22.2).
- Fifty-eight (47%) were diagnosed by sexual health centres including community testing sites, 46% more than the January to September 2018-2022 average (av. n=39.8).
- Eighteen (15%) were diagnosed by hospital doctors, identical to the comparison period (av. n=18.0).
- One (1%) was diagnosed by a GP s100 doctor, 67% less than 3.0, the average for January to September 2018-2022.
- Seventeen (14%) were diagnosed by other doctor types, 130% more than the average for January to September 2018-2022 (av. n=7.4).

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



Source: Notifiable Conditions Information Management System, NSW Health, data extracted 16 November 2023.
 Note: Men who have sex with men (MSM), people with heterosexual risk exposure (HET), people who inject drug (PWID) and mother-to-child transmission (vertical).

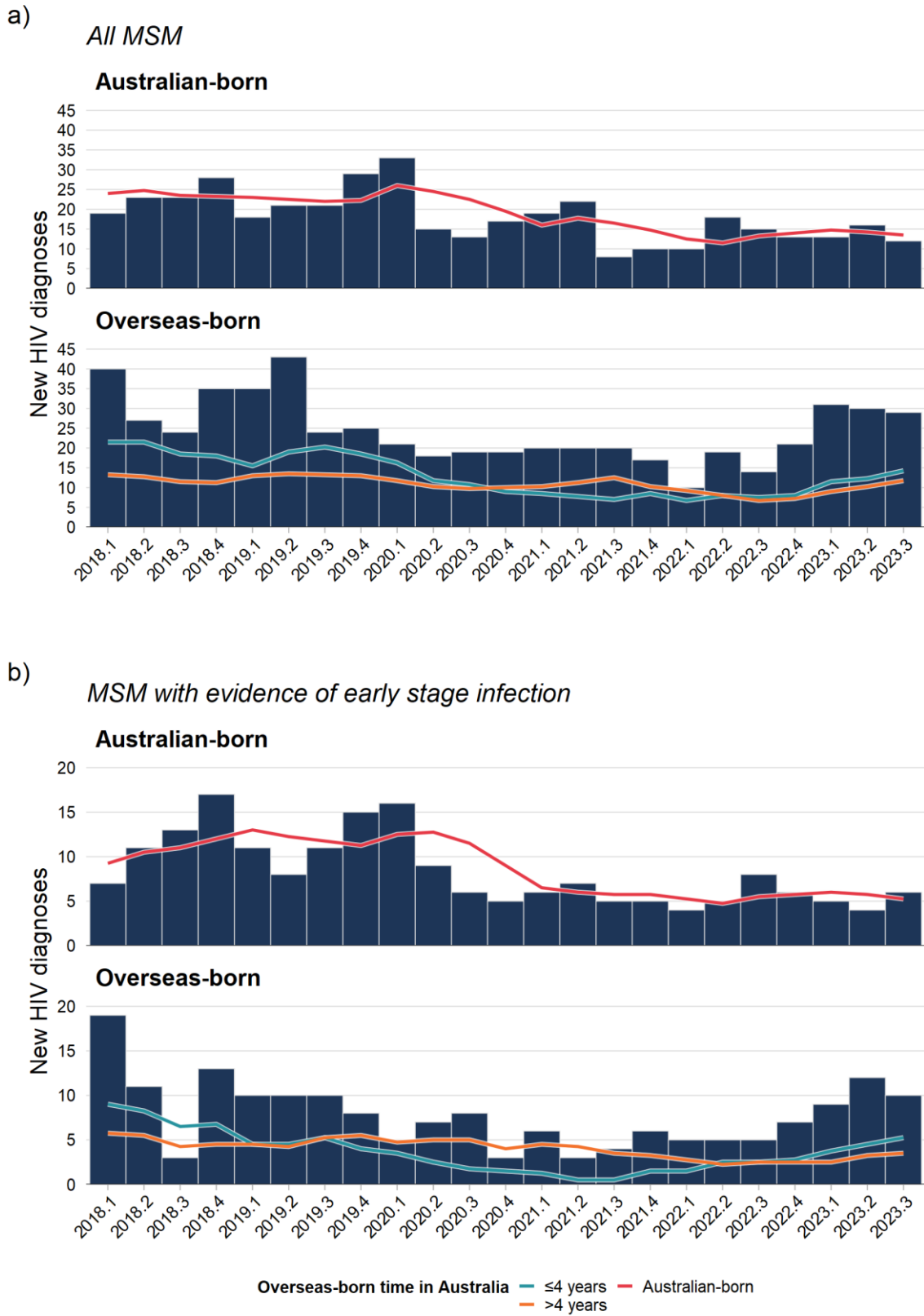
In July to September (Q3) 2023:

- Forty-one (76%) were men who have sex with men (MSM) and 10 (19%) were people with heterosexual exposure only (HET). This is 13% more MSM, and 11% more HET compared with the new diagnosis averages of Q3 2018-2022 (av. n MSM = 36.2; av. n HET = 9.0).
- Of 10 HET, six were cisgender women and four were cisgender men. This is 50% more cisgender women and 20% fewer cisgender men when compared to the new diagnosis averages of Q3 2018-2022 (av. n cisgender women = 4.0; av. n cisgender men = 5.0).

In January to September 2023:

- Of 182, 131 (72%) were MSM, 38 (21%) were HET, four (2%) likely acquired HIV via injecting drugs, and nine (5%) via another exposure (Figure 5). This is 4% more MSM and 24% more HET compared with the new diagnosis averages for January to September 2018-2022 (av. n MSM = 126.4; av. n HET = 30.6) (Figure 4).
- Of 38 HET, 18 were cisgender women and 20 were cisgender men. This is 53% more cisgender women and 8% more cisgender men when compared to the new diagnosis averages for January to September 2018-2022 (av. n cisgender women = 11.8; av. n cisgender men = 18.6).

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



Source: Notifiable Conditions Information Management System, NSW Health, data extracted 16 November 2023.
 Note: Bars represent diagnoses per quarter and lines represent a rolling four quarter average of diagnoses.

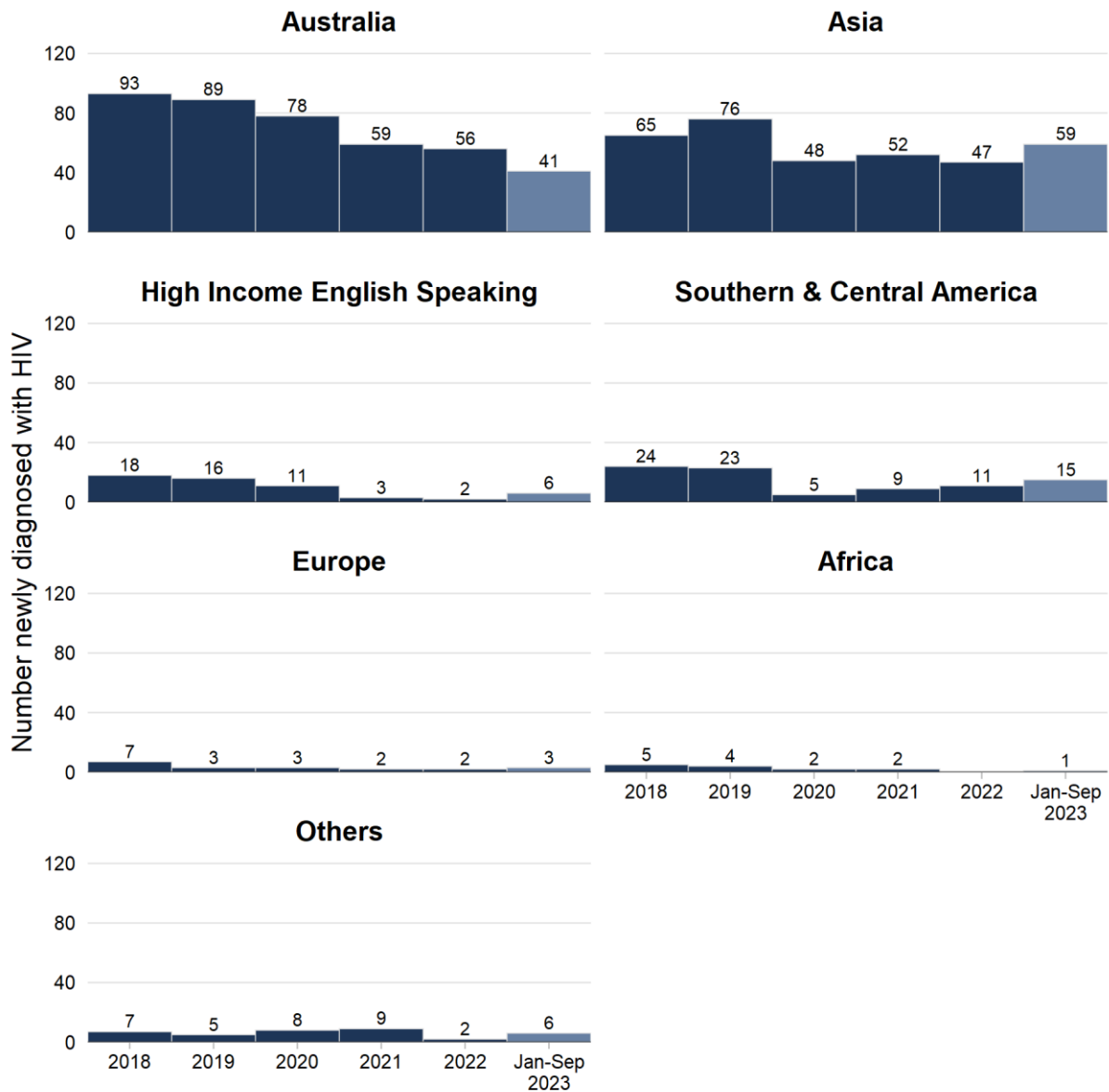
In July to September (Q3) 2023:

- Twelve of the 41 (29%) newly diagnosed MSM were Australian-born, 25% less than the average for Q3 2018-2022 (av. n=16.0).
 - Six of 12 (50%) Australian-born newly diagnosed MSM had evidence of early-stage infection, 30% less than the Q3 2018-2022 average of 8.6.
- Twenty-nine of the 41 (71%) newly diagnosed MSM were overseas-born, 44% more than the average for Q3 2018-2022 (av. n=20.2).
 - Fourteen of these MSM had lived in Australia for four years or less at the time of HIV diagnosis, 40% more than the Q3 2018-2022 average of 10.0, 13 had lived in Australia for more than four years, 44% more than the comparison period average of 9.0 and two for an unknown length of time.
 - Ten of 29 (34%) overseas-born newly diagnosed MSM had evidence of early-stage infection, 67% more than the Q3 2018-2022 average of 6.0.

In January to September 2023:

- Forty-one of 131 (31%) MSM newly diagnosed were Australian-born, 26% less than the average for January to September 2018-2022 (av. n=55.6) (Figure 6).
 - These people ranged from 20-64 years old with a median age of 41.
 - Fifteen of 41 (37%) Australian-born newly diagnosed MSM had evidence of early-stage infection, 41% less than the January to September 2018-2022 average (av. n=25.4).
- Ninety of 131 (69%) MSM newly diagnosed were overseas-born, 27% more than the January to September 2018-2022 average (av. n=70.8) (Figure 6).
 - These people ranged from 18-78 years old with a median age of 32.
 - Forty-three of these MSM had lived in Australia for four years or less at the time of their HIV diagnosis, 17% more than the January to September 2018-2022 average of 36.6, 41 lived in Australia for more than four years, 29% more than the comparison period average of 31.8 and six for an unknown length of time.
 - Thirty-one of 90 (34%) overseas-born newly diagnosed MSM had evidence of early-stage infection, a 40% increase compared to the January to September 2018-2022 average (av. n=22.2).
 - Of these 31 with early-stage infection, 16 had been in NSW for four years or less, while 12 lived in Australia for more than four years and three for an unknown length of time.

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

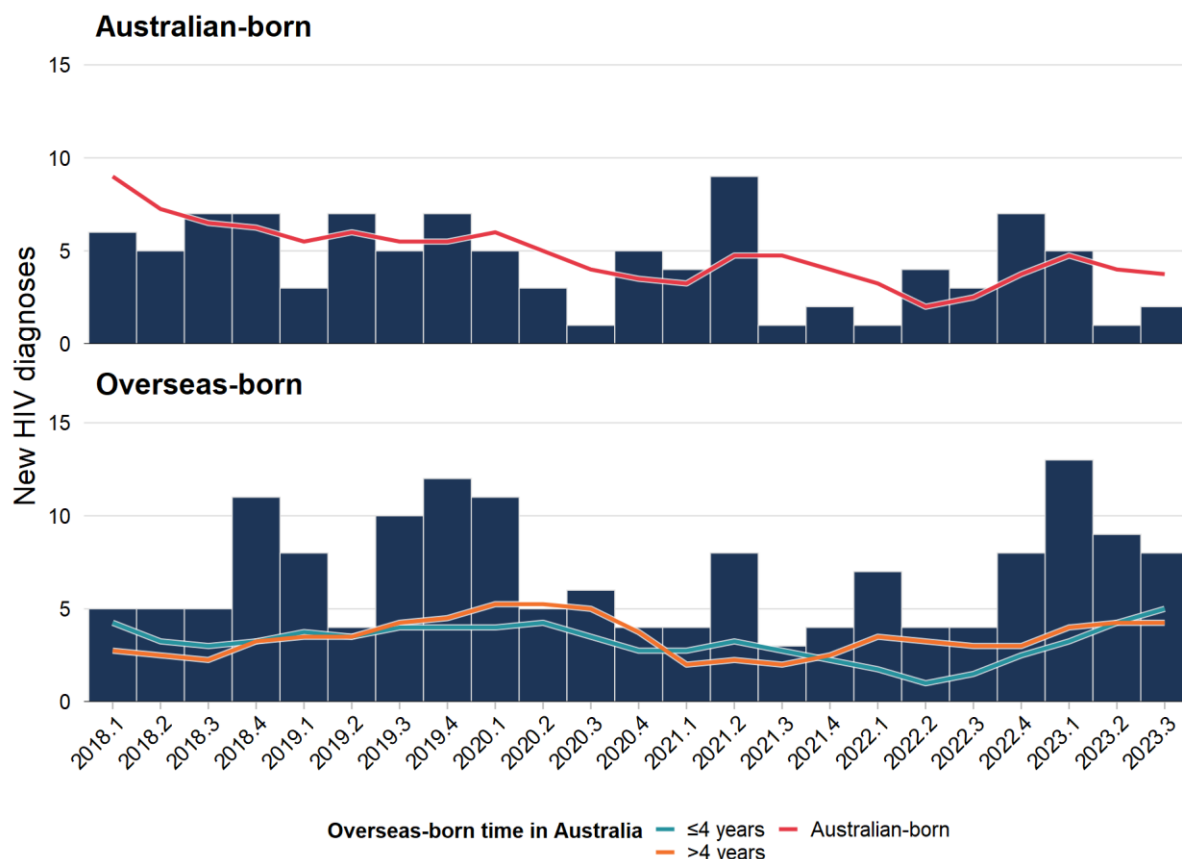


Source: Notifiable Conditions Information Management System, NSW Health, data extracted 16 November 2023.
 Note: High-Income English-Speaking countries include Canada, USA, United Kingdom, Ireland, and New Zealand.

Comments on Figure 6

- Of 131 MSM newly diagnosed in NSW during January to September 2023, 31% were born in Australia, 29% in South-East Asia, 11% in Southern & Central America, 9% in North-East Asia, 7% in Southern & Central Asia, 5% in Oceania, and less than 5% in, North-West Europe, North Africa & the Middle East, Southern & Eastern Europe, the Caribbean, 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 September 2023



Source: Notifiable Conditions Information Management System, NSW Health, data extracted 16 November 2023.
 Note: Bars represent diagnoses per quarter and lines represent a rolling four quarter average of diagnoses

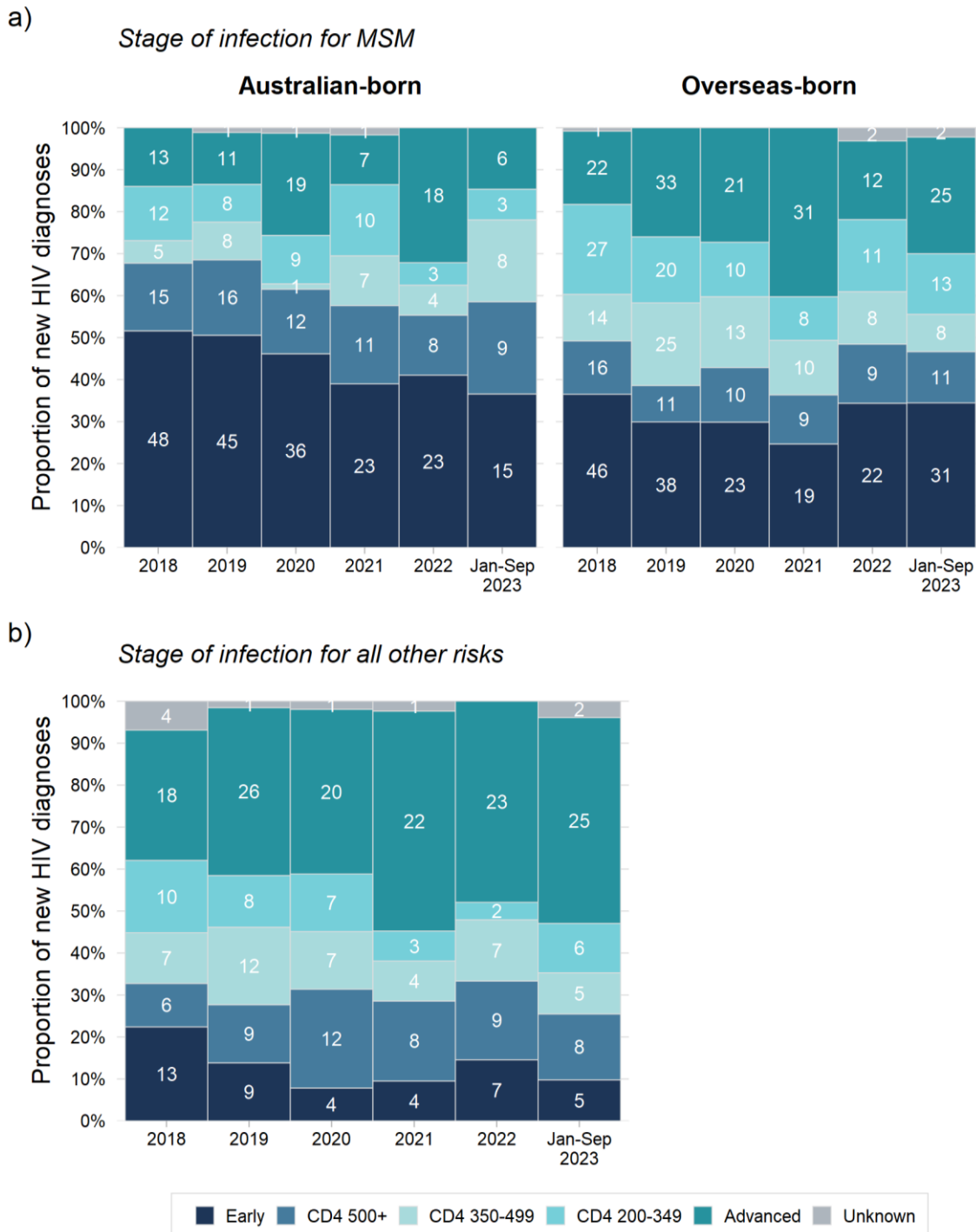
In January to September 2023:

- Eight of 38 (21%) HET newly diagnosed were Australian-born, 38% less than the average for January to September 2018-2022 (av. n=12.8) (Figure 7).
 - These people ranged from 27-54 years old with a median age of 42.5.
 - Of eight Australian-born HET, two were cisgender women and six were cisgender men.
- Thirty of 38 (79%) HET newly diagnosed were overseas-born, 69% more than the January to September 2018-2022 average (av. n=17.8) (Figure 7).
 - These people ranged from 23-66 years old with a median age of 34.5.
 - Of 30 overseas-born HET, 16 (42%) were cisgender women and fourteen were cisgender men.
 - Sixteen of these HET had lived in Australia for four years or less at the time of their HIV diagnosis, 86% more than the January to September 2018-2022 average of 8.6, 13 had lived in Australia for more than four years, 44% more than the comparison period average of 9.0 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 seroconversion 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 September 2023

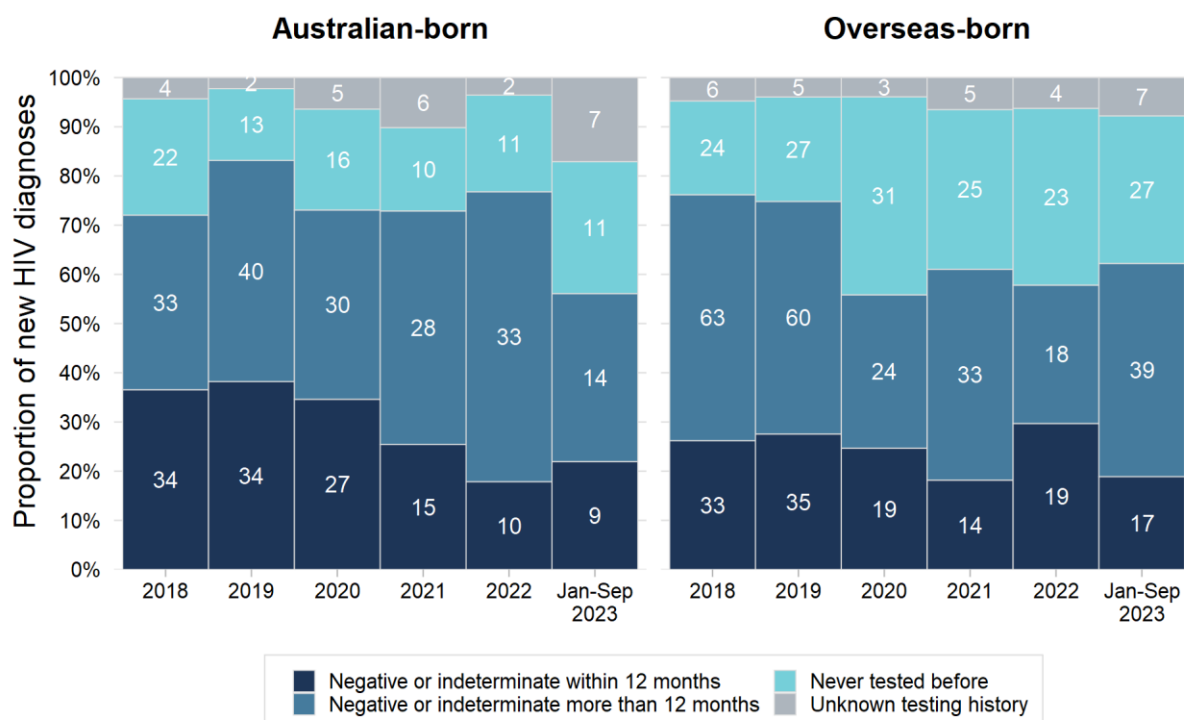


Source: Notifiable Conditions Information Management System, NSW Health, data extracted 16 November 2023.

Comment on Figure 8

- Of 41 Australian-born MSM newly diagnosed in January to September 2023:
 - Fifteen (37%) had evidence of early-stage infection, 41% less than the January to September 2018-2022 average of 25.4.
 - Nine (22%) had evidence of late diagnosis, 50% less than the comparison period average (av. n=18.0) (Figure 8a).
- Of 90 overseas-born MSM newly diagnosed in January to September 2023:
 - Thirty-one (34%) had evidence of early-stage infection, 40% more than the comparison period average of 22.2.
 - Thirty-eight (42%) had evidence of late diagnosis, 28% more than the comparison period average of 29.6 (Figure 8a).
- The number of new diagnoses in NSW residents who were not MSM was 42% higher in January to September 2023 (n=51) compared to the five-year average (n=36.0).
 - There were 31 with evidence of late diagnosis, 61% more than the January to September 2018-2022 average of 19.2 (Figure 8b).

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



Source: Notifiable Conditions Information Management System, NSW Health, data extracted 16 November 2023.

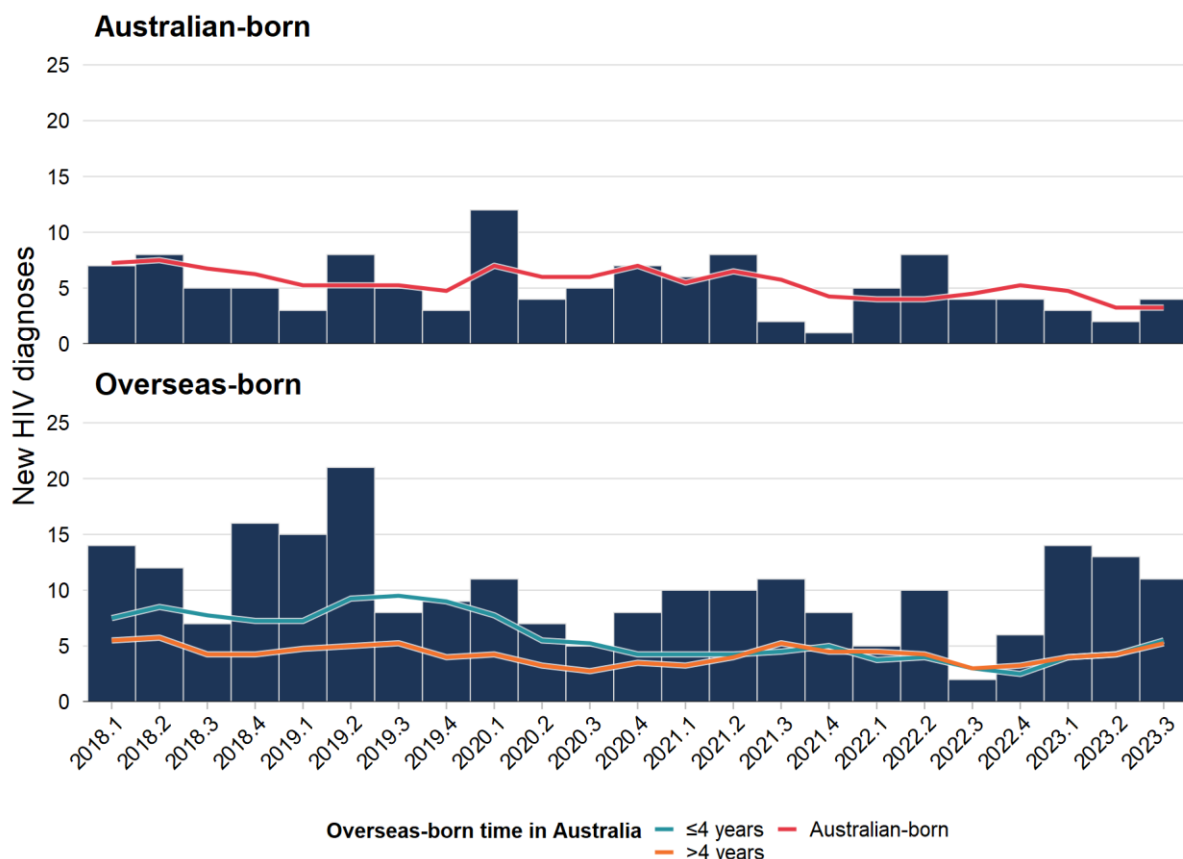
Of 41 Australian-born MSM newly diagnosed during January to September 2023:

- Nine (22%) reported a negative or indeterminate HIV test within 12 months of diagnosis.
- Fourteen (34%) reported a negative or indeterminate HIV test in the past, not within 12 months of diagnosis.
- Eleven (27%) reported not ever having an HIV test prior to diagnosis.
- Almost two thirds had not been testing according to guidelines.

Of 90 overseas-born MSM newly diagnosed during January to September 2023:

- Seventeen (19%) reported a negative or indeterminate HIV test within 12 months of diagnosis.
- Thirty-nine (43%) reported a negative or indeterminate HIV test in the past, not within 12 months of diagnosis.
- Twenty-seven (30%) 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 September 2023

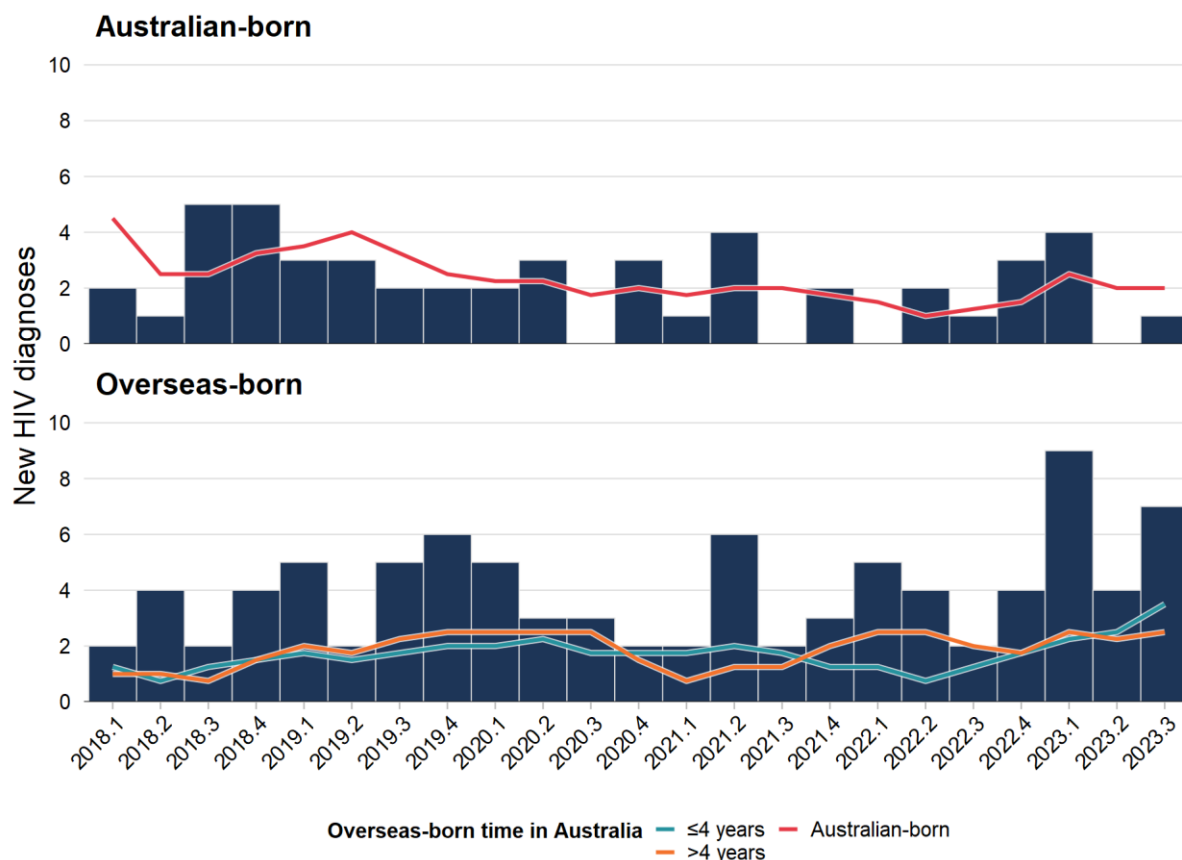


Source: Notifiable Conditions Information Management System, NSW Health, data extracted 16 November 2023.
 Note: Bars represent diagnoses per quarter and lines represent a rolling four quarter average of diagnoses.

In January to September 2023:

- Of 78 NSW residents with evidence of late HIV diagnosis, 47 (60%) were MSM, 1% less than the January to September 2018-2022 average count of 47.6.
- Nine (19%) of the 47 MSM with evidence of late diagnosis were Australian-born, 50% less than the January to September 2018-2022 average count of 18.0 (Figure 10).
- Thirty-eight (81%) of the 47 MSM with evidence of late diagnosis were overseas-born, 28% more than the January to September 2018-2022 average count of 29.6 (Figure 10).
 - Eighteen of these 38 MSM had lived in Australia for four years or less at the time of their HIV diagnosis, 12% more than the January to September 2018-2022 average of 16.0, while 19 had lived in Australia for more than four years, 48% more than the comparison period average of 12.8 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 September 2023



Source: Notifiable Conditions Information Management System, NSW Health, data extracted 16 November 2023.
 Note: Bars represent diagnoses per quarter and lines represent a rolling four quarter average of diagnoses.

In January to September 2023:

- Of 78 NSW residents with evidence of late HIV diagnosis, 25 (32%) were HET, 54% more than the January to September 2018-2022 average count of 16.2.
- Five (20%) of the 25 HET with evidence of late diagnosis were Australian-born, 14% less than the January to September 2018-2022 average count of 5.8 (Figure 11).
- Twenty (80%) of the 25 HET with evidence of late diagnosis were overseas-born, 92% more than the January to September 2018-2022 average count of 10.4 (Figure 11).
 - Twelve of these 20 HET had lived in Australia for four years or less at the time of their HIV diagnosis, 131% more than the January to September 2018-2022 average of 5.2, while eight had lived in Australia for more than four years, 60% more than the comparison period average of 5.0.

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 September 2023 vs the 2018-2022 average count, and the count difference

Case characteristics	Australian-born MSM			Overseas-born MSM		
	Jan-Sep 2018-2022 average	Jan-Sep 2023	Count (%) diff.	Jan-Sep 2018-2022 average	Jan-Sep 2023	Count (%) diff.
Number	55.6	41	-14.6 (-26%)	70.8	90	+19.2 (+27%)
Gender						
<i>Cisgender man</i>	55.6	41	-14.6 (-26%)	68.4	85	+16.6 (+24%)
<i>Trans woman</i>	0	0	0 (0%)	2.4	5	+2.6 (+108%)
Age at diagnosis						
<i>0 to 19</i>	0.8	0	-0.8 (-100%)	0.8	1	+0.2 (+25%)
<i>20 to 29</i>	13	10	-3 (-23%)	26.6	28	+1.4 (+5%)
<i>30 to 39</i>	17.4	10	-7.4 (-43%)	27.4	37	+9.6 (+35%)
<i>40 to 49</i>	11.4	12	+0.6 (+5%)	10.2	14	+3.8 (+37%)
<i>50 and over</i>	13	9	-4 (-31%)	5.8	10	+4.2 (+72%)
Evidence of early stage infection¹						
<i>Yes</i>	30.2	26	-4.2 (-14%)	48.6	59	+10.4 (+21%)
<i>No</i>	25.4	15	-10.4 (-41%)	22.2	31	+8.8 (+40%)
Evidence of late diagnosis²						
<i>Yes</i>	18	9	-9 (-50%)	29.6	38	+8.4 (+28%)
<i>No</i>	37.2	32	-5.2 (-14%)	41	50	+9 (+22%)
<i>Unknown</i>	0.4	0	-0.4 (-100%)	0.2	2	+1.8 (+900%)
Area of residence³						
<i>≥20%</i>	5.4	3	-2.4 (-44%)	10	12	+2 (+20%)
<i>5-19.99%</i>	8.4	5	-3.4 (-40%)	21	23	+2 (+10%)
<i><5%</i>	41.8	33	-8.8 (-21%)	39.8	55	+15.2 (+38%)
Place most likely acquired HIV						
<i>Australia</i>	48.6	35	-13.6 (-28%)	38.6	37	-1.6 (-4%)
<i>Overseas</i>	6.4	2	-4.4 (-69%)	30.4	46	+15.6 (+51%)
<i>Unknown</i>	0.6	4	+3.4 (+567%)	1.8	7	+5.2 (+289%)
Reported HIV risks						
<i>MSM</i>	45.6	28	-17.6 (-39%)	65.6	88	+22.4 (+34%)
<i>MSM and IDU</i>	10	13	+3 (+30%)	5.2	2	-3.2 (-62%)

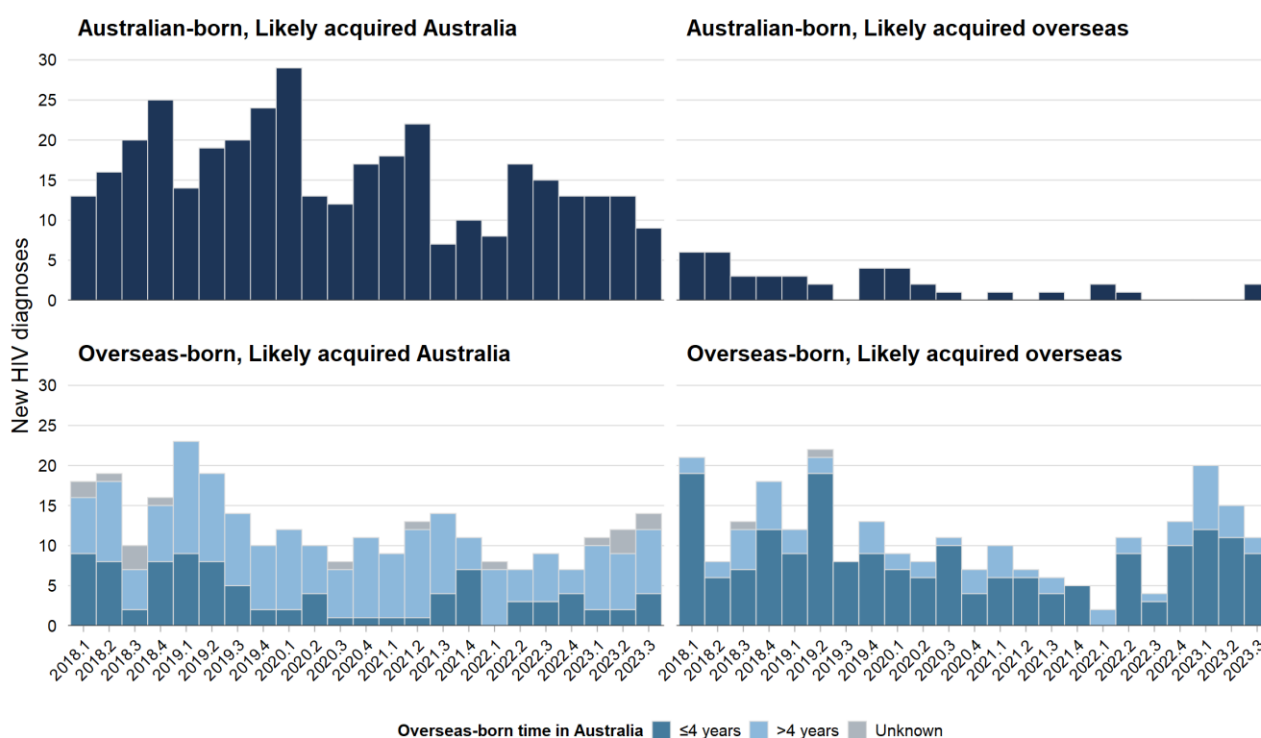
Source: Notifiable Conditions Information Management System, NSW Health, data extracted 16 November 2023.

¹Evidence of early-stage infection/being infected in the 12 months prior to diagnosis: a seroconversion illness or negative or indeterminate HIV test within 12 months of diagnosis, irrespective of CD4 or an AIDS defining illness at diagnosis.

²Evidence 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 seroconversion illness and/or a negative or indeterminate HIV test in the 12 months prior to diagnosis.

³Areas 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 September 2023



Source: Notifiable Conditions Information Management System, NSW Health, data extracted 16 November 2023.

In January to September 2023:

- Of 41 Australian-born MSM:
 - Thirty-five (85%) were likely acquired HIV in Australia, 28% less than the January to September 2018-2022 average of 48.6.
 - Two (5%) were likely acquired HIV overseas, 69% less than the January to September 2018-2022 average of 6.4.
 - Four were unknown.
- Of 90 overseas-born MSM:
 - Thirty-seven (41%) were likely acquired HIV in Australia, 4% less than the average for January to September 2018-2022 (av. n=38.6).
 - Forty-six (51%) were likely acquired HIV overseas, 51% more than the average for January to September 2018-2022 (av. n=30.4).
 - Three were unknown.

Area of residence for people newly diagnosed

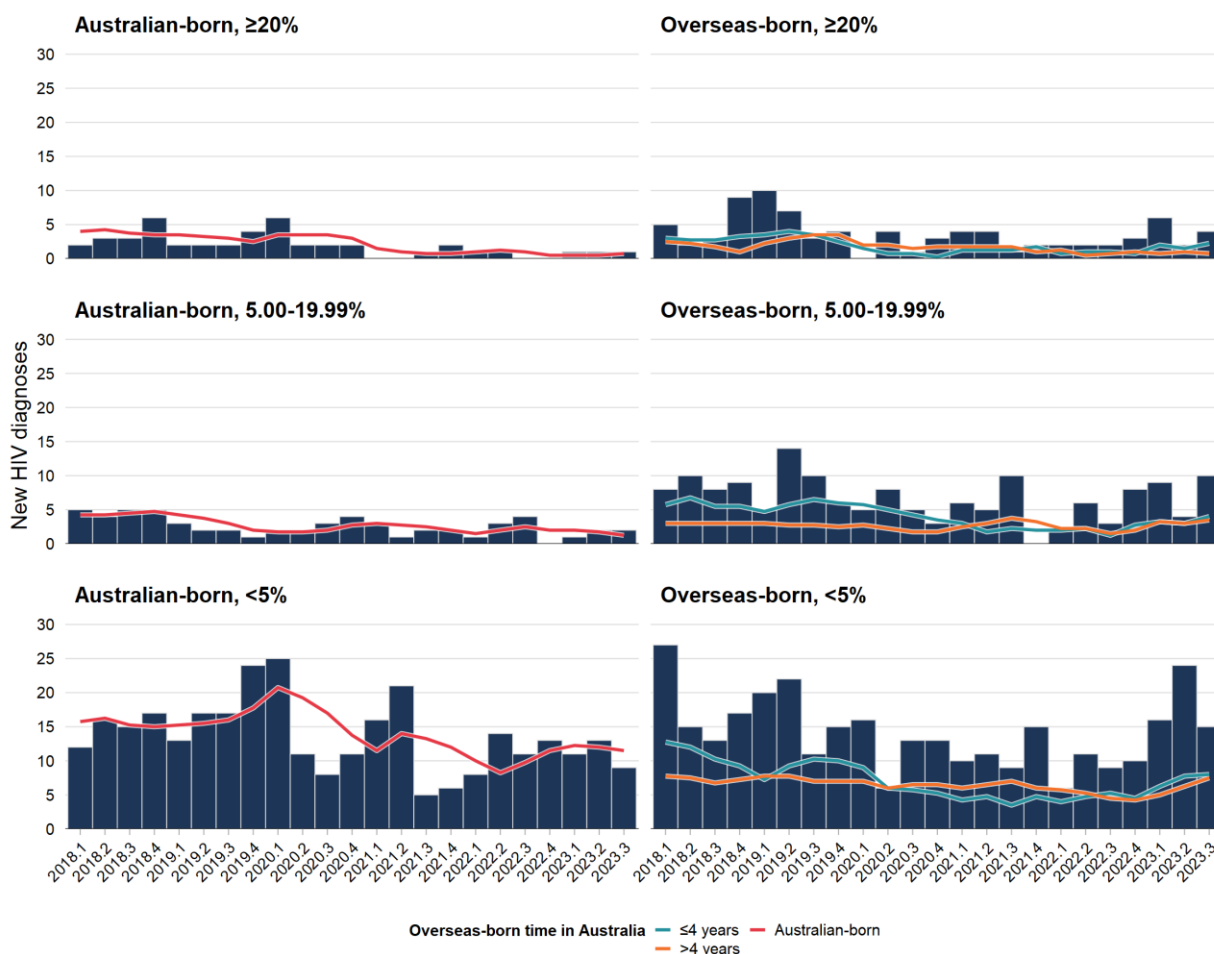
These areas are grouped based on recent estimates¹ for the proportion of adult males who identify as gay and reside in each postcode in NSW. These estimates per postcode are based on Australian Census data for co-habiting male couples and survey data on the proportion of gay males who cohabit². The grouped postcodes are defined as those with ≥20%, 5-19.9% and <5% of adult males estimated to be gay. Overall, an estimated 23% of gay men in NSW live in

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.

the $\geq 20\%$ 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.

Figure 13: New HIV diagnoses in MSM by area of residence categorized by proportion of population who identify a gay, January 2018 to September 2023



Source: Notifiable Conditions Information Management System, NSW Health, data extracted 16 November 2023.

Of 41 Australian-born MSM newly diagnosed during January to September 2023:

- Three (7%) lived in the $\geq 20\%$ area, 44% less than January to September 2018-2022 (av. n=5.4).
- Five (12%) lived in the 5-19% area, 40% less than the comparison period (av. n=8.4).
- Thirty-three (80%) lived in the $< 5\%$ area, 21% less than January to September 2018-2022 (av. n=41.8) (Figure 13).

Of 90 overseas-born MSM newly diagnosed during January to September 2023:

- Twelve (13%) lived in the $\geq 20\%$ area, 20% more than the January to September 2018-2022 (av. n=10.0).
- Twenty-three (26%) lived in the 5-19% area, 10% more than the comparison period (av. n=21.0),
- Fifty-five (61%) lived in the $< 5\%$ area, 38% more than January to September 2018-2022 (av. n=39.8) (Figure 13).

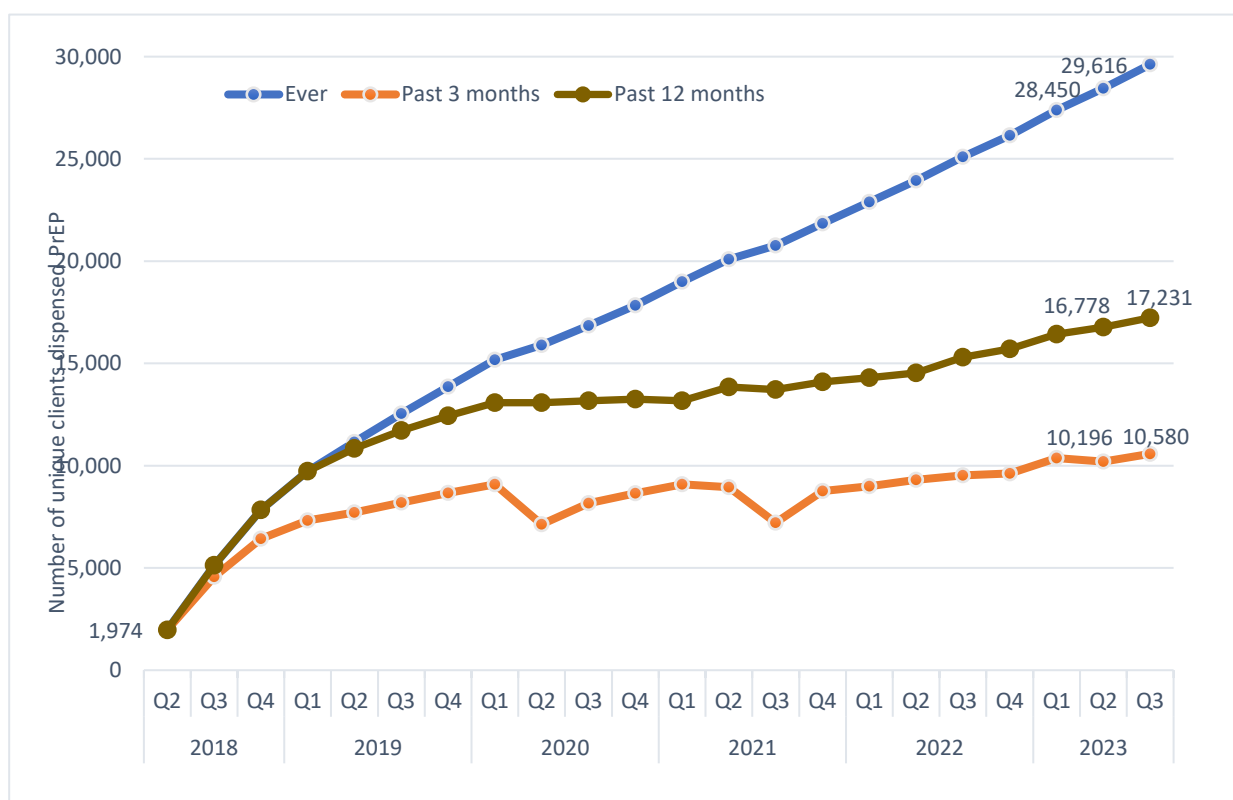
2. Expand HIV Prevention

2.1 How many people were prescribed PrEP?

Between 1 April 2018 and 30 September 2023:

- A total of 29,616 (unique number) NSW residents were dispensed PrEP at least once under the PBS for HIV prevention.
- Of the 29,616 residents on PrEP, 98% were male.
- Among those who initiated PrEP, 82% were prescribed by GP; 17% were dispensed by a specialist and 1% by unknown and other specialty.
- A total of 599 (2%) NSW residents were eligible and prescribed under the Closing the Gap (CTG) program.

Figure 13: Total number of unique clients dispensed PrEP between April 2018 (blue line) to September 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 13

- Between April 2018 and September 2023, the total number of unique NSW residents ever prescribed PrEP under the PBS for HIV prevention increased steadily overtime to 29,616 people (blue line).
- Between July and September 2023, the quarterly number of unique NSW residents prescribed PrEP under the PBS for HIV prevention increased by 4% from 10,196 in April to June 2023 to 10,580 people in July to September 2023 (orange line). This result also marks a 11% increase compared to same quarter in 2022.

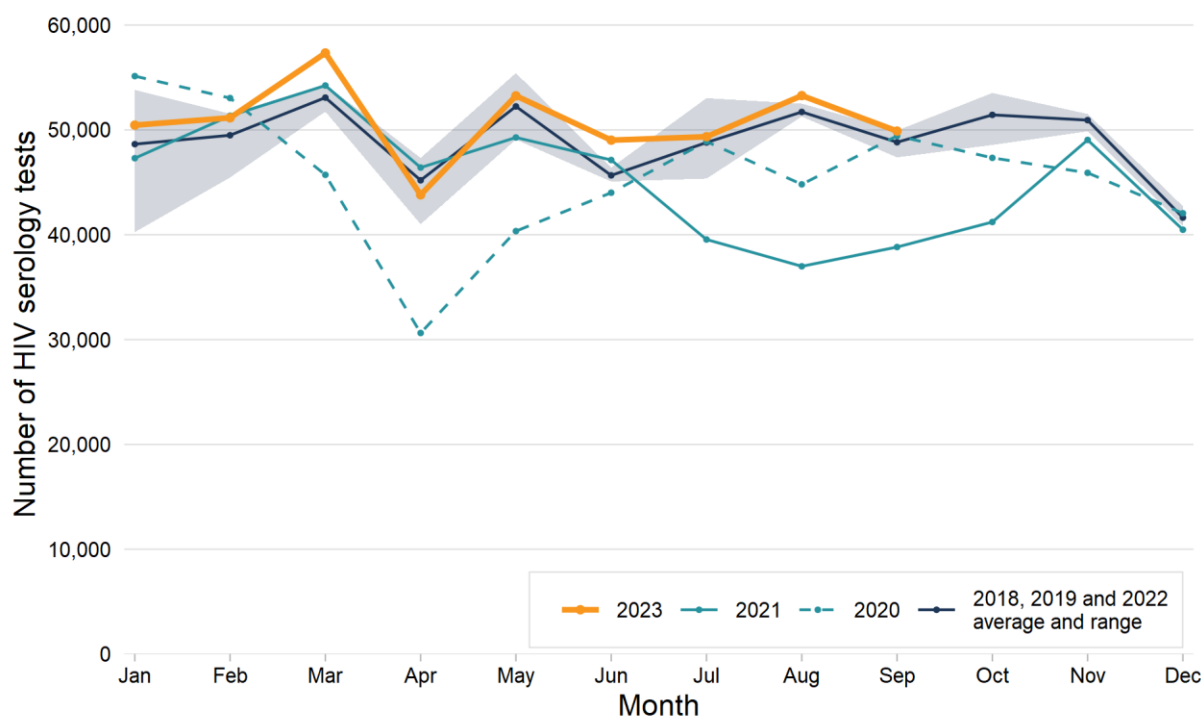
3. Increase HIV testing

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



Data source: NSW Health denominator data project, out 15 November 2023.

Note: HIV serology testing performed in 2018, 2019 and 2022 (average represented by the dark blue line and range by grey bar) represent typical testing patterns, in contrast to pandemic years (2020 and 2021) where COVID-19 restrictions may have altered health-seeking behaviours and service provision and access.

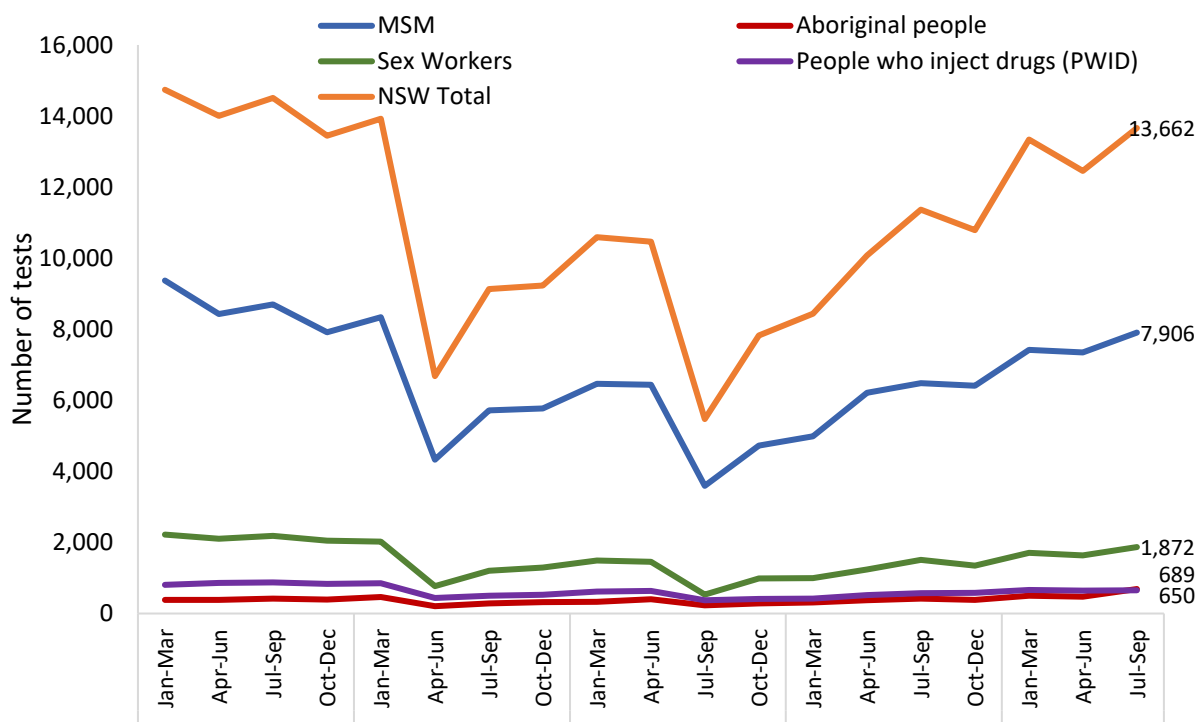
In July to September (Q3) 2023:

- 152,511 HIV serology tests were performed in 12 laboratories in NSW, which was 5% more than Q3 2022 (n=145,787), 32% more than Q3 2021 (n=115,363), 7% more than Q3 2020 (n=143,129), 2% less than Q3 2019 (n=155,470), and 4% more than Q3 2018 (n=146,750).

In January to September 2023:

- 457,539 HIV serology tests were performed in 12 laboratories in NSW, which was 9% more than in 2022 (n=418,852), 11% more than 2021 (n=411,063), 11% more than 2020 (n=411,997), 1% less than 2019 (n=464,244), and 2% more than 2018 (n=447,858).

Figure 15: HIV tests performed in public sexual health clinics in NSW between January 2019 and September 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 and Northern Sydney LHDs is included in the total number of tests but is excluded from priority population groups from April 2021 to March 2023 for Illawarra Shoalhaven and October 2021 to March 2022 for Northern Sydney due to data system issues.

Note: St Vincent Health Network data is not available in April to September 2023.

In July to September 2023:

- The number of HIV tests in PFSHCs (n=13,662) increased by 10% compared to April to June 2023 (n=12,455). This result is 20% higher than the number of tests in July to September 2022 (n=11,363) and 150% more than July to September 2021 (n=5,472). This result is 50% higher than July to September 2020 (n=9,130) and 6% lower than July to September 2019 (n=14,511).
- Testing remained targeted with 7,906 of 13,662 (58%) HIV tests in PFSHCs done by MSM.
- Of 13,662 tests in PFSHCs where country of birth was recorded, 57% (7,847) were Australian-born, 42% (5,684) overseas-born and 1% (482) unknown.

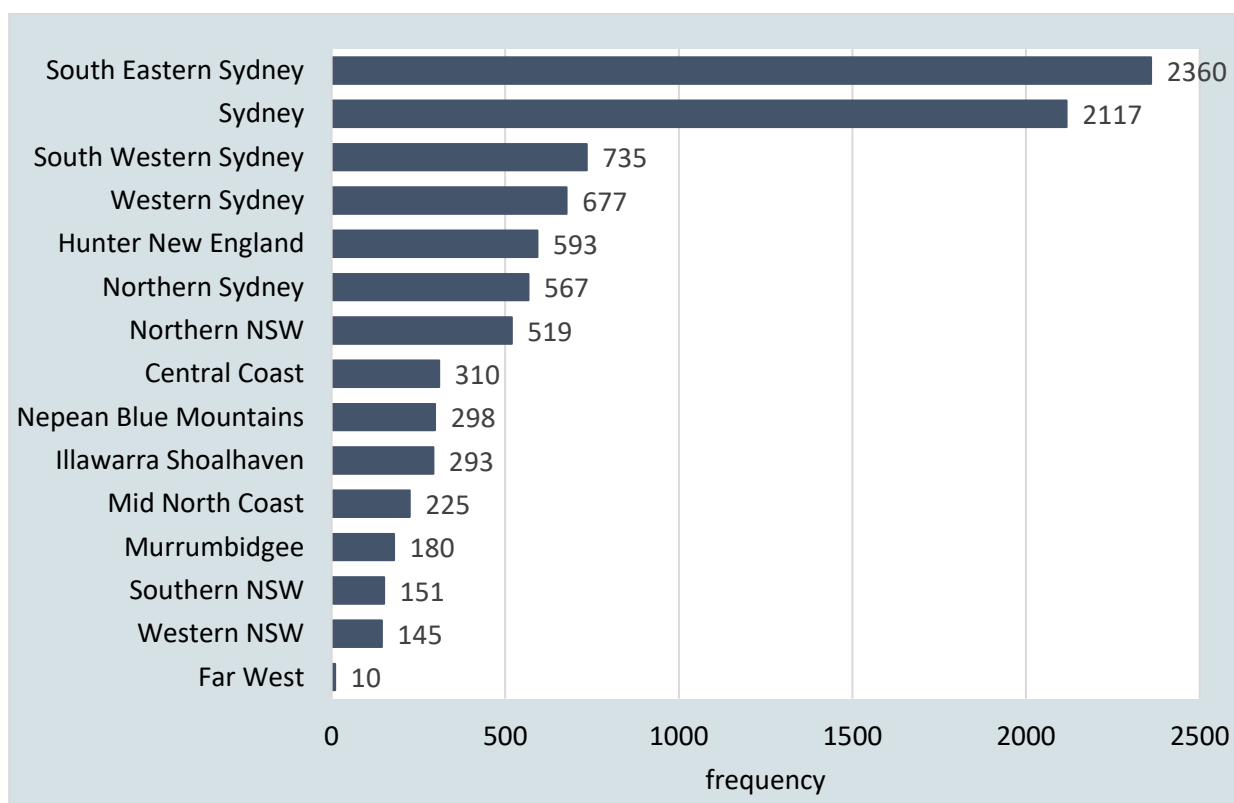
4. Increase HIV Treatment

4.1 How many people in NSW are on antiretroviral therapy?

Between October 2022 to September 2023:

- A total of 8,914 (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% (8,087) 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 16: The number of NSW residents dispensed ART for HIV, by the LHD of patient residence, from 1 October 2022 to 30 September 2023³



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

³ The sum of the numbers displayed in the graph is higher than the total of 8,914 patients as some patients resided in more than one LHD.

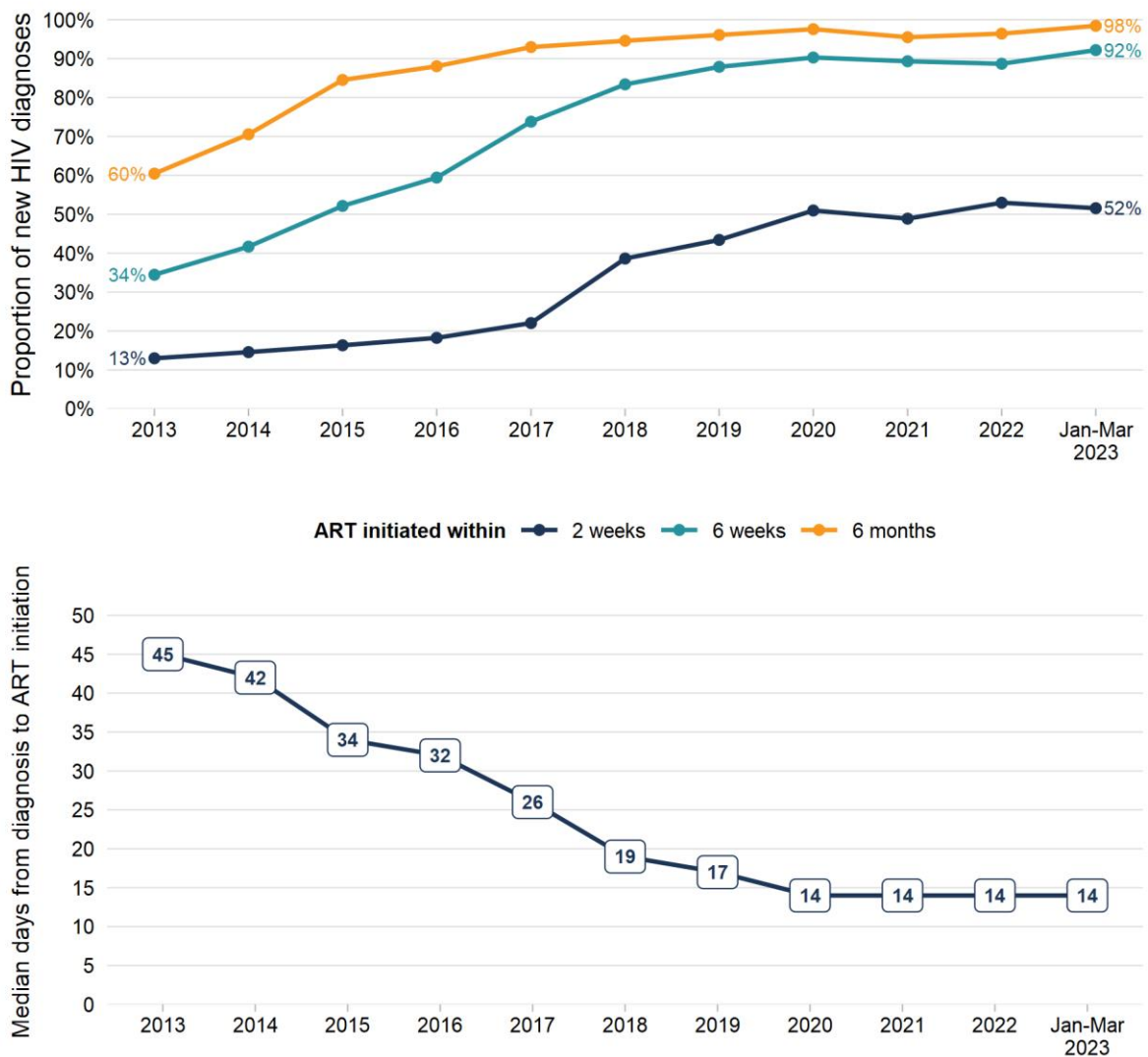
Comments on Figure 16

- Over three-quarters (77%) of the PBS-subsidised ART dispensed in the 12 months ending September 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.

4.2 HIV antiretroviral therapy initiation 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 Q3 2023 report, the six-month post diagnosis follow-up had been done on NSW residents newly diagnosed from 1 January 2013 to 31 March 2023 (n=2,851). All new diagnoses were included irrespective of whether eligible for follow up and of care outcome.

Figure 17: Time to ART for NSW residents newly diagnosed in January 2013 to March 2023



Source: Notifiable Conditions Information Management System, NSW Health, data extracted 16 November 2023.

Comment on Figure 17

- Of the 64 people newly diagnosed during January to March 2023 and followed up six months post diagnosis, 52% initiated ART within two weeks, 92% within six weeks and 98% within six months of diagnosis. The median time to ART initiation was 14 days. Of the 63 on ART within six months of diagnosis, 52 (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	Statewide 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

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.
Notifiable Conditions Information Management System (NCIMS)	Health Protection NSW, NSW Health	Quarterly	Statewide 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 September 2023 (continues over page); data extracted from NCIMS, HPNSW, 16 November 2023.

Case characteristics	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Sep 2023	1981-Sep 2023
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Total (ALL)	354	343	349	318	313	277	281	206	178	168	182	19587
Gender												
<i>Male</i>	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%)	144 (85.7%)	157 (86.3%)	17972 (91.8%)
<i>Female</i>	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 (13.1%)	20 (11.0%)	1297 (6.6%)
<i>Transgender</i>	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%)	5 (2.7%)	70 (0.4%)
<i>Unknown</i>	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												
<i>Aboriginal person</i>	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%)	8 (4.4%)	237 (1.2%)
<i>Torres Strait Islander</i>	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%)
<i>Non-Aboriginal person</i>	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%)	162 (96.4%)	172 (94.5%)	12465 (63.6%)
<i>Not stated</i>	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 (1.1%)	6883 (35.1%)
Age in years at diagnosis												
<i>0-4</i>	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%)
<i>5-9</i>	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%)
<i>10-14</i>	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%)
<i>15-19</i>	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%)	1 (0.5%)	336 (1.7%)
<i>20-24</i>	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%)	15 (8.2%)	2332 (11.9%)
<i>25-29</i>	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 (18.5%)	32 (17.6%)	3860 (19.7%)
<i>30-34</i>	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 (20.8%)	38 (20.9%)	3904 (19.9%)
<i>35-39</i>	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%)	26 (15.5%)	26 (14.3%)	3184 (16.3%)
<i>40-44</i>	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 (11.9%)	18 (9.9%)	2350 (12.0%)
<i>45-49</i>	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 (10.1%)	19 (10.4%)	1434 (7.3%)
<i>50-54</i>	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 (7.7%)	14 (7.7%)	898 (4.6%)
<i>55-59</i>	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%)	9 (4.9%)	533 (2.7%)
<i>60-64</i>	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%)	8 (4.4%)	298 (1.5%)
<i>65-69</i>	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 (0.5%)	164 (0.8%)
<i>70 or over</i>	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 (0.5%)	105 (0.5%)
<i>Unknown</i>	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 (0.4%)

Case characteristics	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Sep 2023	1981-Sep 2023
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Total (ALL)	354	343	349	318	313	277	281	206	178	168	182	19587
Reported HIV risk exposure												
<i>MSM</i>	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%)	105 (62.5%)	116 (63.7%)	12440 (63.5%)
<i>MSM who injects drugs</i>	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 (8.9%)	15 (8.2%)	689 (3.5%)
<i>HET</i>	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 (22.6%)	38 (20.9%)	1973 (10.1%)
<i>PWID</i>	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%)	4 (2.2%)	599 (3.1%)
<i>Blood disorder, blood, or tissue recipient</i>	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 (0.5%)	279 (1.4%)
<i>Vertical transmission</i>	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%)
<i>Other</i>	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%)	5 (2.7%)	65 (0.3%)
<i>Unknown</i>	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%)	3 (1.6%)	3487 (17.8%)
LHD of residence												
<i>South Eastern Sydney</i>	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 (24.4%)	52 (28.6%)	6047 (30.9%)
<i>Sydney</i>	92 (26.0%)	84 (24.5%)	86 (24.6%)	95 (29.9%)	70 (22.4%)	63 (22.7%)	61 (21.7%)	37 (18.0%)	32 (18.0%)	27 (16.1%)	28 (15.4%)	3389 (17.3%)
<i>Northern Sydney</i>	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 (11.3%)	8 (4.4%)	1137 (5.8%)
<i>Western Sydney</i>	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 (8.3%)	23 (12.6%)	911 (4.7%)
<i>South Western Sydney</i>	28 (7.9%)	30 (8.7%)	31 (8.9%)	31 (9.7%)	26 (8.3%)	21 (7.6%)	34 (12.1%)	27 (13.1%)	22 (12.4%)	28 (16.7%)	26 (14.3%)	871 (4.4%)
<i>Hunter New England</i>	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%)	9 (4.9%)	588 (3.0%)
<i>Nepean Blue Mountains</i>	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%)	6 (3.3%)	303 (1.5%)
<i>Illawarra Shoalhaven</i>	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 (2.7%)	277 (1.4%)
<i>Northern NSW</i>	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%)	6 (3.3%)	258 (1.3%)
<i>Central Coast</i>	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%)	7 (3.8%)	243 (1.2%)
<i>Mid North Coast</i>	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 (1.6%)	168 (0.9%)
<i>Western NSW</i>	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%)	2 (1.1%)	148 (0.8%)
<i>Murrumbidgee-Albury</i>	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%)	3 (1.6%)	123 (0.6%)
<i>Southern NSW</i>	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 (1.1%)	84 (0.4%)
<i>Far West</i>	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%)
<i>Unknown or other</i>	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 (1.1%)	5028 (25.7%)

Appendix C: NSW HIV Data Advisory Committee members

Meredith Claremont	Advisory Committee Chair, Centre for Population Health, NSW Ministry of Health
Bianca Prain	Centre for Population Health, NSW Ministry of Health
Tina Gordon	Advisory Committee Secretariat, Centre for Population Health, NSW Ministry of Health
Erin Devine	Centre for Population Health, NSW Ministry of Health
Shawn Clackett	Centre for Population Health, NSW Ministry of Health
Hongli Dang	Centre for Population Health, NSW Ministry of Health
Tara Smith	Centre for Aboriginal Health, NSW Ministry of Health
Janaki Amin	Health Protection NSW, NSW Health
Lee Taylor	Health Protection NSW, NSW Health
James Scandol	Health Protection NSW, NSW 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
Nicolas Parkhill	ACON
Matthew Vaughan	ACON
Phillip Read	Sexual Health and BBV Services, SESLHD
David Lewis	Western Sydney Local Health District
Barbara Luisi	Multicultural HIV and Hepatitis Service (MHAHS)
Jane Costello	Positive Life NSW
Mary Harrod	NUAA
Andrew Grulich	The Kirby Institute, University of NSW
Rebecca Guy	The Kirby Institute, University of NSW
Phillip Keen	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
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	Ersleville
	2015	Beaconsfield, Eveleigh, Alexandria
	2011	Rushcutters Bay, Woollahooloo, 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	Pymont
	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

