

NSW HIV Strategy 2021 – 2025

Quarter 1 2022



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

NSW made further progress towards the virtual elimination of HIV transmission in Q1 2022, with the lowest quarter result on record. The result is likely to be influenced by the ongoing effects of the COVID-19 pandemic. The decline in HIV transmission is driven by the effects of COVID-19 restrictions, altered health-seeking behaviour, lower levels of casual sex and testing, as well as altered service provision and access. HIV Testing decreased overall but remains targeted in sexual health clinics with moderate increases in Q1. NSW Health is urging people at risk to re-engage with health services, get an HIV test and use PrEP for HIV prevention.

NSW made further progress towards the virtual elimination of HIV transmission, with the lowest quarter result on record, though influenced by the effects of the COVID-19 pandemic

- In Q1 2022, 30 NSW residents were newly diagnosed with HIV, a 54% drop compared to the Q1 average for the last five years.
- Over a third of new diagnoses had evidence of an infection occurring within the last 12 months, 51% less than the Q1 average for the last five years.
- This decline in diagnoses is encouraging but is also driven by the ongoing effects of COVID-19, including altered health-seeking behaviour, lower levels of casual sex and testing, and altered service provision and access.
- In Q1, 60% of HIV diagnoses were men who have sex with men (MSM) and 30% were people with heterosexual exposure only (HET). There was a 65% drop among MSM and 26% drop among HET compared with the new diagnosis Q1 averages for the last five years.
- Progress towards the elimination of HIV transmission has been greatest among MSM in inner Sydney where $\geq 20\%$ of adult men are estimated to be gay. Outer suburban and regional MSM living in areas with lower concentrations of gay-identified men have not experienced the same level of declines in HIV diagnoses, with 66% of the Q1 diagnoses compared to 17% in inner Sydney.

HIV Testing decreased overall but remains targeted in sexual health clinics with moderate increases in Q1

- HIV testing in public and private laboratories in Q1 2022 (n=137,445) was 10% lower than Q1 2021 and 11% lower than Q1 2020.
- The number of HIV tests in PFSHCs (n=8,440) increased by 8% compared to Q4 2021 (n=7,822). This result is 20% less than the number of tests in Q1 2021 and 39% lower than Q1 2020. Peer-led community based rapid testing at [aTest Oxford Street](#) remained high and well targeted in Q4 2021.
- Home testing via [Dried Blood Spot](#) increased by 72% to 124 tests in Q1 2022 compared to Q4 2021.
- The number of people dispensed PrEP increased by 3% in Q1 (n=8,997) compared to Q4 2021 (n=8,997) and is 1% less than Q1 2020. PrEP initiations remained stable in Q1 (n=1,045) compared to last quarter.

The progress made to increase testing and PrEP in Q1 is supported by strong community messaging to re-engage with PrEP and testing

- The Ministry of Health is re-running 'Discreet Life' HIV testing campaign targeting MSM who don't identify as gay on Grindr from Feb to May 2022 and in beats between March and July 2022.

- The Ministry has released a social media toolkit for HIV Testing Week 2022, held in the first week of June. The toolkit contains animations encouraging health professionals to make HIV testing part of routine care. It also contains social media tiles targeted at both health professionals and community members who may be at risk of HIV, with a particular focus on people who have recently travelled to or returned from a country with higher HIV prevalence.
- NSW Health is working with partners to expand peer led testing models in outer Sydney suburban and regional NSW.
- The [International Students Hub](#) provides information on sexual and reproductive health with links to services to assist students navigate the health system in NSW.
- ACON released a social marketing campaign through Ending HIV, targeting GBMSM attending Sydney Mardi Gras Festival. The campaign focused on TEST NOW. The campaign encouraged GBMSM to reengage with testing services after COVID-19. The campaign launched in 14 February 2022 and ran until 31 March and included a range of print, digital, events and activities and outdoor media.
- ACON promoted HIV Self-Testing at this year's Mardi Gras Fair Day. Distributed by ACON volunteers, a[TEST] Peer Testers were present to answer any questions from the community. Approximately 200 HIV self-test kits were distributed to GBMSM, who met the criteria.
- Pop-up HIV and STI testing will be promoted at West Ball an LGBTQ event on 11 June 2022 in South Western Sydney. In partnership with Liverpool Sexual Health Clinic, ACON and the Clinic will deliver sexual health testing and distribute DBS kits to event attendees.
- a[TEST] Surry Hills, inclusive of the a[TEST] Chinese clinic, is scheduled to reopen on 8 June 2022. a[TEST] Surry Hills has been closed due to constraints caused by the COVID-19 pandemic. A promotional campaign for the Chinese clinic is scheduled to run concurrent to reopening. Currently, a[TEST] Newtown and a[TEST] Kings Cross remain closed.

The time from HIV diagnosis to treatment initiation remains stable

- Half of the NSW residents diagnosed with HIV in January to September 2021 initiated treatment within two weeks of diagnosis.
- The median number of days from diagnosis to treatment was 14 days.
- Of those on treatment, 90% had an undetectable viral load by the six-month follow-up

Key data – Q1, 2022

HIV INFECTIONS			
	Target group	Jan-Mar 2022	Compared with Jan-Mar 2017-2021 average
All NSW residents	All new diagnoses	30	54% less (av. n = 65.8)
	MSM	18	65% less (av. n = 51.6)
	Australian-born MSM	8	64% less (av. n = 22.0)
	Overseas-born MSM	10	66% less (av. n = 29.6)
	HET	9	26% less (av. n = 12.2)
NSW residents with evidence of early stage infection	All new diagnoses	11	51% less (av. n = 22.6)
	MSM	9	56% less (av. n = 20.6)
	Australian-born MSM	4	60% less (av. n = 10.0)
	Overseas-born MSM	5	53% less (av. n = 10.6)
	HET	2	11% more (av. n = 1.8)
NSW residents with evidence of late diagnosis	All new diagnoses	17	34% less (av. n = 25.8)
	MSM	9	53% less (av. n = 19.0)
	Australian-born MSM	4	41% less (av. n = 6.8)
	Overseas-born MSM	5	59% less (av. n = 12.2)
	HET	6	Identical (av. n = 6.0)
PREVENT			
	Target group	Apr 2018 – March 2022	
People dispensed PrEP through PBS at least once	People at risk	22,874	
TEST			
	Target group	Jan-Mar 2022	Compared with Jan-Mar 2021
HIV serology tests performed in NSW	All	137,445	10% less (n = 152,885)
HIV tests performed in NSW public sexual health clinics.	All	8,440	20% decrease* (n=10,592)
	MSM	4,988	23% decrease* (n=6,463)
HIV DBS tests (Nov 2016 – Mar 2022)		752 (Jan-Mar 2022) (0 HIV positive)	
TREAT			
	Target group	2021	Target
Patients with diagnosed HIV infection in care, who were on treatment	Sexual Health and HIV Clinic attendees	98%	95%
	Select high caseload general practices	99%	95%
New diagnoses who initiated ART within two weeks of diagnosis	Newly diagnosed Jan-Sep 2021 (n=143)	50%	90%
New diagnoses reporting viral suppression at 6-month follow-up	Newly diagnosed Jan-Sep 2021 (n=143)	85%	100%

Annual Targets

HIV INFECTIONS	Target group	Baseline 2008-12	2021	Target	Next update due
1.i 90% reduction in the rate of HIV infection preventable in NSW	Australian-born; Overseas-born in Australia > 4 years; Overseas-born in Australia for 4 years or less, and not late HIV diagnosis.	3.8 / 100000	1.8 / 100000	0.38 / 100000	Q4 2022
PREVENT	Target group	2021	Target		
1.i MSM who have sex with male casual partners report at least one form of prevention for safe sex	MSM at risk in the Sydney Gay Community Periodic Survey	76%	90%		Q2, 2022
1.ii HIV negative MSM who have sex with male casual partners without a condom, take PrEP	MSM at risk in the Sydney Gay Community Periodic Survey	61%	90%		Q2, 2022
1.iii 20% or lower reported receptive syringe sharing among PWID	People who inject drugs	18%	20%		Q3, 2022
TEST	Target group	2020	Target		Next update due
2.i People living with HIV in NSW are diagnosed (2020)¹	People at risk	92%	95%		Q4, 2022
TREAT	Target group	2021	Target		
3.i New diagnoses who initiated ART within two weeks of diagnosis	Newly diagnosed Jan-Jun 2021 (n=109)	47% (2021)	90%		Q2, 2022
3.ii Patients with diagnosed HIV in care, who were on treatment	Sexual Health and HIV Clinic attendees	99%	95%		Q2, 2022
	Select high caseload general practices	99%	95%		Q2, 2022
3.ii NSW residents on treatment have an undetectable viral load¹	People on treatment	96% (2020)	95%		Q4, 2022
3.iii People living with HIV in NSW report good quality of life²	All	61% (2019)	75%		Q3, 2022
STIGMA	Target group		Target		
4.i Experience of stigma by people at risk and living with HIV in NSW healthcare settings	People at risk and living with HIV	TBC	75% (Reduction)		
4.ii Discriminatory attitudes held towards people at risk and living with HIV	People at risk and living with HIV	TBC	75% (Reduction)		

¹ Unpublished analysis using data to December 2020 by the Kirby Institute, UNSW² Norman, T and Power, J (2021) HIV Futures 9: Brief report on NSW Participants. Melbourne, La Trobe University, unpublished

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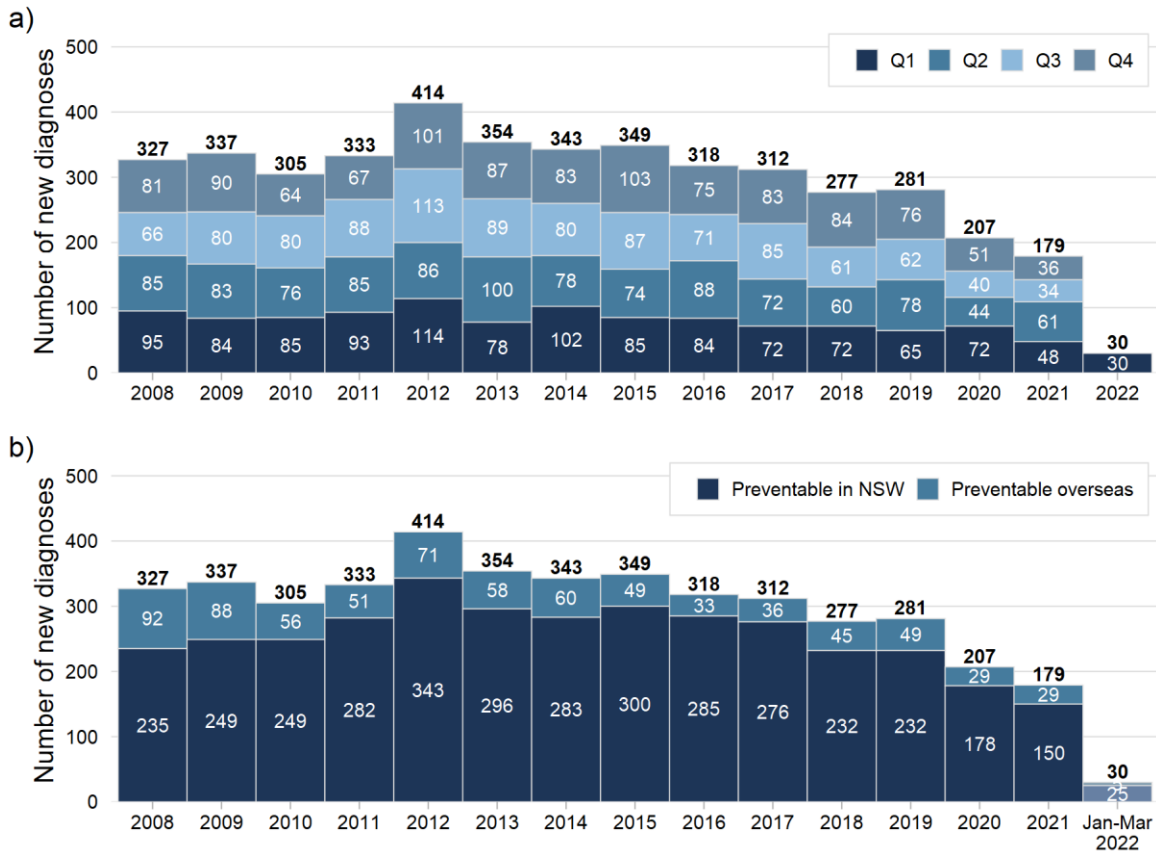
Glossary of Terms

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 – 30 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 are notified?

Figure 1: NSW residents with newly diagnosed HIV infection, January 2008 to March 2022

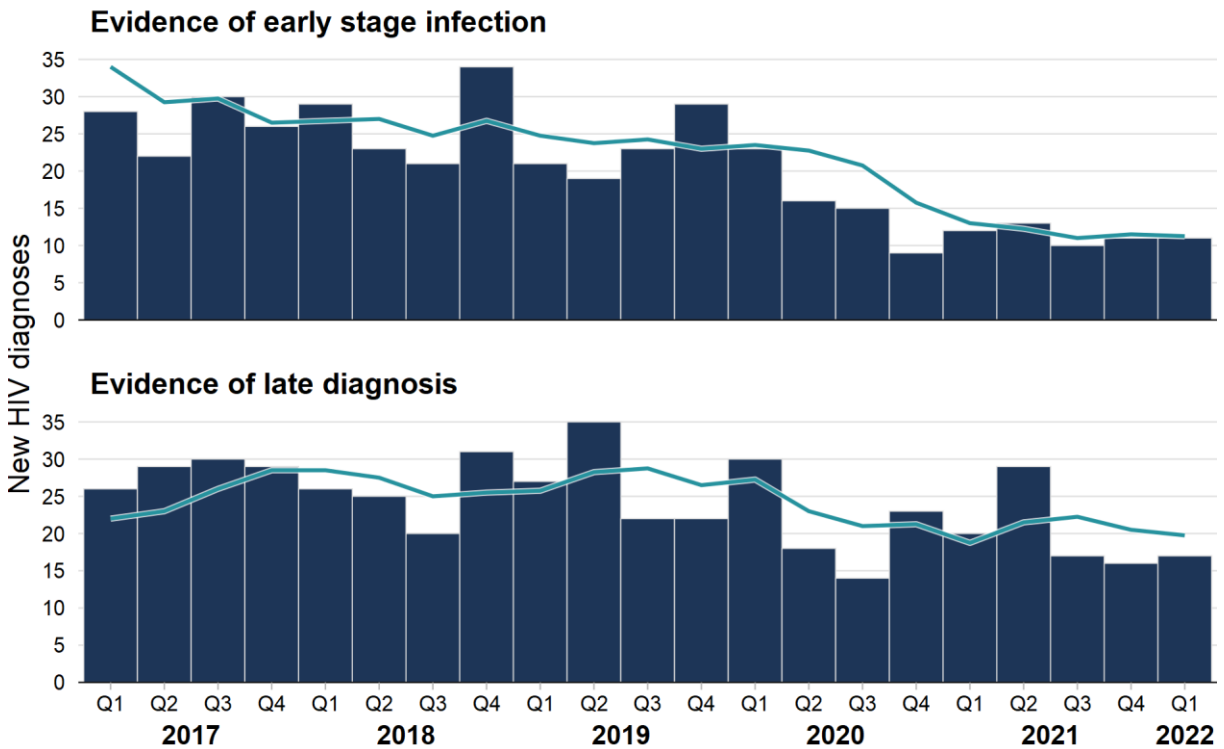


Source: Notifiable Conditions Information Management System, Health Protection NSW, 12 May 2022

In January to March (Q1) 2022:

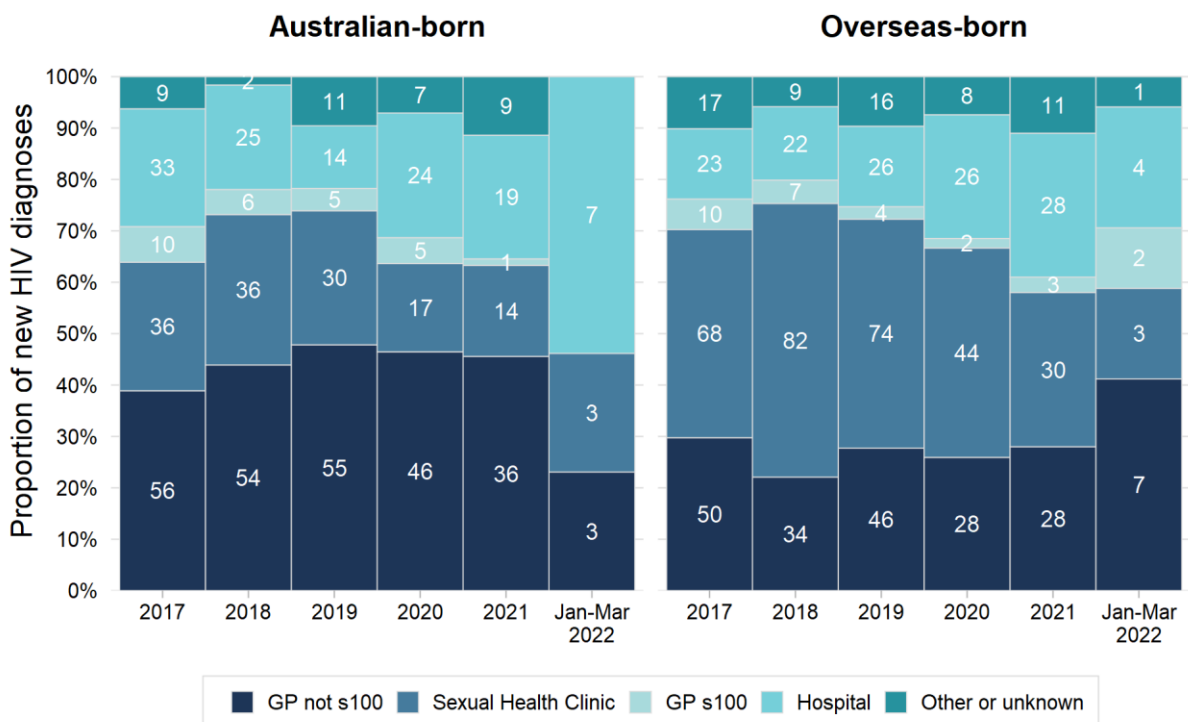
- Thirty NSW residents were notified to NSW Health with a newly diagnosed HIV infection, 54% less than the Q1 2017-2021 average of 65.8 (Figure 1a).
- Of 30, 25 (83%) HIV diagnoses were preventable in NSW, 55% less than the comparison period average of 55.8 (Figure 1b).
- Of 30, 11 (37%) had evidence their infection was acquired within one year of diagnosis (early stage infection), 51% less than the Q1 2017-2021 average of 22.6 (Figure 2).
- Of 30, 17 (57%) had evidence of late diagnosis, 34% less than the Q1 2017-2021 average of 25.8 (Figure 2).

Figure 2: New HIV diagnoses by evidence of early stage infection or late diagnosis, January 2017 to March 2022



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.

Figure 3: Type of diagnosing doctor for new HIV diagnoses, January 2017 to March 2022



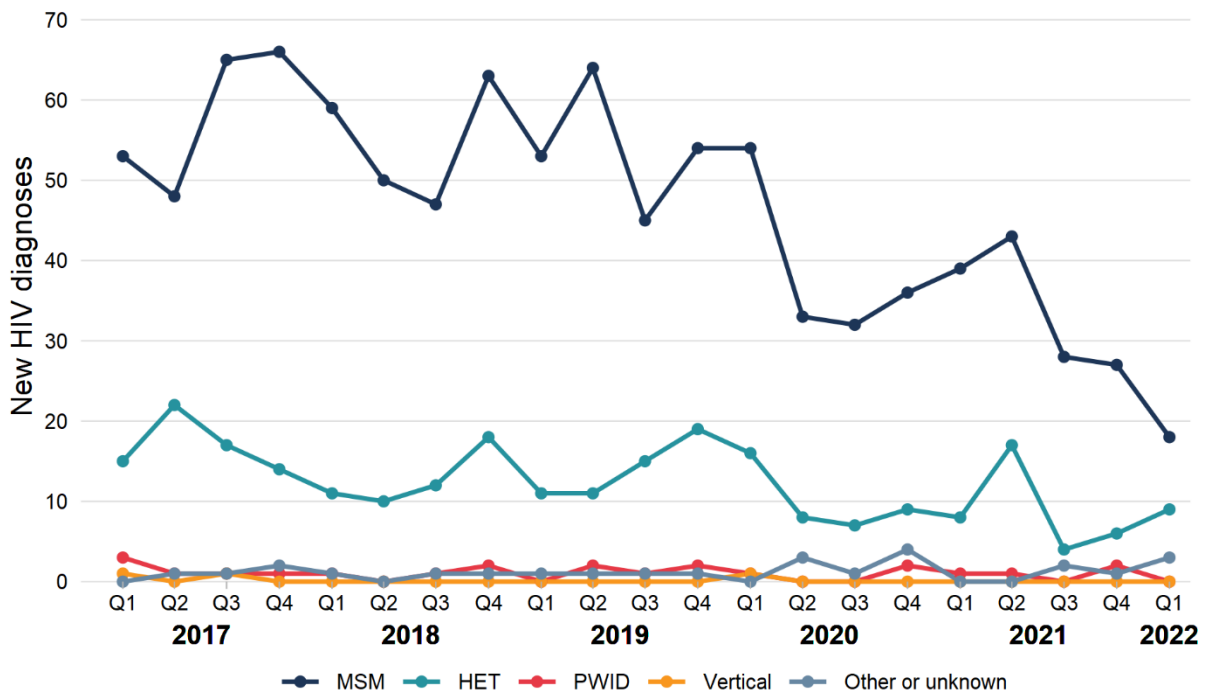
Of 13 Australian-born NSW residents with newly diagnosed HIV infection in January to March 2022 (Figure 3):

- Three (23.1%) were diagnosed by general practitioners (GPs) not accredited to prescribe antiretroviral therapy, 77% less than the comparison period (av. n=13.2);
- Three (23.1%) were diagnosed by sexual health centres including community testing sites, 59% less than the January to March 2017-2021 average (av. n=7.4);
- Seven (53.8%) were diagnosed by hospital doctors, 35% more than the comparison period (av.n=5.2);
- None were diagnosed by a GP s100 doctor, compared to 1.2, the average for January to March 2017-2021,
- None were diagnosed by other doctor types, compared to 1.8, the average for January to March 2017-2021.

Of 17 overseas-born NSW residents with newly diagnosed HIV infection in January to March 2022 (Figure 3):

- Seven (41.2%) were diagnosed by GPs, 10% less than the comparison period (av. n=7.8);
- Three (17.6%) were diagnosed by sexual health centres including community testing sites, 83% less than the January to March 2017-2021 average (av. n=17.6);
- Four (23.5%) were diagnosed by hospital doctors, 35% less than the comparison period (av.n=6.2);
- Two (11.8%) were diagnosed by GP s100 doctors, 9% similar than 2.2, the average for January to March 2017-2021;
- One (5.9%) was diagnosed by other doctor types, 69% less than the average for January to March 2017-2021 (av. n=3.2).

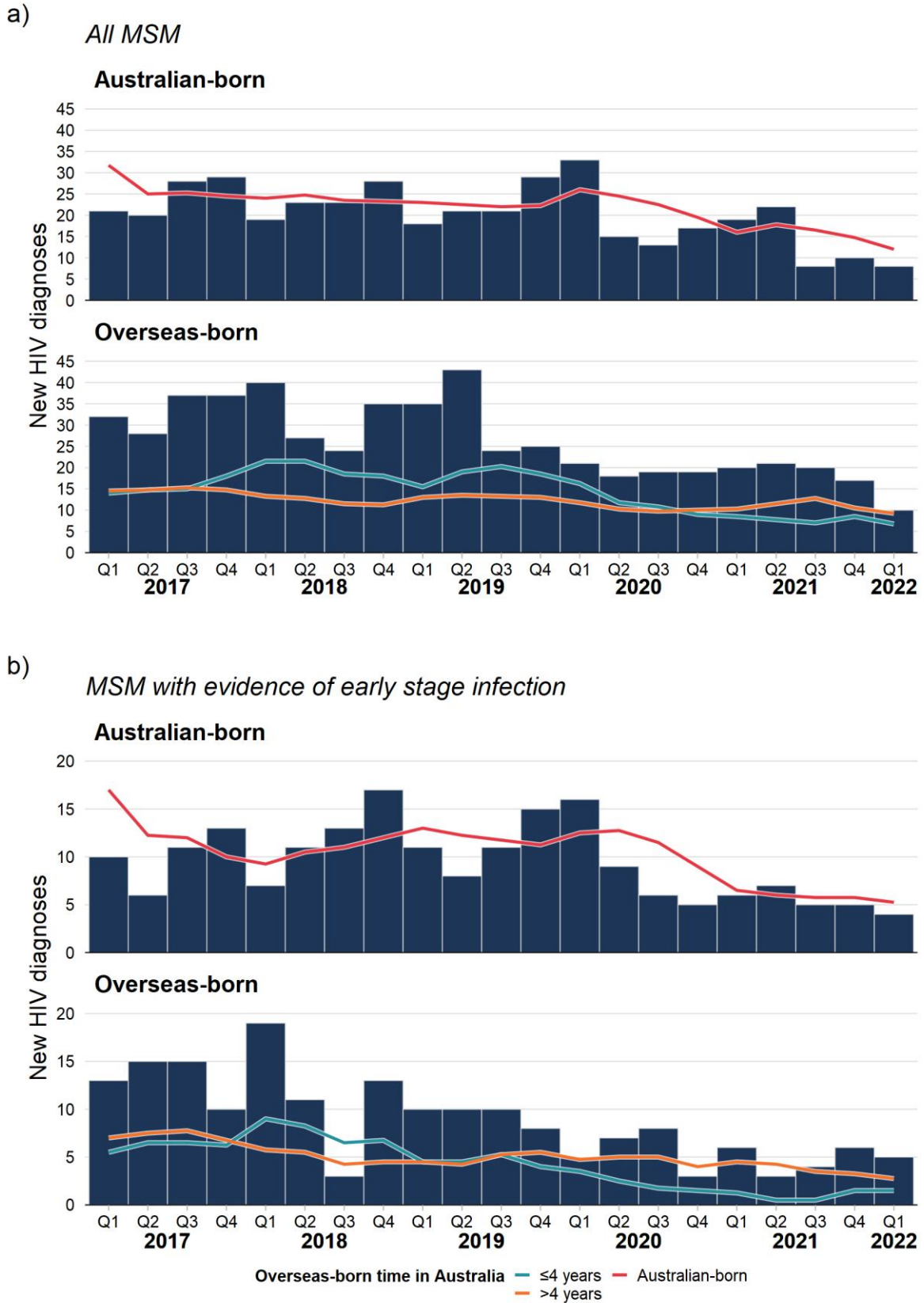
Figure 4: New HIV diagnoses by reported risk exposure, January 2017 to March 2022



In January to March (Q1) 2022:

- Eighteen (60%) were men who have sex with men (MSM) and nine (30%) were people with heterosexual exposure only (HET). This is 65% fewer MSM, and 26% fewer HET compared with the new diagnosis averages of Q1 2017-2021 (av. n MSM = 51.6; av. n HET = 12.2).
- Of nine HET, five were female, three were male and one was recorded as transgender. This is identical for females and 58% fewer males when compared to the new diagnosis average of Q1 2017-2021 (av. n female = 5.0; av. n male = 7.2).
- The person recorded as transgender is a trans-male and was included in the broader HET exposure category due to current limitations in data collection and overall exposure classification.

Figure 5: New HIV diagnoses in MSM by place of birth, with overseas-born by years living in Australia, January 2017 to March 2022

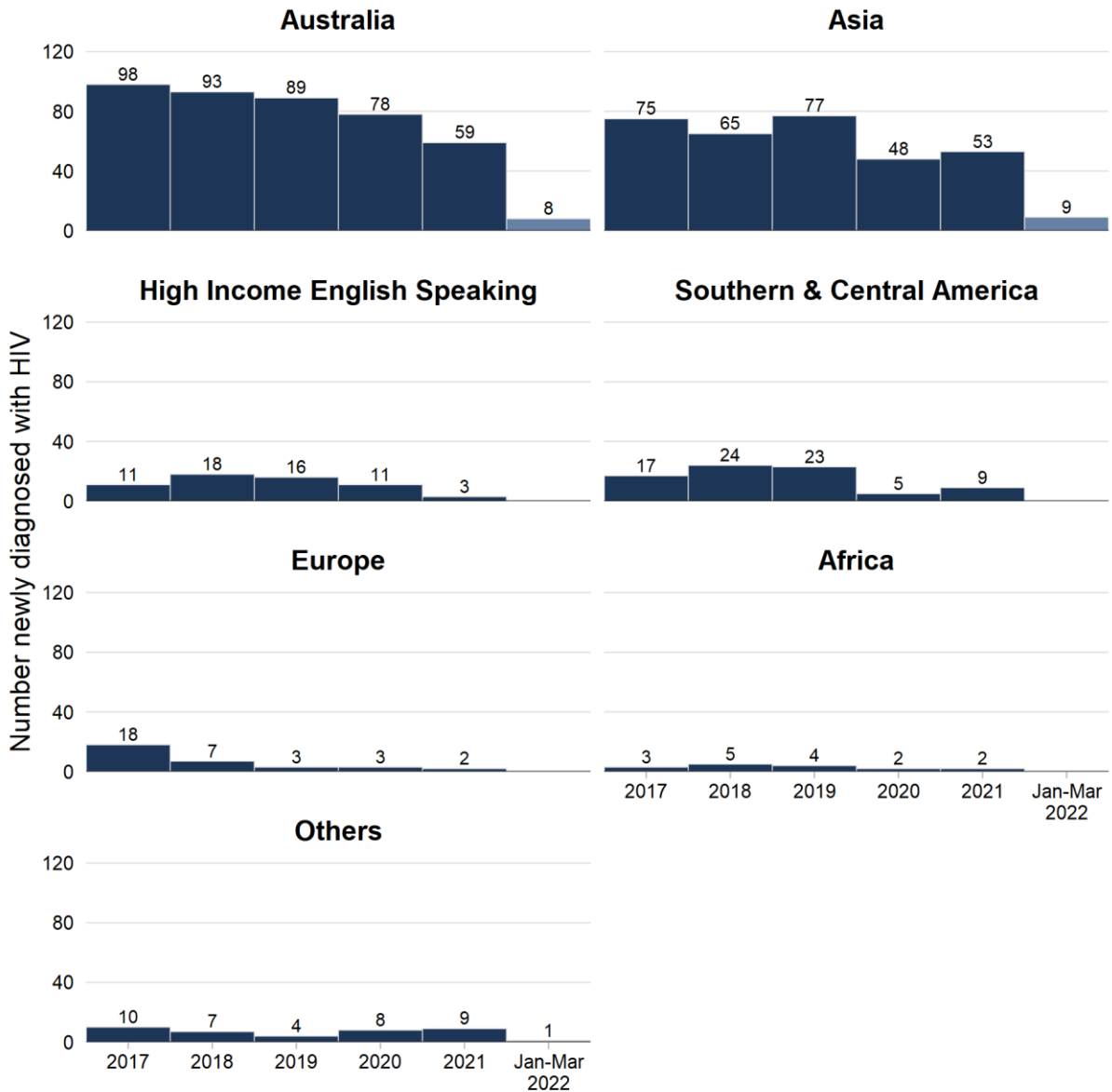


Note: Bars represent diagnoses per quarter and lines represent a rolling four quarter average of diagnoses.

In January to March (Q1) 2022:

- Eight of the 18 (44%) newly diagnosed MSM were Australian-born, 64% less than the average for Q1 2017-2021 (av. n=22.0). Four of eight (50%) Australian-born newly diagnosed MSM had evidence their infection was acquired within one year of diagnosis (early stage infection), 60% less than the Q1 2017-2021 average of 10.0.
- Ten of the 18 (56%) newly diagnosed MSM were overseas-born, 66% less than the average for Q1 2017-2021 (av. n=29.6). None of these MSM had lived in Australia for four years or less at the time of HIV diagnosis, compared the Q1 2017-2021 average of 15.2, eight had lived in Australia for more than four years, 41% less than the comparison period average of 13.6 and two for an unknown length of time. Five of 18 (28%) overseas-born newly diagnosed MSM had evidence of early stage infection, 53% less than the Q1 2017-2021 average of 10.6.

Figure 6: New HIV diagnoses in MSM by world area of birth, January 2017 to March 2022

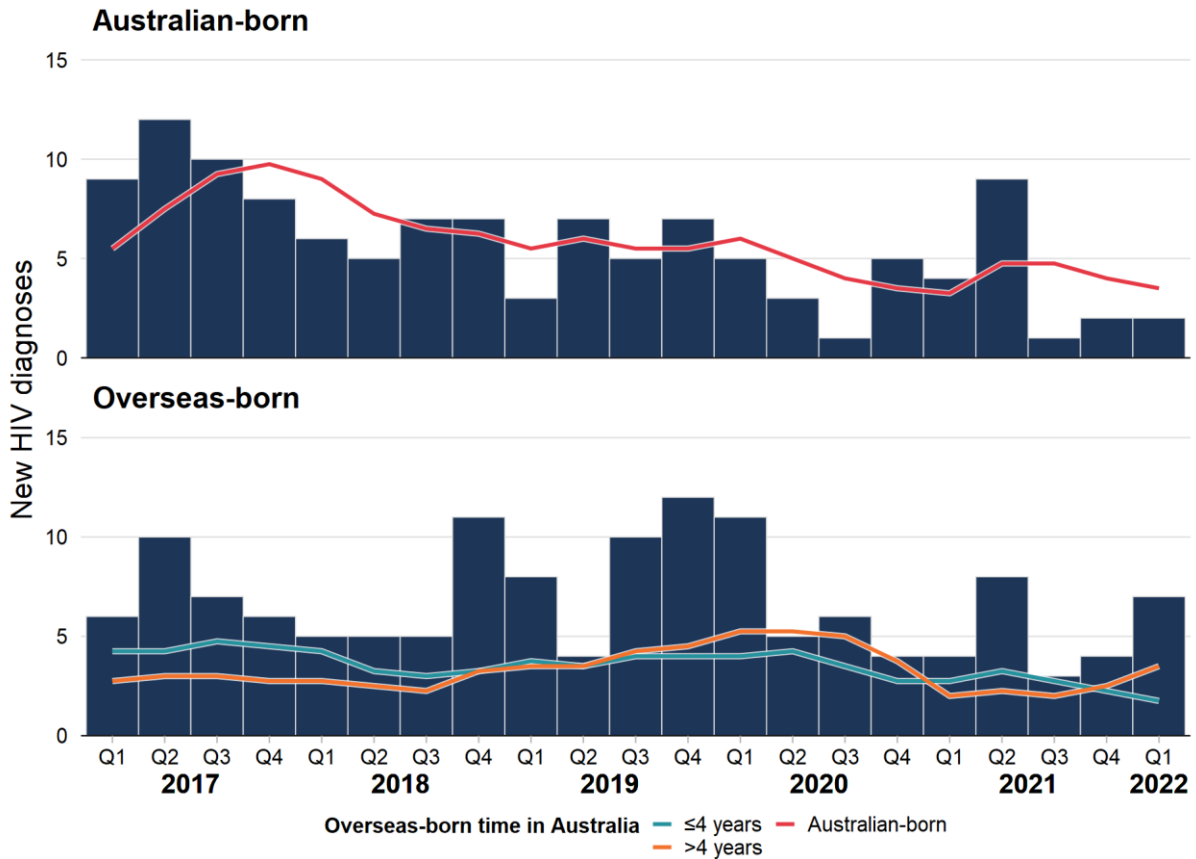


High-Income English-Speaking countries include Canada, USA, United Kingdom, Ireland and New Zealand

Comments on Figure 6

- Of 18 MSM newly diagnosed in NSW during January to March 2022, 44% were born in Australia, 39% in South-East Asia, and 6% in each of North-East Asia, Southern & Central Asia and North Africa & the Middle East.

Figure 7: New HIV diagnoses in HET by place of birth, with overseas-born by years living in Australia, January 2017 to March 2022



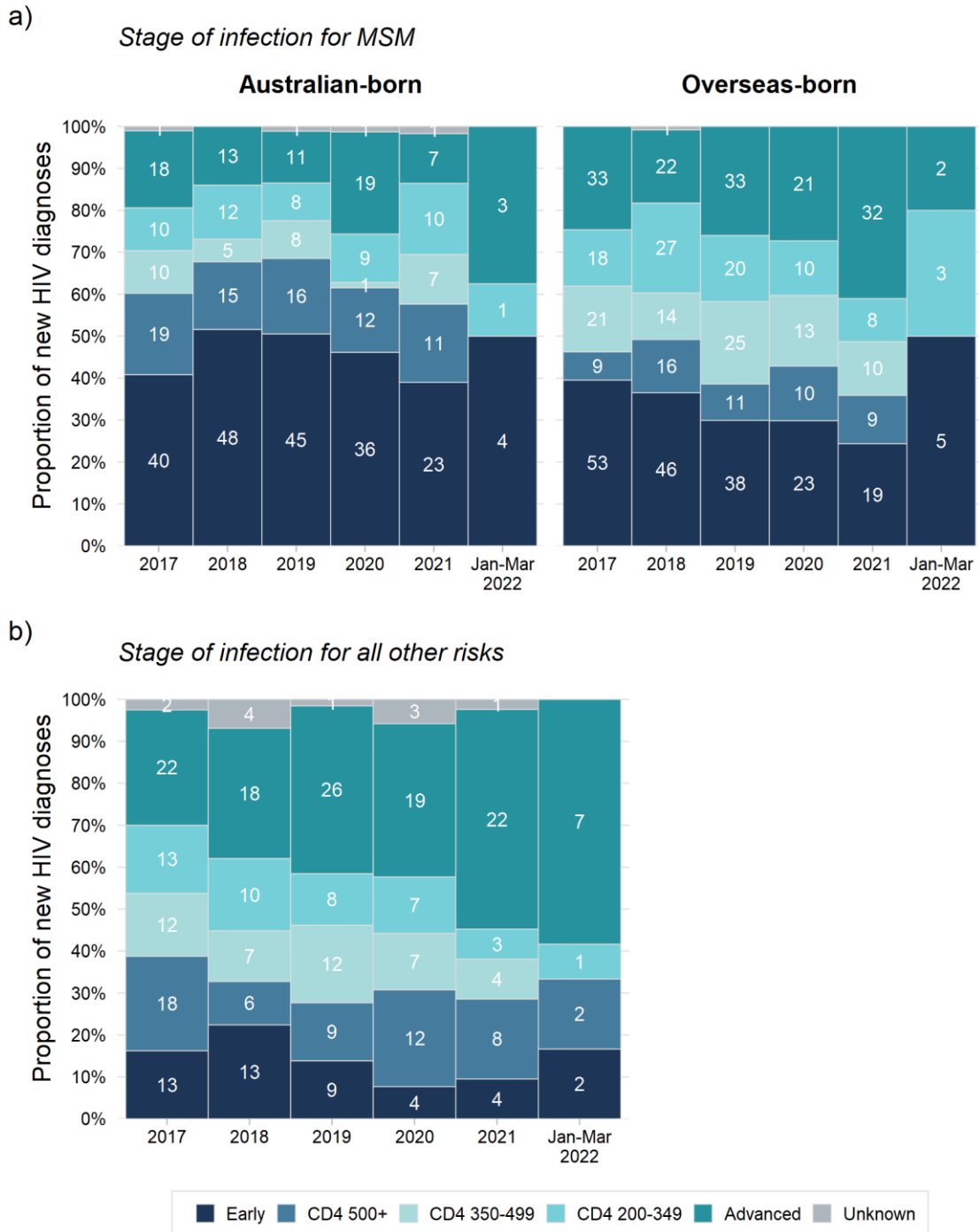
In January to March 2021:

- Two of nine (22%) HET newly diagnosed were Australian-born, 63% less than the average for January to March 2017-2021 (av. n=5.4) (Figure 7).
- Seven of nine (78%) HET newly diagnosed were overseas-born, similar to the January to March 2017-2021 average (av. n=6.8) (Figure 7). Two of these HET had lived in Australia for four years or less at the time of their HIV diagnosis, 41% less than the January to March 2017-2021 average of 3.4, four lived in Australia for more than four years, 18% more than the comparison period average of 3.4 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**.

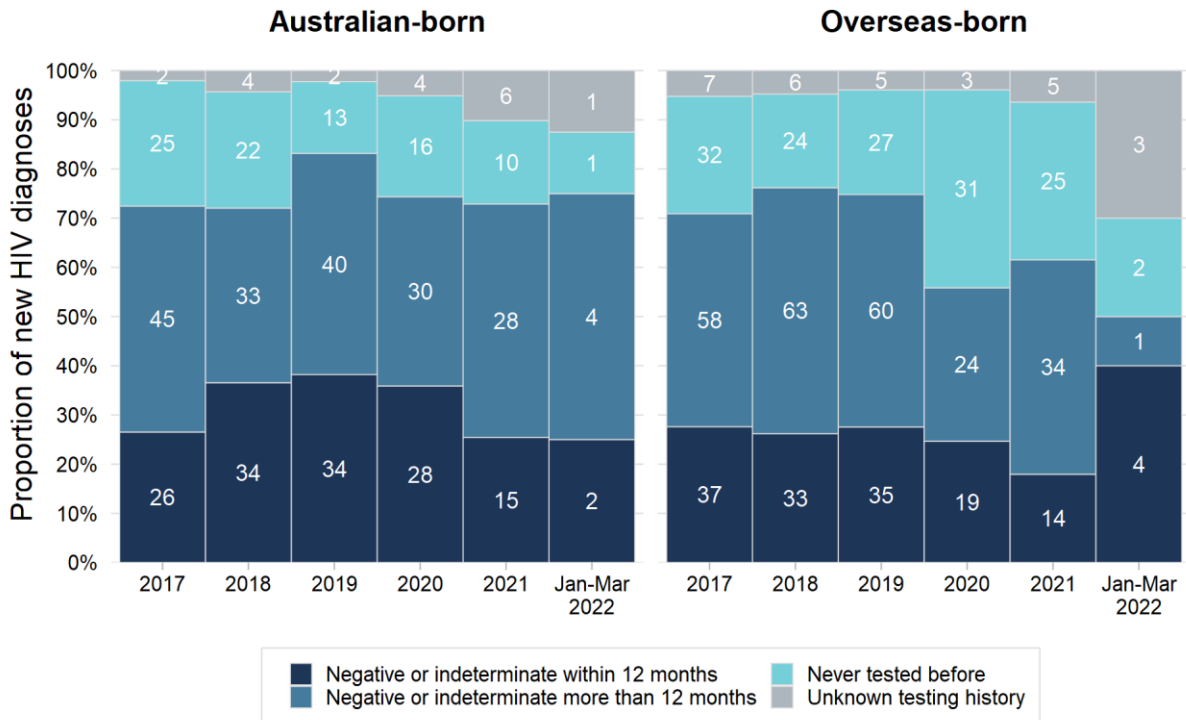
Figure 8: Stage of infection in newly diagnosed NSW residents, January 2017 to March 2022



Comment on Figure 8

- Of eight Australian-born MSM newly diagnosed in Q1 2022, four (50%) had evidence of early stage infection, 60% less than the Q1 2017-2021 average of 10.0. Four (50%) had evidence of late diagnosis, 41% less than the comparison period average (av. n=6.8) (Figure 8a).
- Of 10 overseas-born MSM newly diagnosed in Q1 2022, five (50%) had evidence of early stage infection, 53% less than the comparison period average of 10.6. Five (50%) had evidence of late diagnosis, 59% less than the comparison period average of 12.2 (Figure 8a).
- The number of new diagnoses in NSW residents who were not MSM was 15% lower in Q1 2022 (n=12) compared to the five-year average for the same period (n=14.2). There were eight with evidence of late diagnosis, 18% more than the Q1 2017-2021 average of 6.8 (Figure 8b).

Figure 9: HIV testing history in newly diagnosed MSM, January 2017 to March 2022



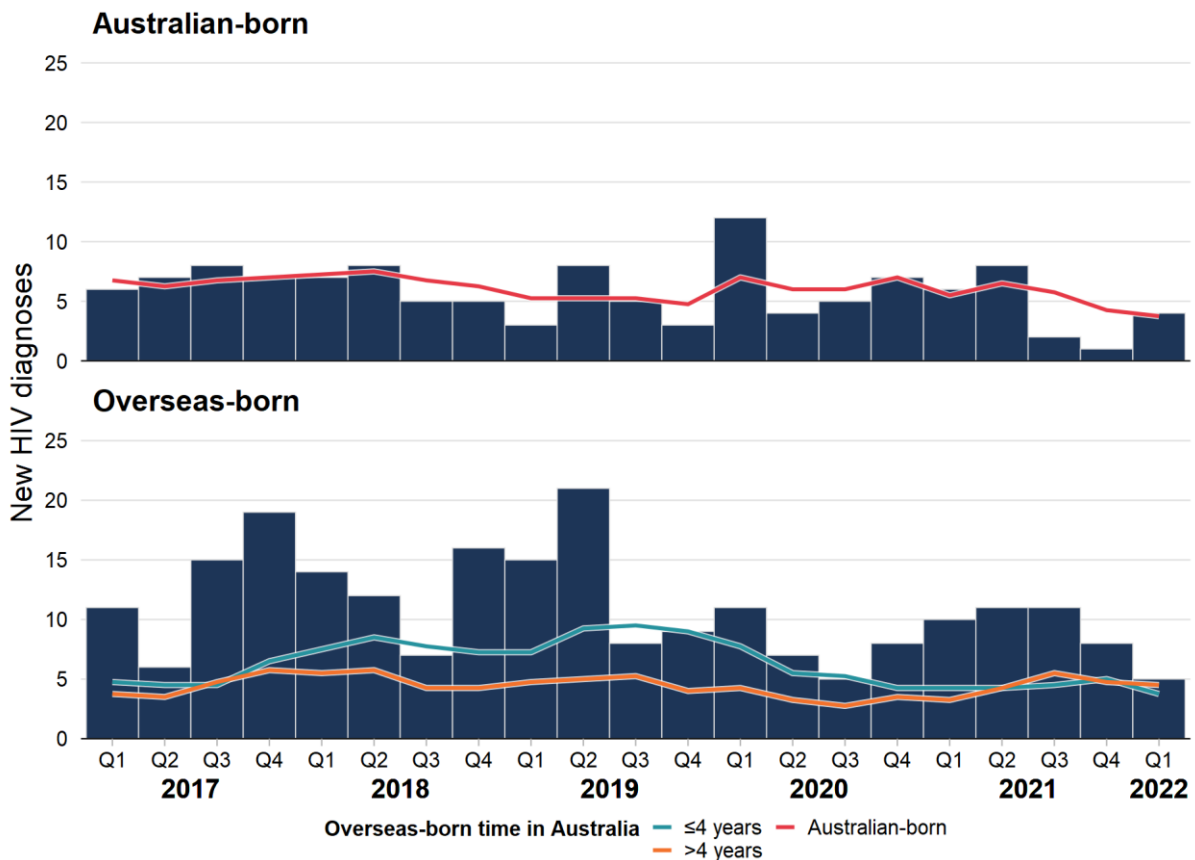
Of eight Australian-born MSM newly diagnosed during Q1 2022:

- Two (25%) were reported (by a laboratory, a doctor, or the patient) to have had a negative or indeterminate HIV test within 12 months of diagnosis.
- Four (50%) were reported to have had a negative or indeterminate HIV test sometime in the past, but not within 12 months of diagnosis.
- One (12.5%) reported not ever having had an HIV test prior to diagnosis.
- Almost two thirds had not been testing according to guidelines.
- Four (50%) had evidence of late diagnosis.

Of 10 overseas-born MSM newly diagnosed during Q1 2022:

- Four (40%) were reported (by a laboratory, a doctor, or the patient) to have had a negative or indeterminate HIV test within 12 months of diagnosis.
- One (10%) was reported to have had a negative or indeterminate HIV test sometime in the past, but not within 12 months of diagnosis.
- Two (20%) reported not ever having had an HIV test prior to diagnosis.
- Five (50%) had evidence of late diagnosis.

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 2017 to March 2022

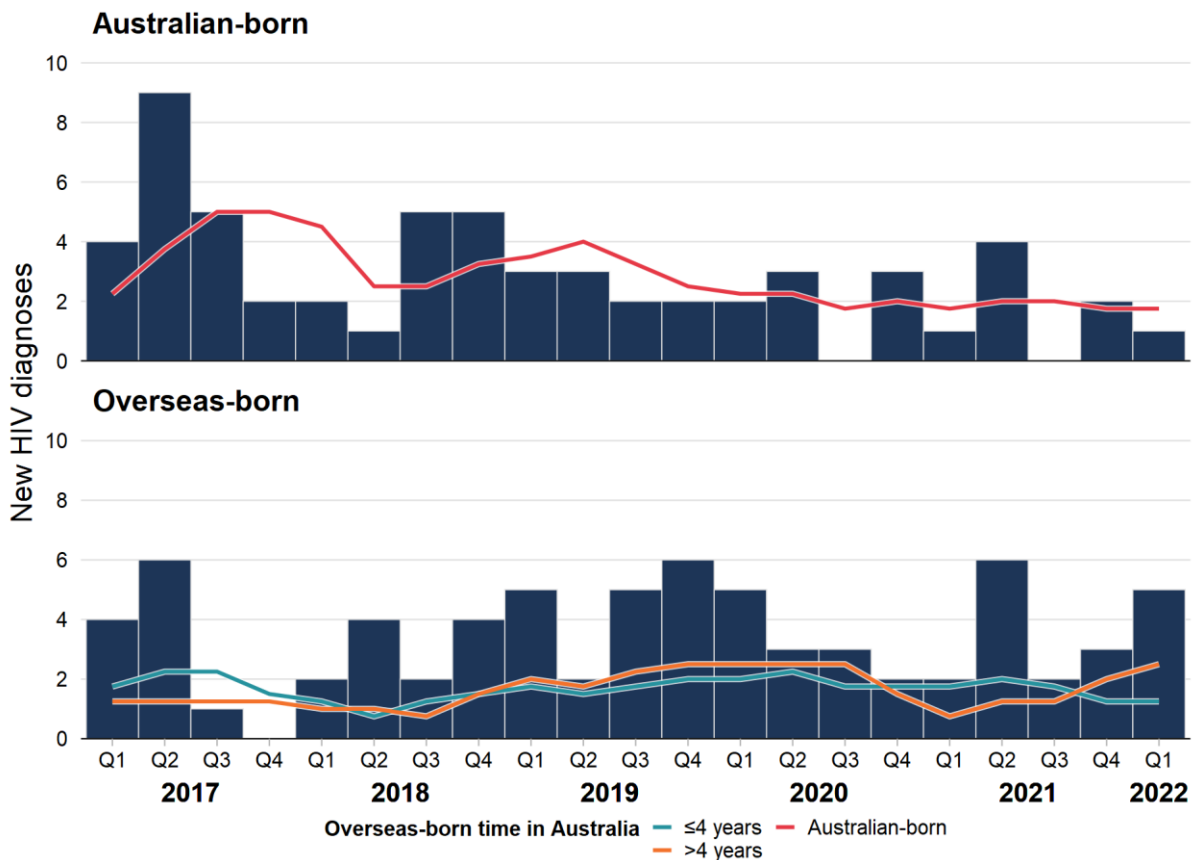


Note: Bars represent diagnoses per quarter and lines represent a rolling four quarter average of diagnoses.

In January to March 2021:

- Of 17 NSW residents with evidence of late HIV diagnosis, 9 (53%) were MSM, 53% less than the January to March 2017-2021 average count of 19.0.
- Four (44%) of the nine MSM with evidence of late diagnosis were Australian-born, 41% less than the January to March 2017-2021 average count of 6.8 (Figure 10).
- Five (56%) of the nine MSM with evidence of late diagnosis were overseas-born, a 59% decrease relative to the January to March 2017-2021 average count of 12.2 (Figure 10). None of these five MSM had lived in Australia for four years or less at the time of their HIV diagnosis, compared to the January to March 2017-2021 average of 7.2, while four had lived in Australia for more than four years, 13% less than the comparison period average of 4.6 and one was unknown.

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 2017 to March 2022



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

In 2021:

- Of 17 NSW residents with evidence of late HIV diagnosis, six (35%) were HET, identical to the January to March 2017-2021 average count of 6.0.
- One (17%) of the six HET with evidence of late diagnosis were Australian-born, 58% less than the January to March 2017-2021 average count of 2.4 (Figure 11).
- Five (83%) of the six HET with evidence of late diagnosis were overseas-born, 39% more than the January to March 2017-2021 average count of 3.6 (Figure 11). Two of these six HET had lived in Australia for four years or less at the time of their HIV diagnosis, 11% more than the January to March 2017-2021 average of 1.8, while two had lived in Australia for more than four years, 11% more than the comparison period average of 1.8 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 March 2022 vs the 2017-2021 average count, and the count difference

Case characteristics	Australian-born MSM			Overseas-born MSM		
	Jan-Mar 2017-2021 average	Jan-Mar 2022	Count (%) diff.	Jan-Mar 2017-2021 average	Jan-Mar 2022	Count (%) diff.
Number	22	8	-14 (-64%)	29.6	10	-19.6 (-66%)
Gender						
<i>Male</i>	22	8	-14 (-64%)	27.8	10	-17.8 (-64%)
<i>Transgender</i>	0	0	0 (0%)	1.8	0	-1.8 (-100%)
Age at diagnosis						
<i>0 to 19</i>	0.2	0	-0.2 (-100%)	0.6	0	-0.6 (-100%)
<i>20 to 29</i>	4	1	-3 (-75%)	11	2	-9 (-82%)
<i>30 to 39</i>	6.2	5	-1.2 (-19%)	11	3	-8 (-73%)
<i>40 to 49</i>	5.6	0	-5.6 (-100%)	4.6	4	-0.6 (-13%)
<i>50 and over</i>	6	2	-4 (-67%)	2.4	1	-1.4 (-58%)
Evidence of early stage infection¹						
<i>Yes</i>	10	4	-6 (-60%)	10.6	5	-5.6 (-53%)
<i>No</i>	12	4	-8 (-67%)	19	5	-14 (-74%)
Evidence of late diagnosis²						
<i>Yes</i>	6.8	4	-2.8 (-41%)	12.2	5	-7.2 (-59%)
<i>No</i>	14.8	4	-10.8 (-73%)	17.4	5	-12.4 (-71%)
<i>Unknown</i>	0.4	0	-0.4 (-100%)	0	0	0 (0%)
Area of residence³						
<i>≥20%</i>	3	1	-2 (-67%)	5.4	2	-3.4 (-63%)
<i>5-19.99%</i>	3	1	-2 (-67%)	6	2	-4 (-67%)
<i><5%</i>	16	6	-10 (-62%)	18.2	6	-12.2 (-67%)
Place most likely acquired HIV						
<i>Australia</i>	18.4	6	-12.4 (-67%)	16	7	-9 (-56%)
<i>Overseas</i>	3.4	1	-2.4 (-71%)	13	1	-12 (-92%)
<i>Unknown</i>	0.2	1	+0.8 (+400%)	0.6	2	+1.4 (+233%)
Reported HIV risks						
<i>MSM</i>	18.2	6	-12.2 (-67%)	27.4	6	-21.4 (-78%)
<i>MSM and IDU</i>	3.8	2	-1.8 (-47%)	2.2	4	+1.8 (+82%)

¹Evidence 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.

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 sero-conversion 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 12a: New HIV diagnoses with evidence of early stage infection in MSM by place of birth and place of likely HIV acquisition, with overseas-born by years living in Australia, January 2017 to March 2022

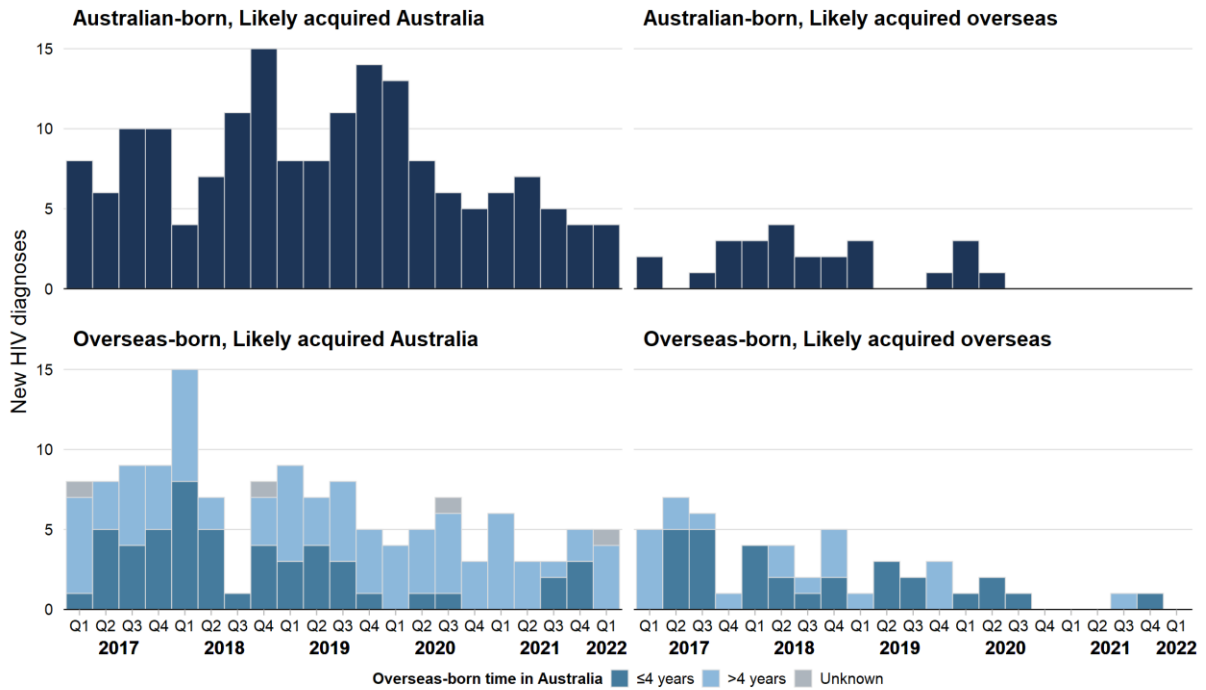
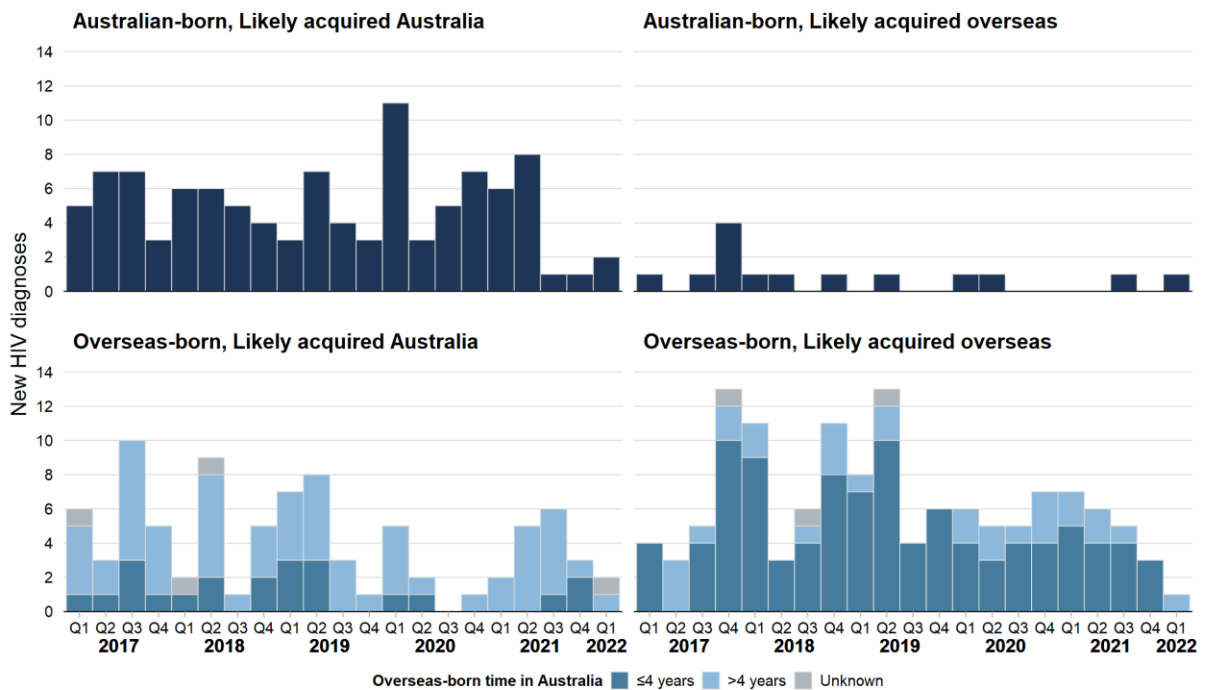


Figure 12b: New HIV diagnoses with late diagnosis in MSM by place of birth and place of likely HIV acquisition, with overseas-born by years living in Australia, January 2017 to March 2022



Of eight Australian-born MSM newly diagnosed in January to March 2022:

- Six (75%) likely acquired HIV in Australia, 67% less than the Q1 2017-2021 average of 18.4, and one (12.5%) likely acquired HIV overseas, 71% less than in the comparison period (av. n=3.4). One was unknown.
- Of six who acquired HIV in Australia, four (67%) had evidence of early stage infection, 49% less than the Q1 2017-2021 average of 7.8 (Figure 12a). Two (33%) had evidence of late diagnosis, 68% less than the Q1 2017-2021 average of 6.2 (Figure 12b).

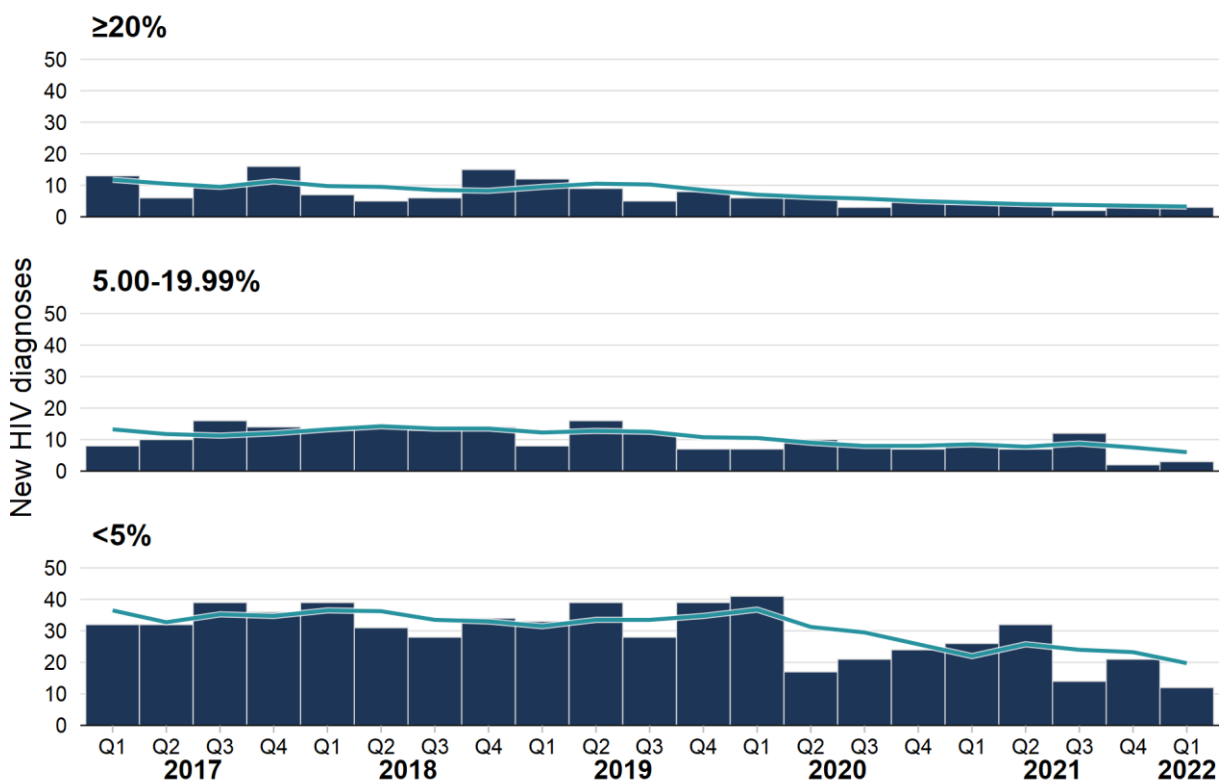
Of ten overseas-born MSM newly diagnosed in January to March 2022:

- Seven (70%) likely acquired HIV in Australia, 56% less than the average for Q1 2017-2021 (av. n=16.0), and one (10%) likely acquired HIV overseas, 92% less than the comparison period (av. n=13.0). Two were unknown.
- Of seven who acquired HIV in Australia, four (57%) had evidence of early stage infection, 40% less than the Q1 2017-2021 average of 8.4 (Figure 12a). Two (29%) had evidence of late diagnosis 55% less than the Q1 2017-2021 average of 4.4 (Figure 12b).
- The one who likely acquired HIV overseas did not have evidence of early stage infection (Figure 12a). One had evidence of late diagnosis, 86% less than the Q1 2017-2021 average of 7.2 (Figure 12b).
- For those diagnosed late, the majority who likely acquired HIV in Australia had lived here for more than four years, while most of those who likely acquired HIV overseas had lived here for four years or less (Figure 12b).

Area of residence for people newly diagnosed

These areas have been grouped together based on recent estimates³ 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 cohabit⁴. The grouped postcodes are defined as those with $\geq 20\%$, 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 $\geq 20\%$ area, 24% in the 5-19.9% area and 53% in the $< 5\%$ area. A summary of recent trends among HIV diagnoses in these areas can be found in the [Trends in HIV and HIV prevention indicators in gay, bisexual and other men who have sex with men in NSW, 2015-2019](#) report, published by the Kirby Institute in partnership with NSW Health. A summary of postcodes in each area can be found in Appendix E.

Figure 13: New HIV diagnoses in MSM by area of residence, 2016 to 2021



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

In January to March (Q1) 2022:

- Three of 18 (17%) MSM newly diagnosed resided in the $\geq 20\%$ area, 64% less than the average for Q1 2017-2021 (av. $n=8.4$) (Figure 13). All three MSM residing in the $\geq 20\%$ area had evidence of early stage infection, 21% less than the Q1 2017-2021 average (av. $n=3.8$) (Figure 14a). No MSM in the $\geq 20\%$ area had evidence of late diagnosis, compared to the Q1 2017-2021 average (av. $n=2.2$) (Figure 14b).
- Three of 18 (17%) MSM newly diagnosed resided in the 5-19% area, 67% less than the average for Q1 2017-2021 (av. $n=9.0$) (Figure 13). One of 3 (33%) MSM residing in the 5-19% area had

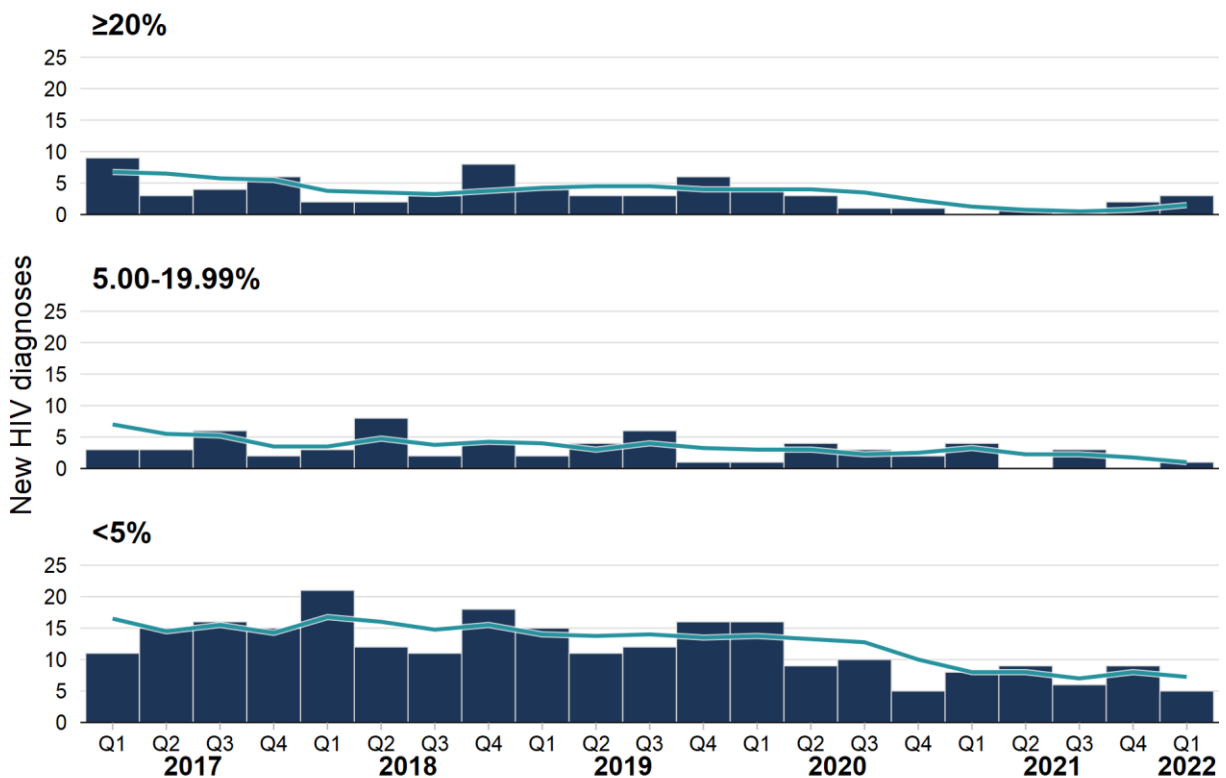
³ Callander D, Mooney-Somers J, Keen P, Guy R, Duck T, Bavinton BR, et al. Australian 'gayborhoods' and 'lesborhoods': a new method for estimating the number and prevalence of adult gay men and lesbian women living in each Australian postcode. *International Journal of Geographical Information Science*. 2020:1-17.

⁴ 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.

evidence of early stage infection, 62% less than the Q1 2017-2021 average (av. n=2.6) (Figure 14a). Two of three (33%) MSM residing in the 5-19% area had evidence of late diagnosis, 47% less than the comparison period average (av. n=3.8) (Figure 14b).

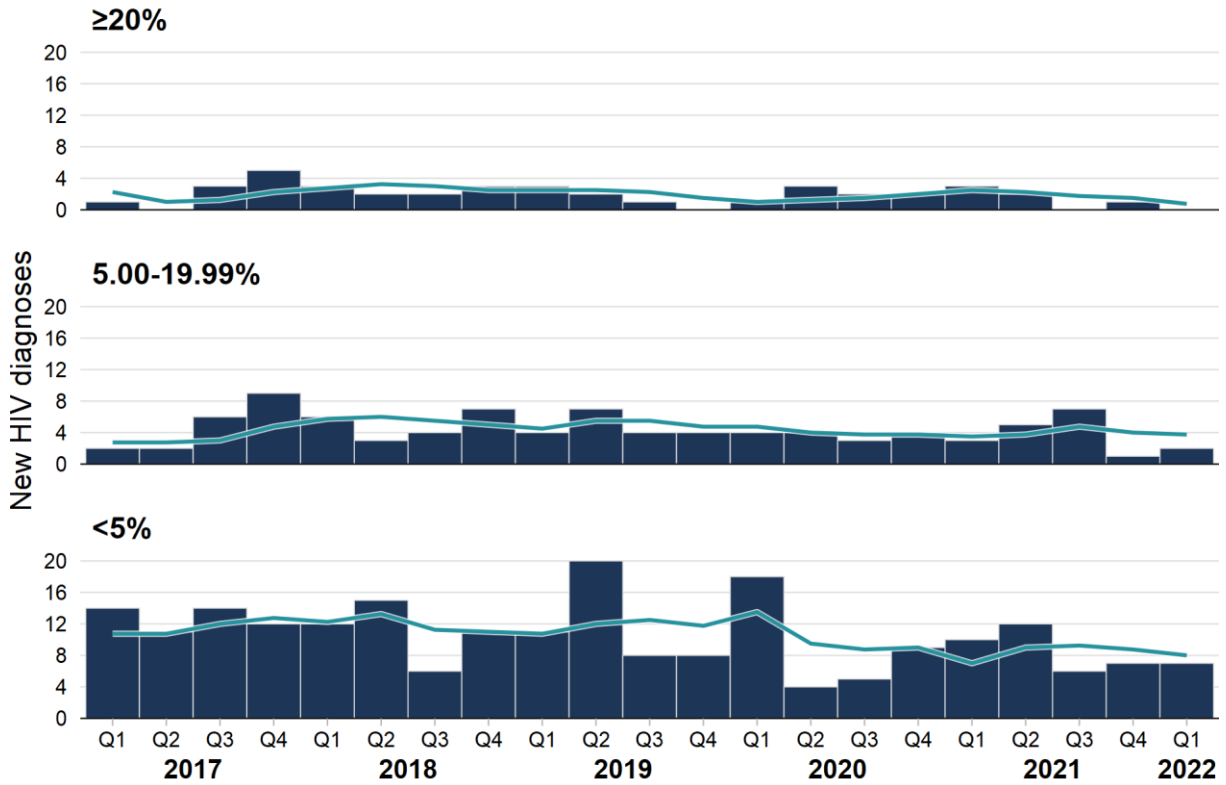
- Twelve of 18 (66%) MSM newly diagnosed resided in the <5% area, 65% less than the average for Q1 2017-2021 (av. n=34.2) (Figure 13). Five of 12 (42%) MSM residing in the <5% area had evidence of early stage infection, 65% less than the Q1 2017-2021 average (av. n=14.2) (Figure 14a). Seven of 12 (58%) MSM residing in the <5% area had evidence of late diagnosis, 46% less than the Q1 2017-2021 average (av. n=13.0) (Figure 14b).

Figure 14a: New HIV diagnoses with evidence of early stage infection in MSM by area of residence, January 2017 to March 2022



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

Figure 14b: New HIV diagnoses with evidence of late diagnosis in MSM by area of residence, January 2017 to March 2027



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

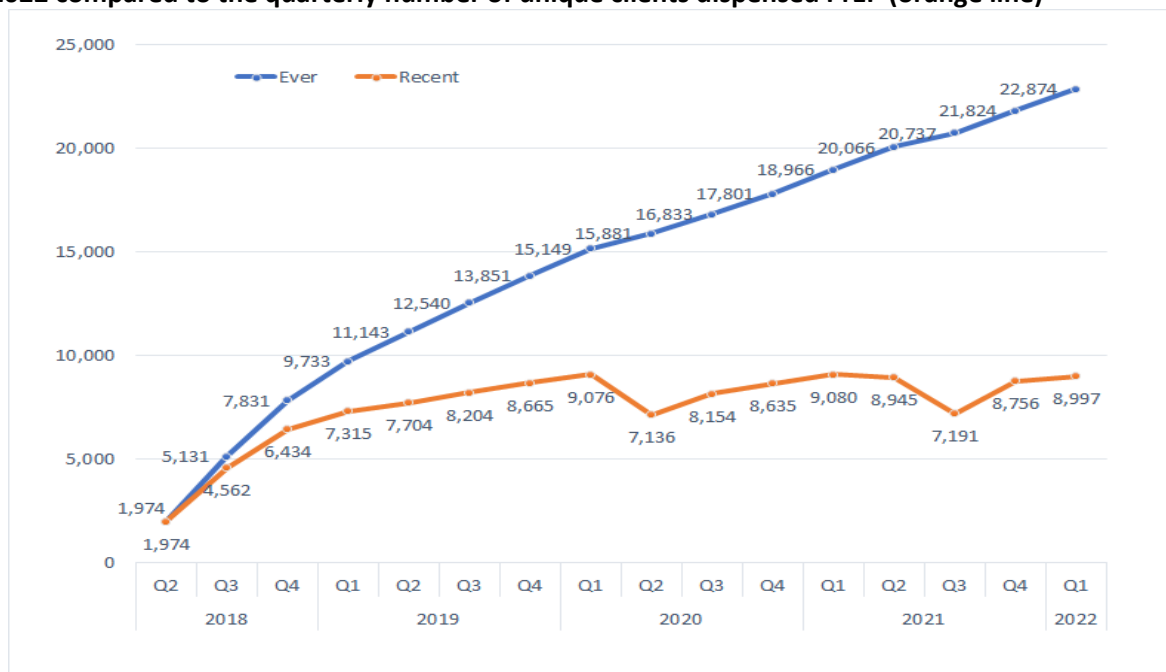
2. Expand HIV Prevention

2.1 How many people were prescribed PrEP on the Pharmaceutical Benefits Scheme (PBS)?

Between 1 April 2018 and 31 March 2022:

- A total of 22,874 (unique number) NSW residents were dispensed PrEP at least once under the PBS for HIV prevention.
- Of the 22,874 residents on PrEP, 98% were male.
- Among those who initiated PrEP, 82% were prescribed by GP; 99% were dispensed by a community pharmacy.
- A total of 420 (1.8%) NSW residents were eligible and prescribed under the Closing the Gap (CTG) program.

Figure 15: Total number of unique clients dispensed PrEP between April 2018 (blue line) to March 2022 compared to the quarterly number of unique clients dispensed PrEP (orange line)



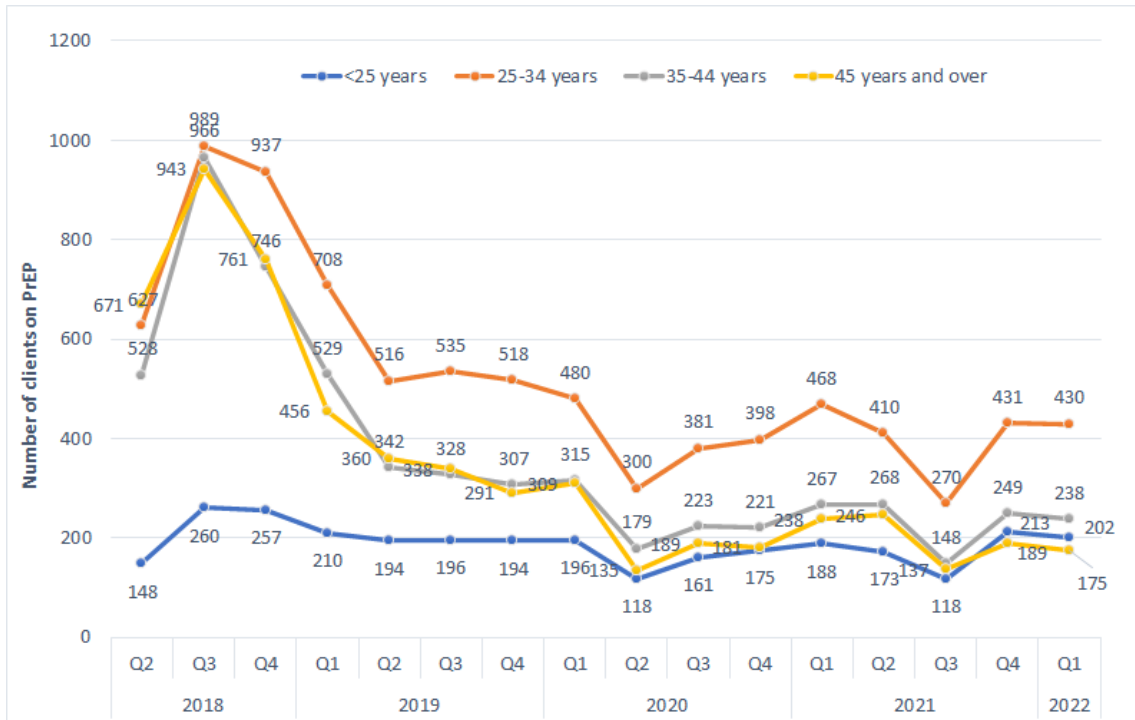
Data source: Pharmaceutical Benefits Schedule Highly Specialised Drugs Programme (PBS) data from April 2018 to March 2022.

Note: Based on the quantity and date dispensed, it is estimated that 8,997 unique residents were taking PrEP between January and March 2022. The quarterly number of unique residents (orange line) is lower than the total number of unique clients (blue line). The reasons for this could include: people discontinuing PrEP; moving interstate or internationally; accessing PrEP from other sources including self-importation; or changes to dosing regimens such as on-demand use.

Comment on Figure 15

- Between April 2018 and March 2022, the total number of unique NSW residents ever prescribed PrEP under the PBS for HIV prevention increased steadily overtime to 22,874 people (blue line).
- Between January and March 2022, the quarterly number of unique NSW residents prescribed PrEP under the PBS for HIV prevention increased by 3% from 8,756 in Q4 2021 to 8,997 people in Q1 2022 (orange line). This result is still 1% less than Q1 2020.

Figure 16: Number of people in each age group dispensed PrEP for the first time between April 2018 to March 2022



Data source: Pharmaceutical Benefits Schedule Highly Specialised Drugs Programme (PBS) data from April 2018 to March 2022.

Comments on Figure 16

- Since April 2018, 3,003 (13%) unique clients dispensed PrEP were aged under 25 years, 8,398 (37%) were between the ages of 25 and 34 years, 5,854 (26%) were between 35 and 44 years and 5,619 (25%) aged 45 years and older.
- PrEP initiation was highest among those aged between 25 and 34 years, followed by aged 35 and 44 years. Initiations increased among those aged under 25 years people in the past two quarters; and decreased among those aged 45 years and older.
- PrEP initiations decreased among all age groups from January to March 2022 compared to last quarter, but remained higher than the dip in Q3, 2021.

Figure 17: Number of people dispensed PrEP under the PBS for the first time by quarter between April 2018 to March 2022



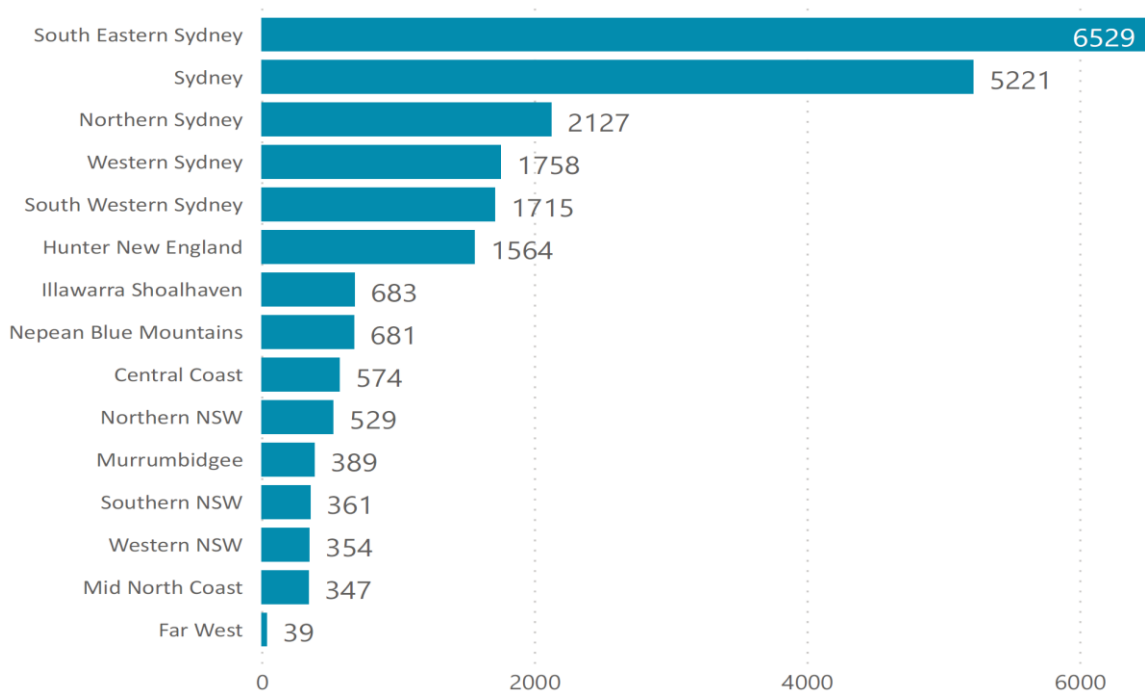
Data source: Pharmaceutical Benefits Schedule Highly Specialised Drugs Programme (PBS) data from April 2018 to March 2022.

Comments on Figure 17

- 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 decreased by 44% in April to June 2020 during heavier COVID restrictions, with 732 people initiating PrEP. PrEP initiations decreased again in Q3 2021 during COVID restrictions. PrEP initiations increased in Q4 2021 after COVID restrictions were eased.

Between January and March 2022, 1,045 people initiated PrEP, which is stable compared to last quarter (n=1,082). This quarter is 9% lower than Q1 2021 and 20% lower than Q2, 2020.

Figure 18: Number of NSW residents dispensed PrEP by LHDs of patient residence from April 2018 to March 2022⁵



Data source: Pharmaceutical Benefits Schedule Highly Specialised Drugs Programme (PBS) data from April 2018 to March 2022.

Note: The number of patients dispensed via community and public hospital pharmacies may add to a figure greater than the overall unique patients as some patients receive treatment from more than one pharmacy type within a year. Due to boundary changes or movements in and or out of NSW, the overall unique number of individuals presented in the above graph may differ slightly from previous reports.

Comments on Figure 18

Between April 2018 to March 2022:

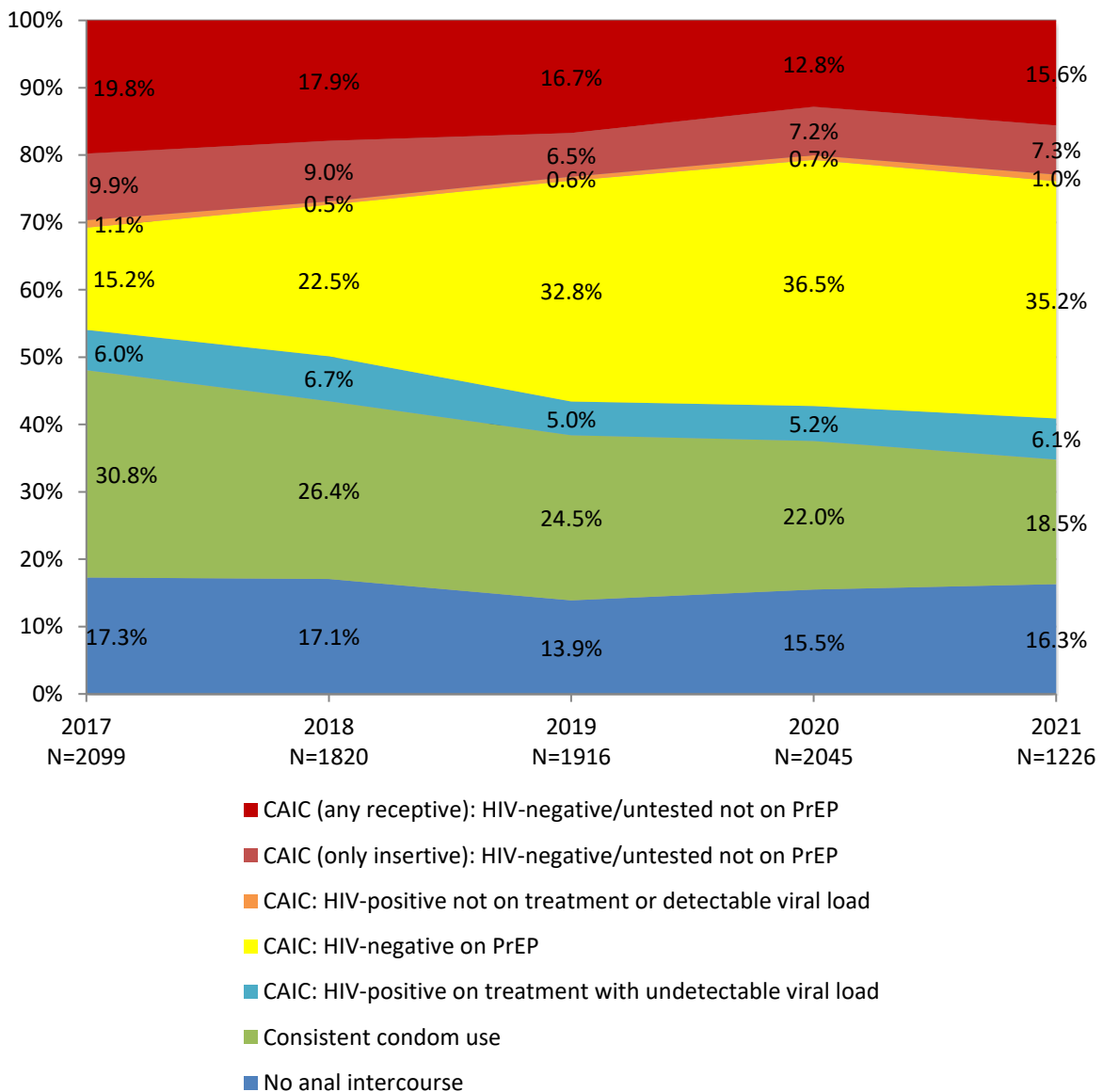
- Almost 83% of people dispensed PrEP under the PBS in NSW were residents of South Eastern Sydney (29%) and Sydney LHDs (23%), followed by Northern Sydney (9.3%), Western Sydney (7.7%), South Western Sydney (7.5%), and Hunter New England (6.8%).

⁵ PrEP was available under the PBS from April 2018.

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

The use of condoms, PrEP and undetectable viral load by gay and bisexual men are measured through the annual Sydney Gay Community Periodic Survey (SGCPS), conducted each year during February/March. Normally, approximately 80% of participants are recruited face-to-face at venues and events. Due to COVID-19, the 2021 round was largely conducted online. This affected the sample profile and should be borne in mind when interpreting the results.

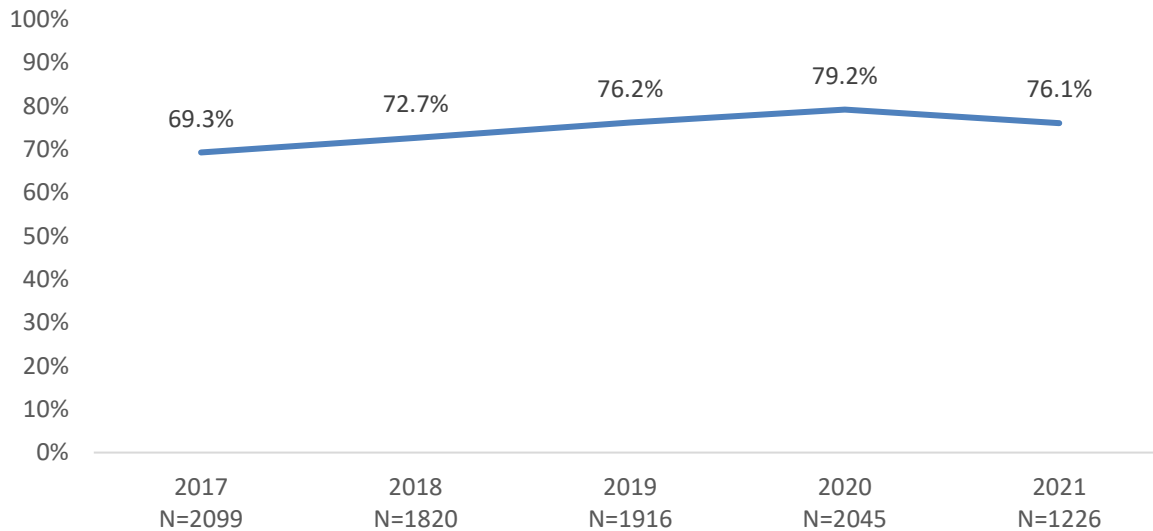
Figure 19: Proportion of gay and bisexual men with casual partners reporting condom use, biomedical prevention and any condomless anal intercourse in the previous six months, 2017 to 2021



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

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

Figure 20: Proportion of gay and bisexual men with casual partners reporting safe sex in the previous six months (net prevention coverage)



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

Comment on Figure 19 and Figure 20

The SGCPs data show a rapid increase in PrEP use over time. PrEP became the most commonly used HIV prevention strategy by gay and bisexual men with casual partners in 2019. The proportion of gay men with casual male partners who reported PrEP use and condomless anal intercourse was 35.2% in 2021, compared to 15.2% in 2017.

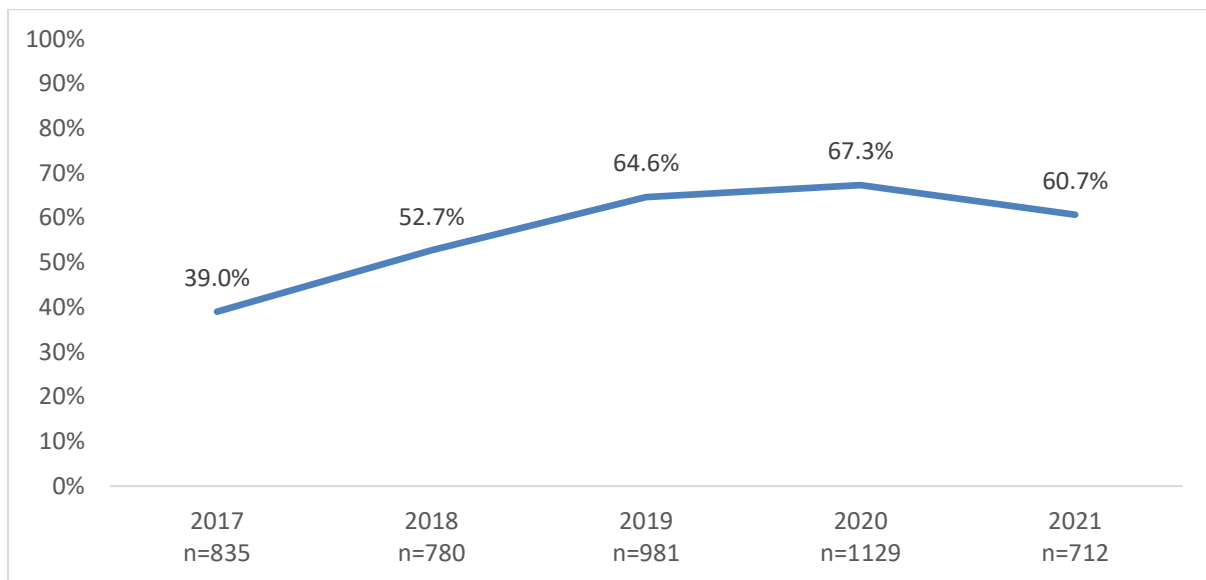
- As PrEP use has increased, consistent condom use has fallen. In 2021, 18.5% of gay men with casual partners reported consistent condom use, compared to 30.8% in 2017.
- The proportion of gay men with casual partners who reported being HIV-positive, having an undetectable viral load and condomless anal intercourse has remained stable between 2017 and 2021 at 5-7%.
- The proportion of gay men with casual partners who reported being HIV-positive, not on treatment or having a detectable viral load and who reported CAIC is also stable and was 1.0% in 2021, compared to 1.1% in 2017.
- In 2021, the proportion of gay men with casual partners who were HIV-negative or untested, not on PrEP and who reported any CAIC (insertive or receptive) was 22.9%, compared to 29.7% in 2017. The proportion of gay men who are susceptible to HIV infection has decreased in Sydney as PrEP use has increased, although there was a slight increase in the relative size of this 'at risk' group between 2020 and 2021 (from 20.0% to 22.9%).
- 'Net prevention coverage', i.e. the proportion of gay men with casual partners who report any form of safe sex, such as avoiding anal intercourse, condom use, PrEP use or undetectable viral load, has increased from 69.3% in 2017 to 76.1% in 2021, although there was a slight fall between 2020 and 2021 (from 79.2% to 76.1%).

- It should be noted that, due to COVID-19, 51.5% of participants reported a reduced number of sex partners in the previous six months. Among current and former PrEP users, 57.7% said they had reduced their use and 8.6% said they had stopped due to COVID-19.

Sydney Gay Community Periodic Survey – PrEP coverage among gay and bisexual men reporting condomless sex with casual partners

The NSW HIV Strategy includes a target to increase the proportion of PrEP use by gay and bisexual men who have condomless sex with casual partners to 90%. We assess sex with casual male partners and PrEP use in the Sydney Gay Community Periodic Survey.

Figure 21: Proportion of non-HIV-positive men gay and bisexual men who had condomless sex with casual male partners and were using PrEP in the previous six months, 2017 to 2021



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

Comment on Figure 21

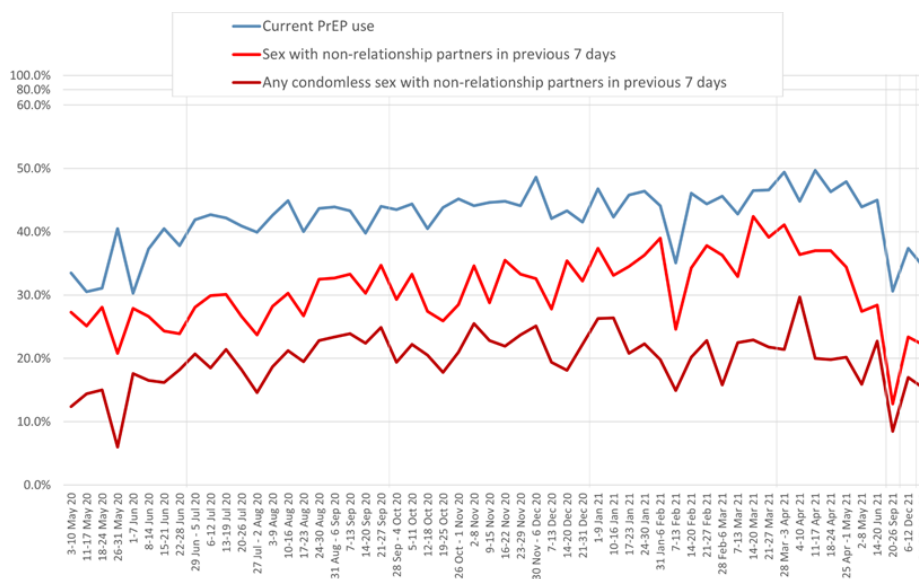
- PrEP use by gay and bisexual men who had condomless sex with casual male partners has increased from 39.0% in 2017 to 60.7% in 2021.
- There was a slight fall in PrEP coverage between 2020 and 2021 (from 67.3% to 60.7%) although this is in the context of COVID-19, with over half the participants in the surveys (57.1%) reporting fewer sex partners and most PrEP users (57.7%) reducing PrEP use due to COVID-19.

2.3 Effect of COVID-19 on ongoing trends in sexual behaviour, PrEP use, and HIV/STI testing among gay and bisexual men

The [Following Lives Undergoing Change](#) (Flux) cohort study of gay and bisexual men has collected data on sexual behaviour, PrEP use, and HIV testing during the COVID-19 pandemic commencing in early May 2020. In late June 2020, new participants commenced being enrolled in the study each week to supplement the continuing cohort. Weekly data collection continued between 3rd May 2020 and 8th May 2021, after which data collection occurs quarterly, but individual questions refer to the same periods (previous seven days or previous four weeks).

Figure 22a shows the weekly and quarterly results for sexual behaviour and PrEP use since 3rd May 2020 among NSW respondents.

Figure 22a: Sex with non-relationship partners and PrEP use (3rd May 2020 – 27th March 2022)



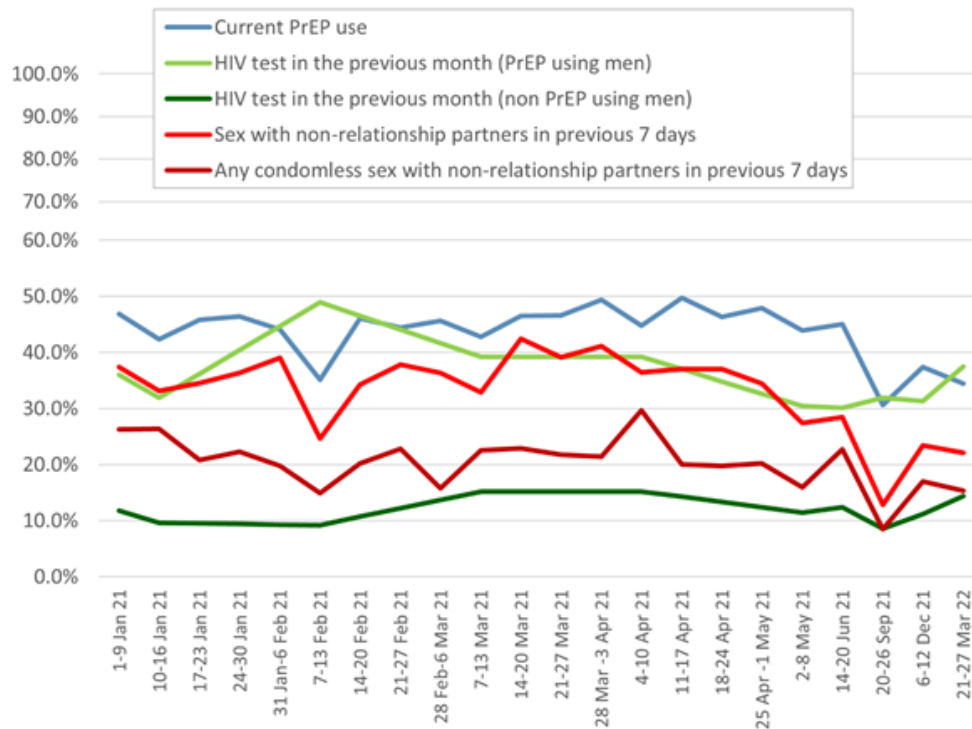
Data source: [Following Lives Undergoing Change Study](#), Kirby Institute, UNSW Sydney. Note: Data are reported for non HIV-positive respondents in NSW. Sex with non-relationship male partners refers to any sexual contact with casual partners or other partners with whom respondents were not in a relationship, as reported in the previous seven days, i.e. during the specified reporting week. PrEP use was for current use at the time of the survey and was recorded for all participants who did not report being HIV-positive. Since March 2020, 379 non-HIV-positive participants living in New South Wales took part in Flux, of which 163 responded in Quarter 1 of 2022. Similar numbers responded in each previous round.

Comment on Figure 22a

- Between Quarter 2 of 2020 and Quarter 2 of 2021, the prevalence of PrEP use steadily increased to pre-pandemic levels.
- However, trends in PrEP use in Quarter 3 of 2021 decreased. This reduction in PrEP use corresponded with the NSW outbreak of the Omicron COVID-19 variant. Although the prevalence of PrEP use has slightly increased since Quarter 2 of 2021, it remains lower than rates reported before the NSW outbreak of the Omicron COVID-19 variant.
- Similar trends were observed for men reporting sex with non-relationship partners and in condomless anal intercourse with non-relationship partners.

Figure 22b shows the weekly and quarterly results for sexual behaviour, PrEP use, and HIV testing between 1 January 2021 and 27 March 2022 among NSW respondents.

Figure 22b: Sex with non-relationship partners, PrEP use and HIV testing by week (1 January 2021 - 27 March 2022)

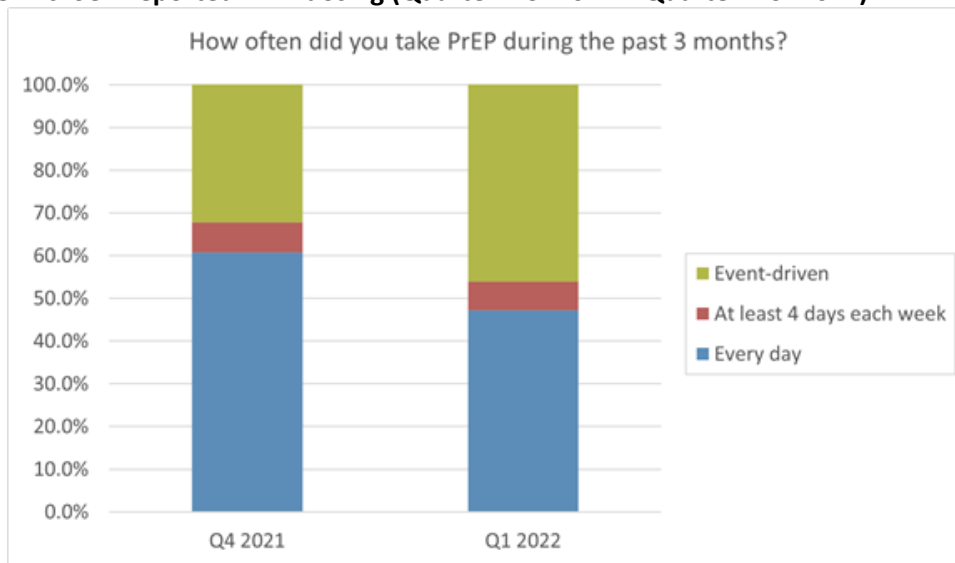


Data source: [Following Lives Undergoing Change Study](#), Kirby Institute, UNSW Sydney. Note: Data are reported for non HIV-positive respondents in NSW. Sex with non-relationship male partners refers to any sexual contact with casual partners or other partners with whom respondents were not in a relationship, as reported for the previous seven days, i.e. during the specified reporting week. PrEP use was for current use at the time of the survey and was recorded for all participants who did not report being HIV-positive. Testing in the previous four weeks is reported for non HIV-positive men according to their current use of PrEP at the time of the survey in each reporting period. Since March 2020, 379 non-HIV-positive participants living in New South Wales took part in Flux, of which 163 responded in Quarter 1 of 2022. Similar numbers responded in each previous round.

Comment on Figure 22b

- Following a 32.0% reduction in PrEP use between Quarter 2 and 3 of 2021, the prevalence of PrEP use slightly increased to 37.4% in Quarter 4 of 2021. However, between Quarter 4 of 2021 and Quarter 1 of 2022, the prevalence of PrEP use slightly decreased from 37.4% to 34.4%.
- Similar trends were observed for men reporting sex with non-relationship partners. Any sex with non-relationship partners slightly decreased from 23.4% in Quarter 4 of 2021 to 22.1% in Quarter 1 of 2022. These decreases were accompanied by a similar decrease in condomless anal intercourse with non-relationship partners from 17.0% in Quarter 4 of 2021 to 15.3% in Quarter 1 of 2022.
- Despite trends in PrEP use and sex with non-relationship partners decreasing, trends in HIV testing slightly increased. Prevalence of HIV testing among non-HIV-positive men not using PrEP increased from 11.2% in Quarter 4 of 2021 to 14.4% in Quarter 1 of 2022. Rates of HIV testing among non-HIV-positive men using PrEP increased from 31.3% in Quarter 4 of 2021 to 37.5% in Quarter 1 of 2022.

- **Figure 22c: Self-reported PrEP dosing (Quarter 4 of 2021 – Quarter 1 of 2022)**



Data source: [Following Lives Undergoing Change Study](#), Kirby Institute, UNSW Sydney. Note: Data are reported for non HIV-positive respondents in NSW. Men who reported any PrEP use were asked to report their usual PrEP dosing method in the previous three months. Since March 2020, 379 non-HIV-positive participants living in New South Wales took part in Flux, of which 163 responded in Quarter 1 of 2022. Similar numbers responded in each previous round.

Comment on Figure 22c

- In Quarter 4 of 2021, 60.7% reported daily PrEP use, and 7.1% reported using PrEP at least four days each week in the previous three months. One-third (32.2%) reported event-driven PrEP dosing.
- In Quarter 1 of 2022, 47.2% reported daily PrEP use, representing a 22.2% reduction in every day use between Quarter 4 of 2021 to Quarter 1 of 2022. Proportions reporting at least 4 PrEP pills per week remained stable at 6.7% in Quarter 1 of 2022. The proportion of men reporting event-driven PrEP use increased from 32.2% in Quarter 4 of 2021 to 46.0% in Quarter 1 of 2022, representing a 42.9% increase in event-driven PrEP use.

2.4 Community mobilisation “Ending HIV”

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

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

From January 2022 – March 2022

- 3,511,976 units of injecting equipment were distributed in NSW.
 - The LHDs with the highest number of units of injecting equipment distributed were Hunter New England, Sydney, South Western Sydney, Western Sydney and South Eastern Sydney.

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

- In 2021, 18% of respondents reported receptive syringe sharing in the previous month (NSW Needle and Syringe Program Enhanced Data Collection, 2021)⁶.

⁶ Geddes, L, Iversen J, and Maher L. NSW Needle and Syringe Program Enhanced Data Collection Report 2017-2021, The Kirby Institute, UNSW Australia, Sydney 2021.

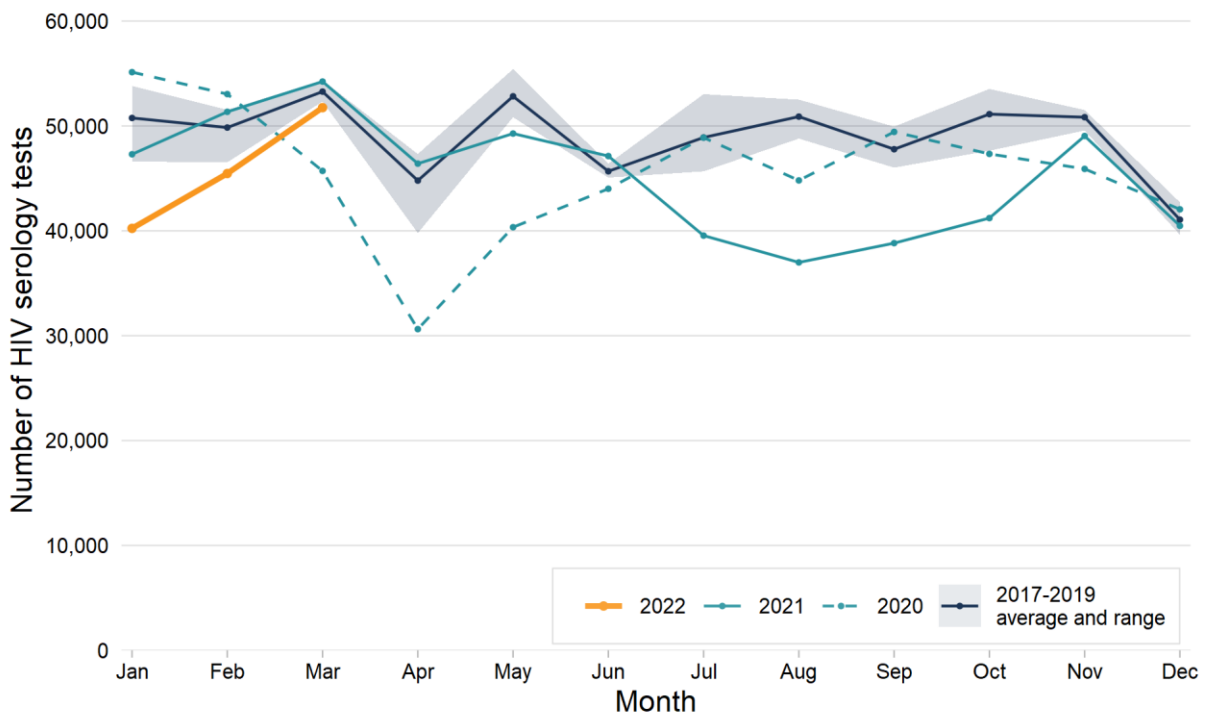
3. Increase HIV testing frequency

3.1 Is HIV testing increasing in NSW?

NSW overall

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

Figure 23: Number of HIV serology tests performed in 15 NSW laboratories, 2016 to 2021



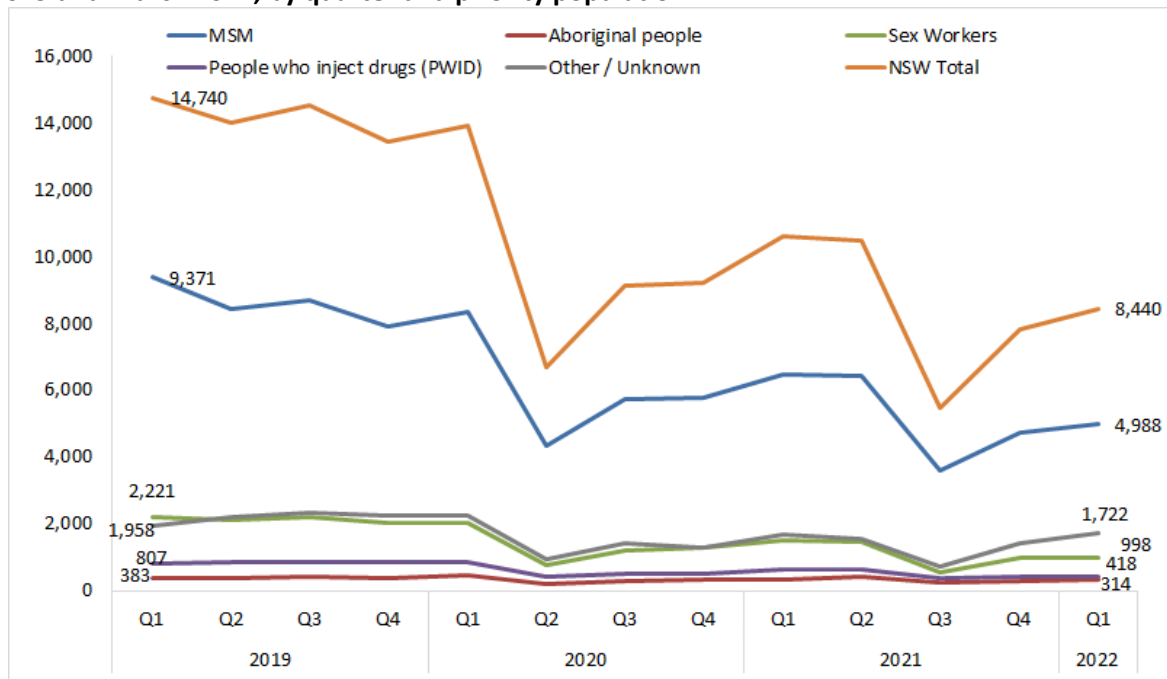
Data source: NSW Health denominator data project, out 13 May 2022.

Comments on Figure 23

In January to March (Q1) 2022:

- 137,445 HIV serology tests were performed in 15 laboratories in NSW, which was 10% less than Q1 2021 (n=152,885), 11% less than Q1 2020 (n=153,884), 14% less than Q1 2019 (n=159,694), 12% less than Q1 2018 (n=156,486), and 6% less than Q1 2017 (n=145,474).

Figure 24: Number of HIV tests performed in public sexual health clinics in NSW between January 2019 and March 2022, by quarter and priority population



Data source: NSW Health HIV Strategy Monitoring Database

Note: Patients have been classified as other/unknown where priority population data is not available, including St Vincent’s Hospital. The sum of the groups may be greater than the total of tests because individuals who belong to more than one priority population are counted in each grouping that they belong.

Note: Testing data from Central Coast LHD has been excluded since Q2 2020, due to data system issues.

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 in Q4 2021 and Q1 2022 due to data system issues.

Comments on Figure 24

In January to March 2022:

- The number of HIV tests in PFSHCs (n=8,440) increased by 8% compared to Q4 2021 (n=7,822). This result is 20% less than the number of tests in Q1 2021 (n=10,592) and 39% lower than Q1 2020 (n=13,923).
- Testing remained targeted with 4,988 of 8,440 (60%) HIV tests in PFSHCs done by MSM.
- Of 8,840 tests in PFSHCs where country of birth was recorded, 56% (4,238) were Australian-born, 44% (3,323) overseas-born and 0.5% (39) unknown.
- The number of HIV tests performed in other public health settings not included in the Figure above includes:
 - 1,435 in Emergency Department;
 - 435 in Mental Health;
 - 365 in Drug and Alcohol;
 - 184 in Needle and Syringe Program, Youth Block, Immunology, Infectious diseases, Liver Clinic, Chest Clinic and Psychiatry Clinic.

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 March 2022

Recruitment indicators	Q1 2022 (Jan - Mar)	Total (Nov 2016–Mar 2022)
Number of registrations for DBS test (including Hepatitis C)	1,030	13,928
Number of registrations for DBS requesting HIV testing	987/1,030 (96%)	13,165/13,928 (95%)
Number (%) of people who registered for a HIV DBS kit who had never tested before or had tested over 2 years ago**	535/987 (54%)	6,109/13,165 (46%)
Proportion of returned HIV DBS kits	752/987 (76%)	11,079/13,165 (84%)
Number of HIV DBS tests performed	752	11,079
Number (%) of reactive HIV tests*	0	11

Data Source: NSW Dried Blood Spot Research database.

* 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.

** Based on registrations for DBS requesting HIV testing (excludes registrations for hepatitis C DBS test only)

Comments on Table 2

In January to March 2022:

- There was a total of 752 HIV DBS tests performed in NSW.
- 54% of people who registered for a HIV DBS test had never previously tested for HIV or had been tested more than 2 years ago.
 - Of these, 420 (79%) were Australian born and 115 (21%) were overseas born.
- 76% of registrations for DBS requesting HIV testing between January and March 2022 were returned for testing.

In November 2016 to March 2022 (over the entire pilot):

- 46% people who registered for a HIV DBS test had never previously tested for HIV or had tested more than 2 years ago.
 - Of these 4,499 (74%) were Australian-born and 1,610 (26%) were overseas-born.
- 84% of registrations for DBS requesting HIV testing were returned.

Table 3: Number of HIV tests done per eligibility criteria* for the NSW DBS Self-Sampling HIV and HCV Testing Pilot, November 2016 to March 2022

Target population	Q1 2022 (Jan - March) Total number of HIV tests n = 752	(Nov 2016 – March 2022) Total number of HIV tests n = 11,079
MSM ****	115 (15%)	2,515 (23%)
From high prevalence country***	64 (9%)	1,142 (11%)
Partners from Asia/Africa	73 (10%)	1,638 (16%)
Aboriginal people**	170 (27%)	2,696 (27%)
Ever injected drugs**	387 (62%)	5,308 (52%)

Data Source: NSW DBS Research Database

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

**Aboriginal people and people who have ever injected drugs included from September 2017. Hepatitis C RNA testing included from September 2017.

***High prevalence countries include countries within Africa or Asia and the following specific countries: Belize, Haiti, Bahamas, Jamaica, Guyana, Barbados, Suriname, Djibouti, Russian Federation, Trinidad and Tobago and Panama.

**** MSM include trans-men who have sex with (cis- or trans-) men and cis-men who have sex with trans-men

Comment on Table 3

Between January to March 2022:

- Of 752 HIV DBS tests, 15% were done by MSM (n=115), which is lower than Q4 2021, when 22% of tests were done by MSM.
 - Of 115 MSM tested, 74% were Australian-born, and 26% were overseas-born MSM.
- 9% of HIV DBS tests were done by people from high prevalence countries.
- 10% of HIV DBS tests were done by people who had partners from Asia/Africa.
- 27% of HIV DBS tests were done by Aboriginal people.
- 62% of tests were done by people who had ever injected drugs.

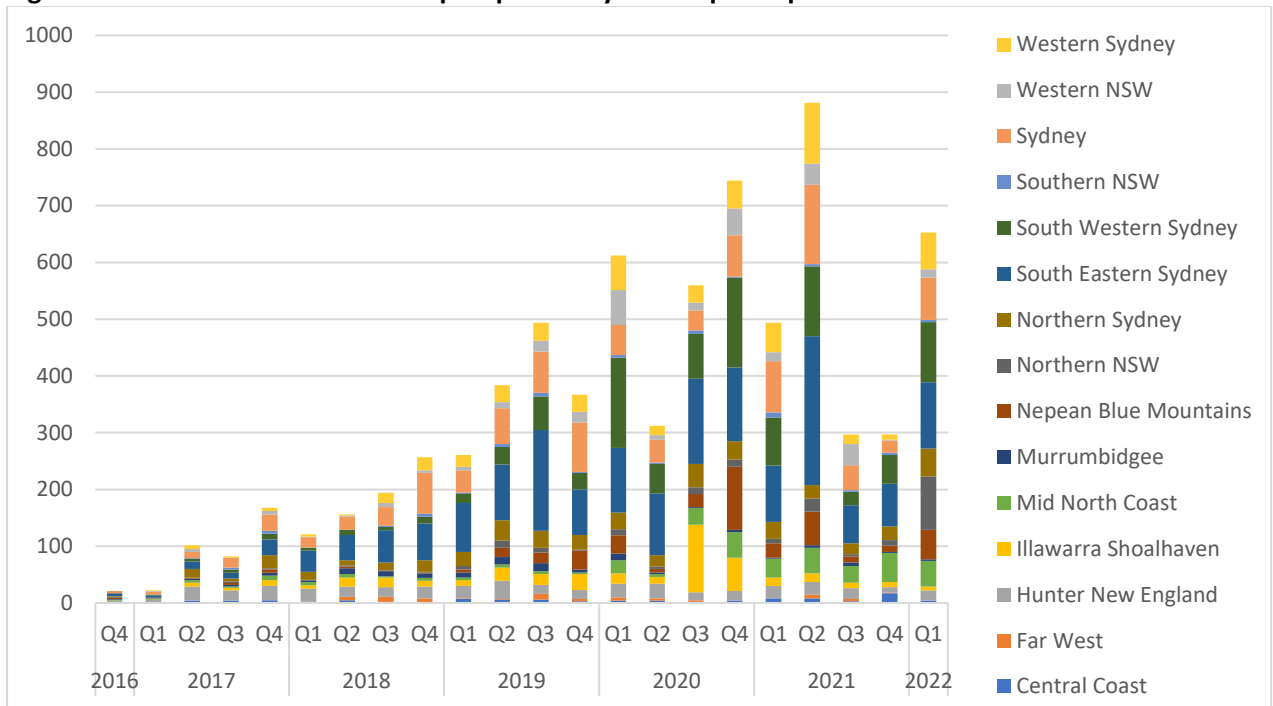
Of non-Justice Health HIV DBS tests (n=653) in Q1 2022:

- 19% were overseas-born (n=127)
- 18% were MSM (n=115)
- 9% had a partner from Asia or Africa (n=62)
- 10% were from a high prevalent country (n=64)
- 23% were by Aboriginal people (n=152)
- 64% were people who have ever injected drugs (n=418)

In November 2016 to Q1 2022 (over the entire pilot):

- Of 11,079 HIV DBS tests, 23% were done by MSM (n=2,515)
 - Of 2,515 MSM tested, 70% were Australian-born MSM and 30% were overseas-born MSM.
- 11% of DBS tests were done by people from high prevalence countries.
- 16% of DBS tests were done by people who had partners from Asia/Africa.
- 27% of HIV DBS tests were done by Aboriginal people.
- 52% of tests were done by people who had ever injected drugs.

Figure 25: DBS HIV tests conducted per quarter by LHD of participant’s residence



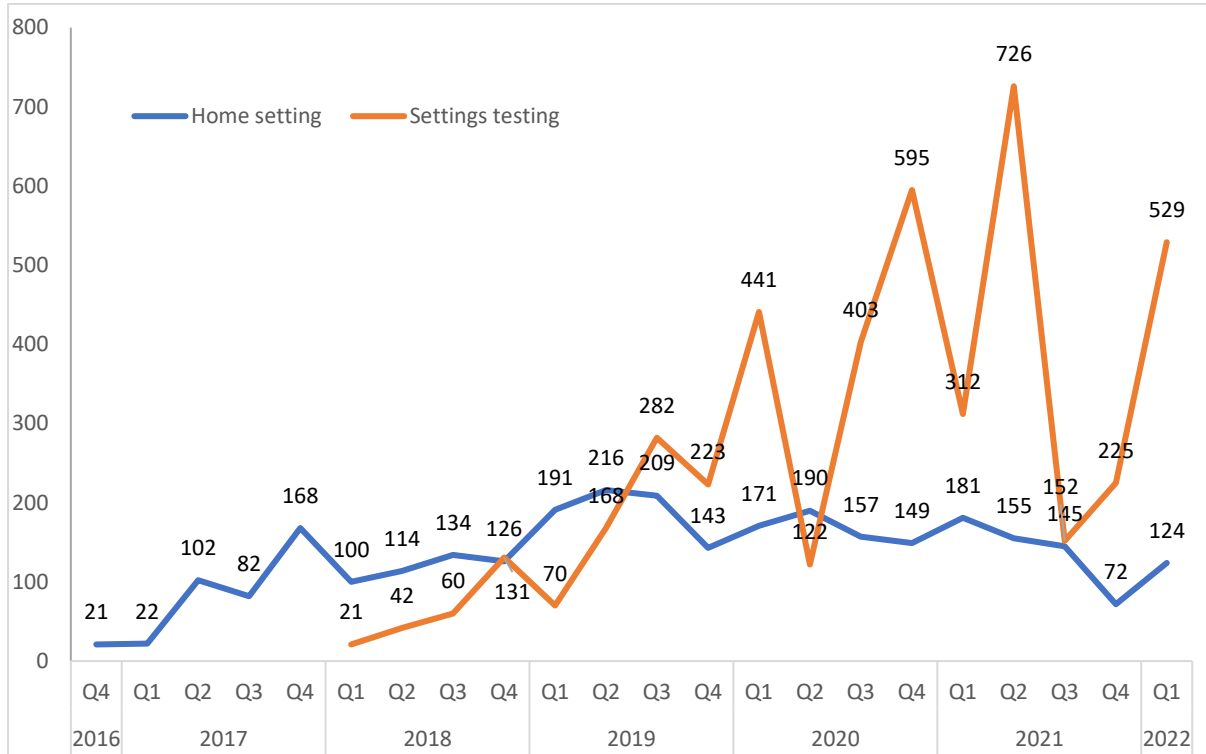
Data Source: NSW DBS Research Database

Comments on Figure 25

In January to March 2022:

- There was a total of 752 HIV DBS tests in NSW, which is 149% higher than Q4 2021 (n=302), and 5% higher compared to Q1 2021 (n=718).

Figure 26: HIV DBS tests done at home (ordered online) and settings-based tests per quarter, November 2016 to March 2022



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

Comments on Figure 26

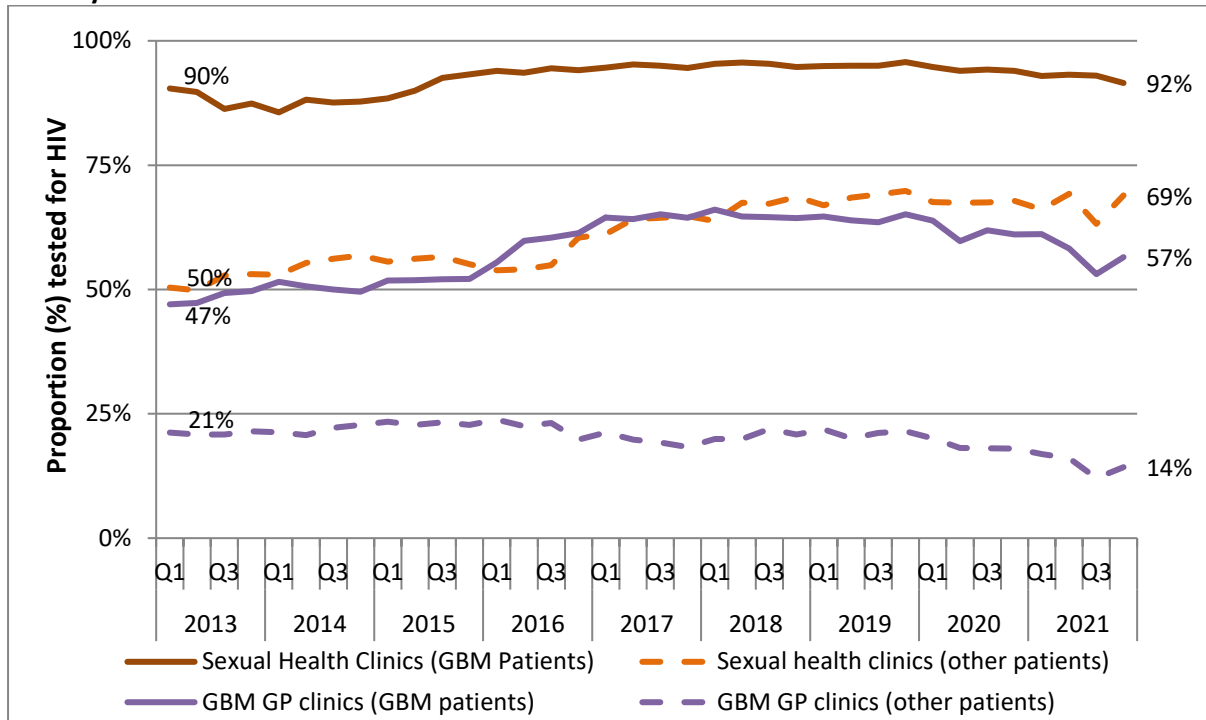
In January to March 2022:

- Home testing increased by 72% to 124 HIV DBS tests compared to Q4 2021.
- Settings-based testing increased by 135% to 529 HIV DBS tests (excluding Justice Health) compared to Q4 2021, which is likely due to the easing of COVID restrictions.

3.2 What are the HIV testing patterns in NSW?

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

Figure 27: Proportion of patients⁷ attending PFSHCs and GBM GP clinics⁸ tested at least once for HIV at any clinic in the ACCESS network in the previous year, by quarter and service type, 1 January 2013 to 31 December 2021⁹



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

Comments on Figure 27

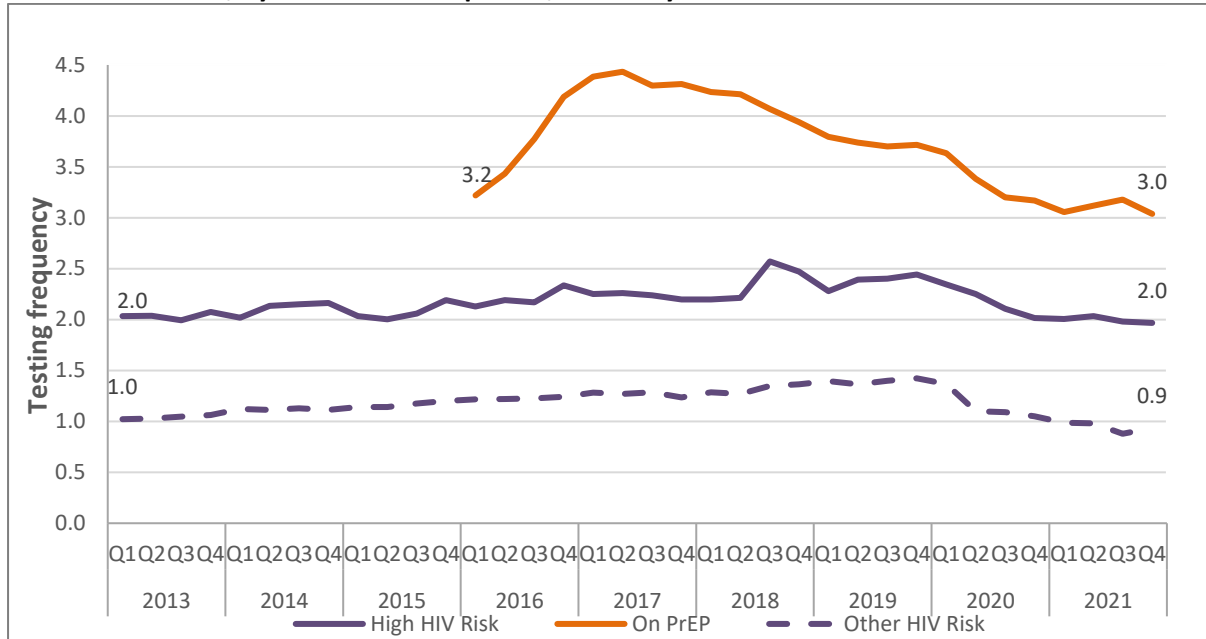
- HIV testing uptake among GBM attending PFSHCs remained consistently high in the fourth quarter of 2021 (92%). Testing uptake increased over time among other patients attending PFSHCs, rising from 50% in Q1 of 2013 to 69% in Q4 of 2021.
- Testing uptake also increased among GBM attending GBM GP clinics (from 47% in Q1 of 2013 to 57% in Q4 of 2021).
- Testing amongst other patients attending GBM GP clinics stayed relatively consistent from 2013 to end of Q1 of 2020. Testing declined in this group from 20% in Q1 2021 to 14% in Q4 2021.

⁷ Excludes patients known to be HIV positive

⁸ GBM clinics defined as general practice clinics serving at least 50 GBM patients annually;

⁹ The testing period is retrospective; the proportion represents those who attended in a quarter and had at least one HIV test in the previous 12 months

Figure 28: Average number of annual HIV tests among GBM patients¹⁰ attending any clinic in the ACCESS network¹¹, by HIV risk¹² and quarter, 1 January 2013 to 31 December 2021



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

Comment on Figure 28

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

High risk: assigned to men not on PrEP who, on the basis of a hierarchical decision tree, had a history of a rectal STI in the 24 months prior, evidence of inconsistent condom use, 20 or more partners, or evidence of injecting drug use over the past 12 months

Other risk: Any man not on PrEP not otherwise meeting the criteria of ‘high risk’

This change to the definition of ‘high risk’ means that the frequency of HIV testing among this group is lower than in previous reports because it excludes men accessing PrEP.

Men identified within ACCESS as having a reason for visit as “PrEP” and/or a PrEP script were considered as on PrEP.

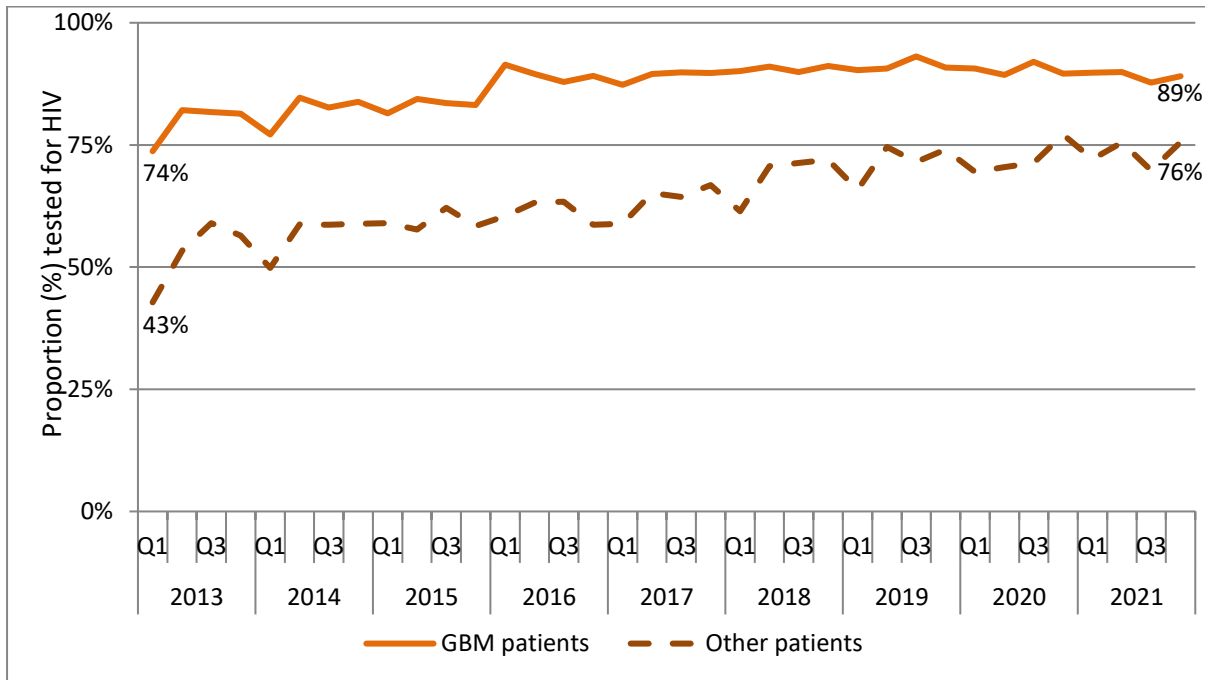
The average number of HIV tests among high risk GBM stayed fairly consistent from Q1 2013-Q2 2018, followed by an increase to 2.6 tests on average at the end of Q3 2018. In this group, testing frequency decreased to 2.0 at the end of Q4 2021. Drops in testing frequency likely occurred due to various restrictions due to the COVID-19 pandemic over the Q2 2020-Q4 2021 period. Testing stayed relatively consistent among men of other risk profiles from Q1 2013 to Q4 2021.

¹⁰Excludes patients known to be HIV positive

¹¹ GBM clinics defined as general practice clinics serving at least 50 GBM patients annually

¹² High risk defined by GBM patients who are not on PrEP and reported injecting drug use in the last year, more than 12 partners/year and inconsistent condom use or history of a rectal STI in the past two years. Hospital data were not included in analysis

Figure 29: Proportion of patients¹³ attending PFSHCs and GBM GP clinics¹⁴ combined who received an HIV test at any clinic in the ACCESS network in conjunction with an STI diagnosis¹⁵, by GBM status and quarter, 1 January 2013 to 31 December 2021



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

Comment on Figure 29

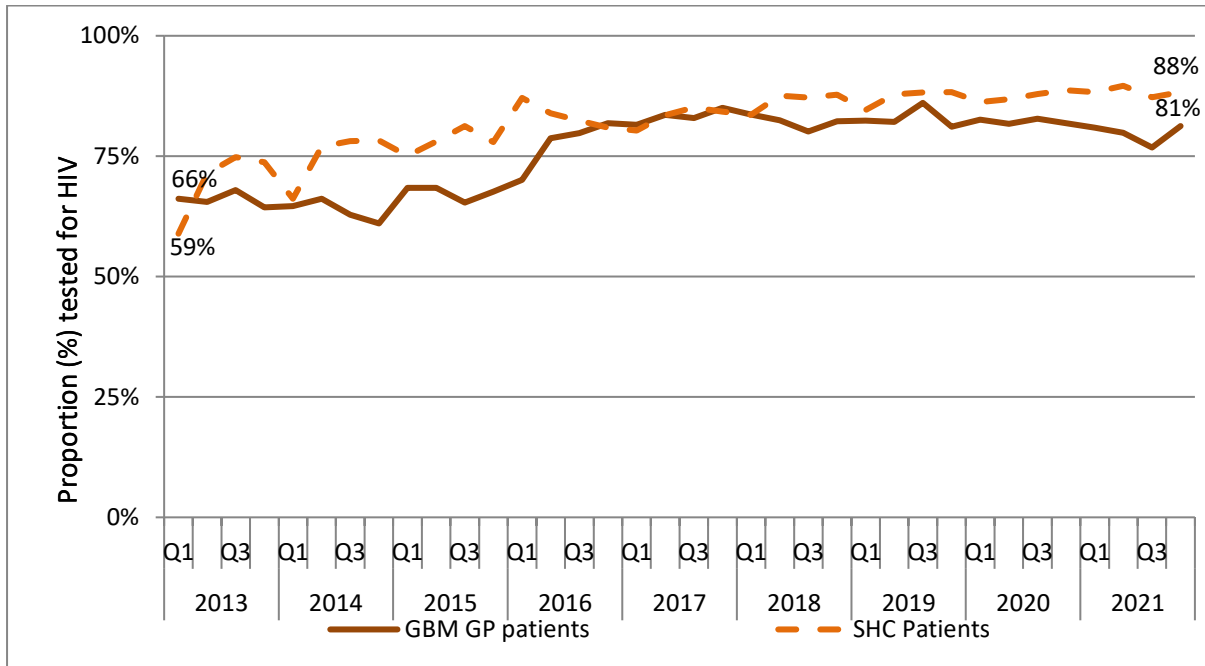
- The proportion of GBM who received an HIV test in conjunction with an STI diagnosis increased over time from 74% in Q1 2013 to 89% in Q4 of 2021.
- Testing in conjunction with STI diagnoses was less common overall among other patients but also increased during this period (43% to 76%).

¹³ Excludes patients known to be HIV positive

¹⁴ GBM GP clinics defined as general practice clinics serving at least 50 GBM patients annually

¹⁵ Diagnosis for chlamydia, gonorrhoea and/or infectious syphilis; any HIV test conducted at least 60 days before or at most 30 days after a diagnosis was recorded

Figure 30: Proportion of patients¹⁶ attending PFSHCs and GBM GP clinics¹⁷ who received an HIV test at any clinic in the ACCESS network in conjunction with an STI diagnosis¹⁸, by service type and quarter, 1 January 2013 to 31 December 2021



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

Comment on Figure 30

Testing in conjunction with STI diagnosis was highest in PFSHCs, increasing from 59% in Q1 2013 to 88% at the end of Q4 2021.

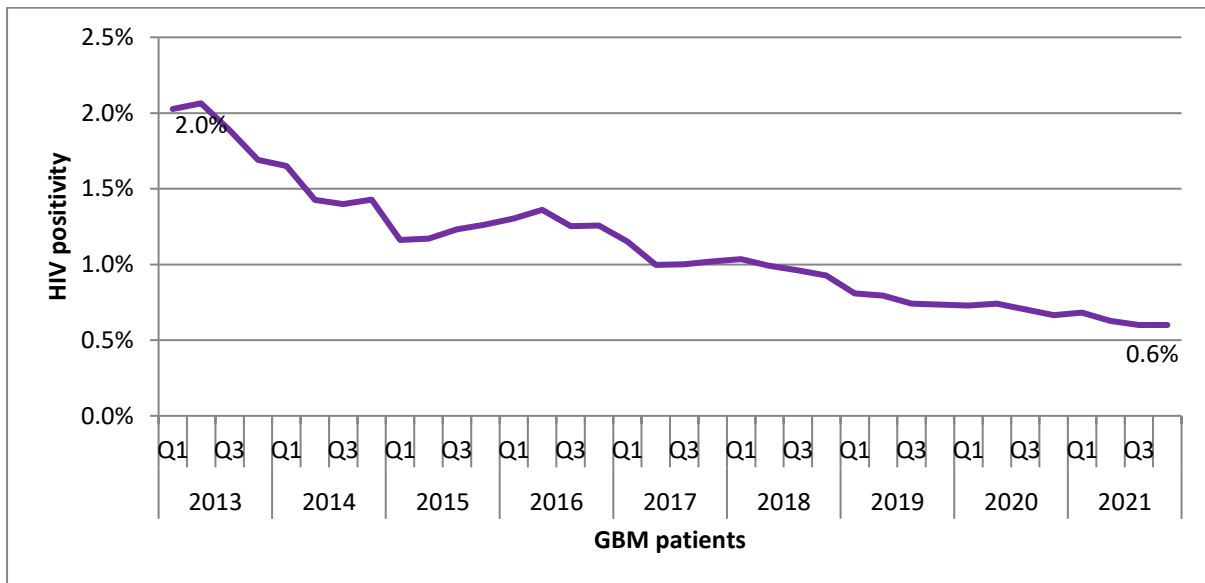
GBM GP clinics also saw an increase in the proportion of patients tested from 66% in Q1 of 2013 to 81% at the end of Q4 2021.

¹⁶ Excludes patients known to be HIV positive

¹⁷ GBM clinics defined as general practice clinics serving at least 50 GBM patients annually

¹⁸ Diagnosis for chlamydia, gonorrhoea and/or infectious syphilis; any HIV test conducted at least 60 days before or at most 30 days after a diagnosis was recorded

Figure 31: Proportion of individual GBM patients¹⁹ tested for HIV with a positive result (HIV positivity²⁰) at any clinic in the ACCESS network, by quarter, 1 January 2013 to 31 December 2021



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

Comment on Figure 31

Over time, HIV positivity among GBM attending PFSHCs and GBM GP clinics has decreased from 2.0% in Q1 2013 to 0.6% in Q4 2021.

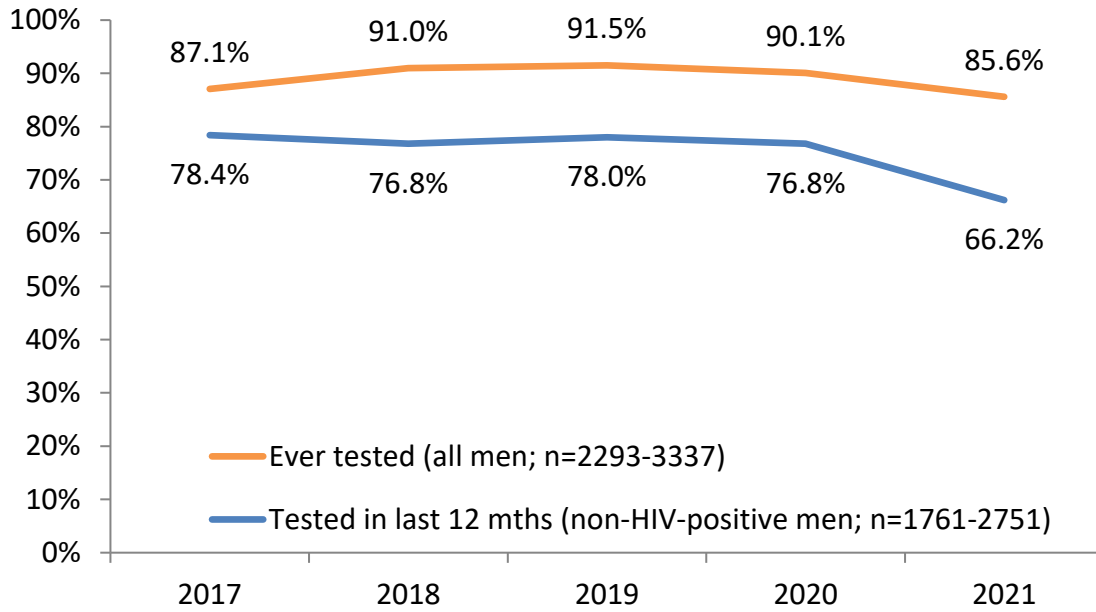
¹⁹ Excludes patients known to be HIV positive

²⁰ HIV positivity is calculated as the proportion of individuals tested in a retrospective year period (discounting repeat tests among individuals) with an HIV diagnosis or confirmed pathology (positive p24 antigen or western blot test)

Sydney Gay Community Periodic Survey - HIV testing

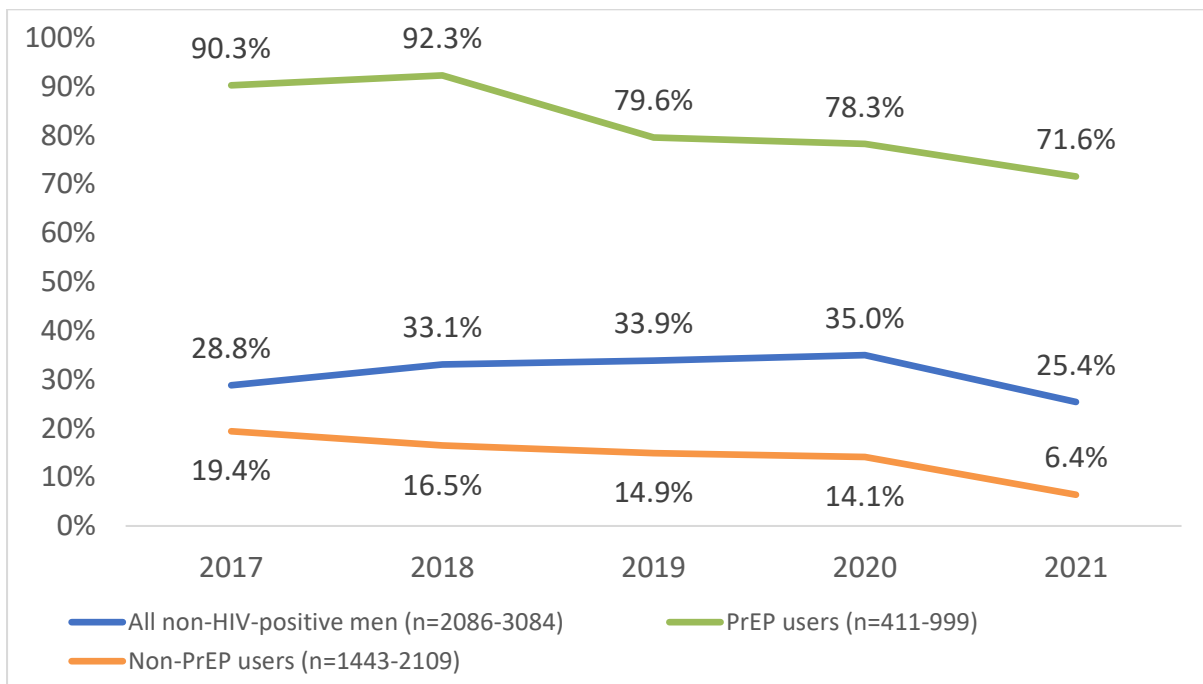
HIV testing history is assessed in the annual Sydney Gay Community Periodic Survey (SGCPS), conducted each year during February/March. In recent years, frequency of testing has been added to the survey alongside lifetime testing and recent testing.

Figure 32: Lifetime HIV testing and testing in the previous 12 months; Sydney Gay Community Periodic Survey, 2017 to 2021



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

Figure 33: Non-HIV-positive gay and bisexual men reporting three or more HIV tests in the previous 12 months, stratified by PrEP use; Sydney Gay Community Periodic Survey, 2017 to 2021



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

Comment on Figure 32 and Figure 33

- The SGPCS data show that lifetime testing (ever having been tested for HIV) is relatively stable, and was 85.6% in 2021 (compared with 87.1% in 2017).
- Testing in the previous 12 months by non-HIV-positive men was stable between 2017 and 2020 (at 77-78%) but decreased to 66.2% in 2021. This is likely to be due to COVID-19.
- Higher frequency testing (three or more HIV tests per year) by non-HIV-positive men had increased from 28.8% in 2017 to 35.0% in 2020, then decreased to 25.4% in 2021.
- Higher frequency testing remains far more common among PrEP users than non-users. Higher frequency testing by PrEP users has decreased over time from 90.3% in 2017 to 71.6% in 2021. Higher frequency testing has become less common among non-HIV-positive men not on PrEP (from 18.9% in 2017 to 6.4% in 2021).

3.3 How is testing being made more accessible?

Table 4: Number of rapid HIV tests in community based sites and proportion of clients with high risk behaviour and infrequent testing history in January to March 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	Not operating due to COVID-19						
a[TEST] Oxford ST	502	1,091	0.18% (n=2)	4.0%	19.27%	24.59%	61%
a[TEST] Kings Cross	Not operating due to COVID-19						

Data sources: NSW Health HIV Strategy Monitoring Database¹⁷

Note: In Jan-Mar 2022, aTest Surry Hills and a[TEST] Kings Cross were not operating due to COVID-19. 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 aTest Oxford St is 1,152. Some patients at this site have an HIV antibody test without a rapid test, which accounts for the additional HIV antibody tests above.

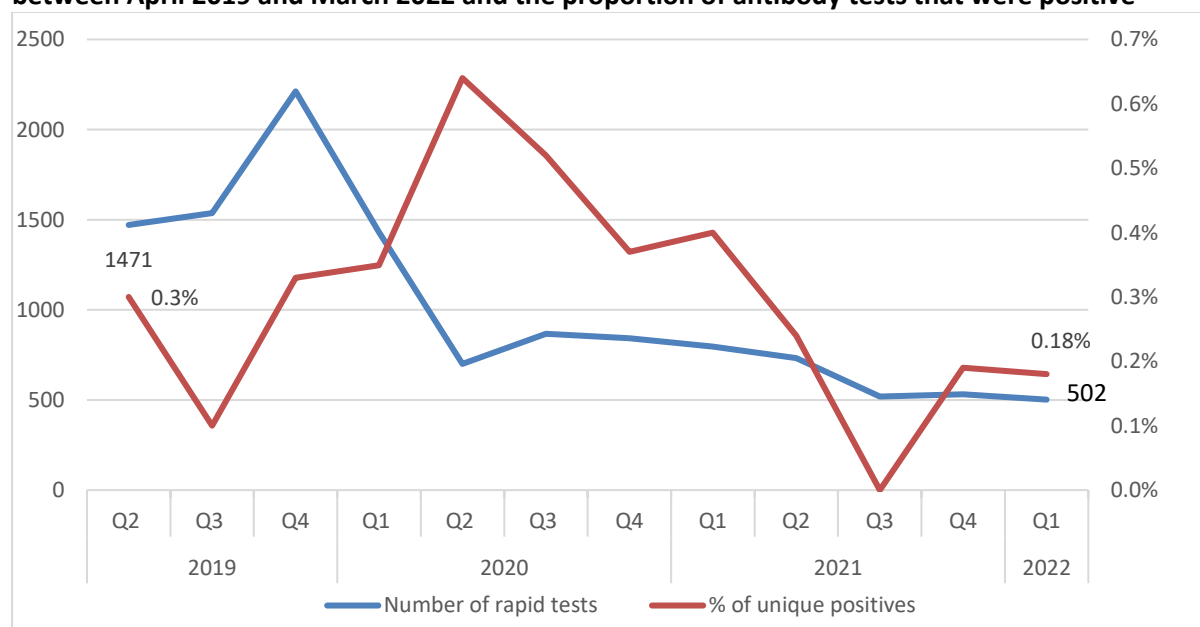
Note: Unique positive is for HIV antibody tests, and incorporates positive results for HIV tests done without a rapid test at Oxford St aTest sites.

Note: Clients' risk behaviour and infrequent testing history is calculated by: total occasions of service at Oxford St (n=1,152); and patients having a rapid test attending Kings Cross (currently closed).

#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

Figure 34: The number of unique patients who had a rapid HIV test at a community based site between April 2019 and March 2022 and the proportion of antibody tests that were positive



Data sources: NSW Health HIV Strategy Monitoring Database²¹

Note: Positivity is based on the result of the confirmatory HIV antibody test for rapid tests; and incorporates positive results for HIV tests done without a rapid test at Oxford St aTest site.

²¹ Public sexual health and HIV services data provided by Local Health Districts for the purpose of monitoring the implementation of the NSW HIV Strategy.

Note: aTest data was not reported by Surry Hills and Newtown sites since 2020 because they were not operating due to COVID-19

Comments on Table 4 and Figure 34

In January to March 2022 at a[TEST] Oxford St:

- Peer-led community based testing at [aTest Oxford Street](#) remained high and well targeted in Q1 2022 with 502 rapid tests and 1091 antibody tests conducted.
- 19% of clients tested more than 12 months ago and 25% of clients were classified as high risk, with more than 5 sexual partners in the last 3 months.

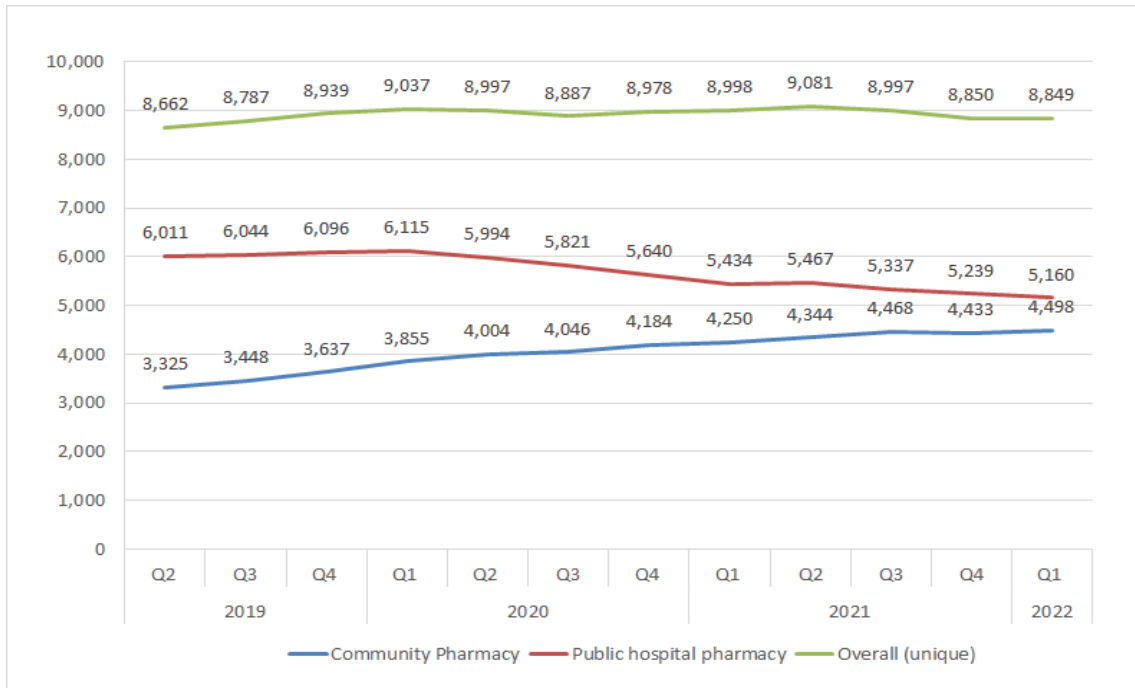
Of 1,152 unique clients:

- 61% were born overseas
- 47% were from SESLHD, 36% from Sydney LHD, 9% from Northern Sydney LHD, 3% from Western Sydney LHD and 3% from South Western Sydney LHD.
- 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?

Figure 35: The number of NSW residents who have been dispensed ART for HIV, by pharmacy type and by quarter, in the previous 12 months from 1 April 2021 to 31 March 2022

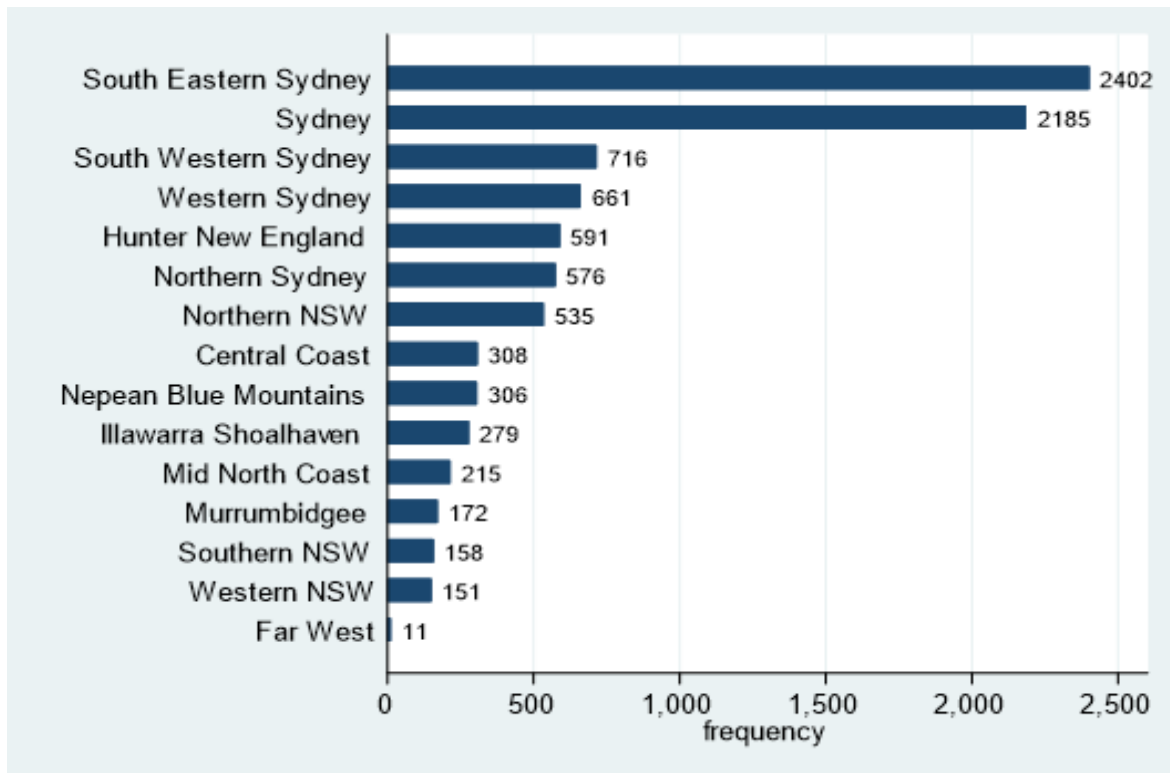


Data source: PBS Highly Specialised Drugs Programme data from 1 January to 31 March 2022 prepared for NSW Health. Note: The number of patients dispensed via community and public hospital pharmacies may add to a figure greater than the overall unique patients as some patients receive treatment from more than one pharmacy type within a year. Due to boundary changes or movements in and or out of NSW, the overall unique number of individuals presented in the above graph may differ slightly from previous reports.

Comments on Figure 35

- Between 1 April 2021 and 31 March 2022, a total of 8,849 (unique number) NSW residents were dispensed ART for HIV at least once within the previous 12 months. Of the 8,849 residents, 56% of ART treatment for HIV were prescribed by GP, 47% were dispensed by community pharmacies.
- Of the 8,849 residents dispensed ART, 91% were male. The majority (61%) were 50 years or older, 22% were aged 40 to 49 years, 14% aged 30 to 39 years and about 3% aged 20 to 29 years and younger.

Figure 36: The number of NSW residents dispensed ART for HIV, by the LHD of patient residence, from 1 April 2021 to 31 March 2022²²



Data source: Pharmaceutical Benefits Schedule Highly Specialised Drugs Programme data from 1 January to 31 March 2022

Comments on Figure 36

- About three-quarters (77%) of the ART dispensed in the 12 months ending March 2022 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.

²² The sum of the numbers displayed in the graph is higher than the total of 8,997 patients as some patients resided in more than one LHD.

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

Data on the treatment status of clients who received HIV care in NSW public sexual health and HIV services between 1 April 2021 and 31 March 2022 is summarised at Table 5²³.

Table 5: Clients who received HIV care in NSW public sexual health and HIV services from 1 April 2021 and 31 Mar 2022

Number (%) of patients for whom treatment information was available	4,721
Number (%) on ART	4,649 (98%)

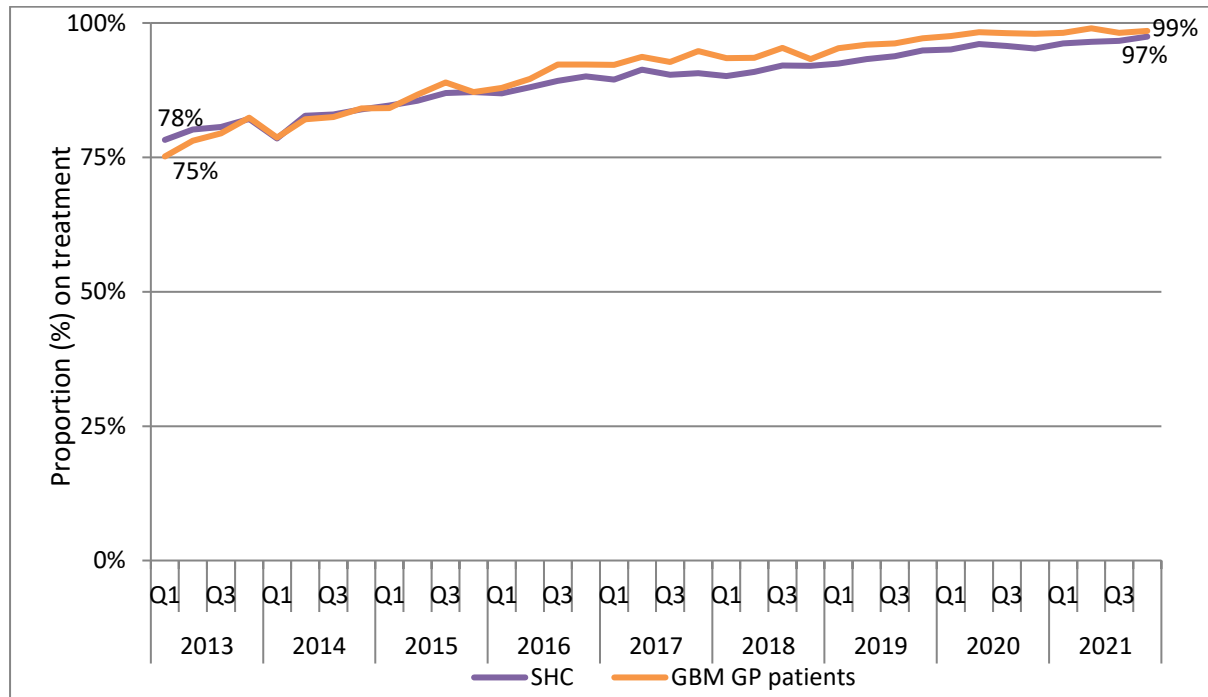
Data sources: NSW Health HIV Strategy Monitoring Database²⁴

Note: Data presents here does not include Central Coast and Northern Sydney LHD.

Comment on Table 5

- Between 1 April 2021 and 31 March 2022, treatment information was available for 4,721 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%.

Figure 37: Proportion of HIV positive patients²⁵ attending any clinic in the ACCESS network²⁶ who received antiretroviral treatment or were recorded as on treatment in the previous year at any clinic in the ACCESS network, by service type and quarter, 1 January 2013 to 31 December 2021



²³ 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.

²⁴ Public sexual health and HIV services data provided by Local Health Districts for the purpose of monitoring the implementation of the NSW HIV Strategy.

²⁵ Excludes patients for whom HIV care was recorded as managed elsewhere

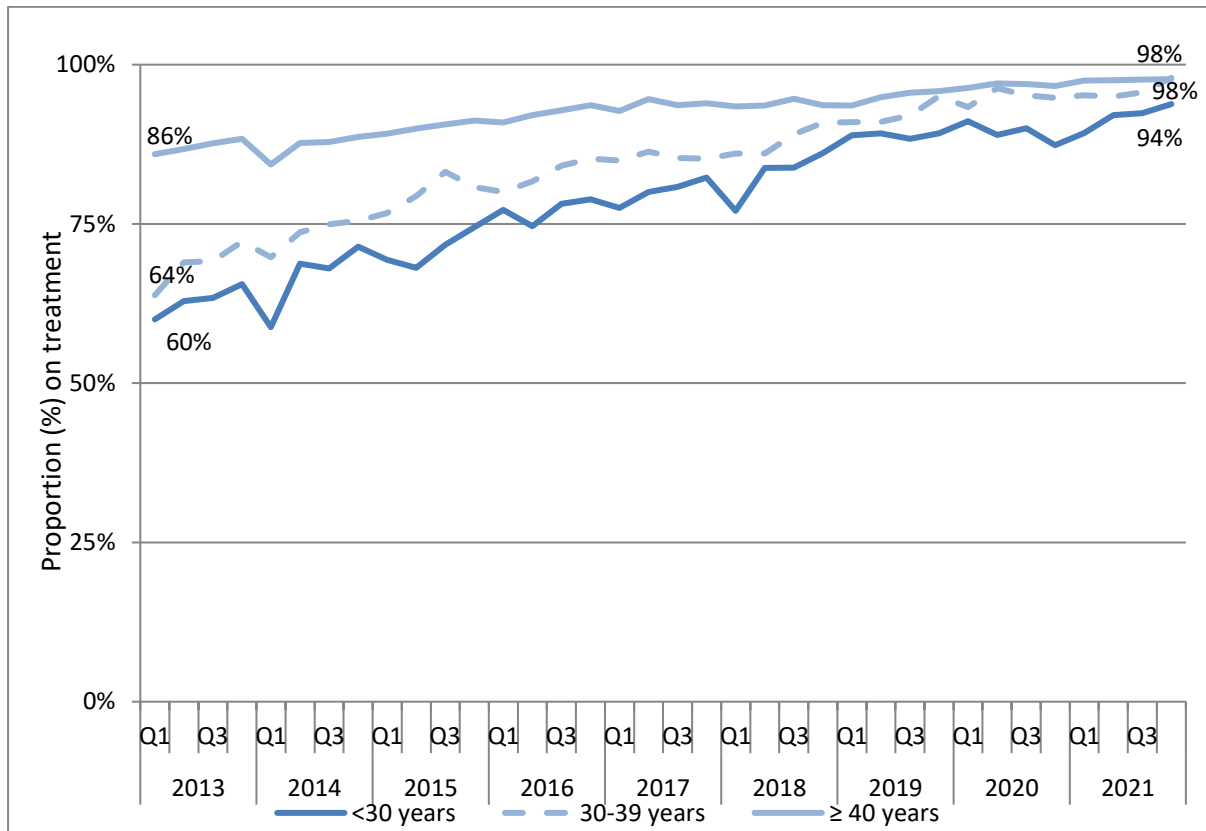
²⁶ GBM clinics defined as general practice clinics serving at least 50 GBM patients annually
Hospital data were not included in analysis

Data source: ACCESS Database, The Kirby Institute and the Burnet Institute; Hospital data were not included in analysis for this report.

Comments on Figure 37

Over time, treatment uptake for people living with HIV increased across service types. Between Q1 2013 and Q4 2021, treatment uptake increased from 78% to 97% and 75% to 99% in PFSHCs and GBM GP clinics, respectively.

Figure 38: Proportion of HIV positive patients attending any clinic in the ACCESS network²⁷ who received antiretroviral treatment or were recorded as on treatment in the previous year at any clinic in the ACCESS network, by age group and quarter, 1 January 2013 to 31 December 2021



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

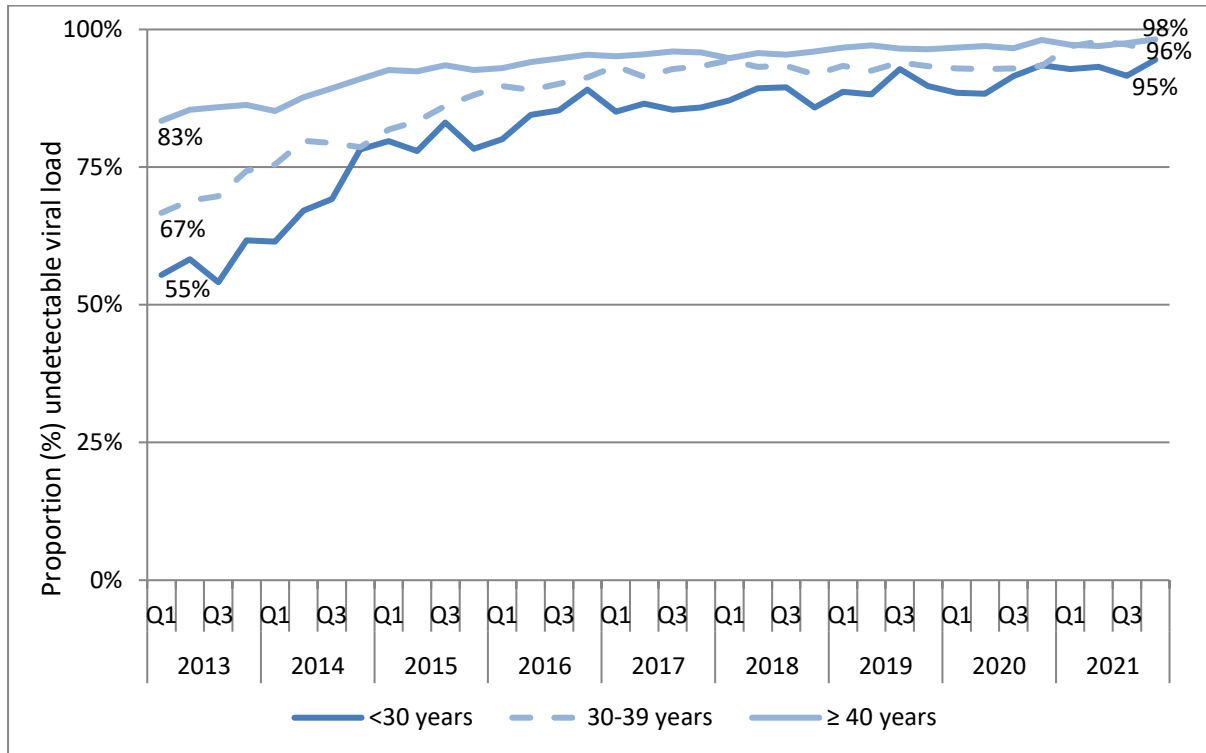
Comments on Figure 38

Uptake of treatment for HIV was highest among patients aged 30 years and older and lowest among those 30 years and younger.

Uptake increased amongst all age groups from Q1 2013-Q4 2021.

²⁷ GBM clinics defined as general practice clinics serving at least 50 GBM patients annually
Hospital data were not included in analysis

Figure 39: Proportion of HIV positive patients on treatment at any clinic in the ACCESS network²⁸ with an 'undetectable'²⁹ viral load at their most recent test in the previous 12-month period at any clinic in the ACCESS network³⁰, by age group and quarter, 1 January 2013 to 31 December 2021



Comments on Figure 39

The proportion of HIV positive patients with an undetectable viral load was consistently highest among older patients: 98% of patients 40 years and older had undetectable viral loads in Q4 of 2021.

Overall, the proportion of patients with an undetectable viral load increased from Q1 2013-Q4 2021.

²⁸ GBM clinics defined as general practice clinics serving at least 50 GBM patients annually

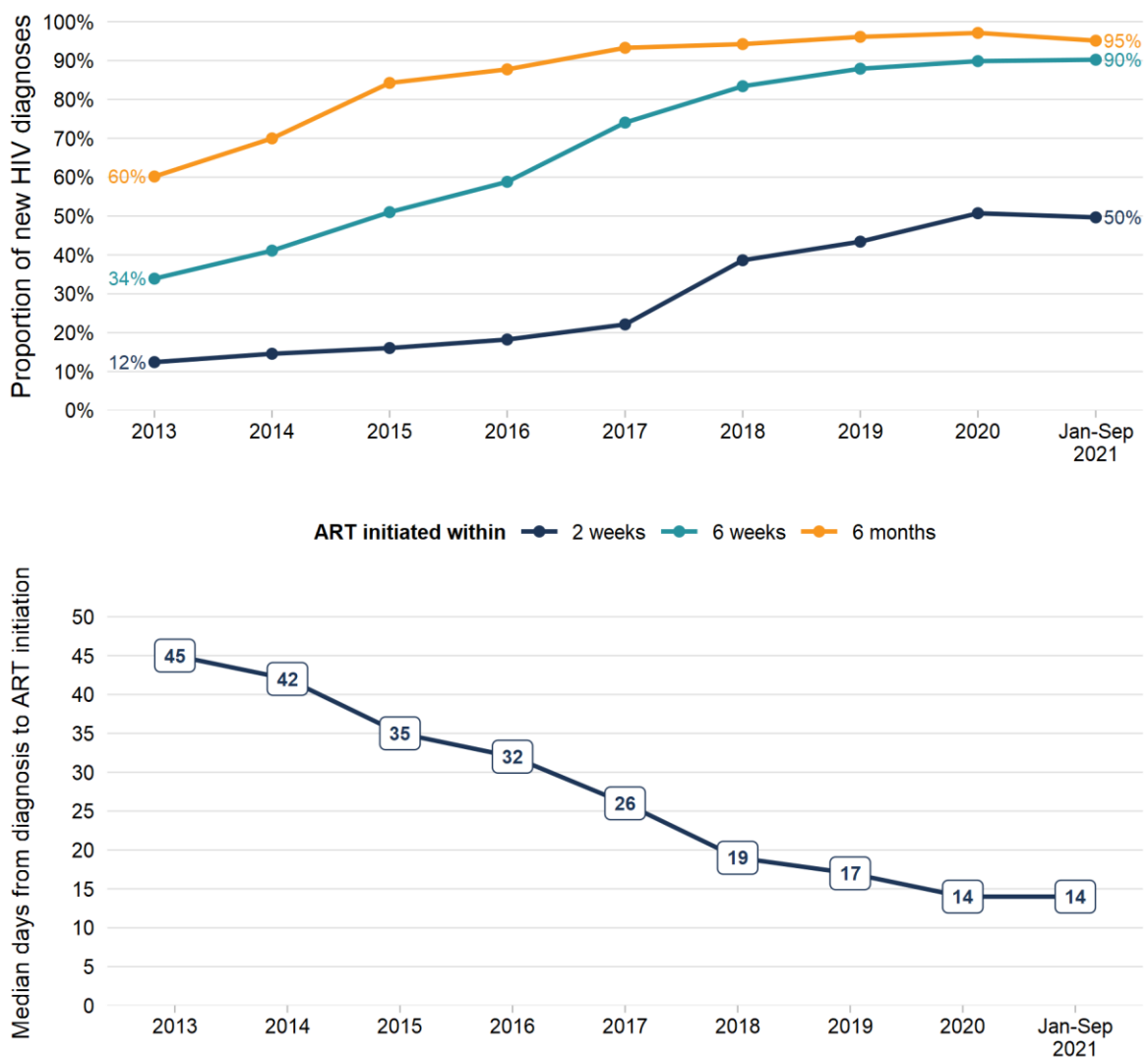
²⁹ 'Undetectable' defined as <200 RNA copies/mm³ of blood

³⁰ Excludes patients for whom viral load test information was not available
Hospital data were not included in analysis

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 Q4 2021 report, the six-month post diagnosis follow-up had been done on NSW residents newly diagnosed from 1 January 2013 to 30 September 2021 (n=2,584). All new diagnoses were included irrespective of whether eligible for follow up and of care outcome.

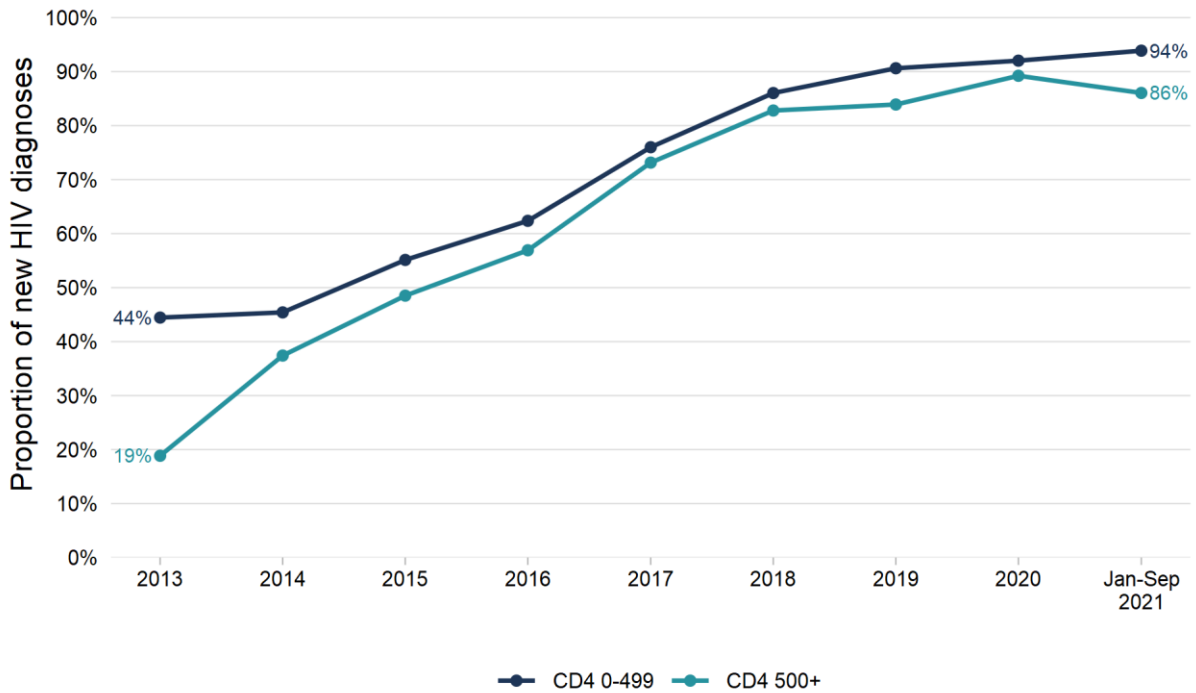
Figure 40: Time to ART for NSW residents newly diagnosed in January 2013 to September 2021



Comment on Figure 40

- Of the 143 people newly diagnosed during January to June 2021 and followed up six months post diagnosis, 50% initiated ART within two weeks, 90% within six weeks and 95% within six months of diagnosis. The median time to ART initiation was 14 days. Of the 136 on ART within six months of diagnosis, 122 (90%) were already virally suppressed (VL < 200 copies/mL) at six months follow up.

Figure 41: CD4 count at diagnosis of NSW residents notified with newly diagnosed HIV infection from January 2013 to September 2021 and % on ART within six weeks of diagnosis

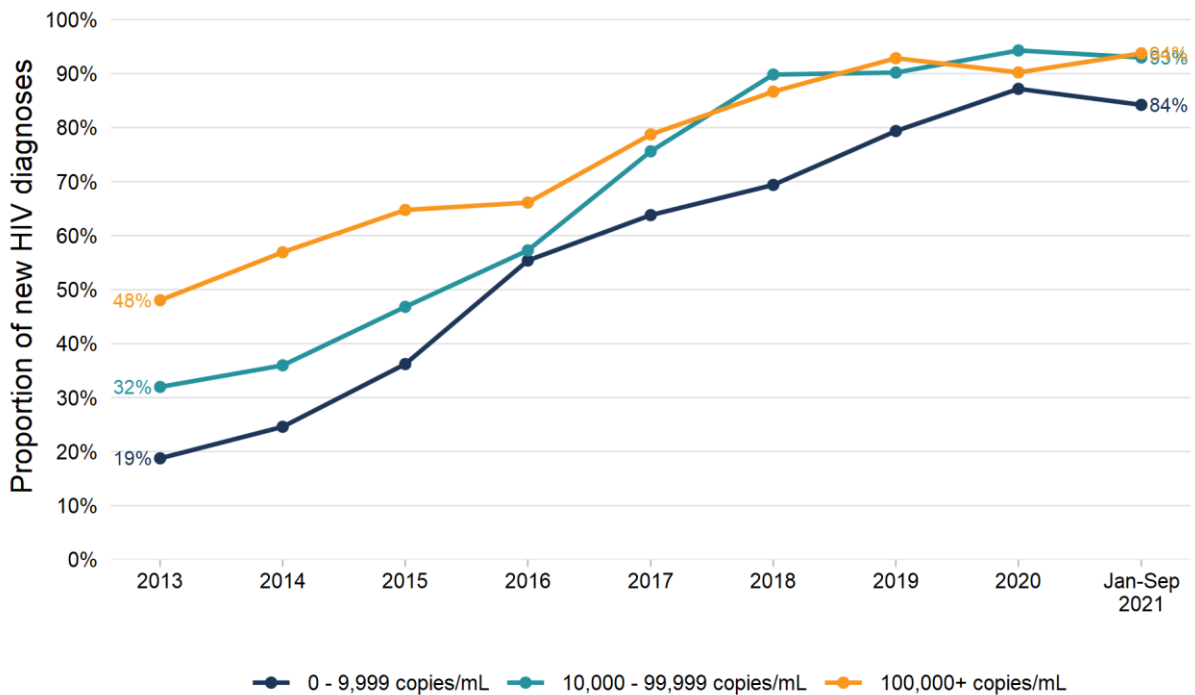


Note: excludes 60 new diagnoses with missing CD4 at diagnosis, some of whom had commenced ART within 6 months.

Comments on Figure 41

- The proportion of people newly diagnosed with a CD4 count of 0-499 cells/μL who commenced ART within six weeks of diagnosis was 44% of the 2013, 45% of the 2014, 55% of the 2015, 62% of the 2016, 76% of the 2017, 86% of the 2018, 91% of the 2019, 92% of the 2020 and 94% of the January to September 2021 new diagnoses.
- The proportion of people newly diagnosed with a CD4 count of 500 or over who commenced ART within six weeks of diagnosis was 19% of the 2013, 37% of the 2014, 49% of the 2015, 57% of the 2016, 73% of the 2017, 83% of the 2018, 84% of the 2019, 89% of the 2020 and 86% of the January to September 2021 new diagnoses.

Figure 42: HIV viral load at diagnosis of NSW residents notified with newly diagnosed HIV infection from January 2013 to September 2021 and % on ART within six weeks of diagnosis



Note: excludes 66 new diagnoses with missing HIV VL at diagnosis, some of whom had commenced ART within 6 months.

Comments on Figure 42

- Of people with a HIV VL of 0-9,999 copies/mL, 19% of the 2013, 25% of the 2014, 36% of the 2015, 55% of the 2016, 64% of the 2017, 69% of the 2018, 79% of the 2019, 87% of the 2020 and 84% of the January to September 2021 new diagnoses had commenced ART within six weeks of diagnosis.
- Of people with a HIV VL of 10,000-99,999 copies/mL, 32% of the 2013, 36% of the 2014, 47% of the 2015, 57% of the 2016, 76% of the 2017, 90% of the 2018, 90% of the 2019, 94% of the 2020 and 93% of the January to September 2021 new diagnoses had commenced ART within six weeks of diagnosis.
- Of people with a HIV VL of 100,000 or over, 48% of the 2013, 57% of the 2014, 65% of the 2015, 66% of the 2016, 79% of the 2017, 87% of the 2018, 93% of the 2019, 90% of the 2020 and 94% of the January to September 2021 new diagnoses had commenced ART within six weeks of diagnosis.

4.4 How is transmitted drug resistance and HIV transmission monitored in NSW?

As part of the NSW HIV Prevention Revolution Partnership HIV sequences from routinely performed genotypic antiretroviral resistance testing are de-identified and linked to new HIV diagnoses. This enables the level of HIV drug resistance mutations from newly diagnosed people to be monitored over time, giving an estimate of the level of drug resistance that is being transmitted in the population. It is particularly important to monitor the level of transmitted resistance to each of the two antiretroviral drugs that are in PrEP (tenofovir (TDF) and emtricitabine (FTC)), as a virus with these drug mutations may result in PrEP failure.

Analysis of NSW HIV sequence data from 2004 to 2018 shows that transmitted drug resistance for all antiretroviral drugs has decreased during this time period from a peak of 19.7% in 2006 to 9.4% in 2018. Between 2015 – 2018 the most common were K103N (3.3%), T215S (2.0%), M41L (0.8%), and M184V (0.8%). For all sequences from newly diagnosed people in this time period (n=995), only one sequence was identified with high level resistance to TDF (K65R). In contrast eight sequences contained mutations conferring high level resistance to FTC (M184V/I), which represents an increase of 0.36% to 0.80% between 2012 to 2018.

Molecular epidemiological analysis of de-identified HIV sequences from newly diagnosed people is also undertaken to provide valuable information about HIV transmission in NSW to inform the public health response. When interpreting such analyses, it should be noted that detection of related infections is dependent on sequencing of virus soon after infection, as HIV is a virus that changes rapidly. Earlier diagnosis of HIV over time may increase the number of viruses found to be closely related. Data from 2013 to 2018 shows that almost two thirds of viruses from newly diagnosed people were part of a cluster. Such clusters of more than three sequences were not uncommon and have been increase in time and frequency (Di Giallonardo et al. J Int AIDS Soc 24:e25655; 2021).

5. 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.
ACCESS Database	The Kirby Institute, UNSW Australia, and Burnet Institute	Quarterly	Deidentified clinical data patients attending sexual health clinics, high caseload general practice clinics and hospital outpatients clinics, which includes details on patient consultations, demographics, behaviour, testing, diagnoses and treatment/prescriptions. ACCESS is a live and real-time database, which means that data are not always available from every service and it is possible for services to be introduced and discontinued over time. These changes may introduce slight variations from one reporting period to the next.

Sydney Gay Community Periodic Survey	Centre for Social Research in Health	Annually Note: collected February-March	Repeated 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.
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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'.
ACCESS Database	The Kirby Institute, UNSW Australia, and Burnet Institute	6-month	Deidentified clinical data patients attending sexual health clinics, high caseload general practice clinics and hospital outpatients clinics, which includes details on patient consultations, demographics, behaviour, testing, diagnoses and treatment/prescriptions. ACCESS is a live and real-time database, which means that data are not always available from every service and it is possible for services to be introduced and discontinued over time. These changes may introduce slight variations from one reporting period to the next.
Notifiable Conditions Information Management System (NCIMS)	Health Protection NSW, NSW Health	Quarterly	State wide coverage/representation of HIV notifications received by NSW Health under public health legislation and of their follow up six months post diagnosis. Quarterly report restricted to notifications on people who are NSW residents and who are newly diagnosed with HIV. NCIMS contains de-identified epidemiological information on people notified with HIV infection including on: basic demographic data, diagnosis date, reasons for testing, CD4 count, HIV viral load (HIV VL), past testing history, risk exposure, retention in care and ART status six months post diagnosis. HIV surveillance forms available at: http://www.health.nsw.gov.au/Infectious/Pages/notification.aspx

6. Appendix B: Characteristics of NSW residents notified with newly diagnosed HIV infection 1981 to March 2021 (continues over page); data extracted from NCIMS, HPNSW, 12 May 2022.

Case characteristics	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	1981-Mar 2022
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Total (ALL)	414	354	343	349	318	312	277	281	207	179	30	19258
Gender												
Male	377 (91.1%)	324 (91.5%)	317 (92.4%)	320 (91.7%)	292 (91.8%)	282 (90.4%)	254 (91.7%)	252 (89.7%)	182 (87.9%)	166 (92.7%)	24 (80.0%)	17687 (91.8%)
Female	36 (8.7%)	27 (7.6%)	25 (7.3%)	28 (8.0%)	22 (6.9%)	24 (7.7%)	20 (7.2%)	23 (8.2%)	21 (10.1%)	12 (6.7%)	5 (16.7%)	1259 (6.5%)
Transgender	1 (0.2%)	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%)	1 (3.3%)	64 (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	13 (3.1%)	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%)	1 (3.3%)	223 (1.2%)
Torres Strait Islander	0 (0.0%)	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%)	2 (0.0%)
Non-Aboriginal person	395 (95.4%)	344 (97.2%)	331 (96.5%)	339 (97.1%)	308 (96.9%)	304 (97.4%)	266 (96.0%)	274 (97.5%)	200 (96.6%)	178 (99.4%)	29 (96.7%)	12154 (63.1%)
Not stated	6 (1.4%)	2 (0.6%)	5 (1.5%)	3 (0.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (1.0%)	0 (0.0%)	0 (0.0%)	6879 (35.7%)
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	0 (0.0%)	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%)	25 (0.1%)
10-14	0 (0.0%)	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%)	36 (0.2%)
15-19	9 (2.2%)	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%)	1 (3.3%)	333 (1.7%)
20-24	44 (10.6%)	37 (10.5%)	41 (12.0%)	45 (12.9%)	39 (12.3%)	29 (9.3%)	36 (13.0%)	29 (10.3%)	17 (8.2%)	10 (5.6%)	1 (3.3%)	2311 (12.0%)
25-29	78 (18.8%)	65 (18.4%)	51 (14.9%)	63 (18.1%)	61 (19.2%)	58 (18.6%)	60 (21.7%)	43 (15.3%)	46 (22.2%)	44 (24.6%)	4 (13.3%)	3798 (19.7%)
30-34	71 (17.1%)	48 (13.6%)	64 (18.7%)	62 (17.8%)	63 (19.8%)	57 (18.3%)	50 (18.1%)	67 (23.8%)	44 (21.3%)	35 (19.6%)	6 (20.0%)	3836 (19.9%)
35-39	64 (15.5%)	42 (11.9%)	45 (13.1%)	45 (12.9%)	48 (15.1%)	36 (11.5%)	29 (10.5%)	41 (14.6%)	22 (10.6%)	19 (10.6%)	5 (16.7%)	3134 (16.3%)
40-44	47 (11.4%)	45 (12.7%)	45 (13.1%)	32 (9.2%)	30 (9.4%)	38 (12.2%)	27 (9.7%)	30 (10.7%)	21 (10.1%)	18 (10.1%)	6 (20.0%)	2317 (12.0%)
45-49	38 (9.2%)	45 (12.7%)	30 (8.7%)	27 (7.7%)	32 (10.1%)	21 (6.7%)	23 (8.3%)	19 (6.8%)	16 (7.7%)	17 (9.5%)	1 (3.3%)	1397 (7.3%)
50-54	28 (6.8%)	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%)	2 (6.7%)	873 (4.5%)
55-59	14 (3.4%)	22 (6.2%)	15 (4.4%)	13 (3.7%)	13 (4.1%)	16 (5.1%)	15 (5.4%)	13 (4.6%)	10 (4.8%)	14 (7.8%)	2 (6.7%)	520 (2.7%)
60-64	14 (3.4%)	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%)	1 (3.3%)	284 (1.5%)
65-69	4 (1.0%)	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%)	0 (0.0%)	162 (0.8%)
70 or over	3 (0.7%)	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 (3.3%)	104 (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	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	1981-Mar 2022
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Total (ALL)	414	354	343	349	318	312	277	281	207	179	30	19258
Reported HIV risk exposure												
<i>MSM</i>	322 (77.8%)	265 (74.9%)	254 (74.1%)	264 (75.6%)	237 (74.5%)	215 (68.9%)	194 (70.0%)	190 (67.6%)	135 (65.2%)	123 (68.7%)	12 (40.0%)	12230 (63.5%)
<i>MSM who injects drugs</i>	15 (3.6%)	16 (4.5%)	20 (5.8%)	21 (6.0%)	25 (7.9%)	17 (5.4%)	25 (9.0%)	26 (9.3%)	20 (9.7%)	14 (7.8%)	6 (20.0%)	661 (3.4%)
<i>HET</i>	59 (14.3%)	61 (17.2%)	50 (14.6%)	52 (14.9%)	48 (15.1%)	68 (21.8%)	51 (18.4%)	56 (19.9%)	40 (19.3%)	35 (19.6%)	9 (30.0%)	1907 (9.9%)
<i>PWID</i>	9 (2.2%)	7 (2.0%)	8 (2.3%)	4 (1.1%)	4 (1.3%)	6 (1.9%)	4 (1.4%)	5 (1.8%)	3 (1.4%)	4 (2.2%)	0 (0.0%)	590 (3.1%)
<i>Blood disorder, blood or tissue recipient</i>	0 (0.0%)	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%)	278 (1.4%)
<i>Vertical transmission</i>	0 (0.0%)	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%)	55 (0.3%)
<i>Other</i>	2 (0.5%)	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%)	2 (6.7%)	59 (0.3%)
<i>Unknown</i>	7 (1.7%)	3 (0.8%)	6 (1.7%)	4 (1.1%)	2 (0.6%)	3 (1.0%)	2 (0.7%)	1 (0.4%)	5 (2.4%)	2 (1.1%)	1 (3.3%)	3478 (18.1%)
LHD of residence												
<i>South Eastern Sydney</i>	150 (36.2%)	126 (35.6%)	112 (32.7%)	129 (37.0%)	84 (26.4%)	92 (29.5%)	85 (30.7%)	73 (26.0%)	50 (24.2%)	54 (30.2%)	9 (30.0%)	5961 (31.0%)
<i>Sydney</i>	113 (27.3%)	92 (26.0%)	84 (24.5%)	86 (24.6%)	95 (29.9%)	71 (22.8%)	63 (22.7%)	61 (21.7%)	36 (17.4%)	33 (18.4%)	3 (10.0%)	3337 (17.3%)
<i>Northern Sydney</i>	24 (5.8%)	25 (7.1%)	17 (5.0%)	24 (6.9%)	20 (6.3%)	29 (9.3%)	23 (8.3%)	23 (8.2%)	19 (9.2%)	13 (7.3%)	6 (20.0%)	1114 (5.8%)
<i>Western Sydney</i>	25 (6.0%)	27 (7.6%)	26 (7.6%)	20 (5.7%)	24 (7.5%)	27 (8.7%)	24 (8.7%)	30 (10.7%)	25 (12.1%)	21 (11.7%)	3 (10.0%)	877 (4.6%)
<i>South Western Sydney</i>	30 (7.2%)	28 (7.9%)	30 (8.7%)	31 (8.9%)	31 (9.7%)	25 (8.0%)	21 (7.6%)	34 (12.1%)	28 (13.5%)	21 (11.7%)	2 (6.7%)	818 (4.2%)
<i>Hunter New England</i>	14 (3.4%)	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%)	1 (3.3%)	575 (3.0%)
<i>Nepean Blue Mountains</i>	5 (1.2%)	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%)	1 (3.3%)	291 (1.5%)
<i>Illawarra Shoalhaven</i>	9 (2.2%)	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%)	0 (0.0%)	263 (1.4%)
<i>Northern NSW</i>	5 (1.2%)	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%)	2 (6.7%)	248 (1.3%)
<i>Central Coast</i>	10 (2.4%)	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%)	0 (0.0%)	234 (1.2%)
<i>Mid North Coast</i>	3 (0.7%)	6 (1.7%)	7 (2.0%)	6 (1.7%)	2 (0.6%)	4 (1.3%)	3 (1.1%)	2 (0.7%)	4 (1.9%)	1 (0.6%)	0 (0.0%)	163 (0.8%)
<i>Western NSW</i>	7 (1.7%)	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%)	1 (3.3%)	144 (0.7%)
<i>Murrumbidgee-Albury</i>	5 (1.2%)	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%)	0 (0.0%)	117 (0.6%)
<i>Southern NSW</i>	8 (1.9%)	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%)	1 (3.3%)	79 (0.4%)
<i>Far West</i>	2 (0.5%)	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%)	12 (0.1%)
<i>Unknown or other</i>	4 (1.0%)	1 (0.3%)	4 (1.2%)	2 (0.6%)	1 (0.3%)	5 (1.6%)	4 (1.4%)	4 (1.4%)	1 (0.5%)	3 (1.7%)	1 (3.3%)	5025 (26.1%)

7. Appendix C: Ending HIV Seven Statements Evaluation, ACON 2013-2021

Percentage of respondents who **strongly agree** or **agree** with the statements below.

	Feb 2013	May 2013	Nov 2013	Apr 2014	Dec 2014	Apr 2015	Mar 2016	Sep 2016	Apr 2017	Mar 2018	Mar 2019	Dec 2019	Mar 2020	Mar 2021 ⁴
Everything has changed, we can now dramatically reduce HIV transmission	48%	59%	59%	67%	61%	71%	77%	86%	77%	87%	85%	87%	89%	80%
Now more than ever, gay men need to know their HIV status	81%	85%	86%	90%	89%	91%	92%	92%	91%	92%	92%	92%	92%	89%
Sexually active gay men should take an HIV test four times a year ¹	88%	87%	92%	93%	89%	92%	93%	96%	94%	95%	94%	85%	88%	85%
HIV treatments now offer increased health benefits and fewer side effects	65%	66%	67%	73%	69%	75%	77%	78%	71%	77%	74%	73%	72%	78%
HIV treatments significantly reduce the risk of passing on HIV	33%	42%	50%	64%	59%	69%	73%	83%	78%	84%	83%	85%	87%	83%
Early HIV treatment is better for your health and can help protect your sex partners ²	74%	80%	89%	91%	92%	93%	93%	95%	93%	95%	93%	-	-	-
Condoms continue to be an effective way of preventing HIV transmission ³	95%	92%	92%	91%	91%	85%	94%	94%	94%	94%	90%	90%	93%	91%
PrEP, if taken as prescribed, is an effective way of preventing HIV transmission	-	-	-	-	-	-	66%	78%	74%	83%	81%	78%	80%	85%

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

Survey methodology:

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

Recruitment methodology:

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

Survey objectives:

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

8. Appendix D: NSW HIV Data Advisory Group members

Meredith Claremont	Advisory Group Chair, Centre for Population Health, NSW Ministry of Health
Carolyn Murray	Centre for Population Health, NSW Ministry of Health
Matthew Craig	Centre for Population Health, NSW Ministry of Health
Cherie Power	Advisory Group Secretariat, Centre for Population Health, NSW Ministry of Health
Yanni Sun	Centre for Population Health, NSW Ministry of Health
Shawn Clackett	Centre for Population Health, NSW Ministry of Health
Jeremy McAnulty	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
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
Garrett Prestage	The Kirby Institute, University of NSW
Mohamed A. Hammoud	The Kirby Institute, University of NSW
Martin Holt	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
Neil Fraser	Positive Life
Mary Harrod	The NSW Users and AIDS Association (NUAA)

9. Appendix E: 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
	2797	Garland, Lyndhurst
	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
	2296	Islington
	2007	Ultimo, Broadway
2039	Rozelle	
2022	Queens Park, Bondi Junction	
2060	Waverton, North Sydney, McMahon's Point, Lavender Bay	
<5%	All others	All other postcodes