
NSW Health

NSW HIV Strategy 2021–2025

Annual Data Report 2023

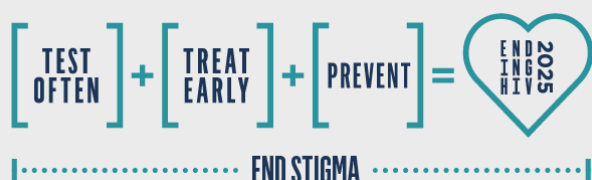


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We acknowledge Aboriginal people as the Traditional Custodians of the lands and waters in which we all work, live, and learn. We recognise the incredible richness, strength, and resilience of the world's oldest living cultures, including cultural practices,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



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

Data Summary

The NSW HIV Strategy 2021–2025

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

Communique

HIV transmission: HIV transmission rates in NSW are on a downward trend. In 2023, there were 231 new diagnoses of HIV notified to NSW. Despite this being an increase of 26% from the notable low levels during the COVID-19 pandemic, current diagnoses have declined by 20% compared to pre-pandemic levels.

Disparities in location: The reduction in diagnoses among men who have sex with men was greatest in Sydney suburbs with greater than 5% of the adult male population believed to be gay (50% reduction) and other Sydney suburbs excluding Greater Western Sydney (59% reduction), whereas there was virtually no change in Greater Western Sydney (GWS) compared to pre-pandemic levels.

Disparities in populations: NSW residents born overseas are over-represented compared to Australian-born residents. Diagnoses among Australian-born individuals are approaching the lowest levels ever recorded. Among overseas-born residents diagnoses are approaching pre-pandemic numbers. Diagnoses among overseas-born people living in GWS have been increasing since the COVID-19 pandemic period and the reasons why requires investigation.

Prevention: The use of pre-exposure prophylaxis (PrEP) in NSW has reached an all-time high and is the primary HIV prevention method used by gay and bisexual men. In 2023, 83% of this population reported engaging in some form of HIV prevention, including measures such as abstaining from anal intercourse, condom use, PrEP use, and maintaining an undetectable viral load.

Testing: Throughout the COVID-19 pandemic, restricted access to healthcare and changes in social behaviours affected HIV testing rates. However, in 2023, testing rates rebounded to pre-pandemic levels.

Treatment: NSW has successfully met two of the three UNAIDS 95-95-95 targets, with an estimated 96% of diagnosed individuals retained in care, of whom 98% receiving treatment, and 99% achieving an undetectable viral load (as of 2022, data for 2023 not yet available). Community pharmacies have played a crucial role in facilitating access to treatment for people living with HIV.

Stigma: Experiences of stigma and discrimination in healthcare settings has improved for men who have sex with men and people living with HIV. However, challenges persist, notably for sex workers and people who inject drugs, who still encounter discrimination, even within healthcare settings. Continued efforts are essential to address these disparities.

Key Data – 2023

We compare the number of diagnoses in 2023 to the pre-pandemic (2017-19) average number, and the average number during the years with COVID-19 restrictions (2020-22). These comparisons allow us to track trends over time.

Table i. Key data summary for 2023

Notifications	Demographic	2023	Pre-pandemic (2017-19)		COVID (2020-22)	
		n	av. n	2023 change (%)	av. n	2023 change (%)
HIV diagnoses	Total	231	290.3	↓ 20%	184.0	↑ 26%
	MSM	168	222.3	↓ 24%	137.0	↑ 23%
	Australian-born MSM	59	93.3	↓ 37%	64.3	↓ 8%
	Overseas-born MSM	109	129.0	↓ 16%	72.7	↑ 50%
	HET	47	58.3	↓ 19%	37.7	↑ 25%
Early-stage infection	Total	65	101.7	↓ 36%	53.7	↑ 21%
	MSM	58	90.0	↓ 36%	48.7	↑ 19%
	Australian-born MSM	20	44.3	↓ 55%	27.3	↓ 27%
	Overseas-born MSM	38	45.7	↓ 17%	21.3	↑ 78%
	HET	5	11.0	↓ 55%	4.7	-
Late diagnosis	Total	102	107.7	↓ 5%	78.7	↑ 30%
	MSM	63	75.0	↓ 16%	53.0	↑ 19%
	Australian-born MSM	15	24.0	↓ 38%	22.0	↓ 32%
	Overseas-born MSM	48	51.0	↓ 6%	31.0	↑ 55%
	HET	30	28.0	↑ 7%	20.7	↑ 45%

MSM = Men who have sex with men

HET = People with reported heterosexual HIV exposure

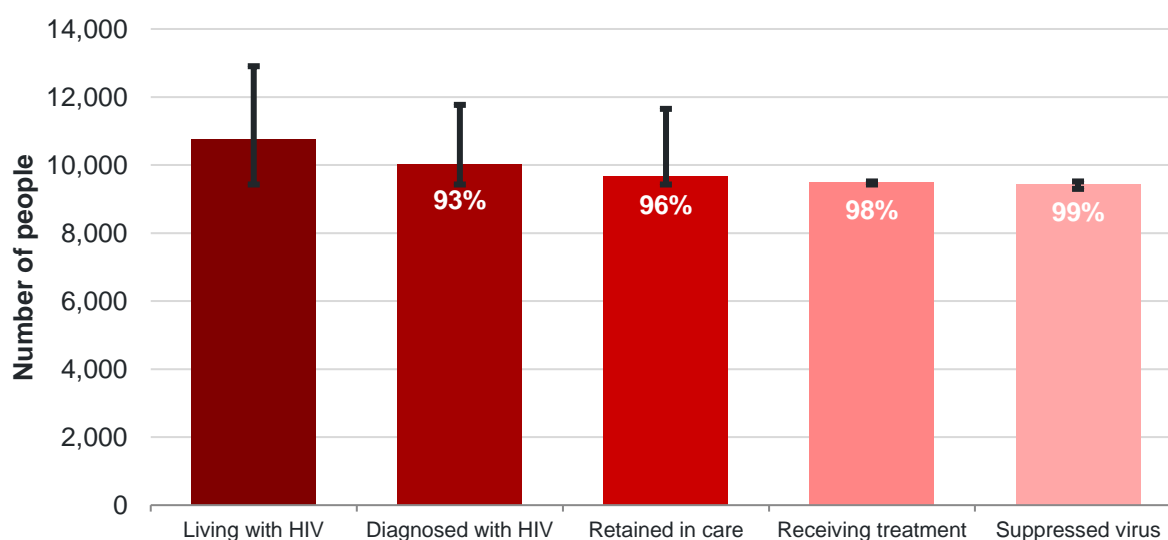
↑ = Increase from comparison period

↓ = Reduction from comparison period

↓/↑ = Colour represents a significant change with high sample size

↓/↑ = Black represents a minor change and/or sample size too low to be significant.

Figure i. NSW HIV Cascade (2022)



Source: Kirby Institute, UNSW Sydney

Estimates for 2023 are not yet available. The HIV cascade for 2022 estimates 93% of people living with HIV were diagnosed, 96% of people diagnosed are retained, 98% of those in care are receiving treatment, and 99% of people on treatment have a suppressed virus.

PREVENTION	2023	Target
Men who have sex with male casual partners report at least one form of HIV prevention	83%	90%
HIV negative MSM who have sex with male casual partners without a condom, take PrEP	76%	90%
20% or lower reported receptive syringe sharing among people who inject drugs	17%	<20%
People dispensed PrEP through PBS	17,588	N/A

TESTING	2023	Target or change
People living with HIV in NSW are diagnosed (2022)	93% (2022)	95%
HIV serology tests conducted	600,778	8% increase from 558,629 (2022)
HIV tests performed in public sexual health clinics	53,012	30% increase from 40,669 (2022)
HIV tests performed in public sexual health clinics (Proportion MSM)	30,521 (58%)	27% increase from 24,090 (2022)

TREATMENT	2023	Target
New diagnoses who initiated ART within 2 weeks of diagnosis (Jan-Jun 2023)	55%	90%
People with diagnosed HIV in care are on treatment (2022)	96%	95%
People on treatment with undetectable viral load at 6-month follow-up (Jan-Jun 2023)	84%	95%
People living with HIV report a good quality of life	75.5% (2022)	75%

STIGMA	Population	2022 results
Experience of stigma by people at risk or living with HIV in NSW healthcare settings	People living with HIV	28%
	MSM	31%
	PWID	73%
	Sex workers	92%
Discriminatory attitudes held towards people at risk and living with HIV	By health care workers towards:	(Change from 2021)
	HIV	2% increase
	Sexual orientation	29% decrease
	PWID	2% increase
	Sex workers	4% increase

Glossary

ART	Antiretroviral therapy
av. n	Average number
CAIC	Condomless anal intercourse with casual partners
CTG	Closing the Gap
DBS	Dried Blood Spot
GBM	Gay and bisexual men
GP	General Practitioner
GWS	Greater Western Sydney
HET	People with heterosexual risk exposure
HIV	Human Immunodeficiency Virus
IDU	Injecting drug use
LHD	Local Health District
MSM	Men who have sex with men
NCIMS	Notifiable Conditions Information Management System
NSP	Needle and syringe program
NSW	New South Wales
PBS	Pharmaceutical Benefits Scheme
PFSHC	Publicly Funded Sexual Health Clinic
PrEP	Pre-exposure prophylaxis
PWID	People who inject drugs
Quarter 1 / Q1	1 January – 31 March
Quarter 2 / Q2	1 April – 30 June
Quarter 3 / Q3	1 July – 30 September
Quarter 4 / Q4	1 October – 31 December
SGCPS	Sydney Gay Community Periodic Survey
SVHN	St Vincent's Health Network
U=U	Undetectable = Untransmissible
VL	Viral load

1. HIV diagnoses in NSW

Summary

HIV diagnoses in NSW are continuing to decline, despite a 26% increase from the COVID-19 pandemic average (2020-22 av. n=184). There were 231 diagnoses in 2023, 20% lower than the pre-pandemic period (2017-19 av. n=290) (**Figure 1**).

Two-thirds of diagnoses in 2023 were among overseas-born people. Investigation is required to better understand the causes of the over-representation of this population in HIV diagnoses. Diagnoses among Australian-born people were 38% lower than the pre-pandemic average. The ratio of overseas-born diagnoses to Australian-born diagnoses is the highest it has ever been (1.9:1), exceeding the previous peak (1.4:1) in 2019.

Prevention measures such as PrEP have been effective in reducing recently acquired cases of HIV. Just over one-quarter (28%) of new diagnoses had evidence of early-stage infection, a 36% drop compared to the pre-pandemic average (2017-19 av. n=102).

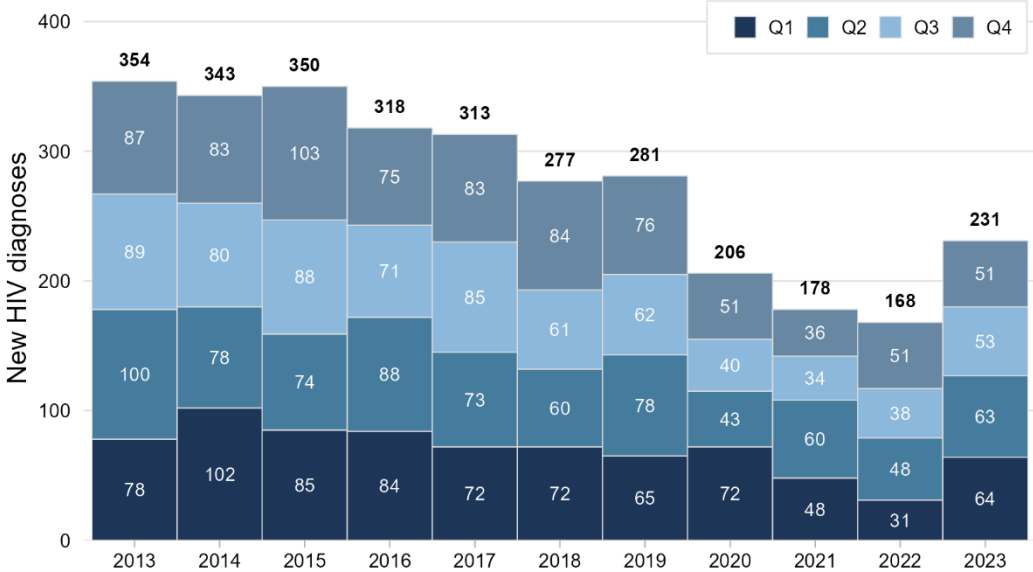
Earlier detection of HIV and access to treatment significantly improves the health of an individual with HIV and reduce the person's risk of developing AIDS. In 2023, there were 102 diagnoses (44%) with evidence of a late diagnosis, a minor decrease compared to the pre-pandemic period (2017-19 av. n=108) (**Figure 2**).

Among the 79 diagnoses in Australian-born residents in 2023, non-s100 GPs continue to diagnose the greatest proportion of new cases (39%) followed by hospitals (29%). For the 152 overseas-born diagnoses, most were diagnosed at publicly funded sexual health clinics (43%) followed by non-s100 GPs (26%) (**Figure 3**).

Of the 231 diagnoses in 2023, 73% reported men who have sex with men (MSM) exposure, 20% reported heterosexual exposure, 2% reported injection drug use, and/ 5% reported other or unknown exposure (Error! Reference source not found.). This is a 24% drop in diagnoses of MSM compared to the pre-pandemic average of 222 and a slight increase in HET diagnoses compared to the same period (2017-19 av. n=58).

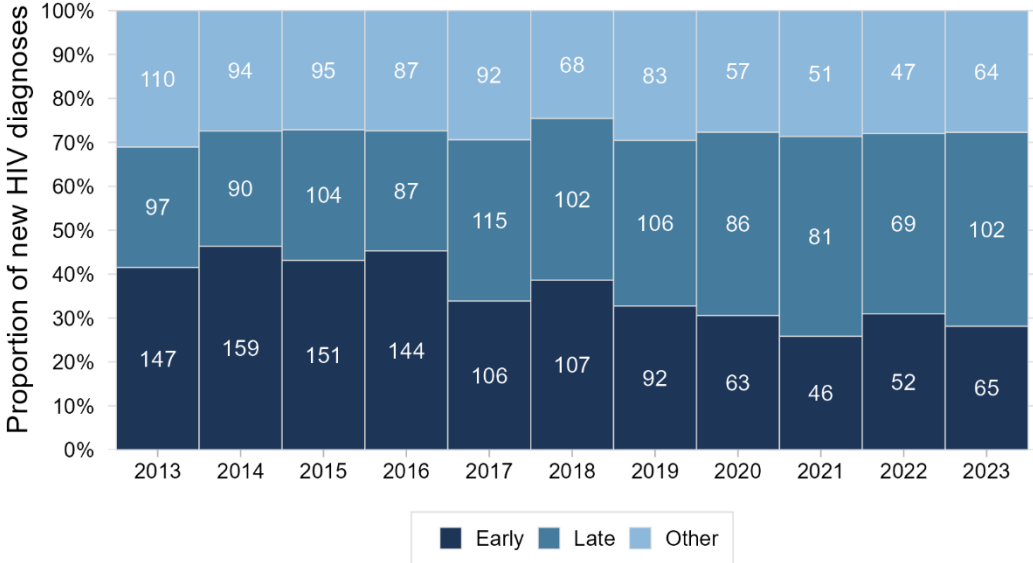
In summary, HIV diagnoses continue to decline in NSW when compared to the pre-pandemic period. Diagnoses among Australian-born residents continue to remain close to their lowest ever recorded, while diagnoses among those born overseas are approaching pre-pandemic numbers. The continued decline of early-stage infection, particularly in the context of high testing suggests HIV transmission continues to decline in NSW (**See Testing**).

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



Source: Notifiable Conditions Information Management System (NCIMS), Health Protection NSW, 27 February 2024

Figure 2: New HIV diagnoses by evidence of early-stage infection or late diagnosis, 2013 to 2023

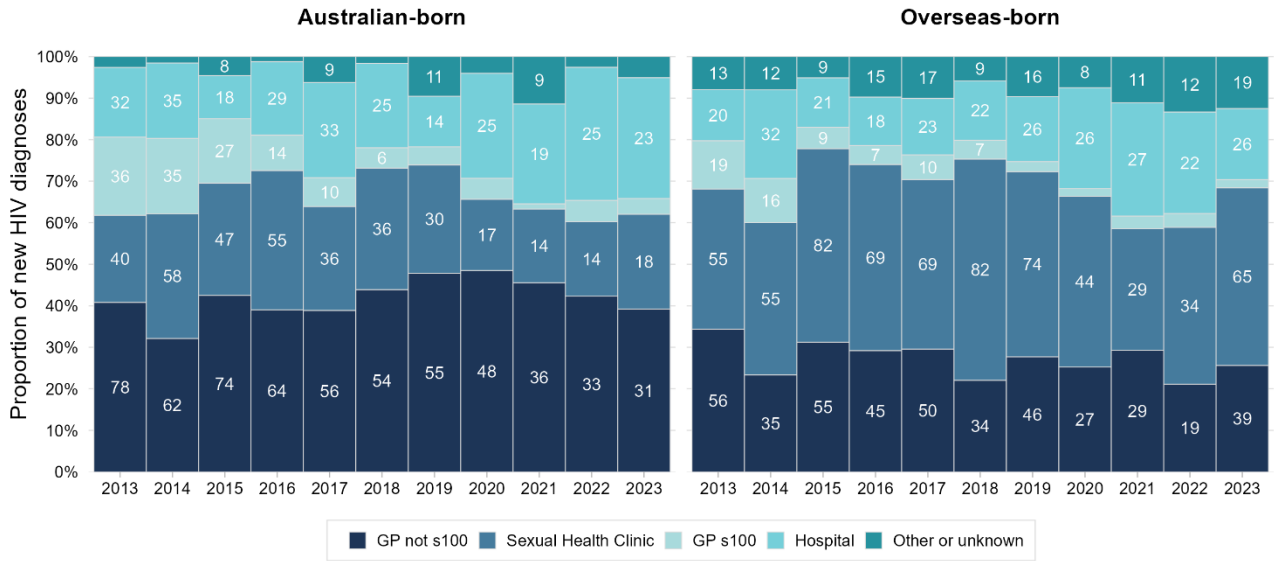


Source: NCIMS, Health Protection NSW, 27 February 2024

Early-stage infection: a seroconversion like illness or negative or indeterminate HIV test within 12 months of diagnosis, irrespective of CD4 or presentation with an AIDS defining illness at diagnosis.

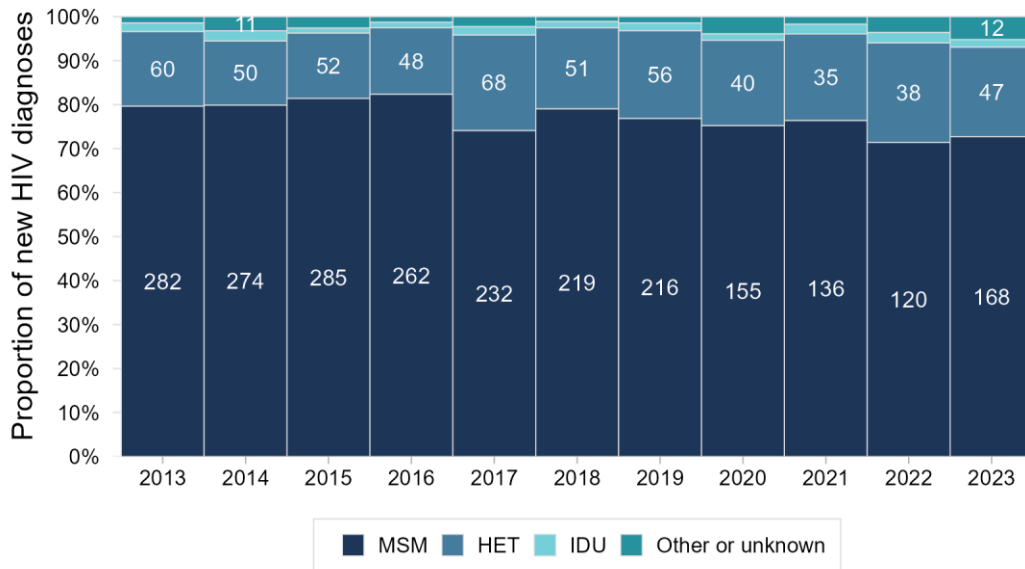
Late diagnosis: a CD4 count of <math><350\text{ cells/mm}^3</math> or an AIDS defining illness at the time of diagnosis, in the absence of ‘early’ criteria.

Figure 3: Type of diagnosing doctor for new HIV diagnoses, 2013 to 2023



Source: NCIMS, Health Protection NSW, 27 February 2024

Figure 4: New HIV diagnoses by reported risk exposure, 2013 to 2023



Source: NCIMS, Health Protection NSW, 27 February 2024

Men who have sex with men (MSM)

Diagnoses among Australian-born MSM continue to decline in NSW overall, but Greater Western Sydney (GWS) have experienced virtually no change. Diagnoses in the suburbs with greater than 5% of the adult male population estimated to be gay (gay postcodes) and other Sydney areas declined by 50% and 59%, respectively, when compared to pre-pandemic averages (**Figure 6 and Table 1**). In the rest of NSW (outside Sydney) there was a smaller 32% reduction in 2023 diagnoses when compared to the pre-pandemic average (**Table 1**).

Of the 168 MSM who were diagnosed with HIV in 2023, 59 (35%) were Australian-born (

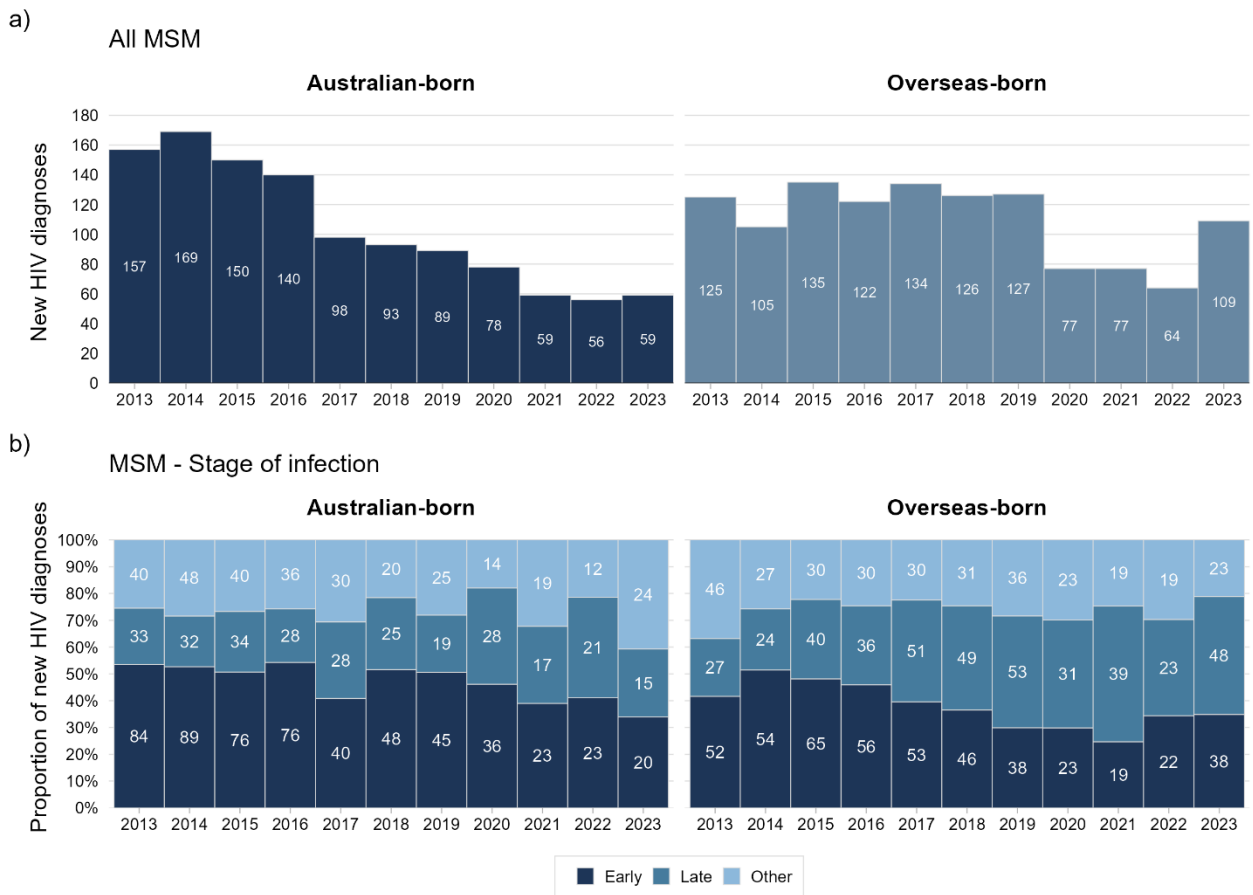
Figure 5a), a 37% drop in number compared to the pre-pandemic average (2017-19 av. n=93). Both early-stage and late stage diagnoses continue to decline among Australian-born MSM (**Figure 5b & 5c**), with reductions of 20% and 38%, respectively, compared to the pre-pandemic averages (**Table 1**).

Overall diagnoses of overseas-born MSM remain lower than pre-pandemic averages, but the area of residence for those now diagnosed is shifting from inner Sydney to GWS. The majority of MSM diagnosed with HIV in NSW in 2023 were born overseas (65%, n=109), a 16% reduction from the pre-pandemic average (2017-19 av. n=129). Over half of these overseas-born MSM had lived in Australia for 4 years or less, a decline of 22% compared to the pre-pandemic average (**Table 1**).

In 2023, 36 (33%) of overseas-born MSM who were diagnosed with HIV lived in GWS, an increase of 61% compared to the pre-pandemic period (2017-19 av. n=22) (**Table 1**). Diagnoses of overseas-born MSM in other parts of Sydney declined compared to the pre-pandemic averages (**Table 1**).

In summary, new diagnoses of both Australian-born and overseas-born MSM appear to be shifting away from inner Sydney with larger proportions being diagnosed in GWS. This may be due to changes in area of residence and migration trends for many NSW residents, coupled with the continued success of targeted programs and services in inner Sydney.

Figure 5: New HIV diagnoses in MSM by place of birth, 2013 to 2023



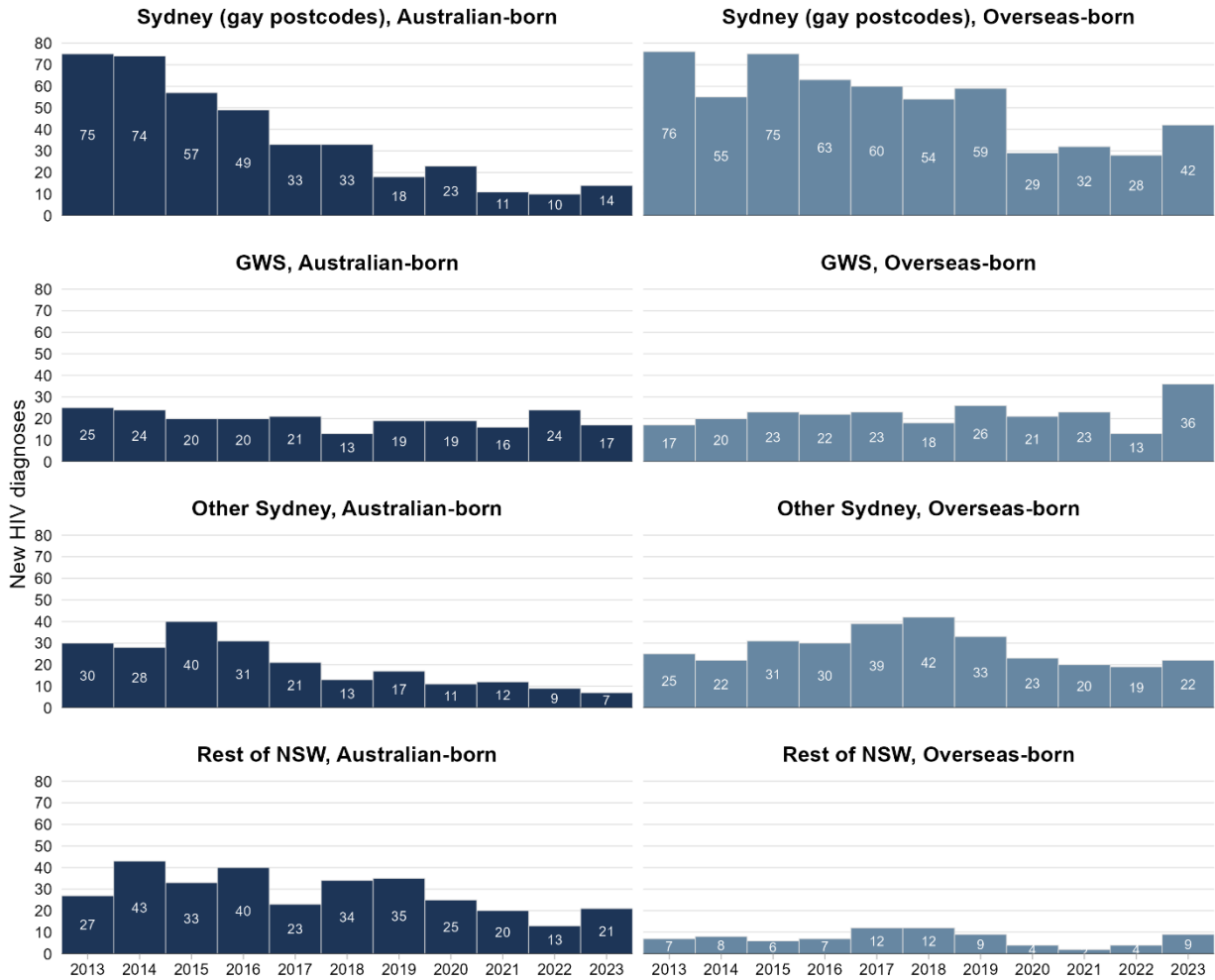
Source: NCIMS, Health Protection NSW, 27 February 2024.

Early-stage infection: a seroconversion like illness or negative or indeterminate HIV test within 12 months of diagnosis, irrespective of CD4 or presentation with an AIDS defining illness at diagnosis.

Late diagnosis: a CD4 count of <math><350\text{ cells/mm}^3</math> or an AIDS defining illness at the time of diagnosis, in the absence of ‘early’ criteria.

New HIV diagnoses are not evenly distributed across regions in NSW. A system was recently developed to classify area of residence among people newly diagnosed with HIV across four postcode-based regions in NSW (**Appendix E: Geographic grouping based on postcodes**).

Figure 6: New HIV diagnoses in MSM by area of residence and place of birth, 2013 to 2023



Source: NCIMS, Health Protection NSW, 27 February 2024

Table 1: Characteristics of Australian-born and overseas-born MSM newly diagnosed in 2023

	Australian-born MSM					Overseas-born MSM				
	2023 n	pre-pandemic (2017-19) av. n	2023 change (%)	COVID (2020-22) av. n	2023 change (%)	2023 n	pre-pandemic (2017-19) av. n	2023 change (%)	COVID (2020-22) av. n	2023 change (%)
Total	59	93.3	↓ 37%	64.3	↓ 8%	109	129	↓ 16%	72.7	↑ 50%
Age group										
0-19	0	1.7	-	0.3	-	2	2	-	0.3	-
20-29	12	25.7	↓ 53%	15.7	↓ 24%	37	48.7	↓ 24%	28.3	↑ 31%
30-39	16	24.3	↓ 34%	22.3	↓ 28%	44	48.7	↓ 10%	24.7	↑ 78%
40-49	13	19.7	↓ 34%	12.7	-	14	17.3	↓ 19%	12.7	↑ 10%
50+	18	22	↓ 18%	13.3	↑ 35%	12	12.3	-	6.7	↑ 79%
Stage of infection										
Early	20	44.3	↓ 55%	27.3	↓ 27%	38	45.7	↓ 17%	21.3	↑ 78%
Late	15	24	↓ 38%	22	↓ 32%	48	51	↓ 6%	31	↑ 55%
Other	24	25	↓ 4%	15	↑ 60%	23	32.3	↓ 29%	20.3	↑ 13%
Diagnosing doctor										
GP not s100	27	39.7	↓ 32%	29.3	↓ 8%	26	31	↓ 16%	16.7	↑ 56%
Sexual Health Clinic	14	31.3	↓ 55%	13	↑ 8%	59	70.3	↓ 16%	32.3	↑ 83%
GP s100	3	7	↓ 57%	3.3	-	2	6.7	↓ 70%	2.7	-
Hospital	12	11	↑ 9%	15.7	↓ 24%	12	14	↓ 14%	14.7	↓ 18%
Other or unknown	3	4.3	-	3	-	10	7	↑ 43%	6.3	↑ 59%
Testing history										
Neg. or ind. ≤ 12 months	11	31.3	↓ 65%	17.3	↓ 36%	22	35	↓ 37%	17.3	↑ 27%
Neg. or ind. > 12 months	24	39.3	↓ 39%	30.3	↓ 24%	42	60.3	↓ 30%	25	↑ 68%
Never tested before	18	20.0	↓ 10%	12.3	↑ 38%	38	27.7	↑ 37%	26.3	↑ 44%
Unknown history	6	2.7	-	4.3	-	7	6	↑ 17%	4	-
Time living in Australia										
≤4 years	-	-	-	-	-	57	72.7	↓ 22%	34	↑ 68%
>4 years	-	-	-	-	-	46	52	↓ 12%	36.7	↑ 25%
Unknown	-	-	-	-	-	6	4.3	-	2	-
Area of residence										
Sydney (gay postcodes)	14	28	↓ 50%	14.7	↓ 5%	42	57.7	↓ 27%	29.7	↑ 41%
GWS	17	17.7	↓ 4%	19.7	↓ 14%	36	22.3	↑ 61%	19	↑ 89%
Other Sydney	7	17	↓ 59%	10.7	↓ 35%	22	38	↓ 42%	20.7	↑ 6%
Rest of NSW	21	30.7	↓ 32%	19.3	↑ 9%	9	11	↓ 18%	3.3	-
Likely place of HIV acquisition										
Australia	50	76.7	↓ 35%	60.3	↓ 17%	45	67	↓ 33%	39.7	↑ 13%
Overseas	5	14.7	↓ 66%	4	-	55	58.3	↓ 6%	31	↑ 77%
Unknown	4	2	-	0	-	9	3.7	-	2	-
Risk exposure										
MSM	42	78	↓ 46%	53.7	↓ 22%	107	121.7	↓ 12%	66.7	↑ 60%
MSM and IDU	17	15.3	↑ 11%	10.7	↑ 59%	2	7.3	↓ 73%	6	↓ 67%

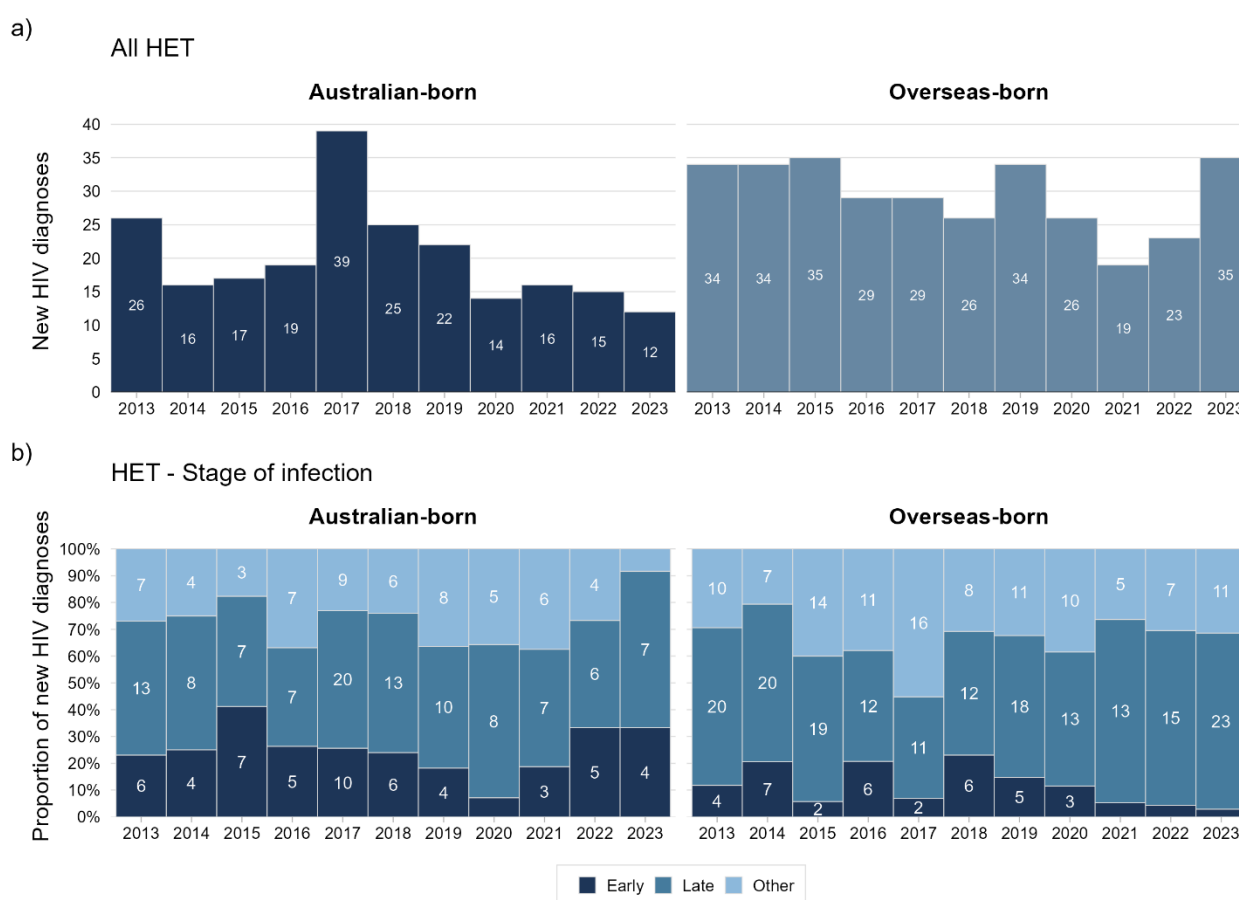
Source: NCIMS, Health Protection NSW, 27 February 2024

People with heterosexual sexual exposure risk

Diagnoses of Australian-born people with heterosexual exposure (HET) is at a historic low, making interpretation of changes among subgroups challenging. Of the 46 HET who were diagnosed with HIV in 2023, 11 (24%) were Australian-born (**Figure 7a**), a 62% drop in number compared to the pre-pandemic average (2017-19 av. n=29) (**Table 2**).

Overall diagnoses of overseas-born HET are slightly above the pre-pandemic average, with an increase in late diagnoses particularly for those residing in GWS. The majority of HET diagnosed with HIV in NSW in 2023 were born overseas (76%, n=35), and compared to the pre-pandemic average (2017-19 av. n=30) this represented a slight increase. Over two thirds of overseas-born HET were diagnosed late (n=23), a 68% increase compared to the pre-pandemic average (2017-19 av. n=14). In 2023, 17 (49%) of overseas-born HET who were diagnosed with HIV lived in GWS, a slight 21% increase compared to the pre-pandemic comparison period (2017-19 av. n=14) (**Table 2**).

Figure 7: New HIV diagnoses in HET by place of birth, 2013 to 2023



Source: NCIMS, Health Protection NSW, 27 February 2024

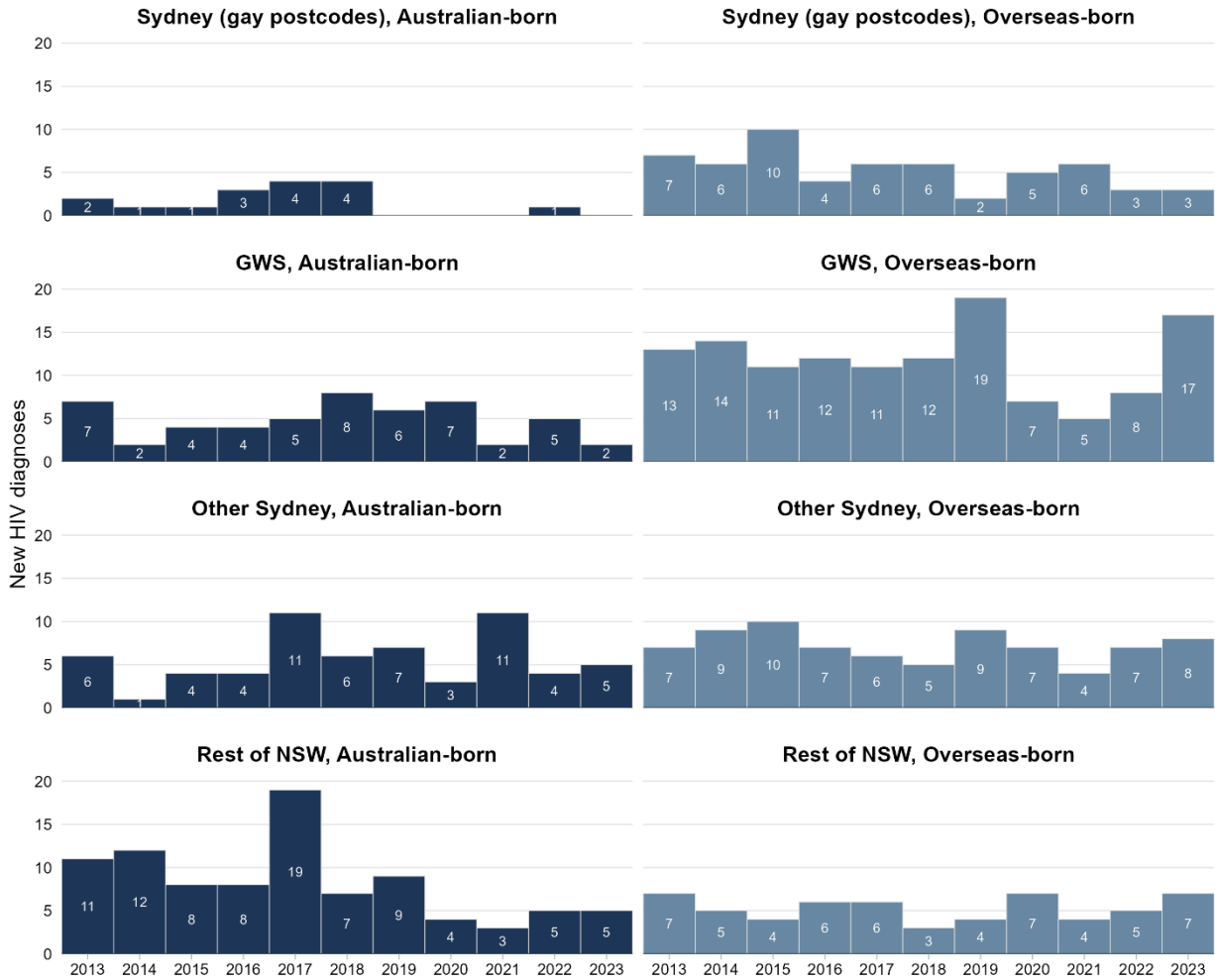
Early-stage infection: a seroconversion like illness or negative or indeterminate HIV test within 12 months of diagnosis, irrespective of CD4 or presentation with an AIDS defining illness at diagnosis.

Late diagnosis: a CD4 count of <350 cells/mm³ or an AIDS defining illness at the time of diagnosis, in the absence of ‘early’ criteria.

Other: diagnoses that do not meet either the early-stage definition nor late diagnoses.

New HIV diagnoses are not evenly distributed across regions in NSW. A system was recently developed to classify area of residence among people newly diagnosed with HIV across four postcode-based regions in NSW (**Appendix E: Geographic grouping based on postcodes**).

Figure 8: New HIV diagnoses in HET by area of residence and place of birth, 2013 to 2023



Source: NCIMS, Health Protection NSW, 27 February 2024

Table 2: Characteristics of Australian-born and overseas-born HET newly diagnosed in 2023

	Australian-born HET					Overseas-born HET				
	2023 n	pre-pandemic (2017-19) av. n	2023 change (%)	COVID (2020-22) av. n	2023 change (%)	2023 n	pre-pandemic (2017-19) av. n	2023 change (%)	COVID (2020-22) av. n	2023 change (%)
Total	12	28.7	↓ 58%	15.0	↓ 20%	35	29.7	↑ 18%	22.7	↑ 54%
Sex at birth										
Female	3	5.0	-	5.0	-	20	14.3	↑ 40%	11.3	↑ 77%
Male	9	23.7	↓ 62%	10.0	↓ 10%	15	15.3	-	11.3	↑ 33%
Age group										
0-19	0	0.3	-	0.3	-	0	0.0	-	0.7	-
20-29	2	3.7	-	3.3	-	12	5.3	↑ 126%	4.0	-
30-39	4	5.7	↓ 30%	3.3	-	13	11.7	↑ 11%	5.7	↑ 128%
40-49	5	7.3	↓ 32%	2.3	-	3	5.7	↓ 47%	6.3	↓ 52%
50+	1	11.7	↓ 91%	5.7	↓ 82%	7	7.0	-	6.0	↑ 17%
Stage of infection										
Early	4	6.7	↓ 40%	3.0	-	1	4.3	-	1.7	-
Late	7	14.3	↓ 51%	7.0	-	23	13.7	↑ 68%	13.7	↑ 68%
Other	1	7.7	↓ 87%	5.0	-	11	11.7	↓ 6%	7.3	↑ 51%
Diagnosing doctor										
GP not s100	4	12.7	↓ 69%	7.7	↓ 48%	11	11.7	↓ 6%	7.7	↑ 43%
Sexual Health Clinic	2	2.3	-	1.0	-	5	3.7	-	3.0	-
GP s100	0	-	-	-	-	0	0.3	-	-	-
Hospital	6	11.3	↓ 47%	5.3	↑ 13%	11	8.0	↑ 38%	8.7	↑ 26%
Other or unknown	0	2.3	-	1.0	-	8	6.0	↑ 33%	3.3	-
Testing history										
Neg. or ind. ≤ 12 months	2	5.3	↓ 62%	1.3	-	1	1.7	-	0.7	-
Neg. or ind. > 12 months	3	5.7	↓ 47%	5.3	↓ 43%	11	12.7	↓ 13%	8.7	↑ 26%
Never tested before	5	15.7	↓ 68%	7.0	↓ 29%	16	14.0	↑ 14%	12.3	↑ 30%
Unknown history	2	2.0	-	1.3	-	7	1.3	-	1.0	-
Time living in Australia										
≤4 years	-	-	-	-	-	19	15.7	↑ 21%	10.0	↑ 90%
>4 years	-	-	-	-	-	15	14.0	↑ 7%	12.3	↑ 22%
Unknown	-	-	-	-	-	1	0.0	-	0.3	-
Area of residence										
Sydney (gay postcodes)	0	2.7	-	0.3	-	3	4.7	-	4.7	-
GWS	2	6.3	↓ 68%	4.7	-	17	14.0	↑ 21%	6.7	↑ 154%
Other Sydney	5	8.0	↓ 38%	6.0	↓ 17%	8	6.7	↑ 19%	6.0	↑ 33%
Rest of NSW	5	11.7	↓ 57%	4.0	-	7	4.3	-	5.3	↑ 32%
Likely place of HIV acquisition										
Australia	6	11.7	↓ 49%	8.3	↓ 28%	10	5.7	↑ 75%	7.3	↑ 37%
Overseas	5	15.7	↓ 68%	6.3	↓ 21%	23	23.3	-	15.0	↑ 53%
Unknown	1	1.3	-	0.3	-	2	0.7	-	0.3	-

Source: NCIMS, Health Protection NSW, 27 February 2024

2. Prevention

Summary

Pre-exposure prophylaxis (PrEP) use is at an all-time high in NSW. People who have accessed PrEP through the Pharmaceutical Benefits Schedule (PBS) in 2023 increase to 17,588 people, and the total number of NSW residents ever dispensed PrEP under the PBS reached 30,626 people (

Figure 8). It is important to note because of changes in an individual's HIV related risk behaviour, their use of PrEP may change over time. People who are not eligible for Medicare would not be included in the data from the PBS.

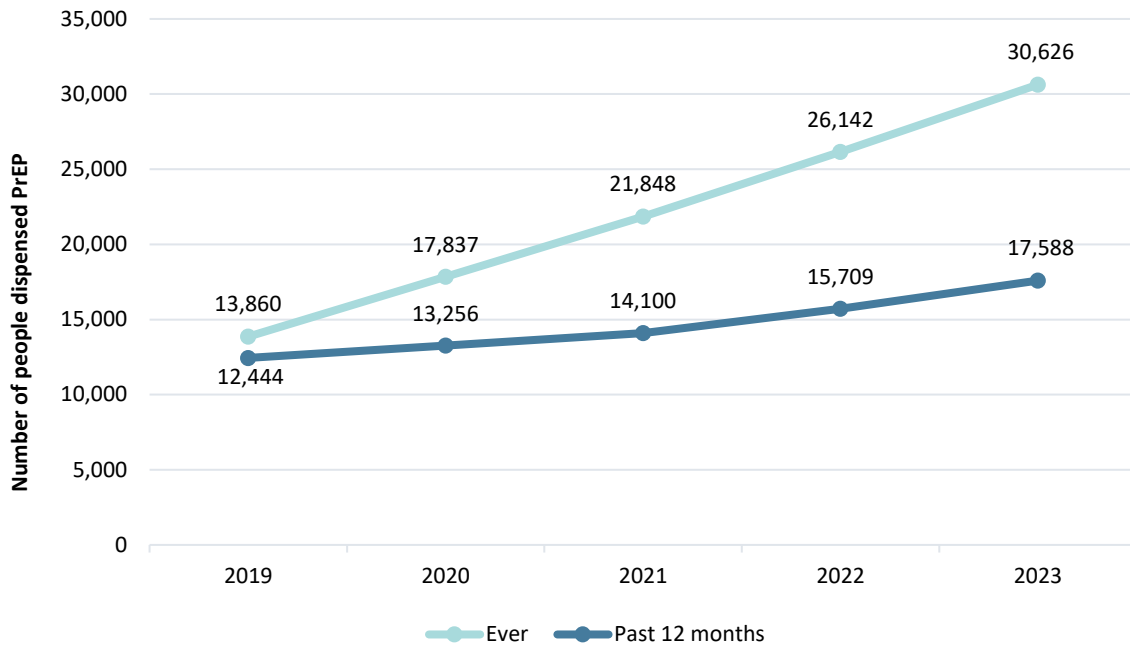
There were 4,483 people who had been prescribed PrEP for the first time under the PBS in 2023 (**Figure 9**). Please see **Appendix C: Characteristics of PrEP dispensing** for more information.

The use of condoms, PrEP and undetectable viral load as HIV risk reduction strategies used by gay and bisexual men are measured through the annual Sydney Gay Community Periodic Survey (SGCPS) (**Figure 10**).

The SGCPS data show a rapid increase in PrEP use over time, with PrEP becoming the most used HIV prevention strategy by gay and bisexual men with casual partners in 2019. The proportion of gay and bisexual men with casual partners who reported PrEP use and condomless anal intercourse was 47.0% in 2023 – the highest recorded in the SGCPS. Over time, the proportion of gay and bisexual men with casual partners who reported net prevention coverage (i.e., any form of safe sex, including not having anal intercourse, condom use, PrEP use, undetectable viral load) increased from 72.2% in 2014 to 83.2% in 2023 (**see Figure 19**).

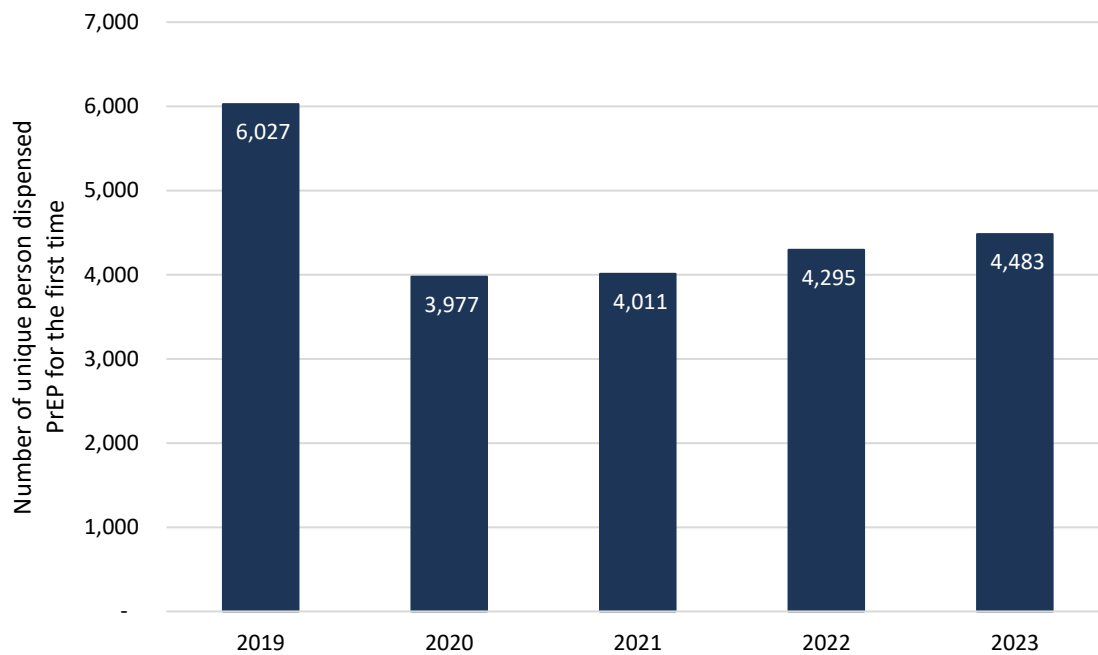
Among participants reporting condomless anal intercourse (CAIC), 75.6% reported using biomedical prevention strategies (i.e., PrEP or U=U), which has increased from 61.3% in 2019 and even more significantly from 20.6% in 2014. Among non-HIV-positive participants who reported CAIC in the six months prior to the survey, 76.6% reported using PrEP (increased from 64.6% in 2019).

Figure 8: Total number of people dispensed PrEP ever and within the past 12 months



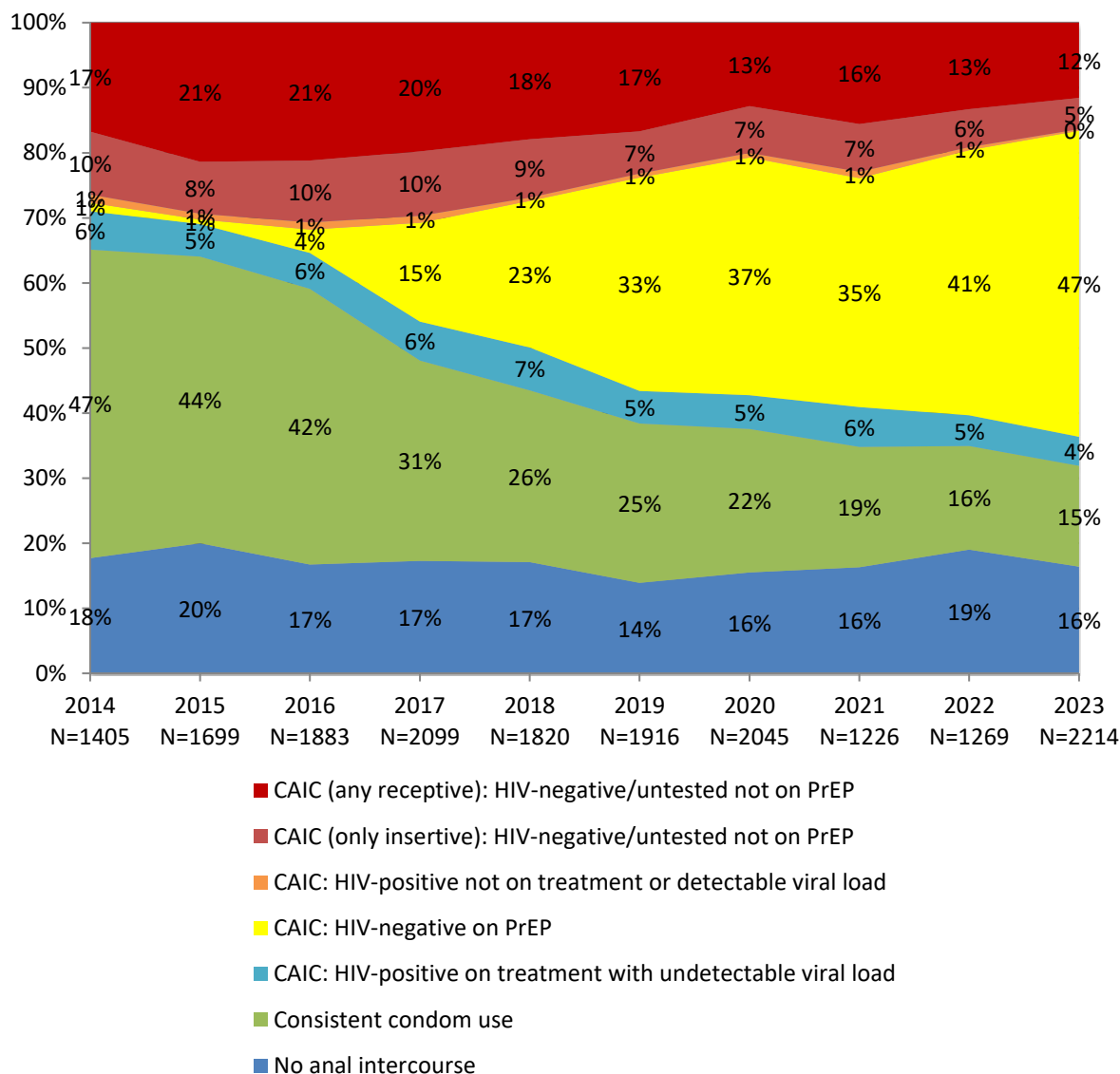
Source: Pharmaceutical Benefits Schedule Highly Specialised Drugs Programme (PBS)

Figure 9: Number of people dispensed PrEP under the PBS for the first time



Source: Pharmaceutical Benefits Schedule Highly Specialised Drugs Programme (PBS)

Figure 10: Gay and bisexual men with casual partners by method of risk prevention in the previous six months, 2019 to 2023



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.

3. Testing

Summary

In 2023, there were 600,778 HIV serology tests performed across 12 public and private laboratories in NSW (**Figure 11**). This represents a 9% increase in tests compared to the pandemic period (2020-22 av. n = 549,239) and a 2% increase compared to the pre-pandemic period (2017-19 av. n = 587,780). As overall testing has almost returned to the 2019 peak (2019 n = 612,013), it appears that HIV testing has recovered from the declines observed during the pandemic period.

Publicly funded sexual health clinics (PFSHC)

In 2023, 53,012 HIV tests were performed in PFSHC, a 28% increase from the pandemic period (2020-22 av. n=37,994) but lower than the pre-pandemic period average (2017-19 av. n=60,012) (**Figure 12**). Testing remains targeted to priority populations, with MSM accounting for 58% of PFSHC tests.

Dried Blood Spot (DBS)

There were 4,656 DBS tests performed in 2023. Of the 4,656 HIV DBS tests, 392 (8%) were done by people from high prevalence countries, 1,412 (30%) were done by Aboriginal people and 2,940 (63%) were done by people who had ever injected drugs (**Table 2**).

Among participants of the Sydney Gay Community Periodic Survey, lifetime HIV testing had been stable prior to a decline that coincided with the COVID-19 pandemic (falling from 92% in 2019 to 85.8% of all participants in 2021) (**Figure 13**). In 2023, the proportion reporting lifetime HIV testing increased to 93.1%, the highest recorded in the past 10 years.

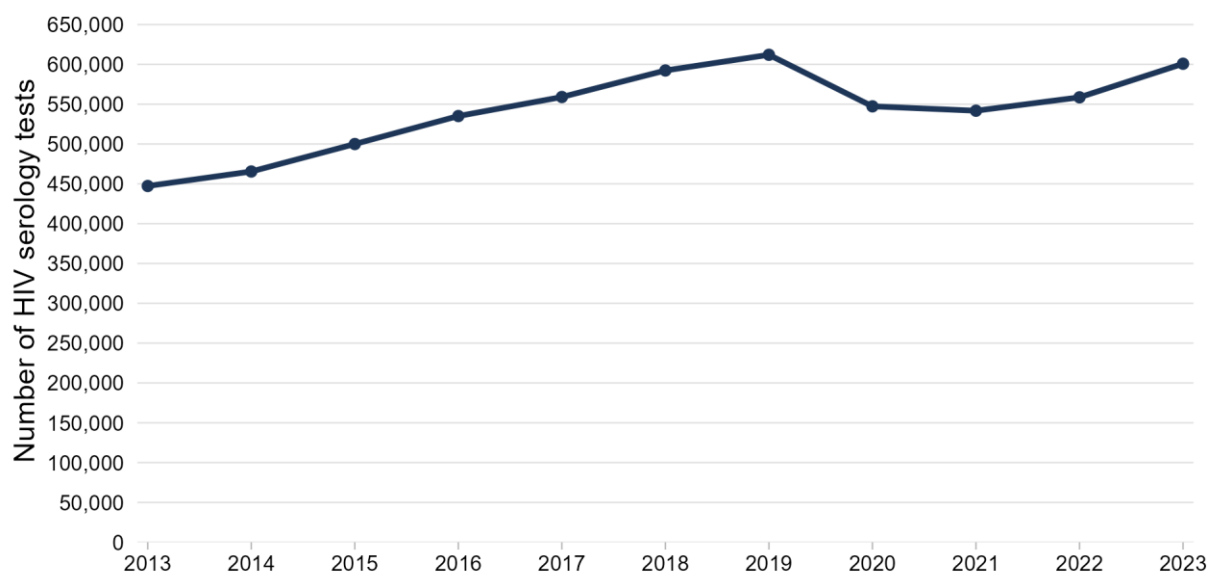
Compared with participants living in suburbs with over 5% gay residents, lifetime HIV testing rates have consistently been lower among participants from Greater Western Sydney, elsewhere in Sydney, and the rest of NSW, though the gap has narrowed in 2023. Similarly, past-year HIV testing among non-HIV-positive participants remains notably higher among participants living in suburbs with more than 5% gay residents (76.7%) than Greater Western Sydney (70.8%), the rest of Sydney (69.7%), and the rest of NSW (59.7%). (

Figure 14)*Community settings*

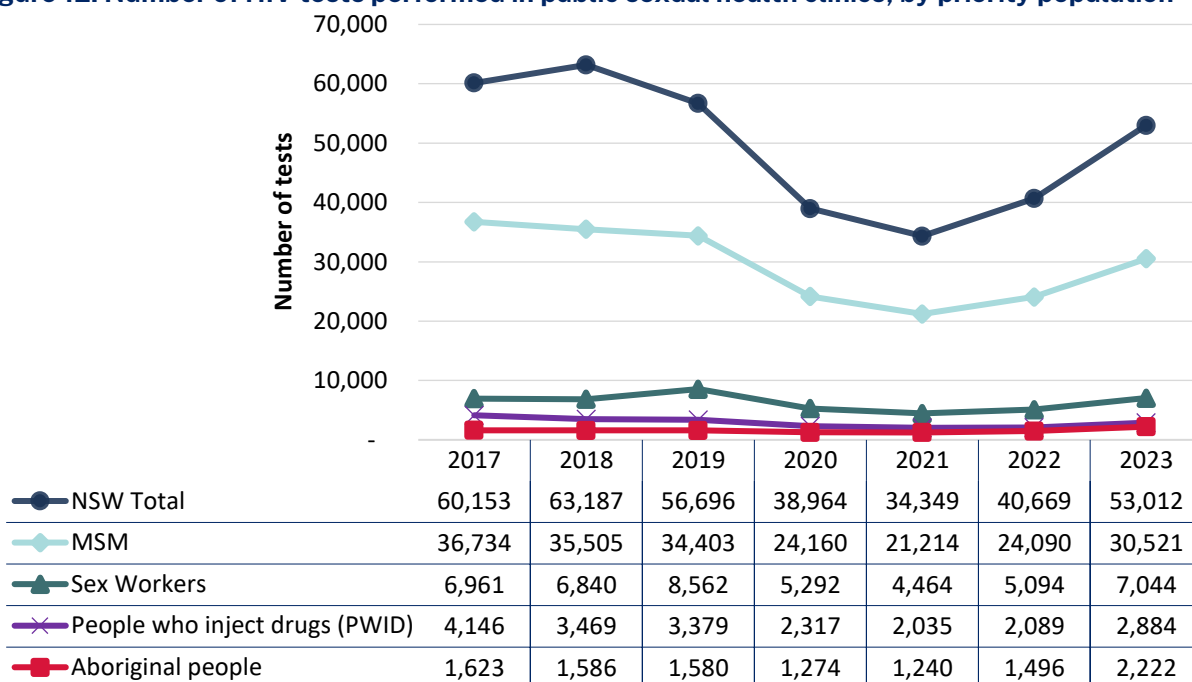
NSW data shows community-based testing sites are an effective testing model for engaging MSM with high-risk behaviour and infrequent testing history.

Peer-led community-based testing at a[TEST] Oxford Street and Surry Hills was high and well targeted in 2023 with 2,448 rapid tests and 5,819 antibody tests conducted. Rapid tests increased by 3%, and antibody tests increased by 11% compared to 2022 (**Table 3**). 13.6% of clients attending a[TEST] Oxford Street tested more than 12 months ago and 30.5% were classified as high risk with more than 5 sexual partners in the last 3 months (**Figure 16**).

During the COVID pandemic (2022-22), health system service capacity and restrictions on movement resulted in changes to sexual behaviour and altered healthcare-seeking behaviour, including a reduction in the number of HIV tests undertaken in publicly funded sexual health clinics (PFSHC). In 2023 HIV testing in NSW has returned to high pre-COVID pandemic levels, with testing remaining targeted to the NSW HIV Strategy priority populations. Local health districts and speciality health networks are being encouraged to improve access to testing and prevention promotion in Greater Western Sydney following an increase in HIV notifications (**see Section 1. New HIV Diagnoses**).

Figure 11: Number of HIV serology tests performed in 12 NSW laboratories, 2013 to 2023

Source: NSW Health denominator data project, out 13 March 2024.

Figure 12: Number of HIV tests performed in public sexual health clinics, by priority population

Source: NSW Health HIV Strategy Monitoring Database

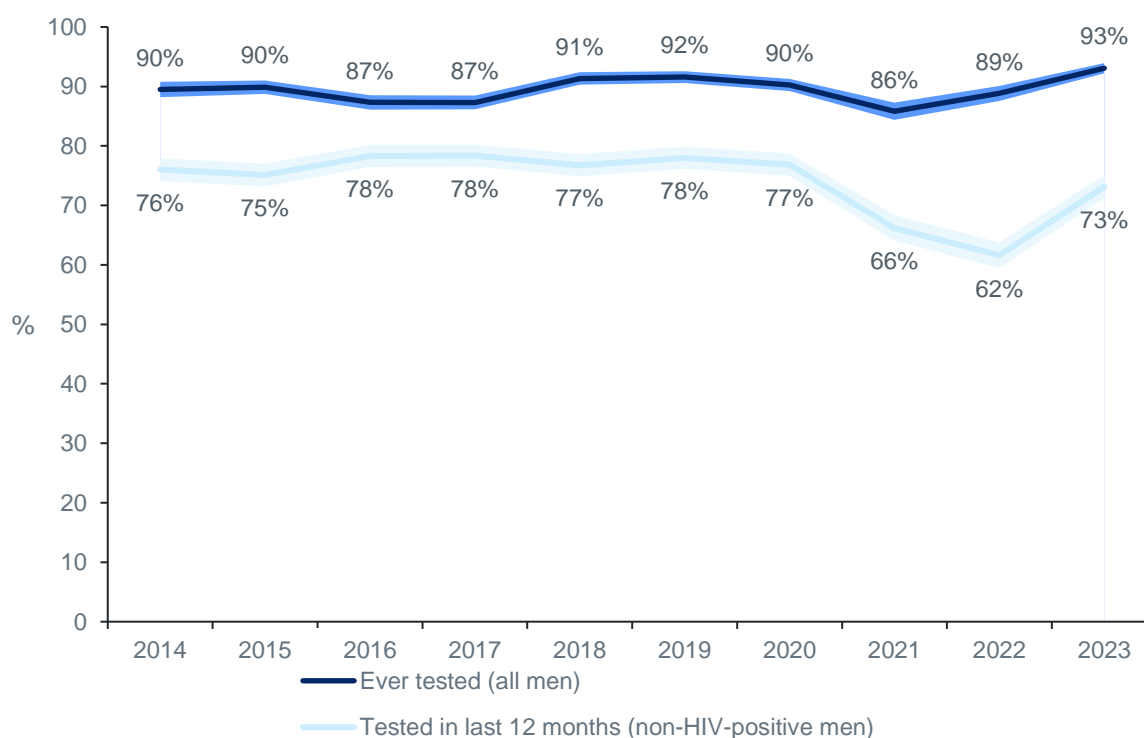
Note: The sum of the groups may be greater than the total of tests because individuals who belong to more than one priority population are counted in each grouping that they belong.

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

Recruitment indicators	2023 (Jan - Dec)	Total
Registrations for DBS test (including Hepatitis C)	7,649	27,314
Registrations for DBS requesting HIV testing	4,725 (62%)	23,277 (85%)
Number of HIV DBS tests completed	4,656 (63%)	20,425 (96%)
Number (%) of reactive HIV tests*	0	14
Target population		
From high prevalence country	392 (8%)	1,989 (10%)
Aboriginal people	1,412 (30%)	5,838 (29%)
Ever injected drugs	2,940 (63%)	11,597 (57%)

Source: NSW Dried Blood Spot Research database.

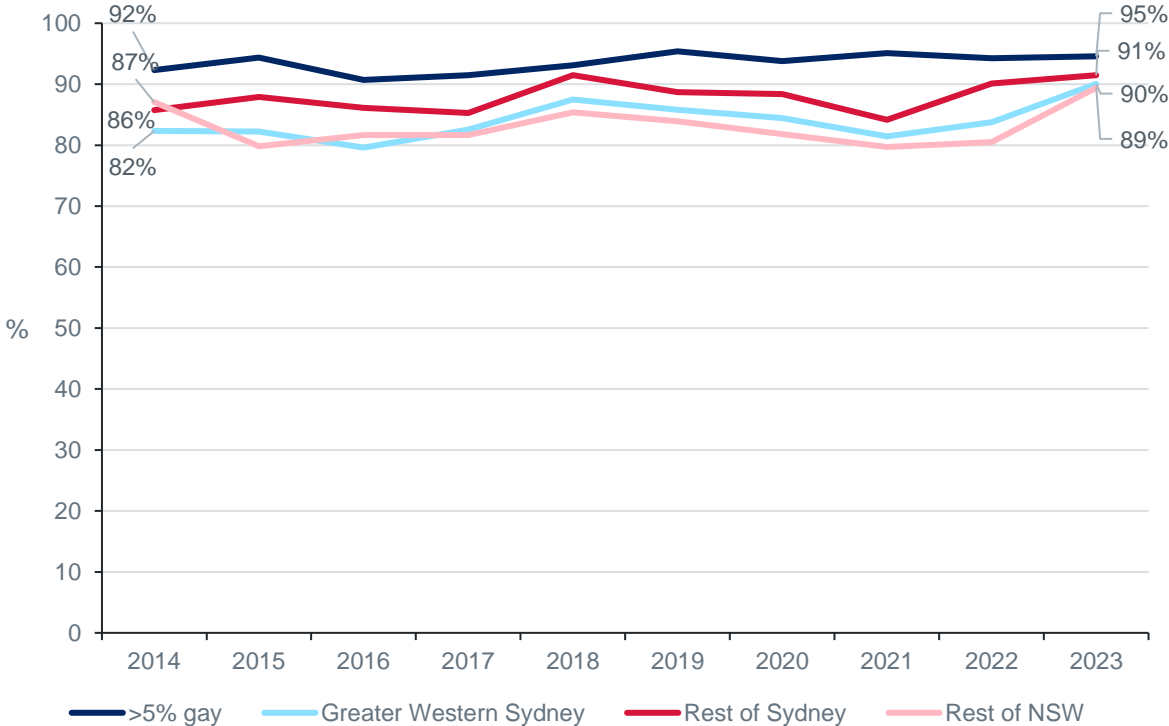
* Reactive HIV tests were confirmed positive by venous testing and linked into care. Participants with known HIV positive status when accessing DBS testing removed from total.

Figure 13: Lifetime HIV testing and testing in the previous 12 months*

Source: Sydney Gay Community Periodic Survey

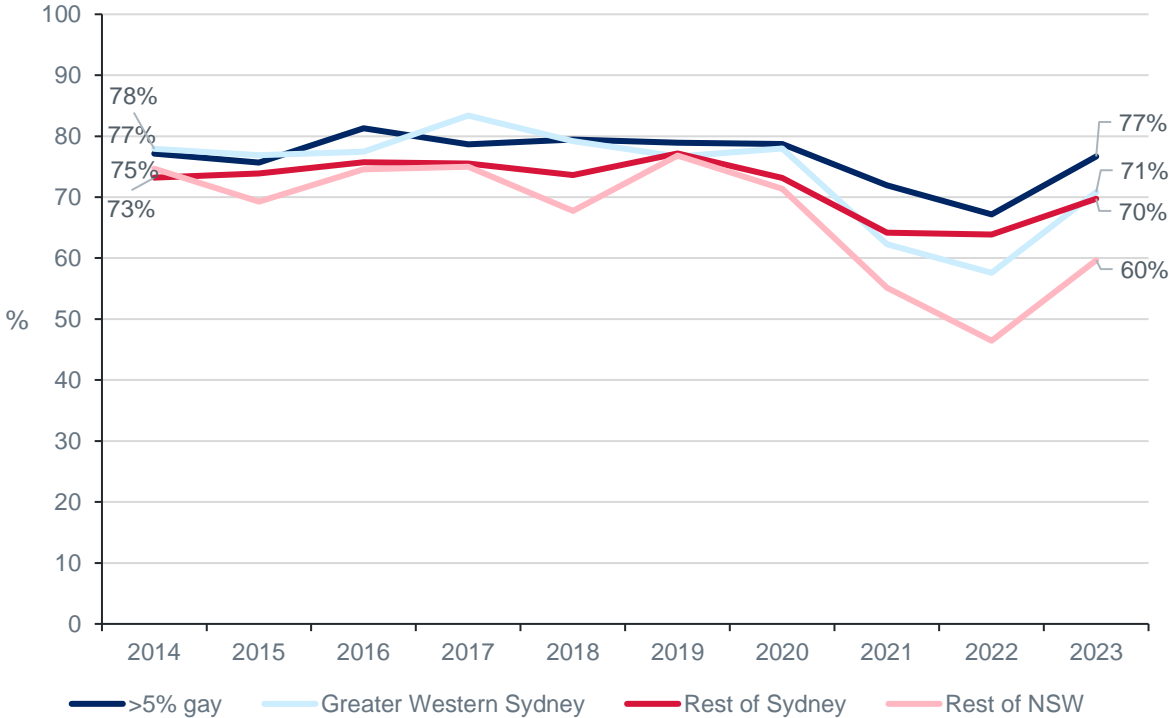
* Note: The shading in Figure 13 indicates the 95% confidence interval

Figure 14a: Lifetime HIV testing, by participant’s area of residency



Source: Sydney Gay Community Periodic Survey

Figure 15b: HIV testing within previous 12-months among non-HIV positive participants, by participant’s area of residency



Source: Sydney Gay Community Periodic Survey

Table 3: Number of HIV tests in community-based sites and proportion of clients with high-risk behaviour and infrequent testing history in 2023

Setting	Total unique clients (2023)	Total HIV rapid tests conducted	Total HIV antibody tests	Unique positives	% not tested previously	% tested +12 month prior	% with 5+ recent sexual partners	% overseas-born
a[TEST] Surry Hills	819	385	927	0.12% (n=1)	9%	20%	24%	65%
a[TEST] Oxford ST	3,619	2,063	4,892	0.39% (n=14)	6%	16%	31%	65%

Source: NSW Health HIV Strategy Monitoring Database

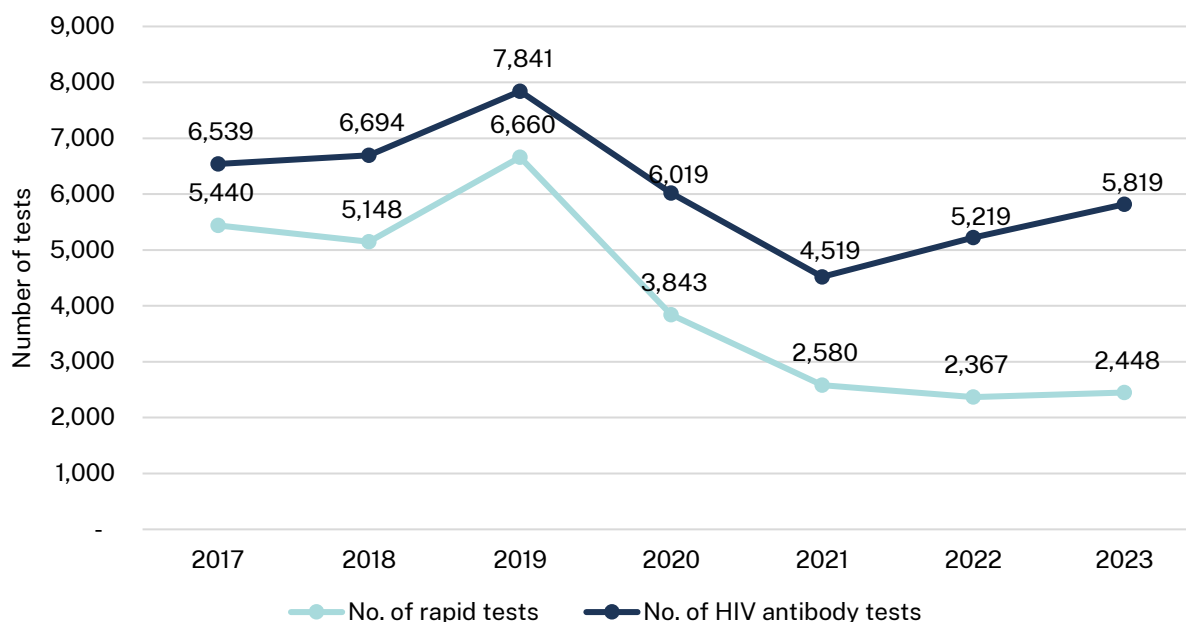
Note:

Unique positive is for HIV antibody tests and incorporates positive results for HIV tests done without a rapid test at aTest sites.

Clients' risk behaviour, infrequent testing history, and overseas-born are calculated by total unique patients at Oxford St (n=3,619) and Surry Hills (n= 819).

High risk behaviour clients are the clients who reported having never been tested before or been tested more than 12 months ago and the clients who have had more than five sexual partners in the last three months. Overseas-born clients are also a priority population.

Only patients who provide information on this characteristic is included. Recent is within three months.

Figure 16: The number of rapid HIV tests and antibody tests at a community-based site between 2017 and 2023.

Source: NSW Health HIV Strategy Monitoring Database

4. Treatment

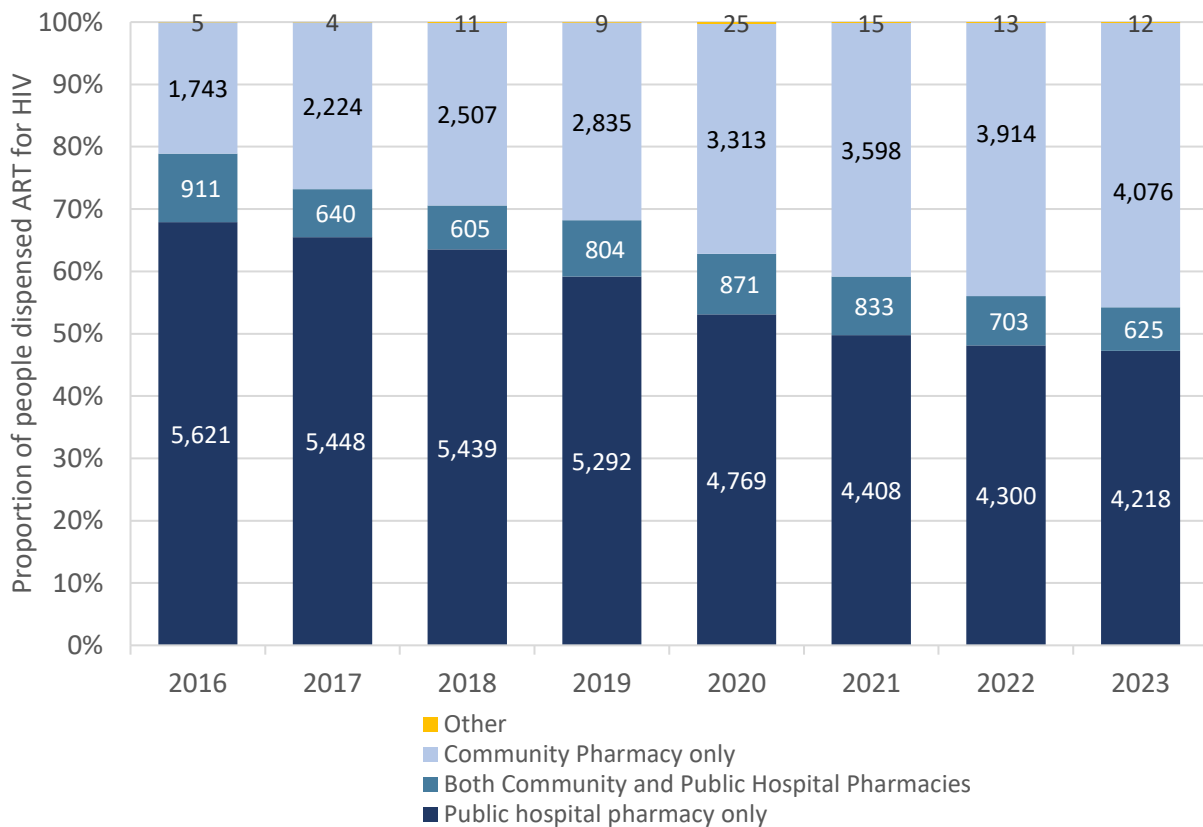
Summary

In 2022, (2023 data not currently available) an estimated 96% of people diagnosed with HIV in NSW were retained in care, and 98% were receiving treatment. Of those on treatment, 99% have an undetectable viral load.

In 2023, 8,931 NSW residents were dispensed PBS-subsidised antiretroviral therapy (ART) for HIV treatment at least once within the previous 12 months (**Figure 17**). Just under half (46%) were dispensed by community pharmacies, this proportion has been steadily increasing.

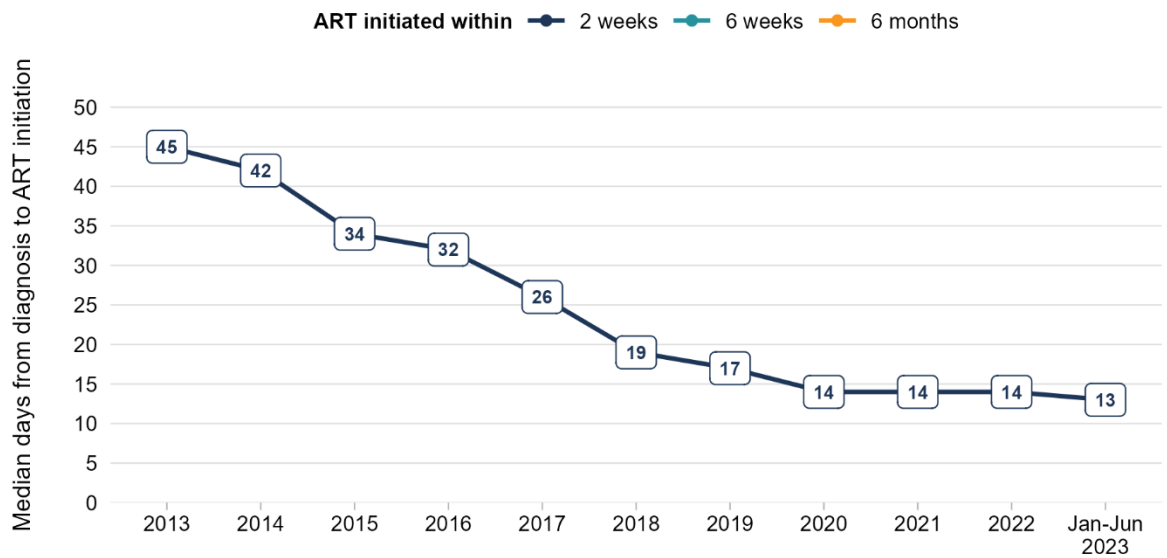
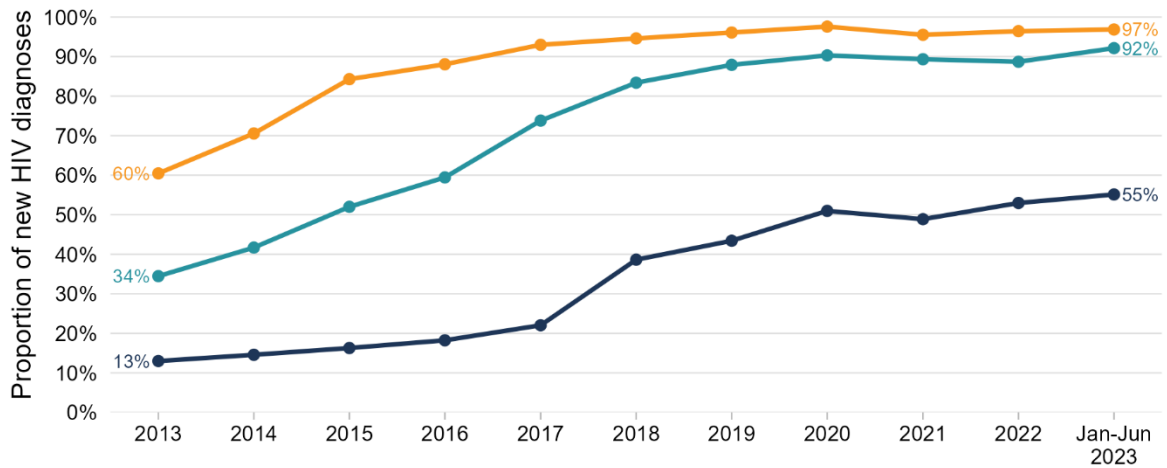
Of 127 new HIV diagnoses followed up after six months during January to June 2023, 55% initiated ART within two weeks, 92% within six weeks and 97% within six months of diagnosis. The median time to ART initiation was 13 days. Of the 123 on ART by six months of diagnosis, 107 (87%) were virally suppressed (VL < 200 copies/mL).

Figure 17: The number of NSW residents who have been dispensed ART under the PBS for HIV within the last 12 months, by pharmacy type



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

Figure 18: Time to ART for NSW residents newly diagnosed in January 2013 to June 2023



Source: NCIMS, Health Protection NSW, 27 February 2024.

ART initiation is accurate at six-month follow up. Six-month follow-up has been done on NSW residents newly diagnosed from 1 January 2013 to 30 June 2023 (n=2,915). All new diagnoses were included irrespective of whether eligible for follow up and of care outcome.

5. Stigma

Summary

The Stigma Indicators Monitoring Project periodically collects data regarding stigma and discrimination experienced by people living with HIV (PLHIV), MSM, people who inject drugs (PWID), and sex workers. The project also monitors the expression of stigma towards these groups by health care workers and the public. Stigma indicator items are routinely included in surveys of people at risk and living with HIV, with varying data collection cycles. Data are collected in relation to any experiences of stigma or discrimination within the past 12 months, as well as stigmatising experiences specifically within health care settings.

Baseline data have previously been presented, based on the most recent data available prior to the commencement of the NSW HIV Strategy 2021-2025.

MSM are reporting less stigma or discrimination compared to 2018, with 50.8% reporting any discrimination, and negative experiences in healthcare settings declined 31.1% to 25.3% (**Figure 20**).

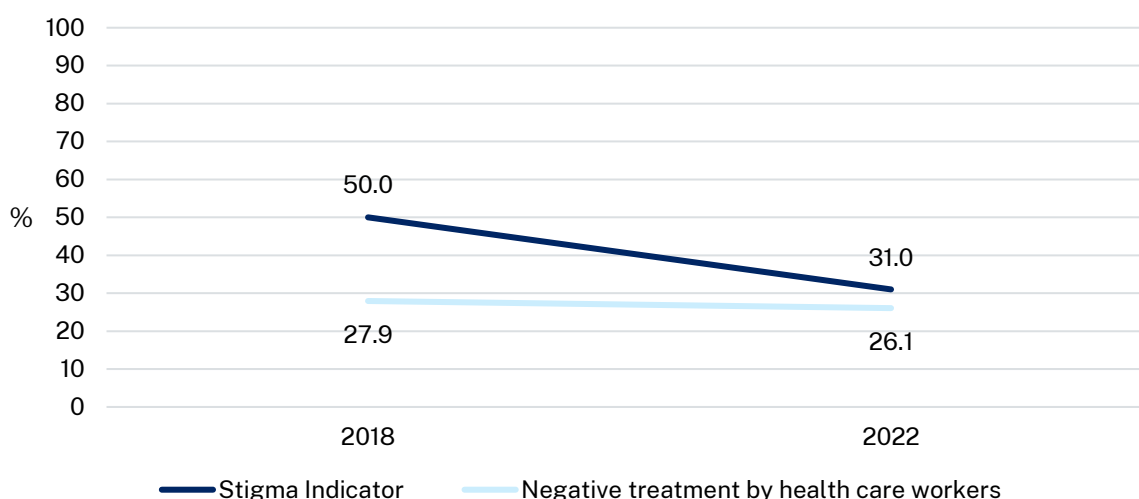
Experiences of any stigma against people who inject drugs decreased from 84.2% to 80.3% and the proportion reporting negative treatment by healthcare workers decreased from 73.2% to 66.8% (**Figure 21**).

Stigma or discrimination against sex workers remain high and needs to be addressed. In 2023, 95% of sex workers experienced any stigma or discrimination, and 90% experienced it from healthcare workers (**Figure 22**).

In summary, while progress has been made addressing stigma in some priority populations (MSM, PLHIV), sex workers and people who inject drugs frequently face discrimination in healthcare settings.

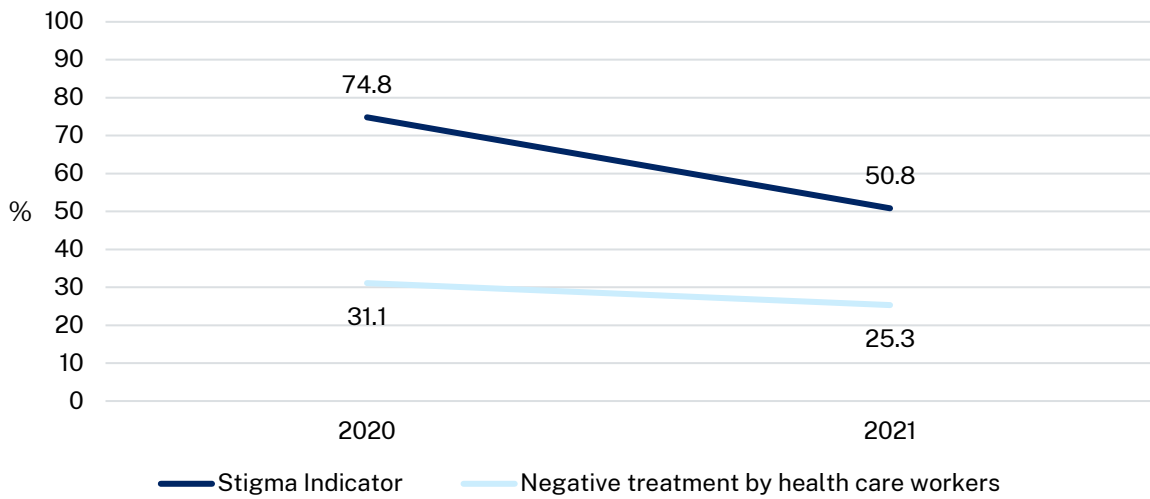
Between 2021 and 2022, healthcare workers reported a 2% *increase* in self-reported likelihood of behaving negatively to someone because of their HIV status; a 29% decrease in discriminatory attitudes towards sexual orientation; a 2% *increase* in discriminatory attitudes towards injecting drug use; and a 4% *increase* in discriminatory attitudes towards sex work (**Figure 23**).

Figure 19: Past year experiences of stigma or discrimination reported by people living with HIV



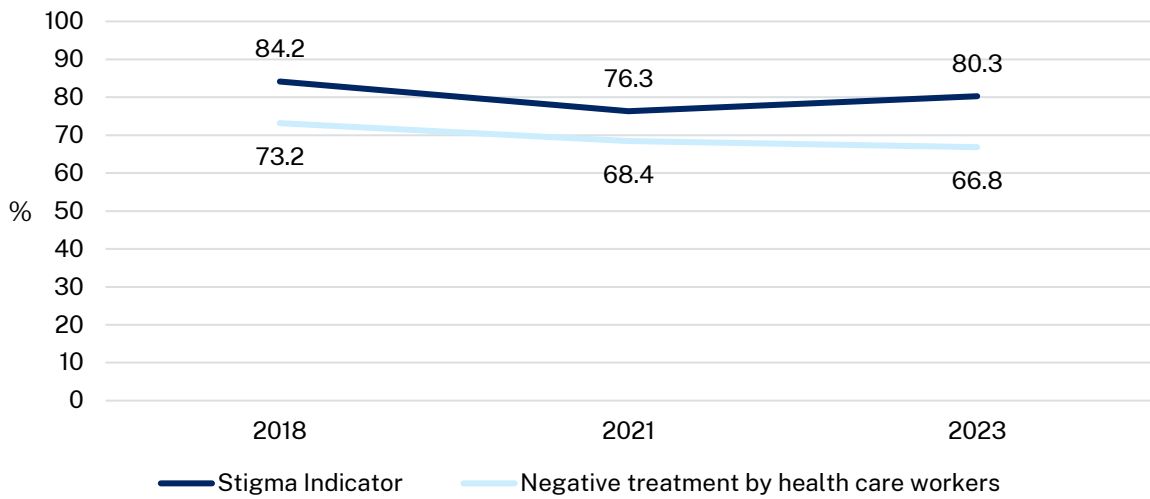
Source: Stigma Indicators Monitoring Project

Figure 20. Past year experiences of stigma or discrimination reported by MSM



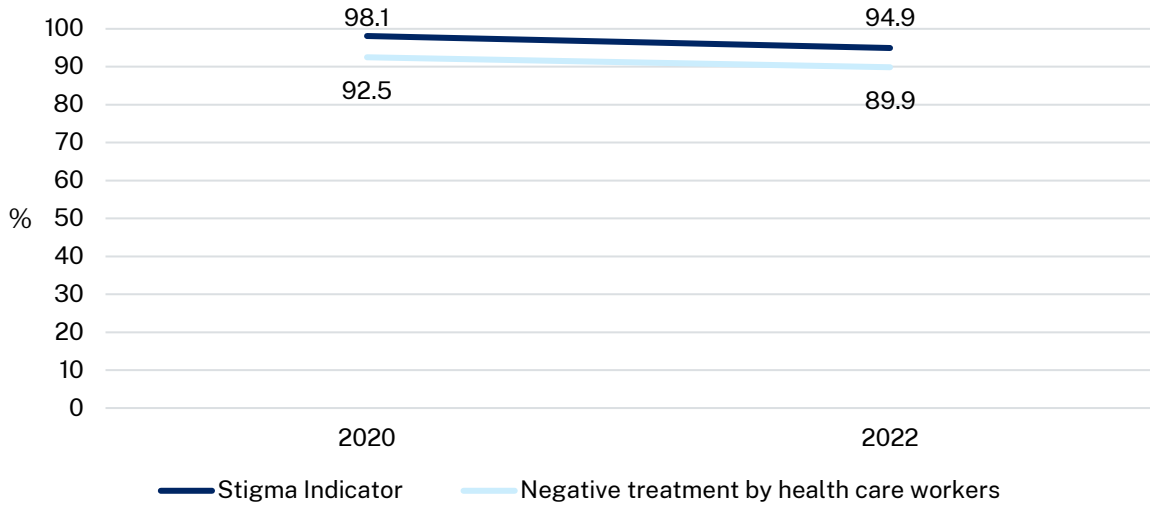
Source: Stigma Indicators Monitoring Project

Figure 21. Past year experiences of stigma and discrimination reported by PWID



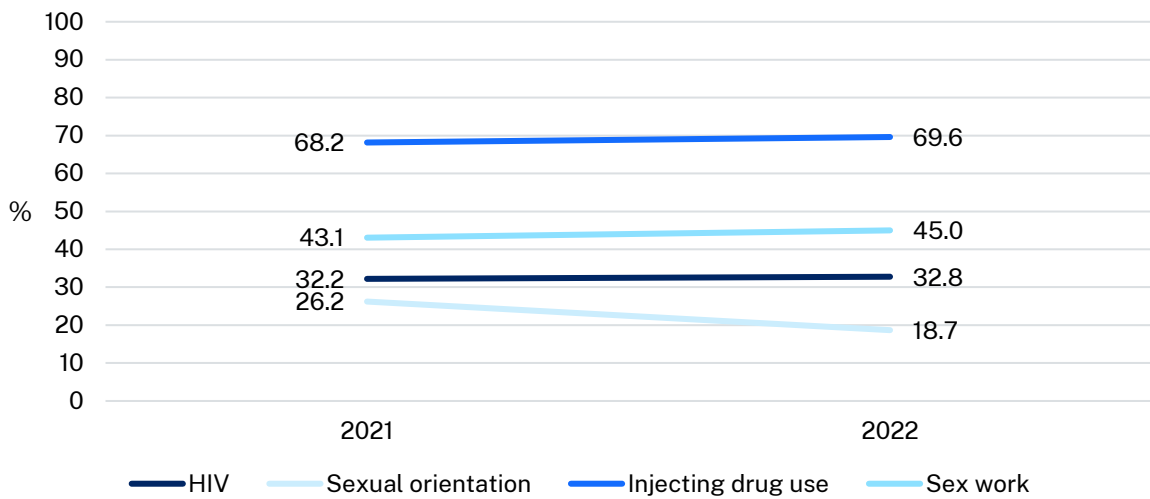
Source: Stigma Indicators Monitoring Project

Figure 22. Past year experiences of stigma and discrimination reported by sex workers



Source: Stigma Indicators Monitoring Project

Figure 23. Self-reported likelihood of behaving negatively towards other people because of their HIV, sexual orientation, injecting drug use, and sex work among health care workers



Source: Stigma Indicators Monitoring Project

For more details, see full reports available on the BRISE website: <https://www.brise.org.au/projects>

6. Appendices

Appendix A: Data Sources

New HIV Diagnoses Data Sources

Name	Custodian	Availability	Details
Notifiable Conditions Information Management System (NCIMS)	Health Protection NSW, NSW Health	Quarterly	Statewide coverage of HIV diagnoses notified to NSW Health and their follow-up six months post diagnosis. Quarterly report restricted to diagnoses of NSW residents who are newly diagnosed with HIV. NCIMS contains de-identified epidemiological information including 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	Coverage
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.
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.

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.
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.

Treatment Data Sources

Name	Custodian	Availability	Coverage
Pharmaceutical Benefits Schedule (PBS) Highly Specialised Drugs Programme data	Centre for Population Health, NSW Health	Quarterly Note: 6-week lag in data being provided to NSW Health.	PBS dispensing data for HIV treatments for all NSW residents from July 2014. This data is prepared by the Commonwealth Government for NSW Health and captures all HIV treatment dispensing in NSW through the PBS from a public hospital, private hospital, or community pharmacies.
Notifiable Conditions Information Management System (NCIMS)	Health Protection NSW, NSW Health	Quarterly	Statewide coverage of HIV diagnoses notified to NSW Health and their follow-up six months post diagnosis. Quarterly report restricted to diagnoses of NSW residents who are newly diagnosed with HIV. NCIMS contains de-identified epidemiological information including 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
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.

Stigma Data Sources

Name	Custodian	Availability	Coverage
Stigma Indicators Monitoring Project	Centre for Social Research in Health	Annually	The Stigma Indicators Monitoring Project periodically collects data regarding stigma and discrimination experienced by PLHIV and other groups at risk (e.g., MSM, PWID, sex workers). The project also monitors the expression of stigma towards these groups by health care workers and the public

Appendix B: Characteristics of residents notified with newly diagnosed HIV infection

Case characteristics	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	1981-2023
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Total (ALL)	354	343	350	318	313	277	281	206	178	168	231	19641
Gender												
Male	324 (91.5%)	317 (92.4%)	320 (91.4%)	292 (91.8%)	282 (90.1%)	254 (91.7%)	252 (89.7%)	181 (87.9%)	165 (92.7%)	144 (85.7%)	200 (86.6%)	18019 (91.7%)
Female	27 (7.6%)	25 (7.3%)	28 (8.0%)	22 (6.9%)	25 (8.0%)	20 (7.2%)	23 (8.2%)	21 (10.2%)	12 (6.7%)	22 (13.1%)	26 (11.3%)	1303 (6.6%)
Transgender	3 (0.8%)	1 (0.3%)	2 (0.6%)	4 (1.3%)	6 (1.9%)	3 (1.1%)	6 (2.1%)	4 (1.9%)	1 (0.6%)	2 (1.2%)	5 (2.2%)	71 (0.4%)
Unknown	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	248 (1.3%)
Aboriginal or Torres Strait Islander person status												
Aboriginal person	8 (2.3%)	7 (2.0%)	7 (2.0%)	10 (3.1%)	8 (2.6%)	11 (4.0%)	7 (2.5%)	5 (2.4%)	1 (0.6%)	6 (3.6%)	11 (4.8%)	242 (1.2%)
Non-Aboriginal person	343 (96.9%)	331 (96.5%)	339 (96.9%)	308 (96.9%)	305 (97.4%)	266 (96.0%)	274 (97.5%)	200 (97.1%)	177 (99.4%)	162 (96.4%)	218 (94.4%)	12513 (63.7%)
Not stated	3 (0.8%)	5 (1.5%)	4 (1.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	2 (0.9%)	6886 (35.1%)
Age in years at diagnosis												
0-9	1 (0.3%)	0 (0.0%)	0 (0.0%)	1 (0.3%)	1 (0.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	65 (0.3%)
10-19	8 (2.3%)	3 (0.9%)	6 (1.7%)	3 (0.9%)	5 (1.6%)	4 (1.4%)	4 (1.4%)	5 (2.4%)	0 (0.0%)	3 (1.8%)	2 (0.9%)	373 (1.9%)
20-29	101 (28.5%)	92 (26.8%)	108 (30.9%)	100 (31.4%)	87 (27.8%)	96 (34.7%)	72 (25.6%)	63 (30.6%)	54 (30.3%)	39 (23.2%)	63 (27.3%)	6209 (31.6%)
30-39	90 (25.4%)	109 (31.8%)	107 (30.6%)	111 (34.9%)	93 (29.7%)	79 (28.5%)	108 (38.4%)	66 (32.0%)	54 (30.3%)	61 (36.3%)	80 (34.6%)	7107 (36.2%)
40-49	90 (25.4%)	75 (21.9%)	59 (16.9%)	62 (19.5%)	60 (19.2%)	50 (18.1%)	49 (17.4%)	37 (18.0%)	35 (19.7%)	37 (22.0%)	41 (17.7%)	3789 (19.3%)
50-59	47 (13.3%)	40 (11.7%)	42 (12.0%)	31 (9.7%)	35 (11.2%)	33 (11.9%)	32 (11.4%)	23 (11.2%)	21 (11.8%)	20 (11.9%)	29 (12.6%)	1437 (7.3%)
60-69	15 (4.2%)	21 (6.1%)	22 (6.3%)	10 (3.1%)	22 (7.0%)	11 (4.0%)	11 (3.9%)	12 (5.8%)	11 (6.2%)	7 (4.2%)	15 (6.5%)	468 (2.4%)
70+	2 (0.6%)	3 (0.9%)	6 (1.7%)	0 (0.0%)	10 (3.2%)	4 (1.4%)	5 (1.8%)	0 (0.0%)	3 (1.7%)	1 (0.6%)	1 (0.4%)	105 (0.5%)
Unknown	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	88 (0.4%)
Stage of infection												
Early	147 (41.5%)	159 (46.4%)	151 (43.1%)	144 (45.3%)	106 (33.9%)	107 (38.6%)	92 (32.7%)	63 (30.6%)	46 (25.8%)	52 (31.0%)	65 (28.1%)	3960 (20.2%)
CD4 500+	56 (15.8%)	54 (15.7%)	56 (16.0%)	44 (13.8%)	46 (14.7%)	37 (13.4%)	36 (12.8%)	34 (16.5%)	28 (15.7%)	26 (15.5%)	34 (14.7%)	1504 (7.7%)
CD4 350-499	43 (12.1%)	33 (9.6%)	31 (8.9%)	37 (11.6%)	43 (13.7%)	26 (9.4%)	45 (16.0%)	21 (10.2%)	21 (11.8%)	19 (11.3%)	26 (11.3%)	909 (4.6%)
CD4 200-349	43 (12.1%)	32 (9.3%)	48 (13.7%)	28 (8.8%)	41 (13.1%)	49 (17.7%)	36 (12.8%)	26 (12.6%)	21 (11.8%)	16 (9.5%)	32 (13.9%)	960 (4.9%)
Advanced	54 (15.3%)	58 (16.9%)	56 (16.0%)	59 (18.6%)	74 (23.6%)	53 (19.1%)	70 (24.9%)	60 (29.1%)	60 (33.7%)	53 (31.5%)	70 (30.3%)	2576 (13.1%)
Unknown	11 (3.1%)	7 (2.0%)	8 (2.3%)	6 (1.9%)	3 (1.0%)	5 (1.8%)	2 (0.7%)	2 (1.0%)	2 (1.1%)	2 (1.2%)	4 (1.7%)	9732 (49.5%)

Case characteristics	2013 N (%)	2014 N (%)	2015 N (%)	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)	2020 N (%)	2021 N (%)	2022 N (%)	2023 N (%)	1981-2023 N (%)
Total (ALL)	354	343	350	318	313	277	281	206	178	168	231	19641
Reported HIV risk exposure												
<i>MSM</i>	266 (75.1%)	254 (74.1%)	264 (75.4%)	237 (74.5%)	215 (68.7%)	194 (70.0%)	190 (67.6%)	135 (65.5%)	121 (68.0%)	105 (62.5%)	149 (64.5%)	12476 (63.5%)
<i>MSM and IDU</i>	16 (4.5%)	20 (5.8%)	21 (6.0%)	25 (7.9%)	17 (5.4%)	25 (9.0%)	26 (9.3%)	20 (9.7%)	15 (8.4%)	15 (8.9%)	19 (8.2%)	693 (3.5%)
<i>HET</i>	60 (16.9%)	50 (14.6%)	52 (14.9%)	48 (15.1%)	68 (21.7%)	51 (18.4%)	56 (19.9%)	40 (19.4%)	35 (19.7%)	38 (22.6%)	47 (20.3%)	1982 (10.1%)
<i>IDU</i>	7 (2.0%)	8 (2.3%)	4 (1.1%)	4 (1.3%)	6 (1.9%)	4 (1.4%)	5 (1.8%)	3 (1.5%)	4 (2.2%)	4 (2.4%)	4 (1.7%)	599 (3.0%)
<i>Blood disorder, blood, or tissue recipient</i>	0 (0.0%)	0 (0.0%)	1 (0.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (0.4%)	279 (1.4%)
<i>Vertical transmission</i>	1 (0.3%)	1 (0.3%)	0 (0.0%)	1 (0.3%)	2 (0.6%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	55 (0.3%)
<i>Other</i>	1 (0.3%)	4 (1.2%)	3 (0.9%)	1 (0.3%)	1 (0.3%)	1 (0.4%)	3 (1.1%)	2 (1.0%)	1 (0.6%)	3 (1.8%)	6 (2.6%)	65 (0.3%)
<i>Unknown</i>	3 (0.8%)	6 (1.7%)	5 (1.4%)	2 (0.6%)	4 (1.3%)	2 (0.7%)	1 (0.4%)	4 (1.9%)	2 (1.1%)	3 (1.8%)	5 (2.2%)	3492 (17.8%)
LHD of residence												
<i>South Eastern Sydney</i>	126 (35.6%)	112 (32.7%)	130 (37.1%)	84 (26.4%)	92 (29.4%)	85 (30.7%)	73 (26.0%)	50 (24.3%)	53 (29.8%)	41 (24.4%)	65 (28.1%)	6060 (30.9%)
<i>Sydney</i>	92 (26.0%)	84 (24.5%)	86 (24.6%)	95 (29.9%)	70 (22.4%)	63 (22.7%)	61 (21.7%)	37 (18.0%)	32 (18.0%)	27 (16.1%)	38 (16.5%)	3401 (17.3%)
<i>Northern Sydney</i>	26 (7.3%)	17 (5.0%)	24 (6.9%)	20 (6.3%)	30 (9.6%)	23 (8.3%)	23 (8.2%)	19 (9.2%)	13 (7.3%)	19 (11.3%)	12 (5.2%)	1141 (5.8%)
<i>Western Sydney</i>	26 (7.3%)	26 (7.6%)	20 (5.7%)	24 (7.5%)	27 (8.6%)	24 (8.7%)	30 (10.7%)	25 (12.1%)	22 (12.4%)	14 (8.3%)	31 (13.4%)	919 (4.7%)
<i>South Western Sydney</i>	28 (7.9%)	30 (8.7%)	31 (8.9%)	31 (9.7%)	26 (8.3%)	21 (7.6%)	34 (12.1%)	27 (13.1%)	22 (12.4%)	28 (16.7%)	31 (13.4%)	876 (4.5%)
<i>Hunter New England</i>	17 (4.8%)	27 (7.9%)	17 (4.9%)	15 (4.7%)	7 (2.2%)	17 (6.1%)	23 (8.2%)	19 (9.2%)	7 (3.9%)	4 (2.4%)	12 (5.2%)	591 (3.0%)
<i>Nepean Blue Mountains</i>	3 (0.8%)	6 (1.7%)	6 (1.7%)	2 (0.6%)	6 (1.9%)	5 (1.8%)	4 (1.4%)	5 (2.4%)	8 (4.5%)	7 (4.2%)	7 (3.0%)	304 (1.5%)
<i>Illawarra Shoalhaven</i>	7 (2.0%)	6 (1.7%)	7 (2.0%)	8 (2.5%)	10 (3.2%)	7 (2.5%)	6 (2.1%)	4 (1.9%)	3 (1.7%)	7 (4.2%)	5 (2.2%)	277 (1.4%)
<i>Northern NSW</i>	5 (1.4%)	7 (2.0%)	8 (2.3%)	5 (1.6%)	10 (3.2%)	9 (3.2%)	10 (3.6%)	2 (1.0%)	7 (3.9%)	5 (3.0%)	8 (3.5%)	262 (1.3%)
<i>Central Coast</i>	5 (1.4%)	8 (2.3%)	5 (1.4%)	11 (3.5%)	12 (3.8%)	5 (1.8%)	2 (0.7%)	5 (2.4%)	2 (1.1%)	2 (1.2%)	8 (3.5%)	244 (1.2%)
<i>Mid North Coast</i>	6 (1.7%)	7 (2.0%)	6 (1.7%)	2 (0.6%)	4 (1.3%)	3 (1.1%)	2 (0.7%)	3 (1.5%)	1 (0.6%)	3 (1.8%)	3 (1.3%)	168 (0.9%)
<i>Western NSW</i>	5 (1.4%)	2 (0.6%)	2 (0.6%)	5 (1.6%)	5 (1.6%)	3 (1.1%)	3 (1.1%)	4 (1.9%)	3 (1.7%)	3 (1.8%)	3 (1.3%)	149 (0.8%)
<i>Murrumbidgee-Albury</i>	3 (0.8%)	3 (0.9%)	4 (1.1%)	9 (2.8%)	6 (1.9%)	4 (1.4%)	2 (0.7%)	4 (1.9%)	0 (0.0%)	2 (1.2%)	3 (1.3%)	124 (0.6%)
<i>Southern NSW</i>	4 (1.1%)	4 (1.2%)	2 (0.6%)	6 (1.9%)	3 (1.0%)	3 (1.1%)	2 (0.7%)	1 (0.5%)	2 (1.1%)	4 (2.4%)	2 (0.9%)	84 (0.4%)
<i>Far West</i>	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.4%)	2 (0.7%)	0 (0.0%)	1 (0.6%)	0 (0.0%)	0 (0.0%)	12 (0.1%)
<i>Unknown or other</i>	1 (0.3%)	4 (1.2%)	2 (0.6%)	1 (0.3%)	5 (1.6%)	4 (1.4%)	4 (1.4%)	1 (0.5%)	2 (1.1%)	2 (1.2%)	3 (1.3%)	5029 (25.6%)

1981 to December 2023; data extracted from NCIMS, HPNSW, 27 February 2024.

Appendix C: Characteristics of PrEP dispensing

People dispensed PrEP by age group and area of residence, annually

Client characteristics	2018	2019	2020	2021	2022	2023
Age group						
0-19	74	145	153	167	190	220
20-29	1,812	3,143	3,228	3,363	3,571	3,702
30-39	2,679	4,438	4,789	5,192	5,859	6,540
40-49	1,867	2,876	3,064	3,180	3,542	4,033
50-59	1,126	1,723	1,833	1,919	2,190	2,494
60+	451	721	810	877	1,063	1,339
Area of residence						
GWS	1,151	2,014	2,220	2,344	2,608	3,068
Sydney (Gay postcode)	3,385	5,286	5,569	6,019	6,506	7,047
Other Sydney	1,658	2,799	2,935	3,182	3,551	3,953
Rest of NSW	1,781	3,008	3,125	3,256	3,435	3,975

Source: Pharmaceutical Benefits Schedule Highly Specialised Drugs Programme (PBS)

People dispensed PrEP by age group and area of residence

	Ever dispensed	dispensed in 2023	First dispensed in 2023
Age group			
0-19	746	220	166
20-29	9,352	3,702	1,373
30-39	12,382	6,540	1,480
40-49	7,457	4,033	706
50-59	4,435	2,494	482
60+	2,135	1,339	282
Area of residence			
GWS	6,118	7,047	933
Sydney (Gay postcode)	12,209	3,068	1,238
Other Sydney	7,959	3,953	1,088
Rest of NSW	8,322	3,977	1,229

Source: Pharmaceutical Benefits Schedule Highly Specialised Drugs Programme (PBS)

People dispensed PrEP by age group and area of residence, 2023

Age group	Sydney (Gay postcode)	GWS	Other Sydney	Rest of NSW
0-19	15	59	66	86
20-29	864	971	901	1,065
30-39	2,932	1,193	1,464	1,164
40-49	2,013	552	851	696
50-59	1,078	283	517	656
60+	476	138	284	457

Source: Pharmaceutical Benefits Schedule Highly Specialised Drugs Programme (PBS)

Appendix D: NSW HIV Data Advisory Committee members

Meredith Claremont	Advisory Committee Chair, Centre for Population Health, NSW Ministry of Health
Bianca Prain	Centre for Population Health, NSW Ministry of Health
Tina Gordon	Advisory Committee Secretariat, Centre for Population Health, NSW Ministry of Health
Erin Devine	Centre for Population Health, NSW Ministry of Health
Shawn Clackett	Centre for Population Health, NSW Ministry of Health
Hongli Dang	Centre for Population Health, NSW Ministry of Health
Tara Smith	Centre for Aboriginal Health, NSW Ministry of Health
Janaki Amin	Health Protection NSW, NSW Health
Lee Taylor	Health Protection NSW, NSW Health
James Scandol	Health Protection NSW, NSW Health
Christine Selvey	Health Protection NSW, NSW Health
Steven Nigro	Health Protection NSW, NSW Health
Nathan Ryder	STIPU, Centre for Population Health, NSW Ministry of Health
Nicolas Parkhill	ACON
Matthew Vaughan	ACON
Phillip Read	Sexual Health and BBV Services, SESLHD
David Lewis	Western Sydney Local Health District
Barbara Luisi	Multicultural HIV and Hepatitis Service (MHAHS)
Jane Costello	Positive Life NSW
Mary Harrod	NSW Users and AIDS Association (NUAA)
Andrew Grulich	The Kirby Institute, University of NSW
Rebecca Guy	The Kirby Institute, University of NSW
Phillip Keen	The Kirby Institute, University of NSW
Benjamin Bavinton	The Kirby Institute, University of NSW
Martin Holt	Centre for Social Research in Health, University of NSW

Appendix E: Geographic grouping based on postcodes

New HIV diagnoses are not evenly distributed across regions in NSW. A system was recently developed to classify area of residence among people newly diagnosed with HIV across four postcode-based regions in NSW. These regions are:

- Areas of Sydney where greater than 5% of the adult male population are estimated to be gay (gay postcodes); *
- Greater Western Sydney; **
- Other Sydney; ±
- Rest of NSW. ±±

* 30 contiguous postcodes in Inner-Sydney where the proportion of gay men among adult males is 5% or higher, based on postcode-level estimates developed by Callander and colleagues.¹ For the estimated prevalence of gay men among adult males, a method was developed using data from the Australian 2016 Census.

** As there is no consensus definition of the boundaries of Greater Western Sydney (GWS), in 2023 Kirby Institute staff conducted a consultation on this question with people working in HIV prevention roles in Sydney. An area covering 87 postcodes was defined. The defined area includes most of the 2021 populations of SWSLHD and WSLHD, approximately 74% of the population of NBMLHD, and small proportions of the populations of SLKHD and SESLHD.

± 113 postcodes in the Greater Sydney area, excluding *Sydney gay postcodes* and *Greater Western Sydney*.

±± All NSW postcodes excluding those in the Greater Sydney area (390 postcodes).

Area of Residence	Postcodes
Sydney (gay postcodes)	2000,2007,2008,2009,2010,2011,2015,2016,2017,2020,2021,2022,2025,2027,2028,2037,2038,2039,2040,2042,2043,2044,2048,2049,2050,2060,2130,2203,2204,2205
Greater Western Sydney	2114,2115,2116,2117,2118,2125,2127,2128,2141,2142,2143,2144,2145,2146,2147,2148,2150,2151,2152,2153,2154,2155,2156,2160,2161,2162,2163,2164,2165,2166,2167,2168,2170,2171,2172,2174,2175,2176,2177,2178,2179,2190,2191,2192,2194,2195,2196,2197,2198,2199,2200,2210,2211,2212,2213,2214,2555,2556,2557,2558,2559,2560,2563,2564,2565,2566,2567,2570,2745,2747,2748,2749,2750,2752,2753,2756,2759,2760,2761,2762,2763,2765,2766,2767,2768,2769,2770
Other Sydney	2018,2019,2023,2024,2026,2029,2030,2031,2032,2033,2034,2035,2036,2041,2045,2046,2047,2061,2062,2063,2064,2065,2066,2067,2068,2069,2070,2071,2072,2073,2074,2075,2076,2077,2079,2080,2081,2082,2083,2084,2085,2086,2087,2088,2089,2090,2092,2093,2094,2095,2096,2097,2099,2100,2101,2102,2103,2104,2105,2106,2107,2108,2110,2111,2112,2113,2119,2120,2121,2122,2126,2131,2132,2133,2134,2135,2136,2137,2138,2140,2157,2158,2159,2173,2193,2206,2207,2208,2209,2216,2217,2218,2219,2220,2221,2222,2223,2224,2225,2226,2227,2228,2229,2230,2231,2232,2233,2234
Rest of NSW	All other NSW postcodes

¹Callander, D., 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. **34**(11): p. 2160-2176.

