
NSW Health

NSW HIV Strategy 2021–2025

Annual Data Report 2024



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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.



This artwork, titled Shared Journeys was created by Charmaine Mumbulla and symbolises connection and togetherness on a shared journey towards sexual and blood borne virus health.

SHPN (CPH) 250246
ISBN: 978-1-74231-095-4

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: In 2024 there were 235 new diagnoses of HIV notified for NSW residents. The number of new diagnoses and the characteristics of those diagnosed are very similar to 2023.

Prevention: Prevention measures, such as PrEP, have been effective in reducing recently acquired cases of HIV. In 2024, 80% of gay and bisexual men 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. PrEP was the most common prevention method used.

Testing: Earlier detection of HIV and access to treatment significantly improves the health of an individual with HIV, reduces the person's risk of developing HIV-related illnesses, and once on treatment reduces the risk of HIV transmission. In 2024, overall, the number of HIV tests decreased by 1% from 2023.

Treatment: An estimated 92% of people living with HIV in NSW know their HIV status. The UNAIDS 95% targets were surpassed for people with diagnosed HIV retained in care are on treatment (99%) and achieving an undetectable viral load (99%) (2023, data for 2024 not yet available).

Stigma: Experiences of stigma and discrimination in healthcare settings are decreasing, however challenges persist, with notably high experiences of stigma and discrimination being experienced by sex workers. Continued efforts are essential to address these disparities.

Key Data – 2024

Table i. Key data summary for 2024

Characteristic	2023	2024	p-value ²
All diagnoses	N = 232 ¹	N = 235 ¹	
Place of birth			0.18
Australia	78 (34%)	91 (40%)	
Overseas	152 (66%)	137 (60%)	
Missing	2	7	
Stage of infection			0.072
Early	68 (30%)	91 (40%)	
Late	98 (43%)	81 (36%)	
Other	61 (27%)	55 (24%)	
Missing	5	8	
MSM	N = 167 ¹	N = 157 ¹	
Place of birth			0.18
Australia	58 (35%)	66 (42%)	
Overseas	109 (65%)	91 (58%)	
Stage of infection			0.34
Early	61 (37%)	69 (45%)	
Late	59 (36%)	46 (30%)	
Other	45 (27%)	39 (25%)	
Missing	2	3	
HET	N = 48 ¹	N = 57 ¹	
Place of birth			0.58
Australia	12 (25%)	17 (30%)	
Overseas	36 (75%)	40 (70%)	
Stage of infection			0.019
Early	5 (10%)	19 (33%)	
Late	30 (63%)	28 (49%)	
Other	13 (27%)	10 (18%)	

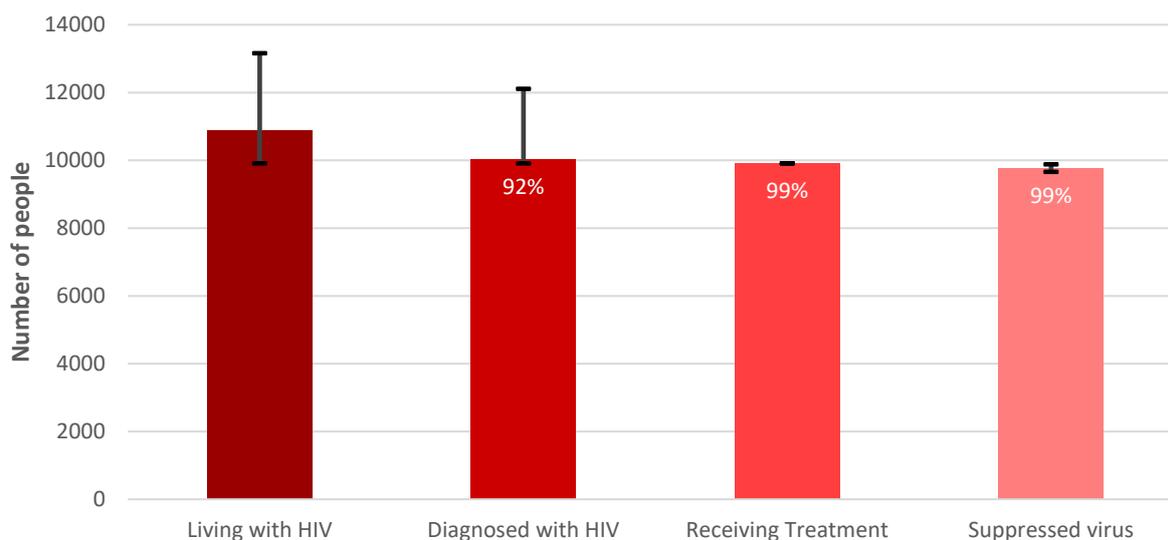
¹n (%)

²Pearson's Chi-squared test; Fisher's exact test. A two-sided α of $p < 0.05$ is the threshold for significance, shown as **bold**.

% and p-value exclude missing data.

Source: NCIMS, Health Protection NSW, extracted 03/03/2025

Figure i. NSW HIV Cascade of Care (2023)



Source: Kirby Institute, UNSW Sydney

Estimates for the 2024 HIV diagnosis and care cascade are not yet available. In 2023, among an estimated 10,870 people living with HIV, it was estimated that 92% (10,040) were diagnosed, among whom 99% (9,910) were receiving treatment. Among people receiving HIV treatment, 99% (9,770) had achieved viral suppression.

PREVENTION	2024	Target
Men who have sex with male casual partners report at least one form of HIV prevention	80%	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	18%	<20%
People dispensed PrEP through PBS	18,743	N/A

TESTING	2024	Target or change
People living with HIV in NSW are diagnosed (2023)	92% (2023)	95%
HIV serology tests conducted	597,742	1% decrease from 600,778 (2023)
HIV tests performed in public sexual health clinics	51,298	3% decrease from 53,012 (2023)
HIV tests performed in public sexual health clinics (Proportion MSM)	29,301 (57%)	4% decrease from 30,521 (2023)

TREATMENT	2024	Target
New diagnoses who initiated ART within 2 weeks of diagnosis (Jan-Jun 2024)	52%	90%
People with diagnosed HIV in care are on treatment (2023)	99%	95%
People on treatment with undetectable viral load at 6-month follow-up (Jan-Jun 2024)	85%	95%
People living with HIV report a good quality of life	75.5% (2022)	75%

STIGMA	Population	Baseline (2018-2020)	Change (year)
Experience of stigma by people at risk or living with HIV in NSW healthcare settings	People living with HIV	28%	6% reduction (2022)
	MSM	31%	22% reduction (2023)
	PWID	73%	9% reduction (2023)
	Sex workers	92%	1% reduction (2024)
Discriminatory attitudes held towards people at risk and living with HIV	By health care workers towards:		
	HIV	32%	7% reduction (2024)
	Sexual orientation	26%	12% reduction (2024)
	PWID	68%	25% reduction (2024)
	Sex workers	43%	14% reduction (2024)

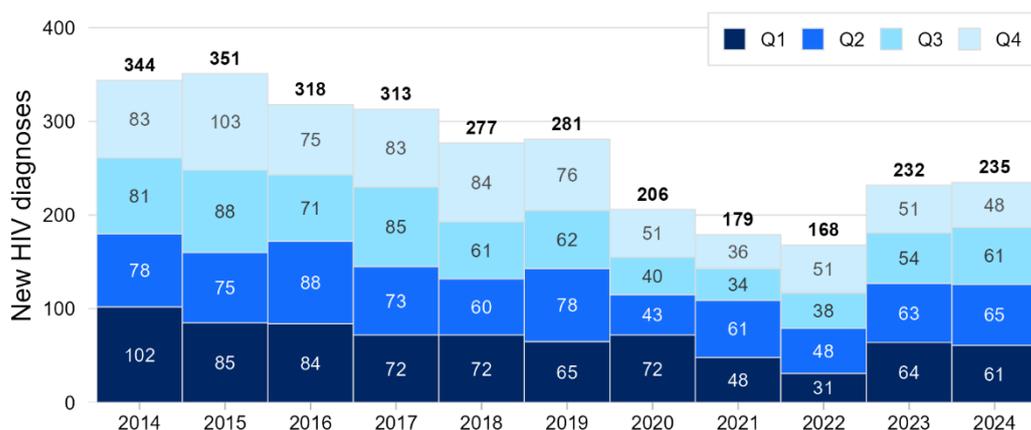
Glossary

ART	Antiretroviral therapy
av. n	Average number
CAIC	Condomless anal intercourse with casual partners
CTG	Closing the Gap
DBS	Dried Blood Spot
Gay Postcodes	NSW postcodes with over 5% gay and bisexual men
GBM	Gay and bisexual men
GCPS	GBQ+ Community Periodic Surveys (GCPS)
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
PLHIV	People living with HIV
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 GBQ+ Community Periodic Survey
SVHN	St Vincent's Health Network
U=U	Undetectable = Untransmissible
VL	Viral load

1. HIV diagnoses in NSW

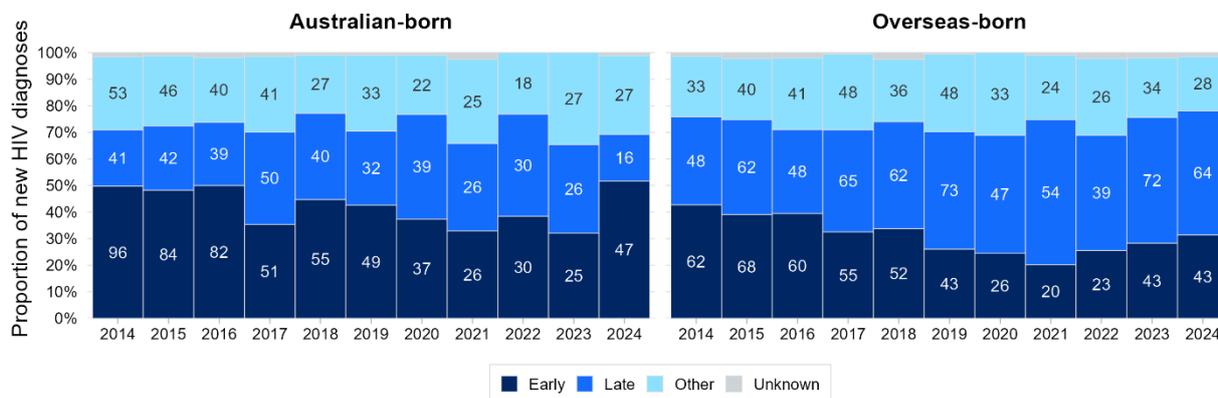
There were 235 NSW residents newly diagnosed with HIV during 2024 (Figure 1), similar to 2023 (n = 231). When comparing key case characteristics for all NSW residents newly diagnosed with HIV in 2024 to 2023, there are no statistically significant differences (Appendix Table B1). Most new diagnoses still report MSM exposure (69%), while 25% report heterosexual exposure and 3% report IDU exposure, similar to 2023 (Appendix Table B1). Overall, there was an increase in the proportion of infections that were diagnosed early (Table i).

Figure 1. Number of NSW residents with newly diagnosed HIV, 2014 to 2024



Source: NCIMS, Health Protection NSW, 3 March 2025

Figure 2. New HIV diagnoses by place of birth and stage of infection, 2014 to 2024



Note: Excludes 23 cases with country of birth missing

Source: NCIMS, Health Protection NSW, 3 March 2025

Numbers in the figure represent counts in each group.

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 (ADI) at diagnosis.

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

Table 1. Characteristics of NSW residents newly diagnosed with HIV in 2024 compared with 2023, by place of birth

Characteristic	Australian-born			Overseas-born		
	2023 N = 78 ¹	2024 N = 91 ¹	p-value ²	2023 N = 152 ¹	2024 N = 137 ¹	p-value ²
Stage of infection			0.016			0.83
Early	25 (32%)	47 (52%)		43 (29%)	43 (32%)	
Late	26 (33%)	16 (18%)		72 (48%)	64 (47%)	
Other	27 (35%)	27 (30%)		34 (23%)	28 (21%)	
Missing	0	1		3	2	
Area of residence			0.57			0.21
Sydney (gay postcodes)	14 (18%)	23 (25%)		45 (30%)	30 (22%)	
Other Sydney	15 (19%)	12 (13%)		30 (20%)	36 (26%)	
GWS	18 (23%)	21 (23%)		59 (39%)	48 (35%)	
Rest of NSW	31 (40%)	35 (38%)		18 (12%)	23 (17%)	
Reported risk exposure			0.40			0.23
MSM	58 (75%)	66 (73%)		109 (72%)	91 (66%)	
HET	12 (16%)	17 (19%)		36 (24%)	40 (29%)	
IDU	3 (3.9%)	5 (5.5%)		1 (0.7%)	1 (0.7%)	
Other	4 (5.2%)	1 (1.1%)		3 (2.0%)	0 (0%)	
Unknown	0 (0%)	2 (2.2%)		2 (1.3%)	5 (3.6%)	
Missing	1	0		1	0	
Diagnosing doctor type			0.55			0.34
GP not s100	32 (41%)	43 (47%)		39 (26%)	31 (23%)	
Sexual Health Clinic	18 (23%)	13 (14%)		64 (42%)	48 (35%)	
GP s100	3 (3.8%)	5 (5.5%)		2 (1.3%)	2 (1.5%)	
Hospital	22 (28%)	24 (26%)		26 (17%)	37 (27%)	
Other	3 (3.8%)	6 (6.6%)		20 (13%)	19 (14%)	
Missing	0	0		1	0	
Age group			0.96			0.18
0-19	0 (0%)	1 (1.1%)		2 (1.3%)	2 (1.5%)	
20-29	14 (18%)	15 (16%)		49 (32%)	40 (29%)	
30-39	20 (26%)	27 (30%)		60 (39%)	48 (35%)	
40-49	20 (26%)	21 (23%)		21 (14%)	34 (25%)	
50+	24 (31%)	27 (30%)		20 (13%)	13 (9.5%)	
Testing history			0.48			0.074
Neg. or ind. ≤12 months	14 (18%)	23 (26%)		23 (16%)	20 (15%)	
Neg. or ind. >12 months	31 (41%)	38 (43%)		56 (39%)	41 (31%)	
Never tested before	24 (32%)	22 (25%)		60 (42%)	59 (44%)	
Unknown testing history	7 (9.2%)	5 (5.7%)		4 (2.8%)	13 (10%)	
Missing	2	3		9	4	
Likely place of acquisition			0.33			0.81
Likely acquired Australia	62 (82%)	81 (90%)		57 (39%)	47 (36%)	
Likely acquired overseas	12 (16%)	8 (8.9%)		85 (58%)	78 (60%)	
Unknown	2 (2.6%)	1 (1.1%)		4 (2.7%)	5 (3.6%)	
Missing	2	1		6	7	

¹n (%)²Pearson's Chi-squared test; Fisher's exact test. A two-sided α of $p < 0.05$ is the threshold for significance, shown as **bold**. % and p-value exclude missing data.

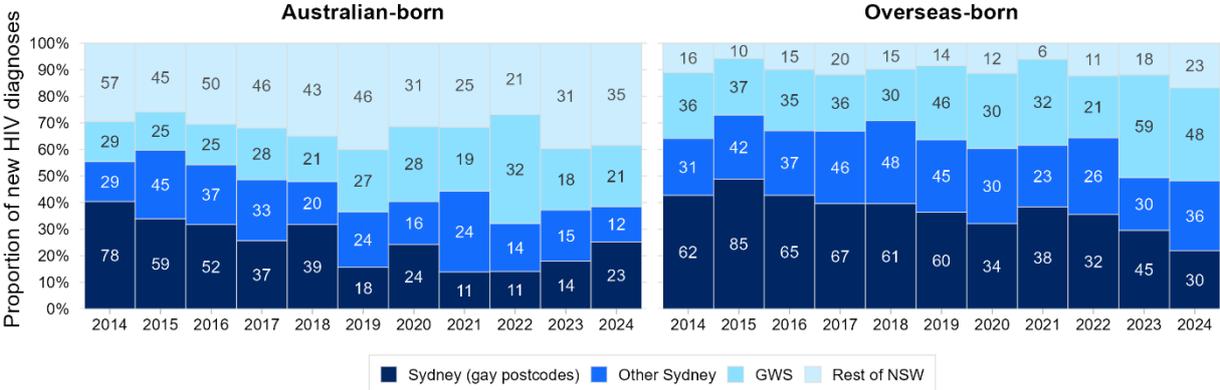
Excludes 9 cases with country of birth missing

Source: NCIMS, Health Protection NSW, extracted 03/03/2025

In 2024 52% (n = 47) of Australian-born people newly diagnosed with HIV had evidence of early-stage infection, compared to 32% (n = 25) in 2023. For overseas-born people there was no change.

Over one third (38%) of Australian-born people newly diagnosed with HIV reside in inner metropolitan Sydney (Sydney (gay postcodes) & Other Sydney), while another 38% reside outside Sydney (**Table 1 & Figure 3**). Almost half of those born overseas reside in inner metropolitan Sydney and 35% reside in Greater Western Sydney (**Table 1 & Figure 3**).

Figure 3. New HIV diagnoses by place of birth and area of residence, 2014 to 2024



Note: Excludes 23 cases with country of birth missing

Source: NCIMS, Health Protection NSW, 3 March 2025
 Numbers in the figure represent counts in each group.

Men who have sex with men (MSM)

The number and proportion of Australian-born and overseas-born MSM newly diagnosed in 2024 is similar to 2023 (**Table 1 & Figure 4a**). When comparing case characteristics of MSM both overall (**Appendix Table B2**) and stratified by place of birth, there are no statistically significant differences when comparing 2024 to 2023 (**Table 2**).

Table 2. Characteristics of MSM newly diagnosed with HIV in 2024 compared with 2023, by place of birth

Characteristic	Australian-born			Overseas-born		
	2023 N = 58 ¹	2024 N = 66 ¹	p-value ²	2023 N = 109 ¹	2024 N = 91 ¹	p-value ²
Stage of infection			0.19			0.93
Early	20 (34%)	33 (51%)		41 (38%)	36 (40%)	
Late	14 (24%)	11 (17%)		45 (42%)	35 (39%)	
Other	24 (41%)	21 (32%)		21 (20%)	18 (20%)	
Missing	0	1		2	2	
Area of residence			0.39			0.18
Sydney (gay postcodes)	14 (24%)	23 (35%)		41 (38%)	23 (25%)	
Other Sydney	7 (12%)	4 (6.1%)		22 (20%)	28 (31%)	
GWS	16 (28%)	14 (21%)		37 (34%)	34 (37%)	
Rest of NSW	21 (36%)	25 (38%)		9 (8.3%)	6 (6.6%)	
Diagnosing doctor type			0.85			0.051
GP not s100	28 (48%)	32 (48%)		26 (24%)	19 (21%)	
Sexual Health Clinic	14 (24%)	11 (17%)		58 (54%)	40 (44%)	
GP s100	3 (5.2%)	4 (6.1%)		2 (1.9%)	1 (1.1%)	
Hospital	11 (19%)	16 (24%)		12 (11%)	25 (27%)	
Other	2 (3.4%)	3 (4.5%)		10 (9.3%)	6 (6.6%)	
Missing	0	0		1	0	
Age group			0.91			0.75
0-19	0 (0%)	1 (1.5%)		2 (1.8%)	2 (2.2%)	
20-29	12 (21%)	12 (18%)		36 (33%)	25 (27%)	
30-39	15 (26%)	20 (30%)		45 (41%)	39 (43%)	
40-49	13 (22%)	16 (24%)		14 (13%)	17 (19%)	
50+	18 (31%)	17 (26%)		12 (11%)	8 (8.8%)	
Testing history			0.25			0.44
Neg. or ind. ≤12 months	11 (19%)	18 (28%)		22 (21%)	19 (21%)	
Neg. or ind. >12 months	25 (43%)	31 (48%)		43 (41%)	31 (35%)	
Never tested before	16 (28%)	13 (20%)		37 (35%)	32 (36%)	
Unknown testing history	6 (10%)	2 (3.1%)		3 (2.9%)	7 (7.9%)	
Missing	0	2		4	2	
Likely place of acquisition			0.25			0.63
Likely acquired Australia	50 (86%)	61 (94%)		46 (44%)	42 (49%)	
Likely acquired overseas	6 (10%)	4 (6.2%)		56 (53%)	42 (49%)	
Unknown	2 (3.4%)	0 (0%)		3 (2.9%)	1 (1.2%)	
Missing	0	1		4	6	

¹n (%)

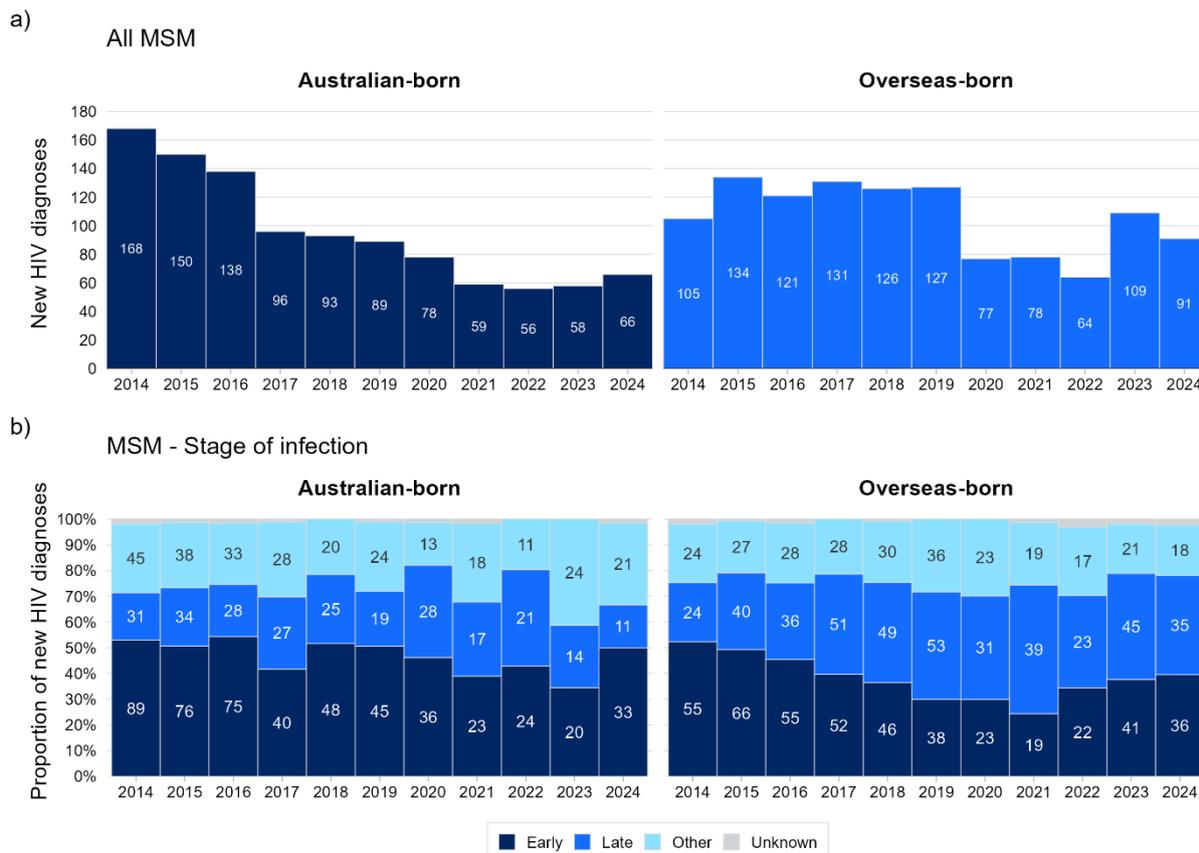
²Pearson's Chi-squared test; Fisher's exact test. A two-sided α of $p < 0.05$ is the threshold for significance, shown as **bold**. % and p-value exclude missing data.

Source: NCIMS, Health Protection NSW, extracted 03/03/2025

Of 66 Australian-born MSM, half (n = 33) had evidence for early-stage infection, while 17% (n = 11) had evidence of late diagnosis (**Figure 4b**). This did not represent a significant difference when compared to 2023 (**Table 2**), though it is a slight numerical increase for early-stage infections. Of 91 overseas-born MSM, 40% had evidence of early-stage infection and 39% had evidence of late diagnosis, similar to 2023 (**Figure 4b & Table 2**).

In 2024, non-s100 GPs remain the most common diagnosing doctor type for Australian-born MSM (48%), while sexual health clinic doctors remain the most common for overseas-born MSM (44%) (**Table 2**).

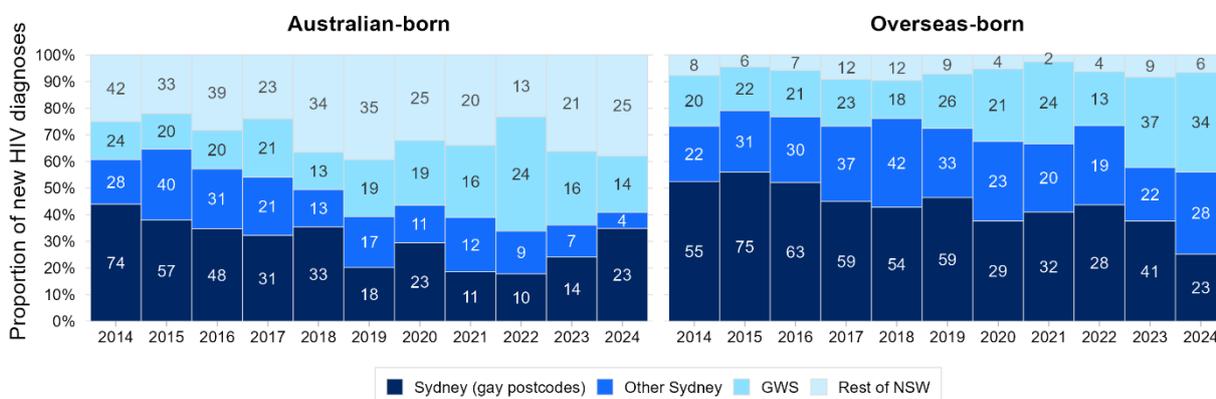
Figure 4. New HIV diagnoses in MSM by place of birth, 2014 to 2024



Source: NCIMS, Health Protection NSW, 3 March 2025
 Numbers in figure b) represent counts in each group.

While around half of all MSM newly diagnosed in NSW reside in inner metropolitan Sydney (Sydney (gay postcodes) & Other Sydney; **Appendix Table B2**), differences remain when stratifying by place of birth (**Table 2 & Figure 5**). In 2024, Australian-born MSM are relatively evenly distributed throughout NSW, with 41% residing in inner metropolitan Sydney, 38% residing in the rest of NSW and 21% residing in GWS. However, there are fewer overseas-born MSM that reside outside of Sydney (7%), with 56% in inner metropolitan Sydney and 37% in GWS (**Table 2**). These proportions are similar for both Australian and overseas-born MSM when comparing to 2023 (**Table 2**).

Figure 5. New HIV diagnoses in MSM by area of residence and place of birth, 2014 to 2024



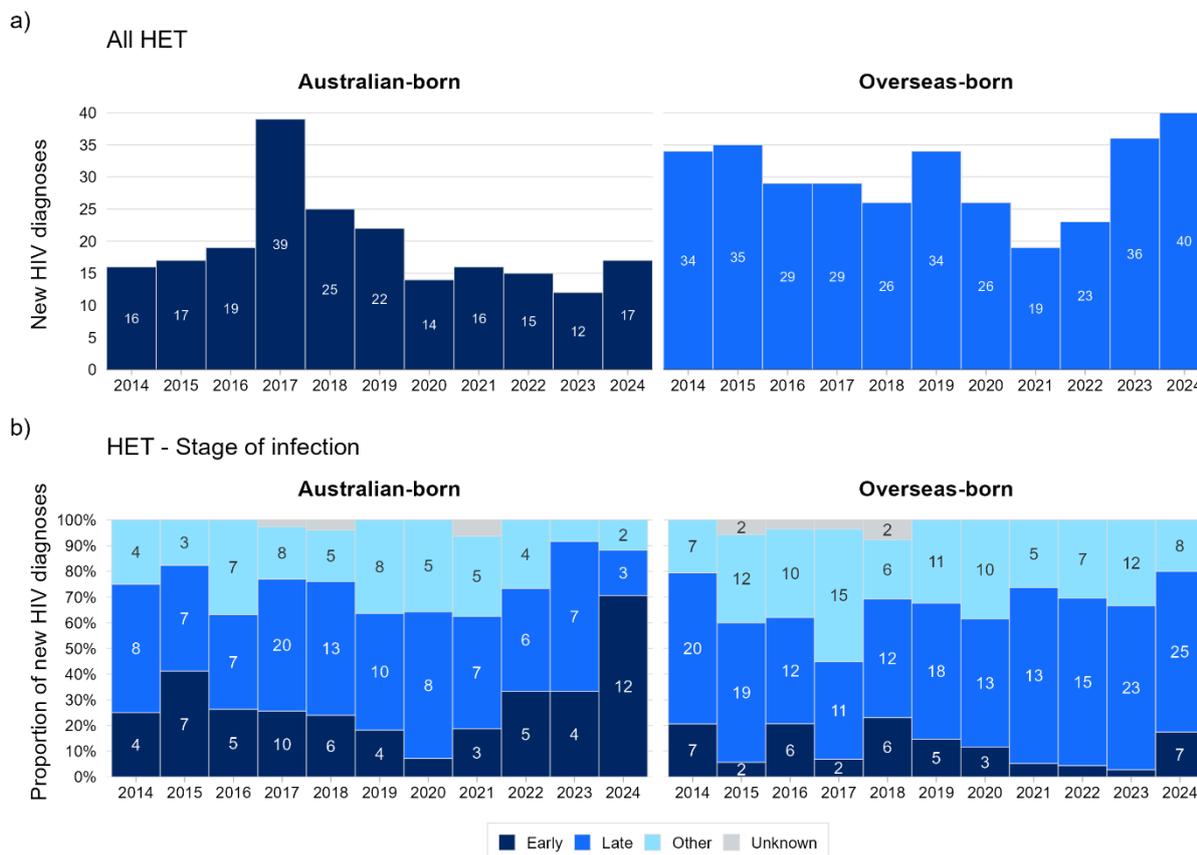
Note: Excludes 7 cases with country of birth missing

Source: NCIMS, Health Protection NSW, 3 March 2025
 Numbers in the figure represent counts in each group.

People with heterosexual sexual exposure risk

Diagnoses of Australian-born people with heterosexual exposure (HET) remains low, making interpretation of changes among subgroups challenging. Of the 55 people reporting heterosexual exposure who were diagnosed with HIV in 2024, 17 (30%) were Australian-born, and 40 (70%) were overseas-born (**Figure 6a & Table 3**).

Figure 6. New HIV diagnoses in HET by place of birth, 2014 to 2024



Source: NCIMS, Health Protection NSW, 3 March 2025
 Numbers in figure b) represent counts in each group.

When comparing case characteristics of heterosexual exposure in 2024 to 2023, the only characteristic with a statistically significant difference is stage of infection (**Table 3**). This is driven by an increase in early-stage infections in 2024 relative to 2023 (19 in 2024 & 5 in 2023), while late-stage diagnoses are similar (**Table 3**). This increase occurs in both Australian and overseas-born (**Figure 6b**),

In 2024 newly diagnosed HET are distributed throughout NSW with 39% residing outside Sydney, 32% in GWS and 29% in inner metropolitan Sydney (**Table 3 & Figure 7**).

Table 3. Characteristics of HET newly diagnosed with HIV in 2024 compared with 2023

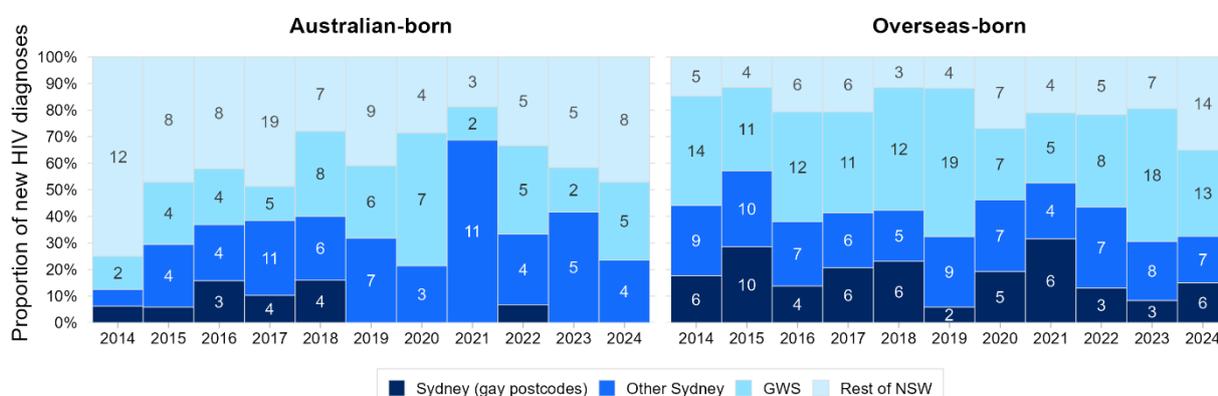
Characteristic	2023 N = 48 ¹	2024 N = 57 ¹	p-value ²
Place of birth			0.58
Australia	12 (25%)	17 (30%)	
Overseas	36 (75%)	40 (70%)	
Stage of infection			0.019
Early	5 (10%)	19 (33%)	
Late	30 (63%)	28 (49%)	
Other	13 (27%)	10 (18%)	
Area of residence			0.34
Sydney (gay postcodes)	3 (6.3%)	6 (11%)	
Other Sydney	13 (27%)	11 (19%)	
GWS	20 (42%)	18 (32%)	
Rest of NSW	12 (25%)	22 (39%)	
Diagnosing doctor type			0.81
GP not s100	15 (31%)	20 (35%)	
Sexual Health Clinic	7 (15%)	9 (16%)	
GP s100	0 (0%)	0 (0%)	
Hospital	17 (35%)	15 (26%)	
Other	9 (19%)	13 (23%)	
Age group			0.14
0-19	0 (0%)	0 (0%)	
20-29	15 (31%)	15 (26%)	
30-39	17 (35%)	12 (21%)	
40-49	8 (17%)	20 (35%)	
50+	8 (17%)	10 (18%)	
Testing history			0.37
Neg. or ind. within 12 months	3 (6.8%)	5 (9.3%)	
Neg. or ind. more than 12 months	15 (34%)	14 (26%)	
Never tested before	24 (55%)	27 (50%)	
Unknown testing history	2 (4.5%)	8 (15%)	
Missing	4	3	
Likely place of acquisition			0.68
Likely acquired Australia	17 (36%)	17 (30%)	
Likely acquired overseas	29 (62%)	36 (64%)	
Unknown	1 (2.1%)	3 (5.4%)	
Missing	1	1	

¹n (%)

²Pearson's Chi-squared test; Fisher's exact test. A two-sided α of $p < 0.05$ is the threshold for significance, shown as **bold**. % and p-value exclude missing data.

Source: NCIMS, Health Protection NSW, extracted 03/03/2025

Figure 7. New HIV diagnoses in HET by area of residence and place of birth, 2014 to 2024



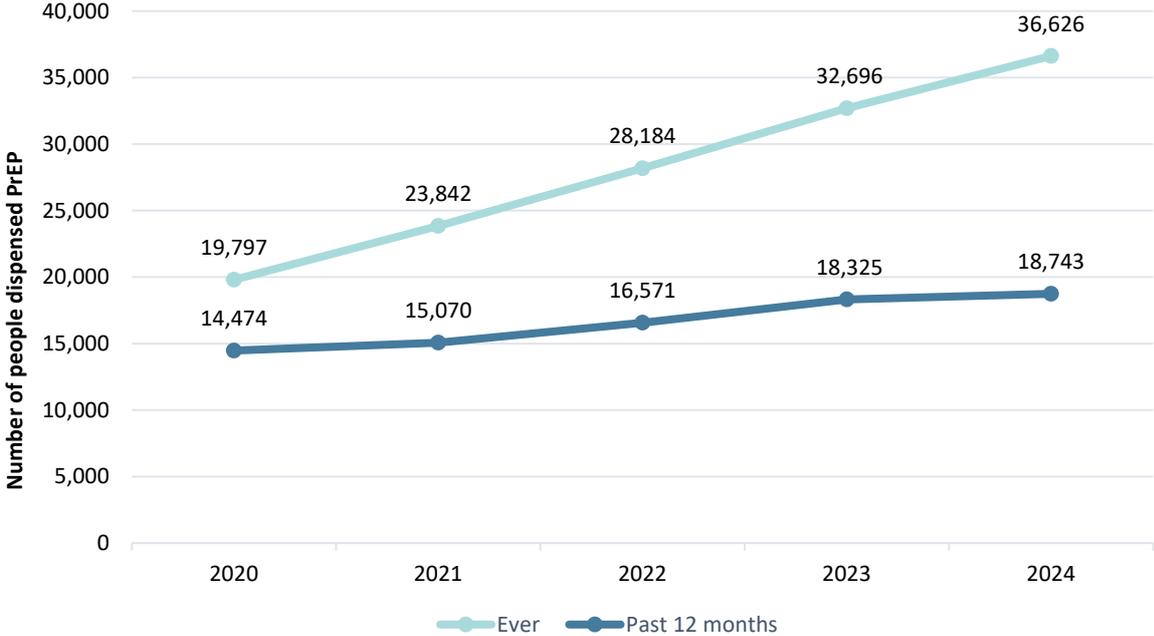
Note: Excludes 1 case with country of birth missing

Source: NCIMS, Health Protection NSW, 3 March 2025
Numbers in the figure represent counts in each group.

2. Prevention

The following section presents data related to HIV prevention. The number of people who have accessed PrEP through the Pharmaceutical Benefits Schedule (PBS) in 2024 increased to 18,743 people, and the total number of NSW residents ever dispensed PrEP under the PBS reached 36,626 people (Figure 8). It is important to note that an individual’s PrEP use may change over time due to changes in their HIV related risk behaviour. People accessing PrEP outside the PBS system, including those not eligible for Medicare, are not included in the PBS data.

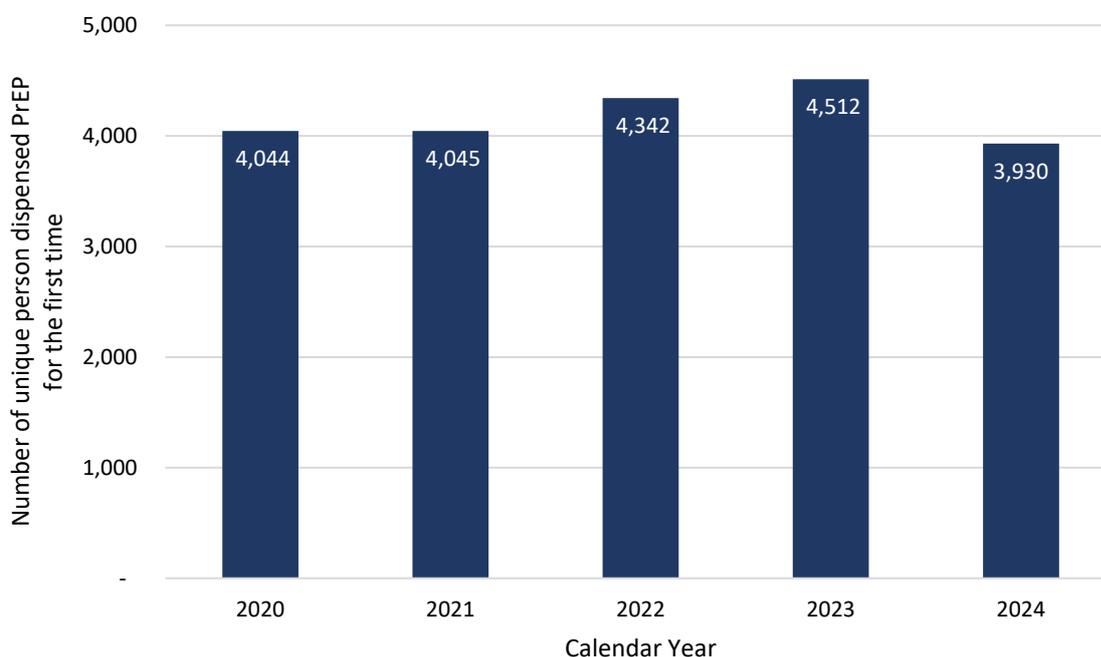
Figure 8. Total number of people dispensed PrEP ever and within the past 12 months



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

There were 3,930 people who had been dispensed PrEP for the first time under the PBS in 2024 (**Figure 9**).

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

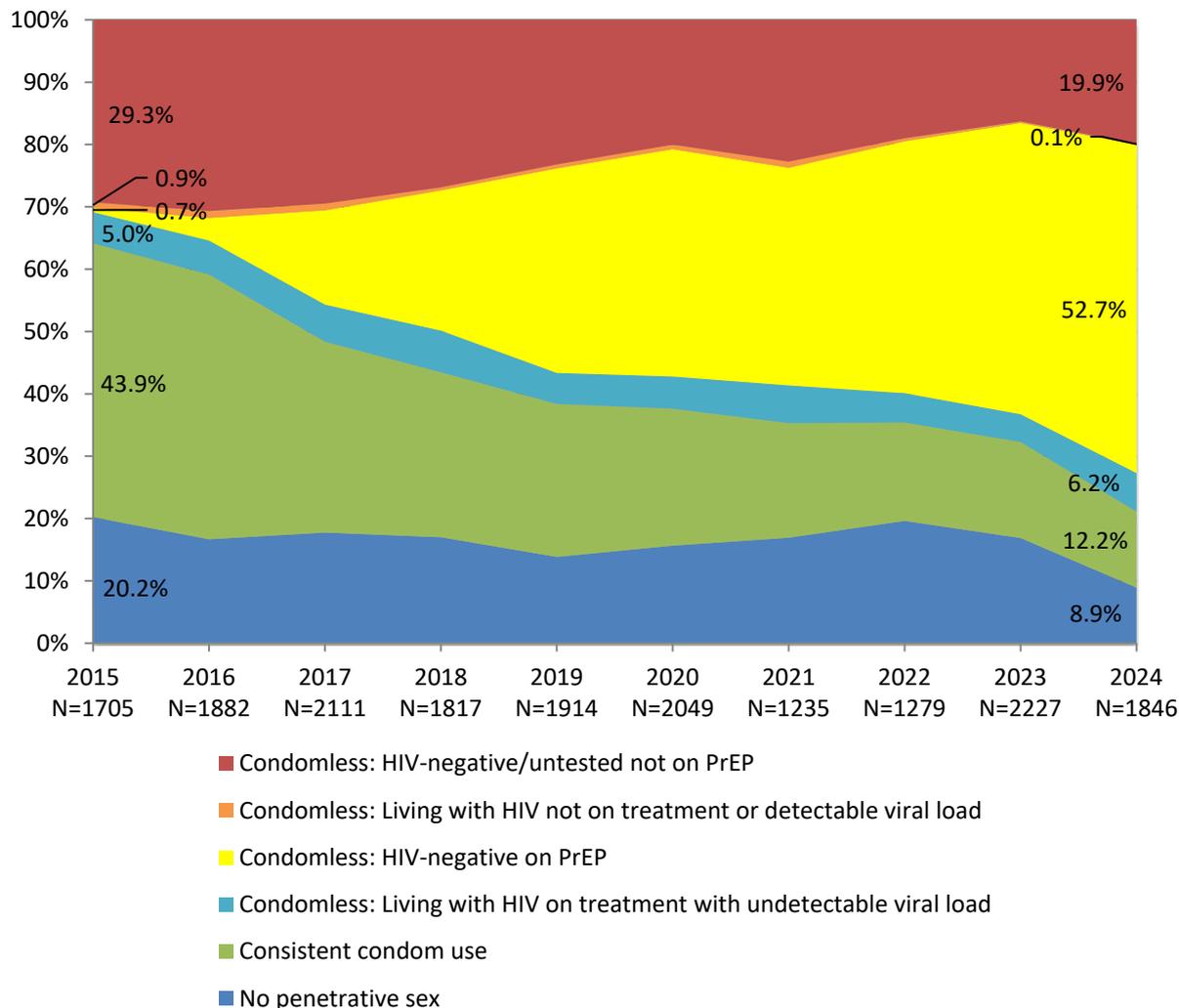


Source: Pharmaceutical Benefits Schedule Highly Specialised Drugs Programme (PBS)

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 GBQ+ Community Periodic Survey (SGCPS) (**Figure 10**). In 2024 SGCPS, now known as Sydney Gay Community Periodic Survey to Sydney GBQ+ Community Periodic Survey (GCPS) made significant changes to its methodology to make it more inclusive of participants' genders, sexualities, and sexual practices. As such the time trends reported below should be interpreted with caution.

The Sydney GBQ+ Community Periodic Survey shows a significant increase in PrEP use over time, with PrEP becoming the most used HIV prevention strategy by gay and bisexual men with casual partners from 2019 onwards. The proportion of gay and bisexual men with casual partners who reported PrEP use and condomless anal intercourse was 52.7% in 2024– the highest recorded in the GCPS. Over time, the net prevention coverage (i.e. proportion of people reporting any form of safe sex, including not having penetrative sex, condom use, PrEP use, undetectable viral load) increased from 69.9% in 2015 to 80.0% in 2024 although prevention coverage fell slightly between 2023 and 2024 (**Figure 10**).

Figure 10. Proportion of GBQ+ men and non-binary people with casual partners reporting condom use, biomedical prevention and any condomless anal intercourse in the previous six months, 2015 to 2024



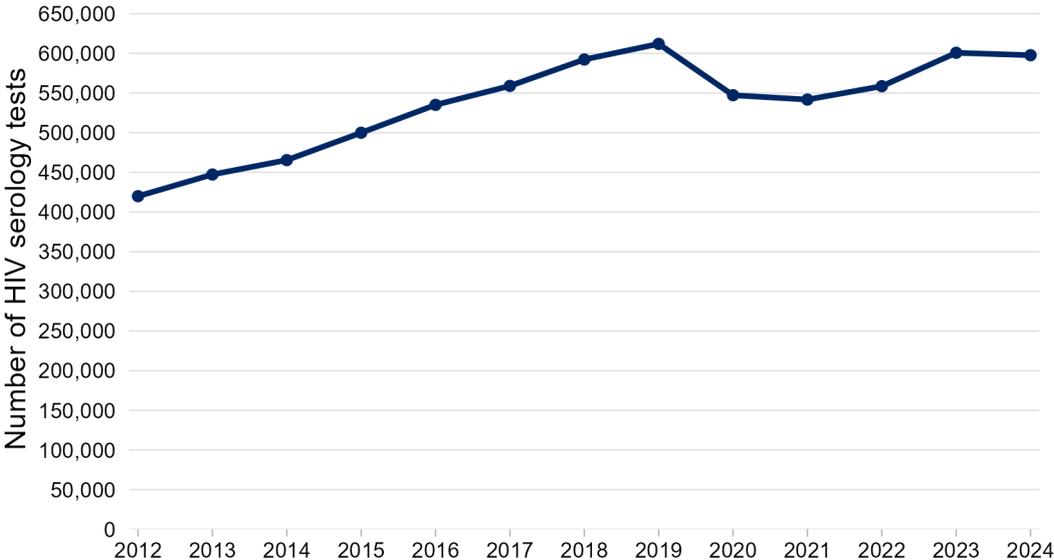
Source: Sydney GBQ+ Community Periodic Survey, Centre for Social Research in Health, UNSW Sydney.

Note: Consistent condom use includes participants who report condom use for penetrative sex with casual partners in the 6 months prior to survey and no condomless penetrative intercourse with those partners.

3. Testing

The following section presents HIV testing data from 12 public and private laboratories in NSW. In 2024, there were 597,742 HIV serology tests performed (**Figure 11**). This represents a 1% decrease in tests compared to 2023 (n = 600,778). As overall testing has almost returned to the 2019 peak (2019 n = 612,013), it appears that HIV testing is recovering from the declines observed during the pandemic period.

Figure 11. Number of HIV serology tests performed in 12 NSW laboratories, 2014 to 2024

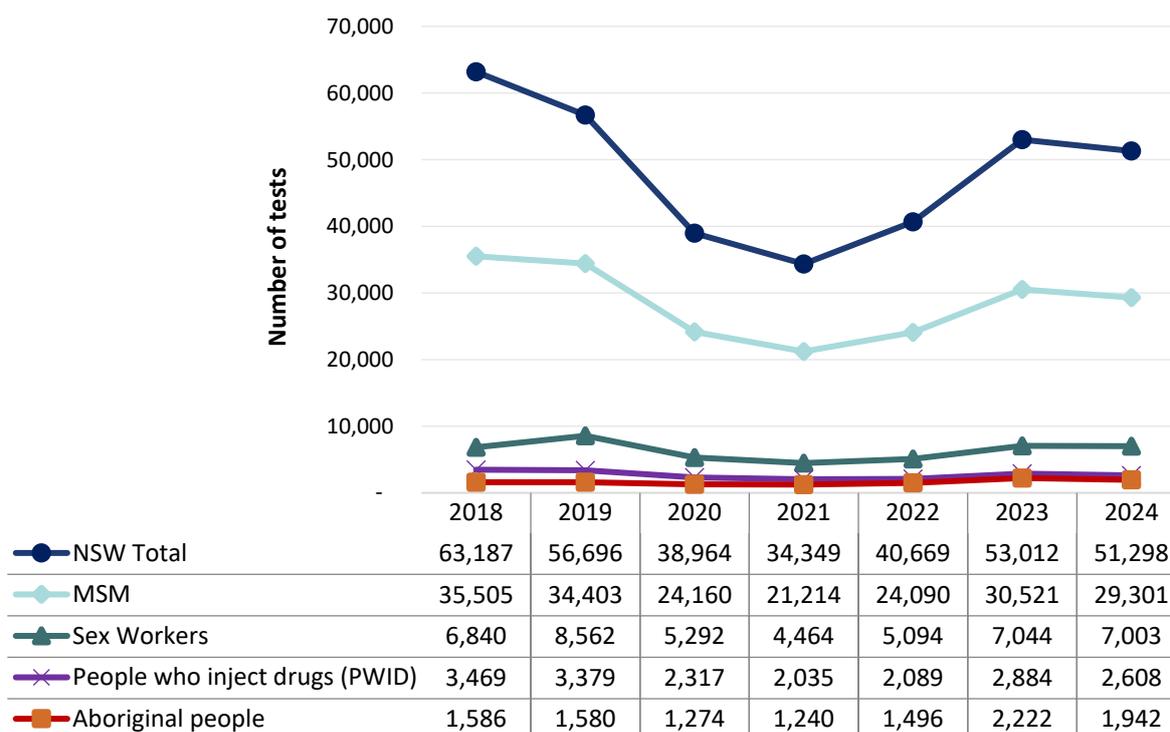


Source: NSW Health denominator data project, out 20 March 2025.

In 2024, 51,298 HIV tests were performed in PFSHC, a 3% decrease from 2023 (**Figure 12**). Testing remains targeted to priority populations, with MSM accounting for 57% of PFSHC tests.

In 2024 HIV testing in PFSHCs in NSW has remained high and returned to pre-COVID pandemic levels, with testing remaining targeted to the NSW HIV Strategy priority populations. Local Health Districts and Speciality Health Networks working across Greater Western Sydney are being encouraged to improve access to testing and prevention promotion following an increase in HIV notifications (see Section 1. HIV diagnoses in NSW).

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.

Note: Testing in Central Coast Local Health District has not been included since April 2024 due to a data extraction issue.

There were 1,799 DBS tests performed in 2024. Of these, 176 (10%) were completed by people from high prevalence countries, 586 (33%) were completed by Aboriginal people and 1,092 (61%) were completed by people who had ever injected drugs (**Table 4**).

Table 4. Recruitment data for the NSW DBS Self-Sampling HIV and HCV Testing Pilot, November 2016 to December 2024

Recruitment indicators	2024 (Jan - Dec)	Total
Registrations for DBS test (including Hepatitis C)	5,987	33,269
Registrations for DBS requesting HIV testing	2,180 (36%)	25,439 (76%)
Number of HIV DBS tests completed	1,799 (32%)	22,225 (74%)
Number (%) of reactive HIV tests*	0	14
Target population		
From high prevalence country	176 (10%)	2,165 (10%)
Aboriginal people	586 (33%)	6,424 (29%)
Ever injected drugs	1,092 (61%)	12,689 (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.

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 2024 with 2,139 rapid tests and 5,889 antibody tests conducted (**Table 5**). 14.6% of clients attending a[TEST] Oxford Street tested more than 12 months ago and 28.1% were classified as high risk with more than 5 sexual partners in the last 3 months (**Figure 13**).

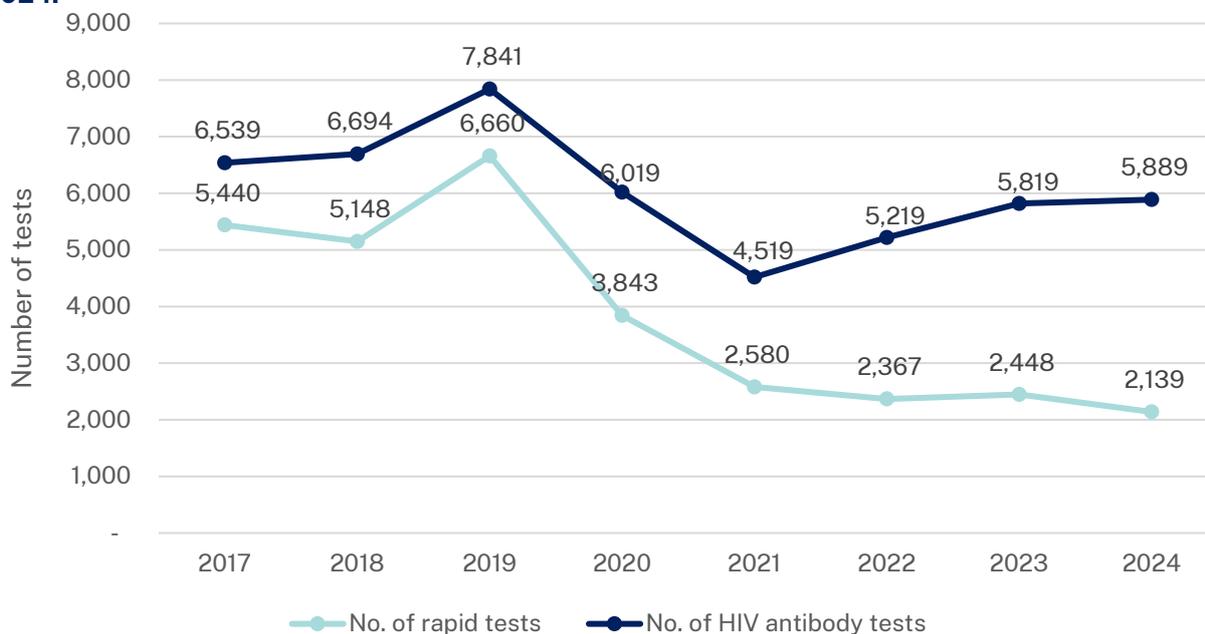
Table 5. Number of rapid HIV tests and HIV antibody tests at a[TEST] in 2024

Setting	Unique patients	Total HIV rapid tests conducted	Total HIV antibody tests	Unique positives	% not previously tested	% tested +12 month prior	% with 5+ recent sexual partners	% overseas-born
a[TEST] Surry Hills	769	292	867	0.13% (n=1)	8.4%	15.5%	23%	72%
a[TEST] Oxford ST	3,597	1,847	5,022	0.08% (n=3)	5.4%	14.6%	28%	64%

Source: NSW Health HIV Strategy Monitoring Database

Note: Unique positive is for HIV antibody tests and does not include positive results from a rapid test at a[TEST] sites. Recent sexual partners are partners within the last three months.

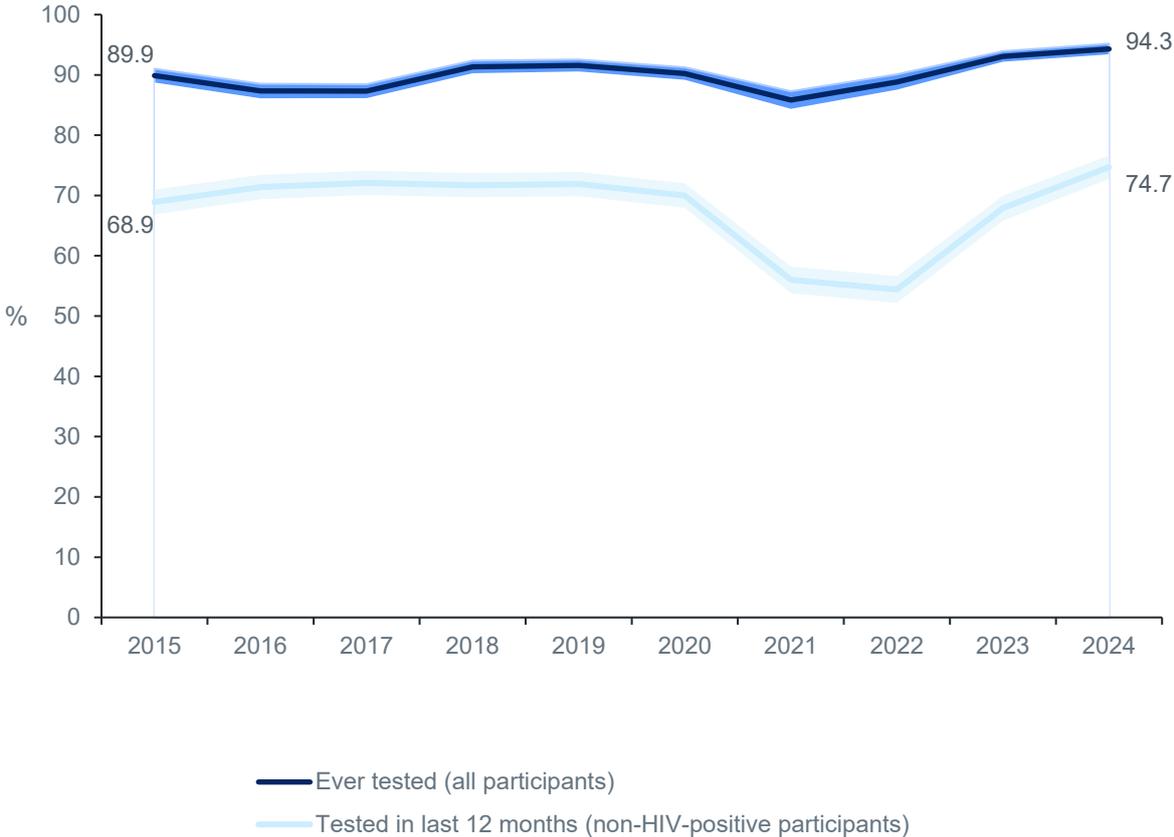
Figure 13. The number of rapid HIV tests and HIV antibody tests at a[TEST] between 2017 and 2024.



Source: NSW Health HIV Strategy Monitoring Database

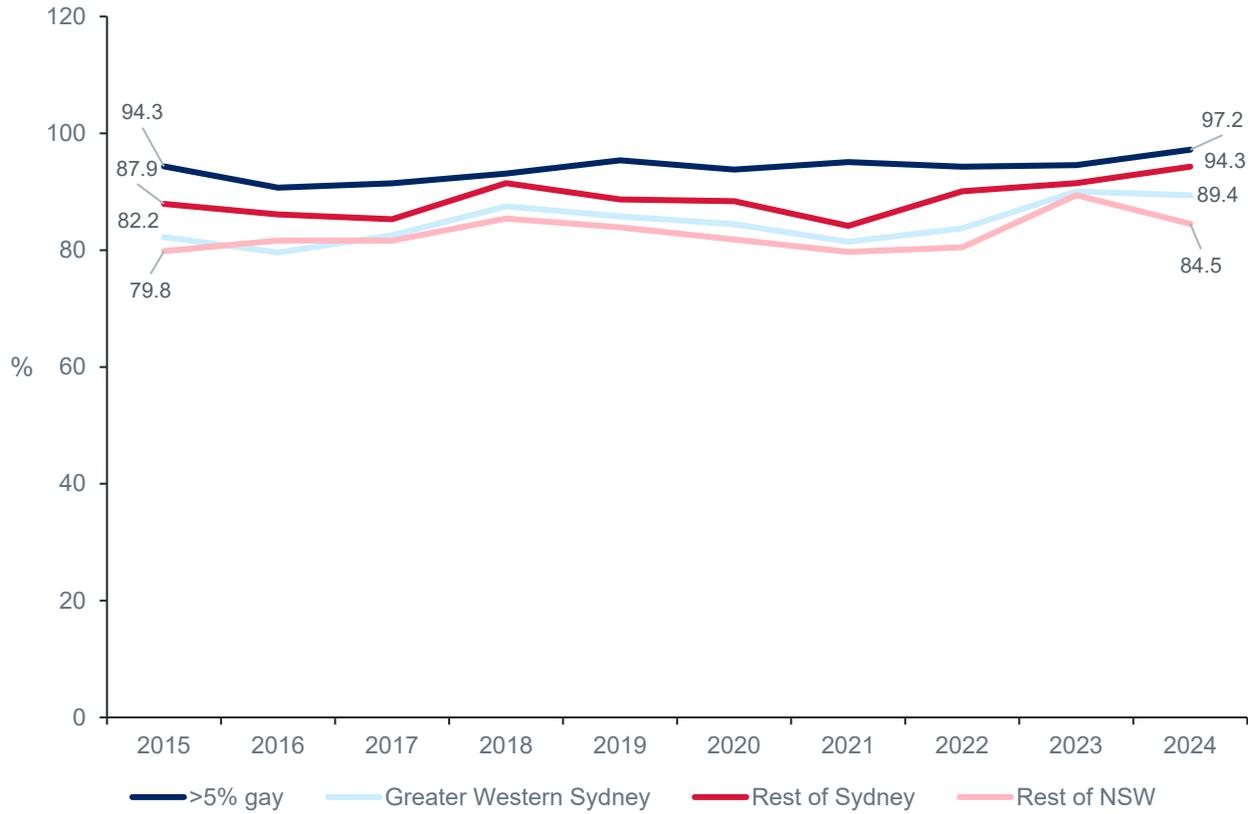
Among participants of the GBQ+ Community Periodic Survey (GCPS), lifetime HIV testing had been stable prior to a decline that coincided with the COVID-19 pandemic (falling to 85.8% of all participants in 2021). In 2024, the proportion reporting lifetime HIV testing increased to 94.3% - the highest level recorded in the past 10 years (**Figure 14**). 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. While the gap between participants from Greater Western Sydney and other areas narrowed in 2023, it widened again in 2024 (**Figure 15**).

Figure 14. Lifetime HIV testing and testing in the last 12 months*



Source: GBQ+ Community Periodic Survey
* Note: The shading in Figure 14 indicates the 95% confidence interval

Figure 15. Lifetime HIV testing, by participant's area of residency

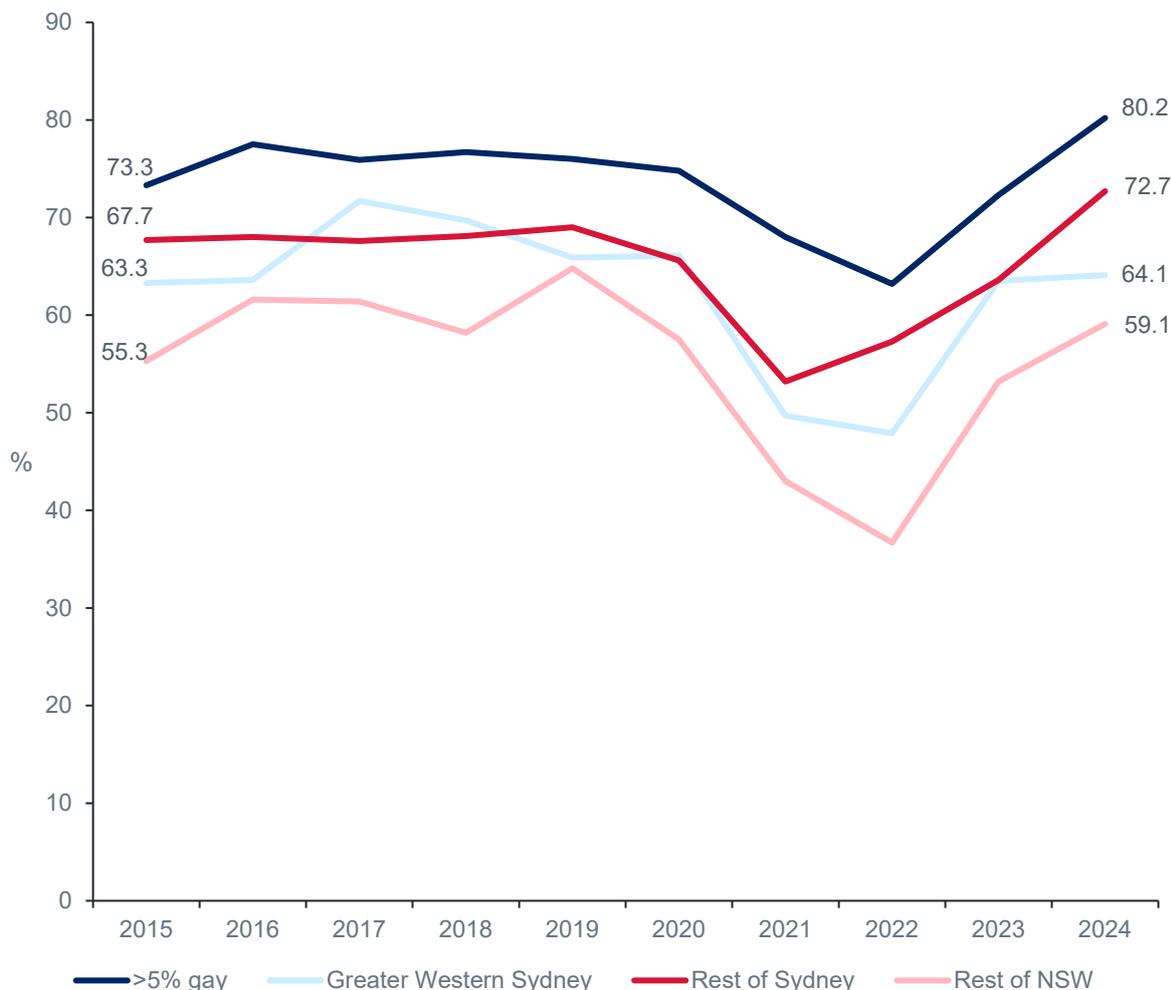


Source: GBQ+ Community Periodic Survey

Note: Sample size range for each area: >5% gay=732-1,794; Greater Western Sydney=283-392; Rest of Sydney=461-714; Rest of NSW=213-468

Similarly, past-year HIV testing among non-HIV-positive participants remains notably higher among participants living in suburbs with more than 5% gay residents (80.2%) compared to those living in Greater Western Sydney (64.1%), the rest of Sydney (72.7%), and the rest of NSW (59.1%). Past-year testing has increased in each of these regions since COVID-19, however, it remained stable in Greater Western Sydney between 2023 and 2024 (Figure 16).

Figure 16. HIV testing within previous 12-months among non-HIV positive participants, by participant’s area of residency



Source: GBQ+ Community Periodic Survey

Note: Sample size range for each area: >5% gay=653-1,610; Greater Western Sydney=270-369; Rest of Sydney=425-645; Rest of NSW=198-428

MyTest

The MyTest project offers confidential HIV self-testing kits accessible through vending machines. As of February 2025, ten MyTest machines are located in NSW, with three additional machines scheduled for installation in March 2025. From program commencement to the end of 2024, a total of 1,108 tests were distributed (**Table 6**). A significant proportion of users who collected MyTest kits have not previously tested for HIV before or were unsure if they had. The majority of MyTest users are overseas-born, with a significant proportion living in Greater Western Sydney (internal data).

Table 6. MyTest self-testing kits distributed 2024 (15 May 2024 to 31 December 2024)

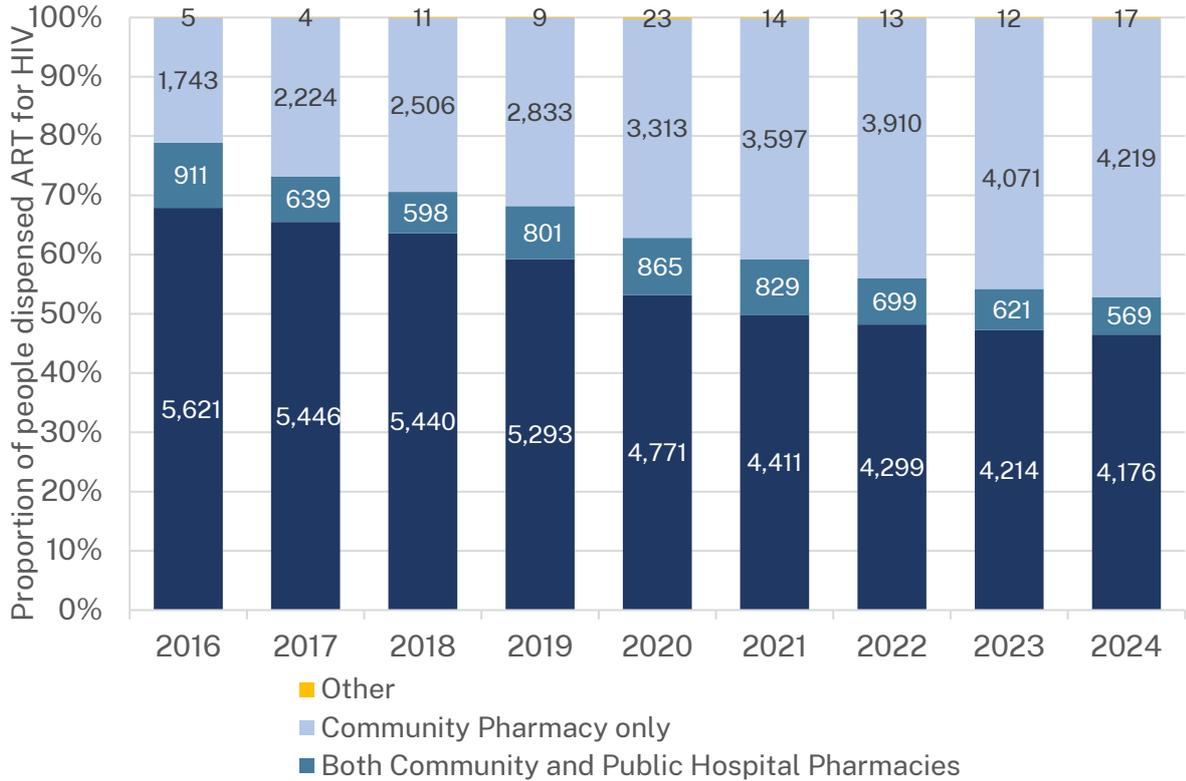
Date site commenced	MyTest Site	Tests distributed
14 May, 2024	Sydney Sauna	313
14 May 2024	Universal Sydney	171
15 May, 2024	Aarows	166
15 May, 2024	Core Community Services, Cabramatta	84
27 May, 2024	University of Newcastle, NUspace	36
7 August, 2024	Blacktown Methadone Clinic	73
8 August, 2024	Sauna X by 357	110
10 September, 2024	UNSW Sydney	98
10 September, 2024	Tamworth City Library	19
5 December, 2024	University of Technology Sydney	38
	Total tests distributed 15 May 2024 to 31 December 2024	1,108

Source: Ministry of Health internal data, MyTest Project 2024.

4. Treatment

The following section presents data related to HIV treatment. In 2024, 8,981 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 (47%) were dispensed by community pharmacies; this proportion has been steadily increasing. People who are not eligible for Medicare are not included in the data from the PBS.

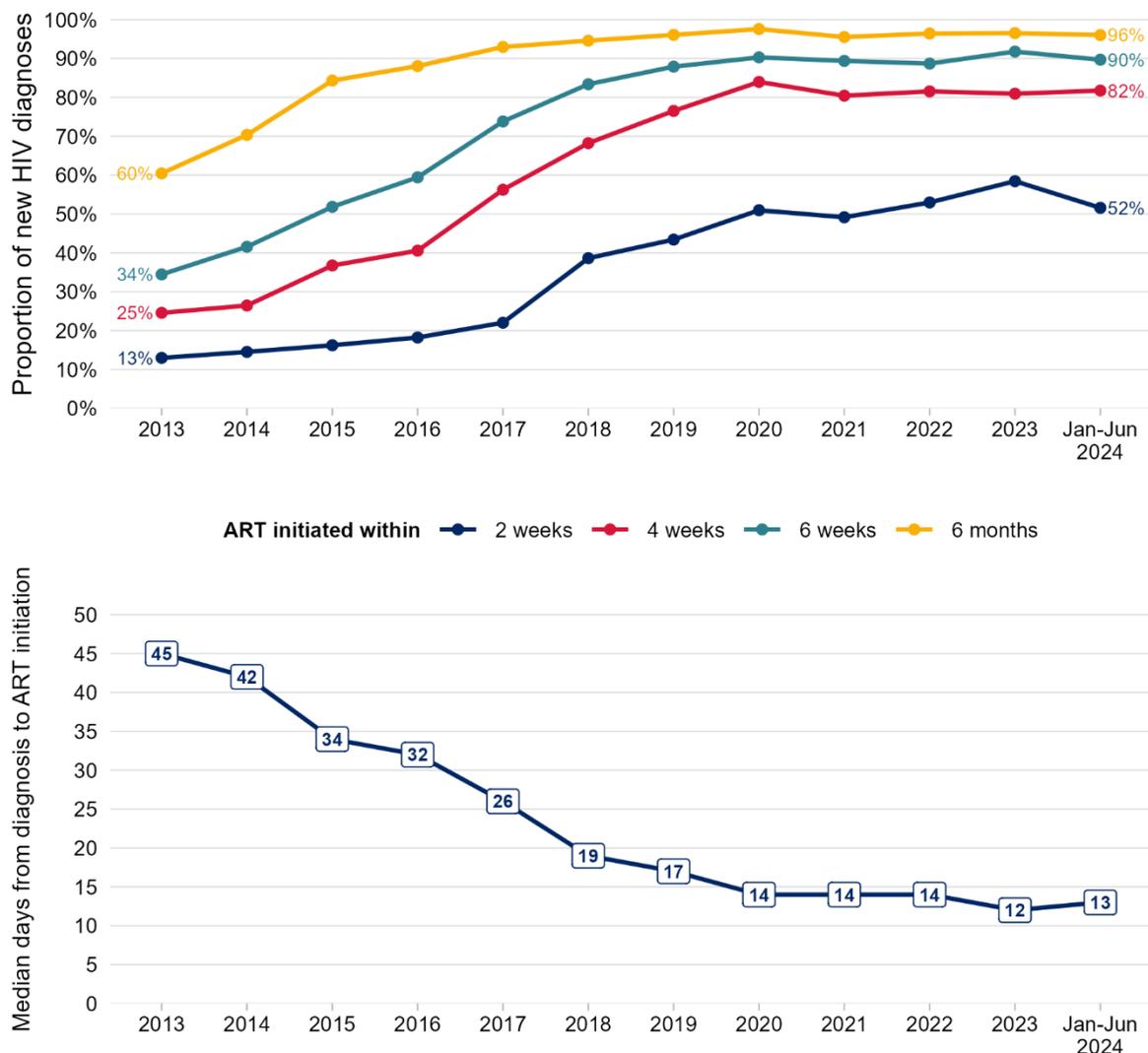
Figure 17. The number of NSW residents who have been dispensed ART under the PBS for HIV within the last 12 months, by pharmacy type



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

Of 126 new HIV diagnoses followed up after six months during January to June 2024, 52% initiated ART within two weeks, 82% within four weeks, 90% within six weeks and 96% within six months of diagnosis. The median time to ART initiation was 13 days. Of the 121 on ART by six months of diagnosis, 108 (89%) were virally suppressed (VL < 200 copies/mL) (Figure 18).

Figure 18. Time to ART for NSW residents newly diagnosed in January 2013 to June 2024



Source: NCIMS, Health Protection NSW, 3 March 2025.

Note: ART initiation is determined by active follow-up cases six months after diagnoses. All new diagnoses were included irrespective of whether eligible for follow up and of care outcome.

The *Access to HIV treatment for people who are not eligible for Medicare Program* is a joint Commonwealth and State and Territory initiative to deliver HIV treatment to people living with HIV in Australia who are not eligible for Medicare. Between 1 July 2023 to 30 June 2024, 976 people received antiretroviral therapy (ART) medications for the treatment of HIV under this program in NSW (**Table 7**).

Table 7. Number of individual people who accessed the Commonwealth program: Access to HIV treatment for people who are not eligible for Medicare in FY2023/24

LHD / Speciality Health Network	Individuals
Central Coast LHD	3
Far West LHD	0
Hunter New England LHD	25
Illawarra Shoalhaven LHD	9
Justice Health and Forensic Mental Health Network	3
Mid North Coast LHD	5
Murrumbidgee LHD	11
Nepean Blue Mountains LHD	12
Northern NSW LHD	8
Northern Sydney LHD	29
St Vincent's Health Network Sydney	34
South Eastern Sydney LHD	600
South Western Sydney LHD	47
Southern NSW LHD	2
Sydney LHD	91
Western NSW LHD	13
Western Sydney LHD	84
Sydney Children's Hospital Network	0
Total number of people accessing the program in FY23/24	976

Source: Ministry of Health reporting FY2023/24 under the Commonwealth program: Access to HIV treatment for people who are not eligible for Medicare

Note: Reporting period is Financial Year 2023-2024.

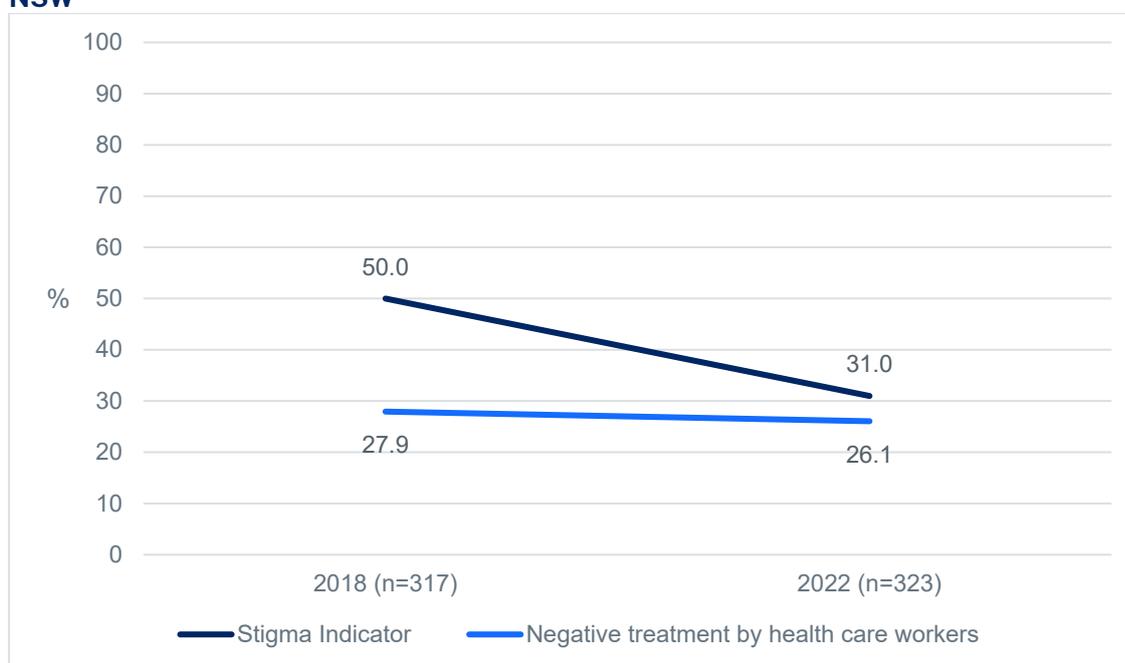
5. Stigma

The following section presents data related to experiences of HIV stigma. 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 general public. Data are collected in relation to any experiences of stigma or discrimination within the past 12 months (i.e., the Stigma Indicator), 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.

PLHIV are reporting less stigma or discrimination compared to 2018, with 31.0% reporting any discrimination, down from 50.0%. The proportion reporting negative treatment by health care workers decreased slightly from 27.9% to 26.1% (**Figure 19**).

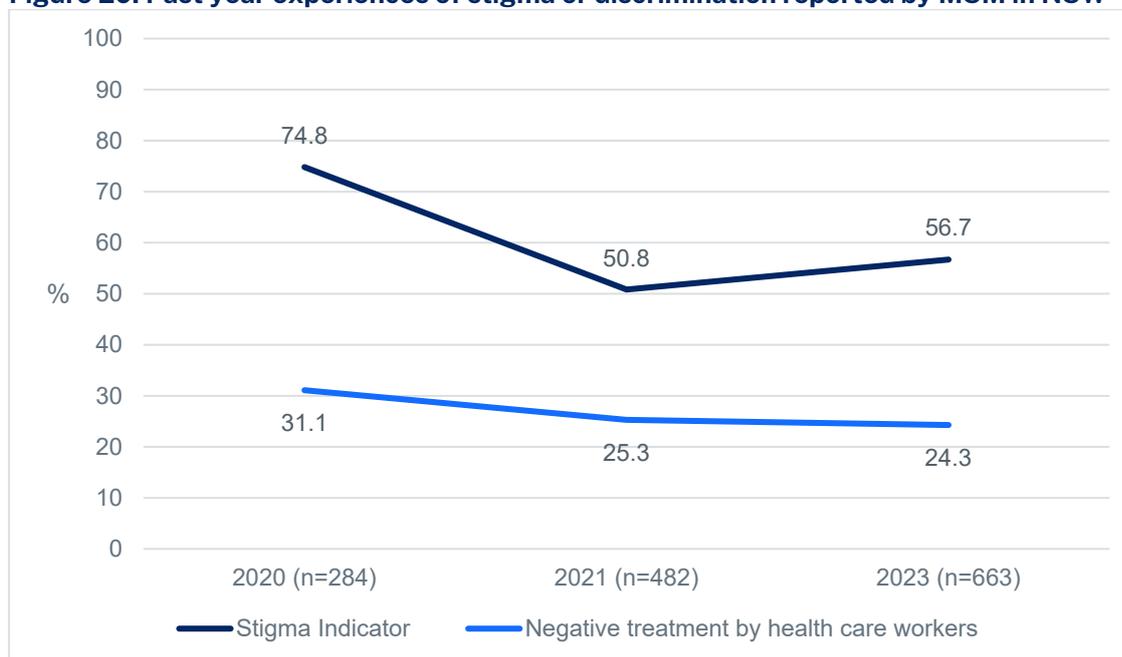
Figure 19. Past year experiences of stigma or discrimination reported by people living with HIV in NSW



Source: Stigma Indicators Monitoring Project

Between 2020 and 2023, MSM's experiences of stigma or discrimination in the past 12 months decreased from 74.8% to 56.7%, however 2023 saw a rebound from a low of 50.8% in 2021 (**Figure 20**). The proportion of MSM reporting negative treatment by health care workers has decreased since 2020 from 31.1% to 24.3%.

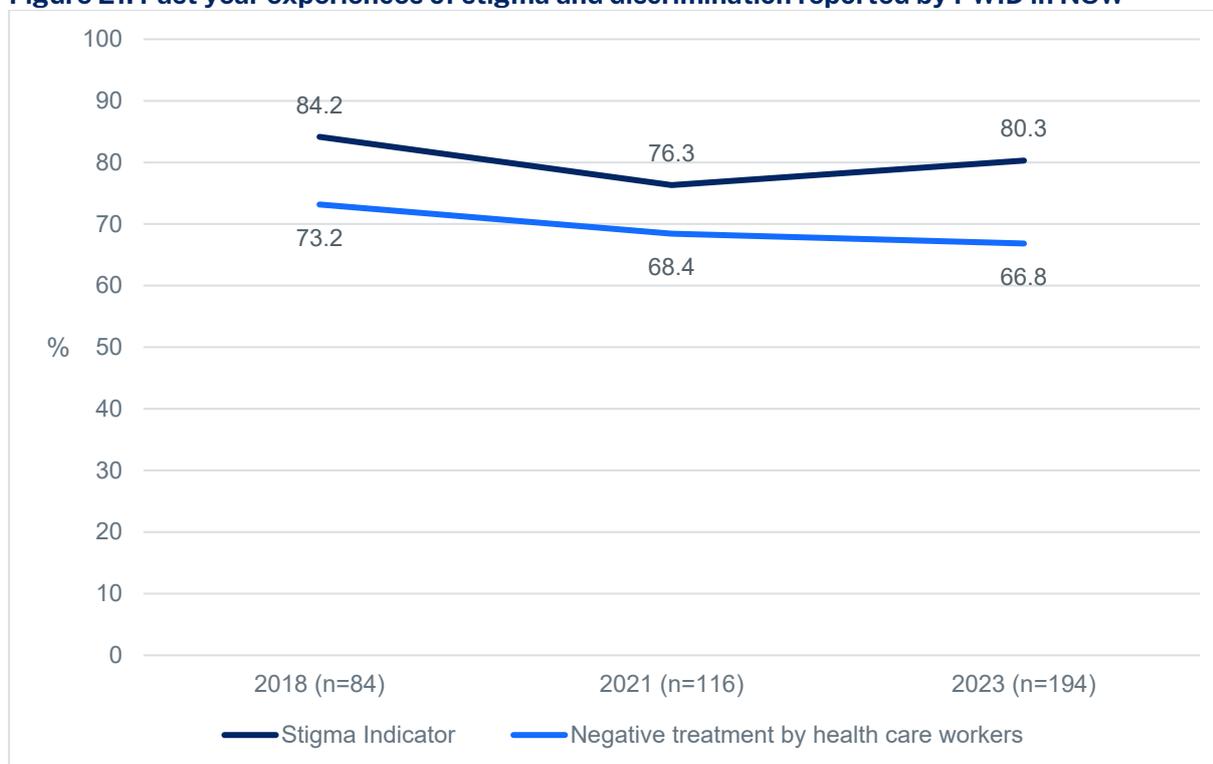
Figure 20. Past year experiences of stigma or discrimination reported by MSM in NSW



Source: Stigma Indicators Monitoring Project

Reported experiences of discrimination by PWID has decreased between 2018 and 2023 from 84.2% to 80.3% but has risen from a low of 76.3% in 2021 (**Figure 21**). Reporting by PWID of negative treatment by health care workers decreased from 73.2% to 66.8%.

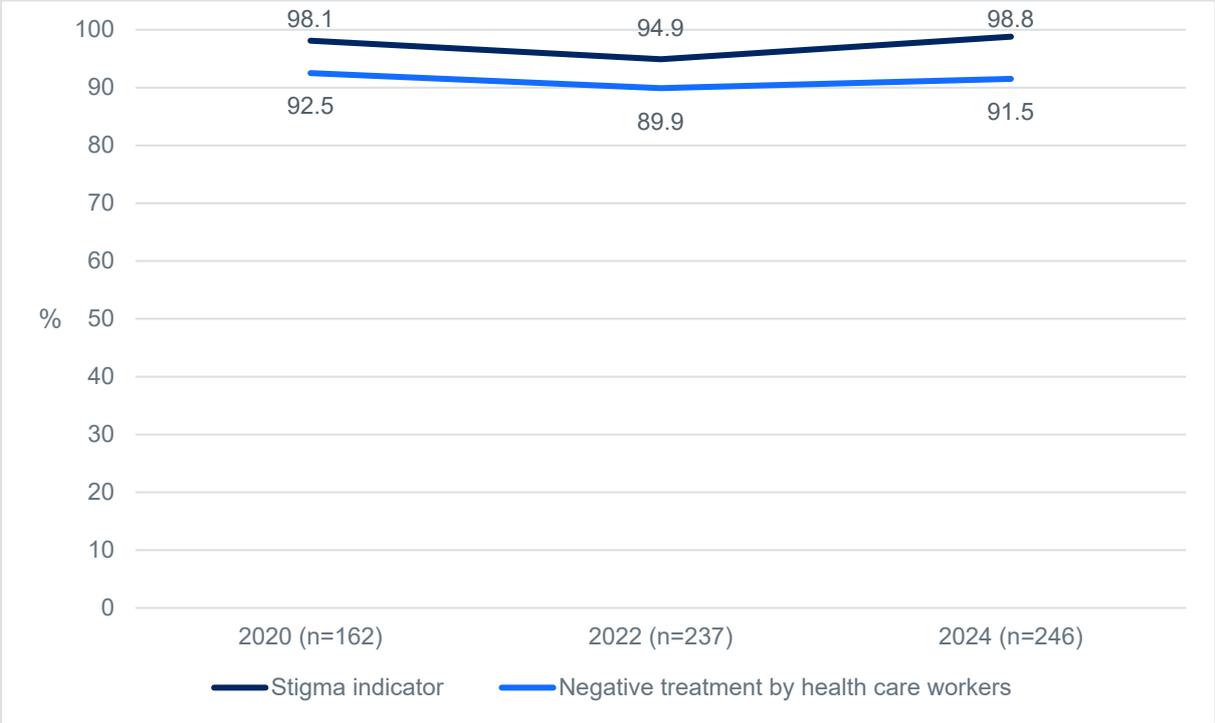
Figure 21. Past year experiences of stigma and discrimination reported by PWID in NSW



Source: Stigma Indicators Monitoring Project

Stigma or discrimination against sex workers remain high and needs to be addressed. In 2024, 98.8% of sex workers experienced any stigma or discrimination, and 91.5% experienced it from healthcare workers (Figure 22).

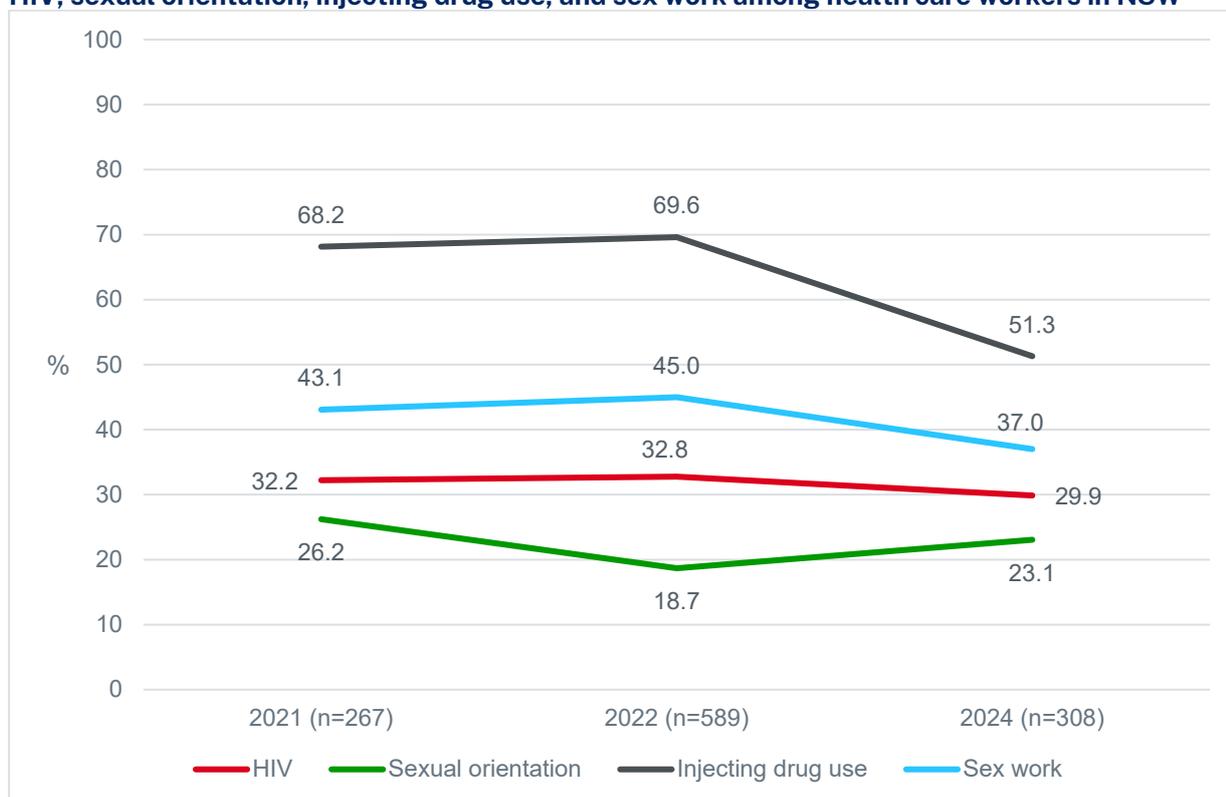
Figure 22. Past year experiences of stigma and discrimination reported by sex workers in NSW



Source: Stigma Indicators Monitoring Project

Between 2021 and 2024, the proportion of health care workers who reported that they would behave negatively towards other people because of their injecting drug use showed the largest change, decreasing from 68.2% to 51.3%. Behaving negatively because of one's HIV decreased from 32.2% to 29.9%, and because of their sex work decreased from 43.1% to 37.0% (**Figure 23**). The proportion who reported that they would behave negatively towards other people because of their sexual orientation decreased between 2021 and 2024 from 26.2% to 23.1%, however increased from a low of 18.7% in 2022.

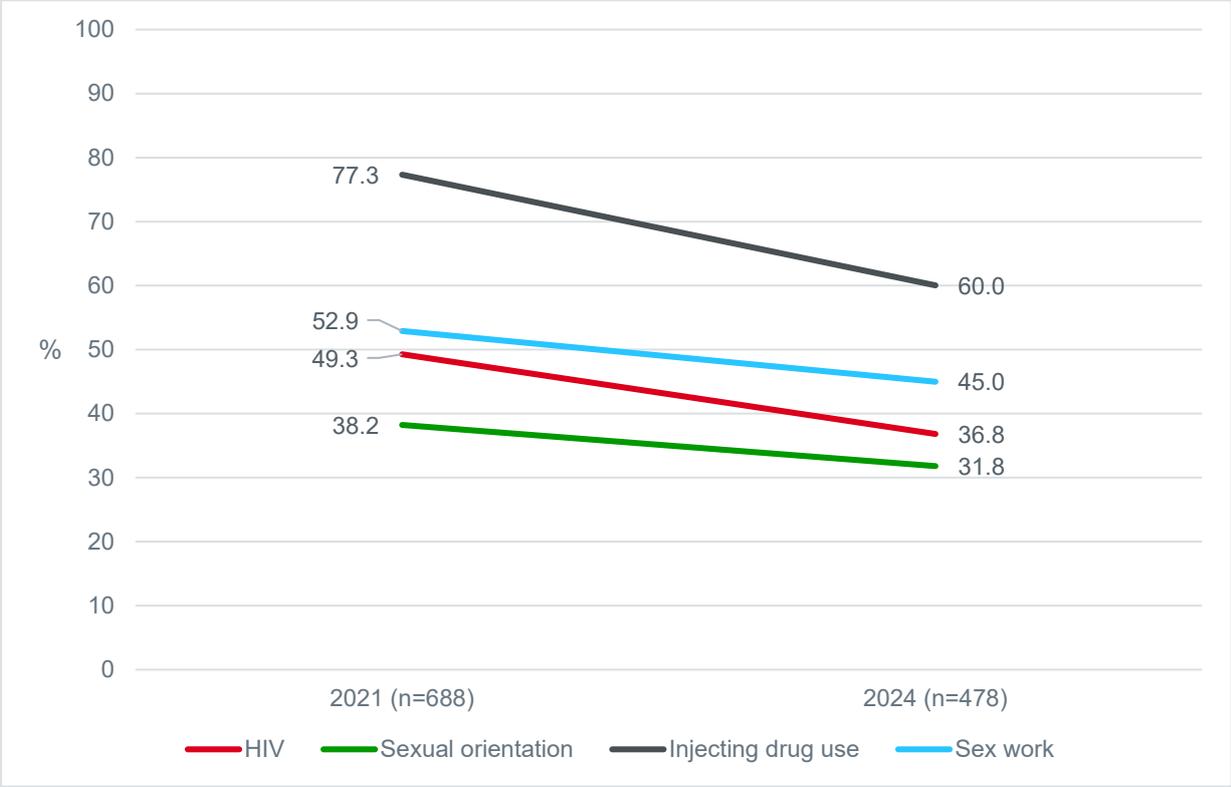
Figure 23. Self-reported likelihood of behaving negatively towards other people because of their HIV, sexual orientation, injecting drug use, and sex work among health care workers in NSW



Source: Stigma Indicators Monitoring Project

The self-reported likelihood reported among the general public for behaving negatively towards other people because of their HIV, sexual orientation, injecting drug use, and sex work decreased across all areas between 2021 and 2024 (Figure 24).

Figure 24. Self-reported likelihood of behaving negatively towards other people because of their HIV, sexual orientation, injecting drug use, and sex work among the general public in NSW



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 GBQ+ Community Periodic Survey	Centre for Social Research in Health	Annually	Repeat cross-sectional survey of gay, bisexual, and queer (GBQ+) men and non-binary people who have sex with GBQ+ 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 GBQ+ Community Periodic Survey	Centre for Social Research in Health	Annually Note: collected February-March	Repeated cross-sectional survey of gay, bisexual, and queer (GBQ+) men and non-binary people who have sex with GBQ+ 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 Scheme (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 / Bi-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 NSW residents newly diagnosed with HIV infection

Table B1. Characteristics of NSW residents newly diagnosed with HIV in 2024 compared with 2023.

Characteristic	2023 N = 232 ¹	2024 N = 235 ¹	p-value ²
Place of birth			0.18
Australia	78 (34%)	91 (40%)	
Overseas	152 (66%)	137 (60%)	
Missing	2	7	
Stage of infection			0.072
Early	68 (30%)	91 (40%)	
Late	98 (43%)	81 (36%)	
Other	61 (27%)	55 (24%)	
Missing	5	8	
Area of residence			0.59
Sydney (gay postcodes)	60 (26%)	55 (23%)	
Other Sydney	45 (19%)	48 (20%)	
GWS	77 (33%)	70 (30%)	
Rest of NSW	50 (22%)	62 (26%)	
Reported risk exposure			0.066
MSM	167 (73%)	157 (69%)	
HET	48 (21%)	57 (25%)	
IDU	4 (1.8%)	6 (2.6%)	
Other	7 (3.1%)	1 (0.4%)	
Unknown	2 (0.9%)	7 (3.1%)	
Missing	4	7	
Diagnosing doctor type			0.22
GP not s100	71 (31%)	75 (32%)	
Sexual Health Clinic	82 (35%)	61 (26%)	
GP s100	6 (2.6%)	8 (3.4%)	
Hospital	49 (21%)	64 (27%)	
Other	23 (10%)	27 (11%)	
Missing	1	0	
Age group			0.51
0-19	2 (0.9%)	3 (1.3%)	
20-29	64 (28%)	55 (23%)	
30-39	80 (34%)	78 (33%)	
40-49	41 (18%)	56 (24%)	
50+	45 (19%)	43 (18%)	
Testing history			0.44
Neg. or ind. ≤ 12 months	37 (17%)	44 (20%)	
Neg. or ind. > 12 months	87 (40%)	79 (36%)	
Never tested before	84 (38%)	81 (36%)	
Unknown testing history	11 (5.0%)	18 (8.1%)	
Missing	13	13	
Likely place of acquisition			0.61
Likely acquired Australia	119 (54%)	128 (58%)	
Likely acquired overseas	97 (44%)	86 (39%)	
Unknown	6 (2.7%)	6 (2.7%)	
Missing	10	15	

¹n (%)

²Pearson's Chi-squared test; Fisher's exact test. A two-sided α of $p < 0.05$ is the threshold for significance, shown as **bold**.

% and p-value exclude missing data.

Source: NCIMS, Health Protection NSW, extracted 03/03/2025

Table B2. Characteristics of MSM newly diagnosed with HIV in 2024 compared with 2023

Characteristic	2023 N = 167 ¹	2024 N = 157 ¹	p-value²
Place of birth			0.18
Australia	58 (35%)	66 (42%)	
Overseas	109 (65%)	91 (58%)	
Stage of infection			0.34
Early	61 (37%)	69 (45%)	
Late	59 (36%)	46 (30%)	
Other	45 (27%)	39 (25%)	
Missing	2	3	
Area of residence			0.82
Sydney (gay postcodes)	55 (33%)	46 (29%)	
Other Sydney	29 (17%)	32 (20%)	
GWS	53 (32%)	48 (31%)	
Rest of NSW	30 (18%)	31 (20%)	
Diagnosing doctor type			0.060
GP not s100	54 (33%)	51 (32%)	
Sexual Health Clinic	72 (43%)	51 (32%)	
GP s100	5 (3.0%)	5 (3.2%)	
Hospital	23 (14%)	41 (26%)	
Other	12 (7.2%)	9 (5.7%)	
Missing	1	0	
Age group			0.67
0-19	2 (1.2%)	3 (1.9%)	
20-29	48 (29%)	37 (24%)	
30-39	60 (36%)	59 (38%)	
40-49	27 (16%)	33 (21%)	
50+	30 (18%)	25 (16%)	
Testing history			0.84
Neg. or ind. ≤ 12 months	33 (20%)	37 (24%)	
Neg. or ind. > 12 months	68 (42%)	62 (41%)	
Never tested before	53 (33%)	45 (29%)	
Unknown testing history	9 (5.5%)	9 (5.9%)	
Missing	4	4	
Likely place of acquisition			0.094
Likely acquired Australia	96 (59%)	103 (69%)	
Likely acquired overseas	62 (38%)	46 (31%)	
Unknown	5 (3.1%)	1 (0.7%)	
Missing	4	7	

¹n (%)

²Pearson's Chi-squared test; Fisher's exact test. A two-sided α of $p < 0.05$ is the threshold for significance, shown as **bold**. % and p-value exclude missing data.

Source: NCIMS, Health Protection NSW, extracted 03/03/2025

Table B3. Characteristics of NSW residents newly diagnosed with HIV, 2014 to 2024.

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total	344	351	318	313	277	281	206	179	168	232	235
Gender											
Male	318 (92.4%)	321 (91.5%)	292 (91.8%)	282 (90.1%)	254 (91.7%)	252 (89.7%)	181 (87.9%)	165 (92.2%)	144 (85.7%)	200 (86.2%)	199 (84.7%)
Female	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%)	27 (11.6%)	30 (12.8%)
Transgender	1 (0.3%)	2 (0.6%)	4 (1.3%)	6 (1.9%)	3 (1.1%)	6 (2.1%)	4 (1.9%)	2 (1.1%)	2 (1.2%)	5 (2.2%)	6 (2.6%)
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%)
Aboriginal status											
Aboriginal or Torres Strait Islander	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 (4.7%)	5 (2.1%)
Non-Aboriginal person	331 (96.2%)	339 (96.6%)	308 (96.9%)	305 (97.4%)	266 (96.0%)	274 (97.5%)	200 (97.1%)	178 (99.4%)	162 (96.4%)	219 (94.4%)	220 (93.6%)
Not stated	6 (1.7%)	5 (1.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	2 (0.9%)	10 (4.3%)
Age in years at diagnosis											
0-9	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%)	0 (0.0%)
10-19	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%)	3 (1.3%)
20-29	93 (27.0%)	108 (30.8%)	100 (31.4%)	87 (27.8%)	96 (34.7%)	72 (25.6%)	63 (30.6%)	55 (30.7%)	39 (23.2%)	64 (27.6%)	55 (23.4%)
30-39	109 (31.7%)	107 (30.5%)	111 (34.9%)	93 (29.7%)	79 (28.5%)	108 (38.4%)	66 (32.0%)	54 (30.2%)	61 (36.3%)	80 (34.5%)	78 (33.2%)
40-49	75 (21.8%)	59 (16.8%)	62 (19.5%)	60 (19.2%)	50 (18.1%)	49 (17.4%)	37 (18.0%)	35 (19.6%)	37 (22.0%)	41 (17.7%)	56 (23.8%)
50-59	40 (11.6%)	43 (12.3%)	31 (9.7%)	35 (11.2%)	33 (11.9%)	32 (11.4%)	23 (11.2%)	21 (11.7%)	20 (11.9%)	29 (12.5%)	29 (12.3%)
60+	24 (7.0%)	28 (8.0%)	10 (3.1%)	32 (10.2%)	15 (5.4%)	16 (5.7%)	12 (5.8%)	14 (7.8%)	8 (4.8%)	16 (6.9%)	14 (6.0%)
Stage of infection											
Early	161 (46.8%)	152 (43.3%)	144 (45.3%)	106 (33.9%)	107 (38.6%)	92 (32.7%)	63 (30.6%)	46 (25.7%)	53 (31.5%)	68 (29.3%)	91 (38.7%)
CD4 500+	53 (15.4%)	56 (16.0%)	44 (13.8%)	46 (14.7%)	37 (13.4%)	36 (12.8%)	34 (16.5%)	28 (15.6%)	25 (14.9%)	35 (15.1%)	32 (13.6%)
CD4 350-499	33 (9.6%)	30 (8.5%)	37 (11.6%)	43 (13.7%)	26 (9.4%)	45 (16.0%)	21 (10.2%)	21 (11.7%)	19 (11.3%)	26 (11.2%)	23 (9.8%)
CD4 200-349	31 (9.0%)	48 (13.7%)	28 (8.8%)	41 (13.1%)	49 (17.7%)	36 (12.8%)	26 (12.6%)	21 (11.7%)	16 (9.5%)	31 (13.4%)	30 (12.8%)
Advanced	59 (17.2%)	56 (16.0%)	59 (18.6%)	74 (23.6%)	53 (19.1%)	70 (24.9%)	60 (29.1%)	60 (33.5%)	53 (31.5%)	67 (28.9%)	51 (21.7%)
Unknown	7 (2.0%)	9 (2.6%)	6 (1.9%)	3 (1.0%)	5 (1.8%)	2 (0.7%)	2 (1.0%)	3 (1.7%)	2 (1.2%)	5 (2.2%)	8 (3.4%)
Reported HIV risk exposure											
MSM	253 (73.5%)	263 (74.9%)	235 (73.9%)	213 (68.1%)	194 (70.0%)	190 (67.6%)	134 (65.0%)	122 (68.2%)	105 (62.5%)	148 (63.8%)	128 (54.5%)
MSM and IDU	20 (5.8%)	21 (6.0%)	24 (7.5%)	14 (4.5%)	25 (9.0%)	26 (9.3%)	21 (10.2%)	15 (8.4%)	15 (8.9%)	19 (8.2%)	29 (12.3%)
HET	50 (14.5%)	52 (14.8%)	48 (15.1%)	68 (21.7%)	51 (18.4%)	56 (19.9%)	40 (19.4%)	35 (19.6%)	38 (22.6%)	48 (20.7%)	57 (24.3%)
Injection Drug Use	8 (2.3%)	4 (1.1%)	5 (1.6%)	9 (2.9%)	4 (1.4%)	5 (1.8%)	3 (1.5%)	4 (2.2%)	4 (2.4%)	4 (1.7%)	6 (2.6%)
Other	5 (1.5%)	4 (1.1%)	2 (0.6%)	3 (1.0%)	1 (0.4%)	3 (1.1%)	4 (1.9%)	1 (0.6%)	3 (1.8%)	7 (3.0%)	1 (0.4%)
Unknown	5 (1.5%)	3 (0.9%)	4 (1.3%)	4 (1.3%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	2 (1.1%)	3 (1.8%)	2 (0.9%)	7 (3.0%)
Missing	3 (0.9%)	4 (1.1%)	0 (0.0%)	2 (0.6%)	2 (0.7%)	1 (0.4%)	3 (1.5%)	0 (0.0%)	0 (0.0%)	4 (1.7%)	7 (3.0%)
Diagnosing doctor type											
GP not s100	97 (28.2%)	129 (36.8%)	109 (34.3%)	106 (33.9%)	88 (31.8%)	101 (35.9%)	75 (36.4%)	65 (36.3%)	52 (31.0%)	71 (30.6%)	75 (31.9%)
Sexual Health Clinic	113 (32.8%)	129 (36.8%)	124 (39.0%)	105 (33.5%)	118 (42.6%)	104 (37.0%)	61 (29.6%)	44 (24.6%)	47 (28.0%)	82 (35.3%)	61 (26.0%)
GP s100	51 (14.8%)	36 (10.3%)	21 (6.6%)	20 (6.4%)	13 (4.7%)	9 (3.2%)	7 (3.4%)	4 (2.2%)	7 (4.2%)	6 (2.6%)	8 (3.4%)
Hospital	67 (19.5%)	39 (11.1%)	47 (14.8%)	56 (17.9%)	47 (17.0%)	40 (14.2%)	51 (24.8%)	46 (25.7%)	48 (28.6%)	49 (21.1%)	64 (27.2%)
Other	15 (4.4%)	17 (4.8%)	17 (5.3%)	26 (8.3%)	11 (4.0%)	27 (9.6%)	12 (5.8%)	20 (11.2%)	14 (8.3%)	23 (9.9%)	27 (11.5%)
Unknown	1 (0.3%)	1 (0.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.4%)	0 (0.0%)

Table B3. Characteristics of NSW residents newly diagnosed with HIV, 2014 to 2024.

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Testing history											
Neg. or ind. ≤ 12 months ¹	121 (35.2%)	123 (35.0%)	106 (33.3%)	71 (22.7%)	75 (27.1%)	75 (26.7%)	48 (23.3%)	32 (17.9%)	31 (18.5%)	37 (15.9%)	44 (18.7%)
Neg. or ind. > 12 months ²	130 (37.8%)	127 (36.2%)	118 (37.1%)	125 (39.9%)	111 (40.1%)	126 (44.8%)	74 (35.9%)	73 (40.8%)	73 (43.5%)	87 (37.5%)	79 (33.6%)
Never tested before	74 (21.5%)	83 (23.6%)	71 (22.3%)	102 (32.6%)	75 (27.1%)	71 (25.3%)	72 (35.0%)	55 (30.7%)	58 (34.5%)	84 (36.2%)	81 (34.5%)
Unknown testing history	18 (5.2%)	16 (4.6%)	18 (5.7%)	10 (3.2%)	13 (4.7%)	8 (2.8%)	11 (5.3%)	14 (7.8%)	6 (3.6%)	11 (4.7%)	18 (7.7%)
Missing	1 (0.3%)	2 (0.6%)	5 (1.6%)	5 (1.6%)	3 (1.1%)	1 (0.4%)	1 (0.5%)	5 (2.8%)	0 (0.0%)	13 (5.6%)	13 (5.5%)
Likely place of acquisition											
Likely acquired Australia	215 (62.5%)	232 (66.1%)	210 (66.0%)	173 (55.3%)	157 (56.7%)	168 (59.8%)	138 (67.0%)	121 (67.6%)	104 (61.9%)	119 (51.3%)	128 (54.5%)
Likely acquired overseas	84 (24.4%)	99 (28.2%)	90 (28.3%)	134 (42.8%)	111 (40.1%)	103 (36.7%)	65 (31.6%)	56 (31.3%)	60 (35.7%)	97 (41.8%)	86 (36.6%)
Unknown	44 (12.8%)	17 (4.8%)	11 (3.5%)	2 (0.6%)	4 (1.4%)	5 (1.8%)	1 (0.5%)	2 (1.1%)	2 (1.2%)	6 (2.6%)	6 (2.6%)
Missing	1 (0.3%)	3 (0.9%)	7 (2.2%)	4 (1.3%)	5 (1.8%)	5 (1.8%)	2 (1.0%)	0 (0.0%)	2 (1.2%)	10 (4.3%)	15 (6.4%)
LHD of residence											
Central Coast	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 (3.4%)	3 (1.3%)
Illawarra Shoalhaven	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%)	6 (2.6%)
Nepean Blue Mountains	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%)	8 (3.4%)	6 (2.6%)
Northern Sydney	17 (4.9%)	24 (6.8%)	20 (6.3%)	30 (9.6%)	23 (8.3%)	23 (8.2%)	19 (9.2%)	13 (7.3%)	19 (11.3%)	12 (5.2%)	17 (7.2%)
South Eastern Sydney	112 (32.6%)	130 (37.0%)	84 (26.4%)	92 (29.4%)	85 (30.7%)	73 (26.0%)	50 (24.3%)	53 (29.6%)	41 (24.4%)	64 (27.6%)	46 (19.6%)
South Western Sydney	30 (8.7%)	31 (8.8%)	31 (9.7%)	26 (8.3%)	21 (7.6%)	34 (12.1%)	27 (13.1%)	24 (13.4%)	28 (16.7%)	32 (13.8%)	33 (14.0%)
Sydney	84 (24.4%)	87 (24.8%)	95 (29.9%)	70 (22.4%)	63 (22.7%)	61 (21.7%)	37 (18.0%)	31 (17.3%)	27 (16.1%)	39 (16.8%)	47 (20.0%)
Western Sydney	26 (7.6%)	20 (5.7%)	24 (7.5%)	27 (8.6%)	24 (8.7%)	30 (10.7%)	25 (12.1%)	22 (12.3%)	14 (8.3%)	30 (12.9%)	28 (11.9%)
Far West	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%)	1 (0.4%)
Hunter New England	27 (7.8%)	17 (4.8%)	15 (4.7%)	7 (2.2%)	17 (6.1%)	23 (8.2%)	19 (9.2%)	7 (3.9%)	4 (2.4%)	12 (5.2%)	20 (8.5%)
Mid North Coast	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%)	2 (0.9%)
Murrumbidgee-Albury	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%)	7 (3.0%)
Northern NSW	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 (3.4%)	3 (1.3%)
Southern NSW	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%)	8 (3.4%)
Western NSW	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%)	5 (2.1%)
Unknown or other	5 (1.5%)	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%)	3 (1.3%)

Source: NCIMS, Health Protection NSW, extracted 03/03/2025

¹Negative or indeterminate western blot result within twelve months of HIV diagnosis

²Negative or indeterminate western blot result more than twelve months before HIV diagnosis

Appendix C: Characteristics of PrEP dispensing

Individuals people dispensed PrEP by age group, area of residence and year

Client characteristics	2019	2020	2021	2022	2023	2024
Age group						
0-19	58	52	76	98	158	168
20-29	1,873	2,090	2,377	2,772	3,188	3,179
30-39	4,239	4,530	4,952	5,600	6,252	6,473
40-49	3,590	3,606	3,636	3,886	4,225	4,396
50-59	2,632	2,513	2,418	2,537	2,706	2,719
60+	1,778	1,680	1,611	1,678	1,796	1,808
Area of residence						
GWS	2,207	2,313	2,381	2,704	3,126	3,213
Sydney (Gay postcode)	5,691	5,822	6,133	6,650	7,121	7,170
Other Sydney	2,918	2,973	3,105	3,570	3,931	4,108
Rest of NSW	3,354	3,363	3,451	3,647	4,147	4,252

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

Individuals dispensed PrEP by age group and area of residence, 2024

	Ever dispensed	Dispensed in 2024	First dispensed in 2024
Age group			
0-19	504	168	124
20-29	7,944	3,179	1,079
30-39	12,007	6,473	1,322
40-49	7,738	4,396	708
50-59	5,111	2,719	413
60+	3,318	1,808	284
Area of residence			
GWS	6,503	3,213	828
Sydney (Gay postcode)	12,917	7,170	1,096
Other Sydney	7,958	4,108	966
Rest of NSW	9,244	4,252	1,040

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

Individuals dispensed PrEP by age group and area of residence, 2024

	Sydney (Gay postcode)	GWS	Other Sydney	Rest of NSW
Age group				
0-19	18	51	41	58
20-29	645	842	807	885
30-39	2,703	1,193	1,401	1,176
40-49	2,052	621	938	785
50-59	1,130	322	563	704
60+	622	184	358	644

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

Appendix D: NSW HIV Data Advisory Committee members

Bianca Prain	Advisory Committee Chair, Centre for Population Health, NSW Ministry of Health
Tina Gordon	Advisory Committee Secretariat, Centre for Population Health, NSW Ministry of Health
Erin Sullivan	Centre for Population Health, NSW Ministry of Health
Angus Molyneux	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
Michael Woodhouse	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
Timothy Broady	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 SLHD 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.

