

NSW HIV Strategy 2012 – 2015

Annual 2014 Data Report



Executive Summary

The *NSW HIV strategy 2012–2015: A New Era* was launched in December 2012 and includes major changes in the way that HIV is detected, treated and prevented in NSW, as well as improved support for people at the time of their HIV diagnosis and throughout their life.

Recent evidence suggests that combination antiretroviral (ART) treatment can offer improved health benefits for people living with HIV and the potential to dramatically reduce the risk of passing on HIV. This makes treatment a critical part of HIV prevention. Gaining the optimal benefit in NSW relies on early detection of HIV through increased HIV testing, early provision of ART treatment for people diagnosed with HIV, and support for treatment adherence to achieve undetectable viral load.

In brief, the 2015 targets of the NSW HIV Strategy are to:

- Reduce HIV transmission by 60% among men who have sex with men.
- Reduce heterosexual transmission of HIV and transmission of HIV among Aboriginal populations by 50%
- Sustain the virtual elimination of mother to child transmission of HIV
- Sustain the virtual elimination of HIV transmission in the sex industry
- Sustain the virtual elimination of HIV among people who inject drugs
- Reduce the average time between HIV infection and diagnosis
- Increase to 90% the proportion of people living with HIV on ART
- Sustain the virtual elimination of HIV related deaths

The range of activities NSW Health is engaged in to meet these targets and current progress is summarised in the [NSW HIV Snapshot](#).

To monitor progress in meeting the targets set by the Strategy, a range of data sources have been identified, analysed and reported via this quarterly data report.

More detailed information on NSW residents newly diagnosed with HIV up to 31 December 2013 is available in the [NSW HIV 2013 Epidemiological Report](#).

In 2014:

- 346 people were newly diagnosed with HIV in NSW, a two per cent (%) decrease compared with 2013 (353), and a 15% fewer than in 2012 (408). Newly diagnosed HIV infections appear to have stabilised, with some indication of a modest downward trend.
- There were 465,584 HIV serology tests performed, compared with 447,186 (4% increase) in 2013 and 419,968 (11% increase) in 2012.
- HIV testing continued to increase both overall in NSW, and among high risk populations. However, there remains more scope for increasing HIV testing rates through a mix of HIV testing initiatives involving general practice, sexual health centres, specialist centres and community based programs.
- Data from public sexual health and HIV clinics indicate 89% of people living with HIV who attended these services were on antiretroviral therapy (ART).
- Progress is being made in reducing the gap between HIV diagnosis and commencement of ART, but continuing efforts are required to mobilise community and health professionals around early ART for individual and public health benefits.
- Of people newly diagnosed with HIV infection from 1 January 2013 to 30 June 2014, 292 (55%) had commenced ART by six months of diagnosis, 189 (35%) had not yet commenced ART and 53 (10%) were of unknown ART status at six months post diagnosis.

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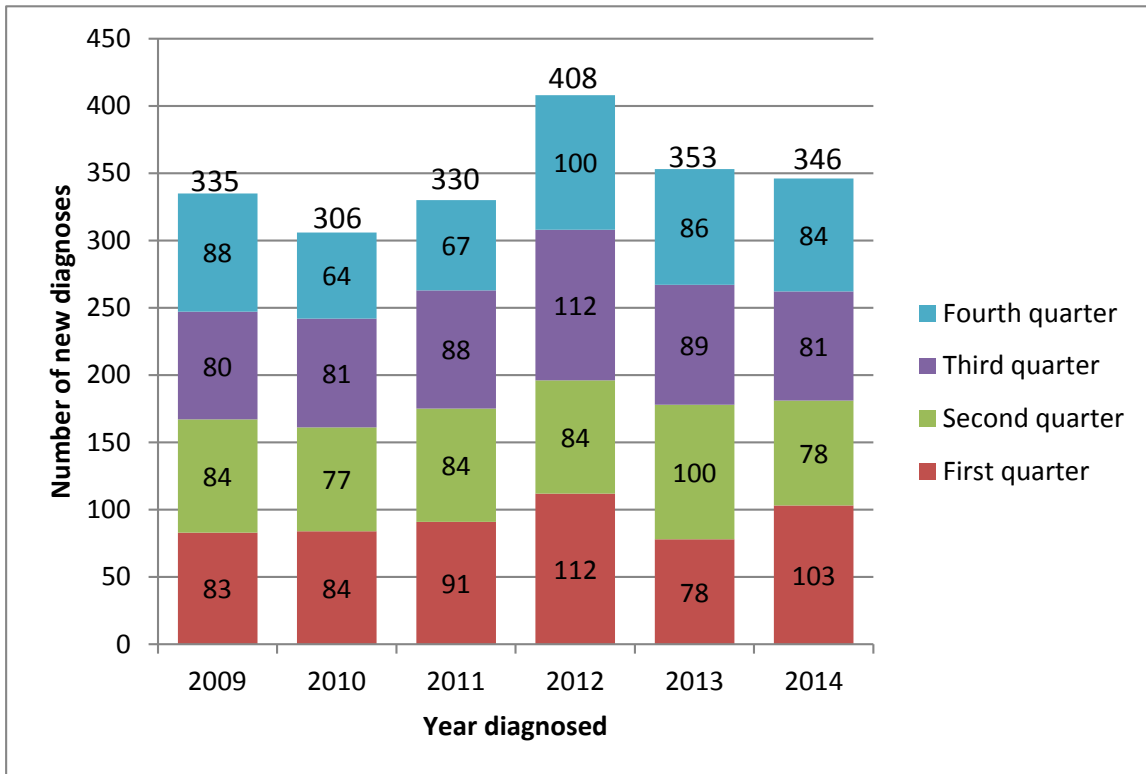
Glossary of Terms

ART	Antiretroviral treatment
HIV	Human Immunodeficiency Virus
LHD	Local Health District
MSM	Men who have sex with men
NSP	Needle and syringe program
NSW	New South Wales
NSWPHS	New South Wales Population Health Survey
PWID	People who inject drugs
PFSHC	Publicly Funded Sexual Health Clinic
SGCPS	Sydney Gay Community Periodic Survey

1. Reduce HIV transmission

1.1 How many cases are notified?

Figure 1: Number of NSW residents newly diagnosed with HIV infection, 1 January 2009 to 31 December 2014



Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 9 February 2015

Comment

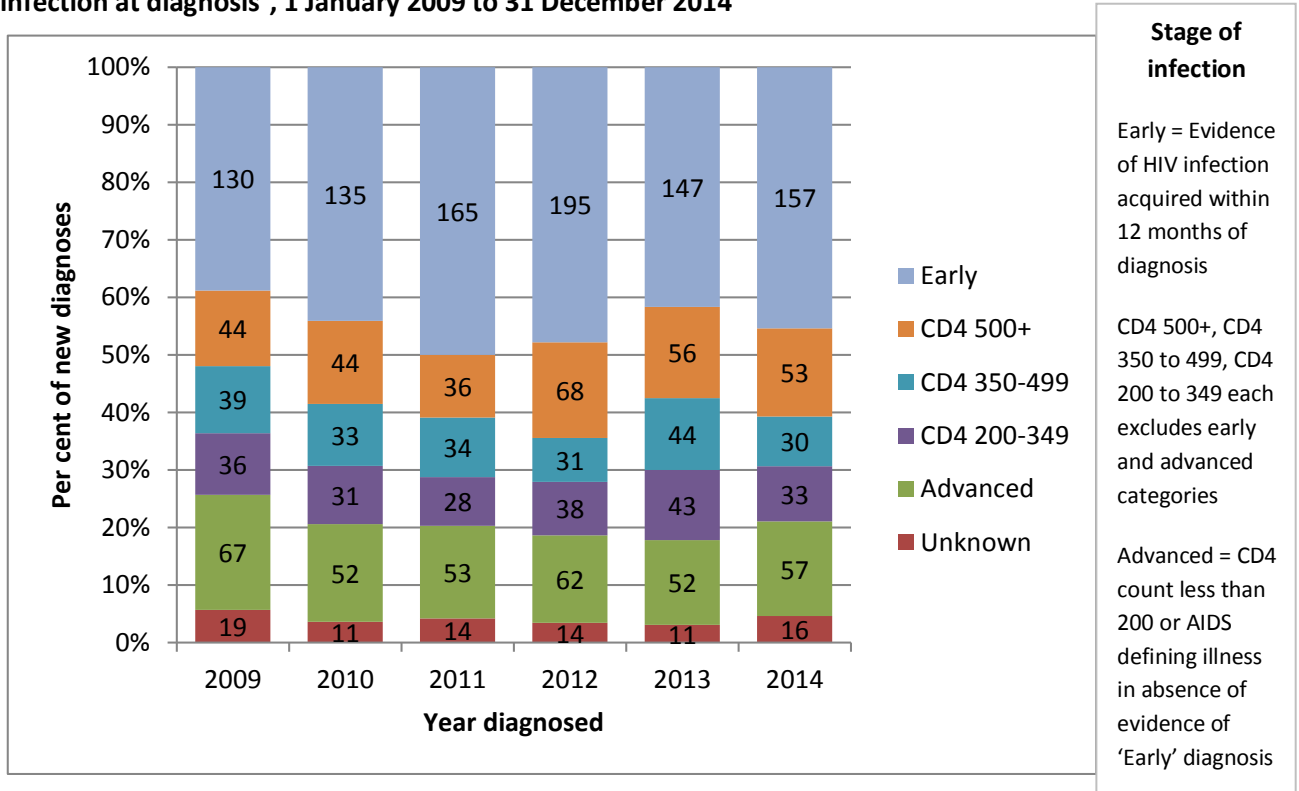
From 1 October to 31 December 2014 (fourth quarter), 84 NSW residents were newly diagnosed with HIV infection and notified to NSW Health (Figure 1).

In 2014, there were a total of 346 new diagnoses notified, which is two per cent fewer than in 2013, 15 per cent fewer than in 2012 and exactly the same as the previous five year average 2009 to 2013.

1.2 What proportion of HIV notifications are newly acquired infections?

Trends in the stage of infection at which people present when newly diagnosed with HIV provide an indication as to the timeliness of diagnosis over time.

Figure 2: Number and per cent of all NSW residents newly diagnosed with HIV by reported stage of infection at diagnosis¹, 1 January 2009 to 31 December 2014



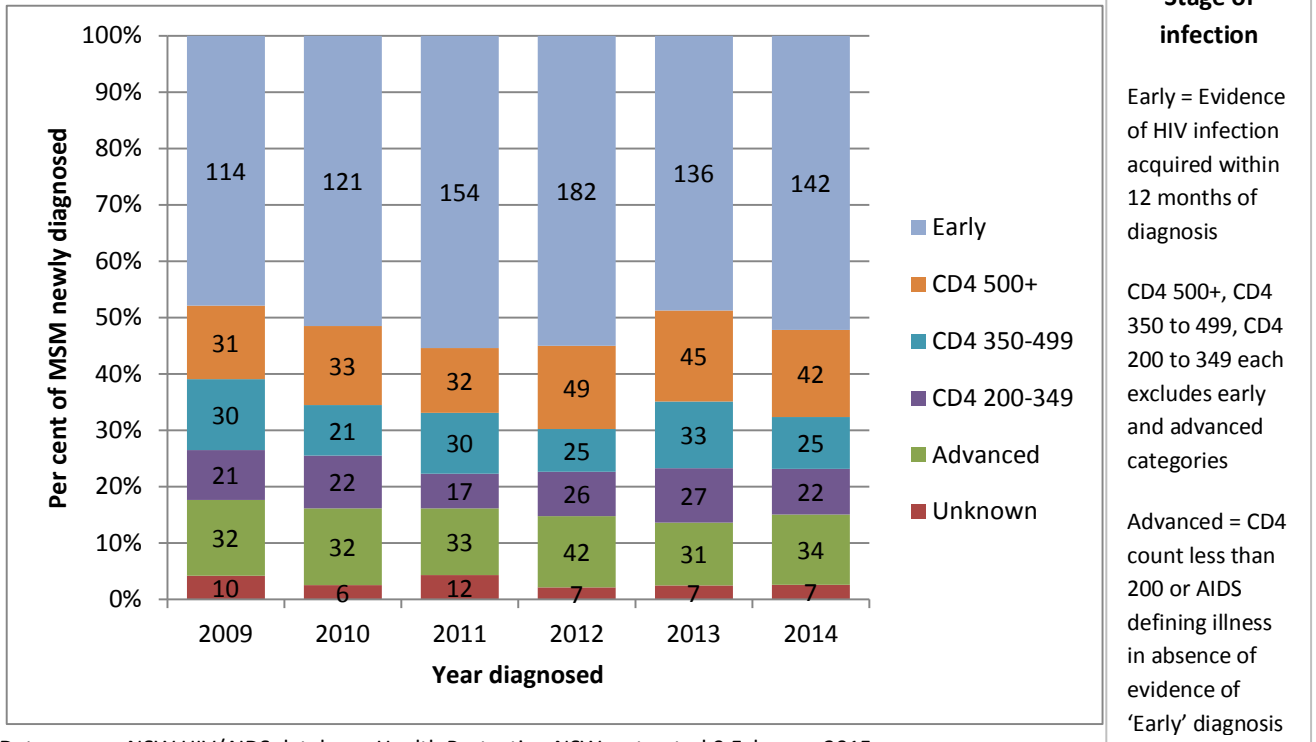
Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 9 February 2015

¹Evidence of early stage infection was defined as notification of a sero-conversion like illness or negative or indeterminate HIV test within 12 months of diagnosis, irrespective of CD4 or presentation with an AIDS defining illness at diagnosis

Comment

In 2014, 157 of 346 (45%) NSW residents newly diagnosed with HIV infection presented with evidence of early stage infection, compared with 42% in 2013, 48% in 2012 and 45% for the previous five year average 2009 to 2013 (Figure 2).

Figure 3: Number and per cent of newly diagnosed men who have sex with men (MSM) by reported stage of infection at diagnosis¹, 1 January 2009 to 31 December 2014



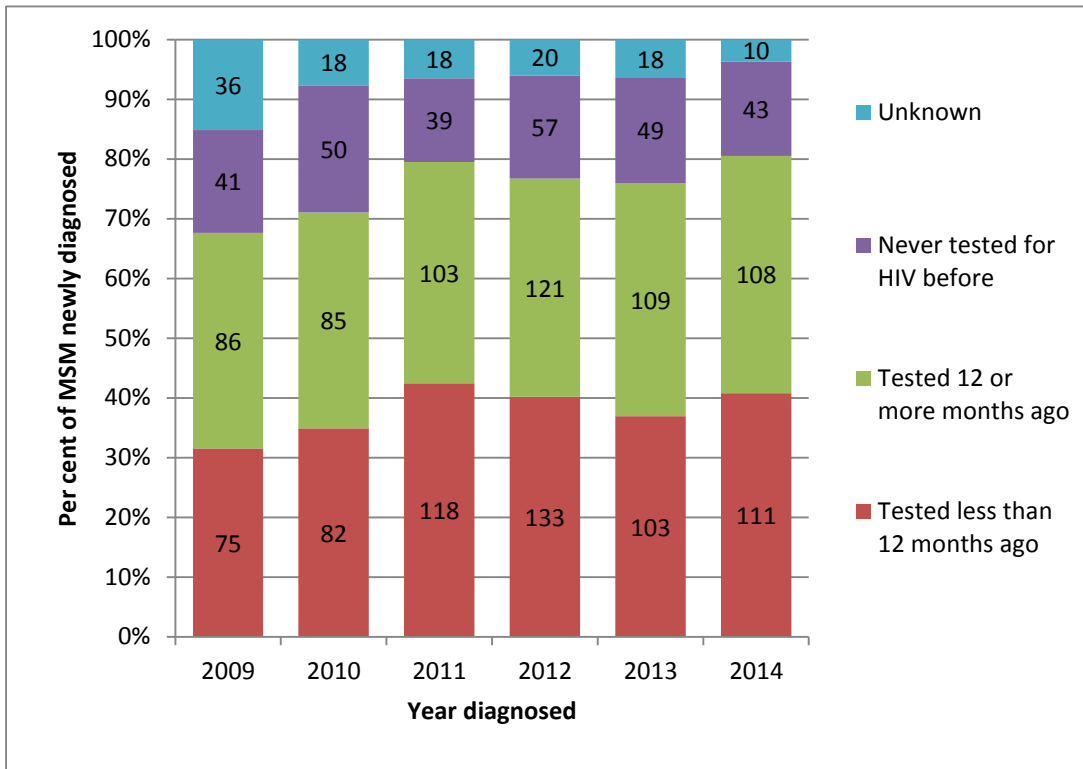
Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 9 February 2015

¹Evidence of early stage infection was defined as notification of a sero-conversion illness or negative or indeterminate HIV test within 12 months of diagnosis, irrespective of CD4 or presentation with an AIDS defining illness at diagnosis

Comment

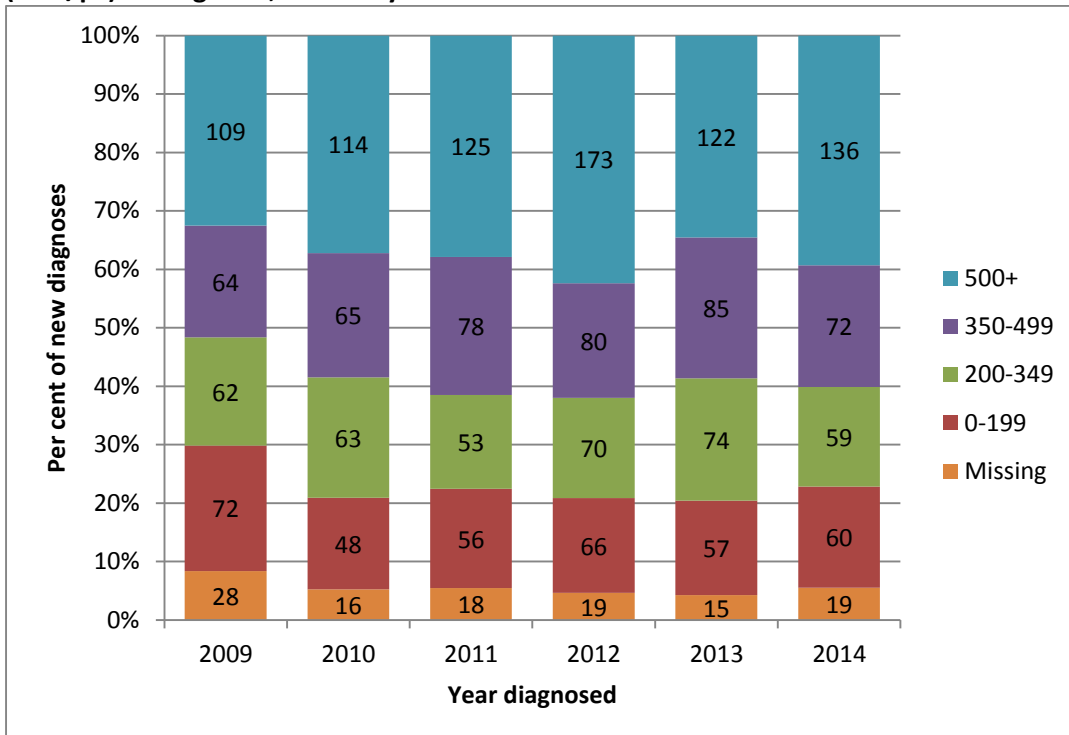
In 2014, 142 of 272 (52%) newly diagnosed men who reported being men who have sex with men (MSM) presented with evidence of early stage infection, similar to the years of 2009 to 2013 (48%, 51%, 55%, 55% and 49% respectively) (Figure 3).

Figure 4: Number and per cent of newly diagnosed MSM by reported HIV testing history, 1 January 2009 to 31 December 2014



Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 9 February 2015

Figure 5: Number and per cent of all NSW residents newly diagnosed with HIV by their CD4 count (cells/μL) at diagnosis, 1 January 2009 to 31 December 2014



Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 9 February 2015

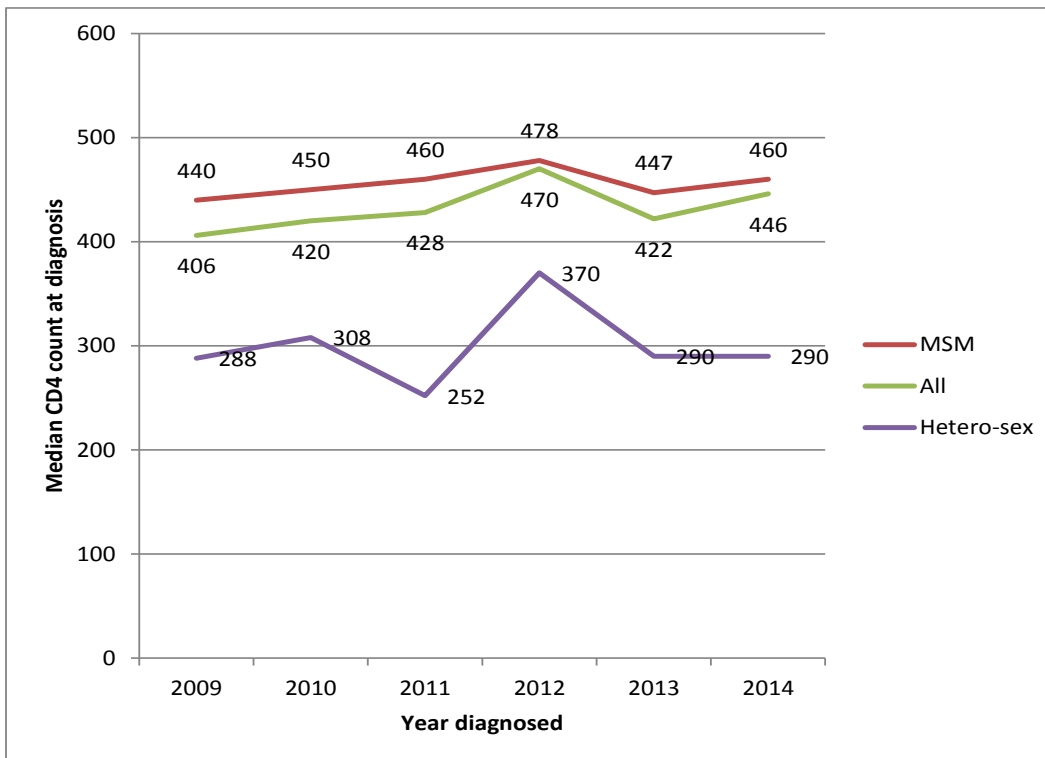
Comment

In 2014, 111 of 272 (41%) newly diagnosed MSM were reported as having a HIV test less than 12 months prior to their diagnosis, a marginally higher proportion compared with the average (38%) for the years 2009 to 2013 (32%, 35%, 42%, 40%, 37% respectively) (Figure 4).

Of the 346 new diagnoses in 119 (34%) had a CD4 count less than (<) 350 cells/ μ L at diagnosis, an indicator of late diagnosis. This is a slightly lower proportion compared with the five year average (36%) for 2009 to 2013 (40%, 36%, 33%, 33% and 37% respectively) (Figure 5).

A priority of the NSW HIV Strategy is to achieve more timely diagnosis of people infected with HIV by increasing HIV testing, as to link them with appropriate care and treatment as soon as possible. Strengthening efforts to notify and support previous contacts of people newly diagnosed with HIV to have a HIV test, will further contribute to continuing efforts in NSW to reduce the time between HIV infection and diagnosis, reducing onward HIV transmission, and further reducing the pool of undiagnosed infection.

Figure 6: Median CD4 count (cells/ μ L) at diagnosis for all NSW residents newly diagnosed with HIV and for MSM and heterosexual risk exposure groups, 1 January 2009 to 31 December 2014



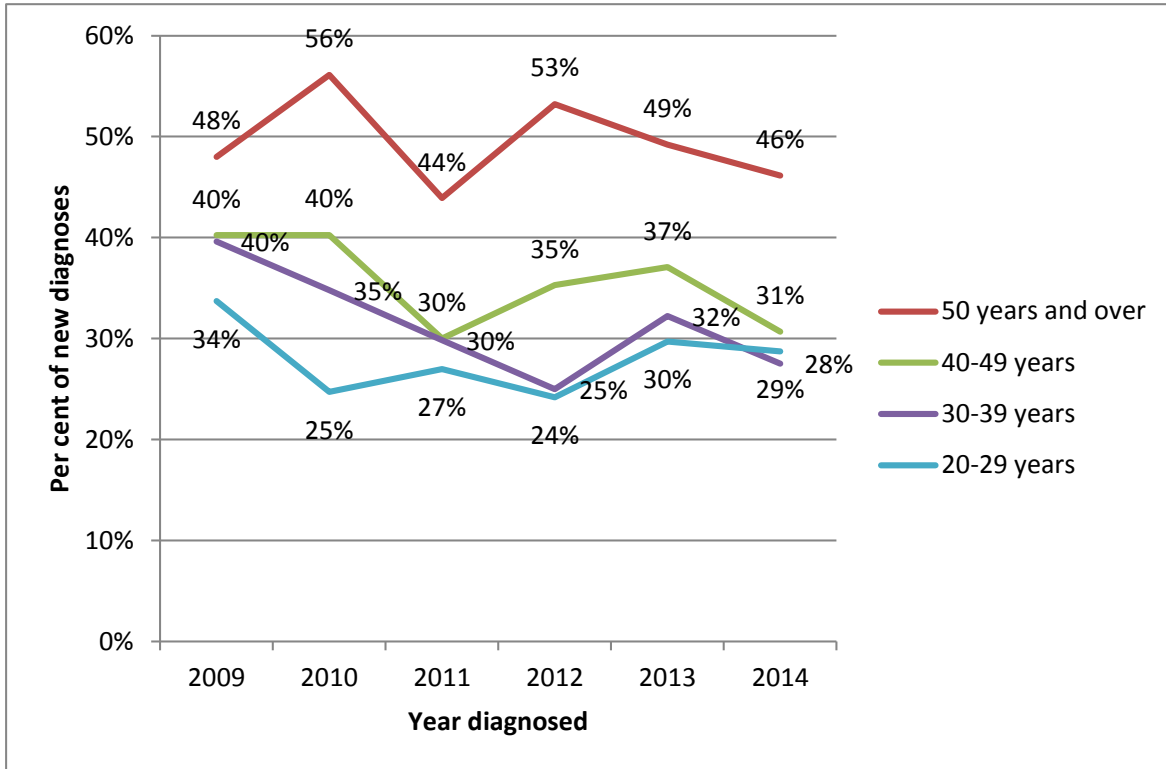
Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 9 February 2015.

Comment

The median CD4 count for NSW residents newly diagnosed with HIV infection in 2014 appears fairly stable for all new diagnoses combined and for men reporting to be MSM, compared with the previous five years. The median CD4 count at diagnosis among those reporting heterosexual exposure to HIV is unchanged over the past six years (Figure 6). There is more work to be done to

reduce the time between infection and detection of HIV among heterosexuals. The other reported risk exposure groups such as being a person who injected drugs (PWID) are excluded from Figure 6 due to very low count numbers.

Figure 7: Per cent within each age group of NSW residents newly diagnosed with HIV who had clinical or immunological evidence of late diagnosis¹, 1 January 2009 to 31 December 2014



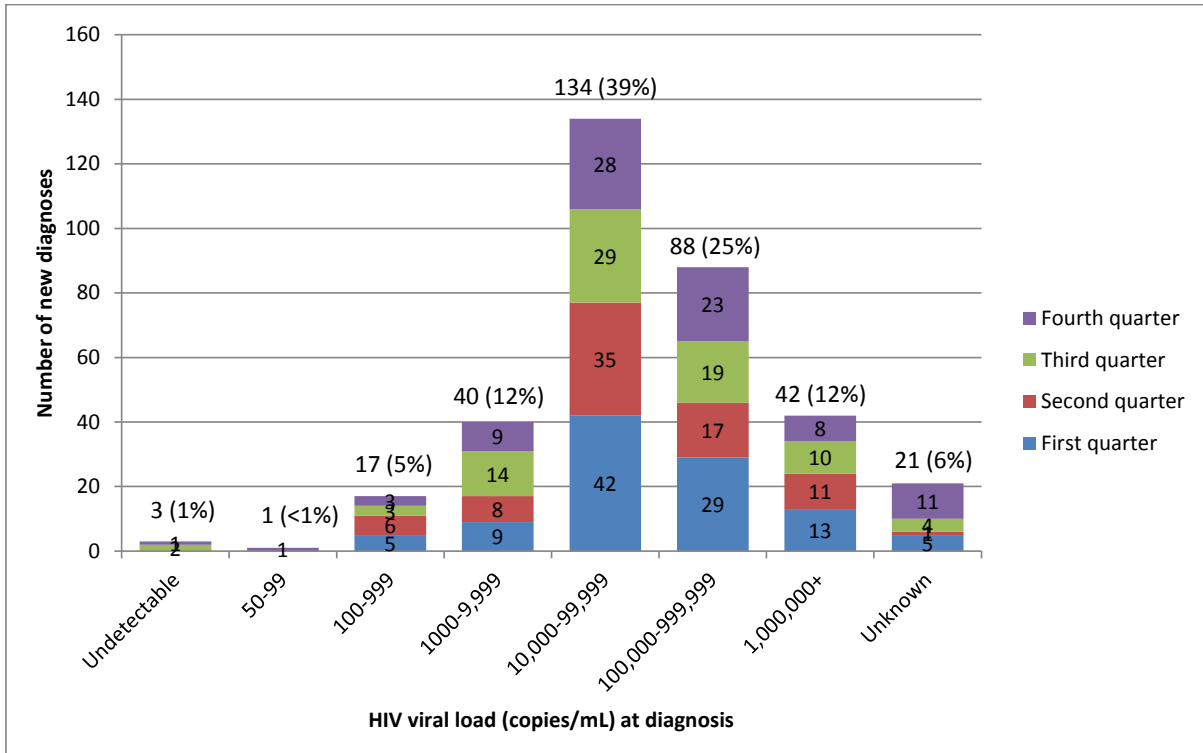
Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 9 February 2015

¹Clinical or immunological evidence of a late diagnosis included a CD4 count less than 350 or an AIDS defining illness within three months of diagnosis, in the absence of a laboratory confirmed negative HIV test in the 12 months prior to diagnosis. Please note: this definition of “late” has changed and tightened since the 2013 fourth quarter and annual report.

Comment

In general, the data shows that the older the age group, the greater the proportion of newly diagnosed people within that age group with clinical or immunological evidence of late diagnosis (Figure 7). The age category “less than 20 years” was excluded from Figure 7 due to very low numbers. The “50 years and over” age group has a distinctly higher proportion of people with evidence of late diagnosis compared with younger age groups. Since 2009 to 2014 the proportion of new diagnoses aged 20 to 49 with evidence of late diagnosis may be declining and converging.

Figure 8: Number of NSW residents newly diagnosed with HIV in 2014 by their HIV viral load (copies/mL) at diagnosis



Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 9 February 2015

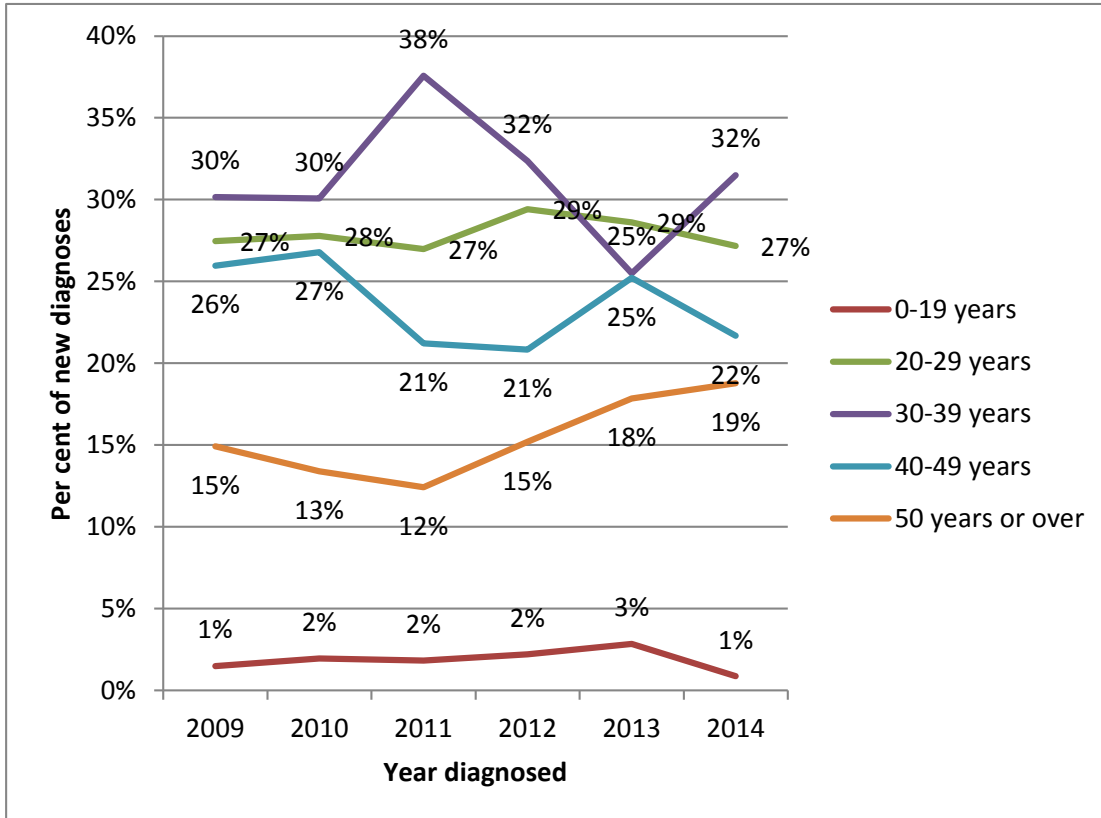
Comment

Of the 346 new diagnoses in 2014, 58 (17%) had a viral load between 50 and 9999, 134 (39%) had viral load between 10,000 and 99,999 and 130 (38%) had a viral load equal to or greater than 100,000 copies/mL at diagnosis (Figure 8). For the HIV-infected individual, unchecked viral replication is associated with negative clinical outcomes and is a factor in disease progression and death, independent of CD4 count. Higher viral loads are associated with a higher risk of transmission of HIV and lower viral loads are associated with a lower risk of transmission of HIV.

1.3 Which groups are being notified?

Of the 346 new diagnoses in 2014, 320 (92.5%) were male, 25 (7.2%) were female and 1 (0.3%) was transgender (See Appendix A).

Figure 9: Per cent of NSW residents newly diagnosed with HIV by age group at diagnosis, 1 January 2009 to 31 December 2014

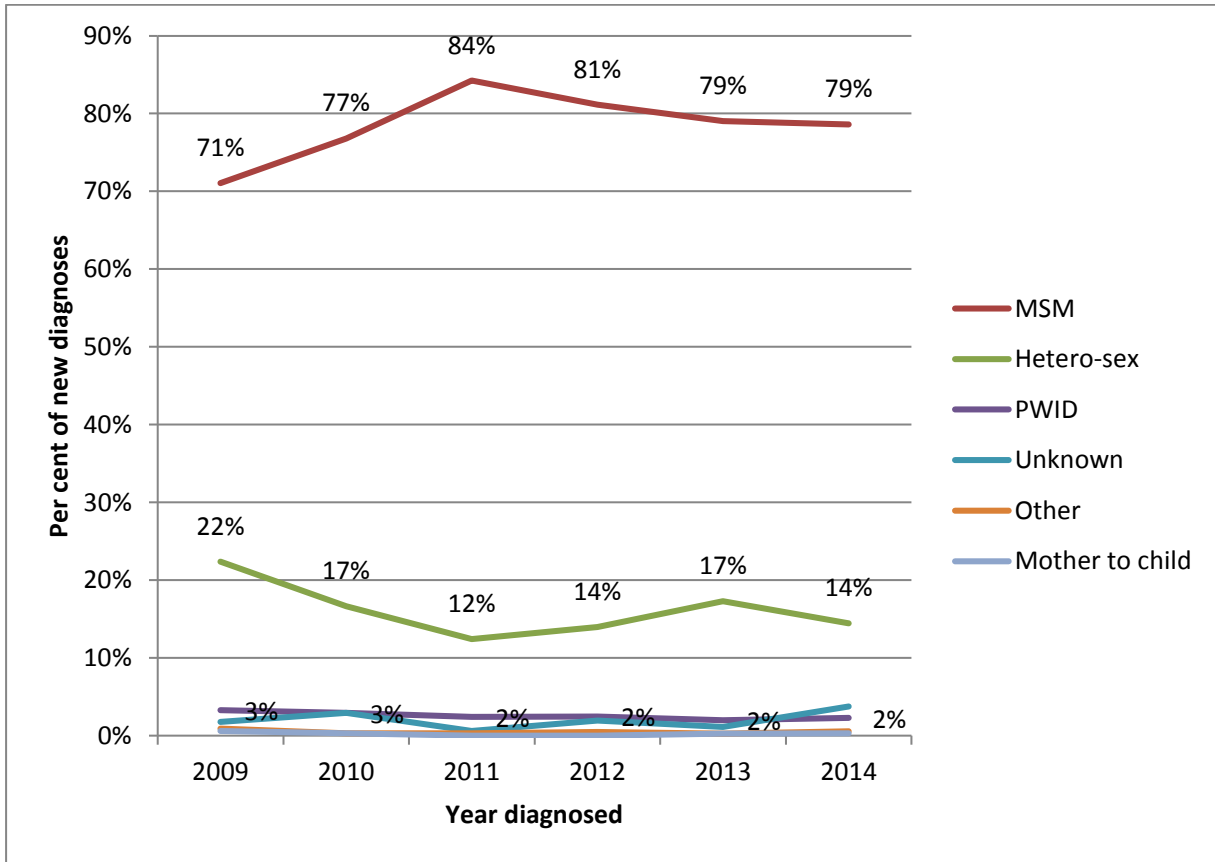


Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 9 February 2015

Comment

Of 346 NSW residents newly diagnosed with HIV in 2014, 3 (1%) were less than 20 years of age at diagnosis, 94 (27%) were 20 to 29 years, 109 (32%) were 30 to 39 years, 75 (22%) were 40 to 49 years and 65 (19%) were 50 years or over (Figure 9).

Figure 10: Per cent of NSW residents newly diagnosed by self-reported HIV risk exposure, 1 January 2009 to 31 December 2014

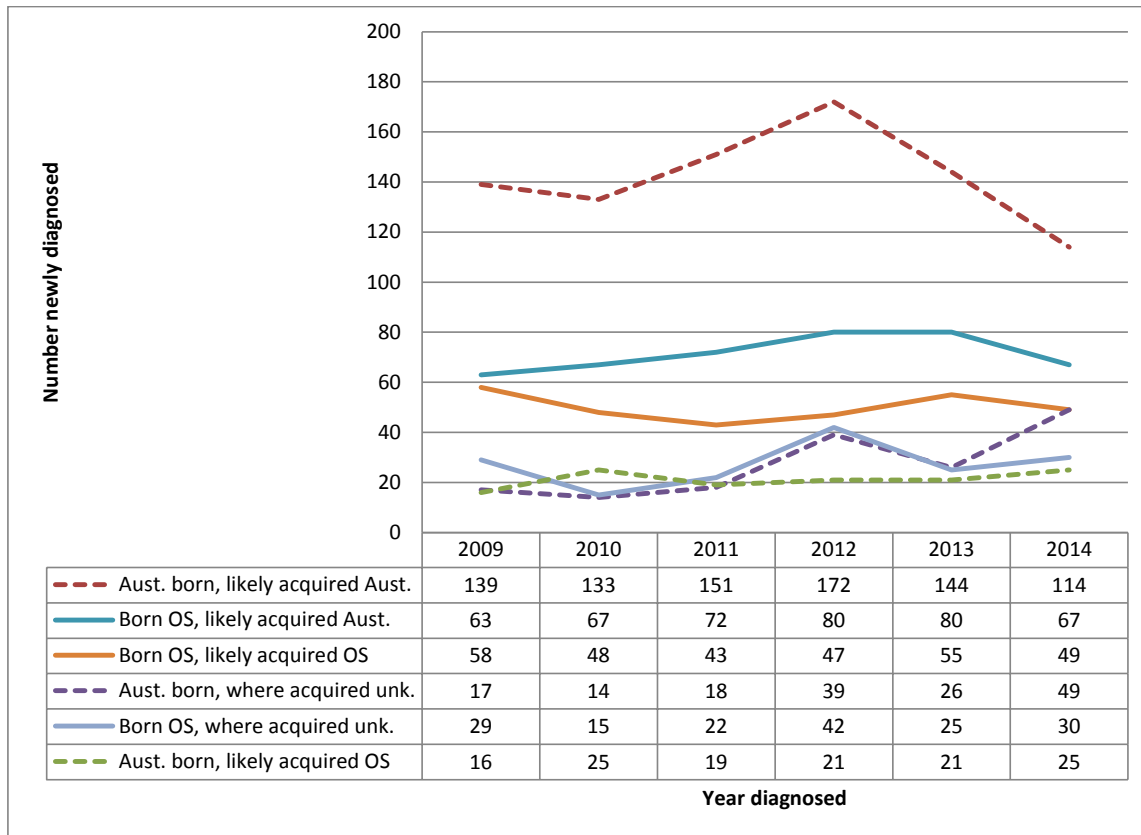


Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 9 February 2015

Comment

Of the 346 new diagnoses in 2014, 272 (79%) reported being men who have sex with men (MSM), 50 (14%) reported acquiring HIV through heterosexual sex, 8 (2%) reported being a person who injected drugs (PWID), 13 (4%) have an unknown exposure to HIV, 2 (1%) are reported as ‘other’ exposure and 1 (<1%) infection was acquired through vertical transmission which had occurred overseas prior to the mother and child’s arrival in Australia (Figure 10). Among the 272 MSM newly diagnosed, 16 (6%) also reported injecting drugs (Appendix A).

Figure 11: Number of NSW residents newly diagnosed with HIV in 2009 to 2014 by country of birth and country in which HIV was most likely acquired*



* Excluded were 43 new diagnoses in 2009 to 2014 with unknown country of birth or/and unknown country likely acquired
**OS – overseas, Aust. - Australia

Comment

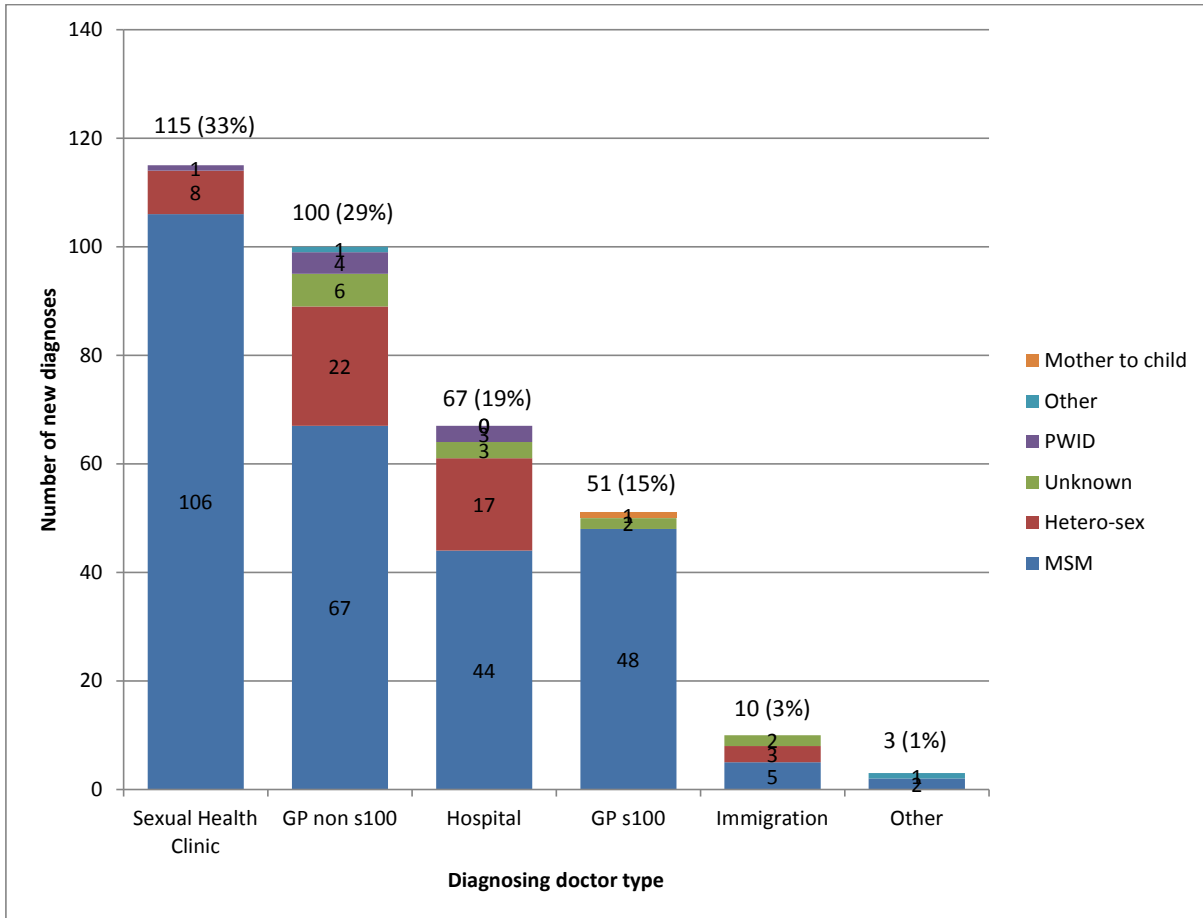
Australian born NSW residents newly diagnosed

In 2014, 114 Australian born NSW residents likely acquired their infection in Australia, compared with 148 for the five year average for 2009 to 2013, representing 33% of new diagnoses in 2014 and 43% of new diagnoses in 2009 to 2013. In 2014, 25 Australian born NSW residents likely acquired their infection overseas, compared with the 2009 to 2013 average of 20, representing 7% of new diagnoses in 2014 and 6% of new diagnosed in 2009 to 2013. In 2014 49 Australian born NSW residents had no recorded place of acquiring HIV, compared with the 2009 to 2013 average of 23, representing 14% of new diagnoses in 2014 and 7% of new diagnoses in 2009 to 2013.

Overseas born NSW residents newly diagnosed

In 2014, 67 overseas born NSW residents likely acquired their infection in Australia, compared with 72 for the five year average for 2009 to 2013, representing 19% of new diagnoses in 2014 and 21% of new diagnoses 2009 to 2013. In 2014, 49 overseas born NSW residents likely acquired their infection overseas, compared with the 2009 to 2013 average of 50, representing 14% of new diagnoses in 2014 and in 2009 to 2013. In 2014, 30 overseas born NSW residents had no recorded place of acquiring HIV, compared with the 2009 to 2013 average of 27, representing 9% of new diagnoses in 2014 and 8% of new diagnoses in 2009 to 2013.

Figure 12: Number of NSW residents newly diagnosed with HIV in 2014 (n=346) by diagnosing doctor type and self-reported HIV risk exposure



Data source: NSW HIV/AIDS database, Health Protection NSW, extracted 9 February 2015

Comment

Of the 346 new diagnoses in 2014, 115 (33%) were diagnosed by sexual health clinics (SHC) which also includes linked community testing sites, 100 (29%) by general medical practitioners not accredited to prescribe antiretroviral therapy (GP non-s100), 67 (19%) by doctors in hospital settings and 51 (15%) by general medical practitioners accredited to prescribe antiretroviral therapy (GP s100) (Figure 12). This is a change from the previous five years 2009 to 2013 in which GP non-s100 made the most diagnoses and GP s100 made more diagnoses than doctors in hospital settings. This may reflect strengthened testing activities among public SHC and their linked community testing sites and hospitals. Nevertheless, 25% of new diagnoses among cases reporting to be MSM, 44% of new diagnoses among cases with reported heterosexual exposure to HIV and 50% of new diagnoses in cases reporting to be PWID, were made by GP non-s100 who are likely to be inexperienced in HIV.

2. Maintain safe behaviour

2.1 How many men who have sex with men use condoms with casual sexual partners?

Condom use with casual partners among men who have sex with men is measured through the Sydney Gay Community Periodic Survey (SGCPS). This represents behaviour in the 6 months prior to February 2014 and is therefore reflective of behaviours in the latter part of 2013. Among gay men with casual sexual partners surveyed, 65% always used a condom for anal sex or avoided anal sex. This has remained stable since 2009. Updated data from the February 2015 SGCPS will be presented in the Quarter 1 2015 report.

In 2013, the Second Australian Study of Health and Relationships to perform an oversample of men in New South Wales to examine the population distribution of homosexually active men and trends in sexual risk behaviour over time, including condom use. Among the men who had had anal sex with a casual partner in the previous six months, 65% always used a condom for anal sex.

Questions have recently been introduced into the NSW Population Health Survey (NSWPHS) on sexual identity and HIV testing, and sex without a condom in the last 12 months. Reporting of data from the NSWPHS will occur once the sample size is sufficient to produce reliable estimates of the proportion of men who have sex with men who report sex without a condom in the past year, and/or report sex with more than one partner.

2.2 Community mobilisation “Ending HIV”

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

2.3 How accessible are NSP services in NSW?

As of 30 June 2014, there were 1,151 NSP outlets located across NSW. This represents an increase of 122 additional outlets (12%) compared with same period in 2013 (NSP Enhanced Data Collection).

In the year ending 31 December 2014, 12,387,082 units of injecting equipment were distributed in NSW. This represents an increase of 219,435 additional units (2%) compared with the previous 12 months (NSW NSP Data Collection).

2.4 How many people are using new injecting equipment in NSW?

Among people attending the NSW NSP in 2013, 20% reported sharing injecting equipment over a four week period (NSW NSP Enhanced Data Collection 2013).¹ The reported rate of sharing injecting equipment among NSP attendees in 2014 has decreased to 13% (NSW NSP Enhanced Data Collection 2014). Findings from the 2015 data collection will indicate whether the decrease is a continuing trend.

¹ In 2013, the first annual NSW NSP Enhanced Data Collection survey was conducted. The purpose of the survey is to collect NSP client demographic, behavioural and drug use data on an annual basis to strengthen the state-wide prevention approach, and also inform LHDs in planning for NSP service delivery at the local level.

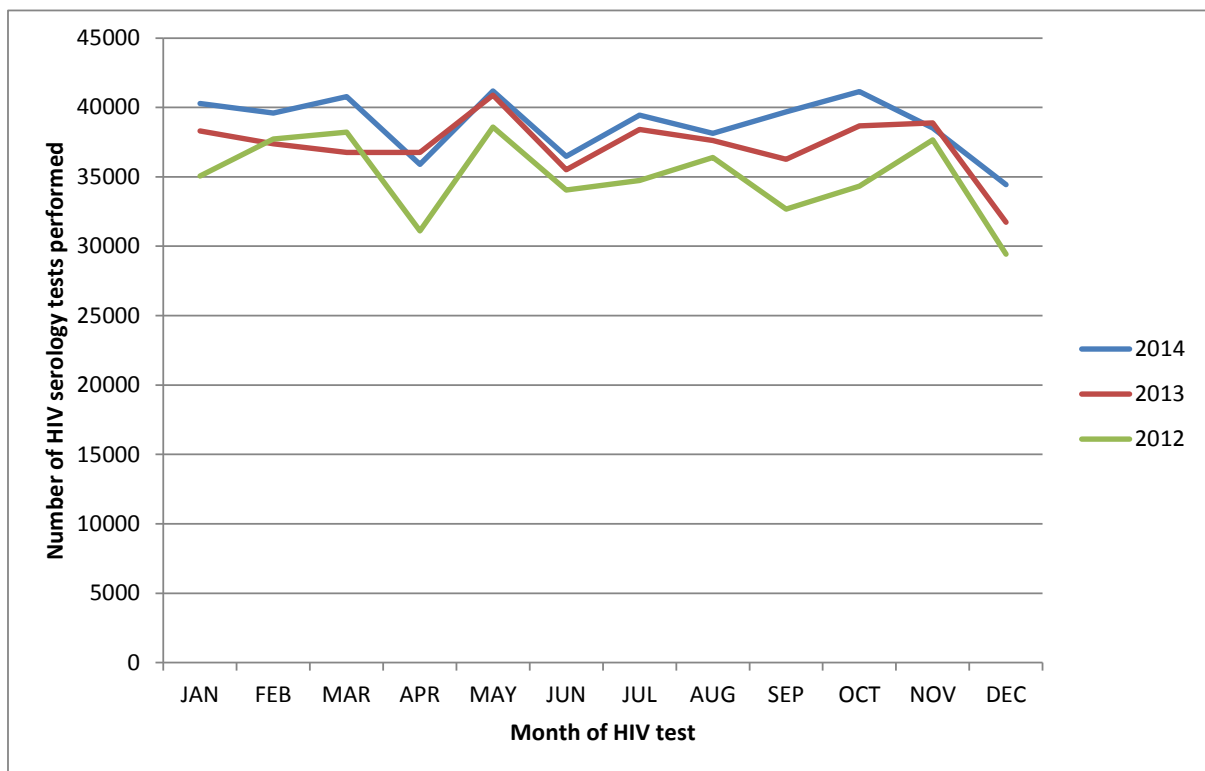
3. Increase HIV testing

3.1 Is HIV testing increasing in NSW?

3.1.1 NSW overall

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

Figure 13: Number of HIV serology tests performed at 15 NSW laboratories per month, 1 January 2012 to 31 December 2014



Data source: NSW denominator data project

Comment

In quarter 4 2014, there were 114,109 HIV serology tests performed in 15 laboratories in NSW. This is a four per cent increase compared with the same period in 2013 (109,279), and a 12% increase compared with the same period in 2012 (101,434).

In 2014, there were 465,584 HIV serology tests performed, compared with 447,186 (4% increase) in 2013 and 419,968 (11% increase) in 2012.

3.1.2 Local Health Districts

Data on HIV testing is available from Publicly Funded Sexual Health Clinics (PFSHCs) in all LHDs however the time periods and the type of data is not uniform due to different data management systems. Key differences in the availability of data are summarised in Table 1.

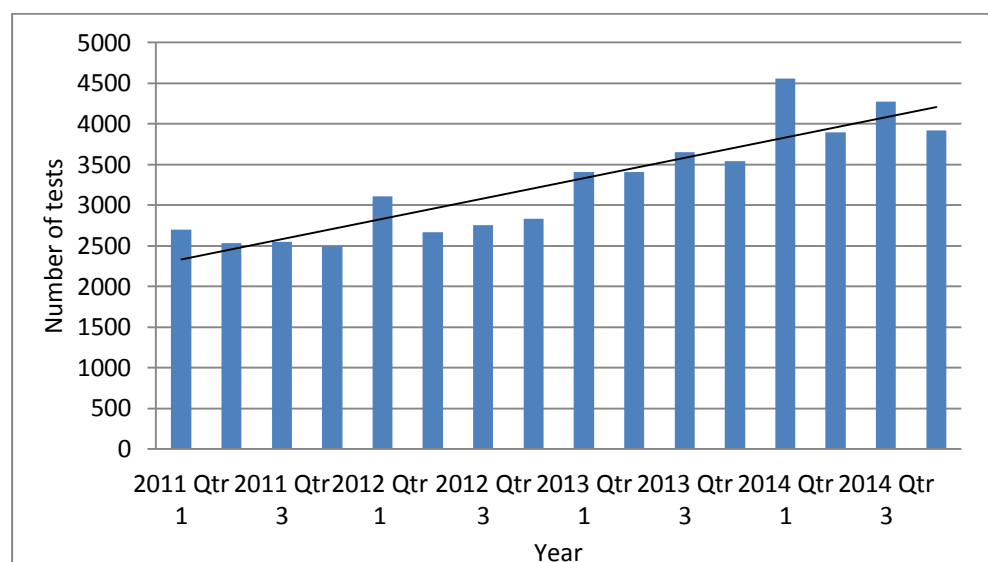
Table 1: Summary of testing data availability from Publicly Funded Sexual Health Clinics in NSW

	Total number of HIV tests and positivity per quarter	Number of HIV tests and positivity per quarter by priority population
	<i>Available from</i>	<i>Available from</i>
South Eastern Sydney LHD	January 2011	July 2013
Western Sydney LHD Nepean Blue Mountains LHD North Sydney LHD Northern NSW LHD Illawarra Shoalhaven LHD	January 2011	January 2011
All other LHDs	July 2013	July 2013

As trend data for PFSHCs have become available, the proportional increase/decrease for HIV testing has varied considerable, in particular for high risk groups that have low numbers.

Figure 14 displays the number of HIV tests done in PFSHC between 1 January 2011 and 31 December 2014 in South Eastern Sydney LHD where this data is available. Both rapid HIV testing and HIV serology are included.

Figure 14: Number of HIV tests performed in South Eastern Sydney Local Health District Publicly Funded Sexual Health Clinics, 1 January 2011 to 31 December 2014

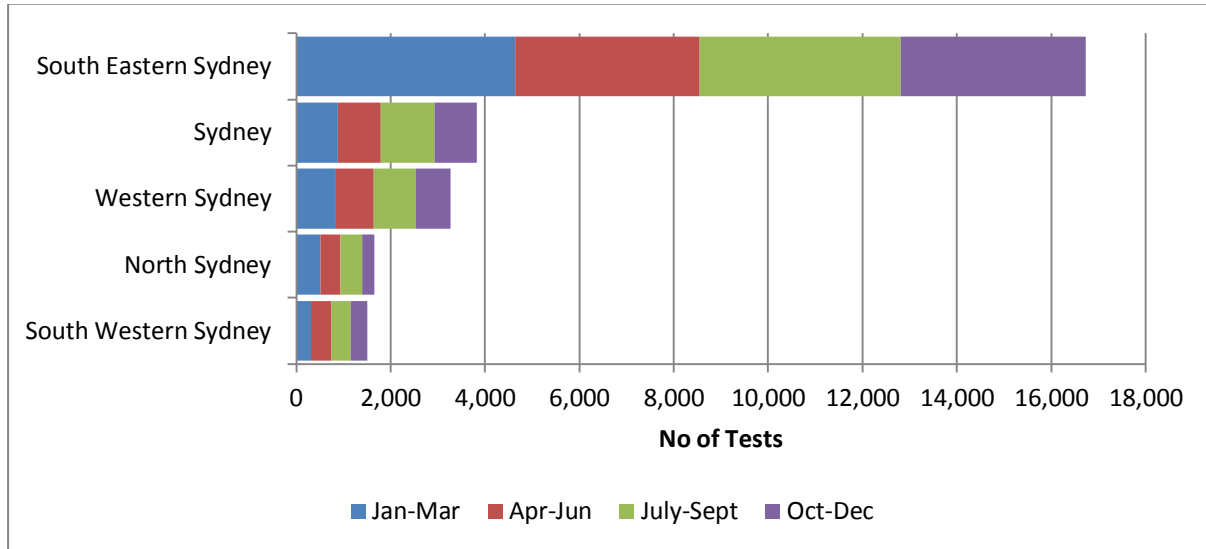


Data source: South Eastern Sydney Local Health District

Comment

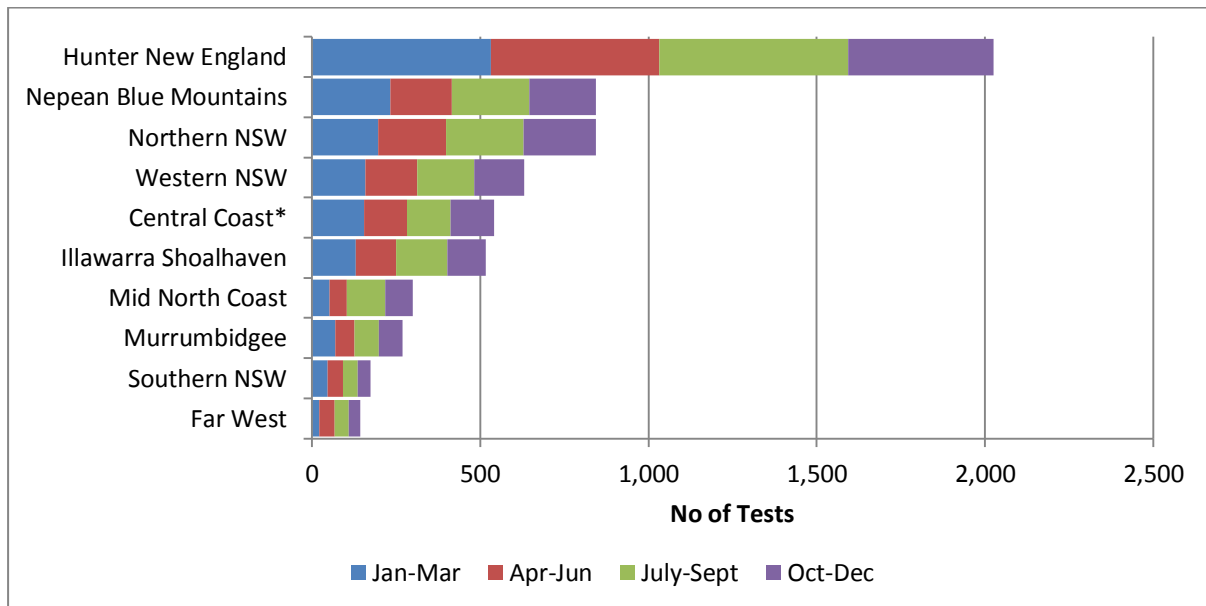
In South Eastern Sydney LHD PFSHCs (Figures 14), overall HIV testing in 2014 increased by 19% compared with the same period in 2013, and by 46% compared to 2012.

Figure 15: Number of HIV tests performed in Sydney metropolitan Local Health District Publicly Funded Sexual Health Clinics, 1 January to 31 December 2014



Data source: Local Health Districts

Figure 16: Number of HIV tests performed in regional and rural Local Health District Publicly Funded Sexual Health Clinics, 1 January to 31 December 2014



*Central Coast figures are an underestimate as actual activity data not available for Dec 2013 – Sept 2014

Data source: Local Health Districts

Comment

In quarter 4 2014, 7,947 HIV tests were done in all PFSHCs in NSW. This represents a 12% increase on the number of tests performed in the same quarter in 2013, after excluding St Vincent’s Hospital Network, for whom data on HIV testing was not available for quarter 4 in 2013.

Data from NSW laboratories and PFSHCs indicate that in 2014, HIV testing increased both overall in NSW and among high risk populations. Testing increased particularly in key inner Sydney city areas, with Sydney LHD increasing testing in quarter 4 2014 by 38% (885) compared to the same period in 2013. To reduce the number of undiagnosed HIV infections in the community, populations with ongoing risk of HIV infection need to continue to test frequently.

3.2 Where is HIV testing being done?

Apart from PFSHCs, HIV testing takes place in a range of other clinical and community settings (see 3.4). A large proportion of testing occurs in the private sector, especially in general practice. Efforts to better understand HIV testing practices in different clinical settings including drug and alcohol services and maternity services are ongoing.

3.2.1 General practice

Number of HIV tests done and positivity for 3 General Practice clinics with high caseloads of MSM clients located in South Eastern Sydney LHD was presented in the Quarter 2 2014 report and are included here in Appendix D. Obtaining a further understand of HIV testing practices in General Practice is being investigated.

3.2.2 Survey data

HIV testing in MSM – including location - is measured regularly through the SGCPs, with most recent data presented in the Quarter 1 2014 report and included in Table 2. Updated data from the 2015 SGCPs will be presented in the Quarter 1 2015 report.

Table 2: Location of last HIV test among HIV-negative and untested/unknown status who were tested in the past 12 months

Where last HIV test took place	n	%
GP	635	48.8%
Clinic/hospital	526	40.4%
Community based ACON aTEST	113	8.7%
Other	27	2.1%
Total	1955	100%

Data source: Sydney Gay Community Periodic Survey (February 2014)

Comment

The majority of gay men surveyed who reported having an HIV test in the past 12 months, reported that their last HIV tests took place in general practice or a public hospital service, 48.8% and 40.4% respectively.² Data collection in the survey on community based services commenced in 2013. Future reports will provide comment on trends regarding these data.

As mentioned in section 2.1, a question on HIV testing was included in the NSWPHS. Reporting on this indicator will occur once the sample size is sufficient to produce reliable estimates.

² excludes HIV-positive men and men who said they hadn't been tested for HIV

3.3 Who is being tested for HIV?

3.3.1 LHD data

To reduce the pool of undiagnosed HIV infection, testing should be targeted to high risk populations. Table 3 summarises the available data from PFSHCs on HIV testing in priority population groups. The number of HIV tests for men who have sex with men and Aboriginal people in quarter 4, 2014 was higher than in quarter 4, 2013.

Table 3: HIV testing in priority populations, Publicly Funded Sexual Health Clinics, NSW

Priority Population	% of HIV tests in all PFSHCs, Quarter 4 2014*	Number of tests in Q 4 2014 in PFSHCs in all LHDs*	% increase from Q 4 2013 in PFSHCs in all LHDs#
Men who have sex with men (MSM)	46%	3291	19%
Sex workers^	14%	1128	0%
People who inject drugs (PWID)^	6%	463	-3%
Aboriginal people	3%	242	17%

*Excludes Central Coast LHD, St Vincent's Hospital Network, and select Southern Eastern Sydney LHD services, who were unable to provide testing data by priority population for this quarter. Also excludes Sydney Children's Hospital Network.

#Excludes LHDs without testing data by priority population in Q4 2013 (St Vincent's Hospital Network and select Southern Eastern Sydney LHD services) or Q3 2014 (Central Coast LHD, St Vincent's Hospital Network, and select Southern Eastern Sydney LHD services)

^Includes people who ever were sex workers or who ever injected drugs

Sydney Sexual Health Centre in South Eastern Sydney LHD performed the highest number of HIV tests in MSM amongst PFSHCs in NSW. Of the 2,827 tests done by this clinic in quarter 4 2014, 1,533 (54%) were for MSM. Nine were positive yielding a 0.6% positivity rate among MSM clients.

In the context of increased testing and retesting among high risk groups, declines in positive rates are to be expected. Saturation of testing is likely to have occurred when testing numbers are high, high risk populations are well targeted and positivity is low. Aiming for and maintaining this triad is important for ensuring a negligible pool of undiagnosed HIV infection.

In summary, data from PFSHCs indicates that priority populations are being reached by public services. Achieving further increases in testing and retesting, particularly in high risk MSM, are important to identify and link HIV infected individuals to care; and to reduce the number of people living with HIV in NSW who are undiagnosed.

3.4 How is testing being made more accessible?

3.4.1 Rapid testing

Rapid HIV testing is part of a mix of high quality, safe and innovative HIV testing services being offered across NSW, to encourage gay men and other men who have sex with men to have a test annually, with more frequent testing up to 4 times a year for men who report higher risk behaviours including sex without a condom and multiple sexual partners. Rapid testing offers choice and convenience to people who do not routinely access conventional testing.

Rapid HIV testing has been made available to high risk groups in a range of settings across NSW, including community based sites, PFSHCs and general practice. Since June 2013, four 'fixed' community sites and five 'pop up' sites have been operational.

Table 3 displays the settings where rapid HIV testing is provided in NSW and the number of test and percentage of clients with high risk behaviours and infrequent testing history.

Table 3: Number and settings for rapid HIV testing and percentage of clients with high risk behaviour and infrequent testing history, 1 October to 31 December 2014

Settings	Number of RHT, Quarter 4 2014	% tested more than 12 months ago [^]	% high risk clients ^{# ^}
Sexual Health Clinics	928	12%	36%*
General Practice	174	0%	37%
Community sites	583		
<i>aTEST Surry Hills</i>	336	18%	31%
<i>aTEST Newtown</i>	149	21%	21%
<i>aTEST Kings Cross</i>	84	23%	17%
<i>Hunter</i>	14	na	na

[#]High-risk = more than 5 partners in the last 3 months

[^]excludes The Albion Centre Oraquick study data

*based on Snapshot from one PFSHC

In quarter 4 2014, 1,685 HIV rapid tests were performed in NSW, approximately 580 of which were at community sites. 12 of the total 1,685 rapid tests were confirmed as positive (0.7%).

Though the number of clients tested in community sites is relatively small, NSW data suggests it is an effective testing model for engaging MSM, a high proportion of whom reported high risk behaviours, or infrequent testing for HIV.

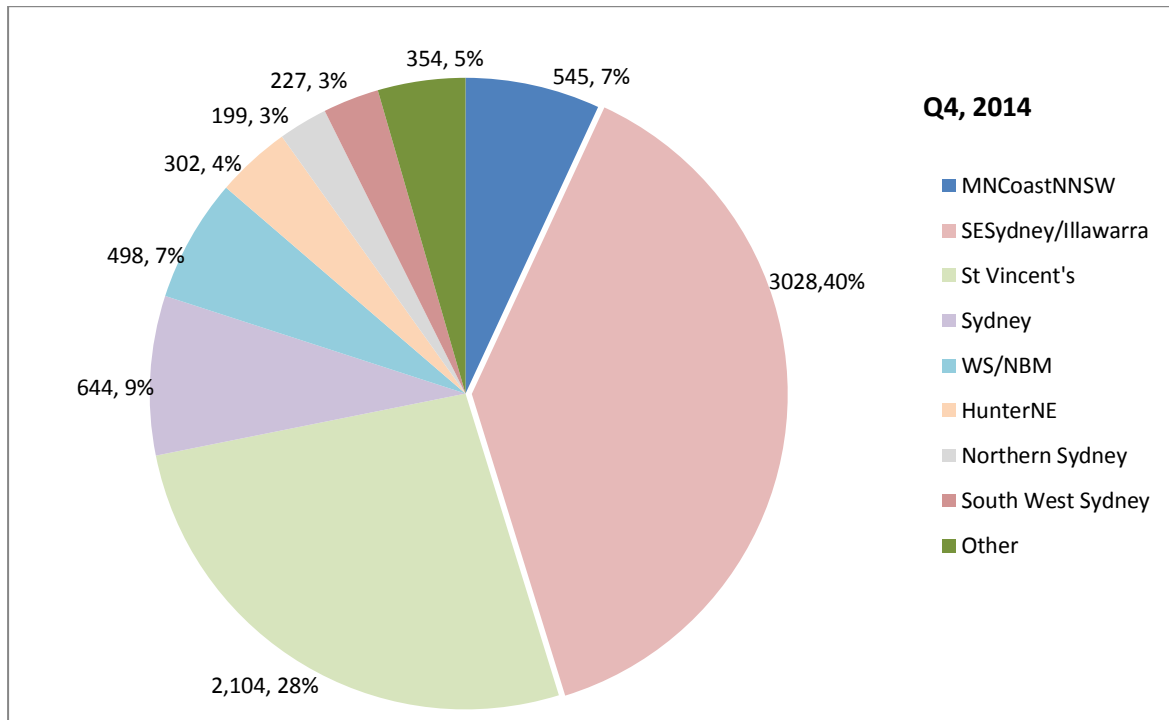
A key priority in 2014 has been to upscale rapid HIV testing in community sites to increase access to testing among MSM who report high risk behaviour, or have not previously tested for HIV. In 2014, 9,910 HIV rapid tests were performed in NSW, of which 28% (2,766) were at community sites.

Data sources: Sydney Rapid HIV Testing Study, Rapid Testing Evaluation Framework, The Albion Centre Oraquick study, Sydney Sexual Health Centre and Lismore Sexual Health Centre.

4 Increase HIV treatment

4.1 How many people in NSW are on antiretroviral treatment?

Figure 17: Number of patients dispensed ART in NSW by LHD of dispensing pharmacy, 1 January 2014 to 31 December 2014³⁴⁵⁶⁷



Data source: Health Share NSW ipharmacy data and data submitted by Western Sydney, Nepean Blue Mountains and Hunter New England LHDs

Comment

NSW public hospital pharmacy dispensing data indicates that in the 12 months between 1 January to 31 December 2014, 7,503 people diagnosed with HIV in NSW and in care were dispensed antiretroviral therapy (ART) at least once. This includes all people accessing subsidised HIV treatment under the Pharmaceutical Benefits Scheme through a public hospital pharmacy. It does not include people who may be accessing treatment through other sources, including those who purchase HIV treatment from overseas, receive ART through clinical trials or are dispensed ART for post-exposure prophylaxis.

³ HIV treatment data was updated on 17/5/16 to correct for a duplication error identified in the iPharmacy data.

⁴ In December 2013, Health Share NSW completed the NSW rollout of a standardised ipharmacy system, which enables the collection of data from LHDs about pharmacy dispensing activities including dispensing of ART for HIV. 2013 was the first year for which actual treatment numbers can be ascertained. Past estimates were based on modelled data and therefore comparisons should be made with caution.

⁵ Northern NSW, Mid North Coast, South Western Sydney, Justice Health, Murrumbidgee and Southern NSW LHDs came online with the ipharmacy system late in 2013. The 2014 ART dispensing data is therefore complete data from the public pharmacies from which iPharmacy data is extracted.

⁶ The numbers displayed in the graph add up to a figure greater than the overall total of 7,503 for 1/1/14 -31/12/14. This is because a small number of cross-LHD patient flows are not eliminated

⁷ 'Other' includes Central Coast 135 (1.8%); Far West/Western NSW 77 (1.03%); Murrumbidgee/Southern NSW 81 (1.08%); Childrens Hospital Network 14 (0.19%); Justice Health 52 (0.69%).

Over three-quarters (75.7%) of all ART dispensing by public hospital pharmacies in NSW in the year ending 31 December 2014 occurred through inner metropolitan pharmacies, with over half of all patients receiving ART from pharmacies at the Albion Centre (29.19%) or the St Vincent's Hospital (28.4%). A further 7.25% received ART from the Royal Prince Alfred Hospital and 7.22% from Sydney Hospital and Sydney Eye Hospital.

The NSW Ministry of Health is working with Health Share NSW towards making more comprehensive ART dispensing data available, including data on ART initiations, the LHD of patient's residence, prescriber location and drug combinations.

4.2 What are the current antiretroviral treatment prescribing patterns?

4.2.1 LHDs

Data on the treatment status of clients who received HIV care in NSW public sexual health and HIV services in the year ending 31 December 2014 is summarised at Table 3.

Table 4: Clients who received HIV care in NSW public sexual health and HIV services between 1 January 2014 and 31 December 2014

Total number of patients who received care between January and December 2014	5220
Number (%) of patients for whom treatment information was available	5031 (96%)
Number (%) on ART	4495 (89%)
Number not on ART[^]	536
<i>Number (%) not on ART with CD4 count < 350</i>	119 (22%)
<i>Number (%) not on ART with CD4 count between 350 - 499</i>	135 (25%)
<i>Number (%) not on ART with CD4 count > 500</i>	281 (52%)
Number who initiated ART	404
<i>Number (%) initiated at a CD4 count <350</i>	116 (29%)
<i>Number (%) initiated at a CD4 count between 350 - 500</i>	67 (17%)
<i>Number (%) initiated at a CD4 count >500</i>	221 (55%)

[^]Includes ART naïve clients and clients who have stopped ART

In the year ending 31 December 2014, at least 5,220 clients with HIV received care in public HIV and sexual health clinics in NSW. The available data indicates that treatment coverage in public clinics is high at 89%.

During 2014, 404 people living with HIV initiated ART at public HIV and sexual health clinics in NSW; this number is greater than the total number of new diagnoses in NSW (346) and does not include any persons initiating ART in the private sector.

4.2.2 Care outcome, ART initiation and post ART HIV viral load among those newly diagnosed 1 January 2013 to 30 June 2014 with at least six months passed since the time of diagnosis

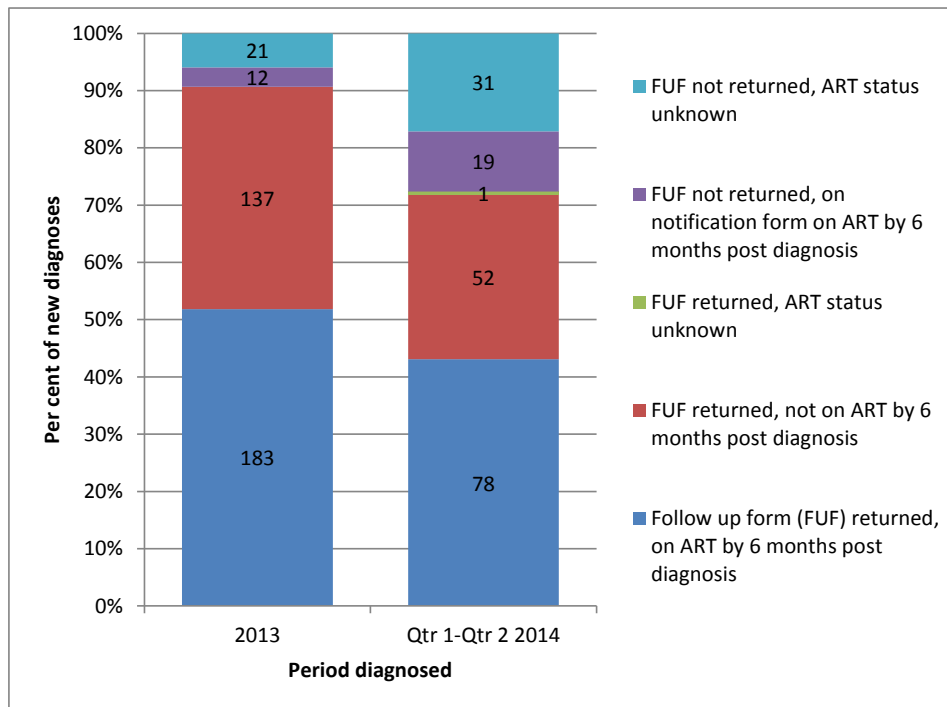
Since 2013, HIV surveillance in NSW was enhanced to:

- a) at the time of diagnosis, collect from doctors additional information on the patient’s HIV viral load, antiretroviral therapy (ART) commencement or deferral, and;
- b) at six months post diagnosis, follow up on the patient via their doctor to collect information on retention in care, ART commencement, pre-ART and latest HIV viral load and CD4 count.

At least six months must have passed between the time of diagnosis and follow up, meaning that in each quarterly report, the cohort of new diagnoses reported on with respect to follow up indicators, will have closed at least six months prior. This section of the performance report summarises the some key indicators reported by doctors on NSW residents newly diagnosed with HIV infection 1 January 2013 to 30 June 2014 based on six month post diagnosis follow up data and where this was not yet available, notification data.

Return of follow up forms (FUF) at least six months post diagnosis

Figure 18: Number and per cent of NSW residents newly diagnosed with HIV infection from 1 January 2013 to 30 June 2014 (n=534) by follow up form (FUF) return and ART status by six months post diagnosis



Data source: NSW HIV notification and follow up data, Health Protection NSW, extracted 9 February 2015.

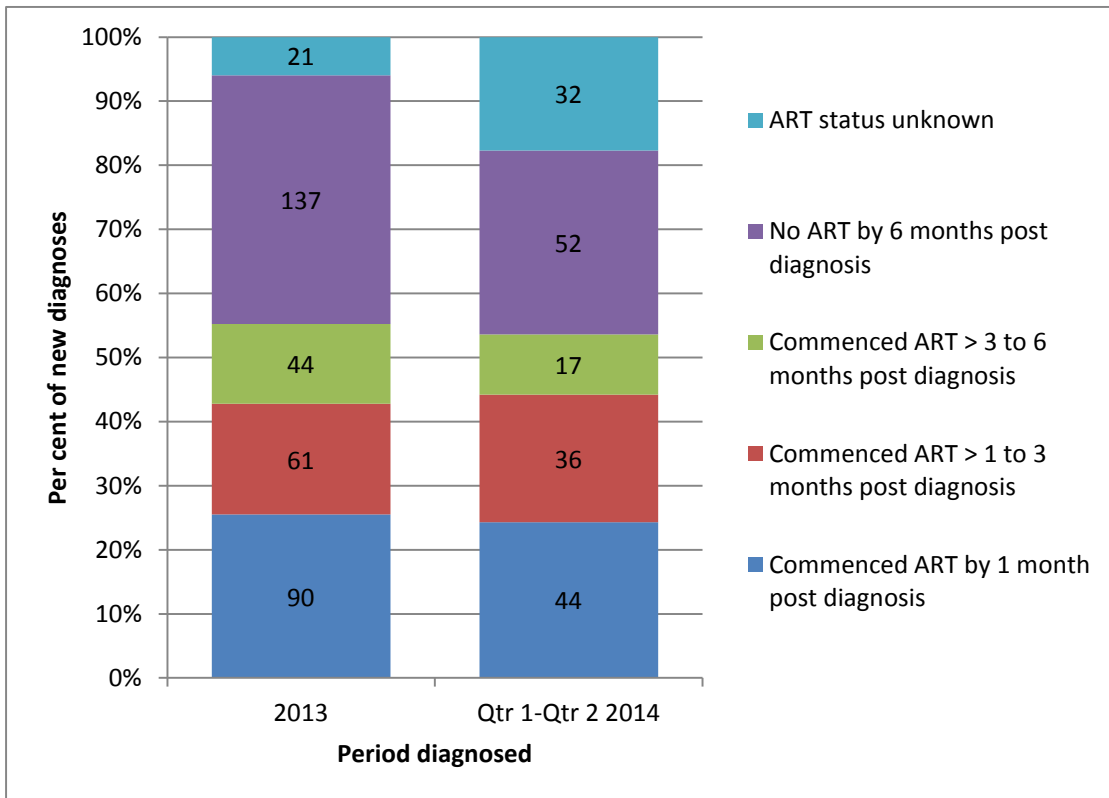
Comment

Of 181 NSW residents newly diagnosed with HIV infection in the first half of 2014, 131 (72%) had a follow up form (FUF) returned. Of 353 diagnosed in 2013, 320 (91%) had a FUF returned. Of 534 new diagnoses 1 January 2013 to 30 June 2014, 451 (84%) had a FUF returned (Figure 18).

Commencement of ART by six months post diagnosis

Data on commencement of ART by six months post diagnosis was drawn from follow up forms (FUF) and notifications forms and combined for analysis.

Figure 19: Number and per cent of all NSW residents newly diagnosed with HIV infection from 1 January 2013 to 30 June 2014 (n=534) with at least six months passed since diagnosis, by ART commencement status by six months post diagnosis, based on notification form and FUF data.



Data source: NSW HIV notification and follow up data, Health Protection NSW, extracted 9 February 2015.

Comment

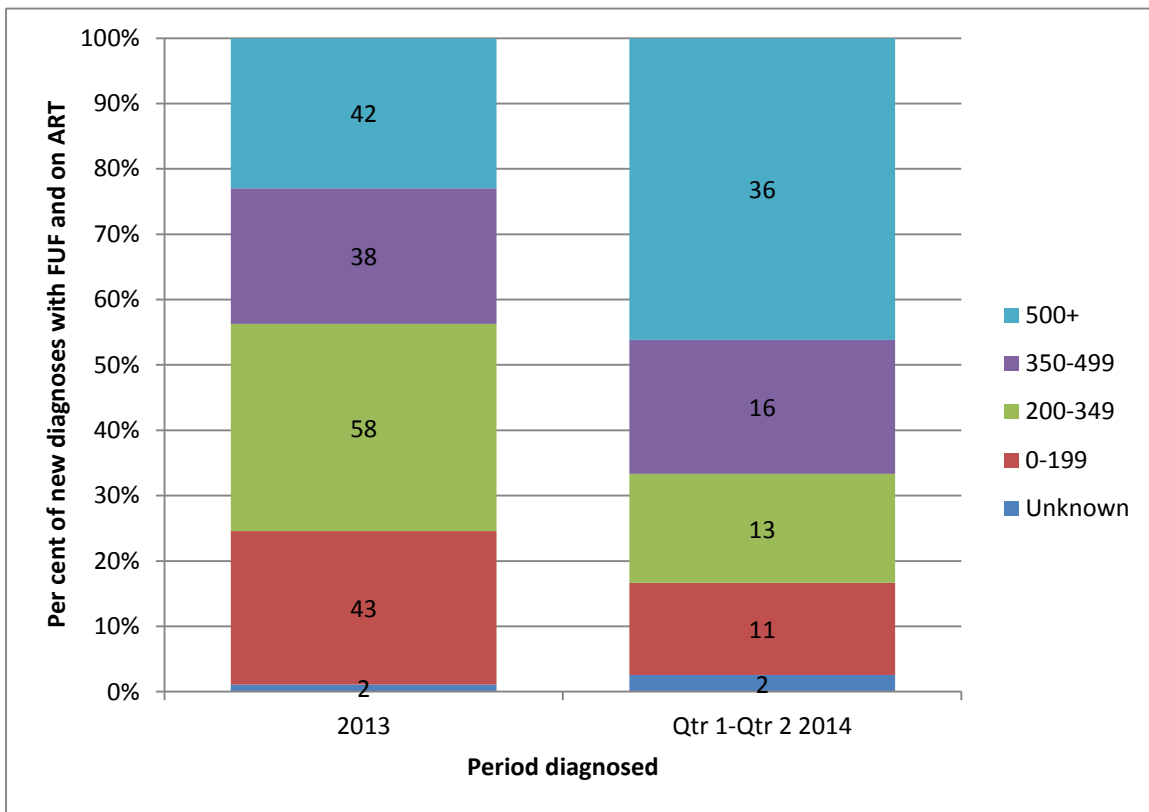
Overall, of all 534 NSW residents newly diagnosed with HIV infection from 1 January 2013 to 30 June 2014, 292 (55%) had commenced ART by six months of diagnosis, 189 (35%) had not yet commenced ART and 53 (10%) were of unknown ART status at six months post diagnosis.

Of the 353 NSW residents newly diagnosed with HIV infection in the year 2013, 195 (55%) had commenced ART by six months of diagnosis, 137 (39%) had not yet commenced ART and 21 (6%) were of unknown ART status at six months post diagnosis (Figure 19).

Of the 181 NSW residents newly diagnosed with HIV infection in the first half of 2014, 97 (54%) had commenced ART by six months of diagnosis, 52 (29%) had not yet commenced ART and 32 (18%) were of unknown ART status at six months post diagnosis (Figure 19).

Figure 20 describes the pre-ART CD4 count just among the 261 of 451 NSW residents newly diagnosed with HIV infection from 1 January 2013 to 30 June 2014 on whom follow up information was available and who had commenced ART by six months post diagnosis.

Figure 20: Number and per cent of 261 NSW residents newly diagnosed with HIV infection from 1 January 2013 to 30 June 2014 on whom follow up information was available and who had commenced ART by six months post diagnosis by pre-ART CD4 count.

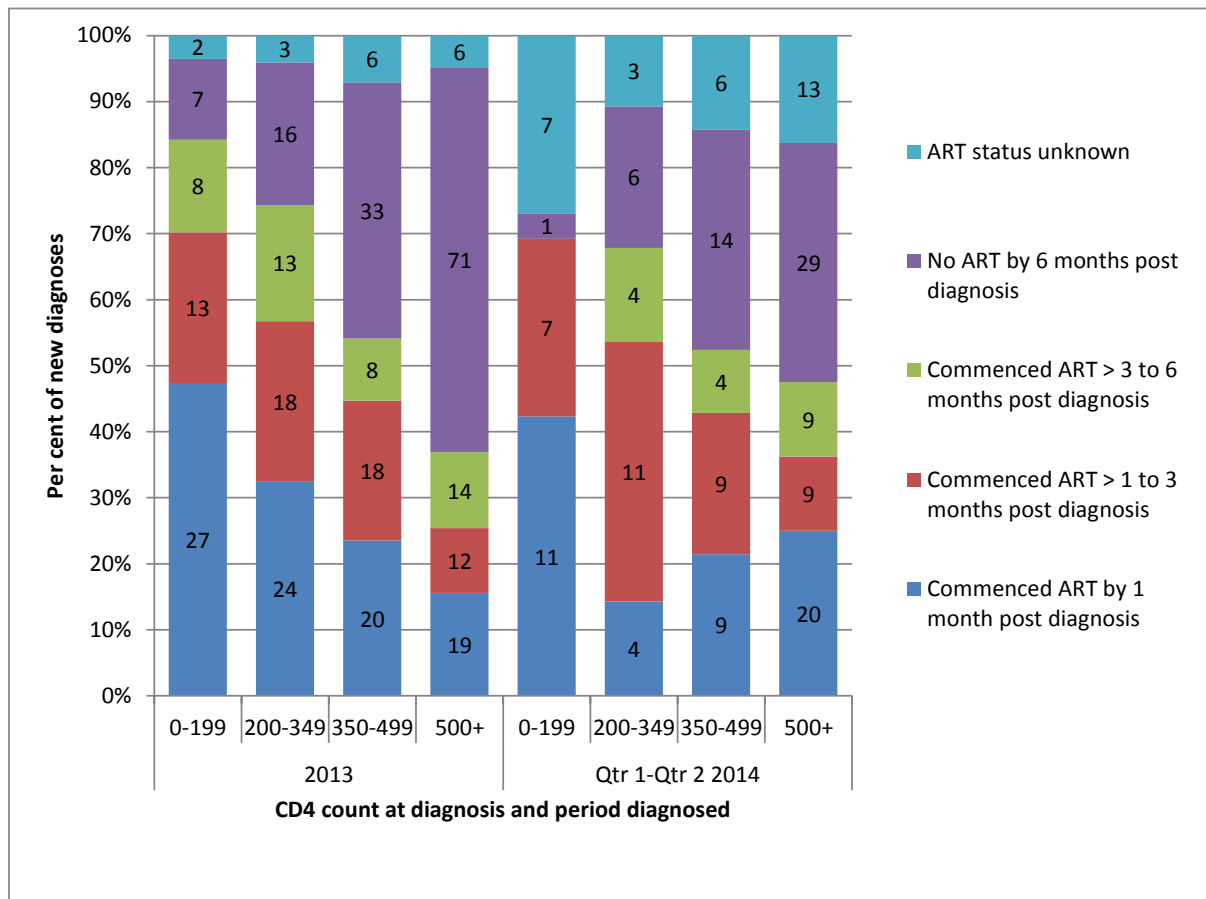


Comment

Of those diagnosed from 1 January 2014 to 30 June 2014 and on treatment within six months of diagnosis with follow up information, 46% (36 of 78) had a pre-ART CD4 count greater than 500 cells/ μ L compared to 23% (42 of 183) in 2013. This may reflect the removal of the CD4 count restriction for subsidised ART in April 2014.

Figure 21 describes among 534 NSW residents newly diagnosed with HIV infection from 1 January 2013 to 30 June 2014 their CD4 counts (cells/ μ L) at diagnosis and ART commencement status six months post diagnosis.

Figure 21: Number and per cent of NSW residents newly diagnosed with HIV infection from 1 January 2013 to 30 June 2014 by CD4 count at diagnosis (excluding 20 of 534 with missing CD4 values) and ART status by six months post diagnosis.

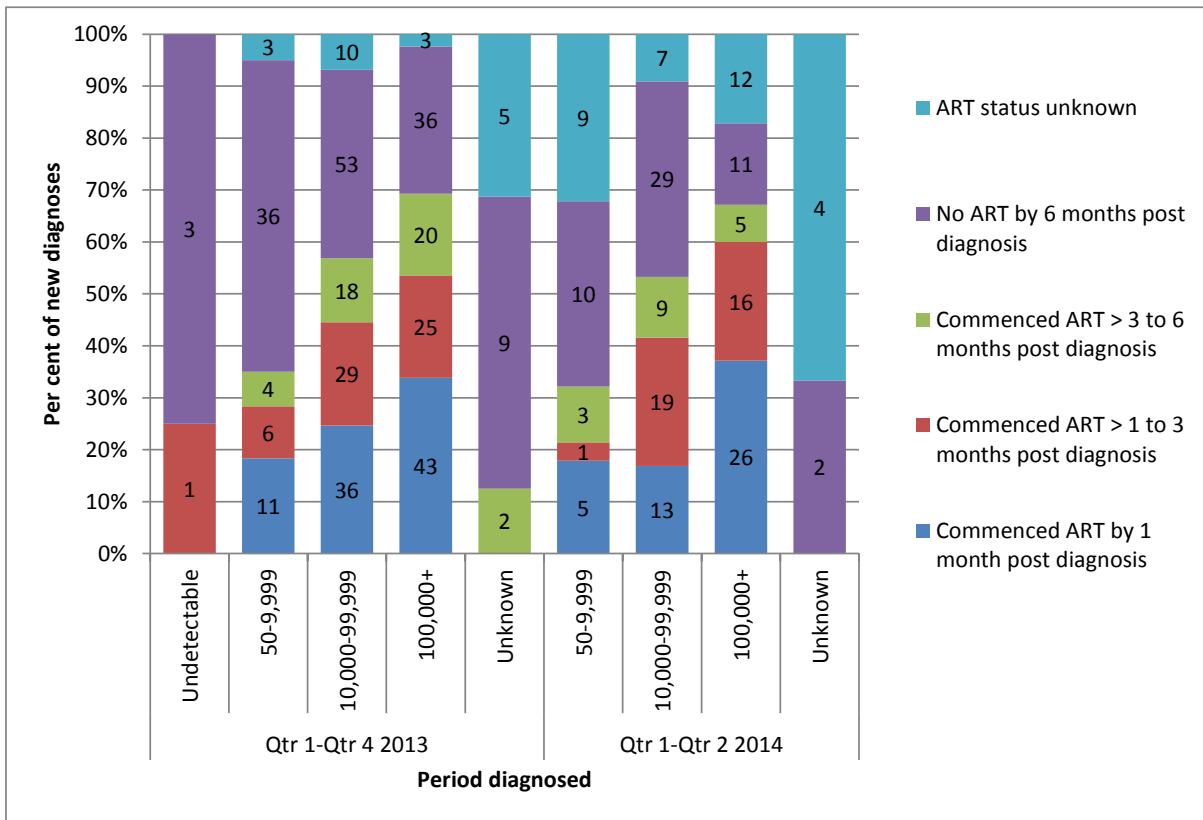


Date source: NSW HIV notification and follow up data, Health Protection NSW, extracted 9 February 2015.

Comment

The main temporal change observed is an increase in the proportion of new diagnoses with a CD4 count at diagnosis of 500 or over who had commenced ART by six months post diagnosis. Thirty seven per cent (45 of 122) of the new diagnoses in 2013 with a CD4 count 500 or over at diagnosis had commenced ART by six months post diagnosis, compared to 48% (38 of 80) in the first half of 2014. This may reflect the removal of the CD4 count restriction for subsidised ART in April 2014. In Figure 21 new diagnoses with their CD4 count at diagnosis missing were excluded to aid viewing.

Figure 22: Number and per cent of all NSW residents newly diagnosed with HIV infection from 1 January 2013 to 30 June 2014 (n=534) by viral load at diagnosis and ART status at six months post diagnosis.



Data source: NSW HIV notification and follow up data, Health Protection NSW, extracted 9 February 2015.

Comment

Of 534 NSW residents newly diagnosed with HIV infection from 1 January 2013 to 30 June 2014 (n=534) who had commenced ART by six months post diagnosis:

- 88 had a HIV viral load of 50-9999 copies/mL at diagnosis and 30 (34%) of these had commenced ART by six months post diagnosis
- 223 had a HIV viral load of 10,000-99,999 copies/mL at diagnosis and 124 (56%) of these had commenced ART by six months post diagnosis
- 197 had a HIV viral load of 100,000 or over copies/mL at diagnosis and 135 (69%) of these had commenced ART by six months post diagnosis

4.2.3 Viral load after ART initiation

The goal of ART is to reduce the HIV viral load to both minimise the effects of the virus and reduce the risk of HIV transmission.

Of the 250 NSW residents newly diagnosed with HIV infection from 1 January 2013 to 30 June 2014 who had a follow up form (FUF) returned, had commenced ART by six months post diagnosis and had a viral load post ART initiation reported at the time of follow up, 212 (85%) had a viral load post ART that was undetectable or less than 50 copies/mL, 35 (14%) had a post ART viral load between 50 and 999 copies/mL and three (1%) had a post ART viral load of 1000 copies/mL or over. Those without an undetectable viral load post ART had commenced ART only a short time before a post ART viral load test was performed and/or they had a very high viral load pre-ART that had markedly reduced at the time of follow up.

5. Sustain the virtual elimination of HIV related deaths

5.1 What is the number of deaths for which HIV/AIDS was reported as underlying cause?

Ascertaining the number of deaths due to HIV is complex in an era when people with HIV have access to effective treatment giving them a long life expectancy. People with HIV are subject to the same causes of morbidity and mortality as are people without HIV. Methods to better estimate deaths attributable to HIV are being investigated.

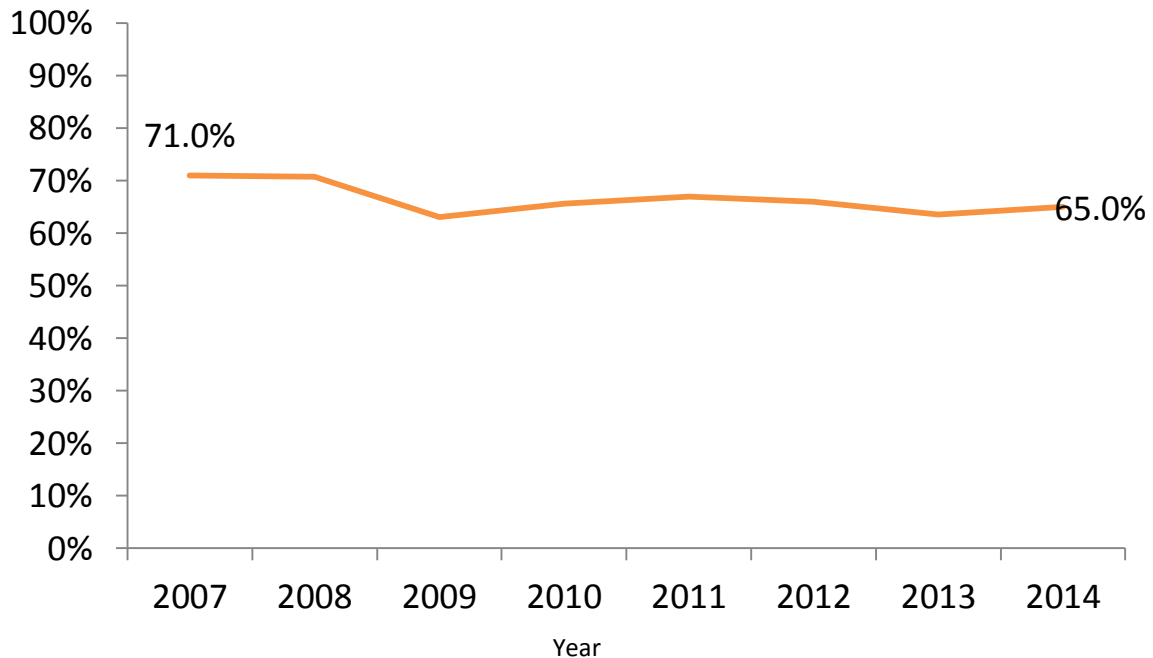
Appendix A: Case characteristics of NSW residents newly diagnosed with HIV infection 1981 to 2014 (on 9/2/15)

Case characteristics	2008		2009		2010		2011		2012		2013		2014		1981-2014	
Gender	N=325	%	N=335	%	N=306	%	N=330	%	N=408	%	N=353	%	N=346	%	N=17268	%
Male	293	90.2%	294	87.8%	281	91.8%	309	93.6%	371	90.9%	323	91.5%	320	92.5%	15879	92.0%
Female	32	9.8%	39	11.6%	23	7.5%	21	6.4%	36	8.8%	27	7.6%	25	7.2%	1103	6.4%
Transgender	0	0.0%	2	0.6%	2	0.7%	0	0.0%	1	0.2%	3	0.8%	1	0.3%	39	0.2%
Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	247	1.4%
Aboriginal person status																
Aboriginal person	8	2.5%	9	2.7%	7	2.3%	5	1.5%	11	2.7%	8	2.3%	7	2.0%	162	0.9%
Non-Aboriginal person	301	92.6%	315	94.0%	290	94.8%	323	97.9%	390	95.6%	341	96.6%	324	93.6%	10142	58.7%
Not stated	16	4.9%	11	3.3%	9	2.9%	2	0.6%	7	1.7%	4	1.1%	15	4.3%	6964	40.3%
Age at diagnosis in years																
0 to 4	0	0.0%	1	0.3%	1	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	39	0.2%
5 to 9	0	0.0%	1	0.3%	0	0.0%	0	0.0%	0	0.0%	1	0.3%	0	0.0%	23	0.1%
10 to 14	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.3%	36	0.2%
15 to 19	3	0.9%	3	0.9%	5	1.6%	6	1.8%	9	2.2%	9	2.5%	2	0.6%	304	1.8%
20 to 24	39	12.0%	34	10.1%	29	9.5%	34	10.3%	44	10.8%	37	10.5%	41	11.8%	2095	12.1%
25 to 29	58	17.8%	58	17.3%	56	18.3%	55	16.7%	76	18.6%	64	18.1%	53	15.3%	3411	19.8%
30 to 34	44	13.5%	43	12.8%	49	16.0%	65	19.7%	69	16.9%	48	13.6%	64	18.5%	3448	20.0%
35 to 39	63	19.4%	58	17.3%	43	14.1%	59	17.9%	63	15.4%	42	11.9%	45	13.0%	2879	16.7%
40 to 44	52	16.0%	57	17.0%	52	17.0%	44	13.3%	47	11.5%	44	12.5%	46	13.3%	2117	12.3%
45 to 49	32	9.8%	30	9.0%	30	9.8%	26	7.9%	38	9.3%	45	12.7%	29	8.4%	1237	7.2%
50 to 54	14	4.3%	28	8.4%	7	2.3%	25	7.6%	28	6.9%	24	6.8%	26	7.5%	748	4.3%
55 to 59	10	3.1%	12	3.6%	22	7.2%	10	3.0%	14	3.4%	22	6.2%	15	4.3%	424	2.5%
60 to 64	6	1.8%	1	0.3%	5	1.6%	2	0.6%	13	3.2%	6	1.7%	14	4.0%	223	1.3%
65 to 69	0	0.0%	4	1.2%	6	2.0%	2	0.6%	4	1.0%	9	2.5%	7	2.0%	124	0.7%
70 and over	4	1.2%	5	1.5%	1	0.3%	2	0.6%	3	0.7%	2	0.6%	3	1.2%	74	0.4%
Unknown age		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	86	0.5%

Reported HIV risk exposure	2008		2009		2010		2011		2012		2013		2014		1981-2014	
Men who have sex with men	236	72.6%	221	66.0%	227	74.2%	267	80.9%	318	77.9%	264	74.8%	256	74.0%	10825	62.7%
MSM who inject drugs	11	3.4%	17	5.1%	8	2.6%	11	3.3%	13	3.2%	15	4.2%	16	4.6%	491	2.8%
Hetero-sex only	64	19.7%	75	22.4%	51	16.7%	41	12.4%	57	14.0%	61	17.3%	50	14.5%	1579	9.1%
Blood disorder, tissue recipient	0	0.0%	1	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	276	1.6%
Person who injects drugs	12	3.7%	11	3.3%	9	2.9%	8	2.4%	10	2.5%	7	2.0%	8	2.3%	556	3.2%
Mother to child	0	0.0%	2	0.6%	1	0.3%	0	0.0%	0	0.0%	1	0.3%	1	0.3%	46	0.3%
Other	0	0.0%	2	0.6%	1	0.3%	1	0.3%	2	0.5%	1	0.3%	2	0.6%	43	0.2%
Unknown	2	0.6%	6	1.8%	9	2.9%	2	0.6%	8	2.0%	4	1.1%	13	3.8%	3452	20.0%
Local Health District																
South Eastern Sydney	117	36.0%	108	32.2%	110	35.9%	128	38.8%	149	36.5%	124	35.1%	119	34.4%	5399	31.3%
Sydney	78	24.0%	90	26.9%	77	25.2%	83	25.2%	111	27.2%	90	25.5%	78	22.5%	2829	16.4%
Northern Sydney	25	7.7%	39	11.6%	19	6.2%	24	7.3%	23	5.6%	26	7.4%	18	5.2%	955	5.5%
Western Sydney	26	8.0%	22	6.6%	20	6.5%	31	9.4%	25	6.1%	26	7.4%	26	7.5%	694	4.0%
South Western Sydney	16	4.9%	21	6.3%	23	7.5%	18	5.5%	31	7.6%	29	8.2%	27	7.8%	621	3.6%
Hunter New England	14	4.3%	16	4.8%	16	5.2%	10	3.0%	14	3.4%	18	5.1%	27	7.8%	463	2.7%
Nepean Blue Mountains	7	2.2%	3	0.9%	3	1.0%	4	1.2%	5	1.2%	3	0.8%	6	1.7%	253	1.5%
Illawarra-Shoalhaven	3	0.9%	5	1.5%	8	2.6%	5	1.5%	9	2.2%	7	2.0%	6	1.7%	217	1.3%
Central Coast	6	1.8%	5	1.5%	5	1.6%	4	1.2%	10	2.5%	5	1.4%	8	2.3%	191	1.1%
Northern NSW	4	1.2%	4	1.2%	9	2.9%	11	3.3%	5	1.2%	5	1.4%	7	2.0%	187	1.1%
Mid North Coast	8	2.5%	6	1.8%	3	1.0%	4	1.2%	3	0.7%	6	1.7%	7	2.0%	139	0.8%
Western NSW	3	0.9%	3	0.9%	4	1.3%	3	0.9%	7	1.7%	5	1.4%	3	0.9%	119	0.7%
Murrumbidgee-Albury	3	0.9%	2	0.6%	7	2.3%	2	0.6%	5	1.2%	3	0.8%	3	0.9%	85	0.5%
Southern NSW	3	0.9%	6	1.8%	1	0.3%	2	0.6%	7	1.7%	4	1.1%	4	1.2%	54	0.3%
Far West	0	0.0%	2	0.6%	0	0.0%	0	0.0%	2	0.5%	0	0.0%	0	0.0%	8	0.0%
Justice Health network	1	0.3%	1	0.3%	1	0.3%		0.0%	1	0.2%	1	0.3%	1	0.3%	6	0.0%
Unknown	11	3.4%	2	0.6%	0	0.0%	1	0.3%	1	0.2%	1	0.3%	6	1.7%	5048	29.2%
Total	325	100%	335	100%	306	100%	330	100%	408	100%	353	100%	346	100%	17268	100%

Appendix B: Sydney Gay Community Periodic Survey, February 2014

Figure 23: Condom use reported by MSM with casual sexual partners in NSW, 2007-2014



Data source: Sydney Gay Community Periodic Survey (February, 2014)

Comment

The February 2014 figure represent behaviour in the previous 6 months and are therefore reflective of behaviours in the latter part of 2013. Among gay men with casual sexual partners surveyed, 65% reported practicing safe sex⁸. Safe sex among gay men with casual male partners has remained stable since 2009.

⁸ Practicing safe sex is defined as always protected or avoided anal sex

Table 5: Number of HIV tests in the past 12 months among non-HIV-positive men who reported being tested within 12 months

	2013		2014	
	n	%	n	%
One	602	40.8	532	38.9
Two	573	38.8	493	36.1
Three or four	262	17.7	296	21.7
Five or more	40	2.7	45	3.3

Data source: Sydney Gay Community Periodic Survey (February, 2014)

Comment

Of the gay men surveyed who had not been diagnosed with HIV, 76% reported an HIV test in the last 12 months. This is a significant increase from 71% in the same survey in 2013 and the highest level recorded since the survey began in 1996. Among these men who had a test, there was an increase in 2014 in the proportion who had three or more HIV tests in the previous 12 months (Table 8).

Appendix C: Ending HIV Seven Statements Evaluation, ACON 2014

The table below shows the figures over the four separate surveys, while the second table shows the latest results analysed per HIV status, age and location.

% OF RESPONDENTS WHO STRONGLY AGREE OR AGREE WITH THE STATEMENTS BELOW.					
Answer Options	FEB 2013	MAY 2013	NOV 2013	APRIL 2014	+/-
Everything has changed, we can now dramatically reduce HIV transmission	48%	59%	59%	67%	+19
Now more than ever, gay men need to know their HIV status	81%	85%	86%	90%	+9
Sexually active gay men should take an HIV test at least twice a year	88%	87%	92%	93%	+5
HIV treatments now offer increased health benefits and fewer side effects	65%	66%	67%	73%	+8
HIV treatments significantly reduce the risk of passing on HIV	33%	42%	50%	64%	+31
Early HIV treatment is better for your health and can help protect your sex partners	74%	80%	89%	91%	+17
Condoms continue to be the most effective way of preventing HIV transmission	95%	92%	92%	91%	-4

% OF RESPONDENTS WHO STRONGLY AGREE OR AGREE WITH THE STATEMENTS BELOW BY KEY DEMOGRAPHICS				
Answer Options	HIV- (n=333)	HIV+ (n=100)	Rural/ Regional (n=101)	Young peo- ple (n=150)
Everything has changed, we can now dramatically reduce HIV transmission	63%	77%	63%	66%
Now more than ever, gay men need to know their HIV status	90%	93%	93%	89%
Sexually active gay men should take an HIV test at least twice a year	93%	94%	93%	92%
HIV treatments now offer increased health benefits and fewer side effects	72%	82%	62%	69%
HIV treatments significantly reduce the risk of passing on HIV	58%	87%	54%	63%
Early HIV treatment is better for your health and can help protect your sex partners	91%	88%	85%	93%
Condoms continue to be the most effective way of preventing HIV transmission	93%	85%	86%	87%

Survey methodology:

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

Recruitment methodology:

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

Survey objectives:

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

The table below shows number of participants, dispatch per age, HIV status and location for each of the four surveys:

	Feb 13 (before EH launch)	May 13 (after EH launch)	Nov 13 (after I'M ON)	April 14 (after EASY AS)
Recruitment sources	Facebook ACON networks	Facebook: 85%, Samesame, ACON networks	Facebook: 83% ACON networks	Facebook: 77% ACON networks
Number	223	517	553	530
Age	<30: 52% 30-39: 22.3% 40-49: 19.1% 50-59: 5.5%	<30: 52% 30-39: 22% 40-49: 17.4% 50-59: 6.8%	<30: 52% 30-39: 23.5% 40-49: 13.8% 50-59: 8.4%	<30: 34% 30-39: 23.3% 40-49: 25.4% 50-59: 13.9%
HIV status	Neg: 78.4% Pos: 8.1% Unknown: 11.7%	Neg: 85% Pos: 6% Unknown: 8%	Neg: 79% Pos: 14% Unknown: 5%	Neg: 70.5% Pos: 20.4% Unknown: 8%
Location	Sydney: 74% Regions: 15%	Sydney: 69% Regions: 23.8%	Sydney: 75% Regions: 21%	Sydney: 69% Regions: 10%

Appendix D: eTEST study, 2014

3.2.1 General practice

Table 2 displays the number of HIV tests done and positivity for 3 clinics with high caseloads of MSM clients located in South Eastern Sydney LHD between 1 January 2012 and 30 June 2014.

Table 6: HIV testing and positivity among general practice clinics with high caseloads of MSM

Year	Q	Total tests	Positives*	Positivity
2012	Total	6611	122	1.8%
2013	1	1732	32	1.8%
	2	1656	26	1.6%
	3	1847	26	1.4%
	4	1775	16	0.9%
	Total	7010 (+6%)	100 (-18%)	1.4% (-0.4%)
2014	1	1943	18	0.9%
	2	1798	17	1.2%

*not all new diagnoses

Data source: eTEST study (2014)

Comment

In three general practice clinics with high caseloads of MSM located in South East Sydney LHD, HIV testing increased by 10% in the first half of 2014 compared with the first half of 2013.