

NSW HIV Strategy 2016 – 2020

January - March 2017

Data Report



The NSW HIV Strategy 2016-2020

The *NSW HIV Strategy 2016-2020* continues the NSW Government's commitment to achieving the virtual elimination of HIV transmission in NSW by 2020, and sustaining the virtual elimination of HIV transmission in people who inject drugs, sex workers and from mother to child. The Strategy refines our efforts across prevention, testing and treatment, building on the actions that have proven successful in implementing the *NSW HIV Strategy 2012-2015* and prioritising the additional activities needed to end HIV transmission in NSW, including expanding access to PrEP for people at a high risk of HIV and the rapid initiation of HIV treatment.

To achieve this goal the Strategy focuses on:

- Sustaining the central role of condoms in preventing the transmission of HIV
- Reducing sharing of injecting equipment among people who inject drugs by 25%
- Assessing all people attending public sexual health services and high caseload general practices for PrEP eligibility
- Facilitating testing of all recent sexual and injecting partners of people newly diagnosed with HIV
- Increasing the frequency of HIV testing in priority populations in accordance with risk
- Strengthening service integration and models of care to deliver HIV testing in our priority settings
- Strengthening systems and service integration for HIV prevention, diagnosis and management for Aboriginal people at risk
- Increasing the proportion of people with diagnosed HIV on ART to 95%
- Ensuring 90% of people newly diagnosed with HIV are on ART within 6 weeks of diagnosis in 2016 and to further reduce this timeframe over the life of the Strategy
- Further strengthening systems for timely collection and reporting of data to monitor progress, report outcomes and determine additional focus

The Strategy identifies the range of key settings needed for action including publicly funded sexual health services, general practice and primary care, Aboriginal Community Controlled Health Services, NSW needles and syringe program outlets, antenatal care services, drug and alcohol services, mental health services and emergency departments.

The activities NSW Health is engaged in to meet the Strategy goals and targets is summarised in the [NSW HIV Snapshot](#). To monitor progress against the Strategy goals and targets, a range of data sources are monitored and reported against via this quarterly data report. Detailed information on NSW residents newly diagnosed with HIV up to 2013 is available in the [NSW HIV 2013 Epidemiological Report](#).

Executive Summary

Key messages to 31 March 2017

In January-March 2017, the fall in the number of new HIV diagnoses among gay and bisexual men, first noted in June-September 2016, has continued. Fifty four is lowest number of new diagnoses among gay and bisexual men in a January-March period since the early 1980s.

PrEP coverage has grown significantly in NSW since EPIC-NSW began in 2016. While consistent condom use with casual partners has declined, the overall use of evidence-based HIV prevention methods with casual partners, including condoms and PrEP, among gay and bisexual men remains at close to 70%. However, almost one-quarter of new diagnoses among gay and bisexual men in January-March 2017 had evidence of infection within 3 months of diagnosis, emphasising the importance of further increasing access to PrEP for people at high risk of HIV.

In the context of continued increases in HIV testing among priority populations, this suggests that HIV transmission in gay and bisexual men may be declining. Earlier diagnosis through more frequent testing, higher treatment coverage and the scale up of HIV PrEP should all be contributing to preventing HIV transmission.

The number of notifications in people with other risk exposures has remained stable.

However, there has not been a fall in the number of diagnoses made with evidence of late diagnosis, indicating that there are still people with undiagnosed HIV infection in the community. This underlines the need to further strengthen efforts to reach people with longstanding undiagnosed HIV infections, better identify people at risk of HIV, increase HIV testing in priority settings, and identify and support partners of newly diagnosed people to test for HIV.

Continuing efforts are also needed to further reduce the time between diagnosis and commencement of treatment.

Key data to 31 March 2017

HIV INFECTIONS	Target group	Jan – Mar 2017	Compared with Jan-Mar 2011-2016 average
Number of NSW residents newly diagnosed	Total count	74	20% less (av. 92.3)
	Count who were men who have sex with men (MSM)	54 (73% of total)	29% less (av. 76.0); MSM 82% of total count
Proportion of new diagnoses with evidence of early stage infection	MSM	43% (23/54)	54% (244/456) of MSM newly diagnosed 2011-2016
Proportion of new diagnoses with evidence of late diagnosis	All	41% (30/74)	33% (184/554)
PREVENT	Target group	Mar 2017	Compared with 2016
Total number of people receiving PrEP through EPIC-NSW	People in NSW at high risk of HIV infection	5376 (since March 2016)	N/A
Proportion of MSM reporting no condomless anal intercourse with casual partners (SGCPS)	MSM	48.0%	59.1%
TEST	Target group	Jan – Mar 2017	Compared with Jan-Mar 2016
Number of HIV serology tests performed in NSW	All	147,674	8% more (n=136,466)
Number of HIV tests performed in NSW public sexual health and HIV clinics, and priority LHD settings	All	16,716	19% more (n=14,069)
	Identifying as MSM	10,508	24.6% more (n=8,431)
TREAT	Target group	Apr 2016 – Mar 2017	Target
Proportion of patients with diagnosed HIV infection in care, who were on treatment	Sexual Health and HIV Clinic attendees	93%	95%
	Select high and medium caseload general practices	95%	95%
Proportion of NSW residents newly diagnosed with HIV who commenced ART within six weeks and six months of diagnosis	Newly diagnosed cohort for January to September 2016	56% (n=136/242) on ART within six weeks of diagnosis	At least 90%
		86% (n=209/249) on ART within six months of diagnosis	100%
Proportion of NSW residents newly diagnosed who were on ART and were known to be virally suppressed (VL < 200 copies/mL) at 6-month follow-up	NSW residents newly diagnosed January - September 2016	90% (n=189/209) with a post-ART VL. 97% (n=183/189) had achieved viral suppression.	100%

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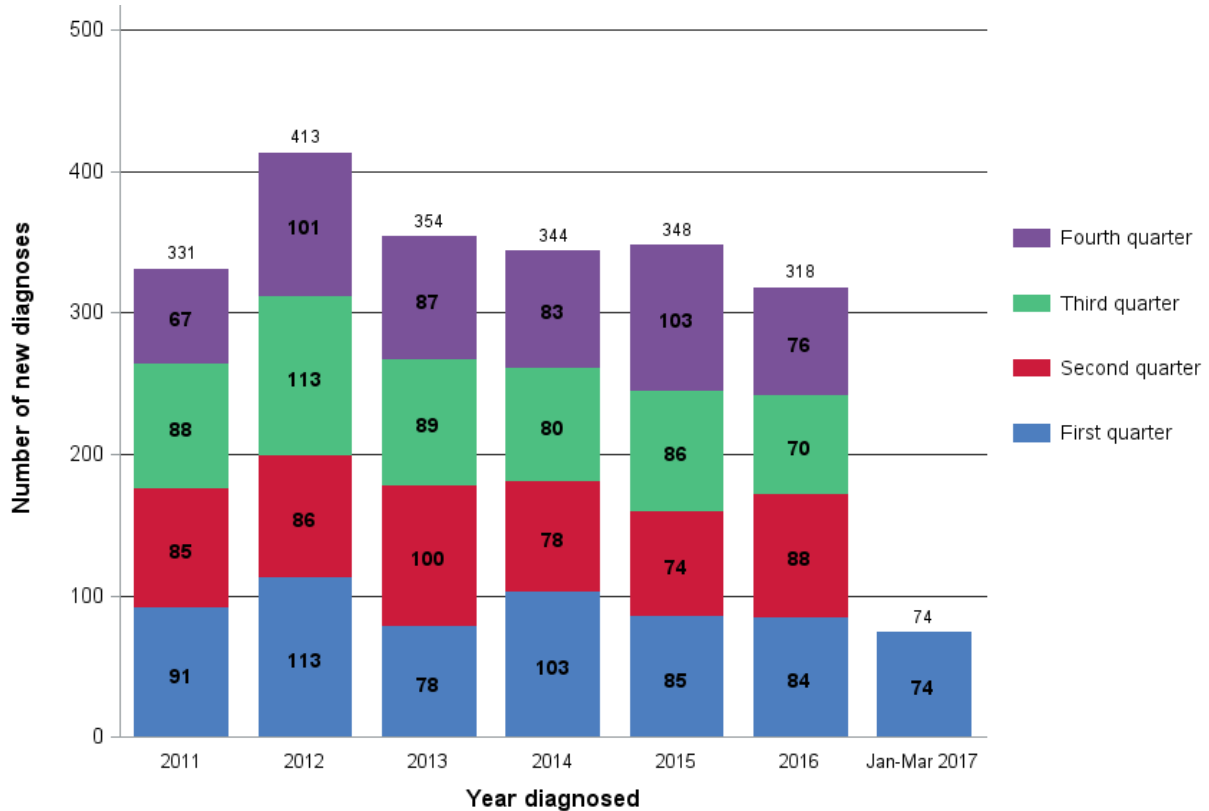
Glossary of Terms

ART	Antiretroviral therapy
CAIC	Condomless anal intercourse with casual partners
GBM	Gay and bisexual men
HIV	Human Immunodeficiency Virus
LHD	Local Health District
MSM	Men who have sex with men
NSP	Needle and syringe program
NSW	New South Wales
PBS	Pharmaceutical Benefits Scheme
PFSHC	Publicly Funded Sexual Health Clinic
PrEP	Pre-exposure prophylaxis
PWID	People who inject drugs
Quarter 1 / Q1	1 January – 30 March
Quarter 2 / Q2	1 April – 30 June
Quarter 3 / Q3	1 July – 30 September
Quarter 4 / Q4	1 October – 31 December
SGCPS	Sydney Gay Community Periodic Survey
SVHN	St Vincent's Health Network

1. Reduce HIV transmission

1.1 How many cases are notified?

Figure 1: Number of NSW residents notified with newly diagnosed HIV infection from 1 January 2011 to 31 March 2017

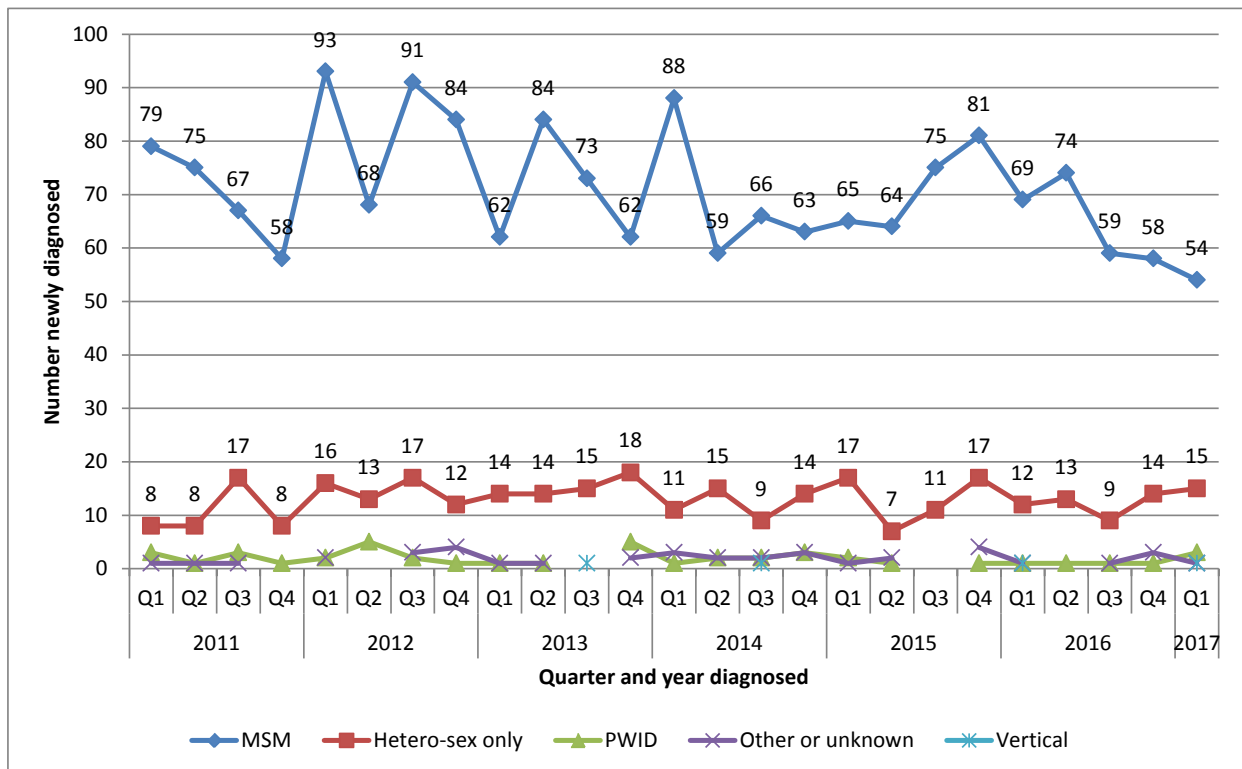


Data source: Notifiable Conditions Information Management System, Health Protection NSW, extracted 8 May 2017

Comment

- From 1 January to 31 March 2017 (quarter 1 2017), 74 NSW residents were newly diagnosed HIV infection, 20 per cent (%) less than the quarter 1 average 2011-2016 (n=92.3).
- Among the 74 people newly diagnosed with HIV in quarter 1 2017, 17 (23%) had evidence of being infected in the three months prior to diagnosis, versus 25% (89 of 350) of people newly diagnosed in quarter 1 2013-2016. Evidence of being infected in the three months prior to diagnosis was defined as a negative or indeterminate Western Blot test, or a sero-conversion like illness or a report of a negative HIV test within 3 months of diagnosis.

Figure 2: Number of NSW residents notified with newly diagnosed HIV infection from 1 January 2011 to 31 March 2017 by reported HIV risk exposure



Data source: Notifiable Conditions Information Management System, Health Protection NSW, extracted 8 May 2017

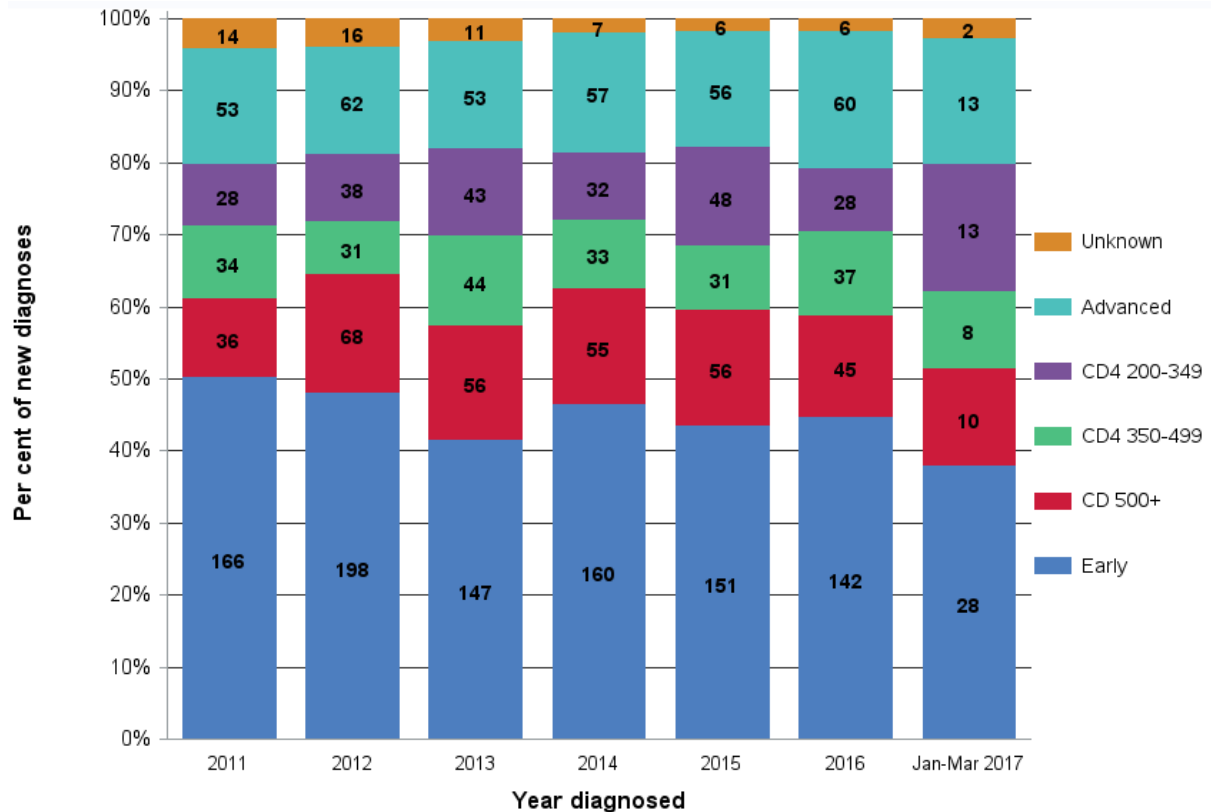
Comment

- Of the 74 people newly diagnosed in quarter 1 2017, 54 (73%) reported being men who have sex with men (MSM), 29% less than the average number of new diagnoses who were MSM in quarter 1 2011-2016 (n=76.0).
- This is the lowest quarter 1 count for MSM new diagnoses since 1985.
- Among the 54 people newly diagnosed with HIV in quarter 1 2017 who reported being MSM, 13 (24%) had evidence of being infected in the three months prior to diagnosis, versus 28% (80 of 284) of MSM newly diagnosed in quarter 1 2013-2016. Evidence of being infected in the three months prior to diagnosis was defined as a negative or indeterminate Western Blot test, or a sero-conversion like illness or a report of a negative HIV test within 3 months of diagnosis.

What proportion of HIV notifications are newly acquired infections?

Trends in the stage of infection at which people are diagnosed with HIV provide an indication as to the timeliness of diagnosis over time. Figure 2a (all new diagnoses) and 2b (new diagnoses reporting to be MSM) draws on a combination of clinical symptoms at diagnosis (sero-conversion like illness, AIDS), HIV testing history and CD4 count at diagnosis to describe 'stage of infection'¹ at the time of diagnosis.

Figure 3a: Per cent of NSW residents notified with newly diagnosed HIV infection from 1 January 2011 to 31 March 2017 by stage of infection at diagnosis¹



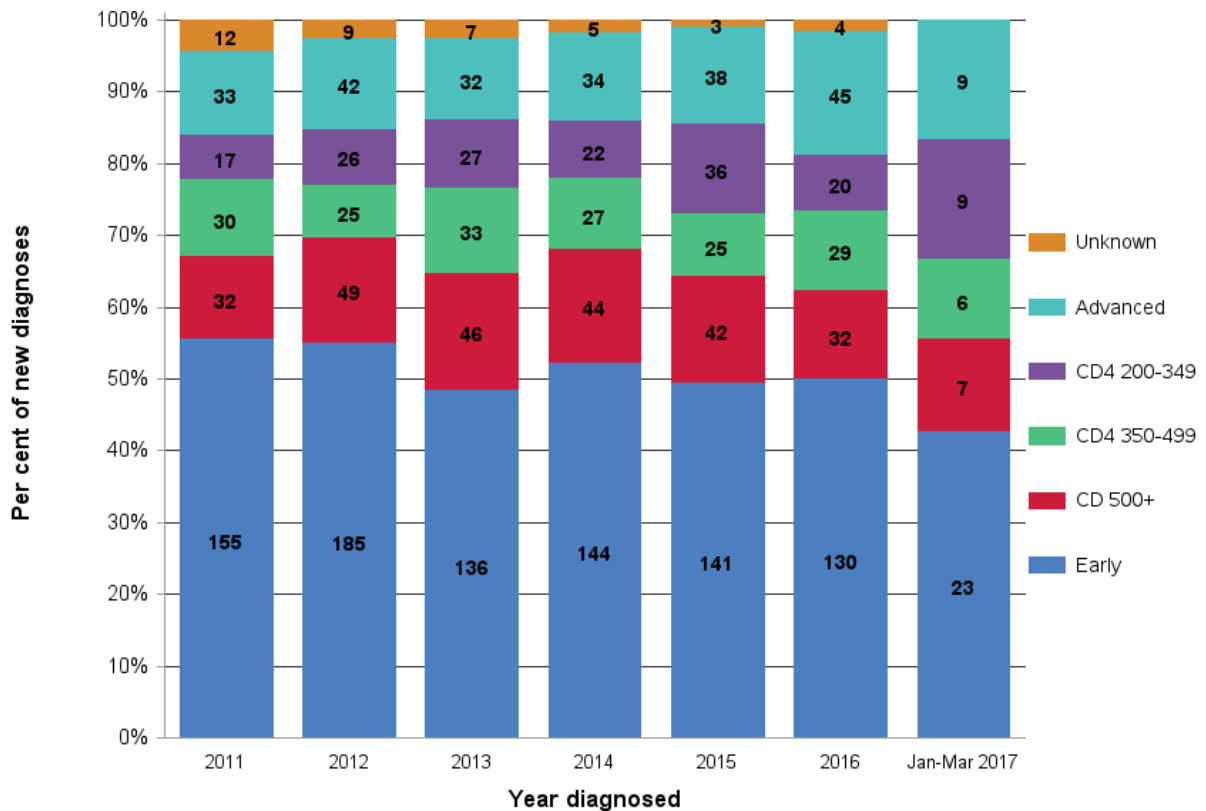
Data source: Notifiable Conditions Information Management System, Health Protection NSW, extracted 8 May 2017

¹Stage of infection at diagnosis: Early = Evidence of HIV infection acquired within 12 months of diagnosis, which 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. CD4 500+, CD4 350 to 499, CD4 200 to 349 each excludes early and advanced categories. Advanced = CD4 count less than 200 or AIDS defining illness in absence of evidence of 'Early' diagnosis

Comment

- Of 74 people newly diagnosed in quarter 1 2017:
 - 38% (28/74) were in early stage infection, compared with 47% (263/554) in quarter 1 2011-2016.
 - The number in early stage infection in quarter 1 2017 was 36% less than the average number in quarter 1 2011-2016 (28 versus an average of 44).
 - 18% (13/74) were in advanced stage infection, compared with 15% (85/554) in quarter 1 2011-2016.
 - The number in advanced stage infection was similar to the average number in quarter 1 2011-2016 (13 versus an average of 14).

Figure 3b: Per cent of NSW residents notified with newly diagnosed HIV infection from 1 January 2011 to 31 March 2017 reporting to be men who have sex with men (MSM) by stage of infection at diagnosis¹

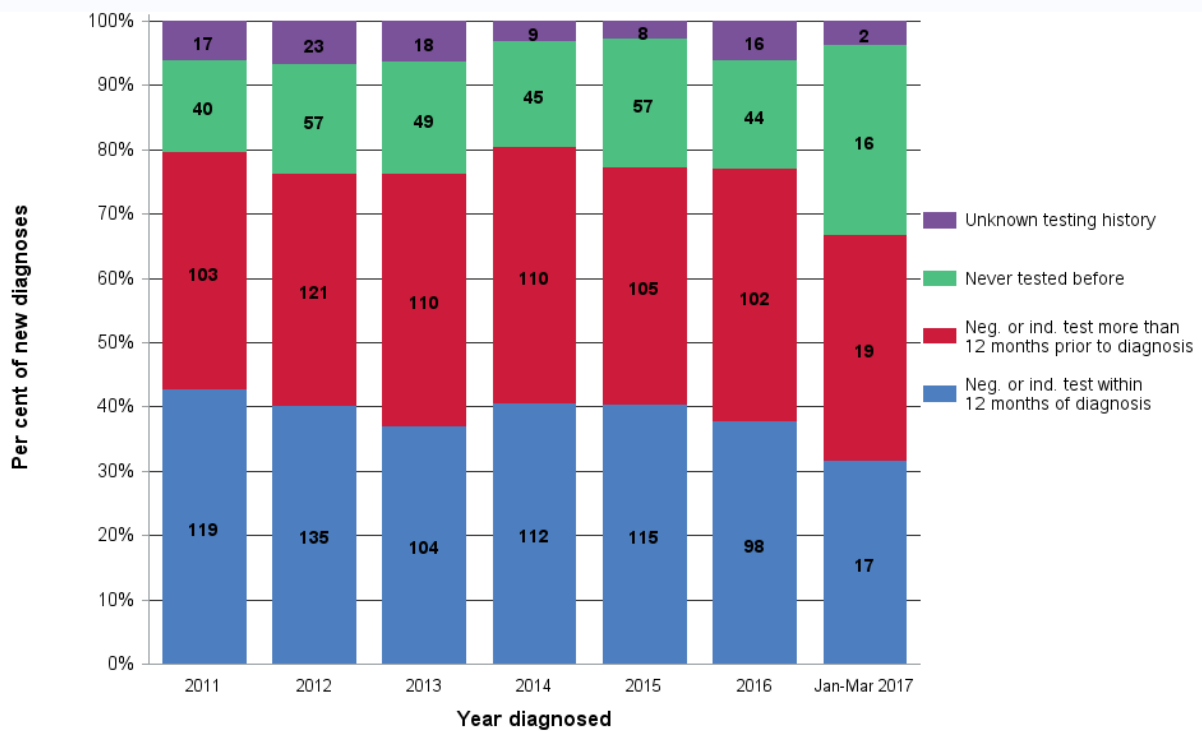


Data source: Notifiable Conditions Information Management System, Health Protection NSW, extracted 8 May 2017

Comment

- Of 54 newly diagnosed MSM in quarter 1 2017:
 - 43% (23/54) were in early stage infection, compared with 54% (244/456) in quarter 1 2011-2016.
 - The number in early stage infection in quarter 1 2017 was 43% less than the average number in quarter 1 2011-2016 (23 versus an average of 41).
 - 17% (9/54) were in advanced stage infection, compared with 12% (56/456) in quarter 1 2011-2016.
 - The number in advanced stage infection (9) was the same as the average number in quarter 1 2011-2016.

Figure 4: Per cent of NSW residents notified with newly diagnosed HIV infection from 1 January 2011 to 31 March 2017 reporting to be MSM by HIV testing history

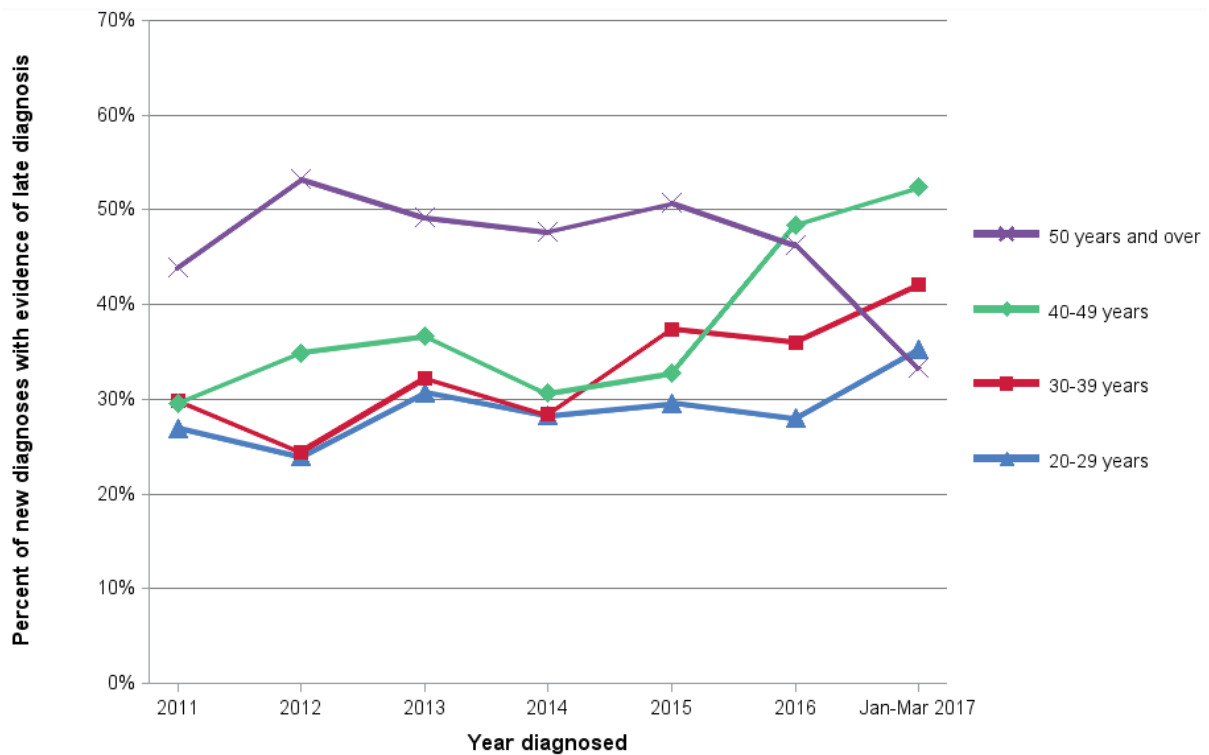


Data source: Notifiable Conditions Information Management System, Health Protection NSW, extracted 8 May 2017

Comment

- Of 54 newly diagnosed MSM in quarter 1 2017:
 - 31% (17/54) were reported to have had a negative or indeterminate HIV test in the 12 months prior to diagnosis, compared with 38% (172/456) in quarter 1 2011-2016.
 - The number who had a negative or indeterminate HIV in the 12 months prior to diagnosis was 41% less than the average number in quarter 1 2011-2016 (17 versus an average of 29).
 - 30% (16/54) were reported to have never had an HIV test prior to diagnosis, compared with 18% (82/456) in quarter 1 2011-2016 (16 versus an average of 14).
 - The number who never had an HIV test prior to diagnosis was similar to the average number in quarter 1 2011-2016 (16 versus an average of 18).

Figure 5: Late diagnosis¹ by age group at diagnosis in NSW residents notified with newly diagnosed HIV infection from 1 January 2011 to 31 March 2017



Data source: Notifiable Conditions Information Management System, Health Protection NSW, extracted 8 May 2017

¹Evidence of a late diagnosis = a CD4 count less than 350 or an AIDS defining illness or AIDS death within three months of diagnosis, in the absence of a laboratory confirmed negative HIV test in the 12 months prior to diagnosis.

Comment

- Of 74 people newly diagnosed with HIV infection in quarter 1 2017, the proportion with evidence of late diagnosis was:
 - 41% (n=30) overall, compared with 33% (184/554) in quarter 1 2011-2016.
 - 0% (0 of 2) in those less than 20 years of age;
 - 35% (6 of 17) in those 20-29 years;
 - 42% (8 of 19) in those 30-39 years;
 - 52% (11 of 21) in those 40-49 years, and;
 - 33% (5 of 15) in those 50 years and over.
- Late diagnosis tends to increase with increasing age at diagnosis, although in quarter 1 2017, late diagnosis was more common in those 40-49 years versus 50 years and over.

1.2 Which groups are being notified?

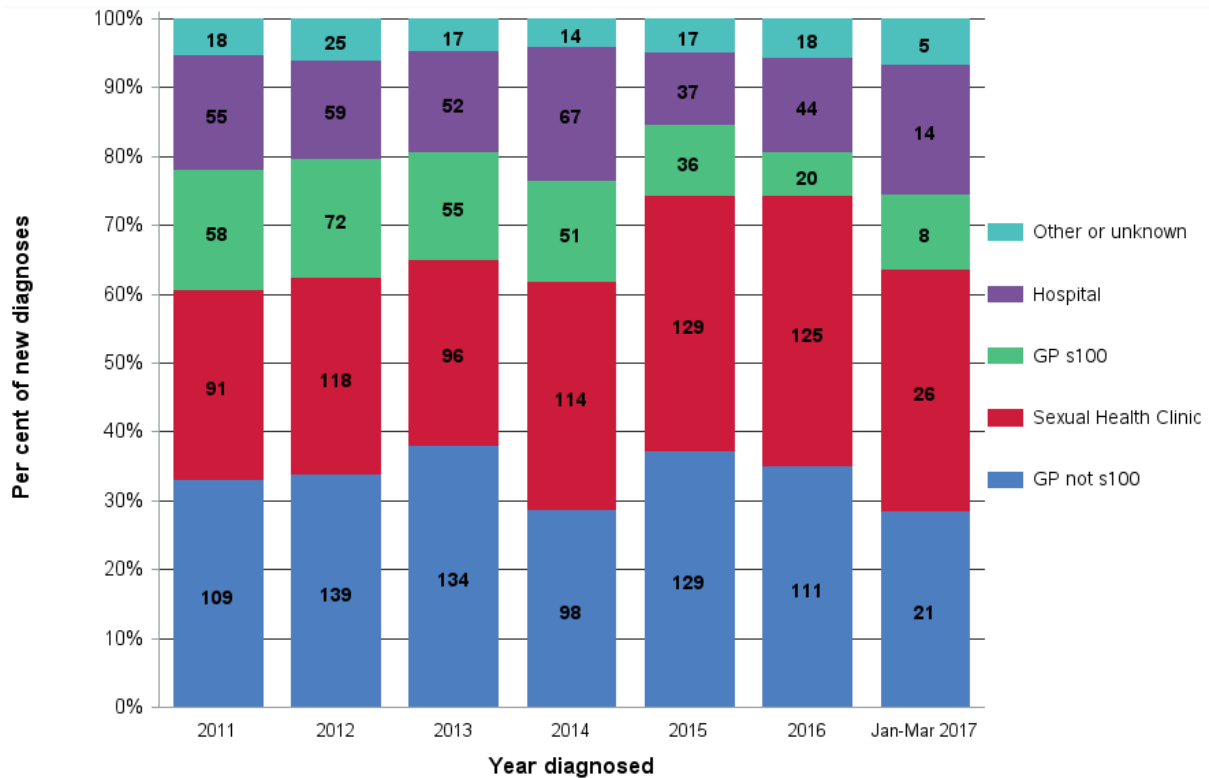
Table 1: Key characteristics of NSW residents newly diagnosed with HIV infection in quarter 1 2017 versus quarter 1 2011-2016.

Key characteristics	Q1 2017: number (%)	Q1 2011-2016 average number
Total new diagnoses	74	92.5
Sex		
Male	65 (87.8%)	87.0 (94.2%)
Female	8 (10.8%)	5.0 (5.4%)
Transgender	1 (1.4%)	0.3 (0.4%)
Aboriginal or Torres Strait Islander People		
Aboriginal or Torres Strait Islander person	3 (4.1%)	2.2 (2.3%)
Non-Aboriginal person	68 (91.9%)	89.7 (97.1%)
Not stated	3 (4.0%)	0.5 (0.5%)
Place born		
Australia	33 (44.6%)	50.0 (54.2%)
Overseas	40 (54.0%)	41.7 (45.1%)
Unknown	1 (1.4%)	0.7 (0.7%)
Age in years at diagnosis		
0-19	2 (2.7%)	1.2 (1.3%)
20-29	17 (23%)	26.7 (28.9%)
30-39	19 (25.7%)	28.0 (30.3%)
40-49	21 (28.4%)	20.8 (22.6%)
Over 50	15 (20.3%)	15.7 (17.0%)
Reported HIV exposure risk		
MSM	54 (73%)	76 (82.3%)
PWID	3 (4.1%)	1.7 (1.8%)
Heterosexual	15 (20.3%)	13 (14.1%)
Vertical	1 (1.3%)	0.2 (0.2%)
Other or unknown	1 (1.3%)	1.5 (1.6%)

Comment

- Due to small numbers, caution is need when interpreting one quarter's worth of data.
- The most notable changes observed when comparing these two periods are:
 - A 29% reduction in the number of newly diagnosed MSM
 - A 34% reduction in the number of Australian born people newly diagnosed
 - A 36% reduction in the number of 20-29 year olds diagnosed
 - A 32% reduction in the number of 30-39 year olds diagnosed

Figure 6: Number of NSW residents notified with newly diagnosed HIV infection from 1 January 2011 to 31 March 2017 by type of diagnosing doctor



Data source: Notifiable Conditions Information Management System, Health Protection NSW, extracted 8 May 2017

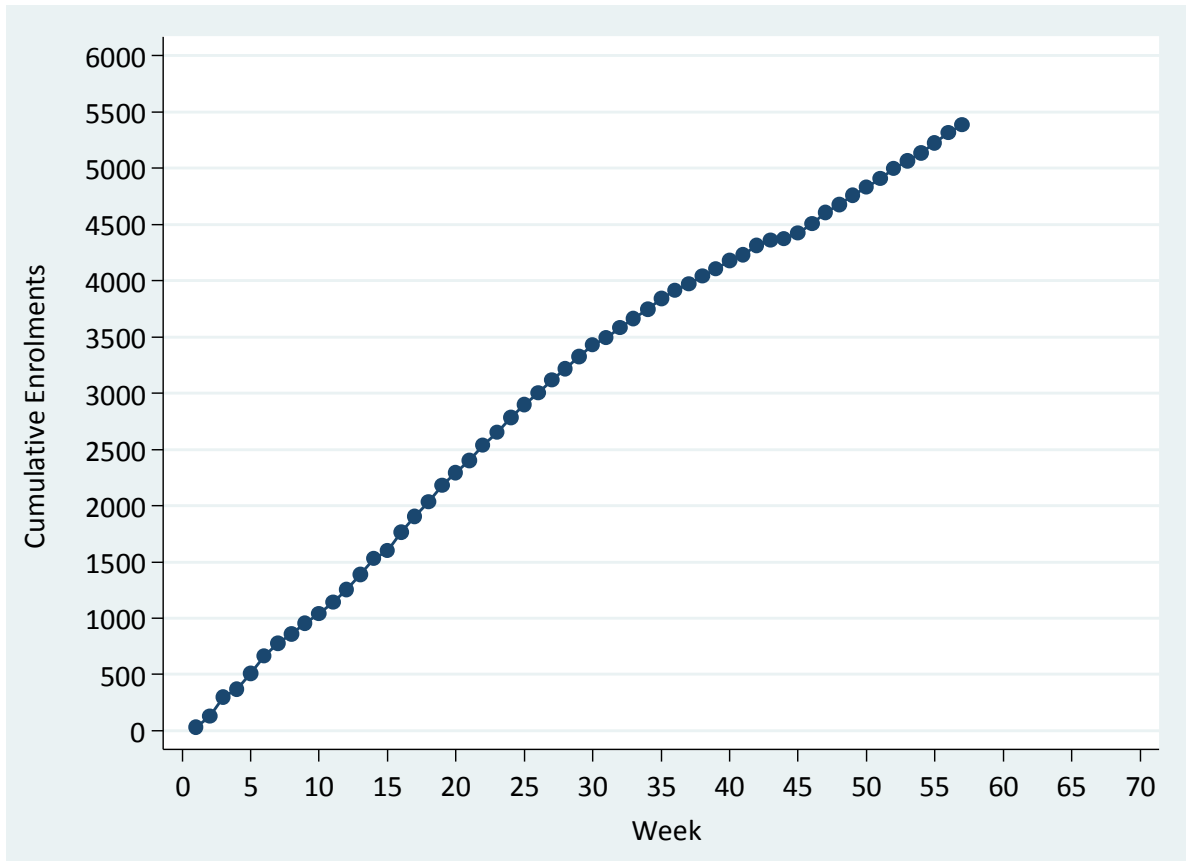
Comment

- 74 NSW residents notified with newly diagnosed HIV infection in quarter 1 2017:
 - 35% (n=26) were diagnosed by sexual health clinics (SHC) (includes linked community testing sites), compared with 30% in quarter 1 2011-2016;
 - 28% (n=21) were diagnosed by medical general practitioners (GPs) not accredited to prescribe antiretroviral therapy (ART) (GP not-s100), compared with 36% in quarter 1 2011-2016;
 - 19% (n=14) were diagnosed by hospital located doctors, compared with 14% in quarter 1 2011-2016;
 - 11% (n=8) were diagnosed by GP s100 doctors (HIV specialised and accredited to prescribe ART), compared with 15% in quarter 1 2011-2016, and;
 - 7% (n=5) were diagnosed by other doctor types such as immigration services, compared with 5% quarter 1 2011-2016.

2. Expand HIV Prevention

2.1 Who is accessing PrEP through the EPIC-NSW trial?

Figure 7: Cumulative enrolment of participants in EPIC-NSW, by study week, from 1 March 2016 to 31 March 2017



Comment

- 5376 participants were enrolled at twenty-two clinics from 1 March 2016 to 31 March 2017.
- Participating clinics are: The Albion Centre (SESLHD), Albury Sexual Health (MLHD), Brookong Centre Wagga (MLHD), Clinic 16 (NSLHD), Coffs Harbour Sexual Health (MNCLHD), Dubbo Sexual Health (WNSW LHD), East Sydney Doctors, Holdsworth House, Hunter New England Sexual Health (HNE LHD), Holden Street Clinic (CCLHD), Illawarra Shoalhaven Sexual Health (ISLHD), Kirketon Road Centre (SESLHD), Lismore Sexual Health Clinic (NNSW LHD), Liverpool Sexual Health (SWSLHD), Nepean Sexual Health and HIV Clinics (NBMLHD), Orange Sexual Health (WNSW LHD), RPA Sexual Health (SLHD), Short Street Clinic (SESLHD), St Vincent’s Hospital (SVHN), Sydney Sexual Health Centre (SESLHD), Taylor Square Private Clinic, Western Sydney Sexual Health (WSLHD).

Table 2: Demographic data for EPIC-NSW participants enrolled from from 1 March 2016 to 31 March 2017

Characteristic	N	%
Sex		
Male	5325	99.1
Female	7	0.1
Transgender, male-to-female	36	0.7
Transgender, female-to-male	7	0.1
Other	1	0.02
Sexual identity		
Gay/Homosexual	5075	94.4
Bisexual	246	4.6
Heterosexual	26	0.5
Other [£]	29	0.5
Age at enrolment (years)*		
Median (Inter-quartile range)	35 (29 to 44)	-
Age group		
< 20	33	0.6
20-29	1269	25.2
30-39	1810	35.9
40-49	1184	23.5
≥50	746	14.8
Aboriginal and/or Torres Strait Islander status**		
Non-Indigenous	4587	98.5
Aboriginal and/or Torres Strait Islander	71	1.5
Region of birth**		
Australia	2635	62.2
Oceania	162	3.8
Asia	536	12.7
Northern America	127	3.0
South America, Central America & the Caribbean	146	3.4
Europe	485	11.5
Middle East	55	1.3
Africa	87	2.1
Area of residence**		
Major cities	4616	94.4
Inner Regional	248	5.1
Outer Regional	20	0.4
Remote	4	0.1

Data Sources: EPIC-NSW enrolment and behavioural survey databases, and ACCESS Study database

Notes:

[£] Includes queer, pansexual, gender fluid, sapio, transgender, gender neutral, men who have sex with men, non-specified and not sure.

Demographic data was not available for all participants:

*Age was obtained from the enrolment¹ and ACCESS databases where available. Data were missing for 334 participants.

**Indigenous status and region of birth were obtained from the behavioural survey² and ACCESS database where available. Data were missing for 718 and 1143 participants for indigenous status and region of birth respectively.

***Postcodes (used to determine remoteness) were obtained from the enrolment and behavioural survey databases where available. Data were missing for 488 participants.

¹In the enrolment database, date of birth (used to calculate age) was recorded for participants who consented to data linkage; 4189 (77.8%) provided consent and data are available for 4185 participants

²4871 (91 %) participants consented to participate in the behavioural survey and 3774 (70.1% of the total sample) completed it

Comment

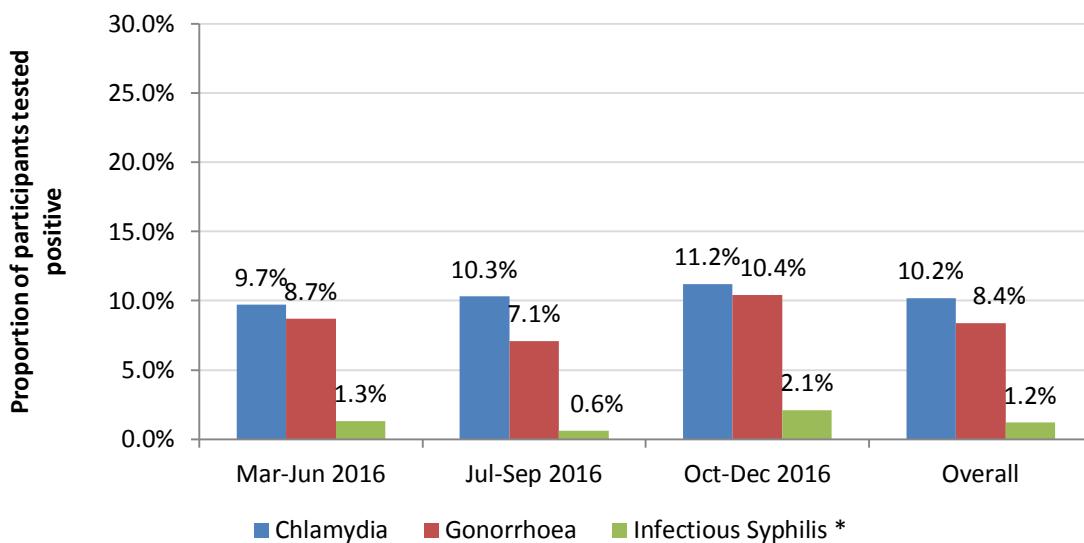
- The participants enrolled between 1 March 2016 and 31 March 2017, for whom data was available, were predominately male (99%), 94% identified as gay/homosexual, 62% were born in Australia, 94% live in a major city and the median age was 35 years.
- Smaller proportions were born in Asia (12.7%) or Europe (11.5%), live in an inner regional, outer regional or remote area (5.6%), or identify as Aboriginal or Torres Strait Islander (1.5%).

2.2 What is the prevalence of STIs among EPIC-NSW participants at enrolment?

Monitoring the prevalence of STIs among EPIC participants when enrolled provides a marker of the sexual risk of men and how well the program is being targeted. STI prevalence is defined here as the proportion of individuals tested for an STI, with a positive result.

STI testing data were available to the end of Quarter 4 and are based on 17 sites with 4037 enrolled participants, representing 93% of the total EPIC participants by 31 December 2016. The 17 sites include: Albury Sexual Health, Brookong Centre Wagga, Clinic 16, HNE Sexual Health, Holden St Clinic, KRC, Illawarra, Lismore, Nepean Sexual Health, Orange, RPA Sexual Health, Short Street Clinic, Site 203, Site 206, Site 215, Sydney Sexual Health, and Western Sydney Sexual Health. Future reports will include additional sites.

Figure 8: Proportion of EPIC-NSW participants tested for chlamydia, gonorrhoea and/or syphilis* at the time of enrolment and who received a positive result, by quarter of enrolment, 1 March 2016 - 31 December 2016



Data Source: ACCESS study database and EPIC-NSW Temporary Data Collection.

Note: Chlamydia/gonorrhoea/syphilis tests and results are reported to December 2016 (Quarter 4), to allow time for data entry into patient management systems, and collation, cleaning and matching with enrolment data and analysis. STI tests are included in the analysis if they were conducted within 3 weeks of the enrolment date. *Infectious syphilis is based on a clinical diagnosis. Therefore the above graph represents the diagnosis rates for infectious syphilis. Clinical diagnosis information is available from public clinics.

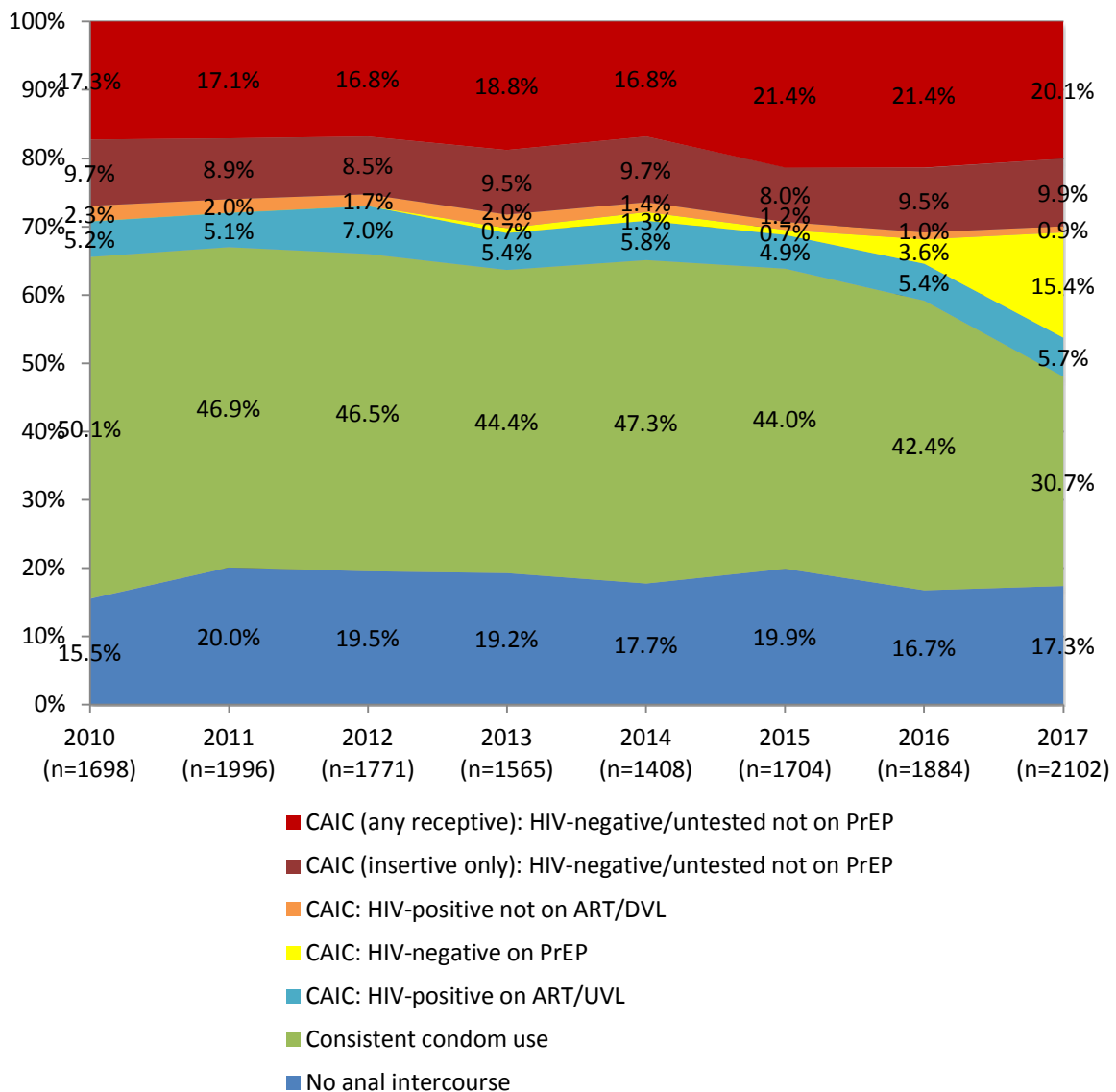
Comment

- Of the EPIC-NSW participants tested at the time of enrolment (baseline) between 1 March 2016 and 31 December 2016, the prevalence of gonorrhoea was 8.4% and the prevalence of chlamydia was 10.2%. Overall, the diagnosis rate for infectious syphilis was 1.2%.
- HIV infection at baseline is an exclusion criteria for enrolment. To date, no participant enrolled in EPIC-NSW who has commenced PrEP has tested positive for HIV during follow-up.

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

Condom use and other HIV risk reduction strategies used by gay and bisexual men are measured through the annual Sydney Gay Community Periodic Survey (SGCPS), conducted each year during February/March. With the introduction of pre-exposure prophylaxis (PrEP) in NSW and the focus on the preventative benefits of HIV treatment in the current NSW HIV Strategy, reporting of condomless anal intercourse with casual partners (CAIC) in the SGCPS has been modified, distinguishing between HIV-positive men who are virally suppressed or not and HIV-negative men who are protected by PrEP or not.

Figure 9: Anal intercourse, condom use and antiretroviral protection with casual male partners in the six months prior to the SGCPS



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

Comment

- Among gay men with casual male partners, the proportion avoiding anal intercourse has remained relatively stable since 2010, while consistent condom use has declined.
- Between 2016 and 2017, the combined proportion of respondents reporting no anal intercourse or consistent condom use with casual partners decreased from 59.1% to 48.0% with consistent condom use alone declining from 42.4% to 30.7%.
- The proportion of HIV-positive men not on treatment or with a detectable viral load who reported CAIC has declined to 0.9% of men with casual partners in 2017.
- Between 2016 and 2017, HIV-negative men on PrEP reporting CAIC increased from 3.6% to 15.4% of men with casual partners. The majority of men who report CAIC continue to be HIV-negative and untested, and *not* using PrEP.
- In 2017, HIV-negative men not using PrEP and who reported any CAIC (insertive or receptive) remained unchanged at 30.0% of casual partners.

2.4 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 are provided in Appendix C.

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

- 14,103,153 units of injecting equipment were distributed in NSW in 2016 (NSW Health NSP Minimum Data Set). Compared with 2015:
 - 6% (856,149 units) more units were distributed overall
 - 567,081 more units (5%) were distributed by Public NSP
 - 289,068 more units (19%) were distributed through the Pharmacy NSP Fitpack® scheme
- To 30 June 2016, there were 1,123 NSP outlets in NSW, an increase 18 outlets (1.6%) compared with 2015 (NSW NSP Data Collection).
 - The Public NSP includes 29 primary and 308 secondary outlets, 261 automatic dispensing machines (ADMs) and internal dispensing chutes (IDCs), and the Pharmacy NSW Fitpack Scheme includes 525 pharmacies.

2.6 What proportion of people share injecting equipment in NSW?

- In 2016, 20% of respondents reported receptive syringe sharing in the previous month (Needle and Syringe Program Enhanced Data Collection, 2016)³.

³ Geddes, L, Iversen J, and Maher L. NSW Needle and Syringe Program Enhanced Data Collection Report 2016, The Kirby Institute, UNSW Australia, Sydney 2016.

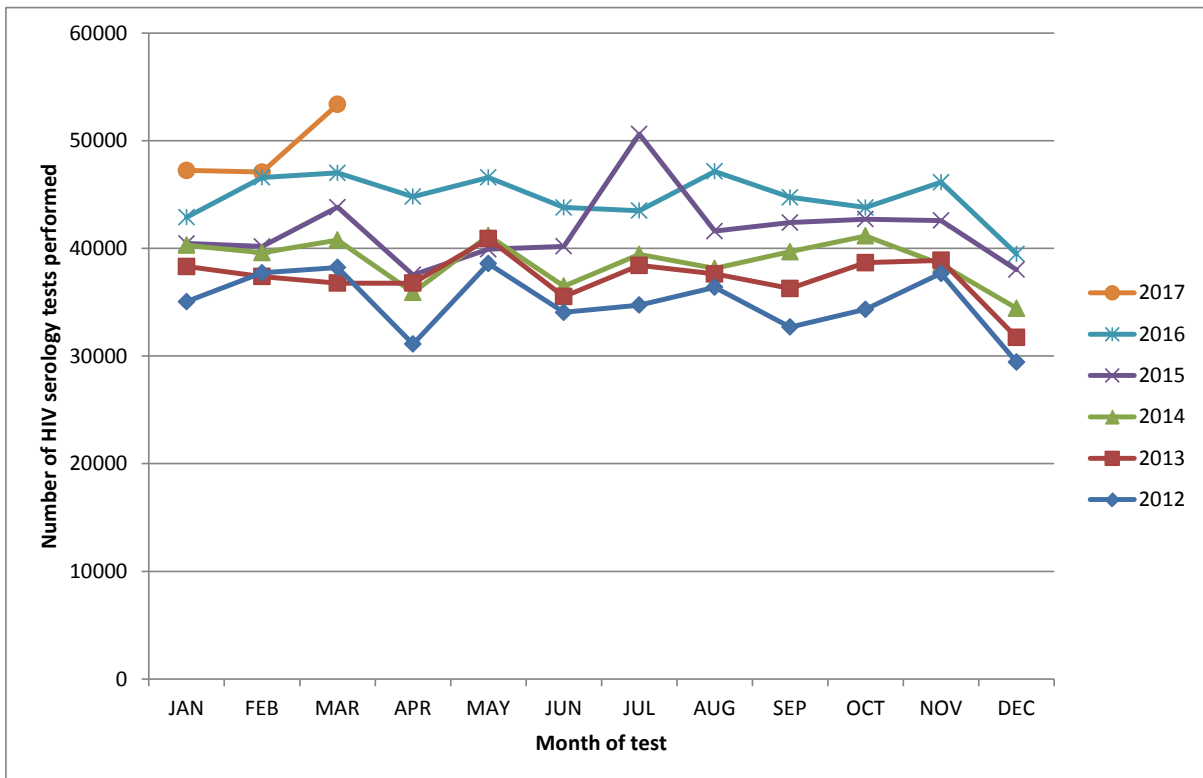
3. Increase HIV testing frequency

3.1 Is HIV testing increasing in NSW?

NSW overall

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

Figure 10: Number of HIV serology tests performed in 15 NSW laboratories, Jan 2012-Mar 2017



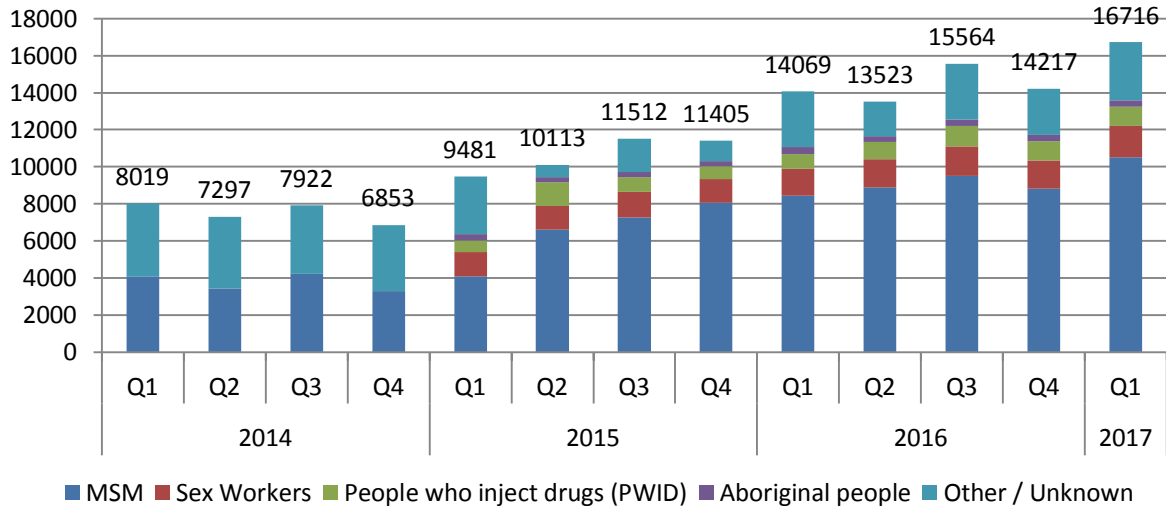
Data source: NSW Health denominator data project, extracted 5 May 2017.

Comment

- In quarter 1 2017 there were 147,674 HIV serology tests performed in 15 laboratories in NSW, which compared to previous first quarters, was: 8% more than in 2016 (n=136,466); 19% more than in 2015 (136,466); 22% more than in 2014 (120,658); 31% more than in 2013 (n=112,441), and; 33% more than in 2012 (n=110,994).
- More tests were conducted in March 2017 (n=53,365) than any month since data were available.

Local Health Districts

Figure 11: Number of HIV rapid and serology tests performed in public sexual health and HIV clinics and priority LHD settings in NSW between 1 January 2014 and 31 March 2017 by quarter and priority population



Data source: NSW Health HIV Strategy Monitoring Database

Notes: Data for sex workers, PWID and Aboriginality not available in 2014; patients have been classified as other/unknown where priority population data is not available. Includes data from St Vincent’s Hospital.

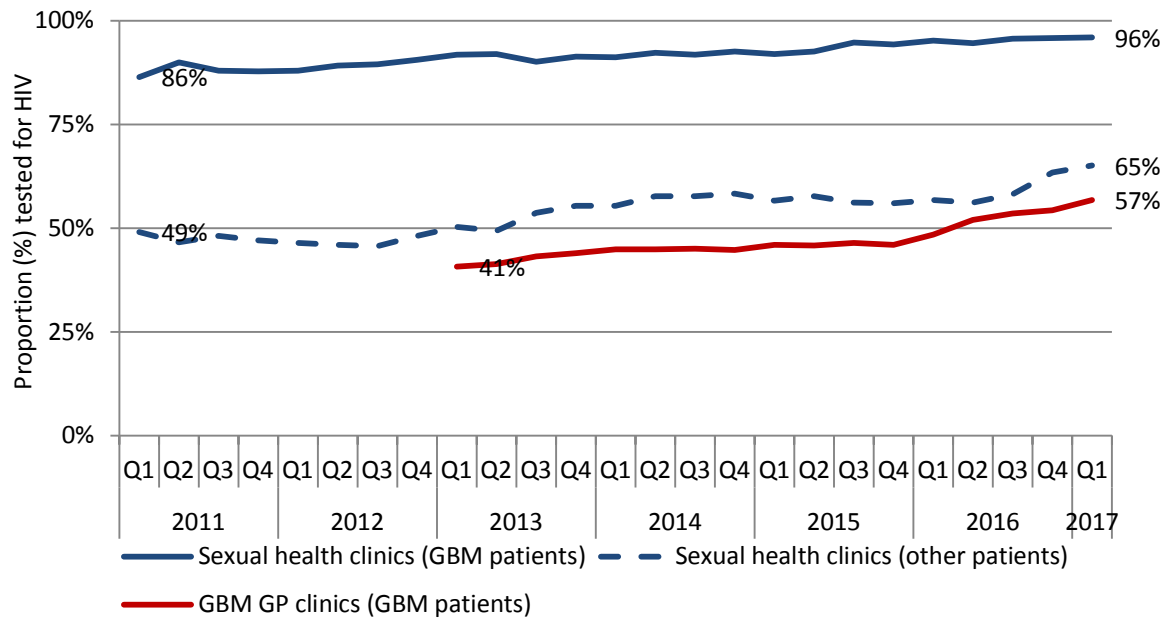
Comment

- From January to March 2017, 16,716 HIV tests were done in NSW public sexual health and HIV clinics and priority LHD settings; an increase of 19% compared with the same period in 2016 (n=14,069) and 108% compared with 2014 (n=8,019).
- This includes 10,508 HIV tests done in MSM in public sexual health and HIV clinics; a 22.3% (n=8431) increase compared with the same period in 2016.
- Both rapid HIV testing and HIV serology are included. Priority settings include mental health, drug and alcohol, and emergency departments. From 1 January 2017, dried blood spot self-sampling tests are also included.

3.2 What are the HIV testing patterns in NSW?

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

Figure 12: Proportion of patients⁴ attending PFSHCs and GBM GP clinics⁵ tested at least once for HIV at any clinic in the ACCESS network in the previous year, by quarter and service type, 1 January 2011 to 31 March 2017⁶



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

Comment

- HIV testing uptake among GBM attending PFSHCs remained high in the first quarter of 2017 (96%).
- Testing uptake has continued to increase among other patients at PFSHCs, rising from 49% tested in early 2011 to 65% tested in early 2017.

⁴ Excludes patients known to be HIV positive

⁵ GBM clinics defined as general practice clinics serving at least 50 GBM patients annually; attendance data for patients not tested for HIV was unavailable for at GP clinics prior to 2013 and has been excluded

⁶ The testing period is retrospective; the proportion represents those who attended in a quarter and had at least one HIV test in the previous 12 months

Figure 13: Lifetime and recent HIV testing in the Sydney Gay Community Periodic Survey (SGCPS)

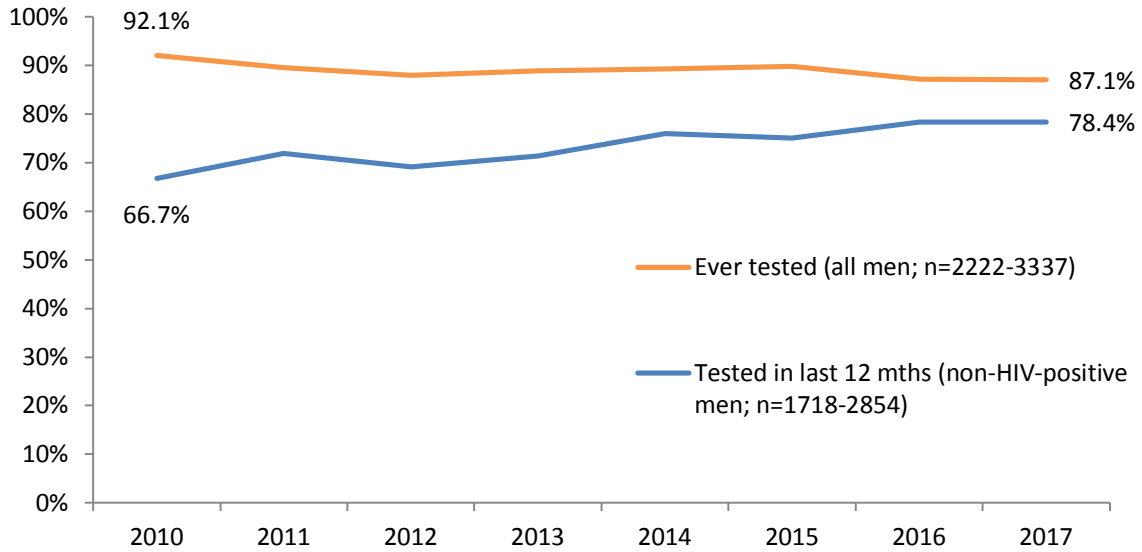
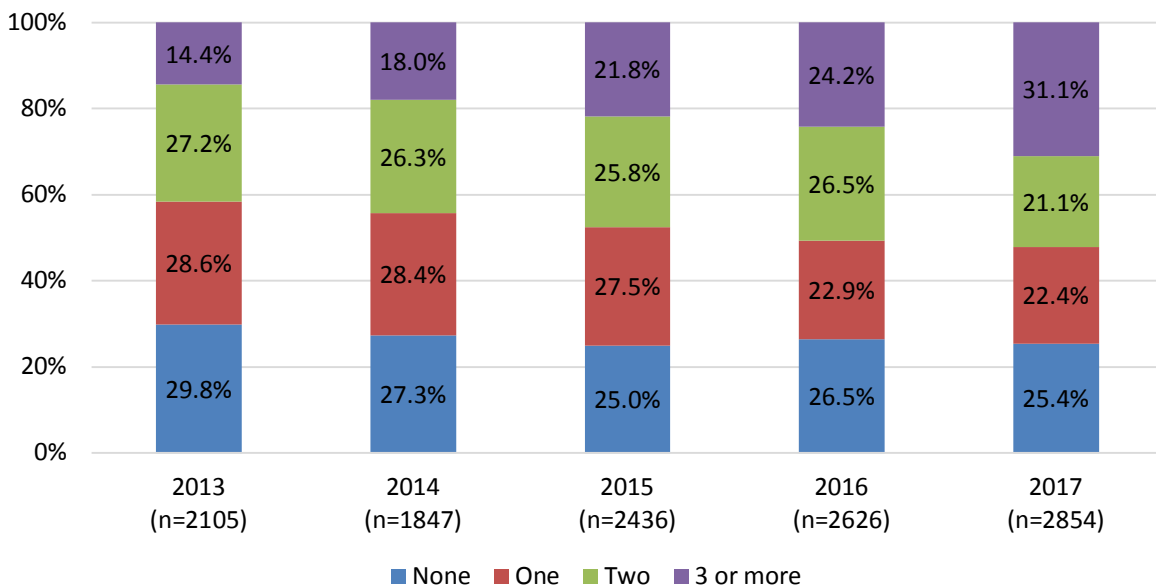


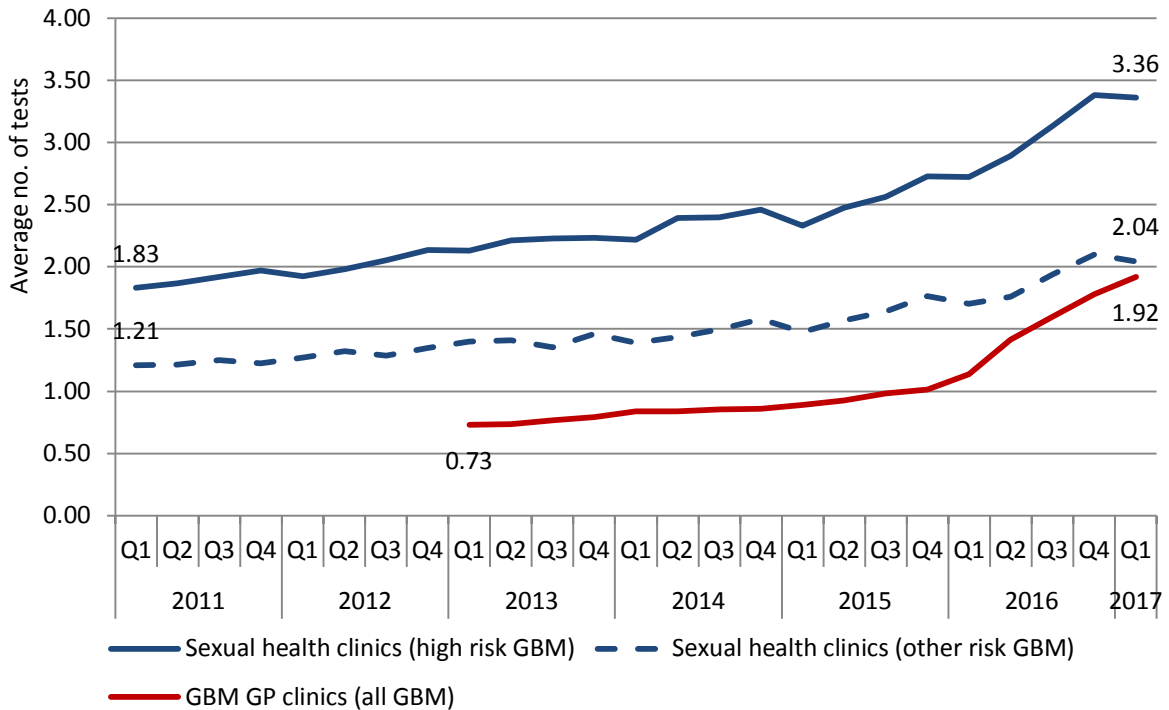
Figure 14: Number of HIV tests in the previous 12 months reported by non-HIV-positive men, Sydney Gay Community Periodic Survey (SGCPS)



Comment:

- In the SGCPS (conducted in February/March annually), the proportion of men who have ever tested for HIV has stabilised at 87%.
- The proportion of non-HIV-positive men reporting an HIV test in the previous 12 months has increased over time, stabilising at 78% in 2016 and 2017.
- The proportion of men having multiple HIV tests within a year continues to increase, with 31% of non-HIV-positive men reporting three or more HIV tests in the previous 12 months in 2017.

Figure 15: Average number of annual HIV tests at any clinic in the ACCESS network in GBM patients⁷ attending PFSHCs and GBM GP clinics⁸, by service type and quarter, 1 January 2011 to 31 March 2017



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

Risk categorisation is available only for sexual health clinics, defined as:

- **High risk:** >5 sexual partners in the three months prior to consultation AND/OR >20 sexual partners in the 12 months prior to consultation AND/OR a diagnosis for chlamydia, gonorrhoea, and/or infectious syphilis in the 24 months prior to consultation
- **Other risk:** Any person not otherwise meeting the criteria of 'high risk'

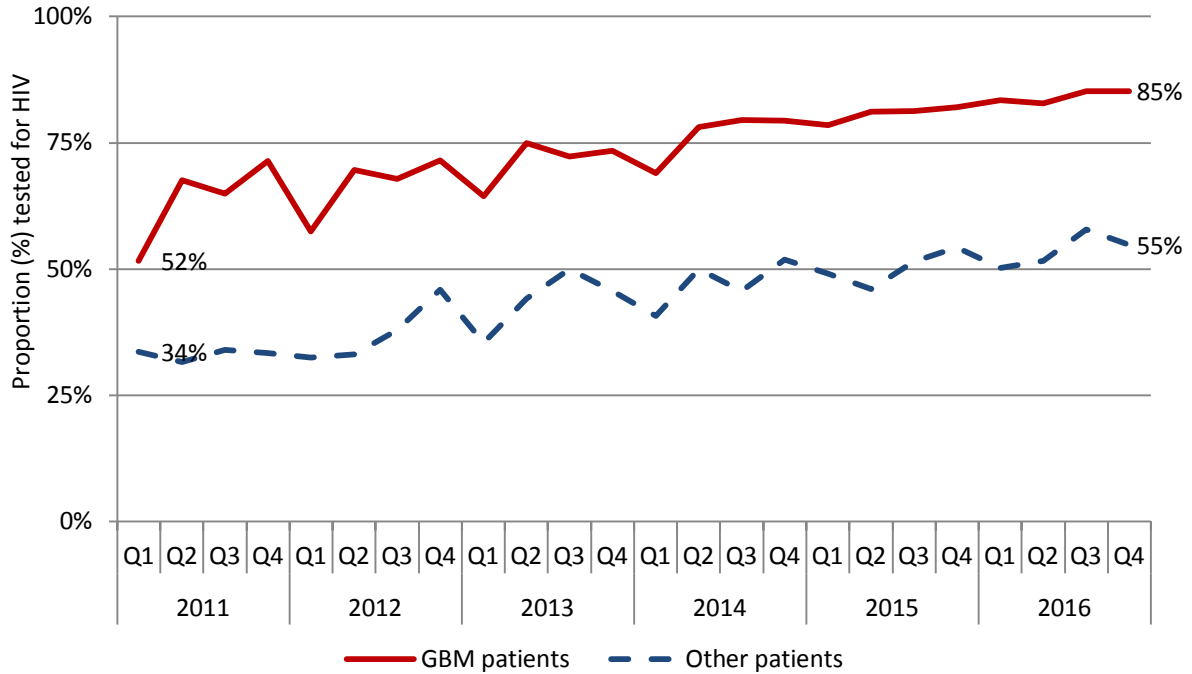
Comment

- Testing frequency increased dramatically over time among GBM attending both PFSHCs and GBM GP clinics in NSW.
 - Between Q1 2011 and Q1 2017, the average number of tests per year among high risk GBM attending PFSHC increased by 84% and by 69% among men of other risk profiles.
 - In GBM GP clinics, annual testing numbers increased 163% from Q1 2013 to Q1 2017, which equated to 8,249 additional HIV tests in the most recent quarter.

⁷ Excludes patients known to be HIV positive

⁸ GBM clinics defined as general practice clinics serving at least 50 GBM patients annually; attendance data for patients not tested for HIV was unavailable for at GP clinics prior to 2013 and has been excluded

Figure 16: Proportion of patients⁹ attending PFSHCs and GBM GP clinics¹⁰ who received an HIV test at any clinic in the ACCESS network within one month of an STI diagnosis¹¹, by GBM status and quarter, 1 January 2011 to 31 December 2016¹²



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

Comment

- The proportion of GBM who received an HIV test within one month of a STI diagnosis increased over time from 52% in early 2011 to 85% in Q4 2016.
- Testing in conjunction with STI diagnoses was less common overall among other patients but also increased during this period from 34% to 55%.

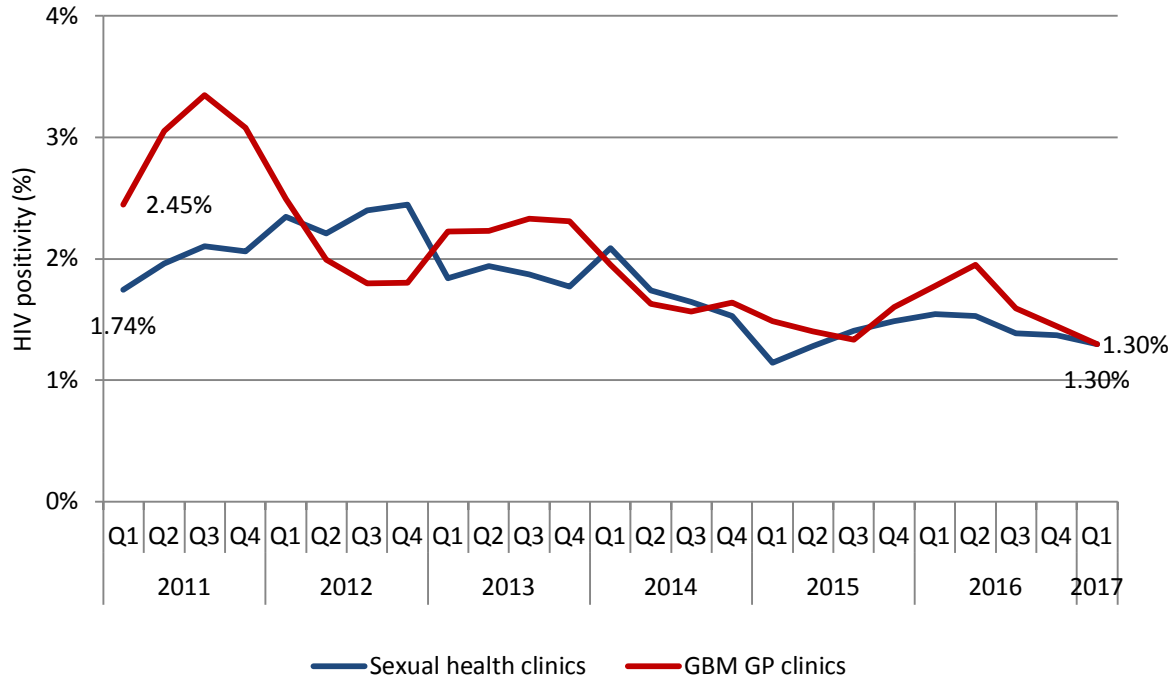
⁹ Excludes patients known to be HIV positive

¹⁰ GBM clinics defined as general practice clinics serving at least 50 GBM patients annually

¹¹ Diagnosis for chlamydia, gonorrhoea and/or infectious syphilis

¹² The period for HIV testing is one month before or after an STI diagnosis; due to this timeframe data from quarter 1 2017 have been excluded

Figure 17: Proportion of individual GBM patients¹³ attending sexual health and GBM GP clinics¹⁴ tested for HIV with a positive result (*HIV positivity*¹⁵) at any clinic in the ACCESS network, by service type and quarter, 1 January 2011 to 31 March 2017



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

Note: For this indicator, positivity refers to the proportion of unique clients tested for HIV who returned a positive result out of the total number of unique clients tested for HIV, rather than the proportion of positive HIV tests out of all HIV tests conducted.

Comment

- HIV positivity in ACCESS services in NSW has decreased from 2.45% in Q1 2011 to 1.30% in Q1 2017 in GBM GP clinics and from 1.74% in Q1 2011 to 1.30% in Q1 2017 in PFSHCs.
- With increased HIV testing overall and testing targeting priority populations, it is anticipated that HIV positivity in PFSHCs and GBM GP clinics will decrease over time. This is an important indicator and should not deter services from continuing to increase testing in accordance with current guidelines.

¹³ Excludes patients known to be HIV positive

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

¹⁵ HIV positivity is calculated as the proportion of individuals tested in a retrospective year period (discounting repeat tests among individuals) with an HIV diagnosis or confirmed pathology (positive p24 antigen or western blot test)

3.3 How is testing being made more accessible?

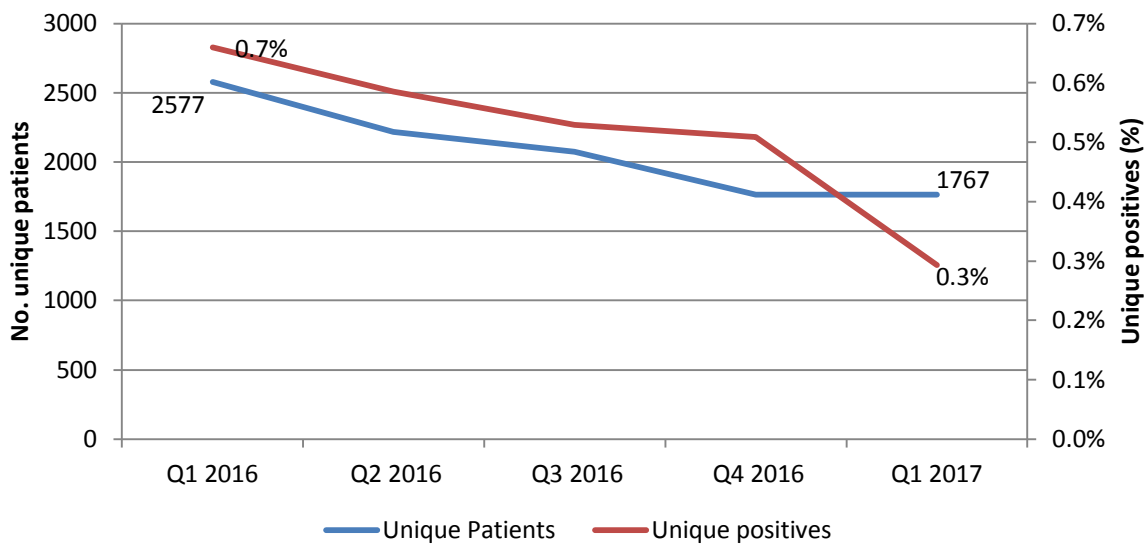
Table 3: Number of rapid HIV tests in community based sites and proportion of clients with high risk behaviour and infrequent testing history from 1 January to 31 March 2017

Site	Number of RHT and (unique)	% Unique Positive	% never previously tested	% tested more than 12 months ago [#]	% with > 5 sexual partners in last 3 months*
aTEST Surry Hills (7 hours/week)	141 (138)	0.7%	10.6%	5.8%	49.2%
aTEST Oxford ST (40 hours/week)	1,662 (1,584)	0.2%	9.6%	13.9%	32.7%
aTEST Kings Cross (3 hours/week)	113 (-)	0.9%	36.3%	15.9%	38.1%
aTEST Newtown (6 hours/week)	209 (-)	0.5%	-	21.1%	23.3%

Data sources: NSW Health HIV Strategy Monitoring Database

Note: [#]Excludes 'never tested'; *Only patients who provided information on this characteristic have been included (denominator: 124; 1434; 84 and 172 patients respectively).

Figure 18: The number of unique patients who had a rapid HIV test at a community based site between 1 January and 31 March 2017 and the proportion of tests that were positive



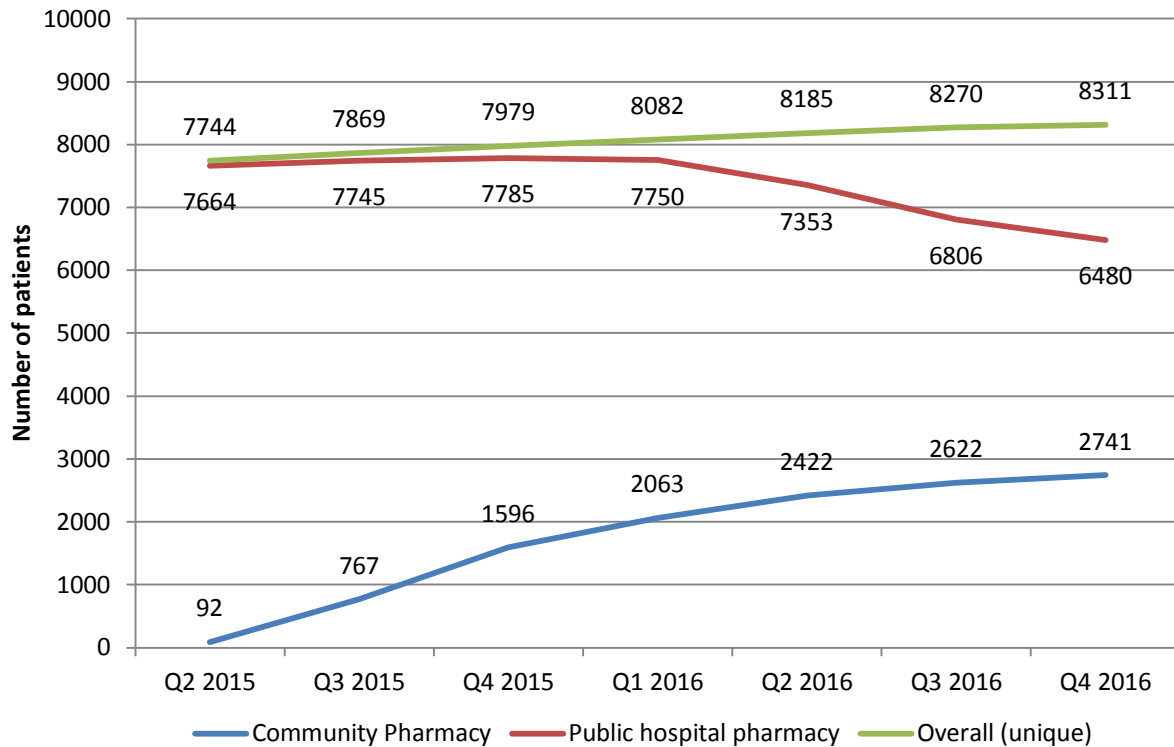
Comment

- NSW data suggests community-based testing sites are an effective testing model for engaging GBM, a high proportion of whom report high risk behaviours or infrequent testing for HIV.
- Rapid HIV testing has been effectively embedded into the mix of the testing options in NSW.

4. Increase HIV Treatment

4.1 How many people in NSW are on antiretroviral treatment?

Figure 19: The number of NSW residents dispensed ART for HIV in the previous year, by quarter and pharmacy type, from 1 July 2014 to 31 December 2016.



Data source: PBS Highly Specialised Drugs Programme data.

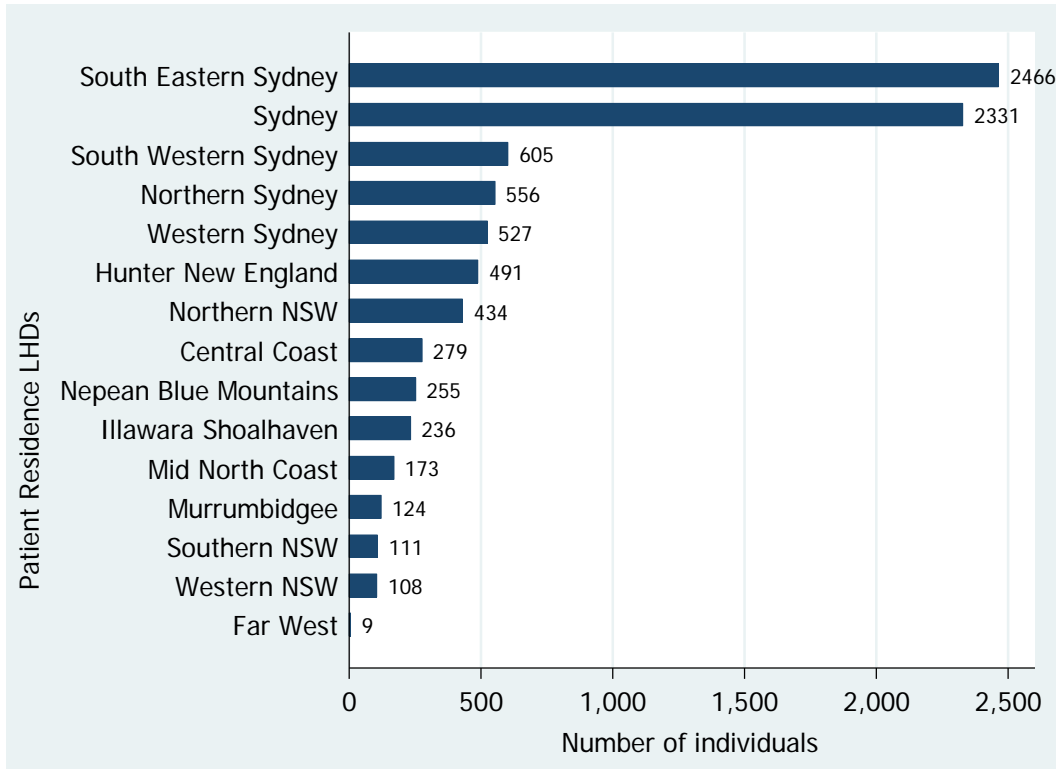
Note: The number of patients dispensed via community and public hospital pharmacies may add to a figure greater than the overall unique patients as some patients receive treatment from more than one pharmacy type within a year.

The postcode 2619 (Jerrabomberra) was previously mapped to ACT but has been included in the 2016-17 NSW data extract. As a result, the unique number of residents dispensed ART in this report differs slightly from previous reports.

Comment

- Between 1 January 2016 and 31 December 2016, 8,311 NSW residents were dispensed ART for HIV.
- Since the introduction of community pharmacy dispensing on 1 July 2015, the proportion dispensed HIV ART through a community pharmacy at least once in the last year has increased to 29%.
- Of the 8,311 residents dispensed ART, 91.2% were male. The majority were older with 51.5% aged 50 years or older 27.8% were aged 40-49 years and about 20% aged 39 years or younger.

Figure 20: The number of NSW residents dispensed ART for HIV, by the LHD of patient residence, from 1 January 2016 to 31 December 2016¹⁶



Data source: PBS Highly Specialised Drugs Programme data.

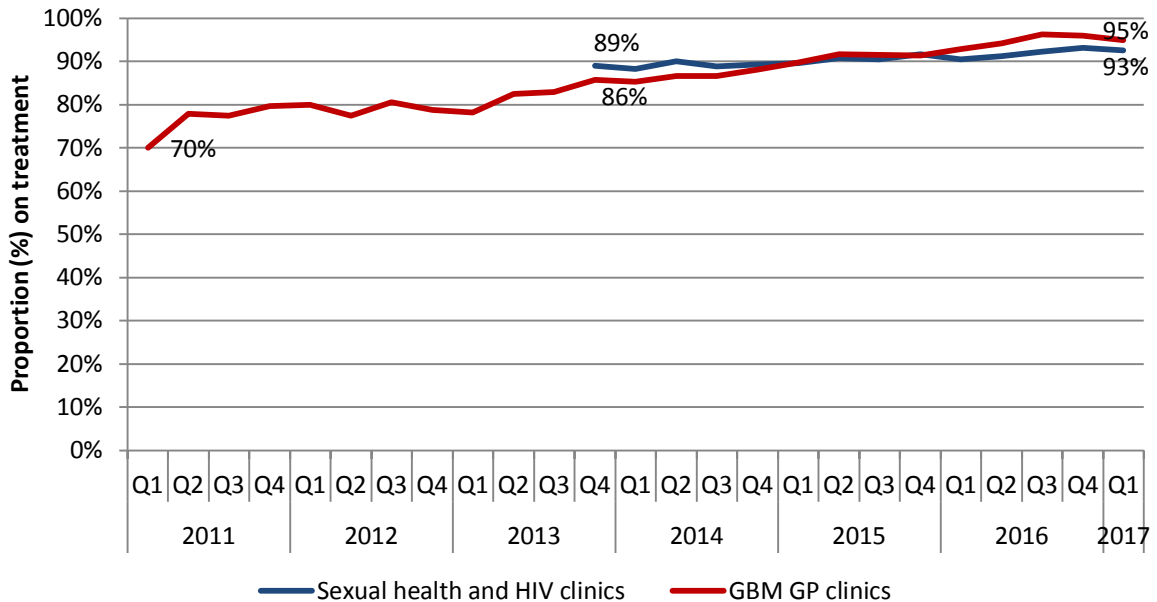
Comment

- 74.5% of the ART dispensed in the year ending 31 December 2016 was to patients residing in five LHDs: South Eastern Sydney, Sydney, South Western Sydney, Northern Sydney and Western Sydney LHDs.

¹⁶ The numbers displayed in the graph adds to a figure greater than the overall unique number of patients of 8,311 as some patients have resided in more than one LHD.

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

Figure 21: Proportion of HIV positive patients¹⁷ attending publicly funded sexual health and HIV clinics and GBM GP clinics¹⁸ receiving treatment or recorded as on treatment in the previous 12 months by service type and quarter, January 2011 to March 2017



Data sources: *Publicly funded sexual health and HIV clinics* - NSW Health HIV Strategy Monitoring Database¹⁹
GBM GP clinics - ACCESS Database, The Kirby Institute and the Burnet Institute

Notes: No treatment data was submitted by the Prince of Wales Hospital, the Albion Centre and Illawarra Shoalhaven LHD (publicly funded sexual health and HIV clinics) for the 12 months to March 2017. Data available from PFSHCs from October 2013.

Comment

- Treatment coverage among clients with HIV who received care in public HIV and sexual health clinics in NSW in the previous 12 months is high at 93%.
- Treatment coverage among patients attending GP clinics has increased to 95% in Q1 2017.
- 95.9% of HIV positive patients on treatment at clinics within the ACCESS network²⁰ had undetectable²¹ viral load at their most recent test in the previous 12 months (ACCESS Database; includes public HIV and sexual health clinics and GBM-GP clinics).

¹⁷ Excludes patients for whom HIV care was recorded as managed elsewhere

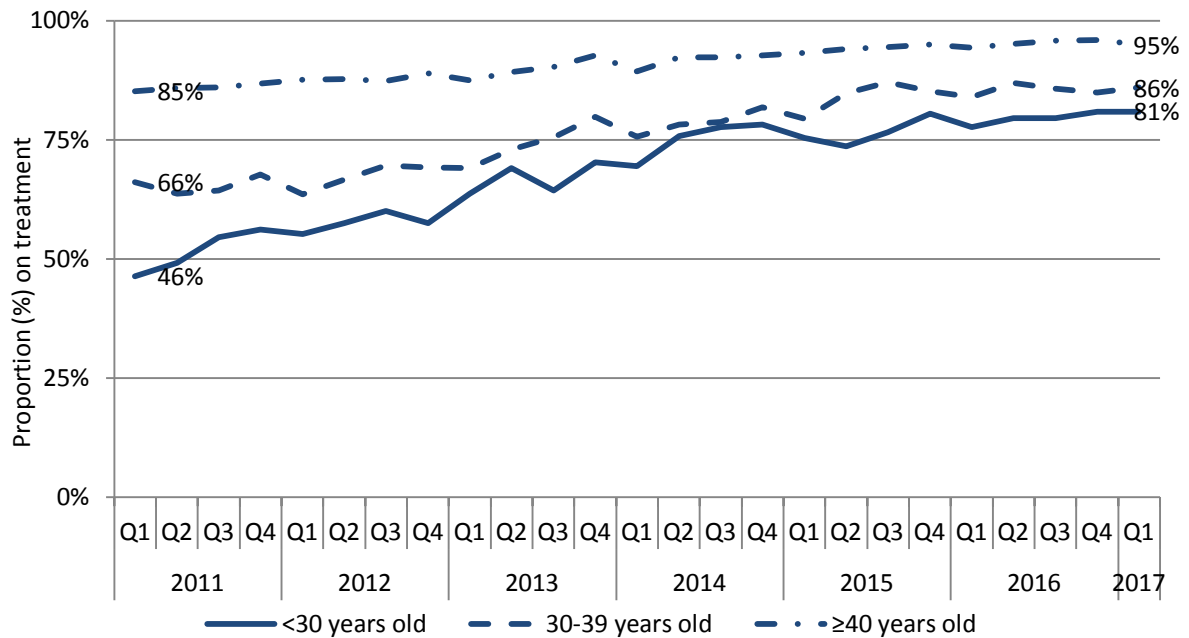
¹⁸ GBM clinics defined as general practice clinics serving at least 50 GBM patients annually

¹⁹ Public sexual health and HIV services data provided by Local Health Districts for the purpose of monitoring the implementation of the NSW HIV Strategy.

²⁰ Excludes patients for whom viral load test information was not available

²¹ 'Undetectable' defined as <200 RNA copies/mm³ of blood

Figure 22: Proportion of HIV positive patients attending PFSHCs, public hospital outpatient clinics and GBM GP clinics²² who received treatment or were recorded as on treatment in the previous year at any clinic in the ACCESS network, by age group and quarter, 1 January 2011 to 30 March 2017



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

Comment

- Treatment uptake for HIV is higher among older patients, with 95% of patients aged 40 years or older who attended in Q1 2017 recorded as on treatment.
- Younger patients aged under 30 years, however, demonstrated the greatest increase in treatment uptake, rising from 46% in early 2011 to 81% in Q1 2017.

²² GBM clinics defined as general practice clinics serving at least 50 GBM patients annually

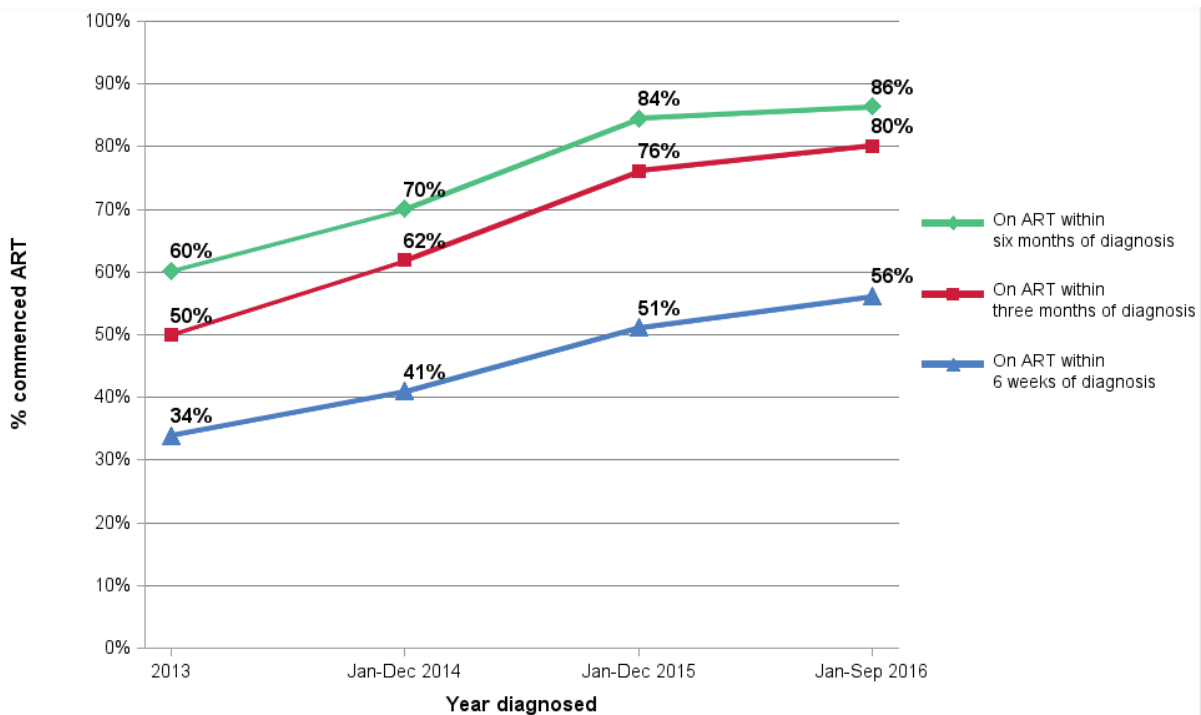
4.3 How quickly are people newly diagnosed with HIV commencing antiretroviral treatment and achieving undetectable viral load in NSW?

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.

In this quarter 1 2017 report, six months post diagnosis follow up data is available on 1288 NSW residents newly diagnosed with HIV infection from 1 January 2013 to 30 September 2016. Of these 1288 people, doctors returned 97% (n= 1248) of follow up forms. Data on commencement of ART from six months post diagnosis follow up form (FUF) data and HIV notification form data was combined for analysis. All new diagnoses were included irrespective of whether eligible for follow up and irrespective of care outcome reported at the six months post diagnosis follow up (i.e., retained in care, moved out of NSW, lost to follow up, deceased, unknown).

Figure 23: ART commencement within six weeks, and three and six months of diagnosis in 1288 NSW residents newly diagnosed from January 2013 to September 2016.

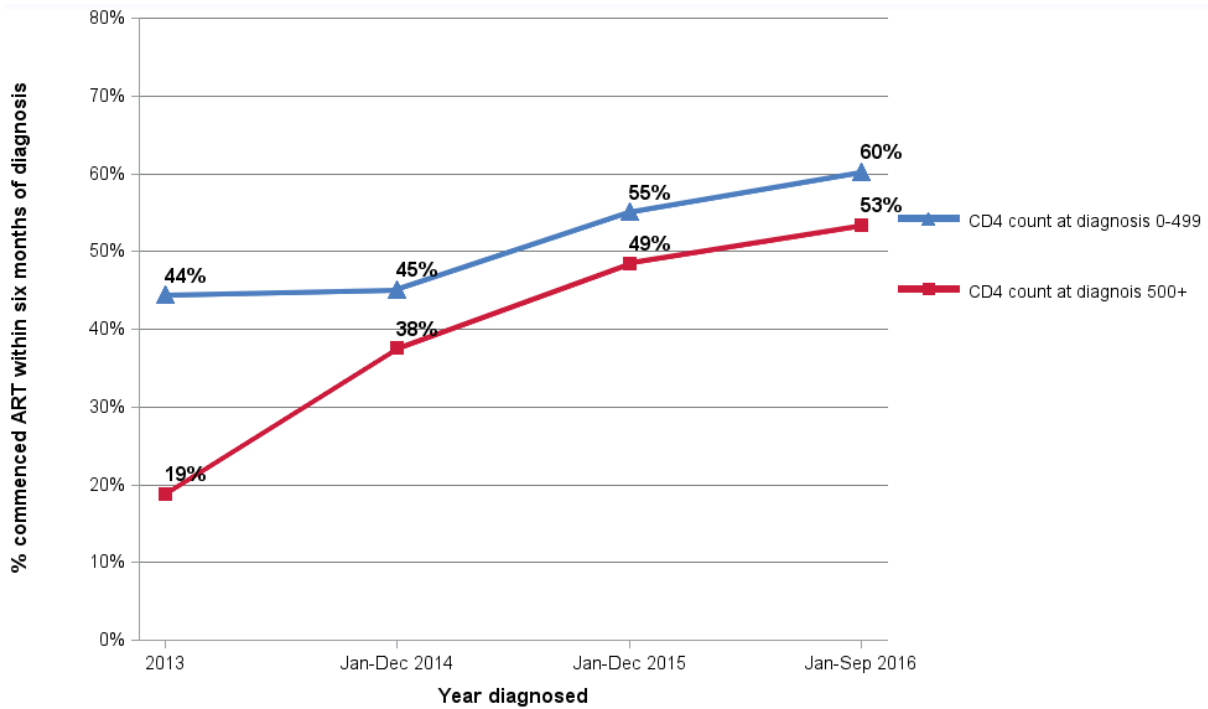


Data source: Notifiable Conditions Information Management System, Health Protection NSW, extracted 7 February 2017

Comment

- Under the 2016-2020 HIV Strategy the aim is to ensure that at least 90% of people newly diagnosed with HIV are on ART within 6 weeks of diagnosis and to further reduce the time from diagnosis to ART over the life of the Strategy.
- Of 242 newly diagnosed January to September 2016:
 - 56% (n=136) commenced ART within six weeks of diagnosis, 80% (n=194) within three months and 86% (n=209) commenced ART within six months of diagnosis. Of 209 on ART within six months, 90% (n=189) had a post-ART VL reported at six month follow up, and of these 97% (n=183) had a HIV VL less than 200 copies/mL.

Figure 24: ART commencement within six weeks of diagnosis by CD4 count at diagnosis in NSW residents newly diagnosed with HIV infection in 2013, 2014, 2015 and January to September 2016.

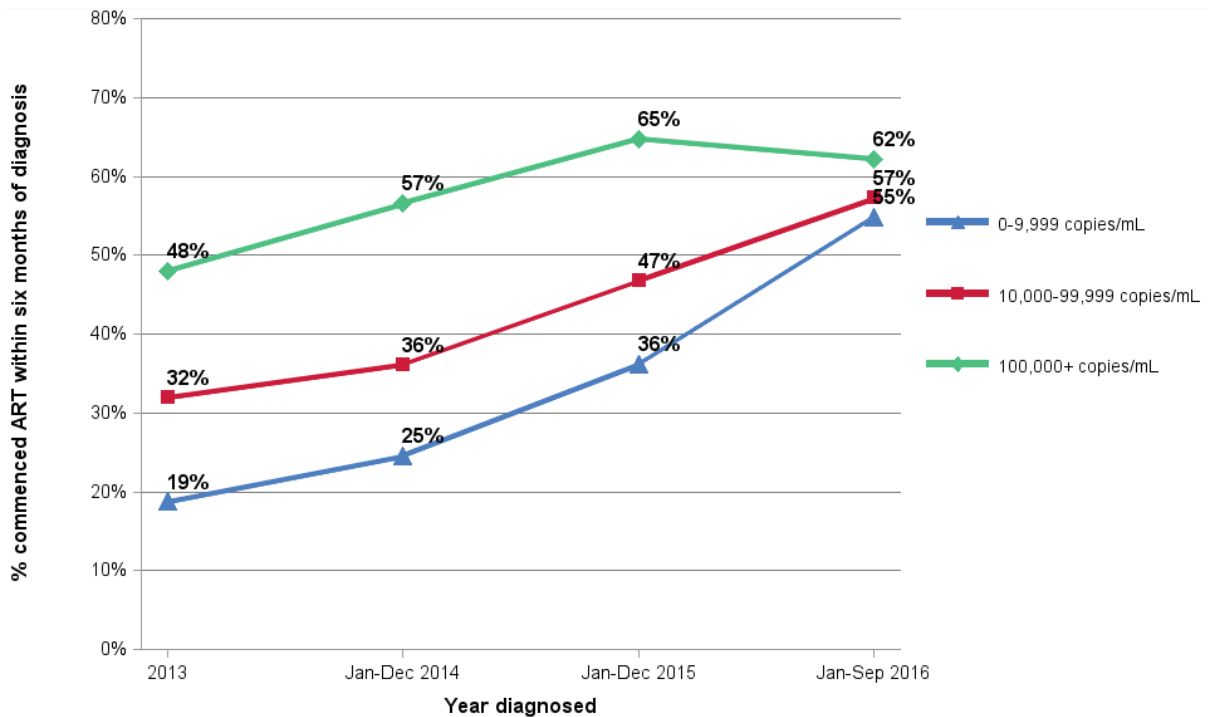


Data source: Notifiable Conditions Information Management System, Health Protection NSW, extracted 8 May 2017
Note: excludes new diagnoses with missing CD4 at diagnosis, some of whom had commenced ART within 6 months.

Comment

- Of people with a CD4 count of 0-499 cells/μL at diagnosis, 44% of the 2013, 45% of the 2014, 55% of the 2015 and 60% of the January to September 2016 new diagnoses cohorts had commenced ART within six weeks of diagnosis.
- Of people with a CD4 count of 500 or over at diagnosis, 19% of the 2013, 38% of the 2014, 49% of the 2015 and 53% of the January to September 2016 new diagnoses cohorts had commenced ART within six weeks of diagnosis.

Figure 25: ART commencement within six weeks of diagnosis by HIV viral load at diagnosis of NSW residents newly diagnosed with HIV infection in 2013, 2014, 2015 and January to September 2016.



Data source: Notifiable Conditions Information Management System, Health Protection NSW, extracted 8 May 2017
Note: excludes new diagnoses with missing HIVVL at diagnosis, some of whom had commenced ART within 6 months.

Comment

- Of people with an HIV VL of 0-9,999 copies/mL at diagnosis, 19% of the 2013, 25% of the 2014, 36% of the 2015 and 55% of the January to September 2016 new diagnoses cohorts had commenced ART within six weeks of diagnosis.
- Of people with an HIV VL of 10,000-99,999 at diagnosis, 32% of the 2013, 36% of the 2014, 47% of the 2015 and 57% of the January to September 2016 new diagnoses cohorts had commenced ART within six weeks of diagnosis.
- Of people with an HIV VL of 100,000 or over at diagnosis, 48% of the 2013, 57% of the 2014, 65% of the 2015 and 62% of the January to September had commenced ART within six weeks of diagnosis.

Appendix A: Data Sources

Notifications Data Sources

Name	Custodian	Availability	Details
Notifiable Conditions Information Management System (NCIMS)	Health Protection NSW, NSW Health	Quarterly	State wide coverage of HIV notifications received by NSW Health and their follow-up six months post diagnosis. Quarterly report restricted to notifications on NSW residents who are newly diagnosed with HIV. NCIMS contains de-identified epidemiological information including on: basic demographic data, diagnosis date, reasons for testing, CD4 count, HIV viral load (HIV VL), past testing history, risk exposure, retention in care and ART status six months post diagnosis. HIV surveillance forms available at: http://www.health.nsw.gov.au/Infectious/Pages/notification.aspx

Prevention Data Sources

Name	Custodian	Availability	Details
EPIC-NSW Enrolment and Behavioural survey databases	The Kirby Institute, UNSW Australia	Quarterly	Demographic data on all EPIC-NSW participants. Data fields include: site, age, sex, sexuality, residence, country of birth.
ACCESS study database and EPIC-NSW Temporary Data Collection	The Kirby Institute, UNSW Australia, and Burnet Institute	Quarterly	Deidentified clinical data patients attending sexual health clinics, high caseload general practice clinics and hospital outpatients clinics, which includes details on patient consultations, demographics, behaviour, testing, diagnoses and treatment/prescriptions.
Sydney Gay Community Periodic Survey	Centre for Social Research in Health	Annually	Repeat cross-sectional survey of gay and homosexually active men recruited at a range of gay community sites in Sydney. Data fields include sexual, drug use and testing practices related to the transmission of HIV and other STIs among gay men in Sydney. Data is self-reported. Data is collected in February-March annually and published in the following quarter.
ACON Ending HIV online survey database	ACON	Ad-hoc	Survey respondents are self-selected gay identifying men, recruited mainly through advertisements undertaken by ACON on Facebook. Contains data knowledge and attitudes of respondents towards testing, prevention and treatment.
NSW Health NSP Minimum Data Set	Centre for Population Health, NSW Health	Quarterly	Units of injecting equipment distributed in NSW by pharmacies participating in the Pharmacy NSP Fitpack® scheme and by the Public NSP
NSW NSP Data Collection	Centre for Population Health, NSW Health	6-monthly	Number of public NSP outlets by type in NSW by LHD
NSW Needle and Syringe Program	The Kirby Institute, UNSW Australia	Annual	Annual Survey of NSP attendees. Provides NSP client demographic, behavioural and drug use

Enhanced Data Collection			<p>data to strengthen the state-wide prevention approach, and inform LHDs in planning for NSP service delivery at the local level.</p> <p>Data is self-reported.</p> <p>Data is collected over a two week period in late Feb/early March. The reports are circulated to CEs and key stakeholders in August.</p> <p>(The report may be published for the first time in 2017 TBC)</p>
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Testing Data Sources

Name	Custodian	Availability	Coverage
NSW Health denominator data project	Health Protection NSW, NSW Health	Quarterly	Number of tests in NSW
NSW Health HIV Strategy Monitoring Database	NSW Ministry of Health, NSW Health	Quarterly	Public sexual health and HIV services data provided by Local Health Districts for the purpose of monitoring the implementation of the NSW HIV Strategy, includes aggregate testing data by priority population for relevant tests conducted within the LHD and community sites.
ACCESS Database	The Kirby Institute, UNSW Australia, and Burnet Institute	Quarterly	Deidentified clinical data patients attending sexual health clinics, high caseload general practice clinics and hospital outpatients clinics, which includes details on patient consultations, demographics, behaviour, testing, diagnoses and treatment/prescriptions.
Sydney Gay Community Periodic Survey	Centre for Social Research in Health	Annually Note: collected February-March	Repeat cross-sectional survey of gay and homosexually active men recruited at a range of gay community sites in Sydney. Data fields include sexual, drug use and testing practices related to the transmission of HIV and other STIs among gay men in Sydney. Data is self-reported. Data is collected in February-March annually and published in the following quarter.

Treatment Data Sources

Name	Custodian	Availability	Coverage
Pharmaceutical Benefits Schedule (PBS) Highly Specialised Drugs Programme data	Centre for Population Health, NSW Health	Quarterly Note: 4-6 month lag in data being provided to NSW Health.	PBS dispensing data for HIV treatments for all NSW residents from July 2014. This data is prepared by the Commonwealth Government for NSW Health and captures all HIV treatment dispensing in NSW through the PBS from a public hospital, private hospital or community pharmacies.
NSW Health HIV Strategy Monitoring Database	NSW Ministry of Health, NSW Health	Quarterly	Public sexual health and HIV services data provided by Local Health Districts for the purpose of monitoring the implementation of the NSW HIV Strategy, includes summarised data on treatment coverage among patients

			diagnosed with HIV who are 'in care'.
ACCESS Database	The Kirby Institute, UNSW Australia, and Burnet Institute	Quarterly	Deidentified clinical data patients attending sexual health clinics, high caseload general practice clinics and hospital outpatients clinics, which includes details on patient consultations, demographics, behaviour, testing, diagnoses and treatment/prescriptions.
Notifiable Conditions Information Management System (NCIMS)	Health Protection NSW, NSW Health	Quarterly	State wide coverage/representation of HIV notifications received by NSW Health under public health legislation and of their follow up six months post diagnosis. Quarterly report restricted to notifications on people who are NSW residents and who are newly diagnosed with HIV. NCIMS contains de-identified epidemiological information on people notified with HIV infection including on: basic demographic data, diagnosis date, reasons for testing, CD4 count, HIV viral load (HIV VL), past testing history, risk exposure, retention in care and ART status six months post diagnosis. HIV surveillance forms available at: http://www.health.nsw.gov.au/Infectious/Pages/notification.aspx

Appendix B: Characteristics of NSW residents notified with newly diagnosed HIV infection 1981 to 31/03/17

Case characteristics	2008		2009		2010		2011		2012		2013		2014		2015		2016		Jan-Mar 2017		1981 to Mar 2017	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Total	326	100%	336	100%	305	100%	331	100%	413	100%	354	100%	344	100%	348	100%	318	100%	74	100%	18028	100%
Sex																						
Male	294	90.2	295	87.8	280	91.8	310	93.7	376	91.0	324	91.5	319	92.7	319	91.7	292	91.8	65	87.8	16576	91.9
Female	32	9.8	38	11.3	23	7.5	21	6.3	36	8.7	27	7.6	24	7.0	28	8.0	22	6.9	8	10.8	1159	6.4
Transgender	0	0.0	2	0.6	2	0.7	0	0.0	1	0.2	3	0.8	1	0.3	1	0.3	4	1.3	1	1.4	45	0.2
Unknown	0	0.0	1	0.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	248	1.4
Aboriginal person status																						
Aboriginal or Torres Strait Islander person	8	2.5	9	2.7	7	2.3	5	1.5	13	3.1	8	2.3	7	2.0	7	2.0	10	3.1	3	4.1	192	1.1
Non-Aboriginal person	302	92.6	315	93.8	293	96.1	323	97.6	394	95.4	344	97.2	329	95.6	338	97.1	306	96.2	68	91.9	10907	60.5
Not stated	16	4.9	12	3.6	5	1.6	3	0.9	6	1.5	2	0.6	8	2.3	3	0.9	2	0.6	3	4.1	6929	38.4
Years of age at diagnosis																						
0-4	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	39	0.2
5-9	0	0.0	1	0.3	0	0.0	0	0.0	0	0.0	1	0.3	0	0.0	0	0.0	1	0.3	1	1.4	25	0.1
10-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.3	0	0.0	0	0.0	0	0.0	36	0.2
15-19	3	0.9	3	0.9	5	1.6	6	1.8	9	2.2	9	2.5	2	0.6	6	1.7	3	0.9	1	1.4	313	1.7
20-24	39	12.0	34	10.1	29	9.5	34	10.3	44	10.7	37	10.5	41	11.9	45	12.9	39	12.3	6	8.1	2189	12.1
25-29	58	17.8	58	17.3	56	18.4	55	16.6	77	18.6	64	18.1	51	14.8	63	18.1	61	19.2	11	14.9	3549	19.7
30-34	44	13.5	42	12.5	49	16.1	65	19.6	71	17.2	48	13.6	64	18.6	62	17.8	63	19.8	12	16.2	3586	19.9
35-39	64	19.6	59	17.6	43	14.1	59	17.8	64	15.5	42	11.9	45	13.1	45	12.9	48	15.1	7	9.5	2985	16.6
40-44	52	16.0	58	17.3	51	16.7	45	13.6	48	11.6	45	12.7	46	13.4	32	9.2	30	9.4	15	20.3	2197	12.2
45-49	32	9.8	30	8.9	30	9.8	26	7.9	38	9.2	45	12.7	29	8.4	26	7.5	32	10.1	6	8.1	1304	7.2
50-54	14	4.3	28	8.3	7	2.3	25	7.6	28	6.8	24	6.8	26	7.6	28	8.0	18	5.7	6	8.1	800	4.4
55-59	10	3.1	12	3.6	22	7.2	10	3.0	14	3.4	22	6.2	15	4.4	13	3.7	12	3.8	3	4.1	452	2.5
60-64	6	1.8	1	0.3	5	1.6	2	0.6	13	3.1	6	1.7	14	4.1	15	4.3	6	1.9	5	6.8	249	1.4
65-69	0	0.0	4	1.2	6	2.0	2	0.6	4	1.0	9	2.5	7	2.0	7	2.0	5	1.6	0	0.0	136	0.8
70 or over	4	1.2	5	1.5	1	0.3	2	0.6	3	0.7	2	0.6	3	0.9	6	1.7	0	0.0	1	1.4	81	0.4
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	87	0.5

HIV risk exposure	2008		2009		2010		2011		2012		2013		2014		2015		2016		Jan-Mar 2017		1981 to Mar 2017	
Men who have sex with men (MSM)	236	72.4	221	65.8	226	74.1	268	81.0	322	78.0	265	74.9	257	74.7	264	75.9	236	74.2	49	66.2	11390	63.2
MSM and injects drugs (PWID)	11	3.4	17	5.1	8	2.6	11	3.3	14	3.4	16	4.5	19	5.5	21	6.0	24	7.5	5	6.8	549	3.0
Hetero-sex only	64	19.6	75	22.3	51	16.7	41	12.4	58	14.0	61	17.2	49	14.2	52	14.9	48	15.1	15	20.3	1667	9.2
PWID	12	3.7	12	3.6	9	3.0	8	2.4	10	2.4	7	2.0	8	2.3	4	1.1	4	1.3	3	4.1	569	3.2
Blood disorder, bld/tissue recipient	0	0.0	1	0.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.3	0	0.0	0	0.0	277	1.5
Vertical	0	0.0	2	0.6	1	0.3	0	0.0	0	0.0	1	0.3	1	0.3	0	0.0	1	0.3	1	1.4	52	0.3
Other	0	0.0	2	0.6	1	0.3	1	0.3	2	0.5	1	0.3	4	1.2	3	0.9	1	0.3	0	0.0	49	0.3
Unknown	3	0.9	6	1.8	9	3.0	2	0.6	7	1.7	3	0.8	6	1.7	3	0.9	4	1.3	1	1.4	3475	19.3
LHD of residence																						
South East Sydney	118	36.2	106	31.5	109	35.7	124	37.5	150	36.3	126	35.6	112	32.6	128	36.8	83	26.1	22	29.7	5619	31.2
Sydney	77	23.6	92	27.4	76	24.9	88	26.6	113	27.4	87	24.6	82	23.8	84	24.1	94	29.6	19	25.7	3045	16.9
Northern Sydney	25	7.7	39	11.6	19	6.2	24	7.3	23	5.6	25	7.1	18	5.2	24	6.9	19	6.0	9	12.2	1007	5.6
Western Sydney	26	8.0	21	6.3	20	6.6	31	9.4	25	6.1	27	7.6	27	7.8	20	5.7	24	7.5	7	9.5	754	4.2
South West Sydney	16	4.9	21	6.3	25	8.2	18	5.4	31	7.5	33	9.3	31	9.0	33	9.5	32	10.1	2	2.7	727	4.0
Hunter New England	15	4.6	17	5.1	17	5.6	10	3.0	15	3.6	18	5.1	28	8.1	19	5.5	17	5.3	0	0.0	512	2.8
Nepean Blue Mountains	7	2.1	3	0.9	3	1.0	4	1.2	5	1.2	3	0.8	6	1.7	6	1.7	2	0.6	1	1.4	263	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	7	2.0	8	2.5	4	5.4	235	1.3
Central Coast	6	1.8	5	1.5	5	1.6	4	1.2	10	2.4	5	1.4	8	2.3	5	1.4	11	3.5	5	6.8	212	1.2
Northern NSW	4	1.2	5	1.5	8	2.6	11	3.3	5	1.2	5	1.4	7	2.0	8	2.3	5	1.6	3	4.1	208	1.2
Mid North Coast	8	2.5	6	1.8	3	1.0	4	1.2	3	0.7	6	1.7	7	2.0	6	1.7	2	0.6	0	0.0	147	0.8
Western NSW	3	0.9	3	0.9	4	1.3	3	0.9	7	1.7	5	1.4	2	0.6	2	0.6	5	1.6	1	1.4	126	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	4	1.1	10	3.1	0	0.0	99	0.5
Southern NSW	3	0.9	6	1.8	1	0.3	2	0.6	8	1.9	4	1.1	4	1.2	2	0.6	6	1.9	0	0.0	66	0.4
Far West	0	0.0	2	0.6	0	0.0	0	0.0	2	0.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	8	0.0
Unknown or other	12	3.7	3	0.9	0	0.0	1	0.3	2	0.5	0	0.0	3	0.9	0	0.0	0	0.0	1	1.4	5000	27.7
Total	326	100%	336	100%	305	100%	331	100%	413	100%	354	100%	344	100%	348	100%	318	100%	74	100%	18028	100%

Data source: Notifiable Conditions Information Management System, Health Protection NSW, extracted 8 May 2017.

Appendix C: Ending HIV Seven Statements Evaluation, ACON 2013-2016

The table below shows the figures over the eight separate surveys.

Percentage of respondents who strongly agree or agree with the statements below.									
Answer Options	FEB 2013 (n=233)	MAY 2013 (n=517)	NOV 2013 (n=553)	APRIL 2014 (n=530)	DEC 2014 (n=549)	APR 2015 (n=602)	MAR 2016 (n=515)	SEP 2016 (n=520)	+/-
Everything has changed, we can now dramatically reduce HIV transmission	48%	59%	59%	67%	61%	71%	77%	86%	+38
Now more than ever, gay men need to know their HIV status	81%	85%	86%	90%	89%	91%	92%	92%	+11
Sexually active gay men should take an HIV test at least twice a year	88%	87%	92%	93%	89%	92%	93%	96%	+8
HIV treatments now offer increased health benefits and fewer side effects	65%	66%	67%	73%	69%	75%	77%	78%	+13
HIV treatments significantly reduce the risk of passing on HIV	33%	42%	50%	64%	59%	69%	73%	83%	+50
Early HIV treatment is better for your health and can help protect your sex partners	74%	80%	89%	91%	92%	93%	93%	95%	+21
Condoms continue to be the most effective way of preventing HIV transmission	95%	92%	92%	91%	91%	85%	94%	94%	-1

Survey methodology:

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

Recruitment methodology:

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

Survey objectives:

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