

NSW HIV Data Report

Quarter 1 January – March 2023

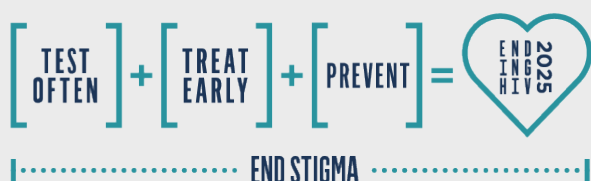


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We acknowledge Aboriginal people as the Traditional Custodians of the lands and waters in which we all work, live and learn. We recognise the incredible richness, strength and resilience of the world's oldest living cultures, including cultural practices,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



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

Data Summary

The NSW HIV Strategy 2021 – 2025

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

Communique

NSW made further progress towards the virtual elimination of HIV transmission in Q1, with a 32% drop in diagnoses with evidence of early infection compared to the 5-year average in the context of relatively high overall testing compared to 2022. However, HIV diagnoses increased by 11% overall compared to the Q1 average for the last 5 years, largely driven by diagnoses in people with heterosexual exposure and overseas born MSM, particularly with evidence of late diagnosis. Progress towards the elimination of HIV transmission has been greatest in inner Sydney where $\geq 20\%$ of adult men are estimated to be gay. MSM living in outer suburban and regional areas with lower concentrations of gay-identified men have not experienced the same level of declines in HIV diagnoses. HIV testing increased in Q1, almost returning to pre-pandemic levels. Sydney hosted World Pride in February and March 2023, with enhanced service delivery in testing, nurse-led PrEP and ACON's 'With Love' campaign to promote HIV and STI prevention and vaccination for mpox and COVID-19.

Executive summary

NSW made further progress towards the virtual elimination of HIV transmission, with early diagnoses remaining low, but overall diagnoses were driven up by those diagnosed late

- In Q1 2023, 64 NSW residents were newly diagnosed with HIV, an 11% rise compared to the Q1 average for the last five years. Of 64 HIV diagnoses, 78% were preventable in NSW and 48% had evidence of late diagnoses.
- Of 64, 13 (20%) of new diagnoses in Q1 2023 had evidence of an infection occurring within the last 12 months (early infection), which is 32% less than the Q1 average for the last five years.
- In Q1 2023, 69% of HIV diagnoses were men who have sex with men (MSM) and 28% were people with heterosexual exposure only (HET). There was a 2% drop among MSM and 67% rise among HET compared with the new diagnosis Q1 averages for the last five years.

HIV testing increased overall, almost returning to pre-pandemic levels

- HIV testing in public and private laboratories in Q1 2023 (n=158,947) was 16% higher than Q1 2022. This result is 1% lower than Q1 2019.
- The number of HIV tests in PFSHCs in Q1 2023 (n=13,193) was 56% higher than Q1 2022, and 10% lower than Q1 2019.

Strong community messaging and service delivery enhancements during Sydney World Pride resulted in increases in HIV Testing and PrEP access

- The NSW Ministry of Health supported proposals to increase the sexual health sector's response. This included establishment of a 'prevention hub' in SESLHD as well as an

expansion of a[TEST] services. NSW Health mapped the referral pathways to sexual health care within NSW, extended opening hours of the Sexual Health Infolink, increased capacity within metropolitan Sydney clinics and worked with NSW Pathology to increase laboratory capacity.

- NSW Health also led sector communication with the development of a NSW Health Sydney WorldPride landing page for consumers and health professionals and published communications materials for statewide use. A RACGP webinar was also held to support GPs during Sydney WorldPride.
- Between late December 2022 and 12 February 2023 ACON ran a digital campaign encouraging GBM to prepare for Sydney World Pride including messaging around HIV and STI screening, PrEP, and vaccinations for mpox and COVID.
- ACON delivered their Sydney World Pride 'With Love' campaign in February and March 2023. Key messages included HIV and STI prevention; harm minimisation, consent and awareness of mpox and COVID-19.
- During World Pride, the St Vincent's and Crown St Prevention hubs were supported by ACON's peers who assisted with clinical administration and liaised with the community.
- ACON distributed 300 ATOMO HIV Self-Tests at community events and enhanced the a[TEST] service to accommodate walk-in HIV and STI screenings.
- Medication protocol updates in February 2023 enabled accredited Registered Nurses employed in publicly funded sexual health services to supply PrEP, including to patients who meet the medication protocol conditions.
- The number of unique NSW residents prescribed PrEP under the PBS for HIV prevention increased by 8% from 9,612 in October to December 2022 to 10,348 people in January to March 2023. This result also marks a 15% increase compared to same quarter in 2022.
- People at risk of HIV can get tested confidentially and easily at their local GP or sexual health service. Online services such as you[TEST] provide peer support to choose an ATOMO self-test or Dried Blood Spot test.
- NSW is working with partners to expand peer led testing models in outer Sydney suburban and regional NSW.
- The International Students Hub provides information on sexual and reproductive health with links to services to assist students navigate the health system in NSW.

The time from HIV diagnosis to treatment initiation continues to improve

- At a six-month follow up, over half of NSW residents diagnosed with HIV in January to September 2022 had initiated treatment within two weeks of diagnosis.
- The median number of days from diagnosis to treatment decreased to 13 days.
- Of those on treatment, 82% had an undetectable viral load by the six-month follow-up.

Key data – Quarter 1, 2023 *

HIV INFECTIONS		Target group	Jan – Mar 2023	Compared with Jan-Mar 2018-2022 average
All NSW residents	All new diagnoses		64	11% more (av. n = 57.4)
	MSM		44	2% less (av. n = 44.8)
	Australian-born MSM		13	34% less (av. n = 19.6)
	Overseas-born MSM		31	23% more (av. n = 25.2)
	HET		18	67% more (av. n = 10.8)
NSW residents with evidence of early stage infection	All new diagnoses		13	32% less (av. n = 19.2)
	MSM		12	33% less (av. n = 17.8)
	Australian-born MSM		4	55% less (av. n = 8.8)
	Overseas-born MSM		8	11% less (av. n = 9)
	HET		1	Similar (av. n = 1.4)
NSW residents with evidence of late diagnosis	All new diagnoses		31	28% more (av. n = 24.2)
	MSM		16	9% less (av. n = 17.6)
	Australian-born MSM		3	55% less (av. n = 6.6)
	Overseas-born MSM		13	18% more (av. n = 11)
	HET		13	141% more (av. n = 5.4)
PREVENT		Target group	April 2018 – March 2023	
People dispensed PrEP through PBS at least once	People at risk		27,373	
TEST		Target group	Jan – Mar 2023	Compared with Jan-Mar 2022
HIV serology tests performed in NSW	All		158,947	16% more (n = 137,461)
HIV tests performed in NSW public sexual health clinics.	All		13,193	22% more (n=10,790)
	MSM		7,423	16% more (n=6,403)
TREAT		Target group	Jan – Sep 2022	Target
New diagnoses reporting viral suppression at 6-month follow-up	Newly diagnosed Jan-Sep 2022 (n=116)		79%	100%

* Note: St Vincent Health Network data is not available in Q1 2023.

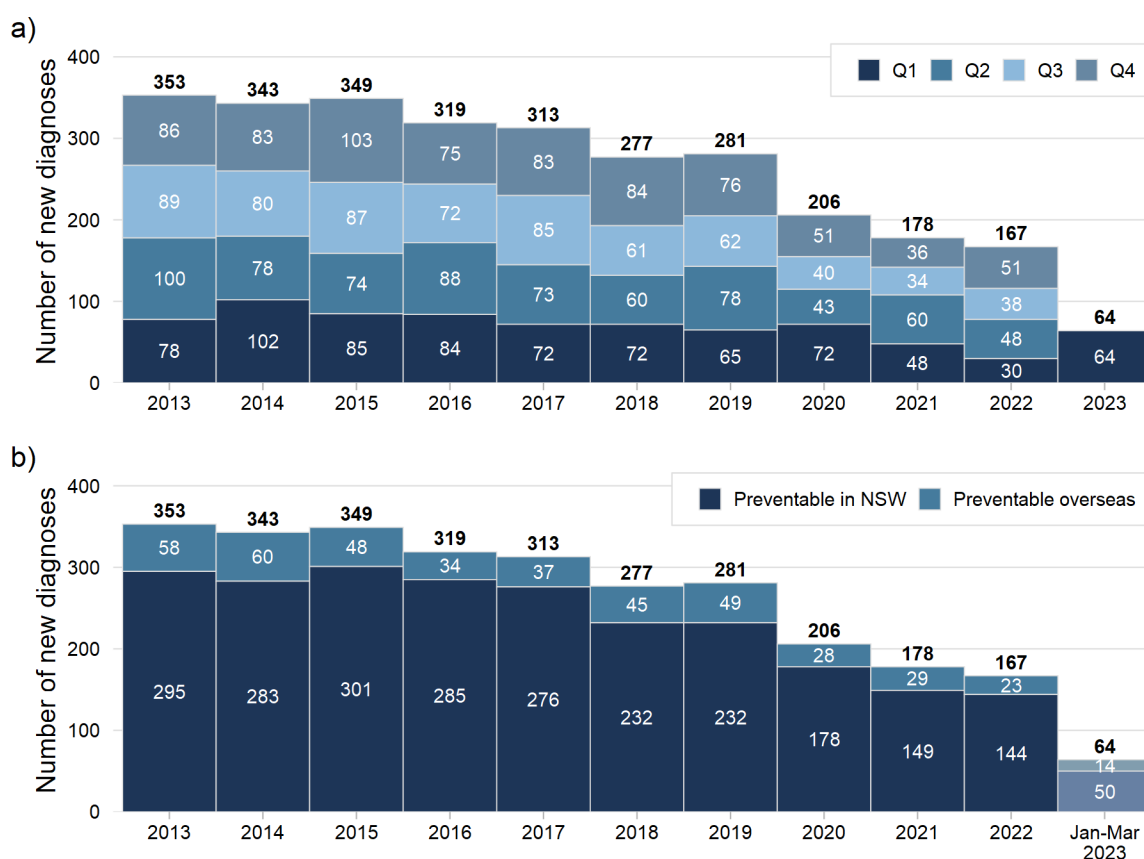
Glossary

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

1. Reduce HIV transmission

1.1 How many cases of HIV are notified?

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



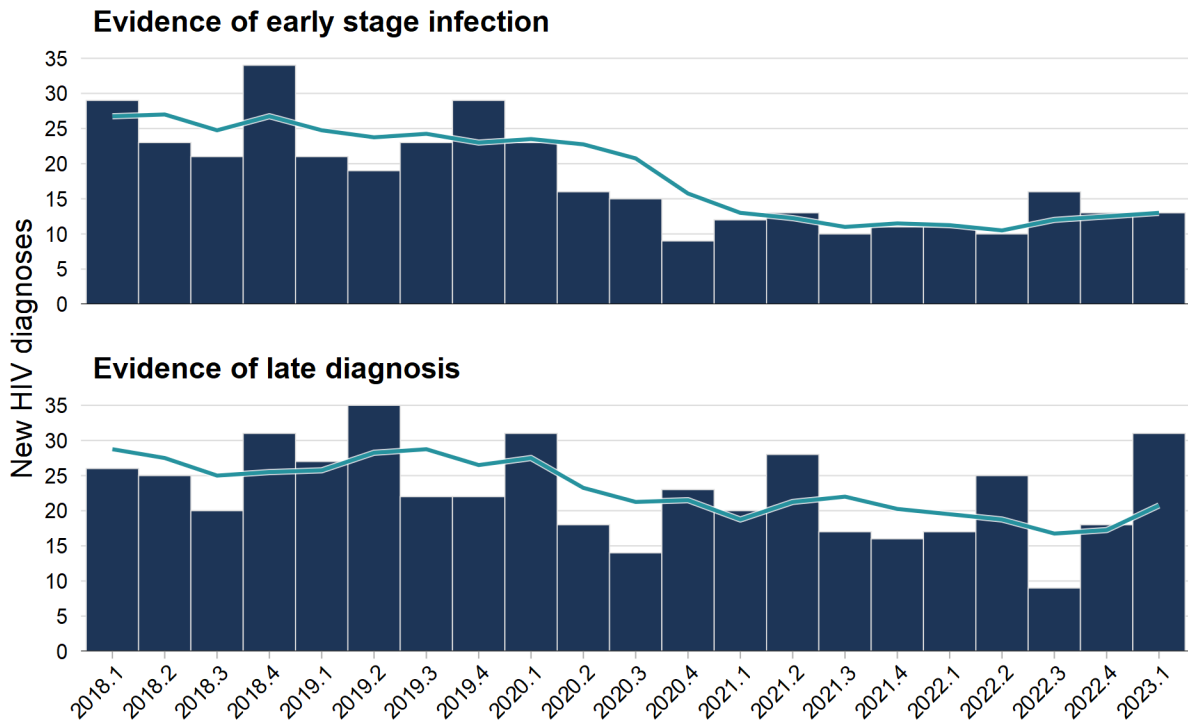
Source: Notifiable Conditions Information Management System, Health Protection NSW, 17 May 2023

Note: In b) notifications from January to March 2023 are compared to previous full year counts.

In January to March (Q1) 2023:

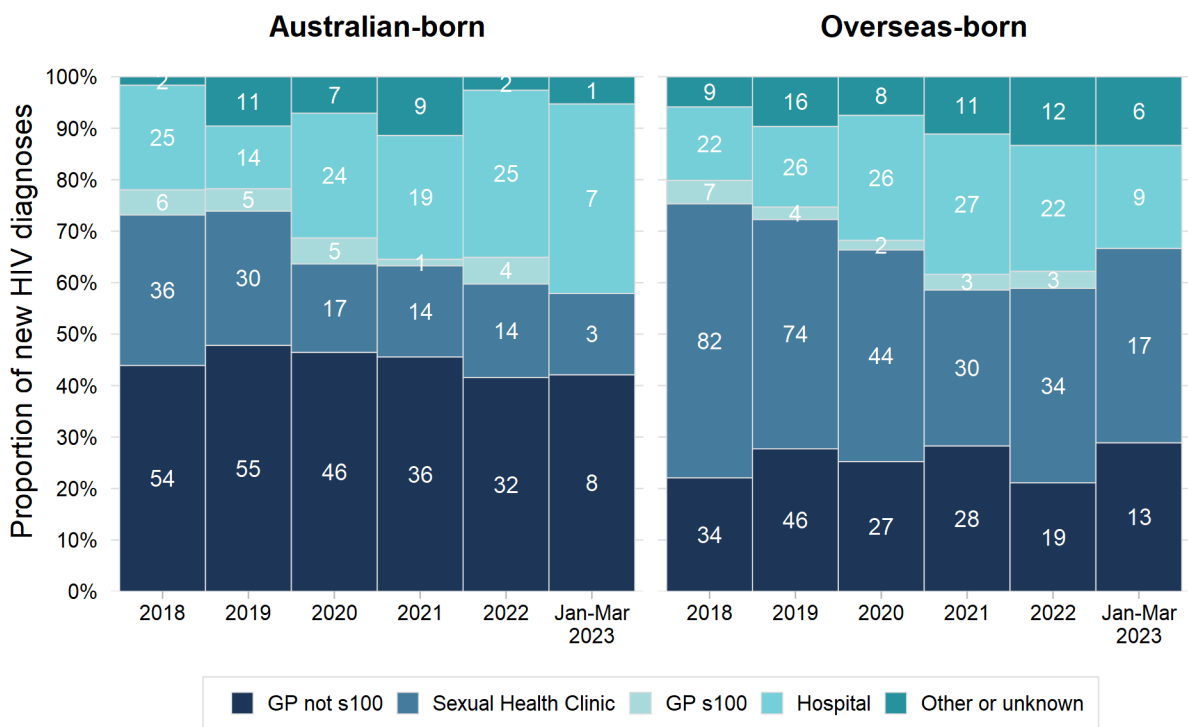
- Sixty-four NSW residents were notified to NSW Health with a newly diagnosed HIV infection, 11% more than the Q1 2018-2022 average of 57.4 (Figure 1a).
- Of 64, 50 (78%) HIV diagnoses were preventable in NSW, 3% more than the Q1 2018-2022 average of 48.6 (Figure 1b).
- Of 64, 13 (20%) had evidence their infection was acquired within one year of diagnosis (early stage infection), 32% less than the Q1 2018-2022 average of 19.2 (Figure 2).
- Of 64, 31 (48%) had evidence of late diagnosis, 28% more than the Q1 2018-2022 average of 24.2 (Figure 2).

Figure 2: New HIV diagnoses by evidence of early stage infection or late diagnosis, January 2018 to March 2023



Note: Bars represent diagnoses per quarter and lines represent a rolling four quarter average of diagnoses
 Early stage infection: a sero-conversion like illness or negative or indeterminate HIV test within 12 months of diagnosis, irrespective of CD4 or presentation with an AIDS defining illness at diagnosis. Late diagnosis: a CD4 count of less than 350 or an AIDS defining illness at the time or within three months of diagnosis, in the absence of 'early' criteria.

Figure 3: Type of diagnosing doctor for new HIV diagnoses, January 2018 to March 2023



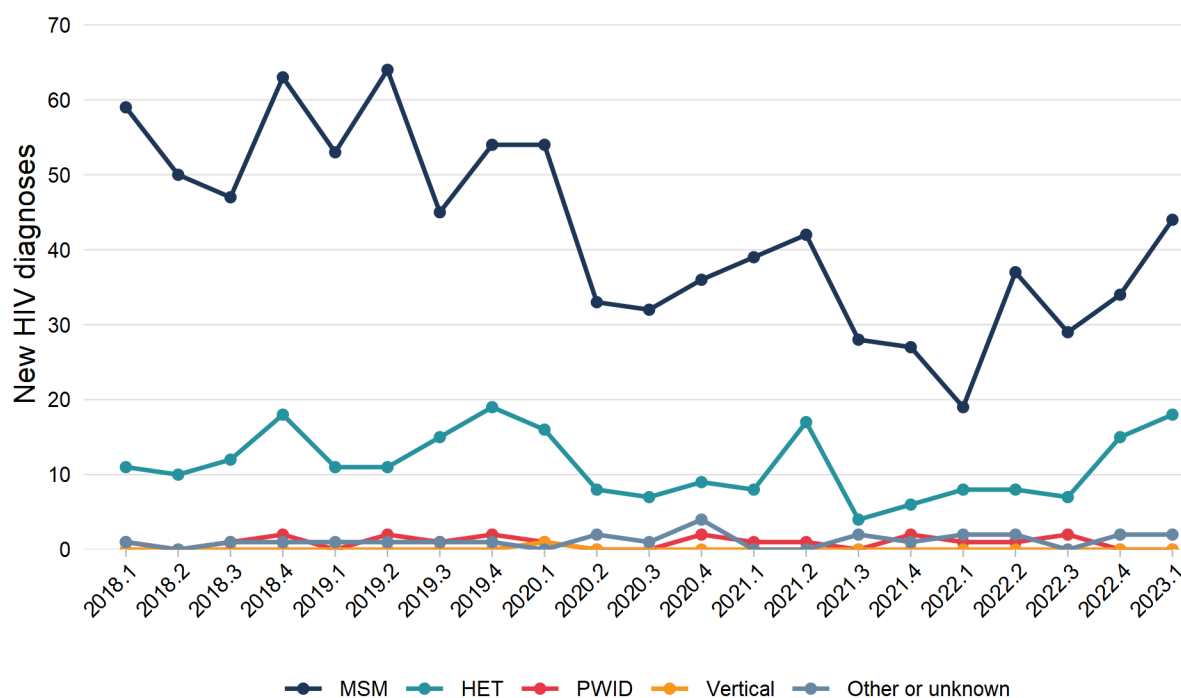
Of 19 Australian-born NSW residents with newly diagnosed HIV infection in January to March 2023 (Figure 3):

- Eight (42%) were diagnosed by general practitioners (GPs) not accredited to prescribe antiretroviral therapy, 27% less than the comparison period (av. n=11.0);
- Three (16%) were diagnosed by sexual health centres including community testing sites, 52% less than the Q1 2018-2022 average (av. n=6.2);
- Seven (37%) were diagnosed by hospital doctors, 35% more than the comparison period (av.n=5.2);
- None were diagnosed by GP s100 doctors (HIV specialised and accredited to prescribe ART), compared with 0.6, the average for Q1 2018-2022, and;
- One (5%) was diagnosed by another doctor type, 44% less than the average for Q1 2018-2022 (av. n=1.8).

Of 45 overseas-born NSW residents with newly diagnosed HIV infection in 2022 (Figure 3):

- Thirteen (29%) were diagnosed by GPs not accredited to prescribe antiretroviral therapy, 67% more than the comparison period (av. n=7.8);
- Seventeen (38%) were diagnosed by sexual health centres including community testing sites, 13% more than the Q1 2018-2022 average (av. n=15.0);
- Nine (20%) were diagnosed by hospital doctors, 67% more than the comparison period (av.n=5.4);
- None were diagnosed by GP s100 doctors, compared with 1.6, the average for Q1 2018-2022;
- Six (13%) were diagnosed by other doctor types, 114% more than the average for Q1 2018-2022 (av. n=2.8).

Figure 4: New HIV diagnoses by reported risk exposure, January 2018 to March 2023



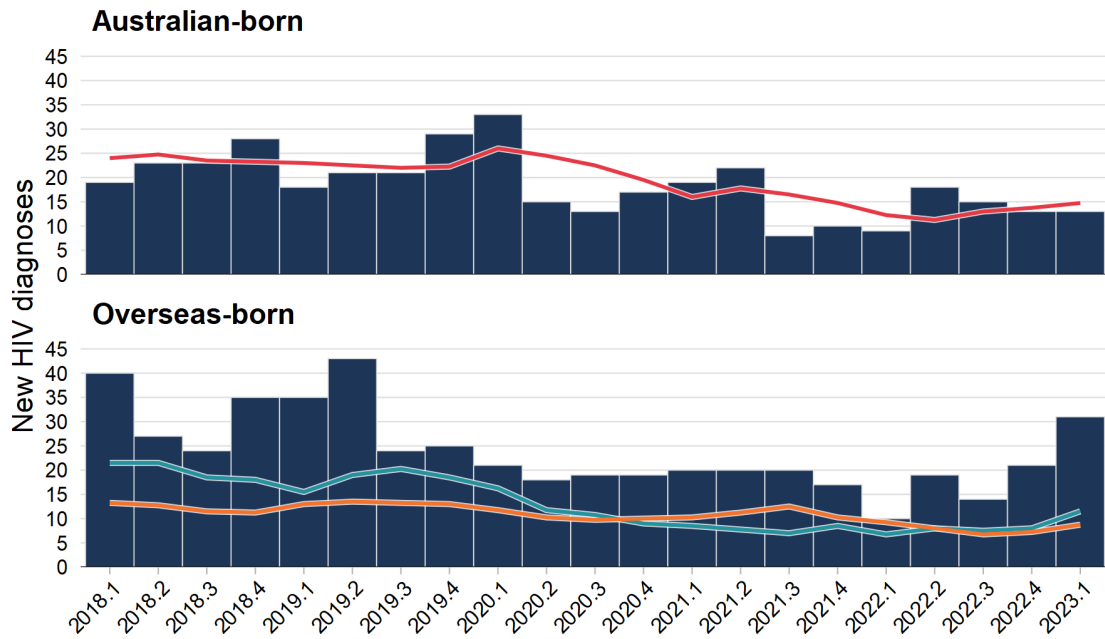
In January to March (Q1) 2023:

- Forty-four (69%) were men who have sex with men (MSM) and eighteen (28%) were people with heterosexual exposure only (HET). This is 2% fewer MSM, and 67% more HET compared with the new diagnosis averages of Q1 2018-2022 (av. n MSM = 44.8; av. n HET = 10.8).
- Of 18 HET, seven were female and 11 were male. This is 46% more females and 90% more males when compared to the new diagnosis averages of Q1 2018-2022 (av. n female = 4.8; av. n male = 5.8).

Figure 5: New HIV diagnoses in MSM by place of birth, with overseas-born by years living in Australia, January 2018 to March 2023

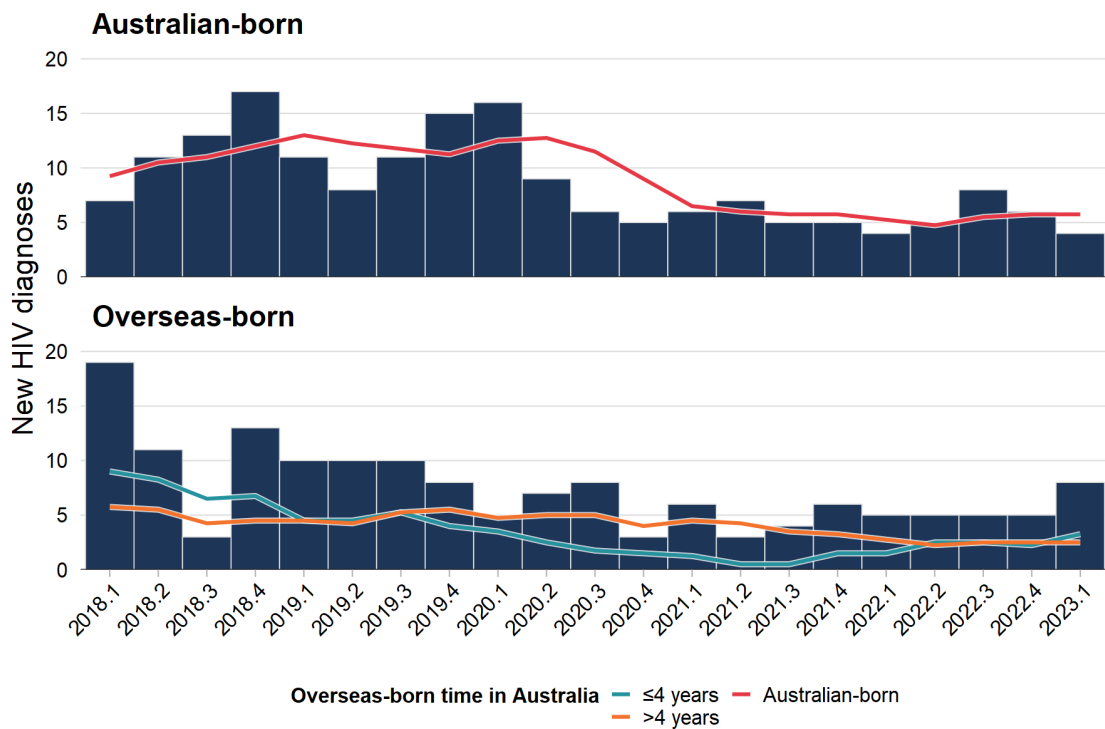
a)

All MSM



b)

MSM with evidence of early stage infection

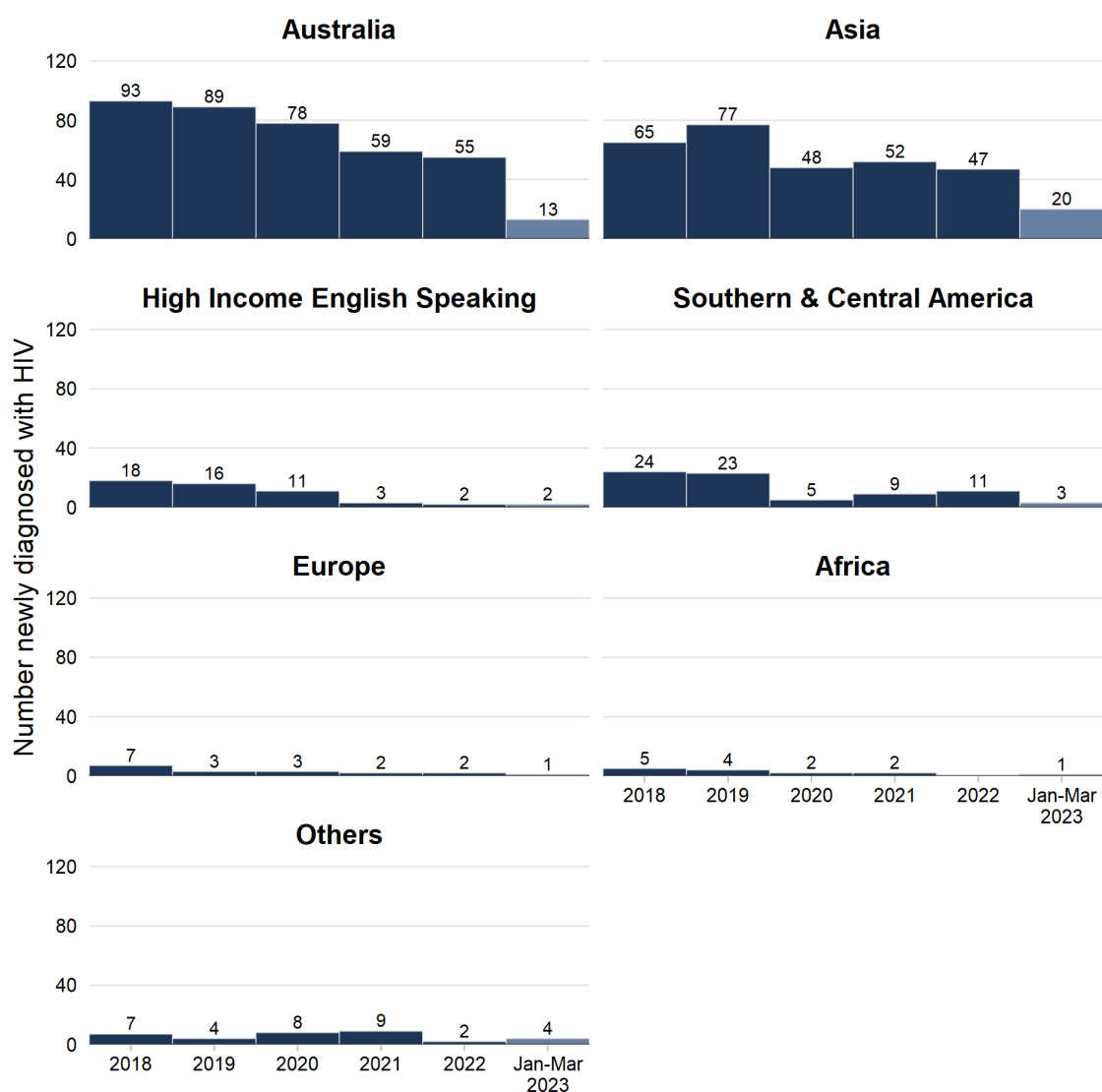


Note: Bars represent diagnoses per quarter and lines represent a rolling four quarter average of diagnoses.

In January to March (Q1) 2023:

- Thirteen of the 44 (30%) newly diagnosed MSM were Australian-born, 34% less than the average for Q1 2018-2022 (av. n=19.6). Four of 13 (31%) Australian-born newly diagnosed MSM had evidence of early stage infection, 55% less than the Q1 2018-2022 average of 8.8.
- Thirty-one of the 44 (70%) newly diagnosed MSM were overseas-born, 23% more than the average for Q1 2018-2022 (av. n=25.2). Fourteen of these MSM had lived in Australia for four years or less at the time of HIV diagnosis, 13% more than the Q1 2018-2022 average of 12.4, 15 had lived in Australia for more than four years, 23% more than the comparison period average of 12.2 and two for an unknown length of time. Eight of 31 (26%) overseas-born newly diagnosed MSM had evidence of early stage infection, 11% less than the Q1 2018-2022 average of 9.0.

Figure 6: New HIV diagnoses in MSM by world area of birth, January 2018 to March 2023

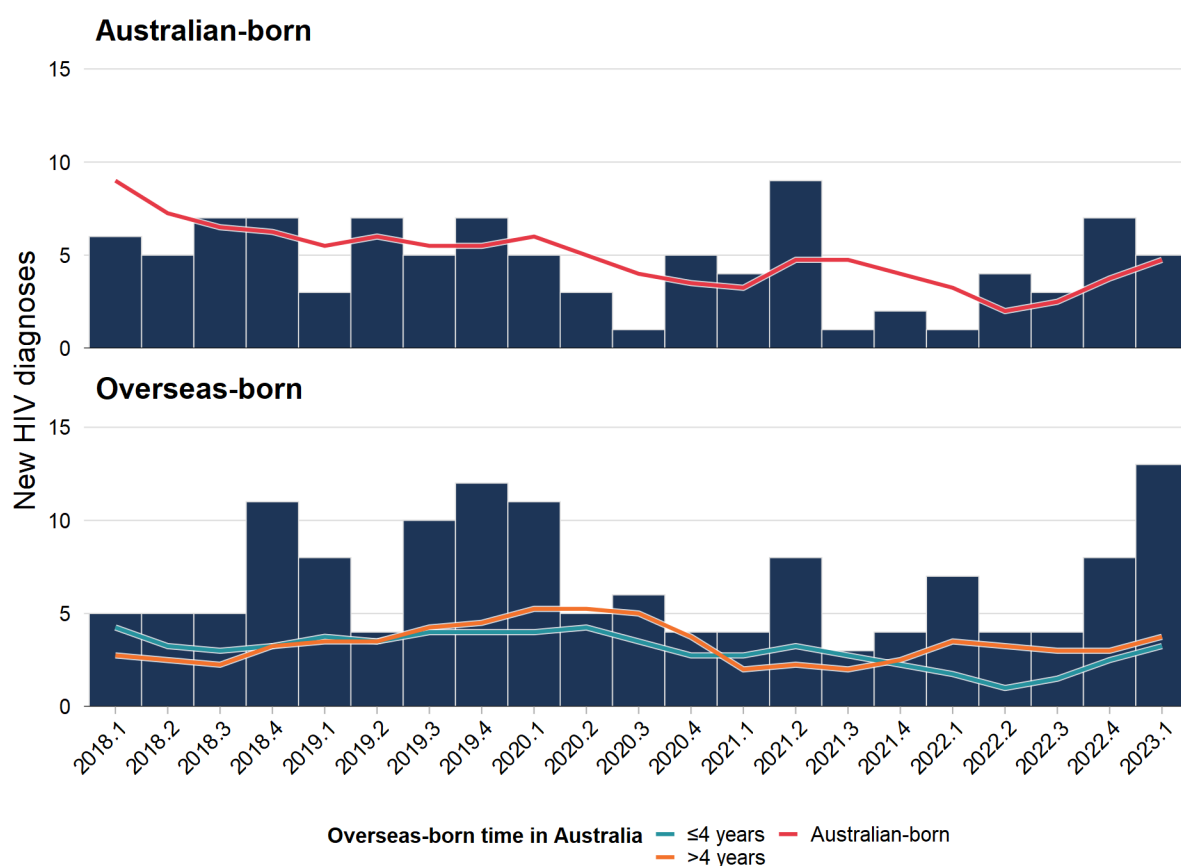


High-Income English-Speaking countries include Canada, USA, United Kingdom, Ireland and New Zealand

Comments on Figure 6

- Of 31 MSM newly diagnosed in NSW during January to March 2022, 30% were born in Australia, 30% in South-East Asia, 11% in North-East Asia, 7% in Oceania, 5% in each of North Africa & the Middle East, Southern & Central America and Southern & Central Asia, and less than 5% in the Caribbean, North-West Europe, Southern & Eastern Europe and Sub-Saharan Africa.

Figure 7: New HIV diagnoses in HET by place of birth, with overseas-born by years living in Australia, January 2018 to March 2023



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

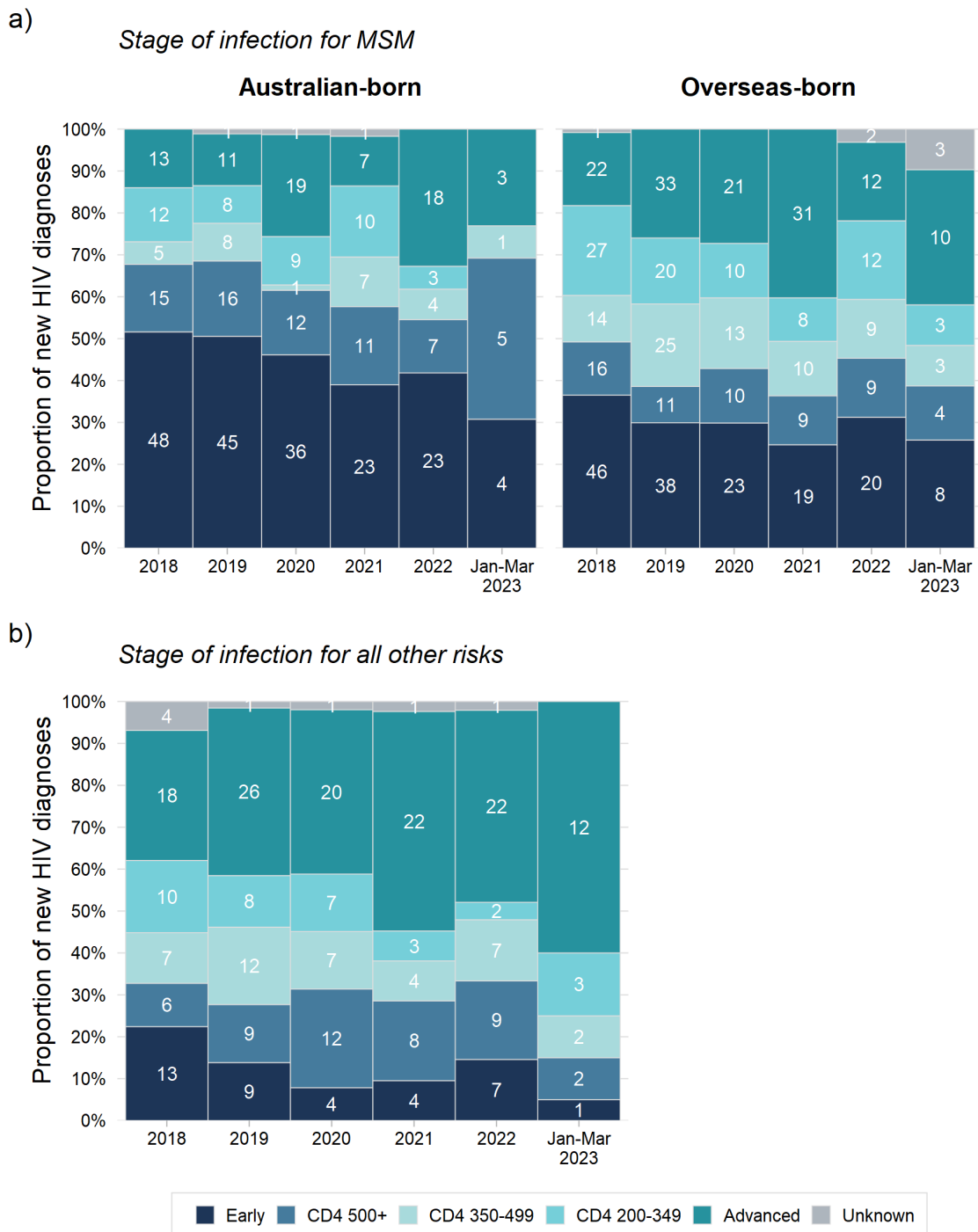
In January to March 2023:

- Five of 18 (28%) HET newly diagnosed were Australian-born, 32% more than the average for January to March 2018-2022 (av. n=3.8) (Figure 7).
- Thirteen of 18 (72%) HET newly diagnosed were overseas-born, 86% more than the January to March 2018-2022 average (av. n=7.0) (Figure 7). Five of these HET had lived in Australia for four years or less at the time of their HIV diagnosis, 56% more than the January to March 2018-2022 average of 3.2, seven had lived in Australia for more than four years, 94% more than the comparison period average of 3.6 and one for an unknown length of time.

1.2 What is the stage of infection at diagnosis?

Early stage infection is evidence of HIV infection acquired within 12 months of diagnosis, such as a sero-conversion illness or negative or indeterminate HIV test within 12 months of diagnosis, irrespective of CD4 or an AIDS defining illness at diagnosis. **Advanced stage** is a CD4 count less than 200 or an AIDS defining illness in absence of ‘Early’ criteria. Categories of **CD4 500+**, **350-499**, **200-349** exclude early and advanced stage cases. Cases with a CD4 count less than 350 or are advanced stage are considered to have evidence of **late diagnosis**.

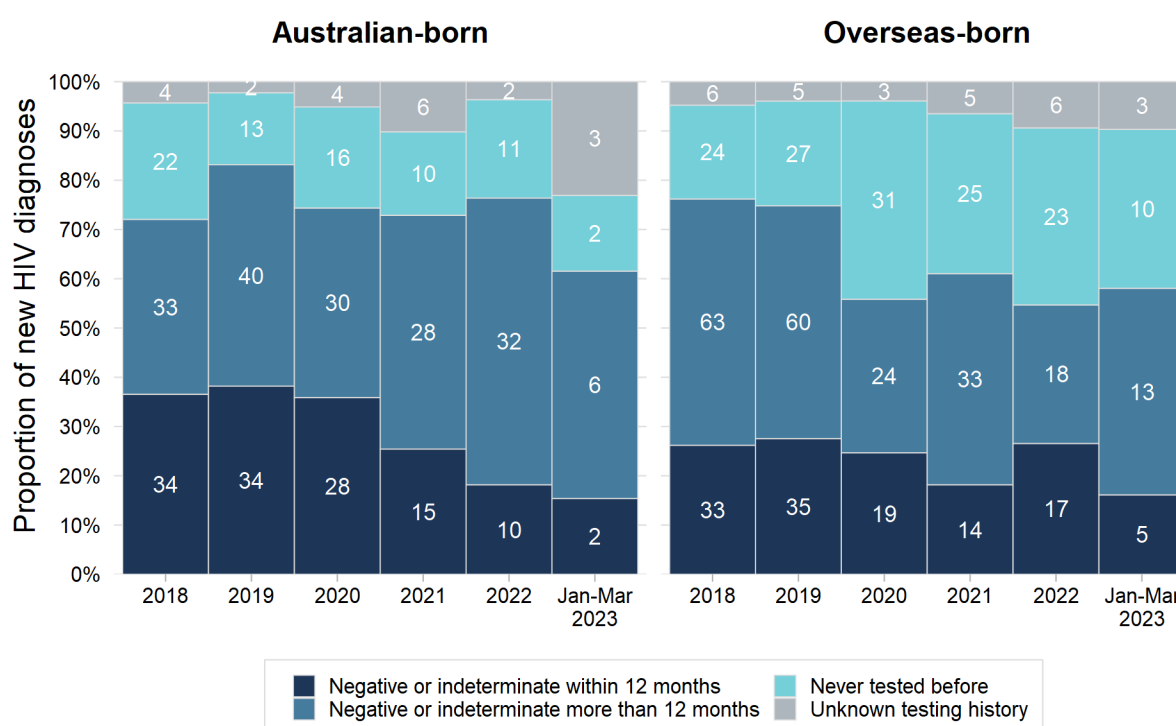
Figure 8: Stage of infection in newly diagnosed NSW residents, January 2018 to March 2023



Comment on Figure 8

- Of 13 Australian-born MSM newly diagnosed in Q1 2023, four (31%) had evidence of early stage infection, 55% less than the Q1 2018-2022 average of 8.8. Three (23%) had evidence of late diagnosis, 55% less than the comparison period average (av. n=6.6) (Figure 8a).
- Of 31 overseas-born MSM newly diagnosed in Q1 2023, eight (26%) had evidence of early stage infection, 11% less than the comparison period average of 9.0. Thirteen (42%) had evidence of late diagnosis, 18% more than the comparison period average of 11.0 (Figure 8a).
- The number of new diagnoses in NSW residents who were not MSM was 59% higher in Q1 2023 (n=20) compared to the five-year average (n=12.6). There were 15 with evidence of late diagnosis, 127% more than the Q1 2018-2022 average of 6.6 (Figure 8b).

Figure 9: HIV testing history in newly diagnosed MSM, January 2018 to March 2023



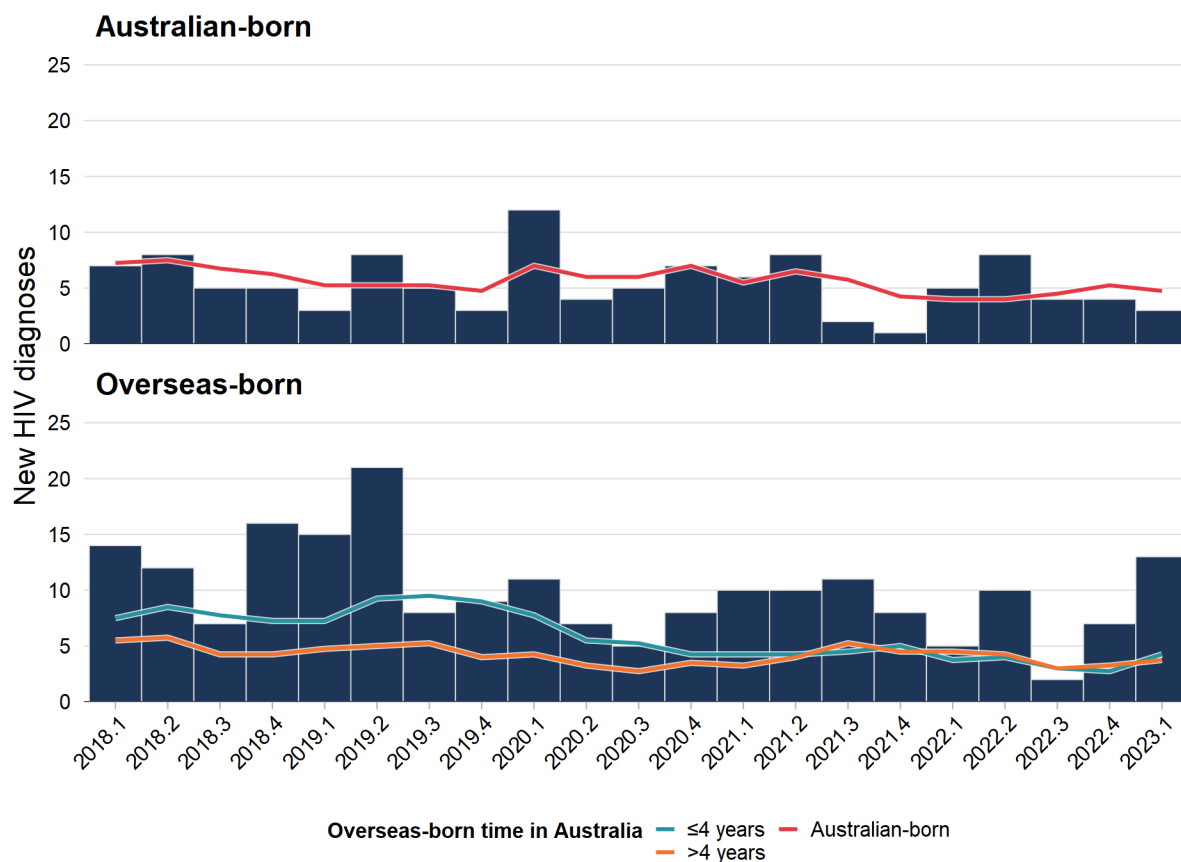
Of 13 Australian-born MSM newly diagnosed during January to March 2023:

- Two (15%) reported a negative or indeterminate HIV test within 12 months of diagnosis.
- Six (46%) reported a negative or indeterminate HIV test in the past, not within 12 months of diagnosis.
- Two (15%) reported not ever having had an HIV test prior to diagnosis.
- Almost two thirds had not been testing according to guidelines.

Of 31 overseas-born MSM newly diagnosed during January to March 2023:

- Five (16%) reported a negative or indeterminate HIV test within 12 months of diagnosis.
- Thirteen (42%) reported a negative or indeterminate HIV test in the past, not within 12 months of diagnosis.
- Ten (32%) reported not ever having had an HIV test prior to diagnosis.
- Almost three quarters had not been testing according to guidelines.

Figure 10: New HIV diagnoses with evidence of late diagnosis in MSM by place of birth, with overseas-born by years living in Australia, January 2018 to March 2023

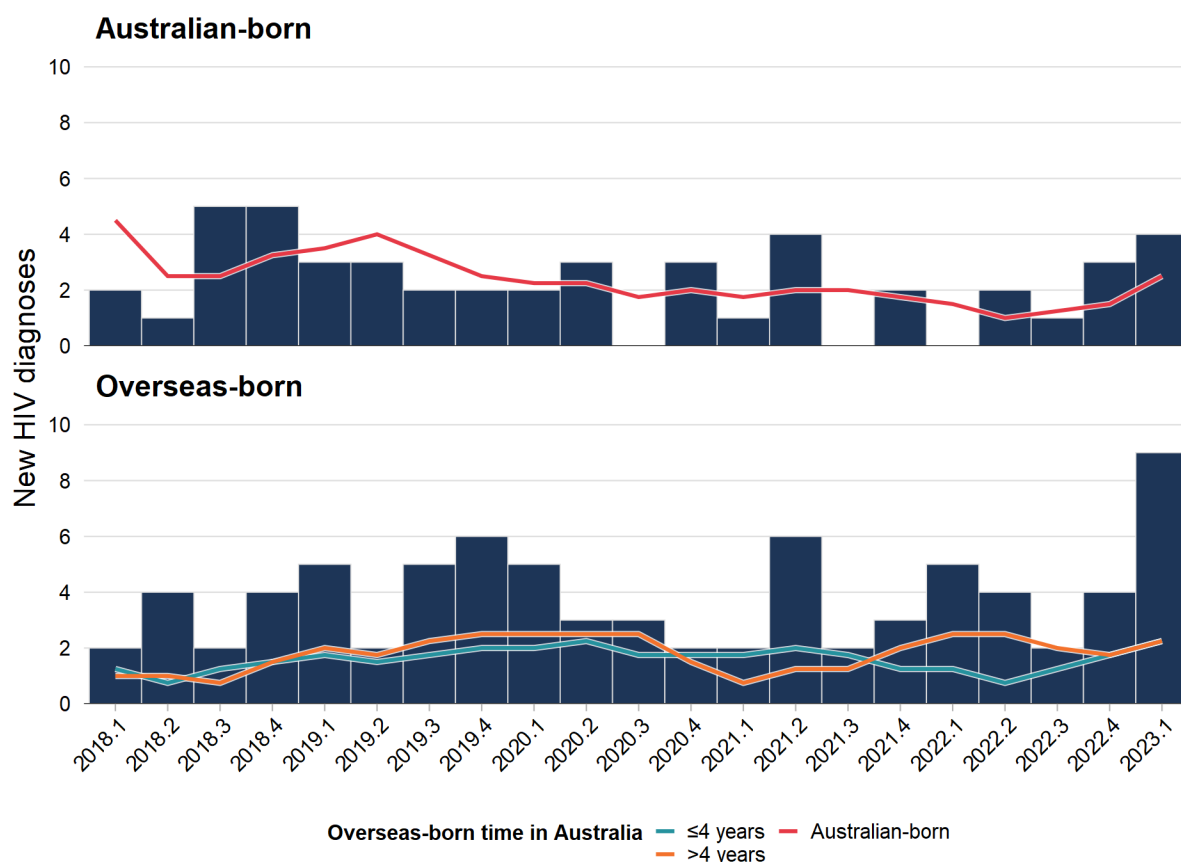


Note: Bars represent diagnoses per quarter and lines represent a rolling four quarter average of diagnoses.

In January to March 2023:

- Of 31 NSW residents with evidence of late HIV diagnosis, 16 (52%) were MSM, 9% less than the Q1 2018-2022 average count of 17.6.
- Three (19%) of the 16 MSM with evidence of late diagnosis were Australian-born, 55% less than the Q1 2018-2022 average count of 6.6 (Figure 10).
- Thirteen (81%) of the 16 MSM with evidence of late diagnosis were overseas-born, 18% more than the Q1 2018-2022 average count of 11.0 (Figure 10). Six of these 13 MSM had lived in Australia for four years or less at the time of their HIV diagnosis, identical to the Q1 2018-2022 average of 6.0, while seven had lived in Australia for more than four years, 46% more than the comparison period average of 4.8.

Figure 11: New HIV diagnoses with evidence of late diagnosis in HET by place of birth, with overseas-born by years living in Australia, January 2018 to March 2023



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

In January to March 2023:

- Of 31 NSW residents with evidence of late HIV diagnosis, 13 (42%) were HET, 141% more than the Q1 2018-2022 average count of 5.4.
- Four (31%) of the 13 HET with evidence of late diagnosis were Australian-born, 150% more than the Q1 2018-2022 average count of 1.6 (Figure 11).
- Nine (69%) of the 13 HET with evidence of late diagnosis were overseas-born, 137% more than the Q1 2018-2022 average count of 3.8 (Figure 11). Four of these 13 HET had lived in Australia for four years or less at the time of their HIV diagnosis, 122% more than the Q1 2018-2022 average of 1.8, while four had lived in Australia for more than four years, 122% more than the comparison period average of 1.8 and one was unknown.

1.3 What are some of the characteristics of people newly diagnosed?

Table 1: Characteristics of Australian-born and overseas-born MSM newly diagnosed in January to March 2023 vs the 2018-2022 average count, and the count difference

Case characteristics	Australian-born MSM			Overseas-born MSM		
	Jan-Mar 2018-2022 average	Jan-Mar 2023	Count (%) diff.	Jan-Mar 2018-2022 average	Jan-Mar 2023	Count (%) diff.
Number	19.6	13	-6.6 (-34%)	25.2	31	+5.8 (+23%)
Gender						
<i>Male</i>	19.6	13	-6.6 (-34%)	23.6	30	+6.4 (+27%)
<i>Transgender¹</i>	0	0	0 (0%)	1.6	1	-0.6 (-38%)
Age at diagnosis						
<i>0 to 19</i>	0.2	0	-0.2 (-100%)	0.4	0	-0.4 (-100%)
<i>20 to 29</i>	3.0	3	+0 (+0%)	9.6	11	+1.4 (+15%)
<i>30 to 39</i>	6.6	5	-1.6 (-24%)	9.6	9	-0.6 (-6%)
<i>40 to 49</i>	4.4	2	-2.4 (-55%)	3.6	4	+0.4 (+11%)
<i>50 and over</i>	5.4	3	-2.4 (-44%)	2	7	+5 (+250%)
Evidence of early stage infection²						
<i>Yes</i>	8.8	4	-4.8 (-55%)	9.0	8	-1 (-11%)
<i>No</i>	10.8	9	-1.8 (-17%)	16.2	23	+6.8 (+42%)
Evidence of late diagnosis³						
<i>Yes</i>	6.6	3	-3.6 (-55%)	11	13	+2 (+18%)
<i>No</i>	12.6	10	-2.6 (-21%)	14.2	15	+0.8 (+6%)
<i>Unknown</i>	0.4	0	-0.4 (-100%)	0	3	+3 (+100%)
Area of residence⁴						
<i>≥20%</i>	2.2	1	-1.2 (-55%)	4.2	6	+1.8 (+43%)
<i>5-19.99%</i>	2.8	1	-1.8 (-64%)	5.2	9	+3.8 (+73%)
<i><5%</i>	14.6	11	-3.6 (-25%)	15.8	16	+0.2 (+1%)
Place most likely acquired HIV						
<i>Australia</i>	16.2	12	-4.2 (-26%)	14.0	10	-4 (-29%)
<i>Overseas</i>	3.2	0	-3.2 (-100%)	10.8	20	+9.2 (+85%)
<i>Unknown</i>	0.2	1	+0.8 (+400%)	0.4	1	+0.6 (+150%)
Reported HIV risks						
<i>MSM</i>	16.2	8	-8.2 (-51%)	22.4	31	+8.6 (+38%)
<i>MSM and IDU</i>	3.4	5	+1.6 (+47%)	2.8	0	-2.8 (-100%)

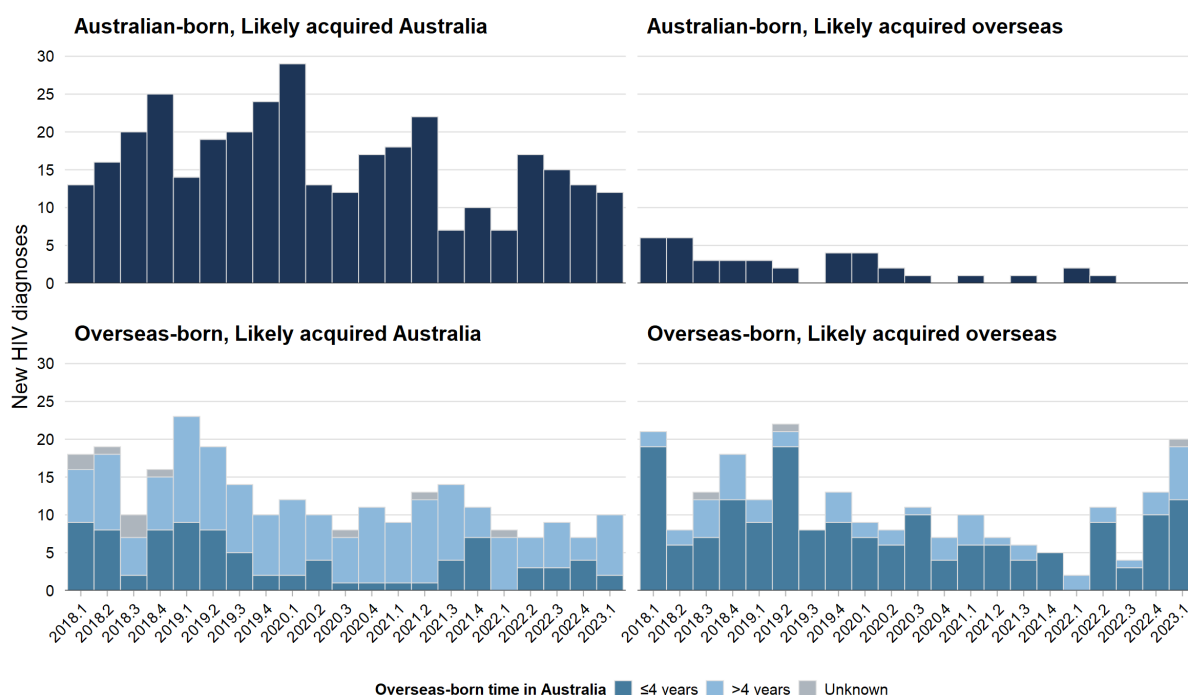
¹This case was a trans-woman whose most likely risk exposure was sex with cisgender men. This was confirmed by case review, as further detail is not yet routinely collected.

²Evidence of early stage infection/being infected in the 12 months prior to diagnosis: a sero-conversion illness or negative or indeterminate HIV test within 12 months of diagnosis, irrespective of CD4 or an AIDS defining illness at diagnosis.

³Evidence of a late diagnosis: a CD4 count less than 350 or an AIDS defining illness or AIDS death within three months of diagnosis, in the absence of sero-conversion illness and/or a negative or indeterminate HIV test in the 12 months prior to diagnosis.

⁴Areas grouped based on the estimated proportion of adult males who identify as gay in each postcode in NSW. A summary of postcodes in each area is in Appendix E.

Figure 12: New HIV diagnoses in MSM by place of birth and place of likely HIV acquisition, with overseas-born by years living in Australia, January 2018 to March 2023



In January to March 2023:

- Of 13 Australian-born MSM, 12 (92%) likely acquired HIV in Australia, 26% less than the Q1 2018-2022 average of 16.2, none likely acquired HIV overseas, compared with 3.2 the average for Q1 2018-2022. One was unknown.
- Of 31 overseas-born MSM, ten (32%) likely acquired HIV in Australia, 29% less than the average for Q1 2018-2022(av. n=14.0), and 20 (65%) likely acquired HIV overseas, 85% more than the comparison period (av. n=10.8). One was unknown.

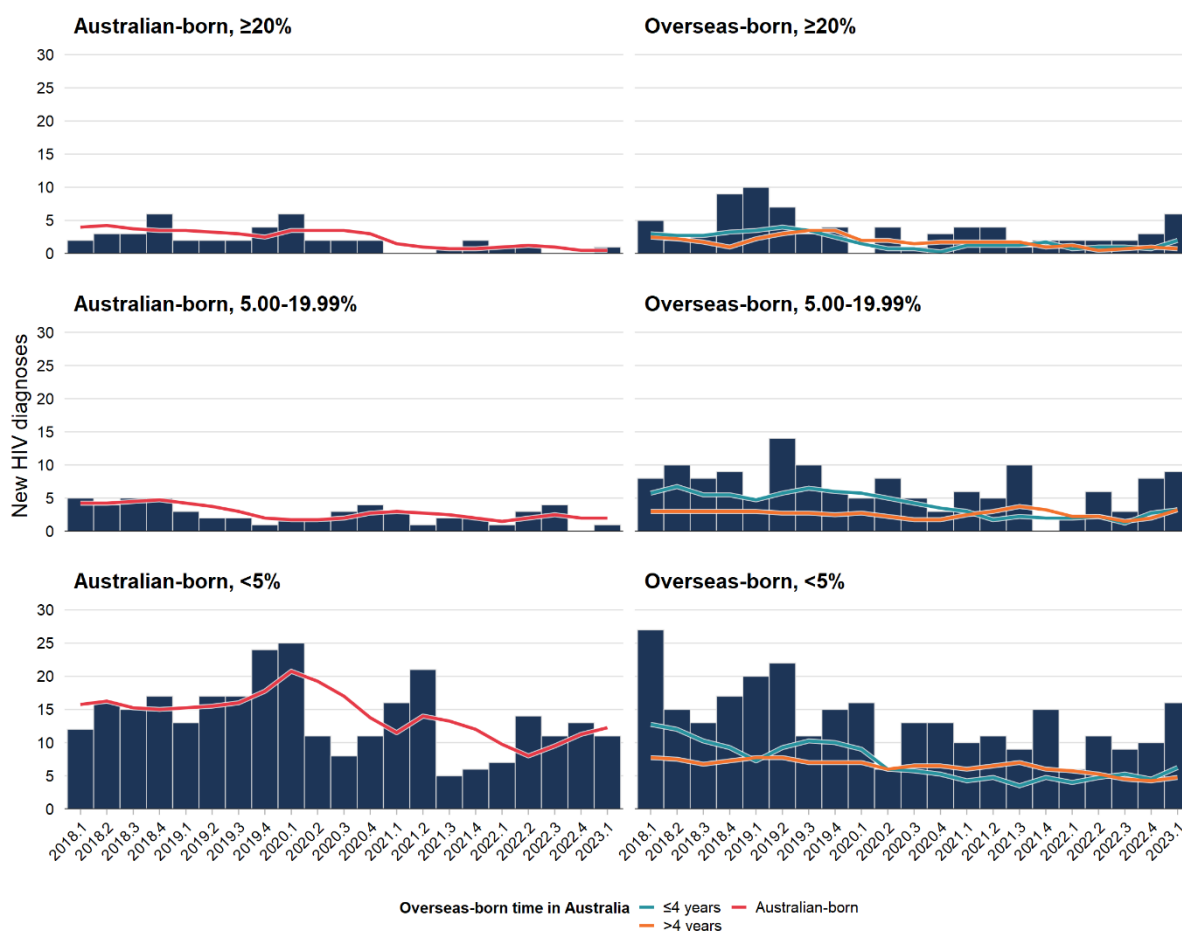
Area of residence for people newly diagnosed

These areas have been grouped together based on recent estimates¹ for the proportion of adult males who identify as gay and reside in each postcode in NSW. These estimates per postcode are based on Australian Census data for co-habiting male couples and survey data on the proportion of gay males who cohabit². The grouped postcodes are defined as those with ≥20%, 5-19.9% and <5% of adult males estimated to be gay. Overall, 23% of gay men in NSW were estimated to live in the ≥20% area, 24% in the 5-19.9% area and 53% in the <5% area. A summary of recent trends among HIV diagnoses in these areas can be found in the [Trends in HIV and HIV prevention indicators in gay, bisexual and other men who have sex with men in NSW, 2015-2019](#) report, published by the Kirby Institute in partnership with NSW Health. A summary of postcodes in each area can be found in Appendix E.

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

² Van de Ven P, Rawstone P, Crawford J, Kippax S. Increasing proportions of Australian gay and homosexually active men engage in unprotected anal intercourse with regular and with casual partners. *AIDS Care*. 2002;14(3):335-41.

Figure 13: New HIV diagnoses in MSM by area of residence, January 2018 to March 2023



Of 13 Australian-born MSM newly diagnosed during January to March 2023:

- One (7.7%) resided in the ≥20% area, 55% less than Q1 2018-2022 (av. n=2.2), one (7.7%) in the 5-19% area, 64% less than Q1 2018-2022 (av. n=2.8), and 11 (84.6%) in the <5% area, 25% less than Q1 2018-2022 (av. n=14.6) (Figure 13).

Of 31 overseas-born MSM newly diagnosed during January to March 2023:

- Six (19%) resided in the ≥20% area, 43% more than Q1 2018-2022 (av. n=4.2), nine (29%) in the 5-19% area, 73% more than Q1 2018-2022 (av. n=5.2), and 16 (52%) in the <5% area, similar to Q1 2018-2022 (av. n=15.8) (Figure 13).

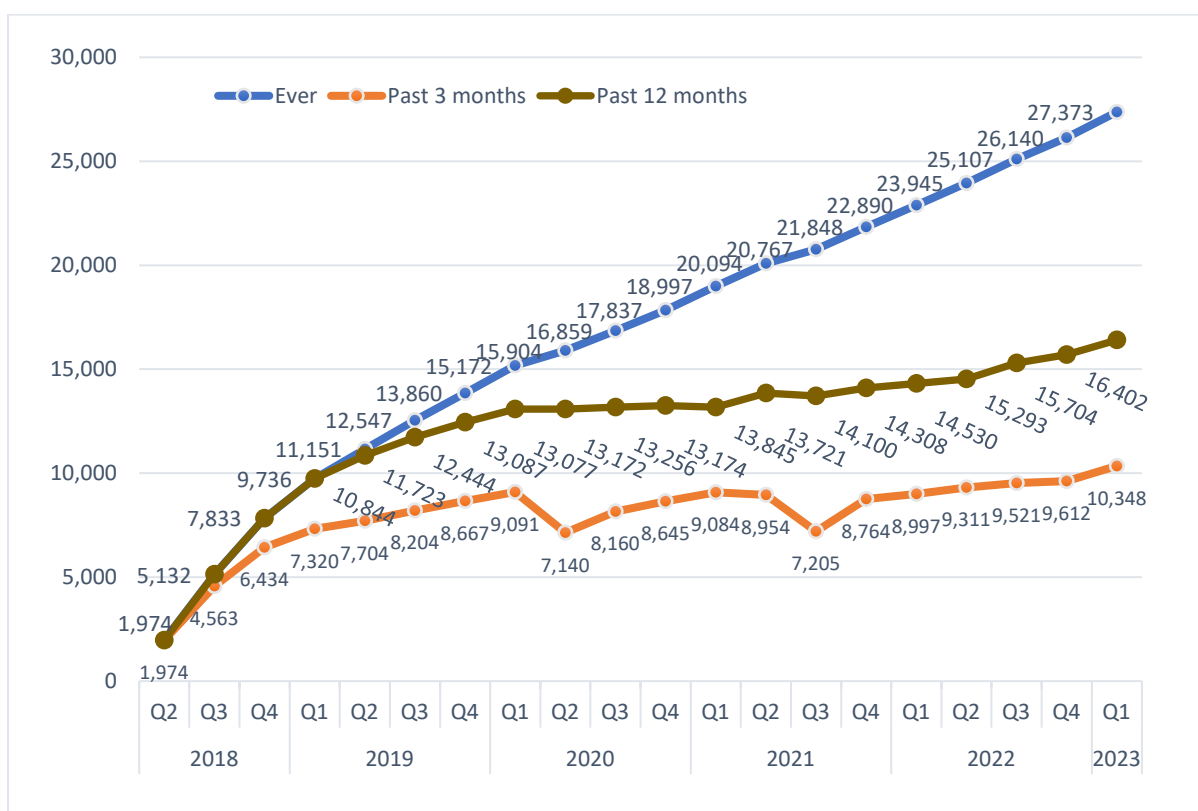
2. Expand HIV Prevention

2.1 How many people were prescribed PrEP?

Between 1 April 2018 and 31 March 2023:

- A total of 27,373 (unique number) NSW residents were dispensed PrEP at least once under the PBS for HIV prevention.
- Of the 27,373 residents on PrEP, 98% were male.
- Among those who initiated PrEP, 74% were prescribed by GP; 23% were dispensed by a specialist and 3% by unknown and other speciality.
- A total of 539 (2%) NSW residents were eligible and prescribed under the Closing the Gap (CTG) program.

Figure 13: Total number of unique clients dispensed PrEP between April 2018 (blue line) to March 2023 compared to the quarterly number of unique clients dispensed PrEP (orange line)



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

Comment on Figure 13

- Between April 2018 and March 2023, the total number of unique NSW residents ever prescribed PrEP under the PBS for HIV prevention increased steadily overtime to 27,373 people (blue line).
- Between January and March 2023, the quarterly number of unique NSW residents prescribed PrEP under the PBS for HIV prevention increased by 8% from 9,612 in October to December 2022 to 10,348 people in January to March 2023 (orange line). This result also marks a 15% increase compared to same quarter in 2022.

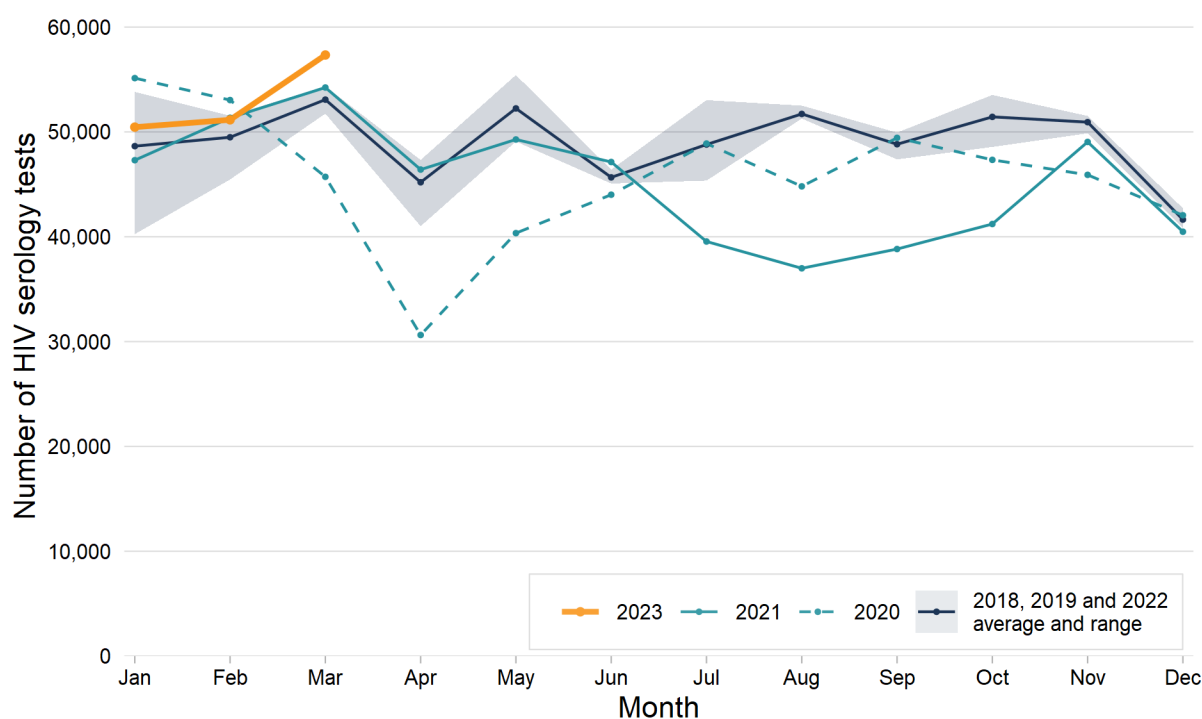
3. Increase HIV testing

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 14: Number of HIV serology tests performed in 15 NSW laboratories, January 2018 to March 2023

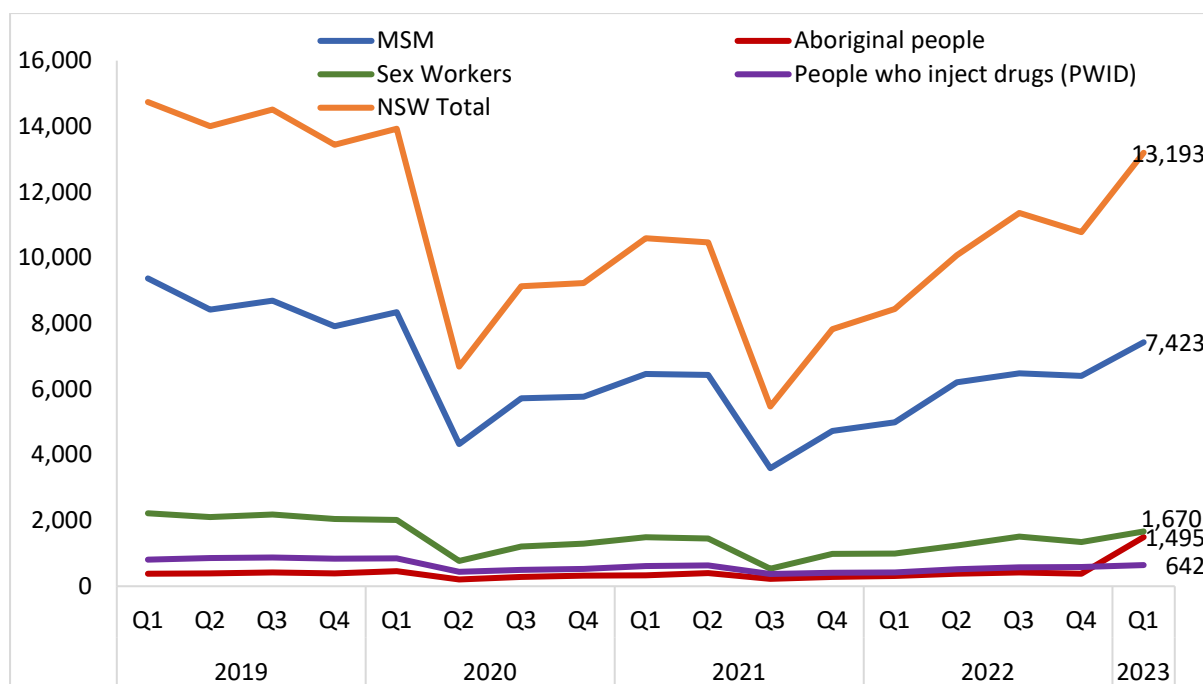


Data source: NSW Health denominator data project, out 24 April 2023.

In January to March (Q1) 2023:

- 158,947 HIV serology tests were performed in 15 laboratories in NSW, which was 16% more than Q1 2022 (n=137,461), 4% more than Q1 2021 (n=152,885), 3% more than Q1 2020 (n=153,884), 1% less than Q1 2019 (n=159,694), and 2% more than Q1 2018 (n=156,486).

Figure 15: Number of HIV tests performed in public sexual health clinics in NSW between January 2019 and March 2023, by quarter and priority population



Data source: NSW Health HIV Strategy Monitoring Database

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

Note: Central Coast data become available from April to June 2022 after solving data collection system problems

Note: Testing data from Illawarra Shoalhaven and Northern Sydney LHDs is included in the total number of tests but is excluded from priority population groups from Q3 2021 to Q1 2023 for Illawarra Shoalhaven and Q4 2021 and Q1 2022 for Northern Sydney due to data system issues.

Note: St Vincent Health Network data is not available in Q1 2023.

In January to March 2023:

- The number of HIV tests in PFSHCs (n=13,193) increased by 22% compared to October to December 2022 (n=10,779). This result is 56% higher than the number of tests in Q1 2022 (n=8,440) and 25% more than Q1 2021 (n=10,592). This result is 5% lower than Q1 2020 (n=13,923) and 10% lower than Q1 2019 (n=14,740).
- Testing remained targeted with 7,423 of 13,193 (56%) HIV tests in PFSHCs done by MSM.
- Of 13,193 tests in PFSHCs where country of birth was recorded, 57% (7,536) were Australian-born, 39% (5,179) overseas-born and 4% (478) unknown.

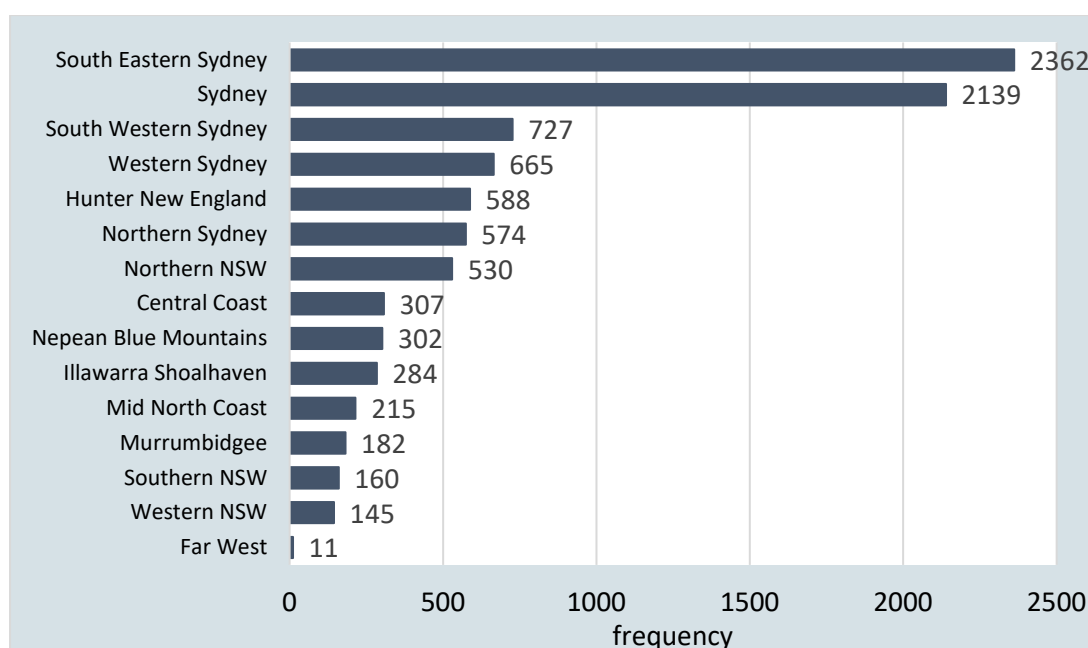
4. Increase HIV Treatment

4.1 How many people in NSW are on antiretroviral therapy?

Between April 2022 to March 2023:

- A total of 8,929 (unique number) NSW residents were on ART for HIV treatment at least once within the previous 12-month
- Among those clients who were on ART for HIV treatment in the past 12-month, 91% (8,107) were male. The majority (62%) were 50 years or older, 21% were aged 40 to 49 years, 13% aged 30 to 39 years and about 4% aged 20 to 29 years and younger.
- Among those residents on ART for HIV treatment, none of them was eligible and prescribed under the CTG program.

Figure 16: The number of NSW residents dispensed ART for HIV, by the LHD of patient residence, from 1 April 2022 to 31 March 2023³



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

Comments on Figure 16

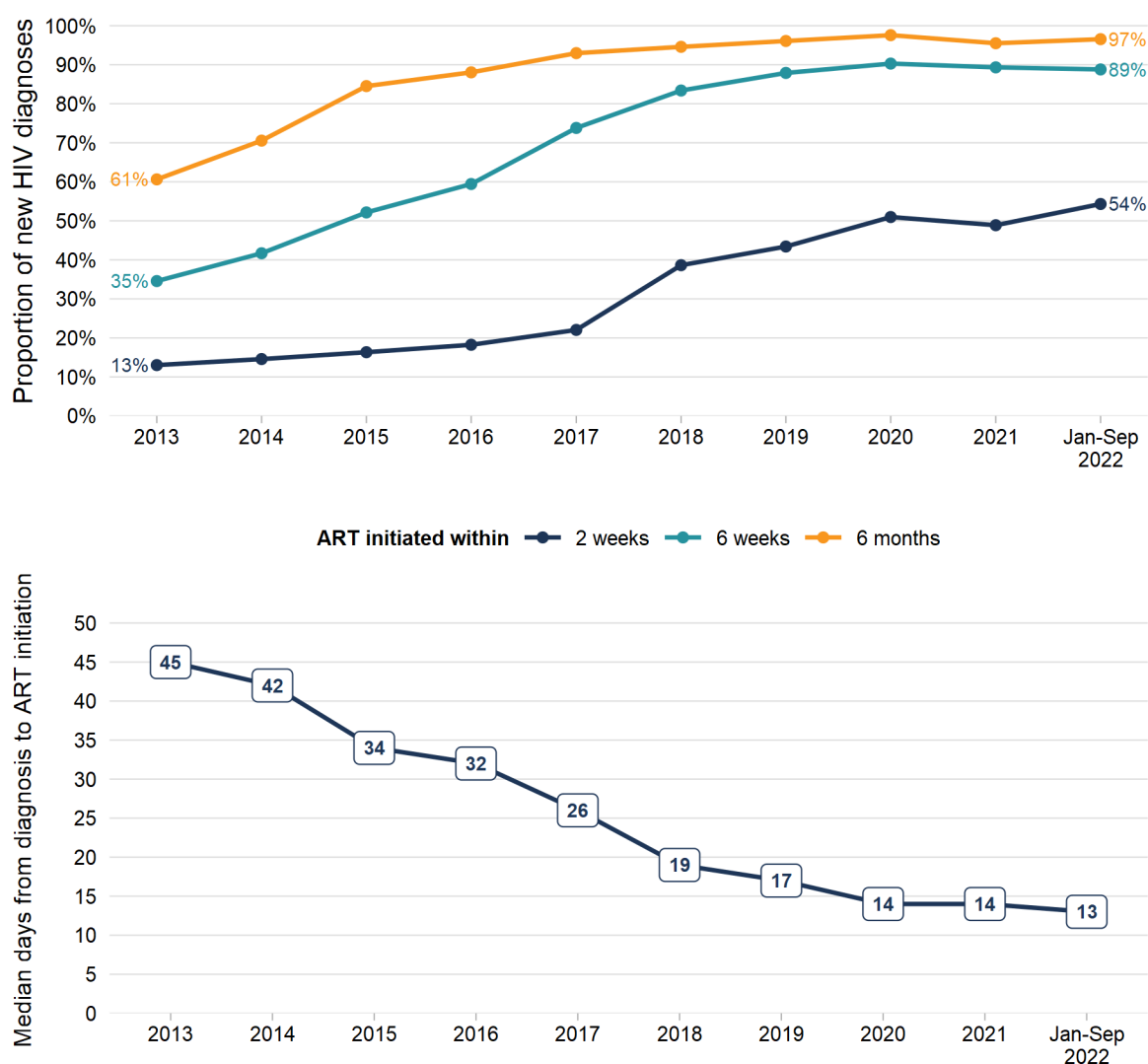
- About three-quarters (77%) of the PBS-subsidised ART dispensed in the 12 months ending March 2023 was to patients residing in the following six LHDs: South Eastern Sydney, Sydney, South Western Sydney, Western Sydney, Hunter New England and Northern Sydney LHDs.

³ The sum of the numbers displayed in the graph is higher than the total of 8,929 patients as some patients resided in more than one LHD.

4.3 HIV antiretroviral therapy initiation in NSW

The 2021-2025 HIV Strategy now aims to ensure that at least 90% of people newly diagnosed with HIV are on ART within 2 weeks of diagnosis. Data on ART initiation was drawn from the six-month follow up and initial HIV notification form. At the time of preparing this Q1 2023 report, the six-month post diagnosis follow-up had been done on NSW residents newly diagnosed from 1 January 2013 to 30 September 2022 (n=2,734). All new diagnoses were included irrespective of whether eligible for follow up and of care outcome.

Figure 17: Time to ART for NSW residents newly diagnosed in January 2013 to September 2022



Comment on Figure 17

- Of the 116 people newly diagnosed during January to September 2022 and followed up six months post diagnosis, 54% initiated ART within two weeks, 89% within six weeks and 97% within six months of diagnosis. The median time to ART initiation was 13 days. Of the 112 on ART within six months of diagnosis, 92 (82%) were already virally suppressed (VL < 200 copies/mL) at six months follow up.

5. Appendices

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

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.

Treatment Data Sources

Name	Custodian	Availability	Coverage
Pharmaceutical Benefits Schedule (PBS) Highly Specialised Drugs Programme data	Centre for Population Health, NSW Health	Quarterly Note: 6-week lag in data being provided to NSW Health.	PBS dispensing data for HIV treatments for all NSW residents from July 2014. This data is prepared by the Commonwealth Government for NSW Health and captures all HIV treatment dispensing in NSW through the PBS from a public hospital, private hospital or community pharmacies.
Notifiable Conditions Information Management System (NCIMS)	Health Protection NSW, NSW Health	Quarterly	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 March 2023 (continues over page); data extracted from NCIMS, HPNSW, 12 May 2023.

Case characteristics	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	1981-Mar 2023
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Total (ALL)	353	343	349	319	313	277	281	206	178	167	64	19461
Gender												
<i>Male</i>	323 (91.5%)	317 (92.4%)	320 (91.7%)	293 (91.8%)	282 (90.1%)	254 (91.7%)	252 (89.7%)	181 (87.9%)	165 (92.7%)	143 (85.6%)	55 (85.9%)	17862 (91.8%)
<i>Female</i>	27 (7.6%)	25 (7.3%)	28 (8.0%)	22 (6.9%)	25 (8.0%)	20 (7.2%)	23 (8.2%)	21 (10.2%)	12 (6.7%)	22 (13.2%)	8 (12.5%)	1285 (6.6%)
<i>Transgender</i>	3 (0.8%)	1 (0.3%)	1 (0.3%)	4 (1.3%)	6 (1.9%)	3 (1.1%)	6 (2.1%)	4 (1.9%)	1 (0.6%)	2 (1.2%)	1 (1.6%)	66 (0.3%)
<i>Unknown</i>	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	248 (1.3%)
Aboriginal or Torres Strait Islander person status												
<i>Aboriginal person</i>	8 (2.3%)	7 (2.0%)	7 (2.0%)	9 (2.8%)	8 (2.6%)	11 (4.0%)	6 (2.1%)	5 (2.4%)	1 (0.6%)	6 (3.6%)	2 (3.1%)	230 (1.2%)
<i>Torres Strait Islander</i>	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.3%)	0 (0.0%)	0 (0.0%)	1 (0.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (0.0%)
<i>Non-Aboriginal person</i>	343 (97.2%)	331 (96.5%)	339 (97.1%)	308 (96.6%)	305 (97.4%)	266 (96.0%)	274 (97.5%)	200 (97.1%)	177 (99.4%)	161 (96.4%)	61 (95.3%)	12351 (63.5%)
<i>Not stated</i>	2 (0.6%)	5 (1.5%)	3 (0.9%)	1 (0.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (1.6%)	6878 (35.3%)
Age in years at diagnosis												
<i>0-4</i>	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	40 (0.2%)
<i>5-9</i>	1 (0.3%)	0 (0.0%)	0 (0.0%)	1 (0.3%)	1 (0.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	25 (0.1%)
<i>10-14</i>	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%)	0 (0.0%)	36 (0.2%)
<i>15-19</i>	8 (2.3%)	2 (0.6%)	6 (1.7%)	3 (0.9%)	5 (1.6%)	4 (1.4%)	4 (1.4%)	5 (2.4%)	0 (0.0%)	3 (1.8%)	0 (0.0%)	335 (1.7%)
<i>20-24</i>	37 (10.5%)	41 (12.0%)	45 (12.9%)	38 (11.9%)	29 (9.3%)	36 (13.0%)	29 (10.3%)	17 (8.3%)	10 (5.6%)	8 (4.8%)	6 (9.4%)	2322 (11.9%)
<i>25-29</i>	64 (18.1%)	51 (14.9%)	63 (18.1%)	62 (19.4%)	58 (18.5%)	60 (21.7%)	43 (15.3%)	46 (22.3%)	44 (24.7%)	31 (18.6%)	12 (18.8%)	3838 (19.7%)
<i>30-34</i>	48 (13.6%)	64 (18.7%)	62 (17.8%)	63 (19.7%)	57 (18.2%)	50 (18.1%)	67 (23.8%)	44 (21.4%)	35 (19.7%)	35 (21.0%)	12 (18.8%)	3878 (19.9%)
<i>35-39</i>	42 (11.9%)	45 (13.1%)	45 (12.9%)	48 (15.0%)	36 (11.5%)	29 (10.5%)	41 (14.6%)	22 (10.7%)	19 (10.7%)	25 (15.0%)	8 (12.5%)	3164 (16.3%)
<i>40-44</i>	45 (12.7%)	45 (13.1%)	32 (9.2%)	30 (9.4%)	38 (12.1%)	27 (9.7%)	30 (10.7%)	21 (10.2%)	18 (10.1%)	20 (12.0%)	4 (6.2%)	2335 (12.0%)
<i>45-49</i>	45 (12.7%)	30 (8.7%)	27 (7.7%)	32 (10.0%)	22 (7.0%)	23 (8.3%)	19 (6.8%)	16 (7.8%)	17 (9.6%)	17 (10.2%)	5 (7.8%)	1419 (7.3%)
<i>50-54</i>	24 (6.8%)	25 (7.3%)	28 (8.0%)	18 (5.6%)	19 (6.1%)	18 (6.5%)	19 (6.8%)	14 (6.8%)	8 (4.5%)	13 (7.8%)	10 (15.6%)	894 (4.6%)
<i>55-59</i>	22 (6.2%)	15 (4.4%)	13 (3.7%)	13 (4.1%)	16 (5.1%)	15 (5.4%)	13 (4.6%)	9 (4.4%)	13 (7.3%)	7 (4.2%)	2 (3.1%)	525 (2.7%)
<i>60-64</i>	6 (1.7%)	14 (4.1%)	15 (4.3%)	6 (1.9%)	17 (5.4%)	7 (2.5%)	4 (1.4%)	6 (2.9%)	6 (3.4%)	6 (3.6%)	3 (4.7%)	292 (1.5%)
<i>65-69</i>	9 (2.5%)	7 (2.0%)	7 (2.0%)	5 (1.6%)	5 (1.6%)	4 (1.4%)	7 (2.5%)	6 (2.9%)	5 (2.8%)	1 (0.6%)	1 (1.6%)	165 (0.8%)
<i>70 or over</i>	2 (0.6%)	3 (0.9%)	6 (1.7%)	0 (0.0%)	10 (3.2%)	4 (1.4%)	5 (1.8%)	0 (0.0%)	3 (1.7%)	1 (0.6%)	1 (1.6%)	105 (0.5%)
<i>Unknown</i>	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	88 (0.5%)

Case characteristics	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	1981-Mar 2023
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Total (ALL)	353	343	349	319	313	277	281	206	178	167	64	19461
Reported HIV risk exposure												
<i>MSM</i>	264 (74.8%)	254 (74.1%)	264 (75.6%)	237 (74.3%)	215 (68.7%)	194 (70.0%)	190 (67.6%)	135 (65.5%)	121 (68.0%)	104 (62.3%)	39 (60.9%)	12360 (63.5%)
<i>MSM who injects drugs</i>	16 (4.5%)	20 (5.8%)	21 (6.0%)	25 (7.8%)	17 (5.4%)	25 (9.0%)	26 (9.3%)	20 (9.7%)	15 (8.4%)	15 (9.0%)	5 (7.8%)	676 (3.5%)
<i>HET</i>	61 (17.3%)	50 (14.6%)	52 (14.9%)	48 (15.0%)	68 (21.7%)	51 (18.4%)	56 (19.9%)	40 (19.4%)	35 (19.7%)	38 (22.8%)	18 (28.1%)	1954 (10.0%)
<i>PWID</i>	7 (2.0%)	8 (2.3%)	4 (1.1%)	4 (1.3%)	6 (1.9%)	4 (1.4%)	5 (1.8%)	3 (1.5%)	4 (2.2%)	4 (2.4%)	0 (0.0%)	595 (3.1%)
<i>Blood disorder, blood or tissue recipient</i>	0 (0.0%)	0 (0.0%)	1 (0.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (1.6%)	279 (1.4%)
<i>Vertical transmission</i>	1 (0.3%)	1 (0.3%)	0 (0.0%)	1 (0.3%)	2 (0.6%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	55 (0.3%)
<i>Other</i>	1 (0.3%)	4 (1.2%)	3 (0.9%)	1 (0.3%)	1 (0.3%)	1 (0.4%)	3 (1.1%)	2 (1.0%)	1 (0.6%)	3 (1.8%)	1 (1.6%)	61 (0.3%)
<i>Unknown</i>	3 (0.8%)	6 (1.7%)	4 (1.1%)	3 (0.9%)	4 (1.3%)	2 (0.7%)	1 (0.4%)	4 (1.9%)	2 (1.1%)	3 (1.8%)	0 (0.0%)	3481 (17.9%)
LHD of residence												
<i>South Eastern Sydney</i>	126 (35.7%)	112 (32.7%)	129 (37.0%)	84 (26.3%)	92 (29.4%)	85 (30.7%)	73 (26.0%)	50 (24.3%)	53 (29.8%)	41 (24.6%)	18 (28.1%)	6010 (30.9%)
<i>Sydney</i>	92 (26.1%)	84 (24.5%)	86 (24.6%)	95 (29.8%)	71 (22.7%)	63 (22.7%)	61 (21.7%)	37 (18.0%)	33 (18.5%)	27 (16.2%)	13 (20.3%)	3376 (17.3%)
<i>Northern Sydney</i>	25 (7.1%)	17 (5.0%)	24 (6.9%)	20 (6.3%)	30 (9.6%)	23 (8.3%)	23 (8.2%)	19 (9.2%)	13 (7.3%)	19 (11.4%)	1 (1.6%)	1129 (5.8%)
<i>Western Sydney</i>	26 (7.4%)	26 (7.6%)	20 (5.7%)	24 (7.5%)	27 (8.6%)	24 (8.7%)	30 (10.7%)	25 (12.1%)	22 (12.4%)	14 (8.4%)	6 (9.4%)	894 (4.6%)
<i>South Western Sydney</i>	28 (7.9%)	30 (8.7%)	31 (8.9%)	31 (9.7%)	25 (8.0%)	21 (7.6%)	34 (12.1%)	27 (13.1%)	21 (11.8%)	27 (16.2%)	9 (14.1%)	851 (4.4%)
<i>Hunter New England</i>	17 (4.8%)	27 (7.9%)	17 (4.9%)	15 (4.7%)	7 (2.2%)	17 (6.1%)	23 (8.2%)	19 (9.2%)	7 (3.9%)	4 (2.4%)	2 (3.1%)	581 (3.0%)
<i>Nepean Blue Mountains</i>	3 (0.8%)	6 (1.7%)	6 (1.7%)	2 (0.6%)	6 (1.9%)	5 (1.8%)	4 (1.4%)	5 (2.4%)	8 (4.5%)	7 (4.2%)	4 (6.2%)	301 (1.5%)
<i>Illawarra Shoalhaven</i>	7 (2.0%)	6 (1.7%)	7 (2.0%)	8 (2.5%)	10 (3.2%)	7 (2.5%)	6 (2.1%)	4 (1.9%)	3 (1.7%)	7 (4.2%)	2 (3.1%)	274 (1.4%)
<i>Northern NSW</i>	5 (1.4%)	7 (2.0%)	8 (2.3%)	6 (1.9%)	10 (3.2%)	9 (3.2%)	10 (3.6%)	2 (1.0%)	7 (3.9%)	5 (3.0%)	3 (4.7%)	255 (1.3%)
<i>Central Coast</i>	5 (1.4%)	8 (2.3%)	5 (1.4%)	11 (3.4%)	12 (3.8%)	5 (1.8%)	2 (0.7%)	5 (2.4%)	2 (1.1%)	2 (1.2%)	2 (3.1%)	238 (1.2%)
<i>Mid North Coast</i>	6 (1.7%)	7 (2.0%)	6 (1.7%)	2 (0.6%)	4 (1.3%)	3 (1.1%)	2 (0.7%)	3 (1.5%)	1 (0.6%)	3 (1.8%)	1 (1.6%)	166 (0.9%)
<i>Western NSW</i>	5 (1.4%)	2 (0.6%)	2 (0.6%)	5 (1.6%)	5 (1.6%)	3 (1.1%)	3 (1.1%)	4 (1.9%)	3 (1.7%)	3 (1.8%)	1 (1.6%)	147 (0.8%)
<i>Murrumbidgee-Albury</i>	3 (0.8%)	3 (0.9%)	4 (1.1%)	9 (2.8%)	6 (1.9%)	4 (1.4%)	2 (0.7%)	4 (1.9%)	0 (0.0%)	1 (0.6%)	1 (1.6%)	119 (0.6%)
<i>Southern NSW</i>	4 (1.1%)	4 (1.2%)	2 (0.6%)	6 (1.9%)	3 (1.0%)	3 (1.1%)	2 (0.7%)	1 (0.5%)	2 (1.1%)	4 (2.4%)	0 (0.0%)	82 (0.4%)
<i>Far West</i>	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.4%)	2 (0.7%)	0 (0.0%)	1 (0.6%)	0 (0.0%)	0 (0.0%)	12 (0.1%)
<i>Unknown or other</i>	1 (0.3%)	4 (1.2%)	2 (0.6%)	1 (0.3%)	5 (1.6%)	4 (1.4%)	4 (1.4%)	1 (0.5%)	2 (1.1%)	3 (1.8%)	1 (1.6%)	5026 (25.8%)

Appendix C: NSW HIV Data Advisory Group members

Meredith Claremont	Advisory Group Chair, Centre for Population Health, NSW Ministry of Health
Carolyn Murray	Centre for Population Health, NSW Ministry of Health
Cherie Power	Advisory Group Secretariat, Centre for Population Health, NSW Ministry of Health
Hongli Dang	Centre for Population Health, NSW Ministry of Health
Paul Douglas	Health Protection NSW, NSW Health
Christine Selvey	Health Protection NSW, NSW Health
Steven Nigro	Health Protection NSW, NSW Health
Nathan Ryder	STIPU, Centre for Population Health, NSW Ministry of Health
David Lewis	Western Sydney Local Health District
Andrew Grulich	The Kirby Institute, University of NSW
Rebecca Guy	The Kirby Institute, University of NSW
Phillip Keen	The Kirby Institute, University of NSW
Prital Patel	The Kirby Institute, University of NSW
Benjamin Bavinton	The Kirby Institute, University of NSW
Martin Holt	Centre for Social Research in Health, University of NSW
Tim Broady	Centre for Social Research in Health, University of NSW
Nicolas Parkhill	ACON
Matthew Vaughan	ACON
Barbara Luisi	Multicultural HIV and Hepatitis Service (MHAHS)
Jane Costello	Positive Life
Mary Harrod	NSW Users and AIDS Association (NUAA)

Appendix D: NSW postcodes in each area by proportion of male population estimated to be gay

Estimated proportion of adult male population that is gay	Postcode	Suburb(s)
≥20%	2010	Darlinghurst, Surry Hills
	2043	Ersleville
	2015	Beaconsfield, Eveleigh, Alexandria
	2011	Rushcutters Bay, Woollahooloo, Elizabeth Bay, Potts Point
	2016	Redfern
	2042	Newtown, Enmore
5-19%	2050	Missenden Road, Camperdown
	2017	Waterloo, Zetland
	2044	Tempe, St Peters, Sydenham
	2021	Paddington, Moore Park, Centennial Park
	2008	Chippendale, Darlington
	2048	Stanmore, Westgate
	2049	Petersham, Lewisham
	2009	Pymont
	2027	Darling Point, Edgecliff, Point Piper
	2205	Wolli Creek, Turrella, Arncliffe
	2037	Forest Lodge, Glebe
	2025	Woollahra
	2204	Marrickville, Marrickville South
	2203	Dulwich Hill
	2028	Double Bay
	2038	Annandale
	2020	Mascot
	2040	Leichhardt, Lilyfield
	2000	The Rocks, Sydney, Millers Point, Haymarket, Barangaroo
	2130	Summer Hill
2007	Ultimo, Broadway	
2039	Rozelle	
2022	Queens Park, Bondi Junction	
2060	Waverton, North Sydney, McMahon's Point, Lavender Bay	
<5%	All others	All other postcodes



