

Under strict embargo 01:00AM AEDT, Tuesday 30 August 2022

Australia records lowest ever HIV numbers, but late diagnoses are concerning

- There were 552 new HIV diagnoses in Australia in 2021, the lowest number since the beginning of the HIV epidemic.
- The majority of new diagnoses remain in gay and bisexual men (68%), but have reduced by more than 52% over the past 10 years. The decline is due to a range of successful HIV prevention strategies including the scale-up of biomedical prevention tool PrEP, particularly over the past five years.
- HIV diagnoses among heterosexual people have reduced at a lower rate; 28% in the past 10 years.
- In 2021, HIV diagnoses remained stable among Aboriginal and Torres Strait Islander people.
- Almost half (48%) of new diagnoses were 'late diagnoses', meaning that the person may have been living with HIV for four or more years without knowing. It is estimated that nearly one in 10 people living with HIV are unaware they have it.
- Timely initiation of treatment is crucial, and by the end of 2021, an encouraging 98% of people on treatment had achieved viral suppression, which makes HIV untransmittable.
- Further work is needed to optimise and tailor HIV programs to meet our global and national targets, and to achieve virtual elimination of transmission in Australia.

(Sunshine Coast, Tuesday 30 August 2022) There were 552 new HIV diagnoses in Australia in 2021, meaning the number of new diagnoses has halved over the past 10 years, according to a [new national HIV report](#) released today by UNSW's [Kirby Institute](#) at [the joint Australasian HIV&AIDS and Sexual Health Conferences](#) on the Sunshine Coast.

Dr Skye McGregor from the Kirby Institute says, "HIV has been declining in Australia since 2015 and this is the lowest number of cases recorded since the beginning of the HIV epidemic. Australia should be very pleased with this sustained downward trend in diagnoses. The declines are likely the result of high uptake of HIV prevention measures including pre-exposure prophylaxis, testing, and high levels of treatment among people living with HIV.

"However, we need to consider these particularly low numbers in 2020 and 2021 within a context of changes to testing and sexual behaviour brought on by the COVID-19 pandemic. There is evidence of a decrease in testing, a decrease in casual sexual partners, as well as a decrease in the movement of people in and out of Australia. As we emerge from the pandemic and return to pre-pandemic behaviours, it's important to remember to re-adopt HIV prevention measures, and to test frequently. As HIV testing rates also return to pre-pandemic levels, it is possible we will see increases in the number of HIV diagnoses."

Most new HIV cases continued to be among gay and bisexual men, who accounted for more than two-thirds (68%) of cases in 2021. More than a quarter of cases (27%) were attributed to heterosexual sex. While the proportion of cases attributed to heterosexual sex has increased, the number of diagnoses attributed to heterosexual sex has declined, but at a slower rate compared to the decline in cases among gay and bisexual men.

Almost half of all new HIV diagnoses in 2021 were considered late diagnoses. This means that the person diagnosed may have been living with HIV for four or more years without knowing their HIV status and may be experiencing HIV-related illness.

Scott Harlum, President of [National Association of People with HIV Australia](#) (NAPWA) says that late diagnoses are more common among people who acquire HIV through heterosexual sex. “These communities may not have perceived themselves to be at risk. It is very important that we normalise HIV testing among heterosexual people. If you are getting tested for sexually transmissible infections, you should test for HIV too. Early diagnosis is crucial to support the health of individuals, as well as prevent onward transmission.”

In good news, HIV diagnoses remained very low among female sex workers and people who inject drugs, reflecting the ongoing success of HIV prevention programs targeting these populations.

“Australia is very fortunate to have low HIV rates among these populations. We need to ensure that health programs and services supporting these groups, such as needle and syringe programs and peer-led prevention programs for people engaged in sex work, are sustained. There is also more work to be done to challenge the stigma and discrimination experienced by these groups, which creates social and legal barriers to accessing care,” says Dr McGregor.

Progress to be made on UNAIDS targets

UNAIDS has set global targets for the proportion of people with HIV who have been diagnosed, are on treatment, and who have achieved viral suppression (this means that their treatment has made their HIV undetectable and untransmittable). The current target is 95-95-95 by 2025.

At the end of 2021, an estimated 29,460 people in Australia were living with HIV. An estimated 91% of these were diagnosed, 92% of those diagnosed were on antiretroviral therapy (ART) and 98% of people on ART had achieved viral suppression (91-92-98).

“Despite record low HIV diagnoses, additional investment and effort is needed for Australia to achieve its UNAIDS targets,” says Adjunct Professor Darryl O’Donnell, CEO of the [Australian Federation of AIDS Organisations](#) (AFAO). “It is encouraging that 91% of people with HIV are aware of this status, however this proportion has not improved very much in the last few years. It’s vital that people know their HIV status. Greater effort is needed to promote HIV testing among all those who may have HIV.

“AFAO and the community-led HIV response are ready and able to partner with government to go the last mile and fulfil our potential.”

Continuing declines among gay and bisexual men

Over the past 10 years, there has been a 52% decrease in new diagnoses among gay and

bisexual men. “The downward trend over recent years, alongside the uptake of PrEP, treatment as prevention, and enhanced national prevention strategies, means gay and bisexual men should be very proud of our collective efforts to drive down HIV,” says the Kirby Institute’s Professor Andrew Grulich.

“But there is more work to be done. PrEP needs to reach all people who could benefit from it. In particular, we need to improve access and promotion for gay and bisexual men living outside of inner-city areas, gay and bisexual men born overseas, and Aboriginal and Torres Strait Islander gay and bisexual men. And across the board, we need to increase HIV testing.”

Among participants of the Gay Community Periodic Survey conducted by [UNSW’s Centre for Social Research in Health](#) (CSRH), in 2021 66% of HIV-negative gay and bisexual men reported having had an HIV test in the 12 months prior to the survey, down from 74% in 2019, prior to the start of the COVID-19 pandemic. These data are included in CSRH’s [Annual Report of Trends in Behaviour](#), also released at the conference today.

“We know that in 2021 gay and bisexual men continued to report fewer sex partners than before COVID-19, and that HIV risk appeared to be lower,” says Professor Martin Holt from CSRH. “HIV testing levels were suppressed compared to before COVID-19, and PrEP use was also slightly lower. Encouraging re-engagement with HIV testing and prevention remains vital, particularly as people become more sexually active again.”

Targeted programs needed for Aboriginal and Torres Strait Islander communities

There were 17 new HIV diagnoses among Aboriginal and Torres Strait Islander peoples in both 2020 and 2021. This represents a 51% decrease over the past ten years, however the numbers are very small, so caution should be taken in interpretation.

Mr Robert Monaghan, head of Aboriginal and Torres Strait Islander health research at the Kirby Institute, says that “although the numbers are small in Aboriginal communities, Aboriginal people face additional barriers to accessing prevention and care. Tailored campaigns for the community are needed, focused on testing, treatment and PrEP.”

Media contact

Luci Bamford, Media Manager, Kirby Institute e: lbamford@kirby.unsw.edu.au m: 0432 894 029

Nick Lucchinelli, Media Advisor, AFAO e: nick@hortonadvisory.com.au m: 0422 229 032

Kirby Institute

The Kirby Institute is a world-leading health research organisation at UNSW Sydney working to eliminate infectious diseases, globally. We put communities at the heart of our research. That way, we are better able to design tests, treatments and cures that have the greatest chance of success, helping us to eliminate infectious diseases globally.

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