MEDIA RELEASE

HIV diagnoses in Australia stable, but experts caution progress is uneven

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New Kirby Institute data show Australia has met key global HIV testing and treatment targets, but experts warn that progress is not being shared equally across communities, with ongoing late diagnoses and a rise in diagnoses among First Nations Australians requiring urgent attention.

(MELBOURNE, Tuesday 15 September 2026) There were 753 HIV diagnoses in Australia in 2025, meaning HIV diagnoses remained stable over the last three years, according to a report from the Kirby Institute at UNSW Sydney, presented today at the joint Australasian HIV&AIDS and Sexual and Reproductive Health Conferences in Melbourne.

Over the past decade, HIV diagnoses in Australia have declined by one quarter, down from 1,006 in 2016. After accounting for Australia's growing population, the rate of HIV diagnoses has fallen by about one-third over that time. In 2016, around 4 in every 100,000 Australians were diagnosed with HIV; in 2025, this was closer to 3 in every 100,000.

"The decline we've seen in HIV diagnoses over the last decade shows Australia's world-leading response is working. While HIV diagnoses increased modestly following a COVID-19-related decline associated with public health control measures, the longer-term trend remains downward," says Dr Skye McGregor, an epidemiologist at the Kirby Institute and the report's lead.

"However, accelerating this decline will require sustained and enhanced efforts. It is important we focus our efforts and address the inequities revealed by the data, ensuring testing, treatment and prevention options are accessible and available to everyone who needs them."

In 2025, sex between gay and bisexual men accounted for 484 (64%) HIV diagnoses, with heterosexual sex reported for 194 (26%) diagnoses, and injection drug use for 19 (3%) diagnoses. Just over half (53%) of gay and bisexual men diagnosed with HIV in 2025 were born overseas. HIV remains low among sex workers and people who inject drugs, reflecting the success of decades of community-led harm reduction and health promotion strategies.

UNAIDS set fast-track global targets for HIV testing and treatment by 2025: that 95% of people living with HIV are diagnosed, 95% of those diagnosed are on treatment and that 95% of those on treatment have HIV that is virally suppressed (meaning that the virus cannot be transmitted to others). Preliminary estimates show that Australia achieved these targets in 2025.

"Reaching those targets at a national level in Australia is an incredible achievement, showing that when priority populations are given convenient and affordable access to the mechanisms that prevent HIV transmission and improve quality of life, transmission rates fall," says Dr McGregor.

"While Australia has reached important national milestones, the data show progress is not yet being shared equally across all communities. The next phase of the response must focus on

MEDIA CONTACT: Luci Bamford, Kirby Institute
0432 894 029. lbamford@kirby.unsw.edu.au

improving equitable access to testing, treatment and prevention, particularly for groups experiencing higher diagnosis rates or late diagnosis. It is also essential that we continue to invest in, and grow, a regional approach to HIV prevention and care and provide support to neighbouring Pacific Island countries like Fiji and Papua New Guinea who are experiencing concerning rises in HIV diagnoses."

Inequity persists for First Nations Australians

There were 37 diagnoses of HIV among First Nations Australians in 2025. This is an increase on the average 24 cases per year for three years prior to 2025, and the second highest number of diagnoses over the last decade.

First Nations Australians were diagnosed at 1.9 times the rate of Australian-born non-Indigenous people in 2025, up from 1.6 in 2016. In the last three years, 36% of these diagnoses were attributable to sex between gay and bisexual men, 33% to heterosexual sex, 17% to sex between gay and bisexual men and injecting drug use, and 7% to injecting drug use alone.

First Nations Australians can face barriers to accessing culturally safe healthcare for many reasons including discrimination within the health system, geographical barriers and inequitable access to healthcare.

"While HIV diagnoses among First Nations peoples have overall declined over the past decade, the reduction has not kept pace with the decline seen among non-Indigenous Australians. The increase in diagnoses over the past year is particularly concerning and should be a reminder that we need to closely monitor and rapidly respond where we see cases emerge," said Mr Robert Monaghan, Manager of the Yandamanjang First Nations Health Research Program at the Kirby Institute.

"First Nations peoples remain almost twice as likely to be diagnosed with HIV than non-Indigenous Australians. This inequity is unacceptable. We know that HIV is preventable and treatable, so we need to ask why these disparities persist and, more importantly, what we can do differently.

"Eliminating HIV transmission among Australia's First Nations peoples must remain a critical national priority. The response needs to be driven by communities, not only delivered to them. We need culturally safe, locally relevant campaigns co-designed with First Nations communities and organisations, with a strong focus on testing, prevention, early diagnosis and access to treatment."

Mixed results for gay and bisexual men

Gay and bisexual men continue to be the group most impacted by HIV in Australia.

While diagnoses have declined over the past 10 years, down by more than a third (36%) since 2016, they have plateaued between 2024 and 2025.

There are marked differences among sub-populations of gay and bisexual men. Diagnoses among Australian-born men have nearly halved in the last decade (from 442 to 229), whereas among overseas-born men the decline is only 19% (from 316 to 255).

"The long-term downward trends in HIV diagnoses in Australia reflect decades of community-led initiatives and partnerships with health services and researchers aimed at driving down

HIV transmission. But when we look closely at the data, it’s clear that Australia's prevention efforts are reaching some groups and missing others, making progress uneven across the board," said Professor Andrew Grulich, head of the HIV Epidemiology and Prevention Program at the Kirby Institute.

“We have the tools to drive down HIV transmission in Australia, and we know that when we put these tools in the hands of the community, transmission rates fall. However, we need to do better to understand and respond to the needs of diverse communities and ensure equitable access to prevention tools.”

Late diagnoses concerning

A HIV diagnosis is considered late when the person may have been living with HIV for four or more years without knowing their HIV status and may be experiencing HIV-related illnesses.

In 2025, 33% of diagnoses were considered late. The proportion of diagnoses that were late was highest among people reporting heterosexual contact. Over the past five years, 58% of HIV diagnoses among heterosexual men and 46% among heterosexual women were late, compared to a third of diagnoses being late among gay and bisexual men.

Across the same period, late diagnoses were almost twice as common among gay and bisexual men born in Southeast Asia (49%) compared to those born in Australia (23%). Australian-born heterosexual women were the least likely group to be diagnosed late (22%).

“Late HIV diagnoses are a major health concern, heightening the risk to both individuals' health and community transmission rates,” says Dr McGregor.

“The proportion of late diagnoses among heterosexual people and gay and bisexual men born in Southeast Asia shows there are clear gaps in access to timely testing. We need sustained investment in a range of culturally appropriate and accessible testing options, ensuring programs meet the needs of communities.”

Stakeholder quotes:

“Over the course of the epidemic in Australia, people with HIV have as a community contributed so greatly to the prevention effort, and have been so successful in minimising onward transmission, that we’ve been able to avoid a wider, more generalised epidemic.

People with HIV must be supported to continue this amazing work, and that support must incorporate the tools they need to live good quality and healthy lives.

More must be done to reduce the number of people who are diagnosed late.

We must eliminate the key risk period for overseas-born men who have sex with men who are new to Australia, which is that between the time they arrive in the country and when they become connected to care. We cannot leave them to navigate HIV, distress and risk alone and without the support they need during that key period for them.

And we must close the gap that First Nations people face when accessing health services. That requires more and better targeted testing, and affordable and accessible treatment, prevention and care for all parts of the community that need it, when they need it."

- Scott Harlum, NAPWHA President

"These results show that when people get equitable access to testing, treatment and prevention tools, transmission falls. But they also show the need to bolster efforts among First Nations people, overseas-born gay and bisexual men and those diagnosed late.

Closing these gaps means expanding PrEP access and culturally safe testing so every community can reach it, not just the ones already best served. It also means continuing to resource Australia's neighbours, Fiji and Papua New Guinea to address the serious outbreak of HIV occurring in these settings."

- **Dash Heath-Paynter, CEO, Health Equity Matters**

"HIV is a very manageable condition, but early diagnosis is critical in ensuring the best health outcomes for people living with HIV. These findings indicate that testing isn't happening equally across demographics, meaning cases are slipping through. We need to ensure healthcare workers aren't making assumptions about people's risk factors and are consistently offering HIV testing."

- **Jessica Michaels, Deputy CEO, ASHM**