

HIV in Ireland, 2023



November 2024

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HSE - Health Protection Surveillance Centre.

H^z Acknowledgements

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\mathcal{H} Contents of slide set and definitions used

Data in this slide set is presented in two parts:

- Part A: First-time HIV diagnoses
- Part B: Total HIV diagnoses



The following definitions are used

- Total HIV diagnoses: All HIV diagnoses notified via CIDR to Public Health
- First-time HIV diagnoses*: HIV diagnoses in people not previously aware they had HIV (i.e. being diagnosed with HIV for first time)
- Previous HIV diagnoses: HIV diagnoses in people already aware of their diagnosis (i.e. previously diagnosed with HIV usually before arrival in Ireland)
- Unknown HIV history: HIV diagnoses in people where no information was provided on previous HIV testing history (form/data either not returned or history unknown)

*Important to note, while these people are being diagnosed for the first time, they are not all recent infections.

$H = 10^{2}$ Executive summary (1)

- HIV remains a major public health issue in Ireland and worldwide and key efforts are required to achieve the targets set by the <u>United</u> <u>Nations Sustainable Development Goal (3.3)</u> to end AIDS by 2030.
- In recent years, an increasing number of HIV diagnoses are among people previously diagnosed outside Ireland. In order to have meaningful analysis of HIV epidemiology in Ireland, data are presented on (a) first-time diagnoses and (b) total diagnoses.
- During 2023, there were 911 total HIV diagnoses in Ireland. The majority of these (61%) were in people already known to be living with HIV, with 19% in people diagnosed with HIV for the first time and 20% with unknown history.
- Following a reduction in number of total HIV diagnoses in 2020 and 2021 (due to the COVID-19 pandemic), an increase in total diagnoses was observed in 2022 and 2023. This increase was driven by increasing numbers of people with a previous diagnosis which was due to increased migration to Ireland in those years. While those people previously diagnosed elsewhere are unlikely to have benefited from HIV prevention programmes in Ireland, it is vital that they are promptly linked to HIV care on arrival in Ireland for their own individual benefit and to prevent onward transmission. Timely, successful treatment, which is free in Ireland and available to everyone, can lead to similar health and life expectancy for people living with HIV as the general population and can prevent onward transmission of HIV to sexual partners (U=U, Undetectable equals Untransmittable). In 2023, of the 553 people previously diagnosed with HIV abroad, 95% were reported to have transferred their care from another country to Ireland and of these 89% had a supressed viral load (where viral load was known).
- There were 173 first time diagnoses in Ireland during 2023, giving a rate of 3.4 per 100,000 population. This is very similar to the rate in 2022 and lower compared to pre-pandemic (4.0 per 100,000 population in 2019) and earlier years.

$\int \tilde{z}$ Executive summary (2)

- The key population group affected by HIV in Ireland remains gay, bisexual and other men who have sex with men (gbMSM). Encouragingly, a declining trend in first-time diagnoses in gbMSM has been evident since 2015 and a lower proportion of this population group were diagnosed late in recent years. It is likely that some of this population group have benefited from initiatives such as free HIV testing including community-based and home-based testing, immediate linkage to care, distribution of condoms and lubricant, and access to PrEP for those considered to be at risk of HIV through sex, all delivered as part of comprehensive sexual health services.
- Heterosexuals accounted for 50% of first-time diagnoses in 2023, however the rate among this group remains low. Of concern, a higher proportion of heterosexuals (males in particular) are diagnosed late. This has been shown to be associated with poorer outcomes and an increased likelihood of ongoing HIV transmission and suggests that some people may experience difficulty with access to HIV testing. Expanding targeted testing including testing of migrants from areas of high endemicity and raising awareness among healthcare workers can help to improve earlier HIV detection (in those with other diseases or symptoms which might indicate presence of HIV).
- HIV transmission among PWID remains at consistently low levels which is likely to be attributable to the presence of well-established and <u>effective harm-reduction programmes</u>. However, <u>previous outbreaks</u> which have occurred in this group highlights that trends can rapidly reverse. In addition to HIV prevention, expanding access to testing for other bloodborne infections, such as hepatitis C (HCV) and hepatitis B (HBV), continues to be an essential and integrated strategy for this population. Monitoring of any emerging drug trends such as stimulant injecting should be priority for services.
- Free HIV testing is available through a variety of services (e.g. antenatal services; sexual health services; emergency departments, student health services, NGO's, addiction and homeless services and primary care, <u>HIV community testing</u>, <u>home based testing</u>). It is notable that there was an increase in HIV testing both laboratory testing and home testing in 2023.

H_{z} Executive summary (3)

- Free sexual health services are available in Ireland. More information can be found at <u>https://www.sexualwellbeing.ie/sexual-health/hse-sti-services-in-ireland.html</u>
- Communication campaigns and information resources are in place to raise awareness of the benefits of testing and early diagnosis and HIV
 prevention measures and are targeted to the general population and specific groups in greater need.
- Surveillance that is high quality, timely, detailed and comprehensive is vital for understanding and responding to the latest trends and features of the HIV epidemic in Ireland and to monitor the progress towards UNAIDS targets of zero new HIV infections by 2030. HIV data for 2023 revealed some issues with data quality and completeness including differentiating first time HIV diagnoses from previous positives, as well as variables looking at probable route of transmission and region of origin of cases. Completed enhanced surveillance forms were received for 83% of HIV notifications in 2023 (similar to proportion in 2022 84%) and the proportion completed by HSE area ranged from 75% to 96% (as of 01/10/2024).
- These latest surveillance data and findings from the recently published <u>HIV treatment audit report</u> (showing reducing incidence of HIV) indicate some welcome progress in the aim to eliminate new HIV infections in Ireland by 2030, but over forty years since the first reports of HIV and AIDS in Ireland in 1982, HIV remains a significant public health issue. In particular, a focus is needed on people who have difficulty accessing testing and who are diagnosed late.

Further information on HIV can be found at <u>www.hpsc.ie</u> and <u>www.sexualwellbeing.ie</u>

Free condoms can be accessed at http://www.sexualwellbeing.ie/freecondoms

$\mathbf{H}\tilde{\mathbf{z}}$ Key points (1)

First-time diagnoses, 2023

- 173 first-time diagnoses (3.4 per 100,000 population), similar to 2022. Decreasing trend since 2015.
- Rate in males over twice the rate in females and rates higher in all age groups in males compared to females. Decreasing trend observed in males since 2015 with stable trend in females.
- Majority of diagnoses (71%) in those aged 25-49 years (median age: 39 years); 8% in those aged 15-24 years; 21% were in those aged 50+ years. Increasing trend in median age in males and females.
- Key population group affected by HIV remains gbMSM. Declining trend among gbMSM since 2015. 26% co-infected with an acute bacterial STI at time of HIV diagnosis.
- Highest proportion (50%) of diagnoses in 2023 among heterosexuals but rate among heterosexuals remains low.
- Low number of first-time diagnoses among people who inject drugs
- Majority of diagnoses (73%) among people born outside Ireland with 24% among those born in Ireland. Of those born outside Ireland, country of infection is likely to be Ireland for 44% and outside Ireland for 56%.
- Higher HIV rates among males and females born outside Ireland. Rate among males born outside Ireland is lower compared to 2019 and rates among females born outside Ireland is stable compared to 2019.
- Among first time diagnoses, 39% diagnosed late with 30% established and 21% recent infection:
 - Higher proportions diagnosed late: aged 50+ years; heterosexual males
 - Higer proportions diagnosed with recent infection: aged 20-29 years; born in Latin America and Caribbean; gbMSM

\mathcal{H} Key points (2)

Total diagnoses, 2023

- 911 total diagnoses (17.7 per 100,000 population). Similar to 2022 but a significant increase compared to 2012-2021.
- Majority (61%) in people previously diagnosed outside Ireland; 19% in people with a first-time diagnosis; 20% with unknown history.
- Majority (65%) among males.
- Majority (78%) among people aged 25-49 years.
- Heterosexuals accounted for the highest proportion of total diagnoses (39%), followed by gbMSM (34%), and PWID (3%). Total diagnoses among heterosexuals have increased in recent years, largely reflecting an increase in people previously known to be living with HIV.
- Highest proportions born in Sub-Saharan Africa (32%); Latin America and Caribbean (19%); Eastern Europe (12%); Ireland (9%). Rate in those born outside Ireland has increased in recent years while the rate in those born in Ireland has remained stable.
- Number of laboratory HIV tests increased by 7% and home HIV tests by 30% in 2023 compared to 2022.





Part A: First-time HIV diagnoses



Definition: HIV diagnoses in people who were not previously aware they had HIV (i.e. are being diagnosed with HIV for the first time)

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$\int z$ Trend in HIV diagnoses and rates (first-time diagnoses*)

 In 2023, there were 173 firsttime HIV diagnoses, giving a rate of 3.4 per 100,000 population, similar to 2022

Decreasing trend since 2015

300. **-**6.0 5.3 5 4.9 250 4.7 Rate per 100,000 population 4.6 4.6 4.3 First-time diagnoses 200 3.4 3.3 150. 252 239 233 219 217 215 198 190 100-173 169 127 123 50 0 0.0 2017 2018 2012 2013 2014 2015 2016 2019 2020 2021 2022 2023 Year First-time diagnoses Rate per 100,000

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Figure 1. HIV diagnoses and rate per 100,000 population in Ireland, 2012 to 2023 (first-time diagnoses)



J Trend in HIV rates by gender (first-time diagnoses*)

- 69% in males in 2023
- Rate per 100,000 population in males was 2.3 times greater than rate in females in 2023
- Decreasing trend in males evident since 2015
- Stable trend in female cases, following drop in pandemic years (2020-2021)



(first-time diagnoses)

f_{\sim} HIV rates by gender and age group, 2023 (first-time diagnoses*)

In 2023:

- 71% aged 25-49 years; 8% aged 15-24 years; 21% aged 50+ years
- In all age groups, rate per 100,000 population was higher in males compared to females
 - Highest in males aged 30-34 years
 - Highest in females aged 40-44 years



Figure 3. Rate of HIV per 100,000 population in Ireland by gender and age group, 2023 (first-time diagnoses)

Hedian age of HIV diagnoses by gender (first-time diagnoses*)

- Median age in 2023:
 - Females: 40 years (range: 22-71yrs)
 - Males: 37 years (range: 21-80yrs)
 - Total: 39 years (range: 21-80 yrs)
- Increasing trend in median age of females and males



Figure 4. Median age of HIV diagnoses in Ireland by gender, 2012 to 2023 (first-time diagnoses)

$\int \mathcal{L}$ Trend in HIV rates in males by age group (first-time diagnoses*)

Compared to pre-pandemic year 2019:

- Largest decreases in males aged:
 - 15-24 years (-55%)
 - 25-29 years (-46%)
 - 45-49 years (-46%)



Figure 5. Rate of HIV per 100,000 population in males in Ireland by age group, 2012 to 2023 (first-time diagnoses)

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$\int z$ Trend in HIV rates in females by age group (first-time diagnoses*)

Compared to pre-pandemic year 2019:

- Largest decreases in females aged:
 - 25-29 years (-53%)
 - 30-34 years (-45%)
- Largest increases in females aged:
 - 50+ years (+200%)
 - 40-44 years (+103%)



Figure 6. Rate of HIV per 100,000 population in females in Ireland by age group, 2012 to 2023 (first-time diagnoses)

\mathcal{F} Trend in HIV rates by region of birth and gender (first-time diagnoses*)

- Higher HIV rate among males and females born outside Ireland compared to males and females born in Ireland
- Compared to 2019
 - Decrease in males born outside Ireland (-25%) and males born in Ireland (-42%)
 - Similar rate in females born outside Ireland
 - Low rate in females born in Ireland



Figure 7. Rate of HIV per 100,000 population in Ireland by region of birth and gender, 2012 to 2023 (first-time diagnoses)

$\int z$ Trend in HIV diagnoses by region of birth (first-time diagnoses*)

In 2023:

- Majority of diagnoses (73%) among people born outside Ireland
- 24% among those born in Ireland

Compared to 2019:

- Largest increase in people born in Eastern Europe (171%)
- Largest decrease in people born in Ireland (37%)



Figure 8. HIV diagnoses in Ireland by region of birth, 2012 to 2023 (first-time diagnoses)

$\int \tilde{z}$ Trend in HIV diagnoses by probable country of infection (first-time diagnoses*)

- Probable country of infection in 2023: 42% Ireland; 35% outside Ireland; unknown 24%
- Declining trend in those infected in Ireland evident since 2015



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Figure 9. HIV diagnoses in Ireland by probable country of infection, 2012 to 2023 (first-time diagnoses)

f Trend in HIV diagnoses by region of birth and probable country of infection (first-time diagnoses*)

In 2023:

- For people born in Ireland, the probable country of infection (where known) was Ireland for the majority (84%)
- For people born outside Ireland, the probable country of infection (where known) was Ireland for 44% of diagnoses and outside Ireland for 56% of diagnoses



Figure 10. HIV diagnoses in Ireland by region of birth and probable country of infection, 2012 to 2023 (first-time diagnoses)

$\int \tilde{z}$ Trend in HIV diagnoses by probable route of transmission (first-time diagnoses*)

- In 2023: 50% heterosexuals; 40% gbMSM, 3% PWID
- Declining trend among gbMSM evident since 2015
- Diagnoses among heterosexuals similar to numbers seen between 2012-2019



Figure 11. HIV diagnoses in Ireland by probable route of transmission, 2012 to 2023 (first-time diagnoses)

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Figure Trend in HIV rates in gbMSM* (first-time diagnoses**)

 Decline in rate of HIV among gbMSM since peak in 2015 (-56%)



Figure 12. Rate of HIV per 100,000 population in gbMSM in Ireland, 2012 to 2023 (first-time diagnoses)

*Census data and estimates from the 2015 Healthy Ireland survey were used to calculate notification in gbMSM. See technical notes for more information. **First-time diagnosis: HIV diagnosis in Ireland excluding those with a previous HIV diagnosis and those whose previous history of HIV diagnosis is unknown.

$\int \mathcal{L}$ Trend in HIV diagnoses in gbMSM by age group (first-time diagnoses*)

Compared to the peak in 2015:

- Largest decreases:
 - 45-49 years (-77%)
 - 35-39 years (-74%)
 - 25-29 years (-58%)
 - 15-24 years (-56%)



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Figure 13. HIV diagnoses in gbMSM in Ireland by age group, 2012 to 2023 (first-time diagnoses)

$\int z$ Trend in HIV diagnoses in gbMSM by region of birth (first-time diagnoses*)

- Born in Ireland
 - Decreasing trend since 2012
 - Probable country of infection Ireland for 82% and outside Ireland for 9% (unknown 9%)
- Born outside Ireland
 - Decrease in number from Latin America and Caribbean (-50%) since 2019
 - Probable country of infection Ireland for 51% and outside Ireland for 18% (unknown 31%)



Figure 14. HIV diagnoses in gbMSM in Ireland by region of birth, 2012 to 2023 (first-time diagnoses)

$\int \tilde{z}$ Trend in HIV rates in heterosexuals by gender (first-time diagnoses*)



Figure 15. Rates in HIV per 100,000 population in heterosexuals in Ireland by gender, 2012 to 2023 (first-time diagnoses)

As a proxy for the heterosexual population, male and female populations over the age of 18 were used to calculate notification rates.

$\int \tilde{z}$ Trend in HIV diagnoses in heterosexuals males and females by region of birth (first-time diagnoses*)

- Highest proportion of heterosexual males born in Sub Saharan Africa (42%) or Ireland (32%) in 2023
 - 35 -30. **First-time diagnoses** 12 10 10 2015 2018 2014 2016 2017 2019 2020 2022 2023 2012 2013 2021 Year Latin America and Caribbean Western Europe Central Europe South and South East Asia Eastern Europe Sub Saharan Africa Ireland
- Figure 16. HIV diagnoses in heterosexual males in Ireland by region of birth, 2012 to 2023 (first-time diagnoses)

 Majority (70%) of heterosexual females born in Sub Saharan Africa in 2023



Figure 17. HIV diagnoses in heterosexual females in Ireland by region of birth, 2012 to 2023 (first-time diagnoses)

*First-time diagnosis: HIV diagnosis in Ireland excluding those with a previous HIV diagnosis and those whose previous history of HIV diagnosis is unknown

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Hirding representation HIV diagnoses in transgender people (first-time diagnoses*)

 Since reporting of data on gender identity began in mid-2018, 10 first-time HIV diagnoses have been recorded among trans people (6 trans female and 4 trans male)



Figure 18. HIV diagnoses in transgender people in Ireland, 2018 to 2023 (first-time diagnoses)

A trans female is a person who identifies as female but was assigned male at birth. A trans male is a person who identifies as male but was assigned female at birth. *First-time diagnosis: HIV diagnosis in Ireland excluding those with a previous HIV diagnosis and those whose previous history of HIV diagnosis is unknown

J Trend in HIV rates by HSE Health Region (first-time diagnoses*)



Figure 19. Rate of HIV per 100,000 population in Ireland by HSE Health Region, 2019 to 2023 (first-time diagnoses)

*First-time diagnosis: HIV diagnosis in Ireland excluding those with a previous HIV diagnosis and those whose previous history of HIV diagnosis is unknown

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H HIV diagnoses and co-infections, 2023 (first-time diagnoses*)

- 13% of all first-time diagnoses were co-infected with at least one acute bacterial STI: chlamydia, gonorrhoea and/or early infectious syphilis
- Proportion co-infected with a bacterial STI was higher (26%) among gbMSM



Figure 20. HIV diagnoses in Ireland by co-infection with a bacterial STI, 2023 (first-time diagnoses)

$\int \tilde{z}$ Trend in proportion diagnosed with recent, established or late-stage HIV infection (first-time diagnoses*)

In 2023

- 39% of diagnoses were late
- 30% of diagnoses were established
- 21% of diagnoses were recent
- The median CD4 count at diagnosis (cells/µl) in 2023 was 350 (compared to 311.5 in 2022, 314 in 2021, 276.5 in 2020)

See definitions for late, established and recent infections in technical notes



Figure 21. HIV diagnoses in Ireland by stage of infection, 2012 to 2023 (first-time diagnoses)

*First-time diagnosis: HIV diagnosis in Ireland excluding those with a previous HIV diagnosis and those whose previous history of HIV diagnosis is unknown

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Late HIV diagnoses, 2023 (first-time diagnoses*)

- Groups with the highest proportion (≥50%) diagnosed late were:
 - Aged 50+ years (51%)
 - Heterosexual males (60%)

Further statistical analysis is planned to reliably identify groups with higher proportions diagnosed late.



Figure 22. Proportion of HIV diagnoses in Ireland with a late diagnosis, 2023 (first-time diagnoses) ((please note numbers of PWID are low))

Freent HIV diagnoses, 2023 (first-time diagnoses*)

- Groups with the highest proportion (≥33%) diagnosed with a recent infection were:
 - gbMSM (33%)
 - Aged 20-29 years (34%)
 - Born in Latin America and Caribbean (33%)



Figure 23. Proportion of HIV diagnoses in Ireland with a recent diagnosis, 2023 (first-time diagnoses) (please note numbers of PWID are low)



Part B: Total HIV diagnoses



Definition: All HIV diagnoses in Ireland notified to Public Health (regardless of previous testing status)

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$\int z$ Trend in HIV diagnoses and rates (total diagnoses)

- 911 total diagnoses in 2023:
 - 19% (n=173) first-time diagnoses
 - 61% (n=553) previously positive
 - 20% (n=185) unknown
- Rate of total diagnoses increased in recent years following a steady trend between 2015 and 2019 and lower rates in 2020 and 2021 due to COVID-19 pandemic
- Increase in rate in recent years largely attributable to increase in diagnoses among people previously diagnosed with HIV outside Ireland
- Since 2022 previous positives have accounted for the majority of diagnoses with a large increase in 2022 and 2023



Figure 24. HIV diagnoses and rate per 100,000 population in Ireland, 2012 to 2023 (total diagnoses)

\mathbf{H} Trend in HIV rates by gender (total diagnoses)

In 2023:

- Rate in males almost 2 times greater than rate in females
- Males accounted for 65% of diagnoses and females accounted for 35%



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(total diagnoses)

$\int \tilde{z}$ HIV rates by gender and age group, 2023 (total diagnoses)

In 2023:

- In total: 78% aged 25-49 years; 5% aged 15-24 years; 16% aged 50+ years
- In all age groups except those aged 45-49 years, rate was higher in males compared to females
- Highest rate among males was in those aged 30 to 34 years
- Highest rate among females was in those aged 40 to 44 years



Figure 26. Rate of HIV per 100,000 population by gender and age group in Ireland, 2023 (total diagnoses)

Hedian age of HIV diagnoses by gender (total diagnoses)

- In 2023:
 - Female median age: 40 years (range: 19 to 71 years)
 - Male median age: 36 years (range: 20 to 80 years)
 - Total median age: 38 years (range: 19 to 80 years)
- Increasing trend in median age of females and males



Figure 27. Median age of HIV diagnoses by gender in Ireland, 2012 to 2023 (total diagnoses)
HIV diagnoses in transgender people (total diagnoses)

 Since reporting of data on gender identity began in mid-2018, 35 HIV diagnoses have been recorded among trans people



Figure 28. HIV diagnoses in transgender people in Ireland, 2018 to 2023 (total diagnoses)

A trans female is a person who identifies as female but was assigned male at birth. A trans male is a person who identifies as male but was assigned female at birth.

\mathfrak{F} Trend in HIV diagnoses by probable route of transmission (total diagnoses)

- In 2023:
 - 39% heterosexuals
 - 34% gbMSM
 - 3% PWID
 - 24% unknown/other
- gbMSM accounted for the highest proportion from 2012-2022



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Figure 29. HIV diagnoses by probable route of transmission, 2012 to 2023 (total diagnoses)

$\int z$ Trend in HIV rates in heterosexuals by gender (total diagnoses)

- Increase in rates among heterosexuals in recent years, following a reasonably stable trend between 2012-2021
- Increase in recent years largely attributable to increase in diagnoses among people previously diagnosed with HIV abroad
- Rate among females 1.6 greater than rate among males



Figure 30. HIV rate per 100,000 population in heterosexuals by gender in Ireland, 2012 to 2023 (total diagnoses)

As a proxy for the heterosexual population, male and female populations over the age of 18 were used to calculate notification rates.

$\int z$ Trend in HIV diagnoses in gbMSM by previous history (total diagnoses)

- In 2023, majority (74%) of diagnoses among gbMSM in people previously diagnosed with HIV outside Ireland, with 22% among people with a first-time diagnosis
- Since 2017 previous positives have accounted for the highest proportion



Figure 31. HIV diagnoses in gbMSM by history of previous diagnosis, 2012 to 2023 (total diagnoses)

$\int \mathcal{L}$ Trend in HIV diagnoses in heterosexuals by previous history (total diagnoses)

- In 2023, majority (73%) of diagnoses among heterosexuals in people previously diagnosed with HIV outside Ireland, with 24% among people with a first-time diagnosis
- Since 2020 previous positives have accounted for the highest proportion



Figure 32. HIV diagnoses in heterosexuals by history of previous diagnosis, 2012 to 2023 (total diagnoses)

$\int \tilde{z}$ Trend in HIV diagnoses in people who inject drugs by previous history (total diagnoses)

- In 2023, majority (73%) of diagnoses among PWID in people previously diagnosed with HIV outside Ireland, with 17% among people with a first-time diagnosis
- Since 2022 previous positives have accounted for the highest proportion (2019 also saw high proportion)



Figure 33. HIV diagnoses in PWID by history of previous diagnosis, 2012 to 2023 (total diagnoses)

Vertical transmission, 2023 (total diagnoses)

- There were 16 notifications in 2023 where the probable route of transmission was attributed to vertical transmission
 - 6 adult cases
 - All previously diagnosed outside Ireland
 - 10 cases in children aged 0-18 years
 - 7 previously diagnosed outside Ireland and three first-time diagnoses

$\int \tilde{z}$ Trend in HIV rates by region of birth (total diagnoses)

- In 2023
 - 9% born in Ireland; 74% born outside Ireland
 - Rate in those born outside Ireland 35 times greater than rate in those born in Ireland
- Rate in those born in Ireland stable since 2012



Figure 34. Rate of HIV per 100,000 population by region of birth, 2012 to 2023 (total diagnoses)

E Trend in HIV diagnoses by region of birth (total diagnoses)

In 2023:

- 32% born in Sub-Saharan Africa
- 19% born in Latin America and Caribbean
- 12% born in Eastern Europe
- 9% born in Ireland



Figure 35. HIV diagnoses by region of birth, 2012 to 2023 (total diagnoses)

$\int \tilde{z}$ Trend in HIV rates by HSE Health Region (total diagnoses)

 Compared to national rate, rates in 2023 were higher in HSE Dublin and Northeast and HSE Dublin and Midlands, rates were lower in HSE West and Northwest



Figure 36. Rate of HIV per 100,000 population by HSE Health Region, 2019 to 2023 (total diagnoses)

 In all HSE Health Regions, largest proportion of HIV diagnoses were among those previously diagnosed with HIV outside Ireland



First-time diagnoses Previous Diagnoses Unknown

Figure 37. HIV diagnoses by HSE Health Region and history of previous diagnosis, 2023 (total diagnoses)



Data on deaths are obtained from two sources:

Clinician reports via the enhanced surveillance form where the deaths is reported at time of HIV diagnosis. Among HIV notifications in 2023, two deaths (one male, one female) were reported at the time of HIV diagnosis.

 Data from <u>CSO Vital Statistics report</u>: There were nine deaths reported to the CSO in 2023 where the cause of death was AIDS or HIV, three males and six females.

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Laboratory HIV testing

- 260,355 HIV tests* carried out in 12 laboratories in Ireland, a testing rate of 50.6 per 1,000 population**
 - 143,708 among females (55.2 per 1,000 population); 114,705 among males (45.1 per 1,000 population); 1,942 sex unknown.
 Higher rate of testing in females reflects the <u>HIV antenatal testing programme</u>
- Number of tests in 2023 increased by 7% compared to the number of tests in 2022 (n=243,870)

HSE Home STI testing service (www.sexualwellbeing.ie/hometesting)

- 57,516 home HIV tests carried out in 2023 (*personal communication: SHP*)
 - 32,408 among females; 24,173 among males; 935 among other/prefer not to say
- The number of home tests increased by 30% compared to 2022 (n=44,179)

Community HIV testing

For more information, see <u>https://www.hpsc.ie/a-z/hivandaids/hivtesting/</u>

Antenatal HIV testing

For more information, see <u>Antenatal HIV Testing - Health Protection Surveillance Centre</u>

*Excludes testing of blood donations; Includes antenatal testing

**It is important to note that the calculated testing rates are likely to over-estimate the true rate of testing in the population as the numbers reported are not of individuals who have been tested but of tests performed and can include repeat tests on the same individual.

\mathfrak{H} Technical notes (1)

HIV surveillance and notifications

- HIV is notifiable since 2011 under the Infectious Disease Regulations as per the <u>case definition</u>
- HIV surveillance protocol describes the roles and responsibilities or those involved in HIV surveillance in Ireland
- Case based data on HIV has been collected in Ireland since 2003, with all laboratory confirmed cases reported via the Computerised Infectious Disease Reporting (CIDR) system from 2012 onwards
- HIV surveillance system captures new diagnoses of HIV which have been reported to Public Health and therefore does not capture new infections (cannot measure incidence)
- Non-identifiable HIV data were extracted from CIDR on 01.10.2024 and were correct at the time of publication.
- Data in this slide set are analysed by date of notification on CIDR
- Unless otherwise stated, data are presented by gender. Gender is based on gender identity where it is provided, otherwise sex at birth is used. Gender identity refers
 to a person's internal sense of themselves (how they feel inside) as being male, female, transgender, non-binary or something else. This may be different or the same
 as a person's assigned sex at birth. All data presented by the gender male includes cis male and trans male and data presented by the gender female includes cis
 female and trans female

Enhanced data

- Due to the COVID-19 pandemic, rates of HIV dropped in 2020 and 2021. This reduction in notifications was likely attributed to a number of factors including long periods of national lockdown, social and physical distancing measures, reduced sexual health and GP services and reduced testing opportunities. The pandemic also impacted the collection and reporting of enhanced data variables (e.g. probable route of transmission, country of birth, previous testing history) for HIV notifications in 2020 and 2021.
- The collection and review of enhanced data is an ongoing process and the receipt of new information could impact the data at some point in the future. Previous testing history remains unknown for a number of people and as some of these people could be first-time diagnoses numbers could change in future reports.

\mathfrak{H} Technical notes (2)

Population data and rates

- Unless otherwise stated, population data were taken from Census 2011 for 2012-2013, Census 2016 for 2014-2019 and Census 2022 for 2020 to 2023 (www.cso.ie)
- Population data on migration taken from <u>Census</u>
- To calculate rates among gbMSM, data from <u>Healthy Ireland survey 2015</u> (for males, gender of last sexual partner male for 6%) was applied to the male population (aged 18 and over) from census data
- When rates by gender are reported, the numerator is gender identity as recorded on CIDR and the denominator is population data from the Census by sex (at birth)

Abbreviations

gbMSM: gay, bisexual and other men who have sex with men; PWID: People who inject drugs

The following definitions were used to classify the stage of HIV infection:

- Late-stage HIV infection: CD4 cell count <350 cells/μl or an AIDS defining illness at diagnosis, and no evidence of recent infection*</p>
- Established HIV infection: CD4 cell count >350 cells/μl, no AIDS defining illness at diagnosis, and no evidence of recent infection*
- Recent HIV infection: Evidence of recent infection*

*P24 antigen positive at time of diagnosis; negative test in same or preceding year; evidence of seroconversion illness at time of diagnosis

Counties/districts covered by each HSE Health Region are as follows:

 HSE Dublin and Northeast (HSEDNE): Dublin North Central, North West Dublin, North Dublin, Cavan, Louth, Meath, Monaghan; HSE Dublin and Midlands (HSEDM): Dublin South City, Dublin South West, Dublin West, Kildare, Wicklow (West), Laois, Offaly, Longford, Westmeath; HSE Dublin and Southeast (HSEDSE): Dublin (South East), Dun Laoghaire, Carlow, Kilkenny, South Tipperary, Waterford, Wexford, Wicklow (East); HSE Southwest (HSESW): Cork, Kerry; HSE Midwest (HSEMW): Limerick, Clare, North Tipperary; HSE West and Northwest (HSEWNW): Galway, Mayo, Roscommon, Donegal, Sligo, Leitrim