

Title: Women diagnosed with HIV in Australia: results from the National HIV Data Linkage Study

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Background

Despite substantial progress in Australia's HIV response, women remain under-represented in national surveillance, and gender differences in treatment outcomes are poorly understood. Using linked national administrative data, we describe women diagnosed with HIV in Australia and examine time to antiretroviral therapy (ART) initiation.

Methods

HIV notifications from the National HIV Registry among people diagnosed between 1997-2023 were linked to the Medicare Benefits Scheme, Pharmaceutical Benefits Scheme and National Death Index data by the Australian Institute of Health and Welfare linkage team. A sub analysis on time to treatment was conducted on the 2014-2023 cohort. Time to treatment was calculated based on the number of days from date of HIV diagnosis to first ART prescription. Associations were examined using multivariable Cox regression.

Results

88% of women recorded in the National HIV Registry between 1997-2023 were linked to the administrative datasets, comprising 13% of the linked cohort. Among linked women (n= 3231), the median age was 34 years; 4% (n= 127) identified as Aboriginal and Torres Strait Islander peoples; and 43% (n=1393) reported speaking English at home.

Between 2014 and 2023 the proportion of women initiating treatment within 4 weeks of diagnosis increased from 13% to 50%, within 6 months of diagnosis from 68% to 76% and within 12 months from 78% to 88%. However, women had an 8% lower rate of treatment uptake compared with men (hazard ratio = 0.92, 0.84-1.00).

Conclusions

Rapid initiation of ART among women in Australia improved substantially between 2014 and 2023, however, gender inequities in treatment uptake persist. These findings underscore the importance of gender-responsive strategies to support earlier treatment initiation among women to improve health outcomes. Importantly, this data asset also offers opportunity to inform future analyses of life expectancy,

mortality and the development of longitudinal cascades of care for women living with HIV.

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