

THE SOCIAL AND HEALTH CHARACTERISTICS OF WOMEN LIVING WITH HIV IN AUSTRALIA: FINDINGS FROM A SENTINEL SURVEILLANCE NETWORK, 2010–2025

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Background:

Against persistent gender inequities in HIV research, policy, and service provision, we describe the social and health characteristics of women living with HIV in Australia over 15 years.

Methods:

We analysed records from 73 clinics in the ACCESS sentinel surveillance network, including women living with HIV who attended at least once between 2010-25.

Results:

Between 2010-25, 2,351 women living with HIV attended ACCESS clinics, with 203 incident diagnoses (evidenced by a negative then positive test). At first consult, 20% were <30 years, 33% 30-39 years, 28% 40-49 years, and 19% ≥50 years. 75% lived in major cities, and 4% identified as Aboriginal and/or Torres Strait Islander. Women were from 103 countries, with 35% born in Australia, 24% in Sub-Saharan Africa, and 21% in South-East Asia. 18% spoke languages other than English. At first CD4 measurement, 14% had <200 cells/μL, 17% 200-349 cells/μL, 20% 350-499 cells/μL, and 48% ≥500 cells/μL. Between 2010-25, ART uptake increased substantially (all p-trend <0.001), rising most among younger women (p-interaction=0.001): from 56% to 86% in women <30 years, 78% to 86% in 30-39-year-olds, 76% to 91% in 40-49-year-olds, and 85% to 90% in those ≥50. Viral suppression also increased (all p-trend <0.001), from 55% to 93% in women <30 years and reaching 98% in other age groups by 2025, with no evidence of age-specific differences in trends (p-interaction=0.971). Annual chlamydia or gonorrhoea screening remained stable at 17%, while syphilis testing increased from 28% in 2010 to 44-53% from 2019

onward; of those tested, STI prevalence remained 4%. From 2022-25, uptake of long-acting injectable cabotegravir increased from 1% to 6%.

Conclusions:

Women living with HIV in Australia are a diverse community. While most are receiving treatment and virally suppressed, missed opportunities for earlier diagnosis persist. Improved targeting of HIV testing and women-centred care models are needed.

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None.

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