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Annual Report of Trends in Behaviour: HIV

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GBQ+ Community Periodic Surveys

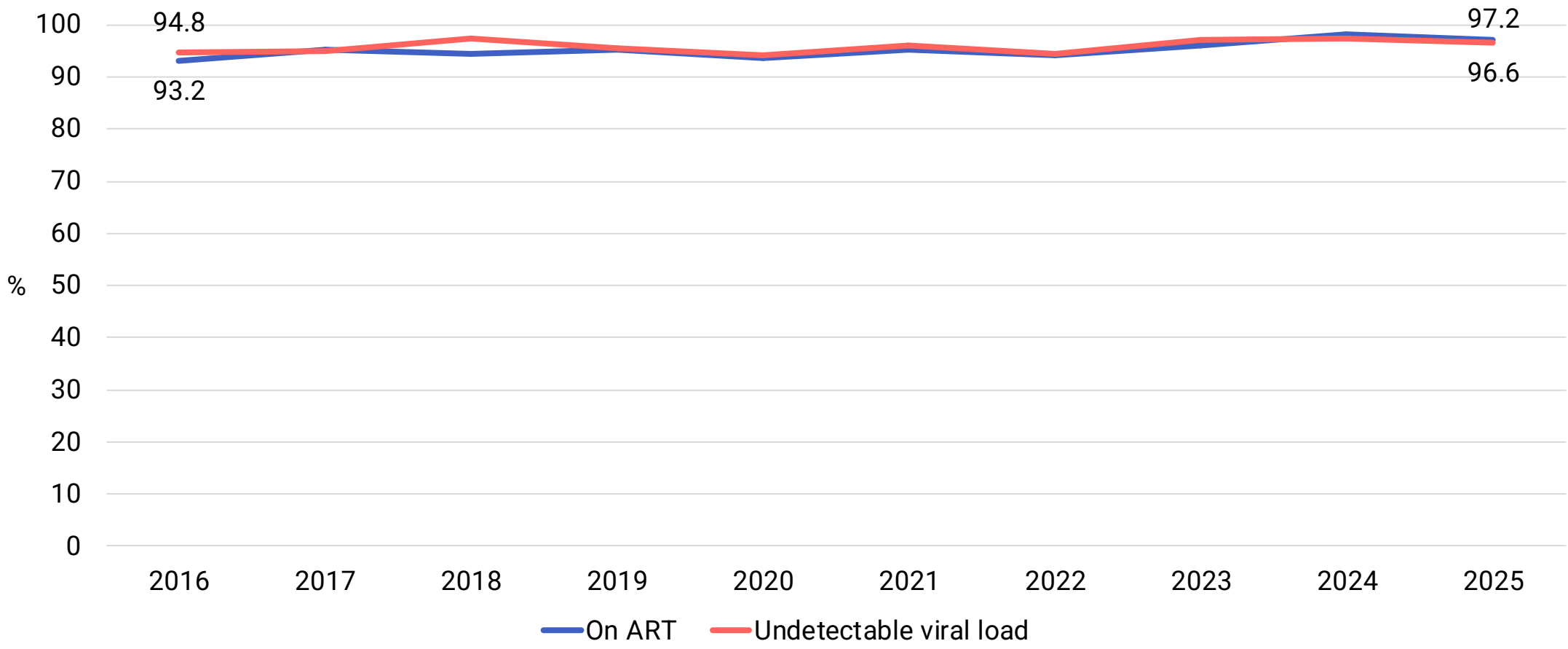
Main data source on sexual, drug use, testing and prevention practices

- Related to transmission of HIV and other STIs
- Gay, bi+, and queer (GBQ+) men and non-binary people who have sex with GBQ+ men

Since 2024, increased inclusivity

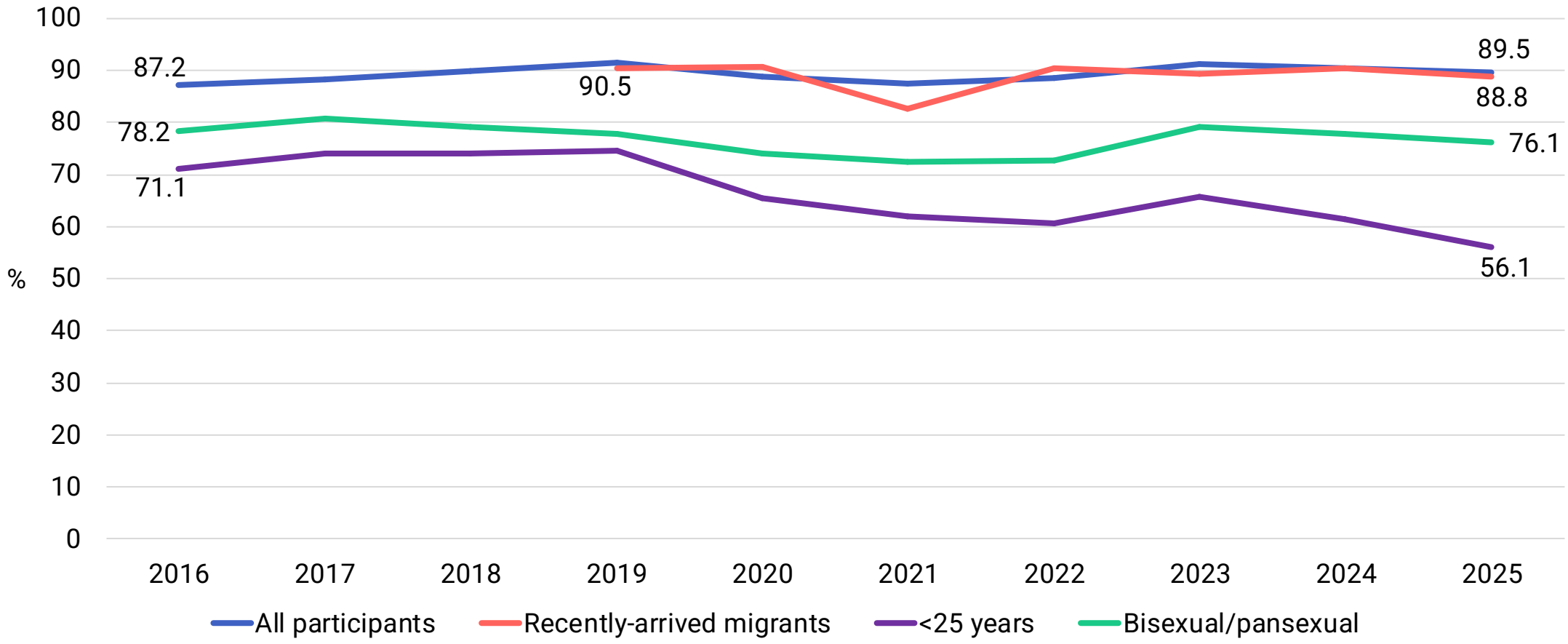
- Gender, sexuality, sexual practices, relationships
- Reflective of changing demographic profile

Participants living with HIV



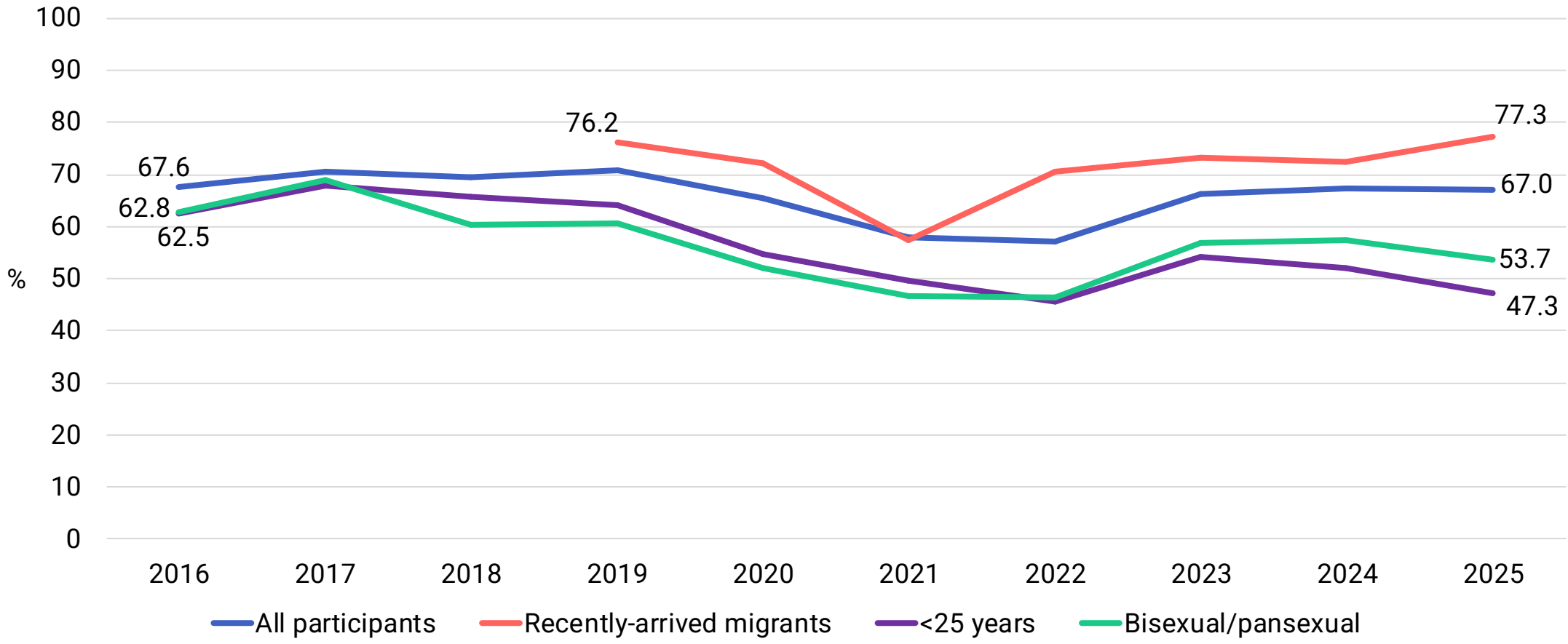
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HIV testing – Ever tested



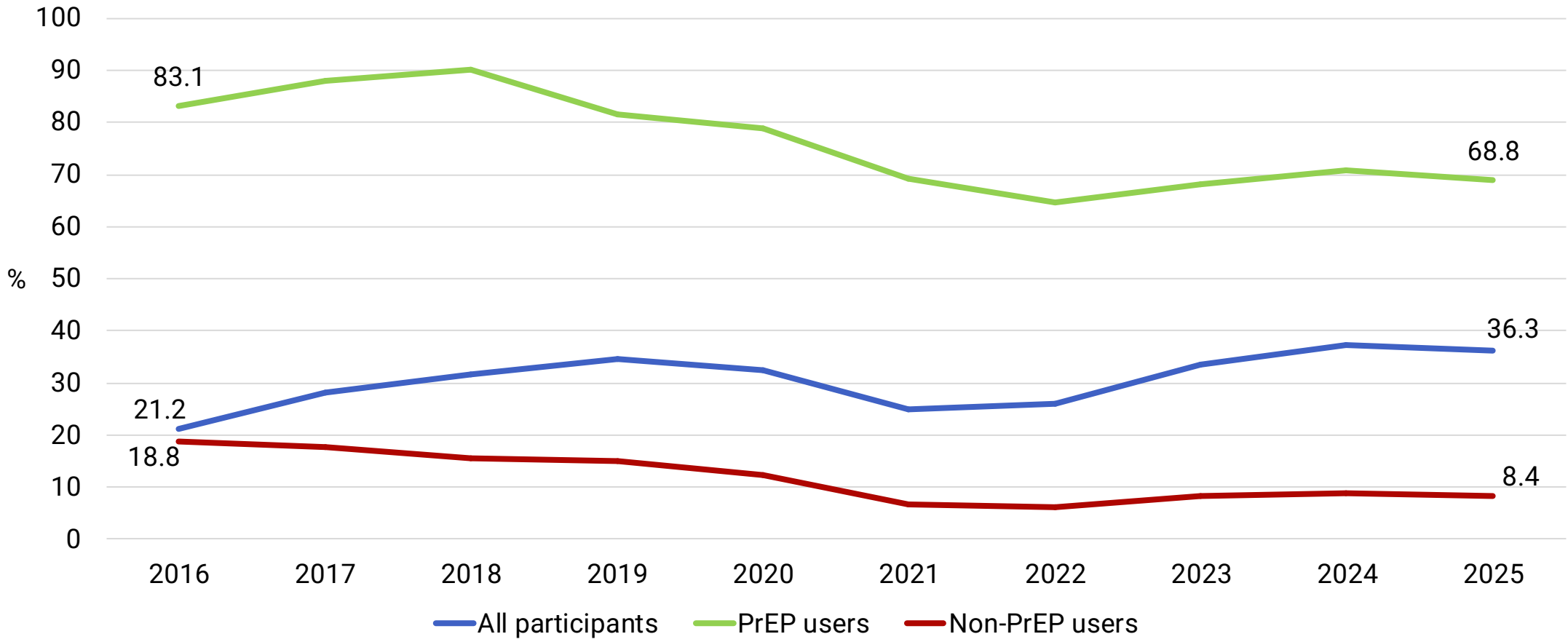
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HIV testing – Past 12 months



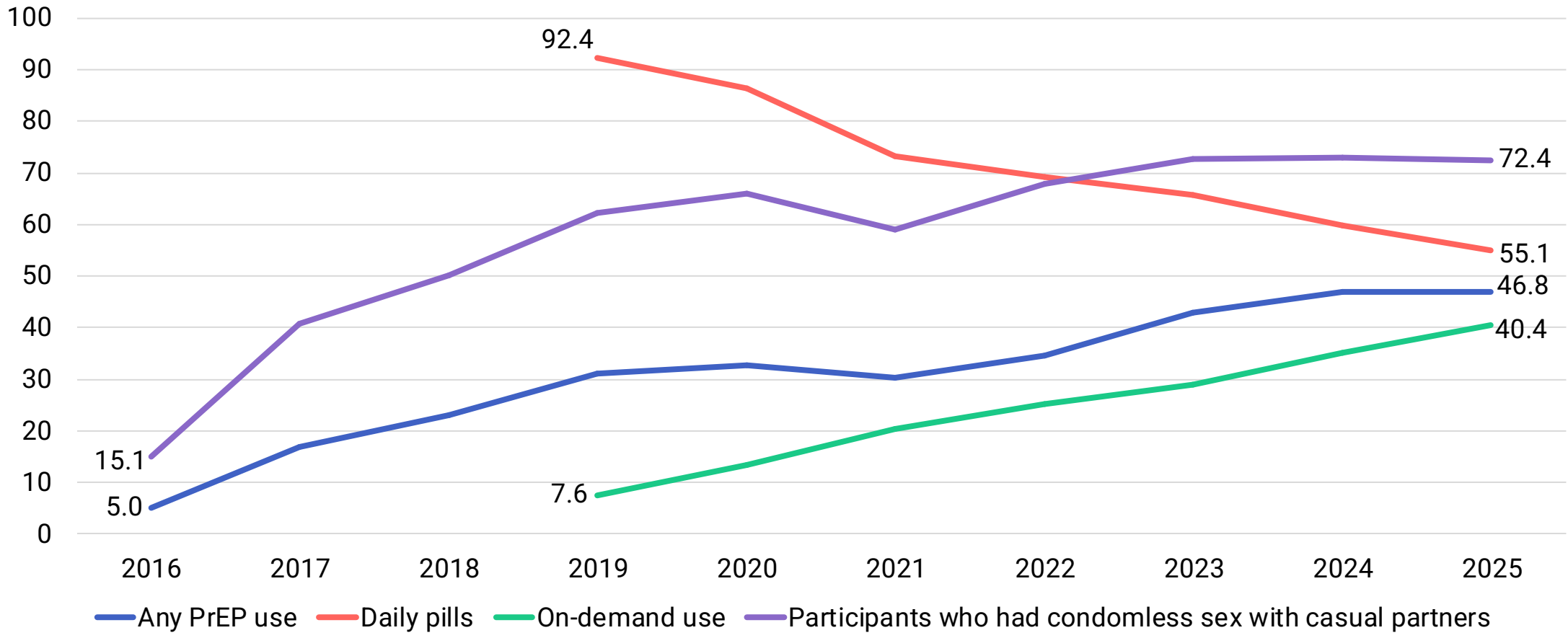
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HIV testing – 3+ tests

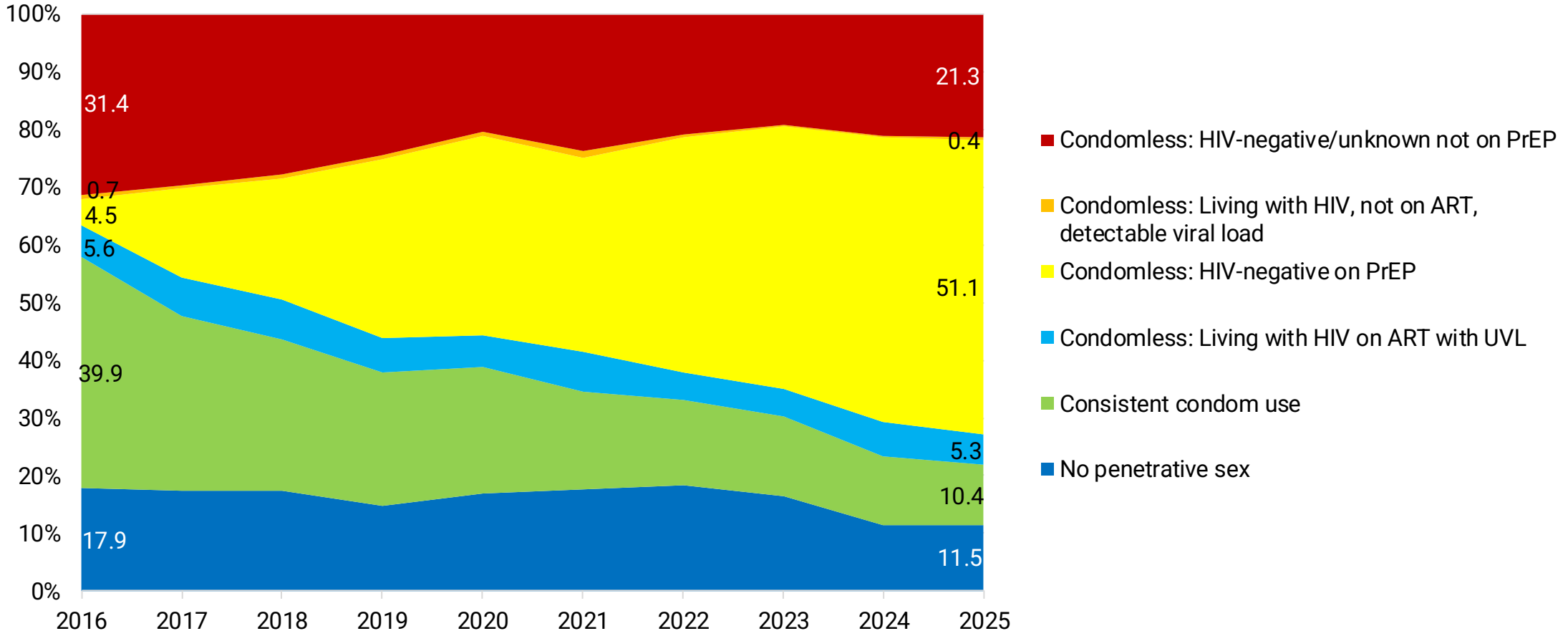


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PrEP use (past 6 months)

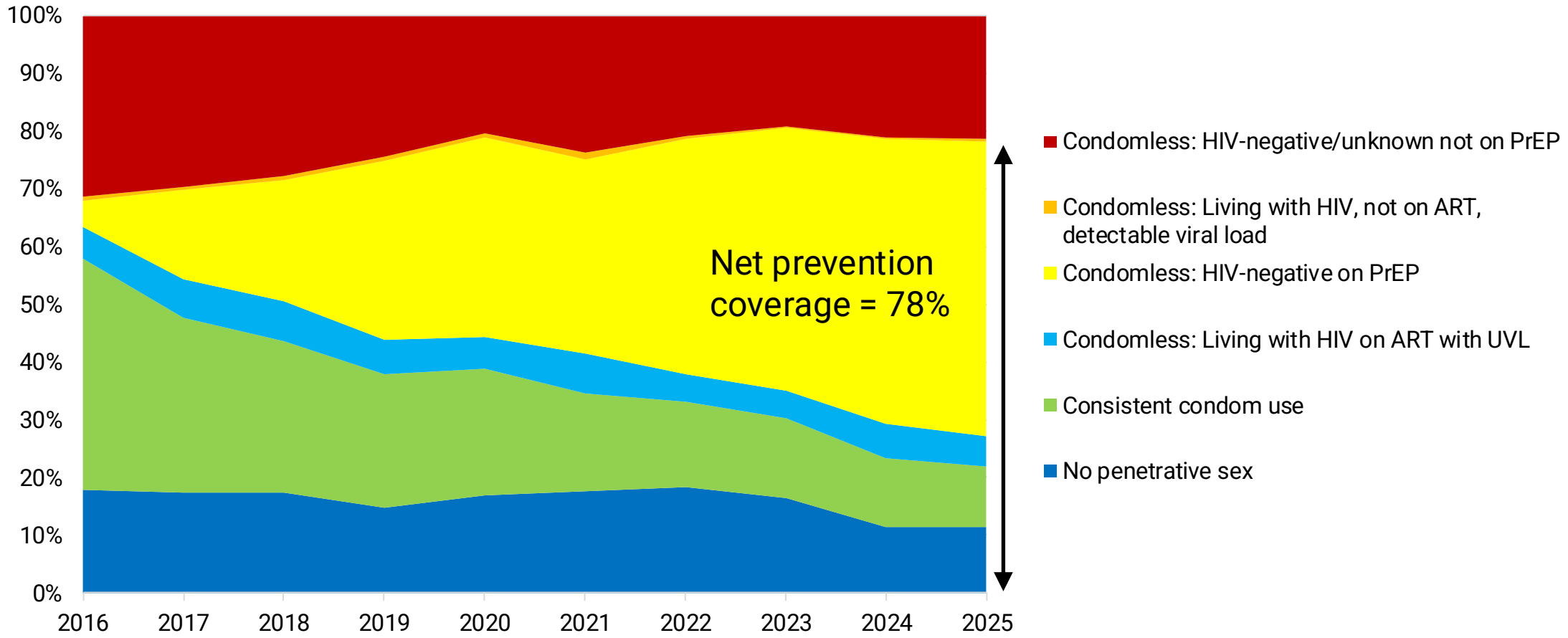


Net prevention coverage: Casual partners



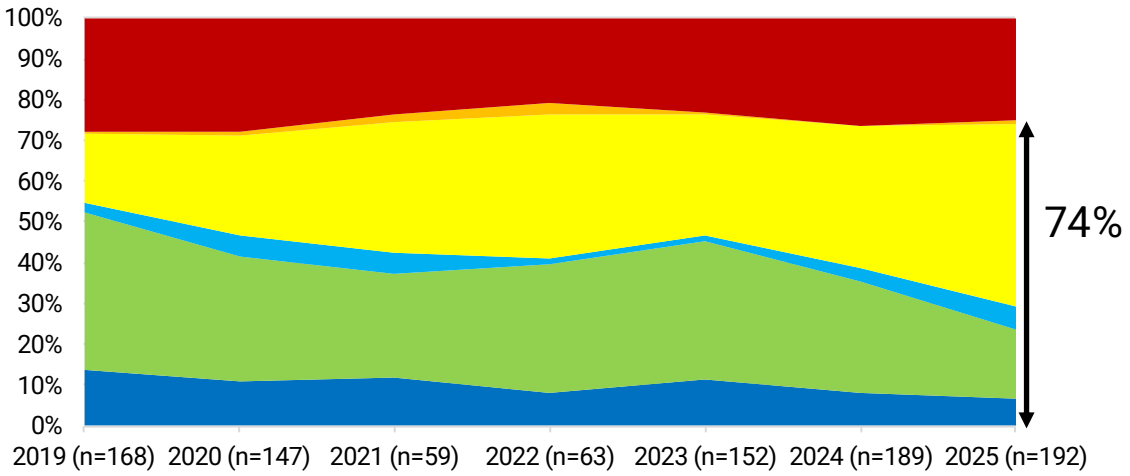
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Net prevention coverage: Casual partners

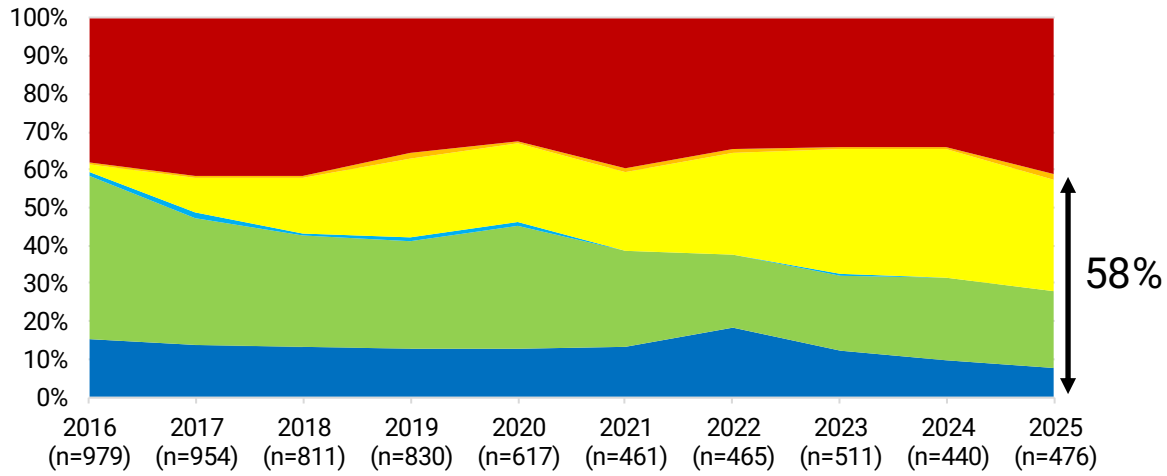


Net prevention coverage: Casual partners

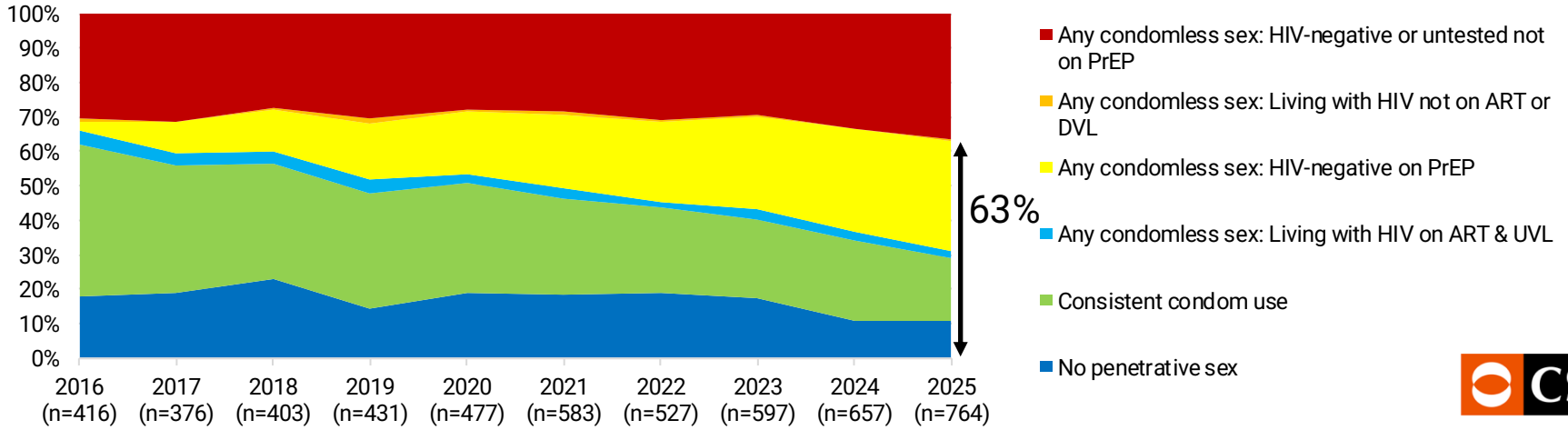
Recently arrived



Under 25



Bisexual / Pansexual



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Summary

Continued high levels of HIV treatment and viral suppression

HIV testing recovered post-COVID lockdowns

- Disparities remain among bisexual/pansexual; under 25 years

PrEP continued to increase

- Especially on-demand use

HIV prevention coverage with casual partners increased since 2016

- Decreased slightly since 2023
- Lower among recently arrived migrants, bisexual/pansexual, under 25 years

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Annual Report of Trends in Behaviour: Sexual & Reproductive Health

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Sexual & Reproductive Health (Editor's pick 1)

MacGibbon, J. et al. (2025)

Mpox vaccination coverage among Australian gay and bisexual men and non-binary people: Results of behavioural surveillance in early 2024.

Vaccine, 55, 127014.

https://doi.org/10.1016/j.vaccine.2025.127014

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Sexual & Reproductive Health (Editor's pick 2)

Coote, K., et al. (2025).

A pilot study, auditing digital communication to conduct sexual and reproductive health service outreach to Chinese- and Thai-speaking sex workers in Sydney.

Sexual Health, 22(3), SH24188.

https://doi.org/10.1071/SH24188

Sexual & Reproductive Health (Editor's pick 3)

Saliba, B., et al. (2025).

Navigating intersecting identities and disclosure strategies: Qualitative insights from gay Arab Australian men.

Culture, Health & Sexuality, 26, 1-17.
https://doi.org/10.1080/13691058.2025.2507367

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Annual Report of Trends in Behaviour:
Hepatitis C and people who use drugs

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Section themes

1. HCV Testing, Treatment, Cure and Elimination (6 papers)

2. Harm Reduction, Drug Use and Treatment (9 papers)

+ 1 ‘Spotlight’ paper

International Journal of Drug Policy 137 (2025) 104720

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Acceptability of hepatitis C testing using point-of-care testing and dried blood spot collection among people at risk of hepatitis C infection

Annabelle Stevens [a,*], Lise Lafferty [b], Carla Treloar [b], Evan B. Cunningham [a], Gregory J. Dore [a], Jason Grebely [a], Alison D. Marshall [a,b]

[a] The Kirby Institute, UNSW, Australia
[b] Centre for Social Research in Health, UNSW, Australia

Social Science & Medicine 378 (2025) 118140

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Professional identities and new technologies of hepatitis C point-of-care testing☆

Anna Conway [a,*], Alison D. Marshall [a,b], Jason Grebely [a], Guillaume Fontaine [a,c,d,e], Carla Treloar [b]

[a] The Kirby Institute, UNSW, Sydney, Australia
[b] Centre for Social Research in Health, UNSW, Sydney, Australia
[c] Centre for Clinical Epidemiology, Lady Davis Institute for Medical Research, Montreal, Canada
[d] Faculty of Medicine and Health Sciences, McGill University, Montreal, Canada
[e] Centre for Implementation Research, Ottawa Hospital Research Institute, Ottawa, Canada

Hosseini-Hooshyar et al. BMC Infectious Diseases (2025) 25:1604
https://doi.org/10.1186/s12879-025-12004-z

BMC Infectious Diseases

RESEARCH Open Access

A point-of-care testing intervention to improve hepatitis C diagnosis and treatment uptake among people attending Aboriginal community controlled health services: the SCALE-C study

Samira Hosseini-Hooshyar[1*], Heather Valerio[1], Erin Flynn[2], Christopher Sexton[2], Federica Barzi[2], Suruchi Amarasena[3], Lisa De Koster[4], Donna Sellen[5], Narelle Winterfield[6], Jason Grebely[1], Gail V. Matthews[1,7], Mark A. Boyd[8,9], Tanya L. Applegate[1], Kathy Petoumenos[1], Lise Lafferty[1,10], Gregory J. Dore[1,7], Carla Treloar[10], Marianne Martinello[1,11†] and James Ward[2†]

International Journal of Drug Policy 140 (2025) 104800

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Research Paper

"It's not just running the test": Operator experiences of implementing a decentralised hepatitis C point-of-care testing program in Australia

Grace K. Burton-McKeich [a,*], Lise Lafferty [a,b], Carla Treloar [b], Corey Markus [c], Susan Matthews [c], Tanya L. Applegate [a], Louise Causer [a], Jason Grebely [a], Alison D. Marshall [a,b]

[a] The Kirby Institute, University of New South Wales, Kensington, 2033 Sydney, Australia
[b] Centre for Social Research in Health, University of New South Wales, Kensington, 2033 Sydney, Australia
[c] International Centre for Point of Care Testing, Flinders University, 5042 Adelaide, Australia

JVH JOURNAL OF VIRAL HEPATITIS

ORIGINAL ARTICLE OPEN ACCESS

Policymaker Perspectives on the Role of Health Systems in Sustainable Hepatitis C Point-Of-Care Testing in Australia

Anna Conway[1] | Jason Grebely[1] | Carla Treloar[2] | Susan Matthews[3] | Lise Lafferty[1,2] | Natalie Taylor[4] | Guillaume Fontaine[1,5,6,7] | Alison D. Marshall[1,2]

[1]The Kirby Institute, University of New South Wales, Sydney, Australia | [2]Centre for Social Research in Health, University of New South Wales, Sydney, Australia | [3]International Centre for Point-Of-Care Testing, Flinders Health and Medical Research Institute, Flinders University, Adelaide, Australia | [4]School of Population Health, University of New South Wales, Sydney, Australia | [5]Centre for Clinical Epidemiology, Lady Davis Institute for Medical Research, Montreal, Canada | [6]Faculty of Medicine and Health Sciences, McGill University, Montreal, Canada | [7]Centre for Implementation Research, Ottawa Hospital Research Institute, Ottawa, Canada

Correspondence: Anna Conway (a.conway@unsw.edu.au)

Received: 14 March 2025 | **Revised:** 18 June 2025 | **Accepted:** 2 September 2025

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Hepatitis C point-of-care testing

Interviews with 31 point-of-care testing operators identified challenges (e.g., resourcing/staffing constraints, administrative burden, referral pathways) and enablers (supportive workplaces) to adoption/delivery. *(Burton-McKeich et al)*

Interviews with 40 people re point-of-care and dried blood spot testing found preferences for point-of-care due to shorter time to result (1 hour vs 2 weeks), with non-judgmental care being an enabler to testing uptake (how care was being delivered rather than by whom). *(Stevens et al)*

Interviews with 29 policymakers in Australia found the community approach to models of care enhanced support for point-of-care testing outside traditional healthcare settings. *(Conway et al)*

Hepatitis C point-of-care testing

The SCALE-C study, implemented across four Aboriginal Community Controlled Health Organisations (2 x NSW, 2 x South Australia; May 2019-July 2022), identified 45 HCV infections (among 536 individuals enrolled), with 28 people receiving treatment (62%). *(Hooshyar-Hosseini et al)*

Harm Reduction, Drug Use and Treatment

Injectable hydromorphone (x2 papers) and long-acting injectable buprenorphine (x 4 papers) comprised 66% of publications in this section

Interviews with 15 participants commencing injectable hydromorphone identified previous unsatisfactory experiences with standard opioid agonist treatment was a frequent motivator for treatment uptake. Many participants reported reduced or ceased use of street heroin following hydromorphone treatment commencement. *(Rance et al)*

Interviews with 25 men in prison previously diagnosed with hep C found that long-acting injectable buprenorphine could help reduce risks of hep C exposure via injecting drug use in custody, when dosage and care continuity were supported. *(Lafferty et al)*

Spotlight paper

The theme of “exhaustion” was developed into a narrative script, informed by interviews with people with a history of injecting drug use post-release.


Public Health 242 (2025) 103–110

Contents lists available at ScienceDirect

Public Health

journal homepage: www.elsevier.com/locate/puhe

Original Research

Using theory-informed, arts-based research translation to change community attitudes towards people who inject drugs newly released from prison: A randomised controlled trial

Timothy R. Broady [a,b,*], Kerryn Drysdale [a,b], Loren Brener [a], Sophia Schroeder [c,d], Alison D. Marshall [a,e], Lise Lafferty [a,e], Peter Higgs [c,f], Eileen Baldry [g], Paul Dietze [c,d,h], Mark Stoove [c,d], Carla Treloar [a]

An RCT was conducted:

- control (no intervention), neutral intervention (plain language summary), and narrative intervention (scripted performance of above script)
- surveys conducted at baseline, post-intervention, and 3-month follow-up to assess across four domains of stigma: Opinions, Attitudes, Empathy, and Social proximity (1,071 respondents)

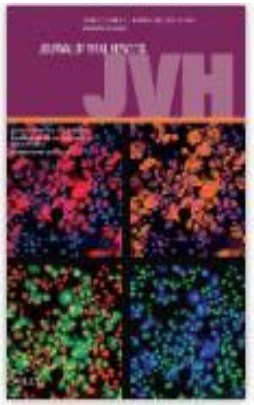
Findings demonstrated that research-informed, co-designed, arts-based interventions can positively impact public perceptions of a highly stigmatised group

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Annual Report of Trends in Behaviour:
Hepatitis B

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JOURNAL OF VIRAL HEPATITIS
JVH



Volume 32, Issue 11
November 2025
e70099

ORIGINAL ARTICLE | Full Access

Hepatitis B Knowledge, Attitudes and Mistrust in Western Medicine Among People of Filipino Ethnicity in Australia

Robyn Horwitz, Loren Brener, Elise de Romas, Kwok On Eric Wu, Sylvester Okeke, Timothy Broady, Carla Treloar, Elena Cama

First published: 23 October 2025 | https://doi.org/10.1111/jvh.70099 | VIEW METRICS

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Summary of our hepatitis B research program

- Surveys among migrant communities
  - Chinese community
  - Vietnamese community
  - Filipino community
  - Korean community
  - Middle Eastern and North African (MENA) and Sub-Saharan African (SSA) communities
- Surveys among Chinese and Vietnamese people living with hepatitis B (in QLD)
- Surveys among Chinese and Vietnamese students in Australia
- Qualitative studies
  - Interviews with Vietnamese people living in Australia to inform hepatitis B health promotion messages
  - Starting data collection 2027 – interviews with Chinese and Vietnamese people living with hepatitis B in NSW on experiences of accessing care and stigma

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Why the Filipino community?

- In Australia, around **70% of people living with chronic hepatitis B were born overseas**
- Approximately **4% of Australians living with chronic hepatitis B were born in the Philippines**.
- The Philippines remains highly endemic with around 1 in 10 people estimated to be living with chronic hepatitis B.
- Roughly **394,000 Filipino-born residents** (Australia fifth largest migrant community)
- Very little Australian research focused on hepatitis B among people of Filipino ethnicity.
- Understanding hepatitis B knowledge, stigma, and trust in healthcare among Filipino communities is essential for developing culturally responsive prevention and care strategies.
- **This study explored knowledge, attitudes, and trust in healthcare among Filipino people living in Australia and compared these factors among those born in the Philippines vs in Australia.**

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Methods

- Design: Cross-sectional survey of Filipino adults living in Australia
  Part of a broader study of hepatitis B knowledge and stigma among migrant communities
- Participants: 576 adults (≥18 years)
  Filipino-born or with ≥1 Filipino-born parent or grandparent
- Recruitment: Viral hepatitis organisations, Multicultural health services
  Filipino community organisations/events, Social media
- Survey: Aug 2022 – Mar 2023
  English or Tagalog, online or paper (15–20 minutes)
- Measures: Hepatitis B knowledge
  Attitudes towards people living with hepatitis B
  Mistrust in Western medicine
- Analysis: Australia-born vs Philippines-born (Mann–Whitney U and χ^2 tests)

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nepatitis.uo

Participant Characteristics

Demographic Characteristic	n (%)
Born in Australia	300 (51.9%)
Born in the Philippines	276 (47.8%)
Mean age (SD), years	36.0 (10.6)
Male	329 (57.9%)
Proficient/very proficient in English	477 (84.7%)
History of hepatitis B testing	362 (62.5%)
Hepatitis B vaccination	422 (72.9%)
Personally knew someone living with hepatitis B	212 (37.1%)
Self-reported living with hepatitis B	32 (5.5%)

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Hepatitis B Knowledge

- Significant gaps in hepatitis B knowledge were observed across the sample (N = 576)

Knowledge item	Correct (%)
Hepatitis B can be transmitted through blood-to-blood contact	**68.4%**
There is a vaccine that can prevent hepatitis B	**62.3%**
Hepatitis B can only be identified by a blood test	**52.4%**
Hepatitis B can be transmitted by someone who looks and feels healthy	**37.8%**

Median Knowledge Score

Australia-born	Philippines-born	*p*
10.5	**12.0**	**<0.001**

Common Knowledge Misconceptions

Common misconception	Incorrect (%)
Hepatitis B is caused by a damaged/weak liver	**78.7%**
Hepatitis B is caused by drinking too much alcohol	**77.7%**
Hepatitis B is caused by contaminated food/water or utensils	**76.7%**
Hepatitis B is caused by poor sanitation or hygiene	**76.3%**

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Attitudes Towards People Living with Hepatitis B

Statement	Agreed (%)
People with hepatitis B should be tested before starting a job	**55.9%**
I would avoid close contact with someone living with hepatitis B	**38.0%**
People with hepatitis B should be ashamed	**28.1%**
People with hepatitis B deserve their illness	**28.0%**
People living with hepatitis B should **not** be isolated by family and friends	**50.7%**

Median Attitude Score

Australia-born	Philippines-born	*p*
20	**17**	**<0.001**

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Mistrust in Western medicine

Selected Mistrust in Western medicine items	Agreed (%)
I am suspicious of information provided by English-speaking healthcare workers	**31.4%**
Pharmaceutical medicines have more side effects than alternative therapies	**34.7%**
Doctors act as if they cannot be trusted because of cultural background	**31.5%**
Unwilling to discuss health in detail with English-speaking healthcare workers	**30.8%**

Median Mistrust Score

Australia-born	Philippines-born	*p*
13	**10**	**<0.001**

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Summary of Key Findings

Finding	Interpretation
Lower knowledge	Education required (around misconceptions)
Persistent stigma	May discourage testing and disclosure
Higher mistrust	Could reduce engagement with care
Australia-born differences	Tailored interventions are needed

- Despite relatively high rates of hepatitis B testing and vaccination, important knowledge gaps, persistent stigma, and mistrust in healthcare remain within the Filipino community
- **Australia-born participants consistently demonstrated lower knowledge, more negative attitudes, higher mistrust than those born in the Philippines.**

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Acknowledgements

We would like to thank Australian state and territory-based viral hepatitis organisations and multicultural health services who assisted with data collection.

We would also like to extend our thanks to all the participants involved in this study, and to our researchers of Filipino background, without whom the research could not have been completed.

This project was funded by the Australian Government Department of Health.

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Annual Report of Trends in Behaviour:
Stigma

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Stigma Indicators Monitoring Project

Australian BBV and STI strategies

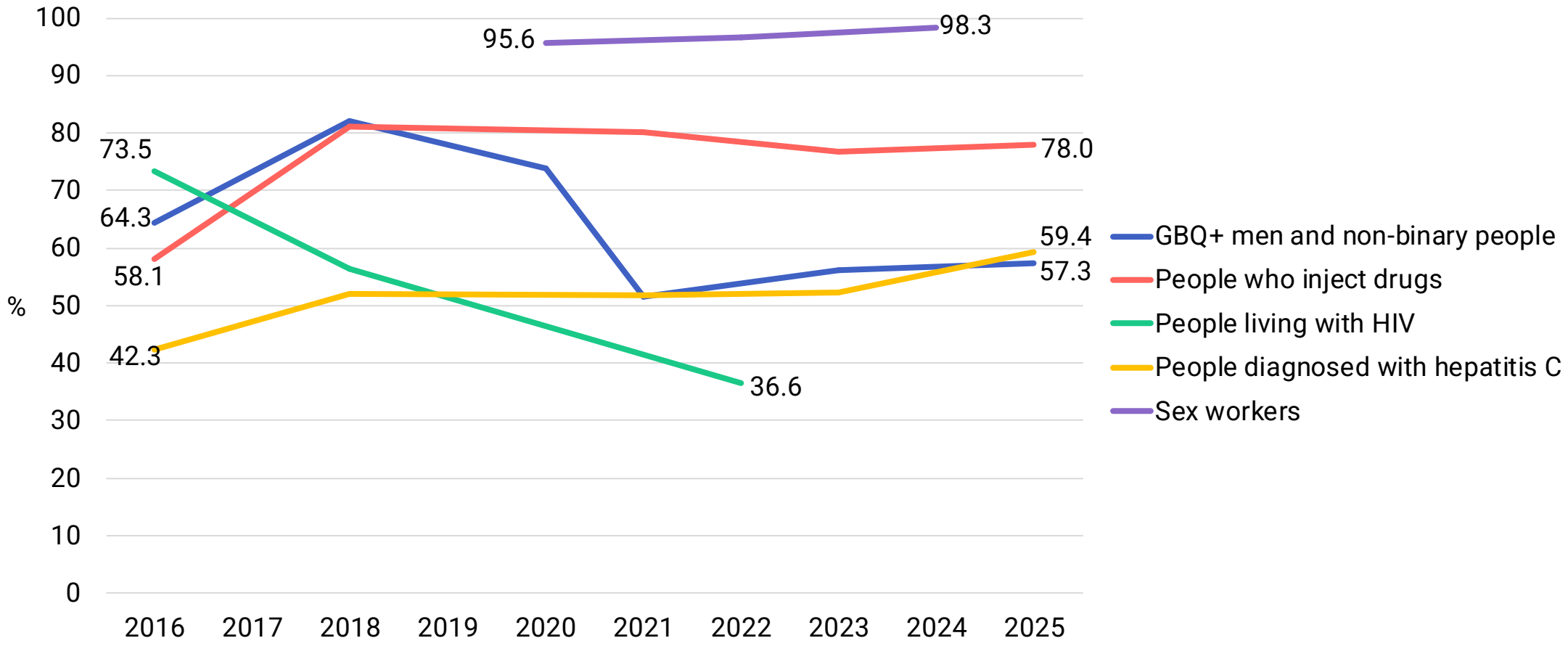
- Objective: “eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people’s health”

Periodically monitors experiences and expression of stigma and discrimination

Single stigma indicator item routinely embedded in surveys

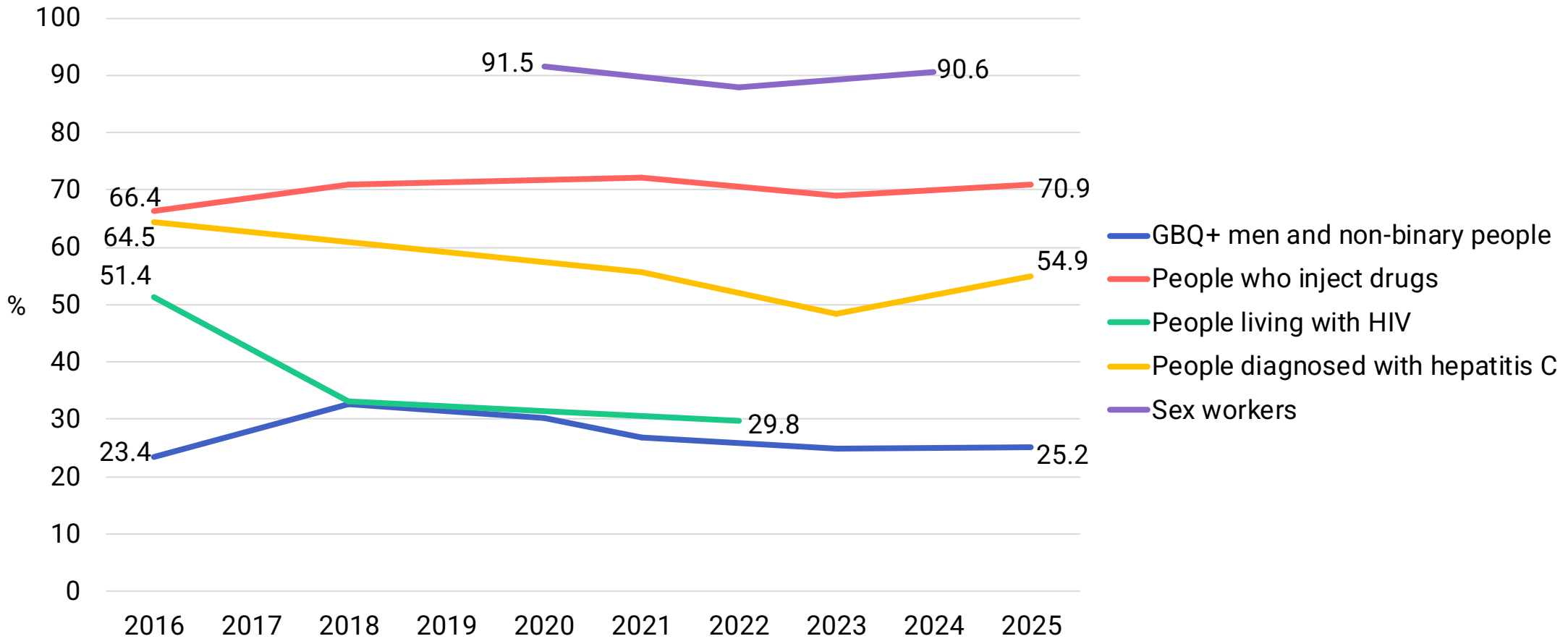
- Every 2-3 years
- Additional measure of negative treatment by healthcare workers

Any past year stigma



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Negative treatment by health workers



Summary of findings

Stigma persists throughout the Australian community and in healthcare settings

Urgent need to develop and foster inclusive approaches

- Including structural levels

New opportunities for collaboration with communities and across sectors

Tackling Stigma
IN HEALTHCARE

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Let's tackle stigma together

Stigma affects people across countless conditions and identities, and the impact can be devastating. But powerful work is happening across sectors. This project brings those efforts together—because by sharing what works, we can build a collective movement for greater change.

Subscribe to the Stigma Shift newsletter



Stigma only ends when it ends for everyone.

No one should face shame or judgement when seeking healthcare. But stigma still gets in the way—built into systems, policies, and everyday interactions that affect who gets care and how.

Tackling Stigma in Healthcare exists to address structural stigma and drive change across all areas of healthcare—so everyone, no matter their background or circumstances, can access care without fear.

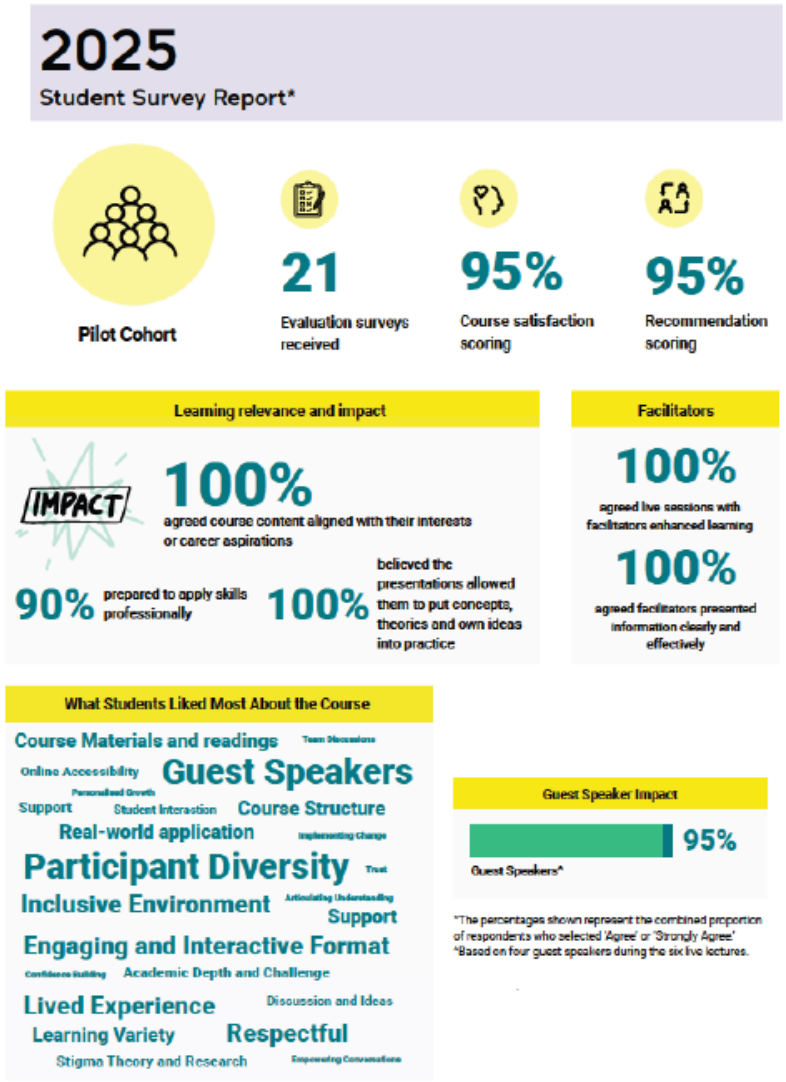
Because stigma only ends when it ends for everyone.

About us

CSRH UNSW Centre for Social Research in Health

Combating Stigma

Strategies for inclusive health services



6 week online short course

- Launched in 2025
- Theoretical foundations, effects on healthcare, strategies to identify and address stigma

"The live lectures were amazing. A fantastic variety of topics, educators and guest speakers. I found it incredibly engaging, challenging (in a good way) and informative."

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Tackling Stigma

Overcoming Stigma as a Barrier to Healthcare

A conference focused on stigma research & interventions

Where: UNSW Sydney campus
When: 23-24 Nov 2026

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