

HIV & AIDS – New Zealand

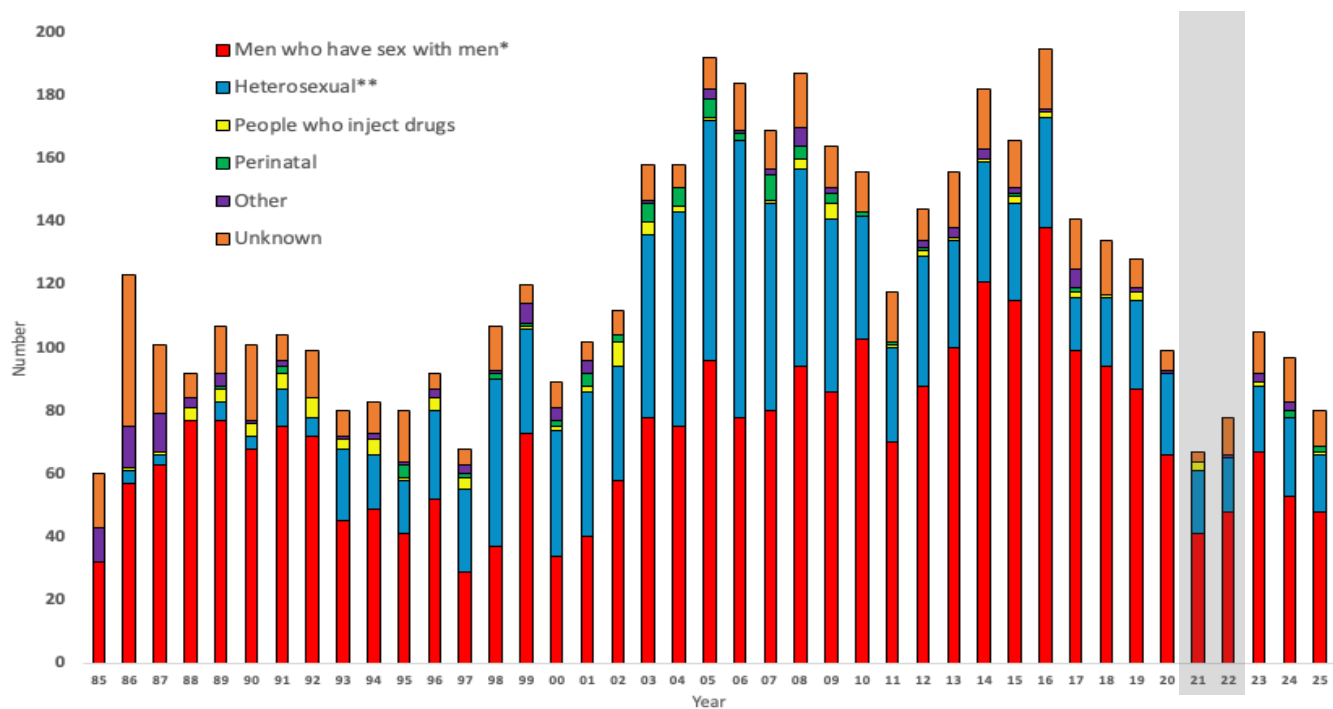


Figure 1. Number of people diagnosed with HIV in New Zealand by year of diagnosis and means of acquisition of HIV
*Includes MSM & people who inject drugs (PWID) **Includes Heterosexual & PWID. (Shading in 2021-22 indicates years of Covid-19 pandemic)

People diagnosed with HIV in New Zealand in 2025

In 2025, 80 people (68 men, 11 women, and one person of another gender) were diagnosed with HIV in New Zealand.

Of the 80 diagnosed, 48 (60%) were men who have sex with men (MSM) – including three who also reported injecting drug use, 18 (23%) had acquired HIV through heterosexual contact, two (2.5%) through perinatal transmission, two (2.5%) through transgender sexual contact, one (1%) through injecting drug use, and for the remaining 9 (11%) the means of acquisition was unknown. Ethnic groups represented were: Asian (29%), Māori (25%), European (21%), Pacific peoples (14%), African (5%), Latin American (4%) and Other (3%).

The total number of people diagnosed in 2025 (n=80) continues to show an overall decline since the peak in 2016 (Figure 1).

HIV diagnoses among gay, bisexual and other men who have sex with men (MSM)

In 2025, 48 MSM were diagnosed in New Zealand, of whom 35 had acquired HIV locally, 11 overseas, and for two people the place of acquisition was unknown (Figure 2).

The number of MSM in 2025 with locally-acquired HIV (n=35) continues to show an overall decline since the peak in 2016. The 11 MSM with overseas-acquired HIV also represents a slight decline from 2023 and 2024, and the years prior to the Covid-19 pandemic (2016-2019) when the annual average was 26.

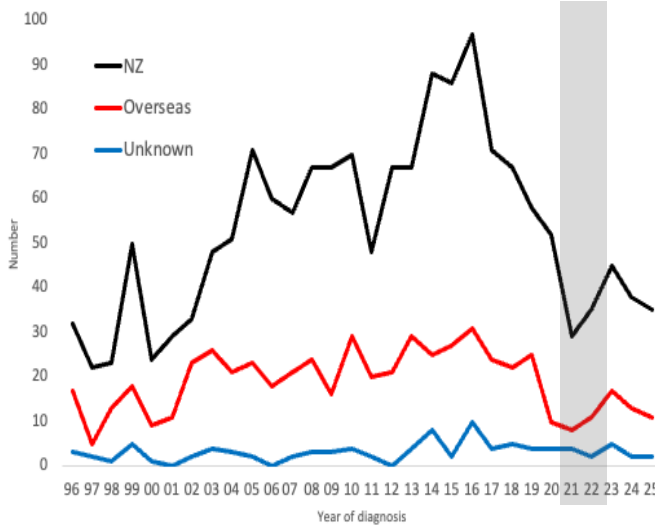


Figure 2. Place of acquisition of HIV of MSM first diagnosed in New Zealand (Shading in 2021-22 indicates years of Covid-19 pandemic)

To give an indication of the stage of HIV infection at diagnosis we report the initial CD4 lymphocyte count of the 35 MSM with locally-acquired HIV diagnosed in 2025. Twelve (34%) had a CD4 count more than 500 cells/mm³ indicating they were diagnosed within about 14 months following HIV acquisition, seven (20%) had a CD4 count between 350-499, 15 (43%) had a CD4 count less than 350 indicating they were diagnosed late, and for one (3%) person the initial CD4 count information was unavailable.

Of all 48 MSM diagnosed in New Zealand in 2025:

- 16 (33%) were Māori, 13 (27%) Asian, 10 (21%) European, five (10%) Pacific peoples, four (8%) Latin American/Middle Eastern.
- 24 (50%) were living in the greater Auckland region, three (6%) in the lower North Island, eight (17%) in other parts of the North Island, and three (7%) in the South Island. For 10 (21%) men their region of residence was New Zealand but not stated where or was unknown.
- The age range at diagnosis was 17-86 years; 14 (29%) were aged less than 30 years, 22 (46%) aged 30-39 years, six (13%) aged 40-49 years, and six (13%) aged 50 or more. Acquisition may have occurred at a younger age than when HIV was diagnosed.

HIV diagnoses among people with heterosexually acquired HIV

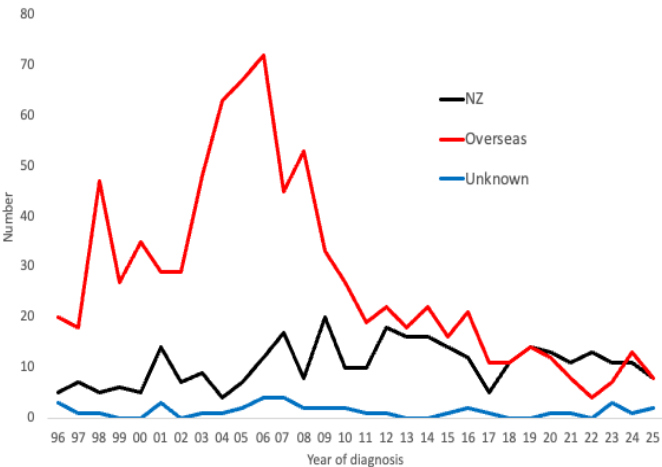


Figure 3. Place of acquisition of HIV of people first diagnosed in New Zealand with heterosexually acquired HIV

In 2025, there were 18 (8 men and 10 women) people first diagnosed in New Zealand whose HIV was heterosexually acquired. Of these 18 people:

- Eight were Asian (44%), five (28%) European, two (11%) Pacific, two (11%) African, and one (6%) Māori.
- The age range at diagnosis was 22-67 years; three (17%) were aged less than 30 years, eight (44%) aged 30-39 years, and seven (39%) aged 40 or more. Acquisition may have occurred at a younger age than when HIV was diagnosed.

The number of heterosexual locally-acquired HIV in 2025 (n=8) was slightly lower than the annual average of 12 over the previous 10 years (2015-2024) (Figure 3).

Of the eight men and women whose HIV was acquired heterosexually in New Zealand in 2025, two (25%) had a CD4 count at the time of diagnosis of >500 cells/mm³ indicating they were diagnosed within about 14 months following acquisition, two (25%) had a CD4 count between 350-499, and four (50%) had a CD4 count <350 indicating they were diagnosed late.

People who inject drugs (PWID)

The number of people diagnosed with HIV whose likely means of acquisition was reported as injecting drug use has remained low. In 2025, four people diagnosed with HIV reported injecting drug use, including three men reported as having acquired HIV either through injecting drug use or sex with men. Two PWID were reported to have acquired HIV in New Zealand.

Perinatal transmission

In 2025, two children were diagnosed with perinatally-acquired HIV – both were born overseas.

Between 1998-2025, there have been 235 births to women known to have HIV prior to delivery in New Zealand. None of these children have acquired HIV. However, for children born more recently in 2025 it is too soon to be sure about this as acquired HIV cannot be definitively ruled out until a child is over one year old. In 2025 there were four women diagnosed with HIV through ante-natal testing.

Notifications in 2025 of people with HIV first diagnosed overseas

In 2025, there were also 137 people (96 men, 30 women, one transgender woman, and 10 for whom gender was not reported) notified with HIV who had been first diagnosed overseas, and for 16 people the place of first diagnosis was unknown or the information is awaiting. Ethnic groups represented were: Asian (33%), African (28%), European (17%), Latin American (9%), Māori (1%), Pacific (1%), other (3%), and for 9% their ethnicity was not stated. The majority (86%) had an undetectable viral load indicating they are on antiretroviral therapy (ART).

The number diagnosed overseas, while lower in 2025, represents a significant increase from earlier years (Figure 4).

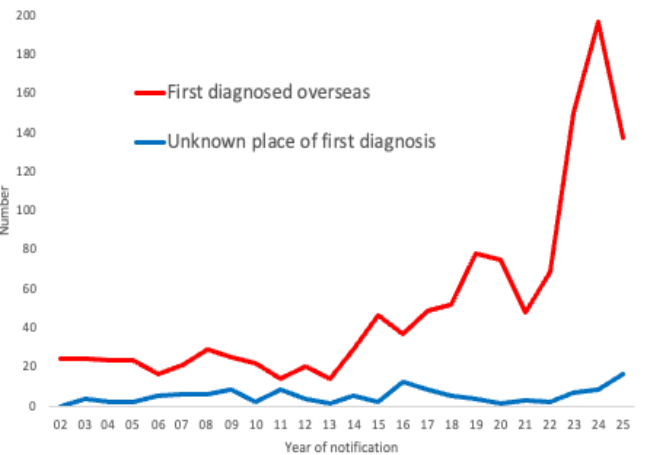


Figure 4. Notifications of people with HIV first diagnosed overseas

The number of people living with HIV in New Zealand

The number of individuals living with diagnosed HIV in New Zealand will be less than the total ever found to be infected because of deaths from AIDS and non-AIDS related causes and the unknown number who have gone overseas.

Data from PHARMAC, New Zealand’s pharmaceutical management agency, report that there were 3534 people receiving ART at the end of March 2025.

AIDS diagnoses

Nine people (all men), were diagnosed with AIDS in 2025 (Figure 5). Of these, six (67%) were men who acquired HIV through sex with men, and the means of acquisition was unknown or other for three (33%) people.

Three were Māori (33%), two Pacific (22%), two Asian (22%), one (11%) European, and one African (11%). Seven (78%) had their AIDS diagnosis within three months of being diagnosed with HIV and would not have had the opportunity for ART to control progression of their HIV infection to AIDS.

Eight deaths from AIDS were reported in 2025 (Figure 5). It is possible, however, that this number could rise due to delayed reports.

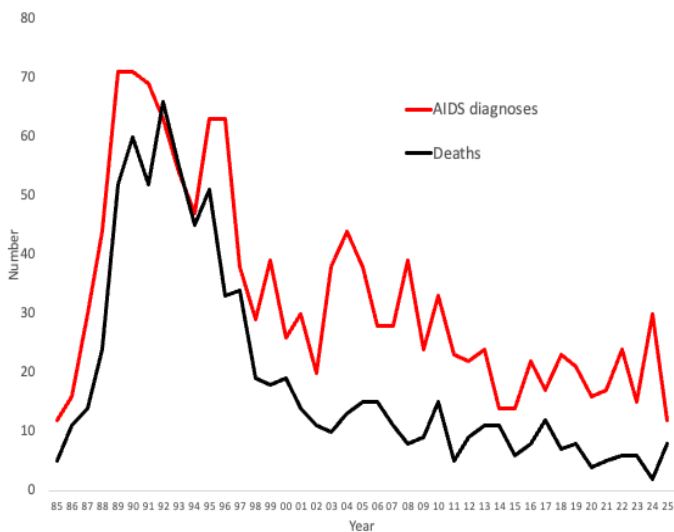


Figure 5. Annual number of diagnoses of AIDS and deaths among people notified with AIDS (The number of notifications and deaths for 2025 are expected to rise due to delayed reports)

Summary of trends of HIV in New Zealand

HIV diagnoses and locally-acquired HIV

Trends in the number of people first diagnosed with HIV in New Zealand – particularly among MSM who are reported to have acquired HIV locally – continue to decline from the peak in 2016. However, locally-acquired infections overall have only decreased by 45% from the 2010 baseline set by the National HIV Action Plan for Aotearoa New Zealand which is below the 90% reduction target by 2030.

HIV notifications of people first diagnosed overseas

A large number of people who were first diagnosed overseas were notified with HIV in 2025 (n=137). These were people of all ethnicities but mostly from countries in Asia and Africa. The majority (86%) had an undetectable viral load indicating they are on ART and therefore cannot pass HIV on sexually.

Gay, bisexual and other men who have sex with men (MSM)

MSM continue to be the most affected by HIV in New Zealand, accounting for 74% of all locally-acquired HIV diagnoses in 2025. From the 2010 baseline, there has been a 50% decline in the number of MSM who acquired HIV in New Zealand, however, this decline has been mostly in European MSM whereas the number in other ethnic groups of MSM has either increased or stayed the same. It is important, therefore, to ensure culturally appropriate prevention and testing services are available to MSM of all ethnicities.

Heterosexual men and women

The number of men and women first diagnosed and who acquired HIV heterosexually in New Zealand was slightly lower in 2025 (n=8) than the average of 12 people per year over the previous 10 years. In 2025, four (of the eight) people with heterosexually acquired HIV in New Zealand had a low CD4 count at the time of diagnosis indicating a late diagnosis. It is important for clinicians to test for HIV in people with compatible clinical features, even if there does not appear to be any apparent risk factors.

People who inject drugs (PWID)

There continues to be a very low number of people whose HIV was acquired through injecting drug use in New Zealand.

Perinatal transmission

In 2025, two children were diagnosed with perinatally-acquired HIV – both born overseas. There were also four women diagnosed with HIV through antenatal testing thereby able to make treatment and care decisions to decrease the risk of perinatal transmission. This continues to show the importance of antenatal HIV screening.

AIDS

All but one of the people diagnosed with AIDS in 2025 were non-European. Access to early testing and diagnosis of HIV and the opportunity for treatment is important for people of all ethnicities.

Table 1. Exposure category by time of diagnosis for people first diagnosed with HIV in New Zealand and by time of notification for people who were previously diagnosed overseas

		HIV Notification*							
		1985-2019		2020-2024		2025		Total 1985-2025	
Gender	Exposure category	N	%	N	%	N	%	N	%
Male	Male-to-male sex (MSM)	2993	57.4	531	52.9	96	41.2	3621	56.1
	MSM & injecting drug use	65	1.2	12	1.2	5	2.1	82	1.3
	Heterosexual contact	631	12.1	111	11.1	24	10.3	766	11.9
	Injecting drug use	82	1.6	6	0.6	2	0.9	90	1.4
	Blood product recipient	17	0.3	0	0.0	0	0.0	33	0.5
	Transfusion recipient ^a	33	0.6	2	0.2	0	0.0	19	0.3
	Transgender sexual contact	0	0.0	0	0.0	1	0.4	1	0.0
	Perinatal	40	0.8	6	0.6	2	0.9	48	0.7
	Other	14	0.3	10	1.0	2	0.9	26	0.4
	Unknown	489	9.4	119	11.9	34	14.6	642	9.9
Female	Heterosexual contact	649	12.4	125	12.5	29	12.4	803	12.4
	Injecting drug use	14	0.3	0	0.0	0	0.0	14	0.2
	Transfusion recipient ^a	11	0.2	1	0.1	1	0.4	13	0.2
	Perinatal	23	0.4	7	0.7	4	1.7	34	0.5
	Other	20	0.4	6	0.6	0	0.0	26	0.4
	Unknown	82	1.6	20	2.0	9	3.9	111	1.7
Transgender and gender diverse ^b	Sexual contact	12	0.2	13	1.3	2	0.9	27	0.4
	Injecting drug use	1	0.0	0	0.0	0	0.0	1	0.0
	Other	16	0.3	1	0.1	0	0.0	18	0.3
	Unknown	3	0.1	2	0.2	0	0.0	5	0.1
Unknown	Transfusion recipient	5	0.1	0	0.0	0	0.0	5	0.1
	Unknown	15	0.3	32	3.2	22	9.4	67	1.1
TOTAL		5215	100.0	1004	100.0	233	100.0	6452	100.0

* Includes people who have developed AIDS. HIV numbers are recorded by time of diagnosis for those reported through antibody testing and by time of first viral load for those who have initially been diagnosed overseas and not had an antibody test here. The date of initial diagnosis may have preceded the viral load day by months or years.
a All people in this category, diagnosed since 1996, HIV was acquired overseas.
b More detailed information on transgender people has been obtained since 2017.

Table 2. Ethnicity* by time of diagnosis for people first diagnosed with HIV in New Zealand and by time of first notification for people who were previously diagnosed overseas

		HIV Notification**							
		1996-2019		2020-2024		2025		Total 1996-2025	
Gender	Ethnicity	N	%	N	%	N	%	N	%
Male	European	1957	46.9	245	24.4	38	16.3	2240	41.4
	Māori ^a	286	6.8	86	8.6	21	9.0	393	7.3
	Pacific Islander	109	2.6	46	4.6	11	4.7	166	3.1
	African	284	6.8	74	7.4	14	6.0	372	6.9
	Asian	487	11.7	206	20.5	60	25.8	754	13.9
	South American	125	3.0	93	9.3	14	6.0	232	4.3
	Other	25	0.6	5	0.5	4	1.7	34	0.6
	Unknown	167	4.0	42	4.2	4	1.7	213	3.9
	European	155	3.7	31	3.1	2	0.9	188	3.5
	Māori ^a	34	0.8	13	1.3	1	0.4	48	0.9
Female	Pacific Islander	39	0.9	11	1.1	2	0.9	52	1.0
	African	290	6.9	50	5.0	28	12.0	368	6.8
	Asian	150	3.6	40	4.0	7	3.0	197	3.6
	South American	12	0.3	6	0.6	0	0.0	18	0.3
	Other	3	0.1	1	0.1	1	0.4	5	0.1
	Unknown	26	0.6	7	0.7	2	0.9	35	0.6
	European	6	0.1	7	0.7	0	0.0	13	0.2
	Māori ^a	7	0.2	3	0.3	0	0.0	10	0.2
	Pacific Islander	5	0.1	3	0.3	0	0.0	8	0.1
	African	1	0.0	0	0.0	0	0.0	1	0.0
Transgender and gender diverse ^b	Asian	3	0.1	2	0.2	1	0.4	7	0.1
	South American	2	0.1	1	0.1	1	0.4	4	0.1
	Other	1	0.0	0	0.0	0	0.0	1	0.0
	Unknown	0	0.0	0	0.0	0	0.0	0	0.0
	European	2	0.1	32	3.2	22	9.4	54	1.0
	Unknown	2	0.1	32	3.2	22	9.4	54	1.0
TOTAL		4176	100.0	1004	100.0	233	100.0	5413	100.0

* Information on ethnicity of people diagnosed with HIV only collected since 1996.
** Includes people who have developed AIDS. HIV numbers are recorded by time of diagnosis for those reported through antibody testing and by time of first viral load for those who have initially been diagnosed overseas and not had an antibody test here. The date of initial diagnosis may have preceded the viral load date by months or years.
a Includes people who identify as Māori and another ethnicity.
b More detailed information on transgender people has been obtained since 2017.

For further information about the occurrence of HIV or AIDS in New Zealand, contact:
HIV Epidemiology Group, Department of Public Health, Dunedin
University of Otago, PO Box 56, Dunedin, New Zealand
Email: HIVepigroup@otago.ac.nz
Website address and data dashboard: www.otago.ac.nz/hiv-epidemiology