



# Monitoring Community HIV Testing in Ireland, 2023

April 2025





# Public health implications and recommendations

Testing is the gateway to HIV prevention, treatment, care and other support services. Community testing expands opportunities for testing among individuals who may find testing in traditional health settings less accessible or acceptable.

Community testing aims to detect HIV early. Early HIV diagnosis and treatment initiation leads to a normal life expectancy (benefit at individual level), and prevents transmission to others (benefit at population level). The increase in testing numbers in these settings is encouraging.

The reactivity rate seen in community settings where key populations live and socialise demonstrates the benefit of expanding testing beyond traditional health settings, reaching those who are underserved.

Community testing is part of a broader strategy to increase access to HIV testing, including home and self-testing. Combining these methods with facility-based testing enhances access and reduces the number of people living with HIV who are unaware of their status.



## Key points

- 3,754 community-based HIV tests carried out by five partner organisations, 19% increase compared to 2022 (n=3,142)
- Highest proportion of tests were carried out in Refugees and Applicants Seeking Protection (RASP) accommodation centres (46.8%), followed by non-governmental organisation (NGO) headquarters (17.1%) and bars/clubs (11.1%)
- 32 individuals had reactive test results, 24 first-time diagnoses, 6 previously diagnosed, 2 unknown
- Excluding the six individuals previously diagnosed with HIV, the reactivity rate was 0.7%.
  - **Setting:** Excluding settings with low numbers tested; in males, highest rates in sauna/sex-on-premises venues (SOPVs) (4.8%) and in females, highest rates in RASP accommodation centres (1.4%)
  - **Testing history:** higher in first-time testers (1.5%) than repeat testers (0.5%)
  - **Gender:** higher in females (1.2%) than males (0.6%)
  - **Age group:** higher with increasing age
  - **Region of origin:** highest in those born in Latin America & Caribbean (1.3%), followed by Sub-Saharan Africa (1.2%)
  - **Key population group:** Excluding groups with low numbers tested; highest among migrants from countries of high HIV prevalence (2.0%), followed by gay, bisexual, and other men who have sex with men (gbMSM) (1.0%)

# Background

HIV community testing, also termed voluntary community-based HIV testing (VCBT), can be defined as HIV testing which occurs outside of established healthcare facilities. VCBT is designed to make testing more accessible, with the aim of improving detection, initiating early treatment, and preventing onward transmission, and is particularly tailored to communities most vulnerable to HIV acquisition. These include gbMSM, transgender women, people who inject drugs (PWID), sex workers, and people from geographic areas with a high prevalence of HIV.

VCBT occurs in a variety of settings worldwide, including LGBTQ+ bars, clubs and community centres; sex-on-premises venues such as bathhouses and saunas; mobile outreach testing vans; testing in ethnic, cultural and community centres and organisations; refugee accommodation centres; drug treatment centres and one-off large community events, amongst others.

This report presents a summary of HIV community testing in Ireland during 2023 and aims to give an overview of the magnitude of community testing occurring in the country, the reactivity rate for those tested, and the demographic characteristics of those both accessing community testing and those with a reactive test.



# HIV tests by test setting

**Table 1: Number HIV tests and proportion of total tests (%) by test setting, voluntary community-based testing in Ireland, 2023**

Test setting	Tests* (n)	Proportion of total tests (%)
RASP Accommodation Centre	1,755	46.8
NGO headquarters	643	17.1
Bar/club	418	11.1
University/college	232	6.2
Homeless Accommodation	199	5.3
LGBTQIA+ community resource centre	188	5.0
Sauna/SOPV	124	3.3
Community or family resource centre	76	2.0
Addiction setting	64	1.7
Festival or episodic event	33	0.9
Unknown	22	0.6
<b>Total</b>	<b>3,754</b>	<b>100.0</b>

\*All settings used rapid point-of-care testing methods except RASP accommodation centres which used laboratory-based methods for the majority (97%) of tests.

## In 2023

3,754 community-based HIV tests

- Majority (75%) carried out in RASP accommodation centres, NGO headquarters, or bars/clubs



# Reactive tests by testing setting



Table 2: Number of HIV tests, reactive tests and reactivity rates by test setting, voluntary community-based testing in Ireland, 2023

Test setting	Tests (n)	Reactive tests (n)			Reactivity rate† (%)
		First-time diagnoses	Previously positive	Unknown history	
RASP Accommodation Centre	1,755	11	3	0	0.6
NGO headquarters	643	5	2	0	0.8
Bar/club	418	1	0	0	0.2
University/college	232	0	0	0	0.0
Homeless Accommodation	199	0	1	1	0.5
LGBTQIA+ community resource centre	188	0	0	0	0.0
Sauna/SOPV	124	6	0	0	4.8
Community or family resource centre	76	0	0	0	0.0*
Addiction setting	64	0	0	0	0.0*
Festival or episodic event	33	1	0	0	3.0*
Unknown	22	0	0	1	4.5*
<b>Total</b>	<b>3,754</b>	<b>24</b>	<b>6</b>	<b>2</b>	<b>0.7</b>

\* Reactivity rate should be interpreted with caution due to low numbers tested.

† All reactivity rates in this report exclude people previously diagnosed with HIV.

## In 2023

3,754 community-based HIV tests

32 reactive results

- 24 first-time diagnoses
- 6 previously diagnosed
- 2 unknown.

Of the 26 individuals who had reactive tests and were not previously diagnosed with HIV, data on confirmatory testing was only reported for 10, as this information is not routinely collected by all NGOs.

Of the 10 individuals, all underwent confirmatory testing, all were confirmed HIV positive, and all were first-time diagnoses.



# Reactivity rate by gender and testing setting

**Table 3: Number of HIV tests, reactive tests and reactivity rates by gender\*\* and test setting, voluntary community-based testing in Ireland, 2023**

Test setting	Males			Females		
	Total tests (n)	Reactive tests† (n)	Reactivity rate† (%)	Total tests (n)	Reactive tests† (n)	Reactivity rate† (%)
RASP Accommodation Centre	1,396	6	0.4	356	5	1.4
NGO headquarters	465	3	0.6	168	2	1.2
Bar/club	367	1	0.3	35	0	0.0*
University/college	96	0	0.0*	135	0	0.0
Homeless Accommodation	149	0	0.0	49	1	2.0*
LGBT community resource centre	169	0	0.0	13	0	0.0*
Sauna/SOPV	119	5	4.2	4	1	25.0*
Community or family resource centre	50	0	0.0*	26	0	0.0*
Addiction setting	46	0	0.0*	18	0	0.0*
Festival or episodic event	28	1	3.6*	5	1	20.0*
Unknown	13	0	0.0*	8	0	0.0*
<b>Total</b>	<b>2,898</b>	<b>16</b>	<b>0.6</b>	<b>817</b>	<b>10</b>	<b>1.2</b>

\*Reactivity rate should be interpreted with caution due to low numbers tested.

† Excludes people previously diagnosed with HIV.

\*\*For the purposes of this slide, female includes cis-females and trans-females and male includes cis-males and trans-males.



## In 2023

Excluding groups with low numbers tested

- In males, rates were highest in sauna/SOPVs
- In females, rates were highest in RASP accommodation centres

# HE Demographic characteristics (1)

**Table 4: Number of HIV tests, reactive tests and reactivity rates by testing history, gender identity and age group, voluntary community-based testing in Ireland, 2023**

Demographic characteristic		Tests (n)	Reactive tests (n) †	Reactivity rate (%) †
<b>Total</b>		3,754	26	0.7
<b>First time testing for HIV</b>	Yes	616	9	1.5
	No	1,270	6	0.5
	Unknown	1,868	11	0.6
<b>Gender**</b>	Male	2,883	16	0.6
	Female	809	9	1.1
	Trans male	17	0	0.0*
	Trans female	12	1	8.3*
	Other (incl. non-binary)	32	0	0.0*
	Unknown	1	0	0.0*
<b>Age in years (median, range)</b>		32 (17-73)		
<b>Age group</b>	17-30	1554	5	0.3
	30-49	1879	16	0.9
	50+	315	5	1.6
	Unknown	6	0	0.0*

\*Reactivity rate should be interpreted with caution due to low numbers tested.

† Excludes people previously diagnosed with HIV.

\*\*Gender is based on gender identity where it was provided; otherwise, sex at birth was used. Transgender individuals may be underreported. See technical notes for more information

## In 2023

Almost a third (33%) of individuals reported this was their first ever HIV test (where these data were reported); reactivity rate higher among first time testers

Reactivity rates higher among females than males.

Reactivity rates increased with increasing age groups; highest rate in those aged 50+ years.



# Demographic characteristics (2)

**Table 5: Number of HIV tests, reactive tests and reactivity rates by region of origin and key population group , voluntary community-based testing in Ireland, 2023**

Demographic characteristic		Tests (n)	Reactive tests (n) †	Reactivity rate (%) †
<b>Total</b>		3,754	26	0.7
<b>Region of origin</b>	Ireland	1,018	4	0.4
	Sub-Saharan Africa	1,035	12	1.2
	North Africa & Middle East	392	0	0.0
	South & South East Asia	392	2	0.5
	Latin America & Caribbean	301	4	1.3
	Central or Eastern Europe	293	2	0.7
	Western Europe	192	1	0.5
	Other**	59	1	1.7*
	Unknown	72	0	0.0*
<b>Key population group † †</b>	gbMSM	929	9	1.0
	Sex with the opposite sex	874	3	0.3
	Migrant coming from country with high HIV prevalence	401	8	2.0
	Migrant not coming from country with high HIV prevalence	2263	14	0.6
	Transgender and non-binary persons	61	1	1.6*
	People who have ever injected drugs	44	0	0.0*
	Sex workers	5	1	20.0*
	Unknown/unidentified	148	1	0.7

\*Reactivity rate should be interpreted with caution due to low numbers tested.

† Excludes people who were previously diagnosed with HIV.

\*\* Other includes Australia and New Zealand, East Asia and Pacific, and North America.

† † Individuals could be reported as part of one or more key population groups.



## In 2023

Reactivity rate was highest in people born in Latin America & Caribbean, followed by Sub-Saharan Africa.

Reactivity rates were highest among migrants coming from a country of high HIV prevalence (see technical notes for more information).

# HF Reactivity rates, 2018-2023

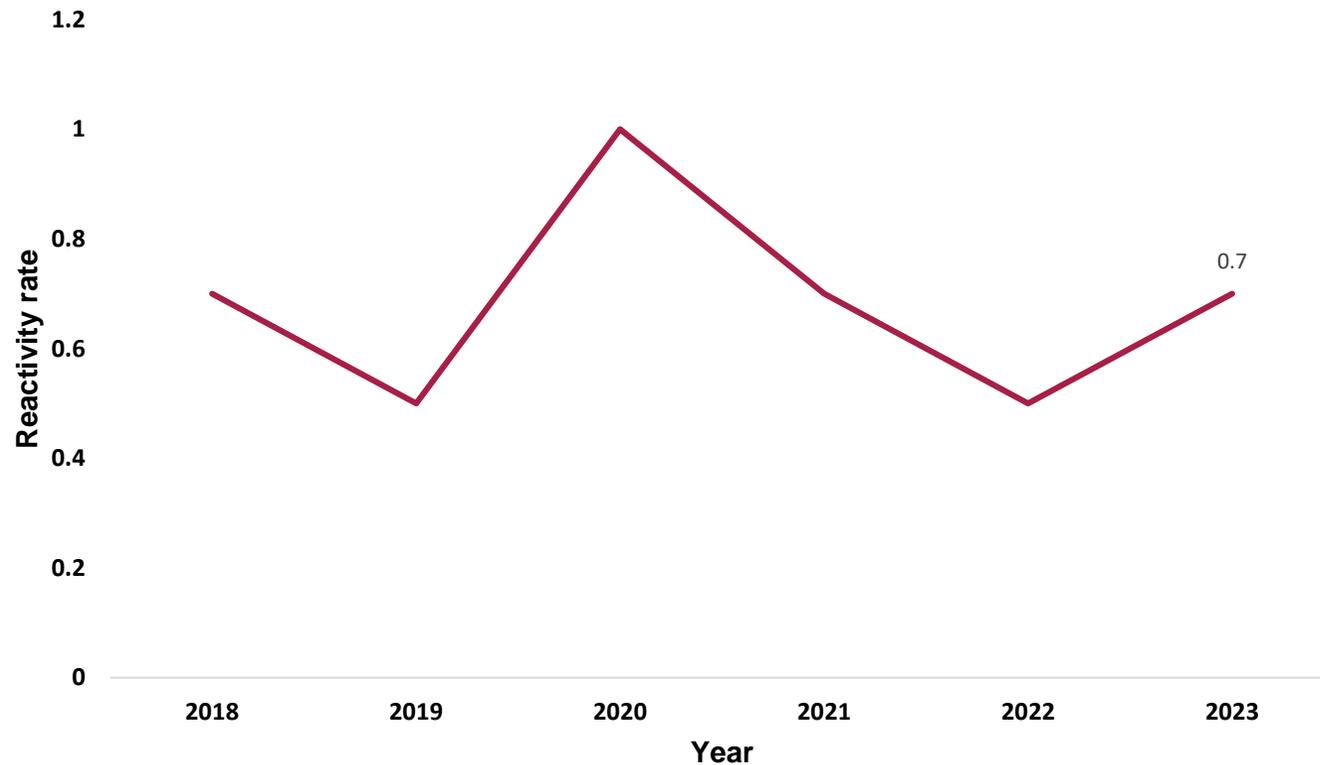


Figure 1. Trend in reactivity rates of community-based HIV tests, 2018-2023



## In 2023

26 individuals had reactive test results (excluding people previously diagnosed with HIV), giving an overall HIV test reactivity rate of 0.7%.

Note, the number of services included in the monitoring programme can vary each year. Therefore, comparing reactivity rates from different years may not be valid. Please see technical notes for more details.

# Other relevant HIV testing data, 2023

## MPOWER AT HIV IRELAND

- MPOWER at HIV Ireland provide a **self-testing** service for HIV.
- In 2023, 2,252 tests were distributed. Of these: 97% cis-males, 1% non-binary, 2% trans-males; 60% born in Ireland; 40% born outside Ireland; 13% never previously tested
- Outcomes of testing are not available as results are not centrally collated.

## HSE - FREE HOME-BASED STI TESTING

- HSE provide a free home-based STI **self-sampling** service piloted in 2021 and launched as a national service in October 2022
- In 2023, there were 57,516 completed tests for HIV. Of these, 16 were confirmed positive

## NATIONAL RECEPTION CENTRE, BALSESKIN

- National Reception Centre (NRC), Baleskin provides opt-in HIV **screening** as part of a general health screening programme
- In 2023, 1,847 people were screened for HIV. In total, 79 (4.3%) were confirmed HIV positive of which 14 (0.8%) were first-time diagnoses. Of the 79, 97% were from Sub-Saharan Africa.

# Technical notes

## A: Scope of programme

- HIV community testing in Ireland excludes testing occurring within hospitals, primary care, STI clinics, antenatal clinics and pharmacies.
- It also excludes HIV self-testing and self-sampling programmes.
- Summary data from the MPOWER self-testing programme and free HSE STI home-based testing programme are provided in slide 11.

## B: Data collection

- Participants in VCBT monitoring submit data to the HPSC on an annual basis. Five partner organisations contributed to the HIV community testing monitoring programme in 2023 (see Appendix A for more details).
- Each partner collected anonymised case-based data electronically using a standardised template, with predetermined answer options, provided by the HPSC.
- Data collection was performed in line with [European Centre for Disease Prevention and Control \(ECDC\) recommendations](#).
- Following receipt of the individual data submissions, data were systemically validated and any discrepancies in the data were discussed with the partner organisation.

## C: Definitions

- Countries of high HIV prevalence are countries with HIV prevalence >1% in the adult population.
- Gender is based on gender identity where it was provided; otherwise, sex at birth was used. Transgender individuals may be underreported as both gender identity and sex at birth were not always provided. 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.

## D: Testing methods

- Two methods are used in HIV community testing in Ireland: rapid point-of-care testing (POCT) and laboratory-based testing. Laboratory-based testing involves obtaining blood samples through venepuncture, which are then tested for HIV 1/2 antibodies and HIV-1 p24 antigen simultaneously in a specialised laboratory. Rapid POCT utilises portable serology assays that detect HIV 1/2 antibodies within one to twenty minutes. Typically only fingerprick blood samples are required to operate these devices, which are in the form of lateral flow or immunofiltration devices. POCT can occur in a variety of community settings and can be performed by trained non-laboratory staff.
- The type of test performed may vary by site and year and different tests will have different sensitivities and specificities.

## E: Reactivity rates

- Reactivity rates presented in this report exclude all people who were previously diagnosed with HIV.
- HIV test reactivity rate should be interpreted with caution due to low numbers tested (<100) among some demographic subgroups.
- The denominator used to calculate the HIV test reactivity rate is 'all tests performed' and not 'individuals tested' as some people may have tested more than once during 2023.
- The results are presented as HIV test reactivity rate; this can also be called HIV testing prevalence rate or HIV seropositivity rate.

## F: Comparison to previous years

- Comparing data in this report to data from previous years may not be valid due to a number of reasons:
  - The number of services offering community testing may vary each year.
  - Services included some years may be excluded in subsequent years if no longer considered to fit the criteria of community testing.
  - Since 2022, data from the National Reception Centre in Baleskin is no longer included in the analyses.





# Acknowledgments

The Health Protection Surveillance Centre (HPSC) would like to sincerely thank the following

- Organisations providing HIV community testing data (see Appendix A)
- HIV Community Testing Monitoring Steering Group (see Appendix B)
- HSE National Social Inclusion Office
- Sexual Health Programme (SHP), HSE Health & Wellbeing;

These slides may be copied and reproduced, provided HPSC is acknowledged:

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# Appendix A

## List of member organisations and those who provided data in 2023

Organisation/Programme	
1	GOSHH Ireland
2	MPOWER Programme at HIV Ireland
3	SafetyNet Primary Care MHSU (Mobile Health and Screening Unit)
4	Sexual Health Centre Cork
5	Sexual Health West
6	HIV Ireland (no testing carried out in 2023)
7	AIDS Care Education and Training (ACET) (no testing carried out in 2023)



# Appendix B

## Membership of the Community HIV Testing Monitoring Steering Group

Name	Organisation
Derval Igoe	HSE Public Health: National Health Protection Office
Kate O'Donnell	HSE Health Protection Surveillance Centre (HPSC)
Mark Campbell	HSE Health Protection Surveillance Centre (HPSC)
Mary Archibald	HSE Health Protection Surveillance Centre (HPSC)
Adam Shanley	MPOWER Programme at HIV Ireland
Caroline Hurley	Sexual Health Programme (SHP)
Rachael Metrustry	Sexual Health Programme (SHP)
Caitriona Pollard	SafetyNet Primary Care
Verena Tarpey	GOSHH Ireland
Joe McDonagh	Sexual Health West
Tara Russell	Sexual Health Centre Cork
Phil Corcoran	Sexual Health Centre Cork
Richard Carson	AIDS Care Education and Training (ACET)
Yvon Luky	AIDS Care Education and Training (ACET)
Ann Piercy	HIV Ireland
Aileen Kitching	HSE Public Health: National Health Service Improvement; and HSE National Social Inclusion Office