



Monitoring Community HIV Testing in Ireland, 2024

March 2026





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 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 by conventional health service models.

Community testing is part of a broader strategy to increase access to HIV testing, alongside 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, HIV community testing, 2024

- 3,843 community-based HIV tests carried out by [five partner organisations](#), similar to the number tested in 2023 (n=3,754)
- Highest proportion of tests were carried out in Refugees and Applicants Seeking Protection (RASP) accommodation centres (37.1%), followed by testing that occurred on site at main offices of the NGOs, (17.0%), followed by universities/colleges (12.4%), and LGBTQIA+ community resource centres (11.2%)
- 25 individuals had reactive test results: 10 first-time diagnoses, 13 previously diagnosed, 2 unknown
- Excluding the 13 individuals previously diagnosed with HIV, the reactivity rate was 0.3%, representing a 57% decrease compared to 2023 (0.7%)
 - **Testing history:** Slightly higher in first-time testers (0.4%) than repeat testers (0.3%)
 - **Gender:** Higher in females (0.5%) than males (0.2%)
 - **Age group:** Highest in 30-49 year old age group (0.5%)
 - **Region of origin:** Highest in those born in Sub Saharan Africa (0.8%), followed by those born in Latin America and Caribbean (0.7%)
 - **Key population group:** Highest among migrants from countries with high HIV prevalence (1.1%)
 - **Setting:** Excluding settings with low numbers tested; in males, highest rates in LGBTQIA+ community resource centres (0.8%) and in females, highest rates in NGO main offices (1.1%)

Background

HIV community testing, also called 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 LGBTQIA+ 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; accommodation for Refugees and Applicants Seeking Protection; community drug treatment centres and one-off large community events, amongst others.

This report presents a summary of HIV community testing in Ireland during 2024 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.

HF Reactive tests by testing setting

Table 2: Number of HIV tests, reactive tests and reactivity rates excluding previous positives by test setting, voluntary community-based testing in Ireland, 2024

Test setting	Tests (n (%))	Reactive tests (n)			Reactivity rate† (%)
		First-time diagnoses	Previously positive	Unknown history	
RASP accommodation centre	1426 (37.1)	6	8	0	0.4
On site at main office of the NGO*	655 (17.0)	2	1	0	0.3
University/college	478 (12.4)	0	0	0	0.0
LGBTQIA+ community resource centre	429 (11.2)	1	3	2	0.7
Bar/club	249 (6.5)	0	1	0	0.0
Homeless accommodation	220 (5.7)	0	0	0	0.0
Community or family resource centre	113 (2.9)	0	0	0	0.0
Addiction setting	84 (2.2)	0	0	0	0.0
Festival or episodic event	78 (2.0)	1	0	0	1.3**
Sauna/Sex-on-premises venue	77 (2.0)	0	0	0	0.0
Galway Rural Development (GRD) outreach office	34 (0.9)	0	0	0	0.0
Unknown	1 (0.1)	0	0	0	0.0
Total	3,843	10	13	2	0.3

*NGOs test in many settings but some also provide testing in their main offices. In 2024, this included HIV Ireland, GOSHH and Sexual Health Centre Cork.

† Excludes people previously diagnosed with HIV.

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



In 2024

Majority (78%) of tests carried out in RASP accommodation centres, NGO main offices, universities/colleges, or LGBTQIA+ community centres.

Of the 12 individuals who had reactive tests and were not previously diagnosed with HIV, data on confirmatory testing results was only reported for two, as this information is not routinely provided back to NGOs. Of the 2 individuals, both were confirmed HIV positive, and both were first-time diagnoses.

All settings used rapid point-of-care testing methods except RASP accommodation centres which used laboratory-based methods for the majority (83%) of tests.



Reactivity rate by gender and testing setting

Table 3: Number of HIV tests, reactive tests and reactivity rates excluding previous positives by gender and test setting, voluntary community-based testing in Ireland, 2024**

Test setting	Men			Women		
	Total tests (n)	Reactive tests† (n)	Reactivity rate† (%)	Total tests (n)	Reactive tests† (n)	Reactivity rate† (%)
RASP accommodation centre	812	2	0.2	614	4	0.7
On site at main office of the NGO*	469	0	0.0	183	2	1.1
University/college	220	0	0.0	254	0	0.0
LGBTQIA+ community resource centre	354	3	0.8	66	0	0.0
Bar/club	207	0	0.0	36	0	0.0
Homeless accommodation	152	0	0.0	67	0	0.0
Community or family resource centre	70	0	0.0	40	0	0.0
Addiction setting	70	0	0.0	14	0	0.0
Festival or episodic event	34	0	0.0	42	1	2.4**
Sauna/Sex-on-premises venue	74	0	0.0	2	0	0.0
GRD outreach office	20	0	0.0	13	0	0.0
Unknown	0	0	0.0	1	0	0.0
Total	2483	5	0.2	1331	7	0.5

*NGOs test in many settings but occasionally also provide testing in their headquarters. In 2024, this included HIV Ireland, GOSHH and Sexual Health Centre Cork.

† Excludes people previously diagnosed with HIV.

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

† † For the purposes of this slide, women includes cis-women and trans-women and men includes cis-men and trans-men.



In 2024

Overall rates among women were higher than men. Excluding groups with low numbers tested

- In men, rates were highest in LGBTQIA+ community resource centres
- In women, rates were highest in NGO main offices, followed by RASP accommodation centres

HE Demographic characteristics (1)

Table 4: Number of HIV tests, reactive tests and reactivity rates excluding previous positives by testing history, gender and age group, voluntary community-based testing in Ireland, 2024

Demographic characteristic		Tests (n)	Reactive tests (n) †	Reactivity rate (%) †
Total		3,843	12	0.3
First time testing for HIV	Yes	2259	8	0.4
	No	1,523	4	0.3
	Unknown	61	0	0.0
Gender**	Men	2,458	5	0.2
	Women	1291	7	0.5
	Trans men	25	0	0.0
	Trans women	40	0	0.0
	Other (incl. non-binary)	26	0	0.0
	Unknown	3	0	0.0
Age in years (median, range)		32 (17-78)		
Age group	17-29	1683	2	0.1
	30-49	1809	9	0.5
	50+	333	1	0.3
	Unknown	18	0	0.0

† 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 2024

Approximately 60% of individuals reported this was their first ever HIV test

Reactivity rate was slightly higher among first time testers compared to repeat testers

Reactivity rates were highest in the 30-49 year age group



Demographic characteristics (2)

Table 5: Number of HIV tests, reactive tests and reactivity rates excluding previous positives by region of origin and key population group, voluntary community-based testing in Ireland, 2024

Demographic characteristic		Tests (n)	Reactive tests (n) †	Reactivity rate (%) †
Total		3,843	12	0.3
Region of origin	Ireland	1,112	1	0.1
	Sub Saharan Africa	1,041	8	0.8
	South and South East Asia	359	1	0.3
	North Africa and Middle East	291	0	0.0
	Latin America and Caribbean	285	2	0.7
	Eastern Europe	206	0	0.0
	Western Europe	156	0	0.0
	Central Europe	104	0	0.0
	Other*	69	0	0.0
	Unknown	220	0	0.0
Key population group ††	Migrant not coming from country with high HIV prevalence	2145	7	0.3
	Sex with opposite sex	1258	3	0.2
	gbMSM	900	3	0.3
	Migrant coming from country with high HIV prevalence	366	4	1.1
	People who have ever injected drugs	113	0	0.0
	Transgender and non-binary persons	91	0	0.0
	Sex workers	14	0	0.0
	Unknown/unidentified	311	0	0.0

† Excludes people 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 2024

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

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



Reactivity rates, 2018-2024

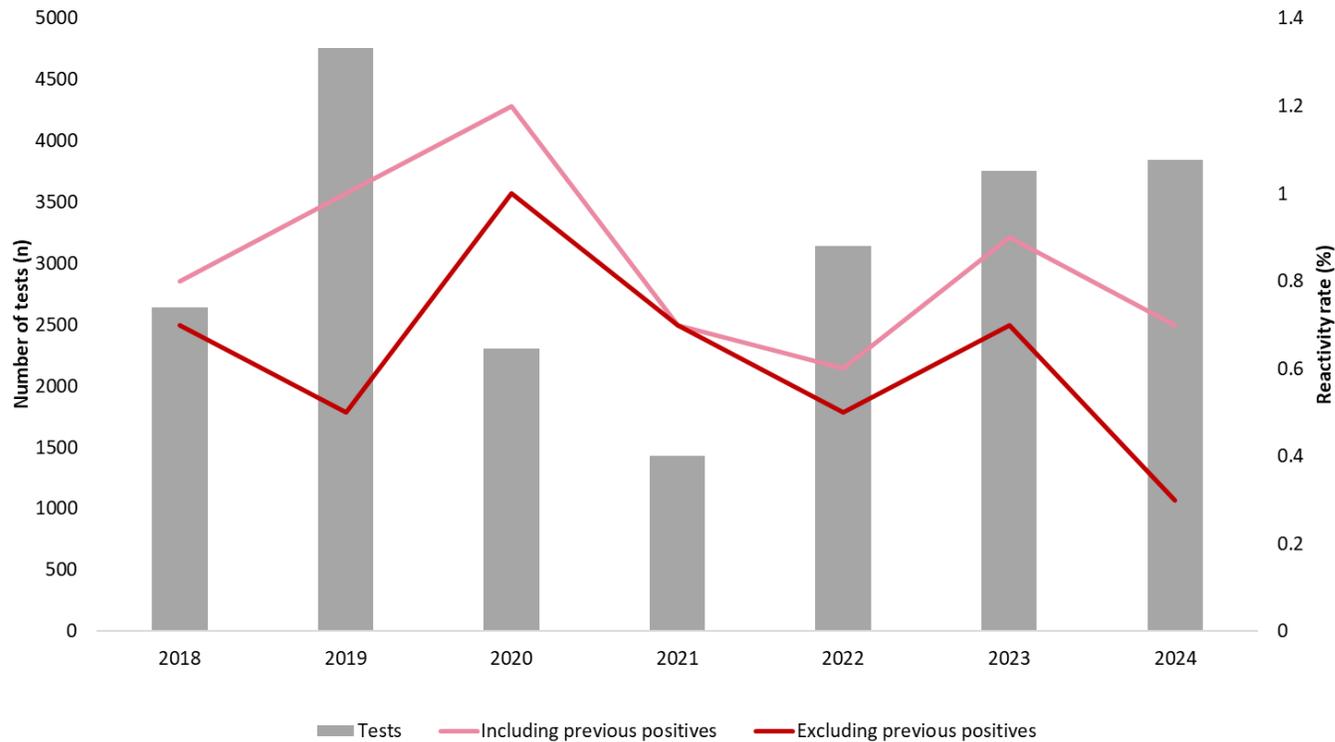


Figure 1. Trend in number of tests and reactivity rates of community-based HIV tests, 2018-2024



In 2024

12 individuals had reactive test results (excluding people previously diagnosed with HIV), giving an overall HIV test reactivity rate of 0.3%. This represents a 57% decrease compared to the reactivity rate in 2023.

Note: the number of services providing monitoring data, and the number of tests done in each setting, can vary by year. Therefore, comparing reactivity rates from different years may not be valid. Please see technical notes for more details. Data from Baleskin is not included in this slide.

Other relevant HIV testing data, 2024

MPOWER AT HIV IRELAND

- MPOWER at HIV Ireland provide a [self-testing service](#) for HIV.
- In 2024, 2,499 self-tests were performed. Of these: 96% gbMSM, 1% non-binary, 1% trans-men, 2% women (including trans-women); 46% born in Ireland; 54% born outside Ireland; 20% had never previously been tested for HIV
- Of the 2,499 tests, there were 8 reactive results reported (0.3%). Results on confirmatory testing are not available.

HSE - FREE HOME-BASED STI TESTING

- HSE provide a [free home STI testing service](#) which was piloted in 2021 and launched as a national service in October 2022
- In 2024, there were 71,662 completed tests for HIV. Of these, 18 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 2024, 1,682 people were screened for HIV. In total, 61 (3.6%) were confirmed HIV positive of which 16 (1.0%) were first-time diagnoses. Of the 61, 98% were from Sub-Saharan Africa.

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 2024 (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](#).
- Data was received by HPSC through January 2025 to January 2026. 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 2024.
- 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 and type of services offering community testing may vary each year, leading to different sample sizes and sample population characteristics which may not be comparable.
 - 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 have not been included in the main analyses.



Acknowledgments

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- 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;

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HE Appendix A

List of member organisations and those who provided data in 2024

Organisation/Programme	
1	GOSHH (Gender, Orientation, Sexual Health, HIV) Ireland
2	HIV Ireland
3	SafetyNet Primary Care MHSU (Mobile Health and Screening Unit)
4	Sexual Health Centre Cork
5	Sexual Health West
6	AIDS Care Education and Training (ACET) (no testing carried out in 2024)



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)
Niamh Murphy	HSE Health Protection Surveillance Centre (HPSC)
Mary Archibald	HSE Health Protection Surveillance Centre (HPSC)
Caroline Hurley	Sexual Health Programme (SHP)
Rachael Mestrury	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)
Stephen O'Hare	HIV Ireland
Ann Piercy	HIV Ireland
Sarah Murray	National Reception Centre, Balsekin
Grainne Begley	HSE National Social Inclusion Office
Aileen Kitching	HSE Public Health: National Health Service Improvement; and HSE National Social Inclusion Office