

# Migration Trends Briefing

*Recent Migration Trends and the Prevalence of Blood Born Viruses (BBVs) and Sexually Transmissible Infections (STIs) in NSW*

*Paula Schalke  
Health Promotion Officer  
NSW Multicultural HIV and Hepatitis Service*



## Navigating Post-Pandemic Migration

A review of migration trends in NSW

November 2025



Sydney  
Local Health District



# Overview



## Topics Covered

Key migration trends impacting NSW

Health priorities and challenges of new and emerging communities

Opportunities for implementing key recommendations

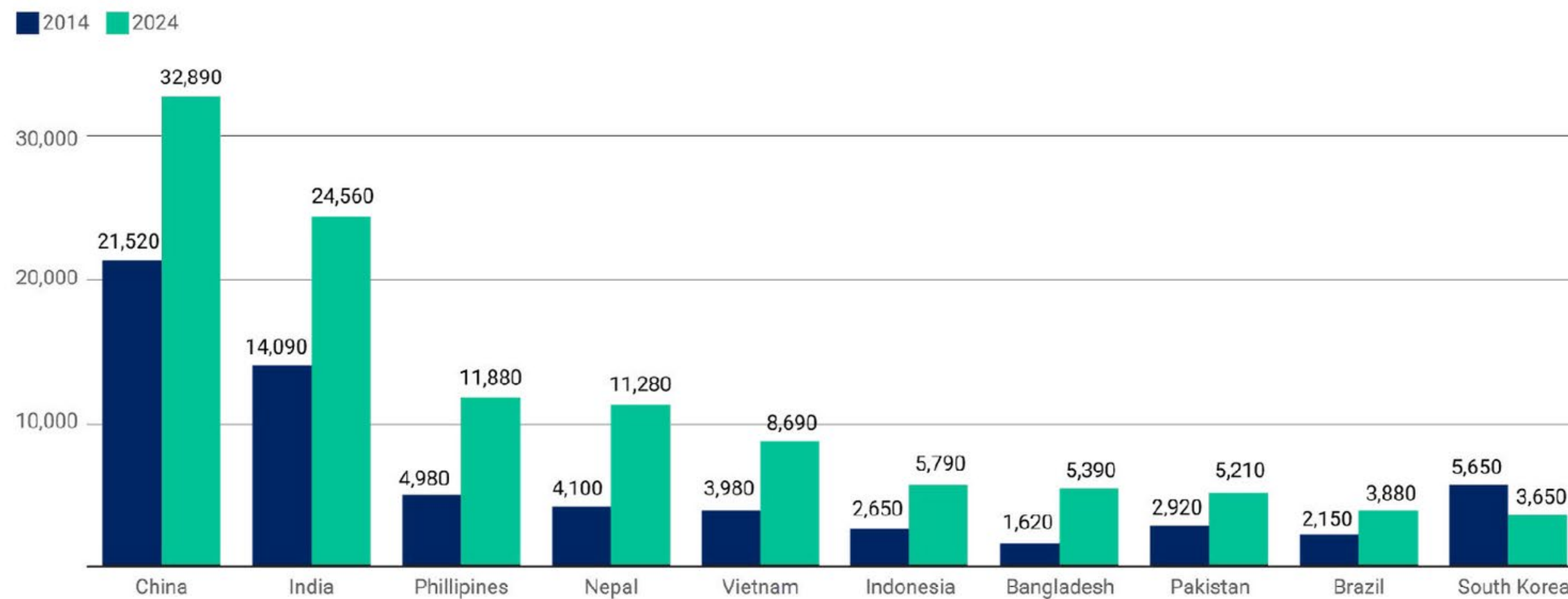
## Learning Outcomes

Understand post pandemic migration patterns and newly emerging communities

Identify health sector and community considerations for effective service delivery

Recognise gaps and opportunities for strategic planning

# Recent Migration Trends



Source: ABS - Overseas Migration 2023-24

Figure 1. Top 10 migration arrivals by country of birth - NSW (2014-2024)

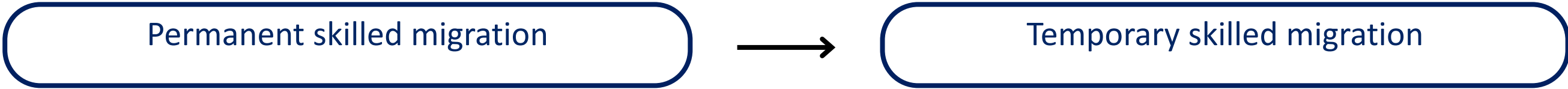
80% of NSW annual population growth  
(2023–24) driven by migration

Rapid increase in number of migrants from  
African, Middle Eastern, Central and South  
American countries

Need for proactive, place-based public health  
responses

Increasing need for flexible, multilingual, and  
culturally responsive care

# Migration Streams of Interest



Permanent migration - NSW	Student visas - Australia	PALM scheme - NSW	Humanitarian program - Australia
China	India	Fiji	Afghanistan
India	China	Vanuatu	Syria
Philippines	Nepal	Solomon Islands	Iraq
Nepal	Philippines	Samoa	Myanmar
Vietnam	Vietnam	Tonga	Democratic Republic of Congo
Indonesia	Bhutan	Timor-Leste	Stateless
Bangladesh	Pakistan	Papua New Guinea	Eritrea
Pakistan	Colombia	Kiribati	Ethiopia
Brazil	Sri Lanka	Tuvalu	Venezuela
South Korea	Thailand	Nauru	Sudan

Table 1: Summary of top 10 migration source countries by stream (2024)

# Migrant BBV/STI Health Trends



Many source countries have higher BBV/STI prevalence than Australia

Migrants are younger, aligning with peak-risk age groups (15–39)

International data sources vary largely between countries

Data on STIs the least complete, creating a blind spot in public health planning

Migrants from birth cohorts missed childhood vaccinations or treatment



# Blood Borne Viruses (BBVs)



100% increase		200% increase		400% increase and above	
Bangladesh	<div><div></div><div></div><div></div></div>	Afghanistan	<div><div></div><div></div><div></div></div>	Argentina	<div><div></div><div></div><div></div></div>
Bolivia	<div><div></div><div></div><div></div></div>	Colombia	<div><div></div><div></div><div></div></div>	Bhutan	<div><div></div><div></div><div></div></div>
Botswana	<div><div></div><div></div><div></div></div>	Fiji	<div><div></div><div></div><div></div></div>	Central African Republic	<div><div></div><div></div><div></div></div>
Chad	<div><div></div><div></div><div></div></div>	Ireland	<div><div></div><div></div><div></div></div>	Ecuador	<div><div></div><div></div><div></div></div>
Chile	<div><div></div><div></div><div></div></div>	Kenya	<div><div></div><div></div><div></div></div>	Kiribati	<div><div></div><div></div><div></div></div>
Congo	<div><div></div><div></div><div></div></div>	Madagascar	<div><div></div><div></div><div></div></div>	Solomon Islands	<div><div></div><div></div><div></div></div>
Democratic Republic of Congo	<div><div></div><div></div><div></div></div>	Malawi	<div><div></div><div></div><div></div></div>	Timor-Leste	<div><div></div><div></div><div></div></div>
French Guiana	<div><div></div><div></div><div></div></div>	Mongolia	<div><div></div><div></div><div></div></div>	Vanuatu	<div><div></div><div></div><div></div></div>
Georgia	<div><div></div><div></div><div></div></div>	Paraguay	<div><div></div><div></div><div></div></div>	Yemen	<div><div></div><div></div><div></div></div>
Ghana	<div><div></div><div></div><div></div></div>	Peru	<div><div></div><div></div><div></div></div>		
Guam	<div><div></div><div></div><div></div></div>	Qatar	<div><div></div><div></div><div></div></div>		
Guatemala	<div><div></div><div></div><div></div></div>	Tuvalu	<div><div></div><div></div><div></div></div>		
Indonesia	<div><div></div><div></div><div></div></div>				

Key:					
HIV	<div><div></div><div></div><div></div></div>	HBV	<div><div></div><div></div><div></div></div>	HCV	<div><div></div><div></div><div></div></div>

Table 2: Source countries with the largest proportional increase in migration arrivals into NSW from 2014-2024, with indication of relevance to BBV services

HIV

Elevated risk and higher undiagnosed rates among migrants from Latin America, Caribbean, Sub-Saharan Africa, Southeast Asia

Migrants more likely to experience poorer treatment outcomes

Hepatitis B (HBV)

70% of chronic HBV cases in Australia born overseas; highest prevalence from East Asia & Sub-Saharan Africa

31% remain undiagnosed in NSW

Hepatitis C (HCV)

Elevated risk and higher undiagnosed rates among migrants from South America, Caribbean, Sub-Saharan Africa, Southeast Asia

Infection patterns influenced by emerging migrant groups with evolving risk profiles

# Sexually Transmissible Infections (STIs)



## Syphilis notifications by state and territory

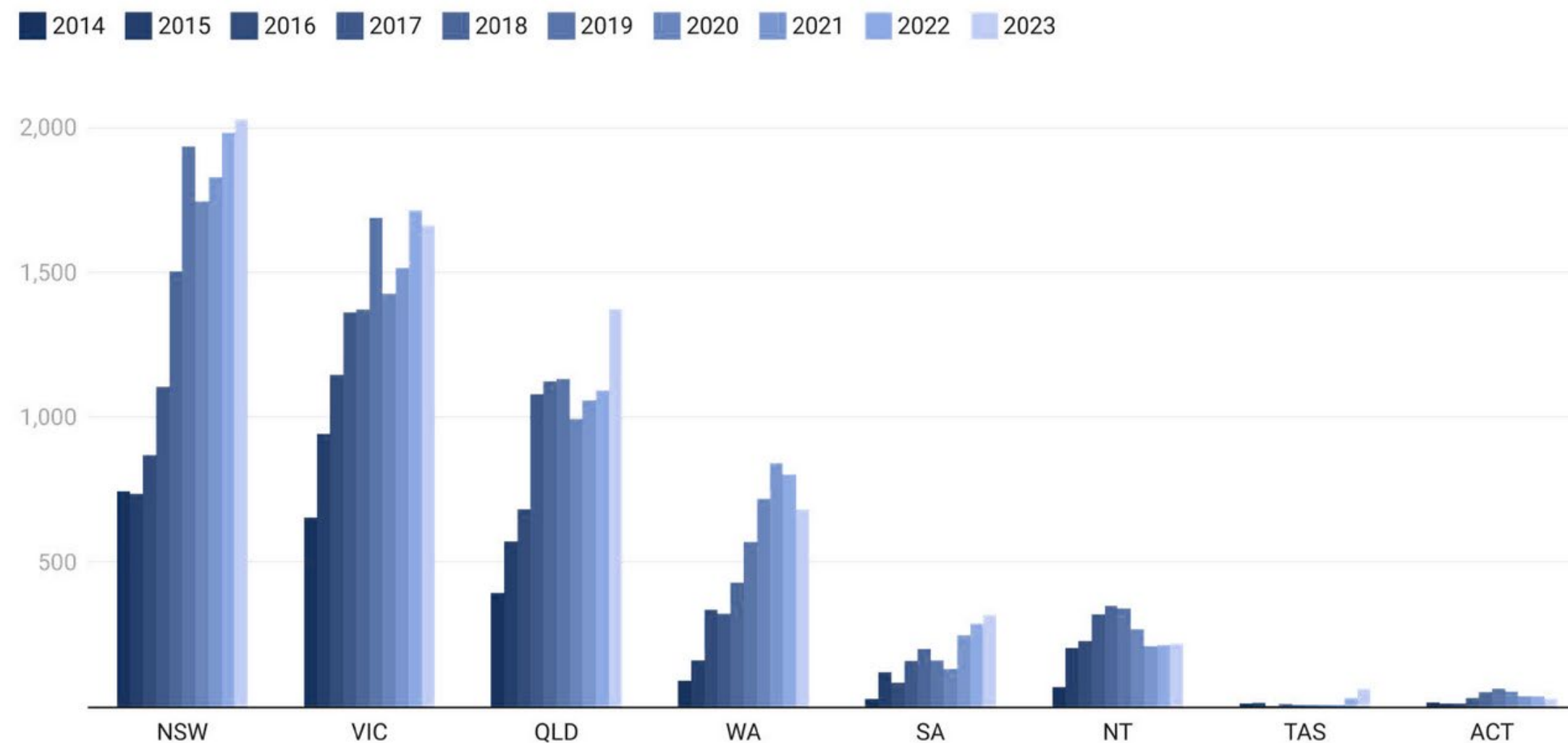


Figure 2. Syphilis notifications by state and territory - Australia (2014 - 2023)

NSW recorded the highest STI notifications in Australia

Infectious syphilis rates rose over 200% (2014-2023)

70% of new arrivals are 15–39 years— highest STI risk group

Limited disaggregated data by region of birth

STI trends require tailored surveillance & culturally competent care

# Community Insights - Understanding Barriers



BBV/STI discussions are often avoided due to stigma and cultural or religious beliefs

Low awareness and knowledge about BBVs/STIs in CALD communities, which limits engagement

Privacy and confidentiality concerns discourage screening, especially in high-traffic or public settings

Limited familiarity with the Australian health system and lack of Medicare eligibility hinder  
access to preventive care

Lack of trusted, culturally sensitive communication channels, which reduces awareness and uptake of health messages



# Community Insights - Opportunities for Engagement



Embed BBV/STI information into routine health checks (e.g., liver health, travel medicine) to normalise discussions

Develop multilingual health communication resources and recruit a bicultural workforce

Bundle BBV/STI messaging with broader health topics to reduce stigma and improve receptiveness

Co-design campaigns with communities to ensure cultural relevance, acceptability, and effectiveness

Leverage trusted community and faith leaders and familiar channels (e.g., WhatsApp, ethnic radio) to improve reach and acceptance of health messaging

# Key Action Recommendations



1. Elevate co-design and targeted service planning

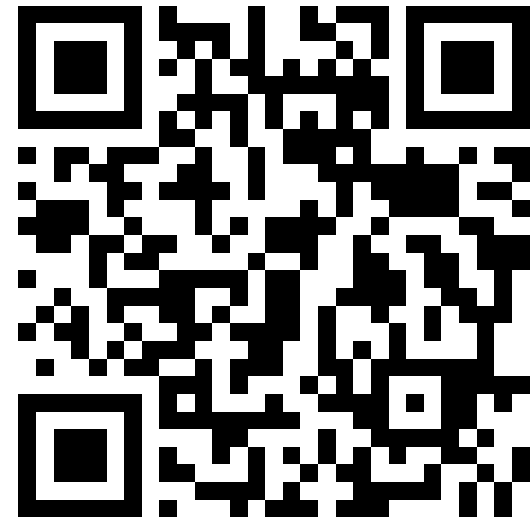
→ Engage CALD communities and tailor programs to specific visa classes (Medicare-ineligible, refugees, asylum seekers, temporary migrants) for equity and relevance.
2. Integrate BBV/STI-specific touchpoints into general health promotion and service pathways

→ Embed BBV/STI prevention and care in broader consultations to reduce stigma, improve access, and better engage community and health services.
3. Standardise data collection and strengthen utilisation practices

→ Cross reference health datasets across state, LHD, district and council levels to understand service demand. CALD-specific data should be consistently collected, including country-of-birth data.
4. Advance research initiatives focused on CALD communities

→ CALD-led research must be integrated early and equitably. CALD communities need to co-lead and co-design research initiatives to capture nuance and diverse health needs.

# Resources



[info@mhahs.org.au](mailto:info@mhahs.org.au)



[www.mhahs.org.au](http://www.mhahs.org.au)



[TheMHAHS](https://www.facebook.com/TheMHAHS)

Thank you!



Direct link to the report

