

REPUBLIC OF FIJI

Ministry of Health and Medical Services

Sexual and Reproductive Health & HIV Unit

2025 NATIONAL HIV STATISTICS

Summary Report

January – December 2025

2,016

New HIV diagnoses in 2025

5,676

Cumulative cases 1989–2025

+27%

Increase from 2024

117

HIV-related deaths in 2025

56%

Of PLHIV receiving ART

92,377

HIV screening tests conducted

Published 2026 | SRH & HIV Unit, Ministry of Health and Medical Services, Republic of Fiji

HIV DIAGNOSES — 2025 OVERVIEW

In 2025, Fiji recorded its **highest annual number of newly diagnosed HIV cases**, at 2,016. This represents a **27% increase** from 1,583 cases in 2024. Dramatic increases since 2021 reflect both a rise in infections and improved case detection through expanded testing coverage and improved surveillance across all divisions.

<h1>2,016</h1> <p>New diagnoses in 2025</p>	<h1>5,676</h1> <p>Cumulative cases 1989–2025</p>	<h1>27%</h1> <p>Increase from 2024</p>
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Annual New HIV Cases in Fiji 1989-2025

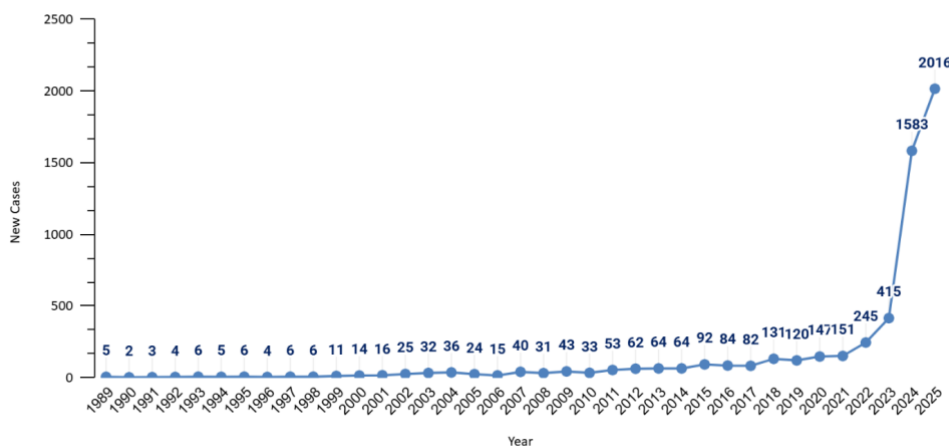


Figure 1. Newly diagnosed HIV cases by year of diagnosis, Fiji, 1989–2025 (n=5,676)

Between 2018 and 2021, reported HIV cases across divisions remained relatively stable, with gradual increases in the Central and Western Divisions. Beginning in 2022, there was a pronounced rise, especially in the Central/Eastern Division, where cases increased from 135 in 2022 to over 1,100 by 2024, reaching 1,376 in 2025.

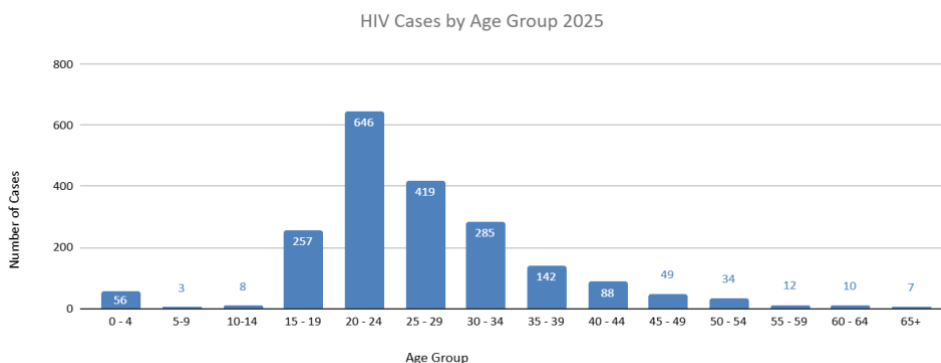


Figure 2. Newly diagnosed HIV cases by division and year, Fiji, 2018–2025

AGE DISTRIBUTION

In 2025, individuals aged 20–24 years accounted for 646 cases (32.0%), the largest proportion of newly diagnosed infections. This represents a significant increase from 429 cases in 2024 (27.1%), 102 in 2023 (25.7%), and 43 in 2022 (17.5%), indicating a clear upward trend in this age group.

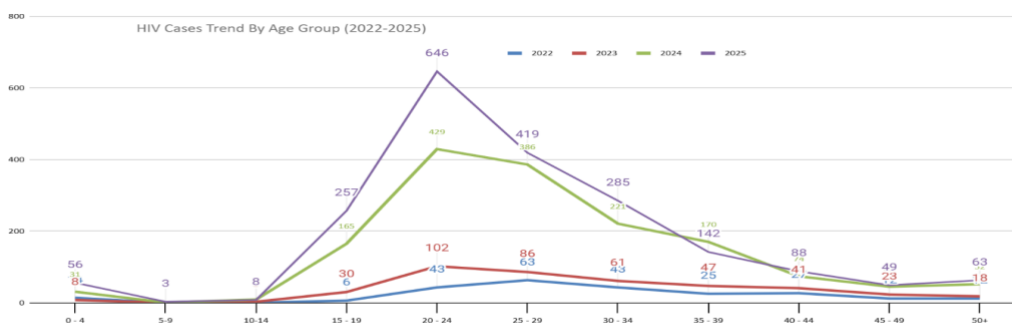


Figure 3. Newly diagnosed HIV cases by age group, Fiji, 01 January–31 December 2025 (n=2,016)

Adult and paediatric breakdown

Nationally, **adults accounted for 96.6% (1,949)** and **children accounted for 3.3% (67)** of new HIV cases in 2025. There is no change in the adult/paediatric case breakdown from 2024. Of the paediatric cases, 56 were attributed to mother-to-child transmission (MTCT), compared to 32 cases of MTCT in 2024.

The **Central/Eastern Division alone accounted for 68.3%** of all new diagnoses. The Western Division contributed **27.6%**, and the Northern Division contributed **4.2%**.

Table 1. Newly diagnosed HIV cases by division, with adult/paediatric breakdown, 01 January–31 December 2025 (n=2,016)

	Central/Eastern	Northern	Western	Total
Adults (aged 15 years and older)	1,330 (68.2%)	80 (4.1%)	539 (27.7%)	1,949
Paediatric (aged under 15 years)	46 (68.7%)	4 (6.0%)	17 (25.4%)	67
Total	1,376 (68.3%)	84 (4.2%)	556 (27.6%)	2,016

SEX AND ETHNICITY

The majority of individuals diagnosed were male at 65.7% (1,325), while females accounted for 33.9% (683) and transgender individuals made up 0.4% (8) of total cases. Men currently represent a larger share of individuals diagnosed with HIV in Fiji. However, the substantial proportion of cases among females demonstrates that HIV transmission continues to affect both sexes and emphasises the need for gender-responsive HIV prevention, testing, and treatment services.

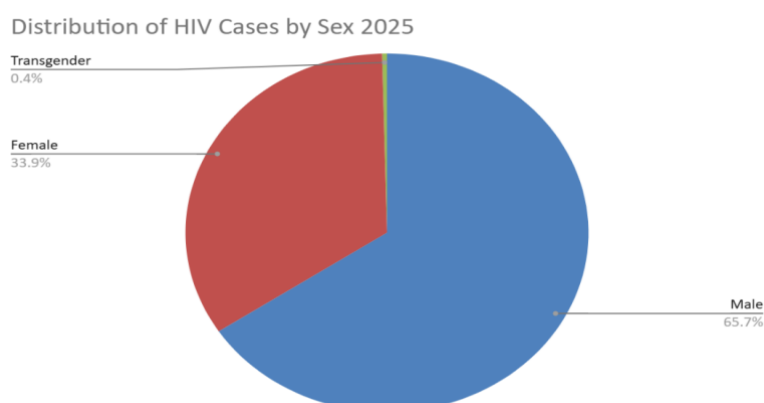


Figure 4. Newly diagnosed HIV cases by sex, Fiji, 01 January–31 December 2025 (n=2,016)

The epidemic continues to disproportionately affect the iTaukei population, with 93.9% of all notifications in 2025 identified as iTaukei. Fijians of Indian Descent accounted for 5.2% and 0.8% were from other ethnic groups.

ENGAGEMENT IN CARE AND TREATMENT

Engagement in care and ART initiation remains a significant gap in the care cascade for people living with HIV (PLHIV) in Fiji. Of the 2,016 total cases newly diagnosed in 2025:

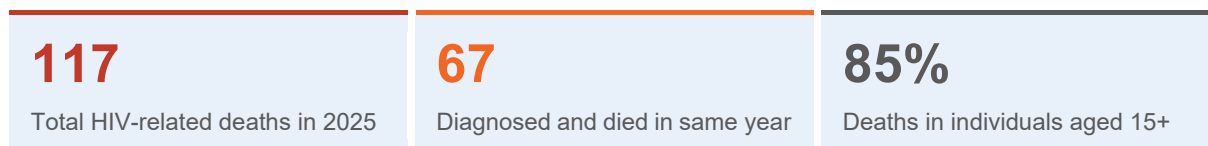
- **976 (48.4%)** were in care and receiving ART
- **128 (6.3%)** were in care but not yet initiated on ART
- **845 (41.9%)** were not enrolled in care, representing the largest gap in the care cascade
- **67 reported deaths** among newly diagnosed cases in 2025, further emphasising the urgent need for early diagnosis, rapid ART initiation, and retention in care

Table 2. Newly diagnosed HIV cases by care status, 01 January–31 December 2025 (n=2,016)

Care status	Number	Percentage (%)
On ART	976	48.4
Enrolled in care, not on ART	128	6.3
Not enrolled in care	845	41.9
Reported deaths	67	3.3
Total	2,016	100.0

HIV-RELATED MORTALITY

There were 117 HIV-related deaths reported in 2025, of whom 67 cases were diagnosed and died in the same year. 85% of deaths occurred in individuals aged 15 years and above. Among children aged 0–14 years, 17 deaths were recorded, underscoring ongoing gaps in prevention of mother-to-child transmission (PMTCT) services.



CASCADE OF CARE

The HIV cascade of care outlines the progression of individuals living with HIV through the stages of diagnosis, initiation of treatment, and achievement of viral suppression. Monitoring this cascade enables the national HIV programme to assess progress in expanding treatment coverage and reducing HIV transmission.

According to the national HIV database and treatment monitoring systems, a total of 3,535 people living with HIV (PLHIV) had been reported in Fiji by the end of 2025. Among these individuals:

- **1,979** people were receiving antiretroviral therapy (ART)
- **288** individuals had documented viral suppression

These data indicate that **56% of reported PLHIV** were receiving ART, while **15% had documented viral suppression**.

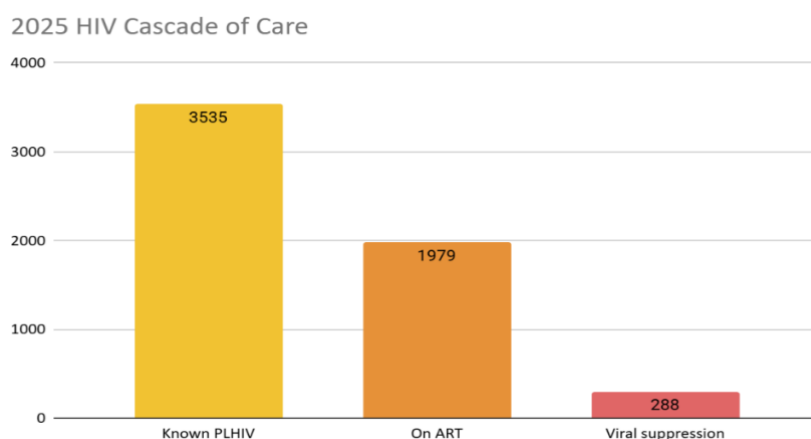


Figure 5. HIV cascade of care, Fiji, end of 2025

The cascade highlights substantial gaps within the HIV care continuum. Despite expanded treatment coverage, the proportion of individuals with documented viral suppression remains

significantly lower. This disparity may result from incomplete viral load monitoring, delays in viral load testing, and challenges related to treatment adherence and retention in care.

ART coverage and viral suppression trends, 2022–2025

Between 2022 and 2025, ART coverage among reported PLHIV varied as follows: 54% (2022), 42% (2023), 68% (2024), and 56% (2025).

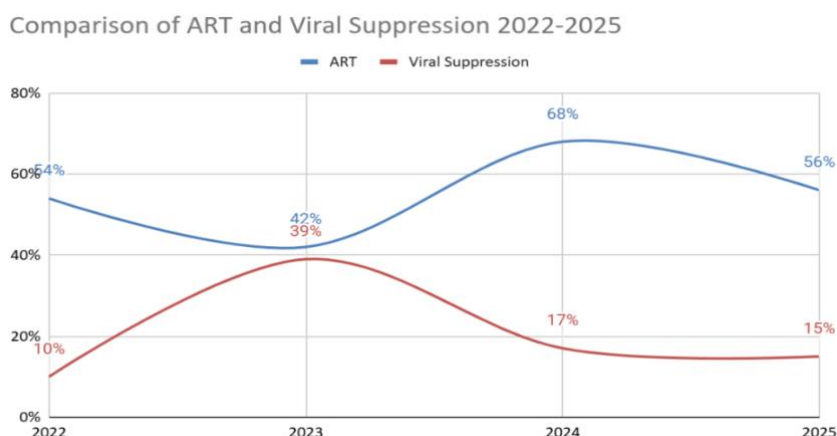


Figure 6. ART coverage and viral suppression, Fiji, 2022–2025

HIV TESTING DATA — 2025

Testing coverage

- 92,377 total HIV screening tests conducted nationally
- 80.3% were laboratory-based (74,176 tests)
- 19.7% via point-of-care testing (POCT)

Table 3. HIV screening tests and confirmed positives by division, Fiji, 01 January–31 December 2025 (n=2,016)

Screening data	Central	Eastern	Western	Northern	Total
Laboratory	37,545	1,118	25,769	9,744	74,176
POCT	12,472	554	3,413	1,762	18,201
Total screening	50,017	1,672	29,182	11,506	92,377
Lab-confirmed positives	1,752	24	716	225	2,717
Registered cases	1,359	17	556	84	2,016

The highest positivity rate was recorded in Central Division (3.5%), consistent with the largest testing volume and burden. The lowest was in Eastern Division (1.4%), likely reflecting underestimation due to limited targeted screening.

Table 4. HIV laboratory test positivity rate by division, Fiji, 01 January–31 December 2025

Division	Laboratory positivity rate
Central	3.5%
Eastern	1.4%
Western	2.5%
Northern	2.0%
National	2.9%

701 tests (25.8% of all laboratory-confirmed positive tests) were conducted among patients with a known HIV status, suggesting that some previously diagnosed cases are being retested and re-captured as status unknown. This highlights the need for improved data management and patient tracking to avoid unnecessary repeat testing.

Table 5. Repeat testing among people living with HIV, Fiji, 01 January–31 December 2025

Indicator	Count
Laboratory-confirmed positives	2,717
New HIV case registrations	2,016
Repeat testing among known PLHIV	701 (25.8%)

MODES OF TRANSMISSION

This analysis is based on available modes of transmission (MoT) data. A substantial proportion of cases remain classified as unknown MoT, primarily among individuals not yet linked to care. The table below reflects only those MoT categories currently recorded in the national surveillance system.

Table 6. Newly diagnosed HIV cases by reported mode of transmission and care status, 01 January–31 December 2025 (n=2,016)

Reported mode of transmission	Deceased	In care not on ART	On ART	Not enrolled	Total
People who inject drugs (PWID)	3	38	316	5	362 (18.0%)
Sexual transmission – heterosexual	4	21	252	9	286 (14.2%)
Sexual transmission – MSM	1	15	127	1	144 (7.1%)
Unknown	49	54	249	815	1,167 (57.9%)
Mother-to-child transmission (MTCT)	10	0	32	15	57 (2.8%)
Total	67	128	976	845	2,016

SUMMARY OF KEY FINDINGS

- This report provides a summary of HIV diagnoses, testing activity, and engagement in care in Fiji for the period January to December 2025. The findings highlight important epidemiological shifts in the national HIV landscape and identify critical areas requiring strengthened public health action.
- **2,016 newly registered cases** in 2025, the highest annual number since HIV surveillance began in Fiji, reflecting expanded testing services, improved surveillance systems, and identification of previously undiagnosed infections.
- National HIV testing activity in 2025 was substantial, with more than **92,000 screening tests** conducted across laboratory and point-of-care platforms.
- Although 2,717 confirmatory tests were conducted nationally, only 2,016 individuals were registered as newly diagnosed cases — a discrepancy reflecting repeat testing among known PLHIV and multiple testing encounters prior to formal registration.
- Despite increased case detection, **late diagnosis remains a significant concern**, increasing the risk of HIV-related morbidity and mortality.
- The analysis of the HIV care cascade highlights **gaps in linkage to care, treatment initiation, and retention in services**. Making this cascade more efficient is essential to

ensure individuals diagnosed with HIV are rapidly started on ART and maintained in long-term care.

- **HIV-related deaths remain closely linked to late presentation** to care and interruptions in treatment. Strengthening early testing, improving linkage to treatment, and supporting long-term retention will be essential to reducing HIV-related mortality.
- Strengthening surveillance integration across testing, laboratory confirmation, treatment databases, and clinical systems will enhance the ability to monitor the epidemic and respond effectively.
- Fiji's HIV programme has made significant progress in expanding testing services and improving case detection. However, the **urgent need to strengthen early diagnosis, linkage to care, treatment initiation, and long-term retention** must remain the primary focus.
- Continued investment in testing expansion, treatment access, surveillance strengthening, and community engagement will be essential to controlling the HIV epidemic in Fiji.
- Strengthening the national HIV response will require **sustained collaboration** between healthcare providers, programme managers, policymakers, community organisations, and development partners.

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Published 2026