

CHAPTER 10

Kidney Failure in Aboriginal and Torres Strait Islander Australians

Reporting the incidence, prevalence and survival of Aboriginal and Torres Strait Islander Australians receiving kidney replacement therapy

CONTENTS

Summary and Highlights	3	Geographical Distribution	26
Suggested Citation	4	Late Referral	28
New Patients	5	Vascular Access	29
Primary Kidney Disease	7	Incident Vascular Access	29
Incidence Rates	8	Prevalent Vascular Access	30
Prevalent Patients	12	Patient Flow	31
Transplantation	14	Cause of Death	32
Transplant Survival	17	References	33
Dialysis	19		
Timing of Dialysis Initiation	21		
Incidence and Prevalence by State/ Territory	22		
State/Territory Incidence	22		
Dialysis by Resident State	24		
Transplantation by Referring State/ Territory	24		
Deaths by Resident State/Territory	25		

SUMMARY AND HIGHLIGHTS

In this chapter, the rates and practice patterns for kidney failure for people identifying as Aboriginal and Torres Strait Islander living in Australia are reported. We acknowledge the distinctiveness of many Nations of Aboriginal and Torres Strait Islander peoples, and respectfully refer to them as First Nations Australians within this report. Self-identified ethnicity is reported by renal units on behalf of patients.

Please note that collection of ethnicity data in ANZDATA has evolved to align with the Australian Bureau of Statistics Australian Standard Classification of Cultural and Ethnic Groups¹. Data collection now allows for a person to nominate more than one ethnicity group, however, consultation regarding reporting of ethnicity data is ongoing and reporting guidelines are not finalised at publication. As a result, ethnicity data throughout this report includes only the first ethnicity category entered for each patient. Future reporting will aim to more accurately reflect patients with multiple ethnicities.

Denominator population statistics were sourced from the Australian Bureau of Statistics (2024)² and are stratified by ethnicity. For example, the incidence of kidney replacement therapy (KRT) for First Nations Australians includes the First Nations Australian population as the denominator. In Australia, First Nations and non-Indigenous populations have different age structures, with First Nations populations tending to be younger.

First Nations Australians continue to experience disproportionately and persistently high rates of kidney failure. In 2024, the incidence of kidney replacement therapy was three times higher for First Nations Australians (350 per million population) compared with non-Indigenous Australians (115 pmp) (Table 10.1 and Figure 10.4). This disparity remains more pronounced among First Nations women, with the highest relative rates occurring between 35–64 years of age (Figure 10.5). The primary cause of kidney failure among First Nations people requiring kidney replacement therapy continues to be diabetic kidney disease, accounting for 69% of new cases compared with 35% of non-Indigenous patients (Table 10.2).

Despite the high burden of disease, significant inequities remain in treatment modalities. In 2024, only 25% of First Nations people were receiving a home-based therapy (home haemodialysis, peritoneal dialysis, or transplantation) compared with 62% of non-Indigenous people (Table 10.3 and Figure 10.18). The majority (75%) of First Nations Australians continue to receive facility-based haemodialysis, most often in satellite dialysis units. With ongoing chair capacity issues nationwide, many First Nations patients may still be required to relocate long distances to access dialysis services, often away from family, Country, and community.

Rates of deceased donor kidney transplantation for First Nations Australians remained steady in 2024, following the post-pandemic recovery observed in recent years (Table 10.4). There were 4 living kidney donor transplants performed for First Nations Australians in 2024 (up from 2 in 2023). However, the overall prevalence of transplantation among First Nations Australians remains low, with only 18% of First Nations people with kidney failure living with a functioning kidney transplant compared with 49% of non-Indigenous Australians (Table 10.3).

Treatment modality rates continue to vary geographically, with the Northern Territory, Western Australia, and South Australia showing the highest rates of both kidney failure and transplantation per million population (Figure 10.27). The Northern Territory again recorded the highest national incidence for First Nations Australians treated for kidney failure (1,149 pmp), followed by Western Australia (575 pmp) (Figure 10.22).

While late referral rates to nephrology services improved slightly to 17% in 2024 (down from 18% in 2023), vascular access patterns remained largely unchanged, with 32% of First Nations patients commencing dialysis with an arteriovenous fistula and 67% using a central venous catheter (Table 10.6).

This chapter highlights the ongoing inequities in kidney health experienced by First Nations Australians. We acknowledge the role that historical and ongoing colonisation—including discrimination, bias, and systemic racism within healthcare systems continues to play in perpetuating these inequities.

In 2024, key trends observed in 2023 continued: high rates of kidney failure among First Nations Australians, dominated by haemodialysis, with limited access to transplantation and home-based therapies. Incremental improvements were observed in late referral rates and living donor transplants. However, persistent disparities remain evident when compared to non-Indigenous Australians, reinforcing the continued need for culturally safe care pathways, equitable access to transplantation, and strengthened community-based dialysis options.

SUGGESTED CITATION

B Solomon, S Bateman, C Davies, J Chen, P Clayton, D Forcey, F Kholmurodova, D Lee, K Marshall, H McCarthy, S McDonald, W Mulley, K Polkinghorne, K Richards, M Roberts, G Irish. 48th Report, Chapter 10: Kidney Failure in Aboriginal and Torres Strait Islander Australians. Australia and New Zealand Dialysis and Transplant Registry, Adelaide, Australia. 2025. Available at: <http://www.anzdata.org.au>

NEW PATIENTS

A total of 344 Aboriginal and 20 Torres Strait Islander people (n=364 total of First Nations Australians) commenced kidney replacement therapy (KRT) for kidney failure in Australia during 2024 (Table 10.1). The majority (91%) were treated with haemodialysis as their initial KRT modality (Figure 10.1). Haemodialysis (HD) incidence was approximately 4-fold higher for First Nations Australians (319 per million population) than for non-Indigenous Australians (80 pmp).

In 2024, only 8% of First Nations Australians accessed peritoneal dialysis (PD) as first treatment compared with over one-quarter of non-Indigenous Australians (Figure 10.2). Pre-emptive kidney transplants were accessed by 2 First Nations Australians in 2024 (Figure 10.3).

Table 10.1
New Patients (pmp) Australia 2020-2024

Year	Modality	First Nations	Non-Indigenous	Total
2020	HD	284 (294)	2007 (81)	2291 (89)
	PD	44 (45)	853 (35)	897 (35)
	Pre-emptive Transplant	0 (0)	82 (3)	82 (3)
2021	HD	316 (321)	2019 (82)	2335 (91)
	PD	41 (42)	861 (35)	902 (35)
	Pre-emptive Transplant	2 (2)	74 (3)	76 (3)
2022	HD	340 (339)	2153 (86)	2493 (96)
	PD	43 (43)	778 (31)	821 (32)
	Pre-emptive Transplant	1 (1)	82 (3)	83 (3)
2023	HD	325 (318)	2101 (82)	2426 (91)
	PD	44 (43)	842 (33)	886 (33)
	Pre-emptive Transplant	0 (0)	91 (4)	91 (3)
2024	HD	332 (319)	2095 (80)	2427 (89)
	PD	30 (29)	836 (32)	866 (32)
	Pre-emptive Transplant	2 (2)	82 (3)	84 (3)

Figure 10.1
Percentage of New Patients Commencing on Haemodialysis - Australia

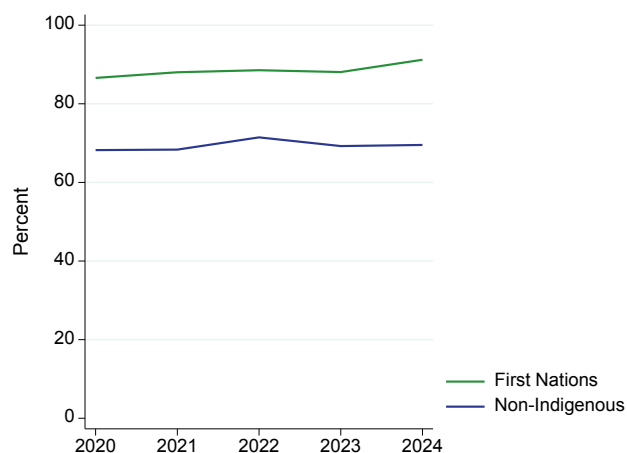


Figure 10.2
Percentage of New Patients Commencing on Peritoneal Dialysis - Australia

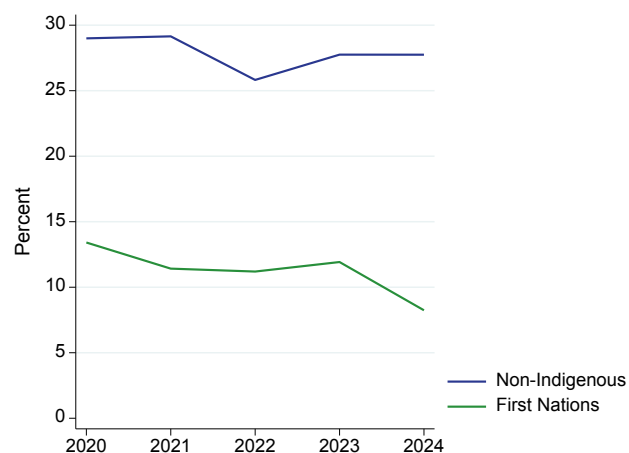
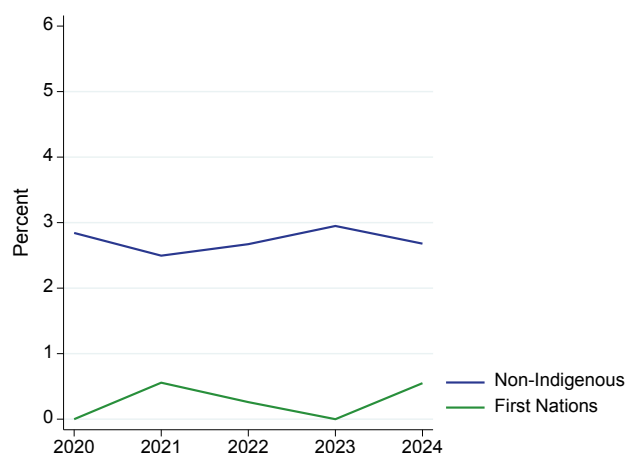


Figure 10.3
Percentage of New Patients Commencing with Pre-emptive Kidney Transplant - Australia



PRIMARY KIDNEY DISEASE

The primary kidney diseases of new Australian patients over 2020-2024 are shown in Table 10.2. From 2022, primary kidney disease was collected according to the updated European Renal Association/European Dialysis and Transplantation Association categories, with primary diseases reported prior to 2022 mapped to these categories. The proportion of First Nations patients with diabetic kidney disease was substantially higher than for non-Indigenous patients.

ANZDATA appreciates that the underlying aetiology of kidney disease for many First Nations Australians is a combination of complex factors many of which are reflective of the ongoing impacts of colonisation in Australia. The data collected by ANZDATA is limited to one nominated primary kidney disease aetiology which oversimplifies and underrepresents these impacts and should be interpreted as such.

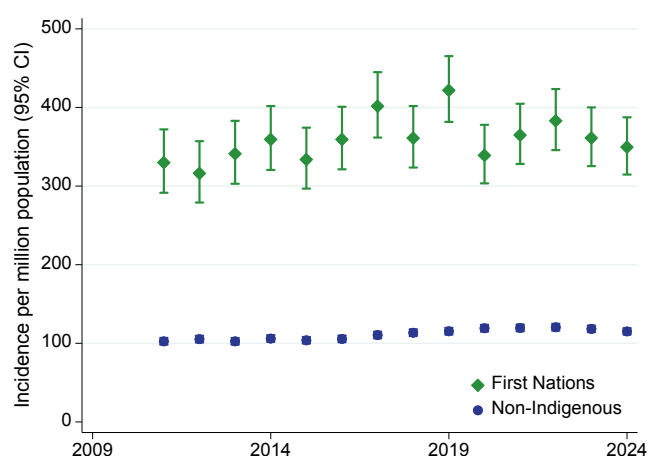
Table 10.2
Primary Kidney Disease of New Patients Australia 2020-2024

Primary Kidney Disease	First Nations	Non-Indigenous
Diabetic kidney disease	1239 (69%)	5169 (35%)
Glomerular disease	194 (11%)	2961 (20%)
Hypertension / Renal vascular disease	114 (6%)	1914 (13%)
Familial / hereditary kidney diseases	33 (2%)	1205 (8%)
Tubulointerstitial disease	56 (3%)	1241 (8%)
Other systemic diseases affecting the kidney	12 (1%)	416 (3%)
Miscellaneous kidney disorders	142 (8%)	1970 (13%)
Not reported	14 (1%)	80 (1%)
Total	1804	14956

INCIDENCE RATES

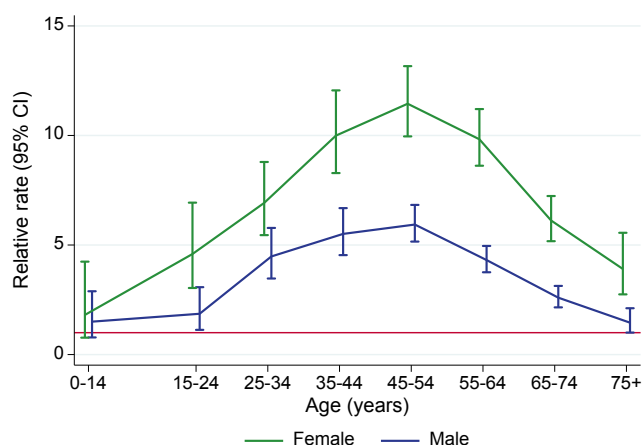
Overall, the incidence rates (per million of population) of kidney failure with replacement therapy for First Nations patients were markedly and persistently higher than those for non-Indigenous patients (Figure 10.4). There are a number of factors which contribute to incident numbers of KRT (among both First Nations and non-Indigenous people). These may include: underlying rates of diabetes or other medical conditions, rates of disease progression, referral patterns, access to treatment and patient treatment decisions. First Nations Australians also experience the ongoing health impacts of institutional racism and colonisation.

Figure 10.4
Unadjusted Incident KRT Rate - Australia



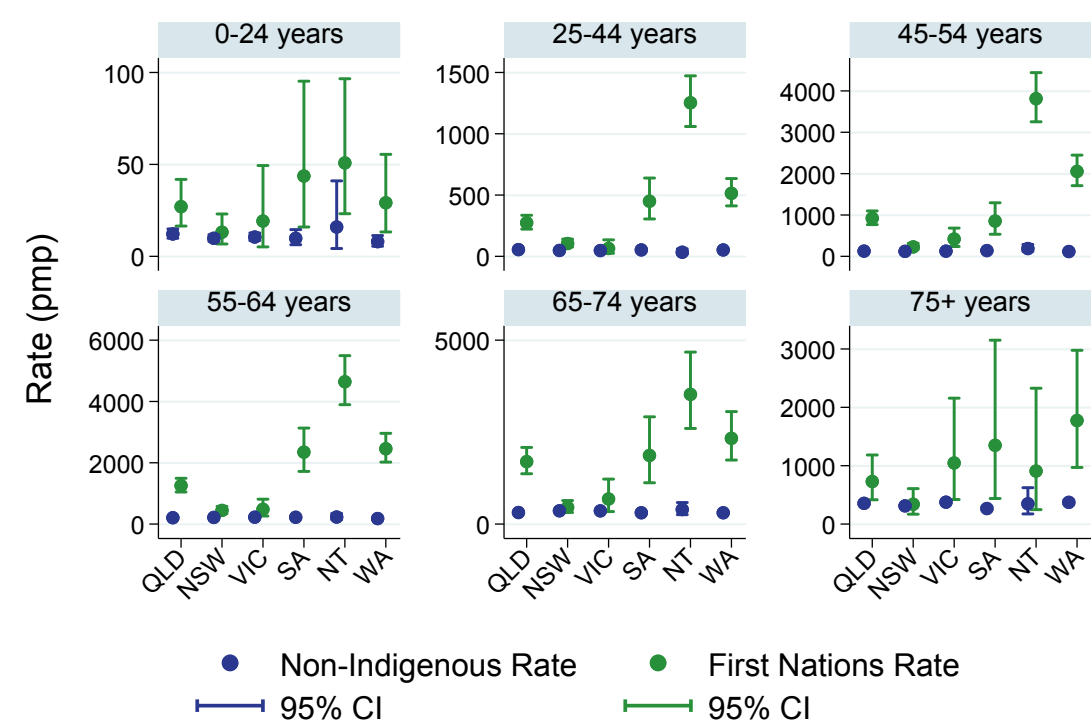
First Nations Australians experience higher rates of kidney failure at all age groups over 15 years of age. This disparity is greater among First Nations women and shows a particular pattern with age with the highest relative rates in the 35-64 year age group (Figure 10.5).

Figure 10.5
Relative Incidence Rate of Treated Kidney Failure for First Nations Patients by Gender (Comparison to Non-Indigenous Australians) - 2020-2024



There is also considerable variation in the incidence of kidney replacement therapy for First Nations Australians across Australian States and Territories (Figure 10.6; note that the Y axis scales vary). Data are shown for a five-year period given the small numbers in some locations.

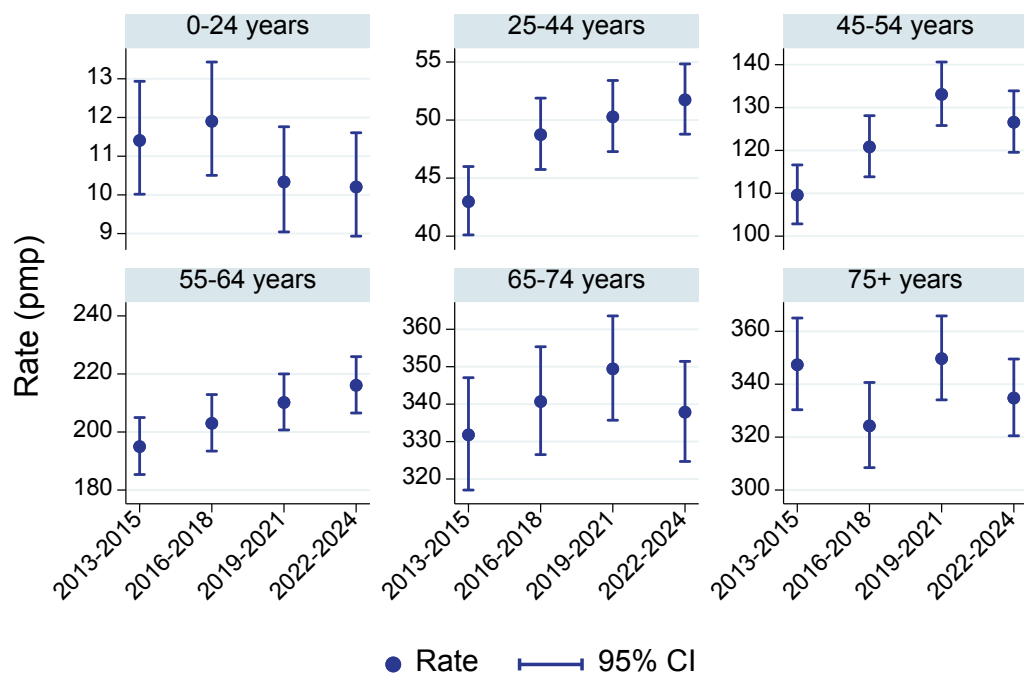
Figure 10.6
Age-specific Incidence Rates of Treated Kidney Failure - By Ethnicity, State and Age at KRT start 2020-2024



Note the Y axis scales vary between panels

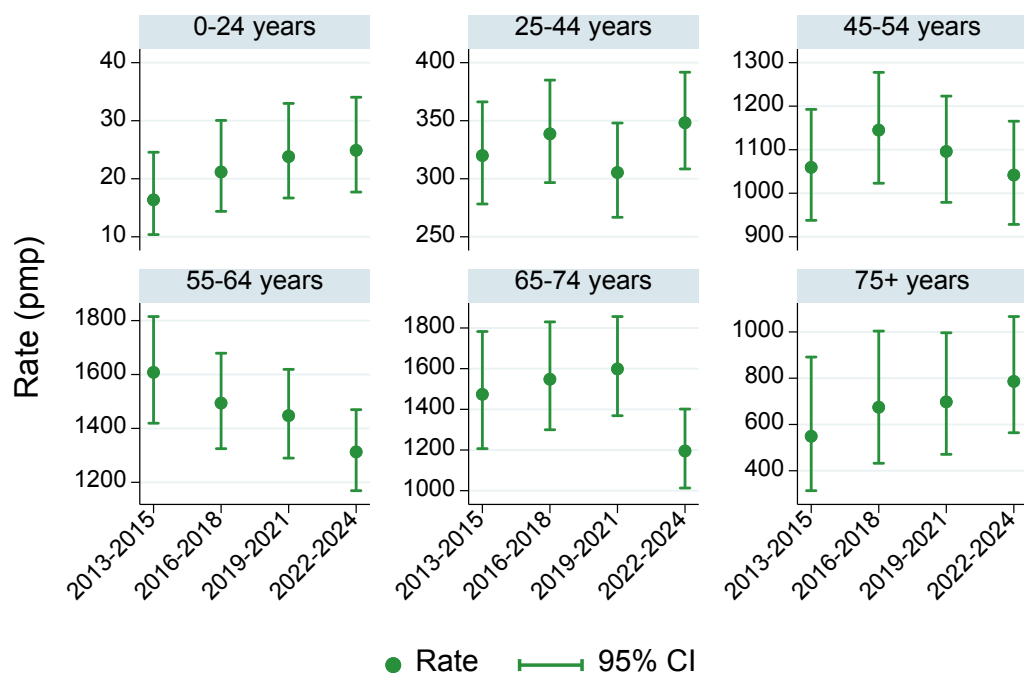
The trends in age-specific rates for the non-Indigenous and First Nations populations are shown separately in Figure 10.7, and together in Figure 10.8 (note that the Y axis scales vary).

Figure 10.7.1
Age-specific Incidence Rates of Treated Kidney Failure - Non-Indigenous, Australia



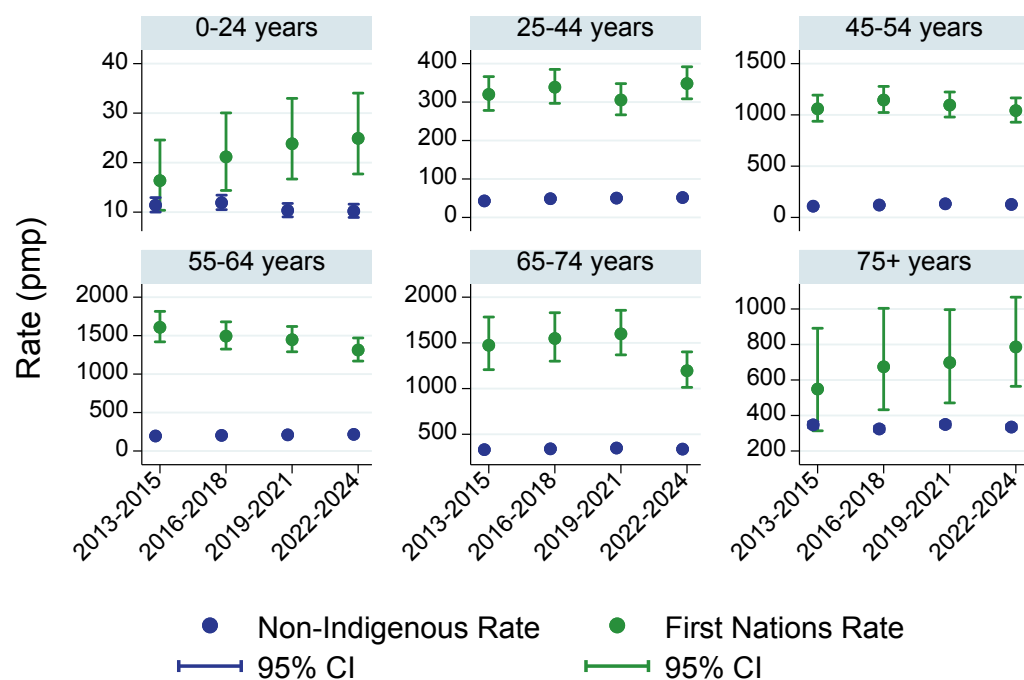
Note the Y axis scales vary between panels

Figure 10.7.2
Age-specific Incidence Rates of Treated Kidney Failure - First Nations, Australia



Note the Y axis scales vary between panels

Figure 10.8
Age-specific Incidence Rates of Treated Kidney Failure - By Ethnicity, Australia



Note the Y axis scales vary between panels

PREVALENT PATIENTS

The number of First Nations Australians with treated kidney failure at the end of 2024 increased from 2670 persons in 2023 to 2745 persons (Table 10.3).

There were marked differences in treatment modalities for First Nations Australians (Figures 10.9 and 10.10). Most First Nations Australians were treated with facility-based haemodialysis (75%), with very few accessing home haemodialysis (3%), long-term peritoneal dialysis (4%), or kidney transplantation (18%). The proportion of First Nations Australians with a kidney transplant as long-term treatment for kidney failure was 18% during 2024 compared with half (49%) of non-Indigenous Australians. Only 4% of First Nations Australians receiving haemodialysis accessed home-based haemodialysis compared with 8% of non-Indigenous Australians.

Table 10.3
Prevalent Patients by Ethnicity and Treatment Modality Australia 2020-2024

Year	Modality	First Nations	Non-Indigenous
2020	HD	2009 (79%)	9804 (41%)
	% HD at home*	6%	10%
	PD^	153 (6%)	2348 (10%)
	Transplant	391 (15%)	11766 (49%)
2021	HD	2044 (78%)	10245 (42%)
	% HD at home*	5%	10%
	PD^	154 (6%)	2478 (10%)
	Transplant	413 (16%)	11938 (48%)
2022	HD	2082 (79%)	10532 (42%)
	% HD at home*	4%	10%
	PD^	131 (5%)	2465 (10%)
	Transplant	423 (16%)	12007 (48%)
2023	HD	2083 (78%)	10708 (42%)
	% HD at home*	4%	9%
	PD^	122 (5%)	2527 (10%)
	Transplant	465 (17%)	12356 (48%)
2024	HD	2135 (78%)	10915 (42%)
	% HD at home*	4%	8%
	PD^	114 (4%)	2545 (10%)
	Transplant	496 (18%)	12731 (49%)

*Includes Community House HD

^Includes Hybrid Dialysis

[BACK TO CONTENTS](#)

Figure 10.9.1
Prevalent Patients by Modality - Australia - First Nations

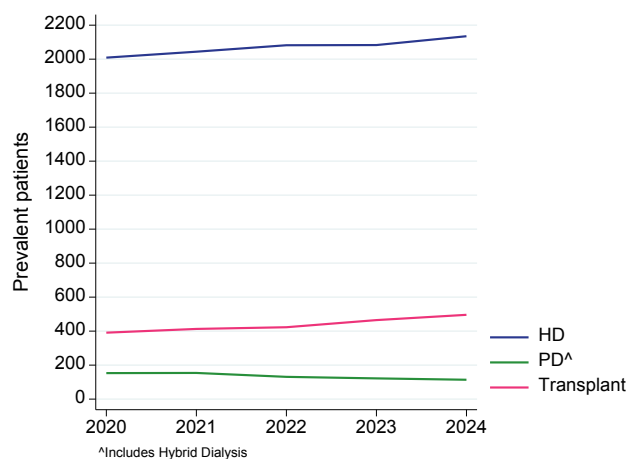


Figure 10.9.2
Prevalent Patients by Modality - Australia - Non-Indigenous

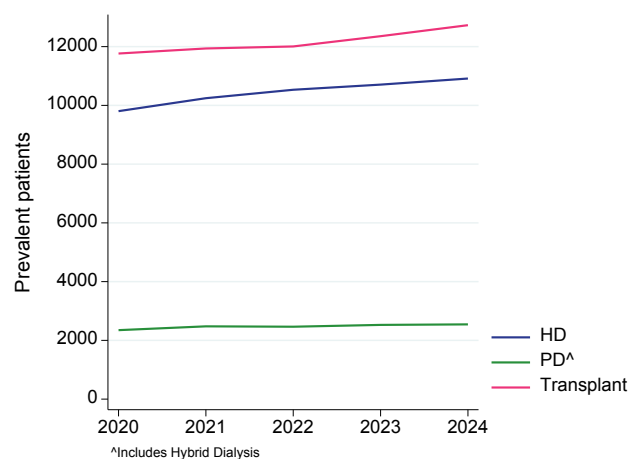
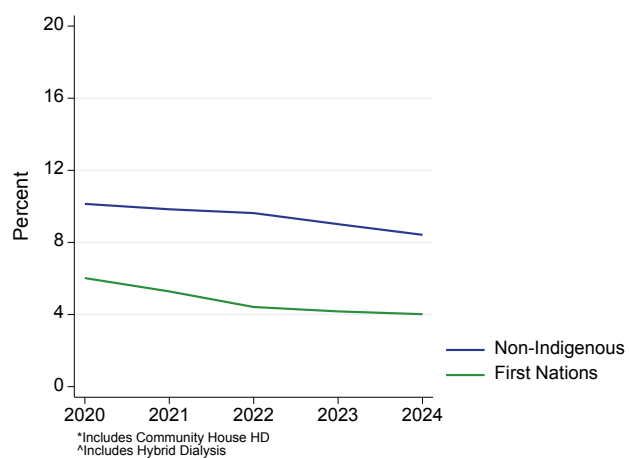


Figure 10.10
Prevalent Haemodialysis at Home* (% of all HD^)
by Ethnicity - Australia



TRANSPLANTATION

In Australia, the proportion of First Nations patients with kidney failure who receive a kidney transplant is very low relative to the number receiving dialysis (Table 10.4). Information on donor type is shown in Figure 10.11 and trends are shown in Figure 10.12. There are substantially lower rates of transplantation from living donors for First Nations Australians.

Table 10.4
Number of Transplant Recipients (per 1000 dialysis patients) by Donor Type and Ethnicity Australia 2015-2024

Year	Donor Type	First Nations	Non-Indigenous
2015	Deceased Donor	33 (19)	648 (61)
	Living Donor	3 (2)	219 (20)
	Total	36 (21)	867 (81)
2016	Deceased Donor	34 (19)	762 (71)
	Living Donor	2 (1)	234 (22)
	Total	36 (20)	996 (93)
2017	Deceased Donor	35 (18)	774 (71)
	Living Donor	2 (1)	247 (23)
	Total	37 (19)	1021 (94)
2018	Deceased Donor	50 (25)	799 (72)
	Living Donor	3 (1)	220 (20)
	Total	53 (26)	1019 (91)
2019	Deceased Donor	55 (26)	771 (67)
	Living Donor	3 (1)	222 (19)
	Total	58 (27)	993 (86)
2020	Deceased Donor	49 (23)	627 (52)
	Living Donor	0 (0)	174 (14)
	Total	49 (23)	801 (66)
2021	Deceased Donor	49 (22)	586 (46)
	Living Donor	3 (1)	193 (15)
	Total	52 (24)	779 (61)
2022	Deceased Donor	55 (25)	635 (49)
	Living Donor	0 (0)	218 (17)
	Total	55 (25)	853 (66)
2023	Deceased Donor	67 (30)	731 (55)
	Living Donor	2 (1)	248 (19)
	Total	69 (31)	979 (74)
2024	Deceased Donor	60 (27)	723 (54)
	Living Donor	4 (2)	230 (17)
	Total	64 (28)	953 (71)

[BACK TO CONTENTS](#)

Figure 10.11
Donor Type by Ethnicity - Australia 2015-2024



Trends in the number of kidney transplants for First Nations and non-Indigenous patients are shown in Figure 10.12 (note differences in y-axes). There has been a sustained increase in transplantation rates for First Nations Australians since 2018. Overall transplant numbers decreased in both populations in 2020, likely in part due to the impacts of the global COVID-19 pandemic.

Figure 10.12
Donor Type by Ethnicity and Year - Australia

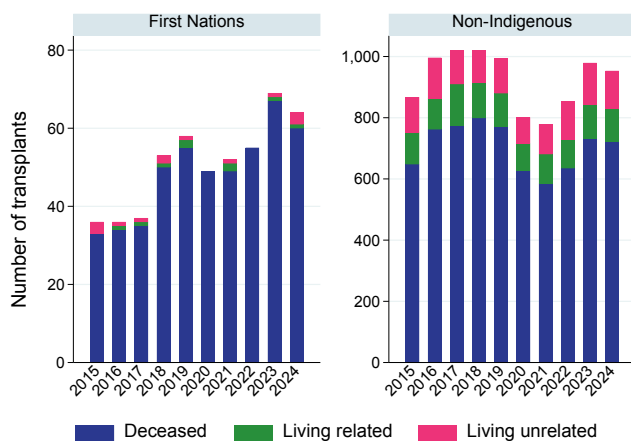


Figure 10.13 shows the cumulative incidence curve of primary transplant after starting KRT (utilising competing risk techniques to account for the effect of the competing risk of death). Figure 10.14 shows the cumulative incidence curves of primary transplant after starting KRT by era.

Figure 10.13
Time to Primary Transplant from KRT Start - Australian Incident KRT Patients 2015-2024

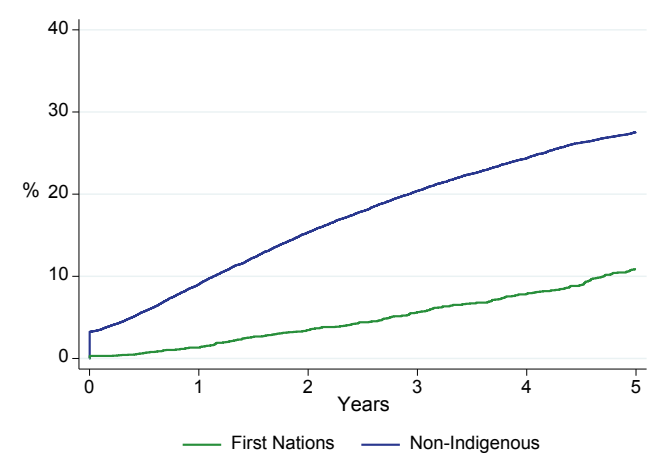
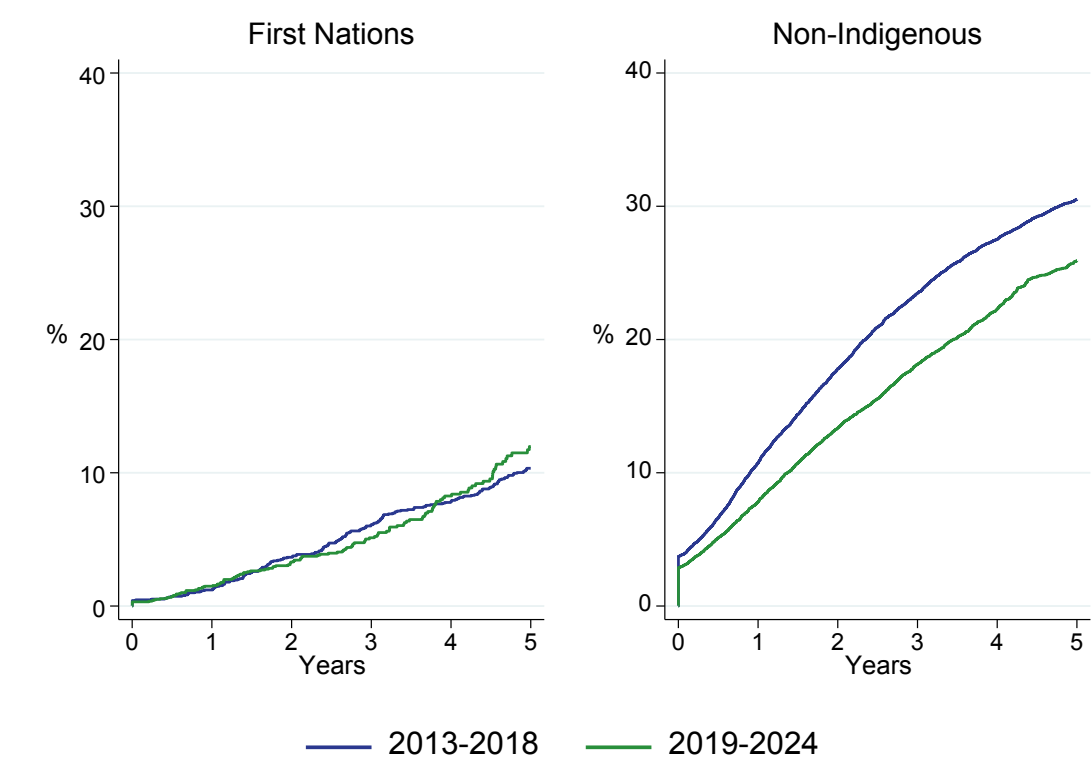


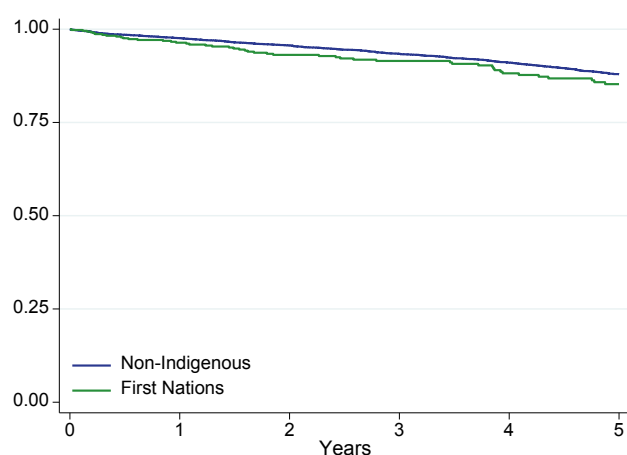
Figure 10.14
Time to Primary Transplant from KRT Start by Era - Australian Incident KRT Patients



TRANSPLANT SURVIVAL

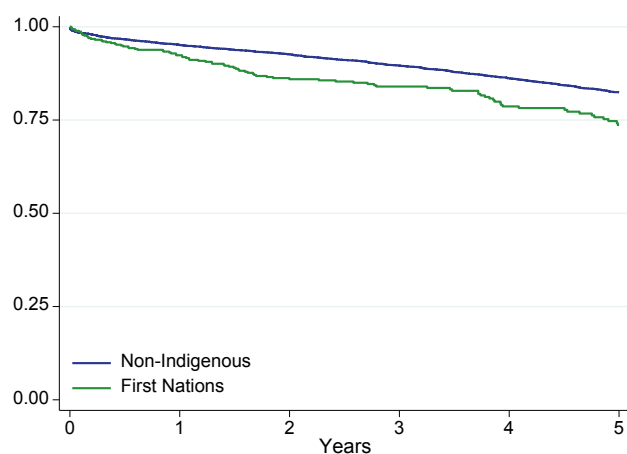
Unadjusted patient survival after kidney transplantation from a deceased donor (DD) for First Nations and non-Indigenous recipients is shown in Figure 10.15. 85% of First Nations Australians and 88% of non-Indigenous persons were alive 5 years after kidney transplantation from a deceased donor.

Figure 10.15
Patient Survival, Recipients of Primary DD Transplants - Australia 2015-2024



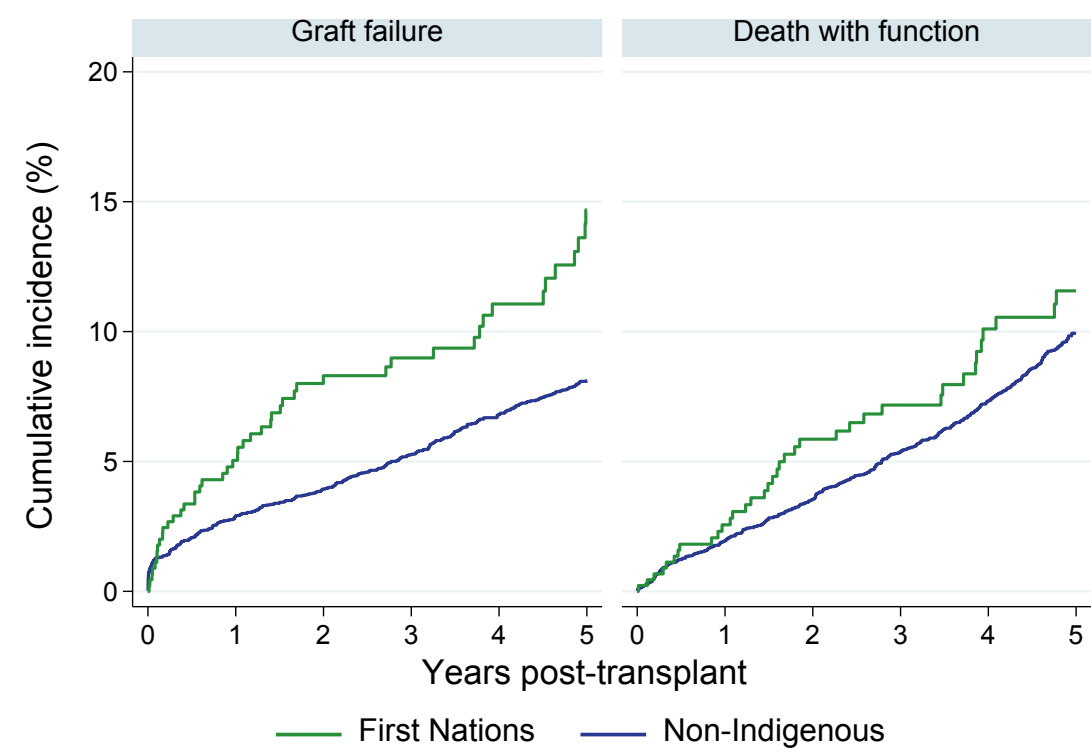
Kidney transplants may be lost, either through the transplant failing or the patient dying with a functioning kidney. Unadjusted transplant kidney function at 5 years post-transplant was recorded in 74% of First Nations recipients compared with 82% of non-Indigenous persons (Figure 10.16).

Figure 10.16
Graft Survival, Recipients of Primary DD Transplants - Australia 2015-2024



Cumulative incidence curves (utilising competing risk techniques to account for the effects of both components of graft failure, i.e. graft failure and death with a functioning graft) are shown for First Nations transplant outcomes in Figure 10.17.

Figure 10.17
Transplant Outcomes - Primary Deceased Donor Kidney-only Transplants Australia 2015-2024



DIALYSIS

The distribution of dialysis modality is shown graphically in Figure 10.18. For First Nations Australians, the predominant modality is satellite haemodialysis. Access to home-based dialysis care including home and community house haemodialysis and peritoneal dialysis is proportionally much lower. First Nations Australians utilise automated peritoneal dialysis (APD) at much lower rates than non-Indigenous Australians.

Figure 10.18
Dialysis Modality End 2024 - Australia, by Ethnicity

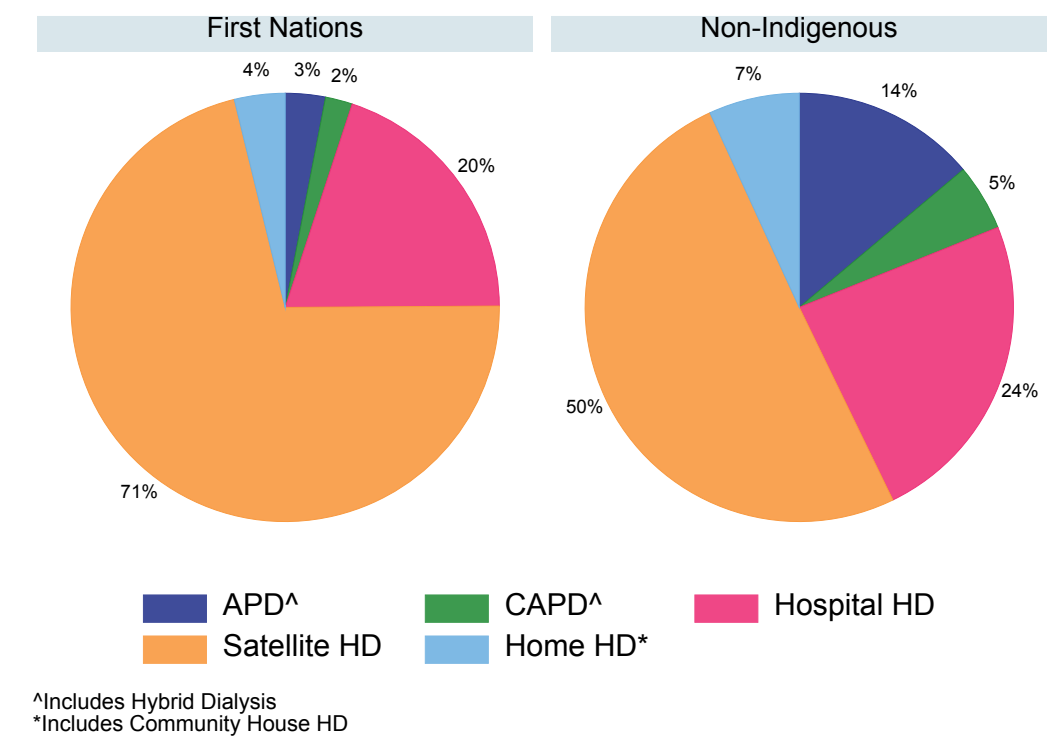


Figure 10.19 shows the cumulative incidence curve of patient mortality after starting dialysis (utilising competing risk techniques to account for the effect of the competing risk of transplantation). These are unadjusted figures and differences between populations including age distribution impact mortality estimates. Figure 10.20 shows the cumulative incidence curves of patient mortality after starting dialysis by age group.

Figure 10.19
Incident Dialysis Patient Mortality - Australia 2015-2024

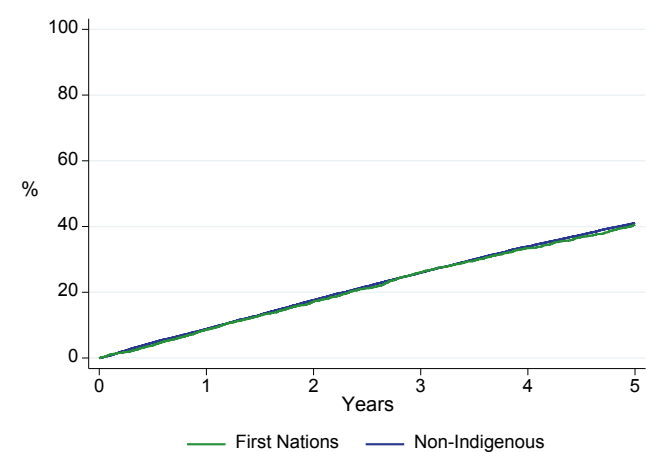
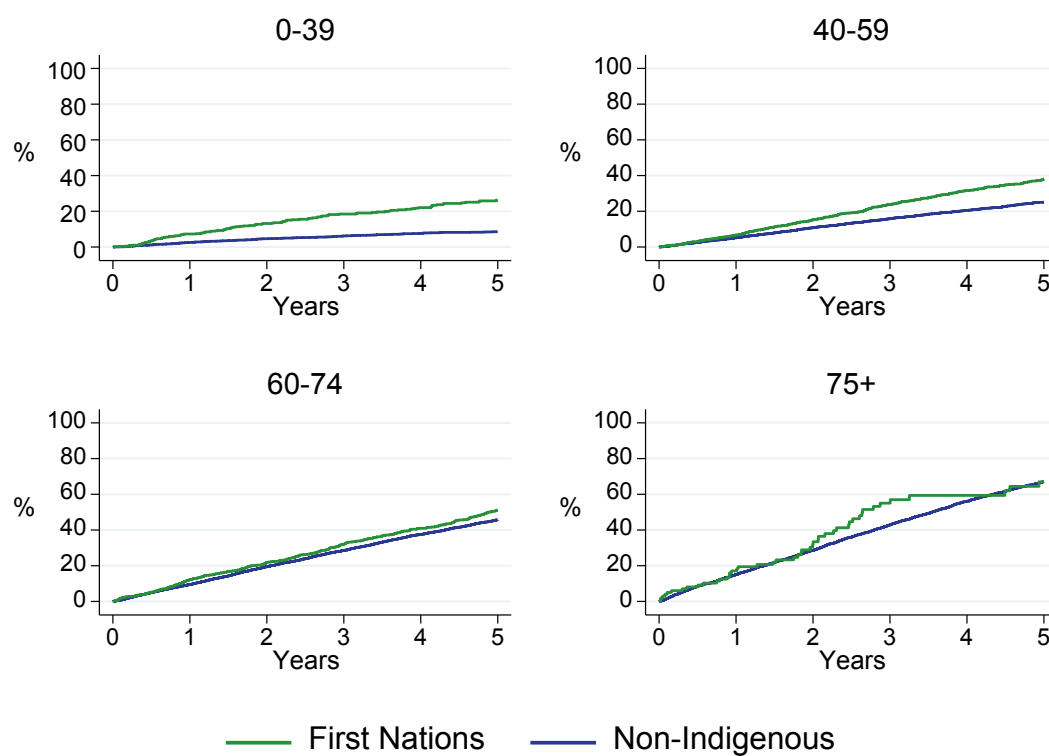


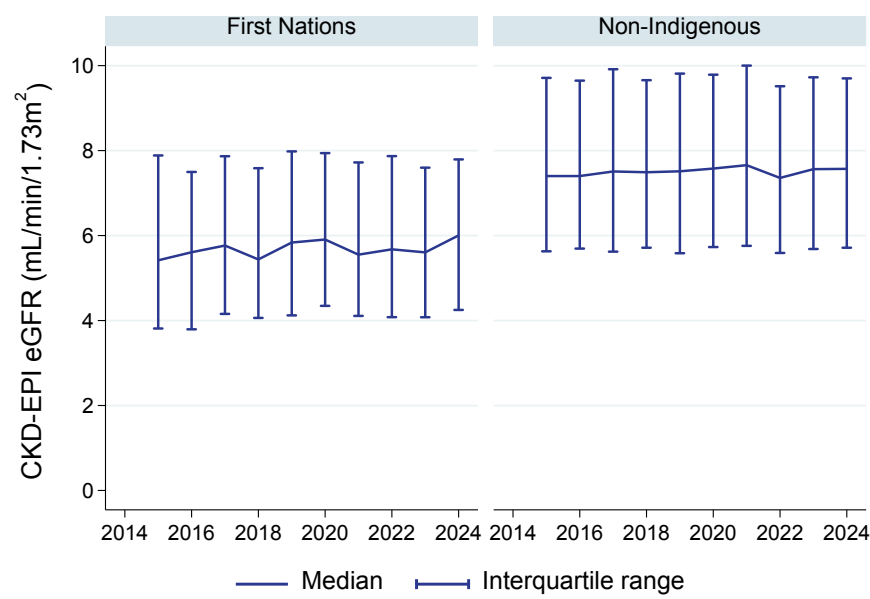
Figure 10.20
Incident Dialysis Patient Mortality by Age Group - Australia 2015-2024



TIMING OF DIALYSIS INITIATION

The level of kidney function at which dialysis is commenced based on estimated Glomerular Filtration Rate (eGFR) for First Nations and non-Indigenous patients is shown in Figure 10.21.

Figure 10.21
eGFR at Dialysis Initiation - Australia



INCIDENCE AND PREVALENCE BY STATE/TERRITORY

The next few pages show a variety of figures that summarise various key rates (incidence, prevalence, transplant rates) for First Nations Australians by state/territory. In large part they show information from previous pages, in a series of differing formats.

STATE/TERRITORY INCIDENCE

There is marked variation in the incidence of kidney replacement therapy between States and Territories in Australia. NT had the highest national incidence for First Nations Australians treated for kidney failure at 1149 per million of population in 2024; the next highest was in WA (575 pmp) (Figure 10.22).

Kidney transplantation is offered in major metropolitan centres in NSW, QLD, WA, VIC and SA. There is a marked State/Territory variation in the incidence of kidney transplantation relative to the size of the dialysis population in Australia and between years (Figure 10.23).

Figure 10.22
Incidence of New First Nations Australian Patients

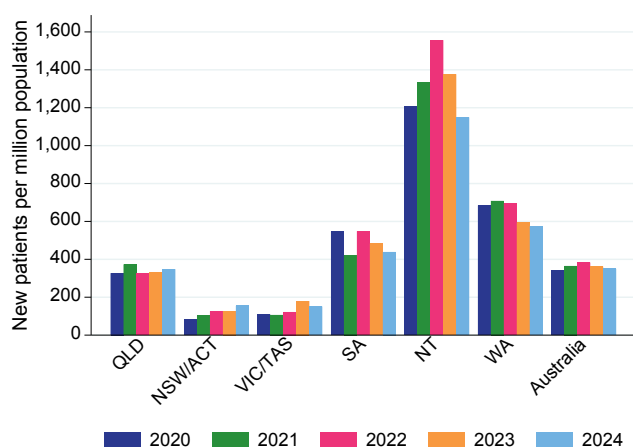


Figure 10.23
Incidence of New Transplants First Nations Australian Patients - By referring state

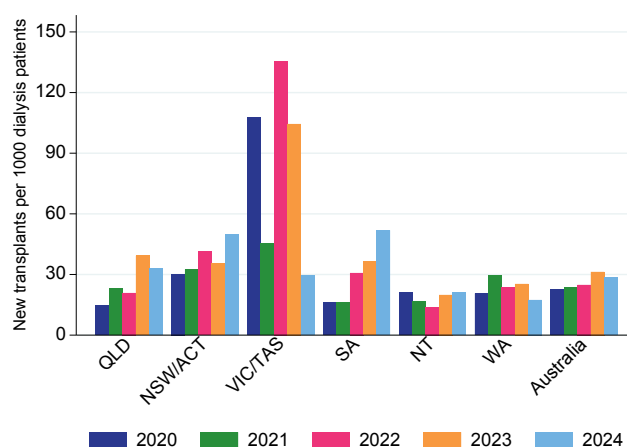
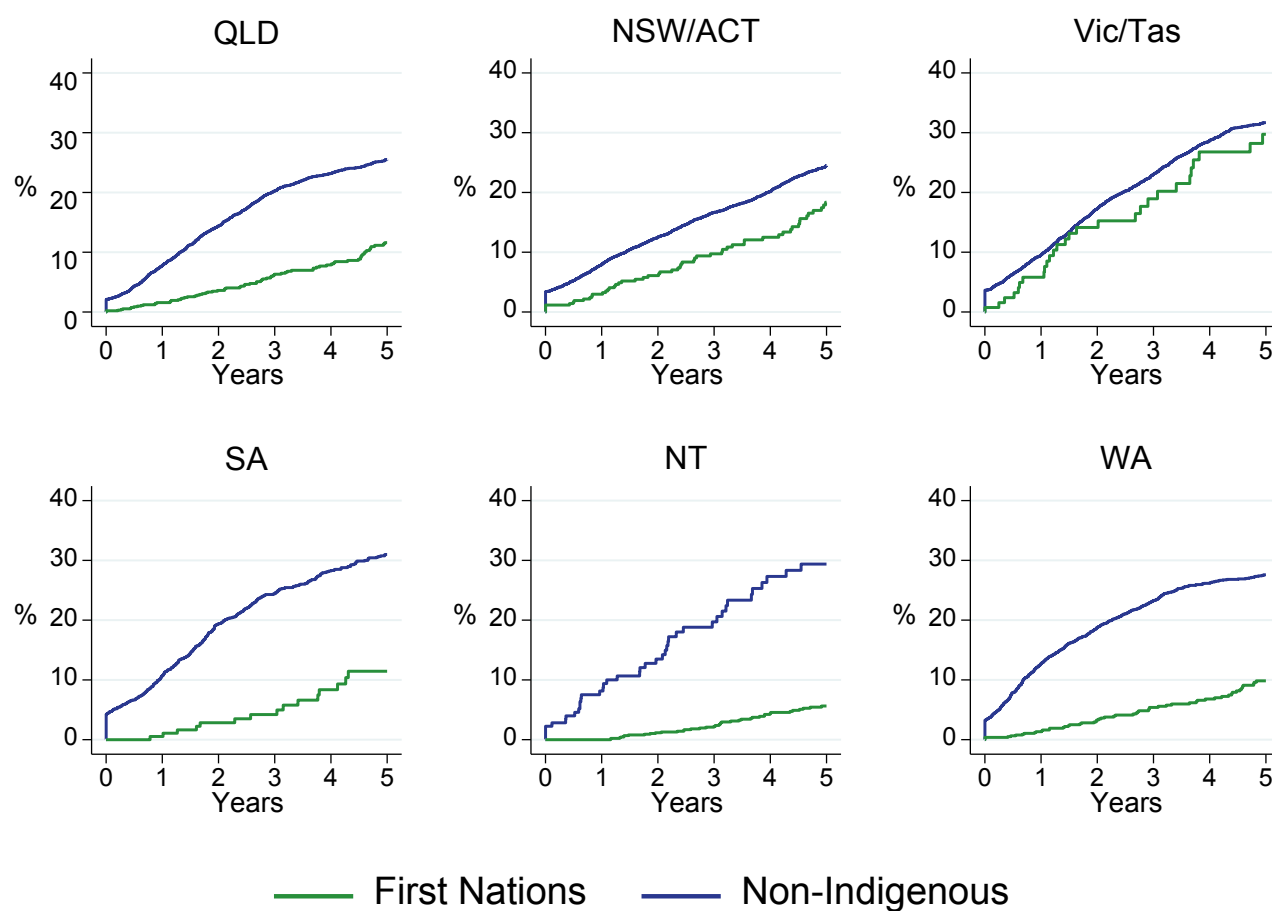


Figure 10.24 shows the cumulative incidence curve of primary transplant after starting KRT (utilising competing risk techniques to account for the effect of the competing risk of death), with varying patterns between different states and territories.

Figure 10.24
Time to Primary Transplant from KRT Start by State - Australian Incident KRT Patients 2015-2024



DIALYSIS BY RESIDENT STATE

Treatment patterns for First Nations Australians vary by state. The highest rates for haemodialysis are in the Northern Territory, Western Australia and South Australia. The highest rates for peritoneal dialysis have historically been in Queensland and Western Australia. However, the Northern Territory showed sustained increase in prevalent patients utilising peritoneal dialysis over 2018-2019, and since 2019, have recorded the highest national prevalence rates for PD.

Figure 10.25
Prevalent First Nations Australian Haemodialysis[^] Patients

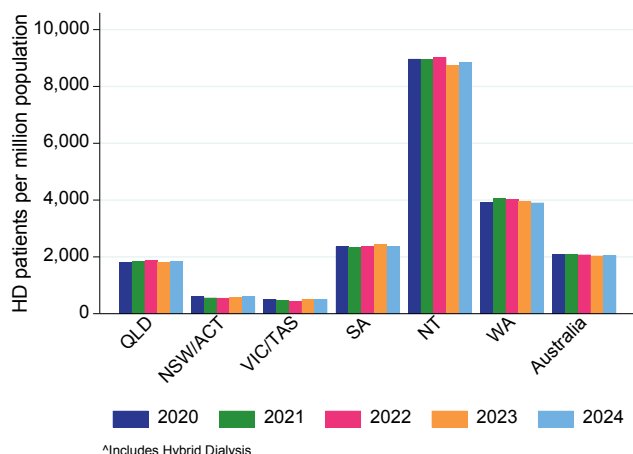
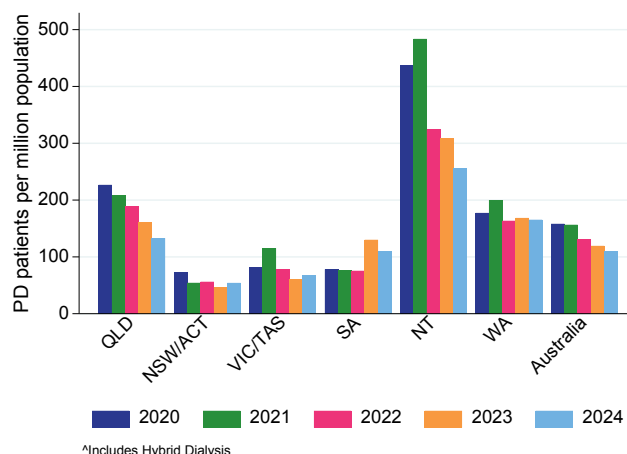


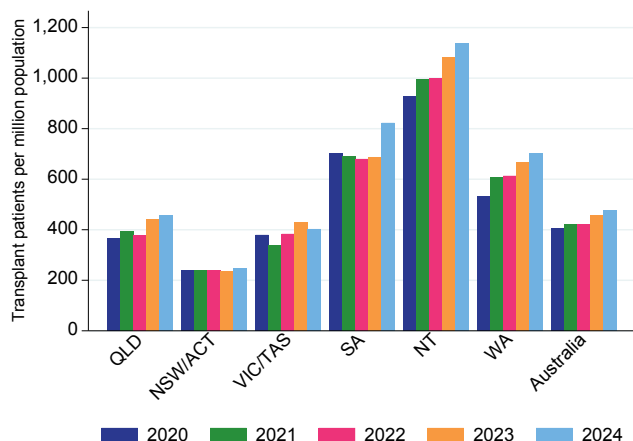
Figure 10.26
Prevalent First Nations Australian Peritoneal Dialysis[^] Patients



TRANSPLANTATION BY REFERRING STATE/TERRITORY

Rates of prevalent transplants vary substantially between states/territories with the highest prevalence rates in the Northern Territory, South Australia and Western Australia. These rates are per First Nations population, not per dialysis patient, and they reflect both background rates of kidney disease and transplant practices. Transplant rates per dialysis patient by ethnicity are presented in Chapter 7 of this Report. Transplantation prevalence rates appear to be increasing overall, and in most jurisdictions, apart from SA (Figure 10.27).

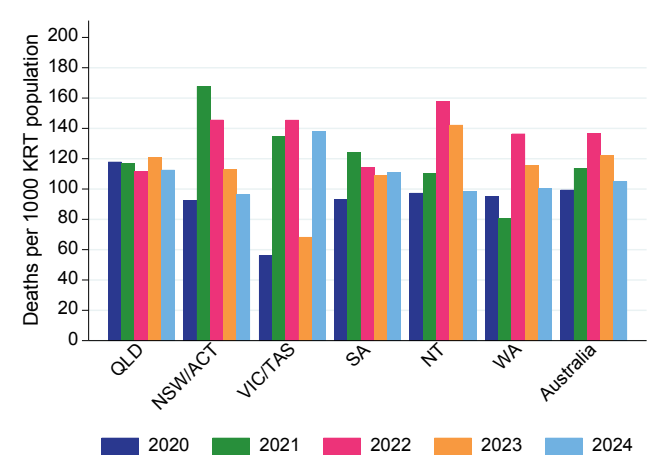
Figure 10.27
Prevalent First Nations Australian Transplant Patients



DEATHS BY RESIDENT STATE/TERRITORY

State based mortality rates for First Nations Australians on kidney replacement therapy are shown relative to the size of the KRT population in Figure 10.28. The differences in death rates between states are likely to reflect a combination of the differences in kidney failure prevalent, practice patterns and patient factors.

Figure 10.28
Deaths of First Nations Australian KRT patients



GEOGRAPHICAL DISTRIBUTION

Figure 10.29 shows the number of incident First Nations Australian kidney replacement therapy patients by postcode. The percentage of prevalent kidney replacement therapy patients identifying as First Nations Australian is summarised in Figure 10.30 (by state) and the number of prevalent First Nations Australian dialysis patients in Figure 10.31 by statistical area level 3 (SA3, obtained by mapping postcodes to SA3). Note that some postcodes are distributed over more than one SA3. Mapping data are based on the 2016 Australian Statistical Geography Standard courtesy of the Australian Bureau of Statistics (2016)³.

Figure 10.29
Incident First Nations Australian Kidney Replacement Therapy Patients 2020-2024 - By Postcode

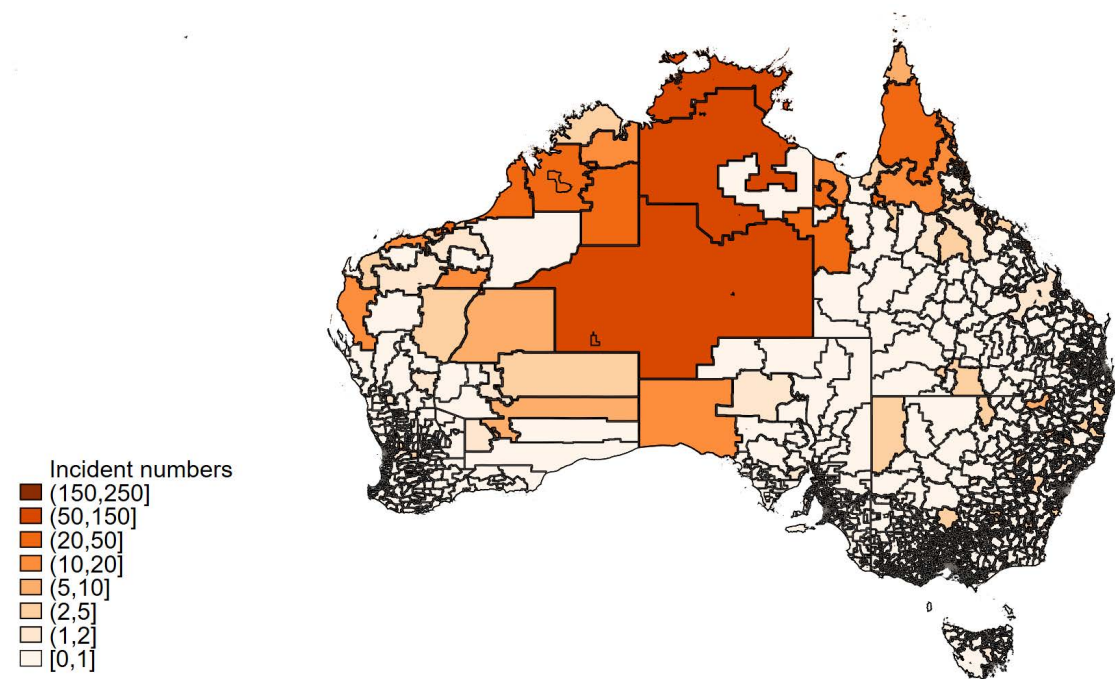


Figure 10.30

Percentage of Prevalent Kidney Replacement Therapy Patients Identifying as First Nations Australian - 2024 By State

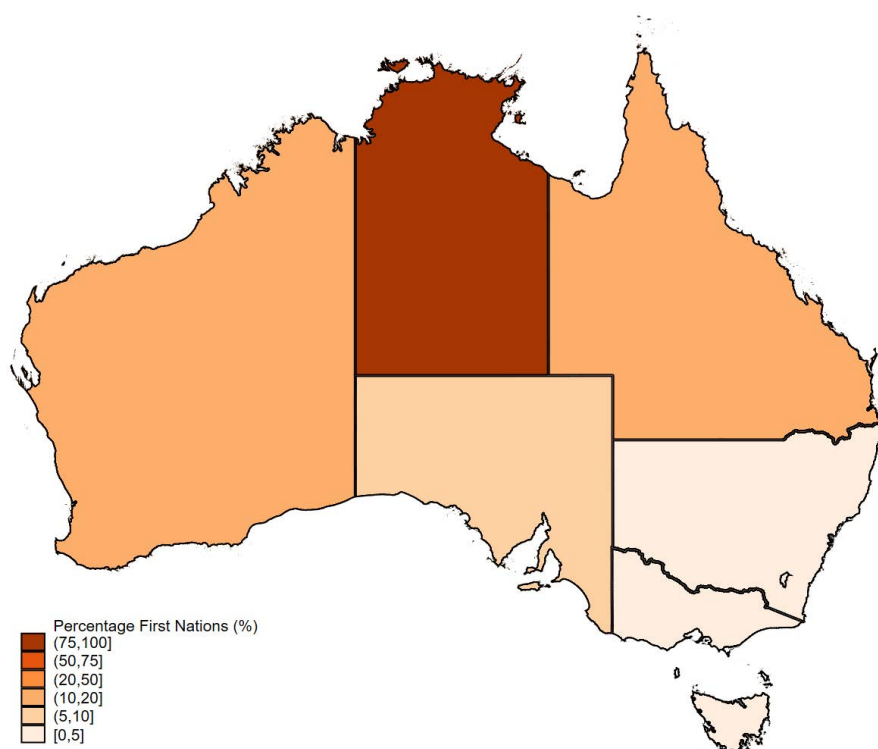
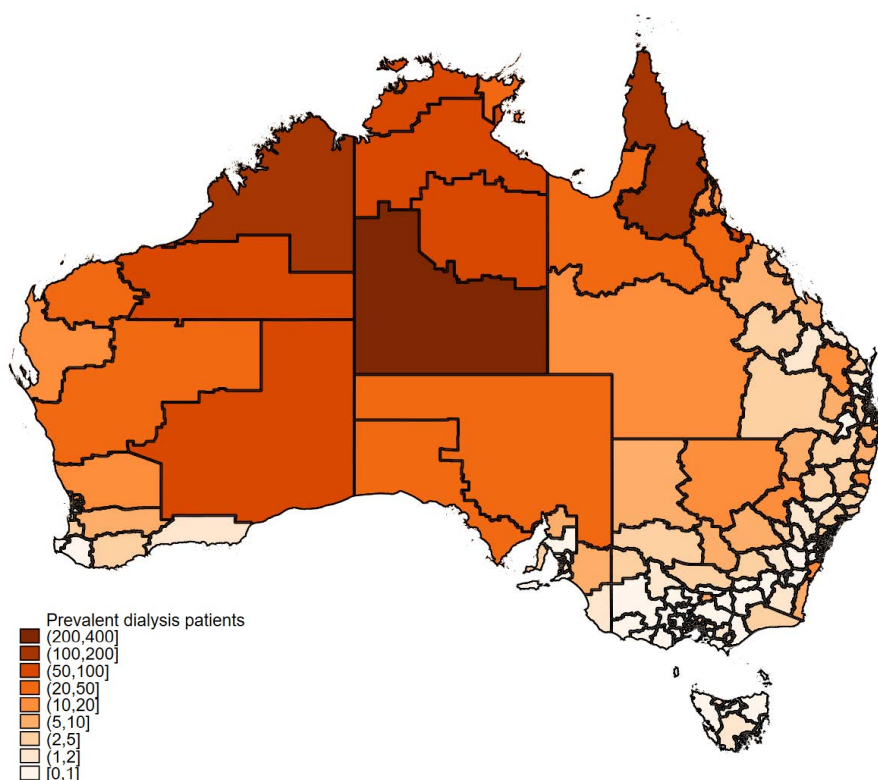


Figure 10.31

Prevalent First Nations Australian Dialysis Patients 2024 - By Statistical Area Level 3



[BACK TO CONTENTS](#)

LATE REFERRAL

The percentage of First Nations Australians who experienced late referral to a nephrologist prior to commencing KRT (<3 months between referral and review by a nephrologist and KRT start) is shown in Table 10.5.

Table 10.5
Percentage of Late Referral by Ethnicity Australia 2020-2024

Year	First Nations	Non-Indigenous
2020	21%	16%
2021	19%	16%
2022	20%	15%
2023	18%	15%
2024	17%	14%

VASCULAR ACCESS

INCIDENT VASCULAR ACCESS

Incident vascular access data are presented in Table 10.6, and prevalent data in Table 10.7.

Table 10.6
Incident Vascular Access Australia 2020-2024

Year	Vascular access	First Nations	Non-Indigenous
2020	AVF	105 (37%)	842 (42%)
	AVG	1 (<1%)	24 (1%)
	CVC	178 (63%)	1132 (56%)
	Not reported	0 (0%)	9 (<1%)
2021	AVF	129 (41%)	810 (40%)
	AVG	1 (<1%)	24 (1%)
	CVC	184 (58%)	1174 (58%)
	Not reported	2 (1%)	11 (1%)
2022	AVF	109 (32%)	834 (39%)
	AVG	3 (1%)	22 (1%)
	CVC	227 (67%)	1289 (60%)
	Not reported	1 (<1%)	8 (<1%)
2023	AVF	101 (31%)	811 (39%)
	AVG	4 (1%)	25 (1%)
	CVC	218 (67%)	1255 (60%)
	Not reported	2 (1%)	10 (<1%)
2024	AVF	106 (32%)	794 (38%)
	AVG	5 (2%)	27 (1%)
	CVC	221 (67%)	1272 (61%)
	Not reported	0 (0%)	2 (<1%)

AVF: Arteriovenous Fistula, AVG: Arteriovenous Graft, CVC: Central Venous Catheter

PREVALENT VASCULAR ACCESS

Table 10.7
Prevalent Vascular Access[^] Australia 2020-2024

Year	Vascular access	First Nations	Non-Indigenous
2020	AVF	1599 (80%)	7342 (75%)
	AVG	56 (3%)	441 (4%)
	CVC	223 (11%)	1734 (18%)
	Not reported	131 (7%)	287 (3%)
2021	AVF	1617 (79%)	7592 (74%)
	AVG	48 (2%)	412 (4%)
	CVC	230 (11%)	1849 (18%)
	Not reported	149 (7%)	392 (4%)
2022	AVF	1667 (80%)	7735 (73%)
	AVG	43 (2%)	381 (4%)
	CVC	312 (15%)	2105 (20%)
	Not reported	60 (3%)	311 (3%)
2023	AVF	1678 (81%)	7894 (74%)
	AVG	34 (2%)	366 (3%)
	CVC	304 (15%)	2150 (20%)
	Not reported	68 (3%)	318 (3%)
2024	AVF	1691 (79%)	8105 (74%)
	AVG	37 (2%)	332 (3%)
	CVC	330 (15%)	2277 (21%)
	Not reported	81 (4%)	232 (2%)

[^]Includes Hybrid Dialysis

PATIENT FLOW

Table 10.8 shows the overall flow of First Nations Australian patients, by state. For new and pre-emptive transplants, numbers are shown by referring state. The differences in death rates between states are likely to reflect a combination of the differences in kidney failure prevalence, practice patterns and patient factors.

Table 10.8
Patient Flow (pmp) First Nations Australian Patients 2020-2024

Year	Event	QLD	NSW/ ACT	VIC/TAS	SA	NT	WA	Australia
2020	New patients	88 (327)	28 (82)	12 (108)	28 (546)	91 (1206)	81 (684)	328 (339)
	New transplants	8 (30)	7 (20)	7 (63)	2 (39)	15 (199)	10 (84)	49 (51)
	Pre-emptive transplants	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
	Prevalent dialysis	546 (2030)	232 (678)	65 (587)	125 (2438)	710 (9407)	484 (4088)	2162 (2235)
	Prevalent transplants	98 (364)	82 (240)	42 (380)	36 (702)	70 (927)	63 (532)	391 (404)
	Total prevalence	644 (2395)	314 (918)	107 (967)	161 (3140)	780 (10334)	547 (4620)	2553 (2640)
	Deaths	76 (283)	28 (82)	6 (54)	15 (293)	76 (1007)	52 (439)	253 (262)
2021	New patients	102 (373)	36 (103)	12 (107)	22 (423)	102 (1334)	85 (708)	359 (365)
	New transplants	13 (48)	7 (20)	3 (27)	2 (38)	12 (157)	15 (125)	52 (53)
	Pre-emptive transplants	1 (4)	0 (0)	0 (0)	0 (0)	0 (0)	1 (8)	2 (2)
	Prevalent dialysis	560 (2050)	215 (616)	66 (586)	125 (2401)	722 (9440)	510 (4250)	2198 (2234)
	Prevalent transplants	107 (392)	83 (238)	38 (338)	36 (691)	76 (994)	73 (608)	413 (420)
	Total prevalence	667 (2442)	298 (853)	104 (924)	161 (3092)	798 (10433)	583 (4858)	2611 (2654)
	Deaths	77 (282)	50 (143)	13 (116)	20 (384)	87 (1137)	46 (383)	293 (298)
2022	New patients	91 (325)	45 (127)	14 (122)	29 (548)	120 (1557)	85 (695)	384 (383)
	New transplants	12 (43)	9 (25)	8 (70)	4 (76)	10 (130)	12 (98)	55 (55)
	Pre-emptive transplants	0 (0)	1 (3)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1)
	Prevalent dialysis	575 (2057)	217 (610)	59 (515)	130 (2457)	721 (9353)	511 (4180)	2213 (2208)
	Prevalent transplants	106 (379)	85 (239)	44 (384)	36 (680)	77 (999)	75 (613)	423 (422)
	Total prevalence	681 (2436)	302 (849)	103 (898)	166 (3137)	798 (10352)	586 (4793)	2636 (2630)
	Deaths	76 (272)	44 (124)	15 (131)	19 (359)	126 (1634)	79 (646)	359 (358)
2023	New patients	95 (332)	46 (127)	21 (180)	26 (483)	107 (1377)	74 (594)	369 (361)
	New transplants	22 (77)	8 (22)	7 (60)	5 (93)	14 (180)	13 (104)	69 (68)
	Pre-emptive transplants	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
	Prevalent dialysis	560 (1956)	225 (622)	67 (573)	137 (2547)	703 (9048)	513 (4118)	2205 (2159)
	Prevalent transplants	126 (440)	85 (235)	50 (428)	37 (688)	84 (1081)	83 (666)	465 (455)
	Total prevalence	686 (2397)	310 (856)	117 (1001)	174 (3235)	787 (10129)	596 (4784)	2670 (2614)
	Deaths	83 (290)	35 (97)	8 (68)	19 (353)	112 (1441)	68 (546)	325 (318)
2024	New patients	102 (348)	57 (155)	18 (151)	24 (439)	90 (1149)	73 (575)	364 (350)
	New transplants	19 (65)	12 (33)	2 (17)	7 (128)	15 (192)	9 (71)	64 (61)
	Pre-emptive transplants	0 (0)	1 (3)	0 (0)	0 (0)	0 (0)	1 (8)	2 (2)
	Prevalent dialysis	576 (1966)	241 (654)	68 (571)	135 (2469)	712 (9091)	517 (4073)	2249 (2160)
	Prevalent transplants	134 (457)	91 (247)	48 (403)	45 (823)	89 (1136)	89 (701)	496 (476)
	Total prevalence	710 (2423)	332 (900)	116 (974)	180 (3292)	801 (10228)	606 (4774)	2745 (2637)
	Deaths	80 (273)	32 (87)	15 (126)	20 (366)	79 (1009)	61 (481)	287 (276)

[BACK TO CONTENTS](#)

CAUSE OF DEATH

The causes of death in 2024 are shown in Figure 10.32 and Table 10.9, categorised by ethnicity and modality at time of death.

Figure 10.32
Cause of Death by Modality and Ethnicity, Australia - Deaths Occurring During 2024

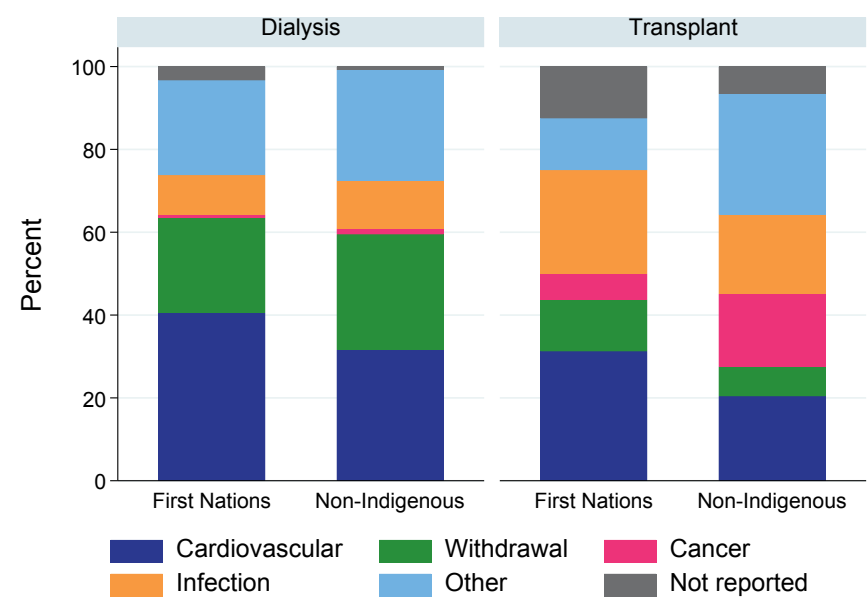


Table 10.9
Cause of Death by Modality and Ethnicity, Australia 2024

Modality	Cause of death	First Nations	Non-Indigenous
Dialysis	Cardiovascular	110 (41%)	622 (32%)
	Withdrawal	62 (23%)	546 (28%)
	Cancer	2 (1%)	27 (1%)
	Infection	26 (10%)	229 (12%)
	Other	62 (23%)	523 (27%)
	Not reported	9 (3%)	16 (1%)
	Total	271	1963
Transplant	Cardiovascular	5 (31%)	71 (20%)
	Withdrawal	2 (12%)	25 (7%)
	Cancer	1 (6%)	61 (18%)
	Infection	4 (25%)	67 (19%)
	Other	2 (12%)	101 (29%)
	Not reported	2 (12%)	23 (7%)
	Total	16	348

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