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# British HIV Association

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*The BHIVA Secretariat is administered by*

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## OBJECTS AND POWERS OF THE ASSOCIATION

### The objects are:

- To relieve sickness and to protect and preserve health through the development and promotion of good practice in the treatment of HIV and HIV-related illnesses, and in such other charitable ways as BHIVA, through its Executive Committee, may from time to time decide.
- To advance public education in the subjects of HIV and the symptoms, causes, treatment and prevention of HIV-related illnesses through the promotion of research and the dissemination of the useful results of such research, and in such other charitable ways as BHIVA, through its Executive Committee, may from time to time decide.

### Powers of the Association:

In furtherance of the above objects, BHIVA shall have the following powers:

- To raise funds; but in such a way that the Association does not undertake any substantial, permanent trading activity.
- To disseminate the results of research through scientific meetings and through the official publications of BHIVA.
- To act as a national advisory body to professions and other organisations on all aspects of HIV care.
- To provide a national platform for HIV care.
- To provide representatives for international, national and local committees dealing with HIV care.
- To promote undergraduate, postgraduate and continuing medical education within HIV care.
- To promote and monitor high standards of care through advisory groups and the development and distribution of guidelines.
- To set achievable targets and indicators of care against which success can be measured through national audit and other governance measures.
- To publish and promote material related to the aims and objectives of BHIVA.
- To do all such other things as shall further the objects of the Association.

The Rules of the Association and further information are available to download from [www.bhiva.org](http://www.bhiva.org).

## OFFICERS

### Chair

#### Dr IG Williams

*University College London Medical School*

Dr Ian Williams is a Senior Lecturer at University College London and an Honorary Consultant Physician at Camden PCT and University College London Hospitals. He has extensive clinical and research experience in HIV medicine. He has previously been a member of the BHIVA Executive Committee from 1996 to 2003 and served as Honorary Treasurer of the Association from 2000 to 2003. Dr Williams was re-elected to the Executive Committee in 2006 and sits on the Education and Scientific, and Guidelines Subcommittees, the Website Working Group and the Fundraising Working Group. He served as Chair from 2008 to April 2011 and handed over to Professor Jane Anderson at the BHIVA Spring Conference in April 2011.



### Chair *from April 2011*

#### Professor J Anderson

*Homerton University Hospital, London*

Professor Jane Anderson is Director of the Centre for the Study of Sexual Health and HIV, and a Consultant Physician at Homerton University Hospital in London. Professor Anderson has clinical and research interests in HIV infection in migrant populations and in women and families. Her work engages with the medical, social, ethical and policy challenges posed by HIV, in diverse communities in east London. Professor Anderson sits on the BHIVA Conferences and Guidelines Subcommittees and took over as Chair of BHIVA at the Annual Conference in April 2011. She will serve as Chair until April 2014.



### Honorary Treasurer

#### Dr D Asboe

*Chelsea and Westminster Hospital and West Middlesex Hospital, London*

Dr David Asboe is a Consultant Physician at Chelsea and Westminster and West Middlesex Hospitals. Dr Asboe is Convener for the Diploma in HIV Medicine, founding editorial board member on the journal *HIV Clinical Trials*, and a reviewer for several other journals. His clinical and research interests include antiretroviral resistance and the sexual health of HIV-positive individuals. Dr Asboe was elected to the BHIVA Executive Committee in 2005 and sits on the Conferences Subcommittee and is Vice-chair of the Education and Scientific Subcommittee. He was elected as BHIVA Honorary Treasurer in 2008 for a 3-year term.



### Honorary Secretary

#### Dr AR Freedman

*Cardiff University School of Medicine*

Dr Andrew Freedman is Reader/Consultant in Infectious Diseases at Cardiff University and University Hospital of Wales, where he has worked since 1994. He was on the Department of Health Expert Advisory Group on AIDS from 1996 until 2006. Dr Freedman is on the BHIVA Audit and Standards, and Education and Scientific Subcommittees. He was elected as BHIVA Secretary in 2009 for a 3-year term.



## EXECUTIVE COMMITTEE: TRUSTEES DURING THE YEAR

Prof J Anderson <i>Homerton University Hospital, London</i>	R 2014 <sup>1,2</sup>
Dr D Asboe <i>Chelsea and Westminster Hospital, London</i>	R 2011 <sup>3</sup>
Dr S Bhagani <i>Royal Free Hospital, London</i>	R 2013
Prof M Bower <i>Chelsea and Westminster Hospital, London</i>	R 2012
Dr D Churchill <i>Royal Sussex County Hospital, Brighton</i>	R 2011 <sup>2</sup>
Dr S Das <i>Coventry and Warwickshire Hospital</i>	R 2011 <sup>2</sup>
Dr A de Ruiter <i>St Thomas' Hospital, London</i>	R 2012
Dr SG Edwards <i>Mortimer Market Centre, London</i>	R 2011 <sup>2</sup>
Dr C Emerson <i>Royal Victoria Hospital, Belfast</i>	R 2013 <sup>4</sup>
Dr MJ Fisher <i>Royal Sussex County Hospital, Brighton</i>	R 2012
Dr AR Freedman <i>Cardiff University School of Medicine</i>	R 2012 <sup>5</sup>
Prof BG Gazzard CBE <i>Chelsea and Westminster Hospital, London</i>	R 2011 <sup>6</sup>
Dr PC Gupta <i>Diana, Princess of Wales Hospital, Grimsby</i>	R 2011
Dr R Kulasegaram <i>St Thomas' Hospital, London</i>	R 2011
Prof C Leen <i>Western General Hospital, Edinburgh</i>	R 2011
Dr MR Nelson <i>Chelsea and Westminster Hospital, London</i>	R 2013
Dr ELC Ong <i>Newcastle General Hospital</i>	R 2011
Dr C Orkin <i>St Bartholomew's Hospital, London</i>	R 2010 <sup>7</sup>
Dr AJ Palfreeman <i>Leicester Royal Infirmary</i>	R 2012
Ms S Petretti <i>UK-CAB Community Representative</i>	R 2012 <sup>8</sup>
Dr AL Pozniak <i>Chelsea and Westminster Hospital, London</i>	R 2010
Dr EGL Wilkins <i>North Manchester General Hospital</i>	R 2011
Dr IG Williams <i>University College London Medical School</i>	R 2011 <sup>9</sup>

R: retires(d) at the Annual General Meeting of the relevant year

<sup>1</sup> Elected as Chair for the period spring 2011 to spring 2014

<sup>2</sup> Appointed Trustee for the period 2010–2011

<sup>3</sup> Elected as Honorary Treasurer for the period 2008–2011

<sup>4</sup> Elected as Junior consultant and non-consultant doctors' representative for the period 2010–2013

<sup>5</sup> Elected as Honorary Secretary for the period 2009–2012

<sup>6</sup> Joint Editor-in-Chief *HIV Medicine* (appointed annually)

<sup>7</sup> Elected as Junior consultant and non-consultant doctors' representative for the period 2007–2010

<sup>8</sup> Elected as UK-CAB Representative for the period 2009–2012

<sup>9</sup> Elected as Chair for the period spring 2008 to spring 2011

*Biographies for all current Trustees of the Association are available from the website at [www.bhiva.org](http://www.bhiva.org), together with terms of reference for all committees.*

### **Regional and specialty representation**

BHIVA conducts elections to the Executive Committee so that, as far as possible, membership of the committee will provide a balance of disciplines and regional representation, and endeavours to achieve 50 per cent representation from the London region and 50 per cent from other areas of the country.

## EXTERNAL SCRUTINEERS

*Senior professionals and experts in their fields, respected for their wisdom and wise counsel, acting as a reference and advisory group to support the Executive Committee.*

Mr S Collins *HIV i-Base*

Prof BG Gazzard CBE *Chelsea and Westminster Hospital, London*

Prof DJ Jeffries CBE *formerly at Barts and The London Hospital (retired)*

Prof MA Johnson *Royal Free Hospital, London*

Prof SB Lucas *St Thomas' Hospital, London*

## AFFILIATED ORGANISATIONS

BHIVA is affiliated with the Children's HIV Association (CHIVA), Dietitians in HIV and AIDS Group (DHIVA), the HIV Pharmacy Association (HIVPA) and the National HIV Nurses Association (NHIVNA). Should a member of one of these affiliated organisations wish to join BHIVA and obtain all the associated benefits, a reduced fee is offered.

BHIVA has also developed important links with other relevant organisations such as the Australasian Society for HIV Medicine (ASHM), the British Association for Sexual Health and HIV (BASHH), the British Infection Association (BIA, formerly the British Infection Society), the Medical Research Council (MRC), the Royal College of General Practitioners (RCGP) and the Royal College of Physicians (RCP), and encourages the exchange of information with international organisations such as the European AIDS Clinical Society (EACS).

## COMMUNITY GROUPS

BHIVA greatly values the contributions made by other charitable organisations and voluntary groups working within the HIV-positive community. BHIVA has a strong relationship with these groups and a representative from the UK Community Advisory Board (UK-CAB) attends the BHIVA Executive Committee meetings as a trustee. The UK-CAB participation and feedback is of tremendous value to BHIVA. In addition, UK-CAB representatives sit on each of the BHIVA subcommittees.



## INVESTMENT POLICY

The Executive Committee has considered the most appropriate policy for investing funds. The preservation of funds has been the main criterion of the committee since the banking crisis. BHIVA funds currently reside in interest-bearing accounts at the NatWest Bank, part of the Royal Bank of Scotland, which is 80 per cent owned by the UK Government, Alliance & Leicester Bank, Scottish Widows Bank, plus investment bonds with Santander Bank. The interest received during the year was higher compared with 2009 and a consequence of seeking out higher rates of return without compromising significantly on security of capital.

## RESERVES POLICY

The Executive Committee has established a policy whereby the unrestricted funds, not committed or invested in tangible assets (the free reserve), held by the charity should equate to approximately 12 months of resources expended. This policy, the Executive Committee feels, would allow the Association to continue the current activities of the charity in the event of a significant drop in funding. At present the reserve is below this target level.

## AWARDS, GRANTS AND SCHOLARSHIPS

### Grants Policy

It is in the gift of the Association to issue a number of grants, scholarships and awards in various categories to allow access to the conferences and as prizes for abstracts and research, all of which are designed to support the objects of the Association.

The Executive Committee discusses any grant application at its meetings and considers them case by case, based on merit and their relevance to the objects of the charity.

### BHIVA Research Awards

BHIVA Research Awards are available to all BHIVA members, through competitive application, to fund research into the clinical care and management of people living with HIV in the UK. Up to £30,000 per annum from BHIVA is usually available and it is shared amongst the successful applicants, with a maximum award of £10,000. Applications are judged by a panel made up of members of the BHIVA Education and Scientific Subcommittee and external reviewers. The panel is led by an independent Chair. There were 22 applications in 2010 and nine awards were granted, totalling £65,218.

### Brian Gazzard Lectureship in HIV Medicine

The Lectureship was set up by BHIVA in honour of its founding Chair, Professor Brian Gazzard, and is now in its 6th year. The lecture is selected to be presented from a shortlist of proposed topics and eminent speakers put forward for consideration by the BHIVA Conferences Subcommittee.

This annual prize was awarded to Professor Aine McKnight from the Centre for Immunology and Infectious Disease, Blizard Institute of Cell and Molecular Science at Barts and The London School of Medicine and Dentistry for her presentation 'Interface between HIV and the immune system'. Professor Gazzard presented Professor McKnight with a commemorative trophy bowl and engraved pen in recognition of her Lectureship Award.



### BHIVA Science Scholarships

BHIVA Science Scholarships were awarded by the Conferences Subcommittee, at the BHIVA Annual Conference, to ten delegates who were studying for a PhD or MD and had their abstracts accepted as an oral or poster presentation at the conference. These scholarships included free conference registration, up to £100 towards travel expenses and a maximum of £75 per night for up to three nights' accommodation.

### Community Registration and Scholarship Awards

There are a number of community awards available to attend BHIVA conferences. Community Registration places were awarded at each BHIVA conference in liaison with the Community Representative on the Executive Committee. Approximately 50 community registrations were allocated to assist delegates to attend both the Annual Conference, held in Manchester in 2010, and the Autumn Conference in London.

In addition, Community Scholarships were awarded, in liaison with the Community Representative on the Executive Committee, from applications received, to ten UK-based community workers to assist them to attend the Annual Conference. These scholarships included free conference registration, up to £100 towards travel expenses, and a maximum of £75 per night for up to three nights' accommodation.

### Best Oral, Best Poster and Best SpR Case Presentation Prizes

BHIVA awarded four prestigious conference prizes at the Annual Conference. All oral and poster presentations were judged by an expert scientific panel, and the best oral presentation (Margaret Johnson Best Oral Prize, comprises trophy bowl and £500) and the best poster presentation prizes (trophy bowl and £250) were awarded for the best presentation in their respective categories by authors of junior grade (sub-consultant or equivalent). In addition, in 2010, two best SpR Case Presentation prizes (£100) were awarded for the best presentations in selected BHIVA Interactive Lunchtime Workshops.

## Registration Scholarships

Up to 20 Registration Scholarships were awarded by BHIVA to assist retired doctors, or those working on a part-time basis, and full-time undergraduate or postgraduate students, to attend both the Annual and Autumn Conferences in 2010.

## Support for Exhibitors

BHIVA also supported the registration fees of delegates from educational, community and affiliated HIV organisations to assist them to attend and exhibit at BHIVA conferences in 2010.

## Awards given by Sponsors

In addition to the BHIVA awards listed above, sponsors support a number of scholarships and prizes in collaboration with BHIVA. The Abbott Travelling Scholarships (£10,000) are awarded in collaboration with BHIVA and the St Stephen's AIDS Trust, providing scholarships to practising HIV doctors from resource-poor countries to travel to the UK for training in order to increase their understanding of the treatment and management of HIV and to disseminate this information and experience when they return to their country of origin. Successful candidates are invited to participate in a 3-week training programme that includes a UK centre placement and attendance at the BHIVA Annual Conference. Scholarships were awarded in 2010 to three clinicians, from China, Kenya and Tanzania.

MSD provided travel scholarships to 10 UK-based newly appointed consultants (within first 5 years of appointment) and non-consultant healthcare professionals (including doctors, nurses, pharmacists and non-clinical researchers) who were either training or working in the field of HIV medicine. Applicants were required to be members of the British HIV Association (BHIVA). The value of each scholarship was capped at a maximum of £2,000 and was a contribution towards the award-winners' registration fees, travel and accommodation expenses for the 18th Conference on Retroviruses and Opportunistic Infections in Boston, USA from 27 February to 2 March 2011.

Gilead Sciences offers an award, in collaboration with BHIVA, of £2,000 to a specialist registrar in training. The Scholarship award was presented at the Autumn Conference for a research project focusing on fertility in adolescents with vertically-acquired HIV-1 infection.

Full details of all grants, scholarships and awards can be found on the BHIVA website at [www.bhiva.org](http://www.bhiva.org).



## SUBCOMMITTEES

### BHIVA ACCEA/SACDA Awards Nominating Panel

Prof DJ Jeffries CBE <i>Chair</i>	Prof BG Gazzard CBE	Prof MA Johnson	Dr C Orkin	Dr IG Williams
Mr S Collins	Dr RB Kulasegaram	Prof SB Lucas	Dr A Tang	

Clinical Excellence awards are given to recognise and reward the exceptional contribution of NHS consultants for outstanding professional work, over and above that normally expected, to the values and goals of the NHS and to patient care. The BHIVA Awards Nominating Panel reviews the applications of UK-based consultant BHIVA members for Bronze, Silver, Gold or Platinum awards, preparing citations to support these where appropriate. Applications are ranked and scored based on an assessment of the consultant's contribution to the field of HIV medicine; in particular those elements that exceed the requirements of their usual work.

## Audit and Standards Subcommittee

Prof MA Johnson <i>Chair</i> (to December 2010)	Dr J Catalan	Dr AR Freedman	Mr R Pebody <i>UK-CAB Representative</i>	Miss R Weston
Dr ELC Ong <i>Chair</i> (from January 2011)	Dr D Churchill	Dr L Garvey	Dr F Post	Dr EGL Wilkins
Dr M Backx	Dr A de Ruiter	Dr PC Gupta	Dr A Rodger	Dr D Wilson
Dr CS Ball <i>CHIVA Representative</i>	Dr SG Edwards	Dr V Harindra	Prof C Sabin	Ms M Yeomans
Dr MG Brook	Dr S Ellis	Dr E Monteiro	Dr A Schwenk	
	Dr K Foster	Dr C O'Mahony	Dr A Sullivan <i>BASHH Representative</i>	
		Ms K Orton		

The committee surveyed arrangements for care of patients with HIV/hepatitis co-infection and audited 973 HIV patients positive for hepatitis B surface antigen and/or hepatitis C antibody. While most aspects of management were in accordance with guidelines, it was of concern that 13% of patients were neither vaccinated nor naturally immune to hepatitis A, and 5% of those with hepatitis C were unprotected from hepatitis B. Some centres do not routinely re-test for co-infection and there was poor documentation of discussion on alcohol avoidance and prevention of onward hepatitis B/C transmission. Only 36% of patients had been assessed for liver fibrosis, possibly reflecting under-use of newer non-invasive methods.

A pilot exercise was undertaken to assess the feasibility of identifying sites with poor outcomes. Based on this, future audits will be scored according to pre-defined criteria. Clinician members of the committee will contact sites with apparent poor outcomes to explore the reasons, while recognising that this may not reflect any deficiency in quality of care.

A survey of the role of adult clinics in ensuring testing of children at risk and in adolescent transition from paediatric care identified that one-third of sites do not routinely record details of children of newly diagnosed adults with HIV, and less than a quarter have reliable follow-up systems for checking whether these children have been tested. Most sites have no or very limited experience of transition to date, but expect to see cases as increasing numbers of children with vertically acquired HIV infection approach adulthood.

A brief follow-up survey of the previous year's tuberculosis audit showed good awareness, and some positive changes in clinical practice. However, it was of concern that not all sites had discussed their results within the HIV department and with TB colleagues.

Data was collected for a casenote review of newly diagnosed HIV patients, focused on circumstances of testing and morbidity prior to diagnosis, and an accompanying survey of HIV testing policy and practice. Results will be presented during 2011.

Professor Margaret Johnson retired as Chair at the end of the year, having led the committee since its inception in 2001, and was succeeded by Dr Ed Ong.

## Primary Care Working Group

Dr IG Williams <i>Chair</i>	Dr P James <i>RCGP Representative</i>	Dr C O'Mahony
Mr N Ault <i>NHIVNA Representative</i>	Dr RB Kulasegaram	Dr E Stewart <i>RCGP Representative</i>
Mr J Beale <i>HIVPA Representative</i>	Dr P McMaster <i>CHIVA Representative</i> (to December 2010)	Dr EGL Wilkins
Mr G Brough <i>UK-CAB Representative</i>	Ms A Namiba <i>UK-CAB Representative</i>	Ms J Wright <i>HIVPA Representative</i>
Dr MJ Fisher		

BHIVA has set up a working group to oversee initiatives to improve healthcare for people with HIV in relation to the role of primary care and the primary–secondary care interface, with representatives from the Royal College of General Practitioners' Sex, Drugs and HIV Task Group, the UK Community Advisory Board and other stakeholders. The group has developed a work plan focused on developing and promoting educational resources for health professionals and patients, and developing guidance on clinical pathways and the respective roles of primary and secondary care services. This work is continuing.

## Conferences Subcommittee

Dr EGL Wilkins <i>Chair</i>	Dr SG Edwards	Prof SB Lucas
Prof J Anderson	Dr C Emerson	Dr MR Nelson
Dr D Asboe <i>Honorary Treasurer</i>	Prof BG Gazzard CBE	Dr C Orkin
Prof M Bower	Dr RB Kulasegaram	Dr AJ Palfreeman
Dr D Chadwick	Prof C Leen <i>Education and Scientific Subcommittee Chair</i>	Ms S Petretti <i>UK-CAB Representative</i>
Dr S Das		Dr K Schroeder

BHIVA holds two conferences each year; the Annual Conference of BHIVA is held in the spring, traditionally in April, and the BHIVA Autumn Conference is held in October. The Annual Conference venue rotates each year in order to try and give all members across the UK the greatest opportunity to attend on a regular basis. The Autumn Conference is held in London. Attendance at BHIVA conferences has grown rapidly and attracts a broad spectrum of participants, from experienced HIV specialists to those still in training, and from HIV clinicians to those who provide support and care in community settings.

The highlight of the Annual Conference of BHIVA is the presentation of the latest research undertaken by healthcare professionals working in HIV centres across the UK. Abstract submissions are invited for presentation at the conference and are considered by an Abstract Review Committee, the members of which are selected from the Education and Scientific and the Conferences Subcommittees of BHIVA. Abstracts accepted for presentation at the conference (both oral and poster) are published in a supplement to *HIV Medicine*, the BHIVA journal.

In 2010, the 16th Annual Conference of BHIVA was held jointly with the British Association for Sexual Health and HIV (BASHH) under the title, Second Joint Conference of the British HIV Association (BHIVA) and the British Association for Sexual Health and HIV (BASHH). The conference was held at the Manchester Central Convention Complex, and proved very popular, with over 1,050 delegates registering to attend. The BHIVA/BASHH conference began on Tuesday early evening and finished on Friday afternoon. A Welcome Reception was held on Tuesday evening at the conference centre and was chaired by the Conference Local Host, Dr Ashish Sukthankar. The following evening BHIVA/BASHH held a Civic Reception at Manchester Town Hall and were honoured to welcome the Lord Mayor of the City of Manchester, Councillor Alison Firth, to open the conference along with Dr Ian Williams, Chair of BHIVA and Dr Keith Radcliffe, President of BASHH. The Reception was chaired by the Conference Subcommittee Chairs of BHIVA and BASHH, Dr Ed Wilkins and Dr Elizabeth Foley, respectively. The programme was complemented and enhanced by a number of eminent speakers who presented their latest research. The conference included extended lunch breaks for delegates to view posters and network with sponsors and exhibitors, and an increased number of interactive lunchtime workshops were organised for delegates to attend during this period. As has become customary, the conference concluded with a formal prizes and awards ceremony on Friday afternoon.

The BHIVA Autumn Conference in 2010 was held, for the seventh consecutive year, at the Queen Elizabeth II Conference Centre in London and nearly 600 delegates registered to attend. The conference included the BHIVA Annual General Meeting and Children's HIV Association (CHIVA) Parallel Sessions. In addition, during the lunch periods, workshops were scheduled, in which delegates could engage with experts in a more intimate and interactive setting. Highlights of the Autumn Conference programme included the BHIVA Foundation Lecture, the CHIVA Plenary Lecture, the Brian Gazzard Lectureship in HIV Medicine and the 'Best Practice Management' session. In addition, BHIVA held an interactive symposium to present and discuss important changes to BHIVA guidelines and standards. Other high-calibre speakers were invited to deliver state-of-the-art presentations, which provide much required material for delegate Continuing Professional Development (CPD) points.

In late 2007 BHIVA set up the BHIVA Hepatitis Working Group, to bring together those directly involved in the care of HIV-infected patients co-infected with hepatitis B or C, as well as those who have a clinical or research interest in the epidemiology, natural history or basic science of viral hepatitis. This Working Group conducted its third half-day conference at One Great George Street Conference Centre in London in October 2010, immediately prior to the BHIVA Autumn Conference. For the first time the conference was formally incorporated into the BHIVA Autumn Conference programme to increase awareness of the important topic of managing HIV/hepatitis co-infection. The programme began with lunch, followed by plenary sessions looking at hepatitis C, hepatitis D and hepatitis E co-infection with HIV. The event was extremely well received, with over 110 delegates registered for this specialist meeting.

As is now customary, BHIVA held a series of 'Best of CROI' Feedback Meetings in 2010. As well as a flagship

meeting in London, further regional meetings were held in the Midlands, Northwest and Northeast of England, Wales and Scotland, to review the key issues presented at the 17th Conference on Retroviruses and Opportunistic Infections (CROI) held in San Francisco, USA. A Working Party was put together, with participants invited from the BHIVA Executive Committee and the general BHIVA membership. The meetings proved hugely successful with, in total, nearly 550 delegates registering for the six meetings.

## Education and Scientific Subcommittee

Prof C Leen <i>Chair</i>	Dr S Fidler	Dr C Orkin <i>(to October 2010)</i>
Dr D Asboe <i>Vice-chair</i>	Dr MJ Fisher	Dr B Payne <i>HIV Trainees Club (to February 2010)</i>
Dr S Bhagani	Dr AR Freedman	Dr AL Pozniak
Mr E Amooti <i>UK-CAB Representative (to December 2010)</i>	Prof G Hart <i>Advisory Member</i>	Dr J Saunders <i>HIV Trainees Club (from February 2010)</i>
Mr B Cromarty <i>UK-CAB Representative (from December 2010)</i>	Dr RB Kulasegaram	Dr IG Williams
Dr C Emerson <i>(from October 2010)</i>	Prof AM Lever	Dr EGL Wilkins <i>Chair, Conferences Subcommittee</i>
Dr A Fakoya <i>(to June 2010)</i>	Prof D Macallan	
	Dr ELC Ong	

The Education and Scientific Subcommittee has developed online E-learning modules and educational meetings, one of which is a one-day revision course, run jointly with BASHH, for candidates taking the Diploma in HIV Medicine examination. This subcommittee contributes to the Conferences Subcommittee and suggests topics and speakers for the conference programmes, as well as providing reviewers to score abstracts submitted for the Annual Conferences.

The remit also includes the review of established and newly issued documents and health policies from the Department of Health and other government agencies, and influential organisations, that impact on the practice of HIV medicine and on research.

The subcommittee also supervises the dispensation of competitive BHIVA funds for research and scholarship and has set the criteria for, and judges, the BHIVA Research Awards. During 2010, 22 applications were submitted and nine awards were made. Award winners report back to the subcommittee and submit their findings as an abstract at a future BHIVA conference.



## Website Working Group

Prof C Leen <i>Chair</i>	Dr F Cooper	Dr AR Freedman	Ms S Morris	Dr J Walsh
Dr D Asboe	Dr S Edwards	Dr PC Gupta	Dr ELC Ong	Dr IG Williams
Dr D Churchill	Dr M Evans	Mr R Kilpatrick	Ms I Tolowinska	Dr EGL Wilkins

The Website Working Group continues to review the BHIVA website on a regular basis to develop its content and functionality. The first BHIVA E-Learning Module is now available for participation online, and future modules that are being developed will also be added once they receive CPD accreditation. The BHIVA website also enables online applications for the BHIVA Research Awards, conference registration, membership applications and a host of other interactive features.

The Guidelines and Conferences sections continue to be the most accessed areas of the website, and the site continues to attract users from not only the UK, but all over the world.

## E-learning Working Group

### Module 1 Working Group: *Treatment Guidelines – launched October 2010*

Prof C Leen <i>Chair</i>	Mr S Collins	Dr MJ Fisher	Dr ELC Ong	Dr IG Williams
Dr D Asboe	Dr D Dockrell	Dr A Freedman	Dr A Pozniak	
Dr M Bower	Dr A Fakoya	Dr AM Geretti	Dr M Tenant-Flowers	
Dr J Cartledge	Dr S Fidler	Dr RB Kulasegaram	Dr EGL Wilkins	

### Module 2 Working Group: *Hepatitis Guidelines – launched July 2011*

Prof C Leen <i>Chair</i>	Dr G Brook	Mr S Collins	Dr RB Kulasegaram	Dr EGL Wilkins
Dr D Asboe	Dr D Churchill	Dr MJ Fisher	Dr M Tenant-Flowers	

The E-Learning Working Group is responsible for developing sets of questions based on the various published and approved BHIVA guidelines. The first module, based on the guidelines for the treatment of HIV-1-infected adults with antiretroviral therapy 2008, was successfully launched during October 2010. This has been very well received and the pass rate is over 80 per cent. The next module is currently being developed and will be based on the guidelines for the management of co-infection with HIV-1 and hepatitis B or C virus 2010.

## Guidelines Subcommittee

Prof BG Gazzard CBE <i>Chair</i> (to December 2010)	Prof M Bower	Dr S Das	Dr MR Nelson
Dr MJ Fisher <i>Chair</i> (from January 2011)	Mr G Brough <i>UK-CAB Representative</i> (to October 2010)	Dr A de Ruiter	Dr AL Pozniak
Dr AJ Palfreeman <i>Vice-chair</i>	Dr D Churchill	Prof MA Johnson	Dr IG Williams
	Mr P Clift <i>UK-CAB Representative</i> (from October 2010)		

The BHIVA Guidelines Subcommittee had another busy year in 2010, and a number of guidelines were concluded. Published in 2010 were guidelines for antiretroviral treatment of HIV-2-positive individuals 2010, and guidelines for the management of co-infection with HIV-1 and hepatitis B or C virus. Work has continued on routine investigation/monitoring, opportunistic infection and TB/HIV co-infection – all of which it is hoped will reach publication in 2011.

### British HIV Association guidelines for antiretroviral treatment of HIV-2-positive individuals 2010

Prof J Anderson <i>Chair</i>	Prof J Breuer	Dr DA Hawkins	Prof D Pillay	Dr NA Smith
Dr Y Gilleece <i>Vice-chair</i>	Dr DR Chadwick	Dr LX McCrae	Dr E Smit	

HIV-2, which is closely related to SIV from sooty mangabeys, was first identified in 1986 in patients with AIDS in Guinea-Bissau and Cape Verde, West Africa. Like HIV-1, HIV-2 is an immunodeficiency virus that causes AIDS in humans. However, although HIV-1 and HIV-2 are related, there are important structural differences between them which influence pathogenicity, natural history and therapy.

The HIV-2 epidemic has its epicentre in West Africa, and is also found in those countries that have had historical colonial links with the region, in particular, Portugal and France. Sociocultural issues such as civil war and migration have had major impacts on the spread of HIV-2. Recent data from Guinea-Bissau suggest that the incidence of HIV-2 is now falling, in contrast to that of HIV-1, which has remained stable since 1999. Diagnoses of HIV-2 are increasing in India but in Europe and the United States the prevalence remains low. HIV-2 does not protect against HIV-1, and dual infection is observed. In the United Kingdom, approximately 137 HIV-2 mono-infections and 35 HIV-1 and HIV-2 dual infections have been reported to the Health Protection Agency (HPA).

These guidelines were published in *HIV Medicine* in November 2010 (*HIV Med*, 2010, 11, 611–619) and are available on the BHIVA website.

### British HIV Association guidelines for the management of co-infection with HIV-1 and hepatitis B or C virus 2010

Dr G Brook <i>Co-chair</i>	Dr S Bhagani	Dr MJ Fisher	Dr R Gilson	Dr MR Nelson
Dr J Main <i>Co-chair</i>	Mr C Deacon-Adams	Dr AR Freedman	Dr RB Kulasegaram	Prof C Sabin
Dr K Agarwal	<i>UK-CAB Representative</i>	Dr Y Gilleece	Prof C Leen	Dr EGL Wilkins

These guidelines have been updated to incorporate all new relevant information since the previous versions were published in 2005. The 2005 versions came as separate hepatitis B and C guidelines, but it was decided to amalgamate these into a single document to avoid duplication, as the general management of chronic liver disease is similar for both infections. All the peer-reviewed publications and important, potentially treatment-changing abstracts from the last 4 years have been reviewed.

The translation of data into clinical practice is often difficult, even with the best possible evidence, because of differences in factors such as trial design and inclusion criteria. The recommendations based upon expert opinion have the least good evidence but provide an important reason for writing the guidelines – to produce a consensual opinion

about current practice. The Writing Group has sought to provide guidelines that optimise management, but such care needs to be individualised and we have not constructed a document that we would wish to see used as a 'standard' for litigation.

The major changes/amendments include: increased discussion on hepatitis screening and prevention; clarification on the role of liver biopsy and non-invasive liver fibrosis assessment; more emphasis on screening for delta virus; increased discussion on end-stage liver disease management and hepatocellular carcinoma screening; molecular diagnostic tests used for the diagnosis and management of HBV and HCV; revised CD4-based guidance on the management of chronic HBV; management of acute HBV infection; revised guidance on the management of chronic HCV infection, including ART interactions; management of acute HCV infection; and management of treatment non-responders and relapsers in both chronic HBV and chronic HCV infection.

These guidelines were published in *HIV Medicine* in January 2010 (*HIV Med*, 2010, **11**, 1–30) and are available on the BHIVA website.

### British HIV Association guidelines for routine investigation and monitoring of adult HIV-1 infected individuals 2011

Dr D Asboe <i>Chair</i>	Dr AM Geretti	Dr F Post	Dr M Valappil
Dr C Aitken	Dr P Kelleher	Dr G Rooney	Dr J Walsh
Dr M Boffito	Dr N Mackie	Prof C Sabin	Mr M Williams <i>UK-CAB Representative</i>
Dr C Booth	Dr D Muir	Dr E Smit	Dr D Yirrell
Dr P Cane	Dr G Murphy	Dr W Tong	
Dr A Fakoya	Dr C Orkin	Dr A Ustianowski	

In the mid 1990s, the clinical care of patients with HIV changed fundamentally due to the development and introduction of effective antiretroviral therapy (ART). This led to dramatic reductions in patients under care with advanced immunodeficiency. Over subsequent years care has continued to evolve for a number of reasons. The aim of this guideline is to present a consensus regarding the standard assessment and investigation at diagnosis of HIV infection and to describe the appropriate monitoring of HIV-positive individuals, both on and off antiretroviral therapy.

Consultation on these guidelines is completed and they have been submitted for publication. The guidelines are available on the BHIVA website and will be published in early 2012.

### British HIV Association and British Infection Association guidelines for the treatment of opportunistic infection in HIV-seropositive individuals 2011

Dr DH Dockrell <i>Co-chair</i>	Dr RAM Breen	Dr RS Jones	Dr AL Pozniak
Dr SG Edwards <i>Co-chair</i>	Dr J Cartledge	Prof S Khoo	Dr M Schmid
Dr MR Nelson <i>Co-chair</i>	Dr S Clarke	Prof C Leen	Miss MMF Shiew
Dr B Angus	Dr MJ Fisher	Dr M Lipman	Prof M Singer
Dr SE Barton	Dr AR Freedman	Dr H Manji	Ms RJ Weston
Dr NJ Beeching	Prof BG Gazzard CBE	Prof R Miller	Dr EGL Wilkins
Prof CJ Bergin	Dr A Grant	Dr SM Mitchell	Dr IG Williams
Dr M Boffito	Dr JM Greig	Dr ELC Ong	Dr CJA Wood

These guidelines have been prepared jointly with the British Infection Association (BIA, formerly British Infection Society, BIS). Advances in the treatment of HIV infection with antiretroviral therapy have led to dramatic reductions in opportunistic infections and death. These guidelines have been drawn up to help physicians investigate and manage HIV-positive patients suspected of, or having, an opportunistic infection (OI). The early sections of these guidelines consider the most common presentations of OI disease, such as respiratory, gastrointestinal and neurological disease. These are followed by sections on specific organisms such as *Candida* spp, herpes simplex virus and varicella zoster virus, whilst the final sections discuss special circumstances such as pregnancy, the use of the intensive care unit, the investigation of unwell patients with fever of undetermined origin, and management of imported infections.

These guidelines went through peer review during 2010 and have been accepted for publication in *HIV Medicine* in September 2011 [*HIV Med*, 2011, **12** (Suppl 2)]. They will also be available via the BHIVA website.



## British HIV Association guidelines for the treatment of TB/HIV coinfection 2011

Dr AL Pozniak *Chair*

Dr AR Freedman

Dr MC Lipman

Prof RF Miller

Mr S Collins *UK-CAB Representative*

Prof MA Johnson

Prof SB Lucas

Prof P Ormerod

Dr KM Coyne

These guidelines have been extensively revised since the last edition in 2005, with most sections having been amended; and areas in need of clinical trials or data have been highlighted.

The major changes/amendments are: a more detailed discussion of gamma interferon tests; new guidance on chemopreventative therapy; a complete update of the drug interactions and tables; an updated section on choice of NNRTI; a revised section on when to start HAART; a new section on isoniazid resistance and XDR; guidance on the diagnosis of IRIS; and new tables for management of adverse reactions.

These guidelines have been drawn up to help physicians manage adults with TB/HIV coinfection. Recommendations for the treatment of TB in HIV-infected adults are similar to those in HIV-negative adults; however, there are important exceptions that are discussed in this summary. The guideline recommends that co-infected patients are managed by a multidisciplinary team that includes physicians with expertise in the treatment of both tuberculosis and HIV. The optimal antituberculosis regimen is also recommended and in the majority of cases this will include rifampicin and isoniazid. As there is an ever-greater choice of drugs to treat HIV, it is recommended that, for patients on antituberculosis therapy who are starting HAART, antiretroviral drugs should be chosen to avoid interactions with TB therapy.

The guidelines were under peer review during 2010 and will be published in *HIV Medicine* as an Executive Summary in November 2011 (*HIV Med*, 2011, **12**, 517–524), with the full guidelines being available on the BHIVA website.

## Treating women with HIV in the UK 2011

Prof J Anderson *Co-chair*

Dr A de Ruiter

Dr Y Gilleece

Ms B Osoro

Prof MA Johnson *Co-chair*

Dr C Emerson

Dr F Ibrahim

Dr L Riddell

Ms L Baber

Dr C Ford

Dr F Lyons

Prof L Sherr

Dr M Boffito

Dr C Foster

Dr N Mackie

Dr A Tariq

Ms P Clayden

Dr AM Geretti

Dr N Nwokolo

Dr K Walker-Bone

*UK-CAB Representative*

Although women have been sparsely represented in clinical trials to date, they are now seen increasingly in HIV practice, indicating an urgent need for more work in this area. A number of issues are pertinent only to women in terms of diagnosis and management; but there is a lack of guidance on best practice for treatment in this context. BHIVA aims to produce the first guidelines on treating women with HIV, to cover the key issues specific to women and link them to other already published guidelines.

## Fundraising Working Group

Dr IG Williams *Chair*

Dr MR Nelson

Mr E Phiri *UK-CAB Representative*

Dr D Asboe

Dr AJ Palfreeman

The Fundraising Working Group was set up at the end of 2008 to review opportunities to raise funds for specific BHIVA projects and to increase the funds available for the BHIVA Research Awards in future years. A raffle held during the BHIVA Spring Conference raised £1,200 for the BHIVA Research Awards.

## London Marathon

Ian Williams and Adrian Palfreeman took part in the Virgin London Marathon on 25 April 2010 to raise funds so that BHIVA can increase its research activities that focus on improving the level of clinical care and management of people living with HIV in the UK. It was a fantastic effort by both runners, and approximately £15,000 was raised. BHIVA was also represented in the 2011 London Marathon by Dr Mark Atkins, again raising funds for its research activities.

## Hepatitis Working Group

Dr MR Nelson *Chair*

Dr K Agarwal

Dr S Bhagani

Dr G Brook

Mr R James *UK-CAB Representative*

Dr RB Kulasegaram

Prof C Leen

Dr EGL Wilkins

The Hepatitis Working Group held a successful third conference in London in 2010, in conjunction with the BHIVA Autumn conference. The topics covered included: sessions on hepatitis D and E, and new drugs for hepatitis C.

The 4th Annual BHIVA Conference for the Management of HIV/Hepatitis Co-infection will be held in London on 16 November 2011 and will again precede the Autumn conference.

The British HIV Association guidelines on the management of co-infection with HIV-1 and hepatitis B or C virus were published in *HIV Medicine* in January 2010 (*HIV Med*, 2010, 11, 1–30) and they are also available on the BHIVA website. It is planned to update the guidelines in 2012.

### *Policy and consultation papers*

As a national advisory body on HIV treatment and care, BHIVA has produced advisory and guidance papers on health policy related to HIV treatment and care as well as responses to government consultation requests, often in association with other organisations.

#### Standards for psychological support for adults living with HIV

This document sets out standards for psychological support which should be available for all adults living with HIV in the UK.

#### Early testing saves lives: HIV is a public health priority

Halve It is a new coalition of national experts determined to tackle the continued public health challenges posed by HIV. This campaign is being supported by BHIVA.

#### Comments on the NHS White Paper – 'Equity and Excellence: Liberating the NHS'

Following consultation within BHIVA, the Association prepared a response to the NHS White Paper, and this letter is available on the BHIVA website.

## JOINT PUBLICATIONS AND POLICY DOCUMENTS

### *In development*

United Kingdom guidelines for the use of post-exposure prophylaxis for HIV following sexual exposure (joint BHIVA–BASHH publication)

The main objective is to ensure the appropriate use of post-exposure prophylaxis (PEP) following potential sexual exposure (PEPSE) to HIV as a potential method of preventing HIV infection. Dr Paul Benn is chairing. Dr MJ Fisher is leading for BASHH and Dr RB Kulasegaram is representing BHIVA. The document consultation will continue until June 2011.

Safer sex advice (joint BHIVA–BASHH publication)

The aim is to provide guidance for practitioners in Level 3 Genitourinary medicine (GUM) services (Level 5 in Scotland) on safer sex advice provided in sexually transmitted infection (STI) and HIV management consultations.

Dr D Clutterbuck is leading for BASHH, while Dr RB Kulasegaram is representing BHIVA. The document consultation will continue until May 2011.

Reckless transmission (joint BHIVA–BASHH publication)

Dr MB Poulton *Chair (and BASHH)*

Prof J Anderson

Mr J Chalmers

Dr AM Geretti

Dr MR Nelson

Dr C Orkin

Ms L Power *Terrence Higgins Trust*

Dr AL Pozniak

Mr R Reynolds *African HIV Policy Network*

Dr K Rogstad

This project follows on from the draft BHIVA briefing paper entitled 'HIV transmission, the law and the work of the clinical team' (available on the BHIVA website). Since this briefing paper was written in 2006, there have been a number of developments – in particular, the publication of the long-awaited Crown Prosecution Service guidance. Other useful pieces of work are now also available, such as the *Review of Police Handling of Criminal Investigations in England & Wales, 2005–2008*, produced by the Terrence Higgins Trust. In the light of this, the writing group was reconvened, with the addition of new members as necessary, to develop an updated briefing paper.



### *Position papers*

British HIV Association (BHIVA) and Children's HIV Association (CHIVA)  
position statement on infant feeding in the UK

Prof J Anderson *BHIVA*

Ms P Clayden *UK-CAB Representative*

Dr A de Ruiter *BHIVA*

Prof J Fortin *Professor of Law, University of Sussex*

Prof BG Gazzard CBE *BHIVA*

Ms J Kennedy *Consultant Midwife, Homerton University Hospital*

Dr L Lazarus *Expert Advisory Group on AIDS Secretariat*

Prof M-L Newell *UCL Institute of Child Health*

Ms B Osoro *UK-CAB Representative*

Miss S Sellers *St Michael's Hospital, Bristol*

Dr GP Taylor *BHIVA*

Dr P Tookey *UCL Institute of Child Health*

Dr G Tudor-Williams *CHIVA*

Dr A Williams *CHIVA*

Since the WHO guidelines are not generally applicable to the UK setting, BHIVA and CHIVA have reviewed the data to provide guidance both to people living with HIV and to healthcare providers – taking into account the many responses to a public consultation on an earlier draft of this advice, incorporating diverse and often conflicting views and data interpretations. The Writing Group reconvened to address these issues, particularly the concerns expressed by many that any new recommendations should not undermine the extensive and highly successful work to reduce mother-to-child transmission of HIV by complete avoidance of breastfeeding. This position statement was published in November 2010 and is available on the BHIVA website.

## BHIVA PUBLICATIONS

### HIV Medicine The official BHIVA journal

*HIV Medicine* is a peer-reviewed journal of international research papers in the field of HIV medicine, published by Wiley-Blackwell. The journal is wholly owned by BHIVA. BHIVA members receive free subscriptions to *HIV Medicine* as a benefit of membership. Mediscript Ltd, on behalf of BHIVA, is responsible for administering the receipt, review, and acceptance of papers for publication. The rate of manuscript submission has risen, particularly with the introduction of an online submission system at the start of 2007. The areas covered in the journal include clinical, pharmacological, epidemiological, ethical, pre-clinical and *in vitro* studies. Abstracts from the BHIVA Annual Conference are published annually as a supplement. *HIV Medicine* is also the official journal for the European AIDS Clinical Society and the Australasian Society for HIV Medicine. The impact factor for this prestigious journal is now 2.878. Current and back issues can be downloaded from the members' area of the BHIVA website at [www.bhiva.org](http://www.bhiva.org).



### BHIVA E-Newsletter

The E-Newsletter is produced to increase communication between the Chair and Honorary Secretary of BHIVA and all the members. It is emailed on a regular basis and keeps members up to date with the work of the Association. It includes updates on conferences and guidelines, as well as the work of the various BHIVA committees. During 2010, four e-Newsletters were published.



### BHIVA National Clinical Audit Report

This report is published annually to provide a summary of the results of the BHIVA audits for the year, and is mailed to all BHIVA members, Primary Care Trusts, and key Department of Health and Government departments. Copies of the reports are available on the BHIVA website at [www.bhiva.org](http://www.bhiva.org).



### BHIVA National Clinical Audit Report Poster

A poster is also published, detailing the key outcomes from each audit, and this is distributed to Primary Care Trusts, key Department of Health and Government departments, and all audit centres around the country for display in their clinics.



BHIVA wishes to express thanks to the following companies for their generous support

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# ANNUAL REPORT AND ACCOUNTS

FOR THE YEAR ENDED 31 DECEMBER 2010

## Chair's Report

It is a pleasure to review BHIVA's many and varied activities during 2010. The Conferences Subcommittee, led by Dr Ed Wilkins, devised stimulating programmes for a variety of events. The 'Best of CROI' Feedback Meetings comprised six regional events in March, while the Second Joint Conference of BHIVA with BASHH in April was a great success, with over 1000 registrations and more than 400 abstract submissions. The BHIVA Autumn Conference saw a total of 613 delegates registering and was preceded and complemented by the 3rd Annual BHIVA Conference for the Management of HIV/Hepatitis Co-infection. Finally, the 'Time to Test for HIV' multidisciplinary conference in support of World AIDS Day, in December, was a collaboration by several organisations who reviewed evidence on expanded testing, and the resulting dialogue will inform the new BHIVA/BASHH/BIA guidelines on HIV testing. All events were well attended and received excellent feedback. In-depth information and presentations are available on the website.

The Audit and Standards Subcommittee surveyed care arrangements for patients with HIV/hepatitis co-infection and conducted a survey of the role of adult clinics, in the testing of children at risk and in transition, identifying a lack of experience in transition, with more follow-up on testing needed. Finally, a brief follow-up survey of the 2009 tuberculosis audit showed improved awareness and practice, but still room for further improvement. Professor Margaret Johnson retired as Subcommittee Chair in November, having led the committee for nearly 10 years and helped the BHIVA audit achieve national importance. I would like to extend the Association's thanks for her invaluable leadership, and welcome Dr Ed Ong to the post.

The Guidelines Subcommittee oversaw the publication in *HIV Medicine* of the BHIVA guidelines for antiretroviral treatment of HIV-2-positive individuals 2010, BHIVA guidelines for the management of co-infection with HIV-1 and hepatitis B or C virus 2010, and joint BHIVA/CHIVA position statement on infant feeding in the UK. In consultation in 2010, with expected *HIV Medicine* publication in 2011, were the BHIVA guidelines for routine investigation and monitoring of adult HIV-1-infected individuals 2010 and the guidelines for management of TB/HIV co-infected individuals. Professor Brian Gazzard stepped down at the end of 2010, having chaired the committee from its inception 10 years ago. Our thanks are due to Professor Gazzard for steering BHIVA guidelines to national recognition, and we welcome the new incumbent, Dr Martin Fisher.

The Hepatitis Working Group also saw a change in leadership during 2010. Thanks are due to Dr Janice Main, under whose leadership the updated hepatitis guidelines saw publication, and the group's half-day October conference took a firm place in the BHIVA calendar. We welcome her successor, Dr Mark Nelson.

The Education and Scientific Subcommittee, led by Professor Clifford Leen, had a busy year with 22 applications for the BHIVA Research Awards and nine awards made in total, while work has continued on the BHIVA website redevelopment project and the E-learning modules.

The Fundraising Working Group continued working to increase funds available for BHIVA Research Awards, so that the Association's research activities can continue to improve the level of clinical care and management of people living with HIV in the UK. I was proud to represent the Association, along with Dr Adrian Palfreeman, as 'Team BHIVA' runners in the Virgin London Marathon in April 2010.

Dr David Asboe has continued to help guide BHIVA's finances as Honorary Treasurer, during a particularly difficult financial climate that looks set to continue; while Dr Andrew Freedman has served his first year as Honorary Secretary and I wish to thank them both for their hard work. The Executive Committee is of vital importance to BHIVA and I thank all its members for the guidance and support they give the Association. I would also like to extend the Association's thanks to all the subcommittee members who contribute their time and experience so generously.

Grateful thanks are also due to the BHIVA External Scrutineers for their judgement on matters affecting the work of the Association, as and when these arise.

Many thanks to all the BHIVA members and committee members for their support and input during my time as Chair. May I wish the best of luck to Professor Jane Anderson, BHIVA Chair from April 2011. I have no doubt that her expertise and insight will be of great benefit to the Association.

Dr IG Williams *Chair*

## Honorary Secretary's Report

Firstly, may I extend a warm welcome to all the new members who have joined the Association during the past year, and thank all current members for their continuing and valued support. Numbers once again increased in 2010 and stood at over 980 as of 31 December 2010, with BHIVA membership representing all areas of the UK and including a number of overseas members. 2010 membership comprised more than 410 consultant-grade members and over 430 non-consultant members; while an additional 140 members benefited from the reduced rate available to joint members of our affiliated Associations (CHIVA and NHIVNA). BHIVA also has nine life members, whose status is in recognition of their significant contribution to the Association over many years.

BHIVA members represent a wide range of jobs involving the treatment and management of those who are HIV positive, and the subscription income contributed by members is very important to the Association. As well as funding the many and varied BHIVA activities, such as writing guidelines and the 'Best of CROI' Feedback Meetings, it is also crucial to the independence of the Association. We were very pleased that membership fees remained unchanged during 2010. Membership benefits include discounted registration for BHIVA conferences; free subscription to *HIV Medicine*, the BHIVA E-Newsletter, *HIV Treatment Bulletin*, *HIV Treatment Update* and reduced subscription to the journals *Sexually Transmitted Infections* and *International Journal of STD and AIDS*; and access to E-learning modules, BHIVA Research Awards and other scholarships and bursaries.

Trustee members of the Executive Committee contribute to the work of the Association by sitting on up to two subcommittees, as well as various working and writing groups. The Trustees include 14 elected members, one Junior consultant and non-consultant doctors' representative, and the Joint Editor-in-Chief of *HIV Medicine*. During 2010, there were two London places on the Executive Committee, and two nominations: therefore, Dr Sanjay Bhagani and Dr Mark Nelson took up these posts at the Annual General Meeting in October 2010. Four candidates stood for the post of Junior consultant and non-consultant doctors' representative, and Dr Carol Emerson of the Royal Hospital Belfast was elected. In addition to elected trustees, the Executive Committee includes four appointed members serving for 1 year, whose specific expertise is helpful to the committee's work, and who broaden its specialty, patient and geographical representation. Two members appointed during 2010 were Dr Satyajit Das and Dr Duncan Churchill.

The input of patient representatives and other organisations into the work of BHIVA is much valued. Through an election process conducted by the UK Community Advisory Board (UK-CAB), these organisations are represented on the various subcommittees through which BHIVA conducts most of its activities, and their contribution is extremely important to the Association. As well as collaborating with its affiliated Associations (CHIVA, HIVPA and NHIVNA), BHIVA has also worked on joint projects with other organisations – including the National AIDS Trust, British Association for Sexual Health and HIV (BASHH), British Psychological Society (BPS), HIV Young Persons' Network (HYPNet), and the Terrence Higgins Trust. The Association has contributed to a number of consultations, including the NHS Infectious Disease in Pregnancy Screening Programme and the RCOG Guidelines on Management in Pregnancy.

The BHIVA website provides information about the Association and all its activities, such as conferences and events, abstract and registration information, current versions of the guidelines and audit results. It was significantly updated in 2010, following review by the Education and Scientific Subcommittee, and the enhanced functionality and improved navigation of the new site has been very well received by members, who can view conference presentations and slides online, as well as check and update their personal details. The BHIVA guidelines have continued to be the most accessed area of the site. Good progress has been made on the CPD-approved E-learning modules requested by BHIVA members. The first module, based on the HIV-1 treatment guidelines (2008), was awarded 3 CPD points by the Royal College of Physicians. I would greatly appreciate members' feedback on the improved website, and any suggestions for future changes.

The feedback from the 2010 members' survey has been extremely useful, both to the Executive Committee and to the various subcommittees. The questionnaire results can be viewed in the members' area of the website. It is vital that the Association understands its members' views, and shapes its policy and activities accordingly. Many thanks to all those who responded this year. If you wish to pass on any views or contact me at any time, please do so through the Secretariat.

Dr AR Freedman *Honorary Secretary*

## Honorary Treasurer's Report

I am pleased to report that the Association's finances during 2010 continued to be sound, and a small end-of-year surplus was recorded.

### Incoming resources

Total incoming funds climbed to £1,231k in 2010 (2009: £1,010k), an increase of 22 per cent. At this point I ought to say that comparisons with 2009 are somewhat distorted as, during 2010, the 16th Annual Conference was a joint event with the British Association for Sexual Health and HIV (BASHH) and these joint conferences usually attract larger numbers of delegates and thus generate higher revenues and costs. Incoming resources consist of the following:

#### Donations, grants and similar incoming resources

BHIVA received £30k from the Department of Health for its National Audit programme and £30k for the website development project that was received in 2009 but brought to account in 2010.

#### Sponsorship fees

Income was down to £231k from £264k in 2009. The number of major sponsors went down from eight to seven, due to the creation of ViiV – a merger of HIV products from Pfizer and GSK.

#### Registration fees

These showed an increase of 43 per cent, year on year, almost entirely due to the joint spring conference.

#### *HIV Medicine*

The performance of our flagship peer-reviewed journal was disappointing. Our share of surplus was significantly lower than expected at £11k, a fall of 62 per cent.

#### Other conference income and advertising

Conference-related income rose to £307k (2009: £141k), a large rise of 118 per cent. The main component of this increase is greater industry activity in the field of satellite symposia, invited lectures and workshops. Advertising revenue was lower by 11 per cent, in what has been a relatively flat market.

#### Membership subscriptions

Once again, we saw a steady but small increase in membership numbers and income. Revenues were up to £104k in 2010 (2009: £99k), an increase of 5 per cent.

#### Investment income

Interest receivable in the year increased to £10k (2009: £6k). This is a better return than in the past 2 years but still very significantly lower than preceding years, as a consequence of exceptionally low interest rates.

### Resources expended

Resources expended consist of the following:

#### Subsidies and donations

BHIVA continued to provide subsidies to its affiliated partners: NHIVNA and CHIVA received £10k, HIV i-Base £10k, Liverpool Drug Interaction Chart £9k, NAZ Project London £2.5k, while £2.8k was given to support the Halve It campaign.

#### Research grants

BHIVA's Research Awards programme saw increased activity, with more than 20 applications of high merit. BHIVA awarded £69k in 2010 (2009: 36k), an increase of 92 per cent.

#### Costs of activities to further the charity's objectives

The total costs of activities to further the charity's objectives were up 21 per cent, to £1,061k (2009: £880k).

### Cost of conferences

The cost of the two BHIVA Conferences and other events during the year rose to £635k (2009: £530k), representing an increase of 20 per cent year on year. Expenditure on CROI feedback meetings in London and around the country was sharply lower at £29k (2009: £38k), a reduction of 23 per cent. Costs relating to the BHIVA National Clinical Audit programme remained flat at £31k, while publishing and educational activities such as *HIV Medicine*, the BHIVA *E-Newsletter*, BHIVA Guidelines, the E-learning programme, and work in the field of Primary Care were recorded at £101k. Running costs for the relaunched and established BHIVA website came in at a lower figure of £22k (2009: £30k), printing, postage and stationery costs were much lower at £16k (2009: £29k), a drop of 45 per cent. General expenses were also 36 per cent lower at £25k (2009: £39k) and the share of surplus from the successful joint spring conference, paid to the British Association of Sexual Health and HIV (BASHH) was £108k.

### Governance costs

This relates to auditors' fees.

### Summary

BHIVA's Reserve Fund at the end of 2010 stood at £897k. BHIVA's finances have remained secure. This gives the Association the opportunity to continue with its core activities and to improve and expand its range of educational projects in furtherance of the Association's aims.

On behalf of the BHIVA membership, I very much welcome the continued support from the pharmaceutical industry for BHIVA, its conferences and its educational programme. This allows us to maintain registration fees at a reasonable level and to continue to provide a range of scholarships, grants and free registrations for qualifying delegates and the HIV community groups.

Finally, I would like to thank all our members for their continuing loyalty and support of their Association.

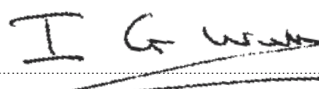
**Dr David Asboe** *Honorary Treasurer*

<b>STATEMENT OF FINANCIAL ACTIVITIES</b> FOR THE YEAR ENDED 31 DECEMBER 2010		
	Year to 31.12.2010 Unrestricted Funds £	Year to 31.12.2009 Unrestricted Funds £
<b>Incoming resources</b>		
Donations, grants and similar incoming resources	60,000	70,000
Activities to further the charity's objects	1,160,913	933,659
Investment income	10,121	6,020
<b>TOTAL INCOMING RESOURCES FOR THE YEAR</b>	<b>1,231,034</b>	<b>1,009,679</b>
<b>Resources expended</b>		
Grants payable to further the charity's objects	103,317	59,947
Cost of activities to further the charity's objects	1,060,897	880,028
Governance costs	2,480	2,385
<b>TOTAL RESOURCES EXPENDED</b>	<b>1,166,694</b>	<b>942,360</b>
<b>NET INCOMING RESOURCES (EXPENDED) FOR THE YEAR</b>	<b>64,340</b>	<b>67,319</b>
<b>FUND BALANCE BROUGHT FORWARD</b>	<b>832,308</b>	<b>764,989</b>
<b>FUND BALANCE CARRIED FORWARD</b>	<b>896,648</b>	<b>832,308</b>

<b>BALANCE SHEET</b> AS AT 31 DECEMBER 2010		
	Year to 31.12.2010 £	Year to 31.12.2009 £
<b>Investments</b>		
Santander Bonds	203,975	—
<b>Current assets</b>		
Debtors and pre-payments	376,068	344,879
Cash at bank	796,331	891,176
<b>TOTAL ASSETS</b>	<b>1,376,374</b>	<b>1,236,055</b>
<b>Creditors</b>		
Amounts falling due within one year	479,726	403,747
<b>NET CURRENT ASSETS</b>	<b>896,648</b>	<b>832,308</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>896,648</b>	<b>832,308</b>
<b>Income funds</b>		
Unrestricted funds	896,648	832,308
<b>TOTAL FUNDS</b>	<b>896,648</b>	<b>832,308</b>

This report is prepared in accordance with the special provisions of Statement of Recommended Practice (2006) on Reporting by Charities.

On behalf of the British HIV Association Executive Committee:

  
.....

(Dr Ian Williams *Chair*)

<b>DETAILED INCOME AND EXPENDITURE ACCOUNT</b>		
<b>FOR THE YEAR ENDED 31 DECEMBER 2010</b>		
	Year to 31.12.2010 £	Year to 31.12.2009 £
<b>Incoming resources</b>		
<b>Donations, grants and similar incoming resources:</b>		
National audit	30,000	40,000
Website development	30,000	30,000
	<u>60,000</u>	<u>70,000</u>
<b>Activities to further the charity's objects:</b>		
Sponsorship fees	231,000	264,000
Registration fees	340,671	238,958
<i>HIV Medicine</i>	11,204	29,848
Other conference income	307,219	141,134
Advertising	39,619	44,274
Exhibitors' fees	127,400	116,500
Membership subscriptions	103,800	98,945
	<u>1,160,913</u>	<u>933,659</u>
<b>Investment income:</b>		
Bank deposit interest	10,121	6,020
<b>TOTAL INCOMING RESOURCES</b>	<u>1,231,034</u>	<u>1,009,679</u>
<b>Resources expended</b>		
<b>Grants payable to further the charity's objects:</b>		
Subsidies: NHIVNA, CHIVA	10,000	10,000
Contribution to HIV i-Base	10,000	10,000
Donations: NAZ Project London, Liverpool Drug Interaction Chart, Halve It campaign	14,634	4,147
Research Award	68,683	35,800
	<u>103,317</u>	<u>59,947</u>
<b>Costs of activities to further the charity's objects:</b>		
Costs of conferences	635,549	530,302
CROI feedback meetings	29,434	38,052
National Clinical Audit	30,826	31,379
<i>HIV Medicine</i> , newsletters, guidelines, E-learning	101,216	92,112
Secretariat fees	83,000	80,000
Website costs and redevelopment project costs	22,021	30,502
Printing, postage and stationery	15,829	28,834
Sponsors and executive committee meeting and travel costs	10,463	8,362
Public relations	—	1,950
Establishment and other general costs	24,489	38,535
BASHH: share of joint conference surplus	108,070	—
	<u>1,060,897</u>	<u>880,028</u>
<b>Governance costs:</b>		
Auditors' remuneration	2,480	2,385
<b>TOTAL RESOURCES EXPENDED</b>	<u>1,166,694</u>	<u>942,360</u>
<b>NET INCOMING RESOURCES FOR THE YEAR</b>	<u>64,340</u>	<u>67,319</u>
<b>FUND BALANCE BROUGHT FORWARD</b>	<u>832,308</u>	<u>764,989</u>
<b>FUND BALANCE CARRIED FORWARD</b>	<u>896,648</u>	<u>832,308</u>

## Report of the Independent Auditors to the Members of the British HIV Association for the year ended 31 December 2010

We have audited the accounts of the British HIV Association for the year ended 31 December 2010, which comprise the Income and Expenditure Account, the Balance Sheet and the related notes. These accounts have been prepared in accordance with the accounting policies set out therein and the requirements of the Statement of Recommended Practice (2006) under the historical cost convention.

This report is made solely to the Charity's Executive Committee Members, as a body, in accordance with Section 43 of the Charities Act 1993. Our audit work has been undertaken so that we might state to the charity's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's members as a body, for our audit work, for this report, or for the opinions we have formed.

### Respective responsibilities of trustees and auditors

The Executive Committee Members' responsibilities for preparing the accounts in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) are set out in the Statement of Committee Members' Responsibilities.

Our responsibility is to audit the accounts in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinions as to whether the accounts give a true and fair view, and are properly prepared in accordance with the Charities Act 1993. We also report to you whether, in our opinion, the information given in the Executive Committee Members' Report is consistent with the accounts.

In addition, we report to you, if in our opinion, the charity has not kept proper accounting records; if we have not received all the information and explanations we require for our audit; or, if information specified by law regarding Executive Committee Members' remuneration and other transactions with the charity is not disclosed.

We read the Executive Committee Members' Report and consider the implications for our report if we become aware of any apparent mis-statements within it.

### Basis of audit opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the accounts. It also includes an assessment of the significant estimates and judgements made by the trustees in the preparation of the accounts, and of whether the accounting policies are appropriate to the charity's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the accounts are free from material mis-statement, whether caused by fraud or other irregularity or error. In forming our opinion, we also evaluated the overall adequacy of the presentation of information in the accounts.

### Opinion

In our opinion:

the accounts give a true and fair view, in accordance with United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities, of the state of the company's affairs as at 31 December 2009 and of its surplus for the year then ended;

the accounts have been properly prepared in accordance with the Charities Act 1993; and the information given in the Committee Members' Report is consistent with the accounts.

**CK Partnership Ltd *Registered auditors***

1 Old Court Mews,

311 Chase Road, London N14 6JS



# BHIVA