



British HIV Association



Standards of Care
for People Living with HIV
2013

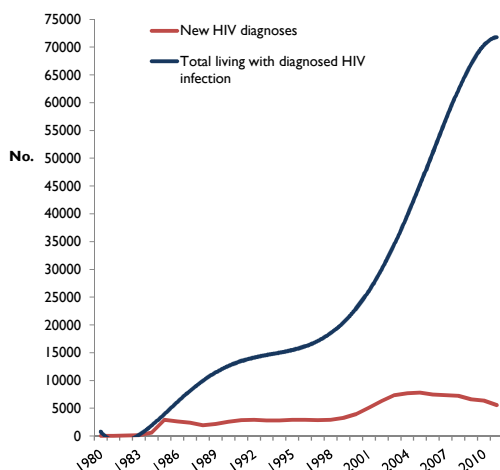
Dr Valerie Delpech
Health Protection Agency



**HIV in the United Kingdom:
the story so far..**



The HIV in the UK – 30 years on...



Since 1981

- 122,000 HIV diagnoses
- 27,500 AIDS diagnoses
- 20,500 deaths

In 2011

- 6280 new diagnoses
- 73,700 in HIV care

HIV and AIDS Reporting System

HIV and STI Department, Health Protection Agency - Colindale



New report out today!!!

HIV in the United Kingdom: 2012 Report



HIV and AIDS Reporting System

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Key findings: HIV in the United Kingdom, 2011

PEOPLE LIVING WITH HIV – PREVALENCE

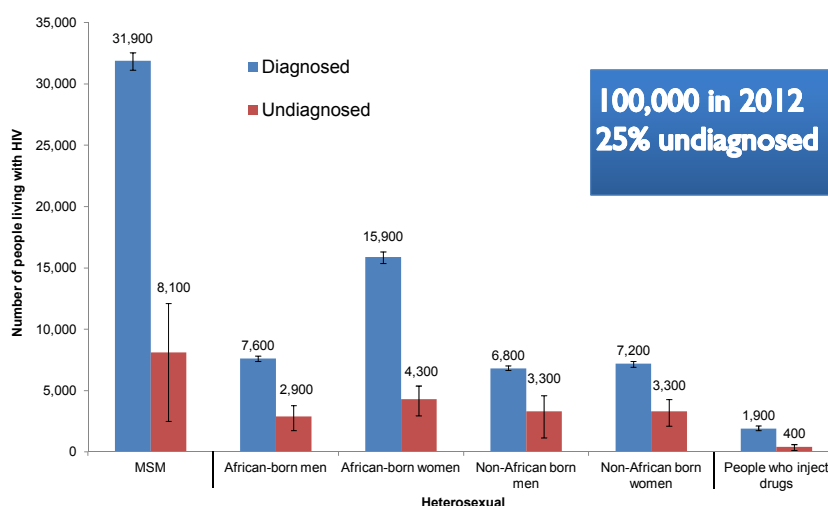
- An estimated 96,000 (90,800-102,500) people were living with HIV.
- 24% (18%-30%) were unaware of their infection.
- The overall prevalence is 1.5 per 1,000 population
- 47 per 1,000 in MSM and 37 per 1,000 in black African community
- HIV prevalence continue to be significantly higher in London than elsewhere in the UK.
- The most deprived areas have the highest prevalence; this health inequality is particularly evident in London.
- Less than 1% of infants born to women diagnosed with HIV prior to delivery acquired perinatal infection in 2010/2011.

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People living with HIV infection in 2011, UK



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Key findings: HIV in the United Kingdom, 2011

PEOPLE DIAGNOSED IN 2011

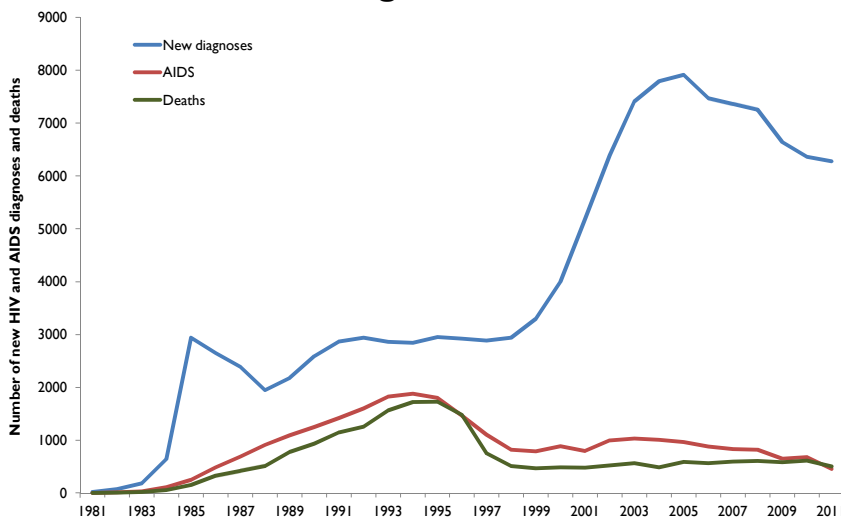
- 6,280 people were newly diagnosed with HIV in the UK.
- All time high in MSM (3010)
- 52% of heterosexuals probably acquired their HIV infection in the UK.
- The proportion of late diagnoses remained high (47%) in spite of a slow but significant decline over the last decade.
- There has been very little commissioning of routine HIV testing in general medical admissions and general practice settings.

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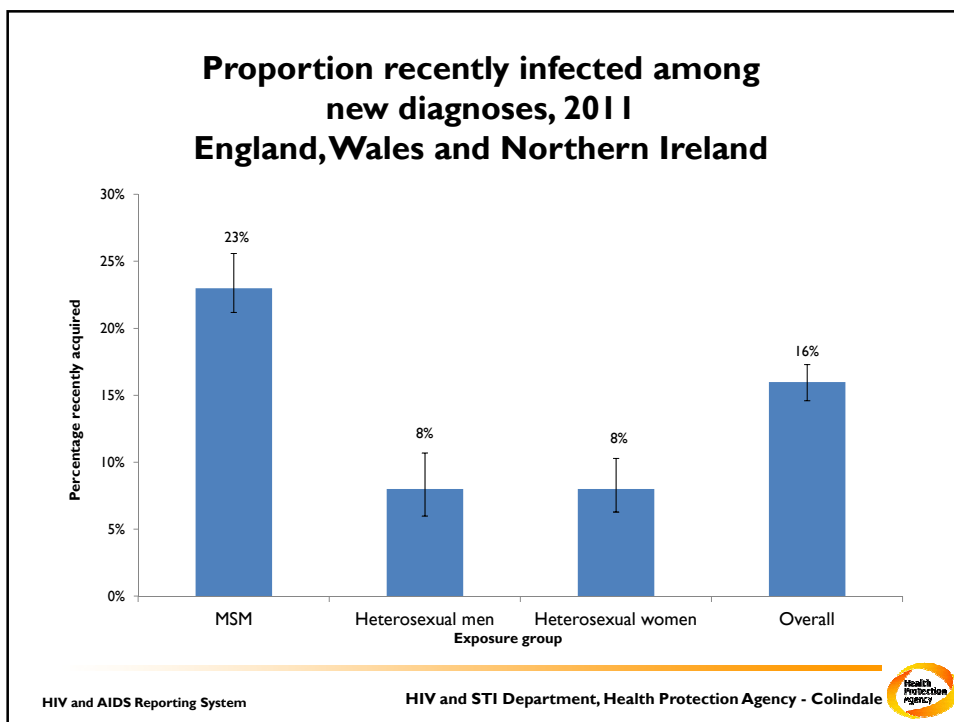
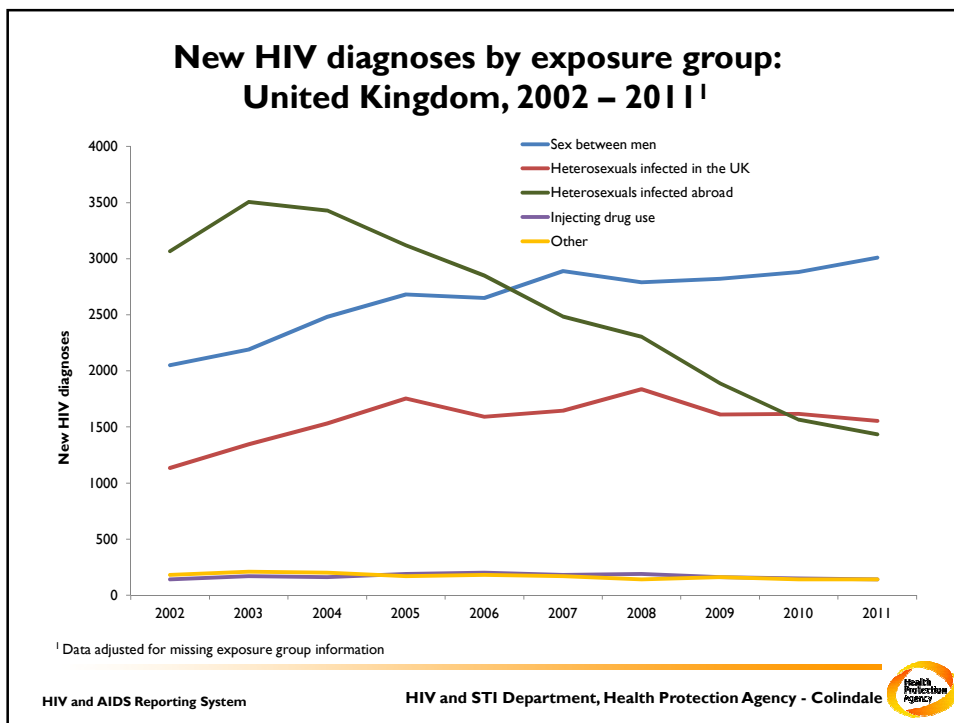
Annual new HIV and AIDS diagnoses and deaths: United Kingdom, 1981-2011



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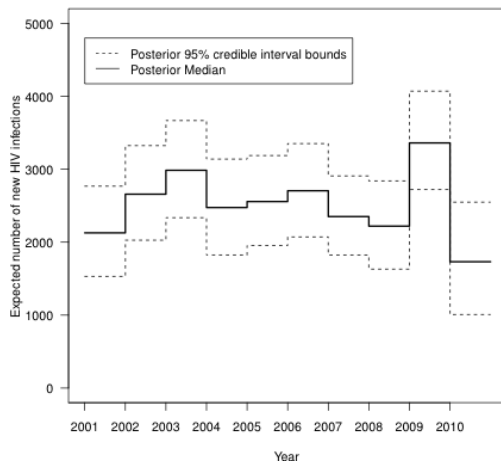
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No evidence of a decline in HIV incidence

Annual HIV incidence in MSM, 2001- 2010, England & Wales



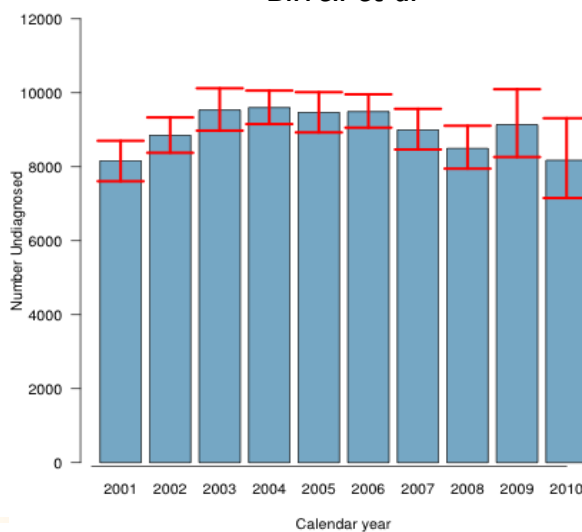
Birrell et al

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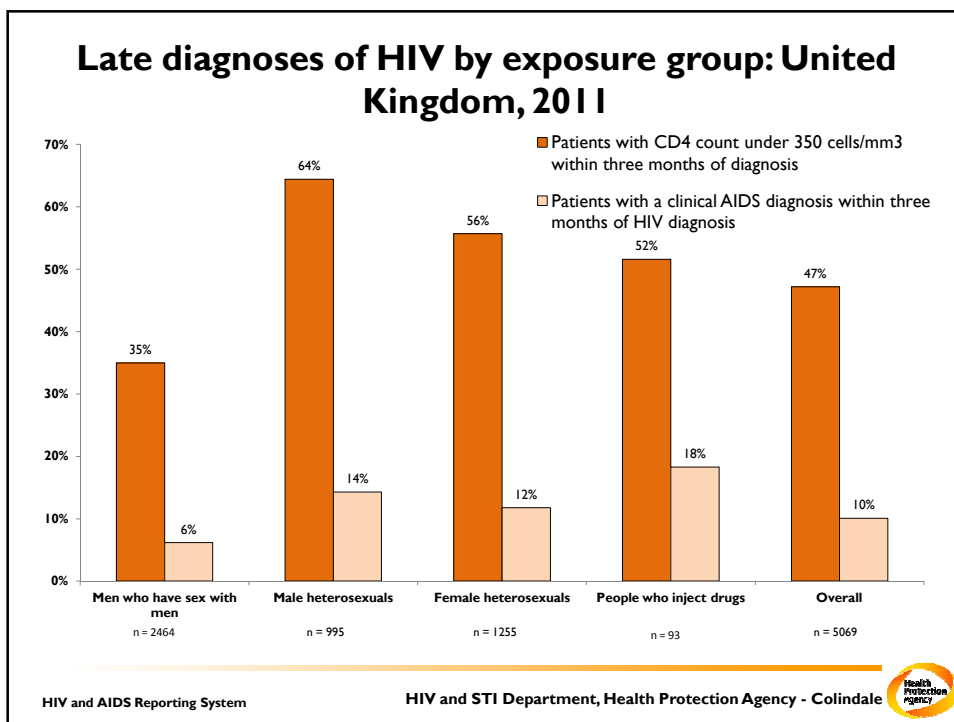
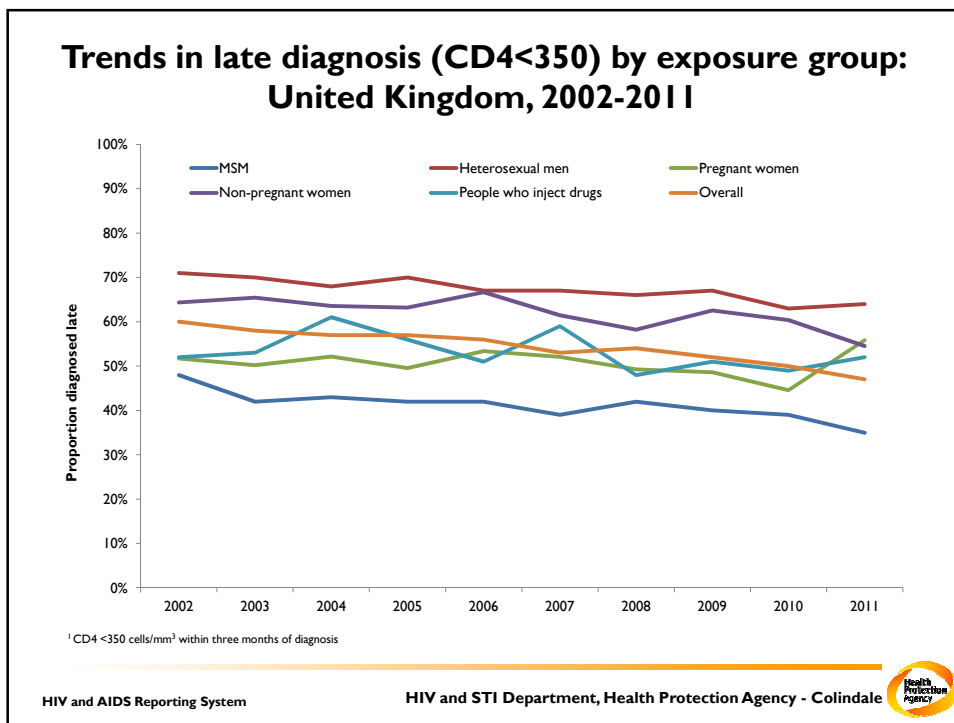
Sustained high level of undiagnosed infections in MSM; *Birrell et al*

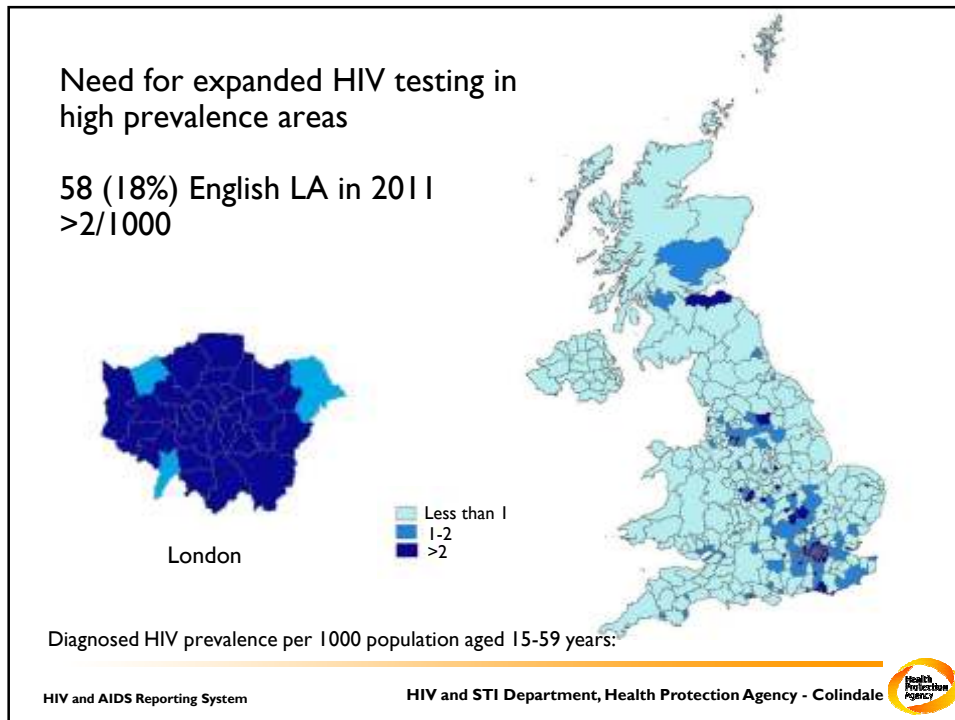


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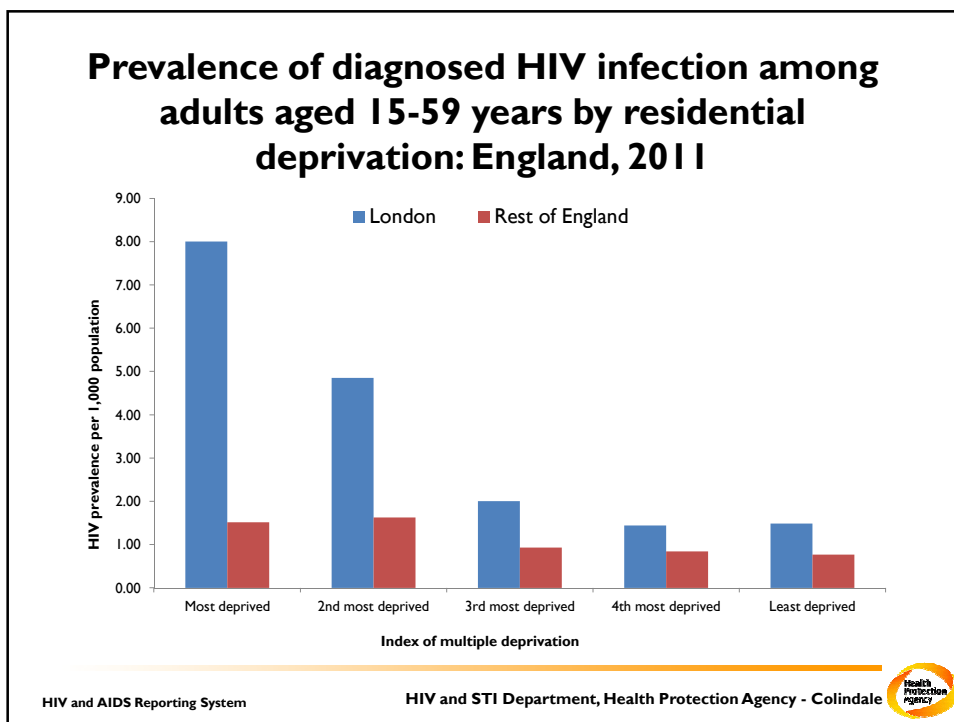
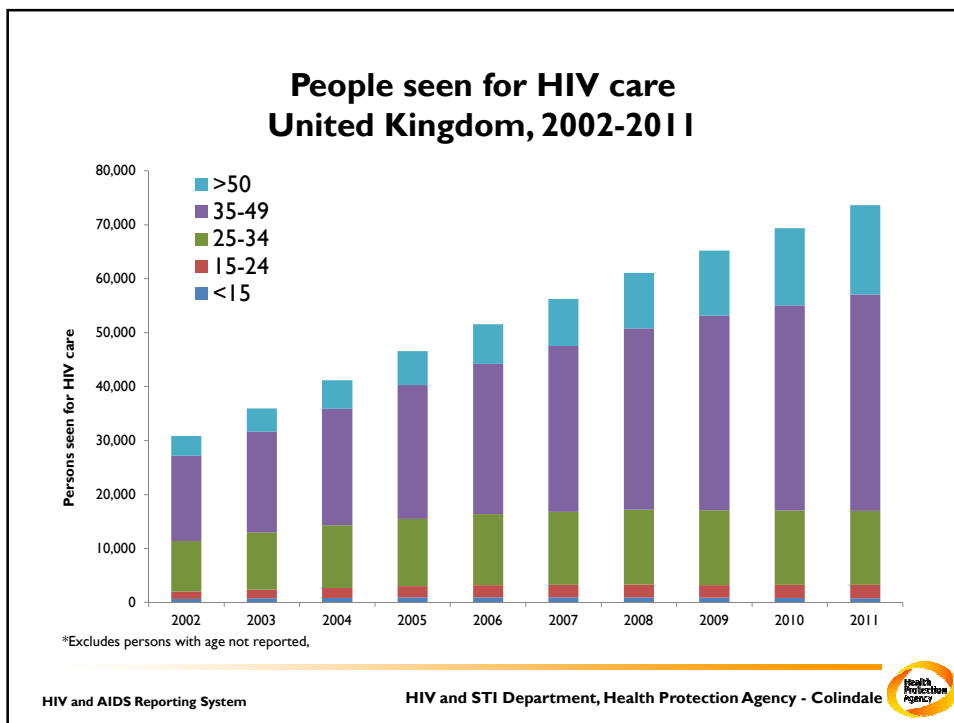


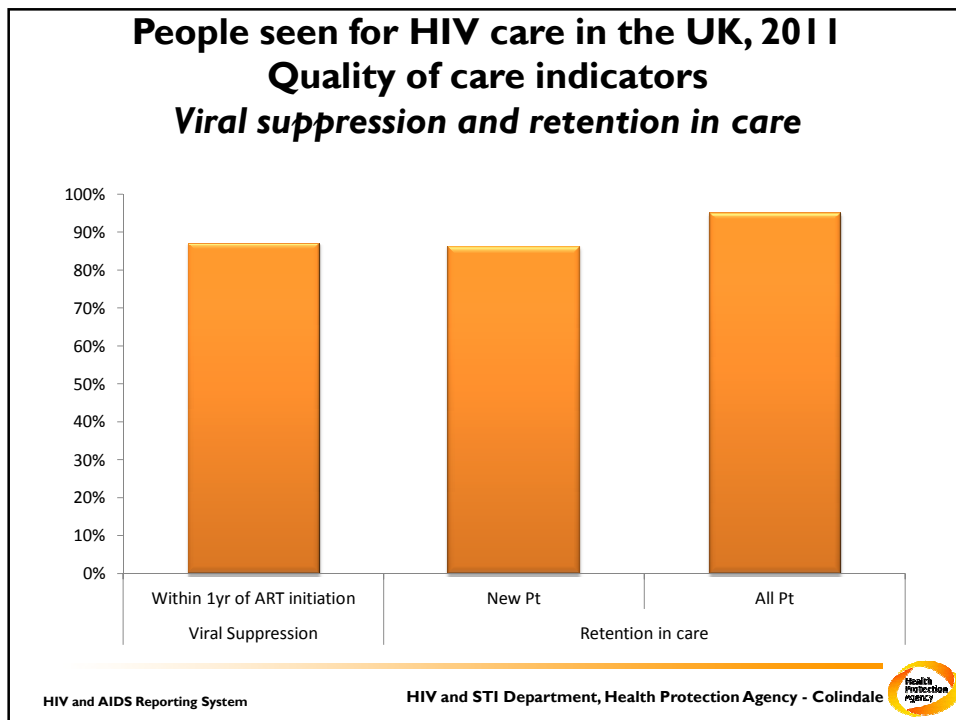
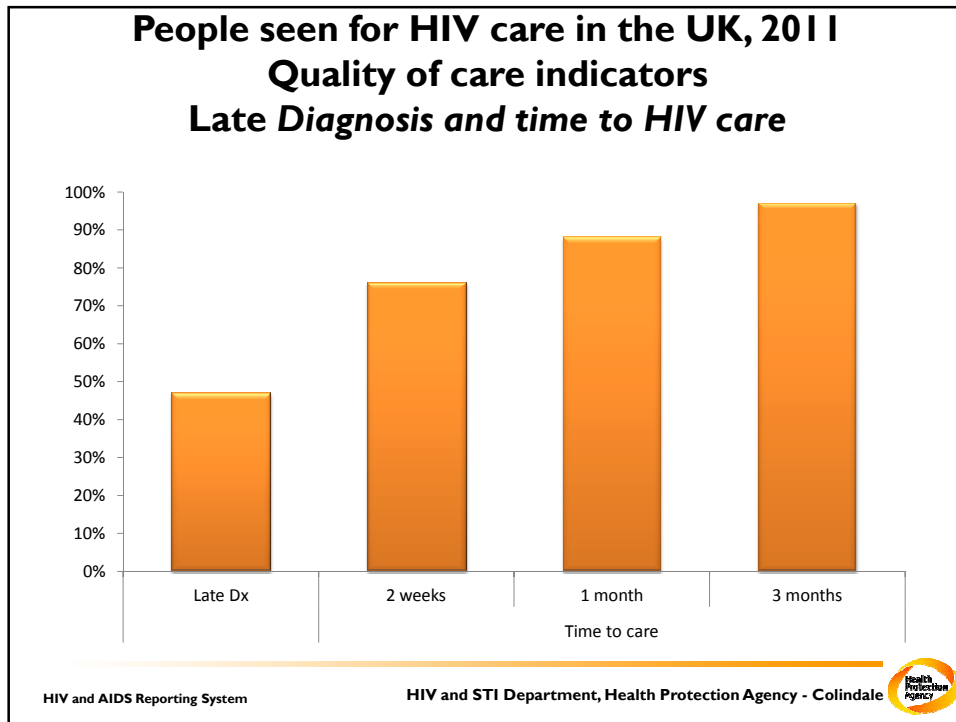


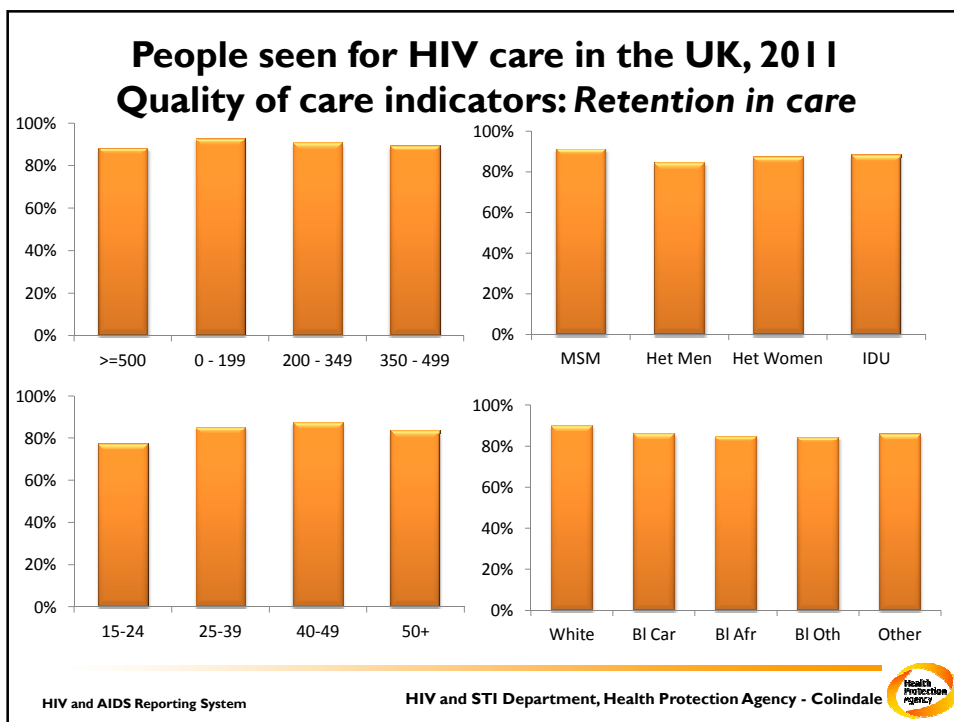
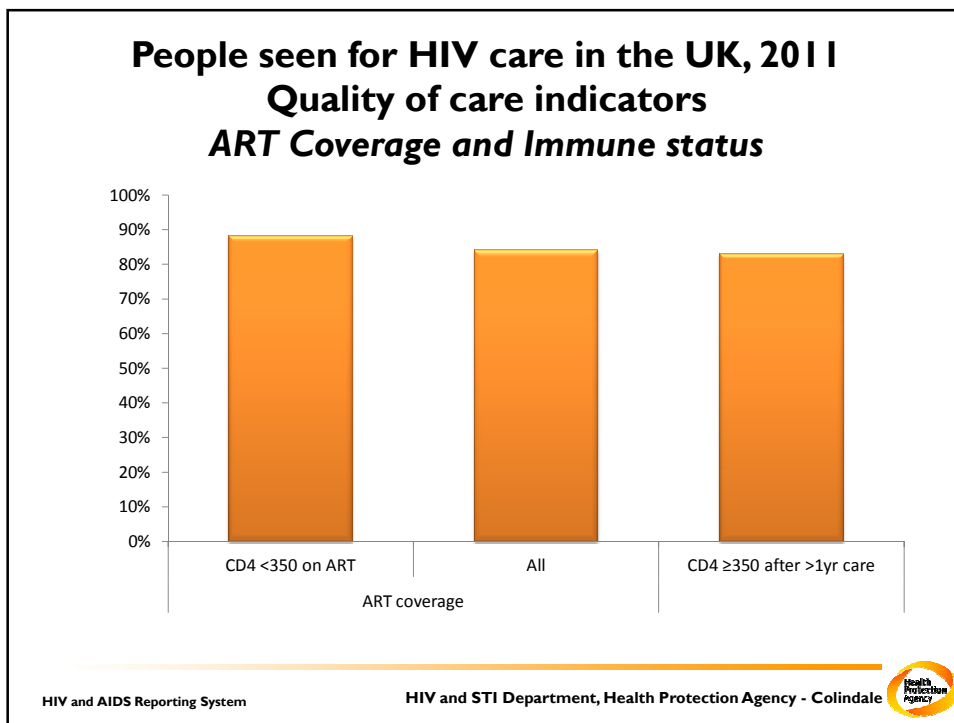
Key findings: HIV in the United Kingdom, 2011

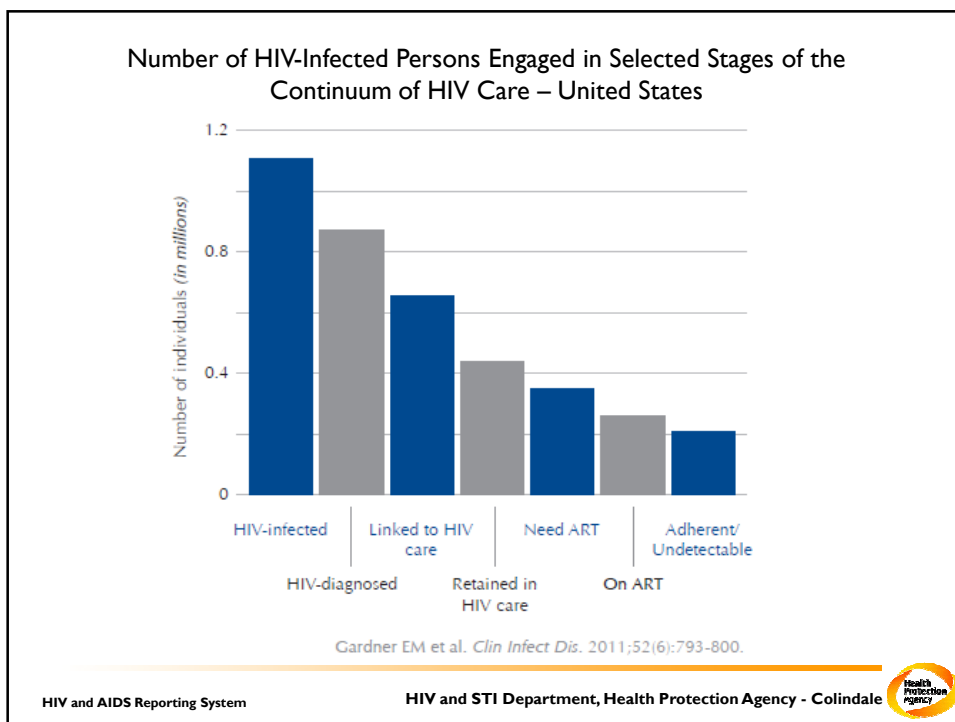
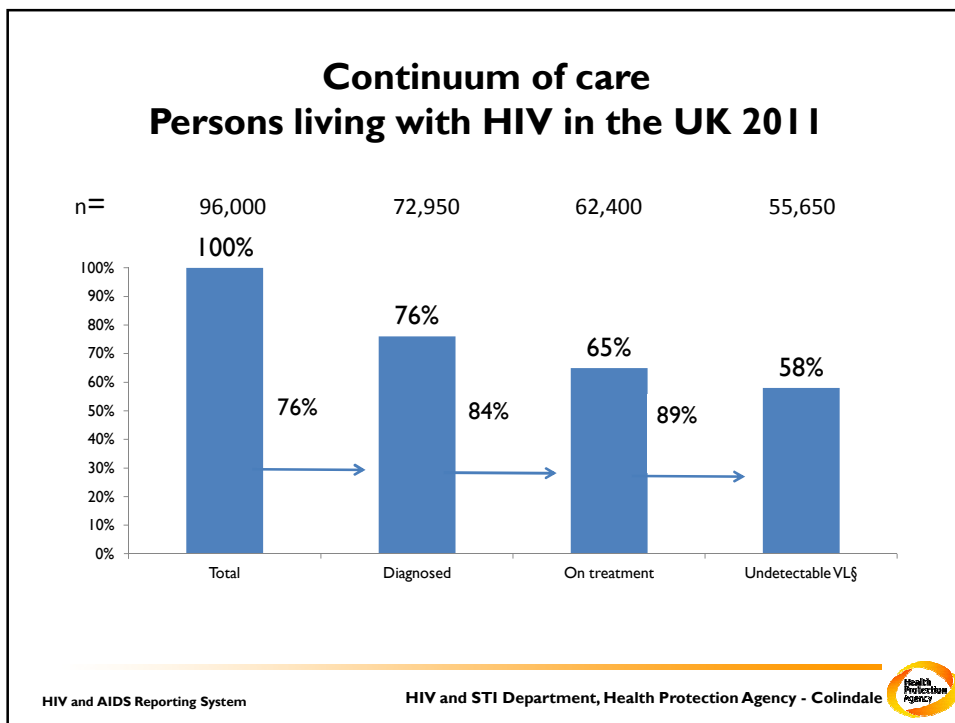
PEOPLE RECEIVING HIV CARE

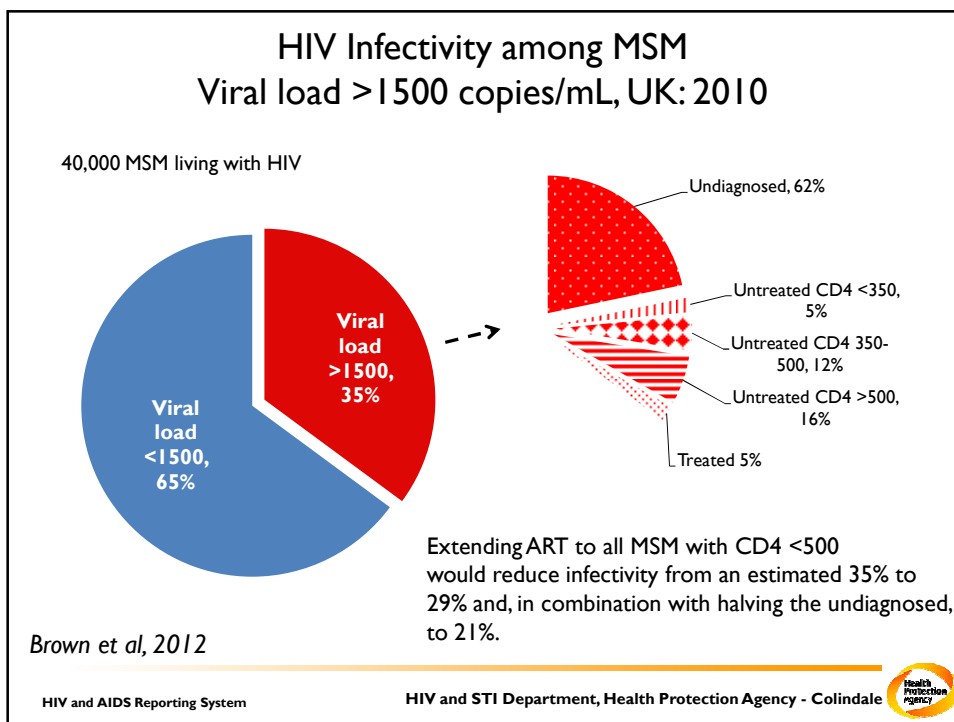
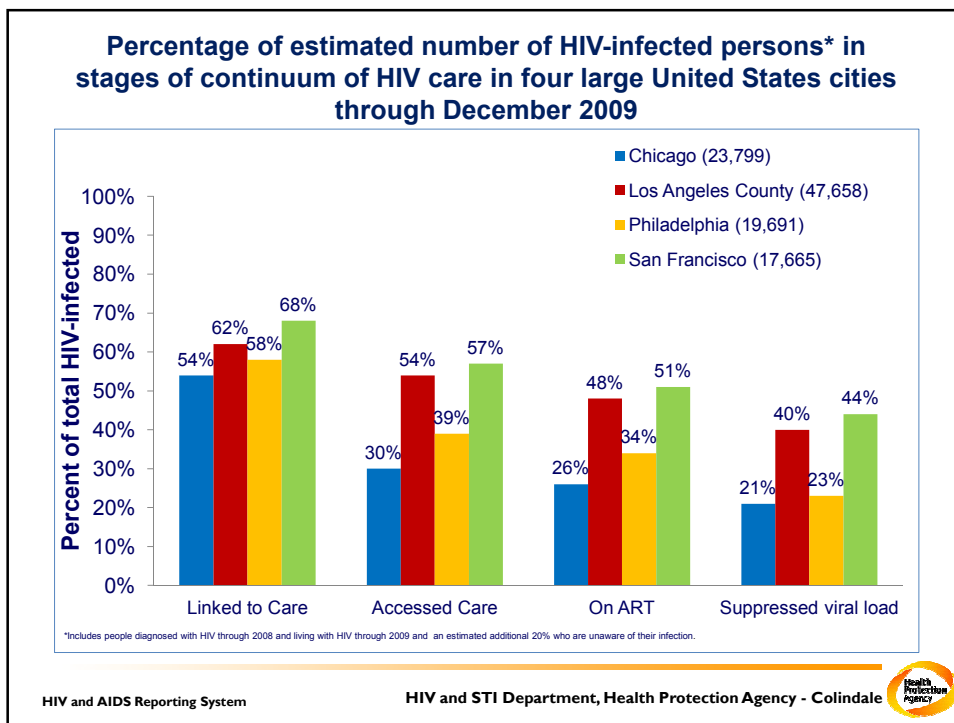
- 73,660 people living with a diagnosed HIV infection received care, representing a 58% increase since 2002.
- Shift in patient demographics and complexity
- Access to HIV medical care and the quality of care available in the UK is excellent.





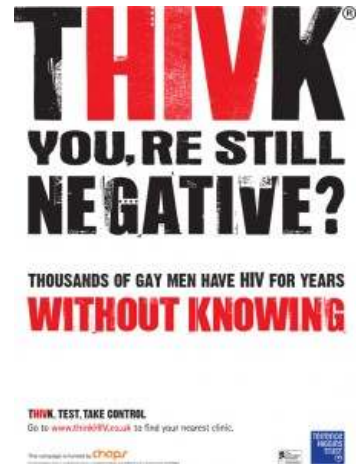






Recommendations

- Safe sex programmes in target populations
- HIV testing
 - ❖ MSM should have an HIV/STI screen at least annually, and every three months if having unprotected sex with new or casual partners.
 - ❖ Black Africans and Caribbeans should have an HIV test and should have regular HIV/STI screening if having unprotected sex with new or casual partners.



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Recommendations

- The Public Health Outcomes Framework includes the late HIV diagnosis indicator. All local authorities and NHS bodies can reduce late HIV diagnoses through using their Joint Strategic Needs Assessment, to prioritise and inform the provision of appropriate HIV testing services.
- LAs and NHS bodies, with a diagnosed HIV prevalence $>2/1000$ population of 15-59 years, should implement routine HIV testing for all general medical admissions as well as new registrants in primary care.
- Clinicians should take every opportunity to offer and recommend HIV testing to those known to be at higher risk of HIV infection. Every effort should be made to reduce health service barriers to HIV testing.

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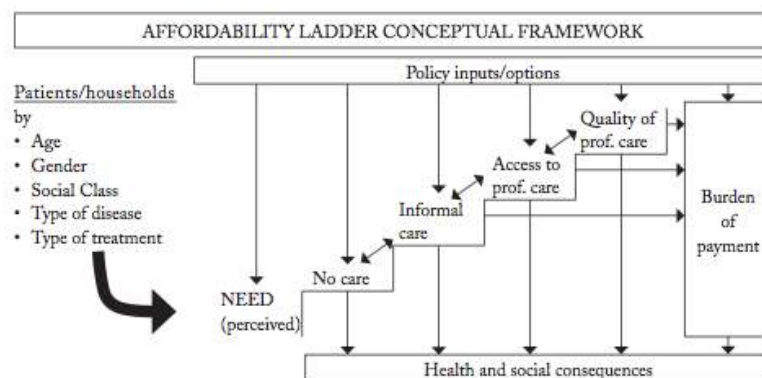


Recommendations

- A universal offer of an HIV test should be given to all patients diagnosed with TB and all people living with HIV should be routinely screened for TB.
- The evidence that ART reduces the risk of onward transmission should be discussed with all people receiving HIV care. ART should be started for those with a CD4 cell count >350 cells/mm³ who wish to reduce the risk of transmission to their sexual partners, in line with the 2012 BHIVA guidelines.
- Monitoring of key clinical indicators should continue in order to ensure the current high quality of HIV medical care is maintained.

WHO Levelling up Tackling social inequities in health

Fig. 3. The ALPS approach to assessing equity and health systems



Source: Dahlgren (2004)

Acknowledgements

We gratefully acknowledge the continuing collaboration of clinicians, microbiologists, immunologists, public health practitioners, occupational health doctors and nurses and other colleagues who contribute to the surveillance of HIV and STIs in the UK.

Also members of the UK Collaborative Group for HIV and STI surveillance (listed in surveillance report)

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Launch Event

Thursday 29 November 2012
Royal College of Physicians, London

