Managing the HIV transmission risks in HIV positive people not on ART

South London Healthcare NHS Trust

Dr K Van Gordon, Dr S Kegg, Dr S Mitchell: Trafalgar Clinic, Queen Elizabeth Hospital

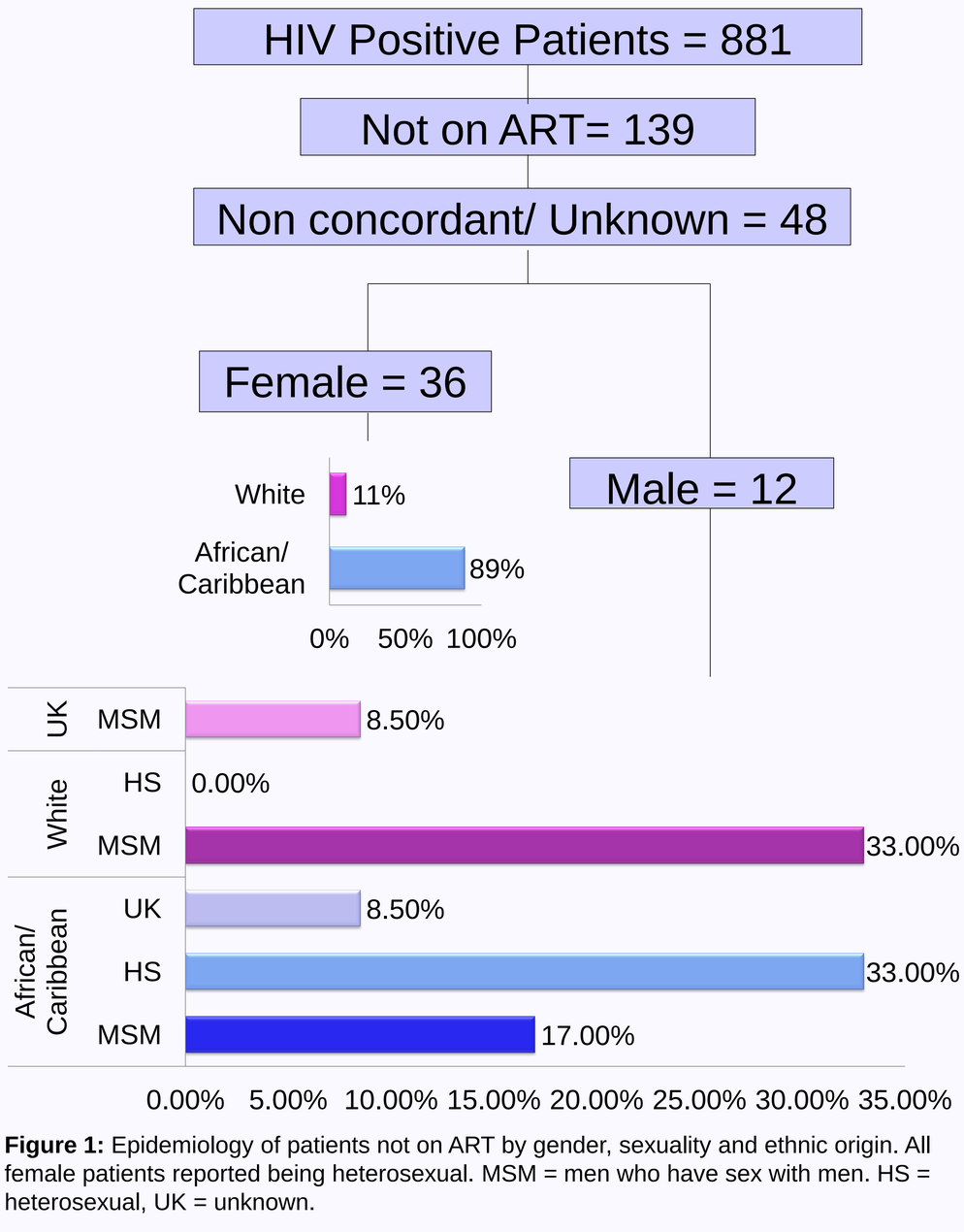

Figure 1: Epidemiology of patients not on ART by gender, sexuality and ethnic origin. All female patients reported being heterosexual. MSM = men who have sex with men. HS = heterosexual, UK = unknown.

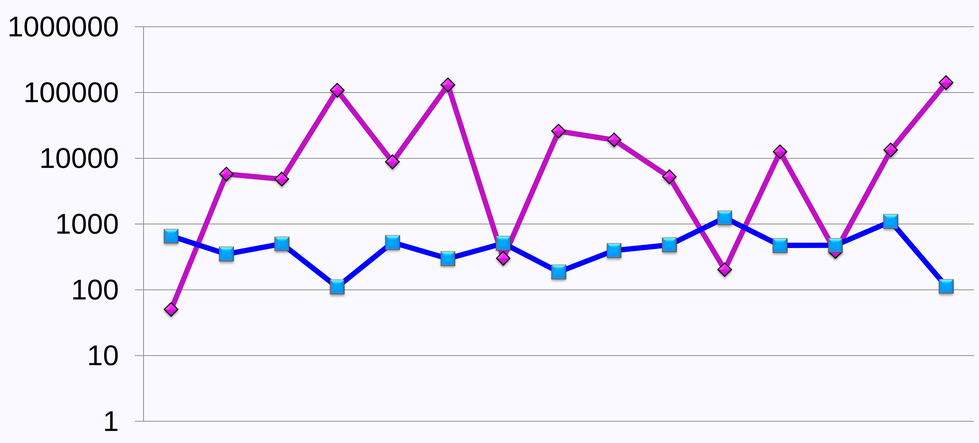

Figure 2: VL and CD4 counts for patients not on ART. There are a number of people not on treatment who would benefit due to low CD4 counts. CD4 = VL =

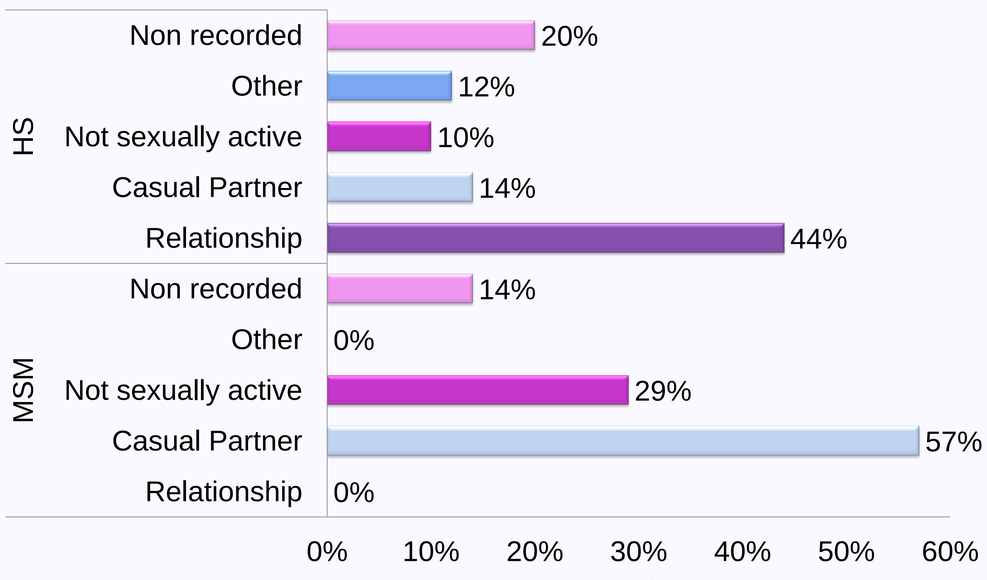

Figure 3: Documented sexual activity recorded within the last two years. There is more accurate documentation regarding MSM. Other category refers to conversations around sexual activity such as fertility but not directly referring to sexual activity.

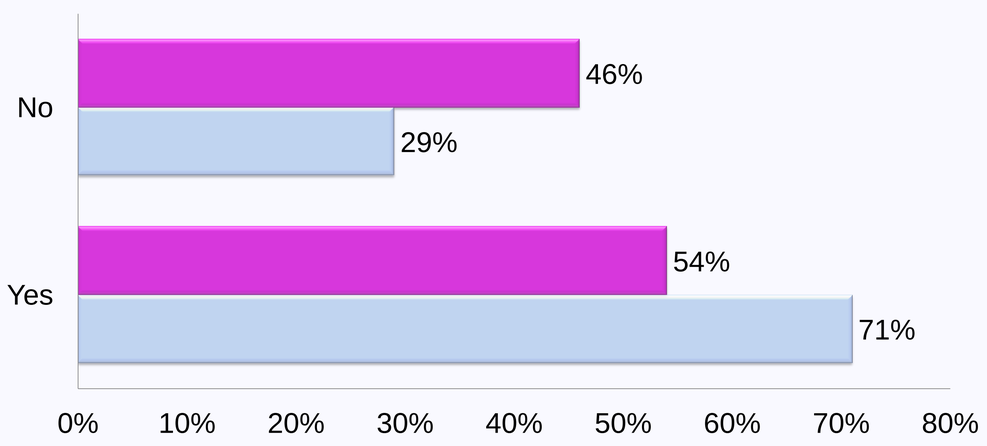

Figure 4: Sexual health assessments in the last two years. MSM = HS =

introduction

HIV transmission risk is known to be decreased by suppressive antiretroviral therapy (ART). Conversely, this risk is increased in the presence of other sexually transmitted infections[1]. Joint guidelines produced in 2008 recommend that all HIV positive patients should receive six monthly sexual health assessments, and an offer of full sexual health screen annually with the outcome clearly documented in the medical notes, including if the screen was declined[2]. This is of greatest importance when an individual may be sexually active with sero-discordant partners. Given the increased risks of HIV transmission we sought to determine whether we are adequately assessing and managing these risks in our cohort in accordance with guidelines.

methods

Individuals accessing HIV care in our service were identified from the 2012 Survey of Prevalent HIV Infections Diagnosed (SOPHID). We were then able to identify which individuals were known to be in sero-concordant relations. The notes of the remaining patients were reviewed for documented sexual health assessment within the last two years.

results

•881 individuals access our service for their HIV care, of which 139 (15.7%) are not on antiretroviral treatment.
•48/139 (34.5%) of these patients are not known to be in concordant relationships.
•39/48 (81%) are African/Caribbean, 7 (15%) are MSM and 36 (75%) are female.
•Median CD4 count of these individuals is 482 (range 25-1245)
•Median VL 13296 (range 43-1041941)
•6/7 (86%) of MSM and 33/41 (80%) of heterosexual people had a documented sexual health history in the last two years.
• Of the MSM (n=7), 29% reported no sexual activity, and 57% reported casual partners. 71% had been screened for STIs in the previous 12 months.
•Of the heterosexual individuals (n=41), 44% reported being in a relationship, 10% reported no sexual activity and 14% reported casual partners. 54% had been screened for STIs in the previous year.
•Across all patients a documented discussion around transmission risks within the last two years was noted in 75%. A single case of HIV transmission occurred(female to male).

conclusion

Despite knowledge that HIV transmission risk is increased in those not on ART, we may be missing key opportunities to optimise sexual health and minimise transmission risks in this patient group[1,2]. The MSM population are better assessed with 86% having a documented sexual health assessment, and 71% being screened in the last 12 months, however there is room for improvement. In a small number of patients i.e. those with large viral loads and history of high risk behaviour, discussion around earlier initiation of ART may be appropriate in order to reduce risk of transmission[3].

references

Benn P et al, UK guideline for the use of post-exposure prophylaxis for HIV following sexual exposure, 695-708, **22**, International Journal of STD and AIDS, 2011.
Fakoya A et al, British HIV Association, BASHH and FSRH guidelines for the management of the sexual and reproductive health of people living with HIV infection 2008, 681-720, **9**, HIV Medicine, 2008.
Williams I et al, British HIV Association guidelines for the treatment of HIV-1-positive adults with antiretroviral therapy 2012, 1-85, **13**, HIV Medicine, 2012