Mind the Gap: new diagnoses of HIV in a London clinic, 2016-2018

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BACKGROUND
Since 2016, there has been a steep fall in the number of new HIV diagnoses in London, particularly in gay, bisexual and other men who have sex with men (MSM). However, this reduction has not been evenly distributed across London, and the demography of newly diagnosed individuals has changed. We wished to examine new diagnoses at our clinic, which sees >40,000 patients per annum.

METHODS
The electronic patient record was interrogated to derive all patients newly diagnosed with HIV in our clinic between 1/4/16 - 31/12/2018 (look back period: 33 months). Demographics including age, country of birth, and sexuality were reviewed for all, plus previous HIV testing history, HIV incidence test result and CD4 count at diagnosis. Missed opportunities for earlier diagnosis were also reviewed.

RESULTS
There were 91 new diagnoses of HIV over the look back period. The rate of new diagnoses remained stable, with a median of eight per quarter (range: 3-18/quarter). The HIV testing rate in the clinic remained stable at c.5500 tests per quarter throughout the study period.

MSM patients (n=80)

80/91 (88%) of new diagnoses were in MSM.

Just under a third (24/80 (30%)) were UK-born MSM. 21/80 (26%) were EU-born MSM, of whom 8/21 (38%) were from Poland. Of under 25s, 10/17 (59%) were British (of whom 40% were Black), and overall 10/17 (59%) were BME.

64/80 (80%) of diagnoses of HIV in MSM were made in the GUM clinic. 6/80 (8%) were diagnosed on home tests, 3/80 (4%) were diagnosed at their GP, 2/80 (3%) were diagnosed in ED, 2/80 (3%) were diagnosed as in-patients, and the remaining patients were diagnosed in other settings including by NAZ project and as part of an HIV vaccine trial.

The majority of MSM (73/80 (91%)) had previously tested for HIV. 4/7 (57%) of the MSM patients who had never tested before were <25 years old. The median time since the last test was 10 months (range 1-280 months) and 44/73 (60%) had tested within the previous year (see Figure 1). Of the 67/80 (84%) MSM that had an HIV incidence test, the estimated duration of infection was <4 months for 29/67 (43%) and >4 months for 38/67 (57%).

The median CD4 count at diagnosis in MSM was 454 cells/μL (range: 24-1430 cells/μL). 23/80 (29%) had a CD4 <350 cells/μL.

Missed opportunities for earlier diagnosis
59/91 (65%) of all the newly diagnosed patients had either an HIV incidence test indicating an estimated duration of infection of longer than 4 months or had no incidence test result. 38/59 (64%) of these patients were diagnosed on their first contact with our service. 2/59 (3%) of these had an identified missed opportunity for testing within our Trust. No missed opportunities were identified outside of local secondary care.

CONCLUSION
HIV diagnoses in our London clinic, whilst small in absolute terms, have remained stable over the last 33 months. The majority of these diagnoses were in MSM, notably in non-UK born MSM, chimering with trends seen across London.* Our data also identified Poland as a common country of origin for newly diagnosed MSM. There appears to be a cohort of younger MSM being newly diagnosed, of whom a disproportionate number are from BME backgrounds, including Black British. The majority of MSM had previously tested for HIV and nearly half were diagnosed within 4 months of infection. Thus, this is a population accessing testing, but non-UK, and non-white younger UK-born MSM do not seem to be benefitting from the combination prevention effect observed elsewhere. This may be to do with health literacy, problems navigating the NHS, or equitable access to PrEP and other prevention methods. We must endeavour to ensure all MSM have access to combination prevention methods to reduce diagnoses in the populations served by our clinic.