In 2017, there were 101,600 (95% credible interval (CrI): 99,300-106,400) people living with HIV in the UK, of whom 38,600 (95% CrI: 37,900-39,800) (38%) were resident in London.1

London continues to account for the largest proportion of new HIV diagnoses in the UK (39% in 2017), particularly among men who have sex with men, and has the highest HIV prevalence (5.7 per 1,000 residents aged 15-59 in 2017).2

The number of deaths (from any cause) among people with HIV in the region have remained relatively stable over the past decade, at about 200 per year.3

Since 2013, the London HIV Mortality Review Group, made up of HIV and palliative care clinicians, pathologists, and public health professionals, has conducted annual reviews of deaths among HIV patients to reduce preventable death and improve patient care.

Here we present findings of the 2018 audit of deaths.

All 19 London trusts provided death data, reporting 174 deaths in 2017; 75% (128) of deaths were among men and median age of death was 52 years (IQR: 44-64).

Reported risks factors in the year prior to death included: tobacco smoking (29%); 40/136, excessive alcohol consumption (19%; 27/144) and injecting (10%; 14/145) and non-injecting (14%; 20/142) drug use (Figure 1).

Several co-morbidities were reported: cancer (40%; 55/139), cardiovascular disease (CVD); (38%; 54/141), mental illness (37%; 49/134), liver disease (31%; 40/131), respiratory conditions (27%; 33/123), diabetes mellitus (25%; 35/132), renal disease (21%; 26/125) and other conditions (43%; 47/109) (Figure 2).

Overall, 95% (165/173) of patients were on ART, with a median time of 10 years (IQR: 7-14) on treatment before death. At the time of death, 84% (124/147) of people were on ART, 63% (90/142) had a CD4 count of <350 cells/mm3 and 26% (41/157) a viral load of ≤200 copies/ml.

Reasons for the 23 patients not being on ART at death included: patient choice (30%), being lost to follow-up (26%), non-adherence (17%), in palliative care (13%), too unwell (9%) and to reduce pill burden (4%).

Overall, 18% (32) of deaths were HIV-related and potentially preventable

• Cause of death an AIDS-defining illness
• Died within a year of diagnosis, diagnosed late or with AIDS at diagnosis
• Missed opportunities for earlier diagnosis
• Never on ART, not adherent or lost to follow-up
• Twenty percent (35) of deaths were not HIV-related but potentially preventable

Substance misuse including alcohol, drugs and tobacco

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