

14th Annual Conference of the
National HIV Nurses Association (NHIVNA)



National HIV Nurses Association

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14-15 June 2012, Manchester Conference Centre



HIV&AIDS



HIV 2012 :
Trends and Developments

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HIV&AIDS



Aims of Presentation

- Introduction
- HIV – a global perspective
- The national picture

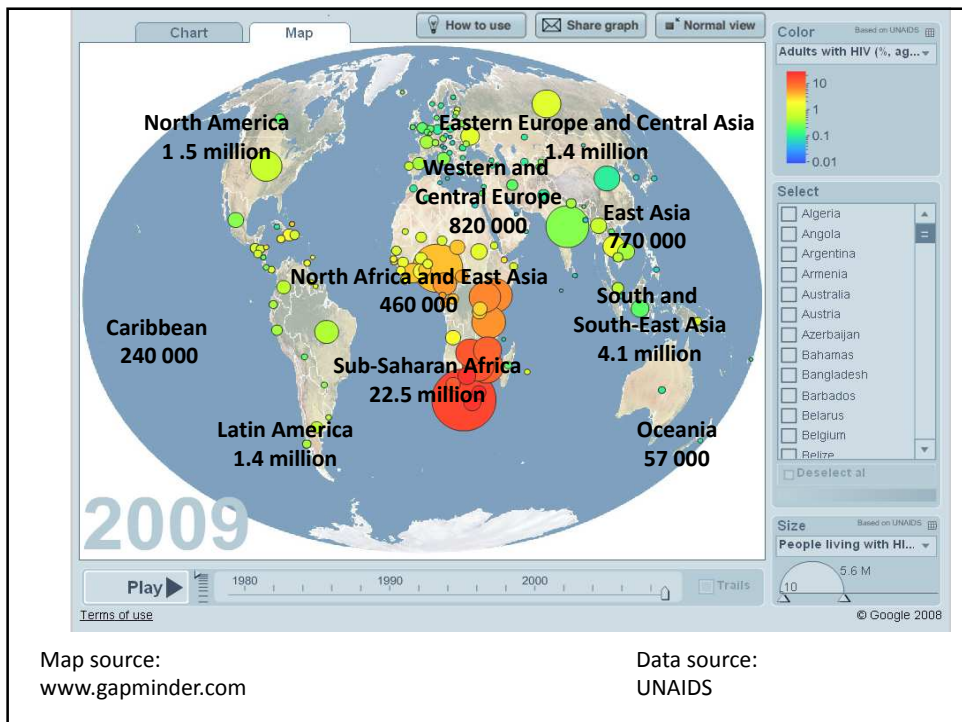
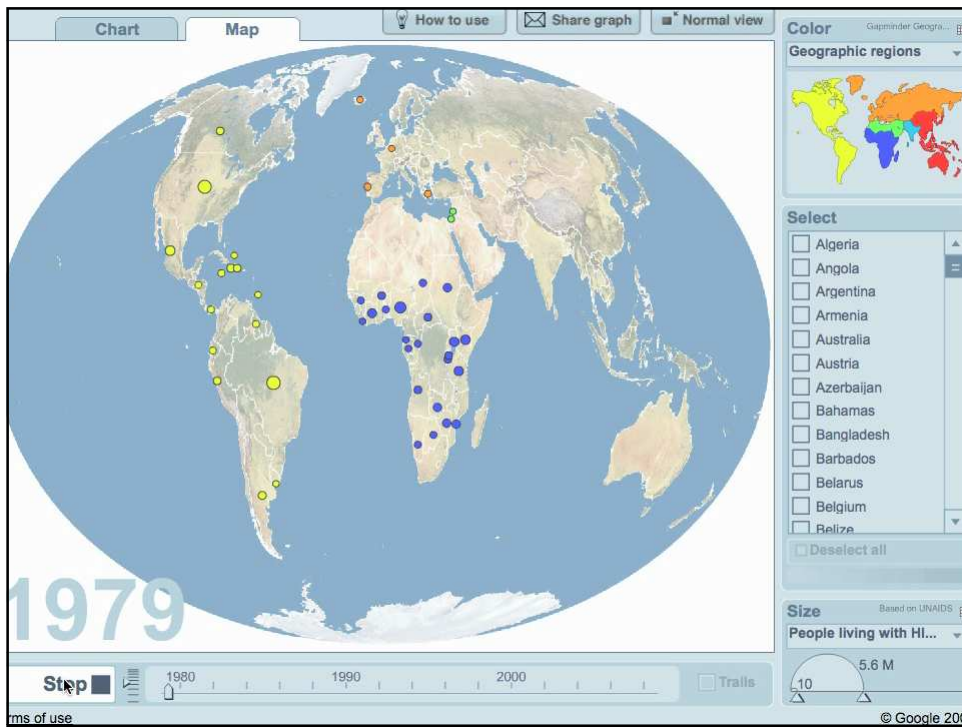
Global perspectives

Changes over time



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS





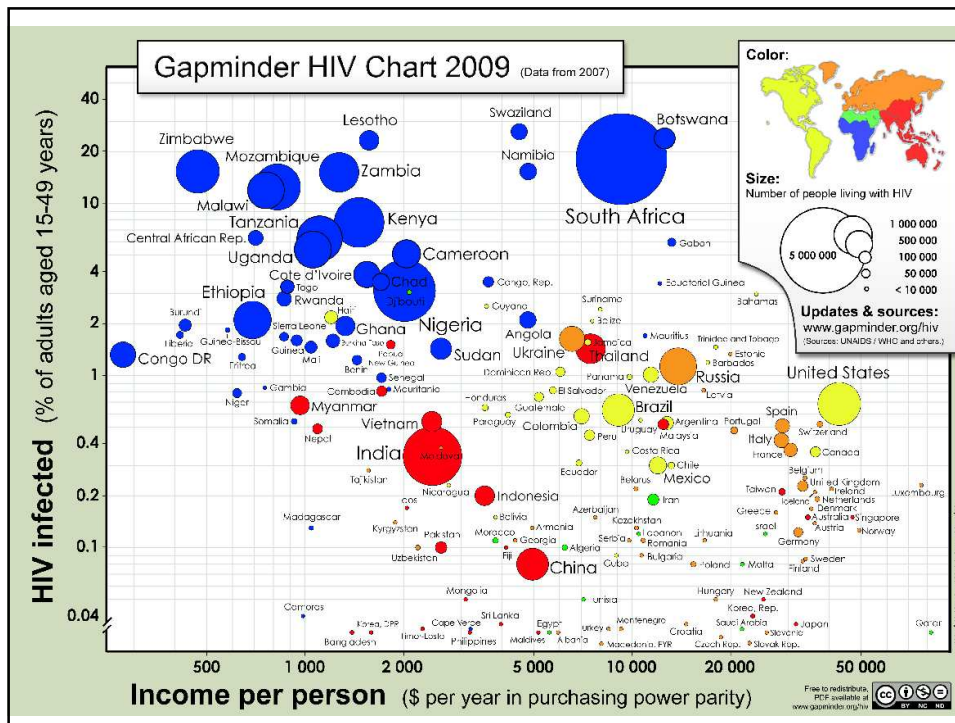
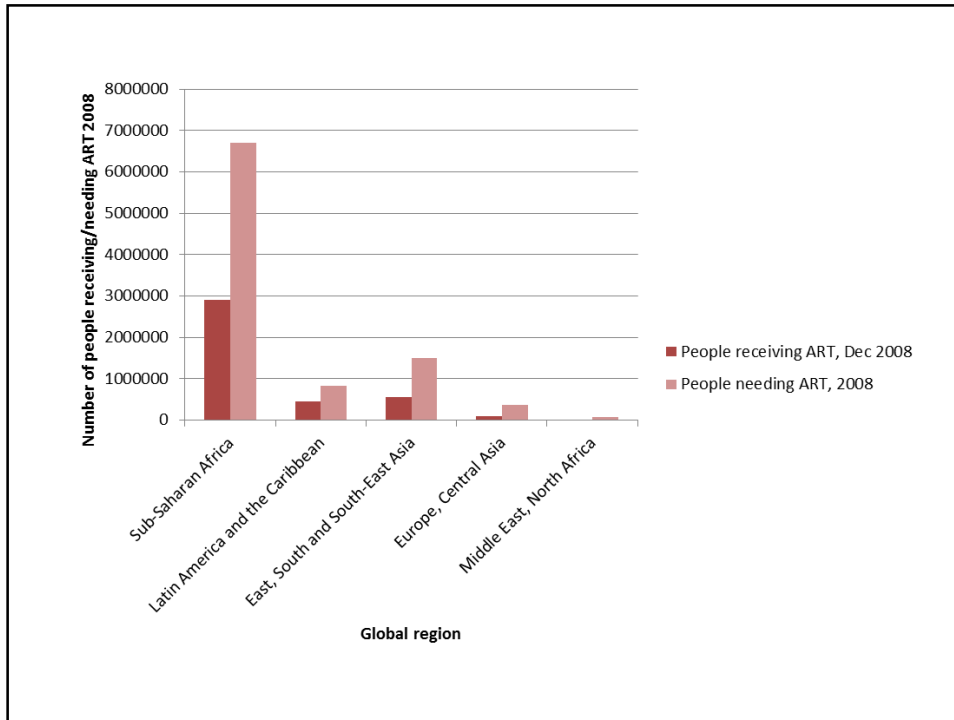


Table 1.1 Key indicators for the HIV epidemic, 2002-2010

	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number of people living with HIV (in millions)	29.5 [27.7-31.7]	30.2 [28.4-32.1]	30.7 [28.8-32.5]	31.0 [29.2-32.7]	31.4 [29.6-33.0]	31.8 [29.9-33.3]	32.3 [30.4-33.8]	32.9 [31.0-34.4]	34.0 [31.6-35.2]
Number of people newly infected with HIV (in millions)	3.1 [3.0-3.3]	3.0 [2.8-3.1]	2.9 [2.7-3.0]	2.8 [2.6-3.0]	2.8 [2.6-2.9]	2.7 [2.5-2.9]	2.7 [2.5-2.9]	2.7 [2.5-2.9]	2.7 [2.4-2.9]
Number of people dying from AIDS-related causes (in millions)	2.0 [1.8-2.3]	2.1 [1.9-2.4]	2.2 [2.0-2.5]	2.2 [2.1-2.5]	2.2 [2.1-2.4]	2.1 [2.0-2.3]	2.0 [1.9-2.2]	1.9 [1.7-2.1]	1.8 [1.6-1.9]
% of pregnant women tested for HIV ^a				8%	13%	15%	21%	26%	35%
Number of facilities providing antiretroviral therapy ^a						7 700	12 400	18 600	22 400
Number of people receiving antiretroviral therapy ^a	300 000	400 000	700 000	1 330 000	2 034 000	2 970 000	4 053 000	5 255 000	6 650 000
Number of children receiving antiretroviral therapy ^a				71 500	125 700	196 700	275 400	354 600	456 000
Coverage of antiretroviral medicines for preventing mother-to-child transmission (%) ^a			9% ^b	14% ^b	23% ^b	33% ^b	43% ^b	48% ^b	48% ^c

a In low- and middle-income countries.
 b The coverage data includes provision of single-dose nevirapine which is no longer recommended by WHO.
 c This data does not include single-dose nevirapine regimen which is no longer recommended by WHO. It should not be compared with the previous years. When including single-dose nevirapine, the coverage in 2010 is 59%.



Ten Targets: UNAIDS Outcome Framework, 2011 - 2015

- (1) Reduce sexual transmission of HIV by 50%
- (2) Reduce transmission of HIV amongst IDUs by 50%
- (3) Eliminate new HIV infections among children and substantially reduce AIDS-related maternal deaths
- (4) Reach 15 million receiving ART
- (5) Reduce TB related deaths in those living with HIV by 50%
- (6) Close the global AIDS resource gap and reach US\$ 22-24 billion investment in low and middle income countries
- (7) Eliminate gender inequalities and empower women and girls to protect themselves from HIV transmission
- (8) Promote laws and policies that eliminate HIV-related stigma and discrimination
- (9) Eliminate HIV related restrictions on entry, stay and residency
- (10) Integrate and strengthen the global response to the AIDS pandemic and eliminate parallel systems.



Figure 1: Annual new HIV and AIDS diagnoses and deaths: United Kingdom, 1981-2010

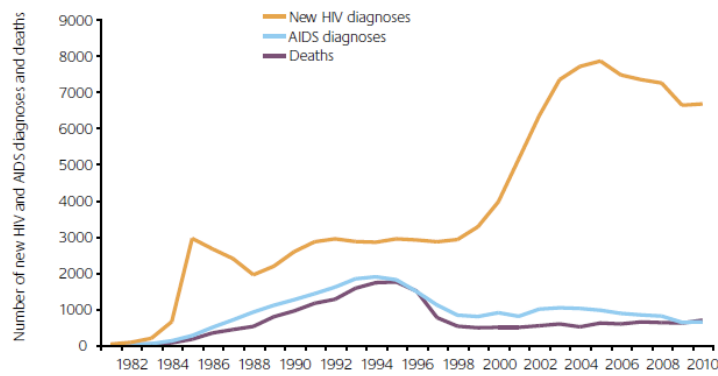
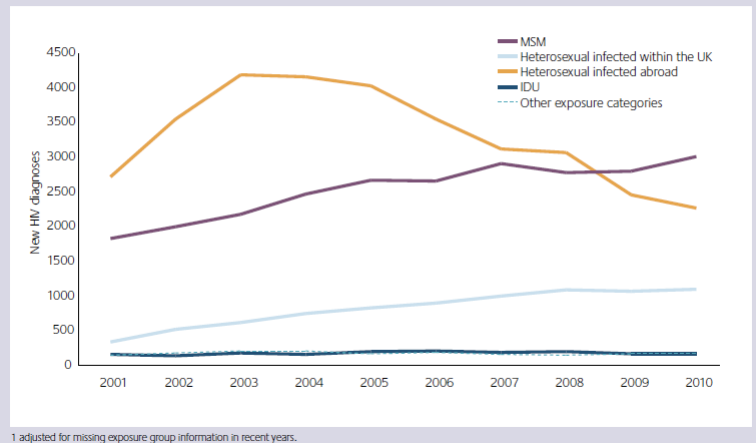


Figure 4: New HIV diagnoses by exposure group: United Kingdom 2001-2010¹



Some current issues/looking to the future

- Late diagnosis
- Undiagnosed infection
- Testing
- Economic considerations/changes in the structure of the NHS

Figure 6: Late diagnosis of HIV infection by exposure group: United Kingdom, 2010

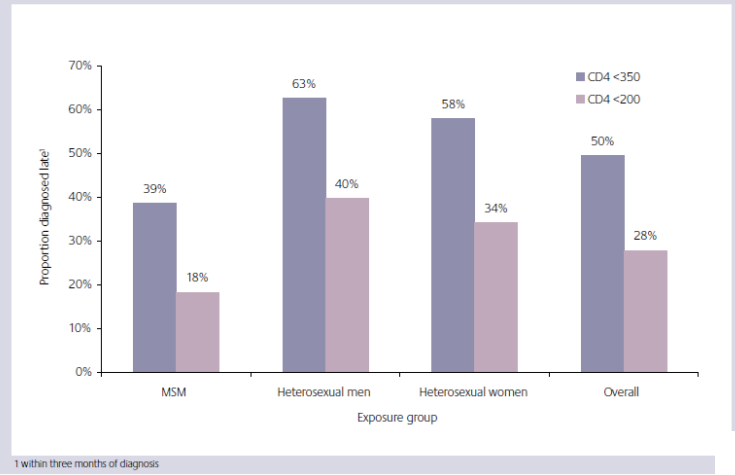


Figure 7: Trends in late diagnosis (CD4<350 cells/mm³)¹ by exposure group: United Kingdom, 2001-2010



BMJ

BMJ 2011;343:d6016 doi: 10.1136/bmj.d6016 Page 1 of 11

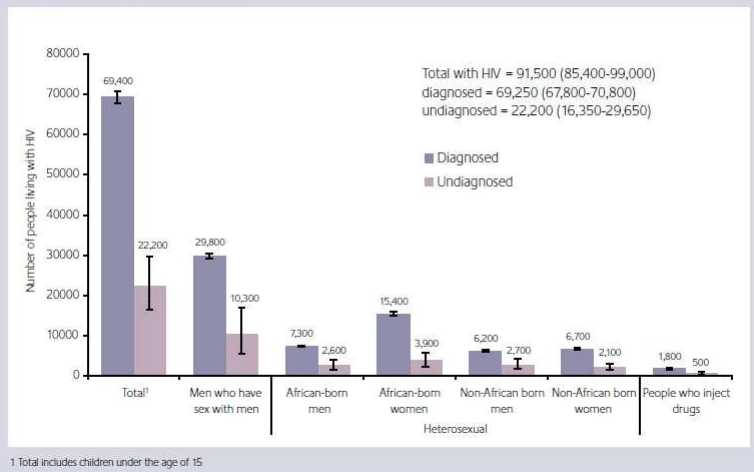
RESEARCH

Impact of late diagnosis and treatment on life expectancy in people with HIV-1: UK Collaborative HIV Cohort (UK CHIC) Study

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Margaret May senior research fellow¹, Mark Gompels consultant physician, director², Valerie Delpuch consultant epidemiologist, head of HIV and AIDS reporting section³, Kholoud Porter senior epidemiologist⁴ honorary reader⁵, Frank Post clinical senior lecturer in HIV medicine⁶, Margaret Johnson professor and consultant physician of general medicine, HIV/AIDS, and thoracic medicine⁷, David Dunn biostatistician⁸, Adrian Palfreeman consultant in genitourinary medicine⁹, Richard Gilson consultant physician and senior clinical lecturer⁹, Brian Gazzard professor of medicine and director of HIV clinical research¹⁰, Teresa Hill research fellow⁵, John Walsh consultant in HIV and sexual health¹¹, Martin Fisher consultant physician in HIV and genitourinary medicine¹², Chloe Orkin consultant HIV physician¹³, Jonathan Ainsworth consultant HIV physician¹⁴, Loveleen Bansal research statistician⁵, Andrew Phillips professor of epidemiology⁵, Clifford Leen honorary professor of medicine, consultant physician in infectious diseases¹⁵, Mark Nelson consultant physician¹⁰ senior lecturer¹⁶, Jane Anderson consultant physician, director of the centre for the study of sexual health and HIV¹⁷, Caroline Sabin professor of medical statistics and epidemiology⁵

Figure 2: Estimated number of people living with HIV (both diagnosed and undiagnosed) in the United Kingdom: 2010



UK National Guidelines for HIV Testing 2008

4 Recommendations for testing

4.2 Who should be offered a test?

B. An HIV test should be considered in the following settings where diagnosed HIV prevalence in the local population (PCT/LA) exceeds 2 in 1000 population (see local PCT data¹);

1. all men and women registering in general practice
2. all general medical admissions.

The introduction of universal HIV testing in these settings should be thoroughly evaluated for acceptability and feasibility and the resultant data made available to better inform the ongoing implementation of this guideline.



Time to test for HIV: Expanding HIV testing in healthcare and community services in England

Final report, 2011



MacPherson *et al.* *BMC Public Health* 2011, **11**:419
<http://www.biomedcentral.com/1471-2458/11/419>

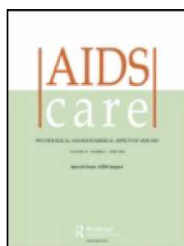


RESEARCH ARTICLE

Open Access

Feasibility and acceptability of point of care HIV testing in community outreach and GUM drop-in services in the North West of England: A programmatic evaluation

Peter MacPherson^{1,2*}, Anu Chawla³, Kathy Jones⁴, Emer Coffey⁵, Vida Spaine¹, Ian Harrison⁵, Pauline Jelliman⁶, Penelope Phillips-Howard⁷, Caryl Beynon⁷ and Miriam Taegtmeier¹



AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV

Publication details, including instructions for authors and subscription information:
<http://www.tandfonline.com/loi/caic20>

Access to HIV community services by vulnerable populations: evidence from an enhanced HIV/AIDS surveillance system

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Available online: 31 Jan 2011

Economic considerations

“Investing in prevention should be a priority because of its potential for cost savings. We estimate that each infection prevented would save between £280,000 and £360,000 lifetime treatment costs. If the 3,640 UK-acquired HIV diagnoses made in 2010 had been prevented, between £1 and £1.3 billion lifetime treatment and clinical care costs would have been saved.”

HPA, HIV in the United Kingdom: 2011 Report



The future?



Thank you

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Jane Harris
Penny A Cook
Jim McVeigh

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