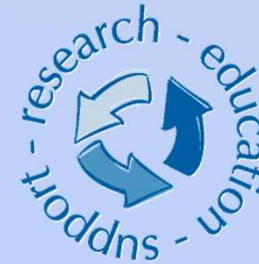


15th Annual Conference of the
National HIV Nurses Association (NHIVNA)



National HIV Nurses Association

Dr Alison Brown

Public Health England

27-28 June 2013- The International Convention Centre, Birmingham



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The UK HIV Epidemic: where are we now?

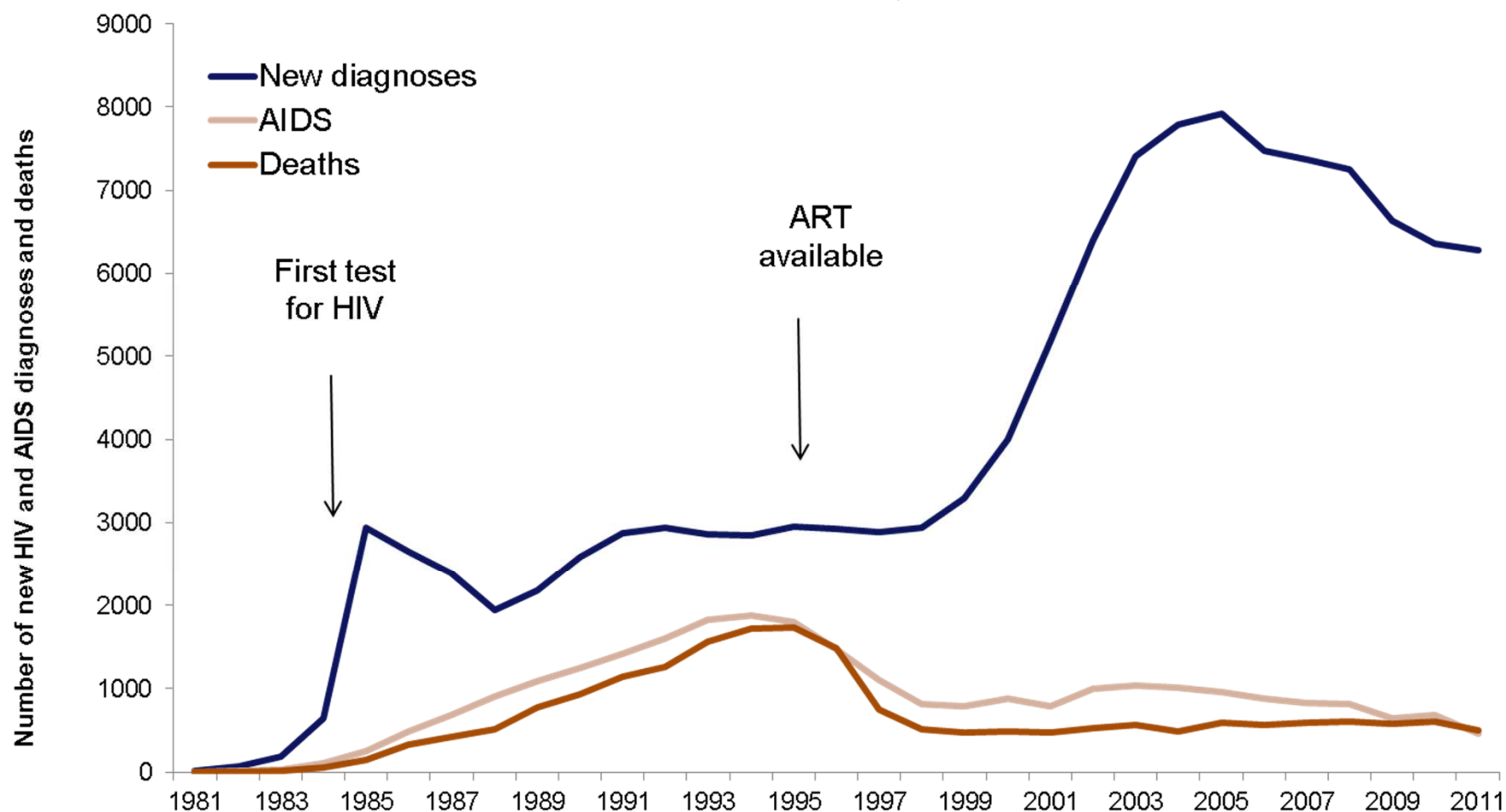
Dr Alison Brown

Centre for Infectious Disease Surveillance and Control



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Annual HIV and AIDS diagnoses and deaths: UK, 1981-2011





HIV prevalence: UK, 2011

- Concentrated epidemic
- 96,000 living with HIV
- 25% unaware of infection

People living with HIV /1,000 population	
All	1.5
MSM	47
Black African	37

- Highest number reported → This is good and bad news

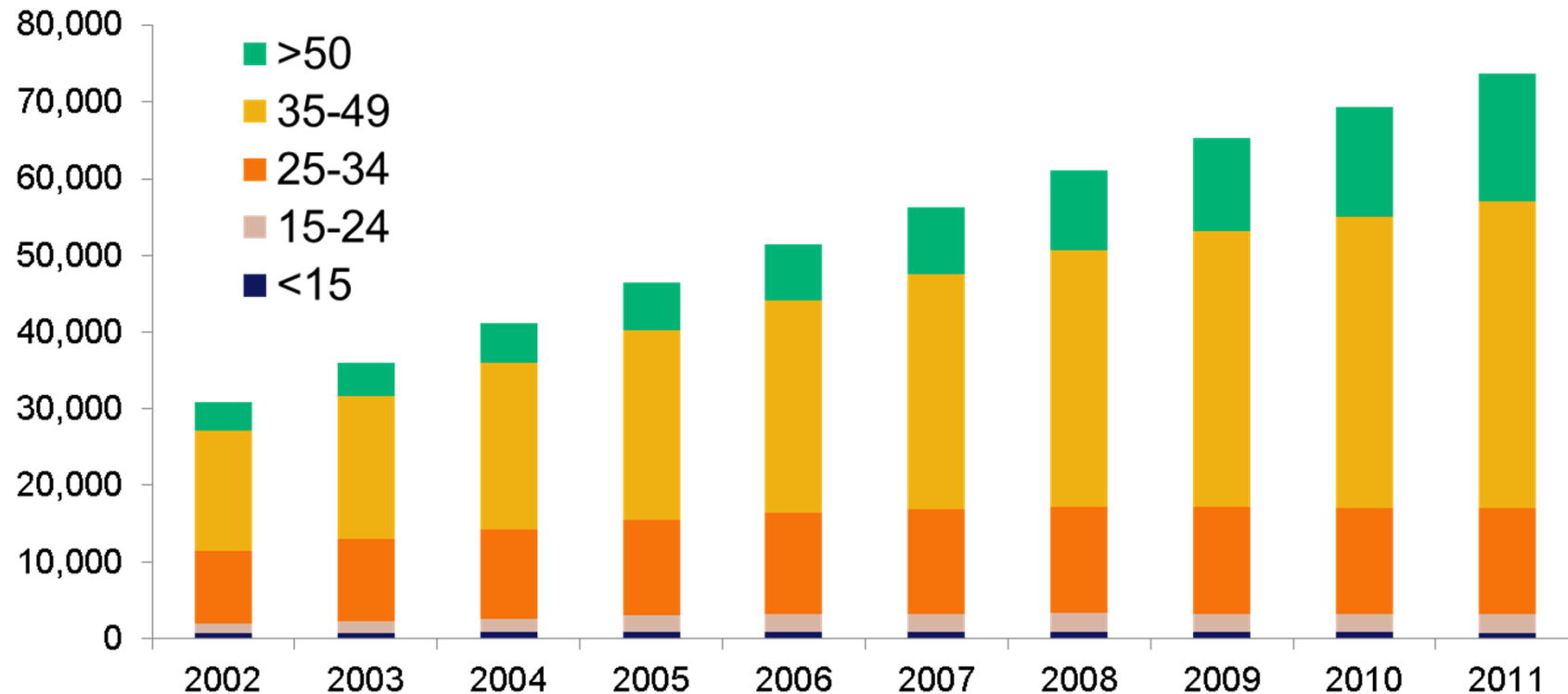
Good news:

**PEOPLE LIVING LONGER WITH
HIV**



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Number living with diagnosed HIV infection by age group, UK, 2002-11



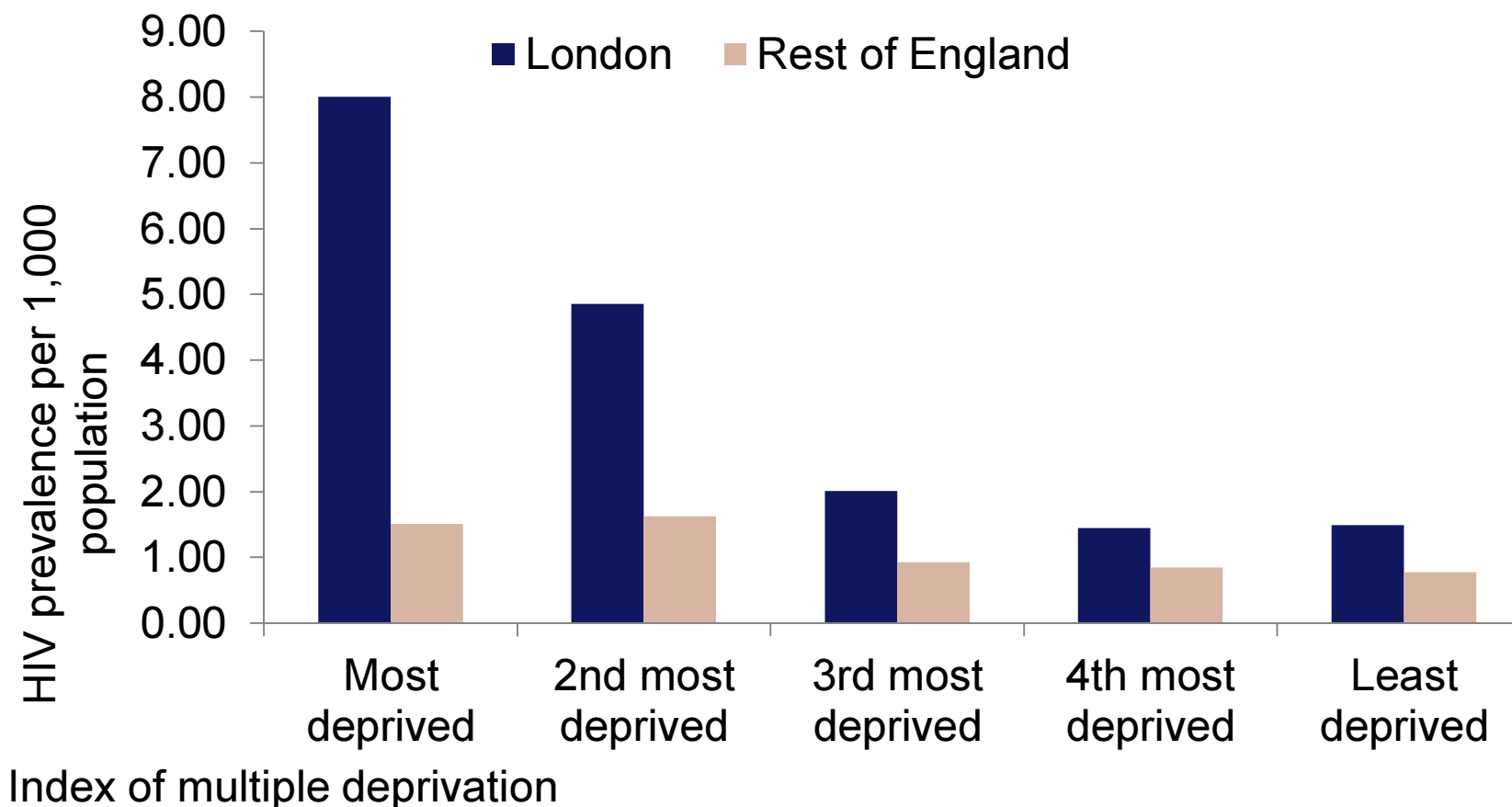
People promptly diagnosed with HIV infection can expect a near normal life expectancy *Nakagawa AIDS. 2012 26:335-43.*

Good news:

**PROVISION OF HIV CARE IN THE
UK IS EXCELLENT**



Adults with diagnosed HIV by residential deprivation: England, 2011



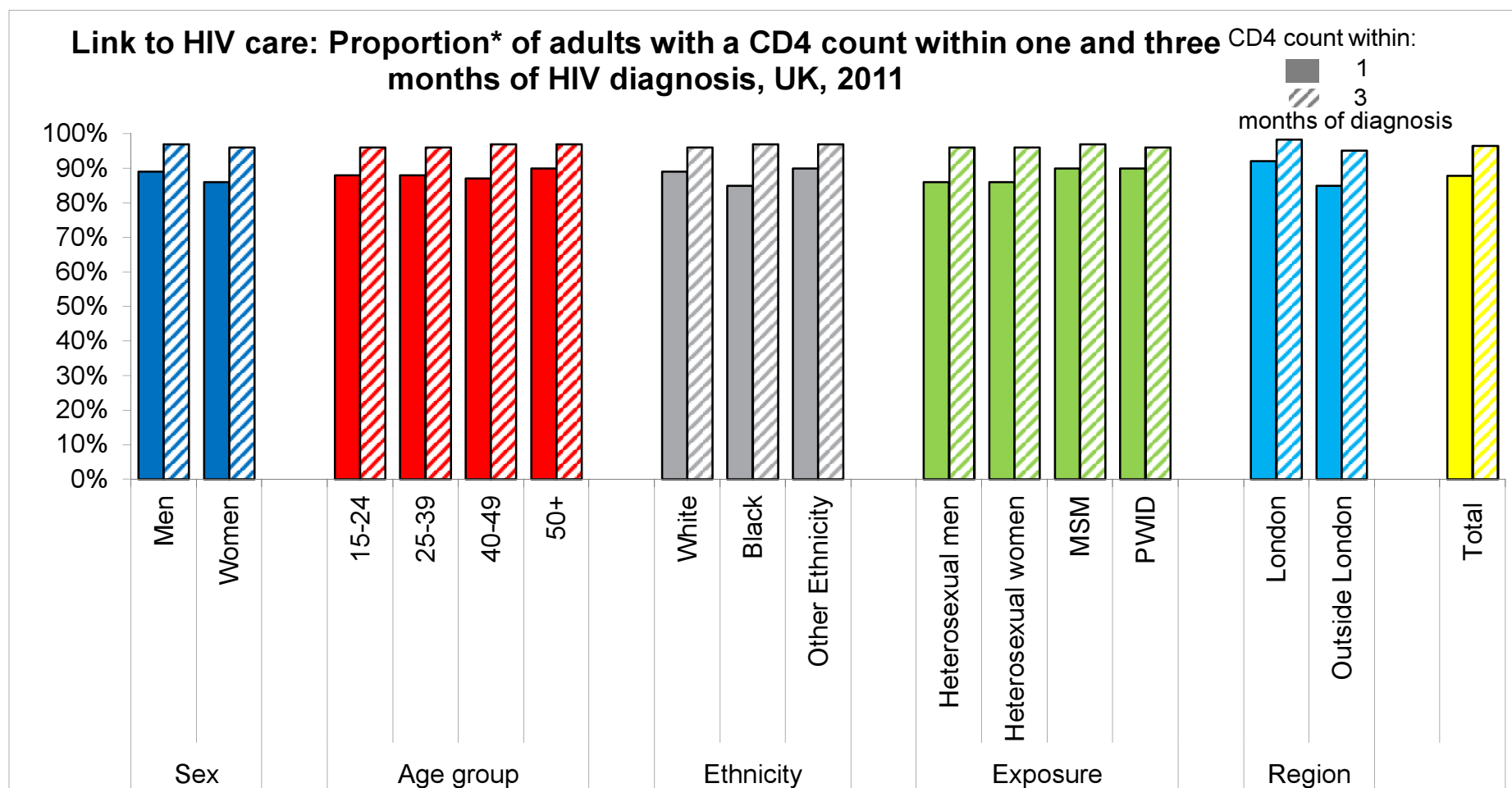


Quality of care indicators for HIV patients: UK, 2011

Indicators	Aim	Result
Link to care	CD4 cell count taken within three months of diagnosis	96%
Retention in care - all patients	Adults seen for HIV care in 2010 and also seen in 2011	96%
Viral load outcome	Viral load <50 copies/ml within 12 months of starting ART	87%
ART coverage	CD4 cell count <350 cells/mm ³ prescribed ART	88%
CD4 outcome	CD4 cell count ≥350 cells/mm ³ after at least 12 months in HIV care	83%

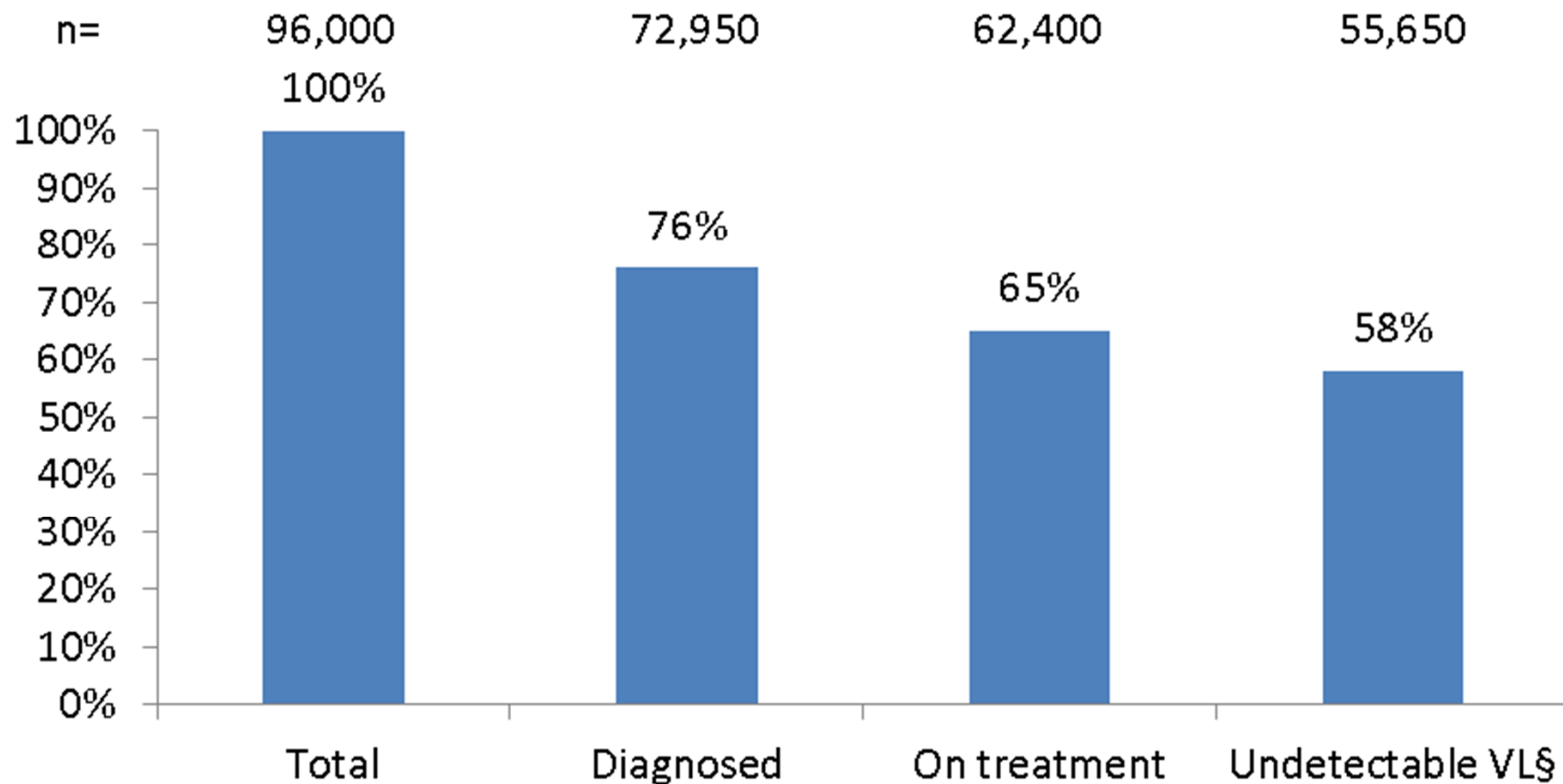


Quality of care indicators: no difference between population groups





The UK Treatment Cascade



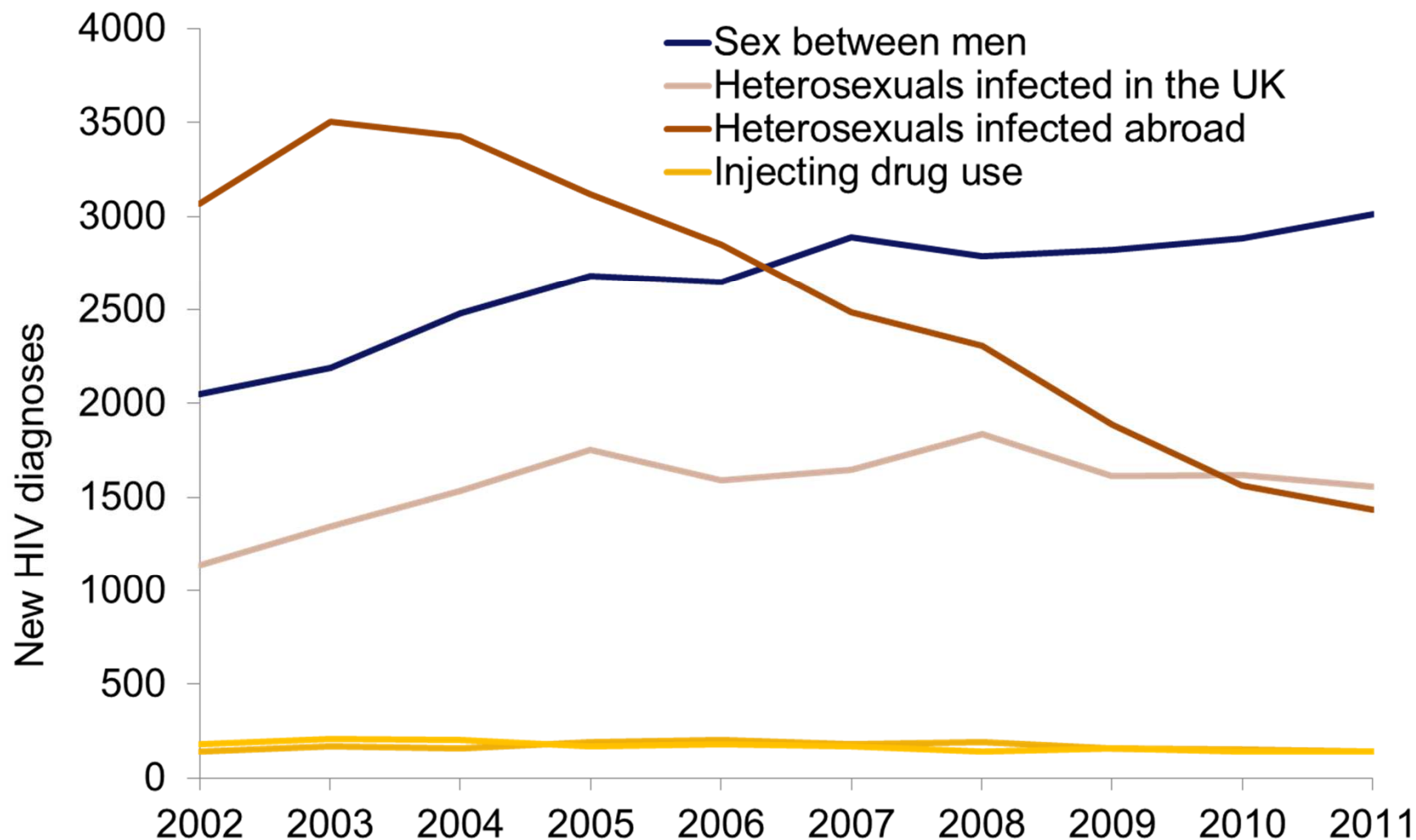
Bad news:

**HIV TRANSMISSION IS
CONTINUING**



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New HIV diagnoses by exposure group: UK, 2002 – 2011





A new method to assign country of HIV infection among heterosexuals born abroad and diagnosed with HIV in the UK

Brian D. Rice^{a,b,*}, Jonathan Elford^b, Zheng Yin^a and Valerie C. Delpech^a

Objective: To apply a new method to ascertain likely place of HIV infection among persons born abroad and diagnosed with HIV in the United Kingdom (UK).

Design: Analyses of heterosexual adults born abroad, diagnosed with HIV in the UK between 2004 and 2010, and reported to the national HIV diagnoses database.

Methods: Year of infection was ascertained by applying an estimated rate of CD4-cell count decline between an individual's CD4-cell count at diagnosis and estimates of CD4-cell count at infection. A person was classified as having probably acquired HIV while living in the UK if estimated year of infection was later than reported year of arrival in the UK.

Results: Of 10,612 heterosexual adults born abroad included in the analyses, 85% (9065) were of black-African ethnicity. We estimate that 33% (26%-39%) of persons acquired HIV whilst living in the UK. This percentage increased from 24% (16%-39%) in 2004 to 46% (31%-50%) in 2010 ($p < 0.01$). The estimate of 33% is three times higher than national estimates of HIV acquired in the UK based on clinic reports (11%) ($p < 0.01$).

Conclusions: Assigning place of HIV infection using routinely available clinical and demographic data and estimated rates of CD4-cell decline is feasible. We report a high and increasing proportion of persons born abroad who appear to have acquired their HIV infection whilst living in the UK. These findings highlight the need for continued targeted HIV prevention efforts, particularly among black-African communities.

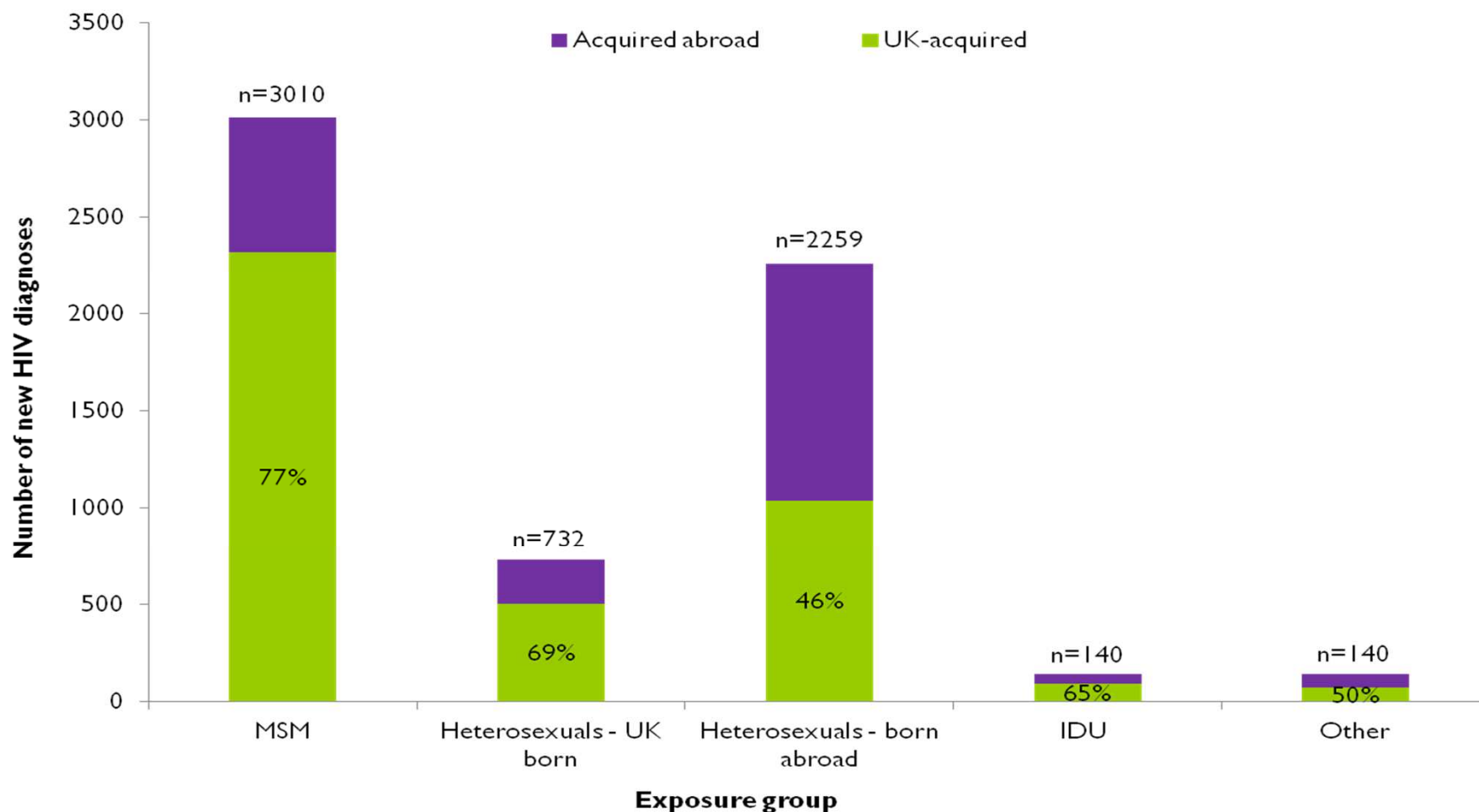
© 2012 Wolters Kluwer Health | Lippincott Williams & Wilkins

AIDS 2012, **26**:000–000



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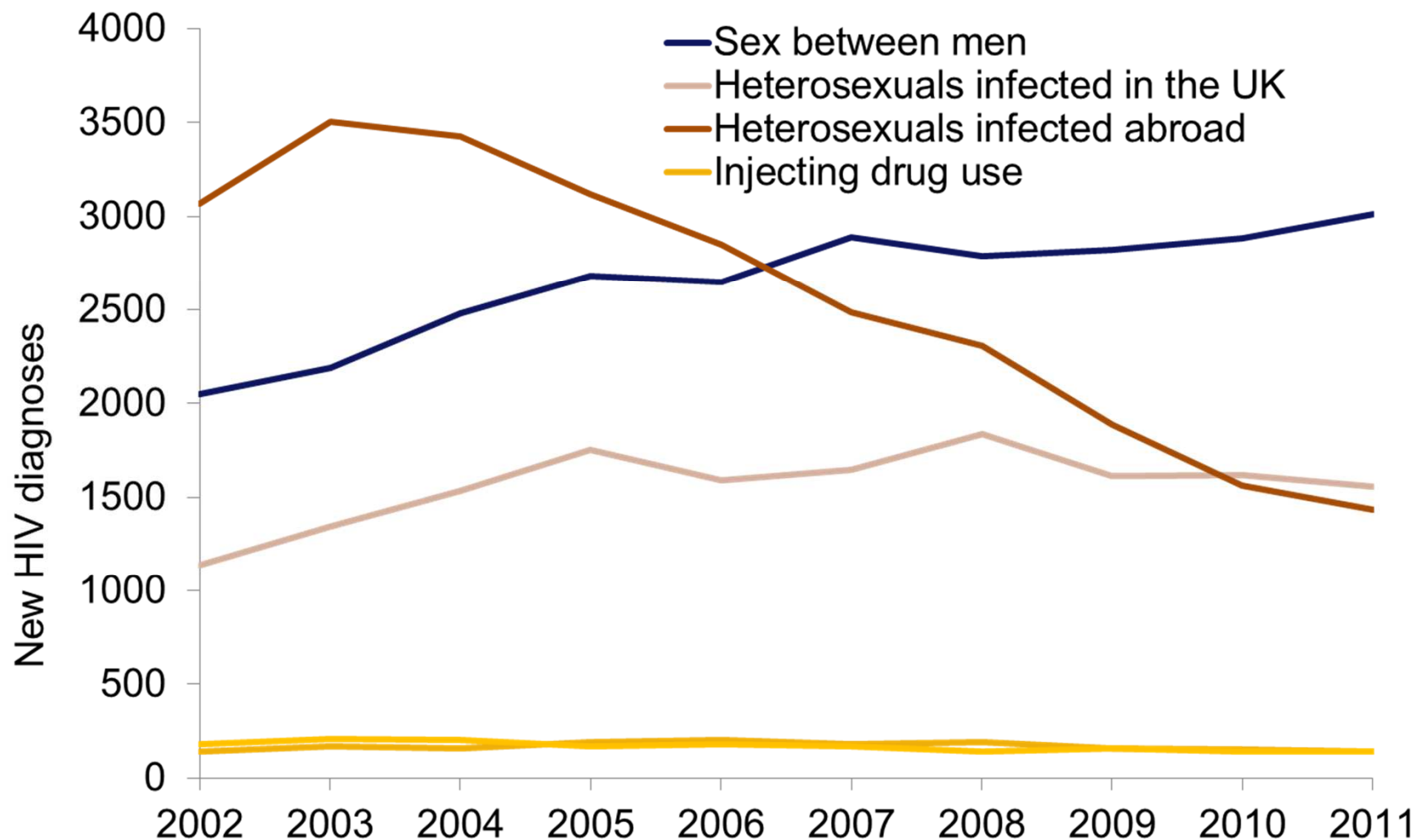
HIV diagnoses by estimated proportion UK-acquired: 2011





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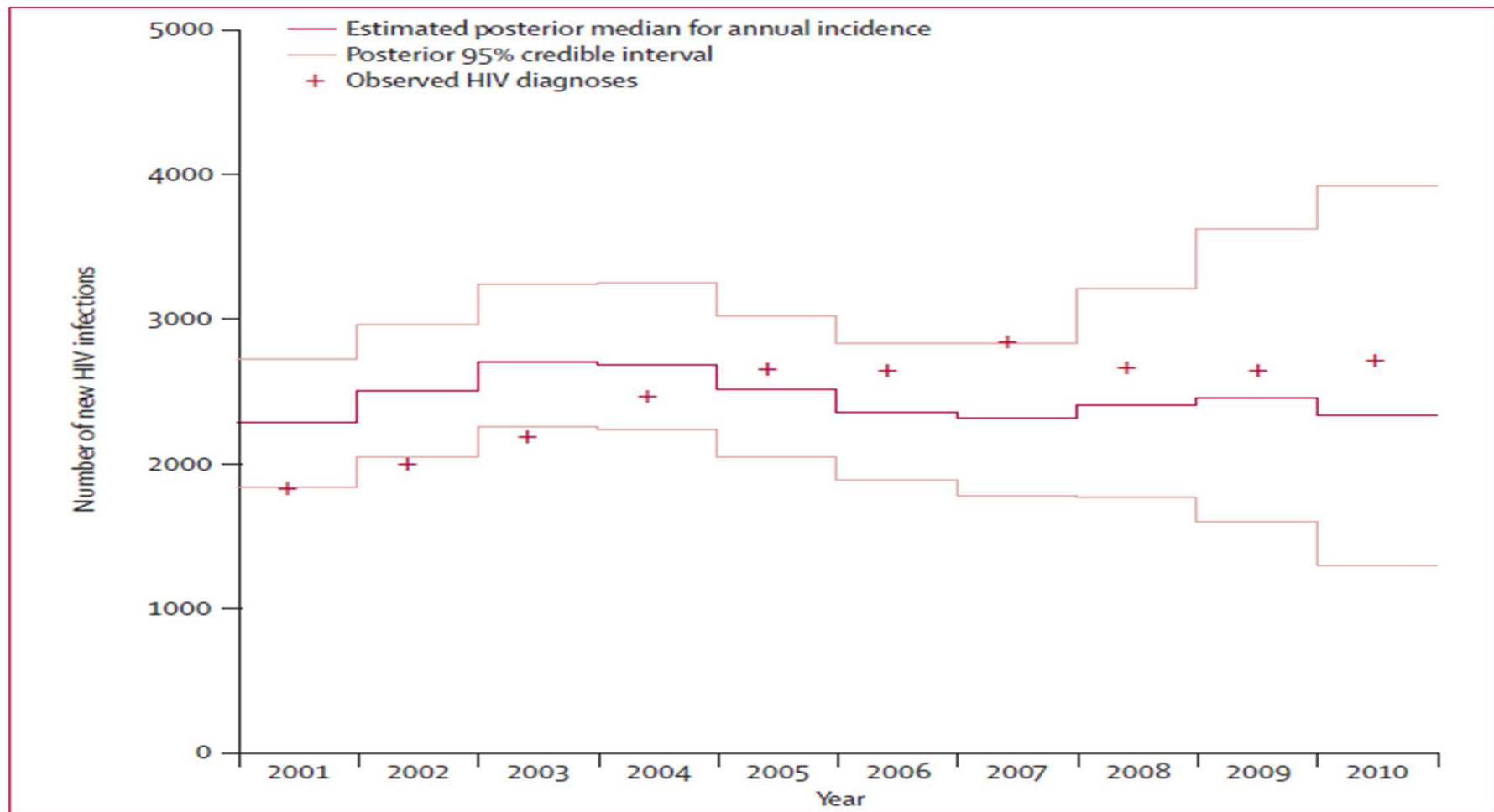
New HIV diagnoses by exposure group: UK, 2002 – 2011





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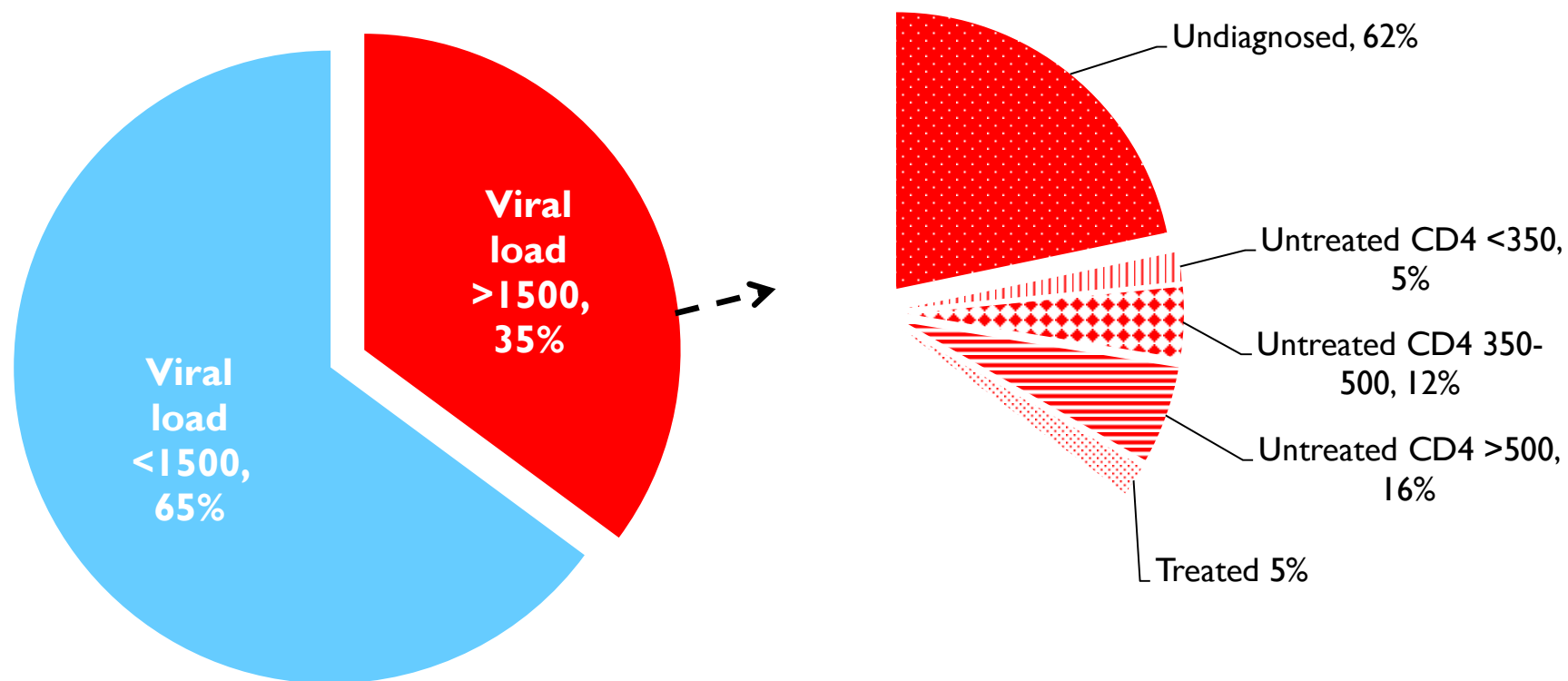
Birrell et al *Lancet Inf diseases 2013*





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Distribution of HIV-infected MSM with viral load >1500 copies/mL, UK



Brown AE et al. HIV medicine in press

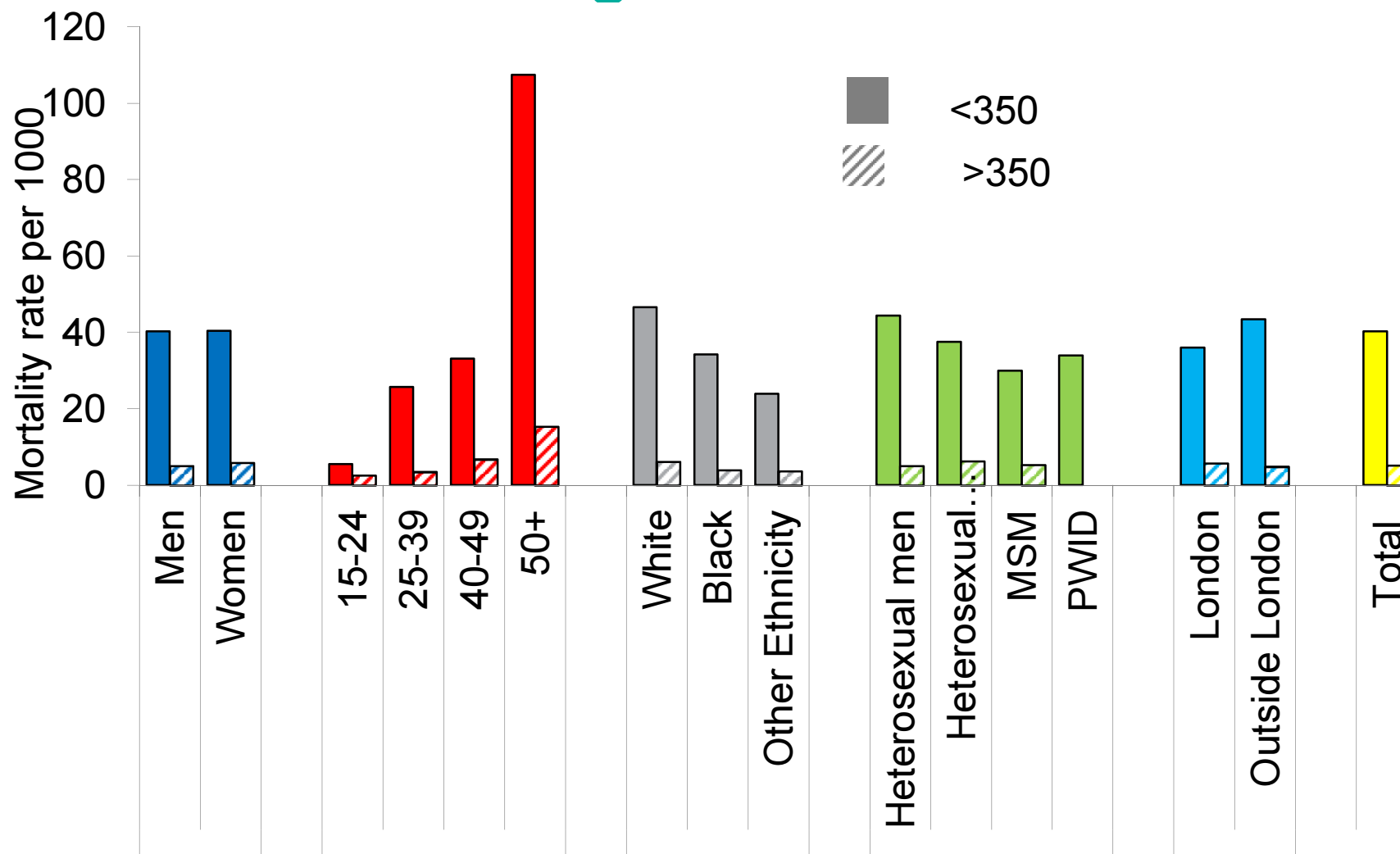
Bad news:

**HALF OF HIV DIAGNOSES ARE
LATE**



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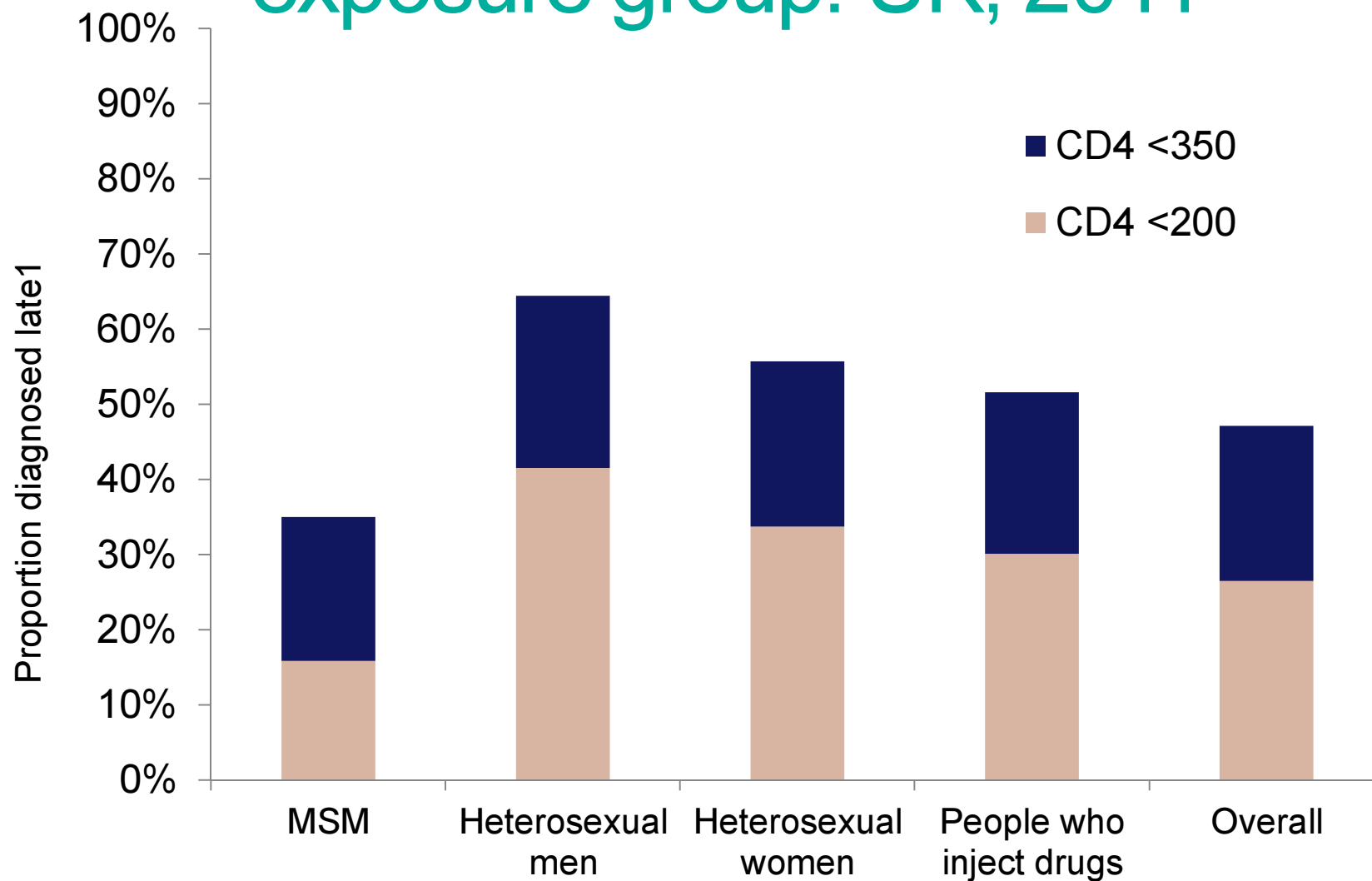
Adult deaths within 12 months by CD4 at HIV diagnosis, UK 2010-11





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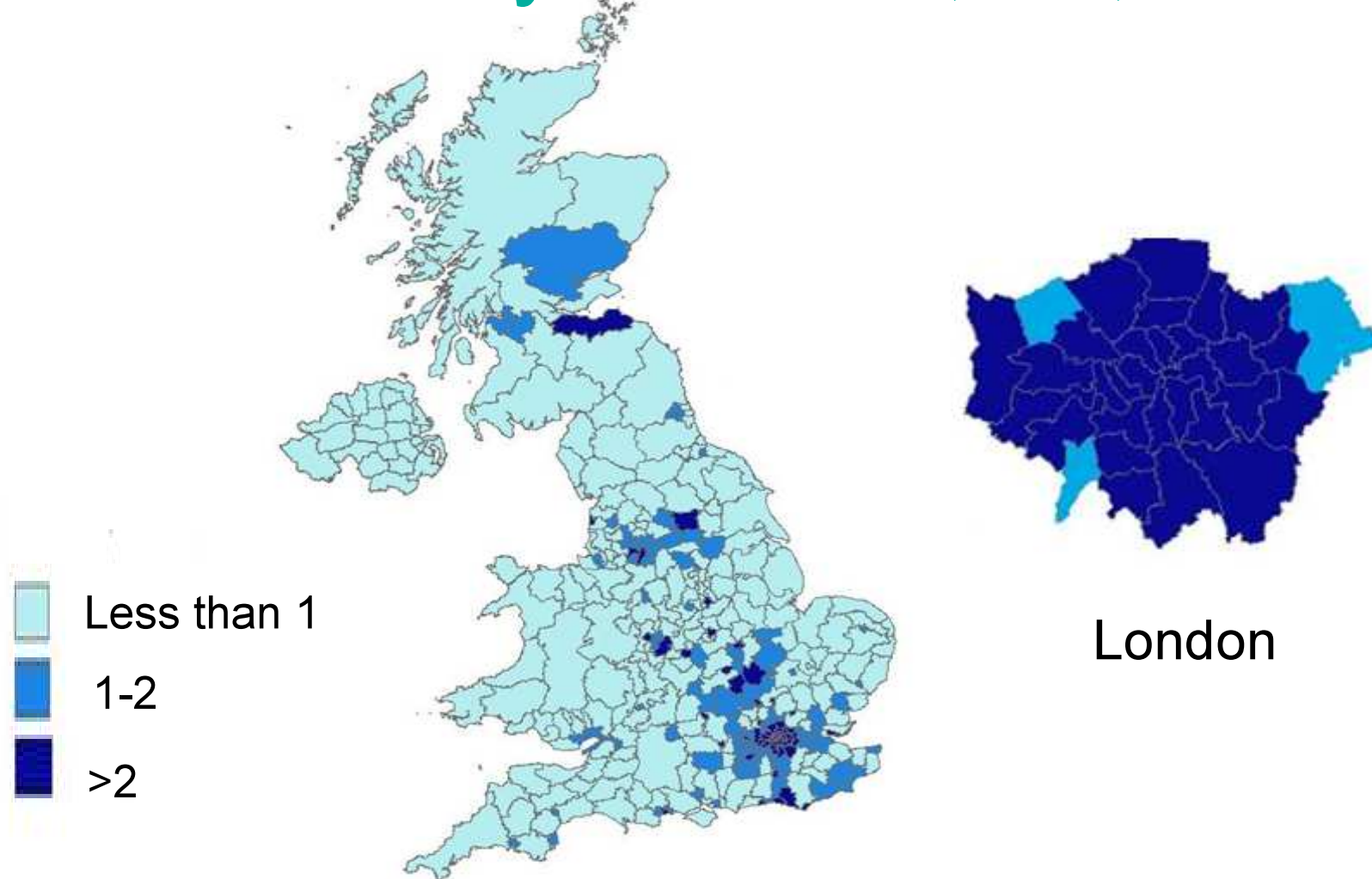
Late diagnosis of HIV infection by exposure group: UK, 2011





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Diagnosed HIV prevalence (aged 15-59 by residence, UK, 2011



WHAT NEXT?

Patient experience and behaviour

RITA

- Return results back to patients
- 17% recent infection at Dx
- Questionnaire on recent risks

Positive voices

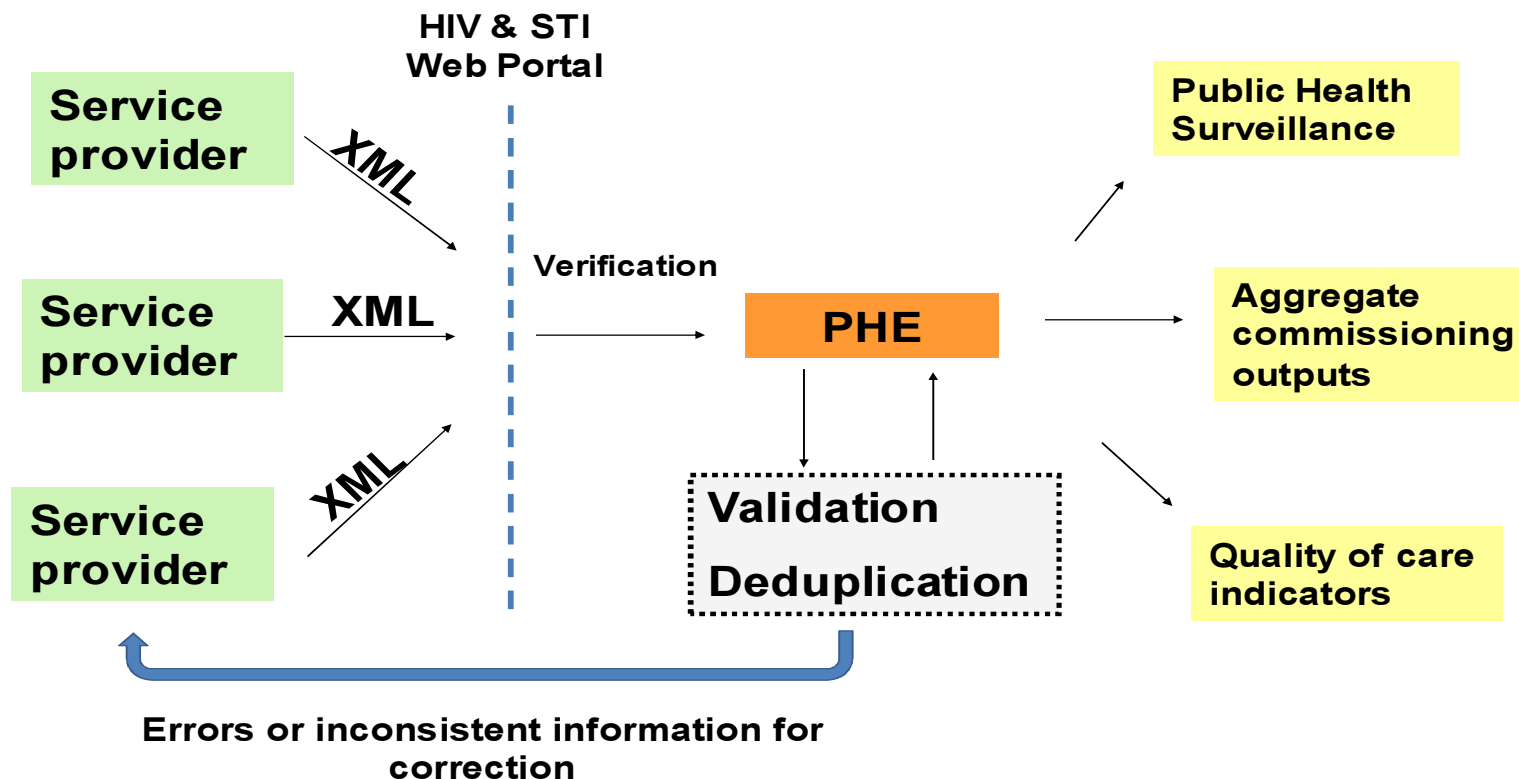
- Sampling frame
- Satisfaction
- Barriers
- Behaviour



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HIV&AIDS Reporting System: HARS

1. Quarterly, disaggregate and attendance based dataset
2. All service providers of outpatient services in England
3. Improves efficiency and enhances surveillance of HIV





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HARS outputs

- Commissioning of services through PbR
- Improved surveillance outputs
- Clinical dashboards at Trust level

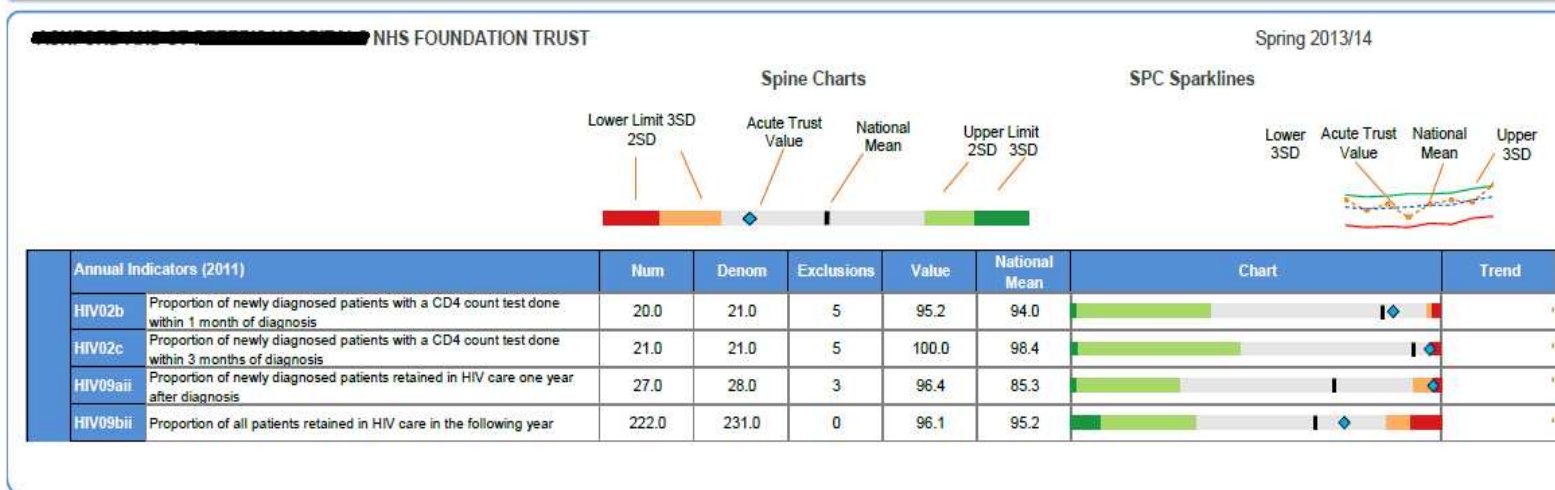


METHODS



Maintained by Methods Insight for the Specialised Service National Transition Team

HIV Specialised Service Quality Dashboard





Summary

Good news	Near normal life expectancy Relatively few deaths Health care provision excellent Outcomes show no difference by ethnicity/sexual orientation
Bad news	HIV transmission continuing Widespread HIV treatment has not reduced transmission Half of new HIV diagnoses are late presentations Black African heterosexuals most likely to be late diagnosed
What next?	Strengthen programmes to reduce late diagnoses Changes in commissioning arrangements HARS – new dataset to enhance surveillance Clinical HIV dashboards



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Acknowledgements

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