

Why is this issue important?

HIV remains one of the most important communicable diseases in the UK. It is associated with serious morbidity, significant mortality & a potentially shortened lifespan.

At the end of 2014 there were an estimated 103,700 people living with HIV in the UK, with around 18,100 (17%) unaware of their infection. In 2014, 6,151 new diagnoses were made of which 40% were diagnosed late.¹

Individuals diagnosed late have higher rates of morbidity & mortality. This group has a ten-fold increase in the risk of death within a year of diagnosis compared to those diagnosed with a CD4 count >350 cells/mm³.² A quarter of deaths among HIV positive individuals in the UK are of those diagnosed too late for effective treatment: individuals diagnosed late starting antiretroviral therapy have a significantly increased risk of contracting opportunistic diseases.

The introduction of effective antiretroviral therapy has transformed HIV, if diagnosed promptly, from a fatal illness to a chronic manageable condition. However costs of providing HIV specialist treatment & care are substantial & increasing. The cost of HIV treatment in England is 49% of annual spending on infectious diseases, equating to £890 million in 2010/11.³ The average annual expenditure per patient is £13,900.

There are significantly higher care costs for people diagnosed late. Direct medical costs in the first year after diagnosis are twice as high for those diagnosed late, largely due to increased inpatient hospital care costs which are 15 times higher for those diagnosed late. The costs of HIV care remain 50% higher in the years following diagnosis due to increased rates of hospital admission & increased costs of antiretroviral therapy.⁴

¹ The percentage of diagnosed HIV-infected adults (aged 15 years or older) who have a CD4 count of less than 350 cells per mm³ and 200 cells per mm³ respectively within 91 days of HIV diagnosis. This indicator directly measures late diagnoses, and over time it will show whether there is a trend towards earlier diagnosis. This indicator, as a measure of the time between infection and diagnosis, also indirectly informs our understanding of the proportion of HIV infections undiagnosed.

² Yin Z, Brown AE, Hughes G, Nardone A, Gill ON, Delpech VC & contributors. HIV in the United Kingdom 2014 Report: data to end 2013. November 2014. Public Health England, London.

³ Department of Health Programme Budget data.

⁴ Krentz, H.B. & Gill, M.J. 2011. The Direct Medical Costs of Late Presentation (<350/mm³) of HIV Infection over a 15-Year Period. AIDS Research and Treatment.

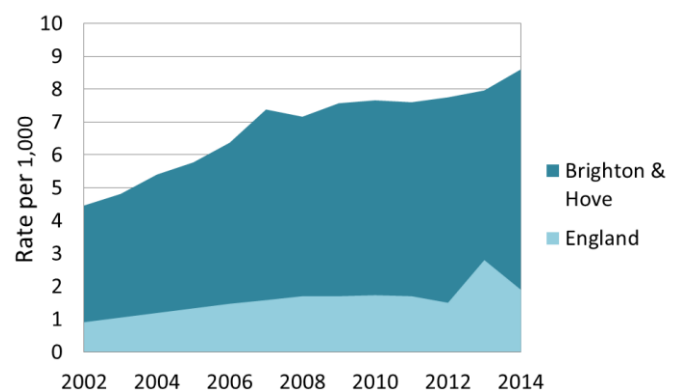
Key outcomes

- **People presenting with HIV at a late stage of infection (Public Health Outcomes Framework)**

Impact in Brighton & Hove

In 2014 Brighton & Hove had the eleventh highest HIV prevalence in England at 8.6 per 1,000 population (aged 15-59 years), compared with 2.2 in England, & the highest prevalence outside of London. In 2014 1,734 residents of the City accessed NHS HIV treatment services. The total figure for both sexes has been increasing rapidly: in 2005 it was 942 people; in 2002 it was 717 people.⁵

Figure 1: Prevalence of HIV per 1,000 population aged 15-59 years in Brighton & Hove and England, 2002 to 2014



Source: Public Health England

Of the 2,689 individuals accessing services at the Sussex Beacon (a clinical care centre for men and women living with HIV/Aids) between January 2010 and March 2013, many had additional support needs. The main additional support need is recorded and over half had issues of anxiety/depression (54%), 27% alcohol or drugs issues and 11% had psychiatric/psychological support need. Additionally 3% of individuals had a main support need around self harm and 5% around suicidal ideation.⁶

Where we are doing well

In Brighton & Hove between 2012 and 2014, 30% of HIV diagnoses were made at a late stage of infection compared to 42% in England. 28% of men

⁵ Summary of Prevalent HIV infection database (SOPHID) 2014; PHE 2015

⁶ The Sussex Beacon, January 2010 to March 2013. Figures provided May 2013

who have sex with men (MSM) and 42% of heterosexuals were diagnosed late.

Local inequalities

Around 90% of the HIV infected population of the City are male & around 10% are female. Prevalence of HIV infection in women giving birth within the region is highest in Brighton & Hove.

Rates of HIV infection per 1,000 population are highest in the 45-54 year age group & lowest in those under 25 years of age. This is reflected in those receiving care at Sussex Beacon, with 43% of those accessing services between January 2010 and March 2013 being aged 45-54 years.⁷

HIV-infected women locally are younger than HIV-infected men.

More than 90% of HIV infected males living in the city are White & around 53% of HIV-infected females living in Brighton & Hove are Black African.

In 2014, in 85% of patients in the City, the probable route of transmission was sex between men. It is estimated that 14% of gay men with HIV are unaware of their infection⁸ which is important from a prevention perspective & to ensure correct monitoring to allow treatment to begin as soon as required.

Around 40% of those infected live in the most deprived quintile in the city, concentrated particularly in East Brighton.

Predicted future need

Given the trend in increased prevalence of HIV since 2002, it is expected that this will continue to increase with resulting increases in costs.

What we don't know

There is a lack of information about all groups living with HIV locally in terms of their marital status, religious beliefs and whether or not individuals are carers. This issue may be most pertinent to women and particularly African women.

⁷ The Sussex Beacon, January 2010 to March 2013. Figures provided May 2013

⁸ HIV in the UK – Situation Report 2015: Incidence, prevalence and prevention. Public Health England, London, 2015. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/477702/HIV_in_the_UK_2015_report.pdf [Accessed on 06/07/2016]

It can be difficult to evaluate the effectiveness of HIV prevention & sexual health promotion as survey data often provide a conflicting picture of resources, needs & behaviours of at-risk groups.

The Gay Men's Sex Survey (2010) reports that of 289 respondents living in the city, 19% had never taken an HIV test, 21% last tested negative more than a year ago & of those who had ever tested, 25% tested positive. Of respondents who were not diagnosed HIV positive 87% were very confident they could get a test if required. Over half (53%) of respondents' last anal sex with a male partner (in the last 6 months) was without a condom. Over a third (37%) reported seeing/hearing about HIV/STI prevention specifically for men who have sex with men in the last week & 60% in the last four weeks.⁹

Key evidence & policy

National HIV testing guidelines issued in 2008 by the British HIV Association & the British Association for Sexual Health & HIV recommend HIV testing in specific medical services, for individuals at-risk of acquiring an HIV infection & for clinical indicator diseases. They also recommend the routine offer of an HIV test to all general medical admissions & all adults registering in general practice in areas where local diagnosed HIV prevalence is greater than two per 1,000 among 15-59 year olds.¹⁰

The National Institute for Health & Care Excellence (2011) guidance for increasing the uptake of HIV testing in Black African & MSM (men who have sex with men) communities recommends wide-scale testing for these groups in primary, secondary & emergency care settings & called for the development of local strategies to overcome barriers to more widespread testing.^{11,12}

Each HIV infection prevented is estimated to save between £280,000 & £360,000 in lifetime treatment costs. If the 3,640 UK-acquired HIV

⁹ Sigma Research, Gay Men's Sex Survey, 2010. Available at <http://www.sigmaresearch.org.uk/gmss/> [Accessed on 5/07/2016]

¹⁰ BHIVA. 2008. UK national guidelines for HIV testing. <http://www.bhiva.org/documents/Guidelines/Testing/GlinesHIVTest08.pdf> [Accessed on 05/07/2016]

¹¹ National Institute for Health and Care Excellence. 2011. Increasing the uptake of HIV testing to reduce undiagnosed infection and prevent transmission among black African communities living in England. <http://guidance.nice.org.uk/PH33> [Accessed on 05/07/2016]

¹² National Institute for Health and Care Excellence. 2011. Increasing the uptake of HIV testing to reduce undiagnosed infection and prevent transmission among men who have sex with men <http://guidance.nice.org.uk/PH34> [Accessed on 05/07/2016]

7.5.12 HIV and AIDS

diagnoses made in 2010 had been prevented between £1 billion & £1.3 billion lifetime treatment & clinical care costs would have been saved.¹³

Recommended future local priorities

Prevalence locally warrants the continued implementation of published HIV testing guidelines, including:

1. Development of a local strategy for HIV prevention & to increase the uptake of HIV testing among MSM & Black Africans.
2. Routine offer of an HIV test to all men and all black African women who are having a blood test requested by general practice for any other reason.
3. Increasing opportunities for HIV testing in community settings.

Key links to other sections

- Sexual health (adults & older people)

Further information

Brighton & Hove Sexual Health Needs Assessment 2010

<http://www.bhconnected.org.uk/content/needs-assessments>

Last updated

July 2016

¹³ Health Protection Agency, Evidence and resources to commission expanded HIV testing in priority medical services in high prevalence areas, April 2012.
<http://webarchive.nationalarchives.gov.uk/20140714084352/http://www.hpa.org.uk/Publications/InfectiousDiseases/HIVAndSTIs/1204ExpandedHIVtestinginhighprevalenceareasApril2012/> [Accessed on 09/11/2016]