

HIV

Special Edition Newsletter

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HIV in NHS GGC - is there a problem?

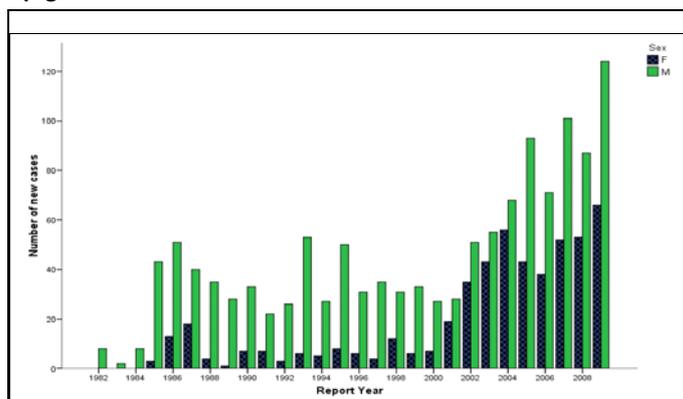
HIV remains a significant public health problem but has become a much less visible one. In part this is due to the shape of the epidemic - because particular sub-sections of the population are affected more than others, it tends not to be seen as a general population issue and is viewed as the domain of specialists. While it is true that some groups - Men who have sex with Men (MSM) and people from countries of high prevalence, mainly Africa - are more 'at risk' than others, HIV does not respect these epidemiological boundaries. Failure to recognise HIV in both the 'at risk' sub-population and everyone else has serious consequences. There are a few key messages that all health care staff can operationalise and which can impact significantly at individual and population level.

How big is the problem?

During the 2009 calendar year 190 individuals resident in NHS GGC, were newly diagnosed with HIV infection. This is a rise of 36% compared to 2008 and the highest of any health board in Scotland. The cumulative total of HIV positive individuals resident in GGC is 1,776, of whom 1,261 (71%) are male and 515 (29%) are female. At least 81% of these individuals are not known to have died.

Key Message: *HIV has not disappeared. It is still a significant and increasing public health problem.*

Figure 1 - Annual reports of new HIV diagnoses in GG&C, by gender, 1982-2009



The annual number of new cases rose in all prevention groups with the greatest relative increase in male heterosexuals, in whom a 53% rise in new cases was observed in 2009 compared to 2008. Black African people were the largest single ethnic group diagnosed in 2009. White Scottish ethnic groups represented the second largest category with MSM representing the majority of this sub-group (83%).

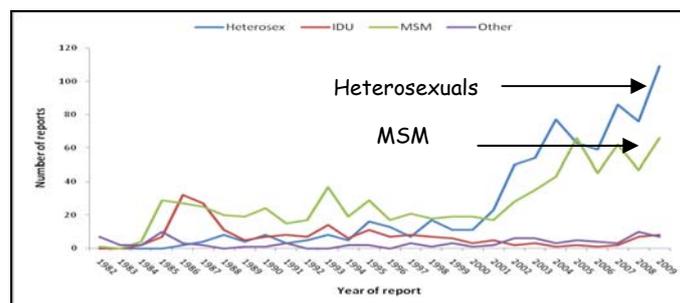
Key Message: *HIV can affect anyone - think about individual risks not just 'risk groups'.*

Trends in new diagnoses

The sharp upsurge in the annual number of new HIV reports in both MSM and in the heterosexual population subgroups began in 2001. Although this trend appears to have stabilised among MSM since around 2005, there is no suggestion of any attenuation in new HIV reports among heterosexual patients. So although MSM represent the greatest proportion (43%) of HIV reports overall, heterosexual patients now account for a growing majority. In contrast the contribution from injecting drug users (IDUs) has been negligible for over a decade.

Key Message: *The vast majority of the recent increase in heterosexually acquired HIV infection is in people who acquired HIV abroad, most commonly in sub-Saharan Africa. BUT there are increasing numbers who have become infected in the UK.*

Figure 2 - New HIV reports in GG&C residents.



Testing is important

There is no cure for HIV but very effective treatment which can significantly improve life expectancy and quality of life is available. Undiagnosed HIV is a big part of the problem. In 2006, there were an estimated 4500-5500 adults living with HIV in Scotland, of whom an estimated one third had not been diagnosed. Many people are initially unaware of their infection because there are relatively few or no symptoms until the disease has advanced.

There has been a steep increase in HIV testing in Glasgow, probably due to the policy drivers that introduced opt-out testing at both GUM and antenatal settings. However, there are significant numbers of people who do not use these services. In 2007 CEL (15) 'Improving the Detection and Diagnosis of HIV in Non-HIV Specialties Including Primary Care' was issued. This letter highlighted best practice around '...offering and recommending, where appropriate, HIV testing in all healthcare settings, not just those traditionally offering this service'.

Key Message: *Offering testing to people who have an unacknowledged but identifiable risk or have symptoms or signs of HIV infection, is essential to reduce the amount of undiagnosed HIV in the population.*

Why early diagnosis is important

The only way to diagnose HIV is to have a test, and the earlier the infection is detected and treatment commenced the better the outcome.

Over the past decade, more proactive testing of MSM, has had a pronounced impact on the stage of HIV disease at diagnosis. In 2009 the average CD4 count immediately after diagnosis was 505/mm³ compared to 269 in 2000. In contrast there has been little change in mean CD4 count among the Black African population. In 2009 the average CD4 count immediately after diagnosis was 332/mm³. This means that while MSM who are diagnosed with HIV are, for the most part optimally from treatment, many Black Africans and others who are diagnosed later do not benefit from treatment, have much more severe illness and often experience HIV-related deaths.

There is also evidence that many of those who are diagnosed late have had previous contact with healthcare professionals when exhibiting a range of symptoms likely to be HIV-related. Practitioners should be alert to the types of non-specific symptoms such as malaise and weight loss, and also be aware of the potential correlation between HIV other diagnoses such as tuberculosis, pneumonia, shingles and oral candidiasis.

Key Message: *Clinicians need to be better at recognising and diagnosing HIV outwith specialist settings. HIV should routinely be considered as a part of a differential diagnosis.*

Services for staff and patients

Children diagnosed with, or at risk of, HIV are followed up and offered treatment and care by the specialist paediatric infectious disease consultants at RHSC, Yorkhill.

All adult patients diagnosed with HIV are treated at the Brownlee Centre, Gartnavel, where a multi-disciplinary team provides comprehensive treatment and care services. If staff need support or advice around symptoms, testing or giving results then the Counselling and Support Team can be of assistance. Similarly, the Sexual Health Advisors at Sandyford will support staff, in person if required, to give a result and facilitate referral.

Brownlee - 0141 211 1089/1075

Sexual Health Advisors - 0141 211 8634

In addition there is a range of third sector support agencies that deliver information, prevention interventions, counselling and support to community groups at risk of or living with HIV.

Gay Men's Health	0141 552 0112	www.gmh.org.uk
Waverley Care - African Health Project	0141 333 9393	www.waverleycare.org
Terrence Higgins Trust	0141 332 3838	www.tht.org.uk

'Recognising HIV' seminar

Tuesday 27th April 2010

Boardroom 1 Dalian House, 2-5 pm

The seminar will focus on case-note review looking at both late diagnoses and sero-conversions; examine the opportunities to diagnose HIV and discuss what we can learn about our prevention and treatment and care services.

Only 10 places left on this free seminar. Don't miss out - register today!

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BBV training 2010 - new dates and programme

A range of blood-borne virus (BBV) training is now available for booking. The programme has been revised so that there are now four scheduled courses available:-

• One-day bloodborne virus training

A basic starter or refresher to increase knowledge and understanding of BBVs

• HIV and Hepatitis C treatment and care modules

Two specialist modules (one on HIV and one on Hep C) providing further in depth training on disease progression and treatment and care options

• Pre-test discussion training

Will equip participants with the appropriate knowledge, confidence and skill to carry out pre-test discussion.

Dates for all courses are available throughout 2010. Flyer with details can be downloaded from www.nhsggc.org.uk

Call the training team for a flyer or to book. Bespoke BBV training can also be requested by calling 0141 211 8634 or e-mail jacqueline.gashaija@ggc.scot.nsh.uk

Antenatal screening programme

Routine screening for HIV has been offered on an opt-out basis to all pregnant women in NHS GGC since 2003. Mother-to-child transmission of HIV is a leading cause of HIV infection around the world, but if a woman is found to be HIV-positive during pregnancy there are steps that can be taken to significantly reduce the chances of the baby becoming infected. In NHS GGC the uptake rate is around 97%. In the 2008-09 financial year 13 infections were picked up at routine antenatal screening, with 7 of these new diagnoses identified for the first time during pregnancy.

Since the screening programme began there have been no MTC transmissions in women who have accepted the antenatal HIV screening test, which underlines the success of the programme. However, evidence derived from unlinked anonymous testing of dried blood spots (Guthrie Card) indicates that during a 6-month study period in 2008, of the 3 women in Scotland, who remained undiagnosed after delivery, 2 were from NHS GGC.

Key Message: *The opt-out antenatal screening programme is highly successful, and women should be encouraged to accept testing during pregnancy due to the enormous benefits that can be realised for both mother and baby.*

Information Resources

Two information resources produced by NHS GGC are available. 'HIV - what you need to know' is a general information resource for members of the public. It details the key facts about HIV, the importance of early testing and services contacts section.

'Sexual, Reproductive and Emotional Health - A guide to free services and resources' outlines the range of sexual and reproductive services that are available in NHSGGC and how to access them.

Both booklets can be downloaded from www.nhsggc.org.uk or are available to order free from PERL 0141 201 4915. The booklets are also available in 8 additional languages - Urdu, Somali, Mandarin, French, Kurdish, Tigrinya, Farsi and Arabic.

Other useful resource: CEL (15) 2007 *Improving the Detection and Diagnosis of HIV in Non-HIV Specialties Including Primary Care* www.sehd.scot.nhs.uk/mels/CEL2007_15.pdf

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