EMBARGOED UNTIL DATE OF MEETING.

NHS
Greater Glasgow

Greater Glasgow NHS Board

Board Meeting

17 December 2002 **Board Paper No. 02/87**

Director of Public Health

AIDS (Control) Act Report 2001/2002

Recommendation:

Members are asked to: Approve that this year's report is submitted to the Scottish Executive, published by the Board and widely distributed in accordance with the 1987 Act.

1 Introduction

During the year there were 48 newly diagnosed cases of HIV infection among Greater Glasgow residents. Of the 48 cases, 20 probably resulted from sexual intercourse between men, two from drug injecting, 22 from sexual intercourse between men and women and two by other or uncertain routes. There were two cases transmitted from mother to child. For the first year heterosexuals have the highest number of cases of any group – 46% of the total new cases reported.

2 There were 11 new cases of AIDS reported during the year. Most of these were people who were unaware that they had HIV infection until they became seriously ill. There were five deaths during this reporting year, which reflects the continuing success of the drug treatment known as highly active anti-retroviral therapy (HAART).

3 The HIV specialist services provided by the Department of Infection and the Department of Genitourinary Medicine are all located at the Brownlee Centre in Gartnavel General Hospital. During the year, 364 patients were followed up of whom around 70% were treated with HAART. There was a 33% decrease in the number of bed days occupied by people with HIV. This is an indication of the sustained benefits of highly active anti-retroviral therapy (HAART).

4 The cost of HIV related treatment continues to rise. As the number of patients being treated is expected to continue to increase, the cost of drug treatment is likely to go on rising for the foreseeable future.

5 Nearly two thirds of the patients receiving medical follow-up also receive specialist social work services. Many have complex needs, often as a result of poor health or co-existing drug misuse.

6 The main preventive measures continue to focus on reducing transmission between men who have sex with men and drug injectors. Table 12 in the report shows that during the reporting year over one million needles and syringes were issued. This number, although large, falls well short of the estimated 6 – 10 million needles and syringes that would be required to ensure that drug injectors always used clean needles and syringes.

2001-02

AIDS
(Control) Act
Report

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1 Introduction

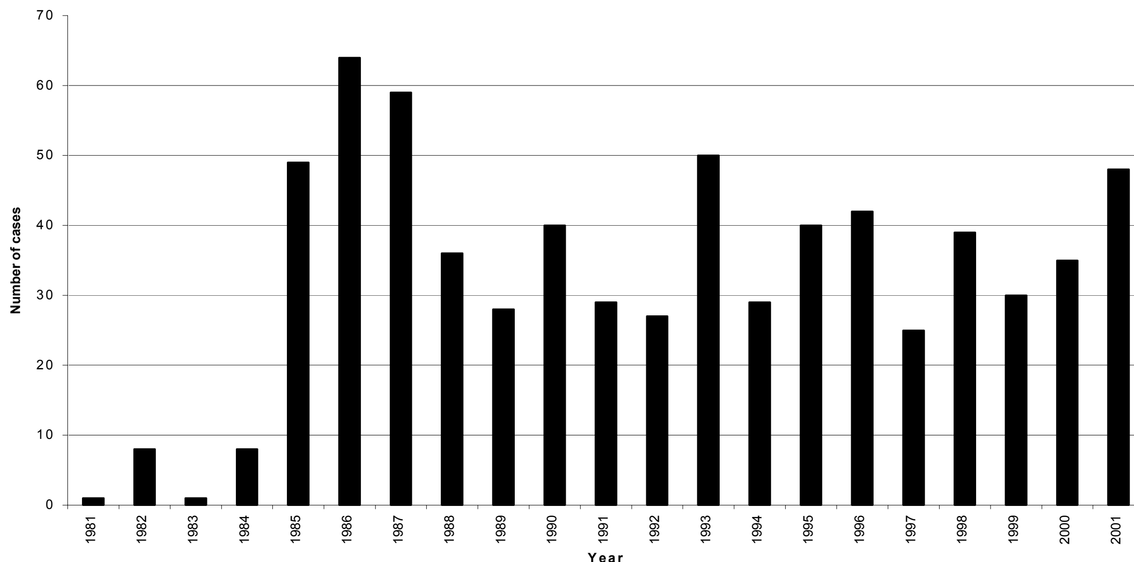
This is the 15th annual AIDS (Control) Act report. It provides an update on the numbers of people with HIV infection and AIDS in Greater Glasgow up to the end of March 2002 and the current levels of HIV in the population.

1.1 New cases of HIV infection

During the twelve months to 31 March 2002, 48 people resident in Greater Glasgow were newly reported to have HIV infection (see **Appendix 1**). This compares with 35, 30, 39 and 25 cases in 2000-2001, 1999-2000, 1998-1999 and 1997-1998 respectively. Figure 1 shows that the number of new cases has fluctuated between 25 and 50 since 1988. Of the 48 cases 20 were probably acquired by sexual intercourse between men, 22 from sexual intercourse between men and women, 2 from drug injecting, 2 from mother to child transmission and 2 from other or uncertain routes. This is the first year the largest group of new cases is amongst heterosexuals - 46% of the total new cases reported.

The total number of cases of HIV recorded in Greater Glasgow now stands at 669 of whom 432 (65%) are not known to be dead. **(Appendices 2 & 3**)

Figure 1 - Annual Number of New Diagnoses of HIV Infection in Greater Glasgow NHS Board Residents.

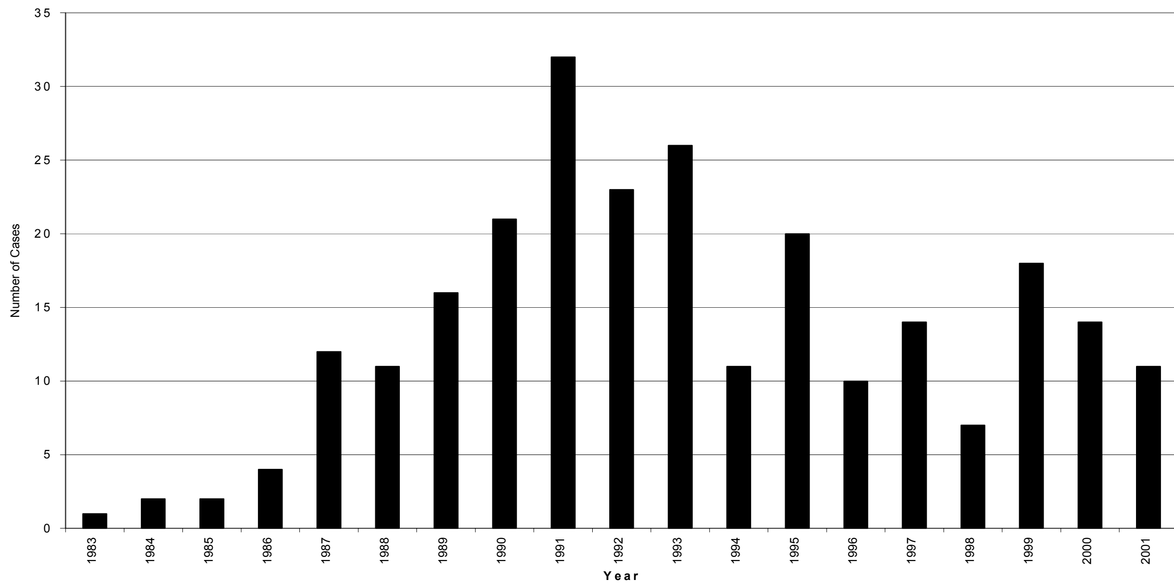


While the Guthrie Card tests give a very accurate indicator of the overall level of HIV among pregnant women, because they are anonymous and carried out after the baby is born, they cannot identify which women are infected. It is now clear that diagnosing HIV in the mother before birth enables treatment that can prevent infection in the baby. As a result, from April 2003 all pregnant women will be offered HIV testing routinely.

1.2 Cases of Aids

There were 11 new cases of AIDS reported during the year (**Figure 2**), all of who live in the Greater Glasgow Area (**Appendix 4**). For many, becoming seriously ill was the first they knew they had HIV infection. Among all known cases of AIDS in Greater Glasgow, there were 5 deaths during the year. This compares with a peak of 32 deaths in 1994-1995 and reflects the efficacy of the newer antiretroviral therapies.

Figure 2 - New Cases of AIDS Reported in Greater Glasgow 1983-2001



2 Treatment and Care Returns

Specialist health services for people with HIV infection in Greater Glasgow are provided by the Department of Infection and Tropical Medicine and the Department of Genitourinary Medicine at the Brownlee Centre, a purpose built infectious diseases unit at Gartnavel Hospital which is part of the North Glasgow Trust.

2.1 Finance

The following tables indicate the HIV/AIDS Treatment and Care spending broken down by category.

Table 1 - Hospitals

Provider	Spend 2001/02
North Glasgow Trust	2,854,000
Total	2,854,000

Table 2 - Other Statutory Sector

Provider	Spend 2001/02
Primary Care Trust	103,000
Total	103,000

Table 3 - Voluntary/Non-statutory Sector

Provider	Spend 2001/02
Private London Hospital (extra-contractual funding)	109,428
109,428	109,428

Total Spend 2001/02	3,066,428
Total Spend 2000/01	2,860,466

2.2 Accessibility

Both inpatient and outpatient services are located at the Brownlee Centre, which is part of the Gartnavel General site, in the west of the city. There are no exceptional problems with accessibility to HIV/AIDS services, however, a number of the treatment cohort does travel for up to 2-3 hours to the clinic from outside the board area, for example, from Stranraer, Oban and Fort William. In addition, there are increasing numbers of HIV positive asylum seekers who can experience difficulties due to the fact that they are unlikely to have independent transport and often lack funds to pay for public transport. Body Positive purchased a people carrier to take people to and from appointments, but as this service is reliant on suitably qualified volunteer drivers, there can be inconsistencies in service provision. Currently there are no early morning or evening clinics. The clinic is located on a major bus route and a short walk from local train services. North Glasgow Trust is currently addressing issues relating to disabled parking.

Table 4 - Services with Open-Access

Service	Open access is available?
GUM	✓
HIV testing	✓
Counselling	✓
Needle Exchange	✓

Open access is provided at GUM services at the Sandyford Initiative on a walk in basis, from 8.30 a.m to 10.00 a.m. HIV testing is available at both the Sandyford Initiative and through the CAST team (Counselling and Support Team) at the Brownlee Centre, with either same-day or next-day results available, depending on the location of the test. Counselling is available for women and men at the Sandyford Initiative via the health advisors listening ear service on a same day basis according to need, and at the Brownlee Centre on a similar basis.

In addition, patients attending the Brownlee Centre, have access to members of a multidisciplinary team including a dietician, physiotherapist, pharmacist, occupational therapist and health advisor. Although appointments can be made, they are not needed to obtain these services.

The Steve Retson Project similarly provides open access sexual heath services including counselling and HIV testing to gay men.

Open access is also available at the needle exchange facilities throughout the city.

The number and length of hospital attendances are described in tables 5 and 6. In **Table 5**, the total number of outpatient attendances includes all those with both doctors and other members of the multidisciplinary team (OT, health advisor, liaison nurses, counsellors, dietician and physiotherapist). The total does not tally, as individual figures for each provider are only available for OT and counsellor contacts. Only total figures are available for the other disciplines. The number of outpatient attendances with the doctor fell slightly overall when compared with the previous year, 2318 against 2368, however, the number of GUM attendances increased slightly while the ID attendances decreased, which probably reflects internal re-organisation of the service.

Table 5 – In-patient, Day-patient and Out-patient Details

Provider	No. of in-patient episodes	No. of day-patient episodes	No of out-patient attendances
Infectious Diseases	121	27	2540 (1672 doctor)
GUM	16	14	1478 (646 doctor)
Total	137	41	8180

Table 6 describes the number of bed nights required by HIV patients and the average length of stay for these patients. The number of bed nights fell by 33% compared with 2000-2001, which continues the trend set in that year when there was a 29% decrease in the number of bed nights. The number of in-patients treated also decreased from 68 to 62 in this period, again continuing the trend set in the previous year. This is an indication of the sustained benefits of Highly Active-Antiretroviral Therapy (HAART).

Table 6 - Average Length of Stay for Patients with HIV

Provider	Total Bed Nights	Total No. of HIV/AIDS patients	Average length of stay
ID	1025	54	19
GUM	135	8	16.9
Total	1160	62	18.7

2.3 Drug Therapy

Table 7 details the drug costs for Greater Glasgow. No Glasgow GPs prescribe drugs for HIV patients. The level of detail that was originally requested in this table is not currently available in Glasgow. The pharmacy at Gartnavel did not routinely collect information regarding how many patients were on dual, triple or quadruple therapy for the year 2001-2002 and only totals are extractable from the system. However, the pharmacist states that approximately 9 patients were on dual therapy and 237 on triple/quadruple therapy. A new computing system was introduced at the start of this year. This information is now being collected and will be available for the next year's report.

Table 7 - Drug Costs

Drugs	**GPs**		**Hospitals**		**Other**	
	Cost	No. of patients	Cost	No. of patients	Cost	No. of patients
Anti-retroviral Therapies	N/A	N/A	1,612,411	250	29,680	NK
Other Therapies Pentamidine	N/A	N/A	7641.31	NK	NK	NK
Foscarnet	N/A	N/A	Nil	NK	NK	NK
Ganciclovir	N/A	N/A	22,233.64	NK	NK	NK

N/A = Not Applicable; NK = Not Known

Table 8 describes the number of patients at each disease stage and the percentage of those receiving combination therapy. The majority of patients who are symptomatic or have AIDS are receiving treatment in comparison with less than half of those who are asymptomatic. Viral load testing is universally available to all patients. The total cost of viral load testing is approximately £75,000 but the actual spend is not currently available for the Greater Glasgow Health Board Area. This information is being collected by SCIEH (Scottish Centre for Infection and Environmental Health) but only in the Lothian area.

Table 8 - Stage of Disease and Therapy

Stage of Disease	**No. of Patients ID & GUM**	**No. Receiving Combination Therapy**	**Percentage Receiving Combination Therapy**
E1 (Asymptomatic)	107	42	39%
E2 (Symptomatic)	151	121	80%
E3 (AIDS)	106	93	88%

2.4 Primary Care Involvement

Table 9 shows the number of patients who are currently registered with a GP. The shared care figure is not available for either provider. The only data routinely collected in relation to primary care is whether or not a patient is registered with a GP. No other statistical information about GP involvement is routinely collected, and obtaining the data retrospectively was not feasible. However, clinicians report that GPs have little involvement with the treatment and care of people with HIV or AIDS, besides providing practical or psychological support, medical certificates and routine care for recurrent illness such as chest infections and skin conditions. One GP of a patient in an outlying area has agreed to prescribe inhaled pentamadine with some reservations. There have been a couple of issues with GP involvement, primarily related to disclosure of patients' HIV status. One GP was annoyed when he discovered that one of his patients was HIV positive and that the Brownlee Centre had not communicated with him, although the patient had expressly indicated that they did not want their GP to be informed.

A patient satisfaction survey conducted in 2001 indicates that only 45% of patients had talked to their GP about their HIV infection. Comments received included,

"I feel my GP is poorly informed about HIV, and do not have a good relationship with my GP"

"the fewer people who know the better"

Several patients have not registered with a GP and some refuse to do so. These patients require Primary Care services from the HIV liaison nurses, such as ulcer dressing.

In summary, although some of the patients attending for treatment receive excellent primary care from their individual GPs, none play an active part in their HIV treatment. HIV physicians state that work is needed to improve the perception and practice of confidentiality throughout primary care. This is evidenced by the large number of patients who express concern about both their GPs knowledge of HIV and confidentiality within the surgery. Where personal arrangements have been made such as telephoning or writing to a named practitioner confidentially, other partners in the practice have been known to express concern at this.

Table 9 - Proportion of Out-patients Currently Registered with a GP.

Provider	**Total No.of patients**	**Total no. registered with GP**	**Total no. in shared care.**
Infectious Diseases	251	88% (n=222)	Not available
GUM Sandyford Initiative	113	50% (n=56)	Not available

2.5 Community Care

Glasgow City Council continues to employ specialist social work staff to work within the Counselling and Support Team at the Brownlee Centre and a community based team of staff. The social work team at the Brownlee Centre and staff of the Positive Accommodation Team merged into one team in January 2002. The team consists of one Senior Social worker, four social workers and one home maker and is now known as The Brownlee Community Team, with bases at Granite House, Stockwell Street and the Brownlee Centre, Gartnavel Hospital. The remit of the team remains unchanged addressing the wide range of social problems encountered by people living with HIV especially those who are seriously ill, or continue to have problems with drug misuse or dependence. The team is also responsible for assessing and advocating on behalf of the clients in relation to their appropriate housing needs.

The number of people aged 18-64 between 1st April 2001 and 31st March 2002 referred to this Social Work Unit for a service was 220. The number of people aged 18-64 who, between 1st April 2001 and 31st March 2002, required a Community Care Assessment was 100. This reflects an increase of 60 referrals and 50 Community Care Assessments from the previous year.

A small number of Greater Glasgow residents have HIV-related dementia continuing to require nursing home care and intensive/diverse home care packages. However, there is a shortage of adequate and appropriate facilities for such cases in Glasgow.

There are also three HIV liaison nurses who, in addition to providing nursing support in the clinic setting, also provide domiciliary visits for HIV positive patients who are too unwell to attend the Brownlee Centre in person. This includes supporting patients in their treatment decisions and providing terminal care if required.

3 Prevention and Non-treatment

The Health Board's Prevention Strategy is based on the understanding that HIV infection is almost always transmitted in one of three ways:

i. unprotected penetrative sexual intercourse

ii. inoculation with blood from an infected person

iii. from an infected mother to her baby during preganancy or around birth

The aims of the HIV Prevention Strategy in Greater Glasgow are therefore as follows:

i. to prevent transmission between men who have sex with men

ii. to prevent sexual transmission between men and women

iii. to prevent transmission as a result of injecting drugs

iv. to prevent transmission from needlestick injury

v. to prevent transmission from infected women to their babies during pregnancy

3.1 Budget Monitoring

Table 10 reports the total HIV prevention allocation and the actual spend in the Greater Glasgow Health Board area.

Table 10 - Total Allocation and Spend

	Total Prevention Allocation	**Total Prevention Spend**
2001/02	1,737,583	1,737,583
2000/01	1,174,686	1,174,686

Table 11 - Expenditure by Target Population

Target Populations	Total Expenditure
Gay & Bisexual Men	453,130
People with links to high prevalence countries (at present sub-Saharan Africa)	No separate service. *Currently a needs assessment is being conducted amongst Asylum Seekers placed in Glasgow*.
Women partners of men in the above groups	No separate service
People with AIDS and HIV	154,275
Injecting Drug Users	462,365
Other	667,813
Laboratory	212,000
Training	52,300
Health Promotion	373,513
Evaluation Monitoring and Research Officer	30,000

Table 11 breaks down the actual expenditure of the prevention budget by category. The above categories will overlap to some degree. Some of the voluntary organisations' spend might fall into other categories, such as people with links to high prevalence countries and women partners of men in the above groups, but it is not possible to extract this specific financial information from the rest of their expenditure.

Greater Glasgow NHS Board funds several voluntary and non-statutory agencies who provide services and support to people in the above categories.

Gay and Bisexual Men

The Steve Retson Project (SRP) provides specialist sexual health services to gay men. The project is based at the Sandyford Initiative with outreach clinics at the Glasgow Lesbian Gay Bisexual and Transgendered Centre. There are currently 5 clinics a week, with over 100 clinics held over this time period. One of the aims of the SRP is to increase the uptake of HIV testing among gay men. To facilitate this, one of the clinics provides a dedicated same day HIV testing service, which requires that the client pre-books an appointment with the health advisor in the morning, with results available by that afternoon. There were 50 such clinics over the time period and 371 clients were tested, which is a 25% increase on the previous year, but with only 2 positive cases diagnosed. There is also a Peer Educators project that began in January 2001. This project aims to increase awareness of safer sex messages and publicise the facilities offered by the Steve Retson Project through outreach work in commercial gay venues across Glasgow.

The Gay Men's Service part of *PHACE Scotland*, (formerly PHACE West), provides outreach work to men engaging in public sex environments throughout Glasgow and in this time frame 214 contacts were made in which information and support was given to men at risk of contracting HIV. The Safer Houses Scheme ensures that all of Glasgow's gay venues act as health promotion environments according to set criteria which includes the free and consistent availability of condoms and water-based lubricant, the consistent availability of information on HIV and safer sex and local HIV and sexual health services. In addition, postcards were produced and distributed, addressing several issues associated with HIV and safer sex in the gay population. Lastly, health days and events were organised throughout the year, some of which linked in with key national events such as World Aids Day.

Strathclyde Gay and Lesbian Switchboard offers a daily source of information and advice to callers on a variety of issues affecting gay, lesbian, bisexual and transgendered people. They are committed to raising safer sex issues amongst this target group and in 2001-2002 safer sex was discussed during 52% of calls.

People with HIV and AIDS

Body Positive Strathclyde is ostensibly a self-support group for people with HIV, however, internal changes and the changing needs of people who are HIV positive led to an increase in direct service provision. This includes the Quality of Life project that explores education, training and employment opportunities for HIV positive people. Other services include complementary therapies, a fitness room, outreach work and an information unit.

The HIV/AIDS Carers and Family Support Group provide practical and emotional support for people affected indirectly by HIV. The group provides a telephone support service, one-to-one support, home visits, respite breaks and information and advice.

PHACE Scotland also provides a Support and Advocacy service for people infected with and affected by, HIV and AIDS. The Welfare Rights service provided support to 104 clients in 2001-2002 generating £193, 000 in income for service users. The Advocacy service supports people around issues including disclosure, isolation and emotional and practical difficulties. In addition, the Night Owl Crisis line provides information and a listening ear to people affected by HIV.

Injecting Drug Users

Needle Exchange. The aim of the needle exchange scheme is to reduce the transmission of HIV, hepatitis B and C and other bloodborne viruses acquired as a result of sharing injecting equipment. Needle exchange is provided at 15 pharmacies throughout the city, during normal working hours and is available to clients on a 'drop-in' basis. Needle exchange services are also available through Base 75, the Glasgow Drug Crisis Centre and through the pharmacies associated with the Glasgow Drug Problem Service (GDPS). Base 75 is a drop-in centre for street prostitutes and operates 6 evenings a week. In addition to the needle exchange, clinical services are also provided mainly covering conditions related to injecting drug use, but also gynaecological and reproductive issues. The Glasgow Drug Crisis Centre provides a 24-hour needle exchange service as well as 12 in-patient beds for drug rehabilitation. The Glasgow Drug Problem Service is a specialist service to which all GPs can refer, and provides a broad range of services for opiate addicted clients including needle exchange facilities.

Table 12 details the number of needles and syringes exchanged during the period. The overall return rate remains stable at 77% however, given that the there are an estimated 6-10 million injecting episodes in Greater Glasgow each year, the total number supplied through all needle exchanges falls well short of that required to eliminate the reuse of dirty needles.

Table 12 - Needle and Syringe Exchange in Greater Glasgow 2001-2002

Provider	**No needles/syringes issued**	**No needles/syringes returned**	**Return rate**
Pharmacy Needle Exchange	530,822	432,707	82%.
Base 75	59,348	15,081	25.4%
GDPS	162,431	152,488	94%
Glasgow Drug Crisis Centre	294,500	206,150	70%
Total	1,047,101	806,426	77%

Methadone programmes are also available. The primary aim of the daily oral methadone dose is to enable heroin injectors to stop or greatly reduce injecting and thereby reduce the many risks around injecting including the transmission of bloodborne viruses. There are over 3,000 people being prescribed methadone over the year and the main services are provided by:

- The GDPS, GP Shared Care Scheme (previously the GP Drug Misuse Clinic Scheme). Approximately 190 GPs are involved in the scheme, prescribing for over 2,500 patients.
- The Department of Infection and Tropical Medicine treats residential patients and some outpatients for up to three months.
- The Women's Reproductive Health Service treating female drug injectors during and shortly after pregnancy.

A key feature of the Greater Glasgow programme is that most patients swallow their daily dose of methadone under the supervision of the pharmacist. This ensures the correct dose is taken, but also so that illegal diversion and fatal overdose are minimised. Research published in 2000 shows that patients receiving methadone in the Glasgow programme stop or greatly reduce their injecting, have improved health and social stability and commit far fewer property crimes.

Table 13 - HIV Prevention Monitoring: 2001/02 Out-Turn

	Planned Profile	**Actual Outturn**
Generic spend	667,813	667,813
Targeted spend	1,069,770	1,069,770

3.2 Agency Monitoring

Table 14 reports the amount and percentage expenditure from the ringfenced prevention budget spent in each named sector. In the statutory health sector the sexual health promotion team play a significant role in reducing the spread of HIV, hepatitis B and other sexually transmitted infections, through information and social marketing campaigns. These campaigns are aimed at both the general population and target groups including gay men and young people, and employ a wide range of methods and media. The largest component of the statutory health total is allocated to substance misuse, including needle exchange and staff salaries. Clearly this expenditure has had an impact as there were no new cases of HIV among drug injectors in the reporting period, however reducing the risk of infection, co-infection and re-infection with hepatitis C amongst injecting drug users and their immediate contacts presents a continuing challenge.

The 'Prisons' sector is difficult to quantify as some of the voluntary organisations have carried out work in prisons. For example, PHACE Scotland produced an information leaflet on Hepatitis C for use in prisons, in collaboration with an inmate. However, it was not possible to extract the exact expenditure from their allocation. The CAST team provides an outreach counselling and testing service to the inmates of one Central Scotland prison. The amount shown is not spent entirely on this service but illustrates the entire allocation provided to the CAST team from the ring-fenced budget, but again the precise figures were unavailable.

No separate allocation is provided to any local authority services, rather the local authorities provide joint funding with the health board to some of the non-statutory organisations.

Table 14 - Percentage Expenditure by Sector

Sector	Amount	Percentage
STATUTORY HEALTH TOTAL	1,432,018	83%
Health promotion, family planning/sexual health, primary care, community care, education	314,489	18%
Substance misuse *	462,365	27%
GUM	179,000	%
Other statutory health	476,164	%
VOLUNTARY/ NON-STATUTORY	194,365	11%
LOCAL AUTHORITIES	None	-
PRISONS - CAST Team from Brownlee Centre	111,200	6%
OTHER	-	-
TOTAL PREVENTION SPEND	1,737,583	100%

3.3 Effectiveness Monitoring

The effectiveness of HIV prevention work in Greater Glasgow is evaluated in several ways. Careful monitoring of the prevalence and incidence of HIV cases is possible as a result of the surveillance system provided by SCIEH. The Joint Forum for Bloodborne Viruses oversees the implementation of the HIV strategy, and membership of the forum includes representatives from both statutory and voluntary agencies. Staff at the Health Board departments of Public Health, Health Promotion and Planning and Community Care carry out monitoring and evaluation of individual initiatives. This includes reviewing the annual reports received and feeding back any problems or successes to the agencies concerned.

A research and development officer for bloodborne viruses was appointed in August 2002 with specific responsibility for the monitoring and evaluation of the HIV prevention work carried out by the non-statutory organisations. One of the aims is to work with the other health boards who co-fund organisations to establish a minimum set of evaluation standards.

3.4 Co-ordination

In Glasgow, HIV is strategically managed through the Joint Forum for Blood borne viruses and its associated sub-groups, which includes the HIV Treatment and Care sub-group and the Prevention sub-group. Greater Glasgow NHS Board has always strived to include patient representation from the voluntary sector in planning mechanisms. Currently the chair of the West of Scotland HIV and BBV Network (WOSHIVABBVN) or his deputy attends the Joint Forum meeting. Members from Body Positive attend the HIV Treatment and Care sub-group, and two representatives from WOSHIVABBVN, with responsibility for both HIV and hepatitis C attend the Prevention sub-group meetings. However, there needs to be continued capacity building, as at times these places have not been filled.

3.5 Consumer Involvement

The Department of Genitourinary Medicine conducted an extensive questionnaire survey of those patients being treated for HIV and 30 detailed replies have been received. The key actions from this included:

- Writing to all patients with details of out of hours facilities
- Revising and sending out a new counselling support team leaflet
- Progressing the sexual health training of nursing and other staff at the Brownlee Centre to provide a more integrated sexual health care service.

There is a Community Access Officer based at the Sandyford Initiative with specific responsibility for patient/public involvement. Consumers are encouraged to contribute to the on-going evaluation of the services provided by both Core GUM and the client-specific projects such as the Steve Retson Project. A variety of methods are utilised including the provision of general comments boxes and involvement in specific user groups.

A review conducted in 2000 by Social Work Services at the Brownlee Centre and Positive Accommodation showed that about half of those receiving medical follow-up were also receiving specialist social work services. This needs assessment is likely to be repeated in future.

3.6 Training

The GUM medical staff are well supported in their training. They have unlimited access to medical conferences and all staff utilise the extensive online summaries for HIV care such as Medscape and AIDSmap.com. Staff are also taking part in the Sexually Transmitted Infections Foundation (STIF) courses for sexual health which includes an HIV component.

Staff contributing to the services provided at Base 75 receive a core programme of training including wound management, emergency resuscitation, hepatitis B training and aggression management. These sessions are attached to the existing clinical meetings. A full joint training day with social work staff was organised for September 2002 and three open training sessions for core Sandyford staff were also held.

During this period there was a dedicated Education and Training Officer for HIV and bloodborne viruses, based at the Brownlee Centre. Her remit was to provide a structured training programme on bloodborne viruses to all health and social care staff in GGNHSB area that work with bloodborne viruses. This programme included seminars, study days and clinical visits and was supported by a range of resource packs and materials housed in the main library at Gartnavel General Hospital. This post became vacant towards the middle of 2002, which is being viewed as an opportunity to re-evaluate the specific requirements associated with it.

The Needlestick Injury Guideline on the management and treatment of needlestick injuries and exposures to blood and other high-risk body fluids was updated during 2001-2002. The flipcharts and wall posters were widely distributed throughout Glasgow, to all hospital departments, every GP and agencies dealing with drug users and the homeless. It is also available on the SHOW website, www.show.scot.nhs.uk/ggmjsb/publications. Co-ordinated training to support this guideline is also being developed.

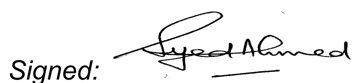
All staff in both the statutory and non-statutory sectors also have free access to the STRADA (Scottish Training on Drugs and Alcohol) courses including the specific bloodborne viruses 2-day course, available through the University of Glasgow.

Appendix 1 **New HIV Cases**

AIDS (CONTROL) ACT 1987: STATISTICS ON NEWLY REPORTED HIV INFECTED PERSONS

Health Board: ***Greater Glasgow***

1 April 2001 to 31 March 2002 (as at 31 March 2002)

Signed: 

Name: **Dr Syed Ahmed**

Tel. No. : **0141 201 4917**

How person probably acquired the virus	**Male**	**Female**	**Total**
Sexual intercourse between men	20	0	20
Sexual intercourse between men and women	6	16	22
Injecting drug use (IDU)	2	0	2
IDU and sexual intercourse between men	0	0	0
Blood factor (eg haemophiliac)	0	0	0
Blood/Tissue transfer (eg transfusion)	0	0	0
Mother to child infected	0	2	2
Other/undetermined	1	1	2
TOTAL	**29**	**19**	**48**

Notes:

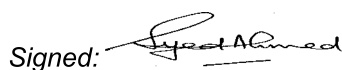
1. *Cases are allocated to a particular health board based on the patient's Health Board of Residence. If this is not known, they are allocated based on Health Board of Specimen origin.*
2. *This table, supplied by The Scottish Centre for Infection and Environmental Health (SCIEH) - Tel. 0141 300 1100 - is for the 2001/2002 reports by Health Boards under the AIDS (Control) Act 1987.*

Appendix 2 **Cumulative HIV Cases**

AIDS (CONTROL) ACT 1987: STATISTICS ON NEWLY REPORTED HIV INFECTED PERSONS

Health Board: ***Greater Glasgow***

Cumulative to 31 March 2002

Signed: 

Name: **Dr Syed Ahmed**

Tel. No. : **0141 201 4917**

How person probably acquired the virus	Male	Female	Total
Sexual intercourse between men	334	0	334
Sexual intercourse between men and women	62	57	119
Injecting drug use (IDU)	102	59	161
IDU and sexual intercourse between men	10	0	10
Blood factor (eg haemophiliac)	23	0	23
Blood/Tissue transfer (eg transfusion)	6	3	9
Mother to child infected	3	2	5
Other/undetermined	6	2	8
TOTAL	**546**	**123**	**669**

Notes:

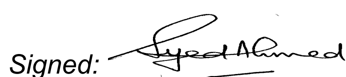
1. *Cases are allocated to a particular health board based on the patient's Health Board of Residence. If this is not known, they are allocated based on Health Board of Specimen origin.*
2. *This table, supplied by The Scottish Centre for Infection and Environmental Health (SCIEH) - Tel. 0141 300 1100 - is for the 2001/2002 reports by Health Boards under the AIDS (Control) Act 1987.*

Appendix 3 **Living HIV Cases**

AIDS (CONTROL) ACT 1987: STATISTICS ON NEWLY REPORTED HIV INFECTED PERSONS

Health Board: ***Greater Glasgow***

Number of cases NOT KNOWN TO BE DEAD; Cumulative to 31 March 2002

Signed: 

Name: **Dr Syed Ahmed**

Tel. No. : **0141 201 4917**

How person probably acquired the virus	Male	Female	Total
Sexual intercourse between men	210	0	210
Sexual intercourse between men and women	41	51	92
Injecting drug use (IDU)	62	33	95
IDU and sexual intercourse between men	5	0	5
Blood factor (eg haemophiliac)	14	0	14
Blood/Tissue transfer (eg transfusion)	3	2	5
Mother to child infected	3	2	5
Other/undetermined	5	1	6
TOTAL	**343**	**89**	**432**

Notes:

1. Cases are allocated to a particular health board based on the patient's Health Board of Residence. If this is not known, they are allocated based on Health Board of Specimen origin.

2. This table, supplied by The Scottish Centre for Infection and Environmental Health (SCIEH) - Tel. 0141 300 1100 - is for the 2001/2002 reports by Health Boards under the AIDS (Control) Act 1987.

Appendix 4 **AIDS Cases**

AIDS (CONTROL) ACT 1987: STATISTICS ON REPORTED AIDS CASES AND DEATHS

Health Board: ***Greater Glasgow***

Year ending 31 March 2002

Signed:

Name: **Dr Syed Ahmed**

Tel. No. : **0141 201 4917**

Period	People with AIDS -	First reported from this health board	Known to be resident of this health board
1 April 2001 to 31 March 2002	- reported to, and accepted by SCIEH in period	11	11
	numbers of cases known to have died in period	4	5
Cumulative to 31 March 2002	- cumulative number reported to, and accepted by SCIEH in period	299	228
	numbers of above known by 31 March 2002 to have died	196	146

Notes:

1. This form should be completed as part of the reports made by Health Boards under the AIDS (Control) Act 1987.
2. The form should be completed from information supplied by SCIEH
3. In previous years, AIDS death data had been expressed as "the number of deaths occurring among AIDS cases reported from 1 April to 31 March". For 2001/2002, this has been altered to record the total number of AIDS deaths recorded within the 12 month period.