



*Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.*

## **1. Reducing late diagnosed HIV infection**

- 1.1. The contents of this paper can be shared with the general public.
- 1.2. This paper is for the Health & Wellbeing Board meeting on the 24<sup>th</sup> March 2015.
- 1.3. Author of the Paper and contact details

Stephen Nicholson, Lead commissioner HIV and sexual health  
[Stephen.nicholson@brighton-hove.gov.uk](mailto:Stephen.nicholson@brighton-hove.gov.uk)  
 01273 296554

## **2. Summary**

This report is provided in response to Brighton & Hove City Council's Notice of Motion of 11<sup>th</sup> December 2014 on the HIV Diagnosis – Halve It campaign. The Halve-It campaign is a coalition of national experts in HIV who seek to reduce the proportion of people undiagnosed and diagnosed late with HIV through public policy reform and implementation of good practice. This paper describes HIV infection in Brighton and Hove and the current initiatives to reduce the number of people diagnosed late and living with undiagnosed HIV infection.

## **3. Decisions, recommendations and any options**

For Members to note and support the approaches being taken to reduce late diagnosed HIV infection.

### **3. Relevant information**

- 3.1 HIV infection continues to present a major public health challenge nationally and locally. Early diagnosis enables better treatment outcomes and reduces the risk of transmitting the virus to others.
- 3.2 In 2013 in the UK, over 107,000 people were estimated to be living with HIV. A quarter of whom are thought to be unaware of their infection and remain at risk of passing on HIV, mainly through having sex without condoms.
- 3.3 The overall prevalence of HIV in the UK is 2.8 per 1,000 population aged 15-59 years (1.9 per 1,000 women and 3.7 per 1,000 men).
- 3.4 HIV infection is not equally distributed among the population. In 2013 the prevalence rate of HIV was approximately 30 times higher for men who have sex with men (MSM) and black Africans compared to the general population in England.
- 3.5 In Brighton and Hove 1,670 residents attended NHS HIV treatment services in 2013. The overall prevalence of diagnosed HIV in Brighton and Hove is 7.96 per thousand population aged 15-59 years.
- 3.6 Brighton and Hove has the 8<sup>th</sup> highest prevalence of diagnosed HIV in the UK and the highest outside of London.
- 3.7 In Brighton and Hove, 91% of people living with HIV are male and the majority (84%) of people (92% of males) probably acquired the infection through sex between men. The majority of people living with HIV locally are white but 54% of women with HIV in Brighton and Hove are black African.
- 3.8 People living with HIV can expect a near normal life-span if they are diagnosed promptly. Late diagnosis of HIV is the most important predictor of HIV -related illness and death. People diagnosed late have a tenfold increased risk of dying within the first year of diagnosis.
- 3.9 It is estimated that more than 50% of new HIV infections occur through transmission from individuals who are unaware of their infection, and studies have shown that the risk of transmitting HIV to an un-infected partner is reduced by up to 96% when infection status is known.

- 3.10 Each new HIV infection costs the NHS between £280,000 and £360,000 in lifetime treatment costs. Direct medical costs are almost twice as high for late presenters compared to patients who are diagnosed early.
- 3.11 It is therefore very clear that there are significant benefits to individual health, the public health and the health and care economy in ensuring the timely diagnosis of HIV infection.
- 3.12 This importance is recognised by the national Halve-It campaign and its objective to reduce the proportion of people undiagnosed and diagnosed late with HIV.
- 3.13 Over the last 13 years the proportion of individuals diagnosed late nationally has decreased significantly from 60% in 2002. The decrease in late diagnoses has slowed in recent years but a steady downward trend continues. The table below shows the proportion of diagnoses made late over the last 4-5 years in England, the South East and in Brighton & Hove:

**The proportion of HIV diagnoses made late in England, the South East and Brighton and Hove, 2009/11 to 2011/13**

	Brighton & Hove %	South East %	England %
2009-11	34	50	50
2010-12	34	47	48
2011-13	31	46	45

- 3.14 Late diagnosis rates are significantly lower (better) in Brighton and Hove than have been achieved nationally or in the South East region. Brighton and Hove is ranked the 12<sup>th</sup> best local authority in England for late HIV diagnoses.
- 3.15 This reflects two local factors. The first is that the majority of people living with HIV locally are MSM who are more likely to be offered, and to accept, HIV testing at the sexual health clinic and to test more frequently, and so be diagnosed earlier. Secondly, commissioners and providers have worked together to ensure that there is easy and timely access to pro-active HIV testing in a range of health and community settings.
- 3.16 HIV testing is currently offered in the following settings in Brighton and Hove:
- All attendees at the sexual health (GUM) clinic;



- MSM are offered annual screening or more frequent if changing sexual partners;
  - The community contraception and sexual health (CASH) clinic;
  - All pregnant women attending ante-natal screening;
  - All acute medical admissions to the Royal Sussex County Hospital;
  - At registration with some general practices;
  - All women undergoing termination of pregnancy
  - All new registrations at substance misuse services
  - Service users of the First Base Day Centre for the homeless and insecurely housed
  - Community settings, venues and outreach targeting men who have sex with men (MSM) and black Africans.
- 3.17 Scaling-up testing will continue to reduce the number of people who are diagnosed late, if it is evidence-based and targeted.
- 3.18 Brighton and Hove has been at the forefront in developing innovative approaches to increase the uptake of HIV testing. Brighton and Sussex University Hospitals Trust (BSUHT) and the former Brighton and Hove Primary Care Trust (PCT) received two of eight national grant awards from the Department of Health to pilot offering opt-out HIV testing to patients being admitted to hospital and patients registering with general practice respectively.
- 3.19 The results of these pilot schemes demonstrated that opportunistic, opt-out HIV testing was feasible and acceptable in primary care and hospital settings and informed the Health Protection Agency recommendation that HIV testing in primary care and in general medical admissions to hospital should be prioritised in areas with a high HIV prevalence.
- 3.20 Opt-out HIV testing continues to be offered to patients being admitted to the Royal Sussex County Hospital as it was found to be effective and continues to identify previously undiagnosed infections.
- 3.21 HIV testing for patients registering with primary care has not been as successful in identifying new cases of HIV locally. This is largely because the epidemiology of HIV in Brighton and Hove means that routinely testing large numbers of white, heterosexuals with no risk factors or symptoms is unlikely to lead to many new diagnoses.

- 3.22 Plans are being developed locally to implement the NICE guidelines on increasing the uptake of HIV testing to reduce undiagnosed infection and prevent transmission among men who have sex with men and black Africans.
- 3.23 These guidelines recommend the offer of HIV testing to all men and black African women for whom a blood test is being requested by general practices. This targeted approach will better reflect the local epidemiology of HIV. From April 2015, primary care practitioners will be supported to implement this recommendation as well as to offer more targeted testing to at-risk patients who are not having a blood test.
- 3.24 Following a successful pilot study we are also developing plans for a national procurement of a home sampling for HIV testing service. Black Africans and MSM will be able to order self-sampling kits for either blood or saliva on-line that will be sent to a laboratory for testing and the results communicated back to the individual directly. This work is being led by Public Health England. Brighton and Hove is representing the South East in the development of this service.
- 3.25 As well as increasing opportunities to test for HIV and reduce undiagnosed infection it is important to improve our understanding of the local picture of HIV through surveillance and reporting. The Public Health Outcomes Framework includes an indicator on late diagnosis of HIV and the new contract for the integrated sexual health service includes a requirement on the exception reporting of late diagnoses of HIV as serious incidents. Increased understanding of how and why late diagnoses occur will help us to reduce the number in the future.
- 3.26 All of the interventions and opportunities to test described above make Brighton and Hove very well placed to continue to reduce undiagnosed and late diagnosed HIV infection locally. As currently available data provide only three time points it is not possible to commit to a trajectory of that reduction at this time.
- 3.27 The lack of trend data and the already relatively low late diagnosis rates locally also make it difficult to commit to halve late diagnoses by 2020. Nevertheless, we are determined to continue the downward trajectory and ensure that late diagnosis rates are as low as they can be in Brighton and Hove.

- 3.28 Increasing the uptake of HIV testing and reducing undiagnosed infection is underpinned by a programme of targeted HIV prevention that aims to provide those at risk of infection with the knowledge, skills and resources to protect themselves from HIV in the first place.
- 3.29 HIV prevention methods and interventions include:
- Provision of free condoms and lubricant;
  - Targeted outreach and campaigns;
  - Printed information and resources on-line (eg [www.swish.org.uk](http://www.swish.org.uk));
  - Ensuring that drug and alcohol related risk-taking is addressed by sexual health services; and
  - Sexual risk-taking is addressed by drug and alcohol services;
  - One-2-one support for high risk MSM and those who attend sexual health clinics repeatedly;
  - Work with faith and community groups to support and normalise condom use and HIV prevention messages
- 3.30 More recent innovations in HIV prevention have also been developed alongside the emerging digital and social media. The Terrence Higgins Trust (THT) who provide HIV prevention services for MSM locally are actively and successfully engaging men through platforms that provide real-time social networking opportunities.
- 3.31 Correct and consistent condom use remains an extremely effective way to prevent HIV transmission. This, alongside increasing targeted, testing coverage will help to ensure a reduction in the incidence of HIV infection in Brighton and Hove.

## 4. Important considerations and implications

### 4.1 Legal

There are no direct legal implications arising from this report which is presented for information only. Jill Whittaker 3/3/2015.

### 4.2 Finance

Most of the activity is funded through current contracts and there is a dedicated budget for additional HIV testing of £30k, which is funded from the Public Health ring-fenced grant.

Finance Officer consulted: Mike Bentley

Date:03/03/2015.



4.3 Equalities

4.4 Sustainability

4.5 Health, social care, children's services and public health

**5 Supporting documents and information**

N/A

