

HIV prevention: Factsheet

Tower Hamlets Joint Strategic Needs Assessment 2010-2011

Executive Summary

- HIV infection is an important public health problem in Tower Hamlets with an annual expenditure on HIV anti-retroviral therapy alone of over £8.5 million. Incidence of HIV has risen by 39% in the last year and the prevalence is around 5.7 per 1000 population aged 15-59 compared to 5.2 per 1000 in London and 1.8 per 1000 in England.
- 70.5% of HIV cases in Tower Hamlets are in men who have sex with men (MSM). By ethnicity, 67.7% of HIV is in white ethnic group (presumably mostly MSM) followed by 14% amongst black Africans. In 2009, 64% of HIV cases in black Africans were diagnosed late compared to 38% of HIV in MSM that were diagnosed late.
- HIV testing has increased in GUM clinics, primary care and community settings.
- Despite all the work around HIV health promotion in Tower Hamlets, it is clear that there are still important gaps in knowledge about HIV infection, routes of transmission and treatment in the local communities especially those in the highest risk groups (Black Africans and MSM).
- Stigma around HIV is an important barrier to get tested and accessing services particularly among Black and Ethnic Minorities (BME).
- A number of projects/services were commissioned to increase access to information, testing and HIV care services. These projects/services have achieved many of the set objectives; there need to be however better coordination and monitoring of any future projects/services to ensure good value for money.

Recommendations

- Develop and implement a communication strategy based on sexual health social marketing scoping report and audience segmentation.
- Better use of epidemiological data to plan services and target activities to high risk groups
- Agree priorities with partners particularly around extending HIV testing by offering and recommending it to all patients in general medical admission wards, all those at risk in general practices (MSM and black African patients) as well as new registrants and continue with community HIV testing.
- Implement NICE guidance for increasing uptake of HIV testing for MSM and black Africans with particular emphasis on closer partnership working with voluntary and community organizations.

1. What is HIV?

Human Immunodeficiency Virus or HIV is a retrovirus that infects the body and gradually destroys the body immune cells (CD4 cells) resulting in a weakened immunity, increased likelihood of infections and reduced protection against cancers. This leads in later stages to AIDS (Acquired Immune Deficiency Syndrome) when the body defences are very weak and can no longer fight opportunistic infections.

Signs and symptoms

There are usually very few symptoms following HIV infection and infected people may remain well for years. The best way to know whether someone is infected is to take an HIV test.

Routes of transmission

HIV is transmitted mainly through body fluids. Unprotected sexual practices (anal, vaginal, oral sex) remain the main routes of transmission for HIV. Other routes include sharing needles by injecting drug users and mother to child transmission before or during birth and through breast milk. Healthcare associated HIV infection (blood transfusion and medical instruments) is rare in developed countries but is still important in developing countries.

Late HIV diagnosis

Late HIV diagnosis is defined as patients with a CD4 cells count of less than 350 per mm³ of blood within 3 months of diagnosis, stage at which it is recommended to start treatment. CD4 are key immune system cells that are destroyed by HIV virus. A normal CD4 cell count is between 500 and 1600 per mm³ of blood. Very late HIV diagnosis (CD4 cells count of less than 200 per mm³) is associated with increased morbidity and mortality.

HIV treatment

There is no cure for HIV and no vaccine to prevent it. However treatments were developed that allow HIV infected patients to lead relatively normal lives and increase significantly their life expectancy.

2. What is the local picture?

Prevalence and incidence

The prevalence rate of HIV in Tower Hamlets is 5.7 per 1000 population aged 15-59 compared to 5.2 per 1000 in London and 1.8 per 1000 in England. Tower Hamlets is ranked 13th out of the 151 PCTs in England for HIV prevalence.

The number of people living with HIV in Tower Hamlets has increased by 48% in the last 5 years compared to 59% in England but increased by 10% from 2008 to 2009 compared to 7% in England. In 2009 an estimated 86,500 people were living with HIV (both diagnosed and undiagnosed) in the UK and around a quarter (27%) of HIV infected people are unaware of their infection¹.

The incidence (diagnosed new cases not necessarily new infections) of HIV in Tower Hamlets in 2009 has increased by 39% from previous year while nationally there is a year on year decline since 2005.

Routes of infection

In Tower Hamlets 71% of all HIV cases were accounted for by men having sex with men (MSM) followed by heterosexual women (11%) and men (7%)². The remainder were infected through intravenous drug use, maternal-child transmission or unknown mode of transmission. In the UK around half of all 6,630 individuals diagnosed in 2009 are thought to have acquired the infection heterosexually and the majority was acquired overseas. HIV infections in Men who have Sex with Men (MSM) are thought to be acquired mainly in the UK (83%).

Ethnicity and age

In terms of ethnicity, the highest numbers (71%) of newly diagnosed HIV infections in Tower Hamlets in 2009 are seen in white ethnicity (presumably MSM) followed by black African communities (14%). A sexual health needs

¹ Health Protection Agency. HIV in the UK: 2009 Report. <http://www.hpa.org.uk/Publications/InfectiousDiseases/HIVandSTIs/0911HIVUK2009Report>. Publication date November 2009.

² Sexual Health Needs Assessment and Equity Audit in Tower Hamlets with Main Focus on Young People Under 25. Options UK, October 2010

assessment conducted in Tower Hamlets in 2010 extrapolated the HIV data to local population and this translated crudely to a prevalence rate of 9 per 1,000 white ethnicity, 12.9 per 1,000 black Africans, 1.5 per 1000 black Caribbean and 0.3 per 1000 Asians.

The median age of those accessing care for HIV was 40 years (34-46) in Tower Hamlets, this is similar to other neighbouring boroughs. Number of younger HIV patients (under 15 years age group) remains very small.

Late diagnosis

In 2009, 38% of people with HIV in Tower Hamlets were diagnosed late (CD4 count of less than 350) compared to 51% in London and 52% in England. The proportion of late diagnosis was higher in heterosexuals (64% compared to 61% in London) than among MSM (34% in Tower Hamlets compared to 35% in London)³. The proportion of those diagnosed very late (CD4 count of less than 200) in Tower Hamlets in 2009 were 23% (and of those 15% were MSM and 69% were heterosexuals) compared to 33% in London (18% MSM and 39% heterosexuals).

HIV testing

92% of MSM took up the offer of HIV testing at the local Genito Urinary Medicine (GUM) clinic compared to an average of 90% across London. This represents a 5% increase from 2008. Uptake remains lowest amongst African communities (85% compared to 84% in London) despite the drive to increase uptake among this group.

Antenatal HIV testing of pregnant women in Tower Hamlets showed an HIV prevalence of 0.1% compared to 0.4% in London.

HIV testing performed in a variety of other non-GUM/HIV clinical areas showed an increase in uptake. In general practice for example there was a growth in HIV testing by 378%. However, the relative number of HIV positive results have remained low (similar since 2005). This would suggest that either the general incidence of HIV in the community population who are tested in general practice is small and stable or that those who are at highest risk are not being tested in general practice.

Accessing HIV care

48% of HIV patients resident in Tower Hamlets accessed HIV care services at the Graham Hayton Unit at The Royal London Hospital. The other 52% accessed a range of other non-Tower Hamlets services, mostly in London⁴.

3. What are the effective interventions?

- In March 2011, the national institute for health and clinical excellence (NICE) issued guidance on increasing the uptake of HIV testing among men who have sex with men and another one among black Africans in England⁵. The recommendations include more community engagement and involvement and closer working partnership with local communities and voluntary sector to promote HIV testing, raise awareness of local services and how to access them, and fighting stigma and misconceptions.

³ HIV in North East London Epidemiology and Prevalence, HPA data, 2009

⁴ Sexual Health Needs Assessment and Equity Audit in Tower Hamlets with Main Focus on Young People Under 25. Options UK, October 2010

⁵ NICE publication guidance 33 and 34.

- In February 2011, the British Association for Sexual Health and HIV (BASHH)⁶ issued draft guidance on the use of post exposure prophylaxis following sexual exposure (PEPSE) with the main objective to ensure the appropriate use of PEPSE as a potential method for preventing HIV infection.
- The British HIV Association (BHIVA)⁷ produced a number of guidelines on treatment, adherence, management of hepatitis B and C co-infected individuals, transplantation, immunization, malignancy, opportunistic infections, reproductive and sexual health and pregnancy.

4. What are we doing locally to address this issue?

HIV testing:

- We worked with voluntary organizations to pilot HIV point of care testing (POCT) in community settings
- HIV testing was included in the Sexual health Network Improvement service (NIS) for GP practices but not all practices are offering it
- Women undergoing termination of pregnancy are offered HIV testing
- HIV testing is offered routinely at GUM clinics

Health promotion and awareness raising

- December HIV awareness raising campaign to coincide with AIDS world day. This includes development of posters, promotional materials to raise awareness, encourage testing and sign posting to services.
- Sexual health promotion campaigns including HIV. Activities include Fresher's fair, leafleting, outreach, discussion groups with local communities and special events days. Promotional material and condoms are distributed at these events.
- Work with pharmacists to sign post clients to sexual health services and provide free condoms for those under 25 years of age
- As the internet is the medium used by most people to find information, we updated the sexual health section of NHS Tower Hamlets website with information on how to access local sexual health services.
- A condom distribution scheme that provide condoms free from GP practices, pharmacies, sexual health and contraceptive service (THCASH), GUM clinics and voluntary sector organizations (Step Forward, Docklands Outreach, Positive East). Condoms are also distributed to various Gay venues (saunas, bars, etc), colleges, and at local events.
- We continue to be part of the Pan London HIV prevention initiative targeting gay men and Black African communities.

HIV needs assessment and planning

- Projects were commissioned by NHS Tower Hamlets public health department to increase access to information, testing and HIV care services. Majority of which were delivered by voluntary and community organizations.
- NHS Tower Hamlets in partnership with NHS Newham and Positive East (voluntary sector organization) organized a North East London conference to discuss the various strategies and challenges locally and strengthen partnership working between NHS organizations, voluntary sector and community

⁶ <http://www.bashh.org/guidelines>

⁷ <http://www.bhiva.org/ClinicalGuidelines.aspx>

organizations in North East London.

- Social marketing scoping exercise conducted to review existing communication and marketing activities for sexual health and help develop a behaviour change strategy for sexual health based on audience segmentation.
- Local condom distribution scheme reviewed
- Options UK commissioned to conduct a sexual health needs assessment and equity audit in Tower Hamlets.
- Naz Project London tasked to undertake a 'Sexual Health Needs Assessment on Black and Ethnic Minority MSM in Tower Hamlets'.
- Doctors of the World UK commissioned to conduct a mapping of the provision of sexual health services for vulnerable groups across Newham and Tower Hamlets.
- Active role in re-commissioning of the Pan London HIV prevention initiatives and delivery of needs assessment.

5. What evidence is there that we are making a difference?

- Posters, leaflets and other health promotion materials were developed over the years and used in promotional campaigns in the borough (bus shelters, billboards) and through the local NHS Tower Hamlets website to raise awareness about HIV and sign post to services.
- A number of HIV cases were identified through the point of care testing in the community and through increased testing in primary care. This will contribute to the reduction of further transmission of HIV in the local community.
- Late HIV diagnosis dropped by 6% since 2004 to reach 23% in 2010, but there is more to do to meet the London target of 15% by 2011. Late diagnosis in MSM is lower than the London average.
- The courses run by Positive East for the newly diagnosed patients and the outreach activities will help patients come to term with the HIV diagnosis and adhere to treatment.

6. What is the perspective of the public on support available to them?

Sexual health service users' views and perspectives were gathered through various local surveys, real time feedback (AKC and Barts Sexual Health Clinic) and customer comments cards, a user group (which feedback into the Sexual Health Strategy group), the North East London HIV & Sexual Health Clinical Network (NELNET) survey and NHS Tower Hamlets mystery Shopper survey carried out on a yearly basis.

Overall there was a positive feedback about sexual health services from service users. Friendliness and professionalism of the staffs were highly commended. 88% of mystery shoppers said they will recommend the services to their friends (an improvement from 50% in 2009). Gaps were highlighted particularly around cleanliness, lack/inappropriate signage, design of reception areas (confidentiality may be an issue) and waiting times.

7. What more do we need to know?

The various needs assessment reports identified gaps in knowledge around HIV infection, routes of transmission and risky behaviours and recommended that information about sexual health and HIV is targeted to high risk groups particularly through the use of internet. They also recommend the development of a screening and testing strategy for HIV in Tower Hamlets.

In order to be able to share learning and best practice across North East London sector, Tower Hamlets is a member of NELNET. It also worked closely with Newham to develop common interventions as part of the Newham and Tower Hamlets HIV/AIDS Prevention Partnership. However given that in Tower Hamlets around 70% of HIV is among MSM, unlike neighbouring PCTs where it is mostly in black Africans, it is important in future to keep a local focus for HIV interventions.

8. What are the priorities for improvement over the next 5 years?

Key insights

- HIV is an important public health issue locally. Incidence rate is increasing and late HIV diagnosis remains an issue particularly in black African communities.
- Increasing uptake of HIV testing is a priority in the coming years particularly among the black African communities. We need therefore to identify gaps in service provision and provide choice.
- Despite all the work around HIV health promotion, it is clear that there are still important gaps in knowledge about HIV, routes of transmission and treatment.
- Stigma around HIV is an important barrier to get tested and accessing services particularly among Black and Ethnic Minorities (BME).
- Partnership working between NHS organizations, voluntary sector and community based organizations is the cornerstone in the fight against HIV. This needs to be better coordinated to achieve improvements in prevention, treatment and care of HIV patients.

Key recommendations:

- Develop and implement a communication strategy based on social marketing scoping report and audience segmentation.
- Better use of epidemiological data to plan services and target activities to high risk groups
- Agree priorities with partners particularly around extending HIV testing by offering and recommending it to all patients in general medical admission wards, all those at risk in general practices (MSM and black African patients) as well as new registrants and community HIV testing.
- Implement NICE guidance for increasing uptake of HIV testing for MSM and black Africans with particular emphasis on closer partnership working with voluntary and community organisations.

9. Key Contacts & Links to Further Information

- For general JSNA queries email: JSNA@towerhamlets.gov.uk
- Khadidja Bichbiche, Senior Public Health Strategist: khadidja.bichbiche@thpct.nhs.uk

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