



Public Health
England

Protecting and improving the nation's health

HIV diagnoses, late diagnoses and numbers accessing treatment and care

2016 report

Version 1.0/ October 2016

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: @PHE_uk
Facebook: www.facebook.com/PublicHealthEngland

Report authors: Cuong Chau, Peter Kirwan, Alison Brown, Noel Gill, Valerie Delpech

Contributors: The HIV and AIDS Reporting Team, HIV and STI Department: Adamma Aghaizu, Alex Bhattacharya, Nicholas Cooper, Sara Croxford, Sarika Desai, Chris Farey, Amrita Ghataure, Jameel Khawam, Matthew Hibbert, Meaghan Kall, Mark McCall, Janice Morgan, Sandra Okala, Rajani Raghu, Andrew Skingsley, Zheng Yin
UCL Great Ormond Street Institute of Child Health: Claire Thorne
Health Protection Scotland: Glenn Codere, Lesley Wallace

For queries relating to this document, please contact: harsqueries@phe.gov.uk

© Crown copyright 2016

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.ogil.io) or email psi@nationalarchives.gsi.gov.uk. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published October 2016

PHE publications gateway number: 2016349



Contents

About Public Health England	2
New HIV diagnoses, AIDS and deaths	4
Number of people who accessed HIV care	7
Number of people who are treated and virally suppressed	8
References	9

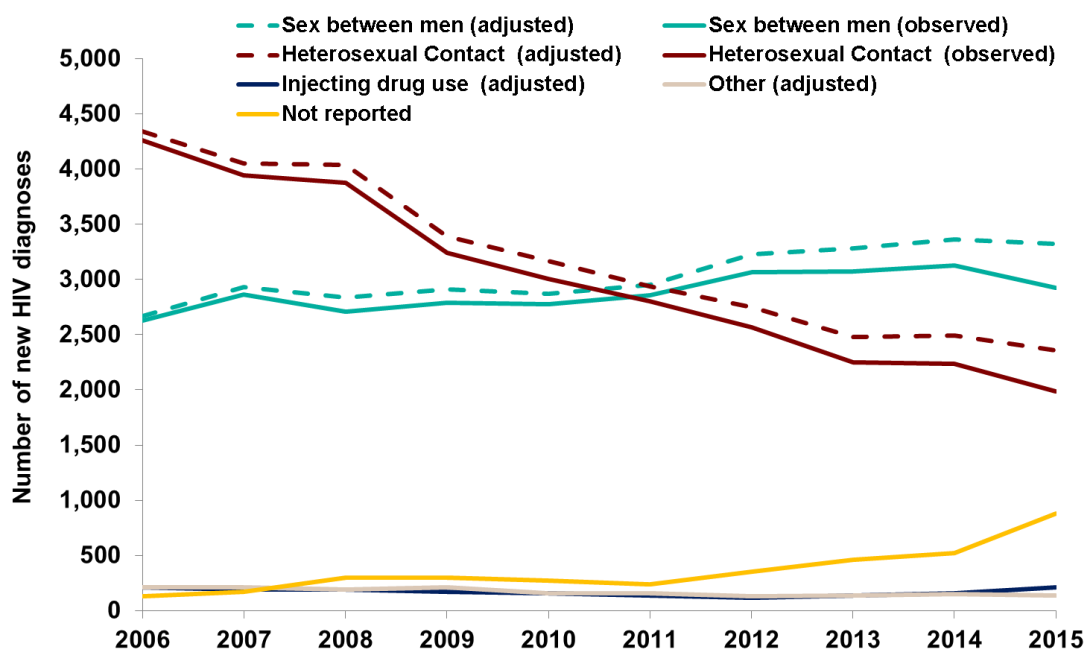
New HIV diagnoses, AIDS and deaths

In 2015, a total of 6,095 people (4,551 men and 1,537 women¹) were diagnosed with HIV in the UK, similar to numbers reported in recent years. This figure included 65 children, 5,012 adults aged 15-49 years and 1,018 adults aged 50 years and over. A total of 305 people were diagnosed with AIDS at their HIV diagnosis and 613 people with HIV infection died in 2015; under half of these deaths were likely to be AIDS related.

After adjusting for missing exposure information², 3,320 (54%) were reported among gay, bisexual and other men who have sex with men (MSM) (Figure 1). Although a slight decline on 2014 (3,360), new HIV diagnoses among MSM remained high. This reflects an increase in levels of HIV testing as well as ongoing transmission in this group.

A total of 2,360 new diagnoses were reported in heterosexual men (1,010) and women (1,350) in 2015 (Figure 1). This is about half the diagnoses made ten years ago (4,340). The fall is largely due to changing migration patterns, with fewer people born in sub-Saharan Africa being diagnosed with HIV in the UK.

Figure 1: New HIV diagnoses² reported by exposure group, UK: 2006-2015



¹ Gender was not reported for seven individuals.

² Data were adjusted according to the distribution of exposure categories from data with information complete (86%). Adjusted data are included throughout this report with observed data included in the accompanying data tables.

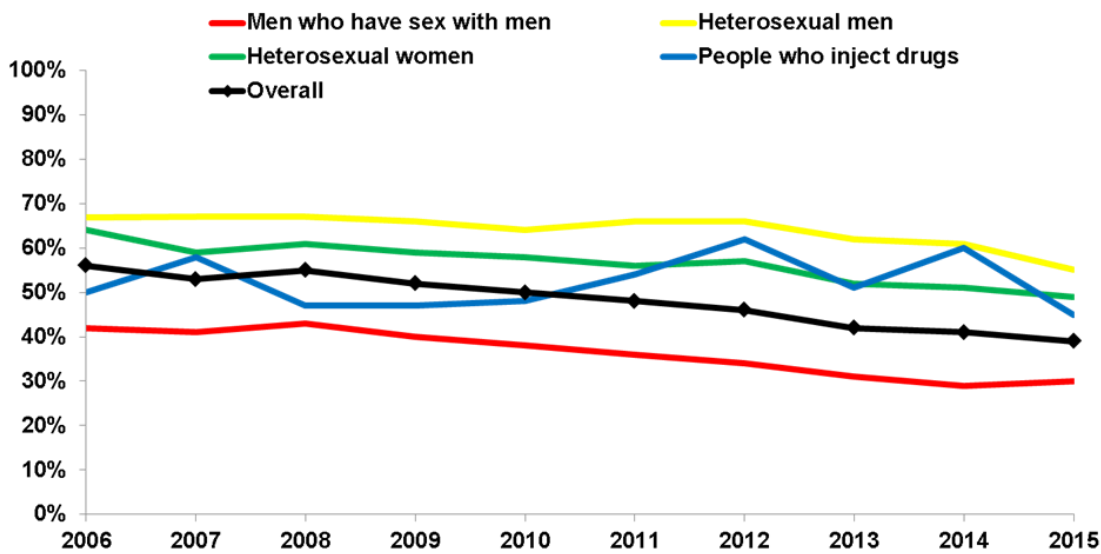
The number of people newly diagnosed with HIV in 2015 who acquired HIV through injecting drug use remains low overall (210; 2%). However, the number of diagnoses reported in this group rose from 160 in 2014 to 210 in 2015. This is mainly due to a localised outbreak among people who inject drugs in Glasgow³. An additional 50 people who received blood or blood products abroad were diagnosed in 2015 and 130⁴ individuals were reported to have acquired HIV through mother to child transmission; only one of these infections was acquired in the UK.

Late diagnoses

Late HIV diagnosis is defined as a CD4 count <350 cells/mm³ within three months of HIV diagnosis. Reducing late HIV diagnosis remains a clinical and public health priority since people diagnosed late have been living with an undiagnosed HIV infection for at least three years and are at risk of premature death and of transmitting the virus to their sexual partners.

In 2015, 39% (1,920/4,969) of adults were diagnosed at late stage of infection. This represents a continuation of the gradual decline seen across all major groups (Figure 2). This proportion was higher among heterosexuals, with 54% (419/769) of men and 49% (441/922) of women diagnosed late. Rates were lower in MSM (30%; 777/2,628).

Figure 2: Proportion of people diagnosed with HIV at a late stage of infection⁵ by exposure group, UK: 2006-2015



³ <http://www.nhsggc.org.uk/236772.aspx>

⁴ This figure is greater than the 65 diagnoses reported among children as it will contain a small number of individuals diagnosed abroad as children who have arrived in the UK as adults.

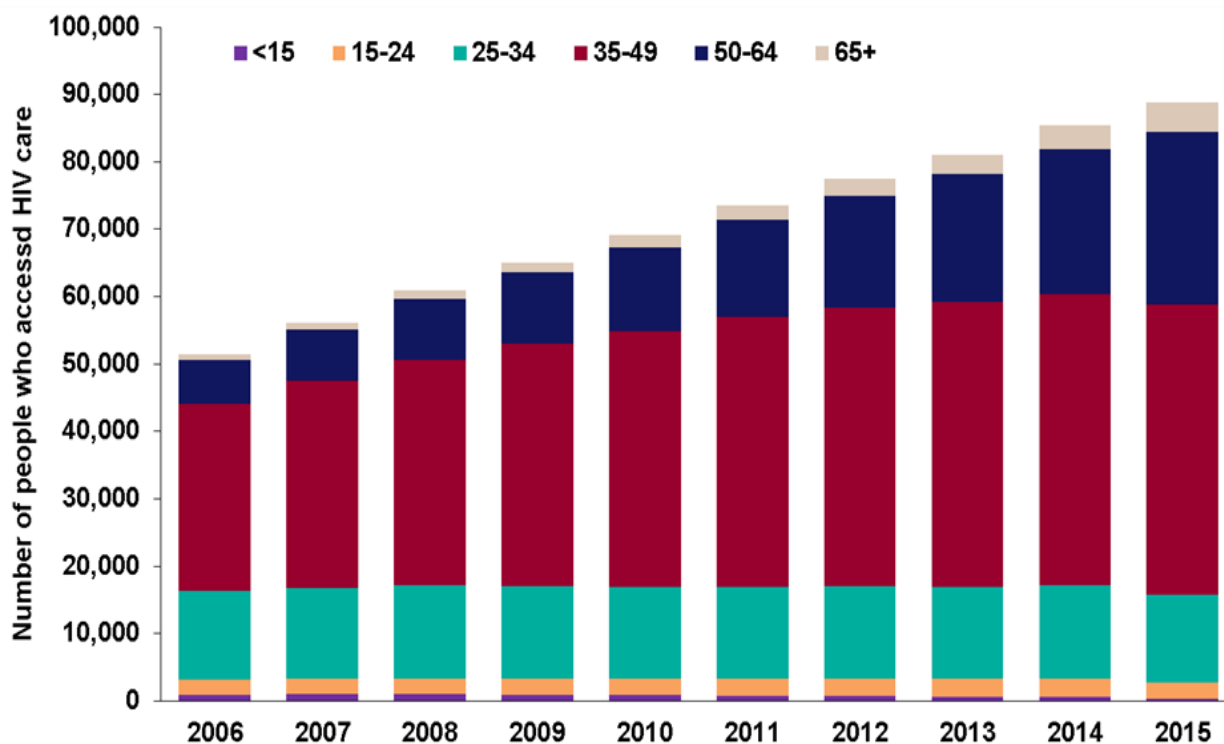
⁵ Defined as a CD4 count <350 cells/mm³ within 91 days of diagnosis. Data exclude patients with missing CD4 count (18%).

The proportion of people diagnosed late varied geographically, with the highest rates observed in the North of England (47%) followed by Midlands and East of England (46%), the South of England (41%) and London (32%). MSM living in London had a lower rate of late HIV diagnosis (23%; 253/1,122) compared to those living outside London (36%; 469/1,319). This geographical difference was also observed among heterosexual men (52%; 133/253) and women (48%; 136/285) living in London compared to those outside London (men 56%; 261/466 and women 47%; 277/568).

Number of people who accessed HIV care

In 2015, 88,769 people were living with diagnosed HIV and accessed HIV care (61,097 men and 27,672 women). This represents a 73% increase on the number reported a decade ago (51,449 in 2006) and an increase of 4% over the preceding year. This rise is due to effective treatment, with few HIV-related deaths, as well as people newly diagnosed with HIV accessing care for the first time in 2015. As a consequence, the average age of people accessing care is increasing (45 in 2015 compared to 39 in 2006) and one in three (29,960; 34%) people accessing HIV care are now aged 50 years or over. This compares to one in seven (7,310/51,449; 14%) a decade ago (Figure 3).

Figure 3: Number of people who accessed HIV care by age-group, UK: 2006-2015

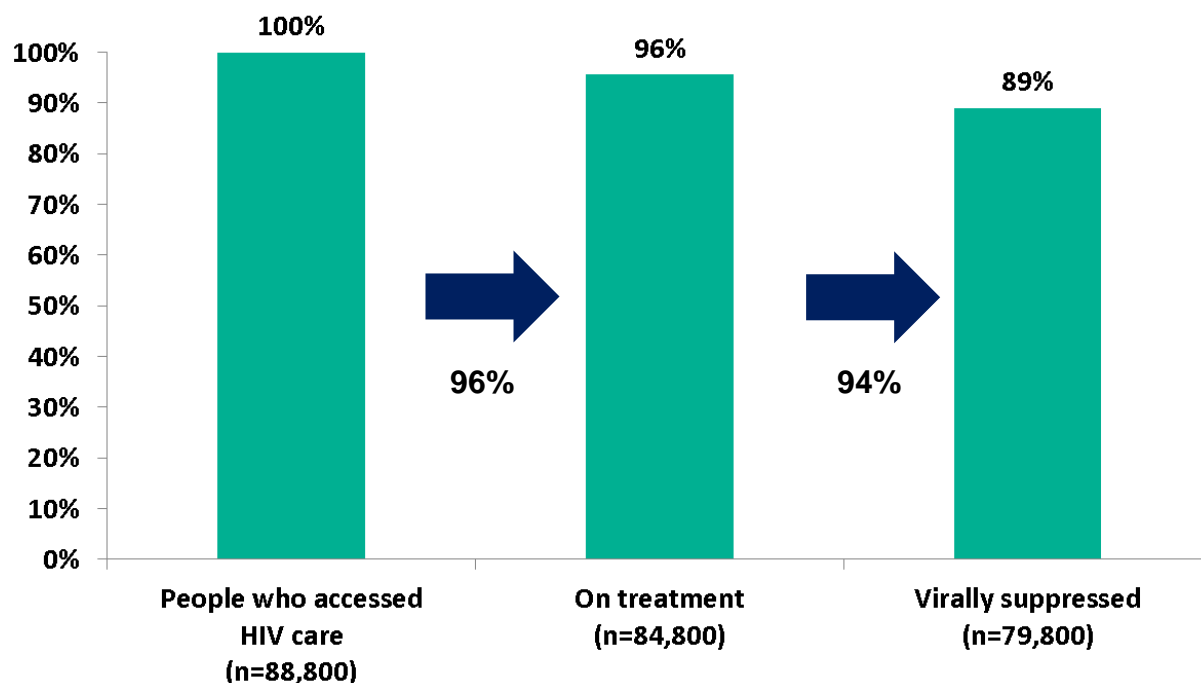


Number of people who are treated and virally suppressed

In 2015, 96% of people seen for HIV care received treatment with anti-retroviral therapy (ART)⁶. This is a rise from 90% in 2014 and is likely to reflect 2015 HIV treatment guidelines which recommend that all people living with HIV are offered treatment to prevent onward transmission [1, 2, 3]. In 2015, 94% of all those treated achieved viral suppression⁷ (Figure 4), meaning they are extremely unlikely to pass on their infection [4].

Viral suppression was high for MSM (95%), heterosexual men (95%) and women (93%), and somewhat lower for people who inject drugs (90%) and those who acquired HIV through mother to child transmission (83%). Overall, these proportions demonstrate the very high standard of HIV care in the UK.

Figure 4: Proportion of people who accessed HIV care who are on treatment and virally suppressed, UK: 2015



⁶ Adjusted for missing ART information (1%).

⁷ Defined as a viral load (VL) count of ≤ 200 copies/ml. Data have been adjusted for missing VL information (14%).

References

1. Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. WHO, Sept 2015. ISBN 978 92 4 150956 5. Accessed 16 October 2015. Available at: http://apps.who.int/iris/bitstream/10665/186275/1/9789241509565_eng.pdf?ua=1.
2. British HIV Association guidelines for the treatment of HIV-1-positive adults with antiretroviral therapy 2015. Accessed 16 October 2015. Available at: <http://www.bhiva.org/documents/Guidelines/Treatment/2015/2015-treatment-guidelines.pdf>.
3. NHS England: Clinical Commissioning Policy: Treatment as Prevention (TasP) in HIV infected adults. NHS England F02/P/c October 2015
4. Sexual Activity Without Condoms and Risk of HIV Transmission in Serodifferent Couples When the HIV-Positive Partner Is Using Suppressive Antiretroviral Therapy. Available at: <http://jama.jamanetwork.com/article.aspx?articleid=2533066>