



Public Health
England

Protecting and improving the nation's health

HIV in the UK – Situation Report 2015

Incidence, prevalence and prevention

The second of two complementary reports about HIV in the UK in 2015

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.

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Key findings and prevention implications

Overall, the number of people living with HIV in the UK continues to increase and the number living with undiagnosed HIV remains high

In 2014, an estimated 103,700 people (95% credible interval (CrI) 97,500-112,700) were living with HIV (PLWH) in the UK, of whom 69,200 (CrI 65,000-75,100) were men and 34,400 (CrI 31,700-39,100) were women. This compares to an estimated 100,000 PLWH in 2013¹. The overall HIV prevalence in the UK in 2014 was 1.9 per 1,000 people aged 15 and over. In 2014, an estimated 18,100 (17%) PLWH were unaware of their infection and at risk of unknowingly passing on HIV if having sex without a condom, and this is similar to revised estimates from 2013 (18,219 (18%)). The estimated number and proportion of people living with undiagnosed HIV have declined since 2010 (from 22,800 and 25% respectively), with the majority of this decline happening before 2012.

Despite a decline in undiagnosed HIV infections among men who have sex with men there is evidence that rates of ongoing HIV transmission remain high

An estimated 45,000 (CrI 41,900-49,500) men living with HIV in the UK in 2014 had acquired their infection through sex with other men (MSM), up from 43,000 in 2013. Among MSM aged 15-44, one in 20 is estimated to be living with HIV (48.7 MSM (CrI 41.2-58.1) per 1,000). An estimated 6,500 (CrI 3,500-10,900), 14% MSM were unaware of their infection in 2014, a decline from 8,500 (CrI 4,600-13,900, 22%) in 2010. HIV testing coverage among MSM attending sexual health (STI) clinics has increased over this period and is likely to be the reason for the estimated decline in undiagnosed infections and observed increases in new diagnoses. Despite this there remains a high HIV incidence in MSM, with an indication of a small sequential increase in 2013 and 2014 (Figure 4).

HIV testing in STI clinic attendees continues to increase throughout most of England with high coverage particularly among MSM

In England, 1.43 million people attended a STI clinic in 2014, with 69% of eligible attendees having an HIV test. Testing coverage was highest among MSM (87%, 90,719/104,028) and 179/223 (80%) of STI clinics across England achieved the British Association for Sexual Health and HIV (BASHH) standard [4]. Coverage was less

¹ Differences between estimates for PLWH in 2014 in this report and last year's report are due to changes in the mathematical model and data sources used to calculate the estimates

comprehensive for eligible heterosexual men (77%, 382,743/497,455) and women² (62%, 504,249/814,459), and only 33/223 (15%) STI clinics achieved 80% HIV test coverage.

Prompt diagnosis remains a priority for heterosexuals living with HIV

Among the 54,100 (CrI 49,000-62,400) people (men (21,300), women (32,700)) living in the UK who had acquired HIV through heterosexual sex, more than one in five (21% (11,200 (CrI 6,200-18,900) were unaware of their HIV infection, with a higher proportion of those living outside London unaware (24% out of London undiagnosed compared to 12% in London). Among heterosexuals aged 15-44 in the UK, almost one in every 1,000 is estimated to be living with HIV (0.9 per 1,000 (CrI 0.7-1.1), with higher prevalence's among black African heterosexual men (one in 56) and women (one in 22). Late diagnosis remains a significant problem among heterosexuals with 55% (1,381/2,490) newly diagnosed at a late stage of infection in 2014, of whom 51% (700/1,381) were black African. There is a need for expanded and scaled up HIV testing across the UK to reduce undiagnosed infection and late diagnosis in line with national HIV testing guidance [5-7].

The ongoing high rates of HIV transmission and acquisition among men who have sex with men emphasise the need for high impact, appropriately tailored combination prevention strategies and programmes

Despite high and increasing rates of HIV testing by MSM coupled with high levels of effective ART treatment coverage for those diagnosed positive, there remains evidence of ongoing HIV transmission among MSM. Ensuring optimal implementation of effective prevention interventions such as condom use is required to reduce infections, in addition to addressing the wider determinants of poor sexual health among MSM which are closely linked to HIV infection [21].

The evidence for efficacy and effectiveness of antiretroviral agents to reduce onward transmission from people who are HIV positive [14,16] as well as prevent HIV acquisition in those who are HIV free (HIV – Pre Exposure Prophylaxis HIV – PrEP) [12,13] continues to expand, making important additions to the prevention toolkit.

In England all anti-retroviral drugs, whether for treatment or prevention, are commissioned by NHS England. In June 2015 the use of ART by people who are HIV positive to both prevent as well as treat HIV infection (treatment as prevention or TasP) was approved by NHS England [20]. At present there is no publicly funded PrEP

² Figures for women include sexual reproductive health clinic HIV testing data which may reflect a lower HIV risk population

programme in any of the four UK nations. NHS England is currently working to make commissioning decisions about PrEP, with a outcome expected in the summer of 2016.

HIV risk reduction messages

Early diagnosis of HIV infection enables better treatment outcomes and reduces the risk transmitting the infection to others. Have an HIV test if you think you may have been at risk.

Always use a condom correctly and consistently, and until all partners have had a sexual health screen.

Reduce the number of sexual partners and avoid overlapping sexual relationships.

Men who have sex with men are advised to have an HIV and STI screen at least annually, and every three months if having unprotected sex with new or casual partners.

Unprotected sex with partners believed to be of the same HIV status (serosorting) is unsafe. For the HIV positive person, there is a high risk of acquiring other STIs and hepatitis. For the HIV negative person, there is a high risk of acquiring HIV infection (6,500 of MSM remain unaware of their HIV infection) as well as of acquiring STIs and hepatitis.

Black African men and women are advised to have an HIV test and a regular HIV and STI screen if having unprotected sex with new or casual partners.

How to get an HIV test: Go to an open-access sexually transmitted infection (STI) clinic (some clinics in large cities are offering 'fast-track' HIV testing) or go to a community testing site (<http://www.aidsmap.com/hiv-test-finder>).

Ask your GP for an HIV test – nowadays there is no need for a lengthy discussion about the test, it just involves having blood taken, or even a finger prick.

Ask online for a self-sampling kit (www.freetesting.hiv).

Number of people living with HIV

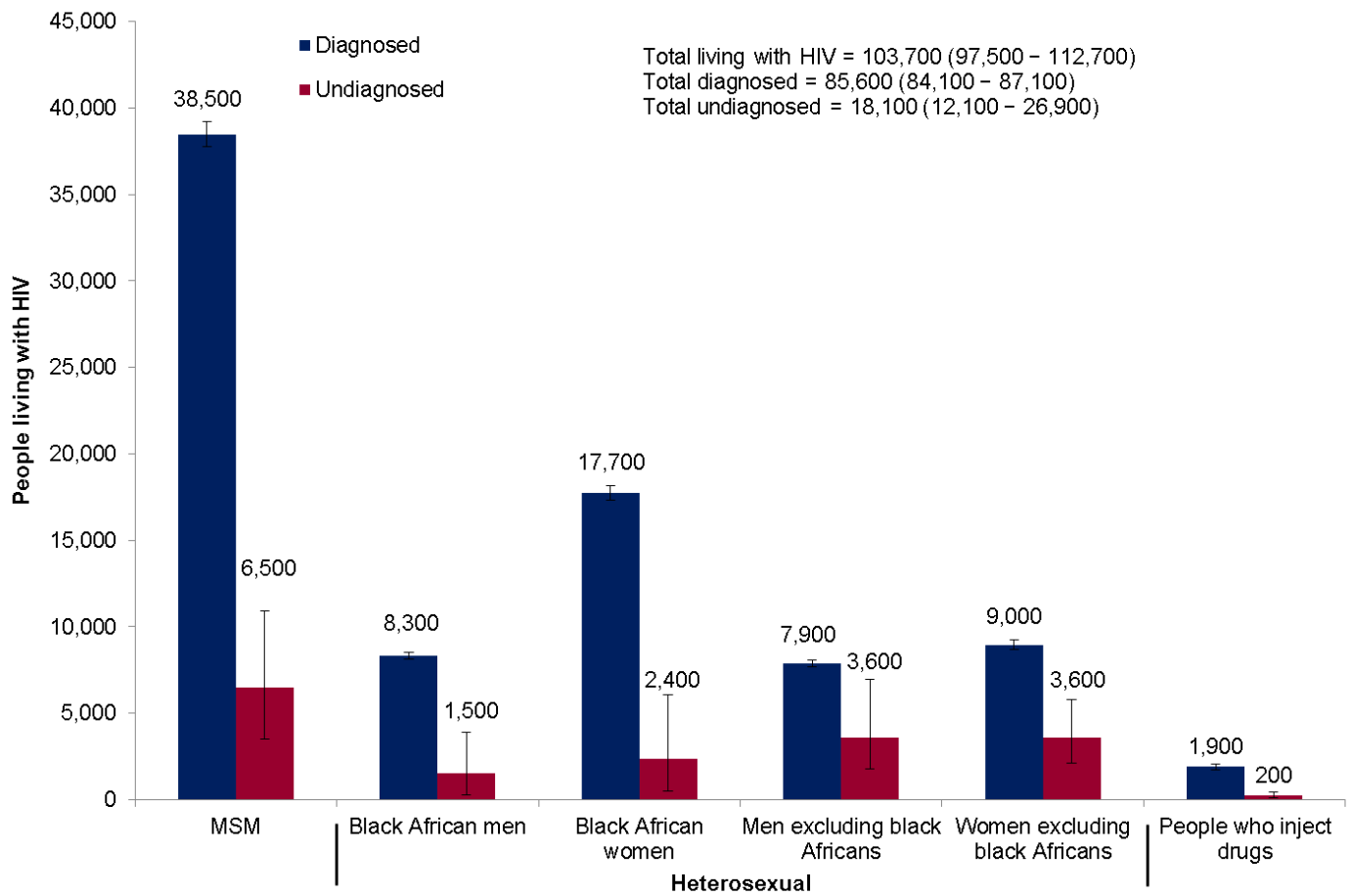
Two methods are used to estimate the number of people living with HIV including those undiagnosed. The first, the multi-parameter evidence synthesis model (MPES), produces annual estimates for all most at risk populations, while the second is a CD4 back-calculation model that provides undiagnosed prevalence as well as incidence estimates restricted to MSM populations. These figures complement the data on diagnosed HIV prevalence presented in the HIV new diagnoses, treatment and care 2015 report [1].

In 2015, there have been significant revisions to the MPES used to estimate the number and proportion of people living with undiagnosed HIV (full methodology published in [2]). This is due to changes to the sources of primary data used by the model over the past few years, including changes to the unlinked anonymous serosurveys and behavioural surveys (eg NATSAL [3]) and a greater reliance on data from STI clinics. In this report, the revised MPES methodology was used to generate annual estimates and trend data for the years 2010 to 2014. Revisions to the methodology in 2015 mean that figures in this report may be different to previously published estimates.

In 2014, there were an estimated 103,700 people living with HIV (PLWH) in the UK (95% credible interval (CrI) 97,500-112,700). An estimated 18,100 (17%) (CrI 12,100-26,900) people were unaware of their infection, with differences between exposure groups (Figure 1 and Appendix 1). Since 2010 the number of PLWH has increased (from 91,900) while the number and proportion undiagnosed (22,800, 25%) declined before stabilising in recent years (Appendix 2).

The HIV prevalence among those aged 15-44 years in 2014 in the UK was estimated to be 2.3 per 1,000 population (CrI 2.1-2.5), 2.8 per 1,000 men and 1.7 per 1,000 women. The HIV epidemic remains largely concentrated among gay, bisexual men and other MSM and men and women of black African ethnicity.

Figure 1. Estimated number¹ of people living with HIV (both diagnosed and undiagnosed) all ages: UK, 2014

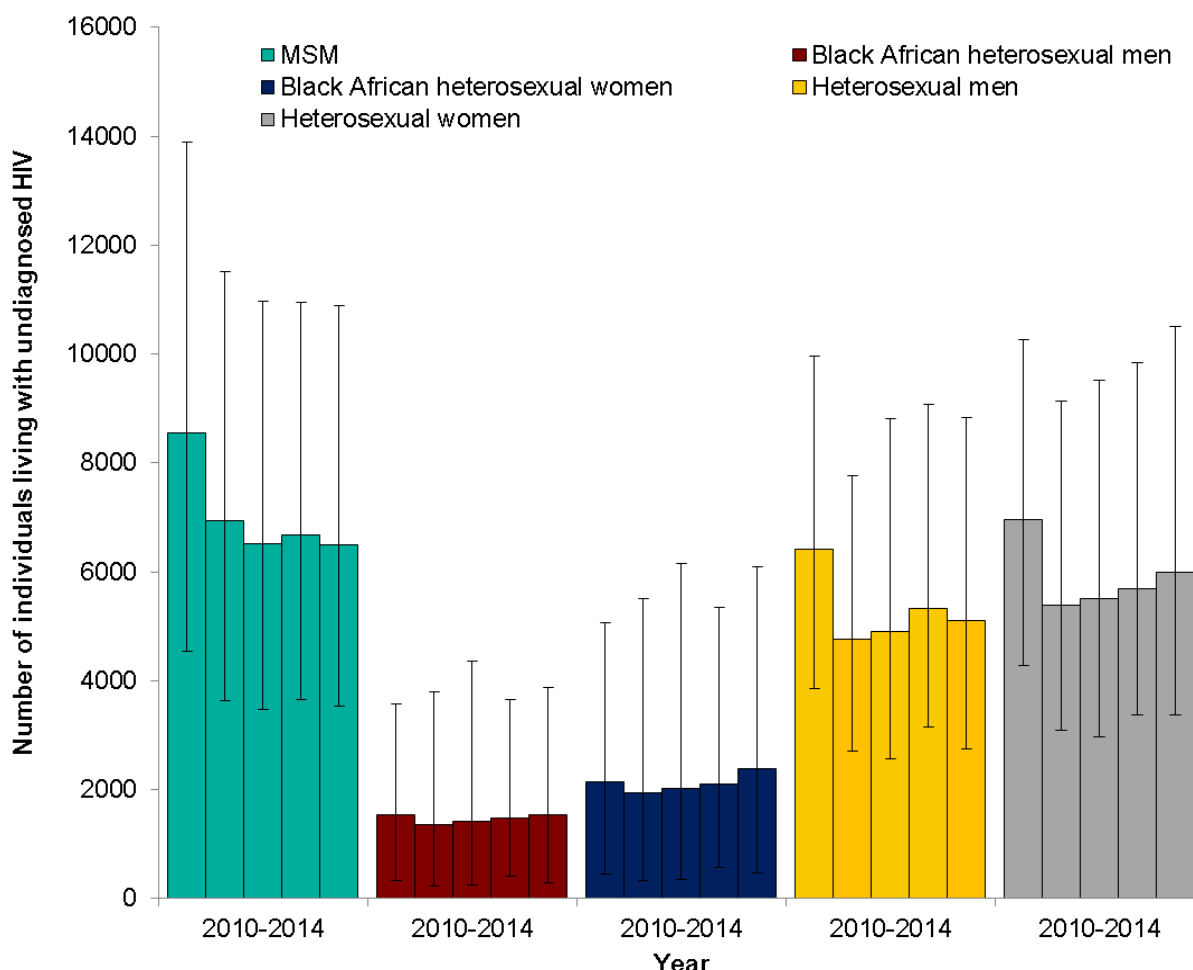


¹ Appendices show actual numbers. Numbers presented in text and figures are rounded.

Gay, bisexual men and other men who have sex with men

In 2014, an estimated 45,000 (CrI 41,900-49,500) MSM were living with HIV in the UK. This has increased year on year from 38,400 (CrI 34,300-43,800) in 2010 and 43,000 (CrI 40,000-47,300) in 2013. This is largely due to reductions in premature death from HIV as a result of effective antiretroviral therapy (ART), as well as continued HIV transmission. Corresponding estimates of the number of MSM living with undiagnosed HIV have decreased over time from 8,500 (CrI 4,600-13,900, (22%)) in 2010 to 6,500 (CrI 3,500-10,900, (14%)) in 2014. While there is evidence that the prevalence of undiagnosed HIV in MSM has declined since 2010³, there is no evidence that this decline continued between 2013 and 2014 (Figure 2).

Figure 2. Estimated number of undiagnosed HIV infections by exposure categories¹ over time in the UK (all ages); 2010-2014



¹ Heterosexual men and women include black African heterosexuals. Lines through the bars represent 95% credible intervals

³ A Bayesian evidence synthesis model of HIV prevalence in the UK over time shows that among 15-59 year olds there is an 89% probability that the proportion, and a 74% probability that the number of MSM living with undiagnosed HIV is smaller in 2014 than in 2010, with a 56% and 55% chance that the proportion/number respectively are smaller in 2014 than in 2013.

Less than half (45%, 20,200) of all MSM living with HIV were London residents . In the UK in 2014, the estimated HIV prevalence among MSM aged 15-44 was one in 20 (48.7 MSM (CrI 41.2-58.1) per 1,000). This was higher in London, where one in 11 MSM (89.7 per 1,000 (CrI 65.9-122.6)) were living with HIV compared to one in 28 (35.6 per 1,000 (CrI 28.5-43.7)) in England and Wales outside of London.

A second methodology to estimate the number of undiagnosed HIV using CD4 back-calculation predicted that 7,100 (CrI 5,500-9,200) MSM aged 15 and over were living with undiagnosed HIV in England and Wales in 2014, with a decline from from 9,100 (CrI 8,700-9,500) in 2010 (Figure 4). The number and trend are broadly comparable with the MPES estimates of undiagnosed infection (Figure 1 and Appendix 1), though the credible intervals for both methods are wide, especially in the most recent period.

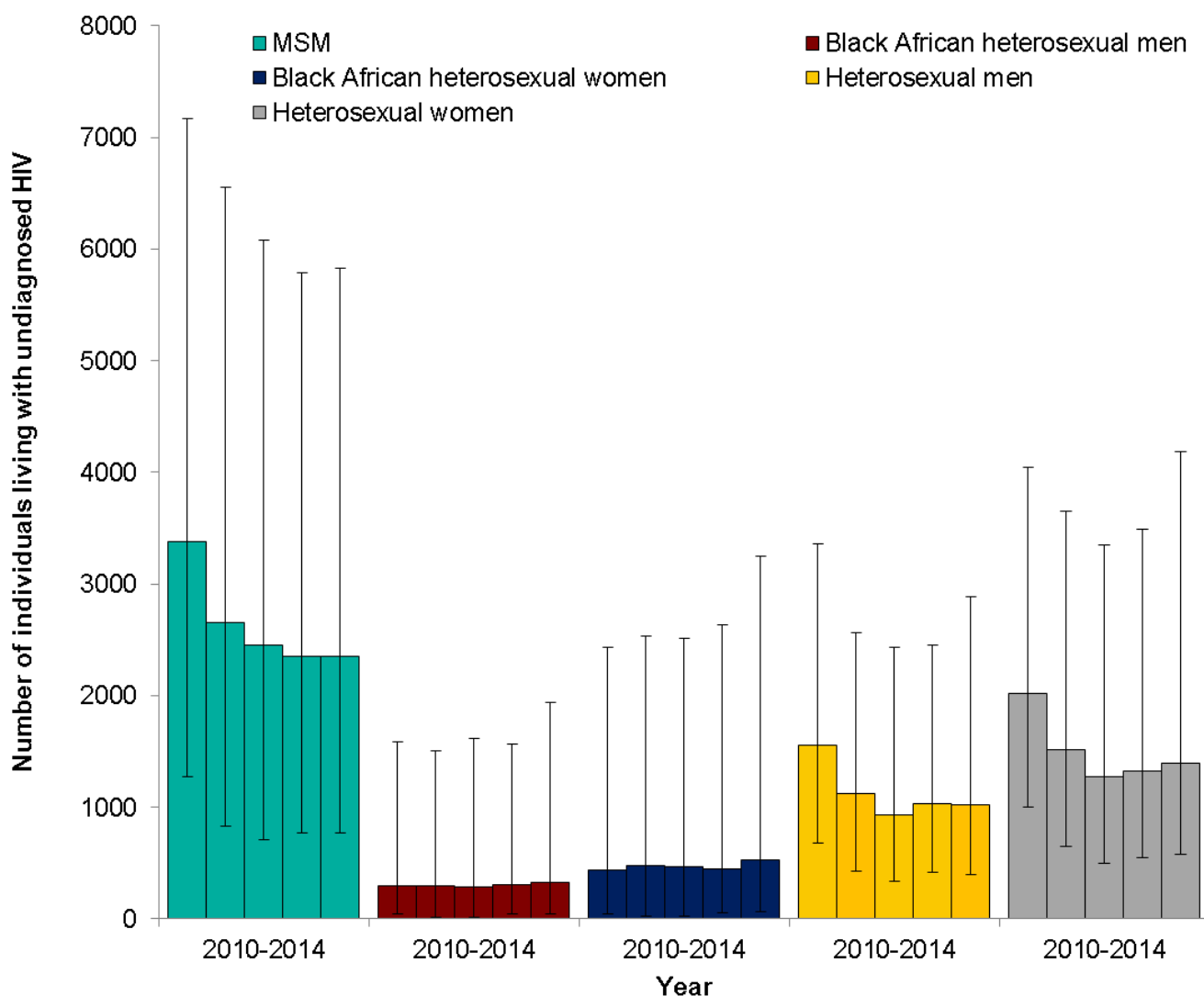
The five-year decreasing trend in the number of MSM living with undiagnosed HIV infections was geographically consistent, seen in London (3,400 (CrI 1,300-7,200) in 2010 compared to 2,400 (CrI 800-5,800) in 2014) (Figure 3) and outside London in England and Wales (3,900 (CrI 1,400-7,900) in 2010 and 2,800 (CrI 1,000-5,700) in 2014). This decline coincided with increases in HIV testing among MSM attending STI services (see HIV Testing section). In 2014, the undiagnosed HIV prevalence among MSM aged 15-44 was 13.3 per 1,000 in London (CrI 4.1-35.2) compared to 5.9 per 1,000 (CrI 1.8-10.8) outside of London.

New diagnoses among MSM have continued to rise, with 3,360 men⁴ newly diagnosed in 2014, the largest number ever recorded (up from 3,270 in 2013 and 2,860 in 2010), accounting for more than half of all new HIV diagnoses (6,151) [1].

Two-thirds of MSM were aged between 25-44, with 6% aged 55 years old and over at the time of their new diagnosis. The median age at diagnosis in 2014 was 33 years old, and this has been stable over time (35 in 2005). Over half (51%) of all new diagnoses in MSM in the UK were made in London. Four in five MSM newly diagnosed with HIV were white (81%), with 2% Black African, 2% Black Caribbean and 14% described as Other/mixed. The majority (60%) were born in the UK with 20% from the rest of Europe, 3% born in Africa and 6% in Asia.

⁴ Figures adjusted for missing by re-allocating across exposure groups according to known distributions

Figure 3. Estimated number of undiagnosed HIV infections by exposure groups¹ over time in London (all ages); 2010-2014

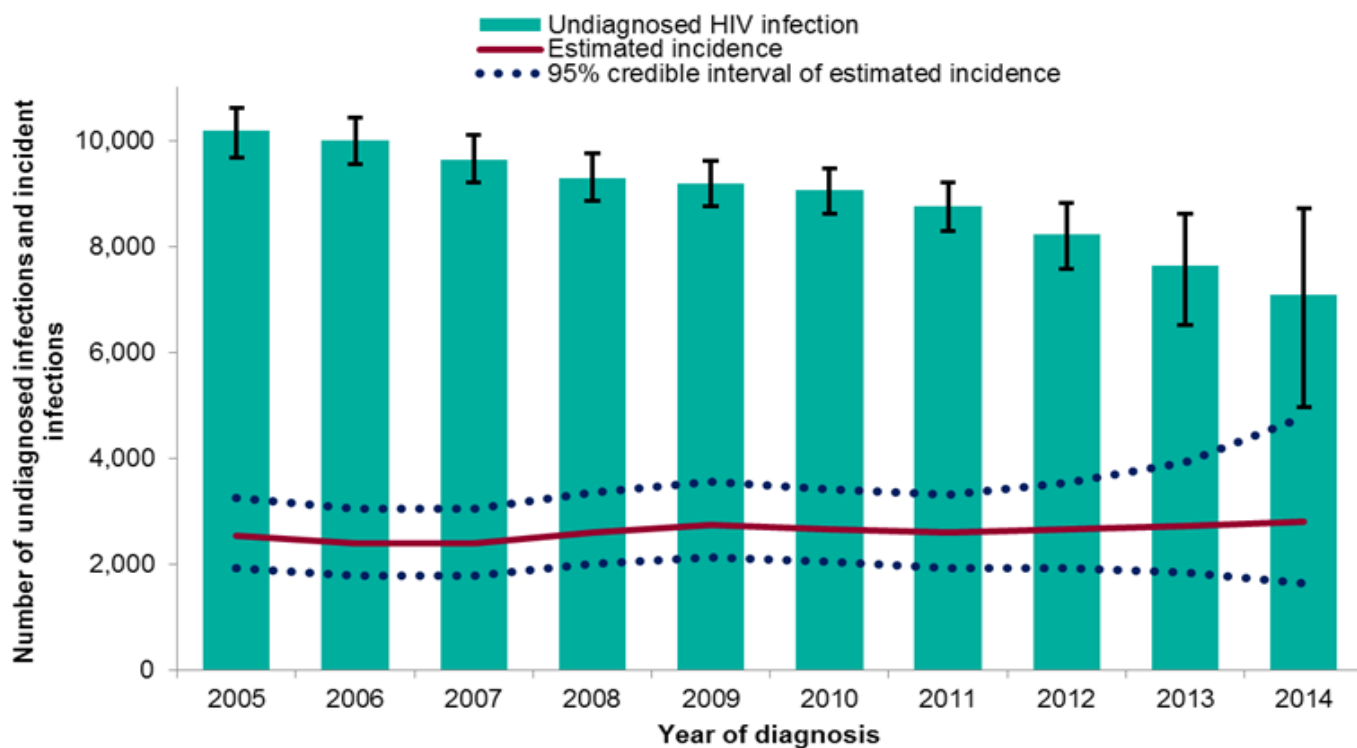


¹ Heterosexual men and women include black African heterosexuals. Lines through the bars represent 95% credible intervals

In 2014, 64% of MSM newly diagnosed with HIV in England, Wales and Northern Ireland were tested for recent infection using the recent infection testing algorithm (RITA)⁵ and of these 32% (595/1,876) were likely to have acquired their infection in the previous six months (Appendix 3). This has steadily risen from 23% (360/1,560) in 2011, through 27% (430/1,620) in 2012 and 30% in 2013. RITA testing coverage was higher in MSM compared to heterosexuals (53%) or PWID (43%).

⁵ The Recent Infection Testing Algorithm (RITA) incorporates results from an HIV antibody assay modified for the determination of HIV avidity as well as clinical biomarkers to distinguish recently acquired from long-standing HIV infection.

Figure 4. Back-calculation estimate of HIV incidence and prevalence of undiagnosed HIV infection¹ among MSM aged 15 and over: England and Wales 2005-2014

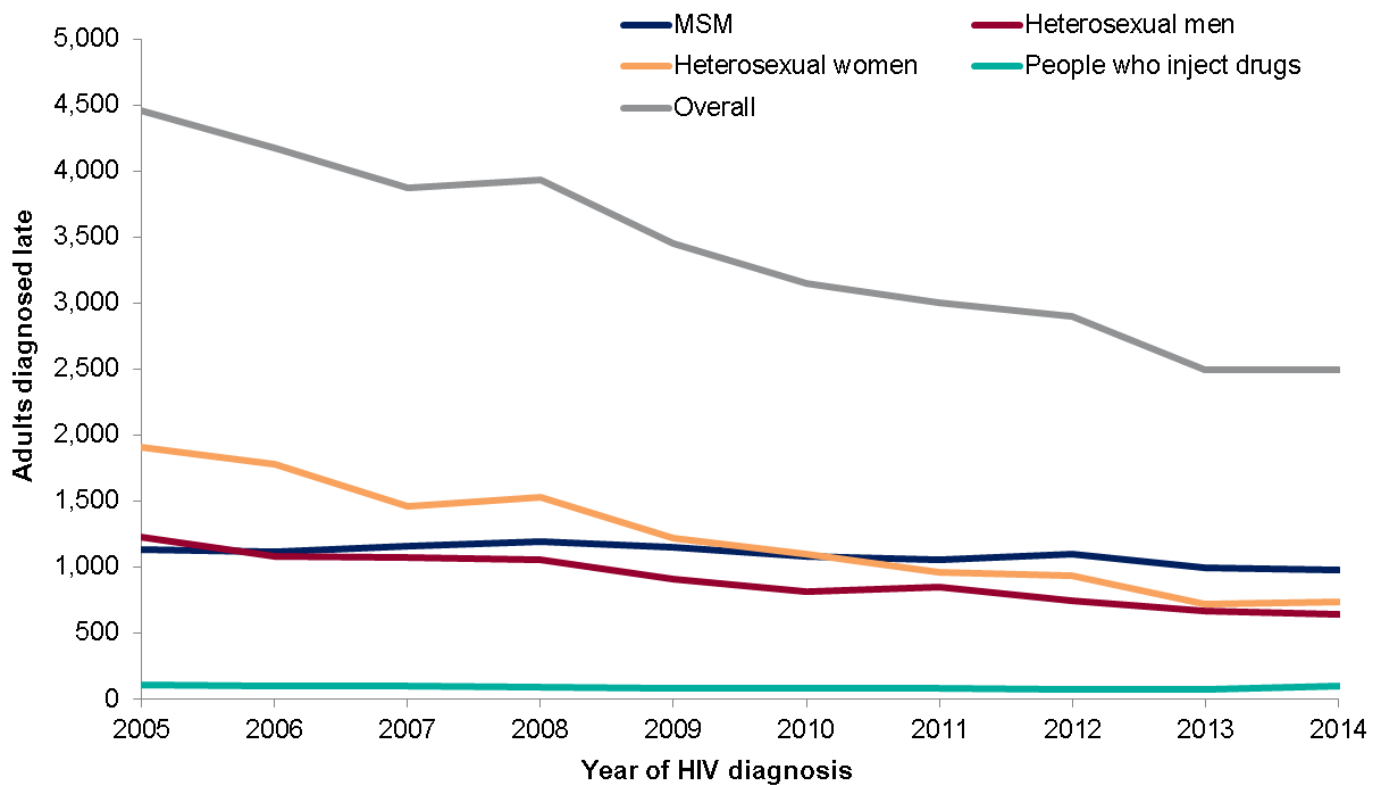


¹ Estimated through the CD4 back-calculation; numbers will vary compared to Appendix 1.

The rise in new HIV diagnoses and in the proportion of these that were recent infections among MSM may be explained by both increases in HIV testing ongoing HIV transmission. The CD4 back-calculation model estimates that over the past decade approximately 2,600 MSM have acquired HIV each year in England and Wales (Figure 4), with suggestions of a small sequential rise in 2013 (2,700 (CrI 1,900-3,900)) and 2014 (2,800 (CrI 1,600-4,800)).

Despite improved HIV testing coverage in STI clinics the number of for MSM diagnosed late with a CD4<350 remains high with only a slight decline over the past 10 years from 1,131 in 2005 to 974 in 2014 (adjusted for missing CD4 count) (Figure 5).

Figure 5. Number¹ of people diagnosed at a late stage of infection (CD4<350 copies/mL)² by exposure category: UK, 2004-2014



¹ Numbers have been adjusted for missing CD4 cell count at HIV diagnosis.

² CD4 <350 cells/mm³ within three months of diagnosis.

Heterosexual men and women

An estimated 21,300 (CrI 18,900-25,100) men and 32,700 (CrI 30,000-37,400) women who acquired HIV through heterosexual sex were living with HIV in the UK in 2014, of whom over half (55%, of men (9,900/21,300) and 62% of women (20,100/32,700)) were of black African ethnicity. Numbers of heterosexual men and women and black African men and women living with HIV have continued to rise since at least 2010, from 19,800 (CrI 17,200-23,400) and 29,000 (CrI 26,300-32,400) respectively.

Among all heterosexuals living with HIV in 2014, an estimated 21% (11,200 (CrI 6,200-18,900)) were unaware of their infection compared to 20% (11,100 (CrI 5,400-18,400, 20%) in 2013 and 27% (13,400 (CrI 8,100-20,200)) in 2010.

In 2014, 24% of all heterosexual men (5,100, CrI 2,800-8,900) living with HIV were unaware of their HIV infection compared to 18% of heterosexual women (18%, 6,000, CrI 3,400-10,500). This difference is largely due to the effectiveness of the UK antenatal screening programme. While there is considerable uncertainty in the estimates, reflected in the wide credible intervals, a trend analysis shows evidence that there is likely to have been a reduction in undiagnosed HIV among heterosexual men between 2010 and 2014, though less evidence for one in women⁶.

Among the black African population, the proportion and number of PLWH estimated to be undiagnosed were 16% (CrI 3%-32%), 1,500) among men and 12% (CrI 3%-26%), 2,400) among women in 2014. While the overwhelming majority of black African heterosexual men and women living in the UK do not have HIV, in 2014 among 15-44 year olds, an estimated 17.9 per 1,000 black African heterosexual men (CrI 14.6-23.3 per 1,000) and 43.7 per 1,000 black African women (CrI 38.4-52.8) were living with HIV compared to 0.5 (CrI 0.4-0.6) per 1,000 non-black African and 0.7 (CrI 0.6-0.8) per 1,000 non-black African women.

In 2014, heterosexual men and women were estimated to be twice as likely to have undiagnosed HIV if they lived outside London (24% (CrI 11%-37%), undiagnosed 7,400 people) compared to in London (12% (CrI 6%-26%) undiagnosed, 2,400 people). This trend was consistent for men and women of black African ethnicity. HIV testing coverage in STI clinics among heterosexuals lags behind those among MSM across all of England (see HIV testing section for more details).

In 2014, 2,490 men (1,065) and women (1,425) were diagnosed with HIV infection through heterosexual sex [1]. New diagnoses among heterosexual men and women

⁶ 76% probability of a decrease in the number of heterosexual men living with undiagnosed HIV between 2010 and 2014 in the UK and a 65% probability of the same for undiagnosed women

have declined by almost half since 2005 (4,840), largely due to a reduction in new diagnoses among people born in sub-Saharan Africa.

In 2014, 51% of heterosexual men living with HIV were aged 25-44 years at diagnosis compared to 60% of women, while 18% and 9% were over 55 respectively. The median age at HIV diagnosis for heterosexuals has increased steadily over time, from 34 (32 in women, 37 in men) in 2005 to 40 in 2014 (37 in women and 43 in men).

Among the 1108 heterosexuals diagnosed in 2014 who had a RITA test performed, one in ten (10% (112/1,108)) were probably recently acquired, with similar proportions among men (59/499 (12%)) and women (53/609 (9%)). There were apparent differences in recency by ethnicity however with 6.4% (34/529, CI 4.5-8.9%) among black Africans compared to 17.4% (64/368, CI 13.7%-21.7%) among people of white ethnicity, though there may be sampling and subtype biases. Although RITA test coverage was lower in heterosexuals than among MSM and thus difficult to compare, a lower proportion of heterosexuals had evidence of recent infection compared to MSM.

While there have been declines over time in the number of late diagnoses among heterosexual men (1,224 in 2005 to 643 in 2014) and women (1,905 in 2005 to 738 in 2014) (Figure 5), the proportion diagnosed late remains over 50% in both sexes with the median CD4 at diagnosis staying low at 280 cells/mL in heterosexual men and 335 cells/mL in women in 2014, emphasising the need to further improve HIV testing availability and uptake.

People who inject drugs

In 2014, an estimated 2,160 people who inject drugs (PWID) were living with HIV in the UK (1,500 men and 650 women), of whom 11% (CrI 7%-19%) were unaware of their HIV status. The estimated prevalence of HIV among this population in the UK was 2.2 per 1,000 aged 15-44 in 2014.

A low and stable number of people (150/6,151 (2%)) were diagnosed with HIV acquired through shared use of injecting drug equipment in 2014, of which 101 were men and 49 women and most white (82%). Almost one third (30%) of these diagnoses were made in London. Three quarters (73%) of new diagnoses among PWID were made in people aged 25-44 with 6% aged 55 or above.

A high proportion of PWID newly diagnosed with HIV in 2014, were already at a late stage of infection (66/101 (65%)) and only 4% (2/49) of samples tested through the RITA algorithm were indicative of recent infection.

HIV Testing

HIV testing in STI services

In England, 1.43 million people were reported to have attended an STI (also known as GUM) clinic in 2014, more than in 2013 (1.37 million). The proportion of eligible people tested for HIV infection (coverage) was 69% (991,816/1,439,212), a slight decrease from 71% in 2013.

HIV testing coverage remained highest among MSM (87%, 90,719/104,028), followed by heterosexual men (77%, 382,743/497,455) and women (62%, 504,249/814,459). Though overall increases in testing coverage in MSM and heterosexual men have continued since 2009 (rising from 78% in MSM and 72% in heterosexual men in 2009), coverage in women has decreased from 67% in 2013. This is despite an increase in eligible women testing (up from 482,443 in 2013) and may be due to attendances at integrated sexual and reproductive health clinics in which the population of women being seen may be at lower HIV risk (Appendices 4 and 5).

There were 179 of 223 (80%) STI clinics in England where HIV testing coverage reached at least 80% among MSM attendees, consistent with BASHH recommendations for STI testing in MSM [5]. Of these, 44 clinics achieved optimal (90% or greater) testing coverage in eligible MSM attendees (Figure 6). However, coverage was lower among heterosexual men and women, where 85% (190/223) of clinics fell below 80% (Figure 7). In every PHE centre area of the country there were marked differences between local services in the levels achieved for HIV test coverage.

Despite improved coverage for MSM among STI clinic attendees, continued efforts to further increase HIV testing are needed, in line with national testing guidance [5-7]. Expanded HIV testing outside of STI services should also be implemented in order to increase accessibility among populations not regularly presenting to STI clinics. STI clinic data from England in 2014 indicate that less than one quarter of people of black African or black British ethnicity presented to the same STI clinic at least once in the previous five years.

New HIV diagnoses in STI clinic attendees

In 2014, a total of 4,155 people were diagnosed with HIV through testing at STI clinics (3,247 men and 907 women). The majority of new diagnoses were found in men (78%), with MSM comprising over half (55%, 2,276/4,155) of all new diagnoses in 2014. The largest proportions of new diagnoses were made in white (55%), followed by black or

black British ethnic groups (22%). No ethnicity data was available for 299 (7%) of all new diagnoses.

Nearly two-thirds (63%, 2,628/4155) of all new HIV diagnoses in STI clinics were reported in people aged 25-44. Over 24% (1,004/4155) of all diagnoses occurred in people over the age 45, while 77 diagnoses were found in those 65 and older. The age distribution of new HIV diagnoses differed between men and women. New diagnoses in men were highest in those aged 25-34 (37%, 1,217/3,247) and by those 35-44 (27%, 880/3,247). Similarly, the greatest proportions of new diagnoses in women were reported among those aged 25-34 (30%, 268/907) and 35-44 (29%, 262/907). Of those newly diagnosed in STI clinics over the age of 45, 74% were male.

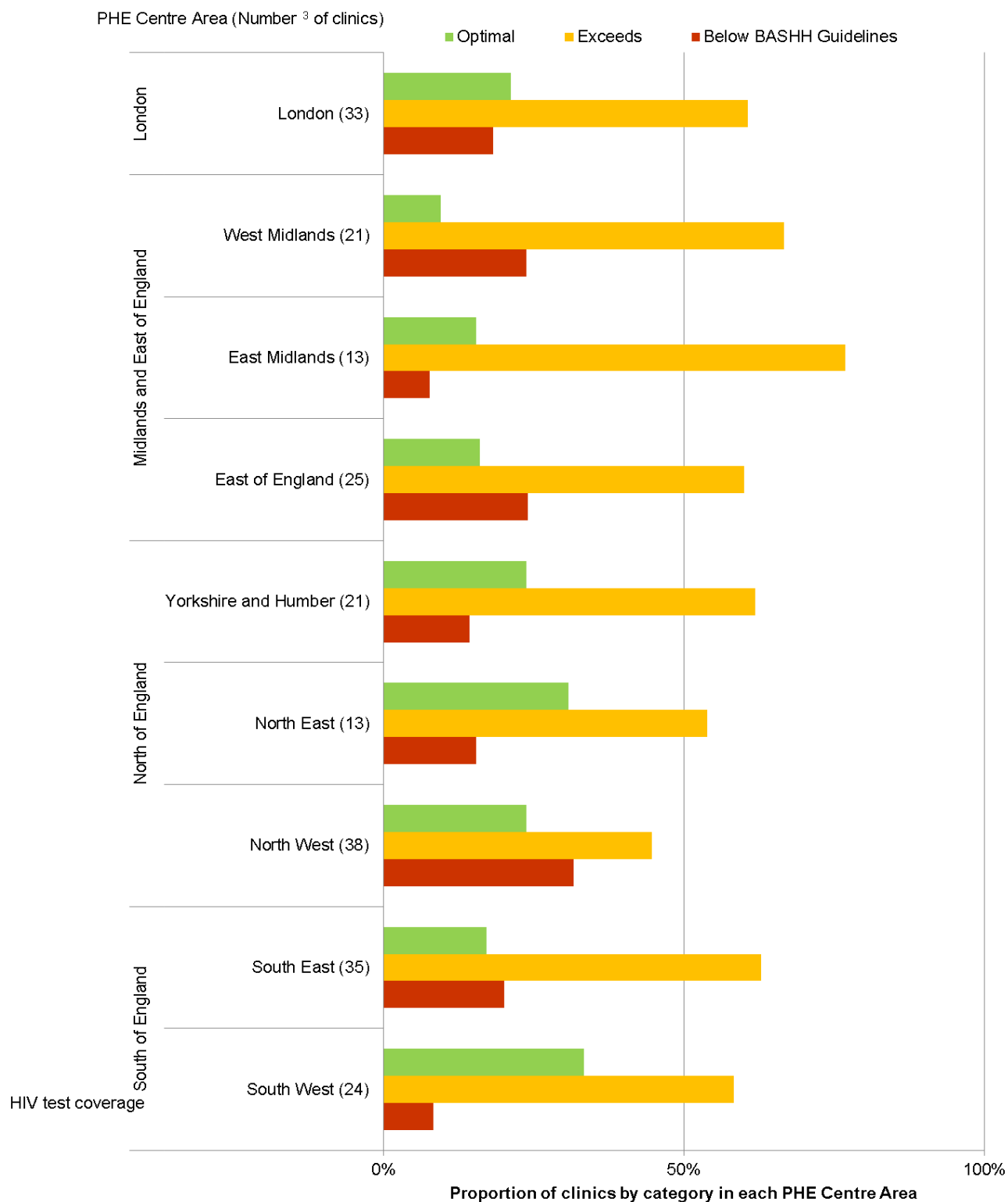
Of the 4,155 people diagnosed with HIV in STI clinics in 2014, 3654 (88%) had not had a test at the same clinic within the preceding 43 to 365 day period. Of the 501 (12%) that had had an HIV test reported within this time period in the same clinic, 172 people had tested twice, 51 tested three times, 13 tested four times and two tested five times. For people who had tested at least once in the previous 43 to 365 day period, the mean time to re-test was 175 days.

Partner notification in STI services

Partner notification (PN) – whereby partners of those newly diagnosed with HIV are contacted for testing – is an effective way of reaching people previously undiagnosed with HIV infection. The BASHH recommends that every individual diagnosed with HIV at an STI clinic is offered PN [8].

In England, 2,225 people reported attending a STI clinic service following partner notification for HIV in 2014 (Appendix 6). Assuming the 4,155 people newly diagnosed with HIV in STI clinics were all offered PN, this gives a PN ratio of 0.54. Of all the patients who attended through PN, an HIV test was reported for 1,830 (82.2%) and, of these, 102 (5.6%) were newly diagnosed with HIV. Positivity was slightly higher among MSM (6.4%) compared to heterosexual men (5.5%). There was also variation by gender and age: positivity was higher in men aged over 65 years (12.5%) and women aged 45-64 (6.6%).

Figure 6. Variation in HIV test coverage^{1,2} between STI clinics in England, by PHE centre, among MSM attendees: England, 2014

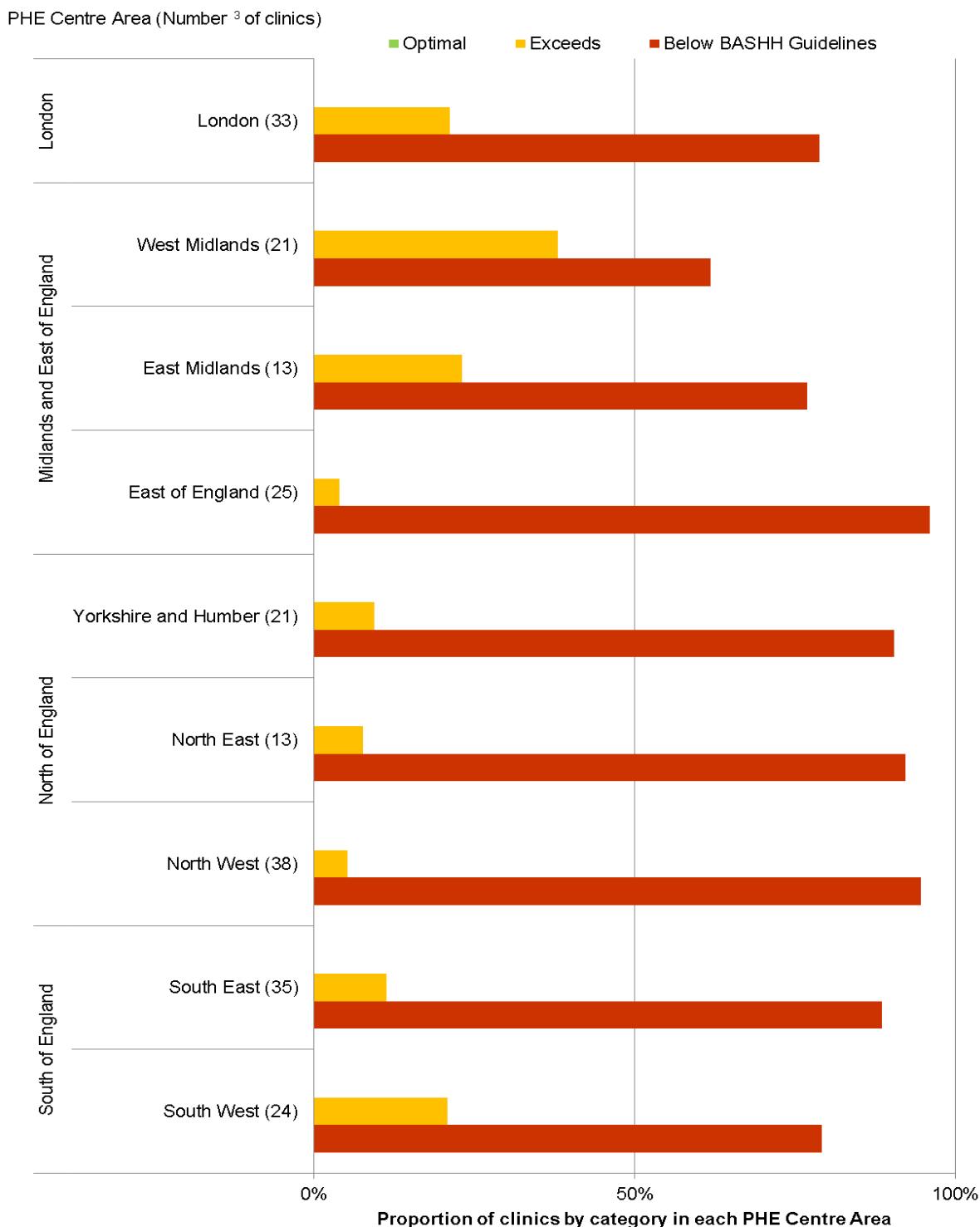


¹ HIV test coverage measures the percentage of eligible new STI clinic attendees who had an HIV test. Patients known to be HIV positive, or for whom an HIV test was not appropriate (for instance, those with a very recent HIV test) were excluded

² "Below BASHH guidelines" indicate a coverage less than 80% which is in line with the 78% national guidelines. "Exceeds" indicates a coverage between 80 - 89% and "Optimal" indicates 90% or above.

³ Numbers of clinics in each PHE Centre Area add up to 100%.

Figure 7. Variation in HIV test coverage^{1,2} between STI clinics in England, by PHE centre, among heterosexual attendees: England, 2014



¹ HIV test coverage measures the percentage of eligible new STI clinic attendees who had an HIV test. Patients known to be HIV positive, or for whom an HIV test was not appropriate (for instance, those with a very recent HIV test) were excluded

² "Below BASHH guidelines" indicate a coverage less than 80% which is in line with the 78% national guidelines. "Exceeds" indicates a coverage between 80 - 89% and "Optimal" indicates 90% or above.

³ Numbers of clinics in each PHE Centre Area add up to 100%.

HIV testing through self (home)-sampling or self (home)-testing

Increased HIV testing, especially in the most at-risk populations, is a central component of any HIV prevention strategy. To achieve this end, innovations in both HIV self-sampling and self-testing appear promising. HIV self-sampling involves the request of a free sampling pack online, sampling home (a finger-prick blood test or an oral swab), and posting the sample to a laboratory for HIV testing, with a result texted or telephoned within 48 hours. Self-testing involves the purchasing a test-kit, sampling and testing at home with an immediate result. It is now lawful to sell and advertise the sale of HIV self-testing kits in England, Scotland and Wales, and self-testing kits are available for purchase.

PHE has supported two successful pilot national HIV self-sampling services (Terrence Higgins Trust/HIV Prevention England and Dean Street At-Home). During National HIV Testing Weeks in 2013 and 2014, people were able to order online free self-sampling kits to use at home. The success of these service pilots resulted in the establishment of a national self-sampling service co-commissioned by PHE and 89 collaborating local authorities. This service, for those at high HIV risk, began in November 2015 as part of 'National HIV Testing Week'.

Antenatal screening

In 2014, the HIV screening coverage of pregnant women in England was 97% with over 690,000 women tested, and 1.5 women per 1,000 (1,018/693,570) testing HIV positive. An estimated 22% of these women were diagnosed for the first time as a direct result of their 2014 pregnancy screening, the remaining women had been diagnosed prior to their 2014 pregnancy.

Between 2006 and 2014, in the UK as a whole, the transmission rate for the approximately 11,000 children born to women living with HIV infection diagnosed prior to delivery was well under 1% [9]; another 75 infants were also born and diagnosed with perinatally acquired HIV whose mothers were not diagnosed prior to delivery [10].

HIV screening in blood donors

In 2014, 13 donors tested positive for HIV infection at screening, representing 0.6 detected infections per 100,000 donations. Where known, HIV infection was mostly acquired in the UK (7/13). Six of the 13 donors were men and three reported sex with other men. One was compliant with the 12 month MSM blood donor deferral policy and had not had sex with another man in the last year and had not been tested in any other setting during that time. Eight donors (three men, five women) were repeat donors, all acquired HIV within three years following their previous negative donation and two had avidity results that suggested recent HIV infection prior to their HIV diagnosis [11].

HIV Prevention

Pre-exposure prophylaxis (PrEP)

HIV Pre Exposure Prophylaxis (HIV – PrEP) is the use of antiretroviral agents by people who do not have HIV prior to a potential exposure to HIV to prevent acquisition of infection. Worldwide a number of research studies in different populations have shown that consistent use of HIV-PrEP can be an efficacious and effective prevention intervention. Two European studies of oral PrEP using a combination of tenofovir and emtricitabine coformulated as Truvada (t) among men who have sex with men (PROUD trial [12] in the UK and the IPERGAY trial [13] in France) have reported during 2015. Both trials demonstrated a reduction in HIV acquisition of 86% in intent to treat analyses. Existing and emerging data suggest that HIV – PrEP has the potential, within a combination prevention approach, to have a significant role in the control of HIV transmission.

In England use of anti-retroviral drugs, whether for treatment or prevention, is designated as a specialised service that is commissioned by NHS England. PHE is actively involved in supporting NHS England and local authorities as they prepare to make commissioning decisions about PrEP. Working within the PrEP Policy Working Group (of NHS England's Clinical Reference Group) for HIV, PHE is supporting NHS England's policy development through the delivery of data and intelligence, which includes a comprehensive evidence review and health economic analyses.

Impact of treatment on HIV prevention in the UK

People on effective ART with an undetectable viral load are very unlikely to pass on HIV to sexual partners [14-16].

In the UK, free and accessible HIV treatment and care has resulted in large-scale treatment coverage: in 2014, an estimated 75% of all PLWH (diagnosed and undiagnosed) were treated and 70% of all PLWH (72,800/103,700) had an undetectable viral load (less than 200 copies/UL) (Figure 8). This figure is close to the ambitious UNAIDS target of 73% of all PLWH being virologically suppressed, as laid out in the 90-90-90 goals (90% of people living with HIV being diagnosed, 90% diagnosed on ART and 90% viral suppression for those on ART by 2020) [17].

The number and proportion of people initiating ART at CD4 counts >350 cells/mm³ has increased between 2010 and 2014 (Figure 9). This is particularly seen for those with a CD4 >500 cells/mm³ in which group 1,700 people (31% of all initiations) initiated ART in 2014 compared to 600 (11%) in 2010. This may reflect earlier prescribing and uptake of

ART to prevent HIV transmission as per British HIV Association (BHIVA) guidelines [18, 19].

Figure 8. The UK HIV treatment cascade, all ages: 2014

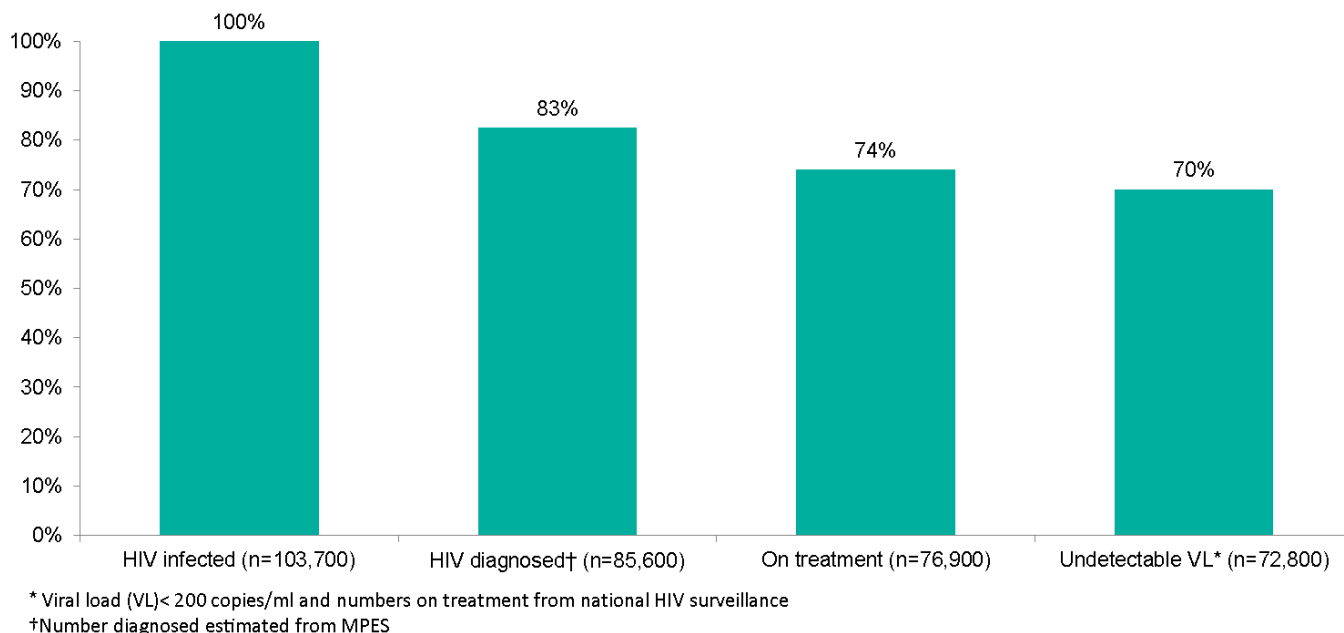
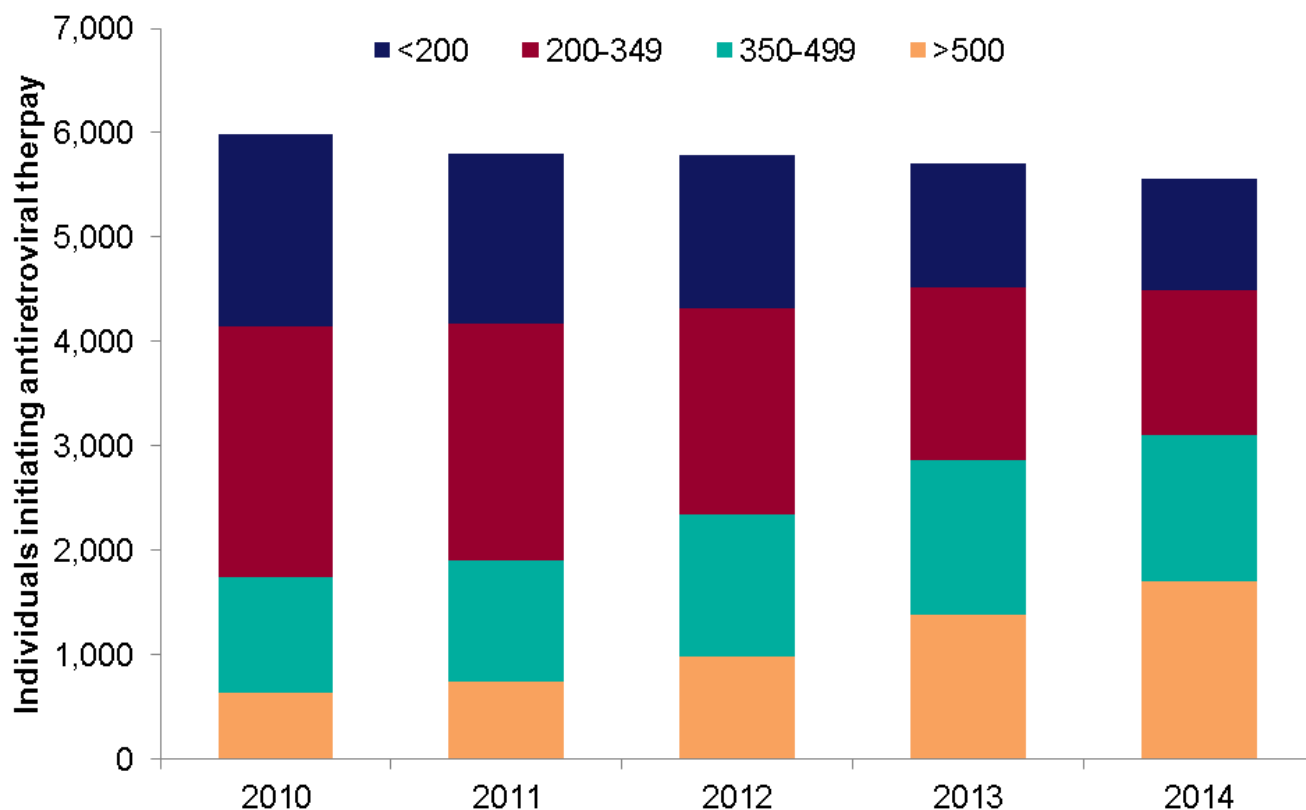


Figure 9. Number¹ of patients starting ART by CD4 count at initiation²: UK, 2010-2014



¹ Adjusted for CD4 count not reported.

² CD4 count available up to 9 months before ART initiation

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Appendices

Appendix 1: Estimated number¹ of people living with HIV (both diagnosed and undiagnosed) by exposure category: UK, 2014

Exposure category		Number diagnosed (credible interval) ²	Number undiagnosed (credible interval) ²	Total (credible interval) ²	% Undiagnosed (credible interval) ²
Men who have sex with men		38,480 (37,770, 39,200)	6,490 (3,529, 10899)	44,980 (41,930, 49,460)	14% (8, 22%)
People who inject drugs		1,915 (1,713, 2,039)	243 (135, 440)	2,162 (1,918, 2,405)	11% (7, 19%)
Heterosexuals		42,880 (42,040, 43,790)	11,160 (6,240, 18,920)	54,050 (49,010, 61,920)	21% (13, 31%)
	Men	16,190 (15,880, 16,510)	5,100 (2,750, 8,839)	21,290 (18,910, 25,050)	24% (15, 35%)
	<i>Black African ethnicity</i>	8,312 (8,114, 8,510)	1,530 (291, 3,884)	9,845 (8,586, 12,220)	16% (3, 32%)
	<i>Men excluding black Africans</i>	7,878 (7,697, 8,068)	3,570 (1,815, 6,982)	11,445 (9,671, 14,880)	31% (19, 47%)
	Women	26,690 (26,090, 27,310)	6,000 (3,369, 10,509)	32,680 (29,950, 37,350)	18% (11, 28%)
	<i>Black African ethnicity</i>	17,730 (17,300, 18,180)	2,380 (479, 6,090)	20,120 (18,130, 23,900)	12% (3, 26%)
	<i>Women excluding black Africans</i>	8,960 (8,709, 9,220)	3,620 (1,851, 5,535)	12,560 (10,790, 14,540)	29% (17, 38%)
Total³		85,600 (84,140, 87,110)	18,090 (12,100, 26,880)	103,700 (97,500, 112,700)	17% (12, 24%)

¹ National estimates of the number of people living with HIV in the UK are obtained from the multi-parameter statistical model fitted to a range of surveillance and survey data.

² Lower bound, upper bound.

³ Numbers may not add to total due to rounding and exclusion of data relating to HIV acquired through mother-to-child transmission and blood related products.

Appendix 2: Comparison of estimated number of people living with HIV (both diagnosed and undiagnosed) using revised methods: UK, 2010, 2013 and 2014

		2014 estimates (revised method)		2013 estimates (revised method)		2010 estimates (revised method)	
Exposure category ¹		Total (credible interval) ²	% Undiagnosed (credible interval) ²	Total (credible interval) ²	% Undiagnosed (credible interval) ²	Total (credible interval) ²	% Undiagnosed (credible interval) ²
Men who have sex with men		44,980 (41,930, 49,460)	14% (8, 22%)	42,990 (39,950, 47,270)	16% (9, 23%)	38,350 (34,290, 43,750)	22% (13, 32%)
People who inject drugs		2,162 (1,918, 2,405)	11% (7, 19%)	2,356 (2,132, 2,564)	10% (6, 16%)	2,499 (2,133, 2,955)	27% (17, 37%)
Heterosexuals		54,050 (49,010, 61,920)	21% (13, 31%)	52,050 (47,360, 59,980)	21% (13, 31%)	48,870 (43,550, 55,840)	27% (19, 37%)
	Men	21,290 (18,910, 25,050)	24% (15, 35%)	21,190 (18,970, 24,930)	25% (17, 36%)	19,820 (17,220, 23,430)	32% (22, 43%)
	<i>Black African ethnicity</i>	9,845 (8,586, 12,220)	16% (3, 32%)	9,869 (8,777, 12,060)	15% (5, 30%)	9,095 (7,854, 11,150)	17% (4, 32%)
	<i>Men excluding black Africans</i>	11,445 (9,671, 14,880)	31% (19, 47%)	11,321 (10,193, 12,870)	34% (22, 50%)	10,725 (9,366, 12,280)	45% (33, 61%)
	Women	32,680 (29,950, 37,350)	18% (11, 28%)	30,860 (28,390, 35,050)	18% (12, 28%)	29,050 (26,330, 32,410)	24% (16, 32%)
	<i>Black African ethnicity</i>	20,120 (18,130, 23,900)	12% (3, 26%)	19,310 (17,690, 22,540)	11% (3, 24%)	17,820 (16,040, 20,730)	12% (3, 25%)
	<i>Women excluding black Africans</i>	12,560 (10,790, 14,540)	29% (17, 38%)	11,550 (10,700, 12,510)	31% (18, 40%)	11,230 (10,290, 11,680)	43% (31, 52%)
Total³		103,700 <i>(97,500, 112,700)</i>	17% <i>(12, 24%)</i>	99,960 <i>(93,819, 108,200)</i>	18% <i>(13, 24%)</i>	91,940 <i>(85,000, 99,980)</i>	25% <i>(19, 31%)</i>

¹In the revised method, African people are defined by their reported ethnicity, the previous method defined through country of birth.

²Lower bound, upper bound.

³Numbers may not add to total due to rounding and exclusion of data relating to HIV acquired through mother-to-child transmission and blood related

Appendix 3: Number and proportion of likely recently acquired infections at diagnosis (ascertained through the Recent Infection Testing Algorithm) by exposure category and age group: England, Wales and Northern Ireland, 2014^{1, 2, 3}

Exposure category		15-24	25-34	35-49	50+	Total
Men who have sex with men	Recent infections	112	280	156	47	595
	Number RITA tested	292	778	595	211	1,876
	%	38%	36%	26%	22%	32%
	(95% CI)	(33-44)	(33-39)	(23-30)	(17-28)	(30-34)
Heterosexual men	Recent infections	10	17	20	12	59
	Number RITA tested	27	98	225	149	499
	%	37%	17%	9%	8%	12%
	(95% CI)	(19-58)	(10-26)	(6-13)	(4-14)	(9-15)
Heterosexual women	Recent infections	13	21	10	9	53
	Number RITA tested	70	193	234	112	609
	%	19%	11%	4%	8%	9%
	(95% CI)	(10-30)	(7-16)	(2-8)	(4-15)	(7-11)
All Heterosexuals	Recent infections	23	38	30	21	112
	Number RITA tested	97	291	459	261	1,108
	%	24%	13%	7%	8%	10%
	(95% CI)	(16-33)	(9-17)	(4-9)	(5-12)	(8-12)
Total	Recent infections	142	331	189	71	733
	Number RITA tested	424	1,133	1,150	516	3,223
	%	33%	29%	16%	14%	23%
	(95% CI)	(29-38)	(27-32)	(14-19)	(10-17)	(21-24)

¹ Ascertained by the Recent Infection Testing Algorithm (RITA)

² Overall, nearly 50% of new HIV diagnoses had a test for recent infection and this was similar across exposure categories .

³ Data to end August 2014. From September 1st 2013 a new assay to test for recent infection was introduced which uses a different algorithm to classify recent infection.

Note: Appendices show actual numbers. Numbers presented in text are rounded.

Appendix 4: HIV test coverage¹ by gender, male sexual orientation, and age group: England, 2014

Gender		Age group	HIV test				
			STI clinic attendees ²	Offered	Tested	Offered %	Coverage %
Men (by sexual orientation)	Heterosexual	<15	546	338	196	62	36
		15-19	43,664	39,330	31,338	90	72
		20-24	131,903	122,138	103,321	93	78
		25-34	187,779	173,351	148,627	92	79
		35-44	74,062	66,803	56,372	90	76
		45-64	53,415	46,604	38,993	87	73
		65+	5,881	4,647	3,734	79	63
		Subtotal³	497,455	453,399	382,743	91	77
	Men who have sex with men	<15	37	27	22	73	59
		15-19	4,924	4,474	4,269	91	87
		20-24	19,832	18,350	17,731	93	89
		25-34	39,347	36,355	35,008	92	89
		35-44	21,122	19,119	18,178	91	86
		45-64	16,637	14,654	13,727	88	83
		65+	2,063	1,815	1,718	88	83
		Subtotal³	104,028	94,862	90,719	91	87
	All men	<15	834	494	278	59	33
		15-19	50,790	45,253	36,681	89	72
		20-24	157,065	144,611	124,509	92	79
		25-34	235,120	215,849	188,965	92	80
		35-44	98,745	88,385	76,615	90	78
45-64		72,975	63,045	54,205	86	74	
65+		8,262	6,628	5,589	80	68	
Subtotal³		624,485	564,894	487,359	90	78	
Women ⁴	<15	4,848	2,965	1,480	61	31	
	15-19	134,081	107,956	70,861	81	53	
	20-24	237,934	202,153	154,348	85	65	
	25-34	272,841	229,205	178,978	84	66	
	35-44	101,513	81,948	61,614	81	61	
	45-64	58,924	46,520	35,163	79	60	
	65+	3,067	1,794	1,333	58	43	
	Subtotal³	814,459	673,318	504,249	83	62	
Total	<15	5,682	3,459	1,758	61	31	
	15-19	184,901	153,238	107,564	83	58	
	20-24	395,069	346,826	278,910	88	71	
	25-34	508,065	445,156	368,028	88	72	
	35-44	200,295	170,366	138,254	85	69	
	45-64	131,924	109,587	89,389	83	68	
	65+	11,331	8,424	6,924	74	61	
	Total³	1,439,212	1,238,462	991,816	86	69	

¹ HIV test coverage measures the percentage of eligible new GUM attendees in whom a HIV test was accepted. An eligible new GUM attendee is defined as a patient attending a GUM clinic at least once during a calendar year. People known to be HIV positive, or for whom a HIV test was not appropriate, are excluded. HIV test uptake (in Appendix 14) measures the number of eligible new GUM episodes where a HIV test was accepted as a percentage of those where a HIV test was offered. An eligible new GUM episode is defined as a visit to a GUM clinic including all subsequent GUM attendances in the following six weeks. Attendances by known HIV positive patients, or where a HIV test was not appropriate, are excluded.

² Defined as a visit to an STI clinic including all subsequent STI attendances during the following six weeks.

³ Include individuals without age reported.

⁴ Include heterosexual women and women who have sex with women. In text, the 67% (470,760/705,690) coverage was among heterosexual women.

Note: Appendices show actual numbers. Numbers presented in text are rounded.

Appendix 5: HIV test uptake¹ by gender, male sexual orientation, and age group: England, 2014

Gender		Age group	HIV test				
			New STI episode ²	Offered	Tested	Offered %	Uptake %
Men (by sexual orientation)	Heterosexual	<15	639	382	222	60	58
		15-19	51,448	44,392	34,515	86	78
		20-24	158,563	138,809	114,084	88	82
		25-34	222,430	193,974	162,339	87	84
		35-44	87,825	73,519	60,709	84	83
		45-64	64,348	50,770	41,646	79	82
		65+	7,657	5,096	4,017	67	79
		Subtotal³	593,056	507,067	417,638	86	82
	Men who have sex with men	<15	54	35	29	65	83
		15-19	7,114	5,777	5,461	81	95
		20-24	28,924	24,523	23,397	85	95
		25-34	58,667	50,033	47,621	85	95
		35-44	31,537	26,102	24,592	83	94
		45-64	24,293	19,080	17,643	79	92
		65+	3,071	2,317	2,150	75	93
		Subtotal³	153,699	127,900	120,925	83	95
	All men	<15	1,004	567	312	56	55
		15-19	60,958	51,717	41,102	85	79
		20-24	193,315	167,757	141,148	87	84
		25-34	289,720	250,473	215,523	86	86
		35-44	123,254	102,208	87,449	83	86
45-64		91,900	71,719	60,822	78	85	
65+		11,088	7,590	6,307	68	83	
Subtotal³		771,845	652,557	553,086	85	85	
Women (including women who have sex with women)	<15	6,637	3,730	1,750	56	47	
	15-19	179,567	133,491	81,747	74	61	
	20-24	304,128	240,858	175,125	79	73	
	25-34	339,249	266,325	199,978	79	75	
	35-44	123,964	92,470	67,165	75	73	
	45-64	71,364	51,346	37,929	72	74	
	65+	4,001	1,915	1,398	48	73	
	Subtotal³	1,029,945	790,667	565,411	77	72	
Total	<15	7,641	4,297	2,062	56	48	
	15-19	240,556	185,237	122,871	77	66	
	20-24	497,516	408,679	316,327	82	77	
	25-34	629,074	516,901	415,586	82	80	
	35-44	247,259	194,712	154,640	79	79	
	45-64	163,290	123,087	98,772	75	80	
	65+	15,091	9,507	7,707	63	81	
	Total³	1,802,068	1,443,478	1,118,707	80	78	

¹ HIV test uptake measures the number of eligible new GUM episodes where a HIV test was accepted as a percentage of those where a HIV test was offered. An eligible new GUM episode is defined as a visit to a GUM clinic including all subsequent GUM attendances in the following six weeks. Attendances by known HIV positive patients, or where a HIV test was not appropriate, are excluded. HIV test coverage (in Appendix 13) measures the percentage of eligible new GUM attendees in whom a HIV test was accepted. An eligible new GUM attendee is defined as a patient attending a GUM clinic at least once during a calendar year. People known to be HIV positive, or for whom a HIV test was not appropriate, are excluded.

² Defined as a visit to an STI clinic including all subsequent STI attendances during the following six weeks.

³ Include individuals without age reported.

Note: Appendices show actual numbers. Numbers presented in text are rounded.

Appendix 6: Number of contacts and HIV diagnoses made through partner notification at STI clinics by risk group: England, 2013 and 2014

Gender & sexual orientation	Number of PN contacts		Number of PN contacts tested (a)		Number of PN contacts diagnosed (b)		Percentage of PN contacts diagnosed (b/a) %	
	2013	2014	2013	2014	2013	2014	2013	2014
Male (total)	1,592	1,747	1,284	1,444	79	86	6.2	6.0
Heterosexual	540	571	460	493	15	27	3.3	5.5
Men who have sex with men	1,018	1,150	799	929	60	59	7.5	6.4
Female (total)	443	478	385	386	25	16	7	4.1
Heterosexual	421	466	365	375	23	15	6.3	4.0
Women who have sex with women	4	4	4	3	0	0	0.0	0.0
Ethnicity								
White	1,355	1,493	1,130	1,264	69	63	6.1	5.0
Black or Black British	352	324	280	253	17	19	6	7.5
Asian or Asian British	85	98	71	82	4	3	5.6	3.7
Mixed	85	107	71	90	5	3	7.0	3.3
Other ethnic groups	52	50	37	37	3	3	8	8.1
Unknown	106	153	80	104	6	11	8	11
Total	2,035	2,225	1,669	1,830	104	102	6.2	5.6

Note: Appendices show actual numbers. Numbers presented in text are rounded.