Annual Epidemiological Spotlight on HIV in the South East: 2014 data

Field Epidemiology Services, South East
Summary of 2014 data for South East residents

- 546 new HIV diagnoses
- New diagnosis rate: 8 per 100,000 residents aged 15 years or older
- 53% of new diagnoses in MSM / 42% of new diagnoses in heterosexuals
- 44% of diagnoses are late
- 9,298 people living with diagnosed HIV
- Diagnosed prevalence rate: 1.7 per 1,000 residents aged 15-59 years
- Eleven local authorities had a diagnosed prevalence above the two per 1,000 threshold above which expanded HIV testing is recommended: Worthing, Adur, Crawley, Southampton, Slough, Reading, Oxford, Eastbourne, Lewes, Hastings and Brighton & Hove
Figure 1: New HIV diagnosis per 100,000 population aged 15 years or older by PHE centre of residence, 2014

Source: Public Health England, HIV and Aids New Diagnosis Database (HANDD). The number of new diagnoses will depend on accessibility of testing as well as infection transmission.
Figure 2: New HIV diagnoses per 100,000 population aged 15 years or older by upper tier local authority of residence, South East residents, 2014

Source: Public Health England, HIV and Aids New Diagnosis Database (HANDD). The number of new diagnoses will depend on accessibility of testing as well as infection transmission.
Figure 3: New HIV and AIDS diagnoses and deaths, South East, 2005 to 2014

Source: Public Health England, HIV and Aids New Diagnosis Database (HANDD). The number of new diagnoses will depend on accessibility of testing as well as infection transmission. *Numbers may rise as further reports are received. This will impact on interpretation of trends in more recent years.
Figure 4: New HIV diagnoses by probable exposure category (adjusted for missing information), South East residents, 2005 to 2014

Source: Public Health England, HIV and Aids New Diagnosis Database (HANDD). The number of new diagnoses will depend on accessibility of testing as well as infection transmission.
Figure 5: Number of new HIV diagnoses by age group and gender (A) and probable exposure category in males (B), South East residents, 2014

(A)

(B)

Source: Public Health England, HIV and Aids New Diagnosis Database (HANDD). The number of new diagnoses will depend on accessibility of testing as well as infection transmission.
Figure 6: Number of new HIV diagnoses by ethnic group (adjusted for missing information), South East residents, 2005 to 2014

Source: Public Health England, HIV and Aids New Diagnosis Database (HANDD). The number of new diagnoses will depend on accessibility of testing as well as infection transmission.
Figure 7: Number of new HIV diagnoses by world region of birth (adjusted for missing information), South East residents, 2005 to 2014

Source: Public Health England, HIV and Aids New Diagnosis Database (HANDD). The number of new diagnoses will depend on accessibility of testing as well as infection transmission.
Figure 8: Percentage of new HIV diagnoses that were diagnosed late by upper tier local authority of residence, South East, aged 15 years and over, 2012 to 2014*


* Only includes new diagnoses for which CD4 count was reported within 91 days of diagnosis; late diagnosis defined as CD4 count <350 cells/mm³.

The underlying population will impact on the proportion diagnosed late, e.g. MSM are less likely to be diagnosed late. $ confidence intervals for Bracknell Forest, Medway, Wokingham, Windsor and Maidenhead and Southampton are particularly wide due to the low numbers of people diagnosed with HIV (<50 during this time period), and therefore the proportions that are diagnosed late can fluctuate markedly over time due to the small numbers involved. Caution should therefore be applied when comparing to other areas.

# West Berkshire – there were no late diagnoses

Isle of Wight – value suppressed for disclosure control due to small denominator
Figure 9: Percentage of new HIV diagnoses that were diagnosed late by probable exposure category (A) and ethnic group (B), South East residents, aged 15 years and over, 2012 to 2014*

(A) Probable exposure category

- Sex between men: 35%
- Heterosexual contact - male: 59%
- Heterosexual contact - female: 51%
- Injecting drug use: 62%

(B) Ethnic group

- White: 40%
- Black African: 56%
- Black Caribbean: 50%

* Only includes new diagnoses for which CD4 count was reported within 91 days of diagnosis; late diagnosis defined as CD4 count <350 cells/mm3.
Figure 10: Diagnosed HIV prevalence per 1,000 residents aged 15 to 59 years by PHE centre, 2014

Figure 11: Number of residents living with diagnosed HIV and accessing care, South East, 2005 to 2014

Figure 12: Number of residents living with diagnosed HIV and accessing care by probable route of transmission (adjusted for missing information), South East, 2014

Figure 13: Percentage of residents with diagnosed HIV and accessing care by age group in the South East, 2005 and 2014

Figure 14: Diagnosed HIV prevalence per 1,000 residents by ethnic group (aged 15 to 59 years), South East, 2014

Figure 15: Diagnosed HIV prevalence per 1,000 residents aged 15 to 59 years by local authority, South East, 2014

Figure 16: Diagnosed HIV prevalence per 1,000 residents aged 15 to 59 years by local authority, South East, 2014

1 = Oxford
2 = Reading
3 = Slough
4 = Windsor and Maidenhead
5 = Wokingham
6 = Bracknell Forest
7 = Runnymede
8 = Spelthorne
9 = Surrey Heath
10 = Woking
11 = Elbridge
12 = Epsom and Ewell
13 = Reigate and Banstead
14 = Rushmoor
15 = Crawley
16 = Medway
17 = Southampton
18 = Eastleigh
19 = Portsmouth
20 = Havant
21 = Worthing
22 = Adur
23 = Brighton and Hove

Acknowledgements

Local sexual health and HIV clinics for supplying the HIV data

Institute of Child Health

PHE Centre for Infectious Disease Surveillance and Control (CIDSC) HIV and STI surveillance teams for collection, analysis and distribution of data

Stefano Conti of the PHE CIDSC modelling team for providing estimates of the total number of people living with HIV and the proportion that remain undiagnosed
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