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HIV in the United Kingdom: decline in new HIV diagnoses in gay and bisexual men in London, 2017 report

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In 2016, 5,164 people were newly diagnosed with HIV in the United Kingdom (UK) (3,938 men and 1,226 women), representing an 18% decline from the 6,286 diagnoses reported in 2015. The decrease was most apparent in gay and bisexual men. In this group, the number of HIV diagnoses reported steadily increased from 2,850 in 2007 to 3,570 in 2015, and then decreased by 21% to 2,810 in 2016 (figure 1) [1].

The UK is one of the first countries in Europe to witness a substantive decline in HIV diagnoses in gay and bisexual men. Combination prevention is working: the decline is driven by large increases in HIV tests among gay and bisexual men attending sexual health clinics (from 37,224 in 2007 to 143,560 in 2016) including repeat testing in higher risk men, as well as improvements in the uptake of anti-retroviral therapy (ART) following HIV diagnosis [2]. Other factors, including sustained high condom use with casual partners and internet access of pre-exposure prophylaxis (PrEP), will also have contributed to the downturn in HIV diagnoses in this group.

The decline in HIV diagnoses in gay and bisexual men is particularly focused in parts of London, where diagnoses decreased by 29% from 1,554 in 2015 to 1,096 in 2016 (figure 2). The largest declines were observed in areas of London with the highest testing rates and prompt access to treatment. Between 2007 and 2016, the median CD4 count at diagnosis among gay and bisexual men rose from 396 cells/mm³ to 501 cells/mm³ in London which is further supporting evidence that this decline is due to reduced transmission. Elsewhere in England HIV diagnoses in gay and bisexual men decreased by 11%; from 1,281 in 2015 to 1,140 in 2016.

Despite the good news, challenges remain in the response to the HIV epidemic in the UK. The number and proportion of diagnoses made at a late stage of HIV infection (CD4 count <350 cells/mm³ at diagnosis) remains high, particularly among heterosexual men and women. Overall, 2,110 men and women who probably acquired HIV through heterosexual contact were diagnosed in 2016; this decline (from 4,060 in 2007) was largely due to changes in migration patterns. In 2016, 60% (413/684) of heterosexual men and 47% (354/748) of heterosexual women were diagnosed at a late stage, compared with 32% (663/2,096) of gay and bisexual men (based on available CD4 at diagnosis: 88%). Late diagnosis is associated with a higher

risk of short term mortality and increased risk of onward transmission since those diagnosed late have been unaware of their HIV infection for around three to five years.

The decrease in HIV diagnoses in gay and bisexual men represents the most exciting development in the UK HIV epidemic in 20 years, when effective treatment became widely available. The HIV response in England will be further strengthened with the implementation of the PrEP Impact Trial over the next three years [3]. It is critical that the success of increased HIV testing and prompt ART is replicated for all groups at greatest risk of the virus. For heterosexual men and women, further expansion of HIV testing in a variety of settings is critical in reducing late HIV diagnoses, and consequently undiagnosed infection.

Figure 1. New HIV diagnoses in the UK, by risk group, 2007-2016, United Kingdom

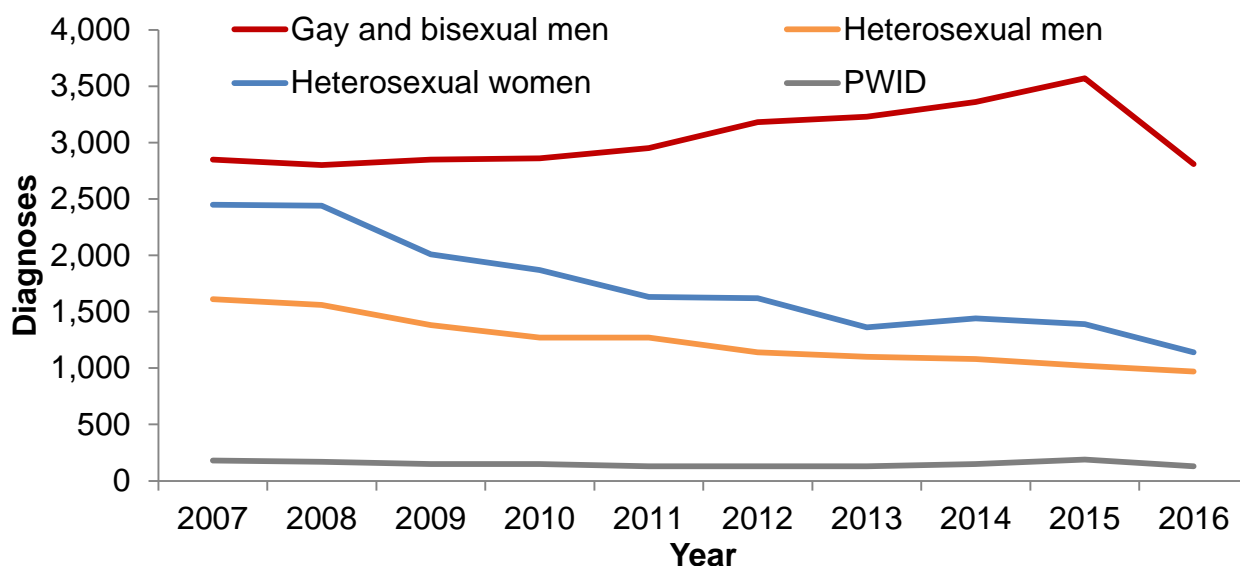
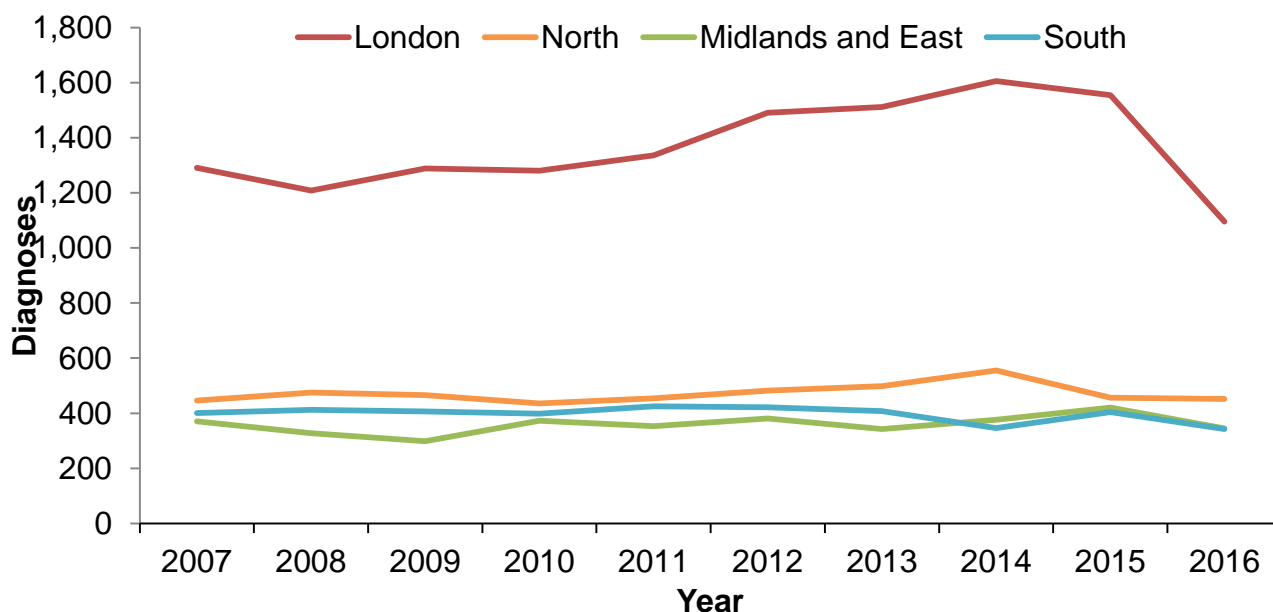


Figure 2. New HIV diagnoses in gay and bisexual men, by region of residence, 2007-2016, England



References

1. PHE website (3 October 2017). [HIV: annual data tables](#).
2. Brown AE, Mohamed H, Ogaz D, Kirwan PD, Yung M Nash SG *et al* (2017). Fall in new HIV diagnoses in men who have sex with men (MSM) at selected London sexual health clinics since early 2015: testing or treatment or pre-exposure prophylaxis (PrEP) *Euro Surveill.* **22**(25).
3. PHE PrEP Impact Trial Webpage, <https://www.prepimpacttrial.org.uk/>.

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Health Protection Report is a national public health bulletin for England and Wales, published by Public Health England. It is PHE's principal channel for the dissemination of laboratory data relating to pathogens and infections/communicable diseases of public health significance and of reports on outbreaks, incidents and ongoing investigations.

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