Summary of 2016 data for London residents

- estimated 38,700 people living with HIV in London (diagnosed & undiagnosed)
- 1,967 new HIV diagnoses in London residents in 2016 (38% of all UK diagnoses)
- new diagnoses in London fell 23% from 2015 to 2016
- 64% of new diagnoses were in men who have sex with men (MSM)
- the number of new diagnoses in MSM fell by 30% from 2015 to 2016.
- 21% of new diagnoses were in Black Africans
- 34% of diagnoses were late (2014-16)
- 36,862 people live with diagnosed HIV in London
- all London LAs had a prevalence equal to or greater than the 2 per 1,000 threshold above which expanded HIV testing is recommended
- an estimated 10% of Londoners living with HIV remain undiagnosed
- 97% of those diagnosed are on antiretroviral therapy (ART)
- 97% of those on ART are virally suppressed

Access Powerpoint slides for 2016 data.
Figure 1: New HIV diagnosis per 100,000 population aged 15 years or older by PHE centre of residence, 2016

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 local authority of residence, London residents, 2016

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 diagnoses and deaths, London, 2007 to 2016

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), London residents, 2007 to 2016

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), London residents, 2016

(A) and (B) show the distribution of new HIV diagnoses among males and females across different age groups. The number of new diagnoses will depend on accessibility of testing as well as infection transmission.

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 ethnic group information), London residents, 2007-2016

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), London residents, 2007-2016

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 authority of residence, London, aged 15 years and over, 2014 to 2016*

Source: Public Health England, HIV and AIDS New Diagnosis Database, HIV & AIDS Reporting System * 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.
Figure 9: Percentage of new HIV diagnoses that were diagnosed late by probable exposure category (A) and ethnic group (B), London residents, aged 15 years and over, 2014-2016*

Source: Public Health England, HIV and AIDS New Diagnosis Database, HIV & AIDS Reporting System
* 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, 2016

Figure 11: Number of residents living with diagnosed HIV and accessing care, London, 2007 to 2016

Figure 12: Number of residents living with diagnosed HIV and accessing care by probable route of transmission (adjusted for missing information), London, 2016

Figure 13: Percentage of residents with diagnosed HIV and accessing care by age group, London, 2007 and 2016

Figure 14: Diagnosed HIV prevalence per 1,000 residents by ethnic group (aged 15 to 59 years), London, 2016

Figure 15: Diagnosed HIV prevalence per 1,000 residents aged 15 to 59 years by local authority, London, 2016

Figure 16: Diagnosed HIV prevalence per 1,000 residents aged 15-59 years by local authority, London, 2016

Figure 17: Diagnosed HIV prevalence per 1,000 residents (all ages) by middle super output area, London, 2016

Figure 18: The London HIV treatment cascade among adults living with HIV, 2016
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Further information

Please access the online ‘Sexual and Reproductive Health Profiles’ for further information on a whole range of sexual health indicators: [http://fingertips.phe.org.uk/profile/sexualhealth](http://fingertips.phe.org.uk/profile/sexualhealth)


For more information on STIs in London please access: [https://www.gov.uk/government/publications/sexually-transmitted-infections-london-data](https://www.gov.uk/government/publications/sexually-transmitted-infections-london-data)


For more information please contact Field Epidemiology Services at [fes.seal@phe.gov.uk](mailto:fes.seal@phe.gov.uk)
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