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Trends in new HIV diagnoses and people receiving HIV-related care in the United Kingdom: data to the end of December 2017

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New HIV diagnoses

Latest data, published 4 September 2018, show a total of 4,363 people (3,236 males and 1,125 females¹) were newly diagnosed with HIV in 2017 in the United Kingdom (UK). New HIV diagnoses have continued to decline over the past decade with a substantial decrease over the past two years; the 2017 figure represents a 17% drop from the 5,280 diagnoses reported in 2016 and a 28% drop from the 6,043 diagnoses in 2015.

This recent reduction has been mostly driven by fewer HIV diagnoses among gay and bisexual men, which have decreased by almost a third (31%) since 2015 to 2,330 diagnoses in 2017 (Figure 1). The number of gay and bisexual men newly diagnosed with HIV in London dropped by 44%, from 1,415 in 2015 to 798 in 2017, and by 28% outside of London, from 1,618 to 1,167. Previously, diagnoses among gay and bisexual men had been increasing year on year from 2,820 in 2008 to 3,390 in 2015.

It should be noted that changes in new HIV diagnoses are usually preceded by earlier changes in the underlying incidence of HIV infection. The observed fall in new HIV diagnoses among gay and bisexual men since 2015 followed the earlier fall in underlying HIV infections that began in 2012 [1]. As described elsewhere, this is best explained by the large increases in HIV testing, particularly in repeat HIV testing among higher risk men, as well as improvements in the uptake of anti-retroviral therapy (ART)[1,2,3]; it is too early to know the size of the expected additional effect on HIV transmission of the gradual scale-up of pre-exposure prophylaxis (PrEP) since the results of the PROUD Trial were published at the beginning of 2015 [4].

In contrast, diagnoses among black African and black Caribbean heterosexuals have decreased steadily over the past decade from 2,655 in 2008 to 594 in 2017. This is largely due to changes in migration patterns, with fewer people entering the UK from high prevalence countries [5]. For the first time, there has also been a drop in the number of diagnoses reported among other² heterosexuals, which fell by 20% to 849 in 2017; previously, diagnoses had remained stable at around 1,000 diagnoses per year in this group. The cause of this change is uncertain at present.

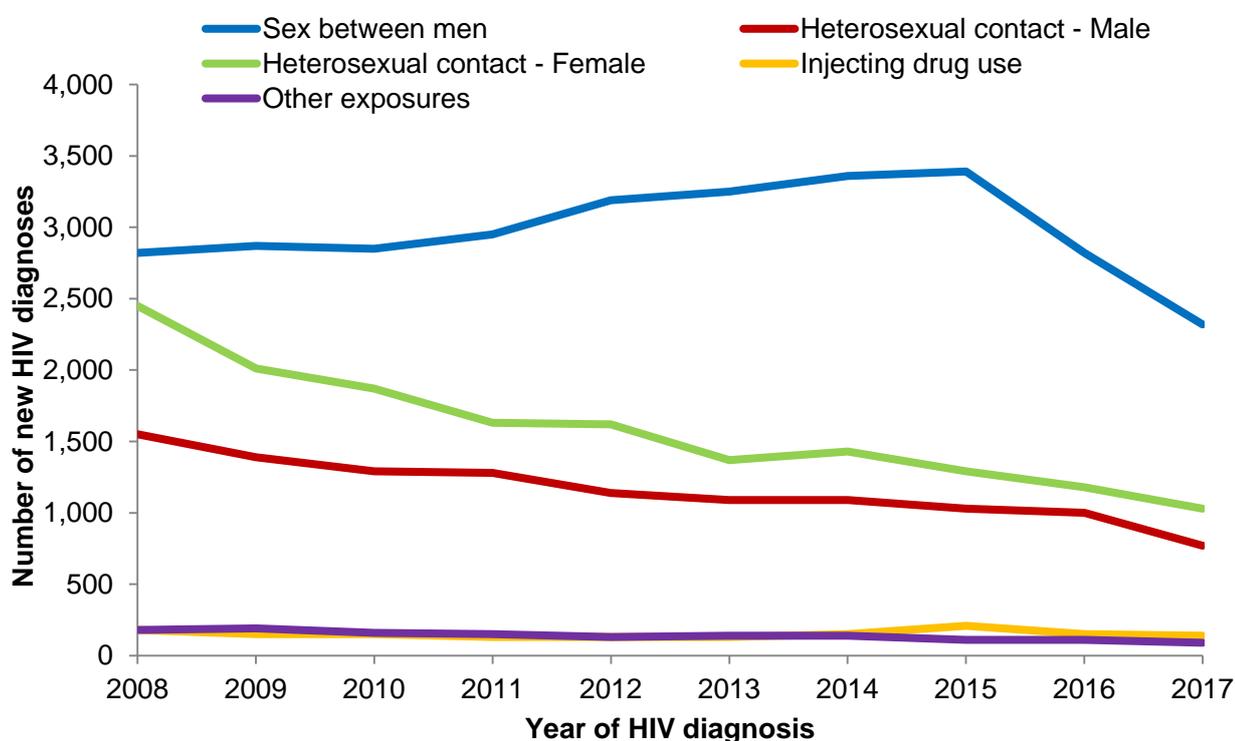
¹ New HIV diagnoses totals for males and females are based on gender identity and include trans people. The overall total includes people who identify in another way and those with gender identity not reported.

² Non-black African and non-black Caribbean

Continued low numbers of HIV diagnoses were reported in injecting drug users (140) and people who acquired HIV through other exposure routes (90), such as mother to child transmission and recipients of blood/tissue products (Figure 1).

Despite these promising reductions in diagnoses, significant challenges remain to the control of HIV in the UK. The proportion of people diagnosed at a late stage of infection (CD4 count <350 cells/mm³ at diagnosis) has remained persistently high over the past five years at close to 40%. Late diagnosis is associated with a ten-fold increased risk of short term mortality (within a year of diagnosis) [6] and an increased risk of onward transmission, with people diagnosed late having been unaware of their HIV infection for approximately three to five years [7]. The overall late diagnosis rate in 2017 was 43% (1,352/3,118), with the highest rates among black African heterosexual men (69%; 102/147) and the lowest rates among gay and bisexual men (33%; 530/1,586). In 2017, there were 230 people with an AIDS-defining illness reported at HIV diagnosis (5.3%) and 428 deaths among people with HIV.

Figure 1: New HIV diagnoses* by year of diagnosis and probable exposure route: UK, 2008-2017



*Adjusted for missing route of exposure

People receiving HIV care

The number of people receiving HIV-related care has increased by over 50% over the last decade, from 60,737 in 2008 to 93,385 in 2017. This is due to ongoing new diagnoses and people living longer with HIV. Overall, ART coverage in 2017 was high at 98% (91,266/93,385). Of people on ART in 2017, 97% (88,528/91,266) were virally suppressed with a viral load ≤ 200 copies per mL and therefore very unlikely to pass on HIV, even if having sex without protection [8].

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