



Public Health
England

Protecting and improving the nation's health

Annual Epidemiological Spotlight on HIV in the West Midlands

2018 data

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000

www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk)

Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Rehman Teagle and Jeremy Hawker

For queries relating to this document, please contact: WMSexualHealth@phe.gov.uk



© Crown copyright 2020

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.ogil.io). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published February 2020

PHE publications

gateway number: GW-1074

PHE supports the UN

Sustainable Development Goals



Contents

Executive summary	4
New HIV diagnoses, AIDS and deaths	6
Probable route of transmission	9
Geography of new HIV diagnosis	11
Late diagnosis and testing	12
People living with diagnosed HIV	15
Geography of HIV prevalence	18
Public health implications and recommendations	20
Information on data sources	24
Further information	25
About the Field Service	26
Acknowledgements	27

Executive summary

In 2018, the number of West Midlands residents newly diagnosed with HIV decreased by 4% (2017: 348 cases; 2018: 334 cases) (Figure 1). This was driven by a substantial reduction of 25% in the number of new diagnoses among men who have sex with men (MSM) (Figure 5). The decrease in new diagnoses in the West Midlands mirrors a national decrease of 6% in England. The cumulative number of new diagnoses from 1981 to 2018 in the West Midlands was 9,622 cases (Figure 1).

In 2018, the highest new diagnosis rates in the West Midlands in individuals aged 15 years and over were observed in the major urban centres of Birmingham (12.9 per 100,000), Coventry (12.0 per 100,000) and Sandwell (11.3 per 100,000) (Figure 7). The lowest rates were observed in Shropshire (1.8 per 100,000), Staffordshire (2.5 per 100,000) and Worcestershire (2.6 per 100,000). The overall rate for the West Midlands was 6.8 per 100,000; this was statistically significantly lower than the overall rate for England (8.7 per 100,000).

Heterosexual contact remained the largest exposure group in the West Midlands, accounting for 47% of cases in 2018, with numbers largely unchanged since 2017, but at a much lower level than the peak year of 2004 (Figure 5). In 2018, the number and proportion of newly diagnosed heterosexual cases who acquired HIV in Africa was much lower than in the peak year of 2003, however the number of cases in 2018 was 22% higher than in the previous year (2017: 50 cases; 2018: 61 cases) (Figure 6).

New diagnoses reported in men who have sex with men (MSM) decreased by 25% from 2017 to 2018 and by 47% from the peak year of 2015 (Figure 5); this decrease was also seen nationally. However, numbers and rates in MSM are still higher than those observed in the years from 1981 to 2002. Health improvement efforts need to be sustained for this group, and updated for any changes in sexual behaviour.

Seven cases of vertically transmitted (mother to infant) HIV were reported in the West Midlands in 2018; this was lower than the 9 cases reported in 2017. Only one of the 2018 cases is known to have been born in the UK. Antenatal screening is recommended for all pregnant women, as effective interventions exist to substantially reduce the risk of transmission to the baby.

In 2018, 9 new cases in people who inject drugs (PWID) were reported compared to 7 cases in 2017. Prevention services for PWID, such as needle exchange programmes, remain important and will also protect against other blood-borne bacterial and viral infections.

Incidence rates in the Black African ethnic group remain significantly higher than those for other ethnic groups and increased in 2018 after a general downward trend in previous years. In 2018, the rate in the Black African population was 45 times that of the white population. (Table 1; Figure 4). This suggests that health improvement messages for the wider population and specific services for Black African populations continue to be needed, particularly aimed at promoting HIV testing.

From 2016 to 2018, 46% of newly diagnosed West Midlands residents were diagnosed at a late stage of infection; this was identical to the proportion diagnosed late from 2015 to 2017 and higher than the 42.5% reported for England overall in from 2016 to 2018 (Figure 9). Over the same period, 26% of newly diagnosed West Midlands residents were diagnosed at a very late stage of infection (Figure 10). Late diagnosis is more common in individuals of Black African and Black Caribbean ethnicity, heterosexuals (particularly heterosexual men) and older people (Figure 8). Five upper tier local authorities in the West Midlands had late diagnosis rates greater than 50% from 2016 to 2018: Herefordshire (60%), Shropshire (59%), Staffordshire (57%), Sandwell (54%) and Coventry (53%) (Figure 9). The highest rates for very late diagnosis were in Staffordshire (43%), Worcestershire (38%), Telford and Wrekin (33%) and Shropshire (32%) (Figure 10). Early diagnosis benefits patients (treatment offers near normal life expectancy), the community (transmission can be minimised) and the health economy (treatment is less expensive). Improvements in screening of sexual health clinic attendees in all areas (together with partner notification services) and implementation of expanded HIV testing in high prevalence areas are required to help address this.

HIV test coverage (the proportion of eligible new attendees at specialist sexual health services who received an HIV test) fell slightly from 65% to 64% in the West Midlands from 2017 to 2018; in 2018, this was just below HIV test coverage for England overall (65%). The lowest test coverage in 2018 was in Sandwell (43%) (Figure 11). Test coverage was highest among MSM (88%) and lowest among women (56%) (Figure 12).

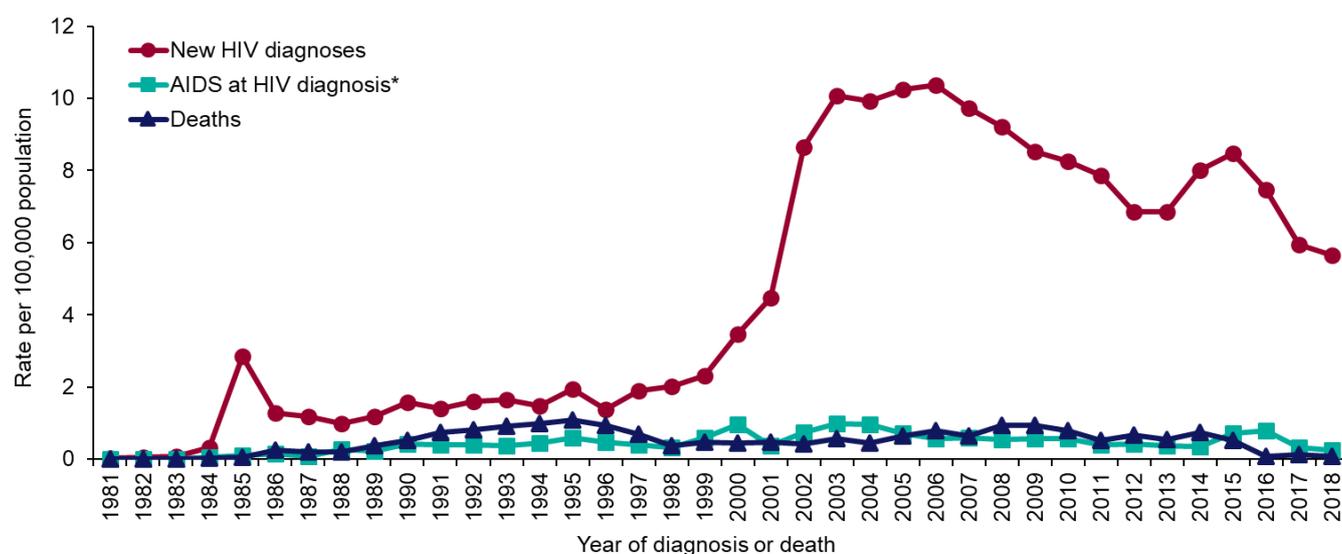
The prevalence of diagnosed HIV in the West Midlands was 1.9 per 1,000 population aged 15 to 59 years in 2018. However, 6 local authorities had a prevalence of diagnosed HIV of greater than 2.0 per 1,000 population aged 15 to 59 years in 2018, the threshold at which national guidelines recommend expanded HIV testing (in hospital admissions and GP registrations); these local authorities were Wolverhampton, Coventry, Birmingham, Sandwell, Stoke-on-Trent and Walsall (Figure 19).

During 2018, a total of 7,124 West Midlands residents accessed HIV-related care in the UK (Figure 13), of whom more than one-third were aged 50 years and over (Figure 14). Since 2009, the number of individuals accessing care has increased by 71% and the number aged 50 years and over has increased by 279%, reflecting the dramatically improved life-expectancy for those who are diagnosed early and treated appropriately.

New HIV diagnoses, AIDS and deaths

A cumulative total of 9,622 West Midlands residents had been diagnosed with HIV by the end of 2018, with 44% of cases (n=4,209) diagnosed between 2009 and 2018. Since 1981, 882 of these individuals were reported to have had an AIDS defining illness within 3 months of HIV diagnosis (269 since 2009). In total, 1,015 people living with HIV are known to have died in the West Midlands since 1981 (279 since 2009); however, it is important to note that some of those lost to follow up may also have died. In 2018, 334 new diagnoses of HIV infection were reported in West Midlands residents, a 4% decrease from the 348 new diagnoses reported in 2017. Overall, the rate of new diagnoses of HIV has been decreasing each year since the peak of 2006, with an exception of an increase in 2014 and 2015 (Figure 1).

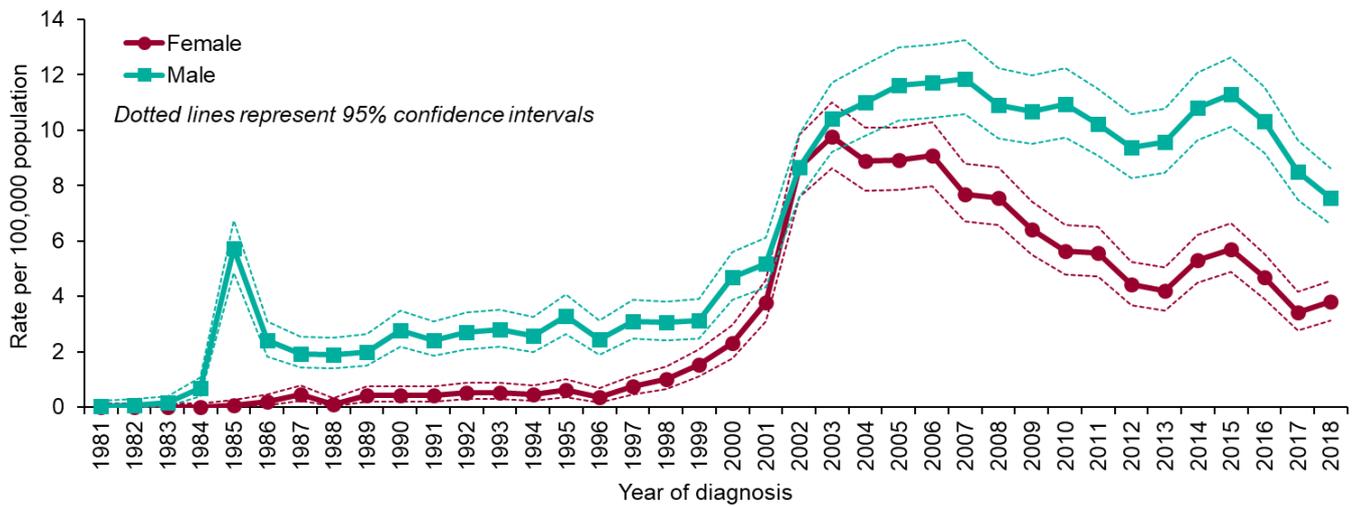
Figure 1: New HIV and AIDS diagnosis and death rates by year of diagnosis or death (all ages), West Midlands residents, 1981 to 2018



* AIDS at HIV diagnosis indicates reports of an AIDS defining illness within 3 months of HIV diagnosis. Source: Public Health England, HIV & AIDS New Diagnoses & Deaths Database (HANDD).

Males represented 64% of all new HIV diagnoses from 1981 to 2018, with diagnosis rates significantly higher in males than in females in most years from 1984 onwards, apart from 2001 to 2004 (Figure 2). Forty-five percent of new diagnoses in males and 41% of new diagnoses in females have been diagnosed over the most recent 10 years. Between 2017 and 2018 there was an 11% reduction in the number of new diagnoses among males, but a 12% increase in the number of new diagnoses among females.

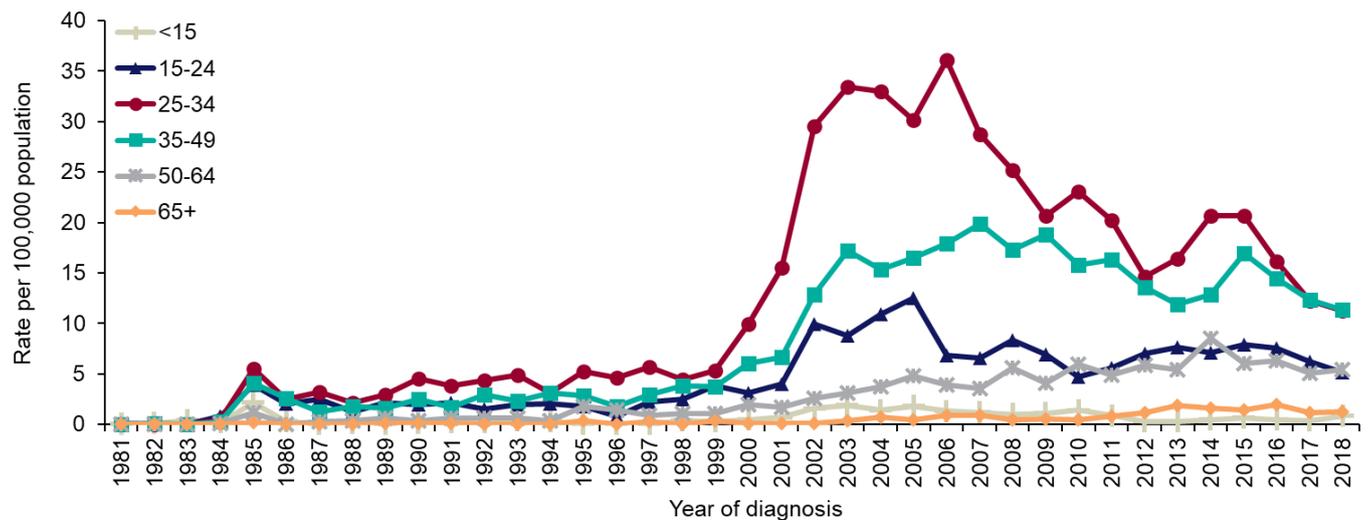
Figure 2: New HIV diagnosis rates by year of diagnosis and gender, West Midlands residents, 1981 to 2018



Source: Public Health England, HIV & AIDS New Diagnoses & Deaths Database (HANDD).

New diagnosis rates have generally been highest in the 25-34 and 35-49 age groups. The proportion of West Midlands residents who were aged 50 years or over at diagnosis has been on a general upward trend for the last few years. Those aged 50 years and over at diagnosis accounted for 12% of all cases ever diagnosed from 1981 to 2018, but over 1 in 5 (22%) of new diagnoses in 2018 (Figure 3).

Figure 3: New HIV diagnosis rates by year of diagnosis and age group, West Midlands residents, 1981 to 2018



Source: Public Health England, HIV & AIDS New Diagnoses & Deaths Database (HANDD)

Individuals of white ethnicity accounted for the largest proportion of new HIV diagnoses in West Midlands residents in 2018 (149/334; 45%), with Black Africans (92/334; 28%) the second largest group. Large ethnic inequalities are clearly illustrated by the

difference in rates of infection between the Black and White ethnic groups. The rate per 100,000 population for Black Africans was 45 times higher than that of the white population in 2018 (Table 1).

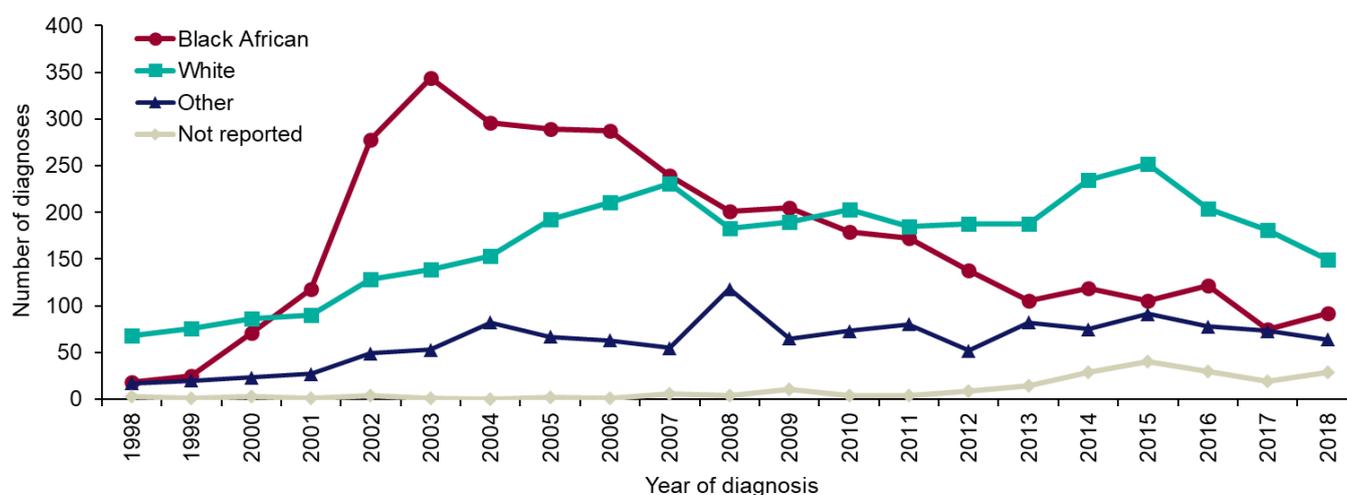
Table 1: New HIV diagnoses by ethnic group (all ages), West Midlands residents, 2018

Ethnic group	Number	Percent of total	Rate per 100,000	95% confidence interval
Black African	92	28%	143.2	[115.4-175.6]
Black Caribbean	15	4%	17.3	[9.7-28.5]
Black other	5	1%	16.1	[5.2-37.5]
Other/mixed	17	5%	9.4	[5.4-15.0]
Asian	27	8%	4.5	[2.9-6.5]
White	149	45%	3.2	[2.7-3.8]
Not known	29	9%	N/A	N/A

Source: Public Health England, HIV & AIDS New Diagnoses & Deaths Database (HANDD).

From 2001 to 2009, the number of new HIV diagnoses in Black Africans was higher than the number in the White population. Although the number of new diagnoses among black Africans was much lower in 2018 than in the peak year of 2003, the number diagnosed in 2018 was 23% higher than the number diagnosed in 2017 (Figure 4).

Figure 4: New HIV diagnoses by year of diagnosis and ethnic group, West Midlands residents, 1998 to 2018

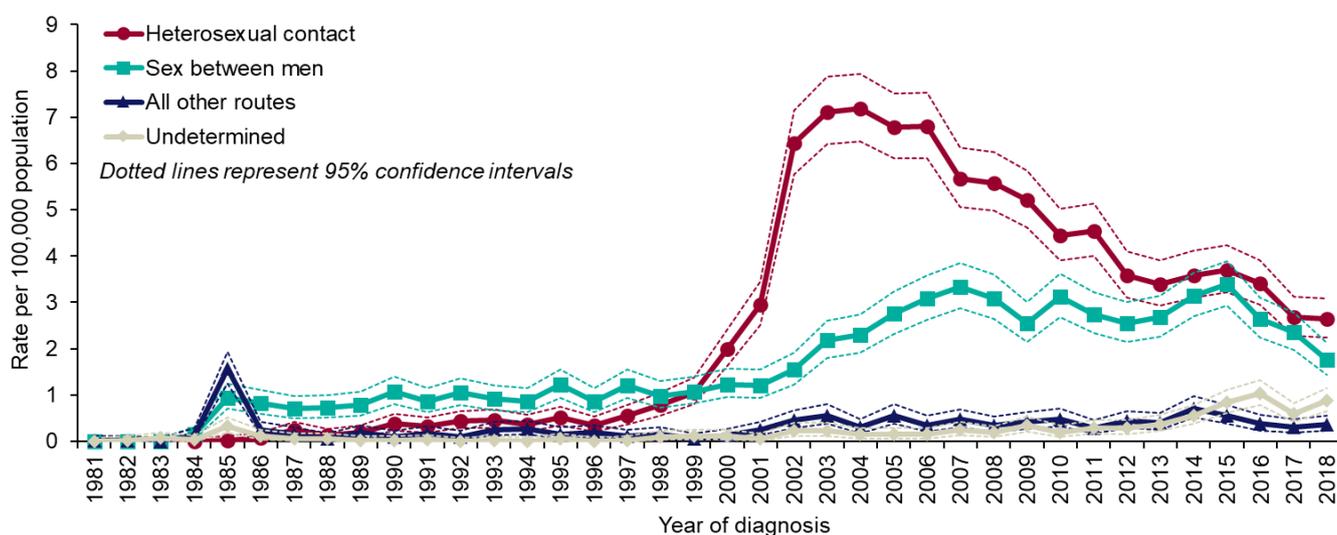


Source: Public Health England, HIV & AIDS New Diagnoses & Deaths Database (HANDD).

Probable route of transmission

Sex between men continued to be the largest exposure category in the UK in 2018. However, in the West Midlands heterosexual sex has been the largest exposure category since 2000 and accounted for 47% of all newly diagnosed residents of the West Midlands in 2018. Although the number of heterosexual cases in the West Midlands in 2018 was 59% below the peak year of 2004, the number of cases was largely unchanged from 2017 (Figure 5). Infections thought to have been acquired in Africa were the main driver of the large increase in heterosexual cases at the turn of the century, with the number of new heterosexual diagnoses acquired in Africa peaking in 2003. Similarly, a decrease in heterosexual infections acquired in Africa has been the main driver for the overall downward trend in new diagnoses among heterosexuals from 2005 onwards. However, in 2018 an increase in the number of heterosexual cases acquired in Africa was observed, although the number (n=61) was still the second lowest since 2000 (Figure 6). Of the 1,254 cumulative heterosexual cases (1985 to 2018) thought to have acquired their infection in the UK, 51% were of white ethnicity, 23% were Black Africans and 13% were from the Black Caribbean ethnic group.

Figure 5: New HIV diagnosis rates by year of diagnosis and probable exposure category, West Midlands residents, 1981 to 2018

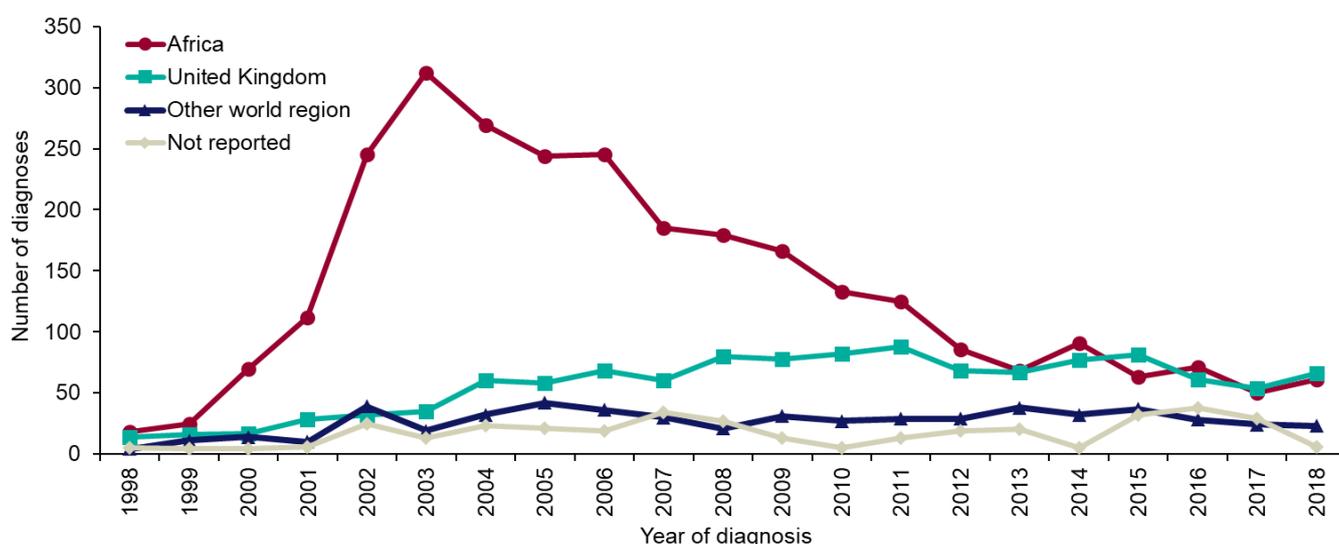


Source: Public Health England, HIV & AIDS New Diagnoses & Deaths Database (HANDD).

Sex between men was the second largest exposure category in the West Midlands in 2018, accounting for 31% of new diagnoses. Between 2017 and 2018, there was a substantial decrease of 25% in the number of new diagnoses among men who have sex with men (MSM) in the West Midlands, with numbers in 2018 47% lower than in the peak year of 2015 (Figure 5). A decrease in the MSM group has also been observed nationally (39% decline from 2015 to 2018) and particularly in London (50% decline

from 2015 to 2018). The intensification of combination prevention has been critical to the decline in HIV incidence in gay and bisexual men. Over the past decade, combination prevention has evolved with recommendations for very frequent HIV testing for those having unprotected sex with new or casual partners, a shift to earlier and immediate initiation of antiretroviral therapy (ART) after diagnosis, and the scale-up of pre-exposure prophylaxis (PrEP) availability from late 2015¹.

Figure 6: New HIV diagnoses acquired through heterosexual contact by year of diagnosis and world region of infection, West Midlands residents, 1998 to 2018



Source: Public Health England, HIV & AIDS New Diagnoses & Deaths Database (HANDD).

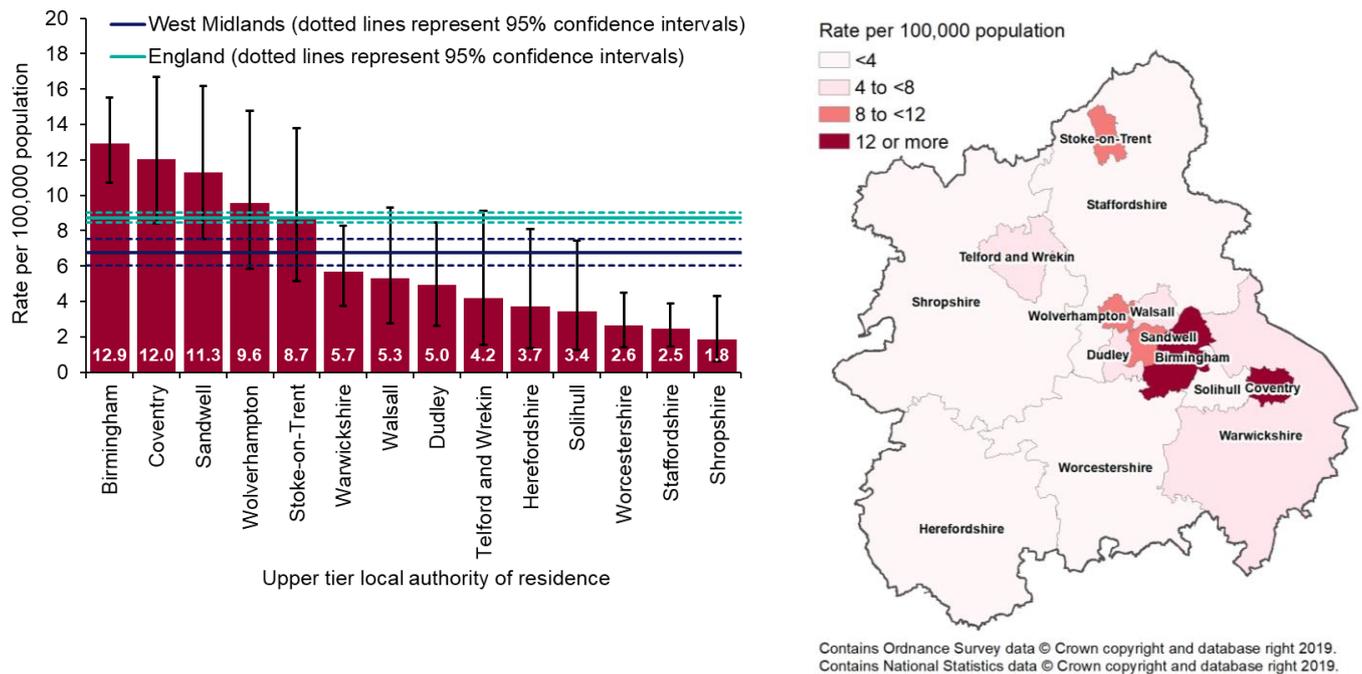
In the West Midlands in 2018, 9 newly diagnosed cases in people who inject drugs (PWID) were reported. Although this was an increase of 2 cases compared to 2017, it was still less than half the number reported in the peak year of 2014 (n=22). In 2018, 52 cases (16%) did not have an exposure category reported, an increase compared to 2017 (35 cases, 10%).

¹ Public Health England. Trends in new HIV diagnoses and in people receiving HIV-related care in the United Kingdom: data to the end of December 2018. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835084/hpr3119_hiv18-v2.pdf

Geography of new HIV diagnosis

The new diagnosis rate per 100,000 population aged 15 years and over was 6.8 in the West Midlands in 2018; this was lower than the rate for England (8.7). Newly diagnosed HIV cases are not distributed uniformly across the West Midlands. In 2018, the highest rates per 100,000 population in individuals aged 15 years and over were observed in the major urban centres of Birmingham (12.9 per 100,000), Coventry (12.0) and Sandwell (11.3). These 3 upper tier local authorities had a new diagnosis rate that was statistically significantly higher than the West Midlands rate (Figure 7). The lowest rates were in Shropshire (1.8), Staffordshire (2.5) and Worcestershire (2.6); each of these 3 local authorities had a new diagnosis rate that was significantly lower than the West Midlands rate.

Figure 7: New HIV diagnosis rate per 100,000 population by upper tier local authority of residence, ages 15 years and over, West Midlands, 2018



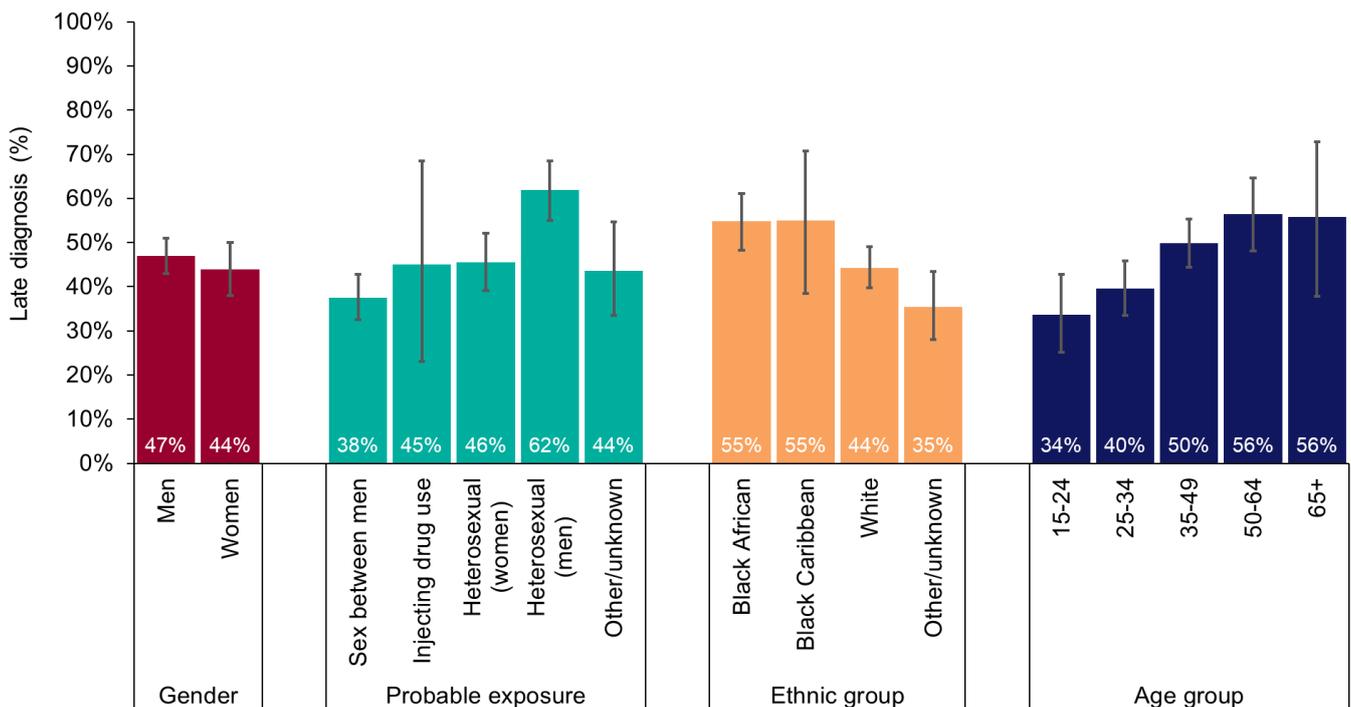
Source: Public Health England, HIV & AIDS New Diagnoses & Deaths Database (HANDD).

Late diagnosis and testing

Late HIV diagnosis is defined as a CD4 count of less than 350 cells/mm³, the threshold at which treatment should commence, within 3 months of diagnosis. Very late diagnosis is defined as a CD4 count of less than 200 cells/mm³ within 3 months of diagnosis, at which stage the patient will be severely immunocompromised. Late diagnosis is used to assess progress in HIV testing and reductions in undiagnosed infection. People who are diagnosed late have poorer outcomes, increased likelihood of transmission to others and require more expensive care. From 2016 to 2018, 46% of newly diagnosed West Midlands residents were diagnosed at a late stage of infection, compared to 42% for England. Over the same period 26% of newly diagnosed West Midlands residents were diagnosed at a very late stage of infection.

The proportion of individuals diagnosed late was higher among heterosexual cases (males: 62%; females: 46%) than among men who have sex with men (38%). The proportion of individuals from the Black African and Black Caribbean ethnic groups that were diagnosed late (55% each) was higher than that of the white population (44%). The risk of late diagnosis increases with age. From 2016 to 2018, 56% of West Midlands residents in the 50 to 64 years and 65 years and over age groups were diagnosed at a late stage of infection (Figure 8).

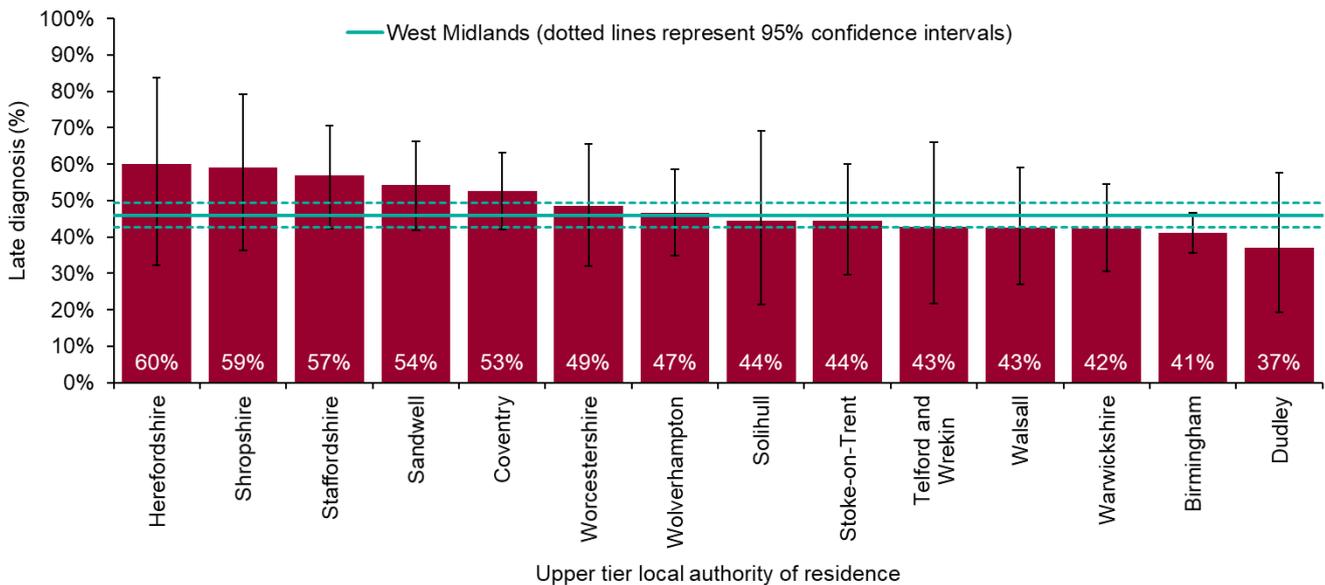
Figure 8: Late diagnosis of HIV by demographic and exposure characteristics, West Midlands residents aged 15 years and over, 2016 to 2018



Source: Public Health England, HIV & AIDS New Diagnoses & Deaths Database (HANDD).

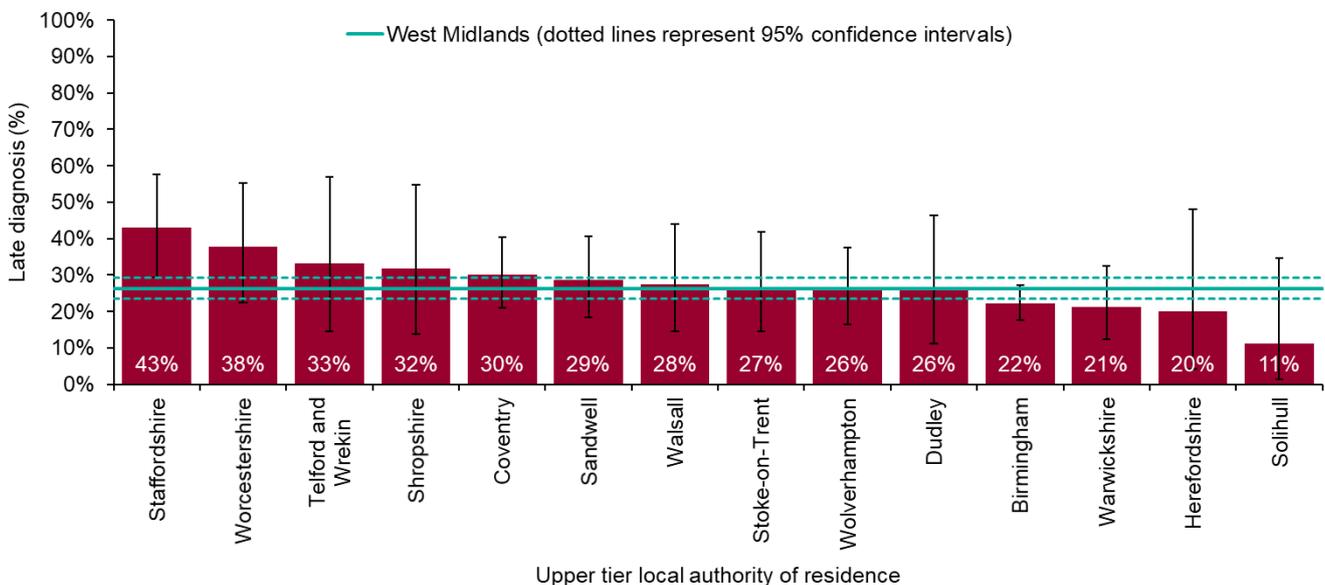
By upper tier local authority, the proportion of individuals diagnosed late varied from 37% of Dudley residents to 60% of Herefordshire residents (Figure 9). Very late diagnosis was highest among residents of Staffordshire (43%) and lowest among residents of Solihull (11%) (Figure 10).

Figure 9: Percentage of new HIV diagnoses that were diagnosed late by upper tier local authority of residence, ages 15 years and over, West Midlands, 2016 to 2018



Note: Only includes new diagnoses for which CD4 count was reported within 91 days of diagnoses.
 Source: Public Health England, HIV & AIDS New Diagnoses & Deaths Database (HANDD).

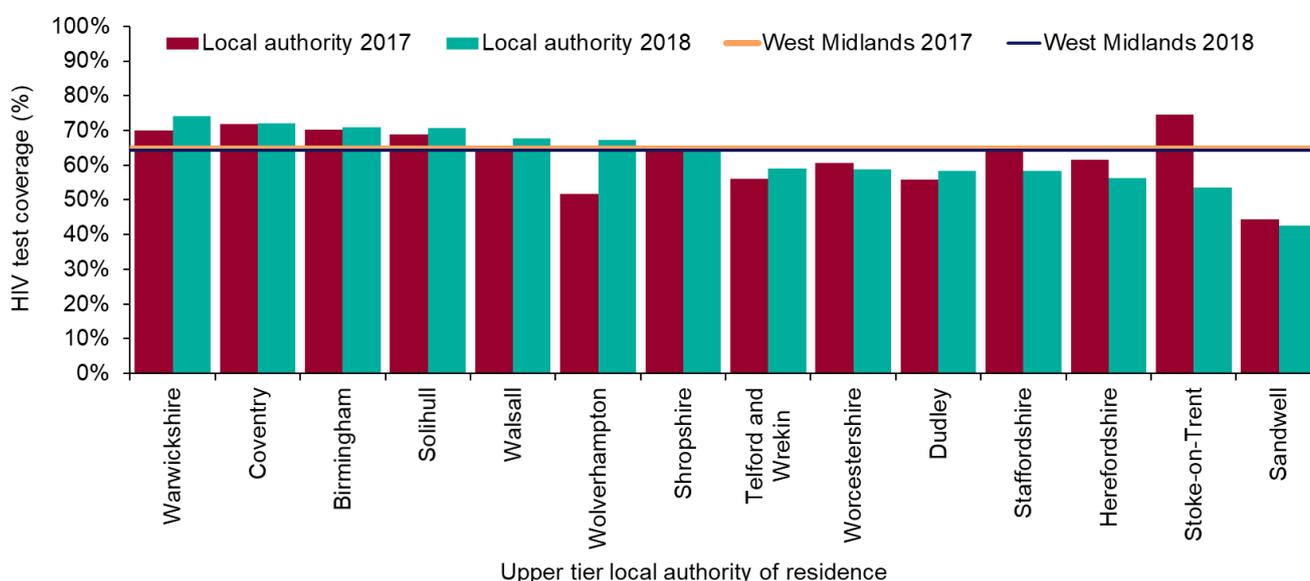
Figure 10: Percentage of new HIV diagnoses that were diagnosed very late by upper tier local authority of residence, ages 15 years and over, West Midlands, 2016 to 2018



Note: Only includes new diagnoses for which CD4 count was reported within 91 days of diagnoses.
 Source: Public Health England, HIV & AIDS New Diagnoses & Deaths Database (HANDD).

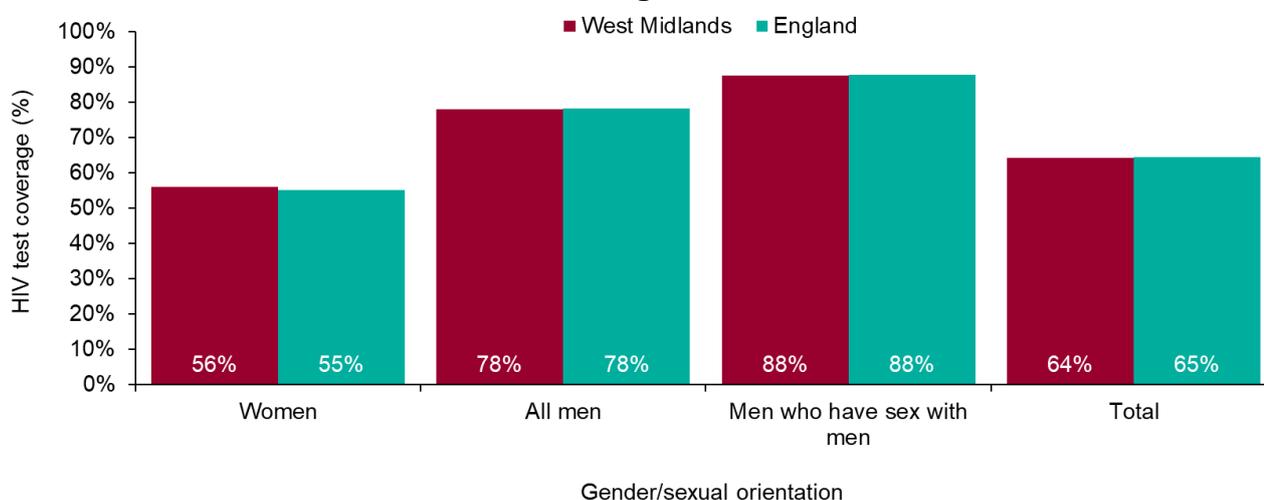
HIV testing is the key to reducing late diagnosis. HIV test coverage (the proportion of eligible new attendees at specialist sexual health services who received an HIV test) fell slightly from 65% to 64% in the West Midlands from 2017 to 2018; in 2018, this was just below HIV test coverage for England overall (65%). The highest HIV test coverage was reported in Warwickshire (74%) in 2018, followed by Coventry (72%), Birmingham (71%) and Solihull (71%); the lowest HIV test coverage was reported in Sandwell (43%) (Figure 11). By gender and sexual orientation, HIV test coverage was higher among MSM (88%) than among all men (78%) and lowest among women (56%) in the West Midlands in 2018; these proportions were similar to those reported for England overall (Figure 12).

Figure 11: HIV test coverage at specialist sexual health services by upper tier local authority of residence, West Midlands, 2017 and 2018



Source: Public Health England, GUMCAD STI Surveillance System.

Figure 12: HIV test coverage at specialist sexual health services by gender and sexual orientation, West Midlands and England, 2018



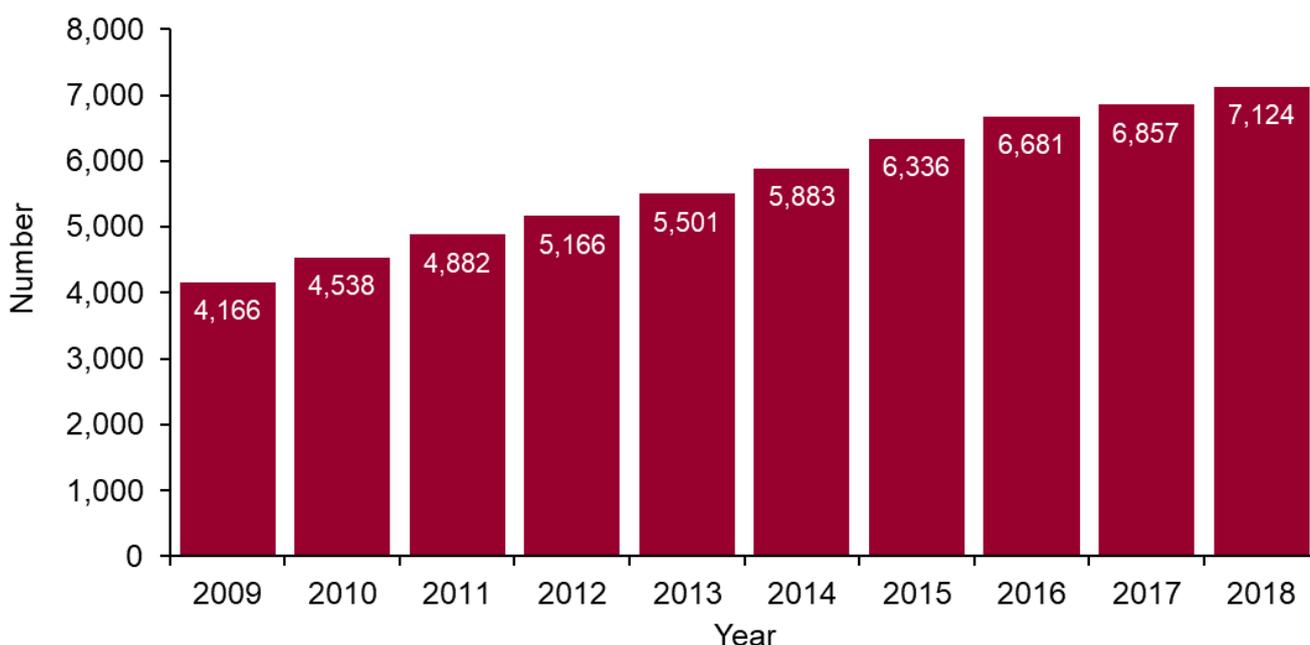
Source: Public Health England, GUMCAD STI Surveillance System.

People living with diagnosed HIV

During 2018, a total of 7,124 West Midlands residents who were living with diagnosed HIV infection were seen for HIV treatment or care in the United Kingdom. This represents an increase of 4% since 2017 and 71% since 2009 (Figure 13). It should be noted that because these numbers only include people living with diagnosed HIV, they underestimate the true burden of the disease. It is estimated that 7% of people living with HIV in the UK in 2018 were undiagnosed.²

The increase in numbers over the past decade partly reflects the relatively high number of new diagnoses, but also reflects the success of anti-retroviral therapy (ARV). In 2018, nearly all (99%) West Midlands residents who were accessing HIV care were receiving ARV.

Figure 13: People living with diagnosed HIV and accessing HIV-related care, West Midlands residents, 2009 to 2018

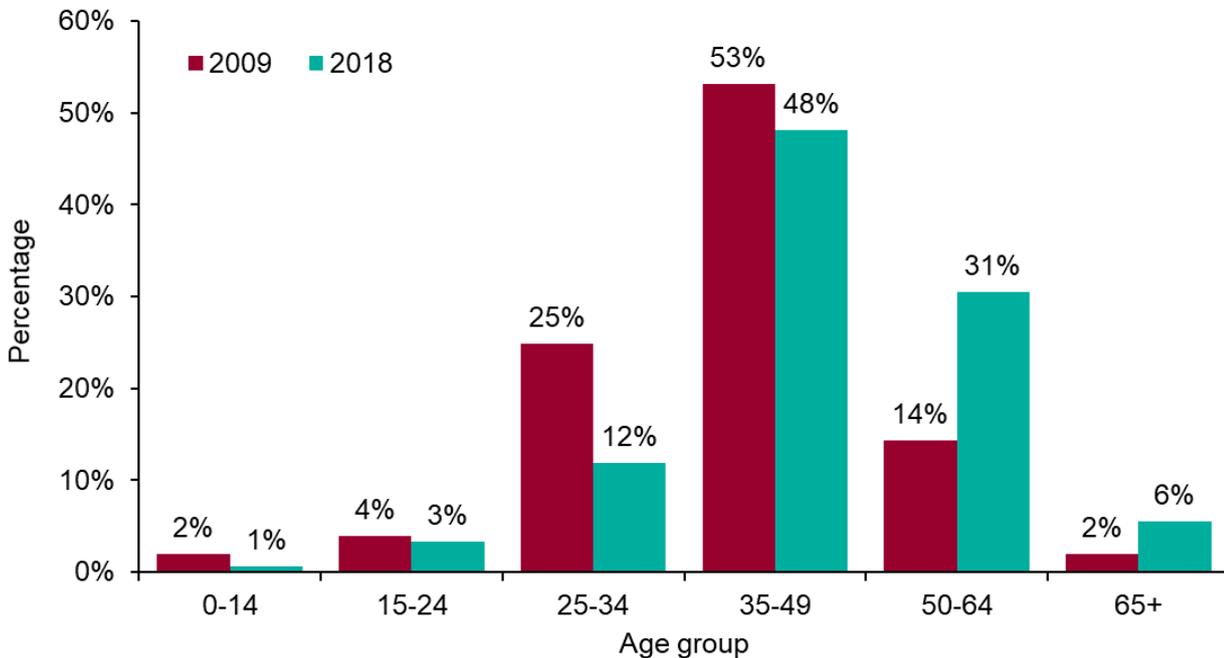


Source: Public Health England, HIV and AIDS Reporting System (HARS).

In 2009, 16% of people living with diagnosed HIV in the West Midlands were aged 50 years or over; by 2018 this proportion had more than doubled to 36% (Figure 14).

² Public Health England. Prevalence of HIV infection in the UK in 2018. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/843766/hpr3919_hiv18.pdf

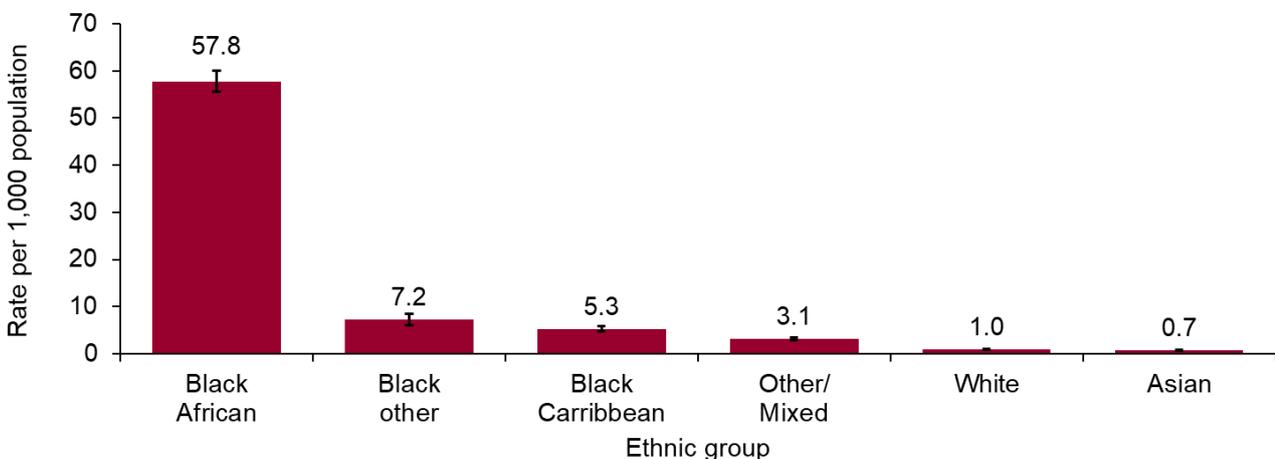
Figure 14: Percentage of people living with diagnosed HIV and accessing HIV-related care by age group, West Midlands residents, 2009 and 2018



Source: Public Health England, HIV and AIDS Reporting System (HARS).

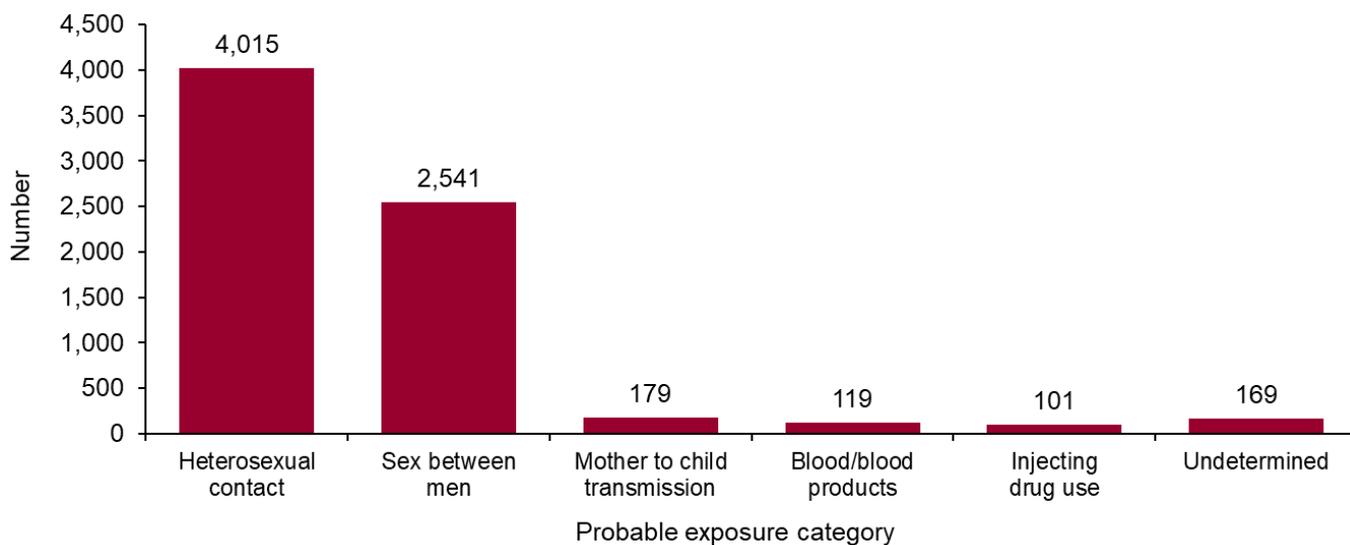
In 2018, the diagnosed HIV prevalence for Black African individuals aged 15 to 59 years was 57.8 per 1,000 population, compared to just 1.0 per 1,000 people of white ethnicity (Figure 15). Over half of West Midlands residents living with diagnosed HIV in 2018 are thought to have acquired their infection heterosexually (56%; n=4,015) and just over a third (36%; n=2,541) through sex between men (Figure 16).

Figure 15: Diagnosed HIV prevalence per 1,000 population by ethnic group, ages 15 to 59 years, West Midlands residents, 2018



Source: Public Health England, HIV and AIDS Reporting System (HARS).

Figure 16: Number of people living with diagnosed HIV and accessing HIV-related care by probable exposure category, West Midlands residents, 2018

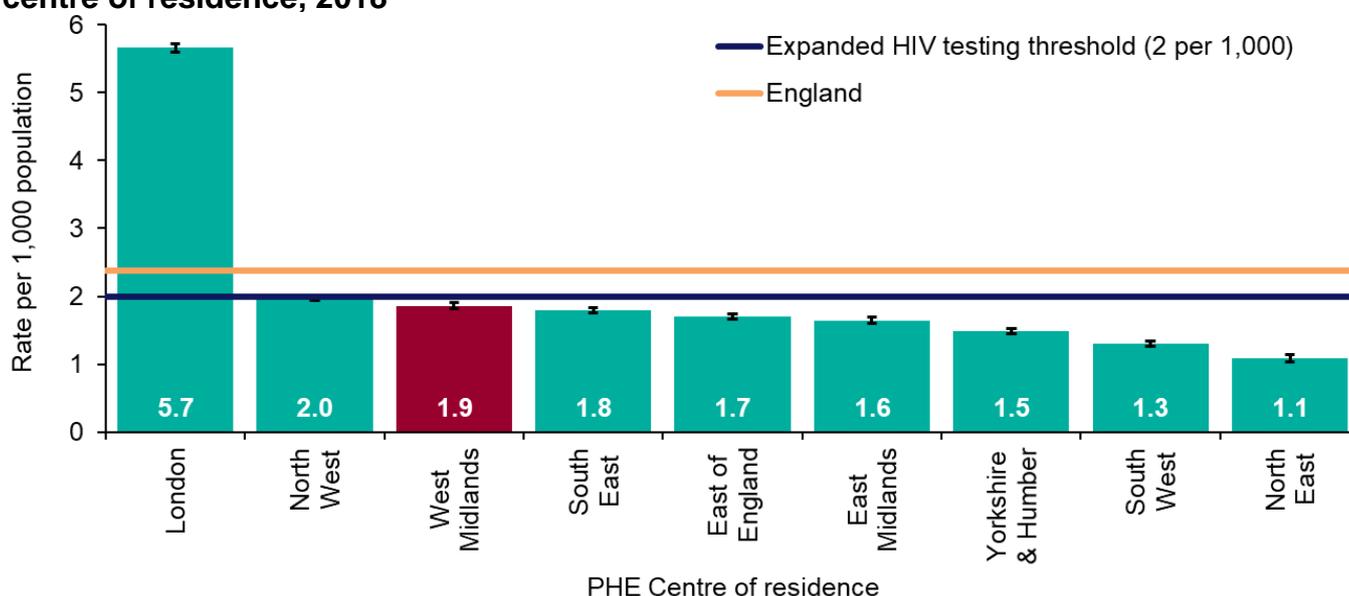


Source: Public Health England, HIV and AIDS Reporting System (HARS).

Geography of HIV prevalence

Nationally it is recommended that in areas where diagnosed HIV prevalence is 2 or more cases per 1,000 population aged 15 to 59 years, HIV testing should be expanded to include all general medical admissions as well as new registrants in primary care.³ In 2018, diagnosed HIV prevalence in the West Midlands overall was below the expanded HIV testing threshold at 1.9 per 1,000 residents aged 15 to 59 years. The highest prevalence rate in England was reported in London (5.7 per 1,000 aged 15 to 59 years) (Figure 17).

Figure 17: Diagnosed HIV prevalence in 15 to 59 year olds per 1,000 population by PHE centre of residence, 2018



Source: Public Health England, HIV and AIDS Reporting System (HARS).

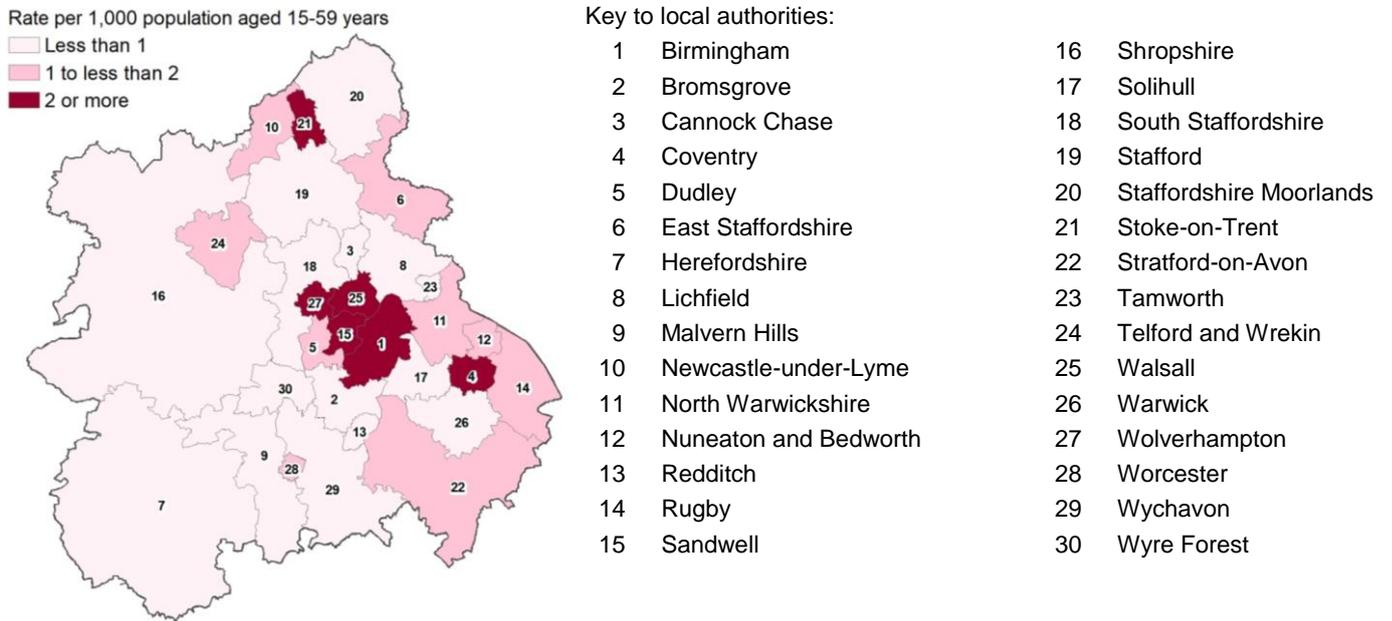
Within the West Midlands 6 local authorities had a prevalence rate above the expanded HIV testing threshold:

- Wolverhampton (3.5)
- Coventry (3.2)
- Birmingham (2.8)
- Sandwell (2.8)
- Stoke-on-Trent (2.2)
- Walsall (2.2)

The lowest prevalence rate was observed in Bromsgrove (0.6) (Figure 18; Figure 19).

³ British HIV Association, British Association of Sexual Health and HIV and British Infection Society. UK national guidelines for HIV testing 2008. Available at: <https://www.bhiva.org/file/RHNUJgIseDaML/GlinesHIVTest08.pdf>

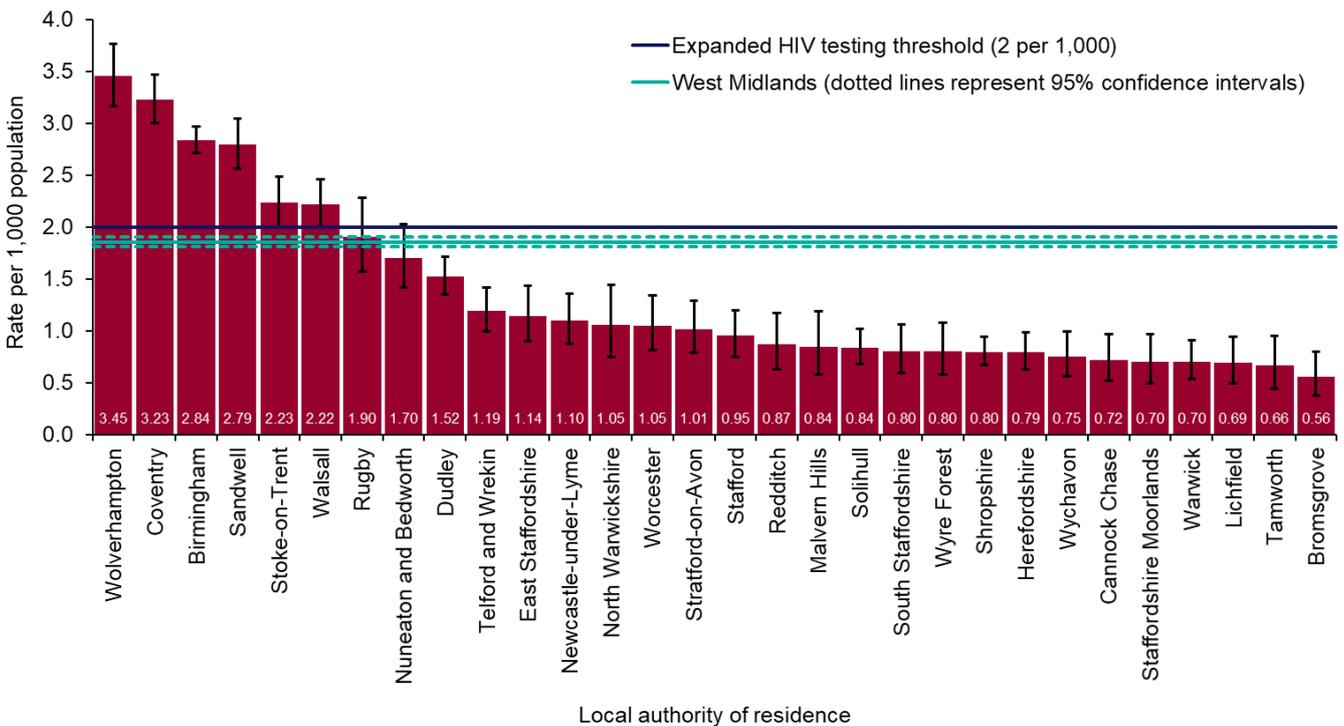
Figure 18: Diagnosed HIV prevalence in 15 to 59 year olds per 1,000 population by local authority of residence, West Midlands, 2018



Contains Ordnance Survey data © Crown copyright and database right 2019.
Contains National Statistics data © Crown copyright and database right 2019.

Source: Public Health England, HIV and AIDS Reporting System (HARS).

Figure 19: Diagnosed HIV prevalence in 15 to 59 year olds per 1,000 population by local authority of residence, West Midland, 2018



Source: Public Health England, HIV and AIDS Reporting System (HARS).

Public health implications and recommendations⁴

Free and effective antiretroviral therapy (ART) in the UK has transformed HIV from a fatal infection into a chronic, manageable condition. People living with HIV in the UK can now expect to live into old age if diagnosed promptly. For many people, treatment means one daily tablet with no or few side effects.

There is evidence that combination prevention (including condom use, expanded HIV testing, prompt ART and the availability of pre-exposure prophylaxis (PrEP)) is working in the UK. Nationally, for the third consecutive year, there have been steep declines in new diagnoses in MSM – the group with the highest transmission rate. Further declines and the possibility of eliminating transmission of HIV in the UK will depend upon sustained prevention efforts and expansion to reach all.

As it becomes progressively more challenging to discover and care for those living with undiagnosed HIV, it is essential that existing testing guidelines are fully implemented, and that these policies are applied equally in all parts of the country.

Nationally, over half a million people (35% of those eligible for testing) were not tested for HIV when they attended a specialist sexual health service (SHS) in 2018. Specialist SHS should consider how they can improve coverage to match the 99% achieved by antenatal screening services.

MSM who have had an anogenital bacterial sexually transmitted infection (STI) within the last year have a high risk of acquiring HIV. When attending specialist SHS, they and other men who are having unprotected or casual sex with men, should be encouraged to have an HIV and STI screen every 3 months.

MSM who have not tested within the last 2 years (at the same specialist SHS) were more likely to test positive for HIV compared to MSM who tested more recently. Public messaging should prompt them, and all men who have ever had sex with another man, to test for HIV.

Full implementation of national HIV testing recommendations for areas of the country where prevalence of diagnosed HIV infection is 'high' or 'extremely high', and among high risk populations, is desirable. These recommendations include testing in a range

⁴ Public Health England. HIV in the United Kingdom: Towards Zero HIV Transmissions by 2030. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/857479/HIV_in_the_UK_2019_towards_zero_HIV_transmissions_by_2030.pdf

of settings such as hospitals, general practices, and the community and through online eservices. These activities all continue to make HIV diagnoses and serve different populations who might not access SHS.

The programme of blood-borne virus (BBV) testing in prisons identifies infections among those who may not access other testing services. The efforts to achieve the target testing threshold of 75% uptake are continuing.

Providers of HIV care should encourage timely treatment initiation for people living with HIV. The number and proportion of people who begin ART and achieve viral suppression promptly following diagnosis is increasing. Further work is needed to achieve equity between population sub-groups.

While HIV treatment and viral suppression rates are very high in the diagnosed population, increased efforts are required to ensure those diagnosed are rapidly linked to, and retained in HIV care. Services should have documented policies for managing those who do not fully engage with care, and where possible provide arrangements to address this.

As undiagnosed HIV infections become rarer, strengthening the delivery of effective PN is essential to ending HIV transmission by 2030.

PrEP services are in place in Scotland, Wales and Northern Ireland. The commitment to routine commissioning of PrEP in England upon culmination of the Impact Trial in 2020^{5,6} is critical and likely to lead to acceleration of the fall in HIV incidence, especially in MSM. Public Health England is continuing to work closely with the Department of Health and Social Care, NHS England and Improvement, local authorities and the Impact trial team to plan for a seamless transition from the PrEP Trial to routine commissioning in 2020/21⁷.

Easily accessible harm reduction interventions for PWID, including access to sterile injecting equipment via needle and syringe provision (NSP) and opioid substitution therapy (OST) needs to be provided for all PWID, in line with national guidance^{8,9,10}.

⁵ NHS England. News: NHS England announces world's largest single PrEP implementation trial to prevent HIV infection. Available at: <https://www.england.nhs.uk/2017/08/nhs-england-announces-worlds-largest-single-prepimplementation-trial-to-prevent-hiv-infection>

⁶ House of Commons. Parliamentary Debates (Hansard). Oral Answers to Questions vol667 col191-2, 29 October 2019.

⁷ NHS England. PrEP trial updates: PrEP Impact Trial Update – October 2019: NHS England. Available at: <https://www.england.nhs.uk/commissioning/spec-services/npcrcg/blood-and-infection-group-f/f03/prep-trial-updates>

⁸ National Institute for Health and Care Excellence. Needle and syringe programmes Public health guideline [PH52]. Available at: <https://www.nice.org.uk/guidance/ph52>

⁹ National Institute for Health and Care Excellence. Methadone and buprenorphine for the management of opioid dependence. Technology appraisal guidance [TA114]. Available at: <https://www.nice.org.uk/guidance/ta114>

Recommendations for the public¹¹

The most common way of getting HIV in the UK is through unprotected sexual contact with a person who is unaware of their HIV infection. You can protect yourself from HIV through using a condom with new and casual partners and by using Pre-exposure Prophylaxis (PrEP). Condom use will also stop you getting or transmitting other STIs.

People with HIV are unable to pass on the infection sexually if they are on treatment and have undetectable levels of the virus. The message Undetectable = Untransmittable or “U=U” has been widely used and is endorsed by PHE.

Getting tested for HIV has never been easier, with free tests available through sexual health clinics, GP surgeries, as well as through a self-sampling service or by using a self-testing kit. If you are a man and have ever had sex with another man, you should get tested for HIV. Men who are having sex with other men should have an HIV test at least once a year and those who are having unprotected or casual sex with men should have an HIV test and STI screen every 3 months. Black African men and women, and those born in countries where HIV is common, should have an HIV test. People who are having unprotected sex with new or casual partners from countries where HIV is common should test every year.

If you are diagnosed with HIV your partner(s) may need to have an HIV test as they may be unaware of their own HIV status. There are a number of ways that partners can be notified, and your healthcare provider will explain different options and support you with the process.

Ways to get an HIV test

All HIV testing by the NHS is free and confidential for everyone, regardless of immigration or residency status. There are many ways to get tested for HIV:

- go to a sexual health clinic or a community testing site
- ask your GP for an HIV test
- request a self-sampling kit online or obtain a self-testing kit

¹⁰ Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group. Drug misuse and dependence. Available at: <https://www.gov.uk/government/publications/drugmisuse-and-dependence-uk-guidelines-on-clinical-management>

¹¹ Public Health England. HIV in the United Kingdom: Towards Zero HIV Transmissions by 2030. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/857479/HIV_in_the_UK_2019_towards_zero_HIV_transmissions_by_2030.pdf

You can find your nearest sexual health service using the following link:

www.nhs.uk/Service-Search/Sexual-healthservices/LocationSearch/1847

Your local community testing site can be found using the following link:

www.aidsmap.com/european-test-finder

You can request a self-sampling kit online via:

www.freetesting.hiv

Information on data sources

HIV & AIDS New Diagnoses and Deaths (HANDD) collects information on new HIV diagnoses, AIDS at diagnosis and deaths among people diagnosed with HIV. Information is received from laboratories, specialist SHSs, GPs and other services where HIV testing takes place in England, Wales and Northern Ireland. The Recent Infection Testing Algorithm (RITA) and CD4 surveillance scheme are linked to HANDD to assess trends in recent and late diagnoses. Data is de-duplicated across regions and therefore figures may differ from country-specific data.

The Survey of Prevalent HIV Infections Diagnosed (SOPHID) began in 1995 and was a cross-sectional survey of all adults living with diagnosed HIV infection who attend for HIV care in England, Wales and Northern Ireland. SOPHID collected information about the individual's place of residence along with epidemiological data including clinical stage and antiretroviral therapy (ART). In 2015, SOPHID reporting in England was replaced by the HIV & AIDS Reporting System (HARS) which captures information at every attendance for HIV care.

Date of data extract: September 2019. Updates to HANDD and SOPHID/HARS made after this date will not be reflected in this report.

Confidence intervals for rates in the figures have been calculated to the 95% level using the Byar's method; confidence intervals for percentages have been calculated to the 95% level using the Clopper-Pearson method.

Information about a patient's place of residence is not collected by HANDD. Reports to this database are cross-linked to the database of people accessing care for HIV, HARS. If a report could not be linked to a corresponding HARS report, the patient's PHEC of residence (but not their local authority of residence) was imputed using the location of the centre at which they were diagnosed where sufficient information about the latter was available.

Numbers may change as more information becomes available to assign area of residence to cases and historical data is refreshed accordingly.

Further information

Please access the following resources online for further information and data:

Sexual and Reproductive Health Profiles containing local authority level data on a range of sexual health indicators:

<http://fingertips.phe.org.uk/profile/sexualhealth>

National and PHE centre HIV data tables:

<https://www.gov.uk/government/statistics/hiv-annual-data-tables>

National annual report on HIV in the UK:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/857479/HIV_in_the_UK_2019_towards_zero_HIV_transmissions_by_2030.pdf

National report on trends in new HIV diagnoses and people receiving HIV care:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835084/hpr3119_hiv18-v2.pdf

National prevalence estimates including undiagnosed infections:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/843766/hpr3919_hiv18.pdf

Guide to sexual health, reproductive health and HIV data sources:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/770945/sexual_health_reproductive_health_and_HIV_in_England_a_guide_to_local_and_national_data.pdf

About the Field Service

The Field Service (FS) supports Public Health England Centres and partner organisations through the application of epidemiological methods to inform public health action.

FS does this in 2 main ways, firstly by providing a flexible expert resource, available, as and when needed, to undertake epidemiological investigations for key health protection work and secondly through the expert analysis, interpretation and dissemination of surveillance information to PHE Centres, local health partners, service providers and commissioners of services.

Within the FS network, excellence and innovation is encouraged, we foster academic collaborations and take active part and lead in research, development and training.

You can contact your local FS team at: FES.WestMidlands@phe.gov.uk

If you have any comments or feedback regarding this report or the Field Service, please contact: WMSexualHealth@phe.gov.uk

Acknowledgements

We would like to thank the following:

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.