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Fall in new HIV diagnoses among MSM at selected London sexual health clinics

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Gay, bisexual and other men who have sex with men (MSM) account for half of all people living with HIV in England and are the group most at risk of acquiring HIV. The number of HIV diagnoses among MSM continued to rise from 2,413 in 2006 to a peak of 2,855 in 2014, with a further 2,648 diagnoses in 2015 [1].

However, in late 2016 and early 2017, media reports indicated that specific London sexual health clinics had observed a fall in HIV diagnoses in 2016 among MSM [2]. Public Health England undertook a rapid analysis of surveillance and monitoring data to confirm and explain this fall.

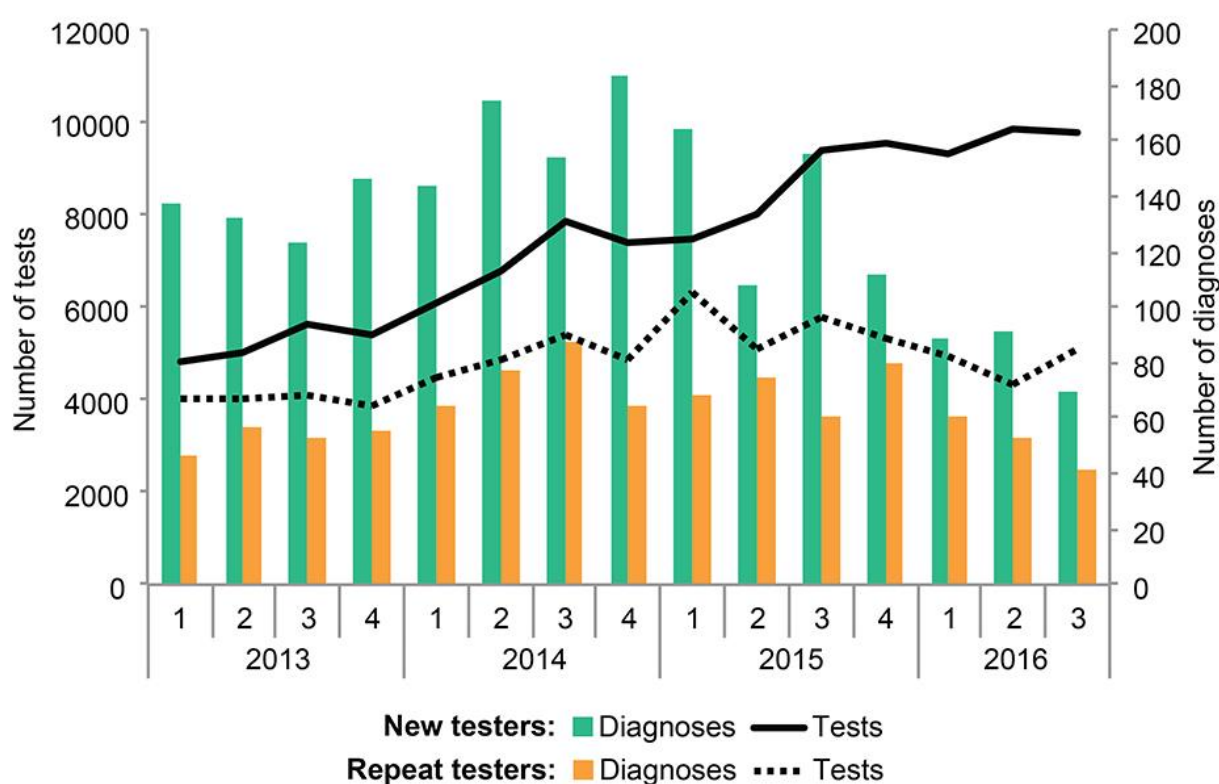
Between October 2014–September 2015 and October 2015–September 2016, new HIV diagnoses among MSM attending specialised sexual health clinics in England fell by 17% (from 2,060 to 1,707) and by 25% (from 1,227 to 915) in London. A 32% decline was observed among five major London clinics (from 880 to 595) compared with 8% at 30 other London clinics and 5% (from 833 to 792), in 191 clinics in the rest of England [3].

Since 2012, national guidelines have recommended up to three-monthly HIV testing for MSM at high risk of acquiring HIV [4]. Among the five clinics that observed a large-fall in HIV diagnoses, the number of HIV tests rose by 50% from 8,820 in January–March 2013 to 14,820 in July–September 2016. While the number of new testers (i.e. those not tested in the previous two years) was stable at around 5,000 per quarter, the number of repeat testers (ie those who had an HIV test within the previous two years) increased by 60%, from 4,800 to 9,760 (see figure). The three year rise in testing in the large-fall clinics coincided with an initial increase in HIV diagnoses during 2014 but in early 2015 the decline occurred predominantly in new testers. The median CD4 count at HIV diagnosis of men diagnosed at large-fall clinics increased substantially (from 469 in 2013 to 548 in 2015), indicating men were being diagnosed soon after infection. (In other London clinics, the number of new and repeat testers remained stable, and outside London, new and repeat testers increased equally, although there was no discernible effect on HIV diagnoses in either setting.)

Treatment guidelines now indicate ART regardless of CD4 count to prevent onward transmission ('treatment as prevention') [5]. Consequently, the number of men starting ART rose from 2,700 in 2013 to 3,600 in 2015. There has been a general reduction in the time to

starting ART in those with a CD4 count >350, with the median time from diagnosed to ART substantially shorter at the five clinics that observed the decline in HIV diagnoses (120 days) compared with other London clinics (190 days) and clinics outside London (260 days). Consequently, the number of MSM with transmissible levels of virus (men who are undiagnosed, diagnosed but untreated or treated and not virally suppressed) reduced by 50% from 15,461 in 2013 to 10,184 in 2015.

Number of HIV tests and diagnoses in MSM at London “large-fall” sexual health clinics, by new and repeat tests, 2013-2016



Available data suggest the number of MSM who began pre-exposure prophylaxis (PrEP) in England either as trial participants or via online purchase has been limited to date. Beginning in 2013, PrEP has been available to some MSM as part of the ‘Pre-exposure prophylaxis to prevent the acquisition of HIV-1 infection (PROUD)’ trial [6]. Although, all five clinics that observed a decline participated in the PROUD trial, three other clinics in London and five clinics outside London did so as well. If the large-fall in HIV diagnoses was predominantly due to PrEP, we would expect the decline to be most apparent in repeat HIV testers, whereas the fall mainly occurred in new testers (see figure).

The fall in HIV diagnoses in MSM at selected London sexual health clinics is a clear indication of the success of combination prevention. The volume of HIV tests across London combined with rapid treatment following diagnosis at the five London clinics is now likely to have reached a level that decreases the number of men with transmissible levels of virus thereby reducing transmission. The authors of the report on the London study [3] advocate replicating – nationally – the policy of intensive testing, especially repeat testing, adopted in the five London clinics studied (in addition to immediate ART) so as to achieve further substantial reduction in HIV transmission across the country.

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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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