

HPA update

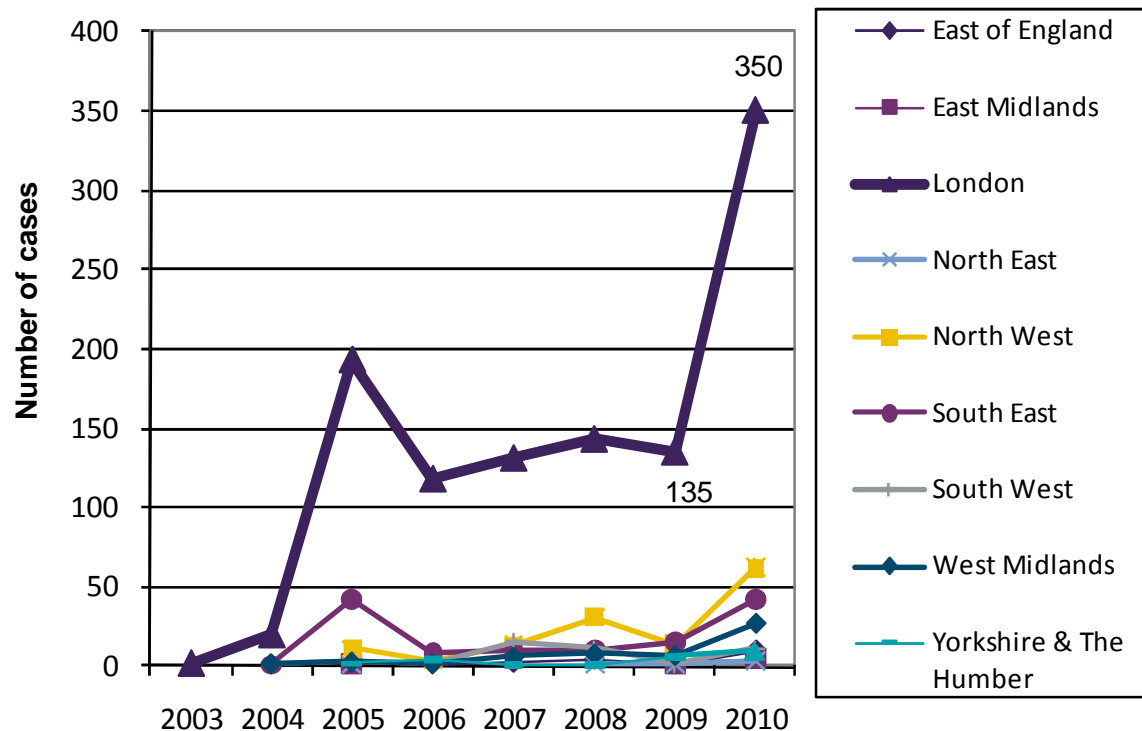
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Rise in LGV in 2010

LGV laboratory reports 2003 to 2010 by region



○ London has 2/3 of cases

○ 99% MSM

○ 84% white

○ 80% HIV +ve

○ 24% HCV +ve

○ Highest no.s seen

- MMC
- John Hunter
- St Thomas
- Dean St

Why the rise?

○ Risk factors:

- Dense sexual networks
- Simultaneous contacts
- Poly drug use
- Unprotected rectal intercourse

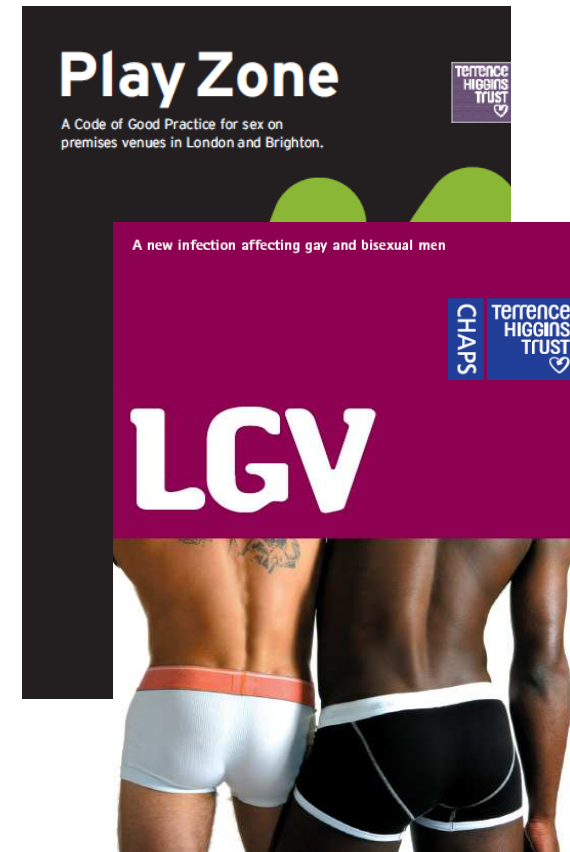
○ Awareness amongst MSM is poor

○ Effective contact tracing difficult

- Problems identifying contacts

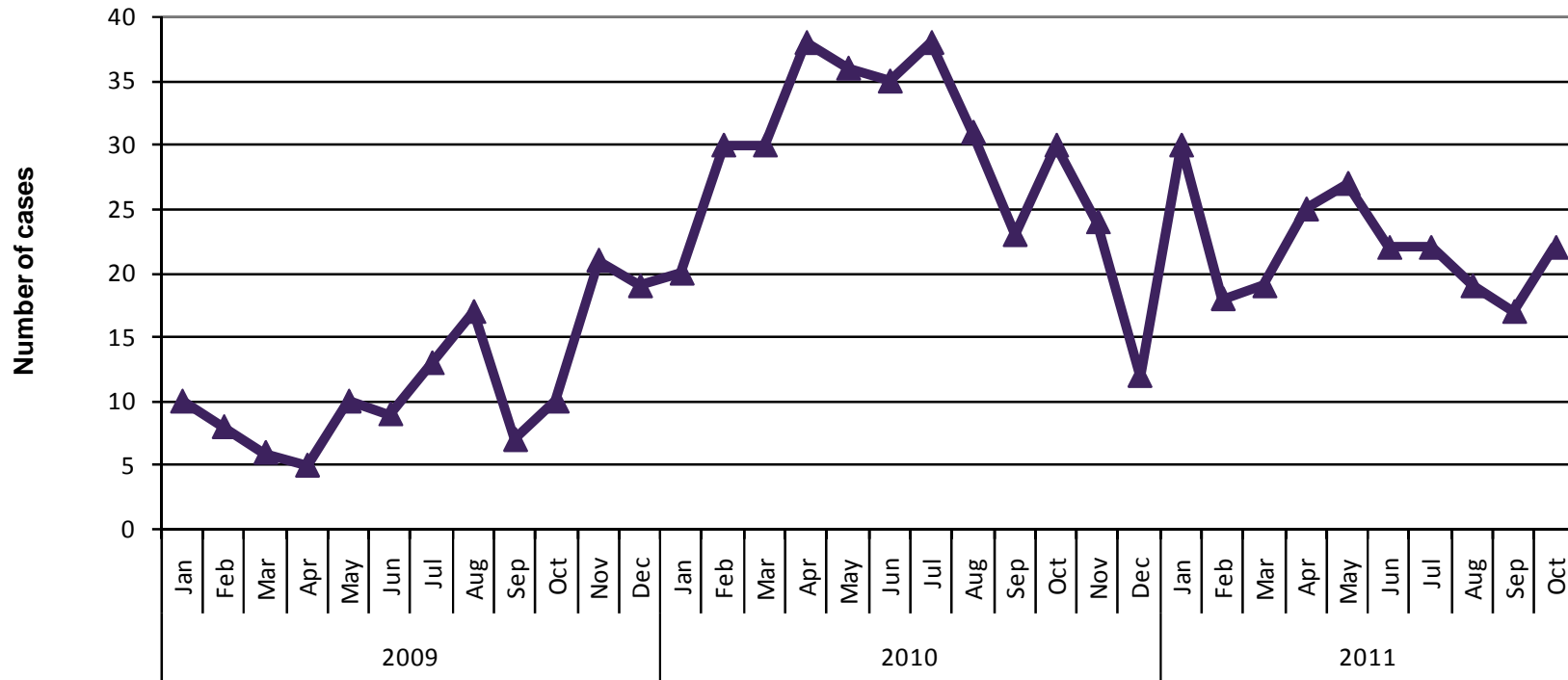
Response

- London outbreak team convened
- Briefing for NHS, HPU colleagues
- Recommendations
 - Clinics to increase awareness in HIV +ve patients
 - Increase awareness in MSM
 - Work with sex on premises venues re. hygiene (Playzone)
 - Annual SH screen for MSM



Recent information on LGV numbers

LGV laboratory reports in London



Shigella

○ Bacterial infection causing gastroenteritis

- Normally foodborne, but can be spread due to sexual activity if there is ingestion of faeces

○ Previous outbreak in London in 2004

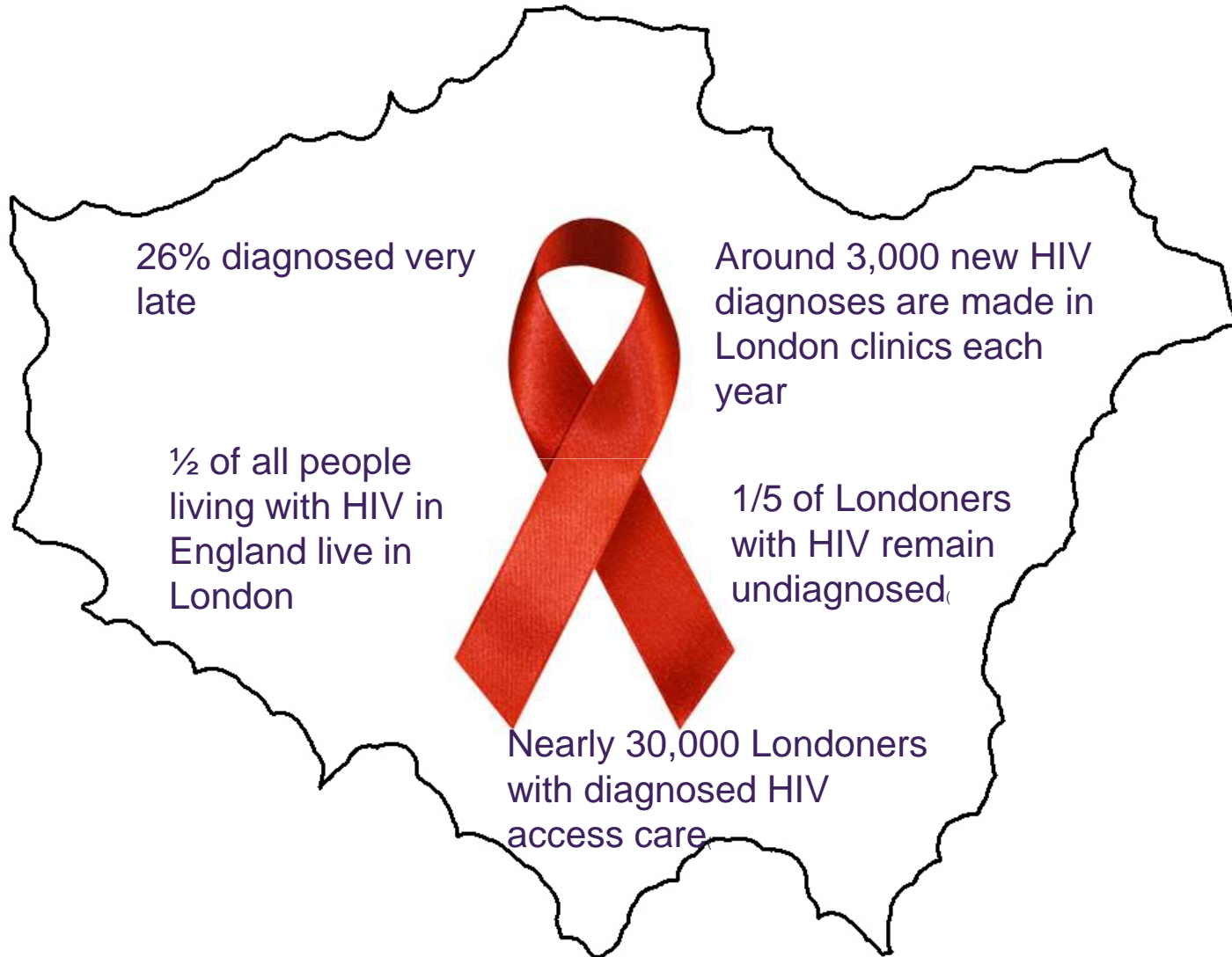
○ In 2011

- National outbreak of *Shigella flexneri* declared as more than expected no.s in MSM in Manchester and London


○ Response

- Clinician alerting – to improve testing and reporting
- Enhanced surveillance of cases
- Public health advice to cases – Hand washing
- Playzone audit
- THT development of materials for MSM

HIV in London




HPA London HIV reports




HIV Epidemiology in London

2009 data




September 2011

CROYDON PCT HIV PROFILE
2009 data
Due to issues of deductive disclosure this report is not for publication and is confidential to the NHS/HPA



Ealing PCT: HIV Profile

2009 data
Due to issues of deductive disclosure this report is not for publication and is confidential to the NHS/HPA



New HIV diagnoses

Using experimental crosslinked residence-based new diagnosis data: 56 adult residents of Ealing were diagnosed with HIV in London in 2009. This is the same number as were diagnosed in 2008. New HIV diagnoses among men who have sex with men (MSM) living in the PCT and diagnosed at a London clinic totalled 28 (the same number as in 2008), while for heterosexual men the figure was 10 (compared to 11 in 2008) and for heterosexual women it was 13 (the same number as in 2008) (figure 1).

People living with HIV

700 Ealing PCT residents accessed HIV-related care in 2009: 462 males and 238 females (figure 2).

Prevalence rate: This equates to a prevalence rate of 3.5 per 1,000 population aged 15-59 (London rate 5.2 per 1,000; England rate 1.8 per 1,000). Ealing is ranked 26th of the 151 PCTs in England for HIV prevalence.

Geography: 74% of MSOAs in Ealing had prevalence rates higher than 2 per 1,000. The highest rates are found in the east and south-western tip of the PCT (figure 3).

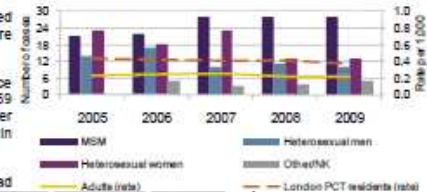
Trend: The number of people living with HIV in Ealing PCT has increased by 30% in the last five years (compared to 59% for England) and by 6% from 2008 to 2009 (compared to 7% for England).

Age: The median age of those accessing care for HIV was 42 (IQR: 35 to 49). There were 8 children under 15 years old with HIV.

Ethnicity: The greatest numbers of patients accessing care were in the white (n=293, 42%) and black-African (n= 231, 33%) ethnic groups.

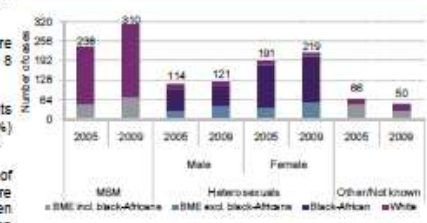
Route of infection: The largest proportion of patients who were resident in Ealing were infected through sex between men and women (n= 340, 49%). Infection via sex between men accounted for the next largest group (n= 310, 44%) of residents receiving HIV care.

Figure 1: Number of adults with HIV living in Ealing by route of transmission, gender and year of diagnosis, 2005-2009



Year	MSM	Heterosexual men	Heterosexual women	Other/UK	Adults (rate)	London PCT residents (rate)
2005	18	11	13	10	52	1.8
2006	20	10	13	10	53	1.8
2007	28	10	13	10	61	1.8
2008	28	10	13	10	61	1.8
2009	28	10	13	10	61	1.8

Figure 2: Number of adults with diagnosed HIV living in Ealing by route of transmission, ethnicity and gender, 2005 and 2009



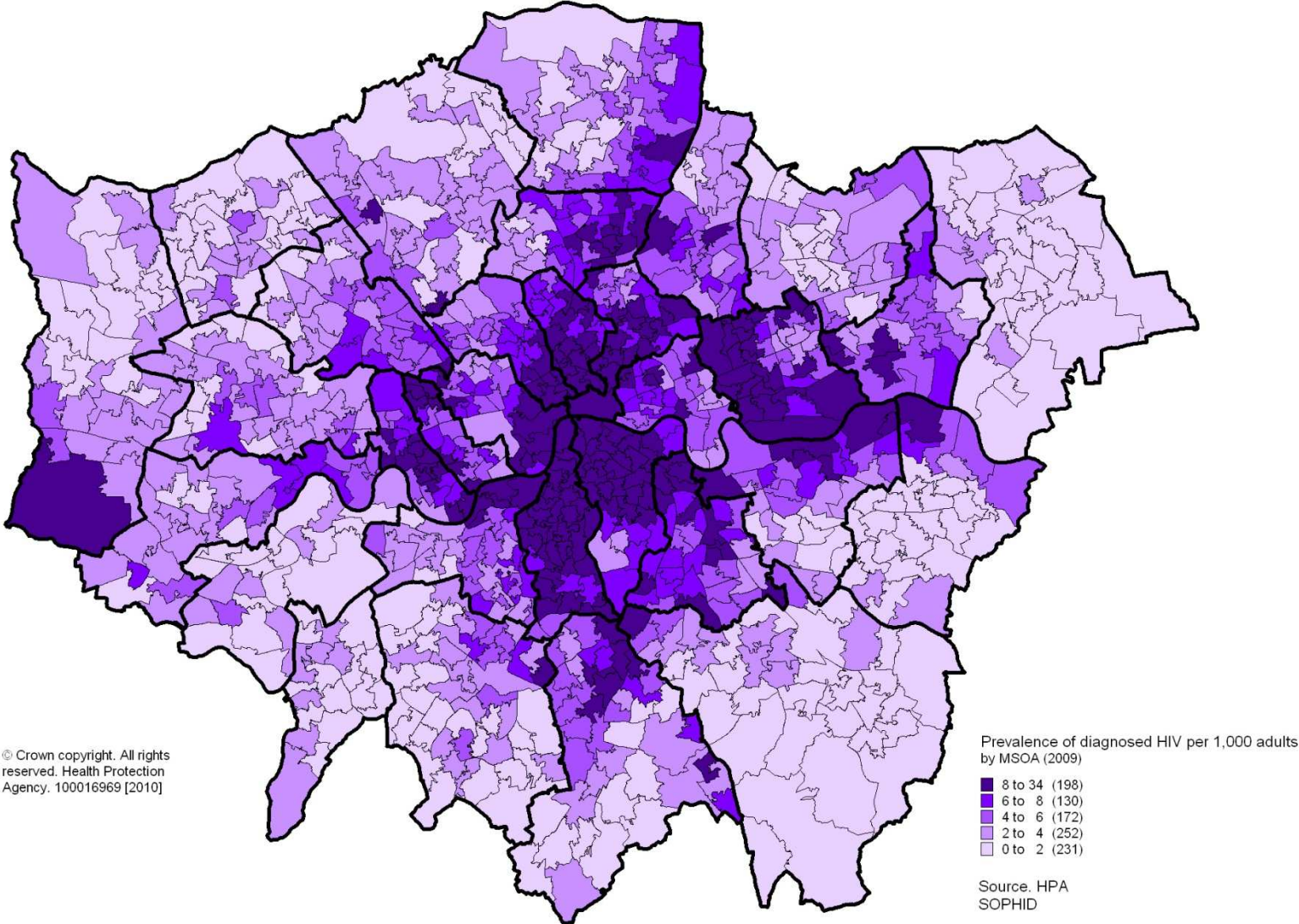
Year	MSM	Heterosexuals	Other/Not known
2005	236	114	88
2009	310	121	50

HIV testing

- **425,000 tests done in GUM and antenatal care in London**
- **Lack of information about testing**
- **Time to test wider in high prevalence areas**
 - Reduce late diagnoses
 - Reduce numbers undiagnosed
- **HPA**
 - Previous London late diagnosis toolkit
 - Working on national commissioning toolkit on wider HIV testing



High prevalence areas in London (>2 per 1,000)



From HIV mapping in London: 2010 report:
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Levers to improve late diagnosis

○ Public Health Outcome Framework

○ Risk management / clinical governance route

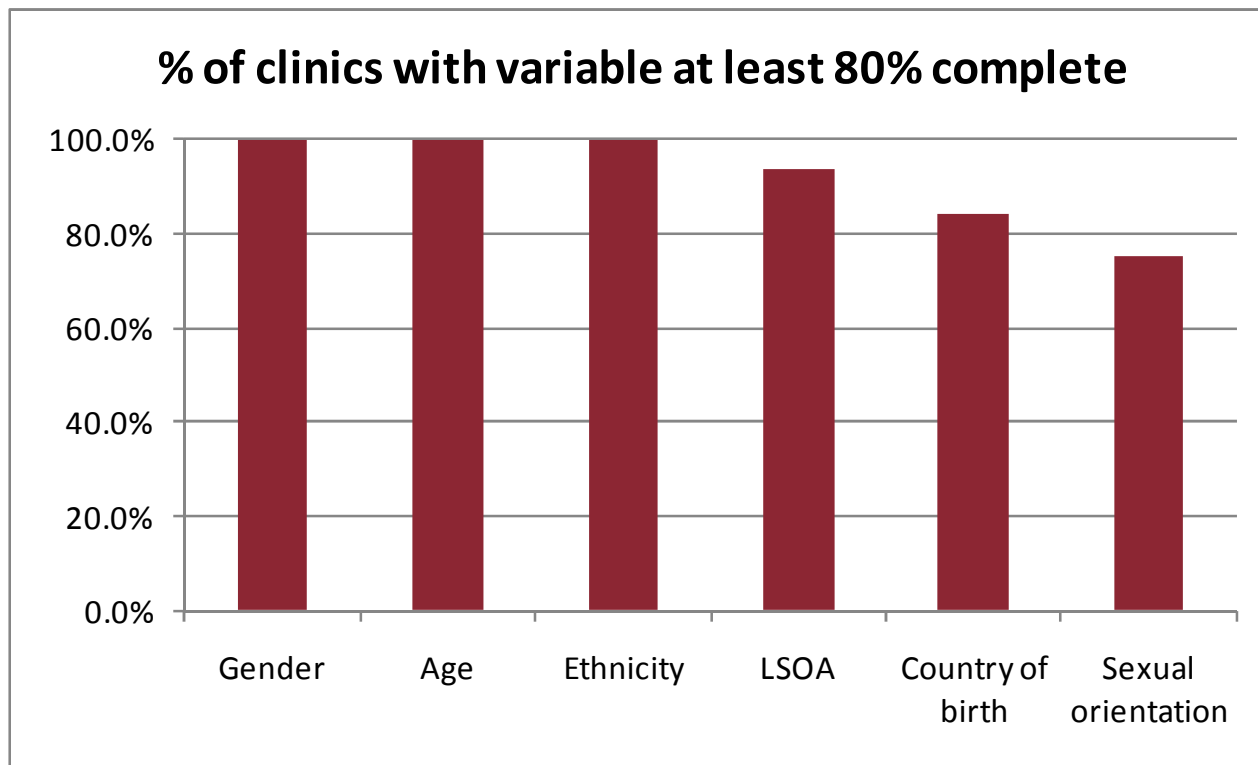
- Aim to widen responsibility and interest in HIV late diagnosis away from those with a traditional interest
- Successful experience from MRSA – root cause analysis (RCA) for all bacteraemias
- SW Region pilot: late diagnosis an Adverse Event
- Alternatives
 - Systematic London-wide audit of late diagnosis including RCA
 - Systematic London-wide audit of HIV testing
 - Whole systems audit approach e.g. suicide audit

○ Incentivisation

- E.g. CQUINs for acute trusts for testing medical admissions

STIs: GUMCAD quality

- **Data quality continues to need attention**



STIs: Other data development

○ GUMCAD 2

- GUMCAD 2 will be rolled out to all commissioned sexual health services ('level 2') in England.
- First priority is to establish and identify which services are being commissioned as no national register exists

○ SHHAPT codes

- Revision of KC60 codes
- Introduced at the beginning of the year
- Includes more definition about sexual health screens done
- Includes information on: Prisoner, Sex Worker

HPA London STI profiles

- Nov 2011
- HPUs and REU produced STI profiles for all London PCTs

CITY AND HACKNEY PCT: STI Profile

2010 data

Due to issues of deductive disclosure this report is not for publication and is confidential to the NHS/HPA

Attendances and sexual health screens

There were 32386 GUM attendances in 2010 where the patient was a resident of City and Hackney (C&H) and 17717 acceptances of sexual health screens. This compares to 30957 attendances and 16911 sexual health screens in 2009.

Acute STIs

This profile uses only data from GUM clinics (GUMCAD data) and not primary care or other sexual health services. Chlamydia diagnoses made reported via the NCSP or non-GUM non-NCSP surveillance systems are not included in the numbers of rates of acute STIs. However, we are working towards being able to include these in subsequent profiles.

4341 acute STIs were diagnosed in GUM clinics in residents of C&H in 2010 (2833 males and 1502 females), a rate of 2770.3 per 100,000 residents aged 15-59 years old (males: 3613.4; females: 1873.4). The rate for London as a whole was 1546.2 per 100,000 residents aged 15-59 years old (males: 1876.2; females: 1189.9). The 2010 rate for C&H residents represents a fall of 3% compared to 2009.

Gender and sexual orientation: Gender was reported for 100% of PCT residents diagnosed with an acute STI in 2010 and sexual orientation for 95%. 65% of those diagnosed with acute STIs were male, compared to 62% for London as a whole. Of these, 23% (n = 627) were men who have sex with men (MSM). The equivalent proportion for London was 26% (figure 1).

Ethnicity and world region of birth: Ethnicity was reported for 91% of PCT residents diagnosed with an acute STI in 2010. The most common ethnic group among PCT residents diagnosed with an acute STI in C&H was white (48%, n = 1888), followed by of "other" black ethnicity (15%, n = 598). World region of birth was reported for 81% of PCT residents diagnosed with an acute STI. The most common world regions of birth were the UK (61%, n = 2132) and Europe (other than the UK) (13%, n = 451) (table 1).

Age: Age was reported for 100% of PCT residents diagnosed with an acute STI in 2010. 34% of diagnoses were in young adults aged between 15 and 24 and 3% of those diagnosed were older than fifty (figure 2). The median age at diagnosis was 27 years (interquartile range (IQR): 23 - 34). This is the same as the median age of diagnosis for London as a whole (diagnosis was 27 years (IQR: 22 - 34)).

Syphilis: In 2010, there were 51 diagnoses of syphilis involving C&H residents, compared to 41 in 2009.

Reinfection rate (%)

Year	Count of patients	Reinfection rate (%)
2009	341	8%
2010	315	7%

Figure 1: Gender, ethnicity and sexual orientation of cases of acute STI in C&H, 2009 and 2010

Figure 2: Age group and gender of cases of acute STI in C&H, 2010

Table 1: World region of birth of cases of acute STI in C&H, 2010

World region of birth	n	%
UK	2132	61%
Rest of Europe	451	13%
Africa	259	7%
Asia	144	4%
Latin America/Caribbean	432	12%
North America / Oceania	95	3%
Not known	828	
Total	4341	

Table 2: Rate per 100,000 population of the five main STIs in C&H, 2009 and 2010

Infection	Rate per 100,000 population			Rank in 2010	
	2009	2010	% change	Within London	Within England
Gonorrhoea	165.8	146.0	-12.0%	4	4
Chlamydia	19.1	21.1	10.6%	8	9
Genital Herpes	168.5	157.8	-6.3%	2	2
Anal Warts	275.3	234.3	-14.9%	6	8

Table 3: Number of re-infections with gonorrhoea in C&H, 2009 and 2010

Year	Number of diagnosed infections	Count of patients
2009	341	315
2010	29	23

Table 4: Acute STIs in this IMD category

n	%	Rate per 100,000 pop.
3721	87%	2853.0
438	10%	2282.6
92	2%	2006.1
0	0%	0.0
34	1%	1089.0
20		
4305	100%	

Map 3: Rate per 100,000 of acute STIs by MSOA in C&H, 2010

Table 5: Rate per 100,000 population of the five main STIs in C&H, 2009 and 2010

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Table 6: Number of re-infections with gonorrhoea in C&H, 2009 and 2010

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Risk factors for gonorrhoea in London

○ Multivariable analysis taking into account:

- Age, ethnicity, deprivation but NOT sexual orientation

○ Males 2.5 times higher rate than females

○ Ethnicity

- For men
 - Black Caribbeans 2.6 times higher rate than Whites
 - South Asians 40% of the rate than Whites
- For women
 - Black Caribbeans 5.0 times higher rate than Whites
 - Black Africans 1.6 times higher rate than Whites

○ Deprivation

- Rate increased with deprivation: IMD5 (most deprived) nearly 2 times rate of IMD 1&2 (least deprived)

How far do people travel for care?

- **Almost 50% of the patients travelled beyond their local services.**
- **We found that seeking care non locally was higher in**
 - males,
 - individuals of Black Caribbean ethnicity (compared to whites),
 - gay men
 - older age groups (compared to under 20s).
- **Patients tend to travel to nonlocal services to attend clinics with long opening hours and weekend opening hours.**

Future work

- **London STI report**
- **Commissioning toolkit for wider HIV testing**
- **Update on the HIV late diagnosis target in London**
- **Improvement in GUMCAD data quality**
- **Roll out of GUMCAD2**
- **Work studying the effect of the Olympics on sexual health**

- **How to obtain more information on HIV testing?**
 - Laboratories
 - Audit of PCT/acute trust policy and practice

Accessing HPA STI data

- **Guide to STI data**
- **For copies of reports:**
 - Josh.forde@hpa.org.uk

