

HIV in the UK: The Good, The Bad and the Ugly

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Approximately 101,600 people in the UK are living with HIV, resulting in a national prevalence of 0.15%.

Regional variation in the UK: Cities of London, Manchester and Brighton have higher rates around 0.5% whereas many rural rates are 0-0.1%.

In 2017, the UK became one of the first countries in the world to meet the UNAIDS 90:90:90 target. In 2018, London became the first city globally to exceed 95:95:95.

However, there are still barriers to further progress including reduction in funding, access to ART and the challenge of an ageing HIV.

The Good



U=U

Following PARTNER study, guidelines emphasise that persons with sustained, undetectable HIV viral load cannot infect partners.

National publicity campaigns have highlighted this message.



Reduction in HIV-HCV co-infections

Since 2016, more than half of HCV-HIV co-infections have been cured, with some regions reporting a 100% cure rate.

Targets are in place to cure 100% of HIV-HCV co-infections by April 2020.

Steps towards a functional cure

The "London Patient" treated at UCL has validated the CCR5 approach towards finding a cure.

The UK remains at the forefront of research aimed at finding a functional cure; through vaccines as well as 'kick and kill' approach.



Self Testing widely available

75 local authorities provide free HIV self testing kits.

Several charities provide kits for free if not locally available. This has led to an increase in self-testing.

The Bad

Reduced Funding

Public health funding has been cut by £700 million in the last 5 years resulting in sexual health service budgets being reduced by 25%.

Even in high prevalence areas HIV prevention funding has been cut by a third leading to clinic closures and reduced access to services.

A 2018 survey found that most front line staff questioned reported decreased funding had affected access to HIV prevention, advice and condoms.



London may boast some of the best clinical care and surveillance systems globally, however the services underpinning this are being exceptionally challenged. There is criticism of HIV care in the UK being "Londoncentric".

Access to PrEP

PrEP is not available through the National Health Service in England, despite being available in Scotland and Wales.

In England, PrEP is available though enrolment on the IMPACT trial which has 6000 places available, but there is criticism of allocation and waiting times.

Recently, 9 men who were on a waiting list for IMPACT were diagnosed with HIV.

A recent survey found that 50% of users were accessing PrEP privately and 20% of users could not access PrEP at all.



The Ugly

Sexually Transmitted Infections (STIs) on the increase

Increase amongst MSM: 61% increase in chlamydia, 61% increase in syphilis and 43% increase in gonorrhea within the last 5 years.

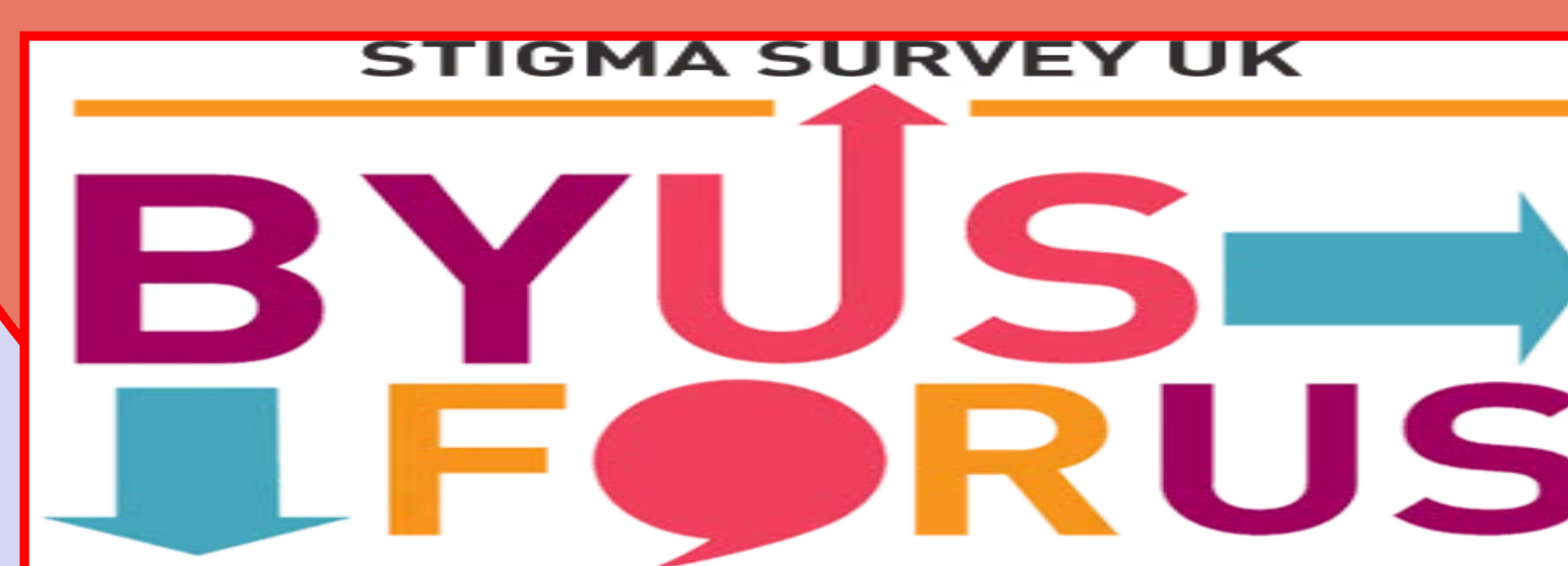
STI increases are being linked to increase availability of PREP resulting in behavioural changes.

However, similar increases have also been seen in heterosexual men and women so PrEP is unlikely to be solely responsible, with other factors such as funding cuts likely to be implicated.

Stigma

Despite discrimination based on HIV status being illegal, 11% of surveyors reported refused healthcare and delayed treatment.

Public Health England have launched a stigma survey in 2019.



Chemsex

Use of Mephedrone, Crystal Meth and GHB/GBL to enable, enhance and prolong sexual interactions has dramatically increased.

MSM who reported chemsex were 5 times more likely to be diagnosed with HIV.

What does the future hold?

The 2012 Health and social care reforms are widely deemed unpopular and are expected to be inept at helping HIV services evolve to meet the changing patterns of peoples' needs.

A new independent year long commission to develop evidence-based recommendations to end HIV transmissions and HIV-attributed deaths in England within the next 10 years has been launched.

Brexit and its surrounding uncertainty is expected to have a significant impact on the National Health Service and subsequently HIV care.

The next frontier in ART involves long-acting injectable formulations. Data from FLAIR and ATLAS presented at CROI revealed a low rate of treatment failure and a favorable safety profile.

1. Jewsbury S et al. Preventable HIV diagnoses on PrEP waiting lists: an unacceptable financial and individual cost. British Association for Sexual Health and HIV conference, Birmingham, June 2019, abstract O19.
2. NAT. Examining UK expenditure on primary HIV prevention and HIV testing [Internet]. [cited 2019 Aug 8]. Available from: https://www.nat.org.uk/sites/default/files/publications/NAT_PREVENTION_REPORT_V2.pdf
3. PHE. Sexually transmitted infections and screening for chlamydia in England, 2018.
4. Cuts to public health are cuts to the NHS [Internet]. [cited 2019 Aug 8]. Available from: <https://www.health.org.uk/taking-our-health-for-granted>
5. Funding of HIV and sexual health services | Terrence Higgins Trust [Internet]. [cited 2019 Aug 8]. Available from: <https://www.tht.org.uk/our-work/our-campaigns/>

6. Harris HE, Costella A, Harris R, Mandal S and contributors. Hepatitis C in England, 2019 report: Working to eliminate hepatitis C as a major public health threat. April, 2019. Public Health England, London.
7. Office for National Statistics Population Estimates 2018
8. HIV in the United Kingdom 2018 slide set, HIV and AIDS reporting section, National Infection Service, Public Health England, 2018
9. International Association of Providers of AIDS Care, Fast Track Cities, London, 2019 <http://www.fast-trackcities.org/cities/london>