

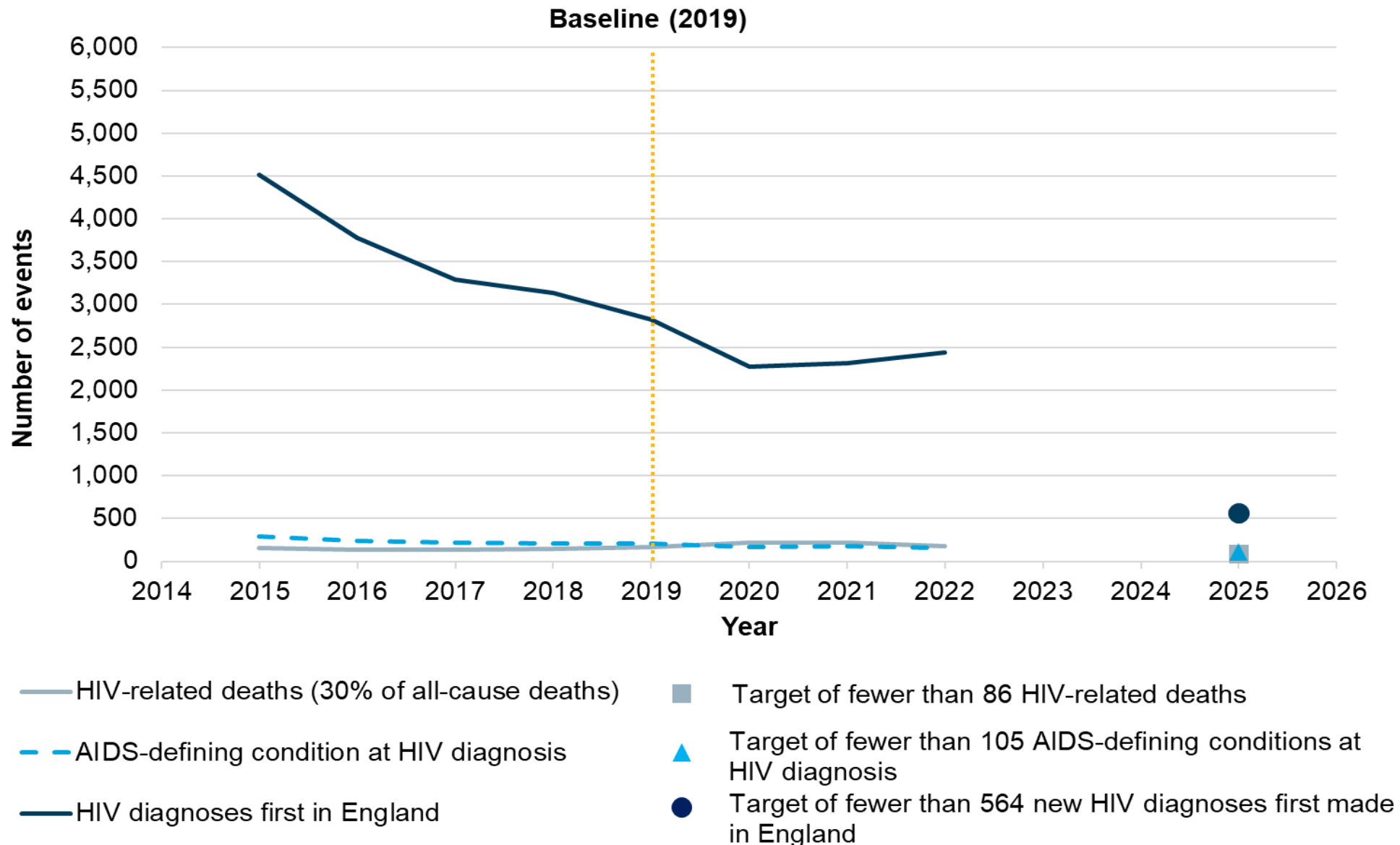


UK Health  
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# HIV testing: latest data for England

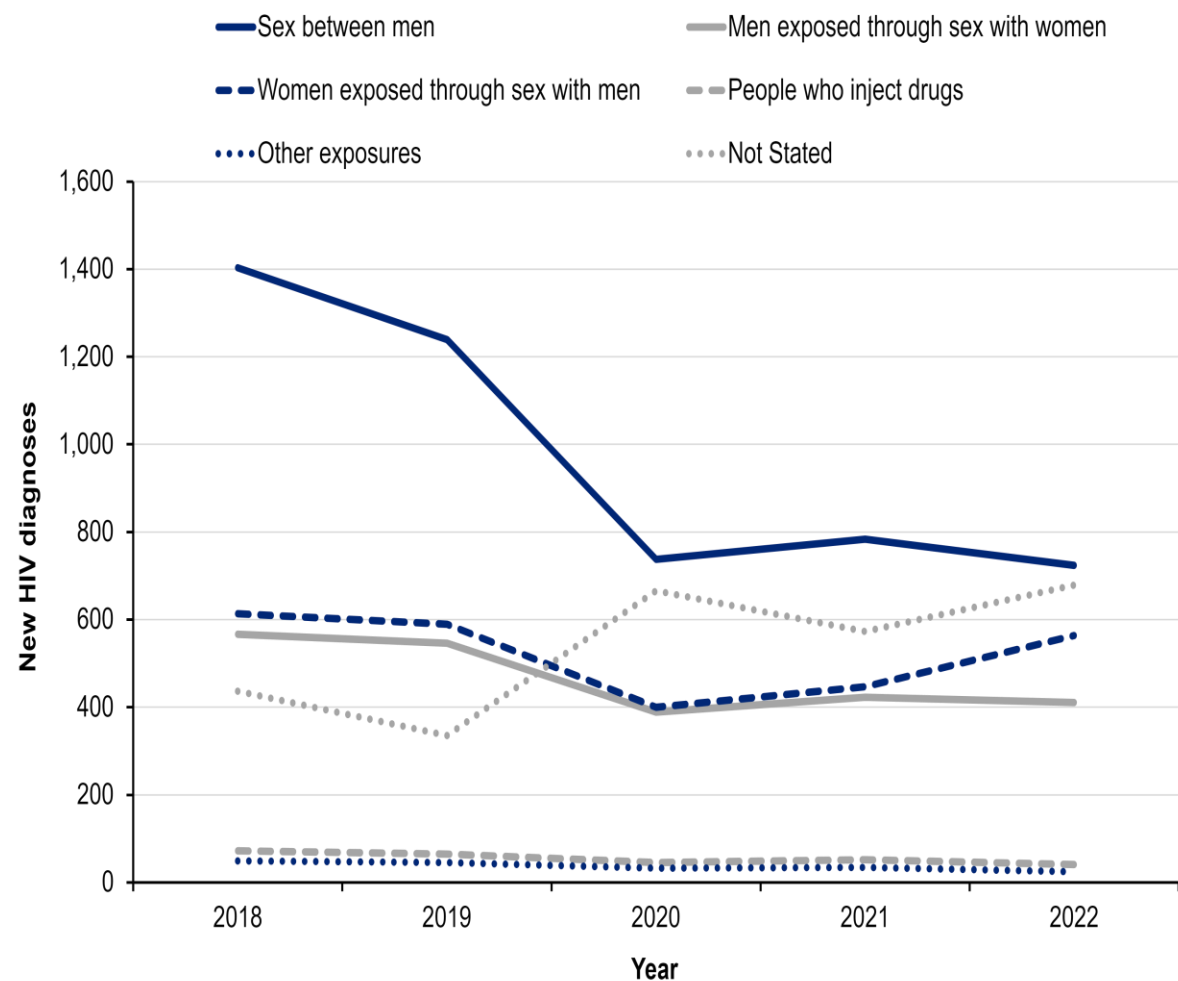
Alison Brown

## New HIV diagnoses first made in England, AIDS-defining condition at HIV diagnosis and HIV-related deaths, and corresponding 2025 ambitions, England, 2015 to 2022

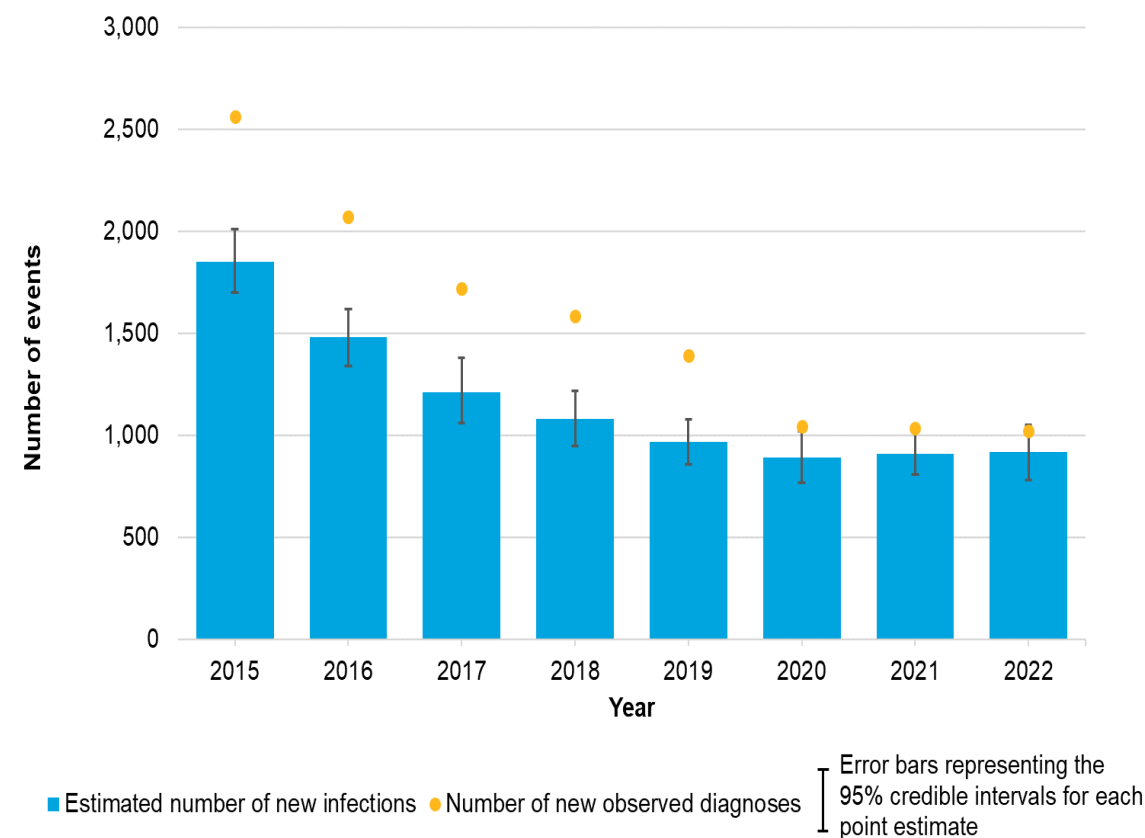


# New HIV diagnoses used as proxy for HIV transmission

New HIV diagnoses first made in England

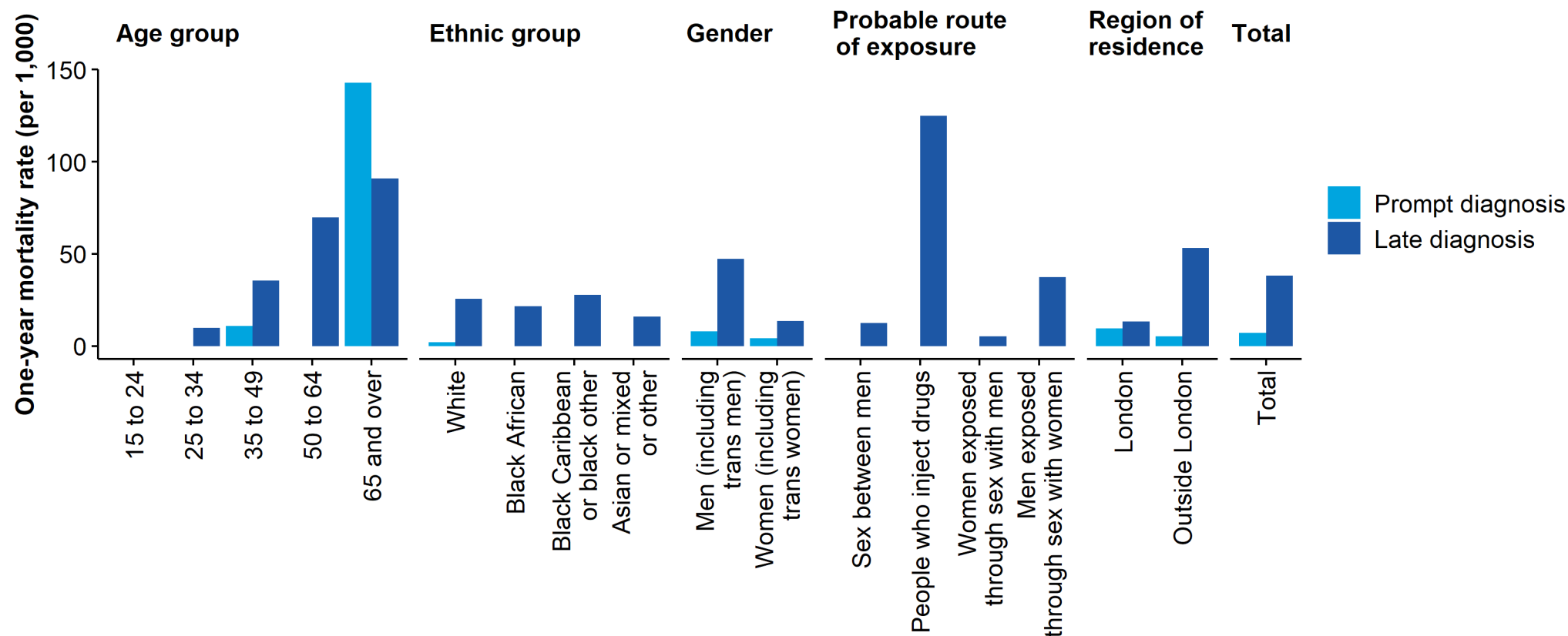


CD4 back calculation of HIV incidence in GBMSM



# Prevent death

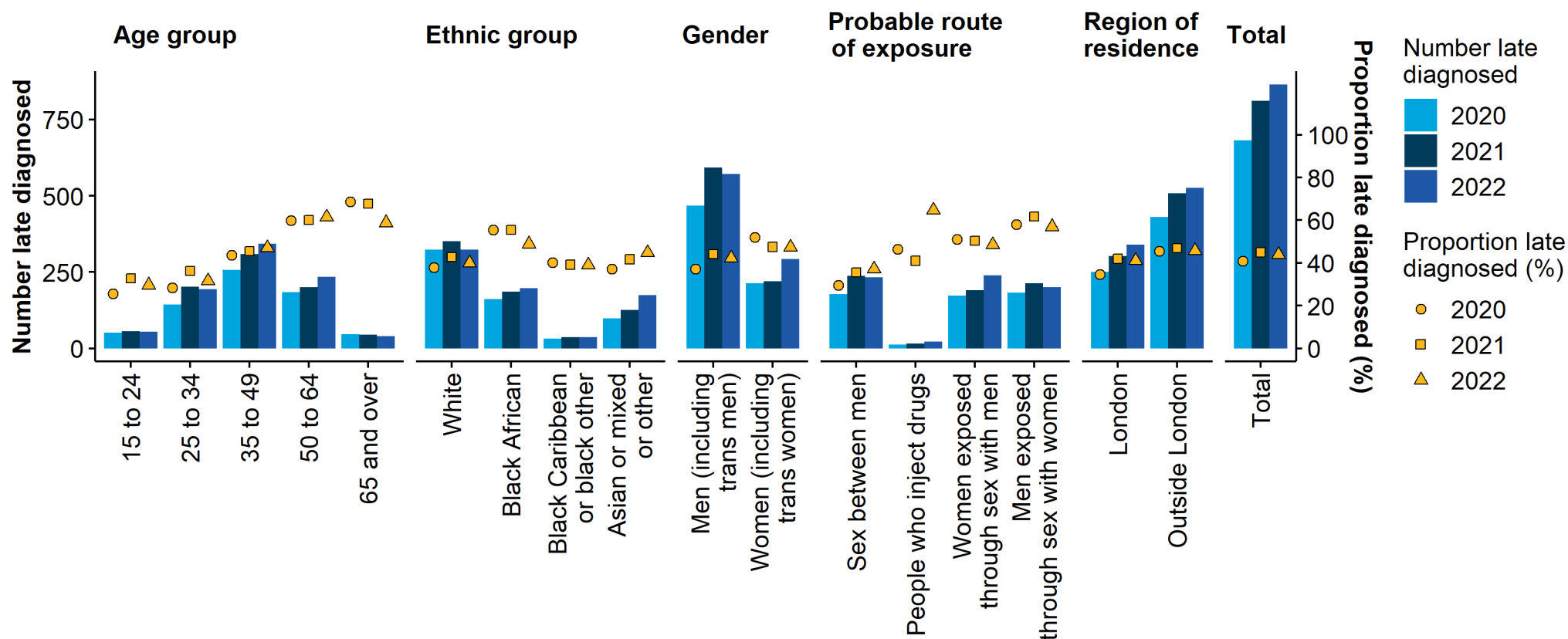
# One-year all cause mortality (per 1,000) among adults [note 1] newly diagnosed with HIV [note 2], by diagnosis status and by demographics and probable route of exposure: England, 2022



[Note 1] Includes people aged 15 and older

[Note 2] Excludes people previously diagnosed abroad - less than 0.5% of new HIV diagnoses were first diagnosed in the UK outside England

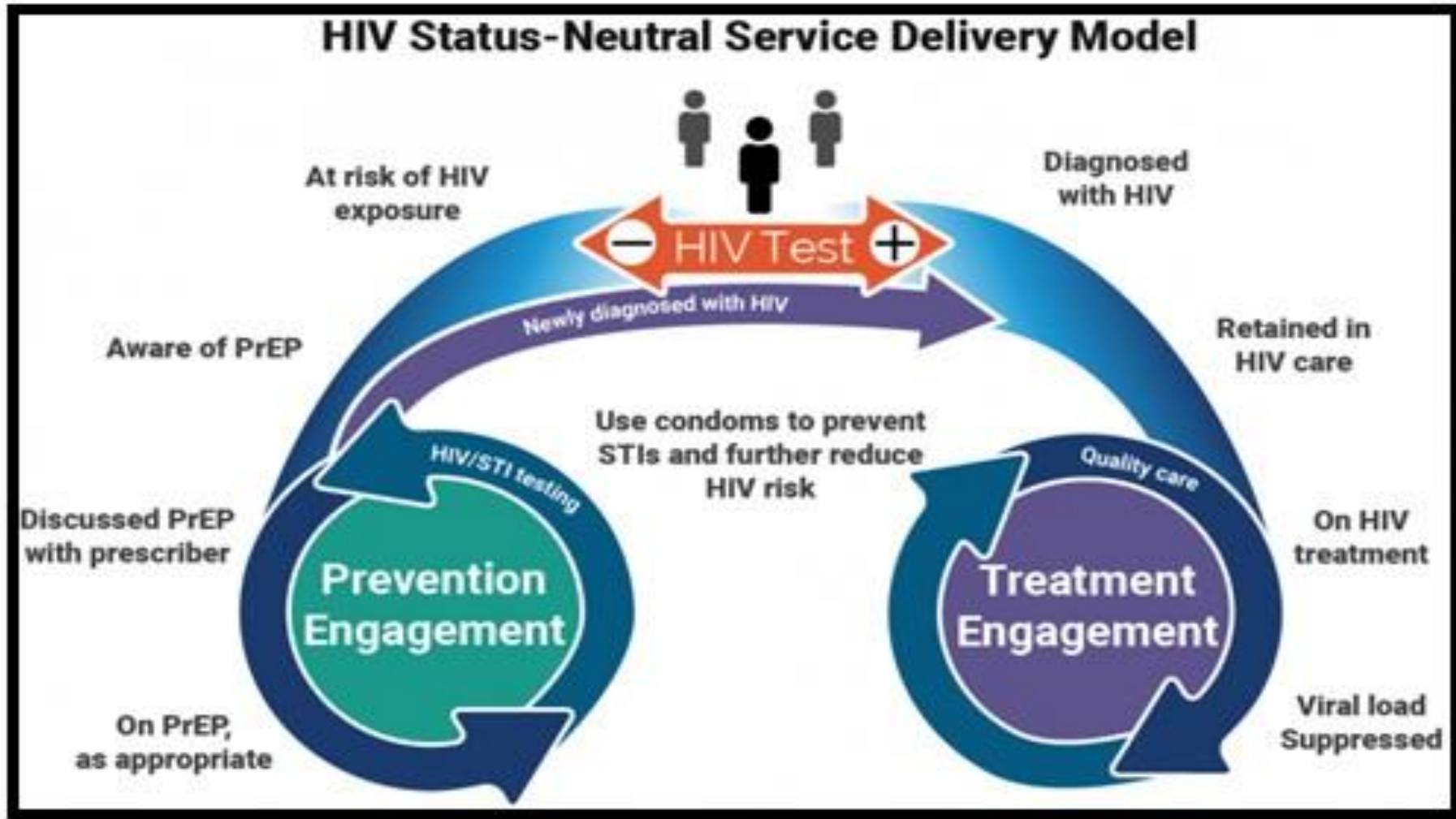
# Proportion late diagnosed among adults [note 1] newly diagnosed with HIV [note 2] by demographics and probable route of exposure, England: 2020 to 2022



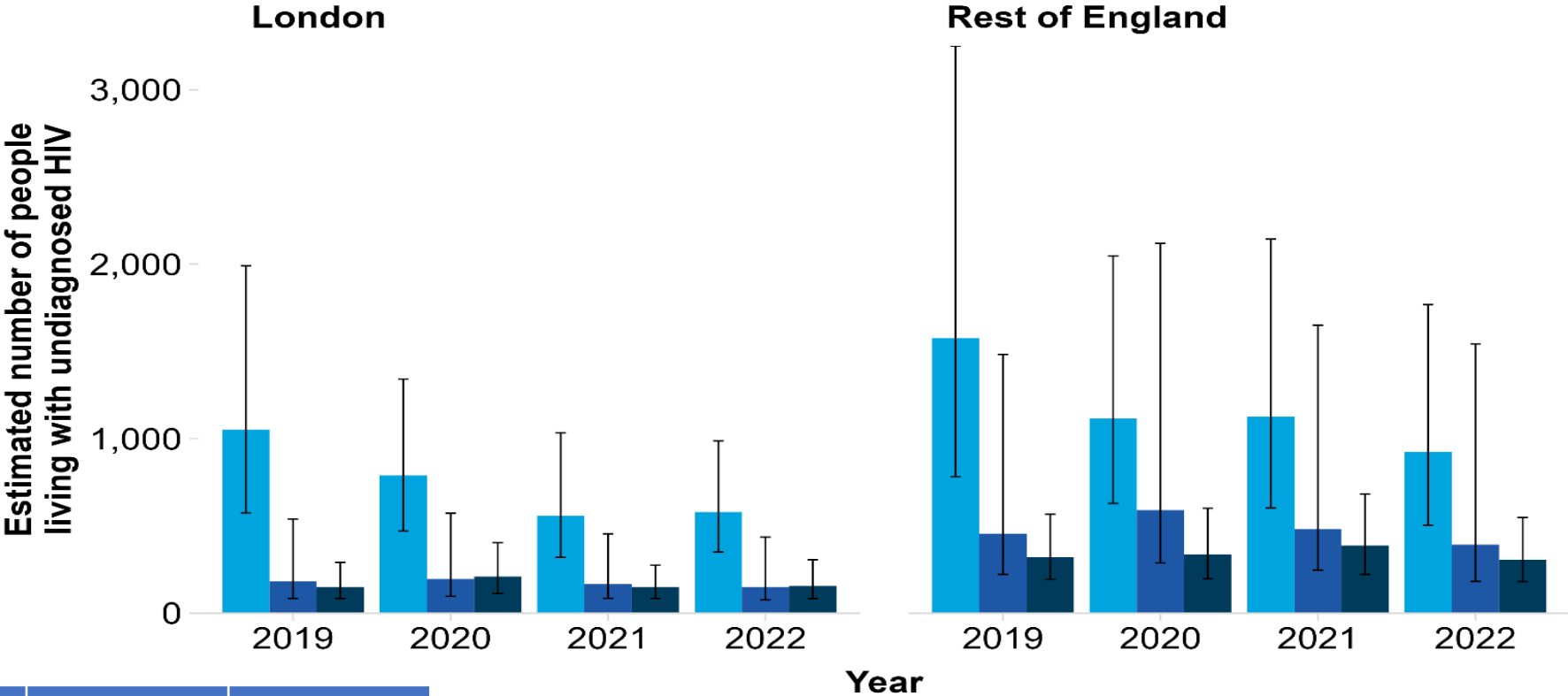
[Note 1] Includes people aged 15 and older

[Note 2] Excludes people previously diagnosed abroad - less than 0.5% of new HIV diagnoses were first diagnosed in the UK outside England

# Suggested model



Estimated number of people with undiagnosed HIV for London and the rest of England by exposure group, gender and ethnicity, England, 2019 to 2022



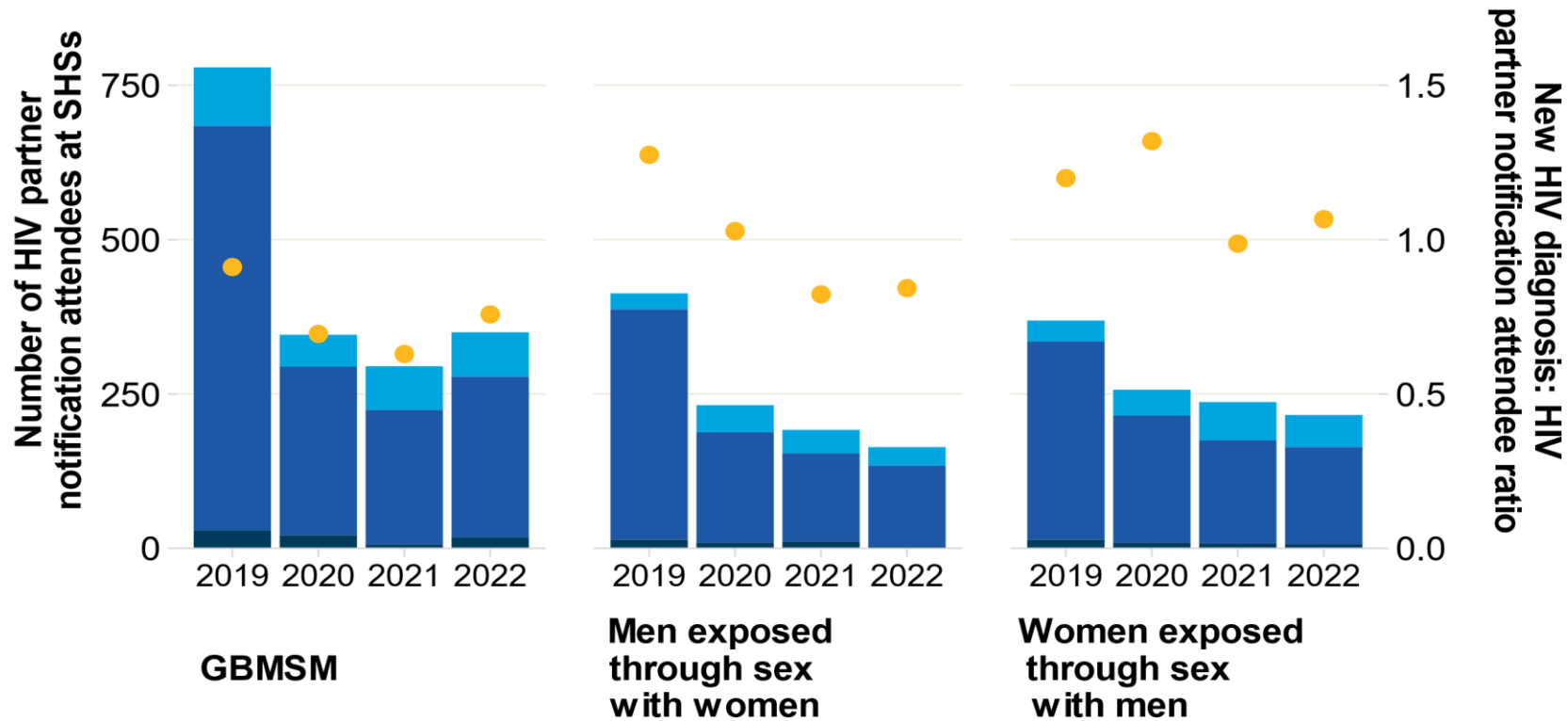
	2019	2020	2021	2022
Estimated number of people living with undiagnosed HIV	5,800 (95% credible interval (CrI) 4,400 to 8,200)	5,200 (95% CrI 4,100 to 7,400)	5,000 (95% CrI 3,900 to 6,800)	4,500 (95% CrI 3,500 to 6,200)

— Upper and lower limit

GBMSM Non-black African heterosexuals Black African heterosexuals



# Partner notification – 2019-2022



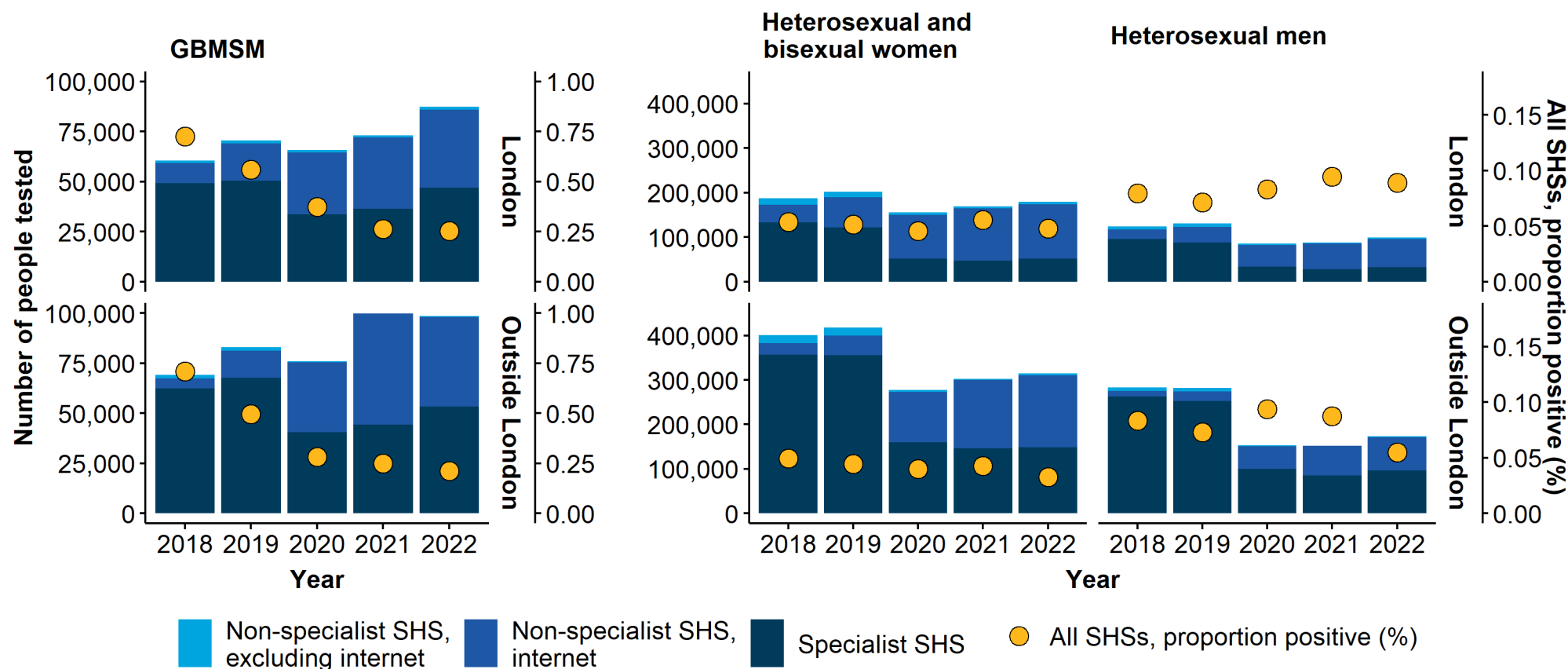
● New HIV diagnosis: HIV partner notification attendee ratio

HIV partner notification attendee, not tested

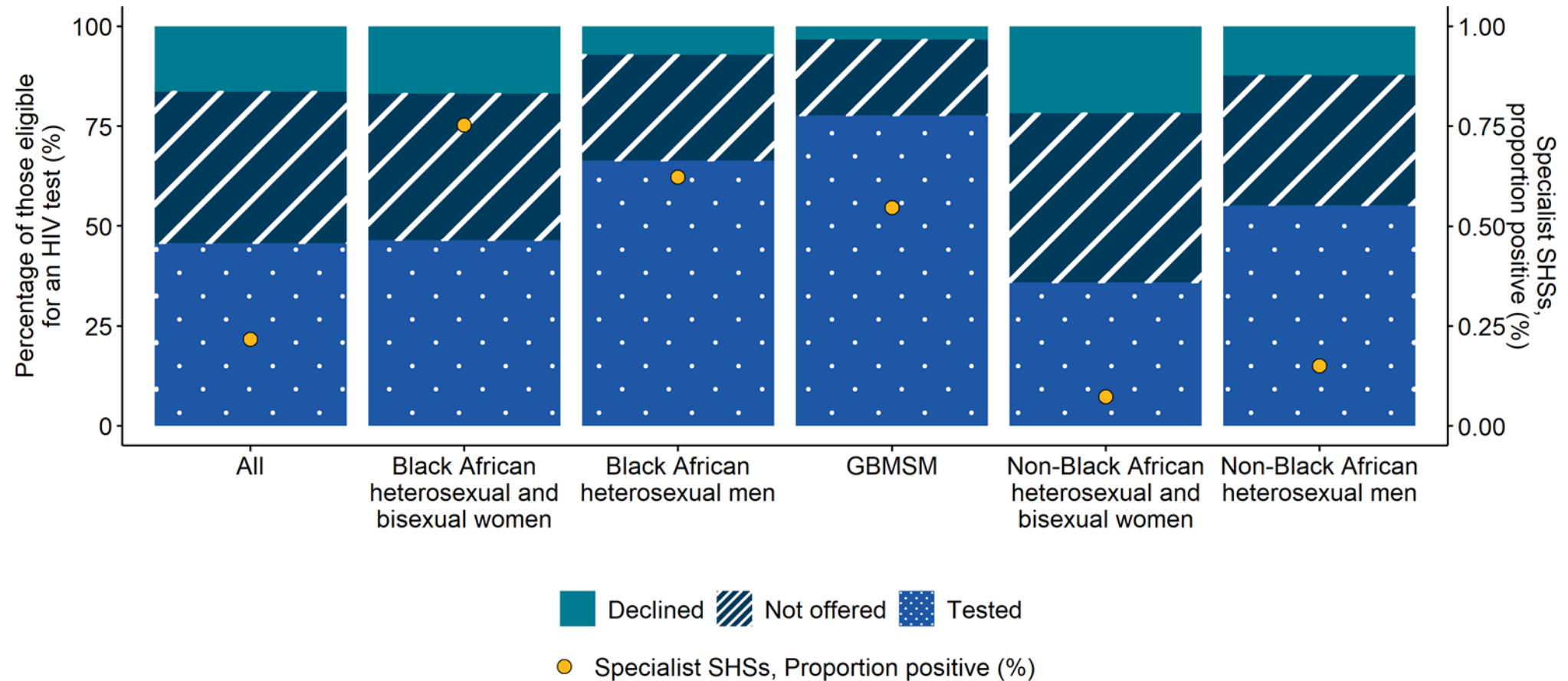
HIV partner notification attendee, tested negative

HIV partner notification attendee, tested positive

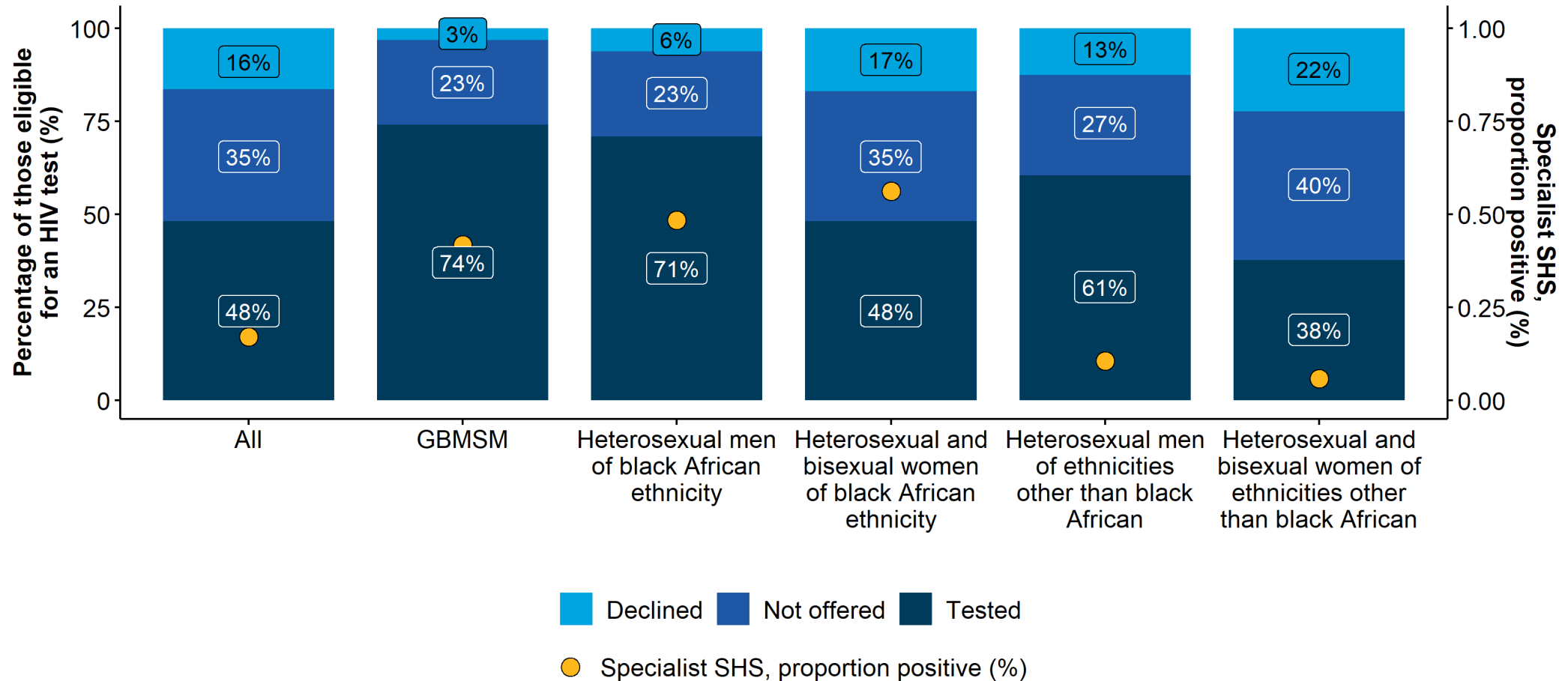
# Number of people tested for HIV and proportion positive, by service type and by sexual orientation and gender: London and outside London: England, 2018 to 2022



# HIV testing offer and uptake among people tested at a specialist SHS, England 2021

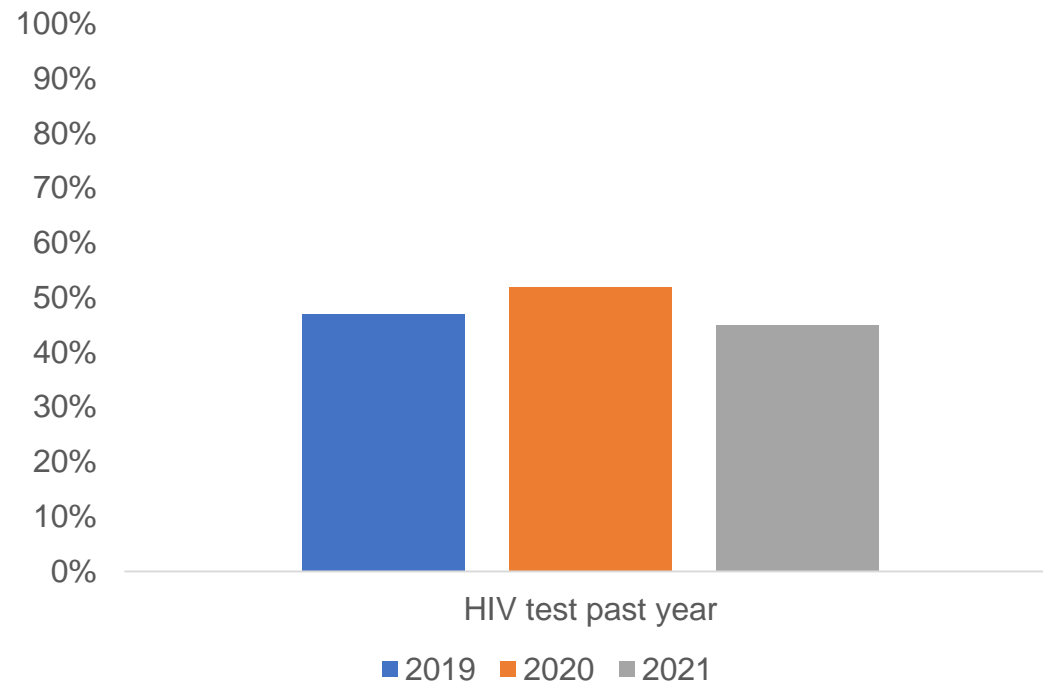


# HIV testing offer and uptake among people tested and proportion positive at specialist SHS, by ethnicity and by sexual orientation and gender: England, 2022

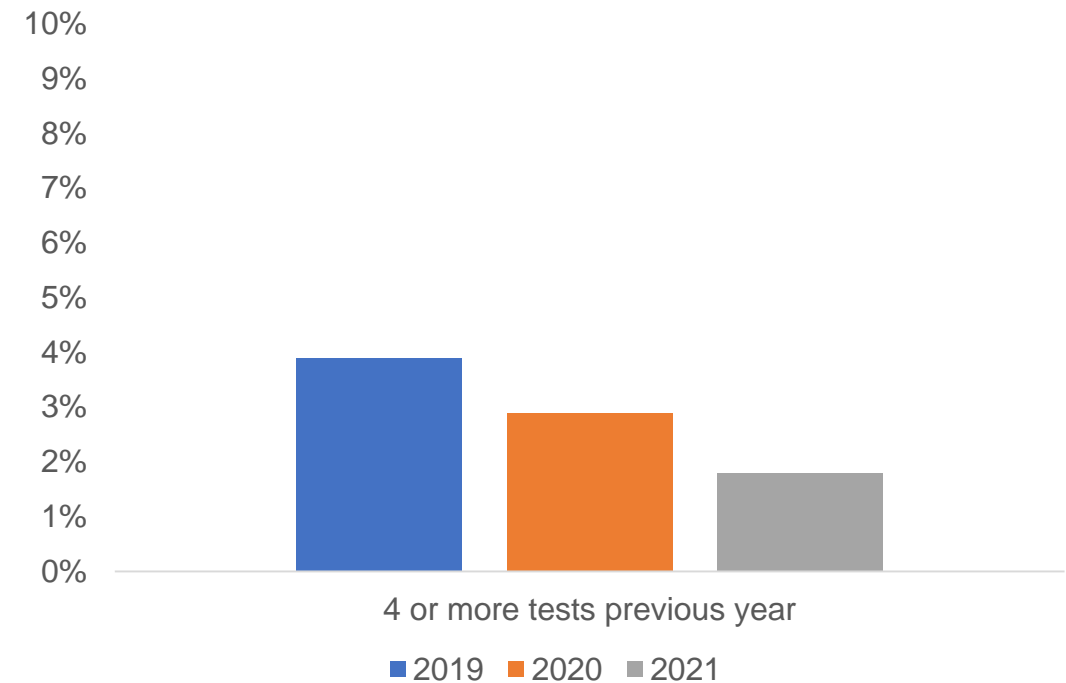


# Frequency of HIV testing in gay and bisexual men

Proportion of GBMSM who had an HIV test who tested at least once the previous year



Proportion of GBMSM who had an HIV test who tested 4 or more times the previous year



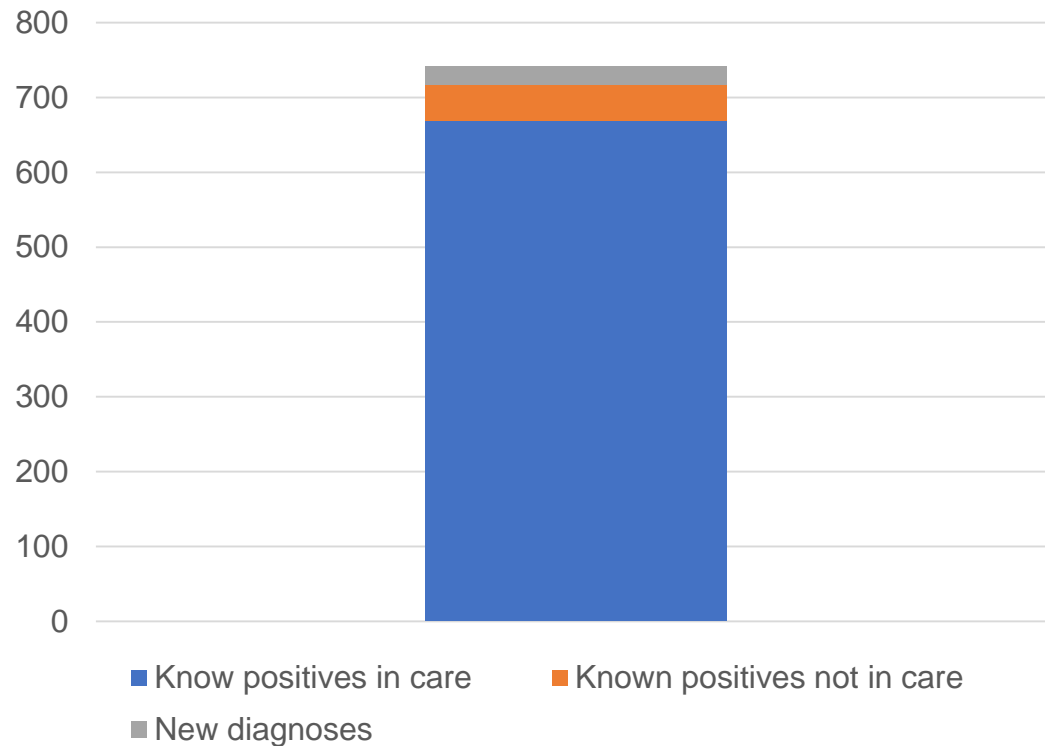
# HIV testing in other settings in 2021

- In the financial year 2021-2022, 99.8% of 633,307 in antenatal care had an HIV test
- Positivity remained low at 0.92 per 1000 eligible pregnant women
- Meets UNAIDS targets

Setting	Number of tests	Positivity
HIV self sampling (OHID), UKHSA and LAs	45,920	0.6%
UKHSA survey of HIV testing in community settings	16,162	0.5%
Blood donation	1.8 million	0.5/100,000
TB	97% uptake with 3916 tested	NA
SSBBV:		
<i>GP</i>	122,899	0.4%
<i>Outpatient</i>	249,820	0.1%

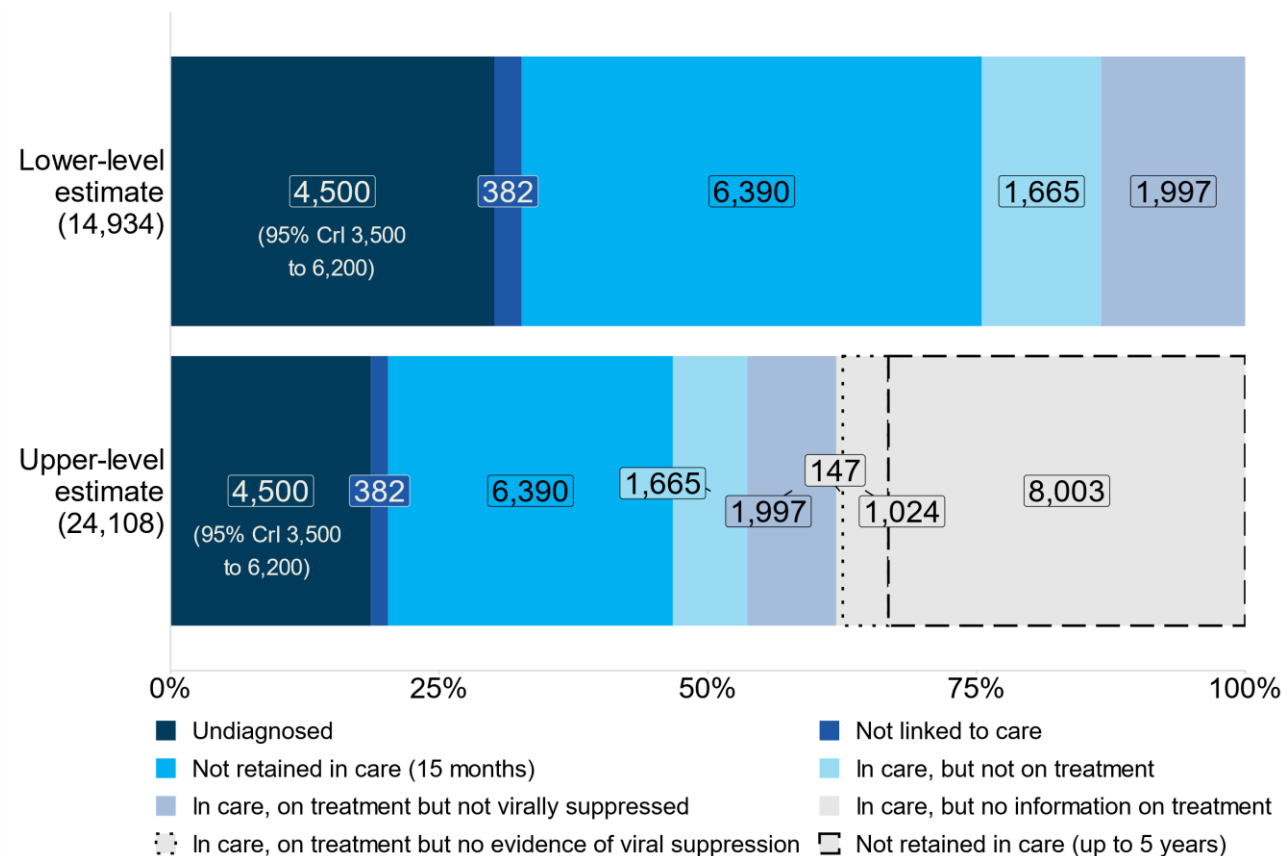
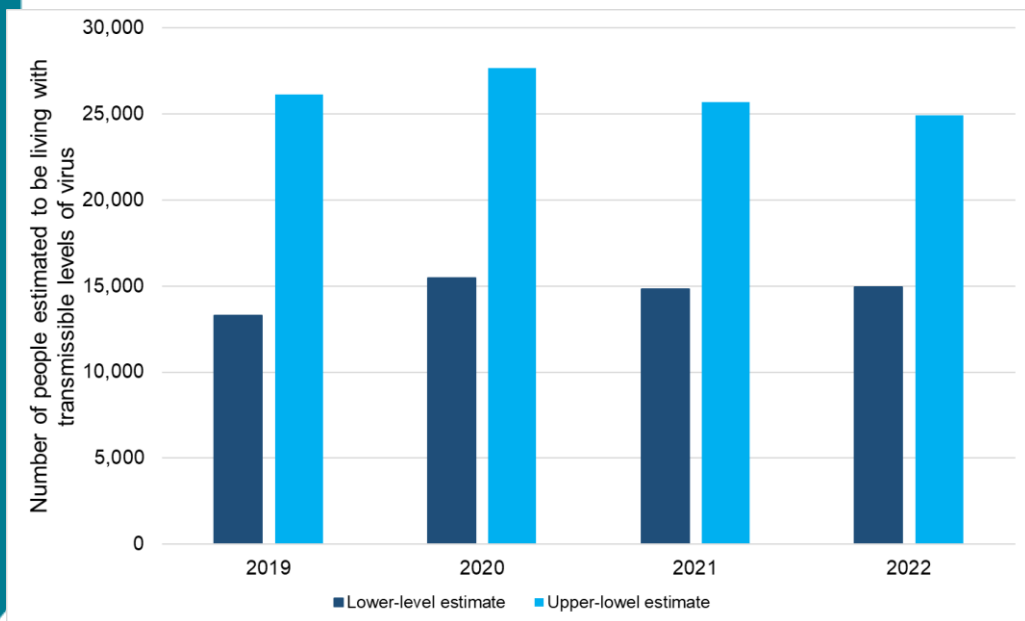
# Key HIV findings

Number of HIV cases found at 5 deep dive clinics



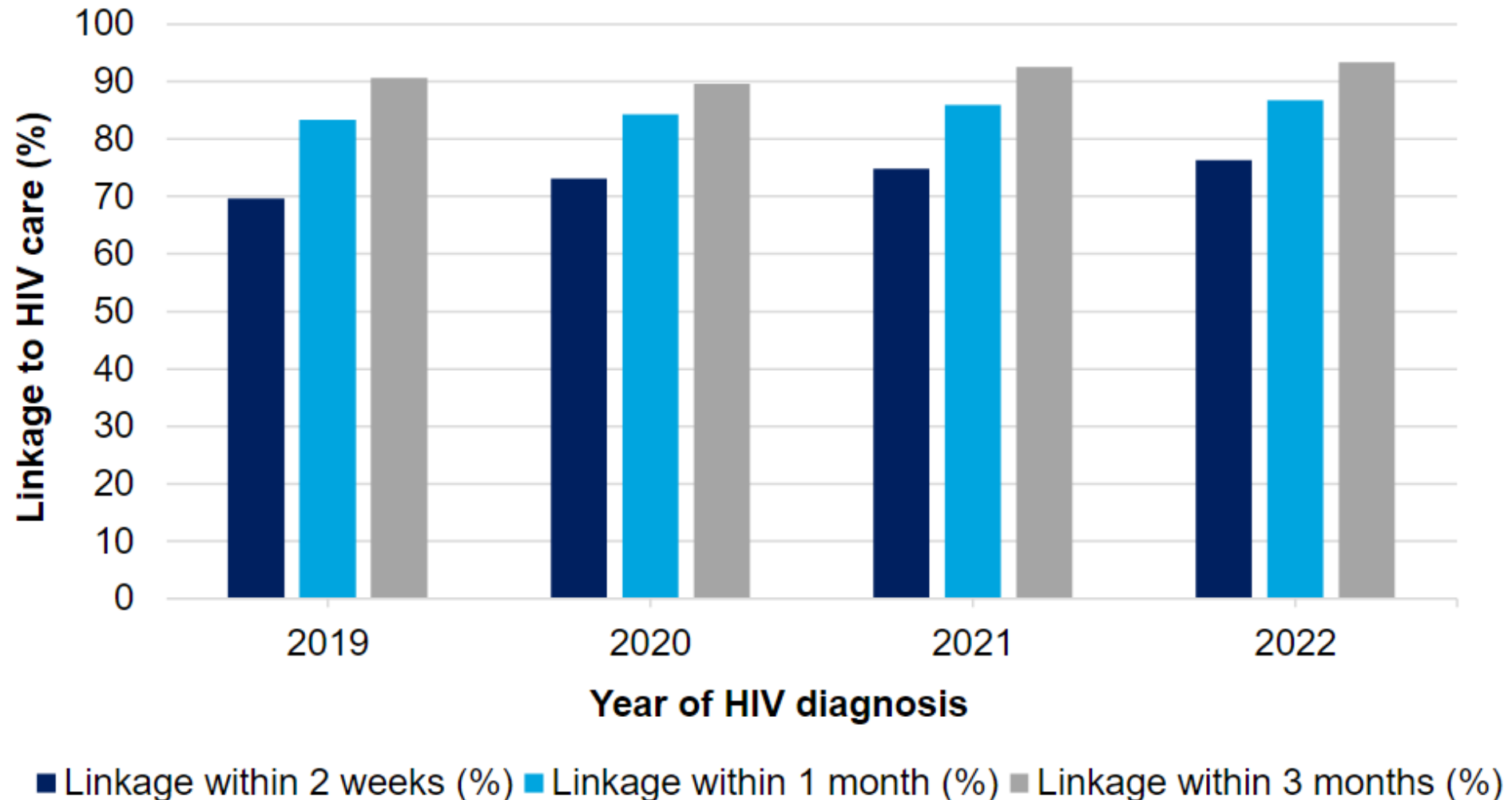
- 857,117 HIV tests in first year
- Analysis of 16/33 sites
  - Variation between clinics in uptake but not between ethnic groups
  - 78 new diagnoses and 59 not in care
- 0.9% test positivity (inc known positives)
- 0.07% new positives
- 40% linked in 14 days, 58% in 30 days (vs 79% and 90% nationally)
- 35% of known positives “relinked”

# Theme 3. Reduce the number of adults living with transmissible levels of virus, England, 2022





# Linkage to HIV care within 2, 4 and 12 weeks among adults first HIV diagnosed in England, 2019-2022



# Retention in care

- BHIVA standards of care guidelines indicate people with HIV should be seen for care at least once per year
- Retention in care is defined as not being seen at least once in a 15 month period by end 2022

	Number (%) not retained in care
2019	4669 (6%)
2020	6819 (8%)
2021	6392 (7%)
2022	6390 (7%)

# Concluding remarks

- Overall, 44% of people diagnosed with HIV in England were diagnosed at a late stage of HIV infection. Older people, heterosexual men and people in lower prevalence settings more likely to be diagnosed late.
- Uneven recovery in HIV testing in sexual health services with an increasing proportion of people accessing online
- Women most likely to not be offered and decline a test if offered, particularly concerning among black African women in whom positivity higher
- Expansion of opt out BB testing in ED settings is welcome – but need to address needs of people in lower prevalence settings and improve pathways into care
- HIV testing alone will not end transmission, need to invest in linkage to care, retention in care and peer support.



# Emergency Department opt out Blood borne virus testing

- On World AIDS Day 2021, SoS Health committed £20 million over 3 years to expand opt-out HIV testing in EDs in very high diagnosed HIV prevalence areas (>5/1000).
- In partnership with the NHS England Hepatitis C Elimination team, project expanded to test for hepatitis B (HBV) and hepatitis C (HCV) and launched 1<sup>st</sup> April 2022.
- 34 Type 1 EDs included: all 28 EDs in London, Manchester, Brighton and Blackpool.
- [Good Practice Guidance](#) developed, followed by [100 Days Report](#) to share learning.
- Opt out basis – test people already having a blood test unless patient declines - posters and pull up banners in EDs to communicate testing is happening.
- Huge success – in first 21 months over 4,300 people newly identified with a BBV, over 1,000 identified as previously diagnosed, not in care.
- Community organisation peer support to ensure people engage and are retained in care.
- Close working with UK Health Security Agency, who are undertaking evaluation with University of Bristol, and published one year evaluation.
- On World AIDS Day 2023, SoS Health committed £20m to a NIHR funded research project to examine impact of expansion to all areas of high diagnosed HIV prevalence (2-5/1000), a further 47 sites.

# Results: April 2022 – Dec 2023 (21 months)

ICS	Hep B New	Hep B Previously diagnosed, not in care	Hep C New	Hep C Previously diagnosed, not in care	HIV New	HIV Previously diagnosed, not in care
					4	0
NHS Greater Manchester ICB			220	55	75	42
NHS Lancashire and South Cumbria ICB	9	1	24	8	6	0
NHS North Central London ICB	584	82	121	19	117	51
NHS North East London ICB	550	101	215	35	146	61
NHS North West London ICB	737	55	233	28	102	78
NHS South East London ICB	469	140	101	49	137	79
NHS South West London ICB	297	84	50	6	79	63
NHS Sussex ICB			25	1	10	4
<b>Total</b>	<b>2,646</b>	<b>463</b>	<b>989</b>	<b>201</b>	<b>676</b>	<b>378</b>

## Results - Linkage to care: April 2022 – Dec 2023 (21 months)

	New (linked/identified)	%	Previously diagnosed, not in care (linked/identified)	%
HIV	551/676	82%	147/378	39%
Hepatitis C	644/989	66%	94/201	47%
Hepatitis B	1,468 / (2,646 new + 463 previously diagnosed not in care)			47%

Subject to UKHSA validation. New defined as new to clinic and not disclosing under care.

# Community support

Support provided by community organisations is vital to helping people make sense of their diagnosis and supporting them to manage their health and well being



# Successes, challenges and sharing learning



Rapid implementation in 34 EDs  
Highly effective in finding people living with BBVs but not in care  
Development of robust reporting system and ED BBV dashboard



Needed changes to some pathology processes and different test costs everywhere.  
Challenging for services to respond to the large numbers of people newly identified with hep B – task and finish group set up to consider responses.



Presented at UK and international conferences.  
Held 2 national learn and share events.  
[NHS England » Emergency department opt out testing 100 Days](#)  
FutureNHS workspace has over 250 users



# Research to Evaluate an Expansion of HIV Opt- out Testing



Gabriel Willis

DHSC Science Research and Evidence





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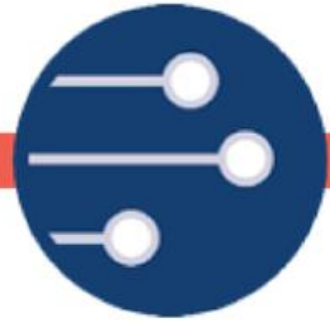
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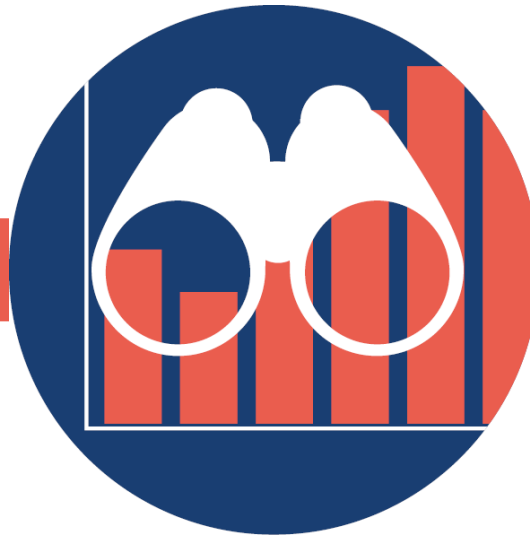


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# Our research schools and units



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in partnership with UK  
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**15** Policy  
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**6** Blood and  
Transplant  
Research Units  
in partnership with  
NHS Blood and  
Transplant



**3** Research  
Schools  
in primary care,  
public health,  
and social care

# Research to evaluate an expansion of HIV Opt-out testing in 47 high prevalence areas

- Led by the NIHR Health Protection Research Unit (**NIHR HPRU**) in Behavioural Science and Evaluation at Bristol/UKHSA with collaborators
- Will begin next financial year, sites will receive funding for 1 year of testing
- The project will extend the recent UKHSA evaluation to high prevalence areas
- The results will inform decision making for the testing programme beyond FY 2025/26

# Areas of focus for the research

- Identify facilitators and barriers to implementing testing and acceptability/feasibility to patients (**qualitative**)
- Examining effectiveness of the testing in terms of uptake, diagnosis and linkage to care (**quantitative**)
- Examining cost-effectiveness (**quantitative**)