Good care for people with HIV.
Rights and Wrongs

Jane Anderson
May 2013
HIV in evolution

Recognition 1981 - 91
- Crisis management
- Palliative care
- Discovery

Intervention 1991 - 2001
- Assessing Efficacy
- Gaining virological control

Stabilisation 2001 - 2012
- Effectiveness
- Chronicity
- Ageing
- Prevention
- Disclosure

Experience of HIV

- Gender and Sexuality
- Ethnicity and Nationality
- Years lived with HIV
- Age
- Health
- Partnership and Parenthood

Slide Courtesy of Dr Danna Rosenfeld, Keele University
People living with HIV in the UK

Number of people living with diagnosed HIV infection

- Other exposure groups/unknown
- People who inject drugs
- Other heterosexuals
- Black African heterosexuals
- MSM

Year:
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010

HIV and AIDS Reporting System

HIV and STI Department, Health Protection Agency - Colindale
HIV & Life Expectancy in the UK

May et al BMJ 2011
Late diagnosis¹ of HIV infection by exposure group: United Kingdom, 2011

CD4 <350

CD4 <200

Proportion diagnosed late

MSM
Heterosexual men
Heterosexual women
People who inject drugs
Overall

Exposure group

¹ CD4 <350 cells/mm³ within three months of diagnosis
Treatment cascade of adults living with HIV:
United Kingdom, 2011

MPES
100%

SOPHID

HIV infected (n=94,900)
HIV diagnosed (n=72,900)
Retained in care (n=69,200)
On treatment (n=60,700)
Undetectable VL (n=52,200)

77%
73%
64%
58%

95%
84%
76%

Delpeche, V. PHE data presented at BHIVA spring meeting 2013
Benchmarking Quality: what is good care?

British HIV Association
Standards of Care for People Living with HIV 2013
What should good care deliver?

• Life that is
  – as fulfilling as possible
  – for as long as possible
  – in the best possible health
• Maintaining health and wellbeing
• Sustaining and promoting relationships
• Staying safe and reducing risk
Angela

- 44 years old
- Visits her GP x3 over an 18 month period
- Night sweats, dry skin, recurrent vaginal candida
- Develops persistent cough, shortness of breath
- Admitted to hospital

Diagnosed with advanced HIV infection
HIV is under recognised by clinicians

- Snapshot audit in 2010
- 1,112 people newly diagnosed with HIV
- 52.2% baseline CD4 count below 350 c/mm$^3$
- 30% clinical symptoms associated with HIV
- 25% of patients had at least one missed opportunity for an earlier diagnosis
Offer and recommend an HIV test

Wherever diagnosed HIV is more than 2 / 1000

✓ when registering patients in primary care

✓ when admitting patients as general medical admissions

✓ to anyone who has a blood test
ALL primary and secondary care

✓ Promote testing to people from black African communities
✓ Promote testing to men who have sex with men
✓ People with indicator conditions
✓ Remember repeat testing
✓ Offering and recommending a HIV test should be within the existing competencies of health professionals.
Physician barriers to HIV testing

HIV testing was offered to 4111 age-eligible patients in **Emergency Units** or **Acute Care Units** within the UK.

![Graph showing the proportion of staff (%) with barriers to HIV testing.]

- **I would require additional training before routinely offering HIV tests to patients**
  - ED Staff: 80%
  - ACU Staff: 70%

- **I don’t have time to include routine HIV testing as part of patients’ care in this department**
  - ED Staff: 60%
  - ACU Staff: 50%

- **I am concerned that patients would have questions I could not answer**
  - ED Staff: 70%
  - ACU Staff: 60%

- **I don’t think this department provides enough privacy to routinely offer an HIV test to all patients**
  - ED Staff: 60%
  - ACU Staff: 50%

Beatrice

• 26 years old, living with her boyfriend
• Pregnant.
• HIV positive test on antenatal screening
• Tells her partner
• Relationship deteriorates

Her partner becomes abusive.

With substantial support Beatrice leaves her partner
Intimate Partner Violence

- Quantitative, questionnaire based study
- 350 women with HIV at Homerton
- Half the women living with HIV studied (n=191) had experienced IPV
- 1:7 women reported IPV in the previous year
- 1:7 women reported IPV in pregnancy

Dhairyawan R et HIV Medicine 2013
Colin

- 35 years old, in a new relationship
- Tests HIV positive during a routine sexual health screen – CD4 count 550
- Partner tests HIV negative
- Colin’s clinician discusses treatment to prevent transmission.

His partner strongly encourages Colin to start therapy
Treatment as Prevention

- 1,763 heterosexual HIV-1–serodiscordant couples
- ART for the infected partner
- 96% reduction in transmission when HIV-positive partner starts treatment early

BHIVA/EAGA position paper 2013
# Treatment to reduce transmission

We recommend the evidence that treatment with ART lowers the risk of transmission is discussed with all patients, and an assessment of the current risk of transmission to others is made at the time of this discussion.

We recommend following discussion, if a patient with a CD4 count above 350 cell/µL wishes to start ART to reduce the risk of transmission to partners, this decision is respected and ART is started.

Biomedical prevention - PrEP

- 2,499 HIV-negative MSM
- Daily emtricitabine plus tenofovir versus placebo.
- Those receiving the antiretroviral medication had a 44% reduction in HIV incidence
- Detectable blood levels strongly correlated with the prophylactic effect

How do we use PrEP in the UK?

Multi-centre, open label randomised design to immediate or deferred inclusion of pre-exposure prophylaxis as part of the package of HIV risk reduction interventions.

500 HIV negative MSM to be enrolled

Results expected 2015
Daniel

• Came to the UK from west Africa to study. Visa now expired.
• Presents to clinical care with tuberculosis, becomes very sick and needs ITU care.
• HIV test is positive.
• Treatment is started and Daniel slowly improves.

Borders Agency alerted and Daniel is subject to immigration detention
Prompt and late HIV diagnosis among non-UK born with associated short-term mortality: UK, 2001-2010

HIV in Removal Centres 2009

- Access to high-quality clinical primary care services and secondary care with expertise in HIV and associated specialties
- Appropriate clinical handover to ensure continuity of care
- Adequate ARVs if removed (3/12)
- HIV testing (diagnosis for those infected) and prevention (for those uninfected)
Detained and Denied
The clinical care of immigration detainees living with HIV

When the doctor knew that we were HIV positive he had a weird look on his face, like ‘oh no’ we feel bad and rejected by his looks.

I wanted to commit suicide.

Yes, when I transferred from Brook House IRC at Gatwick to Heathrow, I had to go for nearly 4 weeks without my medication as the healthcare at Brook House did not bother to dispense it.

7. Are you aware of any examples where people harmed themselves whilst in detention?
   Yes. A man killed himself in detention.

The long-term detention has made my children so afraid of the police, they have sleepless nights, lost of appetite, their mind that they are not human beings anymore, they have no future and their view that we are criminals.

Jon Burnett, Edem Fosahaye, and Anna Stopes

Dual Loyalties: The Challenges of Providing Professional Health Care to Immigration Detainees.
Physicians for Human Rights. March 2011
Mississippi baby born with HIV apparently cured with aggressive treatment

DOCTORS CURE 1ST CHILD OF HIV

HIV TOT CURE

Baby holds HIV at bay, doctors say

Infant born with HIV may be cured
No infection after year off medicines

IN MEDICAL FIRST, A BABY WITH H.I.V. IS DEEMED CURED

SOME SKEPTICISM VOICED

If confirmed, findings could lead to shift in treatments

Baby Cured of AIDS for the First Time, Researchers Say
“The third epidemic, of social, cultural, economic and political reaction to AIDS ....is as central to the global AIDS challenge as the disease itself. ”

Jonathan Mann 1987
