

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 8 February 2024

Decision Type: Non-Urgent Non-Executive Key Non-Key

Title: A REVIEW ON LATE AND VERY LATE HIV DIAGNOSES

Contact Officer: Stephanie Sawyer, Sexual Health Programme Lead
Tel: 020 8313 4587 E-mail: Stephanie.Sawyer@bromley.gov.uk

Jonathan Walker, Senior Public Health Intelligence Analyst
Tel: 020 8313 4753 E-mail: Jonathan.Walker@bromley.gov.uk

Mimi Morris-Cotterill, Assistant Director
Tel: 020 8461 7779 E-mail: mimi.morris-cotterill@bromley.gov.uk

Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: Boroughwide

1. Reason for decision/report and options

- 1.1 This paper is to present the review on HIV Late and Very Late Diagnoses which relates to people who present and are tested late in the course of their disease.
- 1.2 HIV Late and Very Late Diagnoses are defined based on the T cells present in the blood, known as CD count. CD4 count less than 350 cells per mm³ of blood is defined as Late HIV diagnosis and CD4 Count with less than 200 cells/mm³ is Very Late HIV diagnosis.
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2. **RECOMMENDATION(S)**

- 2.1 The Health and Wellbeing Board and partner organisations are asked to note the review, comment on the findings and agreed the recommendations.

Impact on Vulnerable Adults and Children

Summary of Impact: Prevent late & very late diagnoses of those living with and affected by HIV.

Impact on Health and Wellbeing

Summary of Health and Wellbeing Implications: Prevent the transmission of HIV and support early identification of those affected by the infection.

Customer Impact

Estimated number of users or customers (*current and projected*): 559

3. COMMENTARY

Background

- 3.1 HIV (Human Immunodeficiency Virus) is a virus that damages the immune cells and weakens the ability to fight everyday infections as well as more serious illness. HIV is contracted through sexual contact (mostly) or shared needles with an infected person. There is currently no cure for HIV, but there are effective drug treatments that enable most people to live a long and healthy life.
- 3.2 Early diagnosis and effective treatments are key to preventing the life-threatening infections and illness that happen when the immune system is severely damaged by the HIV Virus. This also minimises onward transmission to others. It has been proven that those people with HIV that are adhering to the medication regime and showing undetectable viral load in their blood tests cannot pass the virus on to anyone.
- 3.3 Reducing 'Late Diagnosis'¹ of HIV is therefore an important measure of effective prevention and is a key indicator of the 'Public Health Outcomes Framework' (PHOF) monitored by the Office of Health Improvement and Disparities (OHID).
- 3.4 Effective prevention strategy includes offering HIV tests to those at risk and vulnerable individuals and the availability of PrEP for people who are HIV negative but who have a higher risk of acquiring HIV infection. PrEP has shown to be highly effective, reducing the risk of acquiring HIV by up to 99% and is now routinely commissioned by Local Authorities.
- 3.5 Ending new cases of HIV by 2030 is a global ambition with an initiative known as "Fast Track Cities" with over 200 cities across the world, including London, working together towards zero new cases of HIV, zero preventable deaths, zero stigma and discrimination, and a better quality of life for people living with HIV. This is vital for London as it continues to have the highest rates of HIV in England: 32% of new diagnoses in 2021 were in London residents.

Local Context

- 3.6 Locally, Bromley PH commission services that recognise and offer HIV tests to 'at risk' or vulnerable individuals, support residents who have HIV in the community, encourage early testing for HIV, identify differential diagnosis, co-morbidities and support individuals with medication adherence.
- 3.7 Very Late Diagnosis form part of the local key performance indicators as measures of prevention. All new HIV diagnosis are reported and reviewed case by case at quarterly contract monitoring meetings and are aware of circumstances around Late and Very Late diagnoses. In addition, a look back exercise is conducted on all late diagnoses by the HIV Community Nursing Specialist with the relevant general practice to identify any missed opportunities of early identification so improvements can be made with lessons learnt shared.
- 3.8 Bromley does not have as high a prevalence rate for HIV as some other London Boroughs (20 or so new HIV diagnoses each year over recent years)². However, Late and Very Late HIV diagnosis (61% 2021) is higher and that an increasing proportion of these newly late to very late

¹ Definition based on the measure of T cells present in the blood, known as CD count. CD4 count less than 350 cells per mm³ of blood is defined as Late HIV diagnosis and CD4 Count with less than 200 cells/mm³ is Very Late HIV diagnosis.

² UK Health Security Agency (UKHSA) provide confidential 'HIV Surveillance Data Tables' by LA each year. These annual tables provide demographics and the stage of diagnosis accordingly. The report is usually provided in December with data included for the previous year. The latest complete annual figures are for 2021.

diagnosed individuals have serious illness already present (necessitating treatment in Intensive Care in many cases).

- 3.9 This has raised questions regarding missed opportunities for early intervention including early testing or if there are any common factors that could be addressed in a prevention action plan.

HIV Review and Findings

- 3.10 To help understand this further, a review of new HIV diagnoses was carried out. The full report is appended to this paper. Only those Bromley residents diagnosed by King's College Hospital NHS Foundation Trust (KCH, the local service provider), and continue to access their care are included in the review. Those residents diagnosed and chose follow-up care elsewhere are not within the scope of this review.
- 3.11 Due to the small numbers identified and reviewed, it has impacted on the ability to draw statistical conclusions from the data. Nonetheless, the review has provided the following markers for further investigation to enable a fuller and better understanding of minimizing Late and Very Late diagnosis.
- 3.12 One of the most significant findings from this review is that many of the Late and Very Late diagnosis for HIV were made as 'In-Patients' when admitted to the Princess Royal University Hospital. Admissions were for a range of medical conditions known to be associated with HIV. In around a third of late diagnosis cases a clinician on review judged there may have been a missed opportunity to test for HIV infection at a previous interaction with a health professional. Information on where these missed opportunities took place is scant. A missed opportunity to test is where there is evidence of a criteria for testing being noted during an interaction with health services, such as the presence of an indicator condition – a medical condition known to be associated with undiagnosed HIV, and no test being offered.
- 3.13 Despite the routine commissioning of PrEP, it is of interest to note that only one person in the Review had previously used PrEP medication but when he stopped using this preventative treatment, he went on to contract HIV a short while later. More awareness raising of the availability of PrEP should be promoted not only to the gay and bisexual men and other men who have sex with men but also to other communities and cohorts who are at risk of HIV infection such as women as part of an overall HIV prevention approach.

Emergency Department (ED) Routing Testing for HIV

- 3.14 Patients in Emergency Departments (EDs) in all London NHS hospitals are now offered HIV tests routinely, successfully identifying undiagnosed HIV and offering effective early treatment. The protocol for HIV testing changed at the beginning of 2022 which now requires patients to opt out of testing rather than to opt in.
- 3.15 The impact of this cannot be seen in the audit data. However, data has been obtained from the Princess Royal University Hospital (PRUH) detailing the number of tests carried out between May 2022 and August 2023, the number of positive tests and the number of new positives found (Table 4). Of the 9 new HIV diagnoses 7 were among Bromley residents all of whom are now engaged in care. One known HIV positive Bromley resident previously lost to follow up is now reengaged in care.
- 3.16 Since routinely commissioned of PrEP was only mandated from 2019 after the England Impact Trial, it will be useful to understand the level of local impact of PrEP on HIV prevention, perhaps with a further audit post implementation of PrEP.

Recommendations

- 3.17 Given the sample size of the review which impacted on the ability to draw statistical conclusions, a South-East London wide audit on HIV Late and Very Late diagnoses and subsequent care might be helpful. Based on discussions with South-East London Sexual Health Commissioners who are receptive to the suggestion, consideration on how best to undertake late diagnosis reviews is underway.
- 3.18 Educate general practices and health professionals in other settings regarding criteria for testing, such as the presence of an indicator condition, to reduce missed opportunities to test for HIV.
- 3.19 More awareness raising of PrEP and its effectiveness. Promote PrEP more widely especially to individuals including women, who are at higher risk of acquiring HIV, and to health and care professionals who may be in touch with these individuals and their communities.
- 3.20 Support campaigns to raise awareness of HIV and available treatments among staff and residents.