

HIV: Let's sort this together.

Ending all new transmissions of HIV in Greater Manchester (GM) by 2030

An introduction by Dr Marlon Morais, GP HIV Champion for Manchester



Click to Watch: 5 minutes highlights of Dr Marlon Morais interview for World AIDS Day

Or watch the full interview [here](#)

I'm so proud of how far we've come both as a country and as a region, on HIV.

40 years ago, on September 24, 1982, the Centre for Disease Control and Prevention ([CDC](#)) used the term acquired immunodeficiency syndrome (AIDS) - for the first time, to describe the untimely deaths of a generation of otherwise fit and healthy men. An epidemic for which the UK government were slow to act.

13 years of panic, inertia, finger pointing and denial (including the parliamentary banning of homosexual promotion – section 28) passed before any form of groundbreaking treatment was developed. Masses of

people died from the affected groups of young gay and bisexual men, drug users and people from ethnic minorities, and from seemingly rare and opportunistic infections, such as Kaposi Sarcoma and Progressive Multifocal Leukoencephalopathy. Finally, the establishment of Highly Active Antiretroviral Therapy ((HAART) made strides in reversing the impact of the human immunodeficiency virus (HIV) by maintaining the function of the immune system and was celebrated as having saved over 16.5 million lives worldwide.

By this time, despite an increased awareness of HIV and its ability to affect anyone regardless of sexual orientation, race, ethnicity, gender, age etc. the stigma of AIDS was already deeply entrenched within affected communities and society at large.

Fast forward to now and a person living with HIV, if diagnosed early and with the right treatment, can expect to live a normal life, including an undetectable viral load meaning they [CANNOT pass on the virus](#). Couples, where one is positive and one is negative, can have unprotected sex in the knowledge HIV will not be passed – though pregnancy and STIs such as syphilis and chlamydia remain a possibility.

Towards Zero – the HIV action plan for England was published in December 2021 and outlined our plans as a nation to reach zero new transmissions of HIV by 2030 and an interim target of an 80% reduction in HIV transmissions by 2025.

Within Greater Manchester, lots of great work is being done to reach our target of less than 35 new diagnoses a year by 2025. However, to truly reach zero transmissions, we need your help. HIV is a long-term, manageable medical condition like many others; however, it attracts stigma and discrimination like no other. This World AIDS Day briefing sets out some of the collective and individual ways we can help normalise HIV as well as recognise indicators, to help more residents into treatment and to live long, healthy lives.

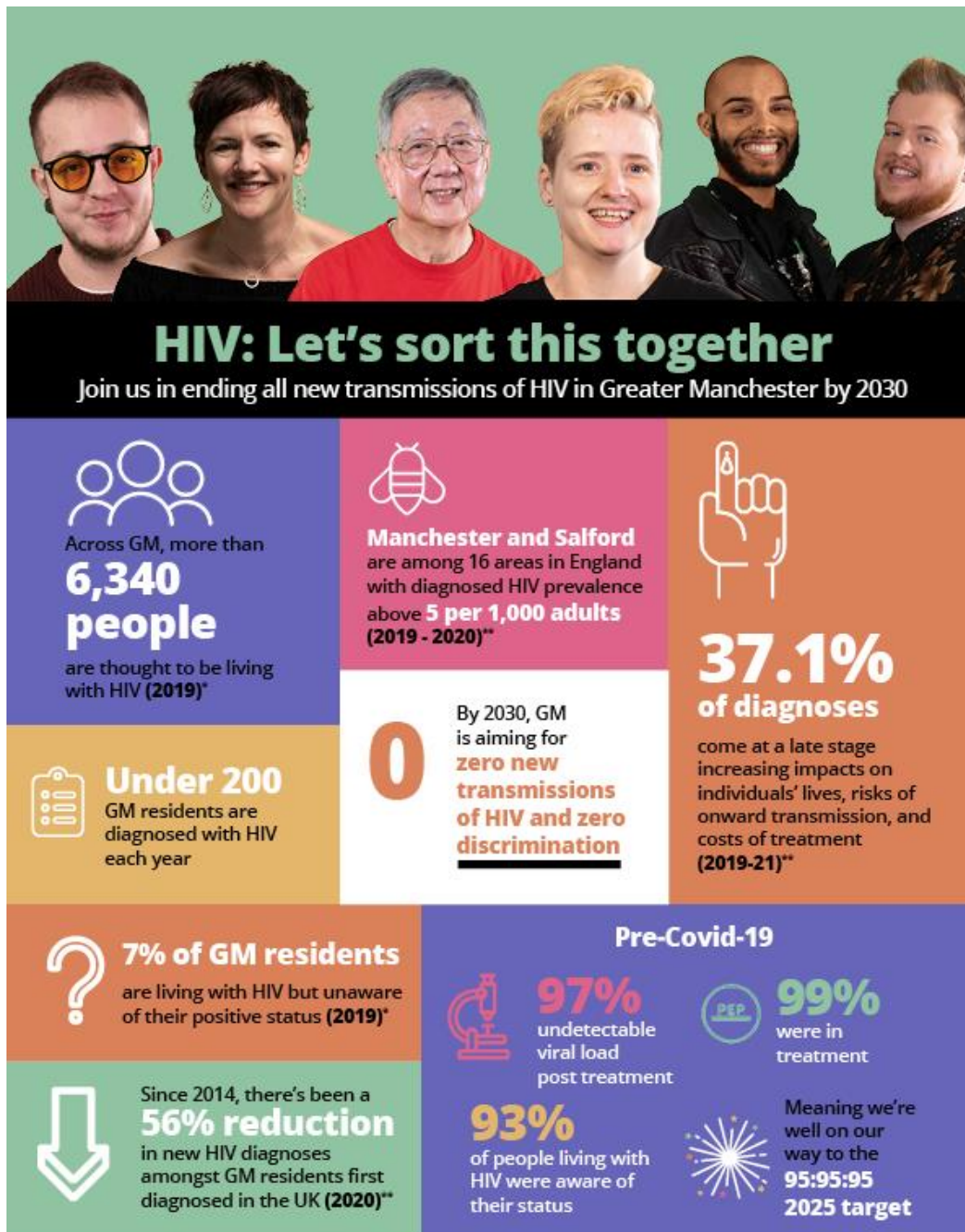


[SortHIV.org.uk](#)



Join the [PaSH Partnership World AIDS Day Vigil](#) on Thursday 1st December at 6pm in Sackville Gardens, Manchester to remember people lost to HIV, show our solidarity with people living with HIV around the world and commit ourselves to ending HIV stigma and discrimination.

Summary of impact: Where are we?



Find out how [SortHIV.org.uk](#)

*Public Health England (2020)
**Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)



Summary of improvements required: Work to be done

Despite ambitious work done to date, GM remains an area of high prevalence for HIV with an overall rating of 3.14. Both Manchester and Salford are deemed as extremely high prevalence carrying a rate of more than 5 cases per 1,000 people (between the ages of 15-59). Bolton, Bury, Rochdale, Tameside, and Trafford – are also high prevalence areas (with a rating between 2 and 5) (UKHSA 2019 data).

Although the diagnosis rate continues to fall (now at 63 cases per 100,000 of the population) the proportion of late diagnoses remains high which leaves the individual more at risk from serious complications. For gay, bisexual, and other men who have sex with men, late diagnosis accounts for 32.8% of new diagnoses, however, in heterosexual males and females this is much higher, at 52.6% and 51.7% respectively.

GPs should follow [NICE 2016 guidance](#) where possible, with HIV testing being offered to all new patients, and most definitely to any patient presenting with [indication conditions](#). In addition, testing of at-risk groups, including patients who have had sex with people from high prevalence areas and those who have not had a test in the last 12 months should be made a priority.

Find the HIV data for your local area, region and England here: [Sexual and Reproductive Health Profiles - OHID \(phe.org.uk\)](#).

HIV and Hepatitis C testing in Greater Manchester Emergency Departments

Three GM Emergency Departments (EDs) will now automatically test people aged 16+ for HIV and hepatitis C when doing blood tests unless they opt-out. Opt-out ED HIV and HCV testing was launched at Manchester Royal Infirmary (MRI) in December 2021 as well as Wythenshawe Hospital in March 2022 and North Manchester General Hospital in September of the same year.

Supported by the Royal College of Emergency Medicine, National Institute for Health and Care Excellence (NICE), and the British HIV Association –opt-out testing is now standard practice in antenatal services, where the reduction in HIV transmission to babies has reduced to almost zero.

With NHSEI funding opt-out HIV testing and NHSE, the [HCV Elimination Programme, building on hospital trust investment](#), EDs has already identified people previously undiagnosed with hepatitis C and HIV and has allowed them to start effective treatment, and link into community support. It has also meant that people who have been diagnosed in the past, but then lost contact with services have been able to re-engage and re-start treatment. The programme has been well-received by staff, patients and people living with HIV and hepatitis C.

Impact so far

I attended A&E for a completely unrelated reason. I did not see the posters in the waiting room about HIV testing or I feel I may have opted out. I was initially angry about being tested as I felt I had control taken away from me, but after being diagnosed and speaking with the Doctors and learning HIV is just a long-term manageable condition and with treatment it does not reduce life expectancy, I now feel very grateful I have been diagnosed as I don't think it's something I would have been tested for in the near future. "don't die of ignorance" get tested and take control of your health and to help erase the stigma of HIV"

Newly diagnosed patient, Male, age 50

Summary of opt-out testing data covering the period 01/12/2021 to 31/08/2022

	Total	
Number of blood-borne virus tests conducted*	46,796	
HIV	Number of people with an HIV positive result	208
	Number of new diagnoses of HIV	16
	Number of people with known HIV who had previously disengaged with care	26
	Number of people with known HIV who had previously disengaged with care, who then re-engaged with it	12
HCV	Number of individuals with an HCV PCR positive result	148
	Number of new diagnoses of HCV	74

*NB: This figure may contain duplicate results. It represents the total number of blood-borne virus tests conducted (rather than unique individuals tested) and does not factor in people who may have been tested twice.

Engagement in Primary Care

As part of our NHS GM IC programme to end all new HIV transmissions within a generation (HIVe) a set of 4 HIV update webinars, and the 2020 [HIV episode on the Primary Care Knowledge Boost](#) ran for GM Primary Care colleagues last year, to increase awareness of clinical indicator conditions, improve uptake of HIV testing, share experiences of people living HIV, and share the message undetectable = untransmittable (U=U).

Of the 138 registered for the 4 sessions (GPs 76, Dentist 35, Pharmacy 7, Opticians 2, Other 20) from all 10 GM areas, 76 attended. **Feedback included:**

” **“Good cover of testing”**

“It is no longer a death sentence”

”That it should be offered as routine screening”

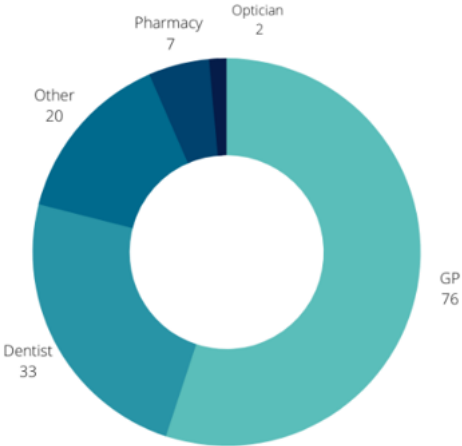
”Patience” “Understand who should be tested”

“More knowledge about HIV”

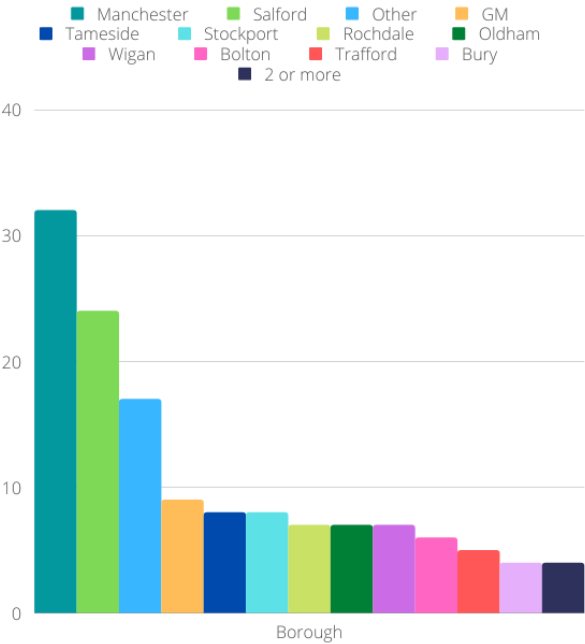
“Everyone needs to be tested”

“Efficacy of modern treatment”

Event Registrants by Primary Care



Event Registrants by GM Borough



How can you help?

Did you know that 98% of respondents have told their GP about their HIV status, however, only 52% felt their GP had sufficient knowledge of HIV?

We want to change that.

[‘Towards Positive Practice’](#) is George House Trust's new report focused on the experiences of people living with HIV when accessing primary healthcare, specifically GPs. Most respondents reported positive experiences and fewer stigmatising experiences when accessing primary healthcare. The main reasons people cited for telling their GP related to concerns about potential medication interactions, and because people felt it was beneficial for their overall health and wellbeing.

It is a recommendation of the national HIV action plan that [HIV stigma training](#) should be mandatory for healthcare staff,

“We will tackle stigma and improve knowledge and understanding across the health and care system about transmission of HIV and the role of treatment as prevention” Action 9

HIV stigma within healthcare results in discriminatory practice and can delay or prevent those living with HIV in accessing healthcare. This leads to complaints, and physical and psychological morbidity and in some cases disengagement from care and subsequent mortality.

To help please answer our upcoming GP survey to establish current knowledge of HIV and identify support needed.

In the meantime, please also visit and share the following e-learning support to all staff so we can continue to increase awareness and uptake of HIV testing across Greater Manchester.

E-learning

[HIV Indicator Conditions](#) HIV indicator conditions testing is a vital part of the strategy for increasing testing uptake and reducing late diagnosis. This will be a crucial component of the nation’s mission to end new HIV transmissions by 2030. Indicator condition testing is an evidence-based approach to identifying those living with HIV, who may not be identified by other approaches to regular HIV testing. The National AIDS Trust toolkit offers support to healthcare professionals, commissioners and health service planners in order to effectively identify conditions.

[HIV Testing](#) This session considers how to test for HIV in different clinical settings. Risk factors, how to conduct an in-depth pre-test discussion (PTD), frequency of HIV testing and indications for HIV testing are also covered.

[Diagnosing HIV](#) This session explains how HIV should be diagnosed, what samples should be taken, and how they should be stored and transported. It explains what diagnostic tests are available, how to interpret them, their sensitivity and specificity, and their potential advantages or disadvantages. The timescale between HIV exposure and tests becoming positive is discussed.

[Natural History of HIV Infection](#) This session will discuss the natural history of HIV infection including primary infection, clinically asymptomatic and symptomatic stages. It will describe

the relationship between CD4 count and risk of opportunistic infections, clinical syndromes and malignancies.

[Antiretroviral Side Effects and Toxicities](#) This session explains the common and serious side effects and toxicities of antiretrovirals (other than metabolic effects, CVD and lipodystrophy) and how these should be assessed and managed.

[HIV Pre-exposure Prophylaxis \(PrEP\) E-learning](#) This session will provide an understanding around the role and use of pre-exposure prophylaxis (PrEP) for HIV.

[HIV Pre-exposure Prophylaxis \(PrEP\) Webinar](#) Aimed at GM GPs or staff in relation to routine prescribing across Greater Manchester.

Useful links and support

Liverpool Interaction Checker for HIV Medications – [Website](#) and [Mobile phone app](#)
For healthcare professionals and patients to search potential drug-drug interactions between anti-HIV drugs and other medications, as recommended by international treatment guidelines

PrEP – all Sexual and Reproductive Health services provide PrEP – find local services provision here [Services directory | PaSH \(gmpash.org.uk\)](#)

George House Trust Inclusive [Language Guide](#) offers alternatives to stigmatising words and phrases which should be avoided.

Greater Manchester (prevent, test, manage) HIV [website](#) and campaign branding and material (open access) [HIV: Let's Sort This Together](#)

Advice, advocacy and support for people living with HIV - [George House Trust | \(ght.org.uk\)](#)

Focus on sexual health for trans and non-binary people

[LGBT Foundation - Sexual Health](#)

[Trans and Gender Diverse – The Northern Sexual Health](#) Onyx clinic

Sexual and Reproductive Health and Wellbeing [resources](#) for LGBTQ+ Black and People of Colour – Black Beetle Health