HIV and Primary Care in Greater Manchester

September 2025

HIV in Greater Manchester

In 2016 Greater Manchester began its programme to end new transmissions of HIV with a scaled-up response to HIV delivered through a system wide programme of work. In 2018 Greater Manchester became a Fast-Track City signing up to the Paris declaration, a global initiative to end the HIV epidemic by 2030: an ambition since taken up by the UK Government.

HIV has changed a lot and is now a long-term manageable, treatable condition. Once people have a HIV diagnosis, if it is made early, and they receive effective treatment and support, they can expect to lead a normal, healthy life. Modern HIV treatment removes the virus from the blood. We call this "undetectable" as the virus is not found in blood tests. Once this is the case, usually within weeks to months of starting treatment, onward transmission through sex is not possible

U=U. Undetectable=Untransmittable

In 2023, the latest data we have available, it's estimated that 95% of people living with HIV in Greater Manchester were diagnosed, of these 97% were on treatment and of these 97% were virally supressed or undetectable.

National estimates suggest that around 400 people are living with undiagnosed HIV in Greater Manchester.

Late diagnosis substantially increases the risk of premature morbidity and mortality, impact on people's lives, risk of onward transmission and cost of treatment. Over a third (36%) of new diagnosis in the last three years were made at a late stage, defined as already weakened immune system (CD4 T cell count below 350/mm3).

Primary Care has a key role in

- Increasing testing for undiagnosed HIV
- making diagnoses
- tackling HIV stigma
- improving outcomes for people living with HIV and
- referring people to George House trust for support

NICE guidance recommends additional testing in primary care in areas of high or very high prevalence, including on registration with a practice, or if they are undergoing a blood test for another reason and have not been tested for HIV in the past year.

Opportunities to diagnose HIV also occur when patients present with 'indicator' conditions such as weight loss, diarrhoea, shingles, fungal infections (oral/oropharyngeal candidiasis), seborrheic dermatitis or abnormal cervical cytology. This guidancepdf.pdf lists indicator conditions where an HIV test should be done.

The population of people living with HIV is ageing. 43.5% of the people living with HIV in Greater Manchester are aged 50 or over which brings an increase in comorbidities managed by primary care.

There is a higher prevalence of cardiovascular disease (CVD) in people with HIV than those without HIV and commonly used cardiovascular risk calculators underestimate the risk for people with HIV. It is recommended that all people living with HIV aged over 40 take a statin for primary prevention of cardiovascular disease.

People living with HIV should be encouraged to have annual cervical screening and stay up to date with flu and pneumococcal vaccines.

HIV stigma has a massive impact on how people access HIV testing and treatment and also how people living with HIV experience wider healthcare. This training developed by Manchester Foundation Trust and George House Trust features people living with HIV talking about how HIV stigma has impacted their healthcare and is recommended for everyone working in healthcare. Tackling HIV Stigma and Discrimination.

Opticians and optometrists play a supportive but important role in early detection and management of HIV related eye conditions. HIV can affect the eye and changes detectable during routine eye exams include HIV-associated retinopathy, optic neuropathy, CMV Retinitis, Kaposi's sarcoma and herpes zoster. In addition to identifying indicator conditions during routine eye exams and recognising patterns of ocular disease that may suggest immunosuppression, optometrists and ophthalmologists support patients on Anti-Retroviral Therapy (ART) who experience ocular side effects.

Dentists are often among the first healthcare professionals to observe signs of HIV or immunosuppression in patients unaware of their status. Common oral indicators include Oral candidiasis, oral hairy leukoplakia (OHL), Kaposi's sarcoma, necrotising ulcerative gingivitis/periodontitis and persistent oral ulcers.

Refusing care for someone with HIV is illegal under the Equality Act 2010. Universal infection control precautions for all patients are designed to prevent transmission of HIV and other infectious diseases. Practices such as scheduling people living with HIV at the end of the day for extra sterilisation are considered discriminatory.

What you can do to help

1. Education and CPD

- Read the HIV Fact pack for more information on HIV in Greater Manchester
- Complete the Tackling HIV Stigma and Discrimination training module
- Familiarise yourself with the HIV indicator conditions and BHIVA/BASHH/BIA Adult HIV Testing guidelines 2020
- Use appropriate, person-first language and avoid contributing to stigma. Check out the HIV Language guide
- Read Sexual health in dentistry – what you need to look out for – Dentistry Online.

2. Prescribing and Medicines Safety

- Pharmacists have a key role in ensuring prescribing safety: HIV medications have a lot of interactions with other medicines, particularly because some contain pharmacokinetic boosters or interact with other medications such as proton pump inhibitors. Interactions can be checked using the Liverpool drug interaction tool
- Remember that HIV medications are not always listed on the GP record, as they are prescribed from specialist clinics. There's a risk that interactions can be missed
- Pharmacists and Prescribers can ensure that people living with HIV are offered statins where appropriate.

3. Patient Communications and support

- HIV Pharmacy Association Patient information leaflets
- George House Trust provide social, community and wellbeing advice, support and information for people living with HIV, along with guidance for professionals across Greater Manchester. You can contact the team on 0161 274 4499, email info@ght.org.uk and referrals can be made via their website: https://ght.org.uk/referral
- You can find out more information about what is offered for people in Greater Manchester here: https://ght.org.uk/

FAST TRACK CITIES GREATER MANCHESTER

GEORGE HOUSE TRUST
HIV POSITIVE LIVING SINCE 1985

Background

Manchester has a prevalence of 6.2/1000 adults living with diagnosed HIV and in Salford it is 4.4. These are among the areas with highest diagnosed prevalence nationally. Extremely high prevalence is defined as over 5/1000 adults living with diagnosed HIV. Rochdale, Bury, Tameside and Bolton all have high prevalence, defined as above 2 per 1000 adults.

In 2023:

- 6486 residents of Greater Manchester accessed HIV treatment and care
- 155 Greater Manchester residents were newly diagnosed with HIV
- 65% of people newly diagnosed mostly likely acquired HIV through heterosexual sex
- 43.8% of people newly diagnosed were women
- 41% of people newly diagnosed were of Black African ethnicity and 36% of white ethnicity
- Over half of all new HIV diagnoses in GM and England were made outside of Sexual Health clinics, including in our highly successful emergency department opt-out testing programme
- There were also 163 people who had previously been diagnosed abroad (and probably already on treatment) that accessed HIV treatment and care in Greater Manchester in 2023 having moved here.