DEPARTMENT OF HEALTH

CMO'S FACT SHEET

HIV and AIDS

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Date updated: November 1993

Contact: Dr. G. Lewis / Mrs J. Tipple HP(M)1

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DEPARTMENT OF HEALTH

HIV AND AIDS
FACT SHEET

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1.EPIDEMIOLOGY

The Current UK Picture : Cumulative Reports to 30 September 1993 (UK)

AIDS	(since 1982)	8,115 (5,153 dead)
HIV+	(since 1985)	20,590

AIDS Case Reports by Sex and Exposure Category - UK to 30 September 1993

	Oct 92 - Sept 93		Cumulative Jan 82 - Sept 93			
	Male	Female	Male	Deaths	Female	Deaths
Sexual Intercourse Between Men	1067	---	6043	3930	---	---
Heterosexual Intercourse	121	121	491	255	363	158
Injecting Drug Use*	96	37	414	252	122	70
Blood	57	15	405	326	63	44
Mother to Infant	16	16	46	22	53	26
Other/Undetermined	27	7	97	59	18	11
Total	**1384**	**196**	**7496**	**4844**	**619**	**309**

* includes male injecting drug users who had sex with other men

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Reports of HIV Infected Persons by Sex and Exposure Category - UK : to September 1993

	Oct 92 - Sept 93			Cumulative Nov 84 - Sept 93		
	Male	Female	Not Stated	Male	Female	Not Stated
Sexual Intercourse between men	1446	---	---	12475	---	---
Heterosexual Intercourse	312	357	---	1409	1588	4
Injecting Drug Use	182	46	1	1975	760	7
Blood	17	6	---	1296	104	1
Mother to Infant	17	25	1	100	101	1
Other/undetermined	97	21	4	615	120	34
Total	**2071**	**455**	**6**	**17870**	**2673**	**47**

* includes male injecting drug users who had sex with other men

Changes in Transmission Route of Reports

	Transmission Route	Number of Reports Oct 92 - Sept 93	Change compared to Previous year
AIDS	Homosexual	1067	up 7 (0.7%)
	Heterosexual	242 [186]	up 25 (12%)
	IDU*	133	up 35 (36%)
HIV+	Homosexual	1446	up 3 (0.2%)
	Heterosexual	669 [475]	down 12 (1%)
	IDU*	229	up 3 (1%)

[ ] Indicates number thought to have acquired HIV abroad

* Includes male injecting drug users who had sex with other men

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Sexual Orientation of Infected Adults (15 years and Over) - UK Reports to September 1993

	Sexual Orientation	Oct 92 - Sept 93		Cumulative Reports	
		Number	%	Number	%
AIDS	Male Homosexual	930	62	5237	67
	Male Bisexual	158	10	940	12
	Male & Female Heterosexual	420	28	1668	21
HIV+	Male Homo/Bisexual	1471	62	12750	66
	Male & Female Heterosexual	894	38	6591	34

Women

UK Cumulative Reports to 30 September 1993

AIDS	619
HIV+	2673

Reports in year Oct 92 - Sept 93

AIDS	196	% increase on previous year 43%
HIV+	455	% increase on previous year 0.6%

Children

UK Cumulative Reports to 31 July 1993

AIDS	133	98 infected by maternal transmission	71 died
HIV+(truly infected)	483	202 infected by maternal transmission	94 died

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Ethnic Group of Reported AIDS cases: UK cumulative totals to end June 1993

	White		Black		Asian/ Oriental		Other/mixed/ Not known	
	Number	%	Number	%	Number	%	Number	%
Sexual Intercourse Between men	5120	89	125	2	80	1	448	8
Heterosexual Intercourse	291	37	402	52	35	4	52	7
Injecting drug use	434	87	13	3	2	-	52	10
Blood	250	56	8	2	12	3	180	40
Mother to infant	25	28	52	58	1	1	12	13
Other/undetermined	86	89	7	7	3	3	9	9
Total	**6206**	**81%**	**607**	**8%**	**133**	**2%**	**753**	**10%**

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2.UNLINKED ANONYMISED HIV SURVEYS

AIM: To obtain unbiased information on the prevalence of HIV infection in selected populations.

		Prevalence	
Antenatal:	Inner/Outer London (1990-92)	1:500	
(Prevalence rising : 1990, 0.18; 1991, 0.21; 1992, 0.26)			
Neonatal dried blood spot:			
	SE London 1992	1:800	(PHLS)
	SW, NW, NE London 1992	1:500	(Institute of Child Health)
GUM:	London (1990-91)		
	- heterosexual men	1:90	
	- heterosexual women	1:150	
	- homosexual men	1:5	
Drug Misuse Clinics:			
	London (1990-July 1992)		
	- men	1:20	
	- women	1:15	

Surveys are also being piloted in TOP Clinics, general hospital patients and prisons.

3.HIV/AIDS PROJECTIONS FOR ENGLAND AND WALES

June 1993 - A new report from the PHLS working group on AIDS/HIV projections (Chair : Professor Nick Day) was published in June 1993.

Previous reports

1988 : "Cox" - predictions of new AIDS cases up to end of 1992.

Predictions higher than numbers ultimately observed (although range wide).

1990 : "Day" predictions of new AIDS cases up to end of 1993.

The new report provides:

(i) Estimate of total HIV prevalence at the end of 1991:

23,400 (range 19,600 - 28,400)

(ii) Projections of numbers of future AIDS diagnoses up to 1997 for the various exposure categories. Combined total projections are:

Year	Planning projection	Range
1992	1,840	1,690 - 1,915
1993	2,110	1,870 - 2,260
1994	2,265	1,960 - 2,490
1995	2,375	2,015 - 2,720
1996	2,430	2,020 - 2,965
1997	2,440	1,945 - 3,215

iii) Estimation of numbers of people with severe HIV disease but not meeting the AIDS case definition, plus those alive with AIDS:

Year	AIDS cases alive at year end	Other severe HIV disease alive at year end	Total
1992	3,005	3,015	6,020
1993	3,440	3,450	6,890
1994	3,750	3,760	7,510
1995	3,985	3,995	7,980
1996	4,130	4,140	8,270
1997	4,190	4,205	8,395

The working group has estimated that, in addition to every person alive with AIDS, there is another person with severe HIV disease requiring care and treatment .

(iv) Advice to regions on appropriate mathematical formulae for deriving region specific projections from regional AIDS reports.

(v) A comparison of the previous Day report projections with outcome to the end of 1991:

The previous report was fairly accurate for projections for new cases of AIDS. Estimates for people alive with AIDS were slightly higher than the outcome. This is largely because of the underestimation of the number of deaths.

4.THE GLOBAL SITUATION

WHO estimates:

By 30 June 1993	-	2.5 million cumulative AIDS cases (80% in developing countries)
		13 million cumulative HIV infections in adults
		1 million cumulative HIV infections in children
By year 2000	-	10 million cumulative adult AIDS cases
		30-40 million cumulative HIV infections (90% in developing countries)
		5-10 million children under 10 orphaned by AIDS related deaths of their mothers

5. RECENT RESEARCH

National Survey of Sexual Attitudes and Lifestyles

Initial findings published December 1992. Full report to be published early 1994. Funded by Wellcome Trust (£1m); it was largest survey of its kind, with over 18,000 interviews. Main findings included:

larger number of sexual partners in past year reported by younger people, single people irrespective of age, those who reported first intercourse at an early age and those in social classes I and II;

recent homosexual experience more common in men aged under 35 and amongst those living in London;

fewer than 1% reported injecting drug use in past five years (roughly equal to

100,000 in England and Wales) and more than half these had shared needles;

importance of STD clinics as settings in which sexual health can be promoted.

Project Sigma

Project Sigma report on the sexual lifestyles of gay and bisexual men in England and Wales was issued February 1993. The research was conducted over a four year period from 1987 to 1991 by Project Sigma (socio-sexual investigations of gay and bisexual men under the impact of HIV and AIDS). This was the largest study undertaken in the United Kingdom amongst homosexual and bisexual men.

Main findings included:

* 86% reported that they realised they were gay, and 87% had a first sexual experience with another man, before the age of twenty

* patterns of sexual behaviour not consistent, and the sexual behaviour of many individuals has changed over time - significantly 10% of the sample have maintained individual high risk behaviour and 15% have increased individual risk.

* levels of knowledge of risk were high and accurate, but had no effect on individual sexual behaviour

* the main predictor of engagement in anal intercourse is relationship status: such intercourse is most likely to occur and condom use least likely to occur between regular partners

* those who attend GUM clinics regularly reported a much higher HIV seropositivity rate than those who did not (16% compared to 4%)

* all who tested HIV+ had engaged in anal intercourse: no one who had not done so tested positive

Prostitutes

Several research projects have been funded: eg. Praed Street Project; Merseyside study of connection between HIV and IDU and crack cocaine use nearing completion; Manchester University study on drug using prostitutes was completed in April 1993 by Jean Faugier.

Research results including those in London and Manchester indicated that reported levels of HIV infection amongst prostitutes (at 1% - 2%) may currently be lower than previously anticipated. However, prostitutes may be as much at risk from their non-paying male partners (with whom a minority report protected sex) and from their clients (of whom roughly a third report sexual contact with other men, often male prostitutes). In one London study, 2 out of 112 clients disclosed HIV positive serostatus. In Manchester, 120 male clients were interviewed and only 4% used condoms with their regular partners. A programme to disseminate results is being developed.

6. TRANSMISSION

Routes of Transmission

* Unprotected penetrative sexual intercourse with an infected person (between men or men and women)

* By inoculation of infected blood (in UK mainly from drug users sharing equipment)

* From an infected mother to her baby before or during birth or from breast milk

Sexual Intercourse

Risk of HIV infection increased by concurrent ulcerative STDs; it is twice as easy for a man to infect a woman as a woman to infect a man. Average partnership risk (NB not per encounter) M -> F 15-30%; F ->M 5-15% (range of studies, most recent European Study Group on Heterosexual Transmission of HIV, 1992).

Use of kitemarked condoms recommended for protection.

Oral Sex

There is a risk of transmission but less risky than unprotected vaginal or anal intercourse. Condom use recommended.

Anal Intercourse

Homosexual:

Analyses of cohorts of homosexual men have shown that receptive unprotected anal intercourse is the highest risk sexual activity for HIV transmission.

Strong" condoms, although not tested for this purpose, are the safer option recommended for anal sex.

Heterosexual:

Three studies among heterosexuals in the US and Europe. Findings:

* anal intercourse not required for heterosexual transmission

* increased relative risk of transmission in couples reporting anal intercourse at least once (2-5x)

Actual attributable risk depends on frequency of anal intercourse in population.

Breast Milk

Analysis by Institute of Child Health suggests breast feeding approximately doubles the risk of transmission from mother to baby.

CMO/CNO guidance on breast feeding for the UK, issued June 1989, states that HIV+ women should be discouraged from breast feeding and that women who donate breast milk to banks should be tested for HIV infection.

WHO guidance, 1992, supports this line for industrial countries, but recommends that in developing countries women should breastfeed because of other benefits to the child.

Mother to Baby Transmission

Maternal antibodies circulate for up to 18 months. True infection rate 13-14% in UK. New techniques can detect infection within 3-6 months. CDB investigating availability of latest diagnostic tests.

7.TRANSMISSION IN HEALTH CARE SETTINGS

Risk from patient to HCW following percutaneous exposure 1:275 based on follow up studies. Seroconversion after mucus membrane exposure very rare. EAGA statement on post exposure use of ZDV in health care setting issued April 1992 - no evidence of efficacy but should not be withheld.

Risk of transmission HCW to patient not yet measurable: only one case reported worldwide (Florida dentist infected 6 patients). In US, 19,036 patients treated by 57 infected HCWs up to March 1993 - no evidence of transmission from HCW to patient.

Revised guidelines for HIV infected HCW issued April 1993, Advisory Panel set up (current Chairperson : The Revd. Dr John Polkinghorne FRS.) Evaluation of risk of transmission of HIV from HCW to patient proposed following review of world literature on blood borne virus transmission.

8. BLOOD TRANSFUSION

Screening for HIV1 since October 1985 and HIV2 June 1990.

Blood products eg. Factor VIII and IX for haemophiliacs also treated by heat or detergent.

To 30 September 1993, cumulative totals:

Blood products (mainly haemophiliacs)	AIDS	468 (370 died)
	HIV	1401
Blood transfusion in UK (includes small number of infected tissue/organ recipients)	AIDS	42 (36 died)

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9. HEALTH OF THE NATION

July 1992. HIV/AIDS and Sexual Health form one of the 5 key areas for action. No specific target for HIV but several proxy targets. The general objective and specific targets are:

General Objectives:

* To reduce the incidence of HIV infection
* To reduce the incidence of other sexually transmitted diseases
* To develop further and strengthen monitoring and surveillance
* To provide effective services for diagnosis and treatment of HIV and other STDs
* To reduce the number of unwanted pregnancies
* To ensure the provision of effective family planning services for those people who want them

Specific Targets:

* To reduce the incidence of gonorrhoea among men and women aged 15-64 by at least 20% by 1995 (from 61 new cases per 100,000 population in 1990 to no more than 49 new cases per 100,000

To reduce the rate of conceptions among the under 16s by at least 50% by the year 2000 (from 9.5% per 1,000 girls aged 13-15 in 1989 to no more than 4.8).

To reduce the percentage of injecting drug misusers who report sharing injecting equipment in the previous four weeks by at least 50% by 1997,and by at least a further 50% by the year 2000 (from 20% in 1990 to no more than 10% by 1997 and no more than 5% by the year 2000).

January 1993. Handbook to accompany Key Area published.

10.HIV/AIDS STRATEGY

In light of most recent projections of incidence of AIDS and severe HIV disease (Day Report - June 1993), and with increasing knowledge of the disease and experience of dealing with it, the Government reviewed HIV strategy to ensure that resources and services are properly targeted :

* that the right balance is struck with other health priorities
* that HIV and AIDS are brought within the mainstream of health care and health promotion.

The Review concluded that Government policy had been vindicated but must maintain work and vigilance if relatively favourable position to be maintained.

Key elements of strategy - mirroring Health of the Nation objectives (see Section 9) are **prevention** (eg: media campaigns and encouraging behaviour change amongst those at risk), **treatment and care, monitoring and surveillance and research,**and **international action.**

A concerted approach will continue to be needed spanning Government, NHS and Local Authorities and the voluntary sector including women's organisations, Britain's Faith groups and organisations working with ethnic minorities.

11.PREVENTION

Strategy

Action in the 1980s was focused to protect the UK blood supply, run a series of high profile campaigns to inform the public about the risks of HIV infection and how they could be reduced; ensure that young people received both formal and informal education about HIV, more recently through the National Curriculum; and establish harm reduction policies, such as needle exchange schemes, to counter the threat from HIV transmission associated with drug misuse.

Following review of overall strategy in June 1993, **prevention** work will continue to be strengthened through the Department's programmes, the HEA, the NHS, other health care professionals, employers and support for voluntary groups, prevention work will be carried forward to:

- sustain and improve general public awareness including those who travel abroad;
- encourage appropriate behaviour change by increased targeting on sections of the population at particular risk including homosexual and bisexual men;
- ensure that succeeding generations of children and young people continue to receive the information they need by working closely with the Department for Education, groups of parents, youth leaders, and the media;
- ensure that the supply of blood, blood products and organs remains secure by screening through the blood transfusion service and public education for potential donors;
- ensure that neither patients nor health care staff are put at risk of infection by ensuring the guidelines recently published are adhered to.

Funding

New funds made available for national and local HIV prevention campaigns. Over £85m up to 1993/94 for national public education work, including funding National AIDS helpline and associated services. This does not include amounts spent by other Government departments within their own spheres of interest.

Funds also made available to NHS from 1989/90 as a contribution towards additional costs of developing local HIV prevention programmes. £21.5m in 1993/94. These funds will continue to be ringfenced to ensure that this important work continues and that the expenditure can be accurately monitored.

Health Education Authority

(Autumn 1993 : major review into future role responsibilities and functioning conducted by Mr John Lee - due to report November 1993)

HEA given responsibility for national HIV public education work in October 1987. Drugs-related publicity on HIV risks from injecting drug misuse retained by DH.

HEA programme work has included :

-mass media campaigns using TV, cinema, radio and press advertising.

Latest phase (Winter 92/93) included TV campaign advocating condom purchase and use.

- supporting information leaflets and factual advice (eg: on HIV generally, the HIV test , condom use)

- targeted national campaigns at population groups where individuals may be at increased risk (eg: homosexual men, women, holidaymakers, black and other ethnic minority communities)

- support to local prevention campaigns (eg: through community action projects), to HA HIV Prevention Co-ordinators, and advice on planning implementation and evaluation of local programmes

- research into knowledge and behavioural trends

- a resource and information database service on HIV prevention

- Family Planning Information Service (now the National Contraceptive Education Service)

HEA published new 5 year strategy 1993 - 1998 in 1993: it sets out HEA contribution to Health of the Nation and includes setting HIV into the wider context of sexual health, prevention of STDs and unwanted pregnancies.

National AIDS Helpline and associated services

Set up in 1986 to support national public education campaign. Main aim is to provide consistent and confidential advice and information about all aspects of HIV infection and AIDS. Contracted to two companies (BSS and Network Scotland) in London and Glasgow, it took over 700,000 calls in 1992 (nearly 1m in 1991). Associated services include specialist lines in a range of minority languages, 'dial and listen' service, hearing impaired ('Minicom') and literature ordering service. Costs about £2m per annum.

Autumn 1993 : fundamental review of services to begin to examine functions and operations, options for improving overall effectiveness and value for money of helpline service.

Local HIV prevention

1989 : Health authorities asked to develop programmes of local HIV prevention in

concert with other statutory authorities (eg: FHSAs and LAs) and where possible voluntary agencies:

- to support national public education campaigns and
- devise community based initiatives to encourage sustained behavioural change amongst those groups where individuals may be at increased risk of HIV transmission.

Other tasks include training programmes and infection control polices. HAs asked to nominate District HIV Prevention Co-ordinators : main task to develop DHA policy and devise multi-sector strategy for local HIV prevention. Role and functions of DHPCs and the co-ordination of local programmes influenced by subsequent implementation of NHS Reforms. Further guidance therefore planned for later in 1993 on purchaser/provider functions of HIV prevention, taking into account other developments such as Health of the Nation.

Sex Education in Schools

Section 241 of the Education Act 1993 introduced new arrangements for sex education in schools. These provide that:

education about human sexual behaviour (including education about HIV and AIDS) will be removed from the National Curriculum;

all maintained secondary schools, and maintained special schools with secondary age pupils will be required to provide such education for all their pupils;

at maintained primary schools, sex education will remain discretionary;

and at all maintained schools parents will have the right to withdraw their children from all or part of the sex education offered.

These arrangements will come into effect in August 1994.

Schools will retain their existing responsibilites under Section 46 of the Education (No 2) Act 1986 to ensure that sex education is given in such a manner as to "encourage pupils to have due regard to moral considerations and the value of family life".

In primary schools, governing bodies will have the responsibility of deciding whether to offer sex education. If they decide to do so, the governors of maintained primary schools must decide on its content and organisation, and keep an up-to-date written statement of their policy, which should be available to parents.

Travel Safe

In June 1993 the Department of Health launched the Travel Safe campaign aimed at people who travel abroad and who are a vital target audience for the Government's message about HIV prevention.

The material consists of a smart card (the size of a credit card) to be carried by the traveller, marked with the "Travel Safe" code on one side and useful information on the reverse. There is a supporting leaflet with more detailed advice. GPs, practice nurses, pharmacists, travel agents and major companies who regularly send their staff abroad were offered supplies. Evaluation findings for the campaign are expected soon.

The Health Education Authority (which did not develop the "Travel Safe"project) ran a summer campaign on the radio and in advertising at airports and on site hoardings on the way to airports.

Professional Education

DH have produced an educational pack for Hospital Doctors covering major issues relating to HIV and AIDS. It was designed for use by doctors who have no regular or direct involvement with HIV/AIDS patients. Currently a similar pack is being designed for GPs.

Forty courses for nurses are currently available in England. Extended modules in more advanced courses are now available and also a diploma in sexual health and HIV for nurses and mult-professional disciplines. Seven videos in the Nursing and AIDS series are available covering many aspects of AIDS and HIV infection. A series of workshops for Senior Nurse Managers in the Community is now nearing completion. IV therapy in the home is now more commonly available.

Two workshops on Sexual Health have been held followed by a conference in March 1993, both funded by DH. Guidance is being considered by the English National Board on how to incorporate sexual health education into both pre- and post- registration training, this could be applicable on a multidisciplinary basis.

DH is pump priming three pilot courses as foundation modules for Health Advisors in GUM. This is the culmination of four years discussion since the publication of the Monks Report.

National Consultation Day with Britain's Faith Communities

A Consultation Day with Britain's Faith communities on HIV and AIDS and sexual health took place on 7 July 1993 at the Kings Fund Centre in London. The initiative was a success. A National conference is to be held on 23 March 1994 at the Queen Elizabeth II Centre in London which the Minister and the hierarchies of Faith communities will be attending.

World AIDS Day

World AIDS Day: 1st December

1988, 1989 " Youth",
1990 " Women"
1991 " Sharing the Challenge"
1992 " AIDS - A Community Commitment"
1993 " Time to Act"

12. TESTING

In December 1992 the Department issued guidelines on:

- the need for additional and more accessible sites for HIV counselling and testing

- encouraging the offer of voluntary testing for women attending antenatal clinics in higher prevalence areas

- encouraging partner notification programmes for people found to be HIV positive.

All three initiatives are being evaluated. The antenatal testing guidance is being revised.

13. ANTIRETROVIRAL TREATMENT

Zidovudine (ZDV) licensed for AIDS, symptomatic and asymptomatic disease with immune impairment (CD4 < 200 or 200 - 500 and falling rapidly).

MRC/ANRS Concorde Trial found no difference in survival or progression to AIDS comparing immediate ZDV treatment of asymptomatic HIV infected patients with deferring treatment until symptoms appear.

ddI and ddC available on a named patient basis, MRC/European Delta trial comparing ZDV and ddI or ddC with ZDV alone.

14. OPPORTUNISTIC INFECTIONS

Proplylaxic against PCP in patients with CD4 counts below 200 has improved survival.

Some treatment available for most opportunistic infections.

15. METHODS CONTROLLED BY WOMEN

Female condom on sale in UK September 1992.

DH with MRC developing urgent research programme into intravaginal use of virucides to interrupt transmission.

UK/WHO International meeting November 1993. Aim for strong representation by pharmaceutical industry.

16. HIV VACCINE

Not available at present, unlikely within next decade. 12 candidates currently in phase I/II trials; phase III efficacy trial may begin in 1993.

17. MULTIPLE DRUG RESISTANT TB

In the USA, clusters of HIV+ people have died of TB resistant to all antibiotics. Can be passed on to patients and HCWs. Only 1 case in UK, which has not infected others.

Guidance is to be developed.

18. CHILDREN

Evidence that prophylaxis with septrin against PCP is effective in babies and children.

Guidance to Local Authorities: DH has published guidance on services for children affected by HIV/AIDS and is disseminating it to the field through a series of seminars in different regions.

19. FAMILIES INITIATIVE

It is intended to issue guidance early in 1994 to assist purchasers in the development of local strategies for families affected by HIV/AIDS. The guidance will primarily look at the issues from a health care perspective but will highlight social issues.

20. BLACK AND ETHNIC MINORITY COMMUNITIES

HEA Black and Minority Ethnic Campaign began March 1992. In May 1993 the HEA piloted a community radio campaign aimed at an audience of different cultural and linguistic groups.

An Ethnic Minorities Advisor was appointed to the Communicable Disease Branch in April 1992.

A DH led Ethnic Minorities Working Group was set up in February 1993 to share experiences and coordinate HIV prevention work with similar communities across health districts, statutory and voluntary sectors.

21. FUNDING

Over £800 million funding for treatment and care since 1987.

1991/2 £137.3M to the NHS and £10.2M to Local Authorities.
1992/3 £181.5M to the NHS and £15.3M to Local Authorities.
1993/4 £214.4M to the NHS and £12.4M to Local Authorities.

Guidance is issued each year on use to be made of funds and priorities for service planning. AIDSPLAN computer model has been updated to help NHS with forecasting and costing packages of care.

22. VOLUNTARY SECTOR

Section 64 Grants: 1991/92 £1.845M; 1992/93 £1.987M; 1993/94 £1.93M