

# HIV and AIDS

## in the North West of England 2001

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## EXECUTIVE SUMMARY

This report, the sixth annual report of the North West HIV/AIDS Monitoring Unit, presents data on HIV positive individuals accessing treatment and care in the North West Region. During 2001 a total of 1,964 individuals living with HIV or AIDS presented to statutory treatment centres in the North West Region. When those individuals reported by centres in the new part of the North West Region are excluded, this represents a 18% increase on the number reported in 2000 (1,632). This is the third year running that there has been an increase of this magnitude in the size of the HIV positive population seeking treatment. As was the case last year, the increase is much larger than national predictions of 9%. Over the seven years since this level of monitoring began, the HIV positive population in treatment in the North West has doubled (figure 1.12).

This year, because the North West Region expanded in size to incorporate North Cumbria (formerly part of Northern and Yorkshire Region), we have collected data from a number of additional statutory sector providers of care. A total of 45 statutory centres within the North West provided treatment and care for HIV positive individuals resident throughout the region. The year 2002 has seen the establishment of primary care trusts (PCTs) as the principle organising unit within the NHS, the disappearance of health authorities and the creation of larger strategic health authorities. To reflect these changes, we now present analyses by PCT and strategic health authority. It is not possible to present all possible breakdowns at PCT level, however, additional tables are available on the North West Public Health Observatory website ([www.nwpho.org.uk/hiv2001](http://www.nwpho.org.uk/hiv2001)).

The predominant mode of exposure to HIV for North West residents continues to be homosexual sex, accounting for 65% of all cases presenting to North West treatment centres in 2001 (table 3.1). There is, however, considerable variation across the three strategic health authorities, with 70% of the HIV positive residents of Greater Manchester having been infected by sex between men, compared to 55% of Cheshire and Merseyside residents (table 3.3a). The relatively high proportion of individuals infected by homosexual sex is reflected in the gender distribution of HIV and AIDS cases, with males representing 84% of all cases (table 3.4). Heterosexual sex continues to be the second largest exposure group, accounting for one quarter of all cases in 2001 (table 3.3a). This represents an increase on the proportion in 2000, reflecting trends for the United Kingdom as a whole. Greater Manchester Strategic Health Authority reports the highest number of HIV positive individuals in the North West, accounting for over half of all cases (table 3.2a) and new cases presenting to statutory treatment centres (table 2.1a).

The proportion of HIV positive people in the older age groups (50 years and over) continues to increase, from 7% in 1996 to 12% in 2001 (figure 3.1). This ageing cohort effect is likely to be due to the effectiveness of antiretroviral therapies and subsequent improved prognosis of many HIV positive individuals. However, those aged 55 years or over are more likely to have died during 2001 from an AIDS-related condition (4%) than are those younger than 55 years, of whom only 1% died. The proportion of the HIV positive population dying from AIDS related conditions has decreased over the years, from 10% in 1995 to 1.5% in 2001 (figure 1.12).

A total of 449 new HIV and AIDS cases (HIV positive individuals who had not previously been seen in North West statutory treatment centres prior to the year 2001) were reported during the year. If new cases from the new part of the region are excluded (eight individuals), this remains the largest number of new cases since regional monitoring of HIV and AIDS began, and represents a 32% increase on last year's figure of 335. New cases represented 23% of all cases, a similar proportion to previous years. The majority of new cases were infected via homosexual sex (51%), while heterosexual sex was reported to be the route of transmission for 38% of individuals (table 2.2a). The proportion of new cases who were exposed through heterosexual sex continues to rise, reflecting national trends (section 1, figure 1.6). However, unlike the situation nationally, heterosexual sex has not overtaken homosexual sex as the predominant exposure route for new cases in the North West. The number of new cases who were exposed by other transmission routes (injecting drug use, blood or tissue and mother to child) remain relatively low. There was an increase in the number of babies born with HIV, from six in 2000 to eleven in 2001. Such a rise is to be expected as the proportion of HIV positive individuals who are women increases. While the largest proportion of new cases presenting for treatment and care were categorised as asymptomatic (50%), the eight new cases who died during 2001 all had an AIDS defining illness. This illustrates the continuing need to attract HIV positive people into services at an early stage of their HIV disease to maximise the efficacy of treatment and improve prognosis.

The global AIDS pandemic continues to influence the situation in the North West of England, as reflected in the number and pattern of HIV infections acquired abroad. A quarter of all HIV positive individuals accessing treatment and care in the North West were reported to have been infected outside the United Kingdom (figure 3.2). Heterosexual sex continues to be the major method of exposure to HIV in those infected abroad (60%), a significantly higher proportion than in those known to have been infected in the United Kingdom (12%). Of all the infections contracted outside the United Kingdom, 51% were in Africa, predominantly sub-Saharan Africa (figure 3.3). Europe accounted for a further 17% of the infections that were contracted abroad, with Spain being the most frequently reported country of exposure. The role of exposure abroad was even more pronounced for cases who were new in 2001, where over a third were reported to have been infected abroad (figure 2.2).

Ethnicity was recorded for 99% of individuals accessing treatment and care in 2001, most of whom (85%) were self-classified as white (table 3.7). However, an increasing proportion of individuals with HIV were from black and ethnic minority communities (15%), a substantial over-representation when considering the proportion of North West residents who are from ethnic minority groups (3.8%). An even higher proportion (29%) of new cases were from ethnic minority groups (table 2.6), demonstrating the increasing burden of HIV on these communities and the need for continuing and strengthening HIV prevention activities. The characteristics of HIV positive individuals from black and ethnic minority groups, particularly black Africans, are different to those of the white HIV positive population. Whereas white individuals were more likely to have been infected by homosexual sex, heterosexual sex is the predominant method of exposure of black Africans (tables 2.7 and 3.9), resulting in proportionally more females infected (table 2.8 and 3.8) and babies born with HIV infection (tables 2.7 and 3.9). Black Africans were considerably more likely to present to services for the first time already with an AIDS diagnosis than were white individuals (table 2.9). This later presentation is a cause for concern, since it may have a significant detrimental impact on their prognosis.

During 2001, nearly two thirds of individuals received triple or more combination therapy, including 12% who were taking quadruple or more therapy when they last attended treatment centres in the year (table 3.13). The level of triple or more therapy rose to 88% when considering those living with AIDS, while only 37% of asymptomatic individuals were taking this level of therapy (table 3.14). The improved prognosis of HIV positive individuals across all clinical categories of HIV disease, together with relatively low numbers of individuals at early stages of HIV disease receiving combination therapy, has implications for a potential increase in demand for combination therapies. This has both planning and financial implications for the care of HIV positive individuals across the region.

For the third year, we can provide information on the level of inpatient and outpatient care for the whole of the region. During 2001, North Manchester General Hospital Infectious Disease Unit, the treatment centre with the highest number of HIV positive attendees (table 3.17), provided the highest number of outpatient visits, day cases, inpatient episodes and inpatient days (table 3.23). Demand for outpatient care peaked for those with an AIDS diagnosis (table 3.24), while those who died during 2001 required the most inpatient care. Ongoing monitoring of HIV treatment and care requirements will allow detection of any alterations in the level of demand for services, for example due to further developments in therapies. This year, for the first time, we also measured the number of home visits undertaken by each provider, and can show that home visits form a significant part of the care of HIV positive individuals (table 3.23).

During 2001, eight voluntary agencies in the North West reported care of 1,037 HIV positive individuals. Of these, 17% were not seen in North West statutory treatment centres during 2001, illustrating the continuing contribution of the voluntary sector to the care of those HIV positive individuals for whom the voluntary agencies may be the sole provider of care. This also has particular significance for regional funding of HIV services, since individuals accessing voluntary agencies but not the statutory sector are not included in the regional statistics provided to the Department of Health, the basis of the new funding formula.

Three hospices reported providing palliative care for HIV positive individuals during 2001. Three HIV positive individuals residing in two strategic health authorities received hospice care, accounting for 30 inpatient days (table 5.1). All three individuals also received care from the statutory sector during 2001. In addition, specialist drugs services contributed data on clients whom were known to be HIV positive (table 5.2). Thirteen individuals were reported by seven drugs services, all but one of whom also received HIV treatment from the statutory sector in 2001.

We hope that the tables and figures provided in this report, together with additional analyses at PCT level available on the North West Public Health Observatory website ([www.nwpho.org.uk/hiv2001](http://www.nwpho.org.uk/hiv2001)), answer most of your HIV-related information requirements. However, additional analyses and further breakdown of the data can be provided on request. As ever, we value your suggestions as to any developments that would improve the usefulness of the report in future years.

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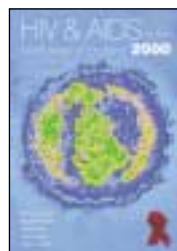
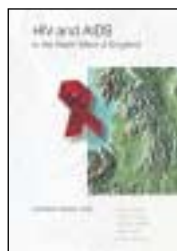
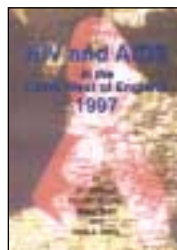
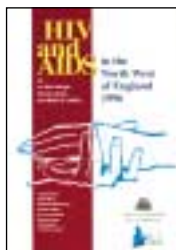
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