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NEWS



ENTERIC



RESPIRATORY



IMMUNISATION



HIV/STIs



BACTERAEamia



ZOONOSES



DIARY



BACK ISSUES

CDR WEEKLY

Main stories this week:

[Coverage of MMR shows slight drop as predicted](#)

[HIV/AIDS diagnoses in the United Kingdom in 2000](#)

Updated this week:

[Virus infections, England and Wales: laboratory reports, weeks 34-38/01](#)

[Laboratory confirmed cases of measles, mumps and rubella, England and Wales: April to June 2001 quarter](#)

[COVER programme: April to June 2001](#)

[Summary of information reported from the United Kingdom \(UK\) for diagnoses of HIV infection occurring in 2000](#)

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RESPIRATORY



IMMUNISATION



HIV/STIs



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BACK ISSUES

Contents

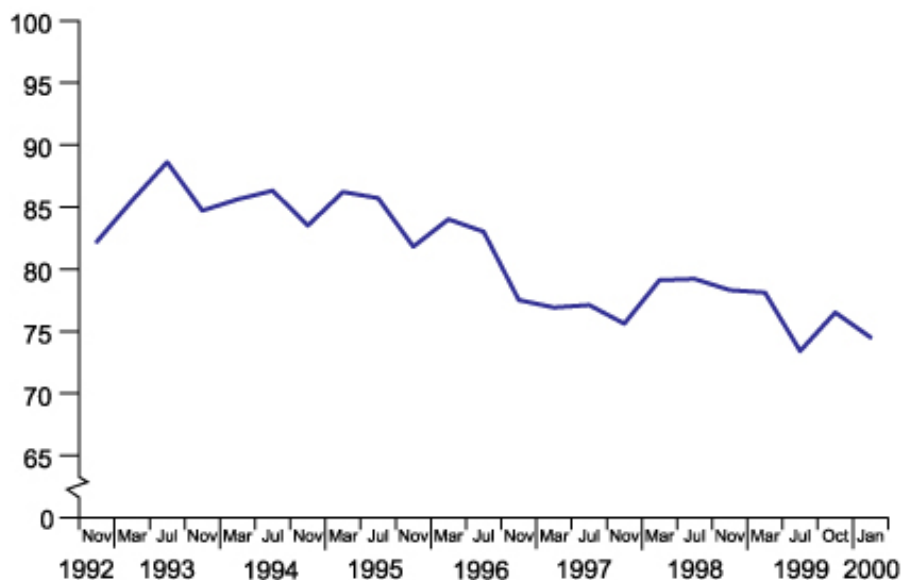
[Coverage of MMR shows slight drop as predicted](#)

[HIV/AIDS diagnoses in the United Kingdom in 2000](#)

Coverage of MMR shows slight drop as predicted

UK coverage of MMR at 24 months has shown a fall of just over 2% since the previous quarter ([current COVER report](#)) and is now 84.2%. This fall had been predicted by sentinel surveillance of coverage at 16 months of age (1). The latest figure for coverage at 16 months, for children born in January 2000, shows a fall of 1.9% to 74.5% (figure) and corresponds to adverse publicity about MMR vaccine early in 2001 (2). Coverage of one dose of MMR at five years of age, however, remains above 90% and is over 2% higher than coverage for the same cohort at two years of age (3). This finding suggests that some parents with concerns may delay MMR vaccination but do subsequently have their children immunised. Maintaining high coverage of MMR at school age is essential to prevent outbreaks of measles recurring in the UK, and health professionals are encouraged to use the opportunity to recommend MMR to any unvaccinated children at the pre-school visit.

MMR vaccine coverage in England for children 16 months of age



This reported fall in coverage coincides with the publication of another article, with accompanying commentary, confirming the safety of MMR vaccine (4,5) and the distribution of the Health Promotion England MMR information pack for health professionals, as part of a campaign by the Department of Health (6). These summarise the excellent safety record of the combined vaccine and emphasise the lack of safety and efficacy data on using a schedule based on single measles, mumps and rubella vaccination.

1. CDSC. COVER programme: January to March 2001. *Commun Dis Rep CDR Wkly* [serial online] 2001 [cited 24 September 2001]; **11**(25): immunisation. Available online at www.phls.co.uk/publications/CDR%20Weekly/archive/immunisationarchive.html#COVERjan.
2. CDSC. MMR vaccination coverage in the United Kingdom. *Commun Dis Rep CDR Wkly* [serial online] 2001 [cited 27 September 2001]; **11**(4): news. Available at www.phls.co.uk/publications/CDR%20Weekly/archive/immunisationarchive.html#MMRjan
3. CDSC. COVER/Körner: April to June 1998. *Commun Dis Rep CDR Wkly* 1998; **8**(39): 345-6.
4. Elliman DAC, Bedford HE. MMR vaccine – worries are not justified. *Arch Dis Child* 2001; **85**: 271-3.
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6. PHLS. MMR information pack for health professionals. *Commun Dis Rep CDR Wkly* [serial online] 2001 [cited 24 September 2001]; **11**(30): news. Available online at www.phls.co.uk/publications/CDR%20weekly/PDF%20files/cdr3001.pdf

HIV/AIDS diagnoses in the United Kingdom in 2000

The [HIV/AIDS monthly summary](#) published this week focuses on the 3551 HIV infections diagnosed in the United Kingdom in 2000 that had been reported by the end of June 2001. The summary shows the uneven distribution of the epidemic in the UK: 71% of the diagnoses were reported from London and the South East. There are also regional differences in the proportional distribution of route of infection acquisition – the proportion attributed to sex between men varies with region from 22% to 61% for instance. Also summarised, for the main risk groups, is the more detailed information available on the 2016 of the total diagnoses which had been reported by clinicians in England, Wales, and Northern Ireland. This reporting records the CD4 count at HIV diagnosis, which shows that many patients are getting diagnosed late in disease progression. The median count for those infected homosexually was 340, while for heterosexually infected women and men it was 240 and 156 respectively

[Back to top](#)

 NEWS

 ENTERIC

 RESPIRATORY

 IMMUNISATION

 HIV/STIs

 BACTERAEMIA

 ZOONOSES

 DIARY

 BACK ISSUES

Contents

[Virus infections, England and Wales: laboratory reports, weeks 34-38/01](#)

[Laboratory confirmed cases of measles, mumps and rubella, England and Wales: April to June 2001 quarter](#)

[COVER programme: April to June 2001](#)

Virus infections, England and Wales: laboratory reports, weeks 34-38/01

Laboratory reports	Number of reports received					Total reports 30-33/01	Cumulative total 2001
	34/01	35/01	36/01	37/01	38/01		
Coxsackie A	1	1	–	1	1	4	25
Coxsackie B	1	–	3	1	5	10	90
Cytomegalovirus	26	26	14	13	23	102	697
Echovirus	24	31	33	46	34	168	524
Parvovirus B19	30	13	15	20	19	97	463
Varicella zoster virus	13	1	14	17	8	53	340

Laboratory confirmed cases of measles, mumps and rubella, England and Wales: April to June 2001 quarter

The four weekly reporting of laboratory confirmed cases of measles, mumps, and rubella previously published in the *CDR Weekly* are being replaced by quarterly reporting. Cases include those confirmed by oral fluid IgM antibody tests and routine laboratory reports (table 1). Analyses are by date of onset rather than by week of report as was used previously and therefore totals may differ from those formerly published in this section. Numbers for cases confirmed by oral fluid antibody detection from 1995 to 2000 are available from:

<http://www.phls.co.uk/facts/Immunisation/Measles/meas-t03.htm>

Table 1 Oral fluid IgM antibody tests in cases notified to ONS and total confirmed cases of measles, mumps and rubella: weeks 14-26/01

	Cases		Oral fluid IgM antibody results				
	Notified	Tested (%)	Total positive	Recently vaccinated	Confirmed	Other lab confirmed	Total confirmed
Measles	572	445 (78)	5	2	3	10	13
Mumps	749	459 (61)	147	0	147	92	239
Rubella	371	256 (69)	3	2	1	11	12

Measles

Thirteen cases of confirmed measles with onset dates in the second quarter of 2001 were reported. Two were unvaccinated infants and five were aged 1 to 5 years, including two children aged four and five years where the initial diagnosis was Kawasaki's disease. Three cases were in teenagers – two of these were unvaccinated siblings and the index case had a history of travel to France. Measles virus from these two cases was genotyped by PCR sequencing as genotype D7. This strain is currently emerging as the predominant genotype in Europe. Three adult cases, one aged 23 years, and two aged 33 years, were also reported this quarter.

Mumps

Two hundred and twenty-four cases of mumps with onset dates in the second quarter of 2001 were confirmed, compared to 316 in the previous quarter (1). Ninety per cent of the cases were reported from four regions (Northern and Yorkshire 77, North West 76, London 26, and Trent 23) and were associated with outbreaks in schools (table 2). One case of mumps meningitis was reported in an unvaccinated 14-year old girl. Seventy-six per cent of the cases were aged 10 to 19 years (born 1982 to 1991). Those born before 1983 are too old to have been offered MMR vaccine. Children born between 1983 and 1986 may have been offered a single dose as part of a school entry catch-up programme from 1988, when MMR was introduced. Children born from 1987 will have been offered one routinely scheduled dose of MMR vaccine and many of will have had a second dose of measles-rubella vaccine in the school campaign in 1994. About 10% of children who have had only a single dose of a mumps-containing vaccine fail to respond, emphasising the need to include a second dose of MMR in the schedule, which was introduced in 1996.

Table 2 Laboratory confirmed cases of mumps by age group and region, England and Wales: weeks 14-26/01

Region	Age group						Total
	<1	1-4	5-9	10-14	15-19	20+	
Northern and Yorkshire	–	1	1	37	25	13	77
Trent	–	1	1	7	5	9	23
Eastern	–	1	–	3	3	3	10
London	–	–	1	13	5	7	26
South East	–	1	–	3	–	4	8
South West	–	–	–	–	–	1	1
West Midlands	–	–	–	–	2	–	2
North West	–	–	4	47	21	4	76
Wales	–	–	–	1	–	–	1
Total	–	4	7	111	61	41	224

Rubella

Twelve cases of rubella with onset dates in the second quarter of 2001 were confirmed. Cases included a congenital infection where maternal infection was acquired in the Indian subcontinent, two children aged one year, and eight adults (1 female, 7 males).

Reference

1. PHLS. Laboratory confirmed cases of measles, mumps and rubella, England and Wales: January to March 2001 quarter. *Commun Dis Rep CDR Wkly* [serial online] 2001 [cited 27 September 2001]; **11**(30): immunisation. Available at <www.phls.co.uk/publications/CDR%20Weekly/archive/immunisationarchive.html#MMRjan>

COVER programme: April to June 2001

Vaccination coverage statistics for children up to five years of age in the United Kingdom

This report of the COVER programme presents coverage data for children in the United Kingdom (UK) who reached their first, second or fifth birthday during the evaluation quarter, April to June 2001. This is the fourth quarter to also include coverage data on Meningococcal conjugate Group C vaccine (MenC) following its introduction in the UK vaccination programme in November 1999 (1). Children who reached their first birthdays in the quarter would have been scheduled for their third dose primary vaccinations (third dose diphtheria, tetanus, pertussis [DTP vaccine], *Haemophilus influenzae* type b [Hib vaccine], polio vaccine and MenC vaccine) from August to October 2000. Children who reached their second birthdays would have been scheduled for their third dose primary vaccinations from August to October 1999 and first measles, mumps, and rubella (MMR) vaccination from April to October 2000. These children would have been scheduled for two catch-up doses of MenC from mid-January 2000. Children who reached their fifth birthdays would have been scheduled for their third dose primary vaccinations from August to October 1996, their first MMR from April to October 1997, their pre-school booster DT, polio and second dose MMR from August 1999 onwards. One catch-up dose of MenC would have been scheduled from April 2000 onwards.

Methods

Data from computerised child health information systems were submitted in August and early September 2001 for children resident in UK health authorities and health boards on 30 June 2001 and reaching their first, second or fifth birthdays during the evaluation quarter (April to June 2001). Details of the data requested have been published (2). These routine request parameters now

include MenC.

Results

Coverage at 12 and 24 months

Data were received from all health authorities and health boards in England, Wales, Northern Ireland and Scotland (tables 1 and 2). Four English trusts, each serving part/s of a health authority, were unable to provide data this quarter. Fourteen of the participating health authorities/boards (11%) achieved the 95% target for three doses of diphtheria, tetanus, and polio vaccine (D3), nine (7%) for three doses of pertussis vaccine (P3), and 14 (11%) for three doses of Hib vaccine (Hib3) at 12 months of age. Seventy-six health authorities/boards (62%) achieved 95% coverage for D3, 58 (47%) for P3, and 69 (56%) for Hib3 at 24 months of age and all countries/regions, except for London, achieved at least 90% coverage for these antigens. Only one health board achieved 95% coverage for MMR at 24 months. Coverage of all antigens at 12 months was 0.4% lower than that reported in the previous quarter, except MenC which remained at 89.1% (3). At 24 months coverage for all antigens was lower than the previous quarter. D3, P3, and Hib3 fell between 0.1% and 0.3%, Men C was 1.4% lower, and MMR fell 2.2%.

The routine 12 month coverage for MenC vaccine was 88.3% in England, 91.9% in Wales, 92.8% in Northern Ireland, and 93.6% in Scotland. Catch-up coverage for the 24 month cohort was 82.5% in England, 89% in Wales, 90.0% in Northern Ireland, and 92.2% in Scotland.

Table 1 Completed primary immunisations (all antigens) by 12 months: April to June 2001

Region/country	HA* (total)	D3	P3	Hib3	MenC
England					
Northern & Yorkshire	13 (13)	91.3	90.4	90.9	89.4
Trent	10 (11)	92.1	91.4	91.8	91.5
Eastern	8 (8)	93.1	92.5	93.0	91.2
London	16 (16)	83.7	83.4	83.2	79.9
South East	14 (14)	91.5	90.9	91.3	89.6
South West	8 (8)	92.1	91.4	91.9	90.0
West Midlands	13 (13)	91.6	90.7	91.6	90.4
North West	16 (16)	90.0	89.2	89.8	88.5
England (total)	98 (99)	90.3	89.6	90.0	88.3
Wales	5 (5)	93.3	91.9	93.0	91.9
Northern Ireland	4 (4)	93.8	93.3	93.8	92.8
Scotland	15 (15)	94.8	94.2	94.6	93.6
United Kingdom	122 (123)	90.9	90.2	90.7	89.1

* Health authority

Table 2 Completed primary immunisations (all antigens) by 24 months: April to June 2001

Region/country	HA* (total)	D3	P3	Hib3	MenC	MMR1
England						
Northern & Yorkshire	13 (13)	94.7	93.8	94.3	84.8	85.9
Trent	11 (11)	96.0	95.3	95.9	87.2	88.2
Eastern	8 (8)	95.0	94.2	94.6	86.7	85.9
London	16 (16)	88.0	87.5	87.5	68.9	72.3
South East	14 (14)	93.8	93.1	93.7	82.9	84.0
South West	8 (8)	95.5	94.4	95.2	84.2	85.7
West Midlands	13 (13)	95.2	94.3	94.9	80.8	85.7
North West	16 (16)	94.8	93.7	94.4	86.3	85.6
England (total)	99 (99)	93.8	93.0	93.5	82.5	83.6
Wales	5 (5)	95.6	93.7	95.3	89.0	84.9
Northern Ireland	4 (4)	96.9	96.1	97.2	90.0	90.4
Scotland	15 (15)	97.2	96.4	97.1	92.2	87.8
United Kingdom	123 (123)	94.3	93.4	94.0	83.9	84.2

* Health authority

Coverage at five years

Data were received from 98/99 (99%) health authorities in the English regions and for all health authorities/health boards in Wales and Northern Ireland. Coverage figures at 5 years for D3, P3, Hib3, and four doses of diphtheria, tetanus, and polio vaccine (D4) were all slightly lower compared to the previous quarter. Coverage for MMR1 and MMR2 were down 0.9% and 1.5% respectively (table 3) (3). MenC catch up coverage at 5 years was 80.7% in England, 84.9% in Wales, and 91.1% in Northern Ireland (table 3).

Data for children reaching their sixth birthday in all Scottish health boards were also received for D4 and MMR2. Coverage was 95.1% and 90.7% respectively.

Table 3 Completed primary immunisations (all antigens) by 5 years: April to June 2001

Region	HA* (total)	D3	P3	Hib	MenC	MMR1	MMR2	D4
England								
Northern & Yorkshire	13 (13)	95.4	94	94.7	83.5	93.6	78.2	83.8
Trent	10 (11)	96.6	95.7	96.1	86.6	94.8	79.8	82.3
Eastern	8 (8)	94.6	93.3	93.9	85.1	91.9	77.4	81.7
London	16 (16)	89.2	87.8	87.9	63.7	84.4	58.6	68.6
South East	14 (14)	94.0	92.7	93.1	81.7	91.7	73.3	81.1
South West	8 (8)	96.7	95.2	96	84.9	94.3	80.3	86.7
West Midlands	13 (13)	96.2	94.8	95.4	80.7	94.6	77.5	83.0
North West	16 (16)	95.5	93.7	94.7	83.3	90.3	71.8	82.2
England (total)	98 (99)	94.5	93.1	93.6	80.7	91.5	73.8	80.8
Wales	5 (5)	95.3	92.2	94.6	84.9	92.1	72.5	83.3
Northern Ireland	4 (4)	98.0	96	97.4	91.1	96.8	85.3	89.7
Scotland 6 years	15 (15)	–	–	–	–	–	90.7	95.1
England, Wales & Northern Ireland	107 (108)	94.6	93.1	93.8	81.4	91.8	74.1	81.2

* Health authority

Comments (see also front page)

The report for this quarter is the second to record MenC data from all UK countries and presents the third one year old cohort to have routinely been offered vaccine at two, three and four months with the other primary antigens. Coverage at 12 months remained at 89.1%, less than 2% below D3, P3 and Hib3 at the same age, indicating the high acceptability of this new vaccine. MenC vaccine coverage at 24 months and at 5 years provides an estimate of coverage for the catch-up programme, when the vaccine was offered to all children up to 17 years of age. Coverage at 5 years has increased 2.4% compared to the previous quarter (3). Children aged over 12 months only require one dose of MenC vaccine. The drop in coverage at 24 months may be due to some children being erroneously recorded as incompletely vaccinated. This cohort (born April to June 1999) was scheduled for two catch-up doses of MenC from mid-January 2000, but depending on the age the first dose was given, may only have needed one dose to complete the course. High coverage of MenC vaccine through both the routine and catch up programmes has already had an impact on disease (4), and further reductions in cases and deaths from meningococcal group C infections are expected.

Links

<http://www.phls.co.uk/facts/Immunisation/Measles/meas.htm>

<http://www.phls.co.uk/facts/Vaccination/VaccIndex.htm>

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[Back to top](#)



NEWS



ENTERIC



RESPIRATORY



IMMUNISATION



HIV/STIs



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ZONOSSES



DIARY



BACK ISSUES

Summary of information reported from the United Kingdom for diagnoses of HIV infection occurring in 2000

The information summarised here comes from three main sources:

- Laboratory reports of new diagnoses of HIV infection introduced in the mid-1980s.
- Clinicians' reports of new diagnoses of HIV infection introduced in 2000 – this excludes Scotland and those aged less than 15 years at diagnosis.
- Clinicians' reports of new diagnoses of AIDS, or of death in an HIV infected individual who has never had an AIDS defining condition (introduced in 1982).

Clinicians are asked for the first United Kingdom (UK) diagnosis only of AIDS or HIV, but to help maintain as complete a data set as possible, laboratories are still asked to report all first diagnoses made there. Information about deaths in HIV infected individuals is reported by clinicians and also obtained from the Office for National Statistics. All reporting is confidential and no information from which individual patients could be identified is shared with anyone except those directly involved with its reporting. No names are held on the database, and the linking of reports relating to the same individual (which may come from several sources and be widely separated in time) relies on using the soundex (1) code of the patient's surname and their date of birth.

Nationally the most obvious changes over time in the probable route of infection for those newly diagnosed have been the rise in the numbers of those who acquired their infection heterosexually (2). Most of these infections have probably been acquired abroad, usually in sub-Saharan Africa, by individuals already infected before coming to the UK. Only relatively low numbers of diagnoses of infections acquired through injecting drug use are now seen. In the early years of the epidemic the great majority of UK diagnoses were of infections attributed to sex between men. There was an initial fall in numbers after the diagnosis of those who suspected they might already have been infected by the time the tests first became widely available.

The London region has dominated the UK epidemic throughout, being the source of 62% of the reported diagnoses (3). Most regions have had a similar pattern to the UK as a whole with an initial fall after the backlog of individuals who recognised their risk had been tested, followed by a rise to the highest total, since 1985, in the year 2000. Variations from this trend may well be partly due to variations in reporting completeness over time. In Scotland the early part of the epidemic was dominated by infection associated with injecting drug use.

By the end of June 2001, 3550 first UK diagnoses of HIV infection made in the year 2000 were reported, with one additional report from the Isle of Man. This is the highest annual total since the introduction of HIV testing in the mid-1980s and will rise further as more late reports are received. Of these, the majority (71%) came from London and the South East (table 1). In the English regions, Wales, and Northern Ireland, more of the diagnoses were attributed to heterosexual than homosexual infection everywhere except for the North West region. Here, 26% were recorded as heterosexually and 61% as homosexually acquired. In the Eastern region, by contrast, 71% of diagnosed infection were heterosexually and 22% homosexually acquired. In London the proportions were 50% and 38% respectively. In Scotland, as in the North West region, there were more diagnoses of homosexually than heterosexually acquired infections. Overall 79% of those heterosexually infected were recorded as having acquired infection abroad from partners who were themselves heterosexually infected.

Table 1 HIV infections diagnosed in the United Kingdom in 2000 by exposure category: to end June 2001*

How infection was probably acquired	Region											
	N&Y	Trent	East	London	SE	SW	WM	NW	Wales	NI	Scot	Total
Sex between men	40	25	37	819	140	41	51	132	21	5	63	1374
Sex between men and women:												
'High risk' (HR*) partner	3	3	4	13	2	-	2	2	1	-	4	34
Acquired abroad - no evidence of HR partner	43	50	105	827	162	32	59	33	18	8	34	1371
UK acquired - no evidence of HR partner	7	1	7	61	11	7	5	11	2	-	5	117
Undetermined	5	6	3	172	7	7	4	11	-	1	8	224
Heterosexual subtotal	58	60	119	1073	182	46	70	57	21	9	51	1746
Injecting drug use	4	7	5	43	9	3	3	4	2	-	14	94
Blood/tissue transfer/blood products	1	1	-	11	1	1	-	2	-	-	3	20
Mother to infant	3	3	3	51	11	2	5	5	-	2	2	87
Other/undetermined	6	10	3	162	11	3	7	18	-	2	7	229
Total	112	106	167	2159	354	96	136	218	44	18	140	3550

N&Y: Northern and Yorkshire, East: Eastern, SE: South East, SW: South West, WM: West Midlands, NI: Northern Ireland, Scot: Scotland. *Partner(s) exposed to HIV infection through sex between men or injecting drug use.

In Scotland ethnicity is not collected at HIV diagnosis. Elsewhere the completeness of the recording of ethnicity varied from 77% in the North West to 100% in Northern Ireland (table 2). Among those where ethnicity was recorded, 45% were White and 44% were Black African. These proportions varied from 78% White and 15% Black African in the North West, to 38% White and 56% Black African in Eastern region; in London 37% were White and 49% Black African.

Table 2 HIV infections diagnosed in England, Wales and Northern Ireland in 2000 by ethnicity: to end June 2001*

Ethnic group	N&Y	Trent	East	London	SE	SW	WM	NW	Wales	NI	Total
White	55	46	61	642	169	54	56	131	33	11	1258
Black Caribbean	1	1	5	85	4	1	11	1	-	-	109
Black African	32	29	89	846	134	19	44	25	5	5	1228
Black other	-	-	-	32	-	-	-	2	-	-	34
Indian/Pakistani/Bangladeshi	4	10	1	34	7	-	-	3	2	-	61
Other/mixed	3	5	4	78	15	6	6	6	3	2	128
Not known	17	15	7	442	25	16	19	50	1	-	592
Total	112	106	167	2159	354	96	136	218	44	18	3410

N&Y: Northern and Yorkshire, East: Eastern, SE: South East, SW: South West, WM: West Midlands, NI: Northern Ireland. * In Scotland ethnicity is not ascertained at HIV diagnosis.

Probable country of infection was recorded for nearly two-thirds of the HIV diagnoses reported for 2000 (table 3). For those where it was reported, infection was attributed to an African country for 56% of those diagnosed. Excluding Scotland, where country of infection is only routinely recorded for those who have acquired infection heterosexually, the proportion acquired in Africa was highest in Eastern region and Northern Ireland (both 67%) and lowest in the North West (22%).

Table 3 HIV infections diagnosed in the United Kingdom in 2000 by country/region of diagnosis: to end June 2001

Probable location of HIV acquisition	Country/region of diagnosis											
	N&Y	Trent	East	London	SE	SW	WM	NW	Wales	NI	Scot*	Total
UK	39	23	32	339	86	31	40	82	14	4	1	691
Rest of Europe	–	6	4	52	19	1	2	6	1	–	4	95
Africa	37	45	98	773	148	25	53	28	13	10	31	1261
Latin America/Caribbean	1	–	2	45	9	3	7	1	–	–	–	68
Asia	7	8	8	45	13	7	4	7	5	1	1	106
North America	1	1	3	7	6	–	–	1	1	–	–	20
Australasia	–	–	–	4	1	1	–	–	–	–	–	6
Not known	27	23	20	894	72	28	30	93	10	3	103	1303
Total	112	106	167	2159	354	96	136	218	44	18	140	3550

N&Y: Northern and Yorkshire, East: Eastern, SE: South East, SW: South West, WM: West Midlands, NI: Northern Ireland, Scot: Scotland. * In Scotland country of infection is only ascertained for heterosexually acquired infections, in the rest of the UK it has been sought for all diagnoses since the beginning of 2000.

Two thousand two hundred and nine (62%) of the diagnoses reported for 2000 were of HIV infection in males (table 4). As would be expected the proportion males was highest for those regions reporting the highest proportions of infections acquired through sex between men, and lowest where heterosexually acquired infections predominated. Fifty-nine per cent of those with heterosexually acquired infections were female. The diagnosis of HIV in pregnancy must contribute to the preponderance of females – the median CD4 count at diagnosis for the subgroup reported by clinicians was 240 cells/ μ l compared with 156 cells/ μ l for heterosexually infected males. This suggests that women may, on average, be diagnosed a little earlier in the course of disease progression. The proportion of females varied from less than 50% in Northern Ireland and the South West to 63% in the London region, where the drive for antenatal HIV diagnosis has been most successful.

Table 4 HIV infections diagnosed in the United Kingdom in 2000 by country/region of diagnosis and gender: to end June 2001

Country/region of diagnosis	All diagnoses					Heterosexually acquired infections only				
	Male	%	Female	%	Total	Male	%	Female	%	Total
Northern & Yorkshire	67	60	45	40	112	21	36	37	64	58
Trent	66	62	40	38	106	26	43	34	57	60
Eastern	95	57	72	43	167	50	42	69	58	119
London	1365	63	794	37	2159	394	37	679	63	1073
South East	229	65	125	35	354	71	39	111	61	182
South West	72	75	24	25	96	25	54	21	46	46
West Midlands	92	68	44	32	136	32	46	38	54	70
North West	180	83	38	17	218	28	49	29	51	57
Wales	31	70	13	30	44	8	38	13	62	21
Northern Ireland	12	67	6	33	18	5	56	4	44	9
Scotland	101	72	39	28	140	24	47	27	53	51
Total	2209	62	1201	34	3550	660	38	1035	59	1746

For the 1136 patients recorded as having acquired HIV infection through heterosexual sex:

- Gender was recorded for all individuals: 447 (39%) of those heterosexually infected were male, 689 (61%) were female. Twenty-six per cent of males and 17% of females were White, 61% and 71% were Black African.
- Ethnicity was recorded for 1128 (99%): 71% Black African, 17% White, 5% Black Caribbean, 2% each other/mixed, Indian/Pakistani/Bangladeshi, and 1% Black other.
- Country of birth recorded for 1094 (96%): 17% were born in the UK, 3% elsewhere in Europe, 4% in Latin America or the Caribbean, 73% in Africa, 4% in Asia and less than 1% in North America and Australasia combined. Three hundred and eighteen (28%) were described as resident abroad, 281 (88%) in Africa.
- Year of arrival was recorded for 648 (68%) of the 954 recorded as born abroad: 2% first arrived before 1980, 7% between 1980 and 1989, 28% between 1990 and 1997 and 63% since 1997.
- Of the 1055 (93%) assigned to a risk category, 18 (2%) had a homosexual or injecting drug user partner, 833 (79%) were infected in Africa, 58 (5%) in Asia (31 in Thailand), 32 (3%) in Latin America/Caribbean, 21 (2%) elsewhere outside the UK and 93 (9%) in the UK. Seventy-four of the 93, had a partner believed to be heterosexually infected outside Europe (50 in Africa). Follow-up is continuing for the 81 (7%) who were not assigned a risk sub-category.
- The likely country of infection was recorded for 1092 (96%): for 141 (12%) the country was the UK, for 833 (76%) it was in Africa, and 118 (11%) it was elsewhere.
- CD4 count at diagnosis was recorded for 619 (90%) of the women and 407 (91%) of the men: median count at diagnosis 240 cells/ μ l for females, and 156 cells/ μ l for males.

Reports for 2016 adult HIV diagnoses in 2000 had been received from clinicians in England, Wales, and Northern Ireland by the end of June 2001. A further 1298 are known only from the pre-existing reporting systems. This means that CDSC has received a clinician report for 61% of the 3314 new diagnoses reported for 2000 which belong to the sub-group for which clinician reporting has been requested. The information available for the three main risk groups from these reports is summarised below.

For the 791 patients recorded as having acquired HIV infection through sex between men:

- Ethnicity was reported for 781 (99%): 88% were White, 4% other/mixed, 3% Black Caribbean, less than 2% were each of Black African, Black other or Indian/Pakistani/Bangladeshi ethnicity.
- Country of birth was recorded for 742 (94%): 69% were born in UK, 15% elsewhere in Europe, 5% in Latin America or the Caribbean, 4% in Africa, 3% in North America and 3% in Australasia. Four per cent were reported as resident outside UK.
- Number of partners in the year before diagnosis recorded for 327 (41%). Seventy-two per cent had had fewer than five male partners, 10% had 5 to 9, 15% had 10 to 49, and 3% had 50 or more. Twenty-two reported one or more female sexual partners during the year.
- A presumed country of infection was recorded for 489 (62%): for 83% this was the UK, for 7% elsewhere in Europe, 3% Latin America or the Caribbean, and 2% each of Africa, Asia, and North America.

For 56 patients with a history of IDU (including 12 also exposed through sex between men):

- Gender was recorded for all individuals: 43 were male and 13 female.
- Ethnicity: 51 were White, three were Black African, and two were of other/mixed ethnicity.
- Country of birth: 21 were UK born, 27 were born elsewhere in Europe, and five were born outside Europe. For three the country of birth was not known.
- Country of infection: of the 36 for whom it was recorded 13 were infected in the UK, 22 elsewhere in Europe (Portugal 12, Italy 4), and two outside Europe. Country of infection was not recorded for 20 individuals.
- Year of arrival: of the 32 born outside the UK the year of first arrival was recorded for 20. Six arrived between 1985 and 1997 and 14 since 1997.
- Median CD4 count: the CD4 count was reported for 49 patients. Overall the median was 236 cells/ μ l. For infections acquired abroad the median count was 335, and for those acquired in the UK it was 193.

Laboratory reporting remains essential to the surveillance of diagnosed HIV infections. Without it, 1298 of the diagnoses made in 2000 which were reported by laboratories only (39% of the total for those aged 15 years or over for England, Wales, and Northern Ireland) would have been unrecorded by the end of June 2001. Clinician reporting is, however, already adding greatly to our understanding of the epidemiology of HIV infections diagnosed in England, Wales, and Northern Ireland. Through it we have a better understanding of for instance, the ethnicity, the likely location of virus acquisition, and the stage of disease progression at HIV diagnosis for the individuals concerned. As the epidemic progresses we will be able to monitor changes in a much greater variety of factors than before. As always we are grateful for the contribution to this surveillance of all those who report HIV and AIDS diagnoses.

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[Go to top](#)