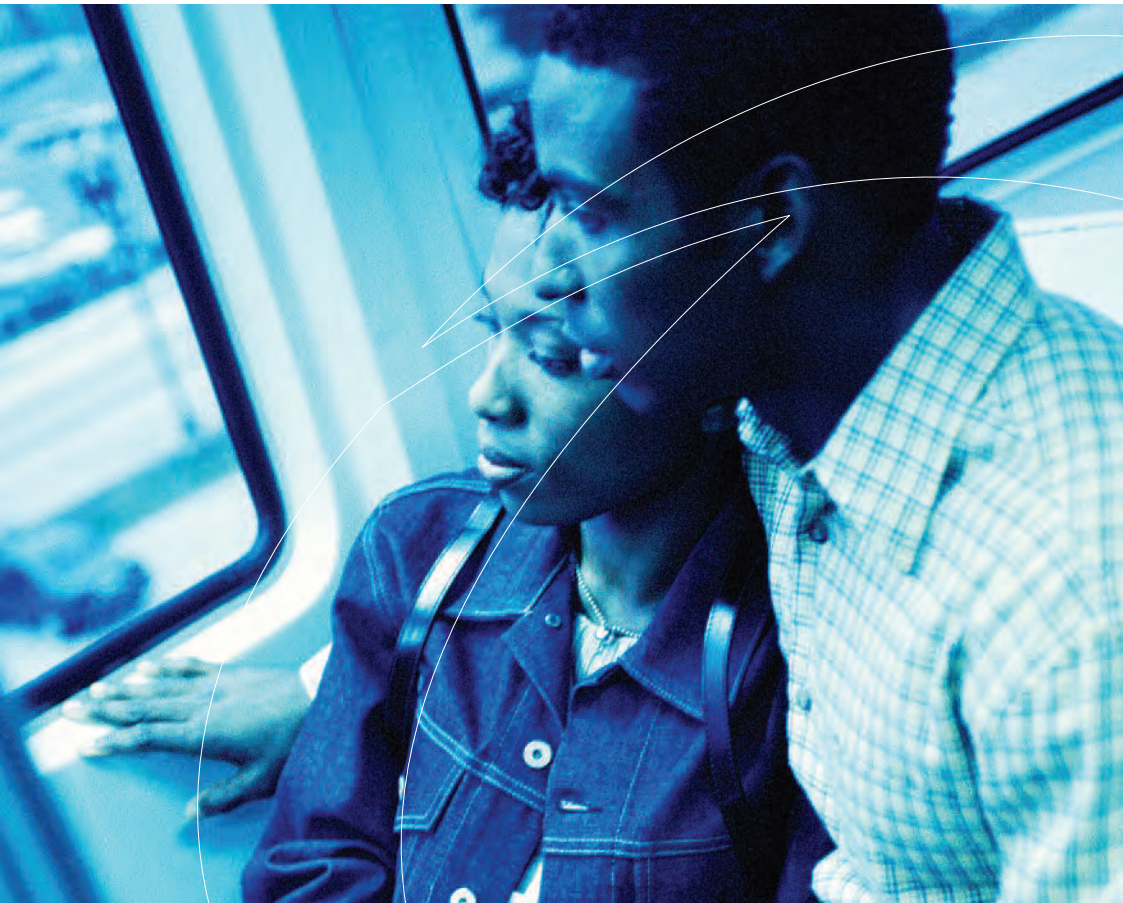




Sexually transmitted infections in black African and black Caribbean communities in the UK: 2008 report



Key findings

- The prevalence of diagnosed HIV in black African and black Caribbean communities in England is estimated to be 3.7% and 0.4% respectively, compared to 0.09% among the white population.
- In 2007 there were 2,691 new HIV diagnoses among black Africans, representing 40% of all new diagnoses in the UK. The majority had acquired their infection heterosexually and in Africa. The number of new diagnoses among black Caribbeans remained low (189 in 2007), representing 3% of new diagnoses in 2007.
- The percentage of late diagnoses, that is after a point when treatment should have begun, among new diagnoses of HIV in 2007 was highest among black Africans (42%). Twenty-seven percent of HIV diagnoses among black Caribbeans were late.
- In 2007 black Caribbeans accounted for over a quarter (26%) of heterosexually acquired gonorrhoea diagnosed in a sample of genitourinary medicine clinics in England and Wales.

Recommendations

- Easy access to sexual health services that can provide advice, screening and treatment for sexually transmitted infections (STIs) including HIV should be assured for both communities.
- HIV testing should be promoted extensively to black Africans as early diagnosis benefits the individual, through improved prognosis for those found to be HIV positive, and the community through reduced HIV transmission.
- The evidence base for STI and HIV prevention should be reviewed to improve the design of interventions, which should be monitored for their continuing effectiveness.
- The sexual health needs of black African and black Caribbean men who have sex with men need to be assessed so that services targeted at these groups can be enhanced.
- An STI prevention strategy should be developed for the black Caribbean communities.

New diagnoses of STIs (including HIV)

Black African and black Caribbean communities in the UK are disproportionately affected by STIs (*Figure 1*). Two-fifths of all new HIV diagnoses in the UK are among black Africans, while black Caribbeans are disproportionately affected by bacterial STIs, especially gonorrhoea.

New diagnoses of HIV

In 2007 of all new HIV diagnoses where ethnicity was reported, 2,691 were among black Africans and 189 were among black Caribbeans. Of the HIV diagnoses in 2007, the majority of black Africans (94%) and black Caribbeans (70%) reported heterosexual contact as their probable route of infection. Black Africans accounted for 69% of all new diagnoses among heterosexuals (*Figure 1*), of whom two-thirds were women. Among black African heterosexuals, the majority (88%) were reported as most likely having been infected in Africa. By comparison, among newly diagnosed black Caribbean heterosexuals, the majority (55%) had most likely acquired their infection in the UK, with an additional 26% in Latin America and the Caribbean.

Among black Africans the number of HIV diagnoses reported in 2007 represents a continuing decline since the peak of 3,976 diagnoses reported in 2003 (*Figure 2*). The number of new AIDS cases diagnosed among black Africans (276) in 2007 has also declined from the peak reported in 2003 (550), as has the number of deaths among black Africans living with HIV (from 184 to 124). Nonetheless, in 2007 10% of black Africans were still being diagnosed with AIDS and HIV at the same time (*Figure 4*).

New diagnoses of gonorrhoea, chlamydia and syphilis

The black Caribbean community is disproportionately affected by bacterial STIs, and especially gonorrhoea. Data from the Gonococcal Resistance to Antimicrobials Surveillance Programme (GRASP) in 2007 show that among heterosexuals diagnosed with gonorrhoea at 26 genitourinary medicine clinics, 26% were black Caribbean and 6% were black African (*Figure 1*). In contrast, a much lower proportion of gonorrhoea diagnoses among men who have sex with men were black Caribbean (2%) or black African (2%) men.

In 2007 the English National Chlamydia Screening Programme performed over 270,000 screens in those under 25 years old with an

overall positivity rate of 9%. This was highest among young black Caribbeans (13%), compared to 9% and 10% among black African and white populations respectively and less than 5% among young Asians.

Data from Enhanced Syphilis Surveillance in England and Wales in 2007 show that among heterosexuals, black Africans and black Caribbeans accounted for 10% and 7% of all new diagnoses (*Figure 1*). In contrast, a much lower proportion of diagnoses among men who have sex with men were black Caribbean (2%) or black African (1%) men.

Prevalence of diagnosed HIV infection

In England the diagnosed prevalence of HIV was 3.7% among black Africans, nearly 10 times higher than among black Caribbeans (0.4%) and over 40 times that among the white population (0.09%) (*Table 1*). It was estimated that of all black African people living with HIV in the UK in 2006, 36% of men and 23% of women had not been diagnosed with HIV and were thus unaware of their infection.

The majority of black Africans and black Caribbeans diagnosed with HIV were reported as having acquired their infection heterosexually. Among men, the percentage who were thought to have acquired their infection through sex between men was 5% among black Africans and 51% among black Caribbeans, compared to 84% among white men. A number of studies, however, have consistently reported a higher prevalence of HIV among black and ethnic minority men who have sex with men^[2].

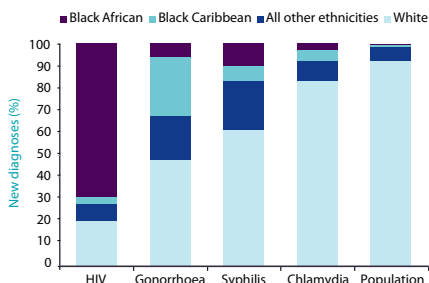
Prevalence of HIV infection in women giving birth

In 2007, of nearly 250,000 women giving birth in England, HIV prevalence was 2.5% (558/22,718) among sub-Saharan African born women and 0.5%

Table 1: Percentage of different ethnic groups living with diagnosed HIV in England, 2007

	Black African	Black Caribbean	White
Number individuals aged 15-59 living with diagnosed HIV	18,719	1,538	24,368
Population aged 15-59 (2006 estimates) ^[1]	500,600	395,800	27,058,700
Percentage aged 15-59 living with diagnosed HIV	3.7%	0.4%	0.09%

Figure 1: Proportions of new HIV, gonorrhoea, syphilis and chlamydia diagnoses among heterosexuals of different ethnic groups, UK*, 2007



* HIV diagnoses in United Kingdom; gonorrhoea and syphilis diagnoses in England and Wales; chlamydia diagnoses in England.

(12/2,333) among those born in the Caribbean and Central America, compared to <0.1% among UK-born women. The prevalence among sub-Saharan African born women living outside London was higher (3.1%; 142/4,632) than those women living in London (2.3%; 408/17,887). Although, the prevalence of HIV has been stable among black African women giving birth in London, in the rest of England there has been a significant increase (Figure 3).

Late diagnosis of HIV

The highest proportion of late diagnoses of HIV, defined as either a CD4 count of <200/mm³ or an AIDS defining illness at HIV diagnosis, was found among black Africans. Of the new diagnoses of HIV in 2007, 42% (1,104/2,621) of black Africans were diagnosed late (CD4 count of <200mm³) and 27% (50/189) of black Caribbeans (Figure 4). Where information was available, most black Africans who had received a late HIV diagnosis had been resident in the UK for more than two years. This highlights the need for more HIV testing in this population, which should be enacted as recommended in the recent national guidelines for HIV testing^[3], and especially in those areas with high prevalence (>2/1,000 15-59 year olds) of diagnosed HIV^[4].

Promoting HIV testing

Early diagnosis of HIV is associated with improved survival of the individual^[5] as well as reduced risks of onward transmission^[6]. Among black Africans in the UK, low levels of HIV testing^[2] and missed opportunities in health services for earlier detection of HIV infection have been reported^[7]. With the high levels of undiagnosed prevalence among black Africans, there is a need for increased screening using innovative approaches in a variety of healthcare and other less traditional settings and to ensure access to services.

Figure 2: Trends among black Africans in new HIV and AIDS diagnoses and deaths among HIV-infected persons in the UK, 1998-2007

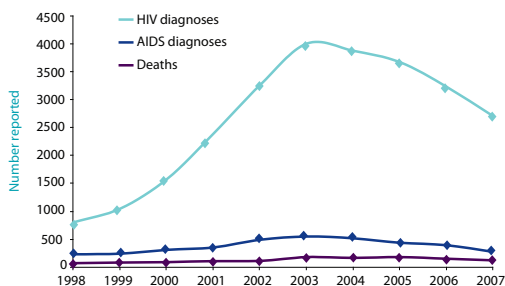
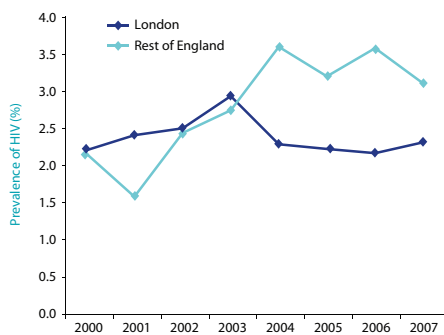


Figure 3: HIV prevalence* in sub-Saharan African born women giving birth, England, 2000-2007



* Includes previously diagnosed, those diagnosed through antenatal screening and those remaining undiagnosed. Data source: Unlinked anonymous surveillance.

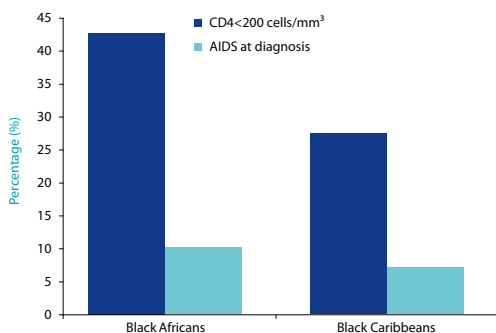
In a sentinel network of 16 genitourinary medicine clinics across the UK, HIV testing uptake has increased steadily among sub-Saharan African attendees, from 34% (1,094/3,207) in 1998 to 85% (6,082/7,127) in 2007 (Figure 5), with very similar rates of uptake among heterosexual men and women (men 87%, women 84%). Unlinked anonymous testing reveals that the proportion of sub-Saharan African born clinic attendees leaving the genitourinary medicine clinic undiagnosed has declined from 56% in 1998 to 30% in 2007. However, HIV test uptake has been higher among those who are HIV negative (86% in 2007) compared with those who are HIV positive (61%).

Sexual health promotion

A recent action plan for HIV prevention in black African communities^[8] has advocated strong community and health sector involvement to increase and improve prevention and treatment services in the UK. Many issues impede HIV prevention efforts and these include lack of knowledge of and access to local sexual health services, fear of stigma and discrimination, uncertain immigration status, unemployment and poverty. No such action plan exists for black Caribbean communities in the UK.

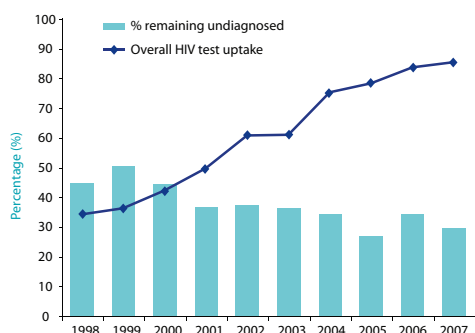
The higher prevalence of STIs in both black African and black Caribbean populations means that even though levels of high risk sexual behaviour may be similar to other communities, there is an increased risk of acquiring an infection. Interventions to reduce high risk sexual behaviour have been shown to be effective. There is an urgent need to boost current efforts for the implementation of interventions that are known to work, whether designed in the UK or adapted from other countries, to reduce levels of high-risk sexual behaviour in both communities. These interventions need to be appropriately and rigorously evaluated.

Figure 4: Late HIV diagnoses and AIDS at HIV diagnosis among black Africans and black Caribbeans in the UK, 2007



Data source: HIV/AIDS and death reports, surveillance of CD4 cell counts

Figure 5: Uptake and outcome of HIV testing in sub-Saharan African (SSA)-born individuals attending 16 sentinel GUM clinics in the UK*, 2007




*Data from one GUM clinic in Scotland included from 2005 where individuals were included by nationality not birth. Data excludes those that are known HIV positive prior to the visit.

Sexual health messages for black Africans and black Caribbeans

To control and prevent STIs and HIV in black African and black Caribbean communities, the following sexual health messages need to be widely disseminated:

- Early diagnosis of STIs and HIV leads to fewer complications and reduced transmission to sexual partners.
- Sexually active young (<25 years old) people should be screened for chlamydia annually and when they change sexual partners.
- Men who have sex with men should have an annual sexual health screen, including an HIV test.
- Black Africans should know their HIV status through having a free and confidential HIV test, available at services such as genitourinary medicine clinics. If negative, they should test regularly, especially when they change sexual partners.
- The risks of catching an STI, including HIV, are considerably reduced through: having fewer sexual partners; avoiding overlapping sexual relationships; and using a condom when having sex with a new partner and continuing to do so until both have been screened.

Black Africans and black Caribbean communities together represent 1.8% of the UK population (*Figure 1*), with the majority of both populations (78% of black Africans and 61% of black Caribbeans) living in London^[1].



Health Protection Agency
HIV and Sexually Transmitted
Infections Department
Centre for Infections
61 Colindale Avenue
London NW9 5EQ
United Kingdom

Tel: +44(0)20 8327 7769
Fax: +44(0)20 8200 7868
Email: hiv-sti@hpa.org.uk
Website: www.hpa.org.uk

Links to the data and further information:

www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListName/Page/1191942172118?p=1191942172118

www.hpa.org.uk/web/HPAweb&HPAwebStandard/Page/1202115502915

Other useful contacts:

National African HIV Prevention Programme:
www.nahip.org.uk

National Chlamydia Screening Programme:
www.chlamydiaSCREENING.nhs.uk

Condom Essential Wear: www.condomessentialwear.co.uk

Do it right (information on sexual health):
www.doitright.uk.com

Bibliography

1. Office for National Statistics. <http://www.statistics.gov.uk/cci/nugget.asp?id=273>
2. Prost A *et al.* Social, behavioural, and intervention research among people of Sub-Saharan African origin living with HIV in the UK and Europe: literature review and recommendations for intervention. *AIDS Behav* 2008 **12**:170-94.
3. BHIVA/BASHH/BIS. UK national guidelines for HIV testing, 2008.
4. Health Protection Report. <http://www.hpa.org.uk/hpr/archives/2008/news3808.htm#sophid>
5. Chadborn T *et al.* The late diagnosis and consequent short-term mortality of HIV-infected heterosexuals (England and Wales, 2000-2004). *AIDS* 2006 **20**:2371-9.
6. Marks G *et al.* Meta-analysis of high-risk sexual behavior in persons aware and unaware they are infected with HIV in the United States: implications for HIV prevention programs. *JAIDS* 2005 **39**:446-53.
7. Burns F *et al.* Missed opportunities for earlier HIV diagnosis within primary and secondary healthcare settings in the UK. *AIDS* 2008 **22**:115-22.
8. National African HIV Prevention Programme. The knowledge, the will and the power. 2008 Sigma Research 2008.

November 2008

© Health Protection Agency

This leaflet is printed on recycled content paper.



**Health
Protection
Scotland**



National Public Health
Service for Wales

Gwasanaeth Iechyd Cyhoeddus
Cenedlaethol Cymru



Department of

**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MANNYSTRIE O

**Poustie, Resydënter Heisin
an Fowk Siccar**