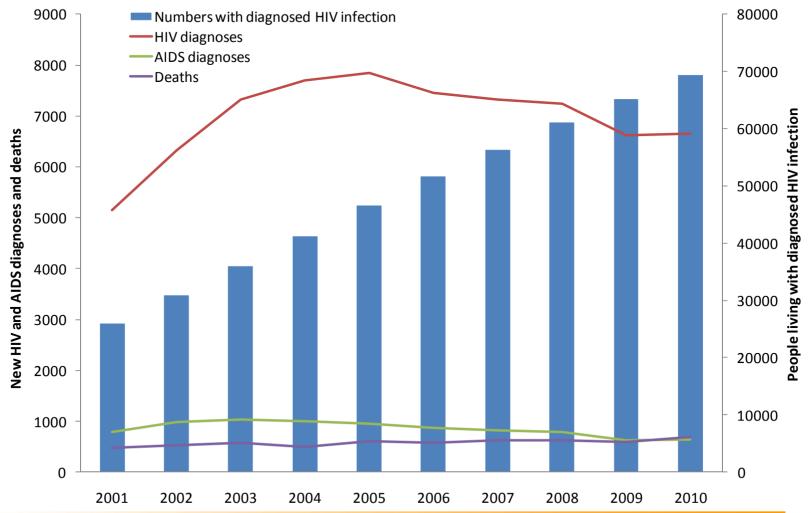
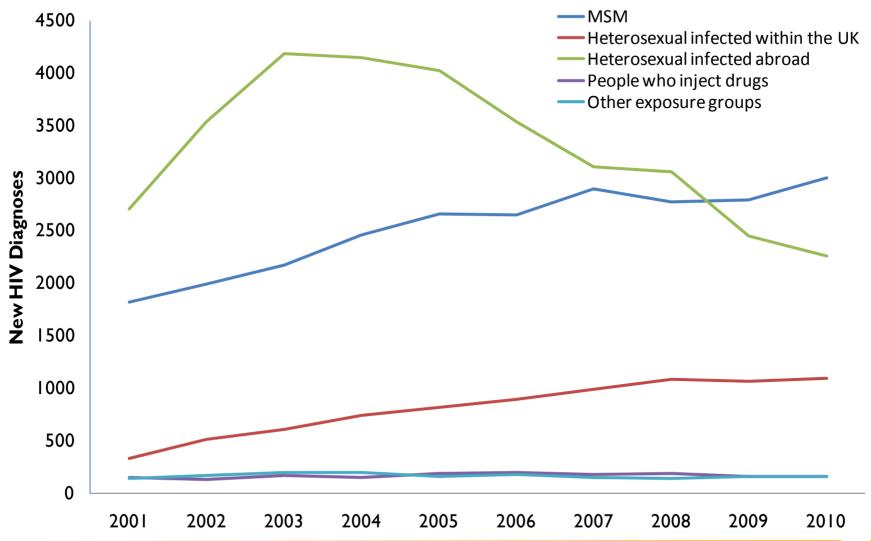
## HIV in the United Kingdom: 2011 Overview

## New HIV and AIDS diagnoses, people living with diagnosed HIV, and deaths: United Kingdom, 2001-2010





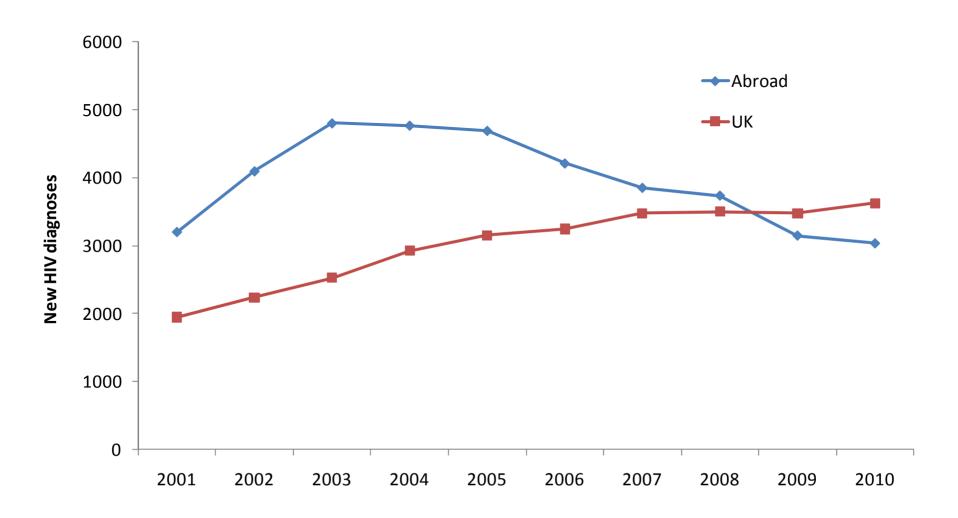
## New HIV diagnoses by exposure group: United Kingdom, 2001 – 2010







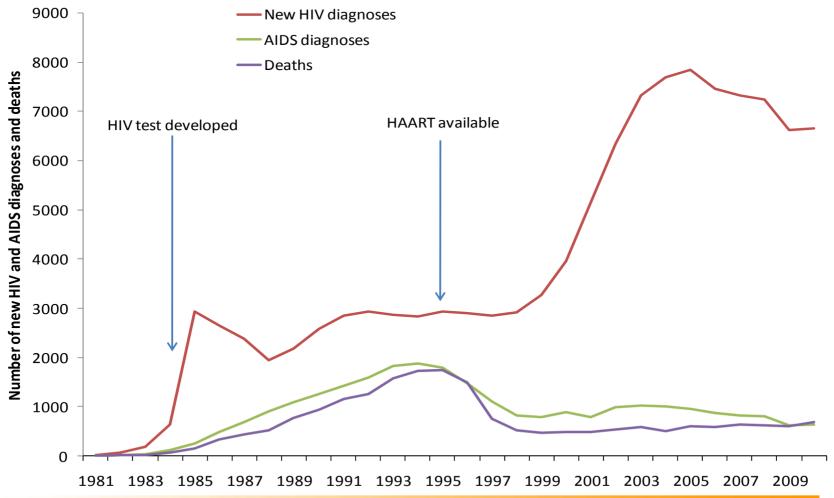
### New HIV diagnoses by probable country of infection: 2001-2010







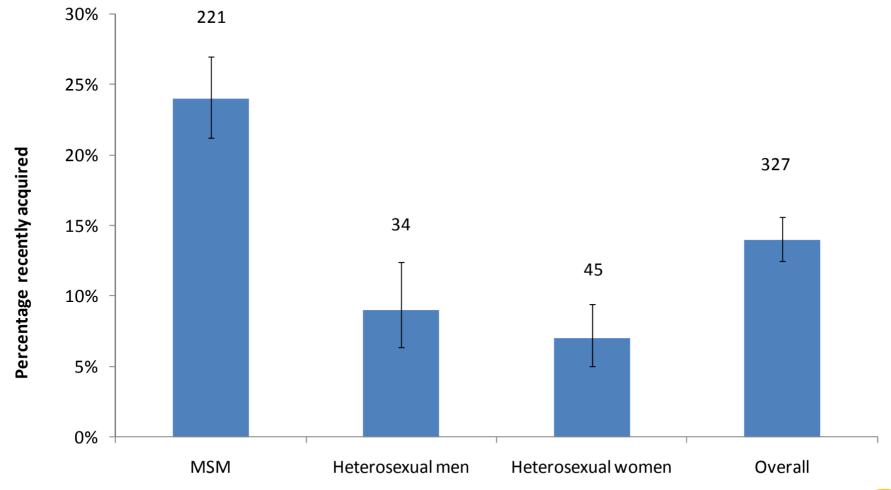
## Annual new HIV and AIDS diagnoses and deaths: United Kingdom, 1981-2010







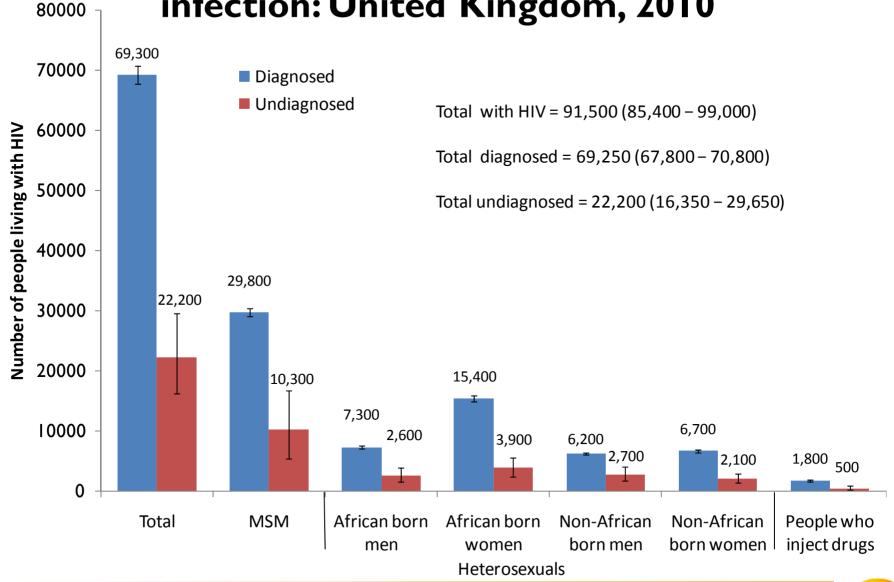
# Probable recent infection among people newly diagnosed with HIV by exposure group: England and Northern Ireland, 2010







## Estimated number of people living with HIV infection: United Kingdom, 2010





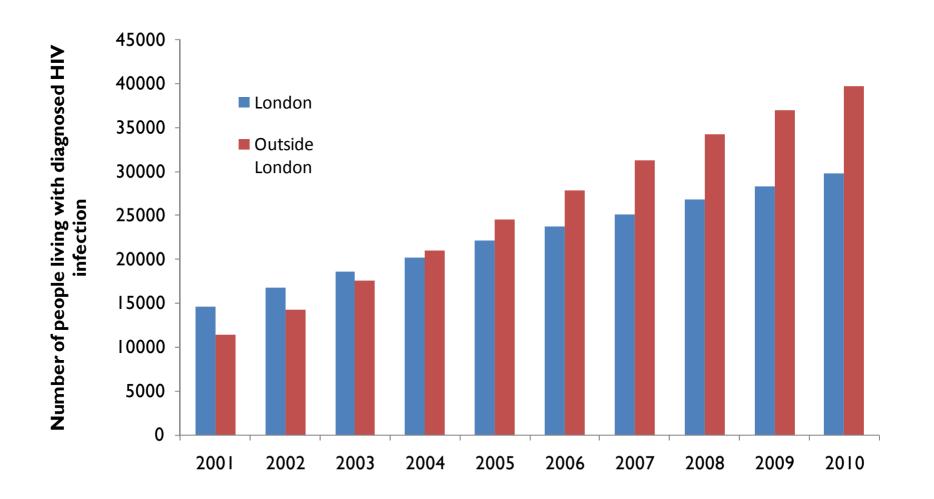


### Prevalence rates of HIV: United Kingdom, 2010

	People with diagnosed or undiagnosed HIV infection/1000 population
All	1.5
Men	2.0
Women	0.9
MSM	47
Black African	47



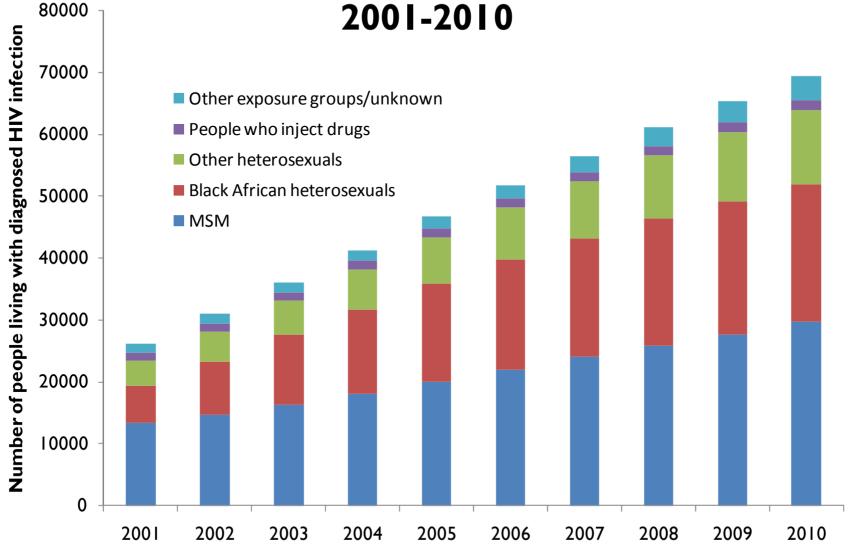
## Number of people living with diagnosed HIV infection, by residence: United Kingdom, 2001-2010







## Number of people living with diagnosed HIV infection, by exposure group: United Kingdom,



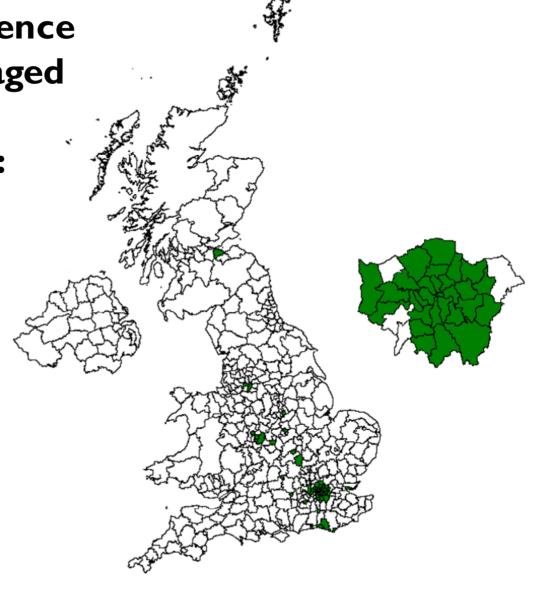




Diagnosed HIV prevalence per 1,000 population aged 15-59 years, by local authority of residence: United Kingdom, 2010

>2 p

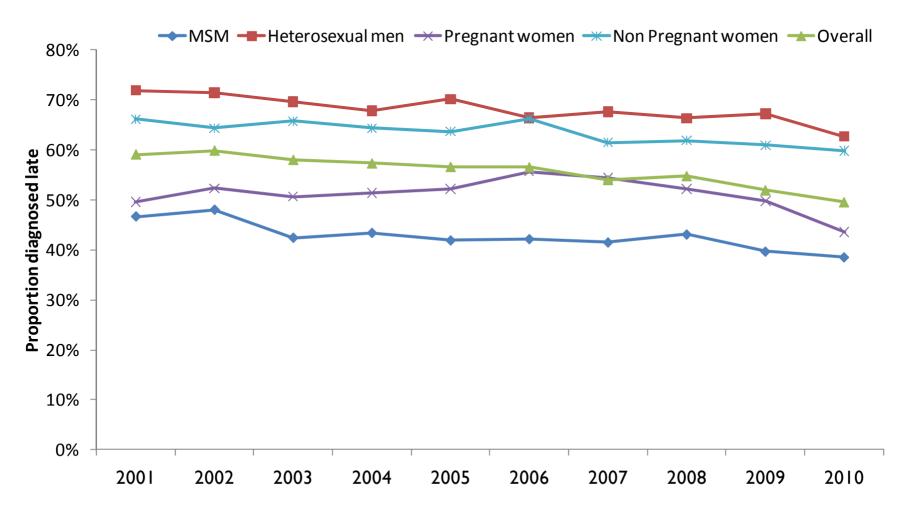
> 2 per 1000







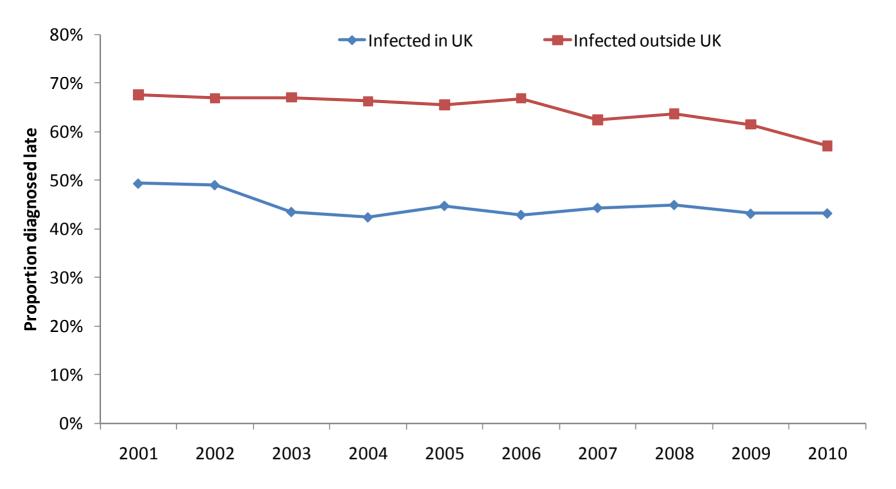
## Late diagnoses of HIV (<350 cells/mm<sup>3</sup>) by exposure group: United Kingdom, 2001-2010







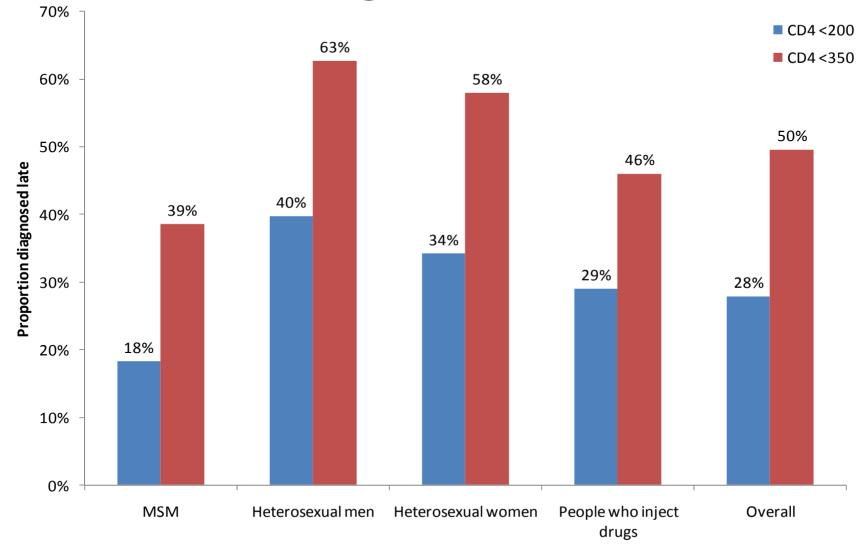
## Late diagnoses of HIV (<350 cells/mm<sup>3</sup>) by probable country of infection: 2001-2010







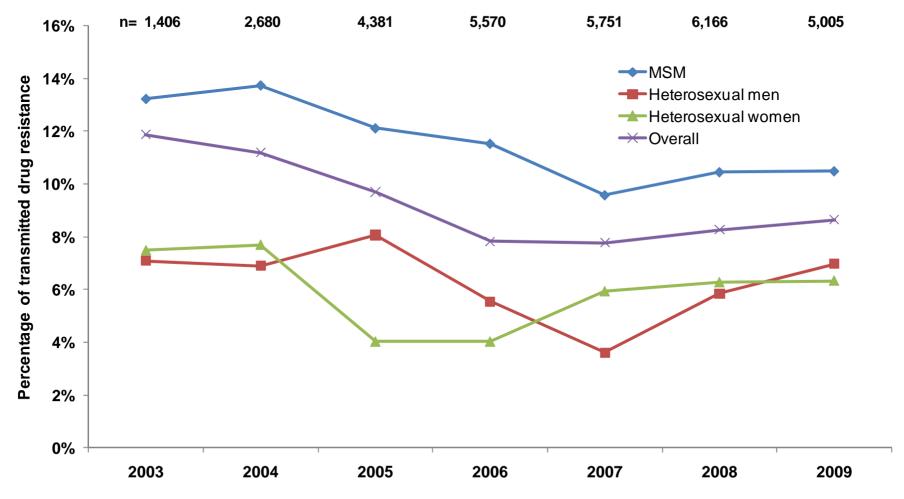
## Late diagnoses of HIV by exposure group: United Kingdom, 2010







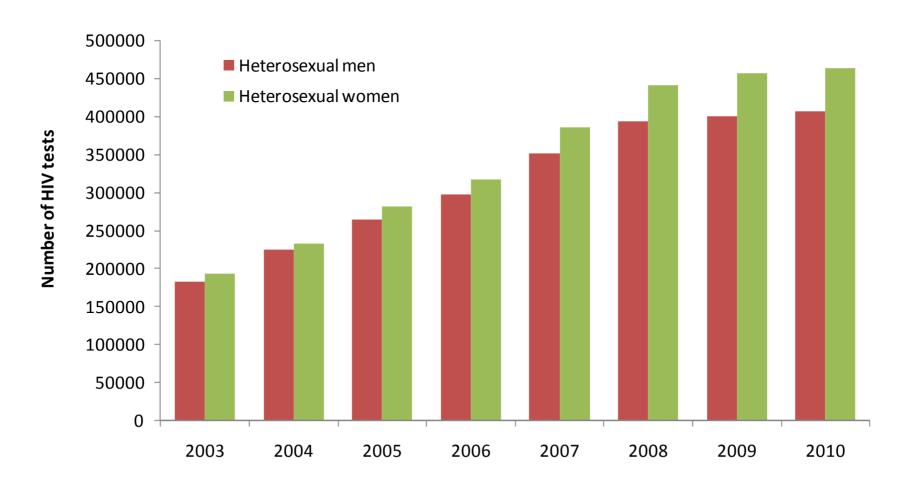
## Transmitted drug resistance among people with HIV by exposure category: United Kingdom, 2003-2009







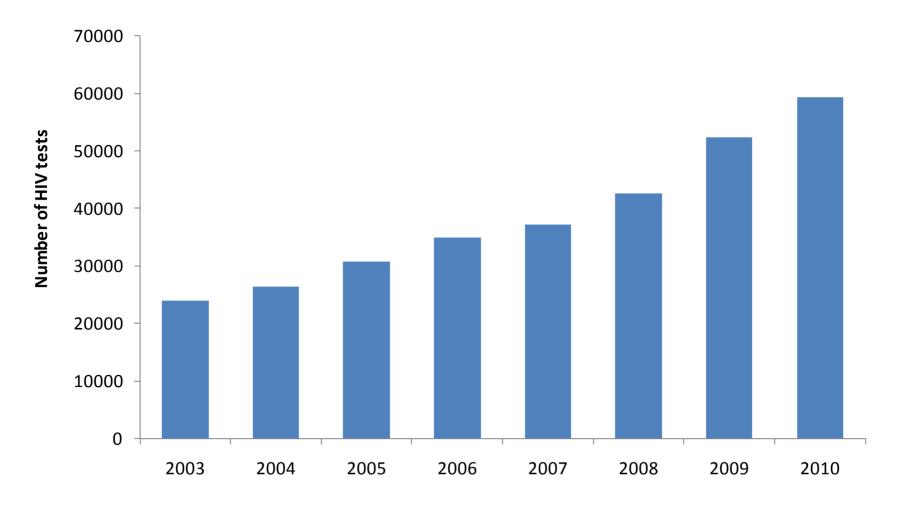
## HIV tests performed among heterosexuals in STI clinics : England, 2003 - 2010







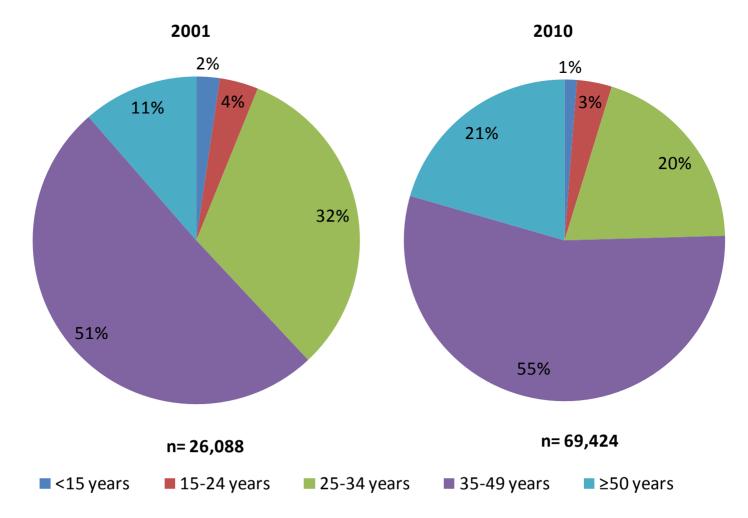
## HIV tests performed among MSM in STI clinics: England, 2003 - 2010







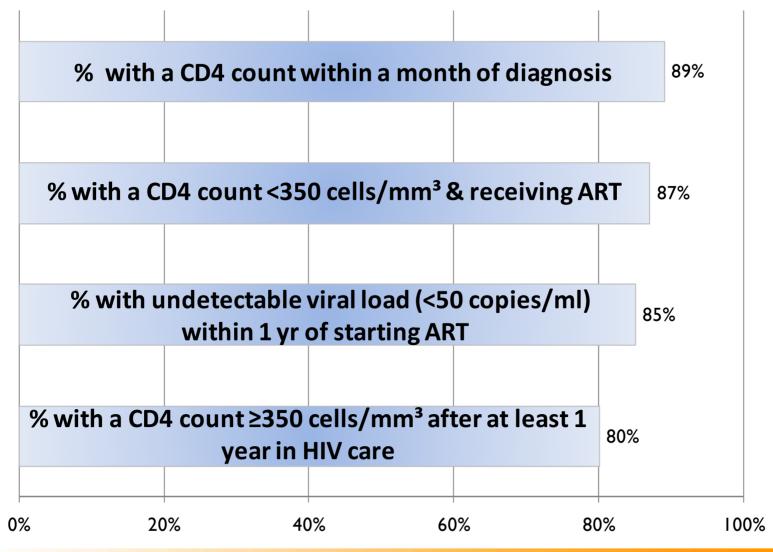
## Distribution of people receiving HIV care by age group: United Kingdom, 2001 and 2010





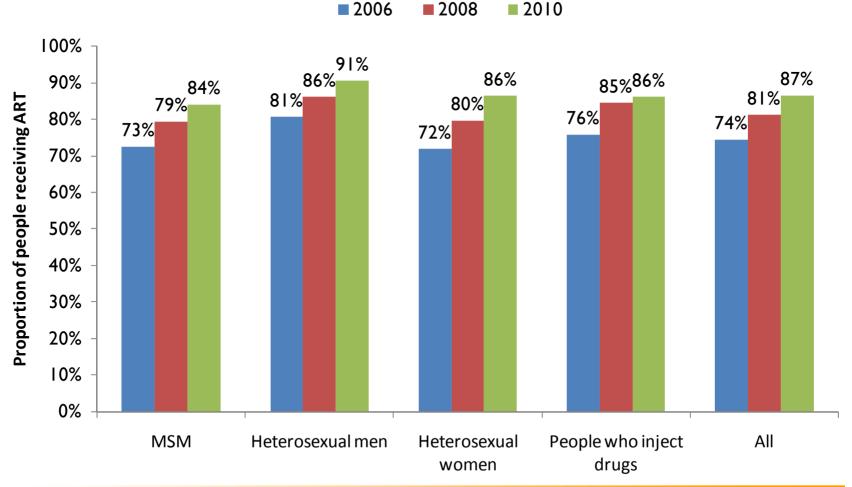


## Quality of care indicators for adults (aged≥15 years) receiving HIV care: United Kingdom, 2010





# Proportion of people with HIV and CD4<350 cells/mm<sup>3</sup> receiving ART: United Kingdom, 2006,2008 and 2010





### Key findings: HIV in the United Kingdom, 2010

- An estimated 91,500 people were living with HIV of whom 24% were undiagnosed.
- 6,660 people were newly diagnosed, 3000 among MSM, the highest ever annual number in this group.
- Overall I in 7, and I in 4 MSM diagnosed with HIV were likely to have acquired their infection recently.
- People living with diagnosed HIV in the UK can expect a nearnormal life expectancy, particularly if diagnosed promptly.
- The proportion diagnosed late (CD4 count <350 cells/mm<sup>3</sup>) remained high (50%) despite a slow and significant decline over the last decade.
- 69,400 people with a diagnosed HIV infection received care in 2010.



#### Key findings: HIV in the United Kingdom, 2010

- >2.1 million HIV tests were performed in England; most in STI clinic and antenatal settings. Coverage of testing among all attendees in these settings was 69% and 96%, respectively.
- HIV clinical care quality was high; 89% of people had a CD4 count within I month of diagnosis, 87% with a CD4 count <350 cells/mm3 were on treatment, 85% achieved virological suppression within a year of beginning treatment, and 81% had a CD4≥350 cells/mm3 within a year of diagnosis.</li>
- The incidence of invasive pneumococcal disease (IPD) is excessive among adults living with diagnosed HIV. Three of five IPD episodes in this group could be prevented with the newly available pneumococcal conjugate vaccine (PCVI3).

#### Recommendations

- All local authorities should incorporate the proposed Public Health Outcomes Framework "Late HIV Diagnosis" indicator into joint strategic needs assessments to prioritise and guide the provision of appropriate HIV testing services.
- In high HIV prevalence areas, efforts to implement routine, universal HIV testing policies for general medical admissions and new registrants in general practice should be prioritised
- The implementation of routine, universal testing policies in STI clinics should be reviewed urgently so that no one leaves the clinic without knowing their HIV status.
- People most-at-risk of HIV infection should have an annual HIV test. MSM should consider more frequent testing.





#### **Recommendations**

- I in 10 HIV-diagnosed people with a CD4 <350 cells/mm<sup>3</sup> are not receiving antiretroviral therapy; clinicians should prioritise review of care for these patients.
- Vaccination with PCVI3 of all people living with HIV, regardless of CD4 count, including an additional vaccine dose to the standard schedule, should be implemented to decrease the high incidence of invasive pneumococcal disease.
- Further studies are needed to understand the reasons why some patients are not retained in HIV care.



#### **Acknowledgements**

We gratefully acknowledge the continuing collaboration of clinicians, microbiologists, immunologists, public health practitioners, occupational health doctors and nurses and other colleagues who contribute to the surveillance of HIV and STIs in the UK

Also members of the UK Collaborative Group for HIV and STI surveillance (listed in surveillance report)

