

Good care for people with HIV. Rights and Wrongs

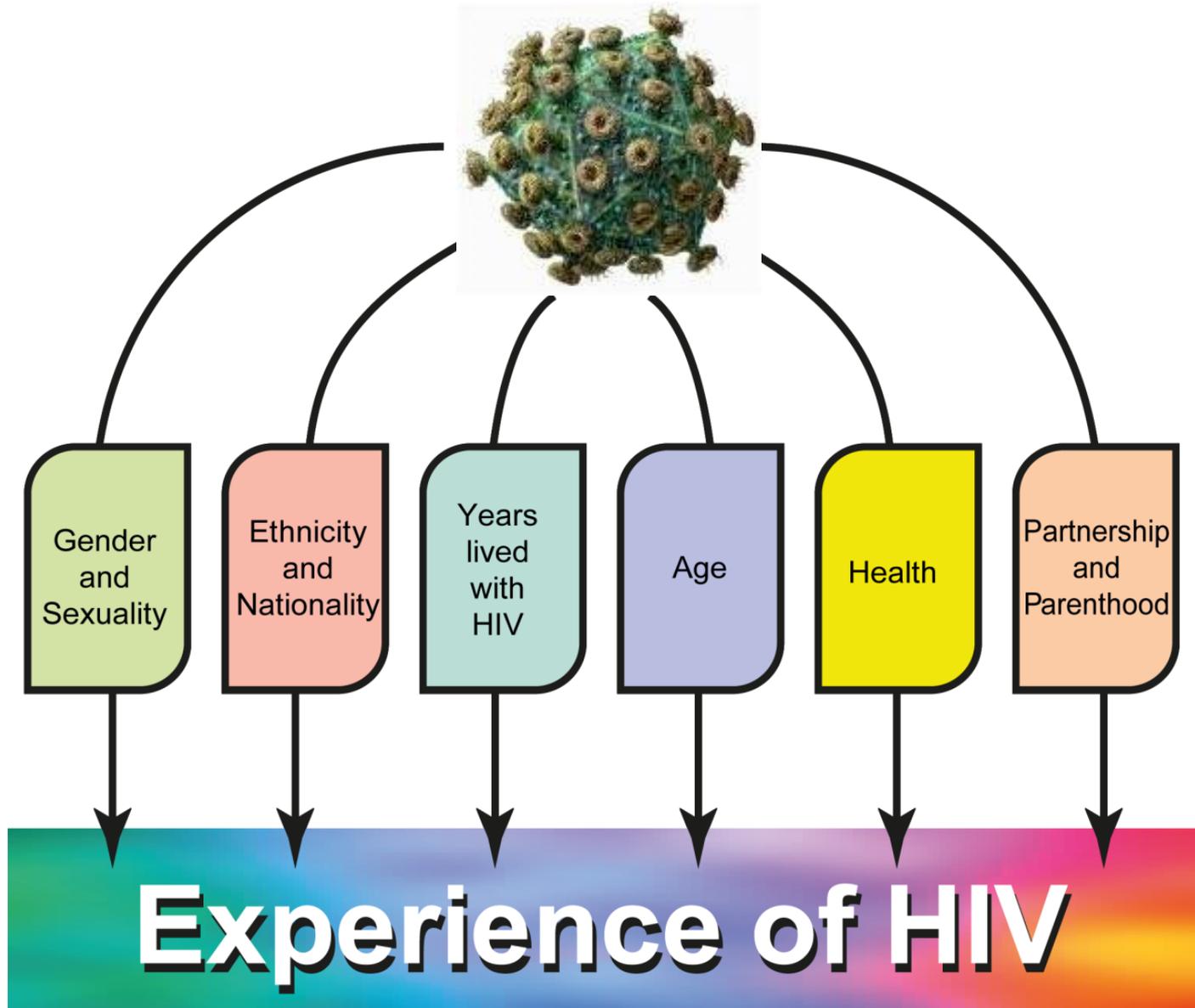
Jane Anderson

May 2013

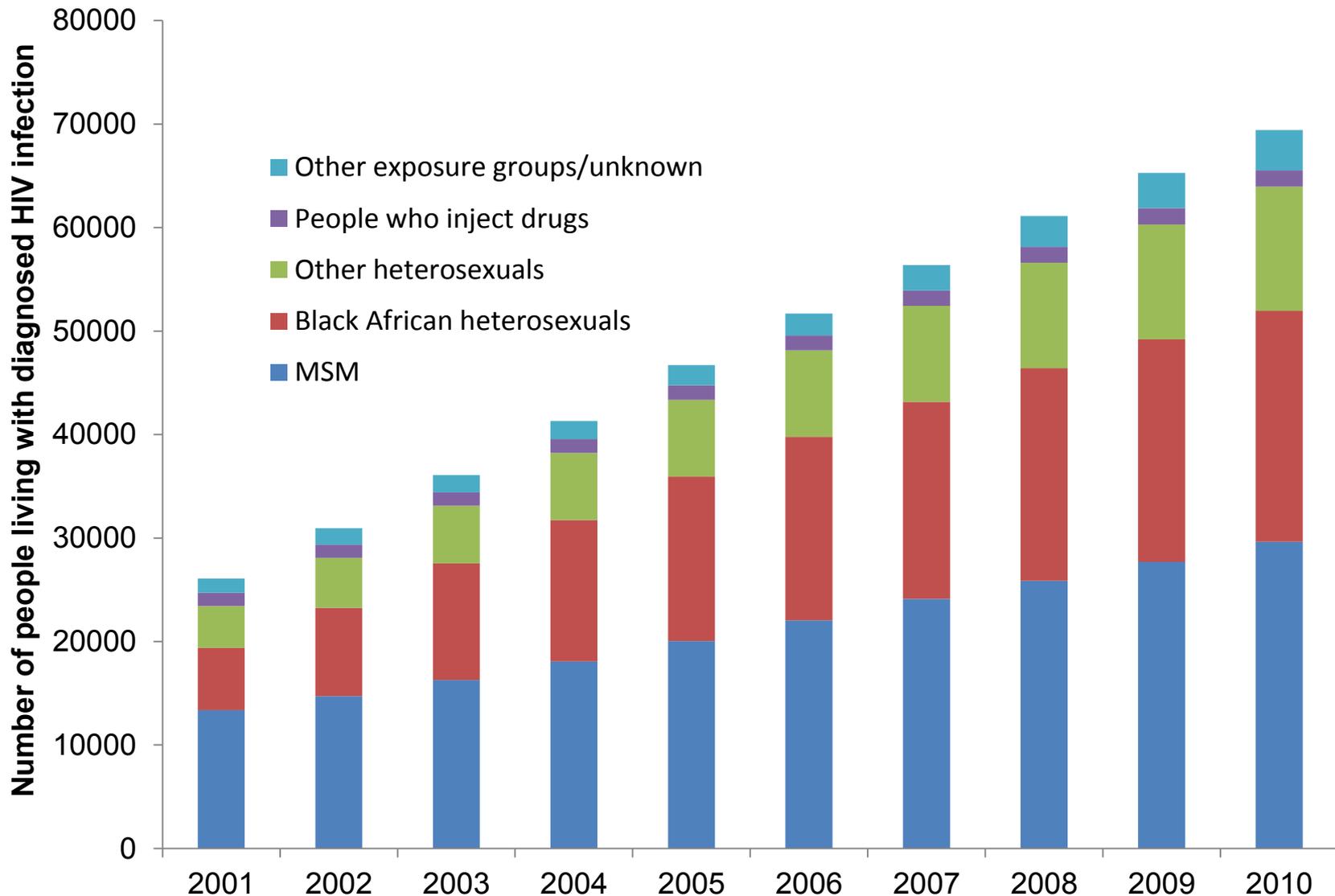


HIV in evolution

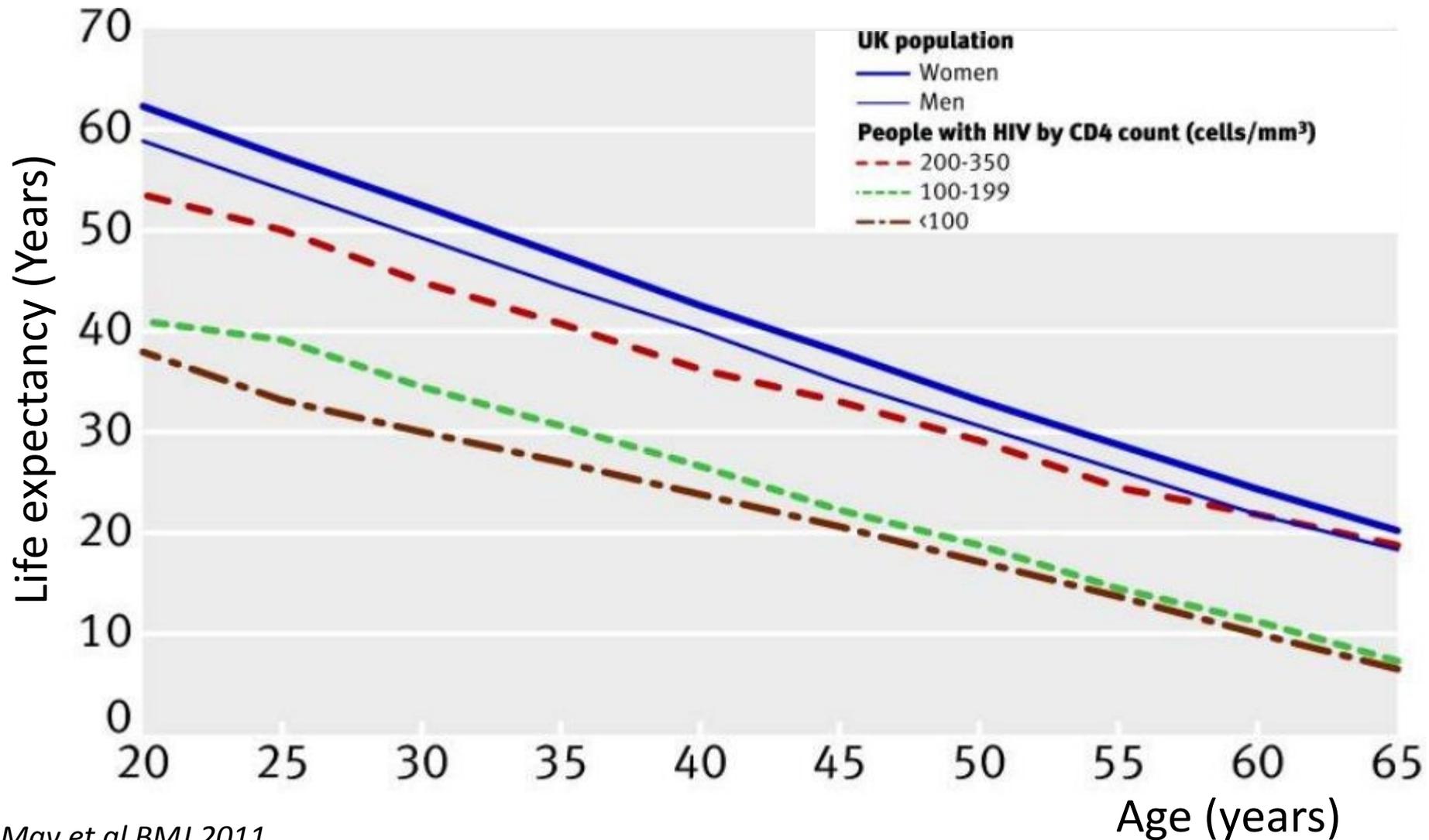




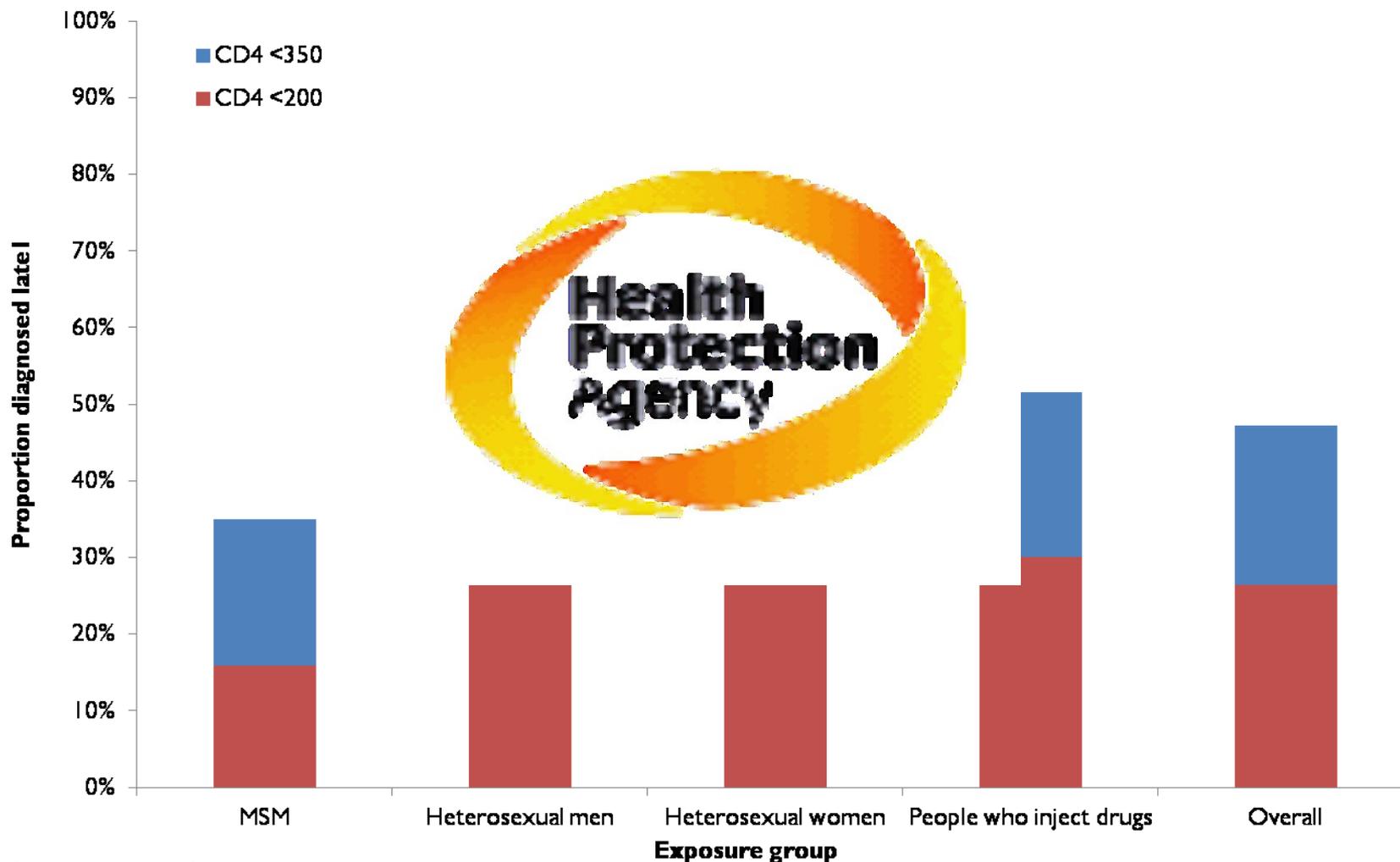
People living with HIV in the UK



HIV & Life Expectancy in the UK

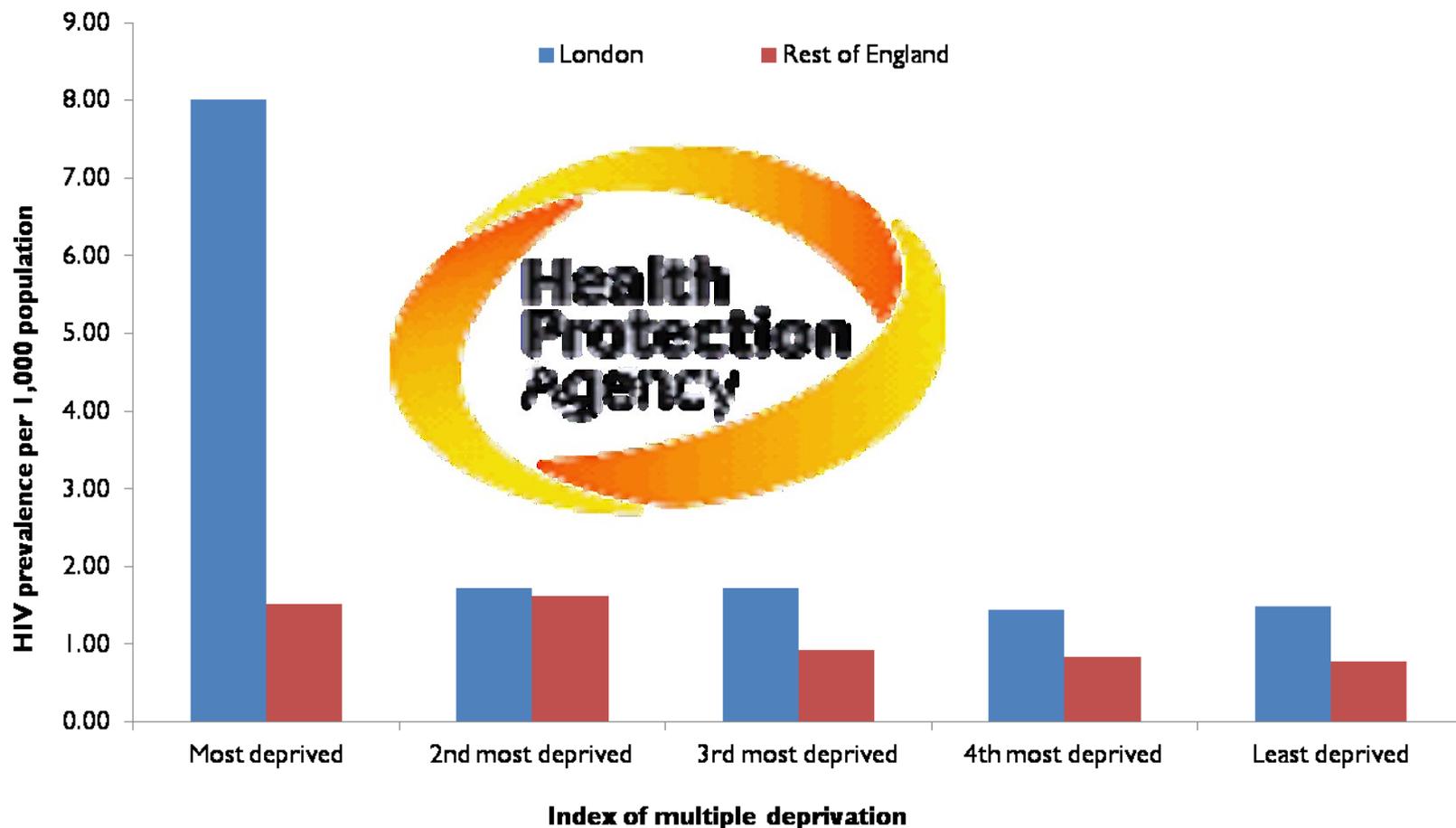


Late diagnosis¹ of HIV infection by exposure group: United Kingdom, 2011



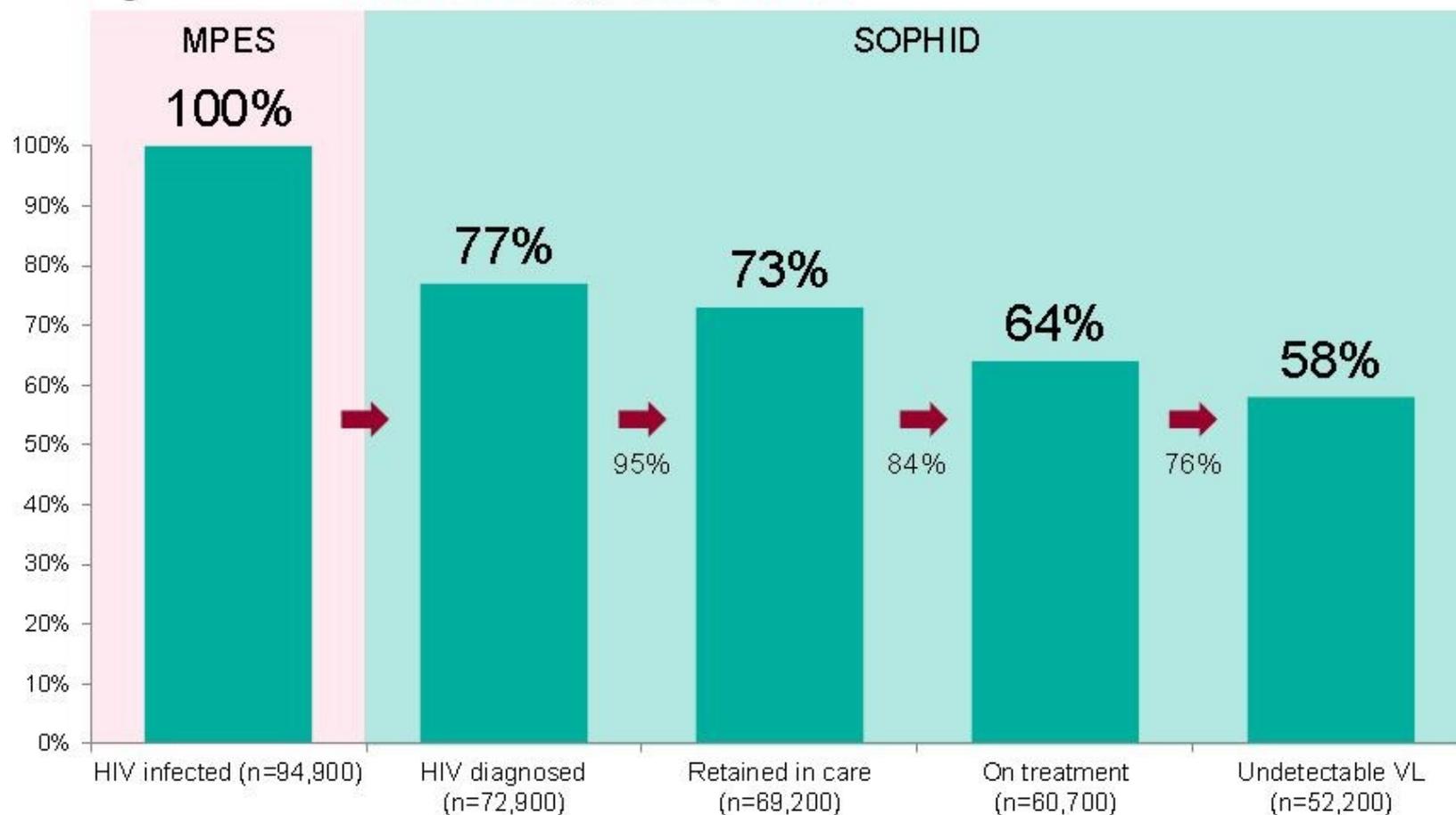
¹ CD4 <350 cells/mm³ within three months of diagnosis

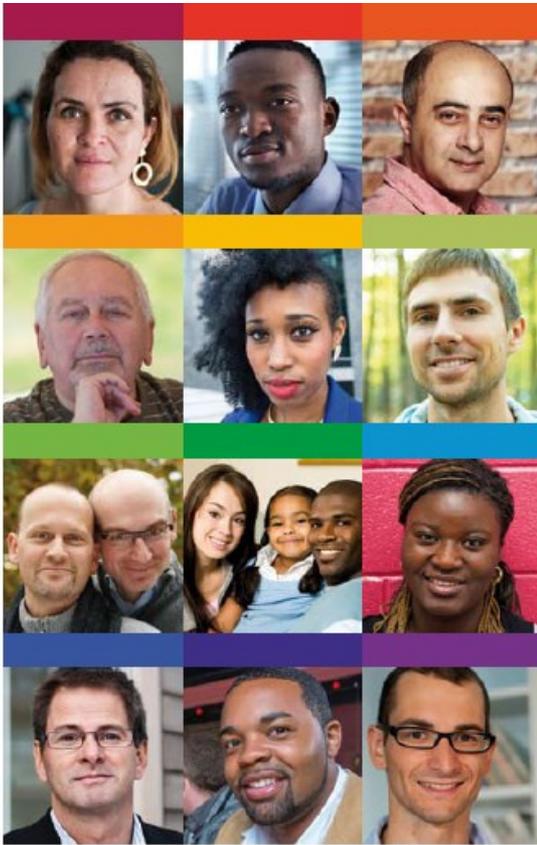
Prevalence of diagnosed HIV infection among adults aged 15-59 years by residential deprivation: England, 2011





Treatment cascade of adults living with HIV: United Kingdom, 2011





Benchmarking Quality: what is good care?

British HIV Association

Standards of Care for People Living with HIV 2013

What should good care deliver?

- Life that is
 - as fulfilling as possible
 - for as long as possible
 - in the best possible health
- Maintaining health and wellbeing
- Sustaining and promoting relationships
- Staying safe and reducing risk



Angela

- 44 years old
- Visits her GP x3 over an 18 month period
- Night sweats, dry skin, recurrent vaginal candida
- Develops persistent cough, shortness of breath
- Admitted to hospital



Diagnosed with advanced HIV infection

HIV is under recognised by clinicians

- Snapshot audit in 2010
- 1,112 people newly diagnosed with HIV
- 52.2% baseline CD4 count below 350 c/mm³
- 30% clinical symptoms associated with HIV
- 25% of patients had at least one missed opportunity for an earlier diagnosis

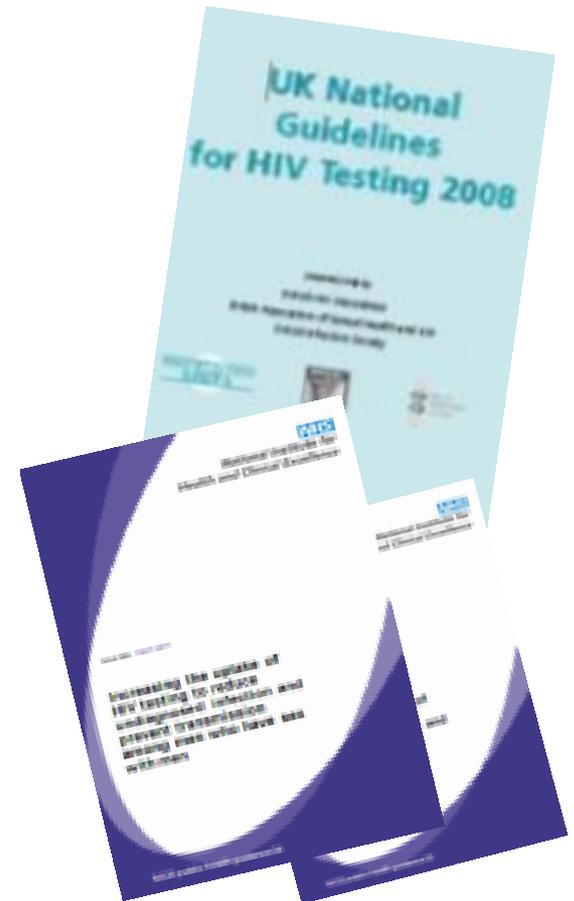
Offer and recommend an HIV test

Wherever diagnosed HIV is more than 2 / 1000

✓ when registering patients in primary care

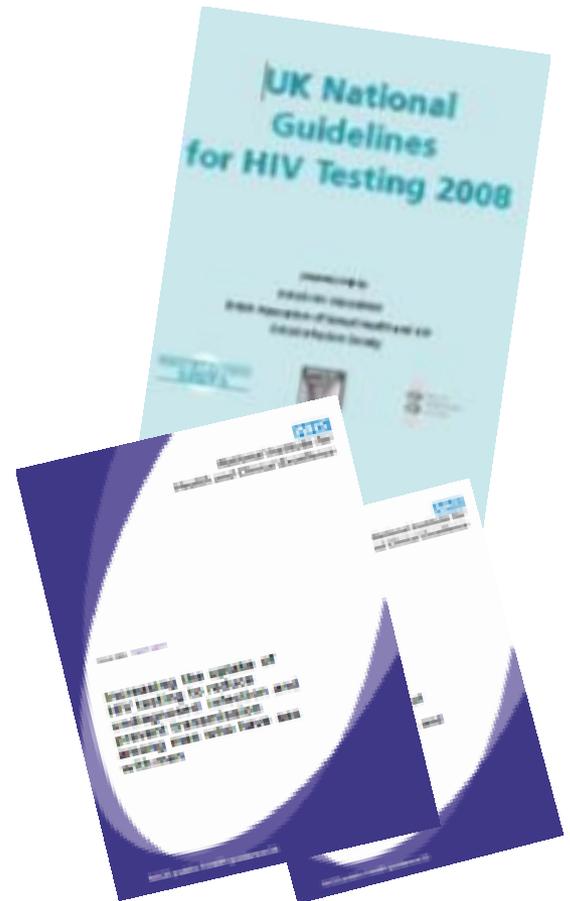
✓ when admitting patients as general medical admissions

✓ to anyone who has a blood test



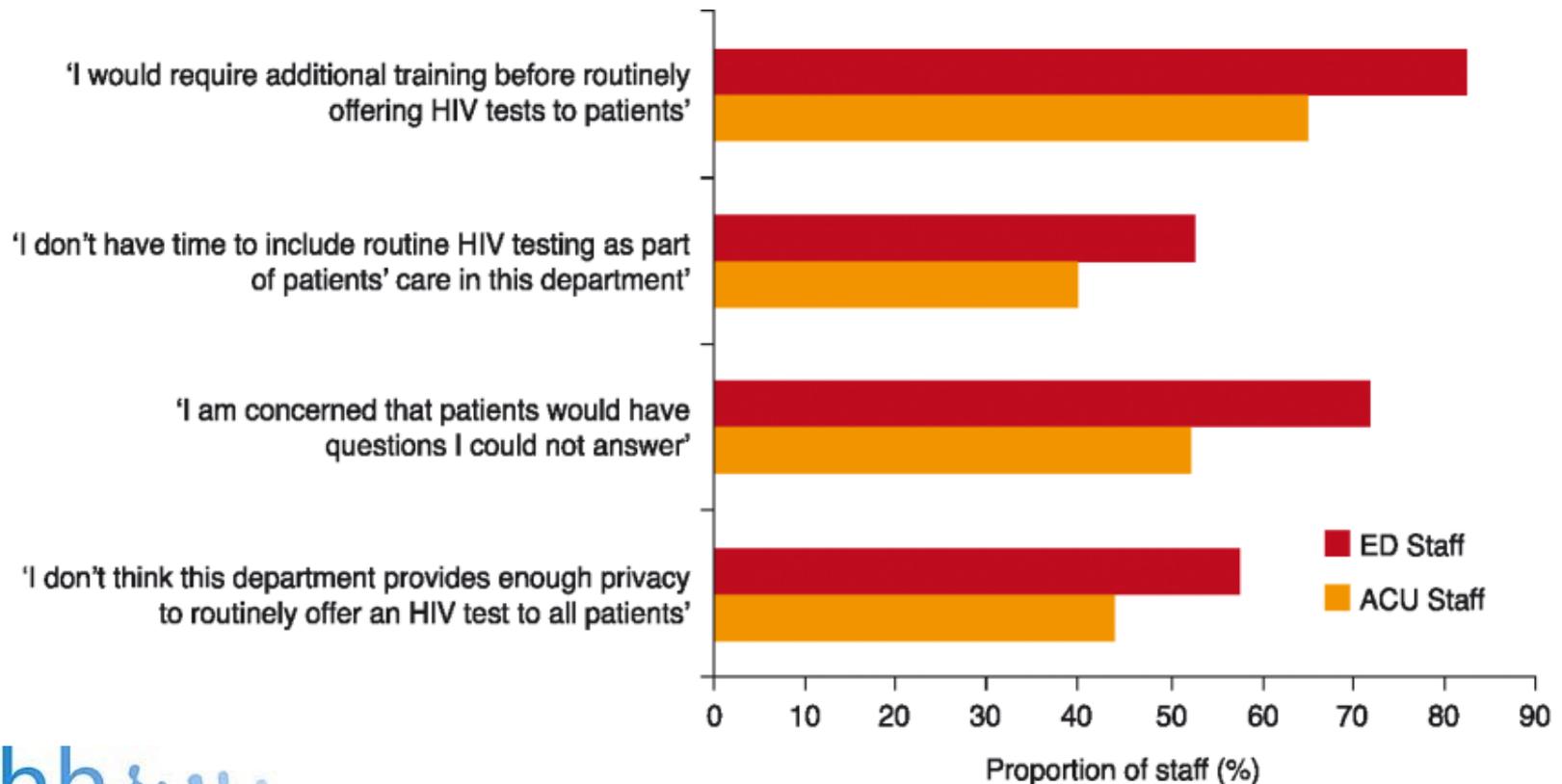
ALL primary and secondary care

- ✓ Promote testing to people from black African communities
- ✓ Promote testing to men who have sex with men
- ✓ People with indicator conditions
- ✓ Remember repeat testing
- ✓ Offering and recommending a HIV test should be within the existing competencies of health professionals.



Physician barriers to HIV testing

HIV testing was offered to 4111 age-eligible patients in **Emergency Units** or **Acute Care Units** within the UK



Beatrice

- 26 years old, living with her boyfriend
- Pregnant.
- HIV positive test on antenatal screening
- Tells her partner
- Relationship deteriorates
Her partner becomes abusive.



With substantial support
Beatrice leaves her partner

Intimate Partner Violence

- Quantitative, questionnaire based study
- 350 women with HIV at Homerton
- Half the women living with HIV studied (n=191) had experienced IPV
- 1:7 women reported IPV in the previous year
- 1:7 women reported IPV in pregnancy



Colin

- 35 years old, in a new relationship
- Tests HIV positive during a routine sexual health screen – CD4 count 550
- Partner tests HIV negative
- Colin's clinician discusses treatment to prevent transmission.



His partner strongly encourages Colin to start therapy

Treatment as Prevention

- 1,763 heterosexual HIV-1–serodiscordant couples
- ART for the infected partner
- 96% reduction in transmission when HIV-positive partner starts treatment early



UK Treatment Guidelines 2012

Treatment to reduce transmission

GPP

We recommend the evidence that treatment with ART lowers the risk of transmission is discussed with all patients, and an assessment of the current risk of transmission to others is made at the time of this discussion

GPP

We recommend following discussion, if a patient with a CD4 count above 350 cell/ μ L wishes to start ART to reduce the risk of transmission to partners, this decision is respected and ART is started

Biomedical prevention - PrEP

- 2,499 HIV-negative MSM
- Daily emtricitabine plus tenofovir versus placebo.
- Those receiving the antiretroviral medication had a 44% reduction in HIV incidence
- Detectable blood levels strongly correlated with the prophylactic effect



How do we use PrEP in the UK?

Multi-centre, open label randomised design to immediate or deferred inclusion of pre-exposure prophylaxis as part of the package of HIV risk reduction interventions.
500 HIV negative MSM to be enrolled
Results expected 2015



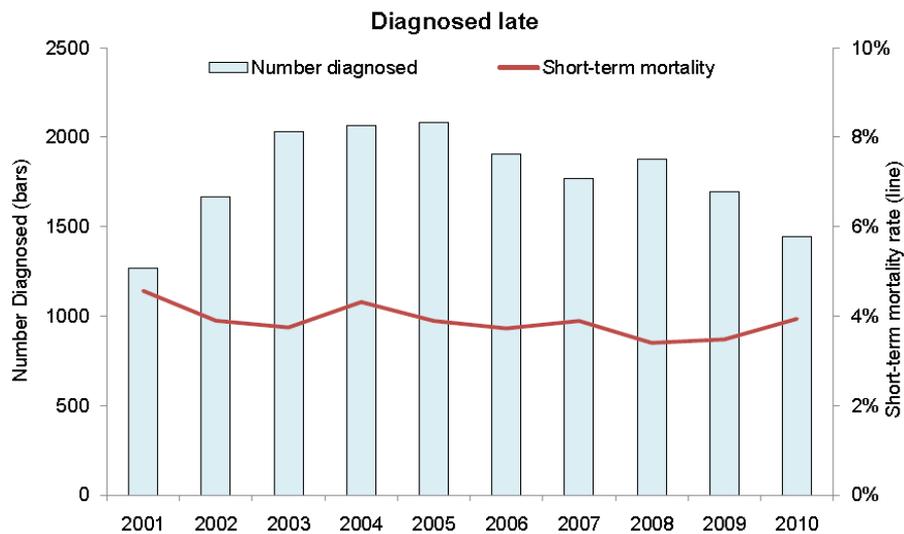
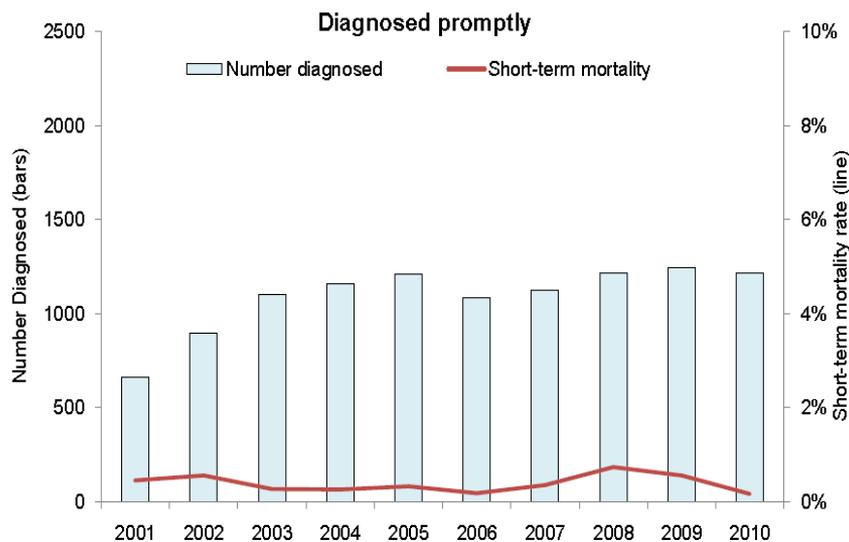
Daniel

- Came to the UK from west Africa to study. Visa now expired.
- Presents to clinical care with tuberculosis, becomes very sick and needs ITU care.
- HIV test is positive.
- Treatment is started and Daniel slowly improves.



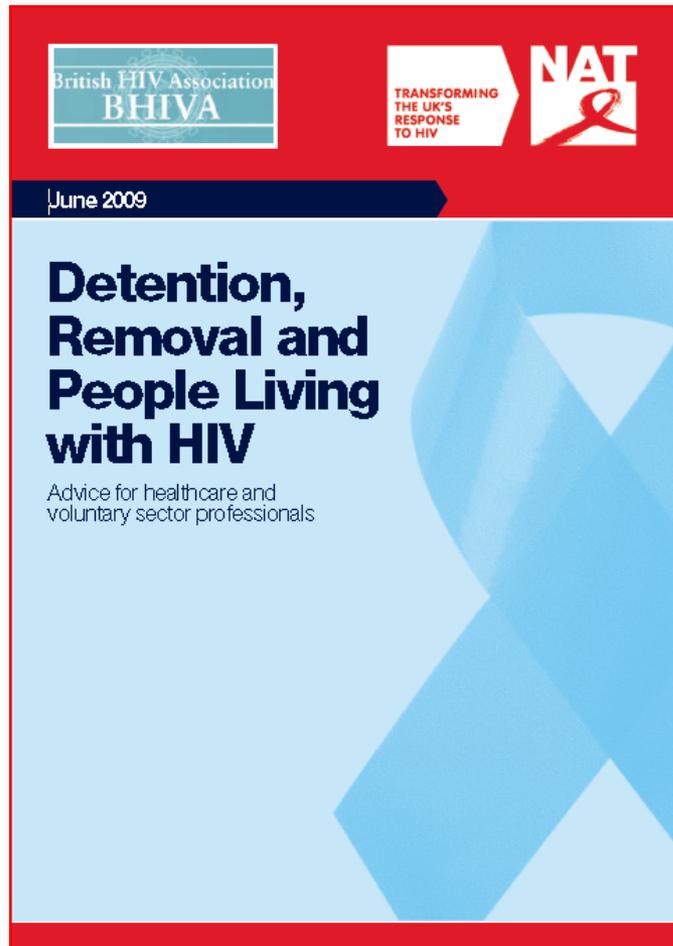
Borders Agency alerted and Daniel is subject to immigration detention

Prompt and late HIV diagnosis among non-UK born with associated short-term mortality: UK, 2001-2010



Health Protection Services. Migrant Health: Infectious diseases in non-UK born populations in the United Kingdom. An update to the baseline report – 2011. London: Health Protection Agency. 2011

HIV in Removal Centres 2009



- Access to high-quality clinical primary care services and secondary care with expertise in HIV and associated specialties
- Appropriate clinical handover to ensure continuity of care
- Adequate ARVs if removed (3/12)
- HIV testing (diagnosis for those infected) and prevention (for those uninfected)

Detained and Denied

The clinical care of immigration detainees living with HIV

When the doctor knew that we were HIV positive he had a weird look on his face, "like oh no" we felt bad and rejected by his looks

I wanted to commit suicide.

Yes when I transferred from Brook house IRC at Gatwick to Hammondswoth near Heathrow, I had to go for nearly 4 weeks without my Medication as the healthcare at Brook house did not bother to dispense it.

7. Are you aware of any examples where people harmed themselves whilst in detention?

yes. A man killed himself in detention.

The long term detention has made my children so afraid of the police, they have sleepless nights, lost of appetite, they think that their are not human beings anymore, they have no future and they think that we are criminals.

Medical Justice
London
March 2011

<http://www.medicaljustice.org.uk/images/stories/reports/d%26d.pdf>



Dual Loyalties: The Challenges of Providing Professional Health Care to Immigration Detainees.

Physicians for Human Rights. March 2011

https://s3.amazonaws.com/PHR_Reports/2011_DualLoyalties_Final_3_24_2011_opt.pdf

Baby holds HIV
at bay, doctors say

Mississippi baby born with
HIV apparently cured
with aggressive treatment

**DOCTORS
CURE
1ST CHILD
OF HIV**

HIV TOT CURE

Heavy drug dosage credited for Mississippi miracle

Baby Cured of AIDS for the
First Time, Researchers Say

Infant
born with
HIV may
be cured

No infection after
year off medicines

**IN MEDICAL FIRST,
A BABY WITH H.I.V.
IS DEEMED CURED**

SOME SKEPTICISM VOICED

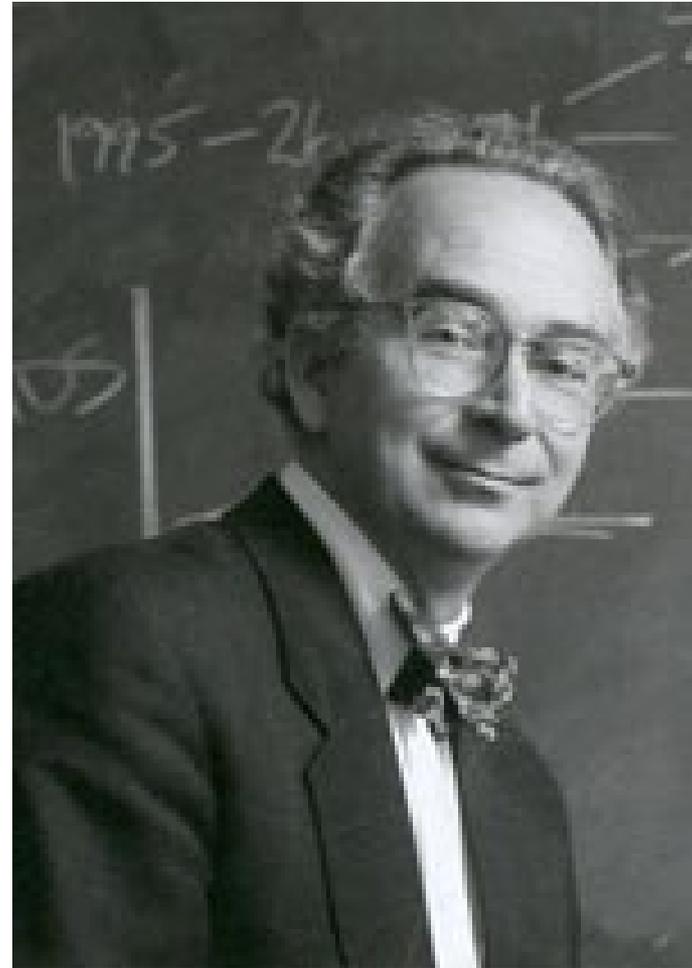
If Confirmed, Findings
Could Lead to Shift
in Treatments

Timothy
Ray Brown
Foundation



Jonathan Mann 1947 - 1998

- “The third epidemic, of social, cultural, economic and political reaction to AIDSis as central to the global AIDS challenge as the disease itself. ”
- Jonathan Mann 1987



Journal of the Royal Statistical Society. Series A (Statistics in Society), Vol. 151, 1. (1988)

