

# Pan London HIV Prevention Programme Needs Assessment

## Epidemiology Report

*Prepared by Inner North West London Primary  
Care Trusts on behalf of the Pan London HIV  
Commissioning Group*

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## 1. Introduction

The aim of this document is to present the epidemiological outlook of HIV in London. Through collation and analysis of existing data we aim to build a profile of HIV for the at risk groups targeted by the Pan London HIV Prevention Programme.

The groups concerned in this case are the black African, MSM (men who have sex with men) and black Caribbean communities in London.

The analysis will focus on the following areas:

- Current HIV prevalence
- Undiagnosed prevalence
- HIV incidence (new diagnoses)
- Those diagnosed with HIV and accessing care
- Late diagnoses of HIV
- Demographics of risk groups
- Geographical distribution of HIV disease burden
- Current attitudes/behaviours
- Analysis of PCT contributions

## 2. Overall HIV trends in London

### 2.1. New diagnoses

In 2010, there were 2,841 people newly diagnosed with HIV in London clinics<sup>1\*</sup>. This is almost the same as 2009 (2,851). This total represents half of all new HIV diagnoses made in England. It is important to note that this figure is provisional and may rise as late reports are received.

Although numbers of new HIV diagnoses have declined since the peak reached in 2003 (3,251), the number for 2010 was 21% higher than the number reported for 2000(2,352)<sup>1</sup>.

In 2010, there were only 224 AIDS diagnoses in London; about half the number seen ten years ago, but a rise from the previous year. Also, there were 223 deaths in HIV infected individuals in 2010. This is around the average for the last decade (239)<sup>1</sup>. However, information about mortality may be subject to significant reporting delays and there are limitations to identifying HIV patients in mortality data.

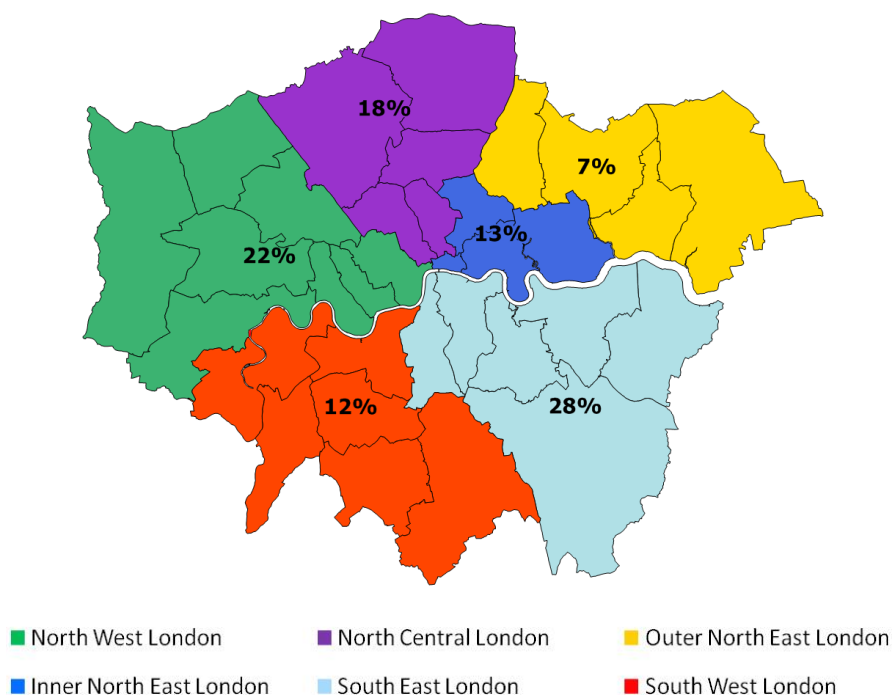
The numbers of people living with HIV in London has been increasing over the past ten years, and with a consistent number of deaths, this indicates a declining death rate. This decline has been largely attributed to the effectiveness of highly active anti-retroviral therapies (HAART) in treating the disease<sup>2</sup>. It is also true that as people live longer with HIV, they are increasingly likely to die of causes not related to their HIV status.

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\* At this level (regional), analysis of those newly diagnosed with HIV includes those not resident in London.

## 2.2. Diagnosed HIV prevalence

**Figure 1. Prevalence of HIV diagnosed individuals accessing care in London by PCT Cluster**



Source: HPA – Survey of Prevalent HIV Infections Diagnosed

The latest figures from the HPA showed that in London, 28,285 people were living with a diagnosed HIV infection in 2009<sup>3</sup>. This figure is a 5% increase from the previous year and represents 47% of people accessing HIV care in England. South East London Cluster had the largest proportion of residents accessing HIV-related care (28%). This continued the trend of it having the highest prevalence of all London clusters (since 2002).

The overall diagnosed prevalence rate of HIV in London was 5.2 per 1,000 residents<sup>3</sup>, which is three times the national rate.

The prevalence of diagnosed HIV by Primary Care Trust (PCT) of residence is measured in the 15-59 year old age population using Office of National Statistics (ONS) population estimates as a denominator. The concentration of high prevalence areas in inner London is clearly visible. Twenty six PCTs have a diagnosed prevalence greater than 2 per 1,000 residents.

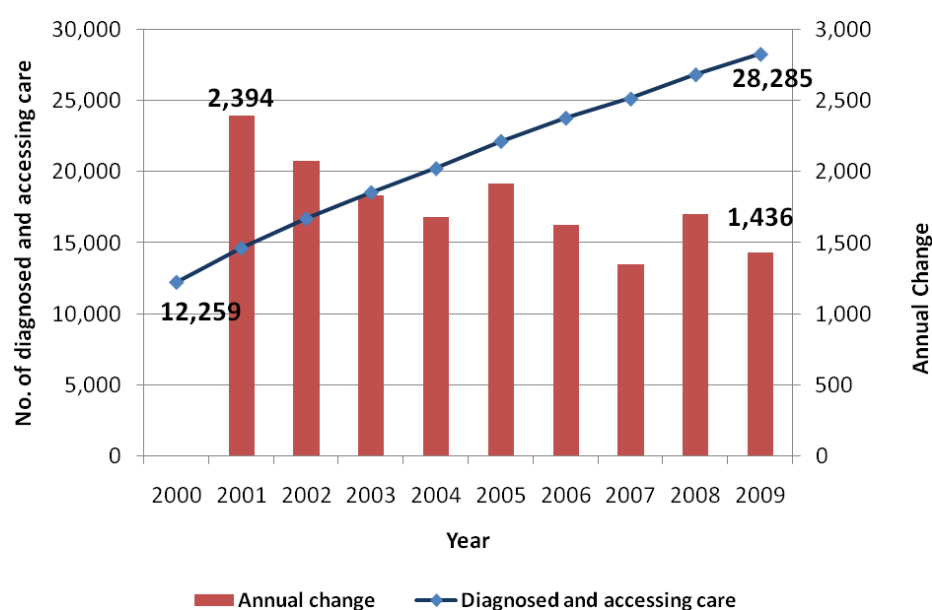
It is recommended that in areas that have a prevalence of 2 per 1,000 population or greater; HIV testing should be offered to all adults when registering in general practice and for general medical admissions<sup>4</sup>.

**Table 1. Diagnosed HIV prevalence in London PCTs (ages 15-59), 2009**

Primary Care Trust	Diagnosed prevalence per 1,000 population	Residents accessing related care	Primary Care Trust	Diagnosed prevalence per 1,000 population	Residents accessing related care
Lambeth	13.28	2,712	Wandsworth	4.91	1,009
Southwark	10.39	2,103	Brent	4.57	752
Islington	9.07	1,244	Croydon	4.45	955
Kensington & Chelsea	8.33	946	Enfield	3.89	699
City & Hackney	8.25	1,265	Hounslow	3.54	549
Hammersmith & Fulham	8.15	967	Ealing	3.01	630
Newham	8.12	1,290	Barnet	2.80	593
Camden	7.50	1,235	Sutton & Merton	2.74	697
Lewisham	7.03	1,262	Redbridge	2.65	441
Westminster	7.01	1,269	Hillingdon	2.42	394
Haringey	6.81	1,055	Bexley	2.07	279
Tower Hamlets	5.94	970	Bromley	2.00	366
Greenwich	5.58	805	Richmond & Twickenham	1.84	221
Barking & Dagenham	5.10	536	Harrow	1.83	262
Waltham Forest	4.94	711	Kingston	1.60	176
			Havering	1.36	186

Source: HPA – Survey of Prevalent HIV Infections Diagnosed

The number of individuals diagnosed and accessing care in London is rising. However, the annual rate of increase is slowing. In 2009, there was an increase of 1,436 patients accessing care in London. This is 265 fewer patients than the increase in 2008.

**Chart 1. Individuals diagnosed and accessing care in London, 2000-2009<sup>†</sup>**

Source: HPA – Survey of Prevalent HIV Infections Diagnosed

<sup>†</sup> No annual change data for 2000, as 1999 data are unavailable.

### **2.3. Modelled HIV prevalence and undiagnosed populations**

The HPA provide modelled estimates of undiagnosed HIV prevalence in 15-59 yr olds. These estimates include splits for heterosexual, MSM and Sub-Saharan African populations.

Current (2009) modelled estimates put the number of HIV infected individuals in London at 35,710. This is around 44% of the predicted UK HIV infected population. Of this, 9,440 are thought to be undiagnosed; representing 26.4% of the total estimated HIV infected population in London<sup>5</sup>.

### **2.4. Late and very late diagnoses**

There is a key public health target around diagnosis of HIV. By 2010/11, PCTs had to have reduced their proportions of very late (CD4 count <250) HIV diagnoses to 15%<sup>6</sup>. This is because an earlier diagnosis of HIV can reduce the risk of HIV related death. It also allows diagnosed people to make behavioural changes to avoid infecting others and can reduce infectivity due to earlier initiation of antiretroviral therapy.

In 2009, there were 1,006 patients (aged 15 or over) who were diagnosed late (CD4 count <350), and 580 were classed as very late diagnoses. This (580) represents 29% of all diagnoses (with a valid CD4 count) in London in 2009. This percentage has remained largely unchanged for the past 3 years, but is five percent lower than in 2004/05 when the baseline was established<sup>6</sup>.

The PCTs with the highest numbers of very late diagnoses are a similar makeup to those with an overall high number of HIV diagnosed patients (Lambeth, Newham, Southwark, Lewisham, and Croydon)<sup>6</sup>.

However, when this is looked at as a proportion of all HIV diagnoses, there are different PCTs where this proportion is highest. These are Bexley (54%); Ealing (48%); Barking & Dagenham (45%); Waltham Forest (45%), and Hillingdon (42%)<sup>6</sup>. These figures must be taken in context with their overall disease burden of HIV, which tends to be lower in these areas.

This is part of a general trend where the outer London PCTs – despite having generally lower rates (and/or overall numbers) of diagnosed patients (see Table 1) – tend to have a higher proportion of those patients diagnosed very late<sup>‡</sup>.

## **3. Risk Groups**

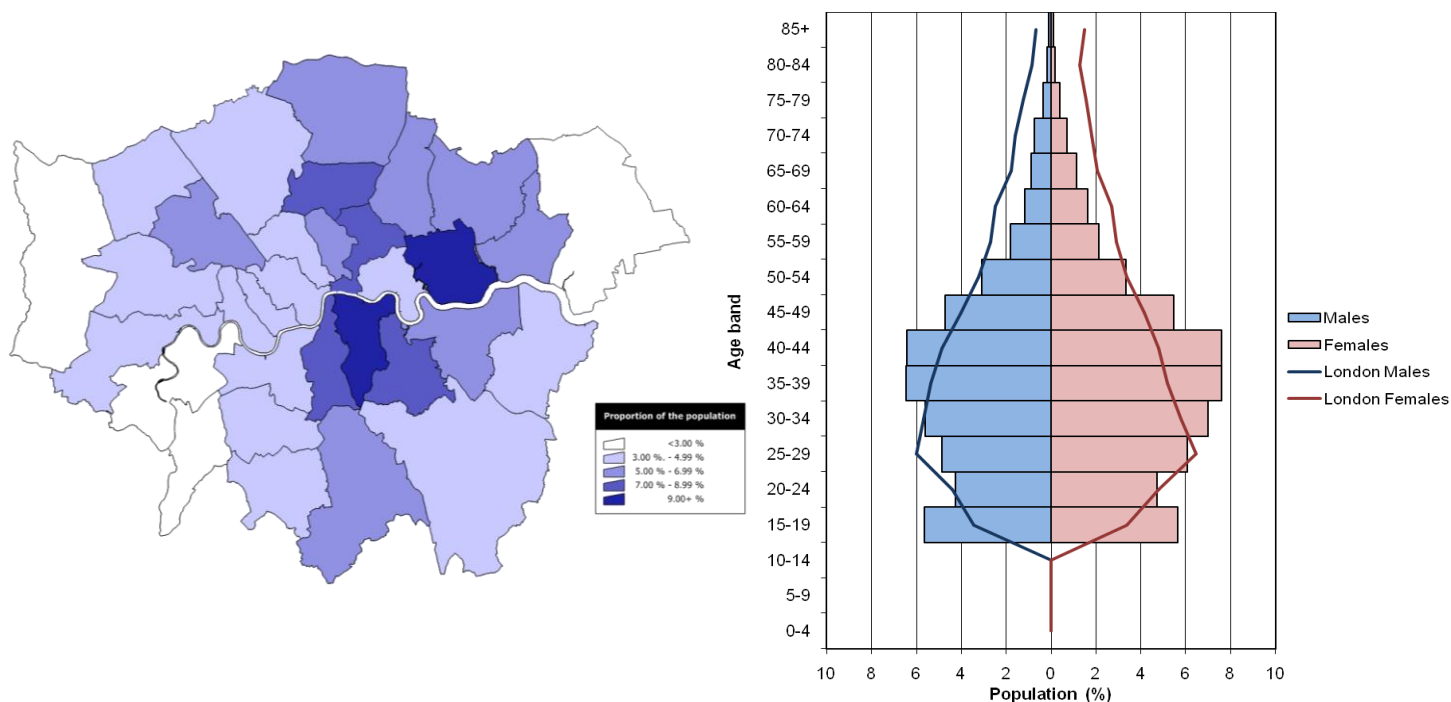
### **3.1. Black African**

Latest estimates put the black African population (aged 15 years and over) in London at around 345,600<sup>7</sup> in 2010, which equates to 5.5% percent of the London total. The most populous age groups of the population are people aged 35-39 years and 40-44 years, and these constitute a greater proportion compared to all London residents but there is a far smaller proportion of older people (aged 65 and over). There is general skew in the population towards females.

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<sup>‡</sup> Further details of this indicator are available from the Sexual Health Balanced Scorecard <http://www.apho.org.uk/sexualhealthbalancedscorecard>

**Figure 2. Black African population characteristics in London (males and females aged 15 yrs and over)**



Source: Greater London Authority.

The PCTs with the highest number of black Africans are Southwark and Newham, with prominent communities also in Hackney, Haringey, Lewisham and Southwark.

### 3.2. MSM

Providing a demographic analysis of the MSM population in London is notoriously difficult. Information on sexual orientation is difficult to come by as it is not routinely collected.

Frequently used estimates come from sources such as NATSAL (**N**ATional survey of **S**exual **A**ttitudes and **L**ifestyles). The last survey was conducted in 2000. This survey estimated the MSM<sup>§</sup> proportion of the London population (16-44 yr olds) to be around 5.5%<sup>8</sup>.

This would equate to around 100,300 men (aged 16-44) in Greater London if applied to GLA population figures<sup>9</sup>. If this estimate is extrapolated to the entire London (male) population aged 15 and over (to mirror the black African and Caribbean population analyses), it would come to 166,700.

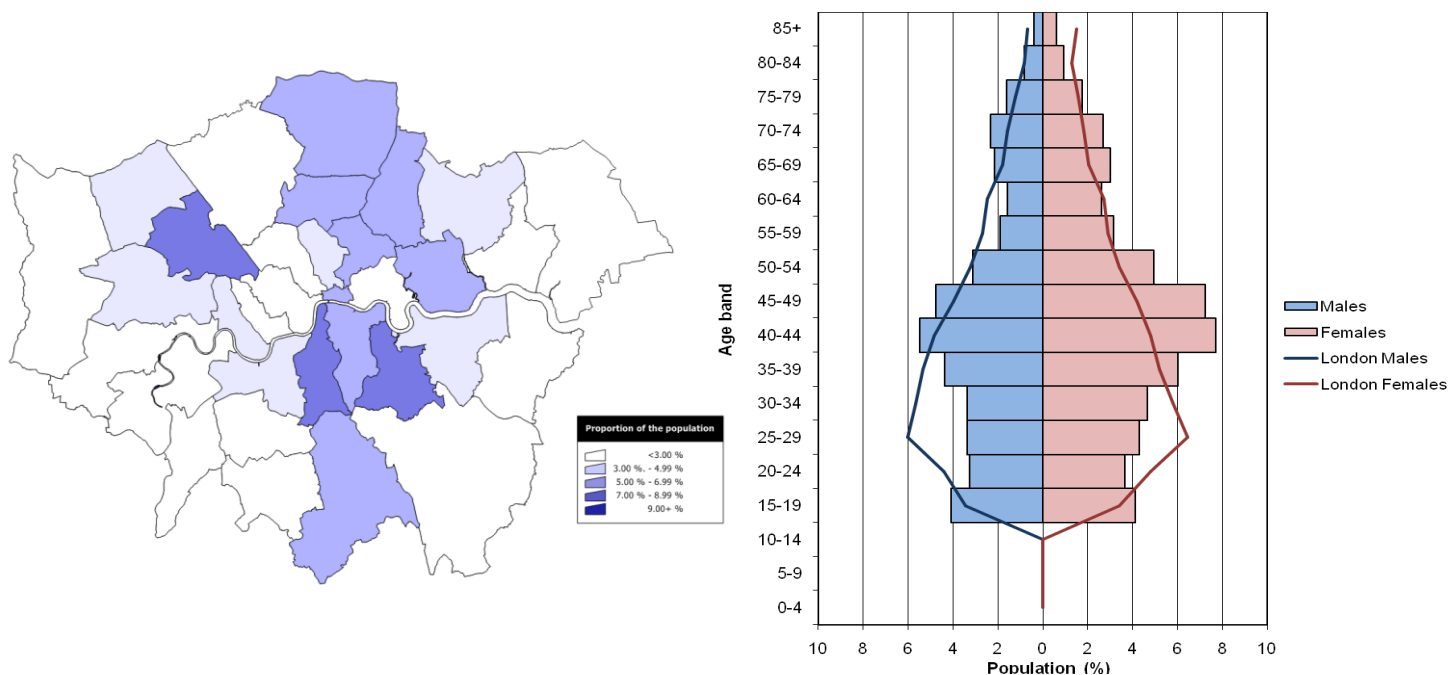
### 3.3. Black Caribbean

The black Caribbean population (aged 15 and over) in London stands at approximately 298,200<sup>7</sup> in 2010, or 4.7% of the London population. In contrast to the black African population, this group has a larger proportion aged 65 years and over than the London average and a lower proportion in the 20-30 year age range.

<sup>§</sup> MSM in this case refers to sleeping with a same sex partner in the previous 5 years.



**Figure 3. Black Caribbean population characteristics in London (males and females aged 15 yrs and over)**



Source: Greater London Authority.

The largest age ranges are in a slightly older age bracket than for black Africans (40-44 and 45-49 years old) there is also a larger than (London) average skew towards women in these age ranges.

As with the black African population, there are concentrations in inner South East London (Lewisham, Lambeth). Overall, the population distribution follows a north-south axis through the city, from Enfield to Croydon. There is also a large representation of black Caribbean people in Brent.

### 3.4. Key points/further actions

#### Key Points

- Nearly half the national population of diagnosed HIV patients are in London.
- The vast majority of the PCTs exceed the prevalence threshold for universal testing of adults when entering into primary or secondary care.
- Although the diagnosed population is rising, the rate of increase is slowing.
- The annual number of those newly diagnosed with HIV is on the decline but still higher than 10 years ago.
- Modelled prevalence estimates show that over a quarter of the HIV population in London remain undiagnosed.
- Both the black African and black Caribbean ethnic groups have a more middle aged profile than London as a whole. Black Africans have fewer people in their 20s but also fewer in old age.
- It is extremely difficult to obtain a reliable estimate of the MSM population in London. There are only modelled estimates and surveys available.

### Further Actions

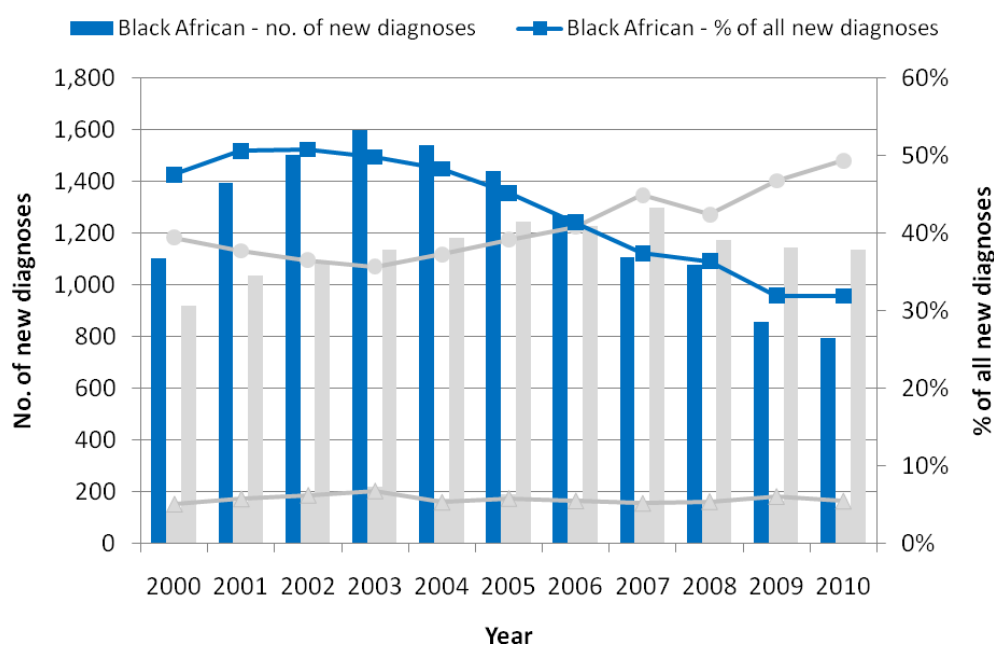
- Another edition of the National Survey of Sexual Attitudes and Lifestyles (NATSAL 2010) is due to be published in 2012. This may provide more accurate estimates for current MSM populations in London. From this, more local modelling of MSM populations (along with other inputs such as SOPHID) could be undertaken.

## 4. Detail – Black African community

### 4.1. New diagnoses

In 2010, 31.8% (793/2,491) of new HIV diagnoses in London clinics were classed as being in the black African population<sup>1</sup>. This is the same proportion as in 2009, but a lower number (854/2,682). Since the 2003 peak in numbers, both the absolute number and relative proportions have been steadily declining. In 2003, the black African group accounted for nearly half (49.8%) of those newly diagnosed with HIV that year (1,595/3,200).

**Chart 2. Black African New Diagnoses of HIV in London (2000-2010)\*\***



Source: HPA – New Diagnoses and Deaths Dataset

Using a subset of new HIV diagnoses made in 2009 which could be cross linked with the SOPHID database; it is possible to estimate numbers at a PCT level. The highest numbers of black Africans newly diagnosed with HIV are in Newham, Southwark and Croydon. This is to be expected, as these areas have large black African populations.

Barking & Dagenham has the highest proportion of its new HIV diagnosed individuals being of black African origin (66.7%). Other PCTs where black Africans make up a high proportion of newly diagnosed HIV individuals are Newham (65.3%), Enfield (61.9%) and Croydon (53.4%). These figures must be placed in context as the total numbers may be small in some cases.

Since 2005, black African men and women have made up a decreasing proportion of those newly diagnosed with HIV. In 2009, black African men made up 12% of people being newly diagnosed with HIV, and black African women, 20%. In contrast, from 2000-2004, black African men accounted for 18% of those newly diagnosed with HIV on average, and black African women 32%.

\*\* Numbers adjusted for exclusion of unknown ethnicity.

## 4.2. Diagnosed HIV prevalence

There were 9,815 HIV diagnosed people of black African origin accessing care in London in 2009, just over a third (35%) of all those accessing HIV in London<sup>3</sup>. This is nearly triple the number in 2000 (3,536). However, the rate of increase has slowed significantly in that time (eight out of the past nine years to 2009); the number only rising by 221 from 2008. In contrast, the rise from 2000 to 2001 was 1,256 patients<sup>3</sup>.

In nearly half of London PCTs (15/31), black Africans were the largest ethnic group in terms of residents accessing HIV care, and the second largest in 14 out of the remaining 16 areas. Nearly two thirds of black African diagnosed patients (65.3%) are female. This is a totally different pattern to all other ethnic groups where males are predominant.

## 4.3. Modelled HIV prevalence and undiagnosed populations

The closest modelled estimate for the total number of people infected with HIV in the heterosexual black African population (in this case, Sub Saharan African) in London in 2009 is 11,701 (7,309 female, 3,762 male)<sup>5</sup>. There are also estimates for the number who are HIV positive but are undiagnosed (2,184 [1,301 female, 833 male]). This equates to 18.6% of the total estimated population of people living in London with HIV.

Looking at the (heterosexual) Sub-Saharan African population attending GUM Clinics in London; 1.3% of attendees had a previously undiagnosed HIV infection. This is low, but still over double that in the overall (heterosexual) cohort<sup>10</sup>.

## 4.4. Late diagnoses

Late diagnosis data are not currently available for the black African population in London.

## 4.5. PCTs with large black African populations

### City & Hackney

- Black Africans made up 10.2% of the resident population (aged 15 and over) in 2009<sup>7</sup>.
- However, they constituted nearly a third (32.8%) of those diagnosed residents accessing care, totalling 435 in 2009<sup>3</sup>.
- Females outnumbered males by two to one (291 to 144) in the HIV diagnosed population<sup>3</sup>.
- Between 2005 and 2006 there was a nine percent rise in the number of diagnosed residents; and between 2006 and 2009, there has been a rise of around four percent per year<sup>3</sup>.
- The highest disease burden in City & Hackney is in areas such as Dalston, Chatham and Hackney Downs, but the burden is relatively high across the PCT<sup>11††</sup>.
- There were 39 black Africans newly diagnosed with HIV in City & Hackney in 2009. This accounts for 5% of London black Africans newly diagnosed with HIV<sup>1††</sup>.

### Lambeth

- In 2009, black Africans accounted for 9.9% of the population aged 15 and over, totalling around 24,000<sup>7</sup>.

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†† The mapping showing geographical distribution at below PCT level is deemed to possibly portray confidential information, so cannot be shown.

‡‡ Increases in diagnosed population cannot be directly compared with local data for those newly diagnosed. These new diagnoses data were found by cross linking where possible with the SOPHID dataset.

- Black Africans were significantly overrepresented in the proportion of HIV diagnosed residents accessing care at 20.6%<sup>3</sup> (586). This is the second highest ethnic group behind whites.
- After a small decrease from 2006, the number of those diagnosed has been rising slowly between 2005 and 2009 at an average of two percent per year. The rise has almost exclusively been in black African females, with the number of black African male diagnosed residents in Lambeth actually being lower in 2006 (213) and 2009 (214) than in 2005<sup>3</sup>.
- The areas of highest disease burden for Lambeth in terms of the numbers of black Africans diagnosed, runs in a north-south line covering more of the eastern side of the PCT incorporating the North Lambeth and Brixton localities (as defined by the local authority), although there are a relatively high number (compared to London) living all over the PCT<sup>11††</sup>.
- Six percent of London black Africans newly diagnosed with HIV in 2009 were in Lambeth (41)<sup>1††</sup>.

### **Newham**

- Black Africans constituted 14.1% (29,300) of the local population (aged 15 and over)<sup>7</sup> in 2009.
- Black Africans made up 62.5% (850) of diagnosed HIV residents accessing care in 2009, the largest ethnic group<sup>3</sup>.
- There has been a five percent fall from the previous year in the HIV diagnosed population accessing care. Between 2005 and 2008 however, there was an average rise of eight percent each year<sup>3</sup>.
- The female population was higher than the male, nearly double (555 female, 295 male)<sup>3</sup>.
- The areas of highest disease burden for the black African population in Newham are in an area stretching from Forest Gate in the north of the PCT, through Plaistow, to the Custom House area in the south. However, Newham has a relatively high number of diagnosed patients all over the PCT<sup>11††</sup>.
- Newham has the highest proportion of London black Africans newly diagnosed with HIV in London in 2009 (11%, 81)<sup>1††</sup>.

### **Southwark**

- The black African population in Southwark (aged 15 and over) made up 13% of the total resident population in 2009<sup>7</sup>.
- However, 31.2% (685) of the resident diagnosed population accessing care came from a black African ethnicity in that year<sup>3</sup>.
- The number of those diagnosed and accessing care has been largely rising between 4.5% and 6.5% per year between 2005 and 2009 (a one percent decrease in 2006), with females showing a larger proportional increase in that time (16% vs. 9%)<sup>3</sup>.
- The female to male ratio in the 2009 diagnosed population accessing care is similar to that in Newham and Lambeth; nearly two to one (443 female, 242 male)<sup>3</sup>.
- The areas of highest disease burden for the black African population in Southwark stretches east to west across the middle of the PCT where the northern localities of Borough & Bankside and Walworth; and Bermondsey & Rotherhithe meet the southern localities of Camberwell & Dulwich; and Peckham & Nunhead and Peckham Rye (as defined by the local authority)<sup>11††</sup>.
- Southwark has the second highest proportion of London black Africans newly diagnosed with HIV in London in 2009 (8%, 55)<sup>1††</sup>.

### **Lewisham**

- In 2009, 45% (599) of residents diagnosed with HIV and accessing care came from the black African ethnicity. This was the highest proportion of all ethnicities in Lewisham<sup>3</sup>.
- In comparison, the resident population (aged 15 and over) was 9.7% (21,300) of the total in 2009<sup>3</sup>.
- The number of those diagnosed and accessing care has been rising between 2005 and 2009. Between 2006 and 2008, there was an average 10% annual increase and from 2008 to 2009, there was a smaller increase of 2.7%<sup>3</sup>.
- The female to male ratio was lower in this population in comparison to many of the other areas described (1.6:1; 369 female, 230 male) in 2009<sup>3</sup>.
- The areas of highest disease burden for black Africans in Lewisham are concentrated in pockets in the north and south of the PCT. In the north; New Cross and Evelyn wards, and in the south; around the south of Bellingham ward<sup>1††</sup>.
- Lewisham had one of the highest proportions of black Africans newly diagnosed with HIV, the fourth highest in London in 2009 (6%, 47)<sup>1††</sup>.

### **Haringey**

- In Haringey, black Africans comprised 7.5% of the resident population in 2009, but accounted for 44.8% (502) of the resident diagnosed population accessing care. This was 8.9% higher than in the next highest category (that being white)<sup>3</sup>.
- This number has been rising between 2005 and 2008, at an average of around four percent per year. However, in 2009, there was a slight reduction of 2.5%<sup>3</sup>.
- The areas of highest disease burden in Haringey are in the east of the PCT running north – south along the axis of the A10 and Tottenham High Road. The burden decreases as you head to the west of the PCT, with another pocket around the Wood Green/Bounds Green area<sup>1††</sup>.
- Four percent (32) of London black Africans newly diagnosed with HIV in 2009 lived in Haringey<sup>1††</sup>.

### **Croydon**

- In Croydon, 6.6% of the resident population were from the black African ethnic group in 2009<sup>7</sup>.
- The proportion of those diagnosed and accessing care coming from the black African ethnic group was much higher (56.7%; 577)<sup>3</sup>.
- The number of those diagnosed and accessing care in Croydon has been rising steadily between 2005 and 2009 at an average of 4.5% per year. There has been a higher proportionate increase in the male diagnosed population (25.6%) than the female (16.1%)<sup>3</sup>.
- The female to male ratio of those diagnosed and accessing care was nearly two to one in 2009 (381 female, 196 male)<sup>3</sup>.
- The areas of highest disease burden in Croydon are mainly in the northern half of the PCT. Particularly Selhurst and South Norwood. There is also an area in the south, around the Fieldway and New Addington wards<sup>1††</sup>.
- Seven percent (48) of London black Africans newly diagnosed with HIV in 2009 were in Croydon, the third highest proportion in London<sup>1††</sup>.

## Other areas of high disease burden

In London there are some other areas where there are high numbers of black Africans diagnosed with HIV<sup>11††</sup>:

- Eastern Enfield (Edmonton, Enfield Highway, Enfield Lock)
- Thamesmead
- Deptford/Greenwich

## 4.6. Attitudes to HIV

**Survey background** – The Sigma Bass Line 2008-09 African Health and Sex Survey was carried out on a sample of 1,022 people aged 16 and over. Missing answers were not included in the percentage breakdown (unless there was a 'don't know' category), and to be included, each participant had to answer a sufficient number of questions.

Attitudinal surveys<sup>12</sup> of the London black African community showed the following points:

**Awareness** – The vast majority of respondents had good awareness regarding HIV. Ninety five percent knew AIDS is caused by HIV; 90% knew that you can have HIV without knowing it, and 90% also knew that there is currently no cure. However, only just under two thirds (65.5%) of respondents knew that you are not deported from the UK just because you are HIV positive.

Eighty seven percent of respondents expressed a desire for more knowledge around sexual health and HIV, but only 55% wanted to learn through talking to somebody. A much higher proportion (78.1%) preferred to learn through reading.

**Behaviour** – Around a third of respondents (33.9%) stated that they had more than one sexual partner in the previous 12 months. Ten percent of males and five percent of females stated that they had (sero-discordant) unprotected sex in the last 12 months.

**Prevention** – Over 80% (83.1%) of respondents agreed (or strongly agreed) that they were able to use condoms with sexual partners. A similar proportion was aware that condoms are freely available from family planning or some community organisations.

However in terms of actual use, only 63% of respondents said that they use condoms at least half of the time in the previous 12 months. A fifth of respondents said that they have problems getting hold of condoms, and 29% said that they were worried about what others may think of them if they carried condoms on their person.

**Treatment** – Two thirds of respondents had not heard of post exposure prophylaxis (PEP), but a similar proportion (64.8%) knew that it is better to take HIV medicines before you become ill. This may indicate a lack of awareness around terminology.

## 4.7. Key points/further actions

### Key Points

- The black African population are vastly overrepresented as an ethnic group in HIV analyses, even though trends are showing a decrease in proportion (those newly diagnosed with HIV) or being relatively static (diagnosed and accessing care). Females far outnumber males in terms of those diagnosed; contrary to all other ethnic groups (this is also apparent in estimates of overall HIV prevalence).
- At a more local level, even in areas of low prevalence, the black African population still tends to constitute a sizeable proportion of the resident diagnosed population regardless of the size of the cohort.
- The attitudinal survey shows that although awareness around HIV is generally high with regard to how HIV is contracted and its (a)symptomatic characteristics. There may be

some misconceptions around the law and HIV (i.e. onward transmission and concern over risk of deportation if diagnosed with HIV). Condom use may still be an issue, although this may be part of a wider attitude problem toward safer sex, not black Africans in isolation.

- Taking inferences from one survey is risky as unseen biases may be present. However, attitudinal surveys of this kind and of this scale are rare and should be taken into account.

#### Further actions

- Further analysis of the black African population may be warranted in terms of sub-continental or even national groups. This may provide more insight into emerging risk sub-groups, as more recent patterns of migration are harder to define from analyses such as the Census as they are not timely enough.
- More local analyses of sub-groups can compliment efforts such as the Sigma Bass Line Survey. For such behavioural or attitudinal study to be meaningful, more segmentation is needed of the black African population as sub-group differences are more difficult to infer at present.

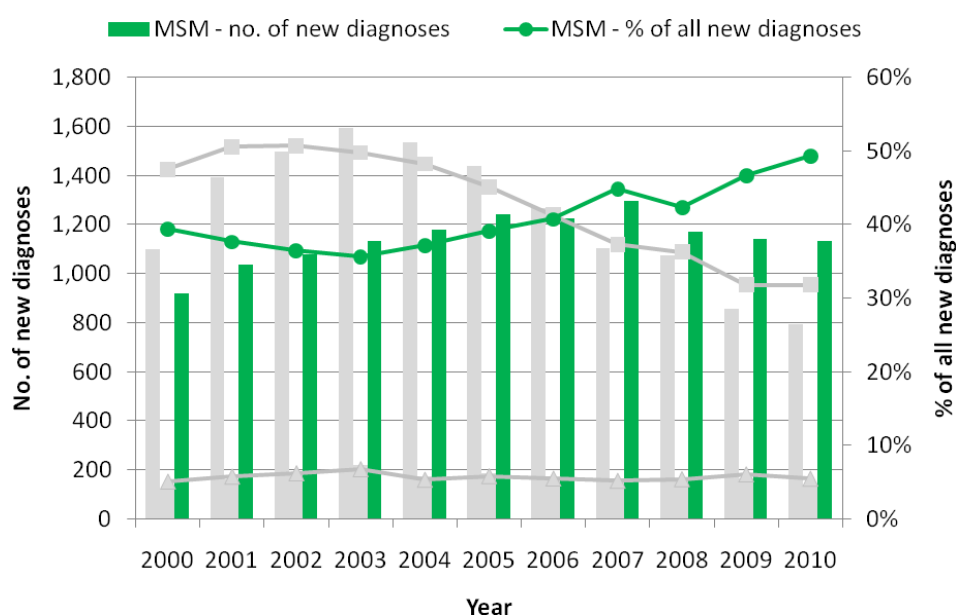
## 5. Detail – MSM

### 5.1. New diagnoses

In 2010, sex between men was the most common route of infection. It accounted for 49.3% (1,133/2,296) of those newly diagnosed with HIV in London clinics<sup>1</sup>. This is a slightly lower number than the previous year (1,141) but a higher proportion than the previous year (46.7%).

The trend for MSM newly diagnosed with HIV follows a different pattern to the other highlighted risk groups. Over the past 10 years, the proportion of new diagnoses attributed to MSM has increased in the main since 2003. Total numbers have not been falling steadily either. The peak year for total numbers came in 2007, with 1,297 MSM newly diagnosed with HIV<sup>1</sup>.

**Chart 3. MSM new HIV diagnoses in London clinics (2000-2010)<sup>§§</sup>**



Source: HPA - New Diagnoses and Deaths Dataset

<sup>§§</sup> Numbers adjusted for excluding unknown route of transmission.

Using the cross-linked subset of SOPHID data and 2009 new diagnosis data, we see that the following PCTs had the highest number of new HIV diagnoses in MSM resident in London: Lambeth (167), Southwark (114), and Tower Hamlets (95)<sup>1</sup>.

## 5.2. Diagnosed HIV prevalence

Overall, there were 13,009 HIV diagnosed patients accessing care where sex between men was the route of infection<sup>3</sup>. MSM make up the most common behavioural risk group in those resident and accessing care in London (46%). This proportion has been falling slowly over the past nine years (the proportion stood at 55% in 2000). The annual increase was 609 patients (4.7%) from 2008 to 2009, and this annual increase has fluctuated from around 600 to 800 patients per year from 2000 to 2009. Eleven London PCTs recorded sex between men as the most common route by which their patients accessing care for HIV had been infected.

As was seen for new HIV diagnoses, Lambeth (1,778) and Southwark (1,135) are the PCTs with the highest numbers of MSM accessing care for HIV. Westminster (950) also had a high number of MSM accessing care for HIV as did Camden (905)<sup>1</sup>.

## 5.3. Modelled HIV prevalence and undiagnosed populations

Modelled estimates looking at the number of HIV infections where the route of infection was sex between men, we would expect the number of HIV infected MSM (aged 15 to 59) in London to have been around 18,020<sup>5</sup> in 2009. Of these, 5,320 (29.5%) were thought to be undiagnosed. Unlinked anonymous testing of GUM clinic attendees gives a 12% prevalence of HIV and a 3.3% prevalence of patients previously undiagnosed<sup>10</sup>.

## 5.4. Late diagnoses

A lower proportion of London MSM are diagnosed late (CD4 count <350) or very late (CD4 count <200) compared to all Londoners receiving a new HIV diagnosis.

In 2009, of those diagnosed (and had a valid CD4 count recorded), 35% were diagnosed late (compared to 51% overall). Eighteen percent (136/775) were diagnosed very late (compared to 29% overall [580/1980]).

The proportion of very late diagnoses has been fluctuating in the mid teens to early twenties of percent<sup>6</sup> for the past few years.

## 5.5. HIV testing

Uptake of HIV testing amongst MSM is generally good when offered in GUM clinics. In 2010, the lowest percentage was 89.1% (Hounslow) and the highest, 93% (Haringey)<sup>13</sup>. This is a higher than uptake seen for heterosexual men (76.3% [Havering] - 92.5% [City & Hackney]), although it should be noted the denominator for heterosexuals is larger<sup>†</sup>.

## 5.6. Areas of high disease burden for MSM

### Lambeth

- In 2009, Lambeth had the highest number of HIV patients diagnosed and accessing care in London where sex between men was the route of transmission (1,778). This equates to 14% of the London total and seven percent of the national total<sup>3</sup>.
- This figure also represents 62.5% of all HIV diagnosed patients in the PCT. This number has been increasing steadily at around 100-120 patients per year since 2005<sup>3</sup>.
- Areas of high disease burden for MSM resident in Lambeth is concentrated in the north of the PCT in the North Lambeth locality, and this decreases as you move south. However, compared to London as a whole, there are higher numbers of MSM with HIV living all over the PCT<sup>11††</sup>.
- Lambeth also has the highest number of new HIV diagnoses for MSM in London (167)<sup>1††</sup>.



- The geographical distribution of those MSM newly diagnosed with HIV (from 2004-2009) follows a similar pattern to that of the resident HIV diagnosed population showing more in the north than in the south of the PCT, particularly in the Kennington and Oval areas<sup>11††</sup>.
- Thirteen percent of Lambeth MSM newly diagnosed with HIV (where a valid CD4 count was recorded) were classed as very late. This is a three percent reduction from the previous year<sup>6</sup>.
- Testing uptake by Lambeth MSM in GUM clinics is high (90.5%) but nonetheless in the lowest quartile of London PCTs<sup>13</sup>.

### Southwark

- Southwark also has a high number of diagnosed residents accessing care who are MSM. In 2009, this stood at 1,135; representing just over half (51.7%) of all HIV diagnosed residents in the PCT<sup>3</sup>.
- This figure has been on a steady increase over the past 5 years. These increases range from an increase of around 50 in 2005-06 and 2007-08; to increases of around 80 in 2006-07 and 2008-09.
- The majority of MSM diagnosed patients resident in Southwark live in the north of the PCT, particularly in the northwest; in the Borough, Banskide, and Newington areas. However, like Lambeth, although this decreases as you move to the south, compared to London as a whole, the burden is relatively higher all over the PCT<sup>11††</sup>.
- New HIV diagnoses of MSM are also high in Southwark compared to other London PCTs. In 2009, 114 patients were diagnosed, the second highest total in London (behind Lambeth)<sup>11††</sup>.
- Ten percent of MSM patients newly diagnosed with HIV (where a valid CD4 count was recorded) were classed as very late. This is below the London average for MSM diagnoses (18%)<sup>6</sup>.
- The numbers of those newly diagnosed with HIV from 2004-2009 were mainly in residents living in the north of the PCT, in the Borough & Banskide and Walworth; and Bermondsey & Rotherhithe localities<sup>11††</sup>.
- Testing uptake in Southwark by MSM in 2010 was in the second lowest quartile of PCTs (91.2%)<sup>13</sup>.

### Camden

- Camden has one of the highest MSM resident populations diagnosed with HIV and accessing care. In 2009, there were 905 such residents<sup>3</sup>. This was 69% of all HIV diagnosed residents.
- The rise in the number of diagnosed residents has decreased considerably in the past few years from 87 between 2005 and 2006 to less than ten between 2008 and 2009.
- The number those newly diagnosed with HIV in 2009 in Camden was 55 (8<sup>th</sup> highest in London)<sup>11††</sup>.
- There are more people living with HIV in the south of the PCT than in the north. In particular, the West End, Camden Town, King's Cross and Kentish Town areas with another pocket around the St John's Wood/Swiss cottage area<sup>11††</sup>. Again, compared to London, there is a relatively high disease burden throughout the PCT.
- Of those newly diagnosed with HIV in 2009 (where a valid CD4 count was recorded), around a quarter (24%) were classed as very late<sup>6</sup>.
- New HIV diagnoses of MSM (from 2004-2009) are (like the overall disease burden) concentrated in the south of the PCT but not to the level of some of the other high prevalence PCTs<sup>11††</sup>.
- Testing uptake by MSM in Camden was 93.4% in 2010, placing it in the highest quartile of London PCTs<sup>13</sup>.

### Westminster

- Westminster is more similar to Camden in terms of HIV prevalence than to Lambeth or Southwark. In 2009, there were 950 HIV diagnosed residents accessing care classed as MSM (third highest number in London); accounting for nearly 70% of all HIV diagnosed residents<sup>3</sup>.
- The rise in this diagnosed MSM population has been slowing (from an 11% rise in 2006 to 3% in 2009).
- Like Camden, the highest disease burden is concentrated around the West End and Soho areas, but also in the south of the PCT around Pimlico, and also Paddington and Bayswater<sup>11††</sup>.
- Westminster has the fourth highest total of those newly diagnosed with HIV in 2009 (86)<sup>1††</sup>.
- The distribution of these new HIV diagnoses in MSM (from 2004 to 2009) shows that they are living in the West End/Soho and Bayswater/Paddington, but not so much in the south of the PCT, in contrast to overall disease burden<sup>11††</sup>.
- Regarding late diagnoses in MSM; in those where a valid CD4 count was recorded, 24% were classed as very late<sup>6</sup>. This is slightly higher than in previous years, but – as before – this must be placed into context as the numbers are quite low in some cases (ranging from single figures to early twenties).
- Testing uptake by MSM in Westminster is in the lowest quartile of PCTs in London at 90.9%<sup>13</sup>.

### Tower Hamlets

- Tower Hamlets has a very high proportion of its HIV diagnosed population accessing care classed as MSM (70.5%). This, combined with the number of MSM living with HIV in the PCT also being quite high (710) translates as MSM being a significant factor in the overall HIV picture in the PCT.
- From 2005 to 2009, this population has increased at around seven percent on average every year<sup>3</sup>.
- In Tower Hamlets, the areas of highest disease burden are in the West along the border with City & Hackney PCT and in East Bow. However, it should be noted that there is a relatively high disease burden (compared to London) all over the PCT<sup>11††</sup>.
- Tower Hamlets also had the third highest number of new HIV diagnoses for MSM in London in 2009 (95)<sup>1††</sup>. The pattern of new HIV diagnoses in MSM (from 2004-2009) follows a very similar pattern to that of the overall disease burden in the PCT<sup>11††</sup>.
- In Tower Hamlets, 15% of MSM diagnoses (where a valid CD4 count was recorded) were classed as very late<sup>6</sup>. This is below the London average of 18%.
- Testing uptake in GUM clinics by MSM in Tower Hamlets is in the second lowest quartile of London PCTs at 91.4%<sup>13</sup>.

### Islington

- In Islington, 66.9% (874) of the resident diagnosed population are MSM. Over the past four years, the MSM diagnosed population in the PCT has been rising at an average of five percent per year<sup>3</sup>.
- The pattern of disease burden shows a high prevalence all over the PCT. In particular, the south of the PCT has the highest number of diagnosed MSM; in the Clerkenwell, Bunhill and Barnsbury areas<sup>11††</sup>.
- Islington had the fifth highest number of new HIV diagnoses in MSM in London in 2009 (69)<sup>1††</sup>. The pattern of new HIV diagnoses in MSM follows a similar pattern to that of the diagnosed resident population in that they are concentrated in the southern area of the PCT<sup>11††</sup>.

- In Islington, 24% of new MSM diagnoses of HIV (where a valid CD4 count was recorded) were classed as very late, which is six percent higher than the London average. This is a three percent reduction than from the previous year but four percent higher than in 2004-2005, illustrating a fluctuation in the figures rather than a general trend.
- Testing uptake in Islington MSM is 92.6%, which puts it in the second highest quartile of London PCTs<sup>13</sup>.

### **Other areas of high disease burden/newly diagnosed patients**

In London, there are some other areas of high disease burden/high numbers of newly diagnosed patients<sup>11††</sup>:

Sands End – Hammersmith & Fulham/Kensington & Chelsea.  
Earls Court/Brompton – Hammersmith & Fulham/Kensington & Chelsea.  
North Kensington – Kensington & Chelsea.  
Norwood/Crystal Palace – SE/SW London Cluster border.

## **5.7. Attitudes to HIV**

**Survey Background** – The UK Gay Men’s Sex Survey 2010 is part of a wider behavioural survey for MSM called the European MSM Internet Sex Survey. The section covering London contained a sample of over 5,000 people aged between 16 and 89; the majority being in their 20 or 30s (61.2%).

Attitudinal surveys of the London MSM community<sup>14</sup> show the following:

**Awareness** – Sixty percent of respondents had seen/heard information about HIV/STIs specifically for MSM in either the previous 7 days (37.1%) or 4 weeks (23.1%). Over 80% (81.2%) had been reached by a HIV prevention programme.

Sixty eight percent of respondents – when asked about communicating HIV status with a non-steady sexual partner – stated that they said nothing about their HIV status to that partner.

**Prevention** – Only 60% of MSM respondents reported use of a condom in their last intercourse with a male partner. Only six percent of respondents were not able to have a condom when needed in the preceding 4 weeks.

Ninety percent of respondents (who are not HIV positive) knew they could get a free HIV test, and 97% of respondents were confident (either very or quite) of being able to get a HIV test if they wanted to. Seventeen percent of respondents have never had an HIV test.

## **5.8. Key points/further actions**

### **Key Points**

- MSM make up the largest behavioural risk group within those newly diagnosed with HIV. There is a lot of information regarding the numerator side of the analysis (i.e. how many HIV diagnoses/deaths there are in MSM), but relatively less input into the denominator (i.e. how many MSM are there?)
- Some attempts have been made but there is a considerable gap in information. There is an opportunity for PLHPP to look into this further as the London MSM population is quite an important one. It may also help in benchmarking and evaluation when commissioning.
- Areas such as Lambeth and Southwark have high numbers of incidence and diagnosed prevalence in their MSM populations (like the black African population) and this is reflective of the overall HIV prevalence in these areas.

- Testing uptake in GUM is higher for MSM than for heterosexuals. This in part can contribute to the continuing rise in those diagnosed, but also shows that the testing avenues that are open in these settings are being used.
- Very late diagnosis levels for MSM have fluctuated between the high teens and low twenties of percent between 2004 and 2009.
- There is a definite pattern in the geographical distribution of those MSM diagnosed with HIV. There is a concentration around the centre of London spreading outwards almost symmetrically into the PCTs of Westminster, Camden, Islington, Hackney, Tower Hamlets, Southwark and Lambeth.
- With those newly diagnosed with HIV (from 2004-2009), there is a similar pattern, but even more concentrated on the centre of London. However, this distribution goes more from north to south (East Westminster, South Camden, North Southwark, and North Lambeth).
- The attitudinal survey is interesting in that its overall focus is different to the black African survey. There was less emphasis on awareness and preventative strategies with regard to HIV and more on lifestyle choices and sexual practices.
- This may suggest a different focus in the MSM community in that awareness around the disease is not as much of a problem. Instead, behavioural factors play much more of a role, hence more questioning about issues such as sexual partners; frequency of testing, and communication around HIV.
- The results from the Gay Men's Sex Survey need to be taken in context. The survey is conducted online and as a result, this may exclude a large section of the target population. This may account for the large proportion of men in their 20s/30s being included. However, like the Bass Line Survey, studies of this sort and size are rare. As it is a regular survey (annually), it can allow for comparison across time.

#### **Further actions**

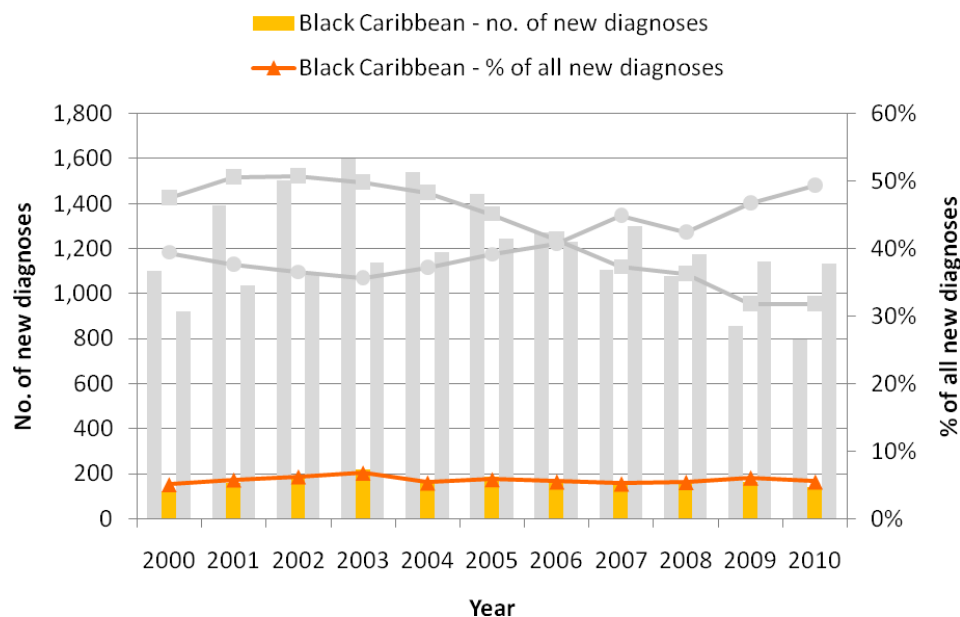
- With the new edition of NATSAL due in 2012, this may provide more relevant insights in the behavioural side of this particular risk group (as well as others involved in the PHLPP). This could be useful as an indicator of changing population dynamics, with new areas of risk groups appearing in London. This aspect warrants further investigation.

## **6. Detail – Black Caribbean community**

### **6.1. New diagnoses**

The black Caribbean group accounted for 5.5% (137/2,491) of those newly diagnosed in 2010 in London clinics<sup>1</sup>. This is down from 2009, where this group accounted for 6.1% (163/2,682). Unlike the overall figures, there hasn't been a purely downward trend since the 2003 peak. Numbers have fluctuated somewhat but this current level is the lowest since 2000. As a proportion of all those newly diagnosed with HIV, the pattern has been fluctuating around 5.7%.

**Chart 4. Black Caribbean new HIV diagnoses in London clinics (2000-2010)<sup>\*\*\*</sup>**



Source: HPA - New Diagnoses and Deaths Dataset

## 6.2. Diagnosed HIV prevalence

In 2009, there were 1,330 HIV diagnosed individuals of black Caribbean origin accessing care in London (813 male, 517 female)<sup>3</sup>. Of the male cohort, the most common route of infection was sex between men; making up 54% of patients.

NB There are no current data available regarding late diagnoses; undiagnosed prevalence; or modelled prevalence for the black Caribbean population in London.

## 6.3. Key points/further actions

### Key points

- There is a significant lack of epidemiological information regarding the black Caribbean community in London and HIV. The focus in terms of prevention has always been on the black African and MSM communities. Some focus has been on this ethnic group at a national level (grouped with the black African community). If the black Caribbean group are to be considered as serious a prevention group as MSM and black African, then further investigation is needed.

### Further actions

- Current epidemiological data sets will not provide sufficient information, so new sources will need to be used. Community information to ascertain findings that are separate to those of the black African population may prove an important resource and the PHLPP should strive to engage with such groups if a clear picture of this demographic is called for.

<sup>\*\*\*</sup> Numbers adjusted for exclusion of unknown ethnicity.

## 7. Appendix 1: An assessment of the current programme spend in light of need

In 2007/08, suggested levels of contribution to the PLHPP were set out according to the respective diagnosed population at the time. The intention being that PCTs who were under-contributing would have a gradual increase and those over-contributing would have a gradual decrease through the development of the programme. The below tables detail the contribution of each PCT and the corresponding diagnosed prevalence new diagnoses and spend per diagnosed patient.

It is noted that this is a rather basic view of PCT contribution as these figures only reflect the budget spent (by each PCT) on the PLHPP. They do not necessarily indicate the level of pan London or local HIV prevention activity in the respective PCTs. The aspect of assessing individual PCT contributions is an issue that will require further investigation.

PCT	2011-2012 PCT contributions to PLHPP	No. diagnosed and accessing care (2009)	No. of new diagnoses (2009)	% of total PCT contribution	% of total diagnosed and accessing care	% of total new diagnoses by PCT	% of total PCT contribution - % of total diagnosed and accessing care	£ per patient diagnosed and accessing care
Barking & Dagenham	£29,857	565	49	1.3%	2.0%	2.1%	-0.7%	£52.84
Barnet	£52,527	640	50	2.3%	2.3%	2.1%	0.1%	£82.07
Bexley	£26,767	293	27	1.2%	1.0%	1.1%	0.2%	£91.35
Brent	£61,898	817	80	2.7%	2.9%	3.4%	-0.1%	£75.76
Bromley	£33,122	386	24	1.5%	1.4%	1.0%	0.1%	£85.81
Camden	£114,218	1,311	75	5.1%	4.6%	3.2%	0.4%	£87.12
City & Hackney	£123,104	1,328	138	5.5%	4.7%	5.8%	0.8%	£92.70
Croydon	£54,870	1,018	90	2.4%	3.6%	3.8%	-1.2%	£53.90
Ealing	£51,014	700	56	2.3%	2.5%	2.4%	-0.2%	£72.88
Enfield	£47,426	751	45	2.1%	2.7%	1.9%	-0.6%	£63.15
Greenwich	£103,703	837	80	4.6%	3.0%	3.4%	1.6%	£123.90
Hammersmith & Fulham	£92,205	1,051	70	4.1%	3.7%	3.0%	0.4%	£87.73
Haringey	£61,384	1,121	81	2.7%	4.0%	3.4%	-1.2%	£54.76
Harrow	£30,186	295	32	1.3%	1.0%	1.4%	0.3%	£102.33
Havering	£24,102	196	19	1.1%	0.7%	0.8%	0.4%	£122.97
Hillingdon	£32,328	420	46	1.4%	1.5%	1.9%	-0.1%	£76.97
Hounslow	£36,239	599	55	1.6%	2.1%	2.3%	-0.5%	£60.50
Islington	£99,534	1,306	94	4.4%	4.6%	4.0%	-0.2%	£76.21
Kensington & Chelsea	£87,686	1,031	76	3.9%	3.6%	3.2%	0.2%	£85.05
Kingston	£18,442	194	19	0.8%	0.7%	0.8%	0.1%	£95.06
Lambeth	£164,646	2,844	252	7.3%	10.1%	10.6%	-2.8%	£57.89
Lewisham	£130,079	1,330	111	5.8%	4.7%	4.7%	1.1%	£97.80
Newham	£145,310	1,359	122	6.4%	4.8%	5.2%	1.6%	£106.92
Redbridge	£37,978	482	40	1.7%	1.7%	1.7%	0.0%	£78.79
Richmond & Twickenham	£19,734	236	21	0.9%	0.8%	0.9%	0.0%	£83.62
Southwark	£158,787	2,197	211	7.0%	7.8%	8.9%	-0.7%	£72.27
Sutton & Merton	£48,977	756	53	2.2%	2.7%	2.2%	-0.5%	£64.78
Tower Hamlets	£96,694	1,007	122	4.3%	3.6%	5.2%	0.7%	£96.02
Waltham Forest	£45,904	748	49	2.0%	2.6%	2.1%	-0.6%	£61.37
Wandsworth	£122,497	1,095	71	5.4%	3.9%	3.0%	1.6%	£111.87
Westminster	£104,373	1,371	109	4.6%	4.8%	4.6%	-0.2%	£76.13

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Cluster	2011-2012 PCT contributions to PLHPP	No. diagnosed and accessing care (2009)	No. of new diagnoses (2009)	% of total PCT contribution	% of total diagnosed and accessing care	% of total new diagnoses by PCT	% of total PCT contribution - % of total diagnosed and accessing care	£ per patient diagnosed and accessing care
NWL	£495,929	£495,929	6,284	524	22.0%	22.2%	22.1%	-0.2%
NCL	£375,089	£375,089	5,129	345	16.6%	18.1%	14.6%	-1.5%
ONEL	£137,841	£137,841	1,991	157	6.1%	7.0%	6.6%	-0.9%
INEL	£365,108	£365,108	3,694	382	16.2%	13.1%	16.1%	3.1%
SEL	£617,104	£617,104	7,887	705	27.4%	27.9%	29.8%	-0.5%
SWL	£264,520	£264,520	3,299	254	11.7%	11.7%	10.7%	0.1%

The below tables detail the current contribution of the PLHPP with relation to risk group and related levels of new diagnoses and diagnosed population. Again, these figures only reflect the budget spent by the PLHPP. They do not necessarily indicate the level of pan London or local HIV prevention activity in the respective risk groups.

Risk Group	Black African	MSM
No. diagnosed and accessing care (2009)	9,815	13,009
% of total HIV diagnosed and accessing care (2009)	34.7%	46.0%
Directly targeted spend from PLHPP (2011/12)	£322,296	£1,285,214
£ per patient diagnosed and accessing care	£32.84	£98.79

Risk Group	Black African	MSM
New Diagnoses in London clinics (2009)	854	1,141
% of total new HIV diagnoses (2009)	31.80%	46.70%
Directly targeted spend from PLHPP (2011/12)	£322,296	£1,285,214
£ per patient diagnosed and accessing care	£377.40	£1,126.39

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