

## **FAQs for National HIV Testing Week**

### **And World AIDS Day 2017**



#### **What is World AIDS Day and why is it important?**

World AIDS Day is held on 1 December each year and is an opportunity for people worldwide to unite in the fight against HIV, show their support for people living with HIV and to commemorate people who have died. World AIDS Day was the first ever global health day and the first one was held in 1988.

World AIDS Day is important as it reminds the public and Government that HIV has not gone away – there is still a vital need to raise money, increase awareness, fight prejudice and improve services.

#### **How many people have HIV?**

Around 100,000 people are currently living with HIV in the UK and globally an estimated 35 million people have HIV. An estimated 36 million people have died from AIDS-related illnesses since the start of the epidemic

#### **Is HIV on the increase in the UK?**

There are around 5,000 new diagnoses of HIV each year in the UK - for 2016 the number of new diagnoses was 5,164 - there has been a gradual decline from a peak of around 8,000 in 2005.

#### **How is HIV spread in the UK?**

Over 97% of HIV transmission in the UK is thought to be through unprotected penetrative sex. There are a relatively small number of transmissions through sharing needles and from mother to baby.

#### **Is HIV a particular problem in Cambridge/Cambridgeshire?**

Local HIV statistics, at the level of county or district, are not publicly available, so it is difficult to give a sensible answer to this question. The quantitative data which is available would seem to indicate that the prevalence of HIV in Cambridgeshire is around the average level (0.15%). Levels in Peterborough are somewhat higher (around 0.2%). The qualitative work which DHIVERSE has carried out (feedback from service users and focus groups) indicates that rural isolation is a particular difficulty for people living with HIV in Cambridgeshire. Levels of late diagnosis (see below) are higher than the national average within Cambridgeshire.

#### **Who does HIV affect?**

HIV can potentially affect anyone who is exposed to the virus through a possible transmission route. HIV is particularly prevalent among certain groups in the UK – notably MSM (men who have sex with men) and members of African communities. You might sometimes hear the term, 'high risk groups' used, but this is misleading and inaccurate – only activities (such as unprotected penetrative sex) are high risk.

## **How can I protect myself from HIV?**

As the main route of HIV transmission in the UK is unprotected penetrative sex – condoms if used correctly, are an effective protection, and regular sexual health check-ups will ensure that in the case of HIV infection, the virus is monitored effectively and treatment is started promptly. All pregnant women in the UK are offered HIV tests, and if HIV positive can reduce the risk of passing the virus on to their baby through taking anti-viral drugs and avoiding breast-feeding. Drug and Alcohol services can provide advice on needle sharing schemes. Blood and blood products in the UK are screened for HIV, Hepatitis B and Hepatitis C. There is a small risk of catching HIV through oral sex (if you get semen or vaginal fluids in your mouth).

You cannot catch HIV from kissing, hugging, eating food prepared by someone living with HIV, living, working, or playing sports with someone who has HIV.

## **What about the treatments, do we still need to worry about HIV?**

Treatments for HIV have enormously improved since 1996, most people diagnosed with HIV in the UK today can look forward to a normal life expectancy. Treatments for HIV are free and confidential.

However, it is important to be diagnosed with HIV before the virus has had a chance to weaken the immune system seriously –otherwise the treatments can sometimes be less effective. It is now recommended that, generally, treatment with anti-viral drugs should start as soon as possible after diagnosis.

Also, at the moment, people living with HIV need to take anti-viral medication for life. These drugs can sometimes cause problematic side-effects and need to be taken very regularly and continuously to work properly. Failing to 'adhere' to prescribed drug regimes can enable HIV to mutate and become resistant to treatment.

At least as important as these medical issues is the stigma which still surrounds HIV. Stigma and prejudice can easily lead to social exclusion, feelings of rejection, guilt, low self-esteem and depression World AIDS Day is an important opportunity to challenge this stigma, bring HIV 'out into the open', and dispel some of the myths which are still around.

## **Why is early diagnosis important?**

The treatments work best before your immune system has been seriously weakened by HIV. In fact, three out of five people who die from HIV infection are diagnosed late. Also, the sooner you know if you have HIV, the sooner you are able to take steps to prevent passing it on to other people.

The technical definition of 'late diagnosis' is that your CD4 count is less than 350 within three months of diagnosis. 'CD4 count' is a test which looks for the number of 'CD4 cells' in your blood. These cells help to co-ordinate the way your immune system works - untreated HIV infection will generally cause your CD4 count to drop, and this is a sign that your immune system is being weakened by the virus. The term 'very late diagnosis' means that three months after diagnosis your CD count is around 200 or less, this is usually the point at which people living with HIV become ill.

Over 40% of HIV diagnoses in the UK in 2016 were 'late diagnoses' as defined above. Having a late diagnosis means that you are 10 times more likely to die from HIV-related infections within a year of diagnosis.

Early diagnosis also means you can take steps to reduce the risk of onward transmission of HIV

### **What is PrEP**

'PrEP' stands for Pre-exposure Prophylaxis. This means taking anti-viral medication on a regular basis (usually once a day) when you are **HIV negative** to reduce the risk of infection in the event of (sexual) exposure to HIV.

Two extensive studies of PrEP, one in France and one in the UK, demonstrated that it was safe, effective, and cost-effective in preventing HIV infection. The free provision of PREP by the NHS has been recommended by BASH and BHIVA.

In the course of 2016 there has been a high-profile public debate and controversy as to who should fund the provision of PrEP. At the moment there is still no programme of free universal access to PREP in the UK. However a three year 'trial' of PREP has begun in London and is likely to be rolled out in Cambridgeshire in the closing months of 2017. This will involve sexual health clinics providing free monitored access to 'high risk' individuals who enrol on the trial. The number of places will be very limited. For more detailed information please consult the National AIDS Trust website – [www.nat.org.uk](http://www.nat.org.uk) and Dhiverse.