



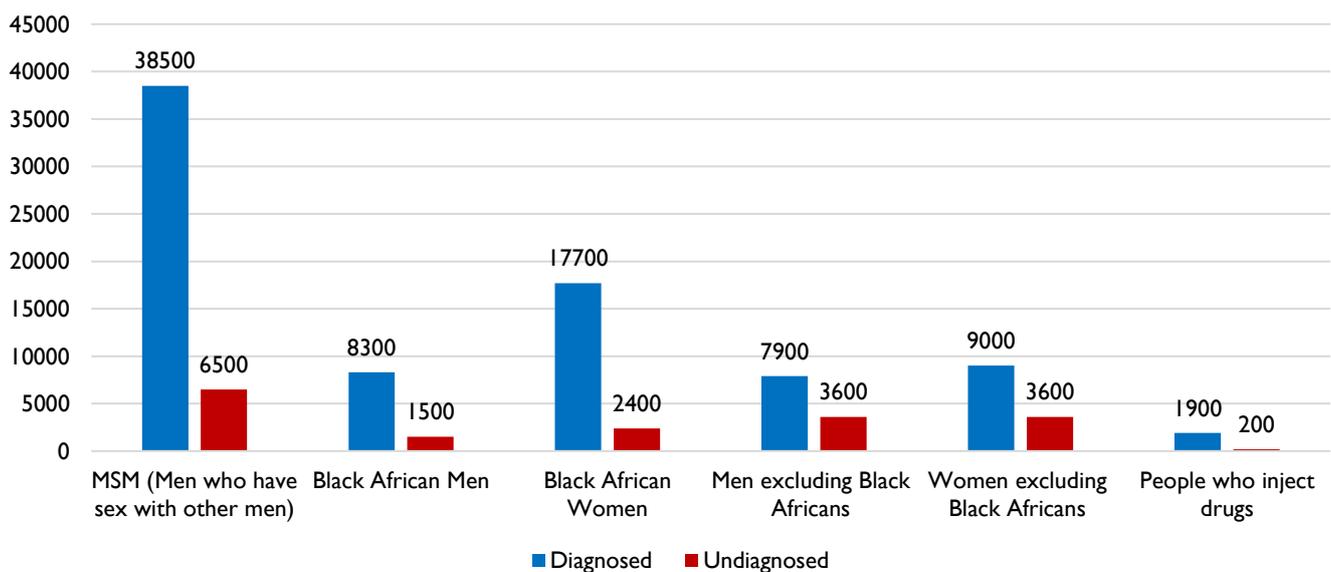
In Focus

HIV Infection in the United Kingdom 5 September 2016

Human Immunodeficiency Virus (HIV) is a condition that attacks specific cells of the immune system, weakening the body’s ability to fight infections and disease. It principally targets CD4 cells—white blood cells that protect the body from infection—the more of which are damaged or destroyed by the virus, the harder it is for the immune system to fight infection.¹ Without treatment for HIV, the immune system can become severely damaged, often leading in time to the development of acquired immune deficiency syndrome (AIDS).

According to the [World Health Organisation \(WHO\)](#), HIV has been responsible for the deaths of more than 35 million people worldwide, including 1.1 million in 2015 alone. The WHO [report](#) that, by the end of 2015, there were approximately 36.7 million people living with HIV worldwide. In the UK, according to the latest [situation report](#) from Public Health England, in 2014 an estimated 103,700 people were living with HIV. This figure represented an increase of approximately 3,700 on the previous year. However, Public Health England also observe that the proportion of people estimated to be living with undiagnosed HIV in the United Kingdom has declined from 19.31 percent in 2010, to 12.24 percent in 2014.² This data is illustrated below:

Estimated Number of People Living with HIV in the United Kingdom, 2014

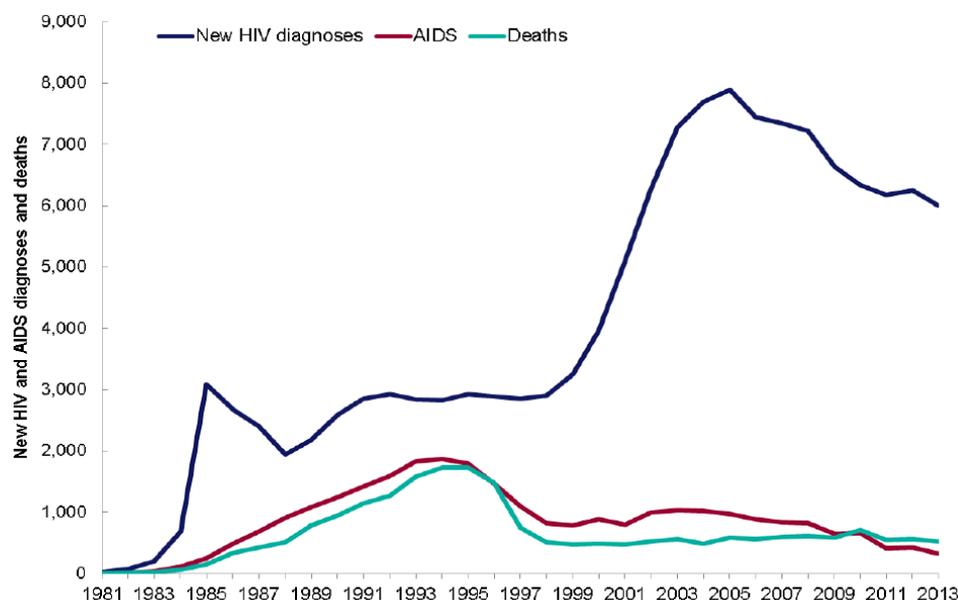


(Source: Public Health England, [HIV in the UK—Situation Report 2015](#), 17 November 2015, p 8)

Public Health England also report that there were 6,000 people newly diagnosed with HIV in the UK in 2013, representing a slight decrease on 6,250 people in 2012.³ Public Health England noted that new diagnoses of HIV in the UK have declined since peaking in 2005, when 7,890 people in the UK were

diagnosed with the virus. It attributes the fall largely due to a “decrease in the number of diagnoses reported among heterosexuals born in high HIV prevalence countries”.⁴ Again, these trends are illustrated below:

Annual New HIV and AIDS Diagnoses and Deaths in the United Kingdom, 1981–2013



(Source: Public Health England, [HIV in the United Kingdom: 2014 Report](#), 7 January 2015, p 10)

Response to HIV in the United Kingdom

In September 2011, the House of Lords HIV and AIDS in the UK Committee published its report, [No Vaccine, No Cure: HIV and AIDS in the United Kingdom](#), which examined what action could be taken to address the prevalence of HIV and AIDS in the UK. The Committee concluded that an emphasis was needed on further preventative measures, arguing that “prevention represents the very best investment that any government can make”.⁵ However, in order to do so, the Committee also argued that “better testing” had to be a priority, recommending, for example, that home testing for HIV be introduced, having been previously prohibited.⁶ The Committee also made a number of further recommendations, including that:

- The Government should recognise the scale of HIV and AIDS in the UK and ensure that both remain a public health priority. The Committee specifically recommended that the Department of Health undertake a new national HIV prevention campaign aimed at the general public.
- Funding bodies continue supporting HIV vaccine research, and that the Government should consult with the pharmaceutical sector to determine if improvements could be made to existing models of working.
- Local authorities, health services and other funders should “avoid undermining local HIV prevention work when taking budget decisions”.⁷

In its [response](#), the Coalition Government stated that, at a local level, “it is for local primary care trusts and from 2013 local authorities, to decide their level of investment in HIV prevention, taking into account HIV prevalence and their wider public health needs”.⁸ The Government did agree with the

Committee's focus on the importance of prevention, however, and stated that HIV prevention would be a key part of the Government's forthcoming framework for tackling the issue.

The [Framework for Sexual Health Improvement in England](#) was subsequently published in March 2013, and set out a number of priorities to improve sexual health outcomes, including the "early, accurate and effective diagnosis and treatment" of HIV and the "notification of partners who may be at risk".⁹ The framework also highlighted prevention strategies aimed at reducing the onward transmission and avoidable deaths from HIV, including increasing the number of HIV tests in non-specialised healthcare settings. In addition, the framework stated that the Department of Health were reviewing the ban on the sale of home testing kits for HIV.¹⁰

On 18 November 2015, the then Public Health Minister, Jane Ellison, launched the UK's first National HIV Home Sampling Kit, to provide people at higher-risk of HIV with the opportunity to find out their HIV status. In addition, the Conservative Government and Public Health England also announced new funding for HIV prevention projects as part of the HIV Prevention Innovation Fund. Ms Ellison said:

I want today's launch of the first National HIV Home Sampling service to encourage people at risk to find out their HIV status [...] so they can get the best care for themselves and partners. Our Innovation Fund is also identifying new ideas to tackle the problem. I hope that all those at risk will take the opportunity to get tested and help us halve new HIV infections by 2020.¹¹

On 10 May 2016, Public Health England announced an [HIV Prevention Innovation Fund](#) for 2016 to 2017 of up to £600,000 for local prevention initiatives. As part of the fund, voluntary organisations are being encouraged to apply for national funding to support innovative HIV projects across England.

Treatments for the Prevention and Treatment of HIV

There is currently no vaccine for HIV. However, anti-retroviral drugs are used in many countries to prevent and treat the virus, in both HIV-positive and negative individuals, to reduce transmission either before or after they have been exposed to the virus. For example, countries such as Australia, Canada, Israel, South Africa and the United States have already approved treating at-risk individuals by giving them pre-exposure prophylaxis (PrEP), such as Tenofovir.¹² In the UK, however, the availability of PrEP is restricted to clinical trials only (in comparison for treatments for those who have already tested HIV-positive, which are available through the NHS).

PrEP is a course of drugs taken by HIV-negative individuals deemed to be at risk of acquiring HIV, which reduces viral replication and minimises the chance of a permanent infection developing.¹³ In February 2015, researchers from the Medical Research Council Clinical Trials Unit and Public Health England [found](#) that the risk of HIV infection in men taking daily doses of PrEP fell by 86 percent. In March 2016, however, NHS England stated that PrEP could not be considered for the [specialised services annual prioritisation process](#) as it could "present risk of legal challenge from proponents of other 'candidate' treatments and interventions that could be displaced by PrEP, if NHS England were to commission it".¹⁴ Though two months later, NHS England announced that between 2015–2017 Public Health England would research "how PrEP could be commissioned in the most clinically and cost effective way".¹⁵

On 13 July 2016, the National Aids Trust challenged NHS England in the High Court over the legality of NHS England's decision to remove PrEP from its commissioning process.¹⁶ On 2 August 2016, Mr Justice Green ruled that NHS England could fund PrEP, and that local authorities did not have sole responsibility for HIV prevention in England.¹⁷ Responding to the ruling, Chief Executive of the National Aids Trust, Deborah Gold, said it was "fantastic news", and a "vindication for the many people who were let down when NHS England absolved itself of responsibility for PrEP".¹⁸ However, NHS England said that it would appeal the verdict, with a spokesman stating that "the court's ruling interprets the

legislation governing NHS England's role and functions in a way that is inconsistent with Parliament's intention".¹⁹ NHS services in Scotland, Wales and Northern Ireland have yet to make a decision on commissioning pre-exposure prophylaxis.²⁰

In contrast to PrEP, post-exposure prophylaxis (PEP) is a course of anti-retroviral drugs which aims to prevent HIV infection after the virus has entered a person's body. According to the Terrence Higgins Trust, "the sooner the PEP is started, the more likely it is to work".²¹ In particular, the charity note that the treatment is unlikely to work more than 72 hours after exposure. In order for the drugs to work, they need to be taken for a period of at least four weeks. Unlike PrEP, PEP is currently available for free on the NHS, but is only given to people who meet the requirements stipulated by [national guidelines](#), which allow doctors to decide who might be offered PEP and under which circumstances. The Terrence Higgins Trust note that the medication now used for PEP is Truvada and two tablets of Raltegravir, with tests for HIV and sexually transmitted infections taking place eight to twelve weeks after an individual has finished the course of medication.

Further Information

- [Debate on 'HIV Prevention'](#), HC Hansard, 12 March 2015, cols 511–18
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¹ AVERT, '[What are HIV and AIDS?](#)', accessed 5 August 2016.

² Public Health England, '[HIV in the UK: Situation Report 2015](#)', 17 November 2015. Estimates for the number of people with undiagnosed HIV are compiled using data from anonymous surveys from three groups: pregnant women; people who inject drugs; and sexual health clinic attendees.

³ Public Health England, '[HIV in the United Kingdom: 2014 Report](#)', 7 January 2015.

⁴ *ibid.*

⁵ House of Lords HIV and AIDS in the UK Committee, '[No Vaccine, No Cure: HIV and AIDS in the United Kingdom](#)', 1 September 2011, HL Paper 188 of session 2010–12.

⁶ *ibid.*

⁷ *ibid.*

⁸ Department of Health, '[Government Response to the House of Lords Report of Session 2010–12: No Vaccine, No Cure: HIV and AIDS in the United Kingdom](#)', October 2011.

⁹ Department of Health, '[A Framework for Sexual Health Improvement in England](#)', March 2013.

¹⁰ *ibid.*

¹¹ Public Health England, '[Free HIV Home Sampling Launched to Increase HIV Testing](#)', 18 November 2015.

¹² PrEP Watch, '[National Policies and Strategies](#)', accessed 5 August 2016.

¹³ Parliamentary Office for Science and Technology, '[HIV Prevention in the UK](#)', March 2014.

¹⁴ NHS England, '[Update on Commissioning and Provision of Pre Exposure Prophylaxis \(PrEP\) for HIV Prevention](#)', 21 March 2016.

¹⁵ NHS England, '[Further Update on Commissioning and Provision of Pre Exposure Prophylaxis \(PrEP\) for HIV Prevention](#)', 31 May 2016.

¹⁶ National Aids Trust, '[High Court to Review Legality of NHS England Decision on PrEP](#)', 13 July 2016.

¹⁷ BBC News, '[HIV Campaigners Win NHS Drug Battle](#)', 2 August 2016.

¹⁸ *ibid.*

¹⁹ *ibid.*

²⁰ *ibid.*

²¹ Terrence Higgins Trust, '[Post-Exposure Prophylaxis](#)', accessed 26 July 2016.

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