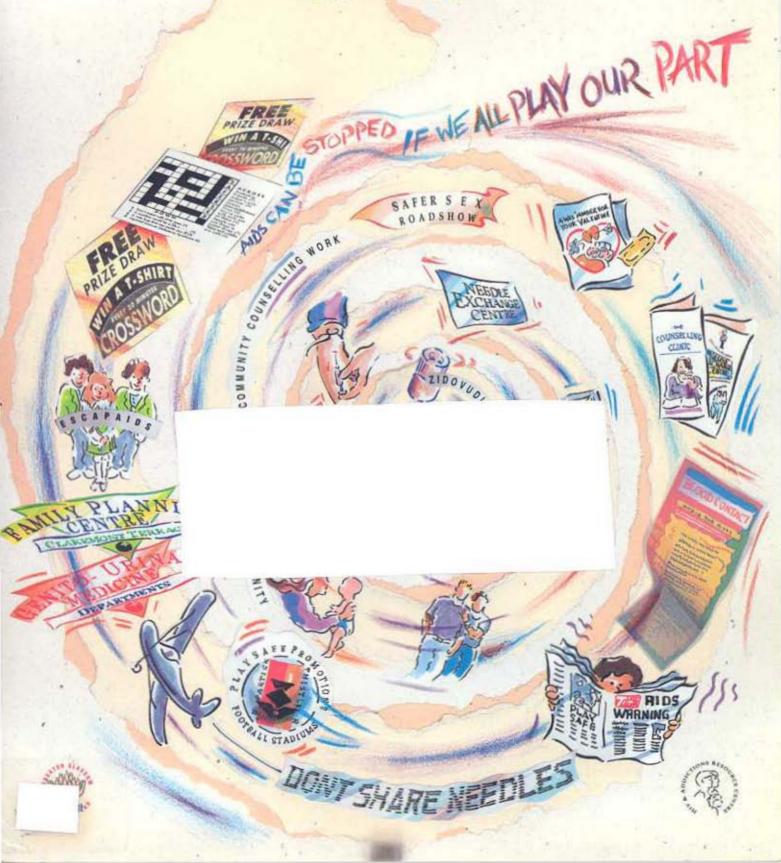


AIDS CONTROL ACT REPORT

1991 - 1992



AIDS (Control) Act Report 1991-92

Greater Glasgow Health Board

Further information on the response to HIV and AIDS in Glasgow can be obtained from:

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Introduction

When the first cases of AIDS were reported in the United States in 1981, no one could have imagined this heralded an epidemic which was already spreading unseen across the world, being passed like an invisible torch from person to person. Ever since the human immuno-deficiency virus (HIV) was found to be the culprit, Scotland has been at the forefront of efforts to reveal the true extent of its progress. Arguably, more is now known about the spread of HIV in Scotland than anywhere else in the world. This improvement in our understanding of the situation is borne out by this year's report. HIV is well established in Glasgow but remains an uncommon infection, with the way it was acquired being clear in most cases.

Better information also allows us to assess the impact of preventive work. There is growing evidence that the provision of clean needles and syringes is helping to slow the spread of HIV among drug injectors, although drug injecting still causes great harm to health in Glasgow. Men who have sex with men have been disproportionately affected by HIV but here too there is room for cautious optimism that preventive efforts are being repaid. Relatively few cases of heterosexually transmitted HIV have occurred in Glasgow in contrast to many areas of the world. The reasons for this are complex. If this situation is to continue, however, a sustained long term effort will be needed. The drive to prevent HIV has exposed how little has been done in the past to prepare teenagers for the hazards of sexual relationships. This must change.

No cure for HIV is in sight. Nevertheless, the treatment of people infected with HIV continues to improve as more is learned about how its effects on the body can be blunted. Doing the best for people with HIV infection needs the skill and compassion of people from many disciplines and organisations, working in harmony. Such teamwork has been an admirable feature of the response in Glasgow so far. The challenge will be to sustain and develop these partnerships at all levels in our community in the years ahead.

Laurence Gruer HIV & Addictions Co-ordinator.

What are HIV infection and AIDS?

1.1 HIV and how it spreads

The human immuno-deficiency virus (HIV) is a delicate virus which can only be passed from one person to another in certain ways. These are (1) penetrative sexual intercourse with an infected person, (2) inoculation with blood or other body fluids from an infected person, for example through use of contaminated needles and syringes, and (3) from an infected mother to her child during pregnancy or around birth. There is no evidence that HIV is spread by other forms of contact, including kissing or intimate contact short of penetrative intercourse. Nor is there evidence that HIV can spread via eating utensils, laundry, toilet seats or insect bites.

1.2 How HIV causes disease

Once it enters the body, HIV seems to start a process leading to the destruction of cells called CD4 (or T4) lymphocytes. These cells are an essential part of the immune system, the body's main defence against infection and some cancers. Eventually, so few of the CD4 cells are left, that the immune system can no longer work properly. When this happens, the infected person becomes prone to a wide variety of illnesses of growing severity. Once this stage is reached, the diagnosis of AIDS (acquired immuno-deficiency syndrome) can often be applied. AIDS is not a single disease but a collection of illnesses which are the result of damage to the immune system by HIV. Currently, most patients who reach this stage die within two or three years. HIV also sometimes affects the nervous system, affecting mental powers such as memory, muscular coordination and emotional control.

1.3 The interval between the onset of HIV infection and the collapse of the immune system seems to vary enormously from person to person. Rarely, it may take two years or less but in most infected people 5 to 15 years will pass before serious illness develops. Thus, despite the infection, most people with HIV will remain healthy for many years. They will be unaware that they have HIV infection unless they have had a blood test showing the presence of HIV antibodies.

1.4 Helping people with HIV

At present, there is no cure for HIV infection and little prospect of one becoming available for many years. Nevertheless, much can now be done to help people with HIV infection. Several drugs, the best known of which is zidovudine (AZT), can help to slow down the effect of HIV on the immune system, usually without undue side effects. Some of the most dangerous infections can be prevented or treated and regular follow-up can help patients improve their general health and attend to other problems such as drug misuse. Despite these improvements, there can be few announcements of such impact as "I am afraid you have HIV infection." The news carries with it the prospect of illness and an early death. Some people with HIV infection have also suffered unwarranted rejection by their friends and community, discrimination at work and denial of life insurance or mortgages. People with HIV infection are also potentially infectious, which has important implications for their sexual partners and, if they are drug injectors, for those with whom they may share injecting equipment. Consequently, they need access to skilled and sensitive support to enable them to cope with the effect of the diagnosis on their lives and to motivate and enable them to avoid transmitting the infection to others.

1.6 Preventing the spread of HIV

Despite enormous efforts, an effective vaccine against HIV infection is still a very distant prospect. As a result, the only effective way for individuals to protect themselves against HIV is to avoid situations where infection could occur. Given the way in which HIV is transmitted, this implies enabling people to make sensible decisions about their sexual behaviour and the use of drugs. Those who are most at risk may in fact be people of whom conventional society is less than tolerant, for example drug injectors and men who have sex with men. Consequently, preventive work must involve approaches which reach out effectively and acceptably to those most at risk, as well as the general population.

A global perspective

- 2.1 It is now unlikely that there is any country in the world free of HIV infection. However, the speed with which HIV is spreading varies greatly from area to area. The situation is worst in many countries least able to respond to the problem, including most of sub-Saharan Africa and various parts South Asia and South America. In all these areas, the great majority of cases result from heterosexual intercourse. So limited are the resources available in most developing countries, that the possibility of slowing the spread of infection remains very limited. Thus, the World Health Organisation is forecasting that in some of the poorest countries of the world HIV infection will lead to the breakdown of economic and social life and a reduction in the rate of growth of their populations.
- 2.2 In the developed world, the pattern is very different. The rapid spread of HIV among men who have sex with men and drug injectors in the late 1970s and 1980s now appears to have slowed considerably in many areas. This probably reflects changes in behaviour brought about by public education campaigns and new services for drug injectors, including needle exchanges and the effective use of methadone. However, in areas where HIV has already become common among drug injectors, HIV is now spreading from infected drug misusers to their sexual partners and from infected women to their children. The large cities of eastern United States, Italy, Spain, France, Switzerland and the Netherlands have been particularly badly hit. The spread of HIV by heterosexual transmission is also being increased by travellers who have sex while abroad.
- 2.3 Within the United Kingdom, the pattern of spread of HIV has been similar to that in many industrialised countries, being greatest in certain groups and certain parts of the country. Men who have sex with men have been worst affected in London, whereas spread among drug injectors has been greatest in Edinburgh, Dundee and London. As later sections of this report will show, relatively few people in Glasgow have been infected. There are many reasons for this. However, there are good grounds for believing that sound government and regional policy and effective public health measures, to which countless individuals in many organisations have contributed, have played a vital part.

Scale and nature of the HIV epidemic in Glasgow

3.1 Cases of HIV infection

Summary

The current annual and cumulative totals of people tested in Glasgow and found to be infected with HIV are shown in Appendices 2 and 3. By the end of the reporting year, 3.42 cases had been reported, including 30 new cases during the year. Figure 1 shows the number of new cases diagnosed in Glasgow during each of the last five years. Men who have sex with men account for 38% of all diagnoses and 37% of the new cases. Drug injectors account for 26% of the total and 23% of the new cases. During the year, there were four new cases, all men, where the route of transmission was thought to be heterosexual intercourse. There was one case of infection from a mother to her child and one case related to blood transfusion or tissue transplant. The current prevalence of HIV in the Health Board area is thought to be about 5% among men who have sex with men, 1-2% among drug injectors and remains extremely low in the general heterosexual population. The potential for the spread of HIV in Glasgow remains, however, because of continuing high risk behaviour by men who have sex with men, drug injectors and heterosexual men and women.

3.2 Men who have sex with men

The results of HIV antibody tests carried out on gay or bisexual men in Glasgow in 1989, 1990 and 1991 are shown in Table 1. For the first time, results of anonymous testing in this group can be compared with those of people who consented to the test. A slightly higher proportion of people tested anonymously proved to be infected, suggesting that the voluntary testing scheme tends to under-estimate the level of infection in the population.

Table 1

MEN WHO HAVE SEX WITH MEN TESTED FOR HIV ANTIBODY IN GLASGOW 1989-91

	1989	1990	1991 (i)	1991 (ii)	
Type of test	1	1	1	2	
Number tested	276	317	353	269	
Number HIV positive	14	14	12	13	
% positive	5.1	4.4	3.4	4.8	

Type of test 1 = named

2 = unlinked anonymous

Source: Communicable Diseases (Scotland) Unit

3.3 Drug injectors

Over the past 6 years, large numbers of Glasgow drug injectors have been tested voluntarily for HIV. The results are shown in Table 2. They show that the level of infection in this group has been remarkably steady over the past 3 years at around 1%.

Table 2

DRUG INJECTORS LIVING IN GLASGOW TESTED FOR HIV ANTIBODY IN 1986-91

	1986	1987	1988	1989	1990(i)	1990(ii)	1991(i)	1991(ii)
Type of test	1	1	1	1	1	2	1	2
Number tested	357	726	457	520	528	499	554	510
Number HIV positive	12	35	16	7	6	7	6	4
% positive	3.4	4.8	3.5	1.3	1.1	1.4	1.1	0.8

Type of test 1 = named

2 = unlinked anonymous

Source: (i) Regional Virus Laboratory, Ruchill Hospital

(ii) Communicable Diseases (Scotland) Unit

3.4 General heterosexual population

If a new born baby is found to have HIV antibody in its blood, it is a sure sign that its mother has HIV infection. Testing babies thus provides information about the level of HIV infection is sexually active women. Since the beginning of 1990, all babies born in Glasgow have been anonymously tested for HIV, through the Guthrie card neonatal screening programme. The results are shown in Table 3.

Table 3

UNLINKED ANONYMOUS TESTING OF CHILDBEARING WOMEN IN GLASGOW (GUTHRIE CARDS)

	1990	1991
Number of tests	16308	16000
Number positive	0	5
% positive	0	0.03

Source: Communicable Diseases (Scotland) Unit

During 1991, five women with known HIV infection gave birth in Glasgow, the same number as revealed by the anonymous testing programme. Thus, the anonymous testing system did not uncover any cases of infection that were not already known. It should be noted, however, that the anonymous testing programme only covers women who give birth to a live baby. It excludes those who have had a termination of pregnancy, whom studies in other areas have shown may be rather more likely to be infected with HIV. As of 31.03.92, HIV infection has been diagnosed in 21 men and 10 women where transmission was thought to be by heterosexual intercourse. These were mostly overseas nationals, people having had contact with overseas nationals, female sexual partners of bisexual men and partners of infected drug injectors.

3.5 Paediatric HIV infection

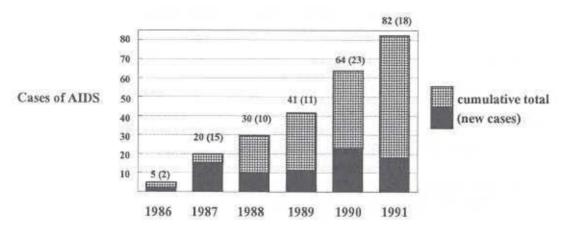
There have been only three confirmed cases of transmission of HIV infection from mother to baby in Glasgow. By the end of the reporting year there were an additional six children born to HIV positive women who are still too young for it to be clear whether or not the baby is infected.

3.6 Cases of AIDS

The number of new cases of AIDS and deaths due to AIDS reported during the year and cumulatively are shown in Appendix 1. The number of new cases of AIDS diagnosed in each of the last six reporting years along with the cumulative totals are shown in Figure 1. This shows that although the cumulative total continues to rise steadily, the annual number of new cases has not shown a definite tendency to increase since 1987. This probably reflects both the success of preventive efforts and the benefits of treating people with HIV infection with drugs which either slow down the rate at which HIV damages the immune system or prevent infections which can lead to the diagnosis of AIDS.

Figure 1

CASES OF AIDS DIAGNOSED IN GLASGOW



3.7 Expected future trends

Patients with HIV infection who are followed up in Glasgow have regular blood tests to check on the levels of the white cells (CD4 lymphocytes) which HIV destroys. Patients with CD4 levels above 500 are generally in good health; those with levels of 200-500 mostly have fairly mild symptoms; and those with levels below 200 are often moderately or severely ill. Most patients with CD4 levels below 50 have developed AIDS. Given information from long-term studies on how quickly the CD4 count falls on average, it is possible to use the CD4 counts to give an indication of the number of people with HIV infection who will require care over the next few years. This method has recently been used by a Working Group established by the Chief Medical Officer of Scotland. The estimates for Strathclyde are shown in Table 4. It should be borne in mind that these estimates are subject to some uncertainty, particularly for 1994 and 1995. As about 90% of all people with HIV in the Strathclyde Region, including almost all those who are seriously ill, are treated in Glasgow, this gives a good indication of the expected number of people with HIV infection who may require care in Glasgow up to the end of 1995. As Table 4 shows, the total number of people in contact with the Health Service is expected to rise only slowly from 230 to 295. However, the proportion of these who are moderately or severely ill is expected nearly to double from 85 to 155. It is also anticipated that a growing proportion of the severely ill patients will be drug injectors. Experience shows that this combination is often particularly challenging for health and other care staff.

Table 4

Estimated numbers of patients with HIV infection requiring care in Strathclyde, 1992-1995

CD4 lymphocyte count	Clinical condition	1992	1993	1994	1995
Above 500	Healthy	40	40	35	30
200-500	Mild symptoms	105	120	120	40
50-199	Moderate symptoms	65	75	95	120
Below 50	Severe symptoms (AIDS)	20	25	35	35
Total		230	260	285	295

Source: Dr L D Gruer

HIV prevention

4.1 Strategy

The Board's Preventive Strategy is based on the understanding that HIV infection is only transmitted from one person to another in three ways:

- I Penetrative sexual intercourse between men and women or between men;
- 2 inoculation of infected blood from one person into another;
- 3 from an infected mother to her baby during pregnancy or around the birth.

Thus, although no-one is immune from HIV infection, it is those people whose behaviour involves at least one of these three types of contact who are most at risk. The risk of infection is further increased if the contact is with people among whom HIV is already common, and particularly if the contact is frequent. Consequently, preventive initiatives in Glasgow focus on the risks associated with sexual behaviour and drug misuse. The principles of this strategy are described in detail in 'HIV Infection and AIDS: Towards an Inter-Agency Strategy in Strathclyde', the policy document to which the Health Board has subscribed since 1988. The Strategy seeks to ensure that the general population are aware of the risks of HIV and how they can be avoided. However, the main focus of preventive work is directed at people whose behaviour puts them at high risk of HIV transmission: drug injectors; men who have sex with men; prostitutes, both female and male but particularly those who inject drugs; and heterosexual people at increased risk through the choice or number of their sexual partners.

4.2 A 3 year programme of prevention initiatives

In the previous year's Report, a number of major initiatives were outlined. These concerned drug misusers; men who have sex with men; heterosexual transmission; and HIV testing and diagnosis. The progress made since then is summarised below.

4.3 Drug misuse

Reducing equipment sharing

Between March 1991 and September 1992, needle exchanges were opened in Drumchapel, the Drop-In Centre for prostitutes (see section 4.9), the Gorbals, Parkhead and Pollok. This brings the total number of needle exchanges operating in the city to nine. Of these, all but two (the Ruchill Hospital exchange and the Drop-In Centre for prostitutes) operate from health centres twice weekly in the evenings. Total attendances and the numbers of syringes issued and returned are shown in Table 5. In addition to injecting equipment, the exchanges also offer primary health care and advice on drug use, safer injecting and safer sex, HIV testing and counselling and help with welfare and social problems. Currently, more than a third of attenders at the needle exchanges make use of at least one of these additional services every month. Around 5 to 10% of clients are also referred each month to other professionals or agencies, most often general practitioners or the Department of Social Security. In March 1992, the Government launched a new arrangement whereby participating Community Pharmacists are able to provide needles and syringes free to drug injectors. Eleven pharmacists in Glasgow have joined the scheme.

Table 5
ATTENDANCES AND SYRINGE EXCHANGE AT GLASGOW NEEDLE EXCHANGES

	New clients	Total attendances	Returning clients/ new clients	Syringes issued	Syringes returned	Return rate
1988	191	881	4	2600	2028	78%
1989	700	8030	11	65105	60547	93%
1990	775	15561	19	136900	143745	105%
1991	472	21280	44	190000	235600	124%

4.4 Reducing drug injecting

Plans for a drug problem service aiming to help drug misusers to stop injecting are now at an advanced stage of preparation. It is hoped that the service, modelled on the successful Community Drug Problem Service in Lothian, will be established in the financial year 1993-94.

4.5 Other harm reduction services for drug misusers

The Health Board has published a draft Community Care Plan on drug misuse which sets out the need for a spectrum of services aiming to reduce the harm to health caused by drug misuse. Important elements include plans for a new Drug Crisis Centre, support for the residential unit at Red Tower, Helensburgh and services aiming to help recovering drug addicts to remain off drugs.

4.6 Men who have sex with men

The Health Board has continued to fund Scottish AIDS Monitor to work closely with all the gay bars and clubs in Glasgow and in certain 'cruising' areas in and near Glasgow. With the support of the Health Board, Scottish AIDS Monitor held a one day Seminar on gay men's health in November 1992 focusing on HIV and related issues. The Glasgow Gay and Lesbian Switchboard received Health Board funding to provide HIV related training for its telephone operators.

4.7 Heterosexual transmission

The HIV and Addictions Resource Centre in conjunction with Frank Connolly Design has developed an extensive range of activities and materials aimed at fostering sexual health among sexually active people. A pioneering campaign entitled 'Summer Protection' and featuring a well known local disc jockey was run during summer 1991 with posters displayed in railway and bus stations and underground trains and buses in selected areas of the city. Colourful images aimed at making young people aware of the protection afforded by a properly used condom have been carried in numerous publications including football programmes, student magazines, Mayfest and concert programmes, shoppers guides and newspapers. The Resource Centre sponsored a series of sexual health training courses aimed at developing a team of trained professionals capable of leading their own training programmes in appropriate locations. The Resource Centre also ran several conferences with Strathclyde Education Department for school teachers and community education workers. Scottish AIDS Monitor continued to make extensive use of its 'Safer Sex Roadshow' in a wide variety of venues throughout Glasgow. These included both universities, several colleges of education, community centres, hospitals, conference, pubs and clubs.

4.8 HIV testing and diagnosis

The diagnosis of the infection is usually made by carrying out an HIV antibody test on a sample of blood. This can be requested by any doctor who should obtain the patient's informed consent for the test, unless there are exceptional circumstances. The sources of HIV tests carried out in the GGHB area during the reporting year are shown in Table 6. Forty-four percent of all tests were carried out at Genito-urinary medicine clinics or the Ruchill HIV Counselling Clinic. In both these services, clients are counselled about the need for and implications of the test before it is undertaken. Where appropriate, clients are given advice about future behaviour and, if the result proves positive, further counselling and support.

4.9 During the reporting period, the HIV Counselling Clinic at Ruchill Hospital considerably extended its service. A weekly Wednesday evening clinic was opened. Forty Health Visitors based in health centres throughout the city were trained to enable them to provide a confidential HIV counselling and testing service using the Ruchill system but available through local Health Centres. A referral service available to all hospital consultants in Glasgow wishing to offer their patients expert HIV counselling was also introduced. In June 1992, following the recommendations of the Report of the Scottish Office AIDS Task Force, an accelerated service was offered on two days a week whereby clients tested on a Tuesday or Wednesday morning would receive the result of the test and appropriate post test counselling on the afternoon of the following day. This new arrangement quickly proved to be preferred by clients.

Table 6
HIV ANTIBODY TESTS CARRIED OUT IN GREATER GLASGOW HEALTH BOARD
1ST APRIL 1991 TO 31ST MARCH 1992

Source of request	Male	Female	Sex unknown	Total	Number positive
Genito-urinary medicine	645	215	0	860	6
Ruchill Counselling Clinic	525	310	ä	836	8
Hospital in-patients	294	194	0	488	15
General practitioners	275	159	1	435	1
Hospital out-patients	202	191	0	393	3
Renal units	211	161	1	373	0
Haemophilia centres	33	5	0	38	0
Hospital lab staff	13	15	2	30	0
Prison	17	0	0	17	0
Drug misuse clinic	6	4	0	10	1
Other/not defined	203	135	4	342	0
Total	2424	1389	9	3822	34

Source: Communicable Diseases (Scotland) Unit

Other developments in preventive work

4.10 Street prostitutes

The Drop-In Centre for prostitutes further extended its service during the reporting year. Needle Exchange became a formal part of the service in April 1991. Early in 1992, the availability of a doctor was increased from two nights a week to three and the Community Nursing Team began outreach work in the surrounding area once weekly. This has led to valuable contacts with street prostitutes not using the Drop-In Centre as well as with gay men frequenting city centre bars.

4.11 Prison service

The HIV and Addictions Resource Centre has provided training and guidance to the staff of Barlinnie prison in the development of a Pre-release programme for prisoners which includes advice on safer sex and the provision of condoms.

4.12 Various other preventive initiatives described in detail in the Boards AIDS Control Act Report of 1990-91 have continued. This includes the work of the Women's Reproductive Health Service at the Glasgow Royal Maternity Hospital, the Family Planning Service and Strathclyde Region Education Department.

4.13 Priorities for prevention initiatives in 1992-94

Drug misuse

The development of the Glasgow Drug Problem Service, designed to provide effective support to General Practitioners and community based drug services is seen as a key element in efforts to assist drug misusers to cease injecting (see section 6.2). The expected opening of the Drug Crisis Centre will also greatly assist efforts to guide drug injectors towards safer and healthier lifestyles (see section 6.3).

Men who have sex with men

Careful thought will be given to developing new initiatives aimed at raising awareness among men who have sex with men of the dangers of unprotected anal intercourse. This will include consideration of measures to improve the accessibility and acceptability of health services to this group.

Heterosexual transmission

Development of a wide range of initiatives will continue. This will include the use of peer education methods whereby young adults are trained to provide information and advice to their own age group. Work targeting travellers will be extended to take account of the special needs of travellers from ethnic minorities. Joint work with community education will continue, using drama as a means of addressing issues of sexual health with young people. This collaboration will include work with people with learning difficulties or mental disabilities.

4.14 Future funding of HIV preventive work

All major new funding proposals will continue to be considered by the Board's HIV and AIDS Forum which meets quarterly. The Forum's recommendations are then considered by the Board's Finance and General Services Committee for final approval. Where an initiative involves longer term revenue funding of a directly managed unit, a trust or a voluntary organisation, funding will in future be on a contractual basis. The responsibility for overseeing the prevention component of the AIDS allocation and associated training of relevant staff will reside with the Director of the HIV and Addictions Resource Centre in consultation with the Director of Health Promotion. There will continue to be considerable inter-agency and inter-sectorial collaboration with for example the Regional Departments of Social Work and Education, and Scottish AIDS Monitor. There will be cross boundary collaboration with Argyll and Clyde Health Board on work with Glasgow Airport and on the provision of HIV counselling services in Paisley. Coordination of such collaboration is facilitated by the Board's HIV Prevention and Staff Training Sub-committee which has multi-agency membership and meets quarterly.

Genito-urinary medicine (GUM)

5.1 The department of genito-urinary medicine, centred in Glasgow Royal Infirmary, serves the whole of the West of Scotland with clinics throughout the region. It provides a comprehensive diagnostic and counselling service for with HIV infection and for anyone worried about the possibility of HIV infection (Section 4.8). A major aspect of the Department's work is educating patients about how to avoid HIV and other sexually transmitted infections. Patients can obtain condoms free of charge from clinic staff when appropriate. It has been the Department's policy in recent years to refer patients with confirmed HIV infection to the Infectious Diseases Unit at Ruchill Hospital for on-going follow-up and in-patient treatment. With the appointment to a vacant post in November 1992 of a new Consultant in GUM with extensive experience in HIV medicine, this policy will be reviewed.

Services for drug misusers

- 6.1 Given the link between drug injecting and the spread of HIV, the Health Board has fully or jointly funded a number of new services for drug misusers from its AIDS allocation. To date, these are the Needle Exchange Service, the Women's Reproductive Health Service (Section 7.7), the Drop-in Centre for Prostitutes and the Residential Unit at Red Tower, Helensburgh. All these services are subject to careful evaluation and available evidence indicates that each is making an important contribution to the reduction of risk of HIV transmission. With the aim of further reducing the risk of HIV transmission, consideration is being given to funding from the AIDS allocation to the proposed Glasgow Drug Problem Service and the Drug Crisis Centre.
- 6.2 The Drug Problem Service will draw heavily on the successful Community Drug Problem Service in Lothian. It will primarily be staffed by medical and nursing personnel. Its main aim will be to help drug injectors reduce or cease injecting and move towards a drug-free life. The main approach of the service will be to provide specialist assessment, advice and support to drug injectors referred by general practitioners. Long-term follow-up will be shared between the specialist team and the patient's own primary care team.
- 6.3 The Drug Crisis Centre will be based in a city centre location. It will be open 24 hours a day providing drug users or their families who are in physical or psychological crisis with telephone advice, direct person to person assistance and where appropriate, immediate admission to a short stay residential unit. The service will seek first to resolve immediate difficulties. Then, through close coordination with other services it will seek to set in motion a longer-term plan aimed at helping drug misusers to stabilise their health and lifestyle.
- 6.4 Over the past seven years, drug projects have been established in several areas of the city where drug misuse is common. In most cases these are funded by special allocations for drug services to the Health Board, but managed by the Social Work Department. Increasingly, the drug projects have directed their work with drug misusers towards reducing the risk of HIV infection and other serious health problems.

Treatment and care of people with HIV infection and AIDS

7.1 During the year, around 220 patients with HIV infection used clinical services provided by Greater Glasgow Health Board. Around 75% of these were GGHB residents, with most of the remainder living in the surrounding Health Boards. GGHB patients were widely scattered throughout the area. About 200 were under the care of the Infectious Diseases. Unit at Ruchill Hospital. Most of the remainder were adults or children with haemophilia and HIV infection and were followed up at the Regional Haemophilia. Unit in Glasgow Royal Infirmary and the Haemotology Department at the Royal Hospital for Sick Children respectively, in conjunction with staff from the Ruchill Infectious Diseases Unit. As of 31 December 1991 the transmission group and stage of disease of living patients with HIV infection in recent contact with Ruchill Hospital was as shown in Table 7.

Table 7

TRANSMISSION GROUP AND STAGE OF INFECTION OF PATIENTS WITH HIV BEING FOLLOWED UP AT RUCHILL HOSPITAL ON 31 DECEMBER 1991

Transmission group		Stage of		
	Early/mild	Moderate	Advanced	Total
Homosexual/bisexual male	36	10	21	67
Drug injector	34	11	7	52
Heterosexual	9	2	3	14
Haemophiliac	18	2	5	25
Blood transfusion	1	0	1	2
Mother to child	2	0	0	2
Not recorded	1	1	0	2
Total	101	26	37	164

7.2 Infectious Diseases Unit, Ruchill Hospital

The staff of the Infectious Diseases Unit provide a continuum of care, covering out-patient follow-up, emergency assessment, day admission and in-patient admission. These services are provided by the hospital medical and nursing staff in the Infectious Diseases Unit and the Multi-disciplinary HIV Prevention and Support Team based at the Ruchill Counselling Clinic. The extent to which a patient makes use of these services will depend on the patient's wishes and his or her physical and psychological needs at any given time. The overall aim of the service is to maintain patients with HIV infection in as good health as possible for as long as possible, whilst minimising the possibility of spread of infection to other people.

7.3 In-patient care

During 1991, 71 patients with HIV infection had a total of 230 admissions to the Infectious Diseases Unit. The average length of stay was 12 days, with most admissions lasting less than two weeks. The relationship between the stage of the disease and hospital admission are show in in Table 8. The total number of admissions was very similar to those of 1990 but the number of occupied bed days rose by 17%. Patients with AIDS or other advanced HIV disease accounted for most of the admissions and more than 80% of all the occupied bed days.

Table 8

In-patient admissions of patients with HIV infection at Ruchill Hospital in 1991 according to stage of infection

CD4 count*	Stage of HIV infection	All patients	Patients admitted	Number of admissions	Total bed days
Over 500	Asymptomatic	48	13	31	239
200-500	Mild symptoms	66	15	27	234
50-200	Moderate symptoms	37	14	39	535
below 50	Severe symptoms (AIDS	S) 41	29	133	1821
Total		195	71	230	2829

^{*} see section 3.7

7.4 Out-patient care

Patients with HIV infection followed up by Ruchill staff were seen in the Out-patient clinic on average six times a year. A large proportion of patients are now treated with Zidovudine, a drug which has been shown to slow down the rate at which the immune system is damaged by HIV. It is, however, a potentially dangerous drug which requires careful supervision. A large proportion of drug injectors with HIV seen at Ruchill are prescribed Methadone. If properly used, this drug can be extremely helpful in stabilising the health and lifestyle of drug misusers previously dependent on drugs such as heroin or Temgesic. Patients stabilised on Methadone are also less likely to continue to inject drugs thereby reducing the possibility of transmitting HIV to others through sharing injecting equipment.

7.5 HIV prevention and support team

The HIV Prevention and Support Team (formerly the Counselling Clinic Team) provides direct services to HIV positive clients, their partners and families with the aim of improving the quality of their lives. The team includes Social Workers, Community Nurses, Occupational Therapists and Clinical Psychologists.

7.5 .1 Social work

Two senior and two main grade Social Workers provide a range of services including individual counselling, welfare rights and advocacy; information on safer sex, drug and alcohol abuse and healthy lifestyles; information about and referral to other services including home helps, rehabilitation units, voluntary services and concessionary travel.

7.5.2 Community nursing team

Two full-time health visitors, one part-time health visitor and two full-time district nurses provide support and community liaison for around 130 patients with HIV infection. The district nurses liaise between the Ruchill Hospital staff and the primary care team in the patient's area. An important element of the team's work is the provision of teaching and training for health care workers including student nurses and community nurses

throughout the Health Board. Major topics include clinical aspects of HIV infection, working with drug users and providing pre - and post - HIV test counselling. The nurses have developed a 'health profile' which is offered to all HIV patients on their caseload. This involves a detailed assessment of the patient's own perception of his or her health needs with the aim of providing services best suited to their requirements.

7.5.3 Occupational therapy

A senior occupational therapist and an occupational therapy helper aim to provide specific help in enhancing the independent living skills of people with HIV who have physical and/or psychological problems. This involves work with patients in the hospital setting or at home and working closely with outside services such as community occupational therapy and voluntary bodies such as ACET (section 7.15). During the year, a small store of specialised equipment was established to enable the therapist to supply necessary aids to patients when and where they need them.

7.5.4 Clinical psychology

The clinical psychologists aim to provide assessment and treatment of specific emotional, neurological and behavioural problems related to HIV infection. Work is also undertaken to develop and evaluate methods of helping people at high risk of transmitting or acquiring HIV to modify their sexual or drug taking behaviour.

7.5.5 Complementary therapies

During the year, nurses and social workers in the team offered aromatherapy and aural acupuncture to patients with HIV infection. This is provided one afternoon a week with the aim of reducing stress and sleep problems and assisting in the management of drug misuse.

7.6 Haemophilia units

At the end of the reporting year, there were 30 patients with haemophilia under the care of the specialist Haemophilia Services in Glasgow. All but one is seen at Glasgow Royal Infirmary where they and their families are offered a comprehensive medical, nursing, dental and social work service. Patients are seen as often as required at joint clinics with a member of the Infectious Diseases Unit medical staff. Four nurses and a part-time social worker have been specifically funded to provide care for these patients.

7.7 Women's reproductive health service

A specialist service for women with HIV infection is provided by the Women's Reproductive Health Service based at the Glasgow Royal Maternity Hospital with six satellite clinics operating in health centres throughout the city. During the year, five pregnant women with known HIV infection were delivered. This corresponded exactly with the number of babies delivered in Glasgow during the same period who were found to be HIV positive through the Guthrie card neonatal screening programme (section 3.4). All these women had acquired HIV as a result of drug injecting. A gynaecological referral service is also offered, covering advice, investigation and treatment for gynaecological disorders and information and counselling for all HIV positive women about the possible effects of HIV infection on maternal and child health. This service is also offered to HIV negative women, particularly those who are partners of men known to be HIV positive.

7.8 Neurology

Many patients with HIV infection develop disorders of the brain and nervous system. Professor Peter Kennedy and Dr Richard Petty of the Institute of Neurological Sciences at the Southern General Hospital provide a full neurological service for patients with HIV. Dr Petty regularly holds joint clinics at Ruchill with the Infectious Diseases Consultants. He and Professor Kennedy are also engaged in collaborative studies with the Infectious Diseases Unit on clinical and therapeutic aspects of HIV infection.

7.9 Dentistry and oral medicine

Diseases of the mouth are common in people with HIV infection. Drug misusers, with or without HIV infection, also often suffer from serious dental problems. Dental treatment for people with HIV in Glasgow is provided both by general dental practitioners and in the hospital service. The hospital service mainly treats patients who have no dental practitioner or who require specialist treatment. This is provided within the dental hospital and at all general hospitals within the GGHB area although patients with advanced HIV disease are more likely to be treated at Ruchill or Stobhill Hospital. The Department of Oral and Dental Surgery at Glasgow Royal Infirmary provides a full dental service for all HIV positive haemophiliacs and for pregnant drug injectors who are in-patients at the Glasgow Royal Maternity Hospital.

7.10 Laboratory medicine

An essential component of the provision of care of people with HIV infection is the availability of a high quality laboratory service. This is necessary to make the initial diagnosis of HIV infection, to assess regularly the effect of the virus on the patient's immune system, to diagnose the numerous and often extremely unusual infections, cancers and other conditions which people with HIV infection can develop and to monitor the effects of treatment. The main laboratories which provide this service are the Regional Virus Laboratory at Ruchill Hospital, the Department of Immunology at the Western Infirmary, the Department of Bacteriology, now split between Ruchill and Stobhill Hospital and the Departments of Haemotology, Biochemistry and Pathology at Stobhill Hospital. Funding from the AIDS allocation is provided to the Regional Virus Laboratory and the Department of Immunology both of which provide an excellent and comprehensive service. Some difficulties have been experienced due to the transfer of bacteriology, haematology, biochemistry and pathology services from Ruchill to Stobhill. These are now being addressed.

7.11 Oncology and radiotherapy

Some patients with HIV infection develop unusual forms of cancer, the most typical of which are Kaposi's sarcoma and lymphoma. In Glasgow, most patients with these conditions are treated at the Beatson Oncology Centre in the Western Infirmary, where radiotherapy or chemotherapy is given as appropriate.

7.12 Social Work Department

Social Workers are an integral part of the HIV Prevention and Support Team at Ruchill Hospital (see section 7.5.1). There are also specialist social workers at Glasgow Royal Infirmary attached to the Haemophilia Unit and providing a service for drug misusers. The Regional department has established an HIV Supported Accommodation Team staffed by a Senior Social Worker, a Social Worker, a Home-maker and a clerical worker. The main aim of the service is to enable people to live in the community with the maximum possible independence. The team has established links with a range of housing providers to provide suitable accommodation in flats or houses linked to a system of visiting support services. This has been achieved through agreements with the City Council and three housing associations. During the financial year 1992-93 a total of 11 separate housing units will be available including two adapted for wheelchair access. A Welfare Rights Development Officer has trained staff at Ruchill Hospital and Scottish AIDS Monitor to be able to provide specialist assistance to people with HIV. The department has also published a comprehensive guide to the welfare benefits available to people with HIV. A Senior Training Officer in the department runs regular training courses in HIV counselling with periodic refresher courses for those who have previously undergone training. There is a pool of specially trained home helps available and a register of foster parents prepared to take children with HIV. The Regional Department also runs an Information and Advice Unit on Addictions which is inreasingly involved in coordinating promotional and campaign work on HIV prevention.

7.13 Scottish AIDS Monitor (SAM)

This voluntary organisation has national offices in Edinburgh and regional offices in Edinburgh, Glasgow and Dun dee. Its work in Glasgow is funded by the Scottish Office, Greater Glasgow Health Board and Strathclyde Regional Council. SAM has established a pool of trained volunteers ('buddies') who are assigned to individual people with HIV infection, with the aim of providing them with help and support. Buddies are subject to careful selection, an extensive training programme and on-going supervision and support. During the reporting year, around 20 clients used the service and efforts are now being made to increase awareness and use of the service. SAM has a full-time welfare rights officer. She now has a substantial caseload of clients, many of whom have been awarded additional Department of Social Security benefits as a result of her work. She has held seminars with staff from all Glasgow DSS officers, with the aim of facilitating speedy decisions on claims and developing good practice on issues of client confidentiality. The service is now gaining information and experience in the areas of housing, legal, civil and employment rights. SAM operates a 'hardship fund' aimed at meeting specific financial needs of clients with HIV. During the reporting year, 20% of the national total of £20,000 was granted to clients of SAM in Glasgow.

7.14 SAM has initiated and chairs the Strathclyde HIV and AIDS Network, a local monthly Forum of voluntary agencies in the HIV field. It has taken a lead role in developing Positive Housing, an informal group focusing on the issue of housing for people with HIV. It has undertaken joint work with many agencies including Glasgow Royal Maternity Hospital, Glasgow Family Planning Service, the Social Work Department, Drug Projects and Barlinnie Prison.

7.15 AIDS Care Education and Training (ACET)

ACET is a national organisation aiming to provide practical care and assistance to people with HIV infection. This includes: hospital visiting; practical care and help at home, including decorating, removals, day sitting and transport of patients or their relatives; grants for clothing or loans for household equipment in cases of financial hardship; and some assistance on certain social and welfare issues. After receiving funding from Greater Glasgow Health Board, the ACET service in Glasgow is organised by a full-time worker, Mrs Margaret Gillies. During the reporting year, a team of 26 trained volunteers was established; 30 new referrals were made and ten clients died. There were on average 30 contacts per month involving clients living in all parts of the city.

7.16 Body Positive

Body Positive Glasgow is a support group for people with HIV infection. It is one of more than 30 similar groups throughout the United Kingdom, and is now based in the offices of Scottish Aids Monitor. During the year, it substantially increased and widened its membership. It received funding from Greater Glasgow Health Board enabling it to develop a range of activities for its members aiming to improve their health and sense of well-being.

7.17 HIV Carers Support Group

This self-help group for family members of people with HIV infection was established as a charity in August 1991. With financial support from Greater Glasgow Health Board and Strathclyde Regional Council it obtained city centre premises in October 1991. The work of the group is carried out by its members, with help from a part-time administrative assistant. The group seeks to provide advice and support for anyone with a family member or partner infected with HIV. It operates a telephone service, a weekly mutual support night and one-to-one meetings. It has also established contact with carers in Edinburgh and Dundee with the aim of enabling similar groups to be established there.

7.18 Strathclyde Interchurch AIDS Project

This was established in 1990 jointly by Edinburgh University and Strathclyde Regional Council with funding for three years. Its aim is to facilitate an ecumenical response by Churches in the West of Scotland to HIV and AIDS and to the needs of people infected by HIV. Led by its Coordinator, Edith Campbell, the project has formed a network of pastoral carers and, in the summer of 1992, opened the Haven, a meeting place at Ruchill Hospital for people with HIV and their carers. In 1991, the project ran a conference for Church based youth organisations and established a series of regular monthly meetings for theologians, professionals and people affected by HIV to discuss HIV related issues. In 1992, it began a training group aimed at addressing sexual health in a Christian context.

7.19 Primary Care Services

Early in 1992, a survey was carried out of the 93 general practitioners in Glasgow known to have had at least one patient with known HIV infection during 1991. The survey revealed that very few GPs have more than one or two patients with HIV on their lists at any time. This means it is difficult for GPs in Glasgow to gain much experience in treating patients with this condition. On average patients had seen their G.P six times during the previous year. Recently the community nursing team at Ruchill Hospital enabled a growing number of patients to spend more time at home through careful liaison with the patients' GPs and community nurses. This was enhanced by an extensive series of training seminars for community nurses on HIV related care also provided by the Ruchill team.

7.20 Coordination of care

Issues relating to the care of people with HIV are considered at the HIV Patient Care Sub-Committee of the HIV and AIDS Forum which meets quarterly. New funding applications are considered by the HIV and AIDS Forum. The overall responsibility for coordination of patient care services is carried by the Dr Laurence Gruer, the HIV & Addictions Coordinator, but most coordination is carried out at the individual level by numerous health service staff liaising with staff and volunteers in other agencies.

Other services and facilities

8.1 Monitoring and surveillance

HIV infection is usually diagnosed by performing the HIV antibody test on a sample of blood. A saliva test is also now available for epidemiological studies. These tests are performed in Glasgow at the Regional Virus Laboratory (RVL) at Ruchill Hospital and the Institute of Virology at the Western Infirmary. The RVL also provides HIV reference testing facilities for Greater Glasgow Health Board, the other health boards in the West of Scotland and is the site of the Scottish National Blood Transfusion Microbiology Reference Service. All specimens found reactive for HIV antibody are confirmed by the RVL using a different type of test to exclude the possibility of a false positive result.

8.2 The two Glasgow laboratories contribute data to the Scottish National HIV Surveillance programme coordinated by the Communicable Diseases (Scotland) Unit [CD(S)U] at Ruchill Hospital. The CD(S)U is the Scottish national centre for collating, analysing and distributing information about HIV infection and AIDS. All requests for an HIV antibody test within the National Health Service in Scotland should now be made on a standardised confidential form carrying essential epidemiological details about the patient. This information is then entered on computer and its analysis by CD(S)U provides valuable insights into the extent of HIV infection throughout Scotland. Doctors are also asked to register with the CD(S)U known cases of AIDS and deaths of patients with HIV infection. The CD(S)U also produces a weekly news sheet, ANSWER, on epidemiological aspects of HIV infection.

8.3 Protection of the blood supply

All potential donors attending the West of Scotland Blood Transfusion Service are advised not to donate blood if they have engaged in certain specified behaviours known to lead to an increased risk of HIV infection. All blood donations are subsequently tested for the presence of the HIV antibody. Any reactive samples are subjected to confirmatory testing by the Scottish National Blood Transfusion Microbiology Reference Service, at the Regional Virus Laboratory. Blood found to be HIV positive is rejected and its donor offered confidential counselling and follow-up by medical staff.

8.4 Training

Training of Health Board staff on issues relating to HIV infection is coordinated by Ms Sandy MacLeod, the training officer at the HIV and Addictions Resource Centre. During the year, she administered a working group convened by the chairman of the Area Control of Infection Committee with the aim of conveying to all Health Board staff the hazards of direct contact with blood and the risks of needle stick injury. The working group produced a colourful leaflet entitled "Sharp Focus on Blood Contact" which was distributed to all staff. It then established clear procedures for action following a needle stick injury in the Health Service. These were published in novel calendar format and distributed in October 1992 for permanent display in all clinical areas. The Resource Centre also organised a one day conference on HIV and dementia in conjunction with Strathclyde Regional Council Social Work Department and, during 1992 four one day conferences on HIV infection for teachers and community education workers and a course on sexual health for prospective sex education trainers. The Resource Centre's wide range of teaching materials, including videos, training packs, books and displays were heavily used by Health Board and other staff in a wide variety of settings throughout the Health Board area. The community nursing team at Ruchill Hospital continued an extensive series of training seminars for community nurses, covering HIV infection and working with drug users. The Occupational Health Service continued to contribute to training and informing staff about HIV infection through lectures, seminars and personal counselling.

8.4.1 Nurses

Basic nurse training is currently going through radical changes and efforts are being made to integrate all aspects of HIV prevention and care throughout the training programme. Two nursing colleges in Glasgow this year targeted new student nurses with sexual health information at the start of their course and it is hoped this will continue and develop. Many qualified community nurses have been trained to undertake confidential pre and post HIV

counselling and testing at local health centres and to undertake preventive work relating to sexual health and drug misuse. All qualified nurses undertaking any HIV related work are regularly updated and can access resources through regular meetings, with the specialist HIV Community Nursing Team and the HIV and Addictions Resource Centre. A high profile has also been given to safe working practice this year. With the development of the new Guidelines on the management of needles and similar injuries, many nurses are taking a lead in promoting safe practice and implementing the Guidelines.

8.4.2 Doctors

Fourth year medical students are given a half-day Seminar on clinical and public health aspects of HIV infection. Some further clinical experience is provided during their clinical attachment to the Infectious Diseases Unit, and the virology of HIV is addressed in the medical microbiology course. There are occasional post-graduate seminars on HIV and related topics for hospital doctors and general practitioners, and frequent relevant articles in medical journals.

8..4.3 Police

During the year, Strathclyde police completed a high quality video describing the possible risks to police officers of HIV and other blood-borne infections and how these can be minimised. The video is now shown to all new recruits (116 in 1991) and to newly promoted sergeants.

8.5 Environmental Health

The Environmental Health Department of Glasgow District Council operates a service for collecting and disposing of discarded needles and syringes found throughout the city. During the reporting period, 767 calls were received and 2124 syringes were recovered. Greater Glasgow Health Board provided part-funding of the campaign to publicise this service. The Department also supplied community pharmacists with containers for the safe disposal of used needles and syringes and dealt with over fifty significant blood spillages during the year.

8.6 Research

During the year, much important information on the spread of HIV infection and related behaviour was yielded by research projects in Glasgow. The HIV Behaviour and Seroprevalence Study, funded by the Medical Research Council and supported by the World Health Organisation, published papers on the prevalence of drug injecting and drug related HIV infection and death in the Glasgow area. The Public Health Research Unit completed a book and several papers on the relationships between drug misuse, prostitution and HIV in Glasgow. The HIV and Addictions Resource Centre published a study on the use of condoms by people attending the Glasgow Genito-Urinary Medicine service. The University Department of Paediatrics and the Neo-natal Screening Laboratory at Stobhill Hospital published the results of their national study of HIV testing of new born babies. Professor Peter Kennedy and Dr Richard Petty published papers on clinical and laboratory studies of the effects of HIV on the nervous system.

8.7 Evaluation

Considerable financial and human resources are being invested in the many activities outlined in this report. Their careful evaluation is essential. This was emphasised by a report by the National Audit Office on the response to HIV infection by health authorities in the United Kingdom which led to a report on HIV and AIDS related health services by the Committee of Public Accounts of the House of Commons. The HIV and Addictions Resource Centre maintains a powerful database on the activity of the city's needle exchanges enabling their performance to be carefully monitored. A related database covering clinical activity at the Drop-in Centre for prostitutes is also now in operation. A comprehensive, computerised clinical information system enables the follow-up of patients with HIV infection being seen at the Infectious Diseases Unit at Ruchill Hospital to be carefully monitored. This has enabled analysis of HIV related patient care and associated costs to be carried out. Formal evaluation of various aspects of the work of the Women's Reproductive Health Service is under way. A joint health board and social work department working group has established a common database for all drug projects funded or managed by the two agencies, enabling their performance, including HIV related work, to be better assessed.

8.8 In the Spring of 1992, 69 patients with HIV infection being followed up at Ruchill Hospital took part in a extensive interview with a researcher, Dr Helene Irvine, with the aim of assessing their satisfaction with the services provided. A number of important issues emerged, including the way in which the diagnosis was communicated, the accessibility of hospital services and the provision of information about other services. These findings and the action taken as result will be considered in a subsequent report.

8.9 International links

Since July 1990, Glasgow has been a member of the "Multi-City Action Plan on AIDS" established by the World Health Organisation's European Healthy Cities Project. Other member cities now include Liverpool, London (Camden Town), Gothenburg, Rotterdam, Dusseldorf, Rennes, Dublin, Nancy, Vienna, Seville and St. Petersburg. The aim of this initiative is to provide a framework within which cities can address common problems and share examples of good practice. A recent development has been the extension of contact to include Eastern European Cities that are now facing a growing threat from HIV due to the enormous social changes they are experiencing. Glasgow was host to a meeting of the group in October 1992 which was attended by representatives from twelve cities including Talin (Estonia), Budapest, Sofia and Rostov (Russia). The HIV and Addictions Resource Centre will coordinate the Action Plan in 1993.

Greater Glasgow Health Board AIDS (Control) Act 1987 Staffing 1991-92

Staff engaged wholly or mainly in HIV and AIDS work

1. Coordination	WTE	Employing Agency
Consultant in Public Health Medicine	1	Health Board
Administration	2	Stobhill Unit
Research	1	Stobhill Unit
Training	1	Stobhill Unit
Needle exchange	2	Stobhill Unit
2. Prevention		
HIV COUNSELLING CLINIC		
Community nurses	2.5	Community Unit
Clerical staff	2	Stobhill Unit
NEEDLE EXCHANGE		
Nurses	3	Community Unit
Nurses	3	Mental Health Unit
HEALTH PROMOTION		
Senior health promotion officer	1	Health Board
Displays officer	1	
DROP-IN CENTRE		
Nurses	0.4	Community Unit
Doctors	0.3	
SCOTTISH AIDS MONITOR		
		Scottish AIDS Monitor
Project coordinator	1	
Welfare rights officer	1	
Training officer	1	
Administrator	1	
Genito-urinary medicine		
Community nurse	0.5	Glasgow Royal Infirmary
3. Treatment and care		
INFECTIOUS DISEASES UNIT, RUCHILL HOSE	PITAL	
Medical Registrar	1	Stobhill Unit
Nurses	20	3.00 p. 2000 30, 0000
Physiotherapist	1	
Occupational therapists	2	
Staff pharmacist	2 1 2	
Clerical staff	2	
Clinical psychologist	1	Mental Health Unit
Community nurses	2	Community Unit

Carton W San SAG SA	WTE	Employing Agency
WOMEN'S REPRODUCTIVE HEALTH S		
GLASGOW ROYAL MATERNITY HOSE		Cl. P. II.S.
Consultant Obstetrician Clinical assistant	1	Glasgow Royal Infirmary
Nurses		
Administration	16	
Administration	1	
HAEMOPHILIA UNIT, GLASGOW ROY	al Infirmary	
Nurses	2	Glasgow Royal Infirmary
Administration	0.5	
Haemophilia Unit		
Royal Hospital for Sick Children		
Nurses	2	Yorkhill
Neurology		
Senior Registrar	1	Southern General Hospital
MLSO	1	
Administration	Ī	
ACET		
Project coordinator	1	ACET
Administration	0.5	
HIV CARERS SUPPORT GROUP		
		HIV Carers
Administration	0.5	
Laboratories		
Virology, Ruchill		
MLSO	4.75	Stobhill Hospital
MLSO	0.5	Western Infirmary
IMMUNOLOGY		
MLSO	1	Western Infirmary
Registrar	0.5	

Greater Glasgow Health Board AIDS (Control) Act 1987 Capital and Revenue Expenditure

	. 1	6.	ල ⊚ %	<u>€000</u> 2*	⊕⊕ <u>₽</u> @⊕@@@@@₩	99999999°	G(2) !-	
	TOTAL	Staff Training	Infection Control Rubber gloves Spectacles	Monitoring Regional Virus Laboratory Virology Lab-Ruchill Hospital Virology Lab-Western Infirmary Immunology-Western Infirmary	Treatment and care AIDS Special Unit-Ruchill Hospital Neurovirology-Southern General Hospital Haemophilia Unit-GRI Haemophilia Unit-RHSC Dentistry Obstretric Service Cell Saver Packs-RHSC Equipment Red Tower Others	Prevention Initiatives Counselling Clinic Needle Exchange Health Promotion Family Planning Drop-in Centre Hepatitis 'B' Vaccination Scottish AIDS Monitor Crisis Intervention Centre Others	Coordination CMS Administration	
	472				447	25		1991/92 Allocation Capital R
3959	3487	24	135	112 43 12 41	1431 73 52 60 9 385 45	1186 1173 1141 70 56 30 2220	93	/92 ation Revenue £'000
	154				34			Expe Capital £'000
3862	3708	42	30	38=40=	1281 86 53 43 9 381 8 430 120	186 208 180 140 48 52 32	48 71	Expenditure Revenue £ 1000
	500					500		Alloc Capital £'000
4060	3560	43	32	43 43 412	1277 93 57 45 26 413 8	165 310 213 149 70 54 39	S1 87	1992/93 Allocation Revenue £'000

AIDS (Control) Act 1987: Statistics on reported AIDS cases and deaths

Health Board	Greater Glasgow
Signed	Johnsons Chroi
Name	Or Laurence Gruer
Tel No	041 946 7120

Period	People with AIDS	First reported from this health board	Known to be resident of this health board	
1 April 1991 to 31 March 1992	-reported to, and accepted by, CD(S)U in period	18	15	
	-numbers of above known by 31 March 1992, to have died	*	*	
Cumulative to 31 March 1992	-cumulative number reported to, and accepted by, CD(S)U by end of period	82	62	
	-numbers of above known by 31 March to have died	58	43	

Notes

- This form should be completed as part of the reports made by health boards under the AIDS (Control) Act 1987.
- 2. The form should be completed from information supplied by CD(S)U.
- 3. If the number to be reported in any of the above columns is nil, enter a zero. If the number is between 1 and 9, enter an asterisk (*). If the number is 10 or over, enter the actual number.

AIDS (Control) Act 1987:

Statistics on newly reported HIV infected persons (and children of indeterminate HIV infection status)

Year ending 31 March 1992

By health board of reporting laboratory (or, where known, the health board of either specimen origin or residence)

Health Board_	Greater Glasgow
Signed	Jourem Grier
Name	Dr Laurence Gruer
Tel No	041 946 7120

How person probably acquired the virus	Male	Female	N/K	Total	
Sexual intercourse between men	11	0		11	
Sexual intercourse between men and women	*	0		*	
Injecting drug use (IDU)		*		*	
IDU and sexual intercourse between men	0	0		0	
Blood factor (eg haemophiliacs)	0	0		0	
Blood tissue transfer (eg transfusion)	0	*		.*	
Mother to child infected		0		*	
Mother to child indeterminate ¹	*	*			
Other/undetermined	*	0		*	
Total	22	*		30	

^{*}Defined as 'children aged less than 18 months when last tested positive for HIV antibody and without other evidence of HIV infection'. On the basis of reports received it is not yet possible to determine whether these children are infected or whether their seropositivity is due to passive transfer of maternal antibody.

Notes

- This table, supplied by the Communicable Diseases (Scotland) Unit (041 946 7120), is for the 1992 reports by health boards under the AIDS (Control) Act 1987.
- 2. If the number to be reported in any of the above columns is nil enter a zero. If the number is between 1 and 9, enter an asterisk (*). If the number is 10 or over, enter the actual number.

AIDS (Control) Act 1987: Statistics on newly reported HIV infected persons (and children of indeterminate HIV infection status)

Cumulative to 31 March 1992

Health board to which laboratory reported (or, where known, the health board of either specimen origin or residence)

Health Board _	Greater Glasgow
Signed	Jacus (me.
Name	Dr Laurence Gruer
Tel No	041 946 7120

How person probably acquired the virus	Male	Female	Female N/K		
Sexual intercourse between men	131	0	0	131	
Sexual intercourse between men and women	21	10	0	31	
Injecting drug use (IDU)	44	43	*	88	
IDU and sexual intercourse between men	*	0	0		
Blood factor (eg haemophiliacs)	42	0	0	42	
Blood tissue transfer (eg transfusion)		*	0	*	
Mother to child infected		0	0	*	
Mother to child indeterminate*	*	*	0	*	
Other/undetermined	31	*	0	34	
Total	277	64	*	342	

^{&#}x27;Defined as 'children aged less than 18 months when last tested positive for HIV antibody and without other evidence of HIV infection'. On the basis of reports received it is not yet possible to determine whether these children are infected or whether their seropositivity is due to passive transfer of maternal antibody.

Notes

- This table, supplied by the Communicable Diseases (Scotland) Unit (041 946 7120), is for the 1992 reports by health boards under the AIDS (Control) Act 1987.
- If the number to be reported in any of the above columns is nil enter a zero. If the number is between 1 and 9, enter an asterisk (*). If the number is 10 or over, enter the actual number.