Introduction ................................................................................................................................. 2
New cases of HIV infection .............................................................................................................. 2
HIV Prevalence .................................................................................................................................. 2
Cases of AIDS.................................................................................................................................... 2
Treatment and Care ........................................................................................................................... 3
Accessibility of Services .................................................................................................................... 4
Primary Care ...................................................................................................................................... 5
Training .............................................................................................................................................. 5
HIV Prevention .................................................................................................................................... 5
Gay Men's Task Force Initiative ......................................................................................................... 6
Effectiveness Monitoring ................................................................................................................... 7
Looking Ahead: Developments in 1996-99 ....................................................................................... 7
Appendix 1 - New HIV Cases ............................................................................................................. 8
Appendix 2 - Cumulative HIV Cases ................................................................................................ 9
Appendix 3 - Living HIV Cases ........................................................................................................ 10
Appendix 4 - AIDS Cases .................................................................................................................. 11
Appendix 5 - Financial Information .................................................................................................. 12

Tables
1. Summary of current estimated HIV infection rates in Greater Glasgow ........................................ 2
3. HIV treatment and care - Expenditure within Greater Glasgow Health Board Area, 1997-98 ........ 4
4. HIV-related pharmacy expenditure in Greater Glasgow, 1997-98 ................................................. 5
5. HIV-related pharmacy expenditure in Greater Glasgow Trusts by patient’s health board of residence, 1997-98 ......................................................................................................................... 5

Figures
1. New cases of AIDS and deaths of AIDS patients in Greater Glasgow 1991-98 ............................. 3
2. In-patient bed days and out-patient attendances of patients with HIV at the Department of Infection, Greater Glasgow 1992-98 .............................................................................................................. 4
Introduction

Now in its eleventh year, the AIDS (Control) Act report is being presented in new format at the request of the Scottish Office. It aims briefly to describe the extent of HIV infection and AIDS in Greater Glasgow and what has been done to treat infected individuals living in the Greater Glasgow area and prevent further infection. It is not intended to be a comprehensive review but to focus on major developments.

New Cases of HIV Infection

During the year, 25 people resident in Greater Glasgow were newly reported to have HIV infection (Appendix 1). This compares with 42 cases in the previous year. Of the 25 cases, 16 were thought to have resulted from sexual intercourse between men, five from drug-injecting and two from sexual intercourse between men and women. These proportions are broadly similar to those recorded over the past eight years. During this period there have been annual fluctuations but no significant trend in the numbers of reported infections. The total number of cases of HIV recorded in Greater Glasgow now stands at 534 of whom 346 (65%) are not known to be dead (Appendices 2 & 3).

Table 1

<table>
<thead>
<tr>
<th>Summary of current estimated HIV infection rates in Greater Glasgow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homosexual/bisexual men</td>
</tr>
<tr>
<td>Drug injectors</td>
</tr>
<tr>
<td>Heterosexual men attending GU clinics</td>
</tr>
<tr>
<td>Heterosexual women attending GU clinics</td>
</tr>
<tr>
<td>Women giving birth (excluding known drug injectors)</td>
</tr>
</tbody>
</table>

Anonymous unlinked HIV tests carried out in the Department of Genitourinary Medicine and Sexual Health (GU Medicine) in Greater Glasgow show no change in HIV prevalence compared with previous years, among either homosexual males or heterosexual males and females. Anonymous testing for HIV antibody in new-born babies (the Guthrie Card Neo-natal Screening Programme) yielded one positive result in around 10,000 tests, the same as in the previous two years. There is thus a very low level of HIV among child-bearing women in Greater Glasgow and therefore no justification at present for introducing generalised antenatal screening for HIV.

HIV Prevalence

The currently available information on the extent of HIV infection in the Greater Glasgow area shows that the prevalence of HIV is highest among men who have sex with other men at around 5% of persons tested (Table 1). A study in 1996 of men attending gay bars in Glasgow found that 30% had had unprotected anal intercourse in the previous 12 months. These findings thus indicate that gay men are at the highest current risk of becoming infected with HIV in the Greater Glasgow area. The prevalence of HIV among drug injectors in Greater Glasgow remains at around 1%, a much lower figure than in most other comparable cities. This points to the success of the measures taken in Greater Glasgow over the past ten years in preventing HIV spread among injectors. A small number of cases of homosexually acquired HIV have been reported, mainly among persons from overseas or partners of infected drug-injectors. Should preventive measures be relaxed, the potential remains for HIV gradually to spread within the heterosexual community although at a slower rate than that seen among gay men and drug injectors.

Cases of AIDS

There were 21 new cases of AIDS reported during the year of whom 14 lived in the Greater Glasgow area (Appendix 4). These are the lowest recorded numbers since 1991-92. Among all known cases of AIDS reported by Greater Glasgow, there were 15 deaths during the year, less than half the number recorded in 1994-95 (Figure 1). These lower rates mirror the decline seen over the past two years in the rest of the United Kingdom, Western Europe and the United States that have followed the introduction of combination anti-retroviral therapy. No such decline has occurred in the developing world where the new drugs are too expensive for widespread use.
Treatment and Care

The main development during the year was the transfer of the Department of Infection and Tropical Medicine (DITM) from Ruchill Hospital to the Brownlee Centre, a purpose-built new unit at Gartnavel General Hospital. This provides greatly improved facilities for patients with HIV infection, including easier access to a wide range of diagnostic services. The move has also enabled the Department of GU Medicine to admit their HIV patients to the same unit. Arrangements are being made to transfer the HIV clinics run by GU Medicine physicians at Glasgow Royal Infirmary and the Southern General Hospital to the Brownlee Centre.

Table 2 shows the number of patients and out-patient attendances at the DITM and Department of GU Medicine during the year, with GU Medicine accounting for 21% of the patients and 23% of the out-patient workload. Figure 2 shows that there has been 51% reduction in in-patient bed days since 1995-96, whilst the number of patients being followed up has remained constant. This is a clear indication of the dramatic improvements in the health of many patients with HIV treated with combination anti-retroviral therapy. Table 3 shows the total expenditure on HIV treatment and care within the Greater Glasgow area in 1997-98. Most was incurred by the West Glasgow Hospitals Trust which manages the DITM. A full breakdown of HIV-related expenditure is shown in Appendix 5.

Table 2
Out-patient attendance of HIV patients with HIV infection in Greater Glasgow, 1997-98

<table>
<thead>
<tr>
<th></th>
<th>Number of Patients</th>
<th>Number of Attendances</th>
<th>Attendances/person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept of Infection</td>
<td>218</td>
<td>2041</td>
<td>9.4</td>
</tr>
<tr>
<td>Dept of Genitourinary Medicine</td>
<td>59</td>
<td>604</td>
<td>10.2</td>
</tr>
<tr>
<td>Total</td>
<td>277</td>
<td>2645</td>
<td>9.5</td>
</tr>
</tbody>
</table>
By 31st March 1998, there were approximately 160 patients in Greater Glasgow being treated with anti-retroviral therapy. A full year’s treatment with triple therapy costs around £8,000 per patient. There has been a substantial increase in expenditure on HIV-related drug treatment over the past two years, rising from around £390k in 1995-96 to £700k in 1996-97 and £1.26m in 1997-98. These increases have been partly offset by savings made through the transfer of the DITM from Ruchill to Gartnavel General Hospital.

Table 4 shows that in 1997-98, 86% of HIV-related drug expenditure was on anti-retroviral drugs. Table 5 shows that 80% of HIV-related drug expenditure in Greater Glasgow during the year related to patients resident in the Greater Glasgow Health Board area. From 1998-99 onwards, new arrangements are in place such that, above an agreed threshold, each Health Board will pay the cost of anti-retroviral drugs for its own patients treated in Greater Glasgow.

Accessibility of Services

HIV counselling and testing services are provided by the Departments of Infection and GU Medicine. Both accept self-referrals and offer an evening service. Appointments are normally made but urgent cases can usually be seen immediately. For patients with HIV infection, regular follow-up appointments are usually arranged with the HIV specialist teams at the Departments of Infection and GU Medicine. Urgent cases can usually be seen immediately. Access by GU Medicine patients to the multi-disciplinary Counselling and Support Team is limited as this team is based in the DITM. The planned transfer of the GU Medicine HIV clinics to the Brownlee Centre should resolve this. Access to specialist HIV social work services and to those provided by the non-statutory sector is generally easy.

Table 3
HIV Treatment and Care
Expenditure within Greater Glasgow Health Board area, 1997-98

<table>
<thead>
<tr>
<th></th>
<th>£k</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Glasgow Hospitals</td>
<td>2509</td>
</tr>
<tr>
<td>Glasgow Royal Infirmary</td>
<td>683</td>
</tr>
<tr>
<td>Southern General Hospital</td>
<td>94</td>
</tr>
<tr>
<td>Community &amp; Mental Health NHS Trust</td>
<td>10</td>
</tr>
<tr>
<td>Non-statutory sector*</td>
<td>120</td>
</tr>
<tr>
<td>Total in 1997-98</td>
<td>3416</td>
</tr>
<tr>
<td>Total in 1996-97</td>
<td>2842</td>
</tr>
</tbody>
</table>

*PHACE wee; AGET, HIV/AIDS Care and Family Support Group (Strathclyde); Body Positive
Primary Care
The introduction of combination anti-retroviral therapy, with the need for specialist prescribing and monitoring, has meant that the role of general practitioners in the routine follow-up of patients with HIV infection has diminished. Shared care between the primary care team and the HIV specialist team is arranged on an individual basis for patients with more severe HIV-related illness who are being cared for at home. In most cases, this is co-ordinated by specialist community liaison nurses based at the DITM.

Training
During the year, an up-dated Health Board policy on needlestick injuries was completed by the Area Control of Infection Committee and distributed to all Trusts. This includes revised guidance on the procedures to be followed if there is needlestick injury or another form of exposure to blood from a person or suspected HIV infection. The education and training officer for HIV and other bloodborne viruses, who is based at the Brownlee Centre, organises and delivers an extensive programme of seminars and workshops open to all NHS staff and to other organisations. The programme covers various aspects of HIV treatment and care as well as prevention topics.

| Table 4 |

<table>
<thead>
<tr>
<th>HIV-related pharmacy expenditure in Greater Glasgow 1997-98</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anti-retroviral</strong></td>
</tr>
<tr>
<td>therapy £k</td>
</tr>
<tr>
<td>West Glasgow Hospitals 893 £k</td>
</tr>
<tr>
<td>Glasgow Royal Infirmary 140 £k</td>
</tr>
<tr>
<td>Southern General Hospital 42 £k</td>
</tr>
<tr>
<td><strong>Other drugs</strong> £k</td>
</tr>
<tr>
<td>West Glasgow Hospitals 157 £k</td>
</tr>
<tr>
<td>Glasgow Royal Infirmary 9 £k</td>
</tr>
<tr>
<td>Southern General Hospital 14 £k</td>
</tr>
<tr>
<td><strong>TOTAL £k</strong></td>
</tr>
<tr>
<td>1075 (£85%)</td>
</tr>
<tr>
<td>131 (14%)</td>
</tr>
<tr>
<td>1256 (100%)</td>
</tr>
</tbody>
</table>

HIV Prevention
The Health Board's prevention strategy is based on the understanding that HIV infection is almost always transmitted from one person to another in one of three ways:

i) Unprotected penetrative sexual intercourse.

ii) Inoculation with blood of an infected person.

iii) From an infected mother to her baby during pregnancy or around birth.

The aims of the HIV Prevention Strategy in Greater Glasgow are therefore as follows:-

i) To prevent transmission between men who have sex with men.

ii) To prevent transmission as a result of drug injecting.

iii) To prevent sexual transmission between men and women.

iv) To prevent transmission from infected women to their babies during pregnancy and birth.

| Table 5 |

<table>
<thead>
<tr>
<th>HIV-related pharmacy expenditure in Greater Glasgow Trusts by patient's health board of residence, 1997-98</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Greater Glasgow</strong> £k</td>
</tr>
<tr>
<td>West Glasgow Hospitals 843 £k</td>
</tr>
<tr>
<td>Glasgow Royal Infirmary 129 £k</td>
</tr>
<tr>
<td>Southern General Hospital 28 £k</td>
</tr>
<tr>
<td><strong>Other Health Boards</strong> £k</td>
</tr>
<tr>
<td>West Glasgow Hospitals 208 £k</td>
</tr>
<tr>
<td>Glasgow Royal Infirmary 20 £k</td>
</tr>
<tr>
<td>Southern General Hospital 28 £k</td>
</tr>
<tr>
<td><strong>TOTAL £k</strong></td>
</tr>
<tr>
<td>1000 £k</td>
</tr>
<tr>
<td>256 £k</td>
</tr>
<tr>
<td>1256 £k</td>
</tr>
</tbody>
</table>
During 1997-98, previously established HIV prevention initiatives continued as described in the AIDS (Control) Act report for 1996-97.

Table 6 shows the breakdown of HIV prevention expenditure according to the four main target groups. This shows that during the reporting year there was a significant shift of funding towards HIV prevention among gay men. This was to fund the Gay Men's Task Force Initiative, described below. A full breakdown of HIV-related expenditure is given in Appendix 5.

**Gay Men's Task Force Initiative**

This six month initiative was developed in response to the findings of the 1996 survey of sexual behaviour among men attending gay bars in Glasgow. The main finding was that among 1245 men questioned, 30% had had unprotected anal intercourse at least once in the previous 12 months and 10% had done so with more than one partner. This indicated a continuing high risk of spread of HIV, hepatitis B and other sexually transmitted infections. In the light of this research, a Task Force was established involving representatives of the Department of Genitoanuary Medicine, PHACE west, Strathclyde Gay & Lesbian Switchboard, other gay organisations and the MRC Medical Sociology Unit. A six month initiative was planned by the Task Force with the following aims:

i) To offer preventive advice on HIV, hepatitis B and other sexually transmitted infections.

ii) To encourage gay men to attend special clinics offering sexual health screening, hepatitis B immunisation and HIV counselling and testing.

The main elements of the initiative were as follows:

i) A team of trained peer educators, drawn from the gay community, regularly visited all the gay bars in Glasgow to raise the issue of safer sex with customers, provide information leaflets and make customers aware of the special clinics.

ii) Extensive publicity for the initiative was carried in the gay press and the general media.

iii) A special clinic staffed by genitoanuary medicine physicians and nurses was established at the Gay & Lesbian Centre in addition to the existing Tuesday evening clinic for gay men (Steve Retson Project) held at the Glasgow Royal Infirmary.

iv) A 0800 phoneline was established for the Initiative by Strathclyde Gay & Lesbian Switchboard.

Substantial additional publicity for the Initiative was provided in December 1997 when the occurrence of a number of cases of hepatitis B among gay men in Glasgow received widespread media publicity. The Initiative ran from December 1997 to June 1998 and resulted in a large increase in the number of men attending the special clinics. A follow-up survey of men attending gay bars in both Glasgow and Edinburgh will be conducted in early 1999 to ascertain whether the Initiative has made any impact on gay men's sexual behaviour. A full report on the Initiative and its impact will be provided in next year's AIDS (Control) Act report.

### Table 6

<table>
<thead>
<tr>
<th>Target populations</th>
<th>Total expenditure 1996-97 £k</th>
<th>Total expenditure 1997-98 £k</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay and bisexual men</td>
<td>205</td>
<td>277</td>
</tr>
<tr>
<td>Injecting drug users (needle exchange)</td>
<td>259</td>
<td>249</td>
</tr>
<tr>
<td>Young people and travellers</td>
<td>244</td>
<td>170</td>
</tr>
<tr>
<td>Prostitutes</td>
<td>117</td>
<td>117</td>
</tr>
<tr>
<td>Total</td>
<td>825</td>
<td>813</td>
</tr>
</tbody>
</table>
Effectiveness Monitoring

The effectiveness of HIV prevention work in Greater Glasgow is evaluated in several ways. Careful monitoring of the prevalence and incidence of HIV cases is possible as a result of the surveillance system provided by the Scottish Centre for Infection and Environmental Health. Implementation of the HIV Strategy is overseen by the Greater Glasgow Forum for AIDS and Bloodborne Viruses, chaired by Dr Fiona Marshall, a non-executive member of the Health Board. The Forum's membership includes representatives of statutory and voluntary agencies including people with HIV. Monitoring and evaluation of individual initiatives are carried out by staff in the Health Board's Departments of Public Health and Commissioning. This work includes the receipt of annual reports from individual services, annual inspection visits and commissioned research.

Looking Ahead: Developments in 1998-99

- During 1998-99, the Scottish Office issued for consultation a report proposing a new formula for the allocation to Health Boards of funding for HIV Prevention and Health Promotion. This is likely to result in significant changes in the amounts Boards will receive in 1999-2000 onwards. The Scottish Office also completed a review of HIV Treatment, publication of which is expected in late 1998, and began a Review of HIV Health Promotion, which is expected to be completed in Spring 1999.

- After extensive consultation in 1997-98, the Health Board approved a Sexual Health Strategy in autumn 1998. This incorporates those aspects of HIV prevention outlined above that relate to sexual transmission.

- The Greater Glasgow Drug Action Team issued a draft revised strategic plan in April 1998. This includes measures designed to prevent the transmission of HIV and other bloodborne viruses as a result of drug injecting. Publication of the Strategy is expected in early 1999.
### New HIV Cases

**AIDS (Control) Act 1987: Statistics on newly reported HIV infected persons**

**Health Board:** GREATER GLASGOW

1 April 1997 to 31 March 1998 (as at 31 March 1998)

**Signed:** [Signature]

**Name:** Dr Laurence Gruer

**Tel No.:** 0141-201 4870

<table>
<thead>
<tr>
<th>How person probably acquired the virus</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual intercourse between men</td>
<td>16</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Sexual intercourse between men and women</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Injecting drug use (IDU)</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>IDU and sexual intercourse between men</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Blood factor (eg haemophiliacs)</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Blood tissue transfer (eg transfusion)</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Mother to child infected</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other / undetermined</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>21</td>
<td>4</td>
<td>25</td>
</tr>
</tbody>
</table>

**Notes**

1. Cases are allocated to a particular health board based on the patient's Health Board of Residence. If this is not known, they are allocated based on Health Board of Specimen origin.

2. This table, supplied by The Scottish Centre for Infection and Environmental Health (SCIEH) - Tel.0141-300 1100 - is for the 1997/98 reports by Health Boards under the AIDS (Control) Act 1987.
### Appendix 2  
**Cumulative HIV Cases**

**AIDS (Control) Act 1987: Statistics on Newly Reported HIV Infected Persons**

**Health Board: GREATER GLASGOW**

**Cumulative to 31 March 1998**

Signed: [Signature]  
Name: Dr. Laurence Gruer  
Tel No.: 0141-201 4870

<table>
<thead>
<tr>
<th>How person probably acquired the virus</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual intercourse between men</td>
<td>268</td>
<td>0</td>
<td>268</td>
</tr>
<tr>
<td>Sexual intercourse between men and women</td>
<td>44</td>
<td>29</td>
<td>73</td>
</tr>
<tr>
<td>Injecting drug use (IDU)</td>
<td>91</td>
<td>55</td>
<td>146</td>
</tr>
<tr>
<td>IDU and sexual intercourse between men</td>
<td>9</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Blood factor (eg. haemophiliacs)</td>
<td>22</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Blood tissue transfer (eg. transfusion)</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Mother to child infected</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Other / undetermined</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>446</td>
<td>88</td>
<td>534</td>
</tr>
</tbody>
</table>

**Notes**

1. Cases are allocated to a particular health board based on the patient's Health Board of Residence. If this is not known, they are allocated based on Health Board of Specimen origin.

2. This table supplied by The Scottish Centre for Infection and Environmental Health (SCIEH) - Tel: 0141-300 1100 - is for the 1997/98 reports by Health Boards under the AIDS (Control) Act 1987
AIDS (Control) Act 1987: Statistics on reported HIV infected persons

Health Board: GREATER GLASGOW

Number of cases NOT KNOWN TO BE DEAD; Cumulative to 31 March 1998

Signed:  
Name: Dr Laurence Gruer  
Tel No.: 0141-201 4870

<table>
<thead>
<tr>
<th>How person probably acquired the virus</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual intercourse between men</td>
<td>163</td>
<td>0</td>
<td>163</td>
</tr>
<tr>
<td>Sexual intercourse between men and women</td>
<td>31</td>
<td>24</td>
<td>55</td>
</tr>
<tr>
<td>Injecting drug use (IDU)</td>
<td>64</td>
<td>36</td>
<td>100</td>
</tr>
<tr>
<td>IDU and sexual intercourse between men</td>
<td>6</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Blood factor (eg haemophiliacs)</td>
<td>12</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Blood tissue transfer (eg transfusion)</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Mother to child infected</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Other / undetermined</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>284</td>
<td>62</td>
<td>346</td>
</tr>
</tbody>
</table>

Notes

1. Cases are allocated to a particular health board based on the patient's Health Board of Residence. If this is not known, they are allocated based on Health Board of Specimen origin.

2. This table, supplied by The Scottish Centre for Infection and Environmental Health (SCIEH) - Tel.0141-330 1100 - is for the 1997/98 reports by Health Boards under the AIDS (Control) Act 1987.
AIDS (Control) Act 1987: Statistics on reported AIDS cases and deaths

Health Board: GREATER GLASGOW

Year ending 31 March 1998

<table>
<thead>
<tr>
<th>Period</th>
<th>People with AIDS</th>
<th>First reported from this Health Board</th>
<th>Known to be resident of the Health Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 April 1997 to 31 March 1998</td>
<td>reported to, and accepted by SCIEH in period</td>
<td>21</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>number of above known by 31 March 1998 to have died</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Cumulative total to 31 March 1998</td>
<td>cumulative number reported to, and accepted by SCIEH in period</td>
<td>251</td>
<td>193</td>
</tr>
<tr>
<td></td>
<td>number of above known by 31 March 1998 to have died</td>
<td>175</td>
<td>132</td>
</tr>
</tbody>
</table>

Notes
1. This form should 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 SCIEH.

Health Board: GREATER GLASGOW

Year ending 31 March 1998

National Services Division Allocation

1. Health Promotion & Prevention

<table>
<thead>
<tr>
<th>Service</th>
<th>Funding (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Virus Laboratory</td>
<td>139,000</td>
</tr>
<tr>
<td>Gay Men’s Task Force</td>
<td>102,000</td>
</tr>
<tr>
<td>GGHB Health Promotion Dept</td>
<td>113,000</td>
</tr>
<tr>
<td>Condoms</td>
<td>125,000</td>
</tr>
<tr>
<td>Third Party Funding:</td>
<td></td>
</tr>
<tr>
<td>PHACE west</td>
<td>130,000</td>
</tr>
<tr>
<td>AIDS Care Education &amp; Support</td>
<td>31,000</td>
</tr>
<tr>
<td>HIV/AIDS Carers and Family Support Group (Strathclyde)</td>
<td>10,000</td>
</tr>
<tr>
<td>Body Positive</td>
<td>31,000</td>
</tr>
<tr>
<td>Strathclyde Gay &amp; Lesbian Switchboard</td>
<td>14,000</td>
</tr>
</tbody>
</table>

Subtotal: 695,000

2. HIV/AIDS & Drug-related work

<table>
<thead>
<tr>
<th>Service</th>
<th>Funding (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drop-in Centre</td>
<td>80,000</td>
</tr>
<tr>
<td>Needle Exchange</td>
<td>203,000</td>
</tr>
<tr>
<td>Drug Crisis Centre</td>
<td>37,000</td>
</tr>
<tr>
<td>HIV &amp; Addictions Resource Centre</td>
<td>235,000</td>
</tr>
<tr>
<td>Staff Training</td>
<td>49,000</td>
</tr>
</tbody>
</table>

Subtotal: 604,000

Health Board General Allocation

3. HIV/AIDS Treatment and Care

<table>
<thead>
<tr>
<th>Service</th>
<th>Funding (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Infection and Tropical Medicine (excluding pharmacy)</td>
<td>1025,000</td>
</tr>
<tr>
<td>HIV pharmacy</td>
<td>1170,000</td>
</tr>
<tr>
<td>Counselling and Support Team</td>
<td>255,000</td>
</tr>
<tr>
<td>Women’s Reproductive Health Service</td>
<td>443,000</td>
</tr>
<tr>
<td>Department of Genitourinary Medicine</td>
<td>90,000</td>
</tr>
<tr>
<td>Regional Haemophilia Centre</td>
<td>60,000</td>
</tr>
<tr>
<td>Institute of Neurology</td>
<td>47,000</td>
</tr>
<tr>
<td>Laboratory Services</td>
<td>193,000</td>
</tr>
<tr>
<td>Laboratory Services (HIV viral load testing)</td>
<td>54,000</td>
</tr>
<tr>
<td>Community Dentistry</td>
<td>10,000</td>
</tr>
</tbody>
</table>

Subtotal: 3347,000

Total Revenue Funding: 4646,000