

**GREATER GLASGOW  
HEALTH BOARD**

**AIDS ( CONTROL ) ACT REPORT**

**1989-90**

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## INTRODUCTION

This is Greater Glasgow Health Board's third annual report under the terms of the AIDS (Control) Act, 1987. It covers the year ending 31st March 1990. In the report you will find accounts of important advances in the effort to contain the spread of HIV infection and care for those already infected. Locally based needle exchanges, a night-time service for prostitutes and special antenatal services for pregnant drug users were unthinkable just a few years ago and remain controversial today. However, all three services have proved astonishingly successful in establishing effective contact with those whose behaviour puts them on the margins of society but at the centre of an epidemic which could potentially affect us all. Few would have predicted that drug injectors in Easterhouse would return more needles and syringes than they are given; that street prostitutes would enthusiastically help to organise their own night-time health service; and that ways could be found to help pregnant drug users have as good a chance of producing a healthy baby as other women in Glasgow.

Despite these successes, the situation remains grim. If anything, drug injecting is more common than ever but the provision of services aimed at helping drug misusers in Glasgow, although improved, still has serious gaps. There is new evidence that some homosexual men are disregarding the risk of HIV infection; and there is widespread ignorance among the general public about how HIV is spread. Better facilities and treatment for people with HIV infection cannot conceal the fact that there is still no cure for HIV infection and the number of people it overcomes continues to grow.

Once again, this report bears witness to the many in this city who are responding to this deadly challenge with imagination, energy and compassion. From around the world, the signs are that nothing less will do.

Dr Laurence Gruer  
AIDS Coordinator

## 1. HIV INFECTION AND AIDS: BASIC FACTS

### 1.1 What are HIV Infection and AIDS?

AIDS is caused by HIV, the Human Immunodeficiency Virus. This fragile virus can only be passed from one person to another in certain circumstances. The three main ways are:

1. Sexual intercourse with an infected person, male or female;
2. Inoculation with the blood of an infected person, most often through the use of contaminated needles and syringes;
3. Transfer from an infected mother to her child at or around birth.

There is no evidence that HIV has spread by kissing or other intimate behaviour short of penetrative intercourse; or by contact with eating utensils, laundry or toilet seats; or by insect bites. However, a small number of health care workers have become infected in the course of their work. In each case, infection appeared to follow inoculation of infected blood, either through a needle-stick injury or contamination of broken skin.

Once it enters the body, HIV attacks cells called T4 lymphocytes. These cells are essential to the immune system, the body's main defence against infection. Although most people continue to feel well for months or years after infection, HIV gradually destroys more and more T4 cells until the immune system can no longer work properly. As time passes, a growing proportion of infected people experience a series of illnesses of increasing severity. These include fever, weight loss, swollen glands, mouth infections, blood disorders and diarrhoea. Eventually, dangerous infections, cancers and, sometimes, dementia develop: at this point the diagnosis of AIDS (Acquired Immunodeficiency Syndrome) can be made. AIDS is therefore not a single disease but a collection of illnesses which are the result of damage to the immune system by HIV. Once AIDS has developed, there is an 85% chance of dying within five years, usually due to an overwhelming infection. Between bouts of illness, however, people can look and feel well for long periods of time.

Although treatment may slow its course, HIV infection appears to be lifelong and there is currently no prospect of a cure. Until a more effective treatment is developed, it is likely that most if not all people with HIV infection will eventually develop AIDS.

### 1.2 How can HIV infection be prevented?

There seems to be no realistic prospect of an effective vaccine against HIV for at least 10 years. The only effective way for individuals to protect themselves against HIV infection is to avoid those forms of behaviour which can lead to infection. The most important of these are:

1. Sharing used needles and syringes;
2. Unprotected sexual intercourse, particularly between homosexual men, and with persons who have injected drugs or who come from parts of the world where HIV infection is now widespread.

## 2. A GLOBAL PERSPECTIVE

HIV infection is now a truly world-wide epidemic, with cases of AIDS reported from almost every country. The pattern and extent of spread

varies greatly however, from region to region and from country to country. In Central Africa, spread has been mainly by heterosexual contact and from mother to child. In North America and Europe, on the other hand, most infections have occurred among homosexual men and drug injectors. In Northern Europe, infection among homosexuals predominates; in Southern Europe - and Scotland - drug injectors have been the worst affected.

During the year, evidence emerged that HIV infection is spreading more rapidly than predicted in several parts of the world, notably sub-Saharan Africa and South-East Asia. Last year the World Health Organisation estimated that 6-8 million people were infected with HIV throughout the world. This figure has now been revised upwards to 8-10 million.

After the fall of the Ceausescu régime in Romania, it was revealed that hundreds of babies had been infected with HIV after receiving injections and transfusions using dirty needles. Similar circumstances led to the infection of several hundred children and many of their mothers in a Southern Republic of the Soviet Union. These discoveries highlight the enormous importance of high standards of hygiene in the health care setting.

Industrialised countries are beginning to have some success in controlling the spread of HIV through intensive education campaigns, needle exchanges, greater use of condoms and higher standards of hygiene in health care. On the other hand, poor countries are unable to mobilise such resource and appear to be powerless in the face of this invisible scourge. Rapidly rising populations and growing poverty are hampering the best efforts of many countries.

There has been some good news on the treatment front. Three years ago it was shown that the drug zidovudine (AZT) can increase the survival time of people with AIDS, although often at the expense of serious side effects. Two recently published American studies have shown that when zidovudine is given in lower doses to people with HIV infection before they become ill, good health can be maintained for longer, usually without undue side effects. As a result, zidovudine is now licensed in the United Kingdom for the treatment of people with HIV infection but who are still relatively healthy. Although far from a cure, this treatment does offer the prospect of maintaining for longer the health of many patients.

### 3. CURRENT POSITION AND EXPECTED TRENDS IN GLASGOW

#### HIV Infection

3.1 During the reporting period, 25 persons were found to have HIV infection, including 13 homosexual men and 6 drug injectors. This compares with 27 new diagnoses in the previous year and brings to 278 the total number of persons in the Health Board area found to have HIV infection. Of these, around 200 are currently in contact with Health Board services. A breakdown of the 278 cases according to their 'transmission category' is given in Figure 1. Around two-thirds are believed to have become infected through homosexual intercourse or sharing contaminated needles. Eighteen are thought to have become infected through heterosexual intercourse. Half of the infected drug injectors and five of the 18 persons with heterosexual contact are women. As yet, there is no child in Glasgow with proven maternally acquired HIV infection.

3.2 HIV infection can only be diagnosed by a special test, usually the HIV antibody blood test. Many people at risk of infection have not been tested and therefore the true number of infected people in the Glasgow area is unknown and can only be roughly estimated. About 4% of male homosexuals tested for HIV in Glasgow are HIV positive. Assuming that about 2-4% of sexually active men are homosexual, it is estimated that there are 150-300 infected homosexual men in the city. It is currently thought there are about 8-12,000 drug injectors in Glasgow, of whom more than 2000 have been tested for HIV during the last 5 years. About 3% were HIV positive. During the last 18 months, however, only around 1% of drug users have tested positive. This apparent fall in the infection rate probably reflects a slowly growing number of infected people with a more rapidly growing total of drug users. Assuming those tested are representative of all injectors in Glasgow, there is a strong chance that the real overall infection rate among drug injectors in the city is between 1-2%, representing 80-240 infected injectors. It seems unlikely that there are more than 50-100 people infected through heterosexual contact and the number of haemophiliac patients with HIV infection remains steady at 33. Consequently, it is estimated that there are 400-900 people in Glasgow with HIV infection.

3.3 Whilst the available evidence suggests that HIV infection is spreading only slowly in Glasgow, recent research carried out by the HIV and AIDS Resource Centre and others indicates that many people continue to engage in behaviour where there is a high risk of infection. A questionnaire survey of 256 men attending gay bars in Glasgow and Edinburgh revealed that 40% had had frequent unprotected anal intercourse in the previous year and a third had had more than 10 sexual partners in that time. Younger gay men were particularly likely to report unsafe sex, suggesting that the change in behaviour among gay men seen in recent years is not being sustained. In addition, despite the success of the Health Board's needle exchanges, drug injectors in many parts of the city continue to share injecting equipment. Although a high proportion of drug injecting prostitutes generally use condoms with their clients, unprotected sex with their regular partners is the rule, as it is for most drug injectors in the city. Consequently, opportunities continue to abound for the spread of HIV among homosexual men, among drugs injectors and from drug injectors to their sexual partners.

### 3.4 AIDS

During the reporting period, a further 11 cases of AIDS were registered in Glasgow, bringing the total registered number to 41. A further 14 have been diagnosed elsewhere but treated in the city. Thirty of the patients have died. The breakdown of the cases according to transmission group is shown in Figure 2. The great majority have been homosexual men. This reflects the fact that many homosexual men with HIV infection became infected in the early 1980s whereas those in the other categories were infected more recently.

#### 4. STRATEGY AND SERVICE COORDINATION

- 4.1 The basis of the Health Board's approach to the various problems created by HIV is set out in the report '**HIV and AIDS - Towards an inter-agency strategy for Strathclyde**'. The objectives of the strategy are (1) to minimise further spread of HIV; (2) to provide appropriate care and support for people with HIV; (3) to provide appropriate support for the families and carers of people with HIV infection; (4) to ensure the provision of accurate and up-to-date information about HIV infection and its consequences in the Region. Copies of the strategy can be obtained from the HIV and AIDS Resource Centre, Ruchill Hospital, Glasgow G20 9NB.
- 4.2 The Board's main advisory body is the **Forum on AIDS** (recently renamed the **HIV/AIDS Forum**) which meets quarterly and includes health professionals, health managers and representatives of other agencies among its members. The Forum is served by three sub-committees: Prevention and Staff Training; Patient Care; and HIV Epidemiology and Laboratory Services. Each meets every 2-3 months. The four health boards in Strathclyde, the Regional Council, the District Council, the prison service, the churches and voluntary agencies all have representatives on the **Regional AIDS Advisory Group** which was established in September 1989 and meets six monthly.
- 4.3 The task of coordinating the Board's AIDS-related work and liaising with other agencies at local and national level is the responsibility of Dr Laurence Gruer, a consultant in Public Health Medicine. During the reporting year, the Board established the **HIV and AIDS Resource Centre** under his direction. In addition to coordinating and developing services, the Resource Centre is the Board's focus for epidemiology, health service research and evaluation, staff training and health promotion as they relate to HIV infection and AIDS. The Centre is staffed by a senior health promotion officer, a staff training officer, a research officer and two administrative staff and is sited at Ruchill Hospital.
- 4.4 The **Social Work Department** continues to take the lead role in the HIV and AIDS related work of Strathclyde Regional Council. During the year, Mr Paul Silk was appointed to the post of Assistant Principal Officer (Addiction and AIDS), with responsibility for coordinating the Department's HIV-related work.
- 4.5 The **Scottish Drugs Forum** extended its work on coordinating drug agencies by holding a seminar in Glasgow in November 1989, following which a Needle Availability Group was formed involving pharmacists, drugs workers and the Health Board's AIDS Co-ordinator.

#### 5. LOCAL HIV PREVENTION INITIATIVES

- 5.1 The **Counselling Clinic at Ruchill Hospital** offers confidential counselling, and where appropriate, HIV antibody testing to any member of the public concerned about HIV infection and AIDS. The counselling is provided by specially trained social workers, doctors and nurses who can also provide detailed advice about how to minimise the risk of acquiring or passing on HIV infection. During the reporting period, 597 new clients were seen, 462 were tested for HIV antibody and AIDS and 8 (1.7%) were found to be infected.

Counselling clinic staff also engaged in much preventive work with drug users, prostitutes and members of the gay community. Their involvement in treatment and training is highlighted elsewhere (Sections 7.3 and 7.10).

- 5.2 By the end of the reporting period, the Health Board was operating **needle exchanges** at Ruchill Hospital (opened June 1987, two afternoons weekly), Easterhouse Health Centre (opened January 1989, two evenings weekly) and Castlemilk Health Centre (opened January 1990, two evenings weekly). During the reporting period the number of attendances at the Health Board's needle exchanges increased seventeenfold, almost entirely due to the success of the health centre based exchanges, where 507 new clients were registered during the year. The Easterhouse exchange became possibly the only exchange in the world to recover more needles and syringes than it issued. During the reporting period, 67970 needles were issued and 69387 returned. (102% return rate). Many of the extra returned needles had been bought in community pharmacies. The health centre exchanges are staffed by two psychiatric nurses, one health visitor and one or more social workers. The staff are able to help clients with a wide range of problems, providing first aid, dietary advice and vitamins, contraceptive and child care advice, and referral to specialist drug services, or for HIV counselling. Despite the very high attendances, the operation of the needle exchanges was almost entirely trouble-free.

Given the success of the community-based exchanges, the Board's policy is now to establish similar exchanges in other areas where drug injecting is common. It is judged that around 10 exchanges will be required to give adequate city-wide cover. It is expected that an exchange will open in Milton in October 1990 and plans are in hand for one in Drumchapel. Despite the trouble-free operation of the exchanges, the main obstacle to the opening of new exchanges is the hostility of local residents. Such opposition has to date prevented the establishment of an exchange in Govan.

- 5.3 During the year, there was a marked decline in the number of **retail pharmacists** prepared to sell needles and syringes to drug injectors. A number of pharmacists felt that the amount of shoplifting and disruption of their normal trade caused by drug injectors when on the premises had exceeded acceptable levels. By the end of the year, less than a dozen pharmacists were selling needles compared with 19 twelve months before. Despite further survey evidence that many more pharmacists were prepared to become involved if part of a well-organised free exchange scheme, the Government continued to insist that retail pharmacists could not engage in the free exchange of needles.
- 5.4 In April 1989, Strathclyde Social Work Department, in conjunction with the Health Board, established a **Drop-in Centre for female prostitutes** in the city centre. Open 5 nights weekly, it is run by two or three social workers with either a nurse or a doctor. The service provides free condoms, first aid and other simple health care, and advice on a wide range of health and social problems. More than 250 women used the service during the year with an average nightly attendance of 30-40. The number of attenders rapidly exceeded the capacity of the small premises and it is hoped that the service can move into larger adjacent premises before the end of 1990.

- 5.5 During the year, the Health Board established a **Department of Health Promotion** under the direction of Dr Philip Hanlon. The Department's strategy includes 11 programmes, of which HIV and AIDS is one (see Appendix 1). A Senior Health Promotion Officer with responsibility for HIV and AIDS coordinates the strategy in conjunction with the Director of the HIV and AIDS Resource Centre.
- 5.6 In October 1989, the Board approved the establishment of a **women's reproductive health service for women with special needs**, especially relating to drug use and HIV infection. This followed the successful development of clinics at Possil Health Centre and subsequently at Glasgow Royal Maternity Hospital. The new service will comprise an 8-bedded unit in Glasgow Royal Maternity Hospital, and five or more community clinics sited in areas where drug misuse is prevalent. All patients using the service will be offered counselling on the risks of transmission of HIV infection, including transmission from mother to fetus. Great emphasis is placed on the management of the woman's drug misuse, particularly with regard to the risk of transmitting HIV infection. As well as operating through the two clinics, services were also offered to women attending other community services, including the prostitutes' Drop-in Centre, drug projects and voluntary groups. A pilot colposcopy/infection screening service was set up in the Family Planning Centre, initially only for women with HIV infection but subsequently also for others.
- 5.7 The **Family Planning and Well Woman Service** continued to offer advice and counselling on HIV prevention during the year. Condoms were provided free through the family planning clinics and distributed to individuals and organisations in contact with high risk groups. Medical staff from the family planning service provided a weekly service to the Drop-in Centre (see 5.4).
- 5.8 The Board is the primary funding agency for four **drug projects**: Possil Drug Project; the Easterhouse Committee on Drug Abuse (ECODA); the Southern General Drug Project; and the Castlemilk Drug Project. All four projects emphasise the importance of preventing HIV infection in their contact with clients. Each project has also played an essential role in the Board's programme to establish needle exchanges. ECODA and the Castlemilk Drug Project provide staff at the needle exchanges in Easterhouse and Castlemilk and do much additional work in encouraging drug users to attend the exchanges and helping those who use the exchanges with their drug problems. Staff based at the Southern General Drug Project and the Possil Drug Project have also been closely involved in efforts to establish needle exchanges in Govan and Milton.
- 5.9 Advice and counselling on HIV infection is given to drug injectors receiving treatment in the Board's psychiatric units. The **Addiction Unit** based at Ruchill Hospital saw 572 drug users at its 3 out-patient clinics during the year, of whom 30% were new patients. Thirty of the patients seen by the unit were known to be HIV positive. The other units at Gartnavel Royal, Leverndale and Duke Street Hospital saw smaller numbers of patients.
- 5.10 The **Wilton Street drug rehabilitation unit** (formerly at Kilmahew House) had 156 admissions during the year, of whom approximately 20% were HIV positive. All residents received instruction in infection control and health promotion, together with counselling on reducing the risk of HIV transmission, and testing for HIV where indicated.

- 5.11 The **Regional Social Work Department** makes a major contribution to city's HIV prevention effort. It deploys two social workers at the Ruchill Hospital counselling clinic; it manages the Drop-in Centre for prostitutes; it provide social work input into the reproductive service for women with special needs; it provides funding for Scottish AIDS Monitor and Body Positive; it has 30 active, specially trained AIDS counsellors; it provides supplementation payments for residential drug rehabilitation units where HIV prevention is stressed; and it has been active in efforts to establish the Lifeline project, a proposed new harm reduction unit for drug users.
- 5.12 During the year, the **Strathclyde Regional Council Education Department** completed a major new integrated programme of health education for school children of all ages, of which a central component is ESCAPE AIDS. This programme, developed in conjunction with the Scottish Education Department, is designed gradually to introduce concepts such as safety, hygiene, germs and the immune system in primary school before developing themes such as sexual behaviour, misuse of drugs and HIV infection itself in the secondary years. It has been distributed to all schools in the Region and special training for teachers is being organised to ensure that it is properly used.
- 5.13 There was further joint work with the **prison service**, where there is increasing emphasis on educating staff and prisoners about HIV infection. The Barlinnie prison Medical Officer organised a 'Question Time' for all prison officers, at which HIV specialists from the Health Board answered questions from the prison staff. Staff from the counselling clinic made regular visits to Barlinnie and Corntonvale prisons and Scottish AIDS Monitor provided education on safer sex and drug use for prisoners at Corntonvale prison.
- 5.14 During the year, the **Environmental Health Department of Glasgow District Council** collected around 2,500 used syringes and needles from the community. Remarkably, used needles and syringes were recovered from all but one of the 66 wards in the city during the year, a reflection of the widespread nature of drug injecting. The Department dealt with 24 cases of blood or body fluid spillage compared with six in the previous year. It also organised a very successful seminar for over 200 publicans. The potential of 'the pub' for promoting safer sexual behaviour was explored and other issues, such as what to do with discarded needles and syringes, were discussed. Shortly after the seminar, one pub received a lot of media publicity for a very lively 'Safer Sex Evening' which it held.
- 5.15 **Scottish AIDS Monitor**, the leading voluntary organisation in the field Scotland, launched the 'Safer Sex Roadshow' on December 1st 1989, World AIDS Day. This multi-media exhibition is aimed at young people and is designed for use in a wide variety of venues.
- 5.16 **Developments expected in 1990-9**

A **Needle Exchange Coordinator** will be appointed and the network of needle exchanges extended into other areas. The **Drop-in Centre** will move into larger premises where additional preventive services such as needle exchange, vaccination against hepatitis B and rubella, and screening for sexually transmitted diseases will be offered. The **Health Promotion Department** AIDS programme will get

fully under way, with the emphasis placed on collaboration with the media, and work in local communities, particularly with young people. The **women's reproductive health service** for women with special needs will be establishing several of its new community clinics. New **drug projects** are expected to open in Drumchapel, Govan and the Gorbals, with **detached workers** aiming to make contact with drug users being deployed in other parts of the city. **Scottish AIDS Monitor** will be considerably expanding its Glasgow service which will include renewed focus on the gay community and further use of the Safer Sex Roadshow.

## 6. GENITO-URINARY MEDICAL SERVICES.

The Department of Genito-Urinary Medicine, centred in Glasgow Royal Infirmary, serves the whole of the West of Scotland, with clinics throughout the region. The Department provides a comprehensive diagnostic, counselling and follow-up service for patients with HIV infection and for anyone worried about the possibility of HIV infection. All appropriate medical and nursing staff are trained in HIV counselling and all staff are trained in the relevant aspects of confidentiality and infection control. A major aspect of the Department's work is educating patients about how to avoid HIV and other sexually transmitted infections. The Department has a close relationship with the Infectious Diseases Unit at Ruchill Hospital, where most patients with HIV infection diagnosed in the Department are referred.

## 7. TREATMENT AND CARE OF PEOPLE WITH HIV INFECTION AND AIDS

### Hospital Services: out-patient, day patient and in-patient care

7.1 The Infectious Diseases Unit at Ruchill Hospital is the Health Board's main referral and treatment centre for patients known to have HIV infection, apart from those with haemophilia (Section 7.4). It also provides a regional advice and referral service. During the year, additional facilities were completed in the Unit, in line with the recommendations of the Tayler Report (1987). These included a new 15 bedded ward and a refurbished and extended out-patient and counselling clinic building.

7.2 During the year, the total number of HIV positive patients seen at the Unit increased by 35 to reach a total of 210, of whom about 150 were being followed up, 40 had died and 20 were lost to follow up. Over 50 patients with AIDS had been treated, of whom 25 were still alive at the end of the year. Around 40 patients received treatment with zidovudine (AZT), the only drug shown clearly to slow down the progress of the disease. A similar number received regular nebulised pentamidine, which has been shown to prevent pneumocystis pneumonia, one of the main causes of death among AIDS patients. During the year, the average daily number of in-patients with HIV infection rose to around 7. The number of out-patient attendances also increased steeply, in part due to more prescribing of zidovudine, which requires frequent monitoring, and to the use of oral methadone in an attempt to stabilise the lifestyles of infected drug injectors. The Infectious Diseases Unit operates as a multi-disciplinary team, including doctors, nurses, physiotherapists, occupational therapists, clinical psychologists and social workers. Given the distressing nature of the disease, much time is spent not only on maintaining the patient's physical health, but also tackling the many social and psychological problems the patients encounter either as a result of HIV infection itself or because of associated difficulties such as drug misuse.

- 7.3 An integral part of the Unit is the **Community Nursing AIDS Team**, consisting of three health visitors and two district nurses. This team helps to provide the essential link between the hospital and the community, with the emphasis on enabling patients to stay at home as much as possible if that is their wish. Increasingly, intravenous therapy and other clinical treatments can be given at home, either by members of the liaison team or, following training, by community based nurses. Members of the team have also been developing techniques such as aromatherapy and acupuncture, aimed at providing relief from pain and stress and diminishing drug misuse. They have also developed group work with infected people, their relatives and staff. They also provided a major element of the work of the Drop-in Centre for prostitutes (Section 5.4), the service for women at high risk (Section 5.6) and worked closely with the prison service.
- 7.4 The **Haemophilia and Thrombosis Unit** in Glasgow Royal Infirmary and the **Department of Haematology** in the Royal Hospital for Sick Children look after, respectively, 25 adult patients and 8 boys who have both haemophilia and HIV infection. During the reporting period, HIV infection became more common in both groups. One boy progressed to AIDS, three are showing signs of deterioration and the other four are reasonably well. Both departments offer a comprehensive medical, nursing and social work service to these patients and their families. Patients are seen two or three monthly by Haemophilia Unit staff when they may also be seen by a member of staff from the Infectious Diseases Unit at Ruchill. Four nurses and a part-time social worker have been specifically funded to provide care for these patients.
- 7.5 Many patients with HIV infection develop disorders of the brain and nervous system. Professor Peter Kennedy of the Institute of Neurological Sciences at the Southern General Hospital, and a recently appointed senior registrar with a special interest in HIV infection provide a **neurological on-call service** to Ruchill Hospital and input to the HIV follow-up clinic. They are also engaged in collaborative studies with the Infectious Diseases Unit on the use of new drugs for treating HIV infection.
- 7.6 **Dental treatment** of asymptomatic patients with HIV infection is undertaken in dental units in general hospitals and Glasgow Dental Hospital and School. The dental care of patients with HIV infection being followed-up at Ruchill is provided by a consultant oral surgeon and an associated specialist based at Stobhill Hospital. The Department of Oral and Dental Surgery at the Royal Infirmary provides a full dental service for all the HIV positive haemophiliacs and any other high-risk and known HIV positive patient attending the Royal Infirmary. They also provide a full dental service for pregnant drug injectors who are in-patients at Glasgow Royal Maternity Hospital.
- 7.7 The **Women's Reproductive Health Service** for women with special needs provides access to a full range of family planning, gynaecological, pre-pregnancy counselling, genito-urinary medicine and obstetric care services for women with HIV infection (see also Section 5.6). Specific additional services include screening for genital infection and colposcopy for women with HIV infection. During the year, three women with HIV infection gave birth and their children are now under regular follow-up.

- 7.8 The **Social Work Department** provides a wide range of services for people with HIV infection: ongoing counselling at the Ruchill Counselling Clinic; a team of specially trained home helps; specialist social workers for adults and children with haemophilia and HIV infection; and funding for Scottish AIDS Monitor and Body Positive.

#### **Voluntary Services**

- 7.9 **Scottish AIDS Monitor (SAM)** continued to provide 'Buddy' support for HIV positive people. SAM also provided a welfare rights officer to assist in work at the Counselling Clinic for two afternoons per week. **Body Positive**, a self-help group for people with HIV infection, the **IVDM Positive Patients' Group**, and the **Parents' Support Group** all exist to provide support for people with HIV infection and their families and partners. The **Aberlour Trust** operates a small residential unit in Castlemilk for women with children who are trying to come off drugs and who may or may not be HIV positive.

- 7.10 **Training and support for professional and informal carers.**

During the year, the HIV and AIDS Resource Centre and the In-service Education Department organised open days in the Victoria Infirmary and Stobhill General Hospital, attended by over 600 staff. Seminars for a multi-disciplinary audience on new developments in HIV infection and developing services for drug injectors were held at the Southern General Hospital. Staff from the Ruchill Infectious Diseases Unit and the Counselling Clinic lectured to numerous audiences of health care and other staff on all aspects of caring for people with HIV infection. The HIV and AIDS Resource Centre established a 'nursing network' for senior nurses nominated from all units within the Health Board. This group meets three-monthly with the aim of ensuring that there are nurses able to provide up-to-date advice about HIV infection throughout the Board.

- 7.11 **Developments expected in 1990-91**

Day hospital and additional in-patient facilities are being developed at **Ruchill Hospital**. The in-patient facility and community clinics of the **Women's Reproductive Service** should be completed. The **Social Work Department** is intending to increase its staffing of the Counselling Clinic to four; to establish a supported accommodation team for people with HIV infection; to provide two social workers to work with pregnant drug users; to extend its welfare rights service for people with HIV infection; and to provide a further training programme for AIDS counsellors. **Scottish AIDS Monitor** has received additional funding from the Health Board and the Social Work Department, enabling it to increase its provision of Buddy services and other forms of help for people with HIV infection. It is expected that **AIDS Care, Education and Training (ACET)** will establish a service in Glasgow on the lines of similar services in Tayside and Lothian where the emphasis is on meeting the practical needs of people with HIV infection.

## **8. OTHER SERVICES AND FACILITIES**

### **8.1 Monitoring**

HIV infection is generally diagnosed by performing the HIV antibody test, usually on a sample of blood. This test is performed in Glasgow at the **Regional Virus Laboratory (RVL)** at Ruchill Hospital,

the Bacteriology Department at Glasgow Royal Infirmary 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 the West of Scotland and North of Scotland Blood Transfusion Services. All specimens found positive for HIV antibody are confirmed at the RVL. In addition the laboratories, notably the RVL, provided a wide range of other tests on specimens from patients with HIV infection and were engaged in the development and evaluation of new techniques. Since January 1989, all three laboratories have been contributing data to the Scottish national HIV surveillance programme, coordinated by the Communicable Diseases (Scotland) Unit (Section 8.3).

- 8.2 Following a decision by the Government to allow **anonymous studies** of the extent of HIV infection in the general population, the first of such studies in Scotland was begun in Glasgow in 1989. Anonymised samples from all babies born in Scotland are now being tested by the Scottish Inborn Errors Screening Laboratory at Stobhill Hospital in conjunction with the RVL. A study of HIV infection among patients attending genito-urinary medicine clinics has recently begun. The RVL is also engaged in a study of HIV infection in drug abusers in collaboration with the Communicable Diseases (Scotland) Unit and the MRC Medical Sociology Unit. All these studies are funded by the Medical Research Council.
- 8.3 The **Communicable Diseases (Scotland) Unit [CD(S)U]** at Ruchill Hospital is the Scottish national centre for collating, analysing and distributing information about HIV infection and AIDS. Doctors throughout Scotland are asked to register known cases of AIDS with the CD(S)U. Until December 1988, laboratories undertaking HIV antibody tests were asked to submit details of all HIV positive specimens. Since January 1989, however, a more extensive national surveillance programme has been in operation. Under this programme, all requests for an HIV antibody test must be accompanied by a standardised confidential form carrying essential epidemiological details about the patient. This information is then entered on a computer in the laboratory before being relayed to the CD(S)U for analysis. The new system will allow much greater insight into the extent of HIV infection in Scotland. The CD(S)U also coordinates several other epidemiological studies of HIV infection, including one on HIV and Drug Misuse in Glasgow. It produces a weekly news-sheet, ANSWER, on epidemiological aspects of HIV infection and a quarterly bulletin for general practitioners.
- 8.4 The monitoring of the immunological status of patients with HIV infection is carried out by the **Department of Bacteriology and Immunology** at the Western Infirmary. The most important test is the CD4 (or T4) lymphocyte count which gives a measure of the extent to which HIV infection has destroyed part of the immune system. During the reporting period, 772 samples from HIV positive patients were assessed, compared with 424 in the previous year.
- 8.5 Monitoring of the biochemical, haematological and bacteriological status of patients at Ruchill Hospital with known or suspected HIV infection is carried out by the **Department of Laboratory Medicine** at Ruchill Hospital. During the reporting period, 2,100 haematological, 1,720 biochemical and 1,200 bacteriological specimens were processed, a substantial increase on the previous year.

- 8.6 Pathological specimens from patients with known or suspected HIV infection were examined at the **Department of Pathology**, Stobhill General Hospital. During the year, 66 specimens were examined compared with 106 in the previous year. As a result of a number of factors, no post mortems were performed in the city on patients with HIV infection, despite requests for this service from the Infectious Diseases physicians and the Professor of Neurological Sciences. Oral pathology of patients with HIV infection is investigated by the **Oral Pathology and Microbiology Units** in Glasgow Dental Hospital and School.
- 8.7 **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 HIV antibody. Any positive samples are subjected to confirmatory testing. Donors who are confirmed as HIV positive are then offered confidential counselling and follow-up by medical staff at the Blood Transfusion Service.
- 8.8 **Infection Control Procedures**  
Research carried out by the HIV and AIDS Resource Centre during the year showed that many clinical and non-clinical staff in the Health Board were unclear on various aspects of preventing transmission of HIV infection in the health care setting. The Resource Centre's Open Days and seminars have stressed the importance of avoiding needlestick injuries and the effectiveness against HIV of bleach and other chlorine-containing disinfectants. During the year, midwives in Glasgow adopted a new policy of 'universal precautions' in the delivery room. This policy assumes that any mother could be infected with HIV or other blood-borne viruses. By applying straightforward precautions when delivering all women, a higher general level of safety is maintained than previously, and women who may be infected are not subject to unnecessary discrimination. During the year, the Glasgow Dental Hospital and School also substantially revised its code of practice for the dental management of patients with HIV infection.
- 8.9 In the event of a needlestick injury, a health service employee is normally referred to the **Occupational Health Service**. During the year approximately 100 employees attended with needlestick or similar injuries. In most of these, the major risk was infection with hepatitis B, but in an increasing proportion of cases, the potential for HIV infection was the predominant concern. All employees attending received personal counselling, and where appropriate, HIV testing was undertaken. The Occupational Health Service also makes a major contribution to training and informing staff about HIV infection through lectures, seminars and personal counselling.
- 8.10 **Developments expected in 1990-91.**  
Conversion of the Brownlee Laboratory to an HIV suite for the **Regional Virus Laboratory** is expected to be completed. Following the publication in early 1990 of new national guidelines on HIV and hepatitis viruses in the health care setting, **revised guidelines for Health Board employees** will be issued.

## 9. JOINT PLANNING

Since mid 1989, representatives of the Regional Social Work Department and the Health Board have been planning the development of the Lifeline Project, a multi-service harm reduction facility for drug users. The Social Work Department and the Health Board jointly develop the counselling clinic at Ruchill Hospital (Section 5.1), the Drop-in Centre for prostitutes (Section 5.4) and the four drug projects (5.8).

## 10. MANPOWER

Health Board staff wholly or mainly employed on HIV and AIDS related work at 31 March 1990.

<u>Coordination</u>	<u>WTE*</u>
AIDS Coordinator	1
Administrator	1
 <u>Prevention</u>	
Counselling Clinic	
Nursing Staff	5
Clinical psychologist	1
Secretarial staff	2
Senior Health Promotion Officer	1
 <u>Treatment and Care</u>	
Ruchill Hospital	
Medical Registrar	1
In-patient nursing	23
Out-patient nursing	3
Occupational therapist	1
Occupational therapy helper	1
Staff pharmacist	1
Neurology, Southern General Hospital	
Senior registrar	1
Secretary	0.5
Haemophilia, GRI	
Sister, Grade H	1
Staff nurse, Grade F	1
Haemophilia, RHSC	
Sister, Grade G	0.84
Staff nurse, Grade F	0.8
Obstetric Service	
Senior Lecturer	1
Nursing	11
 <u>Monitoring</u>	
Regional Virus Laboratory	1
Bacteriology, Western Infirmary	1
 <u>Staff Training</u>	
Training Officer	1
 <b>TOTAL</b>	 <b>61</b>

\* Whole time equivalent

11. FINANCIAL POSITION

Capital and Revenue expenditure for the financial years 1989/90 are detailed in pages 18 - 23.

GREATER GLASGOW HEALTH BOARD

**AIDS (CONTROL) ACT 1987**  
**CAPITAL AND REVENUE EXPENDITURE**

	<u>1989/90</u>		<u>1990/91</u>	
	<u>Capital</u> £'000	<u>Revenue</u> £'000	<u>Capital</u> £'000	<u>Revenue</u> £'000
1 <u>Co-ordination</u>				
(A) CMS		38		38
(B) Admin	79	16		67
2 <u>Prevention Initiatives</u>				
(A) Counselling Clinic		171		171
(B) Needle Exchange		61		94
(C) Health Promotion		28		74
(D) Family Planning Services		60		60
(E) Hepatitis "B" Vaccination Programme				48
(F) Scottish AIDS Monitor				27
3 <u>Treatment and Care</u>				
(A) Ruchill Hospital - Out-patients)				
In-patients )	250	786	382	1,550
Day Centre )				
(B) Neurovirology - Southern General		10		45
(C) Haemophilia Unit - GRI		32		47
(D) " " RHSC		23		29
(E) Dentistry		8		8
(F) Obstetric Service		140	70	360
(G) RHSC/Yorkhill - Cell Saver Packs				7
4 <u>Monitoring</u>				
(A) Regional Virus Lab		88	25	192
(B) Bacteriology Laboratory - GRI		37		37
(C) Virology - WIG		10		10
(D) Immunology - WIG		35		95
5 <u>Infection Control</u>				
(A) Dentistry	15	16		115
(B) Gloves		115		118
(C) Spectacles				7
6 <u>Staff Training</u>		20		20
	<u>344</u>	<u>1,694</u>	<u>477</u>	<u>3,219</u>

1989/90  
£'000

1990/91  
£'000

TOTAL EXPENDITURE

2,038

3,696

NOTE: The Board will give consideration to the funding of the Drug and Alcohol Abuse Strategy when it is published.

GREATER GLASGOW HEALTH BOARD

AIDS (CONTROL) ACT, 1987

CAPITAL AND REVENUE EXPENDITURE

1	<u>CO-ORDINATION</u>	<u>1989/90</u>		<u>1990/91</u>	
		<u>WTE</u>	<u>£'000</u>	<u>WTE</u>	<u>£'000</u>
	(a) <u>CMS</u>	1.00	38	1.00	38
	(b) <u>Administration</u>				
	Research and Development Officer			1.00	16
	Senior Health Education Officer			1.00	16
	General Admin Assistant	1.00	3	1.00	11
	Audio Typist			1.00	7
	Registrar/Sen Registrar			0.25	7
	Supplies		1		10
	Computer Equipment		12		
		<u>1.00</u>	<u>16</u>	<u>4.25</u>	<u>67</u>
	 <u>Capital</u>		 <u>79</u>		
2	<u>PREVENTION INITIATIVES</u>				
	(a) <u>Counselling Clinic</u>				
	<u>Salaries</u>				
	Senior Clinical Psychologist	1.00	18	1.00	18
	Nursing Staff	5.00	89	5.00	89
	Drug Worker	1.00	16	1.00	16
	Occupational Therapy	2.00	20	2.00	20
	Medical - GP Sessions	0.30	9	0.30	9
	Secretarial/Clerical Staff	2.00	14	2.00	14
	<u>Supplies</u>		5		5
		<u>11.30</u>	<u>171</u>	<u>11.30</u>	<u>171</u>
	(b) <u>Needle Exchange</u>				
	<u>Salaries</u>				
	Nursing	2.32	41	4.52	70
	Clerical Assistance			0.15	1
	<u>Supplies</u>				
	Materials - Needles		5		13
	Other Costs		15		10
		<u>2.32</u>	<u>61</u>	<u>4.67</u>	<u>94</u>

	1989/90		1990/91	
	WTE	£'000	WTE	£'000
<b>(c) Health Education</b>				
Displays/Exhibition Officer	1.00	10	1.00	10
Senior Health Education Officer	2.00	18	2.00	18
Materials		-		31
	<u>3.00</u>	<u>28</u>	<u>3.00</u>	<u>74</u>
<b>(d) Family Planning Service</b>				
<b>Salaries</b>				
Training - Medical		2		2
Nursing		1		1
<b>Supplies</b>				
Condoms		55		55
C Film, Pessaries, Gloves, etc		2		2
		<u>60</u>		<u>60</u>
<b>(e) Hepatitis 'B' Vaccination Programme</b>				
<b>Salaries</b>				
Nursing			3.00	38
Clerical Officer/Typist			1.00	7
<b>Supplies</b>				
Travel				3
			<u>4.00</u>	<u>48</u>
<b>(f) Scottish AIDS Monitor</b>				
<b>Salaries</b>				
Outreach Worker			1.00	12
<b>Supplies</b>				
Office Costs				10
Training				5
			<u>1.00</u>	<u>27</u>
<b>3 TREATMENT AND CARE</b>				
<b>(a) Ruchill Hospital - AIDS Unit</b>				
Out-Patients				
- Salaries	3.00	33	9.00	174
- Supplies		231		255
In-Patients				
- Salaries	25.14	233	53.00	665
- Supplies		258		286
Day-Patients				
- Salaries		-	7.00	56
- Supplies		14		84
Drug Information Service				
- Salaries	1.00	15	1.00	15
- Supplies		2		2
Monitoring and Evaluation				
- Salaries			1.00	13
	<u>29.14</u>	<u>786</u>	<u>71.00</u>	<u>1,550</u>
Capital		250		382

	1989/90		1990/91	
	WTE	£'000	WTE	£'000
<b>(b) Neurovirology - Southern General</b>				
<b>Salaries</b>				
Honorary Registrar	1.00	8	1.00	27
Secretary	0.50	1	0.50	8
MLSO - Grade 2		-	1.00	8
<b>Supplies</b>				
		1		2
		<u>10</u>	<u>2.50</u>	<u>45</u>
<b>(c) Haemophilia Unit - GRI</b>				
<b>Salaries</b>				
Sister - Grade H	1.00	23	1.00	23
Staff Nurse - Grade F	1.00	9	1.00	16
Social Worker			0.50	7
<b>Supplies</b>				
Travel/Subsistence				1
	<u>2.00</u>	<u>32</u>	<u>2.50</u>	<u>47</u>
<b>(d) Haemophilia Unit - RHSC</b>				
<b>Salaries</b>				
Sister - Grade G	0.84	14	0.84	15
Staff Nurse - Grade F	0.80	8	0.80	13
<b>Supplies</b>				
Travel/Subsistence		1		1
	<u>1.64</u>	<u>23</u>	<u>1.64</u>	<u>29</u>
<b>(e) Dentistry</b>				
Consultant and Associate Specialist	0.20	8	0.20	8
<b>(f) Obstetric Service</b>				
<b>Salaries</b>				
Medical	1.00	44	2.00	82
Nursing	11.00	36	16.00	266
Secretary			1.00	9
<b>Supplies</b>				
		60		3
	<u>12.00</u>	<u>140</u>	<u>19.00</u>	<u>360</u>
<b>Capital</b>				
				<u>70</u>

	1989/90		1990/91	
	WTE	£'000	WTE	£'000
(g) <u>RHSC/Yorkhill - Cell Saver Packs</u>				
Supplies				7

4 MONITORING

(a) Regional Virus Laboratory

<b>Salaries</b>				
MLSO	1.00	1	2.00	26
Typist			0.25	2
<b>Supplies</b>				
Equipment		27		90
HIV Reference Testing	1.00	60	1.00	74
	<u>2.00</u>	<u>88</u>	<u>3.25</u>	<u>192</u>
Capital				<u>25</u>

(b) Bacteriology Lab - GRI

<b>Salaries</b>				
MLSO	1.25	14	1.25	14
Biochemist	0.50	9	0.50	9
Consultant Virologist	0.05	2	0.05	2
<b>Supplies</b>				
Materials		12		12
	<u>1.80</u>	<u>37</u>	<u>1.80</u>	<u>37</u>

(c) Virology Lab - Western

Salaries - MLSO	0.50	5	0.50	5
Supplies - Materials		5		5
	<u>0.50</u>	<u>10</u>	<u>0.50</u>	<u>10</u>

(d) Bacteriology Lab - Western

<b>Salaries</b>				
Medical - Registrar	0.50	10	0.50	10
Biochemist	0.50	9	0.50	9
MLSO	1.00	10	1.00	10
<b>Supplies</b>				
Materials		6		6
Equipment				60
	<u>2.00</u>	<u>35</u>	<u>2.00</u>	<u>95</u>

	<u>1989/90</u>		<u>1990/91</u>	
	<u>WTE</u>	<u>£'000</u>	<u>WTE</u>	<u>£'000</u>
5 <u>INFECTIOIN CONTROL</u>				
(a) <u>Dentistry</u>				
Supplies - Handpieces		2		32
3 in 1 Syringes		10		33
Cleaning Baths		4		
Orthodontic Instruments				50
		<u>16</u>		<u>115</u>
Capital		<u>15</u>		
(b) <u>Gloves</u>		<u>115</u>		<u>118</u>
(c) <u>Spectacles</u>				<u>7</u>
6 <u>STAFF TRAINING</u>				
Salary - Training Officer	<u>1.00</u>	<u>20</u>	<u>1.00</u>	<u>20</u>

## AIDS (CONTROL) ACT 1987

## STATISTICS ON CASES OF AIDS AND RELATED DEATHS

HEALTH BOARD ..... GREATER GLASGOW .....

Year ended 31 March 1990

Signed .....

Name ..... Dr L D Grer .....

Tel No 041 945 2505 .....

PERIOD	PEOPLE WITH AIDS	FIRST REPORTED FROM THIS HEALTH BOARD	KNOWN TO BE RESIDENT IN THIS HEALTH BOARD AREA
1st April 1989- 31st March 1990	- diagnosed in period, reported to and accepted by CD(S)U	11	10
	- numbers of above known by 31st March 19 to have died	less than 10	less than 10
to 31st March 1990	- cumulative number diagnosed, reported to, and accepted by CD(S)U by end of period	41	32
	- numbers of above known by 31 March 19 to have died	26	21

## NOTES

1. This form should be completed as part of the reports made by 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 "NIL". If the number is fewer than 10, enter "less than 10". If the number is 10 or over, enter the actual number.

## AIDS (CONTROL) ACT 1987

## STATISTICS ON HIV ANTIBODY POSITIVE TEST RESULTS IN PERIOD OF REPORT BY HEALTH BOARDS OF SPECIMEN ORIGIN

HEALTH BOARD ... GREATER GLASGOW .....

Year ended 31 March 1990

Signed ..... 

Name ..... Dr L. D. Gruer .....

Tel No ..... 041 945 2525 .....

<u>Transmission Category</u>	<u>Male</u>	<u>Female</u>	<u>Unknown</u>	<u>Total</u>
Homosexual/Bisexual	13	nil	nil	13
Intravenous drug misuser (IVDM)	*	*	nil	*
Homo/bisexual and IVDM	nil	nil	nil	nil
Haemophilic	nil	nil	nil	nil
Recipient of Blood	nil	nil	nil	nil
Heterosexual Contact:	*	*	nil	*
partner(s) with above risk factors	nil	nil	nil	nil
partner(s) without above risk factors	*	nil	nil	*
partner's(s') risk undetermined	*	*	nil	*
Child of at risk/infected parent	nil	*	nil	*
Multiple risks	nil	nil	nil	nil
Other/undetermined	*	nil	nil	*

NOTES: (1) This form should be completed as part of the reports made by Boards under the AIDS (Control) Act 1987, as amended.

(2) The form should be completed using data supplied by CD(S)U.

(3) If the number to be reported is nil, enter "NIL". If the number to be reported is less than 10 enter "\*". If the number to be reported is 10 or over enter the actual number.

## AIDS (CONTROL) ACT 1987

## STATISTICS ON HIV ANTIBODY POSITIVE TEST RESULTS, BY HEALTH BOARD OF SPECIMEN ORIGIN, CUMULATIVE TOTAL TO END OF PERIOD OF REPORT

HEALTH BOARD ..GREATER GLASGOW.....

Year ended 31 March 1990

Signed ...  .....

Name ..Dr L D Gruer.....

Tel No ..041 945 2525.....

<u>Transmission Category</u>	<u>Male</u>	<u>Female</u>	<u>Unknown</u>	<u>Total</u>
Homosexual/Bisexual	105	nil	nil	105
Intravenous drug misuser (IVDM)	57	56	*	74
Homo/bisexual and IVDM	*	nil	nil	*
Haemophiliac	42	nil	nil	42
Recipient of Blood	*	*	nil	*
Heterosexual Contact:	13	*	nil	18
partner(s) with above risk factors	nil	*	nil	*
partner(s) without above risk factors	*	*	nil	*
partner's(s') risk undetermined	*	*	nil	*
Child of at risk/infected parent	nil	*	nil	*
Multiple risks	nil	nil	nil	nil
Other/undetermined	25	nil	*	28

NOTES (1) This form should be completed as part of the reports made by Boards under the AIDS (Control) Act 1987, as amended.

(2) The form should be completed using data supplied by CD(S)U.

(3) If the number to be reported is nil, enter "NIL". If the number to be reported is less than 10 enter "\*". If the number to be reported is 10 or over enter the actual number.

Figure 1

## HIV Infection in Glasgow

Transmission category of 278 cases diagnosed to 31 March 1990

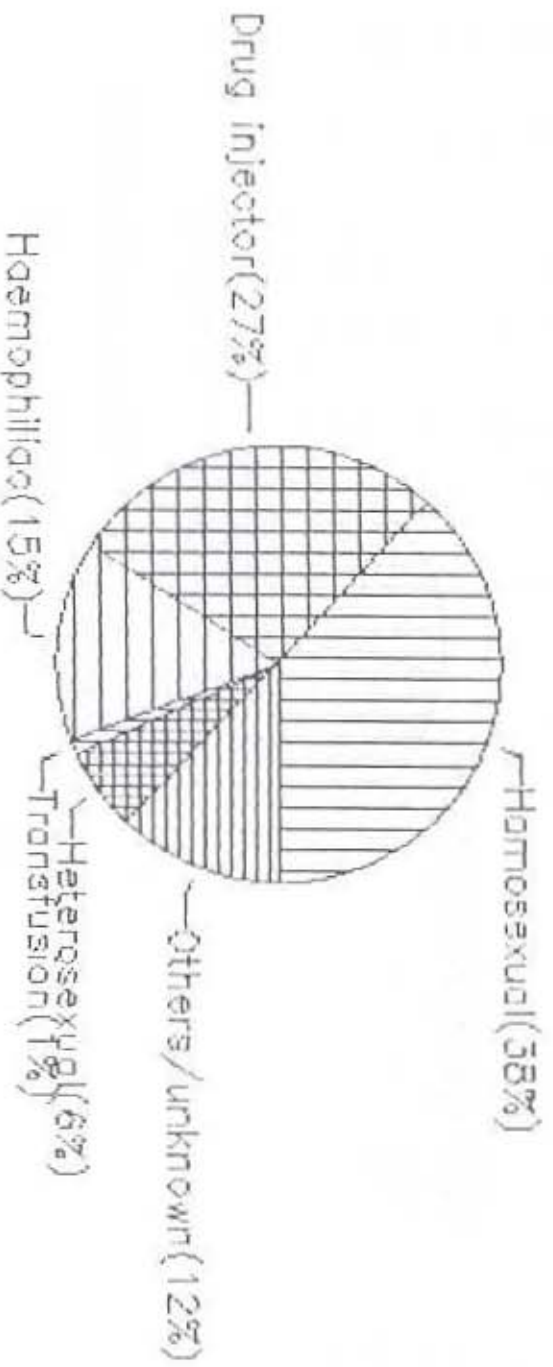
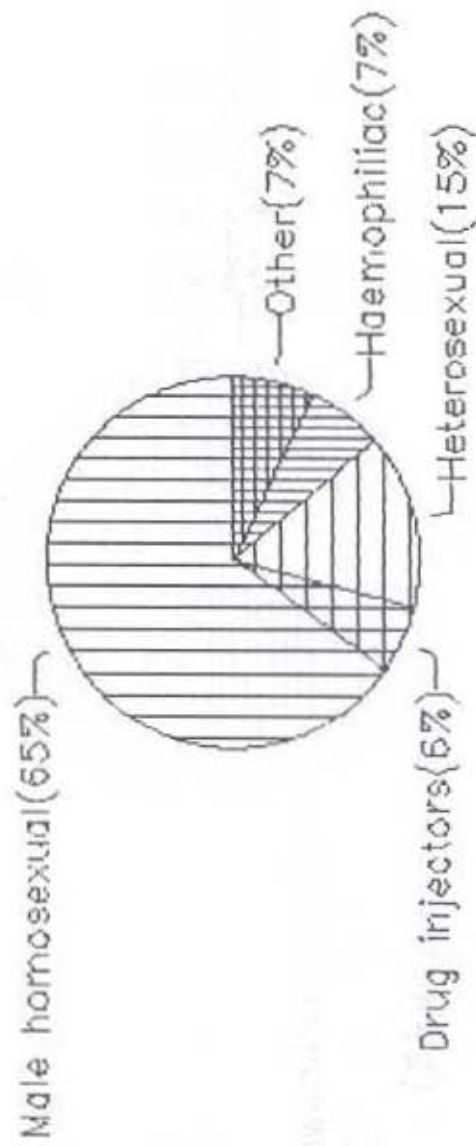


Figure 2

## AIDS in Glasgow

Transmission category of 55 cases treated to 31 March 1990



## APPENDIX 1

### HEALTH PROMOTION STRATEGY: HIV/AIDS PROGRAMME

<b>Aim</b>	To minimise further spread of HIV infection and to heighten awareness of the disease and its consequences.
<b>Objectives</b>	<p>To improve public and professional understanding of how HIV is spread.</p> <p>To contain the AIDS epidemic by reducing equipment sharing by drug injectors.</p> <p>To target the sexually active population with appropriate advice, information and support.</p> <p>To introduce the programme into communities through Sector Team support.</p>
<b>Topics</b>	AIDS/drugs/sexual behaviour.
<b>Locations</b>	Community settings and area-wide.
<b>Target Groups</b>	High risk groups. Sexually active population. Younger people. Wider population.
<b>Programme Description</b>	Develop and provide HIV/AIDS programme for at-risk groups in association with other agencies involved. Increase awareness of general population through education programmes.
<b>Evaluation</b>	<p>Assess impact of the programme on the prevalence of HIV among those engaged in high risk behaviour and the general population.</p> <p>Estimate the impact of the programme on the extent, nature and location of drug injection in Glasgow.</p> <p>Systematic evaluation of individual service activities: contacts, use of services, outcome of service contacts.</p>

This programme is already well established and closely integrated with the work of the AIDS Resource Unit at Ruchill. Plans for 1990-91 have been agreed with Dr Gruer.

#### Tasks for 1990-91

- \* Provide the health promotion component of the HIV/AIDS Information and Resource Centre at Ruchill. This will require a major investment in leaflets, teaching packs, videos, display boards and other materials.
- \* Dissemination of information from two separate surveys carried out among members of the population and health personnel respectively. This information is required to identify areas where further health education input is required. (Health Promotion Officer/AIDS together with other members of staff at Ruchill and Sector Teams).

- \* Further development of education and training relating to HIV and AIDS. A substantial programme of events is already arranged but others will be developed. (Health Promotion Officer/AIDS together with other members of staff at Ruchill, Sector Teams).
- \* Organisation and implementation of multi-disciplinary counselling skills courses (Health Promotion Officer/AIDS together with other members of staff at Ruchill).
- \* Implementing and supporting ongoing programme of needle exchange schemes (Health Promotion Officer/AIDS together with other members of staff at Ruchill).
- \* Integration of all the above activities with the work of sector teams, with particular emphasis on programmes 7 and 8 which are concerned with drug education and young people respectively (Health Promotion Officer/AIDS with Sector Teams).