

2000-01

AIDS
(Control) Act
Report

NHS

**Greater
Glasgow**

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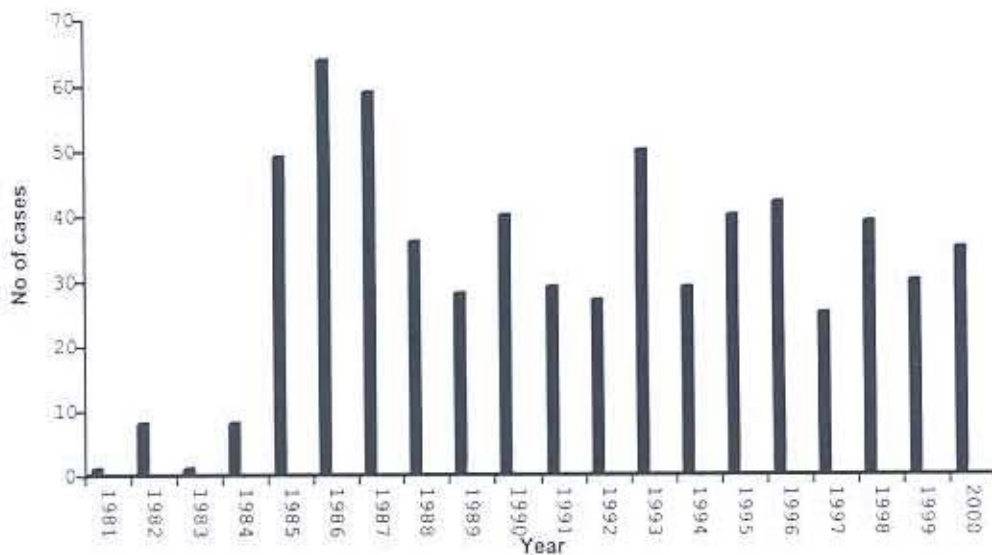
Introduction

This is the 14th annual AIDS (Control) Act report. It provides an update on the numbers of people with HIV infection and AIDS in Greater Glasgow up to the end of March 2001 and the current levels of HIV in the population. It then briefly describes what is being done to treat infected individuals living in the Greater Glasgow area and to prevent further spread of infection.

New cases of HIV infection

During the twelve months to 31 March 2001, 35 people resident in Greater Glasgow were newly reported to have HIV infection (**Appendix 1**). This compares with 30, 39, 25 and 42 cases in 1999-00, 1998-99, 1997-98 and 1996-97 respectively. **Figure 1** shows that the number of new cases has fluctuated between 25 and 50 since 1988 thus making this an average year. Of the 35 cases, 17 were thought to have arisen from sexual intercourse between men, 10 from sexual intercourse between men and women, 6 from drug injecting and 2 from other or uncertain routes. The total number of cases of HIV recorded in Greater Glasgow now stands at 626 of whom 395 (63%) are not known to be dead (**Appendices 2 & 3**).

Figure 1: Annual number of new diagnoses of HIV infection in Greater Glasgow Health Board residents



While the Guthrie Card tests give a very accurate indicator of the overall level of HIV among pregnant women, because they are anonymous and carried out after the baby is born, they cannot identify which women are infected. It is now clear that diagnosing HIV in the mother before birth enables treatment to be given that can often prevent infection being transmitted to the baby. The *Women's Reproductive Health Service* had 16 non-pregnant patients with HIV under their care in the reporting year, and 4 pregnant women with HIV were under their care in the same period.

HIV Prevalence

The currently available information on the extent of HIV infection in the Greater Glasgow NHS area continues to show that the highest HIV infection rate is among men who have sex with other men, of whom around 4-5% are thought to be infected. Studies in 1996 and 1999 of men attending gay bars in Glasgow found that 30% had had unprotected anal intercourse with at least one partner in the previous 12 months and 10% with multiple partners. This shows that significant numbers of gay men continue to put themselves at risk of infection with HIV.

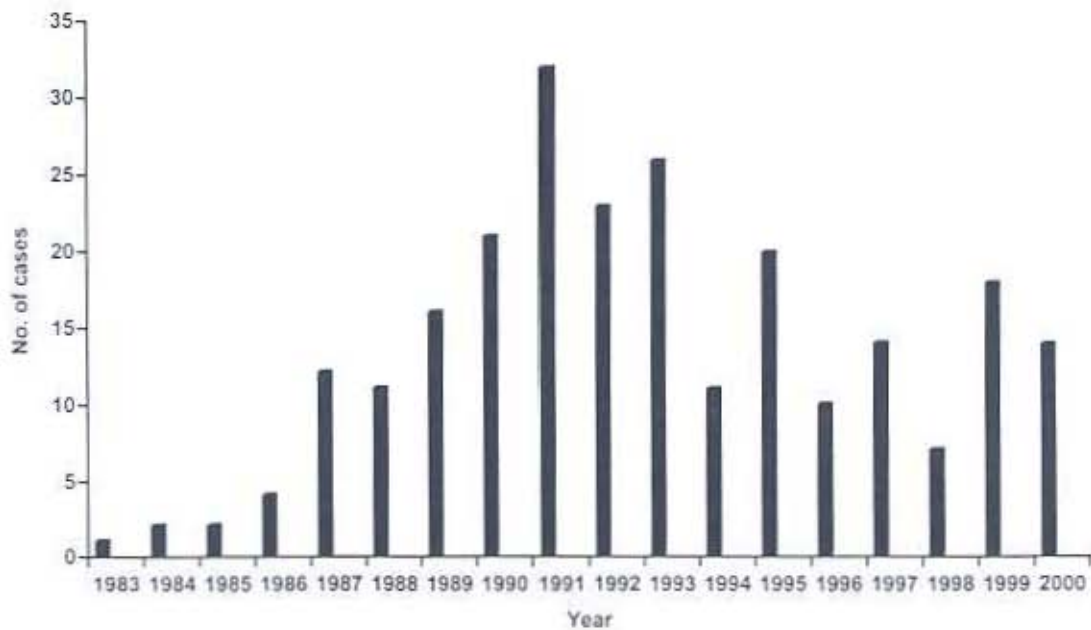
The prevalence of HIV among drug injectors in Greater Glasgow remains at around 1%, a much lower figure than in most other comparable cities around the world. This is a measure of the success of needle exchange and other measures implemented in Greater Glasgow over the past fifteen years aimed at preventing the spread of HIV infection among drug injectors. However, the much higher rates of hepatitis C infection (over 75%) among injectors in Greater Glasgow and clear evidence of recent transmission of both hepatitis C and B show that further intensive efforts are required to minimise the spread of bloodborne viruses in this group.

The levels of HIV infection following heterosexual intercourse remain very low in Greater Glasgow: around 1-2 per 1000 among heterosexual males and females attending genitourinary medicine clinics and 1 per 10,000 among pregnant women. This is in stark contrast with the situation in a growing number of developing countries across the world where a large proportion of heterosexual adults has become infected. Indeed, further investigation of heterosexually acquired cases in Greater Glasgow shows that the great majority has either an overseas connection or a link with a known drug injector. However, whilst there are only a small number of cases where there is no known connection with a high-risk transmission group, such cases do occur and underline the need for continuing vigilance and preventive measures directed at the generally sexually active population.

Cases of AIDS

There were 14 new cases of AIDS reported during the year (**Figure 2**) of which 8 lived in the Greater Glasgow area (**Appendix 4**). For most of the cases, becoming seriously ill was the first they knew they had HIV infection. Typically, they would have had the infection for many years without being aware of it. Among all known cases of AIDS reported by Greater Glasgow, there were 3 deaths during the year. This compares with a peak of 32 deaths in 1994-95 and is the lowest recorded figure since 1987.

Figure 2: New cases of AIDS reported in Greater Glasgow 1983-2000



Treatment and Care

Specialist health services for people with HIV infection in Greater Glasgow are provided by the Department of Infection and the Department of Genitourinary Medicine at the Brownlee Centre, a purpose-built infectious diseases unit at Gartnavel General Hospital which opened in 1998.

The Department of GU Medicine transferred its HIV outpatient clinics from Glasgow Royal Infirmary to Gartnavel General Hospital in April 2000. At the Brownlee Centre, in addition to specialist physicians and nurses, there is a multi-disciplinary counselling and support team (CAST) including a psychiatrist, community nurses, pharmacist, occupational therapist, dietician, physiotherapist, health adviser, counsellors and social workers. Both CAST and GU Medicine staff provide a specialist pre- and post-test counselling service for people worried about or at risk of HIV or hepatitis C infection.

Table 1 shows the number of patients and outpatient attendances at the Departments of Infection and Genitourinary Medicine during the year. Compared with the previous year, the number of patients seen increased by 32. This was an 8% increase in the Department of Infection and a 15% increase in the GU Medicine attendances. The total includes 17 patients with haemophilia who were infected with HIV before 1985 and are jointly treated by the Department of Infection and the Haemophilia Centre at Glasgow Royal Infirmary.

The Women's Reproductive Health Service at Glasgow Royal Maternity provides a specialist obstetric and gynaecological service for women with or at high risk of HIV infection. During the year, 4 of the women receiving antenatal care in this service were known to be HIV positive. A further 16 women receiving gynaecological services had HIV. Children with HIV infection in the Greater Glasgow area receive specialist care at Yorkhill Hospital where advice on HIV risk to children, eg., due to accidents with needles, and adoption issues is also available.

Table 1: Outpatient attendances of patients with HIV infection in Greater Glasgow, 2000-01

	Number of Patients	Number of Attendances	Attendances per Person
Department of Infection	243	1815	7.4
Department of Genitourinary Medicine	100	553	5.5
TOTAL	343	2368	6.9

Figure 3 shows that the number of in-patient bed days (1748) occupied by patients with HIV treated by the Department of Infection fell by 29% compared with the previous year. The number of in-patients treated also decreased from 87 to 68 in the same time period. This is an indication of the sustained benefits of Highly Active Anti-retroviral Therapy (HAART). In addition, 15 in-patients were treated by the GUM Department in this financial year with 193 occupied in-patient bed-days.

By 31st March 2001, there were around 225 patients being treated with HAART between the two specialist teams. Most patients are simultaneously treated with three drugs (triple therapy). Anti-retroviral therapy is complex and side effects are common. However, its effectiveness depends largely upon the patient adhering closely to the regimen. Patient education is therefore essential. A specialist pharmacist at the Brownlee Centre is providing this service.

Anti-retroviral treatment is expensive with a full year of triple therapy costing around £8000-£10,000 per patient. There was a 7% increase in expenditure on HIV-related drug treatment of Glasgow residents compared with 1999-00, a lower rate of increase than in the previous two years (Figure 4). However, as the number of patients being treated is expected to increase, the cost of drug treatment is likely to go on rising for the foreseeable future. A more detailed breakdown of HIV-related expenditure is shown in Appendix 5.

Figure 3: In-patient bed-days and outpatient attendances of patients with HIV at the Department of Infection, Greater Glasgow 1992-01

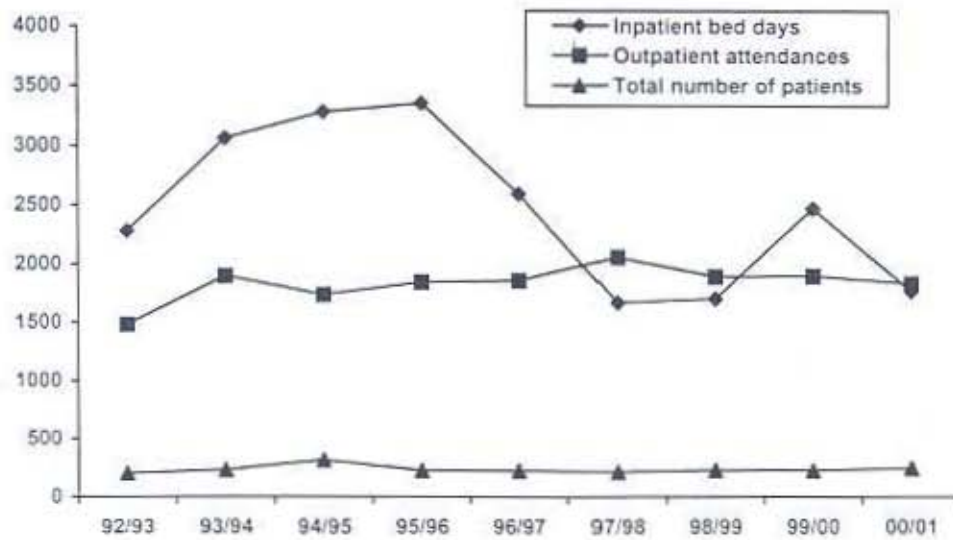
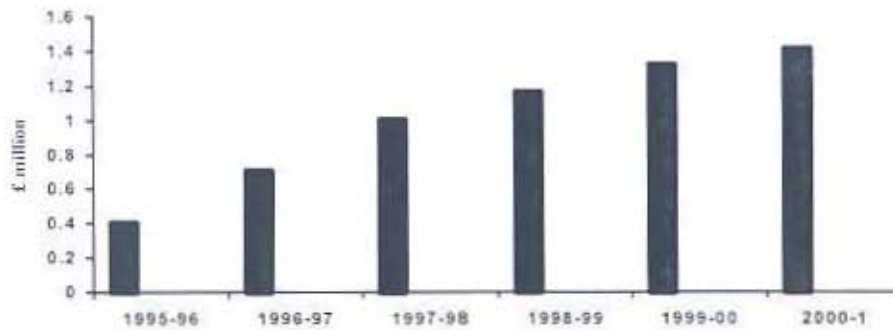


Figure 4: The cost of drug treatment for people with HIV resident in Greater Glasgow: 1995-96 to 2000-01



Social Care and Support

Additional assistance to people with HIV infection and their families was provided by Glasgow City Social Work Services and three voluntary organisations: PHACE west; Body Positive Strathclyde; and HIV/AIDS Carers and Family Support Group Strathclyde. Some of the voluntary organisations also receive funding from Glasgow City Council and other health boards in the West of Scotland.

Glasgow City Council Social Work Services employs three specialist social work staff in the Counselling and Support Team at the Brownlee Centre. They address the wide range of social problems encountered by people with HIV, especially those who are seriously ill or who continue to have problems with drug misuse or dependence. Social Work Services also funds and manages the

Positive Accommodation team who are responsible for assessing and meeting the housing and other accommodation needs of people with HIV infection.

A review conducted in 2000 by Social Work Services at the Brownlee Centre and Positive Accommodation showed that about half of those receiving medical follow-up were also receiving specialist social work services. The proportion of clients from each of the main groups were gay men 33%; current or ex-injectors 43%; heterosexual/other 24%. It should be noted that the proportion of clients with social care needs who are current or ex drug injectors is greater than that receiving medical services, reflecting the greater social care needs of this group. The current needs identified were:

Welfare rights	74%
Housing	65%
Community Care	60%
Mental health	22%
Children and families	20%
Home Care	10%
Alcohol	5%
Nursing home	2%
Criminal justice	1%

(The total exceeds 100% because many clients had multiple needs)

A small number of Greater Glasgow residents (currently 5) have HIV-related dementia requiring residential or intensive home care.

PHACE west offered a welfare rights service to 112 clients in 2000-2001, generating over £128.5k in additional income for them. Their Buddy Support Service moved increasingly to short term support work with clients, providing assistance to an average of 14 people at any time. 57 people accessed the Night Owl crisis line.

Body Positive Strathclyde is a self-support group for people with HIV. It had over 253 members by the end of March 2001. It provides a wide range of services including support groups; a befriending service for new members; an information unit; talks to outside agencies; a fitness room; complementary therapy; outreach work; and a monthly bulletin sent to members and other interested individuals and organisations. Body Positive decided to purchase a people carrier to assist members with transport problems.

The HIV AIDS Carers and Family Support Group provides practical and emotional support for people affected indirectly by HIV. They offer a telephone and face-to-face counselling and support service, home visits, stress therapies and respite breaks at a caravan which is available for the use of affected persons. A Project Liaison Worker was appointed, (funded by the Community Fund), to promote the group and build links with other agencies in the HIV-AIDS carers field.

HIV Prevention

The Health Board's Prevention Strategy is based on the understanding that HIV infection is almost always transmitted in one of three ways:

- (i) unprotected penetrative sexual intercourse
- (ii) inoculation with blood from 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.

The main measures are briefly summarised below:

Men who have sex with men

Steve Retson Project

There were 93 clinics held throughout the period. 2019 visits were made by 633 men. There were 313 new clients and 427 existing clients returned with a new problem. Most new clients had heard about the service via word of mouth and 22% came from areas other than NHS Greater Glasgow. The mean age of men was 32.3 years. 297 clients were tested for HIV. The project continues to diagnose new cases of HIV. 78% of all new cases presented with no infection and there was no increase in gonorrhoea or chlamydia as recorded elsewhere. The Project has continued to expand its outreach programme and the website has become increasingly more popular. A staff grade doctor and a nurse practitioner have recently been employed as well as more sessional staff. A young persons' service, to be run from the LGBT Centre on Saturday afternoons, is expected to commence in July 2001.

From January 2002 the Project will be offering its services from the Sandyford Initiative on Wednesday nights. This now means that the Project will be operating four days a week instead of the one night when it first started. The Project is also doing collaborative work with Gay Men's Health in Edinburgh

and Healthy Gay Scotland to produce a national magazine for gay men looking at all their health issues. At the same time it is hoped to launch a Peer Educators Initiative which will be focused on the gay scene, raising gay men's awareness about sexual health and the Project.

PHACE west Gay Men's Project

(a) Condom distribution – 250,000 condoms and 300,000 sachets of lubricant were distributed to all the main gay bars and clubs and voluntary organisations in Greater Glasgow for free supply, through a special dispenser system and a postal scheme.

(b) Outreach work – this work takes place in public sex environments throughout Glasgow and aims to provide information and support to those men at high risk of contracting HIV. A total of 84 hours outreach work was undertaken and 106 contacts were made.

(c) Health days and events – project staff took part in a number of events throughout the year aimed at increasing the profile of the safer sex message and highlighting the services that are available for people throughout Glasgow.

Strathclyde Gay and Lesbian Switchboard

The Switchboard offers a daily source of advice and information to callers. In 2000-2001, a total of 8620 calls were received and 6300 of these were put through to volunteers. 2263 were known to be from Greater Glasgow residents. Safer sex information was a major theme, discussed during around 40% of calls. The Switchboard is committed to raising safer sex issues with gay men who may not have access to preventive strategies in the community.

Drug Injectors

Needle exchange

The aim of needle and syringe exchange is to reduce the risk of transmission of HIV, hepatitis B and C and other bloodborne viruses through the sharing of contaminated needles and syringes. The service is provided through the following locations:

- Glasgow Drug Crisis Centre (24 hours)
- Base 75 (6 days weekly for female prostitutes)
- Six community health centre and clinic exchanges
- Fourteen community pharmacies (normal working hours)

Table 2 shows the numbers of needles and syringes exchanged during the year. The total given out represents an 11% increase over 1999-00. The increase was mainly due to a 51% rise in the number of

needles and syringes issued by the Drug Crisis Centre's 24 hour exchange, and a 20% increase in the number of needles and syringes issued by pharmacy needle exchanges. Base 75 issued approximately half the amount of needles and syringes than they did last year but this was mainly due to the service being decanted and operating from alternative premises. It is expected that the figures will return to previous levels or higher once the service has moved back to its original site. However, given that there are an estimated 6-10 million injecting episodes in Greater Glasgow each year, the total number supplied through all needle and syringe exchanges falls well short of that required to eliminate the reuse of dirty needles.

Table 2: needle and syringe exchange in Greater Glasgow 2000-01

	Needles/syringes issued	Needles/syringes returned	Return Rate %
GDPS exchanges	185,008	184,055	99%
Pharmacy	468,738	370,405	79%
Drug Crisis Centre	298,000	208,600	70%
Base 75	50,055	16,125	32%
TOTAL	1,001,801	779,185	77%

Methadone programme

The primary aim of the prescription of daily oral methadone mixture is to enable heroin injectors to stop or greatly reduce drug injecting and thereby reduce the risk of bloodborne virus transmission and the many other risks of injecting. During the year there were over 3000 people being prescribed methadone in Greater Glasgow at any one time. The main services prescribing methadone were:

- Glasgow Drug Problem Service (GDPS)(a specialist service to which all GPs can refer patients)
- Glasgow GP Drug Misuse Clinic Scheme (around 170 GPs treat their own patients with methadone in this Scheme)
- Department of Infection and Tropical Medicine (treating residential patients and some outpatients for up to three months)
- Women's Reproductive Health Service (treating female drug injectors during and shortly after pregnancy).

A key feature of the Greater Glasgow programme is that most patients swallow their daily dose under the supervision of a community pharmacist. This is to ensure that patients take the correct dose so that illegal diversion and fatal overdose are minimised. Research published in 2000 shows that most patients receiving methadone in the Glasgow programme stop or greatly reduced their injecting, have

improved health and social stability and commit far fewer property crimes. A crucial element of the methadone programme is co-operation between the prescribing doctors and other health or social care staff who can help patients address and resolve their addiction and associated problems. Due to the large and growing number of patients on the programme and the professional, community and financial pressures this is creating, a major review of the methadone programme began in May 2000 and was concluded in spring 2001.

Base 75 (Drop-in Centre for street prostitutes)

This service was opened in 1988 to provide HIV prevention services and health and social care for female street prostitutes most of whom inject drugs. Ordinarily it operates from city centre premises and is jointly managed and staffed by health and social work service personnel. In the middle of 2000 the service was decanted in order to facilitate renovations of the city centre building. During the time of decanting, as is usual with such services, the numbers of women attending dropped substantially. Health care is provided six evenings a week by a nurse and three evenings a week by a doctor and a nurse. It is proposed that the clinical staff be increased to provide for a doctor and nurse team six nights a week.

Sexual Health Promotion

Health Promotion Department

The sexual health team is based in the Health Promotion Department at GGNHSB and consists of a senior health promotion officer and a health promotion officer. In addition, significant contributions have been made to sexual health promotion by other health promotion colleagues. During the reporting year a social marketing media campaign was developed with Lanarkshire Health Board colleagues. The campaign aimed to raise awareness of HIV and other sexually transmitted infections, promote condom use and provide information on sexual health services across Glasgow and Lanarkshire. The campaign was featured at different points during the year to maximise impact with increased activity around September to link in with Gay Pride and December to highlight World AIDS Day. A wide range of media was used to reach the target group and included: bus shelter and billboard sites, underground, buses and rail transport, press/magazines and convenience (toilet) advertising.

Other relevant areas of work included the production and distribution of a comprehensive directory of sexual health services in the GGHB area, both paper and on-line version; rolling out of chlamydia convenience advertising campaign in further education colleges; the production of an HIV and travel review to inform future work with this key group; the development of a range of sexual health information resources including a condom guide for young people and a chlamydia information leaflet;

and the development of new and existing sexual health training programmes for a range of health professionals including teachers, practice nurses and holiday travel staff.

Condoms

The allocation of £142k for condoms was distributed as follows:

Family planning 35%; PHACE west 30%; Base 75 22%; health promotion 11%; Glasgow Drug Crisis Centre 2%; HIV Counselling Clinic 1%.

Education and Training

The Education and Training Programme is open to all health and social care staff in GGHB who work with clients with bloodborne viruses. A range of seminars, study days and clinical visits are provided and can be accessed directly through the Education and Training Officer at the Brownlee Centre or through respective Trusts or organisations. The Education and Training programme is supported by a range of resource packs and through a substantial collection of materials housed at Gartnavel General Hospital's main library. In addition to the ongoing programme there is also significant input into various university courses, relevant conferences, study days and/or publications. The Education and Training programme recognises the important contribution of five patients who are involved in teaching on the programme.

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.

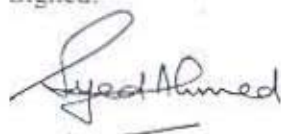
In view of the continuing transmission of HIV infection and the emergence of hepatitis C and re-emergence of hepatitis B as significant public health problems in Glasgow, it is proposed that a review of the planning and advisory arrangements for all bloodborne viruses be undertaken during the next financial year.

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

Health Board: GREATER GLASGOW

1 April 2000 to 31 March 2001

Signed:



Name: Dr Syed Ahmed

Tel No: 0141 201 4870

How person probably acquired the virus	Male	Female	Total
Sexual intercourse between men	17	0	17
Sexual intercourse between men and women	5	5	10
Injecting drug use (IDU)	2	4	6
IDU and sexual intercourse between men	0	0	0
Blood factor (eg haemophiliae)	0	0	0
Blood tissue transfer (eg transfusion)	1	0	1
Mother to child infected	0	0	0
Other / undetermined	1	0	1
TOTAL	26	9	35

Note

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.

Appendix 2

Cumulative HIV Cases

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

Health Board: GREATER GLASGOW

Cumulative to 31 March 2001

Signed:



Name: Dr Syed Ahmed

Tel No: 0141 201 4870

How person probably acquired the virus	Male	Female	Total
Sexual intercourse between men	315	0	315
Sexual intercourse between men and women	56	42	98
Injecting drug use (IDU)	101	60	161
IDU and sexual intercourse between men	10	0	10
Blood factor (eg haemophiliacs)	23	0	23
Blood tissue transfer (eg transfusion)	6	3	9
Mother to child infected	3	0	3
Other / undetermined	5	2	7
TOTAL	519	107	626

Note

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.

Appendix 3

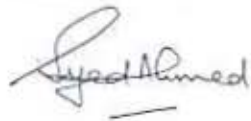
Living HIV Cases

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

Health Board: GREATER GLASGOW

Number of cases NOT KNOWN TO BE DEAD; Cumulative to 31 March 2001

Signed:



Name: Dr Syed Ahmed

Tel No: 0141 201 4870

How person probably acquired the virus	Male	Female	Total
Sexual intercourse between men	193	0	193
Sexual intercourse between men and women	36	36	72
Injecting drug use (IDU)	64	34	98
IDU and sexual intercourse between men	5	0	5
Blood factor (eg haemophiliacs)	14	0	14
Blood tissue transfer (eg transfusion)	3	2	5
Mother to child infected	3	0	3
Other / undetermined	4	1	5
TOTAL	322	73	395

Note

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.

Appendix 4

AIDS Cases

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

Health Board: GREATER GLASGOW

1 April 2000 to 31 March 2001

Signed:



Name: Dr Syed Ahmed

Tel No: 0141 201 4870

Period	People with AIDS	First reported from this Health Board	Known to be resident of the Health Board
1 April 2000 to 31 March 2001	Reported to, and accepted by, SCIEH in period	14	8
	Number of above known by 31 March 2001 to have died	3	2
Cumulative total to 31 March 2001	Cumulative number reported to, and accepted by, SCIEH in period	287	216
	Number of above known by 31 March 2001 to have died	192	141

Note

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.

Appendix 5

Financial Information

AIDS (Control) Act 1987: HIV and AIDS Expenditure 2000/2001

Health Board: GREATER GLASGOW

Year ending 31st March 2001

	Allocation (£k)	Expenditure (£k)
RING FENCED ALLOCATION FROM SCOTTISH EXECUTIVE		
Health Promotion & Prevention		
Regional Virus Laboratory	139	139
Steve Retson Project	105	105
GGHB Health Promotion Department	113	113
Condoms	146	146
PHACE west	133	133
HIV/AIDS Carers and Family Support Group (Strathclyde)	10	10
Body Positive	32	32
Strathclyde Gay and Lesbian Switchboard	14	14
Subtotal	692	692
HIV/AIDS & Drug-related work		
Drop-in Centre	97	97
Needle Exchange	197	197
Drug Crisis Centre	73	73
HIV & Addictions Resource Centre	242	242
Staff Training	49	49
Subtotal	658	658
HEALTH BOARD GENERAL ALLOCATION		
HIV/AIDS Treatment and Care		
Department of Infection and Tropical Medicine (excluding pharmacy)	649	649
HIV pharmacy including all drug treatment	1325	1413
Counselling and Support Team	261	261
Department of Genitourinary Medicine	93	93
Regional Haemophilia Centre	61	61
Laboratory Services	196	196
Laboratory Services (HIV viral load testing)	75	75
Community Dentistry – Primary Care Trust	10	10
Subtotal	2670	2758
TOTAL REVENUE FUNDING	4020	4108