

1999-00

AIDS

(Control) Act

Report



Greater Glasgow
Health Board

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Introduction

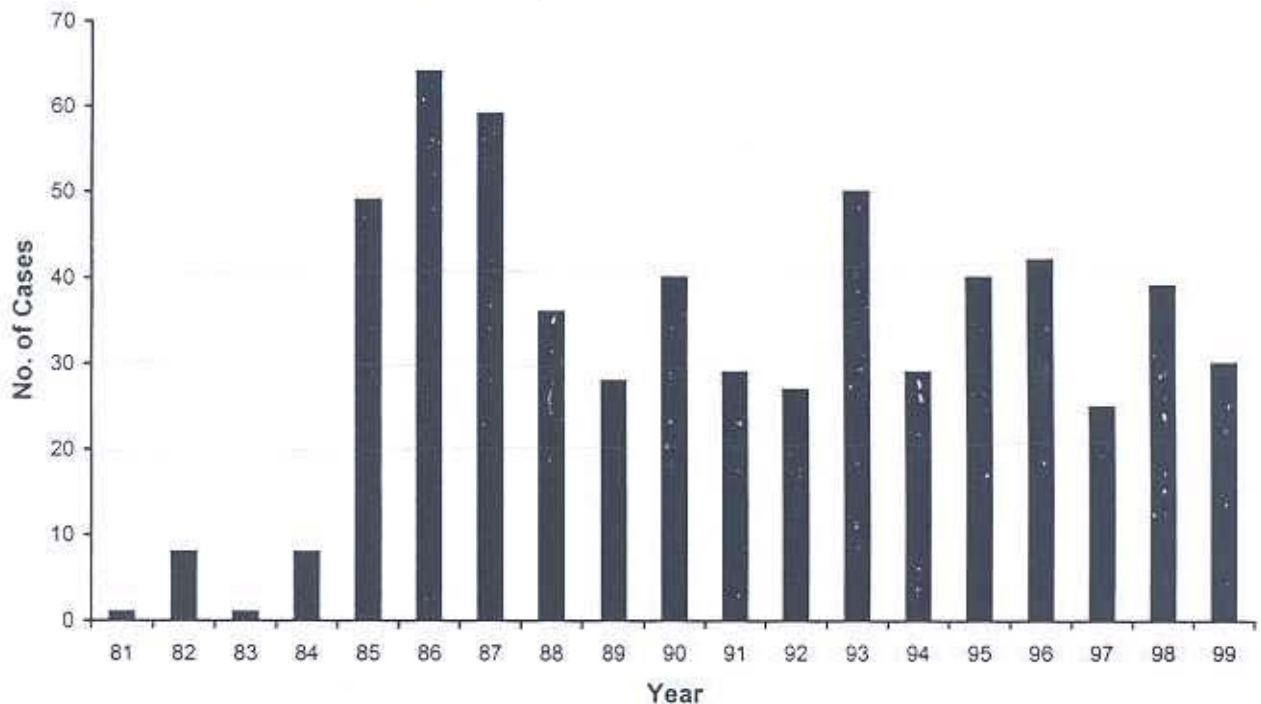
This is the 13th annual AIDS (Control) Act report. It provides an update on the numbers of people with HIV infection and AIDS in Greater Glasgow up to the end of March 2000 and the current levels of HIV in the population. It then briefly describes what is being done to treat infected individuals living in the Greater Glasgow area and to prevent further spread of infection.

New Cases of HIV Infection

During the twelve months to 31 March 2000, 30 people resident in Greater Glasgow were newly reported to have HIV infection (Appendix 1). This compares with 39, 25 and 42 cases in 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 30 cases, 18 were thought to have arisen from sexual intercourse between men, five from drug injecting, four from sexual intercourse between men and women and three from other or uncertain routes. The numbers among male homosexuals and drug injectors are broadly similar to those recorded over the past nine years. The four cases related to heterosexual intercourse suggest that the 15 of the previous year was a "blip" rather than an indication of a rising trend. The total number of cases of HIV recorded in Greater Glasgow now stands at 593 of whom 385 (65%) are not known to be dead (Appendices 2 & 3).

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 of babies born in Greater Glasgow in 1999-00. A positive HIV antibody test in a newborn baby indicates that the baby's mother has HIV infection. Only a small minority of the babies subsequently prove to have HIV infection themselves. The tests are therefore an indication of the extent of HIV infection among sexually active heterosexual women.

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. In London in particular, significant numbers of babies were being infected because their mother's HIV was not diagnosed during pregnancy. The Department of Health thus now requires all English health authorities to offer HIV testing to all pregnant women. Lothian, Tayside and Fife Health Boards have already adopted a similar approach and the Scottish Executive is expecting other Health Boards to follow suit. Given the very small number of women in Greater Glasgow with unknown HIV, the likelihood of preventing infection by this approach will be very low.

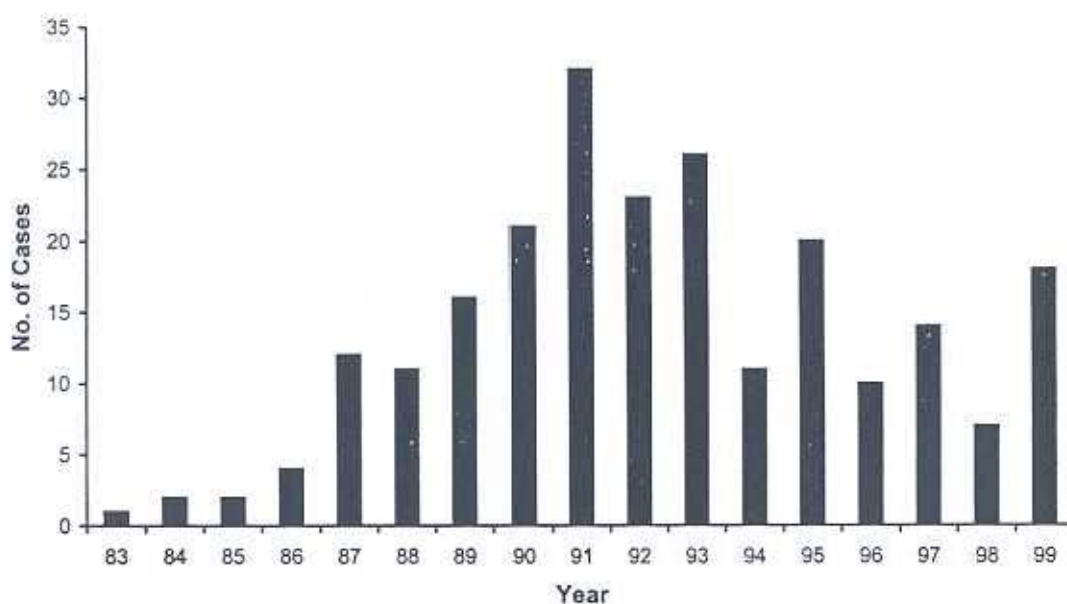
HIV Prevalence

The currently available information on the extent of HIV infection in the Greater Glasgow 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 fourteen years aimed at preventing the spread of HIV infection among drug injectors. However, the much higher rates of Hepatitis C infection (over 80%) 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

Figure 2: New cases of AIDS reported in Greater Glasgow 1983-1999



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 transmission group, such cases do occur and underline the need for continuing vigilance and preventive measures directed at the general sexually active population.

Cases of AIDS

There were 18 new cases of AIDS reported during the year of which 12 lived in the Greater Glasgow area (Appendix 4). This is the highest recorded total since 1995 after several years of reducing numbers. It is too early to say whether this represents an upward trend (Figure 2). 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 4 deaths during the year. This compares with a peak of 32 deaths in 1994-95 and is the lowest recorded figure since 1987.

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 being seen was unchanged but there was a 25% increase in the number of GU Medicine attendances. The total includes 16 patients with haemophilia who were infected with HIV before 1985 who are jointly treated by the Department of Infection and the Haemophilia Centre at Glasgow Royal Infirmary. The proportions of people attending the specialist outpatient's clinics are as follows: gay men 44%; current or ex-drug injectors 36%; heterosexual or other 20%.

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, none of the women receiving antenatal care in this service was known to be HIV positive. A small number of women receiving gynaecological services had HIV. The very small number of 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
Out-patient attendances of patients with HIV infection in Greater Glasgow, 1999-00

	Number of Patients	Number of Attendances	Attendances per Person
Dept of Infection	224	1877	8.4
Dept of Genitourinary Medicine	87	533	6.3
Total	311	2410	7.7

Figure 3 shows that the number of in-patient bed days (2457) occupied by patients with HIV treated by the Department of Infection rose by 31% compared with the previous year. This was mainly due to in-patient treatment of a larger number of AIDS cases with complex disease and of more people for whom Highly Active Anti-retroviral Therapy (HAART) had been unsuccessful than in the previous year. Although the number of in-patients treated was the same as in the previous year (87), there were 16% more admissions and the average length of stay increased from 10 to 12.5 days.

By 31st March 2000, there were around 210 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 successfully providing this service.

Anti-retroviral treatment is expensive with a full year of triple therapy costing around £8,000 per patient. There was a 14% increase in expenditure on HIV-related drug treatment of Glasgow residents compared with 1998-99, 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 out-patient attendances of patients with HIV at the Department of Infection, Greater Glasgow 1992-00

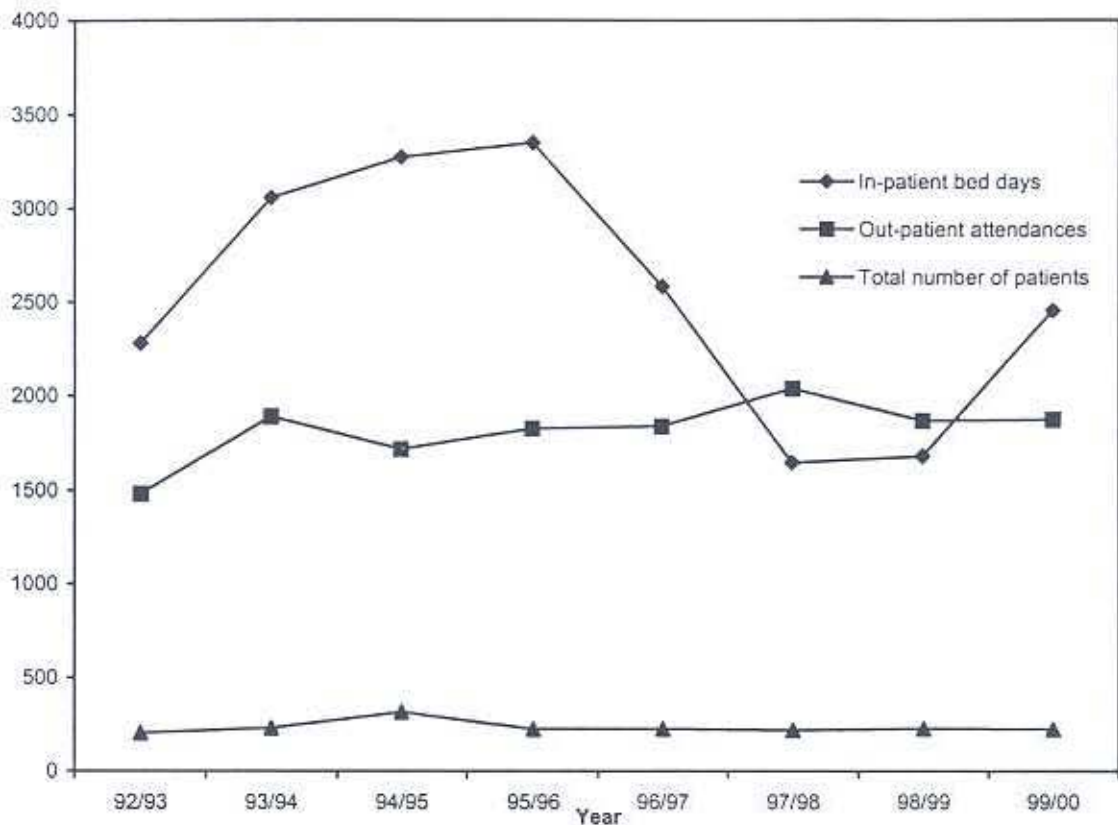
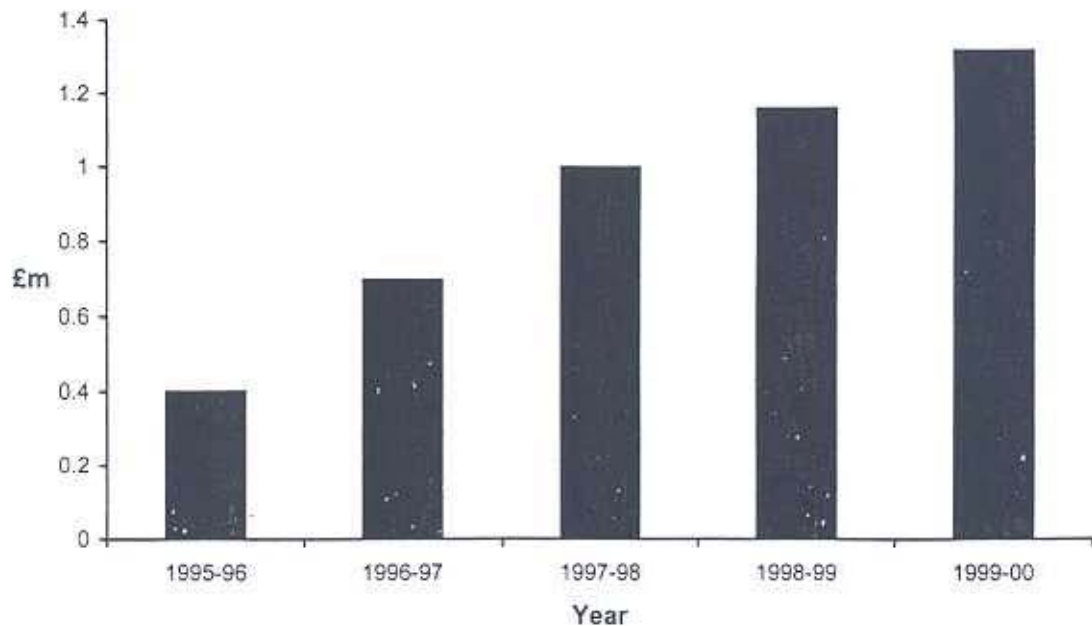


Figure 4: The cost of drug treatment for people with HIV resident in Greater Glasgow: 1995-96 to 1999-00



Social Care & Support

Additional assistance to people with HIV infection and their families was provided by Glasgow City Social Work Services and four voluntary organisations: PHACE west; Body Positive Strathclyde; Positive Steps Partnership (formerly AIDS Care Education and Training or ACET); and HIV/AIDS Carers and Family Support Group Strathclyde. 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 fund and manage the Positive Accommodation team who are responsible for assessing and meeting the housing and other accommodation needs of people with HIV.

A review conducted in 2000 by social work services at the Brownlee Centre and Positive Accommodation showed that about half 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	57%
Mental health	22%
Children and families	20%
Home care	9%
Alcohol	5%
Nursing home	2%
Criminal justice	1%

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

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

PHACE west offered a welfare rights service to 147 clients in 1999-2000, generating over £198.8k in additional income for them. Their Buddy Support Service moved increasingly to short term support work with clients, providing assistance to an average of 20 people at any time.

Body Positive Strathclyde is a self-support group for people with HIV. It had over 210 members by the end of March 2000. 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.

Positive Steps provided care and support to 46 clients during the year compared to 134 in the previous year. Given this much lower level of activity and a switch in the organisation's focus from direct services to preventive work with the education system, the Health Board ceased funding of Positive Steps on 31 March 2000.

The HIV/AIDS Carers and Family Support Group provide support for people affected indirectly by HIV. They offer a telephone and face-to-face counselling and support service. Following a successful fund raising campaign, a caravan is now available for the use of affected persons.

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

The Steve Retson Project is a separately funded initiative, which aims to improve the sexual health of gay men, and men who have sex with men in the Glasgow area. The project is managed from within the gay community with professional clinical support from GU Medicine staff. It started in 1995 with a once weekly evening clinic in Glasgow Royal Infirmary. As part of the Gay Men's Task Force Initiative in 1997-98, a satellite evening clinic was opened at the Gay and Lesbian Centre and has continued since then. In August 2000, the Project moved to the new GU Medicine premises at the Sandyford Initiative and has recently recruited a part-time staff grade doctor and staff nurse to consolidate the clinical service. The clinics provide sexual health screening, HIV counselling and testing, immunisation against hepatitis B and advice about safer sex and HIV prevention.

PHACE west Gay Men's Project

a) *Condom distribution* - Condoms and lubricant were supplied 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 was carried out in five locations in the West of Scotland, providing safer sex advice to 260 people.

c) *Health days and events* - Project staff took part in 30 health days and other events aimed at highlighting issues related to gay men and HIV.

Strathclyde Gay & Lesbian Switchboard

The Switchboard offers a daily source of advice and information to callers. In 1999-00, 6247 calls were logged of which 1500 (24%) were known to be from Greater Glasgow residents. Safer sex information was a major theme, discussed during around 36% 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 & 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 (Twice weekly each)
- Thirteen community pharmacies (normal working hours)

Table 2 shows the numbers of needles and syringes exchanged during the year. The total given out represents a 24% increase over 1998-99 and is the highest ever figure. The increase was mainly due to a 78% increase in the number of needles and syringes issued by pharmacy needle exchanges. However, given that there are an estimated 6-10 million injecting episodes in Greater Glasgow each year, the numbers supplied are well short of that required to eliminate the reuse of dirty needles.

Table 2

Needle and syringe exchange in Greater Glasgow 1999-2000

	Needles/syringes issued	Needles/syringes returned	Return Rate (%)
GDPS Exchanges	209,972	197,927	94%
Pharmacy	392,836	292,328	74%
GDCC Exchange	196,290	137,322	70%
Base 75 Exchange	101,006	27,728	27%
Total	900,104	655,305	73%

Methodone 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:

- The Glasgow Drug Problem Service (a specialist service to which all GPs can refer patients);
- The Glasgow Drug Misuse Clinic Scheme (around 160 GPs treat their own patients with methadone in this scheme);
- The Department of Infection and Tropical Medicine (treating HIV positive drug injectors);
- The Glasgow Drug Crisis Centre (treating residential patients and some outpatients for up to three months);
- The 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 cooperation 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 will be 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. It operates from city centre premises and is jointly managed and staffed by health and social work service personnel. Health care is provided six evenings a week by a nurse and three evenings by a doctor and a nurse. During the year, the health care service was used by 786 women and there was an average of 27 health care attendances per evening. A wide range of

primary health care services is offered in addition to free needle exchange and free condoms. In March, the premises were temporarily closed for Health and Safety reasons. The service was transferred to the Drug Crisis Centre, resulting in a large drop in attendances, restored only when the premises reopened in the autumn. Funding and planning permission have now been secured for a major refurbishment which will be carried out in 2001.

Heterosexual Population

Health Promotion Department

This is staffed by a senior health promotion officer and a health promotion officer. During the period, GGHB staff ran a major HIV awareness media campaign in conjunction with Lanarkshire Health Board colleagues. Materials were displayed at a number of sites with the key message being to practise safe sex by using condoms. Other areas of work included: completion of a bloodborne virus resource for non-health professionals; facilitation of a city-wide university and college campaign on alcohol, drugs and sexual health; designing and developing a chlamydia campaign; development of a condom distribution scheme; a two day sexual health training course for youth workers; continued input at Barlinnie prison; development of materials and participating in various World AIDS Day events; joint facilitation of a national Sexual Health Network with HEBS; work for the Primary Care Sexual Health sub-group; and support for the development of a young person's sexual health service within the Sandyford Initiative.

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 or through respective Trusts or Organisations. In addition there is input into various university courses and relevant conferences or study days. The education and training programme recognises the important contribution of four 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.

Appendix 1

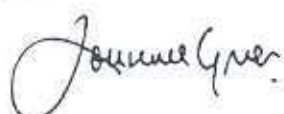
New HIV Cases

AIDS (CONTROL) ACT 1987: STATISTICS ON NEWLY REPORTED HIV INFECTED PERSONS

Health Board: GREATER GLASGOW

1 April 1999 to 31 March 2000

Signed:



Name: Dr Laurence Gruer

Tel No: 0141-201 4870

How person probably acquired the virus	Male	Female	Total
Sexual intercourse between men	18	0	18
Sexual intercourse between men and women	2	2	4
Injecting drug use (IDU)	2	3	5
IDU and sexual intercourse between men	1	0	1
Blood factor (eg haemophiliacs)	0	0	0
Blood tissue transfer (eg transfusion)	0	0	0
Mother to child infected	0	0	0
Other / undetermined	1	1	2
TOTAL	24	6	30

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
Cases

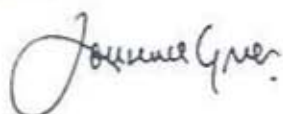
Cumulative HIV

AIDS (CONTROL) ACT 1987: STATISTICS ON NEWLY REPORTED HIV INFECTED PERSONS

Health Board: GREATER GLASGOW

Cumulative to 31 March 2000

Signed:



Name: Dr Laurence Gruer

Tel No: 0141-201 4870

How person probably acquired the virus	Male	Female	Total
Sexual intercourse between men	300	0	300
Sexual intercourse between men and women	51	37	88
Injecting drug use (IDU)	99	55	154
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	4	2	6
TOTAL	496	97	593

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

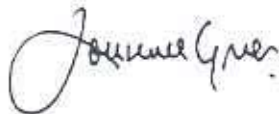
Living HIV Cases

AIDS (CONTROL) ACT 1987: STATISTICS ON REPORTED HIV INFECTED PERSONS

Health Board: GREATER GLASGOW

Number of cases NOT KNOWN TO BE DEAD; Cumulative to 31 March 2000

Signed:



Name: Dr Laurence Gruer

Tel No: 0141-201 4870

How person probably acquired the virus	Male	Female	Total
Sexual intercourse between men	183	0	183
Sexual intercourse between men and women	35	32	67
Injecting drug use (IDU)	68	34	102
IDU and sexual intercourse between men	6	0	6
Blood factor (eg haemophiliacs)	14	0	14
Blood tissue transfer (eg transfusion)	3	2	5
Mother to child infected	3	0	3
Other / undetermined	3	1	4
TOTAL	316	69	385

Note

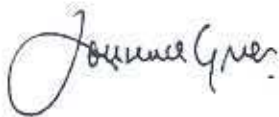
Cases are allocated to a particular health board based on the patient's Health Board of Residence. If this is not known, they are allocated based on Health Board of Specimen origin.

AIDS (CONTROL) ACT 1987: STATISTICS ON REPORTED AIDS CASES AND DEATHS

Health Board: GREATER GLASGOW

Year ending 31 March 2000

Signed:



Name: Dr Laurence Gruer

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 1998 to 31 March 1999	reported to, and accepted by, SCIEH in period	18	12
	number of above known by 31 March 1999 to have died	2	2
Cumulative total to 31 March 1999	cumulative number reported to, and accepted by, SCIEH in period	273	210
	number of above known by 31 March 1999 to have died	184	138

Appendix 5

Financial Information

AIDS (CONTROL) ACT 1987: HIV AND AIDS EXPENDITURE 19992000

Health Board: GREATER GLASGOW

Year ending 31 March 2000

RING FENCED ALLOCATION FROM SCOTTISH EXECUTIVE

	Allocation (£k)	Expenditure (£k)
1. Health Promotion & Prevention		
Regional Virus Laboratory	139	139
Steve Retson Project	102	102
GGHB Health Promotion Dept	113	113
Condoms	142	142
PHACE west	130	130
Positive Steps (formerly AIDS Care Education & Support)	35	35
HIV/AIDS Carers and Family Support Group (Strathclyde)	10	10
Body Positive	31	31
Strathclyde Gay & Lesbian Switchboard	14	14
Subtotal	<u>716</u>	<u>716</u>
2. HIV/AIDS & Drug-related work		
Drop-in Centre	95	95
Needle Exchange	192	192
Drug Crisis Centre	71	71
HIV & Addictions Resource Centre	242	242
Staff Training	49	41
Subtotal	<u>599</u>	<u>591</u>
HEALTH BOARD GENERAL ALLOCATION		
3. HIV/AIDS Treatment and Care		
Department of Infection and Tropical Medicine (excluding pharmacy)	649	649
HIV pharmacy including all drug treatment	1325	1325
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	<u>2671</u>	<u>2671</u>
Total Revenue Funding	3986	3978