

GREATER GLASGOW HEALTH BOARD

AIDS CONTROL ACT ★ REPORT

1993 - 1994

Glasgow



AIDS (CONTROL) ACT REPORT 1993 - 94

Greater Glasgow Health Board

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

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Invisible to all but the best microscopes, HIV yet has the power to destroy lives. Not only can it undermine the body's defences against infection but it can also wreck a person's whole being. This is a challenge that no single professional group can meet alone. While doctors and nurses have their part to play, their efforts may count for little if the person with HIV has no home, no friends or no money. Planning the response to HIV thus needs the involvement of many agencies and disciplines. It also needs the participation of people with HIV themselves. It is they who understand best what it feels like to be HIV positive and who can say from first hand experience what they think of the services that are provided.

Because of their particular need, people with HIV have been identified as a special care group requiring their own plan as part of the overall Community Care Plan for Glasgow. A small group with members from health, social work, housing, the voluntary sector and a representative of people with HIV have drafted a plan which was issued for consultation during the summer of 1994. Key points in the plan are:

- The number of people with HIV in Glasgow requiring care at any time is unlikely to be much more than 300 until at least 1997. The proportion with serious HIV-related illness is however likely to rise more rapidly.
- The Department of Infection and Tropical Medicine has a central role in the provision of care for people with HIV infection. It is due to move in the medium term. A decision regarding its future site and design will have a major impact on people with HIV in Glasgow. Their needs must be carefully considered in the planning of the new service.
- Many people with HIV run into difficulty with accommodation at some stage. This may be due to the direct effects of the virus on their health or its indirect impact in combination with other factors such as unemployment or drug misuse. Achieving an appropriate balance of housing resources for people with HIV will be an important objective over the next five years.

It has long been assumed that once someone has become infected with HIV, it would be inevitable that the virus would ultimately triumph. The disappointing progress towards a cure has reinforced that view. However, a recently published paper offers a more encouraging perspective. 'Patients with

haemophilia who had become infected with HIV in the late 1970s or early 1980s have now been followed up for at least ten years. It has been discovered that as many as a quarter show little or no signs of deterioration in their immune system. A detailed analysis suggests that such individuals may remain in good health for at least 20 years despite being infected with HIV. Much further work requires to be done to confirm these findings but they represent the most optimistic news on HIV to emerge for some time.

Glasgow has acquired a reputation for innovative HIV prevention campaigns. These have included collaboration with Glasgow Airport, Partick Thistle Football Club and magazines such as the popular 'Big Issue'. This summer the Health Promotion Department again broke new ground with a highly successful link-up with the city's hairdressing salons. The focus was on the risk of picking up HIV or other sexually transmitted diseases when on holiday. Hairdressers proved to be excellent venues for conveying such a message, with customers having the time to read and talk. Great interest in the campaign has been shown by the National Hairdressing Association and the coordinators of the Europe against AIDS Campaign.

Much of the emphasis of HIV prevention in Glasgow has been focused on the scourge of drug injecting. 1994 sees the completion of several important services which should do much to reduce the risk of HIV in Glasgow and bring help to thousands of people afflicted by drug misuse. These include the Glasgow Drug Problem Service, The Glasgow Drug Crisis Centre, a new scheme enabling general practitioners to run their own special clinics for drug injectors; and Phoenix House, a large new residential rehabilitation centre. Tribute must be paid to the staff of these and the many other services in Glasgow battling to deal with one of the plagues of our times.

This year also sees the start of several initiatives designed to reduce the spread of HIV among gay men. Scottish AIDS Monitor have begun a major Gay Men's Project in both Glasgow and Edinburgh. The Department of Genitourinary Medicine has established a pilot clinic project for gay men and the Health Board has appointed a Health Promotion Officer with special responsibility for this area of work. More details of these and the many other facets of Glasgow's response to HIV are contained in this report.



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September 1994

1.1 *HIV and how it spreads*

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

1.2 *How HIV causes disease*

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

1.3 The interval between the onset of HIV infection and the collapse of the immune system seems to vary enormously from person to person. Rarely, it may take two years or less but in most infected people 5 to 15 years will pass before serious illness develops. Recent evidence suggests that as many as a quarter of people infected with HIV may remain alive and well for at least 20 years.¹ Thus, despite the infection, most people with HIV will remain healthy for many years. They will be unaware that they have HIV infection unless they have had a blood test showing the presence of HIV antibodies.

1.4 *Helping people with HIV*

At present, there is no cure for HIV infection and little prospect of one becoming available for many years. Nevertheless, much can now be done to help people with HIV infection. Several drugs, the best known of which is zidovudine (AZT), can help to slow down the effect of HIV on the immune system once a fairly advanced stage has been reached. Some of the most dangerous infections can be prevented or treated and regular follow-up can help patients improve their general health. Ensuring a balanced diet and regular exercise is important. Problems such as drug misuse can be attended to. Despite these improvements, there can be few announcements of such impact as "I am afraid you have HIV infection." The news evokes the prospect of illness and an early death. Some people with HIV infection have also suffered unwarranted rejection by their friends and community, discrimination at work and denial of life insurance or mortgages. People with HIV infection are also potentially infectious, which has important implications for their sexual partners and, if they are drug injectors, for those with whom they may share injecting equipment. Consequently, they need access to skilled and sensitive support to enable them to cope with the effect of the diagnosis on their lives and to motivate and enable them to avoid transmitting the infection to others.

1.5 *Preventing the spread of HIV*

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

2.1 Cases of HIV infection

During the reporting year, 35 people resident in Glasgow were newly reported to have HIV infection (Appendix 1). Of these, 26 (74%) were thought to have resulted from sexual intercourse between men, seven from injecting drug use and none from sexual intercourse between men and women. Only three of the 35 cases were women.

2.2 Appendix 2 shows the total number of reports of HIV infection involving Glasgow residents since testing began in 1985. It shows that of the 387 cases, almost exactly half were thought to have resulted from sexual intercourse between men, compared with 30% as a result of drug injecting and 11% as a result of sexual intercourse between men and women. Follow-up studies have shown that by the end of 1991, only 280 of the 387 individuals were still alive. Once information is available on deaths occurring in 1992 and 1993, this figure will be further reduced.

2.3 Sexual transmission between men

The results of HIV antibody tests carried out on gay or bisexual men in Glasgow in 1989-93 are shown in Tables 1 and 2. These compare the results of voluntary testing carried out at all sites, with unlinked anonymous testing of gay men carried out in genitourinary medicine clinics (see box on Page 3). Both show that the level of HIV among gay men has remained steady at around 4-5% during this period. The numbers of newly diagnosed cases of HIV among gay or bisexual men in Glasgow by year of diagnosis, are shown in Table 3 and Figure 1. This shows that 58% of all newly diagnosed cases of HIV in Glasgow during the past 4 years are thought to be due to sexual transmission between men. This should not be taken to mean that these are all cases of recent infection. Indeed, in many instances, it is clear that the individual had become infected several years before being diagnosed. Nevertheless, in others there was evidence that the infection had been recently acquired.

Table 1
Men who have sex with men tested for HIV antibody in Glasgow 1989-93: voluntary attributable testing

	1989	1990	1991	1992	1993
No. tested	276	367	353	432	433
No. HIV +ve	14	14	12	17	21
% positive	5.1	4.4	3.4	3.9	4.8

Source: Scottish Centre for Infection and Environmental Health.

Table 2
Men who have sex with men tested for HIV antibody in Glasgow 1989-93: unlinked anonymous testing of attenders at genitourinary medicine clinics

	1991	1992	1993
No. tested	269	220	342
No. HIV +ve	13	12	15
% positive	4.8	5.5	4.4

Source: Scottish Centre for Infection and Environmental Health

2.4 Drug injectors

Over the past 8 years, many Glasgow drug injectors have been tested for HIV. The results are shown in Tables 4 and 5 which allow comparison between voluntary and unlinked anonymous testing for the years 1990-93. They show that the level of infection in this group has been remarkably steady, at around 1% since 1989, with the lowest recorded level being 0.6% in 1993. Table 3 shows that drug injectors accounted for 20% of all newly diagnosed cases of HIV in Glasgow over the past 4 years.

In June 1993, it came to light that transmission of both Hepatitis B and HIV infection was occurring among prisoners at **Glenochil Prison** in Central Scotland. A major investigation was launched which revealed 13 cases of HIV infection among the 162 prisoners who were tested for HIV.³ In all cases the prisoners with HIV infection reported having shared injecting equipment in the prison. In most cases there was definite evidence that the infection had been acquired in the prison. Almost all the prisoners with HIV infection were normally resident in Glasgow. Subsequent evidence has suggested that the spread of HIV infection within the prison has been largely contained, with only a small number of new infections being confirmed during the subsequent 12 months and in a major survey, using anonymous samples of saliva, carried out in July 1994. Nevertheless, the episode has demonstrated very clearly that the prison environment can provide the conditions for rapid spread of HIV and other blood-borne viruses such as Hepatitis B.

Testing for HIV infection

HIV infection is usually diagnosed by detecting antibodies against HIV produced by the infected person's immune system. It is therefore not the virus itself which is detected. Tests are now available for detecting HIV antibodies in **blood, saliva or urine**.

There are two main settings in which HIV testing is used. First is where an individual requires to know whether or not he or she is infected, either because of concern that he or she may have been exposed to the possibility of infection or because he or she has symptoms suggesting HIV infection. The individual should always give his or her informed consent to the test and he or she will be informed of the result. In these circumstances a blood test is preferable as it provides the highest degree of certainty. This method is known as **voluntary attributable testing**. The second type of testing is where the aim is to discover the overall level of infection in either the whole population or in selected groups. For this purpose, it is essential to ensure that as a representative a cross-section as possible is obtained of the group being tested including those who personally have no wish to know whether or not they have HIV infection. To achieve this, the identity of the person providing each sample must be removed thereby preventing any way for the result of the test on the sample to be linked back to the individual. Blood, saliva or urine samples can be used. Very stringent measures are in place to ensure that all samples tested remain entirely anonymous. This type of testing, known as **unlinked anonymous testing**, has been used extensively in the United Kingdom since 1990. As a result, our understanding of the levels of HIV infection in Scotland has been greatly improved.

Table 3
New diagnoses of HIV infection in the Greater Glasgow Health Board area in 1990 - 93

	'90	'91	'92	'93	TOTAL	(%)
Sexual intercourse between men	21	10	18	29	78	(58)
Sexual intercourse between men and women	8	3	4	8	23	(17)
Injecting drug use	7	7	6	7	27	(20)
Blood/tissue transfer (eg transfusion)	0	1	0	0	1	(1)
Mother to child infected	1	2	0	0	3	(2)
Other / Unknown	1	0	0	1	2	(1)
TOTAL	38	23	28	45	134	(100)

Source: Scottish Centre for Infection and Environmental Health

Figure 1
New diagnoses of HIV infection in Glasgow 1990 - 93

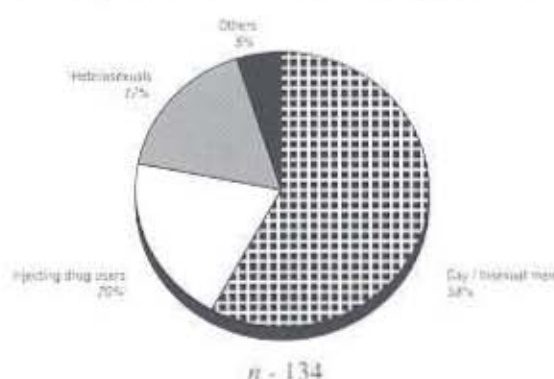


Table 4
Drug injectors living in Glasgow and tested for HIV antibody in Glasgow in 1986 - 93: voluntary attributable testing

	'86	'87	'88	'89	'90	'91	'92	'93
No. tested	357	726	457	520	526	582	588	497
No. HIV +ve	12	35	16	7	7	7	6	7
% positive	3.4	4.8	3.5	1.3	1.3	1.2	1.0	1.4

Source: Scottish Centre for Infection and Environmental Health

2.5 Sexual transmission between men and women

The number of cases of known HIV infection thought to be due to sexual transmission between men and women is shown in Table 3 by year of diagnosis. This shows that 17% of cases diagnosed during the 4 years 1990 - 93 were thought to be due to sexual transmission between men and women. Neither the absolute number nor the proportion of all cases due to heterosexual transmission has increased over the past 4 years. Table 6 shows the results of anonymous tests of heterosexual men and women attending genitourinary medicine clinics in Glasgow 1991 - 93. They show that the prevalence of infection was about 2-3 per thousand in men and 1 per thousand in women.

Table 5
Drug injectors living in Glasgow and tested for HIV antibody in Glasgow in 1989 - 93: unlinked anonymous testing for MRC/WHO HIV seroprevalence and behavioural study

	1990	1991	1992	1993
No. tested	499	510	485	490
No. HIV +ve	7	4	4	3
% positive	1.4	0.8	1.0	0.6

Source: Scottish Centre for Infection and Environmental Health

Table 6
Anonymous unlinked HIV tests of heterosexual men and women attending genitourinary medicine clinics in Glasgow, 1991 - 93

	1991		1992		1993	
	M	F	M	F	M	F
No. tested	3277	1685	2922	1592	2466	1550
No. HIV +ve	8	2	9	2	5	2
% positive	0.2%	0.1%	0.3%	0.1%	0.2%	0.1%

Source: Scottish Centre for Infection and Environmental Health

A baby newly born to a woman with HIV infection will always have HIV antibody in its blood even though the baby may not itself be infected. This is because antibody from the mother always passes across the placenta into the baby's blood stream. Testing new born babies for HIV antibody thus provides information about the level of HIV infection in sexually active women. Since the beginning of 1990, all newborn babies born in Glasgow have been anonymously tested for HIV through the Guthrie card neonatal screening programme. During the four years 1990 - 93 there were just under 50,000 births to women living in the Greater Glasgow Health Board area of which only eight were HIV positive, representing a rate of about 1 in 6,200 women (Table 7). However, during this period, at least six current or former female drug injectors with known HIV infection gave birth to a child who would subsequently have been tested anonymously, thereby accounting for six of the eight positive results in the latter system. Thus, for the period 1990 - 93 the maximum prevalence of cases of HIV infection among childbearing women in Glasgow not associated with drug injecting is 1 in 25,000. As one might expect, women attending genitourinary medicine clinics had a higher rate of infection than pregnant women generally, with the former being by definition at higher risk of sexually transmitted diseases.

Table 7
Anonymous unlinked HIV tests of babies born to women living in the Greater Glasgow Health Board area in 1990 - 93

	1990	1991	1992	1993
No. tested	12440	12852	12197	12258
No. HIV +ve	0	5	1	2

Source: Scottish Centre for Infection and Environmental Health

2.6 HIV infection in children

There have been only three confirmed cases of transmission of HIV infection from mother to baby in Glasgow, with no new cases identified in the present reporting year.

2.7 Summary of HIV infection rates

Table 8 summarises the rates of infection among people tested for HIV in Glasgow, demonstrating the disproportionately high rates among men who have sex with men.

Table 8
Summary of HIV infection rates in Glasgow

Homosexual/bisexual men	1 in 20
Drug injectors	1 in 100
Heterosexual men attending genitourinary clinics	1 in 400
Heterosexual women attending genitourinary clinics	1 in 800
Women giving birth (excluding known drug injectors)	1 in 25000

2.8 Cases of AIDS

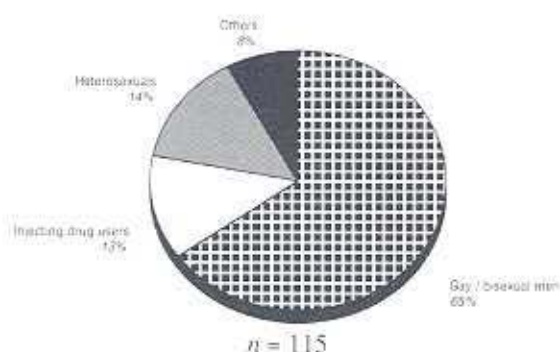
The number of new cases of AIDS and death due to AIDS reported during the year and cumulatively are shown in Appendix 3. During the reporting year, doctors in the Greater Glasgow Health Board area registered a total of 27 new cases of AIDS of whom 22 were Glasgow residents. As shown in Table 9, when cases among Glasgow residents are recorded by year of diagnosis, there is no marked recent increase in number. Table 9 and Figure 2 also show the transmission category of Glasgow residents with AIDS. Two-thirds have been among gay or bisexual men compared with around 15% for both drug injectors and heterosexual men and women. All but two of the 16 cases among heterosexuals are thought to have acquired HIV overseas or through contact with someone from overseas. Almost two-thirds of all the reported cases of AIDS among Glasgow residents have died. As shown in Appendix 3, a further five cases of AIDS in the reporting year and 33 cases overall were first reported by doctors in Glasgow among individuals who were not resident in Glasgow. In addition, there has been a significant number of persons with AIDS who were first registered elsewhere but who were subsequently treated in Glasgow. Thus, the reported figures do not fully represent the number of people with AIDS treated by services in Glasgow.

Table 9
Cases of AIDS in Glasgow residents by year of diagnosis and transmission category

Transmission	Pre 87	'87	'88	'89	'90	'91	'92	'93	TOTAL	(%)
Sexual intercourse between men		5	10	3	8	9	15	15	78	(65)
Sexual intercourse between men and women		1	0	3	1	4	0	2	16	(14)
Injecting drug use		0	0	0	3	1	5	2	15	(13)
Haemophilia		0	1	0	2	1	3	0	7	(6)
Blood transfusion		0	0	0	0	0	1	0	1	(1)
Other/Unknown		0	0	0	0	1	0	0	1	(1)
TOTAL		6	11	6	14	16	24	19	22	118 (100)

Source: Scottish Centre for Infection and Environmental Health

Figure 2
Cumulative cases of AIDS in Glasgow diagnosed to 31st December 1993



2.9 Comparison with other parts of Scotland

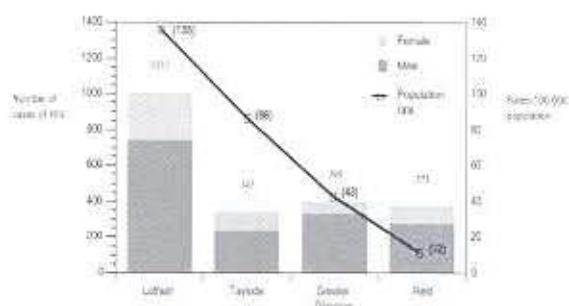
Table 10 and Figure 3 show that almost half of all the diagnoses of HIV infection made in Scotland up to 31st May 1994 have involved Lothian residents. About one-fifth of cases are from Greater Glasgow and one-sixth from Tayside. Reflecting the relatively low level of HIV among drug injectors in the city, Glasgow accounts for only 13% of female cases. In Tayside, where most cases are related to drug injecting, one-third are female. The population rates show clearly that Lothian, Tayside and Greater Glasgow have a much higher level of infection than the rest of Scotland where rates are surprisingly uniform.

Table 10
Total number of cases of HIV infection by Health Board of residence as at 31st May 1994

	Male	Female	TOTAL (%)	Rate per 100,000
Lothian	732	277	1011(48)	135
Gr. Glasgow	329	69	398(19)	43
Tayside	230	110	341(16)	86
Grampian	66	12	78(3.6)	15
Lanarkshire	48	5	53(2.5)	9
Fife	33	16	49(2.3)	14
Forth Valley	34	15	49(2.7)	18
Argyll & Clyde	40	9	49(2.7)	11
Ayrshire & Arran	24	7	31(1.5)	8
Others	51	11	62(2.9)	12
TOTAL	1587	531	2121(100)	

Source: Scottish Centre for Infection and Environmental Health

Figure 3
Numbers and population rates of known cases of HIV infection in four areas of Scotland: cumulative to 31st May 1994



Source: Scottish Centre for Infection and Environmental Health

2.10 Expected future trends in Glasgow

The progress of HIV infection in an individual can be closely monitored by measuring the number of blood cells called CD4 lymphocytes. One of the main effects of HIV is gradually to destroy these cells which have an essential part to play in the healthy immune system. Patients with cell counts over 500 are likely to be in good health. Many patients with cell counts of 200-500 will also be in good health but some will have minor ailments and a small number will have moderately severe symptoms. A

high proportion of patients with cell counts under 200 will experience either chronic ill health or episodes of severe acute illness. Most patients with counts under 50 will have AIDS. The majority of health care and social support will thus be required for patients with cell counts below 200. The numbers of patients with HIV receiving treatment in Glasgow with CD4 counts representing mild, moderate and advanced infection during 1993 are shown in the first column of Table 11. Also shown in the table are estimates of the numbers in each group projected to 1995 and 1997. These estimates have been generated using a method previously developed for two Scottish National Working Groups.^{3&4} They are based on the following assumptions:

- i In Strathclyde in 1993, there were 272 people with HIV infection upon whom a CD4 count was performed.
- ii 95% of people with HIV in Strathclyde use Glasgow services.
- iii Over each two year period there will be between 80 and 110 new patients either diagnosed in Glasgow or moving to Glasgow for treatment.
- iv The average annual decline of the CD4 count in an individual is in the range of 50-100.
- v The distribution of CD4 counts of new patients presenting in 1994 - 97 will be the same as in 1993.

The projections are shown in Table 11 and Figure 4, giving the mid-points and the expected possible ranges. The mid point of the projections show a relatively modest rise in the overall numbers from 259 in 1993 to 301 in 1997. However, greater increases are expected in the number of patients with CD4 counts below 200 and below 50. This is because many people with HIV in Glasgow became infected in the early or mid eighties and a growing proportion are now reaching a stage when severe HIV-related illnesses develop. The projections are very provisional and cannot take account of unexpected developments. For example an unexpected outbreak of infection could increase the overall numbers. The introduction of a new treatment may increase the length of time that

people with AIDS survive, thereby increasing the number of people requiring on-going care. Nevertheless, it is expected that over the next four to five years, the number of people in Glasgow with HIV infection requiring care at any time is unlikely to be much more than 300.

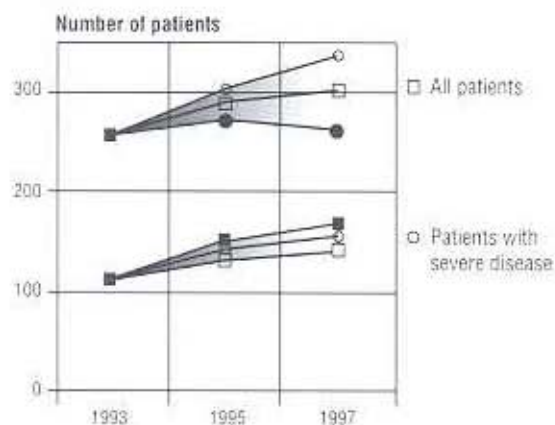
Table 11
Projected numbers of people with HIV in Glasgow requiring care 1993 - 97

Figures in brackets represent possible range of estimates

CD4 Count	1993	1995	1997
> 500	48	44	48
200 - 500	96	104	96
50 - 199	53	56	75
< 50	62	85	82
Living total	259	289 (271-304)	301 (263-337)
New patients		95 (80-110)	95 (80-110)
Deaths in 2yr period		65	83

Source: HIV and Addictions Resource Centre

Figure 4
Projected numbers of people with HIV in Glasgow requiring care 1993 - 97



3.1 HIV can affect all aspects of an infected person's life. However, its effects vary enormously from person to person and are very unpredictable. They can often extend over a long period of time, becoming more severe in the later stages. People with HIV infection may thus need treatment, care and support from the moment the infection is diagnosed until the end of their lives. What is required, therefore, is a range of services which are able to respond quickly and effectively to many different needs. Because HIV infection is both complex and unusual, people with HIV should have access to health care provided by a multi-disciplinary team of knowledgeable and experienced professionals. However, health care professionals can only deal with some of the many problems which arise. Social workers can play a key role in addressing problems relating to employment, housing, welfare benefits, child care etc. Voluntary agencies can also often play a valuable part in providing practical help and support in a more informal and flexible way that complements the efforts of the statutory agencies. Among chronic illnesses, HIV is unusual in being potentially transmissible to other people in certain circumstances. A very important part of care is therefore helping the infected person to avoid passing the infection to others and dealing with the real or perceived problems this may create for the infected person, his or her family and others with whom they have contact.

3.2 Overview - clinical services

The main providers of health care for people with HIV infection in the Greater Glasgow Health Board area are the **Department of Infection and Tropical Medicine** and the **HIV Counselling and Support Team**, both currently based at Ruchill Hospital. The former is part of the Stobhill NHS Trust and the latter within the Clinical Directorate for HIV and Addictions of the Community and Mental Health Services NHS Trust (see Box and Table 12). The Department's doctors, nurses and other staff provide a full range of medical and nursing care from diagnosis of infection through to the treatment of serious HIV-related illness. The Counselling and Support Team consists of a doctor, clinical nurse specialists, clinical psychologists, occupational therapists, a dietitian and administrative staff. They work closely with the Department of Infection and specialist social workers to provide a wide range of health services including liaison with primary care teams in the community. The **Department of Genitourinary Medicine** based at Glasgow Royal Infirmary also now provides out-patient services for a small but growing number of people with HIV.

Patients with haemophilia and HIV are followed up at the **Regional Haemophilia Centre** at Glasgow Royal Infirmary, which has close links with the Department of Infection. The **Institute of Neurological Sciences** at the Southern General Hospital provides a specialist clinical service for patients with HIV related neurological problems throughout the area. Children with HIV infection are seen at the **Royal Hospital for Sick Children**, usually in conjunction with a consultant from the Department of Infection. Patients with HIV-related cancer are generally treated at the **Beatson Oncology Centre** in the Western Infirmary. An obstetric and gynaecology service for women with HIV is provided by the **Women's Reproductive Health Service** at Glasgow Royal Maternity Hospital. Specialist dental treatment is available at the **Glasgow Dental Hospital** and at general hospitals within the GGHB area, although patients with advanced HIV disease are more likely to be treated at Ruchill or Stobhill Hospital. The **Department of Oral and Dental Surgery** at Glasgow Royal Infirmary provides a full dental service for all HIV positive haemophiliac patients and for pregnant drug injectors attending the Women's Reproductive Health Service. The laboratory services, essential for diagnosis and treatment monitoring, are provided mainly by the **Regional Virus Laboratory** at Ruchill Hospital, the **Department of Immunology** at the Western Infirmary and the **Departments of Bacteriology, Biochemistry, Haematology and Pathology** at Stobhill Hospital.

HIV Services and the NHS Reforms

Over the past few years, the NHS reforms have resulted in big changes for the Health Service in Glasgow from which HIV related services have not escaped. Under the reforms, the Health Board has become a **purchaser** organisation whose main roles are to determine the health needs of the population; buy services from the **providers** such as hospitals and other organisations to meet those needs; and ensure that the services are cost effective. Since 1st April 1994, most of the National Health Service services in Glasgow are provided by NHS Trusts, semi-independent organisations working within the NHS. Table 12 shows which Trusts are currently responsible for providing HIV related services. Health Promotion remains the responsibility of the Health Board itself although much of the HIV-related Health Promotion work is carried out in conjunction with by the HIV and Addictions Resource Centre.

3.3 Overview - social care services

Four **Social Workers** specialising in HIV work alongside the HIV Counselling and Support Team at Ruchill Hospital. There is also a Specialist Social Worker attached to the Regional Haemophilia Centre at Glasgow Royal Infirmary. The Regional Social Work Department has established an **HIV Supported Accommodation Team** and can provide specialist **Home Helps** and **Foster Parents** as required. Staff at specialist Addiction Projects and District Social Work Teams also provide services for people with HIV including HIV counselling. **Scottish AIDS Monitor (SAM)**; **AIDS Care, Education and Training (ACET)**; and **Body Positive** (Strathclyde) all provide practical help and support for people with HIV infection in the Glasgow area. The **Glasgow HIV-AIDS Support Group** is a self-help group for family members of people with HIV infection. Pastoral care for people with HIV is provided by the main denominations of the church. **The Haven** is a place of relaxation and retreat for people with HIV and their friends, run by volunteers in the Chapel at Ruchill Hospital.

3.4 Department of Infection and Tropical Medicine

The Department of Infection provides in-patient, out-patient and day-care facilities for the treatment of a wide range of infections. Currently, the treatment of patients with HIV infection accounts for approximately one-third of its overall activity. The

Department's three whole-time equivalent medical consultants had clinical responsibility for the care of around 230 people with HIV infection during the reporting year. They are supported by nursing, junior medical and ancillary staff including a specialist pharmacist. Since 1988 the Department has had a specialist HIV ward offering care for up to ten patients and staffed by highly trained nurses. As required, patients with HIV infection are also admitted to the Department's other three wards. Thus, approximately one-third of HIV-related admissions are to wards other than the specialist ward. A large part of the Department's work with patients with HIV infection occurs in the out-patient department where patients are generally seen on a regular basis, depending upon the extent of HIV-related illness.

3.5 In-patient care

In-patient admissions of patients with HIV infection to Ruchill Hospital over the past three years are summarised in Table 13, while Table 14 gives a more detailed breakdown of admissions in 1993 - 94 according to the patients' stage of infection. Table 13 shows that the total number of in-patient admissions has remained fairly steady over the period whilst the bed days dipped appreciably in 1992 - 93 rising again in 1993 - 94. This reflects the fact that during the second year of the period there were fewer patients who spent long periods in hospital.

Table 12
The provision of HIV-related services within the NHS in Glasgow

TRUST	SITE	SERVICE
Stobhill	Ruchill	Department of Infection and Tropical Medicine In-patient, out-patient and day-care for people with HIV
	Ruchill	Regional Virus Laboratory
	Stobhill	Bacteriology, Haematology, Biochemistry and Pathology
Community & Mental Health Services	Ruchill	Clinical Directorate in HIV & Addictions HIV & Addictions Resource Centre HIV Counselling and Testing Service HIV Support Team Needle Exchange Service Glasgow Drug Problem Service Drop-in Centre for Prostitutes
Glasgow Royal Infirmary	Glasgow Royal Infirmary	Department of Genitourinary Medicine Regional Haemophilia Centre Women's Reproductive Health Service
Southern General Hospital	Southern General Hospital	Institute of Neurological Sciences
West Glasgow Hospitals	Western Infirmary	Immunology Laboratory Virus Laboratory

Table 13

In-patient and out-patient attendances of patients with HIV infection at Ruchill Hospital 1990 - 94

	'91-92	'92-93	'93-94
All patients seen in year	195	202	230
Patients admitted	71	87	90
In-patient admissions	230	253	242
Total bed days	2829	2280	3060
Average length of stay (days)	12.3	9.0	12.6
Bed days per HIV patient	14.5	11.0	13.3
Out-patient attendances	NA	1482	1892

NA: Not Available

Source: Scottish Centre for Infection and Environmental Health

Table 14 shows that patients with advanced infection accounted for almost three-quarters of the total bed days, spending on average much longer in hospital than those in earlier stages. A number of the admissions of patients in the 'asymptomatic' category were for drug injectors with HIV infection who were admitted for attention to drug related problems.

Table 14

In-patient admissions of patients with HIV infection at Ruchill Hospital from 1st April 1993 to 31st March 1994

CD4 Count	Stage	A		B	C	D	D/C	D/A
		All patients	Patients admitted	Number of admissions	Total bed days	Av. length stay (days)	Bed days per person	
500+	Asymptomatic	38	10	24	235	9.8	6.2	
200-499	Mild	81	11	19	103	5.4	1.3	
50-199	Moderate	43	17	43	471	11	11	
< 50	Advanced	68	52	156	2251	14.4	33.1	
TOTAL		230	90	242	3060	12.6	13.3	

3.6 Out-patient and day care

Patients with HIV attended the out-patient department on average eight times during the year with relatively little difference in the frequency of attendance according to the stage of infection (Table 15).

Table 15

Out-patient attendances of patients with HIV infection at Ruchill Hospital from 1st April 1993 to 31st March 1994

CD4 Count	Stage	Out-patient attenders	Out-patient attendances	Attendances /person
500+	Asymptomatic	38	271	7.1
200-499	Mild	80	522	6.5
50-199	Moderate	43	374	8.7
< 50	Advanced	68	725	10.7
TOTAL		229	1892	8.3

At the clinic, patients are given a general check-up and blood tests are usually carried out to monitor the effect of HIV on the body. Patients in the later stages of infection are usually prescribed drugs to prevent the development of serious complications of HIV such as pneumocystis pneumonia. Patients whose disease is progressing may also receive drugs designed to control the level of HIV in the body. A high proportion of patients who are also injecting drug users are prescribed daily methadone which is often helpful in stabilising the health and lifestyle of those dependent on opiate drugs such as heroin.

In July 1993, a **day clinic** was established within the out-patient department. This enables patients to receive relatively prolonged treatments such as a blood transfusion or the infusion of intravenous drugs without full admission to hospital. Table 16 shows that most of the attendances at the day clinic were by patients at an advanced stage of infection.

Table 16

Day clinic attendances of patients with HIV infection at Ruchill Hospital from 12th July 1993 to 31st March 1994

CD4 Count	Stage	Day clinic attenders	Day clinic attendances	Attendances /person
500+	Asymptomatic	-	-	-
200-499	Mild	5	6	1.2
50-199	Moderate	4	6	1.5
< 50	Advanced	20	55	2.7
TOTAL		29	67	2.3

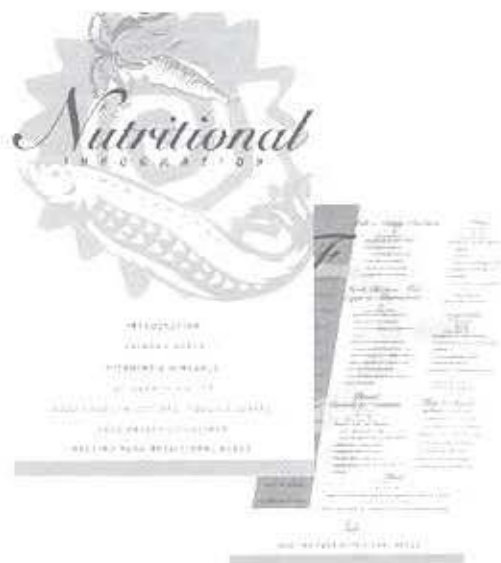
3.7 HIV Counselling and Support Team

This is a multi-disciplinary team which is based at Ruchill Hospital. It forms part of the Clinical Directorate in HIV and Addictions which was created in September 1993 by merging the HIV and Addictions Resource Centre and the Counselling Clinic. The Counselling and Support Team underwent considerable change during the reporting year. As of 1st April 1994, it included a doctor, two clinic nurse specialists, two part-time clinical psychologists, an occupational therapist and an occupational therapy helper, a dietitian, a counselling service manager and secretarial staff. The team has two main aims. The first is to seek to improve the quality of life of people living with HIV by attending to their physical, psychological and social problems. The second is to provide a specialist counselling and testing service for people who wish to know whether or not they have HIV infection.

The doctor took up the new post of **Clinical Coordinator** of the team in April 1994. Trained in psychiatry, he will specialise in helping people deal with the psychological effects of living with HIV. The **Clinical Nurse Specialists** provide direct patient care for people with HIV in their own homes and liaise with community staff also involved in their care. They provide a bridge between Ruchill Hospital staff and the primary care team in the patient's own area, often enabling patients in advanced stages to be treated at home rather than being admitted to hospital. This may include for example administering intravenous drugs and managing severe pain. All patients on the nurses' case loads are offered a 'health profile', involving a detailed assessment of the patient's own perception of his or her health needs, with the aim of providing services best suited to their requirements. An important element of the nurses' work is the provision of teaching and training for student nurses and community nurses throughout the Health Board.

A senior **occupational therapist** and an **occupational therapy helper** seek to improve the independent living skills of people with HIV who have physical and/or psychological problems. They work closely with outside services such as community occupational therapy and voluntary bodies such as ACET. The **clinical psychologists** aim to provide assessment and treatment of emotional, neurological and behavioural problems resulting from HIV infection. An important part of their work is developing and evaluating methods of helping people with HIV to avoid transmitting the infection to others through their sexual or drug taking behaviour.

The role of the **dietitian** is to ensure that the nutritional needs of people with HIV are being properly assessed and met. In the early stages of infection patients are advised about the importance of a balanced diet. The booklet shown was developed by dietitians working in HIV in Scotland and produced by Greater Glasgow Health Board, for use with patients during the asymptomatic stage of infection. The dietitian is involved in supervising nutritional interventions such as enteral feeding, nutritional supplementation and occasionally parental feeding in patients who have severe weight loss or gastrointestinal disturbance. She is also investigating the nutritional status of drug injectors, among whom a poor diet may contribute to a greater susceptibility to infections and slow healing. The **HIV Counselling and Testing Service** is described in Section 5.7.



- 3.8 The Counselling and Support Team works closely with a **Specialist Social Work Team**, also based at Ruchill. At full strength, this consists of two senior and two basic grade social workers although for much of the reporting year staff changes meant that the team was considerably under strength. The social workers provide a range of services including individual counselling, welfare rights and advocacy; advice on housing; information about and referral to other services including home helps, rehabilitation units, voluntary services and concessionary travel. Much of the work of both the Counselling and Support Team and the Social Work Team involves close liaison with other agencies including the Department of Infection and Tropical Medicine, Generic Social Work Staff in District Offices and all the voluntary agencies working in the field of HIV in Glasgow.

3.9 In addition to the services at Ruchill and the Glasgow Royal Infirmary, the **Regional Social Work Department** provides a number of other services for people with HIV infection. The **HIV Supported Accommodation Team** aims to enable people with HIV infection to live in the community with the maximum possible independence. This involves seeking to ensure suitable accommodation for people with HIV whose health or social circumstances have rendered their existing accommodation unsuitable or who have become homeless. The team has access to a number of suitable flats and houses, including two which have undergone extensive renovation to make them suitable for people with HIV-related disabilities. The Supported Accommodation Team is staffed by a senior social worker, a social worker, a homemaker and a clerical worker. The Department has also trained a number of home-helps to provide home care services for people with HIV. It publishes a comprehensive guide to welfare benefits and a leaflet describing the services in the Region available to people with HIV infection. A senior training officer in the Department runs courses in HIV counselling with periodic refresher courses for those who have previously undergone training. A number of social work staff who have had this training contribute to the HIV counselling and testing service at Ruchill Hospital.

3.10 *Regional Haemophilia Centre*

During the reporting year, there were about 25 patients with haemophilia and HIV infection receiving care at the Regional Haemophilia Centre at Glasgow Royal Infirmary. Of these, two-thirds have relatively little HIV-related illness whilst for the remaining eight, HIV-related problems increasingly predominate. Patients are seen as often as required at joint clinics with medical staff from the Department of Infection and Tropical Medicine. Two full-time nurses and a part-time social worker are specifically funded to provide care for these patients. Close collaboration has been developed with other specialists within the GRI to ensure that the appropriate treatment is available when needed. These include orthopaedic and general surgeons, dermatologists, ophthalmologists, E & T surgeons, pharmacists, physiotherapists and dietitians. Some difficulty has been experienced in providing satisfactory oral surgery facilities following the removal of oral surgery to Canniesburn Hospital.

It has recently emerged that around 100 patients with haemophilia being seen at the Centre are infected with the newly discovered Hepatitis C virus. Like HIV this is a blood-borne virus which was

transmitted by blood products used in the treatment of haemophilia prior to 1985. Since then, heat treatment methods have eliminated this risk. Like HIV, Hepatitis C appears to be a lifelong infection. The main complication of the infection is the slow development of liver inflammation which may lead to liver cirrhosis. The emergence of this new problem has led to a substantial increase in the need for counselling and clinical monitoring of the affected patients.

3.11 *Women's Reproductive Health Service*

(see also Section 5.11)

This service provides obstetric care for women with HIV infection. In conjunction with a consultant paediatrician, ongoing surveillance and care of babies born to HIV positive women is provided. During the reporting year, no pregnant woman with HIV infection was seen by the service. The service also offers a full range of gynaecological care to all HIV positive women including family planning advice, treatment of menstrual disorders, termination of pregnancy and sterilisation.

3.12 *Neurology*

Many patients with HIV infection develop disorders of the brain and nervous system. A full neurological service for patients with HIV is provided by Professor Peter Kennedy and Dr Richard Petty of the Institute of Neurological Sciences at the Southern General Hospital. Dr Petty regularly holds joint clinics at Ruchill with the Infectious Diseases consultants. Patients requiring specialist neurological investigation are seen at the Southern General Hospital.

3.13 *Dentistry and oral medicine*

Diseases of the mouth are common in people with HIV infection. Drug misusers, with or without HIV infection, also often suffer from serious dental problems. Dental treatment for people with HIV in Glasgow is provided both by general dental practitioners and hospital services. The hospital service mainly treats patients who have no dental practitioner or who require specialist treatment. This is provided within the Dental Hospital and at all general hospitals within the GGHB area. Patients with advanced HIV disease are most likely to be treated at Ruchill or Stobhill Hospitals. The Department of Oral and Dental Surgery at Glasgow Royal Infirmary provides a full dental service for all haemophiliacs with HIV infection and for patients attending the Women's Reproductive Health Service.

3.14 *Laboratory services*

A comprehensive laboratory service is an essential part of the medical care of people with HIV infection. Laboratory investigations are needed to make the initial diagnosis of HIV infection; to monitor the effect of the virus on the patient's immune system; to diagnose infections, cancers and other conditions which people with HIV can develop; and to monitor the effects of treatment. The main laboratories which provide this service are the Regional Virus Laboratory at Ruchill Hospital, The Department of Immunology at the Western Infirmary and the Departments of Bacteriology, Haematology, Biochemistry and Pathology at Stobhill Hospital.

3.15 *Oncology and radiotherapy*

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

3.16 *Primary Care services*

During the year, further progress was made towards establishing formal shared care arrangements between the medical and nursing staff at Ruchill Hospital and a group of general practitioners in the city who have significant numbers of patients with HIV infection. The main aim of this approach is to enable good medical and nursing support to be provided without the need for patients to attend hospital so frequently, particularly in the earlier stages of infection.

3.17 *Scottish AIDS Monitor (SAM)*

SAM in Glasgow is staffed by a project manager, a welfare rights officer, a trainer and an administrator. In addition, it has recently established a Gay Men's Project with staff taking up post on 1st April 1994 (Section 5.1). SAM's assistance to people with HIV infection takes many forms. Their welfare rights service is heavily used, achieving significant increases in uptake of benefit for many clients. SAM's Buddy Service continued to receive a growing number of referrals in the reporting year. Buddies are trained volunteers, assigned on a one-to-one basis to people with HIV infection, with the aim of giving

them help and support. The role of the buddy depends largely upon the needs and wishes of the individual with whom he or she is in contact. For some, the buddy may simply be someone to talk to and share feelings with. For others, he or she may be able to assist the person with HIV to access a variety of other helping agencies or deal with practical problems. The SAM hardship fund is operated on a Scottish national basis to provide one-off payments to people with HIV in urgent cases. A number of payments from this fund were given to people with HIV in Glasgow during the reporting year.

3.18 During the reporting year, **Steve Retson**, the project manager of SAM died after several months of HIV-related illness. Steve was largely responsible for establishing SAM as an effective organisation in Strathclyde. During the last year of his life and despite deteriorating health, he worked tirelessly to draw up an HIV prevention strategy for gay men in Strathclyde which has led directly to a number of important new initiatives (Section 5.1 - 5.6).

3.19 *Strathclyde HIV and AIDS Network (SHAN)*

This is a Forum of HIV-related voluntary agencies in the Strathclyde region which was established in 1992. SHAN aims to provide a means for the voluntary agencies to remain abreast of developments and share information and ideas. The chairman of SHAN, currently John Wilkes of Scottish AIDS Monitor, is a member of the Health Board's HIV and AIDS Forum (Section 8.2).

3.20 *Body Positive*

Body Positive (Strathclyde) is a support group for people with HIV infection. During the reporting year they were based in the offices of Scottish AIDS Monitor, but in July 1994 moved to their own premises. A full-time coordinator, Eric Kay, took up post in April 1994. During the year, 50 people used the service including 15 women. Up to 20 people took part in the support group on a regular basis and 12 in the survivors group for people bereaved as a result of HIV infection. The aromatherapy service was used by 30 people. Two weekend retreats were each attended by approximately 25 adults and 4 children. Two weekend work-shops were attended by around 30 people. The World AIDS Day Service organised by Body Positive and held in Gorbals Church was attended by around 300 people. Body Positive also carried out a number of hospital and home visits and, on 4 occasions, visits to prison. Body Positive also hosted the annual national conference for Body Positive groups in Glasgow in March 1994.

3.21 AIDS Care, Education and Training (ACET)

ACET is a national organisation aiming to provide practical care and assistance for people with HIV infection. This includes: hospital visiting, practical care and help at home including decorating, removals, day sitting and transport of patients or their relatives; grants for clothing or loans for household equipment in cases of financial hardship; and some assistance on certain social and welfare issues. Based at Ruchill, ACET provides a region wide service and receives funding from Greater Glasgow, Argyll and Clyde and Lanarkshire Health Boards and Strathclyde Regional Council. They employ two full-time workers, assisted by 35 trained volunteers. Over the first three years of operation to the end of March 1994, ACET had helped 135 clients including 39 new referrals during the reporting year. 86% of all referrals and three-quarters of those in the reporting year were for clients in the Greater Glasgow Health Board area. A major part of ACET's work involves taking clients to hospital clinic appointments. Following the purchase of a van in November, ACET is now able to collect and deliver items of furniture and help clients move house. Furniture is donated and stored at Ruchill Hospital until needed. Increasingly, ACET is providing support to the families and partners of a person infected with HIV, giving direct help to eight families in the reporting year.

3.22 Glasgow HIV-AIDS Support Group

This self-help group for family members of people with HIV infection was established as a charity in August 1991. The group seeks to provide advice and support for anyone with a family member or partner infected with HIV. It operates a telephone service, a weekly mutual support night and one-to-one meetings. It has helped to establish similar groups in Edinburgh and Dundee. The group has worked tirelessly to publicise its work and to counteract the sense of stigmatisation and isolation often felt by relatives of people with HIV. This has included use of STV's Box 2000 and press appeals, and talks and visits to many other organisations in the area.

3.23 The Haven

The Haven is a place of relaxation and retreat for people with HIV and their friends, situated in the Chapel of Ruchill Hospital. It is run by a group of around 15 volunteers and is currently open during week days from noon to 5pm. It is used by up to 50 patients and others each week, usually before or after clinic visits or as a change of environment for in-patients.

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

Unprotected penetrative sexual intercourse

Although the most common route of transmission world-wide is intercourse between men and women, in the United Kingdom, including Glasgow, anal intercourse between men has been the more common route of infection.

Inoculation with the blood of an infected person

In Glasgow, as in the rest of Europe, this has most commonly been the result of sharing contaminated needles and syringes by drug injectors.

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

European studies put the likelihood of a pregnant woman with HIV infecting her baby at around 15%.

4.2 With no prospect of a vaccine against HIV becoming available for many years to come, successful prevention of HIV transmission depends upon enabling people to avoid behaviour which puts them at risk of transmitting infection. Whilst everyone is potentially capable of becoming infected with HIV, those most at risk are people whose circumstances may bring them into contact with someone who is already infected.

4.3 In Section 2 of this report, the currently available information on the extent of HIV infection in the Glasgow area is set out in considerable detail. The main conclusions are as follows: At present, around 5% of men who have sex with men in Glasgow are thought to be infected with HIV compared with around 1% of drug injectors. A small number of cases of heterosexually acquired HIV have been reported, mainly among persons from overseas or partners of infected drug injectors. The potential remains, however, for HIV gradually to spread within the heterosexual community, albeit at a slower rate than that seen among gay men and drug injectors.

4.4 The aims of the HIV prevention strategy in Glasgow are therefore as follows:

- 1 To prevent transmission between men who have sex with men.
- 2 To prevent transmission as a result of drug injecting.
- 3 To prevent sexual transmission between men and women.
- 4 To prevent transmission from infected women to their babies during pregnancy and birth.

4.5 Sexual transmission between men

There was considerable evidence in the late 1980s that the gay community had responded to the threat of HIV and that most gay men had modified their sexual behaviour accordingly. However, hopes that this behaviour change could be sustained have not proved well founded. Cases of recent HIV infection among gay men have come to light. There is also clear evidence that unprotected anal intercourse is practised by significant numbers of gay men in Glasgow, including younger men new to the gay scene.⁵ It is therefore clear that there is a need for continued initiatives aimed at encouraging the avoidance of unprotected anal intercourse between men. These should include:

- i Establishing and sustaining intensive HIV prevention work through all available links with the gay community including:
 - a Gay bars and clubs
 - b Outreach work in cruising areas
 - c Development of peer education networks in the gay community
 - d Use of gay magazines and periodicals
 - e Integrating approaches suitable for gay men into wider sexual health campaigns, eg with university and college students
 - f Specialist phone lines ie Strathclyde Gay and Lesbian Switchboard; and National AIDS Helpline

As from April 1994, a-c will be developed by the Scottish AIDS Monitor Gay Men's Project; d and e will be developed by the GGHB Health Promotion Department and the HIV and Addictions Resource Centre; and f will be the continuing work of Strathclyde Gay and Lesbian Switchboard and the National AIDS Helpline.

- ii Increasing the accessibility and attractiveness to gay men of **genitourinary medicine** services. In September 1994, the Steve Retson Project, a pilot evening service for gay men in the Department of Genitourinary Medicine at Glasgow Royal Infirmary began (Section 6). This is aimed at examining the extent to which opening hours, staff attitudes and publicity influence the use of such services by gay men.
- iii Encouraging greater use by gay men of **HIV counselling and testing services**. There will be extensive promotion in the gay community of the HIV counselling services at Ruchill Hospital and through the genitourinary medicine clinics.
- iv Promoting the availability of **stronger condoms** through gay venues and organisations. This work has been carried out by Scottish AIDS Monitor since 1991 and will continue.

Research and evaluation In contrast to the wide range of research on drug injecting that has recently been conducted in Glasgow, very little work involving gay men has been carried out. Consequently, there is a lack of understanding of current sexual behaviour among men who have sex with men in Glasgow and therefore an inadequate baseline against which the impact of preventive work can be measured. New research must therefore be commissioned and the main preventive initiatives evaluated.

4.6 *Sexual transmission between men and women*

In the short term, the main risks of sexual transmission of HIV between men and women in Glasgow are likely to be experienced by:

- i Sexual partners of current or former drug injectors. Preventive work should thus be directed towards injecting drug users, particularly those already known to have HIV infection, and their actual or potential sexual partners.
- ii People who are likely to have sexual contact with individuals from countries where HIV is more prevalent. This should include the targeting of Glaswegians travelling abroad for business or pleasure.
- iii In the longer term, it is likely there will be a slow increase in the prevalence of HIV in the general heterosexual community throughout the United Kingdom. To keep this to a minimum, it is crucial that the sex education given to teenagers and young adults is improved. To this end, the Health Board is committed to producing in 1995 a comprehensive strategy aimed at improving sexual health in Glasgow over the next ten years.

4.7 *Drug injecting*

The prevention of HIV infection among drug injectors is an integral part of the Board's overall strategy for tackling drug misuse which is set out in detail in its recent report '**Drug Misuse and Health in Glasgow**' published in 1994. With respect to HIV prevention, the key aims of this strategy are to reduce the incidence of sharing of drug injecting equipment and to reduce the overall prevalence of drug injecting in Glasgow. The main initiatives with these objectives are:

- i The **needle exchanges** and **community pharmacists** participating in the free needle and syringe exchange scheme or who will sell needles and syringes to customers.
- ii **Substitute prescribing programmes** linked with counselling and support. Since 1994, these are available through the Glasgow Drug Problem Service, the GP Drug Misuse Clinics Scheme and a growing number of other GPs.
- iii Services aimed at helping people stop drug misuse altogether. These include **residential rehabilitation centres** and **aftercare services** for recovering drug users.

A key future area of work is the development of effective drug treatment programmes in local prisons including Barlinnie, Glenochil and Comptonvale and the improvement of liaison between the prisons and services for drug users in the wider community. Such programmes should also address the issue of sexual transmission of HIV, both within the prison setting and following release.

4.8 *Transmission from mother to baby*

The primary aim must be to minimise the prevalence of HIV infection among women of childbearing age. Women with known HIV infection should be counselled about the possible risks of transmission to the baby and enabled to come to an informed decision about becoming pregnant or continuing with an established pregnancy. In the developed world, women with HIV infection are recommended not to breast feed as the possible risks of transmission of HIV to the baby outweigh the benefits.

In recent years, all the small number of women with known HIV infection in Glasgow who have become pregnant have been current or former drug injectors. Nationwide anonymised surveys have revealed an extremely low rate of HIV infection among women giving birth in Glasgow, with virtually all cases being those accounted for by known pregnancies among female drug injectors (Section 2.5). These pregnancies have been satisfactorily managed by the specialist Women's Reproductive Health Service based at Glasgow Royal Maternity Hospital (Section 5.11). Consequently, it is considered inappropriate routinely to offer HIV counselling and testing to pregnant women in the city.

5.1 *Men who have sex with men*

During the reporting year, funding was secured for a proposal developed by **Scottish AIDS Monitor (SAM)** to establish a Gay Men's Project. The main aim of this project is to reduce sexual transmission of HIV between men in Glasgow by a range of methods which address the needs of different sections of the gay community. Five full-time workers are now funded under a joint agreement involving the four Health Boards in Strathclyde region. The main areas of work will be:

- i Gay bars and clubs
- ii Outreach work in parks and other cruising areas
- iii A peer education programme designed to create a group of volunteers trained to address issues of safer sexual behaviour with others.

The staff of the project were recruited in early 1994 and, after an intensive induction programme with colleagues from a similar but smaller project in Lothian they began work on 1st April 1994. A review of the project's first year of work will be included in the AIDS (Control) Act Report of 1994-95.

5.2 Funding was also approved for the creation of a new post of **Health Promotion Officer** within Greater Glasgow Health Board. The postholder will have special responsibility for HIV prevention work with gay men. The post will enable the Health Board to work more closely with the gay community, particularly in the production of relevant new material and the more effective integration between work with gay men and campaigns in the wider community, for example with universities and colleges. The post is expected to be filled in Autumn 1994.

5.3 In the reporting year, funding was also secured for the establishment of a pilot evening clinic for gay men within the Department of Genitourinary Medicine at Glasgow Royal Infirmary. Named the **Steve Retson Project**, (Section 3.18) it opened in September 1994. This service has been developed in collaboration with a working group of gay men to ensure that it is fully sensitive to their needs.

It will provide comprehensive sexual health care that emphasises the positive aspects of safer sex. Specialist genitourinary medical care. HIV counselling and sexuality counselling services will seek to enhance social support and self esteem among gay men. The project will be evaluated in terms of its success in attracting clients and providing services of relevance to sexual health.

5.4 During the reporting year, Scottish AIDS Monitor continued to provide all gay bars and clubs with

supplies of free condoms and lubricants. This regular provision was augmented by special campaigns at Halloween, World AIDS Day (1st December), Christmas and Easter.

5.5 In autumn 1993, a major cultural festival, Glasgay, was organised in Glasgow by the gay and lesbian community. Leaflets and cards emphasising the importance of safer sex were distributed at many of the events. On 24th January a major fundraising event, the Gay Ball, was held on the Renfrew Ferry. At this event, the HIV counselling and testing services at Ruchill were extensively advertised and over £3,000 was raised for improving the care of people with HIV infection at Ruchill Hospital.

5.6 Following the success of the first gay men's health day in 1992, a second was organised by SAM in 1993 and a third in 1994. Both were well attended and examined a range of aspects of gay men's health with particular emphasis on the prevention of HIV transmission. In the summer of 1993, SAM held a series of 'sex days' in both Glasgow and Edinburgh. These were aimed at providing gay men with a means of examining issues relating to their own sexuality in general and safer sexual practices in particular.

5.7 **Strathclyde Gay and Lesbian Switchboard** is a registered charity which offers a confidential phone line service from 7 - 10pm each evening. Currently the switchboard has 32 trained counsellors of whom 8 are women. All undergo a three month training course before joining the switchboard. In-service training on HIV and AIDS issues is provided by Scottish AIDS Monitor and Body Positive. During the year, the switchboard received 9,492 calls of which 12.5% are reported to have been for advice about safer sex. Last year, Switchboard formed a 'training team' with the aim of offering to others its expertise in counselling on issues of sexuality and health. This offer was taken up by a variety of organisations including Glasgow University, Childline, the Ayrshire Switchboard and the newly established Tayside Gay and Lesbian Switchboard.

5.8 *Drug Injecting*

Needle and syringe exchange

Since 1987, the primary objective of HIV prevention among drug injectors has been to reduce the sharing of injecting equipment by making sterile needles and syringes readily available. This has led to the establishment of eight needle and syringe exchanges mainly operating twice weekly in the evening in health centres and clinics throughout the city. The overall attendances and equipment exchange rate at the eight exchanges are shown in Table 17.

Table 17
Attendances and syringes exchanges at Glasgow needle exchanges 1988 - 93

Exchanges	New Clients	Total Attend	Syringes Issued	Syringes Returned	Return Rate	
1988	1	191	880	2600	2020	78%
1989	3	700	8030	65100	60500	93%
1990	4	775	15560	136900	143700	106%
1991	5	472	21280	190000	235600	124%
1992	8	781	27990	238500	273400	115%
1993	8	445	32320	272200	297600	109%

Source: HIV and Addictions Resource Centre

Although the number of new clients registering during the year fell from 781 to 445, the total attendances and numbers of syringes issued both rose by about 15%. The exchanges continued to receive more needles and syringes than they issued, ending the year with a surplus of over 25,000 syringes and needles. In addition to providing free needles, syringes and condoms, all the needle exchanges offer a wide range of other health services, with such contacts showing a 17% increase over the previous year. The services used are detailed in Table 18.

Table 18
Service contacts at Glasgow needle exchanges in 1993

	Number	%
Primary Health Care	9977	55
Safer Sex Advice	3652	20
Safer Injecting Advice	1932	11
Drugs Advice	1122	6
Social problems/welfare	416	2
HIV / AIDS Advice	128	1
HIV Test	33	1
Other	714	4
TOTAL	17974	100

Source: HIV and Addictions Resource Centre

In addition to the needle exchange network, ten **community pharmacists** participate in a free needle and exchange scheme and a number of others sell needles and syringes to drug injectors.

5.9 Glasgow Drug Problem Service

A second objective of HIV prevention is to enable drug injectors to reduce or stop injecting. This is the primary aim of the Glasgow Drug Problem Service which began operation in January 1994. This service, staffed by doctors and nurses, organised in four sector teams each covering a quarter of the city, accepts referrals of drug injectors from general practitioners. The main form of treatment offered is substitute prescription of methadone to chronic injectors of heroin and other opiates. When combined with effective counselling and support, this approach has been shown by many studies to be capable of reducing or stopping drug injecting in a significant proportion of cases. Once patients have been satisfactorily stabilised on treatment, most follow up and continued prescribing is carried out by the GP, with the GDPS intervening if new problems arise. A crucial aspect of the work of the GDPS is the involvement of community pharmacists, many of whom have agreed to supervise the administration of methadone to patients on their premises. This ensures that methadone is taken as intended, rather than being diverted for sale or used in overdose. A detailed summary of the work of the GDPS during its first year will be provided in the AIDS (Control) Act Report for 1994 - 95.

5.10 Drop-in Centre for prostitutes

The special problems of female drug injectors who resort to prostitution are addressed by the Drop-in Centre, jointly operated by the Social Work Department and the Health Board at a city-centre location near Glasgow Central Station. The service is open five nights weekly and is staffed by nurses, doctors and social workers. Free condoms, needles and syringes are provided and there is access to primary health care, including first-aid, immunisation against hepatitis B, cervical smears and contraception. During 1993, 289 women used the clinical services at the Drop-in, compared with 328 in 1992. There were around 8,000 visits made to the Drop-in Centre of which 5,736 (71%) included use of the clinical room. Around 91% of the clinic room visits involved needle exchange and 37% attention to another health problem. Approximately 50,000 needles and syringes were issued with a return rate of 43%. The most common health problems dealt with were dermatological, including abscesses and burns (43%), gynaecological and reproductive (15%) and genitourinary (8%).

5.11 *Women's Reproductive Health Service*

This service based at Glasgow's Royal Maternity Hospital provides a comprehensive specialist obstetric and gynaecological service for female drug injectors and other women at high risk of health problems, including HIV, due to their social circumstances. It operates an eight-bedded purpose-built in-patient unit and six clinics based in health centres throughout the city. During the reporting year, the service delivered babies to 153 women of whom 74 had drug problems. This compares with a total of 130 deliveries in the previous year. A total of 262 women attended the service's community clinics for either antenatal or postnatal services, whilst 241 attended for gynaecological problems. HIV-related counselling is provided at every clinic and in the ward. This includes pre-pregnancy counselling and the provision of condoms and other barrier protection. Where appropriate, pregnant drug injectors are offered drug substitution therapy for detoxification or maintenance during pregnancy. The service also offers a specialist counselling service to the Regional Haemophilia Centre, the Blood Transfusion Service and the Department of Infection and Tropical Medicine. It provides education and training to a wide range of groups including medical and nursing students, doctors and nurses, social workers and voluntary agencies.

5.12 An important aspect of HIV prevention among drug injectors is addressed by the **Department of Infection and Tropical Medicine** and the **HIV Counselling and Support Team** at Ruchill Hospital. Recent estimates have indicated that a high proportion of all drug injectors with HIV in the Glasgow area have been diagnosed and are being followed up at Ruchill. The Ruchill staff place great emphasis on the avoidance of drug injecting and needle sharing and, to this end, the majority are successfully maintained on oral methadone. Attention is also paid to the possibility of sexual transmission.

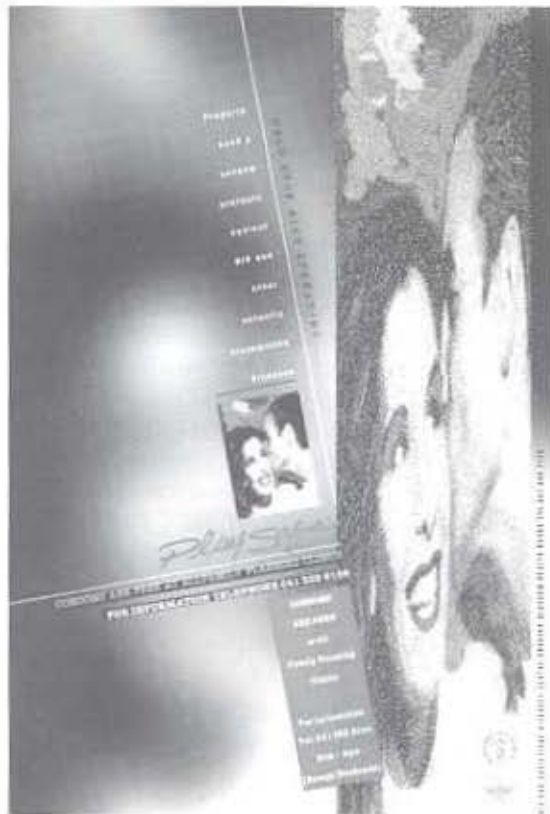
5.13 **Red Tower** in Helensburgh is an important residential centre for drug injectors which gives special priority to those with HIV infection. It has 23 bed places, eight of which are registered for nursing care. It offers a structured programme for up to eight weeks which includes medically supervised detoxification, respite care and

rehabilitation. During the reporting period, Red Tower had 171 admissions of which 150 (88%) came from the Greater Glasgow area. Six of the residents were known to be HIV positive.

5.14 A large number of **Community Drug Projects** and **Outreach Drug Workers** now operate throughout the city. Many are funded by the Health Board through its Drug Misuse Service Agreement with SOHHD. A number of others are funded directly from SOHHD through the Urban Aid Programme. An important part of the work of all these projects is HIV prevention. This is done in a variety of ways including providing advice on safer injecting and sexual practices, facilitating attendance at needle exchanges, supporting clients stabilised on oral methadone and encouraging and supporting drug users through withdrawal from drugs into recovery. A further improvement in the opportunities for drug misusers in Glasgow to come off drugs has been afforded by the opening in April 1994 of a 42 bed residential rehabilitation unit run by **Phoenix House**. A round the clock service for drug users in crisis, **The Glasgow Drug Crisis Centre** is expected to open in the city centre in October 1994. The service will incorporate a telephone helpline, an open access assessment service and a 12 bedded residential unit. It will aim first to resolve the client's most immediate problems and thereafter set in motion a longer term plan in close coordination with other services. **A more detailed description of the range of service for drug misusers in Glasgow is contained in the Health Board's recent publication, Drug Misuse and Health in Glasgow.**

5.15 **Sexual transmission between men and women**
Recognising that the longer term prevention of sexual transmission of HIV infection will be related to wider issues of sexual health, the Health Board established in early 1994 a multi-disciplinary **Sexual Health Strategy Group** with the aim of providing the Health Board with a comprehensive long range view of appropriate action in this crucial but sensitive area. The main aspects to be covered by the strategy will include health promotion; the treatment of sexually transmitted diseases; family planning and the prevention of unwanted pregnancies; sexual abuse and sexual dysfunction. The group intends to report in the Spring of 1995.

5.16 The specialist **Health Promotion Officers** attached to the **HIV and Addictions Resource Centre**, led by Lynn Cowan, in collaboration with Frank Connolly Design have developed an extensive range of materials aimed at promoting sexual health among sexually active people. Colourful images, aimed at making young people aware of the protection offered by a properly used condom have been carried in numerous publications including newspapers, student magazines, football programmes, Mayfest and concert programmes and shoppers' guides. The themed campaigns are focused on Christmas, Valentine's Day, summer holidays and Freshers' Week at the universities and colleges. For the latter, a close relationship has been established with student representative councils to enable the campaign to adopt a high profile on campus.



Advertisement in students' Freshers' magazine

5.17 During the past few years, the use of drama has become a popular method of introducing young people to HIV-related issues including sexual health and drug misuse. There has however been very little attempt formally to evaluate the effectiveness of this approach. During late 1993 and early 1994, the HIV and Addictions Resource Centre and the Health Promotion Department collaborated with the **Catch Theatre Company** in a study which

compared the response of young people who watched a production of a specifically designed play with another similar group who took part in a more conventional seminar about HIV infection. Participants answered questionnaires and took part in focused discussion groups immediately after the production. They were then followed up about three months later to determine whether either method had any lasting effects. A subsequent analysis of the data failed to show any significant advantage to the Theatre Group over the seminar in terms of the participant knowledge, attitudes or behaviour. It is expected that the results of this study will be published in the near future. They may lead to a more cautious and realistic future attitude to the Theatre in education approach.



Youth drama workshop with Catch Theatre Company

5.18 Throughout the 1993 - 94 football season, the Resource Centre collaborated with **Partick Thistle Football Club**. HIV prevention messages were featured in trackside advertising which then received national exposure when games at Firhill were televised. Similar messages were carried on the backs of stand seats and on club information cards.



5.19 HIV Counselling and Testing

(See also Page 3)

People who are concerned they may have become infected with HIV should have access to counselling services provided by trained staff. They should be enabled to discuss the reasons for their concerns and to consider the advisability of HIV testing in the light of the possible advantages and disadvantages. HIV counselling also offers the opportunity for considering clients' future behaviour so that their future risk of HIV transmission can be minimised. At present, specialist counselling services are provided at Genitourinary Medicine clinics in Glasgow Royal Infirmary, the Southern General Hospital and the Western Infirmary (Section 6) and at the Ruchill HIV Counselling and Testing Service.

5.20 The HIV Counselling and Testing Service (The Counselling Clinic) has been based at Ruchill Hospital since 1986. The service offers confidential counselling and, where appropriate, HIV testing to anyone who is worried that he or she may have HIV infection or who requires a test for specific purposes eg insurance or travel. Until April 1994, it was administered on behalf of the Health Service by a Senior Social Worker. In April 1994, he took up a newly created post of Counselling Services Manager, under the direction of the Medical Coordinator of the HIV Counselling and Support Team (Section 3.7) Counselling and testing is provided by a pool of trained sessional counsellors drawn from health and social work staff. During the past two years, the service has developed considerably. An evening clinic, satellite testing centres and a hospital referral service have been developed. Most importantly, clients can now have the result of their test in around 24 hours compared with the previous week-long delay. The service has developed close links with Glenochil Prison and the State Hospital at Carstairs. It was involved in the investigation of the outbreak of HIV at Glenochil Prison² and the response to the 'Doctor with AIDS' incident.⁷

5.21 During the reporting year, The Family Planning Service became the Clinical Directorate for Family Planning and Sexual Health within the Community and Mental Health Services Trust. Based at the Family Planning Centre in Claremont Terrace this service continues to support the HIV prevention initiatives in the city. Free condoms and contraceptives are provided together with safer sex advice. In 1993, 121 HIV tests were done at the Centre. It is hoped to extend this service next year. Anonymous unlinked urinary HIV prevalence surveillance at the Centre, showed an HIV prevalence of 0.03%. The Domiciliary Family Planning Service provides a home contraceptive and HIV prevention service to high risk patients.

5.22 Table 19 shows where HIV tests were carried out in Glasgow during 1990 - 93. The proportion of tests carried out by the specialist services has increased steadily over the past four years from 28% in 1990 to 52% in 1993.

Table 19
HIV antibody tests carried out in Glasgow 1990 - 93
according to place of test

	1990	1991	1992	1993
Ruchill Counselling Clinic	463	833	1083	1020
Genitourinary medicine	640	825	947	1056
General practice	394	502	398	344
Hospital doctors	1020	975	785	583
Others/not defined	1352	1362	1096	961
TOTAL	3869	4497	4309	3964

Source: Scottish Centre for Infection and Environmental Health

Only among gay men has there been a substantial recent increase in testing, rising by 30% between 1990 and 1993 (Table 20). Whilst clients attending the specialist HIV counselling services can expect to be seen by a trained counsellor, little is known about the quality of pre-test counselling provided when the testing is carried out by a general practitioner or a hospital doctor. Specialist counselling must be subject to thorough training and supervision procedures. In addition, further efforts are needed to improve the standard of HIV counselling available to patients through their general practitioner or hospital doctors.

Table 20
HIV antibody tests carried out in Glasgow by transmission category and year 1990 - 93

	1990	1991	1992	1993
Homosexual/bisexual men	346	381	449	457
Heterosexual men	1621	1823	1651	1538
Heterosexual women	1114	1408	1262	1170
Drug injectors	526	582	588	497
Others/unknown	263	304	360	308
TOTAL	3870	4498	4310	3964

Source: Scottish Centre for Infection and Environmental Health

6.1 The Department of Genitourinary Medicine, based in the Glasgow Royal Infirmary, serves the whole of the West of Scotland, with clinics throughout the region. Within the Health Board area there are clinics at Glasgow Royal Infirmary, the Southern General Hospital and the Western Infirmary. The Department offers a comprehensive clinical service for people with sexually transmitted diseases or other concerns relating to sexual health.

In the light of recent epidemiological changes, it is also now seeking to improve the availability of its service to the wider population, particularly to teenagers. A major focus of its work is educating patients about how to avoid sexually transmitted infections including HIV. The Department provides a counselling and diagnostic service for anyone worried about the possibility of HIV infection. Condoms are provided free of charge.

6.2 During the reporting year, the Department carried out 1,056 HIV tests, a rise of 8% over the previous year. It also participated in the ongoing anonymous HIV screening of genitourinary patients, the results of which are shown in Tables 2 and 6.

6.3 With the appointment in 1992 of a consultant with specialist training in HIV-related medicine and another due to take up his post in November 1994, the Department is now in a position to develop a follow-up service for patients with HIV infection. By the end of the reporting year, it was responsible for the care of about twelve such patients. There are strong links with the HIV Counselling and Support Team and the Department of Infection and Tropical Medicine at Ruchill Hospital.

6.4 Reflecting its intention to increase the accessibility and attractiveness of its services to persons at high risk of infection, during the reporting year the Department worked closely with members of the gay community in planning the **Steve Retson Project** which opened in September 1994 (Section 5.3). The Department's staff also met with representatives of prostitutes working in the indoor sex industry in order to facilitate their access to appropriate prevention, diagnostic and treatment services.

6.5 As part of the effort to increase the availability of HIV prevention services to individuals in prison, the Department is developing its services to women in **Cortonvale Prison**, of whom approximately 80% are Glasgow residents.

7.1 *Monitoring and surveillance*

HIV infection is usually diagnosed by performing the HIV antibody test on a sample of blood (Page 3). Tests using saliva or urine are also now available for epidemiological studies. Initial testing is performed in Glasgow at the **Regional Virus Laboratory (RVL)** at Ruchill Hospital and the **Institute of Virology** at the Western Infirmary. The RVL also provides HIV reference testing facilities for Greater Glasgow Health Board and the other Health Boards in the West of Scotland and is the site of the Scottish National Blood Transfusion Microbiology Reference Service. All specimens found to be positive for HIV antibodies using the initial diagnostic test are confirmed by the RVL using a different type of test to exclude the possibility of a false positive result. During the reporting year, the RVL carried out around 5,782 diagnostic HIV antibody tests and 18,669 anonymous surveillance HIV tests.

7.2 The two Glasgow virus laboratories contribute data to the Scottish National HIV Surveillance Programme co-ordinated by the **Scottish Centre for Infection and Environmental Health (SCIEH)**, formerly the Communicable Diseases (Scotland) Unit (CDSU) at Ruchill Hospital. The SCIEH is the Scottish national centre for collating, analysing and disseminating information about HIV infection and AIDS. All requests for an HIV antibody test within the National Health Service in Scotland should be made on a standardised form carrying essential epidemiological details about the patient. This information is then treated to ensure confidentiality and entered on computer at SCIEH. In addition, SCIEH is the coordinating centre for a number of studies involving anonymised HIV tests. These include the Guthrie card tests of newborn babies in Scotland; the Glasgow HIV Seroprevalence and Behavioural Study of drug injectors; patients attending genitourinary medicine clinics; in-patients at two of Glasgow's main acute hospitals; and patients attending family planning clinics. The analysis of these data, some of which are presented in Section 2 of this report, provides a valuable insight into the extent of HIV infection throughout Scotland. Doctors are also asked to register with SCIEH known cases of AIDS and deaths of patients with HIV infection. SCIEH produces a regular report, ANSWER, on epidemiological aspects of HIV infection.

7.3 *Protection of the blood supply*

All potential donors attending the West of Scotland Blood Transfusion Service are advised not to donate blood if they have engaged in certain specified behaviours known to lead to an increased risk of HIV

infection. All blood donations are subsequently tested for the presence of HIV antibodies and other infections including hepatitis B and hepatitis C. Any reactive samples are subjected to confirmatory testing by the Scottish National Blood Transfusion Microbiology Reference Service at the Regional Virus Laboratory. Blood found to be positive for HIV or any other infection is rejected and its donor offered confidential counselling and follow-up by medical staff.

7.4 *Training*

Training of Health Board staff on issues relating to HIV infection is coordinated by Dr Laurence Gruer and Ms Sandy MacLeod at the HIV and Addictions Resource Centre. Training across the Health Board is under review as a result of the creation of the new NHS Trusts, each of which is responsible for training its own staff. Ms MacLeod is now liaising with Trust Training Coordinators to identify the specific training needs within each Trust. The Resource Centre's wide range of teaching materials, including videos, training packs, books and displays were heavily used by the Health Board and other staff in a wide variety of settings throughout the Health Board area.

7.5 **Basic nurse training** is currently undergoing fundamental change with the introduction of Project 2000. HIV-related topics such as the transmission of blood-borne viruses and the care of patients with HIV are addressed in the course. However, the prevention of HIV as it relates to drug misuse or sexual health appears to receive relatively little emphasis in the curriculum. During the reporting year, nurses continued to be active in several hospitals in promoting and implementing the needlestick injury guidelines issued the previous year. A series of update seminars for qualified nurses in the community were held by the AIDS liaison nurses at Ruchill. An intensive three-day seminar on nursing aspects of the management of the drug misuser in the hospital setting was held in Glasgow Royal Infirmary.

7.6 At the request of the Scottish Prison Service, two clinical nurse specialists from Ruchill Hospital designed and implemented a pilot training programme for prison nurses at **Glenochil Prison**. This covered HIV prevention and care, and HIV counselling and testing as relevant to the prison setting. It is expected that this work will form the basis of a training programme which will be offered to prison nurses throughout Scotland.

7.7 Fourth year **medical students** receive a half day seminar on clinical and public health aspects of HIV infection. A questionnaire survey carried out before and after the seminar shows that substantial improvements in important areas of the students' knowledge are achieved, but there are less marked improvements in attitudes towards key issues such as obtaining patients' consent before undertaking HIV testing. The relationship between HIV and drug injecting is addressed in a half day seminar on drug misuse. During the reporting year, the university Department of Obstetrics and Gynaecology introduced discussion groups on sexual health into their course for fourth year medical students. Further clinical experience of HIV-related medicine is provided during a clinical attachment to the Department of Infection and Tropical Medicine. The virology of HIV is addressed in the medical microbiology course.

7.8 In January 1994, a regular series of evening seminars for **general practitioners** was started, focussing on the clinical management of patients with drug misuse. These seminars will be held quarterly with the aim of improving the level of knowledge and skill of GPs when working with this challenging group of patients. The programme forms part of an innovative new scheme which enables general practitioners with significant numbers of drug injectors among their patients to establish special clinic arrangements to see them on a regular basis. The principal aim of this programme is to help reduce the level of drug injecting in Glasgow, thereby reducing the risk of HIV transmission. A recently published paper written by Glasgow general practitioners has demonstrated that such an approach in general practice is both feasible and effective.⁷

7.9 The specialist **Health Promotion Officers** based at the HIV and Addictions Resource Centre organised a series of sexual health training courses for Health Promotion Officers and other staff. Together with other Health Promotion Officers they have begun developing a training programme for sexual health and drug related issues with prison officers and prisoners in Barlinnie Prison.

7.10 *Police*

The Safety Officer of Strathclyde Police is a member of the Health Board's HIV Prevention and Staff Training Sub-committee. A senior police officer is a member of the advisory group for the Drop-in Centre for prostitutes. New recruits and newly promoted sergeants are shown a video illustrating the possible risks to police officers of HIV and other blood-borne infections, and how these can be minimised. A review of this training video is currently underway to take account of new developments in the field.

7.11 *Environmental Health*

The Environmental Health Department of Glasgow District Council operates a service for collecting and disposing discarded needles and syringes found throughout the city. During the reporting period, 764 calls were received and 2,836 syringes were recovered, a slight increase on the previous year. The needle and syringe disposal service is widely advertised throughout the city. The Environmental Health Department also provides community pharmacists and other businesses with a collection service for the disposal of needles and syringes and sells discarded needle collection kits to commercial businesses and other organisations.

7.12 *Research*

A number of research papers and reports were published during the reporting year, to further extend our knowledge of HIV infection and related behaviour in Glasgow. The MRC-WHO HIV behavioural and seroprevalence study based at Ruchill Hospital published a number of studies including an important report comparing the level of drug injecting and drug injecting related HIV infection in Glasgow with the situation in twelve other cities throughout the world.⁸⁻¹⁰ A report on the incident related to a West of Scotland doctor with AIDS has been published¹¹ and a report on the investigation of an outbreak of HIV infection at Glenochil prison has been prepared.² The HIV and Addictions Resource Centre published a study of the extent of public opposition to needle exchanges in Glasgow and Edinburgh¹² and a report is in preparation on the effectiveness of drama as a means of HIV-related education.

7.13 International links

Since July 1990, Glasgow has been a member of the Multi-City Action Plan (MCAP) on AIDS established by the European Healthy Cities Project of the World Health Organisation. Other MCAP members now include Dublin, Dusseldorf, Gothenberg, Liverpool, London (Camden Town), Nancy, Pecs, Rennes, Rotterdam, St Petersburg, Sofia, Tallin and Warsaw. The aim of this initiative is to provide a means whereby cities sharing a particular health problem can work together to find common solutions and share experience and good practice. From October 1992 until May 1994, Glasgow was the group's coordinating city and, in

conjunction with the host city and WHO Copenhagen, responsible for organising successful meetings in St Petersburg (May 1993), Rotterdam (October 1993) and Pecs, Hungary (May 1994). During this period, the group developed a new strategy, the objective of which is to identify and develop essential standards for HIV prevention and care in all member cities. Glasgow's representative on the MCAP since its inception has been Dr Laurence Gruer who will be succeeded in October 1994 by Ms Dana O'Dwyer, the Health Board's HIV and Addictions Development Manager. Glasgow was succeeded by Rotterdam as the coordinating city.

8.1 Planning, coordination and funding

Since 1988, Health Boards have been in receipt of special allocations of funds for HIV-related services. Since 1st April 1993, Health Boards have been required to enter into explicit annual service agreements with the Scottish Office Home and Health Department covering the range of services to be purchased. The rationale for purchasing the services should be based on a strategy which sets out the Health Board's aims and objectives and the means whereby progress towards these objectives can be measured.

8.2 Since 1988, the Health Board's strategy has been based on the report 'HIV Infection and AIDS: towards an inter-agency strategy in Strathclyde'. In the course of 1994 - 95, this will be replaced by a new strategy which will form part of the overall Community Care plan for Glasgow. The strategy is being drafted by a Joint Planning Team with members from the Health Board, the Social Work Department, Glasgow District Council, the voluntary sector and a representative of people with HIV. The Joint Planning Team reports to the HIV and AIDS Forum. The Forum, which was established in 1987, is the body which provides the Board with advice and recommendations regarding its HIV-related policy and funding decisions. Since September 1993, the Forum has been chaired by the Reverend Roderick Campbell, a non-executive Health Board member who is also chairman of the Misuse of Drugs Forum. The Forum has three sub-committees, covering patient care; prevention and staff training; and HIV epidemiology and laboratory services.

8.3 At the Scottish Office, negotiating and monitoring the service agreement for HIV is the responsibility of the National Services Division. The Board negotiates with staff of the NSD during the period November to January to reach an agreement on the range of services to be funded during the subsequent financial year. During these negotiations, account is taken of the information provided in the AIDS (Control) Act Report and an additional mid-year report covering progress during the first six months of the financial year.

8.4 Planning, coordination and monitoring of HIV-related services is the responsibility of the Board's HIV and Addictions Coordinator, Dr Laurence Gruer,

a consultant in public health medicine. He reports to the Board's Director of Planning and Contracts, Mr Tom Divers, through the Priority Services commissioning officer, Mr Andrew Webster. During the reporting year, arrangements were finalised for the formation of an HIV and Addictions Development Team working to Dr Gruer and headed by Ms Dana O'Dwyer, the Board's HIV and Addictions Development Manager. Ms O'Dwyer's team consists of two monitoring and evaluation officers and two clerical staff. The monitoring and evaluation officers are responsible for gathering information on all the services and other elements of the service agreements for HIV and Drug Misuse. They also service all the committees, sub-committees and working groups of the Forums for Misuse of Drugs and HIV and AIDS. Dr Gruer and the Development Team work closely with the Director of Finance and his staff who are responsible for the accounting of the HIV and Misuse of Drugs related expenditure.

8.5 A list of the staff wholly or partly engaged in HIV-related work is given in Appendix 4. A breakdown of allocations and expenditure under the HIV Service Agreements for 1993 - 94 and 1994 - 95 is given in Appendix 5.

8.6 Evaluation

A number of systems for evaluating HIV-related services are already in place in Glasgow. A comprehensive, computerised clinical information system records details of the follow-up patients with HIV infection being seen at the Department of Infection and Tropical Medicine at Ruchill Hospital. The HIV and Addictions Resource Centre maintains a database recording the activity of the city's needle exchanges. A related database covering clinical activity at the Drop-in Centre for prostitutes is now being used to prepare six monthly reports on the service. A new computerised clinical system has been developed to enable the work of the Glasgow Drug Problem Service to be monitored. Evaluation of various aspects of the work of the Women's Reproductive Health Service has been carried out. HIV-related health promotion campaigns are evaluated by the research team at the Resource Centre.

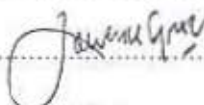
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Appendix 1

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

By the Health Board of the patient's residence or, if this is unknown, the Health Board of specimen origin

1 April 1993 to 31 March 1994

Signed.....

Name: Dr Laurence Gruer

Tel No.: 041 946 7120

Health Board: Greater Glasgow

How person probably acquired the virus	Male	Female	NK	Total
Sexual intercourse between men	26	0	0	26
Sexual intercourse between men and women	0	0	0	0
Injecting drug use (IDU)	*	*	0	*
IDU and sexual intercourse between men	*	0	0	*
Blood factor (eg haemophiliacs)	0	0	0	0
Blood tissue transfer (eg transfusion)	0	0	0	0
Mother to child infected	0	0	0	0
Other/ undermined	*	0	0	*
TOTAL	32	*	0	35

Notes

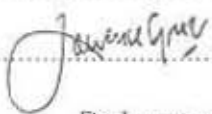
- 1 This form has been completed from information supplied by the Scottish Centre for Infection and Environmental Health.
- 2 If the number to be reported in any of the above columns is nil, a zero is entered. If the number is between 1 and 9 an asterisk (*) is entered. If the number is 10 or over, the actual number is entered.

Appendix 2

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

By the Health Board of the patient's residence or, if this is unknown, the Health Board of specimen origin

Cumulative to 31 March 1994

Signed.....

Name: Dr Laurence Gruer

Tel No.: 041 946 7120

Health Board: Greater Glasgow

How person probably acquired the virus	Male	Female	NK	Total
Sexual intercourse between men	191	0	0	191
Sexual intercourse between men and women	27	15	0	42
Injecting drug use (IDU)	68	49	0	117
IDU and sexual intercourse between men	*	0	0	*
Blood factor (eg haemophiliacs)	20	0	0	20
Blood tissue transfer (eg transfusion)	*	*	0	*
Mother to child infected	*	0	0	*
Other / undermined	*	*	0	*
TOTAL	320	67	0	387

Notes

- 1 If the number to be reported in any of the above columns is nil, a zero is entered. If the number is between 1 and 9 an asterisk (*) is entered. If the number is 10 or over, the actual number is entered.

Appendix 3

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

Health Board: Greater Glasgow

Year ending 31 March 1994

Signed.....

Name: Dr Laurence Gruer

Tel No.: 041 946 7120

Period	People with AIDS	First reported from this Health Board	Known to be resident of the Health Board
1 April 1993 to 31 March 1994	reported to, and accepted by SCIEH in period	27	22
	numbers of above known by 31 March 1994 to have died	*	*
Cumulative total to 31 March 1994	cumulative number reported to, and accepted by SCIEH by end of period	151	118
	numbers of above known by 31 March 1994 to have died	98	75

Notes

- 1 This form has been completed from information supplied by the Scottish Centre for Infection and Environmental Health.
- 2 If the number to be reported in any of the above columns is nil, a zero is entered. If the number is between 1 and 9 an asterisk (*) is entered. If the number is 10 or over, the actual number is entered.

Appendix 4

STAFF ENGAGED WHOLLY OR MAINLY IN HIV AND AIDS WORK WITHIN THE GREATER GLASGOW AREA, 1993 - 94

TREATMENT AND CARE	WTE ^o	EMPLOYING AGENCY
Department of Infection and Tropical Medicine		Stobhill
Medical consultant	1	
Medical registrar	1	
Nurses	20	
Physiotherapist	1	
Staff pharmacist	1	
Clerical staff	2	
HIV Counselling and Support Team		Community and Mental Health Services
Staff grade physician (from 1.4.94)	1	
Clinical nurse specialists	2	
Clinical psychologist	1	
Occupational therapist	1	
Occupational therapy helper	1	
Dietitian	1	
Counselling clinic manager (from 1.4.94)	1	
Clerical staff	2	
Medical counsellor	0.3	
Regional Haemophilia Centre		Glasgow Royal Infirmary
Nurses	2	
Social worker	0.5	
Institute of Neurological Sciences		Southern General Hospital
Senior registrar	1	
MLSO	1	
Clerical officer	1	
AIDS Care Education and Training (ACET)*		ACET
Project coordinator	1	
Administrator	0.5	
Body Positive*		Body Positive
Project coordinator	1	
Glasgow HIV-AIDS Support Group*		Glasgow HIV-AIDS Support Group
Administrator	0.5	
Scottish AIDS Monitor*		Scottish AIDS Monitor
Project manager	1	
Trainer	1	
Welfare rights officer	1	
Administrator	1	

^o Whole time equivalent

* Joint funding with Strathclyde Regional Council

	WTE	EMPLOYING AGENCY	
PREVENTION			
Health Promotion Department			
Health promotion officers	2	Greater Glasgow Health Board	
Displays officer	1		
Department of Genitourinary Medicine			
Medical consultant	0.5	Glasgow Royal Infirmary	
Health adviser	1		
Scottish AIDS Monitor**			
Gay Men's Project (from 1.4.94)		Scottish AIDS Monitor	
Project staff	5		
Drop-in Centre and Outreach			
Clinical nurse specialists	2	Community and Mental Health Services	
Medical sessions	0.4		
Nursing sessions	0.7		
DRUG MISUSE RELATED			
Glasgow Drug Problem Service			
Medical director	1	Community and Mental Health Services	
Medical staff	3		
Nursing director	1		
Nursing staff	8		
Administration	2		
Researcher	1		
Needle exchange coordinator	1		
Needle exchange nursing	6		
Glasgow Drug Crisis Centre*			
Project manager	1		Turning Point
Administrator	1		
Red Tower, Helensburgh*			
Managers	4	Archdiocese of Glasgow	
Senior care officers	4		
Care officers	10		
Relief care officers	4		
Outreach worker	1		
Administrative assistant	1		
Cooks	2.5		
Domestic	1		
Women's Reproductive Health Service			
Consultant obstetrician	1	Glasgow Royal Infirmary	
Clinical consultant	1		
Nurses / midwives	16		
Administration	1		

* Whole time equivalent

* Joint funding with Strathclyde Regional Council

** Joint funding with Strathclyde Regional Council, Argyll & Clyde, Ayrshire & Arran and Lanarkshire Health Boards

LABORATORIES**Regional Virus Laboratory**
MLSO**WTE**

4.75

EMPLOYING AGENCY**Stobhill NHS Trust****Institute of Virology**
MLSO

1

West Glasgow Hospitals**Department of Immunology**
MLSO
Registrar1
0.5**West Glasgow Hospitals****PURCHASING AND COORDINATION****HIV and Addictions Resource Centre**Consultant in public health medicine
Development and monitoring officers
Research officers
Training officer
Administration1
3
2
1
5**GGHB /**

Community and Mental Health Services

Appendix 5

GREATER GLASGOW HEALTH BOARD HIV SERVICE AGREEMENT FOR 1993-94 AND 1994-95

	1993-94	1993-94	1994-95
	Allocation Revenue £,000	Expenditure Revenue £,000	Allocation Revenue £,000
1 HIV Treatment and Care			
a AIDS Specialist Unit: Ruchill Hospital	1291	1281	1291
b HIV Counselling and Support Team	145	91	154
c Neurology: Southern General Hospital	95	95	95
d Haemophilia: Glasgow Royal Infirmary	58	58	58
e Haemophilia: Yorkhill	23	23	-
f Genitourinary Medicine	25	-	77
g Body Positive	15	15	25
j ACET	22	22	22
k Glasgow HIV-AIDS Support Group	10	10	10
l Dentistry	10	10	10
m AIDS Research	7	7	10
n Cell saver packs: Yorkhill	8	8	-
o Rubber gloves	33	33	-
p Spectacles	6	6	-
q Miscellaneous	18	60	57
SUB-TOTAL	1766	1719	1809
2 HIV & AIDS Prevention			
a Health Promotion	216	216	202
b Condoms	154	132	132
c Scottish AIDS Monitor	40	71	126
d Drop-in Centre	71	51	61
e Outreach nurses	52	52	52
f Strathclyde Gay & Lesbian Switchboard	8	13	8
g Theatre in Education	22	22	22
SUB-TOTAL	563	557	603
3 HIV Drugs Related			
a Needle Exchange	397	270	300
b Glasgow Drug Problem Service	390	130	430
c Women's Reproductive Health Service	426	426	426
d Glasgow Drug Crisis Centre	150	75	290
e Red Tower	180	208	208
f Glasgow Association of Family Support Groups	42	42	-
g Phoenix House	73	73	40
h Extra-contractual referrals	-	200	-
SUB-TOTAL	1658	1424	1694
4 Laboratory Services			
a Regional Virus Laboratory	139	139	139
b Virology, Western Infirmary	12	12	12
c Immunology, Western Infirmary	42	42	42
d Miscellaneous	27	27	27
SUB-TOTAL	220	220	220
5 Purchasing and Coordination			
HIV and Addictions Resource Centre	145	170	242
Staff Training	59	59	37
Overheads not allocated	149	-	-
TOTAL	4560	4149	4605