

SOUTH WEST SEXUAL HEALTH TASK GROUP QUARTERLY BULLETIN



South West



South West Regional Public Health Group



AN EXTENDED ROLE FOR THE TASK GROUP

The South West sexual health task group was established by the Regional Director of Public Health in 2004 to bring together a range of professionals, managers and representatives of service users in the region to improve sexual health services and support professionals working to reduce STIs. At his request the group has expanded its role to cover all aspects of sexual health and deliver the national expectations in relation to sexual health and teenage pregnancy. Revised terms

of reference are available from the secretary (isabel.oliver@hpa.org.uk). You can contribute to the work programme of the task group. Please e-mail your suggestions to Isabel Oliver or telephone on 01453 829740.

This edition of the bulletin focuses on HIV. Increases in HIV rates in the region are of great public health concern and are having a significant impact on NHS resources locally.

UPDATE: HIV/AIDS

The HPA obtains information on new diagnoses of HIV/AIDS and HIV-related deaths from microbiologists and clinicians, and returns to the Oxford Haemophilia Centre. Paediatric data is compiled at the Institute of Child Health.

The HIV infection incidence rate in England increased steadily from 2000 (figure 1). Between the years 2000 and 2005, the rate of HIV infection in the South West more than doubled; this increase is greater than that observed in England as a whole.

The Survey of Prevalent Diagnosed HIV Infections (SOPHID) began in 1995 and is an annual survey of HIV infected individuals receiving treatment and care in England, Wales and Northern Ireland conducted on behalf of the Department of Health, to help determine the prevalence of HIV infection.

Overall results for 2005 indicate a continuing rise in the numbers of individuals seen for HIV related care in the South West, a 19% increase compared to 2004.

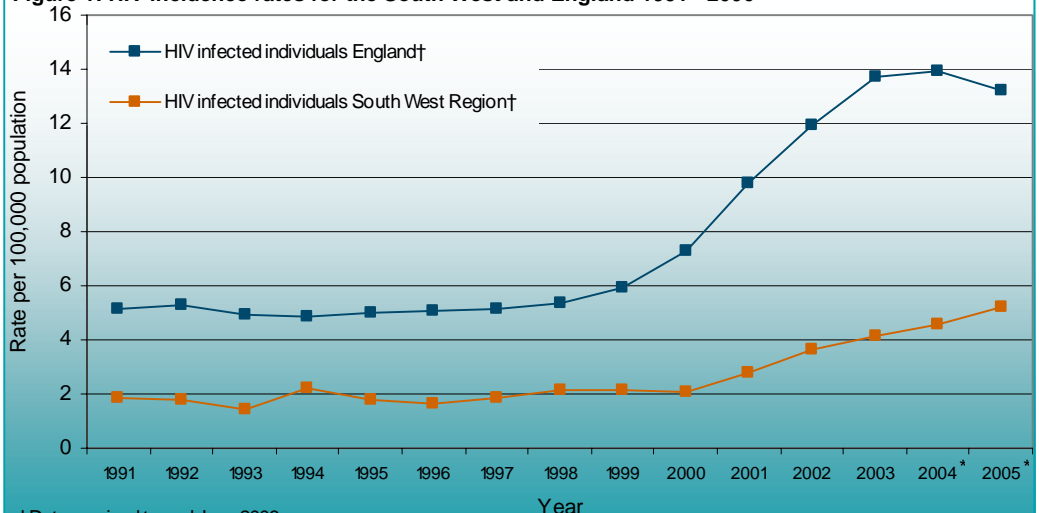
The most recent tables are available from the [HPA website](#).

SOPHID data are available by Primary Care Trust (PCT) of residence and PCT of treatment. The two maps show the

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Figure 1: HIV incidence rates for the South West and England 1991 - 2006



† Data received to end June 2006

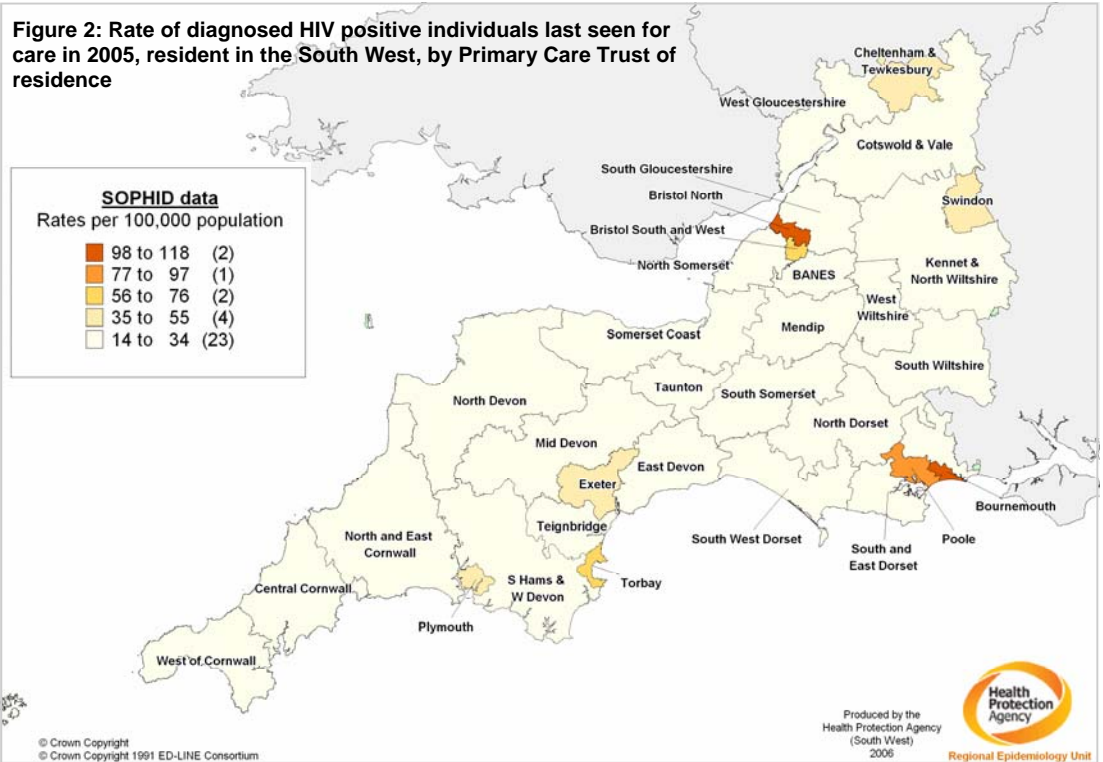
* These data are provisional and will increase

rate of individuals resident in the South West Region by PCT (figure 2) and the numbers of individuals resident in the South West Region by hospital where treatment is received (figure 3). Figure 3 also shows the percentage change in the number of diagnosed HIV positive individuals by care provider between 2003 and 2005. An increase has been observed by all care pro-

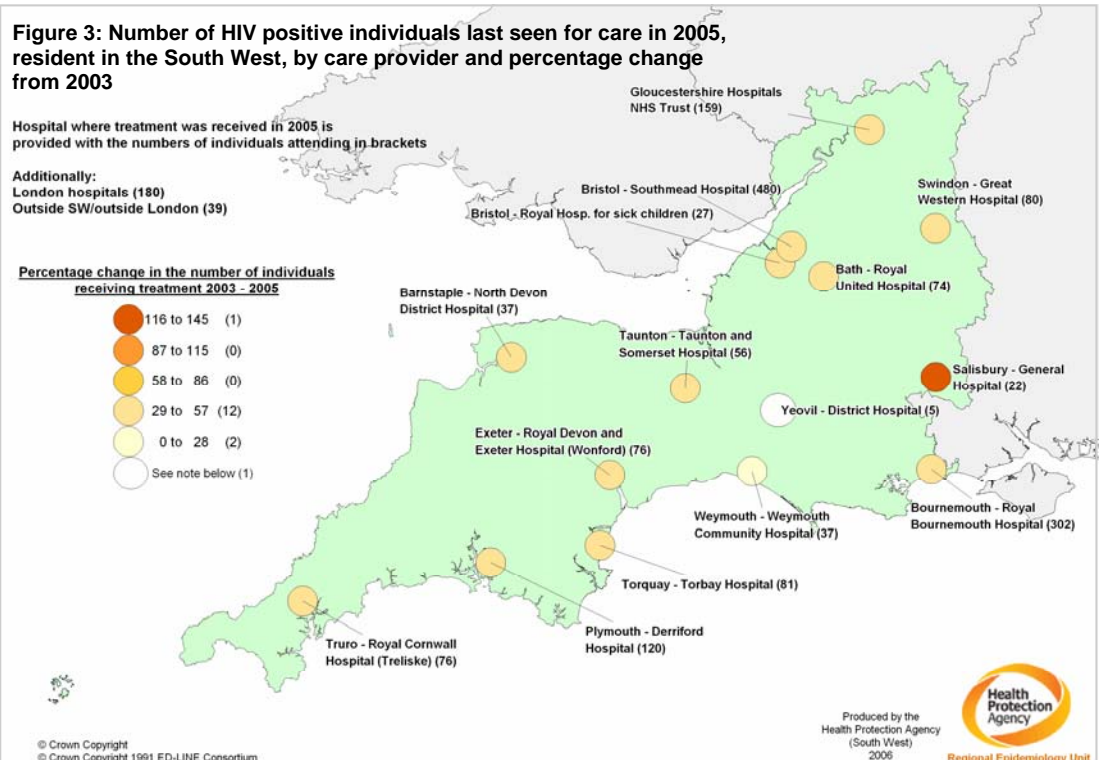
viders across the South West, with most seeing a rise of more than 30% in the number of HIV positive individuals seen for care. The largest percentage increase was observed in Salisbury General Hospital from 9 cases in 2003 to 22 in 2005.

This increase will represent a significant impact on NHS resources.

56% of cases in Dorset, Somerset and the Peninsula cite the probable route of infection as sex between men. However, in the former Avon, Gloucestershire and Wiltshire SHA area the most common route of infection was sex between men and women. Although numbers are relatively small, the largest percentage increase in terms of route of infection, between 2004 and 2005,



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Notes for figure 3: Gloucestershire Hospitals NHS Trust includes figures for Cheltenham for all years; Yeovil District Hospital does not have a percentage change assigned to it as the baseline figure used in 2003 was 0.

is among injecting drug users (38%). Sex between men and women remains a significant route of infection across the region and increased by 24% in comparison with 2004.

In response to concern that the numbers of new diagnoses of HIV were increasing rapidly within the region, HPA South West obtained the numbers of new diagnoses for the region from the Bristol reference laboratory for 2004 and 2005. When compared to the new diagnoses figures published nationally, the Bristol data has 41% more cases for 2004 and 2005 (figure 4). Also of concern is the fact that the increase in the number of new diagnoses between 2004 and 2005 is greater when analysing the Bristol data (32%) than when using the national data (16%). This indicates that the burden of HIV infection in the region is greater than previously thought.

Two-thirds of the new diagnoses of HIV seen in 2004-2005 in the region were male (figure 5); a third of the cases were aged 30-39 (figure 6).

Figure 7 shows the percentage change in new diagnoses of HIV between 2004-2005, from data obtained from the Bristol laboratory. Most areas have seen an increase in new diagnoses (data should be interpreted with caution due to small numbers in some areas).

HIV IN DORSET

With thanks to Sue Appleby, Nurse Specialist, Dorset and Somerset Health Protection Unit for the following contribution.

There is now a steady increase of 40 – 60 newly diagnosed HIV patients each year across Dorset. Along with the improved success of treatment, the prevalence pool is therefore increasing substantially, with 211 patients in 2001 jumping to 410 in 2005. The majority of these patients are treated locally by the Bournemouth Genito-Urinary Medicine service. Should the same rate of increase continue, Dorset will have over 800 HIV cases by the end of 2010.

An increasing proportion of the patients seen, currently approaching 25%, are of black and ethnic minority origin. Most of these cases have probably acquired HIV infection heterosexually outside of the UK in a high prevalence country. More than half of this group are female, with a small associated increase in mother to child transmission.

Figure 4: Comparison of new diagnoses of HIV in the South West between the Quarterly Surveillance tables and data obtained from the Bristol laboratory

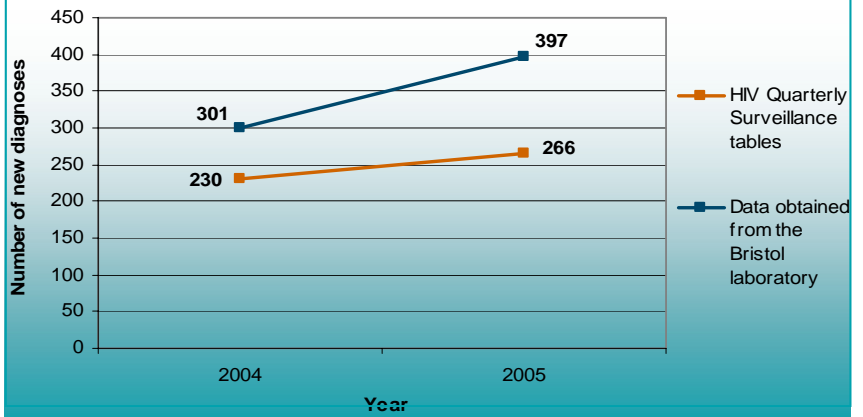


Figure 5: New diagnoses of HIV in the South West obtained from the Bristol laboratory, by year and sex

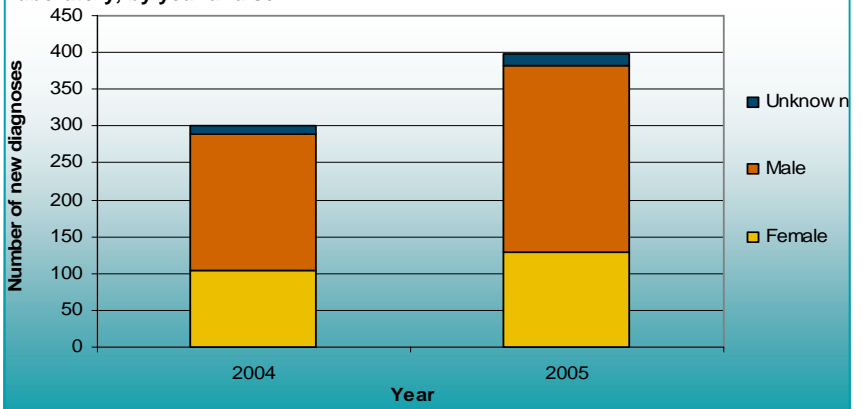


Figure 6: New diagnoses of HIV in the South West obtained from the Bristol laboratory, by age group for 2004 and 2005

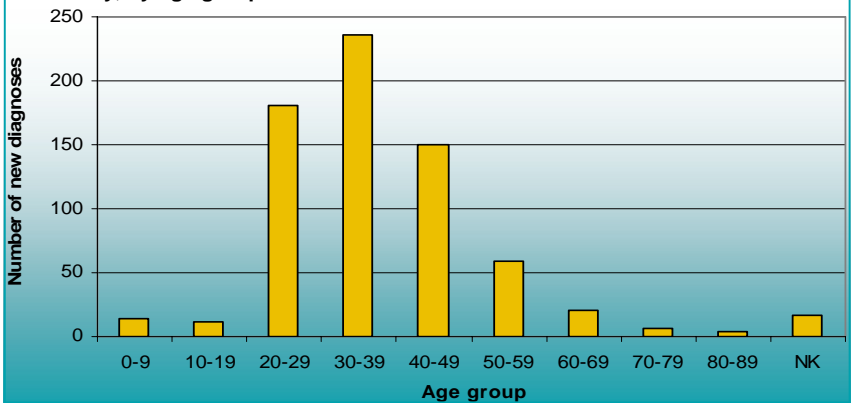
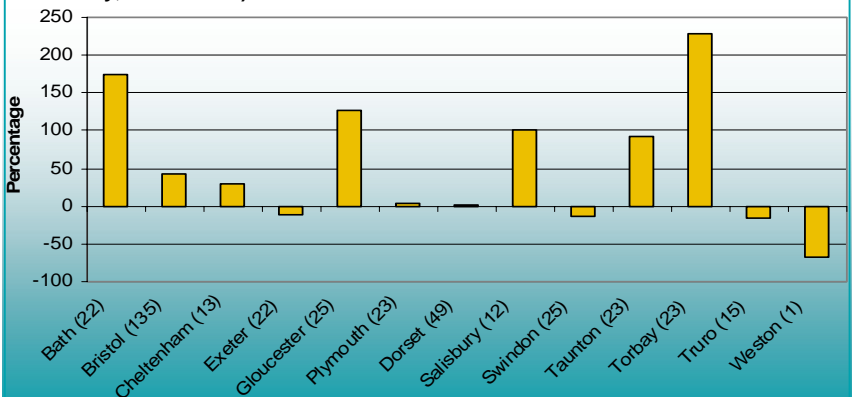


Figure 7: Percentage change in new diagnoses of HIV (data from the Bristol laboratory, 2004 - 2005)



Notes for figure 7: Numbers in brackets are new diagnoses of HIV in 2005

ACHIEVING 48 HOUR ACCESS IN GUM

The Medical Foundation for AIDS & Sexual Health (MedFASH) has published recommended action points to help achieve the 48-hour access target by 2008, drawing on the experience from the National Review of GUM Services. Information about the national review of GUM services is available from MedFASH - see www.medfash.org.uk or email charman@medfash.bma.org.uk.

UPDATE ON THE ROLL OUT OF THE NATIONAL CHLAMYDIA SCREENING PROGRAMME

With the exception of Cornwall, the programme is not yet up and running in the South West (figure 8). The Cornish programme has one of the highest testing rates in the country. 27,637 young people have been tested in Cornwall between April 2003 and May 2006. This corresponds to approximately 15% of all chlamydia screens in England over the same period. 10.2% of tests in Cornwall have been positive.

Some areas in the region have appointed a local co-ordinator and may commence testing towards the end of this financial year. The start of the programme has been delayed in many areas due to financial con-

straints. Local delivery plan targets for 07/08 will include uptake of Chlamydia screening. Strategic Health Authorities will be advised regarding Chlamydia screening local delivery plan targets for 07/08 in November 2006.

TEENAGE PREGNANCY: ACCELERATING THE STRATEGY TO 2010

Teenage Pregnancy: Accelerating the Strategy to 2010 published recently by Department for Education and Skills (DfES) highlights the variation in success between statistically similar areas and calls on areas that haven't made progress to learn from those which have. The strategy document provides a new focus on tackling the underlying risk factors of teenage pregnancy, and makes clear that the DfES Minister will be closely monitoring on-going progress of all areas. It sets out how she will be paying particular attention to the 21 areas with high and increasing rate areas, which are listed in the document.

In the South West we have observed a 12.6% reduction in the rate of conceptions to those aged under 18, between 1998 - 2004. However, there is large variation across the region with Torbay UA seeing a 13.0% increase and

Poole UA a 39.3% decrease over this period. Comparisons between areas should be made with caution, however, due to small numbers in some areas.

A copy of the report is available at www.everychildmatters.gov.uk/resources-and-practice/ig00156/

CONFERENCES AND EVENTS

Bugs, birds and bangs!

The annual conference for the Health Visitors and Public Health Workers Forum, is being held on **Monday 11th December** at the Royal College of Nursing Headquarters in Cowdray Hall, London.

New Frontiers...

The National Chlamydia Screening Programme's Annual Conference 2006 is being held on **Wednesday 1st November** at the Mermaid Conference and Events Centre in London.

For details please see:

<http://www.hpa-events.org.uk/ncspconference>

YOUR CONTRIBUTIONS

This bulletin will be published on a quarterly basis to share information on trends of sexually transmitted infections and examples of good practice and to report on the progress made by the taskforce.

Contributions to the bulletin are very welcome: Please contact

Jane Camm, PA to Regional Epidemiologists at jane.camm@hpa.org.uk with your suggestions.

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Figure 8: Chlamydia screening coverage in August 2006 by Primary Care Trust, in the South West

