

JSNA Health and Wellbeing Profile 2022/23

HIV

HIV (Human Immunodeficiency Virus) is a chronic health condition that damages the cells in your immune system and weakens your ability to fight everyday infections and disease. The development of antiretroviral treatments over the past few decades has transformed HIV infection from an often fatal infection into a manageable chronic condition with the potential for normal life expectancy when diagnosed promptly. However, being diagnosed late is linked with increased rates of illness, hospital admission and reduced life expectancy. Whilst great strides have been made around HIV treatment, people living with HIV remain a stigmatised group who can have a poorer quality of life due to their HIV status.

HIV affects all sectors of the community, but there are some groups that are disproportionately affected, including men who have sex with men and the black African population.

Summary points

- According to a 2021 analysis, there are an estimated 925 people living with HIV in Bristol, of whom 875 already have a diagnosis.¹ Approximately 50 people are living in Bristol with undiagnosed HIV.
- The Bristol prevalence rate of 2.5 per 1,000 (aged 15-59) was similar to England's rate of 2.3 per 1,000. Bristol was ranked the 48th highest in England (out of 150 UTLAs/UAs) and is categorised as having a high prevalence of HIV.
- There were 17 people newly diagnosed in the UK with HIV in Bristol in 2021 which gives the incidence rate of 3.6 per 100,000 - similar to England's average of 3.6 per 100,000.
- In the 3 years from 2019 to 2021, 58% of people newly diagnosed in the UK (29 people) were diagnosed late in Bristol – a 35% increase from the previous 3 year period.
- 34% of eligible Bristol individuals who attended a sexual health service had a HIV test in 2021 – a 44% decrease from 2020. The national average for 2021 is 46%.

HIV diagnosed prevalence

Around 50 people (5%) with HIV in Bristol are estimated to be unaware of their diagnosis. There were 875 Bristol residents living with diagnosed HIV in 2021. Bristol's diagnosed prevalence rate is 2.5 per 1,000 population (aged 15-59), which is similar to the national rate (2.3 per 1,000) – see fig 1. National data shows that HIV diagnosed prevalence is higher among residents from more deprived areas.² In Bristol the prevalence is higher in inner city areas – see fig 2.

The percentage of adults in Bristol accessing HIV care in 2021 who were virally suppressed (had an undetectable viral load and therefore unable to pass on the virus) was 98%, similar to 98% in England.³

¹ UK Health Security Agency (2022), England Fast Track Cities Update, 2022

² Office for Health Improvement and Disparities (2022), Sexual and Reproductive Health Profiles, 2022

³ Office for Health Improvement and Disparities (2022), Sexual and Reproductive Health Profiles, 2022

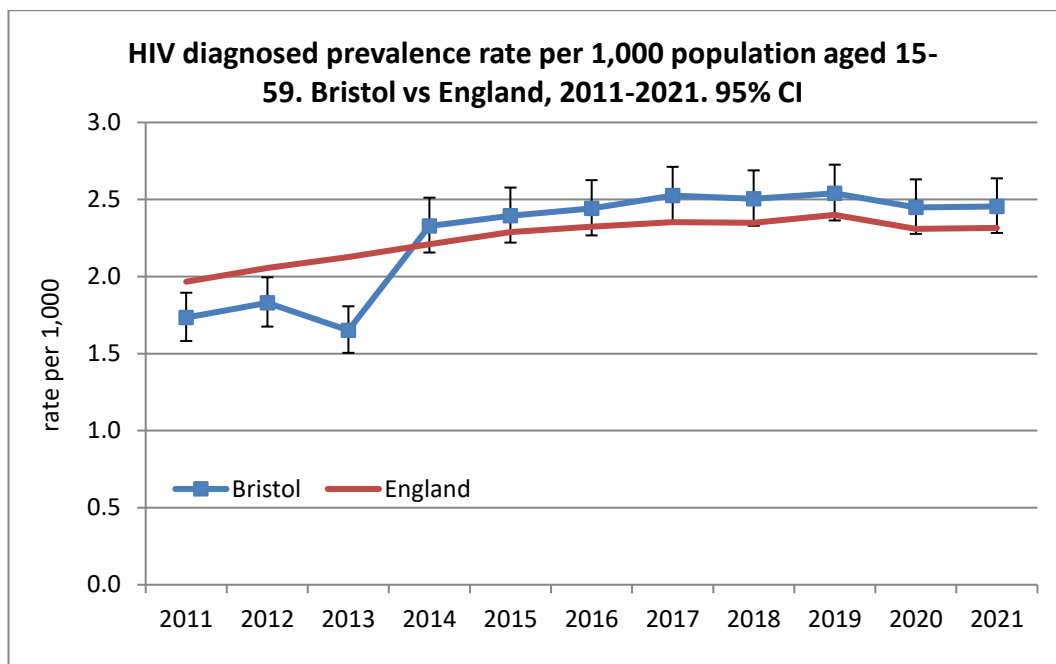
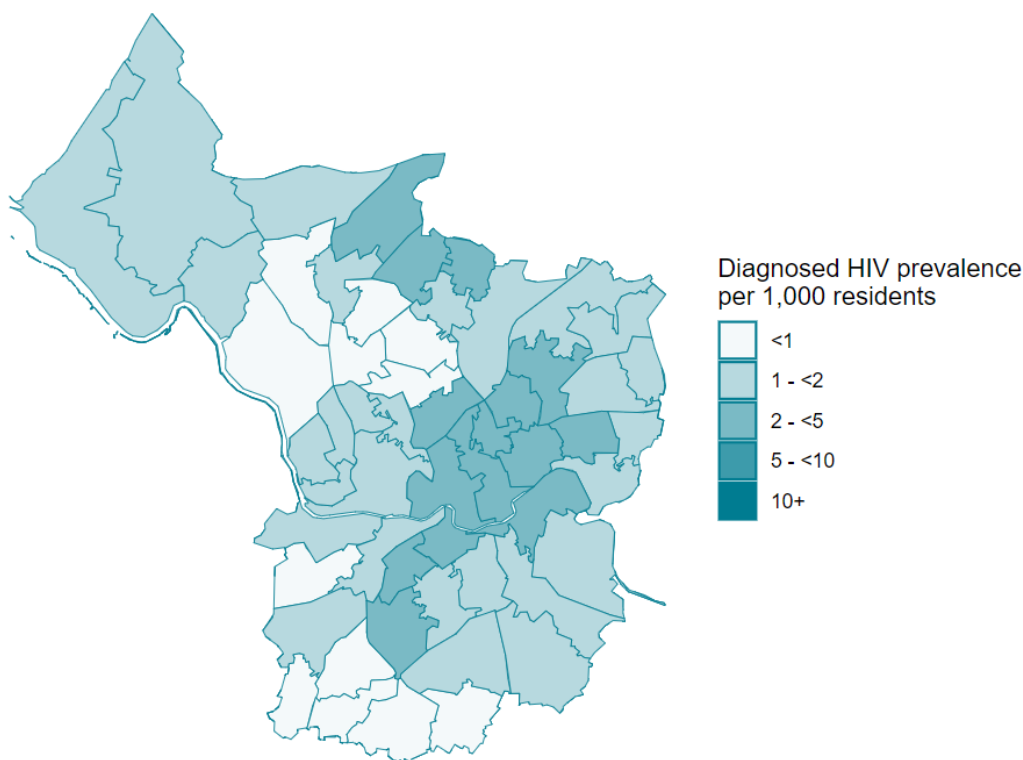


Fig 1: HIV diagnosed prevalence, rate per 1,000 people aged 15-59 in 2021; Source: via OHID Sexual and Reproductive Health Profiles December 2022



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Fig 2: Map of diagnosed HIV prevalence among people of all ages in Bristol by Middle Super Output Area 2021
 Source: via UK Health security Agency 'Summary profile of local authority sexual health – Bristol' [SPLASH Bristol 2023-02-01 \(phe.org.uk\)](https://www.phe.org.uk/publications/summary-profile-of-local-authority-sexual-health-bristol)

New HIV diagnosis rate for those first diagnosed in the UK

In 2021 there were 17 people newly diagnosed in the UK with HIV in Bristol, a rate of 3.6 per 100,000 population, which was the same as the national average rate (3.6 per 100,000). From 2015 there was a downward trend in the rate of new UK diagnoses in Bristol, levelling off between 2017 and 2019 before falling again in 2020, which was likely the result of COVID-19 restrictions. The rate remained similar to 2020 in 2021 (fig 3) and is the 59th highest (out of 150 UTLAs/UAs) across England.⁴

The HIV new diagnosis rate for people diagnosed in the UK and abroad is higher amongst residents of more deprived areas, and over 20% of all new diagnoses are in people of Black African ethnicity.⁵

The percentage of people in Bristol newly diagnosed with HIV from 2019-21 who started antiretroviral therapy (ART) promptly (within 91 days of their diagnosis) was 86%, which is similar to the national percentage (84%).⁶

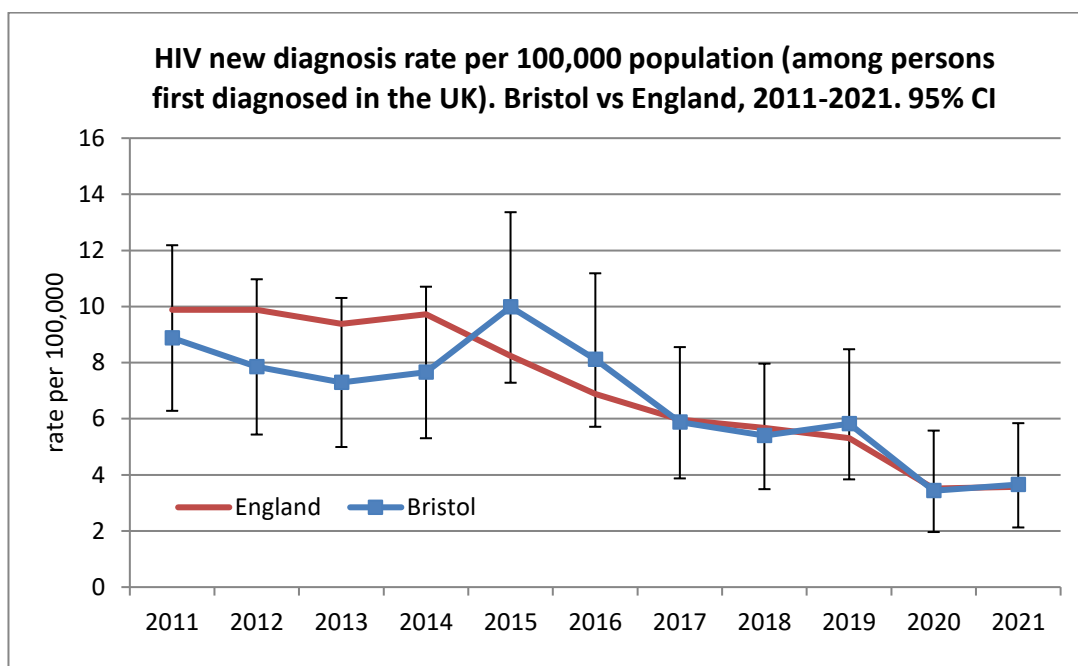


Fig 3: HIV new diagnosis rate among persons first diagnosed in the UK per 100,000 population; Source: via OHID Sexual and Reproductive Health Profiles December 2022

⁴ As a response to the COVID-19 pandemic, since March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. The impact of the COVID-19 pandemic on services and patient access means that it remains difficult to interpret the changes observed between 2019 and 2021.

⁵ UK Health security Agency (2022), Bristol local authority HIV surveillance data tables, 2017-2021

⁶ Office for Health Improvement and Disparities (2022), Sexual and Reproductive Health Profiles, 2022

HIV late diagnosis

In Bristol it is estimated that we have around 5% of people who are living with undiagnosed HIV.⁷ Being unaware that you are living with HIV increases the risk of poor health outcomes for individuals and also increases the risk of onward transmission of HIV.

HIV surveillance data shows that, as the number of new HIV diagnoses has declined, the proportion of those newly diagnosed late has increased in Bristol. Of the 50 people with HIV first diagnosed in the UK in 2019-21, 29 (58%) are considered to have had a “late diagnosis”.⁸ This has increased from 25 late diagnoses (43%) among 58 people newly diagnosed in the UK in 2018-2020. This is now higher than the national average of 43% (fig 4). This is concerning as evidence has shown that among those diagnosed in England, those diagnosed late in 2019 had more than a 7-fold increased risk of death within a year of diagnosis compared to those diagnosed promptly.⁹

Compared to other cities, Bristol is second highest for HIV late diagnosis against Core Cities and mid-ranking when compared to 15 similar local authorities when adopting the CIPFA (Chartered Institute of Public Finance & Accountancy) nearest neighbours model.

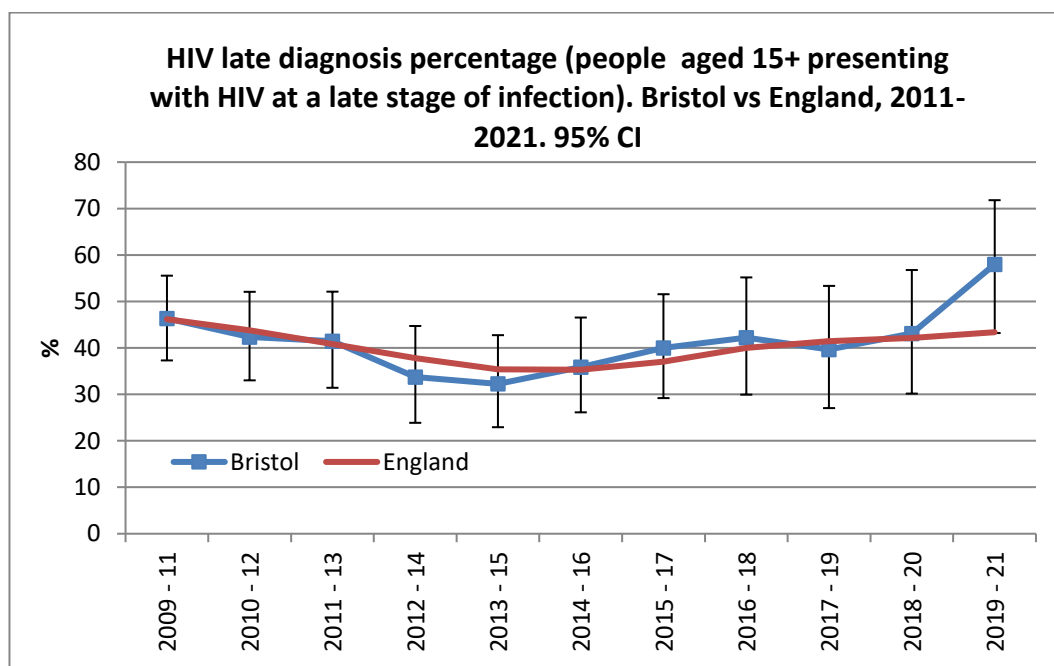


Fig 4: HIV late diagnosis percentage; Source: via OHID Sexual and Reproductive Health Profiles December 2022

In Bristol, late diagnoses between 2019 and 2021 were highest in heterosexual men (75%) and heterosexual and bisexual women (78%; table 1)

⁷ UK Health Security Agency (2022), England Fast Track Cities Update, 2022

⁸ Office for Health Improvement and Disparities (2022), Sexual and Reproductive Health Profiles, 2022

⁹ Office for Health Improvement and Disparities (2022), Sexual and Reproductive Health Profiles, 2022

Exposure group	Bristol % (95%CI)	England % (95%CI)
Men who have sex with men (MSM)	46 (21 - 86)	31 (29 - 33)
Heterosexual men	75 (43 - 95)	58 (55 - 61)
Heterosexual women	78 (40 - 97)	50 (47 - 52)

Table 1: HIV late diagnosis percentage; Source: via OHID Sexual and Reproductive Health Profiles December 2022

HIV late diagnosis by demographic groups are only published at a national level. Heterosexuals and Black African ethnicities are at a higher risk of late diagnosis in England (table 1 and 2).

Ethnicity	Percentage %	Lower CI 95% limit	Upper CI 95% limit
White	41	39	43
Black-African	56	53	59
Black-Caribbean	38	30	47
Black other	48	38	57
Asian	43	38	48
Other/mixed	42	38	47
Not reported	33	29	37

Table 2: HIV late diagnosis percentage in England; Source: via OHID Sexual and Reproductive Health Profiles December 2022

HIV testing

In 2021, the percentage of people in Bristol who attended a sexual health service and accepted an HIV test continued to decrease to 34%, from 55% in 2020 (table 3). Men who have sex with men (MSM) were the most likely to have a HIV test when attending sexual health services (76%). Just over a third of all women (35%) and over half of all men (51%) attending a sexual health service accepted the offer of an HIV test.

	2020 (%)	2021 (%)	% value for England 2021
Total	54.9	34.3	45.8
Women	45.7	34.8	36.6
Men	67.7	51.3	62.8
MSM	82.6	76.3	77.8

Table 3: Coverage of HIV testing among eligible patients at specialist SHSs for Bristol and England: 2021 Source: via OHID Sexual and Reproductive Health Profiles December 2022.

HIV Fast Track Cities

Bristol signed up to be a Fast Track City in 2019. Fast Track Cities aims to bring city partners and the public together to accelerate our work towards ending HIV. By signing the Fast Track Cities declaration, Bristol's mayor, citizens and partners committed to ending HIV by 2030 through reaching the following targets:

Fast Track Cities Targets	Bristol's Current Performance
95% of people living with HIV knowing their status	95%
95% of people with diagnosed HIV on treatment	99%
95% of people on treatment with suppressed viral loads	98%

Table 4: Bristol Fast Track Cities Targets. Source: <https://www.bristolonecity.com/fast-track-cities>

Applying Bristol's Fast Track Cities performance to the cohort of people who were living with diagnosed HIV in Bristol (n=875) in 2021 illustrates how we are performing against these targets. Of all 925 people estimated to be living with HIV in Bristol, 5% are undiagnosed, 6% are not on treatment and 8% are not virally suppressed. For those that are undiagnosed, not on treatment and not virally suppressed, transmission of HIV can still occur.

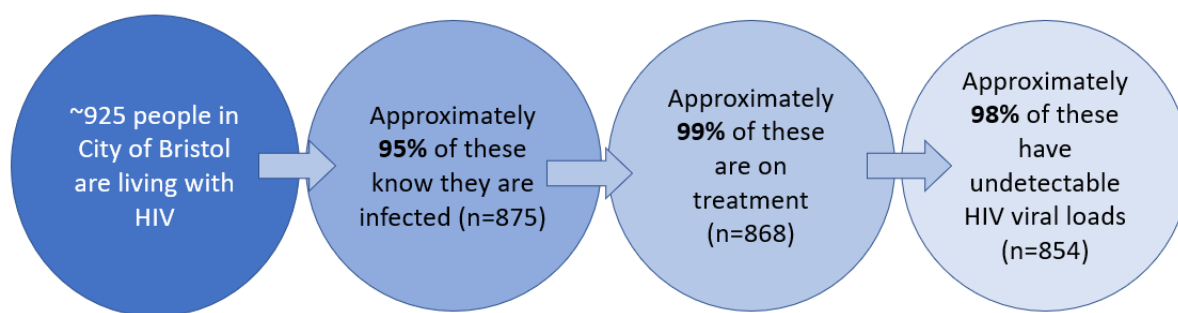


Fig 5: Bristol HIV Fast Track City Continuum of HIV Care Performance, 2021; Source: UKHSA

Impact of Covid-19:

In response to the COVID-19 pandemic, the UK government enforced strict national and regional lockdowns from March 2020 onwards and encouraged people to stay at home and practice social distancing. People living with diagnosed HIV with advanced infection were advised to self-isolate and many consultations for HIV care shifted from face-to-face to telephone appointments. The COVID-19 social restrictions changed patterns of sexual behaviour, patient interactions with SRHS, HIV testing and HIV outpatient care in 2020. Compared to 2019, the number of people tested for HIV at SRHS decreased by 30% in 2020 and almost half (47%) of people testing in 2020 did so online. Evidence has suggested that the risk of death for those newly diagnosed late in the UK with HIV during 2020 was significantly higher than for those diagnosed promptly, and significantly higher than for those diagnosed late in 2019.¹⁰

¹⁰ [HIV testing, PrEP, new HIV diagnoses, and care outcomes for people accessing HIV services: 2022 report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/92424/hiv-testing-prEP-new-hiv-diagnoses-and-care-outcomes-for-people-accessing-hiv-services-2022-report.pdf)

Further data / links:

- Bristol HIV Needs Assessment 2020: <https://www.bristol.gov.uk/documents/20182/33896/HIV+Health+Needs+Assessment+2020v1.pdf/e2fe917e-f1ce-f4a2-2d51-0e07c8487d58>
- Office for Health Improvement and Disparities Sexual and Reproductive Health Profiles: [Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/publications-and-reports/sexual-and-reproductive-health-profiles)
- HIV: annual data tables: <https://www.gov.uk/government/statistics/hiv-annual-data-tables>
- Bristol HIV Fast Track Cities: <https://www.bristolonecity.com/fast-track-cities>

Date updated: March 2023**Date of next update:** March 2024