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PRESS RELEASE

“Halve It” coalition welcomes new NICE guidance on HIV testing in black African communities in England

“Halve It”, a broad coalition of experts and advocates in HIV welcomed the new guidance as a major step forward in helping to halve the proportion of people undiagnosed with HIV. New NICE guidance, published today recommends an expansion of HIV testing in clinical and community settings in areas of high prevalence to help reduce undiagnosed infection and prevent transmission among black African communities living in England.

The coalition, whose membership includes, the British HIV Association (BHIVA), British Association for Sexual Health & HIV (BASHH), the African Health Policy Network, Terrence Higgins Trust, The Medical Foundation for AIDS and Sexual Health (MedFASH), the National AIDS Trust (NAT) and the National HIV Nurses Association (NHIVNA) calls upon all levels of government to halve the proportion of people diagnosed late with HIV (with a CD4 count <350mm³) and to halve the proportion of people living with undiagnosed HIV within 5 years.

Francis Kaikumba, Chief Executive of the African Health Policy Network, a founder member of “Halve It”, welcomed the new public health guidance. “Over many years, experts in the UK and around the world have recognised that early testing not only saves lives by preventing onward transmission and enabling those who have been infected to access treatment earlier, but it can save money too. By preventing just one infection we can save the public purse between £280,000 and £360,000 in direct lifetime costs alone”.

Dr Ian Williams, chair of the British HIV Association, a founder member of “Halve It” said “We very much welcome these guidelines and hope that they are a catalyst to wider testing in a broad range of healthcare and community settings. We firmly believe that the early diagnosis of HIV is of significant benefit to both personal and public health. We look forward to their full implementation.”



“Halve It” is a coalition of HIV and healthcare experts who are determined to tackle the continued public health challenges posed by HIV.

Our members represent the following organisations:

- African Health Policy Network
- All-Party Parliamentary Group on HIV and AIDS
- British Association for Sexual Health and HIV
- British HIV Association
- Gilead Sciences Ltd
- London Sexual Health Programme
- Medical Foundation for AIDS and Sexual Health (MedFASH)
- National AIDS Trust
- National HIV Nurses Association
- Sex, Drugs and HIV Group of the Royal College of General Practitioners
- Terrence Higgins Trust

There are over 22,000 people in the UK who are HIV positive but do not know it, and of those who are diagnosed, more than half are diagnosed late¹. “Halve It” is working to halve the proportion of people living with undiagnosed HIV and halve the number of people diagnosed late with HIV over the next five years.

The “Halve It” coalition calls upon all levels of government to:

1. Make HIV a public health priority both locally and nationally.
2. Ensure HIV is given appropriate priority on the ground by requiring that it is systematically considered in local health needs assessments and health planning processes.
3. Offer healthcare practices incentives to test for HIV
4. Strengthen the relationship between national surveillance and local reporting of HIV testing by enhancing local HIV reporting procedures and maintaining a world class national surveillance capability.

Halving undiagnosed HIV by 2015 will mean fewer new HIV infections, fewer early deaths and more money saved by the NHS at a time when every penny counts. The campaign recognises that early testing for HIV can save lives and prevent onward transmission and calls on the government to make HIV a public health priority.



The “Halve It” Coalition has been funded and supported by Gilead Sciences Ltd and the British HIV Association (BHIVA).

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Notes for Editors

HIV – a priority for public health

In 2009, a total of 65,319 people were known to be living with HIV in the UK¹. However, with almost a quarter of people unaware that they have been infected, independent estimates suggest that the real number of people living with the virus in 2009 was 86,500¹. People of black African heritage are disproportionately affected by HIV. The number of HIV positive black Africans accessing HIV care increased from 4,920 in 2000 to 23,290 in 2009. This is an increase of nearly five-fold compared with an overall increase of three-fold in the number of people accessing HIV care in the UK over the same period of time².

HIV is a serious and incurable condition. It can result in the destruction of the body’s immune system and a progressive increase in illness including blindness, heart and kidney disease, osteoporosis, some cancers and brain impairment. Some people with HIV become wheelchair-bound or require major interventions such as hip replacement. Ultimately it can cause premature death.

Thanks to modern treatments, the life expectancy of someone living with HIV has increased markedly in recent years. Indeed recent research has found that a person diagnosed with HIV at the age of 35, with prompt access to treatment can expect to live to the age of 72³.

Earlier diagnosis and prompt treatment of HIV not only avoids illness and early deaths but reduces onward transmission of the virus. This offers the potential to deliver huge financial savings. It has been estimated that the prevention of just one HIV infection saves the public purse between



£280,000 and £360,000 in direct lifetime healthcare costs⁴. Preventing the 3,550 HIV infections that were probably acquired in the UK, and subsequently diagnosed in 2008, would have reduced future HIV-related costs by more than £1.1 billion⁴. This figure does not include additional indirect costs such as social care, time off work and cost of benefits, or any savings made as a result of reduced onward transmission.

The guidance is available on the NICE website www.nice.org.uk/guidance/PH33) from 23.03. 2011.

¹ Health Protection Agency. HIV in the UK: 2010 report
http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1287145367237. Publication date November 2010.
Accessed 18 March 2011.

² Health Protection Agency: SOPHID Table SHABA: Diagnosed HIV-infected black-African individuals seen for care by area of residence, United Kingdom: 2000-2010.

³ Antiretroviral Therapy Cohort Collaboration. Life expectancy of individuals on combination antiretroviral therapy in high-income countries: a collaborative analysis of 14 cohort studies. Lancet 2008;372:293–299.

⁴ HPA, HIV in the UK: 2009 Report,
<http://www.hpa.org.uk/Publications/InfectiousDiseases/HIVAndSTIs/0911HIVUK2009Report/>. Publication date November 2009, Accessed 18 March 2011