

# Introduction to GUM and HIV

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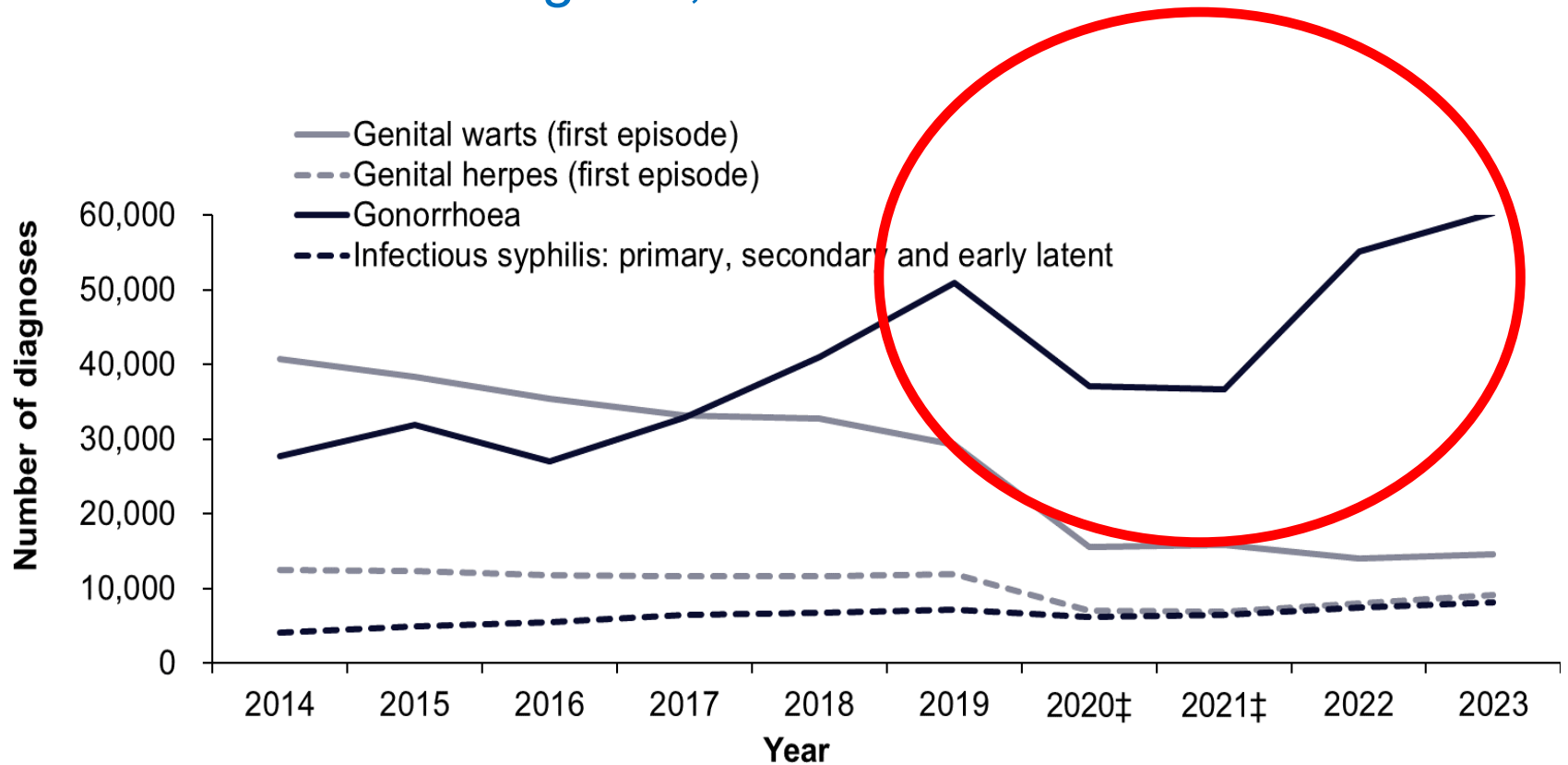
# Why HIV and Sexual Health?

- Variety
  - Clinical, academic and public health challenges
  - Integrated services – MDT working
  - Innovation and evolving service models
  - Online and face-to-face services
- Complex medical problems
- Psychological aspects
- Marginalised, underserved communities – addressing inequalities
- Communication skills
- Holistic care – partnership working
- Opportunities for 'portfolio careers'

# HIV and Sexual Health challenges

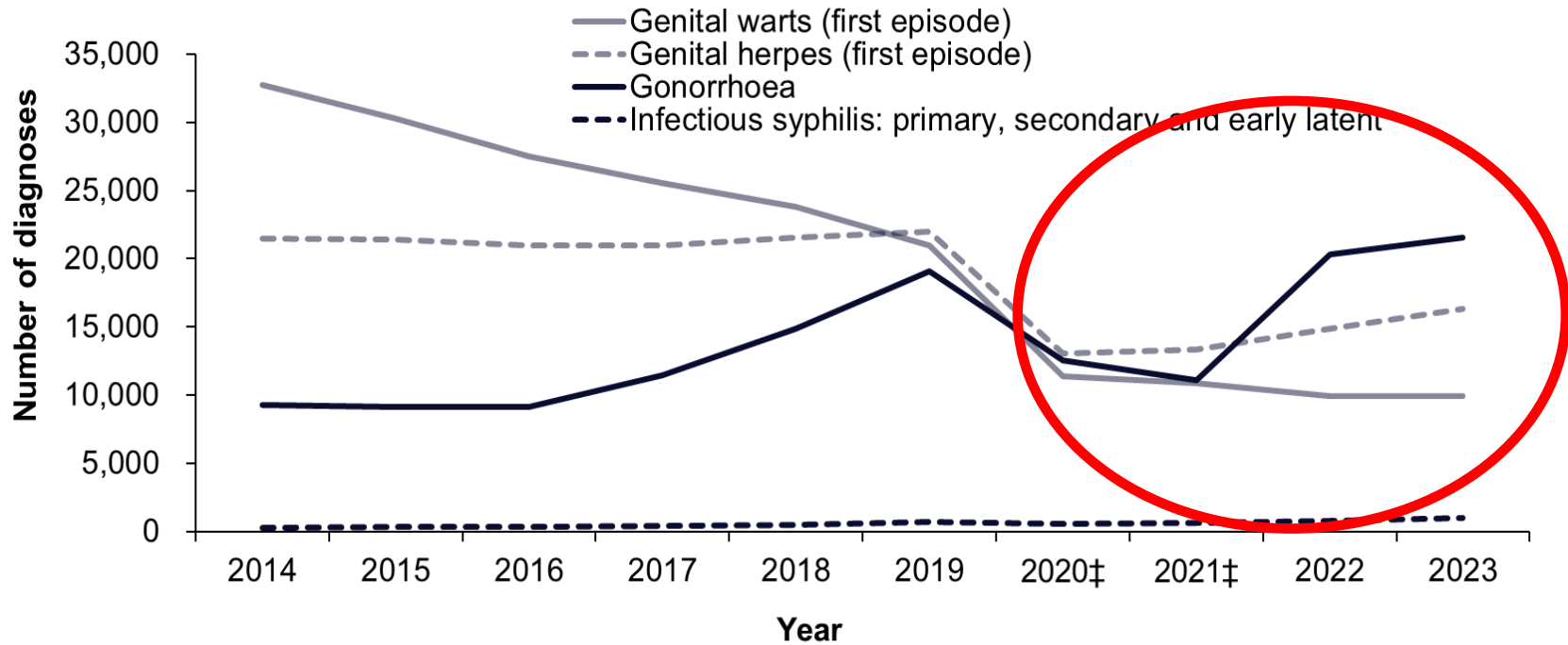
- Continued high rates of sexual ill-health in some groups
  - Rises in most STIs (gonorrhoea and syphilis)
  - Gay, bisexual and other men who have sex with men
  - Black and ethnic minorities
  - Young people
  - Trans and non-binary people
  
- Shifting challenges of the HIV epidemic
  - Ending HIV transmission – focus on prevention (access to PrEP)
  - Diagnosing the those living with undiagnosed HIV
  - Challenges in retention, engagement and adherence of some
  - Late diagnosis and complex medical problems in those with advanced HIV

# Number of STI diagnoses among men: England, 2014 to 2023



†Figures reported in 2020 and 2021 are notably lower than previous years due to the disruption to SHSs during the national response to the COVID-19 pandemic

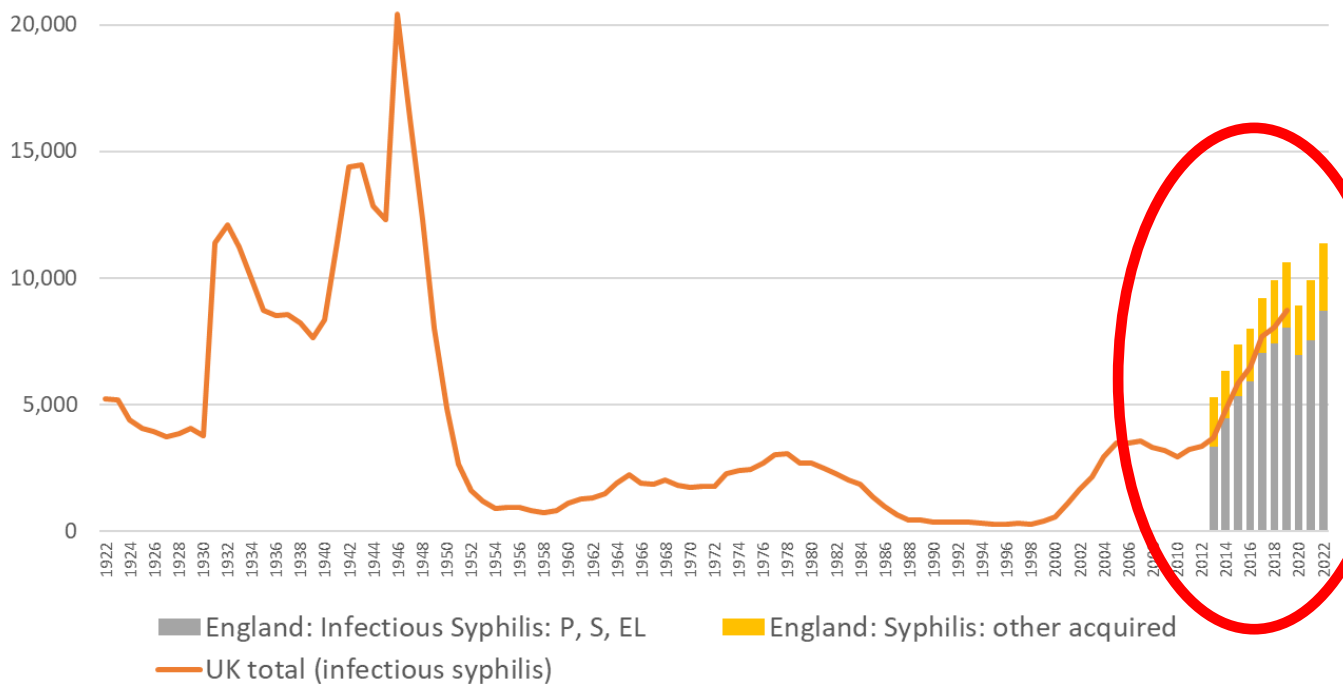
# Number of STI diagnoses among women: England, 2014 to 2023



†Figures reported in 2020 and 2021 are notably lower than previous years due to the disruption to SHSs during the national response to the COVID-19 pandemic

# 100 years of syphilis

Syphilis diagnoses in Sexual Health Services  
historical context



In 2022 in England there were:

**8,692** diagnoses of infectious syphilis: primary, secondary and early latent stages

**2,677** diagnoses of “Other acquired syphilis”: including cardiovascular, neurosyphilis or any other late or latent syphilis (asymptomatic, non-infectious, but requiring treatment)

Early Latent: asymptomatic within 2 years of infection. Late Latent: asymptomatic: infection >2 years prior

# Tracking the syphilis epidemic:

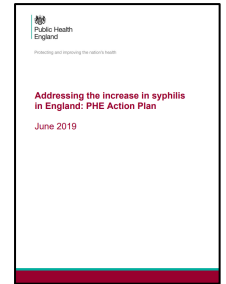


Figure 2. Number of infectious syphilis diagnoses by gender and sexual orientation, 2010 to 2019, England\*

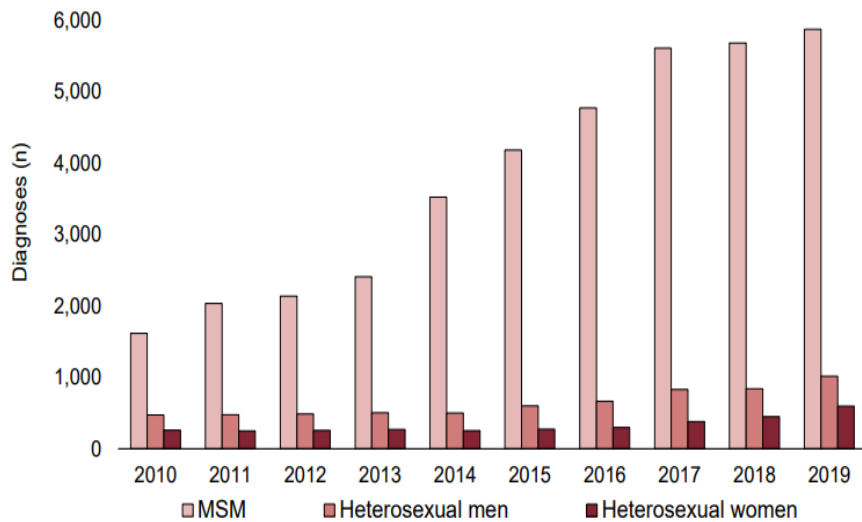
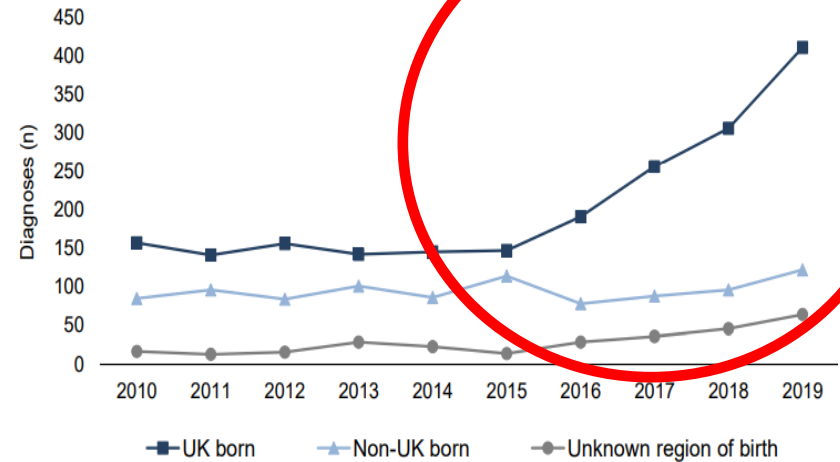
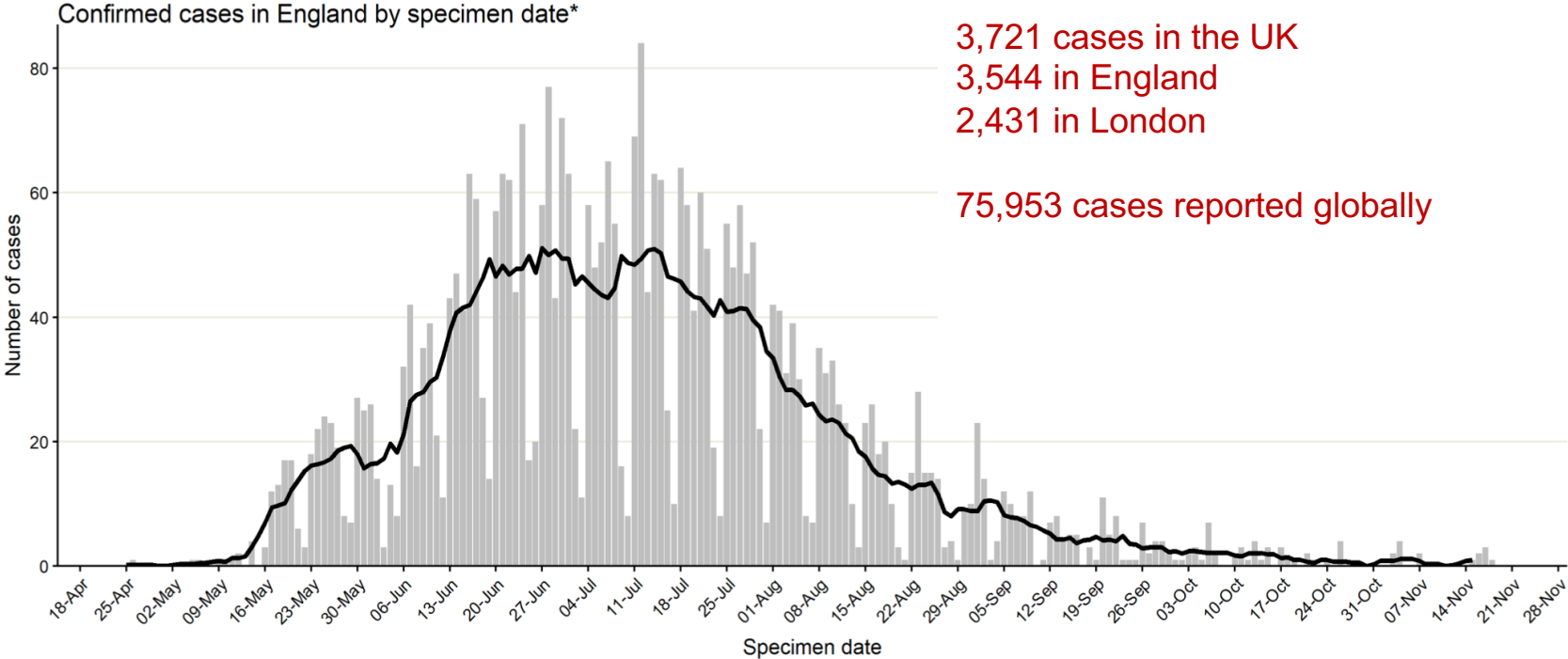
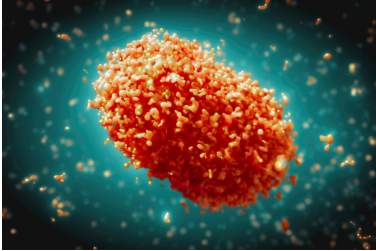


Figure 35. Number of infectious syphilis diagnoses among women by region of birth, 2010 to 2019, England\*



# Confirmed and highly probable Monkeypox cases -England



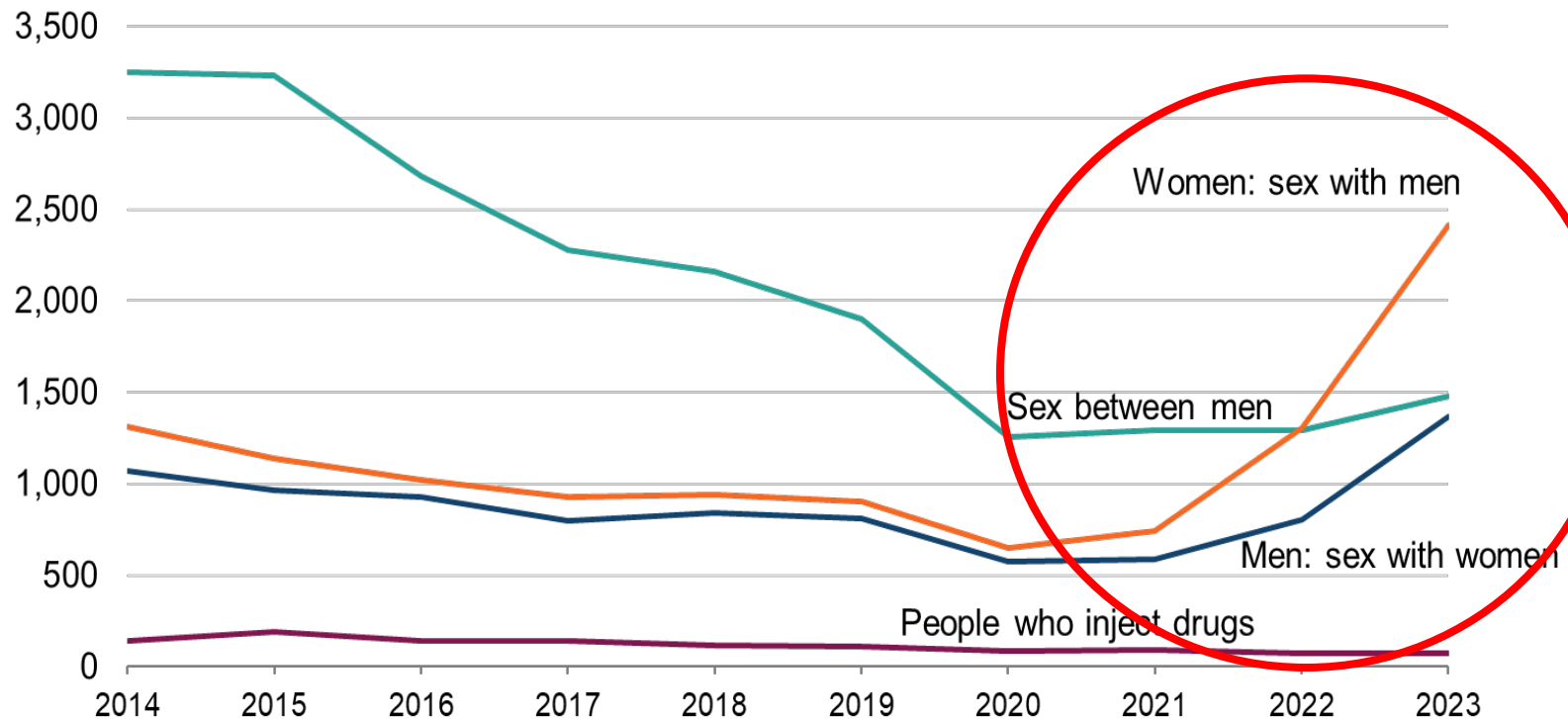
Whilst data cleaning is carried out routinely, quality assurance samples may have been included from laboratory surveillance systems which will be corrected in subsequent reports.  
Black line represents 7-day rolling average of cases detected in England.  
The case with a retrospective specimen date in March 2022 has been omitted from this chart. The cases of MPX presented include HCID cases.  
\*Where specimen date is missing, date the lab received the specimen is used. Where both are missing (mainly among early cases), date added to the linelist is used (5 / 3544).

Source: UKHSA. 23<sup>rd</sup> November 2022



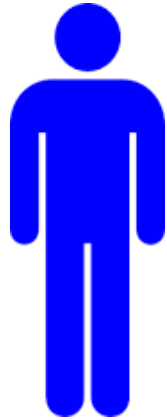
# New HIV diagnoses (all persons), by probable route of exposure and gender identity: UK, 2014 to 2023

## Number of diagnoses



# Ending HIV transmission by 2030....

- Undiagnosed HIV
- *Aware of status but not engaged in care*
- *Engaged in care but have not achieved an undetectable viral load*



Could transmit HIV



Could acquire HIV

- Aware of risk
- Regular testing
- Able to manage HIV prevention and good sexual health
- Able to use condoms consistently
- *Equitable access to PrEP*

# Pre-exposure prophylaxis (PrEP)

The use of HIV drugs in people at higher risk of HIV acquisition *before* a potential exposure to HIV to prevent HIV transmission

Tenofovir disoproxil fumarate and Emtricitabine TDF-FTC  
Tenofovir Adefenamide fumarate TAF-FTC



**PrEP works!**

PrEP is almost **100% effective** when taken as prescribed.

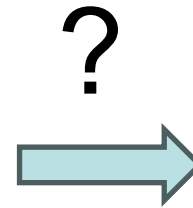
**#PrEPNow**

# PrEP Access

- PrEP is highly effective and safe (and, with generic drug, very cheap)
- PrEP uptake has been highest amongst cis gay, bisexual and other men who have sex with men (GBMSM).
- Poor and uneven awareness and access has been reported amongst racial minorities, trans and nonbinary communities, heterosexual women and men and younger GBMSM.
- We need to do more address these inequalities and ensure PrEP knowledge, access and uptake is equitable for all
- Have a low threshold for discussing and recommending PrEP:
  - GBMSM, trans and non-binary people, black African heterosexual people (and those from other high endemic areas), people who inject drugs
- New settings for PrEP delivering
  - Primary care, community pharmacy, online

# PrEP: future considerations

- Efficacy
- Safety
- Acceptability
- Cost
- Equity of access



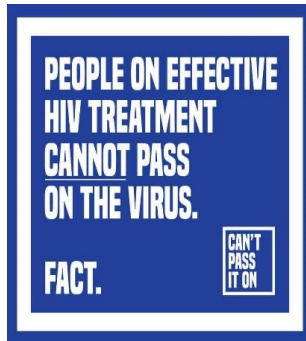
Cabotegravir



Lenacapavir

# Undetectable = Untransmittable (U=U)

People living with HIV who are on **effective** HIV therapy do not pass the virus onto their sexual partners



UNDETECTABLE = UNTRANSMITTABLE



#UequalsU

# Why this is important

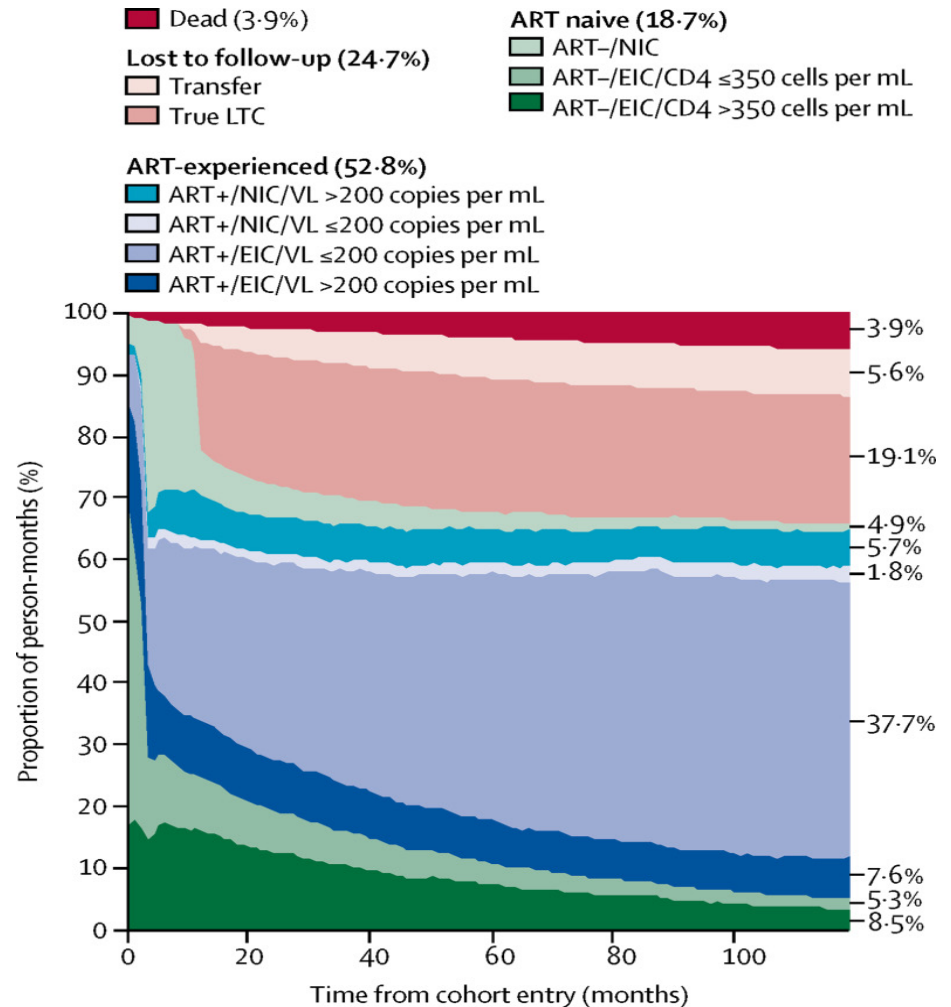
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- Removes the shame and fear of sexual transmission
- Simplifies the possibility for conception
- Impacts on potential for 'HIV criminalisation'
- Tackles HIV stigma
- Encourages people to test, engage in care and to start and stay on treatment

# People disengaged from HIV care

10 years after entering care (2000-2004), 19% of patients living with HIV in the UK are lost to clinical care.

Jose et al 2018, Lancet ID 'A continuum of HIV care describing mortality and loss to follow-up- a longitudinal cohort study'

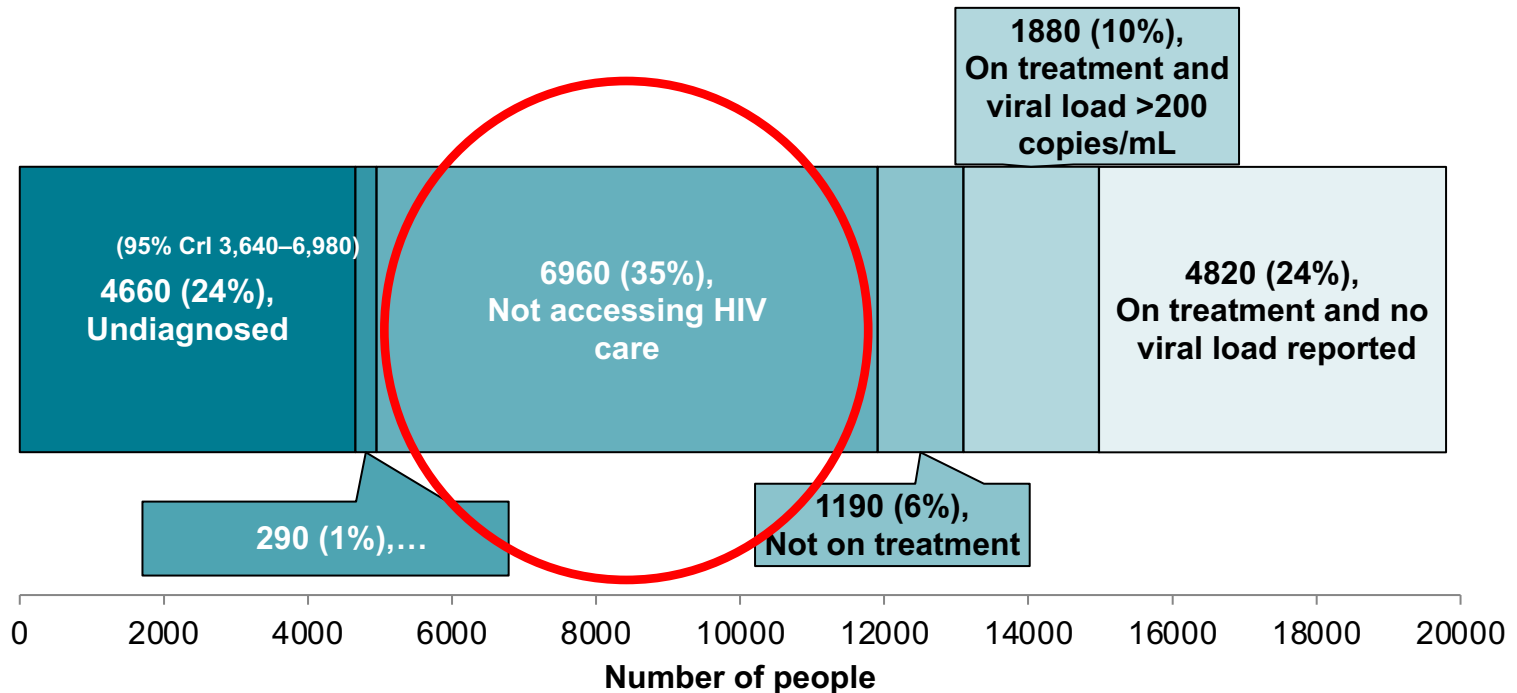




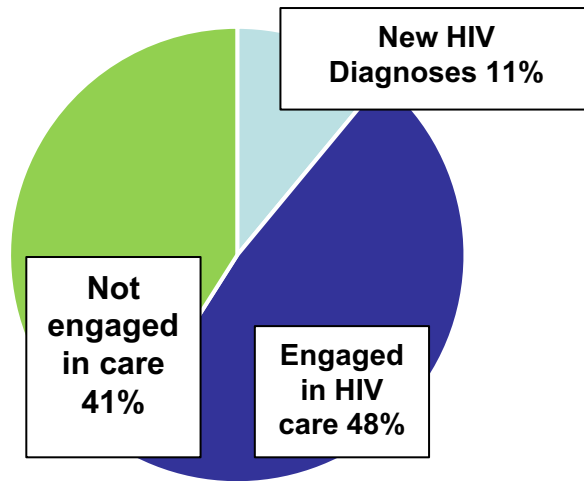


# Estimated number of people with transmissible levels of HIV: England, 2020

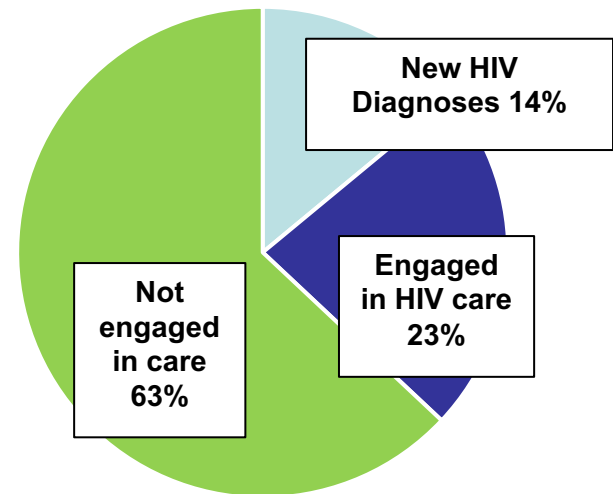
- An estimated **19,800** people had transmissible levels of virus in 2020, corresponding to **20%** of the estimated 97,740 (95% credible interval [95% CrI] 96,400–100,060) people living with HIV in England.



# Poor engagement is driving hospital admissions in PLWH at GSTT and KCH



- New HIV diagnosis
- Engaged in care
- Not engaged in care



- New diagnosis
- Engaged in care

# Why Sexual Health?

- “Something for everyone”
  - Variety
    - Integration of STI, contraception and HIV prevention
  - Innovation and service development
    - Digital solutions
  - Prevention and treatment
  - Education and training
    - At risk populations
    - Healthcare professionals
  - Never a dull moment
    - Interesting and challenging consultations
  - Job flexibility – opportunities to be less than full time

# Why HIV?

- “Something for everyone”
  - Public health
  - Virology
  - Immunology
  - Microbiology
  - Social sciences
  - Psychology / behavioural

# Why HIV?

- “Something for everyone”
  - Resource poor settings
  - Academic and research
  - General Medicine
  - Third sector
  - Pharmaceutical industry
  - Policy, politics and media

# Why HIV?

- “Something for everyone”
  - Adult
  - Adolescent
  - Paediatric
  - Antenatal and perinatal health
  - Ageing
  - Inpatient / outpatient
  - Community and primary care

# Why HIV?

- “Something for everyone”
  - Co-infection
    - TB, Hepatitis B/C
  - Malignancies
  - Neurocognitive
  - Ageing
    - CVD
    - Renal
    - Bone

# Why HIV and Sexual Health?

## The future....

### Sexual Health:

- Inequalities in incidence and prevalence
  - Disadvantaged / marginalised groups
- ‘New’ challenges
  - Resistant Gonorrhoea
  - Syphilis
  - Mycoplasma
  - Mpox
  - Diagnostic developments
  - Digital services

### HIV:

- Ending HIV transmission, HIV related disease and deaths by 2030
- Diagnosing the undiagnosed
- Ending late diagnosis
- Retention and re engagement in care
- Complex inpatient care



ANY QUESTIONS?