

# THINK TALK TEST

## HIV Awareness Campaign



Date of Preparation: September 2012  
UK/HIV/2012/0216

A Janssen sponsored awareness  
campaign in conjunction with

**SAVING  
LIVES**

**janssen**  
PHARMACEUTICAL COMPANIES  
OF **JOHNSON & JOHNSON**

# JANSSEN & SAVING LIVES

Working together to raise awareness of HIV



Janssen, in collaboration with the Saving Lives charity, is calling for the help of HCPs nationwide to raise awareness of HIV and reduce the stigma surrounding people living with the condition.

The aims of the Saving Lives Charity are to:

- Provide both HCPs and the public with the information needed to improve HIV awareness in their region, with the ultimate intention of decreasing the numbers of people with undiagnosed HIV in their local community
- Provide simple answers to questions such as what symptoms and signs should automatically trigger HIV testing, as well as developing local protocols and innovative health promotion campaigns

Find out more at [www.savinglivesuk.com](http://www.savinglivesuk.com)



# THE T3 CAMPAIGN

## Objectives



The objectives of the T3 Campaign are to encourage non HIV specialists to **Think HIV, Talk HIV & Test HIV** to enhance the outcomes of patients, reduce the stigma associated with the disease and increase HIV testing in those patients with specific indicator conditions.

Today we will cover:

- A HIV overview
- HIV prevalence and incidence in your area
- The Future Focus of HIV Management
- HIV information in your locality

# CURRENT AWARENESS

Your experiences



Write down any questions or myths you'd like to discuss later

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When would you recommend an HIV test?

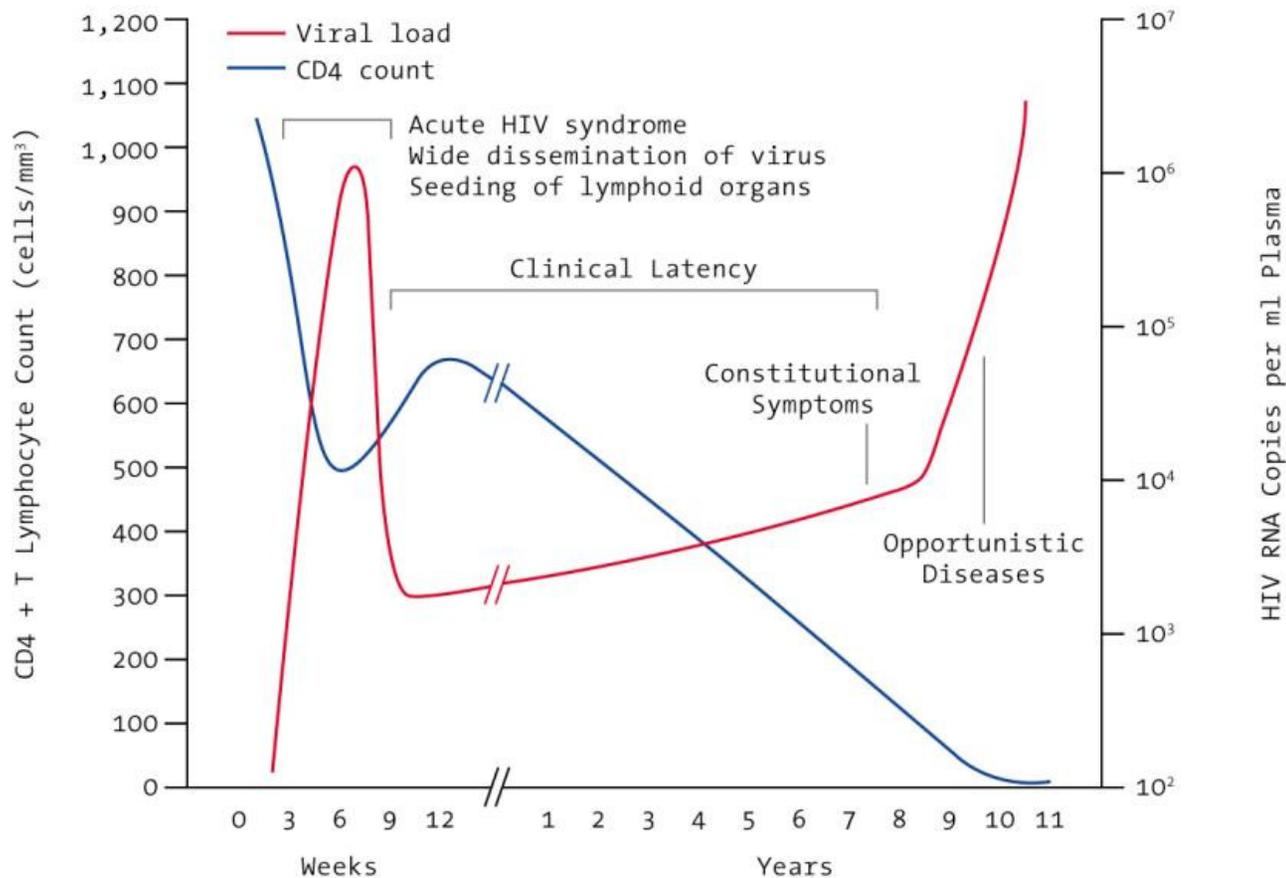
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# CURRENT AWARENESS

## HIV overview

### Natural progression of HIV



HIV is a retrovirus that infects and destroys CD4 immune cells.

**Viral load** – measures how many copies of the HIV virus are in a patient’s blood.<sup>1</sup>

**CD4** – are white blood cells that organise the immune system’s response to infections.<sup>1</sup>

1. NAM aidsmap. CD4, viral load & other tests. 2012 Second edition

# HIV TODAY

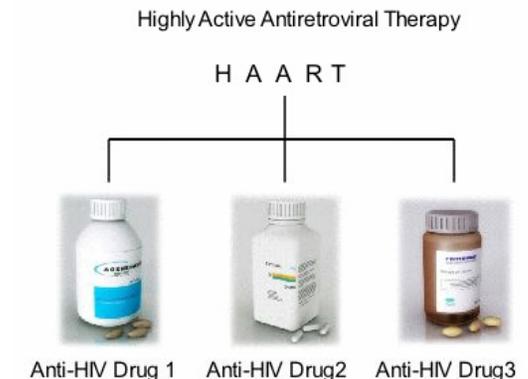
## HAART



Highly Active Antiretroviral Therapy (HAART) is a combination of antiretroviral drugs which are capable of durable suppression of the viral load. In most cases, a HAART regimen consists of three or more anti-HIV drugs.

There are six main classes of antiretroviral drugs:

- Nucleoside reverse transcriptase inhibitors (NRTIs)
- Nucleotide reverse transcriptase inhibitors (NtRTIs)
- Non-nucleoside reverse transcriptase inhibitors (NNRTIs)
- Protease inhibitors (PIs)
- Entry inhibitors
- Integrase Inhibitors



**The overall aim of HIV treatment is to reduce viral load and increase the CD4 count**



A microscopic view of HIV virus particles, showing their characteristic spherical shape with a red outer envelope and a dark blue inner core. The particles are clustered together, with some showing a distinct outer layer of spikes.

**WE'VE COME A LONG WAY**  
in the treatment of HIV...

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# IT'S BEEN NEARLY 25 YEARS

Since the last major HIV awareness campaign





# THE SITUATION TODAY

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# HIV TODAY



**HIV is defined as a chronic, treatable disease.**

With great advances in treatments since the 80s, people newly diagnosed with HIV can now expect a relatively normal life span... **but only** if they are diagnosed and started on treatment early enough.

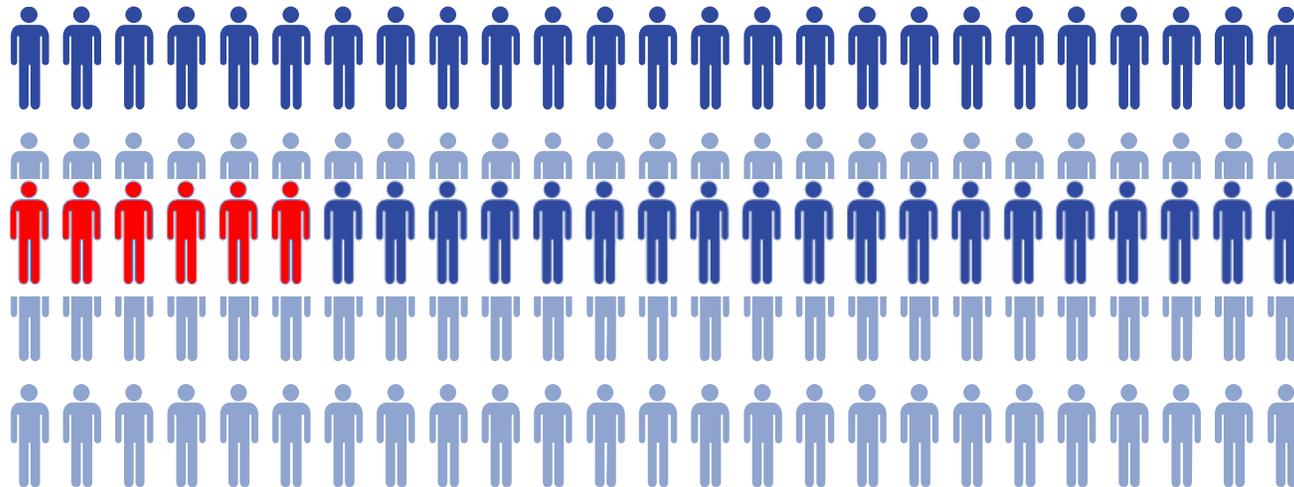
Getting patients diagnosed and on treatment can significantly reduce transmission.<sup>1</sup>

1. HIV Testing Action Plan: Second edition 2012.  
<http://www.nat.org.uk/media/Files/Policy/2012/May-2012-Testing-Action-Plan.pdf> Accessed July 2012.

# DID YOU KNOW?



- **25%** of people living with HIV in the UK do not know they have it<sup>1</sup>



- **25%** of those unaware of their diagnosis are responsible for 50% of transmission<sup>2</sup>

1. HIV in the United Kingdom: 2011 Report.  
[http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb\\_C/1317131679504](http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1317131679504). Accessed July 2012.  
2. HV Testing Action Plan: Second edition 2012.  
<http://www.nat.org.uk/media/Files/Policy/2012/May-2012-Testing-Action-Plan.pdf> Accessed July 2012



# WHAT IS THE PREVALENCE of HIV in the UK?

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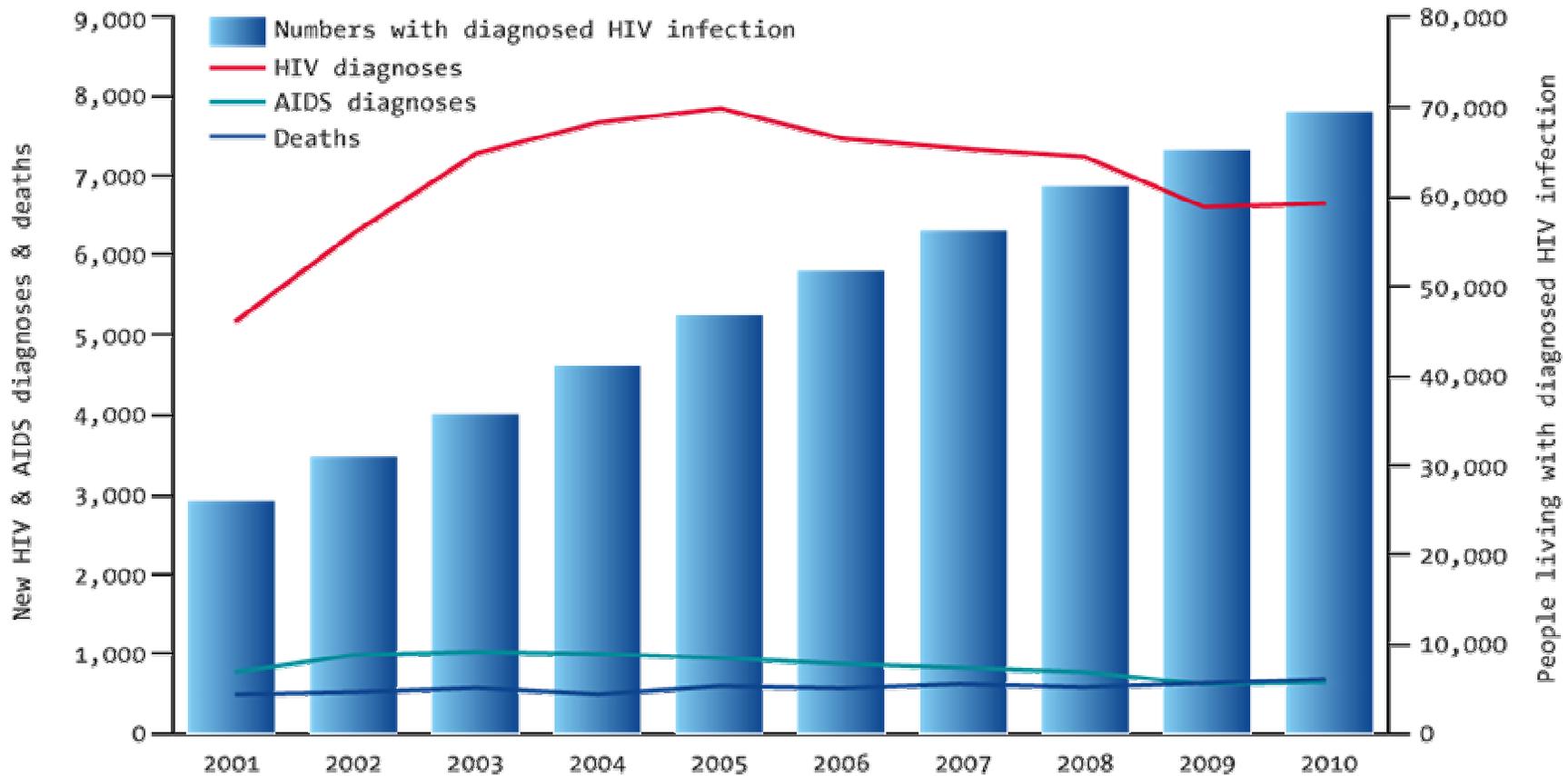
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# INCIDENCE AND PREVALENCE

Number of new HIV and AIDS cases, people diagnosed with HIV and deaths from 2001-2010<sup>1</sup>

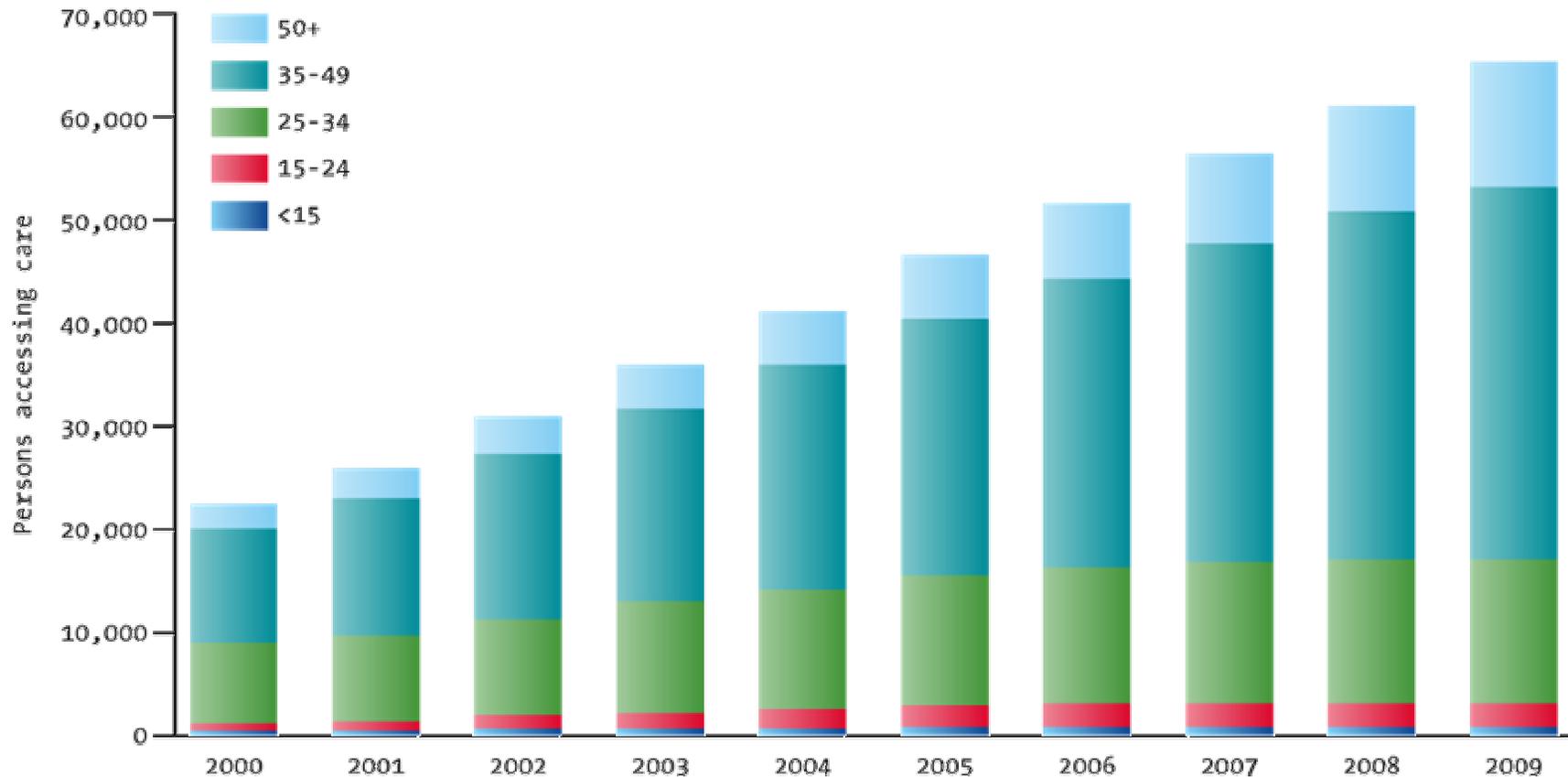


1. HIV in the United Kingdom: 2011 Report.  
[http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb\\_C/1317131679504](http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1317131679504). Accessed July 2012.



# INCIDENCE AND PREVALENCE

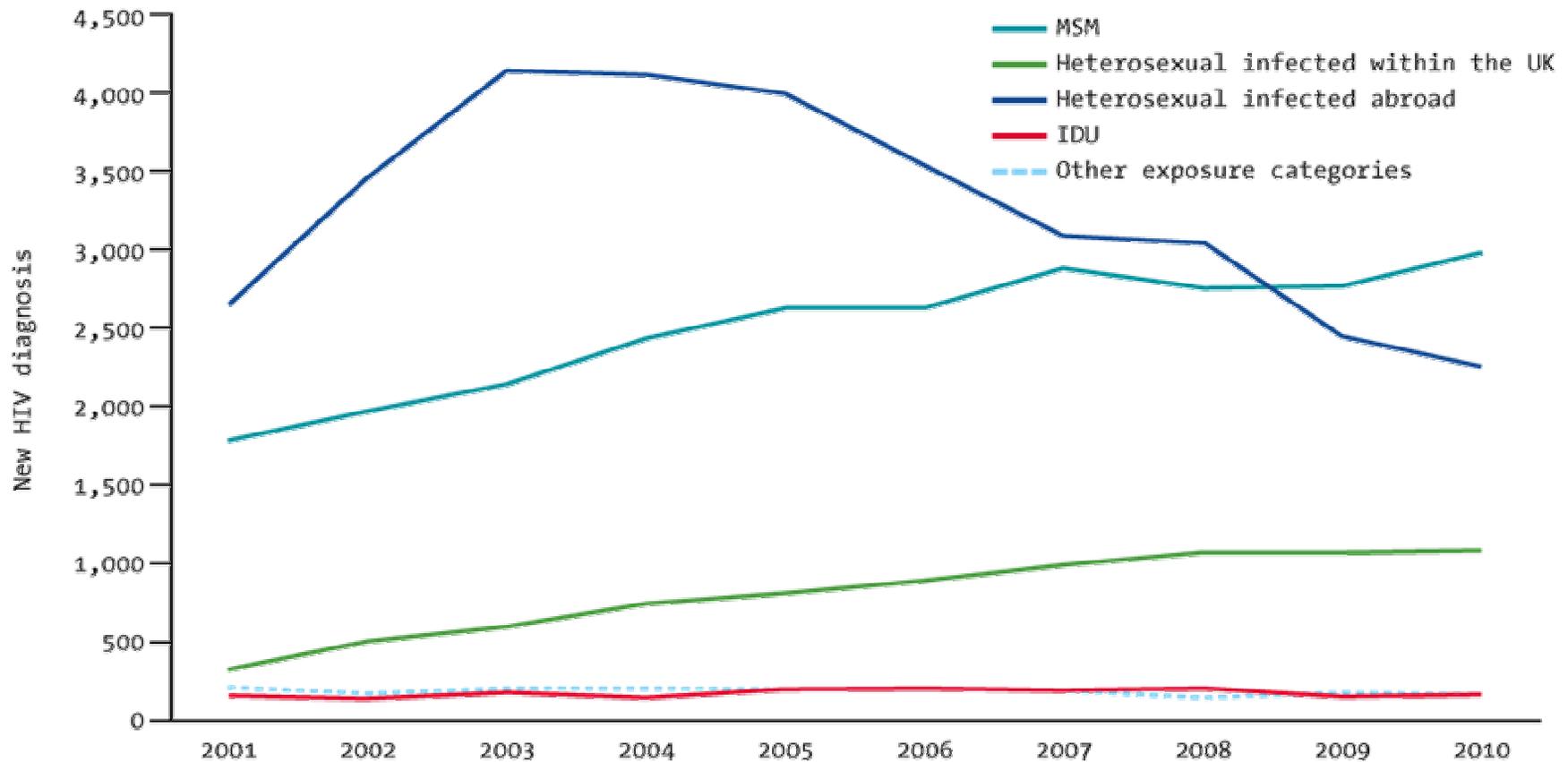
Diagnosed HIV individuals by age group, UK  
2000-2009<sup>1</sup>



1. HIV in the United Kingdom: 2010 Report.  
[http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1287145367237](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1287145367237). Accessed August 2012

# INCIDENCE AND PREVALENCE

New HIV Diagnosis by exposure group, UK 2001-2010<sup>1</sup>



1. HIV in the United Kingdom: 2011 Report.  
[http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb\\_C/1317131679504](http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1317131679504). Accessed July 2012.

# GUIDANCE ON HIV TESTING

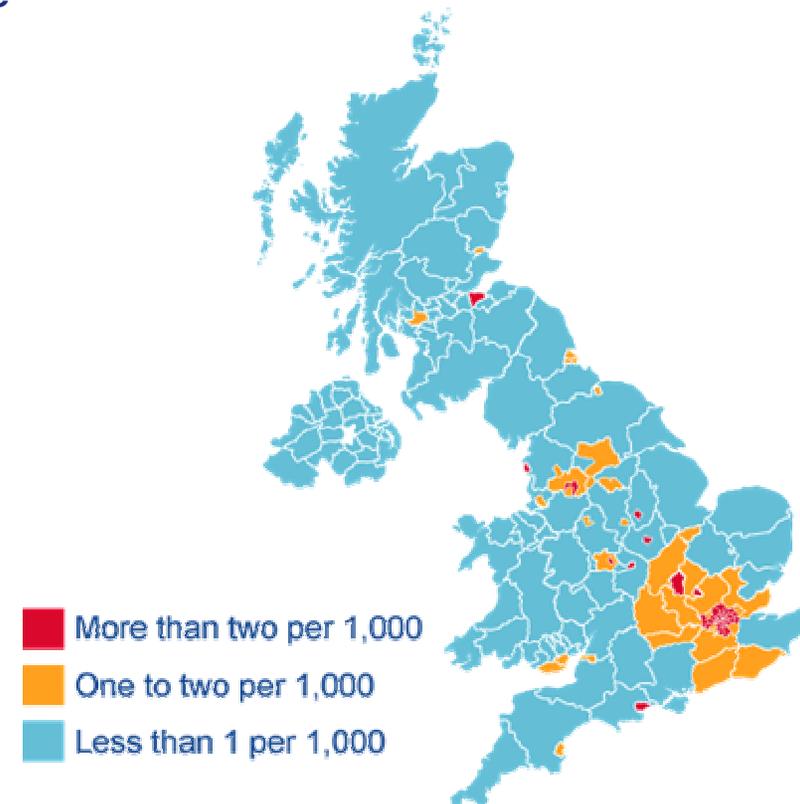
Health Protection Agency



**In areas where more than 2 per 1000 among 15 to 59 year olds are known to be living with diagnosed HIV infection...**

- Primary care and general medical admissions professionals should consider offering and recommending an HIV test when registering and admitting new patients<sup>2</sup>
- All health practitioners should offer and recommend an HIV test to anyone who has a blood test (regardless of the reason)<sup>2</sup>
- Secondary and emergency care providers should offer and recommend HIV testing to all men admitted to hospital who have previously tested negative for HIV or have never been tested<sup>2</sup>

Prevalence of diagnosed HIV infection by local authority among population aged 15-59; UK, 2010<sup>1</sup>



1. HIV in the United Kingdom: 2011 Report. [http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb\\_C/1317131679504](http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1317131679504). Accessed July 2012.

2. HPA, 2011. [http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb\\_C/1296683807881](http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1296683807881) Accessed August 2012



# GUIDANCE ON HIV TESTING

National Institute for Health and Clinical Excellence



**NICE have also published guidance for increasing the uptake of HIV testing among men who have sex with men and black African communities which includes the following recommendation;<sup>1,2</sup>**



## **Guidance for Primary and Secondary care<sup>1</sup>**

In areas where more than 2 in 1000 population have been diagnosed with HIV:

- Primary care and general medical admissions professionals should consider offering and recommending an HIV test when registering and admitting new patients
- All Healthcare practitioners should offer and recommend an HIV test to anyone who has a blood test (regardless of the reason)

1. National Institute for Health and Clinical Excellence, 2011. Increasing the uptake of HIV testing among black Africans in England. NICE public health guidance 33.

2. National Institute for Health and Clinical Excellence, 2011. Increasing the uptake of HIV testing among men who have sex with men. NICE public health guidance 34.



# GUIDANCE ON HIV TESTING

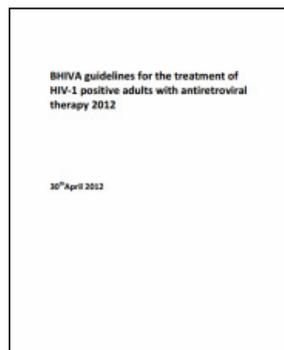
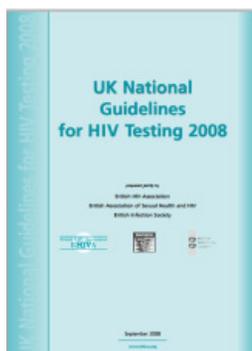
British HIV Association



**Founded in 1995, BHIVA has become the leading UK professional association representing professionals in HIV care and providing excellence in the care of those living with and affected by HIV.<sup>1</sup>**



- National advisory body to organisations on all aspects of HIV care<sup>1</sup>
- Contributes representatives for international, national and local committees dealing with HIV care<sup>1</sup>
- Works to promote undergraduate, postgraduate and continuing medical education within HIV care<sup>1</sup>



1. British HIV Association. <http://www.bhiva.org/AboutBHIVA.aspx> Accessed August 2012

# HIV IN YOUR AREA

Lambeth

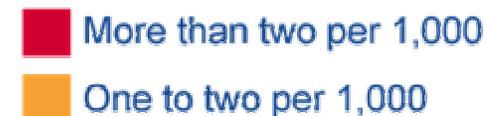
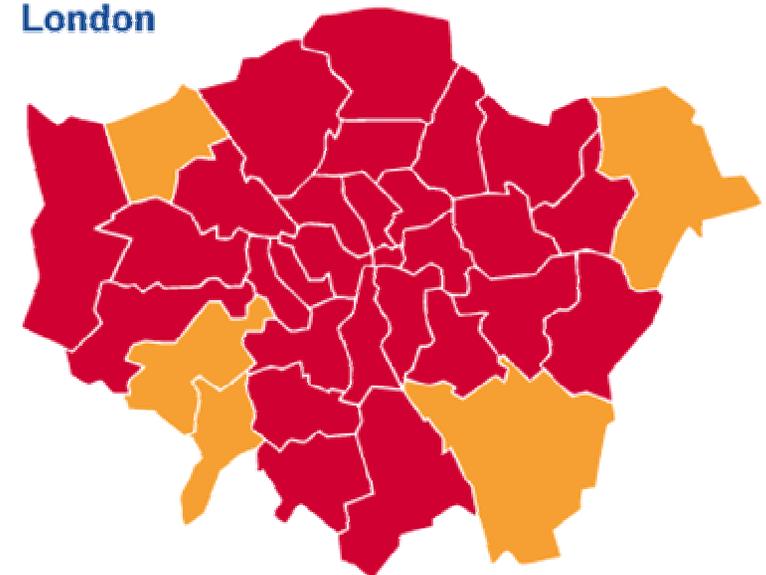


- Diagnosed HIV prevalence per 1000 (aged 15-59) = 13.9
- 42% of diagnoses are made late (CD4 <350)
- 20% of diagnoses made very late (CD4 <200)

Late diagnosis increases morbidity and mortality.

Direct medical costs for HIV care in the first year after diagnosis are twice as high for the diagnosed with a CD4 count less than 350cells/mm<sup>3</sup>.

London





# THE FUTURE FOCUS of HIV Management

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# THE FUTURE FOCUS

## Tackling late diagnosis



**Late diagnosis is defined by a weakened immune system.**

Measured by CD4 cell counts:

- CD4  $\leq 350$  is considered a late diagnosis (vs. CD4 500-1,600 in people without HIV)
  - Patients with CD4  $\leq 350$  cannot start anti-HIV therapy as guidelines recommend and have a higher risk of HIV-related death<sup>1</sup>
- CD4  $< 200$  is considered advanced HIV<sup>2</sup>

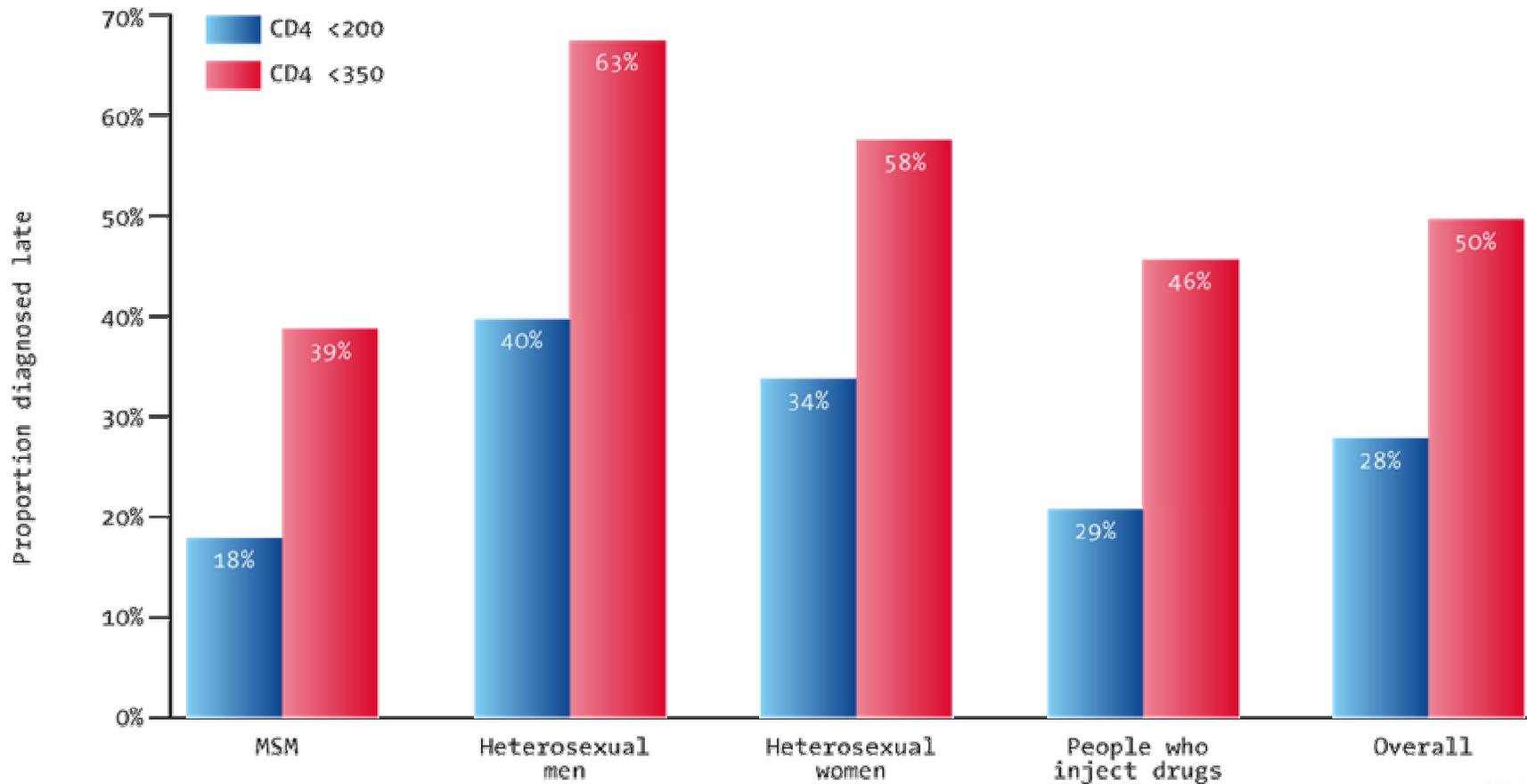
### **The impact of late diagnosis...**

- People with a weakened immune system are more likely to develop opportunistic infections such as pneumonia<sup>1</sup>
- The lower a person's CD4 count, the longer it takes them to recover, with possible irreversible loss

1. HPA Sexual Health Profiles, Performance: metadata files. 2012  
2. WHO HIV/AIDS Programme.  
<http://www.who.int/hiv/pub/guidelines/HIVstaging150307.pdf> Accessed August 2012.

# THE FUTURE FOCUS

By risk group: UK 2010<sup>1</sup>



1. HIV in the United Kingdom: 2011 Report  
[http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb\\_C/1317131679504](http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1317131679504). Accessed July 2012



# THE FUTURE FOCUS

Late Diagnosis & Awareness



**We see patients who present late, where opportunities have been missed because people still don't always think to test patients for HIV**

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HIV Specialist



**There is one patient who sticks in the mind who could have been diagnosed two years previously, and then she comes in and dies. A complete waste...**

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HIV Specialist

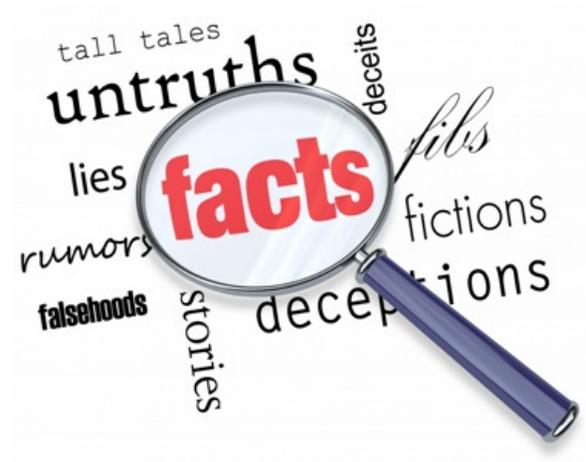


# THE FUTURE FOCUS

Tackling Stigma



What myths have you heard around  
HIV?



# THE FUTURE FOCUS

Tackling Stigma



There is still this problem in healthcare... even... the nurses... there is still the stigma. If the patient is admitted on a general medical ward, [the staff say], 'Oh, it's an HIV patient - wear gloves!'

---

HIV Specialist Nurse



If all staff were just able to see them as patients rather than 'HIV patients', so that they could be put anywhere, in any bed, without any problems, then I would have really achieved something

---

HIV Specialist Nurse



# THE FUTURE FOCUS

Stigma - Dispelling the myths



You can get HIV  
from having a  
fish pedicure

---



You can get HIV  
from someone  
who spits or  
bites you

---



Only gay men  
get HIV

---



HIV can be passed  
on through sharing  
razors or  
toothbrushes

---



If you have HIV  
you will die soon

---



You can't have  
a baby if you or  
your partner is  
HIV positive

---



# THE FUTURE FOCUS

Stigma - Dispelling the myths



IHIV is not transmitted by:

Touching

---

“ ”

Kissing

---

“ ”

Toilet seats

---

“ ”

A microscopic view of HIV virus particles, showing several spherical particles with a red outer shell and a dark blue inner core, set against a white background.

# SHAPING THE FUTURE OF HIV

## Your Role

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The Janssen logo, which is a stylized blue 'J' shape.

# THINK TALK TEST



## What can you do?

- Always consider patients for HIV testing if they have HIV indicator diseases



**THERE ARE FOUR REASONS WHY PEOPLE ARE DYING OF ADVANCED HIV IN THE UK:**

1. They do not consider themselves at risk and therefore have not been tested.
2. HIV testing is not routinely offered in GP practices or hospitals.
3. One in four people (>25,000) infected with HIV in the UK remain undiagnosed.
4. If undiagnosed they cannot receive life-saving treatment and can unknowingly infect others.

**WHY THE NEED TO TEST FOR HIV?**

- HIV is treatable and has been for more than 10 years.
- Early diagnosis gives access to treatment, prevents further transmission and saves lives.
- People testing positive can live long, healthy, productive lives if on treatment.
- The biggest factor associated with HIV-related deaths in the UK is late diagnosis.

**HOW COMMON IS UNDIAGNOSED HIV?**

The rate of new HIV infections, especially amongst heterosexuals, has risen in recent years. Thirty-seven English local authorities now have a prevalence of diagnosed HIV greater than 2 per 1,000 of the population (see website for details).

[www.savinglivesuk.com](http://www.savinglivesuk.com)

**WHEN IS TESTING RECOMMENDED?**

Healthcare professionals should have a low threshold for recommending testing; a test should be included along with routine bloods when:

- HIV enters the differential diagnosis (see opposite).
- You don't know the cause for the patient's presentation.
- You consider requesting an ESR (a surrogate for excluding things).

**POINTS TO REMEMBER:**

- 'Viral illness' can also be sexually transmitted e.g. HIV seroconversion.
- All pregnant women in the UK are tested for HIV as a routine.

**HOW TO TEST?**

- **Recommend:** as a routine test alongside other bloods.
- **Normalise:** simply say, 'HIV testing is a routine blood test in our hospital / clinic / practice'.
- **Reassure:** there are no insurance or mortgage penalties for taking a test, in the same way that there are none for having a chest x-ray.
- **Send:** a clotted blood sample to microbiology / virology or local labs and request a routine HIV test.

ONLY verbal notification that the test is being done is required.

	Conditions where HIV testing should be routinely offered to all	Conditions where HIV testing should be routinely offered to those aged 15-65 yrs (still consider if 65-80)
<b>Respiratory</b>	TB, bilateral infiltrates or part of atypical pneumonia screen to exclude Pneumocystis	Any pneumonia Any cough with raised RR despite normal CXR (exclude Pneumocystis)
<b>Neurology</b>	Cerebral toxoplasmosis, Primary cerebral lymphoma, Cryptococcal meningitis, prior to brain biopsy	Peripheral neuropathy, any meningitis/encephalitis, any mass lesion, GBS, transverse myelitis, Memory change
<b>Dermatology</b>	KS	Any macular/papular rash (seroconversion), Herpes zoster, Facial molluscum, Seborrheic dermatitis, Pilonais, Dry skin with other indicators.
<b>Gastroenterology</b>	Hepatitis B or C Oesophageal candida	Oral candidiasis, Oral hairy leukoplakia, when doing full liver screen, chronic diarrhoea, inflammatory bowel disease, Unexplained weight loss, when coeliac considered, Salmonella, Shigella, Campylobacter, Cryptosporidia with other indicators.
<b>Oncology</b>	NHL	Hodgkins, when diagnosing ANCA associated disease, SLE, or connective tissue disease esp RF seronegative
<b>Rheumatology</b>	Thrombocytopenia, neutropenia, lymphopenia	As part of routine work up of raised ESR, lymphadenopathy, anaemia
<b>Haematology</b>	All infective retinal diseases including herpesviruses	Uveitis workup Unexplained retinopathy
<b>Ophthalmology</b>	When renal biopsy performed	Lymphoepithelial parotid cysts, Oral ulcers or allergic reactions requiring steroids with other indicators, proteinuria
<b>Other</b>	Beware HIV test can be negative in first 20 days after infection. Refer to sexual health or inform GP to repeat in one/two weeks	Any combination of: Fever, Malaise, Headache, sore throat, Diarrhoea, Rash (50%), Self limiting 1-4 wk post exposure
<b>Viral illness? Think HIV seroconversion</b>		

Adapted from UK National guideline on HIV testing

# THINK TALK TEST



## What can you do?

- Don't be afraid to discuss HIV with your patients
- Share your knowledge with those around you and help to dispell the myths surrounding HIV
- By helping to destigmatise the disease you can enhance the patient journey
- Speak with you local HIV specialist if you have any questions or concerns

# THINK TALK TEST

What does this mean in your hospital?

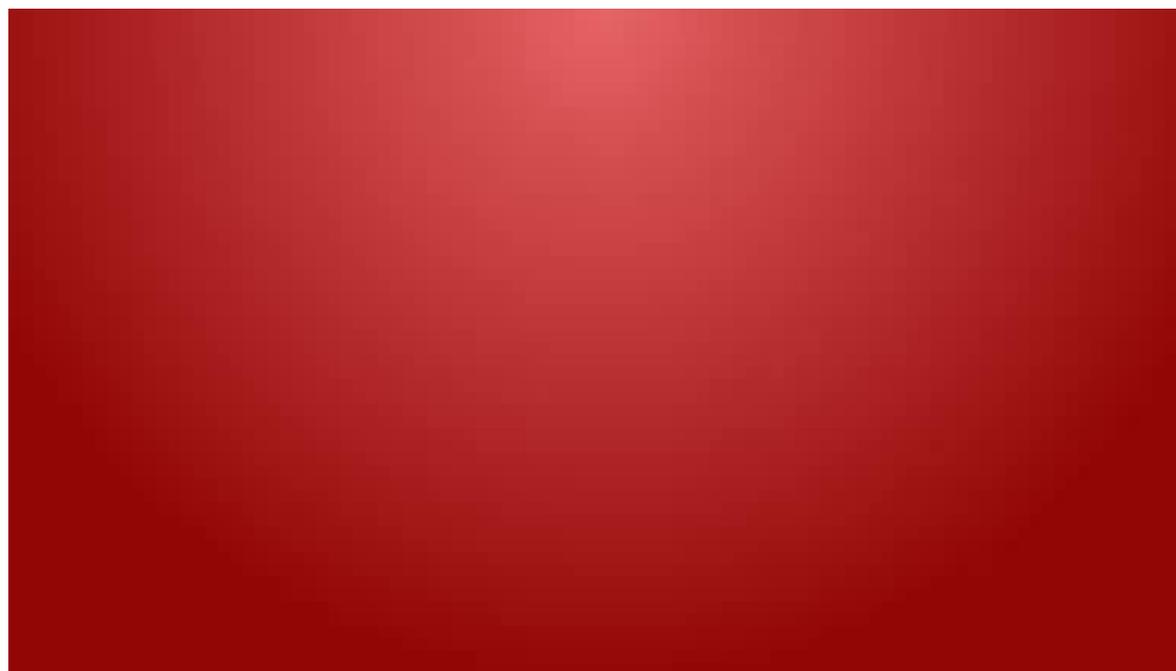


## What can you do?

- BHIVA Guidelines recommend that patients with specific indicator conditions should be routinely screened for HIV test<sup>1</sup>
- *Add hospital recommendations*

1. New NICE guidance supports HPA advice and BHIVA/BASHH/BIS guidelines on expanding HIV testing  
[http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb\\_C/1296683807881](http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1296683807881) Accessed August 2012

# THINK, TALK, TEST HIV



**Thank You**



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