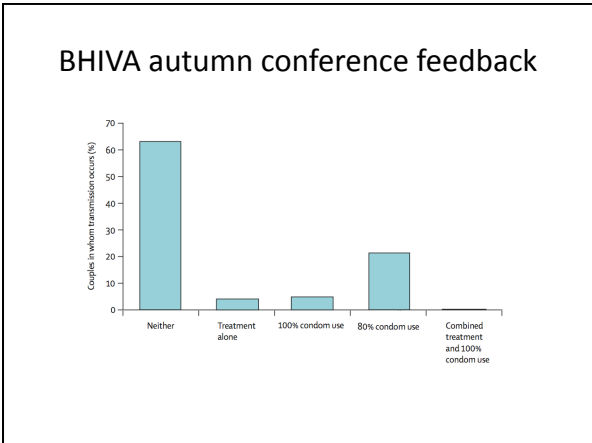


BHIVA autumn conference
feedback
Matt Williams
UK-CAB 27

BHIVA autumn conference feedback
Context

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- Earlier this year, a High Court resulted in HIV-positive refused asylum seekers being entitled to free HIV treatment and care for as long as they remained in the UK.
- The judge refused a claim that there was a human right to NHS treatment, saying that any discrimination in the rules was justifiable so as to discourage 'health tourism'...



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Health tourism...

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- A new NAT report that “separates facts and evidence around migration from fears and misinformation”, argues that there is no evidence to demonstrate that HIV health tourism to the UK exists.

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- Dr Le Feuvre, a Kent GP, told the conference that NAT’s conclusions match his own experience.
- “We had tens of thousands of [refugees and asylum seekers] coming through East Kent in the last ten years [...] the majority of people diagnosed with HIV, and who left the [Dover Induction Centre], left with it being diagnosed after their arrival and not before.”

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- Dr Ian Williams, BHIVA’s Chair, wrote to the Department of Health to argue that HIV care should be considered immediately necessary in the same way as maternity care.
- Adam Hundt, a human rights lawyer on providing treatment: “I think the most important thing to remember is that it’s a matter of clinical judgment which should not be second-guessed by administrative staff.”

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Untested children, late presentation and delayed diagnosis

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- A small but significant number of vertically infected adolescents have survived childhood undiagnosed and untreated
- Recent death of an adolescent in London whose HIV status was missed during childhood, and who presented with TB and died soon after

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- 42 adolescents aged between 13 and 20 who had acquired HIV vertically (also known as mother-to-baby transmission), survived childhood untested and untreated

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- 50% had symptoms at the time of diagnosis
- Median CD4 count was 210 cells/mm³ (range 0-689)
- Half were diagnosed with a CD4 count below 200 cells/mm³

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Gay men, Africans and undiagnosed HIV

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- 4/10 gay men in the UK who have HIV are undiagnosed
- Main reason: not testing often enough rather than refusing to test.

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- 6/10 Africans in the UK who have HIV are undiagnosed
- Main reason: never tested in their country of origin
- Often have low CD4 counts and tend not to test until they have symptoms

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- Professor Andrew Phillips: why don't people (gay men) test?

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- Possible reasons:
 - Some gay men who say they are HIV-negative and refuse a test actually know they have HIV and lie about it, possibly because they fear being stigmatised or even prosecuted if they reveal unsafe sex;
 - A sub-population of gay men who are at high risk of HIV are so anxious about it that they actively avoid testing;
 - HIV incidence (the new infection rate) among some gay men is so high that taking a test every few years is failing to detect recent infections.

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- Possible reasons – maths model suggests:
 - Some gay men who say they are HIV-negative and refuse a test actually know they have HIV and lie about it, possibly because they fear being stigmatised or even prosecuted if they reveal unsafe sex;
 - A sub-population of gay men who are at high risk of HIV are so anxious about it that they actively avoid testing;
 - HIV incidence (the new infection rate) among some gay men is so high that taking a test every few years is failing to detect recent infections.

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- Scottish survey: 56% of men who were in fact HIV-positive despite having had a previous negative test described themselves as “HIV negative”
- More than the proportion who said “don’t know”

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- Scottish survey: Large minority of men expressed significant fears around testing
- 1/6 of said they were “too frightened” to go for a test (or another test)
- 1/9 said saying they “didn’t want to know”

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Prebiotics

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- Dr Mario Clerici, Milan University Medical School + Danone Research Centre, Netherlands
- Small pilot study – “COPA”
- Prebiotics – like probiotics (Actimel etc) but work in colon, not small intestine

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- Gut is the largest immune system organ in the human body.
- Soon after an individual becomes infected with HIV, the virus directly infects gut-associated lymphoid tissue (GALT) where 70-80% of all immune cells exist, destroying up to 80% within a month of infection.

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- “A prebiotic supplement consisting of simple sugars produced from lactose, chicory, and citrus fruit has been found to improve gut health, which in turn significantly improved immune system function in a small study of treatment-naive HIV-positive individuals.”

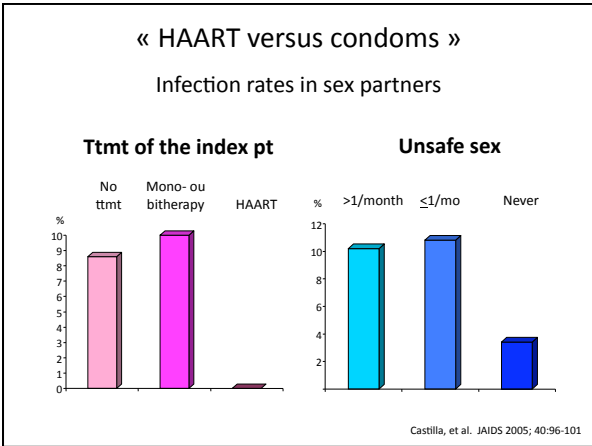
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Undetectable = uninfecious?
Community session...

- BHIVA autumn conference feedback
- Chaired by Gus Cairns (+1)
 - Speakers: Edwin Bernard, Silvia Petretti, Dr Steve Taylor (Birmingham), Professor Bernard Hirschel (Geneva)
 - Slide sets on UK-CAB website...

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Key slide from Prof Hirschel's presentation



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Five selected slides from Sylvia's presentation

Cons

- Confusing after so many years of condom promotion
- Makes negotiating condoms more difficult
- Assumptions on the sex heterosexuals have...
- Not encouraging a holistic approach to sexual health
- Problems with chronic herpes
- How does it apply to drug users?
- Sense of false security

I find it really difficult to know what to think. Over the 16 years since I was diagnosed, I have been so strong on always using a condom, to protect my husband from HIV and to ensure that at least one of us remains alive for the children. So now what do I think? On the one hand, my husband is keen for us to try to have unprotected sex again[...]but I am pretty sure that if for some reason my viral load rose and he became positive I would just feel so overwhelmed with guilt[...]What would happen, for instance, if we stopped using condoms and then 10 years from now my husband turned out to be HIV positive and he or his relatives charged me with transmission? Where would I stand then?

Poz Fem member, September 2008 Yahoo group discussion

Pros

- Supports existing practices
- Easier to conceive
- Motivating to improve adherence
- Decreases pressure to use PEP
- Decreases fear of condom breaks
- Issues for discordant couples to the forefront
- Informed risk taking
- Supports increase access to treatment and VL testing in less developed countries

'I think that after all this time of using condoms [...] it does give me a degree of tranquillity and ease in my sexuality –I can relax more because I feel protective and protected also [...] If a condom broke I would probably feel a bit easier thinking about the Swiss guidelines.'

Poz Fem member, September 2008 Yahoo group discussion

Stigma and discrimination

- Challenges the view of PLWHA as vectors of infection and potentially dangerous

However...

- General public and many PLWHA haven't heard about it
- It can reinforce stigma of those groups it doesn't apply to or who fail to achieve undetectable VL

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Nine selected slides from Edwin's presentation

Obvious benefits

The 'Swiss statement'...

- Mitigates the fear of being a lifelong danger to others
- Help reduce stigma and discrimination
- Makes it easier to have children
- Regains us the right to uninhibited intimacy and sexual pleasure

Dedes N. *The view of the civil society: HIV Transmission under ART.* XVII International AIDS Conference, Mexico City, SUSAT4103, 2008.

A range of responses

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

Denial

“I was actually rather surprised to see this statement made especially considering everything I’ve read in the past suggests completely the opposite.”

HTU Readers’ Panel member, Aug 2008

Anger

“[The Swiss statement] is morally unconscionable!! There is no doubt that many men who have read it simply jump for joy, throw condoms to the wind, and have unprotected anal sex. The consequences are beyond belief!!!!”

aidsmap.com feedback, Feb 2008

Bargaining

“As someone who's been positive for eight years, has faithfully taken meds every day, and remained undetectable and very healthy, I am hopeful that some day I will be able to freely engage in unprotected sex with my negative (receptive) partner. More [studies are] needed, clearly. It would be wonderful to be able to truly feel the connection, rather than feeling that we're in separate rooms.”

aidsmeds/POZ forum, Aug 2008

Depression

"So, basically I got nothing from this [article about the Swiss statement debate at the Mexico conference]. Am I infectious to my lover or not? Have been undetectable for ten years and have not had sexual relations for eight years."

aidsmeds/POZ forum, Aug 2008

Acceptance

"I tested positive for HIV the first time I tested 23 years ago. I have tested "undetectable" for years. I have consensual condom free (bareback) sex often. NONE of my partners have seroconverted."

aidsmeds/POZ forum, Aug 2008

The lived experience

"I'm in a quandary about what to think of this news because it doesn't reflect my own experience. I seroconverted almost a year ago shortly after being accidentally exposed to my partner's semen during sex... this why I am concerned about the 'point blank' nature of the Swiss [statement]... that said things like "HIV cannot be transmitted" under the circumstances described. If that were true, I can say with a fair degree of certainty that I would not be infected right now."

private email to Gus Cairns, Feb 1st 2008.

See also: Sturmer M et al. *Is transmission of HIV-1 in non-viraemic serodiscordant couples possible?* Antiviral Therapy 13: 729-732, 2008

Some final observations

- Is this expert opinion or scientific fact?
- Does it apply to me, or only to others?
- How do I feel about condoms, and condomless sex?
- How do I feel about risk?
- Who is responsible?

A final (unanswerable) question

IF...

...the risk of transmission by an HIV positive person with well-controlled HIV (***viral load <50, <60, 100, 1,000...?***) for unprotected anal/vaginal sex is equal to/lower than the risk of transmission by a person belonging to a "***high risk population***" who is untested or "***HIV negative***" for ***unprotected oral sex*** or protected anal/vaginal sex, what does this mean for (1) safer sex messages (2) people with HIV (3) partners of people with HIV (4) treatment....?

BHIVA autumn conference feedback

Ta, Aidsmap, for write-ups - see:
www.ukcab.net/forum/index.php?topic=287.0
for list of articles