

HIV Prevalence & Late Diagnosis in Kent

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Produced by

Natasha Hobbs: Information Officer (natasha.hobbs@kent.gov.uk)
Rachel Kennard: Senior Intelligence Analyst (rachel.kennard@kent.gov.uk)

1. HIV: Prevalence and late diagnosis in Kent

1.1 Introduction

The aim was to examine and illustrate the continuing increase in the prevalence of HIV across the districts, and to calculate and compare rates of change in prevalence if possible. After discussion, the indicator for late diagnosis was also included in the analysis.

1.2 Methodology

Data from PHE's Sexual and Reproductive Health Profiles was downloaded in December 2015. The dataset contained annual data on a number of HIV indicators from 2011 to 2014.

Prevalence:

Prevalence of HIV was explored using: HIV Prevalence rate / 1,000 aged 15-59. Defined as:

People aged 15 to 59 years seen at HIV services in the UK who are resident in England, expressed as a rate per 1,000 population. Data exclude adults seen for HIV care in England who are resident in Wales, Scotland, Northern Ireland or abroad.

The dataset covered only four data-points from 2011 to 2014 and thus comparison of the slope of change was not considered valid. Simple comparison of percentage change in prevalence has been considered within the analysis alongside other factors.

Late diagnosis

The data for PHOF indicator 3.04: HIV late diagnosis (%) was explored. The small numbers reported in any one individual year mean that the indicator shows only three year combined data. Late diagnosis is defined as:

Percentage of adults (aged 15 years or more) diagnosed with a CD4 cell count less than 350 cells per mm³ among all newly diagnosed adults with CD4 cell count available within 91 days of diagnosis and with known residence-based information.

This indicator, over time, is intending to show whether there is a trend towards earlier diagnosis. Additionally, as a measure of the time between infection and diagnosis, the indicator can indirectly inform understanding of the proportion of HIV infections undiagnosed.

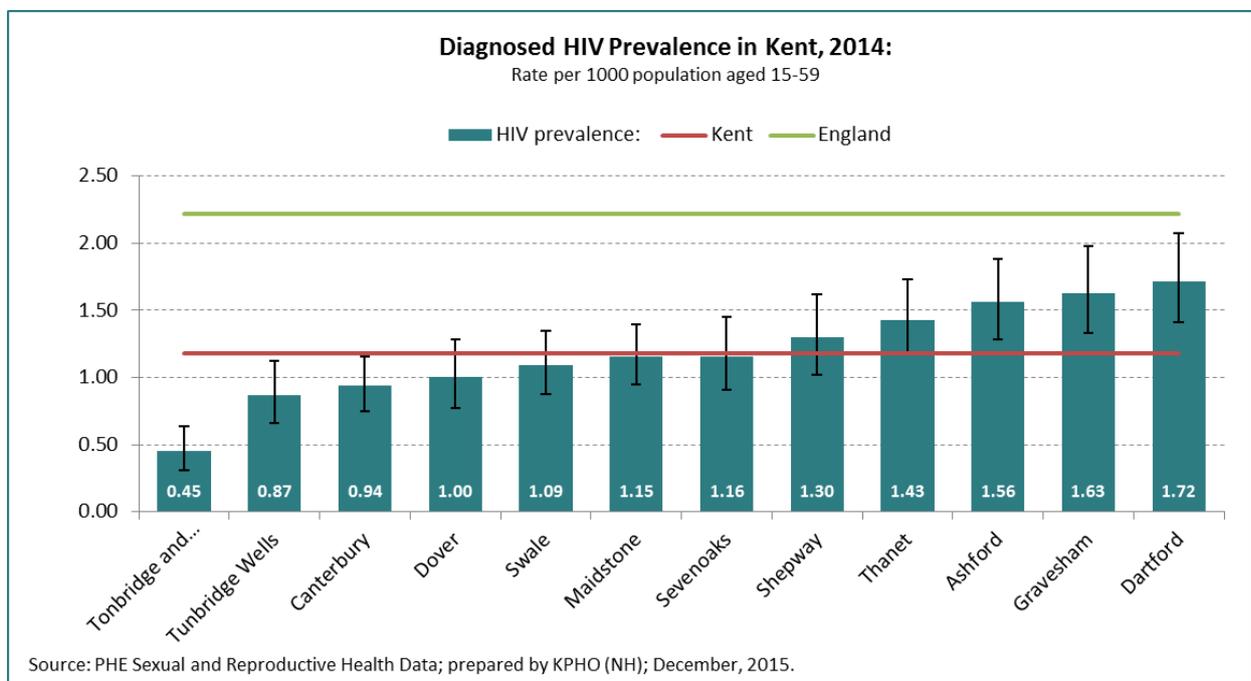
1.3 Results

Prevalence:

The following chart shows diagnosed HIV prevalence rates and confidence intervals for each district of Kent as well as the county of Kent, and England for 2014.

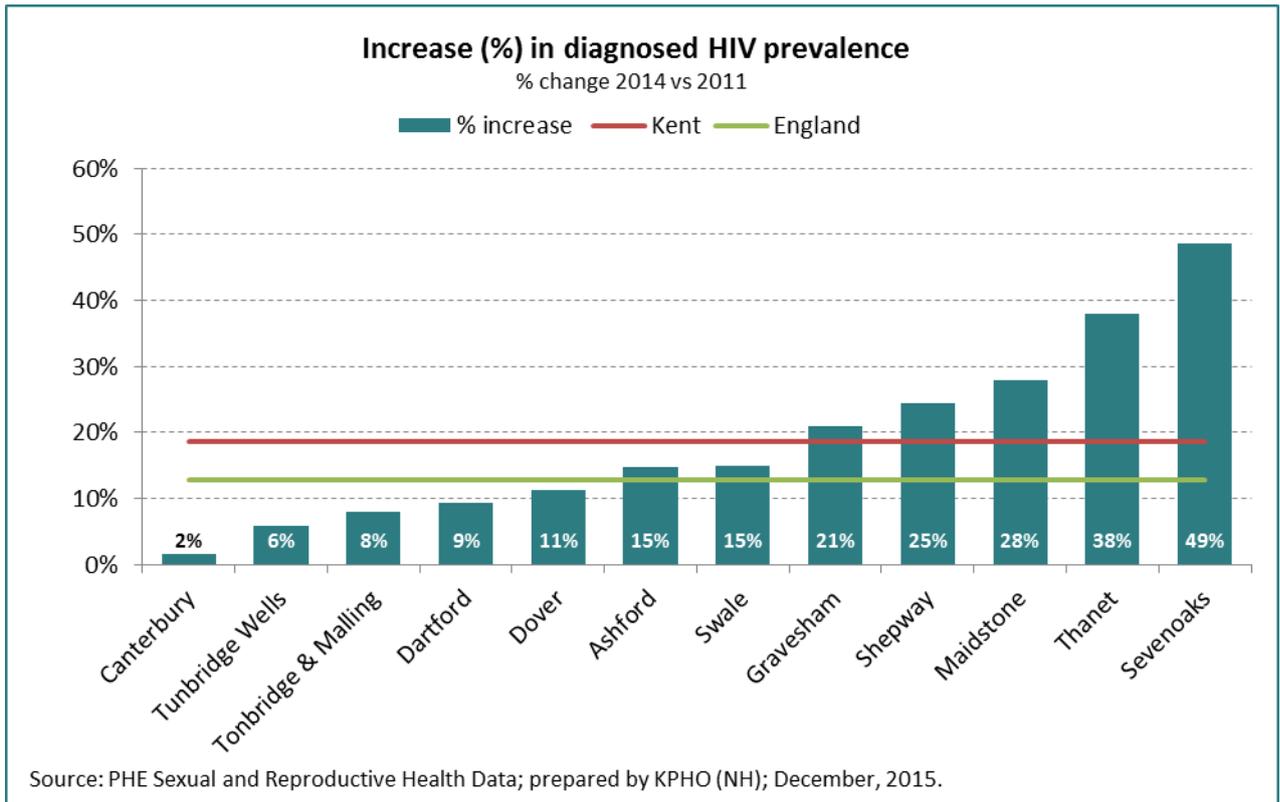
Diagnosed HIV prevalence in Kent in 2014 is recorded as 1.18 cases per 1000 population aged 15 to 59, a rate which is significantly lower than the England average of 2.22 per 1000 population. Further, the diagnosed HIV prevalence rate of every district within Kent is also significantly lower than the England average.

Diagnosed HIV prevalence varies considerably across Kent, ranging from 0.45 per 1000 in Tonbridge & Malling to 1.72 per 1000 in Dartford.

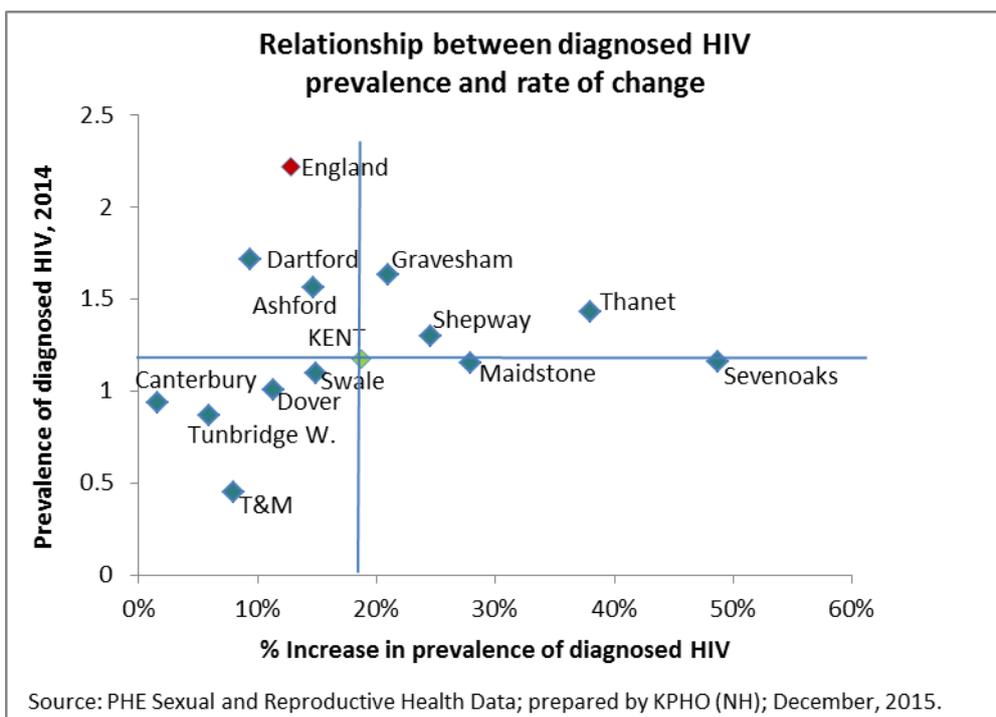


Increasing prevalence

The following chart illustrates the percentage increase in diagnosed HIV prevalence in each of the Kent districts from 2011 to 2014, with both Kent and England as a comparator. Rates have increased by 12.8% on average across the whole of England, and by 18.7% across Kent. In comparison with the average increase in Kent, Canterbury, Tunbridge Wells, and Tonbridge & Malling have each experienced increases that are less than half of that across Kent (Canterbury and Tunbridge Wells increases being less than half of the England increase also). Diagnosed prevalence in both Thanet and Sevenoaks has increased more than twice as much as the Kent average.

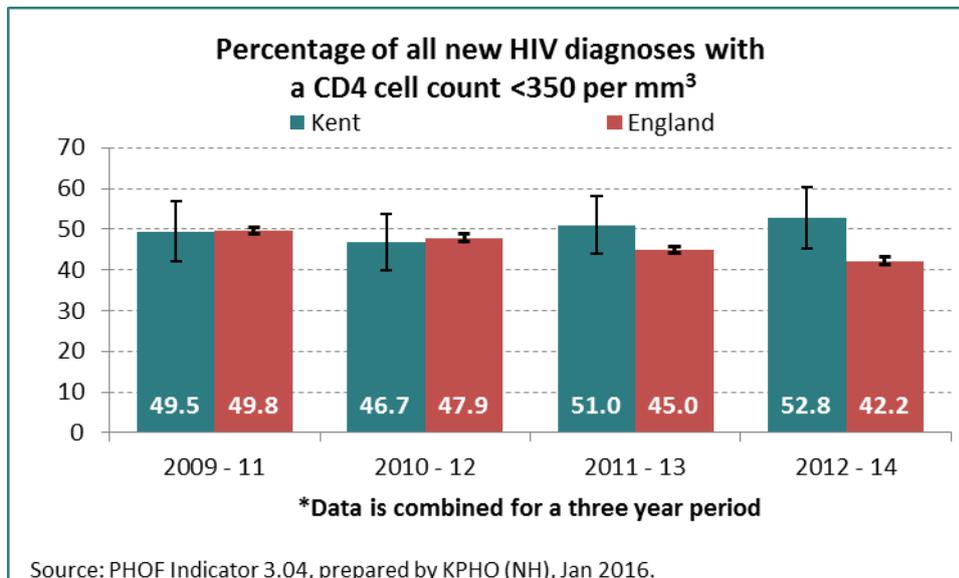


The chart below shows prevalence of diagnosed HIV for 2014, plotted against the percentage increase in prevalence for the four year period to 2014. When comparing districts against the Kent average; Gravesham, Shepway, and Thanet can be seen to have both higher prevalence of diagnosed HIV, and rates which have increased at a faster rate.



Late diagnosis:

The chart below shows those diagnosed with HIV late as a percentage of all new HIV diagnoses for whom residence information and a CD4 cell count is available within 91 days. Whilst there is evidence of declining incidence of late diagnosis for England as a whole, the same is not true for Kent. Late diagnosis remains at a similar level to that seen in 2009-11 and is now significantly higher than the England average.



It has not been possible to conduct a robust analysis of late diagnosis rates at a District level due to the small numbers of new HIV cases being diagnosed each year within each District.