

HIV & AIDS in the North West of England 2007

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Executive Summary

In 2007, the North West Region has seen a total 5,212 HIV cases, representing a 9% increase on the number reported in 2006 (4,761). The prevalence of HIV in the North West was 72 per 100,000 population. During 2007 there were 817 new cases of HIV: a 10% decrease on last year's figure of 907 (new HIV cases are defined as HIV positive individuals who have not previously been seen in North West statutory treatment centres prior to the year 2007). This continued reversal of the steep increases seen in previous years suggests that the epidemic in the North West is currently reaching a plateau.

This is the twelfth annual report of the North West HIV/AIDS Monitoring Unit, presenting data on HIV positive individuals accessing treatment and care in the North West Region. A total of 44 statutory centres within the North West provided treatment and care for HIV positive individuals resident in the region and beyond. We present analyses by treatment centre, as well as by local authority (LA) and primary care trust (PCT). Due to limited space it is not possible to present all possible breakdowns at LA or PCT level. However, additional tables are available on the North West Public Health Observatory website (www.nwpho.org.uk/hiv2007).

New cases represented 16% of all cases, a proportion slightly lower than previous years (19%, 22% and 23% in 2006, 2005 and 2004 respectively). The predominant mode of exposure to HIV for new cases was via heterosexual sex (49%), a greater proportion than that attributed to sex between men (42%: table 2.2), reflecting the trend that has been apparent nationally since 1999 (figure 1.4). However, the proportion of new cases infected through sex between men is higher in the North West (table 2.1) than nationally (figure 1.4). The number of new cases who were exposed by other transmission routes (injecting drug use, blood or tissue and mother to child) remains relatively low. The largest proportion of new cases presenting for treatment and care were categorised as asymptomatic (66%). However, 11 of the 13 deaths in individuals new to treatment during 2007 were directly related to AIDS (table 2.3). This illustrates the continuing need to attract HIV positive people into services at an early stage of their HIV disease to maximise the efficacy of treatment and improve prognosis.

The predominant mode of exposure to HIV for all cases accessing treatment in the North West continues to be through sex between men, accounting for 52% of all cases presenting to North West treatment centres in 2007 (table 3.2). There is, nevertheless, considerable variation across the counties. Of those whose infection route was known, 62% of Lancashire's and 52% of Cumbria's HIV positive residents were men who have sex with men (MSM) compared with 39% of Merseyside's HIV positive residents. There is greater variation across LAs: 81% of HIV positive residents in Blackpool and 21% in Blackburn with Darwen were infected through sex between men. (table 3.2). The LA with the largest number of HIV positive residents infected through sex between men is Manchester, with 765 cases (table 3.2). The county of Greater Manchester accounted for the highest number of HIV positive injecting drug users with 72 individuals and accounts for 70% of all residents of the North West infected by this route. However, heterosexual sex continues to be the second largest exposure group, accounting for 41% of all cases in 2007 (table 3.2). This represents a similar proportion to 2006 and reflects trends for the United Kingdom as a whole. Greater Manchester reports the highest number of HIV positive individuals in the North West, accounting for over half of all cases (table 3.2) and new cases (table 2.2) presenting to statutory treatment centres in 2007.

The North West of England continues to be influenced by the global AIDS pandemic, as reflected in the number and pattern of HIV infections acquired abroad. Over a third (36%) of all HIV positive individuals accessing treatment and care in the North West were reported to have been infected outside the United Kingdom (table 3.7). The vast majority of those exposed abroad were infected via heterosexual sex (81%), a significantly higher proportion than in those known to have been infected in the United Kingdom (14%; table 3.8). Of all the infections contracted outside the United Kingdom, 71% were in sub-Saharan Africa (figure 3.2). Western Europe accounted for a further 9% of infections contracted abroad, with Spain being the most frequently reported western European country of exposure (figure 3.2). The role of exposure abroad was even more pronounced for new cases in 2007, where 41% were reported to have been infected abroad (table 2.7). New cases exposed to HIV in Zimbabwe account for 32% of new cases known to have been exposed abroad whose country of infection is known (figure 2.2). This high number of cases reflects both the high prevalence of HIV and the political situation in Zimbabwe.

Ethnicity was recorded for almost 100% of individuals accessing treatment and care in 2007, most of whom (66%) were self-defined as white (table 3.1). However, an increasing proportion of individuals with HIV were from black and minority ethnic communities (34%); a substantial over-representation when considering the proportion of North West residents who are from minority ethnic communities (7%). An even higher proportion (43%) of new cases whose ethnicity was known were from minority ethnic communities (table 2.1), which demonstrates the increasing burden of HIV on these communities and the need for continuing and strengthening HIV prevention activities. The characteristics of HIV positive individuals from black and minority ethnic communities, particularly black Africans, are different to those of the white HIV positive population. Whereas white individuals were more likely to be MSM, heterosexual sex is the predominant method of exposure of black Africans (tables 2.1 and 3.1). This results in there being proportionally more females from black and minority ethnic communities with HIV compared to white females

and babies born with HIV infection are more likely to be from black and minority ethnic communities (table 2.1 and 3.1).

This report includes data on the residency status of those with HIV. This level of information is not available nationally, despite growing concern over the health of vulnerable groups such as asylum seekers. The proportion of individuals who are non-UK nationals represent 21% of all HIV positive individuals. These individuals were more likely to be asymptomatic (51%) than were UK nationals (43%) (table 3.13).

During 2007, the proportion of North West residents with an AIDS diagnosis taking triple or more therapy remained at 94%, while 44% of asymptomatic individuals were taking this level of therapy (table 3.6). The improved prognosis of HIV positive individuals across all clinical categories of HIV disease, together with relatively low numbers of individuals at early stages of HIV disease receiving combination therapy, has implications for a potential increase in demand for combination therapies. This has both planning and financial implications for the care of HIV positive individuals across the region. We also collected information on the level of inpatient and outpatient care for the whole of the region. During 2007, demand for outpatient care peaked for those with an AIDS diagnosis (a mean number of 8.5 out patient visits per patient; table 3.12), while those who died of an AIDS related illness during 2007 required the most inpatient care (a mean number of 54 days per patient). Home visits also formed a significant part of the care of HIV positive individuals (table 3.12), with those individuals who died during the year receiving the highest mean number of home visits.

During 2007, seven voluntary agencies in the North West reported care of 2,494 HIV positive individuals. Of these, 34% were not seen in North West statutory treatment centres during 2007 (table 4.3), illustrating the continuing contribution of the voluntary sector to the care of those HIV positive individuals for whom voluntary agencies may be the sole provider of care. This also has particular significance for regional funding of HIV services, since individuals accessing voluntary agencies but not the statutory sector are not included in the regional statistics provided to the Department of Health. This is significant as regional statistics form the basis of the formula for the national distribution of funds for the care of HIV positive people.

This year, for the sixth time, we requested information from social service departments in the North West on the social care of HIV positive people. Nine social services departments were able to take part, and contributed data on 411 individuals. Most (78%) social service clients were also seen in the statutory sector in 2007 (table 5.1). Renaissance, part of Manchester Methodist Housing Association, provided data for the third time in 2007 on 26 HIV positive individuals accessing their services, 89% of whom also accessed statutory treatment and care services in 2007. Trend data in chapter 6 gives an overall view of the changing pattern of HIV in the North West region.

We hope that the tables and figures provided in this report, together with additional analyses at LA and PCT level available on the North West Public Health Observatory website (www.nwpho.org.uk/hiv2007), address most of your HIV-related information requirements. However, additional analyses and further breakdown of the data can be provided on request. As ever, we value suggestions as to any developments that would improve the usefulness of the report in future years.

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Contents

Executive Summary	1
Acknowledgements	2
Contents	3
Figures and Tables	4
1. Introduction	6
Global Perspectives on HIV and AIDS in 2007	6
<i>Sub-Saharan Africa</i>	6
<i>East, South and South East Asia and Pacific</i>	6
<i>Eastern Europe and Central Asia</i>	8
<i>Caribbean</i>	8
<i>Latin America</i>	8
<i>North America, Western and Central Europe</i>	8
<i>Middle East and North Africa</i>	8
<i>Global access to treatment and prevention</i>	9
HIV and AIDS in the United Kingdom – 2007	9
<i>Men who have sex with men</i>	11
<i>Heterosexual sex</i>	11
<i>Injecting drug users</i>	12
<i>Blood or tissue</i>	12
<i>Mother to child</i>	14
<i>HIV in non-UK nationals</i>	14
HIV and AIDS in the North West of England – 2007.....	15
<i>The sexual health of the North West</i>	15
<i>Monitoring HIV and AIDS in the North West Region</i>	15
<i>Methodology of monitoring HIV and AIDS in the North West</i>	17
2. New Cases 2007	18
3. All Cases 2007	34
Epidemiology of HIV in the North West.....	34
Care of HIV positive people by North West statutory treatment centres	35
HIV in non-UK nationals	36
4. Voluntary Agencies 2007	54
5. Social Care Providers 2007	59
6. HIV Trends	62
Glossary of Service Providers	69
List of Abbreviations	72
References	73

1. Introduction

Figure 1.1: Number of adults and children estimated to be living with HIV/AIDS as of end 2007	7
Figure 1.2: Number of adults and children estimated to be newly infected with HIV/AIDS during 2007.....	7
Figure 1.3: Number of new HIV cases in the North West and the UK by year of diagnosis to December 2007.....	10
Figure 1.4: Infection route of HIV cases in the UK by year of diagnosis to December 2007.	10
Figure 1.5: Number of heterosexually acquired HIV cases in the UK by year of report to December 2007.....	13
Figure 1.6: HIV prevalence among pregnant women in England, 2006 (newborn infant dried blood spots collected for metabolic screening)	13
Table 1.1: Cumulative number of HIV cases in the North West and the UK by infection route of HIV to December 2007.	15
Figure 1.7: Total number of HIV and AIDS cases seen in statutory treatment centres in the North West 1996-2007 by county.....	16

2. New cases

Figure 2.1: Incidence of HIV by local authority, 2007.....	21
Figure 2.2: Global region and country of infection for new HIV and AIDS cases in the North West who probably acquired their infection outside the UK, 2007.....	22
Table 2.1: Age distribution, stage of HIV disease and ethnic group of new HIV and AIDS cases by infection route and sex, 2007	23
Table 2.2: New HIV and AIDS cases by local authority and county of residence and infection route, 2007.....	24
Table 2.3: New HIV and AIDS cases by local authority and county of residence and stage of HIV disease, 2007..	25
Table 2.4: New HIV and AIDS cases by stage of HIV disease, infection route and sex, 2007	26
Table 2.5: New HIV and AIDS cases by age category and ethnic group, 2007	27
Table 2.6: Sex, stage of HIV disease, and HIV exposure abroad of new HIV and AIDS cases by ethnic group, 2007	28
Table 2.7: Global region and country of exposure by infection route for new HIV and AIDS cases who probably acquired their infection outside the UK, 2007.....	29
Table 2.8: Distribution of treatment for new HIV and AIDS cases by infection route, 2007	30
Table 2.9: Residency status of new cases by sex, age group, infection route, ethnicity, of HIV disease and area of residence, 2007	31
Table 2.10: New HIV and AIDS cases by primary care trust of residence and infection route, 2007	32
Table 2.11: New HIV and AIDS cases by primary care trust of residence and stage of disease, 2007.....	33

3. All cases

Figure 3.1: Population prevalence of HIV by local authority, 2007.....	37
Figure 3.2: Global region and country of infection for all HIV and AIDS cases in the North West who probably acquired their infection outside the UK, 2007.....	38
Table 3.1: Age distribution, stage of HIV disease and ethnicity of total HIV & AIDS cases by infection route and sex 2007.....	39
Table 3.2: Total HIV and AIDS cases by local authority of residence and infection route, 2007	40
Table 3.3: Total HIV and AIDS cases by local authority of residence and stage of HIV disease, 2007.....	41
Table 3.4: Total HIV and AIDS cases by infection route, sex, county of residence and ethnicity, 2007	42
Table 3.5: Total HIV and AIDS cases by age category and ethnic group, 2007	43
Table 3.6: Total HIV and AIDS cases by stage of HIV disease, level of antiretroviral therapy and county of residence, 2007	44
Table 3.7: Ethnic distribution of total HIV and AIDS cases by sex, clinical stage of HIV disease and exposure abroad, 2007.....	45
Table 3.8: Global region and country of HIV exposure by infection route of total HIV and AIDS cases who probably acquired their infection outside the UK, 2007.....	46
Table 3.9: Distribution of treatment for total HIV and AIDS cases by infection route, 2007	47
Table 3.10: Distribution of treatment for total HIV and AIDS cases by level of antiretroviral therapy, 2007	48
Table 3.11: Total HIV and AIDS cases by local authority of residence and number of treatment centres attended, 2007.....	49
Table 3.12: Distribution of total and mean number of outpatient visits, day cases, inpatient episodes, inpatient days and home visits by treatment centre and clinical stage of HIV disease, 2007	50
Table 3.13: Total HIV & AIDS cases by residency status, sex, age group, infection route and stage of HIV disease, 2007.....	51
Table 3.14: Primary care trust of residence of total HIV and AIDS cases by infection route, 2007	52
Table 3.15: Primary care trust of residence of total HIV and AIDS cases by stage of disease, 2007.....	53

4. Voluntary Agencies

Table 4.1: Attendance by HIV positive individuals at voluntary organisations in the North West, by statutory sector attendance, sex, age group, infection route, ethnicity, residency status and North West residency, 2007	56
Table 4.2: Distribution of statutory treatment for HIV and AIDS cases presenting to voluntary organisations, 2007	57
Table 4.3: HIV and AIDS cases presenting to the voluntary sector and statutory sector by sex, infection route, ethnicity and residency status, 2007	58

5. Social Services

Table 5.1: HIV and AIDS cases presenting to nine social service departments by sex, infection route, residency status and statutory sector attendance, 2007.....	60
Table 5.2: Distribution of social service care for HIV and AIDS cases presenting to voluntary organisations, 2007.	61
Table 5.3: HIV and AIDS care provided by Renaissance housing association by statutory and voluntary sector attendance and infection route	61

6. Additional providers of HIV Treatment and Care

Figure 6.1: Percentage change in new cases of HIV and AIDS by infection route of HIV, 1996-2007.....	64
Figure 6.2: Percentage change in total HIV and AIDS cases by level of antiretroviral therapy	64
Table 6.1: Number of new HIV and AIDS cases by infection route of HIV and county of residence, 2000-2007	65
Table 6.2: Total number of HIV and AIDS cases by level of antiretroviral therapy and county of residence, 2000-2007	66
Table 6.3: New cases of HIV and AIDS by local authority of residence, 2003-2007.....	67
Table 6.4: All cases of HIV and AIDS by local authority of residence, 2003-2007	68

1. Introduction

This is the twelfth annual report of the North West HIV/AIDS Monitoring Unit. Over the past twelve years, we have collected, collated, analysed and disseminated data on the treatment and care of HIV positive individuals in the North West¹⁻¹¹. The aim of this report is to provide up to date epidemiology of HIV, starting with an overview of the global and national epidemiology, before focussing on the North West region. In chapter two, we present analyses of new HIV cases in the North West, and in chapter three analyses of all HIV and AIDS cases presenting for treatment and care in the North West. Voluntary sector care and social care are dealt with in chapters four and five, followed by trends data in chapter six. The relevant tables are placed at the end of each chapter. Not all analyses by local authority (LA) or primary care trust (PCT) can be included here due to limited space, but additional tables can be found on the North West Public Health Observatory website (www.nwpho.org.uk/hiv2007).

We hope that the tables and figures provided within the report, and the extra analyses on the website, answer most of your HIV-related information requirements. We would value your suggestions on additions that would improve the usefulness of the report in future years.

Global Perspectives on HIV and AIDS in 2007*

At the end of 2007 there were an estimated 33.2 million people infected with HIV globally (figures 2.1). During 2007 an estimated 2.1 million people worldwide died of HIV/AIDS, including 330,000 children. UNAIDS reported that almost 2.5 million people were newly infected in 2007 (figure 2.2); 17% of whom were under 15 years of age. The global estimates show a decline and this is due to the improvement of the HIV sentinel surveillance data for countries such as India and a scaling up of antiretroviral therapy. Furthermore, national prevalence for some countries has declined or stabilised for example in Cote d'Ivoire, Kenya, Zimbabwe, Cambodia, Myanmar and Thailand. Findings from national surveys from high prevalence sub-Saharan countries also indicate that current prevention interventions aimed at young people (15-24 years) may be responsible for a reduction in HIV prevalence in 11 of the 15 countries where there were sufficient data to analyse. Findings also showed a decline in HIV prevalence of 25% or more in either rural or urban populations for 5 of the 11 countries where a reduction was noted. Studies reported behaviour changes such as a reduction in non-regular partners and an increase in condom use with regular and non-regular partners. Rigorous evaluation of intervention programmes is needed to ensure that valuable lessons are learned for interventions and to ensure that findings from such programmes are widely disseminated¹².

Sub-Saharan Africa

Sub-Saharan Africa remains the global epicentre of the HIV pandemic, with southern Africa being the worst affected area. The latest estimates state that almost 22.5 million people are infected with HIV across sub-Saharan Africa. The HIV prevalence is 15% or more in Botswana, Lesotho, Namibia, Zambia, Zimbabwe, Mozambique, South Africa and Swaziland. However, the epidemic is showing signs of stabilising in these countries. The exceptions are in Zimbabwe where data show a decline in prevalence and in Mozambique which has shown an increase in the 2006 estimated prevalence. Due to the current political situation in Zimbabwe HIV prevalence data ought to be treated with caution as this apparent decline could be due to poor surveillance methods. An estimated one in four (26%) adults in Swaziland were infected with HIV in 2007, with more women (31%) testing positive compared to men (20%).

There continues to be high death rates from AIDS although they are decreasing. The 1.6 million deaths (a reduction from the estimated 2.1 million deaths in 2006) related to AIDS in Africa in 2007 represent 68% of global AIDS deaths. Access to antiretroviral therapy (ART) has improved greatly in the last few years. In December 2007 an estimated 2.1 million people were taking ART, a 54% increase in the previous year. Regional ART coverage was 30% in 2007 versus 21% in 2006 and just 2% in 2003. Sub-Saharan Africa has seen the greatest increase in the number of people receiving treatment in the last year¹³.

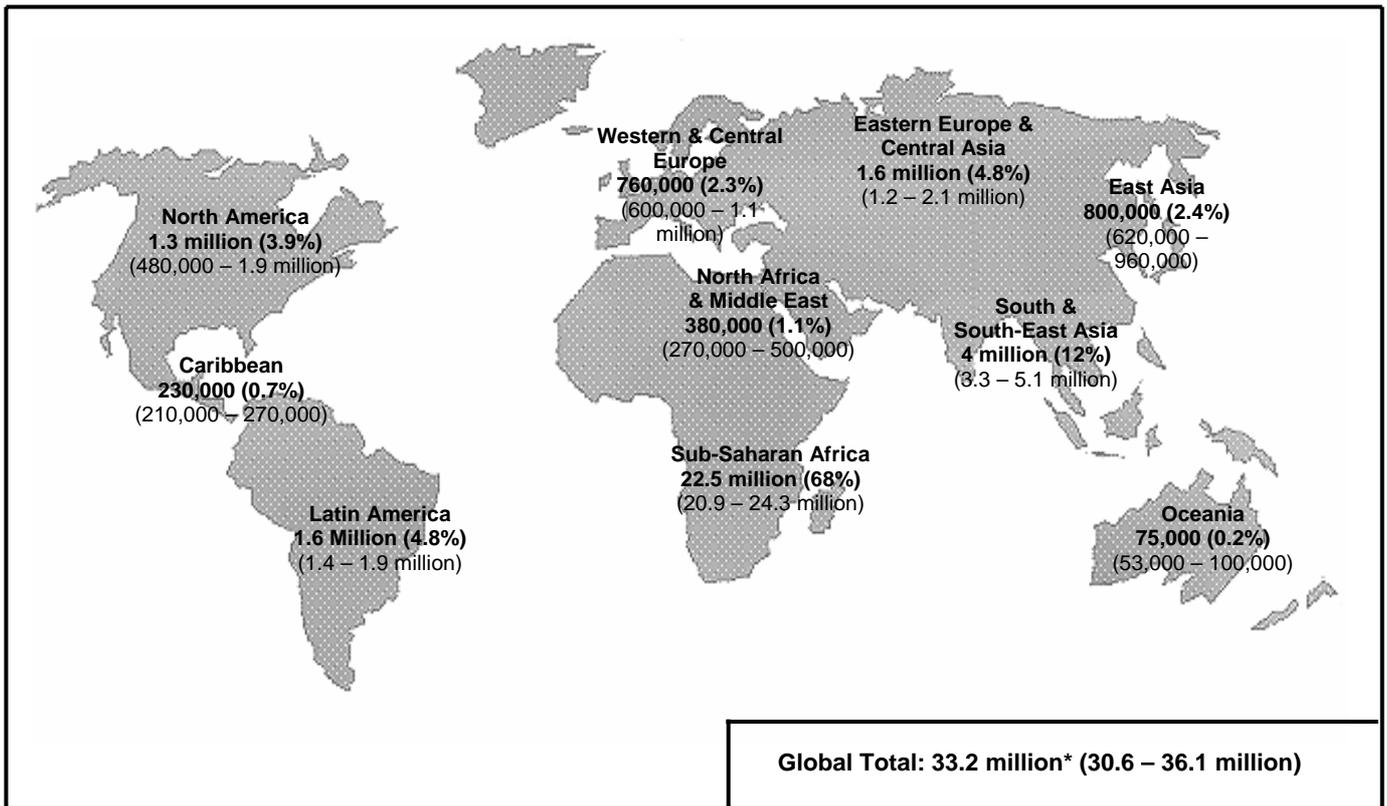
East, South and South East Asia and Pacific

It is estimated that 4.9 million people were living with HIV across Asia in 2007. Main transmission routes vary between countries across the region but the pattern of infection remains quite different to the sub-Saharan African epidemic. In most Asian countries HIV infection is mainly attributable to high risk behaviours such as intercourse with sex workers, injecting drug use (IDU) and sex between men. However, HIV prevention interventions aimed at sex workers have resulted in some success. In China, the epidemic is focused on IDU and heterosexual sex. However, recent data have revealed that up to 7% of infections could be attributed to sex between men.

* Unless otherwise stated, global data and information have been sourced from UNAIDS epidemic update, December 2007

Figure 1.1: Number of adults and children estimated to be living with HIV/AIDS as of end 2007

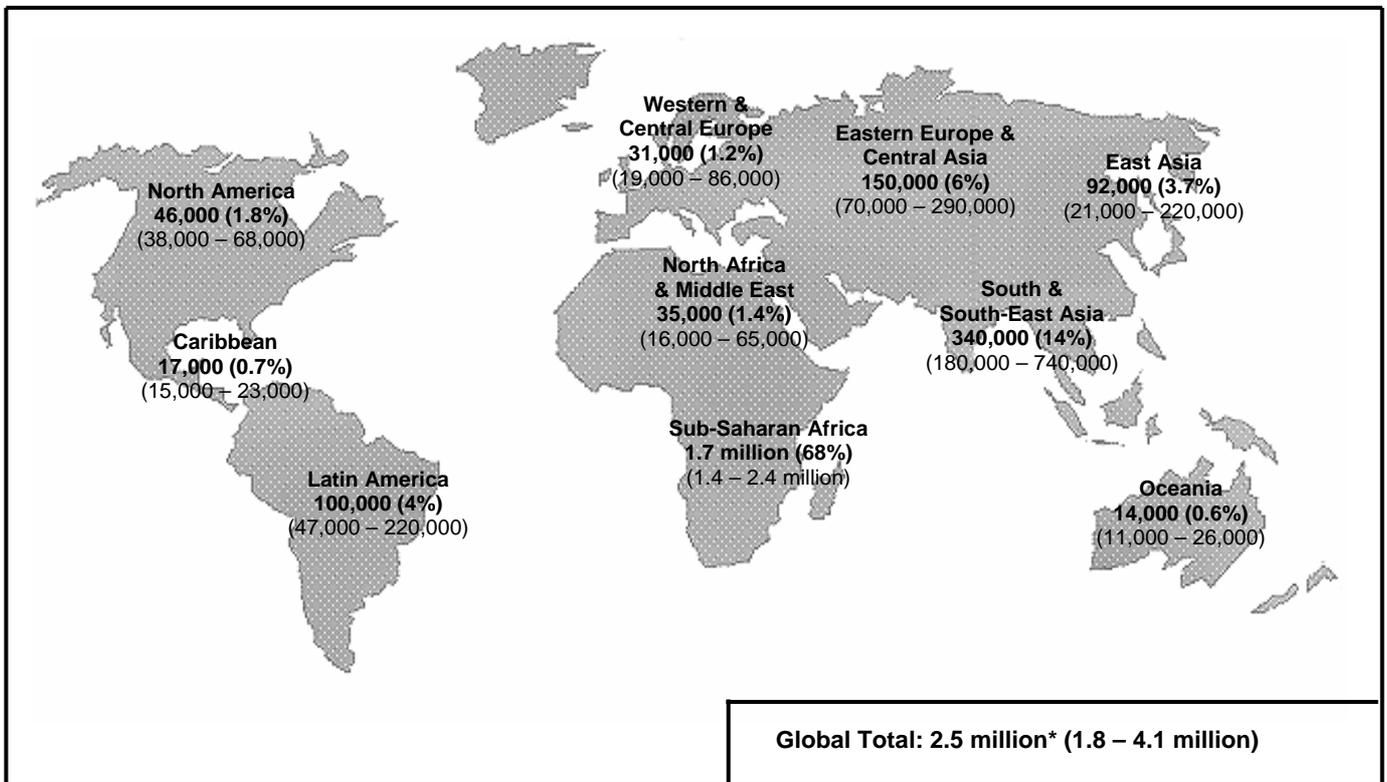
Source: UNAIDS/WHO AIDS epidemic update – December 2007



The ranges around the estimates define the boundaries within which the actual numbers lie, based on the best available information.
 *Total may not add up due to rounding

Figure 1.2: Number of adults and children estimated to be newly infected with HIV/AIDS during 2007

Source: UNAIDS/WHO AIDS Epidemic Update – December 2007



The ranges around the estimates define the boundaries within which the actual numbers lie, based on the best available information.
 *Total may not add up due to rounding

Eastern Europe and Central Asia

The epidemic across Eastern Europe and Central Asia is continuing to grow. IDU remains the major route of HIV infection in the Russian Federation. Similarly the prevalence in the Ukraine is primarily among IDUs. A study seeking information on street youth in St. Petersburg found that those who are IDUs have the highest ever reported HIV seroprevalence in Eastern Europe and is among the highest in the world¹⁴. However, recent data has shown high HIV prevalence among the men who have sex with men (MSM) population with, for example, a prevalence of 23% in the city Odessa. Uzbekistan has the largest epidemic in Central Asia. One study found that almost one in three drug users tested positive. Kazakhstan has seen an increase in prevalence which may be attributable to improvements in HIV testing. The country recently saw an HIV outbreak with 130 children reported HIV positive in 2006.

Caribbean

The Caribbean has seen a decrease in the estimated number of HIV infected people since 2006. Nearly three quarters of the total infections in this region are confined to Dominican Republic and Haiti. An estimated 17,000 new infections were recorded in 2006 and approximately 11,000 people died of AIDS in 2007. AIDS is the leading cause of death among those aged 25 to 44 years and Haiti has the largest burden of HIV infection in the Caribbean. However, antenatal screening data indicate that the prevalence is beginning to stabilise. Furthermore, behavioural changes have been observed with studies finding a decrease in the mean number of sexual partners and an increase in condom use. The HIV epidemic in the Dominican Republic as with other Caribbean countries is affected by commercial sex work. Although a prevention intervention aimed at sex workers in Santo Domingo has resulted in an increase in condom use. It is estimated that up to 12% of HIV infections in the Caribbean are contracted through sex between men; however there is a dearth of HIV research into MSM transmission in the Caribbean.

Latin America

A total of 100,000 people are estimated to be newly infected in 2007, bringing the total number of people living with HIV in Latin American countries to 1.6 million. However, the epidemic in the region remains stable. The majority of new infections continue to be in high risk populations such as sex workers and men who have sex with men. Data from recent studies has shown that harm reduction programmes with drug users and condom promotion with sex workers has had an impact upon risky behaviour and has resulted in a declining prevalence among drug users in Brazil and a sharp decline in sex workers in Honduras. However, Suriname is currently experiencing an AIDS epidemic with HIV prevalence greater than 1% of the total population. A factor in this rise is the cultural practice of 'dry sex' which is also common in the rest of the Guianas¹⁵.

North America, Western and Central Europe

The number of people living with HIV in North America, Western and Central Europe remained stable at 2.1 million in 2007, with approximately 78,000 people newly acquiring the virus in the past year. Deaths caused by AIDS remain relatively low at 32,000 mainly due to the wide availability of ART. Western Europe and the USA are the only regions in the world where the majority of people who need it can access ART, and deaths due to AIDS have remained stable over a number of years.

The United States of America is one of the countries with the largest number of HIV infections in the world, with an estimated 1.3 million people currently living with HIV. Black and minority ethnic groups continue to be disproportionately affected by HIV in the USA. African Americans represent 13% of the total population but represented 48% of new HIV/AIDS diagnoses in 2005. Furthermore, Hispanics, who comprise about 14% of the population, accounted for 18% of new HIV/AIDS diagnoses. In Western Europe the main HIV epidemics continue to be in Spain, Italy, France and the United Kingdom. The majority of infections in Western Europe are transmitted through unsafe sex. However, IDU is the main transmission route in Estonia, Latvia and Lithuania. Furthermore, Estonia has the highest rate of new diagnoses and the highest adult HIV prevalence (1.3%) in Europe.

Middle East and North Africa

HIV surveillance remains sporadic in the Middle East and North Africa but estimates show that there are currently 380,000 people living with HIV in this area. Estimates show that 35,000 became newly infected and approximately 25,000 people died of AIDS in the last year. Irregular and inadequate HIV surveillance systems make it difficult to gauge the precise patterns and trends of the epidemics in many areas of this region and may account for the unstable estimates. Sudan is the country with the highest prevalence in this region. The majority of infections in the region are contracted via heterosexual sex. However, IDU is the main route of infection in Afghanistan, the Islamic Republic of Iran and the Libyan Arab Jamahiriya and Tunisia.

Australia and New Zealand

The main route of HIV transmission in both Australia and New Zealand is sex between men. New HIV diagnoses have increased 41% in Australia from 2000 to 2005 even with the implementation of prevention interventions. The proportion of new heterosexually acquired HIV cases are increasing in New Zealand, with many infections contracted abroad in Asia and sub-Saharan Africa.

Global access to treatment and prevention

In December 2003, when WHO and UNAIDS launched the “3 by 5” strategy (a global target to provide three million people living with HIV/AIDS in low- and middle-income countries with ART by the end of 2005), around 400,000 people were receiving ART in low and middle income countries. Since then, there has been a significant increase in the number of people receiving ART. In 2006 almost 700,000 people received treatment for the first time. It was estimated that by December 2006 some two million people living with HIV/AIDS were receiving treatment in low and middle income countries, representing 28% of the 7.1 million estimated to be in need.

It is estimated that more than 1.3 million people in sub-Saharan Africa are receiving antiretroviral treatment, with coverage of 28% (range: 24%–33%), whereas three years ago only 100 000 were on treatment and coverage was only 2%. In East, South and South-East Asia, 280 000 people are on treatment (range: 225,000–335,000) and coverage is estimated at 19% (range: 13%–28%), representing a fourfold increase from the 70,000 people receiving treatment at the end of 2003. In Latin America and the Caribbean the number of people receiving treatment has increased gradually from 210,000 at the end of 2003 to 355,000. While there are considerable variations between countries, the overall coverage of 72% appears to be approaching universal access. There has been substantial progress in Eastern Europe and Central Asia: 35,000 people are receiving treatment, whereas at the end of 2003 only 15,000 were doing so. Coverage is estimated to be 15% of those in need. At 6%, coverage in North Africa and the Middle East is the lowest: it was estimated that only 5,000 people were receiving treatment at the end of December 2006 while 77,000 were in need¹³.

The research evidence that male circumcision is efficacious in reducing sexual transmission of HIV from women to men is compelling. The partial protective effect of male circumcision is remarkably consistent across the studies that have taken place in a range of diverse setting. This is an important landmark in the history of HIV prevention¹⁶. However, WHO clearly states that male circumcision should never replace other known methods of HIV prevention and should always be considered as part of a comprehensive HIV prevention package, including: promoting delay in the onset of sexual relations, abstinence from penetrative sex and reduction in the number of sexual partners; providing and promoting correct and consistent use of male and female condoms; providing HIV testing and counselling services; and providing services for the treatment of sexually transmitted infections (STIs).

HIV and AIDS in the United Kingdom – 2007

New diagnoses of HIV, AIDS and deaths of HIV positive people are reported to the Health Protection Agency (HPA) (HIV and STI Department) and the Scottish Centre for Infection and Environmental Health (SCIEH), who compile the data into quarterly surveillance tables¹⁷.

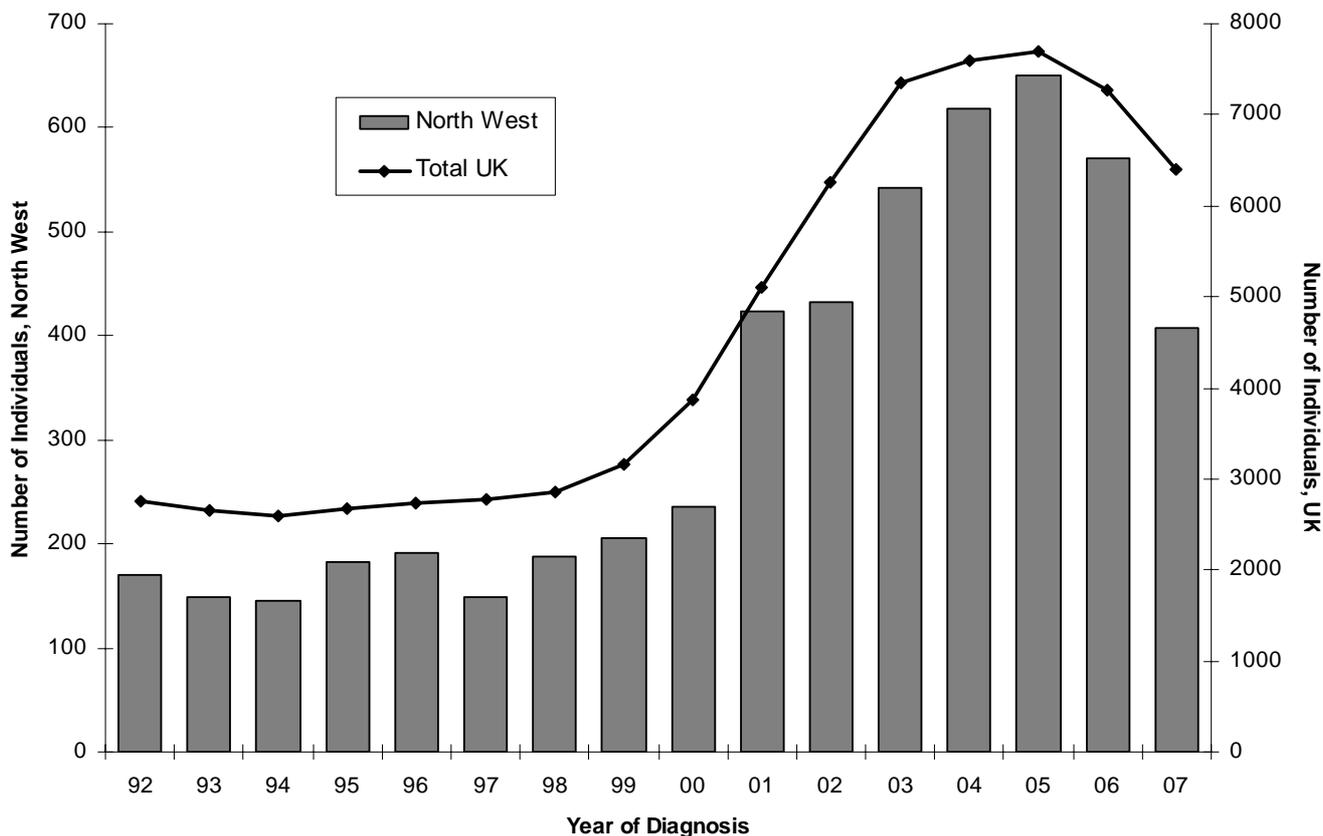
Figures 1.3 to 1.5 and table 1.1 in this chapter give an overview of trends in the UK using these data. The majority of HIV positive people reside in London. This means that national policy is often shaped with a strong bias to the needs of London and the South East. Additionally, the data may under represent some regions of the UK¹⁷⁻²¹. An overview of the UK and the North West for comparison is also provided here. However, for the epidemiology of HIV in the North West, please see chapters two to six of this report, which are based on monitoring of treatment and care of individuals with HIV or AIDS in the North West and provide the most accurate and detailed information available.

The cumulative total of reported new HIV infections in the UK reached 93,231 by the end of 2007 (table 1.1). Of these, 6,393 cases were newly identified in 2007 (figure 1.3). Note that the apparent downturn in the number of cases in 2007 is likely to be due to reporting delay. The epidemiology of HIV in England, Wales and Northern Ireland is shifting as a result of changing patterns in the route of transmission of new infections (figure 1.4).

An additional tool for monitoring the HIV epidemic in the UK is provided by the unlinked anonymous HIV seroprevalence programme conducted by the HPA and the Institute of Child Health. Part of the programme involves the testing of blood samples that have been taken for other purposes, for example antenatal screening and syphilis serology, after having irreversibly removed patient identifying details. This allows estimations of the extent of undiagnosed HIV infection in high risk groups as well as in the general population. The monitoring programme has been operating throughout England and Wales since 1990 and provides low cost estimates of current HIV prevalence²². Results of the programme combined with the other HPA surveillance methods suggest that at the end of 2006 there were an estimated 73,000 adults infected with HIV in the UK, of whom 21,600 (range: 17,000 – 27,800) were still undiagnosed²³.

Figure 1.3: Number of new HIV cases in the North West and the UK by year of diagnosis to December 2007.

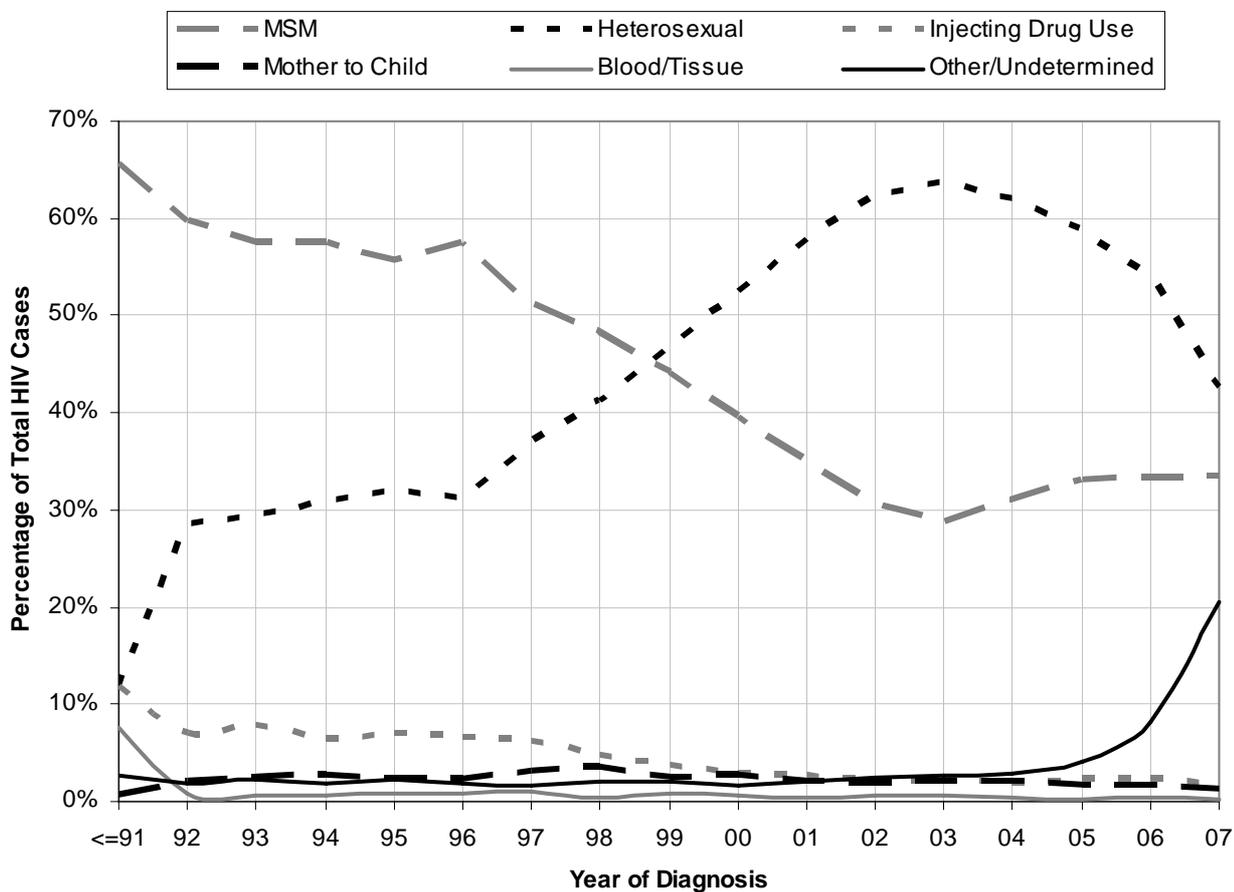
Source: New HIV diagnoses Surveillance Tables, No 77, HPA



NB. Numbers, particularly for recent years, will rise as further reports are received.

Figure 1.4: Infection route of HIV cases in the UK by year of diagnosis to December 2007.

Source: New HIV diagnoses Surveillance Tables, No 77, HPA



Men who have sex with men

MSM are the group at greatest risk of acquiring HIV infection within the UK. Of the 2,301 new diagnoses in MSM during 2006, where probable country of infection was reported, 82% were most likely infected in the UK²³. However, the shape of the epidemic is changing and the overall proportion of new HIV diagnoses attributed to sex between men has decreased from 66% prior to 1991 to 34% in 2007 (figure 1.4).

The 1980s saw substantial reductions in risky behaviour among gay men in response to the AIDS crisis. However, towards the end of the 1990s sexual risk-taking seemed to increase again. Dougan and colleagues report that twenty-five years after the first case of AIDS was reported, gay and bisexual men remain the group at greatest risk of acquiring HIV in the United Kingdom²⁴. Changes in risky sexual behaviour were reported by one longitudinal study that recruited men in gyms in London. Between 1998 and 2003, the percentage of men reporting high risk sexual behaviour with a casual partner increased from 6.7% to 16.1%. However, there was no significant change in the percentage of men reporting high risk sexual behaviour with a main partner alone (7.8%). Similar results were seen in HIV positive, negative and never tested men regardless of age. This study recommends that sexual health promotion should target high risk practices with casual partners since these, and not practices with steady partners, seem to account for the recent increase in high risk behaviour

There is evidence that increases in diagnoses of HIV in MSM in the UK are strongly influenced by an increase in uptake of HIV testing. Analysis of routine data from GUM clinics (KC60 data), the unlinked anonymous screening programme and CD4 surveillance in the UK has revealed a substantial increase in the uptake of HIV testing that may explain the rise in HIV diagnoses²⁵. There has also been an encouraging trend over recent years for MSM to be tested at an earlier stage of HIV infection (as revealed by higher CD4 counts). In 2007 MSM had the lowest proportion of late HIV positive diagnoses compared to other risk groups²³.

This change in self-reported risk behaviour is mirrored by increasing levels of MSM acquired infectious syphilis (primary and secondary) in the UK (an increase of over 1611%, from 147 cases in 1997 to 2,515 in 2006)²⁶ and is driven by a number of outbreaks, including outbreaks in UK cities^{23,27}, with parallel increases seen in the North West^{26,28}. In addition to indicating increases in risky behaviour, sexually transmitted infections may also act as a co-factor in the transmission of HIV²⁹.

The Sigma UK Gay Men's Sex Survey 2006 (carried out in partnership with 107 health promotion agencies across the UK) revealed that 36% of all English men surveyed, and 37% of all North West men surveyed, had never been tested for HIV. The survey also revealed that 56% of men whose last HIV test was negative, 47% of men who had never had an HIV test and 67% of men who had tested HIV positive had participated in unprotected anal intercourse in the last year. Furthermore, 42% of all men surveyed engaged in unprotected anal intercourse with a casual male partner³⁰.

At the end of 2006 there were an estimated 30,100 HIV positive men infected through sex between men living in the UK, of whom approximately 9,200 (31%) were undiagnosed²³. In 2006, the prevalence of HIV among MSM was estimated to be 23.3% in London compared to 10% elsewhere in England, Wales and Northern Ireland and 3.8% in Scotland³¹.

Heterosexual sex

Although there has been a 71% increase in the number of new diagnoses in MSM from 1997 to 2006 (1,412 to 2,417 diagnoses), the increase is more marked in heterosexuals. There has been an almost four-fold increase in new diagnoses in heterosexuals in the last ten years and, since 1999, heterosexual diagnoses have outnumbered MSM diagnoses²³.

Sex between men and women now accounts for 42% of the total number of HIV diagnoses in the UK to the end of 2007. Since 1999, heterosexual sex has accounted for the largest number of new cases, 43% in 2007 (figure 1.4). Of those HIV positive individuals infected through heterosexual sex, the majority (61%) are female¹⁷. Heterosexual cases are categorised by whether they were exposed through sex with high-risk partners, exposed abroad or exposed in the UK (figure 1.5). In 2007, 71% of all heterosexually acquired HIV cases were contracted abroad and of these, 86% were acquired in Africa. Despite the rapid increase in numbers of infections acquired abroad the proportion of heterosexual infections that were acquired in Africa has remained consistent over the last few years¹⁷.

Anonymous testing of all pregnant women can be used as an indicator of the prevalence of HIV in the general heterosexual population. These data reveal that the prevalence of HIV in the heterosexual population is almost four times higher in London than the North West (420 per 100,000 compared to 120 per 100,000: figure 1.6). Prevalence rates amongst pregnant women in the North West have increased almost seven-fold from 17 per 100,000 in 2000 to 116 per 100,000 in 2006³². In 2006, the HIV overall prevalence in pregnant women in the UK was 0.23%²³.

Africa is the predominant global region of transmission for HIV cases acquired abroad with 86% of all those HIV infections acquired through heterosexual sex probably being acquired in the region¹⁷. This is also reflected in the epidemiology of HIV in the North West, where, of those newly reported in 2007 and infected abroad, over three quarters were exposed in sub-Saharan Africa (see chapter 2, figure 2.2). Individuals from black and minority ethnic (BME) communities make up the majority of heterosexually transmitted HIV cases in the UK with black Africans constituting the largest proportion¹⁷. These communities have close connections with sub-Saharan countries, the region in which 68% of the global total of adults and children estimated to be living with HIV/AIDS at the end of 2007 reside (figure 1.1). However, HIV is often stigmatised within African communities, which can prevent individuals from accessing services³³ and disclosing their status to friends and family for extra support³⁴.

At the end of 2006, there were an estimated 36,400 individuals in the UK living with HIV that had been heterosexually acquired, a high proportion of whom (30%) were unaware of their HIV status. This was particularly the case among heterosexual males, where 38% were undiagnosed²³.

Injecting drug users

IDU accounts for 5.1% of the total diagnosed HIV infections in the UK to date¹⁷. The proportion newly diagnosed by this route in 2007 remained stable at 2% (figure 1.4). Other blood borne infections, such as hepatitis B and C, are more infectious than HIV and are transmitted during episodes of indirect sharing (for example sharing of filters, spoons or water when preparing drugs). While HIV prevalence remains fairly low, hepatitis B and C have risen to alarming levels with the North West showing the highest prevalence in IDUs at 32% and 60% respectively³⁵. Since HIV is less infectious than hepatitis C, those individuals who have had sufficient high risk exposure via IDU to acquire HIV are also likely to have been infected with hepatitis C. Having both infections makes the treatment of each more difficult to manage, increases the progression of hepatic disease and, for women, increases the probability of transmission of HIV to an infant during pregnancy or birth (see review in the North West report on hepatitis B and C³⁶). Analyses have revealed that in the North West people infected by IDU tend to suffer poorer health^{11,37}.

Anonymous testing of IDUs attending services reveals that, outside London, the prevalence of HIV among injectors is low (1.2% in the North West compared to 3.6% in London in 2006) although the prevalence in London has decreased slightly from 4% in 2001/02³⁵. The low prevalence among drug users in the UK compared to other countries in Europe has been attributed to harm reduction strategies such as needle exchange programmes³⁸.

Blood or tissue

Since HIV screening and heat treatment were introduced for donated blood products in 1985, infection by this route has been rare. This is clearly indicated by the abrupt decline from 8% of all infections reported before and during 1991 to just 0.2% in 2007 (figure 1.4)¹⁷.

A small number of cases continue to be diagnosed as a result of transfusions or blood products received overseas²³. After 1985, the rare instances of HIV infection via blood transfusions in the UK were the result of donations collected during the window period of HIV infection (i.e. before antibodies had developed in the donor's blood) or people infected prior to screening who have only recently developed HIV-related disease³⁹. When 5,579 transfusion recipients were followed up, none had been infected with HIV as a result, suggesting that the current risk of transmission from a transfusion in the UK is very low; at less than one in 5,000⁴⁰.

Between 1979 and 1985 about a fifth of patients with haemophilia in the UK were infected with HIV after treatment with contaminated clotting factor concentrates. Co-infection with the hepatitis C virus was also common and has contributed to mortality among these men. A small proportion of the haemophilic men infected with HIV in the early 1980s are still alive and well, but there have been an increasing number of deaths from liver disease in this patient group as a consequence of co-infection with hepatitis C⁴¹.

Figure 1.5: Number of heterosexually acquired HIV cases in the UK by year of report to December 2007

Source: *New HIV diagnoses Surveillance Tables, No 77, HPA*

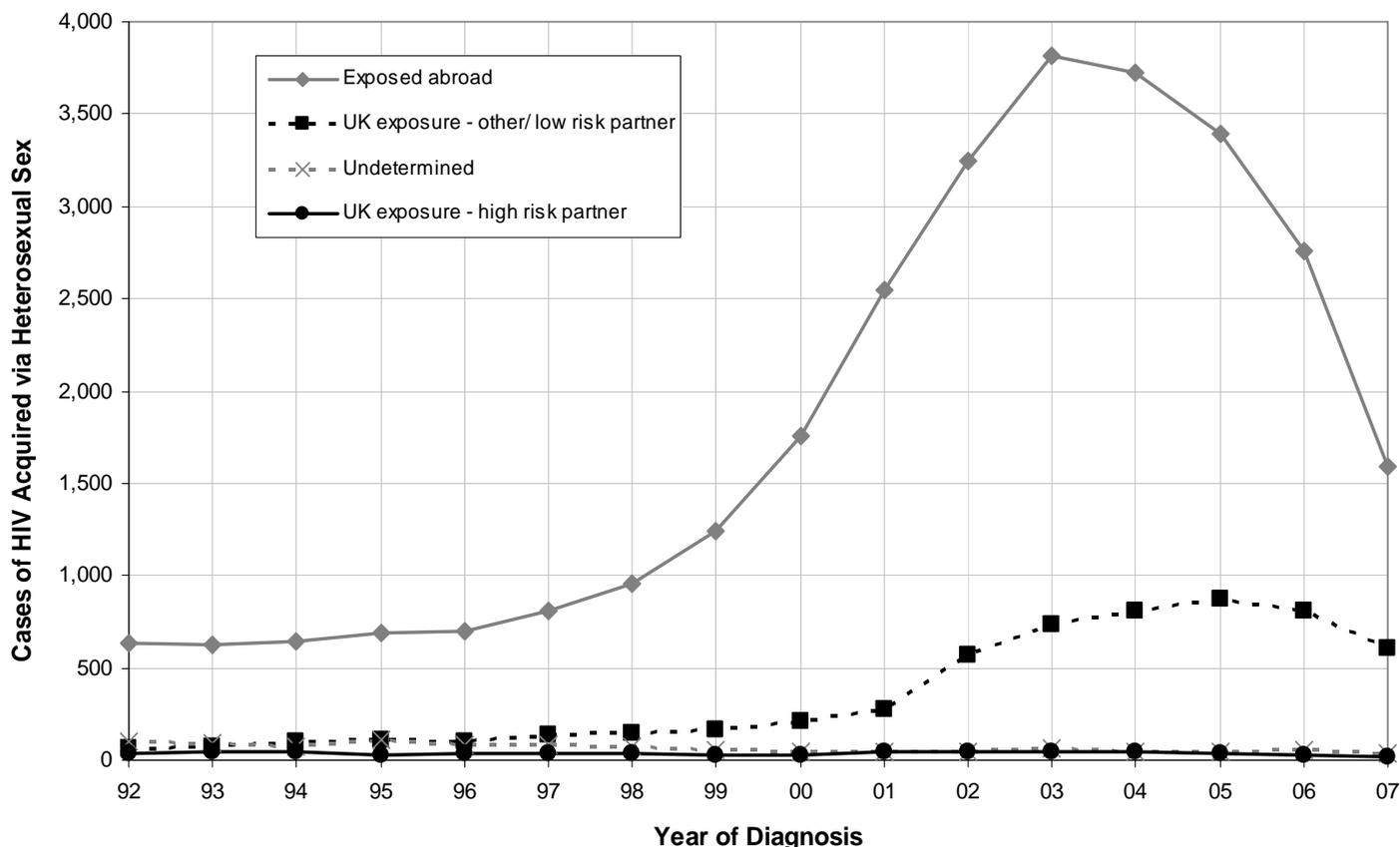
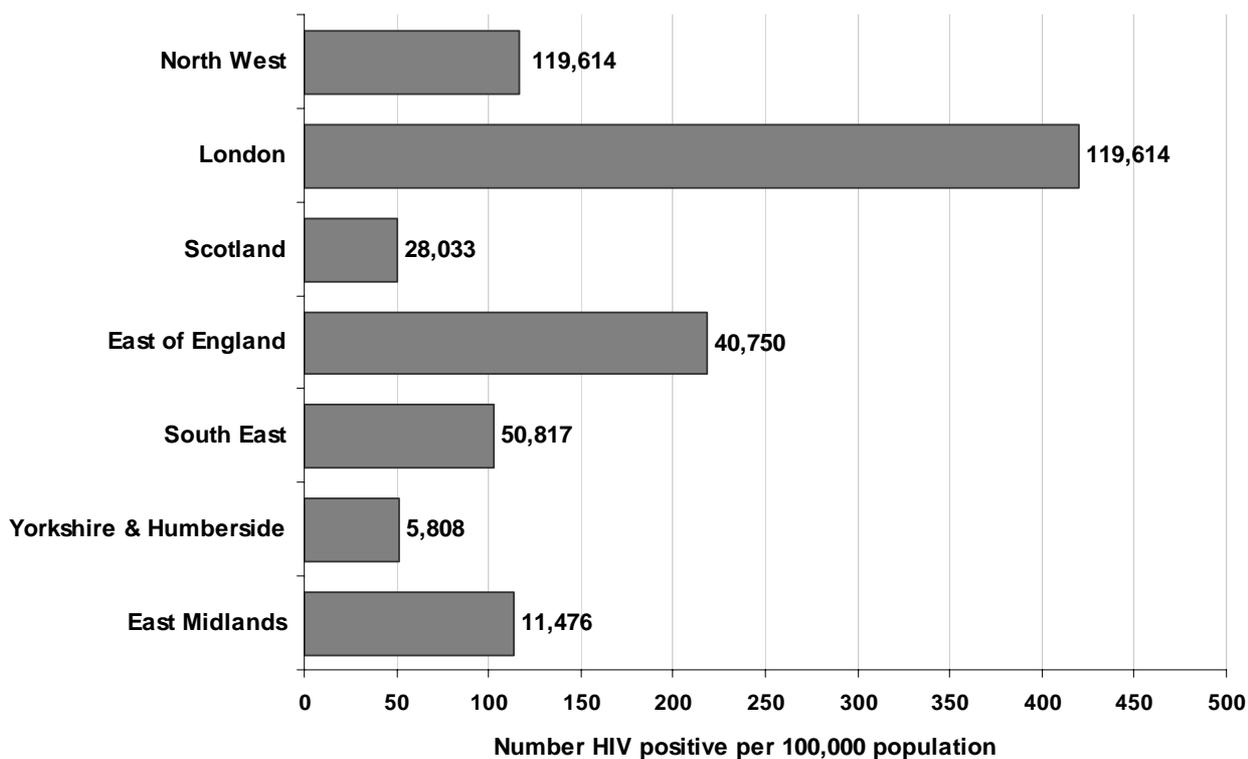


Figure 1.6: HIV prevalence among pregnant women in England, 2006 (newborn infant dried blood spots collected for metabolic screening)

Source: *Unlinked Anonymous HIV Prevalence Monitoring Programme: England and Wales, Surveillance update 2007.*



NB. Numbers next to bars represent sample size.

Mother to child

During 2007, 78 infants were reported to have contracted HIV from their mothers²³. This figure will inevitably increase as the year progresses as there is a delay in reporting vertically transmitted HIV, due to the presence of maternal antibodies for up to 18 months after birth that confound the diagnosis. In 2006, 126 mother to child infections were reported, which was an increase of three from 2005¹⁷.

Since 1994/95 the proportion of children presenting with HIV who were born abroad increased from 20% to 60% in 2000-2002⁴². HIV prevalence in mothers varies depending on global region and country of birth. The Unlinked anonymous screening programme found an overall HIV prevalence of 0.05% in women giving birth in the UK, with a much higher prevalence (2.4%) in women born in sub-Saharan Africa³².

Interventions of ART for the mother, caesarean section and avoidance of breast feeding have been successful at reducing the rates of vertical transmission from around 32% to 4%⁴³. The British HIV Association (BHIVA) updated their guidelines for the treatment of pregnant women in 2005⁴⁴. Currently, the main obstacle that prevents successful intervention is lack of knowledge by the mother of her HIV status. It is now policy to offer an HIV test to all pregnant women in order to increase the uptake of the test to 90% of all pregnant women^{45,46}. The HPA North West's antenatal screening report, for January to December 2006⁴⁷, showed a regional HIV antenatal screening uptake rate of 81%, with the highest uptake (94%) in Cumbria and Lancashire. This regional figure is an increase of 5% on the uptake rate in 2005 but remains below the 90% governmental target.

Unlinked anonymous data for the North West (2006) estimates that 72% of all HIV infections in mothers were diagnosed prior to delivery⁴⁷. This is a decrease from the 84% reported in 2004/05. An estimated 232 babies in the UK in 2006 would have acquired HIV without screening and intervening measures. There were, in fact, an estimated 38 babies who acquired HIV infection from their mother; it is estimated 18 of these who would have acquired HIV even if all maternal infections had been diagnosed prior to delivery³².

For those children who are born with HIV in the UK, the prognosis has improved due to the advent of triple therapy: they are living longer, are less likely to require hospital admission and are less likely to progress to AIDS. Consequently, services are being developed to address the needs of this group as they become young adults⁴⁸.

HIV in non-UK nationals

Globally, migrants are often at greater risk of HIV infection than are resident populations, irrespective of their country of origin⁴⁹. In the UK, asylum seekers suffer the highest levels of absolute material deprivation, marginalisation and stigmatisation. The prevalence of HIV among this group is likely to reflect that of their country of origin. Currently asylum seekers have the right to HIV treatment whilst seeking asylum and the right to treatment if refused asylum is still being debated in court. Previously, due to the policy of dispersal without reference to medical needs, many asylum seekers found themselves in areas where the medical services were unaware and unprepared for their health status and sometimes lacked sufficient expertise⁵⁰. An inquiry by the All-Party Parliamentary Group on AIDS concluded that while resident in the UK, asylum seekers were at an increased risk of developing HIV that is resistant to treatment if dispersed away from their source of treatment and support⁵¹. This is due to the 95% adherence to ART that is required to have the greatest effect in treating the virus. As a result of this, there are new guidelines from the National Asylum Support Service (NASS) about the dispersal of HIV positive asylum seekers. These require the consent of the person's consultant to dispersal and advance arrangements being made for continuity of care where the person is to be relocated⁵².

During 2007, the UK received 23,430 asylum applications, 1% fewer than in 2006 (23,605)⁵³. Of the applications received in 2007 31% were from Africa, the global region with the highest prevalence of HIV, and 29% from Asia. The most common origin of asylum seekers applying from African countries was Eritrea (25%), followed by Zimbabwe (24%) and Somalia (22%). According to Home Office statistics, there are currently 5,365 asylum applicants residing in the North West receiving supported accommodation from NASS and a further 375 receiving subsistence only support. Within the North West, the largest numbers of asylum seekers in support accommodation are located in Liverpool (980), Manchester (945) and Salford (675). On a national level, no data are collected on how many asylum seekers seek treatment for HIV. Information for the North West about those known to be non-UK nationals is presented in tables 2.9 and 2.10 (chapter 2), 3.13 and 3.14 (chapter 3).

HIV and AIDS in the North West of England – 2007

Figure 1.3 and table 1.1 are taken from the HPA Quarterly Surveillance Tables to illustrate the status of the HIV/AIDS epidemic in the North West by comparison to the rest of the UK. This information is useful for monitoring trends both nationally and regionally. For the most accurate and detailed information about people living with HIV and AIDS in the North West, see the comprehensive overview in chapters two to six of this report.

By the end of 2007, a cumulative total of 6,363 HIV infections in the North West had been reported to the HPA¹⁷, including 408 new diagnoses during 2007 (figure 1.3). There were 77 newly diagnosed AIDS cases recorded in the North West in 2007, bringing the cumulative total to 1,539, 7% of the total number of AIDS cases reported in the UK¹⁷.

The pattern of HIV exposure among HIV positive people in the North West is broadly similar to that of the UK, with the largest number of people who have had an HIV diagnosis reported to be MSM (table 1.1). The North West has a higher proportion of HIV infections among MSM (53% compared to the national figure of 45%), and a lower proportion of people infected with HIV via heterosexual sex (35% compared to 42%) (table 1.1). As in previous years, the proportion of individuals exposed through the receipt of contaminated blood or blood products in the North West is approximately one third higher than the national average for both HIV and AIDS cases. At least part of this is likely to be due to patients from other areas attending specialist haematology units in the North West region and in some cases moving residence for convenience.

The data in figure 1.6 are derived from the anonymous seroprevalence survey conducted by the HPA and show the level of HIV infection in pregnant women. Annual data for 2006 show an HIV prevalence of 0.05% amongst women giving birth in the UK²³. The prevalence amongst pregnant women in the North West has increased from 110 per 100,000 in 2005 to 116 per 100,000 in 2006³².

Table 1.1: Cumulative number of HIV cases in the North West and the UK by infection route of HIV to December 2007. Source: *New HIV diagnoses Surveillance Tables, No 77, HPA*

	Infection Route					Total***
	MSM*	Injecting Drug Use	Hetero-sexual	Blood/Tissue	Other/Undetermined**	
North West Region	3,384 (53.2%)	244 (3.8%)	2,248 (35.3%)	203 (3.2%)	283 (4.4%)	6,363
Total UK	41,520 (44.5%)	4,790 (5.1%)	39,445 (42.3%)	1,880 (2%)	5,552 (6%)	93,231

* Includes 805 men who had also injected drugs.

**Includes 1,731 children born to HIV infected mothers.

***Includes 44 patients with sex not stated on report.

Sexual health in the North West

The epidemiology of HIV in the North West also needs to be set in the context of the deepening sexual health crisis in the region. In 2006, the North West saw 14% of all new episodes of the top five STIs (chlamydia, gonorrhoea, syphilis, genital warts and herpes) diagnosed in genitor-urinary medicine (GUM) clinics in the UK, second only to London (19%). In addition, the North West has seen a large percentage increase in the number of new STIs diagnosed from 2002 to 2006 (29%), the second highest increase in any region in England⁵⁴. Access to GUM clinics in the region has improved however, with 51% of individuals seen within the target time of 48 hours during 2006 rising to 76% by May 2007. These improvements have continued despite an increase in attendees and diagnoses. The North West 48 hour access to GUM services is the third highest in the country behind the North East (84%) and London (79%)⁵⁵.

These high rates of STIs also place a significant burden on the economy: research has estimated that the direct medical cost to the North West of newly acquired STIs in 2003 was almost £60 million⁵⁶. This is likely to have risen as diagnoses and attendances have increased substantially since then²³. This estimate was based on the lifetime cost of treating STIs, and included the expense of treating acute STIs and the sequelae of untreated or inadequately treated acute STIs. The presence of STIs in the population not only serves as an indicator of sexual risk-taking behaviour, but also increase the probability of HIV transmission, through weakening the defences of the genital tract⁵⁷.

Monitoring HIV and AIDS in the North West Region

Over the past twelve years, the North West HIV/AIDS Monitoring Unit have collected, collated, analysed and disseminated data on the treatment and care of HIV positive individuals in the North West. The NHS information

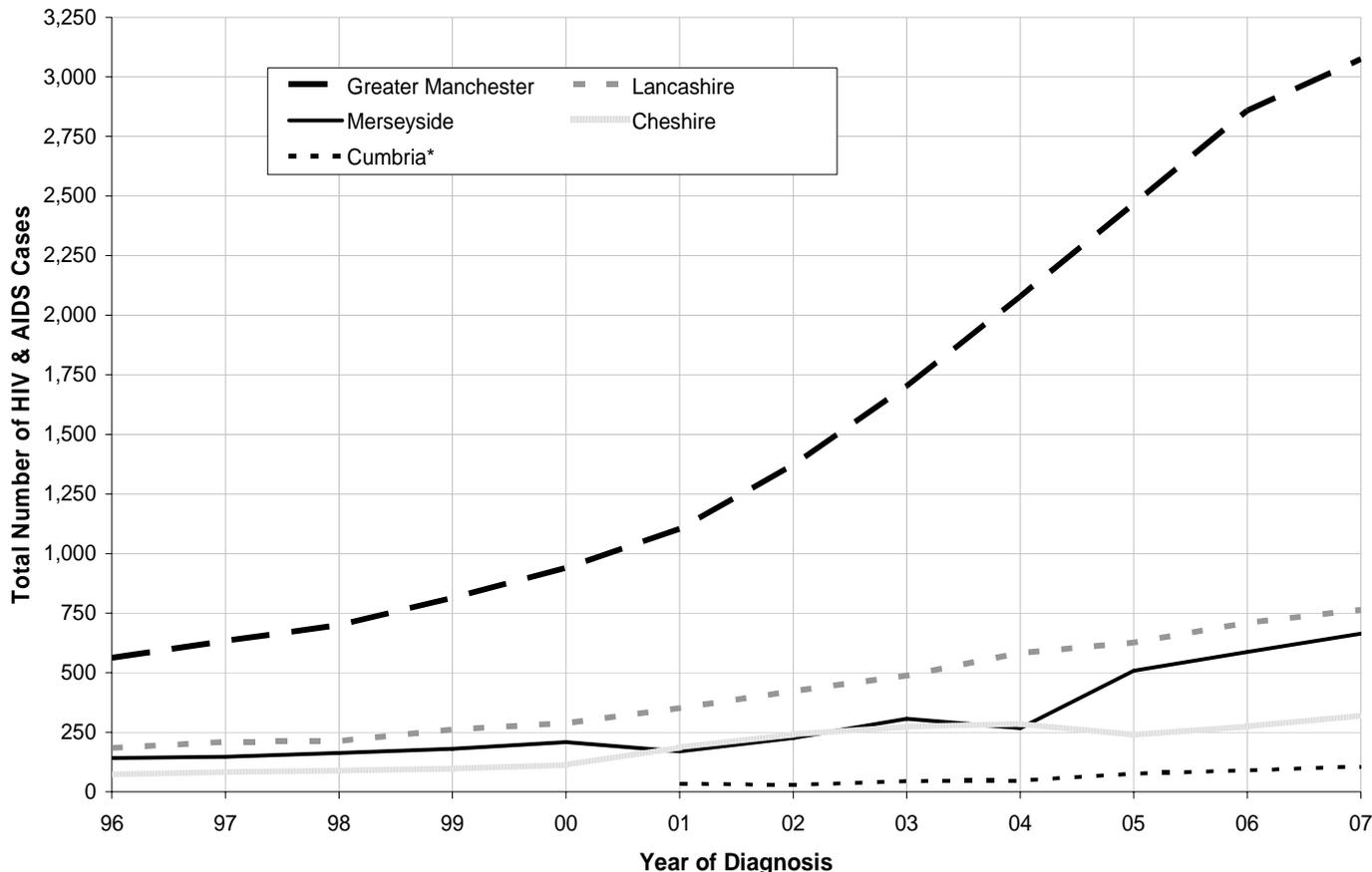
strategy for 1998 to 2005 supports this level of clinical and public health monitoring. The strategy highlights the need for comprehensive, accurate information as an integral part of improving the public's health⁵⁸. In view of the sensitive nature of the information collected, data are anonymised and the Caldicott principles and recommendations (relating to data confidentiality and security) applied⁵⁹.

We have collected data from over 40 statutory treatment centres including genito-urinary medicine clinics, infectious disease units, haematology clinics and a number of other specialist units and clinics¹⁻¹¹. The data collected form part of the national dataset - Survey of Prevalent Diagnosed HIV Infections (SOPHID). In 2007, our fourth regional mid-year report was produced to provide a timely update of HIV epidemiology and treatment to inform funding and planning of HIV treatment and prevention services⁶⁰. In addition, data are used at a LA level, as well as a PCT and regional level, to assist in service planning, development and evaluation, as well as providing analysis of the changing patterns of disease characteristics and prevalence.

Figure 1.7 shows the number of people with HIV and AIDS who contacted statutory treatment centres in the North West of England between 1996 and 2007. These data represent the most accurate and comprehensive source of information related to HIV and AIDS in the North West of England. The data collected by the North West HIV and AIDS Monitoring Unit, from across the region over the last twelve years, illustrate the increasing number of people accessing HIV services. There has been an increase (13%) in the number of HIV positive individuals attending treatment centres. The continuing increase in the size of the HIV positive population is partly due to the decrease in the number of people dying from AIDS related illnesses, but also due to continued numbers of new cases. A full description of the epidemiology of HIV and AIDS in the North West is given in chapters two and three of this report.

Figure 1.7: Total number of HIV and AIDS cases seen in statutory treatment centres in the North West 1996-2007 by county

Source: *HIV & AIDS in the North West of England annual reports* 1-11



*Prior to 2001, residency was by Health Authority and did not include Cumbria.

The HIV/AIDS Monitoring Unit also collects data from HIV/AIDS voluntary organisations across the region (chapter 4). For the past five years North West social service departments have also participated, providing data on HIV positive service users (chapter 5).

Methodology of monitoring HIV and AIDS in the North West

Clinics are prompted to complete and return forms twice a year. Forms contain basic data on each HIV positive individual already known to the HIV/AIDS Monitoring Unit, with up to date details from the current reporting period. Clinics are also prompted to report any individual for whom they have also submitted a new diagnosis form (buff coloured clinicians' reporting form) for the corresponding period and asked to report all other new cases, either newly diagnosed or transferred from another clinic. Names of HIV positive individuals are not collected: instead, a one-way encryption of the surname, the soundex code, is used. This, in combination with date of birth and sex, defines a unique individual.

The demographic data collected for each person includes hospital number; soundex; date of birth; sex; postcode; ethnicity; residency status; transmission route of HIV; vital status; whether they were exposed abroad and country of exposure. Men who were exposed through sex with men (MSM) and who are also IDUs are included in the MSM category. Transsexuals who acquired HIV through sex between men are recorded as males for the purpose of our report. Age ranges refer to the age of individuals at the end of December 2007, or at death. Ethnic group classifications are those used by the HPA HIV and STI Department, for SOPHID. Residency categories are adapted from the National Asylum Support Service (NASS) categories. The data requested on each individual for each six month period include: number of outpatient visits; inpatient stays; home visits; day cases; latest CD4 counts and viral loads and dates taken; details of any ART they are being prescribed; whether they are pregnant; clinical stage and the date they were last seen. Individuals are categorised as receiving the highest level of ART received from any treatment centre during the period and as the most advanced stage of disease recorded by any treatment centre. Additionally, for those who died, information on cause and date of death is requested.

'New cases' are classed as people who are new to the North West database in 2007, have not been seen at a statutory treatment centre in the North West since 1994 and include transfers from outside of the region. 'New cases' in the North West treatment and care database are not necessarily new diagnoses. However, the data used in the annual and mid-year reports are comprehensive and, whilst slightly overestimating the number of new diagnoses, remain the most accurate indicator of new diagnoses in the North West. In 2007, 40 (5%) of the 817 new cases were transfers from outside of the North West region who had been diagnosed positive and received HIV care in another part of the UK prior to 2007.

Voluntary agencies, social services and drug agencies are also provided with forms to complete, although fewer data fields are requested from these providers. Individuals are matched to the statutory sector database by soundex, date of birth and sex, and any unknown information is updated from the statutory sector database.

We encourage service providers to download a spreadsheet with pre-defined data collection fields from our secure document gateway and upload their completed data in the same way. All the large North West centres provide data this way however, only a handful of the smaller centres submit data electronically. The remainder send details on paper forms. The vast majority of voluntary agencies and social service departments send their data via the document gateway.

All service providers are encouraged to provide full postcodes to enable mapping to LA and PCT of residence (using postcode data supplied by the North West Public Health Observatory). Partial postcodes are mapped to a particular LA and PCT if greater than 90% of individual postcodes within a partial postcode area mapped to one LA or PCT. This method provides a good degree of accuracy when all but the last digit of the postcode is available with 97% matching to a PCT. However, if only the first part of the postcode (e.g. M12) is provided this allows only 87% to match to a PCT, and some first part postcodes do not even match to a single region. Partial postcodes that could not be mapped to LA or PCT were allocated to a county if possible, or coded as unknown. Analyses are given by county, LA and PCT. For reasons of space, it is not possible to present all breakdowns at LA and PCT level, however, additional tables are available on the North West Public Health Observatory website (www.nwpho.org.uk/hiv2007).

This is the fourth year for which data have been collected from the statutory treatment centres divided into two periods (from January to June 2007⁶⁰ and July to December 2007). This is likely to have resulted in an improvement in data quality (an increase in the number of cases identified), although this will not be possible to quantify.

2. New Cases 2007

During 2007, 817 new HIV and AIDS cases presented to statutory treatment centres in the North West Region. This number represents a 10% decrease from 2006 (907 cases)¹¹ and continues the downward trend first seen last year. New cases are defined as individuals seen in the North West Region in 2007 but not during the years 1995 to 2006 and include new cases who died during the year.

Data regarding newly reported cases of HIV infections assist in the identification of trends in incidence and represent the most up to date information on the characteristics of HIV infection and transmission. Such information is valuable not only for planning and evaluating the success of preventative activities, but also for predicting the future incidence of HIV and AIDS and its impact on treatment and care services in the North West of England. The aim of this chapter is to present information relating to new cases and, where appropriate, references are made to corresponding data from previous North West reports¹⁻¹¹. For reasons of confidentiality and space, it is not possible to present all breakdowns at LA or PCT level, however, additional tables are available on the North West Public Health Observatory website (www.nwpho.org.uk/hiv2007).

For the purposes of this report men who were exposed through sex between men and who are also IDUs are included in the MSM category. Male to female transsexuals who acquired HIV through sex between men are recorded as males, and age ranges refer to the age of individuals at the end of December 2007, or at death.

Figure 2.1 illustrates the crude incidence of new HIV and AIDS cases in the North West who attended statutory centres within the region during 2007. The population sizes for each LA used in the incidence calculations are provided by the North West Public Health Observatory based on 2001 census data. The incidence of diagnosed HIV in 2007 throughout the North West is 11 per 100,000 people. Manchester LA has the highest incidence (48 per 100,000), followed by Salford with 31 per 100,000, then Blackpool with 20 per 100,000. Although incidence has decreased slightly from 2006 (13 per 100,000) in the North West, the LAs with the highest incidence have remained stable.

Figure 2.2 shows the global region and country of HIV transmission for new cases acquired outside the UK who presented in the North West for treatment and care in 2007. Forty one percent of new cases (332 individuals) were contracted abroad, three quarters (76%) of which were acquired in sub-Saharan Africa. A further 8% were exposed in South & South East Asia, followed by Western Europe (6%), Eastern Europe & Central Asia (3%), then the Caribbean (2%). Of the 332 new cases who probably acquired their infection abroad, the exact single country of probable exposure is available for 315 individuals (95%). Individuals reported to have been infected in Zimbabwe continue to dominate the statistics, accounting for 30% of all infections thought to have been acquired abroad (101 cases). There were a high number of infections acquired in Malawi (26 cases; 8%) which is an increase of 18% from 2006 (22 cases). South Africa accounts for the next largest number of new cases with 23 cases representing seven percent of new cases infected outside the UK. Overall, 251 new people presented for treatment and care in the North West who were thought to have been infected in 23 different countries across sub-Saharan Africa. Infections from South & South East Asia were mostly acquired in Thailand, which accounted for 6% of total infections abroad, and infections in Western Europe were mostly from France, Italy and Spain.

Table 2.1 illustrates the age distribution, stage of HIV disease and ethnicity of the new HIV and AIDS cases by infection route and sex. Sixteen percent of all reported cases in 2007 were seen for the first time in this year. The majority of newly reported cases occur in people between the ages of 25 and 44 (69%) years, with the highest incidence in those aged 30-34 years (19%). As seen in recent years, exposure through heterosexual sex accounts for the highest proportion of new cases (49%) followed by sex between men (42%). The majority of young people aged 15-24 years, for whom route of exposure is known, were infected with HIV during sex (either sex between men or heterosexual sex) (92%).

The number of new infections attributed to IDU remains relatively low and dropped from 15 to 11 individuals between 2006 and 2007. During the year, 21 new cases of vertical transmission (mother to child) were reported from North West treatment centres, which represents an increase of 91% on 2005 (11 cases), and 24% on 2006 (17 cases). Four new cases were attributed to having received contaminated blood or tissue. The infection route for 35 new cases (4%) has not yet been determined.

HIV positive individuals categorised as asymptomatic continue to represent the largest proportion of new cases (66%), maintaining the observation that many HIV positive individuals are contacting services at a relatively early stage of their HIV disease. All of the 11 new cases who died during 2007 had an AIDS defining illness. Furthermore, 17% of new cases first presented with AIDS, this shows that despite continued efforts to raise awareness, a minority of individuals continue to present too late to benefit from life-prolonging treatment.

As in previous years the majority of new HIV and AIDS cases, for whom ethnicity is known, were self-defined as white (57%), with 43% of cases occurring in a minority ethnic group. Black Africans account for 83% of minority ethnic cases, with black African females exposed through heterosexual sex making up 23% of all new cases reported in 2007. There has been a slight change in the proportion of females infected heterosexually, with 17% of

new cases reported in females of white ethnicity (compared to 13% in 2006) and 73% in females of black African ethnicity (compared to 79% in 2006). Of all the men infected through MSM, 94% were of white ethnicity.

Table 2.2 shows the LA of residence and the infection route of new HIV and AIDS cases presenting in the North West for treatment and care in 2007. Although the infection route for 52% of all HIV positive individuals accessing treatment and care in 2007 was attributed to sex between men (chapter 3, table 3.1), this proportion was lower for new cases with 42% infected via this route. Across the counties there were large differences in the route of infection. Whilst the main route of infection in Merseyside is heterosexual (53%) with fewer men who have sex with men (MSM) (36%), Lancashire reveals a more even split, with 43% infected via MSM and 49% via heterosexual sex. Of those infected through MSM and residing in Lancashire, 42% reside in Blackpool, an area with a large gay community. Manchester also has a large gay community⁶¹ and correspondingly, Greater Manchester accounts for 62% of new cases resident in the North West exposed via sex between men, with the second highest proportion (14%) in Merseyside.

Table 2.3 presents the breakdown of stage of HIV disease by LA. The widespread distribution of new HIV positive individuals demonstrates the importance of HIV prevention initiatives in every county. Residents of Greater Manchester accounted for over half (56%) of new HIV and AIDS cases presenting for treatment and care in the North West. Proportionately Cumbria had the highest recorded percentage of AIDS cases (29%; five out of 17 cases including one individual who died of AIDS related cause) while almost three quarters of those with HIV living in Cheshire were asymptomatic. The majority of new cases who received care in the North West during 2007 (whose residential details were known) were resident within the region (95%). Of the 43 individuals known to live outside the region, 5% were reported to reside in the Isle of Man.

Table 2.4 illustrates new HIV and AIDS cases by stage of HIV disease, infection route and sex presenting in the North West region for treatment and care in 2007, by those resident in the North West, and total new cases treated in the North West. The figures show that 67% of new cases residing in the North West presented to services while still asymptomatic, 12% were symptomatic, and 18% presented with AIDS (including those who had died from an AIDS related illness). The predominant route of HIV exposure among all women in treatment and care continues to be heterosexual sex (92%).

Table 2.5 shows new HIV and AIDS cases presenting in the North West for treatment and care in 2007 by ethnicity and age group, by those resident in the North West and total new cases treated in the North West. Of North West residents, those aged between 25 to 29 years represented the largest group of new cases accessing treatment and care. As would be expected, new cases tend to be younger (median age of 35 years) than all cases (median age 39 years), demonstrating the continuing need to encourage young people at risk of HIV exposure to access services. The majority of new cases in 2007 whose ethnicity was known were self-defined as white (57%), a lower figure than the corresponding data for all cases (66%) (chapter 3, table 3.5). Of those HIV positive individuals whose ethnicity was known, 43% are self-defined as being from a minority ethnic group. This indicates a substantial over representation of new HIV cases within black and minority ethnic communities, when compared to their overall proportion within the North West population (7%)⁶². The incidence of diagnosed HIV is thus nine times higher in black and minority ethnic communities than in the white population in the North West. This illustrates the need for specialist services such as the Black Health Agency (BHA) and specialist projects within the voluntary sector to provide care and support for communities that have already been identified as having shorter life expectancies, together with poorer physical and mental health⁶³.

Table 2.6 illustrates the sex, stage of HIV disease and infection abroad by ethnicity of new HIV and AIDS cases presenting in the North West for treatment and care in 2007. The majority of women for whom ethnicity was known and who were diagnosed in the region for the first time in 2007 are self-defined as being from a minority ethnic group (82%). Black Africans account for 72% of all female new cases for whom ethnicity is known. Whilst in the white population the gender distribution is highly biased towards males (89%), 63% of the new cases in the black and minority ethnic group are female.

Considerable differences in presentation by stage of disease among ethnic groups were reported prior to 2002. For example, in 2001, 17% of white and 28% of non-white individuals presented for the first time already with AIDS, and in 2000 the margin was wider with 16% of white individuals already having AIDS compared to 34% of non-white ethnic communities. However, in 2007, as in more recent years, individuals from black and minority ethnic communities (for whom ethnicity and stage of disease were known) were just as likely to present while still asymptomatic (66%) as were white individuals (70%) and similar proportions were symptomatic (14% compared to 11% of white individuals), or had AIDS (18% for minority ethnic groups compared with 16% for white individuals). This suggests that those from white, and black and minority ethnic groups, are becoming more likely to access care at an early stage of their disease, and this will hopefully increase their life expectancy.

Half of all new cases of HIV and AIDS in 2007 were reported to have been contracted outside the UK. The exposure route for a further 146 cases is currently unknown, which could lead to an underestimation of the figures contracted abroad. For those whose exposure was known, 83% of all those self-defined as white were infected in the UK, while 95% of all black Africans were infected outside the UK.

Table 2.7 shows the global region and country of HIV exposure by infection route of HIV for new HIV and AIDS cases acquired outside the UK who presented in the North West for treatment and care in 2007. Of those infected abroad, the proportion who were infected via sex between men is 8%, a slight reduction on 2006 (10%). For those new individuals reported to have been infected with HIV in the UK, and for whom infection route is known, sex between men is the predominant mode of exposure (74%). The vast majority (84%) of individuals with heterosexually acquired HIV, whose infections were contracted abroad, were acquired in sub-Saharan Africa, with a further 8% in South & South East Asia.

Western Europe accounted for the largest number of new cases in MSM while abroad (50%). This could reflect the reported tendency of gay men to take risks while on holiday⁶⁴. Five out of the 11 new cases who were infected by IDU were thought to be infected in the UK. IDU remains a major transmission route of HIV in many European countries⁶⁵. Although the risk of contracting HIV via IDU is relatively low in the UK due to relatively low prevalence of HIV amongst this group, sharing injecting equipment remains a significant risk.

Table 2.8 illustrates the distribution of new HIV and AIDS cases between North West treatment centres and by infection route. The treatment centre with the largest number of new cases in 2007 was Manchester Royal Infirmary Department of Genito-Urinary Medicine (MRIG) with approximately 20% of new cases. As in previous years, large numbers of new cases were also seen at North Manchester Regional Infectious Disease Unit (NMG) and Royal Liverpool University Hospital Department of Genito-Urinary Medicine (RLG). A stark increase in the number of new cases in 2007 compared to 2006 was recorded at Bolton Centre for Sexual Health (BOLG) which saw a 108% increase (from 25 to 52 individuals). Conversely, several centres saw a reduction in their levels of new cases, for example, Blackpool Victoria Hospital (BLAG) had a 33% reduction in new cases (from 61 to 41 individuals), and a specialist GP clinic in Manchester (MGP) had a 41% reduction (from 34 to 20 individuals).

Table 2.9 presents the residency status of new HIV and AIDS cases categorised by their stage of disease. Of the 817 total new cases, 532 cases (65%) are known to be UK nationals, and 221 (27%) were non-UK nationals, a higher proportion than in 2006 (222 individuals; 24%). Two thirds (67%) of non-UK nationals were asymptomatic, a similar proportion to UK nationals (68%).

Table 2.10 displays new HIV cases by infection route and PCT of residence. The figures show that Manchester PCT has the largest proportion of new HIV cases in treatment and care in the North West (26%), and Liverpool PCT has the second largest population of new HIV cases with 9% (74 individuals).

Table 2.11 shows new HIV cases by stage of disease and PCT of residence. Amongst those that were asymptomatic, a quarter (26%) resided in Manchester PCT, followed by the next largest proportion (10%) in Liverpool PCT. Further analyses by PCT can be found on the North West Public Health Observatory website (www.nwpho.org.uk/hiv2007).

Figure 2.1: Incidence of HIV by local authority, 2007

Crude rate based on the number of new cases of HIV and AIDS accessing North West treatment centres per 100,000 of the population

Per 100,000 Population

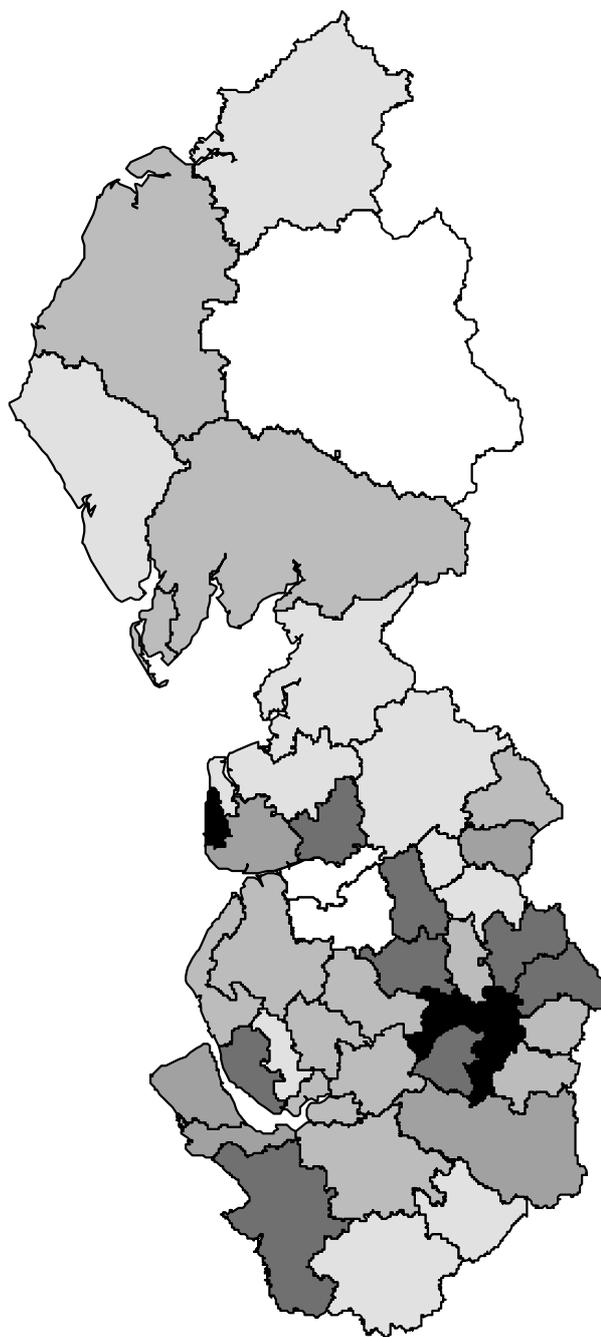
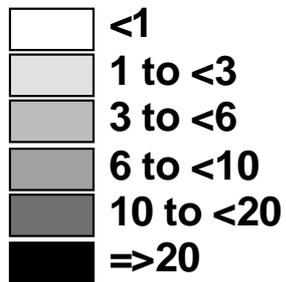
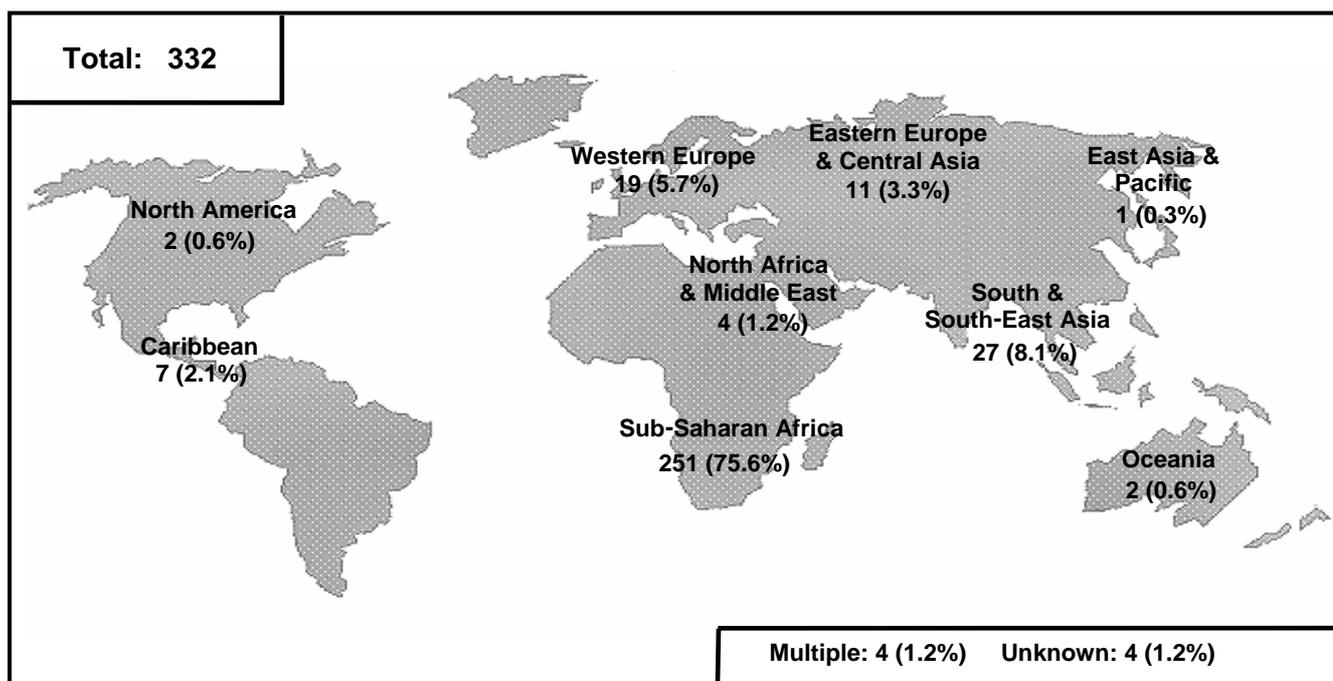


Figure 2.2: Global region and country of infection for new HIV and AIDS cases in the North West who probably acquired their infection outside the UK, 2007



Sub-Saharan Africa	251 (75.6%)
Angola	1 (0.3%)
Botswana	3 (0.9%)
Burundi	2 (0.6%)
Cameroon	6 (1.8%)
Congo	9 (2.7%)
Cote d'Ivoire	1 (0.3%)
Dem. Republic of Congo	1 (0.3%)
Eritrea	5 (1.5%)
Ethiopia	2 (0.6%)
Ghana	1 (0.3%)
Kenya	5 (1.5%)
Liberia	1 (0.3%)
Malawi	26 (7.8%)
Mali	1 (0.3%)
Mozambique	1 (0.3%)
Nigeria	20 (6%)
Sierra Leone	1 (0.3%)
Somalia	4 (1.2%)
South Africa	23 (6.9%)
Tanzania	5 (1.5%)
Uganda	4 (1.2%)
Zambia	20 (6%)
Zimbabwe	101 (30.4%)
Unknown	6 (1.8%)
Multiple	2 (0.6%)

North America	2 (0.6%)
United States of America	2 (0.6%)

East Asia & Pacific	1 (0.3%)
China	1 (0.3%)

Oceania	2 (0.6%)
Australia	2 (0.6%)

South & South-East Asia	27 (8.1%)
India	3 (0.9%)
Pakistan	1 (0.3%)
Singapore	1 (0.3%)
Sri Lanka	1 (0.3%)
Thailand	21 (6.3%)

Eastern Europe & Central Asia	11 (3.3%)
Estonia	2 (0.6%)
Latvia	3 (0.9%)
Poland	5 (1.5%)
Romania	1 (0.3%)

Western Europe	19 (5.7%)
Eire	1 (0.3%)
Finland	1 (0.3%)
France	5 (1.5%)
Germany	1 (0.3%)
Italy	4 (1.2%)
Portugal	1 (0.3%)
Spain	4 (1.2%)
Switzerland	1 (0.3%)
Unknown	1 (0.3%)

North Africa & Middle East	4 (1.2%)
Cyprus	1 (0.3%)
Sudan	2 (0.6%)
Turkey	1 (0.3%)

Caribbean	7 (2.1%)
Jamaica	6 (1.8%)
Trinidad and Tobago	1 (0.3%)

Multiple	4 (1.2%)
Unknown	4 (1.2%)

Total	332
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Table 2.1: Age distribution, stage of HIV disease and ethnic group of new HIV and AIDS cases by infection route and sex, 2007

		Infection Route										Total (100%)
		MSM	Injecting Drug Use		Hetero-sexual		Blood/Tissue	Mother to Child		Undetermined		
		M	M	F	M	F	M	M	F	M	F	
Age Group	0-14							5	11			16
	15-19	5				10		2	3		1	21
	20-24	35	1		10	21	1			1		69
	25-29	57	1		22	68				3	1	152
	30-34	62		1	27	56	1			5	1	153
	35-39	65	2		26	43				4	1	141
	40-44	53	3		27	29				4		116
	45-49	35	2	1	21	10	1			6		76
	50-54	19			12	8				2		41
	55-59	9				3	1			4		17
	60+	5			5	3				1	1	15
Stage of HIV Disease	Asymptomatic	235	6	1	88	183	2	3	5	15	3	541
	Symptomatic	42	2	1	20	27		3	3	3		101
	AIDS	52	1		38	33	2	1	5	10		142
	AIDS Related Death	4			2	3			1	1		11
	Unknown	12			2	5				1	2	22
Ethnicity	White	324	7	2	55	43	1	1	3	24	1	461
	Black Caribbean	3			5	7			1			16
	Black African	2	1		82	184	1	6	8	3	2	289
	Black Other	3			1	1						5
	Indian/Pakistani/Bangladeshi	3			3	1	1			1		9
	Other Asian/Oriental	5			1	7			1			14
	Other/Mixed	3			3	6	1		1			14
	Unknown	2	1			2				2	2	9
Total	345	9	2	150	251	4	7	14	30	5	817	
%	42.2	1.1	0.2	18.4	30.7	0.5	0.9	1.7	3.7	0.6		

Men who have been exposed through sex with men (MSM) and who are also injecting drug users are included in the MSM category. Age ranges refer to the age of individuals at the end of December 2007, or at death. The total number of new cases includes 40 people who are new to the region having previously been diagnosed outside the North West.

Table 2.2: New HIV and AIDS cases by local authority and county of residence and infection route, 2007

	Local Authority of Residence	Infection Route					Total (100%)	
		MSM	Injecting Drug Use	Hetero-sexual	Blood/Tissue	Mother to Child		Undetermined
Cumbria	Carlisle	2 (66.7%)			1 (33.3%)		3	
	Allerdale	2 (66.7%)				1 (33.3%)	3	
	Copeland	2 (100%)					2	
	South Lakeland	2 (40%)	1 (20%)	2 (40%)			5	
	Barrow-in-Furness			4 (100%)			4	
	Total	8 (47.1%)	1 (5.9%)	6 (35.3%)	1 (5.9%)	1 (5.9%)	17	
Lancashire	Lancaster	2 (66.7%)		1 (33.3%)			3	
	Wyre	2 (66.7%)				1 (33.3%)	3	
	Fylde	6 (85.7%)		1 (14.3%)			7	
	Blackpool	16 (55.2%)		13 (44.8%)			29	
	Blackburn with Darwen		1 (6.7%)	12 (80%)			15	
	Ribble Valley						2 (13.3%)	1
	Pendle	4 (100%)					1 (100%)	4
	Hyndburn	1 (100%)						1
	Burnley			5 (83.3%)		1 (16.7%)		6
	Rossendale	1 (100%)						1
	Preston	2 (14.3%)		11 (78.6%)			1 (7.1%)	14
	Chorley			1 (100%)				1
	West Lancashire	4 (100%)						4
	Total	38 (42.7%)	1 (1.1%)	44 (49.4%)		1 (1.1%)	5 (5.6%)	89
Greater Manchester	Wigan	4 (22.2%)		11 (61.1%)		3 (16.7%)	18	
	Bolton	11 (26.8%)		29 (70.7%)	1 (2.4%)		41	
	Bury	5 (55.6%)		4 (44.4%)			9	
	Rochdale	3 (11.1%)	2 (7.4%)	21 (77.8%)		1 (3.7%)	27	
	Oldham	6 (22.2%)	1 (3.7%)	19 (70.4%)		1 (3.7%)	27	
	Salford	37 (54.4%)	2 (2.9%)	26 (38.2%)		1 (1.5%)	68	
	Manchester	98 (46.9%)	1 (0.5%)	101 (48.3%)		3 (1.4%)	209	
	Tameside	7 (63.6%)		3 (27.3%)			11	
	Trafford	12 (37.5%)	1 (3.1%)	15 (46.9%)	1 (3.1%)		32	
	Stockport	4 (30.8%)		7 (53.8%)		1 (7.7%)	13	
	Unknown Greater Manchester	3 (50%)		3 (50%)			6	
	Total	190 (41.2%)	7 (1.5%)	239 (51.8%)	2 (0.4%)	10 (2.2%)	13 (2.8%)	461
Merseyside	Sefton	6 (46.2%)		7 (53.8%)			13	
	Liverpool	19 (25.7%)	1 (1.4%)	45 (60.8%)		4 (5.4%)	74	
	Knowsley	1 (25%)		2 (50%)			4	
	Wirral	11 (50%)		9 (40.9%)		1 (4.5%)	22	
	St Helens	6 (100%)					6	
	Unknown Merseyside						1 (100%)	1
Total	43 (35.8%)	1 (0.8%)	63 (52.5%)		5 (4.2%)	8 (6.7%)	120	
Cheshire	Halton	2 (50%)		2 (50%)			4	
	Warrington	6 (54.5%)		5 (45.5%)			11	
	Ellesmere Port & Neston	2 (33.3%)		3 (50%)		1 (16.7%)	6	
	Chester	8 (50%)		6 (37.5%)		2 (12.5%)	16	
	Vale Royal	3 (75%)		1 (25%)			4	
	Macclesfield	6 (42.9%)		6 (42.9%)	1 (7.1%)		14	
	Congleton	1 (100%)					1	
	Crewe & Nantwich	1 (33.3%)		2 (66.7%)			3	
	Total	29 (49.2%)		25 (42.4%)	1 (1.7%)	3 (5.1%)	1 (1.7%)	59
Total North West Residents		308 (41.3%)	10 (1.3%)	377 (50.5%)	4 (0.5%)	20 (2.7%)	27 (3.6%)	746
Isle of Man				2 (100%)			2	
Out of Region		21 (53.8%)		11 (28.2%)		1 (2.6%)	39	
Abroad		1 (50%)		1 (50%)			2	
Unknown*		15 (53.6%)	1 (3.6%)	10 (35.7%)		2 (7.1%)	28	
Total		345 (42.2%)	11 (1.3%)	401 (49.1%)	4 (0.5%)	21 (2.6%)	35 (4.3%)	817

Men who have been exposed through sex with men (MSM) and who are also injecting drug users are included in the MSM category.

* Includes one person of no fixed abode and two who declined to give any residential information.

The total number of new cases includes 40 people who are new to the region having previously been diagnosed outside the North West.

Table 2.3: New HIV and AIDS cases by local authority and county of residence and stage of HIV disease, 2007

	Local Authority of Residence	Stage of Disease					Total (100%)
		Asymptomatic	Symptomatic	AIDS	AIDS Related Death	Unknown	
Cumbria	Carlisle	2 (66.7%)		1 (33.3%)			3
	Allerdale	2 (66.7%)	1 (33.3%)				3
	Copeland	1 (50%)		1 (50%)			2
	South Lakeland	3 (60%)	1 (20%)	1 (20%)			5
	Barrow-in-Furness	2 (50%)		1 (25%)	1 (25%)		4
	Total	10 (58.8%)	2 (11.8%)	4 (23.5%)	1 (5.9%)		17
Lancashire	Lancaster	1 (33.3%)		2 (66.7%)			3
	Wyre			3 (100%)			3
	Fylde	2 (28.6%)	2 (28.6%)	1 (14.3%)	1 (14.3%)	1 (14.3%)	7
	Blackpool	21 (72.4%)	2 (6.9%)	4 (13.8%)	1 (3.4%)	1 (3.4%)	29
	Blackburn with Darwen	11 (73.3%)	2 (13.3%)	1 (6.7%)		1 (6.7%)	15
	Ribble Valley	1 (100%)					1
	Pendle	2 (50%)	1 (25%)			1 (25%)	4
	Hyndburn		1 (100%)				1
	Burnley	4 (66.7%)	1 (16.7%)	1 (16.7%)			6
	Rossendale	1 (100%)					1
	Preston	10 (71.4%)	2 (14.3%)	2 (14.3%)			14
	Chorley	1 (100%)					1
	West Lancashire	4 (100%)					4
	Total	58 (65.2%)	11 (12.4%)	14 (15.7%)	2 (2.2%)	4 (4.5%)	89
Greater Manchester	Wigan	11 (61.1%)	4 (22.2%)	3 (16.7%)			18
	Bolton	30 (73.2%)	3 (7.3%)	6 (14.6%)	1 (2.4%)	1 (2.4%)	41
	Bury	6 (66.7%)	2 (22.2%)	1 (11.1%)			9
	Rochdale	19 (70.4%)	4 (14.8%)	4 (14.8%)			27
	Oldham	18 (66.7%)	5 (18.5%)	3 (11.1%)	1 (3.7%)		27
	Salford	46 (67.6%)	13 (19.1%)	8 (11.8%)		1 (1.5%)	68
	Manchester	143 (68.4%)	19 (9.1%)	38 (18.2%)	1 (0.5%)	8 (3.8%)	209
	Tameside	3 (27.3%)	5 (45.5%)	3 (27.3%)			11
	Trafford	18 (56.3%)	7 (21.9%)	7 (21.9%)			32
	Stockport	7 (53.8%)	3 (23.1%)	3 (23.1%)			13
	Unknown Greater Manchester	5 (83.3%)	1 (16.7%)				6
	Total	306 (66.4%)	66 (14.3%)	76 (16.5%)	3 (0.7%)	10 (2.2%)	461
Merseyside	Sefton	10 (76.9%)	1 (7.7%)	2 (15.4%)			13
	Liverpool	54 (73%)	4 (5.4%)	12 (16.2%)	2 (2.7%)	2 (2.7%)	74
	Knowsley	3 (75%)				1 (25%)	4
	Wirral	11 (50%)	4 (18.2%)	6 (27.3%)	1 (4.5%)		22
	St Helens	5 (83.3%)		1 (16.7%)			6
	Unknown Merseyside	1 (100%)					1
Total	84 (70%)	9 (7.5%)	21 (17.5%)	3 (2.5%)	3 (2.5%)	120	
Cheshire	Halton	3 (75%)		1 (25%)			4
	Warrington	9 (81.8%)		2 (18.2%)			11
	Ellesmere Port & Neston	3 (50%)	2 (33.3%)	1 (16.7%)			6
	Chester	13 (81.3%)		3 (18.8%)			16
	Vale Royal	2 (50%)		1 (25%)	1 (25%)		4
	Macclesfield	10 (71.4%)		1 (7.1%)	1 (7.1%)	2 (14.3%)	14
	Congleton	1 (100%)					1
	Crewe & Nantwich	1 (33.3%)		2 (66.7%)			3
	Total	42 (71.2%)	2 (3.4%)	11 (18.6%)	2 (3.4%)	2 (3.4%)	59
Total North West Residents		500 (67%)	90 (12.1%)	126 (16.9%)	11 (1.5%)	19 (2.5%)	746
Isle of Man		1 (50%)	1 (50%)				2
Out of Region		18 (46.2%)	8 (20.5%)	12 (30.8%)		1 (2.6%)	39
Abroad		2 (100%)					2
Unknown*		20 (71.4%)	2 (7.1%)	4 (14.3%)		2 (7.1%)	28
Total		541 (66.2%)	101 (12.4%)	142 (17.4%)	11 (1.3%)	22 (2.7%)	817

* Includes one person of no fixed abode and two who declined to give any residential information.

The total number of new cases includes 40 people who are new to the region having previously been diagnosed outside the North West.

Table 2.4: New HIV and AIDS cases by stage of HIV disease, infection route and sex, 2007

	Stage of disease	Infection Route										Total (100%)
		MSM	Injecting Drug Use		Heterosexual		Blood/Tissue	Mother to Child		Undetermined		
		M	M	F	M	F	M	M	F	M	F	
Total North West Residents	Asymptomatic	212	5	1	83	175	2	3	5	11	3	500
	Symptomatic	34	2	1	19	25		3	3	3		90
	AIDS	46	1		32	31	2	1	4	9		126
	AIDS Related Death	4			2	3			1	1		11
	Unknown	12			2	5						19
	Total	308	8	2	138	239	4	7	13	24	3	746
	%	41.3	1.1	0.3	18.5	32.0	0.5	0.9	1.7	3.2	0.4	
All individuals treated in North West	Asymptomatic	235	6	1	88	183	2	3	5	15	3	541
	Symptomatic	42	2	1	20	27		3	3	3		101
	AIDS	52	1		38	33	2	1	5	10		142
	AIDS Related Death	4			2	3			1	1		11
	Unknown	12			2	5				1	2	22
	Total	345	9	2	150	251	4	7	14	30	5	817
	%	42.2	1.1	0.2	18.4	30.7	0.5	0.9	1.7	3.7	0.6	

Men who have been exposed through sex with men (MSM) and who are also injecting drug users are included in the MSM category. The total number of new cases includes 40 people who are new to the region having previously been diagnosed outside the North West.

Table 2.5: New HIV and AIDS cases by age category and ethnic group, 2007

	Age Group	Ethnicity							Total (100%)	
		White	Black Caribbean	Black African	Black Other	Indian/Pakistani/Bangladeshi	Other Asian/Oriental	Other/Mixed		Unknown
Total North West Residents	0-14	2	1	11			1			15
	15-19	8	1	8				2		19
	20-24	45	4	12			2	4		67
	25-29	67	3	68		1	1	2	1	143
	30-34	69	2	57	2	2	3	3	1	139
	35-39	69	1	52	2	3	3		2	132
	40-44	68	3	32			1	1	3	108
	45-49	40	1	20		1	1	1		64
	50-54	25		9						34
	55-59	10		2						12
	60+	11		2						13
	Total		414	16	273	4	7	12	13	7
%		55.5	2.1	36.6	0.5	0.9	1.6	1.7	0.9	
All individuals treated in North West	0-14	2	1	12			1			16
	15-19	9	1	8				3		21
	20-24	47	4	12			2	4		69
	25-29	72	3	70		1	2	2	2	152
	30-34	78	2	62	2	2	3	3	1	153
	35-39	75	1	53	2	5	3		2	141
	40-44	72	3	36			1	1	3	116
	45-49	48	1	21	1	1	2	1	1	76
	50-54	31		10						41
	55-59	14		3						17
	60+	13		2						15
	Total		461	16	289	5	9	14	14	9
%		56.4	2.0	35.4	0.6	1.1	1.7	1.7	1.1	

Age ranges refer to the ages of individuals at the end of December 2007, or at death.

The total number of new cases includes 40 people who are new to the region having previously been diagnosed outside the North West.

Table 2.6: Sex, stage of HIV disease, and HIV exposure abroad of new HIV and AIDS cases by ethnic group, 2007

		Ethnicity								Total (100%)
		White	Black Caribbean	Black African	Black Other	Indian/Pakistani/Bangladeshi	Other Asian/Oriental	Other/Mixed	Unknown	
Sex	Male	412 (75.6%)	8 (1.5%)	95 (17.4%)	4 (0.7%)	8 (1.5%)	6 (1.1%)	7 (1.3%)	5 (0.9%)	545
	Female	49 (18%)	8 (2.9%)	194 (71.3%)	1 (0.4%)	1 (0.4%)	8 (2.9%)	7 (2.6%)	4 (1.5%)	272
Stage of Disease	Asymptomatic	313 (57.9%)	11 (2%)	187 (34.6%)	4 (0.7%)	5 (0.9%)	6 (1.1%)	12 (2.2%)	3 (0.6%)	541
	Symptomatic	52 (51.5%)	2 (2%)	40 (39.6%)	1 (1%)	1 (1%)	4 (4%)		1 (1%)	101
	AIDS	76 (53.5%)	3 (2.1%)	53 (37.3%)		3 (2.1%)	3 (2.1%)	1 (0.7%)	3 (2.1%)	142
	AIDS Related Death	5 (45.5%)		6 (54.5%)						11
	Unknown	15 (68.2%)		3 (13.6%)			1 (4.5%)	1 (4.5%)	2 (9.1%)	22
HIV Exposure Abroad	No	303 (89.4%)	9 (2.7%)	12 (3.5%)	2 (0.6%)	2 (0.6%)	3 (0.9%)	6 (1.8%)	2 (0.6%)	339
	Yes	64 (19.3%)	5 (1.5%)	243 (73.2%)		4 (1.2%)	9 (2.7%)	6 (1.8%)	1 (0.3%)	332
	Unknown	94 (64.4%)	2 (1.4%)	34 (23.3%)	3 (2.1%)	3 (2.1%)	2 (1.4%)	2 (1.4%)	6 (4.1%)	146
Total		461 (56.4%)	16 (2%)	289 (35.4%)	5 (0.6%)	9 (1.1%)	14 (1.7%)	14 (1.7%)	9 (1.1%)	817

The total number of new cases includes 40 people who are new to the region having previously been diagnosed outside the North West.

Table 2.7: Global region and country of exposure by infection route for new HIV and AIDS cases who probably acquired their infection outside the UK, 2007

Region of HIV Exposure	Infection Route						Total (100%)
	MSM	Injecting Drug Use	Hetero-sexual	Blood/Tissue	Mother to Child	Undetermined	
Abroad	26 (7.8%)	5 (1.5%)	279 (84%)	3 (0.9%)	14 (4.2%)	5 (1.5%)	332
Caribbean	1		6				7
East Asia & Pacific			1				1
Eastern Europe & Central Asia	2	2	5	1	1		11
North Africa & Middle East	1	1	2				4
North America	1				1		2
Oceania	2						2
South & South-East Asia	3		23		1		27
Sub-Saharan Africa	1		235	2	11	2	251
Western Europe	13	2	2			2	19
Multiple	1		2			1	4
Unknown	1		3				4
UK	242 (71.4%)	5 (1.5%)	72 (21.2%)	1 (0.3%)	6 (1.8%)	13 (3.8%)	339
Undetermined	77 (52.7%)	1 (0.7%)	50 (34.2%)		1 (0.7%)	17 (11.6%)	146
Total	345 (42.2%)	11 (1.3%)	401 (49.1%)	4 (0.5%)	21 (2.6%)	35 (4.3%)	817

Men who have been exposed through sex with men (MSM) and who are also injecting drug users are included in the MSM category. The total number of new cases includes 40 people who are new to the region having previously been diagnosed outside the North West.

Table 2.8: Distribution of treatment for new HIV and AIDS cases by infection route, 2007

Treatment Centre	Infection Route						Total (100%)
	MSM	Injecting Drug Use	Hetero-sexual	Blood/Tissue	Mother to Child	Undetermined	
AHC					8 (100%)		8
APH	7 (35%)		11 (55%)			2 (10%)	20
ARM	2 (100%)						2
BLAG	23 (56.1%)		15 (36.6%)			3 (7.3%)	41
BLKG	3 (16.7%)	1 (5.6%)	12 (66.7%)			2 (11.1%)	18
BOLG	14 (26.9%)		37 (71.2%)	1 (1.9%)			52
BOOT					6 (100%)		6
BURG	1 (25%)		3 (75%)				4
BURY	3 (33.3%)	1 (11.1%)	5 (55.6%)				9
CHR	16 (55.2%)		12 (41.4%)		1 (3.4%)		29
CUMB	3 (60%)			1 (20%)	1 (20%)		5
FGH			2 (100%)				2
LCN		1 (11.1%)	8 (88.9%)				9
LEI	2 (33.3%)		4 (66.7%)				6
MAC	6 (54.5%)		3 (27.3%)	1 (9.1%)		1 (9.1%)	11
MGP	19 (95%)		1 (5%)				20
MRIG	92 (51.1%)	1 (0.6%)	81 (45%)	1 (0.6%)		5 (2.8%)	180
NMG	51 (31.7%)	5 (3.1%)	84 (52.2%)	1 (0.6%)	10 (6.2%)	10 (6.2%)	161
NMGG	14 (58.3%)		10 (41.7%)				24
NOBL			2 (100%)				2
OLDG	4 (28.6%)		10 (71.4%)				14
PG	8 (36.4%)		12 (54.5%)			2 (9.1%)	22
RLG	33 (31.7%)	1 (1%)	59 (56.7%)		1 (1%)	10 (9.6%)	104
RLI	2 (66.7%)		1 (33.3%)				3
ROCG	2 (15.4%)		11 (84.6%)				13
SALG	9 (45%)	1 (5%)	10 (50%)				20
SHH	13 (100%)						13
SPG	10 (71.4%)		4 (28.6%)				14
STP	3 (25%)		8 (66.7%)			1 (8.3%)	12
TAMG	3 (75%)		1 (25%)				4
TRAG	1 (11.1%)	1 (11.1%)	6 (66.7%)	1 (11.1%)			9
WAR	6 (54.5%)		5 (45.5%)				11
WGH	2 (33.3%)	1 (16.7%)	3 (50%)				6
WIGG	3 (33.3%)		5 (55.6%)		1 (11.1%)		9
WITG	27 (77.1%)		8 (22.9%)				35
WORK	3 (100%)						3

For definitions of the abbreviated statutory treatment centres please refer to the glossary at the back of the report. Columns cannot be totalled as some individuals may attend two or more treatment locations, thus exaggerating the totals. Men who have had exposure through sex with men and who are also injecting drug users are included in the MSM category.

Table 2.9: Residency status of new cases by sex, age group, infection route, ethnicity, of HIV disease and area of residence, 2007

		Residency Status							Total
		UK National	Asylum Seeker	Overseas Student	Temporary Visitor	Refugee	Other**	Unknown	
Sex	Male	430 (80.8%)	30 (31.6%)	18 (52.9%)	10 (50%)	11 (40.7%)	20 (44.4%)	26 (40.6%)	545 (66.7%)
	Female	102 (19.2%)	65 (68.4%)	16 (47.1%)	10 (50%)	16 (59.3%)	25 (55.6%)	38 (59.4%)	272 (33.3%)
Age Group	0-14	7 (1.3%)	4 (4.2%)				2 (4.4%)	3 (4.7%)	16 (2%)
	15-19	13 (2.4%)	3 (3.2%)	1 (2.9%)		1 (3.7%)	1 (2.2%)	2 (3.1%)	21 (2.6%)
	20-24	54 (10.2%)	6 (6.3%)	2 (5.9%)	1 (5%)	2 (7.4%)	3 (6.7%)	1 (1.6%)	69 (8.4%)
	25-29	84 (15.8%)	22 (23.2%)	7 (20.6%)	3 (15%)	7 (25.9%)	11 (24.4%)	18 (28.1%)	152 (18.6%)
	30-34	90 (16.9%)	23 (24.2%)	11 (32.4%)	3 (15%)	2 (7.4%)	9 (20%)	15 (23.4%)	153 (18.7%)
	35-39	90 (16.9%)	23 (24.2%)	3 (8.8%)	3 (15%)	3 (11.1%)	9 (20%)	10 (15.6%)	141 (17.3%)
	40-44	78 (14.7%)	9 (9.5%)	5 (14.7%)	5 (25%)	5 (18.5%)	7 (15.6%)	7 (10.9%)	116 (14.2%)
	45-49	57 (10.7%)	4 (4.2%)	5 (14.7%)	1 (5%)	5 (18.5%)	1 (2.2%)	3 (4.7%)	76 (9.3%)
	50-54	33 (6.2%)	1 (1.1%)		1 (5%)	2 (7.4%)	2 (4.4%)	2 (3.1%)	41 (5%)
	55-59	13 (2.4%)			2 (10%)			2 (3.1%)	17 (2.1%)
60+	13 (2.4%)			1 (5%)			1 (1.6%)	15 (1.8%)	
Infection Route	MSM	323 (60.7%)	3 (3.2%)	1 (2.9%)	5 (25%)		7 (15.6%)	6 (9.4%)	345 (42.2%)
	Injecting Drug Use	8 (1.5%)					1 (2.2%)	2 (3.1%)	11 (1.3%)
	Heterosexual	164 (30.8%)	87 (91.6%)	31 (91.2%)	14 (70%)	27 (100%)	35 (77.8%)	43 (67.2%)	401 (49.1%)
	Blood/Tissue	1 (0.2%)	1 (1.1%)	1 (2.9%)				1 (1.6%)	4 (0.5%)
	Mother to Child	11 (2.1%)	4 (4.2%)				2 (4.4%)	4 (6.3%)	21 (2.6%)
	Undetermined	25 (4.7%)		1 (2.9%)	1 (5%)			8 (12.5%)	35 (4.3%)
Ethnicity	White	434 (81.6%)	1 (1.1%)	1 (2.9%)	3 (15%)	1 (3.7%)	8 (17.8%)	13 (20.3%)	461 (56.4%)
	Black Caribbean	11 (2.1%)		2 (5.9%)			2 (4.4%)	1 (1.6%)	16 (2%)
	Black African	52 (9.8%)	90 (94.7%)	29 (85.3%)	13 (65%)	26 (96.3%)	33 (73.3%)	46 (71.9%)	289 (35.4%)
	Black Other	4 (0.8%)			1 (5%)				5 (0.6%)
	Indian/Pakistani/Bangladeshi	5 (0.9%)			1 (5%)		2 (4.4%)	1 (1.6%)	9 (1.1%)
	Other Asian/Oriental	12 (2.3%)			2 (10%)				14 (1.7%)
	Other/Mixed	8 (1.5%)	4 (4.2%)	2 (5.9%)					14 (1.7%)
	Unknown	6 (1.1%)						3 (4.7%)	9 (1.1%)
Stage of Disease	Asymptomatic	362 (68%)	61 (64.2%)	27 (79.4%)	8 (40%)	20 (74.1%)	31 (68.9%)	32 (50%)	541 (66.2%)
	Symptomatic	62 (11.7%)	13 (13.7%)	3 (8.8%)	4 (20%)	1 (3.7%)	8 (17.8%)	10 (15.6%)	101 (12.4%)
	AIDS	85 (16%)	17 (17.9%)	4 (11.8%)	7 (35%)	5 (18.5%)	6 (13.3%)	18 (28.1%)	142 (17.4%)
	AIDS Related Death	6 (1.1%)	3 (3.2%)		1 (5%)			1 (1.6%)	11 (1.3%)
	Unknown	17 (3.2%)	1 (1.1%)			1 (3.7%)		3 (4.7%)	22 (2.7%)
Area of Residence	Cumbria	15 (2.8%)	1 (1.1%)				1 (2.2%)		17 (2.1%)
	Lancashire	68 (12.8%)	6 (6.3%)	1 (2.9%)			9 (20%)	5 (7.8%)	89 (10.9%)
	Greater Manchester	269 (50.6%)	52 (54.7%)	28 (82.4%)	13 (65%)	25 (92.6%)	29 (64.4%)	45 (70.3%)	461 (56.4%)
	Merseyside	82 (15.4%)	28 (29.5%)	3 (8.8%)	1 (5%)	1 (3.7%)	1 (2.2%)	4 (6.3%)	120 (14.7%)
	Cheshire	49 (9.2%)	3 (3.2%)		2 (10%)		2 (4.4%)	3 (4.7%)	59 (7.2%)
	Out of Region***	31 (5.8%)	4 (4.2%)		1 (5%)			5 (7.8%)	41 (5%)
	Abroad	1 (0.2%)			1 (5%)				2 (0.2%)
	Unknown*	17 (3.2%)	1 (1.1%)	2 (5.9%)	2 (10%)	1 (3.7%)	3 (6.7%)	2 (3.1%)	28 (3.4%)
Total (100%)		532	95	34	20	27	45	64	817

Men who have been exposed through sex with men (MSM) and who are also injecting drug users are included in the MSM category.

Age ranges refer to the age of individuals at the end of December 2007, or at death.

* Includes one person of no fixed abode and two people who declined to give any residential information.

** Includes residency status defined as 'Migrant Worker', 'Dependent', and 'Other'.

*** Includes Isle of Man.

The total number of new cases includes 40 people who are new to the region having previously been diagnosed outside the North West.

Table 2.10: New HIV and AIDS cases by primary care trust of residence and infection route, 2007

PCT of Residence	Infection Route						Total (100%)
	MSM	Injecting Drug Use	Hetero-sexual	Blood/Tissue	Mother to Child	Undetermined	
Cumbria	8 (47.1%)	1 (5.9%)	6 (35.3%)	1 (5.9%)	1 (5.9%)		17
North Lancashire	10 (76.9%)		2 (15.4%)			1 (7.7%)	13
Blackpool	16 (55.2%)		13 (44.8%)				29
Blackburn with Darwen		1 (6.7%)	12 (80%)			2 (13.3%)	15
East Lancashire	6 (46.2%)		5 (38.5%)		1 (7.7%)	1 (7.7%)	13
Central Lancashire	6 (31.6%)		12 (63.2%)			1 (5.3%)	19
Ashton, Leigh & Wigan	4 (22.2%)		11 (61.1%)		3 (16.7%)		18
Bolton	11 (26.8%)		29 (70.7%)	1 (2.4%)			41
Bury	5 (55.6%)		4 (44.4%)				9
Heywood, Middleton & Rochdale	3 (11.1%)	2 (7.4%)	21 (77.8%)		1 (3.7%)		27
Oldham	6 (22.2%)	1 (3.7%)	19 (70.4%)		1 (3.7%)		27
Salford	37 (54.4%)	2 (2.9%)	26 (38.2%)		1 (1.5%)	2 (2.9%)	68
Manchester	98 (46.9%)	1 (0.5%)	101 (48.3%)		3 (1.4%)	6 (2.9%)	209
Tameside & Glossop	8 (61.5%)		4 (30.8%)			1 (7.7%)	13
Trafford	12 (37.5%)	1 (3.1%)	15 (46.9%)	1 (3.1%)		3 (9.4%)	32
Stockport	3 (25%)		7 (58.3%)		1 (8.3%)	1 (8.3%)	12
Unknown Greater Manchester	3 (50%)		3 (50%)				6
Sefton	6 (46.2%)		7 (53.8%)				13
Liverpool	19 (25.7%)	1 (1.4%)	45 (60.8%)		4 (5.4%)	5 (6.8%)	74
Knowsley	1 (25%)		2 (50%)			1 (25%)	4
Wirral	11 (50%)		9 (40.9%)		1 (4.5%)	1 (4.5%)	22
Halton & St Helens	8 (80%)		2 (20%)				10
Unknown Merseyside						1 (100%)	1
Warrington	6 (54.5%)		5 (45.5%)				11
West Cheshire	12 (50%)		9 (37.5%)		3 (12.5%)		24
Central and Eastern Cheshire	9 (45%)		9 (45%)	1 (5%)		1 (5%)	20
Out of Region	21 (55.3%)		10 (26.3%)		1 (2.6%)	6 (15.8%)	38
Isle of Man			2 (100%)				2
Abroad	1 (50%)		1 (50%)				2
Unknown*	15 (53.6%)	1 (3.6%)	10 (35.7%)			2 (7.1%)	28
Total	345 (42.2%)	11 (1.3%)	401 (49.1%)	4 (0.5%)	21 (2.6%)	35 (4.3%)	817

Men who have been exposed through sex with men (MSM) and who are also injecting drug users are included in the MSM category.

* Includes one person of no fixed abode and two who declined to give any residential information.

The total number of new cases includes 40 people who are new to the region having previously been diagnosed outside the North West.

Table 2.11: New HIV and AIDS cases by primary care trust of residence and stage of disease, 2007

PCT of Residence	Stage of Disease					Total (100%)
	Asymptomatic	Symptomatic	AIDS	AIDS Related Death	Unknown	
Cumbria	10 (58.8%)	2 (11.8%)	4 (23.5%)	1 (5.9%)		17
North Lancashire	3 (23.1%)	2 (15.4%)	6 (46.2%)	1 (7.7%)	1 (7.7%)	13
Blackpool	21 (72.4%)	2 (6.9%)	4 (13.8%)	1 (3.4%)	1 (3.4%)	29
Blackburn with Darwen	11 (73.3%)	2 (13.3%)	1 (6.7%)		1 (6.7%)	15
East Lancashire	8 (61.5%)	3 (23.1%)	1 (7.7%)		1 (7.7%)	13
Central Lancashire	15 (78.9%)	2 (10.5%)	2 (10.5%)			19
Ashton, Leigh & Wigan	11 (61.1%)	4 (22.2%)	3 (16.7%)			18
Bolton	30 (73.2%)	3 (7.3%)	6 (14.6%)	1 (2.4%)	1 (2.4%)	41
Bury	6 (66.7%)	2 (22.2%)	1 (11.1%)			9
Heywood, Middleton & Rochdale	19 (70.4%)	4 (14.8%)	4 (14.8%)			27
Oldham	18 (66.7%)	5 (18.5%)	3 (11.1%)	1 (3.7%)		27
Salford	46 (67.6%)	13 (19.1%)	8 (11.8%)		1 (1.5%)	68
Manchester	143 (68.4%)	19 (9.1%)	38 (18.2%)	1 (0.5%)	8 (3.8%)	209
Tameside & Glossop	3 (23.1%)	6 (46.2%)	4 (30.8%)			13
Trafford	18 (56.3%)	7 (21.9%)	7 (21.9%)			32
Stockport	6 (50%)	3 (25%)	3 (25%)			12
Unknown Greater Manchester	5 (83.3%)	1 (16.7%)				6
Sefton	10 (76.9%)	1 (7.7%)	2 (15.4%)			13
Liverpool	54 (73%)	4 (5.4%)	12 (16.2%)	2 (2.7%)	2 (2.7%)	74
Knowsley	3 (75%)				1 (25%)	4
Wirral	11 (50%)	4 (18.2%)	6 (27.3%)	1 (4.5%)		22
Halton & St Helens	8 (80%)		2 (20%)			10
Unknown Merseyside	1 (100%)					1
Warrington	9 (81.8%)		2 (18.2%)			11
West Cheshire	17 (70.8%)	2 (8.3%)	4 (16.7%)	1 (4.2%)		24
Central and Eastern Cheshire	13 (65%)		4 (20%)	1 (5%)	2 (10%)	20
Out of Region	19 (50%)	7 (18.4%)	11 (28.9%)		1 (2.6%)	38
Isle of Man	1 (50%)	1 (50%)				2
Abroad	2 (100%)					2
Unknown*	20 (71.4%)	2 (7.1%)	4 (14.3%)		2 (7.1%)	28
Total	541 (66.2%)	101 (12.4%)	142 (17.4%)	11 (1.3%)	22 (2.7%)	817

* Includes one person of no fixed abode and two who declined to give any residential information.

The total number of new cases includes 40 people who are new to the region having previously been diagnosed outside the North West.

3. All Cases 2007

During 2007, a total of 5,212 individuals living with HIV or AIDS accessed treatment and care from statutory treatment centres in the North West, representing a 9% increase in the size of the HIV positive population (from 4,761 individuals in 2006). This is a slightly smaller increase than between 2005 and 2006 (13%). The aim of this chapter is to provide information on the demographics and characteristics of these 5,212 individuals and, where appropriate, references are made to corresponding data from previous North West reports¹⁻¹¹. For reasons of space, it is not possible to present all breakdowns at LA level, however, additional tables are available on the North West Public Health Observatory website (www.nwpho.org.uk/hiv2007).

Epidemiology of HIV in the North West

Figure 3.1 illustrates the crude population prevalence of HIV in the North West based on all cases who attended statutory treatment centres within the region during 2007. The population sizes for each LA used in the prevalence calculations are provided by the North West Public Health Observatory mid 2005 estimates based on 2001 census data. Across the region, the prevalence of HIV was 72 per 100,000 population. There were considerable differences between LAs: the prevalence in Manchester LA was 348 per 100,000 and Liverpool was 85 per 100,000. The areas with the lowest prevalence were Chorley with 17 per 100,000 and Congleton with 11 per 100,000 population.

Figure 3.2 illustrates the global region and country of infection for those 1,848 HIV positive individuals presenting for treatment in the North West in 2007 who were probably infected abroad. Of all the infections contracted outside the United Kingdom, 71% were exposed in sub-Saharan Africa. This high proportion reflects the impact of the pandemic in sub-Saharan Africa where the prevalence of HIV is extremely high¹². Nine percent of people who were infected abroad were infected in Western Europe and the same proportion in South and South East Asia. The exact single country of infection is known for 1,686 individuals (91%). A total of 93 different countries have been named, with Zimbabwe representing the country where the largest number of infections were contracted (29%). Exposure in sub-Saharan Africa was spread across 34 countries. Of those exposed in Western Europe, the largest number were infected in Spain (44 individuals), reflecting the extent of the epidemic in that country¹², the large number of people that travel between the United Kingdom and Spain, and the increased propensity to take risks when on holiday⁶⁶⁻⁶⁸.

Table 3.1 shows the infection route and sex of all HIV and AIDS cases presenting in the North West for treatment in 2007, categorised by age group, stage of HIV disease and ethnicity. Sex between men remains the most common route of infection among people with HIV in the North West (52% of all cases) however the proportion of people infected through heterosexual sex continues to increase, from 15% in 1996 to 41% in 2007. On average, HIV positive heterosexuals are younger (median age 38 years) than MSM (41 years) and injecting drug users (also 41 years). The percentage of individuals exposed to HIV via injecting drug use, those infected by contaminated blood or tissue, and vertical transmission, all remain low at 2% or less per route.

The overall age distribution remained concentrated in the 30-44 year age range, accounting for more than half of all cases (55%) and, as would be expected, shows little deviation from previous years. New cases were more likely to be under 25 years (13%, see chapter 2, table 2.1) when compared to all cases (6%). Table 3.1 also shows that the proportion of HIV positive individuals in the older age groups (50 years and over) has increased slightly over recent years from 13% in 2005 and 14% in 2006 to 15% in 2007 and this is a large increase from 7% in 1996. This ageing cohort effect is likely to be due to the effectiveness of anti-retroviral therapy and subsequent improved prognosis and longevity of many HIV positive individuals.

The proportion of individuals with HIV who died during the year decreased from 9% in 1996 to less than 1% in 2007. Of the 41 individuals who died in 2007, 80% died of an AIDS related condition (a slight increase from 73% in 2006) and 8 (20%) died of other causes (a decrease from 27% in 2006).

Of those for whom ethnicity was known (5,191 individuals), 66% were self-defined as white. Those belonging to black and minority ethnic communities make up 34% of the total HIV positive population in the North West, with black Africans representing the greatest proportion of black and minority ethnic groups with 83% of cases.

Table 3.2 shows LA and county of residence by infection route. Although MSM continues to be the dominant mode of HIV transmission (52%) amongst those with HIV who are resident in the North West region, there is considerable variation at county level. Of those whose infection route was known, 62% of Lancashire's and 57% of Cheshire's HIV positive residents were infected via MSM compared to 39% of Merseyside's HIV positive residents. There is greater variation across LAs: 81% of HIV positive residents in Blackpool and 21% in Blackburn with Darwen were infected through sex between men (table 3.2). Liverpool was the LA with the greatest proportion of infections acquired via heterosexual sex (66%). Manchester LA had the largest number of HIV positive residents infected through MSM (765 cases) and in heterosexuals (661 cases). The county of Greater Manchester had the highest

number of HIV positive IDUs with 72 individuals and accounts for 70% of all residents of the North West infected by this route.

Table 3.3 illustrates the LA and county of residence and clinical stage of HIV disease for all HIV and AIDS cases presenting to a North West treatment centre in 2007. The data refer to the clinical condition of individuals when last seen in 2007; individuals who died are presented in separate categories. The highest numbers of people with HIV live in Greater Manchester (59% of the total number of people seen in the North West). As in previous years, the vast majority of people treated in the North West were also resident in the North West (95%). The proportion of people at different stages of HIV disease will impact on the funding of HIV treatment and care, since those at a more advanced stage require more hospital care²⁰. There is variation between stages of disease among the counties; Merseyside had 53% presenting as asymptomatic whereas Lancashire had 38%, representing a slight increase on the previous year's figures.

Table 3.4 gives a breakdown of ethnicity and county by infection route and sex. Almost three quarters (72%) of those infected through heterosexual sex who were treated in the North West region were from BME/mixed ethnicity backgrounds, compared to 28% who were of white ethnicity. In contrast, of those infected via MSM, 96% were of white ethnicity and only 4% were from BME/mixed ethnicity backgrounds. Individuals from black and minority ethnic communities are substantially over represented among the HIV positive population when compared to their proportion in the North West population as a whole (7.4%)⁶². Thus, the prevalence in black and minority ethnic communities is six times higher than in the white population in the North West. The proportion of the HIV positive population from BME/mixed ethnicity backgrounds varies between counties, with Merseyside and Greater Manchester having the largest proportion (40%) whilst Cumbria has the smallest proportion (13%).

Table 3.5 shows a breakdown of age by ethnicity for all North West residents and for all those individuals treated for HIV in the region. Of all those who accessed treatment and care in the North West, black African individuals tended to be younger (60% aged between 25 and 39 years) than white individuals (41% aged 25 to 39 years) .

Table 3.6 shows the distribution of total HIV and AIDS cases by stage of HIV disease, county and level of ART. The largest proportion of individuals (43%) were using triple therapy, followed by almost a third (31%) using no antiretroviral therapy. Amongst those North West residents with AIDS, 94% were on ART. Amongst those who were asymptomatic, 45% were on ART. There was little variation between the proportion of individuals on ART between counties, ranging from 68% in Merseyside and Greater Manchester to 75% in Lancashire.

Table 3.7 gives a breakdown of ethnicity by sex, stage of HIV disease and whether or not individuals acquired HIV abroad. Although overall there were more males (73%) than females with HIV, amongst black Africans, 66% were female and amongst those defined as other Asian/Oriental, 61% were female. The largest proportion of HIV positive individuals were asymptomatic (44%), followed by symptomatic individuals (31%). Amongst white HIV positive individuals, 42% were asymptomatic. In contrast to the 14% of white individuals infected abroad, 78% of those classed as black and minority ethnic individuals were exposed to HIV abroad.

Table 3.8 illustrates global region and country of exposure and route of infection of all HIV and AIDS cases. Over a third (35%) of all cases were reported to have been exposed to HIV abroad, up from 19% in 1998. The majority (81%) of those infected abroad were infected through heterosexual sex, the vast majority of these were infected in sub-Saharan Africa (82%). Heterosexual sex was the most common route of infection in those infected in sub-Saharan Africa (94%), the Caribbean (89%), South and South East Asia (82%), North Africa and Middle East (65%) and Latin America (58%). In contrast, those infected in Oceania, North America and Western Europe were more likely to be via MSM (86%, 76% and 58% respectively).

Care of HIV positive people by North West statutory treatment centres

Table 3.9 presents the number of HIV positive people seeking care by North West treatment centres subdivided by their infection route. For a definition of the abbreviated treatment centres, please see the glossary. The Infectious Disease Unit at North Manchester General Hospital (NMG) provides care for the highest number of HIV positive individuals in the North West (1,507). Manchester Royal Infirmary GUM (MRIG) provided treatment for 956 individuals, the Royal Liverpool University Hospital GUM (RLG) provided care for 615 individuals and Blackpool Victoria Hospital provided care for 375 individuals with HIV in 2007. There is considerable variation in the profile of HIV positive patients between different treatment centres. Ninety six percent of individuals attending a specialist general practice in Manchester (MGP) had been exposed to HIV via sex between men compared to the overall rate of 52% (table 3.1) of all HIV and AIDS cases within the region. Treatment of individuals exposed through contaminated blood or blood products is primarily undertaken by specialist haematology units at Manchester Royal Infirmary (MRIH) and Royal Liverpool University Hospital (RLH).

Table 3.10 refers to the highest level of ART prescribed by specific treatment centres during 2007. The Infectious Disease Unit at North Manchester General Hospital (NMG), the treatment centre that sees the most individuals in the North West, prescribed triple or more ART to 81% of their patients. The proportion taking triple or more therapy

is higher in persons attending the specialist haematology centres at the Royal Liverpool (RLH) and Manchester Royal Infirmary (MRIH) (92% and 86% respectively). There are few individuals on mono or dual therapy in accordance with the latest BHIVA guidelines⁶⁹.

Table 3.11 illustrates the distribution of all HIV and AIDS cases presenting in the North West for treatment in 2007 by LA of residence and the statutory treatment centres attended. The majority (90%) attended only one treatment centre. However, this varied across counties: residents of Cumbria and Lancashire were more likely to attend only one treatment centre (94% and 95% respectively), compared with people residing in Cheshire (89%), Greater Manchester (89%) and Merseyside (85%). It should be noted that these numbers refer only to treatment centres within the North West. Attendance at multiple treatment centres could be due to a change in residence or simultaneously accessing treatment and care from more than one treatment centre.

Table 3.12 shows the total number of days, episodes or visits, and the mean number of days, episodes or visits per HIV positive individual treated by that centre. North Manchester General Infectious Disease Unit (NMG) provided the highest number of outpatient visits, accounting for 22% of all attendances across the region, with Manchester Royal Infirmary GUM department reporting the second highest number of visits, and a higher mean number of outpatient visits per HIV positive person. North Manchester General Infectious Disease Unit (NMG) also provided the highest number of day cases (74% of the total), inpatient episodes (43% of the total) and inpatient days (48%), with the Department of GUM and Tropical and Infectious Disease Unit at the Royal Liverpool University Hospital (RLG) providing the next highest numbers of inpatient episodes and days at 20% and 12% of the total respectively.

Some of the treatment centres provided a significant number of home visits, with Liverpool Community Nursing (LCN) providing 54% of the total home visits, followed by NMG (13%), Alder Hey Children's Hospital in Liverpool (AHC; 11%), Blackpool Victoria Hospital (BLAG), with their HIV community nursing team (10%), and Withington Hospital Department of GUM (WITG; 5% of the total). This is the seventh year that we have collected data on home visits. Liverpool Community Nursing team provided the highest number of home visits per HIV positive person (10 per patient) followed by the haematology department at Alder Hey Children's Hospital (AHC; 5 per patient).

Asymptomatic HIV positive people accumulated a total of 16,132 outpatient visits. People with an AIDS defining illness had the highest mean number of outpatient visits (8.53). Individuals who died of an AIDS related illness during 2007 spent the greatest mean number of days as inpatients (54).

HIV in non-UK nationals

Table 3.13 shows the sex, age group, infection route, ethnicity, stage of disease and area of residence by residency status of all individuals who accessed treatment and care in the North West in 2007. A total of 1,082 (an increase of 165 from 2006) individuals were known to be non-UK nationals (21% of the total HIV positive population). Residency status for 4% was unknown. Nearly half the non-UK nationals were classified as asylum seekers (49%). Refugees (15%) and overseas students (13%) were the other main categories. Nearly two thirds (64%) of HIV positive non-UK nationals were female; compared with 16% of UK-national HIV positive individuals. There is also a large difference in the proportion of heterosexual cases between UK national and non-UK nationals (26% compared to 91%). Non-UK nationals were younger (median age 36) than UK-national HIV positive population (median age 41 years). The majority (96%) of asylum seekers were self-defined as black African. Most of the known HIV positive non-UK nationals were resident in Greater Manchester (72%), with the next largest number living in Merseyside (17% of the total).

Fifty one percent of non-UK nationals were reported to be asymptomatic, suggesting that individuals usually access treatment while still healthy and thus may benefit from life-prolonging treatment. In UK nationals, 43% are classified as asymptomatic. Of those known to be non-UK nationals, nearly a quarter (24%) had an AIDS diagnosis, slightly more than the 23% of UK nationals. A similar proportion of non-UK nationals (0.5%) and UK nationals (0.9%) died in 2007.

Table 3.14 shows PCT of residence by infection route. Several PCTs have a larger proportion of individuals infected through heterosexual sex than through MSM. Two thirds of the HIV positive individuals residing in Liverpool PCT and 64% of those infected living in Blackburn with Darwen were infected through heterosexual sex. Eighty one percent of those residing in Blackpool PCT were infected through sex between men and 5% of those individuals with HIV living in Sefton were infected through IDU. Amongst those residing in regions outside the North West who were treated in the region, 4% were infected through blood/tissue and 4% through mother to child, suggesting that these individuals are travelling to specialist treatment centres in the region.

Table 3.15 displays PCT of residence by stage of HIV disease. There are 8 PCTs (Cumbria, Blackburn with Darwen, Bolton, Liverpool, Knowsley, Halton and St Helens, Warrington and West Cheshire) where asymptomatic individuals represent a larger proportion than those who are symptomatic or have an AIDS defining illness. In all other PCTs, proportionately fewer individuals were recorded as asymptomatic. Further analyses by PCT can be found on the North West Public Health Observatory website (www.nwpho.org.uk/hiv2007).

Figure 3.1: Population prevalence of HIV by local authority, 2007

Crude prevalence based on total number of HIV and AIDS cases accessing North West treatment centres per 100,000 of the population

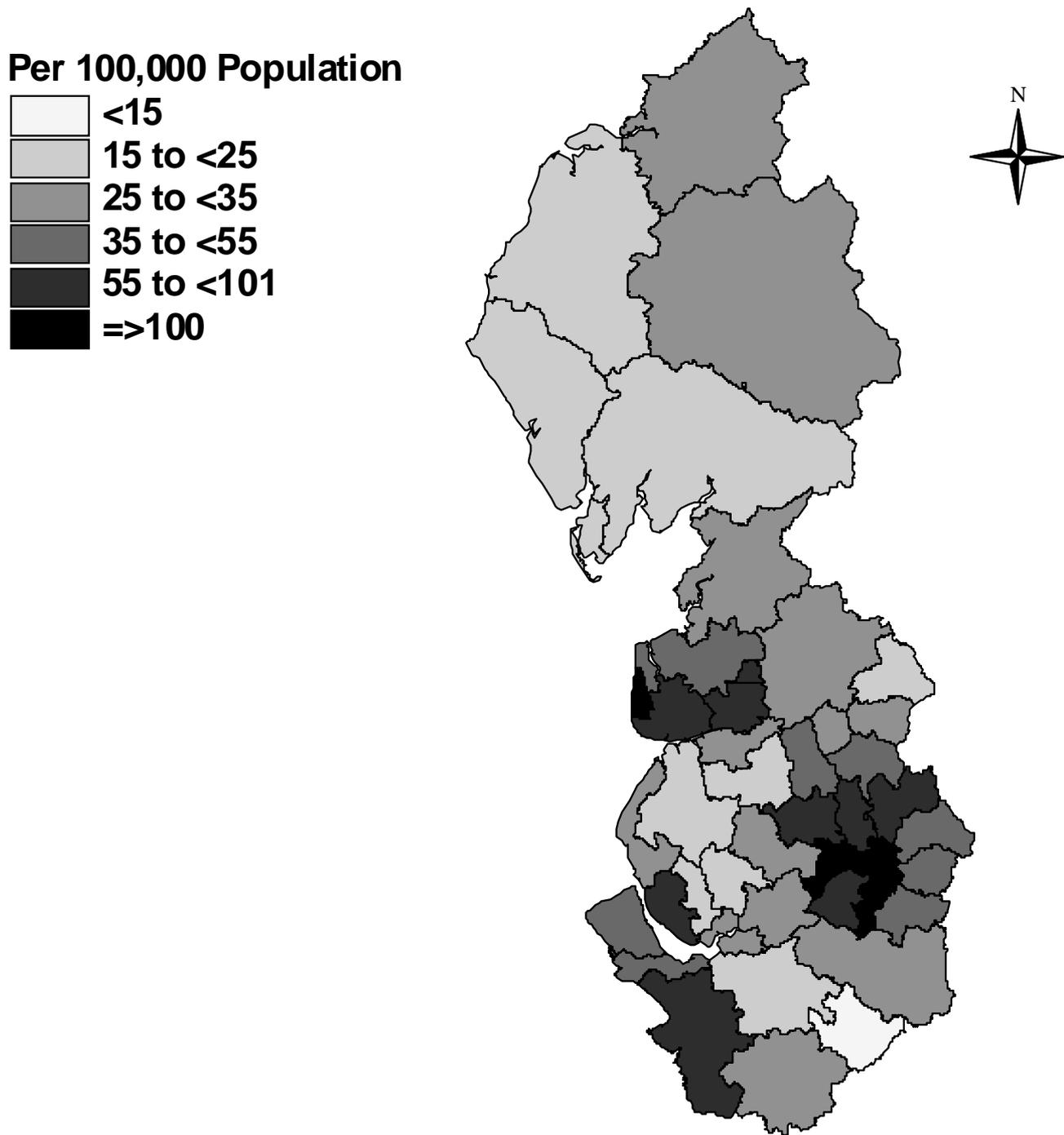
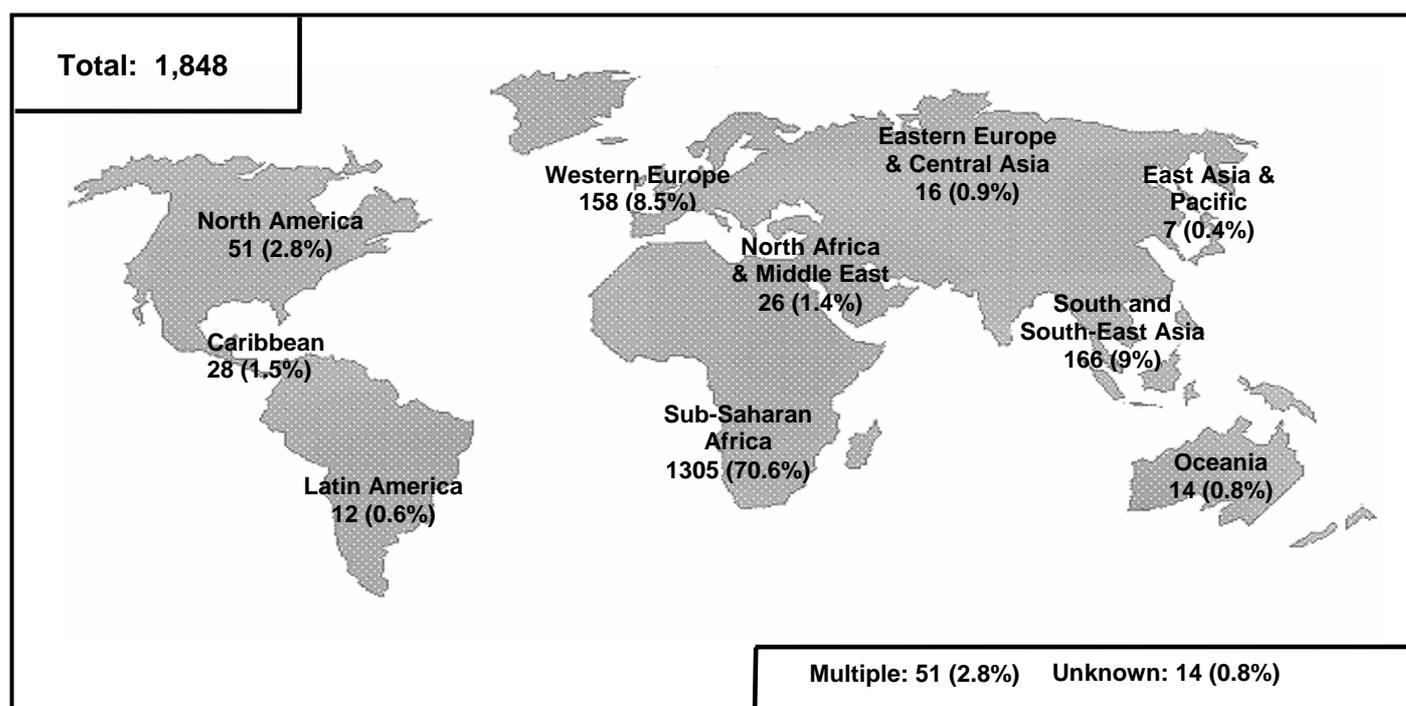


Figure 3.2: Global region and country of infection for all HIV and AIDS cases in the North West who probably acquired their infection outside the UK, 2007



Sub-Saharan Africa	1305 (70.6%)
Angola	11 (0.6%)
Botswana	24 (1.3%)
Burundi	15 (0.8%)
Cameroon	28 (1.5%)
Central African Republic	1 (0.1%)
Chad	1 (0.1%)
Congo	36 (1.9%)
Cote d'Ivoire	10 (0.5%)
Dem. Republic of Congo	7 (0.4%)
Eritrea	16 (0.9%)
Ethiopia	10 (0.5%)
Gabon	1 (0.1%)
Gambia	8 (0.4%)
Ghana	12 (0.6%)
Guinea	2 (0.1%)
Kenya	41 (2.2%)
Lesotho	2 (0.1%)
Liberia	4 (0.2%)
Malawi	108 (5.8%)
Mali	1 (0.1%)
Mozambique	3 (0.2%)
Namibia	4 (0.2%)
Nigeria	67 (3.6%)
Rwanda	11 (0.6%)
Senegal	1 (0.1%)
Sierra Leone	4 (0.2%)
Somalia	17 (0.9%)
South Africa	117 (6.3%)
Swaziland	3 (0.2%)
Tanzania	21 (1.1%)
Togo	3 (0.2%)
Uganda	29 (1.6%)
Zambia	80 (4.3%)
Zimbabwe	536 (29%)
Unknown	65 (3.5%)
Multiple	6 (0.3%)

South & South-East Asia	166 (9%)
India	12 (0.6%)
Indonesia	2 (0.1%)
Iran	2 (0.1%)
Malaysia	2 (0.1%)
Pakistan	11 (0.6%)
Philippines	2 (0.1%)
Singapore	3 (0.2%)
Sri Lanka	1 (0.1%)
Thailand	120 (6.5%)
Vietnam	2 (0.1%)
Unknown	5 (0.3%)
Multiple	4 (0.2%)

Eastern Europe & Central Asia	16 (0.9%)
Belarus	1 (0.1%)
Croatia	1 (0.1%)
Estonia	2 (0.1%)
Georgia	1 (0.1%)
Latvia	4 (0.2%)
Poland	5 (0.3%)
Romania	2 (0.1%)

Western Europe	158 (8.5%)
Balearics	2 (0.1%)
Belgium	2 (0.1%)
Canary Islands	7 (0.4%)
Eire	4 (0.2%)
Finland	2 (0.1%)
France	15 (0.8%)
Germany	13 (0.7%)
Gibraltar	1 (0.1%)
Greece	3 (0.2%)
Italy	16 (0.9%)
Malta	2 (0.1%)
Netherlands	12 (0.6%)
Portugal	21 (1.1%)
Spain	44 (2.4%)
Sweden	1 (0.1%)
Switzerland	1 (0.1%)
Unknown	8 (0.4%)
Multiple	4 (0.2%)

Oceania	14 (0.8%)
Australia	13 (0.7%)
Unknown	1 (0.1%)

North Africa & Middle East	26 (1.4%)
Cyprus	2 (0.1%)
Egypt	2 (0.1%)
Israel	1 (0.1%)
Jordan	1 (0.1%)
Libyan Arab Jamahiriya	2 (0.1%)
Morocco	2 (0.1%)
Saudi Arabia	2 (0.1%)
Sudan	9 (0.5%)
Turkey	2 (0.1%)
United Arab Emirates	2 (0.1%)
Unknown	1 (0.1%)

North America	51 (2.8%)
Canada	5 (0.3%)
United States of America	46 (2.5%)

Caribbean	28 (1.5%)
Dominican Republic	1 (0.1%)
Jamaica	24 (1.3%)
Trinidad and Tobago	1 (0.1%)
Unknown	2 (0.1%)

Latin America	12 (0.6%)
Brazil	5 (0.3%)
Chile	1 (0.1%)
Colombia	1 (0.1%)
Guatemala	1 (0.1%)
Guyana	2 (0.1%)
Mexico	1 (0.1%)
Peru	1 (0.1%)

Multiple	51 (2.8%)
Unknown	14 (0.8%)

Total	1848
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Table 3.1: Age distribution, stage of HIV disease and ethnicity of total HIV & AIDS cases by infection route and sex 2007

		Infection Route										Total (100%)	
		MSM	Injecting Drug Use		Hetero-sexual		Blood/Tissue		Mother to Child		Undetermined		
		M	M	F	M	F	M	F	M	F	M		F
Age Group	0-14								28	51	1		80
	15-19	7				18			11	12	1	2	51
	20-24	103	1		23	61	2		1		3		194
	25-29	261	7	1	65	231	6				6	1	578
	30-34	367	14	4	116	300	5	1			11	1	819
	35-39	525	16	4	174	299	13				7	1	1039
	40-44	576	19	5	169	206	12	4			12	2	1005
	45-49	416	20	5	104	104	9	1			8	2	669
	50-54	244	3	2	74	43	5	2			5		378
	55-59	130	4		44	30	2	1			6		217
60+	90	3		55	21	3	4			5	1	182	
Stage of HIV Disease	Asymptomatic	1153	23	8	368	688	8		8	23	24	6	2309
	Symptomatic	901	36	9	222	325	32	6	20	23	14	1	1589
	AIDS	601	25	3	226	284	17	6	12	16	24	1	1215
	AIDS Related Death	16	2		5	7				1	2		33
	Death Unrelated to AIDS	5	1	1		1							8
	Unknown	43			3	8		1			1	2	58
Ethnicity	White	2599	76	21	314	278	51	7	9	12	49	4	3420
	Black Caribbean	16	2		17	29	1			1			66
	Black African	16	2		449	914	2	2	24	41	10	3	1463
	Black Other	4	1		4	10							19
	Indian/Pakistani/Bangladeshi	19	1		18	13	2	2		1	1	1	58
	Other Asian/Oriental	16			9	38		2	1	2	1		69
	Other/Mixed	40	3		13	27	1		6	6			96
	Unknown	9	2			4					4	2	21
Total	2719	87	21	824	1313	57	13	40	63	65	10	5212	
%	52.2	1.7	0.4	15.8	25.2	1.1	0.2	0.8	1.2	1.2	0.2		

Men who have been exposed through sex with men and who are also injecting drug users are included in the MSM category. Age ranges refer to the age of individuals at the end of December 2007, or at death.

Table 3.2: Total HIV and AIDS cases by local authority of residence and infection route, 2007

	Local Authority of Residence	Infection Route						Total (100%)
		MSM	Injecting Drug Use	Hetero-sexual	Blood/Tissue	Mother to Child	Undetermined	
Cumbria	Carlisle	13 (50%)	2 (7.7%)	9 (34.6%)	1 (3.8%)		1 (3.8%)	26
	Allerdale	8 (50%)		7 (43.8%)		1 (6.3%)		16
	Eden	11 (84.6%)		2 (15.4%)				13
	Copeland	6 (46.2%)		4 (30.8%)	1 (7.7%)	1 (7.7%)	1 (7.7%)	13
	South Lakeland	10 (41.7%)	1 (4.2%)	11 (45.8%)	1 (4.2%)		1 (4.2%)	24
	Barrow-in-Furness	5 (38.5%)		8 (61.5%)				13
	Unknown Cumbria	1 (100%)						1
	Total	54 (50.9%)	3 (2.8%)	41 (38.7%)	3 (2.8%)	2 (1.9%)	3 (2.8%)	106
Lancashire	Lancaster	17 (48.6%)		18 (51.4%)				35
	Wyre	36 (78.3%)		9 (19.6%)			1 (2.2%)	46
	Fylde	32 (69.6%)	1 (2.2%)	9 (19.6%)	2 (4.3%)		2 (4.3%)	46
	Blackpool	237 (81.4%)	4 (1.4%)	44 (15.1%)	4 (1.4%)	2 (0.7%)		291
	Blackburn with Darwen	15 (21.4%)	3 (4.3%)	45 (64.3%)	3 (4.3%)		4 (5.7%)	70
	Ribble Valley	6 (42.9%)		7 (50%)			1 (7.1%)	14
	Pendle	10 (62.5%)	1 (6.3%)	4 (25%)	1 (6.3%)			16
	Hyndburn	5 (23.8%)		13 (61.9%)	1 (4.8%)	1 (4.8%)	1 (4.8%)	21
	Burnley	8 (29.6%)	1 (3.7%)	16 (59.3%)	1 (3.7%)	1 (3.7%)		27
	Rossendale	20 (83.3%)	1 (4.2%)	3 (12.5%)				24
	Preston	42 (43.8%)	1 (1%)	47 (49%)		4 (4.2%)	2 (2.1%)	96
	South Ribble	13 (44.8%)	1 (3.4%)	12 (41.4%)	1 (3.4%)	2 (6.9%)		29
	Chorley	11 (64.7%)		6 (35.3%)				17
	West Lancashire	15 (57.7%)		10 (38.5%)	1 (3.8%)			26
	Unknown Lancashire	1 (16.7%)		4 (66.7%)		1 (16.7%)		6
Total	468 (61.3%)	13 (1.7%)	247 (32.3%)	14 (1.8%)	11 (1.4%)	11 (1.4%)	764	
Greater Manchester	Wigan	38 (36.2%)	1 (1%)	60 (57.1%)	2 (1.9%)	4 (3.8%)		105
	Bolton	71 (34.1%)	8 (3.8%)	117 (56.3%)	5 (2.4%)	6 (2.9%)	1 (0.5%)	208
	Bury	91 (60.3%)	3 (2%)	49 (32.5%)	3 (2%)	2 (1.3%)	3 (2%)	151
	Rochdale	50 (37.6%)	5 (3.8%)	68 (51.1%)	4 (3%)	4 (3%)	2 (1.5%)	133
	Oldham	37 (33.6%)	4 (3.6%)	65 (59.1%)	2 (1.8%)	2 (1.8%)		110
	Salford	315 (71.1%)	11 (2.5%)	107 (24.2%)	1 (0.2%)	2 (0.5%)	7 (1.6%)	443
	Manchester	765 (50.8%)	29 (1.9%)	661 (43.9%)	2 (0.1%)	32 (2.1%)	16 (1.1%)	1505
	Tameside	58 (53.7%)	4 (3.7%)	43 (39.8%)		2 (1.9%)	1 (0.9%)	108
	Trafford	93 (52%)	6 (3.4%)	67 (37.4%)	4 (2.2%)	3 (1.7%)	6 (3.4%)	179
	Stockport	78 (63.4%)	1 (0.8%)	34 (27.6%)	3 (2.4%)	5 (4.1%)	2 (1.6%)	123
	Unknown Greater Manchester	4 (40%)		6 (60%)				10
	Total	1600 (52%)	72 (2.3%)	1277 (41.5%)	26 (0.8%)	62 (2%)	38 (1.2%)	3075
Merseyside	Sefton	33 (39.8%)	4 (4.8%)	41 (49.4%)	4 (4.8%)		1 (1.2%)	83
	Liverpool	106 (28.3%)	2 (0.5%)	247 (65.9%)	6 (1.6%)	9 (2.4%)	5 (1.3%)	375
	Knowsley	15 (51.7%)	1 (3.4%)	11 (37.9%)			2 (6.9%)	29
	Wirral	63 (50%)	4 (3.2%)	52 (41.3%)	2 (1.6%)	3 (2.4%)	2 (1.6%)	126
	St Helens	36 (81.8%)		7 (15.9%)	1 (2.3%)			44
	Unknown Merseyside	3 (42.9%)		3 (42.9%)			1 (14.3%)	7
	Total	256 (38.6%)	11 (1.7%)	361 (54.4%)	13 (2%)	12 (1.8%)	11 (1.7%)	664
Cheshire	Halton	14 (46.7%)		14 (46.7%)	1 (3.3%)	1 (3.3%)		30
	Warrington	39 (60%)	1 (1.5%)	23 (35.4%)	1 (1.5%)	1 (1.5%)		65
	Ellesmere Port & Neston	10 (30.3%)		19 (57.6%)		4 (12.1%)		33
	Chester	44 (58.7%)	2 (2.7%)	25 (33.3%)	2 (2.7%)	2 (2.7%)		75
	Vale Royal	19 (70.4%)		6 (22.2%)	1 (3.7%)		1 (3.7%)	27
	Macclesfield	30 (58.8%)	1 (2%)	17 (33.3%)	2 (3.9%)		1 (2%)	51
	Congleton	8 (80%)		2 (20%)				10
	Crewe & Nantwich	16 (55.2%)		13 (44.8%)				29
	Total	180 (56.3%)	4 (1.3%)	119 (37.2%)	7 (2.2%)	8 (2.5%)	2 (0.6%)	320
North West Residents		2558 (51.9%)	103 (2.1%)	2045 (41.5%)	63 (1.3%)	95 (1.9%)	65 (1.3%)	4929
Isle of Man		9 (42.9%)		12 (57.1%)				21
Out of Region		110 (57.6%)	2 (1%)	56 (29.3%)	7 (3.7%)	8 (4.2%)	8 (4.2%)	191
Abroad		1 (33.3%)		2 (66.7%)				3
Unknown*		41 (60.3%)	3 (4.4%)	22 (32.4%)			2 (2.9%)	68
Total		2719 (52.2%)	108 (2.1%)	2137 (41%)	70 (1.3%)	103 (2%)	75 (1.4%)	5212

Men who have been exposed through sex with men and who are also injecting drug users are included in the MSM category.

* Includes four people of no fixed abode and four who declined to give any residential information.

Table 3.3: Total HIV and AIDS cases by local authority of residence and stage of HIV disease, 2007

	Local Authority of Residence	Stage of HIV Disease					Total (100%)	
		Asymptomatic	Symptomatic	AIDS	AIDS Related Death	Death Unrelated to AIDS		Unknown
Cumbria	Carlisle	10 (38.5%)	10 (38.5%)	6 (23.1%)				26
	Allerdale	10 (62.5%)	2 (12.5%)	4 (25%)				16
	Eden	9 (69.2%)	3 (23.1%)	1 (7.7%)				13
	Copeland	7 (53.8%)		6 (46.2%)				13
	South Lakeland	9 (37.5%)	9 (37.5%)	6 (25%)				24
	Barrow-in-Furness	7 (53.8%)	1 (7.7%)	4 (30.8%)	1 (7.7%)			13
	Unknown Cumbria	1 (100%)						1
	Total	53 (50%)	25 (23.6%)	27 (25.5%)	1 (0.9%)			106
Lancashire	Lancaster	18 (51.4%)	10 (28.6%)	6 (17.1%)	1 (2.9%)			35
	Wyre	13 (28.3%)	18 (39.1%)	14 (30.4%)			1 (2.2%)	46
	Fylde	11 (23.9%)	19 (41.3%)	14 (30.4%)	1 (2.2%)		1 (2.2%)	46
	Blackpool	104 (35.7%)	119 (40.9%)	63 (21.6%)	2 (0.7%)	1 (0.3%)	2 (0.7%)	291
	Blackburn with Darwen	34 (48.6%)	21 (30%)	12 (17.1%)			3 (4.3%)	70
	Ribble Valley	5 (35.7%)	1 (7.1%)	7 (50%)			1 (7.1%)	14
	Pendle	6 (37.5%)	5 (31.3%)	4 (25%)			1 (6.3%)	16
	Hyndburn	5 (23.8%)	10 (47.6%)	6 (28.6%)				21
	Burnley	17 (63%)	6 (22.2%)	2 (7.4%)	1 (3.7%)	1 (3.7%)		27
	Rossendale	6 (25%)	14 (58.3%)	4 (16.7%)				24
	Preston	36 (37.5%)	34 (35.4%)	25 (26%)	1 (1%)			96
	South Ribble	10 (34.5%)	10 (34.5%)	9 (31%)				29
	Chorley	10 (58.8%)	5 (29.4%)	2 (11.8%)				17
	West Lancashire	10 (38.5%)	9 (34.6%)	6 (23.1%)			1 (3.8%)	26
	Unknown Lancashire	2 (33.3%)	3 (50%)	1 (16.7%)				6
Total	287 (37.6%)	284 (37.2%)	175 (22.9%)	6 (0.8%)	2 (0.3%)	10 (1.3%)	764	
Greater Manchester	Wigan	51 (48.6%)	35 (33.3%)	19 (18.1%)				105
	Bolton	116 (55.8%)	48 (23.1%)	41 (19.7%)	1 (0.5%)	1 (0.5%)	1 (0.5%)	208
	Bury	57 (37.7%)	66 (43.7%)	27 (17.9%)	1 (0.7%)			151
	Rochdale	59 (44.4%)	36 (27.1%)	37 (27.8%)	1 (0.8%)			133
	Oldham	50 (45.5%)	30 (27.3%)	28 (25.5%)	1 (0.9%)	1 (0.9%)		110
	Salford	199 (44.9%)	150 (33.9%)	87 (19.6%)	1 (0.2%)		6 (1.4%)	443
	Manchester	645 (42.9%)	486 (32.3%)	344 (22.9%)	7 (0.5%)		23 (1.5%)	1505
	Tameside	44 (40.7%)	39 (36.1%)	25 (23.1%)				108
	Trafford	68 (38%)	59 (33%)	52 (29.1%)				179
	Stockport	42 (34.1%)	51 (41.5%)	29 (23.6%)		1 (0.8%)		123
	Unknown Greater Manchester	7 (70%)	2 (20%)	1 (10%)				10
	Total	1338 (43.5%)	1002 (32.6%)	690 (22.4%)	12 (0.4%)	3 (0.1%)	30 (1%)	3075
Merseyside	Sefton	38 (45.8%)	20 (24.1%)	22 (26.5%)	2 (2.4%)		1 (1.2%)	83
	Liverpool	225 (60%)	57 (15.2%)	85 (22.7%)	3 (0.8%)		5 (1.3%)	375
	Knowsley	15 (51.7%)	4 (13.8%)	9 (31%)			1 (3.4%)	29
	Wirral	44 (34.9%)	39 (31%)	38 (30.2%)	3 (2.4%)	1 (0.8%)	1 (0.8%)	126
	St Helens	24 (54.5%)	10 (22.7%)	9 (20.5%)	1 (2.3%)			44
	Unknown Merseyside	5 (71.4%)		2 (28.6%)				7
Total	351 (52.9%)	130 (19.6%)	165 (24.8%)	9 (1.4%)	1 (0.2%)	8 (1.2%)	664	
Cheshire	Halton	16 (53.3%)	5 (16.7%)	7 (23.3%)	1 (3.3%)		1 (3.3%)	30
	Warrington	35 (53.8%)	16 (24.6%)	12 (18.5%)		1 (1.5%)	1 (1.5%)	65
	Ellesmere Port & Neston	18 (54.5%)	10 (30.3%)	5 (15.2%)				33
	Chester	53 (70.7%)	10 (13.3%)	10 (13.3%)	1 (1.3%)	1 (1.3%)		75
	Vale Royal	8 (29.6%)	8 (29.6%)	10 (37%)	1 (3.7%)			27
	Macclesfield	23 (45.1%)	12 (23.5%)	13 (25.5%)	1 (2%)		2 (3.9%)	51
	Congleton	4 (40%)	4 (40%)	2 (20%)				10
	Crewe & Nantwich	6 (20.7%)	7 (24.1%)	16 (55.2%)				29
	Total	163 (50.9%)	72 (22.5%)	75 (23.4%)	4 (1.3%)	2 (0.6%)	4 (1.3%)	320
Total North West Residents		2192 (44.5%)	1513 (30.7%)	1132 (23%)	32 (0.6%)	8 (0.2%)	52 (1.1%)	4929
Isle of Man		7 (33.3%)	9 (42.9%)	5 (23.8%)				21
Out of Region		69 (36.1%)	57 (29.8%)	64 (33.5%)			1 (0.5%)	191
Abroad		2 (66.7%)		1 (33.3%)				3
Unknown		39 (57.4%)	10 (14.7%)	13 (19.1%)	1 (1.5%)		5 (7.4%)	68
Total		2309 (44.3%)	1589 (30.5%)	1215 (23.3%)	33 (0.6%)	8 (0.2%)	58 (1.1%)	5212

* Includes four people of no fixed abode and four who declined to give any residential information.

Table 3.4: Total HIV and AIDS cases by infection route, sex, county of residence and ethnicity, 2007

	Ethnicity	Infection Route										Total (100%)	
		MSM	Injecting Drug Use		Hetero-sexual		Blood/Tissue		Mother to Child		Undetermined		
		M	M	F	M	F	M	F	M	F	M		F
Cumbria	White	54	2	1	16	13	2			2	1	1	92
	BME/mixed				2	10		1			1		14
	Total	54	2	1	18	23	2	1		2	2	1	106
	%	50.9	1.9	0.9	17	21.7	1.9	0.9		1.9	1.9	0.9	
Lancashire	White	458	9		71	60	8	2	1	3	10		622
	BME/mixed	10	4		43	72	2	2	2	5	1		141
	Unknown					1							1
	Total	468	13		114	133	10	4	3	8	11		764
%	61.3	1.7		14.9	17.4	1.3	0.5	0.4	1	1.4			
Greater Manchester	White	1516	50	15	101	98	20	2	6	4	21	2	1835
	BME/mixed	78	5		347	728	3	1	19	33	9	3	1226
	Unknown	6	2			3					3		14
	Total	1600	57	15	448	829	23	3	25	37	33	5	3075
%	52	1.9	0.5	14.6	27.0	0.7	0.1	0.8	1.2	1.1	0.2		
Merseyside	White	249	9	2	54	62	10	3		1	9		399
	BME/mixed	6			84	161			4	7		1	263
	Unknown	1										1	2
	Total	256	9	2	138	223	10	3	4	8	9	2	664
%	38.6	1.4	0.3	20.8	33.6	1.5	0.5	0.6	1.2	1.4	0.3		
Cheshire	White	176	1	3	44	24	6			1	2		257
	BME/mixed	3			18	33	1		3	4			62
	Unknown	1											1
	Total	180	1	3	62	57	7		3	5	2		320
%	56.3	0.3	0.9	19.4	17.8	2.2		0.9	1.6	0.6			
Out of region*	White	110	2		23	21	5		2	1	6	1	171
	BME/mixed	8			8	16		2	3	2	1		40
	Unknown	1											1
	Total	119	2		31	37	5	2	5	3	7	1	212
%	56.1	0.9		14.6	17.5	2.4	0.9	2.4	1.4	3.3	0.5		
Abroad	White	1			1								2
	BME/mixed					1							1
	Total	1			1	1							3
	%	33.3			33.3	33.3							
Unknown**	White	35	3		4								42
	BME/mixed	6			8	10							24
	Unknown										1	1	2
	Total	41	3		12	10					1	1	68
%	60.3	4.4		17.6	14.7					1.5	1.5		
Total	White	2599	76	21	314	278	51	7	9	12	49	4	3420
	BME/mixed	111	9		510	1031	6	6	31	51	12	4	1771
	Unknown	9	2			4					4	2	21
	Total	2719	87	21	824	1313	57	13	40	63	65	10	5212
%	52.2	1.7	0.4	15.8	25.2	1.1	0.2	0.8	1.2	1.2	0.2		

Men who have been exposed through sex with men and who are also injecting drug users are included in the MSM category.

* Includes Isle of Man.

** Includes four people of no fixed abode and four who declined to give any residential information.

Table 3.5: Total HIV and AIDS cases by age category and ethnic group, 2007

	Age Group	Ethnicity							Total	
		White	Black Caribbean	Black African	Black Other	Indian/Pakistani/Bangladeshi	Other Asian/Oriental	Other/Mixed		Unknown
Total North West Residents	0-14	11	1	50			3	7		72
	15-19	15	3	26		1		4		49
	20-24	123	6	45	2	1	4	4		185
	25-29	299	14	213	2	5	7	13	1	554
	30-34	422	9	301	4	7	16	23	3	785
	35-39	604	7	335	4	13	15	17	5	1000
	40-44	669	11	235	1	11	7	9	5	948
	45-49	466	8	118	4	6	5	9	1	617
	50-54	282	3	53		8	4	5	2	357
	55-59	174	1	21			1			197
	60+	140	2	18	1	2	1		1	165
	Total	3205	65	1415	18	54	63	91	18	4929
%	65	1.3	28.7	0.4	1.1	1.3	1.8	0.4		
All individuals treated in North West	0-14	14	1	53			3	9		80
	15-19	16	3	26		1		5		51
	20-24	132	6	45	2	1	4	4		194
	25-29	312	15	220	2	5	8	14	2	578
	30-34	445	9	310	4	8	17	23	3	819
	35-39	629	7	344	4	15	16	18	6	1039
	40-44	711	11	247	1	12	9	9	5	1005
	45-49	511	8	122	5	6	6	9	2	669
	50-54	302	3	54		8	4	5	2	378
	55-59	192	1	23			1			217
	60+	156	2	19	1	2	1		1	182
	Total	3420	66	1463	19	58	69	96	21	5212
%	65.6	1.3	28.1	0.4	1.1	1.3	1.8	0.4		

Age ranges refer to the ages of individuals at the end of December 2007, or at death.

Table 3.6: Total HIV and AIDS cases by stage of HIV disease, level of antiretroviral therapy and county of residence, 2007

	Stage of HIV Disease	Level of Antiretroviral Therapy					Total (100%)
		None	Mono	Dual	Triple	Quadruple or More	
Cumbria	Asymptomatic	26			19	8	53
	Symptomatic				18	7	25
	AIDS	3			13	11	27
	AIDS Related Death				1		1
	Total	29 (27.4%)			51 (48.1%)	26 (24.5%)	106
Lancashire	Asymptomatic	147			99	41	287
	Symptomatic	28		3	176	77	284
	AIDS	7		1	106	61	175
	AIDS Related Death	3			2	1	6
	Death Unrelated to AIDS	1				1	2
	Unknown	4			2	4	10
	Total	190 (24.9%)		4 (0.5%)	385 (50.4%)	185 (24.2%)	764
Greater Manchester	Asymptomatic	771	2	10	379	176	1338
	Symptomatic	144	1	9	515	333	1002
	AIDS	45	1	2	340	302	690
	AIDS Related Death	1			4	7	12
	Death Unrelated to AIDS				1	2	3
	Unknown	27			1	2	30
Total	988 (32.1%)	4 (0.1%)	21 (0.7%)	1240 (40.3%)	822 (26.7%)	3075	
Merseyside	Asymptomatic	174	14	4	118	41	351
	Symptomatic	18	1		77	34	130
	AIDS	7	2		105	51	165
	AIDS Related Death	4		1	1	3	9
	Death Unrelated to AIDS	1					1
	Unknown	7				1	8
Total	211 (31.8%)	17 (2.6%)	5 (0.8%)	301 (45.3%)	130 (19.6%)	664	
Cheshire	Asymptomatic	79			73	11	163
	Symptomatic	9			44	19	72
	AIDS	3	1	1	44	26	75
	AIDS Related Death	1			2	1	4
	Death Unrelated to AIDS				2		2
	Unknown	3			1		4
Total	95 (29.7%)	1 (0.3%)	1 (0.3%)	166 (51.9%)	57 (17.8%)	320	
Total North West Residents	Asymptomatic	1197	16	14	688	277	2192
	Symptomatic	199	2	12	830	470	1513
	AIDS	65	4	4	608	451	1132
	AIDS Related Death	9		1	10	12	32
	Death Unrelated to AIDS	2			3	3	8
	Unknown	41			4	7	52
Total	1513 (30.7%)	22 (0.4%)	31 (0.6%)	2143 (43.3%)	1220 (24.8%)	4929	
	Isle of Man	6			8	7	21
	Out of Region	40	2	3	93	53	191
	Abroad	1			2		3
	Unknown*	46		1	17	4	68
	Total	1606 (30.8%)	24 (0.5%)	35 (0.7%)	2263 (43.4%)	1284 (24.6%)	5212

* Includes four people of no fixed abode and four who declined to give any residential information.

NB. Some individuals who are on unusually high or low ART combinations are taking part in clinical trials.

Table 3.7: Ethnic distribution of total HIV and AIDS cases by sex, clinical stage of HIV disease and exposure abroad, 2007

		Ethnicity								Total
		White	Black Caribbean	Black African	Black Other	Indian/Pakistani/Bangladeshi	Other Asian/Oriental	Other/Mixed	Unknown	
Sex	Male	3098 (90.6%)	36 (54.5%)	503 (34.4%)	9 (47.4%)	41 (70.7%)	27 (39.1%)	63 (65.6%)	15 (71.4%)	3792 (72.8%)
	Female	322 (9.4%)	30 (45.5%)	960 (65.6%)	10 (52.6%)	17 (29.3%)	42 (60.9%)	33 (34.4%)	6 (28.6%)	1420 (27.2%)
Stage of HIV Disease	Asymptomatic	1426 (41.7%)	40 (60.6%)	720 (49.2%)	13 (68.4%)	28 (48.3%)	29 (42%)	46 (47.9%)	7 (33.3%)	2309 (44.3%)
	Symptomatic	1114 (32.6%)	15 (22.7%)	384 (26.2%)	3 (15.8%)	15 (25.9%)	19 (27.5%)	33 (34.4%)	6 (28.6%)	1589 (30.5%)
	AIDS	802 (23.5%)	11 (16.7%)	345 (23.6%)	2 (10.5%)	15 (25.9%)	19 (27.5%)	16 (16.7%)	5 (23.8%)	1215 (23.3%)
	AIDS Related Death	24 (0.7%)		7 (0.5%)	1 (5.3%)		1 (1.4%)			33 (0.6%)
	Death Unrelated to AIDS	8 (0.2%)								8 (0.2%)
	Unknown	46 (1.3%)		7 (0.5%)			1 (1.4%)	1 (1%)	3 (14.3%)	58 (1.1%)
Exposure Abroad	UK	2592 (75.8%)	27 (40.9%)	53 (3.6%)	3 (15.8%)	17 (29.3%)	13 (18.8%)	41 (42.7%)	4 (19%)	2750 (52.8%)
	Abroad	471 (13.8%)	25 (37.9%)	1217 (83.2%)	11 (57.9%)	35 (60.3%)	45 (65.2%)	42 (43.8%)	2 (9.5%)	1848 (35.5%)
	Unknown	357 (10.4%)	14 (21.2%)	193 (13.2%)	5 (26.3%)	6 (10.3%)	11 (15.9%)	13 (13.5%)	15 (71.4%)	614 (11.8%)
Total (100%)		3420	66	1463	19	58	69	96	21	5212

Table 3.8: Global region and country of HIV exposure by infection route of total HIV and AIDS cases who probably acquired their infection outside the UK, 2007

Region of HIV Exposure	Infection Route						Total (100%)
	MSM	Injecting Drug Use	Hetero-sexual	Blood/Tissue	Mother to Child	Undetermined	
Abroad	246 (13.3%)	22 (1.2%)	1499 (81.1%)	14 (0.8%)	51 (2.8%)	16 (0.9%)	1848
<i>Caribbean</i>	3		25				28
<i>East Asia & Pacific</i>	3		4				7
<i>Eastern Europe & Central Asia</i>	3	2	8	1	2		16
<i>Latin America</i>	5		7				12
<i>North Africa & Middle East</i>	6	1	17		1	1	26
<i>North America</i>	39	3	7	1	1		51
<i>Oceania</i>	12		2				14
<i>South & South-East Asia</i>	25		136	3	1	1	166
<i>Sub-Saharan Africa</i>	19	1	1226	7	44	8	1305
<i>Western Europe</i>	91	15	45	2	1	4	158
<i>Multiple</i>	34		14		1	2	51
<i>Unknown</i>	6		8				14
UK	2158 (78.5%)	72 (2.6%)	391 (14.2%)	55 (2%)	41 (1.5%)	33 (1.2%)	2750
Undetermined	315 (51.3%)	14 (2.3%)	247 (40.2%)	1 (0.2%)	11 (1.8%)	26 (4.2%)	614
Total	2719 (52.2%)	108 (2.1%)	2137 (41%)	70 (1.3%)	103 (2%)	75 (1.4%)	5212

Men who have been exposed through sex with men (MSM) and who are also injecting drug users are included in the MSM category.

Table 3.9: Distribution of treatment for total HIV and AIDS cases by infection route, 2007

Treatment Centre	Infection Route						Total (100%)
	MSM	Injecting Drug Use	Hetero-sexual	Blood/Tissue	Mother to Child	Undetermined	
AHC					24 (96%)	1 (4%)	25
APH	34 (47.2%)		35 (48.6%)			3 (4.2%)	72
ARM	24 (88.9%)	1 (3.7%)	2 (7.4%)				27
BLAG	299 (79.7%)	5 (1.3%)	61 (16.3%)	2 (0.5%)	3 (0.8%)	5 (1.3%)	375
BLK	3 (100%)						3
BLKG	22 (25.6%)	4 (4.7%)	57 (66.3%)	1 (1.2%)		2 (2.3%)	86
BOLG	86 (34.5%)	6 (2.4%)	155 (62.2%)	2 (0.8%)			249
BOOT					30 (100%)		30
BURG	14 (42.4%)	2 (6.1%)	17 (51.5%)				33
BURY	18 (48.6%)	1 (2.7%)	18 (48.6%)				37
CHR	72 (54.1%)	2 (1.5%)	58 (43.6%)		1 (0.8%)		133
CPED					1 (100%)		1
CUMB	26 (53.1%)	2 (4.1%)	17 (34.7%)	2 (4.1%)	1 (2%)	1 (2%)	49
FGH	5 (41.7%)		6 (50%)	1 (8.3%)			12
HAL	4 (80%)		1 (20%)				5
LCN	18 (31.6%)	1 (1.8%)	35 (61.4%)	3 (5.3%)			57
LEI	16 (57.1%)		11 (39.3%)	1 (3.6%)			28
LEII	6 (66.7%)		3 (33.3%)				9
MAC	28 (66.7%)		12 (28.6%)	1 (2.4%)		1 (2.4%)	42
MGP	186 (96.4%)	2 (1%)	5 (2.6%)				193
MRIG	549 (57.4%)	8 (0.8%)	389 (40.7%)	5 (0.5%)		5 (0.5%)	956
MRIH	1 (2.7%)		3 (8.1%)	33 (89.2%)			37
NMG	773 (51.3%)	61 (4%)	563 (37.4%)	6 (0.4%)	67 (4.4%)	37 (2.5%)	1507
NMGG	85 (56.3%)	1 (0.7%)	65 (43%)				151
NOBL	8 (50%)		8 (50%)				16
OLDG	27 (48.2%)		29 (51.8%)				56
PG	76 (46.1%)	2 (1.2%)	80 (48.5%)		4 (2.4%)	3 (1.8%)	165
PP					4 (100%)		4
RLG	225 (36.6%)	11 (1.8%)	355 (57.7%)	9 (1.5%)	2 (0.3%)	13 (2.1%)	615
RLH				12 (100%)			12
RLI	16 (53.3%)	1 (3.3%)	13 (43.3%)				30
ROCG	29 (43.9%)		37 (56.1%)				66
SALG	57 (55.3%)	1 (1%)	45 (43.7%)				103
SHH	54 (81.8%)	2 (3%)	10 (15.2%)				66
SPG	24 (38.1%)	1 (1.6%)	37 (58.7%)			1 (1.6%)	63
STP	74 (59.2%)	2 (1.6%)	47 (37.6%)		1 (0.8%)	1 (0.8%)	125
TAMG	10 (62.5%)		6 (37.5%)				16
TRAG	1 (11.1%)	1 (11.1%)	6 (66.7%)	1 (11.1%)			9
WAR	21 (63.6%)		12 (36.4%)				33
WGH	11 (50%)	1 (4.5%)	10 (45.5%)				22
WHIT			1 (50%)			1 (50%)	2
WIGG	3 (33.3%)		5 (55.6%)		1 (11.1%)		9
WITG	173 (75.5%)	4 (1.7%)	49 (21.4%)	1 (0.4%)		2 (0.9%)	229
WORK	11 (55%)		7 (35%)	1 (5%)		1 (5%)	20

For definitions of the abbreviated treatment centres please refer to the glossary at the back of the report.

Columns cannot be totalled vertically as some individuals may appear in more than one row (i.e. those attending two or more treatment locations), thus exaggerating the totals.

Men who have been exposed through sex with men and who are also injecting drug users are included in the MSM category.

Table 3.10: Distribution of treatment for total HIV and AIDS cases by level of antiretroviral therapy, 2007

Treatment Centre	Level of Antiretroviral Therapy					Total (100%)
	None	Mono	Dual	Triple	Quadruple or More	
AHC	8 (32%)			8 (32%)	9 (36%)	25
APH	28 (38.9%)			17 (23.6%)	27 (37.5%)	72
ARM	27 (100%)					27
BLAG	109 (29.1%)		1 (0.3%)	187 (49.9%)	78 (20.8%)	375
BLK			1 (33.3%)	1 (33.3%)	1 (33.3%)	3
BLKG	26 (30.2%)			37 (43%)	23 (26.7%)	86
BOLG	90 (36.1%)			122 (49%)	37 (14.9%)	249
BOOT	5 (16.7%)			12 (40%)	13 (43.3%)	30
BURG	11 (33.3%)		1 (3%)	15 (45.5%)	6 (18.2%)	33
BURY	14 (37.8%)			17 (45.9%)	6 (16.2%)	37
CHR	40 (30.1%)			79 (59.4%)	14 (10.5%)	133
CPED					1 (100%)	1
CUMB	13 (26.5%)			27 (55.1%)	9 (18.4%)	49
FGH	5 (41.7%)			3 (25%)	4 (33.3%)	12
HAL	4 (80%)				1 (20%)	5
LCN	57 (100%)					57
LEI	7 (25%)		1 (3.6%)	17 (60.7%)	3 (10.7%)	28
LEII	1 (11.1%)			6 (66.7%)	2 (22.2%)	9
MAC	19 (45.2%)			18 (42.9%)	5 (11.9%)	42
MGP	193 (100%)					193
MRIG	474 (49.6%)	1 (0.1%)	7 (0.7%)	296 (31%)	178 (18.6%)	956
MRIH	5 (13.5%)			20 (54.1%)	12 (32.4%)	37
NMG	265 (17.6%)	3 (0.2%)	15 (1%)	663 (44%)	561 (37.2%)	1507
NMGG	60 (39.7%)		3 (2%)	64 (42.4%)	24 (15.9%)	151
NOBL	4 (25%)			6 (37.5%)	6 (37.5%)	16
OLDG	24 (42.9%)			21 (37.5%)	11 (19.6%)	56
PG	37 (22.4%)		2 (1.2%)	80 (48.5%)	46 (27.9%)	165
PP	1 (25%)			3 (75%)		4
RLG	188 (30.6%)	22 (3.6%)	9 (1.5%)	303 (49.3%)	93 (15.1%)	615
RLH	1 (8.3%)			7 (58.3%)	4 (33.3%)	12
RLI	4 (13.3%)			17 (56.7%)	9 (30%)	30
ROCG	19 (28.8%)			31 (47%)	16 (24.2%)	66
SALG	40 (38.8%)		1 (1%)	42 (40.8%)	20 (19.4%)	103
SHH	9 (13.6%)			34 (51.5%)	23 (34.8%)	66
SPG	28 (44.4%)			26 (41.3%)	9 (14.3%)	63
STP	33 (26.4%)			60 (48%)	32 (25.6%)	125
TAMG	16 (100%)					16
TRAG	9 (100%)					9
WAR	16 (48.5%)			16 (48.5%)	1 (3%)	33
WGH	7 (31.8%)			9 (40.9%)	6 (27.3%)	22
WHIT				1 (50%)	1 (50%)	2
WIGG	9 (100%)					9
WITG	96 (41.9%)			93 (40.6%)	40 (17.5%)	229
WORK	6 (30%)			9 (45%)	5 (25%)	20

* ARM, LCN, & MGP are support services and do not prescribe ART.

NB. Some individuals who are on unusually high or low ART combinations are taking part in clinical trials.

Columns cannot be totalled vertically as some individuals may appear in more than one row (i.e. those attending two or more treatment locations), thus exaggerating the totals.

Table 3.11: Total HIV and AIDS cases by local authority of residence and number of treatment centres attended, 2007

	Local Authority of Residence	Treatment Centres Attended			Total (100%)
		One	Two	Three	
Cumbria	Carlisle	26 (100%)			26
	Allerdale	16 (100%)			16
	Eden	11 (84.6%)	1 (7.7%)	1 (7.7%)	13
	Copeland	12 (92.3%)	1 (7.7%)		13
	South Lakeland	22 (91.7%)	2 (8.3%)		24
	Barrow-in-Furness	12 (92.3%)	1 (7.7%)		13
	Unknown Cumbria	1 (100%)			1
	Total	100 (94.3%)	5 (4.7%)	1 (0.9%)	106
Lancashire	Lancaster	32 (91.4%)	3 (8.6%)		35
	Wyre	44 (95.7%)	2 (4.3%)		46
	Fylde	45 (97.8%)	1 (2.2%)		46
	Blackpool	274 (94.2%)	16 (5.5%)	1 (0.3%)	291
	Blackburn with Darwen	70 (100%)			70
	Ribble Valley	14 (100%)			14
	Pendle	15 (93.8%)	1 (6.3%)		16
	Hyndburn	21 (100%)			21
	Burnley	25 (92.6%)	2 (7.4%)		27
	Rossendale	21 (87.5%)	3 (12.5%)		24
	Preston	91 (94.8%)	4 (4.2%)	1 (1%)	96
	South Ribble	26 (89.7%)	3 (10.3%)		29
	Chorley	15 (88.2%)	2 (11.8%)		17
	West Lancashire	23 (88.5%)	3 (11.5%)		26
Unknown Lancashire	6 (100%)			6	
Total	722 (94.5%)	40 (5.2%)	2 (0.3%)	764	
Greater Manchester	Wigan	97 (92.4%)	8 (7.6%)		105
	Bolton	199 (95.7%)	9 (4.3%)		208
	Bury	140 (92.7%)	10 (6.6%)	1 (0.7%)	151
	Rochdale	123 (92.5%)	10 (7.5%)		133
	Oldham	103 (93.6%)	7 (6.4%)		110
	Salford	379 (85.6%)	60 (13.5%)	4 (0.9%)	443
	Manchester	1313 (87.2%)	184 (12.2%)	8 (0.5%)	1505
	Tameside	102 (94.4%)	6 (5.6%)		108
	Trafford	163 (91.1%)	16 (8.9%)		179
	Stockport	104 (84.6%)	19 (15.4%)		123
	Unknown Greater Manchester	9 (90%)	1 (10%)		10
	Total	2732 (88.8%)	330 (10.7%)	13 (0.4%)	3075
	Merseyside	Sefton	75 (90.4%)	8 (9.6%)	
Liverpool		311 (82.9%)	55 (14.7%)	9 (2.4%)	375
Knowsley		27 (93.1%)	2 (6.9%)		29
Wirral		110 (87.3%)	15 (11.9%)	1 (0.8%)	126
St Helens		36 (81.8%)	8 (18.2%)		44
Unknown Merseyside		7 (100%)			7
Total	566 (85.2%)	88 (13.3%)	10 (1.5%)	664	
Cheshire	Halton	26 (86.7%)	4 (13.3%)		30
	Warrington	53 (81.5%)	12 (18.5%)		65
	Ellesmere Port & Neston	32 (97%)	1 (3%)		33
	Chester	69 (92%)	6 (8%)		75
	Vale Royal	23 (85.2%)	4 (14.8%)		27
	Macclesfield	47 (92.2%)	4 (7.8%)		51
	Congleton	9 (90%)	1 (10%)		10
	Crewe & Nantwich	27 (93.1%)	2 (6.9%)		29
	Total	286 (89.4%)	34 (10.6%)		320
North West	4406 (89.4%)	497 (10.1%)	26 (0.5%)	4929	
Isle of Man	20 (95.2%)	1 (4.8%)		21	
Out of Region	177 (92.7%)	14 (7.3%)		191	
Abroad	3 (100%)			3	
Unknown*	66 (97.1%)	2 (2.9%)		68	
Total	4672 (89.6%)	514 (9.9%)	26 (0.5%)	5212	

* Includes four people of no fixed abode and four who declined to give any residential information.

Table 3.12: Distribution of total and mean number of outpatient visits, day cases, inpatient episodes, inpatient days and home visits by treatment centre and clinical stage of HIV disease, 2007

		Outpatient Visits		Day Cases		Inpatient Episodes		Inpatient Days		Home Visits	
		Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean
Treatment Centre	AHC	102	4.08			11	0.44	376	15.04	114	4.56
	APH	495	6.88	232	3.22	11	0.15	137	1.9		
	ARM	1754	64.96								
	BLAG	3142	8.38	7	0.02	50	0.13	557	1.49	108	0.29
	BLK	11	3.67								
	BLKG	507	5.9	13	0.15	18	0.21	86	1	7	0.08
	BOLG	1832	7.36			25	0.1	375	1.51		
	BOOT	80	2.67	24	0.8	9	0.3	139	4.63		
	BURG	196	5.94	1	0.03	5	0.15	24	0.73	9	0.29
	BURY	165	4.46								
	CHR	730	5.49	16	0.12	16	0.12	170	1.28		
	CPED	2	2							4	4
	CUMB	270	5.51	10	0.2	7	0.14	32	0.65		
	FGH	33	2.75			1	0.08	2	0.17		
	HAL	67	13.4	12	2.4						
	LCN	354	6.21							579	10.16
	LEI	519	18.54	2	0.07	6	0.21	48	1.71		
	LEII	71	7.89	6	0.67	2	0.22	42	4.67		
	MAC	303	7.21			1	0.02	2	0.05	1	0.02
	MGP	1044	5.41								
	MRIG	7067	7.39			63	0.07	1052	1.21		
	MRIH	200	5.41	9	0.24	7	0.19	161	4.35		
	NMG	8477	5.63	1192	0.79	344	0.23	4832	3.21	137	0.09
	NMGG	517	3.42								
	NOBL	140	8.75								
	OLDG	407	7.27			1	0.02	21	0.38	1	0.02
	PG	962	5.83	3	0.02	13	0.08	166	1.01	10	0.06
	PP	7	1.75								
	RLG	4292	6.98			158	0.26	1198	1.95		
	RLH	99	8.25			4	0.33	28	2.33		
	RLI	107	3.57	5	0.17	4	0.13	50	1.67	6	0.2
	ROCG	349	5.29								
	SALG	496	4.82	11	0.11	2	0.02	10	0.1	7	0.07
	SHH	342	5.18	35	0.53	16	0.24	72	1.09	6	0.09
SPG	568	9.02			2	0.03	6	0.1	12	0.19	
STP	669	5.35	34	0.27	6	0.05	226	1.81			
TAMG	149	9.31									
TRAG	27	3			4	0.44	70	7.78			
WAR	282	8.55	1	0.03	2	0.06	3	0.09			
WGH	76	3.45			2	0.09	4	0.18			
WHIT	4	2									
WIGG	45	5									
WITG	1762	7.69	4	0.02	7	0.03	72	0.31	58	0.25	
WORK	115	5.75			2	0.1	21	1.05	8	0.4	
Stage of HIV Disease	Asymptomatic	16132	6.99	148	0.08	141	0.06	850	0.38	283	0.19
	Symptomatic	11612	7.31	768	0.56	197	0.13	2080	1.33	185	0.14
	AIDS	10359	8.53	580	0.54	368	0.3	4907	4.06	542	0.56
	AIDS Related Death	165	5	120	4.8	79	2.39	1785	54.09	42	1.56
	Death Unrelated to AIDS	63	7.88	1	0.13	6	0.75	48	6		
	Unknown	505	8.71			8	0.14	312	5.47	15	0.27
	Total	38836	7.45	1617	0.37	799	0.16	9982	1.95	1067	0.27

Table 3.13: Total HIV & AIDS cases by residency status, sex, age group, infection route and stage of HIV disease, 2007

		Residency Status							Total
		UK National	Asylum Seeker	Overseas Student	Temporary Visitor	Refugee	Other***	Unknown	
Sex	Male	3325 (84.4%)	170 (32.2%)	58 (41.4%)	29 (52.7%)	57 (35%)	71 (36.2%)	82 (43.2%)	3792 (72.8%)
	Female	615 (15.6%)	358 (67.8%)	82 (58.6%)	26 (47.3%)	106 (65%)	125 (63.8%)	108 (56.8%)	1420 (27.2%)
Age Group	0-14	39 (1%)	11 (2.1%)				16 (8.2%)	14 (7.4%)	80 (1.5%)
	15-19	27 (0.7%)	8 (1.5%)	2 (1.4%)		3 (1.8%)	8 (4.1%)	3 (1.6%)	51 (1%)
	20-24	144 (3.7%)	24 (4.5%)	7 (5%)	3 (5.5%)	7 (4.3%)	4 (2%)	5 (2.6%)	194 (3.7%)
	25-29	371 (9.4%)	83 (15.7%)	34 (24.3%)	7 (12.7%)	23 (14.1%)	27 (13.8%)	33 (17.4%)	578 (11.1%)
	30-34	551 (14%)	126 (23.9%)	30 (21.4%)	7 (12.7%)	26 (16%)	39 (19.9%)	40 (21.1%)	819 (15.7%)
	35-39	759 (19.3%)	130 (24.6%)	26 (18.6%)	12 (21.8%)	42 (25.8%)	32 (16.3%)	38 (20%)	1039 (19.9%)
	40-44	794 (20.2%)	84 (15.9%)	27 (19.3%)	11 (20%)	29 (17.8%)	33 (16.8%)	27 (14.2%)	1005 (19.3%)
	45-49	555 (14.1%)	41 (7.8%)	13 (9.3%)	4 (7.3%)	20 (12.3%)	19 (9.7%)	17 (8.9%)	669 (12.8%)
	50-54	336 (8.5%)	13 (2.5%)	1 (0.7%)	4 (7.3%)	8 (4.9%)	10 (5.1%)	6 (3.2%)	378 (7.3%)
	55-59	195 (4.9%)	6 (1.1%)		5 (9.1%)	4 (2.5%)	3 (1.5%)	4 (2.1%)	217 (4.2%)
60+	169 (4.3%)	2 (0.4%)		2 (3.6%)	1 (0.6%)	5 (2.6%)	3 (1.6%)	182 (3.5%)	
Infection Route	MSM	2660 (67.5%)	9 (1.7%)	5 (3.6%)	15 (27.3%)	1 (0.6%)	15 (7.7%)	14 (7.4%)	2719 (52.2%)
	Injecting Drug Use	103 (2.6%)					3 (1.5%)	2 (1.1%)	108 (2.1%)
	Heterosexual	1004 (25.5%)	505 (95.6%)	132 (94.3%)	39 (70.9%)	160 (98.2%)	154 (78.6%)	143 (75.3%)	2137 (41%)
	Blood/Tissue	64 (1.6%)	2 (0.4%)	1 (0.7%)			2 (1%)	1 (0.5%)	70 (1.3%)
	Mother to Child	53 (1.3%)	12 (2.3%)			1 (0.6%)	22 (11.2%)	15 (7.9%)	103 (2%)
	Undetermined	56 (1.4%)		2 (1.4%)	1 (1.8%)	1 (0.6%)		15 (7.9%)	75 (1.4%)
Ethnicity	White	3352 (85.1%)	5 (0.9%)	4 (2.9%)	13 (23.6%)	3 (1.8%)	20 (10.2%)	23 (12.1%)	3420 (65.6%)
	Black Caribbean	51 (1.3%)	4 (0.8%)	3 (2.1%)		1 (0.6%)	3 (1.5%)	4 (2.1%)	66 (1.3%)
	Black African	331 (8.4%)	506 (95.8%)	129 (92.1%)	36 (65.5%)	154 (94.5%)	158 (80.6%)	149 (78.4%)	1463 (28.1%)
	Black Other	13 (0.3%)	2 (0.4%)		1 (1.8%)	1 (0.6%)	2 (1%)		19 (0.4%)
	Indian/Pakistani/ Bangladeshi	45 (1.1%)	1 (0.2%)		1 (1.8%)	2 (1.2%)	7 (3.6%)	2 (1.1%)	58 (1.1%)
	Other Asian/Oriental	58 (1.5%)	1 (0.2%)	2 (1.4%)	2 (3.6%)	1 (0.6%)	3 (1.5%)	2 (1.1%)	69 (1.3%)
	Other/Mixed	74 (1.9%)	9 (1.7%)	2 (1.4%)	2 (3.6%)	1 (0.6%)	3 (1.5%)	5 (2.6%)	96 (1.8%)
	Unknown	16 (0.4%)						5 (2.6%)	21 (0.4%)
Stage of Disease	Asymptomatic	1684 (42.7%)	281 (53.2%)	82 (58.6%)	22 (40%)	73 (44.8%)	89 (45.4%)	78 (41.1%)	2309 (44.3%)
	Symptomatic	1271 (32.3%)	113 (21.4%)	29 (20.7%)	16 (29.1%)	51 (31.3%)	56 (28.6%)	53 (27.9%)	1589 (30.5%)
	AIDS	903 (22.9%)	128 (24.2%)	29 (20.7%)	16 (29.1%)	36 (22.1%)	51 (26%)	52 (27.4%)	1215 (23.3%)
	AIDS Related Death	26 (0.7%)	3 (0.6%)		1 (1.8%)	1 (0.6%)		2 (1.1%)	33 (0.6%)
	Death Unrelated to AIDS	8 (0.2%)							8 (0.2%)
	Unknown	48 (1.2%)	3 (0.6%)			2 (1.2%)		5 (2.6%)	58 (1.1%)
Area of Residence	Cumbria	100 (2.5%)	1 (0.2%)		1 (1.8%)		4 (2%)		106 (2%)
	Lancashire	690 (17.5%)	25 (4.7%)	6 (4.3%)	3 (5.5%)	6 (3.7%)	20 (10.2%)	14 (7.4%)	764 (14.7%)
	Greater Manchester	2155 (54.7%)	315 (59.7%)	123 (87.9%)	40 (72.7%)	148 (90.8%)	149 (76%)	145 (76.3%)	3075 (59%)
	Merseyside	469 (11.9%)	166 (31.4%)	5 (3.6%)	1 (1.8%)	3 (1.8%)	9 (4.6%)	11 (5.8%)	664 (12.7%)
	Cheshire	289 (7.3%)	8 (1.5%)	2 (1.4%)	2 (3.6%)	3 (1.8%)	6 (3.1%)	10 (5.3%)	320 (6.1%)
	Out of Region*	187 (4.7%)	10 (1.9%)	1 (0.7%)	3 (5.5%)	1 (0.6%)	3 (1.5%)	7 (3.7%)	212 (4.1%)
	Abroad	1 (0%)			1 (1.8%)		1 (0.5%)		3 (0.1%)
	Unknown**	49 (1.2%)	3 (0.6%)	3 (2.1%)	4 (7.3%)	2 (1.2%)	4 (2%)	3 (1.6%)	68 (1.3%)
Total (100%)		3940	528	140	55	163	196	190	5212

Men who have been exposed through sex with men and who are also injecting drug users are included in the MSM category.

Age ranges refer to the ages of individuals at the end of December 2007, or at death.

* Includes Isle of Man.

** Includes four people of no fixed abode and four who declined to give any residential information.

Table 3.14: Primary care trust of residence of total HIV and AIDS cases by infection route, 2007

PCT of Residence	Infection Route						Total (100%)
	MSM	Injecting Drug Use	Hetero-sexual	Blood/Tissue	Mother to Child	Undetermined	
Cumbria	54 (50.9%)	3 (2.8%)	41 (38.7%)	3 (2.8%)	2 (1.9%)	3 (2.8%)	106
North Lancashire	85 (66.9%)	1 (0.8%)	36 (28.3%)	2 (1.6%)		3 (2.4%)	127
Blackpool	237 (81.4%)	4 (1.4%)	44 (15.1%)	4 (1.4%)	2 (0.7%)		291
Blackburn with Darwen	15 (21.4%)	3 (4.3%)	45 (64.3%)	3 (4.3%)		4 (5.7%)	70
East Lancashire	49 (48%)	3 (2.9%)	43 (42.2%)	3 (2.9%)	2 (2%)	2 (2%)	102
Central Lancashire	81 (47.9%)	2 (1.2%)	76 (45%)	2 (1.2%)	6 (3.6%)	2 (1.2%)	169
Unknown Lancashire	1 (20%)		3 (60%)		1 (20%)		5
Ashton, Leigh & Wigan	38 (36.2%)	1 (1%)	60 (57.1%)	2 (1.9%)	4 (3.8%)		105
Bolton	71 (34.1%)	8 (3.8%)	117 (56.3%)	5 (2.4%)	6 (2.9%)	1 (0.5%)	208
Bury	91 (60.3%)	3 (2%)	49 (32.5%)	3 (2%)	2 (1.3%)	3 (2%)	151
Heywood, Middleton & Rochdale	50 (37.6%)	5 (3.8%)	68 (51.1%)	4 (3%)	4 (3%)	2 (1.5%)	133
Oldham	37 (33.6%)	4 (3.6%)	65 (59.1%)	2 (1.8%)	2 (1.8%)		110
Salford	313 (71%)	11 (2.5%)	107 (24.3%)	1 (0.2%)	2 (0.5%)	7 (1.6%)	441
Manchester	764 (50.8%)	29 (1.9%)	661 (43.9%)	2 (0.1%)	32 (2.1%)	16 (1.1%)	1504
Tameside & Glossop	64 (54.7%)	4 (3.4%)	46 (39.3%)		2 (1.7%)	1 (0.9%)	117
Trafford	93 (52%)	6 (3.4%)	67 (37.4%)	4 (2.2%)	3 (1.7%)	6 (3.4%)	179
Stockport	77 (63.1%)	1 (0.8%)	34 (27.9%)	3 (2.5%)	5 (4.1%)	2 (1.6%)	122
Unknown Greater Manchester	4 (40%)		6 (60%)				10
Sefton	33 (39.8%)	4 (4.8%)	41 (49.4%)	4 (4.8%)		1 (1.2%)	83
Liverpool	106 (28.3%)	2 (0.5%)	247 (65.9%)	6 (1.6%)	9 (2.4%)	5 (1.3%)	375
Knowsley	15 (51.7%)	1 (3.4%)	11 (37.9%)			2 (6.9%)	29
Wirral	63 (50%)	4 (3.2%)	52 (41.3%)	2 (1.6%)	3 (2.4%)	2 (1.6%)	126
Halton & St Helens	50 (67.6%)		21 (28.4%)	2 (2.7%)	1 (1.4%)		74
Unknown Merseyside	3 (42.9%)		3 (42.9%)			1 (14.3%)	7
Warrington	39 (60%)	1 (1.5%)	23 (35.4%)	1 (1.5%)	1 (1.5%)		65
West Cheshire	60 (50.8%)	2 (1.7%)	48 (40.7%)	2 (1.7%)	6 (5.1%)		118
Central and Eastern Cheshire	67 (62.6%)	1 (0.9%)	34 (31.8%)	3 (2.8%)		2 (1.9%)	107
Out of Region	108 (58.1%)	2 (1.1%)	53 (28.5%)	7 (3.8%)	8 (4.3%)	8 (4.3%)	186
Isle of Man	9 (42.9%)		12 (57.1%)				21
Abroad	1 (33.3%)		2 (66.7%)				3
Unknown*	41 (60.3%)	3 (4.4%)	22 (32.4%)			2 (2.9%)	68
Total	2719 (52.2%)	108 (2.1%)	2137 (41%)	70 (1.3%)	103 (2%)	75 (1.4%)	5212

* Includes four people of no fixed abode and four who declined to give any residential information.

Table 3.15: Primary care trust of residence of total HIV and AIDS cases by stage of disease, 2007

PCT of Residence	Infection Route						Total (100%)
	Asymptomatic	Symptomatic	AIDS	AIDS Related Death	Death Unrelated to AIDS	Unknown	
Cumbria	53 (50%)	25 (23.6%)	27 (25.5%)	1 (0.9%)			106
North Lancashire	42 (33.1%)	47 (37%)	34 (26.8%)	2 (1.6%)		2 (1.6%)	127
Blackpool	104 (35.7%)	119 (40.9%)	63 (21.6%)	2 (0.7%)	1 (0.3%)	2 (0.7%)	291
Blackburn with Darwen	34 (48.6%)	21 (30%)	12 (17.1%)			3 (4.3%)	70
East Lancashire	39 (38.2%)	36 (35.3%)	23 (22.5%)	1 (1%)	1 (1%)	2 (2%)	102
Central Lancashire	66 (39.1%)	58 (34.3%)	43 (25.4%)	1 (0.6%)		1 (0.6%)	169
Unknown Lancashire	2 (40%)	3 (60%)					5
Ashton, Leigh & Wigan	51 (48.6%)	35 (33.3%)	19 (18.1%)				105
Bolton	116 (55.8%)	48 (23.1%)	41 (19.7%)	1 (0.5%)	1 (0.5%)	1 (0.5%)	208
Bury	57 (37.7%)	66 (43.7%)	27 (17.9%)	1 (0.7%)			151
Heywood, Middleton & Rochdale	59 (44.4%)	36 (27.1%)	37 (27.8%)	1 (0.8%)			133
Oldham	50 (45.5%)	30 (27.3%)	28 (25.5%)	1 (0.9%)	1 (0.9%)		110
Salford	197 (44.7%)	150 (34%)	87 (19.7%)	1 (0.2%)		6 (1.4%)	441
Manchester	645 (42.9%)	486 (32.3%)	344 (22.9%)	7 (0.5%)		22 (1.5%)	1504
Tameside & Glossop	46 (39.3%)	43 (36.8%)	28 (23.9%)				117
Trafford	68 (38%)	59 (33%)	52 (29.1%)				179
Stockport	41 (33.6%)	51 (41.8%)	29 (23.8%)		1 (0.8%)		122
Unknown Greater Manchester	7 (70%)	2 (20%)	1 (10%)				10
Sefton	38 (45.8%)	20 (24.1%)	22 (26.5%)	2 (2.4%)		1 (1.2%)	83
Liverpool	225 (60%)	57 (15.2%)	85 (22.7%)	3 (0.8%)		5 (1.3%)	375
Knowsley	15 (51.7%)	4 (13.8%)	9 (31%)			1 (3.4%)	29
Wirral	44 (34.9%)	39 (31%)	38 (30.2%)	3 (2.4%)	1 (0.8%)	1 (0.8%)	126
Halton & St Helens	40 (54.1%)	15 (20.3%)	16 (21.6%)	2 (2.7%)		1 (1.4%)	74
Unknown Merseyside	5 (71.4%)		2 (28.6%)				7
Warrington	35 (53.8%)	16 (24.6%)	12 (18.5%)		1 (1.5%)	1 (1.5%)	65
West Cheshire	77 (65.3%)	22 (18.6%)	16 (13.6%)	2 (1.7%)	1 (0.8%)		118
Central and Eastern Cheshire	35 (32.7%)	29 (27.1%)	40 (37.4%)	1 (0.9%)		2 (1.9%)	107
Out of Region	70 (37.6%)	53 (28.5%)	61 (32.8%)			2 (1.1%)	186
Isle of Man	7 (33.3%)	9 (42.9%)	5 (23.8%)				21
Abroad	2 (66.7%)		1 (33.3%)				3
Unknown*	39 (57.4%)	10 (14.7%)	13 (19.1%)	1 (1.5%)		5 (7.4%)	68
Total	2309 (44.3%)	1589 (30.5%)	1215 (23.3%)	33 (0.6%)	8 (0.2%)	58 (1.1%)	5212

Men who have been exposed through sex with men and who are also injecting drug users are included in the MSM category.

* Includes four people of no fixed abode and four who declined to give any residential information.

4. Voluntary Agencies 2007

Voluntary organisations have long played a fundamental role in the recognition of HIV/AIDS and in addressing the needs of HIV positive individuals^{70,71}. They are identified in the Department of Health's AIDS Service Grant circular as key providers of social care⁷² and the Department of Health anticipates an increasing role for the voluntary and independent sector in HIV and sexual health care services as set out in the White Paper *Our health, our care, our say: a new direction for community services*⁷³. In the North West Region, voluntary agencies continue to provide a wide range of services including counselling, information services, training, awareness raising campaigns, complementary therapies, advocacy, free condoms, financial assistance, fundraising, support groups and help lines. Some also offer medical services such as nurse led sessions run by local PCT staff. The majority of agencies provide services for a variety of people living with HIV and may run special sessions for women, gay men, African people and young people. Many services also provide care and support to the friends and family of those affected by HIV. Recent research has shown that those not known to the statutory sector were significantly more deprived than those accessing both the voluntary and statutory services and those accessing the statutory services alone⁷⁴. These data show that the voluntary sector provide services to some of the most vulnerable HIV positive people in the North West. Research into the economics of HIV in the North West of England has established that seven voluntary agencies annually contribute one million pounds worth of services over and above those purchased by the statutory sector²⁰. During 2007, 2,494 HIV positive individuals were reported to the North West HIV/AIDS Monitoring Unit by seven voluntary organisations in the North West. The overall number of individuals seen by the voluntary sector in 2007 is 15% higher than in 2006 (2,494 compared with 2,169).

It is important to note that not all HIV/AIDS voluntary organisations are able to provide attributable data (soundex, date of birth and sex) for the report. Organisations such as South Lancashire HEAL are not included in the tables, but nonetheless make a valuable contribution to the provision of care. Similarly, the amount of attributable data provided by each voluntary organisation does not necessarily reflect the overall service provision since agencies provide support for all those affected by HIV (including families, partners and carers of HIV positive people). For all voluntary organisations, where information relating to infection route and ethnicity was not available, data have been updated from that provided from the statutory care providers (where available). Tables 4.1 and 4.2 illustrate key characteristics of individuals accessing care from individual voluntary agencies, whilst table 4.3 is concerned with those HIV positive individuals accessing voluntary care as a whole. Where appropriate, references are made to corresponding data from previous North West reports¹⁻¹¹.

Voluntary agencies have contributed data to the North West HIV/AIDS Monitoring Unit since 1995, and consistently appear to provide services to a broader constituency than the statutory sector alone¹⁻¹¹. In 2007 34% of individuals seen by voluntary organisations did not access care in the statutory sector in 2007 and 23% of individuals have never been treated by the statutory sector in the North West.

Table 4.1 illustrates demographic information on the number of HIV positive individuals presenting to voluntary agencies in the North West during 2007, and the number who also presented at statutory agencies in the North West, during 2007 or prior to 2007. Most agencies reporting in 2007 recorded an increase in their client base compared with 2006 figures: Body Positive Cheshire and North Wales (BP Cheshire; 172% increase), Black Health Agency (BHA; 20%), Body Positive North West (BP North West; 16%), Barnardo's in Manchester (BARM 14%), George House Trust (GHT; 10%) and Sahir House (SAHIR 2%). There was a reduction of 4% in visits to Body Positive Blackpool.

There is variation in the proportion of voluntary sector clients also seen by the statutory sector in 2007, ranging from 74% at Sahir House to 39% at Body Positive Blackpool. The vast majority of clients not in contact with statutory treatment centres in 2007 reside in the North West of England (34% for BP Cheshire, 88% for BP North West, 93% for GHT, 95% for Sahir, 98% for BHA and 100% for the remaining agencies; data not shown). A significant number of individuals have never been seen at statutory centres: up to 275 individuals at GHT. These data suggest that the voluntary sector may be the sole provider of care and support for a substantial number of HIV positive individuals.

Table 4.1 also categorises individuals accessing voluntary care in 2007 according to infection route, sex, age group, ethnicity and residency. Apart from those attending the BHA, BARM and Sahir, the majority of individuals presenting to voluntary agencies were men who have sex with men (MSM), ranging from 58% at GHT to 90% at BP Blackpool. The main route of infection for BHA, BARM and Sahir clients was heterosexual sex (96%, 74% and 39% respectively) with a high proportion of female service users (78% for both BHA and BARM and 36% for Sahir). BARM provides support for families with children affected by HIV. In some cases the HIV positive client is a parent, in other cases the child. One voluntary organisation (BHA) had no clients infected via injecting drug use, two organisations had lower proportions than those attending statutory centres (1% each for BARM and Sahir compared to 2.1% for statutory services) (chapter three, table 3.2). However, four organisations had higher proportions than the statutory centres, ranging from 2.5% to 3.9%.

The majority of clients at all voluntary organisations were aged between 25 and 49 years. BARM treated the most children (32 individuals, 18% of clients were aged 14 years or under), as would be expected for an organisation

specialising in the needs of children. The number of service users aged 14 years or under has increased in three voluntary organisations since 2006. The differing profiles and characteristics of HIV positive clients accessing North West voluntary agencies in part reflects the different range of services provided and the varying strategies used to encourage HIV positive people to use the services.

The majority of presentations to voluntary sector organisations were by individuals self-defined as white, for example 100% of those attending BP Blackpool, 86% BP Cheshire, 78% BP North West and 63% of GHT. However, BHA, a specialist service for black and minority ethnic communities, provided care for a high proportion of HIV positive individuals from black African communities (97%), as did BARM (83%). GHT provided care for the largest number of HIV positive black Africans (511 individuals), a 12% increase since 2006 (457 individuals).

Presentations at most North West voluntary agencies were predominantly by residents of the North West Region. The proportion of clients known to be resident within the North West ranges from 68% of BP Cheshire clients, to 100% at BP Blackpool. BP Cheshire was the only voluntary organisation with a significant proportion of HIV positive clients from outside the region (32%), reflecting the proximity of the organisation to Wales and the West Midlands.

Table 4.2 illustrates the crossover of care of HIV positive individuals between North West based voluntary agencies and the statutory organisations during 2007. The distribution of statutory treatment and care of voluntary agency clients reflects the geographical location of the voluntary agencies. However, the Infectious Disease Unit at North Manchester General Hospital (NMG), the largest HIV and AIDS treatment centre in the North West (chapter 3, table 3.9), accounts for a significant number of presentations by individuals accessing voluntary organisations across the whole region. In addition, MRIG saw 500 clients who also visited the voluntary sector.

Table 4.3 illustrates the infection route, sex, ethnicity and residency status of HIV positive individuals accessing the voluntary sector in the North West in 2007 by attendance at the statutory sector during the year. Due to the relatively high proportion of individuals for whom infection route is unknown (particularly among those who have never attended the statutory sector), the percentages in the table are calculated of those for whom the information is known. The predominant method of exposure to HIV amongst voluntary sector clients during 2007 was sex between men, accounting for 56% of cases where infection route has been determined. This is comparable to the 52% of individuals accessing the statutory sector for which method of exposure has been determined (chapter 3, table 3.2). A similar proportion of heterosexually exposed clients were seen at the voluntary sector (38%) compared to the statutory sector (41%: chapter 3, table 3.2). This has increased since 2001 when only 19% of voluntary sector clients were heterosexually exposed. The vast majority of voluntary sector clients were male (71%), primarily due to the relatively high rates of HIV infection in MSM. As with HIV positive individuals accessing the statutory sector (73%), the majority of voluntary sector clients (where ethnicity is known) are self-defined as white (64%); a similar percentage as those accessing statutory services (66%).

Table 4.3 also shows that 34% of individuals (849 out of 2,494) using voluntary services did not attend a statutory sector service during 2007 and 23% have never been seen by the statutory sector. The profile of those who have never presented to the statutory sector is quite distinct: they are less likely to be MSM (39% compared to 60% of people accessing both the voluntary and statutory sector in 2007) and more likely to be heterosexually infected (55% compared to 35%). They are more likely to be black African (44% compared to 27%) and more likely to be an asylum seeker (22% compared to 11%). Those who have attended the statutory sector in the past but not in 2007 are more likely to be male (80%), MSM (68%), white (71%) and a UK national (79%).

Table 4.1: Attendance by HIV positive individuals at voluntary organisations in the North West, by statutory sector attendance, sex, age group, infection route, ethnicity, residency status and North West residency, 2007

		Voluntary Agency						
		BARM	BHA	BP Blackpool	BP Cheshire	BP North West	GHT	Sahir
Statutory Sector Attendance	Never Seen	67 (37.4%)	55 (34.8%)	18 (35.3%)	38 (30.4%)	128 (15.2%)	275 (16.8%)	34 (22.8%)
	Seen Prior to 2007	5 (2.8%)	26 (16.5%)	13 (25.5%)	12 (9.6%)	112 (13.3%)	163 (9.9%)	5 (3.4%)
	Seen in 2007	107 (59.8%)	77 (48.7%)	20 (39.2%)	75 (60%)	603 (71.5%)	1203 (73.3%)	110 (73.8%)
Sex	Male	39 (21.8%)	35 (22.2%)	49 (96.1%)	101 (80.8%)	692 (82.1%)	1191 (72.6%)	95 (63.8%)
	Female	140 (78.2%)	123 (77.8%)	2 (3.9%)	24 (19.2%)	151 (17.9%)	450 (27.4%)	54 (36.2%)
Age Group	0-14	32 (17.9%)	1 (0.6%)			2 (0.2%)	19 (1.2%)	1 (0.7%)
	15-19	14 (7.8%)	2 (1.3%)	1 (2%)		3 (0.4%)	13 (0.8%)	1 (0.7%)
	20-24	4 (2.2%)	3 (1.9%)	1 (2%)	7 (5.6%)	12 (1.4%)	39 (2.4%)	6 (4%)
	25-29	20 (11.2%)	19 (12%)	3 (5.9%)	11 (8.8%)	61 (7.2%)	176 (10.7%)	16 (10.7%)
	30-34	30 (16.8%)	34 (21.5%)	11 (21.6%)	18 (14.4%)	105 (12.5%)	267 (16.3%)	21 (14.1%)
	35-39	36 (20.1%)	37 (23.4%)	4 (7.8%)	28 (22.4%)	179 (21.2%)	345 (21%)	37 (24.8%)
	40-44	26 (14.5%)	32 (20.3%)	11 (21.6%)	27 (21.6%)	197 (23.4%)	348 (21.2%)	30 (20.1%)
	45-49	14 (7.8%)	18 (11.4%)	13 (25.5%)	9 (7.2%)	136 (16.1%)	227 (13.8%)	18 (12.1%)
	50-54	1 (0.6%)	4 (2.5%)	3 (5.9%)	7 (5.6%)	82 (9.7%)	125 (7.6%)	10 (6.7%)
	55-59	2 (1.1%)	5 (3.2%)	4 (7.8%)	9 (7.2%)	48 (5.7%)	53 (3.2%)	7 (4.7%)
60+		3 (1.9%)		9 (7.2%)	18 (2.1%)	29 (1.8%)	2 (1.3%)	
Infection Route	MSM	1 (0.6%)	2 (1.3%)	46 (90.2%)	76 (60.8%)	590 (70%)	944 (57.5%)	51 (34.2%)
	Injecting Drug Use	2 (1.1%)		2 (3.9%)	4 (3.2%)	21 (2.5%)	42 (2.6%)	2 (1.3%)
	Heterosexual	133 (74.3%)	152 (96.2%)	3 (5.9%)	42 (33.6%)	183 (21.7%)	621 (37.8%)	58 (38.9%)
	Blood/Tissue				1 (0.8%)	8 (0.9%)	7 (0.4%)	3 (2%)
	Mother to Child	43 (24%)	1 (0.6%)			3 (0.4%)	24 (1.5%)	
	Undetermined		3 (1.9%)		2 (1.6%)	38 (4.5%)	3 (0.2%)	35 (23.5%)
Ethnicity	White	21 (11.7%)		51 (100%)	107 (85.6%)	658 (78.1%)	1040 (63.4%)	94 (63.1%)
	Black Caribbean	3 (1.7%)	3 (1.9%)			8 (0.9%)	20 (1.2%)	1 (0.7%)
	Black African	149 (83.2%)	153 (96.8%)		14 (11.2%)	135 (16%)	511 (31.1%)	49 (32.9%)
	Black Other		2 (1.3%)			7 (0.8%)	13 (0.8%)	1 (0.7%)
	Indian/Pakistani/Bangladeshi	1 (0.6%)			1 (0.8%)	2 (0.2%)	19 (1.2%)	
	Other Asian/Oriental	2 (1.1%)			1 (0.8%)	4 (0.5%)	13 (0.8%)	3 (2%)
	Other/Mixed	3 (1.7%)			2 (1.6%)	29 (3.4%)	25 (1.5%)	1 (0.7%)
Residency	UK National	40 (22.3%)	6 (3.8%)	51 (100%)	110 (88%)	699 (82.9%)	1129 (68.8%)	106 (71.1%)
	Asylum Seeker	57 (31.8%)	75 (47.5%)		2 (1.6%)	55 (6.5%)	202 (12.3%)	23 (15.4%)
	Overseas Student	6 (3.4%)	8 (5.1%)		1 (0.8%)	11 (1.3%)	46 (2.8%)	1 (0.7%)
	Migrant Worker	3 (1.7%)	8 (5.1%)		2 (1.6%)	8 (0.9%)	45 (2.7%)	1 (0.7%)
	Temporary Visitor	10 (5.6%)	1 (0.6%)		2 (1.6%)	12 (1.4%)	20 (1.2%)	
	Refugee	23 (12.8%)	34 (21.5%)		1 (0.8%)	26 (3.1%)	101 (6.2%)	
	Dependent	25 (14%)	1 (0.6%)		2 (1.6%)	1 (0.1%)	4 (0.2%)	
	Other	14 (7.8%)	25 (15.8%)		5 (4%)	22 (2.6%)	94 (5.7%)	4 (2.7%)
	Unknown	1 (0.6%)				9 (1.1%)		14 (9.4%)
North West Resident	Resident outside North West	1 (0.6%)	6 (3.8%)		40 (32%)	40 (4.7%)	47 (2.9%)	5 (3.4%)
	North West Resident	178 (99.4%)	152 (96.2%)	51 (100%)	85 (68%)	803 (95.3%)	1594 (97.1%)	144 (96.6%)
Total (100%)		179	158	51	125	843	1641	149

For definitions of the abbreviated voluntary agencies, please refer to the glossary at the back of the report.

Men who have been exposed through sex with men and who are also injecting drug users are included in the MSM category.

Age ranges refer to the ages of individuals at the end of December 2007, or at death.

Table 4.2: Distribution of statutory treatment for HIV and AIDS cases presenting to voluntary organisations, 2007

Treatment Centre	Voluntary Agency						
	BARM	BHA	BP Blackpool	BP Cheshire	BP North West	GHT	Sahir
AHC	1						
APH							6
ARM						3	11
BLAG			17		7	23	1
BLKG					3	11	
BOLG	4	2	1		16	43	1
BOOT	13				1	7	
BURG					5	7	
BURY		1			3	7	
CHR	1			45	3	2	6
CUMB						3	
HAL	1					1	2
LCN						4	29
LEI				8	2	2	
LEII				1		1	
MAC				4	1	6	
MGP					53	71	
MRIG	23	21		2	128	326	3
MRIH					5	4	
NMG	69	44	2	6	318	555	1
NMGG	1	5			17	38	
NOBL						1	
OLDG	1	1			27	14	
PG	2		1		3	23	
PP	1						
RLG	3	1	1	4	13	27	91
RLH						1	2
RLI	1		1		2	5	
ROCG	1	2			4	21	
SALG	2	3			10	46	
SHH			1	2	7	10	7
SPG					1	1	3
STP	2				25	41	
TAMG					6	7	
TRAG						3	
WAR	1			9	3	5	1
WGH						4	1
WIGG						3	
WITG	1	4			49	56	
WORK						3	

For definitions of the abbreviated treatment centres and voluntary agencies please refer to the glossary at the back of the report. Columns cannot be totalled vertically as some individuals may appear in more than one row or column (i.e. those attending two or more treatment locations or voluntary agencies), thus exaggerating the totals.

Table 4.3: HIV and AIDS cases presenting to the voluntary sector and statutory sector by sex, infection route, ethnicity and residency status, 2007

		Statutory Sector Attendance			Total
		Never Seen	Seen Prior to 2007	Seen in 2007	
Sex	Male	333 (57.8%)	218 (79.9%)	1229 (74.7%)	1780 (71.4%)
	Female	243 (42.2%)	55 (20.1%)	416 (25.3%)	714 (28.6%)
Infection Route	MSM	198 (39.3%)	186 (68.1%)	979 (59.5%)	1363 (56.3%)
	Injecting Drug Use	5 (1%)	4 (1.5%)	52 (3.2%)	61 (2.5%)
	Heterosexual	276 (54.8%)	82 (30%)	568 (34.5%)	926 (38.2%)
	Blood/Tissue	3 (0.6%)	1 (0.4%)	12 (0.7%)	16 (0.7%)
	Mother to Child	22 (4.4%)		33 (2%)	55 (2.3%)
	Sub Total (100%)	504	273	1644	2421
	Undetermined	72		1	73
Ethnicity	White	274 (47.6%)	194 (71.1%)	1128 (68.6%)	1596 (64%)
	Black Caribbean	9 (1.6%)	2 (0.7%)	17 (1%)	28 (1.1%)
	Black African	256 (44.4%)	67 (24.5%)	441 (26.8%)	764 (30.6%)
	Black Other	8 (1.4%)	1 (0.4%)	9 (0.5%)	18 (0.7%)
	Indian/Pakistani/Bangladeshi	4 (0.7%)	3 (1.1%)	13 (0.8%)	20 (0.8%)
	Other Asian/Oriental	4 (0.7%)	1 (0.4%)	15 (0.9%)	20 (0.8%)
	Other/Mixed	21 (3.6%)	5 (1.8%)	22 (1.3%)	48 (1.9%)
Residency	UK National	300 (54.2%)	214 (78.7%)	1222 (74.3%)	1736 (70.3%)
	Asylum Seeker	124 (22.4%)	19 (7%)	176 (10.7%)	319 (12.9%)
	Overseas Student	11 (2%)	11 (4%)	37 (2.2%)	59 (2.4%)
	Migrant Worker	21 (3.8%)	3 (1.1%)	32 (1.9%)	56 (2.3%)
	Temporary Visitor	13 (2.3%)	4 (1.5%)	19 (1.2%)	36 (1.5%)
	Other	32 (5.8%)	12 (4.4%)	68 (4.1%)	112 (4.5%)
	Refugee	41 (7.4%)	8 (2.9%)	77 (4.7%)	126 (5.1%)
	Dependent	12 (2.2%)	1 (0.4%)	14 (0.9%)	27 (1.1%)
	Sub Total (100%)	554	272	1645	2471
	Unknown	22	1		23
Total (100%)		576	273	1645	2494

Men who have had exposure through sex with men and who are also injecting drug users are included in the MSM (men who have sex with men) category.

5. Social Care Providers 2007

This is the sixth year that the North West HIV/AIDS Monitoring Unit has collected data related to the care and support of HIV positive individuals who access social service departments in the North West. All social service departments in the North West were contacted and nine were able to participate in this report. Data were obtained on 411 individuals accessing HIV care and support in 2007.

Social services provide essential care to HIV positive people by ensuring that their needs are assessed and met with regard to welfare, benefits, housing, advocacy and other necessary community based practical support. This is a crucial service to those affected by and infected with HIV and, for some, may be the only source of care (table 5.1). In 2007/2008, £16.5million was made available for English local authorities through the AIDS Support Grant. Of this, £1.3 million has been allocated to North West local authorities (8% of the national allocation)⁷². It is important to note that not all individuals with HIV seen by each social service department may be reported as HIV positive. Not all clients will reveal their HIV status to social services; therefore these data represent only the number of people known to be HIV positive and accessing social services.

Table 5.1 illustrates the number of HIV positive individuals presenting to each social service department who provided us with data by sex, infection route, residency status and statutory sector attendance. More men were reported to use social services than women, similar to those accessing the statutory sector care (64% compared to 73%; chapter 3, table 3.7). However, there was a smaller percentage of people known to HIV positive accessing social service care infected via MSM (39%) than in the statutory sector (52%) (chapter 3, table 3.2).

Within this dataset, a total of 151 individuals known to be non-UK nationals received care from social service departments. Manchester City council saw 48% (72 individuals) of these, while 57% (49 individuals) of all individuals seen by Liverpool social services were non-UK nationals. Knowsley social service department, which only saw a small number of people, stated that no non-UK nationals accessed their services in 2007. Table 5.1 also shows that 20% of individuals had not been seen in the statutory sector in the North West region since monitoring began in 1995. This indicates that social service departments may be the sole provider of care and support to those individuals who do not access statutory services.

Table 5.2 illustrates those social service attendees who also accessed North West voluntary organisations in 2007. Every social service department had at least one service user who also used voluntary services. In addition, every voluntary organisation was accessed by at least one individual who also presented to social services.

Table 5.3 illustrates the care provided by Renaissance, part of the Manchester Methodist Housing Association, categorised by infection route, and attendance in the statutory and voluntary sector. Data have been collected from Renaissance for the last three years and are presented for comparison over the years. The table shows that 92% of individuals using Renaissance housing in 2007 also accessed the voluntary services in 2007, with only two people not accessing the voluntary sector. The predominant route of infection for residents was MSM (73%), which represents a slight increase in proportion from 2006 (67%). This is also much greater than the proportion of cases infected through sex between men in the statutory sector (52%; chapter 3, table 3.2).

Table 5.1: HIV and AIDS cases presenting to nine social service departments by sex, infection route, residency status and statutory sector attendance, 2007

		Social Service Department									Total*
		Blackpool	Bolton	Knowsley	Liverpool	Manchester	Preston	Salford	Stockport	Trafford	
Sex	Male	57 (90.5%)	11 (57.9%)	5 (100%)	45 (52.3%)	44 (44.4%)	27 (57.4%)	47 (87%)	7 (46.7%)	19 (76%)	261 (63.5%)
	Female	6 (9.5%)	8 (42.1%)		41 (47.7%)	55 (55.6%)	20 (42.6%)	7 (13%)	8 (53.3%)	6 (24%)	150 (36.5%)
Infection Route	MSM	49 (77.8%)	5 (26.3%)	2 (40%)	14 (16.3%)	19 (19.2%)	12 (25.5%)	41 (75.9%)	4 (26.7%)	14 (56%)	159 (38.7%)
	Injecting Drug Use	5 (7.9%)	1 (5.3%)	1 (20%)	1 (1.2%)	1 (1%)	2 (4.3%)	2 (3.7%)		2 (8%)	15 (3.6%)
	Heterosexual	7 (11.1%)	10 (52.6%)	2 (40%)	36 (41.9%)	78 (78.8%)	31 (66%)	11 (20.4%)	11 (73.3%)	7 (28%)	192 (46.7%)
	Blood/Tissue	2 (3.2%)			1 (1.2%)					1 (4%)	4 (1%)
	Mother to Child		1 (5.3%)				2 (4.3%)				3 (0.7%)
	Undetermined		2 (10.5%)		34 (39.5%)	1 (1%)				1 (4%)	38 (9.2%)
Residency	UK National	60 (95.2%)	12 (63.2%)	5 (100%)	37 (43%)	27 (27.3%)	43 (91.5%)	48 (88.9%)	6 (40%)	24 (96%)	260 (63.3%)
	Asylum Seeker		3 (15.8%)		42 (48.8%)	36 (36.4%)	2 (4.3%)	2 (3.7%)	5 (33.3%)		90 (21.9%)
	Overseas Student					13 (13.1%)			1 (6.7%)		14 (3.4%)
	Migrant Worker	2 (3.2%)			3 (3.5%)	1 (1%)	2 (4.3%)	2 (3.7%)	1 (6.7%)		11 (2.7%)
	Temporary Visitor					6 (6.1%)					6 (1.5%)
	Dependent	1 (1.6%)									1 (0.2%)
	Refugee		3 (15.8%)		3 (3.5%)	4 (4%)		1 (1.9%)	2 (13.3%)	1 (4%)	14 (3.4%)
	Other		1 (5.3%)		1 (1.2%)	12 (12.1%)		1 (1.9%)			15 (3.6%)
Statutory Sector Attendance	Never Seen	7 (11.1%)	5 (26.3%)	2 (40%)	34 (39.5%)	21 (21.2%)	1 (2.1%)	9 (16.7%)	1 (6.7%)	2 (8%)	82 (20%)
	Seen Prior to 2007	1 (1.6%)					3 (6.4%)	3 (5.6%)	1 (6.7%)	2 (8%)	10 (2.4%)
	Seen in 2007	55 (87.3%)	14 (73.7%)	3 (60%)	52 (60.5%)	78 (78.8%)	43 (91.5%)	42 (77.8%)	13 (86.7%)	21 (84%)	319 (77.6%)
	Total (100%)	63	19	5	86	99	47	54	15	25	411

*Column total excludes double counting of individuals who accessed care from more than one social service department. Men who have had exposure through sex with men and who are also injecting drug users are included in the MSM category.

Table 5.2: Distribution of social service care for HIV and AIDS cases presenting to voluntary organisations, 2007

Social Service Department	Voluntary Agency						
	BARM	BHA	BP Blackpool	BP Cheshire	BP North West	GHT	SAHIR
Blackpool			4			4	
Bolton	3	1			2	10	
Knowsley							1
Liverpool					1	3	34
Manchester	14	14		1	35	66	
Preston	4					13	
Salford	1	1			20	30	
Stockport	3				5	10	
Trafford		1			16	11	

Table 5.3: HIV and AIDS care provided by Renaissance housing association by statutory and voluntary sector attendance and infection route

		Year		
		2005	2006	2007
Statutory sector attendance	Never seen		1 (4.2%)	2 (7.7%)
	Seen prior to year of report		2 (8.3%)	1 (3.8%)
	Seen in year of report	18 (100%)	21 (87.5%)	23 (88.5%)
Voluntary sector attendance in same year	Not seen in year of report	5 (27.8%)	1 (4.2%)	2 (7.7%)
	Seen in year of report	13 (72.2%)	23 (95.8%)	24 (92.3%)
Infection Route	MSM	12 (66.7%)	16 (66.7%)	19 (73.1%)
	Injecting Drug Use	1 (5.6%)	2 (8.3%)	2 (7.7%)
	Heterosexual	5 (27.8%)	6 (25%)	5 (19.2%)
	Total (100%)	18	24	26

6. HIV Trends

The North West HIV and AIDS Monitoring Unit has been collecting and collating data on the treatment and care of HIV positive individuals since 1996. This chapter presents trends broken down by county and local authority of residence. Tables are placed at the end of the chapter. Data from 1996 cannot be presented here due to space restrictions. Furthermore some variables were introduced to the surveillance system in later years.

The number of people accessing HIV services in the North West has increased year on year since recording began, and has risen by 414% since 1996 (from 1,014 individuals in 1996 to 5,212 individuals in 2007) (not shown). There has been a continued increase (9%) in the size of the HIV positive population from 2006 to 2007, although this is not quite as large as those seen in previous years (2002 to 2003: 23%; 2003 to 2004: 20%; 2004 to 2005: 17%; 2005 to 2006: 13%; table 6.2).

Initially remaining stable, the number of new cases rose annually between 2000 and 2005 and the most dramatic increase in new cases was seen between 2001 and 2002 (a rise of 37%). Between 2005 and 2006 cases fell by 2%. This year's new cases (817) showed further reductions with a 10% decrease on last year's figure (907 in 2006; table 6.1).

Figure 6.1 shows proportional increases in the number of new cases from 1996 to 2007 by route of HIV infection. Overall there has been an increase in new cases by 202% since 1996. However, the most striking change is the 671% increase in heterosexual infections. This is a trend that has been noted nationally²³ and is accompanied by an increasing proportion of infections contracted overseas and among minority ethnic groups.

It should be noted that although heterosexual cases now dominate the statistics, the annual number of new infections transmitted through MSM has also increased steadily, by 86% since 1996. This stresses the need to maintain and develop prevention strategies amongst this group. The number of infections by injecting drug use has declined over the years; this may partly be due to the early implementation of syringe exchange programmes across the North West. The data from 2007 shows an 11% decrease on 1996 of new cases of HIV transmitted through injecting drug use. The number of cases due to mother to child transmission has begun to increase with a 200% increase seen in 2007 compared to 1996. The actual numbers are quite low (21 in 2007) and care needs to be taken when interpreting a large percentage change on a low number. The increase in mother to child transmission is linked to the increase in the number of heterosexually infected HIV positive women, which in turn is linked to migration from high prevalence countries. Were it not for large improvements in diagnosis during pregnancy and effective prevention of HIV transmission to the infant (see chapter 1), the increase in the number of infected children would be much higher. The majority of cases of mother to child transmission seen in the North West have occurred overseas prior to arrival in the UK (see table 2.7).

Table 6.1 shows the infection route of new HIV and AIDS cases presenting in the North West from 2000 to 2007 subdivided by county of residence. The most common route of infection has altered over the years. In 2000, MSM still accounted for the majority of new HIV infections (56%) but by 2002 heterosexual sex overtook MSM for the first time as the main mode of HIV exposure and this has continued into 2007. By 2007, almost half of new cases were infected via heterosexual sex.

Across counties, Merseyside has seen the largest increase in new cases since 2000 (200%), followed by Greater Manchester which has seen a 152% increase over the same period. Cheshire saw the greatest increase between 2006 and 2007, compared with little change in Cumbria (6%) and Merseyside (4%). Both Greater Manchester and Lancashire saw a decrease in the number of new cases since last year (18% and 16% respectively). The overall number of new heterosexual and MSM cases has risen since 2000 (84% and 351% respectively). Three counties reported an increase in the number of new heterosexual infections since 2006 (Cumbria, Lancashire and Cheshire), while only Merseyside and Cheshire reported a percentage increase in the number of new MSM cases compared to 2006. The highest overall number of MSM cases remain in Greater Manchester. This is consistent with the fact that the Manchester area has a large gay community⁶¹ and evidence of high levels of sexual risk behaviour (as revealed in investigations of the syphilis outbreak^{28,75-78}). There was, nevertheless, a drop in new MSM cases by 21% between 2006 and 2007.

Figure 6.2 illustrates proportional changes in the level of antiretroviral therapy prescribed to HIV positive individuals attending treatment and care in the North West from 2000 to 2007. Individuals are categorised by the highest level of combination therapy they received in a given year. Mono and dual therapies have been combined in this figure, due to the small numbers involved. Since 2000 the number of individuals on triple, quadruple or more, therapy and the number not taking any antiretroviral drug, have all increased in line with the increasing number of HIV cases. Mono and dual therapy use have declined, in line with research⁷⁹ and guidelines⁶⁹ which define triple or more antiretroviral drugs as the most effective form of therapy. The recent small increase in mono and dual therapy seen in these regional figures may be due to data anomalies arising from the development of electronic reporting systems. Data from 2006 and 2007 show a recent increase in the number of people prescribed quadruple or more drugs.

Table 6.2 refers to the level of antiretroviral therapy received by all HIV positive individuals accessing treatment and care in the North West from 2000 to 2007 by county of residence. Those receiving triple or more therapy have continued to represent between 63%-68% of all cases. From 2000 to date, around one third of HIV positive individuals did not receive antiretroviral therapy at the reporting time. Although relatively few people are prescribed mono therapy, the number prescribed this level of therapy increased slightly over the years, possibly due to its use in pregnant women. Giving HIV positive pregnant women a single antiretroviral drug (e.g. Zidovudine) during pregnancy significantly reduces the chance of the infant becoming infected⁸⁰, and remains a valid option for treatment during pregnancy (although the latest BHIVA guidelines are more complex)⁴⁴. With the increase in the number of females with HIV infection, the use of mono therapy may continue to rise in the future. The proportion taking dual therapy in 2007 remained constant since 2000 (1% of the total population). Between 2000 and 2007, the largest percentage increase in the number of people in treatment for HIV was seen in Cumbria, rising from 12 to 106 (783%), followed by Greater Manchester (232%), Merseyside (222%), Cheshire (191%) and Lancashire (180%).

Table 6.3 shows the number of new cases of HIV and AIDS from 2003 to 2007 subdivided by LA of residence. In order to review five years' of data, the LA of residence was reassigned for those seen in treatment and care in 2003 and 2004 (as data were presented by PCT prior to 2005). Caution is needed when interpreting the percentage change for LAs with a small number of new cases. For example, the LAs with the largest proportional increases from 2003 to 2007 (e.g. Pendle, Burnley, and West Lancashire) are those that had very few cases in 2003.

Table 6.4 shows data for all cases of HIV and AIDS presenting to North West treatment centres from 2003 to 2007, subdivided by LA of residence. Again, caution is needed when interpreting the percentage changes for those LAs with relatively small numbers of HIV and AIDS cases. Overall the number of HIV cases have increased annually. Of the five counties, Greater Manchester has seen the largest percentage increase in cases since 2003 at 82%, followed by an increase of 80% in Cumbria, 74% in Merseyside, 67% in Cheshire and 63% in Lancashire. Manchester LA had the largest number of HIV positive residents in 2007 (1,505 individuals; an 80% increase since 2003). There were no LAs with fewer than ten cases of HIV in 2007. The largest percentage increases on 2003 were seen in Barrow-in-Furness (from 3 to 13; 333%), Ribble Valley (from 4 to 14; 250%); Wigan (from 41 to 105; 156%) and in Burnley (from 11 to 27; 145%). Since 2003 the number of HIV positive people seen at North West treatment centres who reside outside the region has increased 65% (from 116 to 191 individuals).

Figure 6.1: Percentage change in new cases of HIV and AIDS by infection route of HIV, 1996-2007

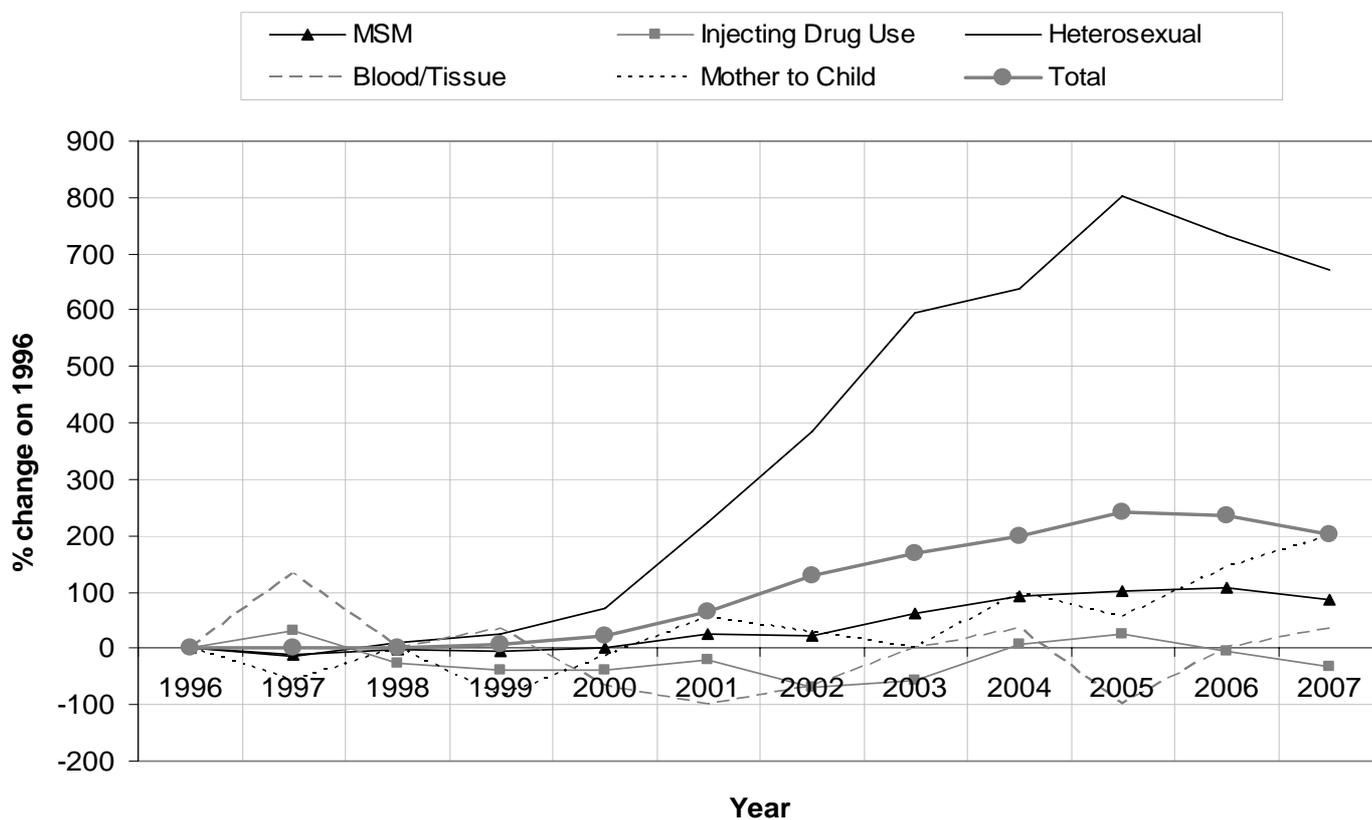


Figure 6.2: Percentage change in total HIV and AIDS cases by level of antiretroviral therapy

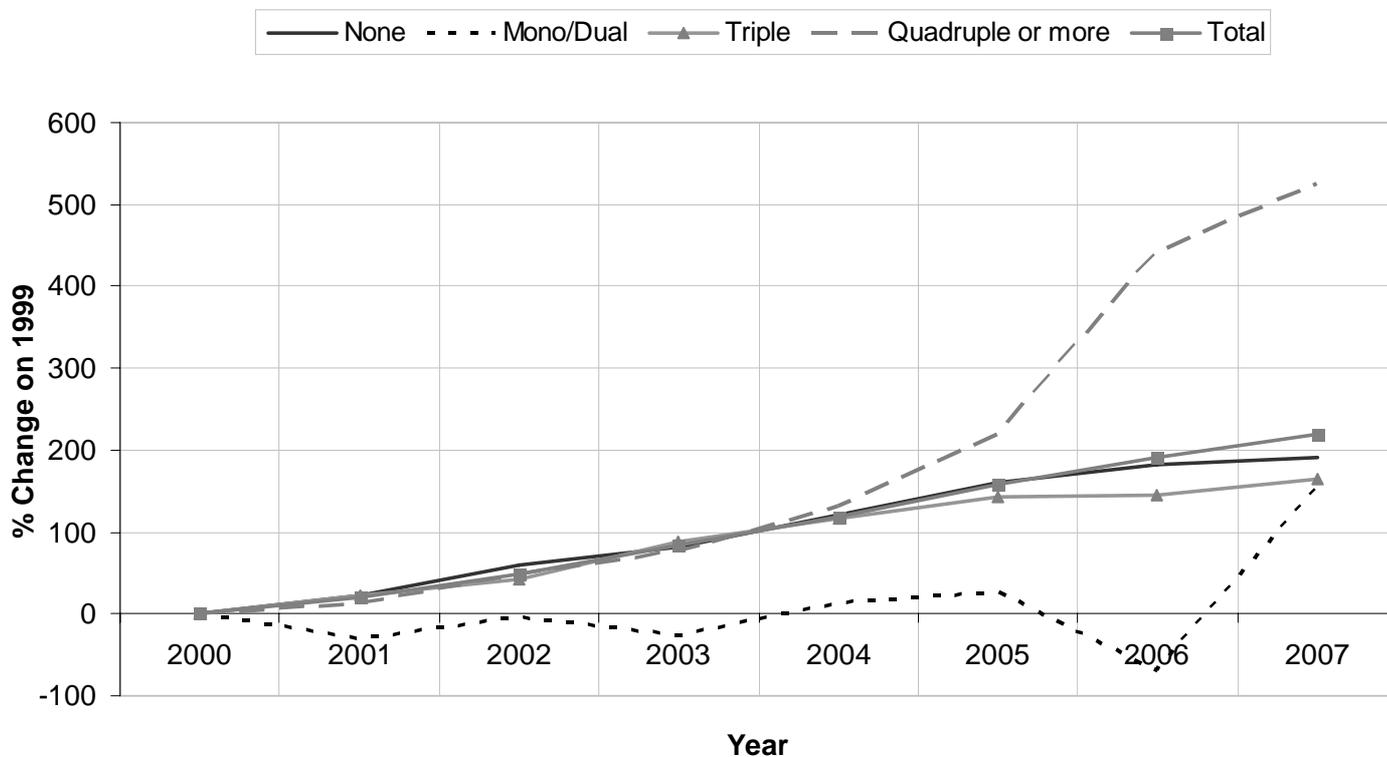


Table 6.1: Number of new HIV and AIDS cases by infection route of HIV and county of residence, 2000-2007

	Infection Route	Year								% Change 2000-2007	% Change 2006-2007	
		2000	2001	2002	2003	2004	2005	2006	2007			
COUNTY OF RESIDENCE	Cumbria	MSM		3	5	4	6	10	8	8		0
		Injecting Drug Use			1		1			1		
		Heterosexual		6	4	4	3	1	5	6		20
		Blood/Tissue								1		
		Mother to Child							1	1		0
		Undetermined				2	1	1	2			
		Total		9	10	10	11	12	16	17		6
	Lancashire	MSM	32	47	24	58	64	68	48	38	19	-21
		Injecting Drug Use		5	2		1	3	3	1		-67
		Heterosexual	13	18	35	31	39	33	42	44	238	5
		Blood/Tissue					1		2			
		Mother to Child	2	3						1	-50	
		Undetermined	1	5	26		1	5	11	5	400	-55
		Total	48	78	87	89	106	109	106	89	85	-16
	Greater Manchester	MSM	112	127	144	168	209	208	241	190	70	-21
		Injecting Drug Use	3	4		3	11	9	9	7	133	-22
		Heterosexual	37	93	145	219	226	288	278	239	546	-14
		Blood/Tissue			1	3	1			2		
		Mother to Child		7	8	6	10	6	12	10		-17
		Undetermined	31	11	57	18	23	26	24	13	-58	-46
		Total	183	242	355	417	480	537	564	461	152	-18
	Merseyside	MSM	10	18	17	21	31	18	33	43	330	30
		Injecting Drug Use	4	1		1	2	5	2	1	-75	-50
		Heterosexual	24	19	50	68	65	81	68	63	163	-7
Blood/Tissue		1						2				
Mother to Child				1	1	1	3		5			
Undetermined		1	2	15	18	1	12	10	8	700	-20	
Total		40	40	83	109	100	119	115	120	200	4	
Cheshire	MSM	16	14	23	20	10	25	26	29	81	12	
	Injecting Drug Use	1	2	2	2	1	1					
	Heterosexual	6	11	8	13	17	18	18	25	317	39	
	Blood/Tissue					1			1			
	Mother to Child	1	1				2		3	200		
	Undetermined	1	1	7	4	1	2	4	1	0	-75	
	Total	25	29	40	39	30	48	48	59	136	23	
REGION	North West Residents	MSM	172	209	213	271	321	329	356	308	79	-13
		Injecting Drug Use	8	12	5	6	16	18	14	10	25	-29
		Heterosexual	80	147	243	335	351	421	411	377	371	-8
		Blood/Tissue	1		1	3	2		1	4	300	300
		Mother to Child	3	11	9	7	12	11	16	20	567	25
		Undetermined	34	19	105	42	27	46	51	27	-21	-47
		Total	298	398	576	664	729	825	849	746	150	-12
Total	MSM	188	231	229	300	359	373	385	345	84	-10	
	Injecting Drug Use	10	13	5	7	17	20	15	11	10	-27	
	Heterosexual	89	169	253	361	383	470	433	401	351	-7	
	Blood/Tissue	1		1	3	4		3	4	300	33	
	Mother to Child	6	11	9	7	14	11	17	21	250	24	
	Undetermined	41	25	120	47	37	54	54	35	-15	-35	
	Total	335	449	617	725	814	928	907	817	144	-10	

Table 6.2: Total number of HIV and AIDS cases by level of antiretroviral therapy and county of residence, 2000-2007

	ART	Year								% Change 2000-2007	% Change 2006-2007	
		2000	2001	2002	2003	2004	2005	2006	2007			
COUNTY OF RESIDENCE	Cumbria	None	2	11	16	21	28	27	26	29	1350	12
		Mono				1						
		Triple	10	35	31	31	29	36	43	51	410	19
		Quadruple or more		5	4	6	8	13	20	26		30
		Total	12	51	51	59	65	76	89	106	783	19
	Lancashire	None	77	104	122	129	304	207	209	190	147	-9
		Mono				2		1				
		Dual	13	8	8	3	1	4	1	4	-69	300
		Triple	142	181	223	283	211	319	342	385	171	13
		Quadruple or more	41	43	55	52	42	95	157	185	351	18
	Total	273	336	408	469	558	626	709	764	180	8	
	Greater Manchester	None	328	397	537	566	753	840	955	988	201	3
		Mono			1	1	8	6	2	4		100
		Dual	3	1	7	2	5	4	1	21	600	2000
		Triple	468	566	660	932	1091	1264	1207	1240	165	3
		Quadruple or more	127	132	158	192	223	353	693	822	547	19
	Total	926	1096	1363	1693	2080	2467	2858	3075	232	8	
	Merseyside	None	69	77	96	149	155	181	202	211	206	4
		Mono			1	3	2	4		17		
		Dual	1	3	2	1	3	2		5	400	
Triple		120	118	146	169	180	203	243	301	151	24	
Quadruple or more		16	22	48	59	86	118	142	130	713	-8	
Total	206	220	293	381	426	508	587	664	222	13		
Cheshire	None	38	43	53	63	64	73	85	95	150	12	
	Mono			1			1		1			
	Dual	2	1				2	2	1	-50	-50	
	Triple	60	74	87	99	106	128	142	166	177	17	
	Quadruple or more	10	14	23	30	28	35	45	57	470	27	
Total	110	132	164	192	198	239	274	320	191	17		
REGION	North West Residents	None	516	632	825	929	1306	1328	1477	1513	193	2
		Mono			3	7	10	12	2	22		1000
		Dual	19	13	17	6	9	12	4	31	63	675
		Triple	805	975	1147	1514	1625	1950	1977	2143	166	8
		Quadruple or more	198	216	288	339	389	614	1057	1220	516	15
		Total	1538	1836	2280	2795	3339	3916	4517	4929	220	9
Total	None	552	675	885	1007	1224	1441	1560	1606	191	3	
	Mono			3	9	12	15	2	24		1100	
	Dual	23	16	19	8	14	14	5	35	52	600	
	Triple	852	1039	1218	1600	1847	2072	2080	2263	166	9	
	Quadruple or more	205	234	304	364	477	653	1114	1284	526	15	
	Total	1632	1964	2429	2988	3574	4195	4761	5212	219	9	

Table 6.3: New cases of HIV and AIDS by local authority of residence, 2003-2007

	Local Authority of Residence	Year					% change 2003-2007	% change 2006-2007
		2003	2004	2005	2006	2007		
Cumbria	Carlisle	4	4	1	3	3	-25	0
	Allerdale	3	1	3	2	3	0	50
	Eden	3	1	3	5			
	Copeland		2	3	2	2		0
	South Lakeland		2	2	2	5		150
	Barrow-in-Furness		1		2	4		100
	Total	10	11	12	16	17	70	6
Lancashire	Lancaster	2	4	5	7	3	50	-57
	Wyre	4	1	3	8	3	-25	-63
	Fylde	5	8	7	6	7	40	17
	Blackpool	36	40	55	42	29	-19	-31
	Blackburn with Darwen	10	12	9	8	15	50	88
	Ribble Valley	2	3	5	3	1	-50	-67
	Pendle	2	1	1	2	4	100	100
	Hyndburn	3	3	2	7	1	-67	-86
	Burnley	2	3	3	5	6	200	20
	Rosendale		4	2	2	1		-50
	Preston	14	11	11	5	14	0	180
	South Ribble	3	5	4	3			
	Chorley	3	1	2	6	1	-67	-83
	West Lancashire	2	5		2	4	100	100
	Unknown	1	5					
Total	89	106	109	106	89	0	-16	
Greater Manchester	Wigan	10	18	18	18	18	80	0
	Bolton	28	27	53	21	41	46	95
	Bury	24	14	24	27	9	-63	-67
	Rochdale	7	22	20	23	27	286	17
	Oldham	17	13	13	21	27	59	29
	Salford	66	67	72	91	68	3	-25
	Manchester	212	241	268	283	209	-1	-26
	Tameside	13	18	24	20	11	-15	-45
	Trafford	21	26	32	30	32	52	7
	Stockport	17	18	12	27	13	-24	-52
	Unknown	2	16	1	3	6	200	100
	Total	417	480	537	564	461	11	-18
	Merseyside	Sefton	14	8	18	16	13	-7
Liverpool		73	59	74	67	74	1	10
Knowsley		3		2	4	4	33	0
Wirral		7	21	20	17	22	214	29
St Helens		1	5	4	9	6	500	-33
Unknown		11	7	1	2	1	-91	-50
Total		109	100	119	115	120	10	4
Cheshire	Halton	2	1	6	7	4	100	-43
	Warrington	6	4	9	7	11	83	57
	Ellesmere Port & Neston	2	3	10		6	200	
	Chester	9	10	5	16	16	78	0
	Vale Royal	3	3	2	4	4	33	0
	Macclesfield	11	4	12	6	14	27	133
	Congleton	1	3		1	1	0	0
	Crewe & Nantwich	5		4	7	3	-40	-57
	Unknown		4					
	Total	39	32	48	48	59	51	23
Total North West Residents		664	729	825	849	746	12	-12
Out of Region		14	32	20	25	39	179	56
Isle of Man		5	5	2	4	2	-60	-50
Abroad			4			2		
Unknown		42	44	81	29	28	-33	-3
Total		725	814	928	907	817	13	-10

Table 6.4: All cases of HIV and AIDS by local authority of residence, 2003-2007

	Local Authority of Residence	Year					% change 2003-2007	% change 2006-2007
		2003	2004	2005	2006	2007		
Cumbria	Carlisle	20	21	20	22	26	30	18
	Allerdale	10	10	12	12	16	60	33
	Eden	7	7	10	14	13	86	-7
	Copeland	8	11	13	11	13	63	18
	South Lakeland	11	13	17	20	24	118	20
	Barrow-in-Furness	3	3	4	8	13	333	63
	Unknown				2	1		-50
	Total	59	65	76	89	106	80	19
Lancashire	Lancaster	15	21	26	34	35	133	3
	Wyre	31	35	38	44	46	48	5
	Fylde	24	30	35	42	46	92	10
	Blackpool	175	206	249	269	291	66	8
	Blackburn with Darwen	38	50	53	60	70	84	17
	Ribble Valley	4	7	12	14	14	250	0
	Pendle	9	9	11	12	16	78	33
	Hyndburn	20	19	21	26	21	5	-19
	Burnley	11	13	16	24	27	145	13
	Rossendale	13	18	17	21	24	85	14
	Preston	77	79	83	86	96	25	12
	South Ribble	15	23	24	31	29	93	-6
	Chorley	13	12	13	18	17	31	-6
	West Lancashire	19	24	26	27	26	37	-4
	Unknown	5	13	2	1	6	20	500
Total	469	559	626	709	764	63	8	
Greater Manchester	Wigan	41	55	70	86	105	156	22
	Bolton	117	136	177	181	208	78	15
	Bury	86	92	123	139	151	76	9
	Rochdale	63	82	98	123	133	111	8
	Oldham	55	65	74	89	110	100	24
	Salford	238	283	354	424	443	86	4
	Manchester	838	1037	1227	1404	1505	80	7
	Tameside	64	77	96	111	108	69	-3
	Trafford	95	120	144	160	179	88	12
	Stockport	86	94	98	135	123	43	-9
	Unknown	11	39	6	6	10	-9	67
	Total	1694	2080	2467	2858	3075	82	8
Merseyside	Sefton	49	46	72	75	83	69	11
	Liverpool	203	205	278	330	375	85	14
	Knowsley	13	13	19	26	29	123	12
	Wirral	74	90	103	110	126	70	15
	St Helens	24	26	33	40	44	83	10
	Unknown	18	48	3	6	7	-61	17
Total	381	428	508	587	664	74	13	
Cheshire	Halton	16	15	25	29	30	88	3
	Warrington	33	34	48	53	65	97	23
	Ellesmere Port & Neston	17	21	30	28	33	94	18
	Chester	36	42	41	57	75	108	32
	Vale Royal	19	22	22	25	27	42	8
	Macclesfield	38	33	42	43	51	34	19
	Congleton	8	13	7	10	10	25	0
	Crewe & Nantwich	20	14	21	28	29	45	4
	Unknown	5	11	3	1			
	Total	192	205	239	274	320	67	17
Total North West Residents		2795	3339*	3916	4517	4929	76	9
Out of Region		116	134	135	165	191	65	16
Isle of Man		16	19	18	19	21	31	11
Abroad		1	8	2	3	3	200	0
Unknown		60	74	124	57	68	13	19
Total		2988	3574	4195	4761	5212	74	9

*Includes 2 people who are North West residents but whose county of residence is unknown

Glossary of Service Providers

Statutory Treatment Centres

AHC	Alder Hey Children's Hospital, Haematology Treatment Centre, Eaton Road, Liverpool, L12 2AP. Tel: (0151) 228 4811
APH	Arrowe Park Hospital, Department of GUM, Arrowe Park Road, Upton, Wirral, Merseyside, CH49 5PE. Tel: (0151) 678 5111
ARM	The Armistead Project, 1 st Floor, Musker Buildings, 1 Stanley St, Liverpool, L1 6AA. Tel: (0151) 227 1893
BLAG	Blackpool Victoria Hospital, Department of GUM, Whinney Heys Road, Blackpool, Lancashire, FY3 8NR. Tel: (01253) 300 000
BLK	Blackburn Royal Infirmary, Haslingden Road, Blackburn, BB2 3HH. Tel: (0154) 263 555
BLKG	Blackburn Royal Infirmary, Department of GUM, Haslingden Road, Blackburn, BB2 3HH. Tel: (01254) 734 207
BOLG	Royal Bolton Hospital, Bolton Centre for Sexual Health, Minerva Road, Farnworth, Bolton, BL4 0JR. Tel: (01204) 390 390
BOOT	Booth Hall Children's Hospital, Charlestown Road, Blackley, Manchester, M9 7AA. Tel: (0161) 795 7000
BURG	GUM Clinic, St Peter's Centre, Church St, Burnley, Lancashire, BB11 2DL. Tel: (01282) 646 297
BURY	Fairfield General Hospital, Department of GUM, Rochdale Old Road, Bury, BL9 7TD. Tel: (0161) 764 6081
CHR	The Countess of Chester Hospital, Department of GUM, Liverpool Road, Chester, CH2 1HJ. Tel: (01244) 365 000
CPED	West Cumberland Hospital, Department of Paediatrics, Hensingham, Whitehaven, Cumbria, CA28 8JG. Tel: (01946) 693 181
CUMB	Cumberland Infirmary, Department of GUM, Newtown Road, Carlisle, CA2 7HY. Tel: (01228) 523 444
FGH	Furness General Hospital, Dalton Lane, Barrow in Furness, Cumbria, LA14 4LF. Tel: (01229) 870 870
HAL	Halton General Hospital, Department of GUM, Hospital Way, Runcorn, Cheshire. WA7 2DA. Tel: (01928) 714 567
LCN	Liverpool Community HIV Specialist Nursing Team, Hartington Road Clinic, Hartington Road, Liverpool, L8 0SG. Tel: (0151) 285 2802
LEI	Leighton Hospital, Department of GUM, Middlewich Road, Crewe, Cheshire, CW1 4QJ. Tel: (01270) 255 141
LEII	Leighton Hospital, Middlewich Road, Crewe, Cheshire, CW1 4QJ. Tel: (01270) 255 141
MAC	Macclesfield GUM, Assura Health and Wellbeing Centre, Sunderland Street, Macclesfield, Cheshire, SK11 6JL. Tel: (01625) 264 116
MGP	'The Docs' General Practice, Manchester, 55-59 Bloom Street, Manchester, M1 3LY. Tel: (0161) 237 9490
MRIG	Manchester Royal Infirmary, Manchester Centre for Sexual Health, Oxford Road, Manchester, M13 9WL. Tel: (0161) 276 1234
MRIH	Manchester Royal Infirmary, Department of Haematology, Oxford Road, Manchester, M13 9WL. Tel: (0161) 276 1234
NMG	North Manchester General Hospital, Infectious Disease Unit, Delaunays Road, Crumpsall, Manchester, M8 5RB. Tel: (0161) 795 4567
NMGG	North Manchester General Hospital, Department of GUM, Delaunays Road, Crumpsall, Manchester, M8 5RB. Tel: (0161) 795 4567
NOBL	Noble's Isle of Man Hospital, Department of GUM, Strang, Douglas, Isle of Man, IM4 4RJ. Tel: (01624) 650 000
OLDG	Royal Oldham Hospital, Department of GUM, Rochdale Road, Oldham, Lancashire, OL1 2JH. Tel: (0161) 624 0420
PG	Royal Preston Hospital, Department of GUM, Sharoe Green Lane North, Fulwood, Preston, PR2 9HT. Tel: (01772) 716 565

PP	Royal Preston Hospital, Paediatric Department, Sharoe Green Lane North, Fulwood, Preston, PR2 9HT. Tel: (01772) 716 565
RLG	Royal Liverpool University Hospital, Department of GUM and Tropical and Infectious Disease Unit, Prescott Street, Liverpool, L7 8XP. Tel: (0151) 706 2000
RLH	Royal Liverpool University Hospital, Roald Dahl Haemostasis and Thrombosis Centre, Prescott Street, Liverpool, L7 8XP. Tel: (0151) 706 2000
RLI	Royal Lancaster Infirmary, Ashton Road, Lancaster, LA1 4RP. Tel: (01524) 65944
ROCG	Bridge Sexual Health Centre, Baillie Street Health Centre, Baillie Street, Rochdale, OL16 1XS. Tel: (01706) 517 655
SALG	The Goodman Centre for Sexual Health, Capio Oakland Hospital, 15 Lancaster Road, Salford, M6 8AQ. Tel: (0161) 212 5717
SHH	St Helens General Hospital, Department of GUM, Marshalls Cross Road, St Helens, WA9 3DA. Tel: (01744) 458 383
SPG	Southport & Formby District General Hospital, Department of GUM, Town Lane, Southport, Merseyside, PR8 6PN. Tel: (01704) 547 471
STP	Stepping Hill Hospital, Department of GUM, Poplar Grove, Stockport, Cheshire SK2 7JE. Tel: (0161) 483 1010
TAMG	Tameside and Glossop Centre for Sexual Health, Cricket Lane Clinic, Cricket Lane, Ashton-under-Lyne, Lancashire, OL6 6NG. Tel: (0161) 331 6000
TRAG	Trafford General Hospital, Department of GUM, Moorside Road, Urmston, Manchester, M41 5SL. Tel: (0161) 748 4022
WAR	Warrington Hospital, Department of GUM, Lovely Lane, Warrington, Cheshire, WA5 1QG. Tel: (01925) 635 911
WGH	Westmorland General Hospital, Outpatients Department, Burton Road, Kendal, Cumbria, LA9 7RG. Tel: (01539) 732 288
WHIT	West Cumberland Hospital, Department of Haematology, Hensingham, Whitehaven, Cumbria, CA28 8JG. Tel: (01946) 693 181
WIGG	Royal Albert Edward Infirmary, Department of GUM, Wigan Lane, Wigan, WN1 2NN. Tel: (01942) 244 000
WITG	South Manchester Centre for Sexual Health, Withington Hospital, Nell Lane, West Didsbury, Manchester, M20 2LR. Tel: (0161) 434 5555
WORK	Workington Community Hospital, Department of GUM, Park Lane, Workington, Cumbria, CA14 2RW. Tel: (01900) 705 000

Voluntary Agencies

BARM	Barnardo's (Manchester)	Tel: (0161) 273 2901
BHA	The Black Health Agency	Tel: (0161) 226 9145
BP Blackpool	Body Positive Blackpool	Tel: (01253) 292 803
BP Cheshire	Body Positive Cheshire and North Wales	Tel: (01270) 653 150
BP North West	Body Positive North West	Tel: (0161) 873 8100
GHT	George House Trust	Tel: (0161) 274 4499
SAHIR	Sahir House	Tel: (0151) 708 9080

Social Service Departments

Blackpool	Tel: (01253) 477 933
Bolton	Tel: (01204) 337 2820
Knowsley	Tel: (0151) 430 1764
Liverpool	Tel: (0151) 706 2854
Manchester	Tel: (0161) 255 8250
Preston	Tel: (01772) 263 689
Salford	Tel: (0161) 607 6999
Stockport	Tel: (0161) 443 4320
Trafford	Tel: (0161) 912 4611

Additional providers of HIV care

Renaissance, Manchester Methodist Housing Association	Tel: (01204) 365 711
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List of Abbreviations

- AIDS** - Acquired immunodeficiency syndrome
- ART** – Antiretroviral therapy
- BME** – Black and minority ethnic groups
- CHR** – Clinician HIV report
- CPH** – The Centre for Public Health based at Liverpool John Moores University
- GUM** - Genito-Urinary Medicine
- HIV** - Human immunodeficiency virus
- HPA** – Health Protection Agency
- IDU** – Injecting drug use/user
- LA** – Local authority
- LSOA** – Lower super output area
- MSM** – Men who have sex with men
- NASS** – National Asylum Support Service
- NAT** – National AIDS trust
- ONS** – Office of national statistics
- PCT** – Primary care trust
- SCIEH** – Scottish Centre for Infection and Environmental Health
- SOPHID** - Survey of Prevalent HIV Infections Diagnosed
- STI** – Sexually transmitted infection
- UNAIDS** – Joint United Nations Programme on HIV/AIDS
- WHO** – World Health Organisation

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