Remembering Martin Fisher

Who should get tested? How and why should I get tested?

Simon Collins, HIV i-Base

Remembering Martin Fisher

Martin Fisher FOUNDATION

Overview

- Background: gay men in the UK
- Who should test?
- How to test?
- Where to test?
- Conclusions

Annual diagnoses in gay men

~3000 gay men diagnosed every year for the last 10 years

UK national data, 2014

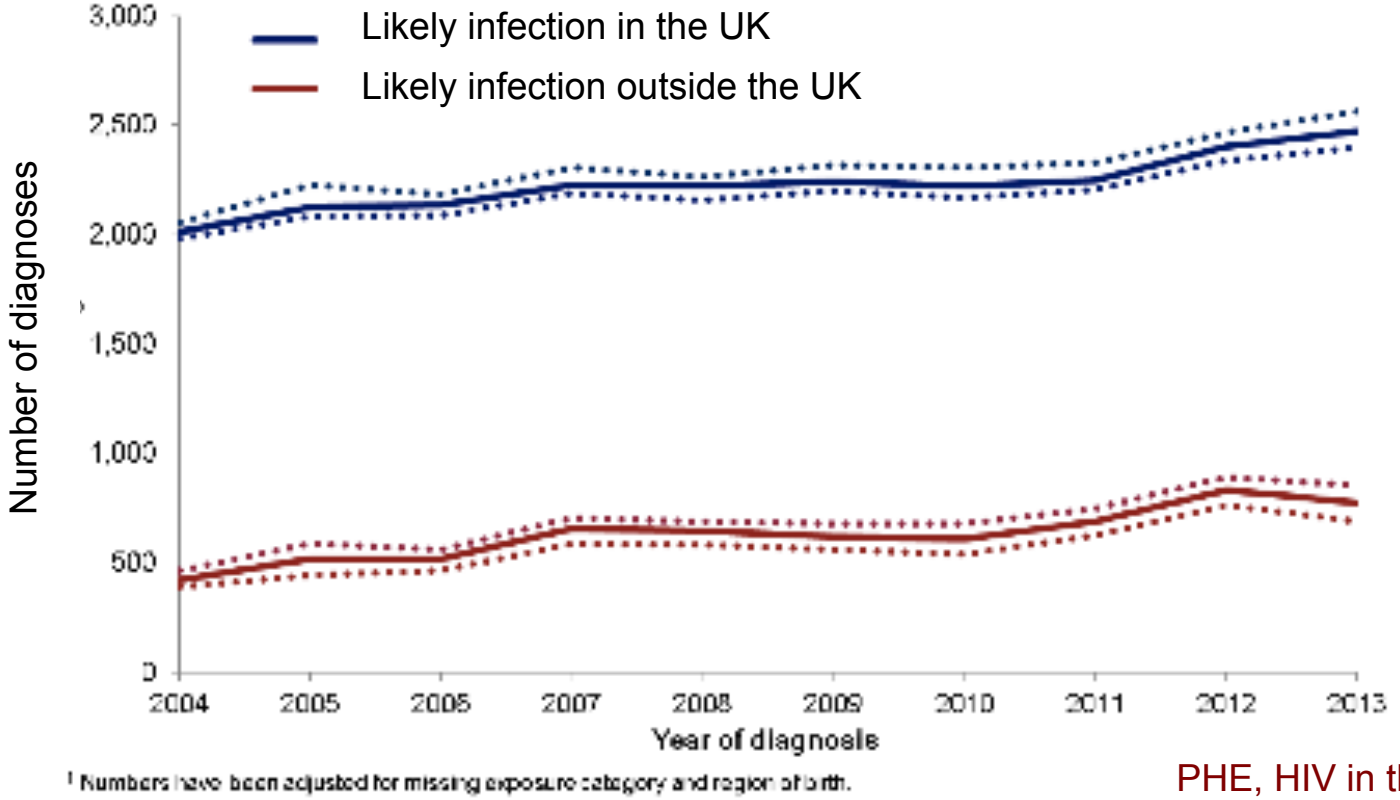
Annual diagnoses in gay men

~2800 gay men infected every year for the last 10 years

~3000 gay men diagnosed every year for the last 10 years

UK national data, 2014

Country of HIV infection: gay men



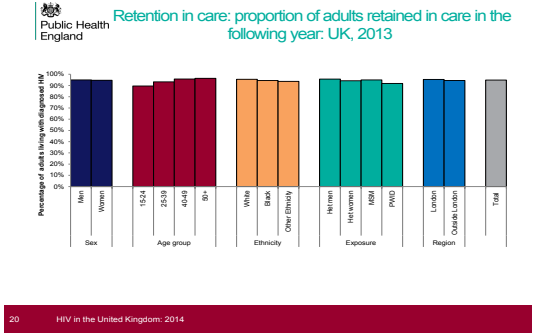
PHE, HIV in the UK, 2014

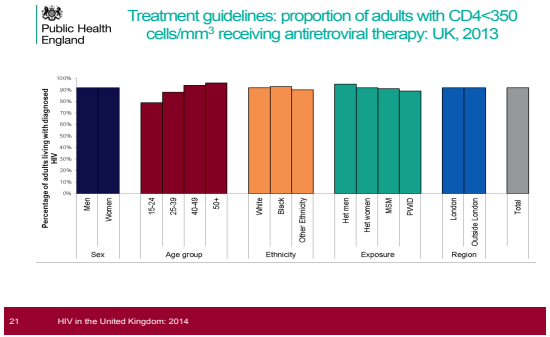
Context of ART

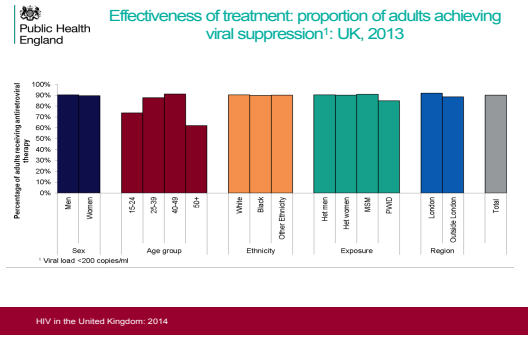
- Reduced risk when viral load <50 c/mL.
- Zero linked transmissions in PARTNER after 44,500 times without a condom. [1]
- Zero linked transmissions over 4 years in HPTN-052. [2]

1. Rodger A et al. CROI 2014. 2. Cohen M et al, IAS 2015.

UK cascade is remarkable







- 95% in care, 90% on ART, 90% <50 c/mL. [1]
- Likely to increase with earlier ART. [2]
- START: 98% <50 c/mL - with efavirenz. [3]

1. UK PHE 2014; 2. BHIVA draft guidelines, June 2015; 3. Lundgren J et al, START study, NEJM 2015.

Gay men: who to test?

- 8,000 gay men are not yet diagnosed: “This could be you”.
- Differences by age and experience – school, peer pressure, Grindr, drugs as a norm, perceived low risk, bad luck.
- Frequent vs within 1- 5 years vs never.

Gay men: who to test in 2015?

- Frequent testers engaged in care - need option of PrEP - £30 per month.
- Infrequent testers (270,000) need testing to be easier: self sampling and testing?
- Never tested: denial? Needle-phobic?

Gay men: how to test?

- Routine part of sexual health. Opt-out?
- STI clinic vs community venues.
- Frequent testers need 4th gen; other can use 3rd or 4th gen: option by post.
- Rapid testing vs result?
- Pantheon study – NIHR funded study.

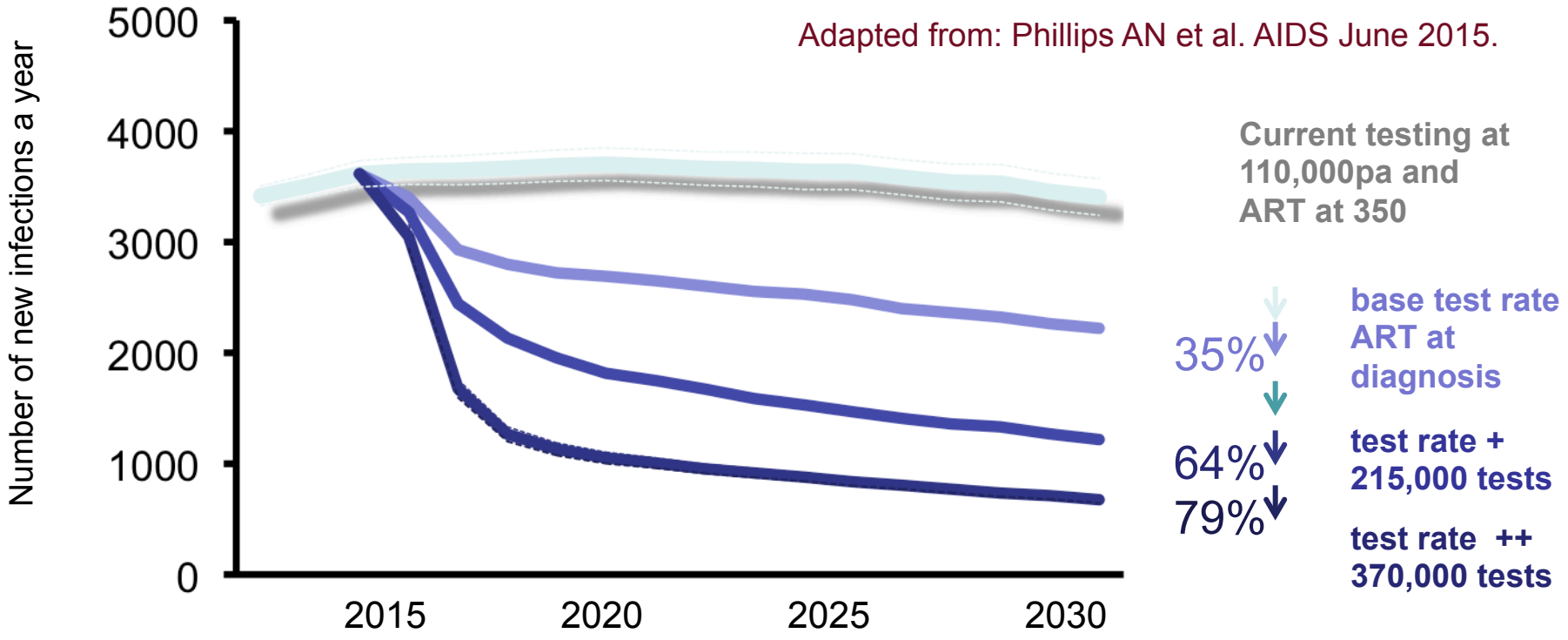
Making testing easier

- Clinics: easy access, no appointment.
- Clean, friendly, modern.
- Non-judgemental services.
- Free/cheap, rapid results.
- Rapid treatment and care – for HIV and STIs.

Why test?

- For personal and community reasons.
- No one expects to be HIV+.
- 30% gay men still test late (CD4 <350)
- ART is now universally available: better health and reduced risk to partners.
- Why not?

Rapid impact on UK incidence from increased testing by gay men



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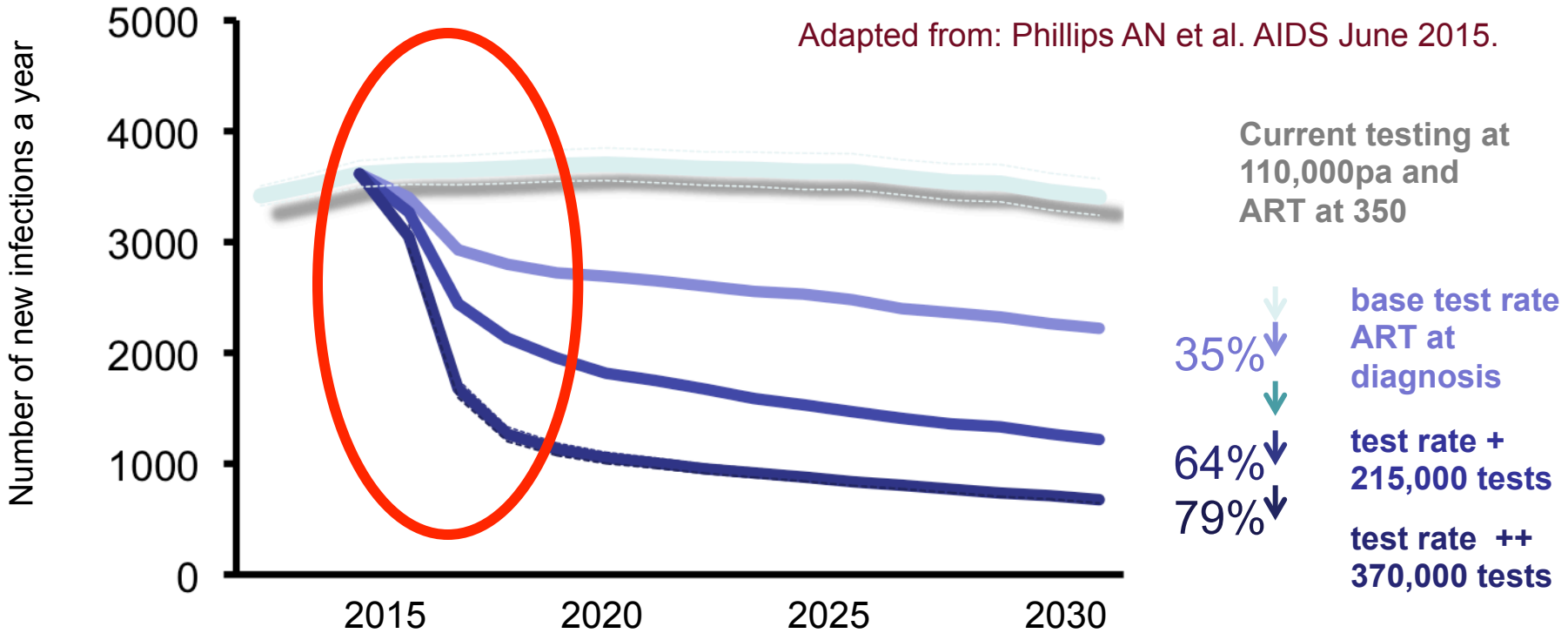


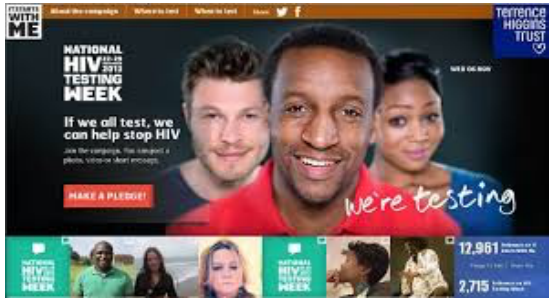
Conclusions

- New landscape – even with NHS problems.
- Earlier, better, wider use of ART.
- Prevention has ART, PrEP, better testing.
- Increased diagnoses reduces infection rate.
- Window of chance – depends on setting incidence targets: 3000 >2000 >1000 >0.

Community testing

making the most of

saturday & sunday



Evaluate outcome by new diagnoses not the number of tests.

Community testing

HIV 22-30 NOVEMBER 2014 TESTING

… he does not know!

Community testing

"2016: YEAR of HIV TESTING"

branded by all organisations: public and community PHE, THT, GMFA etc

Thanks

- Andrew Phillips
- Valerie Delpeche
- Robert James

And to Martin Fisher for so many years of support and encouragement.