



INTRODUCTION

People who inject drugs (PWID) are vulnerable to a wide range of infections, including skin and soft tissue infections, bacterial sepsis, and blood-borne viruses, resulting in high levels of morbidity and mortality if untreated.¹

Blood-borne viruses, including HIV, hepatitis B and hepatitis C, are of particular concern, as exposure can lead to chronic infection with long asymptomatic periods.

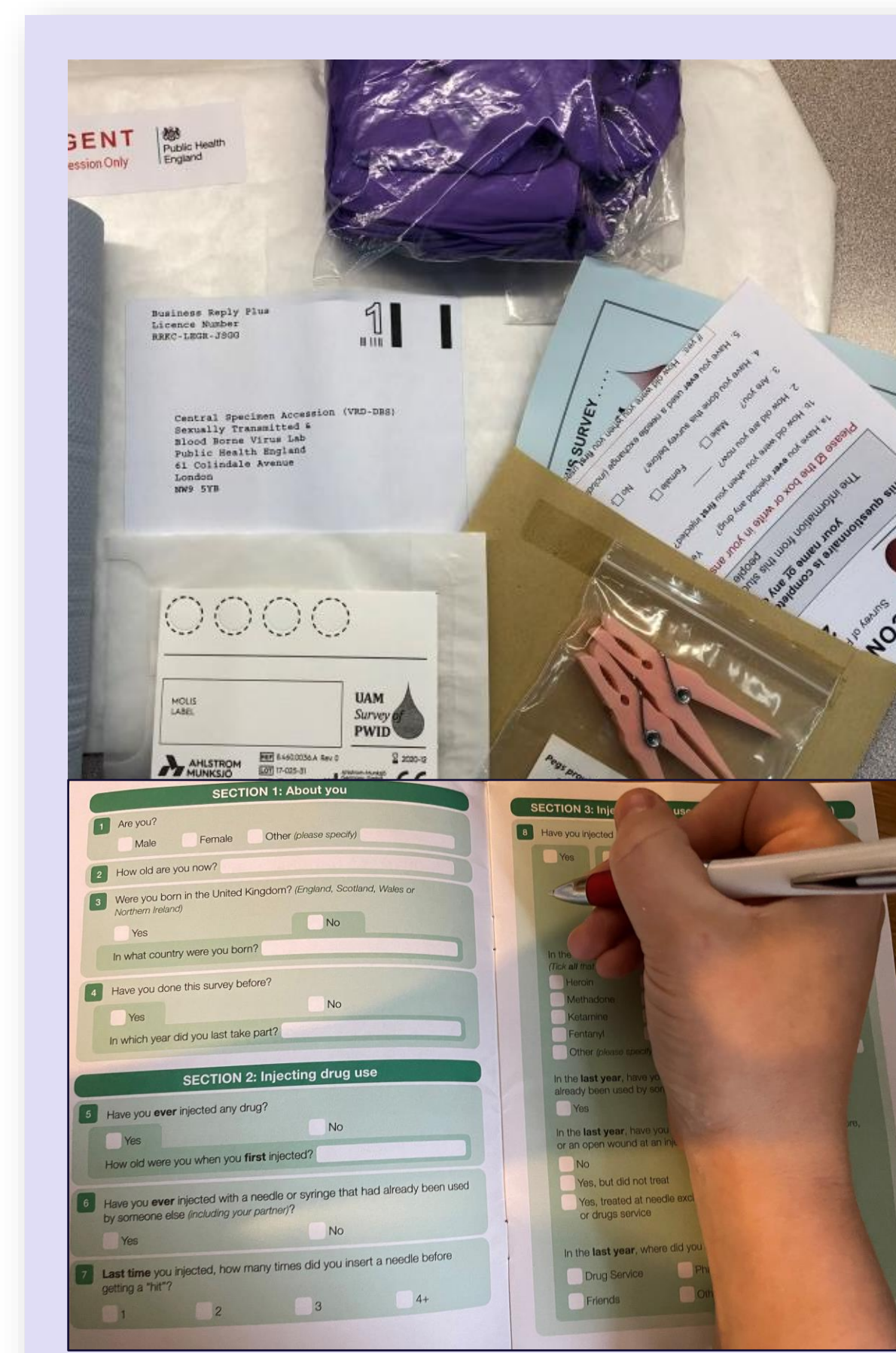
Public health monitoring of infectious diseases and the associated behaviours among PWID is essential to better understand disease burden, risk factors for acquisition, and for assessing the effectiveness of prevention measures.

National HIV surveillance was introduced in the UK in 1981 and has allowed for monitoring of the epidemic among people acquiring HIV through injecting drug use (IDU).

Enhanced surveillance among PWID in England and Wales was introduced in 1990 and in Northern Ireland in 2002, through the Unlinked Anonymous Monitoring (UAM) Survey which has allowed for monitoring of HIV prevalence, estimation of undiagnosed infection and risk and protective behaviours.

Here we describe trends in HIV and changes in behaviours among PWID in England, Wales and Northern Ireland (EW&NI) over the past four decades in an effort to inform prevention efforts and care delivery. This work has been published.²

METHODS



National HIV surveillance data, collected by the UKHSA and its predecessors, were used to describe:

- New HIV diagnoses (1981-2019)
- HIV prevalence (1990-2019)
- Behaviours (1990-2019)
- Access to HIV care/treatment (2019)

Population: PWID aged ≥15 in EW&NI

Definitions:

- PWID (HIV surveillance): people who acquired HIV through IDU
- PWID (UAM): people who have ever injected psychoactive drugs
- People currently injecting (UAM): injected in drugs in the last 28 days

Descriptive analyses: Pearson χ^2 tests (statistical significance: $p < 0.05$).

RESULTS

- There were 4,978 HIV diagnoses among PWID in EW&NI between 1981-2019 (3.2% of all adults diagnosed) (**Figure 1**).
- Most HIV diagnoses were among men (73%), those aged 25-34 years (49%), of white ethnicity (85%), resident in London (47%) or the rest of England (50%) and those UK-born (48%) or born in other European countries (42%).
- Over time, there has been an increase in HIV diagnoses among men, older people, people of non-white ethnicity and those born outside of the UK ($p > 0.05$).

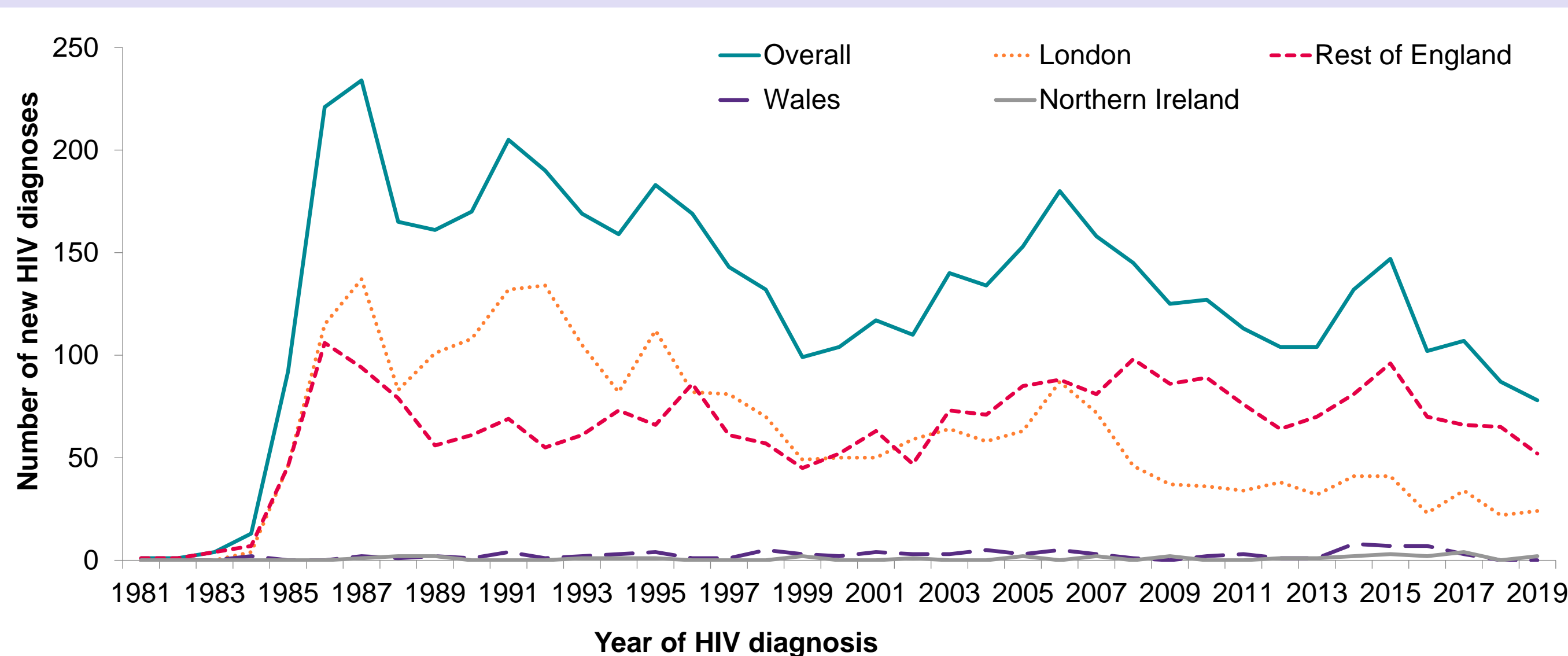


Figure 1: New HIV diagnoses among PWID by region of residence: EW&NI, 1981-2019

- Over half (53%) of PWID diagnosed each year were diagnosed late. Overall, the median CD4 count at diagnosis was 320 cells/ μ L [interquartile range: 137-544], which did not change significantly over time ($p = 0.216$).
- Of the 3,548 PWID diagnosed with HIV not reported to have died by the end of 2019, 21% had no evidence of attending for HIV care following diagnosis and 45% last attended prior to 2019.
- Of those who last attended for HIV care in 2019, 74% had a last CD4 count of ≥ 350 cells/ μ L, 97% were reported as being on ART and 90% had a suppressed viral load (< 200 copies/mL).

- Behavioural surveillance data indicate a steady significant increase in HIV testing among PWID (32% since 1990) (**Figure 2**). However, in 2019, one in five (18%) of those currently injecting drugs reported never having been tested.

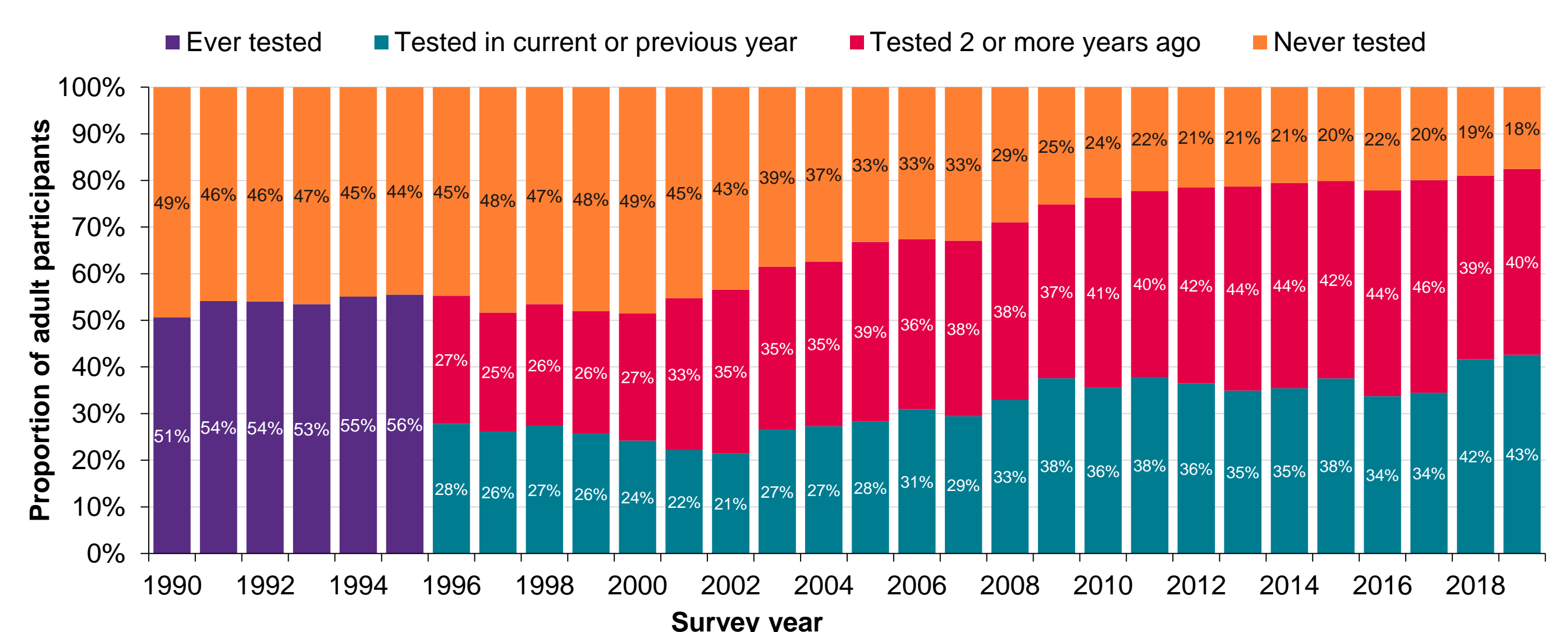


Figure 2: Uptake of HIV testing among people who reported currently injecting drugs: EW&NI, 1990-2019

- Despite declining from 1999-2012, sharing of needles/syringes among people who reported currently injecting drugs subsequently increased by 6% to 20% in 2019 ($p = 0.050$); sharing of any injecting equipment remained stable over this period (37% in 2019; $p = 0.250$) (**Figure 3**).

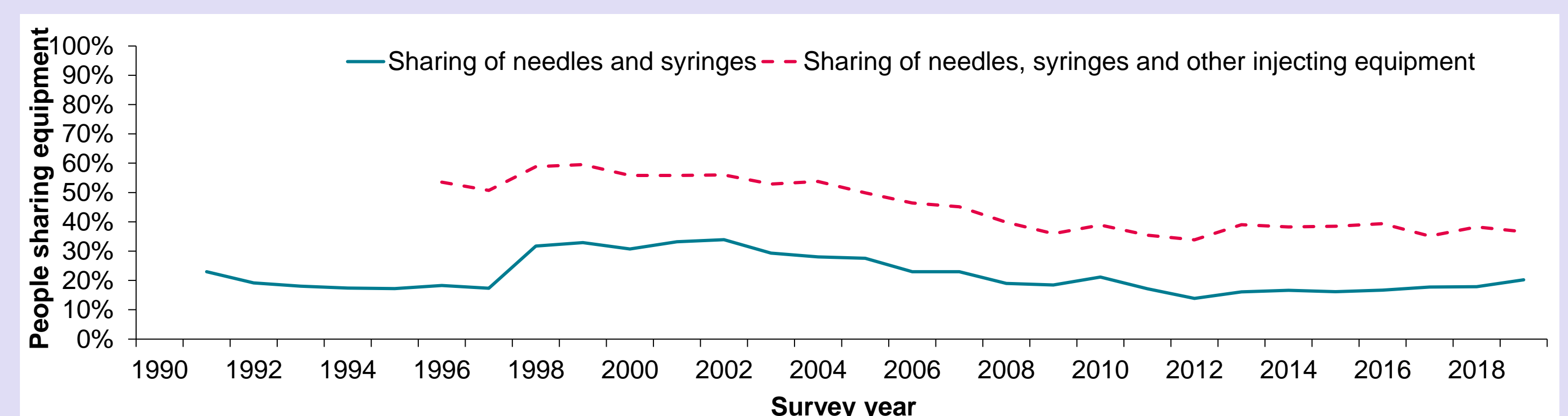


Figure 3: Sharing of injecting equipment among people who reported currently injecting drugs: EW&NI, 1990-2019

DISCUSSION

The HIV epidemic among PWID in EW&NI has remained relatively contained compared to in other countries,³ most likely due to the prompt implementation of an effective national harm reduction programme.⁴

The diversification of new diagnoses among PWID, with a higher proportion of people of older age, and those born outside of the UK being diagnosed over time, is likely reflective of changes in the underlying injecting population.

Risk behaviours, such as stimulant injection and the sharing of injecting equipment, as well as varied access to preventative interventions among PWID, indicate the potential for HIV outbreaks to occur.

Investment is needed to maintain and strengthen services for PWID and eliminate gaps in provision. HIV testing must be readily available and offered across a variety of settings, including low-threshold services, to reach PWID who are underserved and most vulnerable.

Limitations:

- The sample of PWID recruited to the UAM Survey are those in contact with specialist drug and alcohol services.
- These analyses also do not include men who acquired their HIV through sex between men who also reported IDU.
- Risk behaviours are self-reported by PWID and may be influenced by both recall and social desirability bias. Nevertheless, self-reporting of risk has been found to be reliable;⁵ social desirability bias was reduced through self-completion of the questionnaire and limiting the demographic information collected.
- As identifiers were not collected, participants in the UAM Survey could not be de-duplicated if they took part across multiple years.
- The UAM Survey questionnaire does not ask about uptake of HIV pre-exposure prophylaxis, a key component of any prevention programme.

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