

National Ambulance
LGBT Network



Supporting Lesbian, Gay,
Bisexual, Trans staff, patients
and communities

A partnership of UK Ambulance
Services

Providing Good Care to People Living with HIV

An Ambulance Service Resource Pack

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This resource pack has
been put together with NAT
(National AIDS Trust)





World AIDS Day

takes place every year on

1 December

and it is the perfect time to remind ourselves how we can provide the best support to people living with HIV across the country.

www.worldaidsday.org

TRANSFORMING
THE UK'S
RESPONSE
TO HIV



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Stay Informed



In this pack you will find out more about....

Up-to-date facts and figures about HIV in the UK

Information about HIV prevention and treatment

Providing the best service to people living with HIV

Where you can find more information

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Introduction



HIV has not gone away, but the context has changed

If a person is diagnosed in good time in the UK, they have a normal life expectancy. This is because HIV treatment, Antiretroviral Therapy, is now so good. Treatment also means that most people living with HIV in the UK can not pass it on.

HIV testing is therefore vital as getting diagnosed in good time is good for the health of the individual and good for public health.

HIV stigma still exists

HIV stigma is often related to stereotypes, prejudice, preconceptions and, often misguided, fears about HIV transmission risk.

Stigma is often unintentional, but it significantly affects people experiencing it and is barrier to ending HIV once and for all. **This is why it's so important to know the facts.**



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The Statistics



- More than **100,000** people are living with HIV in the UK.
- Treatment prevents vertical transmission of HIV (during pregnancy, childbirth or breastfeeding). In the United Kingdom the risk is less than **0.5%**.
- **16%** of the population believe you can get HIV from kissing. **This is not true.**
- Sadly, **18%** of HIV positive people report feeling suicidal in the last twelve months.

Most people living with HIV in the UK can not pass HIV on:

- **88%** of people living with HIV in the UK are diagnosed.
- **96%** of those diagnosed are on treatment.
- **97%** of those on treatment are virally suppressed and **can not pass HIV on.**

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The Statistics



- Lambeth has the highest prevalence of HIV in England. **1 in 60** people (aged 16 to 59) in Lambeth are living with HIV.
- Gay and bisexual men are disproportionately affected by HIV. It is estimated that **1 in 13** gay or bisexual men in England have HIV.
- In London it is estimated that **1 in 8** gay and bisexual men have HIV.
- Other marginalised groups are disproportionately affected by HIV including migrants and Black and Minority Ethnic (BME) groups.
- **1 in 29** black African heterosexual women and **1 in 43** black African heterosexual men are living with HIV in England.
- It is estimated that less than **1 in 100** people who inject drugs are living with HIV. This is because of effective harm reduction over the years.

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The Statistics



- For the first time since the start of the epidemic HIV diagnoses are decreasing in the UK. **They decreased 28% between 2015 and 2017.** Importantly this is linked to decreasing acquisitions.
- This was first seen amongst gay and bisexual men and is now being seen in other groups. It is due to combination HIV prevention that includes:
 - Increasing testing amongst gay and bisexual men, meaning more people are aware of their status and on treatment.
 - People being put on treatment quickly after diagnosis.
 - Outreach, information and condom provision and use.
 - People taking Pre-Exposure Prophylaxis a drug that prevents people from acquiring HIV.

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PrEP: Pre-Exposure Prophylaxis



Pre-Exposure Prophylaxis (PrEP) is a drug that can be taken by a HIV negative person to prevent them from acquiring HIV.

As of 2018, in England PrEP is only available on the NHS through the PrEP IMPACT Trial. However, spaces are limited and many people at risk of HIV buy the medication themselves online or through private providers.

The treatment takes the form of a daily tablet. The tablet used is called Truvada and is actually also used as HIV medication and is taken by many people living with HIV in the United Kingdom.

PrEP is almost 100% effective when taken properly and is a really important prevention option for many people at higher risk of HIV.

Taking PrEP through the NHS also offers the opportunity to engage people in sexual health services as they visit their clinic frequently for testing and support.

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PEP: Post-Exposure Prophylaxis



People who have been exposed to HIV, or suspect they could have been, can be given **Post-Exposure Prophylaxis (PEP)**. This treatment, which lasts one month, uses antiretroviral therapy to stop HIV from taking hold.

To be effective, people who think they have been exposed to HIV must start the treatment within 72 hours of the risk event.

All sexual health clinics can help people access these medications and will provide support to people who need it. Most clinics offer a 'drop-in' style service to people requiring PEP.

If sexual health services are not available all A&E departments can provide an initial course of treatment. A&E should refer people to sexual health clinics for a follow-up service and full risk assessment.

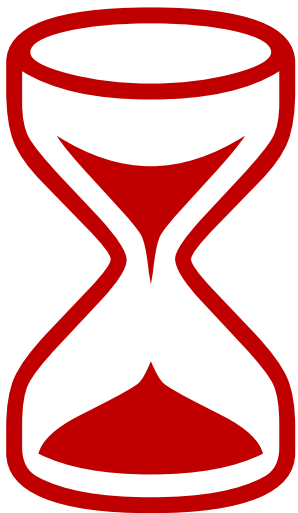


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PEP: Act Fast!



**PEP needs to
commence within
72 hours of the
exposure**

It is very unlikely that ambulance staff will be called to attend someone because they have been exposed to HIV. Many people will self-refer themselves to an appropriate service.

You may however become aware of a risk while taking a medical history. There are a few situations when a person may have been at risk of HIV. These are:

- When a sexual assault has occurred (and it includes exposure risk).
- When a person has been injecting drugs and could have shared injecting equipment.

In these situations it is important you gain the trust of the patient and advise them they need to talk about this to a clinician. You may offer to be their advocate and sensitively pass information on if the person agrees.



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Treatment of People with HIV



The main treatment for people with HIV is **Antiretroviral Therapy (ART)**.

This works to lower the amount of infection in the body and can be highly effective. Modern treatments are able to suppress the infection to the extent that people can be classified 'undetectable'.

HIV treatment usually means that people can live normal healthy lives. Several studies have also concluded that someone that is undetectable **can not pass HIV** on to another person.

Some people do experience side effects from ART, although newer medications are much better. Some people who have been living with HIV for a long time may have taken older medications which had much worse, and some long-lasting side effects.

Most people living with HIV will be very aware of their status and treatment plans. Many will be very reluctant to talk about this to people they do not have an established relationship with.



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Stigma of HIV



Despite the massive advances in knowledge about HIV and its treatment, there is still a lot of stigma attached to it.

Being diagnosed as HIV can for some be distressing.

As well as understanding what this means for their health, people often have concerns about what other people will think.

Progression in public perceptions and knowledge have not kept pace with that of treatment and this often leads to false perceptions and stigma.

Mental health is often affected with many people living HIV experiencing self-stigma. **1 in 5** people with HIV report having suicidal feelings.

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Providing Good Care



- You should follow the universal precautions for infection prevention and control for all patients. Universal precautions are completely sufficient to prevention transmission of HIV and **there is no need to take additional precautions.**
 - You do not need to 'double glove'.
 - Do not tell people about the person's HIV status who don't need to know for medical reasons (for example if they are prescribing medication).
- **Treat everyone with dignity and respect.** Your treatment of people will have a huge impact on how people view health services in general and our role is to be supportive to everyone. Do not judge people and allow people to speak openly about their lives.
- Being aware of the stigma linked to HIV is a positive step towards offering informed support.

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Let's Talk!



What can we do to spread the word and improve the care provided by the Ambulance Service?

- The first thing is talking about it. This pack has been designed so you can pass it to colleagues or hold an event and share the information. The more people that understand, the better our services will be.
- Challenge the myths. Your colleagues may not be as informed as you are and you can play a part in keeping our workforces informed.
- Take part in the World AIDS Day red ribbon campaign. This improves awareness and also helps raise money to support research and education.

Visit www.worldaidsday.org/the-red-ribbon/order for more information.

- Stay informed. Have a look at the next slide for useful links.



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Useful Information and Links



E-learning Resource

- NAT has an e-learning resource for health and care staff that also has a quiz at the end:

www.nat.org.uk/we-inform/training-and-learning/e-learning

Useful Organisations

- National AIDS Trust – based in the UK and lots of useful information
- Terrence Higgins Trust – UK organisation supporting people with HIV

www.nat.org.uk

www.tht.org.uk



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A Bit More Detail [1]



HIV and AIDS

HIV (human immunodeficiency virus) is a virus that damages the cells in your immune system and weakens your ability to fight everyday infections and disease.

AIDS (acquired immune deficiency syndrome) is the name used to describe a number of potentially life-threatening infections and illnesses that happen when your immune system has been severely damaged by the HIV virus.

While AIDS can't be transmitted from one person to another, the HIV virus can.

www.nhs.uk/conditions/hiv

Pre-Exposure Prophylaxis (PrEP)

Pre-exposure prophylaxis (or PrEP) is when people at very high risk for HIV take HIV medicines daily to lower their chances of getting infected. PrEP can stop HIV from taking hold and spreading throughout the body. It is highly effective for preventing HIV if used as prescribed, but it is much less effective when not taken consistently.

Because PrEP is still reasonably new, there are differing claims about how effective it is. All agree there are major benefits to people in high risk groups.

One American website claims daily PrEP reduces the risk of getting HIV from sex by more than 90%. Among people who inject drugs, it reduces the risk by more than 70%. Your risk of getting HIV from sex can be even lower if you combine PrEP with condoms and other prevention methods.

Wide scale trials involving the NHS began in 2017 and it is too early to draw conclusions from this.

One website linked to the main manufacturer of the medications is keen to suggest that PrEP is most effective when used alongside the use of condoms and use of safer injecting practices for intravenous drug users. It is clear that PrEP offers more choice for people and allows people greater choice in the risk taking behaviours they may practice.

www.cdc.gov/hiv/basics/prep

Truvada

Truvada is a prescription medication most widely used for PrEP, and also widely as part of the treatment of PEP and people who have contracted HIV.

The clinical ingredients of this drug are emtricitabine (200mg) and enofovir disoproxil fumarate (300mg). The drug is produced by a number of pharmaceutical companies, with Truvada being the registered trade name for the first company who developed it.

Whilst there are proven benefits to using this medication, there are a number of side-effects which include kidney and liver problems and bone weakness. People taking the medication require a regular check up which will include blood tests for kidney and liver function.

The suggestion is effective treatment can prevent infection and also reduce the amount of virus in people already infected. It is highly likely this means people can enjoy a normal life expectancy. It is important to state the longer term impact of the drug is not yet fully understood.

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A Bit More Detail [2]



Post-Exposure Prophylaxis (PrEP)

PEP (sometimes called PEPSE) is a combination of HIV drugs that can stop the virus taking hold. It can be used after the event if you've put yourself a risk of HIV transmission.

To work, PEP must be taken within 72 hours, and is known to work most effectively when taken within 24 hours.

PEP is not a 'morning after pill' for HIV, and it's not guaranteed to work. It's meant as an emergency measure to be used as a last resort, such as if a condom fails during sex.

www.tht.org.uk

What Does 'Undetectable' Mean?

'Viral load' refers to the amount of virus in the blood. It is measured by a simple blood test which also shows how well antiretroviral treatment is working at protecting the immune system from other potential illnesses.

An 'undetectable' diagnosis means that the level of HIV in the body is so low (under 40 copies/ml) that it is non-infectious to other

people. Some healthcare workers talk about 'viral suppression' (where HIV levels are under 200 copies/ml). Either of these diagnoses means there is zero risk of you passing on the virus to other people.

It usually takes people a while to adjust to new medicines, and the same goes for HIV treatment. Simply being on treatment doesn't automatically mean that a person is undetectable and it's very common for viral loads to fluctuate, particularly early on after starting a new treatment regime.

People might look and feel perfectly healthy, but simply feeling fine isn't a good indicator of what your viral load looks like. The only way to know that a person is undetectable is through regular viral load monitoring.

www.avert.org

Undetectable and Transmission

As well as very obvious health benefits to reducing the amount of virus in the body, it is also now thought people who are 'undetectable' will not transmit the virus to other people.

A number of extensive studies have consistently claimed that no new infections have occurred in HIV discordant couples (where one is HIV positive and the other not).

HIV in the United Kingdom

New HIV diagnoses continue to be high in the UK. In 2015, there were 6,095 new cases (4,551 men and 1,537 women) and 43% of the infections occurred in London.

Gay and bisexual men continue to be the highest risk group of contracting the virus with 55% of new infections being amongst this group. Infection rates continue to rise amongst gay and bisexual men.

In 2015 it was estimated that 101,200 people in the UK are living with HIV. Public Health England estimates that between 10% and 17% of these are unaware they have the virus.

73% of people that are HIV positive have successfully been treated with antiretroviral medications and have the virus suppressed.

www.gov.uk/phe



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World AIDS Day 2018



Ambulance Services across the United Kingdom celebrated World AIDS Day in 2018 incorporating a co-ordinated launch of this resource. A selection of photos are included below.



With grateful thanks to staff from South Central Ambulance Service and Yorkshire Ambulance Service for allowing us to reproduce these photographs.

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