

**Dr Yusef Azad**  
**National AIDS Trust**

**Fourth Joint Conference** *of the British HIV Association with the British Association for Sexual Health and HIV*  
**Edinburgh International Conference Centre ♦ 17-20 April 2018**



# MIGRANTS & HIV

**Yusef Azad**

Director of Strategy

BASHH/BHIVA April 2018

# DECLARATIONS OF INTEREST



- NAT has received grants from Gilead, Janssen, Mundipharma and ViiV over the last 12 months
- Yusef Azad has received honorariums as a member of NHS England's Programme of Care Board for Blood and Infection

# MIGRATION, GENDER & PEOPLE WITH HIV IN THE UK



In 2016 migrants were:

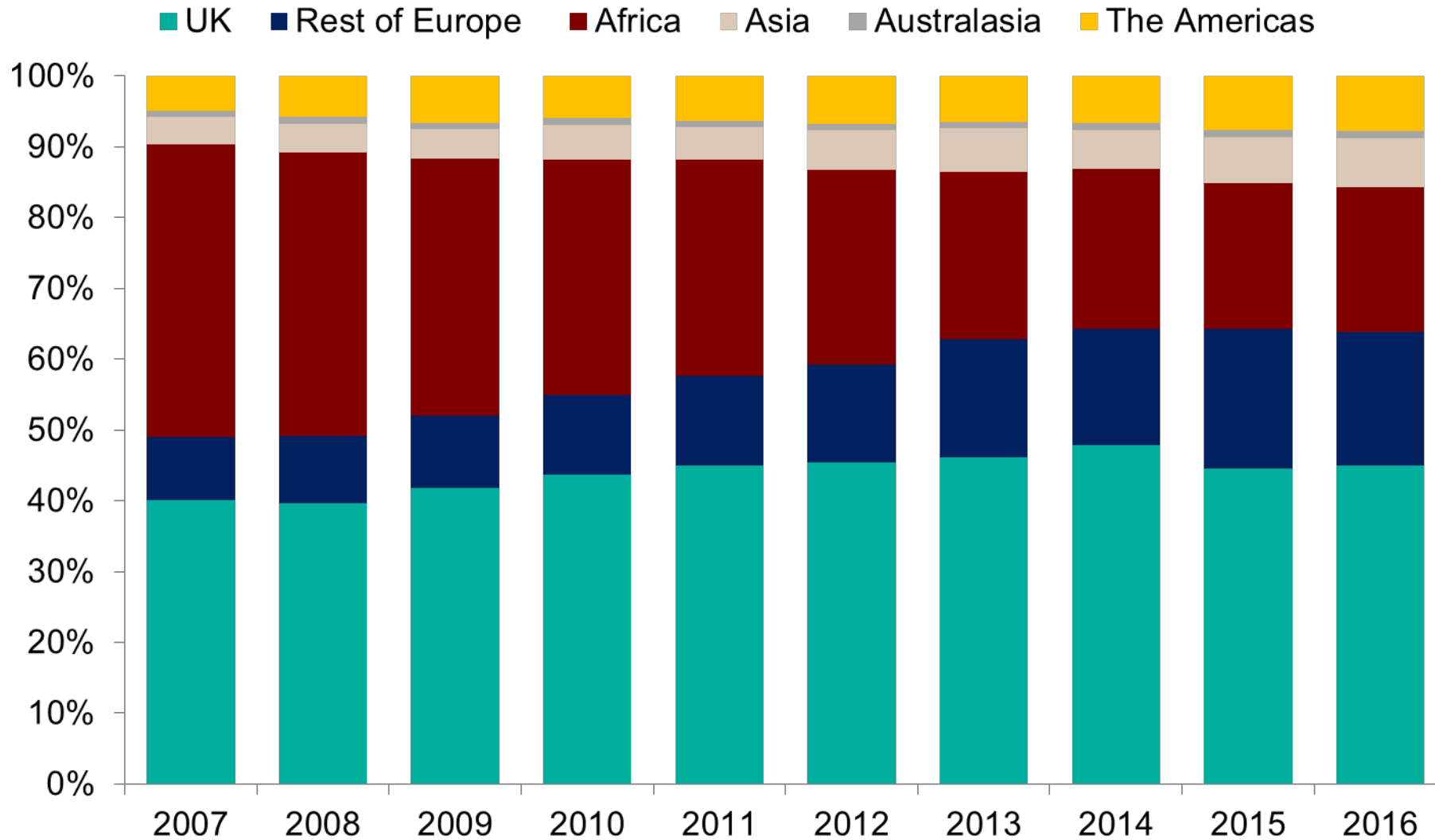
- 55% of those accessing care
- 55% of those newly diagnosed.

In 2016 women were:

- 46% of all migrants accessing care
- 66% of heterosexual migrants accessing care
- 30% of all newly diagnosed migrants
- 50% of heterosexual migrants accessing care



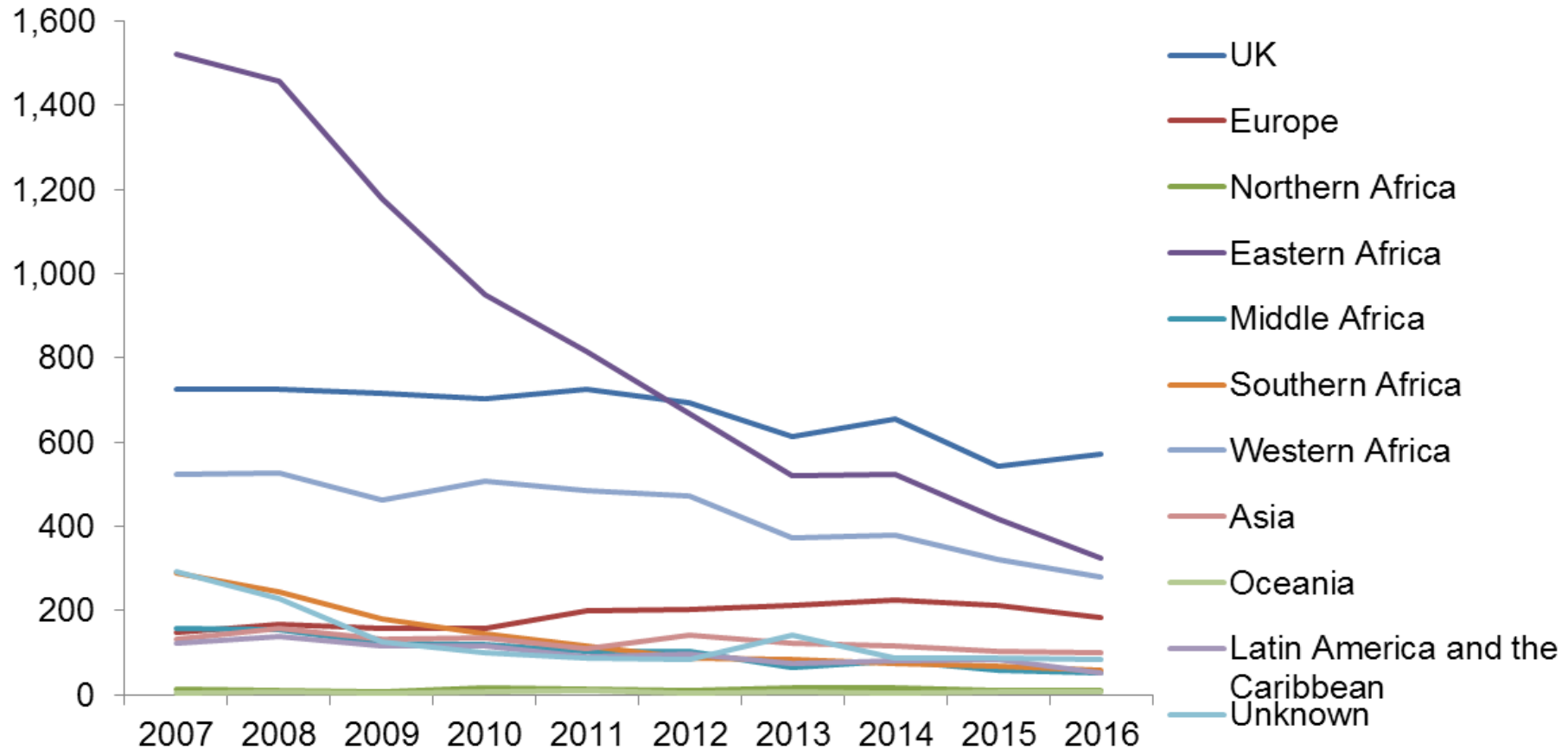
## Proportion of people newly diagnosed with HIV by world region of birth: United Kingdom, 2007 to 2016



Excludes people with missing country of birth information

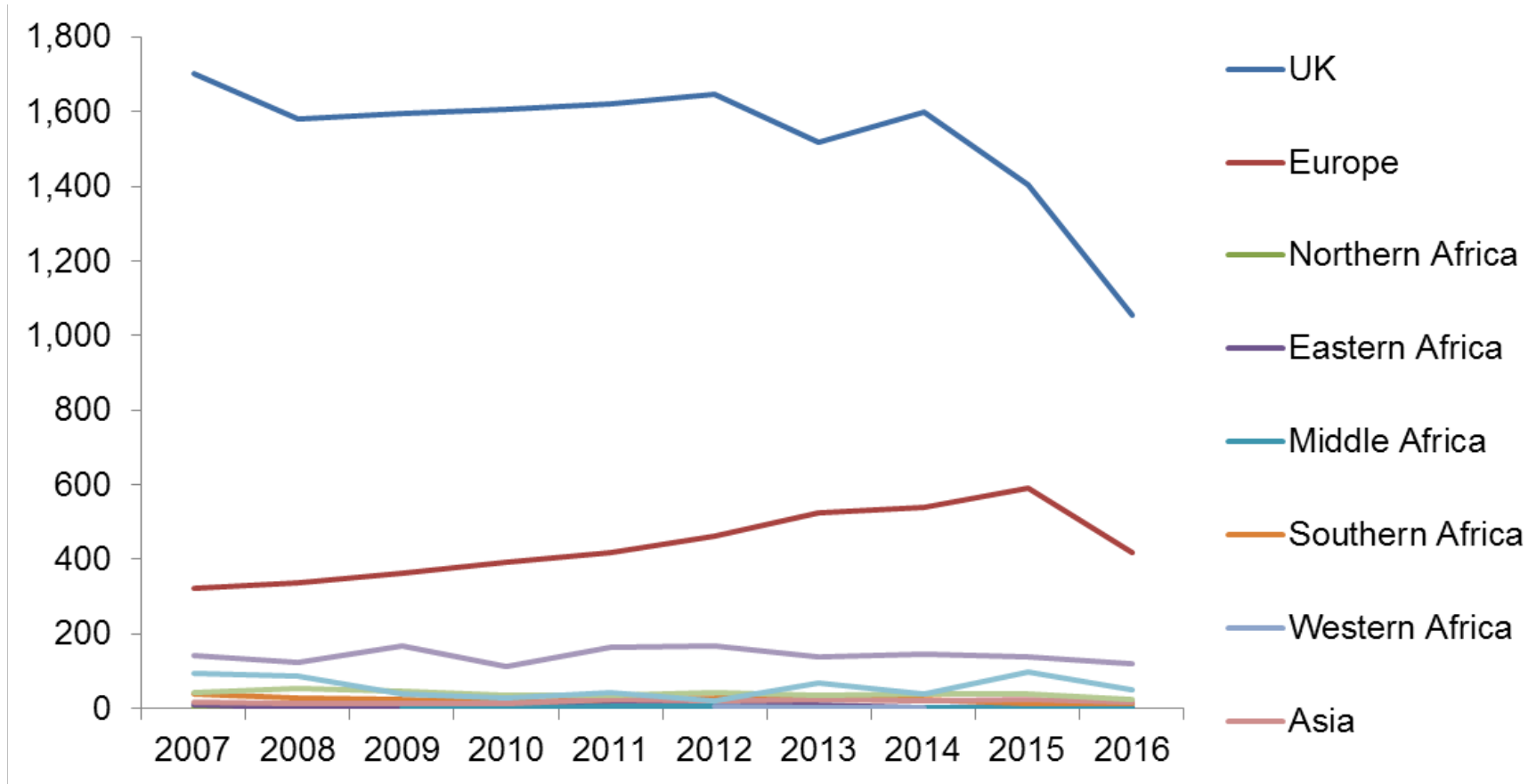


## New HIV diagnoses in heterosexuals by region of birth, UK:2007-2016





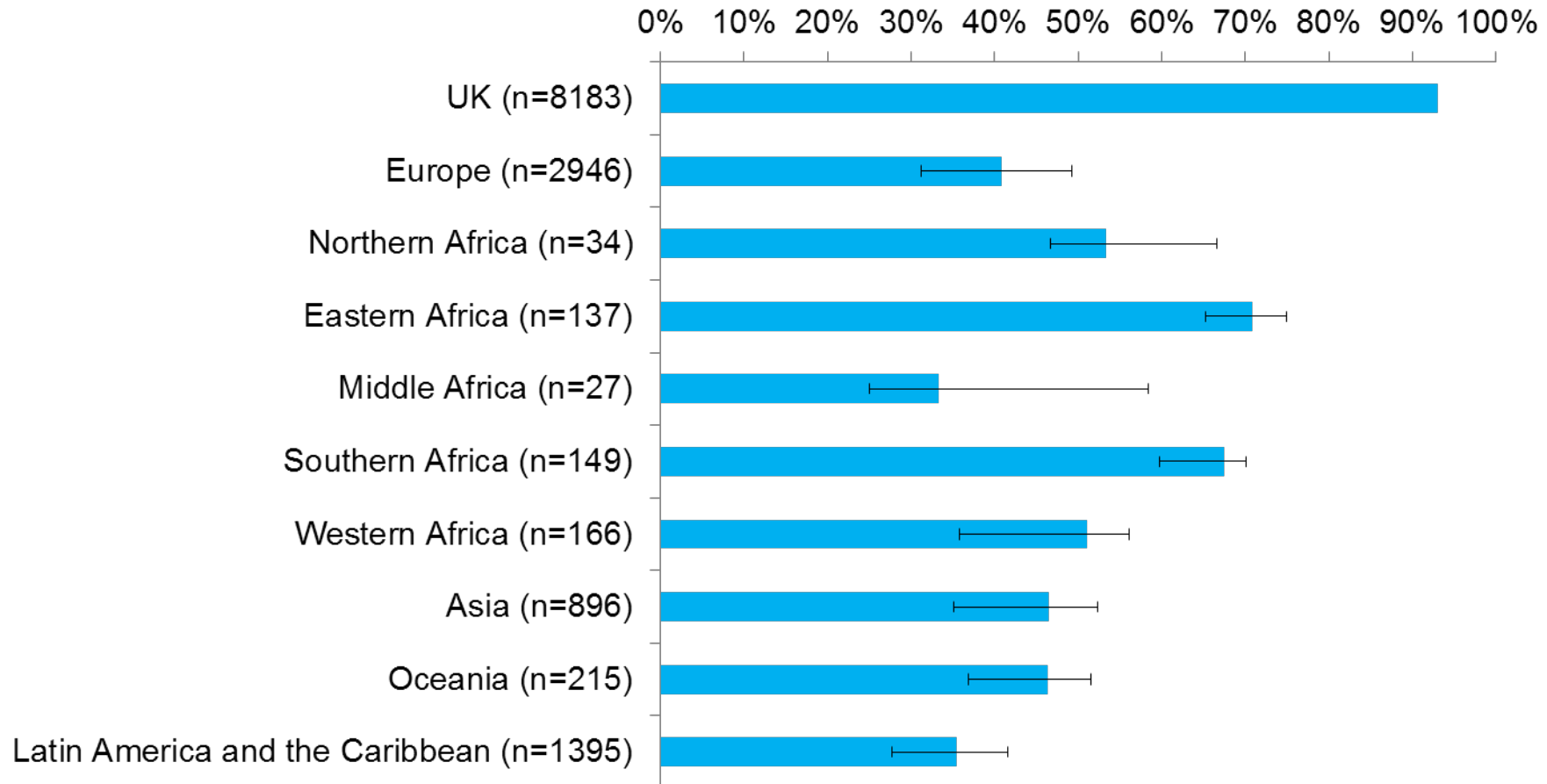
## New HIV diagnoses gay and bisexual men by region of birth: 2007-2016





Public Health  
England

## Estimated proportion of gay/bisexual men who probably acquired HIV in the UK, by country of birth: diagnosed between 2012-2016





# HIV TESTING



- High rates of late diagnosis in 2016 among heterosexual migrants (53%), black African women (49%) and black African men (65%)
- Low rates of HIV testing in primary and secondary care despite NICE Guidance
- 97% of black African heterosexuals diagnosed with HIV live in high prevalence areas



## Distribution of heterosexuals living with diagnosed HIV infection, by diagnosed HIV prevalence band, England, 2016

		<2/1,000		2-5/1,000		>5/1,000	
		Number	%	Number	%	Number	%
MSM		11,274	29%	9,370	24%	18,507	47%
Heterosexual	Black-African	544	3%	10,308	56%	7,625	41%
	Black-Caribbean	203	12%	693	40%	844	49%
	White	4,878	52%	2,733	29%	1,702	18%
	Other ethnicities	1,625	29%	2,174	39%	1,714	31%
PWID		496	35%	412	29%	500	36%
Grand Total*		25133	30%	27257	32%	32335	38%

\* Includes other and unknown exposure

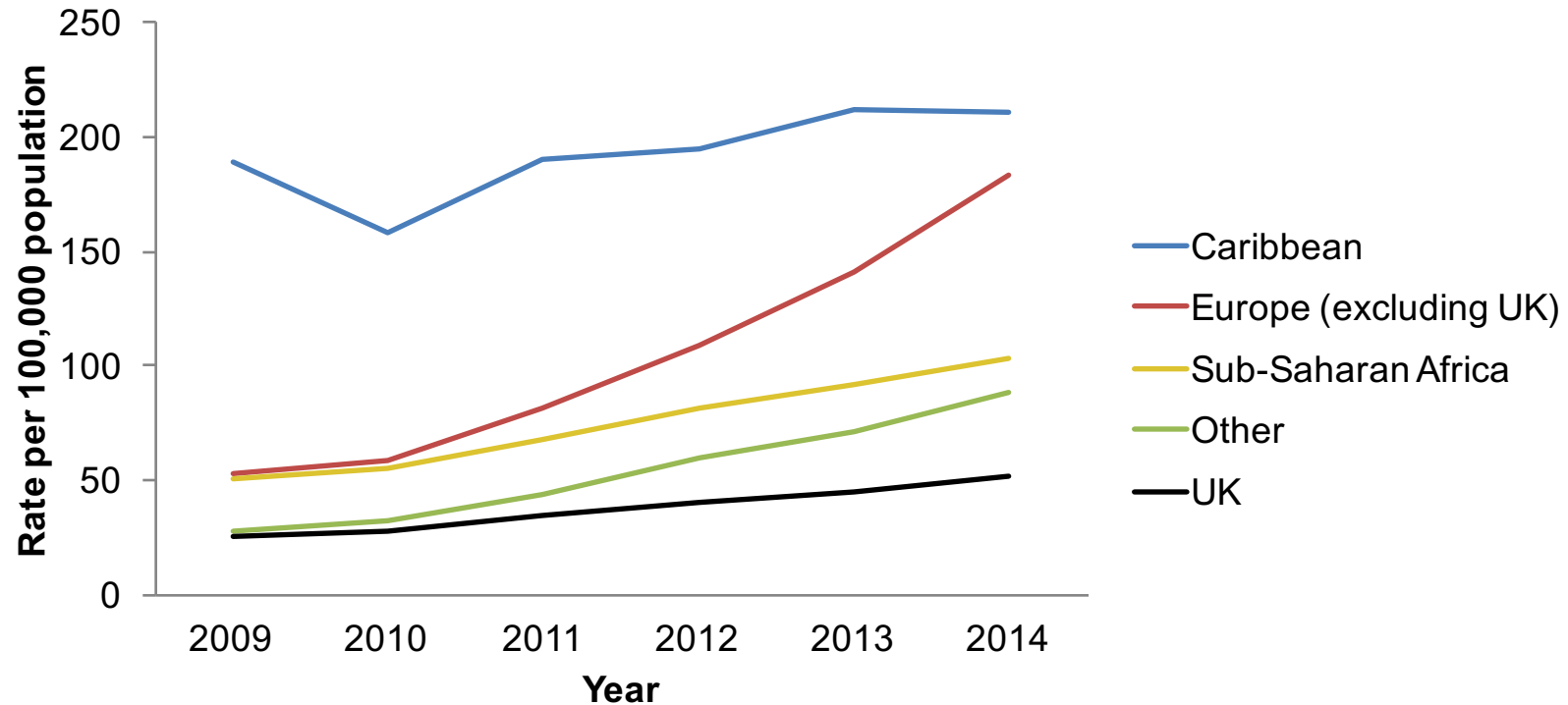
# TB



- In 2015, 3.8% of people >15 yrs in UK with TB were also living with HIV, 82% born outside UK [source: PHE]
- Pre-entry TB screening for migrants from TB endemic countries – but not for LTBI
- Latent TB testing programme for all new entrants – join up with HIV testing in primary care? see NICE recommendation

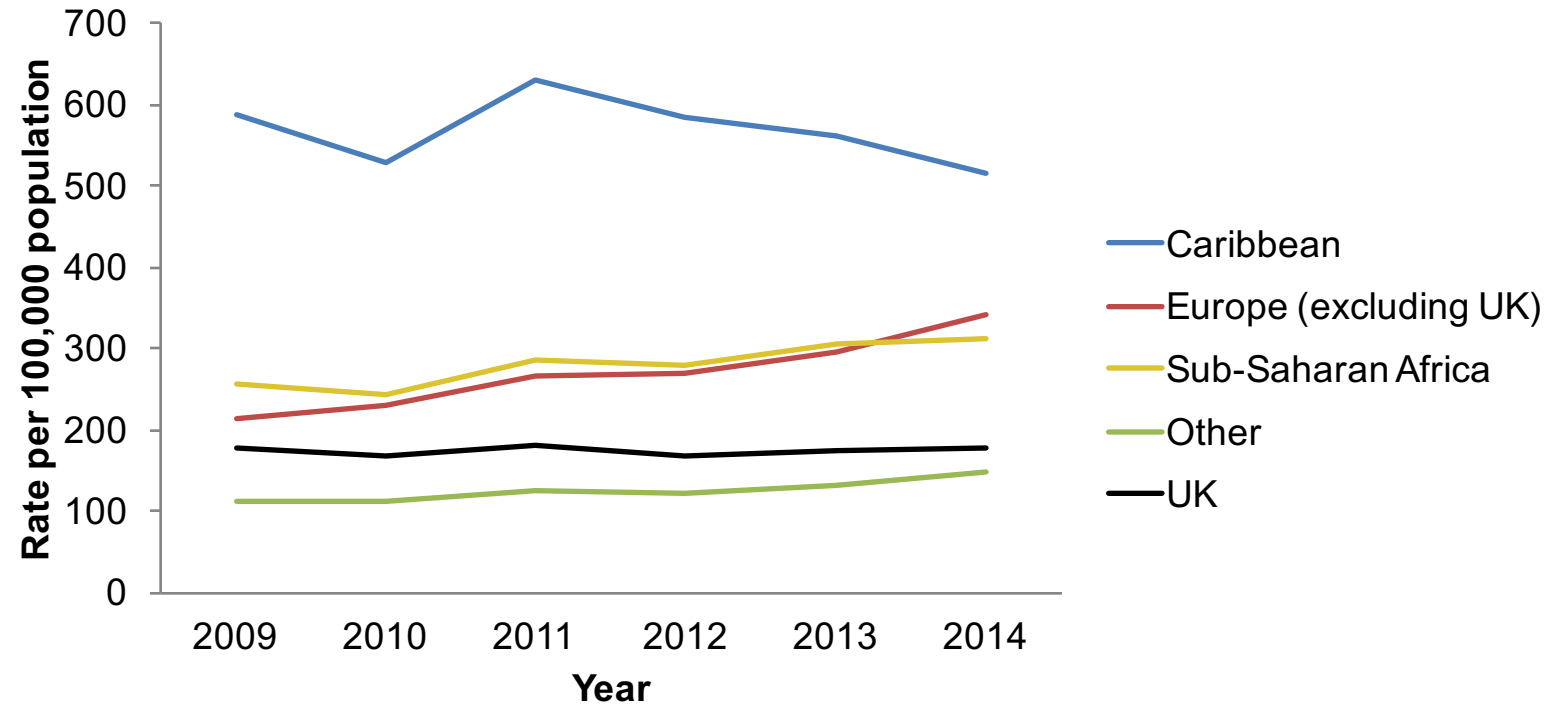


# Gonorrhoea diagnosis rate, by region of birth, England, 2009—2014



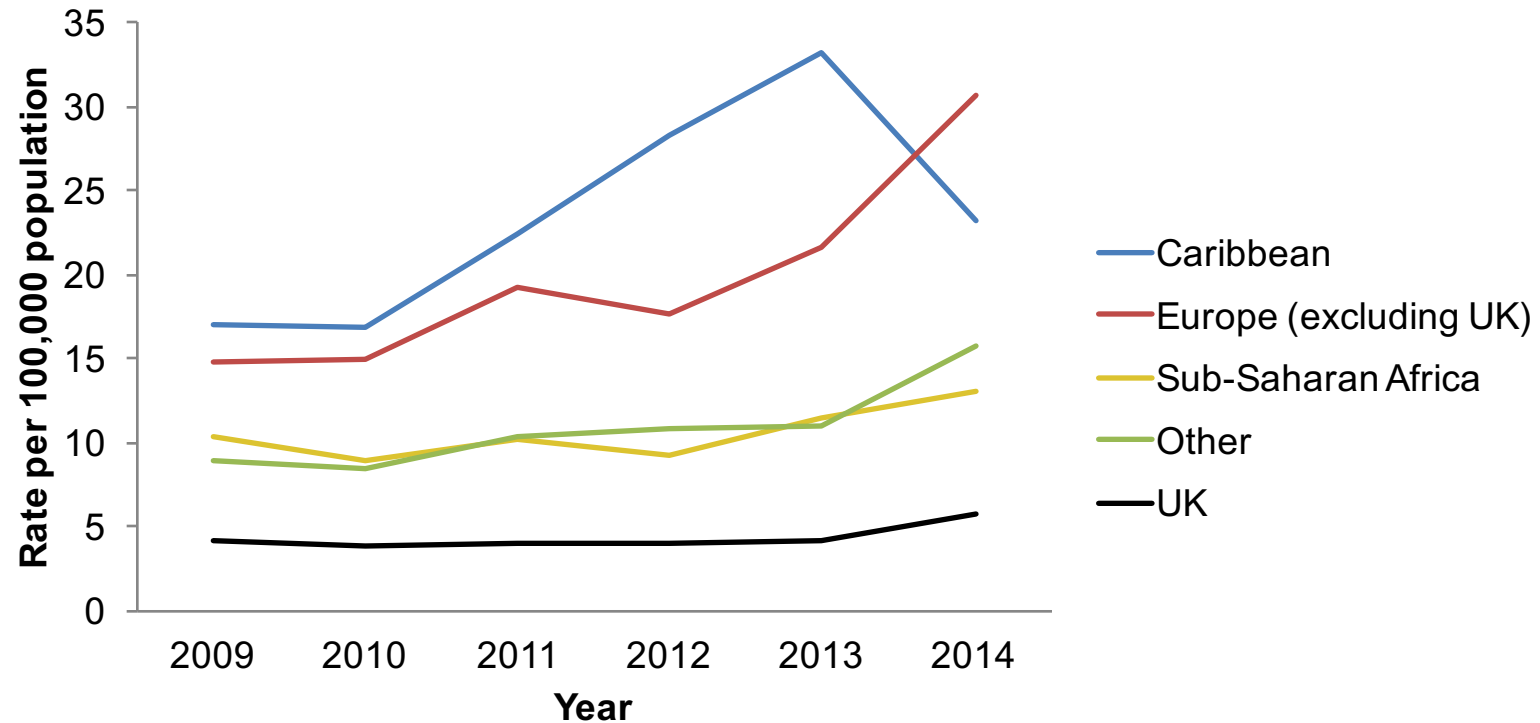


# Chlamydia diagnosis rate, by region of birth, England, 2009—2014





# Syphilis\* diagnosis rate, by region of birth, England, 2009—2014



\*Primary, secondary or early latent

# CHARGING FOR NHS CARE



## For those with irregular status

(refused asylum seeker, visa overstayer, unlawfully entered etc)

- Free: testing and treatment for HIV, all other STIs/BBVs; primary care; A&E – and PrEP!
- Chargeable: most other secondary care; maternity care; other secondary care vital to the wellbeing of people with HIV

# CHARGING FOR NHS CARE 2017 REGS



- Up-front assessment of eligibility for free NHS care; recovery in advance of full cost of care
  - eligibility assessment NOT required of HIV/sexual health clinics
- Immediately necessary treatment must always be provided at once e.g maternity care
- Urgent treatment (can't wait until patient leaves UK) – not essential to secure payment beforehand



# Review of the NHS (Charges to Overseas Visitors) Regulations: BASHH/BHIVA Case Studies Needed

## • Next Steps – Call for Case Studies

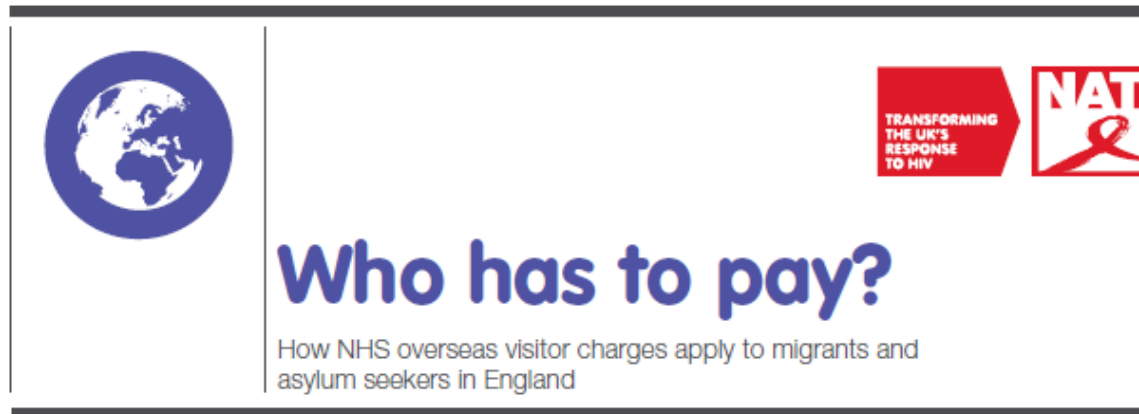
- To support ongoing BASHH/BHIVA engagement with Government and our call for those with HIV to be excluded from the Regulations, we need case study examples from you that help to illustrate how the Regulations have:
  - Negatively impacted vulnerable overseas visitors/migrants who have HIV or are at risk of acquiring it
  - Delayed access to testing/treatment and increased risk of HIV/STI transmission amongst this group as a result
  - Created barriers for individuals with/at-risk of HIV trying to access other vital services (e.g. drug and alcohol)
  - Generated avoidable 'downstream' costs for the NHS

**If you think you can help, please get in contact with Simon Whalley:**

**[simon.whalley@mandfhealth.com](mailto:simon.whalley@mandfhealth.com) / 07506 723324 (Simon is @ the conference on Wednesday and available to discuss case studies in person)**



# MORE DETAILED BRIEFING



Download at  
[www.nat.org.uk](http://www.nat.org.uk)

The National Health Service (NHS) is free to anyone who is 'ordinarily resident'<sup>1</sup>. Those who are not ordinarily resident in the UK can be charged for using some NHS services.

There are exemptions from NHS charges for specific types of treatment and also specific groups of people. In addition, there are rules to make sure that no one is denied life-saving and urgent treatment (but some patients will still be asked to pay for this treatment).

This is a factsheet about the NHS in England. However, HIV and sexual health testing, treatment and care is available free of charge from the NHS throughout the UK, regardless of immigration status<sup>2</sup>.

## **Types of treatment which are always free**

NHS overseas visitors charges apply to most secondary care (hospital services) – but some NHS services are always free:

# IMMIGRATION DETENTION

data from 2016



## How many?

- 28,908 entered detention
- 28,661 left detention
- 47% left UK; 52% entered community
- 2,738 people in detention at end of Dec 2016

## How long?

- 66% held under a month
- 8% held 29 days - 2 months
- 11% held 2 - 4 months
- of 6% remaining, 198 held over a year

- Held in 8 IRCs across UK
- How many have HIV?

# IMMIGRATION DETENTION



- Challenges re testing, confidentiality, medication access/adherence, clinic visits, safe transfers/removals
- **Forthcoming NAT/BHIVA Guidance on HIV in immigration removal centres!**
- Especial relevance to clinics near IRCs but also content for all HIV clinics

# MIGRANTS' DATA



- NHS Digital shares addresses of migrants with the immigration authorities under a 2016 MoU
- NAT leads campaign against the tracing service – support from BASHH, BHIVA, RCGP, BMA, GMC, National Data Guardian, Health Cttee
- Clinicians should refuse such Home Office data requests without court order
- Relevant to use of NHS number – does not meet GMC etc confidentiality standards

# SUPPORT IS AVAILABLE



- NAT and Doctors of the World have online resources to assist, and can signpost/advise
- [www.nat.org.uk](http://www.nat.org.uk)
- [www.doctorsoftheworld.org.uk](http://www.doctorsoftheworld.org.uk)

# THANKS TO ...



- Alison Brown, Valerie Delpech, Peter Kirwan, Hamish Mohammed, **Public Health England**
- Mike Mandelbaum, **TB Alert**