Objective To control an outbreak of HIV among IVDUs

Interventions A multidisciplinary outbreak control team was convened in 2008 and 2010 with representation from the Health Protection Unit, the Drug and Alcohol Action Team, Genitourinary Medicine, Infectious Diseases, and Virology to develop a control strategy. Traditional partner notification was supplemented by cluster testing among associates in housing projects and drop in centres used by IVDUs. Opportunistic screening of IVDUs attending health services was promoted. Laboratory investigations included phylogenetic analysis and the recent infection testing algorithm.

Outcomes A further 6 cases were identified in 2010: two through hospital screening and four through partner notification. Cluster testing did not yield any further cases among associates (0/29), but presented an opportunity to raise awareness of local HIV risk among IVDUs. Joint working between services was a feature of all interventions. All 8 cases 2008–2010 are the same strain, and 7/8 are linked to at least one other case. Despite extended surveillance at centres providing treatment for substance misuse, no further new cases have been identified since September 2010.

Conclusion An HIV outbreak among a hard-to-reach population has been successfully controlled by a prompt and close collaboration between services to deliver a range of complementary control strategies. We remain vigilant to the possibility of further cases since the source of one case has not been identified.

Background In the UK the primary objective of RITA has been to measure HIV incidence. The UK is the first country to routinely return results to patients and with over 7000 tests returned to clinicians so far, RITA is now seen as part of baseline HIV clinical care in participating centres.

Objectives To evaluate patients’ experience of receiving a RITA result, including effects on identifying likely timing of infection, partner notification and relationships.

Methods Five HIV centres in England asked their patients to complete a questionnaire on their experience of receiving a “recently infected” RITA result soon after their HIV diagnosis.

Results Forty patients with newly diagnosed HIV and a “recent” RITA result completed the questionnaire (95% MSM). The majority (30/40, 75%) said that receiving the recent RITA result was helpful; 10 were unsure how helpful it was, and no participants found it unhelpful. 24 patients (60%) reported RITA helped identify partners who may be at risk of HIV and 24 (60%) felt it helped them to better understand how they may have been infected. Most (35, 88%) either felt neutral or unhelpful. The result was felt to be useful in increasing an understanding of the likely timing of infection and for identifying “at risk” partners.

RITA result soon after their HIV diagnosis.

Background Hazardous alcohol consumption (HAC) and recreational drug (RD) use are associated with risky sexual behaviour but there is little hard evidence about actual sexually transmitted infection (STI) acquisition in these cohorts.

Aim To investigate the association between HAC, RD use, risky sexual behaviour and STI acquisition.

Methods Patients self-completed the Fast Alcohol Screening Test (FAST), a validated screening tool to identify HAC, and questions on RD use. Markers of sexual risk-taking and STI diagnoses were obtained from patient records. Three cohorts: those with/without HAC (ie FAST positive/ negative respectively), RD use ever/never and recent/no recent RD use were analysed. Statistical significance (p<0.05) was calculated using Pearson’s χ² test.

Results Convenience sampling identified 221 new/re-book patients, 21 were excluded due to administrative errors. Respondents included 70 (35%) men and 150 (65%) women (age range, 15–69 years; median 25. 105 (53.6%) and 91(46.4) identified as FAST positive and FAST negative, 85 (43.6%) and 110 (56.4%) reported RD use ever and never and 53 (16.5%) and 163 (53.2%) reported RD use and no new use in the last 1/12 respectively. 67/102 FAST positives reported a new sexual partner in the previous 3/12 compared to 29/88 FAST negatives (p<0.001). Recent RD users were also more likely to report partner change (23/32 compared to those with no recent RD (75/159, p=0.011). There was an increase in STI diagnoses in FAST positive compared to FAST negative patients (54/105 and 17/91 p=0.029), no difference was observed in the other cohorts.

Discussion HAC is very common among our patients and appears to be linked to increased STI acquisition. Recent RD use is not uncommon. Our findings support the recommendations of the recent Alcohol and Sexual Health Working Party that identification of hazardous drinkers and brief interventions may improve sexual health outcomes.