SHIP

General Practice Update
HIV and viral hepatitis

By the end of this session you should be able to:

- Explain the advantages of diagnosing HIV and viral hepatitis in general practice
- Explain the danger of late diagnosis of HIV and viral hepatitis
- Overcome barriers to, and normalise, BBV testing within your clinical practice
- Recognise HIV indicator conditions
- Outline parallels between HIV and viral hepatitis
- Outline sources of relevant information

Main routes of BBV transmission

Sexual
Unprotected sex with an infected partner

Vertical
a) In utero
b) During delivery
c) Breast milk

Needles
- *Ever* shared drug taking equipment (includes snorting)
- Iatrogenic
- Infected blood products

HIV transmission

Sexual
Vertical
Needles
Main route HIV

Hepatitis B transmission

Sexual
Vertical
Needles
95% of chronic Hepatitis B in UK is in migrants
Main route Hep B

Hepatitis C transmission

Sexual
Vertical
Needles
Chronic Hepatitis C in UK:
- 40% migrants
- 60% IVDU

Main route Hepatitis C in UK
NB unsafe treatment abroad

PHE data 2013

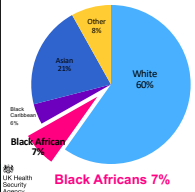
Regional HIV prevalence among adults (15-49 years old); 2021

Region	Prevalence
North America	0.3 %
Latin America	0.5 %
Caribbean	1.2%
Western & Central Europe	0.3 %
Eastern Europe & Central Asia	1.1%
Middle East & North Africa	<0.1 %
Western & Central Africa	1.3%
Eastern & Southern Africa	6.2%
Asia & the Pacific	0.2 %

UNAIDS www.unaids.org

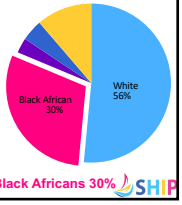
Ethnicity of people living with HIV
UK 2021

London ethnicity....



Black Africans 7%

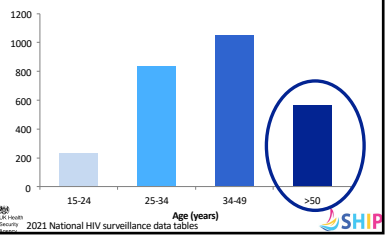
compared with those in HIV care



Black Africans 30%

UK Health Security Agency

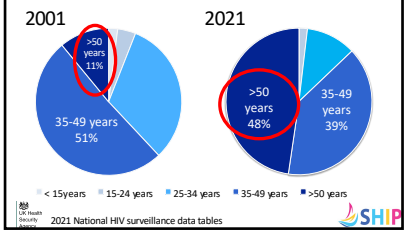
Age at HIV diagnosis
UK 2021



2021 National HIV surveillance data tables

Ages of people living with HIV

England 2001 and 2021



2021 National HIV surveillance data tables

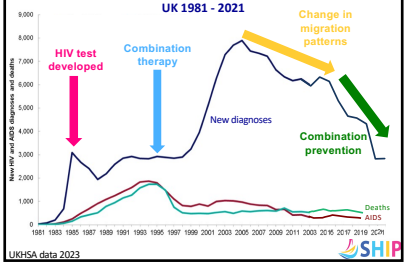
Early HIV diagnosis leads to:

Prompt treatment | Better prevention

- ART has huge health implications for patients

HIV diagnoses, AIDS diagnoses & deaths

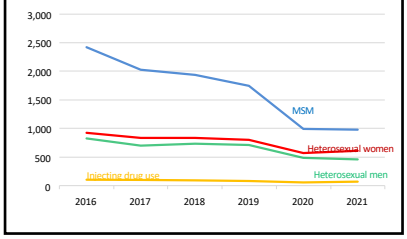
UK 1981 - 2021



UKHSA data 2023

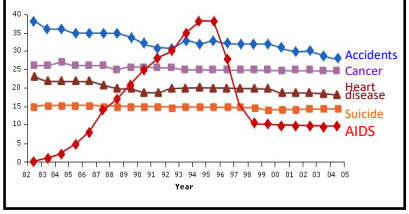
New HIV diagnoses by exposure group

England 2016 – 2021

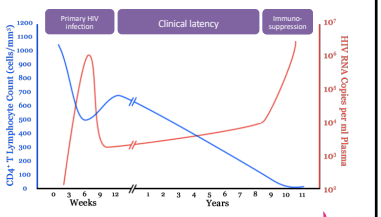


Impact of ARV

Leading causes of deaths in USA Adults 25-44 years



Natural history of untreated HIV



CD4 count: key measure to assess disease progression

- **Late presentation** **CD4 < 350 cells/mm³**
  Diagnosis when patient should have started treatment prior to Dec 2017
- **Advanced HIV disease CD4 < 200 cells/mm³**

UK Collaborative HIV Cohort Steering Committee, 2010

What's so bad about late diagnosis?

Late presentation: CD4 < 350

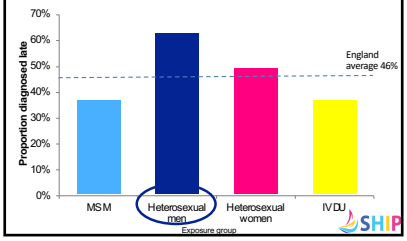
- 11 times more likely to die within 1 year of diagnosis (PHE 2021)
- Higher risk of **acute serious illnesses**
- Higher risk of **permanent disability**
- Higher **cardiovascular risk** in the long term
- **Slower treatment response**
- Onward **transmission** of infection

Advanced HIV disease: CD4 < 200

→ significant marker for 3 month mortality

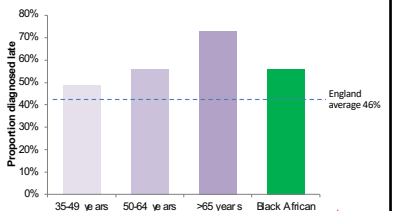
Late diagnosis of HIV by exposure group

England 2021



Late diagnosis of HIV – other factors

England 2021



Mortality rates

- General population 1.63 per 1,000
- 15 to 59 years diagnosed promptly 1.22 per 1,000
- Diagnosed late 1st year of diagnosis 23.0 per 1,000
- Diagnosed late 1st year of diagnosis > 50 years ~ 70 per 1,000

Deaths in Londoners with HIV: 2017 (n=179)

Median age at death: **52 years** [IQR: 44-64]
Median time since diagnosis: **13 years**

May not all be about late diagnosis – or even immunosuppression!

Learn about causes of death - and how primary care can protect health - in SHIP's 'Rethinking HIV' session

Croxford et al. PHE London HIV Death Audit poster FTC Conference 2019

Prevention of HIV

Unprotected penetrative sex
- Diagnosis → Treatment as prevention (U=U)
- Pre-exposure prophylaxis PrEP
- Post-exposure prophylaxis PEP
- Promote safer practices (condoms)
- Diagnose and treat

Diagnosis and treatment are key aspects of HIV prevention

Needle sharing / needle stick injuries / blood or organ recipients
- Decrease injecting (eg methadone)
- Promote safer injecting
- Free anonymous needle exchange
- Safe procedures to prevent needlesticks
- Screening and testing for blood/organ donations
- Post-exposure prophylaxis PEP

Uses of ART

Prompt treatment	Better prevention
ART has huge health implications for patients	Patient takes ART to prevent transmission : **Treatment as prevention**

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 AUGUST 11, 2011 VOL. 365 NO. 6

Prevention of HIV-1 Infection with Early Antiretroviral Therapy

Myron S. Cohen, M.D., Ying Q. Chen, Ph.D., Marybeth McCauley, M.P.H., Theresa Gamble, Ph.D.,

Studied over 1700 couples:
- 1 HIV negative ('HIV discordant')
- 1 HIV positive person with CD4 count > 350 i.e. above threshold for treatment

Randomised to: **earlier-than-usual treatment** or **no treatment**

of infected partners were men. HIV-1–infected subjects with CD4 counts between 350 and 550 cells per cubic millimeter were randomly assigned in a 1:1 ratio to receive antiretroviral therapy either immediately (early therapy) or after a decline in the CD4

Cohen et al 2011

ART as prevention

39 HIV-1 transmissions occurred

28 linked transmissions

No treatment 27 — Early treatment 1

96-100% reduction!!

Cohen et al 2011, Ping 2013

Treatment as Prevention (TasP)

People who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner

Undectectable = Untransmittable

U=U | U = U Undetectable means Untransmittable | U=U

Uses of ART

Prompt treatment	Better prevention
ART has huge health implications for patients	Patient takes ART to prevent transmission : **Treatment as prevention** Partner takes ART to prevent transmission: **Pre-exposure prophylaxis**

PROUD Examining the impact on gay men of using Pre-Exposure Prophylaxis (PrEP)

MRC Clinical Trials Unit | Public Health England

Pre-exposure prophylaxis to prevent the acquisition of HIV-1 infection (PROUD): effectiveness results from the pilot phase of a pragmatic open-label randomised trial

PrEP: HIV negative people at high exposure risk take ART to reduce risk of infection

PROUD Examining the impact on gay men of using Pre-Exposure Prophylaxis (PrEP)

MRC Clinical Trials Unit | Public Health England

>500 HIV negative men who reported recent unprotected anal intercourse

Placebo **vs** ***ARV daily treatment***

20 HIV infections

9/100 person yrs

Converted early to PrEP

3 HIV infections

1.2/100 person yrs

86% relative reduction

PROUD

PrEP is highly effective

- Study findings strongly support PrEP for standard prevention for MSM at risk of HIV

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Key points about BBVs

In the UK the only life-threatening blood-borne viruses are those that are…

undiagnosed

- HIV and viral hepatitis are entirely **preventable** & **highly treatable** infections
- BUT we are missing them…

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4 approaches to HIV testing

1. Patient request 
2. Screening
3. Opportunistic testing - those at risk
4. Diagnostic testing - those with symptoms

How can practices increase patient requests?

Visible encouragement and reassurance with leaflets, posters and other prompts:

- Make clear HIV & viral hep tests are available
- Confidential service
- Non-judgmental service

how do patients know?

Contributes to normalisation of BBV testing

In fact, in practices doing a lot of testing, this is tiny proportion

Remember some key patients may be thinking HIV or hepatitis is nothing to do with them…

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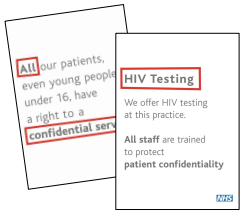
SHIP **resources**



HIV leaflets

Hep B & C leaflets

SHIP

4 approaches to HIV testing

1. Patient request
2. Screening 
3. Opportunistic testing - those at risk
4. Diagnostic testing - those with symptoms

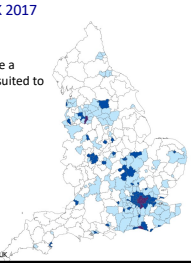
Prevalence of diagnosed HIV

UK 2017

UK National guidelines 2020:

"All stakeholders should …devise a comprehensive approach best suited to their population" (reflecting prevalence). Above

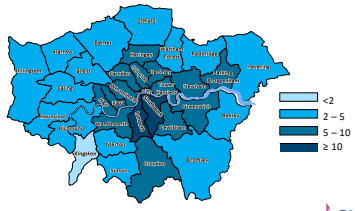
2 per 1,000 population



PHE 2018 report: Progress towards ending the HIV epidemic in the UK

Prevalence of diagnosed HIV

per 1000 pop aged 15-59 years, London 2021



DHSC Towards Zero: the HIV Action Plan for England 2022-2025

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Prevalence of diagnosed HIV

England local authorities rankings 2021

High prevalence HIV = >2 diagnosed HIV positive

		per 1000 pop aged 15-59 years
1st	Lambeth	13.7 per 1000
2nd	Southwark	12.0
3rd	City of London	11.8 [small population]
4th	Kensington & Chelsea	9.2
5th	Camden	8.5
6th	Westminster	8.1
7th	Lewisham	8.0
8th	Brighton & Hove	7.9
9th	Hammersmith & Fulham	7.7
10th	Hackney	7.2
11th	Islington	7.1
12th	Haringey	6.9

Towards Zero: the HIV Action Plan for England - 2022 to 2025

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SHIP HIV screening guidance

In all areas:

- All patients with an STI
- All patients undergoing an abortion
- Pregnant women/ infertility/ pre-conception
- Current drug users

In high prevalence areas:

- All seeking contraception advice
- All newly registering patients

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4 approaches to HIV testing

1. Patient request
2. Screening
3. Opportunistic testing - those at risk

4. Diagnostic testing - those with symptoms

At risk groups

Offer tests, *including repeat testing, to those*:

- From high prevalence countries
- Men who h…
- W…
- W…ug
- e…es
- P…
- P…
- Pe… risk group above

The key is routine sexual history taking

Remember your sexual history-taking from earlier SHIP training!

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Negative HIV test more meaningful after RRA compared with screening

- Reassures patient
- Reassures doctor if prompted by symptoms
- Education opportunity
- PrEP referral
- Immunisation for Hep A, Hep B and ?HPV
- Normalising for patient and social network

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Rapid SH risk assessment

REMINDER

Do you have a partner at present?
Is it a sexual relationship?
Is your partner male or female?
How long have you been together?
Have you had any sex with any one else in that time? Has he/she?

Have you ever had sex with someone from another country? Which country?
Have you ever had sex with a man? [To men, if not already disclosed]
Have you ever injected drugs or shared drug taking equipment?

Do you use condoms?
Have you ever had sex without a condom?

Does your contraception method suit you? Discuss efficacy

Increasing BBV testing

Phrases which work with asymptomatic patients

We are trying to do a lot more HIV and hepatitis testing, because the infections respond so well to treatment.

There is a lot of HIV / Hepatitis in your home country, I think. Do you know anyone affected? Have you ever had a test?

To a patient with an STI eg herpes or warts:

We recommend Chlamydia & HIV tests, as they are treatable and you may have been at risk.

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Increasing BBV testing

Phrases which work with asymptomatic patients

All pregnant women are automatically offered a test for HIV and viral hepatitis – but we think its better to have this information before you get pregnant. Would you like a test?

As you were born overseas, you may not have been screened for sickle disease & rubella immunity. Would you like those tests?....have you ever had a test for hepatitis? Or HIV?

I see you had a negative test for HIV a year ago – is there any reason you wouldn't want another check now?

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Increasing HIV testing

Phrases which work with asymptomatic patients

'But doctor – do you really think an HIV test is necessary for me?'

Well I don't think its my job to dissuade anyone from testing...currently we are doing too few tests, not too many'

I always say – if in doubt: test!

Well actually I offer about 20 or 30 HIV tests a week, because I never want to put someone at risk by missing it.... ... so don't take it too personally!

SHIP

4 approaches to HIV testing

1. Patient request
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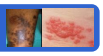
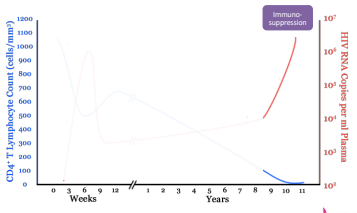
4. Diagnostic testing - those with symptoms



Symptomatic stage



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HIV indicator conditions

	Conditions where HIV testing should be offered
Dermatology	Seborrhoeic dermatitis 'Exanthema' Severe or atypical psoriasis Herpes zoster (shingles) – particularly multidermatomal/recurrent Herpes simplex ulcers > 1 month Kaposi's sarcoma Molluscum Folliculitis

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HIV indicator conditions

	Conditions where HIV testing should be offered
Gastroenterology *Start with the mouth and work down!*	Unexplained oral candidiasis Recurrent / persistent aphthous ulcers Oral hairy leukoplakia Gingivitis Kaposi's sarcoma Unexplained chronic diarrhoea Unexplained weight loss Anal cancer/dysplasia *Shigella*, Hep A, B or C infection [shared transmission risks]

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HIV indicator conditions

	Conditions where HIV testing should be offered
Respiratory	**Community acquired pneumonia** (particularly x2 in 12m) TB Pneumocystis Lung cancer

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HIV indicator conditions

	Conditions where HIV testing should be offered
Neurology	**Peripheral neuropathy** **Subcortical dementia** Encephalopathies (eg progressive multifocal leukoencephalopathy) Cerebral toxoplamosis Guillain-Barré syndrome, MS like disease Mononeuritis
Ophthalmology	CMV retinitis

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HIV indicator conditions

	Conditions where HIV testing should be offered
Gynaecology	**Cervical dysplasia** Vaginal intraepithelial neoplasia Hard to treat genital candida Hard to treat genital warts Genital molluscum Atypically severe herpes

ALL patients with an STI should be offered an HIV test!

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HIV indicator conditions

	Conditions where HIV testing should be offered
Haematology **Lab findings**	**Unexplained lymphadenopathy** **Unexplained leukocytopaenia > 4 weeks** **Unexplained thrombocytopenia >4 weeks** **Anaemia**
Oncology	**Cervical cancer** Anal cancer / anal intraepithelial dysplasia Lung cancer Lymphoma
Others	**Flu-like illness** Unexplained fever Unexplained chronic renal impairment

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Common HIV indicator conditions in primary care

- Community acquired pneumonia
- Oral candidiasis
- Weight loss
- Chronic diarrhoea
- Lymphadenopathy
- Low Hb, Low WCC, low platelets
- Seborrhoeic dermatitis
- Shingles
- Cervical dysplasia
- STIs
- Flu-like illness

♀ For more detail, including grade of recommendation, see **BHIVA 2020 HIV testing guidelines**

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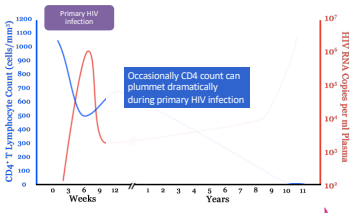
Natural history of untreated HIV



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Primary HIV infection
HIV seroconversion illness

This could be our first diagnostic opportunity

When does it happen?
Symptoms and signs?
Differential diagnoses?

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Primary HIV infection (PHI)

Over 50% have v mild, or no, symptoms

If symptoms, typically start around 10d to 3w after infection
Sore throat, aching all over, may be prolonged: a bit like glandular fever, or perhaps flu.

Check for more specific features (although may be absent)

- Truncal rash
- Sores or ulcers in mouth or genital or peri-anal area
- Diarrhoea, joint pains, transient immunosuppression

What are the advantages of diagnosing it?

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Tests for primary HIV infection

In PHI: antigen component will be positive
antibody component may still be negative

Labs use 4th gen tests: combined antigen (p24) & antibody

Window period

- Antigen should be positive by **21 days** after infection
- Antibodies positive by **21 days in huge majority**
- Repeat testing at 45 days

UK National Guidelines for HIV testing 2020

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Primary HIV infection in GP

Sudarshi study

- About 50% with symptoms due to PHI presented for healthcare
- 19 patients diagnosis missed: **17** had presented in GP
- 21 patients diagnosed with PHI: **4** diagnosed by their GP

National Aids Trust study

HIV negative gay men asked what they would do with relevant symptoms - Most common selected option (31%) was make appointment with GP

Missed opportunities for diagnosing primary HIV infection. Sudarshi et al STI 2007
Primary HIV infection: Knowledge amongst gay men. National AIDS Trust Report 2013

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HIV testing in flu-like illness

A study of patients tested for glandular fever in primary care found:

119 tested for HIV — 3 positives

739 not tested — 8 cases missed

- 73% cases missed at initial presentation
- 1.3% prevalence of HIV in this population

Hsu et al 2013

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You call Ross, 26 years old

Handout

You don't know him and there is nothing of note in his records. He has had a severe sore throat, fever, tiredness and he aches all over. He has had this for 2 weeks.
He may have glandular fever or flu.

Are you even going to think about primary HIV infection?

What are the first few things you might do, ask or say?
Use quotation marks!

Needle in haystack: Spotting PCP in a time of COVID

PCP vs **COVID** vs **anxiety** vs **asthma**

Symptoms and timing differ: any thoughts?
PCP:

- May be like anxiety "can't get a full breath"
- increasing SOB over 2 wks
- Including SOBOE
- Not got associated COVID symptoms (anosmia etc)
- Low saturation vs peak flow

o/e Findings may be same
CXR findings: normal or non specific for PCP (or 'ground glass')
HIV rapid risk assessment may be valuable

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Margaret's story

- Mrs MK: 49 Caucasian accountant
- Admitted to EMU

- SOB / Cough / Weight loss
  - Worsening dry cough 2 months
  - Sputum 2 wks - heavy smoker++
  - Weight loss ++ 58kg ⇨ 34kg
  - Anorexia ++
  - Diarrhoea >1 year

Missed opportunities

2015 GP: Oral cold sores

2016 GP: Chest Infection "Smoker"
GP: Shingles
GP: Chest Infection, weight loss ?
Hospital Admission: Bacterial Pneumonia
Dentist: Sore Mouth Biopsy ? Thrush
GP: Diarrhoea and weight loss
Referred Hospital: Ix for persistent diarrhoea, colonoscopy normal

2017 Re-referred Hospital: Anorexia, wt loss, indigestion, sore mouth
Barium meal normal, coeliac ?

2018 GP: Chest infection, oral candida, molluscum face & arms, HSV, perianal warts

Diagnostic catches for Primary care

Many HIV-associated conditions…

- are common
- are considered benign
- will respond, in the short term, to treatment

➢ ***'Watch and wait' is NOT a good strategy for HIV!***

Is my patient immunosuppressed?

- Weight loss
- Sweats
- Diarrhoea

Examine

- Mouth: ulcers, candida, OHL
- Skin: infections, seb derm, KS
- Lymph nodes

HIV in Primary Care, Matthews 2016

Immunosuppression in primary care

- for HIV related conditions last 3 years

General Practice is THE place where these individual episodes can be put together

Risk assessment

- bring up the subject of HIV
- discuss HIV risks with your patient

HIV in Primary Care, Madge at al 2011

People with symptoms who decline testing

How good are YOU at making the case for HIV testing?

'From what you tell me you are at very low risk of having HIV.

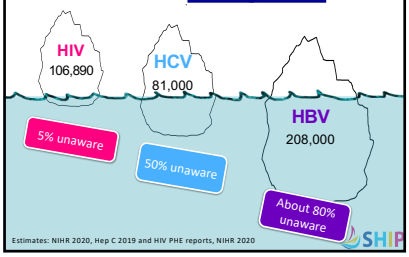
Can I suggest that we do a test anyway - in order to rule it out?'

Symptomatic patients who decline testing, but about whom you have concerns, need **active follow up**!

Spotlight on Viral hepatitis

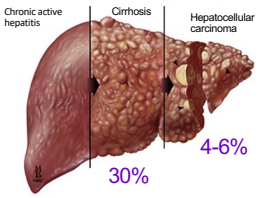
Where are the similarities between HIV and viral hepatitis?

UK numbers of *undiagnosed* BBVs



Estimates: NIHR 2020, Hep C 2019 and HIV PHE reports, NIHR 2020

Natural history of hepatitis B



Sundarum 2015 BMJ

Prevention of Viral hepatitis

Unprotected penetrative sex
- Promote safer practices (condoms; lube for anal sex; limit partners)
- Treatment as prevention
- Post-exposure prophylaxis PEP: immunisation, HBIG
- Hep B immunisation: MSM, others at high risk

Mother to baby transmission
- Treatment as prevention
- Antenatal screening
- Hep B immunisation: babies

Needle sharing / needle stick injuries / blood or organ recipients
- Decrease injecting (eg methadone)
- Promote safer injecting
- Free anonymous needle exchange
- Safe procedures to prevent needlesticks
- Screening and testing for blood/organ donations
- Hep B immunisation: occupational risk, IVDU

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SHIP Viral hep screening groups

- From high prevalence country (NB China, India, Nigeria)
- Current or former drug users
- Babies of mothers with hepatitis
- Household or sexual contacts
- Homeless, living in a hostel
- Prisoners, young offenders
- Looked after children and young people
- Blood transfusion < 1991, blood products <1986

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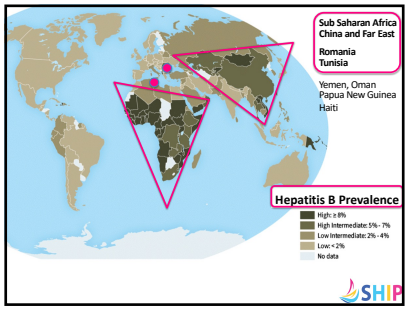

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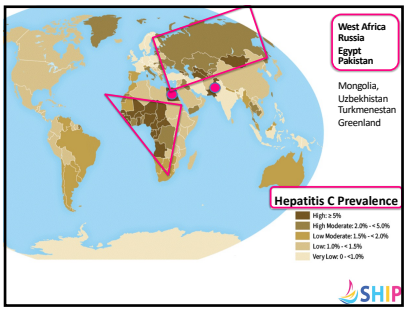

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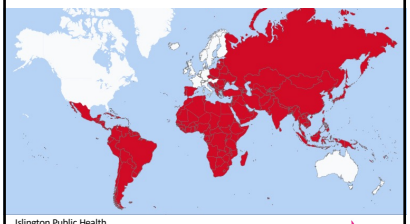
Viral Hep screening simplified…



Islington Public Health

SHIP

Clinical suspicion of viral hepatitis

Abnormal LFTs

SHIP

Hepatitis B treatment

- Highly treatable if detected early
- Prevents disease progression
- Parallels with HIV re: viral suppression and long-term antivirals

✦ Treatment determined by:
- Raised HBV DNA levels
- Raised ALT
- Liver fibrosis

SHIP

Hepatitis C treatment

NEW AND IMPROVED

- Usually cleared altogether by treatment
  - 95% Sustained Viral Response (SVR)
- Cleared without liver damage if detected early
- **Huge success in the UK: since 2015**
  - **numbers fallen by one third**
  - **deaths fallen by a quarter**

SHIP

Pre-test discussion

UK National Guidelines identify two essential elements for pre-HIV test discussion:

1. **Benefits of testing for the individual**
2. **Details of how the result will be given**

SHIP

Positive HIV test

You will have time to think – the lab will call

Confirmatory test will be requested (you can arrange if you wish)

Get information, and support if you want

Arrange HIV clinic appointment

Be positive when telling the patient: so much better to know than not

You may want to discuss transmission-on: but partner notification etc will be done by clinic

HIV clinics

- Lambeth: Caldecot Centre, Kings
- Southwark: Harrison Clinic, GSTT
- Email and speak to on-call HIV Consultants on Consultant Connect

Lewisham HIV clinic

- Lewisham: UHL/Greenwich clinic
  - DXS referral form
  - Email promptly after new diagnosis or LTFU cases
  - LH.AlexisClinic@nhs.net

Negative HIV test

*If rapid risk assessment showed your pt was at HIGH RISK please use **active** result-giving:*

- PrEP?
- HBV and HPV immunisation?
- Risk reduction health promotion advice, condoms, lube
- Need for re-test to cover window period?
- All other tests sorted? (eg HBV, syphilis)
- Contraception?

Positive viral hepatitis results

- Hep C Antibody positive – check Hep C RNA
- Hep B positive results…

Hepatitis B panel interpretation

HBsAg	anti IgM HBc	Anti HBc	Anti HBs	Interpretation
--	--	--	--	Susceptible
--	--	--	+	Immune due to vaccination
--	--	+	+	Immune due to natural infection
+	+	+	--	Acute infection
+	--	+	--	Chronic Infection
--	--	+	--	Interpretation unclear

Four possibilities : 1. Resolving infection 2. False positive anti HBc
3. Low level chronic infection 4. Resolving acute infection

www.cdc.gov/hepatitis

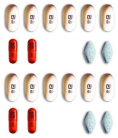
Refer all with chronic viral hepatitis

- Hep B:
  - e-antigen/ antibody
  - DNA
  - anticore IgM
- Hep C: antibody
- Hep δ: antibody
- Hep A: antibody
- HIV
- LFT, GGT
- FBC, Ferritin
- Clotting
- αFP
- Liver ultrasound
- Vaccinate Hep B contacts

Management of people with HIV

Evolution of HIV therapy

First line therapy 1996



Ritonavir (PI) x 6
d4T x 2, 3TC x 2 (NRTIs)
TWICE A DAY

First line therapy 2021

Many od choices!

Eg
Efavirenz +
Emtricitabine +
Tenofovir

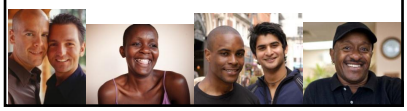
ONCE A DAY

Treatment overview

HIV is a chronic disease: once started therapy is lifelong

Anti-retroviral therapy (ART):

- Used in combinations of 3 or more drugs to suppress viral replication & prevent resistance occurring
- Incidentally found to prevent transmission-on
- Cannot eradicate HIV from reservoirs in resting T-memory lymphocytes



Treatment overview

Most patients well & may have 'near normal' life expectancy

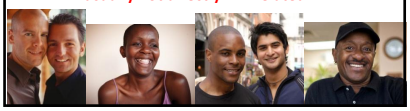
Poorer outcomes associated with:

- Late diagnosis
- Diagnosis long ago (older ARVs used; worse SE profile)

All of which increase 'metabolic and inflammatory risk'

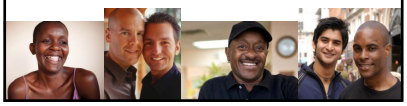
And HIV has a tangled interplay with risk behaviours

Median age of death with HIV in London is…52y; usually not directly HIV related

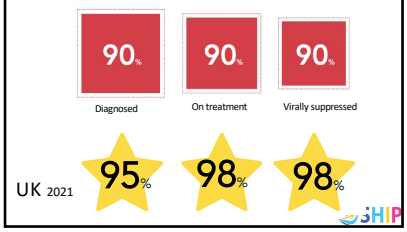


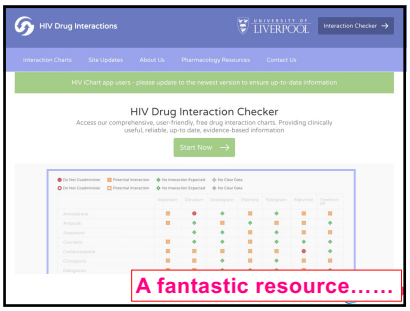
ART side effects increasingly rare

- Metabolic abnormalities
  - Insulin resistance, diabetes, raised lipids: increased CV risk
- Increased risk of liver and renal disease
- Bone mineral density loss



UN Treatment target





Key prescribing issues

- Proton Pump Inhibitors
- Fluticasone
- Some anticonvulsants
- Statins - simvastatin
- Clarithromycin, erythromycin
- Benzodiazepines
- Contraception: *FSRH Drug Interactions with Hormonal Contraception Jan 2018. Check www.hiv-druginteractions.org*
- Herbal remedies
- Recreational drugs

Help!

Voluntary agencies

- Terrence Higgins Trust (THT) www.tht.org.uk
- AHPN www.ahpn.org.uk Black African & Caribbean communities
- NAZ www.naz.org.uk South Asian & Latin American communities – peer support, counselling, holistic therapies
- Body and Soul

Information

- British HIV Association (BHIVA) www.bhiva.org/
- BASHH www.bashh.org/
- Terrence Higgins Trust (THT) www.tht.org.uk
- NAM www.aidsmap.com/ (formerly National AIDS Manual)
- National AIDS Trust www.nat.org.uk/