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# Adults and Health Committee Written responses to questions raised by Committee Members

9. Cheshire and Merseyside Commitment to HIV Fast Track Cities Approach (Pages 3 - 4)

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# Adults and Health Committee – November 2024 Written responses to questions raised by Committee Members

### Question 1:

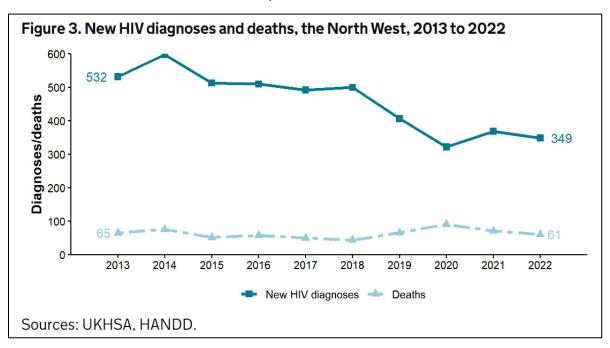
Members requested information on deaths due to HIV / AIDS in Cheshire East.

### Response 1:

As part of the discussion around the Cheshire and Merseyside HIV Fast-Track Cities initiative, we were asked to provide information on deaths due to HIV/AIDS.

As discussed during the meeting, the prevalence (number of people living with) of diagnosed HIV has been rising in Cheshire East and nationally, which may reflect increased awareness and testing. What I neglected to say is that it also reflects successes in treatment, so that more people are living longer with HIV and can now enjoy normal life expectancies. Nationally, the incidence (number of new cases of HIV diagnosed per year) does continue to fall.

National data is for deaths in those diagnosed with HIV and so will include deaths from other causes as well as those directly caused by HIV/AIDS. These deaths numbered around 500 per year in England prior to 2020 and then rose during the COVID-19 pandemic and there were 658 in England last year. In the North West, deaths in those diagnosed with HIV have followed a similar pattern, despite falls in new HIV diagnoses over the past decade. The Public Health Intelligence Team did examine deaths in those diagnosed with HIV for Cheshire East, but due to very small numbers we are not able to share or publicise the results.



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As discussed in the meeting, late diagnosis is an issue for our area (as it is in other places with low prevalence of HIV as both awareness and overall testing rates are lower) and is associated with poor outcomes. Nationally, those diagnosed late are ten times more likely to die within one year of diagnosis than those diagnosed promptly.

A further question asked regarded the virulence of the HIV virus itself. The HIV virus evolves extremely rapidly and there are several subtypes. The evidence of its changing virulence is conflicting, with some studies saying it has reduced since it was first reported in humans, and others saying that it is increasing. The patterns may change geographically. In practice, these changes would not alter the actions we would take on prevention and testing.