

[Press release: PHE publishes elimination of HIV and HIV testing reports 2017](#)

Today (15 November 2017), Public Health England (PHE) has published its annual elimination of HIV and HIV testing reports for 2017.

Commenting on the significant findings of the reports, Dr Valerie Delpech, Head of HIV Surveillance at PHE, said:

This year, there are 3 firsts in the 30-year history of the UK HIV epidemic. In London, all the global UNAIDS 90:90:90 targets have been met with 90% of people living with HIV infection diagnosed, 97% of people diagnosed receiving treatment and 97% of those receiving treatment virally suppressed. HIV transmission among gay and bisexual men has fallen, and the death rate among people with HIV who are diagnosed promptly and on treatment is now comparable to the rest of the population.

We celebrate these extraordinary achievements which are the result of a comprehensive response involving many key players and organisations. By continuing to invest in effective preventative measures including condom use, expanded HIV testing, prompt treatment and the use of PrEP, the elimination of HIV transmission, AIDS and HIV-related deaths could become a reality in the UK.

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Background

Reports

Download the [‘HIV Testing in England: 2017 report’](#) and [‘Towards elimination of HIV transmission, AIDS and HIV-related deaths in the UK: 2017 report’](#).

HIV: surveillance, data and management

The [HIV in the UK Health Protection Report](#) and [annual HIV data tables](#) comprise the number of HIV diagnoses, late HIV diagnoses and numbers accessing HIV care. Data can be interrogated and analysed at [local authority level](#) via an online tool allowing a range of outputs to be generated. The [December 2016 edition of Health Matters](#), PHE’s resource for local authorities and health professionals, focuses on increasing HIV testing

Testing

It is easy to get tested for HIV. Testing is freely available through GP surgeries, local hospitals and sexual health clinics as well as on self-sampling and self-testing (see [NHS Choices](#) for further information). Using a condom with new or casual partners protects against HIV and other STIs, as well as getting tested.

Public Health England (PHE)

[Public Health England](#) exists to protect and improve the nation’s health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and providing specialist public health services. We are an executive agency of the Department of Health, and are a distinct organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner. Follow us on Twitter: [@PHE_uk](#) and Facebook: www.facebook.com/PublicHealthEngland.

[Press release: Independent Expert Working Group finds totality of scientific evidence does not support a causal association between the use of hormone pregnancy tests and birth defects](#)

Following this extensive and rigorous review the overall conclusion, based on

the totality of the available data, is that the scientific evidence does not support a causal association between the use of HPTs such as Primodos and birth defects or miscarriage.

HPTs such as Primodos were available in the 1960s and 1970s and were widely used to diagnose pregnancy. They were withdrawn from the market in the UK in the late 1970s.

In 2014, the government committed to an independent review and having thoroughly examined all the evidence, the conclusion of the review is that the use of HPTs, including Primodos, in early pregnancy was not responsible for the serious birth defects experienced by some people.

Science and clinical practice has moved on since the 1970s and far-reaching advances in the regulation of medicines have taken place. However, this was a valuable opportunity to make recommendations to further strengthen the systems in place for detecting, evaluating and communicating safety concerns with use of medicines in pregnancy.

The recommendations include:

- a full genetic clinical evaluation offered to those who were given a HPT for diagnosing pregnancy and whose lives have been impacted by an adverse pregnancy outcome, to see if an underlying genetic cause can be identified
- a Working Group to advise on better ways to collect, monitor and use data on the safety of medicines during pregnancy
- electronic Yellow Card reporting to be made available at point of care, including at early scanning, to all those who suspect an adverse outcome of pregnancy with use of a medicine
- a strategy to co-ordinate research on mechanisms of teratogenicity in early embryonic development to be taken forward with appropriate experts
- improving the impact of safety messages, monitoring their effect, and ensuring healthcare professionals and patients receive the best available information and feel empowered to make informed decisions about medicines in pregnancy

Professor Stuart Ralston, Chair of the Commission on Human Medicines, said:

This was a comprehensive and wide ranging scientific review of all the available evidence on the possible association between HPTs and birth defects by internationally leading experts across a broad range of specialisms.

The report of the EWG was carefully reviewed and discussed by the Commission on Human Medicines CHM who fully endorsed the EWGs conclusions and recommendations.

Dr Ailsa Gebbie, Chair of the EWG, said:

Our recommendations will strengthen further the systems in place for detecting, evaluating and communicating risk with use of medicines in pregnancy and help safeguard future generations.

Many women use these same hormones on a daily basis for contraception and heavy periods who may experience an unintended pregnancy. So our findings are also very reassuring for them.

I wish to express my thanks to the group and to observers and invited experts, and my heartfelt thanks go especially to the families who shared their experiences in difficult circumstances.

Mr Nick Dobrik, an invited expert of the EWG, said:

As an invited expert I called for the Expert Working Group to consider what recommendations it could make to further strengthen existing systems to monitor and detect harms in relation to medicines that have the potential to disturb the development of the fetus.

The core of the recommendations made in the report are focused on doing just that and the outcome of this important scientific review will help to safeguard future generations.

What happens next to deliver these recommendations is therefore vitally important. Together these initiatives have the potential to make a real difference to the safety of future generations, and they will have my fullest backing.

Dr June Raine, MHRA's Director of Vigilance and Risk Management of Medicines, said:

While the publication of this report cannot take away from the very real suffering experienced by these families, it helps shape the path to further strengthen existing regulatory systems relating to medicines used in pregnancy.

Our focus now will be how best to take forward these recommendations and to make sure, working closely and collaboratively with professional bodies, health system organisations and the 'Association of Children Damaged by Hormone Pregnancy Tests', that they are appropriately implemented.

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[Press release: £600,000 funding of 12 projects by PHE to help prevent HIV](#)

Public Health England (PHE) has announced the projects which have been awarded funding from the HIV Prevention Innovation Fund for 2017 to 2018. The projects have been chosen from across England to receive total funding of £600,000 from the Department of Health through PHE.

PHE received over 70 submissions from different organisations for funding for local HIV prevention initiatives. Projects that provided innovation were welcome, especially those that:

- acknowledge and address the wider determinants of high risk behaviour
- promote the prompt diagnosis of both HIV and other STIs, especially among men who have sex with men (MSM)
- address stigma associated with HIV
- integrate HIV prevention into health promotion and service delivery in other health areas
- support increased knowledge, awareness and understanding including of pre-exposure prophylaxis for HIV, especially in currently underserved populations

HIV remains a public health concern despite major advances in treatment and reductions in diagnosis. In 2015, an estimated 101,000 people in the UK had HIV with 13,500 unaware and at risk of unknowingly passing on the virus to

others. The risk of infection is higher in certain groups of the population; such as gay and bisexual men and Black African communities. However, targeted and innovative local initiatives that reach out to these and other groups can help reduce the risk of people contracting or passing on HIV.

Two examples of local initiatives receiving funding from PHE are the Sex Talk project run by National Prison Radio which will create information designed for prisoners to address issues of stigma around HIV and the Sholay Love project run by [NAZ](#) which aims to raise awareness of HIV and STIs and encourage testing amongst south Asian gay men in London, Bradford and Leeds.

Commenting on the innovation fund and the winning projects, Public Health Minister Steve Brine said:

Now in its third year, the HIV Prevention Fund continues to foster local innovation projects which aim to tackle HIV in more targeted and impactful ways, especially for those most at risk. The 12 projects announced today will boost local action and spread best practice to further reduce rates of HIV across the whole country.

Professor John Newton, Director of Health Improvement, PHE said:

The HIV Innovation Fund continues to foster new approaches to HIV prevention. The 12 projects receiving funding have been chosen as they offer new and exciting ways to address key issues in HIV prevention, working particularly with groups at high risk. These projects will help share innovation and best practice around the country, helping other areas to replicate progress in London on lowering rates of HIV.

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More information

The 12 HIV Innovation Fund projects are:

- Digital anti-stigma campaign (developing digital content, videos and social marketing targeting higher risk communities) – Martin Fisher Foundation, Brighton and Hove
- I Am Because We Are (Challenging HIV issues and stigma within Black African communities) – BHA For Equality, Greater Manchester
- Improving uptake and safe use of PrEP in underserved populations (creating online assessment tools for PrEP and facilitating safe usage) – Terence Higgins Trust, Bristol, North Somerset and South Gloucestershire
- MAP Tyne and Wear (capturing local knowledge about male sex workers to inform and shape other sexual health services) – Gateshead, Sunderland and North Tyneside
- “MIND” The Gap (developing a HIV and sexual health training programme for mental health service staff) – Herts Aid, Hertfordshire and Bedfordshire
- PrEP (raising awareness of PrEP amongst MSM, BME and trans communities) – Spectra, South West London
- Prepping for PrEP (improving awareness of PrEP amongst at risk African communities by engaging key community members) – Positive East, East London and Hertfordshire
- PROMOTE (creating digital outreach and support services for male sex workers and their clients) – Bristol Drugs Project, Bristol
- Reducing Barriers to Testing (facilitating self-testing within Black African communities – Terence Higgins Trust, Wolverhampton
- Sex Talk on National Prison Radio (creating information for prisoners to address issues of stigma around HIV) – Prison Radio Association, England, Wales and Scotland
- Sholay Love (raising awareness of HIV and STIs and encouraging testing amongst south Asian gay men) – NAZ, London, Bradford, Leeds
- The Morning After Project (providing education and harm reduction in chemsex via a dedicated project worker) – Summit House Support, Dudley

Background

PHE Innovation Fund:

The National HIV Prevention Innovation Fund is funded by the allocation from the Department of Health to PHE for HIV prevention and sexual health promotion. This is the third year of the innovation fund in which PHE have awarded funding to a total of 32 projects (7 in 2015 to 2016, 13 in 2016 to 2017 and 12 in 2017 to 2018). Projects submitting HIV prevention proposals to the HIV Innovation Fund must have local authority endorsement in order to be eligible for the fund. The innovation fund is advertised at the [HIV Prevention England website](#) where application details are available.

HIV in the UK, 2016 PHE report:

The [HIV in the UK 2016 report](#), estimated 101,200 people were living with HIV in the UK in 2015. Of those, 13,500 or 13% were unaware of their infection and at risk of passing on the virus to others. The majority, 69% were men and 31% were women. The HIV prevalence in the UK is estimated to be 1.6 per 1,000 population, or 0.16%. HIV incidence among gay, bisexual and other MSM remains high. HIV incidence (the number of new infections) among gay, bisexual and other MSM, hereafter referred to as gay or bisexual men, remains consistently high; in England an estimated 2,800 gay or bisexual men acquired HIV in 2015 with the vast majority acquiring the virus within the UK. Overall in 2015, 47,000 gay or bisexual men were estimated to be living with HIV, of whom 5,800 or 12% remained undiagnosed. (Updated estimates of the number of people living with HIV will be published by PHE on 15 November 2017).

HIV: Surveillance, data and management:

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HIV testing:

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[Press release: Call for women to get](#)

Life-saving smear test after uptake drops

Public Health England (PHE) has issued a fresh appeal to young women to take up the invitation of a cervical cancer test as new figures published today show a fall in the number of 25 to 29-year-old women being tested.

NHS Digital statistics show a drop in the number of women of all ages being screened but worryingly only 62% of younger women took up the invitation for a test last year.

PHE is urging all eligible women (aged 25 to 64) who are invited for cervical screening (smear tests) to take the test.

Cervical screening currently prevents 70% of cervical cancer deaths. However, if everyone attended screening regularly, 83% of cases could be prevented.

Professor Anne Mackie, PHE's director of screening said:

It is of real concern that fewer women, particularly younger women are not being screened, with over a third of women under 30 not taking the test.

If women are embarrassed about having the test or worried about what the test results might say, they should talk to their GP who can explain why the test is important.

PHE is committed to improving screening attendance and has a programme of work which includes:

- supporting local services to encourage more women to attend screening by providing clearer information
- encouraging GPs to consider offering a variety of appointments earlier in the morning and evening, making it easier for women to attend at a time that suits them
- developing an interactive database which informs individual practices about the numbers of women they are screening and how they compare with neighbouring practices

Women aged 25 to 49 registered with a GP are invited every 3 years and every 5 years if aged 50 to 64. The test detects abnormalities within the cervix that could, if undetected and untreated, develop into cervical cancer. Studies show if the proportion of women screened was raised to 84% it could save the NHS £10 million a year as well as women's lives.

The Cervical Cancer Screening Programme, recommended by the UK National Screening Committee, began in 1988 and the expert committee has reviewed the evidence every 3 years. The committee recommends the programme as it shows

clear benefits and saves lives. Screening remains a choice, based on a woman's individual circumstances.

Background

1. Women over the age of 64 will no longer be invited for cervical screening unless they have had a previous abnormal result that requires a further follow up.
2. PHE's [interactive screening coverage tool](#) shows screening coverage for individual GPs and how they compare with neighbouring practices.
3. Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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[Press release: 40,000 healthcare professionals trained to help smokers quit](#)

Public Health England (PHE) today (3 November 2017) confirmed that nearly 40,000 healthcare professionals have been trained to offer quit smoking advice as part of a drive to make the NHS smoke-free by 2019. An event today in Birmingham, held by PHE, will promote the new [government tobacco control plan](#) to stop-smoking workers across the country, with a keynote address from the [Public Health and Primary Care Minister, Steve Brine MP](#).

In support of the plan, PHE is urging all NHS frontline staff to take advantage of free online training to help them give 'very brief advice on smoking' (VBA). The evidence shows that giving VBA to patients makes them 68% more likely to quit if they're offered stop smoking medication. So far, 39,447 healthcare professionals have been trained to deliver effective stop smoking advice.

The burden to the NHS in England from smoking is £2.6 billion. Last year over half a million people ended up in hospital due to a smoking attributable

condition. There is an urgent need across all parts of the NHS to support people to quit to improve the health of local populations and help secure the sustainability of the NHS.

The savings to the NHS for each patient referred to stop smoking services and prescribed nicotine replacement therapy is £13.00 each year for 4 years.

NHS England is investing almost £600 million in commissioning for quality and innovation (CQUIN) schemes, including one which focuses on identifying and supporting people who smoke or who drink alcohol at higher risk levels. Under the scheme, additional funding is being made available to hospitals that help their patients to quit smoking.

PHE is encouraging all healthcare staff to undertake a 30-minute online course, provided by the National Centre for Smoking Cessation and Training, based around short film clips providing examples of how very brief advice can be delivered to patients; including key facts, figures and messages.

Professor John Newton, Director of Health Improvement at PHE, said:

Every year smoking costs the NHS a staggering £2.6 billion, with over half a million people ending up in hospital due to a smoking attributable condition.

Smokers respond particularly well to our advice, so as health professionals we have a duty to take every opportunity to prevent the misery and suffering we know is caused by smoking.

A smoke-free NHS is about helping smokers to quit while in the care of the NHS. It means all healthcare professionals doing what they can to encourage patients to stop, including offering on the spot support to fight cravings and banning smoking on NHS grounds.

The good news is that training for NHS staff is easily accessible and effective. Quit rates generally are also better than they have ever been. Most smokers want to quit and all healthcare staff should feel confident in having that crucial brief chat with a patient about smoking. Patients who smoke should expect to be asked whether they'd like to quit.

Public Health Minister, Steve Brine said:

Smoking rates are at their lowest ever levels but it is still our biggest preventable killer.

We now have strong laws helping people to quit and we need the NHS and its incredible staff to commit to a smokefree NHS. By making this powerful statement, the NHS can lead the way, drive down smoking rates even further and provide the best support to the 1 in 4 patients who are smokers. Our new Tobacco Control Plan is aiming

for the first ever smokefree generation and the NHS has a huge role to play in that.

There has never been a better time for people to quit and for healthcare professionals to discuss quitting with their patients. The ban on attractive branding on packs, together with better and more quitting options including e-cigarettes, stricter controls on smoking in public and supportive campaigns like PHE's [Stoptober](#) have all contributed to successful quit attempts in the first 6 months of this year being at a record high, with almost 20% remaining smokefree a year after quitting.

Background

1. Total smoking-related burden to the NHS is estimated at £2.6 billion: GP visits – £794 million; practice nurse visits – £111.7 million; prescriptions – £144.8 million; outpatient visits – £696.6 million; hospital admissions – £851.6 million
2. VBA:
PHE has commissioned online training on delivering brief advice on smoking from the National Centre for Smoking Cessation and Training and this is available free of charge for all health care professionals.
3. Smoking prevalence figures:
In 2016, 15.5% of adults in England aged 18+ smoke, down from 19.9% in 2010; In 2000, 26.8% of adults aged 16+ were smokers. Prevalence since 2010 has fallen most in younger age groups:[see the data](#).
4. PHE's Tobacco Control Profiles:
See [local smoking prevalence figures and additional local data](#).
5. The national CQUIN scheme 2017 to 2019:
No.9 Preventing ill health by risky behaviours – alcohol and tobacco The risky behaviours CQUIN focuses on identifying and influencing inpatients who are increasing or higher risk drinkers by providing brief advice; and to identify and influence inpatients who smoke to make a quit attempt. It applies to community and mental health trusts in 2017 to 2018 and extends to acute trusts in 2018 to 2019.
6. A smokefree NHS:
The [NHS next steps on the five year forward view](#) states that all NHS estates will become smoke-free by 2019 to 2020.
7. Standardised tobacco packaging Cochrane Review:
 - one national study of Australian adult smoker cohorts (5441 participants) found that quit attempts increased from 20.2% prior to the introduction of standardised packaging to 26.6% one year post-implementation
 - there was also evidence that standardised packs were less attractive to those who did not smoke, making it less likely that they would start
 - second study of calls to quitlines provides indirect support for this finding, with a 78% increase observed in the number of calls to the New South Wales online service after the implementation of standardised packaging

- tobacco in standardised packs was also generally perceived as worse-tasting and lower quality than tobacco in branded packs; standardised packaging also appeared to reduce misperceptions that some cigarettes are less harmful than others, but only when dark colours were used for the uniform colour of the pack

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