

LATE DIAGNOSIS IN LIVERPOOL

INVESTIGATING FACTORS IMPACTING BLOOD-BORNE VIRAL INFECTION DIAGNOSES AND POOR LINKAGE TO CARE IN LIVERPOOL

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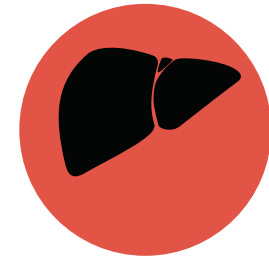


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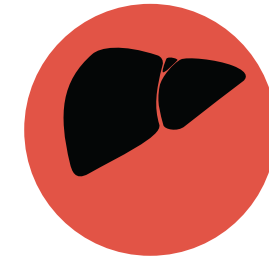
BLOOD-BORNE VIRAL INFECTIONS IN THE UK



105,200 people estimated to be living with HIV



180,000 people living with Chronic Hepatitis B (HBV)



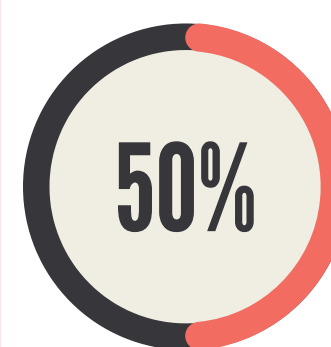
118,000 people living with Chronic Hepatitis C (HCV)



IMPORTANCE OF EARLY DIAGNOSIS

Blood-borne viral (BBV) infections such as HIV and viral hepatitis can remain asymptomatic, often leading to a late stage diagnosis. Late diagnosis can:

- Increase risk of transmission
- Lead to a 7-fold increased risk of death within a year of diagnosis (HIV)
- Increase risk of end stage liver disease and cancer (Chronic Hepatitis).



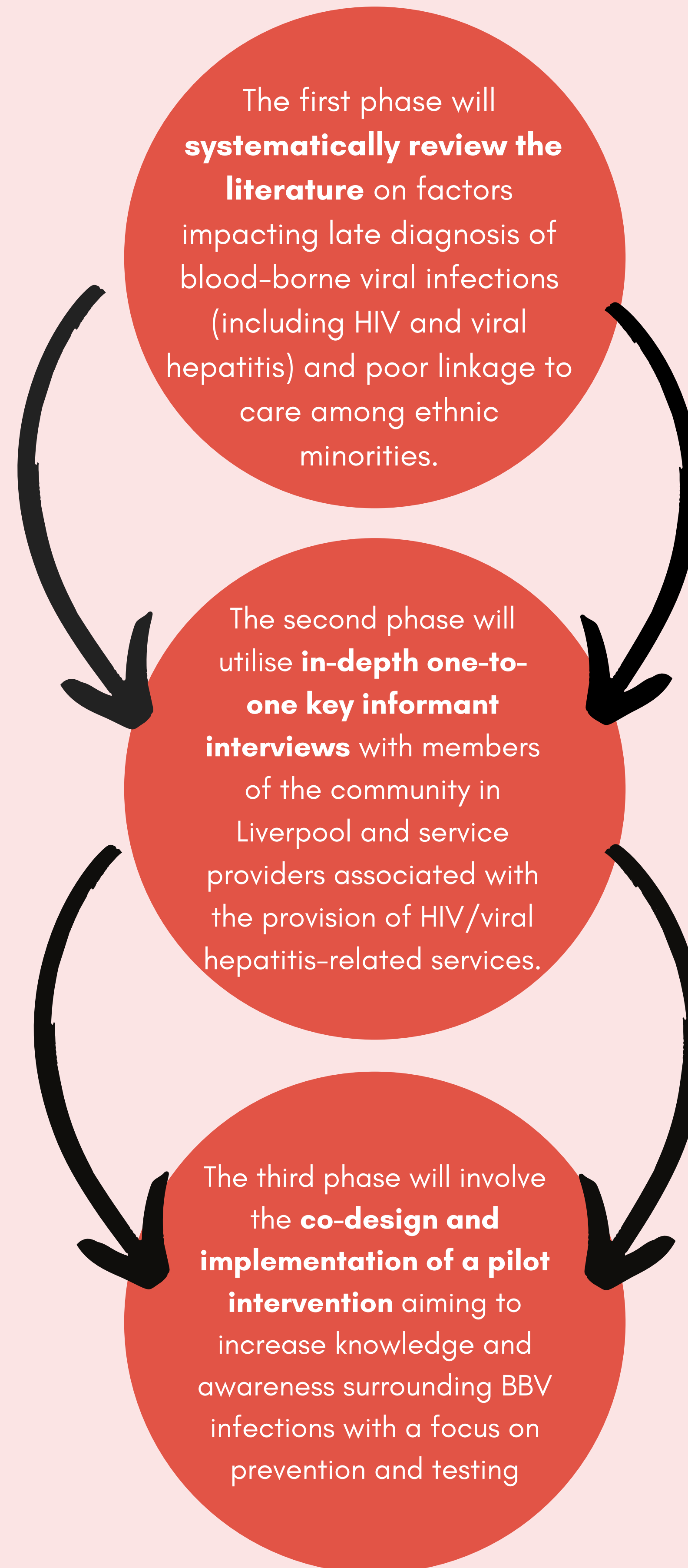
Around 50% of people are unaware of their HCV/HBV infection and around 50% of people are diagnosed late with HIV in Liverpool.



IN THE UK, ETHNIC MINORITIES ARE DISPROPORTIONATELY AFFECTED BY BBV INFECTIONS:

- New HIV diagnoses were over 50 times higher among ethnic minorities compared to individuals of white British ethnicity in 2019.
- HCV positivity 5–6 times higher among individuals from a south Asian and eastern European background.
- Late diagnosis of HIV highest among people of Black African ethnicity (47%), Black Caribbean (46%), Black Other (44%) and Asian (43%)

METHODOLOGY



BLOOD-BORNE VIRAL INFECTIONS IN THE UK



1 in 16 people remain undiagnosed with HIV in the UK



62% of new HIV diagnoses were among migrants in 2019



42% of new HIV diagnoses in 2019 were diagnosed late



To achieve the UNAIDS target of ending HIV/AIDS and viral hepatitis epidemics by 2030, more work is needed to help increase uptake of services such as BBV testing and help reduce the high rates of late diagnosis currently seen among some ethnic minorities in Liverpool.



RESEARCH OBJECTIVES

- Identify the barriers and facilitators to the uptake of BBV infection services and poor linkage to care among ethnic minorities in Liverpool.
- Work with community members and service providers to identify how interventions can best be designed to increase BBV service uptake.
- Co-design and implement a pilot intervention in Liverpool (with support of stakeholders) that can be used as a tool to inform future interventions.

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