

Useful Telephone Number and Addresses

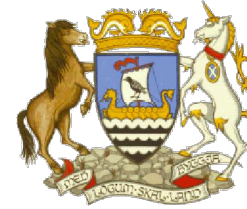
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HIV and AIDS

HIV and AIDS

The treatment and care of people with Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome (HIV/AIDS) or other blood borne diseases such as Hepatitis B virus (HBV) and Hepatitis C virus (HCV), poses particular issues for agencies involved in caring for people in the community. In Shetland, the numbers of people with illness relating to these infections are small, and there may be concerns about confidentiality when people access services. However, services are provided on an individual basis, tailored to people's particular needs, and work such as the local Hepatitis C Strategy is helping to raise awareness of these conditions. Early diagnosis is important if people are to receive effective treatment, and prevention is particularly important.

ACTION	EXPECTED OUTCOME	TIMING	COST	AGENCIES INVOLVED
Monitor incidence of Hepatitis and HIV infection	Improved infection control	Ongoing	WER	NHS Shetland (Public Health) , Social Care, Crossreach
Local Implementation of National HIV Prevention Action Plan 2009-11 (expected May 2009)	Decrease in number of people becoming infected with HIV	2009-2011	WER – no info yet on any additional allocations	NHS Shetland (Health Promotion & CHCP) Education & Social Care
Implementation of Hepatitis C Strategy for Shetland	Improved seamless service	Ongoing	WER (including annual BBV allocation)	NHS Shetland (Public Health) , Social Care, voluntary sector
Training and awareness raising for staff.	Staff better informed with up-to-date knowledge	Ongoing	WER	NHS Shetland (Health Promotion) Education & Social Care
Continue Implementation of local Sexual Health Strategy	Reduced sexual transmission of BBVs	Ongoing	WER	NHS Shetland (Health Promotion & CHCP) Education & Social Care

Service Reviews

As a result of the implementation of the Hepatitis C Strategy for Shetland (2006), a local Action Plan makes recommendations for the care of patients with a positive diagnosis for HCV. A review of the provision of services for individuals requiring care of this nature is currently happening as part of that action plan.

It is envisaged that the Hepatitis C Strategy along with the local response to the planned national HIV Prevention Action Plan and a review of the local Sexual Health Strategy will form the basis for an overarching Bloodborne Virus (BBV) Strategy for Shetland, also including Hepatitis B.

Further Reading

NHS Shetland. *HIV / AIDS Control Act 1987. Report April 2006 - March 2007.* NHS Shetland, 2008.

NHS Shetland. *A Strategy for Hepatitis C in Shetland.* NHS Shetland, 2006.

Aims

- To reduce the spread of HIV infection to a minimum, if not total eradication through prevention strategies and health promotion;
- To offer treatment and care as appropriate for people affected by HIV / AIDS related illness;
- To ensure people with HIV / AIDS related illness are fully supported in maintaining an independent lifestyle for as long as possible;
- To support families and carers of affected individuals.

Assessment of Need

To date, in Scotland, over 4,000 people have been diagnosed as HIV positive. However, at March 2008, there were fewer than ten individuals known to be affected by HIV / AIDS in Shetland. The number of Shetland HIV-infected residents has remained constant over the last few years. Over 50% have been infected through heterosexual intercourse with another affected individual.

Services Available

All the main specialist services for both treatment and care are provided by mainland services, usually co-ordinated through an individual's GP. This includes combination or other therapies / drugs specific to HIV / AIDS.

A pool of health, social care and voluntary sector staff are trained in counselling individuals pre- and post-HIV testing. Referrals can also be made to services outwith Shetland for services such as counselling, if an individual so wishes.

Services Available (cont)

Preventative activities are co-ordinated through the Shetland Health Board's Public Health and Health Improvement Department along with Primary Care teams. These include activities for family planning / sexual health (such as provision of free condoms) as well as education and training opportunities for front-line staff. Specific training is also provided via the local Further Education College.

Routine antenatal screening for HIV is offered to all pregnant women in Shetland, as in the rest of the UK, along with syphilis, rubella, and hepatitis B screening as an integral part of antenatal care. There is good evidence that the risk of vertical transmission (i.e. from a known infected mother to her baby) can be significantly reduced with appropriate interventions for each of the four infections.

Transmission of HIV from a mother to her baby can usually be prevented through appropriate obstetric care, which may include antiretroviral treatment of mother and child, elective caesarean section and the avoidance of breast-feeding.

Funding

2008 / 2009 Health expenditure:

Annual allocation for Blood Bourne Virus (BBV) prevention	55,000
Additional non-recurring allocation for BBV prevention	2,000
Total	57,000

Funding (cont)

Expenditure relating to inpatient bed days and the cost of therapies / drugs specific to HIV / AIDS is not given because these costs are not separated out from general budgets. Where mainland services are used, care is provided within a mainstream service contract.

Unmet Needs

All patients who require treatment are referred to the specialist services in Aberdeen. No unmet treatment needs as such have been identified.

Continued work is necessary to improve awareness of the issues of HIV / AIDS and other blood borne diseases throughout the community, including extending the provision of advice and educational support to staff in schools, further/higher education, workplaces and other venues.

Most of this work is currently progressed through the implementation of the local Sexual Health Strategy and will be further developed locally in line with a national HIV Prevention Action Plan which is due to be published in 2009/10.

A piece of local research currently ongoing is looking specifically at the ethical issues and the effect which knowledge of their own hepatitis C status has on intravenous drug users in Shetland. It is hoped that the findings will offer an insight into the specific issues faced by individuals locally; towards informing better planning and service provision; and identification of potential needs, which may be currently unmet.