



HEALTH OVERVIEW AND SCRUTINY COMMITTEE:
05 NOVEMBER 2025

LEICESTERSHIRE HIV LATE DIAGNOSIS UPDATE

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Purpose of report

1. The purpose of this report is to update the Committee on the latest HIV late diagnosis position, and actions underway to improve diagnosis across Leicestershire.

Policy Framework and Previous Decisions

2. Nationally, work on HIV is directed through 'Towards Zero – An action plan towards ending HIV transmission, AIDS and HIV related deaths in England'. The plan sets four objectives to achieving this goal:
 - ensuring equitable access and update of HIV prevention;
 - scaling up of HIV testing;
 - optimising rapid access to treatment and retention in care;
 - improving the quality of life for people living with HIV and addressing stigma.
3. At its meeting on 4 June, this Committee received an update on public health and health system performance in Leicestershire based on available data at the time. The Committee requested further information on the metric 'HIV late diagnosis in people first diagnosed with HIV in the UK' which was rag rated red for the period 2021-23. Leicestershire was ranked 15th out of 16 when benchmarked against comparable authorities on this metric.

Background

4. The commissioning of sexual health, reproductive health and HIV is shared between NHS England, Integrated Care Boards (ICBs) and Local Authorities. HIV prevention and Pre-Exposure Prophylaxis (PrEP) delivery is the responsibility of Local Authorities (funded through the Public Health Grant) whilst testing and contraception are shared responsibilities between NHS England, ICBs and Local Authorities.

5. A late HIV diagnosis is defined as having a CD4 count below 350 cells per mm³ of blood (indicating a presence of HIV) within 91 days of diagnosis and no evidence of a recent infection.
6. Late HIV diagnosis has several negative impacts: it increases the risk of early death, causes significant ill health, impacts quality of life and can increase onward transmission.
7. A 2024 United Kingdom Health Security Agency (UKHSA) report states that people first diagnosed in England in 2022 at a late stage were 10 times more likely to die (deaths due to all causes among people with HIV) within a year of their diagnosis, compared to people who were diagnosed promptly (33 versus 4 deaths, respectively).
8. Late diagnosis trends are changing nationally; the highest proportions of late diagnoses were among people aged 50 years and over. Since 2022, the increase in the number of late diagnoses is largely among people of black ethnicity, and increases are also evident in heterosexual men and women. However, late diagnosis (both number and proportion) decreased for men exposed through sex with men, and those exposed through injecting drug use.
9. 2023 Research indicates that insufficient testing is the primary driver of late HIV diagnosis. A range of societal, systemic, and individual factors contribute to this issue, including:
 - Misconceptions about personal risk of HIV infection;
 - Stigma and fear of discrimination associated with HIV;
 - Lack of awareness regarding the availability of free testing services;
 - Clinician-related barriers, such as:
 - Misjudgement of a patient's HIV risk based on personal characteristics.
 - Concerns about causing offence when offering a test.
10. These factors collectively hinder timely testing and diagnosis, highlighting the need for targeted interventions to improve awareness, reduce stigma, and support clinicians in offering HIV tests confidently and appropriately.

Performance metrics - HIV Late diagnosis

11. Reporting on this measure is benchmarked by the percentage value using the goals presented below. Of our 15 comparator neighbours, only 1 is achieving the benchmark of <25%, 5 fall into the amber values which corresponds with the national position, and the remaining 9 are benchmarked red alongside Leicestershire. Nationally, only 9 local authorities are achieving the benchmark of <25%. It is therefore important that this metric is considered alongside other HIV indicators to provide a more comprehensive understanding of the local picture.

<25% 25% to 50% ≥50%

HIV late diagnosis in people first diagnosed with HIV in the UK 2021 - 23

Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	2,587	43.5	41.8	45.2
Neighbours average	-	-	-	-	-	-
Worcestershire	-	9	4	12.5	3.4	32.0
South Gloucestershire	-	6	4	40.0	10.9	100
Nottinghamshire	-	2	21	42.0	26.0	64.2
Central Bedfordshire	-	14	7	43.8	17.6	90.1
Staffordshire	-	8	16	44.4	25.4	72.2
Lancashire	-	5	29	49.2	32.9	70.6
Kent	-	11	61	50.4	38.6	64.8
Warwickshire	-	1	23	51.1	32.4	76.7
Essex	-	15	65	52.4	40.5	66.8
Surrey	-	3	52	52.5	39.2	68.9
Cambridgeshire	-	13	23	53.5	33.9	80.3
Oxfordshire	-	10	15	53.6	30.0	88.4
Buckinghamshire UA	-	7	19	54.3	32.7	84.8
West Northamptonshire	-	12	18	58.1	34.4	91.8
Leicestershire	-	-	14	60.9	33.3	100
Gloucestershire	-	4	22	61.1	38.3	92.5

12. The HIV late diagnosis indicator is based on the proportion of all those diagnosed with HIV who are diagnosed late. For Leicestershire this equates to 23 individuals diagnosed with HIV, of which 14 were diagnosed late. With such small numbers, we expect performance to fluctuate year on year.

Performance metrics - HIV diagnosis

13. The 'new HIV diagnosis' indicator which is measured as a rate per 100,000 is used as a marker for how well local areas are doing in preventing HIV infection and in preventing onward transmission.
14. Leicestershire's rate is significantly better than the national average (6.8/100,000 compared with England's rate of 10.4/100,000) and ranks 5th out of 16 when benchmarked against comparable authorities.

New HIV diagnosis rate per 100,000 2023

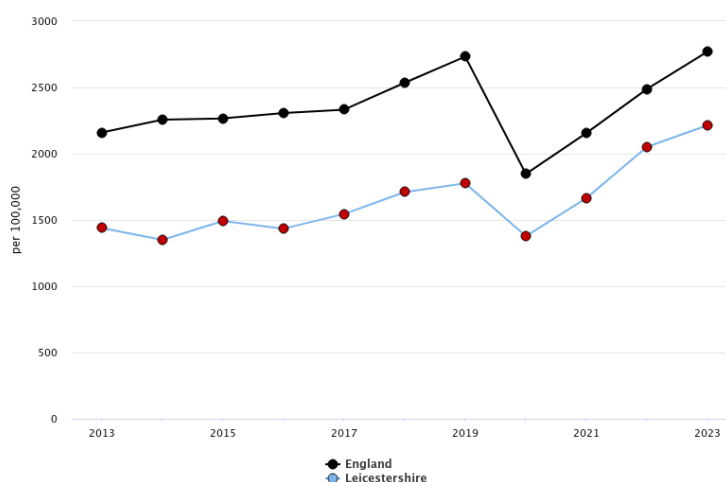
Crude rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	6,008	10.4	10.2	10.7
Neighbours average	↑	-	-	-	-	-
Lancashire	→	5	51	4.0	3.0	5.3
Staffordshire	→	8	42	4.7	3.4	6.3
Worcestershire	→	9	34	5.5	3.8	7.7
Warwickshire	→	1	41	6.6	4.8	9.0
Leicestershire	→	-	50	6.8	5.1	9.0
Essex	↑	15	109	7.1	5.8	8.6
Kent	↑	11	117	7.3	6.0	8.7
Central Bedfordshire	→	14	24	7.8	5.0	11.6
Nottinghamshire	↑	2	66	7.8	6.0	9.9
South Gloucestershire	→	6	25	8.3	5.4	12.3
Oxfordshire	→	10	64	8.5	6.6	10.9
Surrey	↑	3	107	8.7	7.1	10.5
Cambridgeshire	→	13	61	8.7	6.7	11.2
Buckinghamshire UA	→	7	50	8.8	6.5	11.6
Gloucestershire	↑	4	75	11.4	8.9	14.3
West Northamptonshire	↑	12	71	16.3	12.8	20.6

Performance metrics - HIV testing

15. While Leicestershire's HIV testing rate (number of tests carried out per 100,000 population) is significantly worse than England (2,214/100,000 vs 2,771/100,000), the rate is improving, and the gap is narrowing.

HIV testing rate per 100,000 population for Leicestershire



16. It is also worth noting that Leicestershire's testing rate is significantly better than the average of its comparable authorities, ranking 3rd out of 16.

HIV testing rate per 100,000 population 2023

Crude rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	→	-	1,582,243	2,770.7	2,766.4	2,775.0
Neighbours average	→	-	243,367	1,885.7*	1,878.2	1,893.2
Kent	↑	11	39,317	2,467.8	2,443.5	2,492.3
Buckinghamshire UA	↑	7	13,585	2,424.1	2,383.5	2,465.2
Leicestershire	↑	-	15,989	2,214.1	2,179.9	2,248.7
Surrey	→	3	26,479	2,180.2	2,154.0	2,206.6
Essex	↑	15	32,850	2,161.9	2,138.6	2,185.4
Central Bedfordshire	↑	14	6,025	1,998.3	1,948.2	2,049.4
Nottinghamshire	↑	2	15,893	1,903.8	1,874.3	1,933.6
Gloucestershire	↑	4	12,417	1,903.3	1,869.9	1,937.0
Warwickshire	↑	1	11,389	1,874.4	1,840.1	1,909.2
Staffordshire	→	8	15,791	1,781.7	1,754.0	1,809.7
Lancashire	→	5	21,112	1,684.7	1,662.1	1,707.6
Cambridgeshire	→	13	11,091	1,609.5	1,579.7	1,639.7
Oxfordshire	→	10	11,711	1,586.3	1,557.7	1,615.3
Worcestershire	→	9	5,133	842.6	819.7	865.9
West Northamptonshire	→	12	3,176	740.3	714.8	766.5
South Gloucestershire	↓	6	1,409	478.0*	453.4	503.6

The Local Response

17. Late diagnosis is a serious public health concern and although Leicestershire sees low numbers, a Leicester, Leicestershire and Rutland (LLR) HIV action plan has been developed to work towards both reducing the number of late diagnoses made and a continued reduction in HIV diagnosis overall.
18. The aim of the LLR HIV action plan is to replicate the national policy and action plan locally and achieve zero new HIV infections and zero AIDS and HIV-related deaths in Leicester, Leicestershire and Rutland by 2030.

19. Aligned to the national policy, Leicester, Leicestershire and Rutland have 4 key objectives within the plan:
 1. Ensure equitable access and uptake of HIV prevention programme.
 - Focus on prevention campaigns and access to Pre-Exposure Prophylaxis (PrEP) which can help to prevent transmission.
 2. Scale up HIV testing in line with national guidelines.
 - Equitable access to HIV testing, promotion of testing, understanding and breaking down barriers to testing, focus on high risk groups.
 3. Optimise rapid access to treatment and retention in care.
 - Ensure equitable access to treatment and care, retention, barriers to treatment
 4. Improving quality of life for people living with HIV and addressing stigma.
 - Improve information around HIV transmission, U=U (someone living with HIV but with a fully suppressed viral load), destigmatisation of living with HIV, operating a peer support service
20. In recognition that Leicester City has distinct differences with regard to HIV both geographically and demographically, a separate delivery plan for Leicestershire and Rutland has been developed. This is aligned to the LLR HIV action plan but contains specific actions and monitoring related to local activities.
21. The expansion of HIV testing, particularly through the implementation of blood-borne virus opt-out testing in emergency departments introduced locally in 2024, is expected to lead to an increase in diagnoses. Over time, this proactive approach should result in a reduction in late HIV diagnoses, ensuring that individuals living with HIV gain timely access to treatment and care.

Areas for further work and development

22. The majority of late HIV diagnosis in Leicestershire are in heterosexual men and heterosexual and bisexual women. This indicates a need for a level of education around testing and prevention within these groups.
23. Pre-Exposure Prophylaxis (PrEP) is used to reduce the risk of getting HIV. There are significant differences in PrEP need and uptake by population group - for example, heterosexual women are much less likely to have their need identified at a clinical consultation at a specialist sexual health service and to start and continue using HIV PrEP than gay, bisexual and other men who have sex with men. An ongoing focus on prevention via the LLR action plan should see an increase in use of barrier methods and/or PrEP to reduce HIV transmission.
24. Work with primary care to increase knowledge of PrEP and HIV testing.

Conclusion

25. Leicestershire's position with regard to HIV must be viewed through a multifaceted lens. The low HIV diagnosis rate reflects effective local efforts in both preventing new infections and reducing onward transmission. In addition, improvements in HIV testing have been made, with acknowledgement that further work is required in this area.
26. Insufficient testing is the primary driver of late HIV diagnosis. A range of societal, systemic, and individual factors contribute to this issue.
27. HIV treatment is very effective, and adherence allows patients to achieve an undetectable viral load. People living with HIV who are on treatment and have a fully suppressed viral load have zero risk of transmitting the virus to their sexual partners. Enabling those living with HIV to achieve this is fundamental to ending new transmissions.

Background papers

[*4 June 2025 HOSC PAPER*](#)

Circulation under the Local Issues Alert Procedure

28. None

Equality Implications

29. There are no equality implications arising from the recommendations in this report.

Human Rights Implications

30. There are no human rights implications arising from the recommendations in this report.

Appendices

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