COMMUNICABLE DISEASES (SCOTLAND) UNIT

[redacted]
EXTENSION
Your Ref.
Our Ref.

RUCHILL HOSPITAL,
GLASGOW G20 9NB

With Compliments

[redacted]

p.p. [redacted]
Consultant Epidemiologist

The Counselling Clinic

The Counselling Clinic, based at Ruchill Hospital, Bilsland Drive, Glasgow, G20, is run by a multi-disciplinary team of trained counsellors, available to help people who are worried about getting AIDS.

The only way you can find out if you are carrying the AIDS virus is by having a special test, known as the HIV test. The letters HIV stand for Human Immuno-deficiency Virus, sometimes known as the AIDS virus.

How to get there

Buses Nos. 89, 90, 18 (main gate) No. 57 (nearby)

What happens when I go to the clinic?

Before having the test, it is very important that you give your permission, based on facts which will be explained to you by one of the trained counsellors.

Some of these facts are as follows:

- No major life assurance company will give life assurance to someone who is HIV positive.
- Your housing and employment may be put at risk if it is known that you are HIV positive.
- A positive result could adversely affect your chance of getting a mortgage.
- A pregnant woman who is HIV positive may pass on the virus to her child. She is also more likely to develop AIDS if she has the child.
- Many HIV positive people have been rejected by their families, leaving them to cope alone.

On the other hand:

- If you are HIV positive you need to know so that you can take care not to infect others.
- A negative result may put your mind at ease and stop you worrying unduly about AIDS.
- If your partner is HIV positive your result may help you decide how to carry on your sex life.

After this information has been given, a personal history will be taken to determine the degree of risk that you may have placed yourself at.

The counsellor will also ask when you were last involved in a high risk situation to decide if the window period exists.

The window period simply means that it takes up to three months for your body to produce antibodies which show that you have come in contact with the virus. You should normally wait for a clear period of three months from your last high risk situation before considering the test.

The counsellor will then help you interpret your risk activity against the advantages and disadvantages of testing, so that YOU can make up your own mind about having the test.

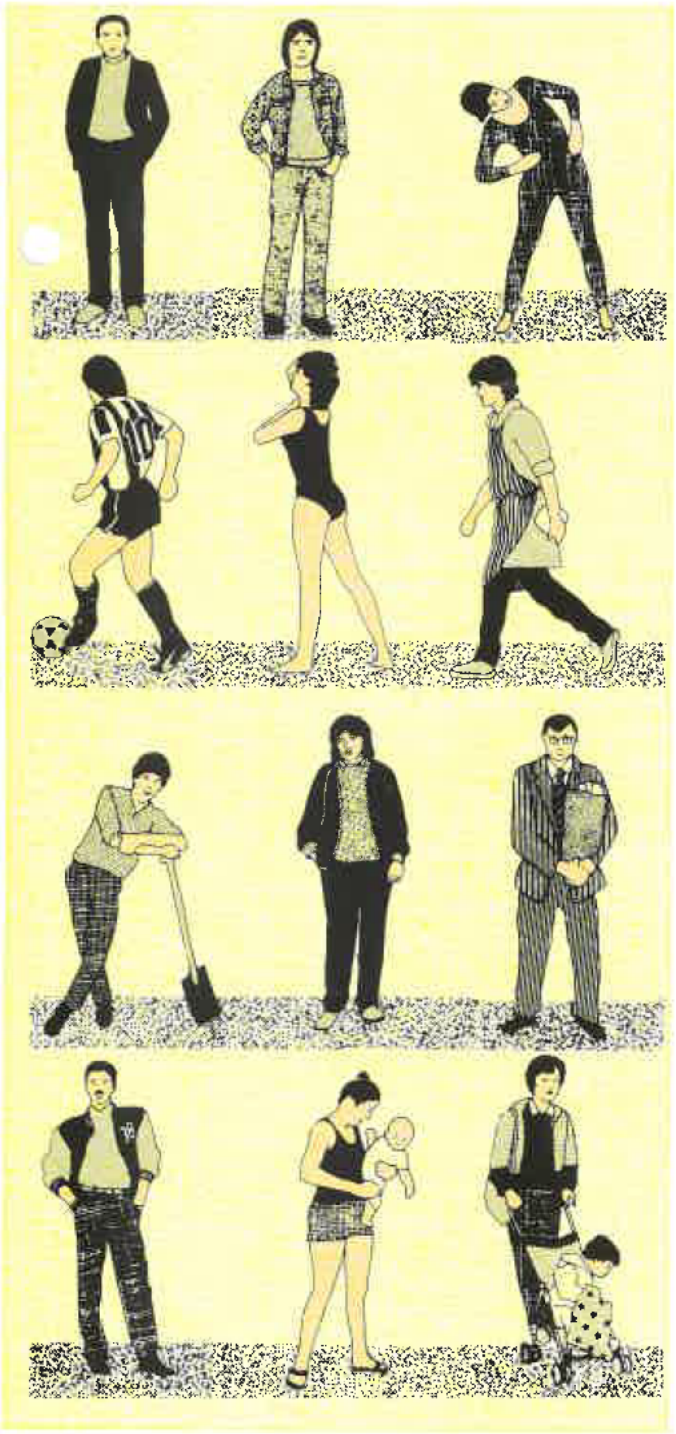
You will be given time to decide, and if you wish to have the test, a blood sample will be taken. A return appointment will be given for the following week and at that session, you will be given your test result together with further counselling on high risk activity. It will normally be suggested that you return for a further HIV test in six months time, and during that period it is very important that you do not put yourself at further risk, for example, through unprotected sexual activity or needle sharing.

If you decide not to have the test, the counsellors will be there to help and advise at anytime in the future should you have any further worries about AIDS.

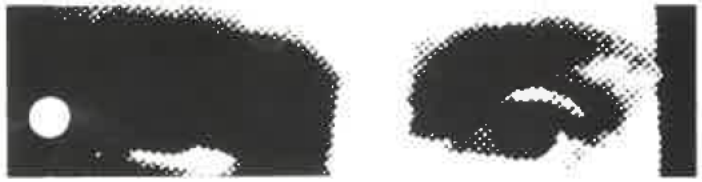
▶ THIS SERVICE IS ENTIRELY CONFIDENTIAL

Freedom from HIV Infection Certificates

Any person requiring a Free from HIV Infection Certificate — e.g., for entering countries requiring it — is currently required to pay £11.00 testing fee, but in all other cases, no charge is made for either counselling or testing.



Are you worried about



AIDS

The Counselling Clinic
Ruchill Hospital
GLASGOW
Telephone 041-946 5247
may be able to help you
with your fears

GREATER GLASGOW HEALTH BOARD
Health Education Department

[redacted]

2nd April, 1988

CDS 88/13
(A.49)

[redacted]

ANSWER

THE COUNSELLING CLINIC, RUCHILL HOSPITAL GLASGOW :

EXPERIENCE OF THE FIRST SIX MONTHS (DECEMBER 1986 - JUNE 1987)

(Contributed by P. Christie, J. Kingdom, D. Goldberg, S. Green, M. Paton and J. Black)

INTRODUCTION :

The Counselling Clinic at Ruchill Hospital, Glasgow was set up in December 1986 to provide an integrated service, including HIV testing, to members of the public who were concerned about AIDS and HIV infection. Additionally, the intention was to provide non-medical support for HIV positive patients from the Department of Infectious Diseases at Ruchill. The Clinic is NHS-funded and was staffed initally by a Senior Social Worker and a part-time Medical Officer. Staffing currently comprises two full-time social workers, four sessional Medical Officers, two community "outreach" nurses, a Clinical Psychologist, and a full-time secretary.

The major remit of the clinic is to provide experienced and confidential counselling of clients who consider that they may be at risk of HIV infection, to arrange for testing to be carried out if appropriate, and to provide on-going support for seropositives. At the initial counselling session an accurate assessment of risk behaviour is made and the implications of a positive test are discussed. In addition to general information on HIV and AIDS, advice is given on specific risk reduction. Clients are also directed to other agencies such as local drug projects, genito-urinary clinics and family planning centres. Condoms and relevant information leaflets are provided free where appropriate.

Clients found to be seropositive receive intensive post-test counselling and are referred to the Infectious Diseases Clinic (located within the same building) for medical assessment and follow-up. It is only at this juncture that a name and address is noted formally. Thereafter, the Counselling Clinic provides on-going practical and psychological support, including self-help groups, domiciliary support, and Social Services. The Clinic provides also a link with national agencies such as Scottish Aids Monitor. Clients found to be seronegative receive a post-counselling session and earlier advice is reinforced.

METHODS :

Data were collected using a standard questionnaire. Information was recorded on a confidential basis, with clients identified only by initials, date of birth, and the first part of their Postcode.

Primary testing for HIV infection was carried out using an ELISA antibody technique but any positive result was confirmed by Western Blot assay (Follet 1987).

RESULTS :

During the first six months 260 appointments were made, of which 196 were kept. Of the latter, 70% were self-referrals, 10% General Practitioners' referrals and the remainder originated from Drug Project workers, social workers and other hospitals. Seven of the attendees were known to be HIV-positive when first seen and thus 189 clients required pre-test counselling. Of these, 75% resided within Greater Glasgow, and a further 20% within Strathclyde Region.

As shown in the accompanying Table, the sex and age distribution varied for each risk group; homosexual, bisexual, intravenous drug misuser [IVDM], heterosexual, blood-products' recipient and "visa requirements".

Table

COUNSELLING CLINIC, RUCHILL HOSPITAL, GLASGOW
(DECEMBER 1986 - JUNE 1987)

Numbers of clients receiving pretest counselling within each risk category, according to age and sex distribution.

RISK CATEGORY	AGE DISTRIBUTION (Years)						MALE	FEMALE	TOTAL
	15-20	21-30	31-40	41-50	51-60	60+			
IVDM	9	22	4	0	0	0	17	18	35
HOMOSEXUAL	2	23	7	2	1	0	34	1	35
BISEXUAL	2	10	3	4	0	0	17	2	19
HETEROSEXUAL	10	43	15	7	4	0	52	27	79
BLOOD PRODUCTS	1	0	1	0	0	0	1	1	2
VISA/WORK	0	4	2	0	0	0	4	2	6
OTHERS	2	5	4	0	0	2	7	6	13
TOTAL	26	107	36	13	5	2	132	57	189

Fifty-eight of the clients did not proceed to testing; thirteen were considered free from risk, eight deferred a decision pending further thought, seven decided against testing after consideration of the issues involved, and 30 were deemed to have significant risk activity within the previous three months and thus testing was deferred for three to six months.

Following pretest counselling, 131 clients (69%) proceeded to testing, six out of 27 IVDM's (22%) and two out of 25 homosexuals (8%) were found to be seropositive. Five out of the six IVDM seropositives were female, all of whom were under 25 years of age. No client in any other risk category was found to be seropositive.

DISCUSSION :

In the first six months of its operation, almost 200 people were interviewed at Ruchill Counselling Clinic. Only eight of the 131 persons who were tested for the presence of HIV infection proved to be positive. However, the proportion of IVDM's who were seropositive was unexpectedly high for the Glasgow area (six out of 27, or 22%). While this could represent a success in terms of targeting those most at risk, nevertheless the total numbers detected were small. It is notable also that the majority of those seen at the clinic were in low-risk categories and it is a matter of some concern that the "worried well" constituted such a large part of the work load; a feature which is probably a national rather than a local phenomenon. On the positive side, the public health value of the Clinic in disseminating information both about HIV and AIDS and about sexual health should not be undervalued, given that personally appropriate advice is probably more effective than any broadly-aimed media message.

The greatest proportion (58%) of HIV-positive individuals in Scotland comes now from the drug-abusing community (AIDS News Supplement No.28). It is vital that the services of the Clinic are extended to promote education and encourage use of support services in this sphere. Five out of six seropositive addicts tested at the Clinic were female. Drug abusers are thought likely to become the major portal of entry of HIV into the heterosexual community, as many female addicts turn to prostitution to finance their drug habit. Additionally, there may arise problems of neonatal HIV infection in the offspring of addicts, given the haphazard attitude to contraception among members of this group. As a consequence, demands for medical and social care could escalate.

To reach IVDM's effectively, community outreach is seen as the best chance to make any impact on the growing threat of HIV in Glasgow. For the better-motivated clients, it is hoped that publicity about the role of the Clinic will encourage those most at risk to make use of the facilities provided.

REFERENCES

AIDS News Supplement No.28, in *Communicable Diseases Scotland Weekly Report*, (1987) No.41.

Follett, E.A.C.(1987) *Scottish Medical Journal* **32**, 113.

5th March 1988

CDS 88/09
(A47)

ANSWER

(AIDS News Supplement, CDS Weekly Report)

Prepared and presented as a professional service by the Communicable Diseases (Scotland) Unit, Ruchill Hospital, Glasgow, G20 9NB, Scotland

Acquired Immune Deficiency Syndrome (AIDS) - United Kingdom

Table 1

Cumulative totals of UK reports of AIDS Cases, by transmission characteristics, to 29 February 1988

Transmission Categories	Cases			Deaths		
	Male	Female	Total	Male	Female	Total
Homosexual/bisexual	1123	-	1123	617	-	617
Intravenous drug abuser	18	5	23	13	2	15
Homosexual and IV drug abuser	22	-	22	8	-	8
Haemophilia	79	1	80	58	-	58
Recipient of blood : abroad	10	8	18	7	4	11
U.K.	7	2	9	6	2	8
Heterosexual - presumed infected : abroad	27	11	38	8	6	14
U.K.	3	6	9	3	4	7
Child of HIV-antibody 'positive' parent	5	8	13	2	4	6
Other/undetermined	7	2	9	3	2	5
Total	**1301**	**43**	**1344**	**725**	**24**	**749**

Articles on aspects of AIDS and HIV infection are welcomed for publication in "ANSWER". This would not preclude the future publication elsewhere of the paper by the contributor(s). However, anyone wishing to make use of such contributed material should first obtain the permission of the contributor(s).

Received 17/3/88

Table 2

Cumulative totals of Scottish reports of AIDS cases, by transmission characteristics, to 29 February 1988

Transmission Categories	Cases			Deaths		
	Male	Female	Total	Male	Female	Total
Homosexual/bisexual	31 (a)	-	31 (a)	12 (a)	-	12 (a)
Intravenous drug abuser	3	3	6	2	1	3
Homosexual and IV drug abuser	-	-	-	-	-	-
Haemophilia	4	-	4	4	-	4
Recipient of blood : abroad	1 (b)	-	1 (b)	1 (b)	-	1 (b)
U.K.	2	-	2	2	-	2
Heterosexual - presumed infected : abroad	1	-	1	1	-	1
U.K.	-	1	1	-	-	-
Child of HIV-antibody 'positive' parent	-	1	1	-	-	-
Other	-	-	-	-	-	-
Total	42	5	47	22	1	23

(a) includes four visitors from outside U.K.; two known to have died
(b) not blood transfusion

GLOBAL AIDS DATA

As of 29 February, 1988, the World Health Organization in Geneva has received reports from 133 countries of a total of 81,433 cases of AIDS. An additional 29 countries have reported "zero cases". The distribution of cases by continent is as follows:

Africa	9,788 cases;	41 countries
Americas	60,409 ;	42
Asia	233 ;	19
Europe	10,177 ;	27
Oceania	826 ;	4

[redacted]

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(A24)

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Prepared and presented as a professional service by the Communicable Diseases (Scotland) Unit, Ruchill Hospital, Glasgow, G20 9NB, Scotland

Acquired Immune Deficiency Syndrome (AIDS) - United Kingdom

Table 1

Cumulative totals of UK reports of AIDS Cases, by transmission characteristics, to 31 August, 1987

Transmission Categories	Cases			Deaths		
	Male	Female	Total	Male	Female	Total
Homosexual/bisexual	860	-	860	476	-	476
Intravenous drug abuser	10	3	13	4	2	6
Homosexual and IV drug abuser	15	-	15	8	-	8
Haemophilia	56	1	57	41	-	41
Recipient of blood : abroad	9	6	15	6	3	9
U.K.	6	2	8	5	2	7
Heterosexual - presumed infected : abroad	17	7	24	6	6	12
U.K.	3	5	8	2	4	6
Child of HIV-antibody 'positive' parent	4	7	11	2	4	6
Other	-	1	1	-	1	1
Undetermined	1	-	1	-	-	-
Total	**981**	**32**	**1013**	**550**	**22**	**572**

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Table 2

Cumulative totals of Scottish reports of AIDS cases, by transmission characteristics, to 31 August, 1987

Transmission Categories	Cases			Deaths		
	Male	Female	Total	Male	Female	Total
Homosexual/bisexual	22 (a)	-	22 (a)	9 (a)	-	9 (a)
Intravenous drug abuser	1	2	3	-	1	1
Homosexual and IV drug abuser	-	-	-	-	-	-
Haemophilia	2	-	2	2	-	2
Recipient of blood : abroad	1 (b)	-	1 (b)	1 (b)	-	1 (b)
U.K.	2	-	2	2	-	2
Heterosexual - presumed infected : abroad	-	-	-	-	-	-
U.K.	-	-	-	-	-	-
Child of HIV-antibody 'positive' parent	-	1	1	-	-	-
Other	-	-	-	-	-	-
Total	28	3	31	14	1	15

(a) includes three visitors from outside U.K.; one known to have died
(b) not blood transfusion

GLOBAL AIDS DATA

As of 2 September, 1987, the World Health Organization in Geneva has received reports from 123 countries of a total of 58,880 cases of AIDS. An additional 22 countries have reported "zero cases". The distribution of cases by continent is as follows:

Africa	5,491 cases;	35 countries
Americas	45,935 ;	40
Asia	181 ;	18
Europe	6,660 ;	27
Oceania	613 ;	3