

THT Testing
Webinar - HIV Clinic
experience in the
management of
migrant health care
workers with HIV

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The National picture - 2023

Data analysis of data from 8 centres in UK. Data from 155 People living with HIV analysed.

6 Hospital based, 1 sexual health based and 1 not known.

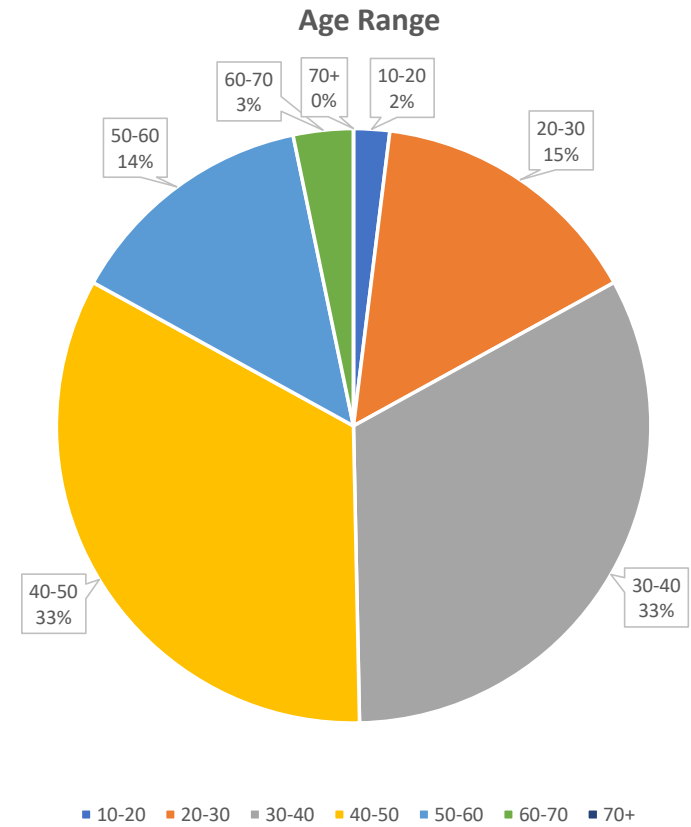
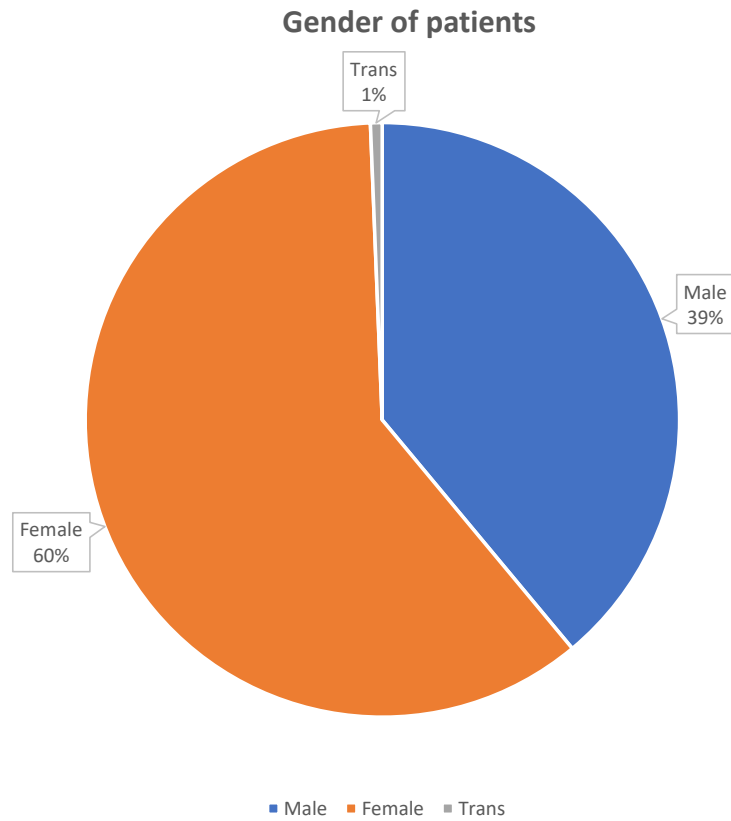
Mixture of urban, rural and in between.

Small through to large cohorts 300-950.

Varying skill mixes and prescribers within teams.

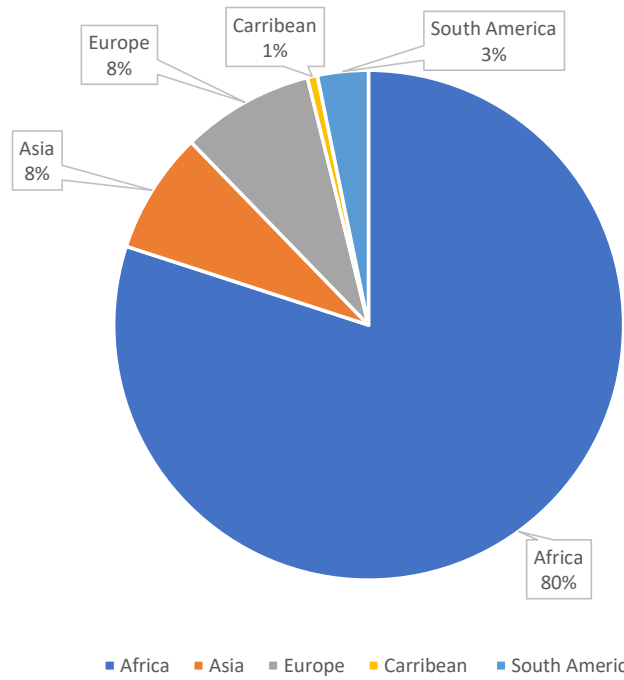
Range of 9 to 39 new transfers from abroad January-September 23.

One clinic (Somerset) had over 10% increase in their cohort, most had about 3-4% increase.

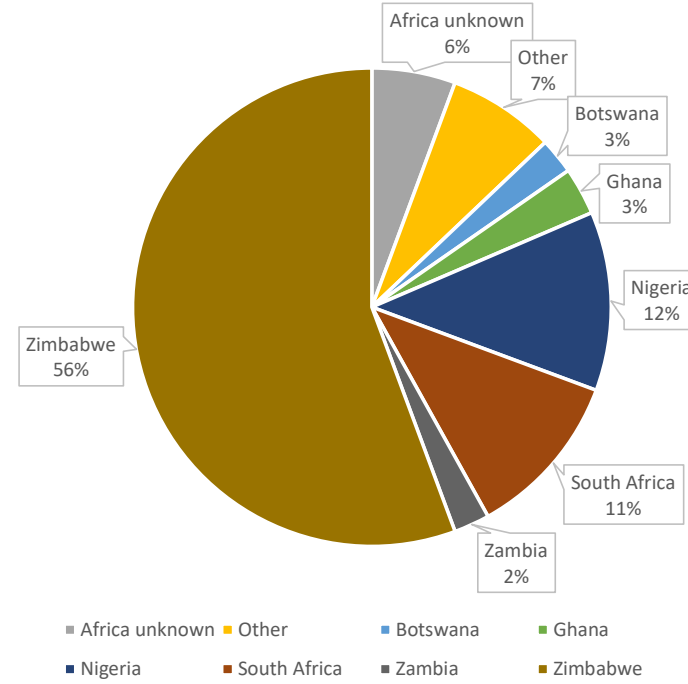


Patient data

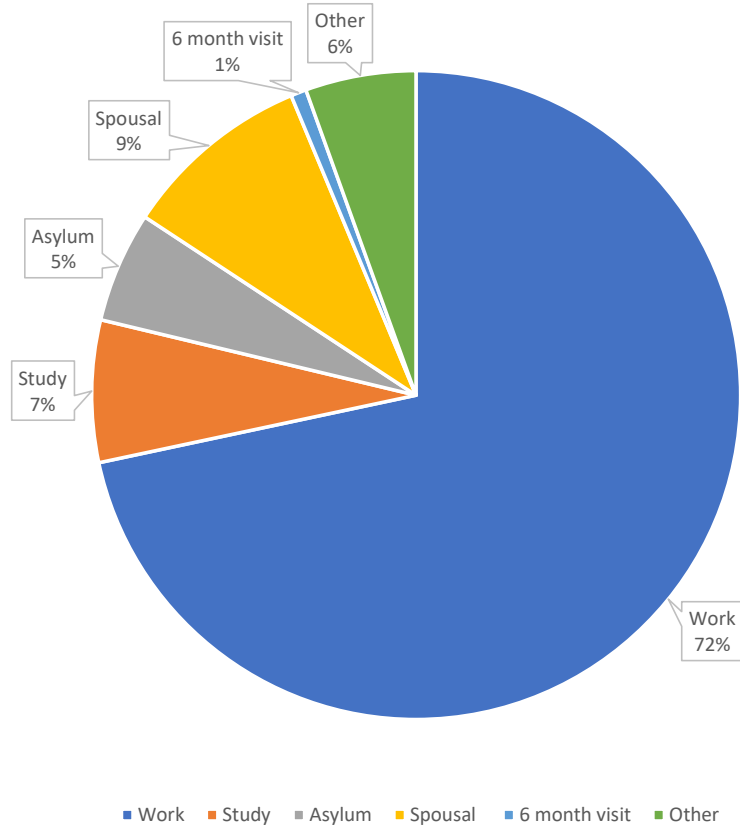
Continent of origin



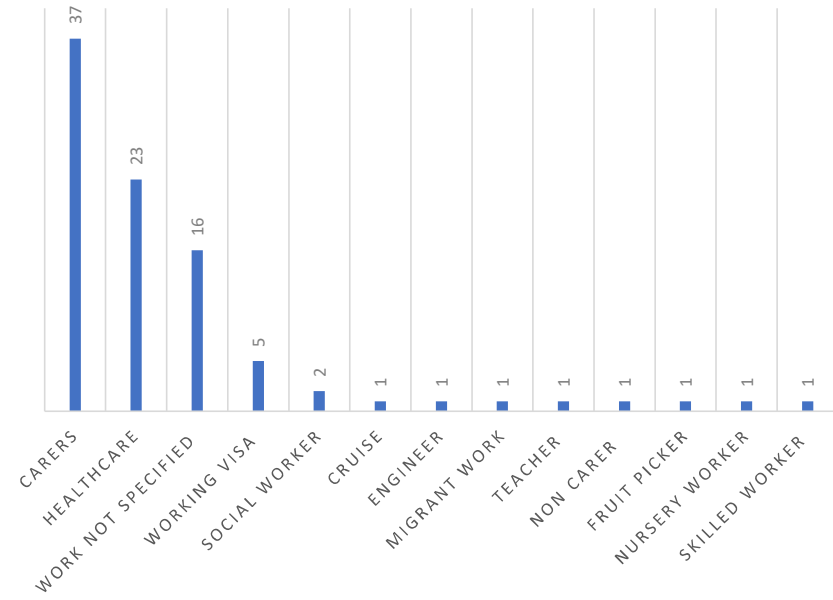
Africa breakdown



Reason for immigration



WORK IN UK



How long in UK when made contact/How referred?



Range 3 days to 4 years!

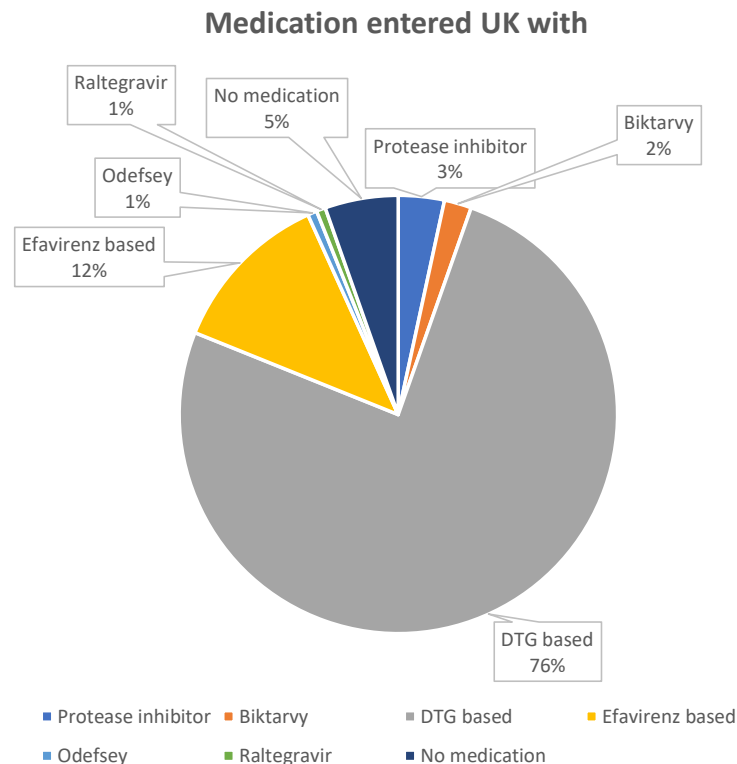


Patients had been in the UK an average of 116 days (mean value) or 189 days (median value) = 4-6 months.



Primarily self referred (50 %) or via GP (34 %) but also via inpatient route, sexual health, voluntary sector and family members/spouse.

What regimen and how many doses left when entering UK?



- Patients had 0-300 doses of ART left when entered UK.
- 29 (19%) had no medication left at all when entering the UK/making contact.
- Some of these had run out some time before or had been stretching their doses.
- 48 (31%) had 2 weeks or less when making contact.

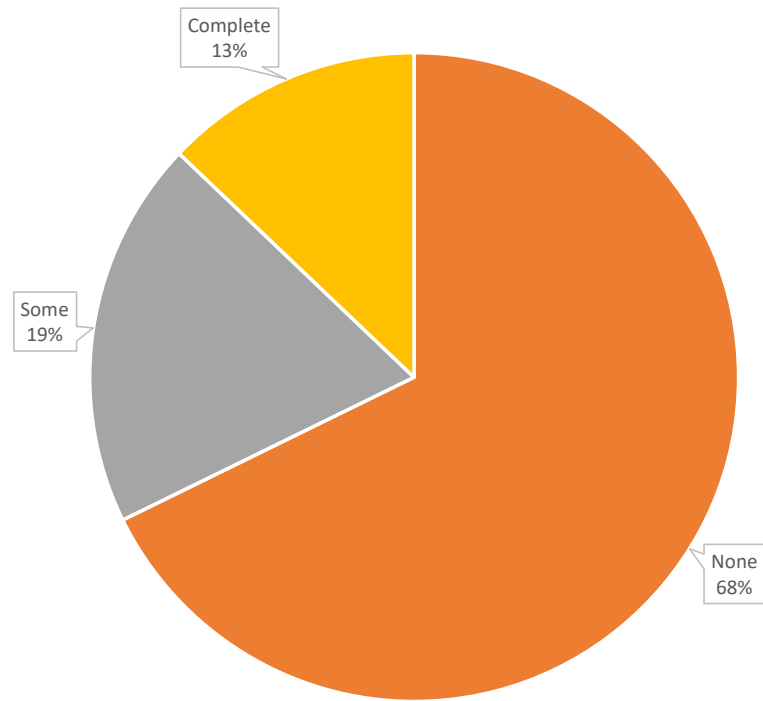
63% were given a Dolutegravir containing regimen and 13% Biktarvy.
1 patient was later switched to injectables.

A small proportion (11%) were given NNRTI based regimens.
Some of these had come to the UK on INSTI containing regimens.

Most overseas transfers came across on a 3 in 1 version of
DTG/Emtricitabine/Tenofovir DF and were given the same in the UK but in
the form of 2 pills.

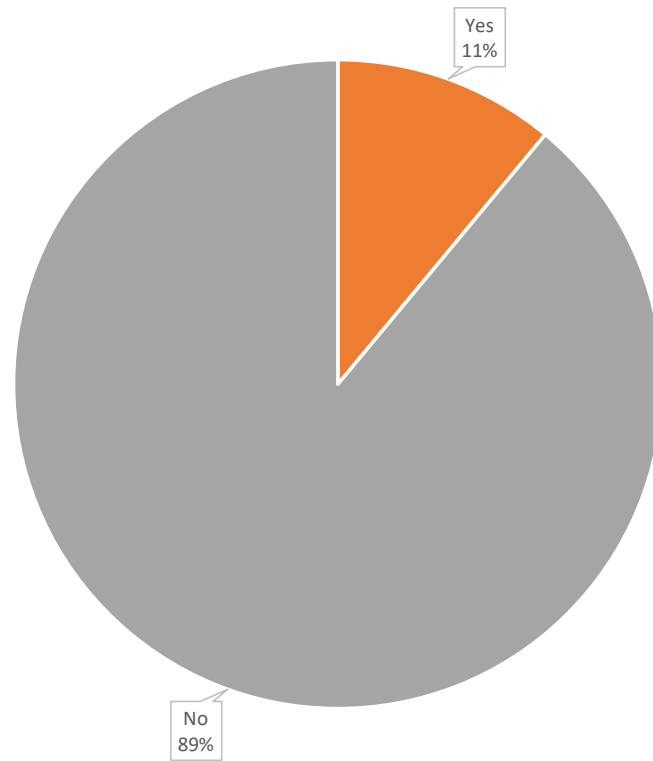
Incomplete ART and resistance history may limit the options for the future

Transfer history available



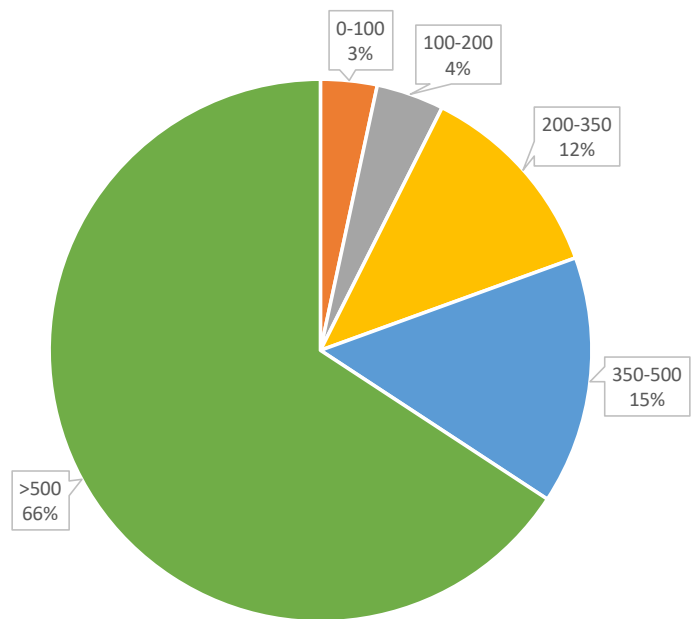
■ Transfer history available ■ None ■ Some ■ Complete

Language barrier



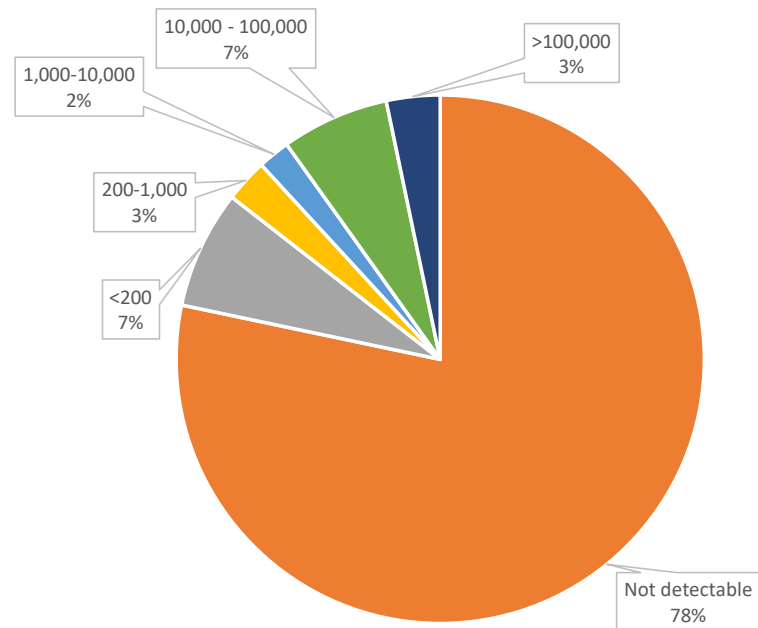
■ Language barrier ■ Yes ■ No

First CD4 count at clinic



■ First CD4 count at clinic ■ 0-100 ■ 100-200 ■ 200-350 ■ 350-500 ■ >500

First viral load at clinic



■ Not detectable ■ <200 ■ 200-1,000
■ 1,000-10,000 ■ 10,000 - 100,000 ■ >100,000

Co-infections

- Most (74%) had no co-infections or other significant morbidity.
- However, 13 people had Tuberculosis with 11 of these having active disease and 2 cases of MDR TB.
- 9 patients had Syphilis at initial testing.
- 7 were HBV positive and 4 had HCV.
- Some people had chronic issues such as hypertension or Type 2 diabetes but 1 patient was diagnosed with cervical cancer on arrival in the UK and 4 were referred from acute services as they were unwell.
- 1 couple's child was diagnosed HIV positive in the UK.

MDR TB, multi-drug resistant tuberculosis

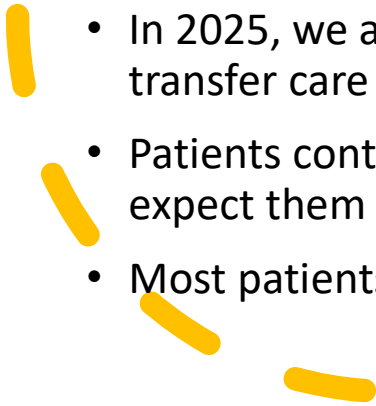
Tests

- There seems to be national discrepancy in what tests are being done for new overseas transferees.
- Most people had a HLA-B*5701 test.
- Some centres are routinely doing resistance testing at baseline, even on those with undetectable viral loads which will have a cost implication.
- Not all people seem to have a T-Spot/TB testing done at baseline, as most are from high prevalence areas this may have clinical implications.



The picture across Mid and South Essex

- We are 3 relatively small services with about 1500 in our cohort, most clinics are Nurse-led.
- 2023 saw a huge increase in new transfers, predominantly from Southern Africa. Nearly all are Care workers and are living in shared accommodation. We have seen a few Health Care workers, some newly diagnosed on entry to the UK via Occupational Health or GP. 59 transfers from abroad, 48 from Africa.
- We continue to see a significant number of new migrant transfers in 2024. 54 overseas transfers, 45 from Africa (data to 31st December).
- In 2025, we are seeing overseas transfers starting to move around the UK for work purposes and transfer care within the UK.
- Patients continue to report difficulty in getting time off to come to clinic – the agencies often expect them to work 60 hours plus per week. They feel unable to prioritise their health.
- Most patients come with very limited transfer history so resistance history is often unknown.





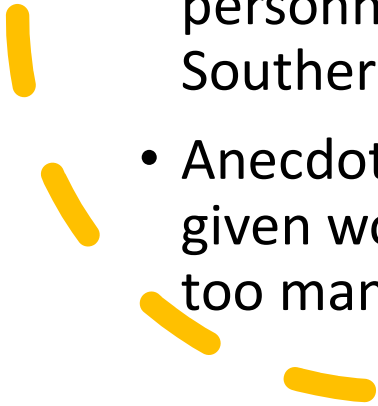
- Patients are often moving around the UK doing live in work which presents challenges for continuity of care. We are able to offer virtual consultations and Homecare delivery around the UK to try to simplify this for them but like to see them face to face for the first 2 visits.
- We are seeing children and adolescents who have newly migrated too.
- Patients often have limited family support around them in the UK. Many have children back home.
- We have seen 9 pregnant ladies who have newly migrated and this is often complicated – Incomplete history, wish to breastfeed, disclosure to partner, status of existing children back home.
- Wethersfield Immigration Centre opened in July 2023, only 2 new referrals.

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- We are also seeing new diagnosis of HIV in this cohort, often very late requiring hospital admission. This then makes working and fulfilling visa obligations very difficult for the PLWHIV.
 - There have been times we have struggled to cope with demand such as when we have received 2 or 3 referrals a day, often in people with limited supply of ART's left – we have had to be creative in our problem solving!



Conclusions

- There appears to be a nationwide increase in people transferring from overseas with known HIV, this appears to have started late 2022/early 2023.
- A significant proportion have been recruited for Healthcare or care work.
- Code of practice for the international recruitment of health and social care personnel in England - Updated 2 September 2024 – Zimbabwe and other Southern African countries are on the red and amber list.
- Anecdotally, some people are being promised care work but not being given working hours once they are here. Others are being expected to work too many hours and often given their rota's last minute.





- It is unclear yet as to whether this cohort will remain in the UK long term or choose to return to their country of origin.
- Many do not know how to access Healthcare on arrival or their rights to Healthcare and this is where a leaflet to be sent to all agencies/NHS Trusts etc would be invaluable.
- Some Trusts/Clinics are struggling to meet the increased demand and there needs to be recognition of this and the need for increased resources in some areas.



Thank you
to:

Somerset NHS Foundation Trust

Royal Cornwall Hospital trust

Buryfields clinic, Surrey

Portland clinic, Huddersfield

Swansea sexual health clinic, Wales

Barts Health NHS Trust

Birmingham Heartlands Hospital