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CURRENT NOTES

Warning to drug injectors as HIV infections rise

49/2601 Public Health officials in NHS Greater Glasgow and Clyde are urging drug injectors to protect themselves and those around them as the number of new HIV infections in this risk group have increased significantly since last year.

There are on average 115 new cases of HIV in Greater Glasgow and Clyde each year, the majority being sexually transmitted. The number of cases thought to be transmitted through injection drug use is on average ten new cases per year, but this year there have been 17 cases so far.

The number of new HIV infections in people who have a history of injecting drugs in 2015 has exceeded the total of new infections for the whole of 2014.

Officials have issued three key messages:

- if injecting, use clean fresh equipment and never share;
- use a condom for sex;
- take an HIV test.

NHS Greater Glasgow and Clyde works closely with Glasgow City Council to provide drug users with a range of services to support them and provide them with clean equipment. [Source: NHS Greater Glasgow and Clyde Media Centre, 24 June 2015. <http://www.nhsggc.org.uk/about-us/media-centre/news/2015/06/hiv-infections-increase/>]

New report: 'Defeating AIDS – Advancing global health'

49/2602 A major new report released by UNAIDS (the Joint United Nations Programme on HIV/AIDS) and Lancet Commission (<http://www.thelancet.com/commissions/defeating-aids-advancing-global-health>) is urging countries most affected by HIV to focus on stopping new HIV infections and expand access to antiretroviral treatment or risk the epidemic rebounding.

Whilst progress has been made to increase access to HIV treatment globally, the report shows that the rate of new HIV infections is not falling fast enough. This, combined with high demographic growth in some of the most affected countries, is increasing the number of people living with HIV who will need antiretroviral therapy to stay alive.

Findings from the report state that sustaining current HIV treatment and prevention efforts would require up to 2% of GDP, and at least a third of total government health expenditure, in the most affected African countries from 2014 to 2030 to fund HIV programmes. It is envisaged that international support to the AIDS efforts in these countries will be needed for many years to come, whilst ensuring that people are not left behind in middle-income countries, which should do more to sustain their HIV prevention and care programming in higher risk, often marginalised populations.

It is believed that, with an increase and better use of resources, HIV transmission and AIDS-related deaths could be greatly reduced and mother-to-child transmission virtually eliminated by 2030.

HIV programmes are believed to have a maximum effect when used in combinations that are tailored to the needs and contexts of populations at higher risk and in geographical locations with high HIV prevalence, as is now the policy in countries such as Kenya. At the same time, it is believed synergies with mainstream health services are needed, and a long-term view to ensure sustainability of achievements, including high quality antiretroviral treatment.

The Commission calls for leveraging lessons learned in the AIDS response to be applied to new and existing global health challenges, whilst recognising the extraordinary innovation in the AIDS response.

The report is critical of countries it believes have become complacent, highlighting that some countries with previously stable or declining HIV epidemics have shown trends of increasing risky sexual behaviours among at-risk groups over the past five years, with new HIV infections on the rise. For example, recent studies have found clear evidence of resurgent HIV epidemics among men who have sex with men in Western Europe, North America, and Asia. In Uganda, national trends in new HIV infections have started to reverse and rise again after a decade of growing successes, in part because of a decreased focus on HIV prevention.

The report makes seven key recommendations, leading with the urgent need to scale up AIDS efforts, get serious about HIV prevention, and continue expanding access to treatment. Other recommendations include efficient mobilisation of more resources for HIV prevention, treatment, and research, and for robust, transparent governance and accountability for HIV and health. The report believes AIDS response must continue to be grounded in human rights, and practical solutions are needed to expedite changes in laws, policies, and attitudes that violate the rights of vulnerable populations, and that stand in the way of an effective AIDS response. [Source: UNAIDS Press Release, 25 June 2015. http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2015/june/20150625_PR_Lancet]

New STI figures show rapid increases among gay men

49/2603 Public Health England (PHE) have published their report 'Sexually transmitted infections and chlamydia screening in England, 2014'.

Latest figures from the report (available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/437433/hpr2215_STI_NCSP_v6.pdf) show there were 439,243 sexually transmitted infections (STIs) reported in England in 2014.

The impact of STIs remains greatest in young people under the age of 25 years and gay men (gay, bisexual and other men who have sex with men).

Chlamydia is the most commonly diagnosed STI accounting for 47% of diagnoses (206,774 cases), followed by genital warts (70,612 cases). However, the largest proportional increases in diagnoses between 2013 and 2014 were reported for syphilis (33% increase) and gonorrhoea (19% increase).

PHE have issued the following recommendations:

- Consistent and correct condom use, reducing the number of sexual partners and the avoidance of overlapping sexual relationships; all reduce the risk of acquiring sexually transmitted infections.
- Regular screening for people in the highest risk groups:
 - sexually active under 25 year olds should be screened for chlamydia every year, and on change of sexual partner;
 - men who have sex with men (MSM) should have a full HIV and STI screen at least annually or every three months if having condomless sex with new or casual partners.

[Source: PHE Press Release, 23 June 2015. <https://www.gov.uk/government/news/new-sti-figures-show-rapid-increases-among-gay-men>]

Data for Scotland, based on laboratory positive diagnoses of genital chlamydia, genital herpes and gonorrhoea along with clinical reports of infectious syphilis, were published in the HPS Weekly Report on 16th June 2015 (<http://www.hps.scot.nhs.uk/documents/ewr/pdf2015/1524.pdf>). While there has been a decrease in the diagnoses of genital chlamydia and of syphilis, that of gonorrhoea has increased in Scotland. As with England, young people remain the group most at risk with being diagnosed with an STI.

IARC assesses three chemicals for cancer links

49/2604 The International Agency for Research on Cancer (IARC), the specialized cancer agency of the World Health Organization (WHO), has evaluated the carcinogenicity of the insecticides gamma-hexachlorocyclohexane (lindane) and dichlorodiphenyltrichloroethane (DDT) and the herbicide 2,4-dichlorophenoxyacetic acid (2,4-D).

After thoroughly reviewing the latest available scientific literature, a Working Group of 26 experts from 13 countries convened by the IARC Monographs Programme classified the insecticide lindane as **carcinogenic to humans** (Group 1). There was **sufficient evidence** in humans for the carcinogenicity of lindane for non-Hodgkin lymphoma (NHL).

The insecticide DDT was classified as **probably carcinogenic to humans** (Group 2A), based on sufficient evidence that DDT causes cancer in experimental animals and **limited evidence** of its carcinogenicity in humans. Epidemiological studies found positive associations between exposure to DDT and NHL, testicular cancer, and liver cancer. There was also strong experimental evidence that DDT can suppress the immune system and disrupt sex hormones. However, overall there was no association between breast cancer and DDT levels measured in samples of blood or fat.

The herbicide 2,4-D was classified as **possibly carcinogenic to humans** (Group 2B), based on **inadequate evidence** in humans and **limited evidence** in experimental animals. There is strong evidence that 2,4-D induces oxidative stress, a mechanism that can operate in humans, and moderate evidence that 2,4-D causes immunosuppression, based on in vivo and in vitro studies. However, epidemiological studies did not find strong or consistent increases in risk of NHL or other cancers in relation to 2,4-D exposure.

A summary of the final evaluations is available online in The Lancet Oncology (at [http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(15\)00081-9/fulltext](http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(15)00081-9/fulltext)), and the detailed assessments will be published as Volume 113 of the IARC Monographs.

Lindane has been used extensively for insect control, including in agriculture and for treatment of human lice and scabies. High exposures have occurred among agricultural workers and pesticide applicators; however, the use of lindane is now banned or restricted in most countries.

Large epidemiological studies of agricultural exposures in the USA and Canada showed a 60% increased risk of NHL in those exposed to lindane.

DDT was introduced for the control of insect-borne diseases during the Second World War and was later applied widely to eradicate malaria and in agriculture. Although most uses of DDT were banned from the 1970s, DDT and its breakdown products are highly persistent and can be found in the environment and in animal and human tissues throughout the world. Exposure to DDT still occurs, mainly through diet. The remaining and essential use of DDT is for disease vector control, mainly for malaria. This use is strictly restricted under the Stockholm Convention.

Since its introduction in 1945, 2,4-D has been widely used to control weeds in agriculture, forestry, and urban and residential settings. Occupational exposures to 2,4-D can occur during manufacturing and application, and the general population can be exposed through food, water, dust, or residential application, and during spraying. [Source: IARC Media Centre, 23 June 2015. http://www.iarc.fr/en/media-centre/pr/2015/pdfs/pr236_E.pdf]

EFSA opens public consultation on environmental risk assessment

49/2605 The European Food Safety Authority (EFSA) has opened public consultations on three draft scientific documents on environmental risk assessment (ERA). The aim of this work is to harmonise as far as possible the way the Authority assesses threats to the environment in its evaluations of regulated products and invasive alien species.

The first document is a draft guidance which demonstrates how biodiversity and ecosystem services can be considered when defining protection goals for ERA; the other two documents are draft scientific opinions that address, respectively, issues related to endangered species, and ecological recovery.

Plant protection products, feed additives and genetically modified organisms are subject to risk analysis and regulatory approval before being placed on the market, released into the environment, spread or used in agriculture. The role of EFSA is to assess and provide scientific advice to risk managers on possible risks that these substances may pose to the environment. EFSA also assesses the environmental risks related to the entry and spread of invasive alien species that are harmful to plant health.

Details of the consultations can be viewed at <http://www.efsa.europa.eu/en/consultations/call/150622.htm>.

Interested parties are invited to submit comments on the draft documents by 10 September 2015. [Source: EFSA, 22 June 2015. <http://www.efsa.europa.eu/en/press/news/150622.htm>]

Unlicensed operator guilty of illegal waste burning

49/2606 Alan Blyth pled guilty on 10 April 2015 at Kirkcaldy Sheriff Court to keeping controlled waste at his site in Leven without a Waste Management Licence. The matter was investigated by the Scottish Environment Protection Agency (SEPA) and a report was sent to the Procurator Fiscal.

SEPA officers attended Balmain Farm on 7 September 2012 as part of ongoing investigations into operations at the site. While on site they observed several tonnes of white waste plasterboard which was smouldering and approximately 20-30 tonnes of soil mixed with construction and demolition waste.

During a further site visit on 11 October 2012 SEPA officers observed what appeared to be the same wastes, but that they had been burnt further. Samples were taken and some wastes were

traced to the demolition of a Falkland care home which Alan Blyth had been involved in the removal of waste from. [Source: SEPA Media Release, 18 June 2015. <http://media.sepa.org.uk/media-releases/2015/illegal-waste-burning-results-in-restriction-of-liberty-order-for-unlicensed-waste-operator-in-fife/>]

NHS BOARD ABBREVIATIONS

AA	Ayrshire & Arran	BR	Borders	DG	Dumfries & Galloway	GGC	Greater Glasgow & Clyde
FF	Fife	FV	Forth Valley	GR	Grampian	HG	Highland
LO	Lothian	LN	Lanarkshire	OR	Orkney	SH	Shetland
TY	Tayside	WI	Western Isles				

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