

## **Growing numbers of older adults diagnosed with HIV in Europe**

In *The Lancet HIV*, Lara Tavoschi and colleagues<sup>1</sup> report on the growing number of adults aged 50 years and over becoming HIV positive in the European Union/European Economic Area. The authors used data from the European Surveillance System to find new HIV diagnoses for older (50+) and younger (15-49) adults and compared the two age groups over the period 2004-2015. There were just under 30,000 new diagnoses in that time, 5000 of them in the older age group. The rate of new diagnoses in older adults was 2.5 per 100,000 population. While this is a quarter of the rate of the younger age group, it is important to remember that these are new diagnoses. The mode of transmission of the older adults was predominantly heterosexual, with more men than women becoming HIV positive in older age. Of note, 40 percent of these people were diagnosed when their CD4 cell count was below 350 cells/ $\mu$ L, compared to 26 percent of the younger age group.

Many older people are sexually active<sup>2</sup> and their sexual health and behaviour affect HIV transmission. Yet, older adults have been largely neglected by the prevention community, partly due to the lack of information on their sexual behaviour and the focus on those under 50. Older adults are often ignored in sexual health policy<sup>3</sup>.

Older adults have often been omitted from data collection on HIV incidence and prevalence. Indeed, it is only in 2006 that UNAIDS changed from reporting data only for 15-49 year olds, to 15 years and older, but there were still limited data on those aged over 49 years<sup>4</sup>. UNAIDS released a special report on HIV and ageing in 2013<sup>5</sup>. The 'Gap Report' published by UNAIDS in 2014 included older adults as a group left behind in both prevention and treatment efforts<sup>6</sup>. While the focus on younger age groups reflects a very valid concern with rates of infection in younger people in parts

of the world<sup>7-9</sup>, the focus on data collection on those aged under 50 or 50 years reflects a belief that HIV is an infection acquired by younger people and is an infection people grow older with, rather than acquire HIV in older age. Therefore, the paper by Tavoschi and colleagues is timely in highlighting that increasing numbers of older people are acquiring HIV-infection in Europe each year. This has implications for their long-term health and well-being, particularly if they present when their HIV-infection is advanced<sup>10</sup>. In Europe and North America, increased mortality among older people living with HIV is often attributed to increased prevalence of illnesses such as cardiovascular disease, and kidney and liver failure, which may worsen HIV disease progression<sup>11</sup>. These older people are also at greater risk of infectious diseases, such as tuberculosis<sup>12</sup>. Non-governmental bodies, such as Terrence Higgins Trust, are actively highlighting the issues facing older people with HIV (<http://www.tht.org.uk/get-involved/Campaign/Our-campaigns/Ensure-older-people-with-HIV-have-the-services-they-need>), such as poverty and isolation as well as health-care needs.

Preventing HIV-infection for all age groups is essential, if the HIV epidemic is to be stopped, and older age-groups should not be left out. Targeted prevention interventions for older people such as the campaign launched in 2015 by the New York-based NGO ACRIA 'Age is not a condom' (<http://ageisnotacondom.org/en/news/>), are essential. There is a need for heightened awareness among health care workers of the risk of HIV-infection for older people. People over 50, may lack up to date knowledge of HIV-infection risks or knowledge of prevention methods, particularly if new sexual encounters follow the death or divorce from a long-term partner.

Providing easy access to testing, is a first step in getting people living with HIV on to treatment. Testing also provides much needed data on incidence and prevalence of HIV-infection in older adults. These data are essential to governments and non-governmental bodies to inform tailored prevention and mitigation efforts that address the needs of people 50 years and older.

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