



Dr. Julio Montaner, Director of the BC Centre for Excellence in HIV/AIDS and the Honourable Minister of Justice Jody Wilson-Raybould

## Dr. Julio Montaner Responds to the Honourable Minister Jody Wilson-Raybould's World AIDS Day Statement

The BC Centre for Excellence in HIV/AIDS (BC-CfE) supports and congratulates the Honourable Minister of Justice Jody Wilson-Raybould's statement regarding the criminalization of HIV non-disclosure. Her promise to re-examine the legislation is a welcome sign of an impending shift towards evidence-based laws to protect the human rights of those living with HIV, while reducing stigma.

"... The over-criminalization of HIV non-disclosure discourages many individuals from being tested and seeking treatment, and further stigmatizes those living with HIV or AIDS. Just as treatment has progressed, the criminal justice system must adapt to better reflect the current scientific evidence on the realities of this disease," says Minister Wilson-Raybould in her World AIDS Day statement.

Well-established and expanding scientific evidence shows an individual living with HIV can achieve a sustained undetectable viral load on effective and sustained HIV treatment. This leads to better quality of life and improved longevity for an individual, while reducing the chances they can transmit HIV to negligible.

Despite research evidence and broad scientific consensus against it, in Canada an individual living with HIV is expected to proactively disclose his or her status before a sexual encounter—unless the individual has both an undetectable viral load and uses a condom. An individual living with HIV who doesn't disclose can be criminalized, even if HIV transmission did not occur. This places an excessive burden on individuals living with HIV who participate in consensual sexual relationships.

In 2014, a group of leading Canadian scientists, including myself, released a statement expressing their concern that "the criminal law is being used in an overly broad fashion against people living with HIV in Canada because of, in part, a poor appreciation of the scientific understanding of HIV and its transmission."

Next only to the United States, Canada has the dubious distinction of being one of the world's leaders in prosecuting individuals living with HIV for non-disclosure. The charge for HIV non-disclosure is mostly aggravated sexual assault, for which the penalty can be up to 10 years and a damaging sexual offender registration. The law can negatively impact already marginalized and criminalized populations, including marginalized women. Out of 14 women charged for HIV non-disclosure in Canada, 10 have been charged with aggravated sexual assault.

If Canada is to be a leader in the effort to reach an AIDS-free generation, as established as a goal by the United Nations, we need to set the example for the world. Already, other countries including Switzerland, Congo, Guinea, Togo, and Senegal have revised their HIV non-disclosure laws or adopted new legislation limiting the use of criminal law only to cases of intentional transmission.

On behalf of the BC-CfE, I applaud Minister Wilson-Raybould's commitment to advancing progress against discrimination and stigma towards people with HIV. The Minister's highlighting on World AIDS Day of HIV non-disclosure criminalization and her commitment to address this law as an important issue show her compassion and dedication to the more than 70,000 individuals living with HIV in Canada — and to the millions living with HIV worldwide.

### HON. MINISTER WILSON-RAYBOULD'S WORLD AIDS DAY STATEMENT

World AIDS Day is a time to reflect on the impact that HIV/AIDS has had on Canadians, and to give thanks to the many dedicated people who work to prevent this disease and help people get the care and support they need.

It is also a time to recognize the tremendous medical advances that have been made since the first World AIDS Day was held in 1988. HIV treatment has slowed disease progression to the point that, for many, HIV infection can now be regarded as a chronic, manageable condition.

Still, the over-criminalization of HIV non-disclosure discourages many individuals from being tested and seeking treatment, and further stigmatizes those living with HIV or AIDS. Just as treatment has progressed, the criminal justice system must adapt to better reflect the current scientific evidence on the realities of this disease.

Over the coming months, I intend to work with my provincial and territorial counterparts, affected communities and medical professionals to examine the criminal justice system's response to non-disclosure of HIV status. This could include a review of existing charging and prosecution practices, as well as the possible development of prosecutorial guidelines. I also look forward to working with Member of Parliament Randy Boissonnault, Special Advisor to the Prime Minister on LGBTQ2 issues, in his continued efforts to engage Canadians on important issues such as this one.

On World AIDS Day, we should all share in the commitment to reduce stigma and discrimination against those living with HIV or AIDS.



» With one in five Canadians unaware of their HIV status, let's take the opportunity this year to not only spread holiday cheer, but urge all our loved ones to get tested. Happy holidays and a healthy, happy New Year to all!

— BC-CfE Director, Dr. Julio Montaner



## STUDY

# New GSHI Research Links Use of Injectable Hormonal Contraceptive with HSV-2 Acquisition among Marginalized Women

Earlier this month, the BC-CfE Gender and Sexual Health Initiative (GSHI) released an open letter demonstrating concerning evidence of linkage between hormonal injectable contraceptive (DMPA, Depo-Provera®) and increased rates of herpes simplex type 2 (HSV-2) acquisition among marginalized women within a Vancouver-based study. The letter was written in regards to a new peer reviewed report published in one of the top sexual health journals, *British Medical Journal STI*.

Access to effective, safe and appropriate contraceptives tailored to individual women's needs is crucial to their reproductive choice and control. In particular, hormonal injectable contraceptive methods offer a highly effective female-controlled option which does not require daily compliance. Unfortunately, a growing body of evidence suggests depot medroxyprogesterone acetate (DMPA, Depo-Provera®), one of the most widely used hormonal injectable contraceptives, may increase the risk of acquiring and transmitting HIV and other sexual transmitted infections (STIs) among women. However, to date, this evidence has largely been drawn from a general population of women in sub-Saharan Africa, and given limited consideration among other marginalized populations with high, unmet sexual and reproductive health needs.

In the new Socias et al. study<sup>1</sup>, a longitudinal cohort of 800 women in street and off-street sex work in Vancouver (2010-2014), high incidence rates of HSV-2 (median follow-up of 18.6 months) were documented among previously HSV-2 negative women (n=143). The rates were among the highest ever reported worldwide. DMPA was an independent predictor of HSV-2 acquisition, with disproportionately higher use of DMPA among the most marginalized women in our study, including Indigenous and street-involved women. These results held when restricting the analysis to HIV-negative

women, and even after adjusting for socio-demographics and condom use.

HSV-2 is a lifelong sexually transmitted infection associated with a large burden of disease globally; typically involving periodic outbreaks of painful genital ulcers, as well as substantial psychological morbidity. In addition, HSV-2 infection has been associated with increased risk of acquiring HIV and other STI infections. DMPA has a history of being preferentially recommended to marginalized and street-involved communities as a means of reproductive control. Taken together, findings from this study raise serious concerns regarding the provision of optimal reproductive and sexual health care and rights among marginalized women in Vancouver.

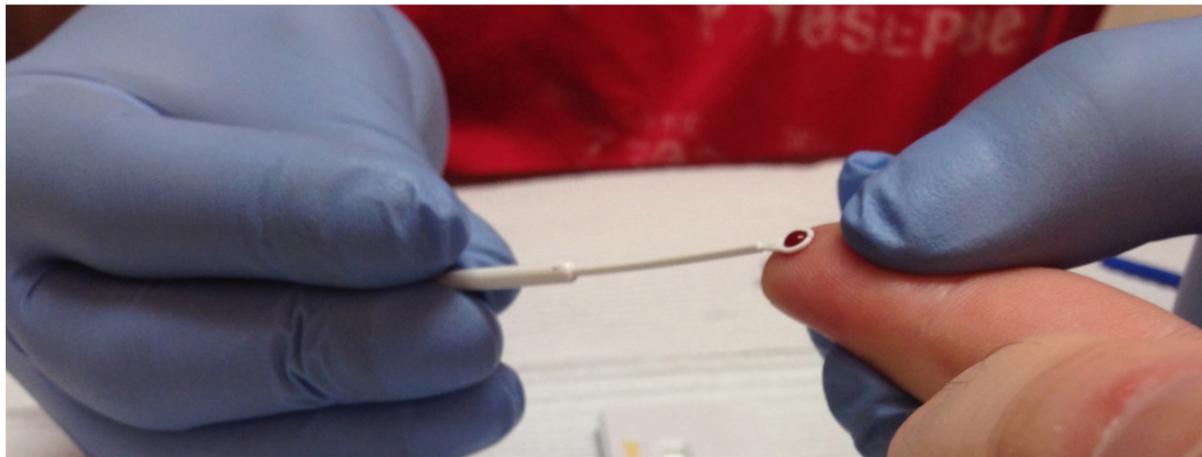
These results point to the urgent need to actively engage women sex workers in the development of tailored health services that comprehensively address sex workers specific reproductive and sexual health needs and rights. In addition, further research is needed to better understand associations between different contraceptives and risk of HSV-2, HIV and other STIs to help inform the development of safer reproductive choices for women worldwide.

Alongside recent evidence further confirming linkages of Depo Provera® with HIV, this evidence suggests an urgent need to review clinical guidelines in Canada and internationally and prescribing practices for clinicians for Depo-Provera® and impacts on sexual and reproductive health and rights of marginalized communities.

<sup>1</sup>Socias ME, Duff P, Shoveller J, Montaner JS, Nguyen P, Ogilvie G, Shannon K. [Use of injectable hormonal contraception and HSV-2 acquisition in a cohort of female sex workers in Vancouver, Canada](#). Sex Transm Infect. 2016, E Pub Ahead of Print.

## CASE STUDY

# Case Study: Routine Testing Uncovers HIV Cases



Early diagnosis of HIV is known to improve patient outcomes and reduce the risk of transmission. By the time an individual tests positive for HIV, evidence shows there may have been many missed opportunities in health care settings where the patient could have been tested and diagnosed earlier. The next case study highlights the experience of a couple who do not fit the typical risk factors for HIV infection, as well as the importance of routine HIV testing in hospitals today.

Mr. and Mrs. X\* immigrated to Canada over 40 years ago and settled in British Columbia where they raised their children. English was not their first language so they were delighted to find a family doctor who could provide care in their native tongue. Four years ago, Mr. X, 85, was admitted to a local hospital due to postoperative issues after routine surgery under the surveillance of the admitting doctor.

Since routine HIV testing was now part of the hospital protocol, he was asked for and agreed to an HIV test. Follow up tests, after an unexpected positive result, revealed Mr. X had a very low T-cell count and advanced HIV infection. This indicated he might have been living with the virus for a number of years, which could account for several of his ongoing medical issues. Under the partner notification process, his wife, Mrs. X, 73, was contacted following her husband's diagnosis. She also tested HIV positive and was found to have other HIV-related complications. Mrs. X had been experiencing health issues such as fatigue and bruising, but since she

did not fall under any of the traditional risk factors for HIV, no one — including specialist physicians and her family doctor — thought to test her. New B.C. guidelines now recommend that physicians get to know the HIV status of all of their patients regardless of risk.

Mr. and Mrs. X's immune systems had been compromised for a number of years but, with appropriate treatment, many of their symptoms were reversed. Both say they feel much better today. Had Mr. X not experienced trouble after surgery and not accepted a routine test for HIV in the hospital, the couple may have gone untreated for a much longer time — leaving them at increased risk for HIV-related health problems or even death from a treatable condition.

Some may wonder why their family doctor had not tested them before Mr. X's hospital visit. Prior to 2012, HIV testing was not routine in B.C. hospitals or family practices; rather, HIV testing focused mostly on those with certain risk behaviours. It may have been difficult for a physician to ask questions about such behaviours or for patients to disclose them, and such questions could have been perceived as intrusive and culturally taboo within certain communities.

As this case demonstrates, routinely offering HIV testing benefits everyone and helps to remove the social and cultural discomfort faced by some patients and medical practitioners.

\*Names have been changed for privacy and confidentiality.

## AWARD

# Dr. Julio Montaner Recognized as One of "10 Most Influential Hispanic Canadians" in 2016

Earlier this month, TD Bank recognized the "10 most influential Hispanic Canadians" of 2016 at an awards dinner held in Toronto. Presented by His Excellency Luis Almagro Lemes, Secretary General of the Organization of American States, Dr. Julio Montaner was among those honoured, for his work developing and expanding access to HIV treatment in Canada. He cited the influence of his father's career as a lung and TB specialist in Argentina, in teaching him to think innovatively about medical solutions. It was this drive that brought him to Canada and compelled him to stay and discover the research and treatment necessary to save lives not only in his adopted country of Canada, but in fact, worldwide.

To read the full statement: [bit.ly/TDTop10](http://bit.ly/TDTop10)

## LECTURES & EVENTS

### What's New in Addiction Medicine?

#### TBD

Speaker: Dr. Valerie Giang

Tuesday, January 24, 2017 12–1PM

Hurlburt Auditorium (2nd floor), St. Paul's Hospital

### Forefront Lecture

#### The Future of PrEP in B.C.

Speaker: Dr. Mark Hull

Wednesday, January 11, 2017 12–1PM

Hurlburt Auditorium (2nd floor), St. Paul's Hospital

### HIV Care Rounds

#### Caring for People Arriving as Refugees in B.C.

Speakers: Drs. MeiLing Wiedmeyer, Stacy Barry, & Sonja Rietkerk

Thursday, January 12, 2017, 8–9AM

Conference Room 7, Providence Level 1, St. Paul's Hospital

#### RACC Clinic

Speakers: Drs. Mark McLean, Nancy Chow, & Christopher Fairgrieve

Thursday, January 26, 2017, 8–9AM

Conference Room 7, Providence Level 1, St. Paul's Hospital

For more information, contact us at

[Education@cfenet.ubc.ca](mailto:Education@cfenet.ubc.ca) or visit our website at [www.education.cfenet.ubc.ca](http://www.education.cfenet.ubc.ca)

## BC Centre for Excellence in HIV/AIDS

- > Improve the health of British Columbians with HIV through comprehensive research and treatment programs;
- > Develop cost-effective research and therapeutic protocols;
- > Provide educational support programs to health-care professionals;
- > Monitor the impact of HIV/AIDS on B.C. and conduct analyses of the effectiveness of HIV-related programs.

Physician Drug Hotline

1.800.665.7677

St. Paul's Hospital Pharmacy Hotline

1.888.511.6222

Website

[www.cfenet.ubc.ca](http://www.cfenet.ubc.ca)

E-mail

[info@cfenet.ubc.ca](mailto:info@cfenet.ubc.ca)

Funding for the BC Centre for Excellence in HIV/AIDS is provided by the BC Ministry of Health through PharmaCare and the Provincial Health Services Authority.



How you want to be treated.



BRITISH COLUMBIA  
CENTRE for EXCELLENCE  
in HIV/AIDS