



## Recap on the Fall HIV/ARV Update

For over a decade now, health care providers, researchers, scientists, service providers and members of the community have come together twice yearly for a day-long conference on the status of HIV and related conditions in BC, hosted and sponsored by the BC Centre for Excellence in HIV/AIDS (BC-CfE). On October 22nd, this year's Fall HIV/ARV Update focused on HIV and syndemic issues of substance use disorders, viral hepatitis and mental health.

### Advancing access to PrEP and ART

In a relatively new BC-CfE initiative, pharmacist Junine Toy shared news on the continued rapid uptake of PrEP (pre-exposure prophylaxis) since becoming publicly available in BC in January. Close to 3,000 British Columbians have been prescribed the HIV prevention drug, with new prescribers coming on each month from across the province. PrEP is a new Government of BC supported initiative in the **Treatment as Prevention® (TasP®)** strategy. And, in combination with expanding access to HIV testing and treatment through **TasP®**, will play a role in curbing the HIV epidemic.

As part of the update, the BC-CfE Education and Training Team invited nurse practitioners to access training in order to prescribe PrEP and antiretroviral treatment (ART). This new BC-CfE program, launched this fall in partnership with the College of Registered Nurses of BC (now the British Columbia College of Nursing Professionals), is aiming to increase PrEP and ART prescribers. The goal is to reach individuals living with HIV or at-risk of HIV in underserved areas.

### Addressing syndemic issues and BC's opioid crisis

BC-CfE Director Dr. Julio Montaner highlighted the

encouraging pace of progress in BC and in Canada towards reaching the UNAIDS 90-90-90 goals to end AIDS by 2030. "AIDS-related deaths are at an all-time low in BC. The challenge is we are seeing increased non-AIDS-related conditions as drivers of mortality," said Dr. Montaner. "There is an urgent need on our part to expand our strategy to be more attentive to the needs of the patients with mental health and substance use issues." These factors are pertinent to the BC-CfE's continued expansion into Vancouver's Downtown East Side.

Two years since a public health emergency was declared, BC Provincial Health Officer Dr. Bonnie Henry reflected on the ongoing opioid overdose crisis in the province. The crisis is being driven by illicit drug use and overdose deaths are predominantly among young men. Indigenous populations are "overwhelmingly overrepresented".

According to Dr. Henry, life-saving naloxone is key to reducing deaths in the short-term, but further engagement in substance use treatment and expansion of mental services are needed. "That we are not seeing increases in HIV and hepatitis C is testament to the success of harm reduction programs," said Dr. Henry.

### BC-CfE's BOOST Initiative seeing success

Aiming to optimize access to harm reduction through opioid agonist treatment, the BC-CfE-led BOOST Initiative is making headway. The initiative has helped clinics better retain individuals with substance use disorders through ground-up quality improvement.

Incremental changes led by clinic staff, such as adding reminder calls for appointments or follow-up calls for

patients, have made a difference. "Data drives change," said Dr. Rolando Barrios, Assistant Director of the BC-CfE. "In quality improvement, we are not in the quest of new knowledge but in the quest of *applying* existing knowledge." The goal is to have 95% of patient retained on opioid agonist therapy for three months or more. The program is now reaching almost 80% retention at three months, compared with a rate of approximately 30% at its start. Based on its success, BOOST will see further expansion throughout the province in the coming months.

### Applying principles of Treatment as Prevention® to addressing hepatitis C

BC-CfE researcher and clinician Dr. Mark Hull explained there has been strong uptake along the cascade of care for hepatitis C in BC; however, not everyone is benefitting equally. Women, people with substance use disorders and Indigenous people are not being offered care for hepatitis C at the same rates. "There is not universal access to DAAs [direct acting antivirals]," said Dr. Hull. "Hep C treatment should fall under the repertoire of experienced family care doctors."

DAAs offer higher cure rates, shorter treatment times and fewer side effects than previous generations of hepatitis C treatments. Currently, the BC-CfE Per-SVR study is looking at the threshold of prevention and harm reduction interventions that will prevent reinfection. Expanding access to hepatitis C testing and treatment is another element of a **Targeted Disease Elimination®** strategy, based on the principles of **TasP®**.

(continued on reverse)

» "We have the know-how to significantly curb the spread of HIV – we are doing it right here in BC. But we can't end the war unless the rest of Canada, the continent and the world also succeed. We are all in this together!"

– Dr. Tania Bubela, Dean, Faculty of Health Sciences, Simon Fraser University



## An addition to the focus of the BC-CfE: HIV cure research

Dr. Zabrina Brumme, Director of the BC-CfE Laboratory Program, provided an additional angle to the BC-CfE's continued fight against HIV. Her work will include research towards an HIV cure or vaccine, providing critical clues on how the virus persists in the body. Dr. Brumme provided an informative review of cure strategies scientists are pursuing worldwide. "There is no cure for HIV today, nor is there a reproducible strategy to induce HIV remission. However, we are actively working on it and we believe that it will be feasible to achieve one day—through scientists, health care providers and members of the community working together," said Dr. Brumme.

## STUDY

# New research looks at effects of loneliness among people living with HIV

Loneliness and stigma can be everyday realities faced by many people living with HIV (PLHIV). In a presentation this month to health care providers at St. Paul's Hospital, Dr. Marianne Harris presented new research on how these experiences can affect health and quality of life. Dr. Harris is the Clinical Research Advisor in the AIDS Research Program, a collaboration between St. Paul's Hospital and the University of British Columbia.

The Positive Brain Health Now (PBHN) study is an ongoing Canadian cohort following 856 PLWHIV aged 35 years and older (the average age is 52 years). When asked during their first study visit, nearly two-thirds of participants (64%) reported being lonely "sometimes" or "quite often" (at equal rates between men and women).

Those reporting loneliness had more HIV-related symptoms, more pain, more fatigue, and smaller social networks, and were more likely to be bothered by HIV-related stigma—all factors that might contribute to their being lonely. PLHIV who reported loneliness were also less physically active and watched more television, and were more likely to use opioids (a finding that was independent of reporting pain). Unlike in other studies, PBHN investigators did not find an association between loneliness and smoking or alcohol use.

In the PBHN study (as in other studies in HIV-negative populations), loneliness has important consequences in terms of mental and emotional health. Participants reporting loneliness have higher levels of depression, stress and anxiety than their non-lonely counterparts. They also have more concerns about their cognitive abilities and scored more poorly on tests measuring memory, attention, decision-making and other cognitive functions.



Lead Author Dr. Marianne Harris

The BC-CfE sponsors and hosts the HIV/ARV Update as an educational event to provide cutting-edge perspectives and findings on HIV from experts from the BC-CfE and other organizations. The meeting has brought together highly renowned international researchers, including Nobel Laureate Françoise Barré-Sinoussi. Prominent officials such as federal Ministers of Health and representatives from the United Nations have joined past events in Vancouver and internationally. See videos from past ARV Updates on the BC-CfE website. <http://bit.ly/ARVvideo>

The next update will be held in Vancouver on May 6, 2019. Sign up to receive BC-CfE email updates to stay informed about upcoming HIV/ARV updates: <http://bit.ly/BCCFESignup>

These negative impacts had major effects on the study participants' quality of life. Using a number of different measures, investigators found that PLHIV who were lonely consistently rated their health as being worse and reported poorer quality of life. Feelings of solitude impacted all facets of quality of life including: general health perception, social functioning, role limitations due to physical health, role limitations due to emotional problems and overall mental health.

Relationships between loneliness, stigma, depression, anxiety and cognitive function are complicated. It's not always clear which is the chicken and which is the egg because often the effects go both ways. For example, someone who is depressed may be less motivated to go out and engage in social activities, and therefore may become isolated and lonely. At the same time, feeling alone may make their depression worse. Similarly, a person who has cognitive concerns may isolate themselves and thereby become lonely; in turn, lack of social contact may make their cognitive function deteriorate.

To study the influence of HIV-related stigma, PBHN investigators asked the participants, "To what extent are you bothered by people blaming you for your HIV status?" To separate this type of stigma from that related to gender or race, the investigators looked at the 512 Caucasian men in the study and found that 30% of them answered "very much" or "an extreme amount". As well as leading to loneliness, experiencing HIV-related stigma appeared to have direct effects on emotional health, cognitive function and quality of life. These particular findings will soon be published in the *Journal of AIDS (JAIDS)*.

## WORLD AIDS DAY

# We are challenging everyone in BC to know their HIV status and to know HIV



The official theme of the United Nations' World AIDS Day, December 1st, is "Know Your Status."

Throughout the month of November, the BC-CfE is building awareness about HIV. We are challenging citizens of BC to learn more about HIV.

The first step: Know your status. BC guidelines recommend all adults to be tested for HIV. Next: Take our online quiz to challenge your knowledge about HIV in BC and Canada ([bit.ly/WAD2018Quiz](http://bit.ly/WAD2018Quiz)). And importantly: Get talking about HIV to challenge stigma.

Follow along with #KnowYourStatusBC as the BC-CfE will be sharing stories and interviews from top HIV researchers and those in the community living with HIV. We are asking how things have changed and where we still need to progress further.

For example, in British Columbia, at the peak of the HIV/AIDS epidemic, one person was dying of AIDS every day. Renowned Vancouver artist Tiko Kerr, a long-term

HIV survivor, still remembers and says "I am the only survivor of anyone I know from those days."

Eventually, through the development of lifesaving highly active antiretroviral treatment (HAART) in 1996, individuals were able to survive an HIV diagnosis. BC-CfE Director Dr. Julio Montaner played a key role in this landmark discovery that marked a turning point for the HIV epidemic here in BC and worldwide.

Now through access to antiretroviral treatment, an individual living with HIV can lead a longer, healthier life. In BC, through widespread testing and access to HIV treatment, the vertical transmission of HIV (from mother to child) has virtually been eliminated. This marks a huge early victory for **Treatment as Prevention**<sup>®</sup>, a homegrown strategy that has led BC to be the only province to see a consistent decline in new HIV cases.

However, even in 2018, many misconceptions about HIV persist—contributing to stigma that has been shown in research to create barriers to accessing effective services and care. Let's bring to light and dispel these misconceptions.

Help us get the word out to a broader audience by sharing the #KnowYourStatusBC campaign on social media. You can also help by starting a conversation about HIV. Most importantly, ask your health care provider for a test. We can all get tested to know our status. And we can all know more about HIV.

## AWARDS

### The BC-CfE receives "Employer of the Year" Award



BC-CfE Director, Dr. Julio Montaner, Peer Research Associate, Sharyle London and Fiona Dalton, President & CEO, Providence Health Care

On September 27th, the Disability Alliance BC recognized the BC-CfE with an "Employer of the Year" Award for excellence in the employment of people with disabilities. The BC-CfE was nominated by Sharyle London, a Peer Research Associate with the BC-CfE's CANOC Study of people living with HIV.

### Dr. Julio Montaner receives Vancouver Civic Merit Award



Vancouver Mayor Gregor Robertson and BC-CfE Director, Dr. Julio Montaner

On October 30th, BC-CfE Director Dr. Julio Montaner received a City of Vancouver Civic Merit Award. The honour recognizes individuals for outstanding achievement in a particular field of endeavour in sports, science, arts, or culture within Vancouver and BC, or in recognition of a specific service. Dr. Montaner was recognized for pioneering "groundbreaking treatment protocols for HIV" and for widely sharing his expertise to ensure provincial, national and international success in the fight against the epidemic. Congratulations to Dr. Montaner!

## LECTURES & EVENTS

### Forefront Lecture

**Title: TBA**

Speaker: Dr. Angela Kaida

Tuesday, December 4, 2018, 12–1PM

Cullen Lecture Theatre, Providence Level 1, St. Paul's Hospital

### HIV Care Rounds

**Title: TBA**

Speaker: Dr. Silvia Guillemi

Wednesday, December 12, 2018, 12–1PM

Conference Room 6, Providence Level 1, St. Paul's Hospital

For more information, contact us at

**Education@cfenet.ubc.ca** or visit our website at **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)  
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