



Thrive Study team (L-R): PRA's Patience Magagula, Antonio Marante, Claudette Cardinal, Research Coordinator Rana Van Tuyl and Principal Investigator Surita Parashar (inset: PRA Sharyle Lyndon)

## BC-CfE's Thrive team awarded CAHR-CANFAR award

Each year the Canadian Foundation for AIDS Research (CANFAR) and the Canadian Association for HIV Research (CAHR) present the CAHR-CANFAR Excellence in Research Awards. This year's award for Community-Based Research (CBR) was given to the Peer Research Associates (PRA) of the BC-CfE's Thrive team.

Thrive was a BC-CfE led CBR study with a three-year duration and funded by the Canadian Institutes of Health Research (CIHR), focused on older adults living with HIV (OALHIV) accessing home and community care (HCC). Recognizing that OALHIV (i.e., over the age of 50) now constitute over 50 percent of all people accessing HIV treatment in BC, the need, as they age, for supportive care in non-acute settings, including HCC, is increasing. The Thrive Study was created to better support people's ability to thrive during all stages of life.

This honour is given to "highlight and celebrate the contributions of Canadian researchers in HIV/AIDS research in Canada and internationally". This demonstrates the power of perspective and insight gained by the Thrive team by speaking to, and learning from, those with lived/living experience.

The PRA members of the Thrive team includes Sharyle Lyndon, Antonio Marante, Patience Magagula, and Claudette Cardinal.

On winning the award, Sharyle Lyndon said, "What makes this research so valuable is that when we (HIV/AIDS long-term survivors) were diagnosed we were told to make our arrangements to die, not to prepare to get old. Many of us spent what we had (physically, emotionally, and financially) to do so with

dignity, but also to help those that lived on past us." She added, "As I have learned and shared often, all the experiences I encounter—both good and bad—can be of help to others." Lyndon notes, "The Thrive project has allowed me to believe that my hopes for this to be true are seeing fruition. And my dream is that this research will continue and will fall into the hands of people in a position of power to make some, if not all, the necessary changes."

In addition to her work as a Thrive PRA, Patience Magagula is also the founder of the Afro-Canadian Positive Network of BC, and has been on the board of directors and committees of organizations like the Pacific AIDS Network and Canadian Treatment Action Council. Upon arrival from South Africa as a refugee to Canada, Magagula had only recently been diagnosed. Her doctor at the time incorrectly told her it was a crime in Canada to not disclose one's HIV/AIDS status to sexual partners. This misinformation led to her believing that HIV/AIDS itself was illegal in Canada, and for years she kept her status to herself, as a shameful, and isolating, secret.

About her work with Thrive, Magagula said, "I believe that our research works against institutional racism that heightens HIV transmission in marginalized communities. We'll achieve our goals to alleviate the challenges of fear, concerns, and worry that impacts people's lives. Peers helping one another navigate health services or access to food security is a blessing. I became a mentor, advocate, community worker, and leader. It brought me closer to God and also to my community members. So, I feel this is a calling for me. It's therapy and it pushes me to do more."

Claudette Cardinal identifies as a Cree Indigenous woman and connects her involvement with Thrive to the teachings of her late grandmother, who taught her to pray for the sick. On working with Thrive, she said, "Research is a natural extension of this desire to understand and to improve the world in which we live. Our connection to the Land reminds us we are all aging, and what better way to do that than connecting with our peers. The Thrive team has helped with working in collaboration with OALHIV, my peers, the community, and providers."

Antonio Marante has been living with HIV for more than two decades. His role in Thrive was to help recruit participants and he found that he was able to do so successfully because of the shared experience of living with HIV. Speaking with someone who is also living with HIV enabled Thrive participants to open up more during interviews, and led to deeper sharing of their journeys of living with HIV while accessing HCC services.

Marante said, "Even though Canada provides high standards in healthcare, HCC requires more attention from policymakers, such as providing more service hours for patients who require it, having a fair HCC assessment, and enabling healthcare provider collaborations."

Currently, the Thrive team has wrapped up data collection, having interviewed OALHIV and providers. Thrive is now in the knowledge translation phase, sharing the findings with participants, AIDS service and community organizations, and through publications and conferences.

» "Thrive is a relevant project that needs to continue because we have just touched the surface. Our small and mighty team worked together virtually during the pandemic, and we all learned how to thrive within the Thrive project. We need more advocacy to rekindle the fire within and create more spaces for older adults with HIV to live within. It was an honour to hear from all who shared with us"

— BC-CfE Peer Research Associate Claudette Cardinal



## BC-CfE researchers present their findings at CAHR 2022



» In late April the Canadian Association for HIV Research (CAHR) held its annual conference. With more than 1,000 members, CAHR is the leading organization of HIV/AIDS researchers in Canada.

The theme for this year's virtual conference was "Striving Towards Equity and Flourishing in the HIV Response". In choosing the theme, organizers of the conference compared the decades-long fight for equitable distribution of antiretroviral therapy (ART) to the distribution of COVID-19 vaccines, and the massive disparities seen between high and low-income countries in both.

CAHR organizers emphasized how the work to address social and health disparities in HIV care within Canada, and around the world, must continue. BC-CfE researchers also highlighted this need, and their research showcased how ensuring equity, awareness of the social determinants of health, and adhering to the principles of human rights got us to where we are today - with 27.5 million able to access ART in 2020 and a 50 percent reduction in new HIV infections globally since 1997.

Here are some of the notable CAHR presentations by BC-CfE researchers:

### Improvements in ART Initiation Over Time After Diagnosis Among Indigenous People Living with HIV (PLWH) in British Columbia, Canada

BC-CfE Research Coordinator Nicole Dawydiuk presented data from the STOP HIV/AIDS® Program Evaluation (SHAPE) Study on antiretroviral therapy (ART) initiation among Indigenous PLWH in BC. The study notes access disparities and disproportionate rates of HIV among Indigenous Peoples, along with delayed initiation and uptake of ART, and how these inequities can be contextualized in the historical and ongoing impacts of colonization, marginalization, and dispossession in Canada.

The BC-CfE's Treatment as Prevention® strategy (TasP®) relies on early identification and early treatment of HIV, and is a key factor behind the success our province has seen in reducing HIV case rates. By adhering to TasP®, and by working to reduce the widespread and systemic racism against Indigenous people within BC's health-care system, there has been significant improvements seen in ART initiation among IPLWH in BC. Dawydiuk ended her CAHR presentation by mentioning an upcoming BC-CfE study which will hold sharing circles to better characterize the unique barriers and facilitators to HIV care engagement among key populations and Indigenous Peoples.

### Trends in Illicit Drug Use Among Patients Recently Treated for Hepatitis C in British Columbia, Canada

BC-CfE Research Coordinator Lauren Harrison presented on data from the Per-SVR (preservation of sustained virologic response) study and how trends of illicit drug use affect those treated for hepatitis C (HCV). The data trends show illicit drug use, particularly fentanyl, increased among study participants during the COVID-19 pandemic, which illustrates a need to further tailor harm reduction services.

Understanding and responding to trends in drug use is necessary to meet the needs of under-served clients who may be uniquely impacted by both the overdose crisis and infectious diseases, such as HIV and HCV.

### Investigation of genetic integrity and longevity among HIV proviruses persisting during long-term ART

BC-CfE Research Scientist and PhD student Natalie Kinloch spoke at CAHR 2022 on genetic integrity and

longevity of HIV proviruses in long-term ART. The research she presented found the majority of proviruses that persist in the HIV viral reservoir were archived closer to ART initiation.

This work shows the persistent viral reservoir of each individual is unique and diverse and how the search for an HIV cure needs to account for this finding.

### Humoral responses to one, two and three COVID-19 vaccine doses in people living with HIV receiving suppressive antiretroviral therapy (ART): a longitudinal study

Dr. Hope LaPointe, a BC-CfE Research Coordinator, presented the collaborative work of the BC-CfE Laboratory on COVID-19 vaccine response. The work, done in partnership with SFU, Providence Health Care, AIDS Vancouver, Genome BC, Michael Smith Health Research BC, the BCCDC, and the COVID Immunity Task Force, found strong humoral immune response to second and third COVID-19 immunizations among PLWH on ART with a healthy CD4 count.

The results underscore the immune benefits of third COVID-19 doses in light of Omicron waves.

### Wise Women Journeys: Streams of Knowledge and Rivers of Change, Tides of the Coast Salish Sea Bringing our Indigenous Healthcare Teachings

BC-CfE Peer Indigenous Research Associate Valerie Nicholson and Research Coordinator Niloufar Aran presented at CAHR on Indigenizing HIV Research.

The two presented on the importance for care providers to take time to learn about colonization and intergenerational trauma, and to respect/support the inclusion of traditional ways of knowing/healing in someone's healthcare journey.

### Access To Care And Impacts On HIV Treatment Interruptions During The COVID-19 Pandemic Among People Living With HIV In British Columbia, Canada

Dr. David M. Moore is a Public Health Physician and Research Scientist at the BC-CfE.

At CAHR, he presented research from the SHAPE Study on the impact of COVID-19 on access to HIV care and treatment interruption. The SHAPE research found treatment interruptions weren't more likely during COVID than before the pandemic, and many SHAPE participants reported accessing virtual health services.

### Examining the impacts of the COVID-19 pandemic on syndemic conditions and related effects on PrEP use among gay, bisexual and other men who have sex with men in Vancouver, Canada.

Momentum is a sexual health study for men in the Greater Vancouver Area. Dr. Jordan Sang presented at CAHR on Pre-Exposure Prophylaxis (PrEP) use by participants in the Momentum Study during the COVID-19 pandemic. Survey participants had increased PrEP interruptions, partially due to COVID-19 in BC. However, encouraging data shared in the CAHR presentation indicated that those at most risk of HIV were less likely to interrupt treatment.

Increasing trends of depressive symptoms, which were associated with greater odds of PrEP interruption, suggest a need for additional mental health services and targeted follow-up. However, Momentum data trends show decreasing use of alcohol, polysubstance use, and levels of intimate partner violence.

To see the complete list of BC-CfE presentations at CAHR 2022, please visit [bit.ly/BCCfEatCAHR2022](https://bit.ly/BCCfEatCAHR2022).

## Canadian Association of Nurses in AIDS Care conference



The Canadian Association of Nurses in AIDS Care (CANAC) met virtually for their 30th annual conference this month. The national professional nursing organization, committed to fostering excellence in HIV/AIDS nursing, is celebrating its 30th anniversary.

As with previous CANAC conferences, the BC-CfE was proud to again be a Silver Level sponsor for the event.

The theme this year was "Decolonize and Decriminalize" and speakers included BC-CfE Peer Indigenous Research Associate Valerie Nicholson, who ran a virtual body mapping workshop. Other conference sessions explored the "relationship between colonialism, state violence against Indigenous peoples, and Indigenous specific trauma today." Attendees learned new ways of "weaving Indigenous resistance, resilience, resurgence, and equity-oriented approaches into professional practice."

On the topic of decriminalization, presenters discussed the repercussions of people living with HIV being charged and convicted of serious criminal offences for not disclosing HIV status, even with minimal to zero chances of transmission. Attendees learned how advocates are seeking policy changes to accurately reflect science and to protect the rights of people living with HIV.

## 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 BC 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.bccfe.ca](http://www.bccfe.ca)  
E-mail  
[info@bccfe.ca](mailto:info@bccfe.ca)

Funding for the BC Centre for Excellence in HIV/AIDS is provided by the BC Ministry of Health.

