STOP HIV/AIDS Pilot Project

QUARTERLY INDICATORS REPORT: 1 July through 30 September 2011 (Q3)

SUBMITTED TO:
The BC Ministry of Health Services

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On behalf of The STOP HIV/AIDS Technical (Indicators) Group

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Introduction

STOP HIV/AIDS Overview

The Seek and Treat for Optimal Prevention of HIV AIDS Pilot Project is a five year initiative being conducted in the Vancouver and Northern Interior Health Service Delivery Areas (HSDA) to improve access to care and treatment for all eligible HIV positive individuals living in British Columbia. The long term objective is to reduce HIV transmission risk and lower HIV incidence in B.C.

This initiative is needed because although highly active antiretroviral therapy (HAART) improves clinical outcomes, reduces transmission risk and dramatically improves life expectancy among people living with HIV/AIDS, access to HAART is suboptimal. Many individuals only access treatment late in disease and many die without ever accessing therapy at all. For some individuals failure to access treatment is a function of social, economic, cultural or medical challenges while others are simply unaware that they are HIV positive.

Stop HIV/AIDS has five specific goals: 1) To reduce the number of new HIV/AIDS diagnoses in the Vancouver and Northern Interior HSDA; 2) To improve the effectiveness of HIV screening and early detection; 3) To ensure timely access and retention to high-quality and safe HIV/AIDS care and treatment; 4) To improve the patient experience in every step of the HIV/AIDS continuum and; 5) To demonstrate system cost optimization.

In order to determine to what extent the goals of STOP are being achieved an ongoing evaluation is being conducted. This evaluation will eventually be based on monitoring 36 surveillance and clinical "indicator variables" or measures selected by the Indicators Working Group and approved by the STOP HIV/AIDS Leadership Committee. Current evaluations do not include all indicators as multiple data sources are required (Appendix A provides a complete list of indicators however, currently for a complete list of indicators). Each indicator is associated with a target level based on current trends, local or international benchmarks and/or best practices and clinical guidelines.

Caution

The progress of the STOP HIV/AIDS Pilot Project as measured by select indicators is an imperative component of project monitoring and feedback to stakeholders. In this quarterly report we describe changes in 19 key indicators in the months since the introduction of the STOP HIV/AIDS Pilot Program. In total, through data linkages some 36 indicators will eventually be included in the evaluation process.

The information provided here is correct and complete to the best of current knowledge, standards and capabilities, however, it is based on administrative, clinical, surveillance and programmatic databases which have inherent limitations. The data contained in these

databases were not originally collected for the purpose for which they are now being used and limitations arise directly from their originally intended purpose. Therefore, while each database is rich in information for select utilizations, these data should comprise only one component of our efforts to inform service delivery and policy decision-making.

We are continuing to refine our analyses to improve the quality of these indicators. This may result in small changes in the magnitude of these indicators between subsequent reports. These changes to methods are documented and accompany each indicator.

It is important to proceed with caution when interpreting trends over the short term as they are presented here. Some indicators exhibit considerable variation from one reporting period to the next. This is particularly true of estimates made for the Northern Interior Health Service Delivery Area where statistics may be based on extremely small numbers allowing for particular instability in estimates. Only by review of longer-term temporal trends (including consideration of pre-pilot fluctuations) can a complete evaluation of the direction, stability and possible future progress of each trend be evaluated. It is also important to acknowledge the inherent difficulty in ascribing changes in indicators directly to the STOP HIV/AIDS initiative given the complex, rapidly progressing nature of HIV-related care, research and service delivery in the context of a dynamic health care and data-collection systems.

Despite inherent limitations of currently available data, continual refinement of indicators and reporting strategies in conjunction with planned assessment of other data sources, integration of existing extensive datasets, and triangulation of variables will be used to construct a robust scientific platform. In this context, the observation and analyses of long-term trends will provide a powerful, complete, and accurate evaluation of the STOP HIV/AIDS Pilot Project.

Indicator 1: Number of HIV test episodes		
Target:	Increase by 50%	
Actual:	VAN: 22,550 testing episodes in 2011 Q3	NI: 1,432 testing episodes in 2011 Q3

Figure 1.1 Number of HIV test episodes by HSDA

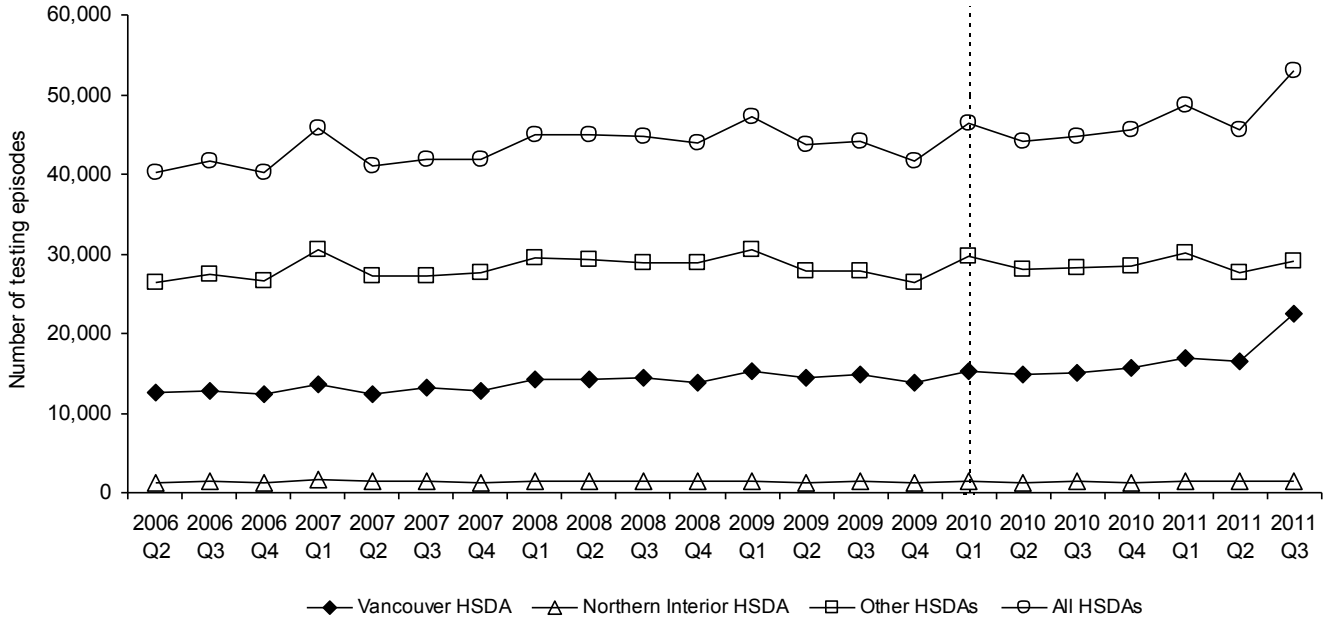


Figure 1.2 Number of HIV test episodes by HSDA – Males

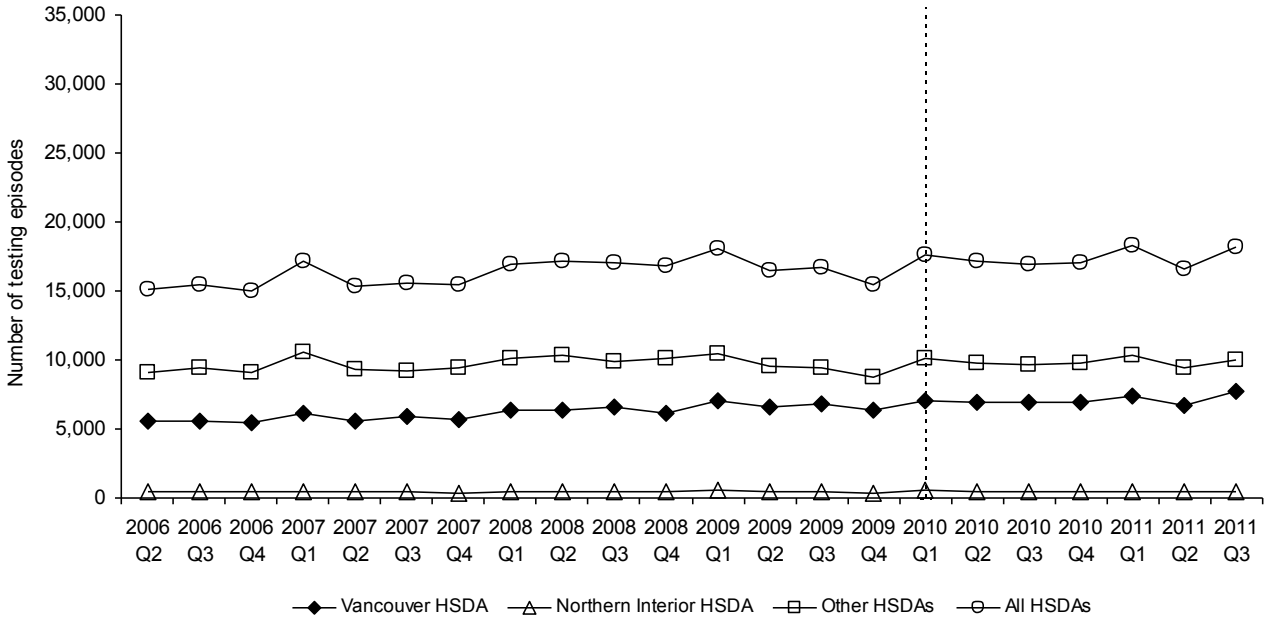


Figure 1.3 Number of HIV test episodes by HSDA – Females

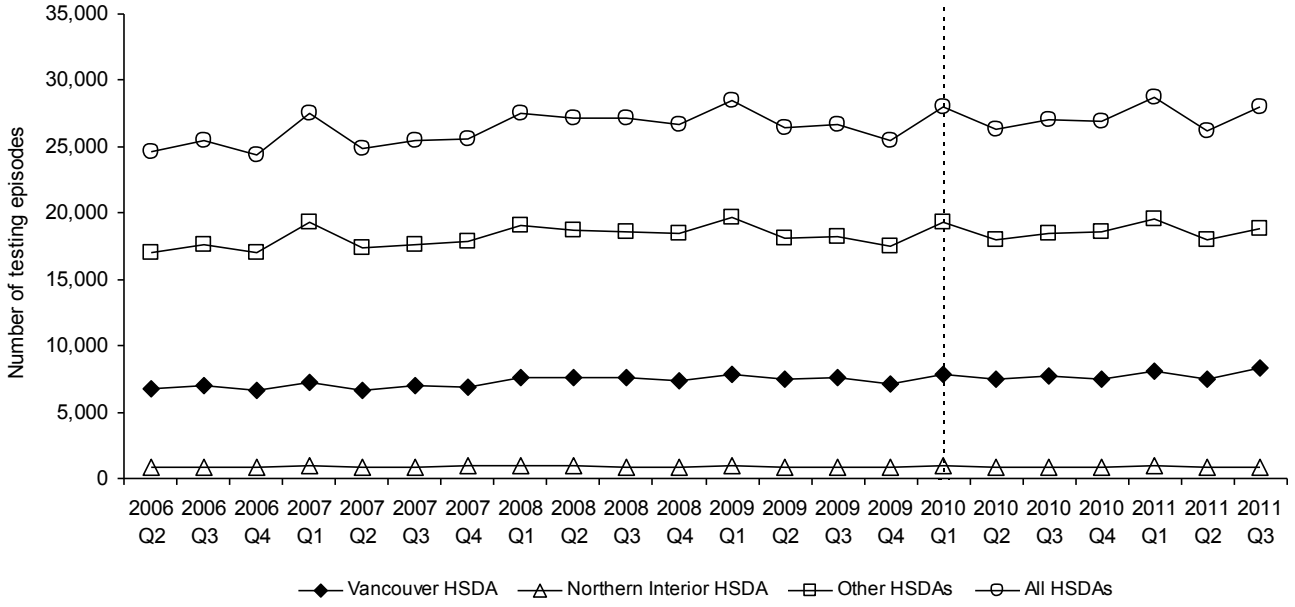
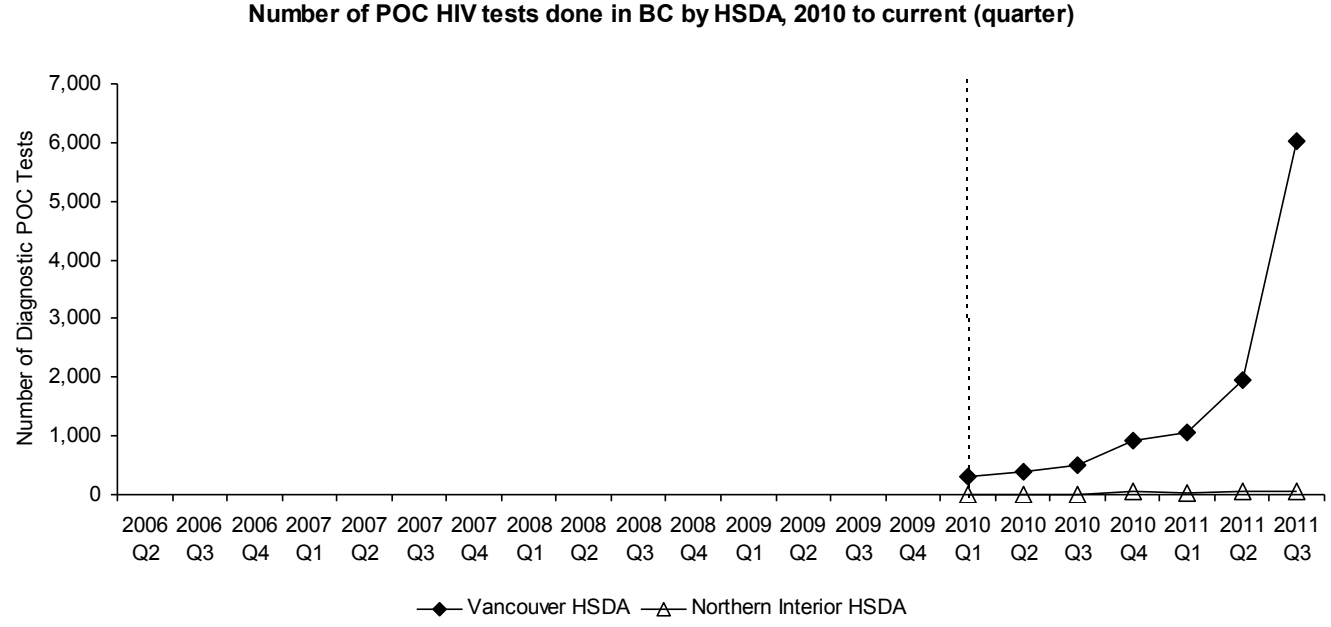


Figure 1.4 Number of POC HIV tests by HSDA



Indicator 1 Number of HIV test episodes

Interpretations & Comments	Overall, the total number of HIV test episodes per quarter has increased in all HSDA's , with the greatest increase in Vancouver HSDA. Similar trends are observed for both males and females; the number of HIV test episodes per quarter is higher in females compared to males. The number of POC HIV tests per quarter increased greatly in Vancouver HSDA and remains steady in Northern Interior HSDA.
Description of Measure	The number of HIV test episodes ordered, which is a measure of the volume of HIV tests performed in an HSDA. Data includes i) prenatal HIV tests, and ii) point of care HIV tests (delivered by STOP HIV/AIDS partner agencies).
Significance	Number of HIV test episodes ordered is a direct reflection of project initiatives related to HIV screening and may equate to increased case-finding and reduced number of individuals unaware of their HIV status. Target (50% increase, based on average 2009 Q1 to Q4) by end of STOP HIV/AIDS pilot project: Vancouver HSDA 20,932 test episodes, Northern Interior HSDA 2,013 test episodes.
Data Source(s)	• Misys Laboratory database at the Provincial Public Health Microbiology and Reference Laboratory (PHSA). • Point of care HIV testing volumes from STOP HIV/AIDS partner agencies (starting in 2010 Q1).
Calculation Method	• Total number of HIV tests grouped by test episodes. A test episode consists of all HIV tests conducted for an individual in a 30-day period (as follow-up or simultaneous HIV tests may be required to clarify test results within this period). • Allocation by HSDA is based on address of ordering clinician or clinic, or if unknown, address of individual undergoing HIV testing. • Unit of analysis is number of HIV test episodes per quarter.
Limitations	Includes data for ~95% of all screening and all confirmatory HIV testing in BC. Does not include data for screening HIV tests conducted at Victoria General Hospital and Providence Health Care Laboratories.
Notes	• POC HIV test data in Figure 1.4 are included in Figure 1.1 but not in Figures 1.2 and 1.3. • The number of POC HIV tests delivered in 2011 Q1 was affected by a recall of test kits during this period.
Revisions	• Number of point of care HIV tests delivered by partner agencies through STOP HIV/AIDS included. (Oct 2010) • Breakdown by gender included. (Oct 2010) • Improvement to the method for data analysis has revised the values of this indicator slightly from the November 10, 2010 report. (Jan 2011) • Inclusion of Figure 1.4 (Number of POC HIV tests by HSDA). (Jan 2011)

Indicator 2: Population HIV testing rates		
Target:	Increase by 50%	
Actual:	VAN: 6,353.7 per 100,000 in 2010	NI: 3,438.7 per 100,000 in 2010

Figure 2.1 Population HIV testing rate by HSDA

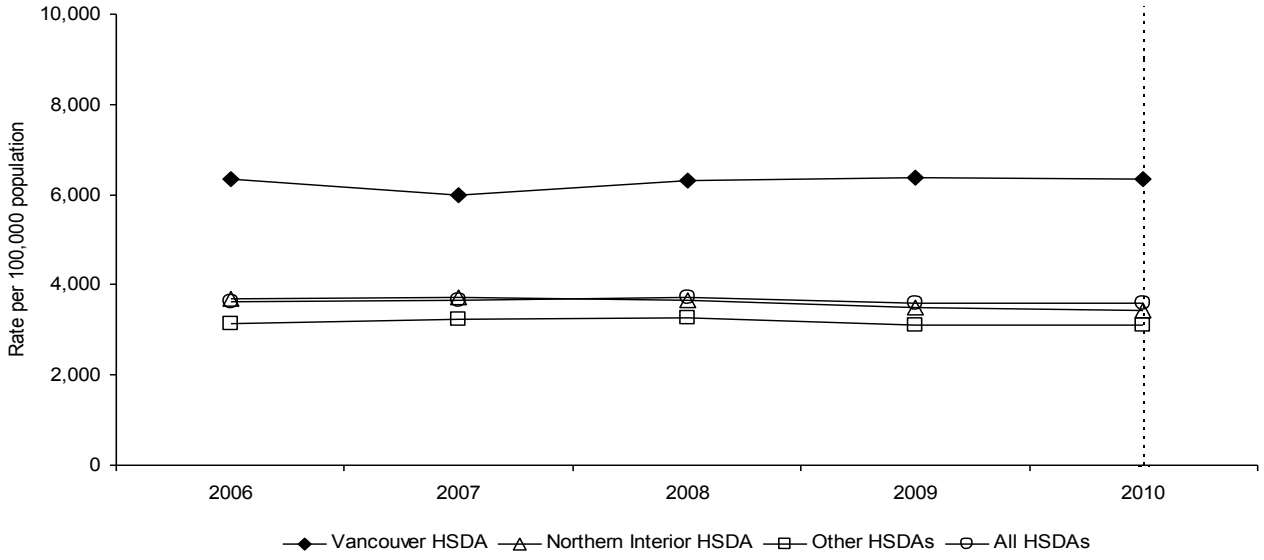


Figure 2.2 Population HIV testing rate by HSDA – Males

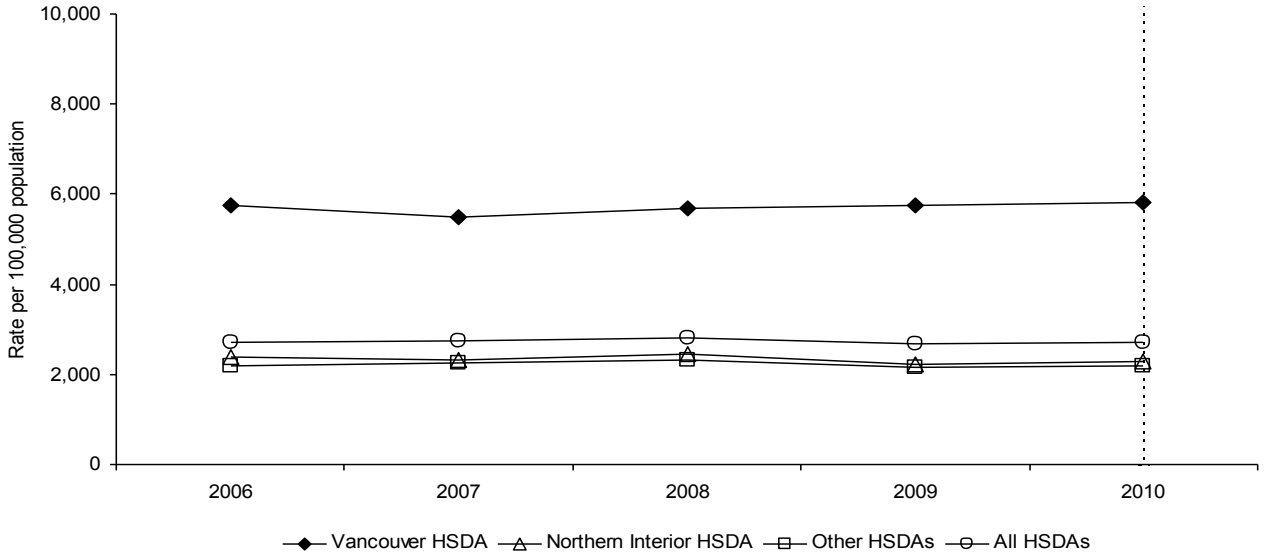
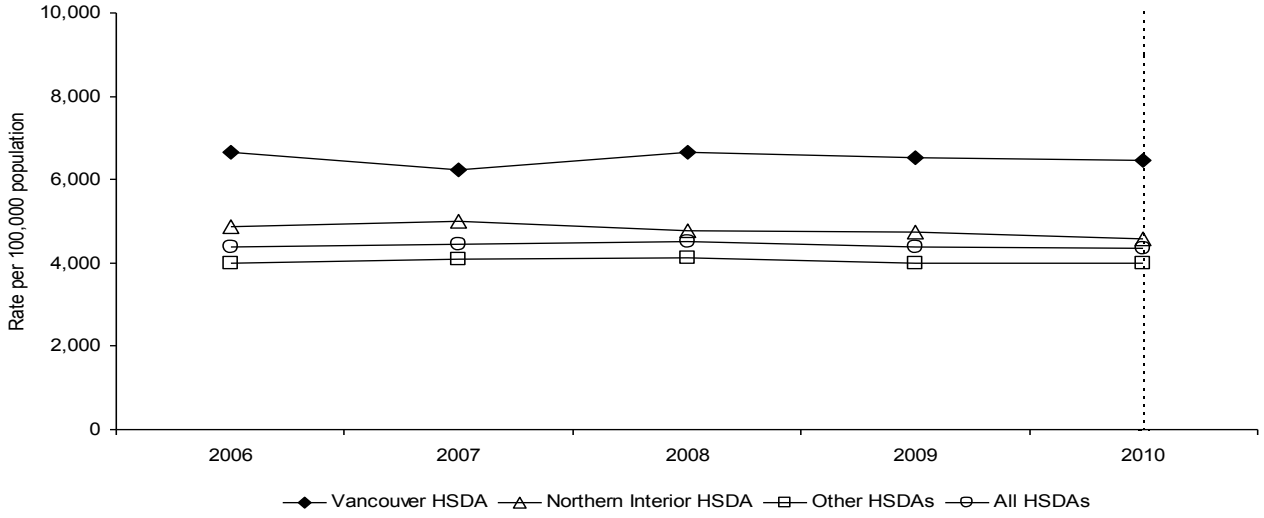


Figure 2.3 Population HIV testing rate by HSDA – Females



Indicator 2 Population HIV testing rates

Interpretations & Comments	In 2010, the population HIV testing rate in Vancouver HSDA, Northern Interior HSDA and other HSDAs has been stable or slightly increasing from historic trends. Similar trends are observed for both males and females; the HIV testing rate is higher in females compared to males.
Description of Measure	Annual population rate of unique individuals tested for HIV.
Significance	Number of individuals tested for HIV is a direct reflection of project initiatives related to HIV screening and may equate to increased case-finding and reduced number of individuals unaware of their HIV status. Target (50% increase, based on 2009 rate) by end of STOP HIV/AIDS pilot project: Vancouver HSDA 9,722 persons tested per 100,000 population, Northern Interior HSDA 5,264 persons tested per 100,000 population.
Data Source(s)	Misys Laboratory database at the Provincial Public Health Microbiology and Reference Laboratory (PHSA).
Calculation Method	• Probabilistic matching of identifiers is conducted to identify individuals having greater than one HIV test in the same year. • Denominator: Population of HSDA • Numerator: Number of unique individuals tested for HIV • Allocation by HSDA is based on address of individual undergoing HIV testing, or if unknown, address of ordering clinician or clinic. • Unit of analysis is rate of individuals tested for HIV per 100,000 population per year.
Limitations	• As per Indicator 1. Repeat tests in individuals who test under different identifiers (e.g., initials, pseudonyms, non-nominally) may not be identified and these individuals may be counted more than once. • This indicator is limited to annual reporting as if examined on a quarterly basis one does not see a big difference from the number of HIV test episodes per quarter (as repeat HIV testing is unlikely within smaller time periods).
Notes	Would be difficult to include POC HIV test data and data from other labs in this analysis, as this would require full sharing of identifying in order to link to testing done at the Provincial Public Health Microbiology and Reference Laboratory and identify unique individuals. Total number of HIV test episodes (Indicator 1) may be preferable.
Revisions	• Breakdown by gender included. (Oct 2010) • Improvement to the method for data analysis has revised the values of this indicator slightly from the November 10, 2010 report. (Jan 2011)

Indicator 3: Number of new HIV diagnoses		
Target:	Increase during first two years then decrease	
Actual:	VAN: 58 persons in 2011 Q3 (by Residence)	NI: 4 persons in 2011 Q3 (by Residence)

Figure 3.1 Number of new HIV diagnoses by HSDA – Allocated by RESIDENCE

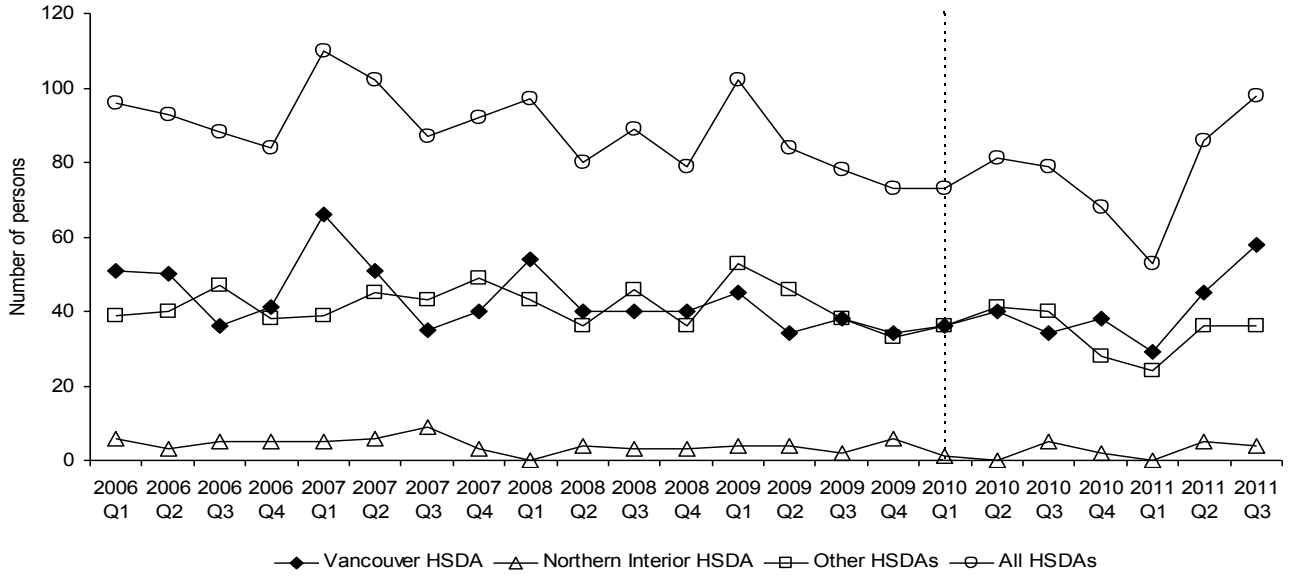


Figure 3.2 Number of new HIV diagnoses by HSDA – Allocated by ORDERING CLINICIAN

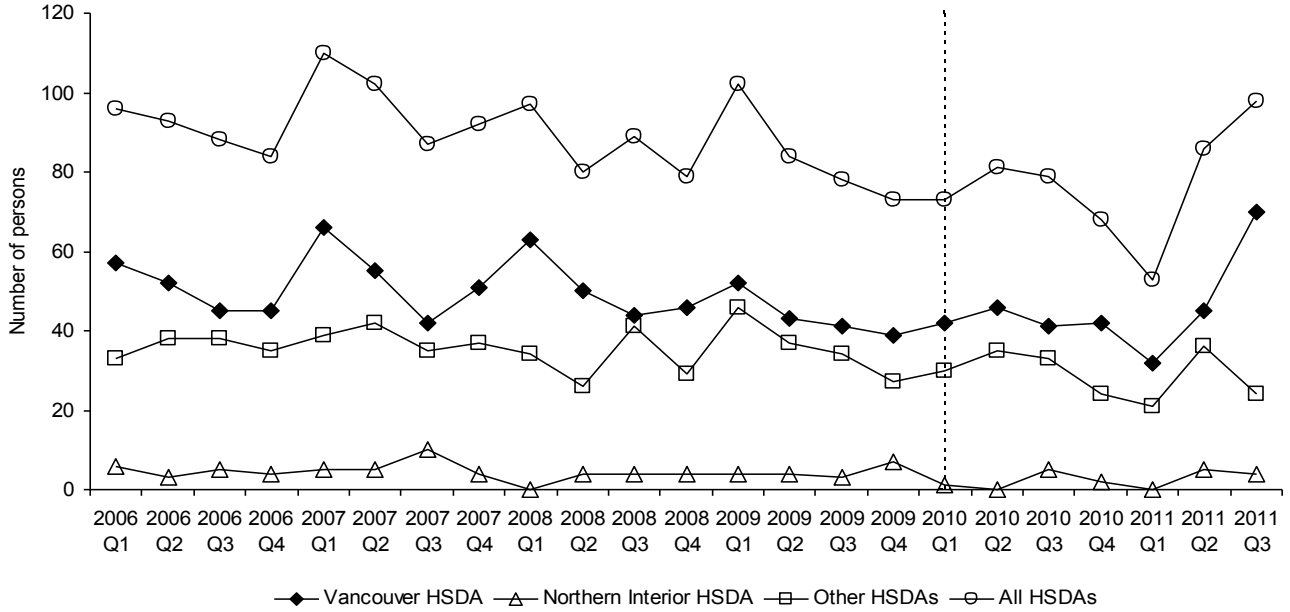


Figure 3.3 Number of new HIV diagnoses by gender, BC

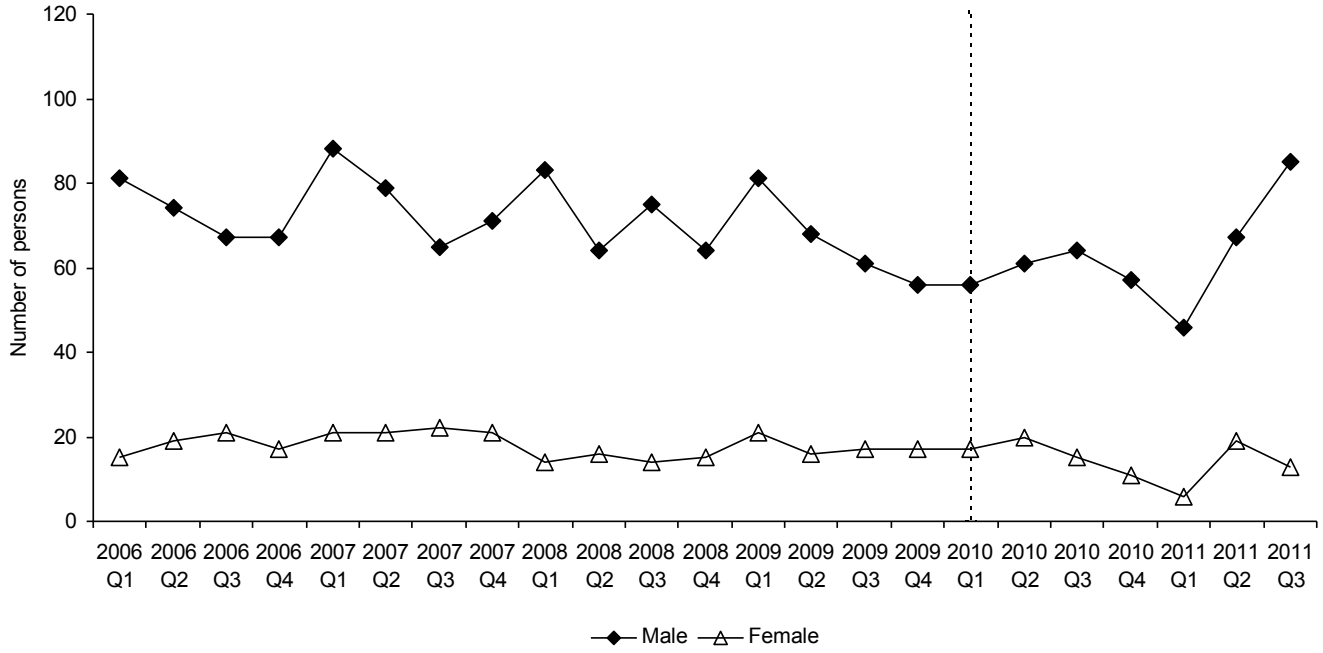
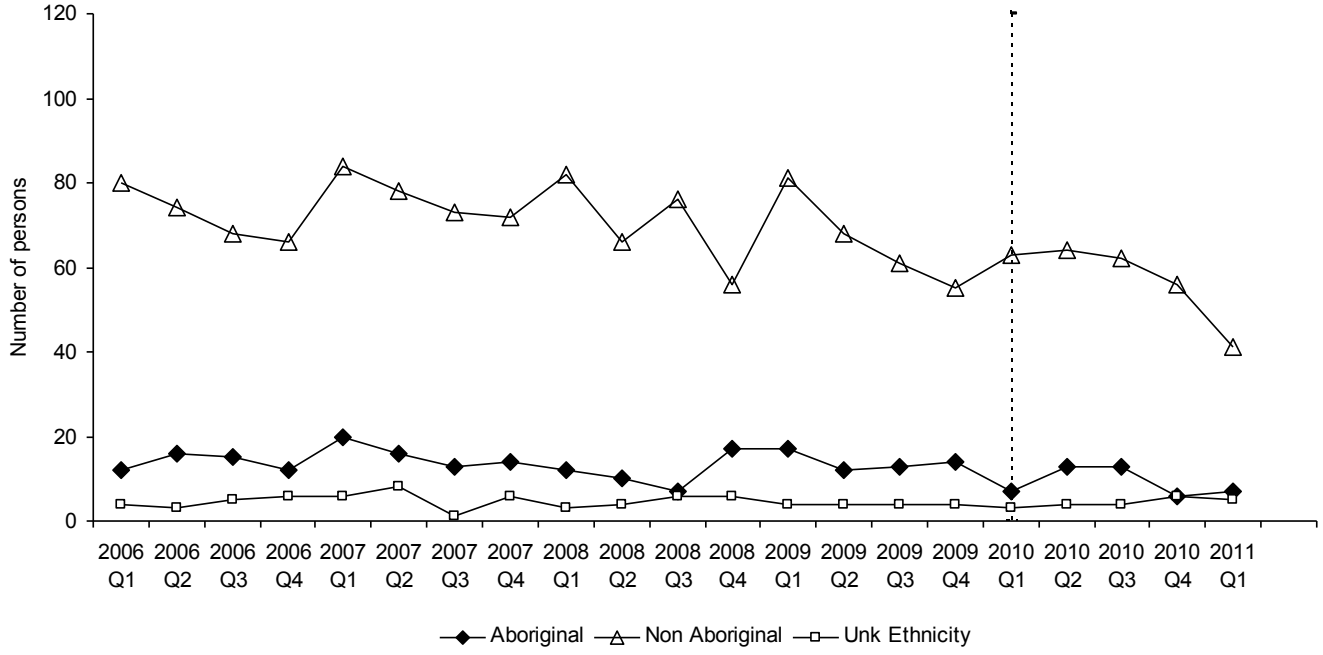


Figure 3.3 Number of new HIV diagnoses by Aboriginal status, BC



Indicator 3 Number of new HIV diagnoses

Interpretations & Comments	Allocation by Residence: The number of new HIV diagnoses per quarter in Vancouver HSDA increased greatly in 2011 Q3 and decreased slightly in Northern Interior HSDA. In other HSDAs, the number of new diagnoses has remained steady; there was an increase in the number of new diagnosis in BC for males. The number of new HIV diagnoses in Aboriginal people remains low.
Description of Measure	Number of individuals identified with a new diagnosis of HIV (i.e., a new positive HIV test).
Significance	The number of individuals identified with a new HIV diagnosis may be influenced by initiatives to expand HIV screening (resulting in increased case-finding and an increase in new diagnoses - may be observed during initial implementation of screening initiatives) and decreases in HIV incidence as a result of expanded HAART which would result in a decrease in new HIV diagnoses.
Data Source(s)	Provincial HIV/AIDS surveillance database at BCCDC.

Calculation Method	• On receipt of a positive HIV test result, history of previous HIV testing is elicited from provincial databases or during public health follow-up. An individual identified with a new positive HIV test in BC is included (individuals with a previous positive HIV test inside or outside BC are excluded).[1]
	• Allocation by HSDA is done two ways:
	  • Figure 3.1: by Residence - based on address of individual with new HIV diagnosis, or if unknown, address of ordering clinician or clinic.
	  • Figure 3.2: by Ordering Clinician – based on address of ordering clinician or clinic, or if unknown, by address of individual with new HIV diagnosis
	• Unit of analysis is number of new diagnoses of HIV per quarter.

Limitations	• This indicator is not a measure of HIV incidence (number of newly acquired HIV infections) within each time period, as an individual can be diagnosed with HIV at varying lengths of time after acquiring infection (months to years). • May be difficult to interpret trends given influence of both HIV testing trends and HIV incidence on this variable. • In Northern Interior HSDA, there will be greater variability for this indicator due to small numbers making trends more difficult to interpret. • Ethnicity is elicited during public health follow up and there is an expected reporting delay of 6 months
Notes	• In comparing indicator reports, the number of new HIV diagnoses for the most recent quarters may decrease. This is an expected finding as during public health follow-up, individuals identified as a new HIV diagnosis are found to have previously tested positive (e.g., in another province). • The number of new HIV diagnoses allocated by Ordering Physician may more accurately represent new HIV diagnoses that occur through HIV testing services within each region (e.g., residents of FHA who test and are diagnosed through VCH services are allocated to VCH HSDA).
Revisions	• Breakdown by gender included. (Oct 2010) • Addition of allocation to HSDA by Ordering Clinician (Fig 3.2). (Jan 2011) • Breakdown by Aboriginal status included. (June 2011)

[1] *For HIV case definition, refer to Annual Surveillance Report: HIV and Sexually Transmitted Infections 2008, BCCDC (Technical Appendix).*

Indicator 4: Rate of new AIDS case reports		
Target:	Decrease	
Actual:	VAN: 5.1 per 100,000 in 2009	NI: 3.5 per 100,000 in 2009

Figure 4.1 Rate of new AIDS case reports by HSDA

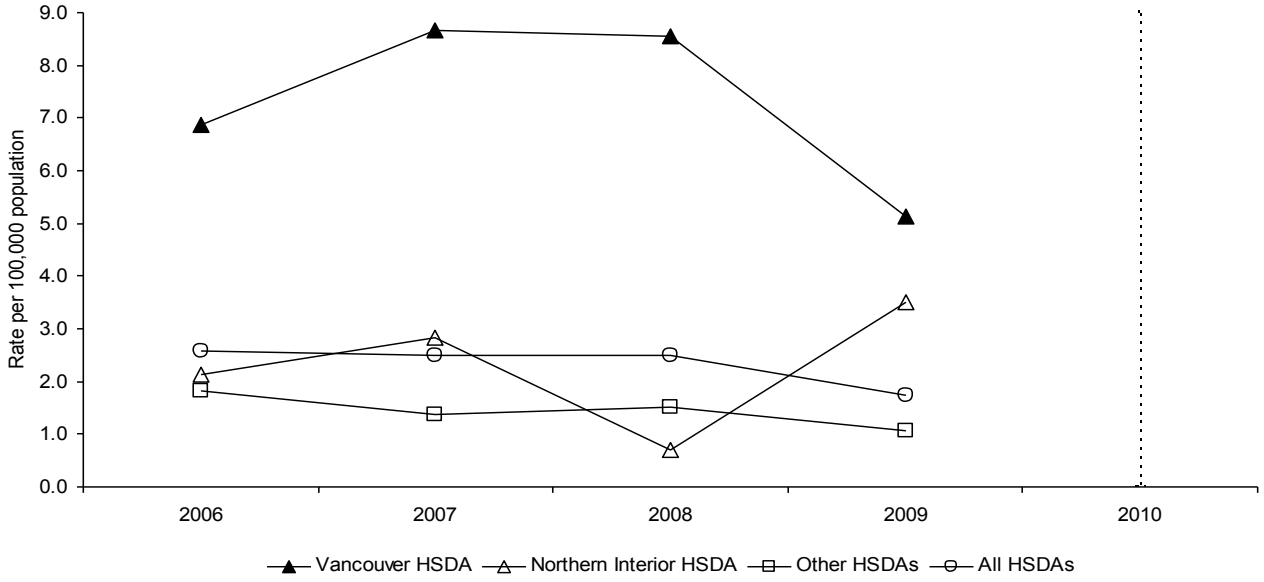
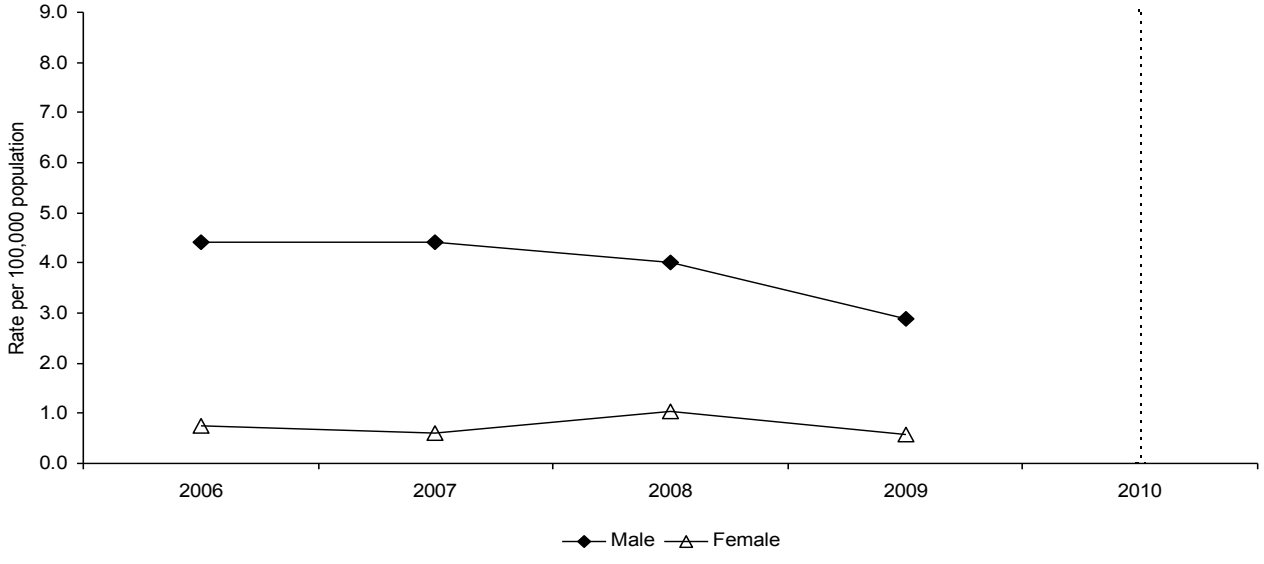


Figure 4.2 Rate of new AIDS case reports by gender, BC



Indicator 4 Rate of new AIDS case reports

Interpretations & Comments	In 2009, the rate of new AIDS case reports in Vancouver HSDA and Other HSDA's decreased while the trend in Northern Interior HSDA remains variable. The rate of new AIDS case reports in 2009 decreased for both males and females.
Description of Measure	The rate of individuals with an AIDS case report, which indicates the first diagnosis of an AIDS defining illness in an individual with HIV infection.
Significance	Presentation with an AIDS defining illness may indicate delayed diagnosis of HIV, delays in initiation of HAART or sub-optimal management of HAART.
Data Source(s)	• Provincial HIV/AIDS surveillance database at BCCDC. • The majority of AIDS case reports are reported by the Drug Treatment Program (DTP) at the BC CfE, which submits data twice yearly to BCCDC.
Calculation Method	• Multiple AIDS case report forms may be submitted for the same individual; only the first case report form is included in the rate of new AIDS case reports.[2] • Denominator: Population of HSDA • Numerator: Number of individuals with an AIDS case report • Allocation by HSDA is based on address of the individual with an AIDS case report at the time of reporting, or if unknown, address of clinician or clinic completing the AIDS case report form. • Unit of analysis is the rate of new AIDS case reports per 100,000 population per year.
Limitations	• In BC, AIDS surveillance is based on passive reporting initiated by care providers, and under-reporting is likely. There is an expected reporting delay of up to 12 months and this indicator will only be generated at the end of the following calendar year (i.e., data for 2010 will be available in January 2012). • In Northern Interior HSDA, there will be greater variability for this indicator due to small numbers making trends more difficult to interpret.
Notes	In 2010, the BCCfE as part of routine program activities received historic data on cancer-related outcomes from the BC Cancer Agency for DTP participants. New AIDS diagnoses for DTP participants occurring in the past were identified and reported to BCCDC. The number of new AIDS case reports per year has increased slightly from previous reports as a result.
Revisions	• Breakdown by gender included. (Oct 2010)

[2] *For AIDS case definition, refer to Annual Surveillance Report: HIV and Sexually Transmitted Infections 2008, BCCDC (Technical Appendix).*

Indicator 5: Percentage positivity among persons tested for HIV		
Target	Increase from 0.4 to 0.8 percent	
Actual	VAN: 0.57% in 2011 Q3	NI: 0.37% in 2011 Q3

Figure 5.1 Percentage positivity among persons tested for HIV by HSDA

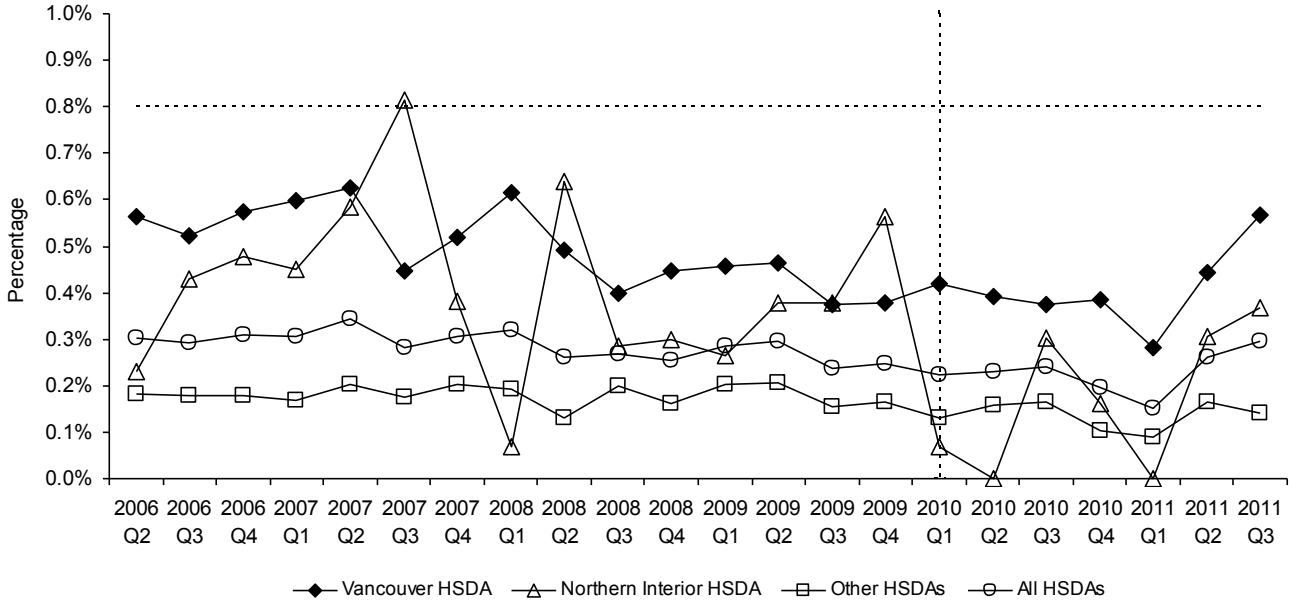
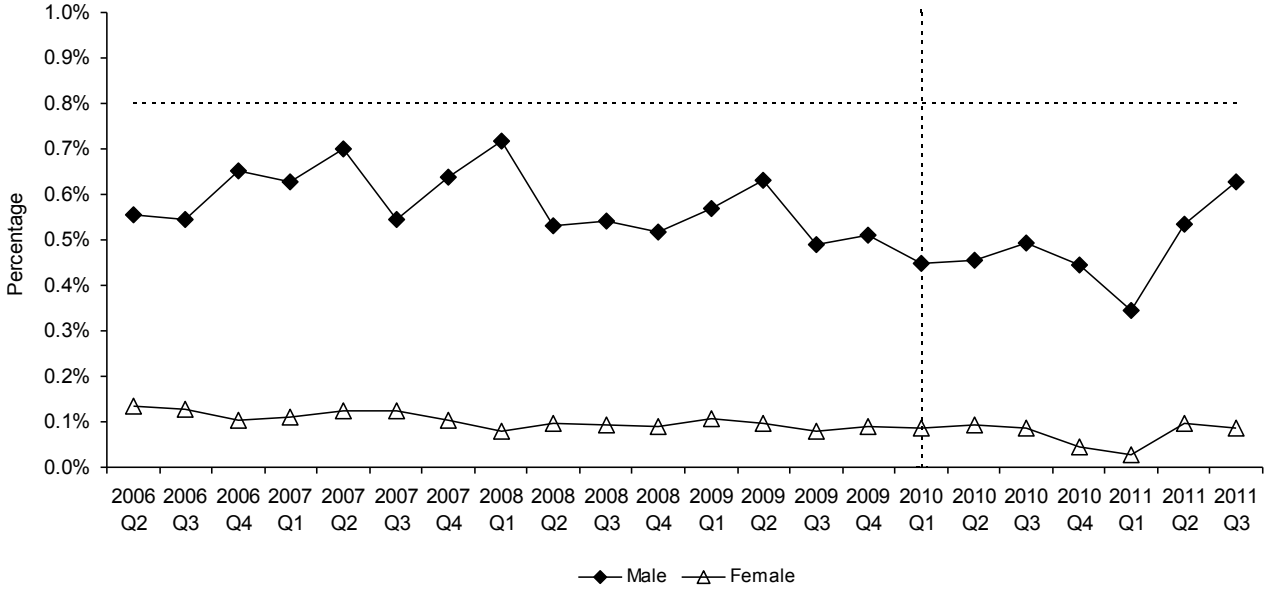


Figure 5.2 Percentage positivity among persons tested for HIV, by gender, BC



Indicator 5 Percentage positivity among persons tested for HIV

Interpretations & Comments	In 2011 Q3 the percentage positivity increased in Vancouver and Northern Interior HSDA's, consistent with the overall increase in number of new HIV diagnoses. Due to small numbers the trend in Northern Interior HSDA remains variable. The percentage positivity among males tested for HIV in 2011 Q3 increased and decreased slightly in females.
Description of Measure	The percentage of unique individuals who are tested for HIV who have a positive HIV test.
Significance	Percentage positivity may be a better reflection of the effectiveness of HIV screening and case-finding than overall test volume or new diagnoses of HIV. This indicator is influenced by HIV screening initiatives (percentage positivity may increase or decrease depending on the overall test volume and reach into populations with undiagnosed HIV infection) and decreases in HIV incidence, which would result in decreased percentage positivity.
Data Source(s)	• Misys Laboratory database at the Provincial Public Health Microbiology and Reference Laboratory (PHSA). • Provincial HIV/AIDS surveillance database at BCCDC.
Calculation Method	• Denominator: Number of unique individuals tested for HIV • Numerator: Number of unique individuals tested for HIV who have a first positive HIV test • Allocation by HSDA is based on address of ordering clinician or clinic, or if unknown, address of individual undergoing HIV testing. • Unit of analysis is the percentage positivity of all HIV tests per quarter.
Limitations	• As per Indicators 1 and 2. • The numerator includes individuals who have a first positive HIV test in HIV laboratory data (repeat positive tests are excluded). Individuals having a previous positive HIV test outside of BC, or who test using different identifiers, are included in the numerator. • May be difficult to interpret significance of trends given influence of both HIV testing trends and HIV incidence on this variable. In Northern Interior HSDA, there will be greater variability for this indicator due to small numbers making trends more difficult to interpret.
Notes	
Revisions	• Breakdown by gender included. (Oct 2010) • Improvement to the method for data analysis has revised the values of this indicator slightly from the November 10, 2010 report. (Jan 2011)

Indicator 6a: Proportion of individuals tested for syphilis who are tested for HIV at the same clinical encounter		
Target:	Increase	
Actual:	VAN: 79.2% in 2011 Q3	NI: 85.1% in 2011 Q3

Figure 6a.1 Proportion of individuals tested for syphilis who are tested for HIV at the same clinical encounter by HSDA

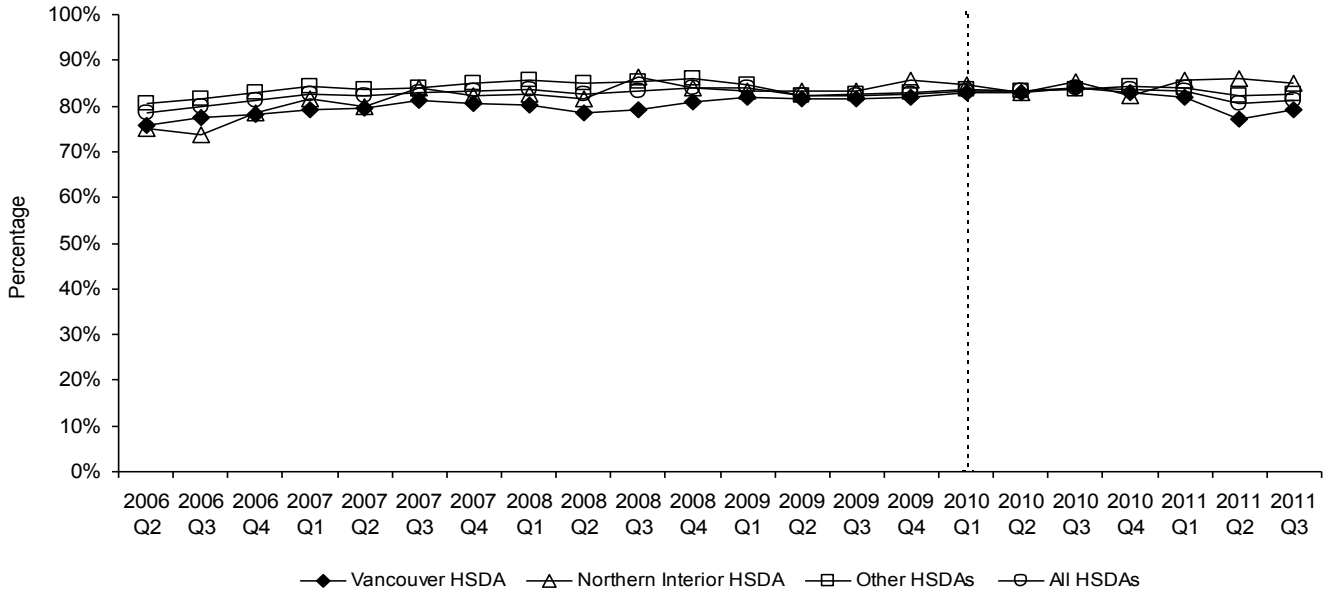


Figure 6a.2 Proportion of individuals tested for syphilis who are tested for HIV at the same clinical encounter by HSDA – Males

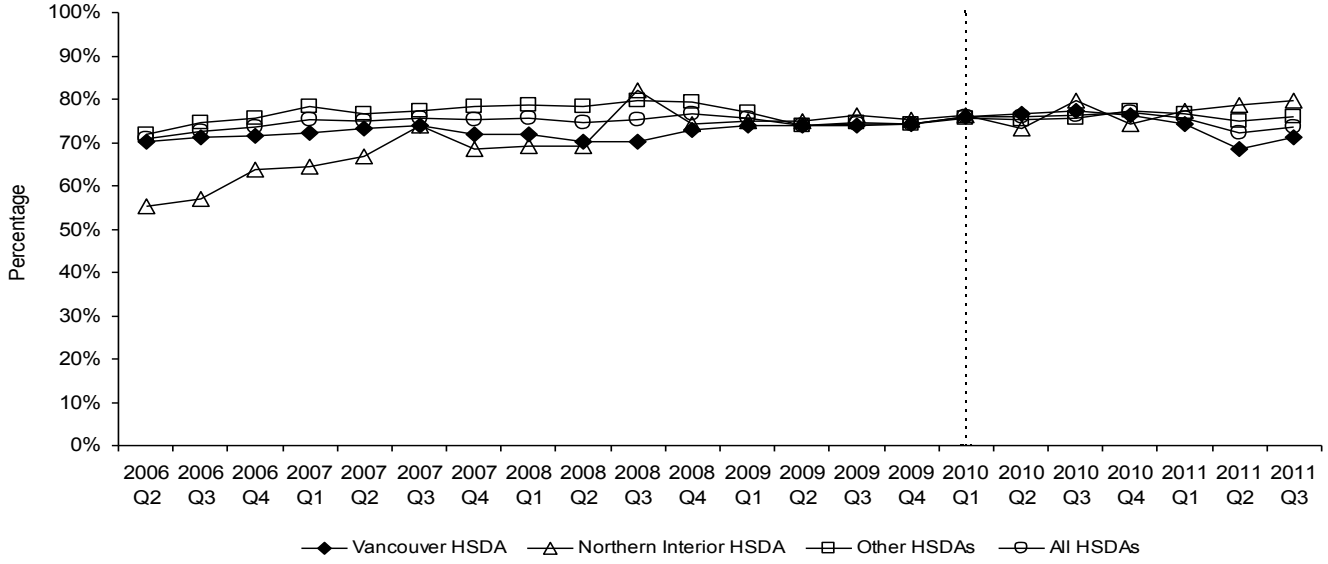
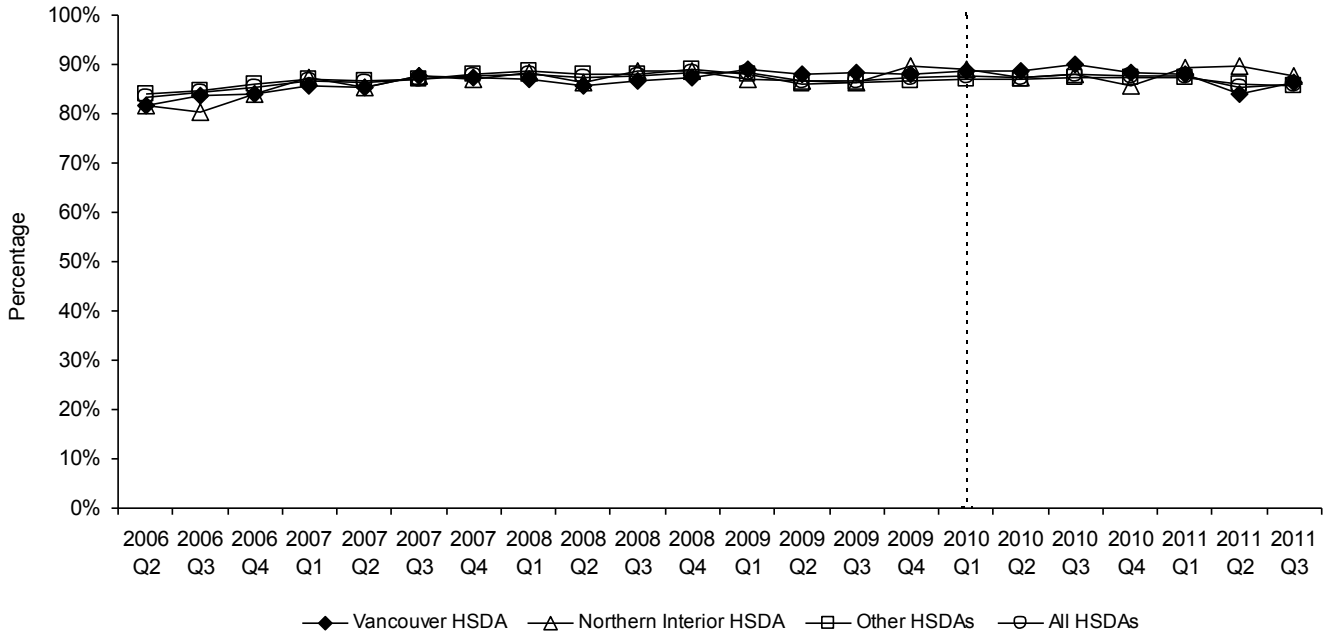


Figure 6a.3 Proportion of individuals tested for syphilis who are tested for HIV at the same clinical encounter by HSDA – Females



Indicator 6a Proportion of individuals tested for syphilis who are tested for HIV at the same clinical encounter

Interpretations & Comments	Since 2010 Q1, the proportion of individuals tested per quarter for syphilis who are tested for HIV at the same clinical encounter has been relatively stable for all regions, and overall for males and females. The magnitude of this proportion is higher for females compared to males.
Description of Measure	The percentage of individuals who are tested for syphilis who are also tested for HIV at the same clinical visit or encounter. This indicator also includes women who are undergoing prenatal testing for syphilis and HIV.
Significance	A syphilis test may indicate that an individual has risk behaviors which may also be associated with an increased risk of HIV. Ensuring all individuals getting a syphilis test are tested for HIV may lead to increased case-finding and reduce the number of individuals who are unaware of their HIV status. This may be a focus of communications with clinicians conducting HIV testing.
Data Source(s)	• Misys Laboratory database at the Provincial Public Health Microbiology and Reference Laboratory (PHSA). • Provincial HIV/AIDS surveillance database at BCCDC.
Calculation Method	• Denominator: Number of individuals having a syphilis screening test (i.e., RPR test) • Numerator: Number of individuals having a syphilis screening test who are also testing for HIV within 14 days before or after the syphilis specimen collection date • Individuals who have previously tested positive for HIV more than 14 days before the syphilis specimen collection date are excluded from the analysis. • Allocation by HSDA is based on address of ordering clinician or clinic, or if unknown, address of individual undergoing syphilis testing. • Unit of analysis is the percentage of individuals tested for syphilis who have not previously tested positive for HIV and are tested for HIV at the same clinical encounter, by quarter.
Limitations	• Individuals who test for HIV using different identifiers (e.g., initials, pseudonyms, non-nominally) than are used for testing for syphilis will not be included in the numerator. • POC HIV test data and HIV test data from another laboratory not included.
Notes	Analysis for this indicator can only be done for syphilis testing. While looking at the proportion of individuals tested for gonorrhea or chlamydia who are also tested for HIV at the same clinical encounter would be ideal, the majority of these tests are done at private labs thus testing data is not available for analysis.
Revisions	• Indicator debuted. (Oct 2010) • Improvement to the method for data analysis has revised the values of this indicator slightly from the November 10, 2010 report. (Jan 2011)

Indicator 6b: Proportion of individuals with a new STI diagnosis who are tested for HIV within three months of STI diagnosis		
Target:	Increase	
Actual:	VAN: 40.6% in 2011 Q2	NI: 20.0% in 2011 Q2

Figure 6b.1 Proportion of individuals with a new STI diagnosis who are tested for HIV within 3 months of STI diagnosis

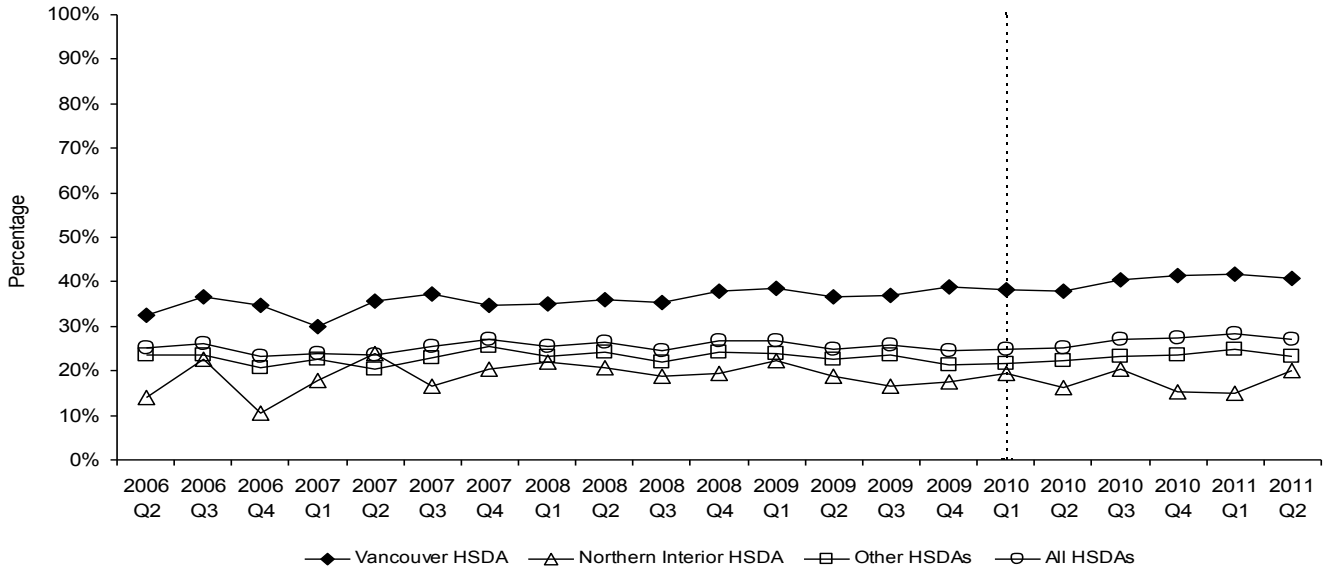


Figure 6b.2 Proportion of individuals with a new STI diagnosis who are tested for HIV within 3 months of STI diagnosis – Males

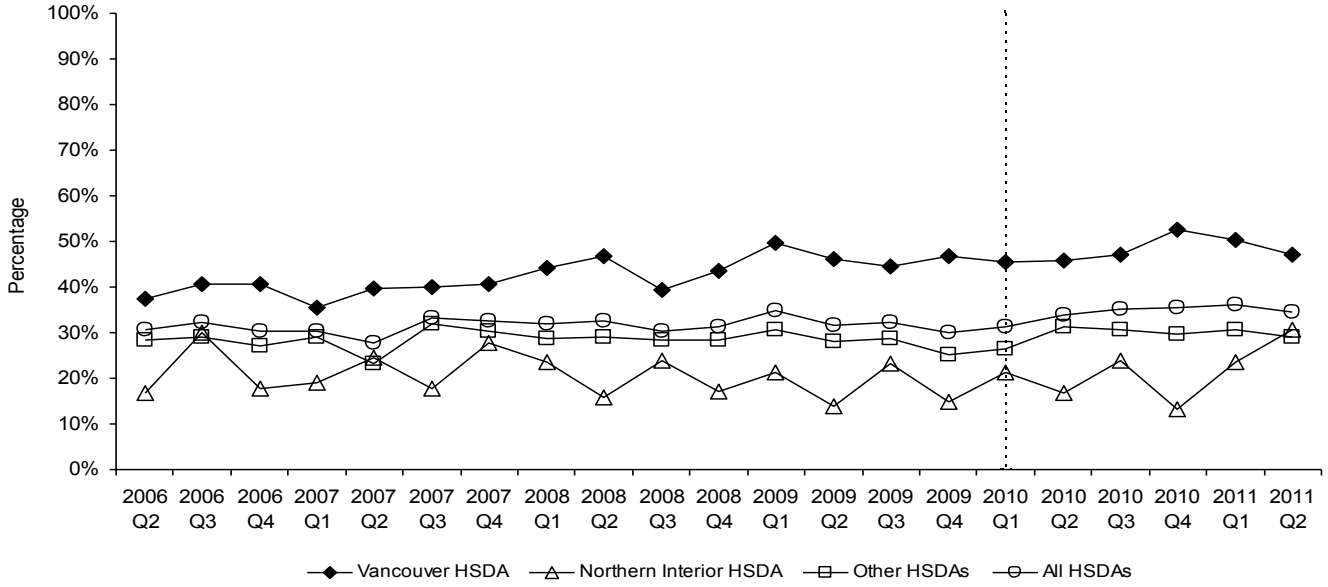
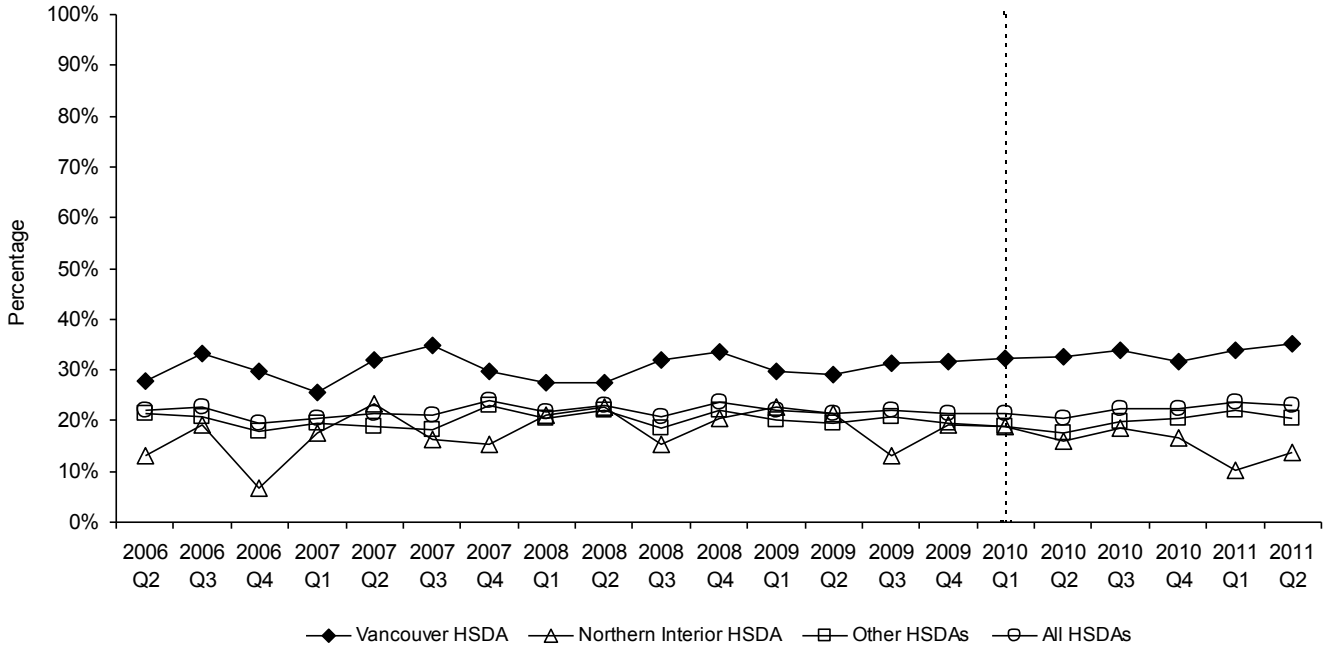


Figure 6b.3 Proportion of individuals with a new STI diagnosis who are tested for HIV within 3 months of STI diagnosis – Females



Indicator 6b Proportion of individuals with a new STI diagnosis who are tested for HIV within three months of STI diagnosis

Interpretations & Comments	Since 2010 Q1, the proportion of individuals with a new STI diagnosis tested for HIV within three months of STI diagnosis decreased slightly in Vancouver HSDA and Other HSDA's, and increased in Northern Interior HSDA. Similar trends are observed for males; however proportions increased for females in Vancouver and Northern Interior HSDA's. The magnitude of this proportion is higher for males compared to females.
Description of Measure	The percentage of individuals with a new diagnosis of a sexually transmitted infection (STI) who are tested for HIV within 3 months of their STI diagnosis.
Significance	An STI diagnosis indicates that an individual may have risk behaviors which may also be associated with an increased risk of HIV. Recommending individuals with a new STI diagnosis are tested for HIV may lead to increased case-finding and reduce the number of individuals who are unaware of their HIV status. This may be a focus of communications with clinicians conducting HIV testing.
Data Source(s)	• Provincial STI surveillance system at BCCDC. • Misys Laboratory database at the Provincial Public Health Microbiology and Reference Laboratory (PHSA).
Calculation Method	• An individual with a new diagnosis of an STI is defined as an individual with a new case report for chlamydia or gonorrhea (repeat diagnoses within one month excluded). • The individual's new case report for an STI will be linked to an HIV test, where available. HIV test history is identified through a probabilistic match of identifiers for STI case reports and identifiers for HIV testers. • Individuals with a new STI case report who are linked to an earlier positive HIV test result are excluded from the analysis. • Denominator: Number of new case reports for an STI • Numerator: Number of new case reports for an STI who have a documented HIV test within 14 days before or 3 months after the date of STI diagnosis • Allocation by HSDA is based on address of new case report for an STI, or if unknown, address of ordering clinician or clinic. • Unit of analysis is the percentage of new case reports for an STI diagnosis who are tested within 3 months for HIV, by quarter.
Limitations	○ Individuals who test for HIV using different identifiers (e.g., initials, pseudonyms, non-nominally) than are used for an STI diagnosis will not be included in the numerator. ○ POC HIV test data and HIV test data from another laboratory are not included in the data linkage. ○ The data linkage required to generate this Indicator is complex thus the reporting of this Indicator will lag by one quarter to provide time for the data linkage and analysis.
Notes	• This indicator depends on linkage between two databases using probabilistic matching and may be more likely to be an underestimate (i.e., compared to Indicators 6a or 7, which are primarily a linkage within the same database).
Revisions	• Indicator debuted. (Apr 2011)

Indicator 7:	Proportion of individuals with a new HCV diagnosis who are tested for HIV within three months of HCV diagnosis	
Target:	Increase	
Actual:	VAN: 54.3 % in 2011 Q1 & 2	NI: 60.9% in 2011 Q1 & 2

Figure 7.1 Proportion of individuals with a new HCV diagnosis who are tested for HIV within three months of HCV diagnosis by HSDA

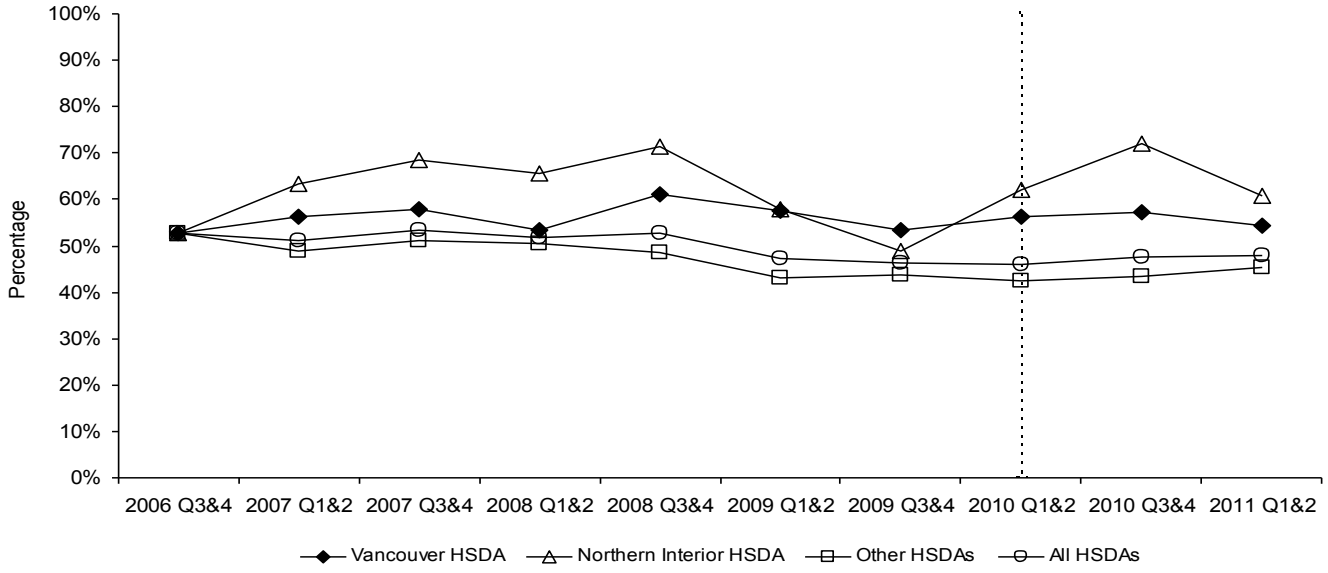


Figure 7.2 Proportion of individuals with a new HCV diagnosis who are tested for HIV within three months of HCV diagnosis by HSDA – Males

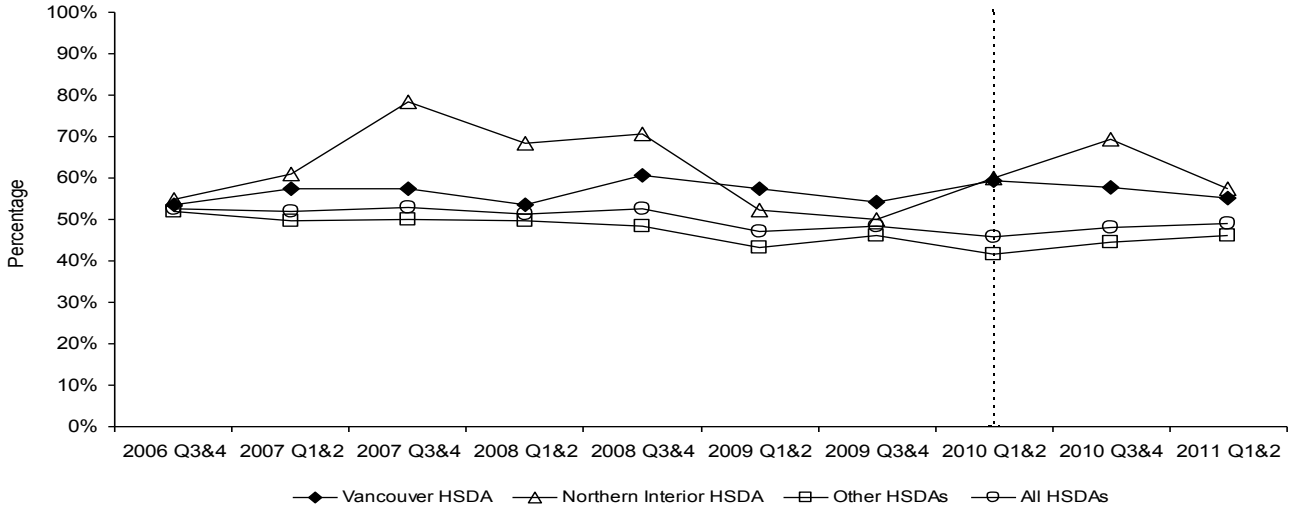
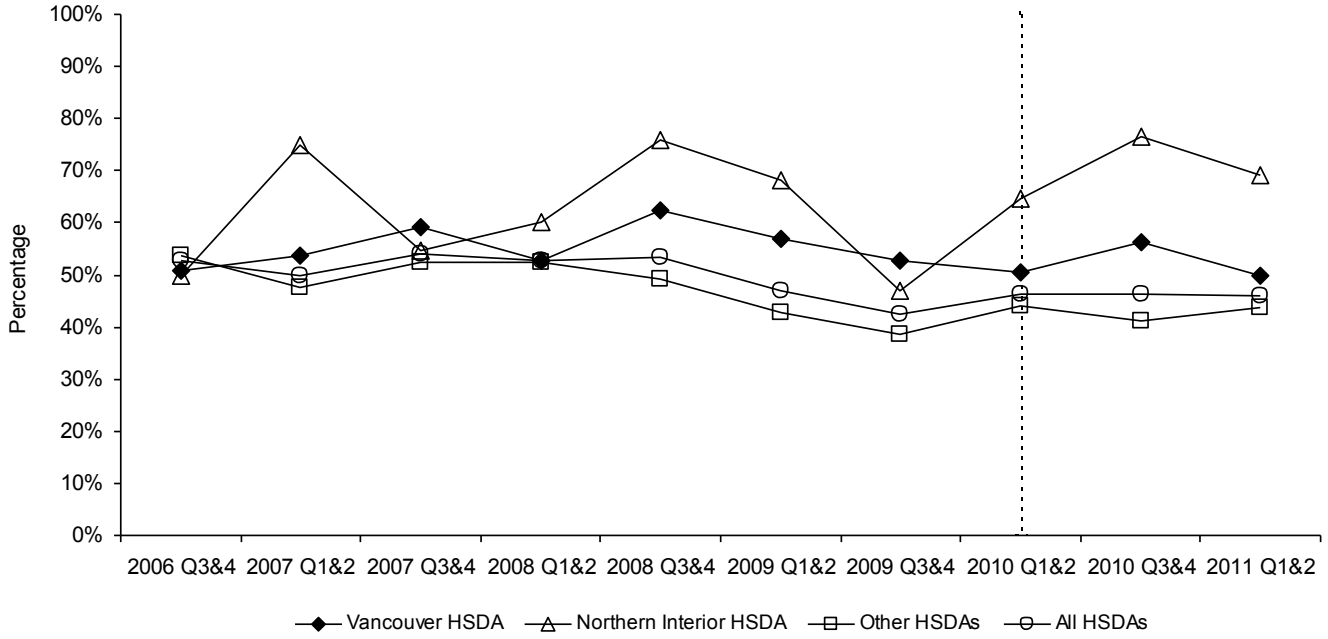


Figure 7.3 Proportion of individuals with a new HCV diagnosis who are tested for HIV within three months of HCV diagnosis by HSDA – Females



Indicator 7 Proportion of individuals with a new HCV diagnosis who are tested for HIV within 3 months of HCV diagnosis

Interpretations & Comments	In 2011 Q1&2, the proportion of individuals with a new HCV diagnosis tested for HIV within three months of HCV diagnosis was stable in Vancouver HSDA and Other HSDAs, and variable in Northern Interior HSDA. Similar trends were observed overall for males and females. The magnitude of this proportion is similar for males and females.
Description of Measure	The percentage of individuals with a new diagnosis of HCV who are tested for HIV within 3 months of their HCV diagnosis.
Significance	Previous BC research on HCV and HIV co-infected persons demonstrated that most individuals were infected with HCV prior to HIV. As the majority of new HCV diagnoses are considered to be related to injection drug use, this indicator may reflect HIV testing initiatives in the IDU population.
Data Source(s)	• Misys Laboratory database at the Provincial Public Health Microbiology and Reference Laboratory (PHSA). • Legacy Laboratory database at the Provincial Public Health Microbiology and Reference Laboratory (PHSA) – used to identify previous HCV diagnoses before 2006 • Provincial HIV/AIDS surveillance database at BCCDC.
Calculation Method	• An individual with a new HCV diagnosis is defined as an individual with a new case report for HCV. • Denominator: Number of unique individuals with a new diagnosis of HCV. • Numerator: Number of unique individuals with a new diagnosis of HCV who have an HIV test within 14 days before or 3 months after the date of HCV diagnosis • Individuals who tested positive for HIV more than 14 days before the date of HCV diagnosis are excluded from the analysis. • Allocation by HSDA is based on address of clinician or clinic ordering HCV test, or if unknown, address of individual with new HCV diagnosis. • Unit of analysis is the percentage of individuals with a new HCV diagnosis who have not previously tested positive for HIV and are tested for HIV within 3 months, per six months.
Limitations	• Use of partial or differing identifiers may affect linkage to HIV test results. • POC HIV test data and HIV test data from other laboratories not included. • In Northern Interior HSDA, there will be greater variability for this indicator due to small numbers making trends more difficult to interpret.
Notes	May be better indicator than Indicator 6 as have large number of HCV diagnoses, and strong validity as marker for injection drug use, which is a priority population for HIV testing through STOP HIV/AIDS.
Revisions	• Individuals with a previous positive HIV test excluded from analysis. (Oct 2010) • Breakdown by gender included. (Oct 2010) • Allocation by HSDA has changed from the previous report where allocation was based first on address of individual with new HCV diagnosis. To more accurately reflect testing done within each HSDA, allocation is now based first on address of clinician or clinic ordering HCV. (Oct 2010) • Access to Legacy Laboratory data has permitted identification of individuals having a HCV diagnosis prior to 2006, who are now excluded from the analysis (i.e., as not a new diagnosis). While overall trends are similar, the absolute number of new HCV diagnoses and proportion tested for HIV within three months of diagnosis per quarter are lower than the November 2010 Indicator report. (Jan 2011)

Indicator 9:	Proportion of individuals with a new HIV diagnosis with advanced HIV disease	
Target:	Decrease	
Actual:	VAN: 9.9% in 2009	NI: 6.3% in 2009

Figure 9.1 Proportion of individuals with a new HIV diagnosis with advanced HIV disease by HSDA

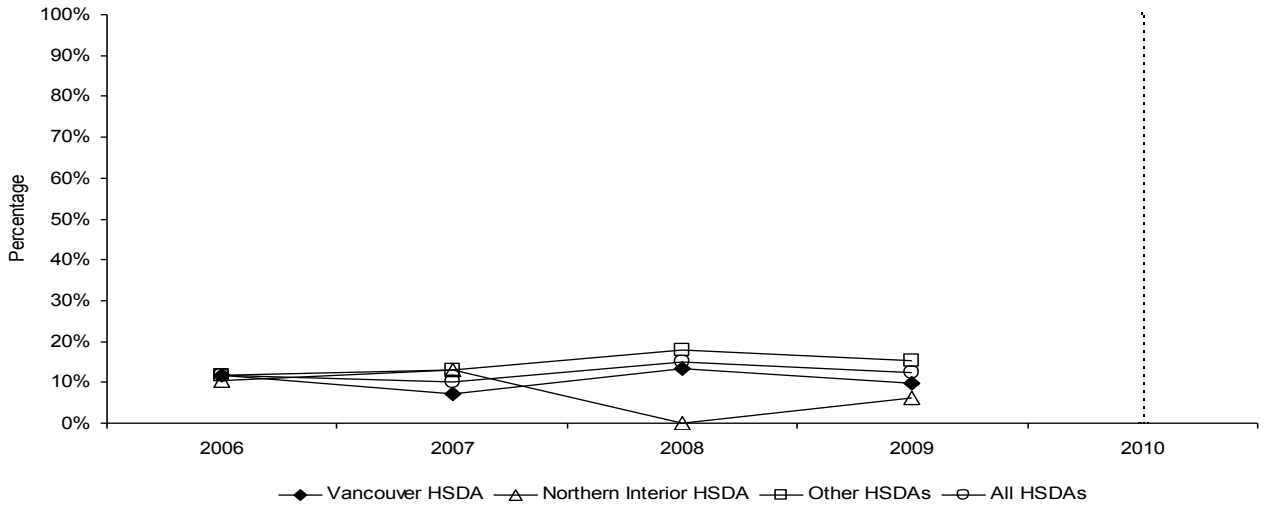


Figure 9.2 Proportion of individuals with a new HIV diagnosis with advanced HIV disease by gender, BC

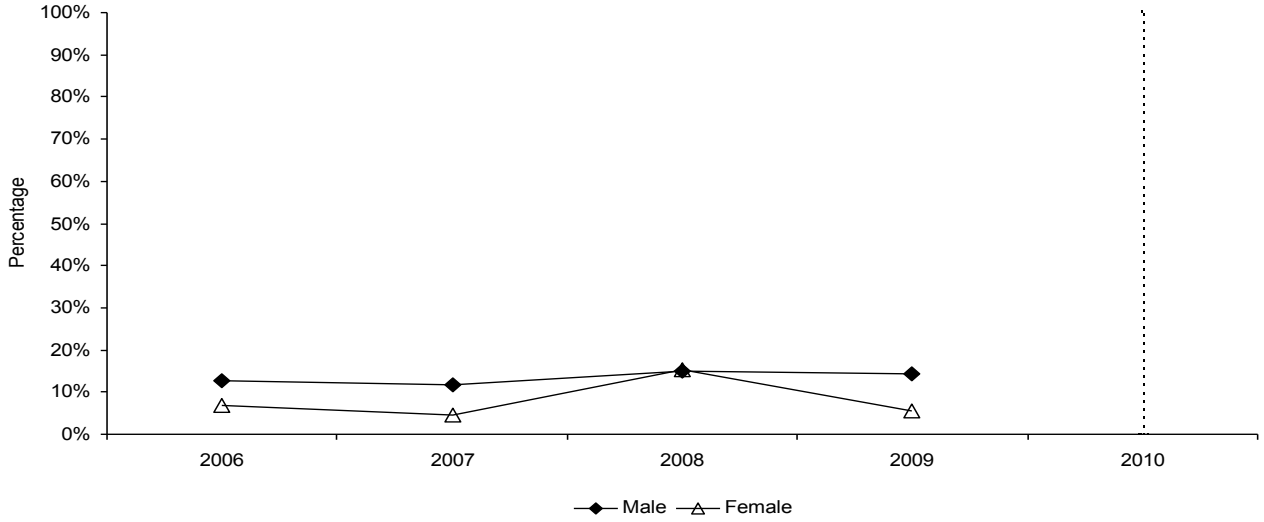
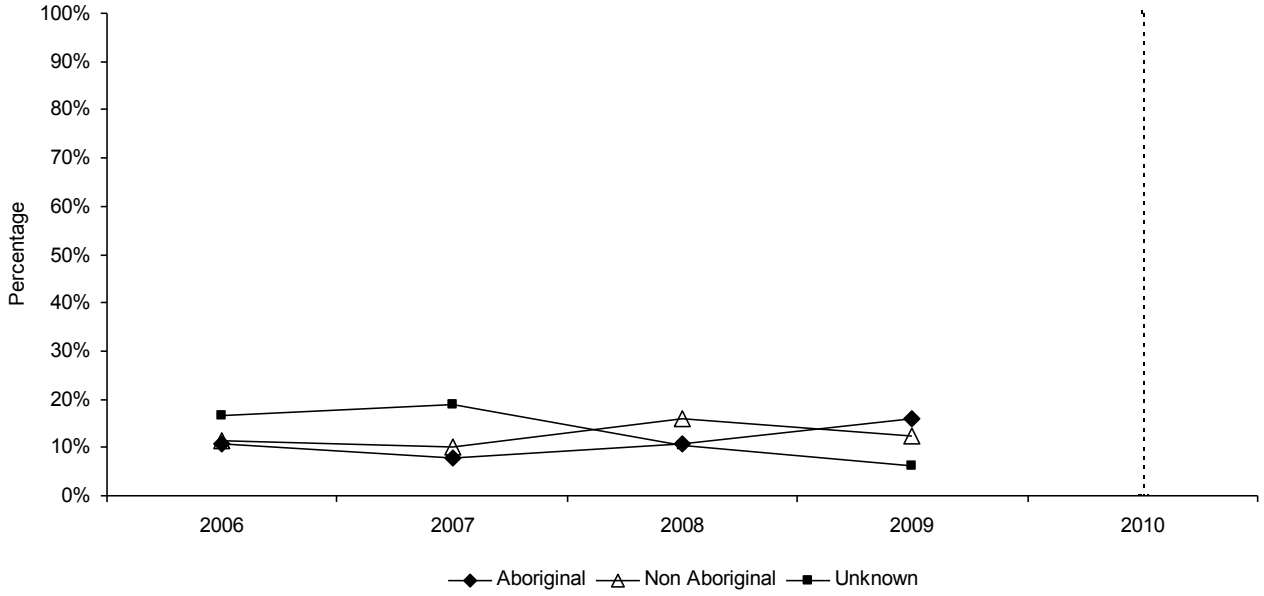


Figure 9.3 Proportion of individuals with a new HIV diagnosis with advanced HIV disease by Aboriginal status, BC



Indicator 9 Proportion of individuals with a new HIV diagnosis with advanced HIV disease

Interpretations & Comments	In 2009, the proportion of individuals with a new HIV diagnosis with advanced HIV disease (AHD) was relatively stable and within the historic range in Vancouver HSDA and Other HSDAs, and more variable for Northern Interior. Among males, this proportion was stable in 2009 and variable for females. The proportion among Aboriginal persons has been increasing since 2007.
Description of Measure	The percentage of individuals testing newly positive for HIV who are at an advanced stage of HIV infection at the time of their HIV diagnosis.
Significance	Indicates the proportion of individuals with a new positive HIV test who test at an advanced stage of infection (i.e., diagnosis occurs years later than the time of HIV infection). These individuals have had persistent undiagnosed HIV infection which impacts on clinical care and may contribute to ongoing HIV transmission. Delays in diagnosis may be due to lack of awareness regarding risk of HIV or barriers to accessing HIV testing (i.e., HIV stigma).
Data Source(s)	Provincial HIV/AIDS surveillance database at BCCDC.
Calculation Method	• Probabilistic matching of identifiers is used to link AIDS and HIV case report forms. AHD at diagnosis is defined as an individual with a new diagnosis of HIV and with a linked AIDS case report form before or up to 12 months after the date of HIV diagnosis. • Denominator: Number of individuals newly diagnosed with HIV (Indicator 3) • Numerator: Number of individuals newly diagnosed with HIV and with AHD • Allocation by HSDA is based on address of individual with new HIV diagnosis, or if unknown, address of ordering clinician or clinic. • Unit of analysis is proportion of newly diagnosed individuals with AHD per year.
Limitations	• As per Indicator 4. There is an expected reporting delay of up to 12 months and this indicator will only be generated at the end of the following calendar year (i.e., data for 2010 will be available in January 2012). • Individuals with different identifiers on HIV and AIDS case report forms will not be identified (and are not included in the numerator). • In Northern Interior HSDA, there will be greater variability for this indicator due to small numbers making trends more difficult to interpret
Notes	• This indicator can be improved by consideration of first viral load and CD4+ count, which will allow for greater identification of AHD (e.g., expand AHD case definition to include all individuals with a first CD4+ count of < 200 cells/mm3). This will be achieved through data linkage with BCCFE data and is captured in Indicator 10. • In 2010, the BCCfE as part of routine program activities received historic data on cancer-related outcomes from the BC Cancer Agency for DTP participants. New AIDS diagnoses for DTP participants occurring in the past were identified and reported to BCCDC. The number of new AIDS case reports per year has increased slightly from previous reports as a result.
Revisions	• Breakdown by gender included. (Oct 2010) • Breakdown by Aboriginal status included. (June 2011)

AHD = advanced HIV disease

Indicator 11: Proportion of individuals with a new HIV diagnosis with acute HIV infection		
Target:	Increase	
Actual:	VAN: 13.5 % in 2010	NI: 0.0% in 2010

Figure 11.1 Proportion of individuals with a new HIV diagnosis with acute HIV infection by HSDA

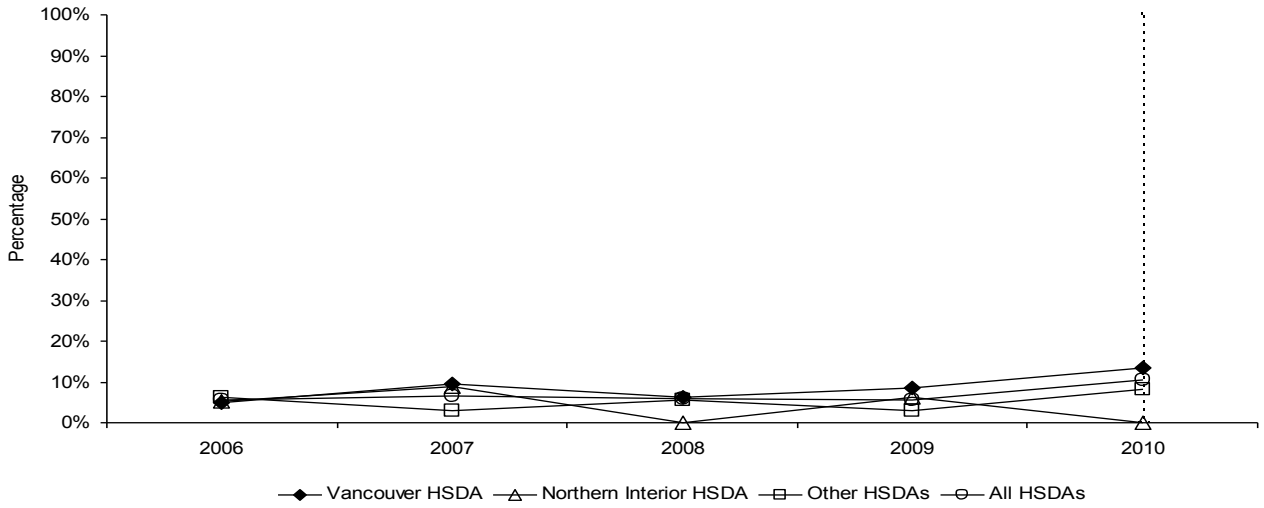


Figure 11.2 Proportion of individuals with a new HIV diagnosis with acute HIV infection by gender, BC

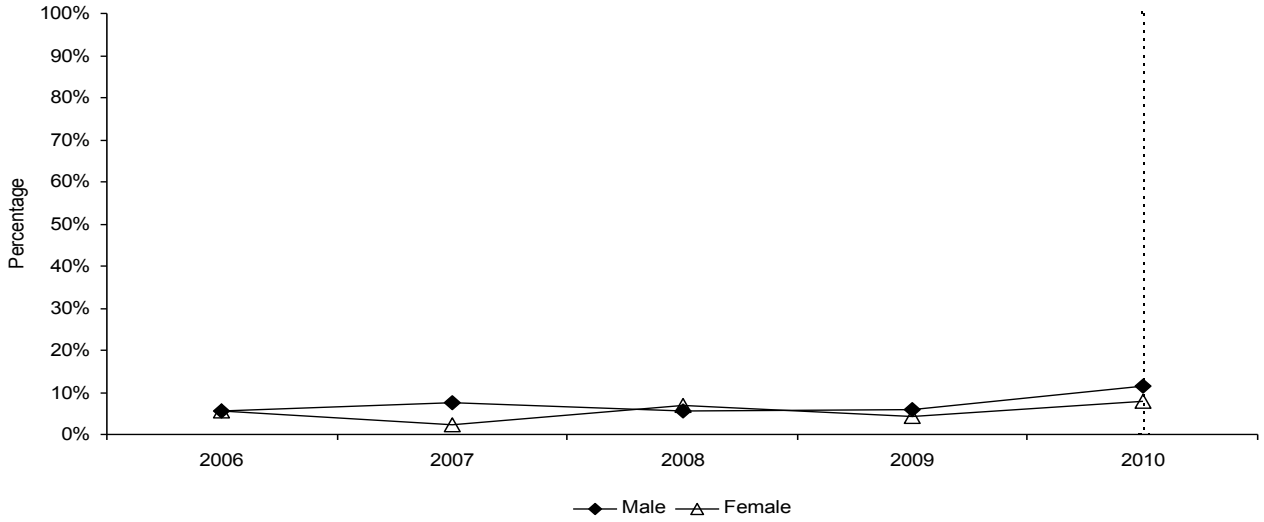
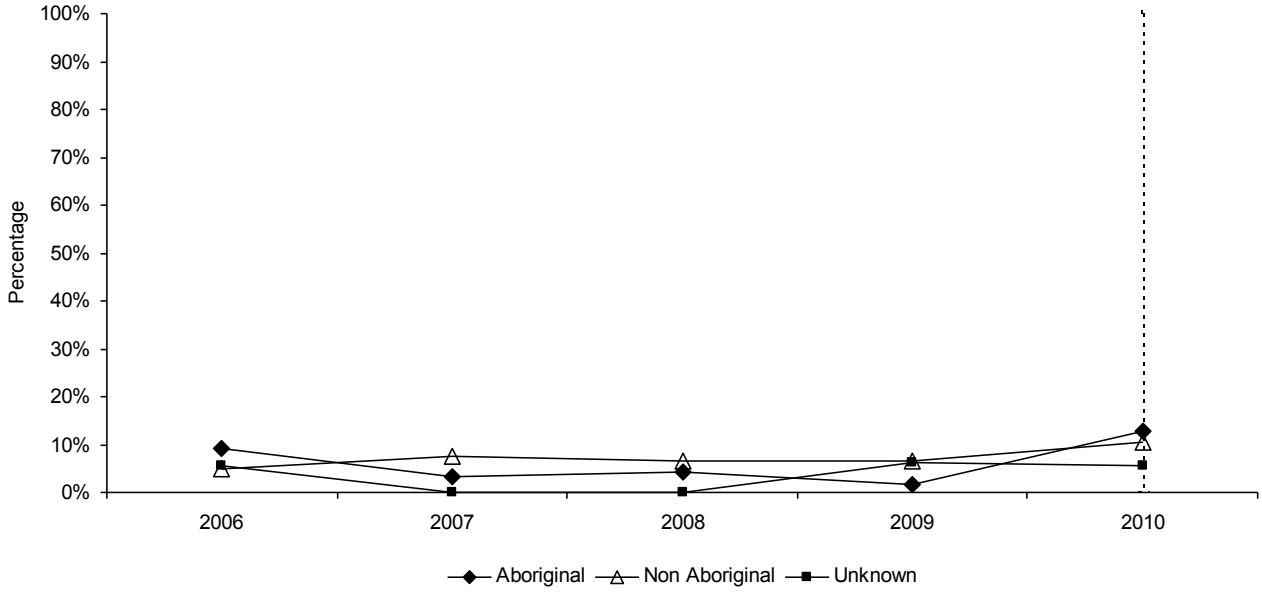


Figure 11.3 Proportion of individuals with a new HIV diagnosis with acute HIV infection by Aboriginal status, BC



Indicator 11 Proportion of individuals with a new HIV diagnosis with acute HIV infection

Interpretations & Comments	In 2010, the proportion of individuals with a new HIV diagnosis with acute HIV infection increased in Vancouver HSDA and Other HSDAs, and is variable in Northern Interior. This proportion increased for both males and females in 2010. After decreasing since 2006, the proportion for Aboriginal persons increased in 2010.
Description of Measure	The percentage of individuals testing newly positive for HIV who are identified as having acute HIV infection (i.e., tested up to 6-8 weeks after infection with HIV).
Significance	Individuals may test for HIV during the period of acute infection due to sero-conversion symptoms, as a result of enhanced case-finding (e.g., testing of contacts of a new index HIV case), by testing after a recent risk exposure or event, or by chance (e.g., a routine tester who tests while acutely infected). Increases in this indicator may reflect overall earlier diagnosis of HIV or increased HIV testing frequency in individuals at risk of HIV infection.
Data Source(s)	Provincial HIV/AIDS surveillance database at BCCDC.
Calculation Method	• Acute HIV infection is defined on the basis of characteristic laboratory findings and the absence of an AIDS case report before or up to 12 months after HIV diagnosis. • Denominator: All unique individuals with a new HIV diagnosis. • Numerator: Number of unique individuals with a new HIV diagnosis and with acute HIV infection. • Allocation by HSDA is based on address of individual with new HIV diagnosis, or if unknown, address of ordering clinician or clinic. • Unit of analysis is proportion of newly diagnosed individuals with acute HIV infection per year.
Limitations	• Ability to identify acute HIV infection depends on test window periods, which vary by type of test used (which may vary by HSDA and over time). • Pooled NAAT testing is available at select clinics with gay male clients in Vancouver and contributes to increased detection of acute HIV infection in men testing at those sites. • A future switch from 3rd generation to 4th generation EIA testing at the Provincial Public Health Microbiology and Reference Laboratory is likely will influence trends. • In Northern Interior HSDA, there will be greater variability for this indicator due to small numbers making trends more difficult to interpret.
Notes	
Revisions	• Breakdown by gender included. (Oct 2010) • Breakdown by Aboriginal status included. (June 2011)

Indicator 14: Proportion of individuals starting antiretroviral therapy (ART) late in the course of HIV disease		
Target:	Decrease	
Actual:	VAN: 14.93%	NI: 25.00%

Figure 14.1 Proportion of individuals starting antiretroviral therapy (ART) late in the course of HIV disease by HSDA

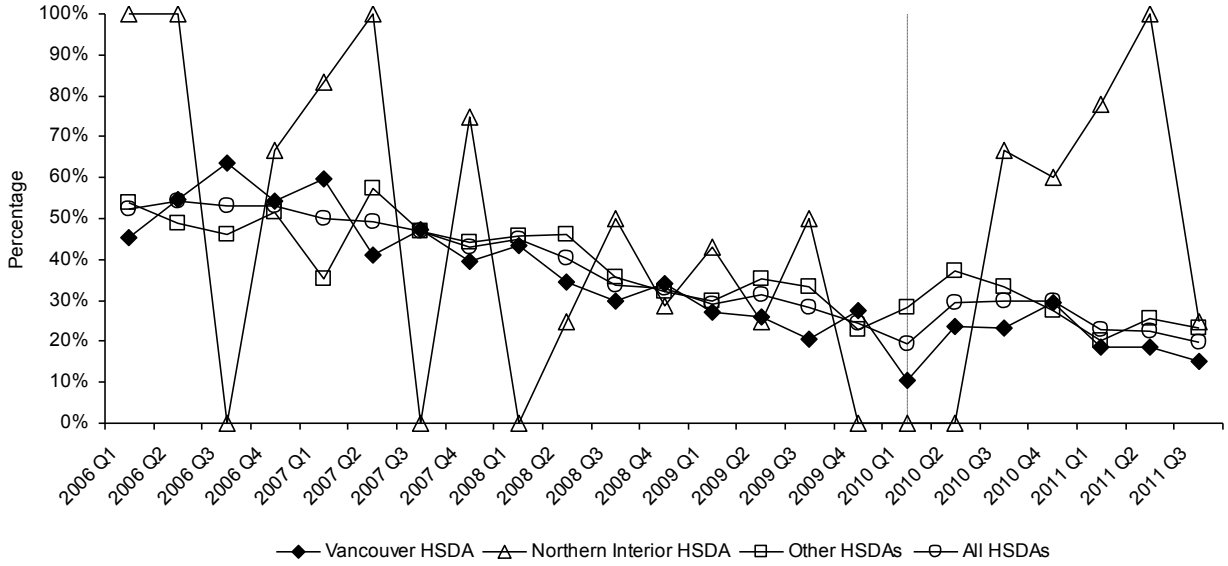
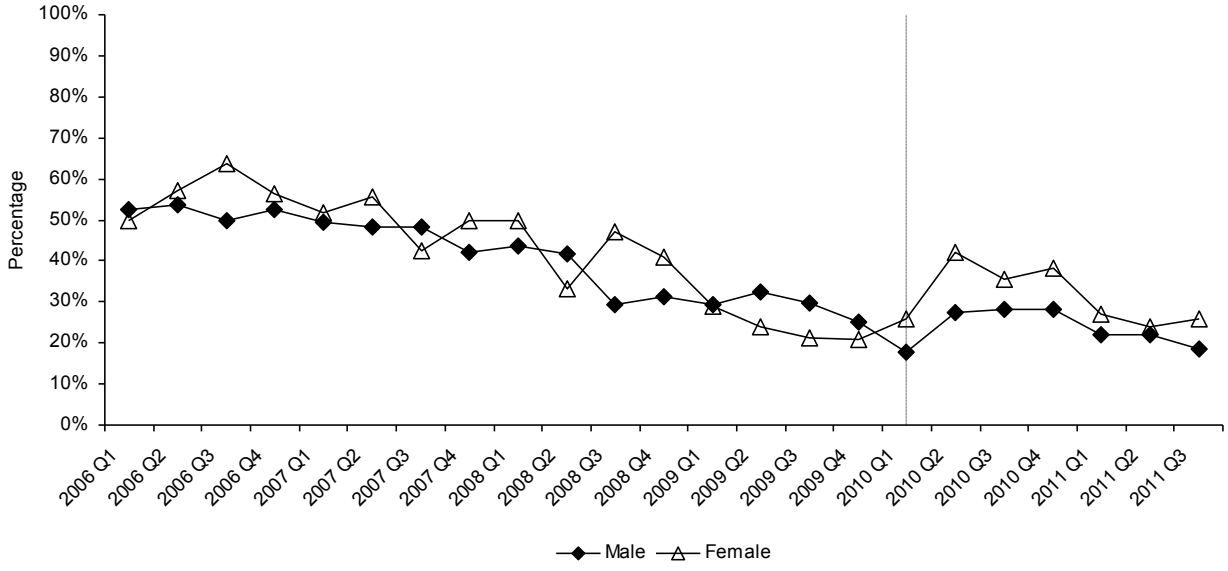


Figure 14.2 Proportion of individuals starting antiretroviral therapy (ART) late in the course of HIV disease by gender



Indicator 14: Proportion of individuals starting antiretroviral therapy (ART) late in the course of HIV disease

Interpretations & Comments	The proportion of individuals initiating therapy late in the disease course has historically seen a modest decline. Over the first three quarters of 2011 rates have returned to this trend after several quarters of increased rates. NI continues to experience large fluctuations associated with the small sample size however, rates in that jurisdiction have now converged with lower rates observed elsewhere in the province. Trends are similar for both women and men.
Description of Measure	Percentage of individuals starting ART who have cd4 cell counts below 200 cells/mL.
Significance	Current clinical guidelines are complex in terms of eligibility for ART and rely on an algorithm which takes into account cd4, viral load, concomitant illness or other morbidities including laboratory findings, other medications and their safety profiles as well as the lifestyle or personal challenges of the individual. A cd4 cell count of <200 cells/mL however, represents severe HIV disease and a point at which all individuals should be accessing therapy.
Data Source(s)	British Columbia Center for Excellence Drug Treatment Program Database
Calculation Method	Denominator: Total number of distinct individuals who are initiating ART in the time period of interest. Numerator: Total number of individuals from the denominator with cd4 cell counts lower than 200 cells/mL
Limitations	CD4 count is only one measure of treatment eligibility. Therefore, there are likely to be individuals who are eligible for treatment on other grounds but whose cd4 count is greater than 200 and will not be captured in the numerator in this estimate.
Notes	
Revisions	

Indicator 18: Proportion of individuals with a new HIV diagnosis who are tested for syphilis within three months of HIV diagnosis		
Target:	>95%	
Actual:	VAN: 67.5% in 2011 Q1 & Q2	NI: 60.0% in 2011 Q1 & Q2

Figure 18.1 Proportion of individuals with a new HIV diagnosis who are tested for syphilis within 3 months of HIV diagnosis by HSDA

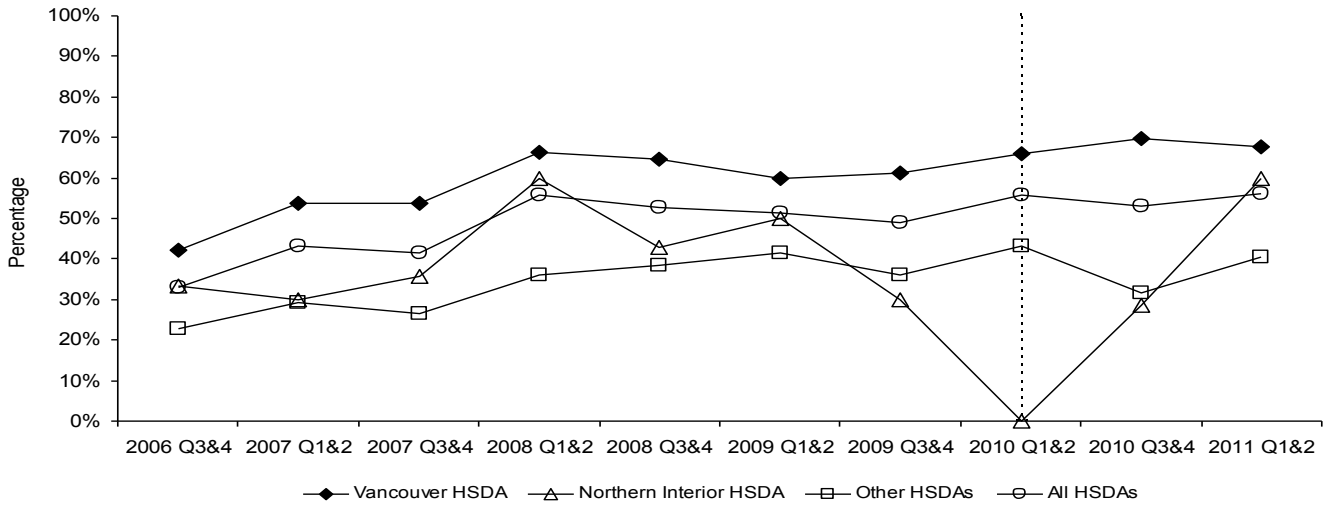


Figure 18.2 Proportion of individuals with a new HIV diagnosis who are tested for syphilis within 3 months of HIV diagnosis by HSDA – Males

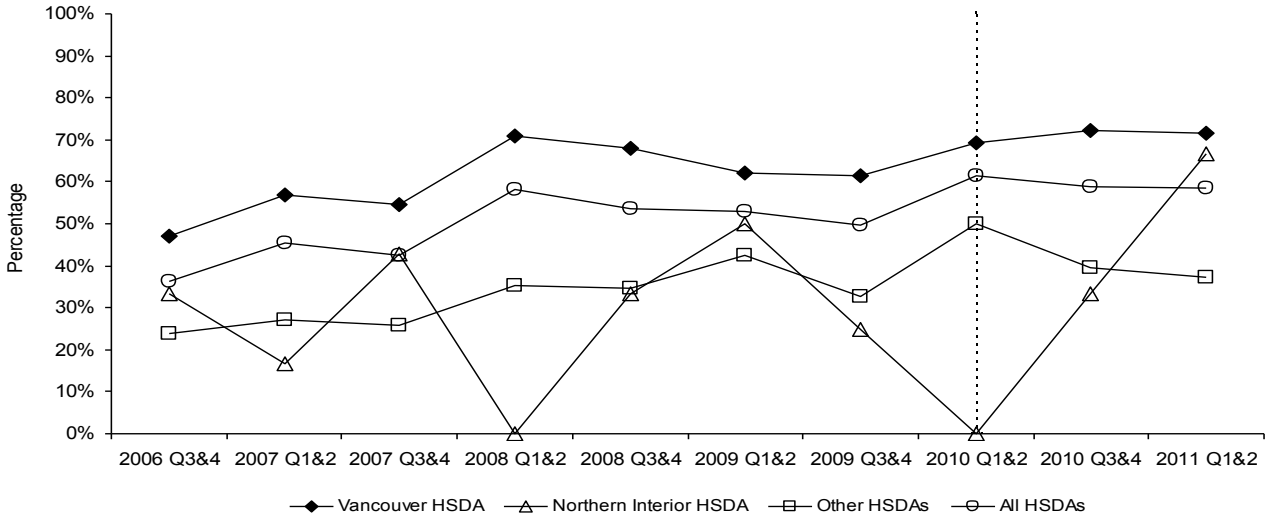


Figure 18.3 Proportion of individuals with a new HIV diagnosis who are tested for syphilis within 3 months of HIV diagnosis by HSDA – Females

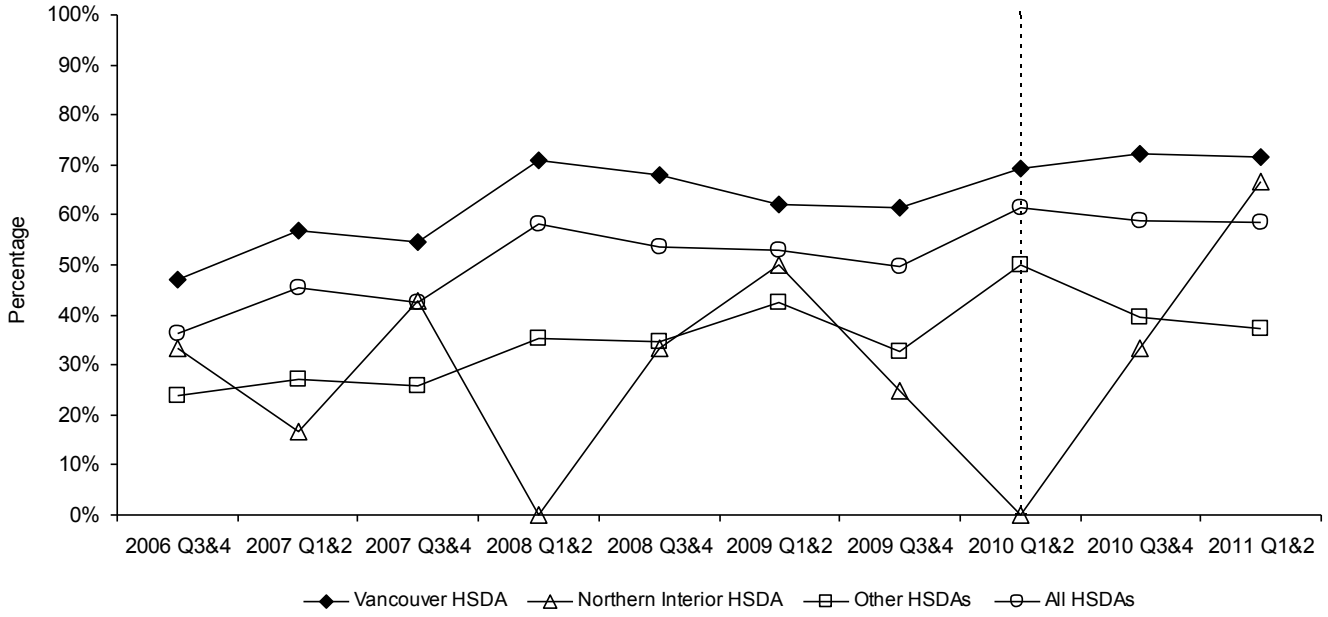
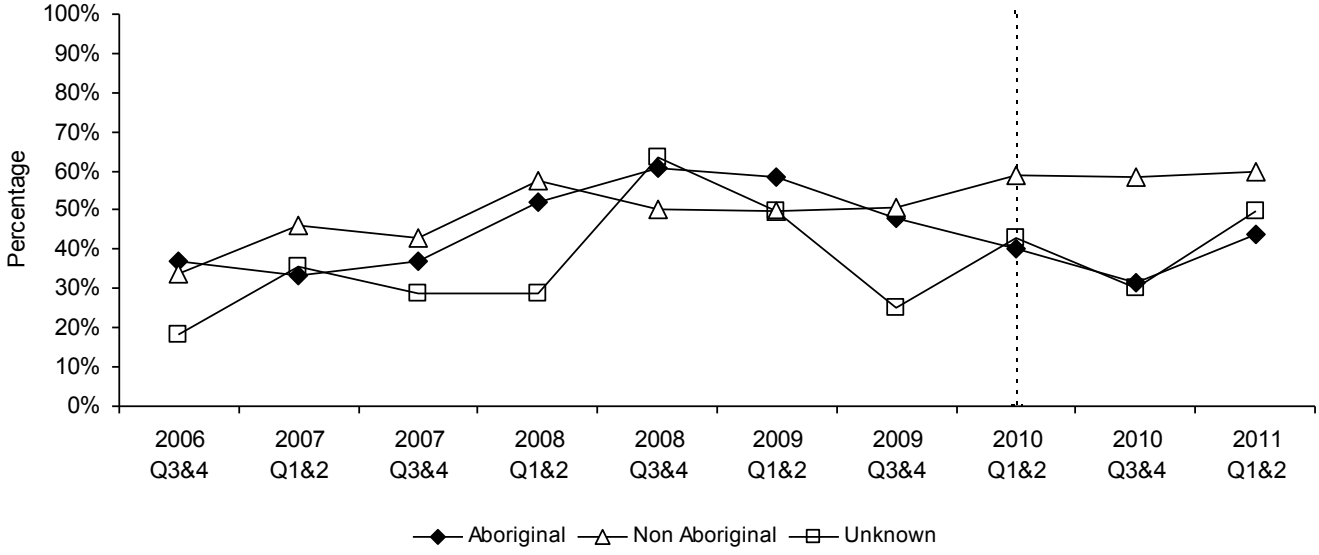


Figure 18.4 Proportion of individuals with a new HIV diagnosis who are tested for syphilis within 3 months of HIV diagnosis by HSDA – by Aboriginal status



Indicator 18 Proportion of individuals with a new HIV diagnosis who are tested for syphilis within 3 months of HIV diagnosis

Interpretations & Comments	In 2011 Q1&Q2, the proportion of individuals with a new HIV diagnosis who are tested for syphilis within 3 months of diagnosis decreased slightly in Vancouver HSDA, was stable in other HSDAs, and increased in Northern Interior HSDA. Similar trends were observed for males while trends in females were more variable; the magnitude of this proportion is lower for females compared to males. The proportion in Aboriginal persons is variable.
Description of Measure	The percent of individuals with a new diagnosis of HIV who have a syphilis test within 3 months of their HIV diagnosis date.
Significance	Testing for sexually transmitted infections including syphilis is recommended routinely for individuals with HIV upon entry into HIV-related primary care and by public health during follow-up of new positive HIV tests. Measuring the proportion of individuals with a new diagnosis of HIV who have a syphilis test within 3 months after the date of HIV diagnosis may be a proxy for entry into HIV-related primary care and success of public health follow-up.
Data Source(s)	• Provincial HIV/AIDS surveillance database at BCCDC. • Misys Laboratory database at the Provincial Public Health Microbiology and Reference Laboratory (PHSA).
Calculation Method	• Based on a direct match of identifiers for individuals with a new positive HIV test and individuals undergoing syphilis testing. • Denominator: All unique individuals with a new HIV diagnosis. • Numerator: Number of unique individuals with a new HIV diagnosis who have a syphilis test within 14 days before or 3 months after the date of HIV diagnosis. • Allocation by HSDA is based on address of individual with new HIV diagnosis, or if unknown, address of ordering clinician or clinic. • Unit of analysis is the percentage of individuals with a new HIV diagnosis who are tested within 3 months for syphilis, per six months.
Limitations	Individuals who test for HIV using different identifiers (e.g., initials, pseudonyms, non-nominally) than are used for syphilis testing will not be included in the numerator.
Notes	
Revisions	• Indicator debuted. (Oct 2010) • Improvement to the method for data analysis has revised the values of this indicator slightly from the November 10, 2010 report. (Jan 2011) • Breakdown by Aboriginal status included (Oct 2011)

Indicator 21: Percentage of HIV-infected individuals who are tested for genotypic antiretroviral drug resistance prior to starting antiretroviral therapy (ART)		
Target:	Increase to >95%	
Actual:	VAN: 88.57%	NI: 100.00%

Figure 21.1 Percentage of HIV-infected individuals who are tested for genotypic antiretroviral drug resistance prior to starting antiretroviral therapy (ART) by HSDA

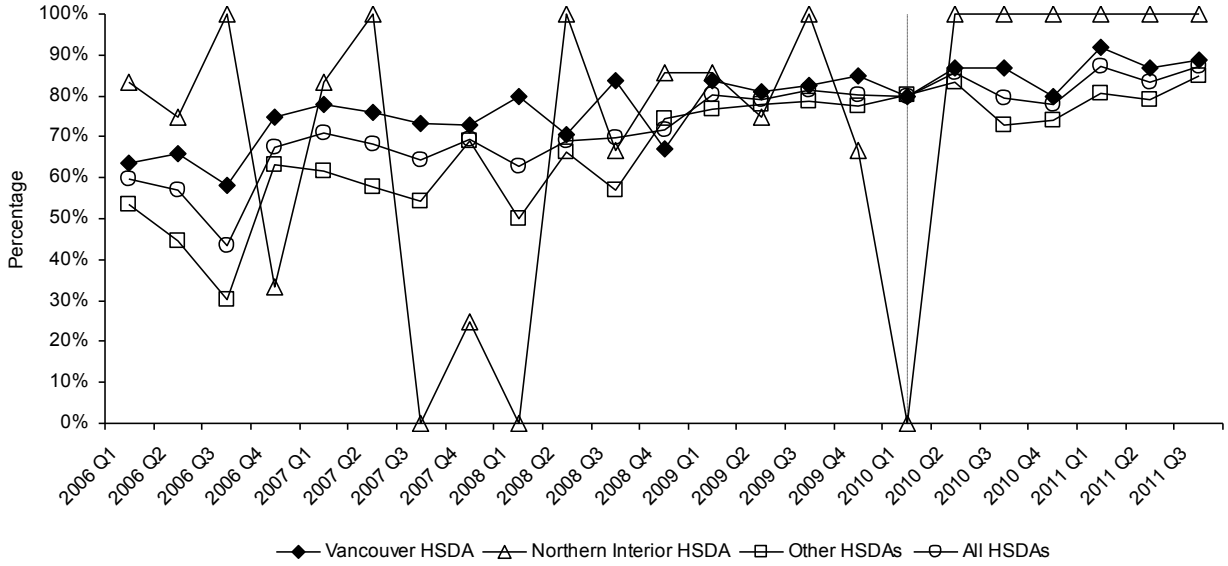
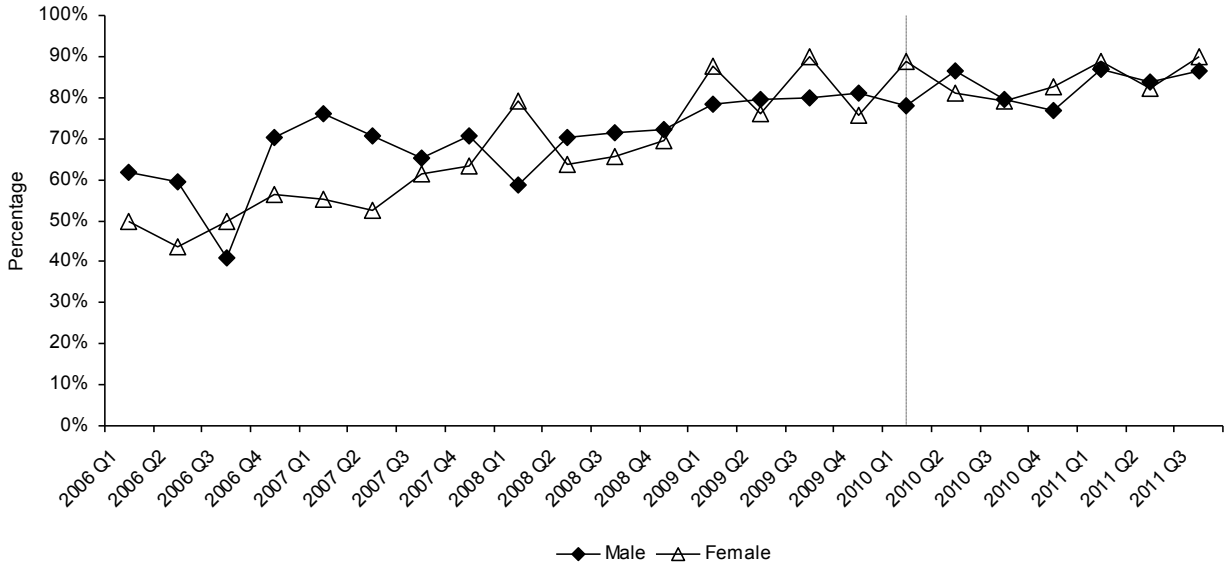


Figure 21.2 Percentage of HIV-infected individuals who are tested for genotypic antiretroviral drug resistance prior to starting antiretroviral therapy (ART) by gender



Indicator 21: Percentage of HIV-infected individuals who are tested for genotypic antiretroviral drug resistance prior to starting antiretroviral therapy (ART)

Interpretations & Comments	Estimates of the proportion of individuals receiving genotypic testing have remained relatively steady, although continuing the trend towards increasing rates seen in the past few years, and near goal levels since pilot initiation and are similar across HSDA and for both men and women.
Description of Measure	Percentage of HIV positive individuals who receive laboratory testing for genotypic drug resistance before they begin antiretroviral therapy.
Significance	Over time individuals exposed to ART can develop strains of HIV that are resistant to some or all of the drugs in a given therapy regimen. When this happens the efficacy of the drugs declines and the drug regimen must be changed. People with resistant virus can pass along these resistant virus strains so that those they infect actually have drug resistance even though they have never taken antiretroviral drugs. Therefore, it is important to conduct genotype testing on those who have never been exposed to ART but who are initiating therapy. The purpose of this is to establish whether the patient is harboring drug resistant strains of the HI virus so that the therapy can be tailored to suit the patient's needs. Testing typically includes resistance to nucleoside reverse transcriptase inhibitors (NRTI), non-nucleoside reverse transcriptase inhibitors (NNRTI), M18, and protease inhibitor (PI) classes of therapy.
Data Source(s)	British Columbia Center for Excellence Drug Treatment Program Database
Calculation Method	Percentage of all those initiating first therapy who have prior genotype testing. Denominator: All individuals who initiated first ever antiretroviral therapy Numerator: All those in the denominator that have had at least one resistance profile conducted prior to therapy start date.
Limitations	Viral load must be >=250 copies/mL for testing to be conducted. Prior to January 1, 2002 pVL needed to be >=1,000 copies/mL.
Notes	
Revisions	

Indicator 22: Percentage of individuals starting antiretroviral therapy (ART) who achieve HIV plasma viral load (pVL) of <200 copies/mL within nine months of therapy initiation		
Target:	Increase to >95%	
Actual:	VAN: 81.82%	NI: 80.00%

Figure 22.1 Percentage of individuals starting ART who achieve HIV plasma viral load (pVL) of < 200 copies/mL within 9 months of therapy initiation by HSDA

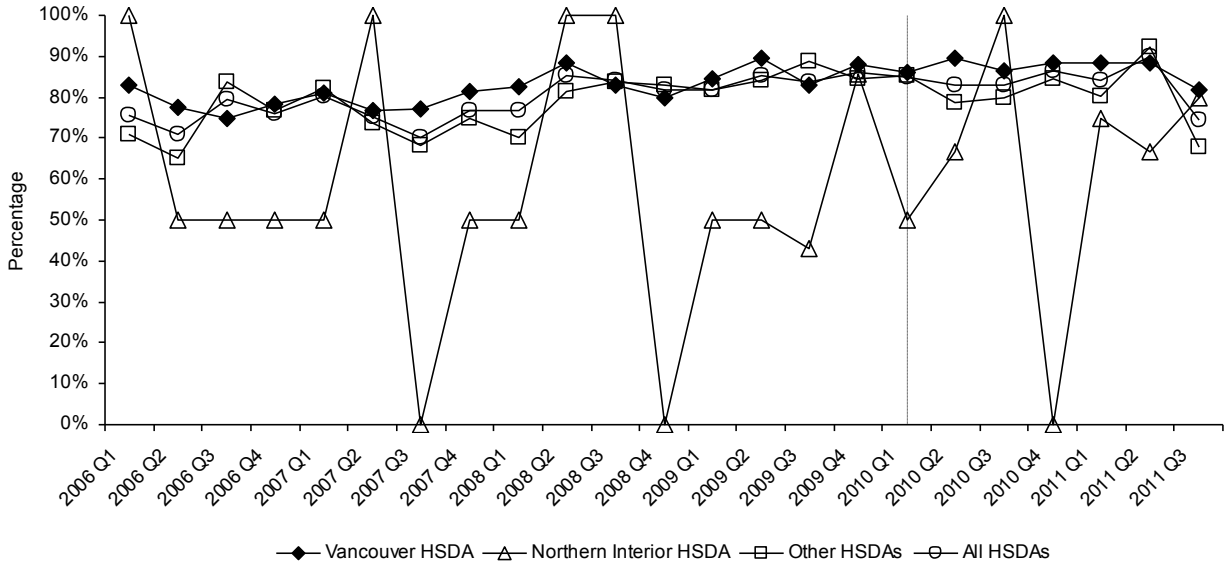
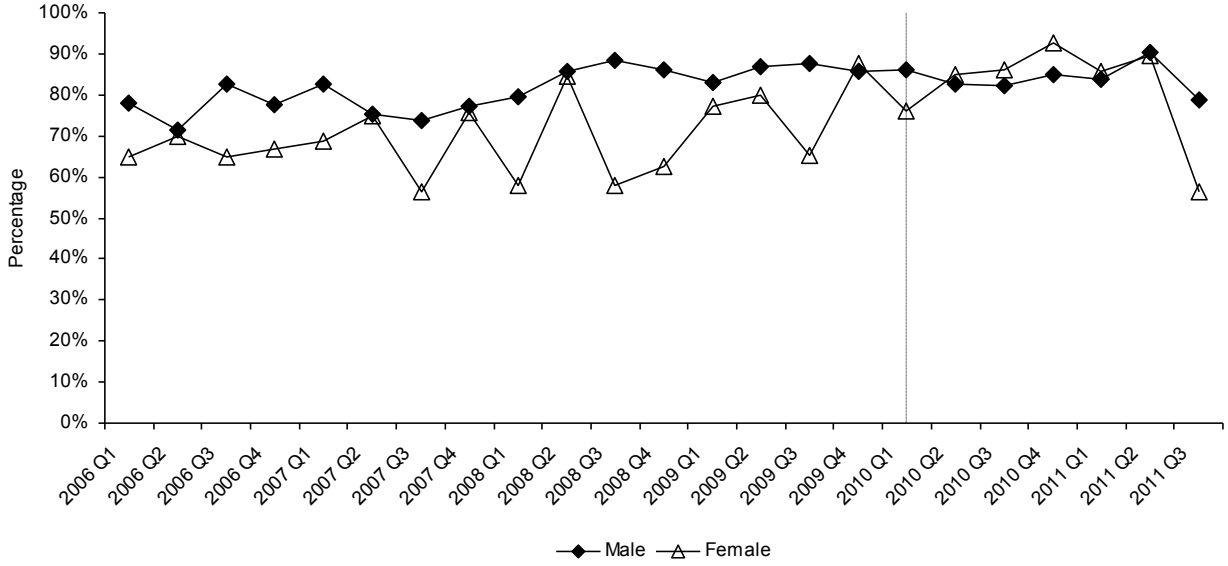


Figure 22.2 Percentage of individuals starting ART who achieve HIV plasma viral load (pVL) of < 200 copies/mL within nine months of therapy initiation by gender



Indicator 22: Percentage of individuals starting antiretroviral therapy (ART) who achieve HIV plasma viral load (pVL) of <200 copies/mL within nine months of therapy initiation

Interpretations & Comments	Rates in Vancouver and Northern Interior continue to fluctuate and fall short of the 95% goal with greater divergence from goal rates observed in the last three months. In general rates for women fluctuate more widely and this is observed in the last quarter. Recent trends in the NI appear to have reversed with rates near those seen in the rest of British Columbia. Improving on current status will require an understanign of the contribution of various factors to treatment failure so that interventions can be developed and individuals at greatest risk targeted for special attention.
Description of Measure	Percentage of individuals initiating first antiretroviral therapy who have a pVL below the limit of detection within the first nine months of ART.
Significance	Plasma viral load is a measure of viral activity assessed by quantifying the amount of virus present in the patient's blood. Lower pVL is associated with reduced disease activity with counts below the limit of detection indicating excellent virus suppression- the ultimate goal of ART. As long as viral suppression is maintained disease progression is curtailed. Individuals receiving appropriate therapy in accordance with clinical guidelines are generally expected to successfully suppress virus within the first six months of treatment. However, imperfect adherence to therapy or resistance due to primary infection with a drug resistant strain of HIV can negatively impact therapy success.
Data Source(s)	British Columbia Center for Excellence Drug Treatment Program Database
Calculation Method	Denominator: All individuals initiating first ever ART. Numerator: Of individuals in the denominator, those who had two consecutive pVL measures <200 copies/mL both taken after therapy start and at least one of which is taken within the first nine months of treatment
Limitations	Can be confounded by patient-related factors including adherence. Prior to February 1st, 2008 the lowest limit of detection was considered to be pVL<50copies/mL. Since that time a new laboratory technique has been adopted to quantify pVL. This method is less accurate at low pVL levels and currently a pVL<200 is considered to represent complete suppression.
Notes	
Revisions	For the first three quarters of 2010 reports were presented using pVL<50 copies/mL to be consistent with older testing techniques. From the last quarter of 2010 forward reporting will use the new standard of 200 copies/mL. Starting in the second quarter of 2011 the indicator was revised from suppression within the first six months to the first nine months after therapy initiation. This change was enacted because a review of current data found that the use of the six-month timeframe yielded an underestimate of treatment effectiveness due to the automatic inclusion as "failures" of those who did not receive a second test in the six month window.

Indicator 23: Percentage of individuals who initiated antiretroviral therapy (ART) with a recommended therapy regimen (among those with no drug resistance)		
Target:	Increase to >95%	
Actual:	VAN: 82.14%	NI: 100.00%

Figure 23.1 Percentage of individuals who initiated antiretroviral therapy (ART) with a recommended therapy regimen (among those with no drug resistance) by HSDA

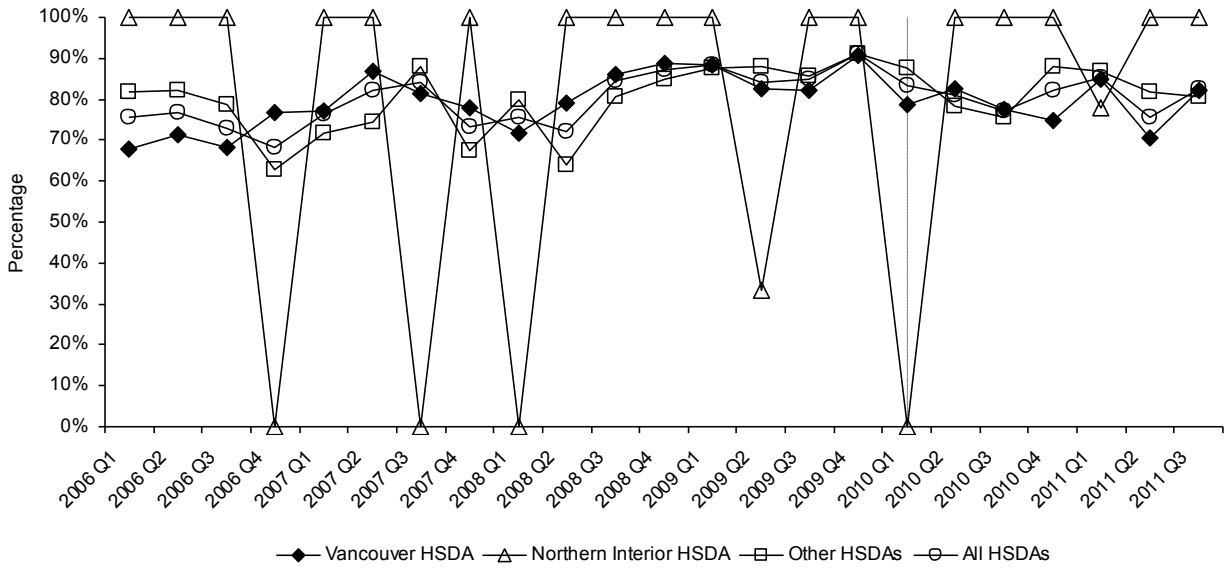
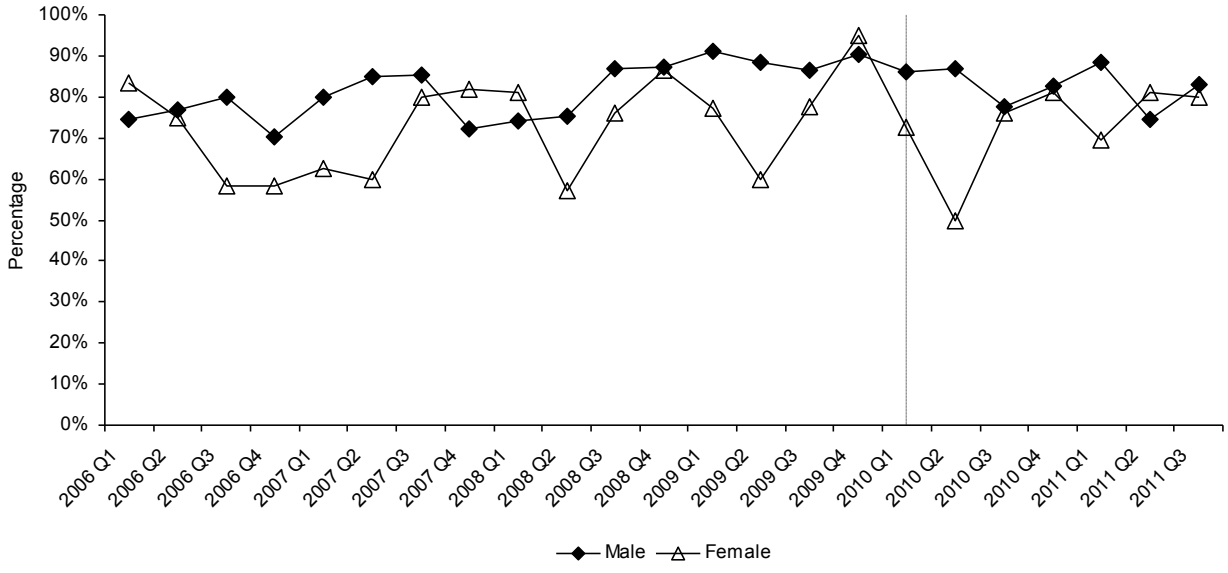


Figure 23.2 Percentage of individuals who initiated antiretroviral therapy (ART) with a recommended therapy regimen (among those with no drug resistance) by gender



Indicator 23: Percentage of individuals who initiated antiretroviral therapy (ART) with a recommended therapy regimen (among those with no drug resistance)

Interpretations & Comments	In the past quarter we observe convergence of all regions to approximately 82% with continued perfect performance within the NI. Currently recommended therapy options include: • Lamivudine/lopinavir+ritonavir/tenofovir • Lamivudine/efavirenz/tenofovir • Lamivudine/nevirapine/tenofovir • Lamivudine/ritonavir/tenofovir/ritonavir boosted atazanavir • lopinavir+ritonavir/tenofavir/emtricitabine • efavirenz/tenofovir/emtricitabine • nevirapine/tenofovir/emtricitabine • tenofavir/ritonavir boosted atazanavir/emtricitabine
Description of Measure	Percentage of individuals who are starting first ever ART and who have been shown to have no drug resistance who initiate therapy with one of the therapy regimens recommended for those who have never been on therapy and who do not have any drug resistance.
Significance	As described in Indicator 21, resistance testing is an important precursor to treatment. Drug resistance complicates treatment and limits treatment options. Individuals without drug resistance have the option of using, and should be prescribed, the most simple and effective therapy options. Currently 8 options are recommended for people who are new to treatment and who do not have drug resistance.
Data Source(s)	British Columbia Center for Excellence Drug Treatment Program Database
Calculation Method	*Denominator:* All individuals initiating first ever ART who had drug resistance testing prior to ART start date which documented no resistance to any of nucleoside reverse transcriptase inhibitors (NRTI), non nucleoside reverse transcriptase inhibitors (NNRTI), M18, and protease inhibitor (PI) classes of therapy. *Numerator:* Individuals in the denominator who initiated first ever therapy with one of the eight therapy regimens recommended.
Limitations	Patients may have specific contraindications other than resistance and these data are not completely captured.
Notes	
Revisions	

Indicator 24: Percentage of individuals on antiretroviral therapy (ART) that achieve annual prescription refill adherence of >95%		
Target:	Increase	
Actual:	VAN: 74.69%	NI: 46.74%

Figure 24.1 Percentage of individuals on antiretroviral therapy (ART) that achieve annual prescription refill adherence of >95% by HSDA

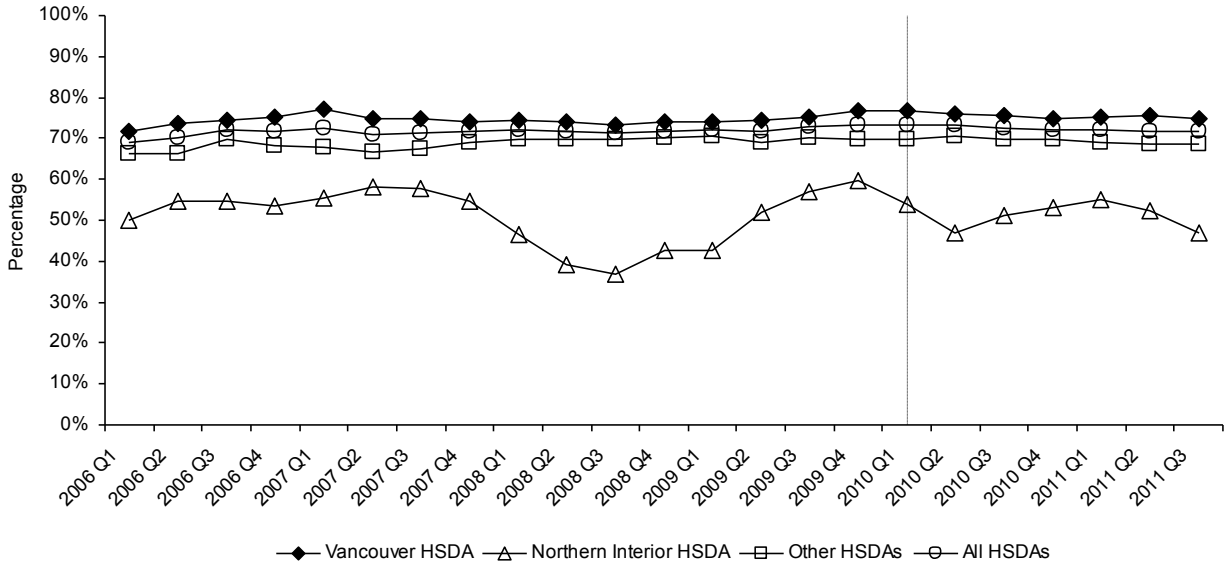
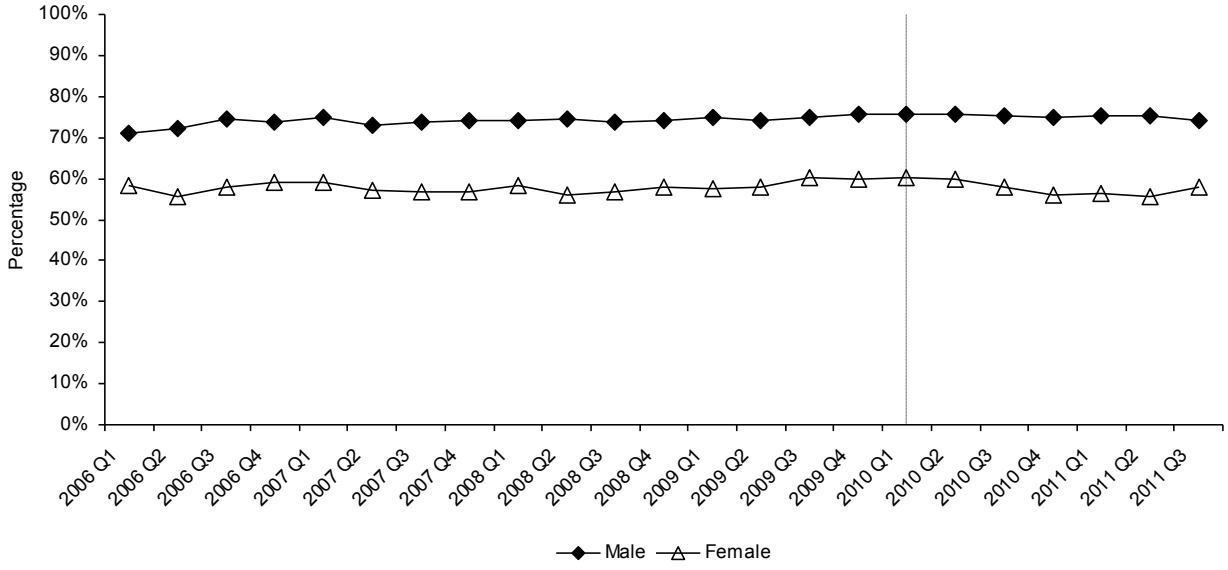


Figure 24.2 Percentage of individuals on antiretroviral therapy (ART) that achieve annual prescription refill adherence of >95% by gender



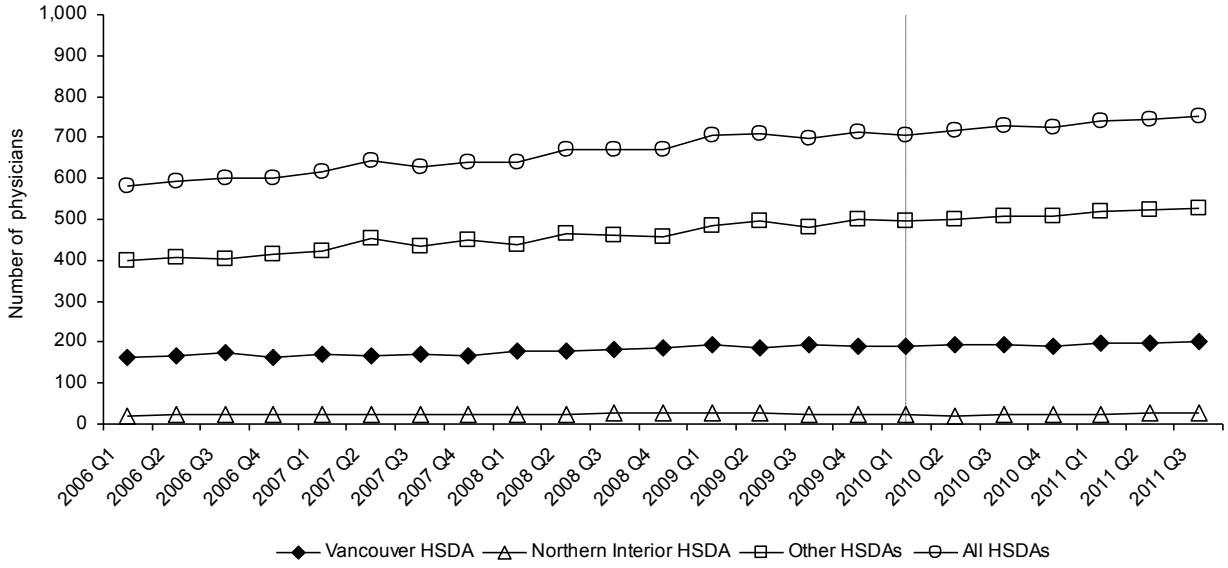
Indicator 24: Percentage of individuals on antiretroviral therapy (ART) that achieve annual prescription refill adherence of >95%

Interpretations & Comments	The trend for all HSDA remains stable and, while the NI experiences lower rates of adherence overall and broader variation in estimates due to low numbers, rates in this HSDA also remain relatively consistent. Women continue to have lower rates of high adherence.
Description of Measure	Percentage of individuals starting ART that pick up at least 95% of their prescribed medication over the first year of therapy.
Significance	For therapy to be effective the prescribed drugs must be taken as directed. One of the primary reasons for treatment failure is incomplete adherence (missed drug doses). In fact, levels of adherence of around 95% have been correlated with sustained virologic suppression, fewer hospitalizations, and reduced rates of drug resistance.
Data Source(s)	British Columbia Center for Excellence Drug Treatment Program Database
Calculation Method	*Denominator:* All individuals prescribed ART *Numerator:* All individuals in the denominator who have at least 95% adherence over the past full year of therapy Adherence is calculated as: *Denominator:* 365 days *Numerator:* Total number of days covered by prescriptions filled (i.e., picked up by the patient) from start date of ART to day 365.
Limitations	This measure is a proxy for adherence to ART. Adherence will be overestimated if prescriptions are filled but medication is not taken. Missed medication pick-ups may be a result of medically ordered temporary treatment interruptions rather than patient non-adherence. Patients may have stockpiles of medication at home from prior years and so may miss pickups yet remain adherent.
Notes	
Revisions	

Indicator 25: Number of physicians initiating therapy or providing HIV-related care to patients on antiretroviral therapy (ART)

Target:	Increase	
Actual:	VAN: 201	NI: 26

Figure 25.1 Number of physicians initiating antiretroviral therapy (ART) by HSDA



Indicator 25: Number of physicians initiating antiretroviral therapy (ART)

Interpretations & Comments	The total number of prescribing physicians remains relatively stable in the long term with modest but consistent gains over time in most HSDA. The situation in the Northern HSDA with few physicians providing HIV therapy-related care remains precarious.
Description of Measure	The number of doctors who are initiating HIV-related ART.
Significance	Access to high quality care close to home is of great concern for patients. The total number of physicians in a given geographic area successfully prescribing ART as either the enrolling or follow-up physician is one important measure of access for patients to HIV care.
Data Source(s)	British Columbia Center for Excellence Drug Treatment Program Database
Calculation Method	Simple count of the total number of physicians in the geographic area of interest who are successfully initiating ART among HIV positive individuals. Successful prescription is defined as having at least one prescription for ART filled for a patient not previously on ART. The unit of analysis is the unique physician.
Limitations	
Notes	
Revisions	

Indicator 26: Percentage of individuals on antiretroviral therapy (ART) who experience a serious adverse drug reaction (ADR)

Target:	Maintain <0.5%	
Actual:	VAN: 0.03%	NI: 0.00%

Figure 26.1 Percentage of individuals on antiretroviral therapy (ART) who experience a serious adverse drug reaction (ADR) by HSDA

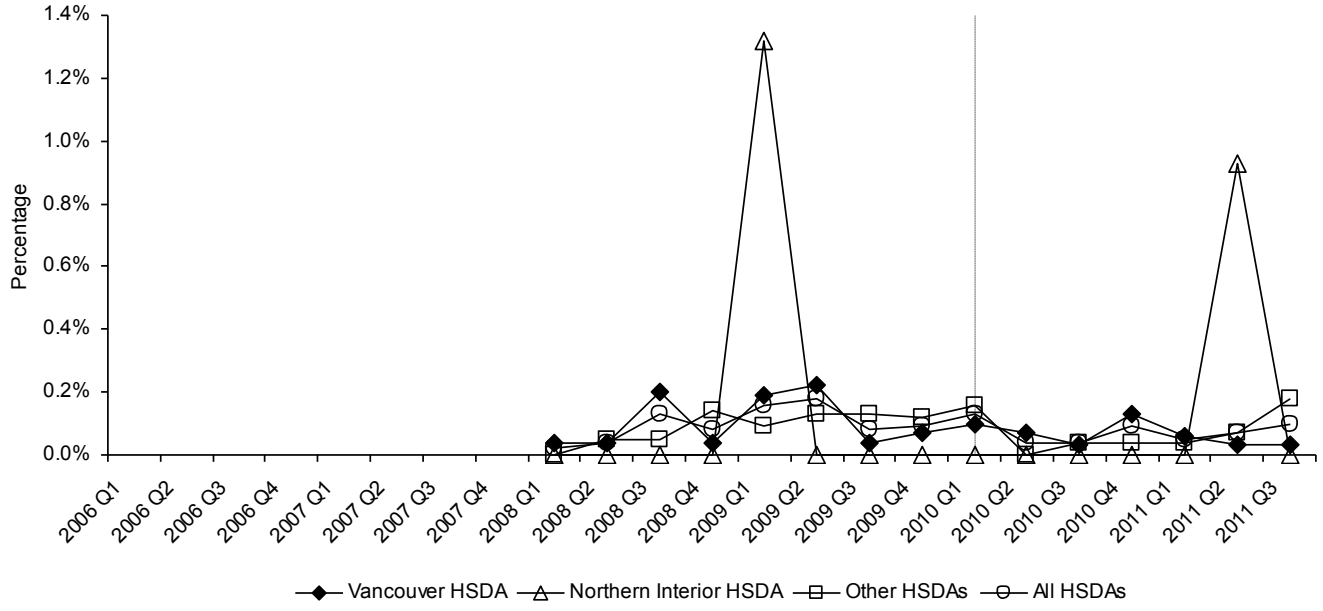
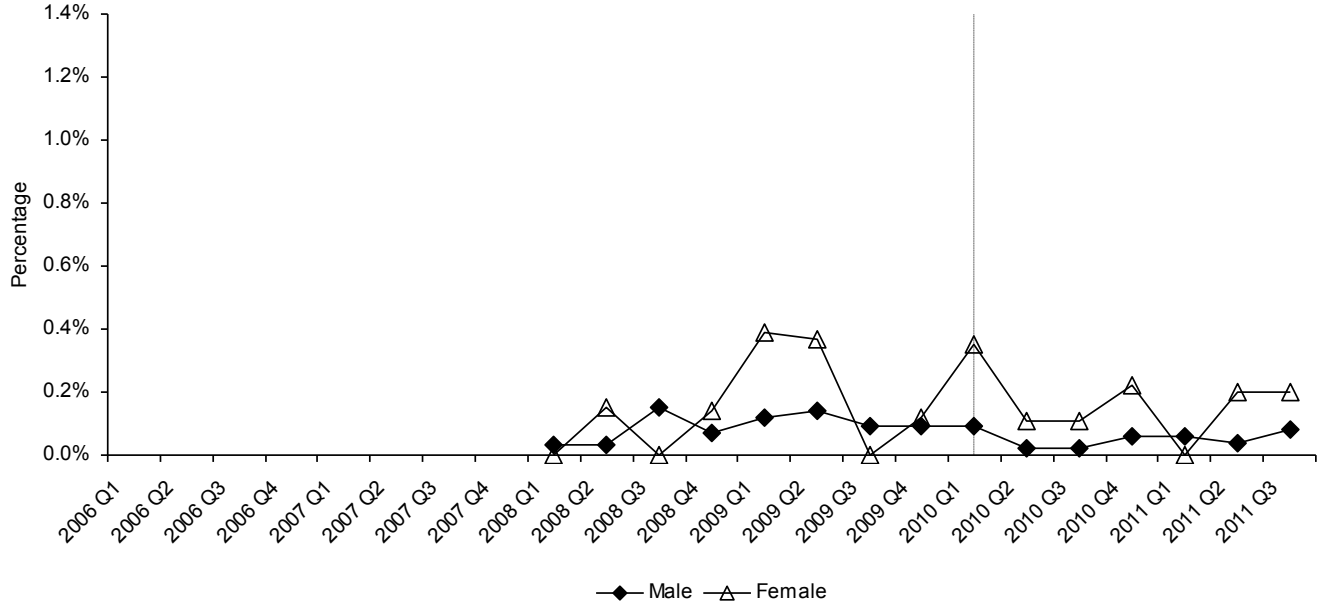


Figure 26.2 Percentage of individuals on antiretroviral therapy (ART) who experience a serious adverse drug reaction (ADR) by gender



Indicator 26: Percentage of individuals on antiretroviral therapy (ART) who experience a serious adverse drug reaction (ADR)

Interpretations & Comments	The trend remains towards very low ADR rates, however, the occurrence of five events in regions outside of the STOP pilot has driven an increase in the overall rate over the last quarter. Women continue to experience (or report) greater rates. Due to the small number of events trends in this indicator must be interpreted with caution- particularly in the Northern HSDA where a single case can cause a dramatic spike.
Description of Measure	Percentage of individuals on ART who have a serious negative reaction to an ART drug.
Significance	Most medications can be associated with adverse reactions. Serious adverse drug events in HIV therapy cover a wide range of problems in various organ systems and are defined as reactions that are potentially life-threatening or which lead to hospitalization or death. Monitoring for ADRs in the general population of ART users is important because the clinical trials in which drug testing is conducted usually include relatively few patients followed over a comparatively short time period. Therefore, trials may not identify ADR if they are very rare or are a result of very long exposure. Fortunately, the risk of a serous ADR in response to antiretroviral drugs is very low.
Data Source(s)	British Columbia Center for Excellence Drug Treatment Program Database
Calculation Method	*Denominator:* Total number of distinct individuals who are taking ART and any given time in the time period of interest. *Numerator:* Number of serious adverse events over the time period of interest.
Limitations	Reporting of adverse drug reactions, even serious ones, is voluntary- relying on physician report. Moreover, those that are reported are not confirmed or substantiated independently and it remains unknown whether factors other than ART drugs may be responsible or partially responsible for the adverse event.
Notes	
Revisions	

Indicator 28: Incidence of resistance to any retroviral drug		
Target:	Decrease	
Actual:	VAN: 0.08%	NI: 0.00%

Figure 28.1 Incidence of resistance to any antiretroviral drug by HSDA

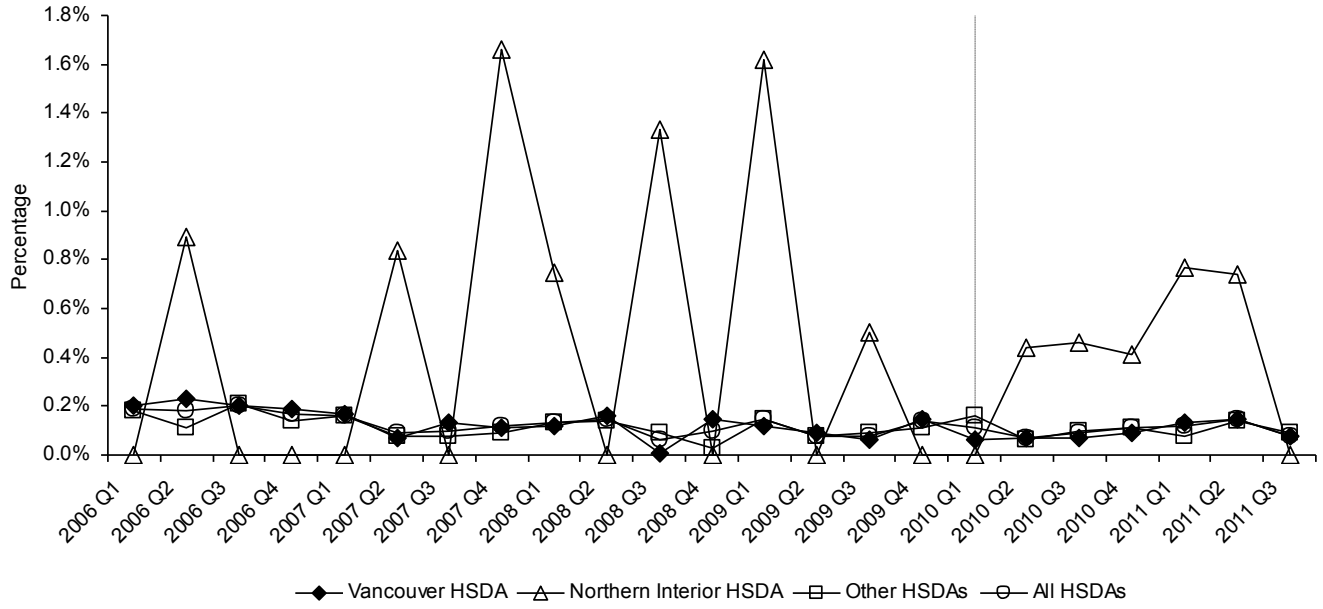
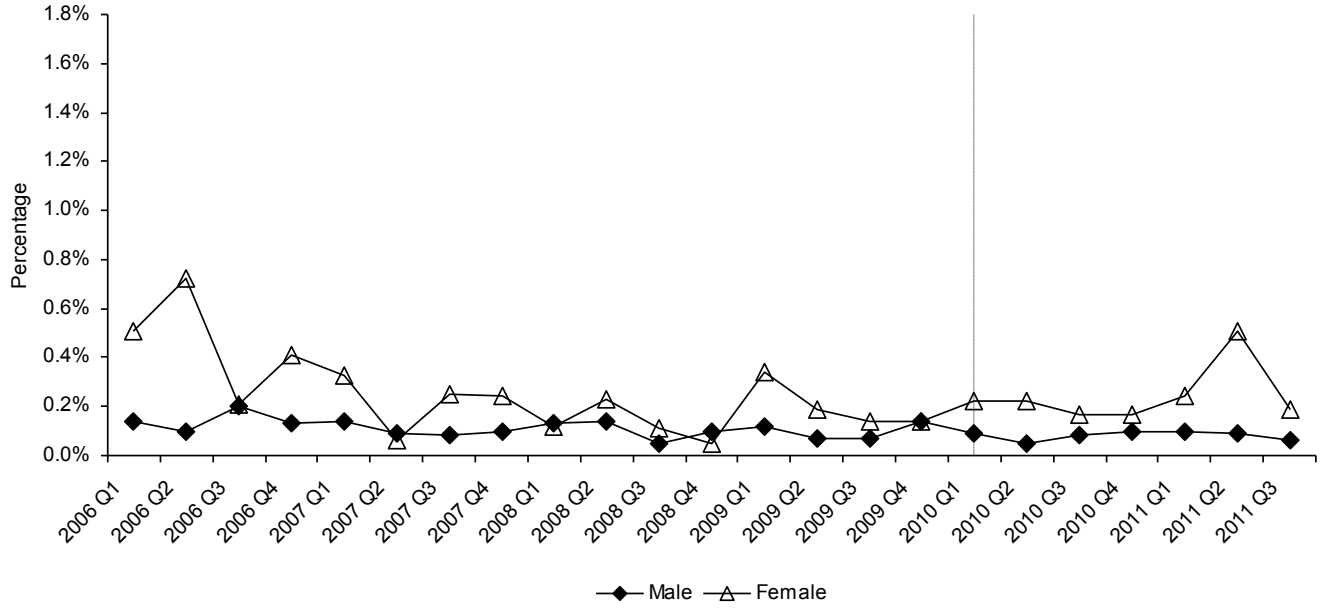


Figure 28.2 Incidence of resistance to any antiretroviral drug by gender



Indicator 28: Incidence of resistance to any antiretroviral drug

Interpretations & Comments	All HSDA have consistently low rates of incident drug resistance both throughout 2010 and in the first three quarters of 2011 with slight drops over all HSDA in the quarter three. The slightly higher rates among women observed historically has resolved to a large degree in the past quarter.
Description of Measure	Counts new cases of antiretroviral drug resistance occurring over the time period of interest among all individuals taking antiretroviral therapy.
Significance	One goal of the STOP HIV pilot is to reduce transmission of drug-resistant HIV strains. The lower the incidence of resistance and the fewer people with HIV harboring resistant viral strains, the more successful these efforts will be.
Data Source(s)	British Columbia Center for Excellence Drug Treatment Program Database and genotypic testing database held at the British Columbia Center for Excellence laboratory
Calculation Method	*Numerator:* Number of new (excludes previously identified resistance) cases of drug resistance detected in each quarter *Denominator:* Total number of person-months of antiretroviral exposure in the quarter.
Limitations	This indicator show trends in the detection of resistance, however temporal trends in the frequency of resistance testing (increasing rates over time) may confound trends in the actual occurrence of resistance. Genotyping can only be conducted for individuals with pVL >= 250 copies/mL (although this may be of little clinical relevance).
Notes	
Revisions	

Indicator 29: Proportion of individuals on antiretroviral therapy who change antiretroviral drug treatment		
Target:	Decrease	
Actual:	VAN: 3.97%	NI: 7.96%

Figure 29.1 Proportion of individuals on antiretroviral therapy who change antiretroviral drug treatment by HSDA

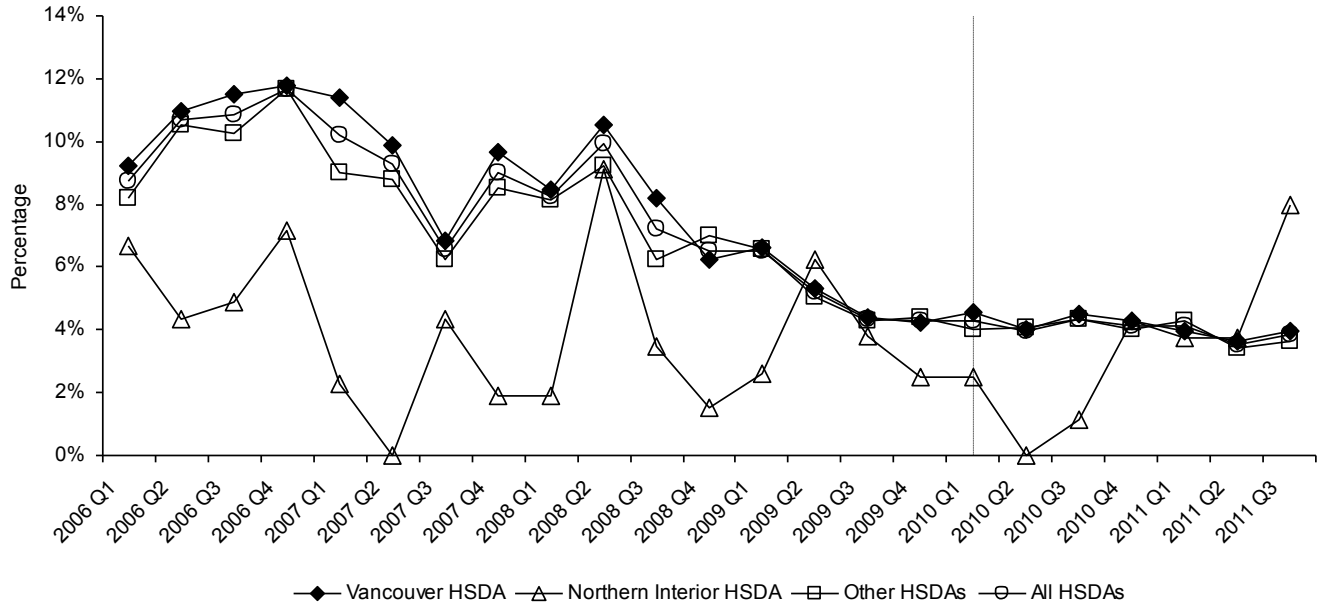
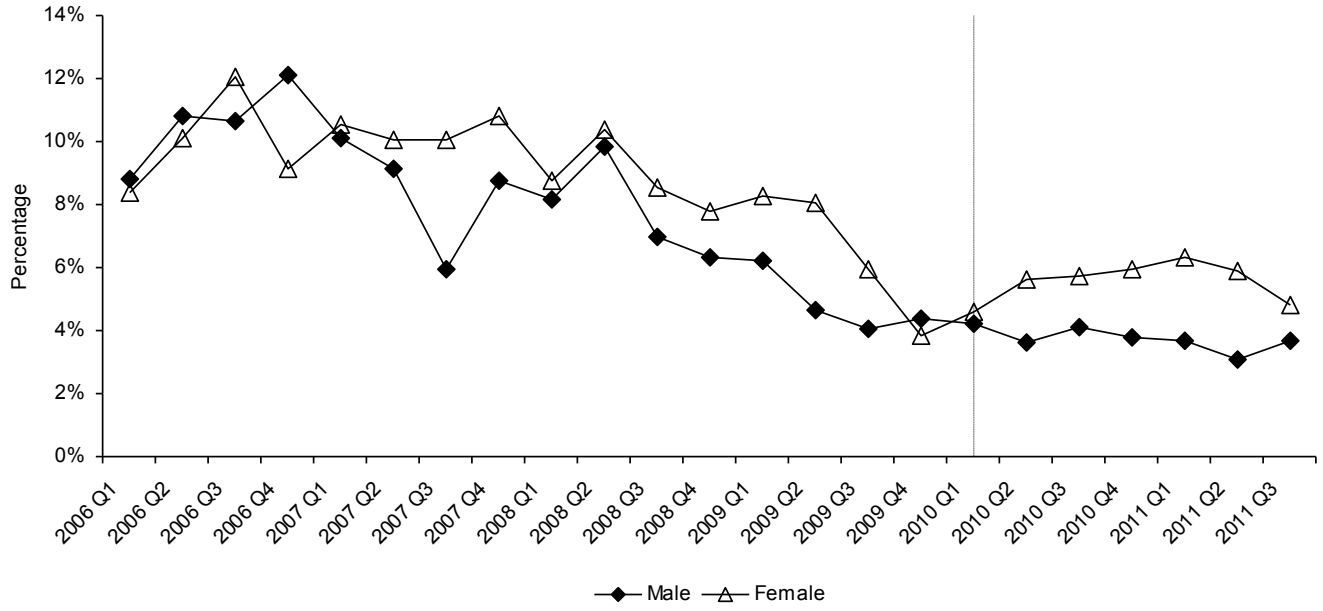


Figure 29.2 Proportion of individuals on antiretroviral therapy who change antiretroviral drug treatment by gender



Indicator 29: Proportion of individuals on antiretroviral therapy who change antiretroviral drug treatment

Interpretations & Comments	The trend remains steady with consistently low rates and a slight downward trend across all HSDA with exception of NI which saw a greater than doubling since the past quarter representing an historical high in the proportion of those switching therapy regimens. The divergence seen between rates in men and women converge slightly in the third quarter of 2011.
Description of Measure	The percentage of all individuals on antiretroviral therapy who change their therapeutic regimen over the course of the time period of interest.
Significance	Changes in therapy regimen occur most commonly as a result of drug intolerance, adverse drug reactions or treatment failure. By counting the occurrence of regimen change and identifying the reasons for these changes a broader and more inclusive estimate of the safety of antiretroviral therapies can be made. Please see limitations of adverse drug event reporting under Indicator 26.
Data Source(s)	British Columbia Center for Excellence Drug Treatment Program Database
Calculation Method	*Numerator:* Total number of regimen changes, where a regimen change is defined as a class change in the NNRTI or PI component of the therapy regimen. *Denominator:* Total number of individuals on antiretroviral therapy.
Limitations	The reason for change is often not well recorded and the indicator relies heavily on exclusion of treatment failure as the reason for therapy change.
Notes	
Revisions	

Data Tables

Table 1.1 Number of HIV test episodes by HSDA

Quarter	Vancouver HSDA	Northern Interior	Other HSDAs	All HSDAs
2006 Q2	12,546	1,315	26,393	40,254
2006 Q3	12,779	1,411	27,523	41,713
2006 Q4	12,338	1,269	26,578	40,185
2007 Q1	13,673	1,572	30,562	45,807
2007 Q2	12,445	1,379	27,198	41,022
2007 Q3	13,145	1,364	27,274	41,783
2007 Q4	12,849	1,333	27,591	41,773
2008 Q1	14,124	1,446	29,445	45,015
2008 Q2	14,236	1,417	29,331	44,984
2008 Q3	14,477	1,425	28,861	44,763
2008 Q4	13,767	1,363	28,822	43,952
2009 Q1	15,244	1,517	30,511	47,272
2009 Q2	14,448	1,331	27,910	43,689
2009 Q3	14,865	1,345	27,911	44,121
2009 Q4	13,856	1,247	26,448	41,551
2010 Q1	15,269	1,459	29,630	46,358
2010 Q2	14,787	1,277	28,052	44,116
2010 Q3	15,104	1,341	28,207	44,652
2010 Q4	15,717	1,309	28,464	45,490
2011 Q1	17,009	1,522	30,170	48,701
2011 Q2	16,595	1,364	27,573	45,532
2011 Q3	22,550	1,432	29,044	53,026

Table 1.2 Number of HIV test episodes by HSDA – Males

Quarter	Vancouver HSDA	Northern Interior	Other HSDAs	All HSDAs
2006 Q2	5,600	434	9,095	15,129
2006 Q3	5,583	454	9,469	15,506
2006 Q4	5,425	429	9,133	14,987
2007 Q1	6,158	503	10,546	17,207
2007 Q2	5,525	442	9,330	15,297
2007 Q3	5,928	428	9,196	15,552
2007 Q4	5,711	385	9,389	15,485
2008 Q1	6,321	503	10,061	16,885
2008 Q2	6,388	452	10,289	17,129
2008 Q3	6,553	510	9,940	17,003
2008 Q4	6,173	452	10,143	16,768
2009 Q1	7,083	524	10,481	18,088
2009 Q2	6,543	438	9,532	16,513
2009 Q3	6,803	454	9,464	16,721
2009 Q4	6,315	355	8,770	15,440
2010 Q1	7,019	535	10,062	17,616
2010 Q2	6,891	434	9,787	17,112
2010 Q3	6,931	437	9,605	16,973
2010 Q4	6,892	398	9,716	17,006
2011 Q1	7,389	471	10,387	18,247
2011 Q2	6,758	468	9,407	16,633
2011 Q3	7,775	468	9,963	18,206

Table 1.3 Number of HIV test episodes by HSDA – Females

Quarter	Vancouver HSDA	Northern Interior	Other HSDAs	All HSDAs
2006 Q2	6,727	854	16,991	24,572
2006 Q3	6,950	893	17,569	25,412
2006 Q4	6,632	803	16,963	24,398
2007 Q1	7,210	1,006	19,347	27,563
2007 Q2	6,648	879	17,337	24,864
2007 Q3	6,981	898	17,625	25,504
2007 Q4	6,931	911	17,803	25,645
2008 Q1	7,563	919	19,060	27,542
2008 Q2	7,570	914	18,679	27,163
2008 Q3	7,633	888	18,608	27,129
2008 Q4	7,334	889	18,419	26,642
2009 Q1	7,813	957	19,707	28,477
2009 Q2	7,449	868	18,132	26,449
2009 Q3	7,605	870	18,170	26,645
2009 Q4	7,165	877	17,465	25,507
2010 Q1	7,813	907	19,272	27,992
2010 Q2	7,483	832	17,987	26,302
2010 Q3	7,761	888	18,422	27,071
2010 Q4	7,537	850	18,544	26,931
2011 Q1	8,128	1,016	19,565	28,709
2011 Q2	7,460	834	17,945	26,239
2011 Q3	8,307	900	18,780	27,987

Table 1.4 Number of POC HIV tests by HSDA

Quarter	Vancouver HSDA	Northern Interior HSDA
2006 Q2		
2006 Q3		
2006 Q4		
2007 Q1		
2007 Q2		
2007 Q3		
2007 Q4		
2008 Q1		
2008 Q2		
2008 Q3		
2008 Q4		
2009 Q1		
2009 Q2		
2009 Q3		
2009 Q4		
2010 Q1	312	0
2010 Q2	396	0
2010 Q3	503	0
2010 Q4	914	45
2011 Q1	1059	19
2011 Q2	1957	49
2011 Q3	6027	54

Table 2.1 Population HIV testing rate by HSDA

Year	Vancouver HSDA		Northern Interior HSDA		Other HSDAs		All HSDAs	
	HIV Test	Rate	HIV Test	Rate	HIV Test	Rate	HIV Test	Rate
2006	38,889	6,347.9	5,190	3,694.6	109,633	3,140.9	153,712	3,622.2
2007	37,385	5,992.5	5,250	3,716.9	114,568	3,231.6	157,203	3,647.1
2008	39,821	6,321.7	5,193	3,650.3	117,482	3,254.9	162,496	3,708.6
2009	40,953	6,391.1	5,000	3,513.7	114,083	3,111.7	160,036	3,596.9
2010	41,380	6,381.6	4,915	3,454.9	116,180	3,123.3	162,475	3,602.2

Table 2.2 Population HIV testing rate by HSDA – Males

Year	Vancouver HSDA		Northern Interior HSDA		Other HSDAs		All HSDAs	
	HIV Test	Rate	HIV Test	Rate	HIV Test	Rate	HIV Test	Rate
2006	17,479	5,758.7	1,707	2,386.4	37,950	2,197.4	57,136	2,718.0
2007	16,955	5,482.8	1,671	2,327.3	39,653	2,260.0	58,279	2,728.9
2008	17,803	5,690.3	1,769	2,444.5	41,314	2,310.3	60,886	2,801.3
2009	18,391	5,756.1	1,618	2,225.9	39,324	2,162.9	59,333	2,684.4
2010	18,800	5,809.8	1,665	2,286.8	40,522	2,192.9	60,987	2,717.5

Table 2.3 Population HIV testing rate by HSDA – Females

Year	Vancouver HSDA		Northern Interior HSDA		Other HSDAs		All HSDAs	
	HIV Test	Rate	HIV Test	Rate	HIV Test	Rate	HIV Test	Rate
2006	20,548	6,647.5	3,347	4,854.6	70,236	3,983.0	94,131	4,395.7
2007	19,604	6,234.2	3,458	5,000.1	73,460	4,103.4	96,522	4,440.1
2008	21,185	6,670.1	3,335	4,787.9	75,203	4,125.1	99,723	4,511.7
2009	21,080	6,512.1	3,311	4,737.3	73,908	3,992.2	98,299	4,378.8
2010	21,143	6,452.2	3,206	4,572.1	74,854	3,977.5	99,203	4,351.5

Table 3.1 Number of new HIV diagnoses by HSDA – Allocated by RESIDENCE

Quarter	Vancouver HSDA	Northern Interior	Other HSDAs	All HSDAs
2006 Q1	51	6	39	96
2006 Q2	50	3	40	93
2006 Q3	36	5	47	88
2006 Q4	41	5	38	84
2007 Q1	66	5	39	110
2007 Q2	51	6	45	102
2007 Q3	35	9	43	87
2007 Q4	40	3	49	92
2008 Q1	54	0	43	97
2008 Q2	40	4	36	80
2008 Q3	40	3	46	89
2008 Q4	40	3	36	79
2009 Q1	45	4	53	102
2009 Q2	34	4	46	84
2009 Q3	38	2	38	78
2009 Q4	34	6	33	73
2010 Q1	36	1	36	73
2010 Q2	40	0	41	81
2010 Q3	34	5	40	79
2010 Q4	38	2	28	68
2011 Q1	29	0	24	53
2011 Q2	45	5	36	86
2011 Q3	58	4	36	98

Table 3.2 Number of new HIV diagnoses by HSDA – Allocated by ORDERING CLINICIAN

Quarter	Vancouver HSDA	Northern Interior	Other HSDAs	All HSDAs
2006 Q1	57	6	33	96
2006 Q2	52	3	38	93
2006 Q3	45	5	38	88
2006 Q4	45	4	35	84
2007 Q1	66	5	39	110
2007 Q2	55	5	42	102
2007 Q3	42	10	35	87
2007 Q4	51	4	37	92
2008 Q1	63	0	34	97
2008 Q2	50	4	26	80
2008 Q3	44	4	41	89
2008 Q4	46	4	29	79
2009 Q1	52	4	46	102
2009 Q2	43	4	37	84
2009 Q3	41	3	34	78
2009 Q4	39	7	27	73
2010 Q1	42	1	30	73
2010 Q2	46	0	35	81
2010 Q3	41	5	33	79
2010 Q4	42	2	24	68
2011 Q1	32	0	21	53
2011 Q2	45	5	36	86
2011 Q3	70	4	24	98

Table 3.3 Number of new HIV diagnoses by gender, BC

Quarter	Male	Female	Other
2006 Q1	81	15	0
2006 Q2	74	19	0
2006 Q3	67	21	0
2006 Q4	67	17	0
2007 Q1	88	21	1
2007 Q2	79	21	2
2007 Q3	65	22	0
2007 Q4	71	21	0
2008 Q1	83	14	0
2008 Q2	64	16	0
2008 Q3	75	14	0
2008 Q4	64	15	0
2009 Q1	81	21	0
2009 Q2	68	16	0
2009 Q3	61	17	0
2009 Q4	56	17	0
2010 Q1	56	17	0
2010 Q2	61	20	0
2010 Q3	64	15	0
2010 Q4	57	11	0
2011 Q1	46	6	1
2011 Q2	67	19	0
2011 Q3	85	13	0

Other = Transgender + Gender Unknown

Table 3.4 Number of new HIV diagnoses by Aboriginal status, BC

Quarter	Aboriginal	Non Aboriginal	Unknown
2006 Q1	12	80	4
2006 Q2	16	74	3
2006 Q3	15	68	5
2006 Q4	12	66	6
2007 Q1	20	84	6
2007 Q2	16	78	8
2007 Q3	13	73	1
2007 Q4	14	72	6
2008 Q1	12	82	3
2008 Q2	10	66	4
2008 Q3	7	76	6
2008 Q4	17	56	6
2009 Q1	17	81	4
2009 Q2	12	68	4
2009 Q3	13	61	4
2009 Q4	14	55	4
2010 Q1	7	63	3
2010 Q2	13	64	4
2010 Q3	13	62	4
2010 Q4	6	56	6
2011 Q1	7	41	5

Unknown: ethnicity not stated

Table 4.1 Rate of new AIDS case reports by HSDA

Year	Vancouver HSDA		Northern Interior HSDA		Other HSDAs		All HSDAs	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
2006	42	6.9	3	2.1	64	1.8	109	2.6
2007	54	8.7	4	2.8	49	1.4	107	2.5
2008	54	8.6	1	0.7	55	1.5	110	2.5
2009	33	5.1	5	3.5	39	1.1	77	1.7

Table 4.2 Rate of new AIDS case reports, by gender, BC

Year	Male		Female		Other	
	Cases	Rate	Cases	Rate	Cases	Rate
2006	93	4.4	16	0.7	0	---
2007	94	4.4	13	0.6	0	---
2008	87	4.0	23	1.0	0	---
2009	64	2.9	13	0.6	0	---

Other = Transgender + Gender Unknown

Table 5.1 Percentage positivity among persons tested for HIV by HSDA

Quarter	Vancouver HSDA	Northern Interior HSDA	Other HSDAs	All HSDAs
2006 Q2	0.56%	0.23%	0.18%	0.30%
2006 Q3	0.52%	0.43%	0.18%	0.29%
2006 Q4	0.57%	0.48%	0.18%	0.31%
2007 Q1	0.60%	0.45%	0.17%	0.31%
2007 Q2	0.63%	0.59%	0.20%	0.34%
2007 Q3	0.45%	0.81%	0.17%	0.28%
2007 Q4	0.52%	0.38%	0.20%	0.31%
2008 Q1	0.62%	0.07%	0.19%	0.32%
2008 Q2	0.49%	0.64%	0.13%	0.26%
2008 Q3	0.40%	0.28%	0.20%	0.27%
2008 Q4	0.45%	0.30%	0.16%	0.25%
2009 Q1	0.46%	0.27%	0.20%	0.29%
2009 Q2	0.46%	0.38%	0.21%	0.30%
2009 Q3	0.37%	0.38%	0.16%	0.24%
2009 Q4	0.38%	0.56%	0.16%	0.25%
2010 Q1	0.42%	0.07%	0.13%	0.22%
2010 Q2	0.39%	0.00%	0.16%	0.23%
2010 Q3	0.38%	0.30%	0.16%	0.24%
2010 Q4	0.38%	0.16%	0.10%	0.20%
2011 Q1	0.28%	0.00%	0.09%	0.15%
2011 Q2	0.44%	0.31%	0.17%	0.26%
2011 Q3	0.57%	0.37%	0.14%	0.30%

Table 5.2 Percentage positivity among persons tested for HIV by gender, BC

Quarter	Male	Female	Other
2006 Q2	0.55%	0.14%	0.91%
2006 Q3	0.55%	0.13%	0.63%
2006 Q4	0.65%	0.10%	0.13%
2007 Q1	0.63%	0.11%	0.19%
2007 Q2	0.70%	0.13%	0.35%
2007 Q3	0.55%	0.12%	0.14%
2007 Q4	0.64%	0.10%	0.47%
2008 Q1	0.72%	0.08%	0.17%
2008 Q2	0.53%	0.10%	0.00%
2008 Q3	0.54%	0.09%	0.32%
2008 Q4	0.52%	0.09%	0.19%
2009 Q1	0.57%	0.11%	0.28%
2009 Q2	0.63%	0.10%	0.00%
2009 Q3	0.49%	0.08%	0.13%
2009 Q4	0.51%	0.09%	0.17%
2010 Q1	0.45%	0.09%	0.00%
2010 Q2	0.46%	0.09%	0.00%
2010 Q3	0.49%	0.09%	0.00%
2010 Q4	0.45%	0.04%	0.00%
2011 Q1	0.34%	0.03%	0.16%
2011 Q2	0.54%	0.10%	0.00%
2011 Q3	0.63%	0.09%	0.00%

Other = Transgender + Gender Unknown

Table 6a.1 Proportion of individuals tested for syphilis who are tested for HIV at the same clinical encounter by HSDA

Quarter	Vancouver HSDA			Northern Interior HSDA			Other HSDAs			All HSDAs		
	Syphilis & HIV Test	Syphilis Test	%	Syphilis & HIV test	Syphilis Test	%	Syphilis & HIV test	Syphilis Test	%	Syphilis & HIV test	Syphilis Test	%
2006 Q2	8,583	11,303	75.9%	691	920	75.1%	15,467	19,239	80.4%	24,741	31,462	78.6%
2006 Q3	9,136	11,770	77.6%	751	1,019	73.7%	16,678	20,439	81.6%	26,565	33,228	79.9%
2006 Q4	8,782	11,230	78.2%	718	916	78.4%	16,731	20,203	82.8%	26,231	32,349	81.1%
2007 Q1	9,923	12,511	79.3%	912	1,118	81.6%	19,580	23,233	84.3%	30,415	36,862	82.5%
2007 Q2	9,117	11,441	79.7%	836	1,045	80.0%	17,539	20,975	83.6%	27,492	33,461	82.2%
2007 Q3	9,585	11,805	81.2%	847	1,009	83.9%	18,057	21,485	84.0%	28,489	34,299	83.1%
2007 Q4	9,566	11,893	80.4%	853	1,039	82.1%	18,492	21,767	85.0%	28,911	34,699	83.3%
2008 Q1	10,619	13,251	80.1%	886	1,073	82.6%	20,238	23,654	85.6%	31,743	37,978	83.6%
2008 Q2	10,433	13,280	78.6%	912	1,117	81.6%	19,739	23,210	85.0%	31,084	37,607	82.7%
2008 Q3	10,421	13,180	79.1%	989	1,146	86.3%	19,733	23,083	85.5%	31,143	37,409	83.3%
2008 Q4	10,092	12,500	80.7%	896	1,069	83.8%	19,663	22,890	85.9%	30,651	36,459	84.1%
2009 Q1	11,323	13,798	82.1%	1,001	1,201	83.3%	21,330	25,166	84.8%	33,654	40,165	83.8%
2009 Q2	10,656	13,043	81.7%	901	1,082	83.3%	19,455	23,655	82.2%	31,012	37,780	82.1%
2009 Q3	10,847	13,276	81.7%	890	1,070	83.2%	19,840	24,019	82.6%	31,577	38,365	82.3%
2009 Q4	10,261	12,535	81.9%	866	1,010	85.7%	18,614	22,423	83.0%	29,741	35,968	82.7%
2010 Q1	11,516	13,866	83.1%	937	1,107	84.6%	21,087	25,237	83.6%	33,540	40,210	83.4%
2010 Q2	11,204	13,492	83.0%	836	1,007	83.0%	19,883	23,881	83.3%	31,923	38,380	83.2%
2010 Q3	11,471	13,638	84.1%	948	1,109	85.5%	20,447	24,448	83.6%	32,866	39,195	83.9%
2010 Q4	11,110	13,382	83.0%	844	1,026	82.3%	20,465	24,297	84.2%	32,419	38,705	83.8%
2011 Q1	12,107	14,783	81.9%	1,047	1,222	85.7%	21,709	25,833	84.0%	34,863	41,838	83.3%
2011 Q2	10,908	14,141	77.1%	922	1,074	85.8%	19,608	23,811	82.3%	31,438	39,026	80.6%
2011 Q3	12,262	15,492	79.2%	980	1,152	85.1%	20,877	25,272	82.6%	34,119	41,916	81.4%

Table 6a.2 Proportion of individuals tested for syphilis who are tested for HIV at the same clinical encounter by HSDA – Males

Quarter	Vancouver HSDA			Northern Interior HSDA			Other HSDAs			All HSDAs		
	Syphilis & HIV Test	Syphilis Test	%	Syphilis & HIV test	Syphilis Test	%	Syphilis & HIV test	Syphilis Test	%	Syphilis & HIV test	Syphilis Test	%
2006 Q2	3,644	5,185	70.3%	129	233	55.4%	3,978	5,530	71.9%	7,751	10,948	70.8%
2006 Q3	3,758	5,290	71.0%	157	275	57.1%	4,388	5,876	74.7%	8,303	11,441	72.6%
2006 Q4	3,674	5,144	71.4%	163	256	63.7%	4,429	5,862	75.6%	8,266	11,262	73.4%
2007 Q1	4,244	5,891	72.0%	178	276	64.5%	5,218	6,668	78.3%	9,640	12,835	75.1%
2007 Q2	3,847	5,265	73.1%	198	296	66.9%	4,760	6,203	76.7%	8,805	11,764	74.8%
2007 Q3	4,119	5,575	73.9%	196	265	74.0%	4,976	6,427	77.4%	9,291	12,267	75.7%
2007 Q4	3,884	5,408	71.8%	191	279	68.5%	5,037	6,446	78.1%	9,112	12,133	75.1%
2008 Q1	4,345	6,044	71.9%	216	312	69.2%	5,620	7,141	78.7%	10,181	13,497	75.4%
2008 Q2	4,258	6,082	70.0%	218	315	69.2%	5,573	7,102	78.5%	10,049	13,499	74.4%
2008 Q3	4,303	6,142	70.1%	289	353	81.9%	5,531	6,955	79.5%	10,123	13,450	75.3%
2008 Q4	4,139	5,675	72.9%	250	337	74.2%	5,697	7,181	79.3%	10,086	13,193	76.4%
2009 Q1	4,784	6,485	73.8%	265	353	75.1%	5,879	7,628	77.1%	10,928	14,466	75.5%
2009 Q2	4,436	6,011	73.8%	241	322	74.8%	5,413	7,339	73.8%	10,090	13,672	73.8%
2009 Q3	4,551	6,149	74.0%	249	327	76.1%	5,515	7,388	74.6%	10,315	13,864	74.4%
2009 Q4	4,321	5,824	74.2%	196	260	75.4%	4,954	6,664	74.3%	9,471	12,748	74.3%
2010 Q1	4,889	6,426	76.1%	283	371	76.3%	5,769	7,626	75.6%	10,941	14,423	75.9%
2010 Q2	4,833	6,312	76.6%	230	314	73.2%	5,676	7,545	75.2%	10,739	14,171	75.8%
2010 Q3	4,901	6,342	77.3%	281	352	79.8%	5,744	7,602	75.6%	10,926	14,296	76.4%
2010 Q4	4,701	6,157	76.4%	238	320	74.4%	5,793	7,500	77.2%	10,732	13,977	76.8%
2011 Q1	5,142	6,913	74.4%	271	351	77.2%	6,212	8,113	76.6%	11,625	15,377	75.6%
2011 Q2	4,591	6,689	68.6%	286	363	78.8%	5,626	7,518	74.8%	10,503	14,570	72.1%
2011 Q3	5,378	7,557	71.2%	295	371	79.5%	6,042	7,964	75.9%	11,715	15,892	73.7%

Table 6a.3 Proportion of individuals tested for syphilis who are tested for HIV at the same clinical encounter by HSDA – Females

Quarter	Vancouver HSDA			Northern Interior HSDA			Other HSDAs			All HSDAs		
	Syphilis & HIV Test	Syphilis Test	%	Syphilis & HIV test	Syphilis Test	%	Syphilis & HIV test	Syphilis Test	%	Syphilis & HIV test	Syphilis Test	%
2006 Q2	4,851	5,952	81.5%	558	682	81.8%	11,433	13,610	84.0%	16,842	20,244	83.2%
2006 Q3	5,245	6,275	83.6%	581	724	80.2%	12,154	14,353	84.7%	17,980	21,352	84.2%
2006 Q4	4,925	5,869	83.9%	547	650	84.2%	12,129	14,109	86.0%	17,601	20,628	85.3%
2007 Q1	5,491	6,417	85.6%	714	818	87.3%	14,118	16,256	86.8%	20,323	23,491	86.5%
2007 Q2	5,084	5,962	85.3%	618	723	85.5%	12,592	14,529	86.7%	18,294	21,214	86.2%
2007 Q3	5,291	6,042	87.6%	640	730	87.7%	12,885	14,818	87.0%	18,816	21,590	87.2%
2007 Q4	5,521	6,314	87.4%	650	746	87.1%	13,281	15,110	87.9%	19,452	22,170	87.7%
2008 Q1	6,111	7,034	86.9%	659	746	88.3%	14,479	16,344	88.6%	21,249	24,124	88.1%
2008 Q2	5,984	6,993	85.6%	671	777	86.4%	14,000	15,915	88.0%	20,655	23,685	87.2%
2008 Q3	5,905	6,803	86.8%	689	778	88.6%	14,049	15,950	88.1%	20,643	23,531	87.7%
2008 Q4	5,764	6,611	87.2%	643	724	88.8%	13,854	15,579	88.9%	20,261	22,914	88.4%
2009 Q1	6,271	7,036	89.1%	720	828	87.0%	15,277	17,337	88.1%	22,268	25,201	88.4%
2009 Q2	5,893	6,691	88.1%	650	749	86.8%	13,915	16,160	86.1%	20,458	23,600	86.7%
2009 Q3	5,986	6,788	88.2%	632	732	86.3%	14,184	16,455	86.2%	20,802	23,975	86.8%
2009 Q4	5,674	6,438	88.1%	664	741	89.6%	13,542	15,624	86.7%	19,880	22,803	87.2%
2010 Q1	6,347	7,145	88.8%	648	728	89.0%	15,159	17,423	87.0%	22,154	25,296	87.6%
2010 Q2	6,127	6,916	88.6%	601	687	87.5%	14,050	16,162	86.9%	20,778	23,765	87.4%
2010 Q3	6,323	7,025	90.0%	657	747	88.0%	14,604	16,730	87.3%	21,584	24,502	88.1%
2010 Q4	6,158	6,964	88.4%	603	703	85.8%	14,558	16,666	87.4%	21,319	24,333	87.6%
2011 Q1	6,676	7,573	88.2%	769	862	89.2%	15,379	17,582	87.5%	22,824	26,017	87.7%
2011 Q2	5,999	7,129	84.1%	629	701	89.7%	13,889	16,180	85.8%	20,517	24,010	85.5%
2011 Q3	6,585	7,633	86.3%	681	776	87.8%	14,719	17,168	85.7%	21,985	25,577	86.0%

Table 6b.1 Proportion of individuals with a new STI diagnosis (e.g., syphilis) who are simultaneously tested for HIV by HSDA

Quarter	Vancouver HSDA			Northern Interior HSDA			Other HSDAs			All HSDAs		
	STI Dx & HIV Test	STI Dx	%	STI Dx & HIV Test	STI Dx	%	STI Dx & HIV Test	STI Dx	%	STI Dx & HIV Test	STI Dx	%
2006 Q2	182	559	32.6%	16	113	14.2%	431	1,817	23.7%	629	2,489	25.3%
2006 Q3	184	501	36.7%	29	128	22.7%	453	1,916	23.6%	666	2,545	26.2%
2006 Q4	185	535	34.6%	14	133	10.5%	387	1,856	20.9%	586	2,524	23.2%
2007 Q1	185	615	30.1%	26	145	17.9%	473	2,087	22.7%	684	2,847	24.0%
2007 Q2	189	531	35.6%	40	168	23.8%	390	1,913	20.4%	619	2,612	23.7%
2007 Q3	217	583	37.2%	25	150	16.7%	473	2,071	22.8%	715	2,804	25.5%
2007 Q4	194	559	34.7%	33	162	20.4%	505	1,975	25.6%	732	2,696	27.2%
2008 Q1	187	535	35.0%	37	168	22.0%	494	2,113	23.4%	718	2,816	25.5%
2008 Q2	215	598	36.0%	39	189	20.6%	518	2,128	24.3%	772	2,915	26.5%
2008 Q3	200	567	35.3%	30	161	18.6%	495	2,239	22.1%	725	2,967	24.4%
2008 Q4	218	574	38.0%	29	150	19.3%	573	2,355	24.3%	820	3,079	26.6%
2009 Q1	228	591	38.6%	35	158	22.2%	514	2,150	23.9%	777	2,899	26.8%
2009 Q2	199	544	36.6%	27	143	18.9%	498	2,209	22.5%	724	2,896	25.0%
2009 Q3	240	647	37.1%	30	180	16.7%	566	2,418	23.4%	836	3,245	25.8%
2009 Q4	228	585	39.0%	28	159	17.6%	481	2,244	21.4%	737	2,988	24.7%
2010 Q1	253	662	38.2%	29	149	19.5%	526	2,441	21.5%	808	3,252	24.8%
2010 Q2	234	617	37.9%	26	161	16.1%	509	2,283	22.3%	769	3,061	25.1%
2010 Q3	283	702	40.3%	38	186	20.4%	531	2,272	23.4%	852	3,160	27.0%
2010 Q4	312	752	41.5%	26	169	15.4%	550	2,338	23.5%	888	3,259	27.2%
2011 Q1	313	749	41.8%	27	180	15.0%	576	2,319	24.8%	916	3,248	28.2%
2011 Q2	301	741	40.6%	33	165	20.0%	534	2,307	23.1%	868	3,213	27.0%

Table 6b.2 Proportion of individuals with a new STI diagnosis (e.g., syphilis) who are simultaneously tested for HIV HSDA – Males

Quarter	Vancouver HSDA			Northern Interior HSDA			Other HSDAs			All HSDAs		
	STI Dx & HIV Test	STI Dx	%	STI Dx & HIV Test	STI Dx	%	STI Dx & HIV Test	STI Dx	%	STI Dx & HIV Test	STI Dx	%
2006 Q2	103	275	37.5%	6	36	16.7%	169	593	28.5%	278	904	30.8%
2006 Q3	95	233	40.8%	12	40	30.0%	190	651	29.2%	297	924	32.1%
2006 Q4	98	241	40.7%	8	45	17.8%	165	610	27.0%	271	896	30.2%
2007 Q1	100	281	35.6%	8	42	19.0%	208	718	29.0%	316	1,041	30.4%
2007 Q2	96	241	39.8%	13	53	24.5%	155	663	23.4%	264	957	27.6%
2007 Q3	107	267	40.1%	9	51	17.6%	223	701	31.8%	339	1,019	33.3%
2007 Q4	102	251	40.6%	18	65	27.7%	206	682	30.2%	326	998	32.7%
2008 Q1	107	243	44.0%	16	68	23.5%	213	743	28.7%	336	1,054	31.9%
2008 Q2	122	261	46.7%	9	57	15.8%	210	726	28.9%	341	1,044	32.7%
2008 Q3	98	248	39.5%	15	63	23.8%	229	811	28.2%	342	1,122	30.5%
2008 Q4	109	250	43.6%	7	41	17.1%	248	869	28.5%	364	1,160	31.4%
2009 Q1	131	264	49.6%	11	52	21.2%	241	783	30.8%	383	1,099	34.8%
2009 Q2	110	239	46.0%	7	50	14.0%	213	756	28.2%	330	1,045	31.6%
2009 Q3	124	279	44.4%	15	65	23.1%	238	826	28.8%	377	1,170	32.2%
2009 Q4	133	285	46.7%	8	54	14.8%	197	782	25.2%	338	1,121	30.2%
2010 Q1	134	295	45.4%	9	42	21.4%	219	824	26.6%	362	1,161	31.2%
2010 Q2	113	246	45.9%	9	54	16.7%	240	765	31.4%	362	1,065	34.0%
2010 Q3	162	345	47.0%	16	67	23.9%	231	753	30.7%	409	1,165	35.1%
2010 Q4	187	355	52.7%	8	61	13.1%	238	804	29.6%	433	1,220	35.5%
2011 Q1	181	360	50.3%	15	64	23.4%	242	793	30.5%	438	1,217	36.0%
2011 Q2	160	339	47.2%	19	62	30.6%	217	745	29.1%	396	1,146	34.6%

Table 6b.3 Proportion of individuals with a new STI diagnosis (e.g., syphilis) who are simultaneously tested for HIV HSDA – Females

Quarter	Vancouver HSDA			Northern Interior HSDA			Other HSDAs			All HSDAs		
	STI Dx & HIV Test	STI Dx	%	STI Dx & HIV Test	STI Dx	%	STI Dx & HIV Test	STI Dx	%	STI Dx & HIV Test	STI Dx	%
2006 Q2	79	284	27.8%	10	77	13.0%	262	1,223	21.4%	351	1,584	22.2%
2006 Q3	89	268	33.2%	17	88	19.3%	263	1,265	20.8%	369	1,621	22.8%
2006 Q4	87	294	29.6%	6	88	6.8%	222	1,245	17.8%	315	1,627	19.4%
2007 Q1	85	334	25.4%	18	103	17.5%	265	1,369	19.4%	368	1,806	20.4%
2007 Q2	93	290	32.1%	27	115	23.5%	234	1,248	18.8%	354	1,653	21.4%
2007 Q3	110	315	34.9%	16	99	16.2%	250	1,370	18.2%	376	1,784	21.1%
2007 Q4	92	308	29.9%	15	97	15.5%	299	1,293	23.1%	406	1,698	23.9%
2008 Q1	80	291	27.5%	21	100	21.0%	281	1,368	20.5%	382	1,759	21.7%
2008 Q2	93	337	27.6%	30	132	22.7%	308	1,401	22.0%	431	1,870	23.0%
2008 Q3	102	319	32.0%	15	98	15.3%	266	1,427	18.6%	383	1,844	20.8%
2008 Q4	109	324	33.6%	22	108	20.4%	325	1,485	21.9%	456	1,917	23.8%
2009 Q1	97	327	29.7%	24	106	22.6%	273	1,367	20.0%	394	1,800	21.9%
2009 Q2	88	304	28.9%	20	93	21.5%	285	1,452	19.6%	393	1,849	21.3%
2009 Q3	114	365	31.2%	15	115	13.0%	328	1,591	20.6%	457	2,071	22.1%
2009 Q4	95	299	31.8%	20	105	19.0%	284	1,462	19.4%	399	1,866	21.4%
2010 Q1	119	367	32.4%	20	106	18.9%	307	1,615	19.0%	446	2,088	21.4%
2010 Q2	120	369	32.5%	17	107	15.9%	269	1,518	17.7%	406	1,994	20.4%
2010 Q3	121	357	33.9%	22	119	18.5%	300	1,518	19.8%	443	1,994	22.2%
2010 Q4	125	396	31.6%	18	108	16.7%	312	1,534	20.3%	455	2,038	22.3%
2011 Q1	132	389	33.9%	12	116	10.3%	334	1,525	21.9%	478	2,030	23.5%
2011 Q2	141	401	35.2%	14	103	13.6%	317	1,562	20.3%	472	2,066	22.8%

Table 7.1 Proportion of individuals with a new HCV diagnosis who are tested for HIV within 3 months of HCV diagnosis by HSDA

	Vancouver HSDA			Northern Interior HSDA			Other HSDAs			All HSDAs		
Quarter	HCV +ve & HIV Test	HCV +	%	HCV +ve & HIV Test	HCV +	%	HCV +ve & HIV Test	HCV +	%	HCV +ve & HIV Test	HCV +	%
2006 Q3&4	187	355	52.7%	38	72	52.8%	542	1,027	52.8%	767	1,454	52.8%
2007 Q1&2	187	333	56.2%	40	63	63.5%	532	1,091	48.8%	759	1,487	51.0%
2007 Q3&4	184	318	57.9%	41	60	68.3%	507	993	51.1%	732	1,371	53.4%
2008 Q1&2	163	305	53.4%	40	61	65.6%	544	1,081	50.3%	747	1,447	51.6%
2008 Q3&4	178	291	61.2%	55	77	71.4%	453	930	48.7%	686	1,298	52.9%
2009 Q1&2	186	324	57.4%	40	69	58.0%	430	997	43.1%	656	1,390	47.2%
2009 Q3&4	152	284	53.5%	25	51	49.0%	359	822	43.7%	536	1,157	46.3%
2010 Q1&2	141	251	56.2%	26	42	61.9%	396	933	42.4%	563	1,226	45.9%
2010 Q3&4	131	229	57.2%	31	43	72.1%	349	805	43.4%	511	1,077	47.4%
2011 Q1&2	133	245	54.3%	28	46	60.9%	349	770	45.3%	510	1,061	48.1%

Table 7.2 Proportion of individuals with a new HCV diagnosis who are tested for HIV within 3 months of HCV diagnosis by HSDA – Males

	Vancouver HSDA			Northern Interior HSDA			Other HSDAs			All HSDAs		
Quarter	HCV +ve & HIV Test	HCV +	%	HCV +ve & HIV Test	HCV +	%	HCV +ve & HIV Test	HCV +	%	HCV +ve & HIV Test	HCV +	%
2006 Q3&4	120	224	53.6%	22	40	55.0%	345	663	52.0%	487	927	52.5%
2007 Q1&2	130	227	57.3%	25	41	61.0%	353	712	49.6%	508	980	51.8%
2007 Q3&4	119	207	57.5%	29	37	78.4%	315	631	49.9%	463	875	52.9%
2008 Q1&2	98	183	53.6%	28	41	68.3%	346	697	49.6%	472	921	51.2%
2008 Q3&4	123	203	60.6%	36	51	70.6%	284	586	48.5%	443	840	52.7%
2009 Q1&2	123	214	57.5%	24	46	52.2%	276	640	43.1%	423	900	47.0%
2009 Q3&4	102	188	54.3%	16	32	50.0%	246	533	46.2%	364	753	48.3%
2010 Q1&2	92	155	59.4%	15	25	60.0%	255	613	41.6%	362	793	45.6%
2010 Q3&4	86	149	57.7%	18	26	69.2%	245	552	44.4%	349	727	48.0%
2011 Q1&2	95	172	55.2%	19	33	57.6%	235	509	46.2%	349	714	48.9%

Table 7.3 Proportion of individuals with a new HCV diagnosis who are tested for HIV within 3 months of HCV diagnosis by HSDA – Females

	Vancouver HSDA			Northern Interior HSDA			Other HSDAs			All HSDAs		
Quarter	HCV +ve & HIV Test	HCV +	%	HCV +ve & HIV Test	HCV +	%	HCV +ve & HIV Test	HCV +	%	HCV +ve & HIV Test	HCV +	%
2006 Q3&4	66	130	50.8%	15	30	50.0%	189	351	53.8%	270	511	52.8%
2007 Q1&2	56	104	53.8%	15	20	75.0%	171	360	47.5%	242	484	50.0%
2007 Q3&4	65	110	59.1%	12	22	54.5%	181	345	52.5%	258	477	54.1%
2008 Q1&2	64	121	52.9%	12	20	60.0%	197	376	52.4%	273	517	52.8%
2008 Q3&4	55	88	62.5%	19	25	76.0%	168	341	49.3%	242	454	53.3%
2009 Q1&2	62	109	56.9%	15	22	68.2%	150	352	42.6%	227	483	47.0%
2009 Q3&4	50	95	52.6%	8	17	47.1%	110	284	38.7%	168	396	42.4%
2010 Q1&2	48	95	50.5%	11	17	64.7%	140	317	44.2%	199	429	46.4%
2010 Q3&4	45	80	56.3%	13	17	76.5%	103	250	41.2%	161	347	46.4%
2011 Q1&2	35	70	50.0%	9	13	69.2%	114	260	43.8%	158	343	46.1%

Table 9.1 Proportion of individuals with a new HIV diagnosis with advanced HIV disease by HSDA

Year	Vancouver HSDA			Northern Interior HSDA			Other HSDAs			All HSDAs		
	HIV+ and AHD	HIV+	%	HIV+ and AHD	HIV+	%	HIV+ and AHD	HIV+	%	HIV+ and AHD	HIV+	%
2006	21	178	11.8%	2	19	10.5%	19	164	11.6%	42	361	11.6%
2007	14	192	7.3%	3	23	13.0%	23	176	13.1%	40	391	10.2%
2008	23	174	13.2%	0	10	0.0%	29	161	18.0%	52	345	15.1%
2009	15	151	9.9%	1	16	6.3%	26	170	15.3%	42	337	12.5%

Table 9.2 Proportion of individuals with a new HIV diagnosis with advanced HIV disease by gender, BC

Year	Male			Female			Other		
	HIV+ and AHD	HIV+	%	HIV+ and AHD	HIV+	%	HIV+ and AHD	HIV+	%
2006	37	289	12.8%	5	72	6.9%	0	0	---
2007	36	303	11.9%	4	85	4.7%	0	3	---
2008	43	286	15.0%	9	59	15.3%	0	0	---
2009	38	266	14.3%	4	71	5.6%	0	0	---

AHD = advanced HIV disease
Other = Transgender + Gender Unknown

Table 9.3 Proportion of individuals with a new HIV diagnosis with advanced HIV disease by Aboriginal status, BC

Year	Aboriginal			Non Aboriginal			Unknown		
	HIV+ and AHD	HIV+	%	HIV+ and AHD	HIV+	%	HIV+ and AHD	HIV+	%
2006	6	55	10.9%	33	288	11.5%	3	18	16.7%
2007	5	63	7.9%	31	307	10.1%	4	21	19.0%
2008	5	46	10.9%	45	280	16.1%	2	19	10.5%
2009	8	56	14.3%	33	265	12.5%	1	16	6.3%

AHD = advanced HIV disease
Unknown = Ethnicity unknown or not stated

Table 11.1 Proportion of individuals with a new HIV diagnosis with acute infection by HSDA

Year	Vancouver HSDA			Northern Interior HSDA			Other HSDAs			All HSDAs		
	HIV+ & Acute	HIV+	%	HIV+ & Acute	HIV+	%	HIV+ & Acute	HIV+	%	HIV+ & Acute	HIV+	%
2006	9	178	5.1%	1	19	5.3%	10	164	6.1%	20	361	5.5%
2007	18	192	9.4%	2	23	8.7%	5	176	2.8%	25	391	6.4%
2008	11	174	6.3%	0	10	0.0%	9	161	5.6%	20	345	5.8%
2009	13	151	8.6%	1	16	6.3%	5	170	2.9%	19	337	5.6%
2010	20	148	13.5%	0	8	0.0%	12	145	8.3%	32	301	10.6%

Table 11.2 Proportion of individuals with a new HIV diagnosis with acute infection by gender, BC

Year	Male			Female			Other		
	HIV+ & Acute	HIV+	%	HIV+ & Acute	HIV+	%	HIV+ & Acute	HIV+	%
2006	16	289	5.5%	4	72	5.6%	0	0	---
2007	23	303	7.6%	2	85	2.4%	0	3	---
2008	16	286	5.6%	4	59	6.8%	0	0	---
2009	16	266	6.0%	3	71	4.2%	0	0	---
2010	27	238	11.3%	5	63	7.9%	0	0	---

Other = Transgender + Gender Unknown

Table 11.3 Proportion of individuals with a new HIV diagnosis with acute infection by Aboriginal status, BC

Year	Aboriginal			Non Aboriginal			Unknown		
	HIV+ & Acute	HIV+	%	HIV+ & Acute	HIV+	%	HIV+ & Acute	HIV+	%
2006	5	14	9%	14	288	5%	1	18	6%
2007	2	23	3%	23	307	7%	0	21	~
2008	2	18	4%	18	280	6%	0	19	~
2009	1	17	2%	17	265	6%	1	16	6%
2010	5	39	13%	26	244	11%	1	18	6%

Unknown = Ethnicity unknown or not stated

Table 14.1 Proportion of individuals starting antiretroviral therapy (ART) late in the course of HIV disease by HSDA

Quarter	Vancouver HSDA				Northern Interior HSDA				Other HSDAs				All HSDAs			
2006 Q1	25	/	55	45.45%	6	/	6	100.00%	28	/	52	53.85%	59	/	113	52.21%
2006 Q2	29	/	53	54.72%	4	/	4	100.00%	20	/	41	48.78%	53	/	98	54.08%
2006 Q3	26	/	41	63.41%	0	/	1	0.00%	23	/	50	46.00%	49	/	92	53.26%
2006 Q4	26	/	48	54.17%	2	/	3	66.67%	30	/	58	51.72%	58	/	109	53.21%
2007 Q1	34	/	57	59.65%	5	/	6	83.33%	18	/	51	35.29%	57	/	114	50.00%
2007 Q2	30	/	73	41.10%	2	/	2	100.00%	35	/	61	57.38%	67	/	136	49.26%
2007 Q3	28	/	59	47.46%	0	/	1	0.00%	22	/	47	46.81%	50	/	107	46.73%
2007 Q4	23	/	58	39.66%	3	/	4	75.00%	27	/	61	44.26%	53	/	123	43.09%
2008 Q1	23	/	53	43.40%	0	/	0	0.00%	33	/	72	45.83%	56	/	125	44.80%
2008 Q2	20	/	58	34.48%	1	/	4	25.00%	31	/	67	46.27%	52	/	129	40.31%
2008 Q3	20	/	67	29.85%	3	/	6	50.00%	24	/	67	35.82%	47	/	140	33.57%
2008 Q4	19	/	56	33.93%	2	/	7	28.57%	22	/	68	32.35%	43	/	131	32.82%
2009 Q1	18	/	66	27.27%	3	/	7	42.86%	22	/	74	29.73%	43	/	147	29.25%
2009 Q2	15	/	58	25.86%	1	/	4	25.00%	28	/	79	35.44%	44	/	141	31.21%
2009 Q3	11	/	54	20.37%	3	/	6	50.00%	21	/	63	33.33%	35	/	123	28.46%
2009 Q4	16	/	58	27.59%	0	/	3	0.00%	19	/	83	22.89%	35	/	144	24.31%
2010 Q1	7	/	68	10.29%	0	/	0	0.00%	19	/	67	28.36%	26	/	135	19.26%
2010 Q2	14	/	59	23.73%	0	/	4	0.00%	23	/	62	37.10%	37	/	125	29.60%
2010 Q3	14	/	60	23.33%	2	/	3	66.67%	25	/	75	33.33%	41	/	138	29.71%
2010 Q4	16	/	54	29.63%	3	/	5	60.00%	16	/	58	27.59%	35	/	117	29.91%
2011 Q1	14	/	75	18.67%	7	/	9	77.78%	14	/	70	20.00%	35	/	154	22.73%
2011 Q2	14	/	75	18.67%	1	/	1	100.00%	16	/	63	25.40%	31	/	139	22.30%
2011 Q3	10	/	67	14.93%	2	/	8	25.00%	19	/	82	23.17%	31	/	157	19.75%

Table 14.2 Proportion of individuals starting antiretroviral therapy (ART) late in the course of HIV disease by gender

Quarter	Male				Female			
2006 Q1	50	/	95	52.63%	9	/	18	50.00%
2006 Q2	45	/	84	53.57%	8	/	14	57.14%
2006 Q3	35	/	70	50.00%	14	/	22	63.64%
2006 Q4	45	/	86	52.33%	13	/	23	56.52%
2007 Q1	43	/	87	49.43%	14	/	27	51.85%
2007 Q2	57	/	118	48.31%	10	/	18	55.56%
2007 Q3	39	/	81	48.15%	11	/	26	42.31%
2007 Q4	44	/	105	41.90%	9	/	18	50.00%
2008 Q1	45	/	103	43.69%	11	/	22	50.00%
2008 Q2	45	/	108	41.67%	7	/	21	33.33%
2008 Q3	31	/	106	29.25%	16	/	34	47.06%
2008 Q4	34	/	109	31.19%	9	/	22	40.91%
2009 Q1	34	/	116	29.31%	9	/	31	29.03%
2009 Q2	39	/	120	32.50%	5	/	21	23.81%
2009 Q3	31	/	104	29.81%	4	/	19	21.05%
2009 Q4	29	/	115	25.22%	6	/	29	20.69%
2010 Q1	19	/	108	17.59%	7	/	27	25.93%
2010 Q2	29	/	106	27.36%	8	/	19	42.11%
2010 Q3	31	/	110	28.18%	10	/	28	35.71%
2010 Q4	27	/	96	28.13%	8	/	21	38.10%
2011 Q1	28	/	128	21.88%	7	/	26	26.92%
2011 Q2	25	/	114	21.93%	6	/	25	24.00%
2011 Q3	24	/	129	18.60%	7	/	27	25.93%

Table 18.1 Proportion of individuals with a new HIV diagnosis who are tested for syphilis within 3 months of HIV diagnosis by HSDA

Quarter	Vancouver HSDA	Northern Interior HSDA	Other HSDAs	All HSDAs
2006 Q3&4	42.0%	33.3%	22.7%	33.1%
2007 Q1&2	53.7%	30.0%	29.1%	43.3%
2007 Q3&4	53.8%	35.7%	26.4%	41.3%
2008 Q1&2	66.4%	60.0%	36.1%	55.9%
2008 Q3&4	64.8%	42.9%	38.6%	52.7%
2009 Q1&2	60.0%	50.0%	41.5%	51.4%
2009 Q3&4	61.3%	30.0%	36.1%	49.0%
2010 Q1&2	65.9%	0.0%	43.1%	55.8%
2010 Q3&4	69.9%	28.6%	31.6%	53.1%
2011 Q1&2	67.5%	60.0%	40.4%	56.1%

Table 18.2 Proportion of individuals with a new HIV diagnosis who are tested for syphilis within 3 months of HIV diagnosis – Males

Quarter	Vancouver HSDA	Northern Interior HSDA	Other HSDAs	All HSDAs
2006 Q3&4	47.1%	33.3%	23.7%	36.3%
2007 Q1&2	56.7%	16.7%	27.3%	45.5%
2007 Q3&4	54.7%	42.9%	25.9%	42.6%
2008 Q1&2	70.8%	0.0%	35.3%	58.1%
2008 Q3&4	67.9%	33.3%	34.6%	53.7%
2009 Q1&2	62.0%	50.0%	42.4%	53.0%
2009 Q3&4	61.4%	25.0%	32.6%	49.6%
2010 Q1&2	69.4%	---	50.0%	61.5%
2010 Q3&4	72.2%	33.3%	39.5%	58.7%
2011 Q1&2	71.6%	66.7%	37.2%	58.4%

Table 18.3 Proportion of individuals with a new HIV diagnosis who are tested for syphilis within 3 months of HIV diagnosis – Females

Quarter	Vancouver HSDA	Northern Interior HSDA	Other HSDAs	All HSDAs
2006 Q3&4	22.2%	33.3%	18.8%	21.6%
2007 Q1&2	37.5%	50.0%	31.8%	35.7%
2007 Q3&4	50.0%	28.6%	27.8%	37.2%
2008 Q1&2	41.2%	75.0%	40.0%	45.2%
2008 Q3&4	40.0%	100.0%	50.0%	48.3%
2009 Q1&2	50.0%	50.0%	37.5%	44.4%
2009 Q3&4	60.0%	33.3%	44.4%	47.1%
2010 Q1&2	50.0%	~	28.6%	37.8%
2010 Q3&4	54.5%	0.0%	7.1%	26.9%
2011 Q1&2	40.0%	50.0%	46.2%	44.0%

Table 18.4 Proportion of individuals with a new HIV diagnosis who are tested for syphilis within 3 months of HIV diagnosis – by Aboriginal status

Quarter	Aboriginal	Non Aboriginal	Unknown
2006 Q3&4	37.0%	33.6%	18.2%
2007 Q1&2	33.3%	46.3%	35.7%
2007 Q3&4	37.0%	42.8%	28.6%
2008 Q1&2	52.2%	57.7%	28.6%
2008 Q3&4	60.9%	50.4%	63.6%
2009 Q1&2	58.6%	50.0%	50.0%
2009 Q3&4	48.1%	50.9%	25.0%
2010 Q1&2	40.0%	59.1%	42.9%
2010 Q3&4	31.6%	58.5%	30.0%
2011 Q1&2	43.8%	60.0%	50.0%

Table 21.1 Percentage of HIV-infected individuals who are tested for genotypic antiretroviral drug resistance prior to starting antiretroviral therapy (ART) by HSDA

Quarter	Vancouver HSDA				Northern Interior HSDA				Other HSDAs				All HSDAs			
2006 Q1	35	/	55	63.64%	5	/	6	83.33%	30	/	56	53.57%	70	/	117	59.83%
2006 Q2	35	/	53	66.04%	3	/	4	75.00%	20	/	45	44.44%	58	/	102	56.86%
2006 Q3	25	/	43	58.14%	1	/	1	100.00%	16	/	53	30.19%	42	/	97	43.30%
2006 Q4	36	/	48	75.00%	1	/	3	33.33%	38	/	60	63.33%	75	/	111	67.57%
2007 Q1	46	/	59	77.97%	5	/	6	83.33%	32	/	52	61.54%	83	/	117	70.94%
2007 Q2	57	/	75	76.00%	2	/	2	100.00%	37	/	64	57.81%	96	/	141	68.09%
2007 Q3	44	/	60	73.33%	0	/	1	0.00%	26	/	48	54.17%	70	/	109	64.22%
2007 Q4	43	/	59	72.88%	1	/	4	25.00%	47	/	68	69.12%	91	/	131	69.47%
2008 Q1	44	/	55	80.00%	0	/	0	0.00%	38	/	76	50.00%	82	/	131	62.60%
2008 Q2	41	/	58	70.69%	4	/	4	100.00%	47	/	71	66.20%	92	/	133	69.17%
2008 Q3	56	/	67	83.58%	4	/	6	66.67%	40	/	70	57.14%	100	/	143	69.93%
2008 Q4	39	/	58	67.24%	6	/	7	85.71%	52	/	70	74.29%	97	/	135	71.85%
2009 Q1	56	/	67	83.58%	6	/	7	85.71%	60	/	78	76.92%	122	/	152	80.26%
2009 Q2	47	/	58	81.03%	3	/	4	75.00%	64	/	82	78.05%	114	/	144	79.17%
2009 Q3	47	/	57	82.46%	6	/	6	100.00%	52	/	66	78.79%	105	/	129	81.40%
2009 Q4	50	/	59	84.75%	2	/	3	66.67%	65	/	84	77.38%	117	/	146	80.14%
2010 Q1	55	/	69	79.71%	0	/	0	0.00%	57	/	71	80.28%	112	/	140	80.00%
2010 Q2	53	/	61	86.89%	4	/	4	100.00%	55	/	66	83.33%	112	/	131	85.50%
2010 Q3	53	/	61	86.89%	3	/	3	100.00%	56	/	77	72.73%	112	/	141	79.43%
2010 Q4	44	/	55	80.00%	5	/	5	100.00%	46	/	62	74.19%	95	/	122	77.87%
2011 Q1	69	/	75	92.00%	9	/	9	100.00%	58	/	72	80.56%	136	/	156	87.18%
2011 Q2	67	/	77	87.01%	1	/	1	100.00%	53	/	67	79.10%	121	/	145	83.45%
2011 Q3	62	/	70	88.57%	8	/	8	100.00%	74	/	87	85.06%	144	/	165	87.27%

Table 21.2 Percentage of HIV-infected individuals who are tested for genotypic antiretroviral drug resistance prior to starting antiretroviral therapy (ART) by gender

Quarter	Male				Female			
2006 Q1	61	/	99	61.62%	9	/	18	50.00%
2006 Q2	51	/	86	59.30%	7	/	16	43.75%
2006 Q3	30	/	73	41.10%	12	/	24	50.00%
2006 Q4	62	/	88	70.45%	13	/	23	56.52%
2007 Q1	67	/	88	76.14%	16	/	29	55.17%
2007 Q2	86	/	122	70.49%	10	/	19	52.63%
2007 Q3	54	/	83	65.06%	16	/	26	61.54%
2007 Q4	79	/	112	70.54%	12	/	19	63.16%
2008 Q1	63	/	107	58.88%	19	/	24	79.17%
2008 Q2	78	/	111	70.27%	14	/	22	63.64%
2008 Q3	77	/	108	71.30%	23	/	35	65.71%
2008 Q4	81	/	112	72.32%	16	/	23	69.57%
2009 Q1	94	/	120	78.33%	28	/	32	87.50%
2009 Q2	98	/	123	79.67%	16	/	21	76.19%
2009 Q3	87	/	109	79.82%	18	/	20	90.00%
2009 Q4	95	/	117	81.20%	22	/	29	75.86%
2010 Q1	88	/	113	77.88%	24	/	27	88.89%
2010 Q2	95	/	110	86.36%	17	/	21	80.95%
2010 Q3	89	/	112	79.46%	23	/	29	79.31%
2010 Q4	76	/	99	76.77%	19	/	23	82.61%
2011 Q1	112	/	129	86.82%	24	/	27	88.89%
2011 Q2	98	/	117	83.76%	23	/	28	82.14%
2011 Q3	117	/	135	86.67%	27	/	30	90.00%

Table 22.1 Percentage of individuals starting ART who achieve HIV plasma viral load (pVL) of < 200 copies/mL within 9 months of therapy initiation by HSDA

Quarter	Vancouver HSDA				Northern Interior HSDA				Other HSDAs				All HSDAs			
2006 Q1	34	/	41	82.93%	1	/	1	100.00%	46	/	65	70.77%	81	/	107	75.70%
2006 Q2	41	/	53	77.36%	2	/	4	50.00%	28	/	43	65.12%	71	/	100	71.00%
2006 Q3	30	/	40	75.00%	1	/	2	50.00%	46	/	55	83.64%	77	/	97	79.38%
2006 Q4	43	/	55	78.18%	3	/	6	50.00%	43	/	56	76.79%	89	/	117	76.07%
2007 Q1	43	/	53	81.13%	2	/	4	50.00%	37	/	45	82.22%	82	/	102	80.39%
2007 Q2	33	/	43	76.74%	1	/	1	100.00%	39	/	53	73.58%	73	/	97	75.26%
2007 Q3	37	/	48	77.08%	0	/	3	0.00%	41	/	60	68.33%	78	/	111	70.27%
2007 Q4	48	/	59	81.36%	3	/	6	50.00%	39	/	52	75.00%	90	/	117	76.92%
2008 Q1	62	/	75	82.67%	1	/	2	50.00%	45	/	64	70.31%	108	/	141	76.60%
2008 Q2	53	/	60	88.33%	1	/	1	100.00%	39	/	48	81.25%	93	/	109	85.32%
2008 Q3	49	/	59	83.05%	4	/	4	100.00%	57	/	68	83.82%	110	/	131	83.97%
2008 Q4	44	/	55	80.00%	0	/	0	0.00%	63	/	76	82.89%	107	/	131	81.68%
2009 Q1	49	/	58	84.48%	2	/	4	50.00%	58	/	71	81.69%	109	/	133	81.95%
2009 Q2	60	/	67	89.55%	3	/	6	50.00%	59	/	70	84.29%	122	/	143	85.31%
2009 Q3	48	/	58	82.76%	3	/	7	42.86%	62	/	70	88.57%	113	/	135	83.70%
2009 Q4	59	/	67	88.06%	6	/	7	85.71%	66	/	78	84.62%	131	/	152	86.18%
2010 Q1	50	/	58	86.21%	2	/	4	50.00%	70	/	82	85.37%	122	/	144	84.72%
2010 Q2	51	/	57	89.47%	4	/	6	66.67%	52	/	66	78.79%	107	/	129	82.95%
2010 Q3	51	/	59	86.44%	3	/	3	100.00%	67	/	84	79.76%	121	/	146	82.88%
2010 Q4	61	/	69	88.41%	0	/	0	0.00%	60	/	71	84.51%	121	/	140	86.43%
2011 Q1	54	/	61	88.52%	3	/	4	75.00%	53	/	66	80.30%	110	/	131	83.97%
2011 Q2	54	/	61	88.52%	2	/	3	66.67%	71	/	77	92.21%	127	/	141	90.07%
2011 Q3	45	/	55	81.82%	4	/	5	80.00%	42	/	62	67.74%	91	/	122	74.59%

Table 22.2 Percentage of individuals starting ART who achieve HIV plasma viral load (pVL) of < 50 copies/mL within 9 months of therapy initiation by gender

Quarter	Male				Female			
2006 Q1	68	/	87	78.16%	13	/	20	65.00%
2006 Q2	57	/	80	71.25%	14	/	20	70.00%
2006 Q3	66	/	80	82.50%	11	/	17	64.71%
2006 Q4	77	/	99	77.78%	12	/	18	66.67%
2007 Q1	71	/	86	82.56%	11	/	16	68.75%
2007 Q2	55	/	73	75.34%	18	/	24	75.00%
2007 Q3	65	/	88	73.86%	13	/	23	56.52%
2007 Q4	68	/	88	77.27%	22	/	29	75.86%
2008 Q1	97	/	122	79.51%	11	/	19	57.89%
2008 Q2	71	/	83	85.54%	22	/	26	84.62%
2008 Q3	99	/	112	88.39%	11	/	19	57.89%
2008 Q4	92	/	107	85.98%	15	/	24	62.50%
2009 Q1	92	/	111	82.88%	17	/	22	77.27%
2009 Q2	94	/	108	87.04%	28	/	35	80.00%
2009 Q3	98	/	112	87.50%	15	/	23	65.22%
2009 Q4	103	/	120	85.83%	28	/	32	87.50%
2010 Q1	106	/	123	86.18%	16	/	21	76.19%
2010 Q2	90	/	109	82.57%	17	/	20	85.00%
2010 Q3	96	/	117	82.05%	25	/	29	86.21%
2010 Q4	96	/	113	84.96%	25	/	27	92.59%
2011 Q1	92	/	110	83.64%	18	/	21	85.71%
2011 Q2	101	/	112	90.18%	26	/	29	89.66%
2011 Q3	78	/	99	78.79%	13	/	23	56.52%

Table 23.1 Percentage of individuals who initiated antiretroviral therapy (ART) with a recommended therapy regimen (among those with no drug resistance) by HSDA

Quarter	Vancouver HSDA				Northern Interior HSDA				Other HSDAs				All HSDAs			
2006 Q1	19	/	28	67.86%	3	/	3	100.00%	18	/	22	81.82%	40	/	53	75.47%
2006 Q2	20	/	28	71.43%	2	/	2	100.00%	14	/	17	82.35%	36	/	47	76.60%
2006 Q3	15	/	22	68.18%	1	/	1	100.00%	11	/	14	78.57%	27	/	37	72.97%
2006 Q4	23	/	30	76.67%	0	/	1	0.00%	22	/	35	62.86%	45	/	66	68.18%
2007 Q1	34	/	44	77.27%	5	/	5	100.00%	23	/	32	71.88%	62	/	81	76.54%
2007 Q2	46	/	53	86.79%	2	/	2	100.00%	26	/	35	74.29%	74	/	90	82.22%
2007 Q3	31	/	38	81.58%	0	/	0	0.00%	22	/	25	88.00%	53	/	63	84.13%
2007 Q4	32	/	41	78.05%	1	/	1	100.00%	25	/	37	67.57%	58	/	79	73.42%
2008 Q1	28	/	39	71.79%	0	/	0	0.00%	28	/	35	80.00%	56	/	74	75.68%
2008 Q2	30	/	38	78.95%	2	/	2	100.00%	25	/	39	64.10%	57	/	79	72.15%
2008 Q3	43	/	50	86.00%	4	/	4	100.00%	29	/	36	80.56%	76	/	90	84.44%
2008 Q4	32	/	36	88.89%	4	/	4	100.00%	39	/	46	84.78%	75	/	86	87.21%
2009 Q1	45	/	51	88.24%	6	/	6	100.00%	49	/	56	87.50%	100	/	113	88.50%
2009 Q2	33	/	40	82.50%	1	/	3	33.33%	51	/	58	87.93%	85	/	101	84.16%
2009 Q3	37	/	45	82.22%	6	/	6	100.00%	42	/	49	85.71%	85	/	100	85.00%
2009 Q4	39	/	43	90.70%	2	/	2	100.00%	52	/	57	91.23%	93	/	102	91.18%
2010 Q1	41	/	52	78.85%	0	/	0	0.00%	43	/	49	87.76%	84	/	101	83.17%
2010 Q2	38	/	46	82.61%	4	/	4	100.00%	40	/	51	78.43%	82	/	101	81.19%
2010 Q3	38	/	49	77.55%	3	/	3	100.00%	37	/	49	75.51%	78	/	101	77.23%
2010 Q4	30	/	40	75.00%	3	/	3	100.00%	37	/	42	88.10%	70	/	85	82.35%
2011 Q1	56	/	66	84.85%	7	/	9	77.78%	46	/	53	86.79%	109	/	128	85.16%
2011 Q2	41	/	58	70.69%	1	/	1	100.00%	36	/	44	81.82%	78	/	103	75.73%
2011 Q3	46	/	56	82.14%	8	/	8	100.00%	54	/	67	80.60%	108	/	131	82.44%

Table 23.2 Percentage of individuals who initiated antiretroviral therapy (ART) with a recommended therapy regimen (among those with no drug resistance) by gender

Quarter	Male				Female			
2006 Q1	35	/	47	74.47%	5	/	6	83.33%
2006 Q2	33	/	43	76.74%	3	/	4	75.00%
2006 Q3	20	/	25	80.00%	7	/	12	58.33%
2006 Q4	38	/	54	70.37%	7	/	12	58.33%
2007 Q1	52	/	65	80.00%	10	/	16	62.50%
2007 Q2	68	/	80	85.00%	6	/	10	60.00%
2007 Q3	41	/	48	85.42%	12	/	15	80.00%
2007 Q4	49	/	68	72.06%	9	/	11	81.82%
2008 Q1	43	/	58	74.14%	13	/	16	81.25%
2008 Q2	49	/	65	75.38%	8	/	14	57.14%
2008 Q3	60	/	69	86.96%	16	/	21	76.19%
2008 Q4	62	/	71	87.32%	13	/	15	86.67%
2009 Q1	83	/	91	91.21%	17	/	22	77.27%
2009 Q2	76	/	86	88.37%	9	/	15	60.00%
2009 Q3	71	/	82	86.59%	14	/	18	77.78%
2009 Q4	74	/	82	90.24%	19	/	20	95.00%
2010 Q1	68	/	79	86.08%	16	/	22	72.73%
2010 Q2	74	/	85	87.06%	8	/	16	50.00%
2010 Q3	62	/	80	77.50%	16	/	21	76.19%
2010 Q4	57	/	69	82.61%	13	/	16	81.25%
2011 Q1	93	/	105	88.57%	16	/	23	69.57%
2011 Q2	61	/	82	74.39%	17	/	21	80.95%
2011 Q3	88	/	106	83.02%	20	/	25	80.00%

Table 24.1 Percentage of individuals on antiretroviral therapy (ART) that achieve annual prescription refill adherence of > 95% by HSDA

Quarter	Vancouver HSDA				Northern Interior HSDA				Other HSDAs				All HSDAs			
2006 Q1	1279	/	1782	71.77%	16	/	32	50.00%	994	/	1497	66.40%	2289	/	3311	69.13%
2006 Q2	1342	/	1826	73.49%	17	/	31	54.84%	1028	/	1554	66.15%	2387	/	3411	69.98%
2006 Q3	1388	/	1861	74.58%	17	/	31	54.84%	1089	/	1563	69.67%	2494	/	3455	72.19%
2006 Q4	1408	/	1875	75.09%	16	/	30	53.33%	1113	/	1628	68.37%	2537	/	3533	71.81%
2007 Q1	1478	/	1915	77.18%	20	/	36	55.56%	1134	/	1675	67.70%	2632	/	3626	72.59%
2007 Q2	1491	/	1994	74.77%	21	/	36	58.33%	1152	/	1729	66.63%	2664	/	3759	70.87%
2007 Q3	1533	/	2048	74.85%	19	/	33	57.58%	1175	/	1747	67.26%	2727	/	3828	71.24%
2007 Q4	1550	/	2091	74.13%	23	/	42	54.76%	1214	/	1759	69.02%	2787	/	3892	71.61%
2008 Q1	1597	/	2150	74.28%	20	/	43	46.51%	1237	/	1774	69.73%	2854	/	3967	71.94%
2008 Q2	1654	/	2233	74.07%	18	/	46	39.13%	1291	/	1855	69.60%	2963	/	4134	71.67%
2008 Q3	1663	/	2272	73.20%	18	/	49	36.73%	1321	/	1896	69.67%	3002	/	4217	71.19%
2008 Q4	1725	/	2332	73.97%	23	/	54	42.59%	1362	/	1941	70.17%	3110	/	4327	71.87%
2009 Q1	1762	/	2377	74.13%	23	/	54	42.59%	1421	/	2011	70.66%	3206	/	4442	72.17%
2009 Q2	1817	/	2437	74.56%	29	/	56	51.79%	1429	/	2077	68.80%	3275	/	4570	71.66%
2009 Q3	1885	/	2507	75.19%	33	/	58	56.90%	1487	/	2117	70.24%	3405	/	4682	72.73%
2009 Q4	1946	/	2538	76.67%	37	/	62	59.68%	1516	/	2169	69.89%	3499	/	4769	73.37%
2010 Q1	2000	/	2602	76.86%	36	/	67	53.73%	1549	/	2215	69.93%	3585	/	4884	73.40%
2010 Q2	2020	/	2658	76.00%	36	/	77	46.75%	1590	/	2254	70.54%	3646	/	4989	73.08%
2010 Q3	2054	/	2723	75.43%	40	/	78	51.28%	1618	/	2317	69.83%	3712	/	5118	72.53%
2010 Q4	2063	/	2761	74.72%	42	/	79	53.16%	1653	/	2375	69.60%	3758	/	5215	72.06%
2011 Q1	2139	/	2839	75.34%	45	/	82	54.88%	1665	/	2416	68.92%	3849	/	5337	72.12%
2011 Q2	2171	/	2878	75.43%	46	/	88	52.27%	1685	/	2462	68.44%	3902	/	5428	71.89%
2011 Q3	2201	/	2947	74.69%	43	/	92	46.74%	1718	/	2501	68.69%	3962	/	5540	71.52%

Table 24.2 Percentage of individuals on antiretroviral therapy (ART) that achieve annual prescription refill adherence of > 95% by gender

Quarter	Male				Female			
2006 Q1	2023	/	2854	70.88%	266	/	457	58.21%
2006 Q2	2119	/	2929	72.35%	268	/	482	55.60%
2006 Q3	2208	/	2962	74.54%	286	/	493	58.01%
2006 Q4	2240	/	3030	73.93%	297	/	503	59.05%
2007 Q1	2329	/	3113	74.82%	303	/	513	59.06%
2007 Q2	2365	/	3236	73.08%	299	/	523	57.17%
2007 Q3	2420	/	3286	73.65%	307	/	542	56.64%
2007 Q4	2473	/	3339	74.06%	314	/	553	56.78%
2008 Q1	2517	/	3389	74.27%	337	/	578	58.30%
2008 Q2	2628	/	3534	74.36%	335	/	600	55.83%
2008 Q3	2642	/	3584	73.72%	360	/	633	56.87%
2008 Q4	2739	/	3687	74.29%	371	/	640	57.97%
2009 Q1	2818	/	3769	74.77%	388	/	673	57.65%
2009 Q2	2868	/	3867	74.17%	407	/	703	57.89%
2009 Q3	2972	/	3962	75.01%	433	/	720	60.14%
2009 Q4	3055	/	4029	75.83%	444	/	740	60.00%
2010 Q1	3125	/	4120	75.85%	460	/	764	60.21%
2010 Q2	3180	/	4209	75.55%	466	/	780	59.74%
2010 Q3	3253	/	4324	75.23%	459	/	794	57.81%
2010 Q4	3293	/	4386	75.08%	465	/	829	56.09%
2011 Q1	3366	/	4479	75.15%	483	/	858	56.29%
2011 Q2	3411	/	4542	75.10%	491	/	886	55.42%
2011 Q3	3444	/	4647	74.11%	518	/	893	58.01%

Table 25.1 Number of physicians initiating therapy or providing HIV-related care to patients on antiretroviral therapy (ART)

Quarter	Vancouver HSDA	Northern Interior HSDA	Other HSDAs	All HSDAs
2006 Q1	163	20	400	583
2006 Q2	166	22	406	594
2006 Q3	173	22	405	600
2006 Q4	161	22	416	599
2007 Q1	169	24	423	616
2007 Q2	168	23	452	643
2007 Q3	169	22	436	627
2007 Q4	166	23	451	640
2008 Q1	177	22	439	638
2008 Q2	180	25	467	672
2008 Q3	181	28	461	670
2008 Q4	186	27	458	671
2009 Q1	194	27	486	707
2009 Q2	187	26	496	709
2009 Q3	194	24	479	697
2009 Q4	190	23	499	712
2010 Q1	188	23	495	706
2010 Q2	195	21	501	717
2010 Q3	195	23	509	727
2010 Q4	191	23	509	723
2011 Q1	198	25	519	742
2011 Q2	196	26	523	745
2011 Q3	201	26	526	753

Table 26.1 Percentage of individuals on antiretroviral therapy (ART) who experience a serious adverse drug reaction (ADR) by HSDA

Quarter	Vancouver HSDA				Northern Interior HSDA				Other HSDAs				All HSDAs			
2006 Q1		/	1969			/	45			/	1686			/	3700	
2006 Q2		/	2006			/	46			/	1740			/	3792	
2006 Q3		/	2033			/	41			/	1764			/	3838	
2006 Q4		/	2075			/	42			/	1804			/	3921	
2007 Q1		/	2123			/	44			/	1840			/	4007	
2007 Q2		/	2219			/	50			/	1919			/	4188	
2007 Q3		/	2288			/	46			/	1930			/	4264	
2007 Q4		/	2344			/	53			/	1955			/	4352	
2008 Q1	1	/	2383	0.04%	0	/	52	0.00%	0	/	2006	0.00%	1	/	4441	0.02%
2008 Q2	1	/	2458	0.04%	0	/	55	0.00%	1	/	2098	0.05%	2	/	4611	0.04%
2008 Q3	5	/	2517	0.20%	0	/	58	0.00%	1	/	2149	0.05%	6	/	4724	0.13%
2008 Q4	1	/	2587	0.04%	0	/	66	0.00%	3	/	2189	0.14%	4	/	4842	0.08%
2009 Q1	5	/	2657	0.19%	1	/	76	1.32%	2	/	2242	0.09%	8	/	4975	0.16%
2009 Q2	6	/	2719	0.22%	0	/	80	0.00%	3	/	2321	0.13%	9	/	5120	0.18%
2009 Q3	1	/	2784	0.04%	0	/	79	0.00%	3	/	2345	0.13%	4	/	5208	0.08%
2009 Q4	2	/	2826	0.07%	0	/	81	0.00%	3	/	2403	0.12%	5	/	5310	0.09%
2010 Q1	3	/	2876	0.10%	0	/	81	0.00%	4	/	2463	0.16%	7	/	5420	0.13%
2010 Q2	2	/	2916	0.07%	0	/	89	0.00%	0	/	2503	0.00%	2	/	5508	0.04%
2010 Q3	1	/	3010	0.03%	0	/	86	0.00%	1	/	2548	0.04%	2	/	5644	0.04%
2010 Q4	4	/	3029	0.13%	0	/	94	0.00%	1	/	2607	0.04%	5	/	5730	0.09%
2011 Q1	2	/	3108	0.06%	0	/	106	0.00%	1	/	2657	0.04%	3	/	5871	0.05%
2011 Q2	1	/	3172	0.03%	1	/	107	0.93%	2	/	2689	0.07%	4	/	5968	0.07%
2011 Q3	1	/	3223	0.03%	0	/	113	0.00%	5	/	2774	0.18%	6	/	6110	0.10%

Table 26.2 Percentage of individuals on antiretroviral therapy (ART) who experience a serious adverse drug reaction (ADR) by gender

Quarter	Male				Female			
2006 Q1		/	3175			/	525	
2006 Q2		/	3249			/	543	
2006 Q3		/	3281			/	557	
2006 Q4		/	3352			/	569	
2007 Q1		/	3418			/	589	
2007 Q2		/	3581			/	607	
2007 Q3		/	3636			/	628	
2007 Q4		/	3723			/	629	
2008 Q1	1	/	3790	0.03%	0	/	651	0.00%
2008 Q2	1	/	3927	0.03%	1	/	684	0.15%
2008 Q3	6	/	3999	0.15%	0	/	725	0.00%
2008 Q4	3	/	4109	0.07%	1	/	733	0.14%
2009 Q1	5	/	4200	0.12%	3	/	775	0.39%
2009 Q2	6	/	4316	0.14%	3	/	804	0.37%
2009 Q3	4	/	4403	0.09%	0	/	805	0.00%
2009 Q4	4	/	4476	0.09%	1	/	834	0.12%
2010 Q1	4	/	4566	0.09%	3	/	854	0.35%
2010 Q2	1	/	4637	0.02%	1	/	871	0.11%
2010 Q3	1	/	4751	0.02%	1	/	893	0.11%
2010 Q4	3	/	4807	0.06%	2	/	923	0.22%
2011 Q1	3	/	4918	0.06%	0	/	953	0.00%
2011 Q2	2	/	4982	0.04%	2	/	986	0.20%
2011 Q3	4	/	5111	0.08%	2	/	998	0.20%

Table 28.1 Incidence of resistance to any antiretroviral drug by HSDA

Quarter	Vancouver HSDA				Northern Interior HSDA				Other HSDAs				All HSDAs			
2006 Q1	11	/	5407.1	0.20%	0	/	102	0.00%	8	/	4556	0.18%	19	/	10075	0.19%
2006 Q2	13	/	5555.2	0.23%	1	/	112	0.89%	5	/	4673	0.11%	19	/	10349	0.18%
2006 Q3	11	/	5612.9	0.20%	0	/	102	0.00%	10	/	4776	0.21%	21	/	10503	0.20%
2006 Q4	11	/	5753.5	0.19%	0	/	113	0.00%	7	/	4846	0.14%	18	/	10733	0.17%
2007 Q1	10	/	5899.4	0.17%	0	/	110	0.00%	8	/	5021	0.16%	18	/	11049	0.16%
2007 Q2	4	/	6058.9	0.07%	1	/	119	0.84%	4	/	5127	0.08%	10	/	11319	0.09%
2007 Q3	8	/	6367	0.13%	0	/	118	0.00%	4	/	5233	0.08%	12	/	11730	0.10%
2007 Q4	7	/	6497.1	0.11%	2	/	121	1.66%	5	/	5307	0.09%	14	/	11941	0.12%
2008 Q1	8	/	6622.9	0.12%	1	/	134	0.75%	7	/	5438	0.13%	16	/	12208	0.13%
2008 Q2	11	/	6758.9	0.16%	0	/	135	0.00%	8	/	5683	0.14%	19	/	12597	0.15%
2008 Q3	1	/	6899.9	0.01%	2	/	150	1.33%	5	/	5826	0.09%	8	/	12889	0.06%
2008 Q4	11	/	7205	0.15%	0	/	171	0.00%	2	/	6006	0.03%	13	/	13397	0.10%
2009 Q1	9	/	7365.8	0.12%	3	/	185	1.62%	9	/	6142	0.15%	21	/	13710	0.15%
2009 Q2	7	/	7639	0.09%	0	/	213	0.00%	5	/	6311	0.08%	12	/	14184	0.08%
2009 Q3	5	/	7800.8	0.06%	1	/	200	0.50%	6	/	6425	0.09%	12	/	14449	0.08%
2009 Q4	12	/	7885.6	0.15%	0	/	215	0.00%	7	/	6549	0.11%	20	/	14678	0.14%
2010 Q1	5	/	7963.8	0.06%	0	/	215	0.00%	11	/	6726	0.16%	16	/	14929	0.11%
2010 Q2	6	/	8146.8	0.07%	1	/	229	0.44%	4	/	6868	0.06%	11	/	15260	0.07%
2010 Q3	6	/	8408.2	0.07%	1	/	217	0.46%	7	/	6945	0.10%	14	/	15584	0.09%
2010 Q4	8	/	8436.2	0.09%	1	/	246	0.41%	8	/	7118	0.11%	17	/	15824	0.11%
2011 Q1	11	/	8653.8	0.13%	2	/	261	0.77%	6	/	7201	0.08%	19	/	16154	0.12%
2011 Q2	13	/	8859.2	0.15%	2	/	271	0.74%	10	/	7257	0.14%	25	/	16436	0.15%
2011 Q3	7	/	9033.4	0.08%	0	/	301	0.00%	7	/	7461	0.09%	14	/	16870	0.08%

Table 28.2 Incidence of resistance to any antiretroviral drug by gender (BC)

Quarter	Male				Female			
2006 Q1	12	/	8715.5	0.14%	7	/	1360	0.51%
2006 Q2	9	/	8959.3	0.10%	10	/	1389	0.72%
2006 Q3	18	/	9072.6	0.20%	3	/	1430	0.21%
2006 Q4	12	/	9275.5	0.13%	6	/	1457	0.41%
2007 Q1	13	/	9541.2	0.14%	5	/	1507	0.33%
2007 Q2	9	/	9764	0.09%	1	/	1555	0.06%
2007 Q3	8	/	10102	0.08%	4	/	1628	0.25%
2007 Q4	10	/	10299	0.10%	4	/	1642	0.24%
2008 Q1	14	/	10523	0.13%	2	/	1685	0.12%
2008 Q2	15	/	10841	0.14%	4	/	1756	0.23%
2008 Q3	6	/	11053	0.05%	2	/	1836	0.11%
2008 Q4	12	/	11444	0.10%	1	/	1953	0.05%
2009 Q1	14	/	11677	0.12%	7	/	2033	0.34%
2009 Q2	8	/	12073	0.07%	4	/	2111	0.19%
2009 Q3	9	/	12304	0.07%	3	/	2145	0.14%
2009 Q4	17	/	12486	0.14%	3	/	2191	0.14%
2010 Q1	11	/	12705	0.09%	5	/	2224	0.22%
2010 Q2	6	/	12950	0.05%	5	/	2310	0.22%
2010 Q3	10	/	13262	0.08%	4	/	2322	0.17%
2010 Q4	13	/	13420	0.10%	4	/	2404	0.17%
2011 Q1	13	/	13646	0.10%	6	/	2508	0.24%
2011 Q2	12	/	13874	0.09%	13	/	2562	0.51%
2011 Q3	9	/	14202	0.06%	5	/	2669	0.19%

Table 29.1: Proportion of individuals on antiretroviral therapy who change antiretroviral drug treatment by HSDA

Quarter	Vancouver HSDA				Northern Interior HSDA				Other HSDAs				All HSDAs			
2006 Q1	182	/	1968	9.25%	3	/	45	6.67%	138	/	1682	8.20%	323	/	3699	8.73%
2006 Q2	220	/	2005	10.97%	2	/	46	4.35%	183	/	1736	10.54%	406	/	3791	10.71%
2006 Q3	234	/	2032	11.52%	2	/	41	4.88%	180	/	1760	10.23%	416	/	3837	10.84%
2006 Q4	244	/	2075	11.76%	3	/	42	7.14%	209	/	1793	11.66%	458	/	3921	11.68%
2007 Q1	242	/	2123	11.40%	1	/	44	2.27%	165	/	1832	9.01%	408	/	4007	10.18%
2007 Q2	219	/	2219	9.87%	0	/	50	0.00%	168	/	1913	8.78%	388	/	4188	9.26%
2007 Q3	156	/	2288	6.82%	2	/	46	4.35%	120	/	1925	6.23%	279	/	4264	6.54%
2007 Q4	226	/	2344	9.64%	1	/	53	1.89%	166	/	1949	8.52%	393	/	4352	9.03%
2008 Q1	202	/	2383	8.48%	1	/	52	1.92%	163	/	1998	8.16%	366	/	4441	8.24%
2008 Q2	259	/	2458	10.54%	5	/	55	9.09%	193	/	2087	9.25%	458	/	4611	9.93%
2008 Q3	206	/	2516	8.19%	2	/	58	3.45%	134	/	2144	6.25%	342	/	4724	7.24%
2008 Q4	162	/	2587	6.26%	1	/	66	1.52%	153	/	2180	7.02%	316	/	4841	6.53%
2009 Q1	176	/	2657	6.62%	2	/	76	2.63%	146	/	2234	6.54%	324	/	4975	6.51%
2009 Q2	144	/	2719	5.30%	5	/	80	6.25%	116	/	2311	5.02%	266	/	5120	5.20%
2009 Q3	123	/	2785	4.42%	3	/	79	3.80%	100	/	2334	4.28%	226	/	5208	4.34%
2009 Q4	120	/	2826	4.25%	2	/	81	2.47%	105	/	2392	4.39%	227	/	5310	4.27%
2010 Q1	131	/	2876	4.55%	2	/	81	2.47%	98	/	2453	4.00%	231	/	5420	4.26%
2010 Q2	117	/	2916	4.01%	0	/	89	0.00%	101	/	2496	4.05%	218	/	5508	3.96%
2010 Q3	135	/	3009	4.49%	1	/	86	1.16%	110	/	2543	4.33%	246	/	5644	4.36%
2010 Q4	129	/	3029	4.26%	4	/	94	4.26%	105	/	2598	4.04%	238	/	5730	4.15%
2011 Q1	123	/	3109	3.96%	4	/	106	3.77%	113	/	2638	4.28%	241	/	5871	4.10%
2011 Q2	116	/	3172	3.66%	4	/	107	3.74%	91	/	2670	3.41%	211	/	5968	3.54%
2011 Q3	128	/	3223	3.97%	9	/	113	7.96%	99	/	2746	3.61%	236	/	6110	3.86%

Table 29.2: Proportion of individuals on antiretroviral therapy who change antiretroviral drug treatment by gender

Quarter	Male				Female			
2006 Q1	279	/	3174	8.79%	44	/	525	8.38%
2006 Q2	351	/	3248	10.81%	55	/	543	10.13%
2006 Q3	349	/	3280	10.64%	67	/	557	12.03%
2006 Q4	406	/	3352	12.11%	52	/	569	9.14%
2007 Q1	346	/	3418	10.12%	62	/	589	10.53%
2007 Q2	327	/	3581	9.13%	61	/	607	10.05%
2007 Q3	216	/	3636	5.94%	63	/	628	10.03%
2007 Q4	325	/	3723	8.73%	68	/	629	10.81%
2008 Q1	309	/	3790	8.15%	57	/	651	8.76%
2008 Q2	387	/	3927	9.85%	71	/	684	10.38%
2008 Q3	280	/	3999	7.00%	62	/	725	8.55%
2008 Q4	259	/	4108	6.30%	57	/	733	7.78%
2009 Q1	260	/	4200	6.19%	64	/	775	8.26%
2009 Q2	201	/	4316	4.66%	65	/	804	8.08%
2009 Q3	178	/	4403	4.04%	48	/	805	5.96%
2009 Q4	195	/	4476	4.36%	32	/	834	3.84%
2010 Q1	192	/	4566	4.20%	39	/	854	4.57%
2010 Q2	169	/	4637	3.64%	49	/	871	5.63%
2010 Q3	195	/	4751	4.10%	51	/	893	5.71%
2010 Q4	183	/	4807	3.81%	55	/	923	5.96%
2011 Q1	181	/	4918	3.68%	60	/	953	6.30%
2011 Q2	153	/	4982	3.07%	58	/	986	5.88%
2011 Q3	188	/	5112	3.68%	48	/	998	4.81%

Appendix A: List of Indicators

Indicator 1: Number of HIV tests

Indicator 2: Population HIV testing rate

Indicator 3: Number of new HIV diagnoses

Indicator 4: Rate of new AIDS case reports

Indicator 5: Percentage positivity among persons tested for HIV

Indicator 6a: Proportion of individuals tested for syphilis who are tested for HIV at the same clinical encounter

Indicator 6b: Proportion of individuals with a new STI diagnosis who are tested for HIV within three months of STI diagnosis

Indicator 7: Proportion of individuals with a new HCV diagnosis who are tested for HIV within three months of HCV diagnosis

Indicator 8: Proportion of individuals named as contacts of an index case who have a subsequent HIV test

Indicator 9: Proportion of individuals with a new HIV diagnosis with advanced HIV disease

Indicator 10: Proportion of HIV individuals with a CD4 cell count <200 cells/mL at fist postive HIV test

Indicator 11: Proportion of individuals with a new HIV diagnosis with acute HIV infection

Indicator 12: Proportion of HIV positive individuals with a family physician

Indicator 13: Interval between first HIV positive test and first HIV plasma viral load

Indicator 14: Proportion of individuals starting antiretroviral therapy (ART) late in the course of HIV disease

Indicator 15: Proportion of HIV positive individuals eligible to start ART by CD4 cell coutn criteria who are currently on ART

Indicator 16: Propotion of HIV positive individuals who are accessing ART

Indicator 17: Rate of disease progression among individuals accessing and not accessing ART

Indicator 18: Proportion of individuals with a new HIV diagnosis who are tested for syphilis within three months of HIV diagnosis

Indicator 19: Proportion of HIV positive women with baseline and annual pop smears

Indicator 20: Proportion of HIV positive individuals who have had > three pVL measures in the past year

Indicator 21: Percentage of HIV-infected individuals who are tested for genotypic antiretroviral drug resistance prior to starting antiretroviral therapy (ART)

Indicator 22: Percentage of individuals starting antiretroviral therapy (ART) who achieve HIV plasma viral load (pVL) of <200 copies/mL within six months of therapy initiation

Indicator 23: Percentage of individuals who initiated antiretroviral therapy (ART) with a recommended therapy regimen (among those with no drug resistance)

Indicator 24: Percentage of individuals on antiretroviral therapy (ART) that achieve annual prescription refill adherence of >95%

Indicator 25: Number of physicians initiating antiretroviral therapy (ART)

Indicator 26: Percentage of individuals on antiretroviral therapy (ART) who experience a serious adverse drug reaction (ADR)

Indicator 27: Rate of transmission of primary resistance

Indicator 28: Incidence of resistance to any retroviral drug

Indicator 29: Proportion of individuals on antiretroviral therapy who change antiretroviral drug treatment

Indicator 30: Social determinant to be determined

Indicator 31: Social determinant to be determined

Indicator 32: Social determinant to be determined

Indicator 33: Social determinant to be determined

Indicator 34: Estimates of health service cost and use among HIV positive individuals using supportive services

Indicator 35: The number and specturm of health care services used by HIV positive individuals who are using and not using ART

Indicator 36: Cost of health service use among HIV positive individuals who are using and not using ART