STOP HIV/AIDS Pilot Project

QUARTERLY INDICATORS REPORT: 1 October through 31 December 2011 (Q4)

SUBMITTED TO:
The BC Ministry of Health Services

SUBMITTED BY:
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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 1		
Target:	Increase by 50%	
Actual:	VAN: 19,849 testing episodes in 2011 Q4	NI: 1,521 testing episodes in 2011 Q4

Figure 1.1 Number of HIV test episodes by HSDA

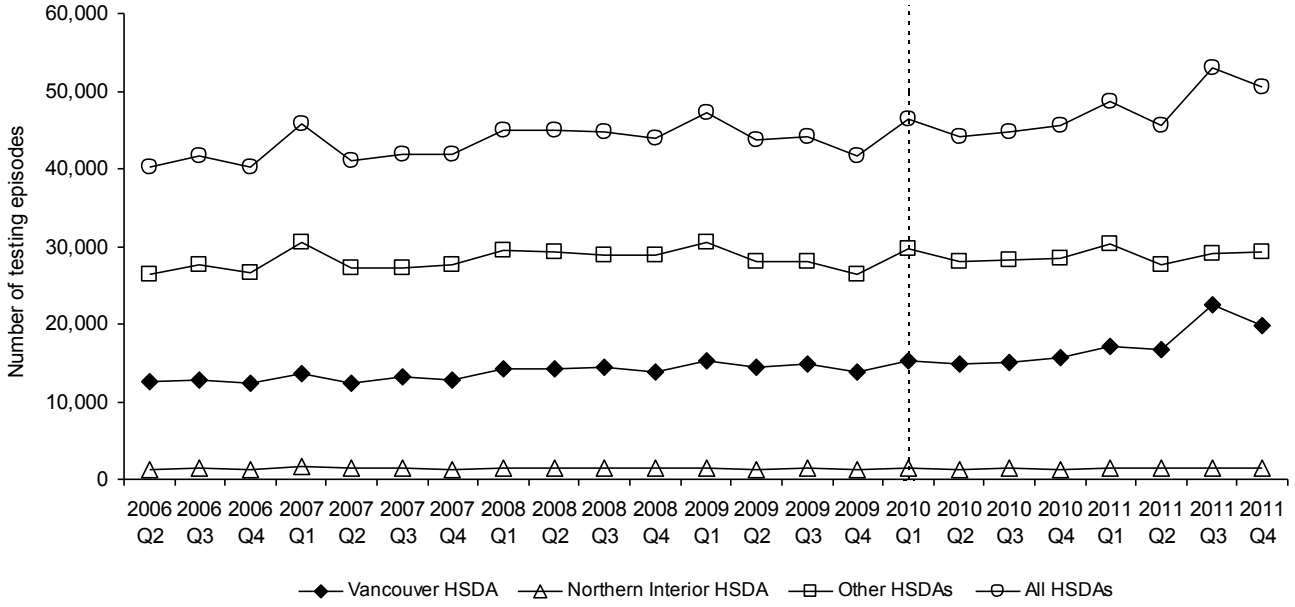


Figure 1.2 Number of HIV test episodes by HSDA – Males

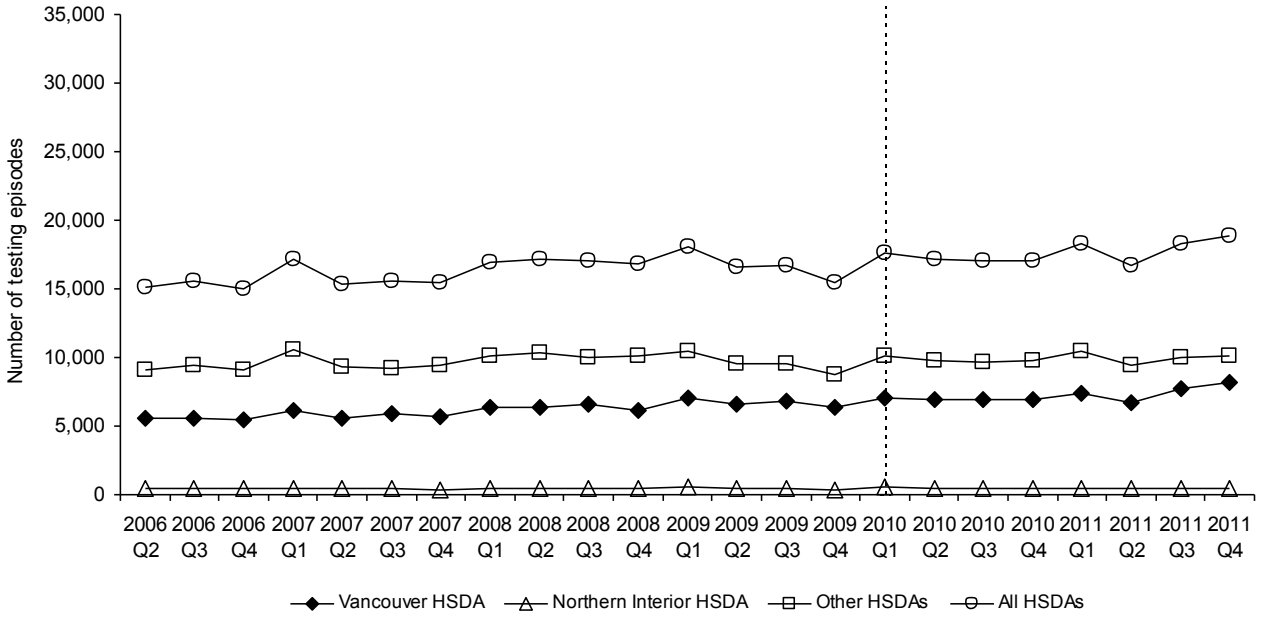


Figure 1.3 Number of HIV test episodes by HSDA – Females

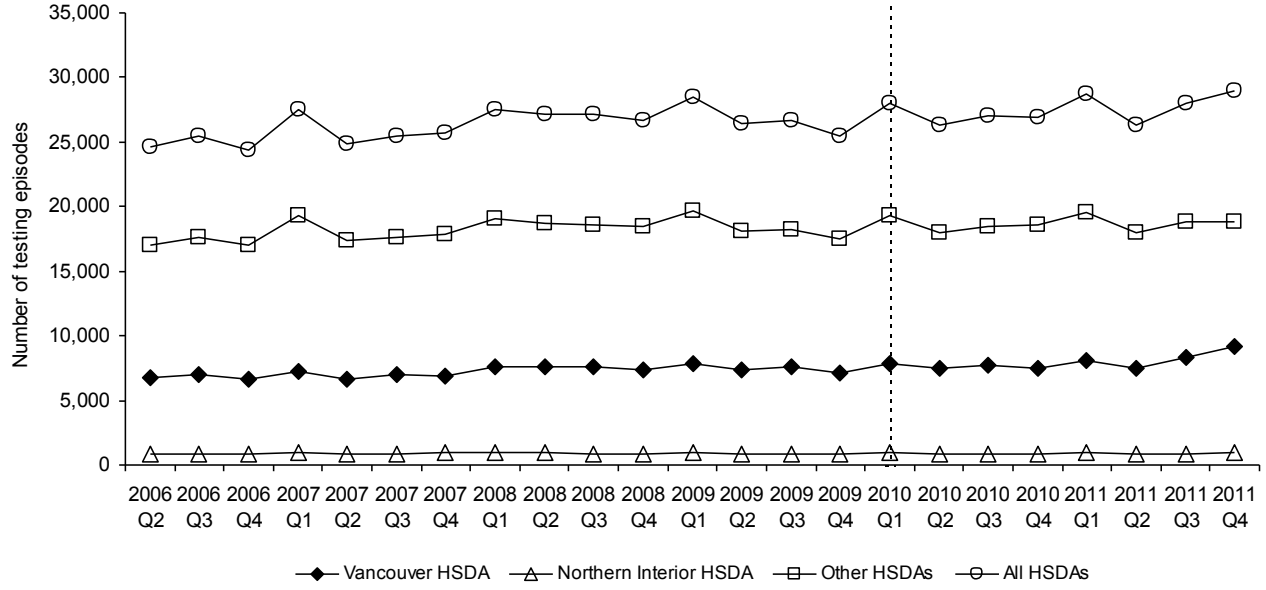
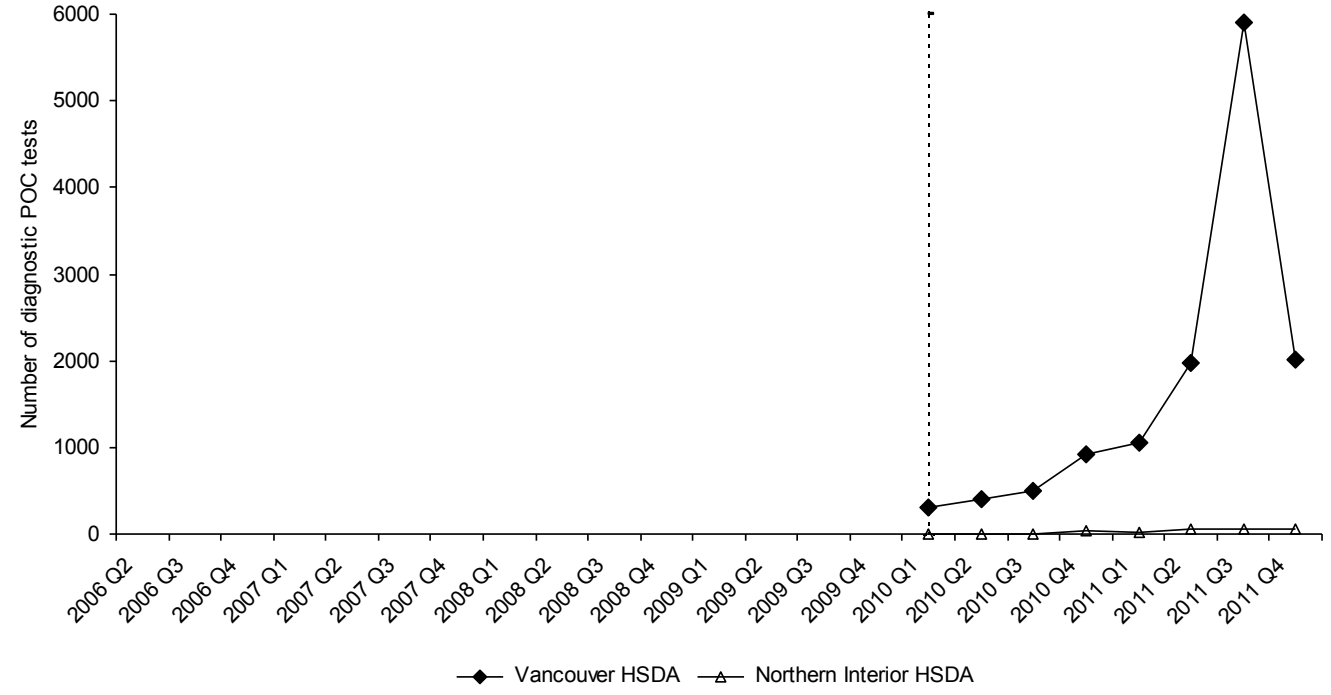


Figure 1.4 Number of POC HIV tests by HSDA



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. HIV test episodes have increased for both males and females in Q4; the number of HIV test episodes per quarter is higher in females compared to males. The number of POC HIV tests per quarter decreased in Vancouver HSDA in Q4 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). • Providence Health Care laboratory data (starting in September 2011)
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.
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) • Inclusion of Providence Health Care laboratory data (September 2011)

Indicator 2: Population HIV testing rates		
Target:	Increase by 50%	
Actual:	VAN: 6,965.0 per 100,000 in 2011	NI: 3,641.4 per 100,000 in 2011

Figure 2.1 Population HIV testing rate by HSDA

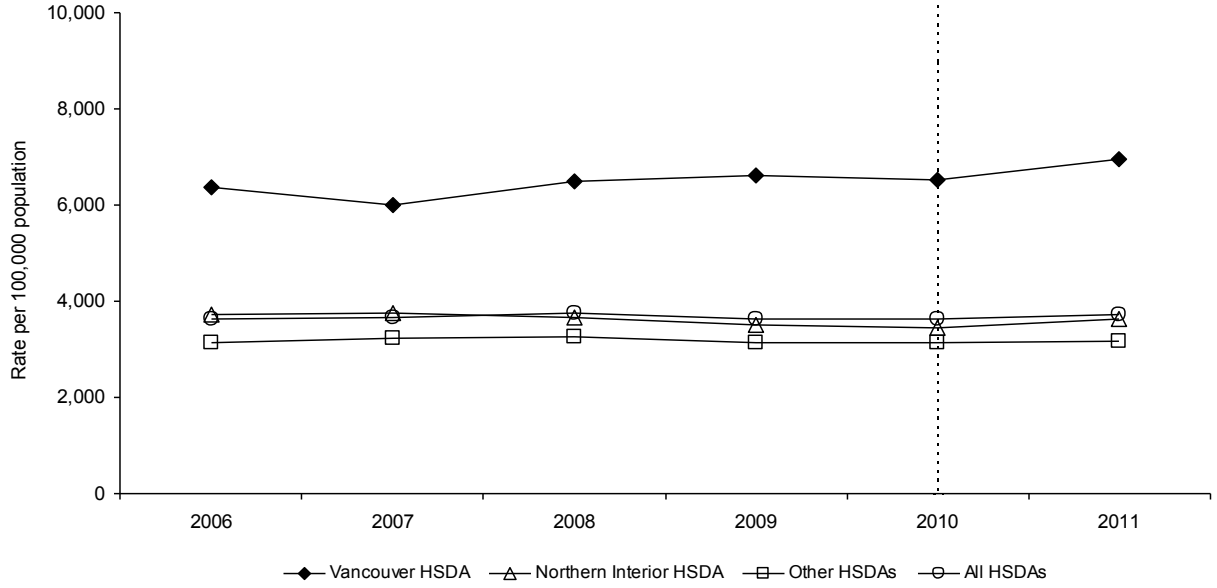


Figure 2.2 Population HIV testing rate by HSDA – Males

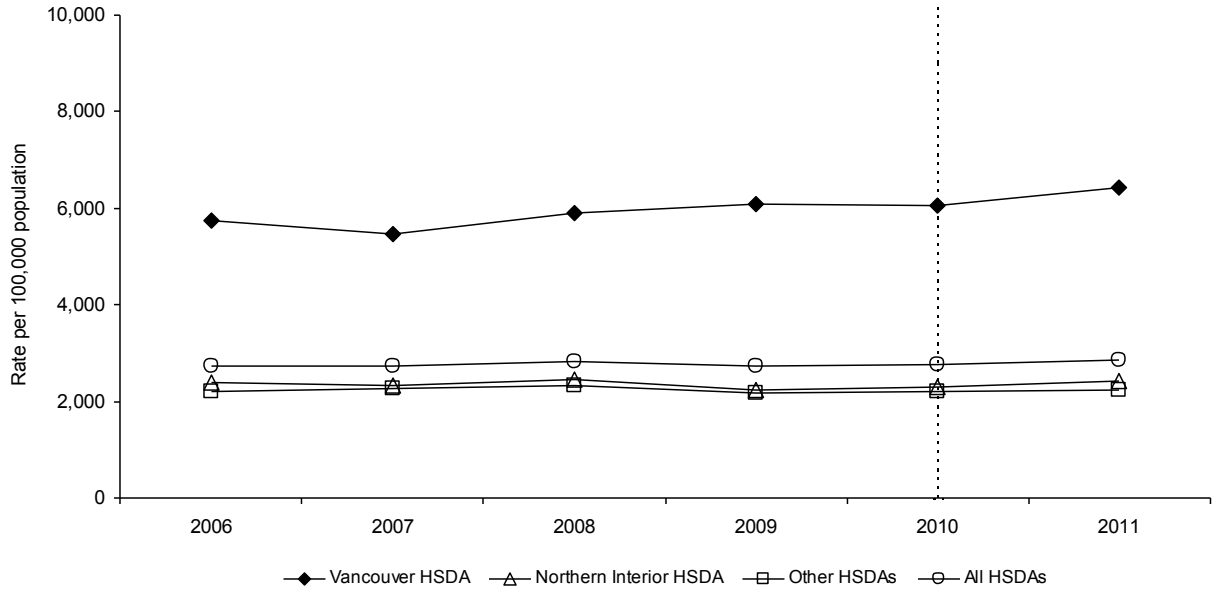
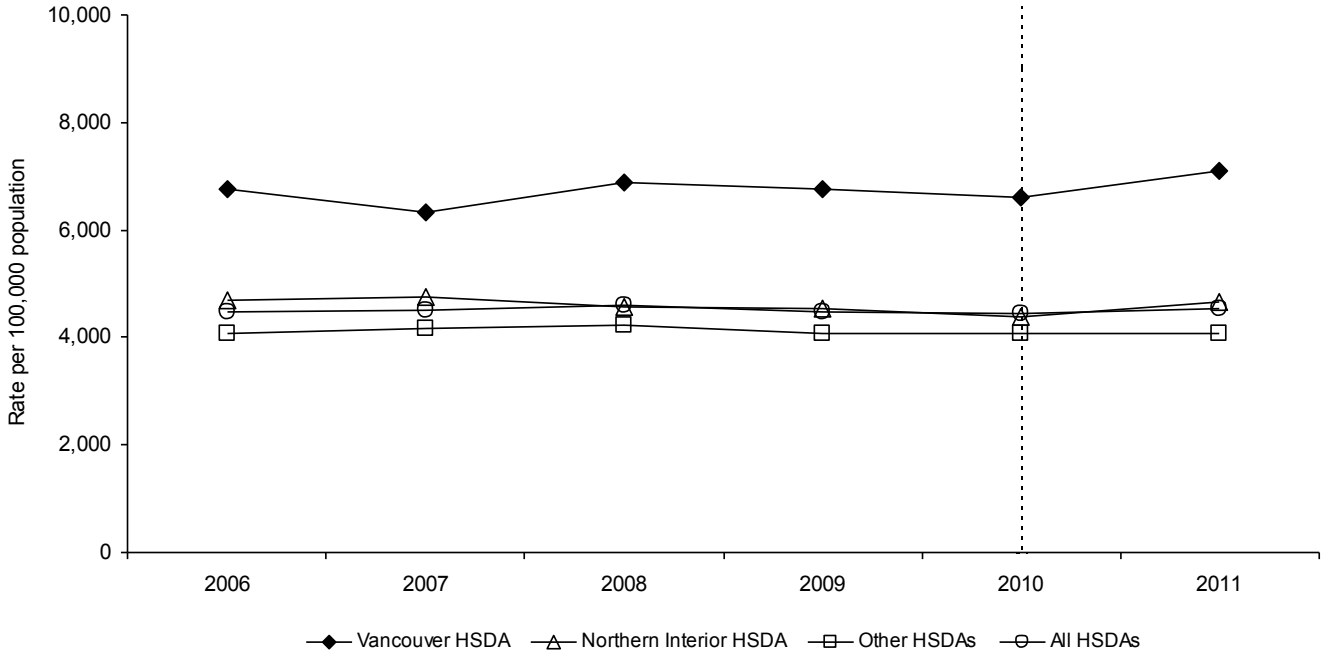


Figure 2.3 Population HIV testing rate by HSDA – Females



Indicator 2 Population HIV testing rates

Interpretations & Comments	In 2011, the population HIV testing rate in Vancouver HSDA has increased above historical trends; Northern Interior HSDA and other HSDAs remain within 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. • Indicator #2 does not include POC test volumes or Providence Health Care laboratory data and therefore cannot be compared to trends in Indicator #1 • 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: 38 persons in 2011 Q4 (by Residence)	NI: 5 persons in 2011 Q4 (by Residence)

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

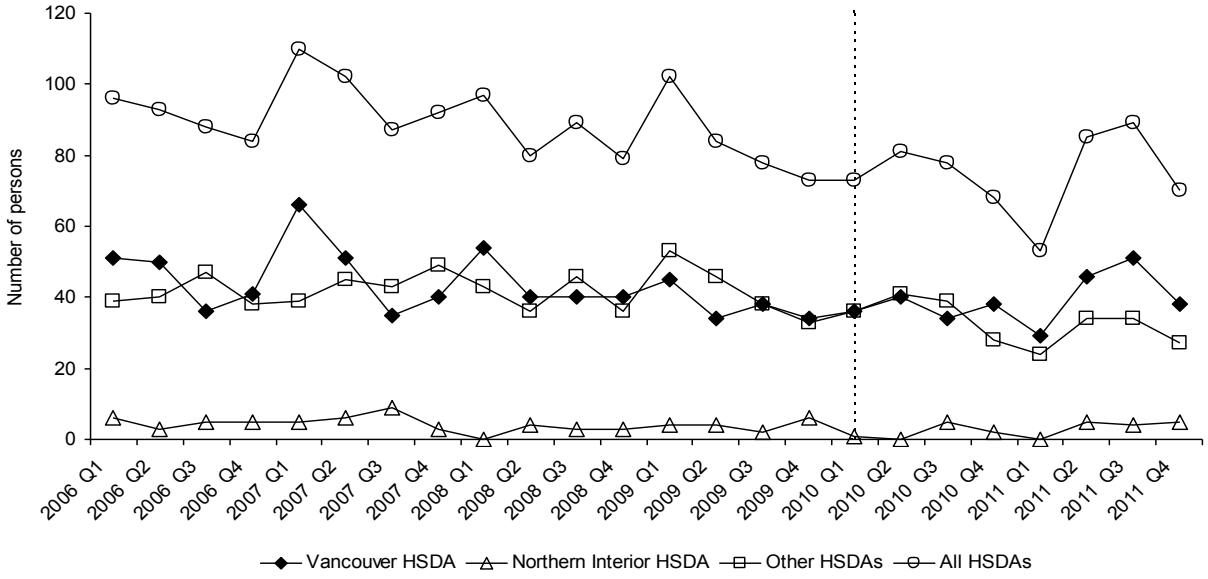


Figure 3.2 Number of new HIV diagnoses by HSDA – Allocated by ORDERING CLINICIAN

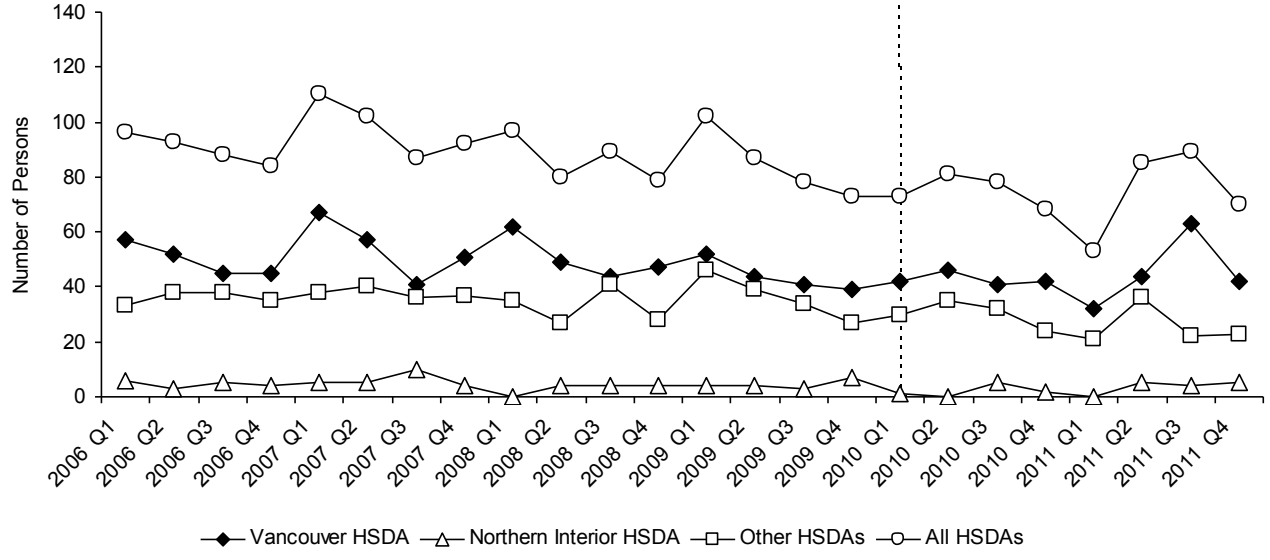


Figure 3.3 Number of new HIV diagnoses by gender, BC

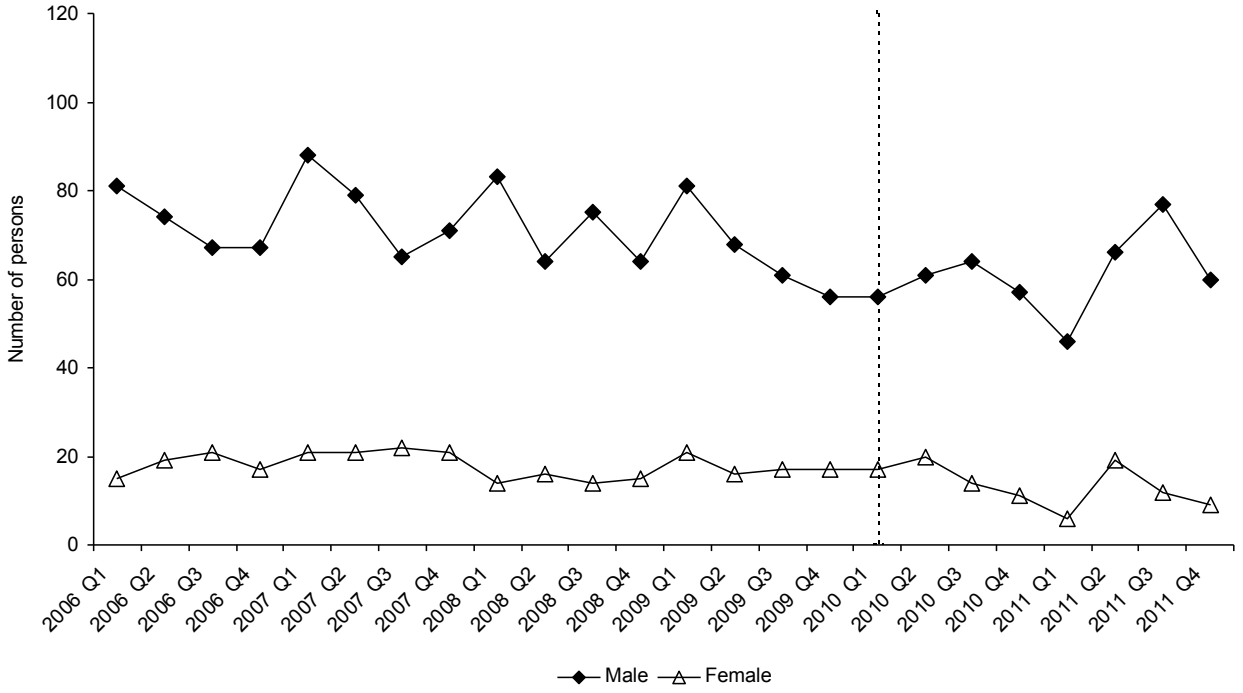
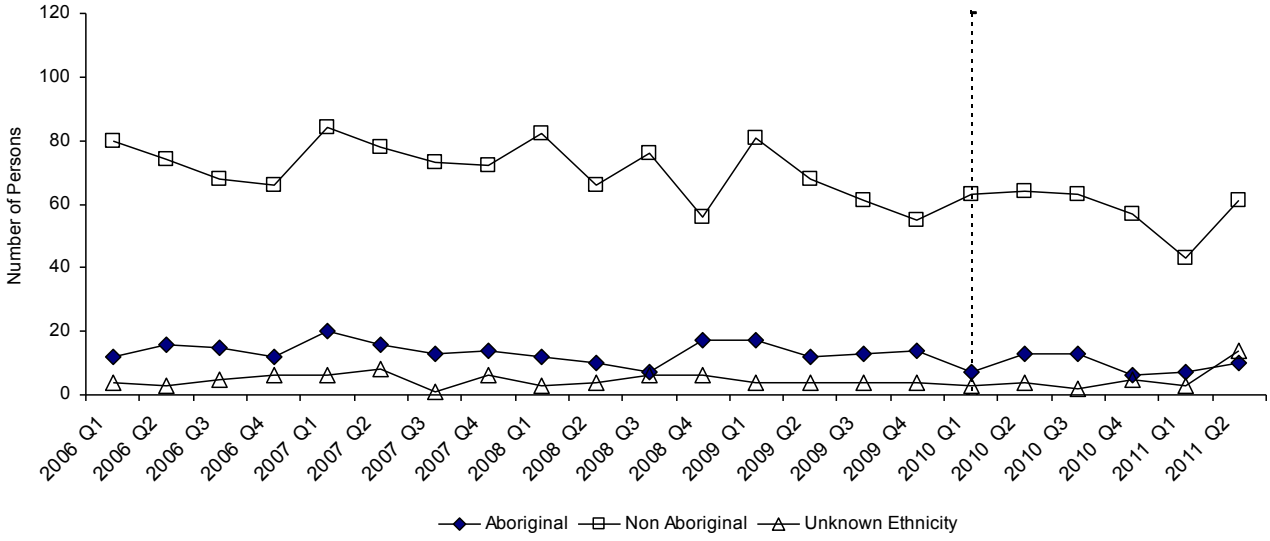


Figure 3.4 Number of new HIV diagnoses by Aboriginal status, BC



Indicator 3 Number of new HIV diagnoses

Interpretations & Comments	Allocation by Residence: The number of new HIV diagnoses per quarter in Vancouver HSDA decreased in 2011 Q4 and increased slightly in Northern Interior HSDA. In other HSDAs, the number of new diagnoses has also decreased; with decreases in the number of new diagnosis in BC for males and females. 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: 3.1 per 100,000 in 2010	NI: 0.0 per 100,000 in 2010

Figure 4.1 Rate of new AIDS case reports by HSDA

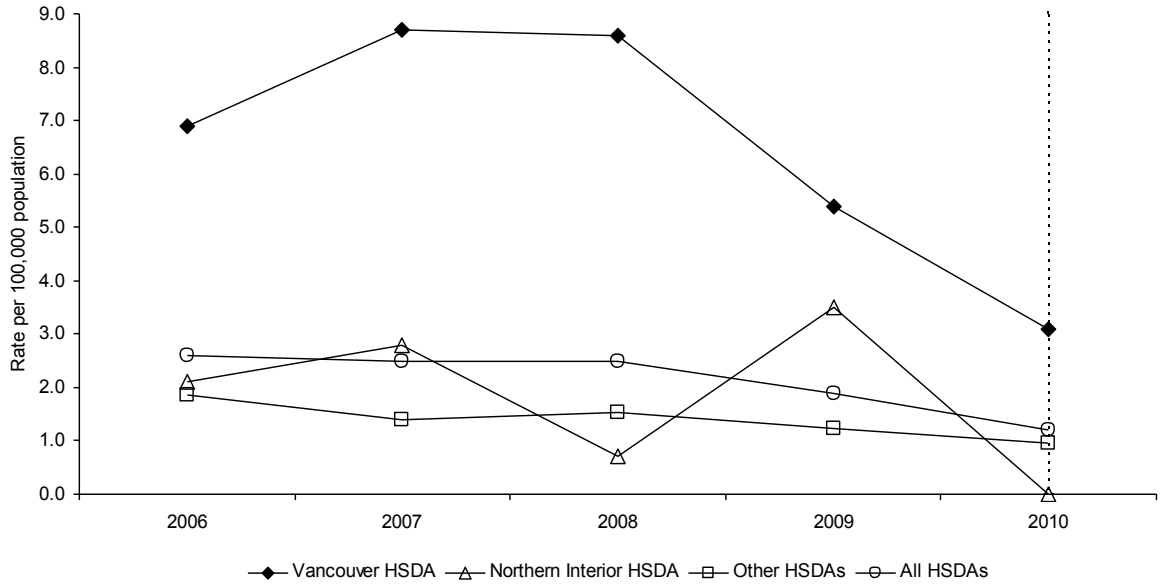
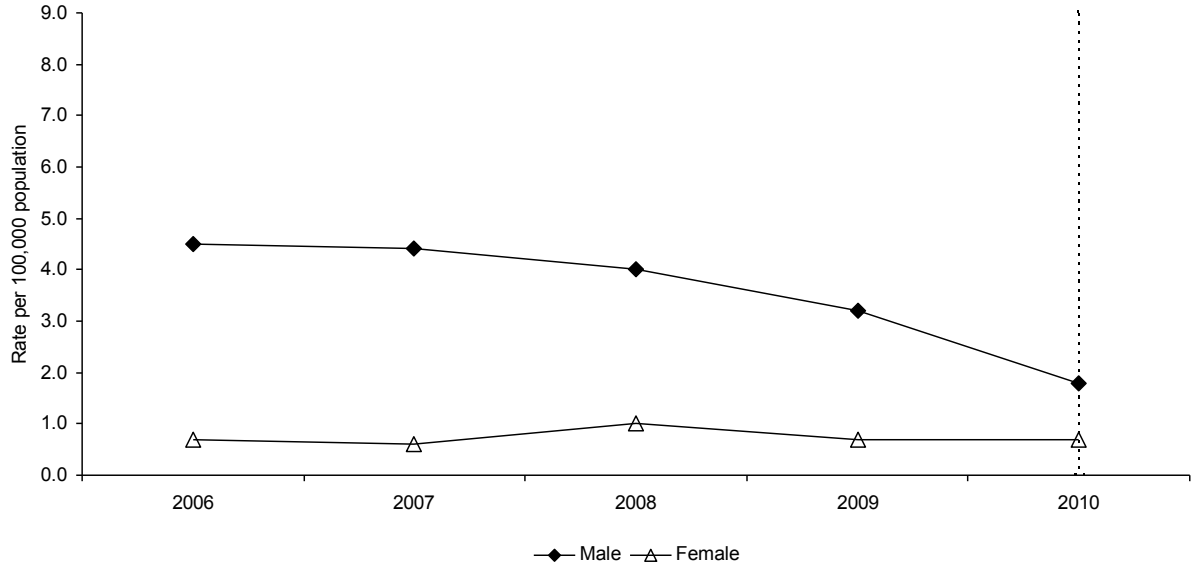


Figure 4.2 Rate of new AIDS case reports by gender, BC



Indicator 4 Rate of new AIDS case reports

Interpretations & Comments	In 2010, the rate of new AIDS case reports decreased in all HSDA's. The rate of new AIDS case reports in 2009 decreased for males and remained steady in 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: 0.33% in 2011 Q4	NI: 0.35% in 2011 Q4

Figure 5.1 Percentage positivity among persons tested for HIV by HSDA

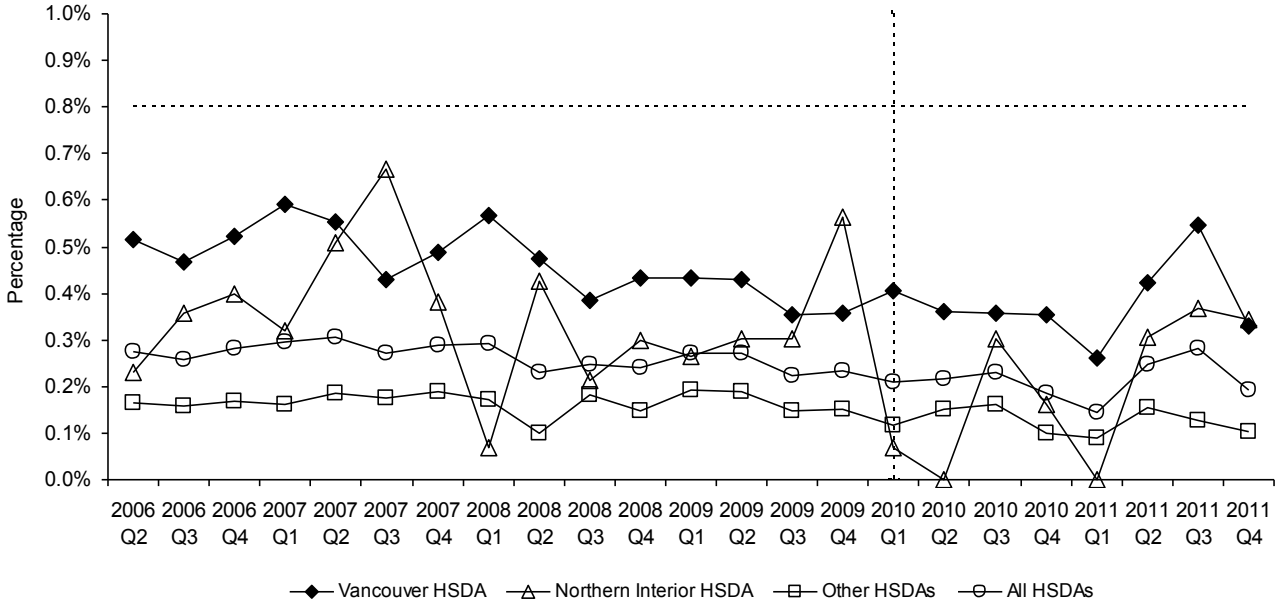
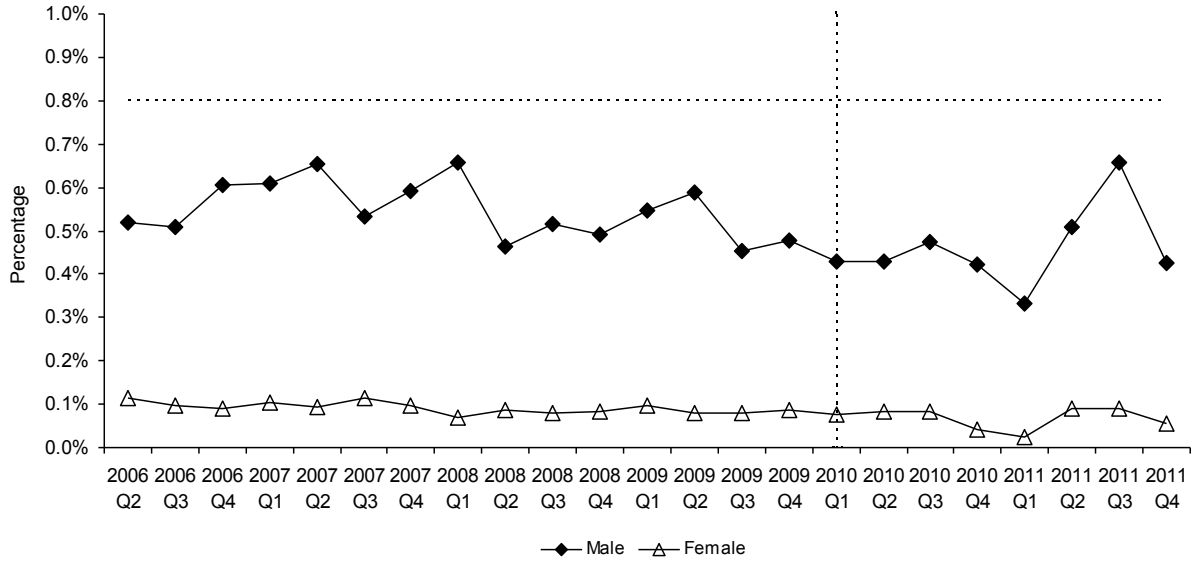


Figure 5.2 Percentage positivity among persons tested for HIV, by gender, BC



Indicator 5 Percentage positivity among persons tested for HIV

Interpretations & Comments	In 2011 Q4 the percentage positivity decreased in Vancouver and Northern Interior HSDA's, consistent with the overall decrease in number of new HIV diagnoses. Due to small numbers the trend in Northern Interior HSDA remains variable. The percentage positivity among males and females tested for HIV in 2011 Q3 decreased.
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: 80.7% in 2011 Q4	NI: 84.6% in 2011 Q4

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

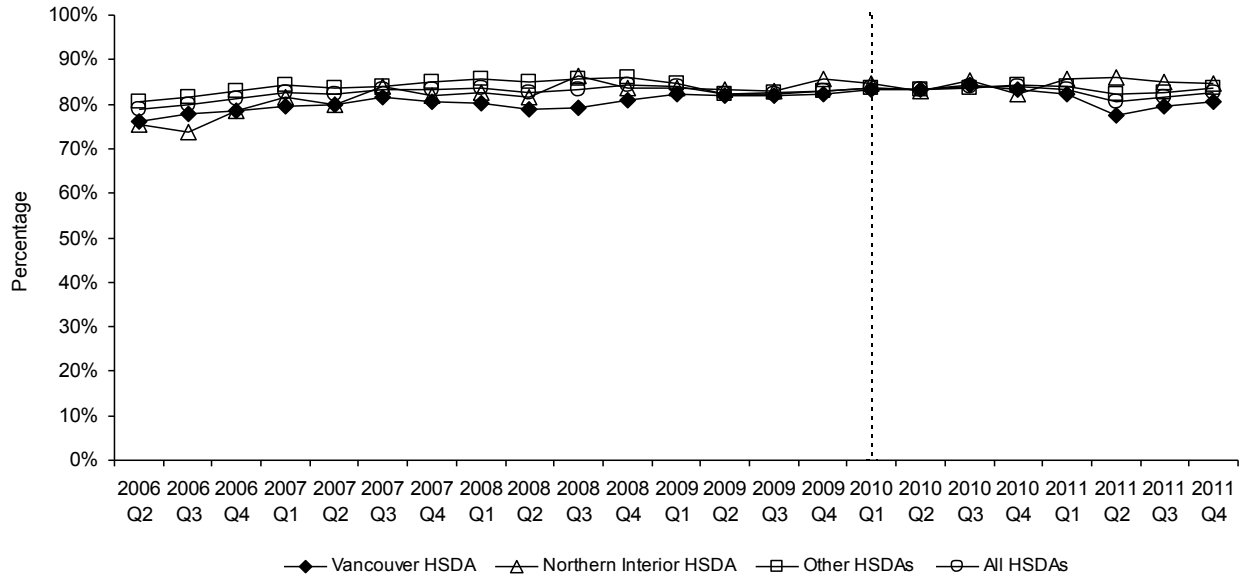


Figure 6a.2 Proportion of individuals tested for syphilis who are tested for HIV at the same clinical encounter by HSDA – Males

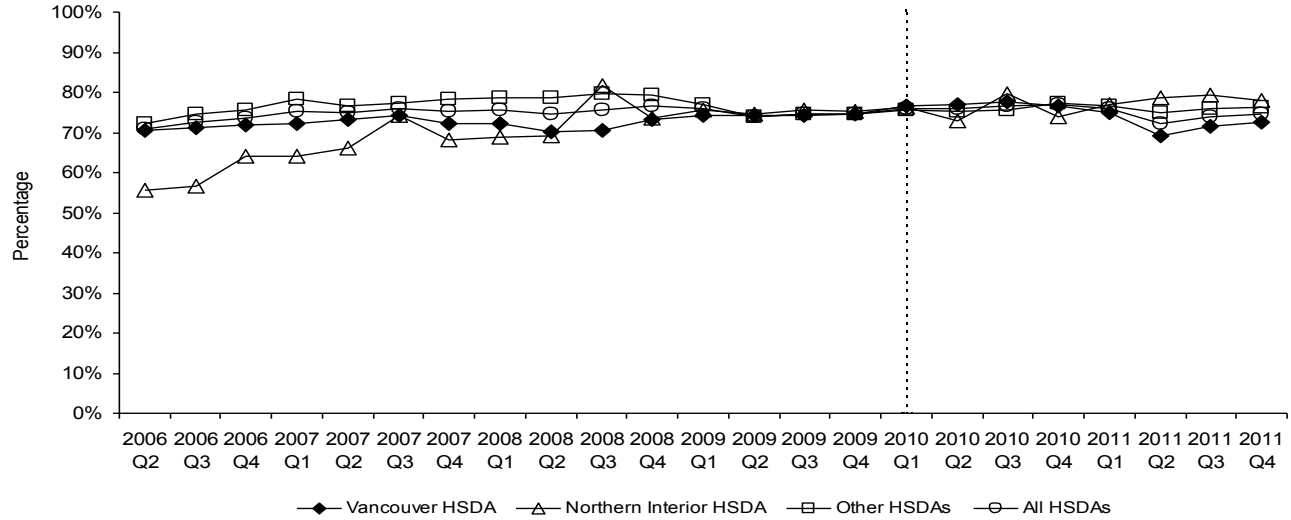
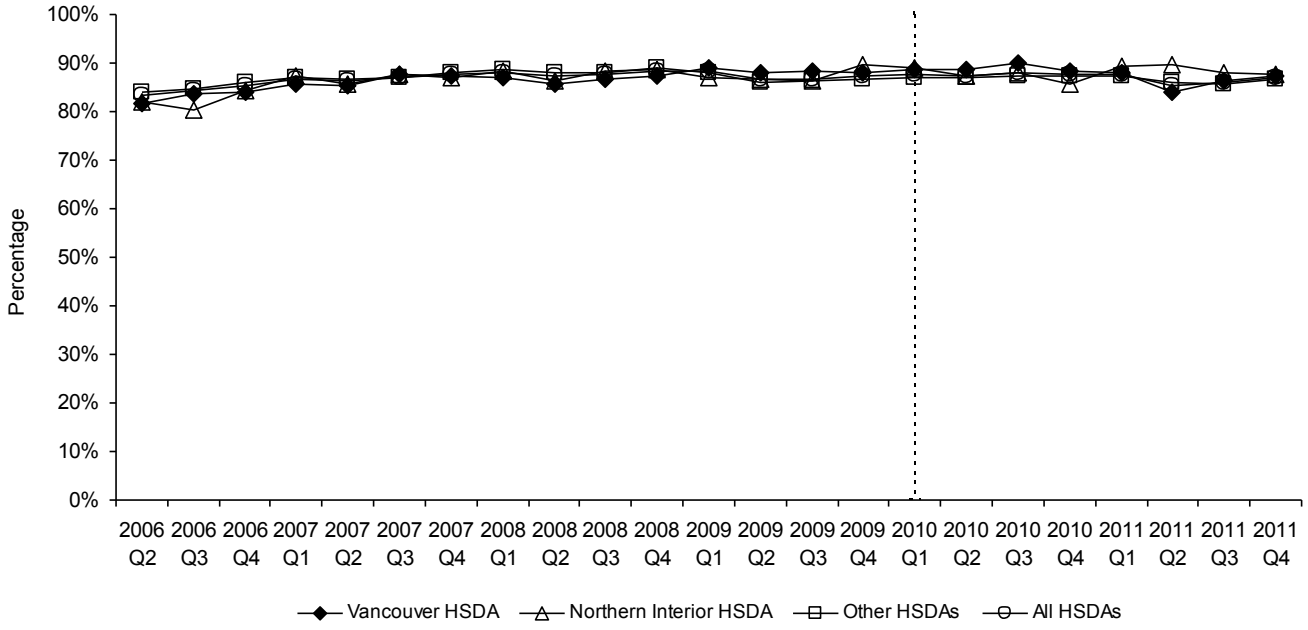


Figure 6a.3 Proportion of individuals tested for syphilis who are tested for HIV at the same clinical encounter by HSDA – Females



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: 37.1% in 2011 Q4	NI: 24.4% in 2011 Q4

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

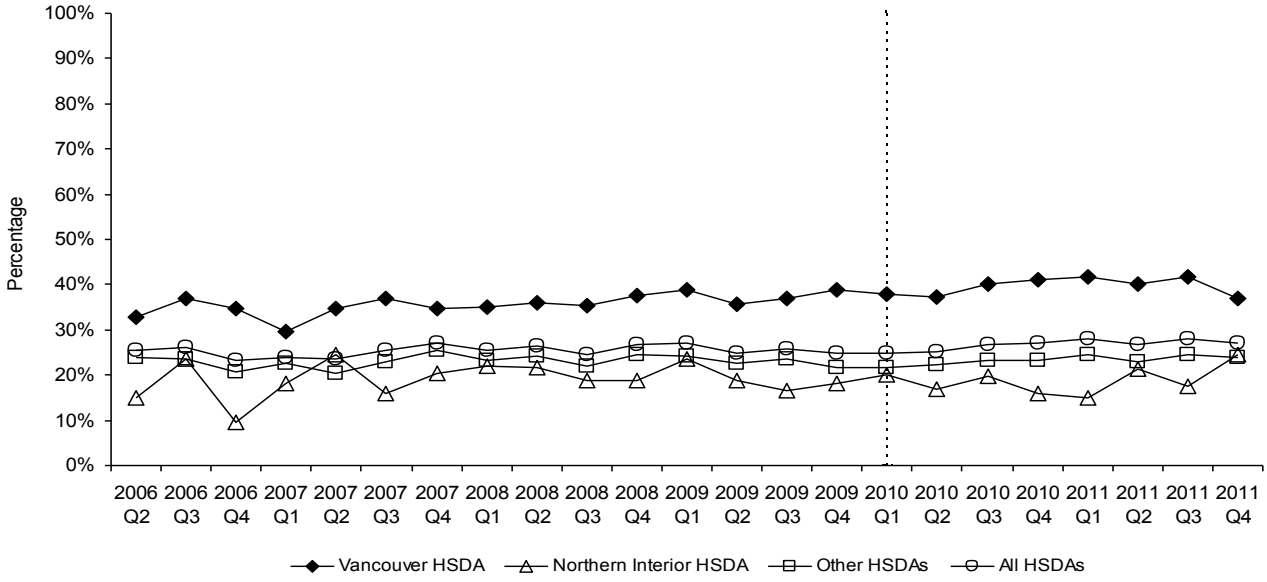


Figure 6b.2 Proportion of individuals with a new STI diagnosis who are tested for HIV within 3 months of STI diagnosis – Males

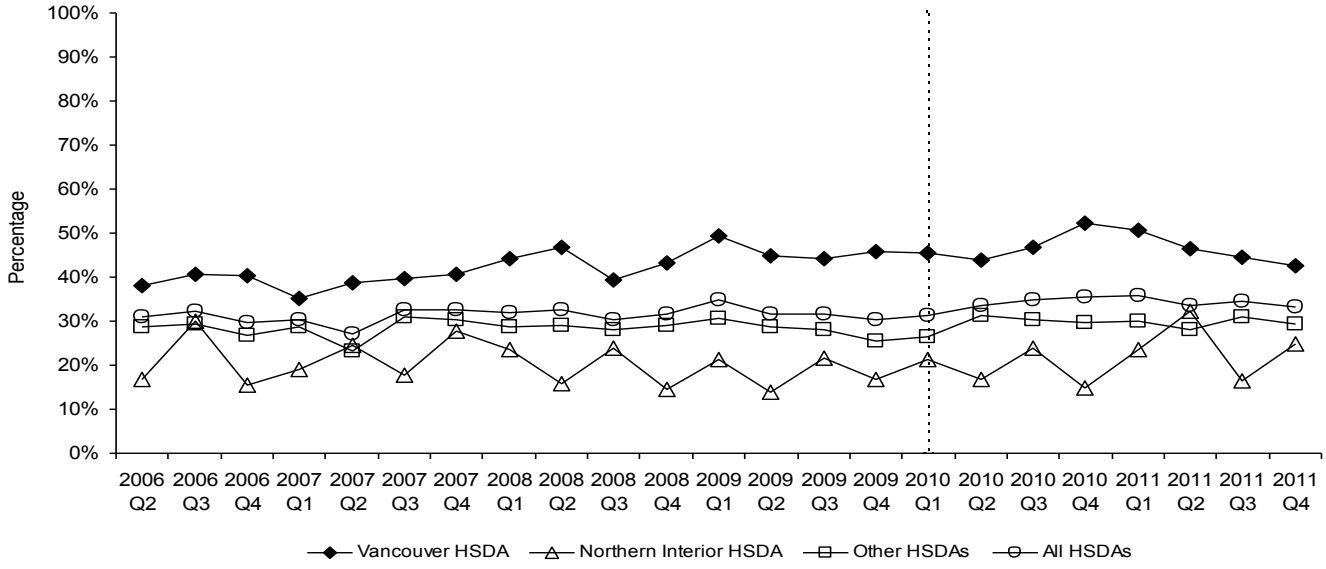
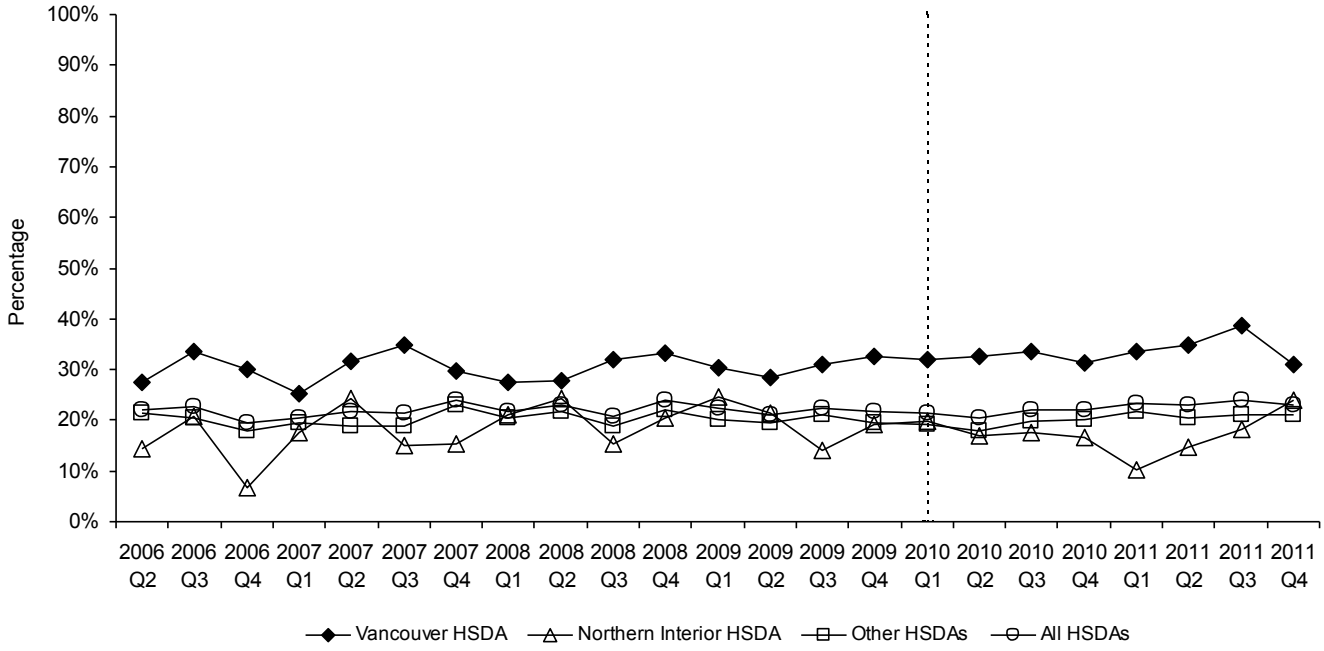


Figure 6b.3 Proportion of individuals with a new STI diagnosis who are tested for HIV within 3 months of STI diagnosis – Females



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 has remained steady in Vancouver HSDA and Other HSDA's, and increased in Northern Interior HSDA. Similar trends are observed for females; however proportions decreased for males in Vancouver. 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: 62.2% 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

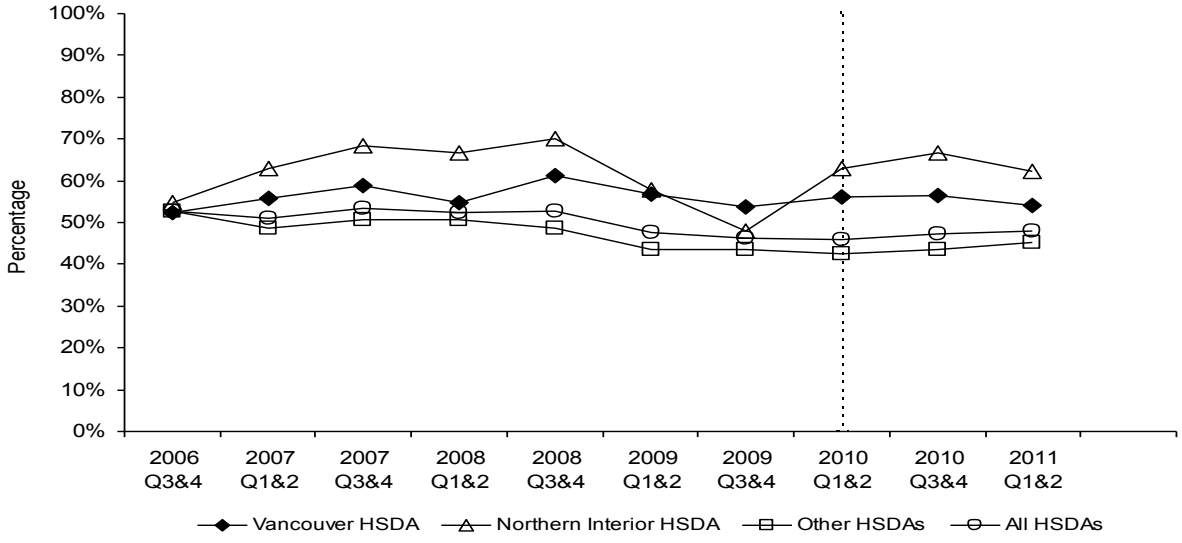


Figure 7.2 Proportion of individuals with a new HCV diagnosis who are tested for HIV within three months of HCV diagnosis by HSDA – Males

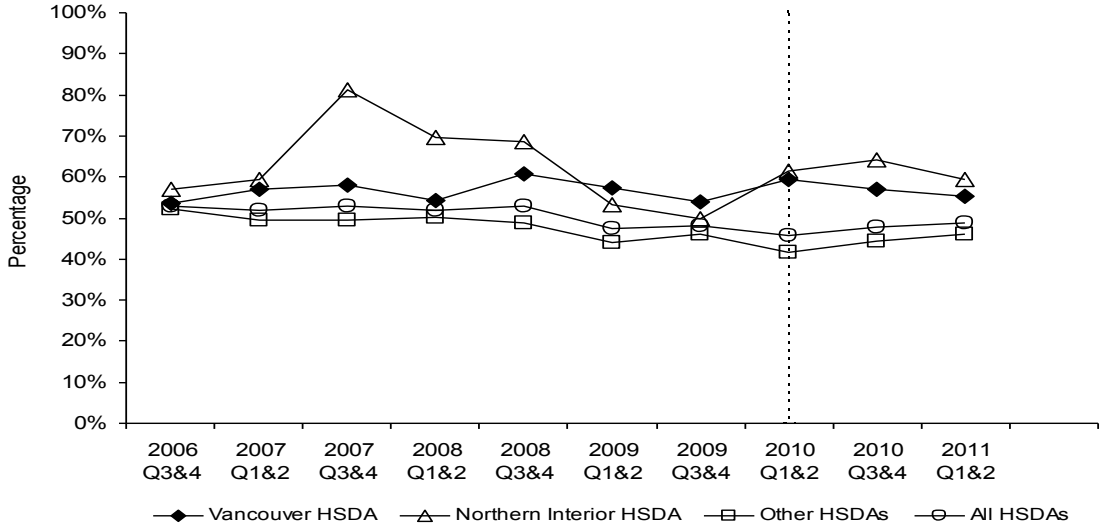
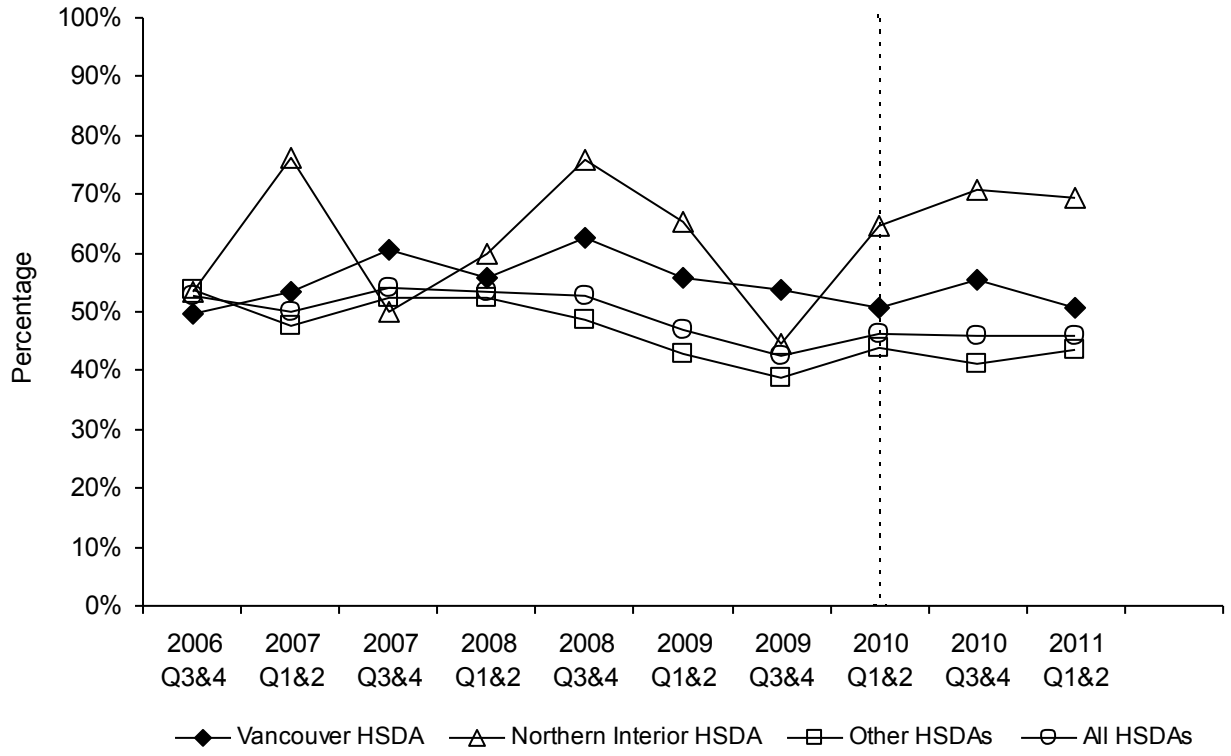


Figure 7.3 Proportion of individuals with a new HCV diagnosis who are tested for HIV within three months of HCV diagnosis by HSDA – Females



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: 8.1% in 2010	NI: 0.0% in 2010

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

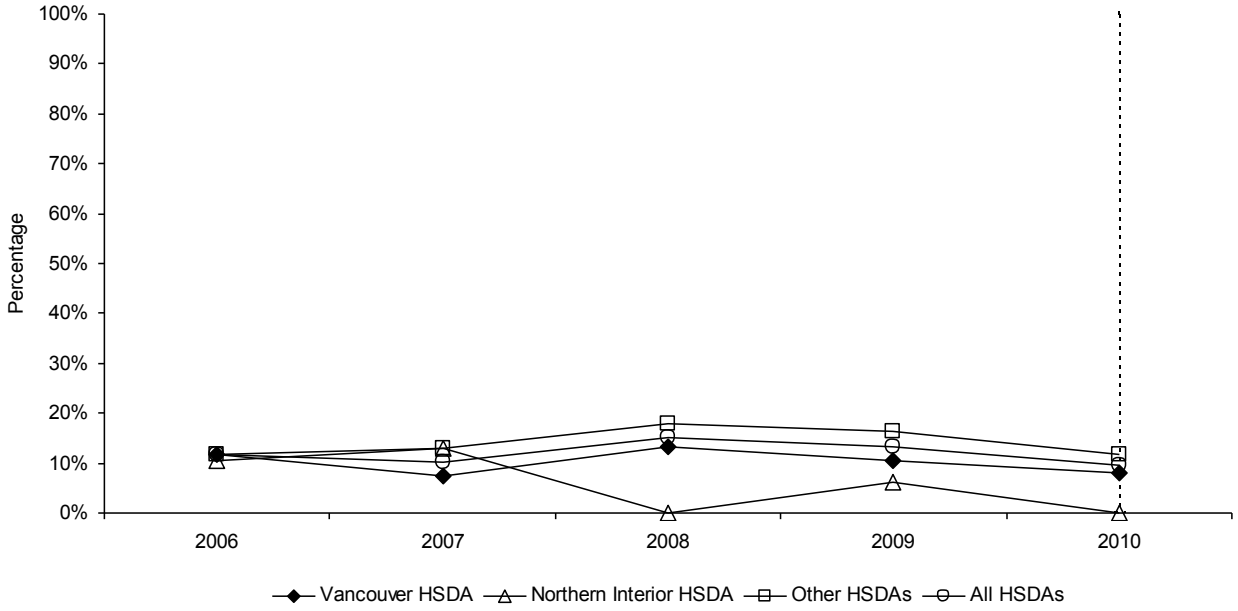


Figure 9.2 Proportion of individuals with a new HIV diagnosis with advanced HIV disease by gender, BC

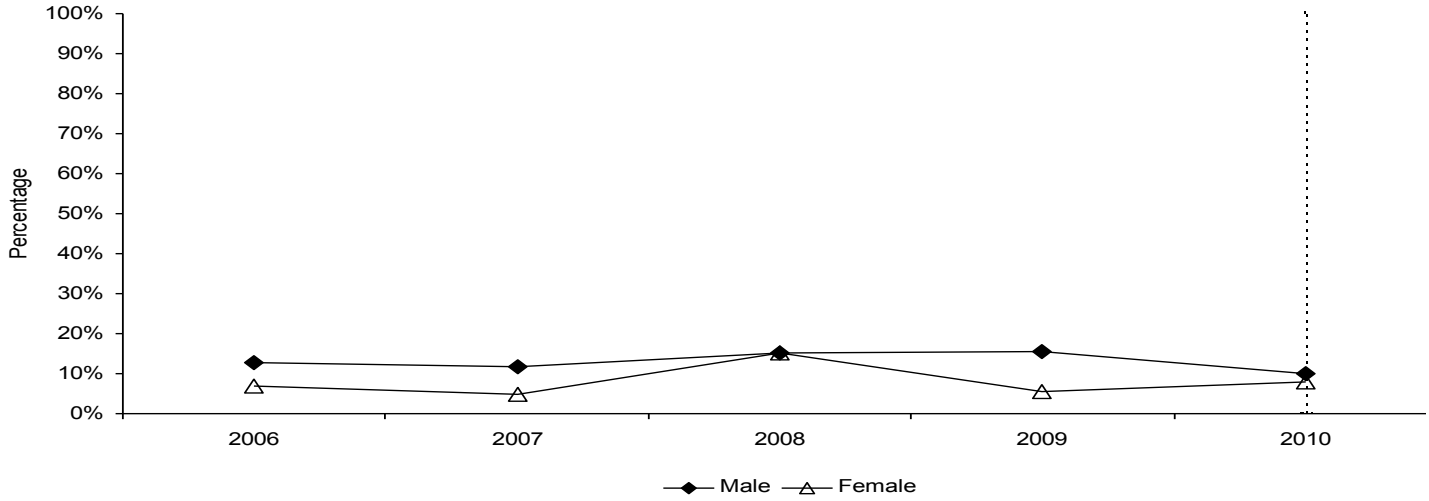
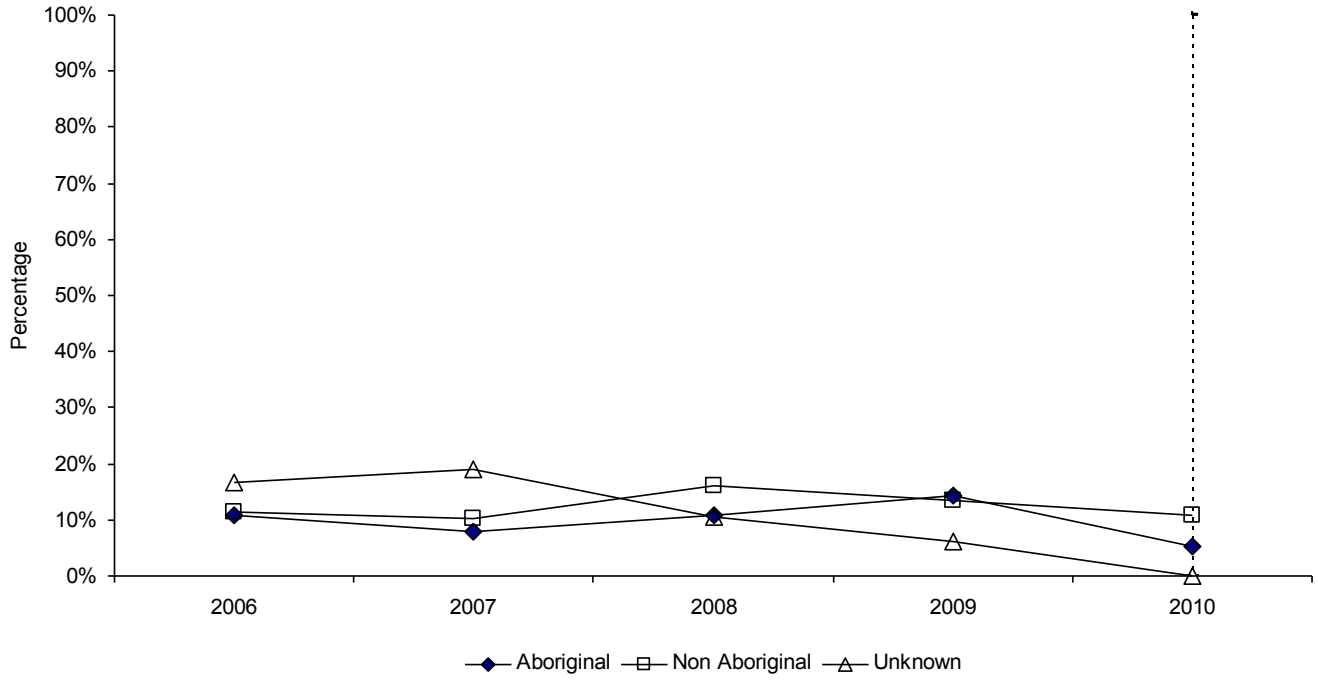


Figure 9.3 Proportion of individuals with a new HIV diagnosis with advanced HIV disease by Aboriginal status, BC



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

Interpretations & Comments	In 2010, 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 decreased slightly in 2010 and remained variable for females.
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: 11.5 % in 2010	NI: 0.0% in 2010

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

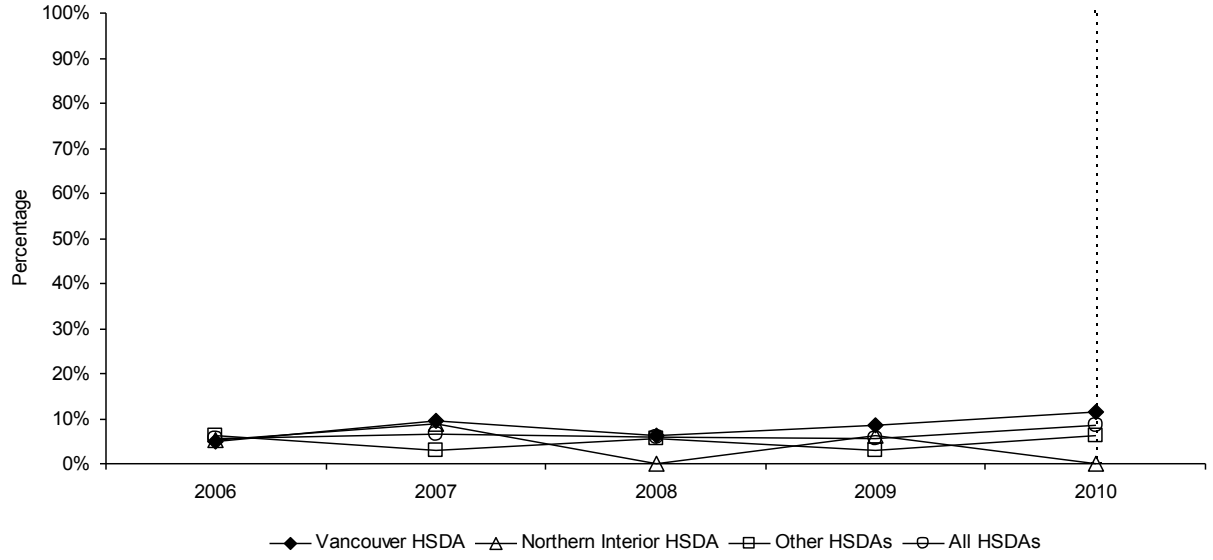


Figure 11.2 Proportion of individuals with a new HIV diagnosis with acute HIV infection by gender, BC

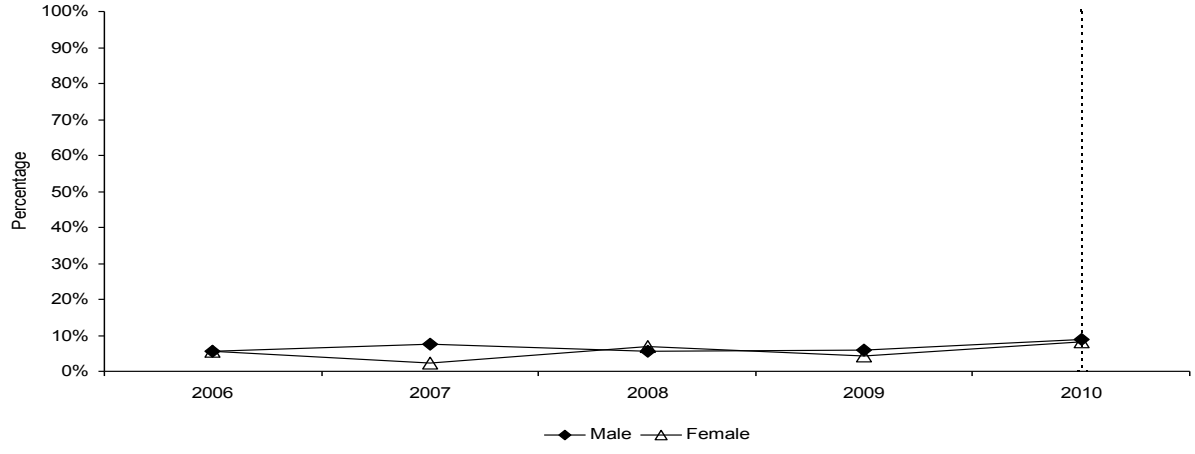
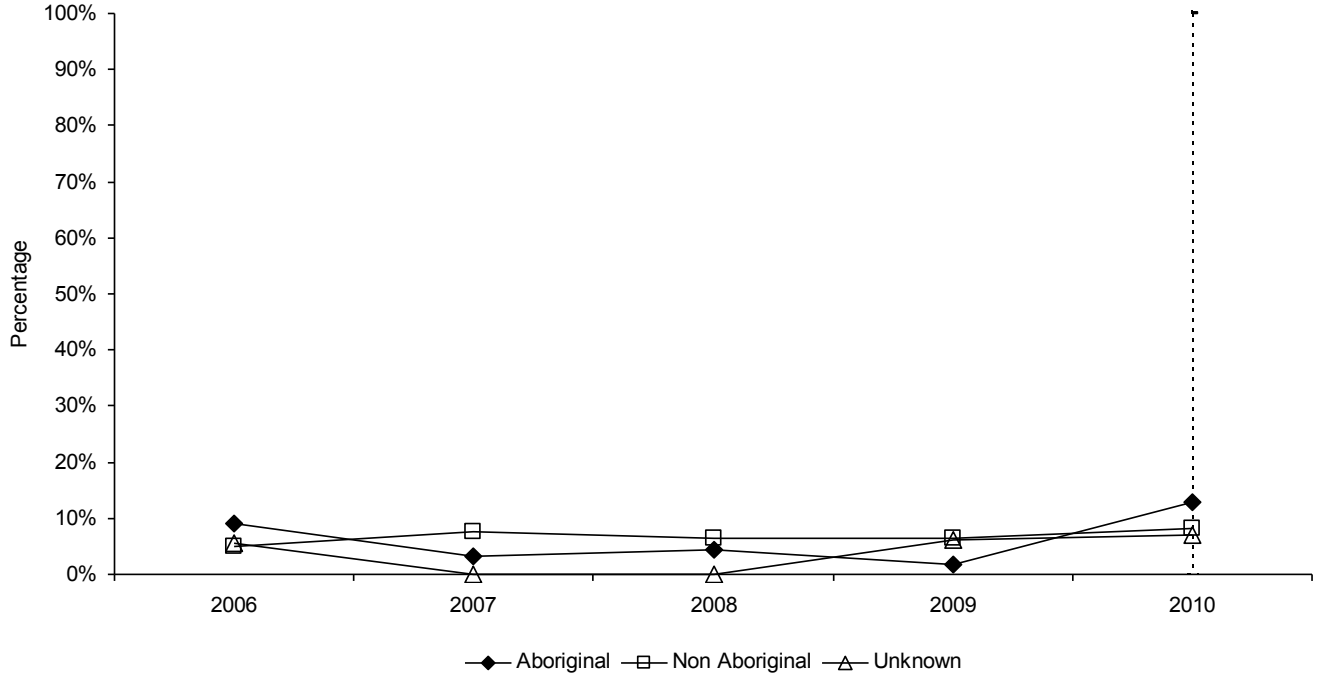


Figure 11.3 Proportion of individuals with a new HIV diagnosis with acute HIV infection by Aboriginal status, BC



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 females and males. After decreasing since 2006, the proportion for Aboriginal persons increased in 2011.
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: 12.07%	NI: 33.33%

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

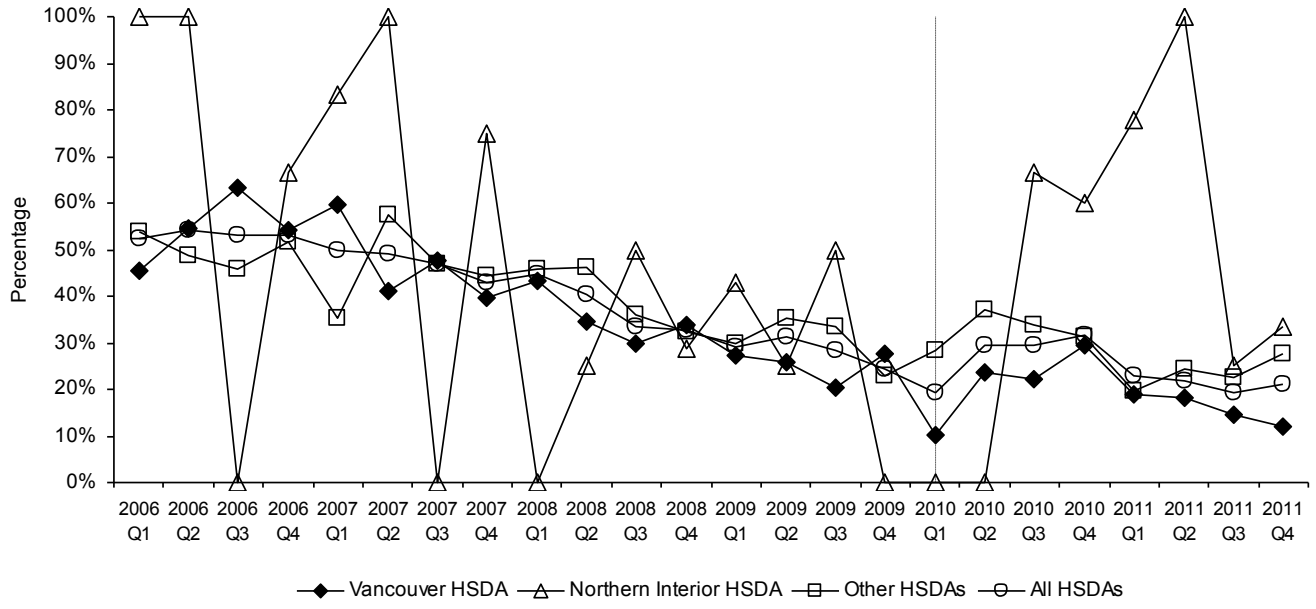
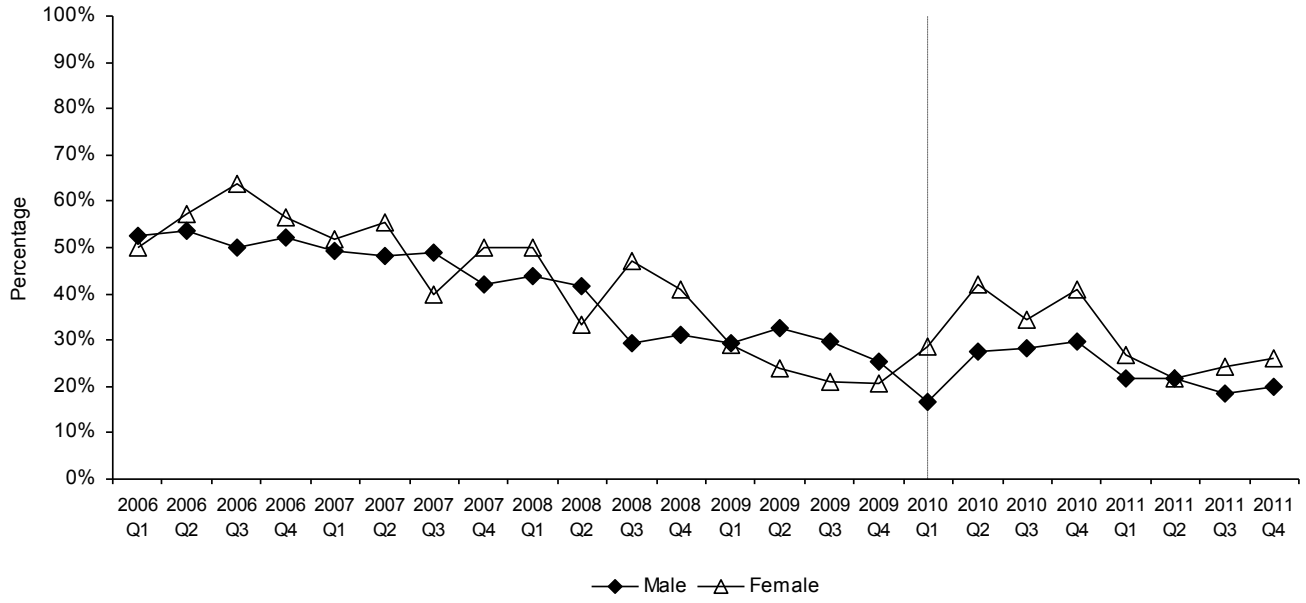


Figure 14.2 Proportion of individuals starting antiretroviral therapy (ART) late in the course of HIV disease by gender



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 course of 2011 this decline has continued in Vancouver HSDA while rates appear more stable or increasing slightly within other HSDA. NI continues to experience large fluctuations associated with the small sample size. 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

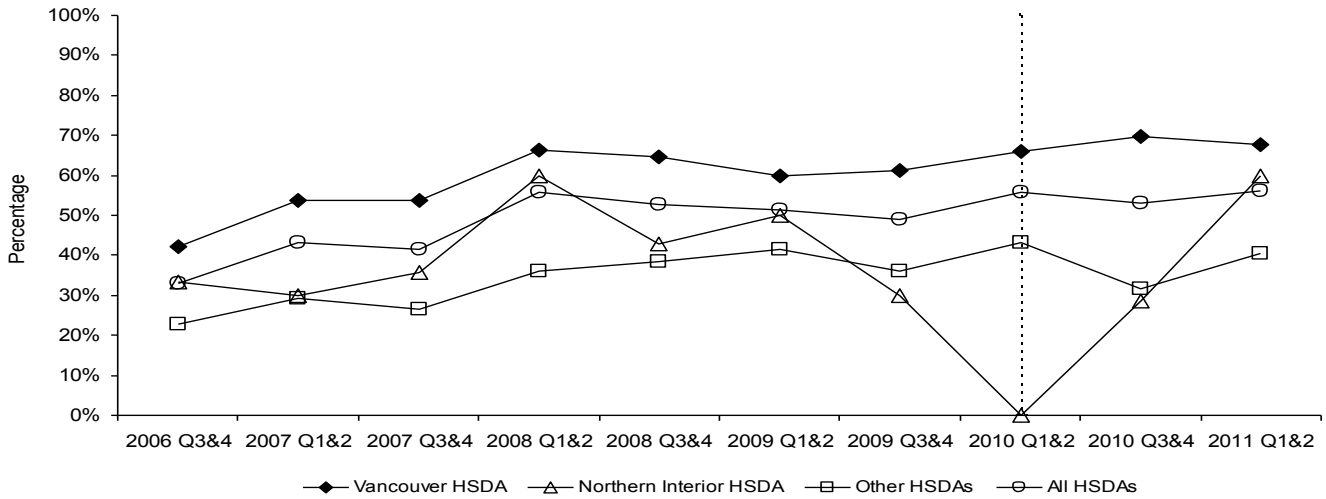


Figure 18.2 Proportion of individuals with a new HIV diagnosis who are tested for syphilis within 3 months of HIV diagnosis by HSDA – Males

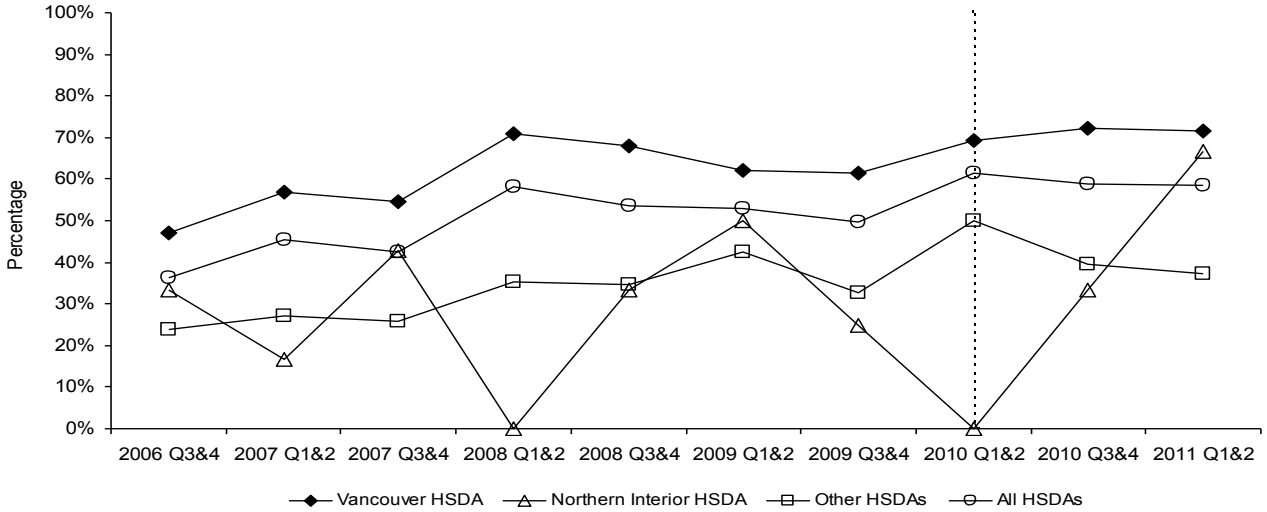


Figure 18.3 Proportion of individuals with a new HIV diagnosis who are tested for syphilis within 3 months of HIV diagnosis by HSDA – Females

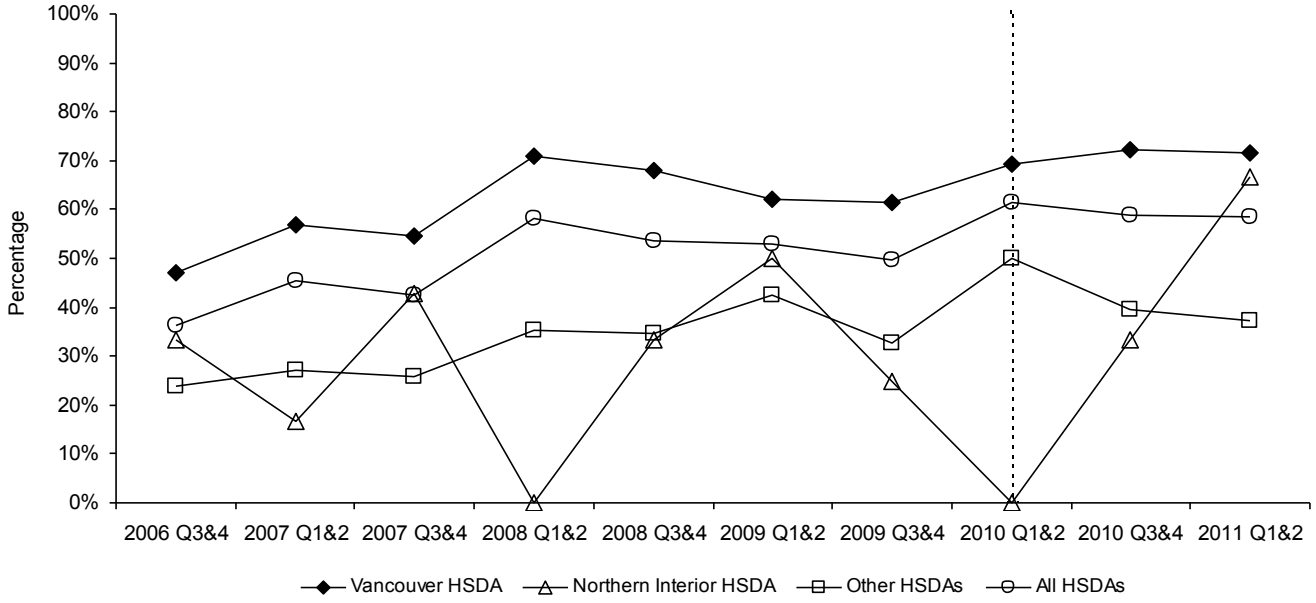
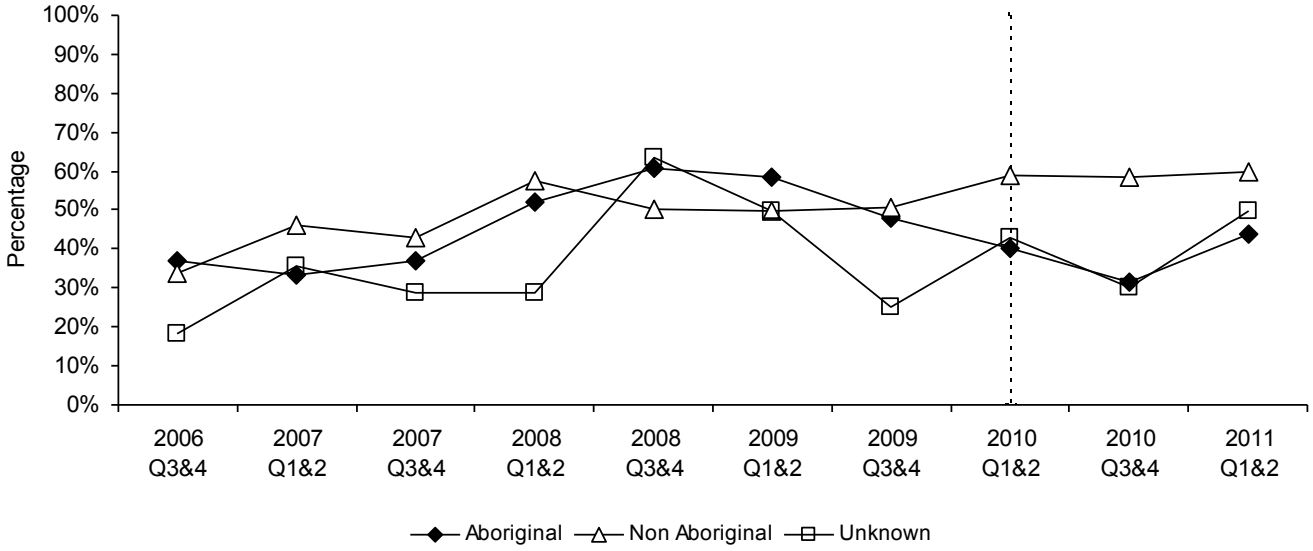


Figure 18.4 Proportion of individuals with a new HIV diagnosis who are tested for syphilis within 3 months of HIV diagnosis by HSDA – by Aboriginal status



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: 84.48%	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

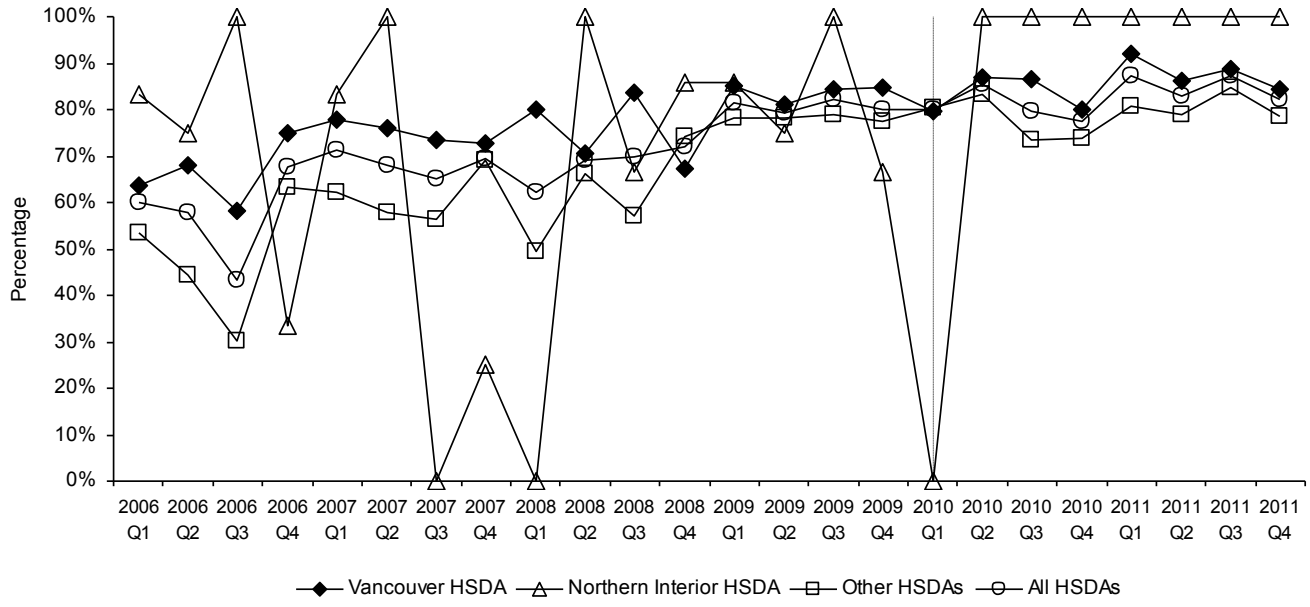
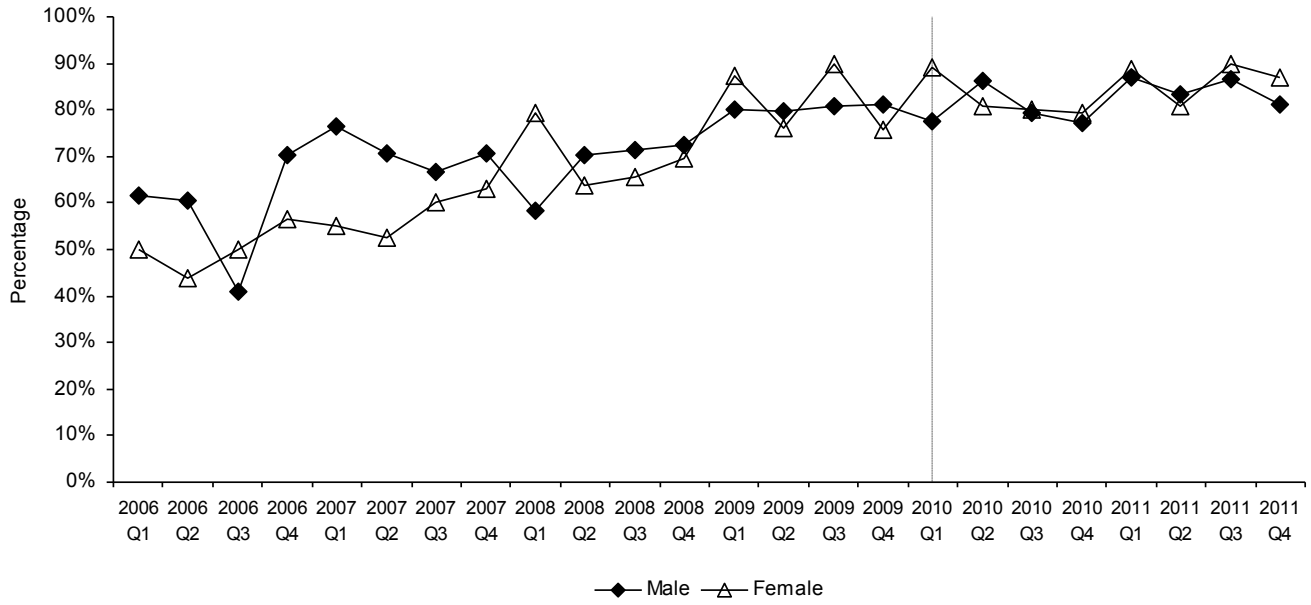


Figure 21.2 Percentage of HIV-infected individuals who are tested for genotypic antiretroviral drug resistance prior to starting antiretroviral therapy (ART) by gender



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 throughout 2011. The overall trend is towards convergence among HSDA at rates near goal levels 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: 83.78%	NI: 44.44%

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

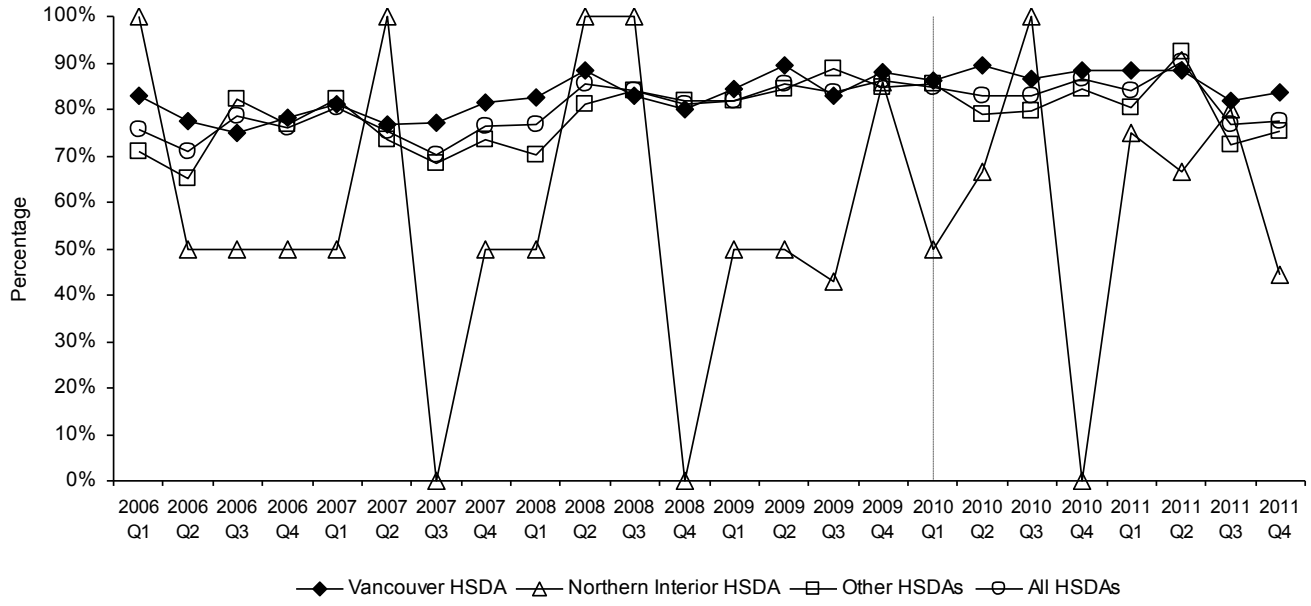
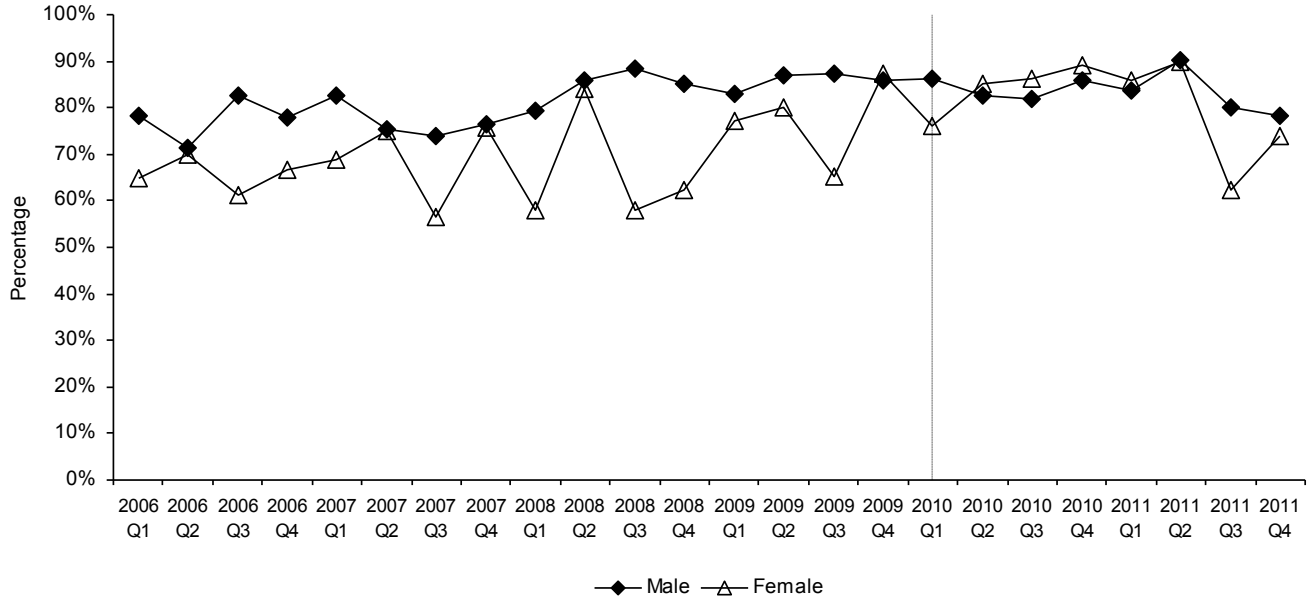


Figure 22.2 Percentage of individuals starting ART who achieve HIV plasma viral load (pVL) of < 200 copies/mL within nine months of therapy initiation by gender



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 although the past quarter has seen some stabilization of rates with the exception of NI. Rates for women, while experiencing greater variation by quarter have rebounded to the levels seen among men in the last quarter of 2011. In general rates for women fluctuate more widely and this is born out in the observed last quarter of 2011.
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: 67.50%	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

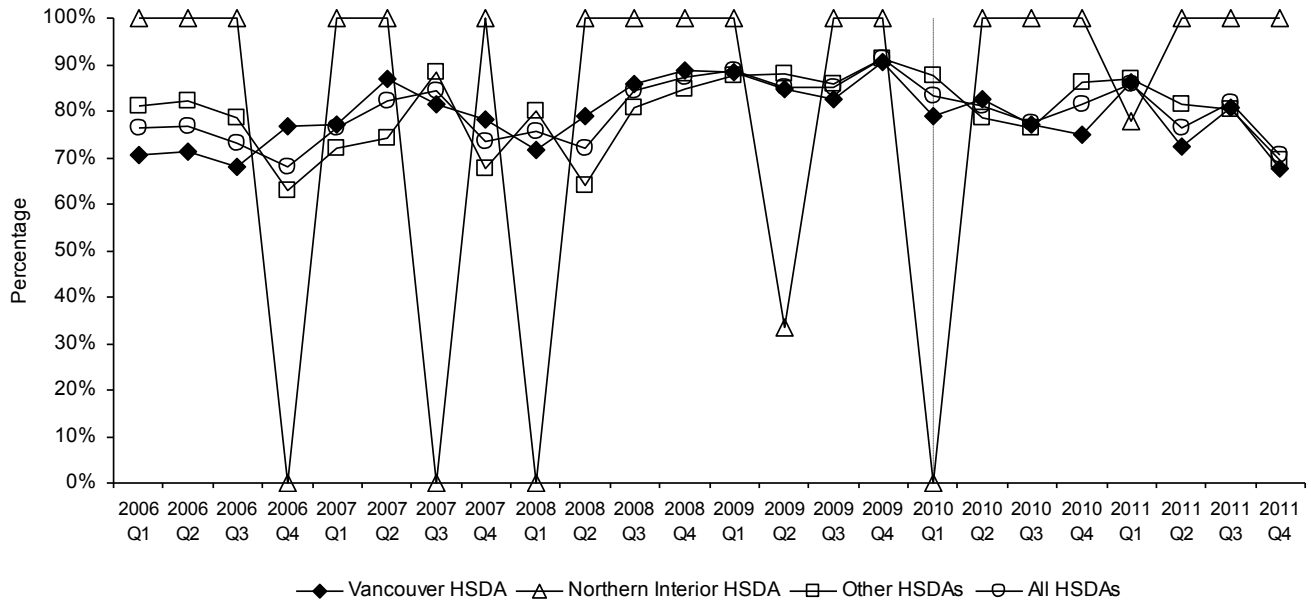
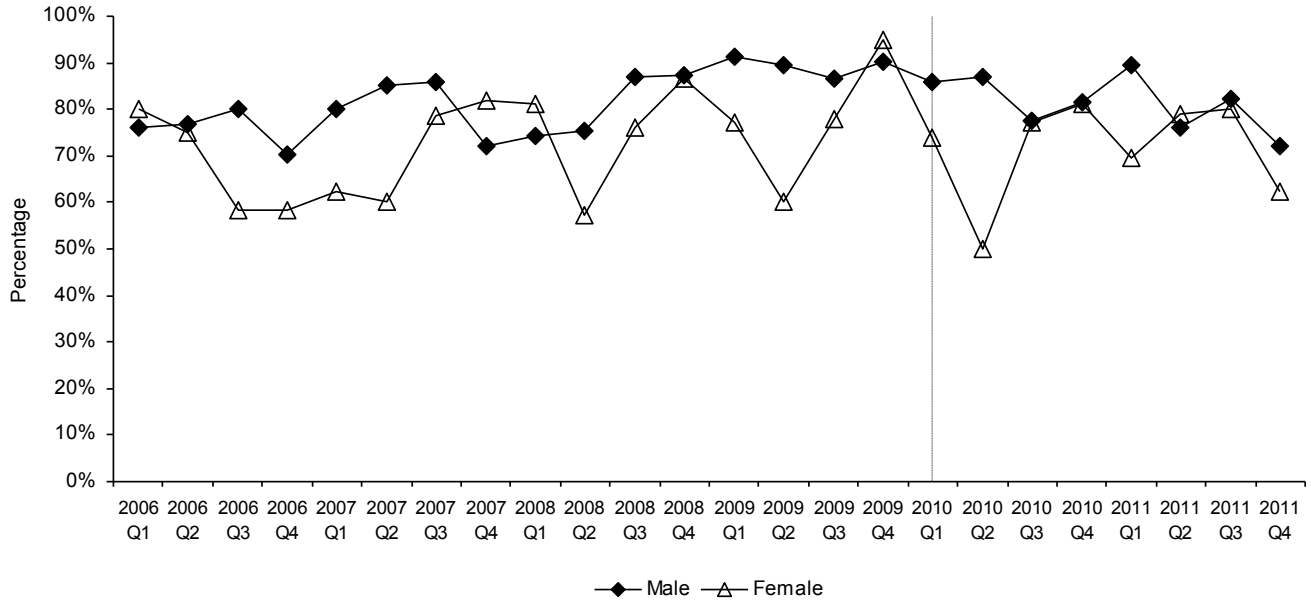


Figure 23.2 Percentage of individuals who initiated antiretroviral therapy (ART) with a recommended therapy regimen (among those with no drug resistance) by gender



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 a significant decline to 68% from last quarter's rate of 82% although NI exceeds set goals with a continued rate of 100%. The decline seen in other HSDAs, while not outside of the general range observed over the past 2 years should be monitored closely. 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: 76.29%	NI: 49.51%

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

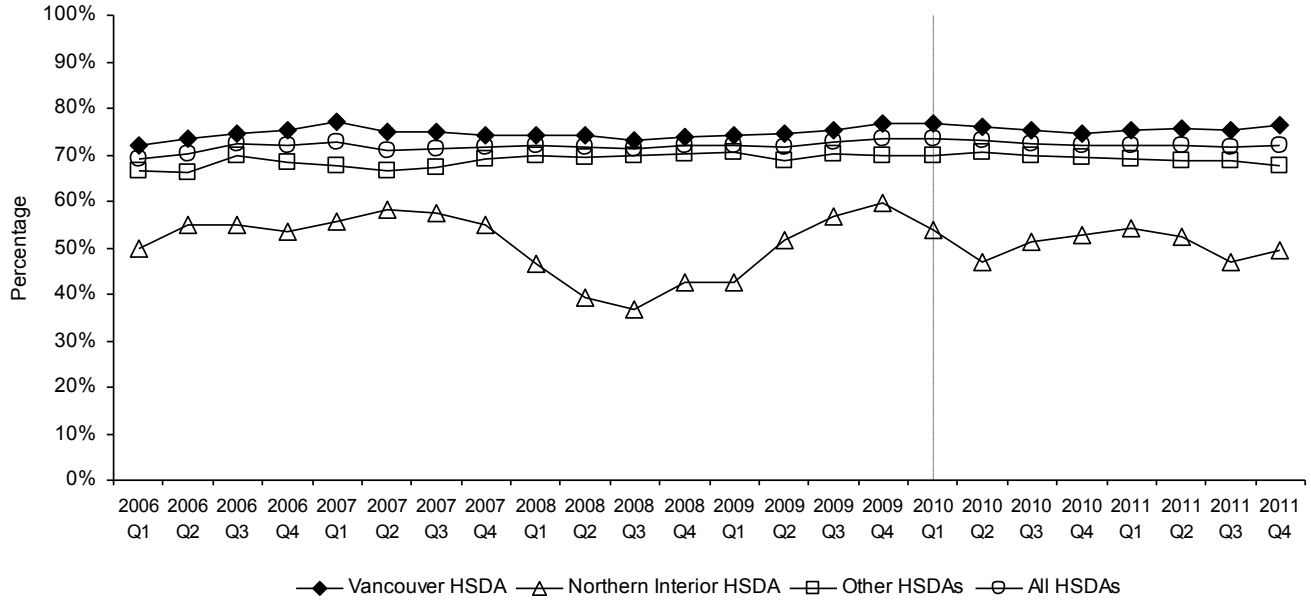
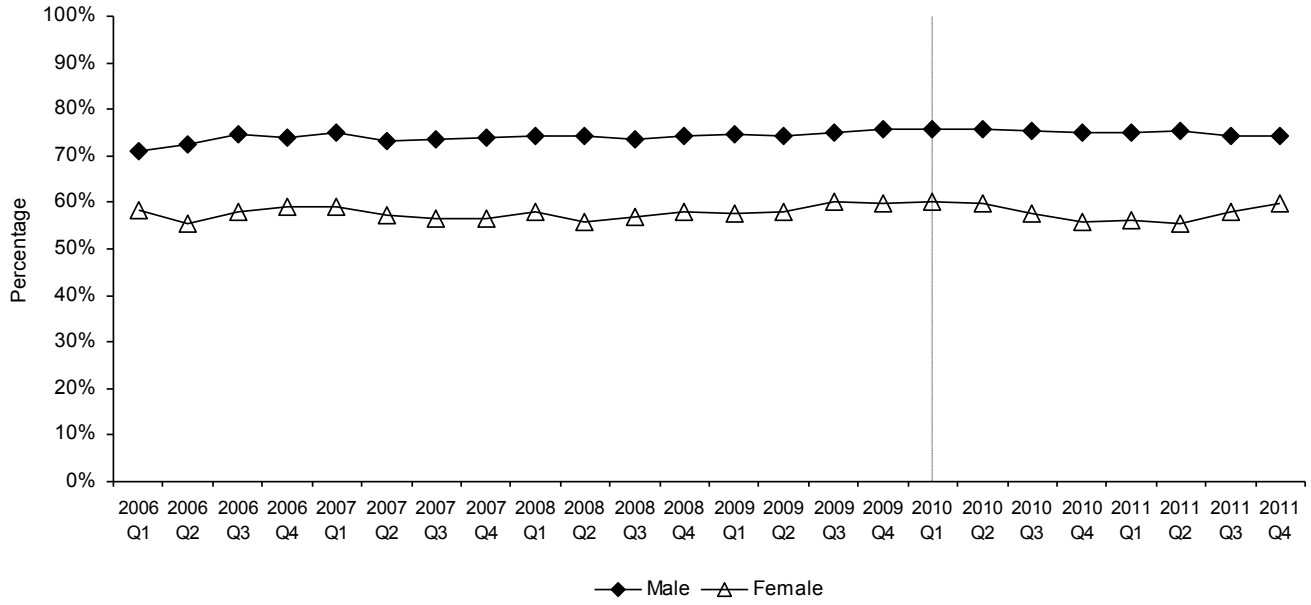


Figure 24.2 Percentage of individuals on antiretroviral therapy (ART) that achieve annual prescription refill adherence of >95% by gender



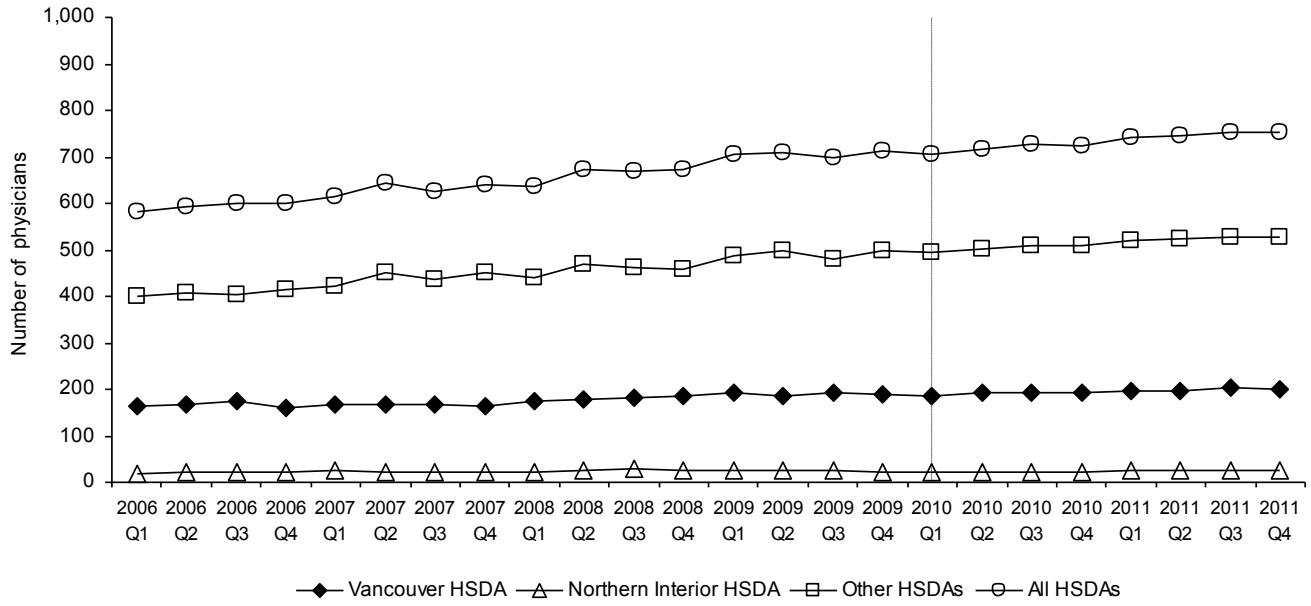
Indicator 24: Percentage of individuals on antiretroviral therapy (ART) that achieve annual prescription refill adherence of >95%

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 although this gap appears to be closing slightly.
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: 24

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: 0.06%	NI: 0.00%

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

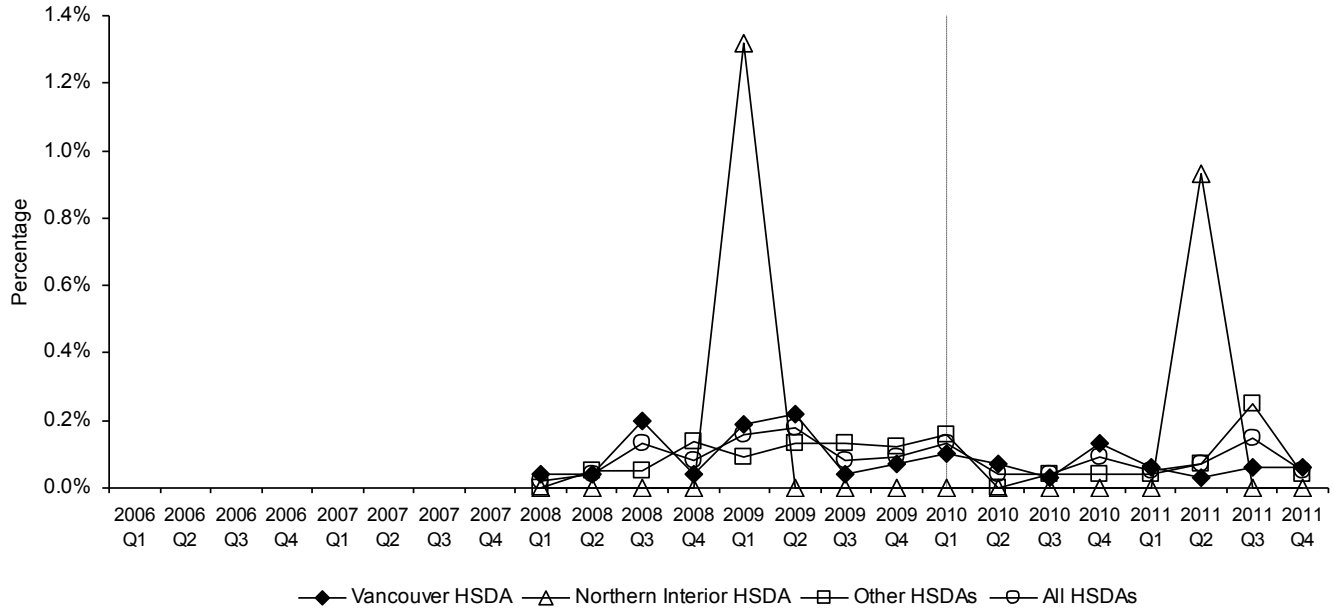
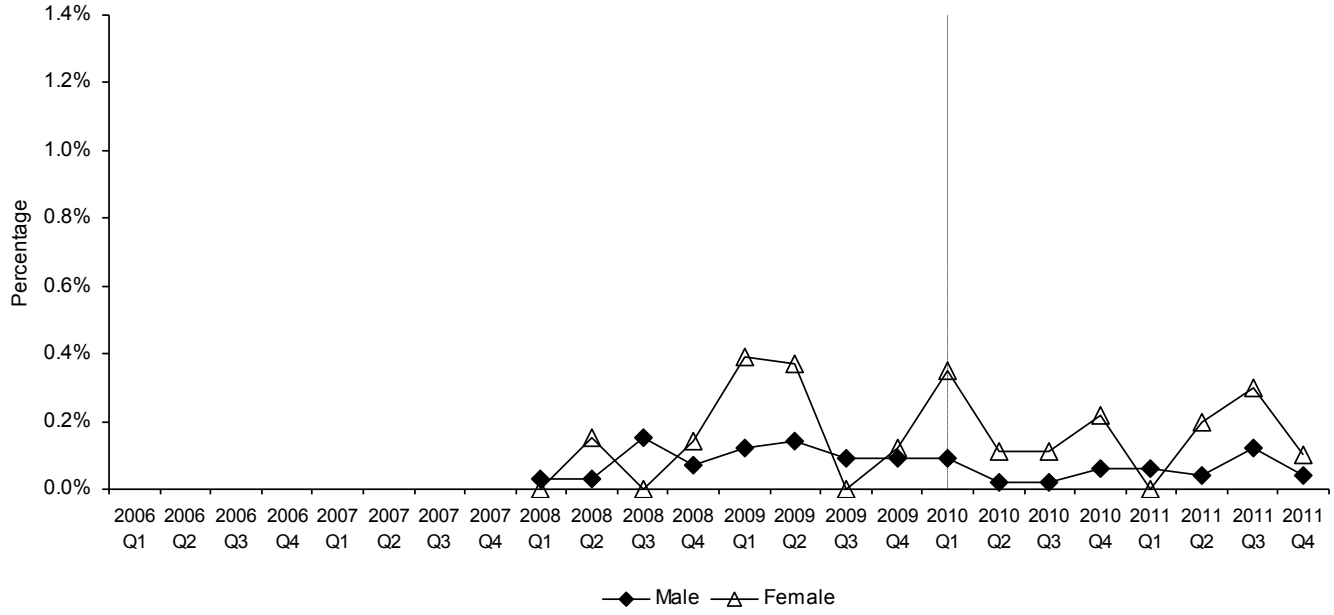


Figure 26.2 Percentage of individuals on antiretroviral therapy (ART) who experience a serious adverse drug reaction (ADR) by gender



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, with the increase noted in quarter 3 resolved and a reversion to more typical levels. While women may experience (or their physicians report) greater rates of ADR this gap closed in the past quarter of 2011. 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 in comparative quarterly rates.
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: 0.04%	NI: 0.32%

Figure 28.1 Incidence of resistance to any antiretroviral drug by HSDA

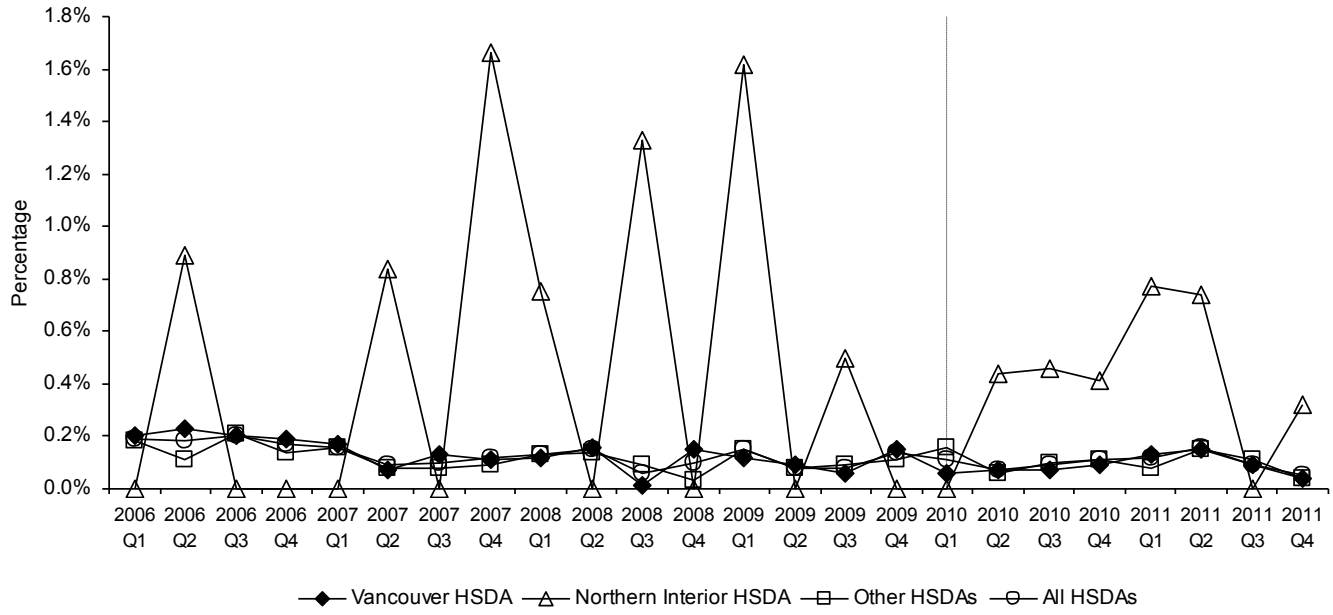
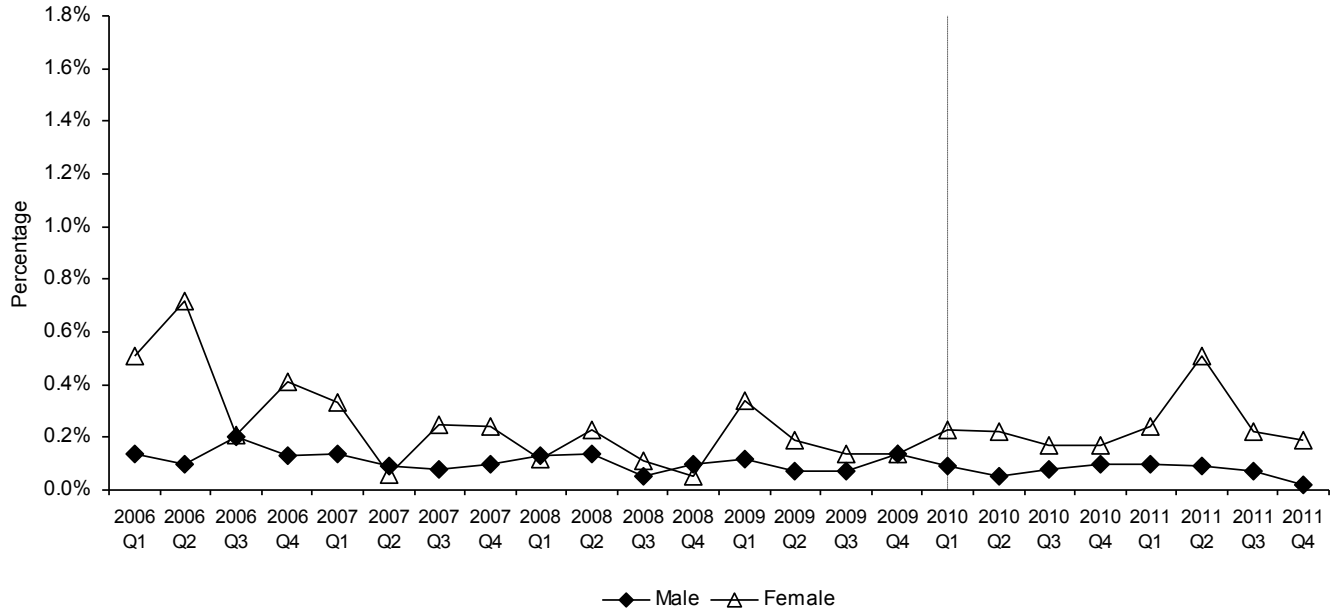


Figure 28.2 Incidence of resistance to any antiretroviral drug by gender



Indicator 28: Incidence of resistance to any antiretroviral drug

Interpretations & Comments	All HSDA have consistently low rates of incident drug resistance throughout 2010/2011 with a record low level in all but the NI over the last quarter. The slightly higher rates among women observed historically has resolved to a large degree in the past two quarters.
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: 3.33%	NI: 4.88%

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

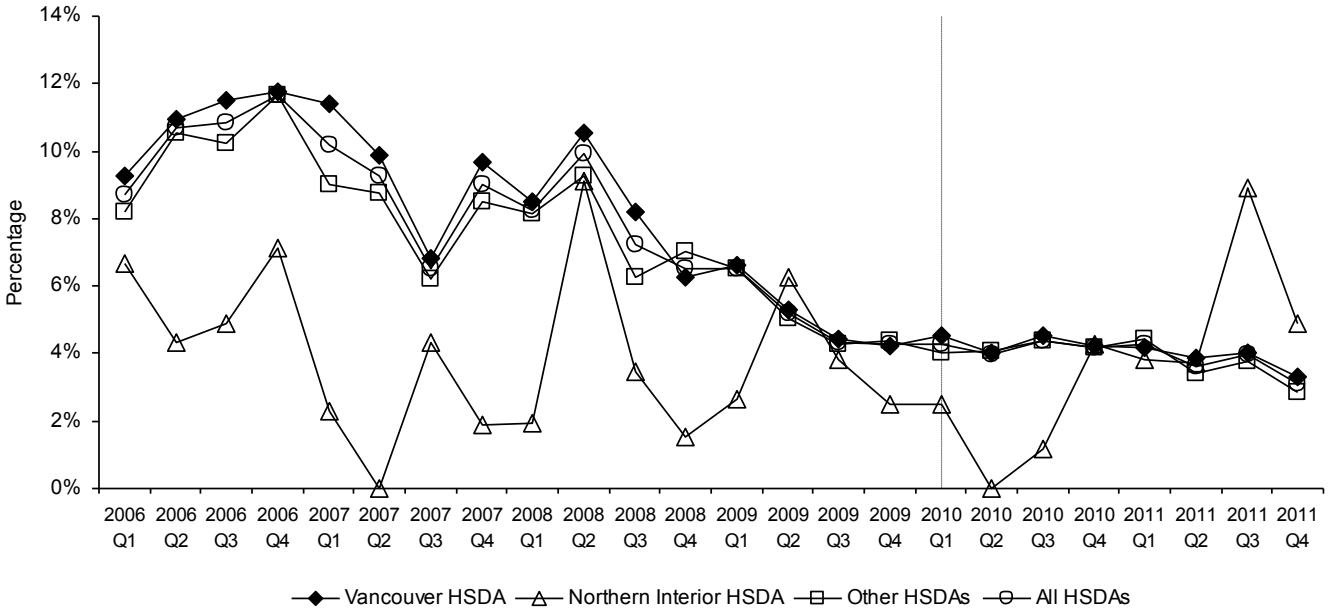
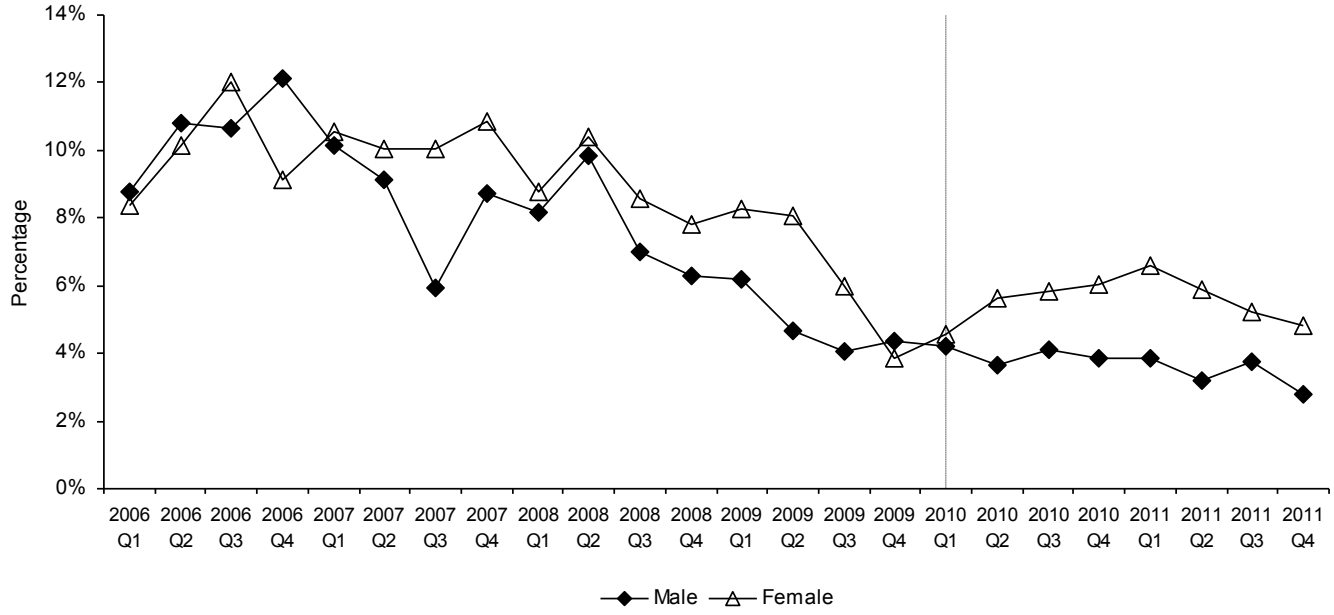


Figure 29.2 Proportion of individuals on antiretroviral therapy who change antiretroviral drug treatment by gender



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 and last quarter's spike in the NI resolving to more typical levels. Rates continue to decline in both men and women although a modest gap remains.
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 HSDA	Other HSDAs	All HSDAs
2006 Q2	12,548	1,314	26,394	40,256
2006 Q3	12,778	1,413	27,528	41,719
2006 Q4	12,340	1,271	26,578	40,189
2007 Q1	13,669	1,572	30,566	45,807
2007 Q2	12,447	1,384	27,199	41,030
2007 Q3	13,146	1,365	27,277	41,788
2007 Q4	12,846	1,333	27,592	41,771
2008 Q1	14,125	1,446	29,447	45,018
2008 Q2	14,231	1,417	29,360	45,008
2008 Q3	14,472	1,425	28,898	44,795
2008 Q4	13,742	1,363	28,869	43,974
2009 Q1	15,232	1,518	30,552	47,302
2009 Q2	14,416	1,331	27,961	43,708
2009 Q3	14,836	1,346	27,965	44,147
2009 Q4	13,843	1,247	26,489	41,579
2010 Q1	15,260	1,459	29,665	46,384
2010 Q2	14,794	1,278	28,090	44,162
2010 Q3	15,098	1,341	28,250	44,689
2010 Q4	15,726	1,309	28,496	45,531
2011 Q1	17,026	1,525	30,211	48,762
2011 Q2	16,605	1,365	27,619	45,589
2011 Q3	22,429	1,434	29,150	53,013
2011 Q4	19,849	1,521	29,178	50,548

Table 1.2 Number of HIV test episodes by HSDA – Males

Quarter	Vancouver HSDA	Northern Interior HSDA	Other HSDAs	All HSDAs
2006 Q2	5,602	433	9,096	15,131
2006 Q3	5,585	454	9,474	15,513
2006 Q4	5,426	429	9,135	14,990
2007 Q1	6,159	503	10,545	17,207
2007 Q2	5,526	444	9,332	15,302
2007 Q3	5,929	429	9,197	15,555
2007 Q4	5,711	385	9,389	15,485
2008 Q1	6,323	503	10,064	16,890
2008 Q2	6,405	451	10,301	17,157
2008 Q3	6,562	510	9,953	17,025
2008 Q4	6,167	452	10,167	16,786
2009 Q1	7,078	525	10,505	18,108

2009 Q2	6,545	438	9,556	16,539
2009 Q3	6,799	455	9,489	16,743
2009 Q4	6,307	355	8,797	15,459
2010 Q1	7,032	535	10,074	17,641
2010 Q2	6,896	435	9,808	17,139
2010 Q3	6,932	436	9,627	16,995
2010 Q4	6,900	398	9,735	17,033
2011 Q1	7,399	472	10,410	18,281
2011 Q2	6,759	469	9,428	16,656
2011 Q3	7,775	468	9,996	18,239
2011 Q4	8,205	474	10,150	18,829

Table 1.3 Number of HIV test episodes by HSDA – Females

Quarter	Vancouver HSDA	Northern Interior HSDA	Other HSDAs	All HSDAs
2006 Q2	6,729	854	16,998	24,581
2006 Q3	6,949	895	17,574	25,418
2006 Q4	6,633	806	16,966	24,405
2007 Q1	7,219	1,006	19,352	27,577
2007 Q2	6,653	880	17,337	24,870
2007 Q3	6,981	898	17,629	25,508
2007 Q4	6,933	911	17,804	25,648
2008 Q1	7,564	919	19,062	27,545
2008 Q2	7,552	915	18,703	27,170
2008 Q3	7,619	888	18,633	27,140
2008 Q4	7,315	889	18,444	26,648
2009 Q1	7,806	957	19,726	28,489
2009 Q2	7,416	869	18,159	26,444
2009 Q3	7,580	871	18,199	26,650
2009 Q4	7,159	877	17,481	25,517
2010 Q1	7,791	907	19,297	27,995
2010 Q2	7,484	832	18,004	26,320
2010 Q3	7,754	890	18,446	27,090
2010 Q4	7,537	850	18,558	26,945
2011 Q1	8,134	1,018	19,585	28,737
2011 Q2	7,455	834	17,970	26,259
2011 Q3	8,301	902	18,832	28,035
2011 Q4	9,207	974	18,831	29,012

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	915	45
2011 Q1	1059	19
2011 Q2	1971	49
2011 Q3	5912	54
2011 Q4	2019	52

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	38,940	6,356.2	5,227	3,720.9	109,850	3,147.1	154,017	3,629.4
2007	37,401	5,998.2	5,284	3,748.4	114,728	3,236.2	157,413	3,652.6
2008	40,946	6,500.4	5,209	3,667.2	118,085	3,269.3	164,240	3,746.5
2009	42,634	6,627.8	5,028	3,521.9	114,858	3,126.0	162,520	3,643.7
2010	43,010	6,524.4	4,944	3,438.4	116,876	3,135.1	164,830	3,637.9
2011	46,305	6,965.0	5,248	3,641.4	119,075	3,154.2	170,628	3,722.2

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	17,483	5,760.0	1,716	2,399.0	37,946	2,197.1	57,145	2,718.4
2007	16,940	5,479.6	1,680	2,339.8	39,550	2,254.0	58,170	2,723.8
2008	18,440	5,899.7	1,784	2,465.0	41,506	2,320.8	61,730	2,840.3
2009	19,415	6,078.1	1,635	2,247.2	39,668	2,179.7	60,718	2,744.8
2010	19,828	6,056.4	1,673	2,283.6	40,807	2,210.4	62,308	2,773.2
2011	21,199	6,419.6	1,775	2,419.2	42,051	2,250.0	65,025	2,861.3

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	20,524	6,761.9	3,345	4,676.4	70,210	4,065.2	94,079	4,475.4
2007	19,520	6,314.1	3,419	4,761.7	73,224	4,173.1	96,163	4,502.8
2008	21,469	6,868.8	3,307	4,569.3	75,372	4,214.3	100,148	4,607.9
2009	21,616	6,767.2	3,303	4,539.8	74,187	4,076.4	99,106	4,480.2
2010	21,600	6,597.7	3,216	4,389.8	75,160	4,071.3	99,976	4,449.8
2011	23,441	7,098.5	3,418	4,658.5	76,371	4,086.3	103,230	4,542.5

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	39	78
2010 Q4	38	2	28	68
2011 Q1	29	0	24	53
2011 Q2	46	5	34	85
2011 Q3	51	4	34	89
2011 Q4	38	5	27	70

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	67	5	38	110
2007 Q2	57	5	40	102
2007 Q3	41	10	36	87
2007 Q4	51	4	37	92
2008 Q1	62	0	35	97
2008 Q2	49	4	27	80
2008 Q3	44	4	41	89
2008 Q4	47	4	28	79
2009 Q1	52	4	46	102
2009 Q2	44	4	39	87
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	32	78
2010 Q4	42	2	24	68
2011 Q1	32	0	21	53
2011 Q2	44	5	36	85
2011 Q3	63	4	22	89
2011 Q4	42	5	23	70

Table 3.3 Number of new HIV diagnoses by gender, BC

Quarter	Male	Female	Other	All
2006 Q1	81	15	0	96
2006 Q2	74	19	0	93
2006 Q3	67	21	0	88
2006 Q4	67	17	0	84
2007 Q1	88	21	1	110
2007 Q2	79	21	2	102
2007 Q3	65	22	0	87
2007 Q4	71	21	0	92
2008 Q1	83	14	0	97
2008 Q2	64	16	0	80
2008 Q3	75	14	0	89
2008 Q4	64	15	0	79
2009 Q1	81	21	0	102
2009 Q2	68	16	0	84
2009 Q3	61	17	0	78
2009 Q4	56	17	0	73
2010 Q1	56	17	0	73
2010 Q2	61	20	0	81

2010 Q3	64	14	0	78
2010 Q4	57	11	0	68
2011 Q1	46	6	1	53
2011 Q2	66	19	0	85
2011 Q3	77	12	0	89
2011 Q4	60	9	1	70

Other = Transgender + Gender Unknown

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

Quarter	Aboriginal	Non Aboriginal	Unknown Ethnicity	All
2006 Q1	12	80	4	96
2006 Q2	16	74	3	93
2006 Q3	15	68	5	88
2006 Q4	12	66	6	84
2007 Q1	20	84	6	110
2007 Q2	16	78	8	102
2007 Q3	13	73	1	87
2007 Q4	14	72	6	92
2008 Q1	12	82	3	97
2008 Q2	10	66	4	80
2008 Q3	7	76	6	89
2008 Q4	17	56	6	79
2009 Q1	17	81	4	102
2009 Q2	12	68	4	84
2009 Q3	13	61	4	78
2009 Q4	14	55	4	73
2010 Q1	7	63	3	73
2010 Q2	13	64	4	81
2010 Q3	13	63	2	78
2010 Q4	6	57	5	68
2011 Q1	7	43	3	53
2011 Q2	10	61	14	85

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	65	1.9	110	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	35	5.4	5	3.5	45	1.2	85	1.9
2010	20	3.1	0	0	36	1.0	56	1.2

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

Year	Male		Female		Other		All	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
2006	94	4.5	16	0.7	0	---	110	2.6
2007	94	4.4	13	0.6	0	---	107	2.5
2008	87	4	23	1	0	---	110	2.5
2009	70	3.2	15	0.7	0	---	85	1.9
2010	41	1.8	15	0.7	0	---	56	1.2

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	0.51%	0.23%	0.16%	0.28%
2006 Q3	0.47%	0.36%	0.16%	0.26%
2006 Q4	0.52%	0.40%	0.17%	0.28%
2007 Q1	0.59%	0.32%	0.16%	0.30%
2007 Q2	0.55%	0.51%	0.19%	0.31%
2007 Q3	0.43%	0.67%	0.17%	0.27%
2007 Q4	0.49%	0.38%	0.19%	0.29%
2008 Q1	0.57%	0.07%	0.17%	0.29%
2008 Q2	0.48%	0.43%	0.10%	0.23%
2008 Q3	0.38%	0.21%	0.18%	0.25%
2008 Q4	0.43%	0.30%	0.15%	0.24%
2009 Q1	0.43%	0.27%	0.19%	0.27%
2009 Q2	0.43%	0.30%	0.19%	0.27%
2009 Q3	0.35%	0.30%	0.15%	0.22%
2009 Q4	0.36%	0.56%	0.15%	0.23%
2010 Q1	0.41%	0.07%	0.12%	0.21%
2010 Q2	0.36%	0.00%	0.15%	0.22%
2010 Q3	0.36%	0.30%	0.16%	0.23%
2010 Q4	0.36%	0.16%	0.10%	0.19%
2011 Q1	0.26%	0.00%	0.09%	0.14%
2011 Q2	0.42%	0.31%	0.15%	0.25%
2011 Q3	0.55%	0.37%	0.13%	0.28%
2011 Q4	0.33%	0.35%	0.10%	0.19%

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

Quarter	Male	Female	Other
2006 Q2	0.52%	0.11%	0.74%
2006 Q3	0.51%	0.10%	0.64%
2006 Q4	0.61%	0.09%	0.13%
2007 Q1	0.61%	0.10%	0.20%
2007 Q2	0.65%	0.09%	0.35%
2007 Q3	0.53%	0.11%	0.14%
2007 Q4	0.59%	0.10%	0.47%
2008 Q1	0.66%	0.07%	0.17%
2008 Q2	0.47%	0.09%	0.00%
2008 Q3	0.52%	0.08%	0.32%
2008 Q4	0.49%	0.08%	0.19%
2009 Q1	0.55%	0.10%	0.29%
2009 Q2	0.59%	0.08%	0.00%
2009 Q3	0.45%	0.08%	0.13%
2009 Q4	0.48%	0.09%	0.17%
2010 Q1	0.43%	0.08%	0.00%
2010 Q2	0.43%	0.08%	0.00%
2010 Q3	0.48%	0.08%	0.00%
2010 Q4	0.42%	0.04%	0.00%
2011 Q1	0.33%	0.02%	0.16%
2011 Q2	0.51%	0.09%	0.00%
2011 Q3	0.66%	0.09%	0.00%
2011 Q4	0.43%	0.05%	0.16%

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	8,582	11,282	76.1%	693	919	75.4%	15,469	19,233	80.4%	24,744	31,434	78.7%
2006 Q3	9,131	11,752	77.7%	749	1,018	73.6%	16,691	20,442	81.7%	26,571	33,212	80.0%
2006 Q4	8,781	11,202	78.4%	718	915	78.5%	16,737	20,200	82.9%	26,236	32,317	81.2%
2007 Q1	9,937	12,492	79.5%	911	1,118	81.5%	19,583	23,230	84.3%	30,431	36,840	82.6%
2007 Q2	9,119	11,416	79.9%	834	1,045	79.8%	17,539	20,973	83.6%	27,492	33,434	82.2%
2007 Q3	9,582	11,770	81.4%	847	1,009	83.9%	18,059	21,486	84.1%	28,488	34,265	83.1%
2007 Q4	9,565	11,866	80.6%	852	1,039	82.0%	18,491	21,769	84.9%	28,908	34,674	83.4%
2008 Q1	10,617	13,211	80.4%	885	1,073	82.5%	20,242	23,653	85.6%	31,744	37,937	83.7%
2008 Q2	10,434	13,250	78.7%	913	1,118	81.7%	19,741	23,205	85.1%	31,088	37,573	82.7%
2008 Q3	10,419	13,134	79.3%	986	1,144	86.2%	19,733	23,079	85.5%	31,138	37,357	83.4%
2008 Q4	10,091	12,472	80.9%	892	1,067	83.6%	19,664	22,886	85.9%	30,647	36,425	84.1%
2009 Q1	11,315	13,751	82.3%	1,002	1,199	83.6%	21,334	25,166	84.8%	33,651	40,116	83.9%
2009 Q2	10,657	13,006	81.9%	899	1,081	83.2%	19,456	23,648	82.3%	31,012	37,735	82.2%
2009 Q3	10,846	13,247	81.9%	887	1,069	83.0%	19,843	24,013	82.6%	31,576	38,329	82.4%
2009 Q4	10,262	12,502	82.1%	866	1,010	85.7%	18,613	22,416	83.0%	29,741	35,928	82.8%
2010 Q1	11,514	13,828	83.3%	939	1,108	84.7%	21,089	25,232	83.6%	33,542	40,168	83.5%
2010 Q2	11,204	13,457	83.3%	836	1,008	82.9%	19,882	23,877	83.3%	31,922	38,342	83.3%
2010 Q3	11,466	13,597	84.3%	947	1,109	85.4%	20,450	24,444	83.7%	32,863	39,150	83.9%
2010 Q4	11,107	13,352	83.2%	843	1,026	82.2%	20,470	24,296	84.3%	32,420	38,674	83.8%
2011 Q1	12,102	14,738	82.1%	1,049	1,225	85.6%	21,713	25,838	84.0%	34,864	41,801	83.4%
2011 Q2	10,908	14,095	77.4%	922	1,074	85.8%	19,614	23,811	82.4%	31,444	38,980	80.7%
2011 Q3	12,270	15,448	79.4%	979	1,151	85.1%	20,912	25,291	82.7%	34,161	41,890	81.5%
2011 Q4	12,445	15,430	80.7%	1,047	1,237	84.6%	20,692	24,783	83.5%	34,184	41,450	82.5%

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	3,640	5,164	70.5%	129	232	55.6%	3,989	5,536	72.1%	7,758	10,932	71.0%
2006 Q3	3,762	5,284	71.2%	156	276	56.5%	4,394	5,879	74.7%	8,312	11,439	72.7%
2006 Q4	3,680	5,125	71.8%	163	255	63.9%	4,431	5,859	75.6%	8,274	11,239	73.6%
2007 Q1	4,250	5,877	72.3%	176	275	64.0%	5,224	6,670	78.3%	9,650	12,822	75.3%
2007 Q2	3,846	5,243	73.4%	196	297	66.0%	4,764	6,206	76.8%	8,806	11,746	75.0%
2007 Q3	4,120	5,546	74.3%	197	265	74.3%	4,980	6,430	77.4%	9,297	12,241	75.9%
2007 Q4	3,883	5,384	72.1%	190	279	68.1%	5,041	6,451	78.1%	9,114	12,114	75.2%
2008 Q1	4,350	6,015	72.3%	215	312	68.9%	5,622	7,140	78.7%	10,187	13,467	75.6%
2008 Q2	4,258	6,058	70.3%	218	315	69.2%	5,580	7,106	78.5%	10,056	13,479	74.6%
2008 Q3	4,300	6,095	70.5%	287	351	81.8%	5,538	6,959	79.6%	10,125	13,405	75.5%
2008 Q4	4,140	5,647	73.3%	247	336	73.5%	5,701	7,182	79.4%	10,088	13,165	76.6%
2009 Q1	4,790	6,455	74.2%	266	352	75.6%	5,882	7,628	77.1%	10,938	14,435	75.8%
2009 Q2	4,437	5,978	74.2%	239	321	74.5%	5,420	7,342	73.8%	10,096	13,641	74.0%
2009 Q3	4,553	6,126	74.3%	248	328	75.6%	5,517	7,383	74.7%	10,318	13,837	74.6%
2009 Q4	4,329	5,797	74.7%	195	259	75.3%	4,960	6,666	74.4%	9,484	12,722	74.5%
2010 Q1	4,886	6,388	76.5%	283	371	76.3%	5,770	7,625	75.7%	10,939	14,384	76.0%
2010 Q2	4,832	6,279	77.0%	230	315	73.0%	5,679	7,546	75.3%	10,741	14,140	76.0%
2010 Q3	4,904	6,312	77.7%	280	352	79.5%	5,742	7,594	75.6%	10,926	14,258	76.6%
2010 Q4	4,699	6,128	76.7%	237	320	74.1%	5,794	7,501	77.2%	10,730	13,949	76.9%
2011 Q1	5,137	6,869	74.8%	272	353	77.1%	6,213	8,117	76.5%	11,622	15,339	75.8%
2011 Q2	4,590	6,644	69.1%	286	363	78.8%	5,627	7,516	74.9%	10,503	14,523	72.3%
2011 Q3	5,372	7,506	71.6%	296	373	79.4%	6,047	7,961	76.0%	11,715	15,840	74.0%
2011 Q4	5,182	7,154	72.4%	307	393	78.1%	6,052	7,919	76.4%	11,541	15,466	74.6%

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	4,852	5,953	81.5%	560	682	82.1%	11,429	13,603	84.0%	16,841	20,238	83.2%
2006 Q3	5,238	6,267	83.6%	581	724	80.2%	12,170	14,362	84.7%	17,989	21,353	84.2%
2006 Q4	4,920	5,863	83.9%	548	651	84.2%	12,141	14,118	86.0%	17,609	20,632	85.3%
2007 Q1	5,499	6,412	85.8%	715	819	87.3%	14,127	16,263	86.9%	20,341	23,494	86.6%
2007 Q2	5,087	5,963	85.3%	620	724	85.6%	12,598	14,535	86.7%	18,305	21,222	86.3%
2007 Q3	5,287	6,035	87.6%	639	730	87.5%	12,892	14,826	87.0%	18,818	21,591	87.2%
2007 Q4	5,521	6,311	87.5%	651	747	87.1%	13,282	15,114	87.9%	19,454	22,172	87.7%
2008 Q1	6,106	7,027	86.9%	658	745	88.3%	14,487	16,352	88.6%	21,251	24,124	88.1%
2008 Q2	5,985	6,988	85.6%	673	779	86.4%	14,003	15,914	88.0%	20,661	23,681	87.2%
2008 Q3	5,906	6,803	86.8%	688	778	88.4%	14,047	15,947	88.1%	20,641	23,528	87.7%
2008 Q4	5,763	6,609	87.2%	642	723	88.8%	13,856	15,581	88.9%	20,261	22,913	88.4%
2009 Q1	6,258	7,020	89.1%	720	827	87.1%	15,287	17,345	88.1%	22,265	25,192	88.4%
2009 Q2	5,892	6,686	88.1%	651	750	86.8%	13,913	16,156	86.1%	20,456	23,592	86.7%
2009 Q3	5,983	6,783	88.2%	631	731	86.3%	14,188	16,458	86.2%	20,802	23,972	86.8%
2009 Q4	5,667	6,431	88.1%	665	742	89.6%	13,542	15,623	86.7%	19,874	22,796	87.2%
2010 Q1	6,348	7,146	88.8%	650	729	89.2%	15,164	17,428	87.0%	22,162	25,303	87.6%
2010 Q2	6,128	6,915	88.6%	601	687	87.5%	14,056	16,168	86.9%	20,785	23,770	87.4%
2010 Q3	6,315	7,013	90.0%	658	748	88.0%	14,612	16,738	87.3%	21,585	24,499	88.1%
2010 Q4	6,157	6,963	88.4%	603	703	85.8%	14,562	16,665	87.4%	21,322	24,331	87.6%
2011 Q1	6,676	7,573	88.2%	770	863	89.2%	15,386	17,591	87.5%	22,832	26,027	87.7%
2011 Q2	6,001	7,130	84.2%	629	701	89.7%	13,897	16,185	85.9%	20,527	24,016	85.5%
2011 Q3	6,599	7,640	86.4%	679	773	87.8%	14,752	17,193	85.8%	22,030	25,606	86.0%
2011 Q4	6,980	7,986	87.4%	727	828	87.8%	14,556	16,766	86.8%	22,263	25,580	87.0%

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

	Vancouver HSDA			Northern Interior HSDA			Other HSDAs			All HSDAs		
Quarter	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	183	559	32.7%	17	113	15.0%	432	1817	23.8%	632	2489	25.4%
2006 Q3	185	501	36.9%	30	127	23.6%	451	1917	23.5%	666	2545	26.2%
2006 Q4	185	535	34.6%	13	134	9.7%	385	1855	20.8%	583	2524	23.1%
2007 Q1	183	615	29.8%	26	144	18.1%	472	2088	22.6%	681	2847	23.9%
2007 Q2	185	531	34.8%	41	168	24.4%	392	1913	20.5%	618	2612	23.7%
2007 Q3	216	583	37.0%	24	150	16.0%	475	2072	22.9%	715	2805	25.5%
2007 Q4	194	559	34.7%	33	162	20.4%	503	1974	25.5%	730	2695	27.1%
2008 Q1	187	534	35.0%	37	168	22.0%	494	2114	23.4%	718	2816	25.5%
2008 Q2	216	598	36.1%	41	189	21.7%	514	2128	24.2%	771	2915	26.4%
2008 Q3	200	567	35.3%	30	161	18.6%	495	2239	22.1%	725	2967	24.4%
2008 Q4	216	574	37.6%	28	150	18.7%	581	2354	24.7%	825	3078	26.8%
2009 Q1	229	590	38.8%	37	158	23.4%	517	2149	24.1%	783	2897	27.0%
2009 Q2	194	544	35.7%	27	143	18.9%	500	2209	22.6%	721	2896	24.9%
2009 Q3	238	647	36.8%	30	180	16.7%	566	2418	23.4%	834	3245	25.7%
2009 Q4	228	585	39.0%	29	159	18.2%	486	2244	21.7%	743	2988	24.9%
2010 Q1	251	661	38.0%	30	149	20.1%	527	2442	21.6%	808	3252	24.8%
2010 Q2	229	617	37.1%	27	161	16.8%	510	2283	22.3%	766	3061	25.0%
2010 Q3	281	701	40.1%	37	186	19.9%	529	2272	23.3%	847	3159	26.8%
2010 Q4	309	751	41.1%	27	169	16.0%	547	2338	23.4%	883	3258	27.1%
2011 Q1	313	749	41.8%	27	180	15.0%	570	2318	24.6%	910	3247	28.0%
2011 Q2	297	740	40.1%	35	165	21.2%	527	2308	22.8%	859	3213	26.7%
2011 Q3	314	751	41.8%	27	154	17.5%	585	2388	24.5%	926	3293	28.1%
2011 Q4	202	545	37.1%	31	127	24.4%	407	1701	23.9%	640	2373	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	105	275	38.2%	6	36	16.7%	170	593	28.7%	281	904	31.1%
2006 Q3	95	233	40.8%	12	40	30.0%	192	651	29.5%	299	924	32.4%
2006 Q4	97	241	40.2%	7	45	15.6%	163	610	26.7%	267	896	29.8%
2007 Q1	99	281	35.2%	8	42	19.0%	207	718	28.8%	314	1041	30.2%
2007 Q2	93	241	38.6%	13	53	24.5%	154	663	23.2%	260	957	27.2%
2007 Q3	106	267	39.7%	9	51	17.6%	218	701	31.1%	333	1019	32.7%
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	1054	31.9%
2008 Q2	122	261	46.7%	9	57	15.8%	210	726	28.9%	341	1044	32.7%
2008 Q3	98	248	39.5%	15	63	23.8%	227	811	28.0%	340	1122	30.3%
2008 Q4	108	250	43.2%	6	41	14.6%	252	868	29.0%	366	1159	31.6%
2009 Q1	130	263	49.4%	11	52	21.2%	241	783	30.8%	382	1098	34.8%
2009 Q2	107	239	44.8%	7	50	14.0%	217	756	28.7%	331	1045	31.7%
2009 Q3	123	279	44.1%	14	65	21.5%	232	826	28.1%	369	1170	31.5%
2009 Q4	131	285	46.0%	9	54	16.7%	199	783	25.4%	339	1122	30.2%
2010 Q1	134	294	45.6%	9	42	21.4%	219	825	26.5%	362	1161	31.2%
2010 Q2	108	246	43.9%	9	54	16.7%	239	765	31.2%	356	1065	33.4%
2010 Q3	161	344	46.8%	16	67	23.9%	228	753	30.3%	405	1164	34.8%
2010 Q4	185	355	52.1%	9	61	14.8%	238	804	29.6%	432	1220	35.4%
2011 Q1	182	360	50.6%	15	64	23.4%	237	792	29.9%	434	1216	35.7%
2011 Q2	157	338	46.4%	20	62	32.3%	209	747	28.0%	386	1147	33.7%
2011 Q3	175	393	44.5%	9	55	16.4%	252	813	31.0%	436	1261	34.6%
2011 Q4	122	286	42.7%	12	48	25.0%	172	587	29.3%	306	921	33.2%

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	78	284	27.5%	11	77	14.3%	262	1223	21.4%	351	1584	22.2%
2006 Q3	90	268	33.6%	18	87	20.7%	259	1266	20.5%	367	1621	22.6%
2006 Q4	88	294	29.9%	6	89	6.7%	222	1244	17.8%	316	1627	19.4%
2007 Q1	84	334	25.1%	18	102	17.6%	265	1370	19.3%	367	1806	20.3%
2007 Q2	92	290	31.7%	28	115	24.3%	237	1248	19.0%	357	1653	21.6%
2007 Q3	110	315	34.9%	15	99	15.2%	257	1371	18.7%	382	1785	21.4%
2007 Q4	92	308	29.9%	15	97	15.5%	297	1292	23.0%	404	1697	23.8%
2008 Q1	80	290	27.6%	21	100	21.0%	281	1369	20.5%	382	1759	21.7%
2008 Q2	94	337	27.9%	32	132	24.2%	304	1401	21.7%	430	1870	23.0%
2008 Q3	102	319	32.0%	15	98	15.3%	268	1427	18.8%	385	1844	20.9%
2008 Q4	108	324	33.3%	22	108	20.4%	329	1485	22.2%	459	1917	23.9%
2009 Q1	99	327	30.3%	26	106	24.5%	276	1366	20.2%	401	1799	22.3%
2009 Q2	86	304	28.3%	20	93	21.5%	283	1452	19.5%	389	1849	21.0%
2009 Q3	113	365	31.0%	16	115	13.9%	334	1591	21.0%	463	2071	22.4%
2009 Q4	97	299	32.4%	20	105	19.0%	287	1461	19.6%	404	1865	21.7%
2010 Q1	117	367	31.9%	21	106	19.8%	308	1615	19.1%	446	2088	21.4%
2010 Q2	120	369	32.5%	18	107	16.8%	271	1518	17.9%	409	1994	20.5%
2010 Q3	120	357	33.6%	21	119	17.6%	301	1519	19.8%	442	1995	22.2%
2010 Q4	124	395	31.4%	18	108	16.7%	309	1534	20.1%	451	2037	22.1%
2011 Q1	131	389	33.7%	12	116	10.3%	333	1525	21.8%	476	2030	23.4%
2011 Q2	140	401	34.9%	15	103	14.6%	318	1561	20.4%	473	2065	22.9%
2011 Q3	138	357	38.7%	18	99	18.2%	333	1575	21.1%	489	2031	24.1%
2011 Q4	80	258	31.0%	19	79	24.1%	235	1114	21.1%	334	1451	23.0%

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	194	371	52.3%	40	73	54.8%	553	1,047	52.8%	787	1,491	52.8%
2007 Q1&2	187	335	55.8%	41	65	63.1%	541	1,109	48.8%	769	1,509	51.0%
2007 Q3&4	190	323	58.8%	41	60	68.3%	508	1,000	50.8%	739	1,383	53.4%
2008 Q1&2	172	314	54.8%	42	63	66.7%	551	1,087	50.7%	765	1,464	52.3%
2008 Q3&4	181	295	61.4%	54	77	70.1%	456	939	48.6%	691	1,311	52.7%
2009 Q1&2	188	330	57.0%	41	71	57.7%	443	1,014	43.7%	672	1,415	47.5%
2009 Q3&4	154	287	53.7%	25	52	48.1%	363	831	43.7%	542	1,170	46.3%
2010 Q1&2	142	253	56.1%	27	43	62.8%	401	946	42.4%	570	1,242	45.9%
2010 Q3&4	132	234	56.4%	30	45	66.7%	351	809	43.4%	513	1,088	47.2%
2011 Q1&2	134	247	54.3%	28	45	62.2%	350	773	45.3%	512	1,065	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	126	235	53.6%	24	42	57.1%	354	678	52.2%	504	955	52.8%
2007 Q1&2	131	230	57.0%	25	42	59.5%	359	724	49.6%	515	996	51.7%
2007 Q3&4	122	210	58.1%	30	37	81.1%	317	639	49.6%	469	886	52.9%
2008 Q1&2	104	192	54.2%	30	43	69.8%	352	702	50.1%	486	937	51.9%
2008 Q3&4	126	207	60.9%	35	51	68.6%	288	592	48.6%	449	850	52.8%
2009 Q1&2	124	216	57.4%	25	47	53.2%	287	654	43.9%	436	917	47.5%
2009 Q3&4	102	189	54.0%	16	32	50.0%	249	539	46.2%	367	760	48.3%
2010 Q1&2	92	155	59.4%	16	26	61.5%	258	620	41.6%	366	801	45.7%
2010 Q3&4	87	153	56.9%	18	28	64.3%	248	557	44.5%	353	738	47.8%
2011 Q1&2	96	174	55.2%	19	32	59.4%	236	511	46.2%	351	717	49.0%

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

Quarter	Vancouver HSDA			Northern Interior HSDA			Other HSDAs			All HSDAs		
	HCV +ve & HIV Test	HCV +	%	HCV +ve & HIV Test	HCV +	%	HCV +ve & HIV Test	HCV +	%	HCV +ve & HIV Test	HCV +	%
2006 Q3&4	67	135	49.6%	16	30	53.3%	191	356	53.7%	274	521	52.6%
2007 Q1&2	55	103	53.4%	16	21	76.2%	174	366	47.5%	245	490	50.0%
2007 Q3&4	68	112	60.7%	11	22	50.0%	181	346	52.3%	260	480	54.2%
2008 Q1&2	68	122	55.7%	12	20	60.0%	198	377	52.5%	278	519	53.6%
2008 Q3&4	55	88	62.5%	19	25	76.0%	167	344	48.5%	241	457	52.7%
2009 Q1&2	63	113	55.8%	15	23	65.2%	153	356	43.0%	231	492	47.0%
2009 Q3&4	52	97	53.6%	8	18	44.4%	112	288	38.9%	172	403	42.7%
2010 Q1&2	49	97	50.5%	11	17	64.7%	142	323	44.0%	202	437	46.2%
2010 Q3&4	45	81	55.6%	12	17	70.6%	103	250	41.2%	160	348	46.0%
2011 Q1&2	36	71	50.7%	9	13	69.2%	114	261	43.7%	159	345	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	179	11.7%	2	19	10.5%	19	163	11.7%	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	~	29	161	18.0%	52	345	15.1%
2009	16	151	10.6%	1	16	6.3%	28	170	16.5%	45	337	13.4%
2010	12	148	8.1%	0	8	~	17	144	11.8%	29	300	9.7%

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

Year	Male			Female			Other			All		
	HIV+ and AHD	HIV+	%	HIV+ and AHD	HIV+	%	HIV+ and AHD	HIV+	%	HIV+ and AHD	HIV+	%
2006	37	289	12.8%	5	72	6.9%	0	0	---	42	361	11.6%
2007	36	303	11.9%	4	85	4.7%	0	3	---	40	391	10.2%
2008	43	286	15.0%	9	59	15.3%	0	0	---	52	345	15.1%
2009	41	266	15.4%	4	71	5.6%	0	0	---	45	337	13.4%
2010	24	238	10.0%	5	62	8.0%	0	2	---	29	300	10.0%

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			All		
	HIV+ and AHD	HIV+	%	HIV+ and AHD	HIV+	%	HIV+ and AHD	HIV+	%	HIV+ and AHD	HIV+	%
2006	6	55	11%	33	288	11%	3	18	17%	42	361	12%
2007	5	63	8%	31	307	10%	4	21	19%	40	391	10%
2008	5	46	11%	45	280	16%	2	19	11%	52	345	15%
2009	8	56	14%	36	265	14%	1	16	6%	45	337	13%
2010	2	39	5%	27	247	11%	0	14	0%	29	300	10%

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	179	5.0%	1	19	5.3%	10	163	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	17	148	11.5%	0	8	~	9	144	6.3%	26	300	8.7%

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

Year	Male			Female			Other			All		
	HIV+ & Acute	HIV+	%	HIV+ & Acute	HIV+	%	HIV+ & Acute	HIV+	%	HIV+ & Acute	HIV+	%
2006	16	289	5.5%	4	72	5.6%	0	0	---	20	361	5.5%
2007	23	303	7.6%	2	85	2.4%	0	3	---	25	391	6.4%
2008	16	286	5.6%	4	59	6.8%	0	0	---	20	345	5.8%
2009	16	266	6.0%	3	71	4.2%	0	0	---	19	337	5.6%
2010	21	238	8.8%	5	62	8.1%	0	0	---	26	300	8.7%

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	55	9.1%	14	288	4.9%	1	18	5.6%
2007	2	63	3.2%	23	307	7.5%	0	21	
2008	2	46	4.3%	18	280	6.4%	0	19	
2009	1	56	1.8%	17	265	6.4%	1	16	6.3%
2010	5	39	12.8%	20	247	8.1%	1	14	7.1%

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	13	/	59	22.03%	2	/	3	66.67%	26	/	77	33.77%	41	/	139	29.50%
2010 Q4	16	/	54	29.63%	3	/	5	60.00%	19	/	61	31.15%	38	/	120	31.67%
2011 Q1	14	/	74	18.92%	7	/	9	77.78%	14	/	71	19.72%	35	/	154	22.73%
2011 Q2	13	/	71	18.31%	1	/	1	100.00%	15	/	62	24.19%	29	/	134	21.64%
2011 Q3	10	/	68	14.71%	2	/	8	25.00%	19	/	84	22.62%	31	/	160	19.38%
2011 Q4	7	/	58	12.07%	2	/	6	33.33%	18	/	65	27.69%	27	/	129	20.93%

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	40	/	82	48.78%	10	/	25	40.00%
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	18	/	107	16.82%	8	/	28	28.57%
2010 Q2	29	/	106	27.36%	8	/	19	42.11%
2010 Q3	31	/	110	28.18%	10	/	29	34.48%
2010 Q4	29	/	98	29.59%	9	/	22	40.91%
2011 Q1	28	/	128	21.88%	7	/	26	26.92%
2011 Q2	24	/	111	21.62%	5	/	23	21.74%
2011 Q3	24	/	131	18.32%	7	/	29	24.14%
2011 Q4	21	/	106	19.81%	6	/	23	26.09%

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		
	HIV +ve & Syphilis test	HIV +ve	%	HIV +ve & Syphilis test	HIV +ve	%	HIV +ve & Syphilis test	HIV +ve	%	HIV +ve & Syphilis test	HIV +ve	%
2006 Q3&4	36	90	40%	3	9	33%	17	73	23%	56	172	33%
2007 Q1&2	66	124	53%	3	10	30%	21	76	28%	90	210	43%
2007 Q3&4	50	92	54%	5	14	36%	19	73	26%	74	179	41%
2008 Q1&2	75	111	68%	3	5	60%	21	63	33%	99	179	55%
2008 Q3&4	57	89	64%	3	7	43%	27	69	39%	87	165	53%
2009 Q1&2	58	96	60%	4	8	50%	33	81	41%	95	185	51%
2009 Q3&4	49	80	61%	3	10	30%	22	61	36%	74	151	49%
2010 Q1&2	59	88	67%	0	1	0%	27	65	42%	86	154	56%
2010 Q3&4	58	83	70%	2	7	29%	18	56	32%	78	146	53%
2011 Q1&2	51	76	67%	3	5	60%	22	57	39%	76	138	55%

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		
	HIV +ve & Syphilis test	HIV +ve	%	HIV +ve & Syphilis test	HIV +ve	%	HIV +ve & Syphilis test	HIV +ve	%	HIV +ve & Syphilis test	HIV +ve	%
2006 Q3&4	32	71	45%	2	6	33%	14	58	24%	48	135	36%
2007 Q1&2	60	107	56%	1	6	17%	14	52	27%	75	165	45%
2007 Q3&4	41	74	55%	3	7	43%	14	55	25%	58	136	43%
2008 Q1&2	67	94	71%	0	1	0%	18	53	34%	85	148	57%
2008 Q3&4	53	78	68%	2	6	33%	18	52	35%	73	136	54%
2009 Q1&2	50	80	63%	2	4	50%	27	65	42%	79	149	53%
2009 Q3&4	43	70	61%	1	4	25%	14	43	33%	58	117	50%
2010 Q1&2	51	72	71%	0	1	0%	21	44	48%	72	117	62%
2010 Q3&4	52	72	72%	2	6	33%	17	43	40%	71	121	59%
2011 Q1&2	47	66	71%	2	3	67%	15	43	35%	64	112	57%

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

	Vancouver HSDA			Northern Interior HSDA			Other HSDAs			All HSDAs		
Quarter	HIV +ve & Syphilis test	HIV +ve	%	HIV +ve & Syphilis test	HIV +ve	%	HIV +ve & Syphilis test	HIV +ve	%	HIV +ve & Syphilis test	HIV +ve	%
2006 Q3&4	4	19	21%	1	3	33%	3	15	20%	8	37	22%
2007 Q1&2	6	16	38%	2	4	50%	6	22	27%	14	42	33%
2007 Q3&4	9	18	50%	2	7	29%	5	18	28%	16	43	37%
2008 Q1&2	8	17	47%	3	4	75%	3	10	30%	14	31	45%
2008 Q3&4	4	11	36%	1	1	100%	9	17	53%	14	29	48%
2009 Q1&2	8	16	50%	2	4	50%	6	16	38%	16	36	44%
2009 Q3&4	6	10	60%	2	6	33%	8	18	44%	16	34	47%
2010 Q1&2	8	16	50%	0	0	~	6	21	29%	14	37	38%
2010 Q3&4	6	11	55%	0	1	0%	1	13	8%	7	25	28%
2011 Q1&2	4	10	40%	1	2	50%	6	13	46%	11	25	44%

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		
	HIV +ve & Syphilis test	HIV +ve	%	HIV +ve & Syphilis test	HIV +ve	%	HIV +ve & Syphilis test	HIV +ve	%
2006 Q3&4	10	27	37%	44	134	33%	2	11	18%
2007 Q1&2	12	36	33%	73	160	46%	5	14	36%
2007 Q3&4	10	27	37%	62	145	43%	2	7	29%
2008 Q1&2	12	23	52%	85	149	57%	2	7	29%
2008 Q3&4	14	23	61%	66	131	50%	7	11	64%
2009 Q1&2	17	29	59%	74	148	50%	4	8	50%
2009 Q3&4	13	27	48%	59	116	51%	2	8	25%
2010 Q1&2	8	20	40%	75	127	59%	3	7	43%
2010 Q3&4	6	19	32%	70	120	58%	2	7	29%
2011 Q1&2	7	17	41%	60	104	58%	9	17	53%

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	36	/	53	67.92%	3	/	4	75.00%	20	/	45	44.44%	59	/	102	57.84%
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%	33	/	53	62.26%	84	/	118	71.19%
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%	27	/	48	56.25%	71	/	109	65.14%
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	/	77	49.35%	82	/	132	62.12%
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	57	/	67	85.07%	6	/	7	85.71%	61	/	78	78.21%	124	/	152	81.58%
2009 Q2	47	/	58	81.03%	3	/	4	75.00%	64	/	82	78.05%	114	/	144	79.17%
2009 Q3	48	/	57	84.21%	6	/	6	100.00%	52	/	66	78.79%	106	/	129	82.17%
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	52	/	60	86.67%	3	/	3	100.00%	58	/	79	73.42%	113	/	142	79.58%
2010 Q4	44	/	55	80.00%	5	/	5	100.00%	48	/	65	73.85%	97	/	125	77.60%
2011 Q1	68	/	74	91.89%	9	/	9	100.00%	59	/	73	80.82%	136	/	156	87.18%
2011 Q2	63	/	73	86.30%	1	/	1	100.00%	52	/	66	78.79%	116	/	140	82.86%
2011 Q3	63	/	71	88.73%	8	/	8	100.00%	73	/	86	84.88%	144	/	165	87.27%
2011 Q4	49	/	58	84.48%	6	/	6	100.00%	55	/	70	78.57%	110	/	134	82.09%

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	52	/	86	60.47%	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	68	/	89	76.40%	16	/	29	55.17%
2007 Q2	86	/	122	70.49%	10	/	19	52.63%
2007 Q3	56	/	84	66.67%	15	/	25	60.00%
2007 Q4	79	/	112	70.54%	12	/	19	63.16%
2008 Q1	63	/	108	58.33%	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	96	/	120	80.00%	28	/	32	87.50%
2009 Q2	98	/	123	79.67%	16	/	21	76.19%
2009 Q3	88	/	109	80.73%	18	/	20	90.00%
2009 Q4	95	/	117	81.20%	22	/	29	75.86%
2010 Q1	87	/	112	77.68%	25	/	28	89.29%
2010 Q2	95	/	110	86.36%	17	/	21	80.95%
2010 Q3	89	/	112	79.46%	24	/	30	80.00%
2010 Q4	78	/	101	77.23%	19	/	24	79.17%
2011 Q1	112	/	129	86.82%	24	/	27	88.89%
2011 Q2	95	/	114	83.33%	21	/	26	80.77%
2011 Q3	117	/	135	86.67%	27	/	30	90.00%
2011 Q4	90	/	111	81.08%	20	/	23	86.96%

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	/	56	82.14%	77	/	98	78.57%
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	/	53	73.58%	90	/	118	76.27%
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	/	77	81.82%	107	/	132	81.06%
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	53	/	60	88.33%	2	/	3	66.67%	73	/	79	92.41%	128	/	142	90.14%
2011 Q3	45	/	55	81.82%	4	/	5	80.00%	47	/	65	72.31%	96	/	125	76.80%
2011 Q4	62	/	74	83.78%	4	/	9	44.44%	55	/	73	75.34%	121	/	156	77.56%

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	/	18	61.11%
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	/	89	76.40%	22	/	29	75.86%
2008 Q1	97	/	122	79.51%	11	/	19	57.89%
2008 Q2	72	/	84	85.71%	21	/	25	84.00%
2008 Q3	99	/	112	88.39%	11	/	19	57.89%
2008 Q4	92	/	108	85.19%	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	/	112	85.71%	25	/	28	89.29%
2011 Q1	92	/	110	83.64%	18	/	21	85.71%
2011 Q2	101	/	112	90.18%	27	/	30	90.00%
2011 Q3	81	/	101	80.20%	15	/	24	62.50%
2011 Q4	101	/	129	78.29%	20	/	27	74.07%

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	/	27	70.37%	3	/	3	100.00%	17	/	21	80.95%	39	/	51	76.47%
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%	23	/	26	88.46%	54	/	64	84.38%
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	46	/	52	88.46%	6	/	6	100.00%	49	/	56	87.50%	101	/	114	88.60%
2009 Q2	33	/	39	84.62%	1	/	3	33.33%	51	/	58	87.93%	85	/	100	85.00%
2009 Q3	38	/	46	82.61%	6	/	6	100.00%	42	/	49	85.71%	86	/	101	85.15%
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	37	/	48	77.08%	3	/	3	100.00%	39	/	51	76.47%	79	/	102	77.45%
2010 Q4	30	/	40	75.00%	3	/	3	100.00%	38	/	44	86.36%	71	/	87	81.61%
2011 Q1	56	/	65	86.15%	7	/	9	77.78%	47	/	54	87.04%	110	/	128	85.94%
2011 Q2	39	/	54	72.22%	1	/	1	100.00%	35	/	43	81.40%	75	/	98	76.53%
2011 Q3	46	/	57	80.70%	8	/	8	100.00%	53	/	66	80.30%	107	/	131	81.68%
2011 Q4	27	/	40	67.50%	6	/	6	100.00%	34	/	49	69.39%	67	/	95	70.53%

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	/	46	76.09%	4	/	5	80.00%
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	43	/	50	86.00%	11	/	14	78.57%
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	84	/	92	91.30%	17	/	22	77.27%
2009 Q2	76	/	85	89.41%	9	/	15	60.00%
2009 Q3	72	/	83	86.75%	14	/	18	77.78%
2009 Q4	74	/	82	90.24%	19	/	20	95.00%
2010 Q1	67	/	78	85.90%	17	/	23	73.91%
2010 Q2	74	/	85	87.06%	8	/	16	50.00%
2010 Q3	62	/	80	77.50%	17	/	22	77.27%
2010 Q4	58	/	71	81.69%	13	/	16	81.25%
2011 Q1	94	/	105	89.52%	16	/	23	69.57%
2011 Q2	60	/	79	75.95%	15	/	19	78.95%
2011 Q3	87	/	106	82.08%	20	/	25	80.00%
2011 Q4	57	/	79	72.15%	10	/	16	62.50%

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	1280	/	1781	71.87%	16	/	32	50.00%	994	/	1497	66.40%	2290	/	3310	69.18%
2006 Q2	1343	/	1825	73.59%	17	/	31	54.84%	1028	/	1554	66.15%	2388	/	3410	70.03%
2006 Q3	1389	/	1860	74.68%	17	/	31	54.84%	1089	/	1563	69.67%	2495	/	3454	72.24%
2006 Q4	1409	/	1875	75.15%	16	/	30	53.33%	1113	/	1627	68.41%	2538	/	3532	71.86%
2007 Q1	1478	/	1915	77.18%	20	/	36	55.56%	1134	/	1674	67.74%	2632	/	3625	72.61%
2007 Q2	1491	/	1993	74.81%	21	/	36	58.33%	1152	/	1729	66.63%	2664	/	3758	70.89%
2007 Q3	1533	/	2047	74.89%	19	/	33	57.58%	1174	/	1747	67.20%	2726	/	3827	71.23%
2007 Q4	1549	/	2090	74.11%	23	/	42	54.76%	1213	/	1759	68.96%	2785	/	3891	71.58%
2008 Q1	1596	/	2150	74.23%	20	/	43	46.51%	1236	/	1774	69.67%	2852	/	3967	71.89%
2008 Q2	1653	/	2233	74.03%	18	/	46	39.13%	1290	/	1855	69.54%	2961	/	4134	71.63%
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	2065	/	2767	74.63%	41	/	78	52.56%	1653	/	2378	69.51%	3759	/	5223	71.97%
2011 Q1	2143	/	2846	75.30%	44	/	81	54.32%	1667	/	2416	69.00%	3854	/	5343	72.13%
2011 Q2	2178	/	2879	75.65%	46	/	88	52.27%	1687	/	2461	68.55%	3911	/	5428	72.05%
2011 Q3	2214	/	2947	75.13%	43	/	92	46.74%	1716	/	2501	68.61%	3973	/	5540	71.71%
2011 Q4	2278	/	2986	76.29%	51	/	103	49.51%	1720	/	2537	67.80%	4049	/	5626	71.97%

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	2024	/	2853	70.94%	266	/	457	58.21%
2006 Q2	2120	/	2928	72.40%	268	/	482	55.60%
2006 Q3	2209	/	2961	74.60%	286	/	493	58.01%
2006 Q4	2241	/	3029	73.98%	297	/	503	59.05%
2007 Q1	2329	/	3112	74.84%	303	/	513	59.06%
2007 Q2	2365	/	3235	73.11%	299	/	523	57.17%
2007 Q3	2420	/	3285	73.67%	306	/	542	56.46%
2007 Q4	2472	/	3338	74.06%	313	/	553	56.60%
2008 Q1	2516	/	3389	74.24%	336	/	578	58.13%
2008 Q2	2627	/	3534	74.34%	334	/	600	55.67%
2008 Q3	2643	/	3585	73.72%	359	/	632	56.80%
2008 Q4	2740	/	3688	74.30%	370	/	639	57.90%
2009 Q1	2819	/	3770	74.77%	387	/	672	57.59%
2009 Q2	2869	/	3868	74.17%	406	/	702	57.83%
2009 Q3	2973	/	3963	75.02%	432	/	719	60.08%
2009 Q4	3056	/	4030	75.83%	443	/	739	59.95%
2010 Q1	3126	/	4121	75.86%	459	/	763	60.16%
2010 Q2	3181	/	4210	75.56%	465	/	779	59.69%
2010 Q3	3254	/	4325	75.24%	458	/	793	57.76%
2010 Q4	3296	/	4395	74.99%	463	/	828	55.92%
2011 Q1	3371	/	4485	75.16%	483	/	858	56.29%
2011 Q2	3418	/	4540	75.29%	493	/	888	55.52%
2011 Q3	3453	/	4644	74.35%	520	/	896	58.04%
2011 Q4	3505	/	4715	74.34%	544	/	911	59.71%

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	19	401	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	165	23	452	640
2008 Q1	176	22	440	638
2008 Q2	179	25	468	672
2008 Q3	180	28	462	670
2008 Q4	185	27	459	671
2009 Q1	193	27	487	707
2009 Q2	186	26	497	709
2009 Q3	193	24	480	697
2009 Q4	189	23	500	712
2010 Q1	187	23	496	706
2010 Q2	194	21	502	717
2010 Q3	194	23	510	727
2010 Q4	191	23	509	723
2011 Q1	198	25	519	742
2011 Q2	196	26	523	745
2011 Q3	202	26	526	754
2011 Q4	201	24	528	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		/	1968			/	45			/	1686			/	3699	
2006 Q2		/	2005			/	46			/	1740			/	3791	
2006 Q3		/	2032			/	41			/	1764			/	3837	
2006 Q4		/	2074			/	42			/	1804			/	3920	
2007 Q1		/	2122			/	44			/	1841			/	4007	
2007 Q2		/	2218			/	50			/	1919			/	4187	
2007 Q3		/	2287			/	46			/	1930			/	4263	
2007 Q4		/	2343			/	53			/	1955			/	4351	
2008 Q1	1	/	2383	0.04%	0	/	52	0.00%	0	/	2007	0.00%	1	/	4442	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	/	3011	0.03%	0	/	86	0.00%	1	/	2548	0.04%	2	/	5645	0.04%
2010 Q4	4	/	3040	0.13%	0	/	93	0.00%	1	/	2610	0.04%	5	/	5743	0.09%
2011 Q1	2	/	3117	0.06%	0	/	105	0.00%	1	/	2659	0.04%	3	/	5881	0.05%
2011 Q2	1	/	3172	0.03%	1	/	107	0.93%	2	/	2688	0.07%	4	/	5967	0.07%
2011 Q3	2	/	3221	0.06%	0	/	112	0.00%	7	/	2775	0.25%	9	/	6108	0.15%
2011 Q4	2	/	3239	0.06%	0	/	123	0.00%	1	/	2838	0.04%	3	/	6200	0.05%

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		/	3174			/	525	
2006 Q2		/	3248			/	543	
2006 Q3		/	3280			/	557	
2006 Q4		/	3351			/	569	
2007 Q1		/	3418			/	589	
2007 Q2		/	3580			/	607	
2007 Q3		/	3636			/	627	
2007 Q4		/	3723			/	628	
2008 Q1	1	/	3792	0.03%	0	/	650	0.00%
2008 Q2	1	/	3928	0.03%	1	/	683	0.15%
2008 Q3	6	/	4000	0.15%	0	/	724	0.00%
2008 Q4	3	/	4110	0.07%	1	/	732	0.14%
2009 Q1	5	/	4201	0.12%	3	/	774	0.39%
2009 Q2	6	/	4317	0.14%	3	/	803	0.37%
2009 Q3	4	/	4404	0.09%	0	/	804	0.00%
2009 Q4	4	/	4477	0.09%	1	/	833	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	/	894	0.11%
2010 Q4	3	/	4817	0.06%	2	/	926	0.22%
2011 Q1	3	/	4926	0.06%	0	/	955	0.00%
2011 Q2	2	/	4979	0.04%	2	/	988	0.20%
2011 Q3	6	/	5108	0.12%	3	/	1000	0.30%
2011 Q4	2	/	5186	0.04%	1	/	1014	0.10%

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	/	5406.2	0.20%	0	/	102	0.00%	8	/	4556	0.18%	19	/	10074	0.19%
2006 Q2	13	/	5551.8	0.23%	1	/	112	0.89%	5	/	4673	0.11%	19	/	10345	0.18%
2006 Q3	11	/	5610.5	0.20%	0	/	102	0.00%	10	/	4776	0.21%	21	/	10500	0.20%
2006 Q4	11	/	5750.6	0.19%	0	/	113	0.00%	7	/	4846	0.14%	18	/	10730	0.17%
2007 Q1	10	/	5895.9	0.17%	0	/	110	0.00%	8	/	5021	0.16%	18	/	11045	0.16%
2007 Q2	4	/	6055.9	0.07%	1	/	119	0.84%	4	/	5127	0.08%	10	/	11316	0.09%
2007 Q3	8	/	6363.9	0.13%	0	/	118	0.00%	4	/	5233	0.08%	12	/	11727	0.10%
2007 Q4	7	/	6494.1	0.11%	2	/	121	1.66%	5	/	5307	0.09%	14	/	11938	0.12%
2008 Q1	8	/	6622.9	0.12%	1	/	134	0.75%	7	/	5434	0.13%	16	/	12204	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	/	8408.7	0.07%	1	/	217	0.46%	7	/	6945	0.10%	14	/	15583	0.09%
2010 Q4	8	/	8460	0.09%	1	/	243	0.41%	8	/	7124	0.11%	17	/	15851	0.11%
2011 Q1	11	/	8688.5	0.13%	2	/	259	0.77%	6	/	7202	0.08%	19	/	16187	0.12%
2011 Q2	13	/	8872.1	0.15%	2	/	271	0.74%	11	/	7256	0.15%	26	/	16448	0.16%
2011 Q3	8	/	9035.4	0.09%	0	/	297	0.00%	8	/	7484	0.11%	16	/	16895	0.09%
2011 Q4	4	/	9143.5	0.04%	1	/	315	0.32%	3	/	7682	0.04%	8	/	17226	0.05%

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

Quarter	Male				Female			
2006 Q1	12	/	8714.7	0.14%	7	/	1360	0.51%
2006 Q2	9	/	8955.9	0.10%	10	/	1389	0.72%
2006 Q3	18	/	9069.5	0.20%	3	/	1430	0.21%
2006 Q4	12	/	9272.6	0.13%	6	/	1457	0.41%
2007 Q1	13	/	9537.9	0.14%	5	/	1507	0.33%
2007 Q2	9	/	9761	0.09%	1	/	1555	0.06%
2007 Q3	8	/	10100	0.08%	4	/	1626	0.25%
2007 Q4	10	/	10299	0.10%	4	/	1639	0.24%
2008 Q1	14	/	10524	0.13%	2	/	1680	0.12%
2008 Q2	15	/	10844	0.14%	4	/	1753	0.23%
2008 Q3	6	/	11056	0.05%	2	/	1833	0.11%
2008 Q4	12	/	11447	0.10%	1	/	1950	0.05%
2009 Q1	14	/	11680	0.12%	7	/	2030	0.34%
2009 Q2	8	/	12076	0.07%	4	/	2108	0.19%
2009 Q3	9	/	12307	0.07%	3	/	2142	0.14%
2009 Q4	17	/	12489	0.14%	3	/	2188	0.14%
2010 Q1	11	/	12708	0.09%	5	/	2221	0.23%
2010 Q2	6	/	12950	0.05%	5	/	2310	0.22%
2010 Q3	10	/	13263	0.08%	4	/	2320	0.17%
2010 Q4	13	/	13445	0.10%	4	/	2406	0.17%
2011 Q1	13	/	13673	0.10%	6	/	2514	0.24%
2011 Q2	13	/	13882	0.09%	13	/	2566	0.51%
2011 Q3	10	/	14216	0.07%	6	/	2679	0.22%
2011 Q4	3	/	14536	0.02%	5	/	2691	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	/	2074	11.76%	3	/	42	7.14%	209	/	1793	11.66%	458	/	3920	11.68%
2007 Q1	242	/	2122	11.40%	1	/	44	2.27%	165	/	1832	9.01%	408	/	4006	10.18%
2007 Q2	219	/	2218	9.87%	0	/	50	0.00%	168	/	1913	8.78%	388	/	4187	9.27%
2007 Q3	156	/	2287	6.82%	2	/	46	4.35%	120	/	1925	6.23%	279	/	4263	6.54%
2007 Q4	226	/	2343	9.65%	1	/	53	1.89%	166	/	1949	8.52%	393	/	4351	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	136	/	3010	4.52%	1	/	86	1.16%	111	/	2543	4.36%	248	/	5645	4.39%
2010 Q4	129	/	3040	4.24%	4	/	93	4.30%	108	/	2601	4.15%	241	/	5743	4.20%
2011 Q1	131	/	3118	4.20%	4	/	105	3.81%	117	/	2640	4.43%	253	/	5881	4.30%
2011 Q2	122	/	3172	3.85%	4	/	107	3.74%	91	/	2669	3.41%	217	/	5967	3.64%
2011 Q3	130	/	3220	4.04%	10	/	112	8.93%	104	/	2747	3.79%	244	/	6108	3.99%
2011 Q4	108	/	3239	3.33%	6	/	123	4.88%	80	/	2793	2.86%	194	/	6200	3.13%

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	/	3351	12.12%	52	/	569	9.14%
2007 Q1	346	/	3417	10.13%	62	/	589	10.53%
2007 Q2	327	/	3580	9.13%	61	/	607	10.05%
2007 Q3	216	/	3636	5.94%	63	/	627	10.05%
2007 Q4	325	/	3723	8.73%	68	/	628	10.83%
2008 Q1	309	/	3791	8.15%	57	/	650	8.77%
2008 Q2	387	/	3928	9.85%	71	/	683	10.40%
2008 Q3	280	/	4000	7.00%	62	/	724	8.56%
2008 Q4	259	/	4109	6.30%	57	/	732	7.79%
2009 Q1	260	/	4201	6.19%	64	/	774	8.27%
2009 Q2	201	/	4317	4.66%	65	/	803	8.09%
2009 Q3	178	/	4404	4.04%	48	/	804	5.97%
2009 Q4	195	/	4477	4.36%	32	/	833	3.84%
2010 Q1	192	/	4566	4.20%	39	/	854	4.57%
2010 Q2	169	/	4637	3.64%	49	/	871	5.63%
2010 Q3	196	/	4751	4.13%	52	/	894	5.82%
2010 Q4	185	/	4817	3.84%	56	/	926	6.05%
2011 Q1	190	/	4926	3.86%	63	/	955	6.60%
2011 Q2	159	/	4979	3.19%	58	/	988	5.87%
2011 Q3	192	/	5108	3.76%	52	/	1000	5.20%
2011 Q4	145	/	5186	2.80%	49	/	1014	4.83%

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