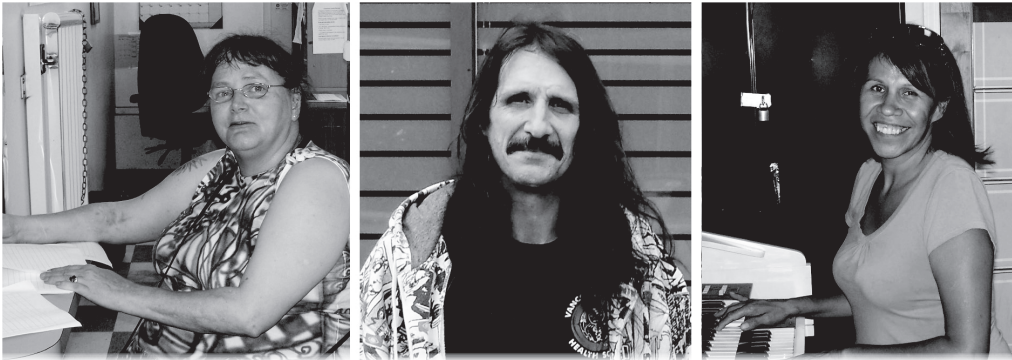


STOP HIV/AIDS Update

"Seek and Treat for Optimal Prevention of HIV/AIDS"

No. 2, Fall 2010



In this issue:

Project Updates: HIV Testing	1
Project Updates: Care and Treatment	2
Project Updates: Community Engagement	2
STOP HIV/AIDS in the News	2
New Aboriginal Community Reps	3
Funding Information	3
Frequently Asked Questions	4

Project Updates: What improvements have been made through the STOP HIV/AIDS initiative?

1. HIV Testing

Roughly one in four British Columbians living with HIV do not know they are infected. It is important to identify new infections quickly and accurately, as delayed diagnosis increases the risk of serious complications and death. Not knowing one's status also increases the likelihood of transmitting HIV to others through unprotected sexual contact, needle sharing, and other risk behaviours. To effectively detect new infections and link individuals to appropriate health care services, the STOP HIV/AIDS partners have begun to expand the availability of point-of-care testing throughout Vancouver's inner city and Prince George.

Highlights of this expansion include:

- Point-of-care testing is now provided through primary outreach services at 19 single occupancy hotels and seven shelters in Vancouver's Downtown Eastside.
- HIV screening has been expanded for gay men, and other men who have sex with men.
- Vancouver Coastal Health (VCH) is supporting increased HIV screening through the Vancouver Native Health Society youth clinic, the Insite supervised-injection facility, key primary care clinics, and mental health and addiction services.
- Sites have been selected for the expansion of point-of-care testing in Prince George. A six-week program will launch at Prince George's needle exchange to evaluate the proposed testing model before it is introduced at other sites. An overall strategy for increasing testing and linkage to support services is also under development.

- Northern Health's Screening and Testing group has been expanded to include corrections, public health, and primary care.

- The Provincial Health Services Authority (PHSA) laboratories are providing additional support to the project partners to expand HIV testing (both standard and point-of-care tests) and ancillary testing.

- Staff and partners of participating organizations have been trained in HIV testing and care. VCH has educated more than 700 individuals in screening and care guidelines, while Providence Health Care (PHC) has introduced training for nurses in point-of-care testing.

- The BC Centre for Excellence in HIV/AIDS (BC-CfE) has developed an HIV/AIDS preceptorship program to educate nurse practitioners in HIV testing and care and is offering an educational opportunity for primary care providers on HIV diagnosis and management in primary care settings. It is expected that more than 200 primary care providers will attend, and the event will be broadcast live to 10 remote sites across BC.

- PHC now provides point-of-care testing for sero-discordant couples (one infected and one uninfected partner) and the social networks of current HIV patients.

Next Page: Care and Treatment/Community Engagement

STOP HIV/AIDS Project Goals

- Ensure timely access to high-quality and safe HIV/AIDS care and treatment
- Reduce the number of new HIV infections
- Reduce the impact of HIV/AIDS through effective screening and early detection
- Improve the patient experience in every step of the HIV/AIDS journey
- Improve the efficiency and cost-effectiveness of HIV/AIDS service delivery

The project's strategic goals are supported by the following initiatives:

- We must transform how we screen for HIV
- We must streamline HIV/AIDS diagnosis and linkage to care
- We must continue to develop site-specific programs to consistently deliver high-quality services across participating pilot sites
- We must deal with the determinants of health that are negatively influencing the health of people living with HIV and AIDS
- We must engage in a highly collaborative process that will allow us to learn from each other and turn knowledge into practice

For more information please contact:

Graham Pollock
BC Centre for Excellence in HIV/AIDS
604-806-9093
gpollock@cfenet.ubc.ca

STOP HIV/AIDS online:

www.cfenet.ubc.ca/our-work/programs/stop-hiv-aids

2. Care and Treatment

STOP HIV/AIDS initiatives to increase engagement and retention in HIV care and treatment programs are as follows:

- VCH is supporting the Vancouver Native Health Society in enrolling new clients in HIV care and assessing the effectiveness of peer support and traditional Aboriginal healing approaches.

- VCH is creating a focused strategy to support HIV-positive people in reconnecting and staying engaged in care, working with providers across the system of care, including primary care practices.

- Northern Health has formed a working group for medication management and hired a pharmacist to coordinate antiretroviral medication and provide consultation and quality assurance.

- The Northern Blood Borne Pathogens Working Group is reviewing Northern Health's service delivery system to identify current drivers, map existing processes, and provide input regarding goals, gaps, harm reduction, and the best way to support the Aboriginal community.

- The BC Centre for Disease Control, in partnership with the BC-CfE, is working to establish a data sharing and linkage system that will support enhanced surveillance and evaluation capabilities.

3. Community Engagement

To ensure the pilot project is responsive to the needs of persons living with HIV/AIDS and key community stakeholders, a community engagement process has been initiated by the project partners:

- VCH has completed a community engagement process involving 13 focus groups consisting of Aboriginal people, gay men, and other populations. The resulting recommendations will inform ongoing project implementation. The report is publicly available.

- Primary care guidelines are under development by the BC-CfE, and toll-free lines have been set up for physicians and pharmacists to connect with the St. Paul's Hospital Immunodeficiency Clinic.

- The BC-CfE, in consultation with the College of Registered Nurses of British Columbia, is facilitating policy changes to allow nurse practitioners to renew antiretroviral prescriptions.

- A clinical indicators report has been prepared by the BC-CfE in partnership with the BC Centre for Disease Control to provide information on 19 of the 31 indicators chosen to monitor implementation of STOP HIV/AIDS.

- The BC-CfE is facilitating the development of a provincial HIV/AIDS structured learning collaborative. An HIV quality improvement expert group is meeting to set topics, targets, and measurements for implementation.

- PHC is increasing capacity to accept new patients and improving follow-up with patients who are 'lost to care'. An increase in staffing has resulted in 52 patients registered with the St. Paul's Hospital Immunodeficiency Clinic. Twenty-five complex patients disengaged in care were contacted by PHC nurses; 15 were re-engaged in care and weekly follow-up has been instituted for missed appointments. An inpatient "link nurse" is now in

- PHSA's Aboriginal Program is sharing its Indigenous cultural competency training with all STOP HIV/AIDS staff and leadership. Increased training will support improved Aboriginal outcomes. PHSA is also supporting the Aboriginal representatives on the STOP HIV/AIDS Leadership Committee to develop an Aboriginal community engagement plan.

- Northern Health is planning to hire a Blood Borne Pathogens Navigation Lead to coordinate integration of care and services in the community.



STOP HIV/AIDS aims to improve HIV testing, treatment, and linkage to health care services for individuals facing multiple barriers to care in Vancouver's inner city and Prince George.

place to ensure patients are engaged in care prior to discharge from the inpatient HIV/AIDS unit.

- Data monitoring has been improved at PHC's Immunodeficiency Clinic (St. Paul's Hospital) to better track CD4 counts and viral loads for all registered patients.

Other Notes:

- Scientific evaluation covering several areas of the STOP HIV/AIDS concept has been published in peer-reviewed journals.

- The BC-CfE has worked to increase awareness of the STOP HIV/AIDS project at the local, national, and international levels. This initiative has now received significant attention from UNAIDS, the World Health Organization, and other international organizations and media.

In the news: STOP HIV/AIDS makes headlines at AIDS 2010

"Treatment as prevention," the groundbreaking, made-in-BC concept behind the STOP HIV/AIDS pilot project was a key theme of the XVIII International AIDS Conference, held in Vienna from July 18 to 23.

Researchers, health care providers, and policy makers alike embraced the strategy as a key tool to stop the spread of HIV and AIDS while praising British Columbia's leadership as the first jurisdiction to put the concept into practice. AIDS 2010 also saw the endorsement of "treatment as prevention" by the United Nations under the title "Treatment 2.0" as the cornerstone of its strategy to prevent 10 million AIDS deaths worldwide by 2025.

Throughout the Vienna conference, STOP HIV/AIDS and "treatment as prevention" generated significant interest among local, national, and international media, capturing headlines in the *Vancouver Sun*, *The Province*, the *Globe and Mail*, the *Toronto Star*, *The Guardian*, *The Economist*, CBC, CTV, CNN, and BBC, among many other media outlets.

Media Spotlight

The positive impact STOP HIV/AIDS will have for individuals living with HIV and AIDS in northern British Columbia was highlighted in two interviews with CBC's *Daybreak North* in July.

Dr. Julio Montaner, director of the BC-CfE, and Dr. Susan MacDonald, Northern Interior medical director for Northern Health, discussed the pilot project's objectives and emphasized the importance of improving HIV screening and treatment in British Columbia.

New Aboriginal community representatives for STOP HIV/AIDS

Emma Palmantier and **Doreen Littlejohn**, two tireless advocates for improving treatment and care for Aboriginal persons living with HIV and AIDS, are part of the STOP HIV/AIDS Leadership Committee as Aboriginal community representatives. Both Emma and Doreen will play a key role in upholding the project's commitment to engage Aboriginal individuals in culturally sensitive treatment and help them overcome multiple barriers to care.



Emma Palmantier

Emma Palmantier's experience in Aboriginal politics and northern health issues, including HIV/AIDS is extensive. She joins the STOP HIV/AIDS Leadership Committee as a community representative for British Columbia's northern Aboriginal communities.

Emma is currently the chair of the Northern Aboriginal HIV/AIDS Task Force, whose mandate is to address the disproportionately high rate of HIV/AIDS infection among Aboriginal persons in Northern B.C. She also serves as a council member of the BC Red Road HIV/AIDS Network, sits on the Genome BC Society and Ethics Advisory Committee, and is a member of the board of directors for Prince George Native Friendship Centre. Emma has been appointed to the BC Chiefs Health Committee and the National Chiefs Housing Committee, and has previously addressed the Senate of Canada and the BC Legislature.

Emma has studied in the Business Management program at Camosun College, facilitated the BC AFN/DIA joint initiative, and worked for the College of New Caledonia and the Northern Health Authority.



Doreen Littlejohn

Doreen Littlejohn, RN, has been the Nurse Coordinator of the Positive Outlook Program (POP) at the Vancouver Native Health Society (VNHS) since 1997. Doreen also has a private Nurse Counselling Practice with Chaldecott Medical Clinic. She is passionate about making a difference in the lives of those who have no voice.

Doreen was instrumental in establishing the POP at VNHS, which is a community-based, grassroots HIV/AIDS model that emphasizes multidisciplinary care to link clients with primary and specialized health care at health services in the neighborhood. A core component of the program is informed by Aboriginal philosophies of health and well being, emphasizing holistic health by combining spiritual, traditional, mental, and emotional needs with physical.

Doreen has been honoured by her staff with an Ojibway name, "Kanatamgate," meaning "one who fights for the rights of others." She urges all nurses to work together to break down the barriers facing the HIV-positive Aboriginal population.

STOP HIV/AIDS Funding Table

To support the implementation of STOP HIV/AIDS, \$48 million in funding has been committed by the Government of British Columbia over the four-year duration of the pilot project. Funding will be allocated to the participating health authorities according to the table below:

Health Authority/Program	2009/10 Operating Costs (\$M)	2010/11 Operating Costs (\$M)	2011/12 Operating Costs (\$M)	2012/13 Operating Costs (\$M)
Vancouver Coastal Health Authority	680,000	2,000,000	7,000,000	7,000,000
Northern Health Authority	200,000	720,000	2,500,000	2,500,000
Provincial Health Services Authority	180,000	360,000	1,640,000	1,640,000
SUBTOTAL:	1,060,000	3,080,000	11,140,000	11,140,000
Providence Health Care (IDC and Laboratory)	330,000	420,000	2,600,000	2,600,000
BC Centre for Excellence in HIV/AIDS	270,000	1,400,000	2,760,000	2,760,000
SUBTOTAL:	600,000	1,820,000	5,360,000	5,360,000
Pharmaceutical Costs (Provincial HIV Drug Treatment Program)	N/A	2,000,000	3,400,000	3,400,000
TOTAL:	1,660,000	6,900,000	19,900,000	19,900,000

Frequently Asked Questions about STOP HIV/AIDS

Q: Why is STOP HIV/AIDS not available in all health authorities? Will the program expand to other regions of British Columbia?

A: HIV affects people all over the province, and the STOP HIV/AIDS initiative aims to improve access to care and treatment that is appropriate and safe for all British Columbians in need. However, recently documented increases in HIV-related deaths in Vancouver's inner city and Prince George have demonstrated the need to focus our efforts in these regions. The Government of British Columbia has provided funding to improve HIV care and treatment to prevent HIV/AIDS deaths. After the pilot project is completed in 2013 and success is demonstrated, these improvements will be implemented in other regions of the province.

Q: What happens if I move to a different health authority that is not participating in the pilot project?

A: HIV/AIDS treatment and care are already available throughout British Columbia, regardless of where an individual lives. Your medical care and HIV treatment will not be interrupted if you move outside the pilot project health authorities. STOP HIV/AIDS aims to help connect individuals who are not receiving HIV/AIDS care with testing, treatment, and support services.

Q: Is STOP HIV/AIDS a research program?

A: No. STOP HIV/AIDS is a pilot project to ensure that people in need of HIV care and treatment can access the services they need. HIV medication is only provided to individuals in need, according to current guidelines for treatment. Your doctor can only advise treatment and recommend medications – the ultimate decision to begin treatment must be made by you.

Q: Will I receive experimental treatments if I participate in STOP HIV/AIDS?

A: No. Only government-approved medications are provided to people receiving HIV/AIDS treatment in British Columbia. No experimental or untested medications will be given. Approval of HIV medications is only granted after a rigorous process to prove the drugs are safe for all individuals. The BC Centre for Excellence in HIV/AIDS has a program to monitor the toxicities of HIV drugs and will warn doctors and pharmacists of any potential side-effects or hazards.

Q: Will I be taken off treatment when the pilot project ends?

A: No. Once you begin antiretroviral treatment, you must continue taking your medication to effectively suppress HIV. This treatment is available in all regions of British Columbia, and the provincial government has already allocated the resources to ensure you can access the treatment you need. Plans are already in place to ensure that improvements to treatment and care will be sustained and incorporated into existing services.

Q: Will I be forced onto treatment?

A: The decision to start treatment depends on several factors and is based on patient readiness and scientific recommendations. Starting HIV medication depends on the symptoms or signs that HIV is progressing, whether or not other chronic conditions are present (e.g. Hepatitis C, diabetes, heart disease), and the results of certain laboratory tests (e.g. CD4 count, plasma viral load). Beginning HIV treatment before the disease progresses decreases the risk of serious complications and death.

Q: What is "treatment as prevention"?

A: "Treatment as prevention" is the notion that the same medications used to improve the health of individuals living with HIV and AIDS can also help prevent transmission to uninfected people. Recent studies have demonstrated that once an individual starts HIV medication and takes it consistently, the virus is reduced to very low levels and the probability of HIV transmission is greatly decreased. However, transmission can still occur, and it is important to use other prevention methods as well (e.g. condoms, clean needles).

Q: Will STOP HIV/AIDS invade patient privacy and violate patient confidentiality?

A: No. The STOP HIV/AIDS pilot project fully respects all laws protecting the privacy and confidentiality of individuals who access health care services in British Columbia. Participating in the STOP HIV/AIDS pilot project will not result in disclosure of your personal information or health records.