STOP HIV/AIDS Pilot Project

INDICATORS QUARTERLY REPORT: January 1st through March 31st 2011 (Q1)

SUBMITTED TO:
The BC Ministry of Health Services

SUBMITTED BY:
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Introduction

STOP HIV/AIDS Overview

The Seek and Treat for Optimal Prevention of HIV AIDS (STOP 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 to and retention in 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 linkages between data sources are required and are not yet complete (Appendix A provides 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 HSDA 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 achieved. It is also important to acknowledge the inherent difficulty in ascribing changes in indicators directly to the STOP HIV/AIDS initiative given the complex, rapidly progressing nature of HIV-related care, research and service delivery in the context of a dynamic health care and data-collection systems.

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

Indicator 1: Number of HIV test episodes		
Target:	Increase by 50%	
Actual:	VAN: 16,452 testing episodes in 2011 Q1	NI: 1,521 testing episodes in 2011 Q1

Figure 1.1 Number of HIV test episodes by HSDA

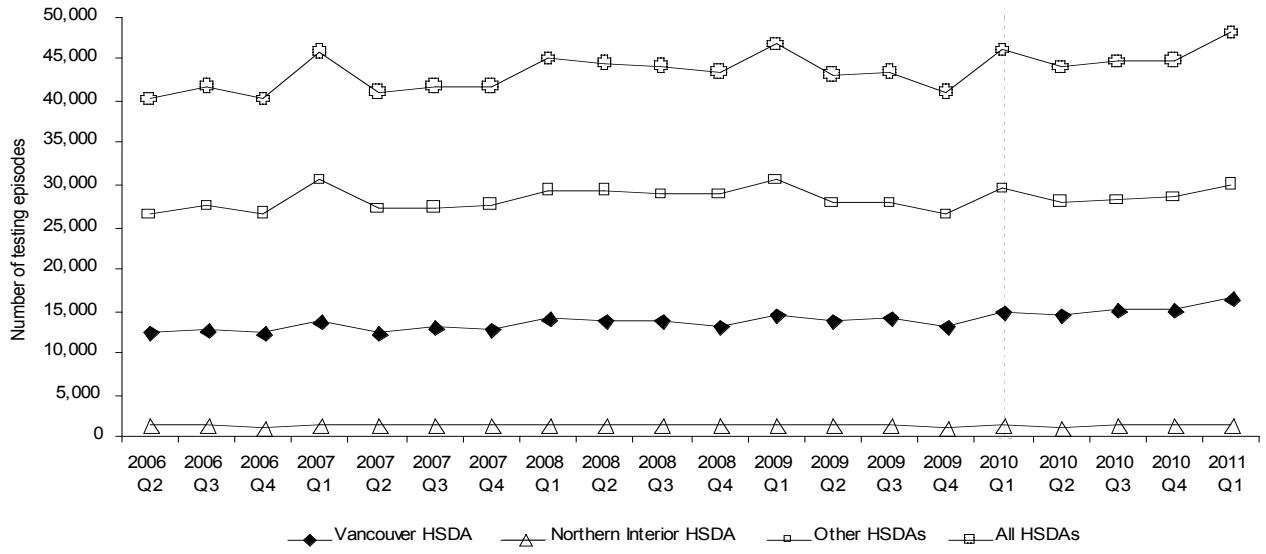


Figure 1.2 Number of HIV test episodes by HSDA – Males

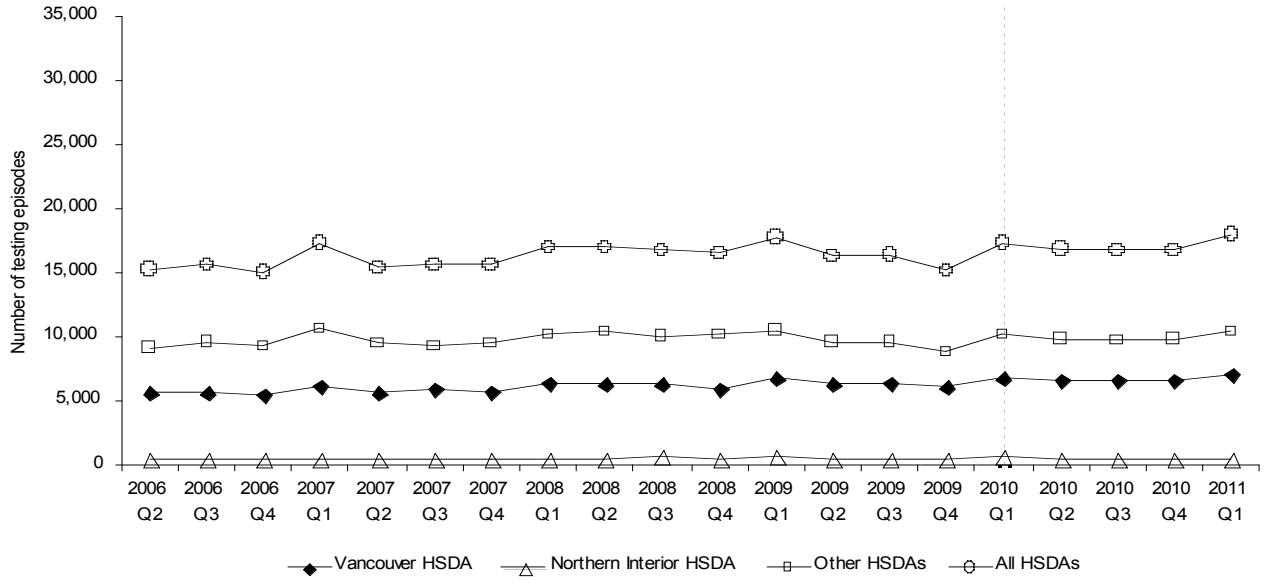


Figure 1.3 Number of HIV test episodes by HSDA – Females

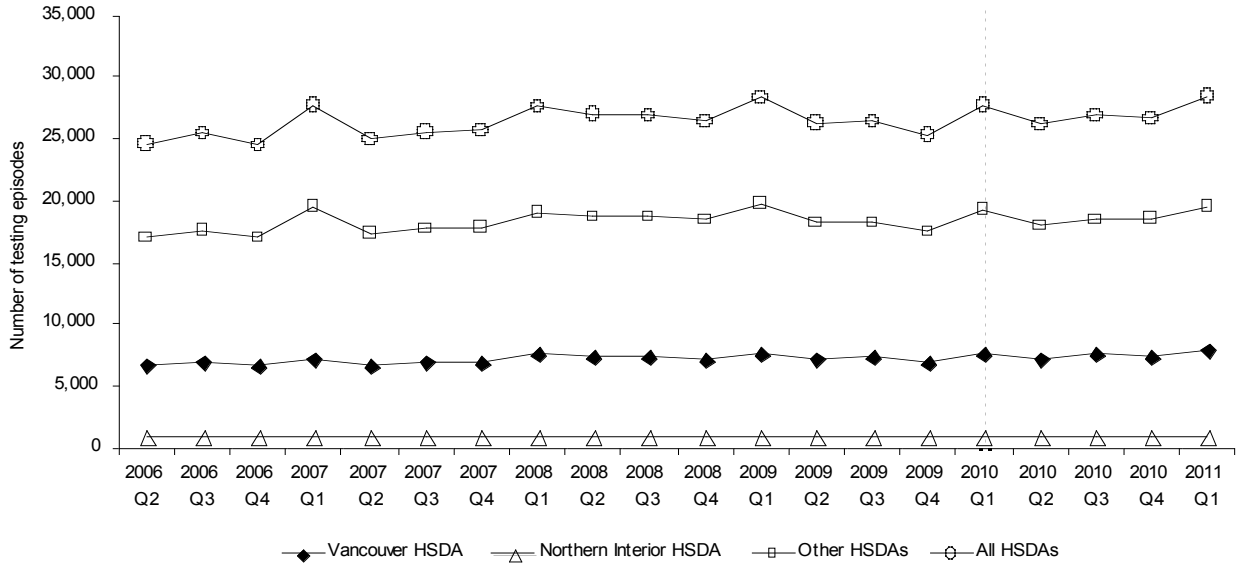
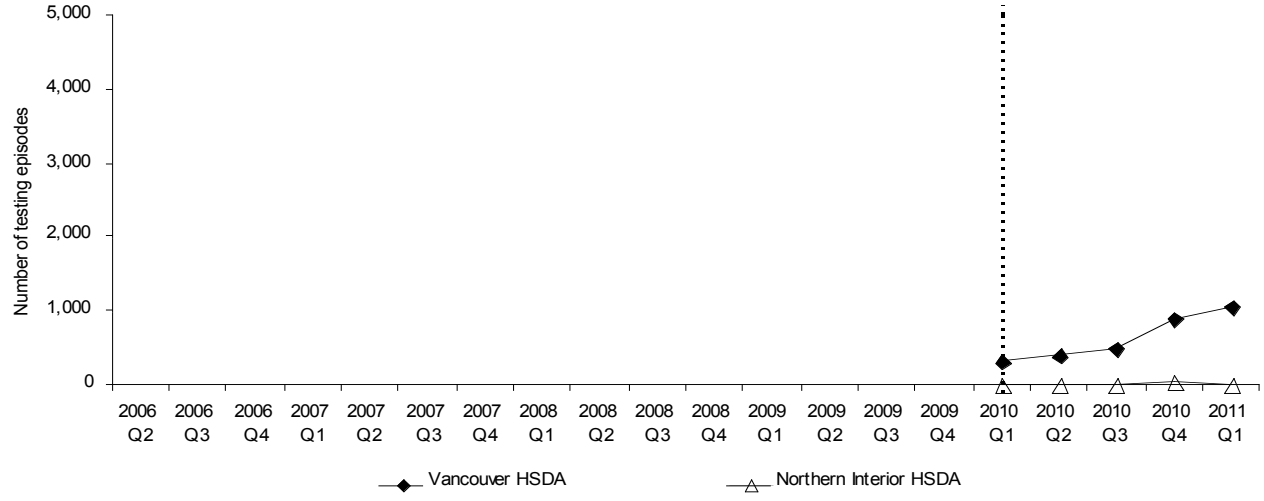


Figure 1.4 Number of POC HIV tests by HSDA



Indicator 1: Number of HIV test episodes

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

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

Figure 2.1 Population HIV testing rate by HSDA

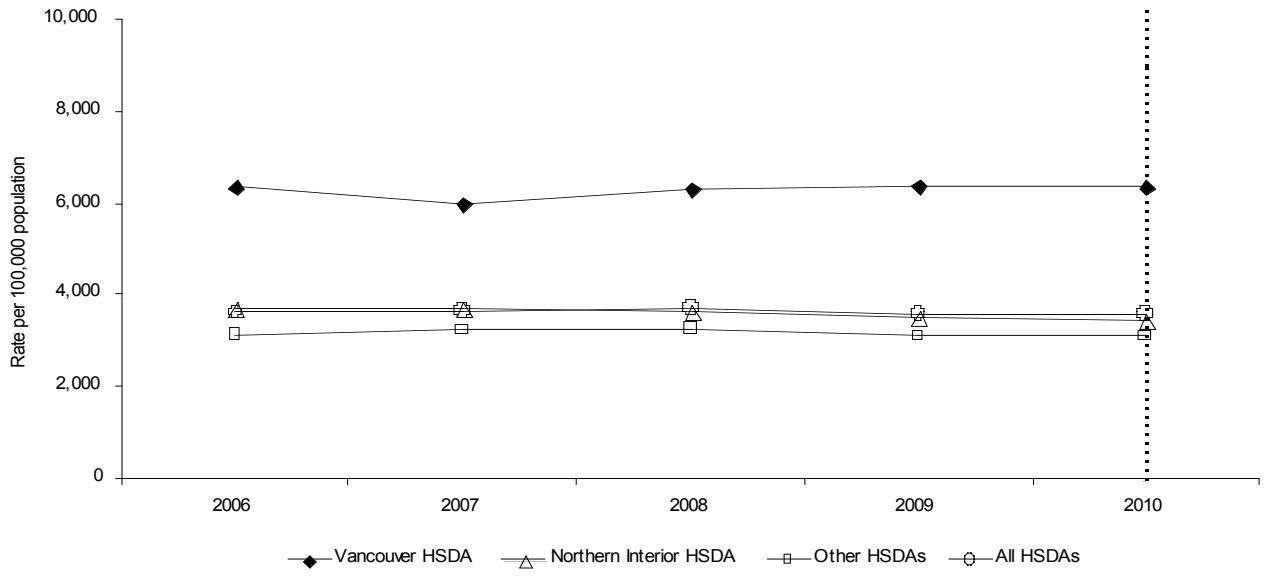


Figure 2.2 Population HIV testing rate by HSDA – Males

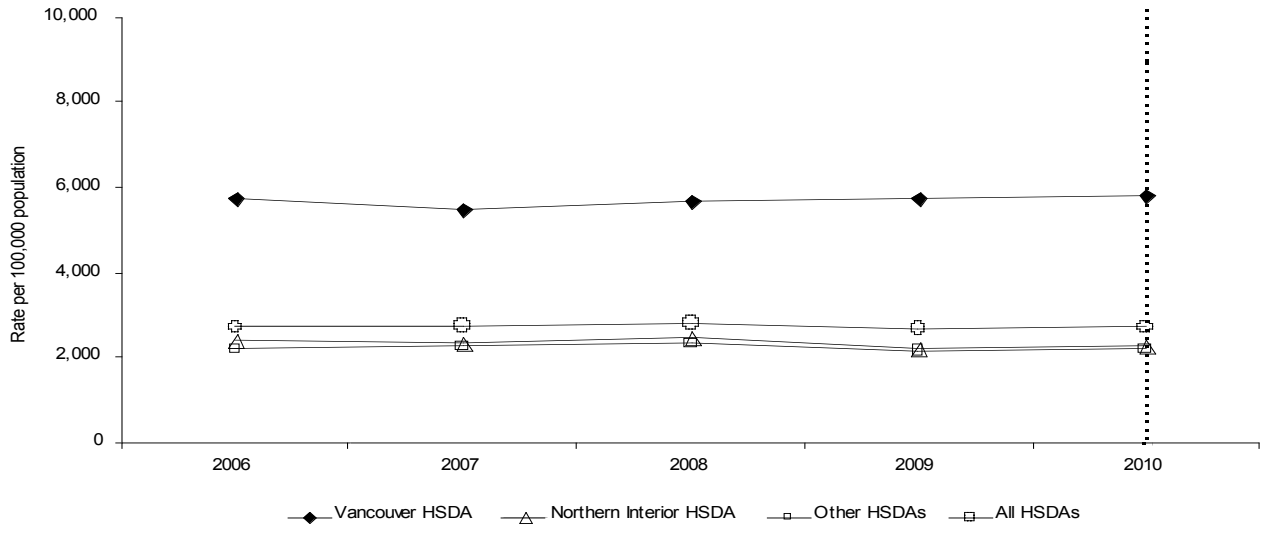
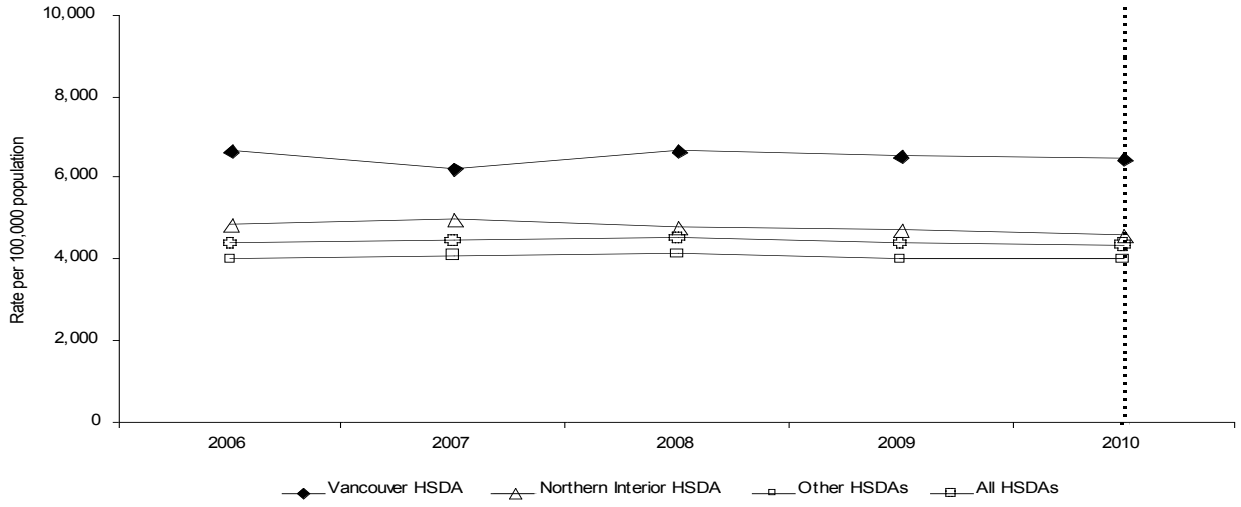


Figure 2.3 Population HIV testing rate by HSDA – Females



Indicator 2: Population HIV testing rates

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

Indicator 3: Number of new HIV diagnoses		
Target:	Increase during first two years, then decrease	
Actual:	VAN: 27 persons in 2011 Q1 (by Residence)	NI: 0 persons in 2011 Q1 (by Residence)

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

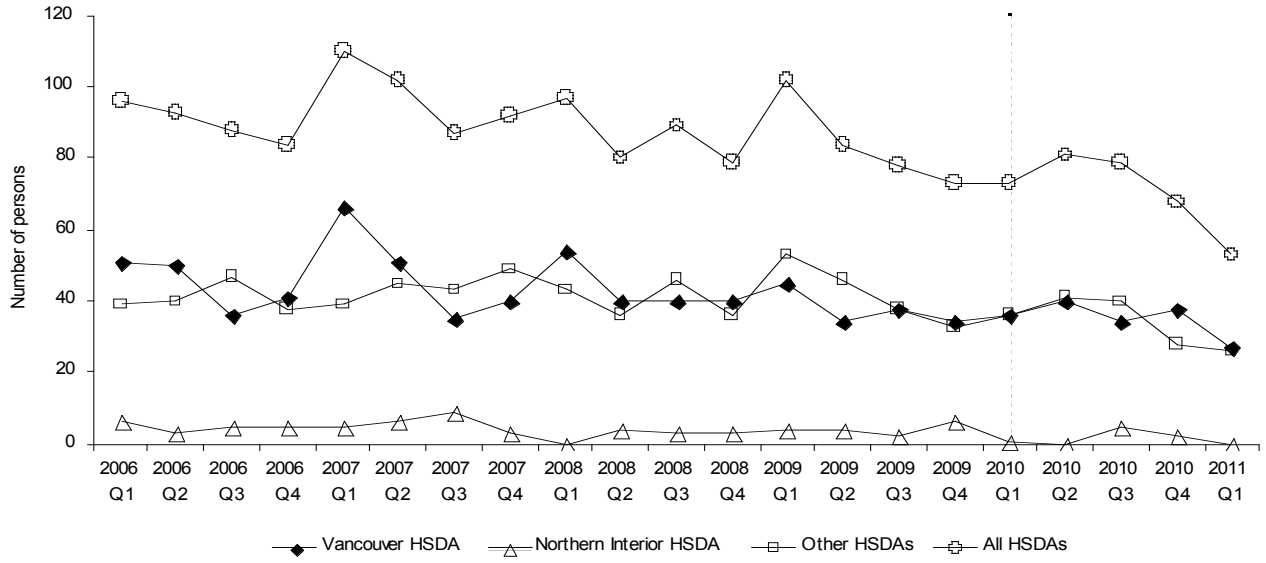


Figure 3.2 Number of new HIV diagnoses by HSDA – Allocated by ORDERING CLINICIAN

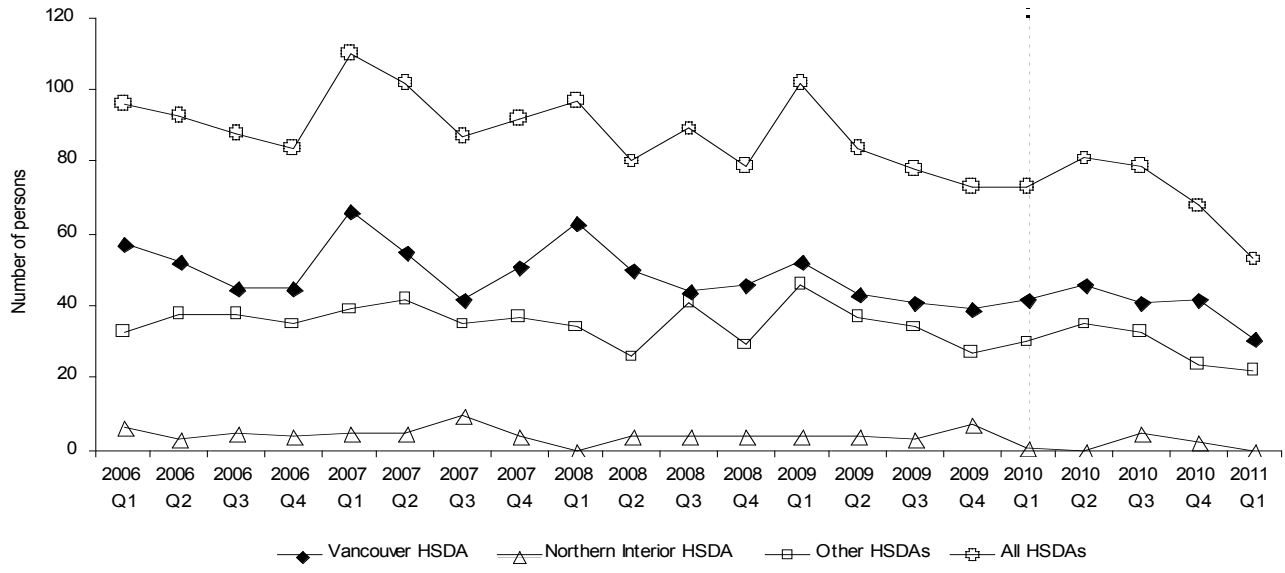
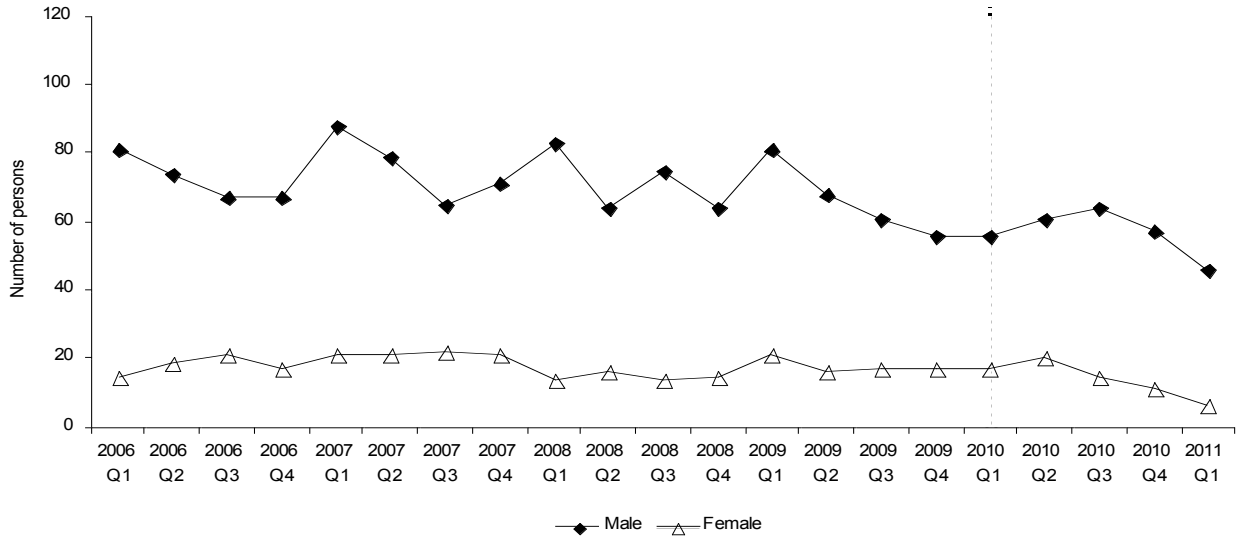


Figure 3.3 Number of new HIV diagnoses, by gender



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 Q1. In Northern Interior HSDA, the number of new HIV diagnoses per quarter is variable. In other HSDAs, the number of new diagnoses has decreased; this trend was also observed in BC for both males and females.
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. •

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

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	Allocation by Residence: Since 2010 Q1, the number of new HIV diagnoses per quarter in Vancouver HSDA has been stable. In Northern Interior HSDA, the number of new HIV diagnoses per quarter is variable. In other HSDAs the number of new diagnoses has decreased in 2010 Q4; this trend was also observed in BC for both males and females.

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

Figure 4.1 Rate of new AIDS case reports by HSDA

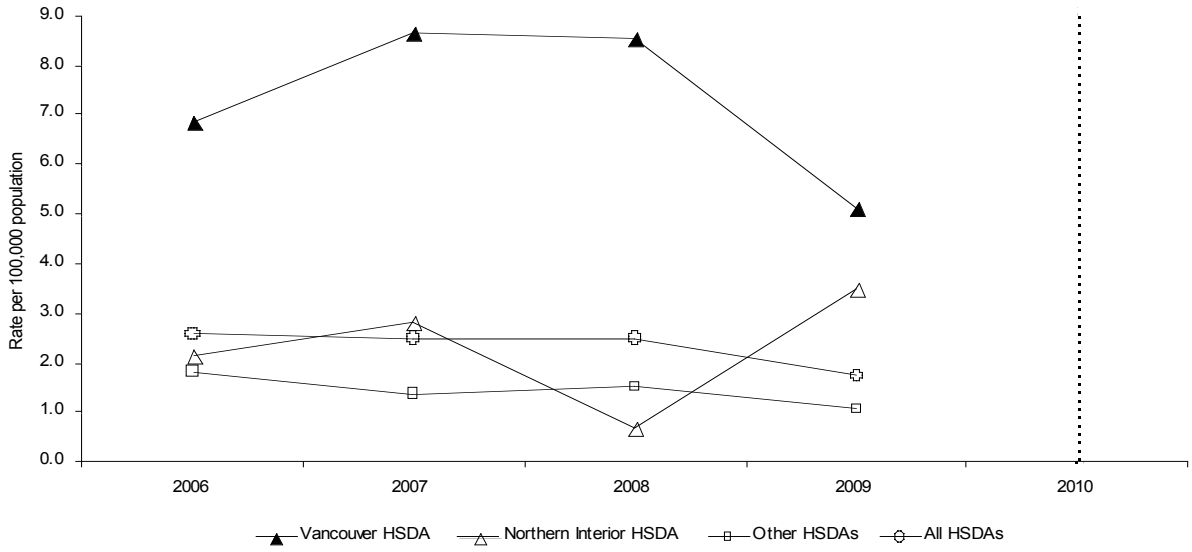
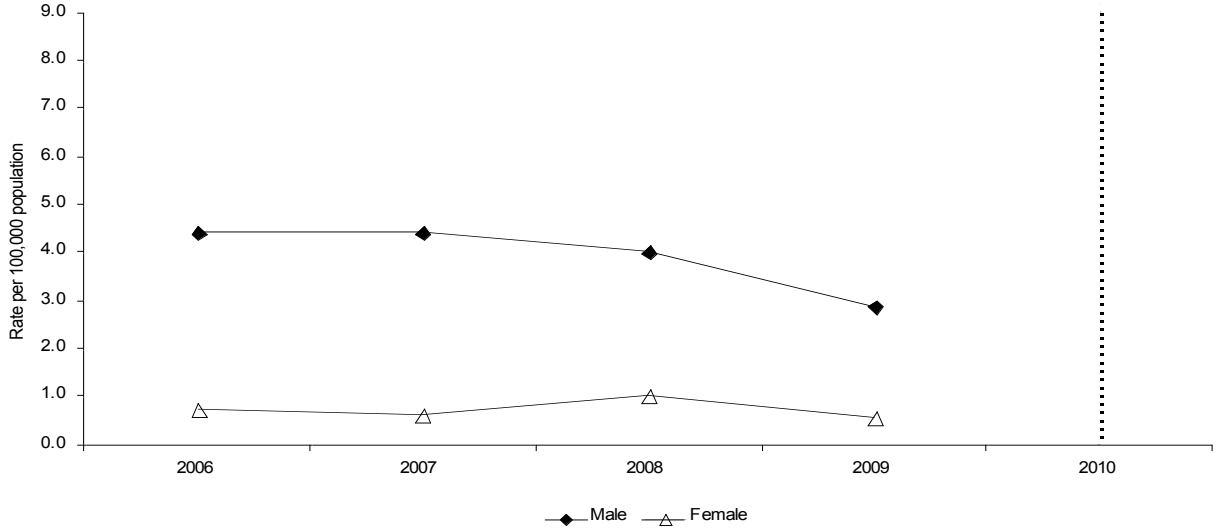


Figure 4.2 Rate of new AIDS case reports by gender (BC)



Indicator 4: Rate of new AIDS case reports

Interpretations & Comments	In 2009, the rate of new AIDS case reports in Vancouver HSDA and Other HSDAs decreased while the trend in Northern Interior HSDA remains variable. The rate of new AIDS case reports in 2009 decreased for both males and females.
Description of Measure	The rate of individuals with an AIDS case report, which indicates the first diagnosis of an AIDS defining illness in an individual with HIV infection.
Significance	Presentation with an AIDS defining illness may indicate delayed diagnosis of HIV, delays in initiation of HAART or sub-optimal management of HAART.
Data Source(s)	• Provincial HIV/AIDS surveillance database at BCCDC. • The majority of AIDS case reports are reported by the Drug Treatment Program (DTP) at the BC CfE, which submits data twice yearly to BCCDC.
Calculation Method	• Multiple AIDS case report forms may be submitted for the same individual; only the first case report form is included in the rate of new AIDS case reports.[2] • Denominator: Population of HSDA • Numerator: Number of individuals with an AIDS case report • Allocation by HSDA is based on address of the individual with an AIDS case report at the time of reporting, or if unknown, address of clinician or clinic completing the AIDS case report form. • Unit of analysis is the rate of new AIDS case reports per 100,000 population per year.
Limitations	• In BC, AIDS surveillance is based on passive reporting initiated by care providers, and under-reporting is likely. There is an expected reporting delay of up to 12 months and this indicator will only be generated at the end of the following calendar year (i.e., data for 2010 will be available in January 2012). • In Northern Interior HSDA, there will be greater variability for this indicator due to small numbers making trends more difficult to interpret.
Notes	In 2010, the BC-CfE 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: 0.26% in 2011 Q1	NI: 0.0% in 2011 Q1

Figure 5.1 Percentage positivity among persons tested for HIV by HSDA

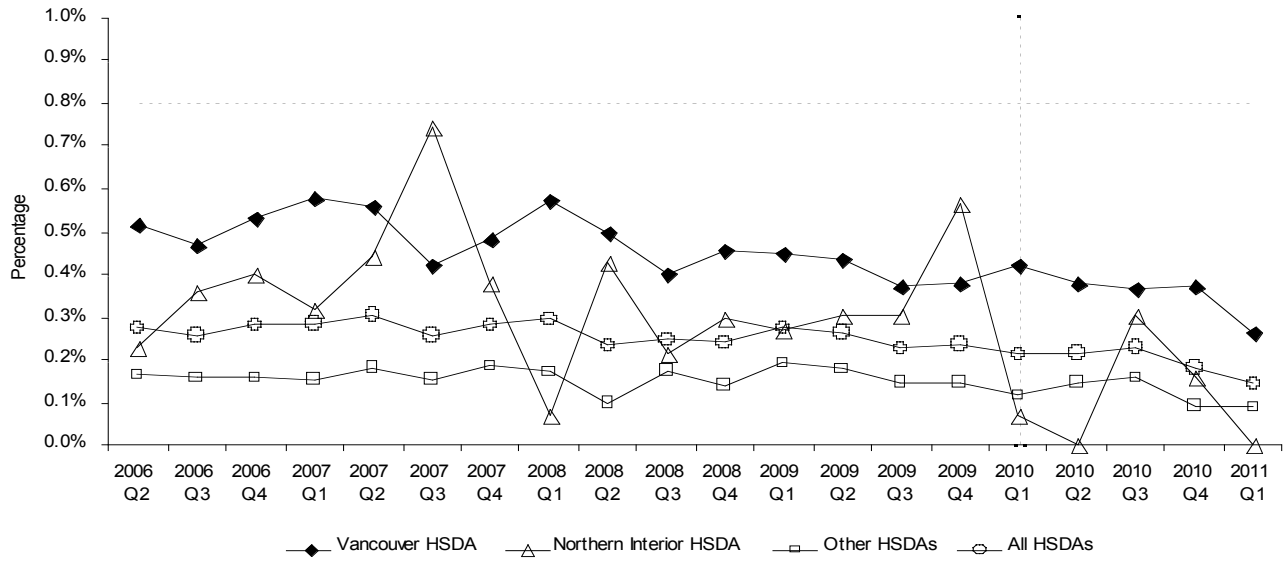
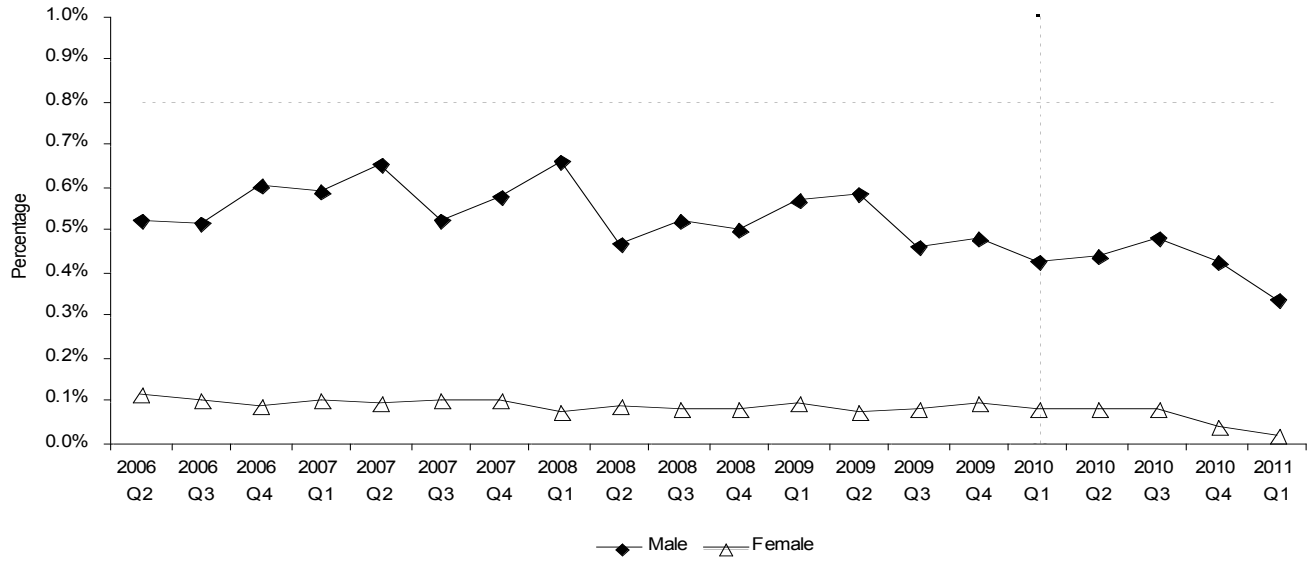


Figure 5.2 Percentage positivity among persons tested for HIV, by gender (BC)



Indicator 5: Percentage positivity among persons tested for HIV

Interpretations & Comments	In general, the trend in Vancouver HSDA and Other HSDAs is towards decreasing percentage positivity, 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 persons tested for HIV in 2011 Q1 decreased for both males and females.
Description of Measure	The percentage of unique individuals who are tested for HIV who have a positive HIV test.
Significance	Percentage positivity may be a better reflection of the effectiveness of HIV screening and case-finding than overall test volume or new diagnoses of HIV. This indicator is influenced by HIV screening initiatives (percentage positivity may increase or decrease depending on the overall test volume and reach into populations with undiagnosed HIV infection) and decreases in HIV incidence, which would result in decreased percentage positivity.
Data Source(s)	• Misys Laboratory database at the Provincial Public Health Microbiology and Reference Laboratory (PHSA). • Provincial HIV/AIDS surveillance database at BCCDC.
Calculation Method	• Denominator: Number of unique individuals tested for HIV • Numerator: Number of unique individuals tested for HIV who have a first positive HIV test • Allocation by HSDA is based on address of ordering clinician or clinic, or if unknown, address of individual undergoing HIV testing. • Unit of analysis is the percentage positivity of all HIV tests per quarter.
Limitations	• As per Indicators 1 and 2. • The numerator includes individuals who have a first positive HIV test in HIV laboratory data (repeat positive tests are excluded). Individuals having a previous positive HIV test outside of BC, or who test using different identifiers, are included in the numerator. • May be difficult to interpret significance of trends given influence of both HIV testing trends and HIV incidence on this variable. In Northern Interior HSDA, there will be greater variability for this indicator due to small numbers making trends more difficult to interpret.
Notes	
Revisions	• Breakdown by gender included. (Oct 2010) • Improvement to the method for data analysis has revised the values of this indicator slightly from the November 10, 2010 report. (Jan 2011)

Indicator 6a: Proportion of individuals tested for syphilis who are tested for HIV at the same clinical encounter		
Target:	Increase	
Actual:	VAN: 82.3% in 2011 Q1	NI: 85.7% in 2011 Q1

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

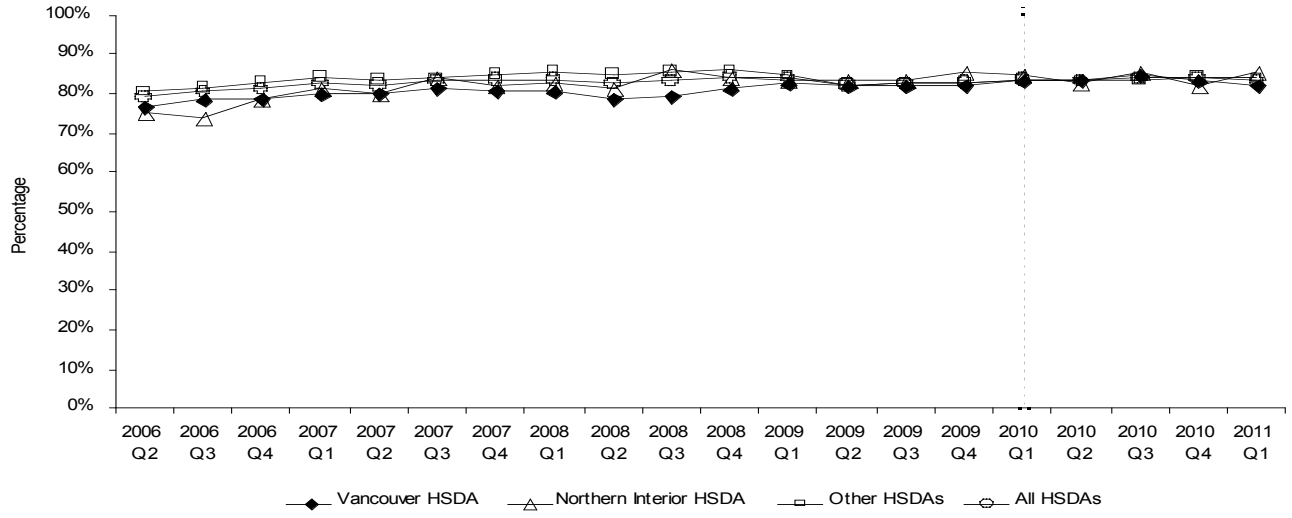


Figure 6a.2 Proportion of individuals tested for syphilis who are tested for HIV at the same clinical encounter by HSDA – Males

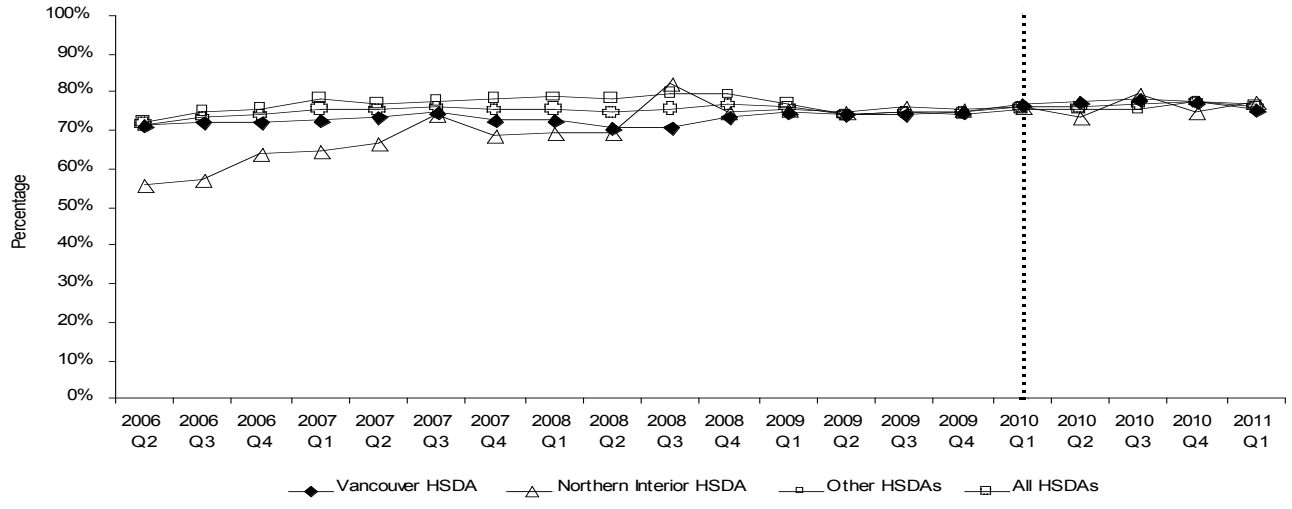
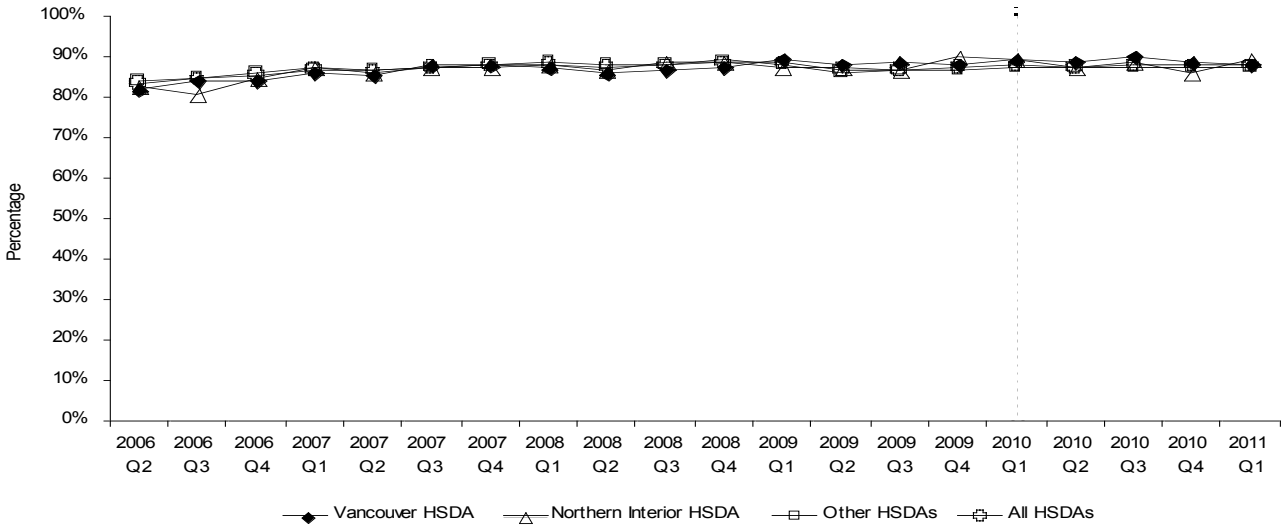


Figure 6a.3 Proportion of individuals tested for syphilis who are tested for HIV at the same clinical encounter by HSDA – Females



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: 41.2% in 2010 Q4	NI: 16.0% in 2010 Q4

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

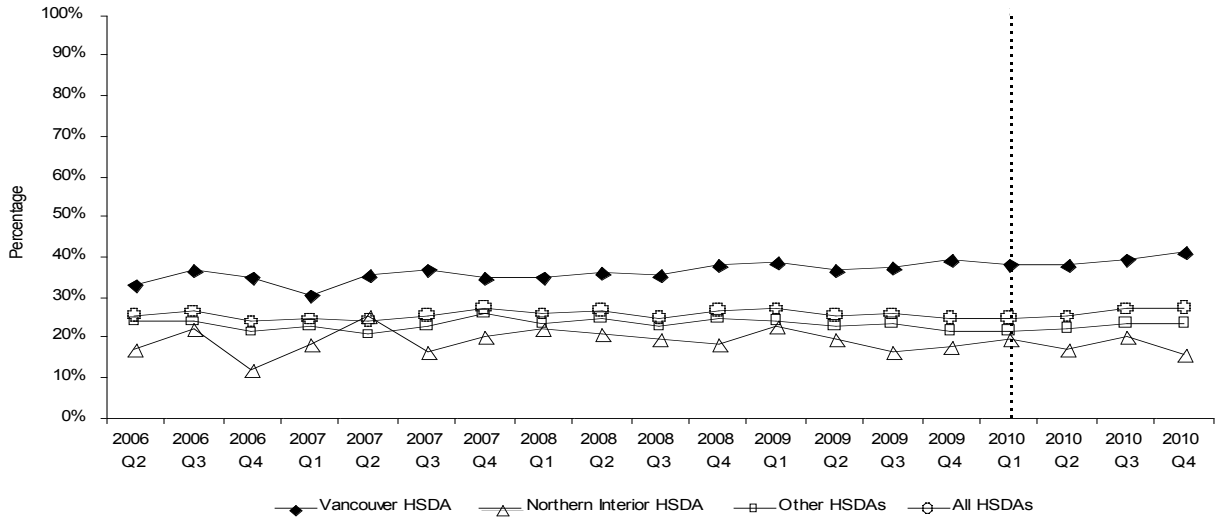


Figure 6b.2 Proportion of individuals with a new STI diagnosis who are tested for HIV within 3 months of STI diagnosis – Males

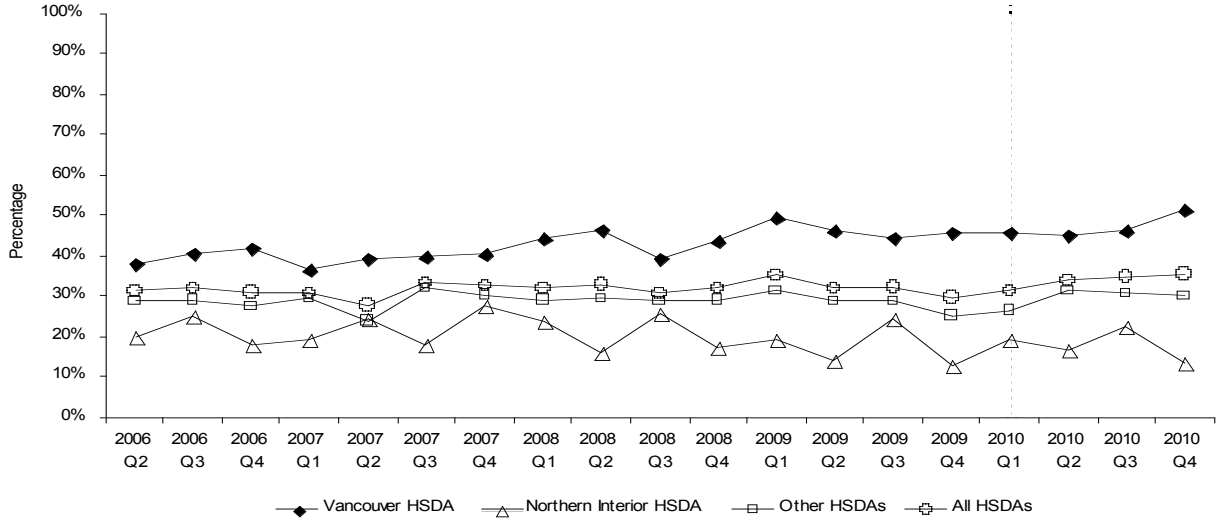
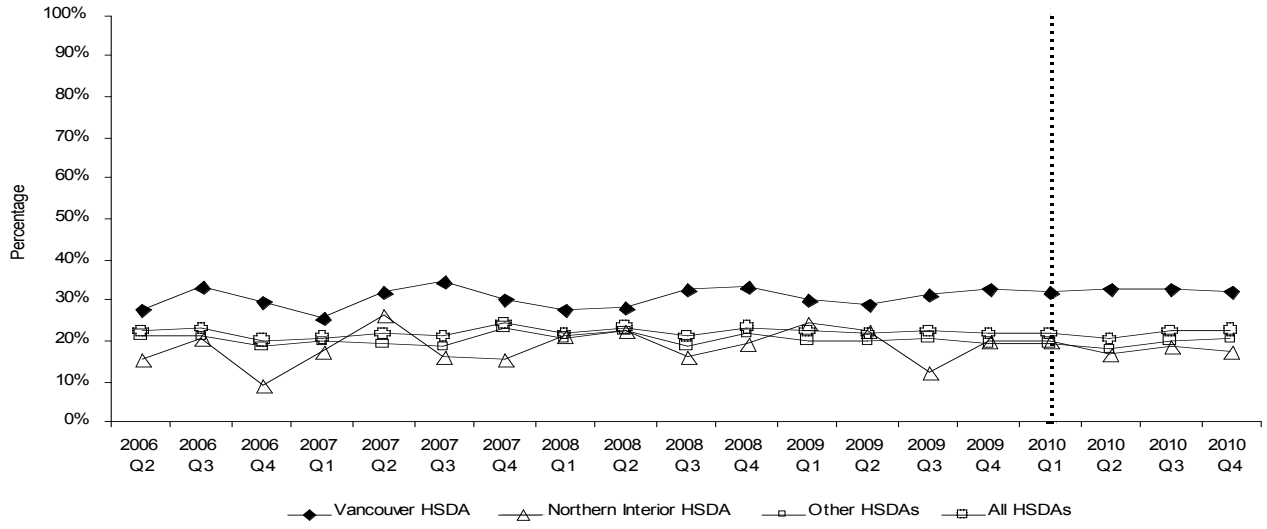


Figure 6b.3 Proportion of individuals with a new STI diagnosis who are tested for HIV within 3 months of STI diagnosis – Females



Indicator 6b: Proportion of individuals with a new STI diagnosis who are tested for HIV within 3 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 was stable in Vancouver HSDA and Other HSDAs, and variable in Northern Interior HSDA. Similar trends are observed for males except for an increase in 2010 Q4 for males and for females stable trends are observed. 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: 57.1 % in 2010 Q3&4	NI: 70.5% in 2010 Q3&4

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

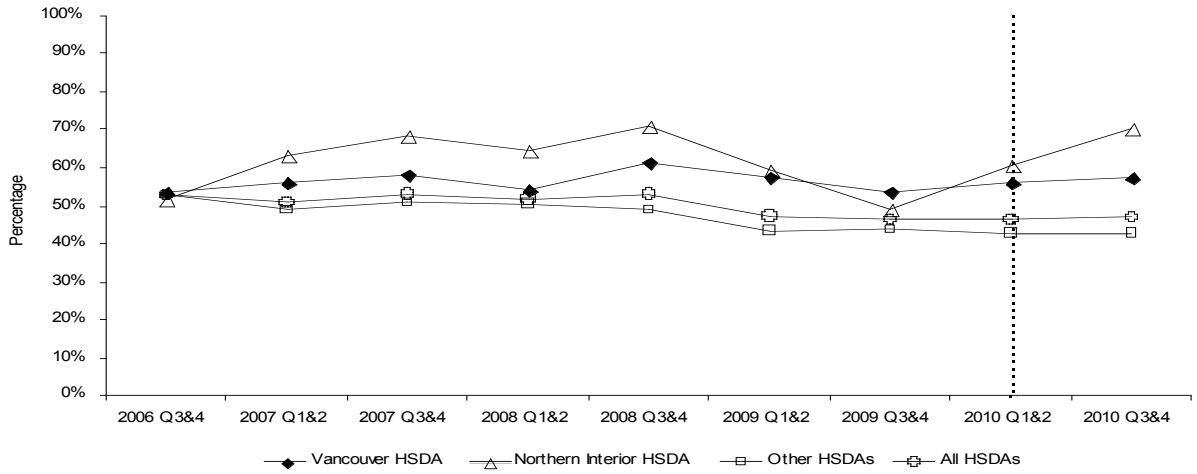


Figure 7.2 Proportion of individuals with a new HCV diagnosis who are tested for HIV within three months of HCV diagnosis by HSDA – Males

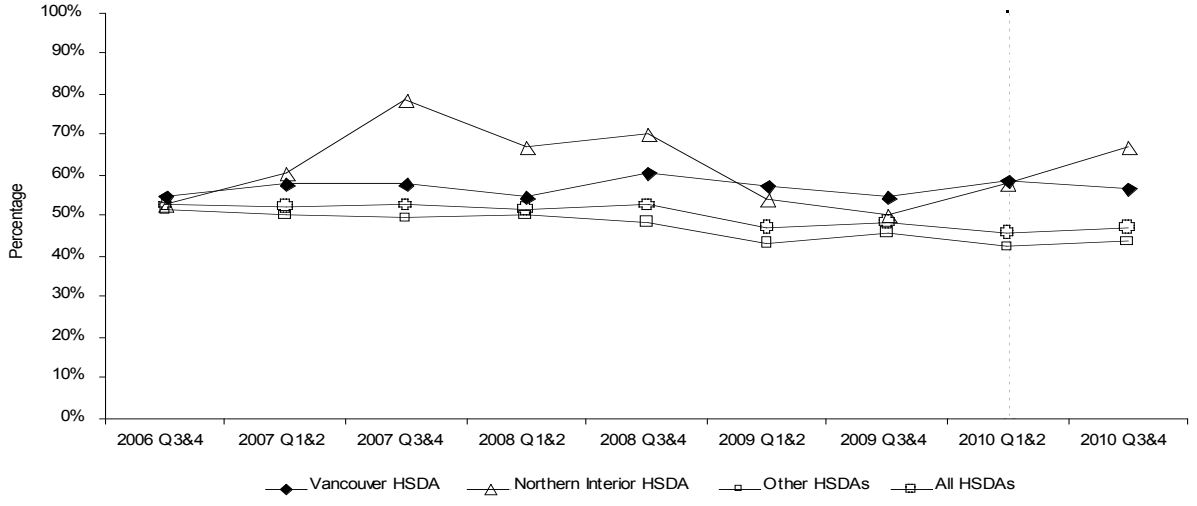
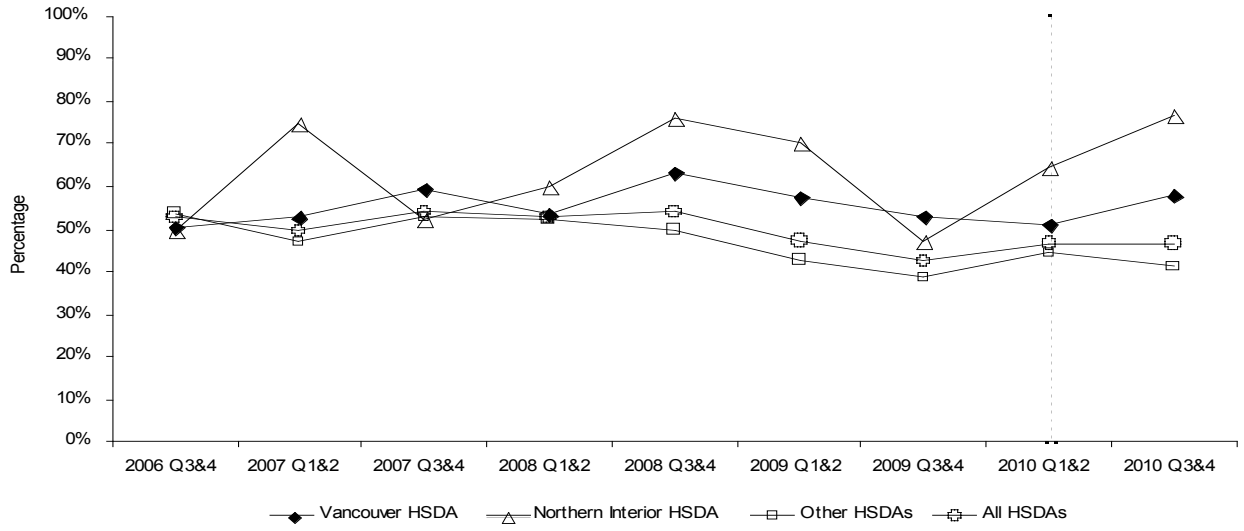


Figure 7.3 Proportion of individuals with a new HCV diagnosis who are tested for HIV within three months of HCV diagnosis by HSDA – Females



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

Interpretations & Comments	In 2010 Q3&4, 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 increasing in Northern Interior HSDA. Similar trends were observed overall for males, while for females this proportion is increasing in Vancouver HSDA and Northern Interior HSDA. 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 another laboratory not included. • In Northern Interior HSDA, there will be greater variability for this indicator due to small numbers making trends more difficult to interpret.
Notes	May be better indicator than Indicator 6 as have large number of HCV diagnoses, and strong validity as marker for injection drug use, which is a priority population for HIV testing through STOP HIV/AIDS.
Revisions	• Individuals with a previous positive HIV test excluded from analysis. (Oct 2010) • Breakdown by gender included. (Oct 2010) • Allocation by HSDA has changed from the previous report where allocation was based first on address of individual with new HCV diagnosis. To more accurately reflect testing done within each HSDA, allocation is now based first on address of clinician or clinic ordering HCV. (Oct 2010) • Access to Legacy Laboratory data has permitted identification of individuals having a HCV diagnosis prior to 2006, who are now excluded from the analysis (i.e., as not a new diagnosis). While overall trends are similar, the absolute number of new HCV diagnoses and proportion tested for HIV within three months of diagnosis per quarter are lower than the November 2010 Indicator report. (Jan 2011)

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

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

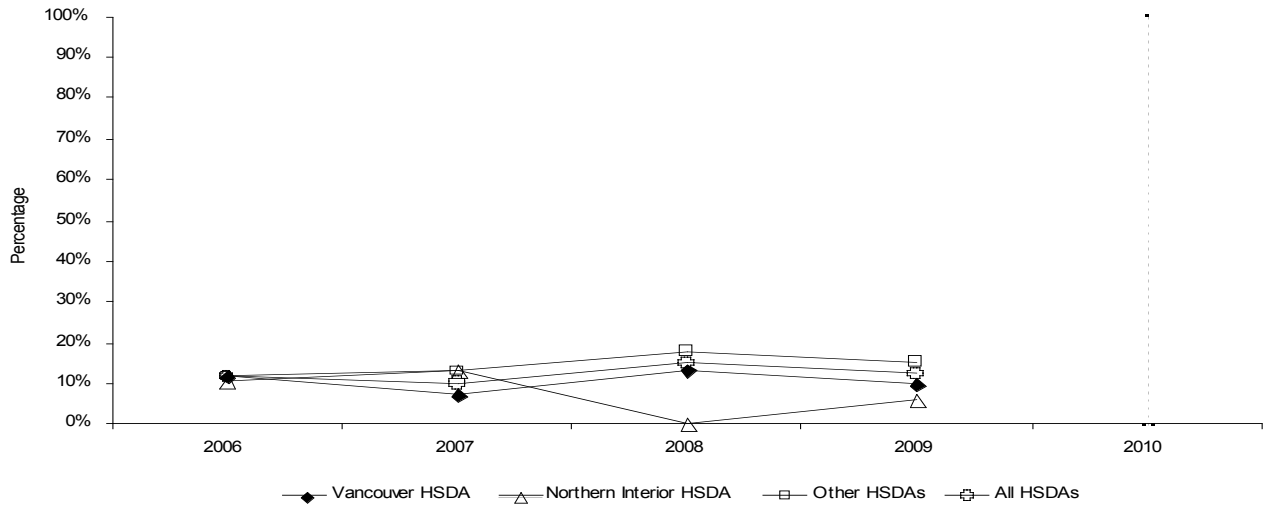
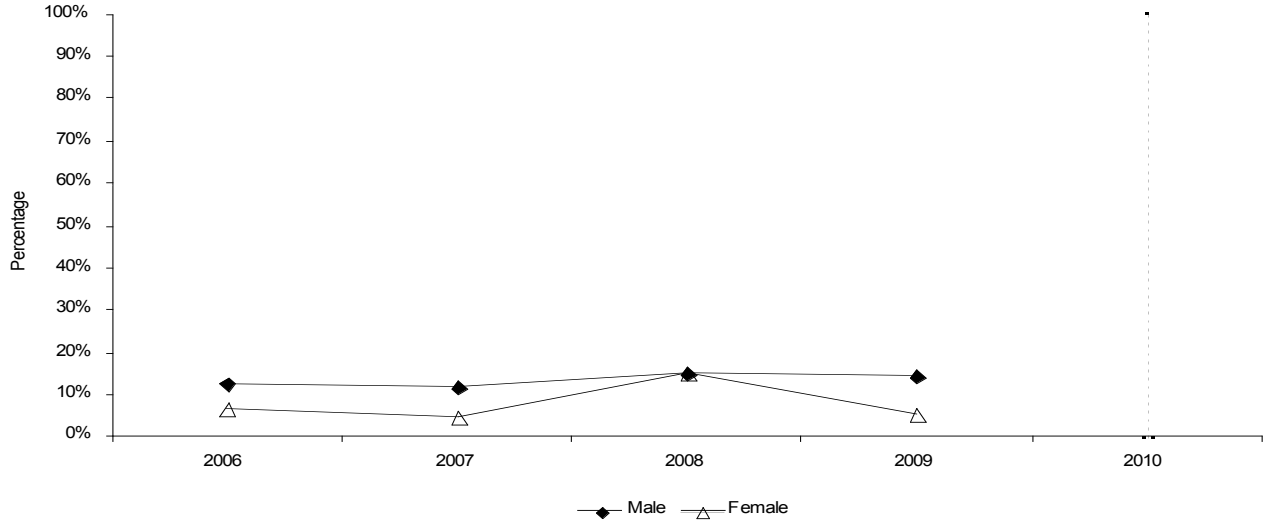


Figure 9.2 Proportion of individuals with a new HIV diagnosis with advanced HIV disease by gender (BC)



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

Interpretations & Comments	In 2009, the proportion of individuals with a new HIV diagnosis with advanced HIV disease (AHD) was relatively stable and within the historic range in Vancouver HSDA and Other HSDAs, and more variable for Northern Interior. Among males, this proportion was stable in 2009 and variable for females.
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 BC-CfE 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)

AHD = Advanced HIV Disease

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

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

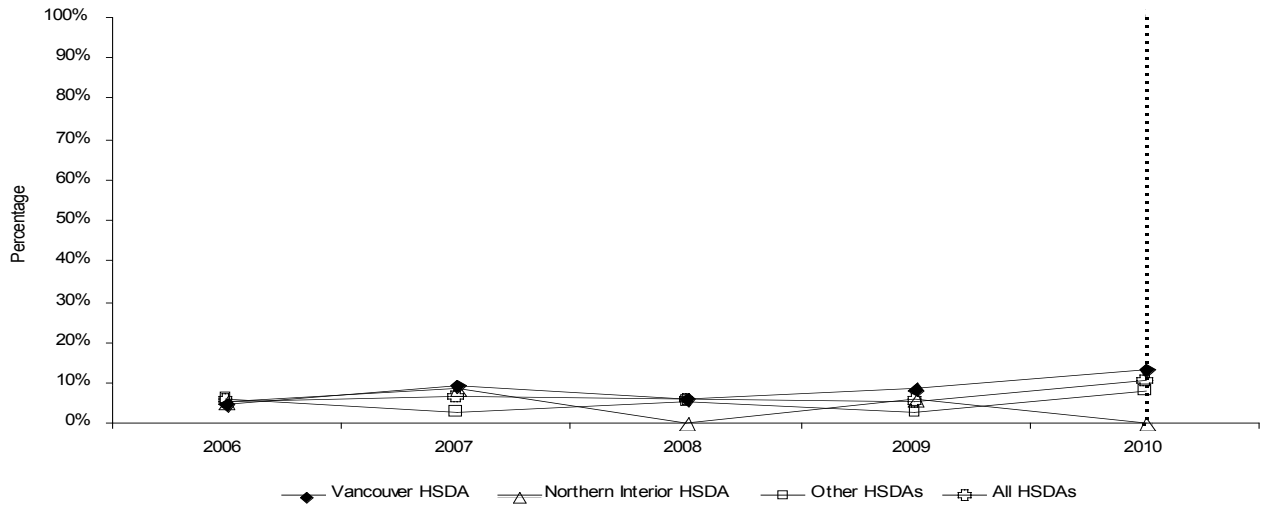
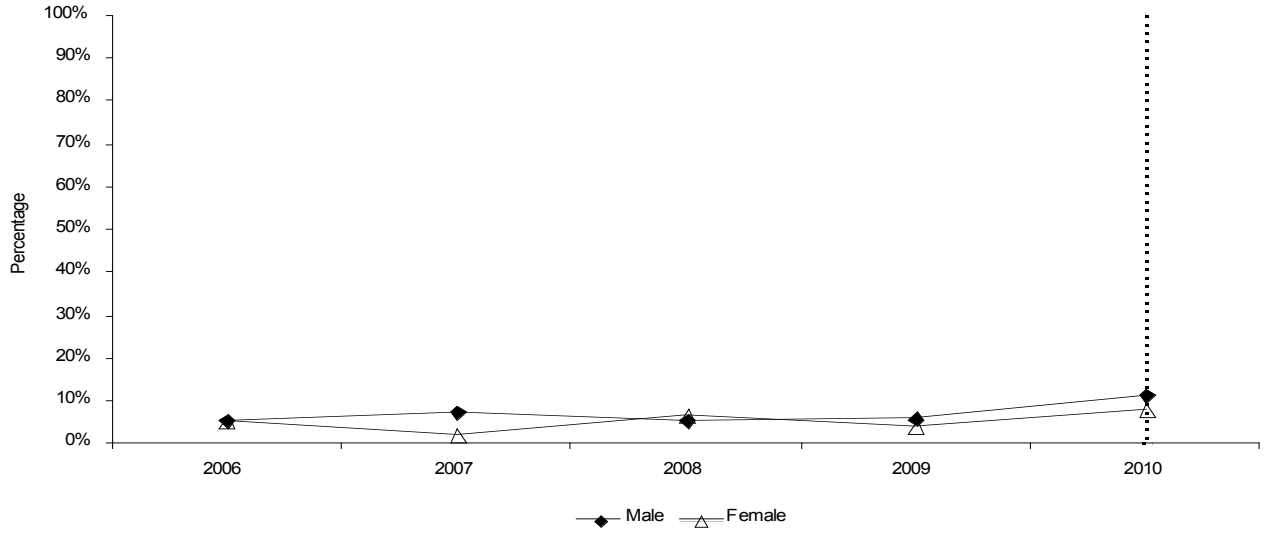


Figure 11.2 Proportion of individuals with a new HIV diagnosis with acute HIV infection by gender (BC)



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

Interpretations & Comments	In 2010, the proportion of individuals with a new HIV diagnosis with acute HIV infection increased in Vancouver HSDA and Other HSDAs, and is variable in Northern Interior. This proportion increased for both males and females in 2010.
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)

Indicator 14: Proportion of individuals starting antiretroviral therapy (ART) late in the course of HIV disease		
Target:	Decrease	
Actual:	VAN: 19.74%	NI: 77.78%

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

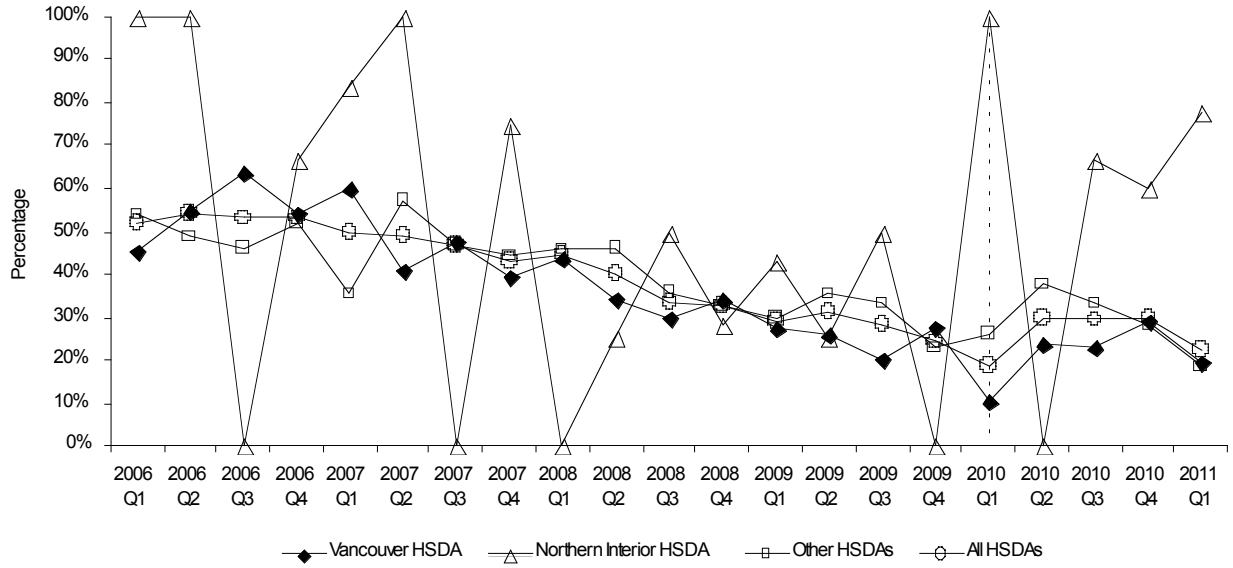
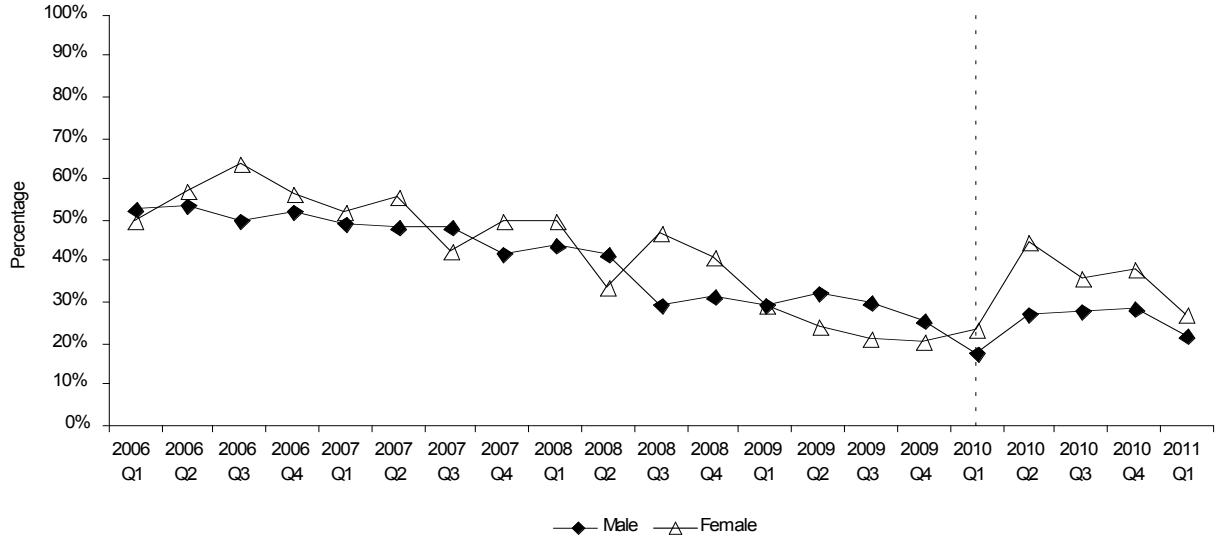


Figure 14.2 Proportion of individuals starting antiretroviral therapy (ART) late in the course of HIV disease by gender



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, which continues in the first quarter of 2011 in all HSDA other than NI where large fluctuations associated with the small sample size continue. The slightly improving trend is seen 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: 72.2% in 2010 Q3&Q4	NI: 28.6% in 2010 Q3&Q4

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

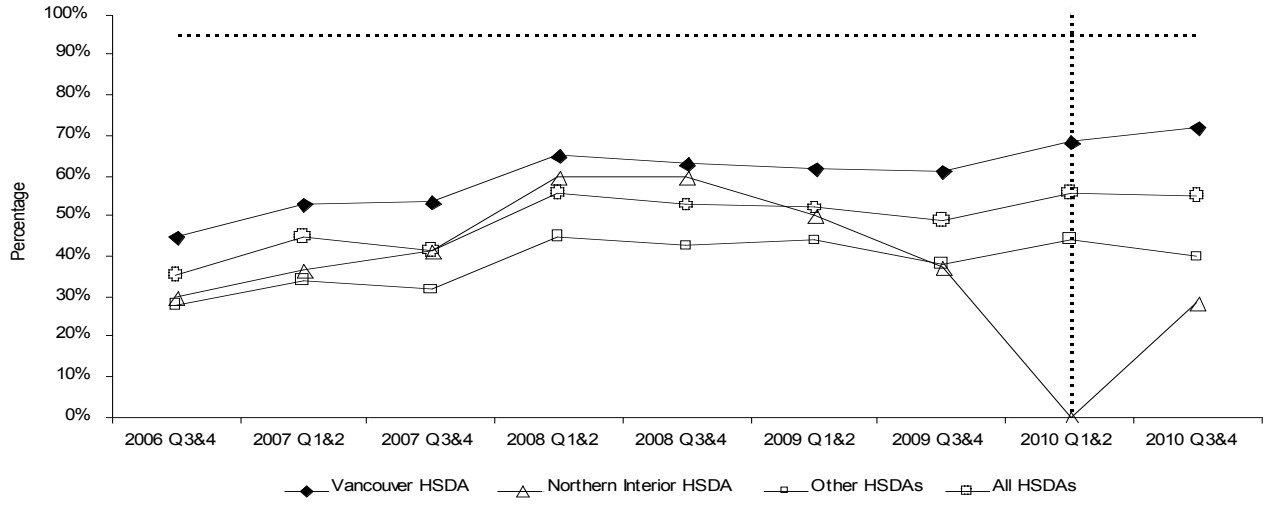


Figure 18.2 Proportion of individuals with a new HIV diagnosis who are tested for syphilis within 3 months of HIV diagnosis by HSDA – Males

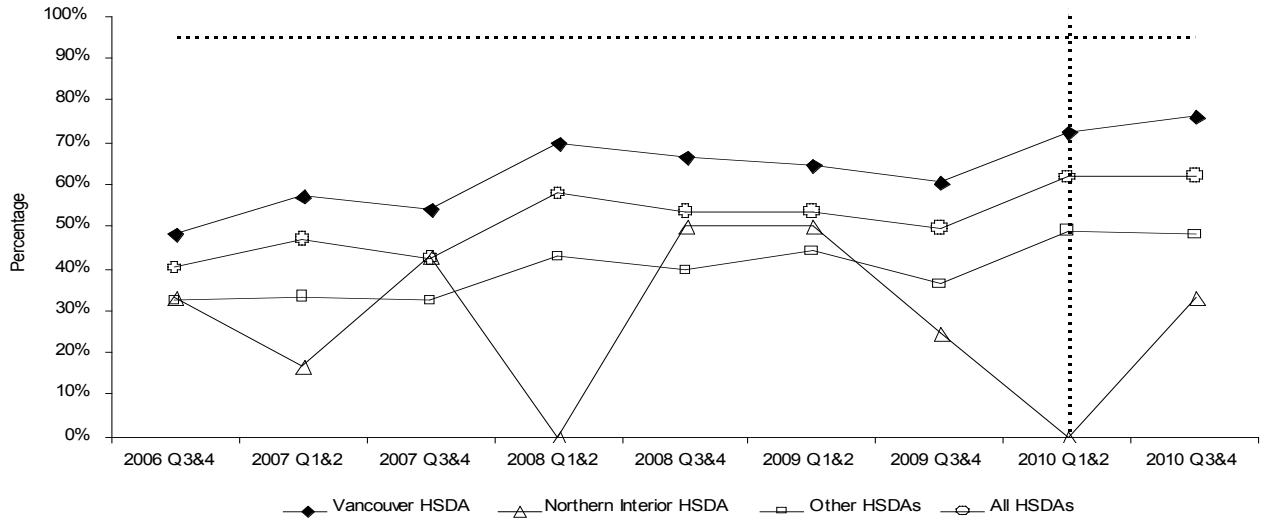
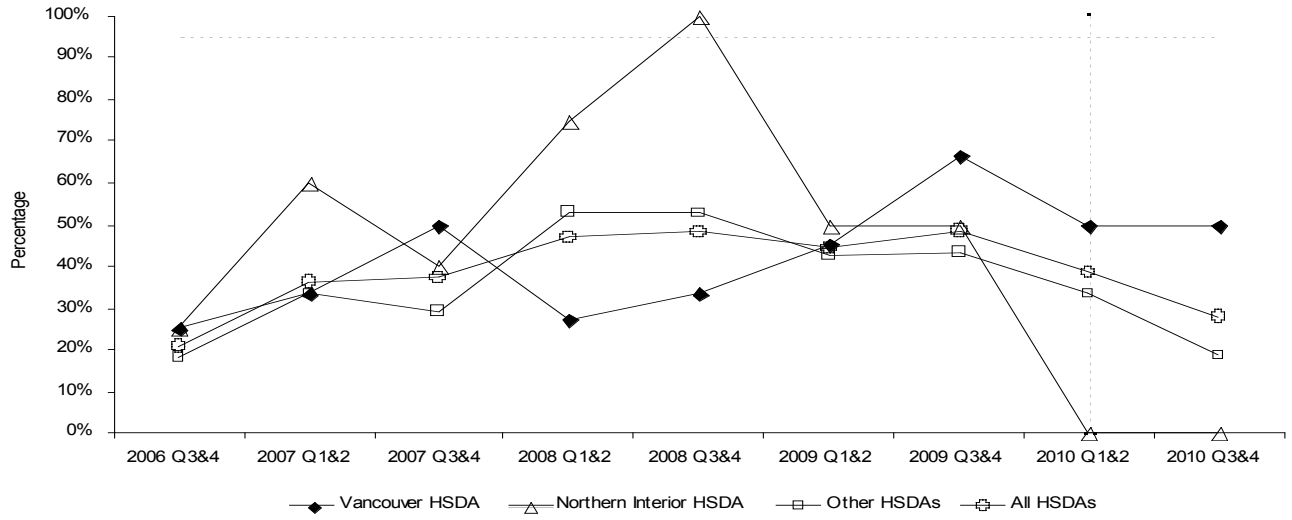


Figure 18.3 Proportion of individuals with a new HIV diagnosis who are tested for syphilis within 3 months of HIV diagnosis by HSDA – Females



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

Interpretations & Comments	In 2010 Q3&Q4, the proportion of individuals with a new HIV diagnosis who are tested for syphilis within 3 months of diagnosis increased in Vancouver HSDA, was stable in other HSDAs, and variable 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.
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)

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: 92.11%	NI: 100.0%

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

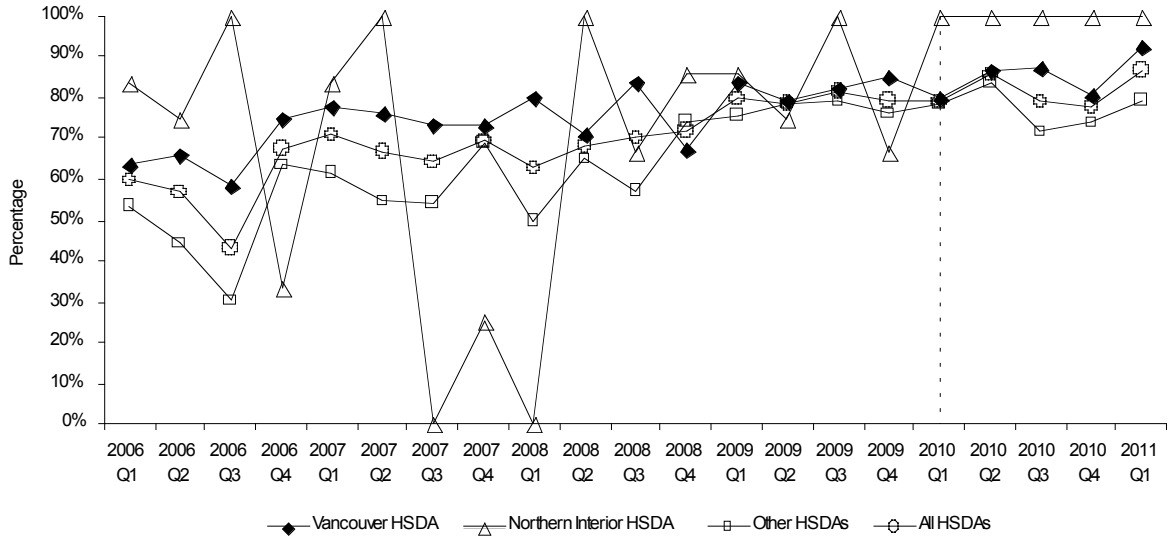
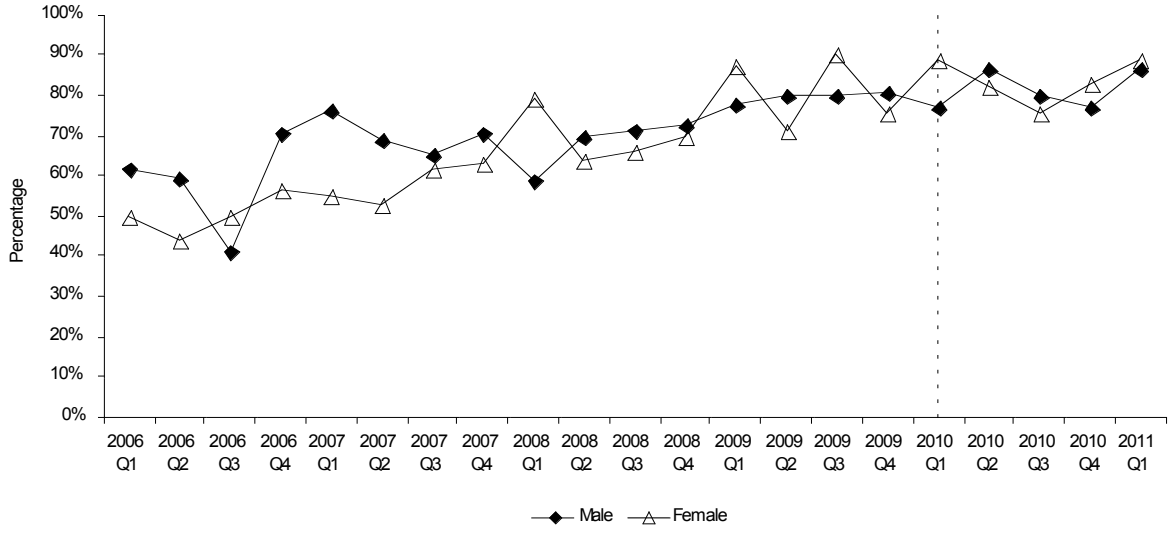


Figure 21.2 Percentage of HIV-infected individuals who are tested for genotypic antiretroviral drug resistance prior to starting antiretroviral therapy (ART) by gender



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 and near goal levels since pilot initiation and are similar across HSDA. We see some modest improvement for all HSDA and for both men and women in the first quarter of 2011.
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 six months of therapy initiation		
Target:	Increase to >95%	
Actual:	VAN: 72.58%	NI: 33.33%

Figure 22.1 Percentage of individuals starting ART who achieve HIV plasma viral load (pVL) of < 200 copies/mL within 6 months of therapy initiation by HSDA

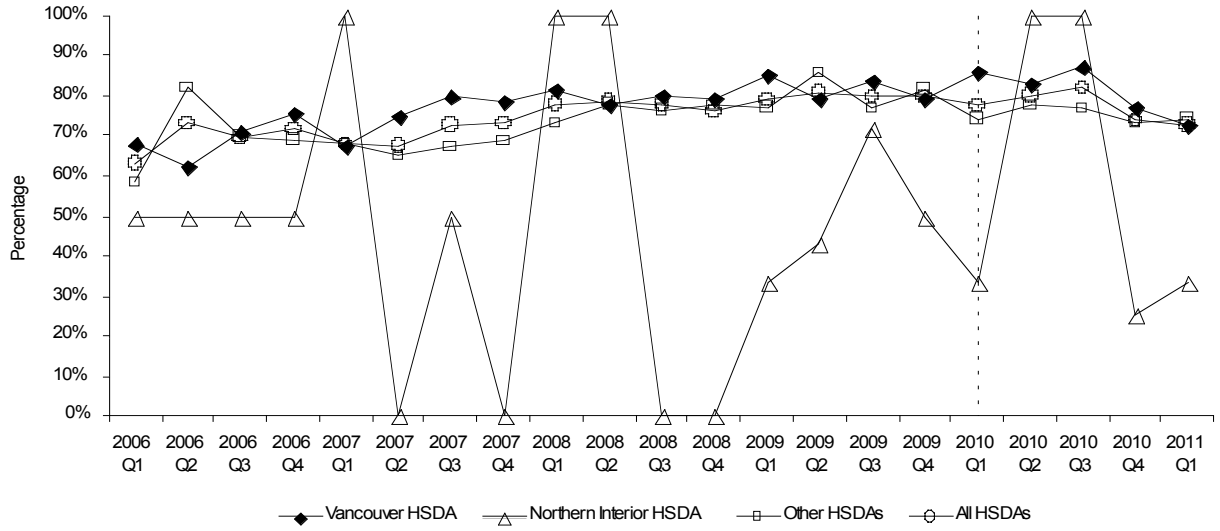
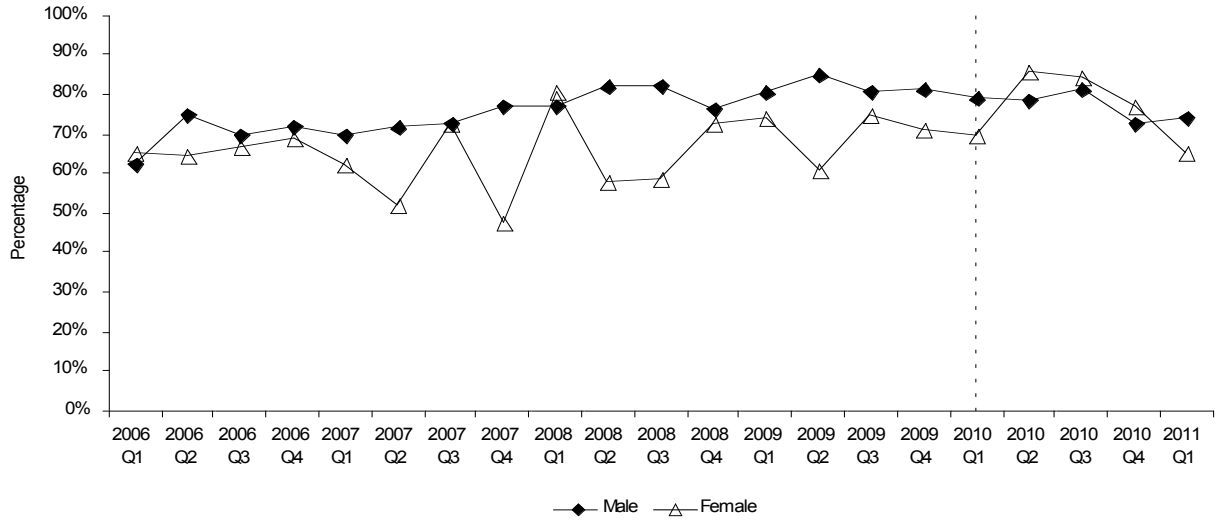


Figure 22.2 Percentage of individuals starting ART who achieve HIV plasma viral load (pVL) of < 200 copies/mL within 6 months of therapy initiation by gender



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

Interpretations & Comments	Rates in all but the Northern Interior remain relatively constant and continue to fall short of the 95% goal. No significant differences in these trends by gender are observed although rates among women continue their recent decline. In the NI fluctuations continue to be problematic and current low levels, while based on few subjects, require continued monitoring. Improving on current status will require identification of the contribution of various factors to treatment failure so that interventions can be developed and individuals at greatest risk targeted for special attention.
Description of Measure	Percentage of individuals initiating first antiretroviral therapy who have a pVL below the limit of detection within the first six 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 six 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 pVl<200 copies/mL.

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: 83.58%	NI: 77.78%

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

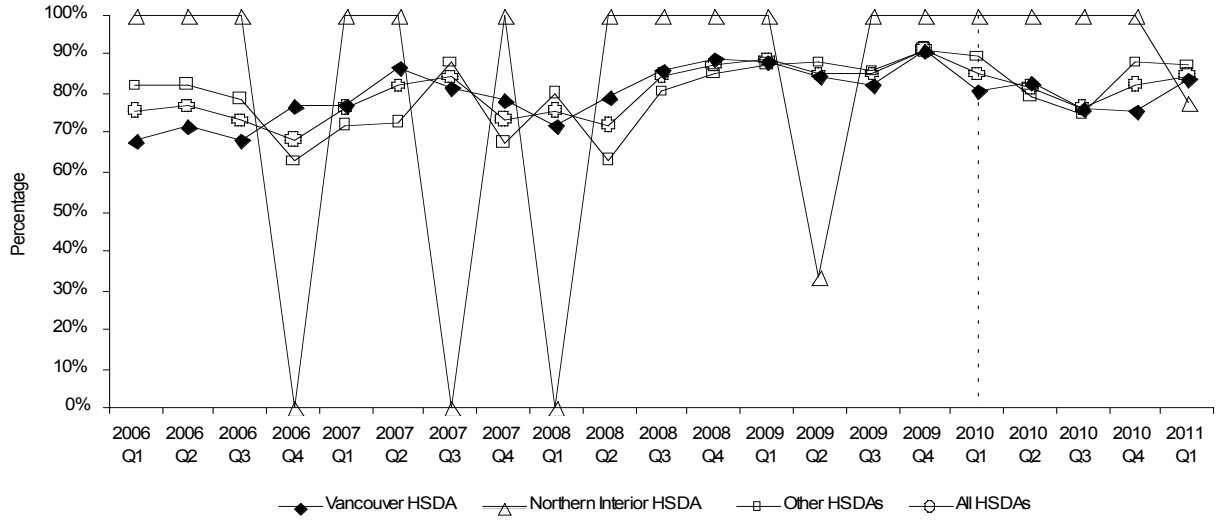
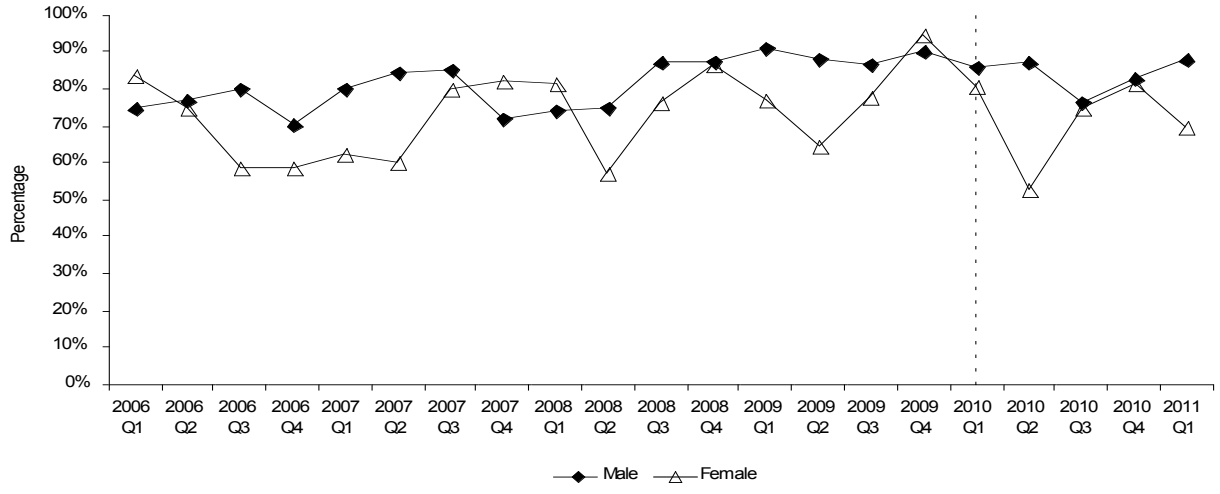


Figure 23.2 Percentage of individuals who initiated antiretroviral therapy (ART) with a recommended therapy regimen (among those with no drug resistance) by gender



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

Interpretations & Comments	The trend is toward all health regions converging on more similar rates of recommended therapy commencement although these rates continue to fall short of the goal of >95%. While rates appear to have dropped among women in the past quarter, this change is not remarkable considering historical trends. 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: 75.31%	NI: 55.56%

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

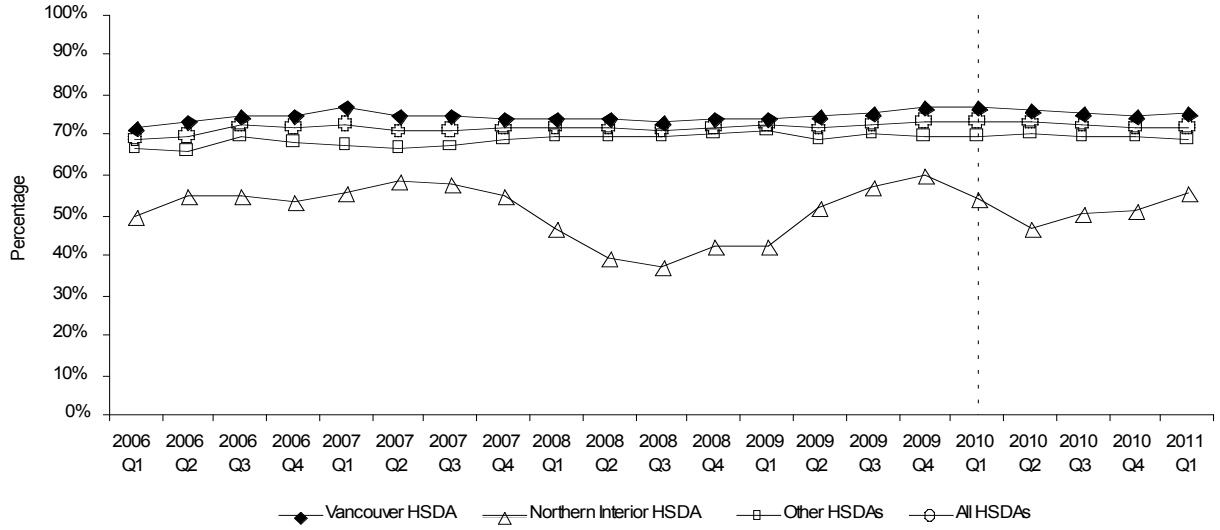
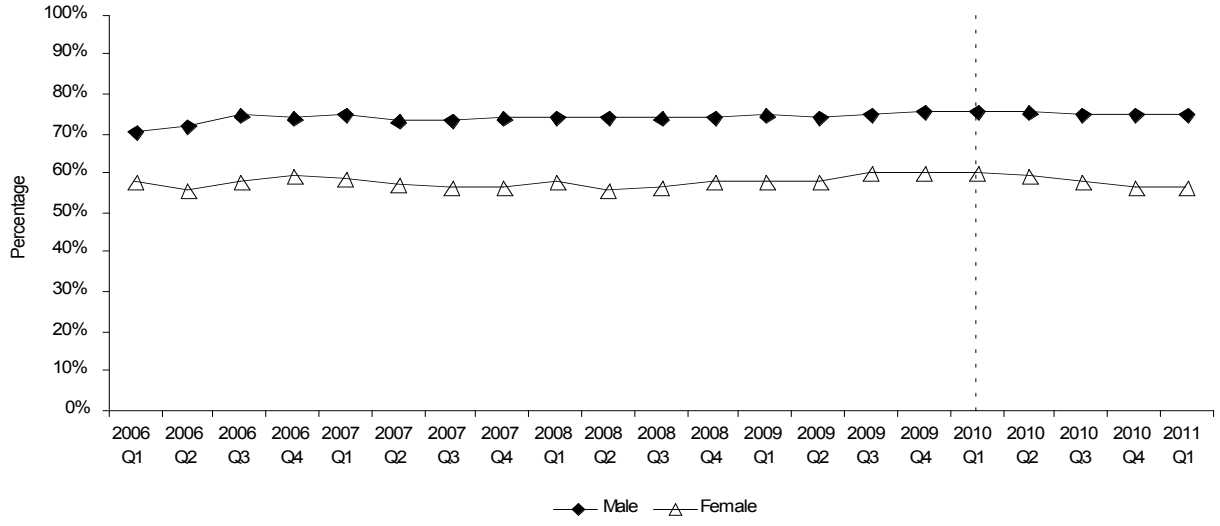


Figure 24.2 Percentage of individuals on antiretroviral therapy (ART) that achieve annual prescription refill adherence of > 95% by gender

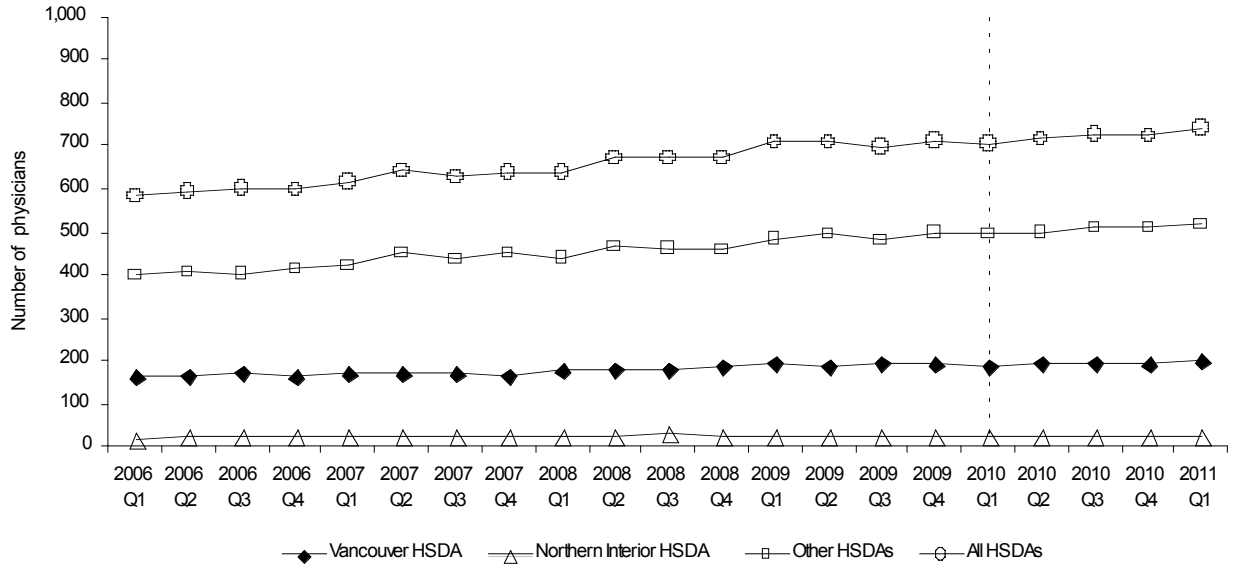


Indicator 24: Percentage of individuals on antiretroviral therapy (ART) that achieve annual prescription refill adherence of >95%

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

Indicator 25: Number of physicians initiating therapy or providing HIV-related care to patients on antiretroviral therapy (ART)		
Target:	Increase	
Actual:	VAN: 199	NI: 25

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 unique physician.
Limitations	
Notes	
Revisions	From the first quarter of 2011 onward, this indicator will be expressed as the total number of physicians providing antiretroviral therapy. Prior to this time we reported on the number of physicians prescribing therapy within the given quarter. This new approach provides a more accurate estimate of the number of physicians that can provide HIV related care in a given HSDA.

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: 0.0%

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

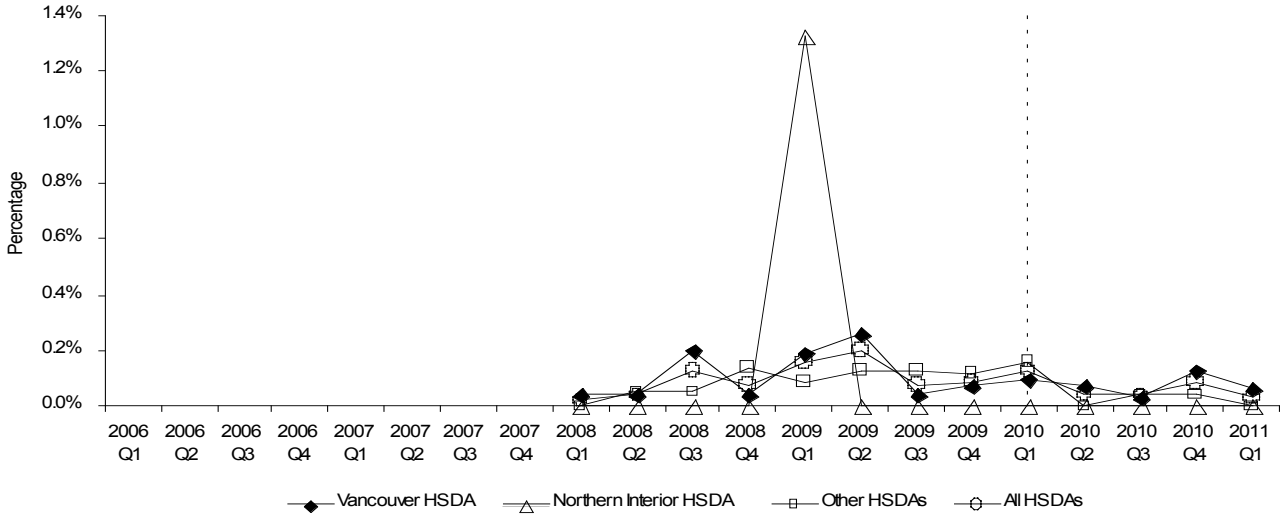
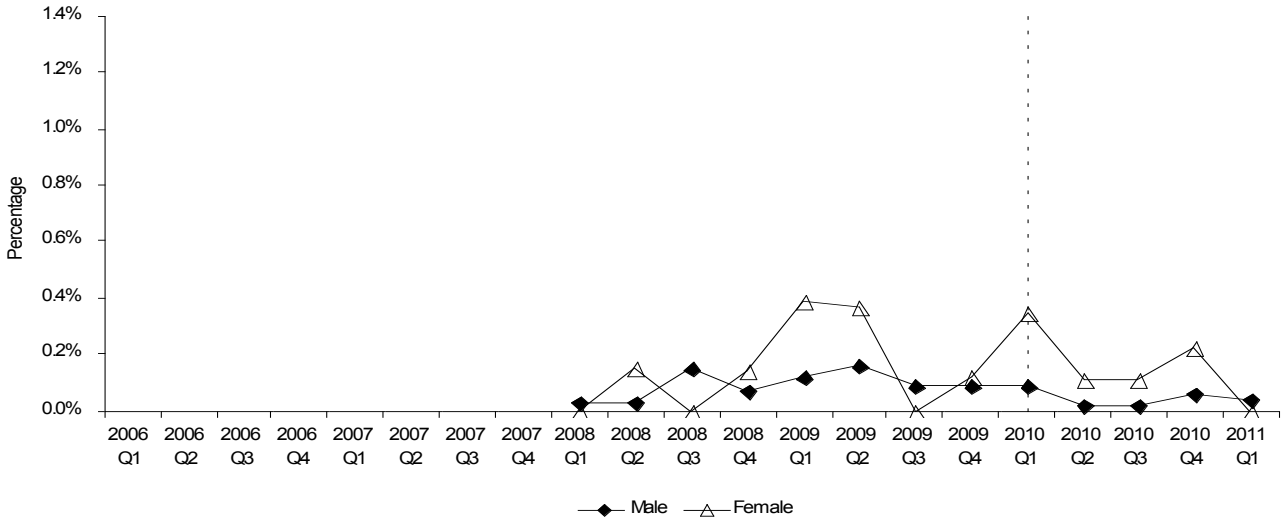


Figure 26.2 Percentage of individuals on antiretroviral therapy (ART) who experience a serious adverse drug reaction (ADR), by gender



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. While there is broad variability, the historical trend toward women having (or reporting) slightly higher rates of ADR is not apparent in the first quarter of 2011. Due to the small number of events overall, trends in this indicator must be interpreted with caution- particularly in the Northern HSDA where a single case can cause a dramatic spike.
Description of Measure	Percentage of individuals on ART who have a serious negative reaction to an ART drug.
Significance	Most medications can be associated with adverse reactions. Serious adverse drug events in HIV therapy cover a wide range of problems in various organ systems and are defined as reactions that are potentially life-threatening or which lead to hospitalization or death. Monitoring for ADRs in the general population of ART users is important because the clinical trials in which drug testing is conducted usually include relatively few patients followed over a comparatively short time period. Therefore, trials may not identify ADR if they are very rare or are a result of very long exposure. Fortunately, the risk of a serous ADR in response to antiretroviral drugs is very low.
Data Source(s)	British Columbia Center for Excellence Drug Treatment Program Database
Calculation Method	*Denominator:* Total number of distinct individuals who are taking ART and any given time in the time period of interest. *Numerator:* Number of serious adverse events over the time period of interest.
Limitations	Reporting of adverse drug reactions, even serious ones, is voluntary- relying on physician report. Moreover, those that are reported are not confirmed or substantiated independently and it remains unknown whether factors other than ART drugs may be responsible or partially responsible for the adverse event.
Notes	
Revisions	

Indicator 28: Incidence of resistance to any retroviral drug		
Target:	Decrease	
Actual:	VAN: 0.12%	NI: 0.38%

Figure 28.1 Incidence of resistance to any antiretroviral drug by HSDA

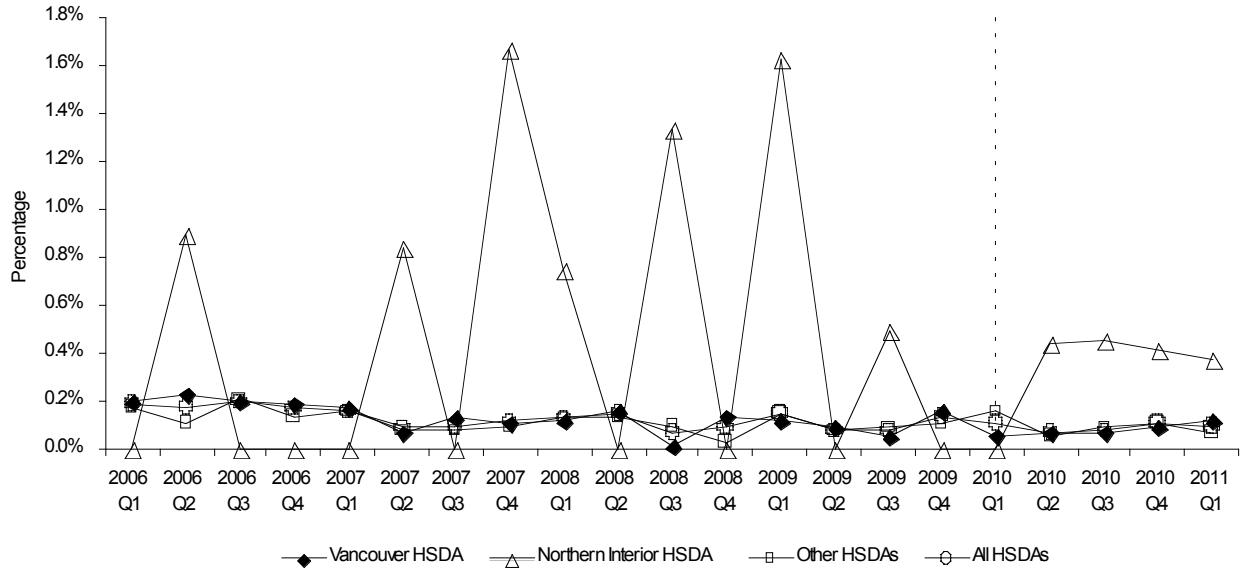
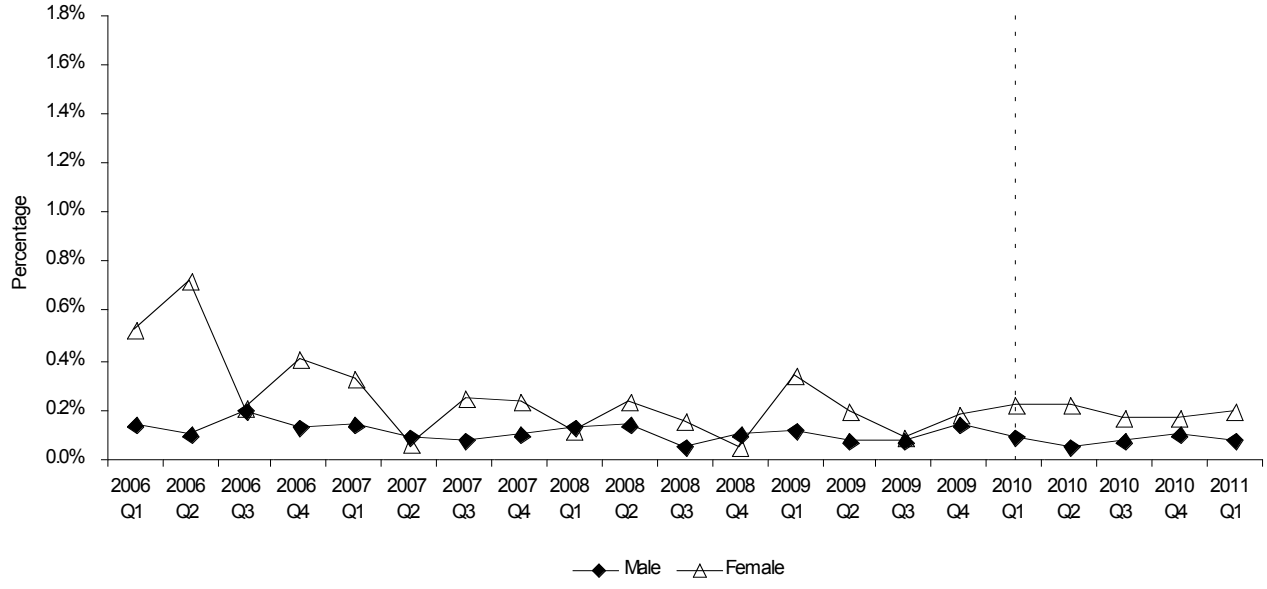


Figure 28.2 Incidence of resistance to any antiretroviral drug by gender



Indicator 28: Incidence of resistance to any antiretroviral drug

Interpretations & Comments	All HSDA have consistently low rates of incident drug resistance both throughout 2010 and in the first quarter of 2011. The slightly higher rates among women observed historically makes a slight resurgence this quarter.
Description of Measure	Counts new cases of antiretroviral drug resistance occurring over the time period of interest among all individuals taking antiretroviral therapy.
Significance	One goal of the STOP HIV pilot is to reduce transmission of drug-resistant HIV strains. The lower the incidence of resistance and the fewer people with HIV who are 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: 3.69%	NI: 3.77%

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

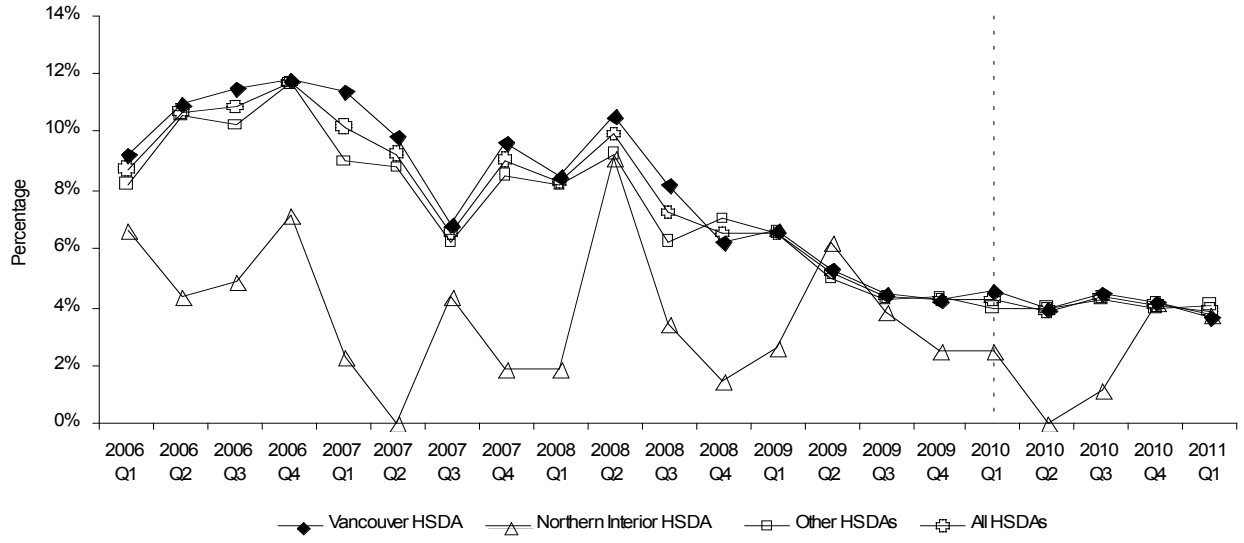
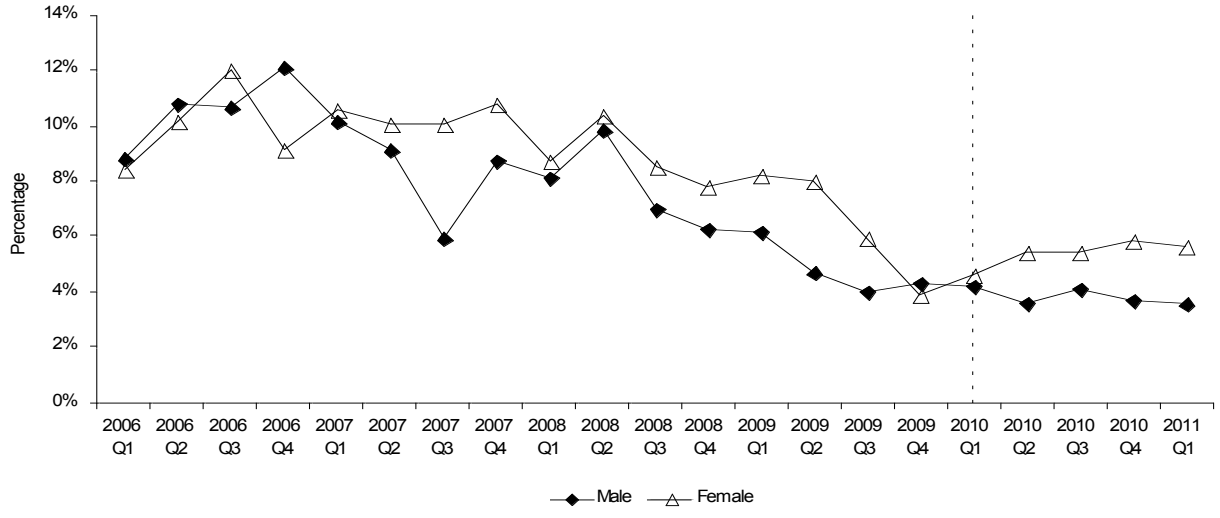


Figure 29.2 Proportion of individuals on antiretroviral therapy who change antiretroviral drug treatment by gender



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

Interpretations & Comments	The trend remains steady with consistently low rates across all HSDA and for both genders.
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	12,540	1,315	26,385	40,240
2006 Q3	12,781	1,410	27,514	41,705
2006 Q4	12,328	1,268	26,578	40,174
2007 Q1	13,662	1,571	30,559	45,792
2007 Q2	12,439	1,378	27,196	41,013
2007 Q3	13,141	1,364	27,273	41,778
2007 Q4	12,831	1,332	27,590	41,753
2008 Q1	14,098	1,446	29,441	44,985
2008 Q2	13,837	1,416	29,330	44,583
2008 Q3	13,851	1,424	28,859	44,134
2008 Q4	13,212	1,363	28,825	43,400
2009 Q1	14,646	1,516	30,507	46,669
2009 Q2	13,894	1,331	27,913	43,138
2009 Q3	14,185	1,343	27,915	43,443
2009 Q4	13,303	1,247	26,449	40,999
2010 Q1	14,970	1,458	29,630	46,058
2010 Q2	14,652	1,277	28,051	43,980
2010 Q3	15,066	1,341	28,206	44,613
2010 Q4	15,149	1,308	28,444	44,901
2011 Q1	16,452	1,521	30,074	48,047

Table 1.2 Number of HIV test episodes by HSDA – Males

Quarter	Vancouver HSDA	Northern Interior HSDA	Other HSDAs	All HSDAs
2006 Q2	5,611	439	9,124	15,174
2006 Q3	5,597	458	9,514	15,569
2006 Q4	5,438	431	9,179	15,048
2007 Q1	6,183	507	10,600	17,290
2007 Q2	5,537	447	9,382	15,366
2007 Q3	5,936	432	9,241	15,609
2007 Q4	5,715	388	9,413	15,516
2008 Q1	6,328	499	10,088	16,915
2008 Q2	6,196	450	10,311	16,957
2008 Q3	6,212	514	9,964	16,690
2008 Q4	5,879	455	10,167	16,501
2009 Q1	6,734	524	10,497	17,755
2009 Q2	6,252	441	9,553	16,246
2009 Q3	6,416	455	9,493	16,364
2009 Q4	6,003	354	8,781	15,138
2010 Q1	6,674	536	10,085	17,295
2010 Q2	6,594	434	9,793	16,821
2010 Q3	6,639	440	9,608	16,687
2010 Q4	6,555	399	9,732	16,686
2011 Q1	7,066	472	10,377	17,915

Table 1.3 Number of HIV test episodes by HSDA – Females

Quarter	Vancouver HSDA	Northern Interior HSDA	Other HSDAs	All HSDAs
2006 Q2	6,733	859	17,038	24,630
2006 Q3	6,968	907	17,636	25,511
2006 Q4	6,646	806	17,036	24,488
2007 Q1	7,233	1,020	19,492	27,745
2007 Q2	6,675	896	17,432	25,003
2007 Q3	6,993	907	17,708	25,608
2007 Q4	6,937	923	17,865	25,725
2008 Q1	7,585	927	19,102	27,614
2008 Q2	7,421	931	18,740	27,092
2008 Q3	7,391	890	18,651	26,932
2008 Q4	7,114	892	18,450	26,456
2009 Q1	7,617	962	19,740	28,319
2009 Q2	7,218	872	18,166	26,256
2009 Q3	7,341	872	18,197	26,410
2009 Q4	6,939	882	17,485	25,306
2010 Q1	7,593	908	19,292	27,793
2010 Q2	7,298	835	18,017	26,150
2010 Q3	7,545	887	18,445	26,877
2010 Q4	7,330	851	18,546	26,727
2011 Q1	7,917	1,019	19,530	28,466

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	-
2010 Q2	396	-
2010 Q3	503	-
2010 Q4	908	45
2011 Q1	1,055	19

Table 2.1 Population HIV testing rate by HSDA

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

Table 2.2 Population HIV testing rate by HSDA – Males

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

Table 2.3 Population HIV testing rate by HSDA – Females

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

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

Quarter	Vancouver HSDA	Northern Interior HSDA	Other HSDAs	All HSDAs
2006 Q1	51	6	39	96
2006 Q2	50	3	40	93
2006 Q3	36	5	47	88
2006 Q4	41	5	38	84
2007 Q1	66	5	39	110
2007 Q2	51	6	45	102
2007 Q3	35	9	43	87
2007 Q4	40	3	49	92
2008 Q1	54	0	43	97
2008 Q2	40	4	36	80
2008 Q3	40	3	46	89
2008 Q4	40	3	36	79
2009 Q1	45	4	53	102
2009 Q2	34	4	46	84
2009 Q3	38	2	38	78
2009 Q4	34	6	33	73
2010 Q1	36	1	36	73
2010 Q2	40	0	41	81
2010 Q3	34	5	40	79
2010 Q4	38	2	28	68
2011 Q1	27	0	26	53

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

Quarter	Vancouver HSDA	Northern Interior HSDA	Other HSDAs	All HSDAs
2006 Q1	57	6	33	96
2006 Q2	52	3	38	93
2006 Q3	45	5	38	88
2006 Q4	45	4	35	84
2007 Q1	66	5	39	110
2007 Q2	55	5	42	102
2007 Q3	42	10	35	87
2007 Q4	51	4	37	92
2008 Q1	63	0	34	97
2008 Q2	50	4	26	80
2008 Q3	44	4	41	89
2008 Q4	46	4	29	79
2009 Q1	52	4	46	102
2009 Q2	43	4	37	84
2009 Q3	41	3	34	78
2009 Q4	39	7	27	73
2010 Q1	42	1	30	73
2010 Q2	46	0	35	81
2010 Q3	41	5	33	79
2010 Q4	42	2	24	68
2011 Q1	31	0	22	53

Table 3.3 Number of new HIV diagnoses by gender, BC

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

Other = Transgender + Gender Unknown

Table 4.1 Rate of new AIDS case reports by HSDA

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

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

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

Other = Transgender + Gender Unknown

Table 5.1 Percentage positivity among persons tested for HIV by HSDA

Quarter	Vancouver HSDA	Northern Interior HSDA	Other HSDAs	All HSDAs
2006 Q2	0.52%	0.23%	0.16%	0.28%
2006 Q3	0.47%	0.36%	0.16%	0.26%
2006 Q4	0.53%	0.40%	0.16%	0.28%
2007 Q1	0.58%	0.32%	0.16%	0.29%
2007 Q2	0.56%	0.44%	0.18%	0.31%
2007 Q3	0.42%	0.74%	0.16%	0.26%
2007 Q4	0.48%	0.38%	0.19%	0.28%
2008 Q1	0.57%	0.07%	0.17%	0.29%
2008 Q2	0.50%	0.43%	0.10%	0.23%
2008 Q3	0.40%	0.21%	0.17%	0.25%
2008 Q4	0.46%	0.30%	0.14%	0.24%
2009 Q1	0.45%	0.27%	0.19%	0.27%
2009 Q2	0.44%	0.30%	0.18%	0.26%
2009 Q3	0.37%	0.30%	0.15%	0.23%
2009 Q4	0.38%	0.56%	0.15%	0.24%
2010 Q1	0.42%	0.07%	0.12%	0.21%
2010 Q2	0.38%	0.00%	0.15%	0.22%
2010 Q3	0.37%	0.30%	0.16%	0.23%
2010 Q4	0.37%	0.16%	0.09%	0.18%
2011 Q1	0.26%	0.00%	0.09%	0.14%

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

Quarter	Male	Female	Other
2006 Q2	0.53%	0.12%	0.46%
2006 Q3	0.52%	0.10%	0.16%
2006 Q4	0.60%	0.09%	0.00%
2007 Q1	0.59%	0.10%	0.13%
2007 Q2	0.66%	0.09%	0.16%
2007 Q3	0.52%	0.10%	0.00%
2007 Q4	0.58%	0.10%	0.39%
2008 Q1	0.66%	0.07%	0.00%
2008 Q2	0.47%	0.09%	0.00%
2008 Q3	0.52%	0.08%	0.00%
2008 Q4	0.50%	0.08%	0.00%
2009 Q1	0.57%	0.10%	0.00%
2009 Q2	0.58%	0.07%	0.00%
2009 Q3	0.46%	0.08%	0.15%
2009 Q4	0.48%	0.09%	0.18%
2010 Q1	0.43%	0.08%	0.00%
2010 Q2	0.44%	0.08%	0.00%
2010 Q3	0.48%	0.08%	0.00%
2010 Q4	0.42%	0.04%	0.00%
2011 Q1	0.34%	0.02%	0.17%

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	8,666	11,276	76.9%	695	920	75.5%	15,490	19,233	80.5%	24,851	31,429	79.1%
2006 Q3	9,244	11,759	78.6%	753	1,019	73.9%	16,699	20,436	81.7%	26,696	33,214	80.4%
2006 Q4	8,816	11,203	78.7%	717	913	78.5%	16,746	20,203	82.9%	26,279	32,319	81.3%
2007 Q1	9,962	12,487	79.8%	912	1,118	81.6%	19,582	23,226	84.3%	30,456	36,831	82.7%
2007 Q2	9,137	11,416	80.0%	836	1,045	80.0%	17,540	20,971	83.6%	27,513	33,432	82.3%
2007 Q3	9,603	11,780	81.5%	846	1,009	83.8%	18,060	21,473	84.1%	28,509	34,262	83.2%
2007 Q4	9,571	11,852	80.8%	854	1,039	82.2%	18,498	21,767	85.0%	28,923	34,658	83.5%
2008 Q1	10,619	13,200	80.4%	884	1,071	82.5%	20,240	23,654	85.6%	31,743	37,925	83.7%
2008 Q2	10,444	13,253	78.8%	912	1,117	81.6%	19,739	23,201	85.1%	31,095	37,571	82.8%
2008 Q3	10,439	13,131	79.5%	989	1,145	86.4%	19,730	23,075	85.5%	31,158	37,351	83.4%
2008 Q4	10,121	12,471	81.2%	898	1,069	84.0%	19,661	22,877	85.9%	30,680	36,417	84.2%
2009 Q1	11,336	13,749	82.4%	1,003	1,202	83.4%	21,329	25,159	84.8%	33,668	40,110	83.9%
2009 Q2	10,670	13,011	82.0%	902	1,082	83.4%	19,455	23,643	82.3%	31,027	37,736	82.2%
2009 Q3	10,867	13,241	82.1%	889	1,066	83.4%	19,838	24,005	82.6%	31,594	38,312	82.5%
2009 Q4	10,272	12,506	82.1%	865	1,009	85.7%	18,610	22,410	83.0%	29,747	35,925	82.8%
2010 Q1	11,530	13,830	83.4%	937	1,106	84.7%	21,084	25,230	83.6%	33,551	40,166	83.5%
2010 Q2	11,223	13,449	83.4%	835	1,006	83.0%	19,889	23,884	83.3%	31,947	38,339	83.3%
2010 Q3	11,499	13,605	84.5%	949	1,108	85.6%	20,448	24,438	83.7%	32,896	39,151	84.0%
2010 Q4	11,136	13,349	83.4%	844	1,025	82.3%	20,465	24,293	84.2%	32,445	38,667	83.9%
2011 Q1	12,106	14,714	82.3%	1,045	1,220	85.7%	21,641	25,782	83.9%	34,792	41,716	83.4%

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

Quarter	Vancouver HSDA			Northern Interior HSDA			Other HSDAs			All HSDAs		
	Syphilis & HIV Test	Syphilis Test	%	Syphilis & HIV test	Syphilis Test	%	Syphilis & HIV test	Syphilis Test	%	Syphilis & HIV test	Syphilis Test	%
2006 Q2	3,678	5,162	71.3%	131	235	55.7%	3,998	5,538	72.2%	7,807	10,935	71.4%
2006 Q3	3,819	5,282	72.3%	157	274	57.3%	4,401	5,879	74.9%	8,377	11,435	73.3%
2006 Q4	3,698	5,122	72.2%	162	254	63.8%	4,422	5,846	75.6%	8,282	11,222	73.8%
2007 Q1	4,260	5,859	72.7%	178	276	64.5%	5,220	6,669	78.3%	9,658	12,804	75.4%
2007 Q2	3,851	5,236	73.5%	197	296	66.6%	4,764	6,202	76.8%	8,812	11,734	75.1%
2007 Q3	4,124	5,536	74.5%	198	267	74.2%	4,972	6,417	77.5%	9,294	12,220	76.1%
2007 Q4	3,889	5,372	72.4%	192	280	68.6%	5,035	6,442	78.2%	9,116	12,094	75.4%
2008 Q1	4,351	6,002	72.5%	214	308	69.5%	5,618	7,135	78.7%	10,183	13,445	75.7%
2008 Q2	4,261	6,048	70.5%	219	315	69.5%	5,570	7,099	78.5%	10,050	13,462	74.7%
2008 Q3	4,305	6,090	70.7%	289	352	82.1%	5,532	6,952	79.6%	10,126	13,394	75.6%
2008 Q4	4,142	5,640	73.4%	251	336	74.7%	5,699	7,176	79.4%	10,092	13,152	76.7%
2009 Q1	4,789	6,435	74.4%	263	350	75.1%	5,877	7,621	77.1%	10,929	14,406	75.9%
2009 Q2	4,445	5,983	74.3%	243	325	74.8%	5,410	7,331	73.8%	10,098	13,639	74.0%
2009 Q3	4,543	6,108	74.4%	248	325	76.3%	5,510	7,375	74.7%	10,301	13,808	74.6%
2009 Q4	4,323	5,790	74.7%	196	260	75.4%	4,952	6,657	74.4%	9,471	12,707	74.5%
2010 Q1	4,888	6,389	76.5%	284	372	76.3%	5,781	7,633	75.7%	10,953	14,394	76.1%
2010 Q2	4,836	6,268	77.2%	229	313	73.2%	5,677	7,544	75.3%	10,742	14,125	76.0%
2010 Q3	4,907	6,301	77.9%	281	352	79.8%	5,743	7,596	75.6%	10,931	14,249	76.7%
2010 Q4	4,728	6,128	77.2%	239	319	74.9%	5,790	7,496	77.2%	10,757	13,943	77.1%
2011 Q1	5,159	6,862	75.2%	270	350	77.1%	6,194	8,094	76.5%	11,623	15,306	75.9%

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	4,858	5,946	81.7%	560	680	82.4%	11,435	13,596	84.1%	16,853	20,222	83.3%
2006 Q3	5,268	6,272	84.0%	581	723	80.4%	12,154	14,335	84.8%	18,003	21,330	84.4%
2006 Q4	4,928	5,863	84.1%	546	648	84.3%	12,137	14,111	86.0%	17,611	20,622	85.4%
2007 Q1	5,511	6,418	85.9%	712	816	87.3%	14,110	16,240	86.9%	20,333	23,474	86.6%
2007 Q2	5,095	5,964	85.4%	617	721	85.6%	12,580	14,515	86.7%	18,292	21,200	86.3%
2007 Q3	5,301	6,051	87.6%	636	727	87.5%	12,886	14,808	87.0%	18,823	21,586	87.2%
2007 Q4	5,520	6,307	87.5%	649	745	87.1%	13,276	15,101	87.9%	19,445	22,153	87.8%
2008 Q1	6,106	7,025	86.9%	657	746	88.1%	14,471	16,334	88.6%	21,234	24,105	88.1%
2008 Q2	5,987	6,992	85.6%	669	776	86.2%	13,996	15,902	88.0%	20,652	23,670	87.2%
2008 Q3	5,907	6,803	86.8%	687	775	88.6%	14,032	15,930	88.1%	20,626	23,508	87.7%
2008 Q4	5,770	6,614	87.2%	642	723	88.8%	13,844	15,564	88.9%	20,256	22,901	88.5%
2009 Q1	6,275	7,037	89.2%	722	830	87.0%	15,267	17,325	88.1%	22,264	25,192	88.4%
2009 Q2	5,886	6,684	88.1%	649	746	87.0%	13,912	16,150	86.1%	20,447	23,580	86.7%
2009 Q3	5,997	6,797	88.2%	632	729	86.7%	14,176	16,443	86.2%	20,805	23,969	86.8%
2009 Q4	5,678	6,441	88.2%	662	739	89.6%	13,530	15,606	86.7%	19,870	22,786	87.2%
2010 Q1	6,351	7,146	88.9%	646	725	89.1%	15,140	17,403	87.0%	22,137	25,274	87.6%
2010 Q2	6,127	6,916	88.6%	601	687	87.5%	14,043	16,154	86.9%	20,771	23,757	87.4%
2010 Q3	6,326	7,029	90.0%	657	745	88.2%	14,600	16,718	87.3%	21,583	24,492	88.1%
2010 Q4	6,147	6,955	88.4%	602	703	85.6%	14,552	16,657	87.4%	21,301	24,315	87.6%
2011 Q1	6,657	7,553	88.1%	768	861	89.2%	15,325	17,543	87.4%	22,750	25,957	87.6%

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

Quarter	Vancouver HSDA			Northern Interior HSDA			Other HSDAs			All HSDAs		
	STI Dx & HIV Test	STI Dx	%	STI Dx & HIV Test	STI Dx	%	STI Dx & HIV Test	STI Dx	%	STI Dx & HIV Test	STI Dx	%
2006 Q2	184	558	33.0%	19	113	16.8%	432	1,817	23.8%	635	2,488	25.5%
2006 Q3	184	501	36.7%	28	127	22.0%	457	1,918	23.8%	669	2,546	26.3%
2006 Q4	188	535	35.1%	16	133	12.0%	398	1,856	21.4%	602	2,524	23.9%
2007 Q1	188	616	30.5%	26	144	18.1%	481	2,088	23.0%	695	2,848	24.4%
2007 Q2	188	532	35.3%	43	168	25.6%	398	1,914	20.8%	629	2,614	24.1%
2007 Q3	215	583	36.9%	25	150	16.7%	478	2,072	23.1%	718	2,805	25.6%
2007 Q4	194	558	34.8%	33	162	20.4%	510	1,977	25.8%	737	2,697	27.3%
2008 Q1	188	535	35.1%	37	168	22.0%	498	2,114	23.6%	723	2,817	25.7%
2008 Q2	215	597	36.0%	39	189	20.6%	528	2,129	24.8%	782	2,915	26.8%
2008 Q3	201	567	35.4%	32	161	19.9%	503	2,240	22.5%	736	2,968	24.8%
2008 Q4	217	574	37.8%	28	151	18.5%	574	2,354	24.4%	819	3,079	26.6%
2009 Q1	227	588	38.6%	36	158	22.8%	522	2,151	24.3%	785	2,897	27.1%
2009 Q2	199	544	36.6%	28	143	19.6%	510	2,209	23.1%	737	2,896	25.4%
2009 Q3	241	648	37.2%	30	180	16.7%	567	2,416	23.5%	838	3,244	25.8%
2009 Q4	228	584	39.0%	28	159	17.6%	483	2,244	21.5%	739	2,987	24.7%
2010 Q1	252	661	38.1%	29	149	19.5%	530	2,435	21.8%	811	3,245	25.0%
2010 Q2	233	617	37.8%	27	161	16.8%	510	2,278	22.4%	770	3,056	25.2%
2010 Q3	278	703	39.5%	37	185	20.0%	534	2,264	23.6%	849	3,152	26.9%
2010 Q4	317	770	41.2%	27	169	16.0%	537	2,279	23.6%	881	3,218	27.4%

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%	7	35	20.0%	171	594	28.8%	283	904	31.3%
2006 Q3	95	233	40.8%	10	40	25.0%	189	651	29.0%	294	924	31.8%
2006 Q4	101	241	41.9%	8	45	17.8%	168	610	27.5%	277	896	30.9%
2007 Q1	103	282	36.5%	8	42	19.0%	210	718	29.2%	321	1,042	30.8%
2007 Q2	95	241	39.4%	13	53	24.5%	158	663	23.8%	266	957	27.8%
2007 Q3	106	267	39.7%	9	51	17.6%	224	701	32.0%	339	1,019	33.3%
2007 Q4	101	251	40.2%	18	65	27.7%	207	682	30.4%	326	998	32.7%
2008 Q1	107	243	44.0%	16	68	23.5%	215	743	28.9%	338	1,054	32.1%
2008 Q2	121	261	46.4%	9	57	15.8%	214	726	29.5%	344	1,044	33.0%
2008 Q3	97	247	39.3%	16	63	25.4%	232	811	28.6%	345	1,121	30.8%
2008 Q4	109	250	43.6%	7	41	17.1%	253	868	29.1%	369	1,159	31.8%
2009 Q1	129	261	49.4%	10	52	19.2%	245	783	31.3%	384	1,096	35.0%
2009 Q2	110	239	46.0%	7	50	14.0%	217	756	28.7%	334	1,045	32.0%
2009 Q3	124	279	44.4%	16	65	24.6%	236	825	28.6%	376	1,169	32.2%
2009 Q4	130	284	45.8%	7	54	13.0%	196	782	25.1%	333	1,120	29.7%
2010 Q1	135	294	45.9%	8	42	19.0%	218	821	26.6%	361	1,157	31.2%
2010 Q2	111	246	45.1%	9	54	16.7%	239	762	31.4%	359	1,062	33.8%
2010 Q3	160	346	46.2%	15	67	22.4%	230	752	30.6%	405	1,165	34.8%
2010 Q4	187	365	51.2%	8	61	13.1%	231	773	29.9%	426	1,199	35.5%

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

Quarter	Vancouver HSDA			Northern Interior HSDA			Other HSDAs			All HSDAs		
	STI Dx & HIV Test	STI Dx	%	STI Dx & HIV Test	STI Dx	%	STI Dx & HIV Test	STI Dx	%	STI Dx & HIV Test	STI Dx	%
2006 Q2	79	283	27.9%	12	78	15.4%	261	1,222	21.4%	352	1,583	22.2%
2006 Q3	89	268	33.2%	18	87	20.7%	268	1,267	21.2%	375	1,622	23.1%
2006 Q4	87	294	29.6%	8	88	9.1%	230	1,245	18.5%	325	1,627	20.0%
2007 Q1	85	334	25.4%	18	102	17.6%	271	1,370	19.8%	374	1,806	20.7%
2007 Q2	93	291	32.0%	30	115	26.1%	239	1,249	19.1%	362	1,655	21.9%
2007 Q3	109	315	34.6%	16	99	16.2%	254	1,371	18.5%	379	1,785	21.2%
2007 Q4	93	307	30.3%	15	97	15.5%	303	1,295	23.4%	411	1,699	24.2%
2008 Q1	81	291	27.8%	21	100	21.0%	283	1,369	20.7%	385	1,760	21.9%
2008 Q2	94	336	28.0%	30	132	22.7%	314	1,402	22.4%	438	1,870	23.4%
2008 Q3	104	320	32.5%	16	98	16.3%	271	1,428	19.0%	391	1,846	21.2%
2008 Q4	108	324	33.3%	21	109	19.3%	321	1,485	21.6%	450	1,918	23.5%
2009 Q1	98	327	30.0%	26	106	24.5%	277	1,368	20.2%	401	1,801	22.3%
2009 Q2	88	304	28.9%	21	93	22.6%	293	1,452	20.2%	402	1,849	21.7%
2009 Q3	115	366	31.4%	14	115	12.2%	331	1,590	20.8%	460	2,071	22.2%
2009 Q4	98	299	32.8%	21	105	20.0%	287	1,462	19.6%	406	1,866	21.8%
2010 Q1	117	367	31.9%	21	106	19.8%	312	1,612	19.4%	450	2,085	21.6%
2010 Q2	121	369	32.8%	18	107	16.8%	271	1,516	17.9%	410	1,992	20.6%
2010 Q3	118	357	33.1%	22	118	18.6%	304	1,511	20.1%	444	1,986	22.4%
2010 Q4	130	404	32.2%	19	108	17.6%	306	1,506	20.3%	455	2,018	22.5%

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

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	188	353	53.3%	37	72	51.4%	547	1,037	52.7%	772	1,462	52.8%
2007 Q1&2	185	331	55.9%	41	65	63.1%	538	1,104	48.7%	764	1,500	50.9%
2007 Q3&4	184	316	58.2%	41	60	68.3%	505	997	50.7%	730	1,373	53.2%
2008 Q1&2	163	301	54.2%	40	62	64.5%	551	1,092	50.5%	754	1,455	51.8%
2008 Q3&4	179	291	61.5%	54	76	71.1%	454	931	48.8%	687	1,298	52.9%
2009 Q1&2	186	323	57.6%	41	69	59.4%	435	1,005	43.3%	662	1,397	47.4%
2009 Q3&4	154	286	53.8%	25	51	49.0%	363	833	43.6%	542	1,170	46.3%
2010 Q1&2	140	250	56.0%	26	43	60.5%	402	937	42.9%	568	1,230	46.2%
2010 Q3&4	132	231	57.1%	31	44	70.5%	346	808	42.8%	509	1,083	47.0%

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

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	121	221	54.8%	21	40	52.5%	345	667	51.7%	487	928	52.5%
2007 Q1&2	129	224	57.6%	26	43	60.5%	358	717	49.9%	513	984	52.1%
2007 Q3&4	118	204	57.8%	29	37	78.4%	312	634	49.2%	459	875	52.5%
2008 Q1&2	98	180	54.4%	28	42	66.7%	354	709	49.9%	480	931	51.6%
2008 Q3&4	124	204	60.8%	35	50	70.0%	283	586	48.3%	442	840	52.6%
2009 Q1&2	121	211	57.3%	26	48	54.2%	280	646	43.3%	427	905	47.2%
2009 Q3&4	103	189	54.5%	16	32	50.0%	248	540	45.9%	367	761	48.2%
2010 Q1&2	91	155	58.7%	15	26	57.7%	260	617	42.1%	366	798	45.9%
2010 Q3&4	84	148	56.8%	18	27	66.7%	241	552	43.7%	343	727	47.2%

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	66	131	50.4%	15	30	50.0%	188	350	53.7%	269	511	52.6%
2007 Q1&2	55	104	52.9%	15	20	75.0%	172	366	47.0%	242	490	49.4%
2007 Q3&4	66	111	59.5%	12	23	52.2%	182	346	52.6%	260	480	54.2%
2008 Q1&2	64	120	53.3%	12	20	60.0%	196	375	52.3%	272	515	52.8%
2008 Q3&4	55	87	63.2%	19	25	76.0%	170	340	50.0%	244	452	54.0%
2009 Q1&2	64	111	57.7%	14	20	70.0%	151	353	42.8%	229	484	47.3%
2009 Q3&4	51	96	53.1%	8	17	47.1%	111	287	38.7%	170	400	42.5%
2010 Q1&2	48	94	51.1%	11	17	64.7%	141	317	44.5%	200	428	46.7%
2010 Q3&4	48	83	57.8%	13	17	76.5%	104	253	41.1%	165	353	46.7%

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

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

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

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

AHD = advanced HIV disease
Other = Transgender + Gender Unknown

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

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

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

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

Other = Transgender + Gender Unknown

Table 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%	1	/	1	100.00%	17	/	65	26.15%	25	/	134	18.66%
2010 Q2	14	/	59	23.73%	0	/	4	0.00%	24	/	64	37.50%	38	/	127	29.92%
2010 Q3	14	/	61	22.95%	2	/	3	66.67%	25	/	75	33.33%	41	/	139	29.50%
2010 Q4	16	/	55	29.09%	3	/	5	60.00%	16	/	57	28.07%	35	/	117	29.91%
2011 Q1	15	/	76	19.74%	7	/	9	77.78%	13	/	71	18.31%	35	/	156	22.44%

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

Quarter	Male				Female			
2006 Q1	50	/	95	52.63%	9	/	18	50.00%
2006 Q2	45	/	84	53.57%	8	/	14	57.14%
2006 Q3	35	/	70	50.00%	14	/	22	63.64%
2006 Q4	45	/	86	52.33%	13	/	23	56.52%
2007 Q1	43	/	87	49.43%	14	/	27	51.85%
2007 Q2	57	/	118	48.31%	10	/	18	55.56%
2007 Q3	39	/	81	48.15%	11	/	26	42.31%
2007 Q4	44	/	105	41.90%	9	/	18	50.00%
2008 Q1	45	/	103	43.69%	11	/	22	50.00%
2008 Q2	45	/	108	41.67%	7	/	21	33.33%
2008 Q3	31	/	106	29.25%	16	/	34	47.06%
2008 Q4	34	/	109	31.19%	9	/	22	40.91%
2009 Q1	34	/	116	29.31%	9	/	31	29.03%
2009 Q2	39	/	120	32.50%	5	/	21	23.81%
2009 Q3	31	/	104	29.81%	4	/	19	21.05%
2009 Q4	29	/	115	25.22%	6	/	29	20.69%
2010 Q1	19	/	108	17.59%	6	/	26	23.08%
2010 Q2	29	/	107	27.10%	9	/	20	45.00%
2010 Q3	31	/	111	27.93%	10	/	28	35.71%
2010 Q4	27	/	96	28.13%	8	/	21	38.10%
2011 Q1	28	/	130	21.54%	7	/	26	26.92%

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

Quarter	Vancouver HSDA	Northern Interior HSDA	Other HSDAs	All HSDAs
2006 Q3&4	44.7%	30.0%	27.9%	35.5%
2007 Q1&2	53.0%	36.4%	34.1%	44.8%
2007 Q3&4	53.3%	41.7%	31.5%	41.3%
2008 Q1&2	64.9%	60.0%	45.0%	55.9%
2008 Q3&4	62.8%	60.0%	42.7%	52.7%
2009 Q1&2	62.0%	50.0%	43.9%	51.9%
2009 Q3&4	61.1%	37.5%	38.0%	49.0%
2010 Q1&2	68.4%	0.0%	44.2%	55.8%
2010 Q3&4	72.2%	28.6%	39.7%	55.1%

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

Quarter	Vancouver HSDA	Northern Interior HSDA	Other HSDAs	All HSDAs
2006 Q3&4	48.4%	33.3%	32.3%	40.2%
2007 Q1&2	57.1%	16.7%	33.3%	47.0%
2007 Q3&4	54.1%	42.9%	32.4%	42.6%
2008 Q1&2	69.9%	0.0%	42.9%	57.8%
2008 Q3&4	66.7%	50.0%	39.7%	53.7%
2009 Q1&2	64.7%	50.0%	44.2%	53.7%
2009 Q3&4	60.6%	25.0%	36.2%	49.6%
2010 Q1&2	72.6%	---	49.1%	61.7%
2010 Q3&4	76.2%	33.3%	48.0%	62.2%

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

Quarter	Vancouver HSDA	Northern Interior HSDA	Other HSDAs	All HSDAs
2006 Q3&4	25.0%	25.0%	18.2%	21.1%
2007 Q1&2	33.3%	60.0%	33.3%	36.4%
2007 Q3&4	50.0%	40.0%	29.2%	37.2%
2008 Q1&2	27.3%	75.0%	52.9%	46.9%
2008 Q3&4	33.3%	100.0%	52.6%	48.3%
2009 Q1&2	45.5%	50.0%	42.9%	44.4%
2009 Q3&4	66.7%	50.0%	43.5%	48.5%
2010 Q1&2	50.0%	0.0%	33.3%	38.5%
2010 Q3&4	50.0%	0.0%	18.8%	28.0%

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

Quarter	Vancouver HSDA				Northern Interior HSDA				Other HSDAs				All HSDAs			
2006 Q1	35	/	55	63.64%	5	/	6	83.33%	30	/	56	53.57%	70	/	117	59.83%
2006 Q2	35	/	53	66.04%	3	/	4	75.00%	20	/	45	44.44%	58	/	102	56.86%
2006 Q3	25	/	43	58.14%	1	/	1	100.00%	16	/	53	30.19%	42	/	97	43.30%
2006 Q4	36	/	48	75.00%	1	/	3	33.33%	38	/	60	63.33%	75	/	111	67.57%
2007 Q1	46	/	59	77.97%	5	/	6	83.33%	32	/	52	61.54%	83	/	117	70.94%
2007 Q2	57	/	75	76.00%	2	/	2	100.00%	35	/	64	54.69%	94	/	141	66.67%
2007 Q3	44	/	60	73.33%	0	/	1	0.00%	26	/	48	54.17%	70	/	109	64.22%
2007 Q4	43	/	59	72.88%	1	/	4	25.00%	47	/	68	69.12%	91	/	131	69.47%
2008 Q1	44	/	55	80.00%	0	/	0	0.00%	38	/	76	50.00%	82	/	131	62.60%
2008 Q2	41	/	58	70.69%	4	/	4	100.00%	46	/	71	64.79%	91	/	133	68.42%
2008 Q3	56	/	67	83.58%	4	/	6	66.67%	40	/	70	57.14%	100	/	143	69.93%
2008 Q4	39	/	58	67.24%	6	/	7	85.71%	52	/	70	74.29%	97	/	135	71.85%
2009 Q1	56	/	67	83.58%	6	/	7	85.71%	59	/	78	75.64%	121	/	152	79.61%
2009 Q2	46	/	58	79.31%	3	/	4	75.00%	64	/	82	78.05%	113	/	144	78.47%
2009 Q3	47	/	57	82.46%	6	/	6	100.00%	52	/	66	78.79%	105	/	129	81.40%
2009 Q4	50	/	59	84.75%	2	/	3	66.67%	64	/	84	76.19%	116	/	146	79.45%
2010 Q1	55	/	69	79.71%	1	/	1	100.00%	54	/	69	78.26%	110	/	139	79.14%
2010 Q2	53	/	61	86.89%	4	/	4	100.00%	57	/	68	83.82%	114	/	133	85.71%
2010 Q3	54	/	62	87.10%	3	/	3	100.00%	55	/	77	71.43%	112	/	142	78.87%
2010 Q4	45	/	56	80.36%	5	/	5	100.00%	45	/	61	73.77%	95	/	122	77.87%
2011 Q1	70	/	76	92.11%	9	/	9	100.00%	58	/	73	79.45%	137	/	158	86.71%

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

Quarter	Male				Female			
2006 Q1	61	/	99	61.62%	9	/	18	50.00%
2006 Q2	51	/	86	59.30%	7	/	16	43.75%
2006 Q3	30	/	73	41.10%	12	/	24	50.00%
2006 Q4	62	/	88	70.45%	13	/	23	56.52%
2007 Q1	67	/	88	76.14%	16	/	29	55.17%
2007 Q2	84	/	122	68.85%	10	/	19	52.63%
2007 Q3	54	/	83	65.06%	16	/	26	61.54%
2007 Q4	79	/	112	70.54%	12	/	19	63.16%
2008 Q1	63	/	107	58.88%	19	/	24	79.17%
2008 Q2	77	/	111	69.37%	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	93	/	120	77.50%	28	/	32	87.50%
2009 Q2	98	/	123	79.67%	15	/	21	71.43%
2009 Q3	87	/	109	79.82%	18	/	20	90.00%
2009 Q4	94	/	117	80.34%	22	/	29	75.86%
2010 Q1	87	/	113	76.99%	23	/	26	88.46%
2010 Q2	96	/	111	86.49%	18	/	22	81.82%
2010 Q3	90	/	113	79.65%	22	/	29	75.86%
2010 Q4	76	/	99	76.77%	19	/	23	82.61%
2011 Q1	113	/	131	86.26%	24	/	27	88.89%

Table 22.1 Percentage of individuals starting ART who achieve HIV plasma viral load (pVL) of < 200 copies/mL within 6 months of therapy initiation by HSDA

Quarter	Vancouver HSDA				Northern Interior HSDA				Other HSDAs				All HSDAs			
2006 Q1	36	/	53	67.92%	2	/	4	50.00%	25	/	43	58.14%	63	/	100	63.00%
2006 Q2	25	/	40	62.50%	1	/	2	50.00%	45	/	55	81.82%	71	/	97	73.20%
2006 Q3	39	/	55	70.91%	3	/	6	50.00%	39	/	56	69.64%	81	/	117	69.23%
2006 Q4	40	/	53	75.47%	2	/	4	50.00%	31	/	45	68.89%	73	/	102	71.57%
2007 Q1	29	/	43	67.44%	1	/	1	100.00%	36	/	53	67.92%	66	/	97	68.04%
2007 Q2	36	/	48	75.00%	0	/	3	0.00%	39	/	60	65.00%	75	/	111	67.57%
2007 Q3	47	/	59	79.66%	3	/	6	50.00%	35	/	52	67.31%	85	/	117	72.65%
2007 Q4	59	/	75	78.67%	0	/	2	0.00%	44	/	64	68.75%	103	/	141	73.05%
2008 Q1	49	/	60	81.67%	1	/	1	100.00%	35	/	48	72.92%	85	/	109	77.98%
2008 Q2	46	/	59	77.97%	4	/	4	100.00%	53	/	68	77.94%	103	/	131	78.63%
2008 Q3	44	/	55	80.00%	0	/	0	0.00%	58	/	76	76.32%	102	/	131	77.86%
2008 Q4	46	/	58	79.31%	0	/	4	0.00%	55	/	71	77.46%	101	/	133	75.94%
2009 Q1	57	/	67	85.07%	2	/	6	33.33%	54	/	70	77.14%	113	/	143	79.02%
2009 Q2	46	/	58	79.31%	3	/	7	42.86%	60	/	70	85.71%	109	/	135	80.74%
2009 Q3	56	/	67	83.58%	5	/	7	71.43%	60	/	78	76.92%	121	/	152	79.61%
2009 Q4	46	/	58	79.31%	2	/	4	50.00%	67	/	82	81.71%	115	/	144	79.86%
2010 Q1	49	/	57	85.96%	2	/	6	33.33%	49	/	66	74.24%	100	/	129	77.52%
2010 Q2	49	/	59	83.05%	3	/	3	100.00%	65	/	84	77.38%	117	/	146	80.14%
2010 Q3	60	/	69	86.96%	1	/	1	100.00%	53	/	69	76.81%	114	/	139	82.01%
2010 Q4	47	/	61	77.05%	1	/	4	25.00%	50	/	68	73.53%	98	/	133	73.68%
2011 Q1	45	/	62	72.58%	1	/	3	33.33%	57	/	77	74.03%	103	/	142	72.54%

Table 22.2 Percentage of individuals starting ART who achieve HIV plasma viral load (pVL) of < 50 copies/mL within 6 months of therapy initiation by gender

Quarter	Male				Female			
2006 Q1	50	/	80	62.50%	13	/	20	65.00%
2006 Q2	60	/	80	75.00%	11	/	17	64.71%
2006 Q3	69	/	99	69.70%	12	/	18	66.67%
2006 Q4	62	/	86	72.09%	11	/	16	68.75%
2007 Q1	51	/	73	69.86%	15	/	24	62.50%
2007 Q2	63	/	88	71.59%	12	/	23	52.17%
2007 Q3	64	/	88	72.73%	21	/	29	72.41%
2007 Q4	94	/	122	77.05%	9	/	19	47.37%
2008 Q1	64	/	83	77.11%	21	/	26	80.77%
2008 Q2	92	/	112	82.14%	11	/	19	57.89%
2008 Q3	88	/	107	82.24%	14	/	24	58.33%
2008 Q4	85	/	111	76.58%	16	/	22	72.73%
2009 Q1	87	/	108	80.56%	26	/	35	74.29%
2009 Q2	95	/	112	84.82%	14	/	23	60.87%
2009 Q3	97	/	120	80.83%	24	/	32	75.00%
2009 Q4	100	/	123	81.30%	15	/	21	71.43%
2010 Q1	86	/	109	78.90%	14	/	20	70.00%
2010 Q2	92	/	117	78.63%	25	/	29	86.21%
2010 Q3	92	/	113	81.42%	22	/	26	84.62%
2010 Q4	81	/	111	72.97%	17	/	22	77.27%
2011 Q1	84	/	113	74.34%	19	/	29	65.52%

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

Quarter	Vancouver HSDA				Northern Interior HSDA				Other HSDAs				All HSDAs			
2006 Q1	19	/	28	67.86%	3	/	3	100.00%	18	/	22	81.82%	40	/	53	75.47%
2006 Q2	20	/	28	71.43%	2	/	2	100.00%	14	/	17	82.35%	36	/	47	76.60%
2006 Q3	15	/	22	68.18%	1	/	1	100.00%	11	/	14	78.57%	27	/	37	72.97%
2006 Q4	23	/	30	76.67%	0	/	1	0.00%	22	/	35	62.86%	45	/	66	68.18%
2007 Q1	34	/	44	77.27%	5	/	5	100.00%	23	/	32	71.88%	62	/	81	76.54%
2007 Q2	46	/	53	86.79%	2	/	2	100.00%	24	/	33	72.73%	72	/	88	81.82%
2007 Q3	31	/	38	81.58%	0	/	0	0.00%	22	/	25	88.00%	53	/	63	84.13%
2007 Q4	32	/	41	78.05%	1	/	1	100.00%	25	/	37	67.57%	58	/	79	73.42%
2008 Q1	28	/	39	71.79%	0	/	0	0.00%	28	/	35	80.00%	56	/	74	75.68%
2008 Q2	30	/	38	78.95%	2	/	2	100.00%	24	/	38	63.16%	56	/	78	71.79%
2008 Q3	43	/	50	86.00%	4	/	4	100.00%	29	/	36	80.56%	76	/	90	84.44%
2008 Q4	32	/	36	88.89%	4	/	4	100.00%	39	/	46	84.78%	75	/	86	87.21%
2009 Q1	45	/	51	88.24%	6	/	6	100.00%	48	/	55	87.27%	99	/	112	88.39%
2009 Q2	33	/	39	84.62%	1	/	3	33.33%	51	/	58	87.93%	85	/	100	85.00%
2009 Q3	37	/	45	82.22%	6	/	6	100.00%	42	/	49	85.71%	85	/	100	85.00%
2009 Q4	39	/	43	90.70%	2	/	2	100.00%	51	/	56	91.07%	92	/	101	91.09%
2010 Q1	42	/	52	80.77%	1	/	1	100.00%	41	/	46	89.13%	84	/	99	84.85%
2010 Q2	38	/	46	82.61%	4	/	4	100.00%	42	/	53	79.25%	84	/	103	81.55%
2010 Q3	38	/	50	76.00%	3	/	3	100.00%	36	/	48	75.00%	77	/	101	76.24%
2010 Q4	31	/	41	75.61%	3	/	3	100.00%	36	/	41	87.80%	70	/	85	82.35%
2011 Q1	56	/	67	83.58%	7	/	9	77.78%	47	/	54	87.04%	110	/	130	84.62%

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

Quarter	Male				Female			
2006 Q1	35	/	47	74.47%	5	/	6	83.33%
2006 Q2	33	/	43	76.74%	3	/	4	75.00%
2006 Q3	20	/	25	80.00%	7	/	12	58.33%
2006 Q4	38	/	54	70.37%	7	/	12	58.33%
2007 Q1	52	/	65	80.00%	10	/	16	62.50%
2007 Q2	66	/	78	84.62%	6	/	10	60.00%
2007 Q3	41	/	48	85.42%	12	/	15	80.00%
2007 Q4	49	/	68	72.06%	9	/	11	81.82%
2008 Q1	43	/	58	74.14%	13	/	16	81.25%
2008 Q2	48	/	64	75.00%	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	82	/	90	91.11%	17	/	22	77.27%
2009 Q2	76	/	86	88.37%	9	/	14	64.29%
2009 Q3	71	/	82	86.59%	14	/	18	77.78%
2009 Q4	73	/	81	90.12%	19	/	20	95.00%
2010 Q1	67	/	78	85.90%	17	/	21	80.95%
2010 Q2	75	/	86	87.21%	9	/	17	52.94%
2010 Q3	62	/	81	76.54%	15	/	20	75.00%
2010 Q4	57	/	69	82.61%	13	/	16	81.25%
2011 Q1	94	/	107	87.85%	16	/	23	69.57%

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	1276	/	1782	71.60%	16	/	32	50.00%	993	/	1497	66.33%	2285	/	3311	69.01%
2006 Q2	1339	/	1826	73.33%	17	/	31	54.84%	1026	/	1554	66.02%	2382	/	3411	69.83%
2006 Q3	1387	/	1861	74.53%	17	/	31	54.84%	1089	/	1563	69.67%	2493	/	3455	72.16%
2006 Q4	1408	/	1875	75.09%	16	/	30	53.33%	1113	/	1628	68.37%	2537	/	3533	71.81%
2007 Q1	1478	/	1915	77.18%	20	/	36	55.56%	1133	/	1675	67.64%	2631	/	3626	72.56%
2007 Q2	1491	/	1994	74.77%	21	/	36	58.33%	1152	/	1729	66.63%	2664	/	3759	70.87%
2007 Q3	1532	/	2048	74.80%	19	/	33	57.58%	1175	/	1747	67.26%	2726	/	3828	71.21%
2007 Q4	1549	/	2091	74.08%	23	/	42	54.76%	1214	/	1759	69.02%	2786	/	3892	71.58%
2008 Q1	1597	/	2150	74.28%	20	/	43	46.51%	1236	/	1774	69.67%	2853	/	3967	71.92%
2008 Q2	1654	/	2233	74.07%	18	/	46	39.13%	1290	/	1855	69.54%	2962	/	4134	71.65%
2008 Q3	1664	/	2272	73.24%	18	/	49	36.73%	1321	/	1897	69.64%	3003	/	4218	71.19%
2008 Q4	1726	/	2332	74.01%	23	/	54	42.59%	1362	/	1940	70.21%	3111	/	4326	71.91%
2009 Q1	1762	/	2377	74.13%	23	/	54	42.59%	1422	/	2011	70.71%	3207	/	4442	72.20%
2009 Q2	1816	/	2436	74.55%	29	/	56	51.79%	1430	/	2077	68.85%	3275	/	4569	71.68%
2009 Q3	1884	/	2507	75.15%	33	/	58	56.90%	1487	/	2117	70.24%	3404	/	4682	72.70%
2009 Q4	1944	/	2538	76.60%	37	/	62	59.68%	1514	/	2169	69.80%	3495	/	4769	73.29%
2010 Q1	1999	/	2602	76.83%	36	/	67	53.73%	1545	/	2215	69.75%	3580	/	4884	73.30%
2010 Q2	2018	/	2657	75.95%	36	/	77	46.75%	1588	/	2256	70.39%	3642	/	4990	72.99%
2010 Q3	2054	/	2725	75.38%	40	/	79	50.63%	1613	/	2317	69.62%	3707	/	5121	72.39%
2010 Q4	2062	/	2765	74.58%	42	/	82	51.22%	1650	/	2373	69.53%	3754	/	5220	71.92%
2011 Q1	2141	/	2843	75.31%	45	/	81	55.56%	1666	/	2419	68.87%	3852	/	5343	72.09%

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	2019	/	2854	70.74%	266	/	457	58.21%
2006 Q2	2115	/	2929	72.21%	267	/	482	55.39%
2006 Q3	2207	/	2962	74.51%	286	/	493	58.01%
2006 Q4	2240	/	3030	73.93%	297	/	503	59.05%
2007 Q1	2329	/	3113	74.82%	302	/	513	58.87%
2007 Q2	2365	/	3236	73.08%	299	/	523	57.17%
2007 Q3	2419	/	3286	73.62%	307	/	542	56.64%
2007 Q4	2472	/	3339	74.03%	314	/	553	56.78%
2008 Q1	2517	/	3389	74.27%	336	/	578	58.13%
2008 Q2	2628	/	3534	74.36%	334	/	600	55.67%
2008 Q3	2644	/	3584	73.77%	359	/	634	56.62%
2008 Q4	2741	/	3686	74.36%	370	/	640	57.81%
2009 Q1	2819	/	3769	74.79%	388	/	673	57.65%
2009 Q2	2868	/	3866	74.19%	407	/	703	57.89%
2009 Q3	2971	/	3962	74.99%	433	/	720	60.14%
2009 Q4	3052	/	4029	75.75%	443	/	740	59.86%
2010 Q1	3121	/	4120	75.75%	459	/	764	60.08%
2010 Q2	3177	/	4210	75.46%	465	/	780	59.62%
2010 Q3	3249	/	4325	75.12%	458	/	796	57.54%
2010 Q4	3289	/	4391	74.90%	465	/	829	56.09%
2011 Q1	3367	/	4485	75.07%	485	/	858	56.53%

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	164	20	399	583
2006 Q2	167	22	405	594
2006 Q3	174	22	404	600
2006 Q4	162	22	415	599
2007 Q1	170	24	422	616
2007 Q2	169	23	451	643
2007 Q3	170	22	435	627
2007 Q4	167	23	450	640
2008 Q1	178	22	438	638
2008 Q2	181	25	466	672
2008 Q3	182	28	460	670
2008 Q4	187	27	457	671
2009 Q1	195	27	485	707
2009 Q2	188	26	495	709
2009 Q3	195	24	478	697
2009 Q4	191	23	498	712
2010 Q1	189	23	494	706
2010 Q2	196	21	500	717
2010 Q3	196	23	508	727
2010 Q4	192	23	508	723
2011 Q1	199	25	516	740

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

Quarter	Vancouver HSDA				Northern Interior HSDA				Other HSDAs				All HSDAs			
2006 Q1		/	1969			/	45			/	1686			/	3700	
2006 Q2		/	2006			/	46			/	1740			/	3792	
2006 Q3		/	2033			/	41			/	1764			/	3838	
2006 Q4		/	2075			/	42			/	1804			/	3921	
2007 Q1		/	2123			/	44			/	1840			/	4007	
2007 Q2		/	2219			/	50			/	1919			/	4188	
2007 Q3		/	2288			/	46			/	1930			/	4264	
2007 Q4		/	2344			/	53			/	1955			/	4352	
2008 Q1	1	/	2383	0.04%	0	/	52	0.00%	0	/	2006	0.00%	1	/	4441	0.02%
2008 Q2	1	/	2458	0.04%	0	/	55	0.00%	1	/	2098	0.05%	2	/	4611	0.04%
2008 Q3	5	/	2517	0.20%	0	/	58	0.00%	1	/	2150	0.05%	6	/	4725	0.13%
2008 Q4	1	/	2587	0.04%	0	/	66	0.00%	3	/	2188	0.14%	4	/	4841	0.08%
2009 Q1	5	/	2657	0.19%	1	/	76	1.32%	2	/	2242	0.09%	8	/	4975	0.16%
2009 Q2	7	/	2718	0.26%	0	/	80	0.00%	3	/	2321	0.13%	10	/	5119	0.20%
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	/	2877	0.10%	0	/	81	0.00%	4	/	2461	0.16%	7	/	5419	0.13%
2010 Q2	2	/	2916	0.07%	0	/	89	0.00%	0	/	2505	0.00%	2	/	5510	0.04%
2010 Q3	1	/	3013	0.03%	0	/	87	0.00%	1	/	2549	0.04%	2	/	5649	0.04%
2010 Q4	4	/	3033	0.13%	0	/	97	0.00%	1	/	2605	0.04%	5	/	5735	0.09%
2011 Q1	2	/	3112	0.06%	0	/	106	0.00%	0	/	2663	0.00%	2	/	5881	0.03%

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

Quarter	Male				Female			
2006 Q1		/	3175			/	525	
2006 Q2		/	3249			/	543	
2006 Q3		/	3281			/	557	
2006 Q4		/	3352			/	569	
2007 Q1		/	3418			/	589	
2007 Q2		/	3581			/	607	
2007 Q3		/	3636			/	628	
2007 Q4		/	3723			/	629	
2008 Q1	1	/	3790	0.03%	0	/	651	0.00%
2008 Q2	1	/	3927	0.03%	1	/	684	0.15%
2008 Q3	6	/	3999	0.15%	0	/	726	0.00%
2008 Q4	3	/	4108	0.07%	1	/	733	0.14%
2009 Q1	5	/	4200	0.12%	3	/	775	0.39%
2009 Q2	7	/	4315	0.16%	3	/	804	0.37%
2009 Q3	4	/	4403	0.09%	0	/	805	0.00%
2009 Q4	4	/	4476	0.09%	1	/	834	0.12%
2010 Q1	4	/	4566	0.09%	3	/	853	0.35%
2010 Q2	1	/	4639	0.02%	1	/	871	0.11%
2010 Q3	1	/	4754	0.02%	1	/	895	0.11%
2010 Q4	3	/	4812	0.06%	2	/	923	0.22%
2011 Q1	2	/	4927	0.04%	0	/	954	0.00%

Table 28.1 Incidence of resistance to any antiretroviral drug by HSDA

Quarter	Vancouver HSDA				Northern Interior HSDA				Other HSDAs				All HSDAs			
2006 Q1	57	/	5407.1	1.05%	0	/	102	0.00%	33	/	4555	0.72%	90	/	10074	0.89%
2006 Q2	34	/	5554.9	0.61%	1	/	111	0.90%	27	/	4672	0.58%	62	/	10348	0.60%
2006 Q3	27	/	5612.8	0.48%	0	/	102	0.00%	26	/	4776	0.54%	53	/	10503	0.50%
2006 Q4	28	/	5753.5	0.49%	0	/	113	0.00%	18	/	4846	0.37%	46	/	10732	0.43%
2007 Q1	25	/	5899.4	0.42%	0	/	110	0.00%	19	/	5021	0.38%	44	/	11049	0.40%
2007 Q2	17	/	6058.9	0.28%	1	/	119	0.84%	17	/	5127	0.33%	36	/	11319	0.32%
2007 Q3	13	/	6365.6	0.20%	0	/	118	0.00%	16	/	5233	0.31%	29	/	11729	0.25%
2007 Q4	17	/	6496.5	0.26%	2	/	121	1.66%	11	/	5307	0.21%	30	/	11940	0.25%
2008 Q1	11	/	6624.4	0.17%	1	/	134	0.75%	12	/	5436	0.22%	24	/	12208	0.20%
2008 Q2	21	/	6758.6	0.31%	0	/	135	0.00%	14	/	5682	0.25%	35	/	12596	0.28%
2008 Q3	14	/	6899.9	0.20%	2	/	150	1.33%	8	/	5828	0.14%	24	/	12891	0.19%
2008 Q4	14	/	7205	0.19%	0	/	171	0.00%	5	/	6008	0.08%	19	/	13399	0.14%
2009 Q1	16	/	7362.7	0.22%	3	/	185	1.62%	12	/	6142	0.20%	31	/	13706	0.23%
2009 Q2	16	/	7636	0.21%	0	/	213	0.00%	6	/	6309	0.10%	22	/	14179	0.16%
2009 Q3	10	/	7798.1	0.13%	1	/	200	0.50%	7	/	6424	0.11%	18	/	14445	0.12%
2009 Q4	19	/	7885.6	0.24%	0	/	215	0.00%	12	/	6542	0.18%	32	/	14671	0.22%
2010 Q1	7	/	7963.6	0.09%	1	/	214	0.47%	17	/	6723	0.25%	25	/	14924	0.17%
2010 Q2	9	/	8151.3	0.11%	1	/	229	0.44%	6	/	6867	0.09%	16	/	15264	0.10%
2010 Q3	10	/	8417.6	0.12%	1	/	221	0.45%	8	/	6946	0.12%	19	/	15597	0.12%
2010 Q4	12	/	8448.3	0.14%	1	/	246	0.41%	10	/	7122	0.14%	23	/	15841	0.15%
2011 Q1	14	/	8659.2	0.16%	1	/	262	0.38%	7	/	7202	0.10%	22	/	16156	0.14%

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

Quarter	Male				Female			
2006 Q1	74	/	8715.6	0.85%	16	/	1359	1.18%
2006 Q2	43	/	8959.3	0.48%	19	/	1388	1.37%
2006 Q3	45	/	9072.5	0.50%	8	/	1430	0.56%
2006 Q4	36	/	9275.5	0.39%	10	/	1457	0.69%
2007 Q1	32	/	9541.2	0.34%	12	/	1507	0.80%
2007 Q2	32	/	9764	0.33%	4	/	1555	0.26%
2007 Q3	21	/	10101	0.21%	8	/	1628	0.49%
2007 Q4	23	/	10298	0.22%	7	/	1641	0.43%
2008 Q1	18	/	10524	0.17%	6	/	1684	0.36%
2008 Q2	31	/	10839	0.29%	4	/	1756	0.23%
2008 Q3	17	/	11055	0.15%	7	/	1836	0.38%
2008 Q4	16	/	11444	0.14%	3	/	1955	0.15%
2009 Q1	22	/	11674	0.19%	9	/	2033	0.44%
2009 Q2	17	/	12070	0.14%	5	/	2109	0.24%
2009 Q3	15	/	12302	0.12%	3	/	2143	0.14%
2009 Q4	23	/	12481	0.18%	9	/	2190	0.41%
2010 Q1	18	/	12700	0.14%	7	/	2224	0.31%
2010 Q2	11	/	12952	0.08%	5	/	2311	0.22%
2010 Q3	12	/	13273	0.09%	7	/	2324	0.30%
2010 Q4	19	/	13433	0.14%	4	/	2408	0.17%
2011 Q1	16	/	13652	0.12%	6	/	2504	0.24%

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

Quarter	Vancouver HSDA				Northern Interior HSDA				Other HSDAs				All HSDAs			
2006 Q1	182	/	1968	9.25%	3	/	45	6.67%	138	/	1682	8.20%	323	/	3699	8.73%
2006 Q2	220	/	2005	10.97%	2	/	46	4.35%	183	/	1736	10.54%	406	/	3791	10.71%
2006 Q3	234	/	2032	11.52%	2	/	41	4.88%	180	/	1760	10.23%	416	/	3837	10.84%
2006 Q4	244	/	2075	11.76%	3	/	42	7.14%	209	/	1793	11.66%	458	/	3921	11.68%
2007 Q1	242	/	2123	11.40%	1	/	44	2.27%	165	/	1832	9.01%	408	/	4007	10.18%
2007 Q2	219	/	2219	9.87%	0	/	50	0.00%	168	/	1913	8.78%	388	/	4188	9.26%
2007 Q3	156	/	2288	6.82%	2	/	46	4.35%	120	/	1925	6.23%	279	/	4264	6.54%
2007 Q4	226	/	2344	9.64%	1	/	53	1.89%	166	/	1949	8.52%	393	/	4352	9.03%
2008 Q1	202	/	2383	8.48%	1	/	52	1.92%	163	/	1998	8.16%	366	/	4441	8.24%
2008 Q2	259	/	2458	10.54%	5	/	55	9.09%	193	/	2087	9.25%	458	/	4611	9.93%
2008 Q3	206	/	2516	8.19%	2	/	58	3.45%	134	/	2145	6.25%	342	/	4725	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	/	2718	5.30%	5	/	80	6.25%	115	/	2311	4.98%	265	/	5119	5.18%
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%	104	/	2392	4.35%	226	/	5310	4.26%
2010 Q1	131	/	2877	4.55%	2	/	81	2.47%	98	/	2451	4.00%	231	/	5419	4.26%
2010 Q2	115	/	2916	3.94%	0	/	89	0.00%	99	/	2498	3.96%	214	/	5510	3.88%
2010 Q3	135	/	3012	4.48%	1	/	87	1.15%	108	/	2544	4.25%	244	/	5649	4.32%
2010 Q4	127	/	3033	4.19%	4	/	97	4.12%	102	/	2596	3.93%	233	/	5735	4.06%
2011 Q1	115	/	3113	3.69%	4	/	106	3.77%	108	/	2647	4.08%	228	/	5881	3.88%

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

Quarter	Male				Female			
2006 Q1	279	/	3174	8.79%	44	/	525	8.38%
2006 Q2	351	/	3248	10.81%	55	/	543	10.13%
2006 Q3	349	/	3280	10.64%	67	/	557	12.03%
2006 Q4	406	/	3352	12.11%	52	/	569	9.14%
2007 Q1	346	/	3418	10.12%	62	/	589	10.53%
2007 Q2	327	/	3581	9.13%	61	/	607	10.05%
2007 Q3	216	/	3636	5.94%	63	/	628	10.03%
2007 Q4	325	/	3723	8.73%	68	/	629	10.81%
2008 Q1	309	/	3790	8.15%	57	/	651	8.76%
2008 Q2	387	/	3927	9.85%	71	/	684	10.38%
2008 Q3	280	/	3999	7.00%	62	/	726	8.54%
2008 Q4	259	/	4108	6.30%	57	/	733	7.78%
2009 Q1	260	/	4200	6.19%	64	/	775	8.26%
2009 Q2	201	/	4315	4.66%	64	/	804	7.96%
2009 Q3	178	/	4403	4.04%	48	/	805	5.96%
2009 Q4	194	/	4476	4.33%	32	/	834	3.84%
2010 Q1	192	/	4566	4.20%	39	/	853	4.57%
2010 Q2	167	/	4639	3.60%	47	/	871	5.40%
2010 Q3	195	/	4754	4.10%	49	/	895	5.47%
2010 Q4	179	/	4812	3.72%	54	/	923	5.85%
2011 Q1	174	/	4927	3.53%	54	/	954	5.66%

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