

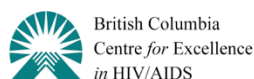
STOP HIV/AIDS Pilot Project

INDICATORS QUARTERLY REPORT: 1 October through 31 December 2010

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 tests

Target:

Increase by 50%

Actual:

VAN: 15,145 testing episodes in 2010 Q4

NI: 1,307 testing episodes in 2010 Q4

Figure 1.1 Number of HIV test episodes by HSDA

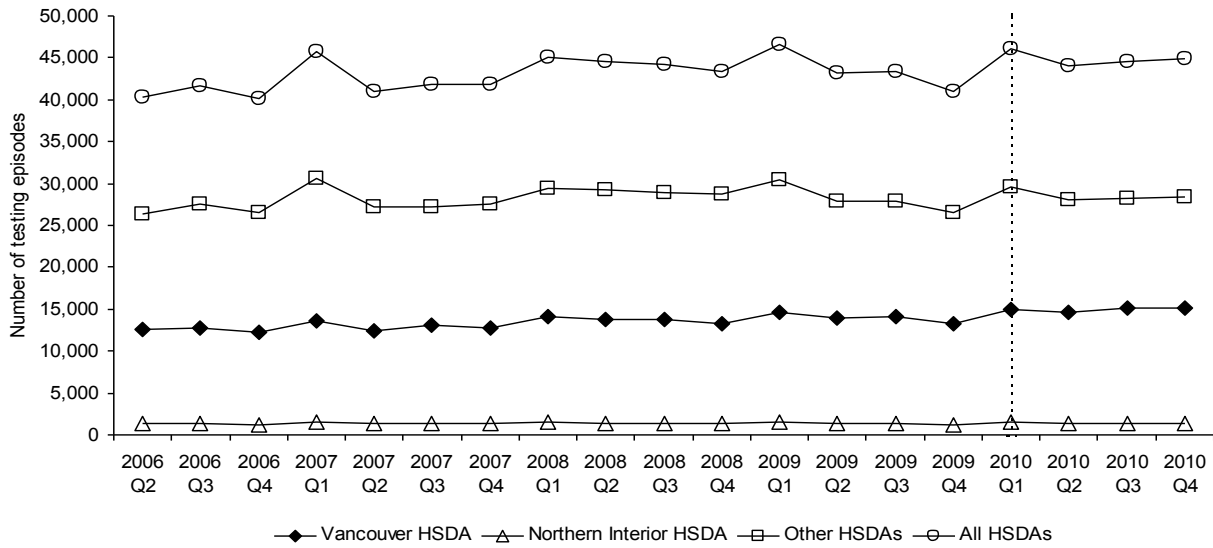


Figure 1.2 Number of HIV test episodes by HSDA – Males

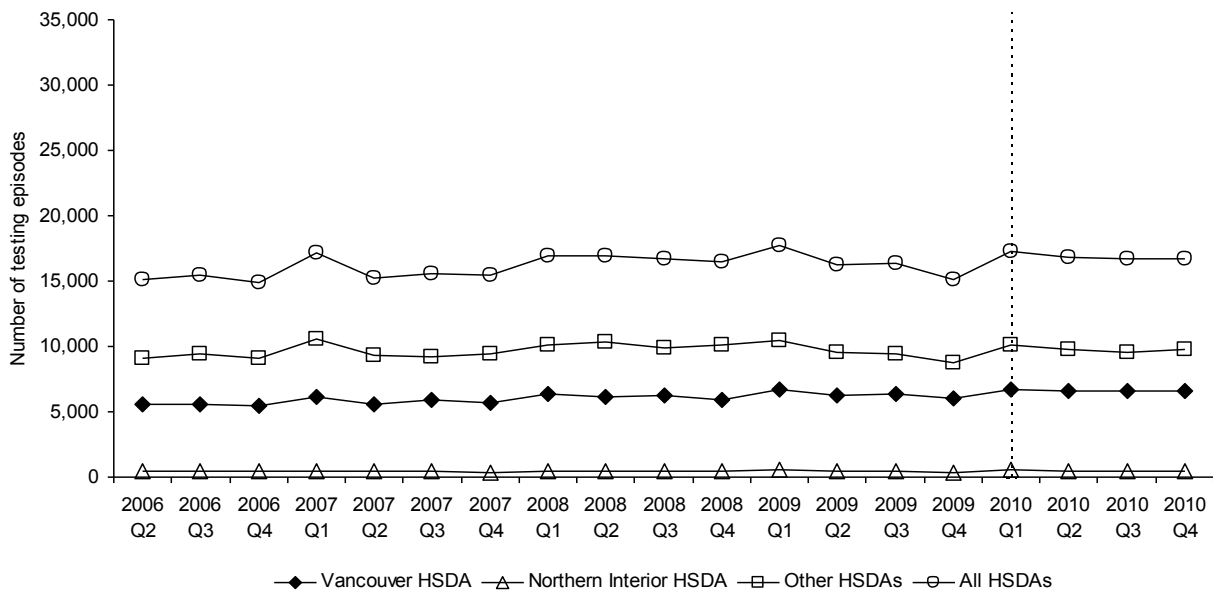


Figure 1.3 Number of HIV test episodes by HSDA – Females

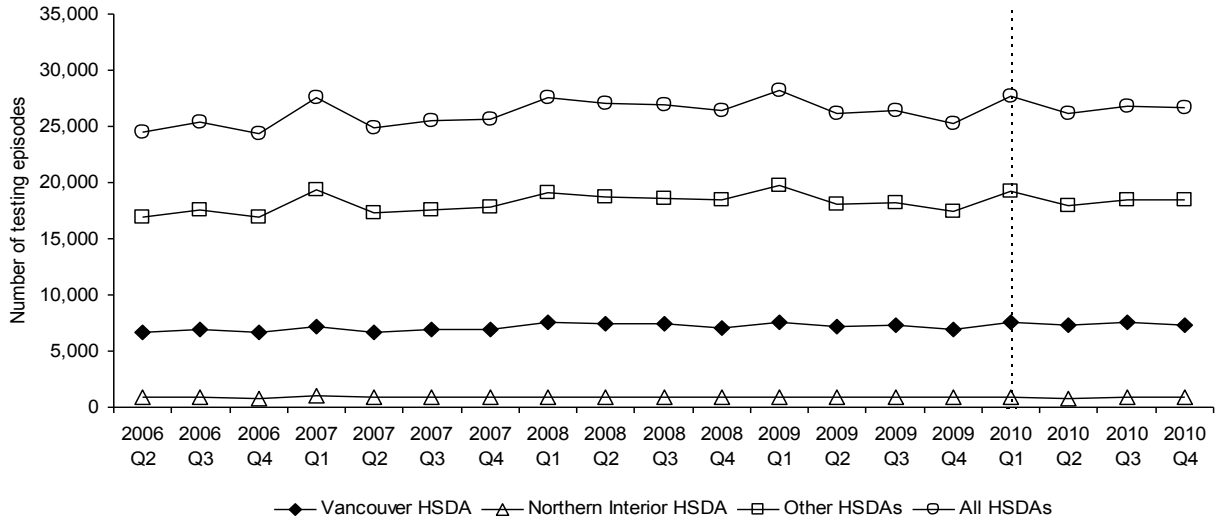
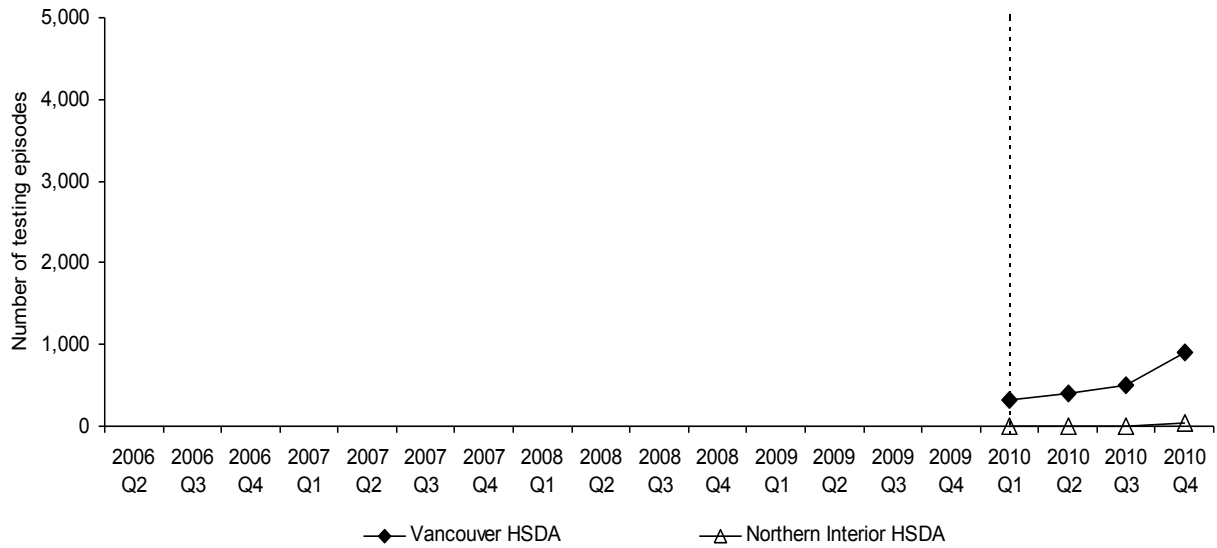


Figure 1.4 Number of POC HIV tests by HSDA



Indicator 1: Number of HIV test episodes

Interpretations & Comments	Since 2010 Q1, the number of HIV test episodes per quarter has been increasing in Vancouver HSDA, while trends in Northern Interior HSDA and other HSDAs are stable and consistent with historic trends. Typically the number of HIV test episodes decreases in Q4 of every year due to holidays. Similar trends are observed for both males and females; the number of HIV test episodes per quarter is higher in females compared to males.
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)	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	
Revisions	<ul style="list-style-type: none"> • 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: 6,385.2 per 100,000 in 2010

NI: 3,454.9 per 100,000 in 2010

Figure 2.1 Population HIV testing rate by HSDA

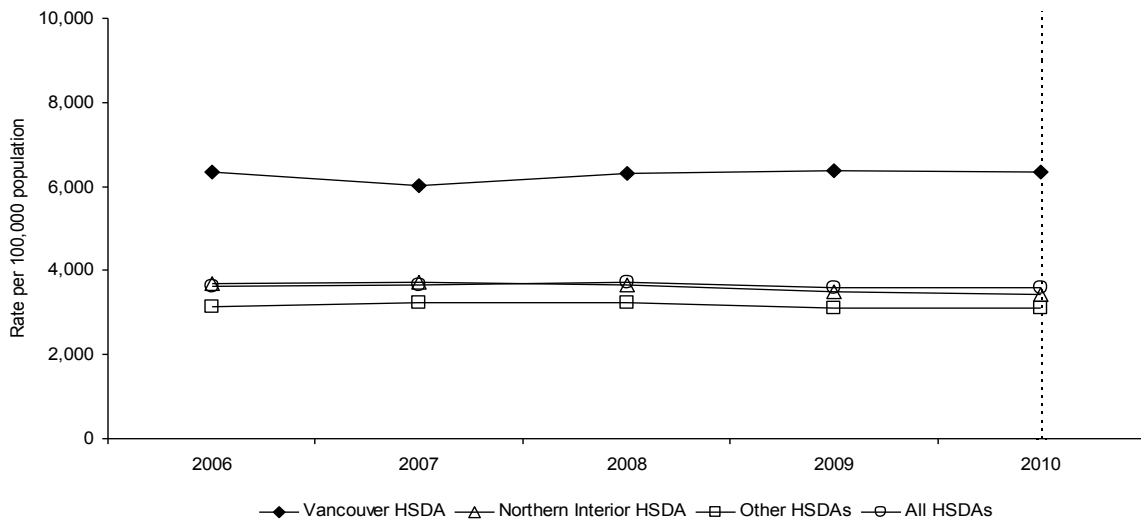


Figure 2.2 Population HIV testing rate by HSDA – Males

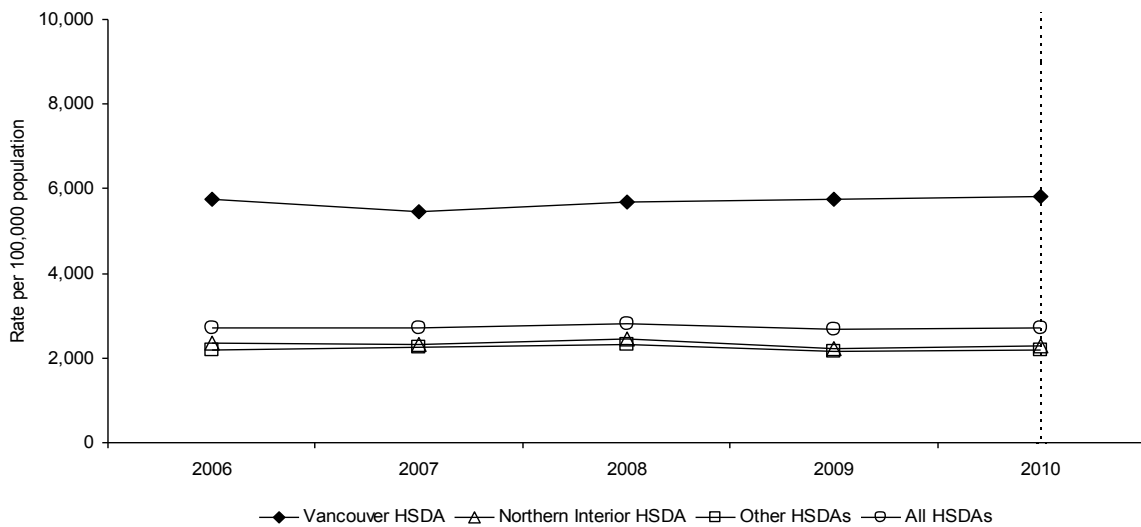
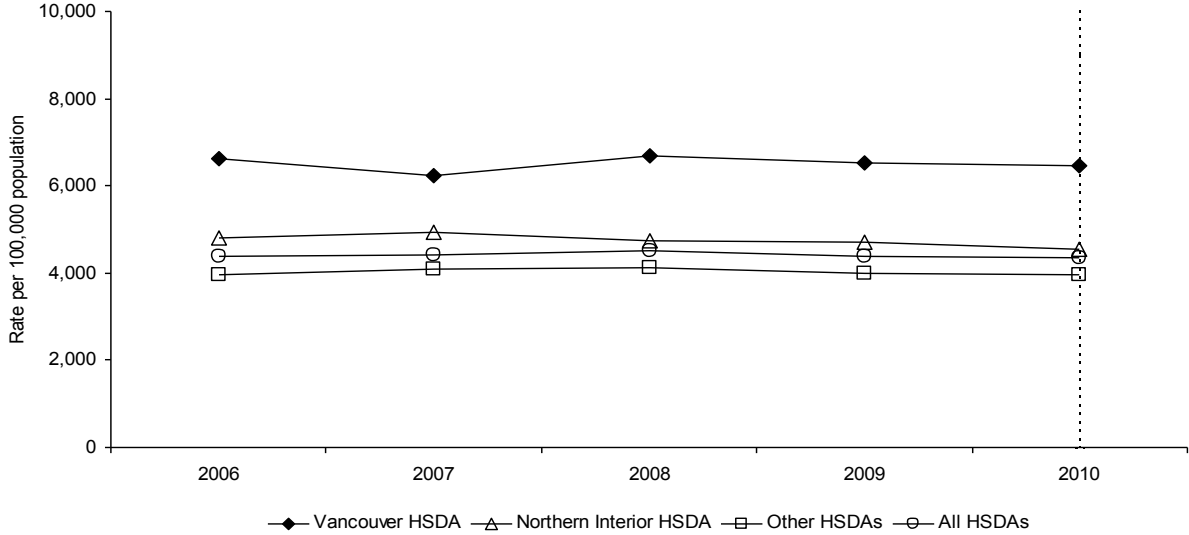


Figure 2.3 Population HIV testing rate by HSDA – Females



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 decreasing 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	<ul style="list-style-type: none"> • 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 testing 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	<ul style="list-style-type: none"> • Breakdown by gender included. (Oct 2010) • Improvement to the method for data analysis has revised the values of this indicator slightly from the November 10, 2010 report. (Jan 2011)

Indicator 3: Number of new HIV diagnoses

Target:	Increase during first two years, then decrease	
Actual:	VAN: 38 persons in 2010 Q4 (by Residence)	NI: 2 persons in 2010 Q4 (by Residence)

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

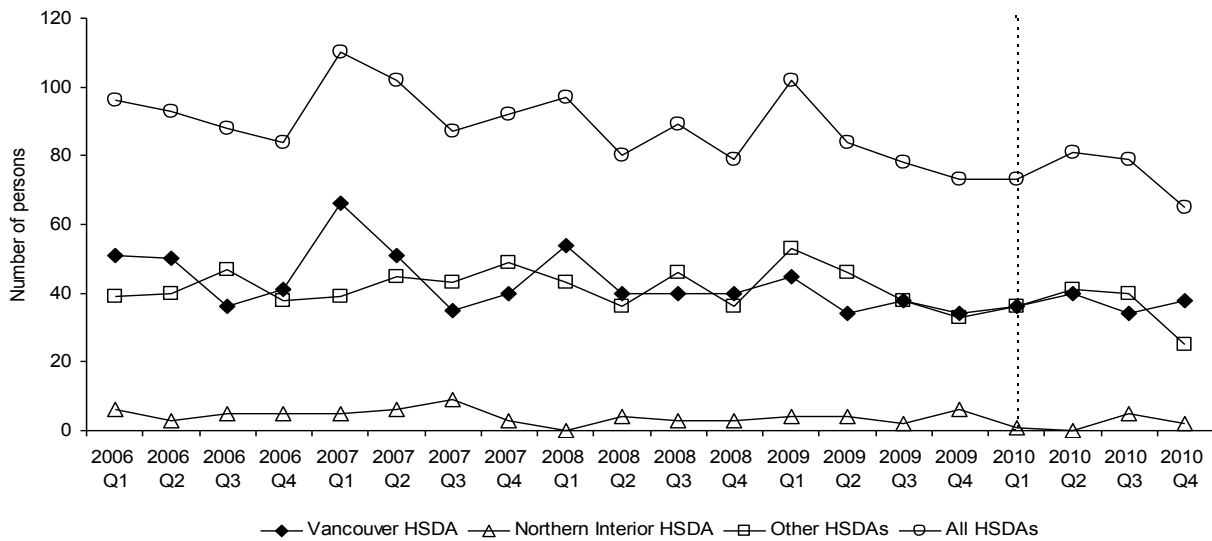


Figure 3.2 Number of new HIV diagnoses by HSDA: Allocated by ORDERING CLINICIAN

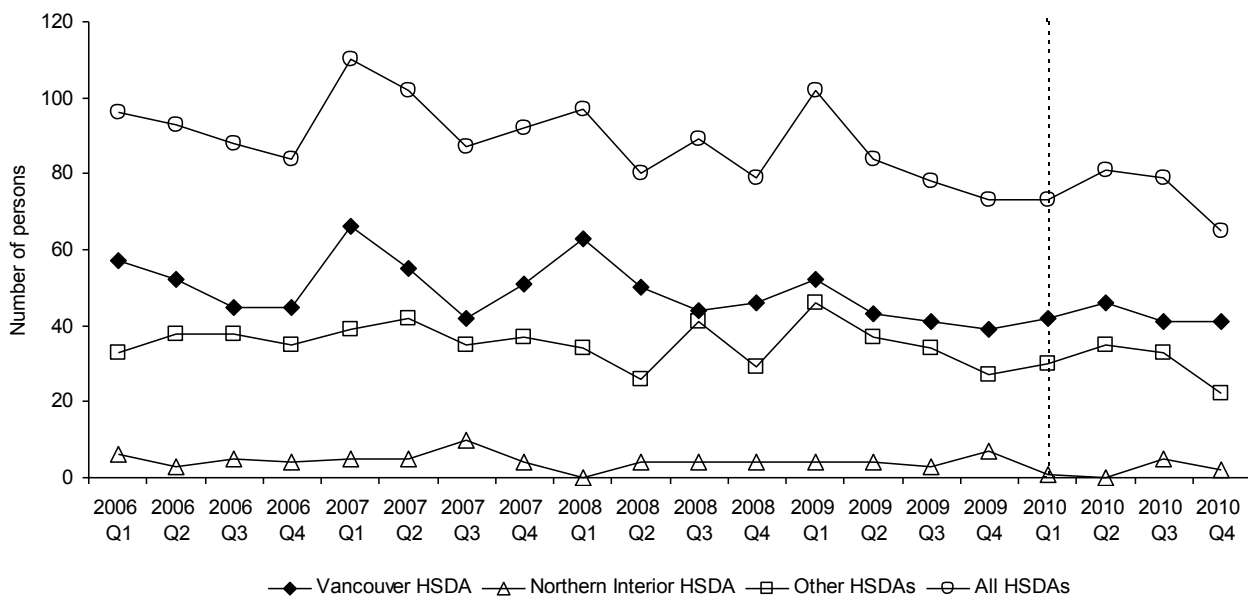
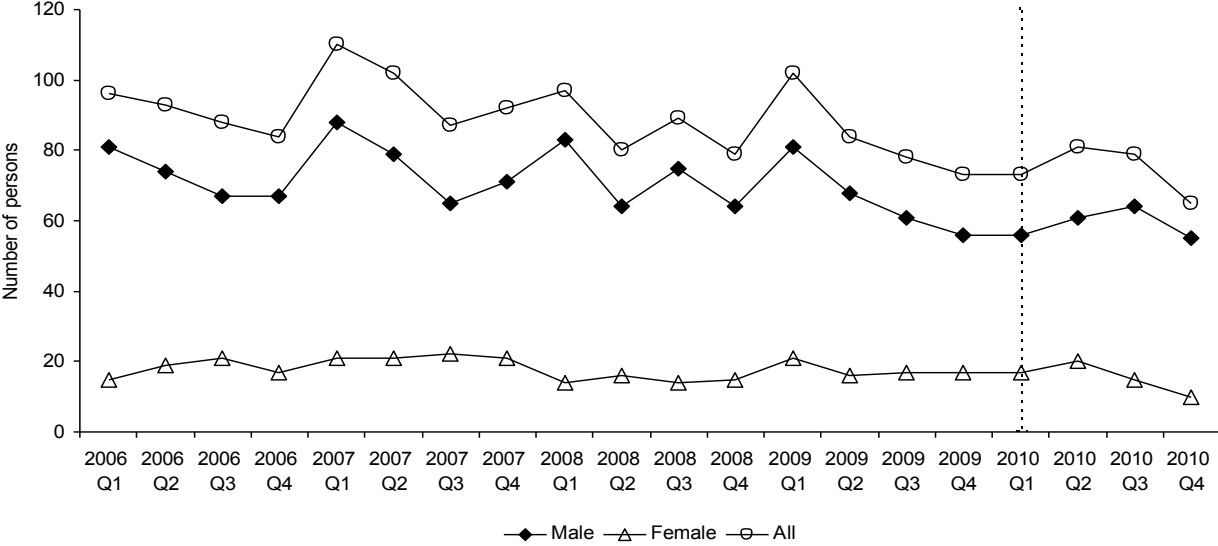


Figure 3.3 Number of new HIV diagnoses, by gender



Indicator 3: Number of new HIV diagnoses

Interpretations & Comments	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.
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	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<p>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).</p> <p>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).</p>
Revisions	<p>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.</p>

Indicator 4: Rate of new AIDS case reports

Target:	Decrease	
Actual:	VAN: 4.8 per 100,000 in 2009	NI: 3.5 per 100,000 in 2009

Figure 4.1 Rate of new AIDS case reports by HSDA

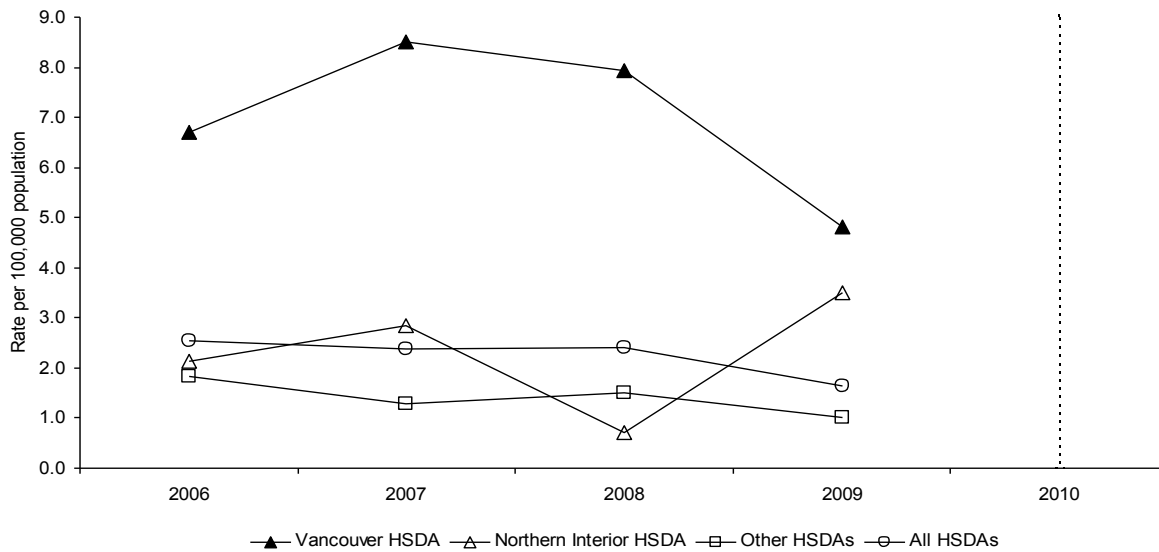
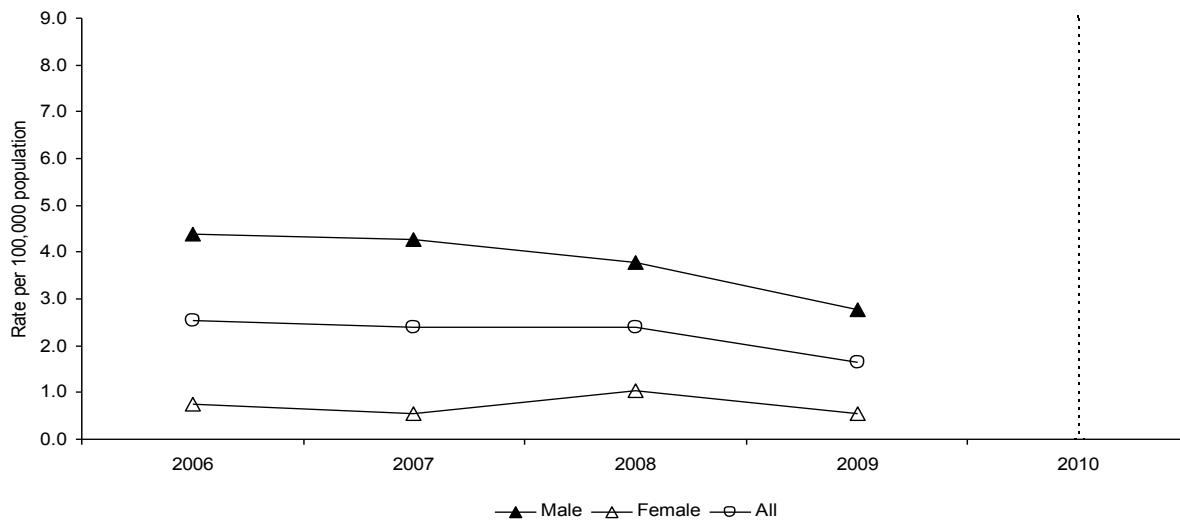


Figure 4.2 Rate of new AIDS case reports by gender (BC)



Indicator 4: Rate of new AIDS case reports

Interpretations & Comments	In 2009, the rate of new AIDS case reports in Vancouver HSDA and Other HSDA 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)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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: 0.36% in 2010 Q4	NI: 0.16% in 2010 Q4

Figure 5.1 Percentage positivity among persons tested for HIV by HSDA

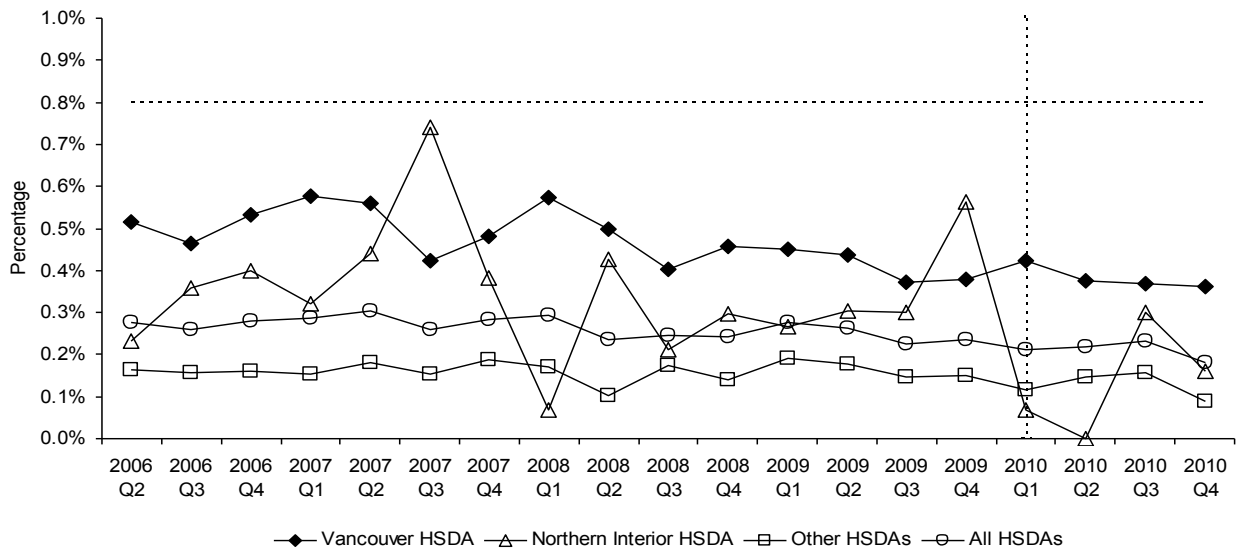
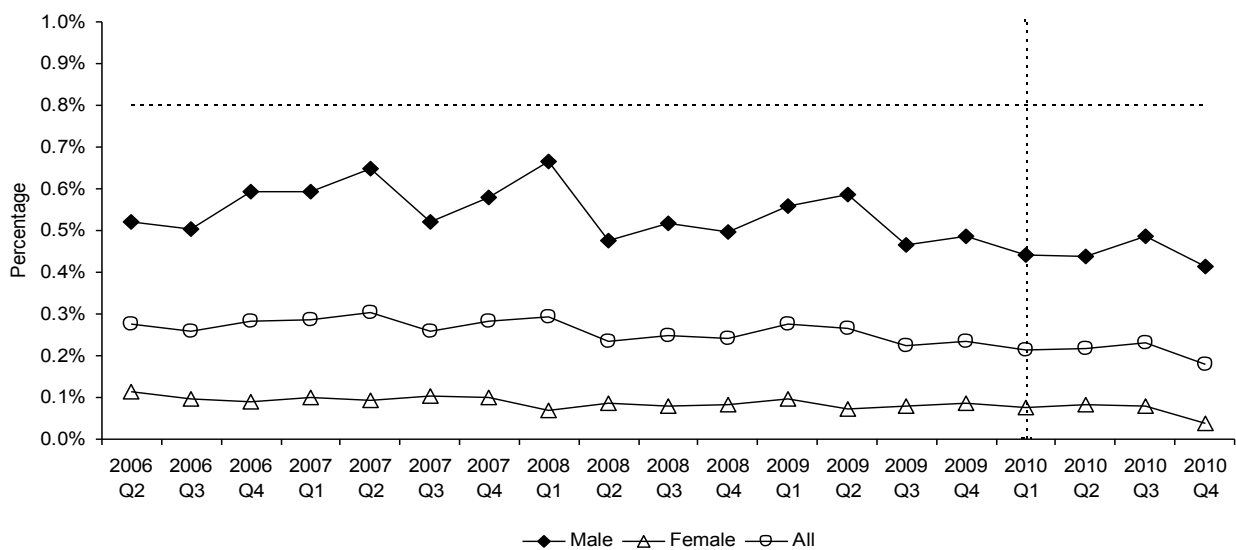


Figure 5.2 Percentage positivity among persons tested for HIV, by gender (BC)



Indicator 5: Percentage positivity among persons tested for HIV

Interpretations & Comments	In 2010 Q4, the percentage positivity among persons tested for HIV in Vancouver HSDA was stable. The percentage positivity in Other HSDA decreased, while the trend in Northern Interior HSDA remains variable in 2010 Q4. The percentage positivity among persons tested for HIV in 2010 Q4 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)	<ul style="list-style-type: none"> • Misys Laboratory database at the Provincial Public Health Microbiology and Reference Laboratory (PHSA). • Provincial HIV/AIDS surveillance database at BCCDC.
Calculation Method	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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: 83.4% in 2010 Q4	NI: 82.4% in 2010 Q4

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

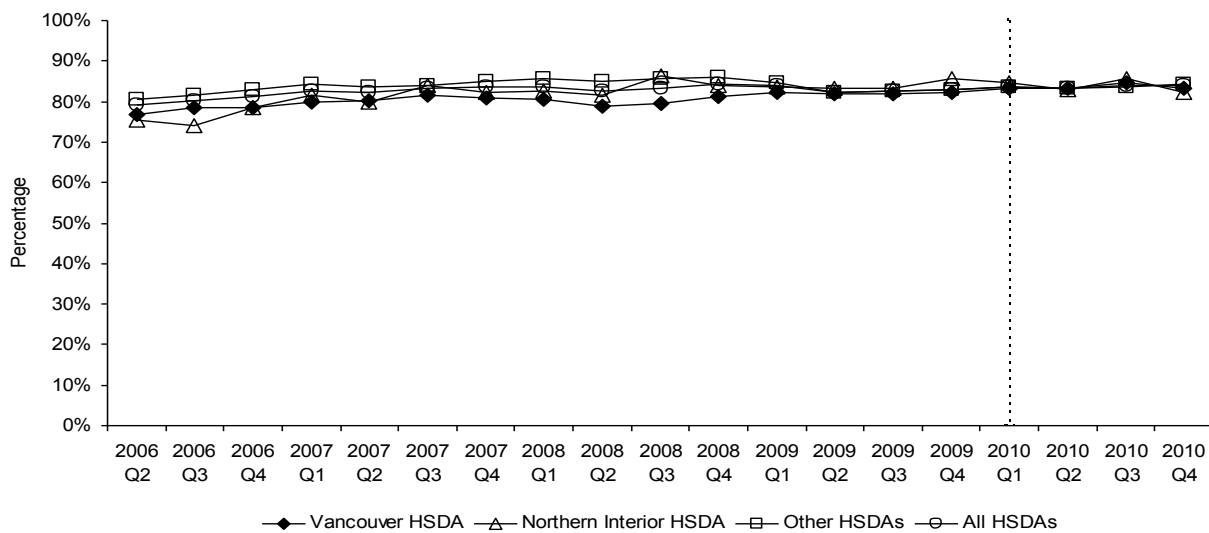


Figure 6a.2 Proportion of individuals tested for syphilis who are tested for HIV at the same clinical encounter by HSDA – Males

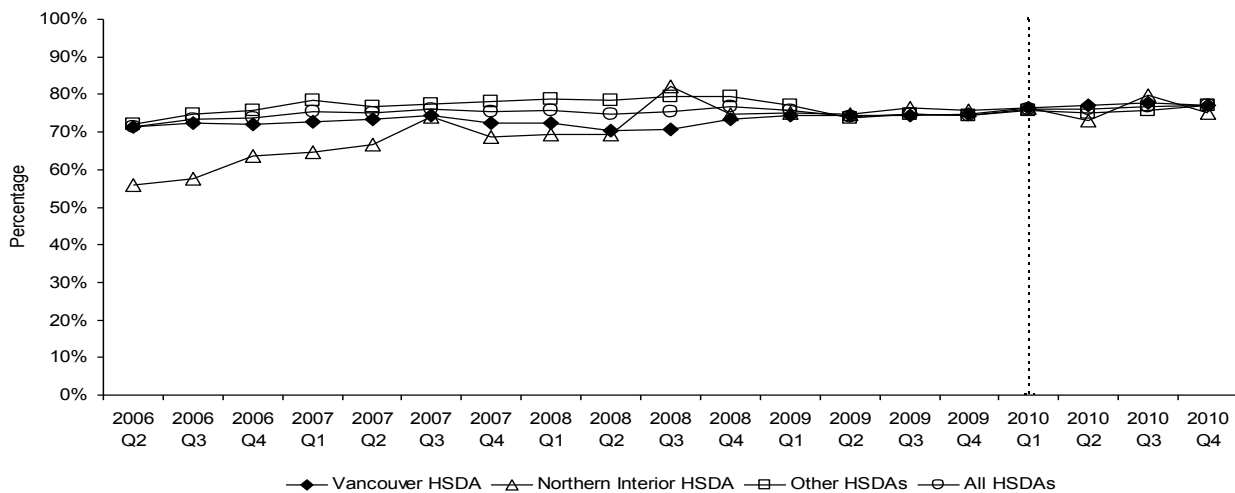
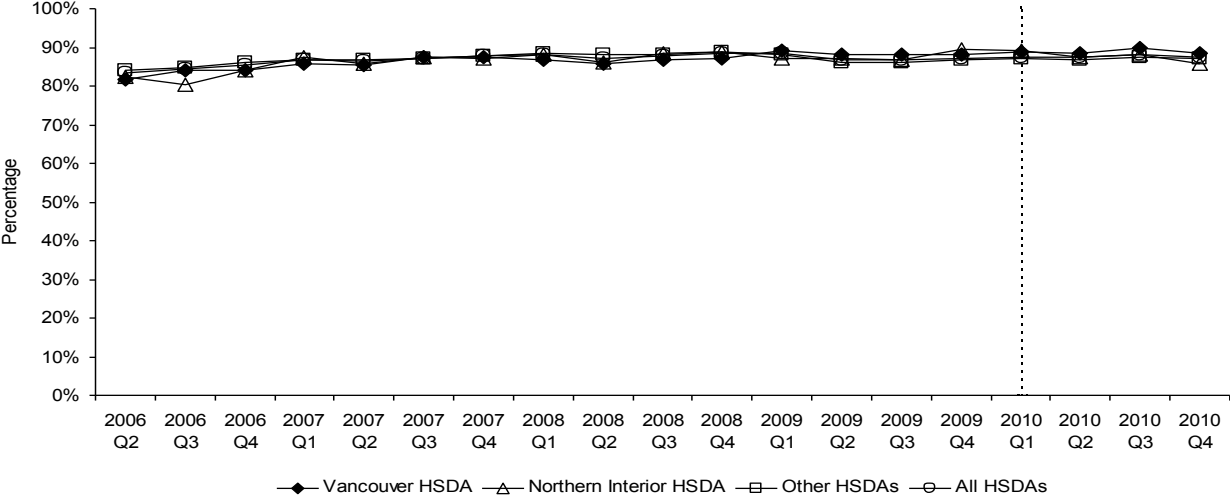


Figure 6a.3 Proportion of individuals tested for syphilis who are tested for HIV at the same clinical encounter by HSDA – Females



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

Interpretations & Comments	Since 2010 Q1, the proportion of individuals tested per quarter for syphilis who are tested for HIV at the same clinical encounter has been relatively stable for all regions, and overall for males and females. The magnitude of this proportion is higher for females compared to males.
Description of Measure	The percentage of individuals who are tested for syphilis who are also tested for HIV at the same clinical visit or encounter. This indicator also includes women who are undergoing prenatal testing for syphilis and HIV.
Significance	A syphilis test may indicate that an individual has risk behaviors which may also be associated with an increased risk of HIV. Ensuring all individuals getting a syphilis test are tested for HIV may lead to increased case-finding and reduce the number of individuals who are unaware of their HIV status. This may be a focus of communications with clinicians conducting HIV testing.
Data Source(s)	<ul style="list-style-type: none"> Misys Laboratory database at the Provincial Public Health Microbiology and Reference Laboratory (PHSA). Provincial HIV/AIDS surveillance database at BCCDC.
Calculation Method	<ul style="list-style-type: none"> 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. Individuals receiving a point of care HIV test, or an HIV test at another laboratory, will not be 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	<ul style="list-style-type: none"> 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 7: Proportion of individuals with a new HCV diagnosis who are tested for HIV within three months of HCV diagnosis

Target: Increase

Actual: VAN: 56.0% in 2010 Q3&4

NI: 63.6% 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

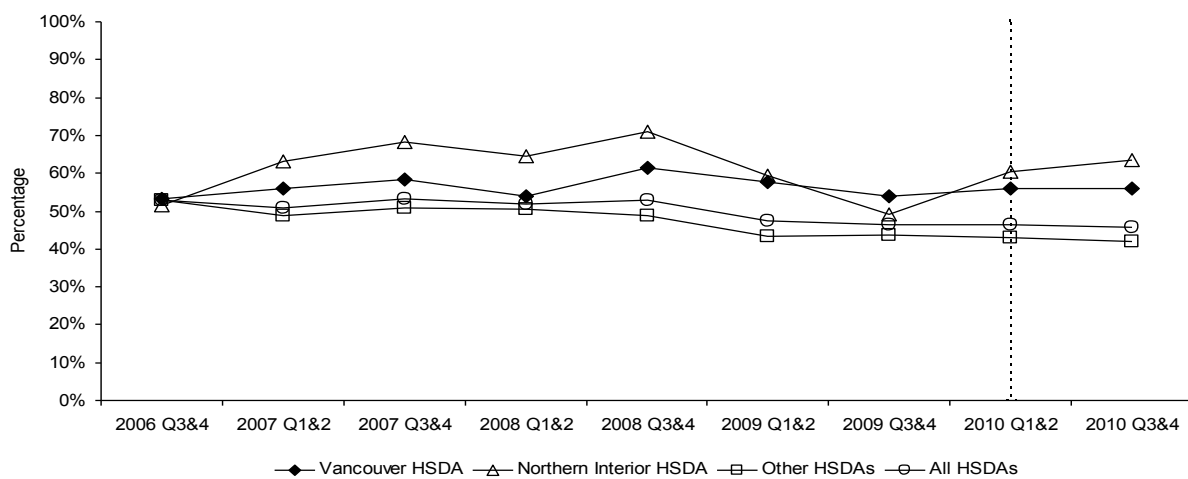


Figure 7.2 Proportion of individuals with a new HCV diagnosis who are tested for HIV within three months of HCV diagnosis by HSDA – Males

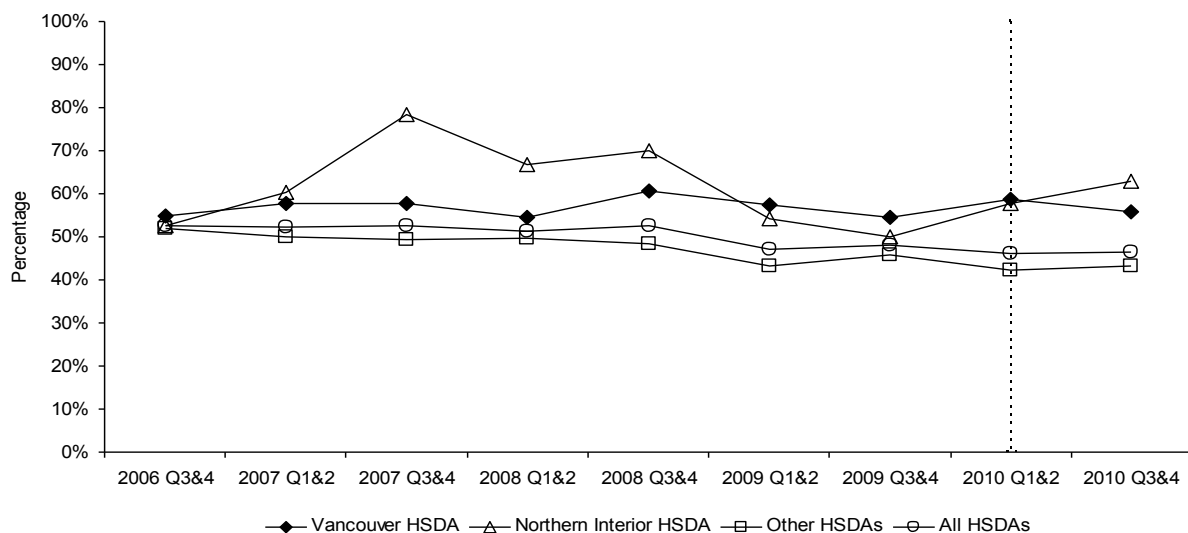
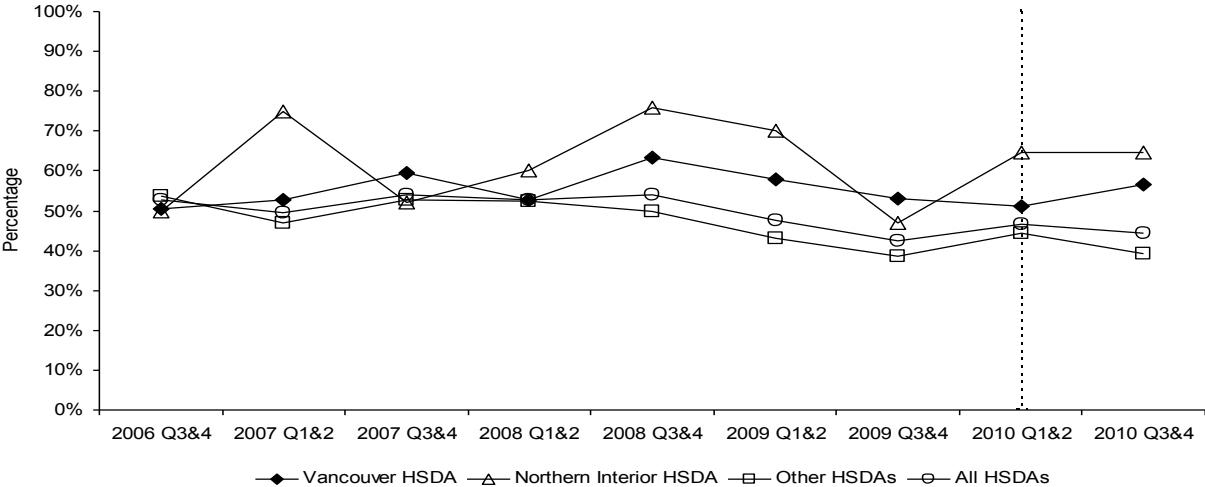


Figure 7.3 Proportion of individuals with a new HCV diagnosis who are tested for HIV within three months of HCV diagnosis by HSDA – Females



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. Similar trends were observed overall for males, while for females this proportion is increasing in Vancouver HSDA and stable in 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)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 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	<ul style="list-style-type: none"> • 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

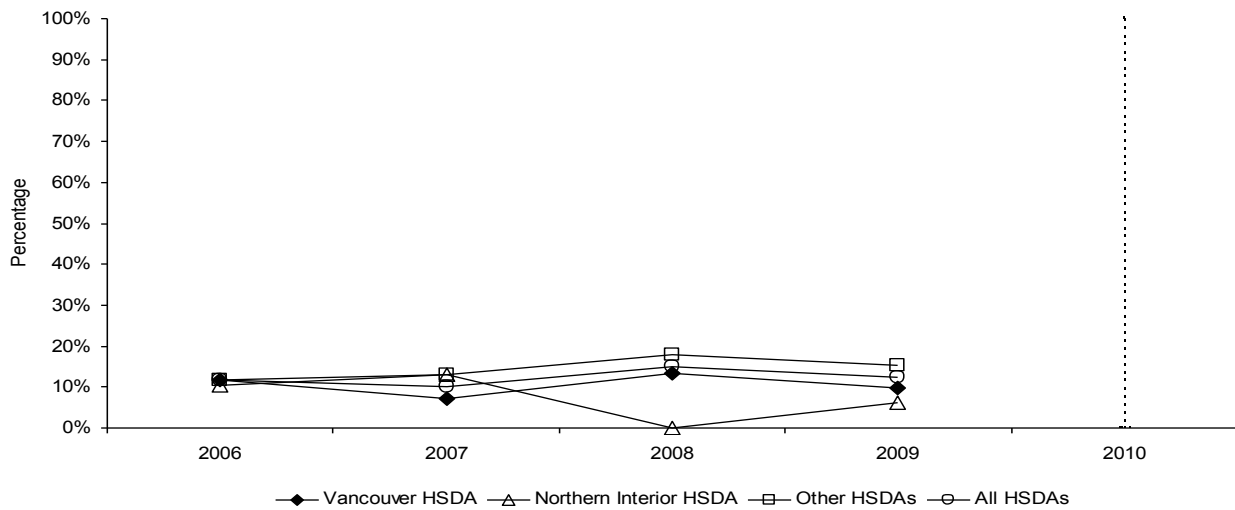
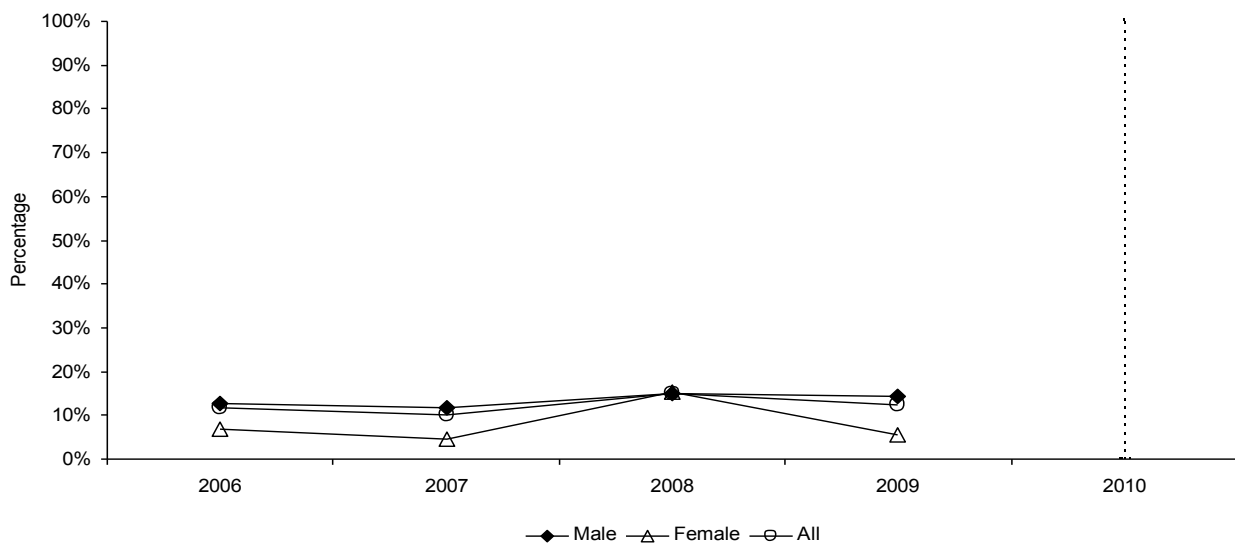


Figure 9.2 Proportion of individuals with a new HIV diagnosis with advanced HIV disease by gender (BC)



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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<p>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 BC-CfE data and is captured in Indicator 10.</p> <p>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.</p>
Revisions	<ul style="list-style-type: none"> • 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: 12.8% in 2010

NI: NI: 0% in 2010

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

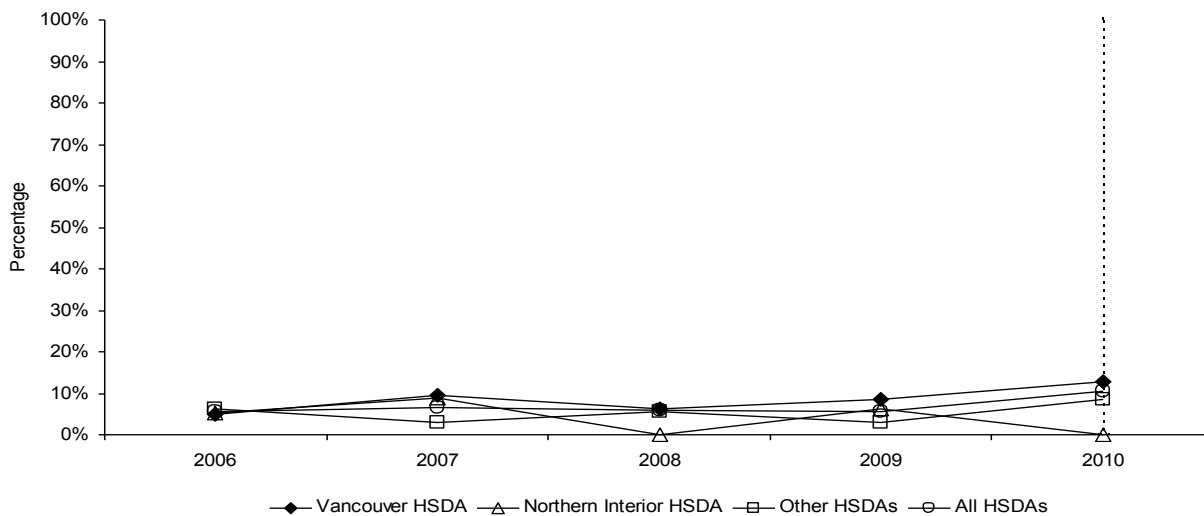
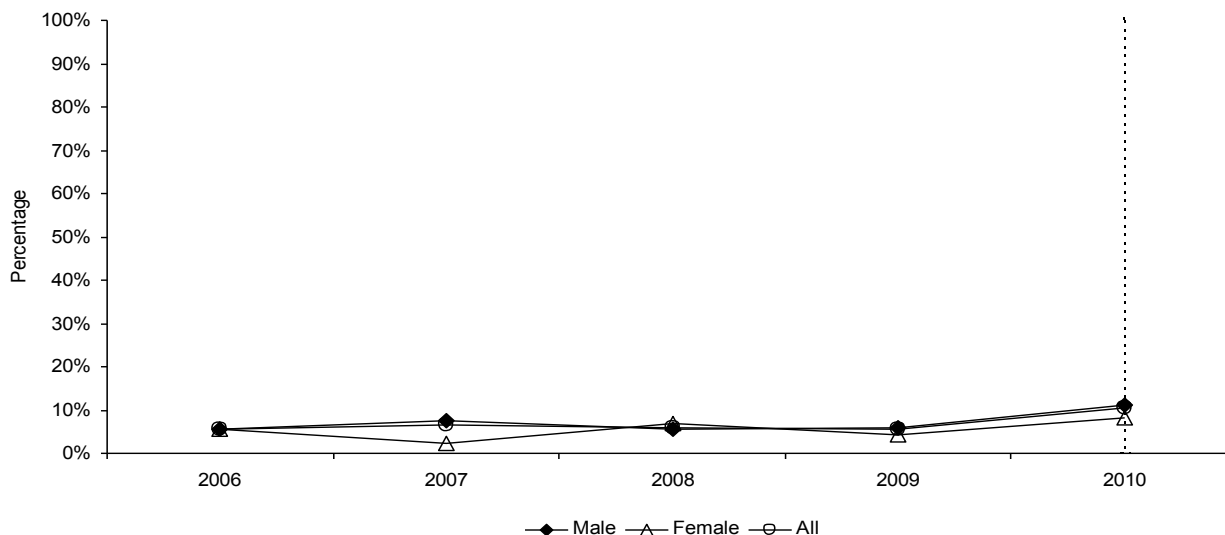


Figure 11.2 Proportion of individuals with a new HIV diagnosis with acute HIV infection by gender (BC)



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 has 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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, which 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	<ul style="list-style-type: none"> Breakdown by gender included. (Oct 2010) Data tables include year to date figures by quarter. (Oct 2010)

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

Target: Decrease

Actual: VAN: 32.6%

NI: 60.0%

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

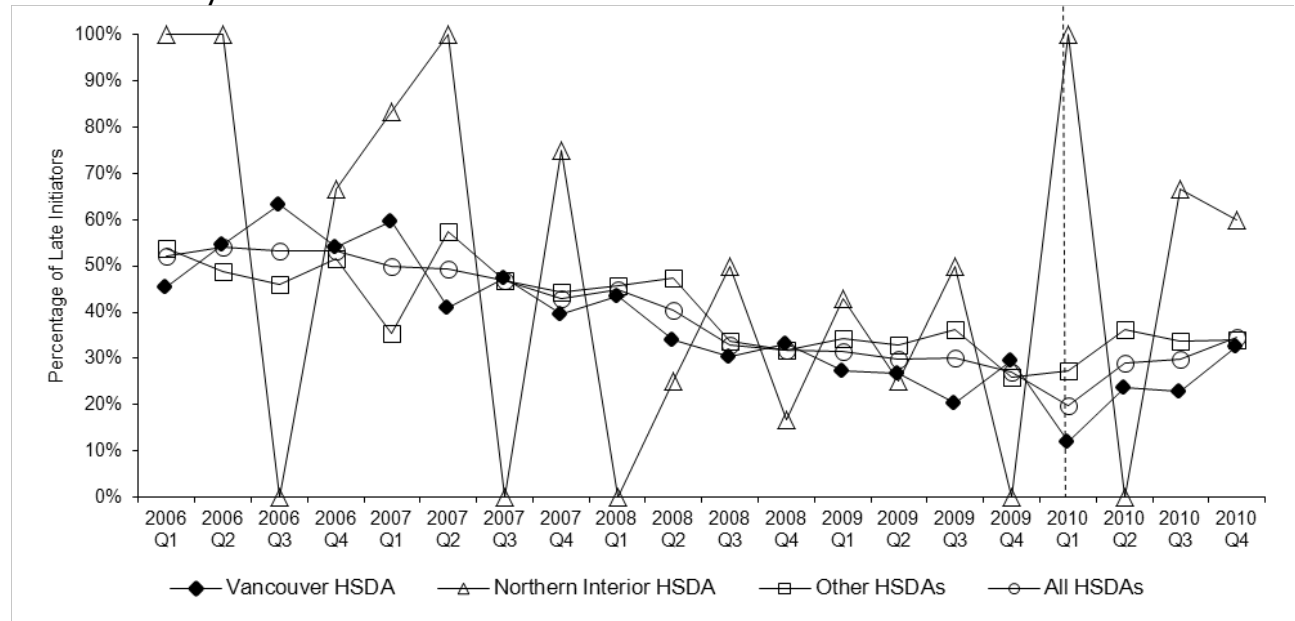
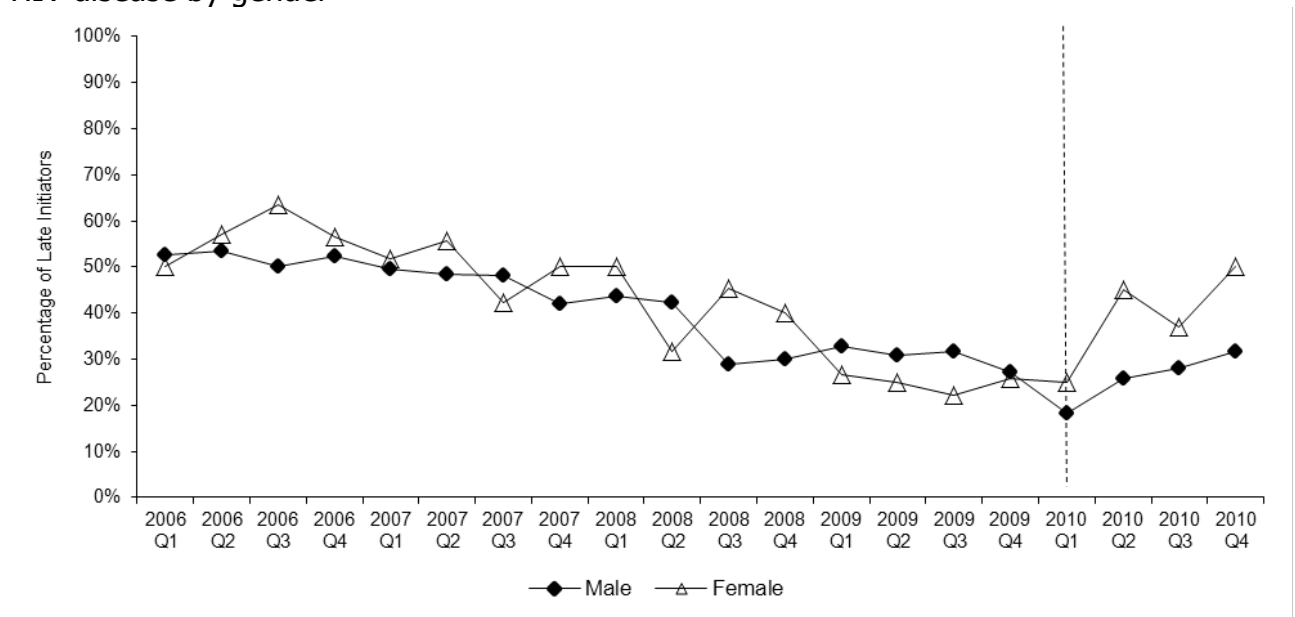


Figure 14.2 Proportion of individuals starting antiretroviral therapy (ART) late in the course of HIV disease by gender



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 but has leveled off over the past three quarters of 2010 in Vancouver and other HSDAs. Large fluctuations seen between reporting periods in the Northern Interior are due to instability caused by the extremely small sample size. The slightly improving trend noted among women last quarter has reversed, however, numbers remain low.
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: 69.4% 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

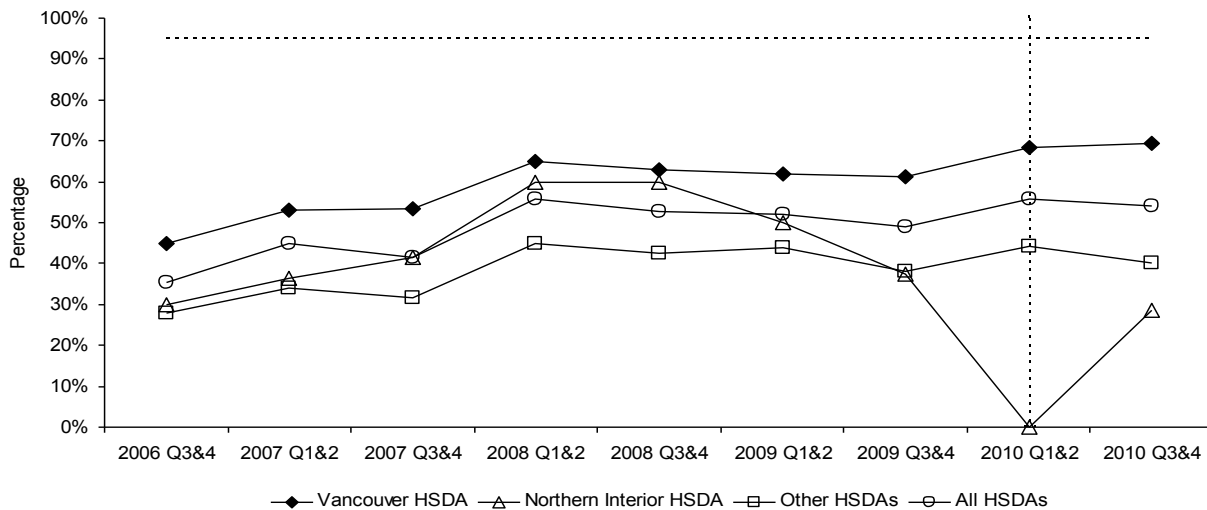


Figure 18.2 Proportion of individuals with a new HIV diagnosis who are tested for syphilis within 3 months of HIV diagnosis by HSDA – Males

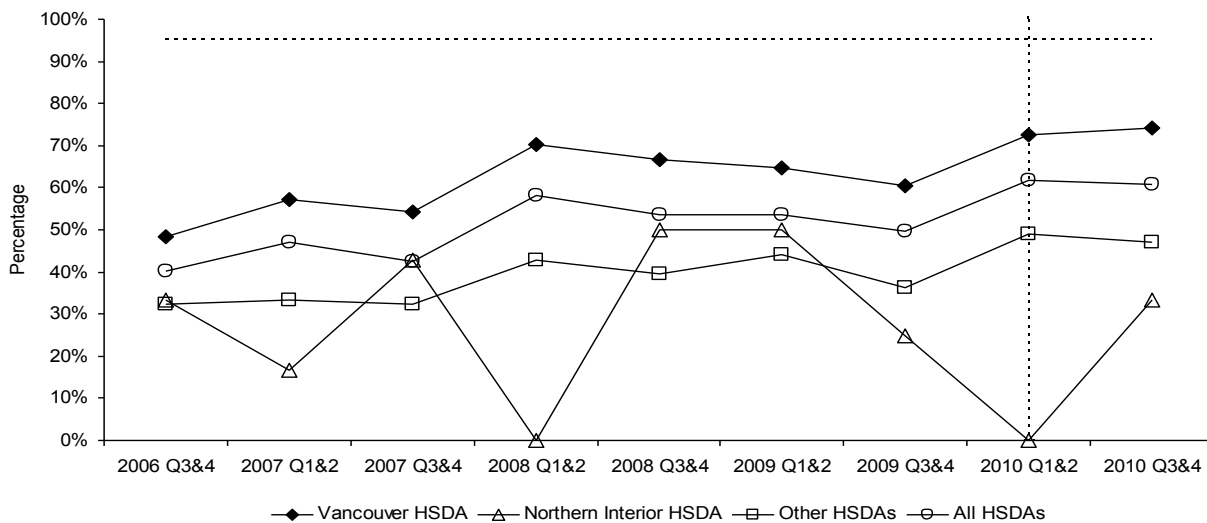
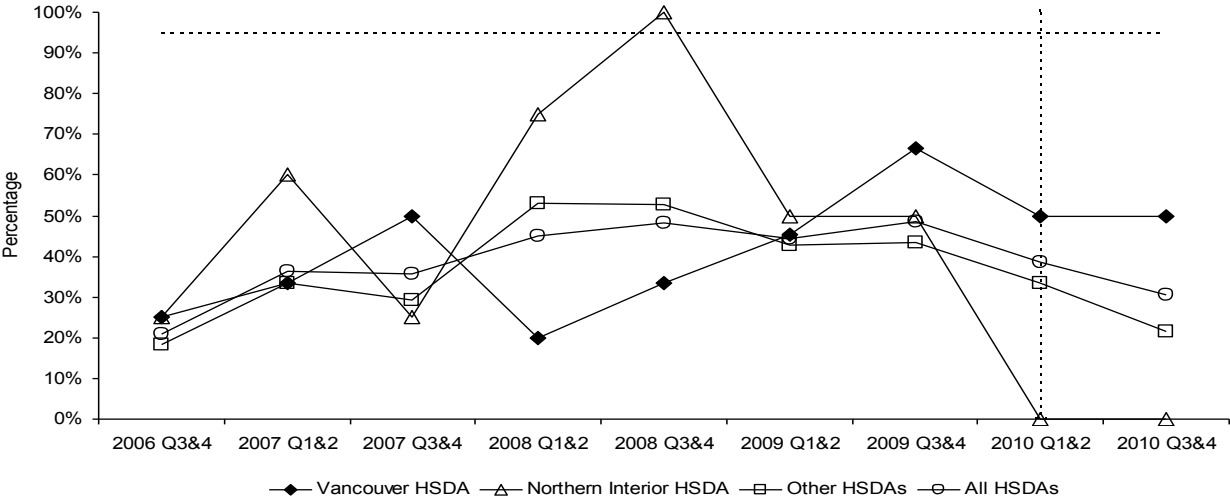


Figure 18.3 Proportion of individuals with a new HIV diagnosis who are tested for syphilis within 3 months of HIV diagnosis by HSDA – Females



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 was relatively stable in Vancouver HSDA and Other HSDAs, while 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)	<ul style="list-style-type: none"> Provincial HIV/AIDS surveillance database at BCCDC. Misys Laboratory database at the Provincial Public Health Microbiology and Reference Laboratory (PHSA).
Calculation Method	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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: 79.6%	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

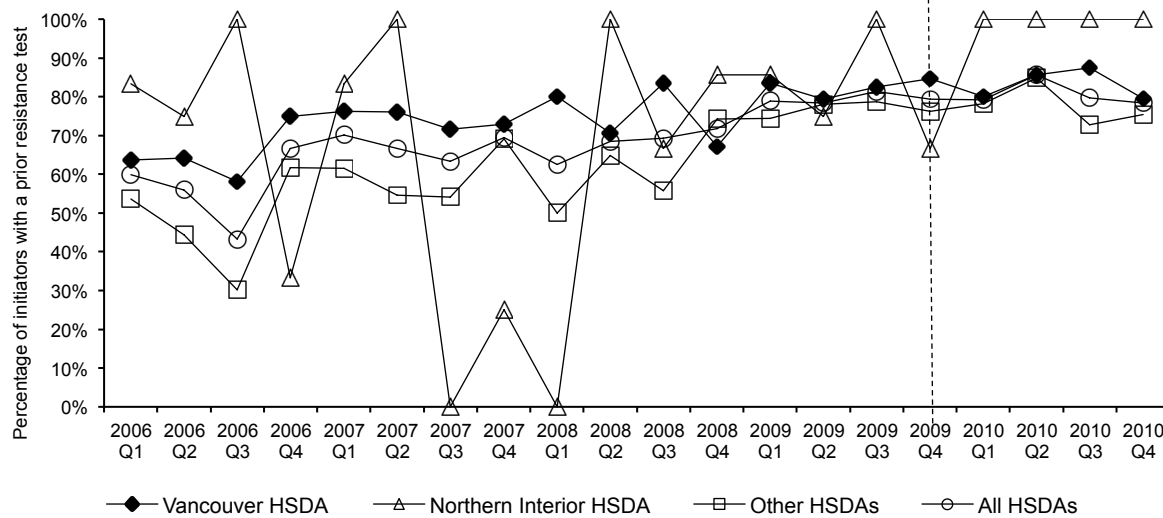
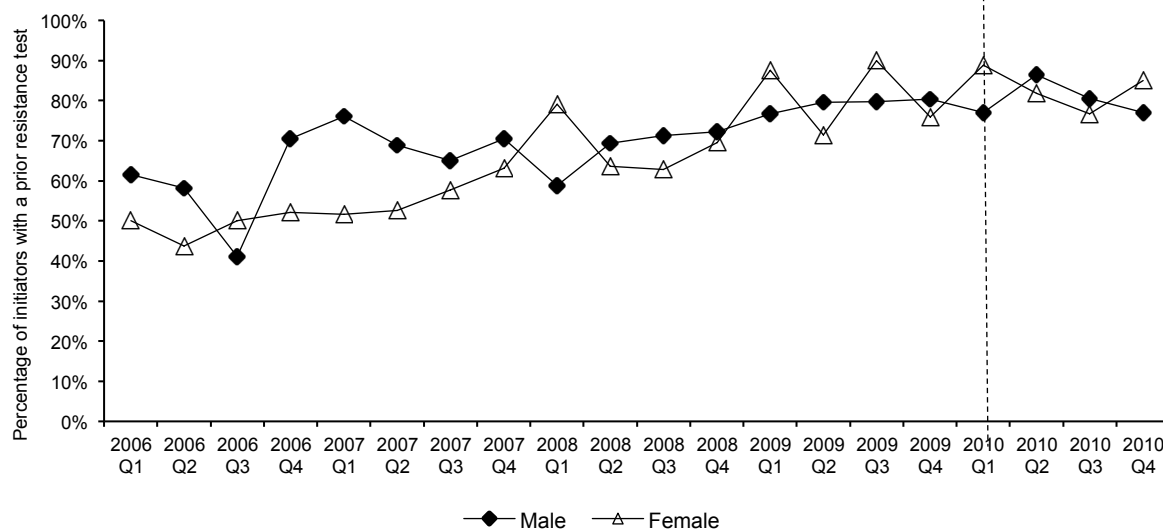


Figure 21.2 Percentage of HIV-infected individuals who are tested for genotypic antiretroviral drug resistance prior to starting antiretroviral therapy (ART) by gender



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

<p>Interpretations & Comments</p>	<p>Estimates of the proportion of individuals receiving genotypic testing have remained relatively steady since pilot initiation and similar across HSDAs, however, slight declines in areas other than NI over the last quarter will require continued monitoring. The usual caveat applies to the Northern Interior region as low numbers yield unstable and widely varying estimates although NI numbers have remained constant at 100% over the past year.</p>
<p>Description of Measure</p>	<p>Percentage of HIV positive individuals who receive laboratory testing for genotypic drug resistance before they begin antiretroviral therapy.</p>
<p>Significance</p>	<p>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.</p>
<p>Data Source(s)</p>	<p>British Columbia Center for Excellence Drug Treatment Program Database</p>
<p>Calculation Method</p>	<p>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.</p>
<p>Limitations</p>	<p>Viral load must be ≥ 250 copies/mL for testing to be conducted. Prior to January 1, 2002 pVL needed to be $\geq 1,000$ copies/mL.</p>
<p>Notes</p>	
<p>Revisions</p>	

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: 74.2%	NI: 25.0%

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

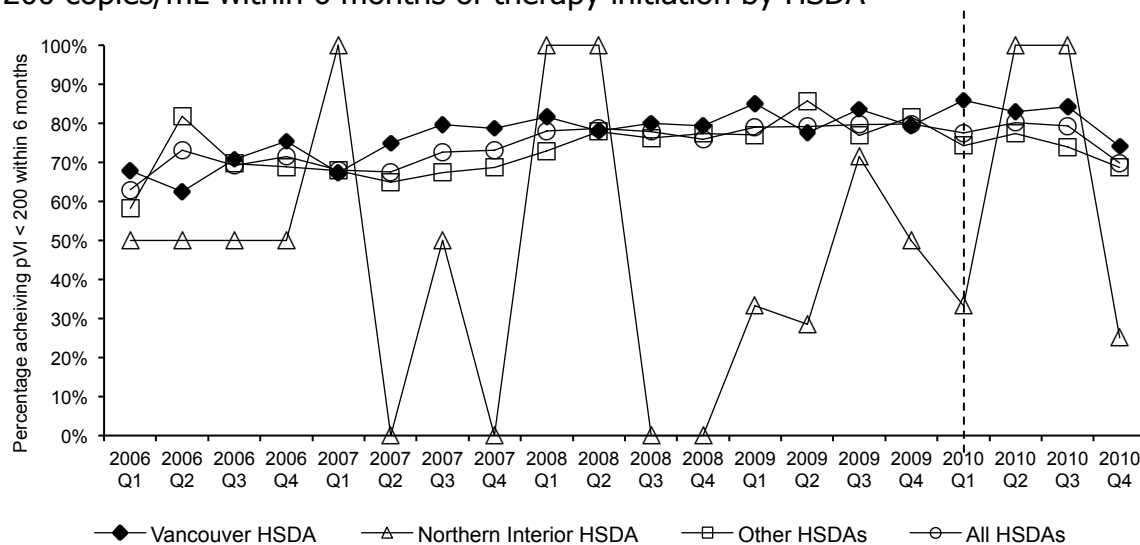
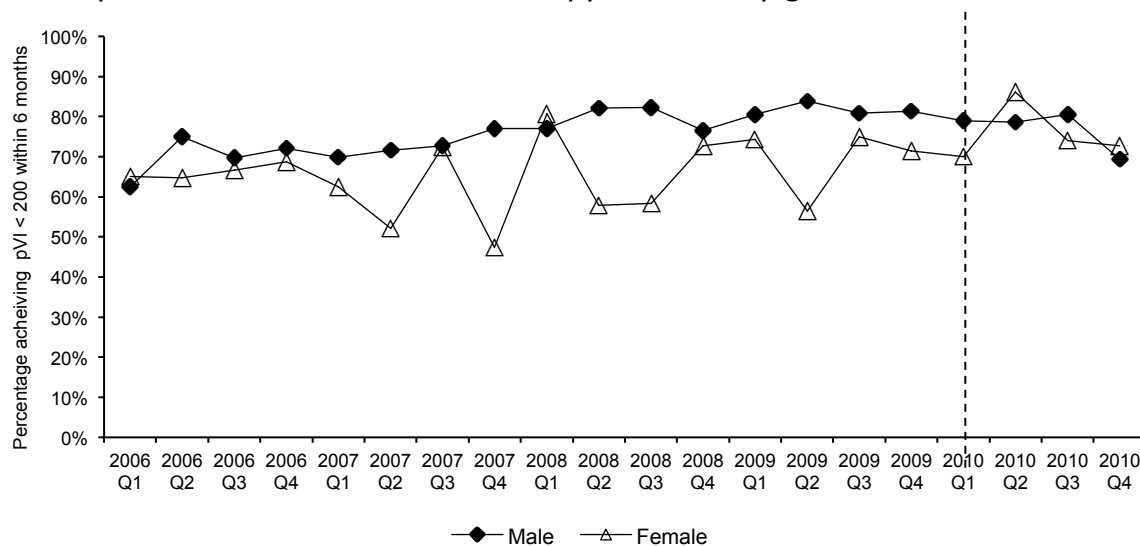


Figure 22.2 Percentage of individuals starting ART who achieve HIV plasma viral load (pVL) of < 200 copies/mL within 6 months of therapy initiation by gender



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 Vancouver and Northern Interior continue to fluctuate and fall short of the 95% goal. No differences in these trends by gender are observed. In the NI fluctuations continue to be problematic and, while based on few subjects, the latest downward trend requires 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 1 st , 2008 the lowest limit of detection was considered to be pVL<50copies/mL. Since that time a new laboratory technique has been adopted to quantify pVL. This method is less accurate at low pVL levels and currently a pVL<200 is considered to represent complete suppression.
Notes	
Revisions	For the first three quarters of 2010 reports were presented using pVL<50 copies/mL to be consistent with older testing techniques. From the last quarter of 2010 forward reporting will use the new standard of 200 copies/mL.

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: 76.9%	NI: 100.0%

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

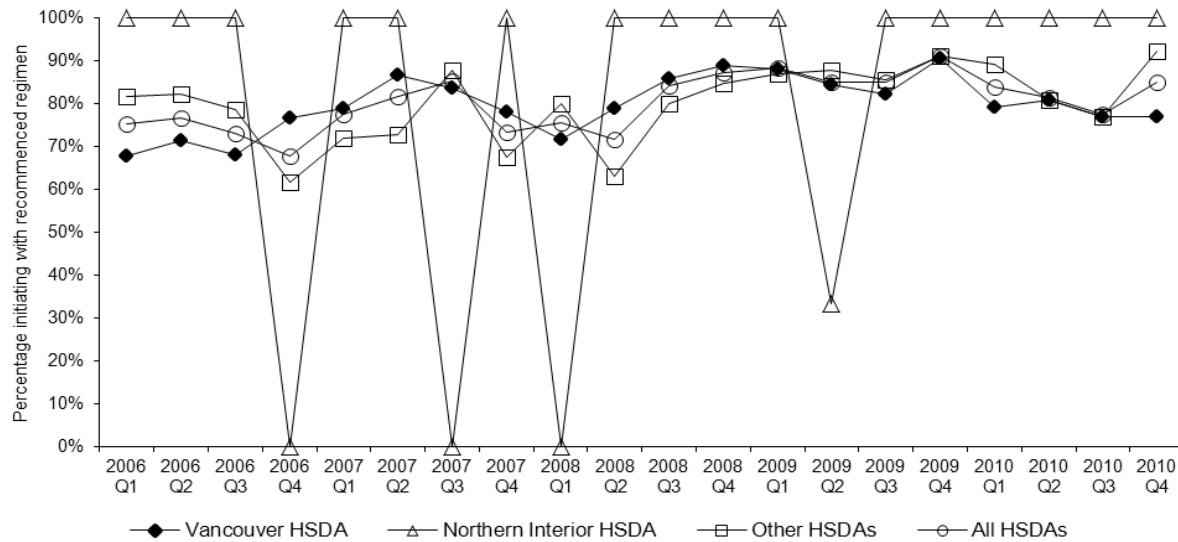
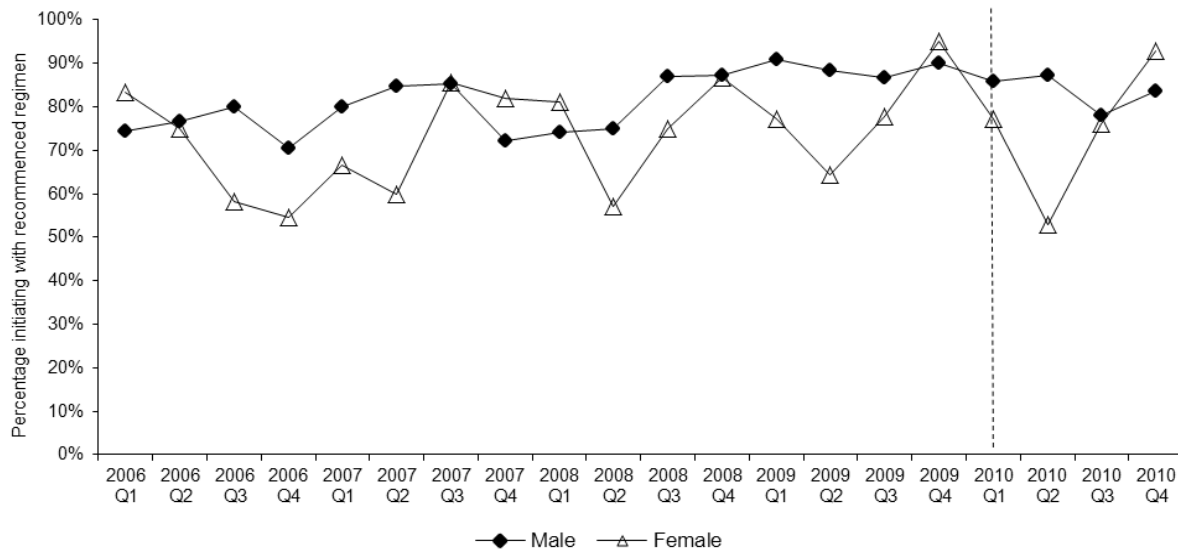


Figure 23.2 Percentage of individuals who initiated antiretroviral therapy (ART) with a recommended therapy regimen (among those with no drug resistance) by gender



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

<p>Interpretations & Comments</p>	<p>The trend, while not striking, continues towards lower rates of recommended therapy initiation in the Vancouver region while other regions have shown marked increases since last quarter and the Northern Interior continues to have rates of 100%.</p> <p>Currently recommended therapy options include:</p> <ul style="list-style-type: none"> • Lamivudine/lopinavir+ritonavir/tenofovir • Lamivudine/efavirenz/tenofovir • Lamivudine/nevirapine/tenofovir • Lamivudine/ritonavir/tenofovir/ritonavir boosted atazanavir • lopinavir+ritonavir/tenofovir/emtricitabine • efavirenz/tenofovir/emtricitabine • nevirapine/tenofovir/emtricitabine • tenofovir/ritonavir boosted atazanavir/emtricitabine
<p>Description of Measure</p>	<p>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.</p>
<p>Significance</p>	<p>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.</p>
<p>Data Source(s)</p>	<p>British Columbia Center for Excellence Drug Treatment Program Database</p>
<p>Calculation Method</p>	<p><i>Denominator:</i> 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.</p> <p><i>Numerator:</i> Individuals in the denominator who initiated first ever therapy with one of the eight therapy regimens recommended.</p>
<p>Limitations</p>	<p>Patients may have specific contraindications other than resistance and these data are not completely captured.</p>
<p>Notes</p>	
<p>Revisions</p>	

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

Target:	Increase	
Actual:	VAN: 74.7%	NI: 51.2%

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

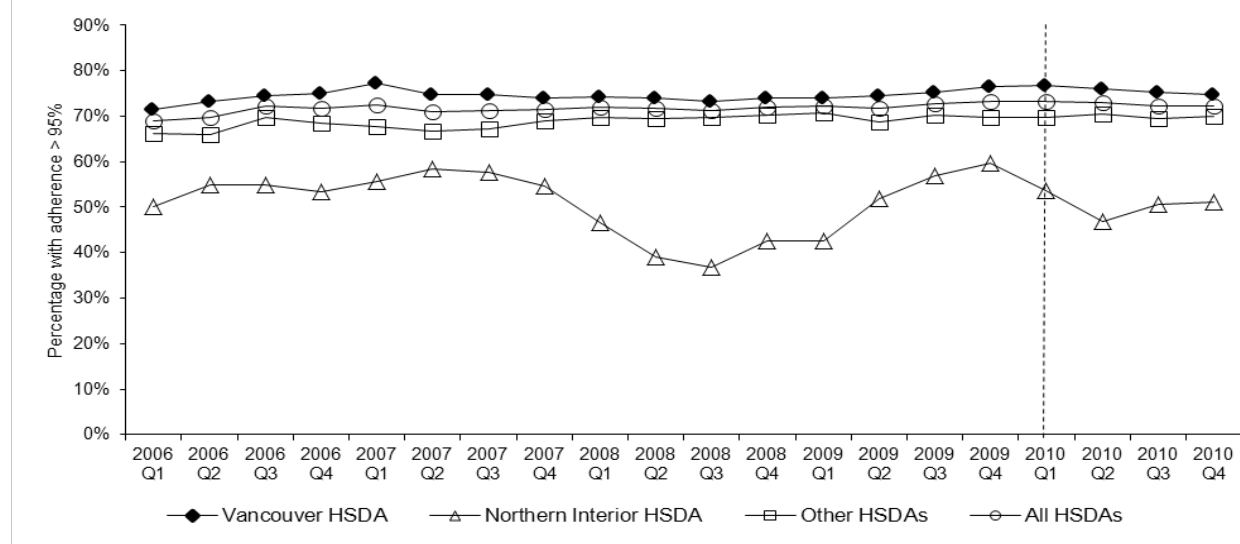
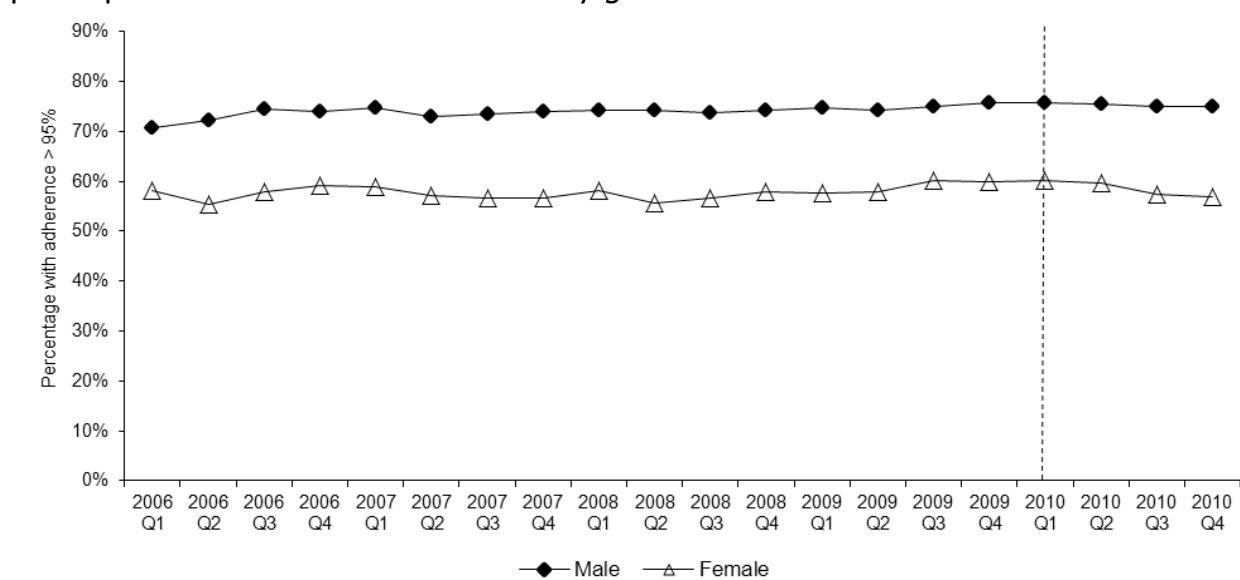


Figure 24.2 Percentage of individuals on antiretroviral therapy (ART) that achieve annual prescription refill adherence of > 95% by gender



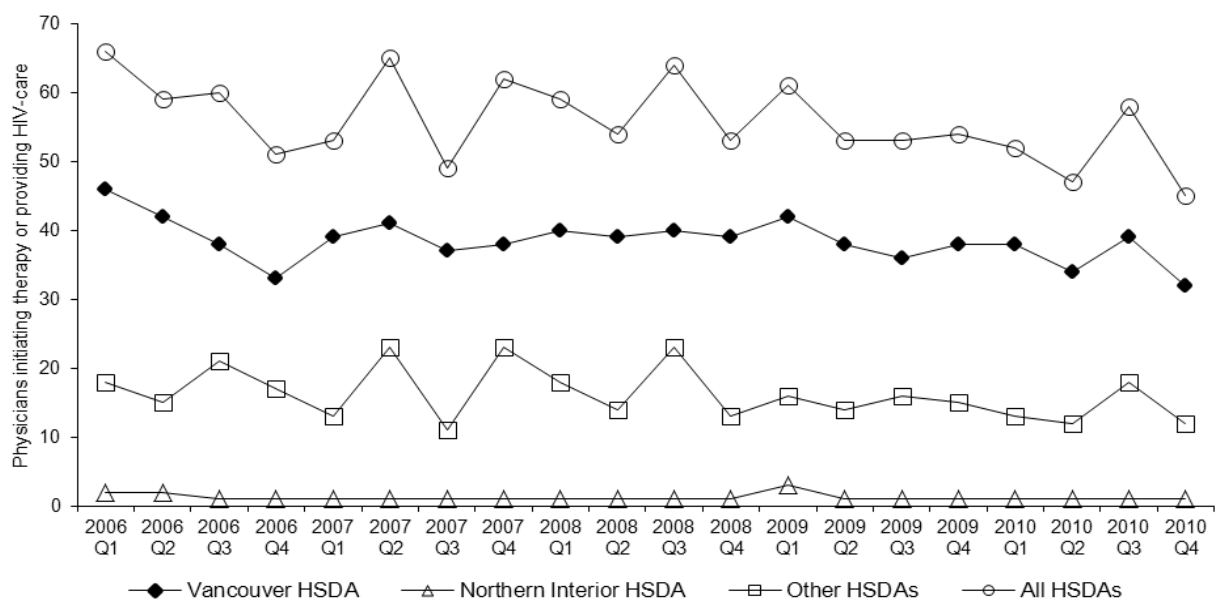
Indicator 24: Percentage of individuals on antiretroviral therapy (ART) that achieve annual prescription refill adherence of >95%

Interpretations & Comments	<p>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. Generally, women appear to be consistently less likely to have high rates of adherence.</p> <p>It should be noted that because 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.</p>
Description of Measure	<p>Percentage of individuals starting ART that pick up at least 95% of their prescribed medication over the first year of therapy.</p>
Significance	<p>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.</p>
Data Source(s)	<p>British Columbia Center for Excellence Drug Treatment Program Database</p>
Calculation Method	<p><i>Denominator:</i> All individuals prescribed ART <i>Numerator:</i> All individuals in the denominator who have at least 95% adherence over the past full year of therapy</p> <p>Adherence is calculated as: <i>Denominator:</i> 365 days <i>Numerator:</i> Total number of days covered by prescriptions filled (i.e., picked up by the patient) from start date of ART to day 365.</p>
Limitations	<p>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.</p>
Notes	
Revisions	

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

Target:	Increase	
Actual:	VAN: 32	NI: 1

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 while fluctuating from quarter to quarter, remains relatively stable in the long term. The continued reliance on one physician in the Northern HSDA remains problematic. The loss or gain of one or two prescribers in Vancouver proper may have little effect on patient access whereas the loss of a single physician in a rural area may have tremendous consequences for the local HIV positive population. The situation in the Northern HSDA with only one physician providing HIV therapy-related care is particularly 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	

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

Target:	Maintain <0.5%	
Actual:	VAN: 0.07%	NI: 0.0%

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

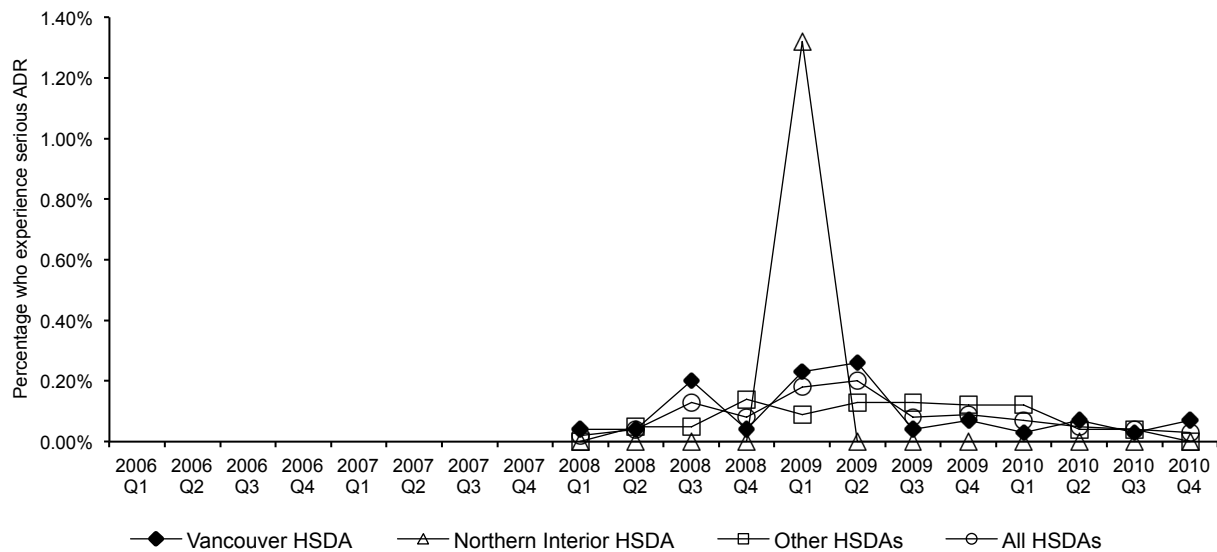
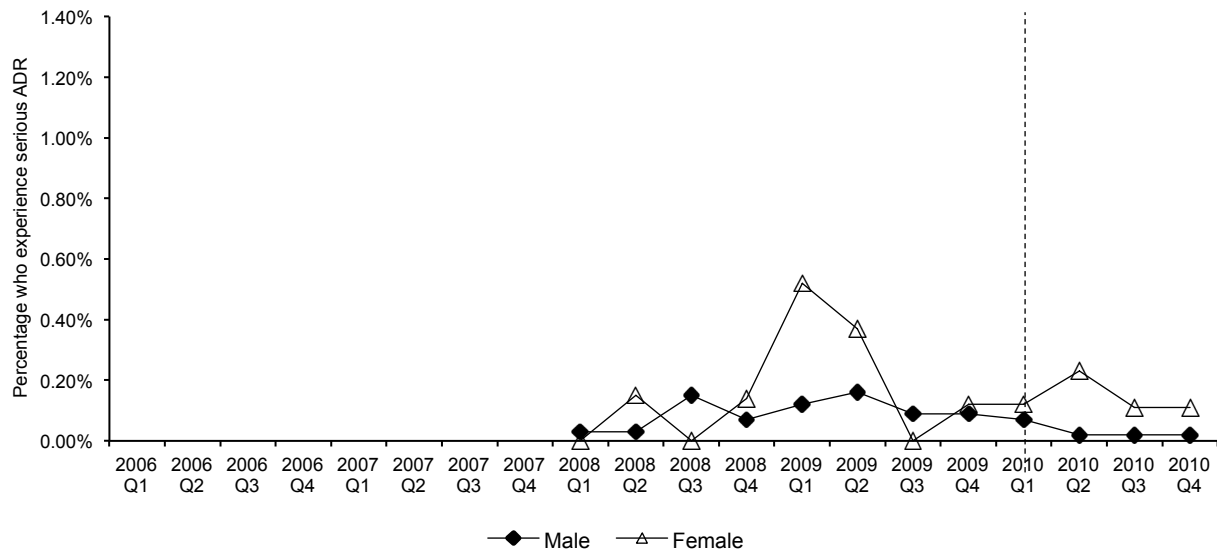


Figure 26.2 Percentage of individuals on antiretroviral therapy (ART) who experience a serious adverse drug reaction (ADR) by gender



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 great variability, women appear historically to have had slightly higher rates of ADR on average or, at least, of ADR reports. 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 serious ADR in response to antiretroviral drugs is very low.
Data Source(s)	British Columbia Center for Excellence Drug Treatment Program Database
Calculation Method	<i>Denominator:</i> Total number of distinct individuals who are taking ART and any given time in the time period of interest. <i>Numerator:</i> 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: 0.1%	NI: 0.8%

Figure 28.1 Incidence of resistance to any antiretroviral drug by HSDA

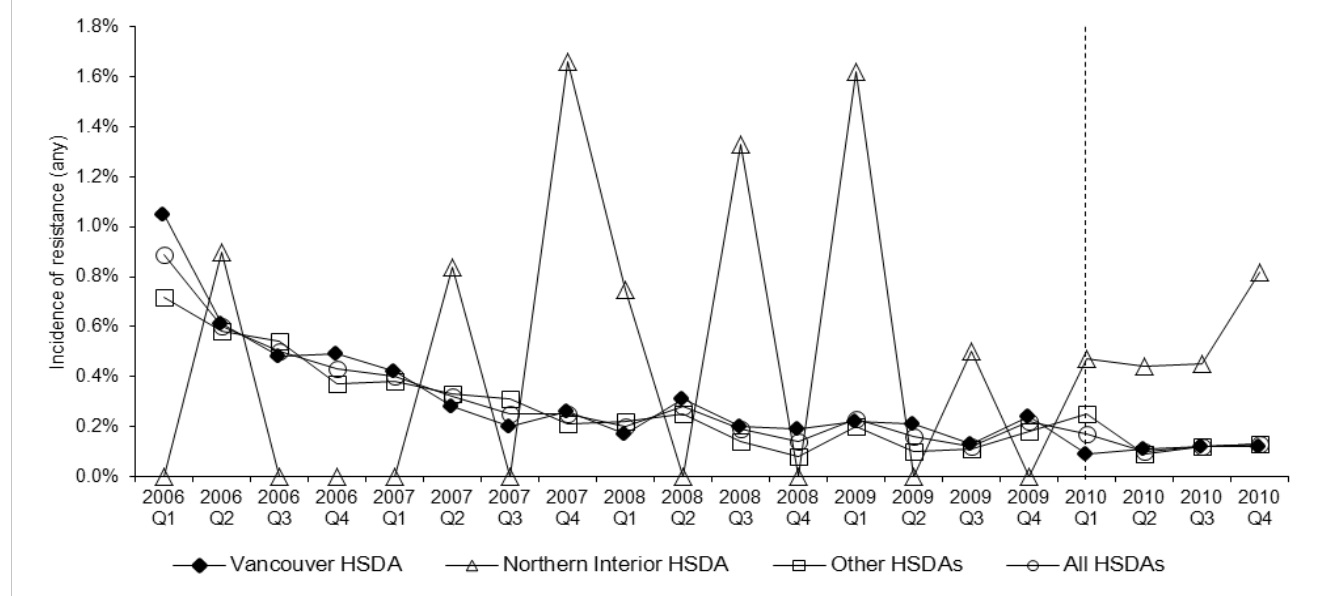
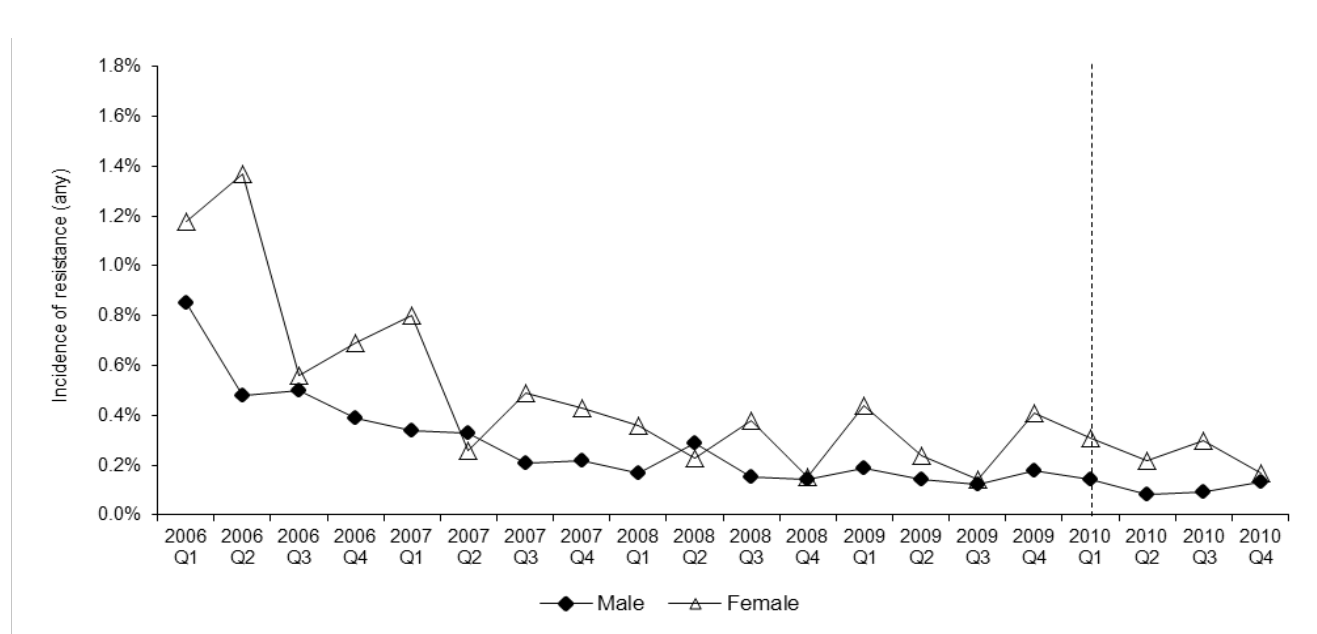


Figure 28.2 Incidence of resistance to any antiretroviral drug by gender



Indicator 28: Incidence of resistance to any antiretroviral drug

Interpretations & Comments	All HSDA have similarly low rates of incident drug resistance over 2010 and the modest long term downward trend appears to have plateaued in recent quarter. The slightly higher rates among women observed in past quarters is not apparent in the last quarter of 2010.
Description of Measure	Counts new cases of antiretroviral drug resistance occurring over the time period of interest among all individuals taking antiretroviral therapy.
Significance	One goal of the STOP HIV pilot is to reduce transmission of drug-resistant HIV strains. The lower the incidence of resistance and the fewer people with HIV harboring resistant viral strains, the more successful these efforts will be.
Data Source(s)	British Columbia Center for Excellence Drug Treatment Program Database and genotypic testing database held at the British Columbia Center for Excellence laboratory
Calculation Method	<i>Numerator:</i> Number of new (excludes previously identified resistance) cases of drug resistance detected in each quarter <i>Denominator:</i> 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 \geq 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: 4.1%	NI: 4.1%

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

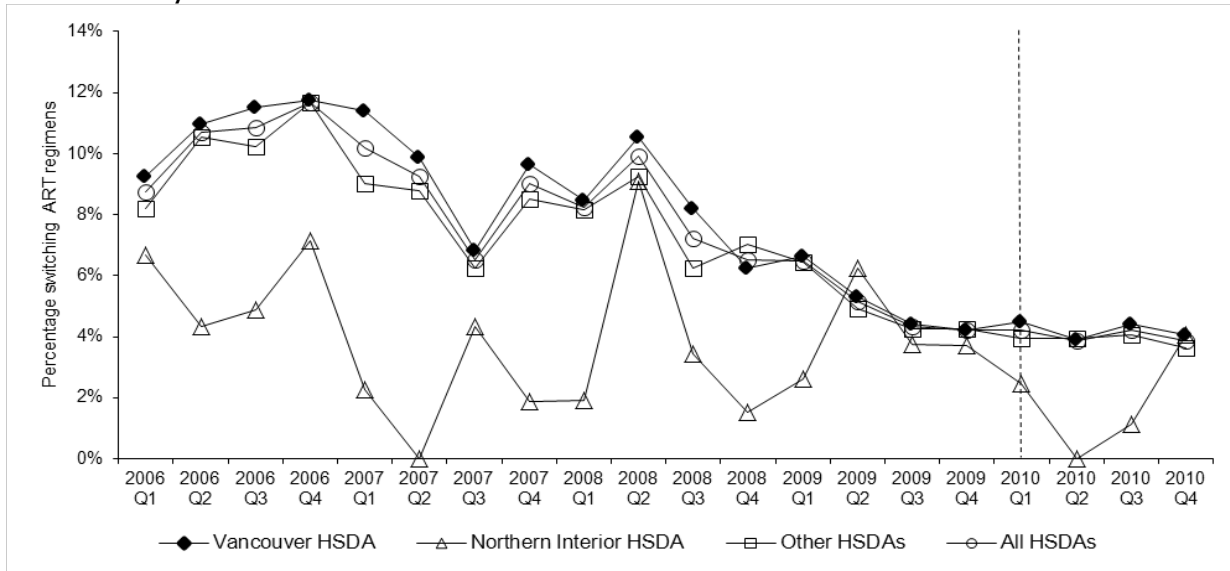
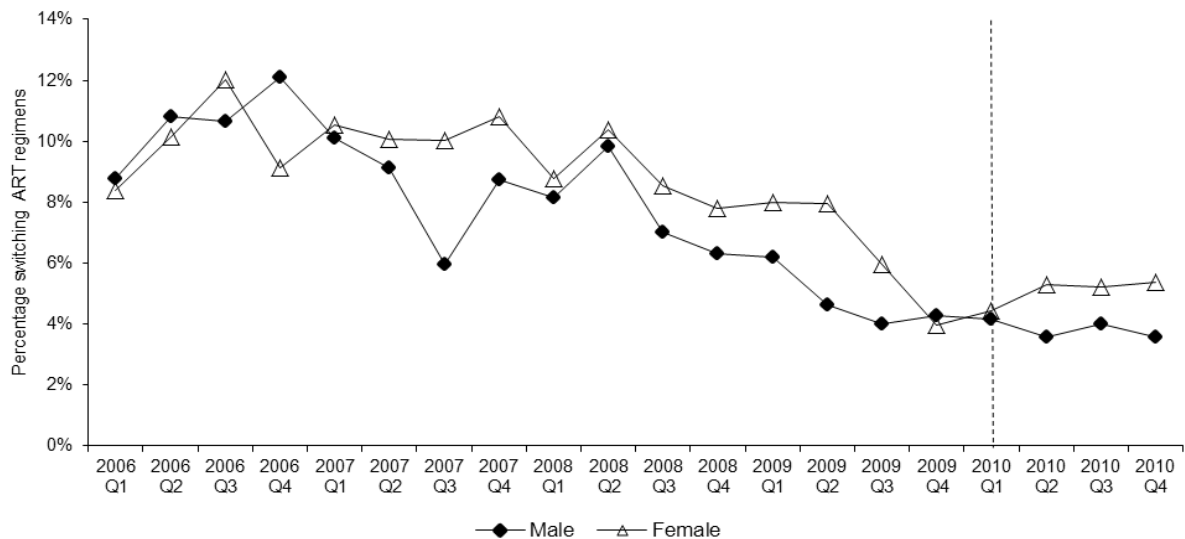


Figure 29.2 Proportion of individuals on antiretroviral therapy who change antiretroviral drug treatment by gender



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	<i>Numerator:</i> 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. <i>Denominator:</i> 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	12,541	1,315	26,383	40,239
2006 Q3	12,781	1,411	27,514	41,706
2006 Q4	12,329	1,268	26,578	40,175
2007 Q1	13,662	1,571	30,559	45,792
2007 Q2	12,439	1,378	27,194	41,011
2007 Q3	13,140	1,364	27,272	41,776
2007 Q4	12,830	1,332	27,590	41,752
2008 Q1	14,097	1,446	29,441	44,984
2008 Q2	13,836	1,416	29,331	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	13,895	1,331	27,913	43,139
2009 Q3	14,185	1,343	27,915	43,443
2009 Q4	13,302	1,247	26,450	40,999
2010 Q1	14,969	1,457	29,629	46,055
2010 Q2	14,652	1,277	28,053	43,982
2010 Q3	15,063	1,341	28,207	44,611
2010 Q4	15,145	1,307	28,414	44,866

Table 1.2 Number of HIV test episodes by HSDA – Males

Quarter	Vancouver HSDA	Northern Interior HSDA	Other HSDAs	All HSDAs
2006 Q2	5,592	432	9,059	15,083
2006 Q3	5,571	450	9,433	15,454
2006 Q4	5,407	426	9,107	14,940
2007 Q1	6,137	504	10,533	17,174
2007 Q2	5,512	440	9,321	15,273
2007 Q3	5,910	428	9,189	15,527
2007 Q4	5,711	385	9,378	15,474
2008 Q1	6,319	502	10,059	16,880
2008 Q2	6,190	451	10,288	16,929
2008 Q3	6,207	508	9,936	16,651
2008 Q4	5,863	451	10,145	16,459
2009 Q1	6,727	524	10,474	17,725
2009 Q2	6,242	437	9,531	16,210
2009 Q3	6,409	454	9,463	16,326
2009 Q4	5,992	355	8,767	15,114
2010 Q1	6,664	535	10,058	17,257
2010 Q2	6,579	434	9,780	16,793
2010 Q3	6,629	437	9,599	16,665
2010 Q4	6,544	398	9,719	16,661

Table 1.3 Number of HIV test episodes by HSDA – Females

Quarter	Vancouver HSDA	Northern Interior HSDA	Other HSDAs	All HSDAs
2006 Q2	6,715	849	16,941	24,505
2006 Q3	6,940	889	17,508	25,337
2006 Q4	6,626	801	16,924	24,351
2007 Q1	7,204	1,003	19,331	27,538
2007 Q2	6,644	879	17,322	24,845
2007 Q3	6,974	898	17,616	25,488
2007 Q4	6,926	909	17,793	25,628
2008 Q1	7,561	919	19,044	27,524
2008 Q2	7,411	910	18,671	26,992
2008 Q3	7,381	887	18,596	26,864
2008 Q4	7,110	890	18,412	26,412
2009 Q1	7,597	956	19,700	28,253
2009 Q2	7,218	868	18,129	26,215
2009 Q3	7,330	867	18,168	26,365
2009 Q4	6,939	876	17,459	25,274
2010 Q1	7,583	902	19,269	27,754
2010 Q2	7,299	831	17,981	26,111
2010 Q3	7,541	888	18,414	26,843
2010 Q4	7,330	848	18,507	26,685

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

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	38,915	6,352.1	5,191	3,695.3	109,607	3,140.2	153,713	3,622.2
2007	37,453	6,003.4	5,262	3,725.4	114,488	3,229.4	157,203	3,647.1
2008	39,869	6,329.4	5,197	3,653.1	117,432	3,253.5	162,498	3,708.6
2009	41,001	6,398.6	5,004	3,516.5	114,039	3,110.5	160,044	3,597.1
2010	41,403	6,385.2	4,915	3,454.9	116,123	3,121.8	162,441	3,601.4

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	17,440	5,745.9	1,688	2,359.8	37,749	2,185.7	56,877	2,705.7
2007	16,901	5,465.4	1,663	2,316.2	39,456	2,248.8	58,020	2,716.8
2008	17,770	5,679.7	1,768	2,443.1	41,242	2,306.2	60,780	2,796.4
2009	18,392	5,756.5	1,617	2,224.5	39,247	2,158.7	59,256	2,680.9
2010	18,787	5,805.8	1,662	2,282.7	40,465	2,189.9	60,914	2,714.2

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	20,506	6,633.9	3,315	4,808.2	69,947	3,966.6	93,768	4,378.7
2007	19,603	6,233.9	3,418	4,942.3	73,013	4,078.4	96,034	4,417.7
2008	21,204	6,676.1	3,308	4,749.1	74,936	4,110.5	99,448	4,499.2
2009	21,087	6,514.2	3,296	4,715.8	73,758	3,984.1	98,141	4,371.7
2010	21,150	6,454.4	3,195	4,556.4	74,721	3,970.4	99,066	4,345.5

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	25	65

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	41	2	22	65

Table 3.3 Number of new HIV diagnoses by gender, BC

Quarter	Male	Female	Other	All
2006 Q1	81	15	0	96
2006 Q2	74	19	0	93
2006 Q3	67	21	0	88
2006 Q4	67	17	0	84
2007 Q1	88	21	1	110
2007 Q2	79	21	2	102
2007 Q3	65	22	0	87
2007 Q4	71	21	0	92
2008 Q1	83	14	0	97
2008 Q2	64	16	0	80
2008 Q3	75	14	0	89
2008 Q4	64	15	0	79
2009 Q1	81	21	0	102
2009 Q2	68	16	0	84
2009 Q3	61	17	0	78
2009 Q4	56	17	0	73
2010 Q1	56	17	0	73
2010 Q2	61	20	0	81
2010 Q3	64	15	0	79
2010 Q4	55	10	0	65

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	41	6.7	3	2.1	64	1.8	108	2.5
2007	53	8.5	4	2.8	46	1.3	103	2.4
2008	50	7.9	1	0.7	54	1.5	105	2.4
2009	31	4.8	5	3.5	37	1.0	73	1.6
2010								

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

Year	Male		Female		Other		All	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
2006	92	4.4	16	0.7	0	---	108	2.5
2007	91	4.3	12	0.6	0	---	103	2.4
2008	82	3.8	23	1.0	0	---	105	2.4
2009	61	2.8	12	0.5	0	---	73	1.6
2010								

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%	0.24%
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	0.36%	0.16%	0.09%	0.18%

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

Quarter	Male	Female	Other	All
2006 Q2	0.52%	0.12%	0.62%	0.28%
2006 Q3	0.50%	0.10%	0.67%	0.26%
2006 Q4	0.59%	0.09%	0.23%	0.28%
2007 Q1	0.59%	0.10%	0.19%	0.29%
2007 Q2	0.65%	0.09%	0.34%	0.31%
2007 Q3	0.52%	0.10%	0.13%	0.26%
2007 Q4	0.58%	0.10%	0.47%	0.28%
2008 Q1	0.66%	0.07%	0.17%	0.29%
2008 Q2	0.48%	0.09%	0.15%	0.24%
2008 Q3	0.52%	0.08%	0.33%	0.25%
2008 Q4	0.50%	0.08%	0.19%	0.24%
2009 Q1	0.56%	0.10%	0.29%	0.27%
2009 Q2	0.59%	0.07%	0.00%	0.26%
2009 Q3	0.46%	0.08%	0.13%	0.23%
2009 Q4	0.49%	0.09%	0.16%	0.24%
2010 Q1	0.44%	0.08%	0.00%	0.21%
2010 Q2	0.44%	0.08%	0.00%	0.22%
2010 Q3	0.48%	0.08%	0.00%	0.23%
2010 Q4	0.41%	0.04%	0.00%	0.18%

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	11,278	76.8%	695	920	75.5%	15,490	19,234	80.5%	24,851	31,432	79.1%
2006 Q3	9,246	11,763	78.6%	753	1,019	73.9%	16,697	20,434	81.7%	26,696	33,216	80.4%
2006 Q4	8,813	11,203	78.7%	716	912	78.5%	16,750	20,207	82.9%	26,279	32,322	81.3%
2007 Q1	9,967	12,495	79.8%	913	1,118	81.7%	19,578	23,222	84.3%	30,458	36,835	82.7%
2007 Q2	9,136	11,415	80.0%	837	1,046	80.0%	17,539	20,972	83.6%	27,512	33,433	82.3%
2007 Q3	9,604	11,781	81.5%	846	1,009	83.8%	18,060	21,472	84.1%	28,510	34,262	83.2%
2007 Q4	9,576	11,859	80.7%	856	1,041	82.2%	18,492	21,761	85.0%	28,924	34,661	83.4%
2008 Q1	10,620	13,206	80.4%	884	1,071	82.5%	20,239	23,653	85.6%	31,743	37,930	83.7%
2008 Q2	10,446	13,259	78.8%	912	1,117	81.6%	19,737	23,200	85.1%	31,095	37,576	82.8%
2008 Q3	10,444	13,139	79.5%	988	1,144	86.4%	19,726	23,072	85.5%	31,158	37,355	83.4%
2008 Q4	10,124	12,477	81.1%	898	1,069	84.0%	19,658	22,875	85.9%	30,680	36,421	84.2%
2009 Q1	11,339	13,758	82.4%	1,005	1,203	83.5%	21,325	25,156	84.8%	33,669	40,117	83.9%
2009 Q2	10,670	13,013	82.0%	903	1,083	83.4%	19,454	23,642	82.3%	31,027	37,738	82.2%
2009 Q3	10,867	13,243	82.1%	890	1,067	83.4%	19,837	24,006	82.6%	31,594	38,316	82.5%
2009 Q4	10,271	12,506	82.1%	864	1,008	85.7%	18,612	22,413	83.0%	29,747	35,927	82.8%
2010 Q1	11,532	13,832	83.4%	936	1,105	84.7%	21,082	25,228	83.6%	33,550	40,165	83.5%
2010 Q2	11,222	13,450	83.4%	834	1,005	83.0%	19,887	23,883	83.3%	31,943	38,338	83.3%
2010 Q3	11,491	13,601	84.5%	948	1,107	85.6%	20,447	24,440	83.7%	32,886	39,148	84.0%
2010 Q4	11,124	13,339	83.4%	845	1,026	82.4%	20,419	24,261	84.2%	32,388	38,626	83.9%

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	3,677	5,162	71.2%	131	235	55.7%	3,999	5,540	72.2%	7,807	10,937	71.4%
2006 Q3	3,819	5,282	72.3%	157	273	57.5%	4,401	5,877	74.9%	8,377	11,432	73.3%
2006 Q4	3,698	5,124	72.2%	162	254	63.8%	4,421	5,844	75.7%	8,281	11,222	73.8%
2007 Q1	4,261	5,862	72.7%	178	276	64.5%	5,220	6,667	78.3%	9,659	12,805	75.4%
2007 Q2	3,851	5,237	73.5%	197	296	66.6%	4,764	6,201	76.8%	8,812	11,734	75.1%
2007 Q3	4,124	5,536	74.5%	198	267	74.2%	4,971	6,416	77.5%	9,293	12,219	76.1%
2007 Q4	3,890	5,375	72.4%	192	280	68.6%	5,035	6,442	78.2%	9,117	12,097	75.4%
2008 Q1	4,352	6,004	72.5%	214	308	69.5%	5,617	7,135	78.7%	10,183	13,447	75.7%
2008 Q2	4,261	6,051	70.4%	219	315	69.5%	5,571	7,102	78.4%	10,051	13,468	74.6%
2008 Q3	4,305	6,091	70.7%	288	351	82.1%	5,532	6,953	79.6%	10,125	13,395	75.6%
2008 Q4	4,141	5,640	73.4%	251	336	74.7%	5,700	7,178	79.4%	10,092	13,154	76.7%
2009 Q1	4,789	6,440	74.4%	264	351	75.2%	5,875	7,618	77.1%	10,928	14,409	75.8%
2009 Q2	4,445	5,984	74.3%	243	325	74.8%	5,410	7,331	73.8%	10,098	13,640	74.0%
2009 Q3	4,543	6,109	74.4%	248	325	76.3%	5,509	7,374	74.7%	10,300	13,808	74.6%
2009 Q4	4,323	5,790	74.7%	196	259	75.7%	4,952	6,658	74.4%	9,471	12,707	74.5%
2010 Q1	4,888	6,390	76.5%	284	372	76.3%	5,780	7,631	75.7%	10,952	14,393	76.1%
2010 Q2	4,836	6,270	77.1%	229	313	73.2%	5,677	7,546	75.2%	10,742	14,129	76.0%
2010 Q3	4,907	6,303	77.9%	281	352	79.8%	5,743	7,597	75.6%	10,931	14,252	76.7%
2010 Q4	4,729	6,129	77.2%	239	318	75.2%	5,790	7,497	77.2%	10,758	13,944	77.2%

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	4,859	5,947	81.7%	560	680	82.4%	11,434	13,594	84.1%	16,853	20,221	83.3%
2006 Q3	5,270	6,274	84.0%	581	723	80.4%	12,152	14,332	84.8%	18,003	21,329	84.4%
2006 Q4	4,924	5,859	84.0%	545	647	84.2%	12,138	14,112	86.0%	17,607	20,618	85.4%
2007 Q1	5,515	6,421	85.9%	713	816	87.4%	14,102	16,231	86.9%	20,330	23,468	86.6%
2007 Q2	5,094	5,962	85.4%	618	722	85.6%	12,575	14,512	86.7%	18,287	21,196	86.3%
2007 Q3	5,302	6,052	87.6%	636	727	87.5%	12,884	14,805	87.0%	18,822	21,584	87.2%
2007 Q4	5,524	6,311	87.5%	650	746	87.1%	13,266	15,090	87.9%	19,440	22,147	87.8%
2008 Q1	6,104	7,024	86.9%	657	746	88.1%	14,470	16,332	88.6%	21,231	24,102	88.1%
2008 Q2	5,989	6,994	85.6%	668	775	86.2%	13,987	15,892	88.0%	20,644	23,661	87.2%
2008 Q3	5,911	6,807	86.8%	686	774	88.6%	14,024	15,922	88.1%	20,621	23,503	87.7%
2008 Q4	5,774	6,618	87.2%	642	722	88.9%	13,840	15,560	88.9%	20,256	22,900	88.5%
2009 Q1	6,278	7,039	89.2%	723	830	87.1%	15,262	17,322	88.1%	22,263	25,191	88.4%
2009 Q2	5,885	6,683	88.1%	650	747	87.0%	13,910	16,148	86.1%	20,445	23,578	86.7%
2009 Q3	5,997	6,796	88.2%	633	730	86.7%	14,175	16,444	86.2%	20,805	23,970	86.8%
2009 Q4	5,676	6,440	88.1%	661	738	89.6%	13,530	15,606	86.7%	19,867	22,784	87.2%
2010 Q1	6,352	7,145	88.9%	645	724	89.1%	15,137	17,400	87.0%	22,134	25,269	87.6%
2010 Q2	6,125	6,914	88.6%	599	685	87.4%	14,040	16,150	86.9%	20,764	23,749	87.4%
2010 Q3	6,318	7,022	90.0%	656	744	88.2%	14,597	16,716	87.3%	21,571	24,482	88.1%
2010 Q4	6,134	6,944	88.3%	603	704	85.7%	14,506	16,623	87.3%	21,243	24,271	87.5%

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%	549	1,040	52.8%	774	1,465	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%	506	998	50.7%	731	1,374	53.2%
2008 Q1&2	163	302	54.0%	40	62	64.5%	551	1,094	50.4%	754	1,458	51.7%
2008 Q3&4	179	291	61.5%	54	76	71.1%	455	933	48.8%	688	1,300	52.9%
2009 Q1&2	187	324	57.7%	41	69	59.4%	437	1,008	43.4%	665	1,401	47.5%
2009 Q3&4	154	286	53.8%	25	51	49.0%	363	834	43.5%	542	1,171	46.3%
2010 Q1&2	140	250	56.0%	26	43	60.5%	404	939	43.0%	570	1,232	46.3%
2010 Q3&4	130	232	56.0%	28	44	63.6%	339	808	42.0%	497	1,084	45.8%

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%	346	667	51.9%	488	928	52.6%
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%	313	635	49.3%	460	876	52.5%
2008 Q1&2	98	180	54.4%	28	42	66.7%	354	711	49.8%	480	933	51.4%
2008 Q3&4	124	204	60.8%	35	50	70.0%	284	588	48.3%	443	842	52.6%
2009 Q1&2	121	211	57.3%	26	48	54.2%	281	648	43.4%	428	907	47.2%
2009 Q3&4	103	189	54.5%	16	32	50.0%	247	539	45.8%	366	760	48.2%
2010 Q1&2	91	155	58.7%	15	26	57.7%	262	619	42.3%	368	800	46.0%
2010 Q3&4	83	149	55.7%	17	27	63.0%	239	552	43.3%	339	728	46.6%

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%	189	352	53.7%	270	513	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	121	52.9%	12	20	60.0%	196	374	52.4%	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	65	112	58.0%	14	20	70.0%	152	354	42.9%	231	486	47.5%
2009 Q3&4	51	96	53.1%	8	17	47.1%	111	288	38.5%	170	401	42.4%
2010 Q1&2	48	94	51.1%	11	17	64.7%	141	317	44.5%	200	428	46.7%
2010 Q3&4	47	83	56.6%	11	17	64.7%	99	253	39.1%	157	353	44.5%

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	171	15.2%	42	337	12.5%
2010												

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

Year	Male			Female			Other			All		
	HIV+ and AHD	HIV+	%	HIV+ and AHD	HIV+	%	HIV+ and AHD	HIV+	%	HIV+ and AHD	HIV+	%
2006	37	289	12.8%	5	72	6.9%	0	0	---	42	361	11.6%
2007	36	303	11.9%	4	85	4.7%	0	3	---	40	391	10.2%
2008	43	286	15.0%	9	59	15.3%	0	0	---	52	345	15.1%
2009	38	266	14.3%	4	71	5.6%	0	0	---	42	337	12.5%
2010												

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	19	148	12.8%	0	8	0.0%	12	142	8.5%	31	298	10.4%

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

Year	Male			Female			Other			All		
	HIV+ & Acute	HIV+	%	HIV+ & Acute	HIV+	%	HIV+ & Acute	HIV+	%	HIV+ & Acute	HIV+	%
2006	16	289	5.5%	4	72	5.6%	0	0	---	20	361	5.5%
2007	23	303	7.6%	2	85	2.4%	0	3	---	25	391	6.4%
2008	16	286	5.6%	4	59	6.8%	0	0	---	20	345	5.8%
2009	16	266	6.0%	3	71	4.2%	0	0	---	19	337	5.6%
2010	26	236	11.0%	5	62	8.1%	0	0	---	31	298	10.4%

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	19	/	56	33.93%	1	/	4	25.00%	29	/	61	47.54%	49	/	121	40.50%
2008 Q3	20	/	66	30.30%	3	/	6	50.00%	22	/	65	33.85%	45	/	137	32.85%
2008 Q4	18	/	54	33.33%	1	/	6	16.67%	19	/	60	31.67%	38	/	120	31.67%
2009 Q1	18	/	66	27.27%	3	/	7	42.86%	22	/	64	34.38%	43	/	137	31.39%
2009 Q2	15	/	56	26.79%	1	/	4	25.00%	22	/	67	32.84%	38	/	127	29.92%
2009 Q3	10	/	49	20.41%	3	/	6	50.00%	21	/	58	36.21%	34	/	113	30.09%
2009 Q4	16	/	54	29.63%	0	/	3	0.00%	19	/	73	26.03%	35	/	130	26.92%
2010 Q1	8	/	66	12.12%	1	/	1	100.00%	15	/	55	27.27%	24	/	122	19.67%
2010 Q2	14	/	59	23.73%	0	/	4	0.00%	21	/	58	36.21%	35	/	121	28.93%
2010 Q3	14	/	61	22.95%	2	/	3	66.67%	25	/	74	33.78%	41	/	138	29.71%
2010 Q4	15	/	46	32.61%	3	/	5	60.00%	16	/	47	34.04%	34	/	98	34.69%

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

Quarter	Male				Female			Unknown			All					
2006 Q1	50	/	95	52.63%	9	/	18	50.00%	0	/	0	0.00%	59	/	113	52.21%
2006 Q2	45	/	84	53.57%	8	/	14	57.14%	0	/	0	0.00%	53	/	98	54.08%
2006 Q3	35	/	70	50.00%	14	/	22	63.64%	0	/	0	0.00%	49	/	92	53.26%
2006 Q4	45	/	86	52.33%	13	/	23	56.52%	0	/	0	0.00%	58	/	109	53.21%
2007 Q1	43	/	87	49.43%	14	/	27	51.85%	0	/	0	0.00%	57	/	114	50.00%
2007 Q2	57	/	118	48.31%	10	/	18	55.56%	0	/	0	0.00%	67	/	136	49.26%
2007 Q3	39	/	81	48.15%	11	/	26	42.31%	0	/	0	0.00%	50	/	107	46.73%
2007 Q4	44	/	105	41.90%	9	/	18	50.00%	0	/	0	0.00%	53	/	123	43.09%
2008 Q1	45	/	103	43.69%	11	/	22	50.00%	0	/	0	0.00%	56	/	125	44.80%
2008 Q2	43	/	102	42.16%	6	/	19	31.58%	0	/	0	0.00%	49	/	121	40.50%
2008 Q3	30	/	104	28.85%	15	/	33	45.45%	0	/	0	0.00%	45	/	137	32.85%
2008 Q4	30	/	100	30.00%	8	/	20	40.00%	0	/	0	0.00%	38	/	120	31.67%
2009 Q1	35	/	107	32.71%	8	/	30	26.67%	0	/	0	0.00%	43	/	137	31.39%
2009 Q2	33	/	107	30.84%	5	/	20	25.00%	0	/	0	0.00%	38	/	127	29.92%
2009 Q3	30	/	95	31.58%	4	/	18	22.22%	0	/	0	0.00%	34	/	113	30.09%
2009 Q4	28	/	103	27.18%	7	/	27	25.93%	0	/	0	0.00%	35	/	130	26.92%
2010 Q1	18	/	98	18.37%	6	/	24	25.00%	0	/	0	0.00%	24	/	122	19.67%
2010 Q2	26	/	101	25.74%	9	/	20	45.00%	0	/	0	0.00%	35	/	121	28.93%
2010 Q3	31	/	111	27.93%	10	/	27	37.04%	0	/	0	0.00%	41	/	138	29.71%
2010 Q4	26	/	82	31.71%	8	/	16	50.00%	0	/	0	0.00%	34	/	98	34.69%

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	69.4%	28.6%	40.0%	54.2%

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	70.2%	0.0%	42.9%	58.1%
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	74.2%	33.3%	46.9%	60.7%

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%	25.0%	29.2%	35.7%
2008 Q1&2	20.0%	75.0%	52.9%	45.2%
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%	21.4%	30.4%

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	34	/	53	64.15%	3	/	4	75.00%	20	/	45	44.44%	57	/	102	55.88%
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%	37	/	60	61.67%	74	/	111	66.67%
2007 Q1	45	/	59	76.27%	5	/	6	83.33%	32	/	52	61.54%	82	/	117	70.09%
2007 Q2	57	/	75	76.00%	2	/	2	100.00%	35	/	64	54.69%	94	/	141	66.67%
2007 Q3	43	/	60	71.67%	0	/	1	0.00%	26	/	48	54.17%	69	/	109	63.30%
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%	39	/	70	55.71%	99	/	143	69.23%
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%	58	/	78	74.36%	120	/	152	78.95%
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	56	/	70	80.00%	1	/	1	100.00%	54	/	69	78.26%	111	/	140	79.29%
2010 Q2	54	/	63	85.71%	4	/	4	100.00%	56	/	66	84.85%	114	/	133	85.71%
2010 Q3	56	/	64	87.50%	3	/	3	100.00%	59	/	81	72.84%	118	/	148	79.73%
2010 Q4	43	/	54	79.63%	5	/	5	100.00%	43	/	57	75.44%	91	/	116	78.45%

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				Unknown			All				
2006 Q1	61	/	99	61.62%	9	/	18	50.00%	0	/	0	0.00%	70	/	117	59.83%
2006 Q2	50	/	86	58.14%	7	/	16	43.75%	0	/	0	0.00%	57	/	102	55.88%
2006 Q3	30	/	73	41.10%	12	/	24	50.00%	0	/	0	0.00%	42	/	97	43.30%
2006 Q4	62	/	88	70.45%	12	/	23	52.17%	0	/	0	0.00%	74	/	111	66.67%
2007 Q1	67	/	88	76.14%	15	/	29	51.72%	0	/	0	0.00%	82	/	117	70.09%
2007 Q2	84	/	122	68.85%	10	/	19	52.63%	0	/	0	0.00%	94	/	141	66.67%
2007 Q3	54	/	83	65.06%	15	/	26	57.69%	0	/	0	0.00%	69	/	109	63.30%
2007 Q4	79	/	112	70.54%	12	/	19	63.16%	0	/	0	0.00%	91	/	131	69.47%
2008 Q1	63	/	107	58.88%	19	/	24	79.17%	0	/	0	0.00%	82	/	131	62.60%
2008 Q2	77	/	111	69.37%	14	/	22	63.64%	0	/	0	0.00%	91	/	133	68.42%
2008 Q3	77	/	108	71.30%	22	/	35	62.86%	0	/	0	0.00%	99	/	143	69.23%
2008 Q4	81	/	112	72.32%	16	/	23	69.57%	0	/	0	0.00%	97	/	135	71.85%
2009 Q1	92	/	120	76.67%	28	/	32	87.50%	0	/	0	0.00%	120	/	152	78.95%
2009 Q2	98	/	123	79.67%	15	/	21	71.43%	0	/	0	0.00%	113	/	144	78.47%
2009 Q3	87	/	109	79.82%	18	/	20	90.00%	0	/	0	0.00%	105	/	129	81.40%
2009 Q4	94	/	117	80.34%	22	/	29	75.86%	0	/	0	0.00%	116	/	146	79.45%
2010 Q1	87	/	113	76.99%	24	/	27	88.89%	0	/	0	0.00%	111	/	140	79.29%
2010 Q2	96	/	111	86.49%	18	/	22	81.82%	0	/	0	0.00%	114	/	133	85.71%
2010 Q3	95	/	118	80.51%	23	/	30	76.67%	0	/	0	0.00%	118	/	148	79.73%
2010 Q4	74	/	96	77.08%	17	/	20	85.00%	0	/	0	0.00%	91	/	116	78.45%

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	45	/	58	77.59%	2	/	7	28.57%	60	/	70	85.71%	107	/	135	79.26%
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	59	/	70	84.29%	1	/	1	100.00%	51	/	69	73.91%	111	/	140	79.29%
2010 Q4	46	/	62	74.19%	1	/	4	25.00%	46	/	67	68.66%	93	/	133	69.92%

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			Unknown			All					
2006 Q1	50	/	80	62.50%	13	/	20	65.00%	0	/	0	0.00%	63	/	100	63.00%
2006 Q2	60	/	80	75.00%	11	/	17	64.71%	0	/	0	0.00%	71	/	97	73.20%
2006 Q3	69	/	99	69.70%	12	/	18	66.67%	0	/	0	0.00%	81	/	117	69.23%
2006 Q4	62	/	86	72.09%	11	/	16	68.75%	0	/	0	0.00%	73	/	102	71.57%
2007 Q1	51	/	73	69.86%	15	/	24	62.50%	0	/	0	0.00%	66	/	97	68.04%
2007 Q2	63	/	88	71.59%	12	/	23	52.17%	0	/	0	0.00%	75	/	111	67.57%
2007 Q3	64	/	88	72.73%	21	/	29	72.41%	0	/	0	0.00%	85	/	117	72.65%
2007 Q4	94	/	122	77.05%	9	/	19	47.37%	0	/	0	0.00%	103	/	141	73.05%
2008 Q1	64	/	83	77.11%	21	/	26	80.77%	0	/	0	0.00%	85	/	109	77.98%
2008 Q2	92	/	112	82.14%	11	/	19	57.89%	0	/	0	0.00%	103	/	131	78.63%
2008 Q3	88	/	107	82.24%	14	/	24	58.33%	0	/	0	0.00%	102	/	131	77.86%
2008 Q4	85	/	111	76.58%	16	/	22	72.73%	0	/	0	0.00%	101	/	133	75.94%
2009 Q1	87	/	108	80.56%	26	/	35	74.29%	0	/	0	0.00%	113	/	143	79.02%
2009 Q2	94	/	112	83.93%	13	/	23	56.52%	0	/	0	0.00%	107	/	135	79.26%
2009 Q3	97	/	120	80.83%	24	/	32	75.00%	0	/	0	0.00%	121	/	152	79.61%
2009 Q4	100	/	123	81.30%	15	/	21	71.43%	0	/	0	0.00%	115	/	144	79.86%
2010 Q1	86	/	109	78.90%	14	/	20	70.00%	0	/	0	0.00%	100	/	129	77.52%
2010 Q2	92	/	117	78.63%	25	/	29	86.21%	0	/	0	0.00%	117	/	146	80.14%
2010 Q3	91	/	113	80.53%	20	/	27	74.07%	0	/	0	0.00%	111	/	140	79.29%
2010 Q4	77	/	111	69.37%	16	/	22	72.73%	0	/	0	0.00%	93	/	133	69.92%

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%	21	/	34	61.76%	44	/	65	67.69%
2007 Q1	34	/	43	79.07%	5	/	5	100.00%	23	/	32	71.88%	62	/	80	77.50%
2007 Q2	46	/	53	86.79%	2	/	2	100.00%	24	/	33	72.73%	72	/	88	81.82%
2007 Q3	31	/	37	83.78%	0	/	0	0.00%	22	/	25	88.00%	53	/	62	85.48%
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%	28	/	35	80.00%	75	/	89	84.27%
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%	47	/	54	87.04%	98	/	111	88.29%
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	/	53	79.25%	1	/	1	100.00%	41	/	46	89.13%	84	/	100	84.00%
2010 Q2	38	/	47	80.85%	4	/	4	100.00%	42	/	52	80.77%	84	/	103	81.55%
2010 Q3	40	/	52	76.92%	3	/	3	100.00%	40	/	52	76.92%	83	/	107	77.57%
2010 Q4	30	/	39	76.92%	3	/	3	100.00%	36	/	39	92.31%	69	/	81	85.19%

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			Unknown			All					
2006 Q1	35	/	47	74.47%	5	/	6	83.33%	0	/	0	0.00%	40	/	53	75.47%
2006 Q2	33	/	43	76.74%	3	/	4	75.00%	0	/	0	0.00%	36	/	47	76.60%
2006 Q3	20	/	25	80.00%	7	/	12	58.33%	0	/	0	0.00%	27	/	37	72.97%
2006 Q4	38	/	54	70.37%	6	/	11	54.55%	0	/	0	0.00%	44	/	65	67.69%
2007 Q1	52	/	65	80.00%	10	/	15	66.67%	0	/	0	0.00%	62	/	80	77.50%
2007 Q2	66	/	78	84.62%	6	/	10	60.00%	0	/	0	0.00%	72	/	88	81.82%
2007 Q3	41	/	48	85.42%	12	/	14	85.71%	0	/	0	0.00%	53	/	62	85.48%
2007 Q4	49	/	68	72.06%	9	/	11	81.82%	0	/	0	0.00%	58	/	79	73.42%
2008 Q1	43	/	58	74.14%	13	/	16	81.25%	0	/	0	0.00%	56	/	74	75.68%
2008 Q2	48	/	64	75.00%	8	/	14	57.14%	0	/	0	0.00%	56	/	78	71.79%
2008 Q3	60	/	69	86.96%	15	/	20	75.00%	0	/	0	0.00%	75	/	89	84.27%
2008 Q4	62	/	71	87.32%	13	/	15	86.67%	0	/	0	0.00%	75	/	86	87.21%
2009 Q1	81	/	89	91.01%	17	/	22	77.27%	0	/	0	0.00%	98	/	111	88.29%
2009 Q2	76	/	86	88.37%	9	/	14	64.29%	0	/	0	0.00%	85	/	100	85.00%
2009 Q3	71	/	82	86.59%	14	/	18	77.78%	0	/	0	0.00%	85	/	100	85.00%
2009 Q4	73	/	81	90.12%	19	/	20	95.00%	0	/	0	0.00%	92	/	101	91.09%
2010 Q1	67	/	78	85.90%	17	/	22	77.27%	0	/	0	0.00%	84	/	100	84.00%
2010 Q2	75	/	86	87.21%	9	/	17	52.94%	0	/	0	0.00%	84	/	103	81.55%
2010 Q3	67	/	86	77.91%	16	/	21	76.19%	0	/	0	0.00%	83	/	107	77.57%
2010 Q4	56	/	67	83.58%	13	/	14	92.86%	0	/	0	0.00%	69	/	81	85.19%

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
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	/	2118	70.21%	3404	/	4683	72.69%
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	/	2216	69.72%	3580	/	4885	73.29%
2010 Q2	2018	/	2657	75.95%	36	/	77	46.75%	1589	/	2256	70.43%	3643	/	4990	73.01%
2010 Q3	2055	/	2728	75.33%	40	/	79	50.63%	1614	/	2319	69.60%	3709	/	5126	72.36%
2010 Q4	2064	/	2764	74.67%	42	/	82	51.22%	1652	/	2364	69.88%	3758	/	5210	72.13%

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

Quarter	Male				Female				Unknown				All			
	2006 Q1	2019	/	2854	70.74%	266	/	457	58.21%	0	/	0	0.00%	2285	/	3311
2006 Q2	2115	/	2929	72.21%	267	/	482	55.39%	0	/	0	0.00%	2382	/	3411	69.83%
2006 Q3	2207	/	2962	74.51%	286	/	493	58.01%	0	/	0	0.00%	2493	/	3455	72.16%
2006 Q4	2240	/	3030	73.93%	297	/	503	59.05%	0	/	0	0.00%	2537	/	3533	71.81%
2007 Q1	2329	/	3113	74.82%	302	/	513	58.87%	0	/	0	0.00%	2631	/	3626	72.56%
2007 Q2	2365	/	3236	73.08%	299	/	523	57.17%	0	/	0	0.00%	2664	/	3759	70.87%
2007 Q3	2419	/	3286	73.62%	307	/	542	56.64%	0	/	0	0.00%	2726	/	3828	71.21%
2007 Q4	2472	/	3339	74.03%	314	/	553	56.78%	0	/	0	0.00%	2786	/	3892	71.58%
2008 Q1	2517	/	3389	74.27%	336	/	578	58.13%	0	/	0	0.00%	2853	/	3967	71.92%
2008 Q2	2628	/	3534	74.36%	334	/	600	55.67%	0	/	0	0.00%	2962	/	4134	71.65%
2008 Q3	2644	/	3584	73.77%	359	/	634	56.62%	0	/	0	0.00%	3003	/	4218	71.19%
2008 Q4	2741	/	3686	74.36%	370	/	640	57.81%	0	/	0	0.00%	3111	/	4326	71.91%
2009 Q1	2819	/	3769	74.79%	388	/	673	57.65%	0	/	0	0.00%	3207	/	4442	72.20%
2009 Q2	2868	/	3866	74.19%	407	/	703	57.89%	0	/	0	0.00%	3275	/	4569	71.68%
2009 Q3	2971	/	3962	74.99%	433	/	721	60.06%	0	/	0	0.00%	3404	/	4683	72.69%
2009 Q4	3052	/	4029	75.75%	443	/	740	59.86%	0	/	0	0.00%	3495	/	4769	73.29%
2010 Q1	3121	/	4121	75.73%	459	/	764	60.08%	0	/	0	0.00%	3580	/	4885	73.29%
2010 Q2	3178	/	4210	75.49%	465	/	780	59.62%	0	/	0	0.00%	3643	/	4990	73.01%
2010 Q3	3251	/	4329	75.10%	458	/	797	57.47%	0	/	0	0.00%	3709	/	5126	72.36%
2010 Q4	3291	/	4390	74.97%	467	/	820	56.95%	0	/	0	0.00%	3758	/	5210	72.13%

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	46	2	18	66
2006 Q2	42	2	15	59
2006 Q3	38	1	21	60
2006 Q4	33	1	17	51
2007 Q1	39	1	13	53
2007 Q2	41	1	23	65
2007 Q3	37	1	11	49
2007 Q4	38	1	23	62
2008 Q1	40	1	18	59
2008 Q2	39	1	14	54
2008 Q3	40	1	23	64
2008 Q4	39	1	13	53
2009 Q1	42	3	16	61
2009 Q2	38	1	14	53
2009 Q3	36	1	16	53
2009 Q4	38	1	15	54
2010 Q1	38	1	13	52
2010 Q2	34	1	12	47
2010 Q3	39	1	18	58
2010 Q4	32	1	12	45

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	6	2657	0.23%	1	76	1.32%	2	2242	0.09%	9	4975	0.18%
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	80	0.00%	3	2345	0.13%	4	5209	0.08%
2009 Q4	2	2826	0.07%	0	81	0.00%	3	2403	0.12%	5	5310	0.09%
2010 Q1	1	2878	0.03%	0	81	0.00%	3	2462	0.12%	4	5421	0.07%
2010 Q2	2	2919	0.07%	0	89	0.00%	1	2503	0.04%	3	5511	0.05%
2010 Q3	1	3021	0.03%	0	87	0.00%	1	2554	0.04%	2	5662	0.04%
2010 Q4	2	3044	0.07%	0	98	0.00%	0	2582	0.00%	2	5724	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		Unknown		All					
2006 Q1	/	3175	/	525	/	0	0.00%	/	3700			
2006 Q2	/	3249	/	543	/	0	0.00%	/	3792			
2006 Q3	/	3281	/	557	/	0	0.00%	/	3838			
2006 Q4	/	3352	/	569	/	0	0.00%	/	3921			
2007 Q1	/	3418	/	589	/	0	0.00%	/	4007			
2007 Q2	/	3581	/	607	/	0	0.00%	/	4188			
2007 Q3	/	3636	/	628	/	0	0.00%	/	4264			
2007 Q4	/	3723	/	629	/	0	0.00%	/	4352			
2008 Q1	1	3790	0.03%	0	651	0.00%	0	0	0.00%	1	4441	0.02%
2008 Q2	1	3927	0.03%	1	684	0.15%	0	0	0.00%	2	4611	0.04%
2008 Q3	6	3999	0.15%	0	726	0.00%	0	0	0.00%	6	4725	0.13%
2008 Q4	3	4108	0.07%	1	733	0.14%	0	0	0.00%	4	4841	0.08%
2009 Q1	5	4200	0.12%	4	775	0.52%	0	0	0.00%	9	4975	0.18%
2009 Q2	7	4315	0.16%	3	804	0.37%	0	0	0.00%	10	5119	0.20%
2009 Q3	4	4403	0.09%	0	806	0.00%	0	0	0.00%	4	5209	0.08%
2009 Q4	4	4476	0.09%	1	834	0.12%	0	0	0.00%	5	5310	0.09%
2010 Q1	3	4567	0.07%	1	854	0.12%	0	0	0.00%	4	5421	0.07%
2010 Q2	1	4639	0.02%	2	872	0.23%	0	0	0.00%	3	5511	0.05%
2010 Q3	1	4764	0.02%	1	898	0.11%	0	0	0.00%	2	5662	0.04%
2010 Q4	1	4813	0.02%	1	911	0.11%	0	0	0.00%	2	5724	0.03%

Table 28.1 Incidence of resistance to any antiretroviral drug by HSDA

Quarter	Vancouver HSDA				Northern Interior HSDA				Other HSDAs				All HSDAs			
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate		
2006 Q1	57	1.05%	102	0.00%	33	0.72%	90	0.89%								
2006 Q2	34	0.61%	111.3	0.90%	27	0.58%	62	0.60%								
2006 Q3	27	0.48%	101.5	0.00%	26	0.54%	53	0.50%								
2006 Q4	28	0.49%	112.8	0.00%	18	0.37%	46	0.43%								
2007 Q1	25	0.42%	109.8	0.00%	19	0.38%	44	0.40%								
2007 Q2	17	0.28%	118.7	0.84%	17	0.33%	36	0.32%								
2007 Q3	13	0.20%	118.4	0.00%	16	0.31%	29	0.25%								
2007 Q4	17	0.26%	120.7	1.66%	11	0.21%	30	0.25%								
2008 Q1	11	0.17%	133.5	0.75%	12	0.22%	24	0.20%								
2008 Q2	21	0.31%	134.6	0.00%	14	0.25%	35	0.28%								
2008 Q3	14	0.20%	150.3	1.33%	8	0.14%	24	0.19%								
2008 Q4	14	0.19%	170.5	0.00%	5	0.08%	19	0.14%								
2009 Q1	16	0.22%	185	1.62%	12	0.20%	31	0.23%								
2009 Q2	16	0.21%	212.9	0.00%	6	0.10%	22	0.16%								
2009 Q3	10	0.13%	200.5	0.50%	7	0.11%	18	0.12%								
2009 Q4	19	0.24%	215.3	0.00%	12	0.18%	32	0.22%								
2010 Q1	7	0.09%	213.9	0.47%	17	0.25%	25	0.17%								
2010 Q2	9	0.11%	229.2	0.44%	6	0.09%	16	0.10%								
2010 Q3	10	0.12%	220.8	0.45%	8	0.12%	19	0.12%								
2010 Q4	10	0.12%	244.4	0.82%	9	0.13%	21	0.13%								

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

Quarter	Male				Female				Unknown				All			
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate		
2006 Q1	74	0.85%	16	1.18%	0	0.00%	90	0.89%								
2006 Q2	43	0.48%	19	1.37%	0	0.00%	62	0.60%								
2006 Q3	45	0.50%	8	0.56%	0	0.00%	53	0.50%								
2006 Q4	36	0.39%	10	0.69%	0	0.00%	46	0.43%								
2007 Q1	32	0.34%	12	0.80%	0	0.00%	44	0.40%								
2007 Q2	32	0.33%	4	0.26%	0	0.00%	36	0.32%								
2007 Q3	21	0.21%	8	0.49%	0	0.00%	29	0.25%								
2007 Q4	23	0.22%	7	0.43%	0	0.00%	30	0.25%								
2008 Q1	18	0.17%	6	0.36%	0	0.00%	24	0.20%								
2008 Q2	31	0.29%	4	0.23%	0	0.00%	35	0.28%								
2008 Q3	17	0.15%	7	0.38%	0	0.00%	24	0.19%								
2008 Q4	16	0.14%	3	0.15%	0	0.00%	19	0.14%								
2009 Q1	22	0.19%	9	0.44%	0	0.00%	31	0.23%								
2009 Q2	17	0.14%	5	0.24%	0	0.00%	22	0.16%								
2009 Q3	15	0.12%	3	0.14%	0	0.00%	18	0.12%								
2009 Q4	23	0.18%	9	0.41%	0	0.00%	32	0.22%								
2010 Q1	18	0.14%	7	0.31%	0	0.00%	25	0.17%								
2010 Q2	11	0.08%	5	0.22%	0	0.00%	16	0.10%								
2010 Q3	12	0.09%	7	0.30%	0	0.00%	19	0.12%								
2010 Q4	17	0.13%	4	0.17%	0	0.00%	21	0.13%								

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			
	Count	Denominator	Percentage	Count	Denominator	Percentage	Count	Denominator	Percentage	Count	Denominator	Percentage	Count	Denominator	Percentage	
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%	144	2234	6.45%	322	4975	6.47%				
2009 Q2	144	2718	5.30%	5	80	6.25%	114	2311	4.93%	264	5119	5.16%				
2009 Q3	123	2785	4.42%	3	80	3.75%	99	2334	4.24%	225	5209	4.32%				
2009 Q4	119	2826	4.21%	3	81	3.70%	102	2392	4.26%	224	5310	4.22%				
2010 Q1	129	2878	4.48%	2	81	2.47%	97	2452	3.96%	228	5421	4.21%				
2010 Q2	114	2919	3.91%	0	89	0.00%	98	2496	3.93%	212	5511	3.85%				
2010 Q3	133	3020	4.40%	1	87	1.15%	104	2549	4.08%	238	5662	4.20%				
2010 Q4	124	3044	4.07%	4	98	4.08%	94	2573	3.65%	222	5724	3.88%				

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

Quarter	Male				Female				Unknown				All			
	Count	Denominator	Percentage	Count	Denominator	Percentage	Count	Denominator	Percentage	Count	Denominator	Percentage	Count	Denominator	Percentage	
2006 Q1	279	3174	8.79%	44	525	8.38%	0	0	0.00%	323	3699	8.73%				
2006 Q2	351	3248	10.81%	55	543	10.13%	0	0	0.00%	406	3791	10.71%				
2006 Q3	349	3280	10.64%	67	557	12.03%	0	0	0.00%	416	3837	10.84%				
2006 Q4	406	3352	12.11%	52	569	9.14%	0	0	0.00%	458	3921	11.68%				
2007 Q1	346	3418	10.12%	62	589	10.53%	0	0	0.00%	408	4007	10.18%				
2007 Q2	327	3581	9.13%	61	607	10.05%	0	0	0.00%	388	4188	9.26%				
2007 Q3	216	3636	5.94%	63	628	10.03%	0	0	0.00%	279	4264	6.54%				
2007 Q4	325	3723	8.73%	68	629	10.81%	0	0	0.00%	393	4352	9.03%				
2008 Q1	309	3790	8.15%	57	651	8.76%	0	0	0.00%	366	4441	8.24%				
2008 Q2	387	3927	9.85%	71	684	10.38%	0	0	0.00%	458	4611	9.93%				
2008 Q3	280	3999	7.00%	62	726	8.54%	0	0	0.00%	342	4725	7.24%				
2008 Q4	259	4108	6.30%	57	733	7.78%	0	0	0.00%	316	4841	6.53%				
2009 Q1	260	4200	6.19%	62	775	8.00%	0	0	0.00%	322	4975	6.47%				
2009 Q2	200	4315	4.63%	64	804	7.96%	0	0	0.00%	264	5119	5.16%				
2009 Q3	177	4403	4.02%	48	806	5.96%	0	0	0.00%	225	5209	4.32%				
2009 Q4	191	4476	4.27%	33	834	3.96%	0	0	0.00%	224	5310	4.22%				
2010 Q1	190	4567	4.16%	38	854	4.45%	0	0	0.00%	228	5421	4.21%				
2010 Q2	166	4639	3.58%	46	872	5.28%	0	0	0.00%	212	5511	3.85%				
2010 Q3	191	4764	4.01%	47	898	5.23%	0	0	0.00%	238	5662	4.20%				
2010 Q4	173	4813	3.59%	49	911	5.38%	0	0	0.00%	222	5724	3.88%				

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 first positive 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 count criteria who are currently on ART

Indicator 16: Proportion 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 spectrum 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