



From left to right: Dr. Julio Montaner, director of the BC-CfE; Dianne Doyle, president and CEO, Providence Health Care; former B.C. Premier Gordon Campbell; Dr. Jacques Normand, director, AIDS Research Program, National Institute on Drug Abuse; and Dr. Zunyou Wu, director, National Center for AIDS/STD Control and Prevention, Chinese Center for Disease Control and Prevention

China chooses made-in-B.C. approach to combat HIV and AIDS nationwide

World's most populous nation embraces treatment as prevention

The BC Centre for Excellence in HIV/AIDS (BC-CfE) hosted a Chinese delegation led by Dr. Zunyou Wu last year to share their expertise on the internationally recognized treatment as prevention strategy and collaborate on the development of a similar program for China.

As a result, in a landmark announcement last month, China committed to implementing a country-wide HIV/AIDS policy based on the groundbreaking "treatment as prevention" strategy pioneered by the BC-CfE.

"We believe that treatment as prevention is the model of care and containment that will best help China meet its goal of bringing HIV and AIDS under control by 2015," said Dr. Zunyou Wu, director, National Center for AIDS/STD Control and Prevention, Chinese Center for Disease Control and Prevention.

The new policy will call for widespread HIV testing and treatment for all medically eligible individuals to address the significant HIV/AIDS epidemic in China. The program is based on the results of BC-CfE's research published last summer in *The Lancet*. Research results showed that administering highly active antiretroviral therapy (HAART) to HIV-positive individuals not only extends their life expectancy, but also makes them dramatically less likely to transmit HIV

to others in the community and reduces healthcare costs in the long term.

"This would be the first time that an initiative of this nature is undertaken at the national level by a country that certainly has significant challenges regarding the size of the problem [HIV/AIDS] and other social and cultural complexities," said Dr. Julio Montaner, director of the BC-CfE and pioneer of the treatment as prevention strategy. This strategy has been endorsed internationally by WHO and UNAIDS.

Montaner noted that with this announcement, the Chinese government has sent a clear message that treatment as prevention makes sense for a cross-section of people all over the world.

In China, a reported 740,000 people are infected with HIV and nearly 110,000 people have AIDS.

Montaner was first introduced to Wu's tremendous work on the expansion of medical programs in China by Dr. Nora Volkow, director of the National Institute

on Drug Abuse. This was followed by discussions at last summer's International AIDS Conference in Vienna, which eventually led to a visit by a Chinese delegation headed by Wu to the BC-CfE last year. During the two-day workshop, the BC-CfE introduced the delegation to the different components of the treatment as prevention model, how it has worked in B.C. and helped develop potential protocols that could be used in the implementation of a similar program in China.

The workshop was also attended by former Premier Gordon Campbell to provide support from the B.C. government to the BC-CfE in their efforts to help China combat HIV in their country.

B.C. is the first jurisdiction to implement treatment as prevention. In 2010, the B.C. government announced it would invest \$48 million over four years in the BC-CfE-led Seek and Treat pilot project to expand HIV testing and treatment to hard-to-reach individuals in Vancouver's Downtown Eastside and Prince George.



» There is no scientific evidence to support this approach [mandatory minimum sentencing for drug offenses] in terms of it reducing crime or promoting public safety and there are also real health concerns given that incarceration has been associated with the transmission of infectious diseases such as HIV."

– Dr. Thomas Kerr, director, BC-CfE's Urban Health Research Initiative quoted on Bill S-10 in *The Vancouver Sun*, Feb. 7, 2011



Injecting drugs safely a critical skill for users to keep HIV at bay

Lee Wiebe has been injecting drugs for the past 40 years, from a time when there were no harm reduction measures in place to help reduce the devastating consequences of drug use.

"Needles weren't accessible like they are now," said Wiebe. "If you had a needle, you kept it for well over a month."

Years ago, Wiebe began walking the alleys of the Downtown Eastside five days a week along with other members of the Vancouver Area Network of Drug Users (VANDU). They would carry a bag with clean needles, alcohol swabs, mouthpieces for users of crack cocaine and other harm reduction paraphernalia to help users of drugs who didn't have clean supplies. But Wiebe knew they required a supportive community program that provided information to users on how to inject as safely as possible.

Two years ago, the BC Centre for Excellence in HIV/AIDS (BC-CfE) collaborated with VANDU to launch an innovative educational campaign targeting unsafe injection of drugs. Under this program, the VANDU Injection Support Team, composed of nine long-term users of injection drugs, held a series of workshops for people who inject drugs in the Downtown Eastside to show them how to inject drugs as safely as possible.

Workshops also address topics such as HIV and Hepatitis C, how users can cook their drugs to convert solids into easily injectable solutions to prevent vein damage, and avoid developing abscesses and other health conditions.



Lee Wiebe (left) with BC-CfE research coordinator Cody Callon

"Unsafe injection causes a number of harms, including transmission of HIV and Hepatitis C, bacterial infections, and other health issues that can be prevented if people have accurate knowledge," said Cody Callon, a community-based research coordinator at the BC-CfE who led the evaluation of the safer injecting workshops. He noted that many users of injection drugs who took part in the program said they appreciated learning from fellow users as opposed to health care professionals.

"Well, it goes over great, cause we're them," said Wiebe, now a facilitator with the VANDU Injection Support Team and a member of VANDU's board of directors. "We have credibility with these people... And they know we're not reading from a book... we've all experienced it."

HAARTbeats

HIV-positive children living longer

In the 1980s and early '90s a majority of children born with HIV would die before the age of 10. Now, the median survival age for those infected at birth is 18 and the number continues to climb.

"They're growing up and becoming adults, going to college, getting married, and having babies of their own," said Dr. Tess Barton, medical director of the AIDS-related medical clinic at the Children's Medical Center in Dallas, Texas.

The clinic monitors 110 HIV-positive patients ages seven months to 22 years. Most are on a strict regimen of highly active antiretroviral therapy (HAART), the gold standard treatment for HIV around the world. The BC Centre for Excellence in HIV/AIDS played a key role in pioneering HAART.

"It's possible there may be no progression to AIDS, if you're taking the medications and not developing

resistance to them," said Dr. Kenneth Dominguez, an expert on pediatric HIV and AIDS at the US Centers for Disease Control and Prevention.

Furthermore, HAART is now routinely administered to HIV-positive pregnant women to protect their babies from being infected. "When infected mothers take medication, only one to two per cent of their babies get HIV," said Barton. "Without the medication, 26 per cent of the babies were born with it."

"In B.C. where HIV treatment is free, both children and adults have benefitted from HAART allowing them to live full and productive lives," said Dr. Mark Gilbert who leads the surveillance team in the Division of STI/HIV Prevention and Control at the BC Centre for Disease Control. "There is no doubt that thanks to HAART, HIV has become a chronic, manageable disease."

Community Profile

Support workers vital to Fraser Valley HIV outreach



Staffed by volunteers and support workers, PLFV's Lighthouse Centre in Abbotsford provides vital HIV services to the Fraser Valley.

With more than 200 HIV-positive clients spread from Surrey to Boston Bar, Positive Living Fraser Valley Society (PLFV) faces the challenge of delivering vital services across a vast region.

From its volunteer-staffed Lighthouse Centre in Abbotsford, PLFV offers a wide range of support services, including peer counselling, an HIV resource library, haircuts, complementary therapy, and a life skills group.

However, the realities of geography prevent many clients from accessing these services directly.

To overcome the challenge, PLFV employs two support workers to provide mobile services to those unable to travel. This support includes transportation to medical appointments, access to food bank hampers, and regular check-ins to promote medication adherence and address other health issues.

"There is a lot of contact that we make through the support workers, especially with people who are most vulnerable or marginalized," said Brian Gross, PLFV project consultant. "They are definitely 100 per cent utilized because of the distances we have to travel."

PLFV also organizes regular public information sessions to provide education on HIV issues, including transmission risks and the roots of HIV-related stigma.

> PLFV Contact Info

Location: The Lighthouse Centre, Unit 1 - 2712 Clearbrook Rd., Abbotsford

Phone: 604-854-1101

Online: info@plfv.org

Research

Gender and age affect HIV testing practices among Aboriginal peoples

A study conducted by BC-CfE researchers examined the factors associated with HIV testing among Canadian Aboriginal peoples living off-reserve. Data were drawn for individuals ages 15 to 44 from the Aboriginal Peoples Survey (2001), which represents a sample of over half a million Aboriginal men and women living off-reserve.

Study results published in the journal *AIDS Care* last year showed a number of differences when the sample was analyzed by gender. Females who self-reported "good" or "fair/poor" health status were more likely to have had an HIV test, compared to males with comparable health status. Frequent alcohol consumption and less than high-school education were associated with increased odds of HIV testing among males, but not females. Furthermore, while younger age was associated with increased odds of taking an HIV test, this was particularly relevant for females ages 15 to 24.

The researchers concluded that the evidence highlights the importance of gender and age as factors to keep in mind while developing HIV programs for Aboriginal Canadians.

Failures to prevent mother-to-child HIV transmission in Soweto

In a study published in the journal *AIDS and Behavior* this year, BC-CfE researchers and their colleagues from the Perinatal HIV Research Unit in Soweto, South Africa reported on reasons for continued vertical HIV transmission in the era of free access to treatment to prevent mother-to-child HIV transmission.

Participants were birth mothers of HIV-infected infants born after Dec. 1, 2008 and their mean age was 28 years. The mixed-methods study found that many women and infants were not receiving antiretrovirals as per the guidelines. Identified issues of importance included operational difficulties to implement programming, preterm birth, refusal of treatment, difficulty with administering antiretrovirals to infants, delayed antenatal care attendance because of facility-related barriers and maternal apprehension around HIV testing, and HIV-associated stigma.

What's New

Forefront Lecture Series

Date: Wednesday, April 14, noon to 1 p.m.

Location: Hurlburt Auditorium, St. Paul's Hospital

Speaker: Dr. Art Poon, *Finding the roots of HIV: A gentle introduction to ancestral population genetics*

Contact: Andrea Keesey at 604-682-2344 ext. 66537 or akeesey@cfenet.ubc.ca

BC Centre for Excellence in HIV/AIDS

- > Improve the health of British Columbians with HIV through comprehensive research and treatment programs;
- > Develop cost-effective research and therapeutic protocols;
- > Provide educational support programs to health-care professionals;
- > Monitor the impact of HIV/AIDS on B.C. and conduct analyses of the effectiveness of HIV-related programs.

Physician Drug Hotline
1.800.665.7677

St. Paul's Hospital Pharmacy Hotline
1.888.551.6222

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