



Dr. Julio Montaner congratulates NIDA for taking a leadership role in funding the made-in-BC seek-and-treat strategy to control HIV/AIDS.

NIDA invests \$50 million to evaluate made-in-BC strategy for control of HIV/AIDS

The US National Institute on Drug Abuse (NIDA) intends to fund research worth up to US\$50 million over five years to evaluate the “seek-and-treat” strategy originally developed at the BC Centre for Excellence in HIV/AIDS (BC-CfE).

NIDA has issued a Request for Applications (RFA) that will invest up to \$50 million over five years to evaluate seek and treat in the criminal justice setting. NIDA's funding along with the National Institute on Allergy and Infectious Diseases (NIAID) and the National Institute of Mental Health (NIMH) will foster the development, implementation and testing of strategies to seek and treat HIV-infected people within the criminal justice system. The RFA is open to applicants from outside the U.S.

The research will be closely focused on the continuity of highly active antiretroviral therapy (HAART) during and after community re-entry. The expectation is that this strategy will decrease HIV/AIDS-related morbidity and mortality among inmates and decrease HIV transmission among their network members.

“NIDA's leadership in funding seek-and-treat research is extremely exciting news in the fight against HIV/AIDS, both in the United States and around the world,” said Dr. Julio Montaner, director of the BC-CfE. “Our research shows that we must seek out and offer treatment to all medically eligible and HIV-infected individuals to stop the progression to AIDS and death among those infected and prevent HIV infection among those at risk. Lessons learned from this research will be essential to guide further roll out of the treatment globally.”

The seek-and-treat strategy, known as “Seek and Treat for Optimal Prevention of HIV/AIDS” (STOP HIV/

AIDS), aims to drastically increase access to the life-saving HAART treatment among groups that are at risk of HIV infection. This includes injection drug users, sex-trade workers, prisoners, aboriginals and those with other underlying health conditions such as mental illness.

“Reaching out to these populations to provide rapid HIV testing and access to appropriate therapy will save lives and avert infections,” said Dr. Montaner.

Momentum growing for seek and treat

Dr. Montaner introduced the seek-and-treat strategy in 2006. He explained that voluntary testing combined with an immediate and aggressive roll out of HAART to every infected person could potentially eliminate HIV.

It was a simple proposition, but one that found few endorsers within the medical community due to financial and other concerns. But at this year's International AIDS Society (IAS) Conference in South Africa, the strategy was hailed as the “topic of the year.” This prevention and containment strategy is now widely accepted by experts worldwide.

On September 5, 2008, NIDA awarded Dr. Montaner with an inaugural Avant-Garde Award, providing US\$2.5 million over five years for a BC-CfE seek-and-treat research project.

Since then, the BC-CfE has published new evidence showing that decreasing plasma HIV viral load in the community with expanded HAART coverage among injection drug users dramatically decreases new HIV infections (Wood et al, BMJ 2009;338:b1649).



Starting from this issue, *Forecast* will feature a story on one of B.C.'s community organizations that provide services for people with HIV/AIDS. Read the inaugural profile on the 'Vancouver Native Health Society' on page four of this issue.

24th Annual AIDS Walk celebrates progress, warns of apathy

The 24th Scotiabank Annual AIDS Walk for Life reinforced the successful journey travelled during more than two decades of research into HIV/AIDS therapies – and reminded thousands in attendance that many significant steps must still be taken.

An HIV-positive diagnosis is no longer a death sentence. Today, an HIV-infected person who is on a regular regimen of antiretrovirals (ARVs) can expect to live a normal life for decades.

Still, further success is within our grasp.

Speaking at the Walk held September 20 in Stanley Park, Vancouver, Dr. Montaner, director of the BC-CfE, told CTV: “We can eliminate HIV if we make it a goal.”

While recent advances are cause for celebration, we must not lose sight of the fact that HIV/AIDS continue to ravage the lives of Canadians, added Dr. Montaner. Despite improved treatment, every year, more than 4,000 Canadians contract HIV/AIDS and there are more than 12,000 HIV-positive people in B.C. alone.

“There is no excuse for resource-rich Canada to have such a high HIV/AIDS prevalence rate. Part of the problem is that up to 30 per cent of Canadians with HIV do not know they are infected because it can take years for symptoms to appear,” added Dr. Montaner in an interview with *The Province*.

Dr. Montaner urged that in order to fight what he called a Canadian “epidemic,” the federal government must ensure that HIV/AIDS is back on the G8 agenda when next year’s summit takes place in Ontario. He said that investing in a faster, simpler HIV/AIDS testing system and ensuring universal access to ARVs to every infected person in Canada is not only the right and ethical thing to do, but also the smart thing to do, even in a fiscally-constrained time.

“When we treat someone with HIV, we also render them extremely less likely to transmit the disease. The treatment becomes part of the solution, not only for the individual, but for society.”

Founded in 1986, this year’s Walk raised \$325,000 of a \$350,000 goal during difficult economic times. A significant

portion of the proceeds from the Walk will go to the BC Persons with AIDS Society (BCPWA), which will use these funds to reimburse its poorest members for expenses not covered by their health plans.

Mr. Glyn Townson, Board Chair of the BCPWA, acknowledged the advancements in treatment and thanked the generosity of the community and the work of individuals in the medical field who have given hope to people living with HIV. However, he also emphasized that the fight against rising infection rates is still challenged by a lack of awareness. “The identity of this disease has morphed so dramatically over the past decade that the general public seems to regard it with a lack of immediacy or personal connection,” said Mr. Townson. “Making the Walk more visible in the future will help change that.”



“We can eliminate HIV if we make it a goal,” said Dr. Julio Montaner at the 24th Scotiabank Annual AIDS Walk for Life.

To help protect the environment and encourage sustainability, we now offer *Forecast* by email.

- > If you would like to receive the October issue by email and/or receive future *Forecast* issues by email only, please send your request by email to Mahafrine Petigara at mahafrine.petigara@karyo-edelman.com.



Determinants of cutaneous injection-related infection care at a SIF

Elisa Lloyd-Smith, Evan Wood, Ruth Zhang, Mark Tyndall, Julio Montaner, Thomas Kerr

Cutaneous injection-related infections (CIRI), which include abscesses and cellulitis, are prevalent among injection drug users (IDUs). Although the financial burden of CIRI in the medical system is substantial, there is a paucity of research in this area.

In 2003, Vancouver opened North America's first government-sanctioned supervised injection facility (SIF), where IDUs can inject pre-obtained illicit drugs under the supervision of medical staff. This study evaluated the factors associated with receiving CIRI care among a representative cohort of Vancouver's SIF users.

The study recruited 1,080 individuals between December 1, 2003 and January 31, 2008. The study found that 27% of participants received CIRI care within the SIF. The study also found that being female, living in unstable housing, and daily heroin injection were independent predictors of receiving CIRI care among study participants.

These results describe who is more likely to receive CIRI care

at the SIF, which may be useful to those involved in developing and improving comprehensive treatment regimens for IDUs in Vancouver.

(Ann Epidemiol)

Integrated supervised injection programs within HIV care facilities provide potential benefits for HIV-positive IDUs

Andrea Krusi, Will Small, Evan Wood, Thomas Kerr

While there has been growing interest in comprehensive models of treatment and care for individuals living with HIV/AIDS, little attention has been given to the potential role that supervised injection programs could play in increasing access to prevention and care services for HIV-positive IDUs.

This study included 22 semi-structured interviews with HIV-positive IDUs regarding a supervised injection program integrated in an HIV-focused care facility known as the Dr. Peter Centre. In addition, seven staff members who supervise injections within the facility were interviewed.

Participant and staff reports indicated that the integrated supervised injection program influenced IDUs' access to care. This was accomplished by

building more open and trusting relationships with staff, facilitating engagement in safer injection education, and improving the management of injection-related infections.

Participants and staff viewed the program as facilitating the delivery of care through mediating overdose risks, reducing the need to punitively manage drug use onsite, and reducing the risks of encountering used syringes on the premises.

The study highlights the potential benefits of integrating harm reduction interventions for HIV-positive IDUs within HIV care settings and suggests that supervised injecting facilities (SIFs) can positively influence access to care for HIV-positive IDUs. *(AIDS Care)*

Low uptake of treatment for Hepatitis C virus infection

Jason Grebely, Jesse Raffa, Calvin Lai, Mel Krajden, Thomas Kerr, Benedikt Fischer, Mark Tyndall

Hepatitis C virus (HCV) infection constitutes a major public health burden, with injection drug use being the predominant mode of HCV transmission in most developed nations. Individuals with chronic HCV infection are at

increased risk of developing cirrhosis, hepatocellular carcinoma and end-stage liver disease.

This study evaluated the factors associated with HCV infection and the uptake of HCV treatment in a large community-based inner city cohort in Vancouver.

Among 2913 individuals, HCV antibody testing was performed on 2118 people and the HCV seroprevalence was 64.2%. In total, 1.1% of HCV antibody-positive individuals initiated treatment for HCV infection from January 2000 to December 2004. Three of 15 (20.0%) treated individuals achieved a sustained virological response. During the same period, the incidence of new HCV infection was 7.26 cases per 100 person-years. Overall, the rate of new HCV seroconversions in this cohort during the study period was about 25 times the rate of HCV treatment uptake.

The study documented a high prevalence of HCV infection, but extremely low rates of HCV treatment uptake and response among study participants. This is despite a high proportion reporting access to health services in a community with universal healthcare, including free treatment for HCV infection among individuals with low income.

(Journal of Viral Hepatitis)

COMMUNITY PROFILE

Vancouver Native Health Society launches new initiative to help HIV-positive aboriginals remove barriers to treatment



Doreen Littlejohn (left), with Viola Antoine, community health counsellor

The HIV Self-Management Program, launched this February by the Vancouver Native Health Society (VNHS) on a one-year trial basis, seeks to improve adherence to antiretroviral therapy (ART) by utilizing trained “coaches”

who engage with patients at a peer level. Under this innovative program, routine medical care is supplemented by 10-week peer counselling sessions that aim to create a culturally sensitive environment and address underlying social issues that complicate treatment.

“Whether it’s housing or drug use, there are a lot of social issues that seem to get in the way before they even want to consider treatment,” says Blanche Hager-Smith, a registered nurse and support supervisor for the program.

For Doreen Littlejohn, co-ordinator of VNHS’ Positive Outlook Program for the past 12 years, the key to successful treatment is building trust between aboriginal patients and health care providers.

“Many of our people have been abused, have been shunned, have been in residential schools, have

been in the prison system, have been in foster homes, and all they’ve known in their lives has been abuse,” says Littlejohn. “There’s no trust – certainly no trust of the medical system.”

The HIV Self-Management Program helps to overcome this barrier by building therapeutic relationships between peer and patient that promote storytelling, the exchange of information, and a gradual introduction of health services tailored to the patient’s needs.

While the program is still developing, there have been success stories. One treatment-experienced patient came to understand the importance of adherence and drug resistance to his care only after it was explained by a peer. Another, who had never been on ART, decided to start treatment following the information he received in the program.

Funding for the HIV Self-Management Program expires at the end of February 2010, but VNHS staff members are hopeful that new sources of support will be found to continue the initiative.

> Quick Facts about VNHS

Founded: 1991

Location: 449 East Hastings Street

Services: provides medical, counselling, and social services to residents of Vancouver’s Downtown Eastside. Open to aboriginals and non-aboriginals.

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.

Undeliverable copies, notices to

608 – 1081 Burrard St.
Vancouver, B.C. V6Z 1Y6
Tel: 604.806.8477
Fax: 604.806.9044

Physician Drug Hotline

1.800.665.7677

St. Paul’s Hospital Pharmacy Hotline

1.888.511.6222

Website

www.cfenet.ubc.ca

E-mail

info@cfenet.ubc.ca

Funding for the BC Centre for Excellence in HIV/AIDS is provided by the B.C. Ministry of Health through Pharmacare and the Provincial Health Services Authority.

what’s new

Forefront Lecture Series

What: Responding to the health and social harms of crack cocaine use: The RECRUIT Trial

When: Wednesday, November 4th
from 12:00 p.m. to 1:00 p.m.

Where: Hurlburt Auditorium, St. Paul’s Hospital

BC-CfE researchers Drs. Evan Wood, Kora DeBeck and Dan Werb will be speaking to this topic. A light lunch and refreshments will be served. For more information, please contact Peter Vann at 604-806-8549 or pvann@cfenet.ubc.ca.