



Spring ARV Update: Publicly-funded PrEP off to strong start in BC

BC-CfE researchers say rolling out PrEP to 5,000 British Columbians could lead to HIV disease elimination by 2026

An HIV prevention program, available at no cost to people at high risk of HIV, is enrolling over 400 participants – primarily men who have sex with men (MSM) – every month right across BC. PrEP (pre-exposure prophylaxis) is a daily oral antiretroviral medication that prevents new HIV infection when taken consistently.

“Treatment as Prevention[®] has worked remarkably well here at home and around the world to bring down the rate of new HIV infections; however, we see a persistent rate of ongoing transmissions among MSM,” says Dr. Julio Montaner, Director of the BC Centre for Excellence in HIV/AIDS (BC-CfE). “Our research shows PrEP will drastically reduce new cases of HIV in BC.”

Since its official rollout in January of 2018, over 1,500 people have enrolled in the publicly funded PrEP program across BC. The median age of enrollees is 34 and 99% of them are male. Approximately 30% have accessed PrEP before while a larger number (70%) are new to the program.

Junine Toy, Senior Manager of the BC-CfE Drug Treatment Program (DTP), expected to see a small number of prescribers join the PrEP program initially and was surprised by the results. One of the foundational programs of the BC-CfE, the DTP is funded by the provincial government (PharmaCare) to distribute anti-HIV drugs based on guidelines generated by the Therapeutic Guidelines Committee.

“We thought we would only get a small number of prescribers with a high number of patients, but we have seen over 300 prescribers across the province, many with only one or two PrEP clients,” says Toy. “This is truly heartening because it tells us people in BC are having important conversations with their family doctors about their health, preventatively and proactively.”

Most eligible individuals fall into the following groups – MSM, transgender women, those who have used NPEP (non-occupational post-exposure prophylaxis) more than once, people with ongoing relationships with HIV positive sex partners without a suppressed viral load and people who inject drugs with a known HIV-positive partner without a suppressed viral load. Many PrEP clients are assessed and provided with a HIRI-MSM score (HIV Incidence Risk Index for men who have sex with men) to determine their eligibility.

Enrollees must have MSP coverage, reside in BC, be HIV-negative and be able to withstand the effects of the medication. Once eligibility is established, the approval process is efficient, according to Toy. Once approved, clients should pick up their prescription promptly to prevent any delay in initiation and continue to be monitored regularly. After the initial screening, clients are checked after one month for HIV infection, renal function, tolerability, adherence, and ongoing risk, and then every three months thereafter.

“Doctors in BC can submit a request and within a few days, get approved and navigate the process by

accessing the BC-CfE website, RACE (Rapid Access to Consultative Access), REACH (Rapid Expert Advice and Consultation for HIV) and the St. Paul’s Hospital Pharmacy PrEP phonelines for any additional information,” says Toy. “Physicians should monitor PrEP clients every three months – tying together the follow-up and prescription refills, allowing doctor and patient to reconnect frequently.”

MSM community groups and HIV researchers alike see the program as a pivotal part of ending the HIV epidemic among the MSM population in BC.

“Gay, bisexual and other men who have sex with men are disproportionately affected by the HIV epidemic in BC, with 46% of new cases occurring in this population,” says Montaner. “We developed a mathematical transmission model and determined the combination of Treatment as Prevention[®] and PrEP could lead to HIV elimination in BC among MSM over the next ten years (or by 2026).”

PrEP joins existing programs offered by the BC-CfE such as PEP (post-exposure prophylaxis) which has been developed and managed by the BC-CfE for twenty years. It provides HIV prevention medication in instances of sexual assault and occupational exposure. NPEP (non-occupational post-exposure prophylaxis) covers individuals who may have been exposed to HIV through consensual drug use or sexual encounters. NPEP started out as a pilot project and expanded provincially to coincide with the launch of PrEP.

» “PrEP can have an additive effect on curbing the transmission of HIV over and beyond what Treatment as Prevention[®] can and has achieved.”

— Dr. Julio Montaner, BC-CfE Director



First-of-its-kind initiative aims to engage more individuals living with HIV in care and treatment



STOP team members with BC-CfE Assistant Director, Dr. Rolando Barrios (far right)

Re-engagement and Engagement in Treatment for Antiretroviral Interrupted and Naïve populations (RETAIN) is a BC-CfE initiative that aims to reach patients who have stopped accessing HIV treatment and care by linking these individuals to outreach teams across the province. RETAIN is the first initiative of its kind in North America, linking clinical and public health services to address HIV.

RETAIN is implemented by teams within the five BC regional Health Authorities who are a part of STOP HIV/AIDS®, a province-wide initiative to better engage individuals living with HIV in testing, care and treatment. STOP teams include outreach nurses, social workers, counsellors and other outreach workers collaborating to support the needs of people living with HIV in their communities. They are tireless in their efforts to engage or re-engage clients into care, and RETAIN is a component of their strategy.

The results from the RETAIN program are encouraging so far. In the past five years, the BC-CfE Drug Treatment Program (DTP) has sent approximately 6,000 treatment interruption alerts to physicians across the province – the clarion call to indicate that an individual has been out of touch with their HIV treatment program for 60 days or longer.

Out of the close to 6,000 alerts, 1,152 individuals were referred to the STOP Teams. Some of the clients referred to STOP teams were removed from the referral list for reasons such as living out-of-jurisdiction, being on HIV treatment from other sources or being previously known to public health offices at the time of their HIV diagnosis. This resulted in 634 active referrals to the Health Authorities. At the provincial level, of those actively referred, 45% were linked to care and 43% were engaged in ART.

In May, members of STOP teams convened to share about their experiences, challenges and triumphs in working towards the goals of the STOP HIV/AIDS® and RETAIN initiatives. “We are grateful for the work that you are doing,” says Dr. Julio Montaner, Director of the BC-CfE. “This is a critical aspect of our strategy to stop the spread of HIV.”

According to STOP team members, RETAIN has been a boost in reaching individuals lost to care, as well as in raising awareness among the health care community and physicians. “For some of the clients [referred by

RETAIN], we otherwise wouldn’t be aware that they have disengaged or stopped treatment for one reason or another. Receiving those referrals is an access point for that person. It’s had a really positive impact,” says Karien Lanenga, the Regional Nursing Lead for Communicable Diseases with Northern Health.

At the May RETAIN meeting, through the sharing of best practices and case studies, unique and differing challenges emerged alongside common experiences.

Persistence, flexibility and honesty were resounding themes at the May meeting. Lanenga has found that in-person visits have been key to re-engagement, which can entail coordination with other organizations to bridge the connection. Consistent outreach can engender success in bringing the most reticent clients into care. One hard-to-reach client of the Interior Health team was impressed they hadn’t given up on finding him.

An important concept shared by team members is meeting clients “where they are” and addressing complex issues of care that may be hindering clients’ access to care. “Some clients may need intensive case management while others may only need to be connected to one or two services. For those that decline our services, it allows us to reach out to them and let them know about our program and how they may connect with us if they choose in the future,” says Sheila Murphy, a nurse on the Fraser Health STOP Team.

Outreach workers are often focused on critical needs and social determinants of health such as access to housing or employment, immigration barriers and substance use issues. This, in turn, helps build trusting relationships between STOP teams and their clients, who may be more open to receiving care and treatment. Program results have shown very few clients have declined to receive ART.

A BC-CfE analysis of RETAIN found the initiative is contributing to a reduction in the length of time clients are lost to care. “I feel like RETAIN is really helpful to Vancouver Coastal Health [VCH] because no one is slipping through the cracks,” says Kassie Juneke, Outreach Nurse with the VCH STOP Team.

“I hope to see that RETAIN will become an unnecessary program when all of our clients are connected with the services and health care they need,” says Murphy.

AWARD

BC-CfE’s Dr. Kate Salters recognized at CAHR 2018

Over a dozen outstanding BC-CfE researchers presented at this April’s Canadian HIV/AIDS Research Association (CAHR) Conference in Vancouver. BC-CfE Postdoctoral Fellow Dr. Kate Salters was awarded the New Investigator Award in Clinical Sciences for her research work. She presented study results showing marginalized individuals living with HIV in BC are still dying of HIV-related causes, even with advances in treatment—demonstrating a need for more targeted health interventions.

Conference scholarship winner Nanditha Ni Gusti Ayu showed that HIV diagnosis was sometimes being missed in health care settings: 17 per cent of people living with HIV had at least one missed opportunity for earlier diagnosis within five years.

Mathematical modeler Ignacio Rozada shared encouraging estimates showing that optimizing access to

both HIV treatment and to pre-exposure prophylaxis (PrEP) would eventually eliminate HIV among gay, bisexual and other men who have sex with men (MSM) in BC.



BC-CfE Postdoctoral Fellow, Dr. Kate Salters

The conference was also an opportunity to present a wealth of research evidence from the Vancouver-based Momentum Health Study of the MSM community. For example, PrEP scale-up may require access to the HIV prevention drug through sexual health clinics for those not engaged with a primary care provider.

Other highlights included findings from the CHIWOS study on sexual health and sexuality among women living with HIV, the COAST study on aging with HIV and co-morbidities, and on transgender people living with HIV pulled from the nationwide CANOC study.

For access to all posters, please go to: <http://bit.ly/BCCfECAHR>.

AWARD

Dr. Julio Montaner receives Dr. Don Rix Award for Physician Leadership



(L-R): Dr. Julio Montaner with BC Minister of Health Hon. Adrian Dix and Providence Health Care President & CEO Fiona Dalton

Every year, the Doctors of BC Awards acknowledge the outstanding contributions of physicians around the province. This year’s ceremony, held June 2nd in Vancouver, recognized Dr. Julio Montaner as the recipient of the Dr. Don Rix Award for Physician Leadership.

This award recognizes lifetime achievements and exemplary physician leadership so outstanding that it serves as an inspiration and a challenge to the medical profession in British Columbia.

Congratulations to Dr. Montaner on this well-deserved honour!

LECTURES & EVENTS

Webinar

ARV-Based Chemoprophylaxis to Reduce HIV Transmission in British Columbia: The Science and Community Perspectives

Wednesday, June 27, 2018, 12–1PM

To register: <https://register.gotowebinar.com/register/31004419842511619>

Forefront Lecture

Natural Product-Derived Compounds and Traditional Medicines in HIV Suppression, Remission, and Cure Strategies

Speaker: Dr. Ian Tietjen

Thursday, June 28, 2018, 12–1PM

Cullen Lecture Theatre, Providence Level 1, St. Paul’s Hospital

For more information, contact us at Education@cfenet.ubc.ca or visit our website at www.education.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
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