

HIV Pulse

ISSUE 4

FACT SHEET

Women and HIV in British Columbia



BRITISH COLUMBIA
CENTRE for EXCELLENCE
in HIV/AIDS

Women make up approximately 18% of the population living with HIV in British Columbia. Women living with HIV can face unique barriers to care and challenges adhering to antiretroviral therapy (ART), compared with men. As a result, women often are not fully benefitting from the life-saving treatment available to them. In this issue of the HIV Pulse, we report on women living with HIV in British Columbia, using data from recent BC-CfE publications, the Provincial Quarterly Monitoring Reports and the BCCDC 2014 HIV Annual Report.

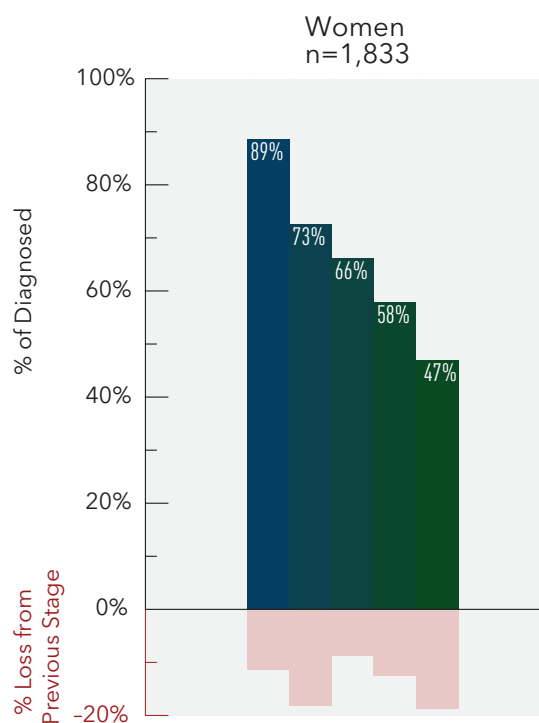
Summary

- Women make up approximately 18% of population living with HIV in BC, with a median age of 41 years.¹
- The rate of HIV testing has seen a dramatic increase since 2011; while women were initially tested at a lower rate than men, that gap has closed and women are now tested at a slightly higher rate than men.³
- Approximately one quarter of all new HIV infections in BC in 2014 occurred in women, with women aged 30 to 39 having the highest proportion of new HIV diagnoses (37%), followed by women aged 20 to 29 (30%).²
- The number of women living with HIV who are linked to care, initiate treatment, adhere to ART and are virally suppressed has improved over time. In 2016, almost 90% of women diagnosed with HIV were linked to care and over 70% were on treatment. Gaps still exist in adherence and viral suppression compared with men.

Cascade of Care

The HIV cascade of care for women is improving, with more women linked to care and on treatment. Gaps still exist which may be influenced by specific patient characteristics that impact access to high-quality HIV care (such as substance use and competing priorities⁵). In the third quarter of 2016, of an estimated 1,833 women living with HIV, 89% were linked to care, 73% were retained in care, 66% were on treatment, 58% were adherent and 47% were suppressed. Differences in the cascade of care between men and women may be attributable to gender disparities in care at the clinic and provider level. These highlight the importance of engaging individuals in care and support, and in implementing routine patient monitoring from the onset.⁴

Figure 1 Estimated Cascade of Care for Women Living With HIV in British Columbia, Year Ending 2016 Q3



HIV Testing

Since 2011, there has been a dramatic increase in the number of HIV test episodes in BC, with a slight decline in test episodes in 2016. Prior to 2013, women were tested at a lower rate than men; however, that gap has closed and women are now tested at a greater rate than men. Regional testing rates vary, with Vancouver Coastal Health testing at a rate three times that of the other four regional health authorities.

HIV Diagnoses

The number of new HIV diagnoses in women in BC has shown a decreasing trend since 2005; however, the rate increased slightly from 1.4 to 1.9 per 100,000 from 2013 to 2014. This slight increase may be explained by increased testing rates. Women aged 30 to 39 years have the highest proportion of new diagnoses (37%), followed by those aged 20-29 (30%) years. It is important to note that new HIV diagnoses, cases and rates are not synonymous with HIV incidence as a person may have become infected with HIV long before they tested positive for HIV. However, as there is no reliable method for measuring HIV incidence, we follow trends in HIV diagnoses.

Antiretroviral Uptake

Historically, women are more often diagnosed at a later disease stage compared to men. In 2016, the median CD4 count for women at ART initiation was lower, which could be explained by late diagnoses and poor access to care and treatment. HIV treatment is now recommended for all HIV-positive adults regardless of CD4 cell count. As such, trends in the number and proportion of persons on ART and new ART starts (in both treatment-naïve and treatment-experienced individuals) are expected to increase over time at higher CD4 cell counts.

Figure 2 Rates of HIV Testing by Gender in BC

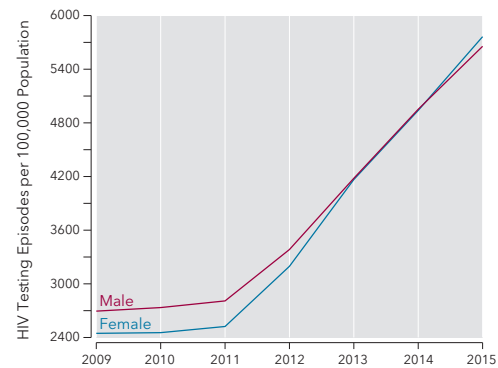


Figure 3 New HIV Diagnoses in BC by Gender

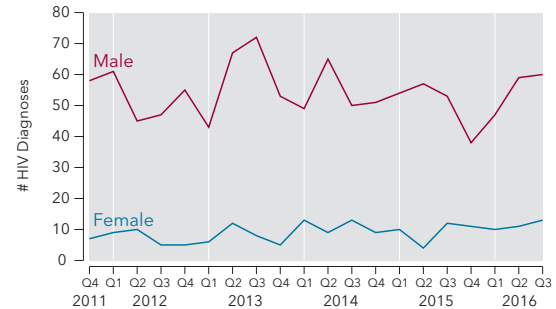
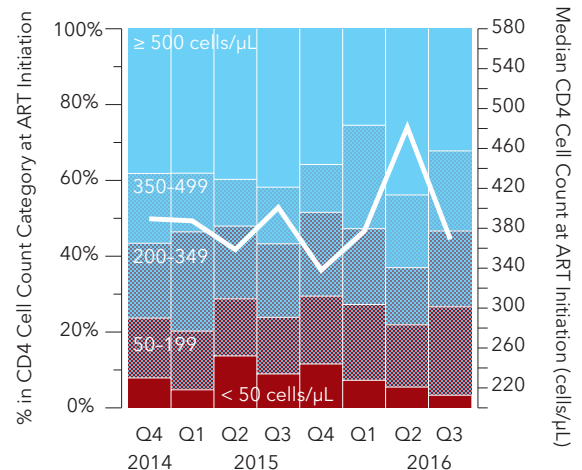


Figure 4 CD4 Cell Count at ART Initiation of ART-Naïve DTP Participants in BC, 2014 Q4 – 2016 Q3



- 1 STOP HIV/AIDS Technical Monitoring Committee. HIV Monitoring Quarterly Report for British Columbia, Third Quarter 2016. Vancouver, BC: BC Centre for Excellence in HIV/AIDS; Available from: <http://stophiv aids.ca/data-monitoring>
- 2 BC Centre for Disease Control. (2015). HIV in British Columbia: Annual Surveillance Report 2014. Retrieved from <http://www.bccdc.ca/util/about/anreport/default.htm>
- 3 Kesselring S. et al. Quality of initial HIV care in Canada: extension of a composite programmatic assessment tool for HIV therapy. HIV Medicine. 2016

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4. Nosyk B, Lourenco L, Min JE, Shopin D, Lima V, Montaner J. Characterizing retention in HAART as a recurrent event process: insights into 'cascade churn'. AIDS. 2015; 29(13): 1681-1689.
5. Tapp C, Milloy MJ, Kerr T et al. Female gender predicts lower access and adherence to antiretroviral therapy in a setting of free healthcare. BMC Infect Dis 2011;11:11-86.

Please email if you have questions regarding the contents of this report: hiv-pulse@cfenet.ubc.ca