This BC Centre for Excellence in HIV/AIDS Fact Sheet series provides comprehensive and concise updates on HIV/AIDS-related findings to public health and health care professionals, focusing on Treatment as Prevention.

HIV Pulse

BRITISH COLUMBIA CENTRE *for* EXCELLENCE *in* HIV/AIDS

VOLUME 3 FACT SHEET

HIV Cascade of Care in British Columbia

The HIV Cascade of Care (also known as Care Continuum) provides a framework for service providers and policymakers to measure progress according to steps in the delivery of HIV treatment and care. It allows us to assess development towards HIV prevention and care goals, identifying gaps in sustained patient care. In this volume of HIV Pulse, using data from the Provincial Quarterly Monitoring Reports (from October 2013 to December 2015), we report on findings from the HIV Cascade of Care in British Columbia.

Summary

- The Cascade of Care highlights losses at each stage of the care continuum and identifies stages where intervention planning can decrease the burden of HIV.
- There are 10,000 individuals diagnosed with HIV in BC; most being male (82%), over 50 years of age (55%) and living in the Lower Mainland region (68%).
- The largest gap exists at the "Achieving a suppressed viral load" stage, with 56% of diagnosed individuals having undetectable levels of HIV through treatment.
- Some of the populations most affected by HIV in BC are women, youth (under age 30), people who inject drugs, and men who have sex with men.

Understanding the HIV Cascade of Care

The four stages of the cascade of care shown here are: 1. HIV-diagnosed; 2. Linked to HIV care; 3. On antiretroviral treatment (ART); and 4. Achieving a suppressed viral load (VL). When interpreting trends in the cascade, we strive to see increases along each stage of the model with the ultimate goal being 100% engagement across all stages. This fact sheet highlights differences in the care continuum by geographical location, gender, age and transmission risk groups.

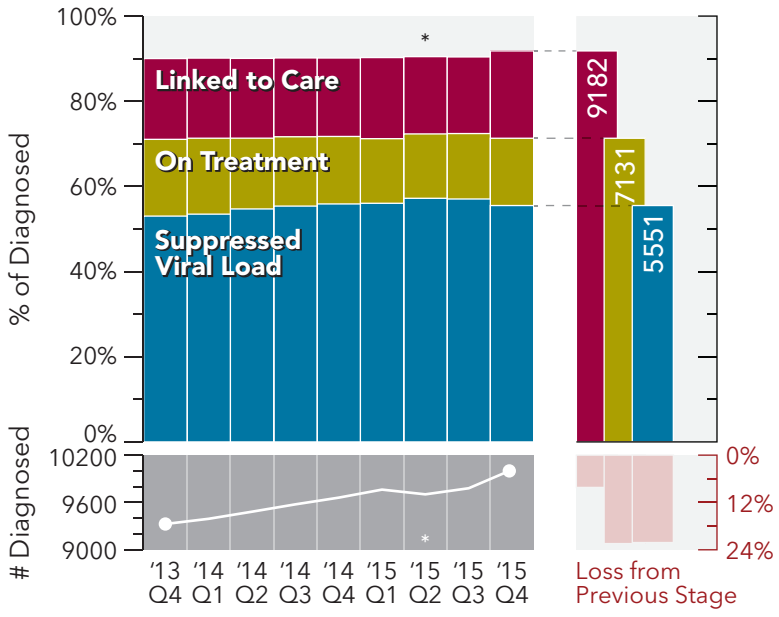
Estimated Cascade of Care for BC from October 2014 to September 2015 [1]

Province-wide

In BC, 56% of individuals diagnosed with HIV have a suppressed VL. Over time, there has been an increase in the proportion of individuals linked to each stage of the care continuum.

(continued on reverse)

Figure 1: Cascade of Care in BC Over Time, 2013 Q4–2015 Q4 [1]



** Quality of death-related data was improved starting at 2015 Q2.*

By Health Authority (HA) *(Figure 2)*

Proportions of VL suppression range from 44% in Northern Health to 67% in Vancouver Coastal Health (VCH). Regional discrepancies can be associated with unique challenges in accessing HIV care in small towns and rural areas including: transportation costs, large distances to reach HIV-related services, long clinic wait times and healthcare worker shortages.[2,3]

By Gender *(Figure 3)*

When compared to men, women are at an increased risk for treatment interruption due to a variety of factors. Women and men tend to receive different quality of care, and women report more side effects and HIV drug toxicities, as well as face higher levels of stigma.[4,5] These issues lead to decreased treatment adherence and, in turn, reduced VL suppression. In BC, less than half of HIV-positive women have a suppressed VL compared with 57% of HIV-positive men.

By Age Category *(Figure 4)*

Many HIV-positive youth (under age 30) face challenges such as poverty, abuse, lack of social support and substance abuse that create barriers to adequate care (e.g. lack of knowledge about available health services).[6] Nearly one-third of HIV-diagnosed youth are not linked to care, whereas fewer (7%) HIV-diagnosed adults aged 40 years or older are not linked to care.

For Persons Who Inject Drugs (PWID)

Active drug users show poorer adherence than non- or former drug users. In BC, VL suppression among PWID is 58%; whereas individuals who are not PWID have a higher VL suppression (69%).

For Men Who Have Sex with Men (MSM)

MSM account for a large proportion of people living with HIV in BC. MSM access treatment and care at relatively high rates, compared with other vulnerable groups. Their suppression rate is 70%. In contrast, overall suppression is 58% in individuals with non-MSM status.

Figure 2: Estimated HIV Cascade of Care for BC by Health Authority, 2015 [1]

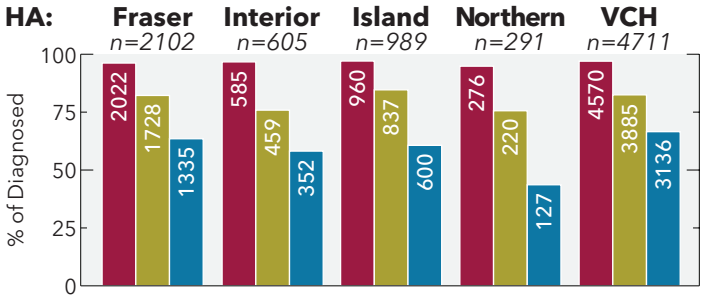


Figure 3: Estimated HIV Cascade of Care for BC by Gender, 2015 [1]

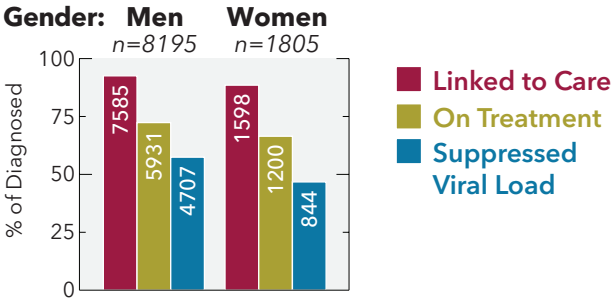
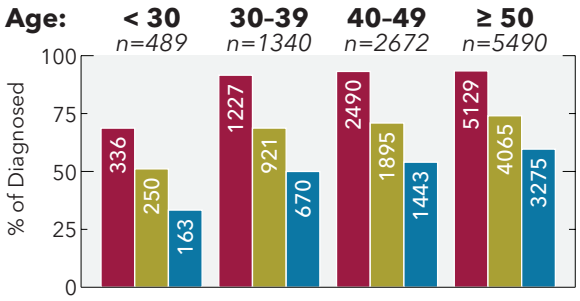


Figure 4: Estimated HIV Cascade of Care for BC by Age Category, 2015 [1]



1 STOP HIV/AIDS Technical Monitoring Committee. HIV Monitoring Quarterly Report for British Columbia, Fourth Quarter 2015. Vancouver, BC: BC Centre for Excellence in HIV/AIDS; 2016 Feb [cited 2016 Feb 22]. Available from: www.stophivaids.ca/data-monitoring.

2 Heckman TG, Somlai AM, Peters J, Walker J, Otto-Salaj L, Galdabini CA, Kelly JA. Barriers to care among persons living with HIV/AIDS in urban and rural areas. AIDS Care. 1998; 10(3): 365–375.

3 Govindasamy D, Ford N, Kranzer K. Risk factors, barriers and facilitators for linkage to antiretroviral therapy care: a systematic review. AIDS. 2012; 26(16): 2059–2067.

4 Carter A, Eu Min J, Chau W, et al. Gender Inequities in Quality of Care among HIV-Positive Individuals Initiating Antiretroviral Treatment in British Columbia, Canada (2000 – 2010). PLoS ONE. 2014; 9(3): e92334.

5 Samji H, Taha T, Moore D, et al. Predictors of unstructured antiretroviral treatment interruption and resumption among HIV-positive individuals in Canada: cART interruption in Canada. HIV Medicine. 2015; 16(2): 76–87.

6 Harris SK, Samples CL, Keenan PM, Durrell JF, Melchiono MW, Woods ER. Outreach, Mental Health, and Case Management Services: Can They Help to Retain HIV-Positive and At-Risk Youth and Young Adults in Care? Maternal and Child Health Journal. 2003; 7(4): 205–218.

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