

BC-CfE updates its Primary Care Guidelines

The BC Centre for Excellence in HIV/AIDS (BC-CfE) created the first edition of its Primary Care Guidelines for the Management of HIV/AIDS in Adults in British Columbia back in 2011. Now, 10 years later, thanks to the diligent work of the Primary Care Guidelines Working Group (a working group appointed by the Committee for Drug Evaluation and Therapy), the most recently updated version of the guidelines is now available for health care providers throughout the province to become more actively involved in the diagnosis and care of people living with HIV (PLWH).

The Primary Care Guidelines play a key role in the BC-CfE's ongoing commitment to providing the most current information and research regarding the management of HIV. The guidelines were developed by consensus amongst a committee of experts, based on interpretation of current best practices for the primary care of PLWH and related conditions.

An expert committee composed of primary care and infectious disease physicians, a nurse practitioner, a pharmacist, and a person living with HIV prepared the original guidelines in 2011. Since then, the guidelines have been consistently reviewed and revised to ensure the information and advice provided is as current and up-to-date as possible.

This summer saw the most recent review of the guidelines by a working group consisting of family, public health, and infectious disease physicians, and a peer navigator. The working group updated epidemiological information, baseline assessment and

investigations, immunization recommendations, as well as issues related to co-morbidities and the health of women and transgender individuals. Specialty topics were reviewed by experts on the matter.

Thankfully, today, HIV infection is no longer a death sentence. Due to effective antiretroviral drug regimens, HIV is now seen as a chronic manageable medical condition. Early diagnosis and initiation of antiretroviral therapy (ART) has dramatically improved the management of HIV infection and has led to substantial reductions in HIV-related morbidity and mortality. Research shows that a 20-year-old living with HIV and receiving ART in the U.S. or Canada can expect to live into their early 70s, a life expectancy approaching that of the general population. In addition, there is now clear evidence that the widespread use of ART prevents HIV transmission. Even after repeated sexual exposures without using condoms, PLWH who are receiving ART and who have maintained a very low plasma HIV viral load do not transmit HIV. This is true for both heterosexual couples and men who have sex with men.

However, in order for ART to be effective to the point where PLWH cannot transmit HIV, individuals must be fully engaged in care, right from an initial assessment to long-term retention in care and virologic suppression. This concept, which stems from the BC-CfE's strategy of **Treatment as Prevention® (TasP®)**, is known as the HIV Cascade (or Continuum) of Care. The HIV Cascade of Care is the framework for assessing progress in HIV care and treatment in BC. Following these strategies has led to BC being one of

the few jurisdictions in the world which has successfully surpassed the 90-90-90 UNAIDS target for 2020: 90% of people living with HIV (PLWH) in BC being diagnosed, 90% of those diagnosed receiving ART, and 90% of those on ART having an extremely low HIV viral load. As of the latest estimates, BC stands at 92%, 91%, and 94% on each respective benchmark.

Studies suggest that as many as 50% of HIV transmission events may occur from people who are in the acute and very early stages of illness. This means early detection and diagnosis of HIV infection is absolutely critical in preventing further transmission. The BC-CfE's Primary Care Guidelines for the Management of HIV/AIDS in Adults in British Columbia helps all British Columbians, not just those living with HIV, by providing practical and easily accessible information and resources for primary care providers.

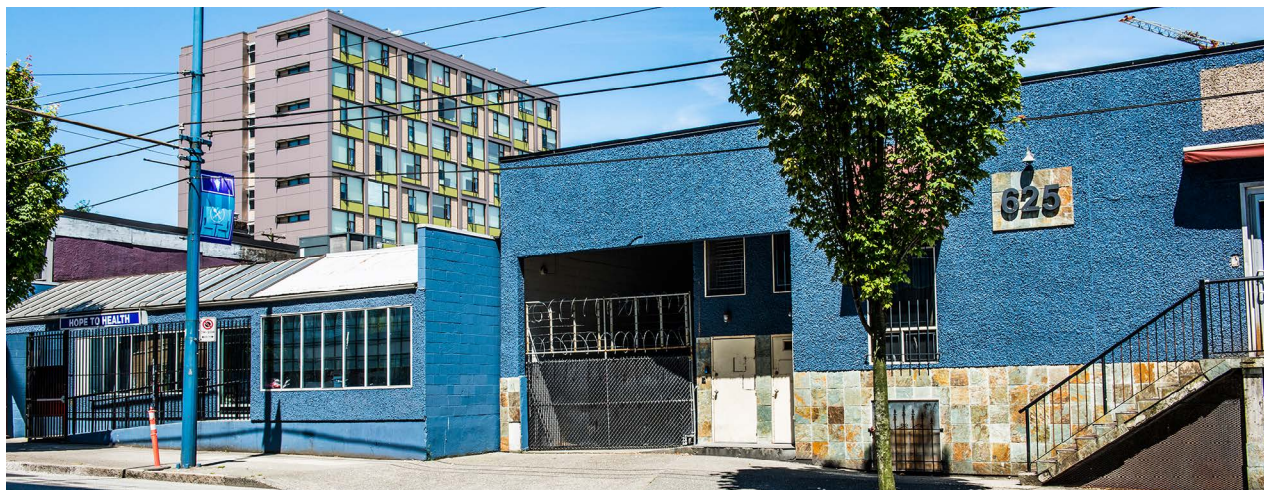
Dr. Silvia Guillemi, Clinical Advisor with the BC-CfE and Primary Care Guideline Working Group member and contributing author, said, "We are proud to release the latest revised version of the BC-CfE's Primary Care Guidelines for the Management of HIV/AIDS in Adults in British Columbia. The Primary Care Guidelines working group reviewed the most up-to-date data on the primary care of PLWH, and these guidelines were developed with the support of the BC-CfE Clinical Education team. We are thankful for the contributions of experts on special topics like women and transgender health, and to the BC family physicians and nurse practitioners that reviewed and provided feedback for these guidelines."

» "The guidelines are unique in Canada and reflect the key issues that primary care providers in BC need to know for the diagnosis and management of people living with HIV infection."

— BC-CfE Clinical Advisor, Dr. Silvia Guillemi. The revised *Primary Care Guidelines for the Management of HIV/AIDS in Adults in British Columbia* can be viewed at: <https://bit.ly/PrimaryCareGuidelines>



Hope to Health brings comprehensive care to the Downtown Eastside



» The BC-CfE is bringing comprehensive, wrap-around, health care to residents of Vancouver's Downtown Eastside (DTES) through the services it offers at its Hope to Health Research and Innovation Complex (H2H). Opened in late 2019 and located in the heart of Vancouver's Downtown Eastside (DTES), H2H is a multi-building complex that provides integrated harm reduction, safer supply, and primary care services to its clients with on-site laboratory services.

H2H's founding was thanks in large part to the generosity of long-time friend of the BC-CfE and ardent supporter Carl P. Vanderspek. Funds graciously donated by him facilitated the creation of H2H in the 600 block of Powell Street. Vanderspek achieved tremendous success in business, and he brought this business acumen to his philanthropic endeavours as well, seeking out causes with the most potential for success and which would generate the most positive impacts on underserved communities.

Vanderspek, who died earlier this year, saw that potential in the central strategy of the BC-CfE, which is **Treatment as Prevention® (TasP®)**. Originally devised to help in the eradication of HIV/AIDS, the TasP® strategy has since been applied to diseases like hepatitis C, mental illnesses, and substance use.

Dr. Rolando Barrios, the BC-CfE's Senior Medical Director, said, "Enrolling, engaging and empowering clients is at the centre of the care provided at the Hope to Health Complex. An interdisciplinary team support clients to meet their essential psychosocial needs (housing, income, food security) and to develop a care plan that is centred around the client's own goals."

Research shows that access to a primary care provider is a key determinant of positive health outcomes. Yet an estimated 7,500 residents living in the core of the DTES have limited access to primary care. H2H provides integrated and accessible healthcare to its clients, many

of whom have multiple, complex conditions that can include HIV, hepatitis C, substance use, and mental health issues.

Alongside funds contributed by Vanderspek, BC's provincial government, Vancouver Coastal Health, and Providence Health Care also support H2H and its goal of engaging up to 1,400 of the 7,500 clients in the DTES who are currently 'unattached' to primary healthcare. So far, despite the COVID-19 pandemic and a shortage of nursing staff, H2H now has about 1,100 clients.

At H2H, these clients can access a safer supply of drugs, protecting them from the increasingly toxic street drug supply. In addition to safer supply, H2H offers a supervised consumption area, wherein nurses monitor clients' drug use and intervene if needed in a safe and judgment-free space. In providing this range of services, staff at H2H are able to guide clients towards comprehensive primary and specialty care, support their mental health needs, help in demonstrating the safest way to use drugs, and assist clients in other high-priority medical areas.

The on-site laboratory at H2H, led by Dr. Zabrina Brumme, serves as both a clinical service and a support system for research activities. Clients can have testing performed to monitor genetic changes in viruses within their bodies which could lead to tailored therapy. Other testing focuses on the client's genetic make-up, which can influence whether drug side-effects may occur. For research purposes, the H2H lab offers therapeutic drug level monitoring, an important tool for investigating drug absorption, treatment adherence, toxicities, and side-effects.

By offering these services within the DTES community, the staff at H2H are reducing unnecessary hospital visits for non-urgent cases, decreasing overall hospitalization rates and relieving some of the current pressure on the healthcare system.

RESEARCH

BC-CfE researchers examine mood and anxiety disorders among sexual minorities

» New research led by the BC-CfE's Dr. Viviane Dias Lima examines how sexually risky behavior is linked to mood or anxiety disorders among lesbian, gay, and bisexual people in BC.

Dr. Lima is the BC-CfE's Senior Methodologist as well as a scientist with the BC-CfE and an Associate Professor in the Department of Medicine at UBC.

In the study she authored, alongside her colleagues Dr. Bob Hogg, Kalysha Closson, Martin St-Jean, Kiffer Card, Travis Salway and Thomas L. Patterson, Dr. Lima's aim was to determine to what extent sexual minority status modifies the association between HIV risk behavior and prevalent mood or anxiety disorder diagnoses in BC. The study achieved this by using a population-based survey.

The researchers developed a behavioral HIV risk score, categorized as 0, 1, 2, and ≥ 3 factors, which includes the following five measures: age at first intercourse, condom use during last intercourse, history of sexually transmitted infections, number of sexual partners in the past 12 months, and substance use in the past 12 months.



Lead author Dr. Viviane Dias Lima

The prevalence of a mood or anxiety disorder diagnosis was confirmed at 12%. The authors also found that for every 1-level increase in the behavioral HIV risk score, the adjusted odds ratio of having a prevalent mood or anxiety disorder diagnosis was 1.29 for heterosexual respondents and, coming in at nearly double, 2.37 for LGB respondents.

The study's findings show sexual minority status modified the relationship between HIV risk behavior and prevalent mood or anxiety disorders, with a stronger association among LGB respondents. In light of the findings, the authors call on policymakers and healthcare providers to prioritize integrated and holistic care that addresses the intersectionality between sexual risk, substance use, and mood and anxiety disorders, particularly among the sexual minority patient population.

Dr. Lima said, "It was troubling to see that LGB experienced a much stronger influence of our behavioral HIV risk score on the prevalence of mood or anxiety disorders than heterosexual participants. Further studies should assess the role of trauma, shame, stigma, social exclusion and other factors on these findings."

International Overdose Awareness Day commemorated by BC-CfE



More than 21,000 Canadians have died of a drug overdose between 2016 and 2020, a staggering number of lost lives. BC has the highest rate of fatal overdoses in Canada, with nearly 8,000 British Columbians who've died from illicit drugs since a public health emergency was declared in the province in early 2016.

On August 31st, the BC-CfE commemorated International Overdose Awareness Day. The annual campaign, started in 2001, is part of a global movement to end overdoses, end stigma surrounding drug use, and to acknowledge the grief of the families and friends who've lost loved ones to drug overdoses.

The BC-CfE is working to end overdoses here in BC through its many programs at the Hope to Health (H2H) Complex and leading the Best-Practices in Oral Opioid agonist Therapy (BOOST) Collaborative.

The COVID-19 pandemic continues to dominate headlines with BC under a public health emergency due to the highly contagious disease, but BC's other public health emergency, declared in early 2016, has actually claimed many more lives. As many as five people a day are dying of overdoses in BC.

Overdose deaths have increased since March of 2020 following COVID-19 restrictions, and 2021 is unfortunately on track to be the deadliest year yet. More than half of the overdose deaths in 2020 occurred in private homes where people were often using alone.

BC-CfE applauds all efforts to connect people who use drugs, and their loved ones, to the supports they need to stay safe and to the care they need and deserve.

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 BC and conduct analyses of the effectiveness of HIV-related programs.

Physician Drug Hotline

1.800.665.7677

St. Paul's Hospital Pharmacy Hotline

1.888.511.6222

Website

www.bccfe.ca

E-mail

info@bccfe.ca

Funding for the BC Centre for Excellence in HIV/AIDS is provided by the BC Ministry of Health.

