

## A decade of progress against HIV, but gains at risk

**D**r. Julio Montaner, director of the BC Centre for Excellence in HIV/AIDS (BC-CfE) and president of the International AIDS Society (IAS), has travelled in recent months to Moscow, Japan, Germany and Washington, D.C. Everywhere, he had a simple message for government officials: HIV/AIDS can be defeated if Canada and other G8 nations follow the lead of the United States, and live up to their funding commitments.

During a wide-ranging interview focusing on progress and setbacks in HIV treatment during the past decade, Dr. Montaner commended the U.S. for playing what he called a 'critical role' in accelerating HIV treatment and care in the developing world. He pointed out that if it weren't for PEPFAR (the U.S. President's Emergency Plan for AIDS Relief), the rollout of highly active antiretroviral therapy (HAART) would be nowhere close to where it's today.

"If we often complain about the fact that we are only half way where we should be, the real reason is not for lack of support from the U.S., it's because of the inability of other G8 nations, including and in particular Canada, to match the U.S. contribution on a gross domestic product basis," said Dr. Montaner.

Following his recent visit and discussions with government officials in Washington D.C., Dr. Montaner said the U.S. is ready to embrace the made-in-B.C. HIV treatment-as-prevention model (BC-CfE STOP HIV & AIDS) as part of its agenda to combat the HIV epidemic in Washington, D.C., which has one of the worst HIV epidemics in the country.

In addition to furthering the way forward in HIV/AIDS treatment and prevention with HIV experts and senior White House officials, Dr. Montaner was in Washington, D.C. to participate and show solidarity for the U.S. government's landmark decision to lift the HIV travel ban after more than two decades.

"We are extremely pleased that HIV-positive people will be able to have a more normal life as a result of this decision. The ban represented another example of stigma and discrimination at work. This should have been done a long time ago," said Dr. Montaner.



On his way home from Washington, D.C., Dr. Julio Montaner was a guest on CBC's *The Hour* in December 2009. In conversation with host George Stroumboulopoulos, Dr. Montaner stressed that it's critical for the G8 nations, including Canada, to live up to their funding commitments in order to conquer the HIV/AIDS epidemic.

During his visit, the IAS announced that the 2012 International AIDS Conference will be held in Washington, D.C. as a tangible sign of appreciation for the administration's work in striking the ban.

The U.S. has been setting several excellent examples for the rest of the world to follow in combating HIV/AIDS, including a recent announcement by the National Institute on Drug Abuse (NIDA) to fund research up to US\$50 million over five years to evaluate the treatment-as-prevention strategy (again based on the BC-CfE STOP HIV & AIDS) in the criminal justice setting.

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## Canada and Stephen Harper have a crucial role to play

While Montaner lauded the contribution made by the U.S. in the fight against HIV/AIDS, he was critical of the lack of support from Canada's federal leadership. "We have been trying very actively to engage Stephen Harper's government on Canada's role in fighting the epidemic; unfortunately, the federal government has shown no appetite for these discussions," said Dr. Montaner.

"This has become a very serious concern for all of us," he added.

"While we have made tremendous forays in research to develop strategies that could have a dramatic impact on HIV transmission through a combination of prevention and treatment, the reality is that in the absence of a continuous fulfillment of commitments by the G8 nations and the United Nations, the science to deliver on the road map we have crafted for the developing world will not be realized."

Montaner stressed that as host of the 2010 G8 Summit in Ontario, Stephen Harper must ensure that the G8 recommit to the previously promised universal access to HIV treatment, prevention and care.

"The failure to do so, will see the epidemic grow to such magnitude that the damage will be irreversible at both the individual and the societal level," warned Dr. Montaner.

On the other hand, Dr. Montaner is extremely thankful for the support provided by B.C.'s provincial government to help advance the treatment-as-prevention strategy. "The B.C. government is taking the lead and is implementing a STOP HIV & AIDS pilot initiative in the province this year. This will place B.C. in a unique position to continue to generate new research and perspectives on the best ways to move such initiatives forward," said Dr. Montaner.

## Successes of the last decade

Reflecting on the growing global acceptance of the treatment-as-prevention strategy, Dr. Montaner noted that it was tremendously gratifying for him to see that this approach has secured endorsement at the highest possible levels provincially and is also increasingly shaping public policy abroad. He further stressed that the provincial government deserves a lot of credit for being the first to embrace the now internationally acknowledged BC-CfE STOP HIV & AIDS strategy. "B.C. is years ahead of the world in the implementation of this new strategy, which will lead to a continued decrease in AIDS morbidity and mortality, as well as in new HIV diagnoses," said Montaner.

Dr. Montaner is quick to point out that the last decade has seen many other landmark developments in the field of HIV/AIDS that have changed the face of the epidemic forever. Antiretrovirals not only directly benefit the HIV-positive individual, but also deliver many secondary health benefits such as reduced tuberculosis rates, improved reproductive health of HIV-positive women and near elimination of mother-to-child HIV transmission.

However, the most noteworthy advancement is our ability to safely administer antiretrovirals, which have been simplified to such an extent that it has made the treatment of even the hardest to reach populations a successful reality in Canada and around the world. "This, in my opinion, is the single biggest victory of the last decade in our fight against HIV/AIDS," said Dr. Montaner.



Dr. Julio Montaner in conversation with host George Stroumboulopoulos of CBC's *The Hour*.



## Emerging role of supervised injecting facilities (SIF) in HIV prevention

*Commentary by M-J Milloy and Evan Wood on a research report published in *Addiction**

Despite their clear vulnerability to HIV infection, many injection drug users (IDU) cannot access appropriate HIV-prevention measures. In response to a large volume of favourable research, international public health consensus bodies such as the World Health Organization (WHO) have strongly endorsed needle exchange programs as evidence-based HIV-prevention tools.

To explore the effects of the Vancouver SIF on risk factors for HIV infection in Vancouver, we

analyzed information from individuals participating in the Vancouver Injecting Drug Users Study (VIDUS), a community-recruited cohort of IDUs. Regular use of the local SIF was independently associated with reduced likelihood of syringe sharing. Also, a study of a cohort of IDUs recruited randomly from the Vancouver SIF, found no relationship with syringe lending among HIV-positive individuals; however, SIF use was associated with a reduced likelihood of syringe borrowing among HIV-negative participants.

Based on these analyses and unless contradictory evidence is observed, medical and public health bodies should consider endorsing SIF as appropriate interventions for HIV prevention.

## Mortality and AIDS-defining events

*Robert Hogg*

The extent to which mortality differs following the occurrence of AIDS-defining events (ADEs) among patients who have started highly active antiretroviral therapy (HAART), is still largely unknown. An ADE refers to a condition, which leads to a diagnosis of AIDS.

This study analyzed the large database of the Antiretroviral Therapy Cohort Collaboration (ART-CC) (a collaboration of studies across North America and Europe that are following adults receiving HAART) to determine the relative importance of different ADEs for subsequent mortality and to rank ADEs in terms of their prognostic importance for patients starting HAART.

During a median follow-up period of 43 months, 2,880 ADEs were diagnosed in 2,262 patients (some patients were diagnosed with multiple ADEs); 1146 patients died. The most common ADEs were esophageal candidiasis (in 360 patients), *Pneumocystis jiroveci* pneumonia (320 patients), and Kaposi's sarcoma (308 patients). The greatest risk of mortality was associated with non-Hodgkin's lymphoma and progressive multifocal leukoencephalopathy.

In the HAART era, mortality rates subsequent to an ADE depend on the specific diagnosis. The proposed classification of ADEs may be useful in clinical endpoint trials, prognostic studies, and patient management.

*(Clinical Infectious Diseases)*

## Insite triumphs as B.C. court rules it will stay open

In a decision applauded by supporters in Canada and around the world, the B.C. Court of Appeal recently upheld the right for Insite, Vancouver's supervised injection site, to remain open in the city's Downtown Eastside.

Dr. Julio Montaner, director of the BC Centre for Excellence in HIV/AIDS and president of the International AIDS Society, welcomed the court ruling, calling it a "tremendous victory" in the face of federal government efforts to shut the health-care facility.

Dr. Montaner said that this decision sends a clear message that Prime Minister Stephen Harper should abandon "draconian, ideologically motivated public health policy-making and embrace evidence-based public health policies," which would support the expansion of

supervised injection facilities in Canada. Dr. Montaner pointed out that there is "tremendous interest" in modelling similar facilities in Montreal, Toronto, Victoria and San Francisco.

Insite, the first facility of its kind in North America, opened in 2003 under a temporary exemption from national drug laws. This exemption was extended twice and was scheduled to end in 2008, but a B.C. Supreme Court judge ruled that Insite should remain open because it provided a needed medical service. The federal government appealed that decision, which was recently rejected by the B.C. Court of Appeal.

Dr. Montaner lauded the strong leadership shown by the provincial government in supporting the continued operation of Insite, despite steady pressure from the federal government.

COMMUNITY PROFILE

# New initiative creates HIV resources for women over 40



Left to right: Bronwyn Barrett, support program coordinator; Jessica Lutwick, practicum student (centre); and Marcie Summers, executive director of the Positive Women's Network

With advances in treatment extending life expectancy for many HIV-positive people, the need for age-specific resources has never been greater. A new campaign by the Positive Women's Network (PWN) aims to meet this need by providing HIV

prevention and information resources to women over 40 through a unique combination of online tools and outreach initiatives.

"We never thought years ago with this epidemic that we would see women living into middle age," says Marcie Summers, executive director of PWN. "But they are, so it's a whole new set of challenges."

Women living with HIV must now deal with the virus' impact on early menopause, osteoporosis, and other health concerns that arise in the course of aging. In addition, Summers notes, many women over 40 are particularly vulnerable to new HIV infections as they

come out of long-term relationships or marriages and begin dating again.

"HIV's not been on their radar," she says.

According to Summers, a majority of PWN's 650 members are now over 40. As the only women's AIDS service organization west of Toronto, PWN plays a vital role in creating the resources to serve this growing community.

A prevention-focused website ([youshouldknow.ca](http://youshouldknow.ca)) that also connects women to related online resources, blogs and social networking has been created to provide sexual health information to women over 40.

These web-based resources are complemented by other initiatives that include workshops and an informational pocket guide to be published in the spring and distributed nationally through the Canadian AIDS Treatment Information Exchange (CATIE).

## > Quick Facts about PWA

**Location:** 614-1033 Davie Street, Vancouver

**Mission:** PWN supports women in making informed choices about HIV/AIDS and health.

For a full description of services, please visit <http://pwn.bc.ca>.

**Contact:** 604-692-3000, [pwn@pwn.bc.ca](mailto:pwn@pwn.bc.ca)

## what's new

### Forefront Lecture Series

**What:** Novel immunogens in HIV-1 revealed through escape mapping

**When:** Wednesday, February 10 from noon to 1 p.m.

**Where:** Hurlburt Theatre, St. Paul's Hospital

Dr. Zabrina Brumme, an associate professor at the SFU Faculty of Health Sciences and an associate scientist at the BC-CfE will be speaking to this topic.

### Special Lecture by Dr. Nora Volkow, director of National Institute on Drug Abuse (NIDA)

**What:** The neurobiology of addiction and disrupted free will

**When:** Thursday, February 25 from noon to 1 p.m.

**Where:** New Lecture Theatre, St. Paul's Hospital

This lecture will be part of the Medical Grand Rounds seminar series at St. Paul's Hospital.

A light lunch and refreshments will be served at both the events. For more information, please contact Andrea Keesey at 604-682-2344 ext. 66357 or [akeesey@cfenet.ubc.ca](mailto:akeesey@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.

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[info@cfenet.ubc.ca](mailto: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.

