



L-R: BC-CfE Director, Dr. Julio Montaner; President & CEO of Providence Health Care, Fiona Dalton; and BC Minister of Health, Hon. Adrian Dix

BC Minister of Health announces swift progress on PrEP program

On June 26th, BC Health Minister Adrian Dix joined BC-CfE Director Dr. Julio Montaner to mark very encouraging progress on the uptake of HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) in BC, since the January 1st launch of the publicly funded program.

At the press event, which took place at Jim Deva Plaza in Vancouver's West End, the Minister of Health announced that the province has seen strong uptake of PrEP as the program continues to grow. Currently there are about 100 new PrEP prescriptions filled each week, with new prescribers also joining at a steady rate across the province. More than 2,000 individuals have been prescribed PrEP in BC between January 1 and July 1.

"With the expanded access to PrEP and PEP, we are making important investments to the publicly funded health system, not only because it is the right thing to do, but also because people depend on us to help them live their healthiest possible lives, and that is something we're committed to do," said BC Health Minister Adrian Dix.

Since the introduction of highly active antiretroviral therapy (HAART), which Dr. Montaner played the key role in developing, the number of new cases of HIV seen annually in BC has dropped from nearly 900 to fewer than 200. The BC Government, under NDP leadership, supported efforts to make HAART available to individuals living with HIV when the BC-CfE introduced it in 1996.

The provincial expansion of coverage for PrEP and PEP in BC, has added a new resource to the **Treatment as Prevention**® (TasP®) strategy. PrEP is a daily oral

antiretroviral medication that is highly effective in reducing new cases of HIV, up to nearly 100% in some clinical trials. PEP is a course of antiretroviral treatment provided following a possible HIV exposure in order to prevent infection.

"The coverage of PrEP and expanded coverage of PEP has been something that many people in this community have advocated for some time," said Spencer Chandra Herbert, MLA for Vancouver-West End. "I am proud that, earlier this year, our government was able to make this treatment more readily available."



The inclusion of PrEP in the TasP® envelope is a winning tactic for achieving the end of AIDS. When the PrEP program reaches 5,000 individuals, mathematical modelling from the BC-CfE projects the province will achieve a greater than 83% reduction of new HIV cases by 2026. BC is the only Canadian province to implement TasP®, providing universal access to antiretroviral treatment immediately upon diagnosis, and the only one to see a consistent decline in new cases.

Dr. Montaner emphasized the importance of not losing focus in the fight against HIV and AIDS, in spite of significant and encouraging gains. "We need to keep the pedal to the metal," he said.

"The work we have done in HIV and AIDS proves the political will and expertise exists in BC to expand the principles of TasP® to other contagions," said Dr. Montaner. "If we can curb HIV, imagine the global leadership BC can show in tackling other communicable diseases, such as viral hepatitis, through expanding access to testing, treatment and prevention."

PrEP has been available at no cost when requested through the BC-CfE for eligible British Columbians, including men who have sex with men, transgender women, people with ongoing relationships with HIV-positive sex partners and people who inject drugs with a known HIV-positive partner.

"We are fortunate here in BC to now have access to many tools in HIV prevention—including TasP®, PrEP and PEP," said Hesham Ali, Peer Navigator with the Positive Living Society of BC who has been living with HIV since 1999. "This is thanks to the support of the provincial government and the work of organizations such as the BC-CfE and Providence Health Care. Just as TasP® has been a life-changer for people living with HIV, PrEP makes a huge difference in HIV prevention."

According to data from the BC-CfE's Drug Treatment Program, of the individuals who have accessed PrEP, the median age is 34. In the program, 73% of the users are new, 70% reside in Greater Vancouver and 99% are male.

» "The expansion of coverage for PrEP and PEP keeps BC at the forefront of fighting the spread of HIV and AIDS."

— Hon. Adrian Dix, BC Minister of Health



PROFILE

BC-CfE research aims to better understand HCV treatment & reinfection to curb epidemic

Through its Per-SVR study (pronounced “persevere”) the BC-CfE is conducting important research to determine thresholds of prevention methods, such as harm reduction and safer sexual practices, to prevent hepatitis C reinfection among key populations. Per-SVR is a multi-year study observing people who have been successfully treated for hepatitis C virus (HCV) with direct acting antiretrovirals (DAAs).

The hepatitis C epidemic disproportionately affects people who tend to be marginalized and can face barriers to care, such as individuals who inject drugs. Baby boomers also have high rates of hepatitis C. BC-CfE research has found the prevalence in this generation could be linked to the increase in medical procedures and use of reusable syringes in boomers’ childhood years.

The launch of the Per-SVR study comes at a moment when there is an opportunity and a movement to see an end to hepatitis C. Each year, on July 28, the United Nations (UN) marks World Hepatitis Day to bring attention to the global burden of the epidemic. It is now a UN Sustainable Development Goal to save 10 million lives by 2030 through effective hepatitis C treatment. In March 2018, the BC Government made treatment accessible to any British Columbian living with chronic hepatitis C.

The development of DAAs, the latest generation of hepatitis C drugs, has established new ground for treatment of the disease. These treatments can effectively cure with few side effects in as little as eight weeks (as opposed to six months or longer on previous interferon-based treatments).

While hepatitis C can remain silent or asymptomatic for many years, the long-term effects can be devastating to health, such as cirrhosis, liver damage and liver cancer. Some individuals who before were hesitant to go ahead with hepatitis C treatment might now be seeking it out after hearing about positive effects from peers or health care providers. This was the case with Per-SVR participant Sage. “I kept going to [a hepatitis C support] group on and off for many years, but I never felt ready to

go on treatment mostly because of my emotional and mental challenges,” says Sage. “What I was hearing from watching the other women going through treatment, I wasn’t ready to take the plunge.”

She is now very glad she completed DAA therapy. Sage wanted to participate in the Per-SVR study to share her own experience with others, as well as contribute to data being collected about how individuals are doing post-treatment.



BC-CfE Per-SVR team

Per-SVR will help inform a Targeted Disease Elimination® (TDE®) strategy for hepatitis C in order to curb spread of the disease through cost-effective health interventions. Principles of the made-in-BC Treatment as Prevention® strategy for HIV, including early access to testing and treatment, can be applied to curbing another modern-day epidemic. Sustained HIV treatment can lead to the maintenance of an undetectable viral load in

individuals living with HIV, rendering them uninfected. However, individuals who have been treated for hepatitis C can be re-infected if effective prevention methods are not in place – which is why more investigation and research is needed.

Per-SVR will evaluate the potential impact of successful HCV treatment in terms of health care costs and resource utilization. “Through targeted interventions, improving quality of life while reducing the spread of hepatitis C can be done in conjunction with boosting the sustainability of our health care system,” says Dr. Lianping Ti, BC-CfE Research Scientist and Per-SVR Lead Researcher.

“The Per-SVR study is critical to informing a TDE® strategy for hepatitis C,” said Dr. Julio Montaner, Director of the BC-CfE and Principal Investigator on the study.

People are eligible to participate in the Per-SVR study if they have recently achieved an undetectable viral load following treatment for hepatitis C with DAAs, are 19 years of age or older, live in British Columbia and are fluent in English.

STUDY

Day-to-day experiences of racism influence women’s access to HIV care, study

Women living with HIV who experience higher levels of racism are less likely to be engaged in HIV care, according to peer-reviewed research from the BC-CfE, BC Women’s Hospital and Simon Fraser University (SFU). This finding is based on analysis of a cohort of over 1,400 women living with HIV in British Columbia, Ontario and Quebec enrolled in CHIWOS, Canada’s largest community-based study.

Previous BC-CfE research shows that women living with HIV tend to generally have more drop-off along every step in the cascade of care compared with men living with HIV. On sustained antiretroviral treatment, an individual living with HIV can achieve viral suppression and an undetectable HIV viral load, improving health and eliminating the risk of transmitting HIV to an HIV-negative sexual partner. This is the final step along the cascade of care, which begins with an HIV diagnosis followed by engagement in care and treatment.

Among the CHIWOS cohort, those who identified as Indigenous reported the highest levels of racial discrimination in their day-to-day experiences, followed by those who identified as African, Caribbean or Black Canadian and those who identified as “other or multiple ethnicities”. Discrimination was measured on a six-point scale by asking women how often racist events occurred because of their race, such as receiving poorer service or being disrespected.

“These findings reveal that it is not that Indigenous women, for example, are somehow ‘at risk’ of attrition because they are Indigenous. Rather, the environments within which they live, interact with daily and seek care

shape their engagement in the HIV care cascade,” said Dr. Angela Kaida, an Associate Researcher with the BC-CfE, Associate Professor at SFU and senior author on the study.

“This study clearly shows a need to achieve more inclusive care for individuals who may feel culturally or otherwise excluded from existing care systems. Accounting for a historical system of colonialization is also critical to effectively include all individuals in consistent HIV treatment and care,” said Valerie Nicholson, an Elder, Indigenous woman living with HIV and CHIWOS Study team member.

The largest attrition rates occurred between current use of HIV antiretrovirals and adherence to a consistent treatment, with the greatest losses occurring among: Indigenous women, younger women (aged 16-29), women with current injection drug use and women incarcerated in the past year.

While the study highlighted drop-offs and gaps in care, the CHIWOS cohort overall are near to reaching some of the 90-90-90 targets designated by the United Nations and UNAIDS: Ninety-seven per cent were retained in care and 87% were virally suppressed. If, by 2020, 90% of people living with HIV are diagnosed, 90% of those diagnosed receive treatment and 90% of those achieve an undetectable viral load, the end of AIDS could be reached by 2030.

The Globe and Mail reported on the CHIWOS study findings, citing examples of prejudiced comments from health care providers and incidents of disrespect for Indigenous cultural traditions.

AWARD

BC-CfE Clinical Education and Training team earns UBC innovation award



The BC-CfE’s Dr. Silvia Guillemi has been announced as the recipient of the 2018 Innovation Award in Continuing Medical Education/Continuing Professional Development (CME/CPD) by the UBC CPD Awards Committee. This award recognizes outstanding innovation and/or creativity with original work in the area of CME/CPD program development and continuing medical educational research.

Representing the BC-CfE’s Clinical Education and Training team, Dr. Guillemi receives the award for having developed and implemented unique and innovative opportunities for training and education in the field of HIV/AIDS. The awards committee acknowledged the spectrum of educational programs and events that the BC-CfE has developed. These programs can meet a broad range of knowledge and experience levels around HIV care, ensuring program accessibility for those located rurally.

The BC-CfE congratulates Dr. Guillemi and the entire Clinical Education and Training team for this well-deserved recognition!

LECTURES & EVENTS

HIV Care Rounds

TBA

Speaker: Dr. Julius Elefante

Wednesday, September 12, 2018, 12–1PM

Conference Room 8, Providence Level 1, St. Paul’s Hospital

Forefront Lecture

TBA

Speaker: Dr. Shira Goldenberg

Wednesday, September 19, 2018, 12–1PM

Hurlburt Theatre, Providence Level 2, 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.

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St. Paul’s Hospital Pharmacy Hotline
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