# Journal of the BC Centre for Excellence in HIV/AIDS Contract the BC Centre for Excellence in HIV/AIDS Contract the BC Centre for Excellence in HIV/AIDS

JUL/AUG 2014 | St. Paul's Hospital, Vancouver, B.C.



# Australian state joins growing list of international jurisdictions embracing made-in-B.C. model

Queensland signs milestone Memorandum of Understanding to adopt Treatment as Prevention as strategy to combat HIV/AIDS

he BC Centre for Excellence in HIV/AIDS
(BC-CfE) has signed a Memorandum of
Understanding (MOU) that will see Queensland,
Australia, embrace the made-in-B.C. HIV Treatment
as Prevention (TasP) strategy.

BC-CfE, the Government of Queensland and HIV Foundation Queensland (HIVFQ) signed the agreement at the 20th International AIDS Conference in Melbourne. The partnership formalizes a collaboration aimed at supporting HIV positive individuals and at-risk populations in Queensland and B.C. The Australian state will formally adopt TasP, a strategy pioneered by the BC-CfE.

"We are very excited to be collaborating with Queensland in implementing the Treatment as Prevention strategy," says Dr. Julio Montaner, director, BC-CfE. "This model is based on scientific evidence. We know from the success we've had with this strategy that it holds the promise of eliminating HIV and AIDS in our lifetime."

Queensland is the latest international jurisdiction to implement TasP. Panama, China, France, Spain and Brazil – as well as the U.S. cities of New York,

San Francisco and Washington D.C. –
have already adopted TasP.

The TasP strategy involves widespread HIV testing and immediate offer of highly active antiretroviral therapy (HAART) to medically eligible individuals. Early engagement and sustained treatment has been shown to virtually eliminate progression of the disease to AIDS and premature death, and simultaneously stop transmission of the virus.

Dr. Montaner formally introduced TasP in 2006 at the Toronto International AIDS Society conference. B.C. has virtually eliminated AIDS and markedly decreased the spread of new HIV infections. The B.C. strategy has been so successful, the province's dedicated HIV/AIDS Ward – which opened in 1997 at St. Paul's hospital in Vancouver – was recently re-profiled because new cases of AIDS have declined significantly.

Queensland Minister for Health, Lawrence Springborg, said the partnership signified a milestone for HIV in Queensland that would deliver many positive outcomes.

"Queensland is the first Australian jurisdiction to enter into such a partnership to develop an HIV TasP strategy with leading international experts," said Springborg. "This provides Queensland with the opportunity to lead the development, implementation and evaluation of TasP in Australia. We believe this will have significant impacts on national and international efforts working towards the virtual elimination of HIV."

HIVFQ chair Dr. Darren Russell stressed the strategy allows for HAART to be offered immediately to people living with HIV who are eligible and want to commence treatment.

"Getting people onto HIV treatment early also decreases HIV transmission and new cases of HIV," Russell said in an interview with Australian newspaper *Star Observer*. "As part of the strategy, we are committed to achieving increased treatment uptake. We are aiming for 90% of people living with HIV to be on treatment. The foundation is also really keen to work with partners and key stakeholders to promote the TasP strategy in Queensland to ensure we achieve the best possible outcomes."

The BC-CfE and its Queensland partners will work jointly to respectively improve the health of British Columbians and Queenslanders through sharing costeffective research, therapeutic protocols and tools, and programs for the treatment of HIV and AIDS. The partnership aims to protect and improve the health of people by eliminating HIV/AIDS through science, policy, partnership, and evidence-based public health action.

The BC Centre for Excellence in HIV/AIDS is recognized around the world as a leader in research and innovation. HIV/AIDS is a global problem and we are committed to sharing our expertise. This exchange allows us to promote and collaborate on health priorities affecting Queensland, British Columbia, and the global community in relation to HIV/AIDS."

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B.C. Health Minster Terry Lake.

# Physicians struggle to clinically diagnose early HIV-infection, says in-depth study

Despite the belief that early HIV infection presents with a well recognized flu-like syndrome, most physicians are unable to use clinical skills to differentiate those who should and should not be tested for HIV infection.

In a study published in the Journal of the American Medical Association (JAMA), researchers analyzed data from over 24,000 patients and discovered physicians have great difficulty recognizing the presence or absence of early HIV infection through clinical exam alone. The study included researchers from BC-CfE, University of British Columbia, Oregon Health and Science University and Duke University Medical Centre

During the period of early HIV infection, past research shows 50-90% of patients develop one or more of the following symptoms: fever, nausea/vomiting, weight loss, rash, oral ulcers, and swollen lymph glands. While identifying HIV infection early can greatly contribute to reduced mortality and the likelihood of further HIV transmission, these symptoms are too non-specific for physicians to recognize, whereas the absence of symptoms does not reliably exclude infection.

"This study is not meant to be critical of physicians because of the limitations of our ability to discern who should and should not be tested for HIV infection," says BC-CfE's Dr. Evan Wood, lead author. "Rather, this study highlights the importance of routine HIV testing, just like we routinely test for other health conditions. We are extremely fortunate in British Columbia that many hospitals are offering HIV testing as part of standard hospital admitting, and we have new provincial guidelines for the routine offer of HIV tests in adults on an ongoing basis."

In May, B.C. became the first province in Canada to introduce guidelines for routine HIV testing for all adult British Columbians.

"We realized through our four-year STOP HIV/AIDS pilot program that many clinical opportunities to make a diagnosis and offer treatment were being missed. Based on this experience we



Dr. Evan Wood

developed and released guidelines for front line practitioners recommending routine HIV screening for adults. This combination of increased testing and access to free antiretroviral drugs is both evidence based and effective," says Dr. Perry Kendall, provincial health officer. "Today's study in JAMA provides further evidence B.C. is leading the way globally in demonstrating how HIV can be controlled and virtually eliminated."

Despite recommendations from the World Health Organization and U.S. Centre for Disease Control, most jurisdictions in the US and globally are falling behind the approach taken in B.C. A recent survey of 376 US hospitals found that less than 10% of hospitals reported universal screening of inpatients and outpatients and less than 35% reported screening some or all adult patients.

"A simple blood test in conjunction with clinical evaluation enables us to detect this disease early and provide life-saving treatment," says Dr. Julio Montaner, director, BC-CfE. "We know routine HIV testing works, and our goal is to bring the success we have had in British Columbia in controlling HIV and AIDS to the rest of Canada and around the world."

#### Dr. Joep Lange

**IN MEMORIAM** 

The BC-CfE was shocked and saddened at the tragic news of the crash of the Malaysia Airlines flight MH17. We offer our thoughts and prayers to the families and friends whose loved ones died on this flight. We are particularly stricken by the loss of our friend and colleague, Dutch HIV/AIDS Scientist Dr. Joep Lange and other attendees to the International AIDS Society's 20th Annual conference in Melbourne, Australia.

"This is not only a huge loss for HIV and AIDS research, Joep was a dear friend, an esteemed colleague, a mentor, a leader and a hero in the field of Global Health, well beyond HIV and AIDS," said said Dr. Julio Montaner, Director, BC-CfE. "We collaborated closely for many years in the global fight against HIV and AIDS. His research and his friendship will be deeply missed."

Dr. Montaner and Dr. Lange both served as IAS Presidents.

#### LECTURES & EVENTS

#### **Forefront Lectures**

Dr. Shira Goldenberg

BC-CfE, Gender and Sexual Health Initiative Wednesday, Sept. 17, 12-1 p.m.

Large Lecture Theatre, Level 1, Providence Building

Dr. David Bangsberg Harvard University Wednesday, Oct. 1, 12-1 p.m.

Large Lecture Theatre, Level 1, Providence Building

#### What's New in Addiction Medicine?

Prescription drug abuse

Dr. Rashmi Chadha, Vancouver Coastal Health

Tuesday, Sept. 30

12 - 1 p.m.

Hurlburt Auditorium, St. Paul's Hospital

What's New in Addiction Medicine? is a lunch-time series, featuring local and international experts, clinicians, and researchers who will deliver the latest research and information on novel, evidence-based addiction medicine topics.

#### Webinar

Starting HIV Treatment: What providers and patients

Dr. Marianne Harris, BC-CfE, HIV/AIDS Research Program Jonathan Postnikoff, Positive Living BC

Wednesday, Oct. 1, 8-9 a.m.

(Credit: 1.0 Mainpro-M1)

To register contact Education@cfenet.ubc.ca

# Decriminalizing sex work could dramatically cut HIV infections

Decriminalization of sex work could dramatically prevent HIV infections in sex work across Kenya, India and Canada, says new research findings.

The research paper was featured in The Lancet Special Issue on HIV & Sex Work and was led by the BC-CfE's Gender and Sexual Health Initiative (GSHI) in co-authorship with researchers and sex workers from the global south and north.

The paper, "Global epidemiology of HIV among female sex workers: Influence of structural determinants," shows the critical role of structural drivers in the global HIV response to sex work, and major gaps in evidence from the heaviest HIV burden settings of Africa, Russia and Eastern Europe.

The team modelled how changes in key structural factors (laws, policing, violence, sex work-led efforts, access to prevention and treatment) could shift the course of HIV epidemics in sex work. Across diverse settings of Canada, Kenya and India, decriminalization could have the largest

impact on the HIV epidemics, averting 33% to 46% of HIV infections in sex work over the next decade.

A press conference and major symposia session were held as part of the 20th International AIDS Conference (AIDS 2014) in Melbourne to launch the special issue of The Lancet, the world's leading general medical journal. Dr. Kate



Dr. Kate Shannon

Shannon and GSHI led the first paper in the series in co-authorship with eleven researchers (including GSHI's Dr. Shira Goldenberg, Dr. Kathleen Deering, and Putu Duff) and sex workers.

More than 20,000 people in attendance at AIDS 2014 received a copy of the special issue as part of the conference package.

### Don't discriminate based on sexual orientation: declaration

BC-CfE signed a declaration on the international stage affirming equal rights, regardless of sexual orientation.

In more than 80 countries, there are unacceptable laws that criminalize people on the basis of sexual orientation. BC-CfE advocates that all people, including lesbian, gay, bisexual, transgender and intersex people are entitled to the same rights as everyone else. All people are born free and equal and are equal members of the human family.

By signing the AIDS 2014 Melbourne Declaration at the global conference, BC-CfE joins other like-minded organizations and individuals to help build the momentum and political will required to push these action areas through. The declaration affirms "nondiscrimination is fundamental to an evidence-based,

rights-based and gender transformative response to HIV and effective public health programs."

BC-CfE shares the profound concern at the continued enforcement of discriminatory, stigmatizing, criminalizing and harmful laws which lead to policies and practices that increase vulnerability to HIV. These laws, policies, and practices incite extreme violence towards marginalized populations, reinforce stigma and undermine HIV programs, and as such are significant steps backward for social justice, equality, human rights and access to health care for both people living with HIV and those people most at risk of acquiring the virus.

Read the full length of the AIDS 2014 Melbourne Declaration at www.aids2014.org/declaration.

#### 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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