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forecast

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

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(From left to right) Michel Sidibé, Executive Director of UNAIDS; Eric Goosby, United States Global AIDS Coordinator; and Dr. Julio Montaner, Director of the BC-CfE.

'Global responsibility is in front of us' to implement guidelines, urges multi-disciplinary panel

International HIV Treatment as Prevention Workshop opens with call for immediate scale-up of access to treatment

This past April, hundreds of leading international HIV experts gathered in Vancouver for the 3rd International HIV Treatment as Prevention Workshop.

The workshop began with an opening roundtable comprising high-level delegates from around the globe to discuss the theme "What will it take to end AIDS?" Michel Sidibé, Executive Director of UNAIDS, and Eric Goosby, United States Global AIDS Coordinator, led the discussion and were joined by a panel that included St. Kitts and Nevis Prime Minister Denzil Douglas; health ministers from Argentina, Malawi and Myanmar; and, Dr. Julio Montaner, Director of the BC Centre for Excellence in HIV/AIDS (BC-CfE).

Douglas spoke of the potential impact of Treatment as Prevention™, which involves widespread HIV testing and treatment to medically eligible people who are found to be HIV positive.

"Using Treatment as Prevention™, in combination with other interventions, the Caribbean countries can end AIDS and HIV," he said.

An estimated 6.8 million people worldwide are eligible for treatment but unable to access it. Mr. Sidibé called for the urgent scale up of access to treatment.

"If we have the evidence that antiretroviral therapy can help someone living with HIV to stay alive and protect their sexual partners from infection by up to 96%, then we have a moral obligation to make it available," said Sidibé. "Providing HIV treatment as soon as possible is ethically and morally correct, economically and programmatically feasible and consistent with what we have learnt about clinical best practice over the last decade."

It was a viewpoint shared by the others on the panel. Goosby argued an AIDS-free generation is in sight if the political will is present to share the responsibility.

"The global responsibility is in front of us," he said.

Throughout the workshop, researchers and policy makers shared data, protocols and findings, and participated in discussions to identify how best to move forward on implementing Treatment as Prevention™. The World Health Organization presented international guidelines, which provide clinical, operational and programmatic guidance for scaling up HIV programs in low- and middle-income countries following a public health approach.

As in the opening roundtable session, many of the discussions focused on the need for political will to implement these guidelines.

"There is no doubt Treatment as Prevention™ is a game changer," said Dr. Montaner. "It is imperative for us to mobilize political will and funds to expand testing, treatment and support to people living with HIV/AIDS. This is the moral thing to do if we want to end AIDS and secure the health of our future generations."

Before the workshop had convened, British Columbia Minister of Health Margaret MacDiarmid welcomed delegates, encouraging researchers and politicians to work together to end HIV/AIDS.

She cited the success of the Treatment as Prevention™ strategy in B.C.— the only province in Canada to implement the approach and demonstrate a consistent decline in new HIV transmissions.

"Here in British Columbia, when we look to the possibility of an AIDS-free generation, we can see it," said Minister MacDiarmid.

For a full summary of research presented at the 3rd International Treatment as Prevention Workshop, visit **www.treatmentaspreventionworkshop.org**.

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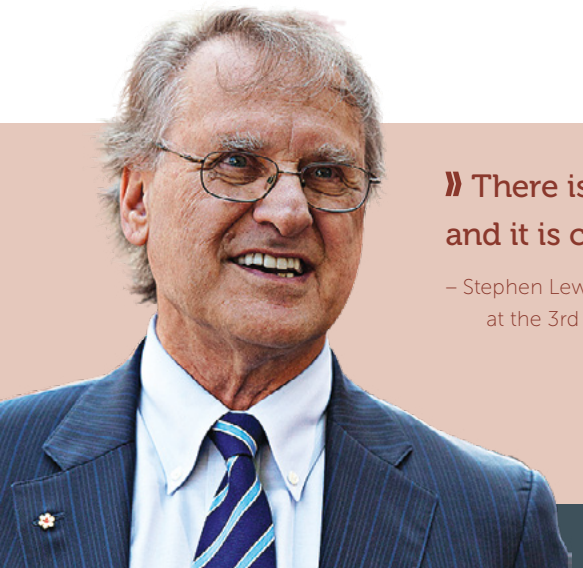

» There is a moral imperative in this room and it is called Treatment as Prevention.™"

– Stephen Lewis, Co-Director of AIDS-Free World, at the 3rd International HIV Treatment as Prevention Workshop

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China surpassing HIV detection and treatment goals since adopting Treatment as Prevention™

China has exceeded their targets for both detecting HIV transmission and treatment uptake since implementing Treatment as Prevention™, says one of the country's leading AIDS/STD officials.

In February 2011, China announced plans to combat HIV and AIDS by implementing a national Treatment as Prevention™ strategy modeled on the pioneering work of the BC-CfE.

At the most recent session of the HIV/Antiretroviral Update, Dr. Zunyou Wu, Director of the National Centre for AIDS/STD Control & Prevention at the Chinese Centre for Disease Control & Prevention, presented the progress China has made in the past two years.

"We developed two strategies to enhance Treatment as Prevention™ in China," said Dr. Wu. "We preset targets for test and treat at the beginning of each year, and we targeted specific areas and specific groups."

In 2011, China aimed to identify 75,000 new HIV cases and newly treat 40,000 patients. That year, they achieved 99.4% of their target for detected HIV transmissions (74,517) and exceeded their treatment goals by enrolling more than 45,000 new patients in antiretroviral therapy. In 2012, the successes were even greater, as the country exceeded higher targets for both areas.

In 2010, seroconversion among minority couples in the Xinjiang region was "unacceptably high," said Dr. Wu. The region was considered one of the epicentres of the epidemic in China. However, after implementing Treatment as Prevention™, HIV incidence among discordant couples in the region was reduced by 55%.

Dr. Wu shared his own initial skepticism with Treatment as Prevention™. However, in October 2010, he met with Dr. Julio Montaner and reviewed the evidence of Treatment as Prevention™ and its successful implementation in B.C. He was convinced it was the best strategy to fight HIV/AIDS in his country.

"We need more advocacy," he said. "We need more people like Dr. Montaner to promote this strategy," he said.

Study touches on long-term financial benefits of HIV treatment

There is consistent evidence that expanded use of highly active antiretroviral therapy (HAART) decreases HIV transmission across a variety of geographical regions and populations, and provides financial benefits, says a new study led by the BC Centre for Excellence in HIV/AIDS (BC-CfE).

Researchers reviewed all scientific evidence published in peer-reviewed journals regarding the benefit of HAART among HIV-positive individuals in preventing HIV transmission. Their analysis of existing literature reinforced the strong relationship between use of HAART and reduced transmission among not only stable heterosexual serodiscordant (where one partner is HIV positive) populations, but also among high-risk groups such as men who have sex with men and injection drugs users.

The B.C.-pioneered Treatment as Prevention™ strategy has led to the widespread expansion of HAART coverage in British Columbia. It has demonstrated a marked decrease in morbidity, mortality and new HIV cases. As the only Canadian province to implement the Treatment as Prevention™ strategy, B.C. stands alone in demonstrating a consistent decline in new HIV diagnoses since 1996.

Treatment as Prevention™ is not only life-saving, but evidence shows the long-term financial benefits can be tremendous, says Dr. Bohdan Nosyk, lead author of the study and health economist at the BC-CfE. Research by the Canadian AIDS Society suggests the lifetime cost of each HIV infection is more than $425,000, including health care costs and lost productivity.

"HAART has evolved beyond individual health benefits to the HIV-positive person to secondary preventive benefits for the community at large. Failing to expand HIV funding can reverse the gains made against the epidemic and undermine the promise of HIV Treatment as Prevention™," says Dr. Nosyk.

Dr. Bohdan Nosyk

Research findings show the limited effectiveness of abstinence promotion, condom use and needle exchange programs. However, scientific evidence has mounted nationally and internationally in favour of HAART's impact on reducing disease progression to AIDS and death, and secondarily decreasing HIV transmission.

We cannot afford any further debate or more expensive clinical trials on Treatment as Prevention™, says Stephen Lewis, co-director of AIDS-Free World.

"We are talking about human lives and the future health of Canadians. What is urgently needed is for the Canadian government to do the right thing and that is to expand HIV testing and treatment nationwide," says Lewis.

The study, "Examining the evidence on the causal effect of HAART on transmission of HIV using the Bradford Hill criteria," was published in *AIDS*, official journal of the International AIDS Society.

Therapeutic Guidelines updated for antiretroviral treatment in B.C.

Updated Therapeutic Guidelines for Antiretroviral Treatment of Adult HIV Infection were presented by Dr. Julio Montaner, Director of the BC-CfE, on behalf of the Therapeutic Guidelines Committee, at the most recent HIV/Antiretroviral Update.

When to start

Highly active antiretroviral therapy (HAART) should be offered to most HIV-positive individuals regardless of their CD4 cell count.

What to start

Recommended initial regimens include either tenofovir (TDF)/emtricitabine(FTC), TDF/lamivudine(3TC), or abacavir /3TC, plus either efavirenz or atazanavir/ritonavir.

Patient monitoring

Baseline testing is recommended before HAART initiation, and viral loads should be monitored monthly until they reach <40 copies/mL, then followed every three to four months. If the regimen is stable and well-tolerated, then the patient may be monitored at intervals up to six months.

The updated Therapeutic Guidelines are available online at **www.cfenet.ubc.ca**. A version accessible on mobile devices will soon be available.

Innovative addiction medicine program receives international accreditation

Vancouver's only addiction medicine training program has received international accreditation from the American Board of Addiction Medicine (ABAM), a critical step in responding to the problems of untreated alcohol and drug addiction in B.C.

The St. Paul's Hospital Goldcorp Fellowship in Addiction Medicine becomes the first in Western Canada to receive accreditation from ABAM, which sets standards for physician specialty training in addiction medicine.

"An extremely limited number of physicians in B.C. are trained in addiction medicine, making it difficult for persons struggling with addiction to access effective drug and alcohol treatment," said Dr. Evan Wood, inaugural director of the St. Paul's Hospital Goldcorp Fellowship in Addiction Medicine and Canada Research Chair in Inner City Medicine at the University of British Columbia (UBC). "Through medical research we have made great strides in the development of effective treatments for addiction. However, until now there have been only very limited ways for interested physicians to learn how to use these tools and help patients with their recovery. ABAM's accreditation brings international recognition to our program which now has the potential to dramatically improve addiction care in this province."

ABAM is an independent medical specialty board established in 2007 to certify addiction medicine physicians from several specialties, including emergency medicine, family medicine, preventive medicine, psychiatry and others. The board sets standards for physician education, assesses physicians' knowledge, and requires and tracks life-long education.

"Addiction prevention, screening, intervention and treatment need to become routine aspects of medical care wherever health care is provided," said Dr. Jeffrey Samet, president of ABAM and professor of medicine at Boston University. "Accreditation of addiction medicine training programs and the physicians they train will help bring about a day when addiction medicine physicians will have and can share the knowledge and skills with other health care providers in order to prevent, recognize and treat addiction, so that evidence-based addiction treatment is available to all who need it."

In September 2012, Goldcorp announced a commitment of $3 million to St. Paul's Hospital Foundation for Canada's only addiction medicine training program west of Ontario. Led by the BC-CfE in HIV/AIDS, the newly established St. Paul's Hospital Goldcorp Fellowship in Addiction Medicine provides one-year multidisciplinary training designed to promote excellence in clinical skills, scholarship and research with the goal to prepare addiction medicine specialists for a career preventing and treating severe addiction.

The fellowship will address a critical lack of skilled addiction medicine specialists in B.C. by providing training to 20 fellows over five years.

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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1.800.665.7677

St. Paul's Hospital Pharmacy Hotline
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