World AIDS Day is held annually on December 1st to provide an opportunity for people worldwide to unite in the fight against HIV, show their support for people living with HIV, and commemorate people who have died. The first World AIDS Day, held in 1988, was the first ever global health day.

In BC, the BC Centre for Excellence in HIV/AIDS strives to improve the health of people with HIV/AIDS by developing and disseminating research and treatment programs for HIV and related diseases. In its role as a resource for all health authorities, regions and citizens of BC, the Centre provides an Education and Training Program to improve HIV/AIDS clinical care and treatment through personal learning programs at the undergraduate and graduate levels, online training, continuing education, preceptorship programs, and ongoing educational Events.

For more information, go to: http://www.cfenet.ubc.ca/clinical-activities/clinical-education-and-training or contact education@cfenet.ubc.ca.

HIV Antiretroviral Therapy Prescriber Alert

Northern Health is partnering further with the BC Centre for Excellence in HIV/AIDS to better reach and engage those living with HIV.

Coming soon a treatment start/discontinuation alert form will be sent to the last known ARV-prescriber of patients interrupting HIV therapy or known to be HIV positive but never received therapy. Dr. Abu Hamour, Northern Interior Medical Director and Northern Health Blood Borne Pathogens Medical Lead, and members of his team will be available to support prescribers should they have any clinical management questions after receiving the form and/or need support connect to other community or Northern Health supports like public health. After a four-month period (opportunity for a patient to start/re-start therapy), a list of patients who failed to start/re-start therapy may be handed to the Medical Health Officer (at his/her request), so that public health can proactively support engagement of HIV positive people in prevention and care.

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HIV Antiretroviral Therapy Prescriber Alert, Cont’d.

(Continued from page 1)

The benefit of Anti-Retroviral Therapy (ART) has been well described. ART reduces morbidity, mortality, transmission and is cost effective. In British Columbia (BC) there are approximately 9576 People Living with HIV (PLHIV). Of those diagnosed in BC, 6862 are on Anti-Retroviral Therapy (ART) and only 5303 (55%) have achieved the ultimate goal of virological suppression (HIV Monitoring Quarterly Report - Third Quarter 2014). Treatment Interruption (TI) is one of the major obstacles of adhering to ART, and often linked to the consequences of heightened risk of opportunistic infection, pVL rebound which also increases the risk of transmission, ART resistances, increased risk of cardiovascular, hepatic and renal disease, and long term risk of subsequent immunosuppression even after resumption of ART 3-10. Newly diagnosed HIV positive individuals are especially vulnerable to access to ART as well as TI. Even though about 80-90% of newly diagnosed PLHIV enter ART within one year of the diagnosis, TI are often observed in this population 12-14.

There are many barriers to ARV initiation and adherence. Psychosocial issues, such as poverty, lack of knowledge of services, geography, marginalization, concurrent mental illness and serious addictions are few. In 2012 based on the systematic review of 325 studies, International Association of Physicians in AIDS Care (IAPAC) came up with a guideline with 37 recommendations of interventions to promote optimal HIV management 16.

Through this initiative and other public health interventions including outreach and case management, which are recognized as relatively effective tools to address TI among PLHIV, Northern Health is committed to supporting physicians, nurse practitioners and other health care providers to reach and engage all those living with HIV in the North.

References:


Submitted by:
Ciro Panessa
Regional Director, Chronic Diseases
December 1 is World AIDS Day, which means it is a good time to remember those who have died of AIDS, celebrate our past achievements, and plan for further improvements in our Northern Health HIV/AIDS response in our communities.

In BC, it is estimated that up to 25% of people living with HIV—many living in northern communities—don’t know they have HIV.

- the British Columbia Centre for Excellence in HIV/AIDS estimates that those who are undiagnosed contribute to up to 75% of new HIV infections.
- In Northern Health, nearly 55% of new HIV diagnoses within our borders are diagnosed late, with close to 20% of new diagnoses fitting the criteria for advanced HIV.

This means that over half of the people living within Northern Health’s region should already be on HIV treatment at the time of their HIV diagnosis. With that in mind, it is important that residents of northern BC know their HIV status by getting tested so they can stop transmissions.

Fortunately there is reason for optimism and even celebration in BC as we have had the largest decline in newly reported rates of HIV in Canada; since 1996, newly-diagnosed infections have decreased 66%.

**Highly Active Antiretroviral Therapy (HAART):**

One of the reasons for this decrease is the development of Highly Active Antiretroviral Therapy (HAART). HAART rapidly and effectively decreases HIV viral load to undetectable levels in blood and sexual fluids in the majority of patients. As a result HIV can now be managed as a chronic medical condition. Early diagnosis along with appropriate support and treatment allows people living with HIV the opportunity to live long and productive lives, noting that true attainment of health and wellness is dependent on many other socioeconomic drivers. Since the introduction of HAART in 1996, BC has experienced an 80% decrease in HIV illness and death.

**Treatment as Prevention (TasP):**

Northern Health, along with the rest of the Province, adopted the concept of Treatment as Prevention (TasP) in 2010 as it participated in the Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS) pilot program. TasP recognizes that HIV viral load levels (the amount of HIV in the blood) are one of the most important factors influencing HIV transmission risk. Research shows that the higher the viral load level, the greater the risk and vice versa. So the basic idea is that if enough people living with HIV are successfully on treatment, the average amount of HIV virus in the community (community viral load) will be reduced, resulting in fewer transmissions. The evidence for TasP can be found in the near elimination of vertical transmission from HIV positive mothers to their newborns and the 96.3% reduction in transmission among sero-discordant couples (one partner is HIV positive and the other is not) when the positive partner is on treatment.

TasP is a powerful tool in our prevention tool box as we work to achieve zero new infections within Northern Health.

However, to achieve success we also need to continue to promote other evidenced-based HIV prevention and harm reduction activities such as condom and needle distribution, methadone and other opioid substitution therapies, community based education, and behavioral change interventions, while fostering greater access to mental health services and sustainable and affordable housing. Continued efforts to reduce stigma and discrimination associated with HIV are also critical as it inhibits the ability of the health system to effectively reach and Northerners in prevention and care.

The new guidelines for HIV testing include:

- routine testing for all adults every five years
- testing annually for populations that have a higher burden of HIV infection including one-time testing at age 70, if they have never been tested.
- HIV testing should also be offered to anyone that is pregnant, or presents with a new or worsening medical condition, symptoms consistent with HIV infection, when requesting HIV testing, or when someone identifies a risk associated with HIV acquisition.


Source:
Sam Milligan, RN
NH Blood Borne Pathogens Team
Prince George
Ongoing Influenza-like Illness Activity

In weeks 45-46 (November 2-15, 2014), surveillance indicators suggest ongoing and slightly elevated influenza-like illness (ILI) activity in BC compared to previous years, following an earlier than usual start to the season. At the BC provincial laboratory, influenza A detections increased from 1% in week 45 to 5% in week 46. Influenza A(H3N2) continues to be the predominant influenza subtype, with co-circulation of entero/rhinoviruses and respiratory syncytial virus (RSV).

One new laboratory-confirmed influenza A outbreak was reported from a long-term care facility (LTCF) in week 47 in VIHA.

So far this season, since week 39, 8 laboratory-confirmed influenza LTCF outbreaks have been reported.

As of November 19, BCCDC is aware of 132 laboratory-confirmed hospitalized cases of enterovirus D68 (EV-D68) in BC. About two-thirds were children <10 years old.

Among hospitalized cases with recorded illness onset date, a decline in recent weeks is suggested but ongoing monitoring is warranted. Although enteroviruses typically show epidemic activity in late summer/autumn, community circulation may continue through the early winter and a small proportion may experience severe outcomes.

Source: BC Centre for Disease Control Influenza Surveillance Reports: