HIV Update

An update for those living with HIV/AIDS and their care providers from Preventive Public Health at Northern Health

Winter 2013

UHNBC introduces routine HIV testing initiative for acute care patients

It’s official: As of December 2, 2013, routine HIV testing will be offered to all admitted patients at the University Hospital of Northern BC.

Northern Health is introducing the routine offering of HIV testing in efforts to reduce the impact of HIV/AIDS through effective screening and early detection, and to provide timely access to high-quality and safe HIV/AIDS care and treatment. The routine offering of testing initiative, funded by BC’s Ministry of Health, is part of the From Hope to Health initiative, formerly known as the STOP HIV/AIDS pilot project.

Dr. Susan MacDonald, Northern Health’s Chief Medical Officer, who was also the Medical Lead on the STOP HIV/AIDS project, said the number of new HIV infections is not declining, with 300 to 400 new HIV diagnoses in B.C. every year.

“Our aim is to make HIV testing be the norm, not the exception, when patients are admitted into hospitals. Admission to hospital is an excellent opportunity for health care providers to screen all patients,” said Dr. MacDonald. “We know that an early diagnosis can prolong a person’s life and prevent transmission of the virus to others. We want to catch those people who may be infected, have been seen by health care providers but, for whatever reason, have not been tested.”

Bareilly Sweet, Northern Health’s Regional Coordinator, Blood Borne Pathogens Services, said her team, in partnership with UHNBC, has conducted a series of information...
sessions at the hospital, with staff encouraged to attend and learn about HIV testing and the latest HIV treatment options.

“We’re not just focusing our testing efforts on at-risk people, who might have unprotected sex or share drug injection equipment. We want to see all patients over the age of 14 tested for HIV when they’re admitted to acute care,” said Sweet. “Routine offering of HIV testing will catch HIV infections in the early stages, and then we can improve the patient experience on every step of the HIV journey.”

Dr. Réka Gustafson, Medical Health Officer with Vancouver Coastal, said routine HIV testing is a key strategy to help reduce the spread of HIV. She was among those who introduced the routine offering of HIV testing to Vancouver Coastal’s acute care facilities in October 2011, the first jurisdiction in Canada to do so.

“Practice change is always challenging but we actually found that it was key to provide the rationale for the change. What was important in getting physicians to take on this practice change was to be convinced that it would benefit their patients,” said Dr. Gustafson. “So we had to do our homework. And I really respect that physicians want information that is evidence-based for their patients. The data that supports routine HIV testing is incredibly compelling.”

She said the public has supported the move to HIV testing being offered as part of a routine hospital visit.

“Ninety-four per cent of patients who are offered an HIV test as part of routine hospital care say ‘Yes’. What patients find helpful is knowing that they’re not being singled out,” said Dr. Gustafson.

She noted that the move to routine offering of HIV testing demonstrated to Vancouver Coastal’s care providers that no one HIV testing strategy works on its own but should, instead, be part of a comprehensive HIV testing strategy in which the various initiatives complement the others.

“One of the things people assume is that we’re moving away from one strategy to another. We’re not, we’re broadening the strategy to include HIV testing in the course of routine care. The reason we know that’s the right thing to do is we know that people who present with conditions for which HIV should be tested, weren’t (tested) before,” she said. “And it’s important that people know that HIV testing in the course of medical care is going to reach populations that weren’t reached before, but also provides additional opportunities for people who were tested before.”

There are many other benefits to offering routine HIV testing, said Dr. Gustafson, noting that people who are diagnosed in hospital get linked to care sooner than those diagnosed in the community.

“Routine HIV testing really went a long way to normalize HIV testing because it removes the myth that there are two types of people: people at risk and people not at risk,” she said. “Everybody is at risk. But we only focused before on people with the highest risk.”

Sweet said that after an initial trial period at UHNBC, the Prince George routine offering of HIV testing initiative will be introduced in other Northern Health acute care facilities throughout 2014. •
A message from Positive Living North (PLN)

Our Positive Living North/Scotiabank AIDS Walk for Life on September 14, 2013, was again another success, raising a total of $24,000, of which $15,000 were cash donations. We would like to thank our Frontline Warriors for sharing their stories on walk day; our AIDS Walk Champion, Dr. Abu Hamour for his help; and Dan Rogers for all the media support. I would also like to acknowledge the hard work of our planning committee and thank them for their support. We would also like to acknowledge Robyn Ocean as the individual who raised the most money; Central Interior Native Health Society for the team that raised the most funds; and Allan Mousseau and Andrea Fuentes for the best dressed participants — it was too hard to decide so we picked both! To all who participated and supported our event — THANK YOU!

Positive Living North-Bulkley Valley was honoured as one of the most improved walks in all of Canada. To all who participated in any walk for HIV, we would like to say “thank you” from the PLN Board of Directors, staff, and especially members of PLN.

This year, we completed a DVD in coordination with Northern Health that discussed HIV transmission routes, existing myths, testing, services, and featured individual stories from our Positive Prevention-Frontline Warriors. It premiered at the Phoenix Theatre in Fort Nelson where it played on the “big screen”. It was very exciting to have a full theatre to show the hard work of everyone that was involved. We would like to thank Steph St. Laurent from Video Nexus for helping us create a DVD of which we can all be proud.

Our new Outreach HIV/AIDS Educator is Samantha McRae and she is a wonderful addition to our Education Department. Samantha is offering HIV education and awareness to the northeast part of B.C. Samantha’s office is at the Nawican Friendship Centre, 1320 - 102 Avenue, Dawson Creek. To request education or services, please call her at 250-782-5202.

Lastly, World AIDS Day is a day that is recognized worldwide with red ribbons worn to honour those who have passed, support those who are living with HIV, and to bring awareness and prevention to HIV. PLN will be holding a Candlelight Vigil at the Fire Pit Cultural Drop-In Centre at 1120-3rd Ave. in Prince George on Friday, November 29, 2013, at 3:00 p.m. Come and join us or wear a red ribbon to recognize this important day!

If you have any questions or would like services or education please call:

- Prince George: 250-562-1172 or 1-888-438-2437 or stop by our office at 1172-2nd Ave.;
- Bulkley Valley (Smithers): 250-877-0042 or 1-866-877-0042 or stop by 862 Broadway Ave., Monday to Thursday; or
- Nawican Friendship Centre: 250-782-5202, or 1320-102 Ave., Dawson Creek (ask for Samantha).
The chair of the Northern BC First Nations HIV/AIDS Coalition, Emma Palmantier, provided a recent update to the Northern Caucus of the B.C. Chiefs, presenting a resolution that supports continuous and long-term funding by all levels of government for HIV. The leaders agreed that HIV prevention education is important and added, “HIV infection is a chronic condition that, at this time, has no cure beyond prevention through positive, continuing education, and persons living with HIV require a lifetime of social, psychological, mental and physical support.”

Coalition educators Julius Okpodi and Bonnie Cahoose received invitations from various communities in recent months to provide training to different age groups that included youth, health staff and community members. They attended the Saulteau Pemmican Days in July which was very successful as both educators were engaged with community events to break the ice, therefore reaching people who normally don’t attend training. They provided training on demand when the Coalition held its quarterly meeting in Tl’azt’en First Nation in September. Bonnie also provided training in Dease River (Good Hope), Daylu Den (Lower Post), and Taku River Tlingit First Nation in October.

Coalition staff facilitated workshops at the Nisga’a Youth Conference in August and at the Gathering Wisdom conference in October. Information booths were onsite at the BC Elders Gathering in Prince George in July. It was interesting to note that the condom bowl had to be refilled at least six times at the Elders Gathering vs. three times at the BC Youth Gathering in Penticton in March 2013. The Coalition has also invited 24 First Nation communities to the North West Youth Train the Trainers follow-up in December in Prince George.

Coalition Program Coordinator Colette Plasway received training for Community Readiness through the Canadian Aboriginal AIDS Network (CAAN). Colette will work with CAAN to develop a short action plan and present a local report in January 2014. She will be able to provide the community readiness training to Health Directors if they are needing to develop their HIV programming in their communities.

In June, Chair Palmantier was acknowledged as one of the community partners working with Northern Health on the STOP HIV/AIDS Pilot Project when they received the Gold Apple award in Collaborative Solutions from the Health Employees Association of BC in Vancouver.

Then in September, Emma received acknowledgement from the Healing Our Spirit, BC Aboriginal HIV/AIDS Society for being a Best Practice Model for HIV program leadership.

New report focuses on quality of care and services for persons living with HIV

The Depth of Water Requires Knowledge: Listening to the Voices of the HIV Patient Journey is a Northern Health STOP HIV/AIDS project report with a difference. The aim was to improve services and the quality of care for those living with and affected by HIV. The journey encouraged storytelling around a traditional circle. There were two focus groups, and five individual one-on-one interviews allowing 19 participants to share their story. The storytelling circles captured key elements, ideas and experiences in a visual metaphor that was culturally safe and incorporated art as healing. The report produced recommendations and provides guidance to health care providers. For more information, contact Patricia Howard, Regional Aboriginal Coordinator, Blood Borne Pathogens Integration Team, at patricia.howard@northernhealth.ca.
Improving quality and consistency of HIV/HCV client care ensures better patient experience

Northern Health’s Blood Borne Pathogens Services team has welcomed Joyce Forsythe as the new social systems navigator. Joyce has extensive experience in mental health and addictions having worked in this area for 22 years. Her expertise includes working with youth; persons with intellectual disabilities; people with chronic and persistent mental health and addiction issues; adult mental health; older persons; and clients from an aboriginal primary health care centre. Joyce is currently completing a Masters of Education in Counselling program at UNBC, and she enjoys working collaboratively and inclusively with community and service providers and respects diversity in the workplace.

In the role of social systems navigator, Joyce will be primarily responsible for improving the quality and consistency of client care by navigating Northern Health systems and communities to identify strengths, gaps and barriers. She will provide education and assistance in order to build knowledge around blood borne pathogens care (primarily HIV and HCV) to ensure the client experience is seamless, planned, and coordinated.

Joyce will give input into the development, implementation, and evaluation of treatment pathways to be used by local, and regional Northern Health programs to improve service. This will assist programs and health care workers in providing timely testing and diagnosis within the framework of care for HIV and HCV. She will also help coordinate and develop client-centered services by providing input to develop and maintain services to meet community and regional needs for patients with HIV and HCV.

In her role, Joyce will address a wide range of physical, psychological, social, emotional, and practical needs of clients and their families afflicted with HIV and HCV. This includes consultation, networking, advocacy, and liaising with health care professionals, government agencies, community and Aboriginal groups.

Sam Milligan is the new regional health systems navigator on Northern Health’s Blood Borne Pathogens Services (BBP) team. In this role, Sam provides education and consultation services to regional Northern Health programs and communities. Some of his responsibilities include improving community access to HIV/HCV services — inclusive of prevention, testing, and treatment. Additionally, Sam works as an HIV educator. This role involves working with health care providers and community members to increase their knowledge base and clinical practice standards for HIV care and treatment.

The BBP team is currently working to introduce HIV testing in acute care facilities across Northern Health. The BBP team is presently focused on UHNBC, with the start date set for December 2, 2013. The goal of this project is the routine offer of an HIV test to all patients admitted to UHNBC. In the case of the Emergency Department, the goal is to have all patients who are seen (admitted and non-admitted patients) offered an HIV test.

Additional duties that are specific to Sam’s role include sitting on the planning committee for the HIV Continuum of Care Structured Learning Collaborative sponsored by the From Hope to Health initiative and the BC Centre for Excellence in HIV/AIDS. This group is tasked with (1) closing the gaps across the continuum of HIV care in B.C. to achieve the ultimate treatment goal of viral suppression to the benefit of the individual and the community; (2) build capacity for HIV quality improvement and support team members to facilitate measurable improvements; and (3) create a lasting legacy of quality improvement that routinely advances HIV health outcomes.
World AIDS Day is December 1, which makes it a good opportunity to review the performance of B.C.’s northern communities in their continued efforts of education, prevention, and treatment for people living with or at risk for HIV and hepatitis C (HCV). One way to approach the review is to look at the statistical information about HIV/HCV and other sexually transmitted diseases in our communities. When looking at statistics, it is just as important to look at trends over several years as it is to look at a snapshot of current data. Since 2013 is not yet complete, this article will review data up to the end of 2012.

**Sexually Transmitted Infections (STIs)**

The incidences of the sexually transmitted infections (STIs) chlamydia and gonorrhea are an indication of unprotected sexual activity, which is a high-risk behaviour related to HIV/HCV. Statistics from the BC Centre for Disease Control show that chlamydia has increased from about 800 cases in 2002 to 1,223 cases in 2012. Chlamydia is most often diagnosed in the 15-29 years age groups, with females testing positive for chlamydia more than twice as many times as males. This does not necessarily mean that females are infected more than males, rather that males may not seek testing as much as females. Perhaps this is because females are more likely to experience symptoms of chlamydia more acutely than do males.

Gonorrhea is another STI, although less frequently diagnosed than chlamydia, which shares some of the same characteristics. Again, females are diagnosed more frequently than males for gonorrhea and the ages most often affected are the younger ages in the teens and early 20s. One difference between gonorrhea and chlamydia is that in the last 10 years gonorrhea has spiked from 16 cases in the year 2000 to 82 cases in 2012. As mentioned earlier, unprotected sexual activity can be directly responsible for the transmission of HIV/HCV and it is also often linked to other high-risk behaviours, including injection drug use.

**Hepatitis C (HCV)**

Much like HIV, HCV is contracted through blood. A key risk factor for contracting HCV is injection drug use. However, HCV is more infectious than HIV — meaning it can be transmitted more easily. For example, if a person engages in the high-risk practice of injection drug use and shares equipment to mix or inject the drugs they will likely become infected with HCV before HIV. Thus, HCV may be viewed as a precursor to HIV.

Figure 1 shows the number of newly diagnosed cases of HCV per year for males and females within Northern Health. Over the last 10 years, there has been an overall decrease in newly identified cases of HCV for both male and females, down from 243 new cases in 2002 to 128 new cases in 2012. However, not all communities or groups are experiencing a decrease. For example, women in the Northwest region are seeing an increasing trend of HCV infection, while men and women in the Northern Interior region and Northeast region are currently seeing a decreasing trend.

(Continued on page 7)
Figure 2 shows the numbers of newly identified cases of HCV by age groups and gender over the last 10 years. Whereas the age groups most often diagnosed with STIs are the younger ones, diagnosis of HCV occurs more often towards middle age and then more frequently among males.

Figure 3 shows the difference between males and females among the newly identified cases of HIV by year. In the earlier years, approximately twice as many males as females tested positive for HIV, however, in more recent years that gap is closing.

HIV

The information shown in the following table and graphs represent 18 years of HIV-related data for Northern Health from 1995-2012 inclusive. Table 1 (below) includes the numbers of newly identified positive HIV cases per year during this time frame. These numbers include those people who had their HIV tests taken in northern B.C. and were identified as positive. The numbers do not include those people who may have tested positive in another province or another area in B.C., but reside in northern B.C. As can be seen in Table 1, once HIV was included in B.C.’s list of reportable diseases in 2003, the number per year of newly identified cases of HIV rose to the mid-to-high-twenties and, with the exception of a drop to 16 in 2010, has remained at that level. Between the years of 1995 and 2004, most of the newly identified cases of HIV were in the Northern Interior. From 2004 on, newly identified cases of HIV began to increase in the Northwest. HIV is still diagnosed relatively infrequently in the Northeast.

Table 1. Newly Identified HIV cases by year and HSDA: Northern Health 1995 - 2012

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<td>9</td>
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<td>24</td>
<td>27</td>
<td>16</td>
<td>24</td>
<td>23</td>
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Figure 4 includes data for all of the people newly identified as HIV positive in northern B.C. between the years of 1995 and 2012 by age group and gender. With the pink bars representing females, one can see that, in the younger years, newly identified HIV-positive females are equal to or outnumber males. However, from age 30 onward, newly identified HIV-positive males outnumber females. Females are routinely offered HIV tests as a part of pregnancy care. Males do not have a similar opportunity to be routinely offered an HIV test. This may lead to males being identified later in their HIV infections and, if this is the case, they may also be further along in their disease process before accessing care and treatment.

Figure 5 shows that of all the new cases of HIV identified throughout Northern Health between 1995 and 2012, the majority of cases identified as persons using injection drugs. However, if one were to add the numbers identifying heterosexual activity (HET) and those identifying as men who have sex with men (MSM), together, it can be seen that unprotected sex may also be contributing to the transmission of HIV in northern B.C.

HIV Testing

HIV testing is the cornerstone to early access to treatment for those identified with HIV. Early access to treatment is quickly becoming universally accepted by HIV experts as being a cornerstone to the prevention of HIV. Figure 6 shows the number of HIV tests per quarter (three-month interval) by each health service delivery area (HSDA) in Northern Health between 2009 and mid-2012. The blue line represents HIV tests in the Northern Interior and the red and purple lines represent those for the Northwest and the Northeast.

Figure 7 shows all the HIV tests completed throughout Northern Health’s regions. Private physicians and hospitals are by far the more frequent testers. While it is important that there are opportunities for testing to occur in other places, especially for specific groups, it is clear that the majority of people access testing services via physicians, either in practices or at the hospital. It seems logical, therefore, that if we aim to increase access to HIV testing, that we promote and support further testing in these areas.

Figure 7
The team at the office of Dr. Abu Hamour, Infectious Diseases Specialist, has been settling into their new location at 925 Vancouver St. since relocating in May 2013. The team is comprised of Dr. Hamour, office manager Shelley Glassel, medical office assistant Shannon Foulston, research coordinator Farzana Amin, pharmacist Jennifer Hawkes, and patient care coordinator Sandra Barnes, RN.

A new acquisition for the team is the FibroScan medical device. The FibroScan offers a non-invasive way to measure the level of fibrosis in the liver and produces immediate results. Patients previously had to travel to Vancouver for a procedure that only takes 15 minutes to complete in the office. Dr. Hamour’s team has offered the FibroScan procedure for approximately 10 months, and is the only site across Northern Health to do so.

Other news from Dr. Hamour’s office:
- A drop-in sexual health clinic is held on Friday afternoons.
- An HIV Incentive Study is being conducted for patients who are struggling with addictions and managing their HIV infection. This study offers incentive visits and support for medication adherence and lab schedules.
- The Simple Study is being conducted to look at the care that is involved with nursing and physician support for HCV patients on treatment.
- Dr. Farzana Amin, research coordinator, is now onsite leading the HIV Incentive Study, and the Women with HIV and Pregnancy Study.
- The team continues to offer compassionate, specialized care for patients from all across the Northern Health regions.
- They also continue to be busy with new HIV and HCV referrals. Many of their patients are on HCV treatment with their sights firmly locked on a cure.

Non-profit organization created to benefit persons living with hepatitis C

Prince George has a new non-profit society — the Northern BC Hepatitis Care Society.

Based in the office of Dr. Abu Hamour, Infectious Diseases Specialist, the project goals for the new society are:

1. To expand access to hepatitis C (HCV) treatment and care in rural northern B.C. via a Telemedicine program connecting patients with the HCV multidisciplinary team;
2. To reduce the need for patients to travel long distances for HCV care and treatment at urban centers;
3. To improve awareness, screening and diagnosis of HCV and other blood borne viruses in Northern communities;
4. To educate and support primary health care providers in northern B.C. rural areas, in order to enhance their ability to screen, diagnose and manage patients with HCV infection in a shared care model;
5. To reduce the burden of HCV infection in northern B.C.;
6. To promote prevention and point of care testing (POC) of HCV and other blood-borne virus infections.

HCV infection is a global public health problem in both urban and rural communities, estimated to affect up to three per cent of the world’s population, or up to 170 million chronic carriers. The majority of those infected have no symptoms and are, therefore, often unaware of their infection; however, they serve as a source of transmission of infection to others and are at risk for complications such as chronic liver disease, cirrhosis, and liver cancer.

In Canada, it is estimated that the prevalence of HCV infection is about 0.8 per cent (240,000 persons), and of these people probably only about 30 per cent are aware of their infection.

In northern B.C. the rate of newly diagnosed HCV cases across Northern Health has been steadily declining from its peak of 134 per 100,000 population in 1997 to 68.1 per 100,000 in 2003, and 55.8 cases per 100,000 in 2011. Despite this decline, Northern Health continues to represent the highest overall HCV rate among all health authorities in B.C. With respect to B.C.’s health service delivery areas (HSDA), the highest HCV rates were found in Fraser East (62.1 per 100,000), Northern Interior (58.8 per 100,000) and Northeast (56.9 per 100,000).

For more information, contact the office of Dr. Abu Hamour at 250-563-8284.
HIV drug treatments becoming more tolerable with less drug interactions

Expanding HIV testing to all persons who are sexually active from age 14 and over will lead to earlier detection of HIV. Earlier detection leads to earlier offering of HIV treatment by health care providers, which leads to longer, healthier lives as well as decreased transmission of the virus. HIV treatment is now recommended to be offered regardless of a person’s CD4 count, a measure of immune function.

The multi-drug treatment options for HIV continue to expand to be more convenient and tolerable with less drug interactions. HAART (highly active antiretroviral therapy) began in 1996 and consists of three or four drug combination cocktails. British Columbians are privileged to be provided with free access to HIV treatment, regardless of drug coverage; the average cost of HIV treatment is $1,200/month. Due to privacy concerns, HIV medications are not processed on PharmaNet, and health care providers need to be vigilant about checking drug interactions and ordering these medications on transfers of care in and out of hospitals, prisons, and drug and alcohol rehabilitation facilities.

Treatment for HIV is very effective when taken EVERY day; >95% adherence is required for optimal effectiveness and prevention of resistance. Many supports can be required in order for persons to achieve this level of adherence to medications; in Prince George, a medication adherence support program operates seven days per week. Many individual factors play a role in choosing an HIV treatment for infected persons, including virologic efficacy, toxicity, pill burden, dosing frequency, drug-drug interaction potential, resistance testing results, and comorbid conditions.

### HAART Drug Combination

<table>
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<tr>
<th>HAART Drug combination</th>
<th>Year Approved in USA</th>
<th>Pills per day</th>
<th>Dosing Frequency</th>
<th>With Food</th>
<th>Potential for Drug Interactions</th>
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<tr>
<td>Atripla® EFV/TDF/FTC</td>
<td>2006</td>
<td>1</td>
<td>Once daily</td>
<td>No</td>
<td>Yes, decrease levels of many other drugs</td>
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<td>Atazanavir/Ritonavir plus Truvada® TDF/FTC</td>
<td>2004</td>
<td>3</td>
<td>Once daily</td>
<td>Yes</td>
<td>Yes, increase levels of many other drugs and restrictions on acid reducing agents</td>
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<tr>
<td>Darunavir/Ritonavir plus Truvada® TDF/FTC</td>
<td>2006</td>
<td>3</td>
<td>Once or twice daily</td>
<td>Yes</td>
<td>Yes, increase levels of many other drugs</td>
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<tr>
<td>Raltegravir plus Truvada® TDF/FTC</td>
<td>2007</td>
<td>3</td>
<td>Twice daily</td>
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<td>Minor</td>
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<tr>
<td>Stribild® EVG/cobi/TDF/FTC</td>
<td>2012</td>
<td>1</td>
<td>Once daily</td>
<td>Yes</td>
<td>Yes, increase levels of many other drugs</td>
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<tr>
<td>Complera® RPV/TDF/FTC</td>
<td>2011</td>
<td>1</td>
<td>Once daily</td>
<td>Yes</td>
<td>Restrictions on acid reducing agents</td>
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<td>Dolutegravir plus Truvada® or Kivexa TDF/FTC or ABC/3TC</td>
<td>2013</td>
<td>2</td>
<td>Once daily</td>
<td>No</td>
<td>Minor</td>
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ABC = abacavir (used only in patients who are HLA B*5701 negative), 3TC = lamivudine, FTC = emtricitabine, TDF = tenofovir, EFV = Efavirenz, EVG = elvitegravir, cobi = cobicistat, RPV = rilpivirine
MASP continues to build relationships and provide support to persons living with HIV

The Medication Adherence Support Program (MASP) continues to provide clients in Prince George living with HIV, and associated other co-morbidities, continued support seven days a week in collaboration with Positive Living North and Northern Health’s AIDS Prevention Program. Individual client-centered care remains the focus of MASP and helps build trusting and supportive relationships necessary to develop life skills for a healthy future. This support expands well beyond medication delivery and allows clients to be an integral team player with their health care needs.

MASP, which operates on the premises of Central Interior Native Health Society (CINHS), currently provides services for 23 clients. This is the highest number of clients the program has supported since opening in July 2012. It’s estimated the number of clients will continue to grow as more clients are identified by the Prince George community as requiring additional support services. Any person in Prince George living with HIV can receive support from MASP, temporary or long-term, which encourages greater stability in the clients’ lives.

The MASP team offers an array of services to our clients and is comprised of two registered nurses, two part-time support workers, and a part-time pharmacist. There is also extensive collaboration with primary care providers, addiction counsellors and social workers at CINHS, Positive Living North (PLN), and Evergreen Pharmacy which contributes to the overall well-being of our clients. Both CINHS and MASP services are provided through a holistic care approach.

Drug survey helps identify harm reduction client needs

The second annual drug use survey conducted by the BC Centre for Disease Control (BCCDC) was completed in summer 2013, with the report to be released late this fall. This important survey included eight communities in northern B.C. The survey was undertaken to identify gaps in understanding what illicit drugs are currently being used in other parts of B.C., outside of Vancouver and Victoria, coupled with an interest in better understanding the needs of clients of B.C.’s harm reduction sites. The survey collected information from current drug users on basic demographics and site use, what drugs are being used and the methods of use, with a focus on developing an effective process for understanding current drug use among harm reduction clients on a regular, sustainable, and province-wide basis, with representation inside and outside of Vancouver and Victoria.

More harm reduction highlights:

• SFU and BCCDC continue to develop a system for electronic mapping of harm reduction supplies distribution sites. Northern Health is connecting with agencies that distribute supplies to see if they wish to be included on an interactive map to be accessible on the Internet. This will help persons find harm distribution supplies if they are not familiar with the community.

• This year, with the financial support of BCCDC, Northern Health offered five $1,000 grants through the existing IMAGINE grants process. To qualify for funding, applicants needed to demonstrate that their proposals align with the following key objectives:
  o Increase education of harm reduction philosophy;
  o Promote accessibility of services through community engagement; and
  o Foster a culture of shared leadership.

The successful grant recipients will be announced in December.

• The new document, Best Practice Recommendations for Canadian Harm Reduction Programs, is completed and is posted on the Toward the Heart website, www.towardtheheart.com. The document, intended for service programs, includes chapters on injection and inhalation supplies, education and disposal.

• The BC Harm Reduction Strategies and Services Committee Policy Indicators Report for 2011 is available and is posted at: http://www.bccdc.ca/NR/rdonlyres/B39C410C-F5D1-467B-A92F-B46715583404/0/BCHRSS2011PolicyIndicatorsReportFINAL.pdf
Seniors and HIV/AIDS: Know the risks and get the facts

Older people need to know that there is no age limit for HIV, which means that Canadian seniors are at risk. HIV/AIDS among older people is becoming increasingly prevalent for several reasons: first, because many HIV-positive people who were diagnosed at an earlier age are receiving care and living longer; secondly, because people are being infected after the age of 50. Older adults are still being first diagnosed with HIV at a later stage of infection — when they seek treatment for an HIV-related illness.

What is HIV? What is AIDS?

HIV, short for human immunodeficiency virus, damages your immune system which is the system in your body that helps fight off diseases. If left untreated, HIV can lead to a much more serious disease called AIDS, short for Acquired Immunodeficiency Syndrome. When the HIV infection enters your body, it makes your immune system weaker which puts you in danger of developing cancers, infections and other life-threatening diseases. Today there are drugs available that can help your body keep HIV in check and help prevent the development of AIDS.

Many older adults do not think that they are at risk for sexually-transmitted infections (STIs), which includes HIV. But this is not true. HIV usually comes from having unprotected sex or sharing needles with an infected person, or through contact with HIV-infected blood. Among some of the reasons why seniors may be at increased risk for becoming HIV-positive:

- Many older adults are newly single, widowed, or have grown children and have more time for sexual activity;
- New treatments for erectile dysfunction such as Viagra, Levitra and Cialis enable sex;
- Older adults may be unfamiliar with condom use or reluctant to use them because birth control after menopause is unnecessary, and condoms can make it difficult to maintain an erection;
- The risk of contracting HIV is higher among menopausal women due to a drier vagina and thinner vaginal walls — the natural results of menopause — which can lead to small lesions through which HIV can gain entry;
- Many older people live in assisted living communities, where there is still great stigma attached to HIV/AIDS, often associated with homosexuality and/or substance abuse;
- Older injection drug users comprise over 16 per cent of AIDS cases over the age of 50.

Is HIV different in older people?

Older adults with HIV/AIDS risk poorer health outcomes as a result of other health issues such as cardiovascular disease, the increased likelihood of late diagnosis, and health care providers underestimating the risk of HIV among older persons or assuming that common HIV symptoms such as fatigue, weight loss or short-term memory loss are due to the normal aging process.

Older persons may not be comfortable disclosing their sexual behaviors or drug use to others and this may be a cultural issue. Older adults may have fewer surviving friends and a smaller social network to provide support and care and they may also be caregivers themselves.

What can you do?

Talk to your doctor or nurse practitioner about HIV. If you are sexually active or sharing needles you should know your HIV status. You should also know your partner’s status. You both need to be tested.

You can also be tested without anyone knowing at the following locations in Prince George:

Northern Interior Health Unit, 1444 Edmonton Street
Tel: 250-565-7363;
Drop in Monday/Tuesday/Friday: 1:15-3:45
Wednesday/Thursday: 8:45–11:30 a.m.

Prince George AIDS Prevention Program—Needle Exchange
1108 – 3rd Ave.
Tel: 250-564-1727
Monday–Sunday: 1:00 p.m.–7:00 p.m.

Central Interior Native Health Society, 365 George Street
250-564-4422
Drop in Monday/Tuesday/Thursday/Friday: 8:30 a.m.–4:30 p.m.
Wednesdays: 1:00 p.m.–4:30 p.m.

If you live outside Prince George and want to know where you can receive confidential testing, please call Sharon from the Blood Borne Pathogens Services team at 250-565-7362. •