Fall/Winter 2011

HIV Update

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

This issue of *HIV Update* marks World AIDS Day: December 1

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Early HIV testing = healthier lives

The BC Centre for Excellence in HIV/AIDS estimates that 25 per cent of people who are HIV-positive are unaware of their diagnosis. These same people are believed to be responsible for 75 per cent of new infections. With these alarming statistics, it is vital that early screening programs and initiatives for HIV testing be implemented to prevent the spread of new HIV infections.

Current screening guidelines in BC have been expanded to include testing for anyone who is sexually active from the age of 13 to 65—and beyond. Early testing is a key component of the STOP HIV/AIDS pilot provincial initiative with an added focus on screening people who do not appear ill. Remember, somebody with HIV may not have symptoms until late in the disease process.

Research supports the belief that earlier treatment of HIV leads to better health outcomes, suppression of viral loads and, therefore, potentially decreased transmission of HIV. With new and improved treatment regimes, people with HIV are leading longer, healthier lives.

Specific testing initiatives within Northern Health (NH) include developing key education messaging to promote testing to all persons who are sexually active and individuals with no history of screening; and continued

(Continued on page 2)

Point-of-care HIV testing gives patients rapid results

(Continued from page 1)
screening in high-risk groups such as injection drug users and men who have sex with men. Other initiatives include prompting HIV screening in patient medical record systems, and offering point-of-care screening.

The NH needle exchange located in Prince George has offered its clients point-of-care HIV testing since September 2010 as a component of the STOP HIV/AIDS pilot project. During the testing process, clients are provided with pre- and post-test information which enables health care staff to determine if the person has a support system in place should they test positive for the HIV virus.

The key benefit to point-of-care HIV testing is that clients are provided with immediate test results. Anyone testing positive for HIV by point-of-care testing will have a second test done and assessed at a lab to confirm the result. The earlier the test results are received, the earlier clients can access treatment.

In Terrace, NH's Public Health team partnered with surrounding First Nations communities, the BC Centre for Disease Control and the Community Health Associates of BC to focus education on supporting HIV testing in communities, highlighting the local supports available to communities when it comes to HIV testing.

HIV screening can be performed by physicians, nurse practitioners and nurses working in public health and community health clinics. For more information on testing and screening, contact your physician or nurse.

For more information on Northern screening initiatives, contact Tara MacKenzie-Clark at tara.mackenzie-clark@northernhealth.ca or 250-565-2791. ●

Smithers team takes proactive steps to combat HIV/AIDS

Health care workers in Smithers—led by Dr. Daphne Hart and Lee Anne Hodge Johnson, Primary Health Care Developer—have been working in partnership with the Prince George STOP HIV/AIDS provincial collaborative team.

The Smithers team has developed four HIV-related objectives that are specific to its community and which are outlined below.

1. Presentation to Health Care Providers on the BC Centre for Excellence for HIV/AIDS, Primary Care Guidelines, released in March 2011

Dr. Sylvia Guillemi

This successful dinner event took place June 28, 2011. Dr. Sylvia Guillemi presented on the HIV Primary Care Guidelines. There was a broad attendance including 13 Smithers physicians and representation from Mental Health, Public Health and other health care providers. The feedback was positive.

2. Access to Infectious Diseases Consultation by Telehealth

To date, one Telehealth session has taken place with Dr. Hamour. This was a follow-up visit and was successful in that the patient did not have to return to Prince George, and a follow-up visit took place.

3. Access to HIV Pharmacy Consultation by Telehealth

There have been three pharmacy consultations via Telehealth. It was during these first few consultations that tests of change took place, and the process was refined. The goal now is to inform all physicians and make Telehealth readily available to physicians.

4. Facilitate Development of Multidisciplinary Collaborative Team-Based Care

A facilitated multidisciplinary gathering took place in Smithers on November 7, 2011. Thirty-five participants attended from a wide range of services including Northern Health and many other groups. This offered the opportunity for providers to get to know each other, and the services they offer. The development of an HIV Partners Group is being considered for the future. ●

Aboriginal Task Force engages the North in HIV discussions

The need for more youth leadership, palliative care and treatment for persons suffering from AIDS, and increased government funding for HIV/AIDS education in BC's North are three of the top concerns cited in the Community Engagement Survey conducted by the Northern BC Aboriginal HIV/AIDS Task Force.

The survey was conducted from September 2009 to October 2010, with Emma Palmantier, Task Force Chair, and Colette Plasway, Task Force Program Coordinator, visiting 53 of 55 First Nations communities throughout Northern BC. Survey respondents included all age groups, but were heavily weighted to youth, as 50 per cent of the region's Aboriginal population is comprised of young people.

(TOP) Colette Plasway, (left), Madonna Warren, (middle) and Emma Palmantier (right) with the pilot and driver who transported them on a visit to Tsay Kay Dene. (BOTTOM) Students, aged 12-17, attend the Haida Gwaii Youth Forum in September in Skidegate.

The survey looked at risk factors affecting youth; community attitudes towards individuals with HIV/AIDS; and evaluated the general awareness about HIV/AIDS in First Nations communities. The top concern was found to be the lack of funding for HIV/AIDS education programming, due to government funding formulas being based on population and not on needs.

The task force has a mandate to improve services to Aboriginal persons and their families in Northern BC who are infected and/or affected by HIV/AIDS. It is composed of Aboriginal community leaders; elders; youth; people living with HIV/AIDS; local, regional, provincial and federal government representatives; health service professionals; and the RCMP.

The task force hosted three Community Engagement Regional Sessions and the Northwest Leadership Forum in spring 2011, the latter attended by Northern BC chiefs and community leaders in order to verify the findings of the survey report. All of the findings were supported, with participants at the sessions proposing more recommendations. Chiefs at the leadership forum strongly recommended that a palliative center be established in the Northwest to enable people to receive treatment closer to home.

A preliminary report on the Community Engagement Survey highlights those recommendations made not only to government policy makers, but also to Aboriginal leaders. One recommendation calls on chiefs and councils to be "powerful advocates to ensure their communities have the resources and supports they need to be allies in fighting HIV and supporting their own band members back to health." Another recommendation suggests that the HIV/AIDS funding that communities receive from government sources "could be assessed through a weighted scale vs. per capita funding which takes into consideration remoteness." Palmantier said all of the recommendations "will be put into an action plan in collaboration with the chiefs in Northern BC."

In addition to the survey, the task force also held HIV/AIDS education forums for youths in Haida Gwaii and Dease Lake in September. The youths have requested that more workshops be held.

Finally, Palmantier and Plasway presented a draft resolution to BC chiefs at the Northern Caucus meeting in October, calling for a renewed mandate for the task force. The chiefs supported the resolution in principle with a restructured resolution to be presented to the Northern Caucus in February 2012.

For more information, contact Emma Palmantier, Chair, at 250-562-3591; toll-free at 1-800-889-6855; or by email at emma@csfs.org ●

Local specialist reports changes to antiviral therapy for Hep C

Dr. Abu Hamour is the Infectious Disease Specialist located in Prince George providing care to people with blood-borne diseases in Northern BC. He recognizes the importance of early diagnosis and initiation of early retroviral therapy and has provided educational sessions to physicians, nurse practitioners, nurses and lay professionals throughout the North. During the summer and fall, he provided educational sessions in Dawson Creek, Fort St. John, Terrace, Prince Rupert, and Quesnel. Further events are planned for Prince George, Vanderhoof, Williams Lake, Fort Nelson and Smithers.

Dr. Abu Hamour

Dr. Hamour regularly presents at local, regional, national and international conferences. He has presented on "The challenges of HIV and Hepatitis C in Northern BC", in June 2011 at a BC Infectious Disease Society event in Vancouver, and on "Hepatitis C and Hepatitis C/HIV disease progression and symptom management" in November 2011 in Prince George. He is excited to report that there are many new developments in antiviral therapy for hepatitis C infection. There are two new protease inhibitors licensed in Canada, Boceprevir and Telaprevir, and more that will be coming in the next couple of years. These new drugs that are used in combination with pegylated interferon and ribavarin will become the new standard of care and transform the way we treat hepatitis C infection. These drugs will offer patients with hepatitis C infection new hope and provide them with better and shorter treatment options.

Another exciting and positive development is the ability to provide care to Northern patients without them having to leave their own communities. In November, Dr. Hamour participated in providing care to patients in the Northwest using TeleHealth services. This was a successful event that will lead to further opportunities for Northerners in the future. ●

Support programs for HIV patients

Everyone with HIV/AIDS has the right to access and receive benefits from prescribed antiretroviral medications. To assist with the required 95 per cent adherence needed, support services are established to assist patients in taking medications. In Prince George, plans are underway to develop a medication adherence program supported by a variety of community partnerships and programs.

Community groups in Prince George are also taking steps to identify gaps, overlaps, and areas that need improving for those living with HIV/AIDS. The patient journey mapping process brings together people who access health care services with service providers to jointly map out health services. The goal is to identify areas of concern to improve the patient's journey and service provision.

This is an exciting opportunity to identify ways to improve the care and treatment of those living with HIV and AIDS in our community. We look forward to learning more from those accessing services!

For more information, contact Tara MacKenzie-Clark, tara.mackenzie-clark@northernhealth.ca ●

Doctors encourage early HIV tests

The Prince George Division of Family Practice, (PGDoFP), a not-for-profit society with a membership of 95 family physicians, is an active partner in the STOP HIV/AIDS initiative. They have representation on the Blood-Borne Pathogens Working Group and other committees. The PGDoFP facilitated a focus group to explore barriers to increasing testing in Primary Care in the fall and, with leadership from Dr. Bill Clifford, have spearheaded enhancements to MOIS (our Electronic Medical Record, EMR) that will support our ability to measure progress in increasing HIV testing as well as provide clinical decision support during patient consultations.

The work of the Division was showcased at their semi-annual members' meeting in November. The MOIS enhancements for HIV were highlighted as an example of optimizing EMR use for population health. Next step is to bring co-leads of the Blood-Borne Pathogen Team together with the Prince George Division Board to review the work and develop a plan for increasing testing in Primary Care.

For more information, contact Olive Godwin at pgdofp.coordinator@gmail.com ●

Chee Mamuk: Working with First Nations to increase HIV testing

Northern BC communities are benefitting from the provincial Chee Mamuk Next Steps project, which has a mandate to provide culturally appropriate, community-based HIV/AIDS and sexually transmitted infection education and training to Aboriginal communities.

Funded by the Provincial Health Services Authority's STOP HIV/AIDS program, the Next Steps project has operated throughout fall 2011, providing HIV education and training support to five health care teams in the North: one in Haida Gwaii, two located near Prince George, one near Hazelton and one near Terrace. The five teams serve a total of 17 First Nations communities, with 200 to 500 people in each community. A total of $1,000 has been provided to each community to support implementation of awareness and testing plans.

The Next Steps project has three components: an introductory community visit; one training session; and a post-training visit. The program's key objective is to increase HIV testing throughout BC's North. Chee Mamuk representatives, led by Amanda Porter, Aboriginal Nurse Educator, have conducted community visits and training with each of the teams, assessing various HIV/AIDS awareness activities and evaluating how they can lead to community readiness for HIV testing. Chee Mamuk also helps develop culturally appropriate educational programs, information materials or activities, and also provides referrals and consultation.

With the training completed, each health care team has developed a detailed plan for their testing program, with Porter and her team helping them to navigate hurdles such as how to ensure confidentiality of test results in small communities; developing referral pathways; and securing more local resources for the on-site nurses. The communities must also decide on the timeframe to implement HIV testing. Additional follow-up activities in the communities include women's wellness nights, as well as home parties, where information on testing can be presented to large or small groups.

Porter and her team are also encouraging community representatives to make to-do lists for anything that needs to be put in place so that their testing project can be successfully implemented.

The Chee Mamuk Next Steps project runs until March 2013. For information, contact Porter at 604-790-2503. ●

Early treatment leads to significant health benefits

Early treatment based on patient readiness is now recommended for all people living with the HIV virus.

There are many benefits to early treatment: better responses to medications at younger ages; reduced transmission of the HIV virus; reduced risk of other, opportunistic infections; a slower progression of hepatitis C when a person is co-infected with HIV; and reduced mortality.

Treatment for HIV combines three or more antiretroviral medications, with some patients needing to take only one pill per day. A 95 per cent rate of adherence to treatment is required to keep the antiretroviral medications active against HIV and prevent the development of viral resistance.

Having an interdisciplinary team involved with patient care is an important part of promoting medication adherence. Through the STOP HIV/AIDS pilot project, capacity for quality HIV/AIDS care, testing and treatment is being built and increased in the North.

Technology has also begun to expand services throughout Northern Health (NH) through videoconferencing with patients. Telehealth pharmacy and infectious disease specialist consultations have begun in the NH region to improve access to HIV care and eliminating the need for long patient travels. A pharmacist consultation can also help promote adherence to therapy and manage drug interactions and side effects to therapy.

Treatment for HIV is publicly funded by BC's Ministry of Health through an approval process with the BC Centre for Excellence (BC-Cfe). To read the BC-CfE in HIV/AIDS 2011 guidelines for care and treatment, as well as primary care, visit www.cfenet.ubc.ca ●

Increased access to harm reduction supplies across the North

To support harm reduction initiatives, Northern Health's Mental Health and Addictions department has partnered with Preventive Public Health to form the Northern Harm Reduction Committee. This committee is linked to the BC Harm Reduction Strategies and Services Committee (BC HRSS) and has aligned its work with the BC HRSS goals:

1. Reduce incidence of drug-related health and social harms, including transmission of blood-borne pathogens through equipment sharing;
2. Promote and facilitate referral to primary health care and addiction and mental health services;
3. Increase public awareness of harm reduction principles, policies and programs; and
4. Improve access to harm reduction supply and distribution programs for all British Columbians to empower them to reduce harms associated with problematic substance use and unsafe sex.

> "Harm reduction activities focus on high-risk individuals and/or groups in an effort to improve their health and that of their larger community."
> *- BC Ministry of Health, 2005*

One of the goals of the Northern Harm Reduction Committee this past year was to increase the uptake of harm reduction supplies. To support this goal, potential community distribution sites were engaged and provided with training on harm reduction supplies.

The Northern Harm Reduction Committee developed resources to support the enrolment of new sites. When creating these resources, feedback was sought from many sources, including community partners, in the creation of a Harm Reduction Booklet. It describes harm reduction activities in clear language, and includes pictures of supplies to inform and increase the knowledge for secondary site community care providers.

As a result of this work and increased engagement at the local level there has been increased partnership with community agencies, providing improved access to harm reduction supplies. ●

Imagine grants support HIV awareness

A new stream for the Northern Health Imagine Grants was made available this year through a partnership funded by the Government of BC through the STOP HIV/AIDs project. The grants were awarded based on the following five categories related to HIV prevention:

1. **Youth and Elder Collaboration**—explore ways for different generations to share ideas, experiences, and build awareness around prevention activities in the North;
2. **Building Youth Resilience**—engage youth to work on initiatives to decrease HIV risk factors;
3. **Preparing Communities**—support communities to develop readiness plans to address HIV prevention;
4. **Promotion of Testing**—develop awareness campaigns and community engagement that leads to increased HIV testing in Northern BC;
5. **Promotion and Education**—support communities to provide promotion, education and skill-building to prevent HIV and secondary health problems.

A total of 35 grants were awarded across the North to support community initiatives. One grant awarded in the Education category will focus on the following objectives to create increased HIV awareness:

- Develop youth leadership and communication skills to become advocates for HIV prevention;
- Educate youth about HIV as an illness and for treatment and prevention;
- Engage First Nations youth in a three-day HIV learning forum to increase awareness of HIV and return to their home communities to provide peer-to-peer HIV prevention;
- Inform youth in decision-making and allow youth to find their voices and know their voices are valued and important.

Although this funding is part of the STOP HIV/AIDs project focused in Prince George, these grants are an innovative approach to provide a legacy of increased HIV awareness for all communities in the North. ●

Prince George AIDS Walk 2011 a success

The Prince George Scotiabank AIDS Walk for Life 2011 at Masich Place Stadium was another success! The September 17 event, organized by Positive Living North (PLN), raised $14,111.29 and also raised awareness about HIV. Organizers took the opportunity to share basic facts about HIV when soliciting for funds from individuals or organizations who would not otherwise have access to this information.

Special guests attended the walk, including Prince George Mayor Dan Rogers; MLA Shirley Bond; our Walk Champion, Dr. Theresa Healy, Northern Health's Regional Manager, Healthy Community Development; as well as Vivienne Rogers, representing Scotiabank.

(TOP) Walkers at the AIDS Walk for Life 2011 at Masich Place Stadium on September 17 display the international symbol of HIV/AIDS awareness beside the PLN banner. (BOTTOM) Walkers of all ages take to the track. PHOTOS: Positive Living North

Five Positive Prevention-Front Line Warriors presented at the walk and told their stories. This had a powerful impact and set the tone for the walk. A total of 14 members of PLN attended the walk to see the support that Prince George can offer people living with HIV.

In conjunction with the walk at Masich Place Stadium, female inmates at Prince George Regional Correctional Centre (PGRCC) held an AIDS Walk on September 14. The women made posters and collected pledges from other inmates or guards and walked for approximately 45 minutes in support of Positive Living North and its members. They raised $95! Thank you, PGRCC!

Positive Living North is a not-for-profit community-based HIV/AIDS/Hepatitis C virus (HCV) service organization, incorporated in 1992. In response to the scope of the HIV epidemic in our community, we respond to the burgeoning numbers of people living with HIV/AIDS/HCV and the greater need for prevention and education services. We strive to provide our services in a culturally appropriate manner to both Aboriginal and non-Aboriginal people and, to that end, legally became an Aboriginal organization in 2003.

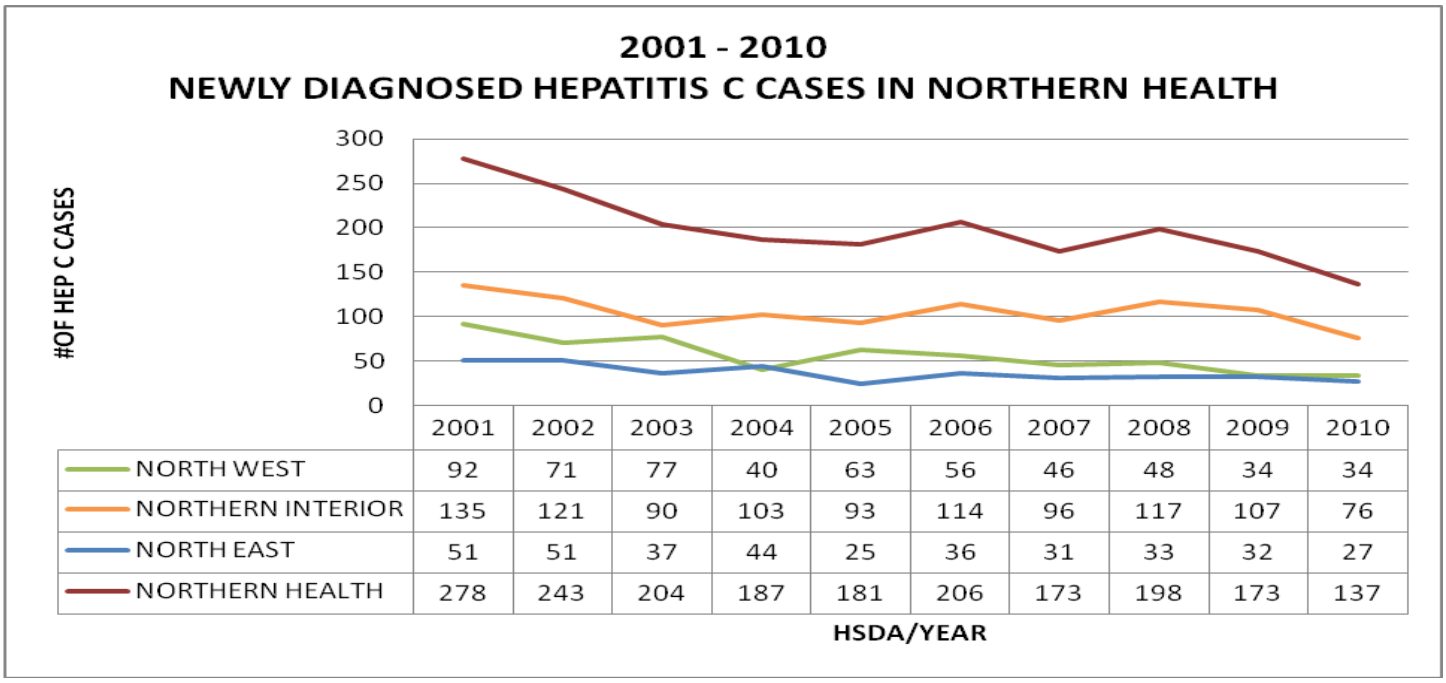
In 2003, as we grew into our identity as an Aboriginal organization, we developed a program called the Fire Pit Cultural Drop-In Centre. The Fire Pit is a street-level HIV/AIDS/HCV prevention and support program grounded in the philosophy that culture and healing are critical components in reducing the risk for HIV/HCV, and a primary mechanism for effectively supporting those infected.

In October 2008, PLN began the remote management of the previous Positive Living Northwest operations in Smithers, through a funding arrangement between the Public Health Agency of Canada's AIDS Community Action Program division and Northern Health. This has increased the geographic scope of services provided and is inclusive of over two-thirds of the Northern Health region. ●

Hepatitis C and HIV in Northern BC: Current trends

An update on HIV in the North would not be complete without a review of basic statistics related to both hepatitis C and HIV. In the figures below we make reference to the previous 10 years for both hepatitis C and HIV. The reason that we include hepatitis C in an update on HIV is that hepatitis C is contracted through blood, as is HIV. One of the key risk factors for contracting hepatitis C (intravenous drug use) is also a risk factor to contracting HIV; however, hepatitis C is more infectious than HIV. For example, if a person was engaging in the high-risk behaviour or practice of using intravenous drugs and sharing equipment to mix or inject the drugs they would be likely to become infected with hepatitis C before HIV. In this situation, hepatitis C may be viewed as a precursor to HIV if the related risk factor of sharing drug paraphernalia continued to exist.

Figure 1.



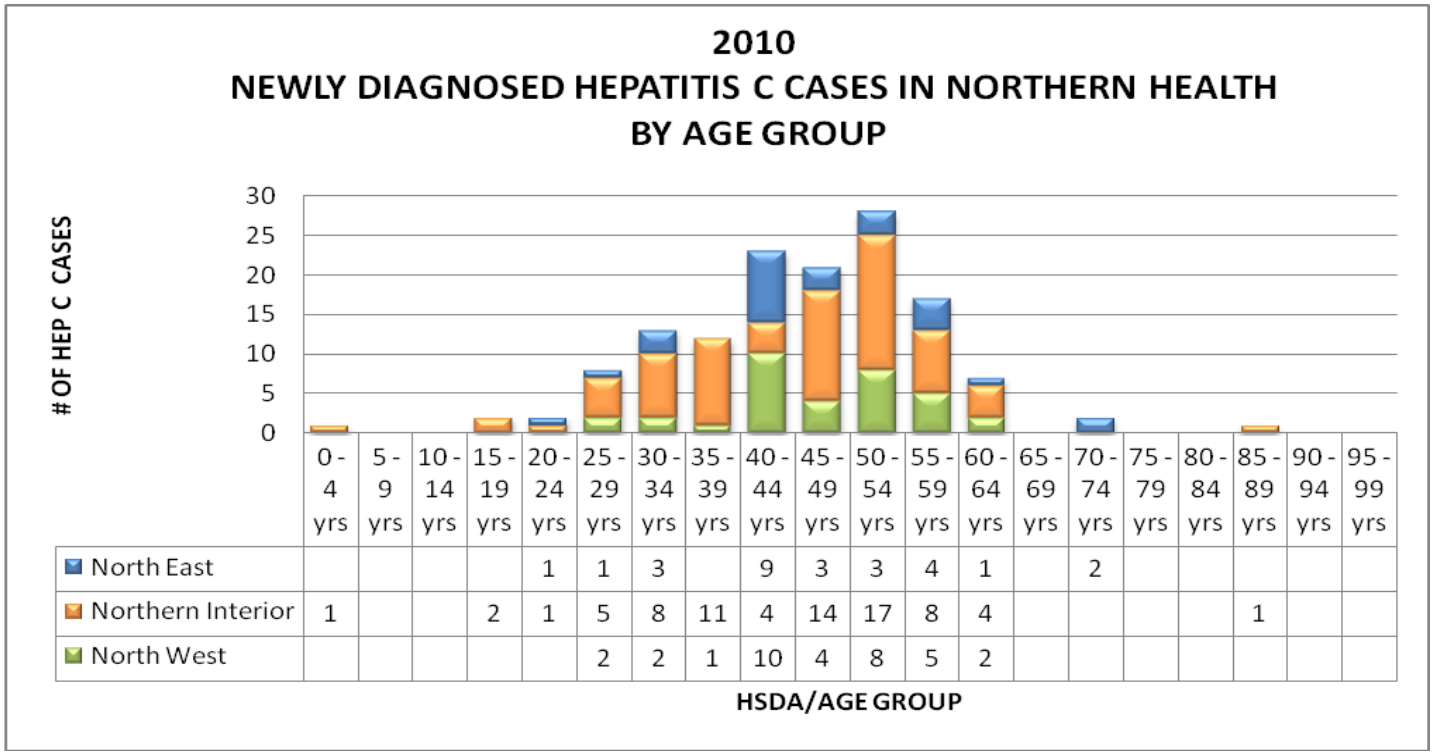
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
NORTH WEST	92	71	77	40	63	56	46	48	34	34
NORTHERN INTERIOR	135	121	90	103	93	114	96	117	107	76
NORTH EAST	51	51	37	44	25	36	31	33	32	27
NORTHERN HEALTH	278	243	204	187	181	206	173	198	173	137

Source: BCCDC COGNOS Application November 2011

The line graph and chart above in Figure 1 shows the actual number of newly diagnosed hepatitis C cases per year for the Northwest, Northern Interior and Northeast areas, as well as Northern Health's overall total for the years between 2001 and 2010. It can be seen that although there are variations from year to year, generally the incidence of hepatitis C is going down in each area and in Northern Health overall. There were 137 new cases in 2010 compared to 278 in 2001. This downward trend is similar to the provincial trend. Of the 137 new cases of hepatitis C in Northern BC, approximately 40 per cent are female and 60 per cent are male.

Figure 2 (following page) shows the age distribution of new cases of hepatitis C in Northern BC. The different colours in the bar graph represent the different health service delivery areas in the North, with blue representing the Northeast, orange the Northern Interior, and green the Northwest. The bar graph shows that most often people are in their 40s and 50s when they are newly identified with hepatitis C in Northern BC. However, four people were between 15 and 24 years of age and 21 people were between 25 and 34 years of age when they were identified with hepatitis C in 2010. In keeping with the above comment about hepatitis C being seen as a precursor to HIV, it should be noted that these 25 young people may be at risk for contracting HIV due to their high-risk behaviours.

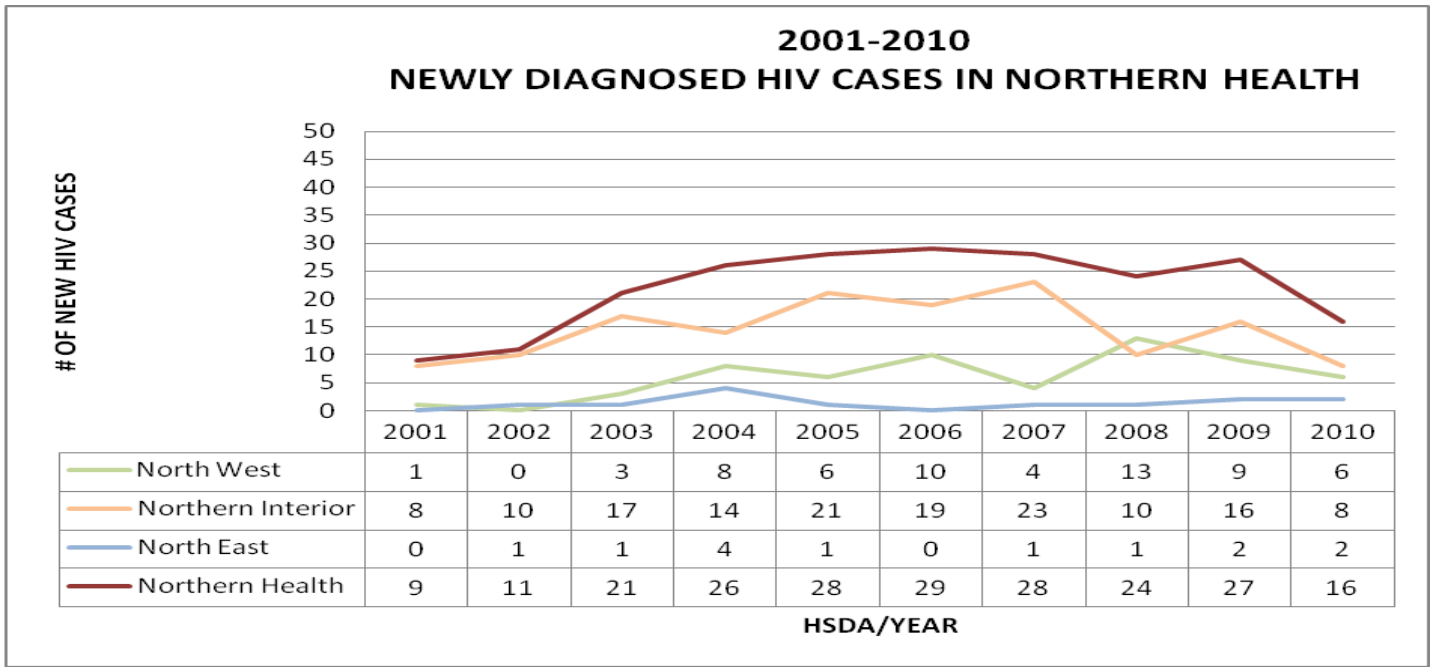
Figure 2.



Source: BCCDC COGNOS Application November 2011

During 2010 in Northern BC, there were 16 newly diagnosed cases of HIV, reflected in the line graph and chart below in Figure 3. This is a decrease from the six previous years when cases totaled in the mid-to-high 20s. This number includes those people who had their HIV tests taken in Northern BC and were identified HIV-positive as a result of those tests.

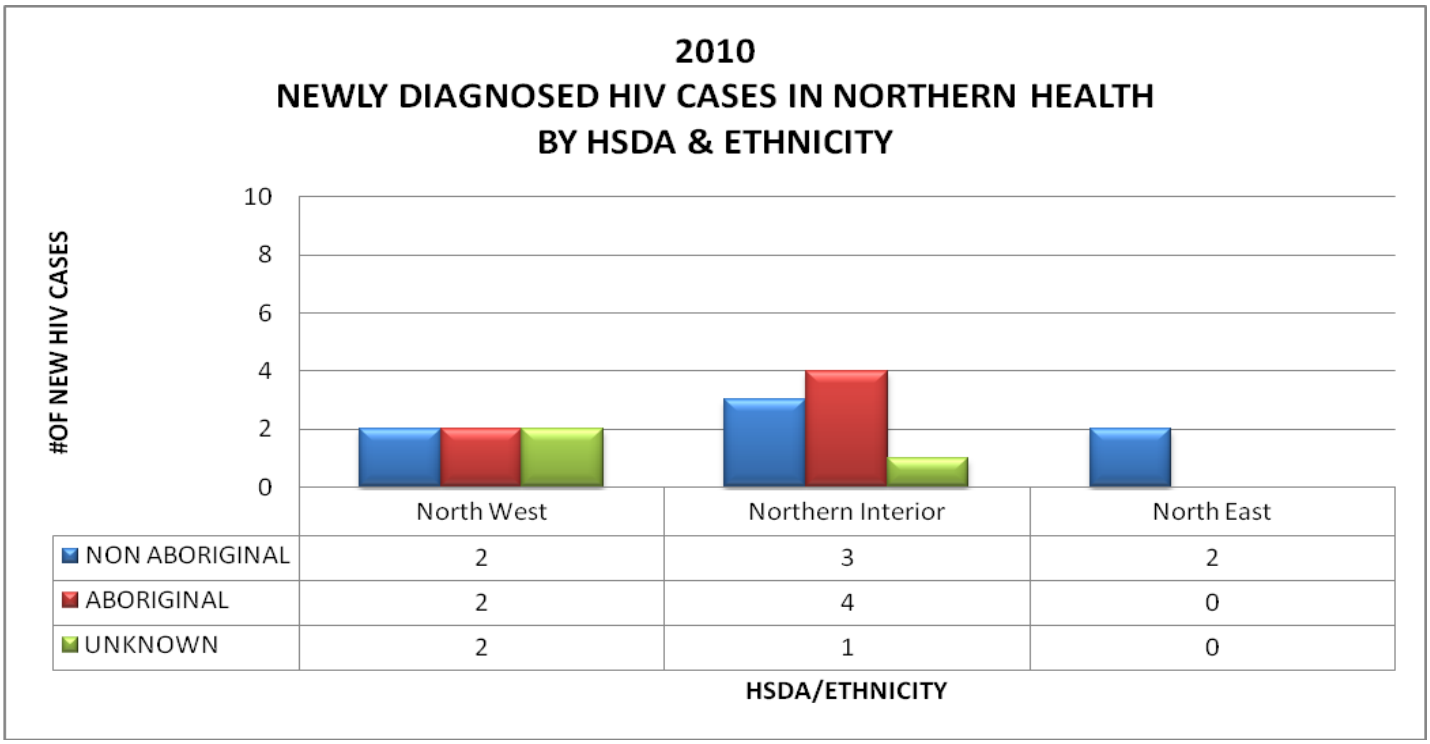
Figure 3.



Source: BCCDC COGNOS Application November 2011

(Continued from page 9)
Over the past several years Aboriginal people have been overly represented among those who are newly diagnosed with HIV. Figure 4, below, shows that in 2010 approximately 40 per cent of people newly diagnosed with HIV identified themselves to be of Aboriginal heritage. This is a decrease from previous years, as in 2007, 68 per cent of people newly diagnosed with HIV identified themselves as being of Aboriginal heritage. The 40 per cent for 2010, though a decrease from previous years, still reflects over-representation of Aboriginal people, as they make up about 20 per cent of the population in Northern Health. Data related to ethnicity depends on the tester asking the person being tested about ethnicity. In 2010 data, approximately 20 per cent of people newly diagnosed with HIV did not report ethnicity.

Figure 4.

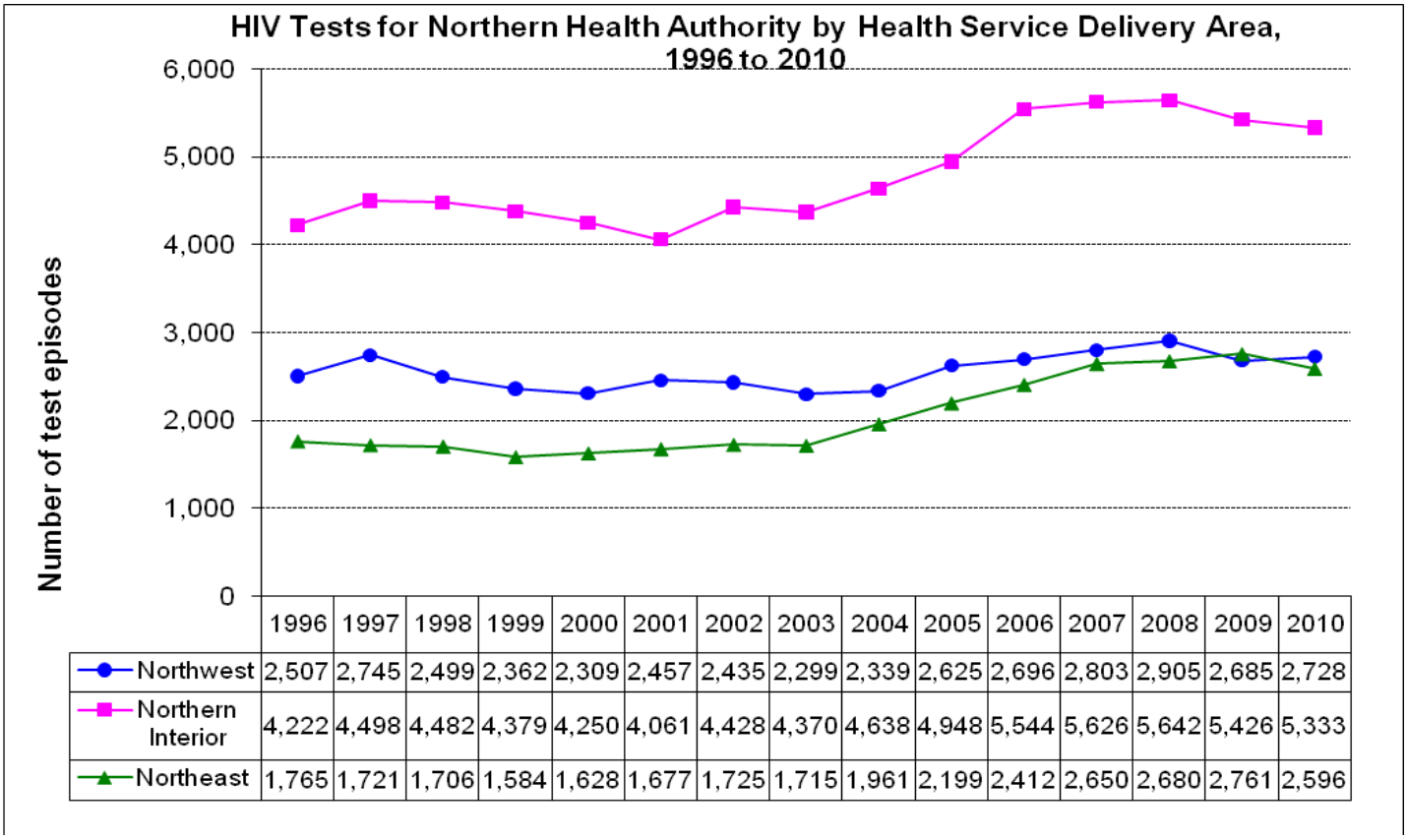


Source: BCCDC COGNOS Application November 2011

In Northern BC, 62 per cent of people newly diagnosed with HIV in 2010 were between the ages of 40 and 59 years, and 70 per cent of people newly diagnosed with HIV were male. When people are tested for HIV they are asked about risk factors related to HIV. In Northern BC, the risk factor most frequently reported by those testing positive for HIV has been intravenous drug (50 per cent, or eight of 16) with 31 per cent (five of 16) identifying their risk factor as heterosexual contact. The reports of those with other risk factors in 2010, such as street workers and men who have sex with men, were minimal. While it appears that the overall incidence of HIV in the North decreased in 2010, the current data for 2011 indicate an increase. As of mid-November 2011, there were 21 cases of newly-diagnosed HIV in the North.

In order to diagnose HIV early and improve access to care, testing for HIV is paramount. Early identification of HIV promotes behaviour change at a time when the person with HIV is most infectious and early access to treatment contributes to decreased viral load and potentially decreased transmission of HIV. Testing for HIV has been reliant on targeting people with known risk factors to HIV. The exception to this is for women during pregnancy. An HIV test is routinely offered to women in the prenatal period. As a result of this practice, women are tested for HIV more than twice as often as men. As can be seen in Figure 5 (next page), the overall numbers of HIV tests per year have been fairly stable over the last several years. Considering that in Northern BC the majority of newly identified cases of HIV are discovered in mid-life, one wonders if HIV may have been contracted at a younger age. A broader testing strategy could contribute to early diagnosis, better access to care and prevention of the spread of the infection.

Figure 5.

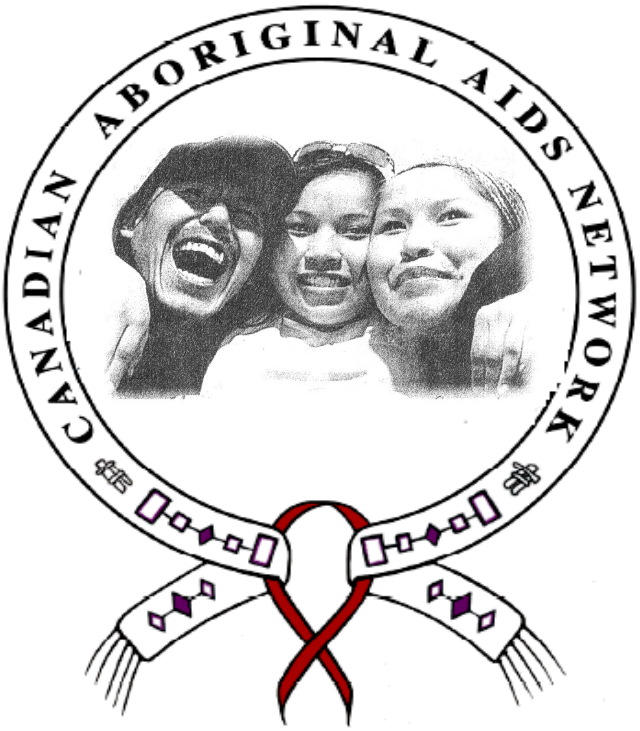


	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Northwest	2,507	2,745	2,499	2,362	2,309	2,457	2,435	2,299	2,339	2,625	2,696	2,803	2,905	2,685	2,728
Northern Interior	4,222	4,498	4,482	4,379	4,250	4,061	4,428	4,370	4,638	4,948	5,544	5,626	5,642	5,426	5,333
Northeast	1,765	1,721	1,706	1,584	1,628	1,677	1,725	1,715	1,961	2,199	2,412	2,650	2,680	2,761	2,596

The table below shows that the majority of HIV tests in the Northern Health area are either ordered while people are in hospital or at their physicians' offices. A good proportion of HIV tests in physicians' offices are most likely related to prenatal testing. New guidelines for HIV testing suggest that all people who are or have been sexually active should be tested for HIV. As the general public are for the most part connected to general practitioner physicians, there is opportunity to advocate for increased HIV testing among physicians in addition to encouraging the public to seek HIV tests on their own. ●

Table 1.

Specimen Source	2004	2005	2006	2007	2008	2009	2010
Corrections	153	157	81	91	67	57	70
Health Unit/Community Hlth Ctr	1,025	1,115	1,154	1,064	1,033	888	771
Hospital	3,195	3,698	2,882	4,462	5,267	5,281	4,565
Private Physician	4,391	4,608	5,344	5,286	4,739	4,475	5,121
Study/Research	11	18	9	13	2	3	5
Treatment/Prevention Program	143	145	221	163	127	158	123
Unspecified	13	18	427	0	1	1	2
Total	**8,931**	**9,759**	**10,118**	**11,079**	**11,236**	**10,863**	**10,657**



Join the National Aboriginal Youth Council on HIV/AIDS!

The National Aboriginal Youth Council on HIV/AIDS (NAYCHA) represents Aboriginal Youth from across Canada who are working together on a National Aboriginal Youth Strategic Action Plan for HIV/AIDS. NAYCHA's motto is "With One Heart and One Mind We Will Spread Knowledge and Infect Truth."

NAYCHA encourages Aboriginal Youth ages 18-29 to apply. (Those aged 17 can apply with parental consent).

In the words of their website, "Aboriginal Youth are overrepresented in the realities of HIV/AIDS across Canada and we can change that…starting now!"

For more information, visit http://caan.ca/youth/youth-about-hivaids •

What is HIV/AIDS? How can I tell if I have it?

What is HIV/AIDS?

Human Immunodeficiency Virus (HIV) is a virus that attacks your immune system.

When HIV makes your immune system so weak that it can't protect you from infections any more, this is called AIDS (Acquired Immune Deficiency Syndrome). You can have HIV for many years before it turns into AIDS.

New treatments have helped people with HIV/AIDS have a better quality of life and live longer, but there is no cure for it.

How do people get HIV/AIDS?

For a person to get HIV, the virus must get into their bloodstream. Some of the ways this can happen:

- Having sex (anal or vaginal) without a condom;
- Sharing sex toys;
- Sharing needles or equipment for injecting drugs or steroids.

Mothers can also give HIV/AIDS to their babies when they're pregnant, while they're giving birth, or when they're breast-feeding.

How can I tell if I have HIV/AIDS?

Many people with HIV might not have any symptoms for many years. When HIV turns into AIDS, symptoms can include:

- Yeast infections or thrush (yeast infections of the mouth) that won't clear up;
- Fevers or night sweats;
- Easy bruising;
- Extreme tiredness;
- Unexplained body rashes;
- Purplish spots on the skin or inside the mouth;
- Sudden unexplained weight loss;
- Diarrhea lasting for a month or more.

Three reasons to get tested:

- Protect the people you love — don't give them HIV/AIDS!
- It's free.
- It's confidential.

(Modified from Health Canada: HTTP://WWW.HC.SC.GC.CA/HL-VS/IYH-VSV/DISEASES-MALADIES/HIV-VIH-ENG.PHP) •

northern health
the northern way of caring