Fall/Winter 2012

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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HIV treatment increasing in the North

When Northern Health launched its STOP HIV/AIDS education and awareness campaign on May 29, 2012, the rollout of the most public aspect of the four-year, provincially-funded STOP pilot project began.

STOP — which stands for Seek and Treat for Optimal Prevention — is running from 2010 to 2013 in Prince George and Vancouver's Downtown Eastside area.

Working with community partners, Northern Health's public campaign has featured online and traditional advertising carrying messaging that highlights the need for increased HIV testing and early treatment among all age groups. The cornerstone of the education campaign — the new website, hiv.101.ca — is a comprehensive source of information about HIV/AIDS testing, treatment and support in Northern B.C., and features powerful video testimonials by persons living with HIV, medical professionals, and HIV educators.

Northern Health's call to action through its public campaign— encouraging Northerners to seek early HIV testing — complements the grassroots work that its preventive public health department has been doing since 2010 with community partners and others. That work has focused on actively supporting the HIV-positive population, connecting them with existing services, as well as developing new testing initiatives. *(Continued on page 2)*

HIV-positive persons starting on medications earlier

(Continued from page 1)

Central Interior Native Health Society (CINHS) is one of Northern Health's key partners in Prince George and in the STOP HIV/AIDS project. CINHS provides coordinated primary care and related health services to clients. Over the last two years, there have been some remarkable successes at CINHS in the care and treatment of those who are either at risk for and/or affected by HIV. During the last three years, CINHS has increased HIV testing among their client group by almost 200 per cent. While the number of clients affected by HIV has increased slightly over the last two years, the percentage of clients who are on antiretroviral medications (ARVs) has increased from 41 per cent of HIV-positive clients on medication to 78 per cent of HIV-positive clients on medication — a 37 per cent increase.

(TOP) L-R: Dr. Abu Hamour, Kathy MacDonald, Dr. Ronald Chapman and Dr. Susan MacDonald at the May 2012 launch of Northern Health's STOP HIV/AIDS education and awareness campaign. Photo: Prince George Citizen Staff Photo.
(BOTTOM) STOP HIV /AIDS campaign poster.

Understanding that some of this increase may be due to a change in eligibility for being on medication, this is still an impressive increase over two years. Measuring 'viral load' in the blood is one way to determine the success of treatment with ARVs. The goal is to have a viral load of less than 200/ml. Of all the CINHS clients who are on ARVs, 86 per cent who have been on ARVs for more than six months have a viral load less than 200/ml.

Dr. Abu Hamour, an infectious diseases specialist based in Prince George, is an important partner in the STOP HIV/AIDS initiative and has worked extensively to increase capacity related to HIV care and treatment across the North. As part of his work in HIV, Dr. Hamour travels to surrounding communities providing education to physicians and other health care providers on HIV care, and on the importance of broad-based HIV testing as opposed to testing based only on risk factors, in order to identify people with HIV as early as possible. This provides HIV-positive persons with the opportunity to benefit from early treatment.

Dr. Hamour and our HIV-dedicated pharmacist also use Telehealth as a means to provide specialist and pharmacist care to individuals in other Northern communities. In 2010, Dr. Hamour provided care to 120 HIV-positive patients in his clinical practice with 70 per cent of those patients on antiretroviral medication. As of September 2012, the number of HIV-positive patients in Dr. Hamour's practice had increased to 220 persons. Some are patients whose care is shared with CINHS, with Dr. Hamour providing specialist care. Among all of the patients with HIV who are a part of Dr. Hamour's practice, 88 per cent are on ARVs. This is a 17 per cent increase over the two years when there has been a 100 per cent increase in patient load.

Of all the patients in Dr. Hamour's care who are on ARVs, approximately 64 per cent have a viral load of less than 200/ml — including both those on treatment for less than six months and more than six months.

Dr. Hamour, along with his staff and the HIV pharmacist, are also providing HIV care and treatment at the Prince George Regional Correctional Centre. This clinical work allows HIV-positive people in jail to access and continue on ARVs and has greatly contributed to continuity of care for people transitioning between health care in and out of jail.

Another success that is beginning to show in B.C. statistics is a general trend in the Northern Interior region in improvement for people taking ARVs earlier in the course of their HIV disease. The number of people starting ARVs late in HIV disease, for example, has decreased — indicating that people are generally starting ARVs earlier. But the percentage of people with a new HIV diagnosis who are identified in the acute infection stage — early in their infection when infectivity is high — is low at less than 10 per cent. This indicates we have more work to do to increase access to HIV testing so that people have even earlier access to HIV treatment when they need it.

It is important that we continue to work together to test for HIV more broadly in our health care facilities and clinics.●

First Nations HIV/AIDS Coalition develops new HIV initiatives

The past year saw major changes for the organization that is spearheading HIV education and awareness for Aboriginal communities across Northern British Columbia.

After six years of operation, the former Northern BC Aboriginal HIV/AIDS Task Force transitioned in February 2012 into its new structure as the Northern BC First Nations HIV/AIDS Coalition. Emma Palmantier, the coalition's Chair, said it was under the direction of the Northern Caucus of the B.C. Chiefs that her team transitioned into a coalition. The coalition's host agency is Carrier Sekani Family Services.

The coalition has a mission to support meaningful efforts for Aboriginal communities in Northern British Columbia to address HIV/AIDS and related issues in a culturally relevant manner. Its members include Aboriginal community leaders; Elders; Youth; people living with HIV/AIDS; health service professionals; and local, regional, provincial and federal government representatives.

Coalition members conducted a strategic planning session earlier this year, developing a five-year work plan and budget which was presented to the B.C. chiefs and the health directors of the 55 Northern First Nations communities in October.

(TOP) Emma Palmantier was honoured for her HIV/AIDS advocacy work when she received an AccolAIDS award on April 29, 2012, in Vancouver, presented to her by Ken Clements, President of Canadian Aboriginal AIDS Network (centre).
(BOTTOM) L-R: Coalition team members Bonnie Cahoose, Colette Plasway and Julius Okpodi at the Tansi Fall Celebration in Chetwynd. They are joined by Auggie Caron, a Saulteau First Nation Youth Coalition member.

"The chiefs are very happy with the work of the coalition and the staff. They emphasized that we continue to work in the communities and bring a lot of HIV awareness into the communities and focus especially on the young people," said Palmantier.

"I'm proud to say that the chiefs want to be part of the coalition, too. That's part of the changing of our overall structure, to get two chiefs from each of the regions in the North. We seem to be a role model across B.C. because we've been so successful. And the First Nations Health Authority is looking at establishing the same kind of model in the other regions across B.C.."

The coalition's current work plan focuses on three areas:

1) Training and education — The coalition team, along with Julius Okpodi, the team's new HIV educator, will travel to First Nations communities to provide HIV education. HIV101 tools and resources will be developed to enable community leaders to provide HIV education on-site.

2) Relationship building — This three-pronged approach will include the creation of an annual forum where community leaders/health directors will receive updates from all levels of government about their initiatives on HIV prevention in First Nations communities; a project that looks at the quality of palliative care services provided in First Nations communities; and a media campaign to educate the public about HIV and hepatitis C.

3) Youth, Elders and Culture — This initiative will develop projects that incorporate culture into First Nations' HIV/AIDS programs; focus on decreasing youth violence, sexual assaults and suicide; and work with Elders to reduce the stigma of HIV/AIDS in their communities.

Palmantier said her team will present the proposed work plan and budget to Northern Health, the First Nations Health Authority and other funding agencies, and then bring it to coalition members in December.

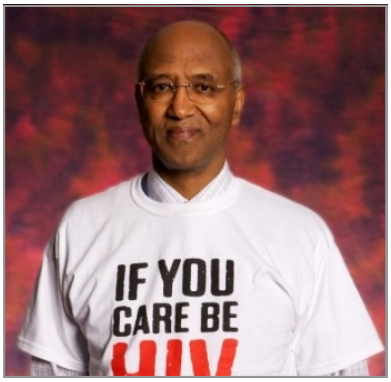
"I am very pleased and honoured to get the support and confidence from Northern Health providing financial contribution to make our work successful. Because of their contribution, I got to go out to the 55 communities and engage with all the chiefs and health directors and the communities at large," she said. "The results from our community engagement survey are our guiding tool for our HIV/AIDS work as we move forward — it's the voice of the people."

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 ●

Telehealth: a new way to deliver health care

The vast geography within the Northern Health region presents an enormous challenge in the delivery of health care services. Finances, travel, and limited local resources are just a few of the barriers that persons living with HIV in rural and remote areas are faced with every day.

Telehealth helps address those issues, using information and communication technology to deliver health services, expertise and information over long distances.



Dr. Abu Hamour

Patients can now utilize Telehealth in a number of communities throughout Northern Health, which provides them with the opportunity to experience an "office-like visit" with Dr. Abu Hamour, Infectious Diseases Specialist based in Prince George. They also receive pharmacy and nursing support in a "face to face" personal manner via Telehealth.

Health Canada reports that Telehealth has the potential to improve recruitment and retention of staff (less isolation/greater satisfaction, continuing professional development) in rural and remote locations; make communications between professionals easier and improve team-based approaches to care between different health care providers around B.C.; provide access to a wider range of specialist advice and services; and deliver faster, more efficient health care by using technology to remove the distance barrier.

Telehealth allows Dr. Hamour to provide patients with access to excellence in HIV care, in an efficient, affordable, timely manner for the patient and physician. Telehealth is invaluable in providing early care and treatment, and continued engagement in ongoing care for persons living with HIV and other infectious disease or illness. Telehealth also offers a prudent way to decrease morbidity and mortality, increase quality of life, and improve health outcomes for persons living with HIV.

Dr. Hamour and his staff are also able to connect and access services from Vancouver, B.C., including St. Paul's Hospital, the BC Center for Excellence in HIV/AIDS care, and Oak Tree Clinic, for pregnant patients who are living with HIV.

The implementation of Telehealth in Dr. Hamour's office is proving to be a vital link for our patients living in remote and rural communities.

We are pleased with the window of opportunity to provide care to our patients via Telehealth.●

A new addition to the STOP team

Deryl Henderson is the new Mental Health Case Manager for Northern Health's Blood Borne Pathogens Team, and brings a wealth of experience to the job.

Deryl will work with clients, community partners and service providers to assess mental health and substance misuse needs from a bio/psycho/social/spiritual perspective. She will also be a resource for treatment planning for partners within the region; provide input to develop and maintain mental health and addiction programs/services to meet community and regional needs; and respond to risk factors that indicate the need for clinical or legal intervention to ensure client well-being. She can be reached at Deryl.henderson@northernhealth.ca ●

Meet the new HIV pharmacist

Denise Kreutzwiser is Northern Health's new HIV pharmacist. She is based in Prince George and will be covering Jennifer Hawkes' maternity leave.

Denise is originally from Southwestern Ontario. She completed her co-op pharmacy degree at the University of Waterloo (Kitchener, Ont.) and her hospital pharmacy residency at London Health Sciences Centre (London, Ont.).

Denise also holds an honours bachelor of science degree (life sciences specialization) and an international studies certificate from Queen's University (Kingston, Ont.). If you have questions about HIV medication management, you can contact Denise at denise.kreutzwiser@northernhealth.ca ●

Medication adherence support program opens for business

MASP is an intensive seven day-a-week medication adherence support program for people living with HIV, HCV and tuberculosis co-infection, who are struggling with adherence, or about to start treatment. They either identify themselves or are identified by the community as being at risk for not taking medications regularly.


MASP lounge

MASP provides clinic-based care and outreach services. These include nursing care, pharmacy care, phlebotomy, and advocacy services.

All services are coordinated with the client's primary care home in hopes of maximizing health gains associated with successful treatment while promoting self-care and independence.

MASP is a coordinated effort between Central Interior Native Health Society, Positive Living North and Northern Health. MASP opened on the premises of Central Interior Native Health Society in July 2012 and presently has 18 clients accessing services. In the first four months, 95.3 per cent of ARVs were dispensed to clients on regular ARVs.

Sam Milligan, HIV nurse clinician

MASP is finding unique ways to assist clients, from providing text-based support, to utilizing the AIDS Prevention Wellness Van for after-hours coverage to ensure clients are given every opportunity to achieve the high adherence rates needed for maximal HIV viral suppression. Clients can also access MASP daily to use laundry and shower facilities, watch TV, read the paper or just have a safe place to relax.●

AIDS Prevention Program offers unique services to local clients

The AIDS Prevention Program/Needle Exchange was established in Prince George in August 1991, following Ministry of Health consultation with local health authorities and community partners. This Northern Health program has always been unique and an example of best practices. We have moved into evidence-based provision of harm reduction activities, in conjunction with traditional public health nursing services, in an untraditional environment. We offer our challenging group of clients health promotion information and services.


Linda Keefe, program coordinator, and client

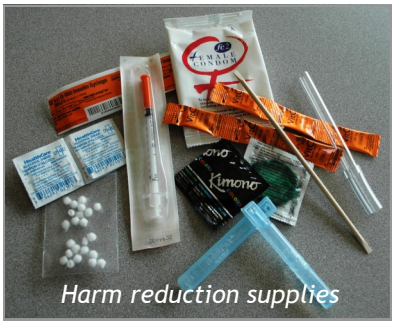
Intravenous drug users (IDUs) and Aboriginal people were initially identified as very high risk people for HIV and other blood borne pathogens (BBP) in Northern B.C.. The added concern was that once there was a sufficient number of HIV-positive IDUs, who were also sexually active, we would see this disease move rapidly into the non-IDU segments of society and become primarily transmitted thru sexual transmission. To this end, the services we provide to our clients include: harm reduction supplies; HIV and hepatitis testing and follow-up; sexually-transmitted disease testing/treatment; vaccine provision; wound care; women's reproductive health services, including PAP testing, pregnancy testing and emergency contraception; and general health assessments and referrals to other services.

In 2012, funding from the provincial STOP HIV/AIDS initiative allowed the program to develop a seven day/week service that includes public health nursing and harm reduction supply provision. A nurse and outreach worker are available from 1 p.m. to 7 p.m. in the AIDS Prevention Program's clinic, and from 7 p.m. to 11:30 p.m. in the mobile Wellness Van. The STOP initiative also enabled the AIDS Prevention Program to become the first Northern Health site to offer point-of-care testing, moving from a pilot project to being a testing/ screening option routinely offered to clients.

The Needle Exchange staff also work closely with addiction services, providing informational sessions/ workshops to in-patients at the Prince George detox unit and Nechako Treatment since early 1991. With STOP enhancement funding, this educational program is being expanded to offer HIV and BBP testing.●

Harm Reduction Committee focusses on community education

The Northern Health Harm Reduction Committee is a multidisciplinary group that includes Public Health, Mental Health and Addictions and members from provider services and Northern communities. One of the goals of this committee is to connect and integrate harm reduction services into existing public health, mental health and addictions, blood borne pathogen, primary health care and acute programs. Community engagement and education about harm reduction and increased accessibility to harm reduction supplies is a cornerstone of the committee's work plan.



Harm reduction supplies

Resource development includes grab-and-go presentations, displays and print materials, internal and external websites and other social marketing opportunities.

In 2011, the Regional Harm Reduction committee established an education fund; three grants totaling $90,000.00 were awarded to each of Northern Health's health services areas. The Fort St. James committee received one of the education grants from the Regional Harm Reduction Committee, using the funds for a conference held in March 2012. The aim of the conference was to create awareness of harm reduction and how strategies can prevent deaths and hospitalizations associated with individuals involved in high-risk behaviours.

In the Northwest, harm reduction funds were used to hire a facilitator who created a harm reduction presentation including community development elements and packaged as a facilitator manual for future offerings in the communities. The workshops were offered in eight Northwest communities as a springboard for community development.

In the Northeast, Dawson Creek has an active Harm Reduction Advisory Committee which consists of various stakeholders in the Dawson Creek area and Northern Health staff. With last year's IMAGINE grant money, they put on a successful education event.

The STOP HIV/AIDS pilot project funded the hiring of a contract person to visit the various communities in the Northeast to assess the various programs, with service providers in each area focusing on harm reduction initiatives, community readiness and goals towards further work around HIV and hepatitis C.

Several education workshops have been held in the Northeast through 2012, focusing on harm reduction, HIV and hepatitis C, and youth and harm reduction. Other communities in the Northeast have also been actively supporting the HIV awareness information campaign and are busy working with service providers and the community to promote harm reduction. For example, Fort Nelson has an HIV/AIDS worker who meets with the Public Health staff to work on promoting awareness; and Positive Living North has also been in each community to promote awareness and education over the past year.●

Aboriginal coordinator works to help stop spread of HIV

Tansi, my name is Patricia Howard and I am the Aboriginal Coordinator for the Blood Borne Pathogens Integration Team (BBP). I liaise with communities and partner organizations as we work to stop the spread of HIV. My position at Northern Health seeks to support Aboriginal ways of knowing and being as we build relationships and increase community capacity.


Patricia Howard

The BBP team is focused on building collaborative, respectful relationships as we work to reduce the number of HIV infections in the North. We participate in local events while creating education and awareness around HIV. The information we provide is designed to respect individuals, communities, and Aboriginal protocols and practices. We link Northern Health services, such as testing, and provide brochures and pamphlets as we partner with organizations to improve understanding that HIV is 100 per cent preventable.

We collaborate with many amazing organizations and it's important that we listen to the voices of the frontline workers and community members to ensure we build productive partnerships between Aboriginal people and Northern Health. I want to know what our communities are doing to understand HIV, how we are supporting those affected by HIV, and how we at Northern Health can create that safe space for individuals to be free from discrimination. We look forward to partnering with all communities as we work to prevent HIV transmission and continue supporting those affected by HIV.●

Scotiabank AIDS Walk for Life 2012: most successful event ever!

As Positive Living North (PLN) enters its 20th year of providing programming and services to people living with, affected by, or at risk for HIV/AIDS/Hepatitis C, we can look back and see how our agency has progressed. Most importantly, we can also see how our community has moved forward. Although there is still so much more that our community can learn about HIV/AIDS/HCV with regards to research, new developments, and innovative strategies, we are slowly seeing the community come together to support our agency and our members in this journey.

We have also witnessed unbelievable support from the community for our annual PLN/Scotiabank AIDS Walk for Life.

This year, we are proud and honoured to report that the 2012 AIDS Walk for Life which took place September 22, 2012, was our most successful event ever.

With over 200 people attending — including Prince George Mayor Shari Green, local MLAs Shirley Bond and Pat Bell, Northern Health Regional Director Kathy MacDonald, and Scotiabank representative Vivian Rogers — we were able to raise the most funds in our agency's history.

We were truly honoured to have Dan Rogers, former Prince George mayor, take on the role of Walk Champion. Dan once more shared his personal story of a family member who was lost to AIDS-related illnesses, which illustrates that HIV/AIDS can touch anyone in our community.

During the opening ceremonies, PLN's Frontline Warriors — who are a group of individuals living with HIV — spoke to the audience and shared small pieces of their stories and the struggles they face living with HIV/AIDS/HCV. It is through all of these intimate perspectives that our prevention messaging flourishes.

PLN had the opportunity to hire a First Nations youth as a student worker this past summer. At the AIDS Walk, this young man spoke of how the work and the members impacted him. Through his emotional speech, dedicated to one of the Frontline Warriors, we saw that our members' words, stories, and the work that we do affects everyone — especially if the person is willing to open their heart and eyes to see the epidemic. We still have a long way to go to reduce stigma, discrimination, and raise awareness about HIV/AIDS/HCV, but we are on the right path.

(TOP) Walkers take to the track at Masich Place Stadium at the Scotiabank AIDS Walk for Life on September 22, 2012, in Prince George. (BOTTOM LEFT) Tara MacKenzie Clark, nurse (left), and Kathy MacDonald of Northern Health (right), stand by the Northern Health Wellness Van at Masich Place Stadium. (BOTTOM RIGHT) Stacey Hewlett (left) and Sandra Sasaki (right) of Positive Living North present a prize to Robyn Ocean (centre), the top individual fundraiser at the AIDS Walk.

This year, we are proud to announce that we raised almost $19,000 dollars! We would like to thank all of those supporters who participated, raised money, or walked!

We would also like to thank WestJet and Scotiabank for donating flight tickets and football tickets for our raffle. And we would like to acknowledge Endako Mines for their donation and being a Partner for Life sponsor.

The next PLN/Scotiabank AIDS Walk for Life is scheduled for September 14, 2013. Come help us make it even bigger and better!●

Hepatitis C and HIV in Northern B.C.: Current trends

World AIDS Day is a good opportunity to take stock on how we, as Northern communities, are doing in the work of preventing new cases of HIV and improving the care and treatment of those affected by HIV. One approach is to review statistical information about HIV in our area. When looking at statistics, it is as important to look at trends over several years as it is to look at current data. Since 2012 is not yet complete, we will be reviewing data up to the end of 2011. There are many factors related to contracting HIV and, in this article, we review statistical data related to sexually transmitted infections and hepatitis C as well as HIV. We will also discuss information related to HIV testing in the North.

Sexually Transmitted Infections

The incidences of the sexually transmitted infections (STIs) of chlamydia and gonorrhea are an indication of unprotected sexual activity, which is a high-risk behaviour related to HIV because the virus can be directly contracted through unprotected sexual activity. Statistics from the BC Centre for Disease Control show that chlamydia has increased from about 800 cases in 2002 to 1,186 cases in 2011. 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 access testing and care as much as females. Perhaps this is because females experience symptoms of chlamydia more acutely than do males.

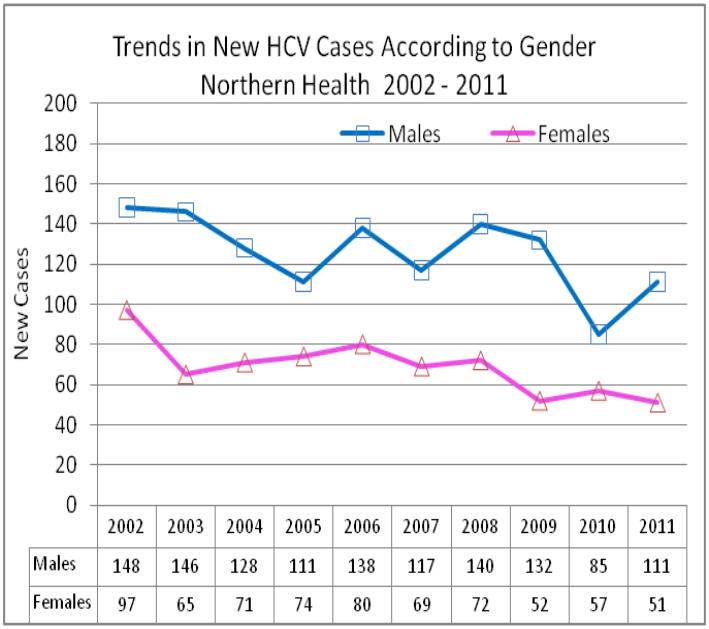
Gonorrhea is another STI, although less frequently diagnosed than chlamydia, that shares some of the same characteristics. Again females are diagnosed more frequently than males for gonorrhea and the ages most often affected are the younger ages in the teens and early 20s. One difference between gonorrhea and chlamyida is that in the last 10 years gonorrhea has spiked from 16 cases in the year 2000 to 113 cases in 2011. As mentioned earlier, unprotected sexual activity can be directly responsible for the transmission of HIV and it is also often linked to other high-risk behaviours, including intravenous drug use.

Hepatitis C

Assessing the trends of the incidence of hepatitis C is also important in reviewing data related to HIV. This is because hepatitis C is contracted through blood as is HIV. A key risk factor for contracting hepatitis C and HIV is intravenous drug use. However, hepatitis C is more infectious than HIV — meaning it can be transmitted more easily. For example, if a person was engaging in the high-risk practice of intravenous drug use and sharing equipment to mix or inject the drugs they would likely become infected with hepatitis C before HIV. Thus hepatitis C may be viewed as a precursor to HIV.

Figure 1 shows the number of newly diagnosed cases of hepatitis C per year for males and females. Over the last 10 years there has been an overall decrease in newly identified cases of hepatitis C for both male and females, down from 245 new cases in 2002 to 162 new cases in 2011. In spite of the overall decrease, if we had space here to present numbers of new cases of hepatitis C per community across the North we would see that some communities are decreasing while others have increased. For example, the Northwest and the Northern Interior are seeing a decreasing trend in newly identified cases of hepatitis C whereas the Northeast is seeing an increasing trend. Intravenous drug use is often associated with booming industrial economies, as is the case in the Northeast.

Figure 1.



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Males	148	146	128	111	138	117	140	132	85	111
Females	97	65	71	74	80	69	72	52	57	51

Source: BC Centre for Disease Control: IPHIS IWR Reports: Accessed Nov 14, 2012.
NH Data Reference: HIV Update 2012: 7 - HCV Age Group Gender and Trends.xls

Figure 2 shows the numbers of newly identified cases of hepatitis C by age groups and gender over the last 10 years. *(Continued on page 9)*

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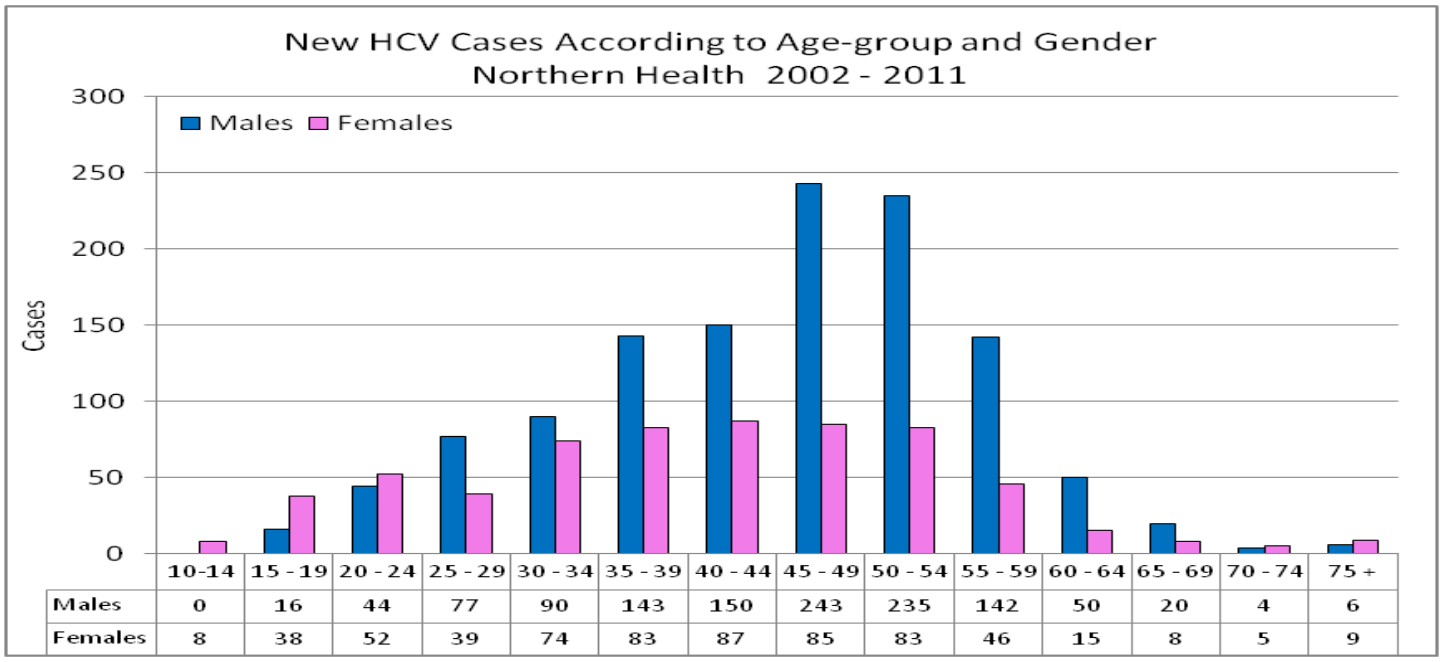
Whereas the age groups most often diagnosed with STIs are the younger ones, diagnosis of hepatitis C occurs more often towards middle age and then more frequently among males.

Figure 2.



	10-14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 +
Males	0	16	44	77	90	143	150	243	235	142	50	20	4	6
Females	8	38	52	39	74	83	87	85	83	46	15	8	5	9

Source: BC Centre for Disease Control: IPHIS IWR Reports: Accessed Nov 14, 2012.
NH Data Reference: HIV Update 2012: 7 – HCV Age Group Gender and Trends.xls

HIV

The information shown in the following table and graphs represent 15 years of HIV-related data for Northern Health from 1995-2011. Table 1 includes the numbers of newly identified positive HIV cases per year during this timeframe. 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 1997 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 1997 - 2011

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Northwest	1	3	2	1	1	0	3	8	6	10	4	13	9	6	9
Northern Interior	7	4	7	2	8	10	17	14	21	19	23	10	16	8	13
Northeast	0	2	0	4	0	1	1	4	1	0	1	1	2	2	2
Northern Health	**8**	**9**	**9**	**7**	**9**	**11**	**21**	**26**	**28**	**29**	**28**	**24**	**27**	**16**	**24**

Source: BC Centre for Disease Control: HIV Cubes. Accessed Nov 19, 2012.
NH Data Reference: HIV Update 2012: revised analysis; please see: 11 – Summary by HSDA.xls

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.
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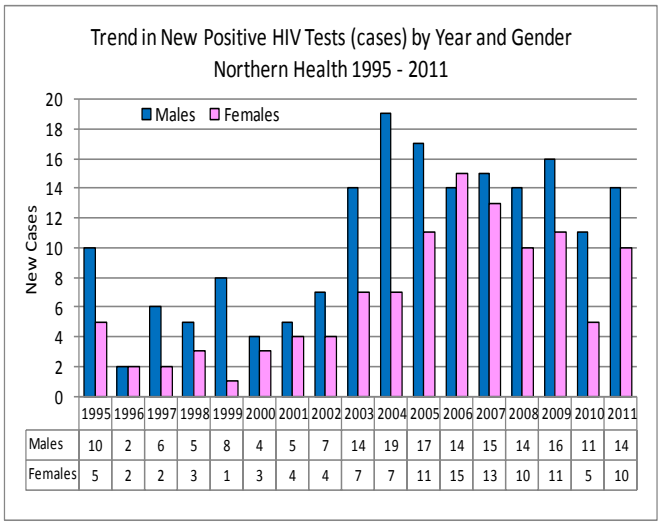
Figure 3.

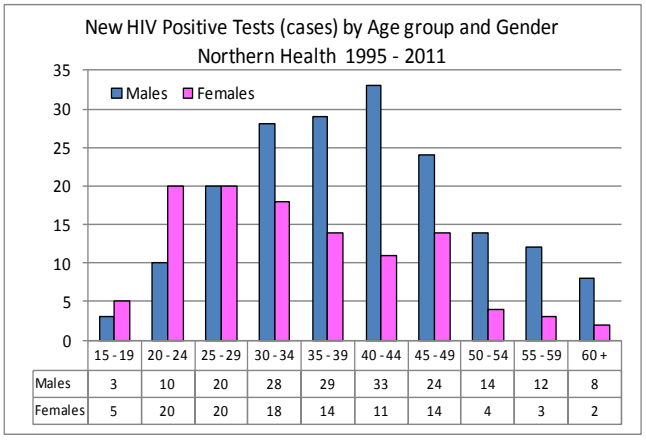


	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Males	10	2	6	5	8	4	5	7	14	19	17	14	15	14	16	11	14
Females	5	2	2	3	1	3	4	4	7	7	11	15	13	10	11	5	10

Source: BC Centre for Disease Control: HIV Cubes. Accessed Nov 19, 2012.
NH Data Reference: HIV Update 2012: revised analysis; please see: 11 – Summary by HSDA.xls
Note: 1 case of unknown gender in Northwest HSDA during 1998 is excluded.

Figure 4 includes data for all of the people newly identified as HIV-positive in Northern B.C. between the years of 1995 and 2011 by age group and gender. With the pink bars representing females, one can see that younger, newly identified HIV-positive females are equal to or outnumber males. However, from age 30 onward, newly identified HIV-positive males out number 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. If this is the case, they may also be further along in their disease process before accessing care and treatment.

Figure 4.

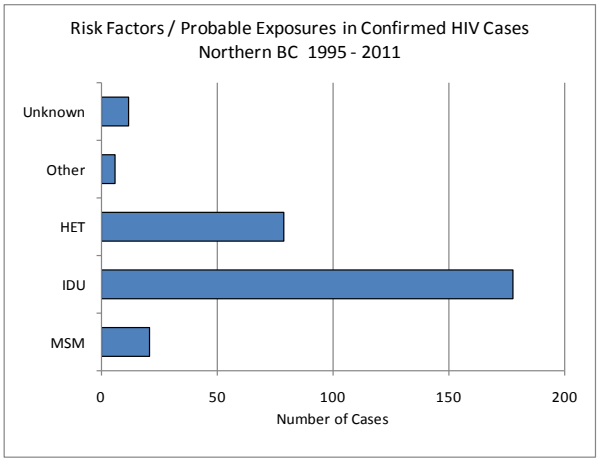


	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 +
Males	3	10	20	28	29	33	24	14	12	8
Females	5	20	20	18	14	11	14	4	3	2

Source: BC Centre for Disease Control: HIV Cubes. Accessed Nov 19, 2012.
NH Data Reference: HIV Update 2012: Revised Analysis. Please see: 13 – Age Group and Gender Summary.xls

When people get an HIV test they are asked about risk factors associated with HIV. This information helps health care providers understand how HIV is being transmitted in their area. Two key high risk behaviours related to HIV are participating in unprotected sexual activity and intravenous drug use. Figure 5 shows that of all the new cases of HIV identified throughout Northern Health between 1995 and 2011, the majority of cases identified as persons taking drugs intravenously. 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..

Figure 5.



Source: BC Centre for Disease Control: HIV Cubes. Accessed Nov 12, 2012.
Notes: HET = Heterosexual IDU = Injecting Drug Use MSM = Men who have Sex with Men
NH Data Reference: HIV Update 2012: revised analysis 12 –HIV Exposure by MajorExposure.xls

HIV Testing

HIV testing is the cornerstone to early access to treatment for those identified with HIV, and early access to treatment is more recently 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 health service delivery area (HSDA) 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. It is interesting to note that during the time period represented by Figure 6, HIV test numbers go up in the first quarter (Jan—Mar) of each year and then decline in the following two quarters (Apr—Sept) and start up again in the fourth quarter to a peak in the next first quarter of the following year. As we are working to increase access to HIV testing, one wonders why

(Continued on page 11)

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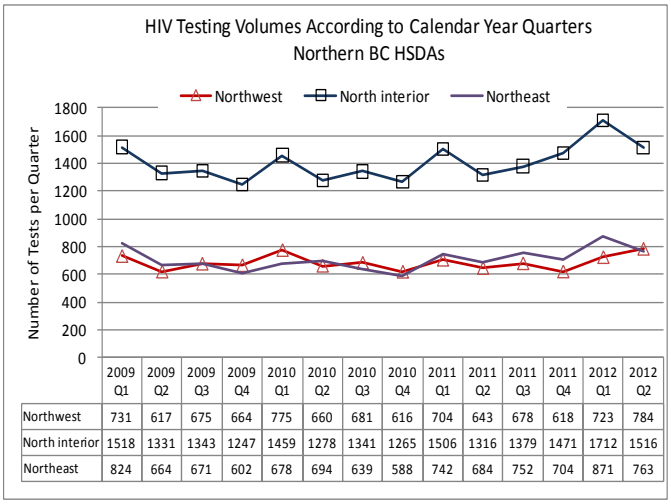
testing decreases in the spring and summer months. It would be interesting to know if the peaks and valleys in testing have something to do with the people conducting testing or something to do with the people accessing testing.

Figure 6.

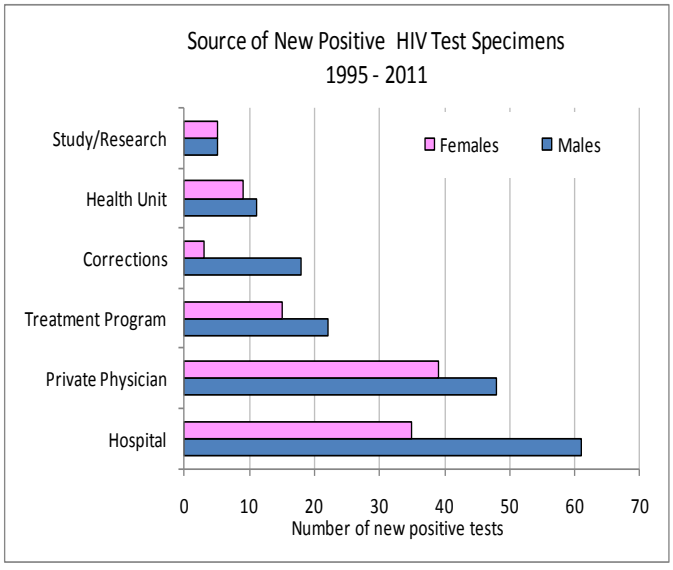


	2009 Q1	2009 Q2	2009 Q3	2009 Q4	2010 Q1	2010 Q2	2010 Q3	2010 Q4	2011 Q1	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2
Northwest	731	617	675	664	775	660	681	616	704	643	678	618	723	784
North interior	1518	1331	1343	1247	1459	1278	1341	1265	1506	1316	1379	1471	1712	1516
Northeast	824	664	671	602	678	694	639	588	742	684	752	704	871	763

Source: BC Centre for Disease Control: HIV Test Volumes for NHA. Special project 2012-56. Accessed Nov 6, 2012
NH Data Reference: HIV Update 2012: 3 – NHA HIV Test Volumes by Quarter.xls

Figure 7 shows that of all the HIV tests completed throughout the Northern Health area, 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.



IMAGINE grants = creativity

For the second year in a row, Northern Health is partnering with communities who have great ideas for a health promotion project that will help improve the health and wellbeing of those living, working, learning and playing in Northern B.C..

Northern Health's IMAGINE grants help many communities bring their project ideas to light in order to create education and awareness about HIV. Last year, many projects funded by IMAGINE grants were very unique.

Eagle Nest Community and Aboriginal Services Ltd. (ENCAAS) did a project called, "HIV/AIDS Awareness". The project was about a young girl, with low self-esteem, who did not want to participate in a group discussion. However, with positive encouragement, she printed a T-shirt and created an HIV character called, "Rap the Rapter", who was seen eating and destroying HIV with knowledge. This project was very beneficial to the community because it not only gave their community empowerment, but it also boosted this young girl's self-esteem to make her and everyone more comfortable discussing HIV/AIDS.

The Tsay Keh Dene Band, produced a project called, "HIV & Tsay Keh Dene". This community used the grant funding to invite a speaker to come into their community to share and speak about her experiences living with HIV. More awareness was created and people felt more comfortable talking and asking questions about HIV.

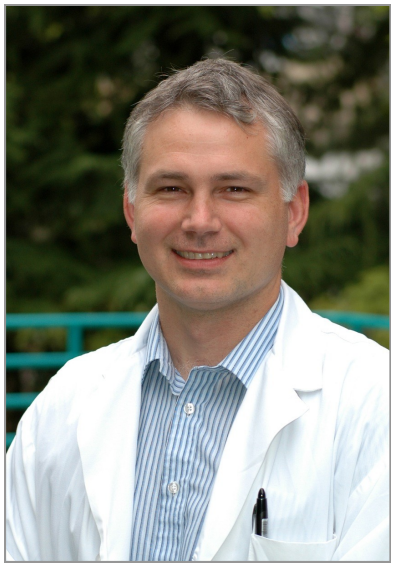
A third notable project was developed by Positive Living North called, "Unmasked". Personal stories were collected about people living with HIV with a playwright then weaving the stories together with HIV education to create a script. A soundscape was created by youth participants in the Youth Empowerment Program (YEP) in Smithers and a play was presented at an HIV Health Fair. The participants' ultimate goal was to get community members, who may not think they are at risk of HIV infection, to think differently and get tested.

All of last year's projects created HIV awareness within each of the communities in ways that would create lasting benefits for everyone. Northern Health looks forward to working with more community partners this year to raise even more HIV awareness.●

Smithers plays host to prominent provincial STI/HIV specialist

A special event held in Smithers in September 2012 focussed on the need for local health care providers and community workers to encourage increased HIV testing throughout the region.

The event, organized by Dr. Daphne Hart who provides HIV Primary Care in Smithers, and Lee Anne Hodge Johnson, Primary Care Developer, featured guest speaker Dr. Rich Lester of the BC Centre for Disease Control (BCCDC). Lester, who grew up in Northern B.C., is the lead physician for the Division of STI/HIV Control at the BCCDC.



Dr. Rich Lester

"Dr. Lester grew up in the Bulkley Valley and this was his academic homecoming. He was officially welcomed home at the beginning of the evening by the mayor of Smithers, Taylor Bachrach," said Dr. Hart. "His talk was about HIV testing — not only just the need to increase HIV testing, but he also provided information about the nature of laboratory testing, including point-of-care testing. It was very informative and we learned a lot."

Dr. Daphne Hart

Forty-five people attended the presentation, including a broad range of health care providers including physicians; pharmacists; representatives from mental health and addictions and public health; acute care nursing at Bulkley Valley Hospital; and a local lab technologist. Representatives also attended from Positive Living North, the Broadway Place Emergency Shelter, the Dze L K'ant Friendship Centre and the Moricetown Health Centre. A member of Smithers town council also accompanied the mayor.

"We opened with the video produced for Northern Health's STOP HIV/AIDS education and awareness campaign and Dr. Lester said that it set the tone for the evening. It's very well-done and very emotional," said Dr. Hart, adding that Dr. Lester also discussed his clinical work and research done in Kenya.

"A major ongoing part of his work in Africa is related to innate HIV immunity. And one of his projects is about using mobile phone technology to provide medication support and health services for persons living with HIV in rural and remote areas."

Dr. Hart noted that her interest in hosting Dr. Lester in Smithers was to make people aware that HIV testing must be increased throughout Northern B.C.

"HIV incidence in B.C. is stabilized except in the North. The key problem in the North remains access to care and treatment. People up here might not get on a bus to go to see Dr. Hamour (Infectious Diseases Specialist in Prince George) but can now have a video-linked consultation by Telehealth," she said. "People living with HIV in the North tend to have very basic unmet social needs and often other additional complex health issues. They would receive more appropriate care from an integrated multidisciplinary health care team."

She added that anyone in B.C. living with HIV is eligible for government-funded HIV medication with treatment currently offered early in the illness.

"Treatment is beneficial for the individual and allows for an almost normal life span," she said. "But the concept of treatment as prevention is also better for the whole population because if you are being treated with antiretroviral medications (ARVs), and your HIV viral load is fully suppressed, you are 96 per cent less likely to transmit the virus to others."

It is estimated that 25 per cent of people living with HIV are unaware of being infected. HIV testing is the cornerstone of a future for an HIV-free generation.

Dr. Hart added that while the number of HIV-positive persons is increasing in the Smithers area, many, but not all people, are receiving ARVs to treat the virus.

"People are better supported now by community agencies, knowledgeable physicians and pharmacists. Sadly, there are still people who could benefit from lifesaving treatment but, for a variety of reasons, are not accessing it," she said.●