



# Saskatchewan HIV Strategy: “Social Network Approach”

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Dr. Johnmark Opondo  
MHO

Provincial Leadership Team (PLT)

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HIV and HCV***

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# *A Strategy for Identifying Persons with Undiagnosed HIV infection*

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“Social Network investigation is all about breaking from the old model of just doing outreach. A main goal of social networking is to prevent HIV. What is put into the community in terms of knowledge and awareness is better than just random testing of people.”





# ***ENHANCED INVESTIGATION METHODS***

## **ROUTINE**

Obtain names of contacts exposed through:

- Sexual intercourse
- Injection drug needle sharing

With new case

## **SOCIAL NETWORK APPROACH**

Obtain names of contacts exposed through:

- Sexual intercourse
- Injection drug needle sharing
- With new case

### **PLUS**

- Consider individuals in your social networks who you believe may be at high risk for HIV infection and would benefit from HIV CTR



# ***METHODS***

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- Public health nurses used
  - interviewing cues,
  - environmental observation,
  - peer outreach,
  - serial interviewing,
  - conducted blood tests, and
  - offered treatment on the street.
- Rates of cases of HIV identified by outreach nurses and cases linked to another case were compared before and after adoption of an SNA.

# Social Networking Investigations

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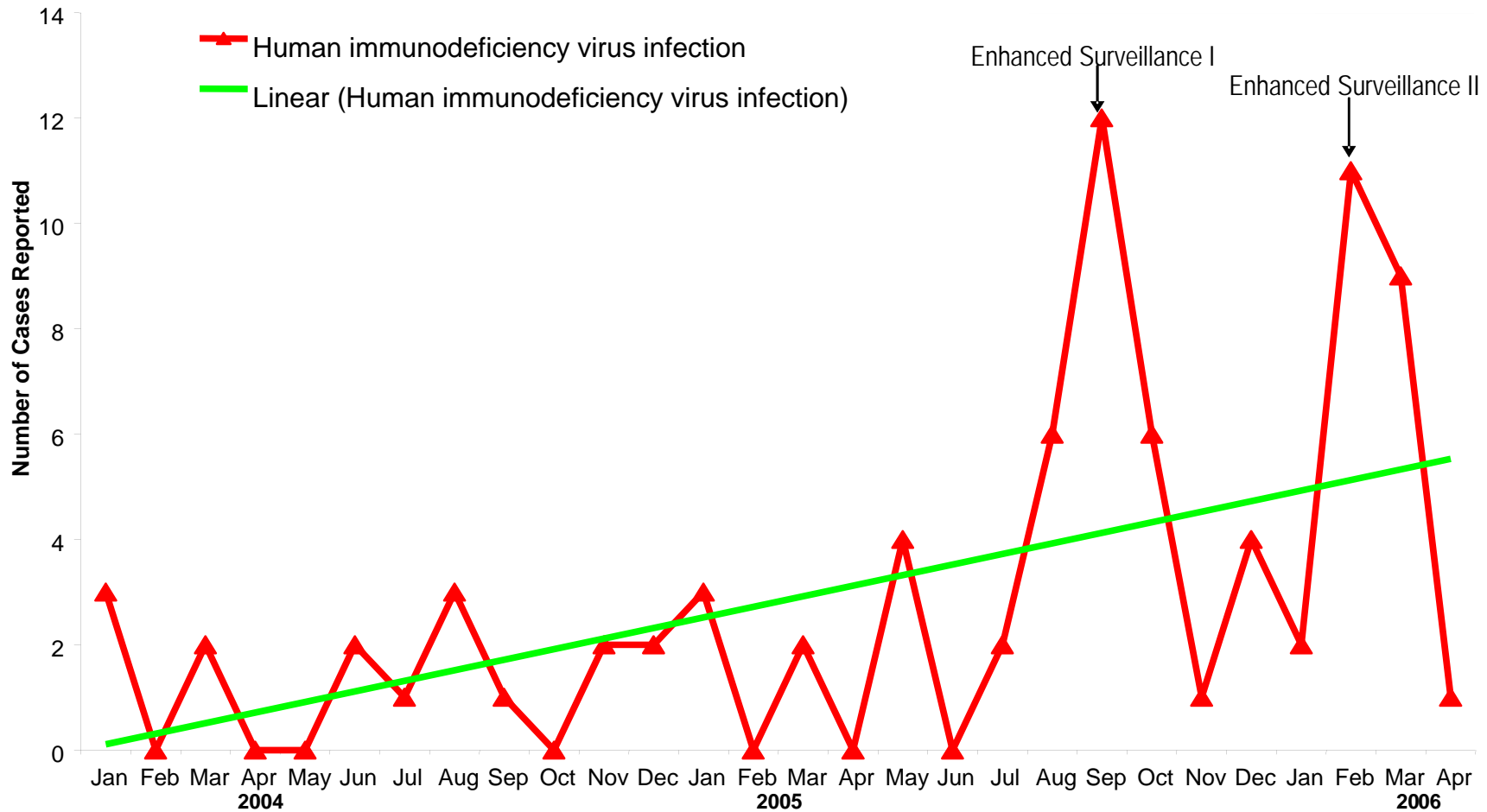
## Is beyond outreach

- Focuses on the social environment where risk behaviors occur
- Involves peers and community-level intervention
- Builds on the existing methodology of contact tracing
- A main goal of the social network approach is to put accurate knowledge and awareness in the community to prevent HIV transmission





# RESULTS : SNA HIGHER YEILD THAN STANDARD APPROACH

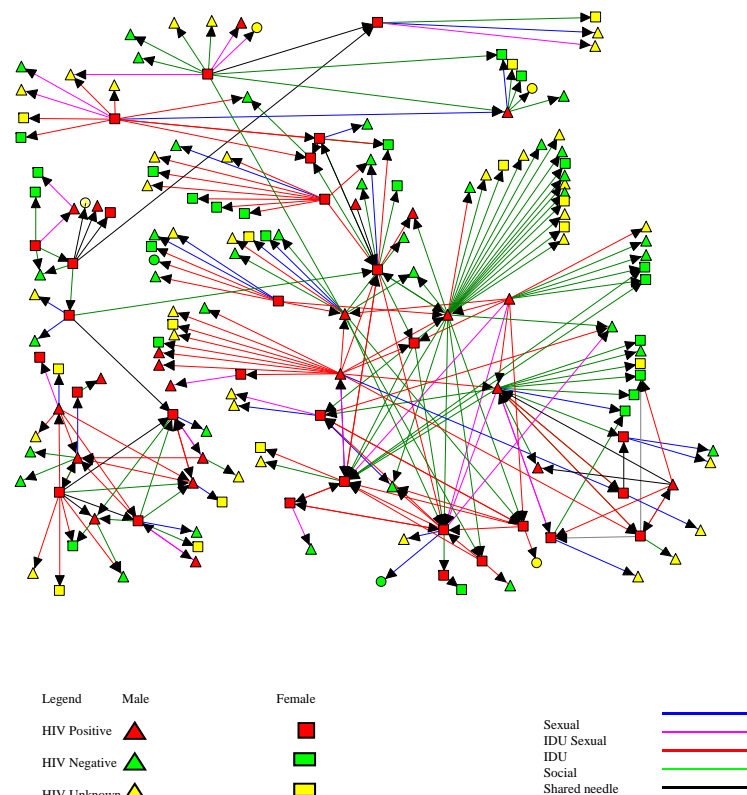


# MAJOR OUTBREAK IN BBPs 2005-2006

## ONE OF THE FACTORS RELATED TO RISING HIV/HCV RATES

- A network of 187 linked individuals was investigated as of March 2006. Fifty-eight individuals (31%) were HIV positive in this network with 46 (25%) newly diagnosed. 84 individuals (45%) in the network were HCV positive.

Figure 3. HIV / HCV Network in SHR June 2006



# A Summary of the Cluster Investigation (by March 2006)

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- Several networks of IDU sharing partners 187 individuals involved or named
  - One large network 117 individuals seven smaller satellite networks involving 6, 6, 10, 5, 5, 21 and 18 individuals have also been demonstrated
  - By November 2005, SHR has witnessed an increase in new HIV + cases by 247%
  - Close social connectedness of individuals involved in this outbreak was remarkable
- 40% (n=73) of the network was surveyed to further explore risk factors and behaviours. Key findings include:
    - IDU use in this community takes place in private homes often in the company of close friends, sexual partners or family members.
    - A substantial proportion of these individuals are of First Nations heritage.
    - HIV is increasingly becoming a concern for at-risk women of reproductive age.





# ***SUMMARY OF SITUATION***

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## **FACTORS RELATED TO RISING HIV RATES**

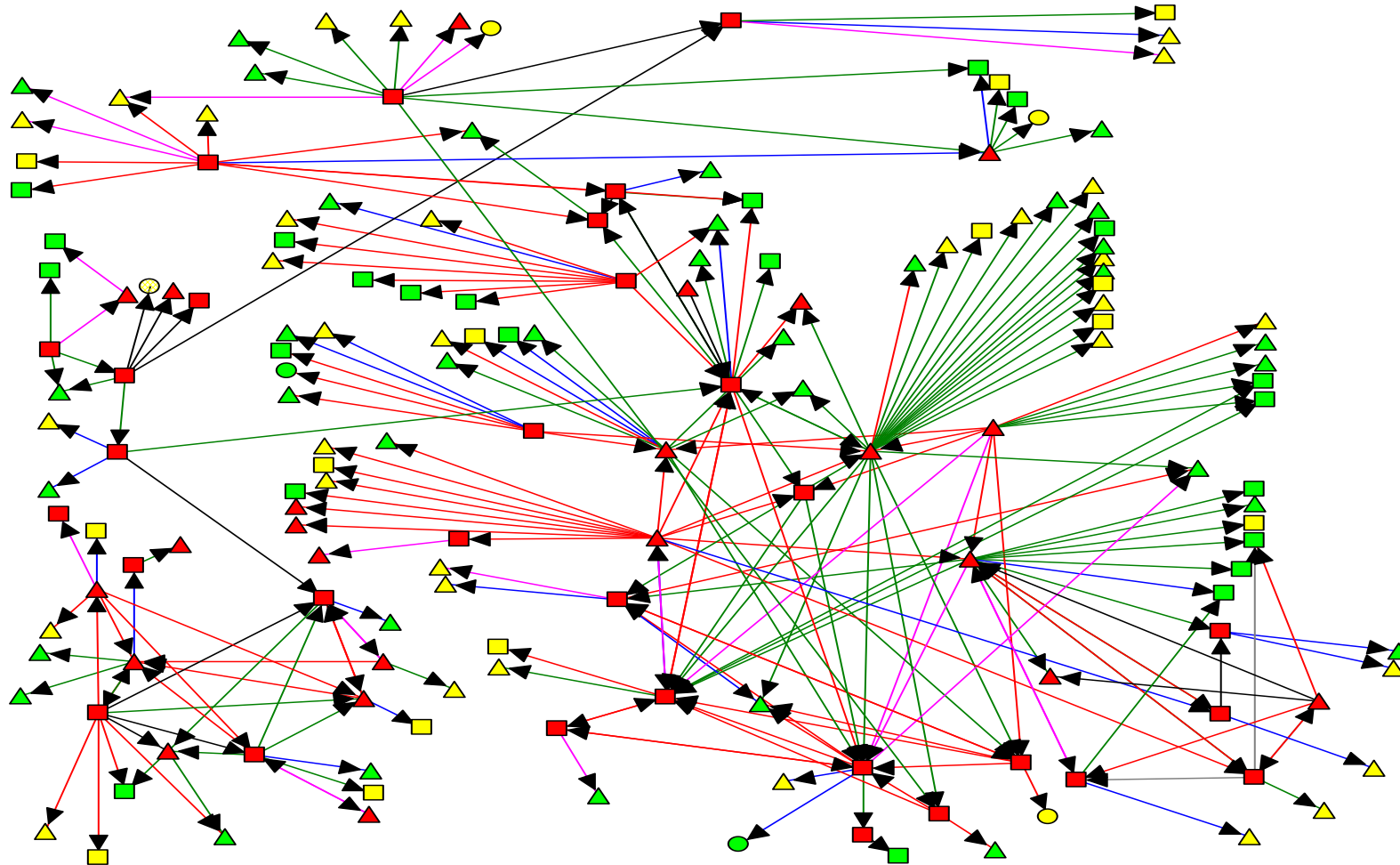
- Increased volumes of HIV tests performed
- HIV increasingly being recognized in both rural and urban RHAs
- Increased feminization of the HIV epidemic in SK
- Further involvement of younger age groups
- Individuals who self identify as having aboriginal ancestry only account for 10% of total population but 40% of all HIV cases
- Injection drug use (40%) and heterosexual transmission (10%) reported as risk factors associated with new HIV cases in 2004
- High rates of GC, CT and HCV in SK



# EFFECTIVENESS OF SOCIAL NETWORK METHODS

Health Region	Prior to using Social Network Approach 2004	Using Social Network Approach 2005
<b>Health Region 1</b>		
Incidence Cases	16	59
Covered Population	287,448	289,645
Incidence Rate / 100,000	5.57	20.37
<b>Health Region 2</b>		
Incidence Cases	21	21
Covered Population	245,784	246,877
Incidence Rate / 100,000	8.54	8.51
<b>z Statistic</b>	<b>3.11* which &gt; 1.96</b>	
<b>Conclusion</b>	<b>* Statistically significant at the 0.05 level</b>	

# HIV Main Cluster June 2006, Saskatoon Health Region



Legend	Male	Female
HIV Pos	▲	■
HIV Neg	▲	■
HIV Unknown	▲	■

Sexual	—
IDU Sexual	—
IDU	—
Social	—
Shared needle	—

# Discussion : Why follow-up “social contacts”?

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- Cases frequently under report their needle sharing or sexual contacts
- As cases are the most informed on the social context in which needle sharing activities occur, we hypothesized that cases who know their risk behaviour may provide a reasonably accurate assessment of who else may be at risk for HIV infection in a close knit cluster of immediate family, relatives and friends.
- In a vulnerable, hard to reach drug using population SNA may be a feasible approach.





# *CASE'S FOUND BY SOCIAL NETWORKING*

- 2-4 HIV positive individuals directly and only named as social contacts. These individuals would remain positive in the community to this day without being tested.
- 10 HIV Positive people (approximately) named initially as Social contacts, and later named as IDU or sexual contact. These individuals may or may not have come to our attention at a later date.
- 23 Positive HIV cases that were named at least once as a social contact.

# CONCLUSIONS

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- HIV positive individuals associated with this cluster are current injection drug users and many are engaged in multiple high-risk activities:
  - Commercial sex work
  - Injection needle sharing
  - Low rates of condom use
  - Poor self care
- IDU use in this community takes place in private homes often in the company of close friends, sexual partners or family members
- A substantial proportion of these individuals are of First Nations heritage
- All the women surveyed are of reproductive age, need several special services. It is important that all pregnant are routinely tested for HIV.

## OTHER ISSUES

- On-going support for HIV + individuals
- HIV stigma and discrimination
- Working with high needs clients who suffer serious social problems like:
  - Homelessness
  - Unemployment
  - Domestic violence
  - Addiction
- Need for integration of services along a continuum care
- Need a “**new**” model for case management?



# Thank You

**For additional information contact:**

**Dr. Johnmark Opondo,**  
Deputy Medical Health Officer  
Saskatoon Health Region  
[johnmark.opondo@saskatoonhealthregion.ca](mailto:johnmark.opondo@saskatoonhealthregion.ca)

