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## HIV Testing in Atlantic Canada

Jacqueline Gahagan, PhD

Dr. Debbie Kelly



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shortly.**

**All participants will be muted  
until the question period.**

# HIV testing in Atlantic Canada

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# **The Chief Public Health Officer's Report on the State of Public Health in Canada, 2013**

## **Infectious Disease—The Never-ending Threat**

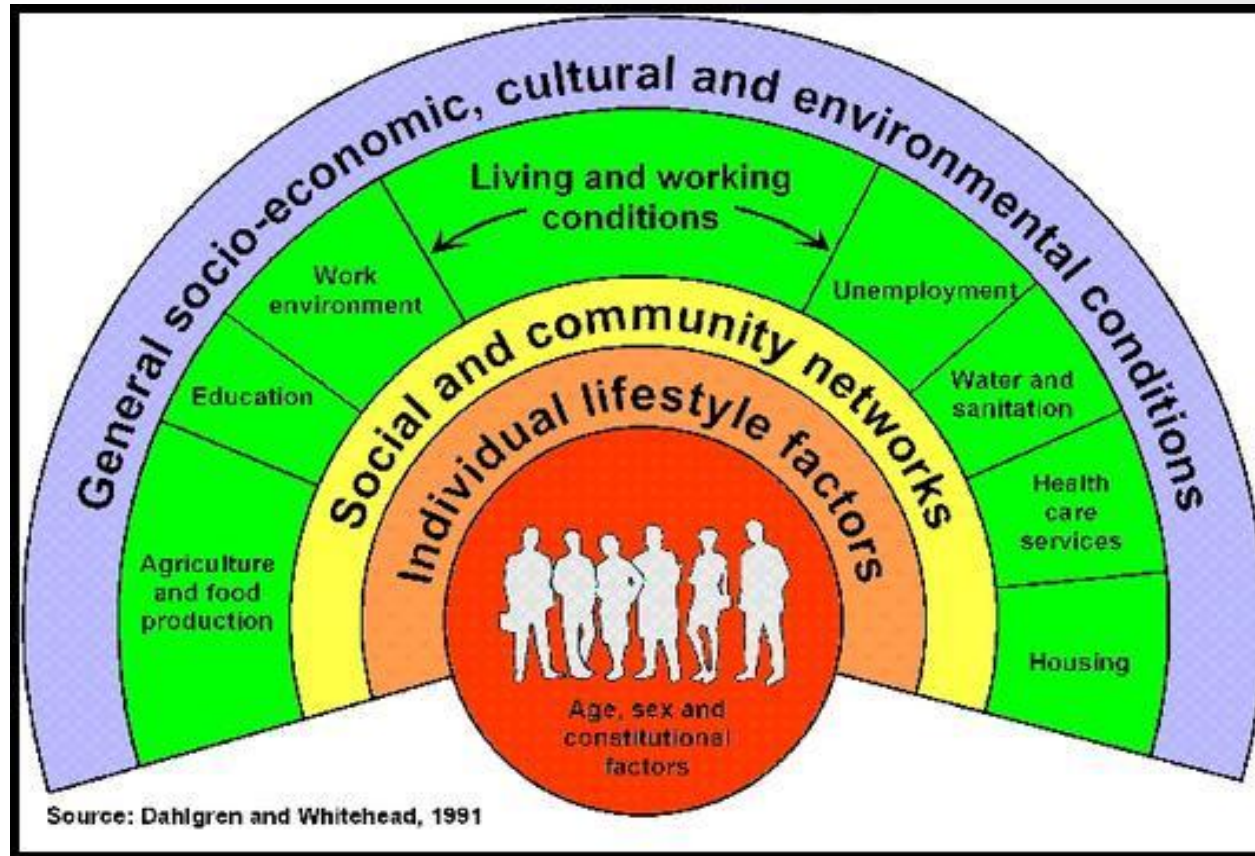
- *Sexually transmitted infections are a significant and increasing public health concern in Canada and worldwide.*
- *In Canada, reported rates of chlamydia, gonorrhea and syphilis have been steadily rising since the late 1990s.*
- *Young Canadians have the highest reported rates of sexually transmitted infections; however, increasing numbers of cases are being reported among middle-aged and older adults.*
- *Untreated sexually transmitted infections can have long-term health outcomes.*
- *Preventing and reducing the spread and impact of infection involves individual and broader commitments.*

# The Chief Public Health Officer's Report on the State of Public Health in Canada, 2013

## Infectious Disease—The Never-ending Threat

- *STIs such as HIV, syphilis and HPV have some long-term outcomes or can develop into chronic conditions.*
- *Being vigilant about infectious disease is not just about primary prevention; disease also needs to be monitored and managed over the lifecourse to improve overall health, well-being and life expectancy.*
- *Increases in STI cases as well as increases in the numbers of people living with these infectious diseases chronically points to the need for programs that adapt to this reality.*

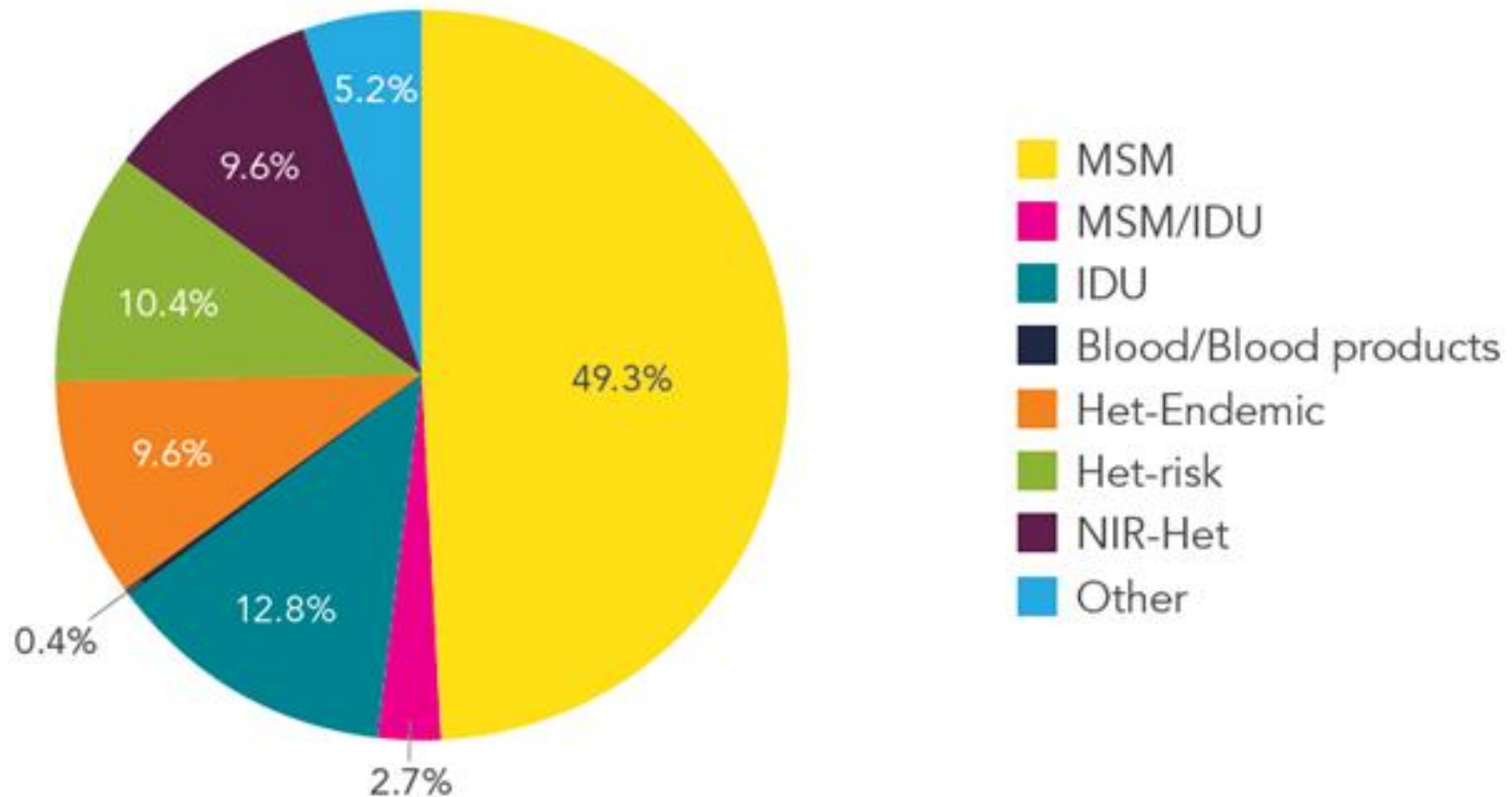
# Determinants of Health



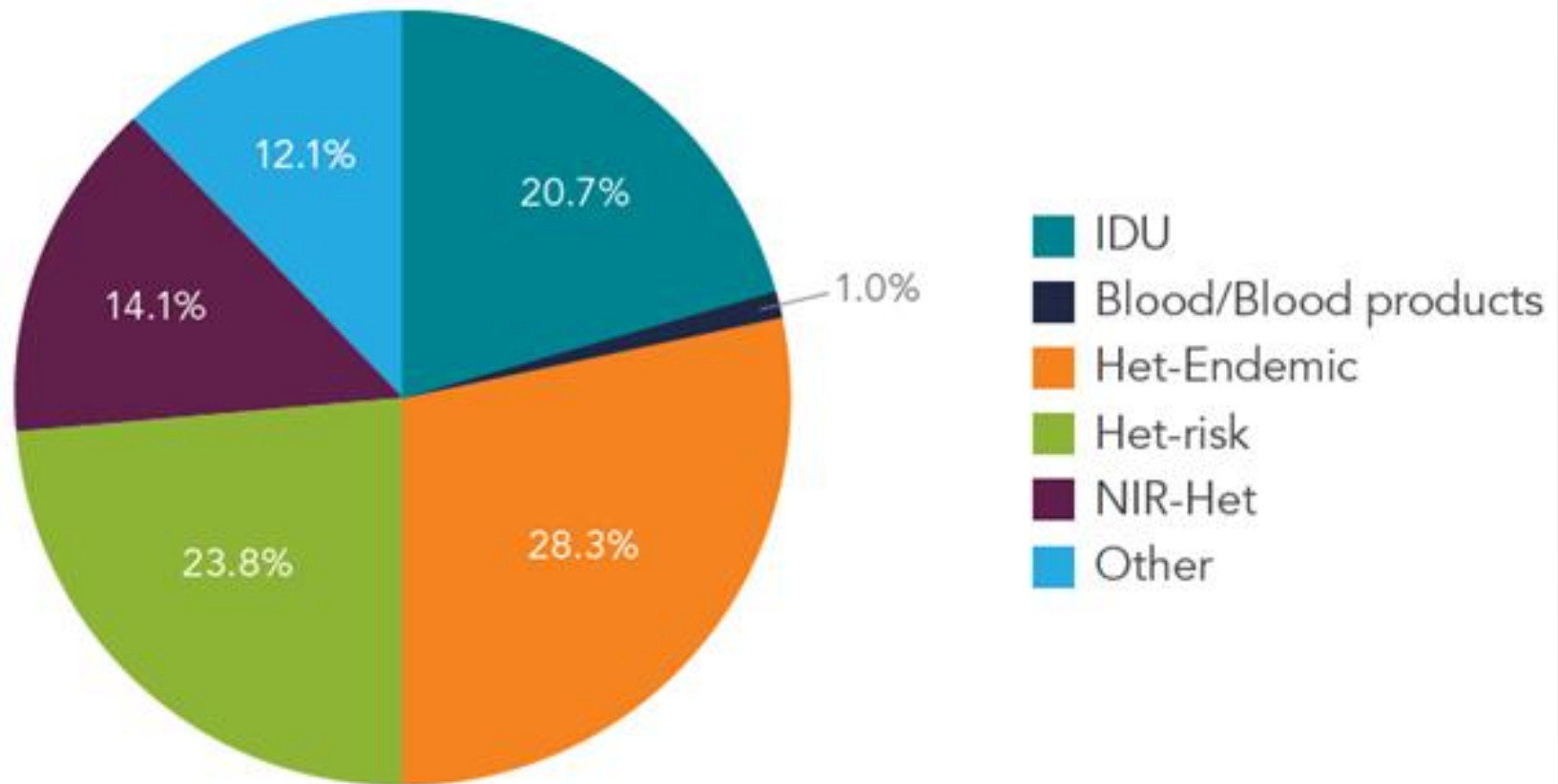
## All-age HIV diagnosis rate (per 100,000 population) by province/territory – Canada, 2013



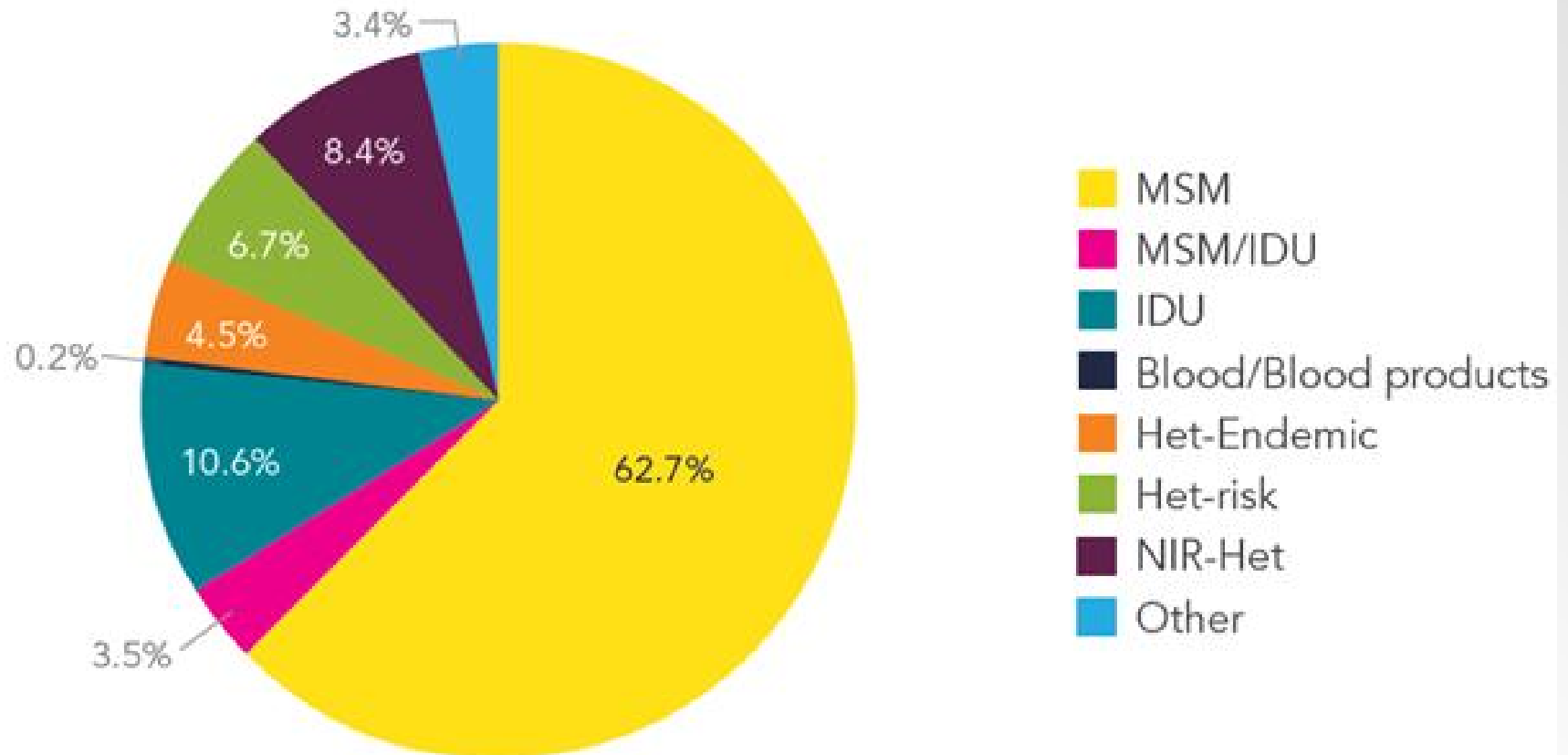
## Proportion of HIV cases among adults ( $\geq 15$ years old) by exposure category – Canada, 2013



## Proportion of HIV cases among adult females ( $\geq 15$ years old) by exposure category – Canada, 2013



## Proportion of HIV cases among adult males ( $\geq 15$ years old) by exposure category – Canada, 2013



# UNAIDS 90-90-90 framework

## 90-90-90

An ambitious treatment target  
to help end the AIDS epidemic

90%

of all



living with HIV will know  
their HIV status

90%

of all



living with HIV will receive  
antiretroviral therapy

90%

of all



receiving antiretroviral  
therapy will have viral  
suppression

## Testing is the 1<sup>st</sup> of the '90's'

- And yet access to and uptake of testing is highly variable
- Access to testing innovations such as rapid HIV point-of-care testing (HIV POCT) is not yet available in the Atlantic region
- Health Canada approval HIV POCT in 2005 for INSTI
- (allows for HIV test results in 60 seconds)
- Speaks to the need for government, community, industry and research sectors to collaborate and innovate to address testing gaps

# What prevents people from getting tested?

- In addition to a lack of access to testing innovations such as INSTI:
- Stigma about HIV
- Stigma about HIV testing
- Fear of a positive test result
- Perceived discrimination against those living with HIV
- Concern about (non)disclosure
- Lack of education about effective treatments
- Not currently part of a national sexual health promotion approach

# Determinants of HIV testing





# Challenges of Contact Tracing

- Although in some instances contact tracing where there is a reactive HIV POCT result can be challenging, it is better to know one's HIV (or STBBI) status than not.
- HIV POCT can allow for education opportunities with clients (whether a reactive or non-reactive result).
- HIV POCT can also offer a chance to explore concerns about a reactive result and offer referrals.

## Access to testing...

- Variable access across the Atlantic region
- Example: Nova Scotia (Halifax and Sydney) for anonymous testing
- You can be tested by a family doctor.
- If you do not have a family doctor (or would like to see a doctor other than your own), you can get the test through a walk-in clinic.
- In the Halifax Metro area, you can go to the Sexual Transmitted Diseases walk-in clinic for a non-nominal HIV test on Monday and Thursday evenings (902-473-2772).

## What can we do to improve testing?

Shift away from a disease model toward an 'upstream' ***sexual health promotion model***:

- In keeping with *Actions to Address STBBIs in Canada*, make testing for HIV and other STBBIs part of your annual 'wellness' check-up;
- Talk about testing with your health care providers;
- Share information on testing with others;
- Utilize new testing technologies and innovations (both in relation to testing kits as well as novel ways/locations to offer testing); and
- Speak to your local public health officials about the need for access to testing.

# Recommendations for HIV POCT in Non-Urban Settings

## Findings from our scoping review:

- Allied health professionals can provide important access to HIV testing in non-urban settings
- Uptake and satisfaction is high when HIV POCT is offered at innovative sites
- Adequate funding and strong project leadership facilitate success
- Considerations for scaling up POCT in non-urban settings include:
  - Preserving confidentiality
  - Streamlined consent procedures
  - Timely and comprehensive referral systems

# How the INSTI test works

[https://www.youtube.com/watch?v=CVSq59YC\\_24](https://www.youtube.com/watch?v=CVSq59YC_24)

Adaptation of POCT for Pharmacies to Reduce risk  
and Optimize Access to Care in HIV

# A New “APPROACH” to HIV Testing

# APPROACH study - rationale

- Offering HIV POCT through community pharmacies may improve access to testing and provide linkages to care
  - Pharmacists offer a variety of client focused services in a private environment
  - People generally feel strong ties to their pharmacist
  - Pharmacy accessibility and hours of operation
  - Offers another avenue for testing outside the “traditional route/healthcare system”

# HIV in Newfoundland & Labrador

## Newfoundland and Labrador Communicable Disease Surveillance Monthly Disease Report: December 2015

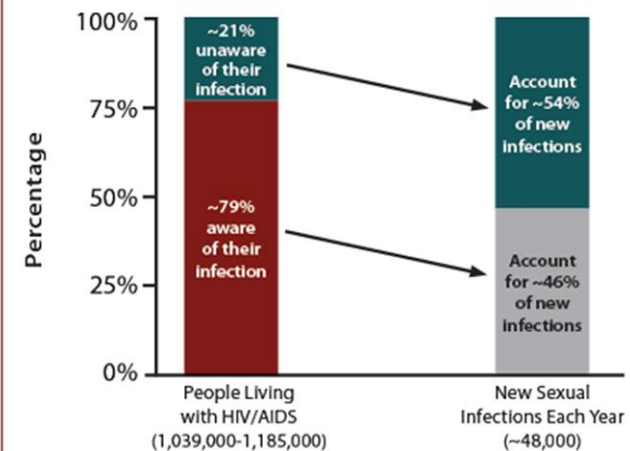


DISEASE CLASS	DISEASE NAME	TOTAL			EASTERN			CENTRAL			WESTERN			LABRADOR GRENFELL		
		Dec	YTD 15	YTD 14	Dec	YTD 15	YTD 14	Dec	YTD 15	YTD 14	Dec	YTD 15	YTD 14	Dec	YTD 15	YTD 14
Sexually Transmitted and Bloodborne Pathogens	Chlamydia	62	965	869	45	654	549	2	71	66	12	117	91	3	123	163
	Gonorrhoea	0	38	62	0	29	54	0	4	4		2	3	0	3	1
	Hepatitis C	14	153	125	11	109	92	2	17	12	1	22	20	0	5	1
	HIV Infection	1	12	8	1	11	8	0	0	0	0	1	0	0	0	0
	Syphilis, infectious	0	34	24	0	32	23	0	1	0	0	1	1	0	0	0
	Syphilis, non-infectious	0	7	5	0	4	4	0	0	0	0	3	1	0	0	0

# Benefits of early diagnosis

- Early treatment = Near normal life expectancy
- Prevent opportunistic infections, AIDS-related malignancies
- Prevent HIV transmission to others

**Majority of HIV Transmissions From People Unaware of Their Infection**



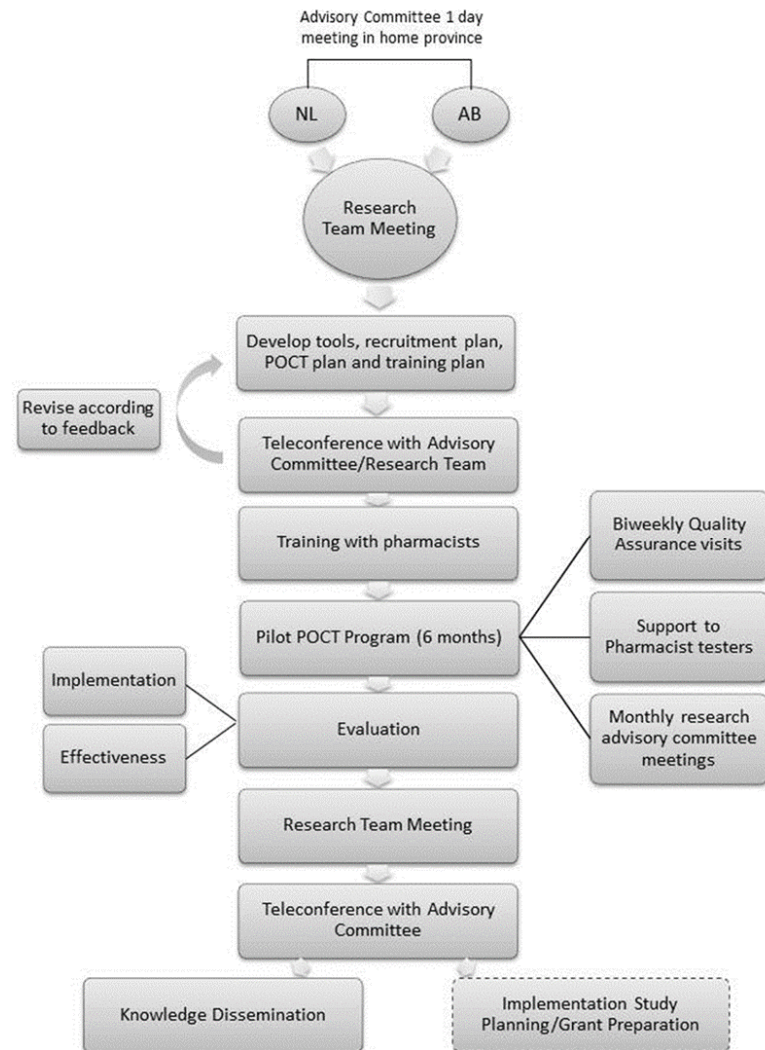
Marks G. et al. *AIDS*. 2006;20:1447-1450; Hall HL. et al. *JAMA*. 2008;300:520-529; Campsmith ML. et al. *J Acquir Immune Defic Syndr*. 2010;53:630624; Prejean J. et al. *PLoS ONE* 2011;6:317502.

# APPROACH study – objectives:

- To develop and implement an effective community-pharmacy based HIV POCT program.
- To gauge the acceptability, feasibility, and effectiveness of the program in reaching target populations.
- To assess the implementation and effectiveness of the pharmacy model of HIV POCT in urban and rural communities within Newfoundland and Alberta.
  - NL: St. John's (SDM LeMarchant) and Corner Brook (SDM West St)
  - AB: Edmonton (independent) and Fort McMurray (SDM)
- To conduct a preliminary costing analysis.

# Study overview

- Implementation Science approach
  - Effectiveness vs. efficacy
  - Contextual factors
  - Real-life conditions support program continuation beyond study duration



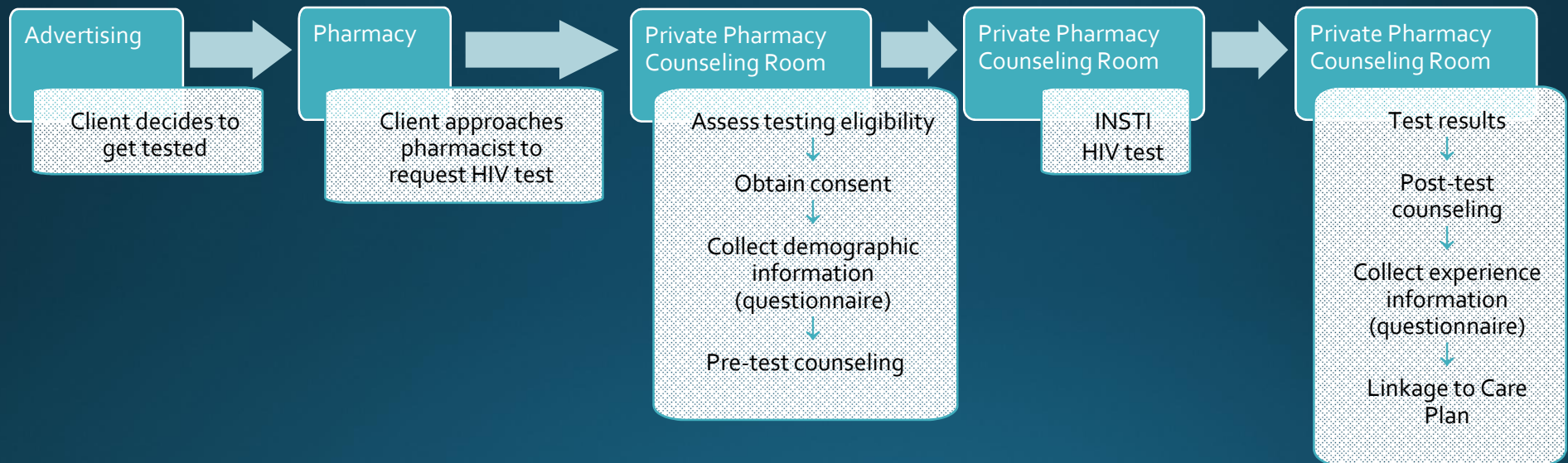
# Provincial Advisory Committee (NL)

- Community partnerships
  - ACNL
  - SWAP
  - Methadone program
  - Safe Harbour Outreach Program
  - Pride
  - LGBTQ Youth group...
- Regional health authorities
  - Provincial HIV program
  - Eastern Health STI clinic
  - Western Health CDC/health promotion
- Public Health
  - PHL
- Government/Policy
  - Disease Control Nurse Specialist
  - Medical Officer of Health
- Regulatory
  - NL Pharmacy Board

# Required elements of POCT program

- Testing must be confidential
  - All pharmacy staff must be trained in how to handle requests for HIV testing
- Informed consent
- Pre- and Post-test counselling
- Testers must be trained, competency assessed, with ongoing quality control measures
- Encourage testing for other STBBI as appropriate
  - Know local options for testing
- Linkage to care plans for clients with reactive results
  - Appropriate test result interpretation
  - Confirmatory testing asap
  - Offer support
  - Report reactive results to appropriate follow up person – Kim Burt, provincial HIV program

# Testing Process



# Main Outcome Measures

- Number of tests performed, test results, time required to provide test
- Client demographics (survey)
- Client perception of HIV testing experience (survey)
  - + optional telephone survey
- Pharmacist perception of the testing experience (interviews/focus group at end of study)

# Study timeline and progress to date

- March 2016: CIHR funding announced
- June- August 2016: Selection of pharmacy sites, establishment of provincial advisory committees (PAC)
- Sept-Dec 2016: PAC meetings in NL, AB; study tool development, recruitment materials
- Jan-Feb 2017: NL training program; live date – Feb. 14<sup>th</sup>, AB training program; live date – Mar. 14<sup>th</sup>
- March-July 2017: Pharmacist testing period (NL, AB)
- Aug-Sept 2017: Data analysis and result dissemination

# Next steps... beyond APPROACH phase I

- Seeking funding to extend study – full implementation of pharmacy model
  - 5 sites in each of NL, AB (esp. rural)
  - 12-month testing period
  - Assess feasibility of extending into 2 additional provinces (NS and SK)
  - Full costing and cost-effectiveness analysis
- Other POCT products
  - HCV
  - Multiplex (HIV, HCV, syphilis)
- Linkage to care opportunities
  - Confirmatory testing options

# Acknowledgements

- CIHR – HIV Implementation Science (component I)
- BioLytical Laboratories
- ACNL

# Study team

- Newfoundland
  - Dr. Debbie Kelly (NPI)
  - Dr. Jason Kielly (co-PI)
  - Dr. Hai Nguyen
  - Dr. Shabnam Asghari
  - Mr. Phillip Lundrigan
- Alberta
  - Dr. Christine Hughes
- Nova Scotia
  - Dr. Jacqueline Gahagan

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**Please evaluate this webinar.**

**Thank you!**

