



Canada's source for  
HIV and hepatitis C  
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La source canadienne  
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le VIH et l'hépatite C

# New HIV Testing Approaches

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March 5, 2015



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# Rapid POC HIV Testing: A Review of the Evidence

- **People prefer rapid testing**
- **People will accept rapid testing**
- **Rapid testing reaches people who have never been tested**
- **Rapid testing reaches people who have not tested recently**
- **People tested with a rapid test receive their results**
- **Rapid testing reaches people who are living with HIV but are undiagnosed**
- **People who test positive with a rapid test are successfully linked to care**

# Options Clinic

## Anonymous HIV Testing Program



# What is the program?

- Began in 1992 at the London InterCommunity Health Centre.
- One of 50 anonymous HIV testing sites in Ontario.
- Provides HIV prevention, testing and counselling services to at-risk populations at our fixed site and on an outreach basis in and around the city.
- Has offered the INSTI Point Of Care (rapid) test since 2007.
- Only Hassle Free Clinic in Toronto is busier.



# Why was the program developed?

- To increase HIV prevention, testing and diagnosis rates in London and surrounding areas among at-risk populations.
- At-risk populations, including MSM, youth, Aboriginal people, injection drug users, and people from endemic countries are less likely to access services in clinical settings.
- To meet clients in community-based organizations that they were already accessing for services.



# How does the program work?

- We provide weekly, bi-weekly, monthly or quarterly outreach testing and counselling services to clients who prefer to test on a drop-in basis in a community-based organization rather than at a clinic. These are done in partnership with local organizations who work with populations at higher risk for HIV infection.
- Clients do not present any identifying information.
- Clients are given a six-digit code number which is included with the epidemiological information submitted.
- Test results can therefore never be linked to an individual, which is significant for those who want to know their status but do not want it known to the health care system.
- Counsellors facilitate linkage to care for anyone testing HIV positive.



London  
InterCommunity  
Health Centre

# Community partnership building

- What makes Options Clinic unique is the partnerships it has developed with local community-based organizations to encourage at-risk, culturally-diverse populations to test. These partnerships include bathhouses, universities, AIDS Service organizations, youth centres and service providers for Aboriginal people.
- The Options Clinic coordinator has leveraged the strong links and relationships that those agencies have established with their clients to build future strategies upon.
- Each partner signs a partnership agreement that outlines the responsibilities of the Options Clinic and the local organization.



# Aboriginal people

- Aboriginal people make up less than 4% of Canadians, yet accounted for 12.5% of all new HIV infections in 2008.
- Options Clinic established a partnership with the Ontario Aboriginal HIV/AIDS Strategy (OAHAS). This not only gave Options Clinic credibility in offering culturally-appropriate HIV prevention, testing and counselling services, it expanded other agencies' capacity to test and to provide culturally-specific pre and post-test counselling for members of Aboriginal communities.



# Central Spa

- Half of all new HIV infections in Canada are among MSM.
- Options Clinic has tested at the local bathhouse since 1993.
- Clinics are one evening per week and two lunch-hours.
- 11% of all our clients test at the bathhouse.
- Because MSM are disproportionately affected by syphilis, syphilis testing has been offered since 2013. While it is not anonymous, results cannot be linked to HIV tests.
- Options Clinic has a profile on the hook-up site Squirt promoting clinics and offering a forum for comments.

# Pride London

- Outreach testing at Pride began in 2008.
- For two years testing was offered at the nearby AIDS Service Organization. Very few people took advantage of this.
- When testing is offered on-site in a tent, counsellors can seldom take a break.
- We are unaware of any other organization in the country to offer testing at Gay Pride events.



London  
InterCommunity  
Health Centre

# CounterPoint needle exchange

- London's opioid overdose rate is twice the provincial average.
- London's Hepatitis C prevalence among IDUs is 79%.
- London's HIV prevalence rate among IDUs is 5%.
- CounterPoint is a program at London's Regional HIV/AIDS Connection.
- POC testing was offered twice weekly.
- Currently, anonymous HIV testing is offered by LIHC nurses who also provide Hepatitis C tests.



# Youth Action Centre

- Options Clinic has provided outreach testing at this drop-in for street-involved youth since 2006.
- Clinics are offered twice per month.
- Typically, about 5% of all clients test at YAC.

# Trends

- Providing outreach testing clinics increases the visibility of Options Clinic in the community.
- The percentage of clients identifying as Aboriginal increased from 4% in 2010 to 10% in 2014.
- The percentage of clients disclosing injection drug use increased from 6% in 2010 to 17% in 2014.
- People from the African, Black and Caribbean communities account for less than 4% of all clients.
- Typically fewer than 1% of clients test positive.
- Fewer MSM are testing positive than in past years. On the other hand, two-thirds of all infections in the past two years have been among injection drug users.

# Promoting testing in Central Spa

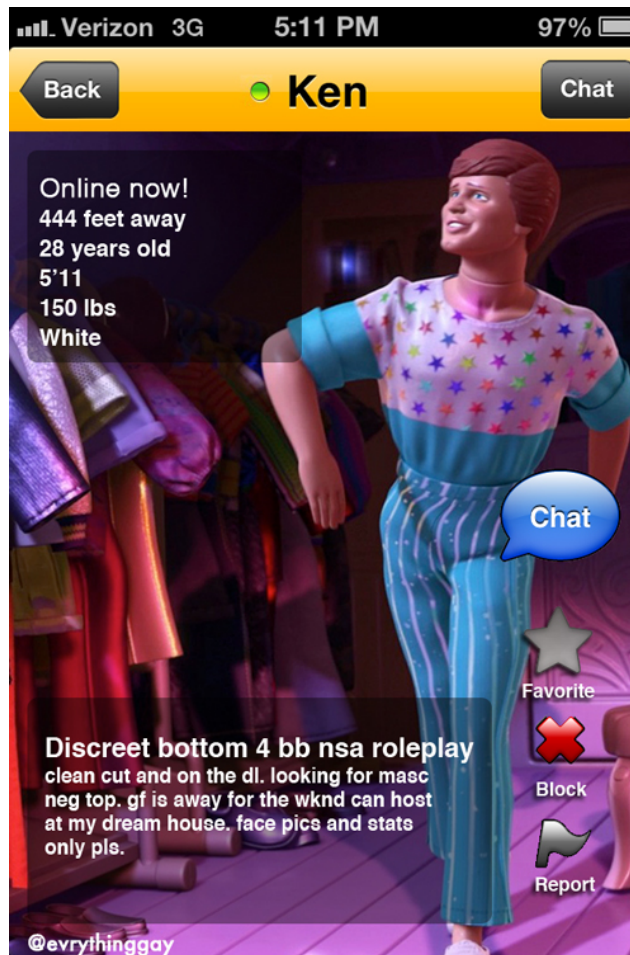


**Unlike Canada Post, you still go door to door.  
Knock on Room 100. Get tested.**



London  
InterCommunity  
Health Centre

# Promoting testing in Central Spa



Before you click,  
get pricked.

# Promoting testing in Central Spa



**Times change. Tastes change. Has your status changed?**



# Lessons learned

- Providing testing in partnership with other organizations is mutually beneficial.
- Providing outreach testing is convenient.
- Testing needs to be adapted to each population.
- Outreach testing boosts fixed location testing.

# Agenda

- HIV high risk population
- Correction facility
- Goal
- How are we going to do this?
- Experience
- Inmates perspective/evaluation

# HIV

- 27,420 people living with HIV (Ontario 2009)
- 25-30% HIV + not diagnosed/unaware
- 5 times higher in prison population
- <5% correction facilities offer HIV testing
- Less likely to seek medical care
- Leave before standard result given

# HIV Rapid/POC Testing Pilot



# What was the goal of the pilot?

- Designed to increase HIV testing uptake
- Knowledge of serostatus
- General awareness of HIV risk behaviors and prevention
- Increase the initiation of HIV treatment

# Point of Care POC

- anonymous
- rapid
- legislated
- first time offered
- Halton 2008 POC



October 2011-  
March 2012

Mon, Wed, Thurs  
2-3 pm

Posters  
CT/GC testing  
6 page survey



# Challenges

- Slow uptake
- Timing issues
- Interview room limitations
- Lockdowns/Unit 1
- Mental health issues
- Paper work, 14 pages in total



8

Wear your seat belt and blood alcohol limits from 0.02 to 0.05 with BAC.



8

9

It is best to never share any injection equipment. If you must share, use bleach and hot water. Do not use BAC. For more BAC, call 1-800-387-0834.



6

10

People in some communities can't afford to get clean needles and other things like clean water and BAC. For more BAC, call 1-800-387-0834.



10

J

Everybody should always cover their cut and sores.



f

Q


If you have up, always use your own tooth and water and BAC.



0

K

Needles and syringes cleaned with bleach, should be used to add water, taken apart, soaked in bleach for 10 minutes and rinsed again in cold water.



K

A


If you're unsure how to properly clean needles, find out. Talk to someone you trust or call the BAC helpline.



A

JOKER

Talk to other people who do have BAC and see how helpful.




Be S.H.A.R.P.

# Overall Numbers

- 156 individuals tested
- 121 surveys completed(78%)
- 1 reactive

# Most important reason for testing

- 28% – Point-of-Care/HIV rapid (POC) test
- 27% – can get an HIV test
- 12% – it's being done by PH not the prison
- 11% – can also get tested for STIs
- 10% – can get anonymous test

# Did we meet the goal?

- 42% report first HIV test
- 98% received the info needed and were “completely satisfied”
- 99% got the info needed to protect themselves

# Lessons learned

- How appreciative and respectful they were
- Response to support the pilot project
- “anonymous” difficult with this environment
- Importance of facility support and coordination
- Multiple health/mental issues

# Comments from inmates

- *“Keep this program alive, it could save lives.”*
- *“The speed of the results really put my mind at ease instead of waiting/worrying for a week or two.”*
- *“I believe with this rapid test it is a lot simpler and more people will do it”*

# Questions?

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Halton Region Health  
Department

# SAY YES TO KNOWING

HIV Get Tested

Rapid HIV "Point of Care" Testing is available here!

- *Anonymous and Confidential*
- *Testing by counsellors from Halton Region Health Department*
- *Test results are not part of your prison healthcare record*
- *Accurate*
- *Fast (as little as 20 minutes)*
- *You also have the chance to give us your anonymous feedback about your testing experience.*
- *A simple urine test for other Sexually Transmitted Infections (chlamydia and gonorrhoea) is available at the same time.*

Interested? Just submit a request to healthcare to see the Public Health Nurse  
It's easy to get testing when you're out of jail too. To find out how, call the AIDS and Sexual Health  
Information Line 1-800-668-2437



## **HIV SCREENING IN DENTAL CLINICS**



# Rationale

- 1 in 4 people living with HIV in Canada do not know it. (PHAC)
- Many Canadians do not visit their primary care physicians for HIV testing because they do not feel “sick” or show any symptoms of illness.
- By contrast, dentists, see their patients much more consistently, and do often have long term relationship with their patients.
- Approximately 64% of Canadians aged 12 and over visited a dental office in 2005[1], and 50% of Canadians visit their dentists once or more every six months.

[1] Walk-in primary medical care centres: lessons from Canada. Melvyn Jones. BMJ. 2000 October 14; 321(7266):928-931



# Studies

- In 2005, of the 3.6 million (US) identified as high risk but with no HIV test in past 5 yrs: 75% had seen a dentist in the past 2 yrs. [2]
- 2005 National Health Interview Survey: Of individuals that had no doctor visit in past year: 50% had seen an oral health care provider. [2]

## Mar 08 – Dec 09: 3565 POC tests at Harlem Hospital' s onsite outpatient dental clinic

Of the 19 confirmed positive:

- 15 linked to care
- 9 had either ER, GP or Dental Clinic in the past year but no HIV test was offered.
- 6 met criteria for AIDS

1. Pollack HA et al. Dental. Examinations as an Untapped Opportunity to Provide HIV Testing for High Risk Individuals. Am J of Public Health Jan 2010.
2. Greenberg et al. Dentists' Attitudes Towards Chairside Screening of Medical Conditions. JADA Jan 2010.
3. Blackstock et al. Evaluation of a Rapid HIV Testing Initiative in an Urban, Hospital-Based Dental Clinic. AIDS Patient Care and STDs 2010.



# The Pilot

- Trained and supported three low-cost dental clinics and residents from the UBC Faculty of Dentistry to offer HIV screening using rapid point-of-care (POC) tests to all of their patients.
- Pilot dental clinics were chosen by the populations they serve and from clinic pre-assessment tools.
- All clinic staff completed a comprehensive training.
- Dentists, CDA's and hygienists were able to perform the test.
- Preliminary Positives were to be referred to a partner clinic, often in the same building and/or the STOP HIV Team (an HIV interdisciplinary clinical team). Once reported to the STOP team there was no further follow up needed by the dental clinic.



# Lessons Learned

- Building Relationships
- Support of Dental Colleges and Associations
- Comprehensive Staff Education for the Whole Clinic Team
- Patient Acceptability
- Research Components



# Challenges

- Lack of Education
- Billing Codes
- Workflow and Time
- Testing Technology
- Pilot Program Length and Support



# Evaluation Data – In partnership w. UBC

Number of participants, N (%)	22
Patients who accepted rapid testing	4 (18)
Patients who declined rapid testing	18 (82)

Patients who **accepted** the test

Q: Why did you choose to have the test? N (%)

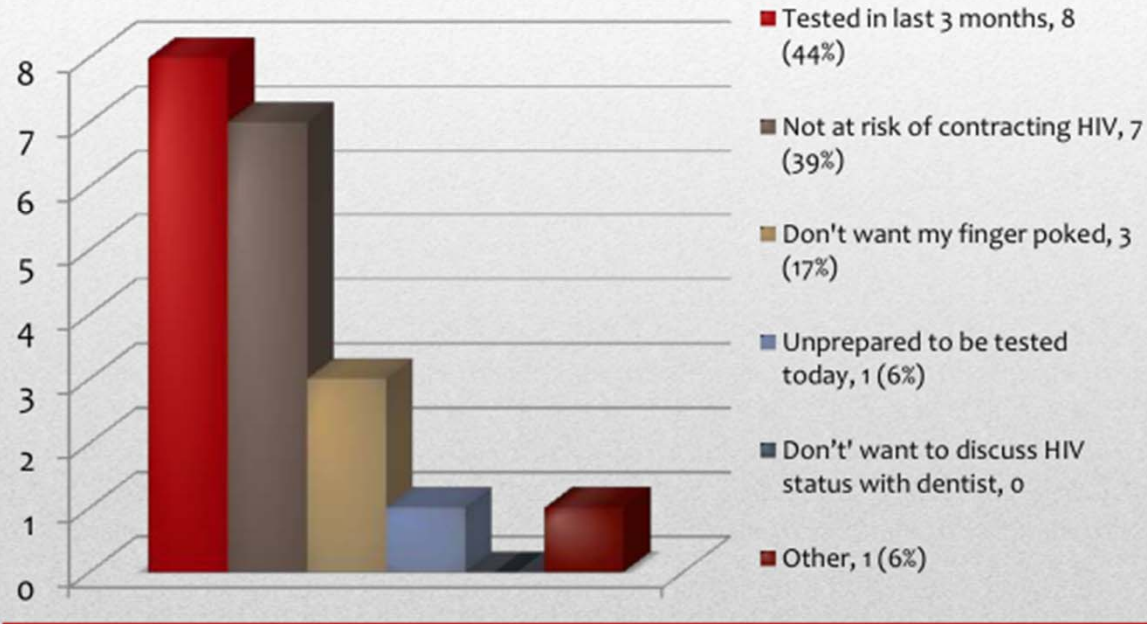
- It is convenient 0 (0%)
- I have always 4 (100%)
- It is free 4 (100%)
- It is fast / I did not have to wait for results 4 (100%)



# Evaluation Continued...

## Patients who **declined** HIV Testing

Question 6: I chose not to take the rapid test because:

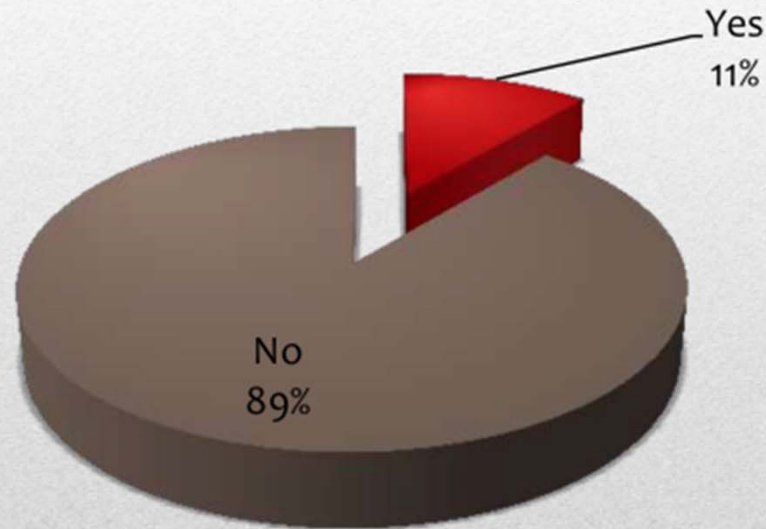




# Evaluation Continued...

## Patients who declined HIV Testing

Question 8: Would you have chosen tested if it were offered by your family doctor?



[1] Walk-in primary medical care centres: lessons from Canada. Melvyn Jones. BMJ. 2000 October 14; 321(7266):928-931





# Evaluation Data – Dentists and Hygienists

- Very comfortable once trained
- Had no 'negative' responses from patients
- Have continued the project

**Next Steps....**





**THANK YOU**

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# POINT-OF-CARE HIV TESTING: COMMUNITY PHARMACY PILOT

CHRIS BUCHNER, Vancouver Coastal Health

Thanks to: Sophie Bannar-Martin, Afshan Nathoo, Bob Rai, Jillian Pringle, Reka Gustafson

March 5, 2015



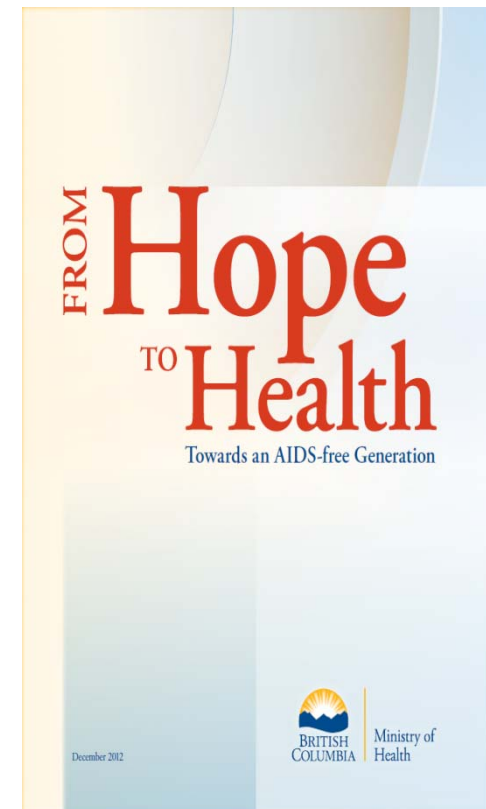
# PUBLIC-PRIVATE PARTNERSHIP

## Partners

- Medicine Shoppe Pharmacies
  - Vancouver: Medicine Shoppe at 6180 Fraser Street; Medicine Shoppe at 2030 Kingsway (Owner Bob Rai)
  - Victoria: Medicine Shoppe 1964 Fort Street (Owner Dejan Trinajstic)
  - Nanaimo: Medicine Shoppe 1150 Terminal Park Avenue (Owner Elijah Semaluulu)
- Vancouver Coastal Health
  - Chris Buchner, Regional Director Prevention
  - Reka Gustafson, Medical Health Officer and Director Communicable Disease Control
  - Afshan Nathoo, Regional Clinical Practice Lead, HIV
- Island Health
  - Dee Hoyano, Medical Health Officer
  - Sophie Bannar-Martin, STOP HIV Project Coordinator
- BC Ministry of Health
  - Ciro Panessa, Director Blood Borne Pathogens
- Partnering Medical Clinics

# RATIONALE

- In the context of the Provincial Hope to Health Framework which provides strategic direction to Health Authorities in the progress towards an AIDS free generation.
  - G3: Diagnose those living with HIV as early as possible in the course of their infection
  - M1: By 2016, rates of HIV testing in each health service delivery area will be at or above 3,500 per 1000,000 people, and each HSDA will have increased HIV testing by at least 50%.
  - M2: By 2016, the proportion of people diagnosed early in the course of their infection will meet or exceed 50% in each health authority.
- Evidence shows that the majority of people newly diagnosed with HIV have had many missed opportunities in health care for earlier diagnosis.
- Part of an overall approach: combination of routine offer in healthcare settings AND targeted testing for key populations
- Offering testing in a non-traditional setting may increase access to testing to a subset of the population and help reduce the stigma associated with HIV testing.



# PILOT OVERVIEW

- Pilot will take place over 12 months or until target # of tests/site is reached (600 tests/site).
- Rapid HIV POC testing will be offered free-of-charge to pharmacy customers.
- VCH provides training and support to clinical pathway/documentation development, including data collection, reporting, quality assurance and referrals pathways for clients requiring confirmatory testing and/or support.
- Island Health funds the initiative (including payment of pharmacist time - \$15/test and cost of evaluation) and provides technical and operational support to the Vancouver Island sites.
- Pilot pharmacies will be responsible for the development, printing, distribution and costs related to promotional materials.
- HIV Testing kits provided by BC Centre for Disease Control provincial program.

# LAUNCH

- Vancouver sites launched July 2014.
- Nanaimo site launched August 2014 and Victoria site in September 2014.
- Media release received great coverage, both online and print:
  - Globe and Mail, National Post, The Province, The Vancouver Sun, Omni TV, Yahoo Canada, CBC Montreal, CBC TV English, CBC TV French, CTV News Vancouver, CTV News across Canada (at all stations across Canada), PG Citizen, Northern View (Prince Rupert), CHNL Kamloops, Vancity Buzz, City TV Winnipeg, Daily Nanaimo News, Burns Lake District Gazette, Creston Valley Advance, Goldstream News Gazette, Montreal Gazette, Maple Ridge News, Williams Lake Tribune, Cowichan News Leader, Tri City News, Burnaby News Leader, Cloverdale Reporter, Houston Today

# TRAINING AND LINKAGE TO CARE

- Pharmacists received extensive training in HIV 101, HIV pre and post test counseling, use of rapid tests (including proficiency testing), quality assurance, documentation, and pathways for linkage to care. Training also included data collection, reporting and documentation standards.
- All clients receiving positive POC will be immediately referred to the partnering medical clinic for confirmatory blood-work and any additional counseling.
- Other referrals may include public health HIV nurses, outreach teams, and AIDS Service Organizations.
- All confirmed positive tests are reported to public health. Public health nurses will link with physicians to provide clients counseling support upon diagnosis, linkage to treatment and support services and partner notification services.



# MONITORING AND EVALUATION

- Pilot evaluation will include:
  - Testing volumes
  - Yield
  - Cost efficiency
  - Population tested: Client demographics (age, gender, ethnicity), first HIV test
  - Pharmacists' experiences
  - Client satisfaction
- A final report containing recommendations for consideration by provincial policy makers will be produced

# DATA SNAPSHOT

<b>Pharmacy POC Testing Pilot Vancouver Sites - Kingsway &amp; Fraser</b>			
May 6, 2014 to December 31, 2014			
	#	%	%
Total # of tests	453		
Female	156	156/453	34%
Male	295	295/453	65%
Transgendered	0	0/453	0%
First test for client	320	320/453	71%
<b>Ethnicity</b>			
Aboriginal	15	15/453	3%
Afghan	2	2/453	0%
Persian	2	2/453	0%
Asian	256	256/453	57%
Black	2	2/453	0%
Caucasian	109	109/453	24%
South Asian	43	43/453	9%
Other	20	20/453	4%
Blank	4	4/453	1%

<b>Pharmacy POC Testing Pilot Combined - Fort and Terminal</b>			
August 1, 2014 to December 31, 2014			
	#	%	%
Total # of tests	83		
Female	33	33/83	40%
Male	50	50/83	60%
Transgendered	0	0/83	0%
First test for client	33	33/83	40%
<b>Ethnicity</b>			
Aboriginal	1	1/83	1%
Asian	1	1/83	1%
Black	0	0/83	0%
Caucasian	74	74/83	89%
South Asian	0	0/83	0%
Other	7	7/83	8%
Blank	0	0/83	0%

# EXPERIENCES

- Initial data reveals the majority of those tested at the pilot sites, are self-reporting this as their first ever HIV test
- Pharmacists have commented that customers express liking the privacy and confidentiality of this testing opportunity.
- One customer travelled from Kelowna to access testing at a Vancouver pilot site.
- Data indicates the majority of customers accessing the Vancouver sites identify as Asian, while the majority of Vancouver Island site customers identify as Caucasian.
- Tapering off of monthly testing volumes since launch could indicate the need for more intense advertising/media.

## NEXT STEPS

- Continued support to pilot sites.
- Undertake formal evaluation of the pilot to provide recommendations for continued investment, potential expansion to include additional sites and other health authorities.



# DISCUSSION



# Questions?

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- Type your questions in the chat section

# Thank You!

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Please evaluate this webinar!