In case you missed it...

CATIE resources

National Deliberative Dialogue on Reaching the HIV Undiagnosed: Scaling up effective programming approaches to HIV testing and linkage to prevention and care: Meeting report

This report is a thematic synthesis of the key areas discussed at a two-day meeting held in October 2016. Discussions included the key challenges and facilitators to HIV testing, and program models to consider in clinical, community-based, and self-directed settings. Efforts to improve linkage to services were also discussed and are highlighted here. The goal of the meeting was to produce key priority directions in HIV testing and linkage programming to improve our ability to reach the HIV undiagnosed and link them to care.

Reaching the Undiagnosed: HIV and HCV Point-of-Care Testing in Canada – technologies and community programs

The first in a four-part webinar series presented by the National Collaborating Centre for Infectious Diseases (NCCID), CATIE, and the CIHR Centre for REACH 2.0 to share promising practices for improved testing and linkage services in Canada.

CATIE News

Generic tenofovir + FTC coming to Canada

Generic versions of the pill Truvada, containing tenofovir DF and FTC (emtricitabine), were approved by Health Canada in summer 2017. Tenofovir + FTC can be used as part of an HIV treatment regimen and also for pre-exposure prophylaxis (PrEP).

PrEP updates from the 9th International AIDS Society Conference on HIV Science


Investigating where patients go when they leave HIV care

Alberta researchers found that many patients “lost to follow-up” are seeking healthcare outside HIV services, often in hospital emergency rooms.

New York City finds gaps in the HIV cascade of care linked to reduced survival

Researchers looking at medical records of HIV-positive people in New York City found gaps in the cascade of care for a large proportion of people who died. The research highlights the need for interventions to keep people in the cascade of care.
B.C. finds HIV testing and treatment programs save money

Researchers at the BC Centre for Excellence in HIV/AIDS developed a computer model to assess the economic impact of the interventions associated with the STOP AIDS project. They found that, overall, the interventions associated with HIV testing and HIV treatment initiation were very cost-effective. Although these interventions cost money, over the long term their impact on health resulted in the Ministry of Health saving money because fewer people became infected with HIV.

U.S. simulation explores the intersection of PrEP and some sexually transmitted infections

To gain a better understanding of the long-term effects of STI risk among PrEP users, researchers in the U.S. developed a sophisticated computer simulation, which can model changes in sexual behaviour, PrEP adherence, STI screening and treatment, and the impact of all of these factors. The simulation suggested that over the long-term, as more MSM at risk for HIV used PrEP and were brought into regular medical care and screening for STIs, new cases of infection with gonorrhea or Chlamydia fell.

Canadian guidelines for PrEP and PEP to help prevent HIV infection

A Canadian expert panel has proposed criteria for clinicians to identify individuals who would benefit from PrEP or PEP for HIV prevention. The guidelines offer practical advice for patient care and monitoring, including adherence support and screening for sexually transmitted infections.

Canadian resources


This report from the Public Health Agency of Canada (PHAC) provides a descriptive overview of the epidemiology of all reported diagnoses of HIV in Canada up to 2016 by geographic location, sex, age group, exposure category and race/ethnicity, as well as data on the number of infants perinatally exposed to HIV and the proportion of these infants receiving antiretroviral therapy.

HIV in Canada—Supplementary tables, 2016

Supplementary data for the HIV in Canada surveillance report.


This report from PHAC provides a descriptive overview of the reported cases of AIDS from participating provinces by identifying trends by geographic location, sex, age group and mortality.

AIDS in Canada—Supplementary tables, 2016

Supplementary data for the AIDS in Canada surveillance report.

Assessing uptake of national HIV screening and testing guidance—Part 1: Awareness, use and usefulness

The results of a study assessing the uptake of PHAC’s *HIV Screening and Testing Guide*. The objective was to evaluate the awareness, use and perceived usefulness of the Guide.

Assessing uptake of national HIV screening and testing guidance—Part 2: Knowledge, comfort and practice

The results of a study assessing the uptake of PHAC’s *HIV Screening and Testing Guide*. The objective was to assess health care providers’ knowledge, comfort and clinical practices related to HIV testing.

Setting the stage for expanding HIV pre-exposure prophylaxis use in Canada

This article by Mark Hull and Darrell Tan describes the PrEP and non-occupational post-exposure prophylaxis (nPEP) treatments, and the challenges and opportunities for these biomedical HIV prevention strategies that have the potential to alter the trajectory of the HIV epidemic in Canada and around the world.

This report was prepared by PHAC’s Centre for Communicable Diseases and Infection Control. It summarizes surveillance data on cases and rates of hepatitis B virus and hepatitis C virus infection in Canada, reported from 2005 to 2014. Cases are reported to the Canadian Notifiable Disease Surveillance System by provincial and territorial health authorities.

**Criminal Justice System’s Response to Non-Disclosure of HIV**

The report, developed in collaboration with PHAC, reaffirms that HIV is fundamentally a public health issue. It provides a comprehensive review of the most recent medical science on the risks of HIV transmission through sexual activity and shows how the criminal law deals with cases involving the non-disclosure of HIV-positive status prior to sexual activity.

**Canadian guidelines on HIV pre-exposure prophylaxis and non-occupational post-exposure prophylaxis**

These guidelines, from the Biomedical HIV Prevention Working Group of the CIHR Canadian HIV Trials Network, are applicable to adults who are at risk for acquiring HIV infection through sexual activity or injection drug use. The guidelines were written for clinicians working in primary care, infectious diseases, emergency medicine, nursing, pharmacy and related disciplines. In addition, policy-makers, community organizations and other stakeholders may find the guidelines useful for informing policy and programming.

**Community Consensus Statement**

The Community Consensus Statement outlines a shared critique of why Canada’s approach to HIV criminalization is wrong and calls for some specific actions that federal, provincial and territorial governments should take to end unjust criminal prosecutions against people living with HIV. It was developed by the Canadian Coalition to Reform HIV Criminalization to be a common set of demands by those organizations who sign on to it.

**HIV care cascade in Ontario: Linkage to care, in care, on antiretroviral treatment, and virally suppressed**

This report from the Ontario HIV Epidemiology and Surveillance Initiative (OHESI) summarizes the most recent data from the Ontario HIV Laboratory Cohort and shows that engagement in Ontario’s HIV cascade has improved over time. The percent of diagnosed individuals in the cohort who are in care, on treatment, and virally suppressed have all increased, suggesting that people living with diagnosed HIV in Ontario are living longer and healthier lives.

**HIV Post-Exposure Prophylaxis (PEP) Guidelines**

These guidelines from the BC Centre for Excellence in HIV/AIDS are intended to guide healthcare providers caring for persons who have experienced significant exposure to blood and/or body fluids in the work place or community setting. The risk of HIV acquisition from a given exposure depends on the likelihood the source has transmissible HIV infection, and the biological risk of HIV transmission based on the exposure that has occurred. The guidelines provide a framework for a program of expert advice and prompt antiretroviral post-exposure prophylaxis (PEP) for potential exposures to HIV.

**La prophylaxie préexposition au virus de l'immunodéficience humaine : Guide pour les professionnels de la santé du Québec**

This guide, from the Ministry of Health and Social Services of Quebec, includes recommendations for healthcare providers in Quebec supported by the most recent data about pre-exposure prophylaxis (PrEP).

**Joindre, dépister et détecter, traiter : Intégrer la prévention des ITSS dans les plans d’action régionaux de santé publique** *(in French only)*

This report, from the Ministry of Health and Social Services of Quebec, is a companion document to the Programme national de santé publique 2015-2015 and outlines the actions to be taken to combat sexually transmitted and blood-borne infections in Quebec.

**Access to HCV Treatment in Federal Institutions**

This policy position paper from CTAC provides an update on the prevalence and transmission of hepatitis C in
Canada's federal correctional institutions. It deals with the traditional methods of treatment for incarcerated individuals, the new federal directive and also gives recommendations on harm reduction and capacity building.

**Drugreporter: The HR17 Sessions**

Recordings of seven full sessions from the 25th Harm Reduction International Conference held in Montreal in May 2017.

**HIV Endgame Conferences**

Videos and summaries from the 2016 Ontario HIV Treatment Network HIV Endgame Conferences.

**International resources**

**UNAIDS Data 2017**

UNAIDS collects and publishes information on the state of the world’s HIV epidemic. This information has shaped and guided the development of the response to HIV in regions, countries and cities worldwide. This edition of UNAIDS data contains the highlights of the very latest data on the world’s response to HIV, consolidating a small part of the huge volume of data collected, analysed and refined by UNAIDS over the years.

**WHO Guidelines on Hepatitis B and C Testing**

These are the first WHO guidelines on testing for chronic hepatitis B and hepatitis C infection and complement published guidance by WHO on the prevention, care and treatment of chronic hepatitis C and hepatitis B infection. These guidelines outline the public health approach to strengthening and expanding current testing practices for hepatitis B and hepatitis C, and are intended for use across age groups and populations.

**WHO implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection**

WHO has developed this series of modules to support the implementation of PrEP among a range of populations in different settings.

**Position paper: The opioid crisis in North America**

Produced by the Global Commission on Drug Policy, this position paper looks at the causes and possible solutions to the opioid crisis in the USA and Canada.

**HIV Justice Toolkit**

HIV Justice Worldwide has created this toolkit to support advocates in opposing the criminalization of HIV. The Canadian HIV/AIDS Legal Network contributed to the toolkit as a member of the steering committee.
Disclaimer

Decisions about particular medical treatments should always be made in consultation with a qualified medical practitioner knowledgeable about HIV- and hepatitis C-related illness and the treatments in question.

CATIE provides information resources to help people living with HIV and/or hepatitis C who wish to manage their own health care in partnership with their care providers. Information accessed through or published or provided by CATIE, however, is not to be considered medical advice. We do not recommend or advocate particular treatments and we urge users to consult as broad a range of sources as possible. We strongly urge users to consult with a qualified medical practitioner prior to undertaking any decision, use or action of a medical nature.

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Information on safer drug use is presented as a public health service to help people make healthier choices to reduce the spread of HIV, viral hepatitis and other infections. It is not intended to encourage or promote the use or possession of illegal drugs.

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