PRIORITIES FOR ACTION IN MANAGING THE EPIDEMICS:

HIV/AIDS in B.C. (2003 – 2007)

2004 Annual Progress Report

BRITISH COLUMBIA
Ministry of Health

Contents

Introduction

On September 29, 2003, the Ministry of Health Services released the directional document, *Priorities for Action in Managing the Epidemics: HIV/AIDS in BC (2003 – 2007)*, to guide British Columbia's response to the HIV/AIDS epidemic.

This document reflects regionalized service delivery framed by a provincial vision to make British Columbia a Canadian and world leader in effectively and responsibly managing the HIV/AIDS epidemic. It is intended to support provincial, health authority and community efforts to address HIV/AIDS in British Columbia.

Priorities for Action establishes four ambitious goals in the areas of prevention, treatment, capacity, and co-ordination and co-operation. The prevention and treatment goals target the health status of British Columbians, while the capacity, co-ordination and co-operation goals target the health care system. Please see the appendix for a summary of the goals, objectives, key strategies and core indicators.

These goals and objectives clearly align with UNAIDS best practice recommendations for comprehensive and integrated education, prevention and care strategies that are simultaneously aimed at the general population and focused on groups particularly vulnerable to HIV infection. *Priorities for Action* incorporates lessons learned from many international jurisdictions, including those that have addressed HIV/AIDS with great success in resource-constrained environments.

The goal specific to prevention of new HIV infections is supported by objectives that call for decreased incidence of HIV, as well as a reduction in the number of individuals that are HIV positive and unaware of their infection. In order to achieve these objectives, vulnerable individuals and population groups must be engaged in prevention initiatives, and encouraged to test for HIV. HIV reportability and partner notification mechanisms through public health serve to increase the number of people who test for HIV and as a result become aware of their infection. This increases the number of new HIV infections reported in the short term and is an important step in achieving an overall long term reduction in new infections as more HIV positive individuals are cared for, supported, and engaged in efforts to prevent new infections.

Success in achieving the goal specific to improved access to care, treatment and support is critical to overall success in reducing the burden of HIV/AIDS in BC. Evidence from other jurisdictions demonstrates a clear and critical link between the provision of adequate clinical care and treatment for HIV and reduced numbers of new infections.[1,2] In addition, treatment of HIV infection that is timely and consistent can significantly improve the overall health of infected individuals, and reduce the number and frequency of times they may require costly acute care services. An improved state of health is a benefit not only to those living with HIV/AIDS, but also to communities across the province as many HIV-positive people are able to remain employed, or consider returning to employment.

[1] Reardon, C. (2002). AIDS: How Brazil turned the Tide. Ford Foundation Report Online. Summer.
[2] Quinn, T., et al. (2000). Viral Load and Heterosexual Transmission of Human of Human Immunodeficiency Virus Type 1. NEJM. 342: 921-929.

The importance of access to adequate care, treatment and support is clearly evident in the prevention of transmission of HIV from mother to child. In British Columbia, the widespread emphasis placed on prenatal testing of expectant mothers for HIV, combined with the establishment of a centralized, specialized clinical support service for the province – the Oak Tree Clinic – and the use of a recommended combination of HIV medications during pregnancy, has resulted in an extremely low incidence of this type of transmission. In fact, of the 152 women that have accessed HIV-specific pre and postnatal care since 1996, none have given birth to children infected with HIV. The few instances of HIV-positive children born in BC in the same period have resulted from situations where the child's mother was not linked to appropriate HIV/AIDS care prior to delivery.

In 2003, the Provincial Health Officer estimated that British Columbia spent more than $100 million annually on its response to HIV, including drug treatment, surveillance, community-based services and direct medical care. On a per capita basis, British Columbia invests in one of the most robust responses to HIV in Canada, largely through funding transferred to health authorities. These authorities, in turn, contract with institutional and community partners to deliver a broad range of HIV-related prevention, harm reduction, testing, care and treatment, and support services at the provincial, regional and local level.

Purpose and Scope

The purpose of the Progress Report is to document the progress made on an annual basis in implementing the key strategies in the *Priorities for Action*.

Work is currently underway to develop better indicators and identify improved data sources in order to monitor progress on the achievement of the four provincial goals. It was anticipated that the indicators originally described in the Priorities for Action monitoring framework would be reviewed over time in the context of changes in the HIV epidemic and our response to it, as well as challenges in our surveillance and knowledge exchange systems. This work is being done in partnership with health authorities and provincial health agencies. Annual data related to revised indicators will provide the basis for future progress reports.

The 2004 Progress Report provides an overview of HIV incidence at the provincial and regional level. It also provides an update on the key strategies for achieving each goal and gives some select examples of how the strategies are being implemented across the province. The 2004 report highlights targeted prevention initiatives for vulnerable populations, innovative ways for HIV-positive individuals to access treatment services, smart solutions to collecting and disseminating HIV surveillance data, and exciting collaborations among local community organizations and international partners to deliver HIV services in endemic countries.

HIV Epidemiological Profile

HIV Incidence

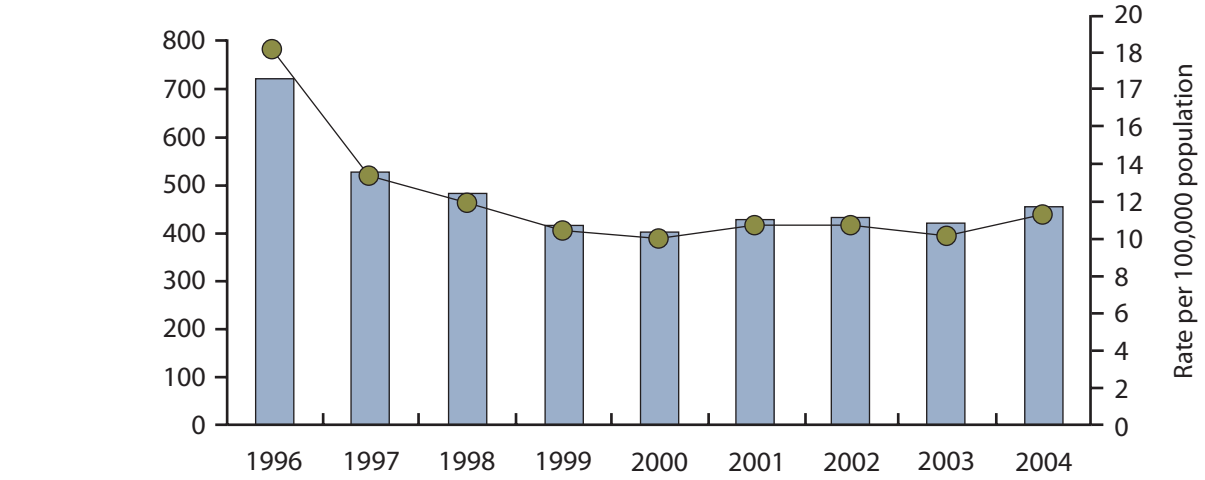
After several years of decline, the rate and numbers of new positive HIV test reports in British Columbia are showing small annual increases. The rate per 100,000 had declined steadily from 18.39 in 1996 to 9.98 in 2000. In 2001 the rate rose slightly to 10.65, and then fell to 10.6 and 10.07 in 2002 and 2003 respectively. An analysis of the numbers of people testing positive for HIV for the same period demonstrates a similar pattern (see next page).

In the 2004 calendar year, the rate of new positive HIV tests rose to 10.9, or 457 newly identified infections. Front-line public health nurses and officials in health authorities and at the BC Centre for Disease Control believe that much of this increase may be attributable to the introduction of HIV reportability in May 2003, and a resulting increase in the number of partners notified through contact tracing that have subsequently sought out HIV testing. Current data limitations prevent independent confirmation of these observations. Reasons for seeking an HIV test are assessed as part of the confidential pre and post-test counseling and follow-up process. If an individual chooses to disclose why they have sought a test, the manner in which their response is currently recorded and reported prevents a scientific analysis of the data that definitively establishes a relationship to public health partner notification efforts. Furthermore, no data is collected as part of this process that could link a date when partner notification occurred with the date of the test. For this reason, HIV testing trends within a calendar year or defined time period cannot be reliably extrapolated. Efforts are underway to address these limitations where possible and improve data related to HIV reportability and partner notification, although a margin of error will always exist.

Health Canada estimates that approximately one third of HIV-infected Canadians are unaware of their HIV status. Priorities for Action in Managing the Epidemics calls for a reduction in the number of British Columbians unaware they are living with HIV through targeted public health efforts such as partner notification and contact tracing. It is expected that such efforts will lead to short term increases in the numbers and rates of positive HIV tests, but in the longer term should contribute to an overall decrease as a greater proportion of people living with HIV are aware of their infection, and are connected to services that help to address their risk of infecting others.

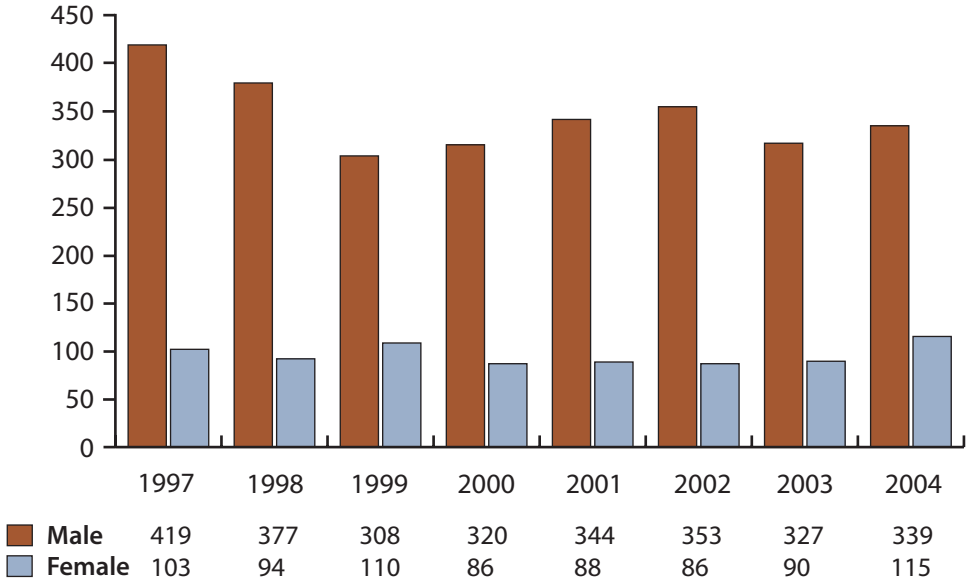
A cumulative increase in the number of HIV tests that corresponds to the introduction of HIV reportability and enhanced contact tracing supports the notion that public health efforts are engaging more individuals in HIV testing. After HIV reportability was introduced in May 2003, the number of HIV tests performed in the province rose from 145,873 in the 2003/2004 fiscal year, to 149,993 in 2004/2005. This represents the largest number of HIV tests ever performed in British Columbia in a given fiscal year.

Rate and Number of People Testing HIV Positive, 1996-2004



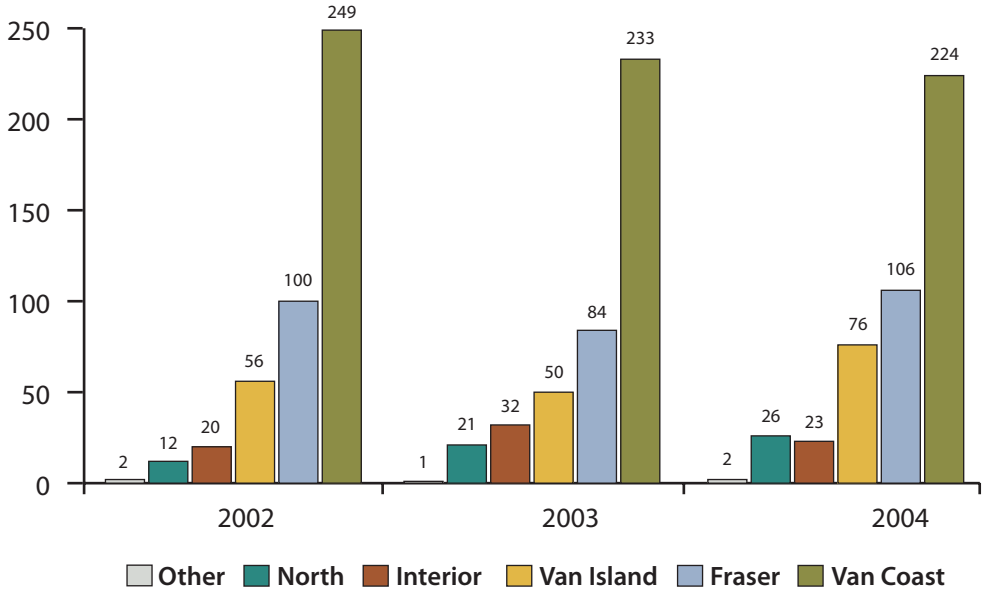
Source: BCCDC, HIV/AIDS Update: Annual 2003, plus unpublished data for 2004

Persons Testing Newly Positive for HIV by Gender, 1997-2004



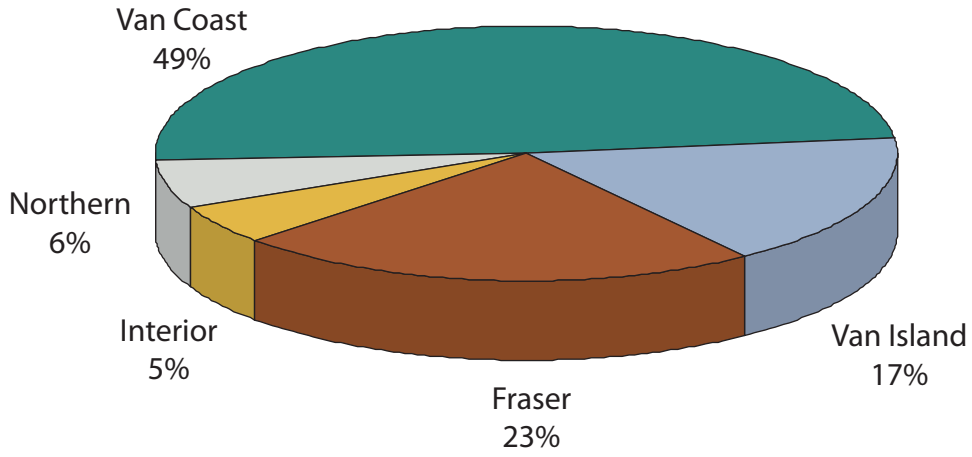
Source: BCCDC, HIV/AIDS Update: Annual 2003, plus unpublished data for 2004

New HIV Positive Tests by Health Authority, 2002-2004



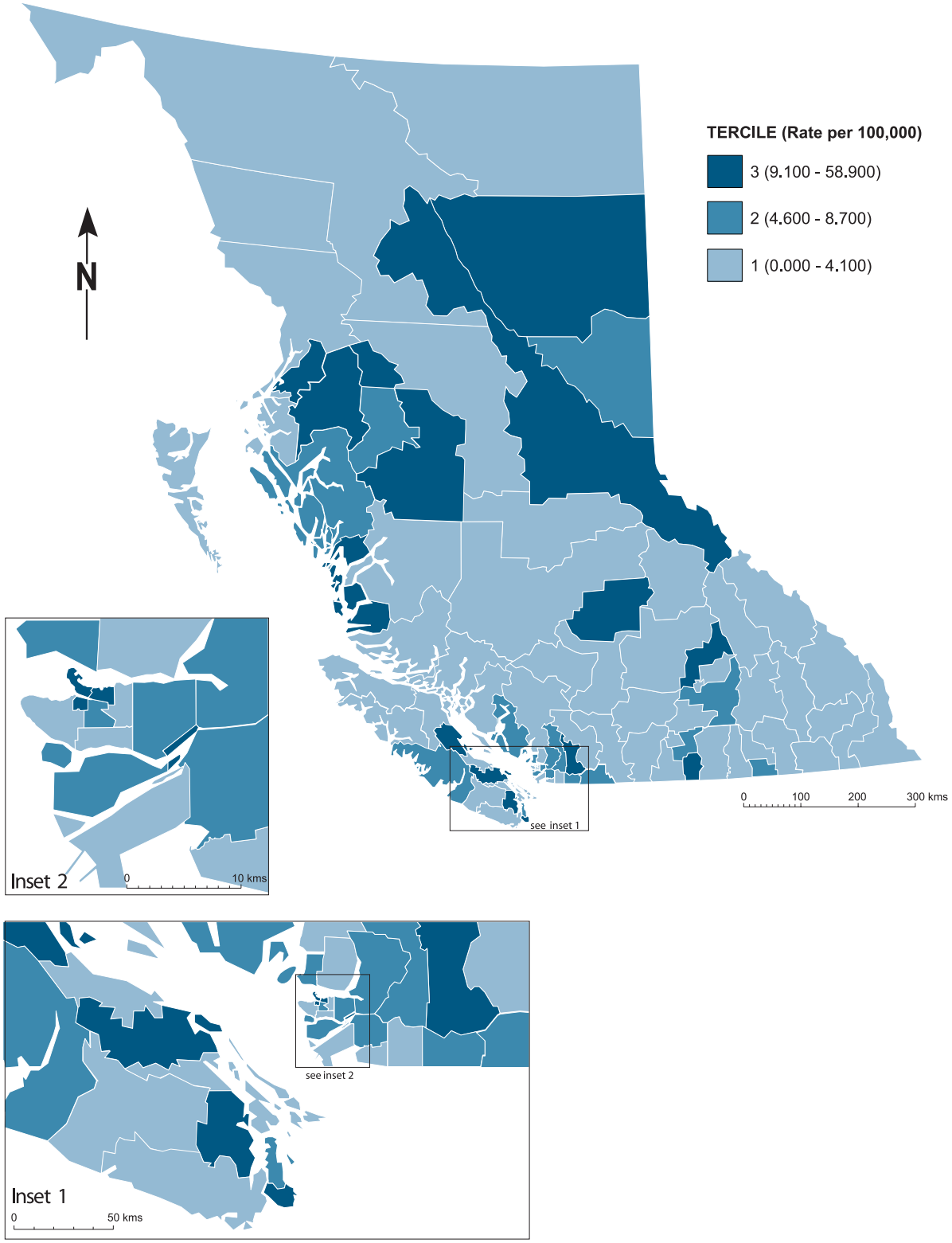
Source: BCCDC, HIV/AIDS Update: Annual 2003, plus unpublished data for 2004
Note: the category 'Other' refers to non-residents of BC that tested positive in the province.

Share of Newly Reported Infections by Health Authority January to December 2004

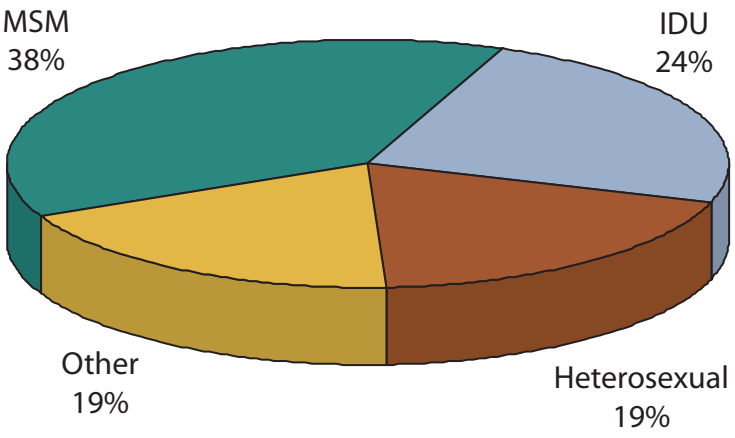


Source: BCCDC, unpublished data for 2004

New HIV Infections by Local Health Area, British Columbia, 2004

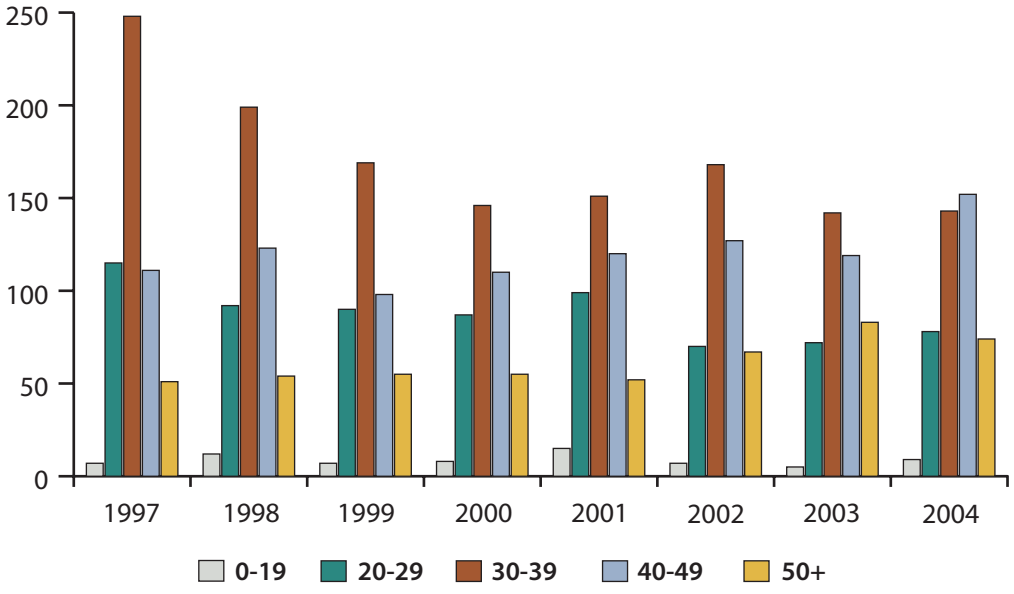


Share of Newly Reported HIV Infections by Population Group January to December 2004



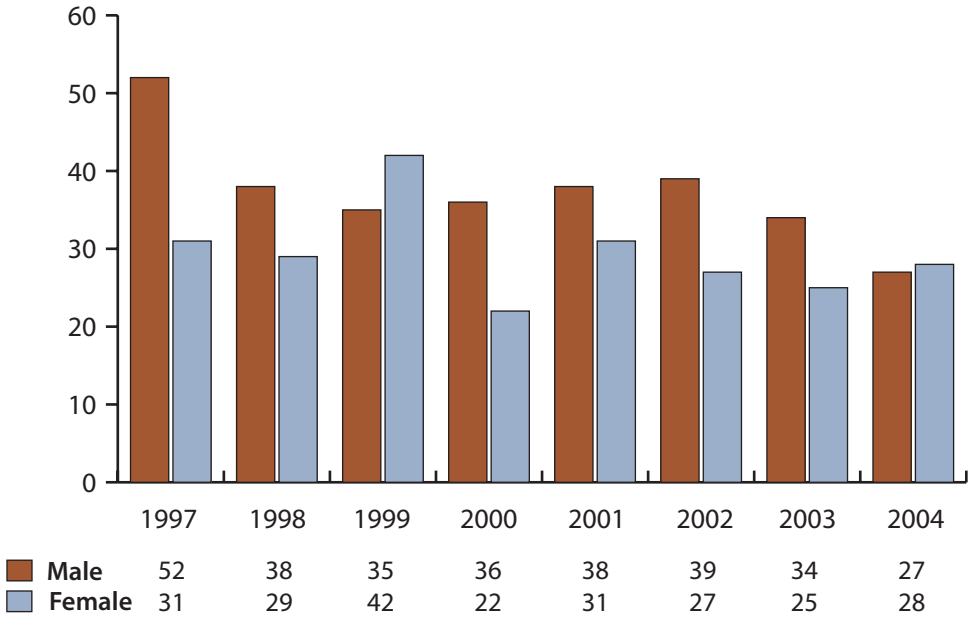
Source: BCCDC, unpublished data for 2004

Persons Testing Newly Positive for HIV by Age, 1997-2004



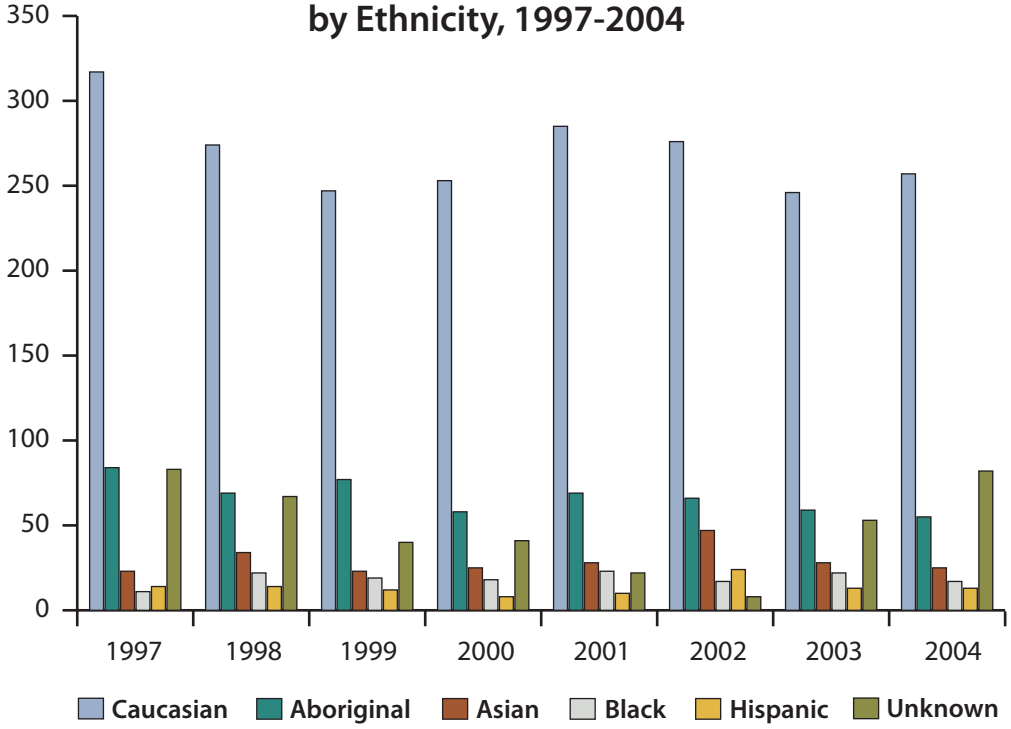
Source: BCCDC, HIV/AIDS Update: Annual 2003, plus unpublished data for 2004

Aboriginal Persons Testing Newly Positive for HIV, 1997-2004



Source: BCCDC, HIV/AIDS Update: Annual 2003, plus unpublished data for 2004
Notes: Aboriginal persons include First Nations, Inuit and Métis.

Persons Testing Newly Positive for HIV by Ethnicity, 1997-2004



Source: BCCDC, HIV/AIDS Update: Annual 2003, plus unpublished date for 2004
Notes: Aboriginal persons include First Nations, Inuit and Métis. Asian includes Asian, South Asian and Arab/West Asian.

Goal #1: Prevention

To reduce incidence of HIV infection by 50% over the next 5 years

Strategy 1.1: Engagement of Vulnerable Populations

Ensure the current and future HIV/AIDS-related prevention efforts across the province effectively engage the most vulnerable populations

Status:

In order to meet the Priorities for Action's ambitious prevention goal, vulnerable populations need to be engaged across a wide continuum of prevention, promotion, care, treatment and support services.

Health authorities, provincial organizations and community-based organizations are actively targeting HIV-vulnerable populations, such as gay men, youth, Aboriginal people, women and injection drug users. One such initiative is a HIV/AIDS prevention campaign aimed at young men who have sex with men (MSM) between the ages of 18 and 30 years. The campaign was launched by the BC Centre for Disease Control (BCCDC) in November 2004 with one time funding of $250,000 from the Ministry of Health Services.

BCCDC – which is part of the Provincial Health Services Authority (PHSA) – also supports Chee Mamuk, an Aboriginal HIV/AIDS and sexually transmitted infection (STI) prevention and education program, and the Outreach Street Nurse Program whose mandate is to create supportive environments for individuals and communities to make and sustain healthier choices to reduce HIV and STI vulnerability.

Chee Mamuk works closely with Health Canada's First Nations and Inuit Health Branch to offer community development, policy development and evaluation support for HIV/AIDS programs in Aboriginal communities across the province. The Street Nurse program works with a wide range of partners to increase access to HIV and STI services for vulnerable populations in inner city, ethno-cultural and under-served communities across British Columbia.

Community agencies in each health region are also responding to the challenge of engaging at-risk populations. AIDS Vancouver, the Asian Society for the Intervention against AIDS, and YouthCO in the Vancouver Coastal Health (VCH) region, are just a few examples of community organizations that have developed evidence-based social marketing, peer outreach and communications initiatives to address HIV vulnerability and disease transmission. Within PHSA, the Positive Women's Network is an example of group that has integrated HIV prevention information into the spectrum of care, treatment and support within an on-line educational resource for positive women living in isolation.

Although important and strategic prevention work of this kind is carried out by community agencies in each of the health authority regions, the profile of these excellent initiatives at PHSA and VCH clearly sets direction for future initiatives that can effectively engage vulnerable populations.

Men who have Sex with Men Campaign: Out of the Closet, But Still in the Dark

There has been a noticeable absence of community education campaigns focusing on safer sex for men who have sex with men (MSM) in the past 5 to 8 years. This likely has contributed to a decrease in safer sex in this community. Recent data from surveys conducted the MSM community in British Columbia indicate an increase in unprotected anal sex and other risky sexual practices.[3] HIV, syphilis, Hepatitis A, Hepatitis B, shigella and gonorrhea are all increasing rapidly in this same community.[4] These findings are mirrored internationally, and there is particular concern with MSM youth and drug using populations.

Evidence has shown that a variety of interventions can effectively impact on social norms, behaviour and condom use in the MSM population. These interventions include social marketing, peer outreach, and communication skills development.

In January 2004, the BC Centre for Disease Control initiated a revamped HIV/AIDS prevention campaign aimed at young MSM between the ages of 18 and 30 years. The campaign was launched in November 2004. After consultation with community agencies and leaders in the gay community, the following goals were identified for the campaign: (1) reinforce that safer sexual practices are the community norm within the gay community, and (2) inform the MSM community about the rise in sexually acquired infections.

This messaging builds on the "Do the Math" themes developed by the Sex Now Survey Team. One of the key tenets of this messaging plan is to avoid a negative, fear-based campaign and to frame the message as positive and empowering, using an asset-based approach. There were three presentations developed for the campaign, one for physician's offices and health units and the other two geared towards gay community newspapers and advertising space.

[3] Sex Now Survey, 2002, 2003.
[4] Division of Epidemiology, BCCDC.

National Gay Men's HIV Prevention Campaign: How Do You Know What You Know?

The 'How Do You Know What You Know' campaign challenges common assumptions some men make about their risk of transmitting or contracting HIV when engaging in anal intercourse without condoms with other men whose HIV status is unknown to them. AIDS Vancouver leads this initiative along with the Asian Society for the Intervention Against AIDS (ASIA), as well as a national advisory team of partnering community-based HIV/AIDS organizations.

Developed using the principles of social marketing, the campaign addresses the urgent need to re-invigorate HIV prevention across the country while creating an infrastructure for sharing valuable and limited resources. AIDS Vancouver based the campaign on a model successfully piloted in San Francisco. The approach was adapted to reflect the Canadian demographic of gay men, including Aboriginal men, and specific ethno-cultural populations.

Despite the fact that the vast majority of gay men consistently use condoms during casual sexual situations, they are still one of the populations most vulnerable to contracting HIV. In addition to providing gay men with a reminder about potential risks associated with unprotected anal intercourse, the campaign also serves to remind the general population that HIV prevention efforts need to be consistently sustained and supported. The 'How Do You Know What You Know' campaign consists of print advertising, transit and billboard advertising, posters, washroom advertising, postcards and a website: www.think-again.ca. The campaign materials depict various 'inner voice' assumptions men might make in a casual sexual encounter. Messages include:

He hasn't asked for a condom. He must be negative. He hasn't asked for a condom. He must be positive. *How do you know what you know?*

He does it raw. He must be positive. *How do you know what you know?*

I don't have it yet. I must be immune. *How do you know what you know?*

He'd tell me if he's negative. He'd tell me if he's positive. *How do you know what you know?*

The campaign is primarily funded through a Social Marketing stream of the Canadian Strategy on HIV/AIDS, with additional local support provided by Provincial Heath Services Authority through the BC Centre for Disease Control, as well as Vancouver Coastal Health.

YouthCO's Speakers' Bureau – Peer-delivered Prevention Education for Youth

YouthCO AIDS Society is a non-profit organization working to reach and involve youth ages 15-29 from all communities in order to address vulnerability to HIV/AIDS, Hepatitis C (HCV), and related issues. As a peer-driven organization, YouthCO strives to provide educational and outreach initiatives, volunteer opportunities, and training programs to peers, as well as advocacy and support services for youth infected with HIV/AIDS and/or HCV.

In 2003, YouthCO worked with over 4000 young people in schools and community groups across the Lower Mainland. This work took the form of educational initiatives and workshops facilitated by trained peer educators known as the Speakers' Bureau, an effective approach for reaching vulnerable youth. The Speakers' Bureau offers flexible, interactive workshops on everything from the basics of HIV/AIDS, safer-sex, and harm reduction to more complex discussions around the roles played by self-esteem, communication, gender, and sexual orientation in promoting overall sexual health. Examples of current workshops being offered include:

HIV 101 – The Basics: This introduction to the basics of HIV/AIDS covers definitions (including the difference between HIV and AIDS), disease progression, transmission, and protection. This workshop may also include condom demonstrations and the distribution of printed materials and condoms when appropriate.

Building Positive Sexual Self-esteem for Youth: This workshop – a good precursor to HIV 101 – takes a look at what sexual self-esteem is, why it's important, and how to build it. It also explores why it can be more difficult for youth from more marginalized groups to achieve sexual self esteem and what the overall connection is between sexual self esteem and people's ability to make safer sexual health decisions, such as protecting themselves against HIV infection.

Myths & Misunderstandings: A closer look at stereotypes about HIV/AIDS: In this workshop – a great follow up to HIV 101 – participants have the opportunity to discuss and debate common myths and misconceptions related to HIV/AIDS. This may include examining how stereotypes about HIV/AIDS often put people at increased risk for HIV infection and how stigma and discrimination impact both the lives of people living with HIV/AIDS and those most at risk of infection, including young people.

Women and AIDS Virtual Education

Women and AIDS Virtual Education (WAVE) is a project of the Positive Women's Network (PWN). The website (http://www.pwn-wave.ca) provides online information and resources to healthcare educators and professionals to support women living with HIV across British Columbia. The site also provides support and education to HIV+ women who may not have access to direct support services. One of the main reasons for developing a website dedicated to women is that the issues affecting HIV+ women can be extremely challenging. HIV is a different illness for women than men and requires specialized care and treatments. Providing this care to women living with HIV in a meaningful way can be a difficult job. Accessing the women-specific information needed can prove to be even more challenging.

One of the services available through the website is the Treatment Roundtable. Using video clips, the Roundtable provides information on treatment decision-making and strategies for living with HIV medications. Some of the web casts include an HIV/AIDS doctor who provides information on starting HIV treatment; a support worker who provides support and advocacy to women on HIV medications; and women living with HIV who offer their strategies for making HIV treatment decisions.

Another key component of the site is information designed specifically for newly diagnosed women who may be overwhelmed by feelings of fear, anger, confusion or despair. This section explains details about HIV that a person might not remember when first diagnosed, such as what is HIV, how it is transmitted, and how does it differ from a diagnosis of AIDS. In addition to trying to understand how HIV/AIDS work, there are explanations about how the virus will affect a woman's life over the short and long term.

WAVE is an online resource that aims to strengthen the work of caregivers and service providers for HIV positive women. As PWN works to build their women-specific HIV Library, Resources & Links section, it is hoped that service users will find all the tools they need to deliver effective, responsive and women-centred care to women in their communities.

Chee Mamuk Program: Reaching Aboriginal People

Chee Mamuk is an Aboriginal HIV and STI prevention program operating out of the BC Centre for Disease Control. The program provides culturally appropriate HIV and STI education and training on site for Aboriginal communities and organizations, as well as for service providers working with Aboriginal people, across the province. Chee Mamuk engages in community, policy and professional development to benefit Aboriginal people on and off reserve. It also helps build organizational and community capacity through research, data collection and analysis, and materials production.

Through collaborative efforts with health authorities and Health Canada, Chee Mamuk is increasing awareness of HIV and STIs among Aboriginal communities. As a result, more Aboriginal people are coming forward for testing and referral to appropriate care, treatment and support. Requests for Chee Mamuk's expertise and resources come from across Canada, United States, Jamaica and Argentina.

HIV Pamphlet Series for Aboriginal Women

In British Columbia, Aboriginal women represent 20% of new HIV cases among women, yet Aboriginal people represent only 4% of the province's general population. With this in mind, Chee Mamuk has produced " Empowerment, Support and Healing", a comprehensive set of culturally appropriate pamphlets for Aboriginal women. The pamphlets explain HIV and Hepatitis C, provide advice on safer sex and safer drug use, and describe treatment options that include special considerations for HIV positive pregnant women. The material was produced in consultation with physicians, nurses, and community workers to ensure scientific accuracy, cultural relevancy and clarity.

BCCDC Outreach Street Nurse Program

The BCCDC Outreach Street Nurse program (SNP) is involved in education, outreach and research, as well as clinical service delivery at key locations in downtown Vancouver and BC's Lower Mainland. SNP is involved in a variety of projects at the local, provincial and international level to improve the health and well being of marginalized groups most at risk for contracting HIV and sexually transmitted infections (STI).

In 2004, the SNP partnered with Chee Mamuk to deliver STI and HIV education in Aboriginal communities across the province. It also partnered with BC Persons with AIDS Society's Prison Outreach Program to provide HIV education in provincial correctional facilities. The same year, the SNP provided educational workshops in Terrace, Smithers, and Nanaimo for nurses working with vulnerable populations. Outreach initiatives included using social networking to track the ongoing syphilis outbreak among vulnerable populations in Vancouver, and hiring peer outreach workers to engage hard to reach, at risk population groups. Research activities included participation in the Vancouver sites of the Health Canada Street Youth Study and North American Opiate Medication Initiative.

Massage Parlour Project: An outreach project with street nurses and outreach workers from SWAN (Sex Worker Action Network) to provide STI/HIV and sexual health information and testing for women working in massage parlours in Vancouver and Burnaby. Research will be conducted in 2005 to explore what barriers the women face in accessing STI/HIV health care and prevention information.

Patrons of Sex Workers Project: A research project conducted by street nurses to identify effective ways to assess and influence the STI/HIV knowledge and testing decisions of patrons of sex workers.

CyberOutreach Project: An outreach project launched in April 2004 to explore whether the MSM population would use internet sites to access on-line STI/HIV and sexual health information provided by registered nurses.

Hepatitis C Peer Education: A collaboration with the BC Multicultural Health Services Society to develop HCV, HIV and STI training for Vancouver's ethnic populations. Street nurses and Latin American and Vietnamese outreach workers trained peers to disseminate knowledge to their communities. The next phase will involve development of multicultural drug user support groups modeled on the Vancouver Area Network of Drug Users (VANDU).

Papalooza: A community-based PAP and STI screening initiative targeting vulnerable women in Vancouver's Downtown Eastside. Approximately 220 women were screened at three events held between 2003 and 2004.

Self–Swabbing: A research study looking at the uptake of self-sampling for the human papillo virus (HPV) among Downtown Eastside women.

Strategy 1.2: Expanded Support of Harm Reduction Initiatives

Expand provincial support for low-threshold harm reduction initiatives, including supervised consumption sites, needle exchange, addiction treatment services, and clinical trials for the prescription of controlled substances, and ensure these initiatives are accessible and culturally appropriate to populations most at risk of HIV infection.

Status:

In May 2004, the Ministry of Health Services released a provincial report entitled *Every Door is the Right Door: A British Columbia Framework to Address Problematic Substance Use and Addictions*. This planning framework is intended to guide and support health authorities and community partners in providing effective responses to addictions and problematic substance use. The framework proposes a comprehensive continuum of services built on four fundamental concepts: population health, health promotion, harm reduction and community capacity-building. These areas are also essential in planning services for HIV prevention, treatment and care.

Every Door is the Right Door provides examples of best practices in addressing problematic substance use, many of which significantly overlap with best practices in preventing transmission of communicable diseases. For example, needle exchange services have been demonstrated to be both an effective means of reducing the transmission of HIV and a point of contact through which marginalized injection drug users may access primary health care and/or addictions treatment services.

Needle exchange supplies in BC are provided by Provincial Health Services Authority through the BC Centre for Disease Control (BCCDC). The programs are guided by the BC Harm Reduction Supplies and Services Committee, comprised of health authority, BCCDC and Ministry representatives. The harm reduction supply services policy and guidelines have been recently updated and now provide procedures for the exchange and safe disposal of needles, syringes and other supplies. These guidelines also identify the need for other services such as education, referrals, testing and counselling as integral components of needle exchange programs.

The first supervised injection facility in North America opened in Vancouver's Downtown Eastside in 2003. This scientific research pilot project is a partnership between Health Canada, the Ministry of Health, Vancouver Coastal Health, the Vancouver Police Department and PHS, the Portland Hotel Society. Supervised injection services are also available at the Dr. Peter Centre in Vancouver as part of its day health program for HIV-positive individuals.

Vancouver is one of three Canadian cities involved in the federal research study, North American Opiate Medication Initiative (NAOMI), which will determine if medically prescribed heroin is more effective than methadone for treating people with long-term addictions who have failed other therapies.

The University of British Columbia will closely supervise this 21-month study that will provide pharmaceutical heroin to 87 users and oral methadone to 70 users already living in the Downtown Eastside of Vancouver. Researchers will examine whether providing pharmaceutical heroin in the Canadian context will improve the health and quality of life of injection drug users, reduce homelessness and decrease their interactions with the criminal justice system, earlier as Swiss and Dutch studies suggest.

The study is a funded by an $8.1 million grant from the federally funded Canadian Institutes of Health Research. Health Canada has granted the trial an exemption under Section 56 of the *Controlled Drugs and Substances Act*, and enrolment of participants began in Vancouver in February 2005.

Outside of Vancouver, health authorities and communities grapple with how to respond to problematic substance use in a less urban and centralized environment. Creative initiatives similar to those profiled from the Interior Health Authority can be used as models for other settings.

Vancouver's Supervised Injection Facility

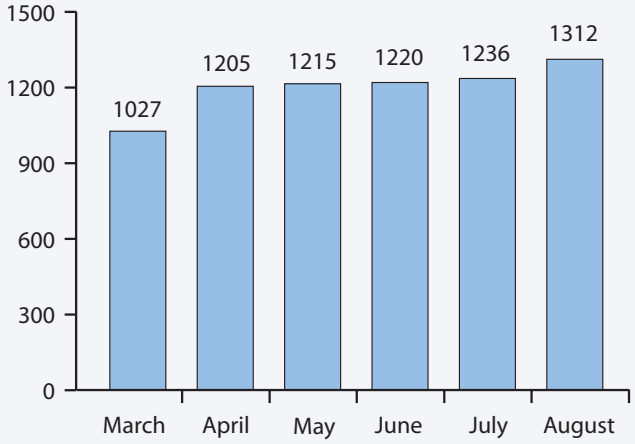
Opened in September 2003, "Insite" has been operating as North America's first supervised injection site (SIS) scientific research pilot project. Insite is a clean, safe environment where users can inject their own drugs under the supervision of clinical staff. Nurses and counselors provide on-site access and referral to addictions treatment services, primary health care, and mental health providers, as well as first aid and wound care.

The goal of the Insite research project is to assess whether the SIS will reduce the harm associated with injection drug use to individuals and the community. Researchers will determine if provision of this service reduces overdoses, improves the overall health of injection drug users, increases their appropriate use of health and social services, and reduces the health, social, legal and incarceration costs associated with serious addiction.

On September 23, 2004, SIS celebrated its one-year anniversary with the release of preliminary evaluation data by the BC Centre for Excellence in HIV/AIDS – the first stage of a four-part evaluation to be conducted on the site.

Preliminary evaluation shows an average of 650 injections a day currently take place at Insite. This well exceeds the patterns of use seen at a similar facility in Sydney, Australia, and indicates a strong and early acceptance of the facility by the drug injecting community in Vancouver. The average number of visits per person at the Vancouver site is 11 per month.

Number of Distinct Individuals Visiting Insite: March - August 2004



From March 10 to August 31, 2004, Insite staff successfully managed 107 overdose incidents at the site among 72 clients. Nine of these incidents occurred during first time visits. CPR was required in only one instance, and there have been no deaths at the site.

Of 117 businesses randomly surveyed by evaluators, 46% were in favor of the SIS, 20% undecided, 34% opposed.

Supervised Injection Services at the Dr. Peter Centre

The Dr. Peter Centre has been operating a supervised injection service for its registered day health program participants and residents since early 2002. To date, there have been more than 1000 supervised injections and no overdose events.

The Dr. Peter Centre initiated the service after receiving confirmation from the Registered Nurses Association of British Columbia that it is within the scope of nursing practice for registered nurses to supervise injection of illicit drugs for the purposes of education, harm reduction, and health promotion.

On October 1, 2003, the supervised injection service became part of Health Canada's Supervised Injection Site Scientific Research Pilot Project, 'Insite'. In the one-year period from October 1, 2003 to September 30, 2004, the Centre supervised 578 injections. Forty-seven clients used the supervised injection room at the Centre, of which 36 clients were male and 11 were female.

The supervised injection service at the Dr. Peter Centre is integrated into a comprehensive health care clinic that offers a range of health and support services for HIV positive persons. Approximately 70% of the 250 registered day health program participants struggle with an active addiction to illicit drugs, alcohol, or prescription drugs. Of those addicted to illicit drugs, approximately 35% inject drugs. Approximately 15 individuals receive methadone at the Dr. Peter Centre.

The Dr. Peter Centre uses an inter-disciplinary approach to the supervised injection service. After the required amount of supervision by a registered nurse immediately following an injection (a minimum of 10 minutes), other professional staff – such as counsellors, dieticians and occupational therapists – are able to supervise the client in the harm reduction room. This has led to increased engagement of participants in relationship building with staff, and uptake of other activities within the Centre. Participants also report they feel they are treated with dignity and respect when using the supervised injection service.

The qualitative evaluation of the Dr. Peter Centre's service will assist in developing an understanding of the impact of a supervised injection service in a multi-use clinic on the both the consumers of the injection service and non-service users, including those who are not drug users.

Expansion of Needle Exchange Services at Vancouver Coastal Health

In the Vancouver Community service delivery area of Vancouver Coastal Health (VCH) a network of direct and contracted addiction services for substance use problems is offered. The core addiction services of the area comprise a variety of initiatives related to the prevention, management and treatment of problematic substance use. A long-standing and important harm reduction service included in this portfolio is syringe distribution and disposal, or needle exchange.

Recently, VCH expanded needle exchange services in the Vancouver Community. Low threshold needle exchange is now offered as a core service at all of the Community Health Centre clinics operated by VCH in the city of Vancouver. In addition, many of the community agencies contracted by VCH to provide services related to HIV and/or problematic substance use are also now providing needle exchange services.

Harm Reduction in the Interior – Creative Approaches to Unique Settings

Handling the distribution and collection of syringes for safer injection drug use presents unique challenges in settings with few dedicated resources and vast geographic scope. In the Thompson, Cariboo, Shuswap Health Service Delivery Area of the Interior Health Authority, initiatives spearheaded by public health nurses have resulted in creative and cost-effective approaches that are employed within this challenging context.

Needle exchange services in the region are coordinated by public health but only in terms of providing required supplies and tracking the program's outcomes. Actual provision of needle exchange services is entrusted to local pharmacies and outreach workers who are already engaged with vulnerable populations associated with a high prevalence of injection drug use. This integrated approach makes good use of limited existing resources, and ensures that needle exchange is available in settings that are familiar and already accessed by the targeted populations.

In the denser, more urban setting of Kamloops the collection of discarded syringes has become a community concern. The Liver Information and Treatment Clinic (LITC), a project of the Kamloops Health Unit, has employed a community development model and partnered with local business, community, enforcement, and municipal government in order to develop a response. A sharps container program has been initiated, and containers have been installed in areas that are accessible to the community.

In addition, a public education campaign was launched to promote better understanding in the community regarding problematic substance use, and specifically safer ways to pick up a used syringe for disposal. One of the primary targets of the campaign is families in the community. To reach this audience, and help to educate children about the issue, the campaign employs a mascot in the form of a knight named "Sir Ringe". "Sir Ringe" has been so successfully received that his use has stepped beyond the role of mascot for safe needle disposal, and he was recently used to encourage children and parents to seek out immunization for influenza.

Strategy 1.3: HIV Reportability and Partner Notification

Monitor and evaluate the public health reporting requirement for HIV infection under the Health Act, including provisions for anonymous, voluntary partner notification.

Status:

On May 1, 2003, HIV was added to the list of reportable conditions in Schedule A of the *Health Act Communicable Disease Regulation* in response to rising HIV infection rates within vulnerable population groups and to the issue of people who are HIV-positive but unaware of their serostatus.

It is anticipated that by making HIV a reportable disease, there will be a significant improvement in partner notification, enabling at-risk or previously unaware HIV-positive persons to adopt appropriate risk reduction behaviours, and to access care, treatment and support services at an earlier stage in the disease. HIV reportability will also result in the collection of more accurate and complete HIV epidemiological data, allowing health authorities to provide more effective HIV-related services. It will provide additional protection under the Health Act against breaches of confidentiality.

Since HIV was made a reportable condition, at least 36 cases of HIV infection were identified in BC through partner notification. This result was drawn from a survey sample initiated as part of an evaluation of HIV notification and likely represents only a fraction of the number of individuals whose knowledge of their HIV+ status can be attributed to reportability and partner notification. The same survey indicated that 7.9% of those seeking an HIV test in the sample were doing so because they had been named as contact.

HIV reportability involves reporting an HIV positive clients' HIV status, age, sex, address, risk factors, and the name of the doctor ordering the test to the local medical health officer. Clients have the option for non-nominal (no name given) or nominal testing. However, if further testing and treatment is required by the HIV positive person, it is provided on a nominal basis.

Public health nurses are often the first primary care provider for people testing newly positive for HIV. Some of the services provided by nurses include:

- Informing clients of their HIV test result and eliciting contact information
- Finding and notifying persons named as contacts, or assisting the client in this process
- Developing a follow up plan with care providers and clients
- Providing clients with information about HIV and community resources, as well as support in accessing resources
- Providing clients with emotional and practical support
- Facilitating referrals to primary care physicians and specialists for follow up
- Facilitating specimen collection for testing of viral loads and CD4 counts

- Sorting out care priorities in complex cases (e.g. co-infections, concurrent disorders, pregnancy)
- Educating families and communities
- Providing guidance and support for other nurses engaged in similar work in isolated areas
- Record keeping

Many of the newly identified HIV infections are among marginalized persons who lack basic necessities, such as housing, food, social support, MSP coverage and access to medical care. They may also struggle with addiction issues, mental illness, and co-infections, such as Hepatitis C and TB. HIV primary care for these populations tends to be complex and resource-intensive. In such cases, public health nurses attempt to locate physicians who will care for the "hard to serve", newly diagnosed client, and assist those physicians in identifying appropriate resources and making referrals for specialist care. The nurses work with clients and local laboratory staff to ensure proper collection and transportation of additional blood specimens for further testing. They also facilitate the distribution of HIV medications to clients outside the Lower Mainland. As well, the nurses advocate for resources to assist clients with shelter, food, childcare, income assistance, as well as access to addiction services, such as detox, treatment and rehabilitation.

To date, a significant amount of public health nursing time has been reallocated to HIV reportability. In September 2004, the Ministry of Health Services provided an additional $938,000 to health authorities and the BCCDC for HIV/AIDS follow-up, including funds for additional staff and continuing education in the regions, and the development of promotional materials.

HIV reportability will be evaluated on the basis of implementation and achievement of intended results. As part of the evaluation process, information will be gathered from public health nurses, physicians with newly positive patients, medical health officers, index cases, partners of index cases, and community agencies. The evaluation will focus on key components of HIV reportability, such as:

- Processes involved in partner notification
- Involvement of public health nurses with index cases and the case management process
- Epidemiology surveillance efforts and resources required for surveillance
- Unintended consequences or harm caused by HIV reportability

Strategy 1.4: Expanded Testing, Education and Prevention within Corrections

Expand HIV testing capacity, education and prevention efforts in all of the province's correctional facilities; review the effectiveness of current HIV/HCV prevention strategies in provincial jails and assess the opportunities for measurable, innovative interventions to reduce HIV/HCV transmission through risk behaviours like tattooing and injection drug use; pursue the development of a partnership with Correctional Service Canada to enhance HIV/HCV services in federal institutions located in BC.

Status:

Recognizing that a large number of inmates are at risk for blood borne pathogens, both through injection drug use and unprotected sex, BC Corrections offers a proactive testing and vaccination program, including vaccinations for Hepatitis A and B. As is the case within the community, all newly diagnosed HIV positive inmates are offered post-test counselling and referrals to community-based AIDS organizations, in particular those that provide outreach to correctional centres. The health of HIV/HCV positive patients is monitored regularly by health care professionals within Corrections. This usually involves a minimum of quarterly blood testing and follow-up by the physicians in correctional centres, with additional follow-up arranged with HIV specialists as required.

Medication routines are maintained with the Provincial Pharmacy, supplier to BC Corrections and working in collaboration with the BC Centre for Excellence in HIV/AIDS. A small supply of contingency HIV medications is maintained at centres to avoid interruption of an antiretroviral regime for the new admissions.

Harm reduction tools such as bleach, condoms and lubricant are available for all BC Corrections inmates. Access is free, discreet and arranged so that inmates are not required to ask health care or correctional staff for these items. Methadone maintenance is also offered at correctional centres, and as is the case in the community, this program results in fewer injections of illicit drugs and consequently has a significant positive impact on numbers of new HIV/HCV infections.

Educational material related to health is also made available at various locations throughout the centres, particularly through the health care and educational programs. In order to complement this service, most BC Correctional centres are also linked with community agencies that provide additional information for inmate education.

In the Federal system, Correction Services Canada (CSC) has a formal memorandum of understanding with the Public Health Agency of Canada to ensure epidemiological, public health and expert medical advice on infectious disease control. All federal correctional facilities participate in a national surveillance, risk assessment and voluntary testing program for infectious diseases, including HIV. CSC also supports inmate-driven, peer education programs on HIV and other infectious diseases, as well as harm reduction.

Both BC Corrections, and CSC participate in collaborative work related to the health of inmates through formal mechanisms such as the Federal/Provincial/Territorial (F/P/T) Heads of Corrections Health Care Committee. These meetings, along with joint meetings with the F/P/T AIDS Committee, and the Corrections Electronic Health Care Record Committee, enhance the quality of services provided to inmates through information and resource sharing, as well as improved standards or practice. Connection to and collaboration with community organizations such as BCPWA's Prison Outreach Program serve to further enhance resources and services that are available to HIV positive prisoners, pre and post discharge.

BCPWA Prison Outreach Program

Prison Outreach Program (POP) is a program of the BC Persons with AIDS Society (BCPWA) that provides HIV/AIDS treatment information, advocacy and support to Federal and Provincial inmates throughout British Columbia.

Each month, POP staff/volunteers conduct regular outreach visits to Federal and Provincial Institutions to provide support to HIV positive inmates. Training workshops on wellness promotion, harm reduction methods and peer counselling are scheduled throughout the year. HIV positive inmates may be assisted by the attendance of POP staff and/or volunteers at Parole Hearings. Correctional staff are trained annually on HIV and HCV awareness and supporting an inmate with HIV/AIDS.

POP's client services include: Individual support, counselling, training on HIV treatment, advocacy regarding health issues as well as pre/post release planning to reduce the rate of recidivism. Support services are provided both in person, through outreach visits, and by telephone; "POP Line" a toll-free confidential service for any inmate in BC.

POP partners with the BCCDC Street Nurse program to deliver educational workshops on harm reduction, STI's, HIV/HCV co-infection issues to inmates and Corrections staff.

POP partners with BC Centre for Excellence in HIV/AIDS to provide training to Corrections health care staff on HIV medications, testing, treatment and health supportive services for HIV positive inmates.

POP is currently working to develop support for needle exchange facilities in Canadian prisons in conjunction with the Canadian HIV/AIDS Legal Network.

In Provincial Institutions, POP is developing links with Joye Morris Health Care Services to provide streamlined timely care for HIV positive inmates in BC Corrections Centres. POP has just begun bi-weekly outreach visits to Alouette Correctional Centre for Women to provide POP services to its largely Aboriginal HIV/HCV co-infected population.

Through the recently completed Community-based Research Formulation Project "Breaking the Cycle" POP has identified a large gap in services for pre/post release support for HIV positive inmates. POP hopes to provide services to fill these gaps in the coming year(s) in partnership with persons living with HIV/AIDS, other AIDS Service Organizations and former-inmate volunteers. Transition planning for HIV positive inmates has shown to be crucial in order to break the cycle of recidivism and maintain/promote healthy lifestyle choices upon re-integration to the community.

Additional future plans for the program are developed based on the needs that have been clearly demonstrated through current POP programming. Future plans for Safe Tattooing programs in Federal Institutions will require supportive and educational work for inmate's willing participation. Needle Exchange pilot programs will require similar pre-implementation work for both inmates and Corrections staff.

Strategy 1.5: Aboriginal HIV/AIDS Roundtable

Create an HIV/AIDS roundtable involving B.C. ministries and health authorities, Health Canada and First Nations organizations to identify and pursue efforts to address the HIV epidemic among Aboriginal people

Status:

A provincial gathering of Aboriginal stakeholders was held in March 2005 with the intent to foster the development of partnerships and to strengthen the response to HIV in the Aboriginal population. The event, jointly organized by Red Roads HIV/AIDS Network, Healing Our Spirit and Chee Mamuk, with support from the Provincial Health Services Authority, included Aboriginal leaders, Aboriginal service providers, community agencies, health authorities, the Ministry of Health Services and the Public Health Agency of Canada. Recommendations from the meeting will be forthcoming in 2005.

Goal #2: Care, Treatment and Support

To increase proportion of HIV+ individuals linked to appropriate care, treatment and support services by 25% over the next 5 years

Strategy 2.1: Engagement of Vulnerable Populations

Ensure that current and future HIV/AIDS-related care, treatment and support services across the province effectively engage the most vulnerable populations

Status:

Health authorities, provincial organizations and community organizations are working to engage vulnerable populations in HIV care, treatment and support by developing service delivery models based on facilitated access – through active referrals and case management – to a continuum of services, ranging from drug treatment to low threshold harm reduction, community-based primary care, hospital-based specialist care and community supports.

The services and programs included here – examples of excellent work within the Vancouver Coastal, Vancouver Island, Northern, and Provincial Health Services Authorities – are creative and effective approaches that span the care, treatment and support continuum, and are constructed around the vulnerabilities that contribute to accelerated HIV disease progression.

Drug Treatment

In British Columbia, Pharmacare provides anti-retroviral and anti-opportunistic infection medications at no cost to eligible persons infected with HIV/AIDS. In 2003/04, these drugs cost in excess of $37 million. The provincial drug treatment program is managed by the British Columbia Centre for Excellence in HIV/AIDS.

The Centre, a program of Providence Health Care, seeks to improve the health of people with HIV through the development, monitoring and dissemination of new knowledge and treatment strategies for HIV/AIDS and related diseases. The rapid incorporation of research results into clinic practice ensures that HIV positive patients in British Columbia receive a continually evolving standard of evidence-based care. The main functions of the Centre are: clinical support, laboratory support, epidemiology and professional education.

Since its inception in 1992, there have been approximately 7,500 HIV-positive individuals enrolled in the drug treatment program. As of October 2004, 3563 persons living with HIV/AIDS were registered with the drug treatment program, of which 516 were women and 3,047 were men.[5] Of those, 3,159 participants were on some form of antiretroviral (ARV) therapy.

[5] BCCfE, HIV/AIDS Drug Treatment Program Participants on Antiretroviral Therapy (October 18, 2004).

The current breakdown of participants on ARV by health region is as follows:

Number of HIV/AIDS Drug Treatment Program Participants who are currently on ARV by Health Region		
Fraser	606	19%
Interior	190	6%
Northern	52	2%
Vancouver Coastal	1,939	61%
Vancouver Island	372	12%
Total	**3,159**	**100%**

John Ruedy Immunodeficiency Clinic

Located at St. Paul's Hospital, Vancouver, the John Ruedy Immunodeficiency Clinic (IDC) is a primary and specialty care clinic serving over 600 HIV-infected patients. Clinicians and scientists from the BC Centre for Excellence in HIV/AIDS work as part of an experienced multidisciplinary clinical team that includes family doctors and specialists, nurses, pharmacists, counsellors, social workers and nutritionists.

The goals of the clinic are to provide easy access to comprehensive HIV/AIDS healthcare to any person infected with HIV. It also provides an educational environment for physicians and other health care workers in HIV/AIDS. The IDC is designed to meet the needs of vulnerable HIV positive persons, including those with no doctor, those who have been discharged from the HIV ward at St. Paul's Hospital, recent immigrants or refugees, repeat users of emergency room services, persons co-infected with HIV and hepatitis C, and those who are experiencing complex drug interactions and emerging toxicities.

HIV/AIDS services include: side effects clinic, AIDS clinic, substance abuse clinic, hepatitis C clinic, STD clinic, respiratory clinic, therapeutic drug monitoring clinic, on-site pharmacist services, and addiction services.

Specialist clinics provide rapid access to consult services for infectious diseases, HIV therapy, endocrinology and dyslipidemia, dermatology, gastroenterology, neurology and psychiatry, and cancer care.

HIV/AIDS support workers provide individual and group social work services, nutrition support and counseling, and expanded access program for antiretroviral therapy.

Oak Tree Clinic

The Oak Tree Clinic provides specialized multidisciplinary care to all diagnosed HIV positive pregnant women in the province, and their infants. With appropriate pregnancy care and antiretroviral therapy in pregnancy, during labour and delivery, and post-partum for the baby, perinatal transmission can be reduced from about 25 per cent to less than 1 per cent. Since 1996, when combination antiretroviral therapy was first offered to HIV positive pregnant women in BC, there have been no mother-to-child transmissions among women who have accessed care.

A variety of initiatives have been undertaken by the Oak Tree Clinic to facilitate access to care for women throughout the province, including Aboriginal and marginalized women. Perinatal prophylaxis kits have been developed and distributed to hospitals throughout the province. These kits contain antiretroviral medications, instructions for pharmacists, nurses, physicians and patients, as well as appropriate laboratory requisitions and contact information. The kits allow women to deliver in their own communities and are often given to women directly to ensure that they access this therapy during labour and delivery.

A province-wide system for perinatal antiretroviral prophylaxis for high-risk women of unknown HIV status has been developed by the Oak Tree pharmacy staff. Over 250 women have been treated to date, virtually all of who had received no HIV-specific care during pregnancy and presented as high risk for HIV during labour.

In partnership with community agencies in Vancouver's Downtown Eastside, Oak Tree Clinic employs two outreach workers to help marginalized women access care, attend medical appointments and obtain appropriate income assistance, disability and other benefits.

In collaboration with the BC Centre for Disease Control, Oak Tree Clinic is seeking ways to improve the rates of HIV testing in pregnancy. Improved rates of diagnosis will allow more marginalized women to receive optimal pregnancy care, and will enable them to receive appropriate long-term HIV care.

In addition, the Oak Tree Clinic has developed provincial and national care guidelines for HIV positive women, pregnant women and their infants. The provincial guidelines have been developed, published and distributed through the BC Centre for Excellence in HIV/AIDS, are posted on the Oak Tree Web site, as well as the BC Centre for Excellence in HIV/AIDS web site.

AIDS Vancouver's Case Management Program

AIDS Vancouver's case management program provides information, support, and care coordination to persons living with HIV/AIDS and their families. The goal of the program is to assist clients in achieving stabilized and sustained health, and subsequently an increased quality of life.

Community-based case management seeks to address clients' bio-psychosocial needs through supportive, client-centered practice. Case management interventions are tailored to individual needs via assessment, care planning, service linkage, and advocacy. Case management interventions range from brief contacts, to meeting immediate needs such as food and shelter, to long-term intensive working relationships that address multiple complex needs.

Working within a population health framework, AIDS Vancouver's case management program is built upon the understanding that individual capacity to manage and maintain health while living with HIV disease is determined, in part, by factors such as income level, housing, quality of healthcare, access to caring and supportive networks, and individual coping skills. The case management program endeavors to influence these factors by working in partnership with clients to increase their access to resources in the areas of health care, housing, income security, support networks, and individual skills and capacity.

By building these links for people living with HIV/AIDS, the case management program is also improving the overall integration of HIV-related care, treatment and support services.

Dr. Peter Centre: Maximizing Health and Minimizing Hospitalization

Each year, there are over 23,000 health visits to the Dr. Peter Centre by people living with HIV/AIDS and concurrent disorders, such as mental illnesses and addictions. These individuals require both complex care and basic necessities for daily living. With its day health program and 24-suite assisted living residence, the Centre offers an effective and innovative way to serve this community. The impact on health outcomes and savings to the health system has been dramatic: improved quality of life and reduced hospital stays by up to 98%.

Approximately 70% of the participants at the Dr. Peter Centre have either a history of substance use or are currently struggling with addiction. Many of these individuals have experienced extreme poverty, violence and abuse. Many are poly-substance users and live with mental health problems.

Recognizing the increased numbers of HIV+ individuals requiring acute care, the Dr. Peter Centre has developed a service delivery model that eases some of the burden on the health care system. To meet participants' challenging health needs an interdisciplinary clinical team provides a range of harm reduction services, including needle exchange, supervised injections, addiction and trauma counselling, and medication management for those on antiretroviral therapies and methadone maintenance treatment. These services contribute to a reduction in the number of days marginalized HIV+ individuals might require acute care.

The Centre's twin goals are to maximize health and minimize hospitalization for people living with HIV/AIDS. Some of the activities currently underway are expanded weekend service and a "transport to health" commuter service. Weekend service has the potential to decrease reliance on emergency hospital services. A commuter service would transport individuals who find it difficult to access health services that are beyond walking distance.

As the first of its kind in Canada, the Dr. Peter Centre is a blueprint for healthcare solutions for vulnerable populations.

Cool Aid Community Health Centre

Through an innovative team-based approach, the Cool Aid Community Health Centre provides primary health care, both acute and long term, to vulnerable individuals in Victoria. Services at the CHC are designed to reduce the significant barriers facing the downtown population from accessing health services. Integral to the CHC is its location in the downtown core and the expanded hours of operations to include weekends. A highlight of the unique service delivery at the CHC is the coordination of multiple entry points. For example, nurse practitioners, physicians, a mental health and addictions counsellor, nutritionist, acupuncturist, pharmacist, dentist and dental hygienist, and visiting specialists, such as psychiatrists, are all possible points of entry into accessing comprehensive health care.

Integrated with the primary health care function, the centre offers education to nursing and medical students, as well as family practice residents and physicians interested in inner-city medicine. The CHC is also a satellite site for the Canadian HIV Trials Network and participates in multiple HIV and Hepatitis C research projects. The centre's physicians and nurse practitioners have spoken at conferences, nationally and internationally, on these topics.

The centre also has an outreach component that effectively integrates a holistic approach; the Cool Aid CHC takes its services to where the people are located - whether on the streets, in the drop-in centres, food banks, shelters or their homes. The outreach services also provide a full range of assessment, counselling and referral services for the mentally ill and chemically dependent homeless, and those at risk of becoming homeless, in Victoria's downtown community. This outreach contact builds the necessary trust for clients to then utilize the centre and the services offered.

Supervised Injection as Link to Care, Treatment and Support

According to its first year evaluation, Insite – Vancouver's supervised injection site (SIS) – is achieving high client volumes and referring clients to health services they might not have otherwise accessed. The report is part of a four-part evaluation conducted for Vancouver Coastal Health Authority by researchers at the BC Centre for Excellence in HIV/AIDS in Vancouver.

Vancouver Coastal Health President and CEO, Ida Goodreau, says that Insite is exceeding expectations for referrals to addiction services and other treatment. Based on the evaluation findings, the facility is saving lives and improving health. The number of referrals to addiction treatment reflects the potential long-term positive impact of the SIS:

·In the first year of operation, between two to four clients were referred to addiction treatment each day, with at least one client referred weekly to methadone maintenance treatment

·In the six months prior to the first anniversary of Insite, there were 262 referrals to addiction counselling services, with 78 referrals to withdrawal management programs such as detox

Strategy 2.2: Expanded Methadone Maintenance and Addictions Treatment

Work with the BC Medical Association and the BC College of Physicians and Surgeons to expand the provincial methadone program, and the range of addictions treatment options.

Status:

Access to methadone maintenance treatment (MMT) throughout the province has been expanded significantly over the past eight years. The number of clients receiving methadone maintenance has increased from approximately 1,400 in 1995 to more than 8,000 in 2004. The current enrolment in the program represents about half of potentially eligible, heroin-dependent clients in BC. Demand for enrolment in the methadone program has recently levelled off indicating that the resources available at present are able to meet the current needs of the population. It is expected that future increase in enrolment numbers will proportionally match increases in the province's overall population.

The majority of methadone clients reside in Vancouver and the Lower Mainland, although there are large concentrations of clients in Victoria, Central and Northern Vancouver Island, and the Thompson/Okanagan area. In the Lower Mainland, Vancouver Coastal Health has been successful in expanding the saturation of MMT to an optimal level of almost 70% of the estimated number of opiate users. This has been achieved largely by introducing delivery of MMT through community health centres across the city of Vancouver.

Community physicians and pharmacists across British Columbia have been encouraged to obtain authorization to prescribe and dispense methadone. These health care professionals require business licenses from their respective municipalities. Currently, there are approximately 300 physicians and 398 pharmacies throughout the province that are authorized to prescribe and dispense methadone respectively.

Revised MMT guidelines are now complete and available on the College of Physicians & Surgeons website. The College is currently working on a mechanism that would grant ER doctors and hospital-based physicians limited MMT authorization to treat MMT clients with methadone while they are hospitalized.

In Nanaimo, AIDS Vancouver Island has developed a community-based methadone clinic that integrates prescription and dispensing services into a full range of heath care and substance use related services. The AVI Health Centre has responded to a local need in a manner that effectively coordinates and integrates service delivery in order to meet multiple goals.

In 2003, the Ministry of Health Services spent $28 million providing methadone maintenance treatment services, of which Pharmacare covered $21.3 million and Medical Services Plan covered $6.6 million.

AIDS Vancouver Island Health Centre

In 2004, AIDS Vancouver Island (AVI) took over a private methadone clinic in Nanaimo. The former clinic, now known as the AVI Health Centre, is evolving into a full service community health centre that provides health care and harm reduction services for people living with HIV, hepatitis C and addictions.

In addition to prescribing and dispensing methadone, the Centre also offers public health nursing, primary health care, primary HIV/HCV care (including access to antiretrovirals and medication management), harm reduction education, and addictions counselling, as well as HIV/HCV health promotion and support services for HIV/HCV positive individuals and their families.

The multidisciplinary team includes two methadone-licensed physicians, a community pharmacist, an addictions counsellor and a health educator. Through its service delivery partnerships, the AVI Health Centre accesses public health nursing and provides referrals for a wide range of services, including HIV/HCV specialist care, alcohol and drug treatment, mental health assessment, and housing and income support services. Planned, future services include a peer education and support program and parenting group.

Strategy 2.3: Increased Capacity for Physicians Working with HIV+ Patients

Work with the B.C. College of Physicians and Surgeons to increase the number of physicians providing HIV/AIDS care and treatment, and expand innovative training programs for physicians and other key health-care providers.

Status:

The focus of this strategy has shifted to supporting the collaborative efforts of the BC Centre for Excellence in HIV/AIDS, UBC Faculty of Medicine distributed education program, and health authorities in developing new opportunities for undergraduate, graduate and continuing education for physicians, nurses and other health care providers involved in HIV-related care and treatment.

For example, as part of World AIDS Day 2004, the BC Centre for Excellence hosted a full day HIV clinical update at St. Paul's Hospital for interested physicians across the province. The Vancouver Island Health Authority covered travel costs for its physicians and nurses to attend. Also as part of World AIDS Day, the Fraser Health Authority hosted a breakfast session for physicians and an education day for nurses on HIV treatment and management facilitated by the BC Centre for Excellence in HIV/AIDS and BC Persons with AIDS Society.

Meeting the Challenge of Complex HIV Care

The BC Centre for Excellence in HIV/AIDS has developed programs to educate health care professionals in the treatment of HIV patients. Education is essential to improving treatment and care of HIV patients. The Centre's professional HIV/AIDS education-based activities include:

HIV/AIDS Nursing Elective – An undergraduate course in HIV/AIDS, now offered online, is offered in collaboration with University of British Columbia's School of Nursing. The elective is available to senior nursing students across the province as a visiting student at UBC.

Inter-professional Elective in HIV/AIDS Prevention and Care – An undergraduate course in HIV/AIDS is open to students in medicine, nursing, pharmacy, social work and nutrition through UBC's College of Health Disciplines.

Interdisciplinary AIDS Care Rounds – A free lecture series held at St. Paul's. All interested in HIV/AIDS are invited to attend. No registration or RSVP is necessary. The Rounds can also be seen on the Centre's web site at www.cfenet.ubc.ca/presentations. Rounds are also videotaped.

ABC Educational Program – A basic HIV/AIDS educational program for health care professionals and the community that travels across the province. The program is coordinated in collaboration with the BC Persons with AIDS Society.

Educational sessions - tailored to the needs of health care providers and to undergraduate students in the health care disciplines at the college level.

Distributed Medical Education

The University of British Columbia's Faculty of Medicine has launched an innovative, distributed medical education program in partnership with the Government of British Columbia, the University of Northern British Columbia (UNBC), the University of Victoria (UVic) and health authorities. The first of its kind in Canada, the program creates new opportunities for medical education across BC, doubling undergraduate class sizes over a period of 10 years at sites in the North, on Vancouver Island in the Fraser Valley, and in Vancouver.

In the initial phase of the expansion, an additional 24 students will be admitted to each of three programs in 2004: the Island Medical Program (IMP) at UVic, the Northern Medical Program (NMP) at UNBC, and the UBC-based Vancouver Fraser Medical Program (VFMP). New academic facilities with state-of-the-art technology are under construction at all three universities to accommodate the influx of students.

Students will spend the first four months in Vancouver and the remainder of the first two years in the IMP, NMP or VFMP. During the clinical third and fourth years of the program, students currently spend time in all regions of the province. With expansion, students will gain new opportunities to spend a significant amount of time in hospital- and community-based clinical settings in the Northern Health Authority and the Vancouver Island Health Authority and the Fraser Health Authority.

Students must meet the academic and other standards set by the Faculty of Medicine. All students will graduate with a UBC medical degree.

HIV Primary Care in Northern BC

Providing primary care to HIV positive individuals can be challenging and complex in any setting. In rural communities in the North, these complexities are compounded by isolation, lack of resources and significant HIV related stigma within communities. For a physician offering primary care there are barriers to reaching populations that are vulnerable to HIV/AIDS that need to be overcome, as well as a daunting and constantly evolving body of knowledge required to inform HIV/AIDS practice.

Dr. Daphne Hart is working for Northern Health Authority (NHA) on a project to assess the information and resource needs related to HIV/AIDS among such primary health care providers. A physician, with 29 years experience practicing in the North, Dr. Hart identified the link between problematic substance use and vulnerability to HIV/AIDS among patients she was seeing in her own practice. Inspired to learn more, she pursued HIV/AIDS practice locums in Vancouver, as well as a 12-week preceptorship at St. Paul's Hospital through the BC Centre for Excellence in HIV/AIDS. Her work with NHA takes her across the entire region, meeting with general practitioners to hear about their experiences and challenges related to HIV/AIDS. Dr. Hart's philosophy is "go everywhere, not just the dense, urban areas", and has consequently discovered a great deal of interest among physicians in very small communities in the North, who wish to learn more about how HIV/AIDS can be integrated into their practices.

Dr. Hart conducts short presentations with the providers she meets; presentations that focus on the basic principles of HIV practice, prevention, and what resources are available locally, regionally, and provincially. At the same time she is collecting valuable information for NHA related to capacity to address HIV/AIDS care regionally, as well what opportunities may exist for additional resources and specialization.

Strategy 2.4: Continuity of Care and Discharge Planning in Corrections

Develop the capacity to provide continuity of care and bridging services for HIV+ individuals at time of discharge from federal and provincial correctional institutions in BC.

Status:

Corrections Services Canada (CSC) works with service providers at the local level to link HIV positive inmates with appropriate care, treatment and support in the community upon release. For example, pharmacies in regional correctional facilities are linked with the BC Centre for Excellence in HIV/AIDS to ensure no interruption in access to medications for HIV positive inmates returning to the community. CSC is currently preparing guidelines to standardize discharge planning across all facilities.

Through partnership with the BCPWA Prison Outreach Program and as a member of VHACCC (Vancouver HIV/AIDS Care Coordinating Committee), BC Corrections is able to receive and provide information in a timely fashion to other agencies and organizations assisting HIV positive provincial inmates. Discharge planning is a priority and is done in co-operation and in collaboration with the various local health authorities and HIV agencies. Hospice care, when required, is given particular attention.

BC Corrections is committed to excellence in HIV prevention, education, care and treatment. To accomplish this, communication, transparency and collaboration – while maintaining patient confidentiality – is encouraged at all levels from branch management to health care providers and community liaison partners. Ongoing efforts to improve the continuity of care for HIV positive inmates at time of discharge are part of that commitment.

Goal #3 Capacity:

To enhance the province's capacity for monitoring the HIV epidemic over the next 5 years

Strategy 3.1: Expanded Medical and Social Research

Support the expansion of HIV/AIDS-related medical and social research undertaken in B.C. and explore alternate means of disseminating new knowledge.

Status:

The Ministry of Health and health authorities have identified the need for improved availability and accessibility of research evidence to support service planning, delivery, and evaluation. The Ministry is working with the BC Centre for Disease Control and BC Centre for Excellence in HIV/AIDS to enhance knowledge transfer to health authorities and community groups. To date, there have been a number of successful initiatives that support this knowledge transfer process, and work to develop further means continues.

At-Risk Cohort Studies

The BC Centre for Excellence in HIV/AIDS has developed a co-coordinated infrastructure to monitor the HIV epidemic among at-risk populations in the province. In addition to the province-wide HIV Drug Treatment Program cohort, at-risk cohorts include the Vancouver Injection Drug Users Study (VIDUS), CEDAR cohorts of Aboriginal Drug Users, Community Health and Safety Evaluation (CHASE) data linkage cohort, and the VANGUARD cohort of gay men. Most recently, the Scientific Evaluation of the Supervised Injecting (SEOSI) cohort has been assembled to evaluate Vancouver's supervised injecting facility.

Targeted surveillance cohorts involve the recruitment of at-risk individuals into a medical office space, where potential study participants are informed about the objectives of the study and are provided with informed consent documentation to enroll in the study. Participants are generally offered an honorarium to compensate them for their time. At the first follow-up visit, participants provide a blood sample for testing for HIV and Hepatitis C, as well as informed consent to allow for confidential record linkages to administrative health databases.

With these linkages, the Centre is able to establish baseline HIV and HCV prevalence. It can also monitor HIV incidence through semi-annual blood tests conducted among baseline HIV-negative participants who return for follow-up. The Centre can analyze other variables, such as HIV testing, antiretroviral drug use, Pharmacare data, MSP data and hospital use. In addition to monitoring HIV and HCV, the cohorts provide valuable information on other public health issues, such as mental illness and problematic substance use.

At present, the only province-wide cohort is the Centre's HIV Treatment Program cohort; the rest are based mainly in Vancouver. The Centre is working with health authorities to establish small monitoring programs for groups at risk for HIV across the province, including Aboriginal people, sex-trade workers, street-involved youth and students.

CEDAR: Understanding HIV Vulnerability in Young Aboriginal Drug Users

The epidemiology research team at the BC Centre for Excellence in HIV/AIDS follows HIV infection in studies of high-risk sub-populations as they evolve over the long term. CEDAR is a multi-disciplinary north-south collaboration to understand HIV vulnerability in young Aboriginal drug users. Project partners include University of Northern BC and Northern Health Authority.

The Centre recently determined the incidence of HIV infection among Aboriginal participants in another cohort study, Vancouver Injection Drug User Study, was twice that of non-Aboriginal counterparts. The Centre is currently undertaking studies focusing on young Aboriginal drug users to determine why these individuals are at particularly high risk of HIV infection and to develop strategies that reduce this risk.

Strategy 3.2: Development of a Sentinel Surveillance System

Develop an effective sentinel surveillance system through linking existing data sources that will enable the province and health authorities to anticipate new epidemiological trends and service needs with regard to HIV/AIDS, hepatitis C and other co-infections.

Status:

The Division of STD/AIDS Control, BC Centre for Disease Control, provides epidemiological data analysis and consulting services. It acts as the provincial reporting centre for cases of sexually transmitted infections (STI) and HIV/AIDS. Provincial law requires that most STIs and HIV be reported in order to accurately measure trends and patterns, facilitate partner notification and follow up activities, and expand capacity for monitoring trends. The Division's role is to record, track and share surveillance data with health authorities and their community partners. This data is also shared with the Public Health Agency of Canada for national roll up and dissemination, in Canada and abroad. The Division participates in STI/HIV-related research and teaching as a university-affiliated organization. Each year it produces the STI control report and the HIV/AIDS update. Targeted funding from the Ministry of Health has supported Division projects to further analyze data and develop special reports, such as Moving Ahead (2002) on HIV infection and prevention for gay men.

BCCDC Sole Access Project

The STD/HIV Control Division of the BC Centre for Disease Control provides Medical Health Officers (MHOs) with STD/HIV data in the form of pre-determined reports to assist them with their routine surveillance activities. The data requests from MHOs, however, are becoming more complex and thus the format of pre-determined reports no longer meets their expanding data needs.

To assist MHOs with their routine STD/HIV surveillance activities the Division has undertaken an initiative entitled "Sole Access" where MHOs are provided with the ability to conduct on-line, non-nominal data queries, using Cognos PowerPlay cubes, on a secured website. Some of the data requests that the PowerPlay cubes can address within a couple of mouse clicks include:

- How many persons tested newly positive for HIV in 2003, by age group and gender, who live in the Fraser Health Authority with a risk factor of injection drug use?
- In 2000, what is the number of reported AIDS cases broken down by gender and ethnicity in the Northern Interior Health Service Delivery Area?
- What is the breakdown, by year, for reported infectious syphilis cases in BC from 1993 to 2003?

The PowerPlay cubes will be available to the MHOs in early 2005. The direct benefits of this initiative will be that MHOs will have improved access and flexibility to their STD/HIV data in a timelier manner.

Strategy 3.3: Dissemination of Best Practice Information

Identify and disseminate best practice information to health authorities, local governments and AIDS service organizations and other community-based organizations on a timely basis.

Status:

Provincial agencies play a key role in both the identification and dissemination of information related to best practice. The BC Centre for Excellence in HIV/AIDS has taken a leadership role in the province with respect to the dissemination of clinical and research findings, and proven approaches to treatment and care.

On September 30, 2004, the BC Centre for Excellence in HIV/AIDS hosted a series of presentations in Vancouver – 'HIV Update 2004'. Physicians, nurses and other health care providers from across all health authority regions in BC were invited to the session, organized to provide access to the latest information related to best practice in HIV/AIDS clinical care, as well as identification of emerging issues and innovation related to treatment and disease progression.

Topics discussed at the Update included:

- HIV primary care
- HIV/AIDS related Opportunistic Infections
- Antiretroviral medications, adherence, toxicity, interactions and resistance
- HIV/HCV coinfection
- HIV in Vancouver's Downtown Eastside
- Treatment issues for HIV+ women

Health care professionals from across the province, as well as key stakeholders from each health authority, attended the session. In addition, the BC Centre for Excellence has made the proceedings available through the Centre's website (**www.cfenet.ubc.ca**) in an effort to provide easy access for any individual who potentially might benefit from the presentations, and thereby broaden the dissemination and impact of the event.

Strategy 3.4: Support Health Authorities in Planning, Monitoring, and Evaluating

Work with health authorities in planning, monitoring and evaluating HIV/AIDS services.

Status:

Priorities for Action is being implemented through the coordinated efforts of the provincial services health authority, five regional health authorities, and their community partners. Each health authority has either developed or is currently developing an HIV service plan that addresses the provincial goals and strategies within a regional context.

The Ministry of Health and provincial health agencies, including the BC Centre for Disease Control, BC Centre for Excellence in HIV/AIDS, and Oak Tree Clinic, are working together to provide support to health authorities in developing, implementing and evaluating their HIV/AIDS service plans.

In November 2004, the first of a series of regional HIV service planning sessions was held with health authorities and provincial organizations. Hosted by the Vancouver Island Health Authority, the meeting provided an opportunity for health authorities to compare progress, share information and lessons learned, and to identify areas where provincial agencies can provide technical expertise and support.

The Fraser Health Authority hosted a second meeting in April 2005 with support from the BC Centre for Excellence in HIV/AIDS and Ministry of Health Services. This meeting was organized to provide specific assistance with the implementation of regional HIV/AIDS service plans.

Health Authority	HIV/AIDS Service Plans
Provincial Health Services Authority	*Provincial Health Services Authority HIV Service Plan for Women and Children* (December 2003)
Vancouver Coastal Health Authority	*Meeting the Challenge: A Framework for Integrated HIV Services in Vancouver and Richmond* (May 2002)
Fraser Health Authority	*Report on HIV/AIDS in Fraser Health* (November 2003) HIV/AIDS service and business plan under development
Vancouver Island Health Authority	HIV/HCV service plan under development
Northern Health Authority	HIV/HCV service plan under development
Interior Health Authority	Blood borne pathogens service plan under development

Provincial Health Services Authority

Between 1985 and 2002, there were approximately 1400 women diagnosed with HIV in British Columbia. This number increases by about 90 new cases each year, with the highest rate of new diagnoses among women aged 20-29. Aboriginal women represent about one third of all new infections among women.

As a result of these troubling figures, the Provincial Health Services Authority (PHSA) developed the *HIV Plan for Women and Children* to provide a focus on the unique issues faced by women and children within the context of the *Priorities for Action*. The Plan recognizes the role of PHSA and the contributions of its agencies and stakeholders – Oak Tree Clinic, BCCDC, the BC Centre for Excellence in HIV/AIDS, and regional health authorities – in addressing women and children's needs.

The Plan outlines the following areas where PHSA can take a leadership role in developing capacity for HIV care for women and children in BC:

- strengthen networking and information sharing among HIV caregivers
- strengthen professional education and practice supports to community care providers
- improve the utility of PHSA databases in assisting regional health authorities to monitor and respond to the epidemic
- collaborate on core health strategies to improve prevention and expand HIV treatment services to women and children
- enhance the contribution of research and evaluation evidence to HIV service planning and care.

PHSA continues to provide funding and contract support to community agencies such as: the BC Persons with AIDS Society, the Positive Women's Network, Healing Our Spirit BC Aboriginal HIV/AIDS Society, the Red Road HIV/AIDS Network, and the Dr. Peter Centre. PHSA co-funds the BC Centre for Excellence in HIV/AIDS and works in partnership with Providence Health and UBC.

Vancouver Coastal Health Authority

In 2002, Vancouver Coastal Health adopted *Meeting the Challenge: A Framework for Integrated HIV/AIDS Services* as their guiding document for service planning. This evidence and practice based document outlines goals, strategies and targets that complement those outlined in Priorities for Action. In addressing these targets, Vancouver Community Health Services engages monthly with all contracted service providers through consultative and service co-ordination meetings.

Significant operational accomplishments in the last year include the decentralization and expansion of the needle exchange program and implementation of a supervised injection site. Meetings to co-ordinate services continue with Vancouver Community, North Shore Coast Garibaldi and Richmond Health Service Delivery Areas.

Gayway: Vancouver's Resource Exchange for Gay Men

In 2003, recognizing that HIV and STI infections were beginning to rise again among gay men, AIDS Vancouver launched 'Gayway', a new concept in health-related services to the gay male community. Gayway, a resource exchange for gay men living in Vancouver, evolved from the agency's former Gay Men's Health program, and is rooted in the principles of community development and population health.

The program is housed in a stand-alone office close to the geographic center of Vancouver's gay community, and offers services that facilitate the exchange of information for the purpose of improving individual and community health and well-being. Gay men can access the program for a scheduled activity, join a structured discussion group, or drop in to enjoy the positive environment and perhaps speak with a volunteer or a peer counsellor.

Fraser Health Authority

The Fraser Health Authority (FHA) has focused on developing multisectoral partnership related to HIV/AIDS. A Regional Advisory Committee has been formed with representatives from community-based agencies within the Fraser Health and Vancouver regions. The committee responds to opportunities for funding, program development and program enhancement.

To date, FHA has released an epidemiological profile of HIV in the region and a draft service plan. This information has been shared with general public through use of local media. Editorials and opinion makers have echoed the conclusions reached by policy makers and service planners, supporting the health authority's commitment to a comprehensive response to HIV disease. Additionally, FHA has developed a business plan to assist in the implementation of the final service plan.

There has also been significant interest from the community to enhance and improve primary care services across the region. FHA is in the early stages of developing a physician's advisory group that will help facilitate this process.

Through the Regional Advisory Committee, proposals have been developed to access project funding from other levels of government, including Health Canada's AIDS Community Action Program and the Drug Strategy Community Initiatives Fund.

Surrey HIV/AIDS Centre

The Surrey HIV/AIDS Centre Society (SHACS) was formed in 2002, with the assistance of the South Fraser Community Services Society. This new society is the first true AIDS Service Organization (ASO) in the Fraser region, and one of only three community groups providing HIV-related services in FHA. The creation of a new ASO has opened doors to new strategic opportunities for community-based HIV/AIDS services, and related funding opportunities.

In April 2004, SHACS assumed HIV-related programs previously offered through South Fraser Community Services. The vision for the new ASO is to focus on expanding support services to the currently underserved HIV+ people of the region – as many as 700 individuals.

Vancouver Island Health Authority

The Vancouver Island Health Authority (VIHA) is engaged in an island-wide HIV-related service planning process guided by the twin provincial goals of reducing new HIV infections by 50% and increasing the proportion of HIV+ individuals linked with appropriate care, treatment and support by 25%, by 2007. To achieve these goals, VIHA is focusing on population groups on Vancouver Island that are vulnerable to HIV infection, as demonstrated by local epidemiology and research evidence. Within those groups, VIHA is targeting its efforts on individuals who are most likely to seroconvert and who are least able to access care and treatment once they are HIV positive.

VIHA's approach combines population health analysis, harm reduction, health promotion and community capacity building. This process is highly consultative, collaborative and engages a broad range of individuals and organizations. Key partners include: people living with HIV, HCV and co-infections, consumer groups (e.g. youth, drug users, sex trade workers), HIV service organizations, Aboriginal communities and service providers, nurses and physicians, and allied service providers in health, social services, education, child and family development and corrections.

The service planning process has provided an invaluable opportunity for VIHA and the community to come together on a regular basis and identify HIV-related service needs, share expertise and resources, and create new opportunities for collaborative and sustainable action.

Cowichan HIV/AIDS Initiative

To meet the challenges of the HIV/AIDS epidemic in the Aboriginal population on Central Vancouver Island, the Hiiye'yu Lelum House of Friendship, Cowichan Tribes Tsewultun Health Centre, and AIDS Vancouver Island, have launched an innovative community-driven HIV capacity building program.

The Cowichan HIV/AIDS Initiative focuses on the development of culturally relevant prevention, education, care, treatment and support services for Aboriginal people, regardless of status or whether they live on or off reserve.

HIV prevention efforts have typically not drawn upon the richness of the Elder's teachings and the traditional values of Aboriginal people. Many believe that spiritual malaise and lack of connection to their own culture and language influence vulnerability to and risk of HIV infection, and prevent those living with HIV from achieving their full potential. Following the lead of HIV positive community members, their families and Elders, the partners have designed a comprehensive and culturally meaningful continuum of HIV services for the Cowichan Tribes and the larger Aboriginal community.

In the words of a community health nurse at the Tsewultun Health Centre: "*The difference is the sharing from experienced HIV positive volunteers with Cowichan people living with HIV who are ready to come out, and family members who come with them, and the Elders who are not afraid of this thing, and workers who, if not already empathetic, soon become so. When people hear the stories they become emotionally involved, when cultural ways like the prayers, the listening, the words of Elders are shared; they feel safe and able to take on a little more. When HIV positive people feel needed and depended on by the rest of the community instead of being recipients of service, they are stronger*".

Interior Health Authority

In the Interior of British Columbia, the challenge has been to provide comprehensive responses to HIV, hepatitis B and C, and other blood borne pathogens with resources mainly established for HIV services. According to BCCDC data, the burden of HCV (hepatitis C) disease is far greater for the region than that of HIV. The number of new HCV cases reported for 2003 and 2002 were 436 and 603 respectively, while for HIV, there were 32 cases in 2003 and 20 cases in 2002.

As a result, in November 2002, the Interior Health Authority (IHA) initiated a process to develop an integrated approach to these two diseases with a community consultation meeting. The purpose of this integrated approach is to broaden leverage to address the following challenges: vulnerable populations such as injection drug users are at risk to multiple health issues such as HIV and HCV, HCV and HIV now need to be managed as chronic diseases as affected persons are living longer; isolated communities at-risk are hard to reach as they are spread out across the Interior's wide geographic area; resources are limited and thus the need for sharing and partnerships; and initiatives funded with time-limited funding can not be sustained.

At a second community consultation meeting in May 2003, IHA released a draft of its plan, *Interior Health HIV/AIDS/Blood Borne Pathogens Plan*. The plan supports an integrated blood borne approach. As a first step, HIV community-based agencies were asked to broaden the educational component of their services to include HCV. Currently the draft plan is being finalized.

Community Movement Toward HIV-HCV Integration

The blood borne pathogen approach has challenged community services in the Interior and Northern British Columbia to reconsider their existing mandates. In response, some AIDS Service organizations have redesigned their services to include both HIV/AIDS and Hepatitis C. These agencies are: Living Positive Resource Centre in Kelowna (formerly the AIDS Resource Centre), Positive Living North (formerly AIDS Prince George), and Positive Living North West in Smithers (Bukley AIDS Society).

Since this change, the Living Positive Resource Centre (LPRC) has seen an increase in the number of clients who are seeking HCV-specific services in the Okanagan area. For the 6-month period April to September 2004, 11 of the19 new clients were infected only with HCV compared to only 4 out of 26 new clients for the period April 2003 to March 2004. Some of the challenges LPRC has identified are maintaining educational activities related to hepatitis beyond time-limited funding cycles, and a steep learning curve regarding HCV treatment issues.

Northern Health Authority

In Fall 2004, the Northern Health Authority (NHA) initiated a collaborative approach to planning for blood-borne diseases in response to *Priorities for Action*. A steering committee was established with external consultant support and an internal project leader. One task group was established for each provincial goal to develop an action framework for the health service delivery areas. A community consultation process was implemented which involved 10 communities across the region.

The NHA blood-borne pathogens approach acknowledges the extreme marginalization of at-risk and affected populations in the north, especially among First Nations communities. As a result, HIV/AIDS and hepatitis planning are being integrated into Aboriginal health service planning and delivery. The key challenge in the planning process has been the enormous lack of awareness of HIV in the general population and among vulnerable population groups. This has made it hard to engage stakeholders and service providers. Other challenges include the isolation of physicians and their need for education and support to provide HIV primary care, and minimal HIV/AIDS infrastructure across the continuum of prevention, treatment and support.

Goal #4: Co-ordination and Co-operation

To create and sustain broad-based support for the approach outlined in Priorities for Action

Strategy 4.1: Mechanisms for Encouraging Co-ordination and Co-operation

Create mechanisms for encouraging co-ordination and co-operation among stakeholders.

Status:

In March 2004, the Provincial Health Services Authority hosted a forum with key stakeholders to identify opportunities for collaboration in addressing *Priorities for Action*. Plans are underway to follow up on recommendations raised at the forum.

In spring 2005, PHSA will continue this leadership role through supporting a round table of Aboriginal stakeholders to look at coordination roles and partnerships.

At the community level, there are interdisciplinary committees in both Vancouver Coastal and Northern Health Authorities with mandates specific to cooperation and coordination of services related to HIV/AIDS.

Prince George Regional Partners in HIV Committee

Established in September 1998, the Regional Partners in HIV Committee was formed to bring together people who were concerned with HIV, or working on issues related to HIV, in the Prince George area. The committee meets on a quarterly basis to network, discuss HIV related issues, make decisions and policy changes in problem areas, and participate in the development and implementation of a regional HIV strategy. The committee's membership is broad and includes people living with HIV/AIDS, community based service providers, physicians and allied care providers, and Aboriginal community members. The various sectors represented on the committee include public health, primary care, housing, addictions, mental health and corrections.

The committee's achievements include the creation of a 3-year HIV strategy for the Prince George area and enhancing the ability to coordinate prevention efforts and provide a continuum of care. The committee is currently providing community input into development of a HIV strategy for the Northern Health Authority that will address the *Priorities for Action*.

Vancouver HIV/AIDS Care Coordinating Committee

In 1994, the Vancouver HIV/AIDS Care Coordinating Committee (VHACCC) was formed to co-ordinate information sharing and collaboration among service organizations in tackling the HIV epidemic. The committee's initial focus was on HIV-related care services, and thus attracted a membership of organizations and providers engaged specifically in this work.

In 1998, the Committee adopted a population health approach to the development of its second strategic plan with an added emphasis on prevention. With this expanded mandate and focus on the key social determinants of health, membership on the committee grew to over 130 members. VHACCC now includes AIDS Service Organizations, as well as various government, public health and social service stakeholders, and consumer agencies involved in some aspect of HIV/AIDS-related service delivery.

The population health approach provides a unifying framework to examine the individual, social and economic forces shaping the current HIV epidemic in Vancouver. By using this approach, the Committee is able to identify population groups who are vulnerable to HIV infection, identify partner sectors and organizations that can help address systemic challenges, and develop a framework for collaborative action.

Recent accomplishments include an assessment of the specific post-hospital discharge needs of HIV-positive injection drug users, including strategies to improve collaboration between the hospital sector and community, and enhanced coordination of care-related services for positive individuals incarcerated within BC Corrections.

Strategy 4.2: Foster Collaboration in Work with Vulnerable Populations

Forge new partnerships with Correctional Services Canada, Health Canada and Indian and Northern Affairs to foster co-ordination and co-operation in efforts directed at vulnerable populations.

Status:

The Ministry of Health participates as the British Columbia representative on the Federal/Provincial/Territorial Advisory Committee on HIV/AIDS and the Federal/Provincial/Territorial Heads of Corrections Working Group on Health. These intergovernmental bodies provide the opportunity for collaborative action in targeting similar population groups in different jurisdictions. They also enable jurisdictions to align their respective strategic directions, plans and investments. For example, the Ministry of Health participates on the funding proposal reviews carried out by the regional office of the Public Health Agency of Canada to ensure resource allocations are coordinated with provincial goals and priorities.

Strategy 4.3: Share HIV/AIDS Knowledge and Experience with Other Countries

Support efforts to share the province's HIV/AIDS knowledge and experience with countries in the developing world.

Status:

There have been several twinning initiatives between HIV-related organizations in British Columbia and partner nations in the developing world. With the support of the Canadian International Development Agency (CIDA), five partnerships were developed between local community-based organizations and their counterparts in Africa, China, India, Mexico and the Philippines. The BC Centre for Disease Control also helped establish Café Hy Vong, a successful outreach clinic in Vietnam. More recently, the Ministry of Health and other provincial agencies have embarked upon an initiative with the government of Eastern Cape Province, South Africa, to support the distribution of antiretroviral therapy. As well, the BCCDC has launched a new phase of their work in Vietnam, this time with a goal of assisting with the establishment of up to 12 HIV/STI clinics and outreach programs in southern Vietnam.

Café Hy Vong: Reaching Drug Users and Commercial Sex Workers in Vietnam

In 1998, BCCDC received a CIDA grant for a three-year project in Vietnam to set up, support and monitor a STI clinic and outreach program for intravenous drug users (IDU) and commercial sex workers (CSW) in Ho Chi Minh City.

Café Hy Vong was established as a special clinic located in a highly visible area near the Ho Chi Minh financial district. Its main purpose was to provide assistance in creating a locally managed and sustainable network of health and social services to serve IDUs and CSWs in Ho Chi Minh City. Training was provided to Vietnamese officials to diagnose and treat sexually transmitted infections. Every month, the clinic distributed about 40,000 condoms and exchanged up to 18,000 syringes. The clinic also offered free, confidential and high-quality STI services, as well as an outreach component to increase awareness.

Evaluation results of the project identified a variety of considerations when responding to HIV in Vietnam, such as the political and legal climate, support for HIV/AIDS interventions, rapid growth of sex work and drug use, increasing numbers of CSWs using drugs, and increasing mobility of these high-risk groups. The evaluation recommended that a mobile needle exchange and outreach program of low visibility would be a more effective way to implement controversial programs serving marginalized populations. In 2001, BCCDC was awarded $5 million from CIDA to expand the revised Cafe Hy Vong model into the Mekong Delta region of southern Vietnam.

Twinning Project with South Africa

Eastern Cape is one of the poorest provinces in South Africa with an overall HIV prevalence rate of 8% and up to 23% prevalence among pregnant women. Nine years ago, British Columbia entered a twinning relationship with Eastern Cape Province to share its experiences with governance systems.

In 2002, the partnership was renewed with a specific focus on addressing HIV/AIDS. The Ministry of Health, the BC Centre for Disease Control, and the BC Centre for Excellence in HIV/AIDS have worked with Eastern Cape partners to build capacity to respond to the devastating impact of HIV/AIDS and tuberculosis in their province.

The overall goal of the project is to support the expanded rollout of antiretroviral therapy as part of a comprehensive response to HIV/AIDS. If successfully implemented, this could be a model for the control of HIV on the African continent. The key objectives of the project are to:

- Strengthen infrastructure and capacity at provincial and district levels to define and measure program function and delivery and incorporate findings into future policy and program development.
- Build clinical and operational capacity and skills at the provincial and district level to deliver antiretroviral therapy, maximize the impact of this intervention on prevention programs, and increase acceptance of persons living with HIV/AIDS.
- Ensure that the University of Transkei is optimally equipped to develop and provide public health training to increase the availability of skilled personnel to manage HIV clinics and programs.

Thinking and Acting Globally

The Saltspring Organization for Life Improvement and Development (SOLID) is a non-profit society dedicated to linking the people and community of Saltspring Island with those affected by HIV/AIDS in Africa. This group's work focuses particularly on grassroots projects related to HIV/AIDS.

On September 18 and 19, 2004, SOLID hosted "Community to Community", a two-day conference looking at practical tools to tackle HIV/AIDS in Africa. The areas addressed by conference workshops included learning how to implement twinning projects, lobbying governments, fundraising, developing peer based youth programs, working on HIV/AIDS issues in Africa, and understanding how HIV/AIDS has impacted Africa. While many of the conference participants were from British Columbia, some came from other parts of Canada. A diverse panel of youth and women from Africa provided a first hand account of the challenges and experience of living with HIV/AIDS. The event concluded with a spirited address by Stephen Lewis, the UN Special Envoy to the Secretary-General on HIV/AIDS in Africa.

CIDA HIV/AIDS Small Grants Program

The Canadian International Development Agency (CIDA) awards sums of up to $50,000 to encourage partnerships between Canadian organizations and those in developing countries, or countries in transition, to address HIV/AIDS priority issues. Community-based agencies in British Columbia have developed innovative partnerships with organizations in Africa, India, Philippines, China and Mexico.

CIDA HIV/AIDS Small Grants Program

Tillicum Haus Native Friendship Centre (Nanaimo) / Christian Campaign Against AIDS, Swaziland AIDS Support Organization (Swaziland)

The organizations involved in this project used giant puppets and popular theatre to raise awareness about HIV/AIDS among Aboriginal youth in Canada and communities in Swaziland. The groups constructed the puppets and developed performances based on their local experiences with HIV/AIDS. In each nation, local leaders, elders, community and HIV/AIDS professionals and persons infected HIV/AIDS were involved in events surrounding the performances. A television documentary recorded the experiences of groups in both countries.

Vancouver Area Network of Drug Users (Vancouver) / Society for Service to Urban Poverty (New Delhi, India)

The purpose of this project was to share information, expertise and resources between the two organizations in order to reduce the spread of HIV/AIDS in drug using communities in Vancouver and India. It assisted the Society for Service to Urban Poverty in New Delhi with the development of harm reduction programs using the existing social networks of drug users.

Asian Society for the Intervention against AIDS (Vancouver) / Women's Education, Development, Productivity and Research Organization (Philippines)

This project developed and implemented an education and prevention program for migrant and prostituted women in the Philippines and Canada. The partnership worked to increase the organizations' capacity to develop and administer programs and to network in the community. The education and prevention program used radio and television as ways of reaching the marginalized women's communities.

School of Child and Youth Care, University of Victoria (Victoria) / Institute of Psychology, Chinese Academy of Sciences (Beijing, China), West China University of Medical Sciences, Sichuan University (Sichuan, China)

This partnership worked to address the growing risk of the spread of HIV/AIDS among the youth population in China. The project developed an internet-based information centre on adolescent development and HIV/AIDS to reach a wide population base and to provide information about HIV/AIDS in indigenous languages.

AIDS Vancouver (Vancouver) / Red Mexicana de Personas que Viven con VIH/SIDA (Mexico)

This is a continuation of a successful partnership that began with funding from the HIV/AIDS Small Grants Program last year. This second project developed and implemented semi-structured discussion groups and information sharing for Spanish-speaking people in Mexico City and Vancouver to explore defined issues and receive skills training. An interactive Internet discussion group was also developed.

Strategy 4.4: Explore an Enhanced Role for PHSA

Explore an enhanced role for the Provincial Health Services Authority in contributing to provincial co-ordination and the identification and dissemination of best practices.

Status:

Provincial Health Services Authority (PHSA) held a forum in March 2004, bringing together more than 40 representatives from provincially focused HIV/AIDS organizations and health authorities. The purpose of the meeting was to gather feedback from participants to inform PHSA's response to *Priorities for Action* and the *HIV Plan for Women and Children*. Participants provided recommendations for a coordinated provincial response.

In 2005, a new HIV/AIDS Program Coordinator was hired to develop a comprehensive plan for PHSA activity in reducing the impact of HIV/AIDS, including the implementation of its existing HIV-related plans, and to define provincial coordination roles and working relationships with the Ministry of Health and other health authorities.

Conclusion

The 2004 Progress Report is a snapshot of select efforts across the province that contribute to meeting the goals set out in Priorities for Action in Managing the Epidemics: HIV/AIDS in BC (2003-2007). These efforts, both long-standing and new in 2004, comprise a solid foundation for responding to HIV in British Columbia. The report includes many examples of creative, evidence-based work occurring at all levels – a small sampling of the wide range of programs and services in place throughout the province.

Also included in the Progress Report are some data indicators related to HIV incidence. This data illustrates a small increase in both the number and rate of newly reported infections for 2004, and also serves to establish a foundation for a more an in-depth analysis of the impact that coordinated interventions and efforts across BC may be having on the course of the epidemic. Future reports will begin to explore this connection between HIV-related services across the province and epidemiological markers and indicators.

The next steps in building a stronger approach to HIV/AIDS are encouraging health authorities to further develop prevention and care efforts with vulnerable population groups, and enhancing mechanisms to facilitate collaboration among health authorities and provincial health agencies. Additionally, all parties involved in the HIV testing and reportability process will need to engage in focused efforts to improve data collection.

The province is committed to supporting and assisting health authorities and provincial health agencies in moving forward with these challenging and important tasks. Together we must continue shaping a robust response to HIV/AIDS in British Columbia.

Appendix 1: *Priorities for Action* Goals, Objectives, Strategies and Indicators

PREVENTION: To reduce the incidence of HIV infection by 50% over the next 5 years	
Objectives	• To reduce incidence of HIV infection among the most vulnerable groups by 50% over the next five years • To reduce proportion of seropositive individuals who are unaware of their HIV infection by 50% over the next five years • To sustain effective systems of care for women living with HIV and ensure no infants are born with HIV over the next five years
Key Strategies	• Ensure that current and future HIV/AIDS-related prevention efforts across the province effectively engage the most vulnerable populations • Expand provincial support for low-threshold harm-reduction initiatives, including supervised consumption sites, needle exchange and addiction treatment services, and a randomized trial of prescribing controlled substances, and ensure that they are accessible and culturally appropriate to populations most at risk of HIV infection • Monitor and evaluate the public health reporting requirement for HIV infection under the Health Act, including provisions for anonymous, voluntary partner notification • Expand HIV testing capacity, education and prevention efforts in the province's correctional facilities; review the effectiveness of HIV/HCV prevention strategies in provincial jails and assess opportunities for innovative and measurable interventions to reduce HIV/HCV transmission; develop partnership with Correctional Service Canada to enhance HIV/HCV services in federal institutions in BC • Create an HIV/AIDS roundtable involving BC ministries and health authorities, Health Canada and First Nations organizations to identify and pursue efforts to address the HIV epidemic among Aboriginal people
Core Indicators	• Number and rates of HIV incidence among the general population and target population groups, including women, youth, infants, Aboriginal people, men who have sex with men, and injection drug users • Estimated proportion of HIV+ people who do not know that they are infected

CARE, TREATMENT AND SUPPORT: To increase proportion of HIV+ individuals linked to appropriate care, treatment and support services by 25% over the next 5 years	
Objectives	• To ensure HIV+ individuals are aware of care, treatment and support services available in their communities • To ensure care, treatment and support services are available for and accessible to vulnerable groups of HIV+ individuals • To ensure HIV+ women from the most vulnerable groups access antiretroviral therapy at the same rate as women in the general population
Key Strategies	• Ensure that HIV/AIDS-related care, treatment and support, and prevention services across the province effectively engage the most vulnerable populations • Work with the BC Medical Association and the BC College of Physicians and Surgeons to expand the provincial methadone program, and the range of addictions treatment options • Work with the BC College of Physicians and Surgeons to increase the number of physicians providing HIV/AIDS care and treatment, and expand innovative training programs for key health-care providers • Monitor and evaluate the public health reporting requirement for HIV infection under the Health Act, including provisions for anonymous, voluntary partner notification • Develop the capacity to provide continuity of care and bridging services for HIV+ individuals at time of discharge from federal and provincial correctional institutions in BC
Core Indicators	• Proportion of HIV+ individuals receiving care, treatment and support services by target population • Number and proportion of women receiving antiretroviral therapies by target population • Rates of HIV/AIDS diseases progression among the general population and target population groups

CAPACITY: To enhance the province's capacity to monitor the HIV epidemic over the next 5 years	
Objectives	• To strengthen the province's ability to reach and inform persons who may be unaware of their HIV infection • To strengthen the province's ability to anticipate epidemiological trends and service needs in HIV/AIDS • To improve epidemiological and other knowledge about HIV/AIDS among health authorities and community-based organizations
Key Strategies	• Support the expansion of HIV/AIDS-related medical and social research undertaken in BC and explore alternate means of disseminating new knowledge • Develop an effective sentinel surveillance system through linking existing data sources that will enable the province and health authorities to anticipate new epidemiological trends and service needs with regard to HIV/AIDS, hepatitis C and other co-infections • Identify and disseminate best practices information to health authorities, local governments and AIDS service organizations and other community-based organizations on a timely basis • Work with health authorities in planning, monitoring and evaluating HIV/AIDS services including the public health follow-up for partners of newly reported HIV-positive individuals
Core Indicators	• HIV partner notification system is in place • HIV testing uptake within the most vulnerable populations • HIV/AIDS service plans and monitoring systems developed by each health authority

CO-ORDINATION AND CO-OPERATION: To create and sustain broad-based support for the approach outlined in Priorities for Action	
Objectives	• To strengthen the policy, program and service co-ordination among provincial ministries, health authorities and AIDS service organizations • To integrate prevention, surveillance and treatment activities associated with HIV/AIDS and Hepatitis C • To contribute more fully to international efforts to combat HIV/AIDS in developing countries
Key Strategies	• Create mechanisms for encouraging co-ordination and co-operation among stakeholders • Forge new partnerships with Correctional Services Canada, Health Canada and Indian and Northern Affairs to foster co-ordination and co-operation in efforts directed at vulnerable populations • Support efforts to share the province's HIV/AIDS knowledge and experience with countries in the developing world • Explore an enhanced role for the Provincial Health Services Authority in contributing to provincial co-ordination and the identification and dissemination of best practises
Core Indicators	• Inventory of Priorities for Action stakeholders by role, responsibility and sector • Report by Inter-Ministry Committee on HIV/AIDS • Inventory of BC involvement in international HIV/AIDS work

Appendix 2: Epidemiological Data

Persons Testing Newly Positive for HIV by Health Service Delivery Area (HSDA) 2002 – 2004

HA	HSDA	HIV	2004[1]	2003[2]	2002[3]
Fraser	Fraser East	Persons	18	5	12
		Rate	6.9	1.94	4.72
	Fraser North	Persons	54	43	47
		Rate	9.5	7.66	8.51
	Fraser South	Persons	34	36	41
		Rate	5.3	5.75	6.67
	Fraser Total	**Persons**	**106**	**84**	**100**
Interior	East Kootenay	Persons	1	3	1
		Rate	1.3	3.73	1.25
	Kootenay Boundary	Persons	1	2	-
		Rate	1.3	2.52	-
	Okanagan	Persons	14	15	11
		Rate	4.4	4.78	3.53
	Thompson Cariboo Shuswap	Persons	7	12	8
		Rate	3.3	5.53	3.69
	Interior Total	**Persons**	**23**	**32**	**20**
Northern	Northeast	Persons	5	1	2
		Rate	7.8	1.52	3.08
	Northern Interior	Persons	14	17	8
		Rate	9.3	11.19	5.29
	Northwest	Persons	7	3	2
		Rate	8.5	3.54	2.37
	Northern Total	**Persons**	**26**	**21**	**12**
Vancouver Coastal	North Shore/Coast Garibaldi	Persons	13	14	12
		Rate	4.8	5.17	4.46
	Richmond	Persons	9	7	9
		Rate	5.1	3.97	5.15
	Vancouver	Persons	202	212	228
		Rate	34.8	35.50	38.54
	Vancouver Coastal Total	**Persons**	**224**	**233**	**249**
Vancouver Island	Central Vancouver Island	Persons	19	9	10
		Rate	7.8	3.72	4.15
	North Vancouver Island	Persons	6	3	6
		Rate	5.2	2.62	5.25
	South Vancouver Island	Persons	51	38	40
		Rate	15	11.13	11.74
	Vancouver Island Total	**Persons**	**76**	**50**	**56**
Non-BC		Persons	2	1	2
Total for BC		**Persons**	**457**	**421**	**439**
		Rate	**10.90**	**10.07**	**10.60**

[1] Source: BCCDC, unpublished data for 2004
[2] Source: BCCDC, HIV/AIDS Update: Annual 2003
[3] Source: BCCDC, HIV/AIDS Update: Annual 2003

British Columbia[4]						
Indicator		Year				
		2003	2002	2001	2000	1995
HIV Incidence						
Total number of newly reported HIV+ cases		421	439	437	408	682
Risk Factor	MSM	135	148	134	133	185
	MSM/IDU	24	12	20	10	28
	IDU	95	145	121	114	267
	Heterosexual contact	92	98	103	70	68
	Sex Trade Worker/IDU	18	15	11	19	40
	Sex Trade Worker	2	0	1	1	0
	All other	4	9	10	9	10
	Unknown	53	11	37	52	84
Sex	Men	328	353	345	321	526
	Women	90	85	87	87	152
	Gender Unknown	5	0	5	0	4
Ethnicity	Caucasian	246	276	285	253	384
	Aboriginal people	59	66	69	58	90
	• Men	34	39	38	36	55
	• Women	25	27	31	22	34
	• Unknown	0	0	0	0	1
	Asian	28	47	28	25	30
	Black	22	17	24	18	15
	Hispanic	13	24	10	8	19
	Unknown	55	8	21	46	144
Age	Perinatal (<18 months)	1	0	1	2	1
	<15 years	2	1	3	1	4
	15-29	76	75	110	94	203
	30-49	261	295	271	256	426
	50+	82	66	50	54	41
	Unknown	1	1	2	1	7

Number of HIV Tests Conducted in BC, 1995-2004[5]

1995	1997	1999	2001	2002	2003	2004[6]
130,338	140,278	135,284	135,806	146,489	134,682	160,988

[4] Source: BCCDC, HIV/AIDS Update: Annual 2003

[5] Source: BCCDC, HIV/AIDS Update: Annual 2003

[6] Source: BCCDC, unpublished data for 2004

British Columbia[7]						
Indicator		Year				
		2003	2002	2001	2000	1995
AIDS Cases						
AIDS Cases	Number of AIDS cases reported by year	75	88	77	144	335
	Newly reported AIDS cases by sex:					
	• Male	66	79	70	126	308
	• Female	9	8	7	16	26
	Newly reported AIDS cases by risk factor					
	• MSM	5	25	29	64	220
	• MSM/IDU	2	3	3	5	15
	• IDU	16	15	12	32	41
	• Heterosexual contact	5	6	6	13	33
	• Other (haemophiliac, unknown, etc.)	47	39	27	30	26
	Newly reported AIDS cases by age					
	• <15 year	0	1	2	2	3
	• 15-29	6	5	7	10	42
	• 30-49	45	57	45	102	245
	• 50+	24	24	23	28	44
	• Unknown	0	1	0	2	1
	Ethnicity					
	• Caucasian	30	37	50	99	250
	• Aboriginal	6	6	6	13	29
	• Asian	0	2	6	1	4
	• Other & unknown	39	43	15	31	52

[7] Source: BCCDC, HIV/AIDS Update: Annual 2003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