Ontario’s HIV Testing Strategy
AIDS Bureau
Ministry of Health and Long-Term Care

OHRDP Conference – February 12th, 2013
Ken English, Senior Program Consultant, AIDS Bureau
Presentation Overview


2. Overview of HIV Testing Strategy, including:
   - Principles
   - Objectives
   - Initiatives

3. Overview of POC Testing Program:
   - Requirements
   - Results
HIV/AIDS in Ontario
Epidemiological Overview

• HIV epidemic in Ontario is unstable and increasing in most affected populations: gay/bisexual men, African/Caribbean/Black Ontarians, people who use injection drugs, Aboriginal communities, and women at-risk

• Estimated 27,420 people living with HIV in Ontario (2009); over 60% increase since 1996 (year HAART introduced); prevalence increase tied to reduced mortality and increased incidence

• 1,540 new HIV infections (2009); over 60% increase since 1996

• An estimated 25-30% of HIV positive people have not been diagnosed; some unaware of risk, some afraid to test, and some in the window period; one of the drivers of the epidemic.
HIV/AIDS in Ontario
Epidemiological Overview

• Rate of new infections has nearly doubled in gay/bisexual men since 1996; 45% of new infections (2009)

• African and Caribbean communities experiencing significant increases in HIV/AIDS and now represent 28% of new infections (2009)

• Incidence among people who use injection drugs relatively stable since 1999/2000; represent 6% of new infections (2009)

• Women accounted for 26% of new HIV infections in 2009, which reflects an upward trend

• Aboriginal epidemiologic data not complete; however, projections of incidence, prevalence and diagnoses, as well as anecdotal evidence suggest population disproportionately affected
HIV/AIDS in Ontario
Epidemiological Overview

- Reasons for Increases and Instability:
  
  - Stigma/Discrimination - HIV/AIDS Stigma continues to affect community response to the epidemic: Stigma inhibits testing and disclosure, condom usage, and safer sex discussions; and, impacts provision of accurate and accessible information about sex, sexuality, HIV & STIs.

  - Social Determinants of Health – factors such as poor housing, income, mental health, and marginalization due to homophobia, racism, sexism impact ability of some to make safer sex or safer needle use choices.
Ontario’s HIV Testing Strategy
Principles

• HIV testing is an integral part of Ontario’s HIV care and prevention programs.

• HIV testing programs in Ontario provide choice: nominal and anonymous HIV testing; standard blood draw and rapid/point of care testing

• HIV testing is voluntary, promotes informed consent and decision-making, and is accompanied by pre and post-test counseling, support, and referral.

• HIV testing initiatives promote public health principles of testing, treating, and reducing the transmission of infectious diseases.

• HIV testing initiatives are guided by evidence.
Ontario’s HIV Testing Strategy

Objectives

AIDS Bureau developed HIV testing strategy in order to:

- improve access to HIV testing and treatment
- build HIV testing infrastructure
- improve the overall quality of HIV testing
- promote testing to HIV positive individuals who are undiagnosed through expansion of testing initiatives tailored to Ontario’s populations most at-risk of HIV acquisition
Ontario’s HIV Testing Strategy
Objectives

- 425,366* HIV tests were performed in Ontario in 2009.
- Of 425,366 HIV tests, 1,013 people were diagnosed with HIV, for a positivity rate of 0.24%.
- In the same year, 27,433 MSM tested for HIV and 494 were diagnosed, for a positivity rate of 1.8%.
- *NOTE: Does not include Prenatal HIV testing: 144,375 tests

<table>
<thead>
<tr>
<th>Exposure category</th>
<th>HIV Positive Test</th>
<th>Number Tested</th>
<th>HIV Positivity Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td>494</td>
<td>27,433</td>
<td>1.8%</td>
</tr>
<tr>
<td>MSM-IDU</td>
<td>27</td>
<td>1,281</td>
<td>2.1%</td>
</tr>
<tr>
<td>IDU</td>
<td>76</td>
<td>17,498</td>
<td>0.43%</td>
</tr>
<tr>
<td>Clotting factor</td>
<td>0</td>
<td>328</td>
<td>0.0%</td>
</tr>
<tr>
<td>Transfusion</td>
<td>6</td>
<td>4,407</td>
<td>0.14%</td>
</tr>
<tr>
<td>HIV-endemic</td>
<td>178</td>
<td>12,545</td>
<td>1.4%</td>
</tr>
<tr>
<td>HR hetero</td>
<td>41</td>
<td>14,561</td>
<td>0.28%</td>
</tr>
<tr>
<td>LR hetero</td>
<td>159</td>
<td>315,710</td>
<td>0.05%</td>
</tr>
<tr>
<td>MTC</td>
<td>10</td>
<td>2,360</td>
<td>0.42%</td>
</tr>
<tr>
<td>Other</td>
<td>22</td>
<td>29,241</td>
<td>0.08%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,013</strong></td>
<td><strong>425,366</strong></td>
<td><strong>0.24%</strong></td>
</tr>
</tbody>
</table>
Ontario’s HIV Testing Strategy
Initiatives

Anonymous HIV Testing (AT) Program

• In practice there are three ways people can be tested for HIV in Ontario:
  
  • Nominal – person’s name appears on test requisition form; about 80% of tests done this way
  
  • Non-nominal – code is used instead of name; tester knows person’s identity, system does not; about 15% of tests are done this way
  
  • Anonymous – no personal identifying information is collected; tester may know person’s identity, system does not; individual identities are not linked to the test; about 5% of tests done this way
Anonymous HIV Testing (AT) Program – cont’d

- gives clients time to weigh their options and next steps; once they choose to seek treatment, they are re-tested and are known to the system

- permitted through an amendment to the Health Protection and Promotion Act (HPPA, Regulation 569); exempts AT sites from reporting HIV positive results to public health

- Only sites legislated under the HPPA can perform AT; all sites are required to provide HIV pre and post-test counseling

- HIV positivity rates by test method show that 1.1% of anonymous HIV tests are positive compared to .27% for nominal tests
Ontario’s HIV Testing Strategy
Initiatives

Anonymous HIV Testing (AT) Program Expansion – cont’d

• Call for applications distributed to agencies that do HIV testing, resulted in expansion of program to 50 sites across Ontario.
• Organizations that provide AT include:
  • 22 public health units
  • 16 community health centres
  • 4 midwifery practices
  • 3 independent sexual health centres
  • 5 other
Ontario’s HIV Testing Strategy
Initiatives

HIV Rapid/Point of Care (POC) Testing Program

• Health Canada approved POC HIV test (2007) for health care providers in point of care settings - clinics, doctors offices and hospitals. Test manufactured by biolytical Laboratories of British Columbia.

• Ontario Minister of Health and Long-Term Care announced POC testing program (2007).

• POC phased in at all anonymous testing sites, some targeted PHU STI clinics and community health centres (50 sites).

• Ministry funds program which includes test kits, training, quality control/quality assurance monitoring, and epidemiological data collection.

• Physician’s offices have not requested test likely due to resource implications associated with on-site program delivery.
Ontario’s HIV Testing Strategy
Initiatives

*HIV Testing Promotional Campaign*

- developed promotional materials (posters, business cards) with slogan: *Say Yes To Knowing: HIV Get Tested* and implemented low-key HIV testing awareness campaign advertising new and expanded testing sites

*Tailored HIV Testing Promotion*

- tailored outreach to Ontario’s at-risk populations: gay and bisexual men; people who use injection drugs; Aboriginal populations; African and Caribbean Ontarians (e.g. gay men’s blitz, prison pilot, Aboriginal collaboration)
Ontario’s HIV Testing Strategy
Initiatives

F@#$ I didn’t use a condom.

Hot, sweaty, feverish - feels like the flu

I’m fine. I’m fine. I’m just imagining this

WTF is this rash on my stomach?

OK, I want to know what’s going on. I’m getting tested.

website: www.come-on-in.ca
Ontario’s HIV Testing Strategy
Initiatives

HIV Pre and Post-Test Counseling Guidelines

- revised and updated Ontario’s *HIV counseling and testing guidelines*, and distributed along with HIV testing promotional package to physicians, nurse practitioners, midwives, and testing sites

Frequency Testing Guidelines

- work group of researchers, clinicians, community, and ministry staff developed HIV frequency guidelines for at risk populations to be included in ministry’s HIV pre and post-test counseling guidelines

HIV Testing Conferences/KTE Events

- HIV testing conferences providing front-line staff from across the province involved in HIV testing (clinical and outreach); opportunity to enhance knowledge of testing and network with colleagues
Ontario’s HIV Testing Strategy

Initiatives

Prenatal HIV Testing Program

• In 1999, Ontario revised its prenatal HIV testing program to require physicians and midwives to make voluntary HIV testing available for all pregnant women and women planning pregnancy in Ontario.

• HIV testing among pregnant women has increased from 34% in 1998 to approximately 97% in 2009, as a result of an ongoing evaluation of the program and targeted interventions such as a communications campaign and reminder notifications.
POC Testing Program
Requirements

POC sites provide test results on-site and operate similar to labs. To ensure performance of POC test, AIDS Bureau established quality measures, similar to those required of labs, including:

- Staff training and certification – all staff must be trained and successfully complete testing using samples
- Lot validation – once tests arrive at site, perform positive and negative control testing
- Storage monitoring – tests must be temperature monitored daily
- Routine quality control testing – perform positive and negative control testing, for most sites once a week
- External Quality Assessment – every six months staff must successfully complete testing using samples

- Staff delivering POC must be covered by a medical directive provided by the agency’s clinical lead (i.e., physician and/or nurse practitioner)
POC Testing Program
Results

• Uptake and performance of POC testing in Ontario, 2007-2011:

  • Over 84,000 POC tests since beginning of program
  • over 20,000 tests annually; gradual increase since 2007
  • 547 POC tests confirmed HIV positive since 2007
  • positivity rate .65%; three-times greater than nominal/standard testing
  • priority, high-risk clients (esp. MSM) attracted to POC program and are testing in early stages of sero-conversion
  • fewer IDU testing through POC program, but higher positivity rate than standard testing (1.77% vs .43)
Thank you!

For more information contact:
Ken English
AIDS Bureau
416 326-5275
ken.english@ontario.ca