



TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Acting Medical Officer of Health

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KNOW YOUR STATUS - INCREASING HIV TESTING IN EMERGENCY DEPARTMENTS

Recommendation

It is recommended that Report No. 08-22 re: “Know Your Status - Increasing HIV Testing in Emergency Departments” be received for information.

Key Points

- Since the Human Immunodeficiency Virus (HIV) outbreak was first identified in 2016 in Middlesex-London, the number of newly diagnosed HIV cases, and the proportion of cases reporting injection drug use as a risk factor, continues to decrease.
- UNAIDS proposed the following 90-90-90 targets by 2020: 90% of all people with HIV will know their status; 90% of all people with diagnosed HIV infection will receive sustained anti-retroviral treatment (ART); and 90% of all people receiving ART will have viral suppression (undetectable viral load).
- Increased HIV testing in Emergency Departments and Urgent Care Centres will move Middlesex-London towards achieving the UNAIDS 90-90-90 targets.

Background

In June 2016, MLHU issued a public health alert related to rapidly increasing rates of HIV, hepatitis C, invasive Group A Streptococcal (iGAS) disease, and infective endocarditis among people who inject drugs (PWID). Prior to 2014, the Middlesex-London area identified an average of 25 new cases of HIV annually; however, by the end of 2016, the total number of new HIV cases reported that year had climbed to 62, which was the highest number of new cases that Middlesex-London had seen in a single year (see [Appendix A](#)). Since its inception over five years ago, the HIV Leadership Team and its member agencies have worked to develop and implement numerous strategies to reduce the rate of new HIV infections in the community. As of December 31, 2019, the number of newly diagnosed cases continued to decrease, with a reported 28 cases in 2019, seven (7) cases in 2020 and 25 cases in 2021.

Some of the key initiatives that have contributed to this significant reduction in new cases include:

- enhanced collaboration in client support provided by the agencies involved in HIV care;
- implementation of HIV outreach programs, as well as use of assertive engagement models of care;
- establishment of the Consumption and Treatment Services Site;
- increased access to harm reduction supplies and HIV testing;
- streamlined referrals into addiction treatment programs; and
- targeted public awareness campaigns promoting safer injection practices.

UNAIDS 90-90-90

The Health Unit and its partners in the HIV Leadership Team want to sustain the efforts to decrease the burden of HIV/AIDS and reach the goal of UNAIDS 90-90-90 - having 90 percent of people living with HIV

tested and aware of their status, 90 percent of people living with HIV undergoing treatment for their disease, and 90 percent of people living with HIV maintaining an undetectable viral load.

There have been 242 HIV cases diagnosed or moved to the Middlesex-London region between 2016 and 2021. Care and treatment for individuals with HIV in the region is provided primarily at the My Care Program at the London Intercommunity Health Centre (LIHC) and the Infectious Disease Care Program (IDCP) located at St. Joseph's Health Care. Of the 242 cases:

- 178 (74%) are engaged in care at one of these two programs.
- 168 (69%) are known to have undetectable viral loads.
- 10 (4%) are in care, but not on treatment.

There have been 16 (6.6%) deaths, three (1.2%) confirmed cases transferred to care outside of Middlesex-London region and one (0.4%) lost to follow-up. There are about 40 (16%) clients who have either moved away, are not engaged in care, or deceased.

Increased Testing in the Emergency Department

Increasing testing in the Middlesex-London region is another critical step in achieving the first UNAIDS goal. Doing so may help to ensure early diagnosis of people with HIV and a decrease in person-to-person transmission due to the early suppression of viral loads. Emergency Departments (ED) are a critical point of contact with the healthcare system for individuals who are at risk for HIV. These settings offer a unique opportunity to provide testing. Because patients often do not disclose risk factors due to fear of stigma to healthcare providers, testing for HIV based solely on having an identifiable risk factor for acquisition may miss a significant proportion of people who have an active infection, and there are people who were diagnosed late in their illness despite frequent interactions with the healthcare system. The implications of this delay can be significant for both the client and the community. By ensuring that diagnosis occurs early, there will be improved outcomes for individuals with HIV, and a decrease in person-to-person transmission due to the early suppression of viral loads.

To support early and increased testing in the ED, funds received from the Ontario HIV Treatment Network (OHTN) will finance the development of promotional materials, and a Public Health Nurse presence in the ED. The implementation of increased testing in the emergency department will start Spring 2022. Promotional and educational materials developed include a learning module for London Health Sciences Centre Emergency Department staff and physicians who can receive credits towards professional credentialing requirements.

Next Steps

The marked reduction in the annual number of new HIV cases over the past several years is a very positive trend and has demonstrated the value of collaboration, education, and evidence-based interventions with the HIV Leadership Team. With London Health Sciences Centre and community partners, the increased HIV Testing in the ED will assist in early diagnosis, decrease transmission because of early suppression of viral loads, and help to achieve the UNAIDS 90-90-90 target.

This report was prepared by Sexual Health Team, Environmental Health and Infectious Disease Division.



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