MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 051-16

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 September 15

PERSONS WHO INJECT DRUGS IN MIDDLESEX-LONDON: FOLLOW UP

Recommendation

It is recommended that the Board of Health support the allocation of resources, described herein, to address the emerging public health emergency in persons who inject drugs in Middlesex-London.

Key Points

- Rates of HIV, Hepatitis C, Invasive Group A Streptococcal Disease, and infective endocarditis continue to increase in persons who inject drugs in Middlesex-London.
- Rates are believed to be escalating due to several intersecting factors, including underlying mental health and addictions issues, and changes in prescription opioid drug practices.
- The Middlesex-London Health Unit is working with key stakeholders to address this public health emergency in persons who inject drugs.

Background

In June, a BOH report and presentation described the convergence of several emerging health issues in persons who inject drugs (PWID) in Middlesex-London (See Board of Health Report 040-16). As of September 1st, Public Health Ontario data indicate there have been 44 new diagnoses of HIV in Middlesex-London in 2016, surpassing the total number of cases diagnosed in all of 2015 (42). New cases continue to be reported at a rate of one to two per week. PWID continue to represent the majority of individuals newly diagnosed (approximately 70% of new diagnoses are attributed to the "Injection Drug Use" category for 2016). Additionally, Hepatitis C continues to be an issue, with 166 new cases reported so far in 2016. Invasive Group A Streptococcal disease and endocarditis continue to be important issues, with the latter having a case-fatality rate is in the range of 30-40%.

Continuing Strategies

MLHU is continuing to address these health issues in PWID in Middlesex-London by developing and implementing a comprehensive HIV strategy with local and provincial stakeholders. A leadership team with representation from St. Joseph's Infectious Diseases Care Program, Regional HIV/AIDS Connection, London InterCommunity Health Centre, London CAReS, and Addiction Services Thames Valley has been created and consultations with the AIDS Bureau at the Ministry of Health and Long Term Care have occurred throughout the process. LHIN staff are also aware of this process.

Planned activities that stakeholders will focus on to decrease the transmission of HIV among PWID:

- Increased targeted HIV testing for this population, connecting them with care, and enabling retention in care using evidence-based models

- Collaboration and sharing of resources among community organizations to ensure care is adjusted to the unique needs of this population
- Identifying and filling gaps related to diagnosis, treatment and other support for PWID
- Coordination with the Community Drug & Alcohol Strategy for Middlesex London

Hospital-based HIV care has not been effective in retaining hard-to-reach PWID in care. Instead, comprehensive outreach models have been proven to be more effective in reaching the most vulnerable populations such as PWID.

Since May, consultations have been held with British Columbia (BC) and Saskatchewan provincial and regional public health leadership to learn more about the Seek and Treat for Optimal Prevention of HIV/AIDS Program (STOP HIV/AIDS). This program aims to increase the quality of life of people living with HIV and reduce HIV rates by preventing secondary transmission of HIV infections through a proactive public health approach to finding people living with HIV, promoting a Treatment as Prevention (TasP) evidence-based approach, linking them to HIV care and treatment programs, and supporting them to adhere to treatment. STOP HIV/AIDS aims to improve the experience of people living with HIV or AIDS in every health and social service interaction and significantly improve linkage and engagement across the full continuum of services in HIV prevention, testing and diagnosis, treatment, and care and support. The STOP HIV team is made up of interdisciplinary "pods" consisting of a nurse, an outreach worker, and a social worker. Their work is almost exclusively outreach based. Their focus is to connect people who are disconnected from care *into* care. This means they are meeting clients wherever they are: in their homes; in parks; in streets and alleys; hotels; clinics; and community centres. The STOP HIV team works closely with other services responsible for mental health, substance use and community health.

There are slight variations of the model between BC and Saskatchewan based on the population needs and community design with the focus in Saskatchewan on the "hard-to-reach" PWID population. Each province received substantial funding from their respective provincial governments to create outreach teams (Vancouver is funded for five Nurses, five Social Workers, and five Outreach staff, in addition to program management (coordinators, supervisors).

Without the availability of additional resources, there is a potential for the further spread of the HIV epidemic among PWID but also further through sexual network and perinatal transmission. Every HIV case is estimated to result in, on average, $1.3 million in direct and indirect costs to health care and society. According to some estimates, this amount is doubled if addiction and mental health issues are considered.

MLHU is requesting initial funding from MOHLTC to adapt a similar model while leveraging existing resources (see Appendix A for costing). Ongoing funding will be sought through MLHU budget processes.

This report was prepared by Shaya Dhinsa, Manager of Sexual Health, and Todd Coleman, Epidemiologist.

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