MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 005-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health /CEO

DATE: 2019 January 24

STRATEGY TO ADDRESS THE HIV OUTBREAK AND RELATED ISSUES IN LONDON: AN UPDATE

Recommendation

It is recommended that the Board of Health receive Report No. 005-19 re: "Strategy to Address the HIV Outbreak and Related Issues in London: An Update" for information.

Key Points

- The HIV Leadership Team has implemented recommendations to increase access to harm reduction supplies and to improve treatment pathways for at-risk and HIV-positive clients.
- Since the implementation of the Outreach Team in mid-2017 in response to increasing rates of HIV, the team's caseload has grown from approximately 25 clients to 124.
- There has been a marked reduction over the past two years in the number of newly diagnosed HIV cases and the proportion of cases reporting injection drug use as a risk factor.

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 cases of HIV reported that year had climbed to 61—the highest number of new cases that Middlesex-London has seen in a single year (see Appendix A).

In response, local stakeholders and more than fifty provincial and national experts were consulted and a local HIV Leadership Team was established to identify and implement strategies to address the outbreaks. This team included representation from the St. Joseph's Health Care London Infectious Diseases Care Program, London InterCommunity Health Centre, Regional HIV/AIDS Connection, Elgin-Middlesex Detention Centre (EMDC), Ontario Aboriginal HIV/AIDS Strategy, Addiction Services of Thames Valley, local infectious disease physicians, and the South West Local Health Integration Network.

Implemented Strategy

Since its inception two 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 the outbreak was primarily occurring among PWID, efforts focused on addressing the underlying risk factors associated with homelessness and unsafe injection practices. Successful models of care employed in Vancouver and Saskatchewan, where similar outbreaks had occurred, were studied and adapted for use in London-Middlesex. The keys to success in those models were the provision of wraparound care supports to clients, such as increased access to testing, harm reduction materials, and supervised consumption services, integration with primary care, support for mental health and addictions, coordination with housing and social services, and seamless transfers of care between support agencies. Locally, the agencies represented at the HIV Leadership Team table examined existing gaps in service and opportunities to better integrate service delivery between the service providers in London and Middlesex. From there, the group developed an extensive list of action items for implementation (see Appendix B). The bulk of these recommendations have now been implemented in part or in whole.

As of December 31, 2018, the number of newly diagnosed cases reported in 2018 had fallen to 29, representing a 52% decrease from the outbreak peak in 2016. As well, the number of cases reporting injection drug use as a risk factor has decreased from 74% of cases in 2016 to 52% of cases in 2018.

Some of the key initiatives believed to 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 Temporary Overdose Prevention 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.

In June 2017, an adapted version of the successful Vancouver STOP HIV/AIDS outreach model was implemented at MLHU by reallocating internal resources through the PBMA budget process and securing a Public Health Agency of Canada grant. The MLHU Outreach Team is comprised of two outreach nurses, two outreach workers, and a program lead. The team works to seek, find, and link clients to ongoing care by supporting them in getting to and from appointments with HIV specialists. Since its implementation, the team's client portfolio has grown from approximately 25 clients to 124. This population can be difficult to engage due to issues with homelessness, substance use, and mental health. The Outreach Team also receives a large number of referrals from the St. Joseph's Infectious Diseases Care Program, as well as other community partners, and has been recognized for their ability to build trust with hard-to-reach populations.

The success of the Outreach Team comes from its collaboration with community organizations and the provision of numerous wraparound supports to clients. A community health and harm reduction team, comprised of partners who meet via teleconference as a weekly "huddle," allows all involved partners to discuss clients with shared consent. This huddle supports the client however necessary: e.g., locating a lost client, re-engaging with a client who has been challenging to support, providing practical support and resources for a client to access appointments, or assisting a client during discharge from hospital or EMDC.

Conclusion / Next Steps

The marked reduction in the annual number of new HIV cases over the past two years is a very positive trend and has demonstrated the value of collaboration, education, and evidence-based intervention. However, the outbreak has also highlighted the significant health challenges faced by vulnerable populations, including the under-housed and homeless. While strong progress has been made with respect to HIV rates in this community, other infectious diseases, such as hepatitis A, invasive group A streptococcus, and tuberculosis, continue to pose serious health risks to residents of homeless shelters and PWID. The re-emergence in prevalence of sexual-activity-based risk factors, such as intercourse with Internet/anonymous partners and lack of condom use, underscores the need to maintain vigilance and provide robust education to the community about the risks of HIV.

The Health Unit and its partners in the HIV Leadership Team will continue to strive to achieve the UNAIDS 90-90-90 targets of 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.

This report was submitted by the Sexual Health and Community Outreach and Harm Reduction Team (Appendix C), Environmental Health and Infectious Disease Division and the Associate Medical Officer of Health.

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