



Interior Health is implementing the provincial STOP HIV program throughout the region. This document provides an overview of the program, the structure within Interior Health, ongoing activities and resources available.

## THREE (3) CORE STOP HIV ACTIVITIES

### 1. TESTING

This includes routine HIV testing in acute care (emergency room or admission to inpatient units); community testing in Interior Health community health clinics and private physician offices; education of Interior Health staff and physician partners; a public awareness campaign; and laboratory support as required.

### 2. ENGAGEMENT

Across the region, engaging newly diagnosed and those who have been living with HIV into better care, if required; collaboration with local doctors and nurse practitioners; collaboration with local community agencies.

### 3. TREATMENT

Building of doctor/nurse practitioner capacity to support HIV clinical care closer to home, and development of a health outreach nursing team to enhance available care.

## New Standards for Testing & Treatment of HIV

### New Standards for HIV Testing

**(BC HIV Testing Guidelines, 2014; [www.hivguide.ca](http://www.hivguide.ca))**

We recommend that health care providers know the HIV status of all patients under their care. Specifically, we recommend that providers offer an HIV test:

- Routinely, every five (5) years, to all patients aged 18 – 70
- Routinely, every year, to all patients aged 18 – 70 years who belong to populations with a higher prevalence of HIV infection (see guidelines for details)
- Once at age 70 or older if the patient's HIV status is not known

AND offer an HIV test to patients including adults 18 – 70, youth and the elderly, whenever:

- They present with a new or worsening medical condition that warrant laboratory investigation
- They present with symptoms of HIV infection or advanced HIV disease
- They or their providers identify a risk for HIV acquisition
- They request an HIV test
- They are pregnant

### New Standards for HIV Treatment UPDATED!!

**(IHA 2013, IAS 2014)**

- Engage all HIV positive persons in planned coordinated care (Chronic Disease Management), providing ongoing follow-up (every 3-6 months) to ensure stability of immune status and avoid end organ damage
- Recommend antiretroviral therapy (ART) to persons with acute HIV infection, and to all HIV infected persons patients regardless of CD4 cell count.
- Expansion of post-exposure prophylaxis (PEP), and consider offering pre-exposure prophylaxis (PrEP).

## STOP HIV Clinical Resources

The STOP HIV program has worked hard to build capacity for HIV testing, treatment and care across the Interior Health region. Care providers with enhanced HIV knowledge and education are now available across the region to provide support to HIV positive persons, and healthcare providers in all communities in the Interior Health region. Supports include:

### Clinical HUBs

A clinical team in each HUB community is (or will be) available and, at a minimum includes one or more HIV doctors and nurse practitioners and a health outreach nurse. Other members may be added as required (e.g. pharmacist, social worker, etc.) This HUB team will provide outreach to regional communities as appropriate and as capacity allows.

### Health Outreach Team

A team made up of health outreach nurses who are based throughout the Interior Health region. These nurses provide outreach and in-reach to newly diagnosed and existing HIV positive clients, community engagement and education related to HIV testing and treatment.

### Medical Team

A group of medical providers (physicians and nurse practitioners) who have enhanced HIV training. This team provides clinical expertise to the STOP HIV program and direct care to patients who have a diagnosis of HIV. They are able to:

- Support primary care providers to care for their HIV positive patients
- Provide HIV patient care if the patient's primary care provider is not comfortable providing this care, or
- Assume the full care of HIV positive patients who do not have another primary care provider

To contact any of these supports, phone Toll Free at **1.866.778.7736**.

## Other STOP HIV Resources

These additional resources are currently available for HIV positive persons, Interior Health teams, and providers in all Interior Health communities. If you are looking for particular resources, **contact us Toll Free at 1.866.778.7736**:

- Direct provider and patient education materials related to HIV and other chronic conditions
- My Health Is Sexy media and marketing campaign including social media, posters and other advertising materials encouraging routine testing and ongoing treatment
- Peer delivered services via Community Agency partners
- Chee Mamuk Resources for Aboriginal Communities  
[www.bccdc.ca/SexualHealth/Programs/CheeMamukAboriginalProgram/default.htm](http://www.bccdc.ca/SexualHealth/Programs/CheeMamukAboriginalProgram/default.htm)

## STOP HIV Activities Occurring in Your Community

Many STOP HIV activities are underway across Interior Health. Some of these have been implemented in all communities while we are only beginning work on others. Over the next year these activities and others will continue to develop and become available to all communities (including acute and community sites in Interior Health). *Activities include but are not limited to:*

- My Health Is Sexy – Media and Marketing campaign to encourage all adults in the region to get tested for HIV – Official launch Dec 1, 2014 (website, social media and print materials) [www.MyHealthIsSexy.com](http://www.MyHealthIsSexy.com)
- Roll out of routine testing in acute care settings
- Development of HIV testing education modules for primary care providers
- Outreach testing to unengaged vulnerable populations
- Outreach to Aboriginal communities
- Outreach to currently unengaged known HIV positive persons
- Direct and indirect support (via outreach to home/street or in-clinic) to engaged HIV positive clients and their providers to enhance HIV relevant care
- Community education events
- Point of care HIV testing
- Anonymous HIV testing pilot
- Data collection to meet program evaluation expectations

One in four people who are living with HIV don't know it.

# Interior Health STOP HIV Guiding Principles

## Provincial Vision:

The next generation of British Columbians will grow up AIDS free. See more details in the provincial document: *From Hope to Health – Towards an AIDS-Free Generation*. BC Ministry of Health, Dec 2012

## Interior Health STOP HIV Mandate:

- To provide leadership and direction to local STOP HIV clinical HUBS, medical staff, and health service providers as they implement new standards for acute and community HIV testing and treatment.
- To provide access to advanced HIV care and support closer to home for persons living with HIV and their care providers, and increased support for those at risk for HIV, and persons in high prevalence populations.

- To assist various STOP HIV working groups and committees to define and be accountable for annual targets and deliverables that are linked with long-term outcomes, as outlined by Interior Health senior executive and the Ministry of Health. Enable these working groups to achieve targets and deliverables by ensuring needed resources are available as new standards of care are integrated into normal health service activities.

## Interior Health STOP HIV Mission:

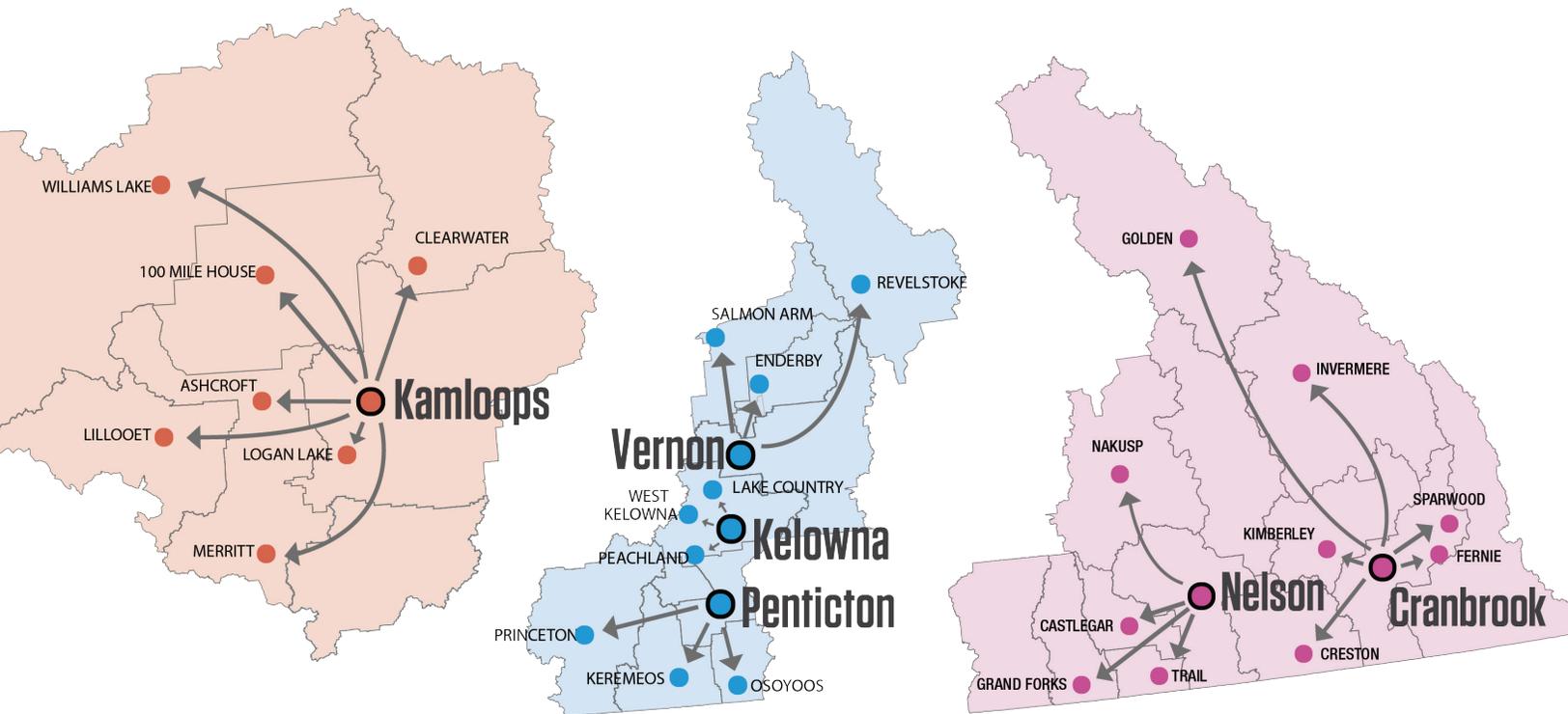
To enable and support local Interior Health providers in acute and community settings to introduce routine HIV testing; to provide enhanced engagement strategies and collaborative capacity to local clinical providers and health authority programs so that residents can receive HIV care closer to home; to enable and support HIV positive residents of Interior Health to achieve the best health outcomes possible.

## STOP HIV in IH Objectives:

To achieve demonstrable changes in our collective practice of HIV testing, patient engagement and treatment.

# Organizational Definitions of STOP HIV Model in Interior Health

At this time, clinical services in the STOP HIV program have been designed in a “Hub-and-Spoke” model. There are (or will be developed) clinical HUBS in 6 larger Interior Health communities (Kamloops, Vernon, Kelowna, Penticton, Nelson and Cranbrook), each of which provides regional outreach to smaller communities.



**There are several other groups within Interior Health who provide support to the STOP HIV program including:**

**Advisory Committee**

To support the planning and implementation of provincial STOP HIV funding within Interior Health (to be re-engaged in 2015).

**Regional Team**

A team made up of cross-disciplinary regional representatives, each of whom has specific content knowledge and responsibility to support the outcomes of the Interior Health STOP HIV program.

**Leadership Team**

Made up of the STOP HIV Medical Director, the Operations Manager and the Program Coordinator.

**Local Implementation Working Groups (LIWG) – will be developed as required**

Small teams in local communities with varied membership (including but not limited to decision makers from acute services, community services, Divisions of Family Practice, non-profit community agencies and others) who come together for a specific time limited period, to develop local capacity and implement STOP HIV activities in their own communities, based on their own identified needs.

**Evaluation of STOP HIV in Interior Health**

- **Evaluation of data from various sources will be conducted**
- **Evaluation data will be used to guide program development and implementation:**

DATA	TARGET
Number of HIV tests conducted in Interior Health (acute & community)	Increase non-prenatal testing by 100% over 2012 values
New HIV patients previously undiagnosed	Increase incidence per population
Patient viral load measurements	Increase of undetectable viral load in persons with HIV
Patients newly engaged in care	Increase of HIV positive persons receiving care
Patients re-engaged in care	Increase number of HIV positive persons previously lost to follow-up, back in care
Patients starting on antiretroviral medication (ARV)	Increase in uptake of ARV treatment for those recommended
Patients staying on ARVs	Increase in HIV positive persons engaged in ongoing care and ARV treatment
Consultations from Interior Health clinicians regarding HIV case mgmt.	Increase in shared care
Clients reintegrated into formal support systems	Increase in high quality CDM care

An additional Interior Health specific program evaluation is also underway with specific process and outcome indicators.

**More Information**

Health Outreach Nurses: 1.866.778.7736

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[www.MyHealthisSexy.com](http://www.MyHealthisSexy.com)