

HIV MONITORING QUARTERLY REPORT

FOR ISLAND HEALTH

THIRD QUARTER 2015

* Please see foreword

















Foreword

As part of the BC Centre for Excellence (BC-CFE) in HIV/AIDS's mandate to evaluate the outcomes of STOP HIV/AIDS programming in BC, we have developed quarterly HIV/AIDS monitoring reports. These reports provide up-to-date data on a variety of key HIV-related surveillance and treatment indicators. Selection of these indicators was achieved through a collaborative process with various Health Authority (HA) representatives. There are six reports in total, one for each HA and one for the province of BC as a whole. In addition, there is a technical report which explains how each HIV indicator is calculated. Data used in these reports come from the British Columbia Centre for Disease Control (BCCDC), MSP billings, hospitalization data from the Discharge Abstract Database, the Sunquest Laboratory database at the Provincial Public Health Microbiology and Reference Laboratory, Providence Health Care laboratory and the BC-CFE Drug Treatment Program (DTP) Database.

The objectives of these reports are to:

- 1. Provide timely HA-specific information on key HIV indicators which will guide and inform HIV leaders and innovators in the development of future HIV interventions and programs which will ultimately lead to decreasing the burden of HIV in BC. The indicators will reflect ongoing or past successful public health interventions and highlight areas in the HIV care spectrum which require further attention and support.
- 2. Highlight limitations in our current data due to incomplete or time lagged data and to develop future strategies to improve complete and timely data capture.

These reports are produced for the benefit of individual HA's. As such, we are enthusiastic about your involvement and cooperation regarding the development of these monitoring reports. Please forward your comments and queries to Irene Day, Director of Operations at the BC-CFE at iday@cfenet.ubc.ca.

* The HIV Monitoring Quarterly Report for the third quarter of 2015 had a data error on Indicator 5 (HIV Cascade of Care). The data have been updated and the error fixed to reflect the actual numbers (Indicator 5, page 20–25).

A recent update of the POC Numbers was used in this report, as a result, 2015 Q3 data may differ from previous version. We apologize for any inconvenience.

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Acknowledgements and Contributions



British Columbia Centre for Excellence in HIV/AIDS (BC-CFE): The BC-CFE is responsible for the conception, preparation and ongoing review of this quarterly report. The BC-CFE provides the data and outputs for Indicators 5 (HIV Cascade of Care), 6 (Programmatic Compliance Score), 7 (New Antiretroviral Starts), 8 (CD4 Cell Count at ART Initiation), 9 (Active and Inactive Drug Treatment Program Participants), 10 (Antiretroviral Adherence Level), 11 (Resistance Testing Results by Resistance Category), 12 (AIDS-Defining Illness), and 13 (HIV-Related Mortality). The BC-CFE database provides PVL and CD4 cell count testing data, as well as ART use. All PVL measurements in BC are performed at the St Paul's Hospital virology laboratory, thus PVL data capture is 100%. An estimated 80% of all CD4 count measurements performed in the province are captured in the BC-CFE data holdings. The STOP HIV/AIDS Technical Monitoring Committee–BC-CFE is responsible for oversight of the monitoring report. Ana Prado writes and compiles the monitoring report. Guillaume Colley, Dr. Viviane Lima and Nada Gataric perform analysis of Indicators 5–13. James Nakagawa is responsible for publishing and editing. This report was conceived and guided by Dr. Julio Montaner.



British Columbia Centre for Disease Control (BCCDC): The BCCDC provides the data and outputs for Indicator 1 (HIV Testing Episodes), Indicator 2 (HIV Testing Rate), Indicator 3 (New HIV Diagnoses), Indicator 4 (Stage of HIV at Diagnosis) and Indicator 12 (AIDS-Defining Illness). The BCCDC is the single provincial agency that centralizes all HIV surveillance through the Public Health Microbiology and Reference Laboratory, which does more than 90% of all HIV screening tests in BC and all confirmatory testing. Theodora Consolacion and Dr. Jason Wong are responsible for outputs for Indicators 1–4.

Other Data Sources:

The above databases were supplemented with:

- (I) The BC Vital Statistics database which was used to calculate Indicator 5. The HIV Cascade of Care and Indicator 13. HIV-Related Mortality.
- (II) Linkage and preparation of the de-identified individual-level database used for calculating Indicator 5. The HIV Cascade of Care was facilitated by the British Columbia Ministry of Health.
- (III) The Statistics Canada database: BC and HIV-positive population counts were acquired through the statistics Canada website to calculate HIV-specific mortality rates for Indicator 13. HIV-Related Mortality.

Membership of the STOP HIV/AIDS Technical Monitoring Committee-BC-CfE

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The Seek and Treat for Optimal Prevention (STOP) HIV/AIDS BC Provincial Program: A Note on Monitoring and Interpreting HIV Indicators

The Seek and Treat for Optimal Prevention (STOP) of HIV/AIDS programme is a provincial initiative to improve HIV diagnosis and care delivery in BC through increased HIV-specific funding to all HSDA's across BC. The STOP provincial programme is an expansion of a four-year STOP pilot project which was implemented in two Health Service Delivery Areas in March 2010; the Vancouver HSDA which bears the largest burden of the HIV epidemic in the province and the Northern Interior HSDA which bears a high burden of HIV-related mortality. The STOP pilot project demonstrated the urgent need for improved efforts in early diagnosis of HIV and timely initiation of antiretroviral therapy (ART) initiation.

The expansion to a province-wide programme was announced on November 30th 2013 by the BC Ministry of Health with roll out of funding beginning on April 1st, 2013. This funding is intended to be used in the implementation and evaluation of HIV-related diagnosis and care initiatives within individual HA's. Goals of the project include: 1. A reduction in the number of new HIV infections in BC; 2. Improvements in the quality, effectiveness, and reach of HIV prevention services; 3. An increase in early diagnosis of HIV; 4. A reduction in AIDs cases and HIV-related mortality.

The goals of HA-led STOP-funded initiatives are to work toward achieving these goals. To these ends some outcome measures or indicators of progress have been drafted that should be considered in the design and implementation phases of these initiatives.

HIV Testing Episodes and Rates

In this section, the number of HIV test episodes and point of care (POC) HIV tests conducted each quarter in BC is shown. In general terms the goal is to increase the number of tests performed and to maximize testing efficiency. Test episodes are allocated by region according to where the test is performed.

Indicator 1. HIV Testing Episodes

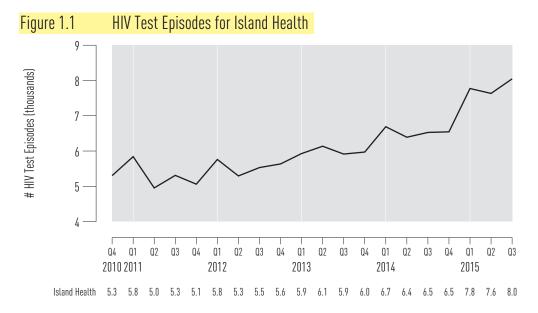


Figure 1.2 HIV Test Episodes by Gender and Prenatal Status for Island Health ¹

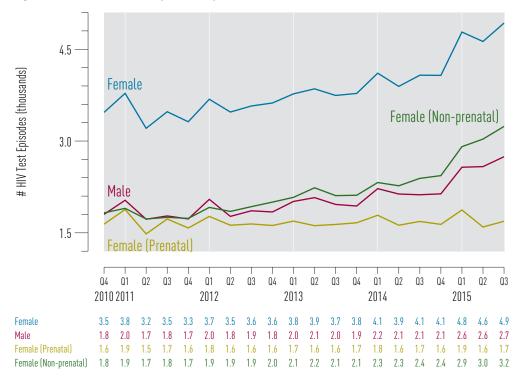


Figure 1.3 HIV Test Episodes by Age Category for Island Health 1,2

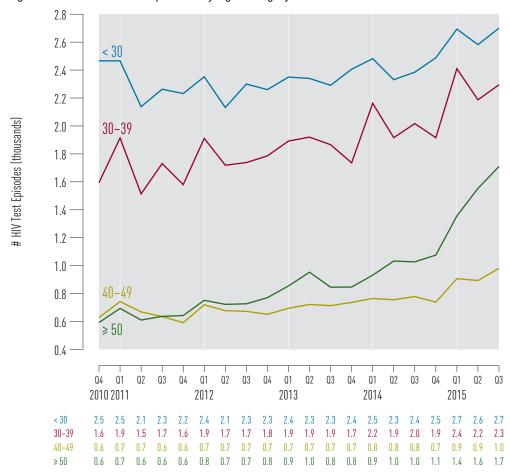
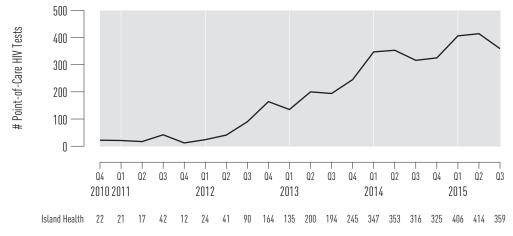


Figure 1.4 Point-of-Care HIV Tests for Island Health



Data Source: The BC Public Health Microbiology and Reference Laboratory (BCPHMRL) courtesy of the BC Centre for Disease Control (BCCDC). HIV screening tests conducted by the VIHA Laboratory are not included.

Limitations:

- *i* Repeat tests in individuals who test using various identifiers may not be identified and these individuals may be counted more than once.
- ii Poc testing data are available from the fourth quarter of 2010 forward.
- Testing does not include point of care tests.

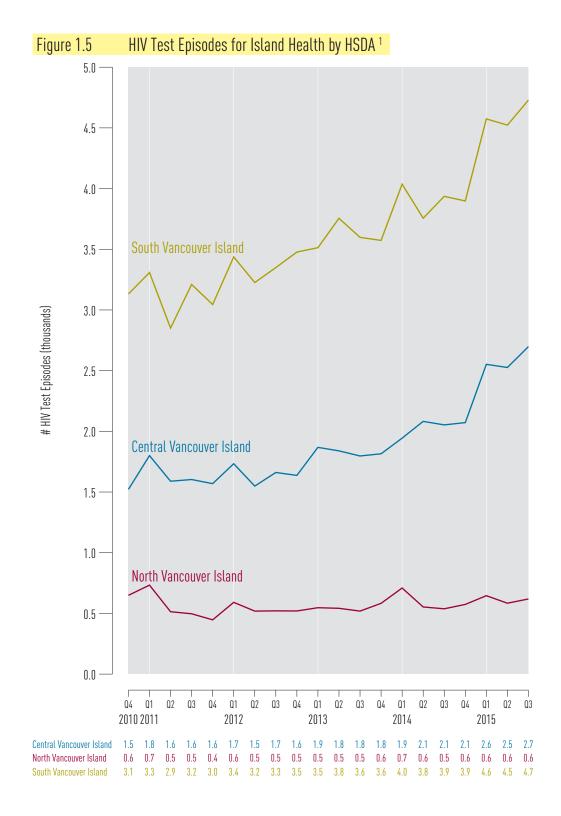


Figure 1.6 HIV Test Episodes for Non-prenatal Females in Island Health by HSDA ¹ 2.0 -1.8 1.6 -1.4 -# HIV Test Episodes (thousands) South Vancouver Island 1.2 -1.0 -0.8 -Central Vancouver Island 0.6 -0.4 -North Vancouver Island 0.2 0.0 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q4 Q1 Q2 2010 2011 2012 2013 2014 2015 0.6 0.6 0.5 0.5 0.5 0.5 0.6 0.5 0.5 0.5 0.7 0.6 0.7 0.7 0.7 0.8 0.1 0.1 0.1 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.2 0.2 0.1 1.1 1.1 1.1 1.2 1.2 1.3 1.3 1.3 1.4 1.4 1.4 1.5 1.4 1.5

Central Vancouver Island North Vancouver Island South Vancouver Island Figure 1.7 HIV Test Episodes for Males in Island Health by HSDA ¹ 1.8 -1.6 1.4 -South Vancouver Island # HIV Test Episodes (thousands) 1.2 -1.0 -0.8 -Central Vancouver Island 0.6 -0.4 -North Vancouver Island 0.2 0.0 Q1 02 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 04 Q1 Q2 Q3 Q4 Q1 Q2 2012 2013 2014 2015 2010 2011 0.6 Central Vancouver Island 0.6 0.6 0.50.6 0.6 0.5 0.6 0.5 0.7 0.7 0.6 0.7 0.7 0.7 0.2 0.1 0.2 0.1 North Vancouver Island 0.2 0.2 0.1 0.1 0.1 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 1.1 1.2 1.2 1.3 1.1 1.2 1.4 1.3 1.3 South Vancouver Island 1.1 1.1 1.0 1.1 1.1 1.3 1.1 1.3

Indicator 2. HIV Testing Rates

Figure 2.1 Rate of HIV Testing for Island Health and HSDAs ²

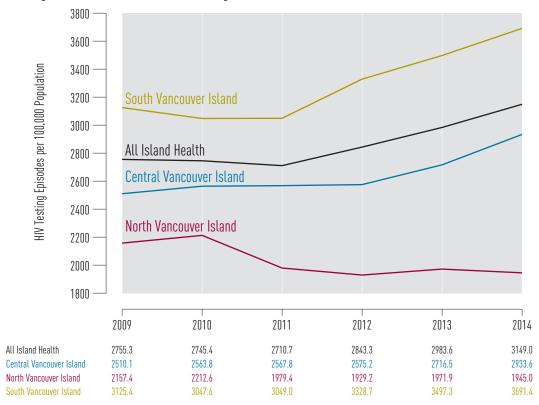
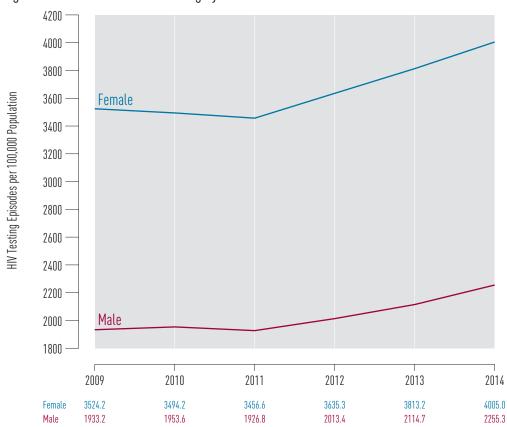


Figure 2.2 Rate of HIV Testing by Gender for Island Health ²



8400 7800 30-39 7200 6600 6000 HIV Testing Episodes per 100,000 Population 5400 4800 4200 < 30 3600 3000 40-49 2400 1800 1200 ≥ 50 600 2009 2010 2011 2012 2013 2014 3856.1 8146.8 3771.4 3771.0 3638.4 3705.3 3936.9 < 30 7367.3 2491.9 30-39 7277.9 7550.3 7924.4 8456.8 2488.1 823.9 2894.9 1095.6 2669.7 954.7 40-49 2427.0 3137.7 815.4 1250.5 831.9

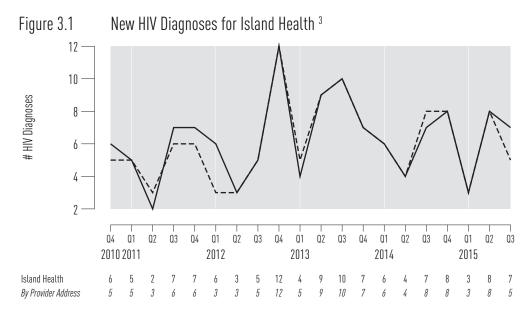
Figure 2.3 Rate of HIV Testing by Age Category for Island Health ²

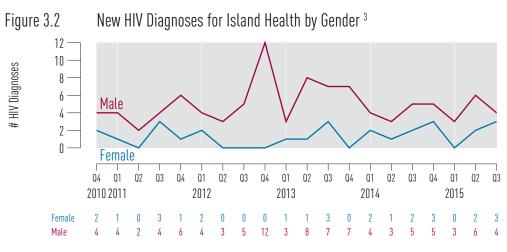
² Testing does not include point of care tests.

New HIV Diagnoses

Trends in HIV diagnoses by gender and exposure category are described. Interpreting HIV diagnoses must be done with consideration that trends are influenced by both changes in testing rate as well as changes in transmission rates. It is important to note that new HIV diagnoses cases and rates are not synonymous with HIV incidence as a person may have become infected with HIV long before they tested positive for HIV. However, as there is no reliable method for measuring HIV incidence we follow trends in HIV diagnoses.

Indicator 3. New HIV Diagnoses





³ Data Source: BCCDC. When present, "By Provider Address" is graphed as dashed line in same colour.

Figure 3.3 New HIV Diagnoses for Island Health by Age Category ³ # HIV Diagnoses 40-49 30-39 < 30 ≥ 50 Q1 Q2 Q3 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q1 Q2 Q1 Q2 2010 2011 2012 2013 2014 2015 < 30 2 0 30-39 2 2 3 0 0 4 2 3 40-49 3 3 ≥ 50

Figure 3.4 New HIV Diagnoses for Island Health by Exposure Category 3.4

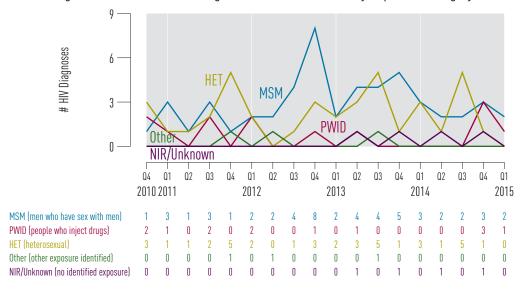
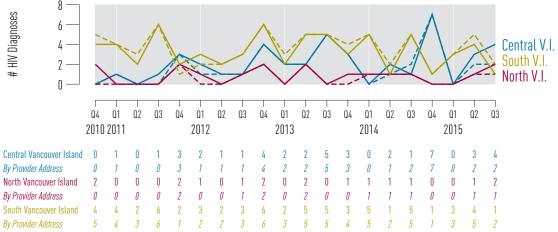


Figure 3.5 New HIV Diagnoses for Island Health by HSDA 3



³ Data Source: BCCDC. When present, "By Provider Address" is graphed as dashed line in same colour.

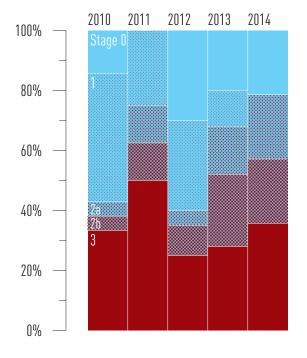
⁴ MSM=men who have sex with men; PWID=people who inject drugs; HET=heterosexual. NIR=No identified risk/exposure.

Stage of HIV infection at diagnosis

Classification of stage of HIV infection, in the absence of information regarding recent testing history, is reliant on clinical information available at the time of diagnosis, including first CD4+ cell count, laboratory results suggestive of acute HIV infection, and clinical presentation with an AIDS-defining illness (Table 1). The benefits of Treatment as Prevention (TasP) are maximized when antiretroviral therapy (ART) is initiated at high CD4 cell counts. Accordingly, it is preferable that individuals newly diagnosed with HIV be in the early stages of HIV infection (stage 0 or 1) to allow for early ART initiation.

N.B. Interpretation of stage of HIV infection at diagnosis should proceed with caution. Early increases in diagnosis at late stage (i.e., low CD4 counts) may represent a "catching up" of previously missed long term infected individuals rather than a trend toward diagnosis at later stage of infection.

Figure 4.1 Stage of HIV Infection at Diagnosis for Island Health, 2010–2014 ⁵

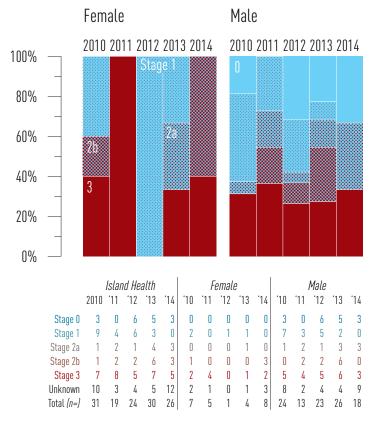


Indicator 4. Stage of HIV Infection at Diagnosis

Table 1 Staging Classifications of Infection at Time of HIV Diagnosis Based on CDC HIV Surveillance Case Definitions

Stage	Criteria											
0	Laboratory criteria met for acute HIV infection, or previous negative or indeterminate HIV test within 180 days of first confirmed positive HIV test.											
1			CD4 ≥500		N. AIDO							
2a			CD4 350-499	and	No AIDS case report							
2b	Stage 0		CD4 200-349		Торого							
3	not met	and	(CD4 <200	or	AIDS case report							
Unknown			No available CD4	and	No AIDS case report							

Figure 4.2 Stage of HIV Infection at Diagnosis by Gender for Island Health, 2010-2014 ⁵



Data Source: вссьс

Figure 4.3 Stage of HIV Infection at Diagnosis by Age Category for Island Health, 2010–2014 ⁵

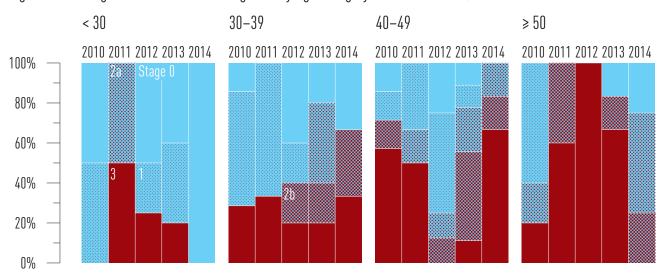
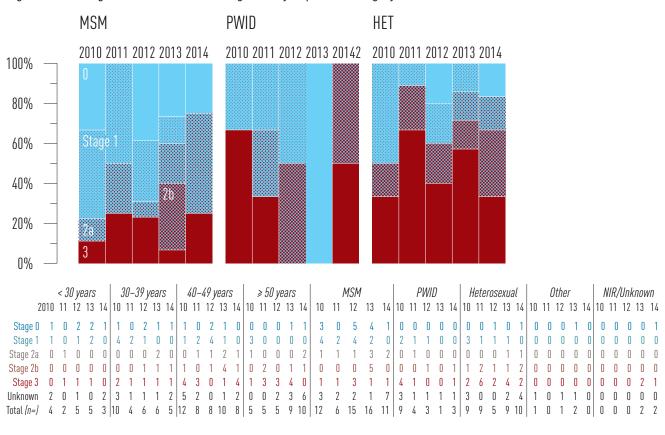


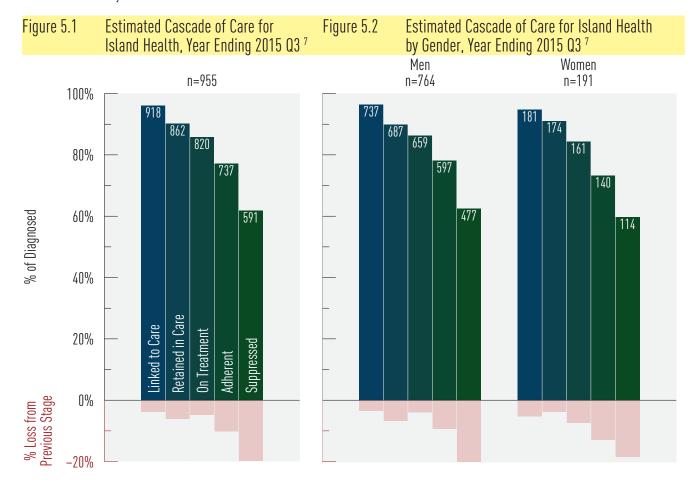
Figure 4.4 Stage of HIV Infection at Diagnosis by Exposure Category for Island Health, 2010–2014 5.6



⁶ MSM=men who have sex with men; PWID=people who inject drugs; HET=heterosexual. NIR=No identified risk/exposure.

Indicator 5. HIV Cascade of Care

The success of seek, test, treat and retain (STTR) strategies like STOP is reliant on early diagnosis of HIV, linking newly diagnosed HIV-positive persons with ongoing care, retaining persons in HIV-care; initiating ART based on best evidenced practices and maintaining optimal ART adherence to ensure a suppressed viral load. These stages of HIV-care can be summarized as: 1. HIV diagnosis, 2. Linked to HIV care, 3. Retained in HIV care, 4. On ART, 5. Adherent to ART and 6. Achieving a suppressed VL; collectively, they are referred to as the cascade of care. Leakage between any of these stages of HIV-care means a reduction in the potential of ART as a benefit to the HIV-positive individual and as an HIV transmission prevention method on a population level. Thus, when interpreting trends in the cascade of care, we strive to see increases along each step of the cascade of care (i.e. reduced attrition) with the ultimate goal being 100% within each stage of the cascade. Monitoring the Cascade of Care provides a picture as to where deficiencies lie in the delivery and uptake of HIV-care. In this section we present the cascade of care for the period 2014 Q4–2015 Q3 in BC overall and stratified by sex and age for each Health Authority.



⁷ Data is for the period 2014 Q4-2015 Q3. Data Sources:

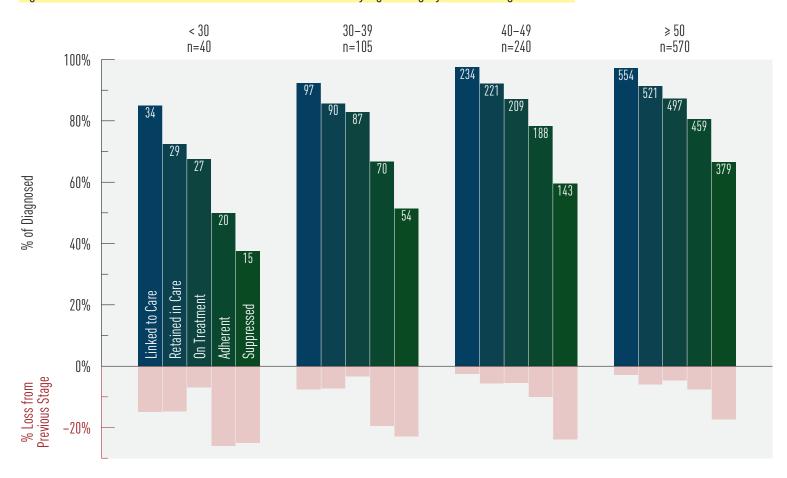
Limitations: HA assignment is based on the most recent HA of residence of the patient, if not available of the HIV-care provider. If the most recent HA of residence is not updated then the designated HA may be incorrect.

NB: Transgender has been assigned to their biological sex.

i British Columbia Centre for Excellence Drug Treatment Program (DTP) Database (ARV use, VL and CD4 count).

ii Administrative data (ex. MSP billings; hospitalization data from the Discharge Abstract Database (DAD)).

Figure 5.3 Estimated Cascade of Care for Island Health by Age Category, Year Ending 2015 Q3 8



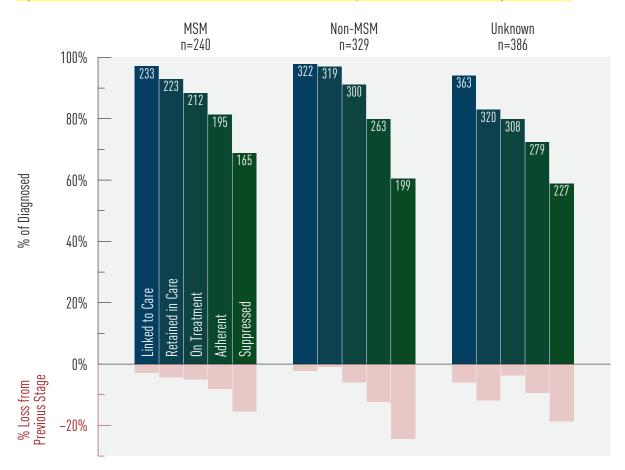
Limitations: HA assignment is based on the most recent HA of residence of the patient, if not available of the HIV-care provider. If the most recent HA of residence is not updated then the designated HA may be incorrect.

⁸ Data is for the period 2014 Q4-2015 Q3. Data Sources:

i British Columbia Centre for Excellence Drug Treatment Program (DTP) Database (ARV use, VL and CD4 count).

ii Administrative data (ex. MSP billings; hospitalization data from the Discharge Abstract Database (DAD)).





Limitations: HA assignment is based on the most recent HA of residence of the patient, if not available of the HIV-care provider. If the most recent HA of residence is not updated then the designated HA may be incorrect.

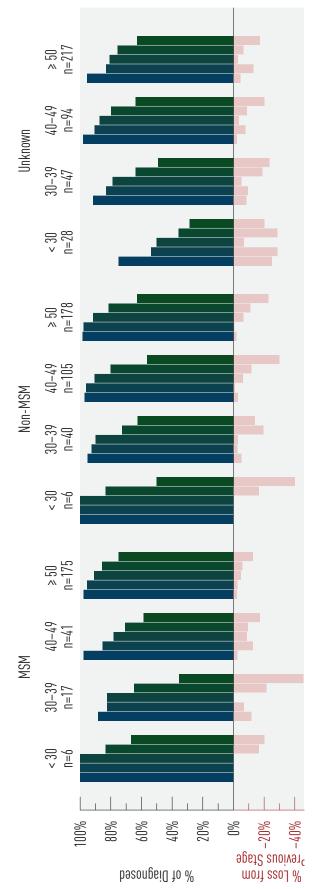
Recent updates to the DTP database have allowed for more comprehensive information on HIV risk group category. As a result, 2014 Q4 data may differ significantly from preceding reports in terms of total numbers ascribed to each risk group.

Data is for the period 2014 Q4-2015 Q3.
Data Sources:

i British Columbia Centre for Excellence Drug Treatment Program (DTP) Database (ARV use, VL and CD4 count).

ii Administrative data (ex. MSP billings; hospitalization data from the Discharge Abstract Database (DAD)).

Estimated Cascade of Care for Island Health by Age Category and MSM Status, Year Ending 2015 Q3 ? Figure 5.5



Data is for the period 2014 Q4-2015 Q3.

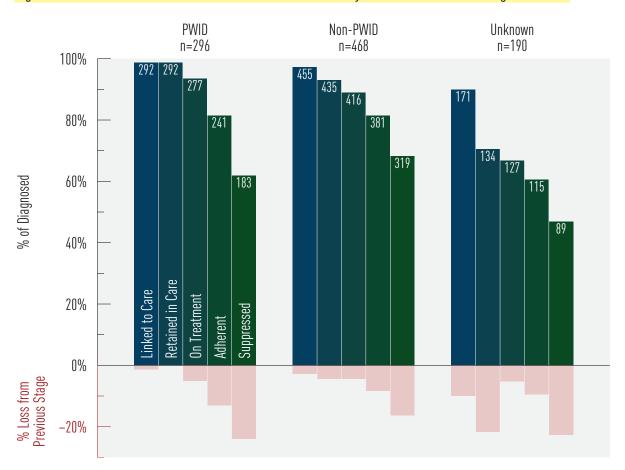
Data Sources:

Limitations: HA assignment is based on the most recent HA of residence of the patient, if not available of the HIV-care provider. If the most recent HA of residence is not updated then the designated HA may be incorrect. Recent updates to the DTP database have allowed for more comprehensive information on HIV risk group category. As a result, 2014 Q4 data may differ significantly from preceding reports in terms of total numbers ascribed to each risk group.

British Columbia Centre for Excellence Drug Treatment Program (DTP) Database (ARV use, VL and CD4 count).

ii Administrative data (ex. MSP billings; hospitalization data from the Discharge Abstract Database (DAD)).





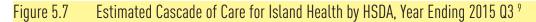
Limitations: HA assignment is based on the most recent HA of residence of the patient, if not available of the HIV-care provider. If the most recent HA of residence is not updated then the designated HA may be incorrect.

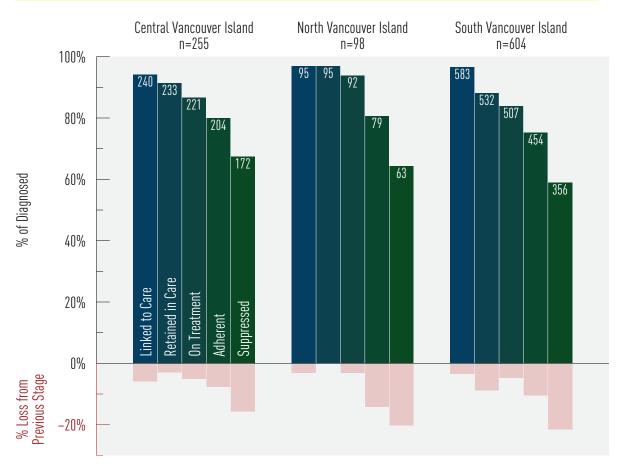
Recent updates to the DTP database have allowed for more comprehensive information on HIV risk group category. As a result, 2014 Q4 data may differ significantly from preceding reports in terms of total numbers ascribed to each risk group.

⁹ Data is for the period 2014 Q4-2015 Q3. Data Sources:

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Data Sources:

i British Columbia Centre for Excellence Drug Treatment Program (DTP) Database (ARV use, VL and CD4 count).

ii Administrative data (ex. MSP billings; hospitalization data from the Discharge Abstract Database (DAD)).

Indicator 6. The Programmatic Compliance Score (PCS)

The Programmatic Compliance Score (PCS) is a summary measure of risk of future death, immunologic failure and virologic failure from all causes for people who are starting ART for the first time. It is composed of patient- and physician-driven effects. PCS scores range from o−6 with higher scores indicative of poorer health outcomes and greater risk of death. Table 1 provides mortality, immunologic failure and virologic failure probabilities for given PCS scores. We interpret an individual with a PCS≥4 as being 22 times more likely to die, almost 10 times more likely to have immunologic failure and nearly 4 times as likely to demonstrate virologic failure compared to those individuals with a PCS score of o. A detailed description of how the PCS score is calculated and its validation can be found in the technical report. In short, PCS scores are calculated by summing the results (yes=1, no=0) of six un-weighted non-performance indicators based on IAS−USA treatment guidelines:

- having <3 CD4 cell count tests in the first year after starting antiretroviral therapy (ART);
- 2. having <3 plasma viral load (VL) tests in the first year after starting ART;
- not having drug resistance testing done prior to starting ART;
- 4. starting on a non-recommended ART regimen;
- 5. starting therapy with CD4<200 cells/μL; and
- 6. not achieving viral suppression within 9 months since ART initiation.

In this section we provide PCs scores and their components over time for the province of BC. A decline to 0%, (i.e., all individuals having a score of o) is the eventual goal.

Table 2. The Probability of Mortality, Immunologic Failure and Virologic Failure based on the Programmatic Compliance Score

Programmatic	Mortality Risk Ratio (95% Confidence Interval)	Immunologic Failure Risk Ratio (95% CI)	Virologic Failure Risk Ratio
Compliance Score	(95% Confidence interval)	Katio (40% CI)	(95% CI)
0 (Best score)	1 (-)	1 (-)	1 (-)
1	3.81 (1.73-8.42)	1.39 (1.04–1.85)	1.32 (1.05–1.67)
2	7.97 (3.70–17.18)	2.17 (1.54–3.04)	1.86 (1.46–2.38)
3	11.51 (5.28-25.08)	2.93 (1.89-4.54)	2.98 (2.16-4.11)
4 or more (Worst score)	22.37 (10.46–47.84)	9.71 (5.72–16.47)	3.80 (2.52–5.73)

Reference: Lima VD, Le A, Nosyk B, Barrios R, Yip B, et al. (2012) Development and Validation of a Composite Programmatic Assessment Tool for HIV Therapy. PLoS ONE 7(11): e47859. doi:10.1371/journal.pone.0047859

Figure 6.1 $\,$ PCS Components for Island Health, 2013 Q4–2015 Q3 10

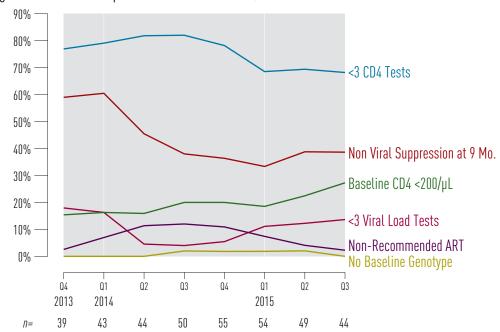
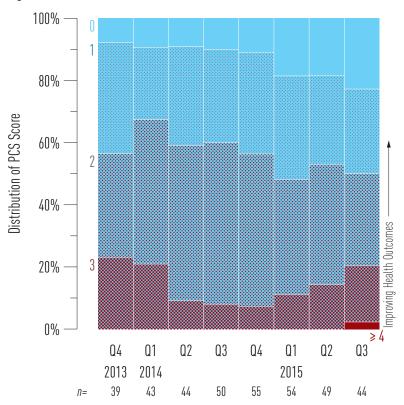


Figure 6.2 Historical Trends for PCS Score for Island Health, 2013 Q4-2015 Q3 10,11



Data Source: British Columbia Centre for Excellence Drug Treatment Program (DTP) Database. Limitations: CD4 cell count capture is approximately 80%.

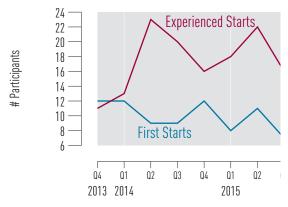
Each quarter's data is calculated as the sum of the 4 quarters leading up to it. e.g. 2013 Q1 is calculated from 2012 Q2 – 2013 Q1. NB: A score of o is the best score and a score of 4 or more is the worst score.

Antiretroviral Uptake

In this section we present trends in ART uptake, the number and proportion of new HIV treatment initiations and the number of active and inactive DTP participants. Trends in ART uptake should be interpreted under the consideration of changing BC HIV treatment guidelines. BC HIV treatment guidelines are updated regularly by the BC-CFE Therapeutic Guidelines Committee and reflect those of the International AIDS Society. Most recent changes were made in 2012 and HIV treatment is now recommended for all HIV-positive adults regardless of CD4 cell count; as evidence demonstrates that early initiation of HIV treatment maximizes both the individual's health outcomes as well as the potential of ART as a form of HIV transmission prevention at a population level. As such, trends in the number and proportion of persons on ART and new ART starts (in both naïve and experienced persons) are expected to increase over time at higher CD4 cell counts.

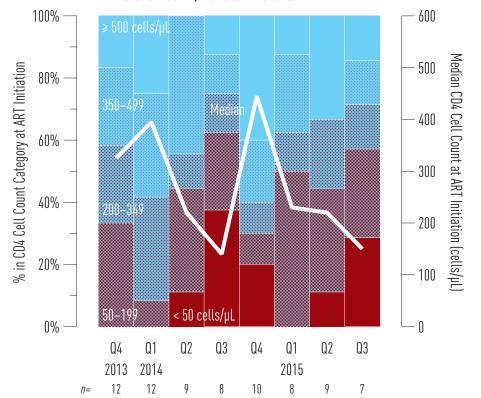
Indicator 7. New Antiretroviral Therapy Starts in Island Health

Figure 7 BC-CfE Drug Treatment Program Enrollment: New ART Participants in Island Health, 2013 Q4-2015 Q3 12



Indicator 8. CD4 Cell Count at ART Initiation

Figure 8 CD4 Cell Count at ART Initiation of ART-Naïve DTP Participants in Island Health, 2013 Q4–2015 Q3 ¹³



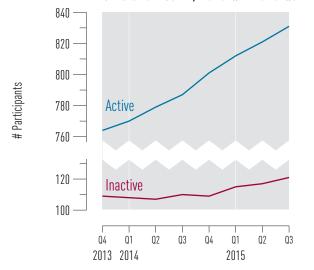
- Data Source: Drug Treatment
 Program Database
 Limitation: DTP participants
 are designated to an HA based
 on most current residence
 provided by the participant.
- 3 Data Source: Drug Treatment Program Database Limitations: CD4 cell count data is approximately 80% complete.

Indicator 9. Active and Inactive DTP Participants

Table 3. Distribution of People on ART for Island Health, 2015 Q3 14

Age	< 30	28
	30-39	89
	40-49	228
	≥ 50	486
Gender	Male	672
	Female	159
Exposure	MSM	221
	PWID	276
Total		831

Figure 9 Active and Inactive DTP Participants for Island Health, 2013 Q4-2015 Q3 15



14 Data Source: Drug Treatment Program Database
Limitation: DTP participants are designated to an HA based on
most current residence provided by the participant.

Recent updates to the DTP database provides for improved classification allowing some individuals previously classified as 'unknown' to be reclassified into specific risk groups. This update is in effect from 2014Q4 and may result in noticeable changes of numbers in each risk group category compared to previous reports.

Definitions:

'On antiretroviral therapy' defined as being on treatment in the current quarter

'Unknown/not stated' defined as being on treatment in the current quarter, and city of residence unknown

5 Active DTP participants: An individual who has had medication prescribed at least once in the preceding quarter.

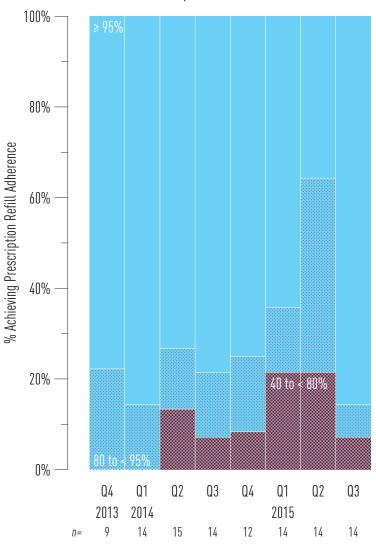
Inactive DTP participants: Persons no longer prescribed drugs through the HIV/AIDS Drug Treatment Program in the last quarter.

Antiretroviral Adherence Level

In this section we present trends in prescription refill adherence levels for individuals in their first year of treatment. Given that the benefits of ART are compromised in the presence of imperfect ART adherence, we expect to see the proportion of persons on ART achieving near perfect adherence (ie. \geq 95%) to increase with time. Furthermore, it is important that trends in the proportion of ART users achieving prescription refill adherence of \geq 95% keep pace with new ART starts and increase among those continuing on ART.

Indicator 10. Antiretroviral Adherence

Figure 10 Distribution of Individuals by Adherence Level in 1st Year of Therapy, Based on Pharmacy Refill Compliance for Island Health, 2013 Q4–2015 Q3 ¹⁶



¹⁶ Data Source: Drug Treatment Program Database Limitation: Prescription refill adherence is used as a proxy for patient adherence.

Indicator 11. Resistance Testing and Results

In this section, we present trends in cumulative resistance testing by resistance category: Suppressed (where a DTP participant's viral load is too low to be genotyped); Wild Type (where no HIV treatment resistances were discovered), Never Genotyped, and Resistances to one, two or three HIV treatment classes. Resistance testing prior to ART initiation is recommended in the BC HIV treatment primary care guidelines. Thus, it is expected that trends over time should find all persons enrolled in the DTP to have been genotyped. Trends over time should also show an increase in the proportion of DTP participants achieving a suppressed status and an increase in resistance testing should not lead to an increase in the number of ART resistances occurring.

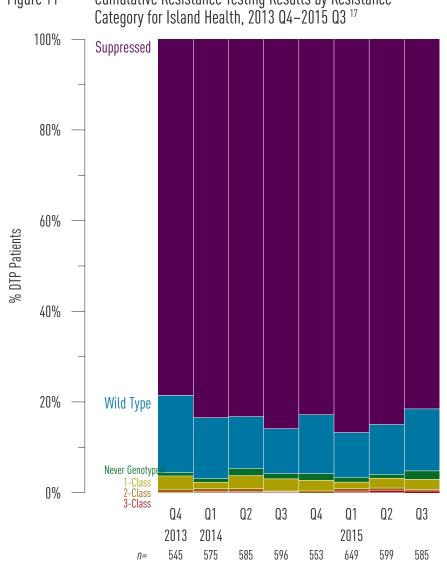


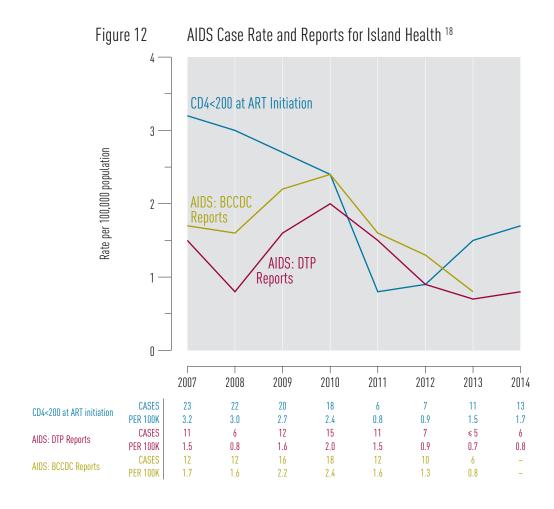
Figure 11 Cumulative Resistance Testing Results by Resistance

Limitation: DTP participants are designated to an HA based on most current residence provided by the participant.

¹⁷ Data Source: Drug Treatment Program Database

Indicator 12. AIDS-Defining Illness

Improvements in ART and the expansion of ART province-wide has led to very low numbers of recorded AIDS cases across BC. However, interpreting trends in AIDS cases is challenging as AIDS reporting is passive in BC and it is likely that they are under reported across all Health Authorities. In addition to under reporting, methods of reporting AIDS cases are inconsistent across HA's and do not truly reflect the current reality of new AIDS diagnoses. Efforts will need to be made to improve under and inconsistent reporting of AIDS cases across all HA's. The table below shows AIDS cases using three definitions. First, AIDS cases were defined as the number of physician-reported AIDS defining illness (ADI) in a given year. AIDS case reporting is a passive process and physicians can voluntarily report AIDS cases to the BCCDC or DTP. As such, we have plotted both BCCDC reports and DTP reported AIDS cases. We also show the proportion of persons initiating ART with a CD4<200 cells/μL.

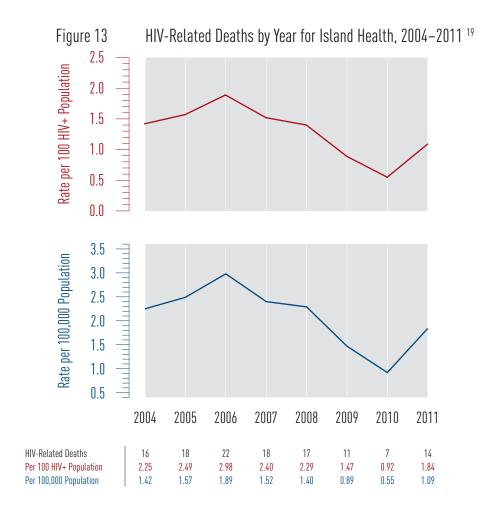


Data Source: DTP AIDS cases are obtained from the Drug Treatment Program Database; BCCDC AIDS cases are obtained from the BCCDC; CD4<200 at ART initiation data came from the DTP database.

Limitation: AIDs case reporting was investigated using 3 definitions: First, using AIDs cases reported in AIDs case report forms from the DTP; Second, using AIDs cases reported via the BCCDC and third, using a CD4 cell count of <200 cells/µL at time of ART initiation using DTP data. AIDs case reporting is passive in BC, thus; AIDs case reporting is not well captured. The DTP sends out AIDs reporting forms to physicians annually. The BCCDC uses DTP AIDs case reports as well as physician AIDs case reports made directly to the BCCDC. Interpreting AIDs case reports should be done with these limitations in mind. AIDs data is updated annually as very few AIDs cases reports are reported in general and trends would be difficult to notice if reported quarterly.

Indicator 13. HIV-Related Mortality

Evidence indicates that individuals who initiate treatment with recommended ART in a timely fashion may live near normal lifespans. Excess mortality among HIV positive persons is, therefore, an important measure of HIV care with a goal of minimizing HIV-related mortality in British Columbia.



Limitation:

¹⁹ Data Source: BC Vital Statistics

^{1.} DTP participants are designated to an HA based on most current residence provided by the participant.

^{2.} Mortality data is updated annually.

^{3.} The most recent available data was used.

Appendices

Thisodes (: Test thousands)	2010 Q4	2011 Q1	Q2	Q3	Q4	2012 Q1	Q2	Q3	Q4	2013 Q1	Q2	Q3	Q4	2014 Q1	Q2	Q3	Q4	2015 Q1	Q2	Q3
Island Heal	th	5.3	5.8	5.0	5.3	5.1	5.8	5.3	5.5	5.6	5.9	6.1	5.9	6.0	6.7	6.4	6.5	6.5	7.8	7.6	8.0
Gender	Female	3.5	3.8	3.2	3.5	3.3	3.7	3.5	3.6	3.6	3.8	3.9	3.7	3.8	4.1	3.9	4.1	4.1	4.8	4.6	4.9
	Male	1.8	2.0	1.7	1.8	1.7	2.0	1.8	1.9	1.8	2.0	2.1	2.0	1.9	2.2	2.1	2.1	2.1	2.6	2.6	2.7
	Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Female (Pre	enatal)	1.6	1.9	1.5	1.7	1.6	1.8	1.6	1.6	1.6	1.7	1.6	1.6	1.7	1.8	1.6	1.7	1.6	1.9	1.6	1.7
Female (No	on-prenatal)	1.8	1.9	1.7	1.8	1.7	1.9	1.9	1.9	2.0	2.1	2.2	2.1	2.1	2.3	2.3	2.4	2.4	2.9	3.0	3.2
Age	< 30	2.5	2.5	2.1	2.3	2.2	2.4	2.1	2.3	2.3	2.4	2.3	2.3	2.4	2.5	2.3	2.4	2.5	2.7	2.6	2.7
	30-39	1.6	1.9	1.5	1.7	1.6	1.9	1.7	1.7	1.8	1.9	1.9	1.9	1.7	2.2	1.9	2.0	1.9	2.4	2.2	2.3
	40-49	0.6	0.7	0.7	0.6	0.6	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.8	0.8	0.8	0.7	0.9	0.9	1.0
	≥ 50	0.6	0.7	0.6	0.6	0.6	0.8	0.7	0.7	0.8	0.9	1.0	0.8	0.8	0.9	1.0	1.0	1.1	1.4	1.6	1.7
POC HIV		22	21	17	42	12	24	41	90	164	135	200	194	245	347	353	316	325	406	414	359
(not in thou																			2 -		
	ncouver Island		1.8	1.6	1.6	1.6	1.7	1.5	1.7	1.6	1.9	1.8	1.8	1.8	1.9	2.1	2.1	2.1	2.6	2.5	2.7
	Non-prenatal)	0.4	0.5	0.5	0.5	0.5	0.6	0.5	0.5	0.5	0.6	0.7	0.6	0.6	0.7	0.7	0.7	0.8	0.9	1.0	1.1
Male	v 1 1	0.6	0.7	0.6	0.5	0.6	0.6	0.5	0.6	0.5	0.7	0.6	0.7	0.6	0.7	0.7	0.7	0.7	0.9	1.0	1.0
	Couver Island	0.6	0.7	0.5	0.5	0.4	0.6	0.5	0.5	0.5	0.5	0.5	0.5	0.6	0.7	0.6	0.5	0.6	0.6	0.6	0.6
Male	Non-prenatal)	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.2	0.2	0.1	0.1	0.2	0.2	0.2
	T 1 1	0.2	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.2
	couver Island	3.1	3.3	2.9	3.2	3.0	3.4	3.2	3.3	3.5	3.5	3.8	3.6	3.6	4.0	3.8	3.9	3.9	4.6	4.5	4.7
	Non-prenatal)	1.2	1.1	1.1	1.1	1.1	1.2	1.2	1.3	1.3	1.3	1.4	1.4	1.4	1.5	1.4	1.5	1.6	1.8	1.9	1.9
Male		1.1	1.1	1.0	1.1	1.1	1.3	1.1	1.1	1.2	1.2	1.3	1.1	1.2	1.4	1.3	1.3	1.3	1.5	1.5	1.6
Indicator 2	: Rate of HIV	Testing	per 10	0,00	0																
			200	9	20	10		2011		201	2	20	13		2014						
Island Heal			2755.	3	274	5.4	27	710.7	-	2843.	3	2983	3.6	31	49.0						
	ncouver Island		2510.	1	256	3.8	25	567.8		2575.		2710	6.5	29	33.6						
	couver Island		2157.	4	221	2.6	19	979.4		1929.	2	197	1.9		45.0						
	ouver Island		3125.	4	304	7.6	30	049.0		3328.	7	3497	7.3		91.4						
Gender	Female		3524.	2	349	4.2	34	456.6		3635	3	3813		40	05.0						
	Male		1933.	2	195	3.6	19	926.8	-	2013.	4	2114	4.7	22	55.3						
Age	< 30		3771.		377	1.0	24	(20 4													
	30-39		7277.	Λ.			30	538.4	:	3705.	3	3850	5.1	39	36.9						
	40-49				736		75	550.3		7924.	4	8140	5.8	84	56.8						
			2427.	0	249	1.9	75 24	550.3 488.1		7924. 2669.	4 7	8146 2894	6.8 4.9	84 31	56.8 37.7						
	≥ 50		2427. 831.	0	249		75 24	550.3		7924.	4 7	8140	6.8 4.9	84 31	56.8						
				0	249 81	1.9 5.4	75 24	550.3 488.1	:	7924. 2669. 954.	4 7	8146 2894 1095	6.8 4.9	84 31	56.8 37.7 50.5	2014			201	.5	
Indicator 3		iagnoses	831.	0	249	1.9 5.4 11	75 24 8	550.3 488.1 823.9		7924. 2669. 954.	4 7 7	8140 2894 1095	6.8 4.9 5.6	84 31 12	56.8 37.7 50.5			Q3_(201 Q4 Q1		Q3
Indicator 3 Island Heal	≥ 50 s: New HIV D	iagnoses by Client	831.	0	249 81 '10 '	1.9 5.4 11	75 24 8 Q2 Q	550.3 488.1 823.9	2012 4 Q1	7924. 2669. 954.	4 7 7 Q3	8140 2894 1095	6.8 4.9 5.6 013 01 Q	84 31 12	56.8 37.7 50.5			Q3 (Q4 Q1		
	≥ 50 5: New HIV D i th B		831.	0 9 ence	249 81 '10 ' Q4 (1.9 5.4 11 Q1 (75 24 8 Q2 Q	550.3 488.1 823.9 63 Q4	2012 4 Q1	7924. 2669. 954. 2 Q2	4 7 7 Q3 Q 3	8146 2894 1095 20 Q4 Q	6.8 4.9 5.6 013 01 Q1	84 31 12 2 Q3	56.8 37.7 50.5 Q4	Q1	Q2 (24 Q1 8 3	1 Q2	7
	≥ 50 S: New HIV D th B	y Client	831.	0 9 ence	249 81 '10 ' Q4 0	1.9 5.4 11 Q1 (75 24 8 Q2 Q	550.3 488.1 823.9 7 7 6 6	2012 4 Q1 7 6	7924. 2669. 954. 2 Q2 3	4 7 7 Q3 Q 3	8140 2894 1095 200 Q4 Q	6.8 4.9 5.6 013 01 Q 4	84 31 12 2 Q3 9 10	56.8 37.7 50.5 Q4	Q1 6	Q2 (7	04 Q1 8 3 8 3	1 Q2 3 8	7 5
Island Heal	≥ 50 6: New HIV Ditth B B F	y Client By Provide	831.	0 9 ence	249 81 '10 ' Q4 ' 6 5	1.9 5.4 11 Q1 (5	75 24 8 Q2 Q 2 3 0	550.3 488.1 323.9 6 6 3 1	2012 4 Q1 7 6	7924. 2669. 954. 2 Q2 3 3	4 7 7 7 23 5 5 0	8140 2894 1095 200 Q4 C 12	6.8 4.9 5.6 013 01 Q 4	844 311 122 2 Q3 9 10 9 10	56.8 37.7 50.5 Q4 7 0	Q1 6 6	Q2 (4 4	7 8	8 3 8 3 3 0	1 Q2 3 8 3 8	7 5 3
Island Heal	≥ 50 E: New HIV Department of the Beauty B	y Client By Provide emale	831.	0 9 ence	249 81 '10 ' Q4 6 5 2	1.9 5.4 11 Q1 (5 5	75 24 8 22 Q 2 3 0 2	550.3 488.1 323.9 6 6 3 1	2012 4 Q1 7 6 6 3 1 2 4	7924. 2669. 954. 2 Q2 3 3 0 3	4 7 7 7 23 5 5 0	8146 289 ² 109 ³ 20 Q4 C 12 12 0	6.8 4.9 5.6 013 01 Q1 4 5 1	844 31 12 2 Q3 9 10 9 10 11 3	56.8 37.7 50.5 Q4 7 7 0 7	Q1 6 6 2	Q2 (4 4 1	7 8 2	8 3 8 3 3 0 5 3	1 Q2 3 8 3 8 0 2	7 5 3 4
Island Heal Gender	≥ 50 So New HIV Do th B F N	by Client By Provide Temale Male	831.	0 9 ence	249 81 '10 ' Q4 ' 6 5 2 4	1.9 5.4 11 Q1 (0 5 5 1 4	75 24 8 22 Q 2 3 0 2 0	550.3 488.1 323.9 23 Q4 7 7 6 6 3 1 4 6 0 1	2012 4 Q1 7 6 6 3 1 2 5 4	7924 2669 954 2 Q2 3 3 0 3 2	4 7 7 23 5 5 0 5	8140 2894 1095 20 Q4 Q 12 12 0 12	6.8 4.9 5.6 013 01 Q: 4 5 1	84 31 12 2 Q3 9 10 9 10 11 3 8 7	56.8 37.7 50.5 Q4 7 0 7	Q1 6 6 2 4	Q2 (4 4 1 3	7 8 2 5	8 3 8 3 3 0 5 3	1 Q2 3 8 3 8 0 2 3 6 0 1	7 5 3 4 3
Island Heal Gender	≥ 50 S: New HIV Do th B F N < 3	by Client by Provide emale Male 30	831.	0 9 ence	249 81 '10 ' Q4 ' 6 5 2 4 0	1.9 5.4 11 Q1 (5 5 1 4 1	75 24 8 22 Q 2 3 0 2 0	550.3 488.1 323.9 23 Q4 7 7 6 6 3 1 4 6 0 1	2012 4 Q1 7 6 6 3 1 2 6 4 1 2	7924 2669 954 2 Q2 3 3 0 3 2	4 7 7 5 5 0 5	8140 2894 1095 20 Q4 Q 12 12 0 12 2	6.8 4.9 5.6 013 01 Q1 4 5 1 3 1	84 31 12 2 Q3 9 10 9 10 11 3 8 7 2 2	56.8 37.7 50.5 Q4 7 0 7 1 0	Q1 6 6 2 4 1	Q2 (4 4 1 3 0	7 8 2 5 0	Q4 Q1 8 3 8 3 5 3 2 0 1 1	1 Q2 3 8 3 8 0 2 3 6 0 1	7 5 3 4 3 3
Island Heal Gender	≥ 50 S: New HIV Di th B F N < 3 4	by Client By Provide Semale Male 30 0–39	831.	0 9 ence	249 81 '10 'Q4	1.9 5.4 11 Q1 (0 5 5 1 4 1	75 24 8 22 Q 2 3 0 2 0 1	550.3 488.1 823.9 23 Q4 7 7 6 6 3 1 4 6 0 1 1 1 3 1	2012 4 Q1 7 6 6 3 1 2 6 4 1 2	7924. 2669. 954. 2 Q2 3 3 0 3 2	4 7 7 7 2 3 5 5 5 0 5 1 1	8146 2894 1095 20 Q4 Q 12 12 0 12 2 2	6.8 4.9 5.6 013 01 Q 4 5 1 3	84 31 12 2 Q3 9 10 9 10 11 3 8 7 2 2 2 3	56.8 37.7 50.5 Q4 7 7 0 7 1 0 4	Q1 6 6 2 4 1	Q2 (4 4 4 1 3 0 0 0	7 8 2 5 0 4	Q4 Q1 8 3 8 3 5 3 2 0 1 1 3 1	1 Q2 3 8 3 8 0 2 3 6 0 1 1 2	7 5 3 4 3 3 1
Island Heal Gender	≥ 50 E: New HIV Di th B F N < 3 4 ≥	by Client By Provide Cemale Male 30 0–39 0–49	831.	0 9 ence	249 81 '10 'Q4 '0 6 5 2 4 0 2 4	1.9 5.4 11 Q1 C 5 5 1 4 1 1 3	75 24 8 8 22 2 3 0 2 0 1 1 0	550.3 488.1 323.9 23 Q4 7 7 7 6 6 3 1 4 6 0 1 1 1 3 1 3 4	2012 4 Q1 7 6 6 3 1 2 6 4 1 2 1 2	7924 2669 954 2 Q2 3 3 0 3 2 1 0	Q3 (5 5 0 5 1 1 1	8146 2894 1095 20 Q4 Q 12 12 0 12 2 2 5	6.8 4.9 5.6 013 01 Q 4 5 1 3 1 1	844 311 122 2 Q3 9 10 9 10 11 3 18 7 2 2 2 3 11 4	56.8 37.7 50.5 Q4 7 0 7 1 0 4 2	Q1 6 6 2 4 1 1	Q2 (4 4 1 3 0 0 2	7 8 2 5 0 4 1	24 Q1 8 3 8 3 3 Q 5 3 2 Q 1 1 1 3 1 2 1	1 Q2 3 8 3 8 0 2 3 6 0 1 1 2 1 3	7 5 3 4 3 3 1 0
Island Heal Gender Age	≥ 50 E: New HIV Denote the B F N	by Client by Provide emale Male : 30 0–39 0–49	831.	0 9 ence	249 81 '10 'Q4 '6 6 5 2 4 0 2 4 0	1.9 5.4 11 Q1 C 5 5 1 4 1 1 3 0	75 24 8 8 22 Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	550.3 4488.1 323.9 7 7 7 66 6 6 6 6 6 1 1 1 1 3 3 1 1 1 3 3 1 1 1 1 3 3 1 1 1 1 1 1 3 3 1	2012 4 Q1 7 6 6 3 1 2 6 4 1 2 1 2 1 2 1 2	7924. 2669. 954. 2 Q2 3 3 0 3 2 1 0	44 77 77 5 5 5 0 5 1 1 1 2	8140 2892 1093 20 Q4 Q 12 12 0 12 2 2 5 3	6.8 44.9 55.6 013 01 Q 4 4 5 5 1 1 3 1 1 1 1 1 2	844 31 122 2 Q3 9 10 9 10 11 3 8 7 2 2 2 2 2 3 1 4 4 1	56.8 37.7 50.5 Q4 7 7 0 7 1 0 4 2 5 5	Q1 6 6 2 4 1 1 1 3	Q2 (4 4 1 3 0 0 2 2 2	7 8 2 5 0 4 1 2	24 Q1 8 3 8 3 3 Q 5 3 2 Q 1 1 1 3 1 2 1	1 Q2 3 8 3 8 0 2 3 6 0 1 1 2 1 3 1 2 2 -	7 5 3 4 3 3 1 0
Island Heal Gender Age	≥ 50 S: New HIV Di th B F N < 3 4 ≥ N P	by Client by Provide emale fale 30 0-39 0-49 50 MSM	831.	0 9 ence	249 81 '10 '6 6 5 2 4 0 2 4 0	11.9 5.4 11 Q1 (5 5 5 1 4 1 1 3 0 3	75 22 8 8 22 2 3 0 2 0 1 1 0 1 0	550.3 4488.1 7 7 7 6 6 6 6 7 1 1 1 3 3 1 4 3 1 1 3	201214 Q1 77 66 33 11 2 2 11 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 2 1 2 2 2 1 2	7924. 22669. 954. 2 Q2 3 3 0 3 2 1 0 0 2	4 4 7 7 7 5 5 0 5 1 1 1 2 4	8144 2894 1095 20 Q4 Q 112 12 0 112 2 2 5 3 8	6.8 4.9 113 11 Q 4 4 1 5 5 1 1 1 1 1 1 1 2 2 0	844 31 122 22 Q3 99 100 99 101 11 33 88 77 22 22 22 33 11 44 41 44 44 44	56.8 37.7 50.5 Q4 7 7 7 1 0 4 2 5 0 0	Q1 6 6 2 4 1 1 1 3 3	Q2 (4 4 1 3 0 0 2 2 2	7 8 2 5 0 4 1 2	Q4 Q1 8 3 8 3 5 3 2 0 1 1 3 1 2 1 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 4 2 5 2 6 2 7 2 8 2 9 2 9 2 10 2 10 2 10 2 10 2 10 2 10 2 10 2 11 2 12 2 12 3 12 3 13 4 14 4 15 4 16 4 17 4 18 4 19 4 10 4 10 4 10 4 11 4 <	1 Q2 3 8 3 8 0 2 3 6 0 1 1 2 1 3 1 2 2 -	7 5 3 4 3 3 1 0
Island Heal Gender Age	≥ 50 S: New HIV Department of the Best State o	by Client by Provide emale Male 30 0–39 0–49 550 MSM	831.	0 9 ence	249 81 '10 ' Q4 ' 6 5 2 4 0 2 4 0 1 2	11.9 5.4 11 Q1 (5 5 5 1 4 1 1 3 0 3 1	75 22 8 22 2 2 3 0 2 0 1 1 0 1 0 1	550.3 4488.1 323.9 3 Q4 7 7 7 6 6 6 6 6 0 1 1 1 3 3 1 4 2 ()	2012 4 Q1 7 6 6 3 1 2 2 1 2 2 1 2 2 4 0 1 2 2 2 0 2 5 2 2	7924. 7924. 22669. 954. 2 2 2 3 3 0 3 2 1 0 0 2 0	44 77 77 S S S S S S S S S S S S S S S S	8144 2894 1095 200 Q4 C 112 12 0 112 2 2 5 3 8 1	6.8 44.9 13 10 10 11 11 11 12 12 12 13 14 14 15 16 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	844 31 122 2 Q3 9 10 9 10 11 3 8 7 2 2 2 2 3 3 3 1 4 4 4 1 1 0	56.8 37.7 50.5 Q4 7 0 7 1 0 4 2 5 5 0 1	Q1 6 6 2 4 1 1 3 3	Q2 0 4 4 1 3 0 0 2 2 2 0	7 8 2 5 0 4 1 2 2 0	24 Q1 8 3 8 3 5 3 2 0 1 1 3 1 2 3 3 1	1 Q2 3 8 3 8 0 2 3 6 0 1 1 2 1 3 1 2 2 - 1 -	7 5 3 4 3 3 1 0

T 1: 4 2	N.T	***	D			,	٠,٠		'10		01	0	, 0		12	22 (7 2		2013		O2		201			12 (015	02	02
Indicator 3						es (co it Res			$\frac{Q4}{0}$	Q1 1	Q2 0			3	2	Q2 (Q3 1	Q4 4	Q1 2	Q2 2	Q3 5	Q4 3	Q1		2 C 2	1	Q4 (7	$\frac{Q_1}{0}$	Q2 3	Q3 4
Island	icou	, 61		•		der A			0	1	0			3	1	1	1	4	2	2	5	3	0		1	2	7	0	2	2
North Vanc	ouve	er	I	э́у С	llien	t Res	sideı	nce	2	0	0	()	2	1	0	1	2	0	2	0	1	1		1	1	0	0	1	2
Island				-		der A			0	0	0	' (2	0	0	1	2	0	2	0	0	1		1	1	0	0	1	1
South Vance Island	ouve	r		•		it Res der A			4 5	4 4			5 5	2 1	3 2	2 2	3 3	6 6	2 3	5 5	5 5	3 4	5 5		1 2	5 5	1 1	3 3	4 5	1 2
Indicator 4:	Stag	ge of	ИΙ	/ In	fect	ion a	at Ba	aseliı	ıe																					
	I	slanc	l He	alth	ı			emal					Лale				< 3	0 yea	ars		3	0-39	9 ye	ars			40-	49 ye	ears	
	'10	'11 '	12	' 13	'14	'10	'11	'12	' 13	'14	'10	' 11	'12	'13	'14	'10	'11	'12	'13	' 14	'10 '	11 '	12	' 13	'14	'10	'11	'12	'13	' 14
Stage 0	3	0	6	5	3	0	0	0	0	0	3	0	6	5	3	1	0	2	2	1	1	0	2	1	1	1	0	2	1	0
Stage 1	9	4	6	3	0	2	0	1	1	0	7	3	5	2	0	1	0	1	2	0	4	2	1	0	0	1	2	4	1	0
Stage 2a	1	2	1	4	3	0	0	0	1	0	1	2	1	3	3	0	1	0	0	0	0	0	0	2	0	0	1	1	2	1
Stage 2b	1	2	2	6	3	1	0	0	0	3	0	2	2	6	0	0	0	0	0	0	0	0	1	1	1	1	0	1	4	1
Stage 3	7	8	5	7	5	2	4	0	1	2	5	4	5	6	3	0	1	1	1	0	2	1	1	1	1	4	3	0	1	4
Unknown	10	3	4	5	12	2	1	0	1	3	8	2	4	4	9	2	0	1	0	2	3	1	1	1	2	5	2	0	1	2
Total	31	19	24	30	26	7	5	1	4	8	24	13	23	26	18	4	2	5	5	3	10	4	6	6	5	12	8	8	10	8
		≥ 50) yea	ars			N	MSM				P	WII)]	Hete	rose	xual		Otl	her E	Expo	osur	e	N	IR/U	Unkr	owr	1
	'10	'11 '			'14	'10	' 11	'12	' 13	' 14	'10	' 11	'12	'13	' 14	'10	' 11	'12	' 13	' 14	'10 '			' 13				' 12		
Stage 0	0	0	0	1	1	3	0	5	4	1	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	1
Stage 1	3	0	0	0	0	4	2	4	2	0	2	1	1	0	0	3	1	1	1	0	0	0	0	0	0	0	0	0	0	0
Stage 2a	1	0	0	0	2	1	1	1	3	2	0	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
Stage 2b	0	2	0	1	1	0	0	0	5	0	0	0	1	0	1	1	2	1	1	2	0	0	0	0	0	0	0	0	0	0
Stage 3	1	3	3 2	4	0		1 2	3	1	1	4	1	0	0	1	2	6	2	4	2	0	0	0	0	0	0	0	0	2	1
Unknown Total	5	0 5	5	3 9	6 10	3 12	6	2 15	1 16	7 11	3	4	1 3	1 1	1	3	0	0 5	2	4 10	1 1	0	1 1	1 2	0	0	0	0	0 2	0 2
Total)	3	3	9	10	12	U	13	10	11	9	4	3	1	5	9	9	3	9	10	1	U	1	4	U	U	U	U	4	4
Indicator 5	: HI	V Ca	scac	le o	f Ca	re		DI	AGN	IOSE	D		LI	NKE)	F	RETA	INED)		ON A	ART		ADI	HER	ENT	5	SUPP	RESS	ED
Island Heal	lth									95	55			91	8			862	2			820				737			5	591
Age Catego	ory	< 30								4	10			3	4			29)			27				20				15
		30-3	9							10)5			9	7			90)			87				70				54
		40-4	9							24	10			23	4			221			2	209				188			1	43
		> FA																521				107				459			3	379
Age Catego		≥ 50								57	0			55	4			321			4	497								
		≥ 50 MSN	1		<	< 30					6				4 6			521			4	6				5				4
and MSM			1			< 30 30–39	9								6				ó		4					5 11				4
			1		3	30-39 40-49				1	6 .7 1			1 4	6 5 0			6 14 35	; ;			6 14 32				5 11 29				6 24
and MSM	ory	MSN			3 4 2	30-39 40-49 ≥ 50				1	6 .7 .1 75			1 4 17	6 5 0 1			14 35 167	; ;			6 14 32 159				5 11 29 150				6 24 31
and MSM	ory			M	3 4 ≥	30-39 40-49 ≥ 50 < 30	9			1 4 17	6 .7 .11 .75			1 4 17	6 5 0 1 6			6 14 35 167	; ;			6 14 32 159 6				5 11 29 150 5			1	6 24 31 3
and MSM	ory	MSN		М	3 4 2 < 3	30-39 40-49 ≥ 50 < 30 30-39	9			1 4 17	6 7 11 75 6			1 4 17	6 5 0 1 6 8			6 14 35 167 6 37				6 14 32 159 6 36				5 11 29 150 5 29			1	6 24 .31 3 25
and MSM	ory	MSN		М	3 4 ≥ < 3 4	30-39 40-49 ≥ 50 < 30 30-39	9			1 4 17 4 10	6 .7 !1 '5 6 !0			1 4 17 3 10	6 5 0 1 6 8 2			66 14 35 167 6 37 101	; ;			6 14 32 159 6 36 95				5 11 29 150 5 29 84			1	6 24 .31 3 25 59
and MSM	ory	MSN Non-	-MS		3 4 2 3 4 2	30-39 40-49 ≥ 50 < 30 30-39 40-49 ≥ 50	9			1 17 4 10 17	6 7 11 75 6 10 95			1 4 17 3 10 17	6 5 0 1 6 8 2			66 14 35 167 6 37 101 174				6 14 32 159 6 36 95 163				5 11 29 150 5 29 84 145			1	6 24 .31 3 25 59
and MSM	ory	MSN	-MS		33 44 2 3 4 2	30-39 40-49 ≥ 50 < 30 30-39 40-49 ≥ 50 < 30	9			17 17 4 10 17 2	6 .7 .11 .75 .6 .40 .05 .78			1 4 17 3 10 17 2	6 5 0 1 6 8 2 5			6 14 35 167 6 37 101 174				6 14 32 159 6 36 95 163				5 11 29 150 5 29 84 145 10			1	6 24 .31 3 25 59 .12 8
and MSM	ory	MSN Non-	-MS		3 4 2 3 4 2 3	30-39 40-49 ≥ 50 < 30 30-39 40-49 ≥ 50 < 30 30-39	9 9			17 17 4 10 17 2	6 .7 .1 .7 .6 .0 .0 .7 .8 .8 .8 .8 .8 .7			1 4 17 3 10 17 2 4	6 5 0 1 6 8 2 5 1 1 3			6 14 35 167 6 37 101 174 15				6 14 32 159 6 36 95 163 14 37				5 11 29 150 5 29 84 145 10 30			1	6 24 .31 3 25 59 .12 8 23
and MSM	ory	MSN Non-	-MS		3 4 3 4 2 3 4 4	30-39 40-49 ≥ 50 < 30 30-39 40-49 ≥ 50 < 30 30-39 40-49	9 9			11 44 10 17 22 44 99	6 7 11 75 6 10 05 8 8 8 17			1 4 17 3 10 17 2 4 9	66 55 00 11 66 88 22 55 11 33			6 14 35 167 6 37 101 174 15 39 85				6 14 32 159 6 36 95 163 14 37 82				5 11 29 150 5 29 84 145 10 30 75			1	6 24 31 3 25 59 12 8 23 60
and MSM Status	ory	MSM Non-	-MS		3 4 3 4 2 3 4 4	30-39 40-49 ≥ 50 < 30 30-39 40-49 ≥ 50 < 30 30-39	9 9			11 44 17 41 10 17 22 44 9	6 7 11 15 6 10 10 15 7 8 8 8 8 8 7 7			1 4 177 3 10 177 2 4 9 20	66 55 00 11 66 88 22 55 11 33 22			6 14 35 167 6 37 101 174 15 39 85 180			:	6 14 32 159 6 36 95 163 14 37 82				5 11 29 150 5 29 84 145 10 30 75 164			1	6 24 31 3 25 59 12 8 23 60 36
and MSM	ory	MSN Non- Unk	now		3 4 3 4 2 3 4 4	30-39 40-49 ≥ 50 < 30 30-39 40-49 ≥ 50 < 30 30-39 40-49	9 9			11 44 10 17 22 44 9 21 76	6 7 11 75 6 6 10 95 8 8 8 7 7			1 4 17 3 10 17 2 4 9 20 73	66 55 00 11 166 88 22 255 11 33 22 77			66 144 35 167 66 37 101 174 15 39 85 180 687				6 14 32 159 6 36 95 163 14 37 82 175				5 11 29 150 5 29 84 145 10 30 75 164			1 1 1 4	6 24 31 3 25 59 12 8 23 60 36
and MSM Status	ory	MSN Non- Unk	-MS		3 4 3 4 2 3 4 4	30-39 40-49 ≥ 50 < 30 30-39 40-49 ≥ 50 < 30 30-39 40-49	9 9			11 44 17 41 10 17 22 44 9 21 76 19	6 7 11 75 6 6 10 95 8 8 8 7 7 6 4 7			1 4 17 3 10 17 2 4 9 20 73 18	66 55 00 11 66 88 82 22 77 77			66 144 35 167 66 37 101 174 15 39 85 180 687 174				6 14 32 159 6 36 95 163 14 37 82 175 659				5 11 29 150 5 29 84 145 10 30 75 164 597			1 1 4 1	6 24 31 3 25 59 12 8 23 60 36 477 14
and MSM Status Gender Injection	pry	Non- Unka	now	'n	33 44 2 33 44 2 34 4	30-39 40-49 ≥ 50 < 30 30-39 40-49 ≥ 50 < 30 30-39 40-49	9 9			11 44 177 44 100 177 22 44 59 211 766 199 299	6 7 11 155 6 6 10 05 7 8 8 8 8 8 7 7 4 4 7 7			1 4 17 3 10 17 2 4 9 20 73 18 29	66 55 00 11 66 88 22 55 11 33 22 77 71 11			66 144 35 167 66 37 101 1744 15 39 85 180 687 174 292				6 14 32 159 6 36 95 163 14 37 82 175 659 161 277				5 11 29 150 5 29 84 145 10 30 75 164 597 140 2241			1 1 4 1 1	6 24 31 3 25 59 12 8 23 60 36 477 14 83
and MSM Status	pry	Mon- Unka Male Fema PWI Non-	now	vn 7ID	33 44 2 33 44 2 34 4	30-39 40-49 ≥ 50 < 30 30-39 40-49 ≥ 50 < 30 30-39 40-49	9 9			11 44 10 17 22 44 9 21 76 19 29 46	6 7 11 75 6 6 10 95 78 8 8 8 7 7 64 11 7 64 11 66 68			1 4 177 3 100 177 2 4 9 200 733 188 299 45	66 55 00 11 66 88 22 55 77 77 11 22 55			66 144 355 167 66 37 101 1744 155 39 855 180 687 174 292 435				6 14 32 159 6 36 95 163 14 37 82 175 659 161 277 416				5 11 29 150 5 29 84 145 10 30 75 164 597 140 241 381			1 1 4 1 1 3	6 24 31 3 25 59 12 8 23 60 36 477 .14 .83
and MSM Status Gender Injection Drug Use	ory	MSN Non Unk	now	vn 7ID	33 44 2 33 44 2 34 4	30-39 40-49 ≥ 50 < 30 30-39 40-49 ≥ 50 < 30 30-39 40-49	9 9			11 44 10 17 24 45 21 19 29 46	6 7 11 75 6 6 10 7 7 7 6 4 7 7 6 6 10 10 10 10 10 10 10 10 10 10 10 10 10			1 4 17 3 10 17 2 4 9 20 73 18 29 45 17	66 55 00 11 66 88 22 55 11 77 77 11 12 25 51			66 144 35 167 66 37 101 1744 15 39 85 180 687 174 292 435 134				6 14 32 159 6 36 95 163 14 37 82 175 659 161 277 416				5 11 29 150 5 29 84 145 10 30 75 164 597 140 241 381 115			1 1 4 1 1 3	6 24 31 3 25 59 12 8 23 60 36 477 14 83 89
and MSM Status Gender Injection	s	MSN Non- Unki Male Fema PWI Non- Unki MSN	now	7ID	33 44 2 33 44 2 34 4	30-39 40-49 ≥ 50 < 30 30-39 40-49 ≥ 50 < 30 30-39 40-49	9 9			11 44 10 17 22 44 59 21 76 46 19 29 46 19 24	66 7 111 75 66 60 95 88 88 87 7 64 91 10 66 88 90 90 90 90 90 90 90 90 90 90 90 90 90			1 4 17 3 10 17 2 4 9 20 73 18 29 45 17 23	6 5 0 1 1 6 8 8 2 2 5 5 1 1 1 2 2 7 7 7 7 1 1 1 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3			144 355 1677 66 377 101 1744 155 39 855 180 687 1744 292 435 1344 223				6 14 32 159 6 36 95 163 14 37 82 175 659 161 277 416 127 212				5 11 29 150 5 29 84 145 10 30 75 164 597 140 241 381 115			1 1 4 4 1 1 3 3	6 24 31 3 25 59 12 8 23 60 36 477 14 83 819 89
and MSM Status Gender Injection Drug Use	ory	MSN Non- Unki MSN Non-	now	7ID 7n SM	33 44 2 33 44 2 34 4	30-39 40-49 ≥ 50 < 30 30-39 40-49 ≥ 50 < 30 30-39 40-49	9 9			11 44 17 41 10 17 22 44 59 21 19 29 46 19 24 32	66 77 111 75 66 120 125 78 88 88 77 74 74 74 74 74 74 74 74 74 75 76 76 76 76 76 76 76 76 76 76 76 76 76			1 4 177 3 100 177 2 4 9 200 733 18 29 45 17 23 32	66 55 00 11 66 88 88 22 55 77 77 71 11 22 55 11 13 33 22			144 355 1667 66 377 101 1744 155 399 855 1800 6877 1744 2922 4355 1344 2223 319				6 14 32 159 6 36 95 163 14 37 82 175 659 161 277 416 127 212 3800				5 11 29 150 5 29 84 145 10 30 75 164 597 140 241 381 115 195 263			1 1 4 1 1 3 3	6 24 31 3 25 59 12 8 23 60 36 477 14 83 89 65 99
and MSM Status Gender Injection Drug Use MSM Statu	ory	MSN Non- Unki Male Fem: PWI Non- Unki MSN Non- Unki	now now ale D -PW now I	7ID rn SM rn	33 44 ≥ < 33 44 ≥ ≥ ≥ ≥	80-39 40-49 ≥ 50 < 30 80-39 40-49 ≥ 50 < 30 80-39 40-49 ≥ 50	999999	1		11 44 177 44 100 177 22 44 92 29 46 199 244 322 388	6 7 7 11 1 75 6 6 10 15 5 8 8 18 17 7 14 1 1 16 16 16 16 16 16 16 16 16 16 16 16			1 4 4 177 3 100 177 2 4 9 200 733 18 29 45 17 233 322 36	6 5 0 1 1 6 6 8 8 8 2 2 7 7 7 1 1 2 2 5 5 1 1 1 3 3 3 2 2 3 3 3 3 3 3 3 3 3 3 3 3			66 144 35 167 66 37 101 174 15 39 85 180 687 174 292 435 134 223 319 320				6 14 32 159 6 36 95 163 14 37 82 175 6559 161 277 416 127 212 300 808				5 11 29 150 5 29 84 145 10 30 75 164 597 140 241 381 115 195 2263 279			1 1 4 1 1 3 1 1 1 2	6 24 31 3 25 59 12 8 23 60 36 77 14 83 819 89 65 99
and MSM Status Gender Injection Drug Use MSM Statu Health	ory	MSN Non- Unki Male Femi PWI Non- Unki MSN Non- Unki Cent	now now ale D -PW now I	VID Vn SM Vn	33 44 ≥ < 33 44 ≥ ≥	80-39 40-49 ≥ 50 < 30 80-39 40-49 ≥ 50 < 30 80-39 40-49 ≥ 50	9 9 9 9 9	1		11 44 177 44 100 177 22 44 64 199 24 46 32 388 255	6 7 7 11 1 7 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			1 4 17 3 10 17 2 4 9 20 73 18 29 45 17 23 36 24	65 55 00 11 66 88 22 55 11 33 22 55 11 33 33 20 33			66 144 355 167 66 37 101 174 155 39 85 180 687 174 292 435 134 223 319 320 233				6 14 32 159 6 36 95 163 14 37 82 175 6559 161 277 416 127 212 3300 308 221				5 11 29 150 5 29 84 145 10 30 75 1164 597 140 2241 381 115 195 263 279 204			1 1 4 1 1 3 3 1 1 1 2 2	6 24 31 3 25 59 12 8 23 60 36 477 14 83 819 89 65 99 227 72
and MSM Status Gender Injection Drug Use MSM Statu	ory	MSN Non- Unki Male Fem: PWI Non- Unki MSN Non- Unki	now now how f now ral '	VID VID VIN SM VIN Van Gan Coance	33 44 ≥ < < 33 44 ≥ ≥ < < couv.	80-39 40-49 ≥ 50 < 30 80-39 40-49 ≥ 50 < 30 80-39 ± 50 ≥ 50	9 9 9 9 9 9	1		11 44 177 44 100 177 22 44 64 199 24 46 32 388 255	6 7 7 11 1 7 5 6 6 10 10 5 5 8 8 8 7 7 14 4 7 7 6 4 1 1 6 6 8 8 10 10 10 10 10 10 10 10 10 10 10 10 10			1 4 4 177 3 100 177 2 4 9 200 733 18 29 45 17 233 322 36	65 55 60 11 66 88 82 22 77 77 11 12 22 55 11 13 33 22 55 55 55 55 55 55 55 55 55 55 55 55			66 144 35 167 66 37 101 174 15 39 85 180 687 174 292 435 134 223 319 320				6 14 32 159 6 36 95 163 14 37 82 175 6559 161 277 416 127 212 300 808				5 11 29 150 5 29 84 145 10 30 75 164 597 140 241 381 115 195 2263 279			1 1 4 1 1 3 3 1 1 1 2 1	6 24 31 3 25 59 12 8 23 60 36 77 14 83 819 89 65 99

Indicator 6: Program	ımatic Com	pliance Scor	e (PCS)							
		2013 Q4	2014 Q1	Q2	Q3		Q4	2015 Q1	Q2	Q3
< 3 CD4 Tests		76.9%	79.1%	81.8%	82.0%	7	78.2%	68.5%	69.4%	68.2%
< 3 Viral Load Tests		17.9%	16.3%	4.5%	4.0%		5.5%	11.1%	12.2%	13.6%
No Baseline Genotyp	e	0.0%	0.0%	0.0%	2.0%		1.8%	1.9%	2.0%	0.0%
Baseline CD4 < 200 c	ells/μL	15.4%	16.3%	15.9%	20.0%	2	20.0%	18.5%	22.4%	27.3%
Non-Recommended	ART	2.6%	7.0%	11.4%	12.0%	1	0.9%	7.4%	4.1%	2.3%
Non Viral suppressio	n at 9 Mo.	59.0%	60.5%	45.5%	38.0%	3	66.4%	33.3%	38.8%	38.6%
PCS Score: 0		3	4	4	5		6	10	9	10
PCS Score: 1		14	10	14	15		18	18	14	12
PCS Score: 2		13	20	22	26		27	20	19	13
PCS Score: 3		9	9	4	4		4	6	7	8
PCS Score: 4 or more		0	0	0	0		0	0	0	1
Total (n=)		39	43	44	50		55	54	49	44
Indicator 7: New DT	P ARV Part	icipants								
First Starts		12	12	9	9		12	8	11	7
Experienced Starts		11	13	23	20		16	18	22	16
Indicator 8: CD4 Cel	l Count at A	ART Initiatio	on for ARV-N	Naïve DTP I	Participants					
CD4 ≥ 500		2	3	0	1		4	1	3	1
CD4 350-499		3	4	4	1		2	2	0	1
CD4 200-349		3	4	1	1		1	1	2	1
CD4 50-199		4	1	3	2		1	4	3	2
CD4 < 50		0	0	1	3		2	0	1	2
CD4 Median (cells/µL	.)	325	395	220	140		445	230	220	150
Total (n=)	<i>')</i>	12	12	9	8		10	8	9	7
Indicator 9: Active ar	nd Inactive	DTP Particip	pants							
Active DTP Participa	nts	764	770	779	787		801	812	821	831
Inactive DTP Particip	pants	109	108	107	110		109	115	117	121
Indicator 10: Antiret	roviral Adh	erence								
≥ 95%		7	12	11	11		9	9	5	12
80% to < 95%		2	2	2	2		2	2	6	1
40% to < 80%		0	0	2	1		1	3	3	1
< 40%		0	0	0	0		0	0	0	0
Total (n=)		9	14	15	14		12	14	14	14
Indicator 11: Resistar	nce Testing	and Paculte								
Suppressed	ice resting	428	480	487	512		458	563	509	477
Wild Type		93	77	67	59		72	64	66	80
				9						
Never Genotyped		4	5		7		8	7	5	11
1-Class		16	8	17	16		13	9	13	13
2-Class		4	4	4	1		2	4	3	2
3-Class Total (n=)		0 545	1 575	1 585	1 596		0 553	2 649	3 599	585
Indicator 12: AIDS-I	Defining Illi Cases	iess	2007	2008	2009	2010	2011	2012 7	2013	2014
ART initiation	Rate per	100.000	3.2	3.0	2.7	2.4	0.8	0.9	1.5	1.7
	Cases	100,000								
AIDS Cases		100.000	11	6	12	15	11	7	≤ 5	6
(DTP Reports)	Rate per	100,000	1.5	0.8	1.6	2.0	1.5	0.9	0.7	0.8
AIDS Cases	Cases	100 000	12	12	16	18	12	10	6	-
(BCCDC Reports)	Rate per	100,000	1.7	1.6	2.2	2.4	1.6	1.3	0.8	-
Indicator 13: HIV-Re	elated Mort	ality	2004	2005	2006	2007	2008	2009	2010	2011
Island Health			16	18	22	18	17	11	7	14
Per 100 HIV+ Popula			2.25	2.49	2.98	2.40	2.29	1.47	0.92	1.84
Per 100,000 Population	on		1.42	1.57	1.89	1.52	1.40	0.89	0.55	1.09