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Steven Lofton, a registered nurse for STOP HIV/AIDS, in the new HIV testing and education clinic he helped establish in Vancouver's Steamworks bathhouse.

STOP HIV/AIDS project links high-risk populations to HIV testing and care

Bathroom testing pilot project aims to increase testing and treatment services for men who have sex with men

Steven Lofton, who has been a nurse for nearly 30 years, sheds light on the effectiveness of the project and how it offers HIV-positive gay men continuity of treatment and care.

It's late on a Thursday night, but the sign on the closed door reads, "The nurse is in." A man wearing nothing more than a bath towel wrapped around his waist patiently waits his turn to enter. Techno music throbs unceasingly through the speakers in the dimly lit space. This is Steamworks, a gay bathhouse in Vancouver. It's also where Steven Lofton, an HIV outreach nurse, works.

"It's an odd setting, but clients here have often not been connected to care previously," says the Vancouver Coastal Health (VCH) nurse. "These are men who, for a lot of reasons, have traditionally not been getting tested [for HIV] and there's many complications with them accessing health care."

Bathhouses are uniquely high-risk settings. Research from the BC Centre for Excellence in HIV/AIDS (BC-CfE) and VCH shows clients are four times more likely to have unprotected sex with an unknown or different status partner than in other populations. And as men who have sex with men represent a disproportionate number of new HIV infections in Vancouver (accounting for over 60 per cent in 2011), it's clear how critical HIV education and testing for this population has become.

Lofton led the launch of the Vancouver Bathhouse Testing pilot in 2011 as part of Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS). STOP HIV/AIDS, a BC-CfE-pioneered concept, is a B.C. government funded, \$48-million four-year pilot project. It aims to expand HIV testing and treatment as part of a Treatment as Prevention strategy to curb the spread of HIV and AIDS. The STOP HIV/AIDS pilot project targets higher risk populations in Vancouver and Prince George, and the Bathhouse Testing pilot has been key in increasing testing and treatment services for men who have sex with men.

Lofton notes that bathhouses have played an important role in gay culture for centuries. More recently, they have provided a venue for gay men and other men who have sex with men to share information, socialize, build community and access important health information.

Before the pilot launched, however, HIV testing in bathhouses was available, but not always taken advantage of. "The STOP HIV/AIDS pilot project has provided us with the opportunity and resources to carefully examine our HIV testing practices and improve coverage," Lofton explains.

Lofton has worked closely with the operators of three bathhouses located in downtown Vancouver to implement clinics for testing and linking newly diagnosed men to care with an eye on creating a space that is visible, welcoming and safe.

The bathhouse testing team now provides comprehensive HIV blood work, screening for sexually transmitted infections, referrals and follow-up, treatment, and counselling in a fully set-up clinic embedded in each bathhouse.

The success of the Bathhouse Testing pilot is evident: a total of 367 HIV tests were conducted from March 2011 to April 2012, including 18 per cent administered to men who had never before been tested for HIV. Over that same period, 11 new HIV diagnoses were identified (a three per cent positivity rate that exceeds the 0.01 per cent threshold for cost-effectiveness).

The upcoming International AIDS 2012 Conference in Washington, D.C. in July will provide an opportunity to present the effectiveness of STOP HIV/AIDS projects under Treatment as Prevention to an international audience. The lesson from STOP HIV/AIDS projects like the Bathhouse Testing pilot is that the projects are targeted, effective and welcomed.



» Photos from *The Way I See It* project show the profound impact that a stable home has on an individual's physical and mental health. The project findings call on decision-makers to respond to the issues the team has identified and, importantly, to involve affected communities in generating solutions."

– Surita Parashar, researcher, Longitudinal Investigations into Supportive and Ancillary Health Services (LISA) project, BC-CfE

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Dr. Harrigan discusses BC-CfE's Laboratory Program

Dr. Richard Harrigan is the director of the Laboratory Program at the BC Centre for Excellence in HIV/AIDS (BC-CfE) and an associate professor in the Department of Medicine at the University of British Columbia. His research focuses primarily on HIV drug efficacy, drug resistance, and human and viral parameters that influence HIV disease progression.

Dr. Harrigan introduced one of the world's first broadly based clinical HIV drug resistance testing programs. He talked to *Forecast* recently:

Q: What has it been like to lead the Laboratory Program at the BC-CfE?

A: It has been wonderful and interesting, because the work of the staff here covers a wide range of topics – from mathematics to molecular biology; from computer science and DNA sequencing to drug discovery. We have the academic research program that a lot of places have. However, we have taken our research further. Everything we do is designed to have a short-term benefit for people living with HIV in B.C. and we have had a tremendous amount of success in improving their lives.

Q: What would you say is the most defining research breakthrough of your program and how will it help people living with HIV?

A: Probably the most important thing that our group has done is develop, validate and implement tests for monitoring HIV therapy. This started with HIV drug resistance testing for the first classes of HIV drugs and has now been supplemented with three new tests for the three newest classes of treatment. These allow the best selection of medication, and our group does these tests for most of the country. In addition, we also do human genetic testing and therapeutic drug monitoring to help minimize the occurrence of side effects. We are very proud of the fact that people from around the world have adopted some of our testing technology and software.

Q: What are your future goals for BC-CfE's Laboratory Program?

A: My future goals are to implement effective new approaches to prevent the development and spread of HIV drug resistance. I want to ensure that a resistant drug does not interfere with the personal and societal benefits that come from effective therapy. It's not enough that we can measure drug resistance – we have to take active steps to get rid of it. The BC-CfE research laboratory will be at the forefront of this battle.

Q: What are your thoughts on BC-CfE's growing international recognition for the HIV Treatment as Prevention strategy?

A: This is tremendously important work. We know that we have the tools to reduce sickness and death from HIV and to reduce the number of new cases. For me, I am looking forward to the next milestones of reducing the number of cases of HIV in B.C. If we keep going like this, we can easily foresee a six-month period where B.C. has no new AIDS diagnoses. B.C. is definitely heading in the right direction and the BC-CfE concept of Treatment as Prevention is how we will accomplish this. A number of countries are following our lead.

HAARTBEATS

Immediate HIV treatment delays long-term therapy, cuts costs

People infected with HIV are better off receiving antiretroviral drugs right away, as opposed to the current practice of waiting for symptoms to develop or until CD4 cell count (white blood cells that are affected by HIV) reaches a threshold level. This was the finding of a new study recently released by researchers at the University of Amsterdam.

Researchers suspected that starting a brief course of medicine as soon as the HIV infection was diagnosed would prepare the immune system, giving it a head start in fighting the infection.

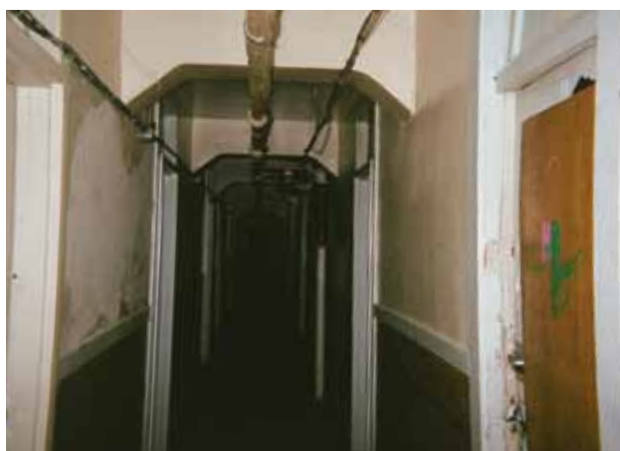
They assigned 168 newly diagnosed HIV patients into one of three groups. The first group received 24 weeks of antiretroviral treatment, the second received 60 weeks, and the third received no immediate treatment, which is the current standard of care. In the case of the third group, researchers followed standard treatment

guidelines, waiting until the patients exhibited low CD4 cell counts or overt symptoms before initiating treatment.

Those who did not receive immediate treatment after they were infected required treatment for low CD4 counts or symptoms about eight months later. Those in the groups that received immediate treatment did not have symptoms or reach the CD4 thresholds to start standard treatment until between one and two-and-a-half years later. Researchers also noted that those who received treatment right away suffered no significant side effects or loss in quality of life, and their treatment proved more cost-effective because they spent less total time on the medication.

Early treatment helped keep the virus in check. Quoted in a *Voice of America* article, study co-author Jan Prins said: "The patients who got early [treatment] ... proved to have a better response against HIV. The amount of virus in the blood is lower in those patients who were treated early."

IMPACT OF HOUSING



The Way I See It is a research project that examines the impact of housing on health as seen through the eyes of people living with HIV and AIDS in Vancouver. Led by a team of people living with HIV and AIDS who have experienced homelessness, the project uses photography and narrative to illustrate how the social and physical environments impact health. A reception on April 12 at the W2 Media Cafe launched a 10-week exhibit of the project's photos, two of which are profiled in this issue: "The Gastown Hotel" by Valerie Nicholson and "Closed" by Rob Lamoureux. This community-based initiative is supported by the BC-CfE, the Dr. Peter AIDS Foundation and McLaren Housing Society of British Columbia.

RESEARCH

Public injection drug use linked to discontinuation of antiretroviral therapy

Researchers at the BC Centre for Excellence in HIV/AIDS studied a sample of 408 HIV-positive injection drug users (IDU) in Vancouver over a 12-year period between May 1996 and April 2008 to investigate whether drug use had an impact on the discontinuation of antiretroviral therapy (ART).

Over the study period, researchers found that almost two-thirds of study participants discontinued ART at least once. Rates of ART discontinuation were not significantly higher among those who reported ongoing injection of heroin, cocaine or other illicit drugs in comparison to those who reported not injecting drugs. However, the study found that those who injected drugs in public places were significantly more likely to discontinue ART than those who did not.

Researchers concluded that their study findings may contribute to a reconsideration of the role of active drug use in determining retention in ART programs among IDU. The findings were published this year in *AIDS and Behavior*.

Occupational stigma a primary barrier to health care for street-based sex workers

The Gender and Sexual Health Initiative (GSHI) of the BC Centre for Excellence in HIV/AIDS conducted a study involving women in street-based sex work in Vancouver to evaluate the prevalence of occupational stigma associated with sex work and how it impacts access to health services in a quasi-criminalized prostitution environment.

Data were drawn from a community-based HIV prevention research project, in partnership with local sex work agencies. Of a total of 252 women, 141 (56 per cent) reported occupational sex work stigma, or hiding their sex work status from friends, family and/or their home community, while 125 (50 per cent) reported barriers to accessing health services in the previous six months. Taking other factors into account, occupational sex work stigma was associated with close to a two-fold increased risk of experiencing barriers to health services.

These findings indicate a critical need for policy and societal shifts towards viewing sex work as a legitimate occupation. Researchers also suggested a need for improved access to innovative, accessible and non-judgmental healthcare for street-based sex workers and the direct involvement of sex workers in the development and implementation of the health care delivery model.

The study, first authored by Lisa Lazarus of GSHI, was published recently in *Culture, Health and Sexuality*.

BC Centre for Excellence in HIV/AIDS

- > Improve the health of British Columbians with HIV through comprehensive research and treatment programs;
- > Develop cost-effective research and therapeutic protocols;
- > Provide educational support programs to health-care professionals;
- > Monitor the impact of HIV/AIDS on B.C. and conduct analyses of the effectiveness of HIV-related programs.

Physician Drug Hotline
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