

This BC Centre for Excellence in HIV/AIDS Fact Sheet series provides comprehensive and concise updates on HIV/AIDS-related findings to public health and healthcare professionals, focusing on Treatment as Prevention.

HIV Pulse

VOLUME 2

FACT SHEET

Characteristics of HIV-Positive Youth in BC



BRITISH COLUMBIA
CENTRE for EXCELLENCE
in HIV/AIDS

Youth represent a growing number of HIV cases in Canada; according to the Public Health Agency of Canada, of 71,300 people living with HIV in Canada, approximately 25% are youth. Many struggle with access to, and retention in, HIV-care due to multiple barriers. In this volume of HIV Pulse, we explore the characteristics of HIV-positive youth in BC using the 2013 BC Centre for Excellence in HIV/AIDS Drug Treatment Program (BC-CFE DTP) data. This will assist clinicians and service providers in developing successful programming and help to guide successful and appropriate HIV-care among youth.

Summary

- Youth under 30 years of age represent 5% of the total HIV population in BC, yet only 3.3% of those who are successfully suppressing HIV viral load
- Of 361 HIV-positive youth on treatment in BC, median age is 27 (IQR:24-29), 253 (70%) are male and 108 (30%) are female
- Among those whose HIV transmission risk is known (54%), 54% identify as MSM, 37% have a history of IDU, and 20% are heterosexual (see Figure 2)
- Of 214 youth who received ARV therapy in 2013, 98 (46%) reported suboptimal adherence and only 117 (34%) were virally suppressed (61 were lost to follow-up or stopped treatment)

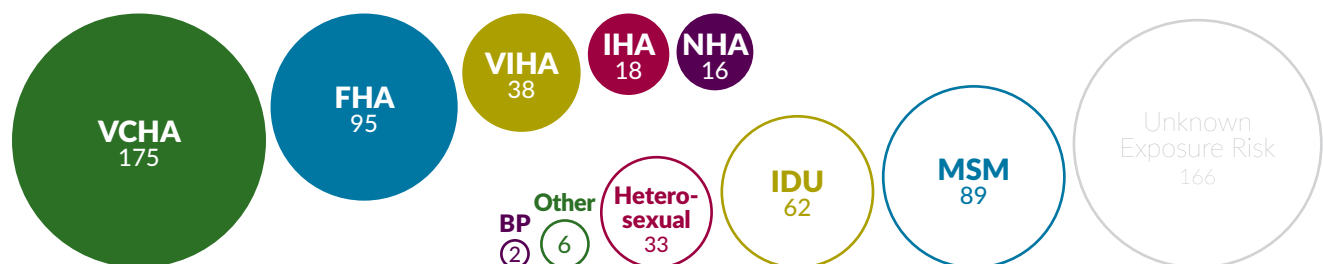


Figure 1: Relative sizes of different categories of HIV+ youth in BC, 2013¹

HIV-Positive Youth on treatment in BC by Health Authority (demographics)

Fraser Health (FHA): There are 95 youth living with HIV in FHA. 37 are female, 58 are male. 18 youth identify as MSM, 12 have a history of injection drug use and 13 have ever tested positive for HCV. 80% of them see an HIV service provider outside their home health authority.

Interior Health (IHA): There are 18 youth living with HIV in the IHA. 8 are male, 10 are female. 2 have a history of IDU. 56% of youth see an HIV service provider outside of their home health authority.

Island Health (VIHA): There are 38 youth living with HIV in the VIHA. 8 are female and 30 are male. Approximately 30% of youth see an HIV health provider outside of their home health authority. Risk factor information is not available for this HS.

Northern Health (NHA): There are 16 youth living with HIV in the NHA. 12 are female and 4 are male. 9/11 have a history of injection drug use and 10 have ever tested positive for HCV. 75% of youth see an HIV care provider within their home health authority.

(continued on reverse)

Vancouver Coastal Health (VCH): There are 175 youth living with HIV in VCH. 36 are female and 139 are male. 93% of youth see a health provider in their home health authority. 61 identify as MSM and 34 have a history of IDU.

With the expansion of HAART, it is important for young people living with HIV to have their needs met in order for them to reach the full benefit of treatment. Significant barriers exist to engaging, and retaining young people in the HIV Cascade of Care, which is intricately linked to clinical success, such as adherence and virological suppression. Multidisciplinary teams that work to remove structural barriers (housing, food security, addiction, access to care) have shown improved retention.

Cascade of Care

Of an estimated 483 young people living with HIV, 331 (69%) are linked to care, 277 (57%) are retained in this care, 248 (51%) are on cART, 210 (43%) are adherent to cART and 179 (37%) have reached virological suppression. As illustrated in Figure 2, there is an urgent need to retain young in each step of the Cascade so that they can be supported to reach optimal health and well-being.

HIV Diagnoses

Trends in HIV diagnoses by age category are described. 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.

HIV Test Episodes

As shown in Figure 4, HIV testing has greatly increased among British Columbians; however this trend is not replicated by young people. There has been a slow and steady increase in testing among young people, but not at the same rate as the rest of the population.

Figure 2: Estimated HIV Cascade of Care for BC, April 2014-March 2015 (1 year inclusive) ²

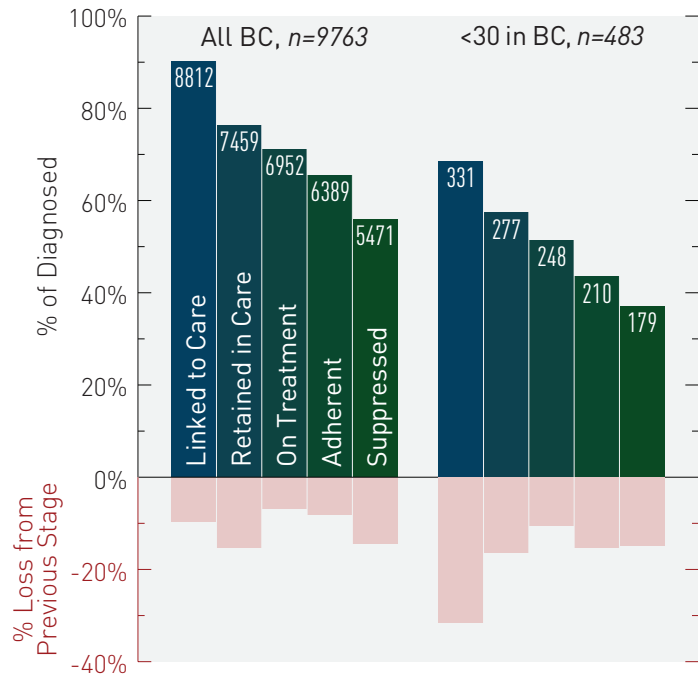


Figure 3: HIV New Diagnoses for BC, 2010 Q2-2015 Q1 ²

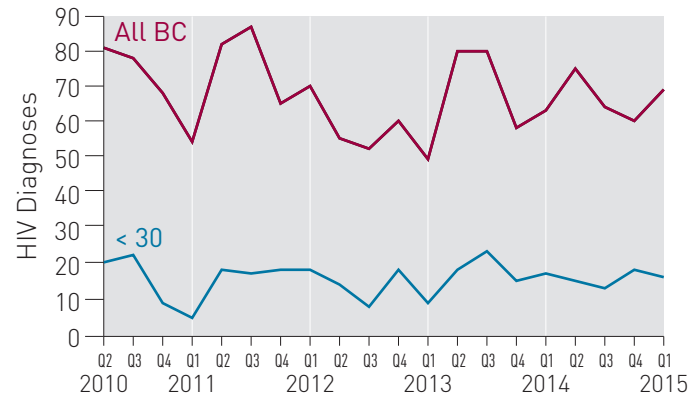
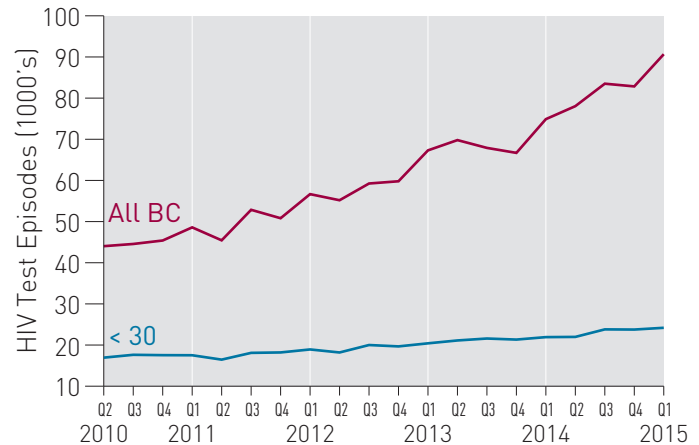


Figure 4: HIV Test Episodes for BC, 2010 Q2-2015 Q1 ²



1 Source: BC-CFE Drug Treatment Program
 2 STOP HIV/AIDS Technical Monitoring Committee. HIV Monitoring Quarterly Report for British Columbia, First Quarter 2015. Vancouver, BC: BC Centre for Excellence in HIV/AIDS; 2015 Jun [cited 2015 Jun 4]. Available from: <http://stophivaids.ca/data-monitoring>