Vancouver CoastalHealth
Promoting wellness. Ensuring care.

Physicians' Update

November 10, 2010
From the Office of the Chief Medical Health Officer

"STOP HIV/AIDS": **S**eek and **T**reat for **O**ptimal **P**revention of **HIV/AIDS**

As many of you are aware, Vancouver continues to contribute disproportionately to the HIV epidemic in British Columbia. In 2009, nearly half the 338 people with new HIV diagnoses in BC lived in Vancouver. Although highly active antiretroviral therapy (HAART) has dramatically reduced morbidity and mortality from HIV infection, many HIV-positive patients do not know they are infected, are not appropriately connected to care, and continue to transmit the virus. We estimate 3500 of the approximately 12,300 HIV-infected British Columbians may not know they are infected. A third of those who **do** know only access treatment late in their disease. Those who are unaware of their HIV status and those who present for care late in their disease belong less often to "traditional" risk groups for HIV. They are more likely to be heterosexual, older, or belong to South Asian, Hispanic or Black cultural communities.

Because of the burden of HIV illness in Vancouver and Prince George, the province has chosen these two cities as pilot sites for the **STOP HIV/AIDS** project. Its goal is to demonstrate that by diagnosing HIV early and offering HAART as soon as those infected become eligible, we would both improve the health of patients with HIV and reduce transmission in the community.

In Vancouver, we specifically aim to:

- Increase HIV testing both in recognized risk groups as well as among those who may be at risk but are not currently regularly tested.
- Provide support to all physicians in incorporating HIV testing in primary care and specialist practices, sexual health clinics, and acute care.
- Provide timely clinical support for all clinicians treating patients with HIV.
- Ensure all those eligible for HAART have access to treatment and are supported to adhere to it.
- Ensure everyone at high risk for HIV is tested, including contacts of those newly diagnosed with HIV.
- Encourage everyone at risk to seek HIV testing.

In our next Physicians' Update, we will send you more specific details of the project in Vancouver, including:

- HIV testing guidelines for all your patients.
- How to provide point of care HIV tests and how to procure the tests.
- How to access clinical support and referral services for patients newly diagnosed with HIV.

We will be sending you frequent updates about this pilot over the coming months. At any time, if you have comments or suggestions about this project, please call 604-675-3900 and ask to speak to a Medical Health Officer. Your participation in STOP HIV-AIDS is essential to its success.

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Immunization program reminders & updates:

Influenza vaccine distribution: If you require further large allotments of influenza vaccine (several hundred doses or more), please call Arne Faremo at 604-675-3900. Smaller orders can be placed as usual with your health units.

Canadian varicella vaccine recommendations change to a two-dose schedule in children. At this time, the second dose is not funded in BC for children under 13 years old. Until recently, the recommended schedule for varicella was a single dose for children aged 12 months to 12 years, and two doses for children and adults 13 years and older. We now know a second dose is needed to address primary vaccine failure and waning immunity. This is similar reasoning to the two dose measles vaccine schedule. The efficacy of a single dose of vaccine is 87-94%, and wanes over time, while the efficacy of two doses is estimated to be 98%. At this time, the BC public program funds only **ONE** dose of vaccine for children of this age.

The school immunization program will continue to offer Grade 6 students a booster dose of Meningococcal C conjugate (MCC) vaccine. Due to the short incubation period of invasive meningococcal disease (2-10 days), it is now generally accepted that an anamnestic response may not be sufficient to prevent disease and that circulating antibodies already present are necessary. A dose in adolescence ensures sufficient antibody against serogroup C as youth enter a peak period for invasive meningococcal disease (15-24 years). Henceforth, the schedule for meningococcal C conjugate vaccine for healthy children is 2 months, 12 months, and in grade 6. This includes children who have received Menactra®. Immunogenicity of Menactra® in children aged 2-10 years is less than among older children and its effectiveness in this age group in preventing group C disease has not been shown.

HPV vaccination rate is low among in students: please encourage your patients to receive this vaccine. Despite the proven safety and effectiveness of HPV vaccine (Gardasil), uptake in the school program has only been 60-65%. This is much lower than other vaccines given in school. We will be conducting a catch up campaign to reach girls in grades 7, 8, 10 and 11 who declined HPV vaccine in the past. Your recommendation will help enormously to make this campaign a success.

Correction to the Prevnar 13® pamphlet: minimum age for the first dose is eight weeks, not six weeks. The pamphlet for the new Prevnar 13® vaccine **incorrectly** stated the minimum age for the first dose of Prevnar 13® as six weeks of age. The **correct minimum age for the first dose is eight weeks of age**. You **do not** need to repeat a dose for patients who received their first dose before eight weeks of age.

You can reach a Medical Health Officer in Vancouver at 604-675-3900
For public health emergencies after hours, contact the Medical Health Officer on call at (604) 527- 4893

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