



HIV Infection

Chapter 11

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Project for an Ontario Women's Health Evidence-Based Report

A Tool for Monitoring and Improvement

The **P**roject for an **O**ntario **W**omen's Health **E**vidence-Based **R**eport (**POWER**) is designed to serve as a tool to help policymakers and providers to improve the health of and reduce inequities among the women of Ontario.

Overarching Objectives

- Use of performance measurement and reporting
 - as a mechanism for knowledge translation
 - as a tool to drive equity in health care
- Provide evidence for use by a diverse group of stakeholders for use to improve women's (and men's) health in the province

Ontario Women's Health Equity Report

Volume 1

- Burden of Illness
- Cancer
- Depression
- Cardiovascular disease (CVD)
- Access to Health Care

Volume 2

- Musculoskeletal Conditions (arthritis, osteoporosis)
- Reproductive and Gynaecological Health
- Diabetes
- HIV Infection
- Populations at Risk

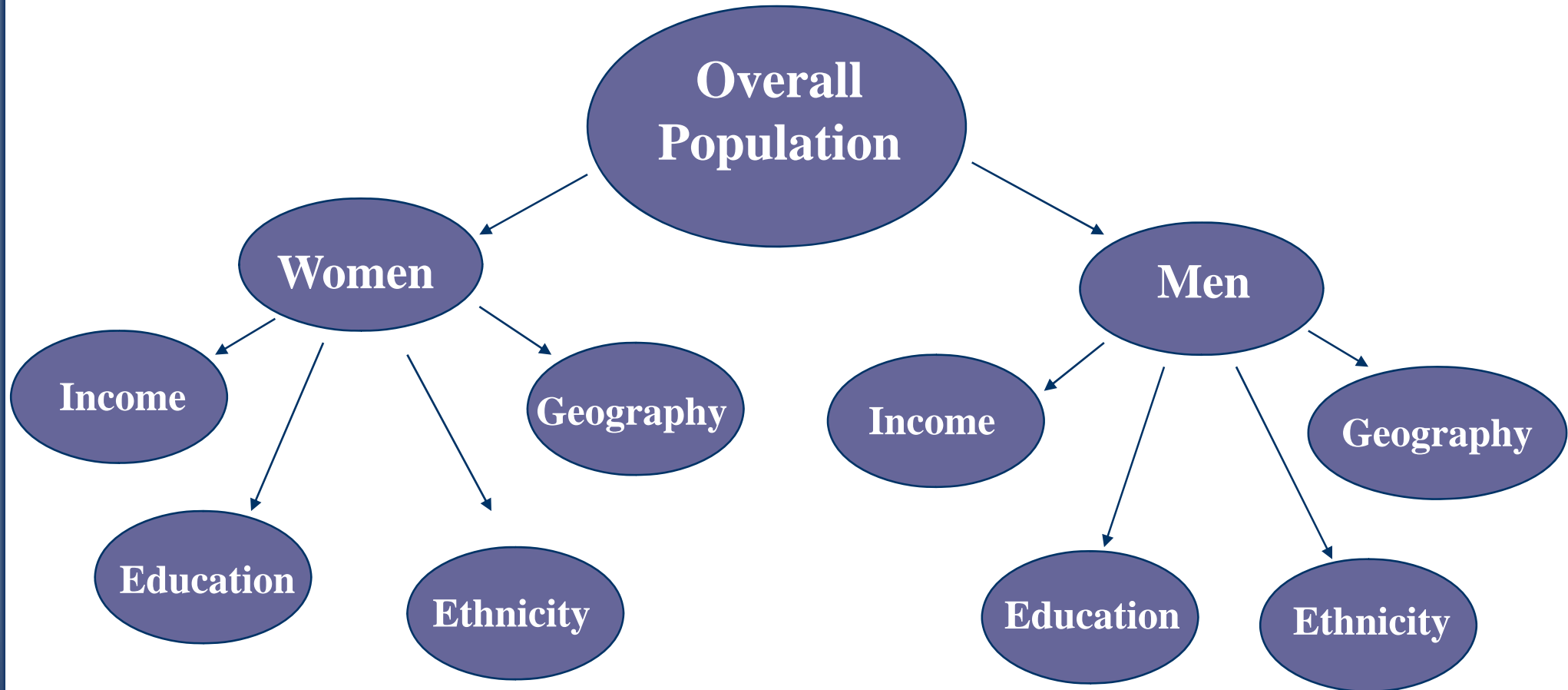
Conclusions and Policy Implications

Web-based reporting

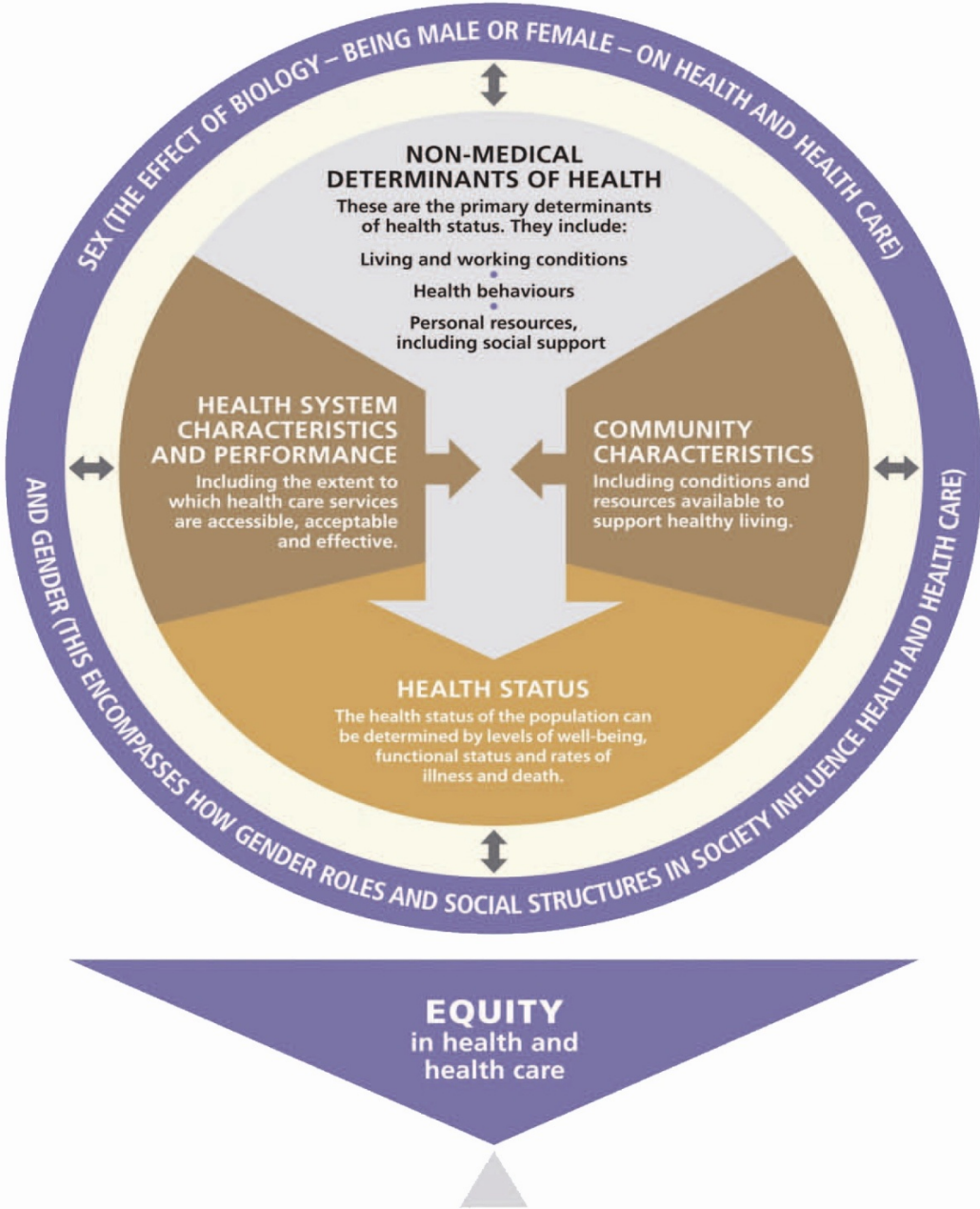
Community-Engaged Research

- POWER Study Roundtables
 - Inform indicator selection and Interpretation
 - Increase uptake of findings
- Consumers: representatives of community based organizations and associations
- Providers: clinicians, hospitals, community health centres (CHCs)
- Policymakers: government, regional health authorities, public health, health data agencies

Assessing Equity



POWER Study Gender and Equity Health Indicator Framework



Methods

- Systematic review of peer-reviewed and grey literature to identify previously validated indicators across the continuum of care.
- A content specific technical expert panel used a modified Delphi process to select a comprehensive set of indicators for reporting.
- Indicators were measured using multiple secondary data sources.
- Indicators were first stratified by sex and then by socioeconomic, demographic, geographic and exposure category variables as data source allowed.
- Results were presented to a second stakeholder panel to discuss findings, interpretation and messages.

HIV indicators

Section A – Incidence, Prevalence and Risk behaviours

- Modelled HIV prevalence
- Modelled HIV incidence
- Reported AIDS cases
- Condom use at last sexual encounter
- Injection risk behaviours among Ontario injection drug users (IDU)

Section B – Community Services for HIV

- Estimates of service funding for community-based HIV services
- Community based HIV services and utilization in Ontario

HIV indicators

Section C – Clinical Care

- Prenatal HIV screening
- Interventions to prevent vertical transmission of HIV in pregnant, HIV-positive women
- Health-related quality of life among adults living with HIV
- Symptom burden among adults living with HIV
- Time to first viral load – access to testing
- Two or more viral load tests within 12 months – quality of care
- Viral load below quantification among adults living with HIV

Section D – HIV Outcomes

- HIV admissions
- Length of stay for HIV admissions
- HIV-related mortality

Key Findings

- Over 4,700 women are living with HIV in Ontario, most of whom acquired HIV through sexual contact
- Women who immigrated from a country where HIV is endemic account for more than half of all new infections among women
- Women who inject drugs report riskier injection behaviours than men
- Over 90% of known HIV-positive pregnant women received antiretrovirals during pregnancy
- Women reported higher symptom burden than men.
- About one out of five HIV-positive individuals in Ontario did not undergo guideline-concordant viral load testing
- HIV admissions were most common among people living in low-income neighbourhoods
- The highest mortality rate among women and men was experienced by those born in sub-Saharan Africa

Indicator data shared with LHINs

Section A – Incidence, Prevalence and Risk behaviours

- Modelled HIV prevalence
- Modelled HIV incidence
- Reported AIDS cases
- Condom use at last sexual encounter

Section B – Community Services for HIV

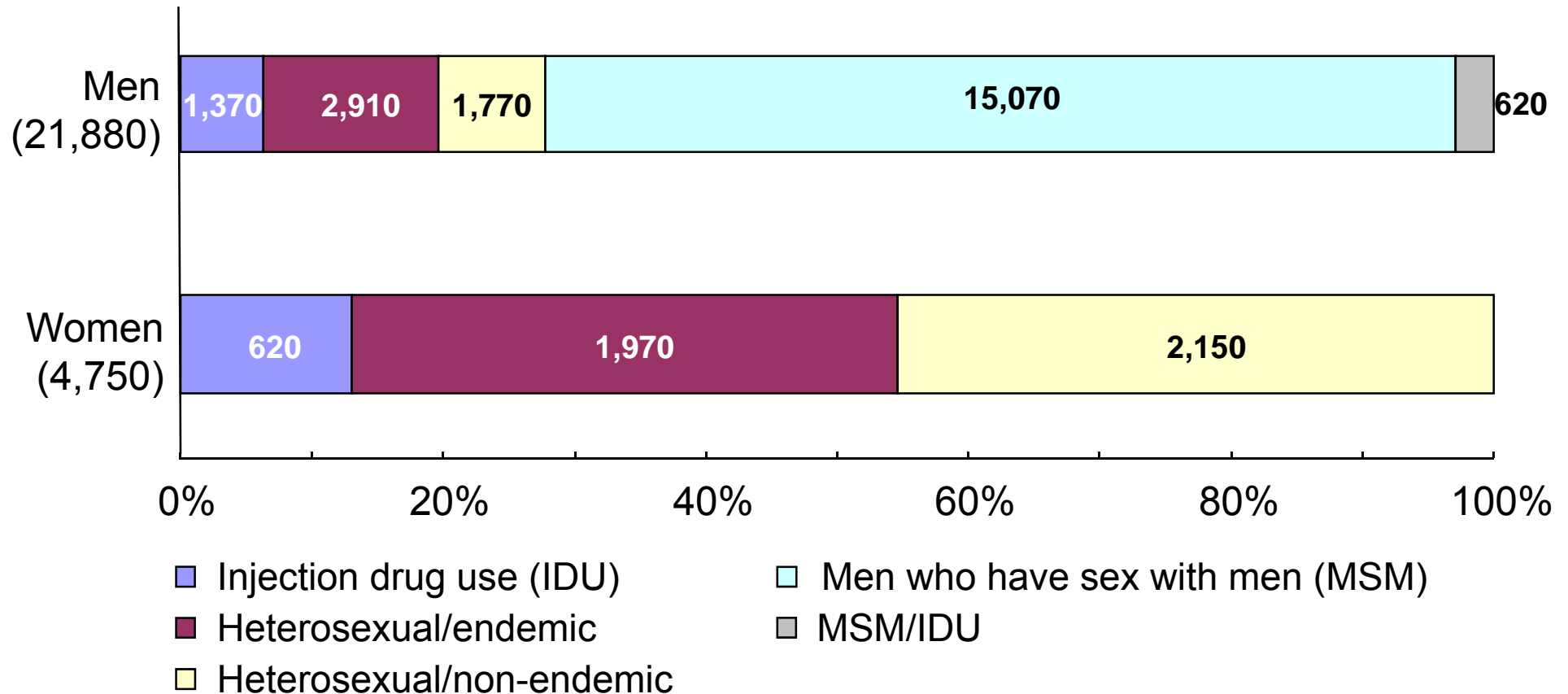
- Estimates of service funding for community-based HIV services

Section D – HIV Outcomes

- HIV admissions
- Length of stay for HIV admission

Section A: Incidence, Prevalence and Risk Behaviours

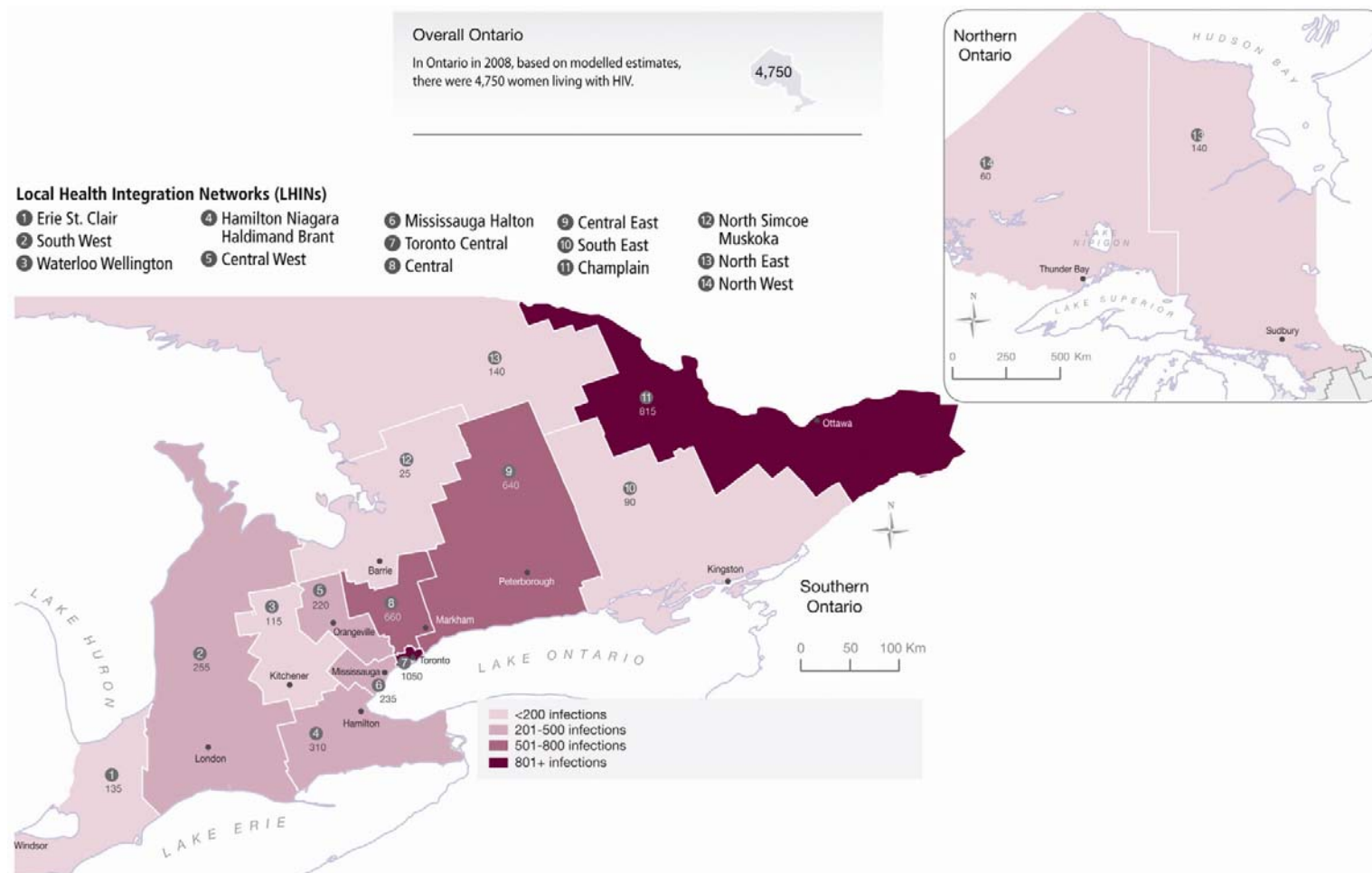
Modelled number and percentage of HIV infections, by sex and exposure category, in Ontario, 2008



DATA SOURCES: Model prepared by the Ontario HIV Epidemiologic Monitoring Unit, University of Toronto incorporating data from the HIV Laboratory Public Health Laboratory, Ontario Agency for Health Protection and Promotion; Laboratory Enhancement Program, Public Health Division, Ministry of Health and Long-Term Care; Vital Statistics, Ontario Registrar General; Statistics Canada 2006 Census

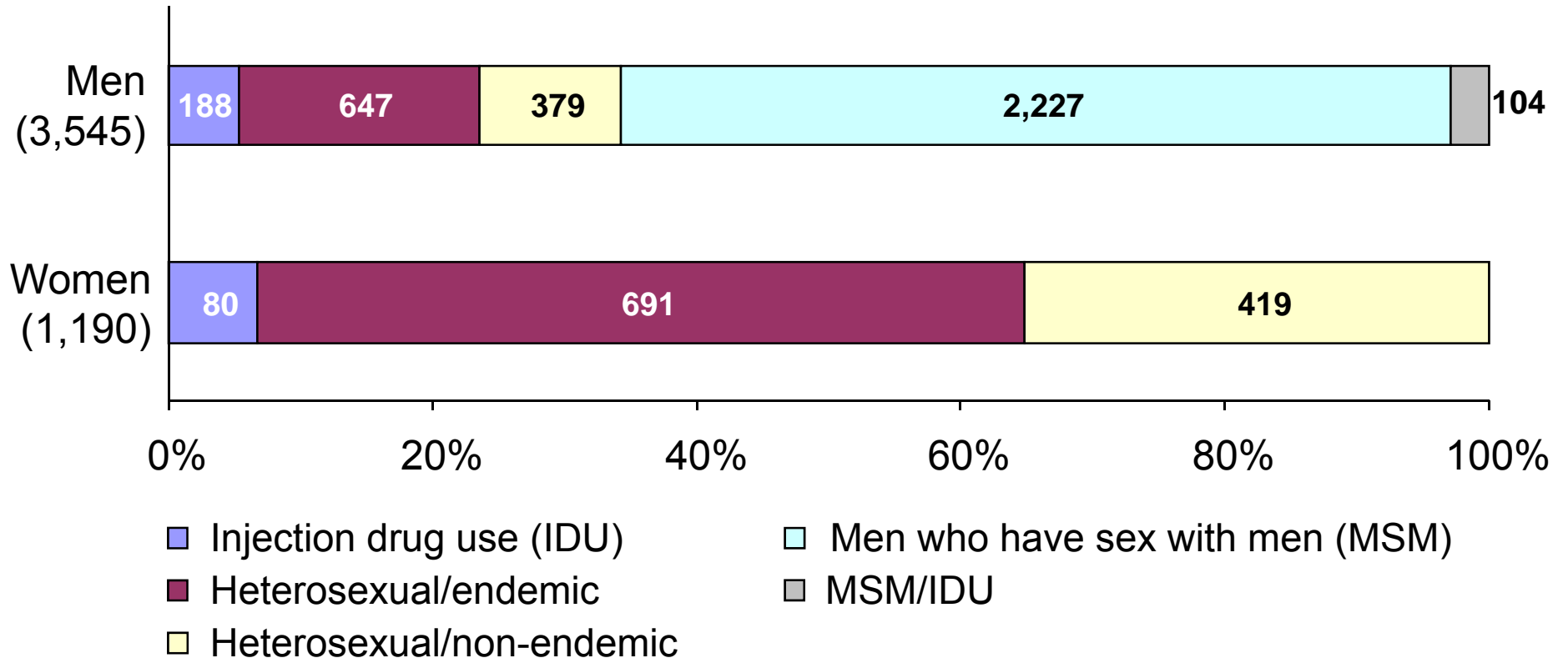
NOTE: Exposure is classified according to a mutually exclusive hierarchy which assigns each case to the exposure category (one only) which most likely represents the source of infection.

Modelled number of HIV infections among women, by Local Health Integration Network (LHIN), in Ontario, 2008



DATA SOURCES: Model prepared by the Ontario HIV Epidemiologic Monitoring Unit, University of Toronto incorporating data from the HIV Laboratory Public Health Laboratory, Ontario Agency for Health Protection and Promotion; Laboratory Enhancement Program, Public Health Division, Ministry of Health and Long-Term Care; Vital Statistics, Ontario Registrar General; Statistics Canada 2006 Census

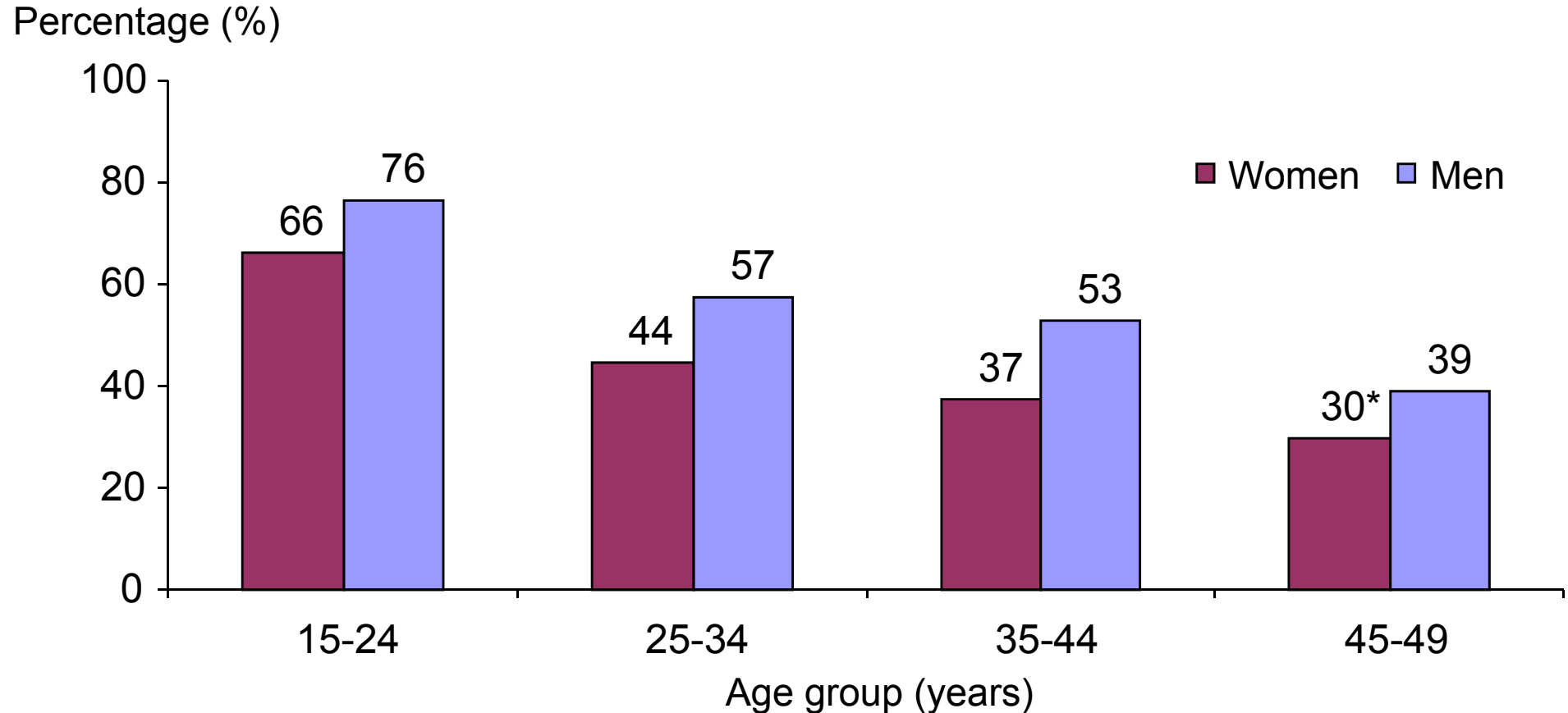
Modelled number and percentage of new HIV infections attributable to exposure categories, by sex, in Ontario, 2006-2008



DATA SOURCES: Model prepared by the Ontario HIV Epidemiologic Monitoring Unit, University of Toronto incorporating data from the HIV Laboratory Public Health Laboratory, Ontario Agency for Health Protection and Promotion; Laboratory Enhancement Program; Public Health Division, Ministry of Health and Long-Term Care; Vital Statistics, Ontario Registrar General; Statistics Canada 2006 Census

NOTE: Exposure is classified according to a mutually exclusive hierarchy which assigns each case to the exposure category (one only) which most likely represents the source of infection.

Percentage of sexually active^ Ontarians aged 15-49 who reported using a condom at their last sexual encounter, by sex and age group, in Ontario, 2005 and 2007

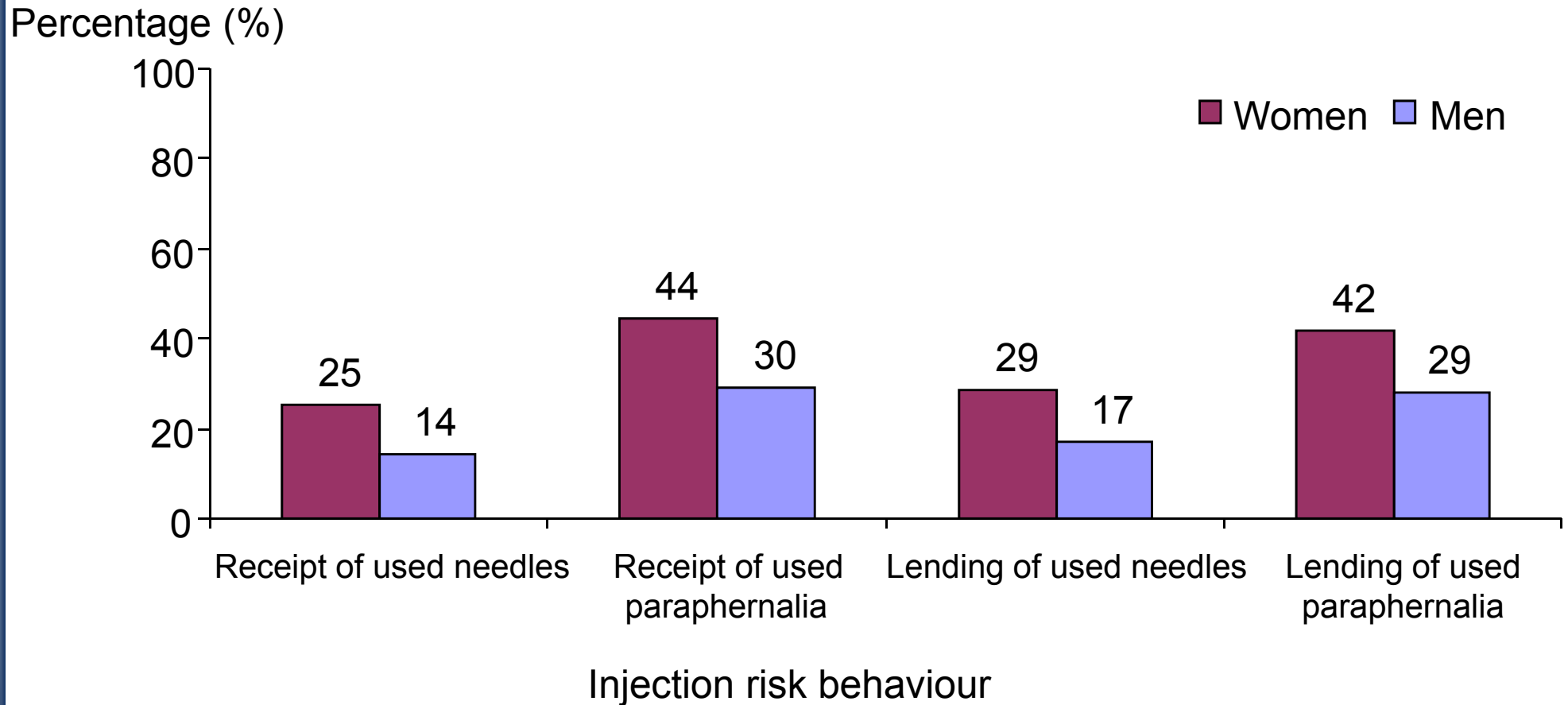


DATA SOURCE: Canadian Community Health Survey (CCHS), 2005 (Cycle 3.1) and 2007

* Interpret with caution due to high sampling variability

^ "Sexually active" refers to those who reported being sexually active within the last twelve months and having more than one sexual partner during this period

Percentage of injection drug users who reported risky injection behaviours, by sex and type of behaviour, in Ontario, 2006-2008

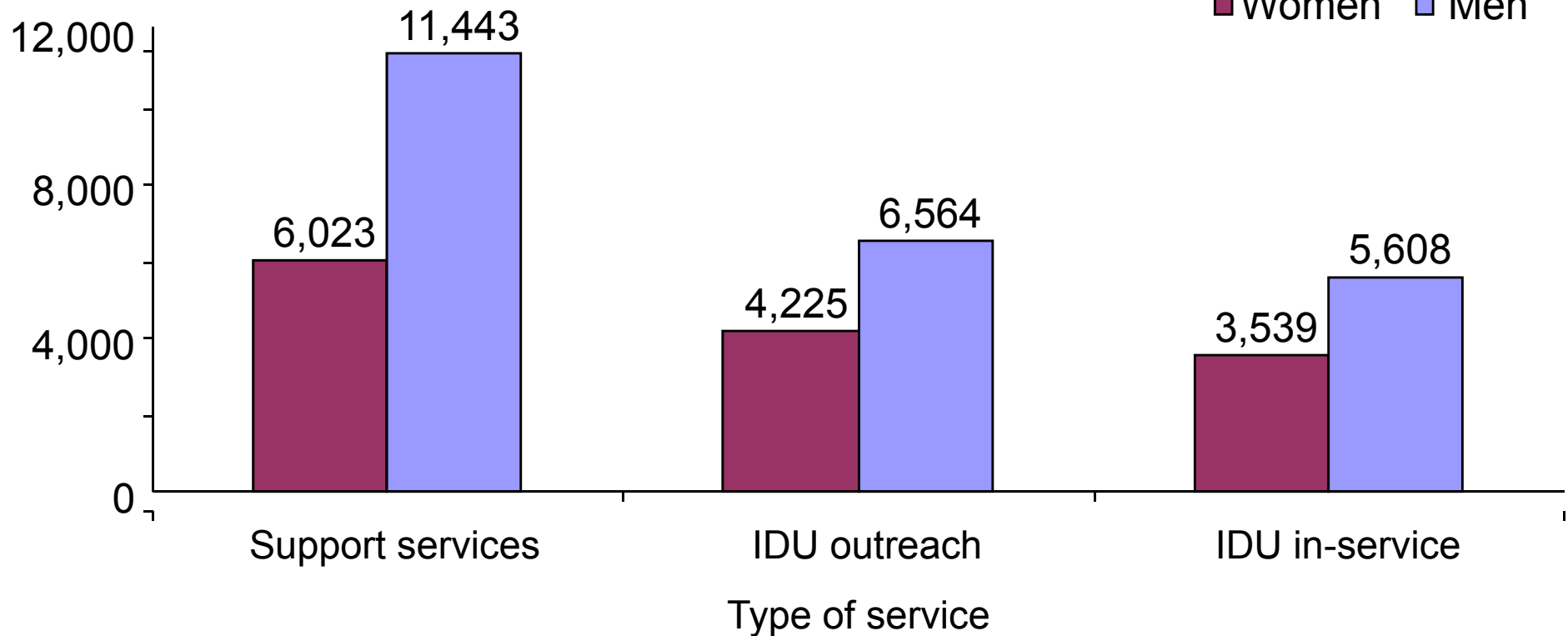


DATA SOURCE: Enhanced Surveillance of Risk Behaviours among Injecting Drug Users in Canada (I-Track); phase 2 – Ontario sites (Toronto, Sudbury, Thunder Bay, Kingston and Ottawa)

Section B: Community Services for HIV

Number of individuals who used different types of community-based HIV services funded by the AIDS Bureau and the AIDS Community Action Plan (ACAP), by sex, in Ontario, first half of 2008/09 fiscal year[^]

Number of people served



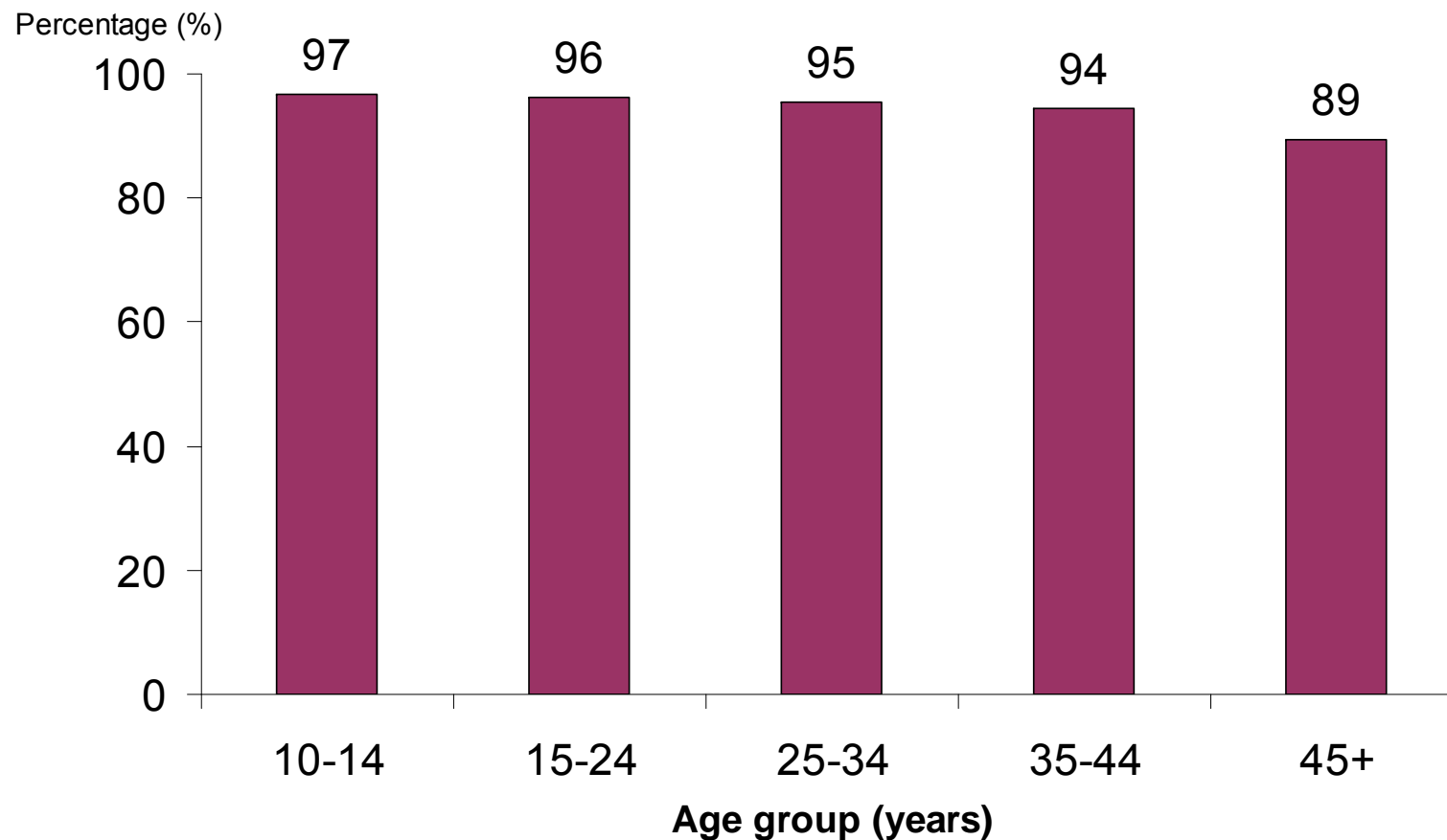
DATA SOURCE: Ontario Community-based HIV and AIDS Reporting Tool (OCHART)

NOTE: IDU = injection drug user

[^] OCHART utilization data reporting is divided into half-year periods; data from the first half year (H1) are reported

Section C: Clinical Care

Percentage of pregnant women who underwent prenatal HIV screening, by age group, in Ontario, 2009

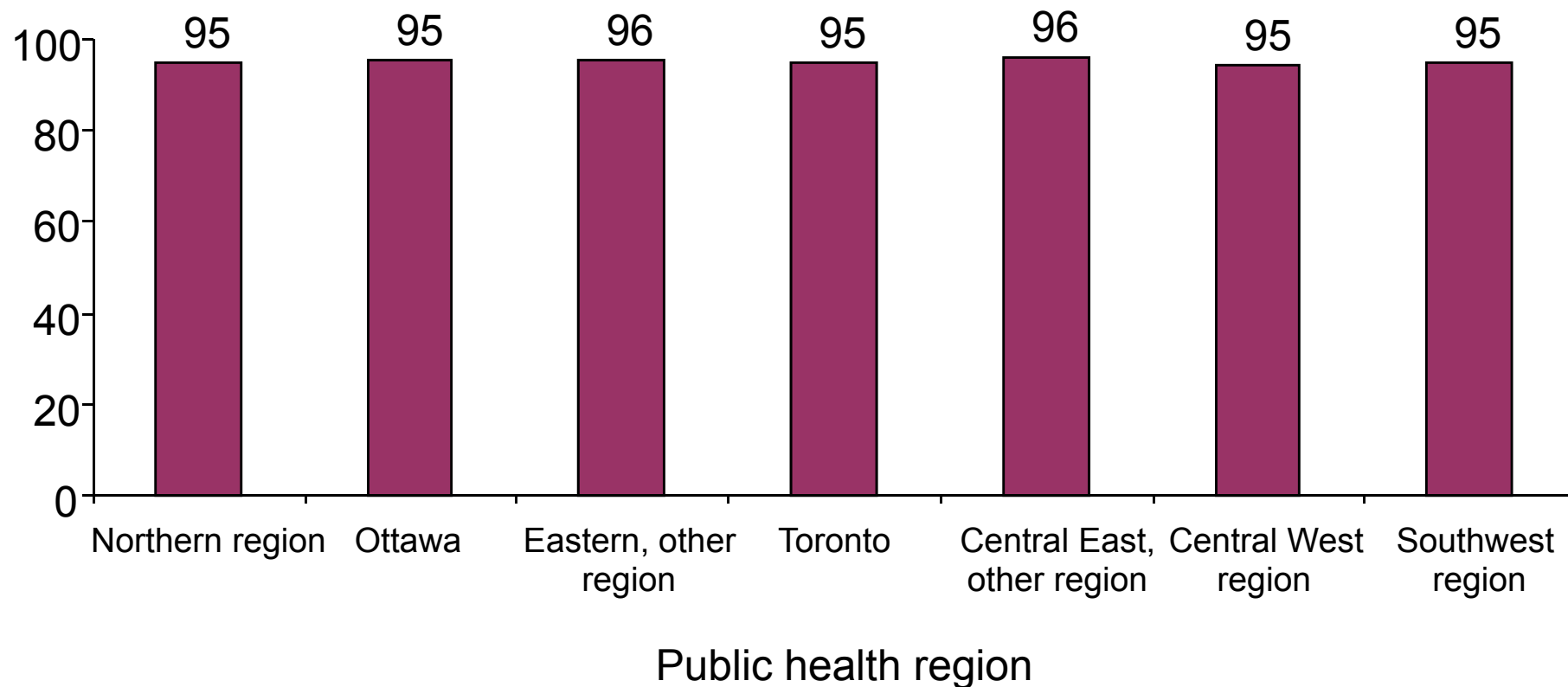


DATA SOURCES: Ontario HIV Epidemiologic Monitoring Unit, using Ontario prenatal HIV testing and diagnostic databases, HIV Laboratory, Public Health Laboratory, Ontario Agency for Health Protection and Promotion (OAHPP)

NOTE: The denominator for this indicator is the number of pregnancies during the calendar year, identified through prenatal screening data from the Public Health Laboratory.

Percentage of pregnant women who underwent prenatal HIV screening, by public health region, in Ontario, 2009

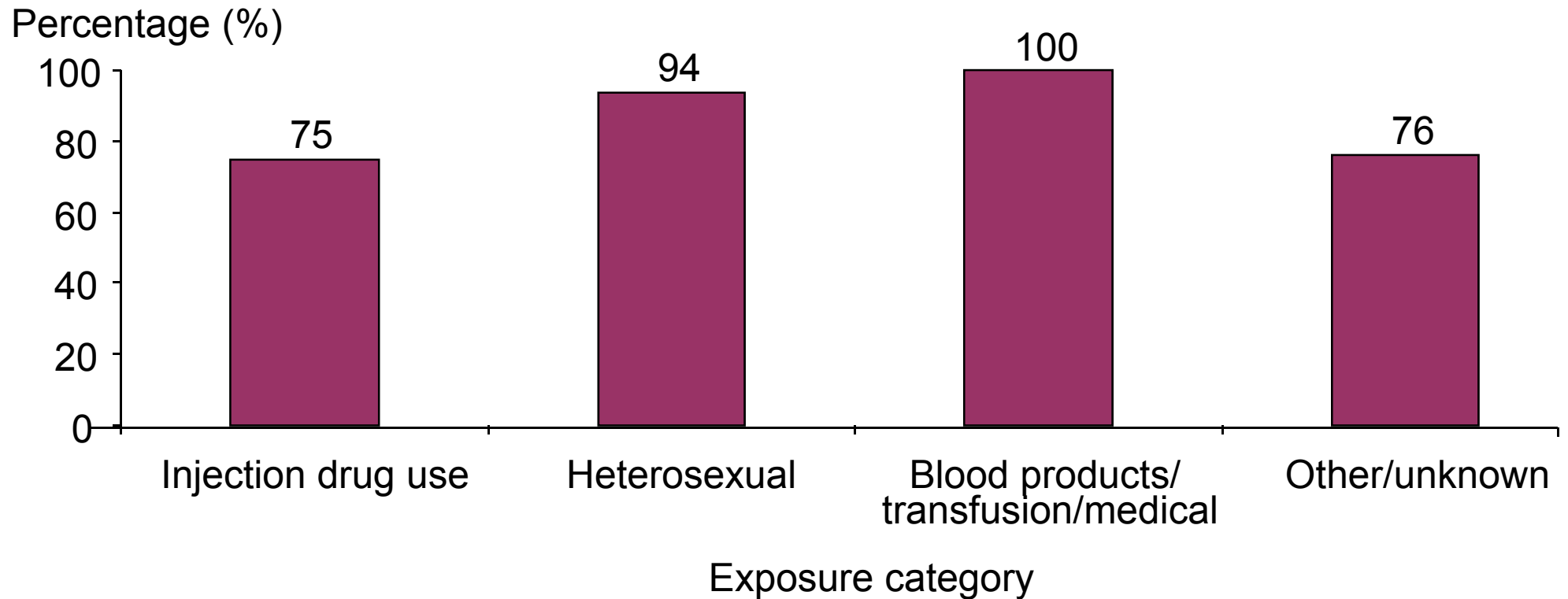
Percentage (%)



DATA SOURCES: Ontario HIV Epidemiologic Monitoring Unit, using Ontario prenatal HIV testing and diagnostic databases, HIV Laboratory, Public Health Laboratory, Ontario Agency for Health Protection and Promotion (OAHPP)

NOTE: The denominator for this indicator is the number of pregnancies during the calendar year, identified through prenatal screening data from the Public Health Laboratory.

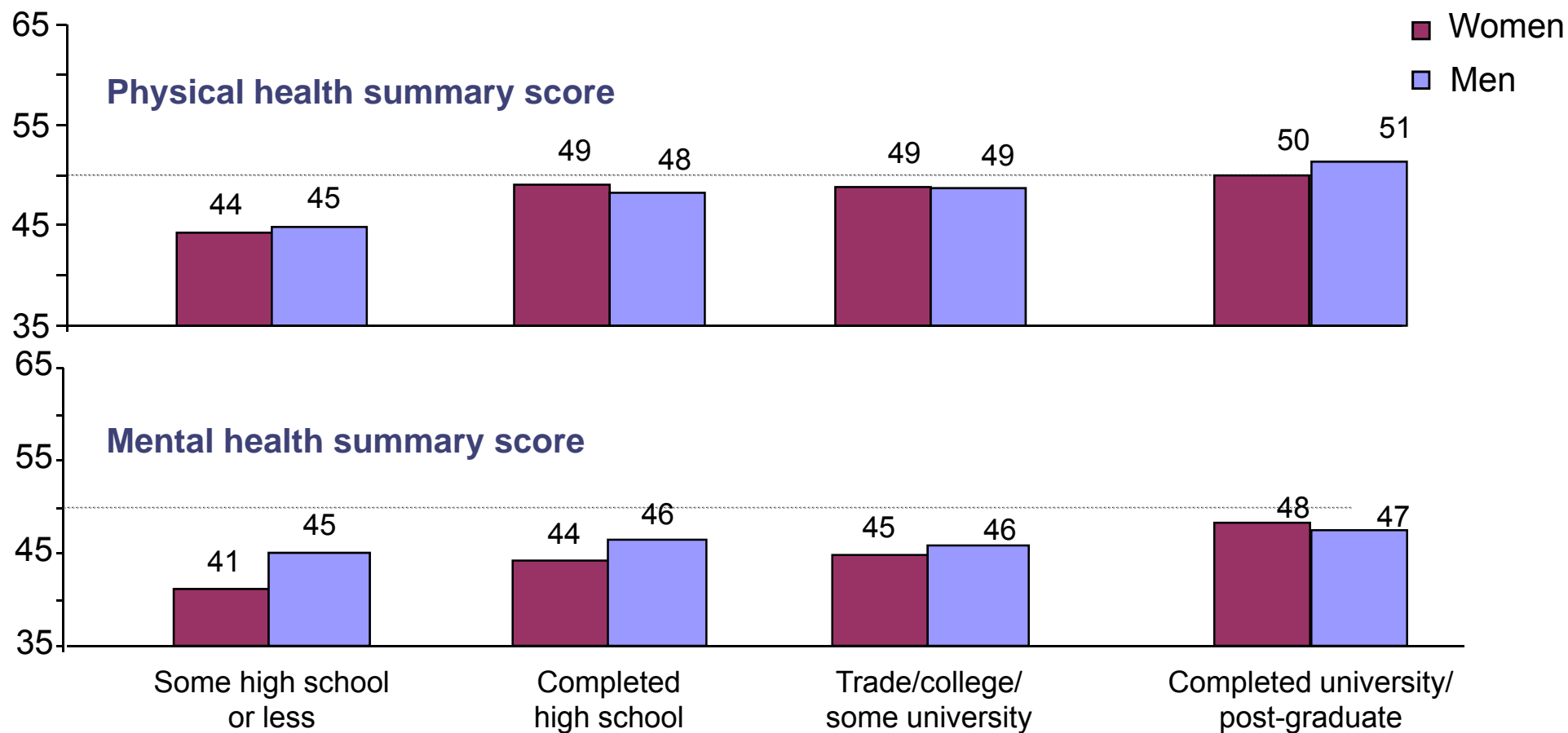
Percentage of HIV-positive pregnant women who received antiretroviral therapy during pregnancy, by exposure category, in Ontario, 2005-2009



DATA SOURCE: Canadian Pediatric AIDS Research Group (CPARG), Canadian Perinatal HIV Surveillance Program

NOTE: Sample includes infants born to women who were known to be HIV-positive and who received care at a participating Ontario site

Mean physical and mental health scores from the Medical Outcomes Survey among participants in the Ontario HIV Treatment Network Cohort Study, by sex and educational attainment, in Ontario

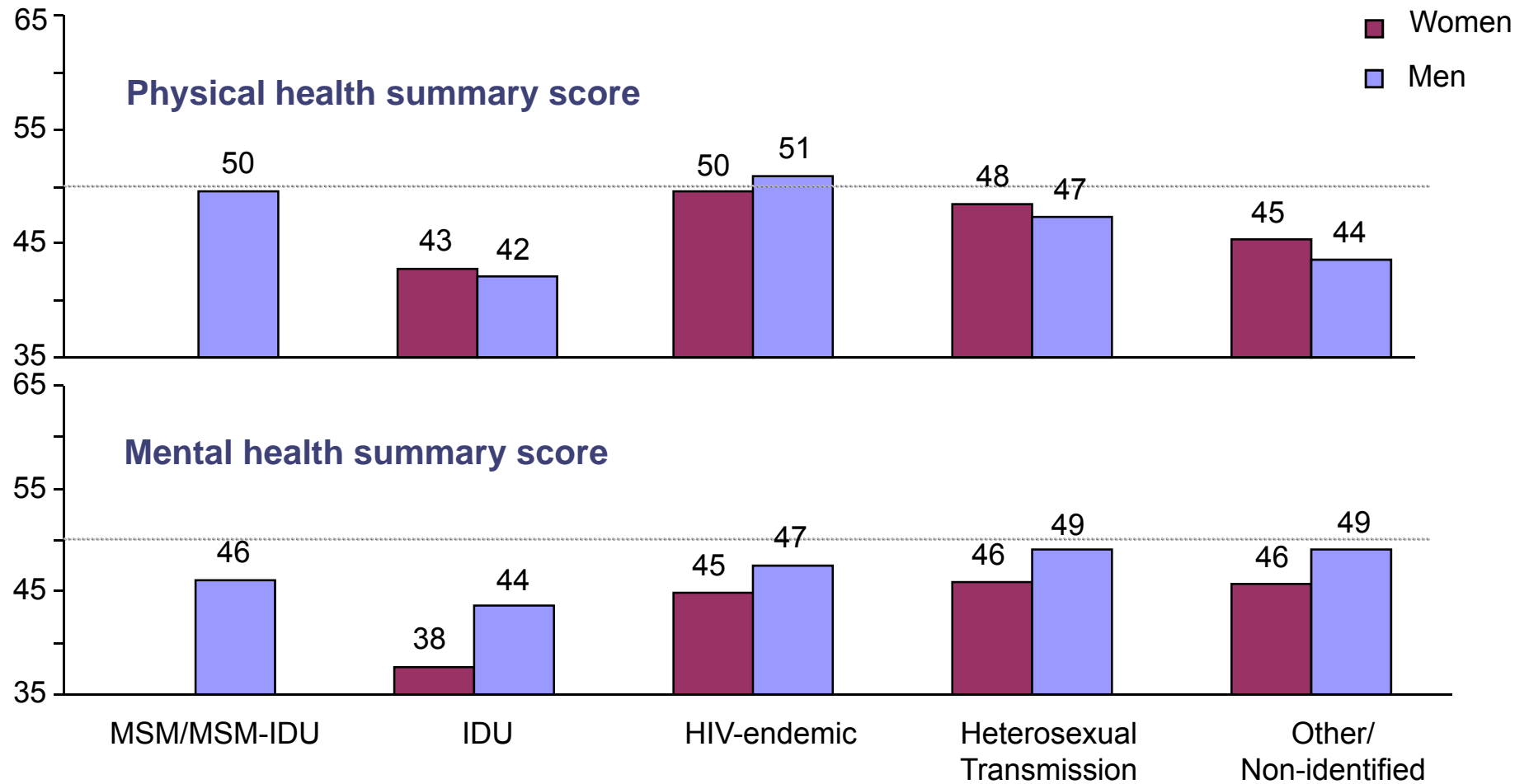


— Population mean = 50

DATA SOURCE: Ontario HIV Treatment Network Cohort Study (OCS)

NOTE: Includes data from participants who completed their first interview between September 2007-March 2010 (464 women, 2533 men)

Mean physical and mental health summary scores from the Medical Outcomes Survey among participants in the Ontario HIV Treatment Network Cohort Study, by sex and exposure category, in Ontario

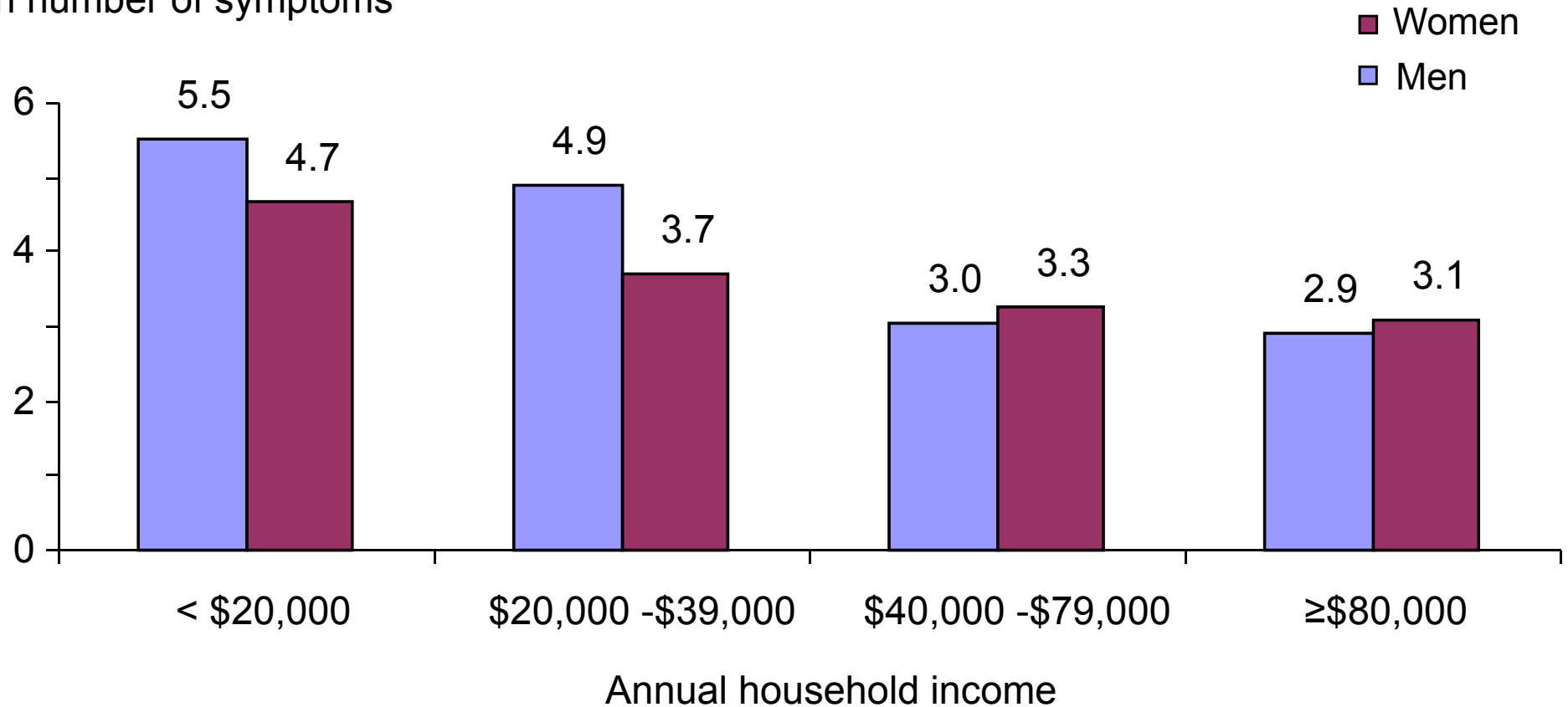


DATA SOURCE: Ontario HIV Treatment Network Cohort Study (OCS)

NOTE: Includes data from participants who completed their first interview between September 2007-March 2010 (464 women, 2533 men)

Mean number of AIDS Clinical Trial Group symptoms that participants in the Ontario HIV Treatment Network Cohort Study indicated bothered them or bothered them a lot, by sex and annual household income, in Ontario

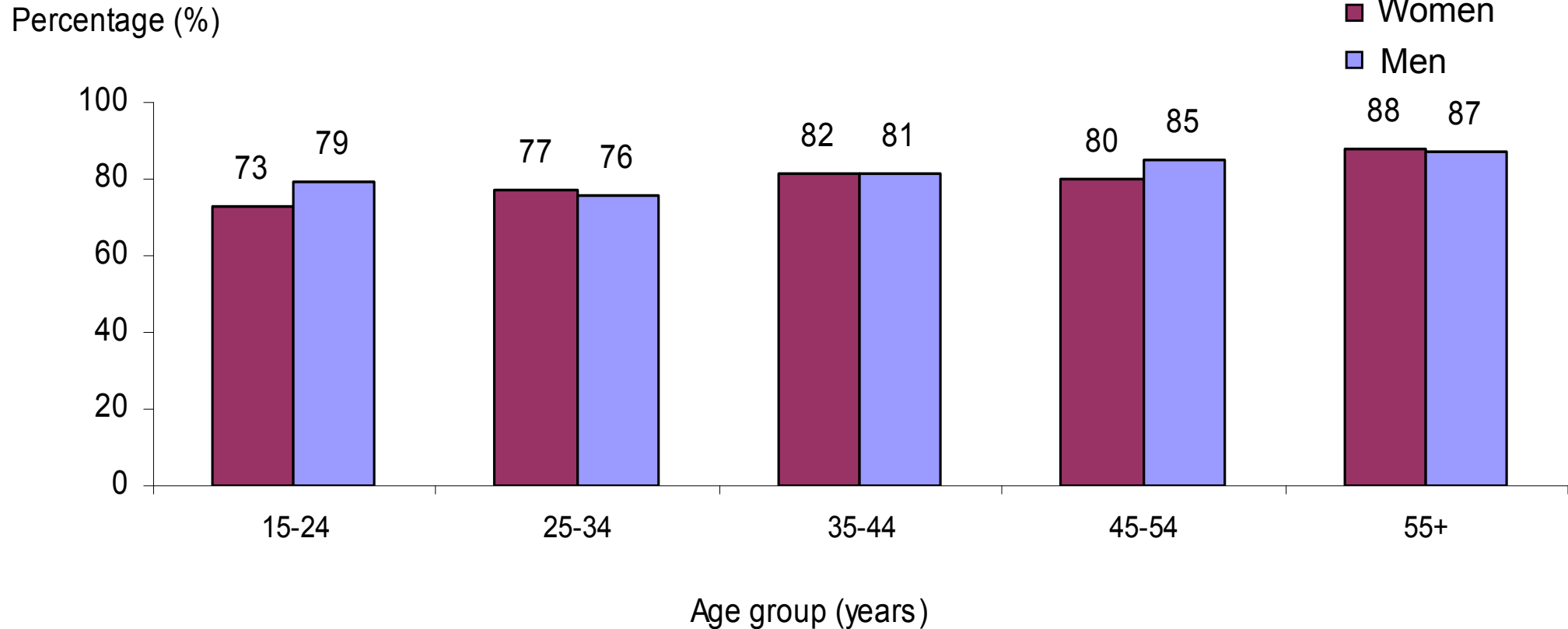
Mean number of symptoms



DATA SOURCE: Ontario HIV Treatment Network Cohort Study (OCS)

NOTE: Includes data from participants who completed an extended questionnaire between October, 2007 and March 2010 (205 women and 921 men)

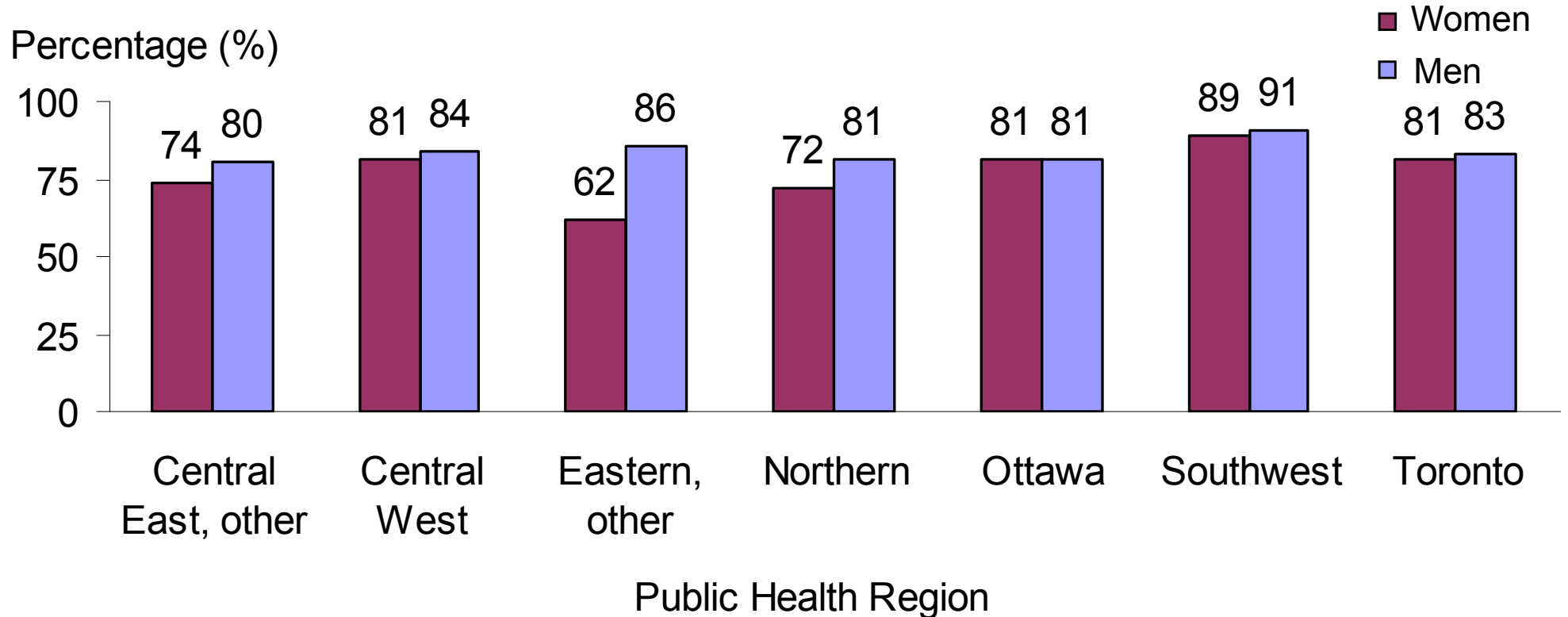
Percentage of HIV-positive adults in HIV care[^] who underwent two or more viral load tests within 2008, by sex and age group, in Ontario, 2008



DATA SOURCE: Public Health Laboratory - HIV Laboratory, Ontario Agency for Health Protection and Promotion (OAHPP).
Prepared by Ontario HIV Epidemiologic Monitoring Unit, University of Toronto

[^] HIV care was determined based on viral load use. All individuals had to have a viral load test in the latter half of 2007

Percentage of HIV-positive adults in HIV care[^] who underwent two or more viral load tests, by sex and public health region, in Ontario, 2008



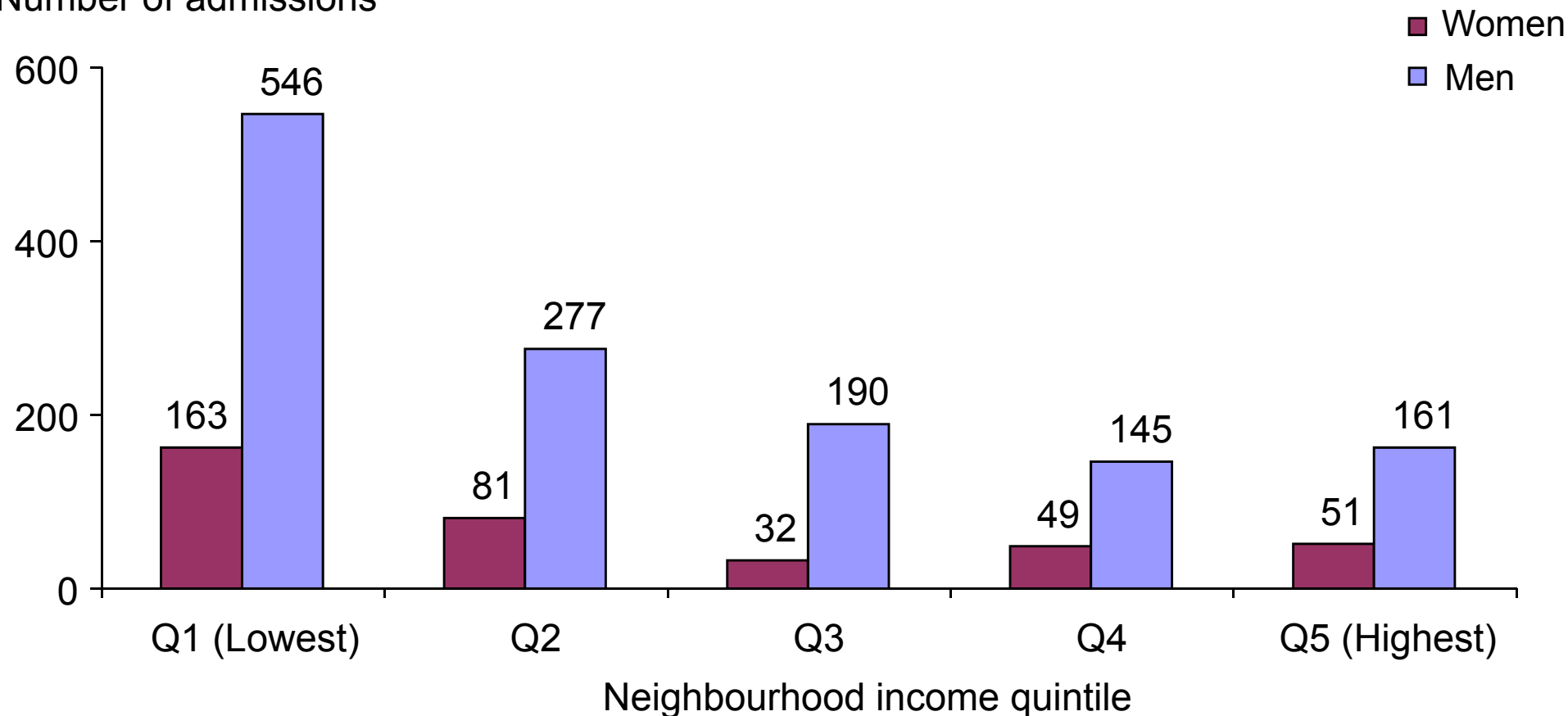
DATA SOURCE: Public Health Laboratory - HIV Laboratory, Ontario Agency for Health Protection and Promotion (OAHPP). Prepared by Ontario HIV Epidemiologic Monitoring Unit, University of Toronto

[^] HIV care determined based on viral load use. All individuals had to have a viral load test in the latter half of 2007 and at least one test in 2008

Section D: HIV Outcomes

Number of non-elective admissions for which HIV contributed significantly to length of stay, by sex and neighbourhood income quintile, in Ontario, 2004/05–2006/07

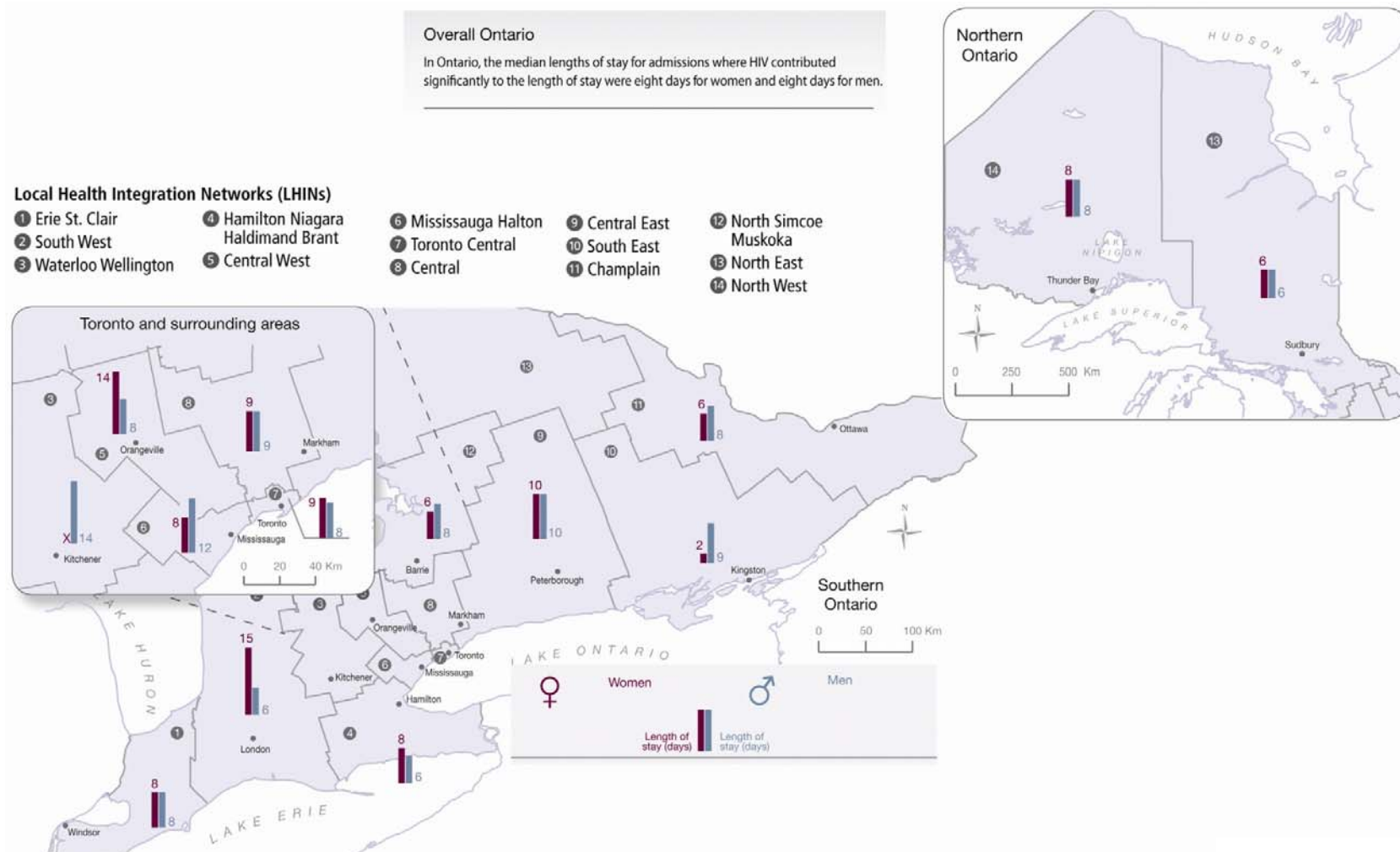
Number of admissions



DATA SOURCES: Canadian Institute for Health Information Discharge Abstract Database (CIHI-DAD); Statistics Canada 2006 Census

NOTE: Admissions related to childbirth were excluded

Median length of stay for non-elective admissions for which HIV contributed significantly to length of stay, by sex and Local Health Integration Network (LHIN), in Ontario, 2004/05–2006/07

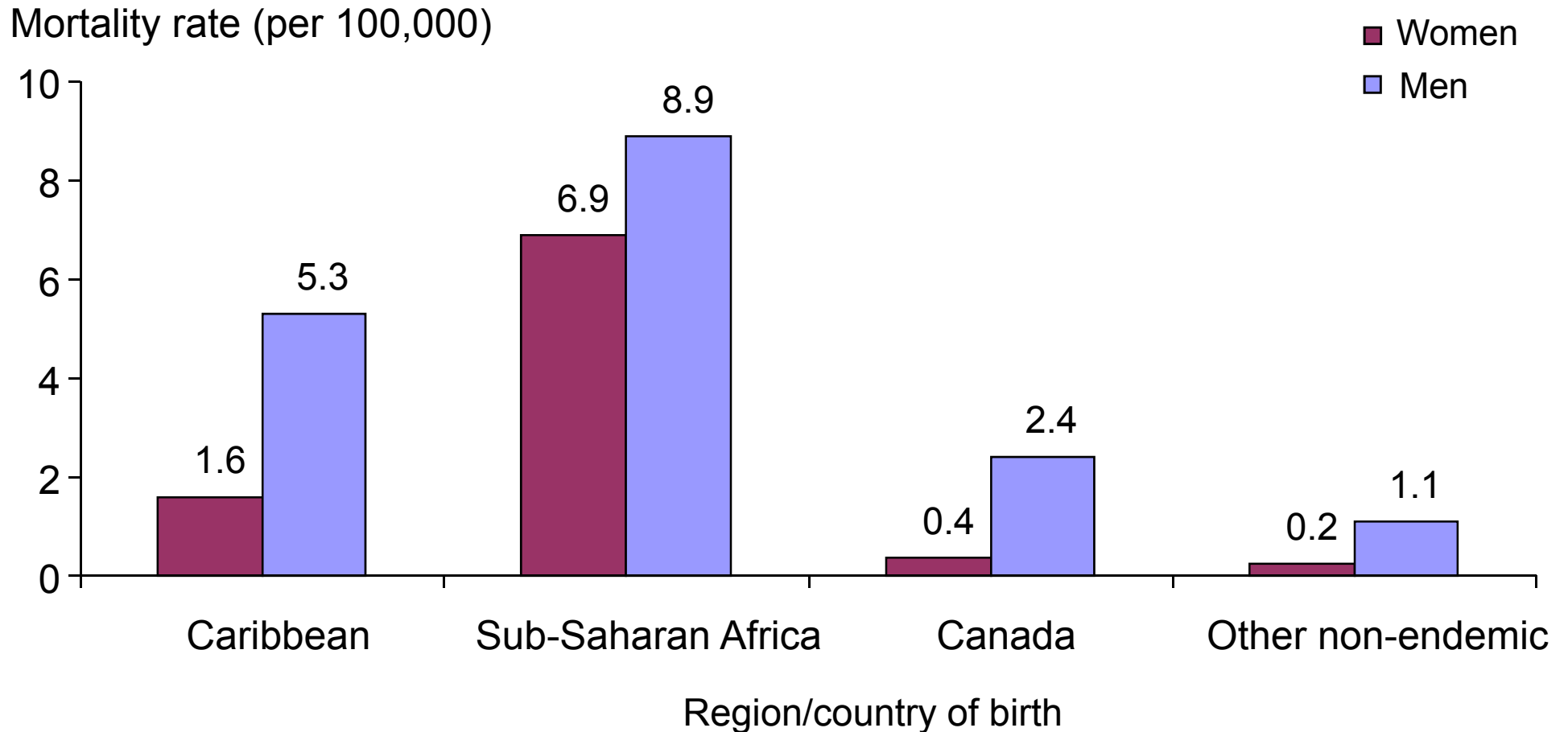


DATA SOURCE: Canadian Institute for Health Information Discharge Abstract Database (CIHI-DAD)

NOTE: Admissions related to childbirth were excluded

X Data not shown due to small sample size.

HIV-related mortality (per 100,000 population), by sex and region/country of birth, in Ontario, 2006



Study Limitations

- Modelled data has not been validated
- Risk behaviours based on self-report
- Community-based resource use does not allow precise quantification of the number of individuals using services
- OCS data might reflect selection biases
- We haven't assessed correlation of indicators
- Indicators don't reflect clinical complexities and individual preferences
- Some indicators should be updated; for example, all cause mortality is more meaningful than HIV-specific mortality

Key messages

- More comprehensive data and better linkages are required
- Targeted prevention efforts are needed for some groups, including Aboriginal and older women
- HIV testing in pregnancy is high but questions remain about women not receiving care and about the quality of consent
- Targeted interventions for women who inject drugs are needed
- Important gaps in access and quality of HIV care should be investigated
- Some people living with HIV experience many symptoms and reduced quality of life, particularly women, injection drug users and people with lower educational attainment

For more information, please contact us:

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Ontario

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