



BC CENTRE FOR EXCELLENCE IN HIV/AIDS

CASE STUDY

ROUTINE TESTING UNCOVERS HIV CASES

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BACKGROUND

Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS®), a program conceptualized by the BC Centre for Excellence in HIV/AIDS (BC-CfE), aims to expand access to HIV treatment, care and treatment for all BC residents, particularly for vulnerable populations experiencing difficulties in accessing traditional services. Through health authorities across BC, the STOP® program involves collaboration among nurses, health care professionals, social workers and others in order to provide for the broad spectrum of needs of their clients living with HIV. In 2012, based on the success of STOP pilot programs initially launched in Prince George and Vancouver, the BC provincial government announced \$19.9 million in funding towards STOP®'s expansion to all provincial health authorities.

Members of STOP® outreach teams across the province serve vulnerable populations, many of whom have suffered trauma and lack trust in traditional health care systems. Many clients are simultaneously facing addiction and homelessness problems, while dealing with access to HIV treatment and care. Outreach Nurses with the different STOP® programs work with several clients at time.

Success stories from the STOP® program show the resilience that exists within vulnerable communities, as well as the importance of holistic support systems to address the social determinants of health. This includes a broad spectrum of social and economic needs.

This case study provides an example of routine testing identifying cases of HIV, which otherwise would likely have gone uncovered and untreated. The patients' names have been changed for privacy concerns.





CASE STUDY

Early diagnosis of HIV is known to improve patient outcomes and reduce the risk of transmission. By the time an individual tests positive for HIV, evidence shows there may have been many missed opportunities in health care settings where the patient could have been tested and diagnosed earlier. The next case study highlights the experience of a couple who do not fit the typical risk factors for HIV infection, as well as the importance of routine HIV testing in hospitals today.

Mr. and Mrs. X* immigrated to Canada over 40 years ago and settled in British Columbia where they raised their children. English was not their first language so they were delighted to find a family doctor who could provide care in their native tongue. Four years ago, Mr. X, 85, was admitted to a local hospital due to postoperative issues after routine surgery under the surveillance of the admitting doctor.

Since routine HIV testing was now part of the hospital protocol, he was asked for and agreed to an HIV test. Follow up tests, after an unexpected positive result, revealed Mr. X had a very low T-cell count and advanced HIV infection. This indicated he might have been living with the virus for a number of years, which could account for several of his ongoing medical issues. Under the partner notification process, his wife, Mrs. X, 73, was contacted following her husband's diagnosis. She also tested HIV positive and was found to have other HIV-related complications. Mrs. X had been experiencing health issues such as fatigue and bruising, but since she did not fall under any of the traditional risk factors for HIV, no one – including specialist physicians and her family doctor – thought to test her. New BC guidelines now recommend that physicians get to know the HIV status of all of their patients regardless of risk.

Mr. and Mrs. X's immune systems had been compromised for a number of years but, with appropriate treatment, many of their symptoms were reversed. Both say they feel much better today. Had Mr. X not experienced trouble after surgery and not accepted a routine test for HIV in the hospital, the couple may have gone untreated for a much longer time – leaving them at increased risk for HIV-related health problems or even death from a treatable condition.

* Names have been changed for privacy and confidentiality.





Some may wonder why their family doctor had not tested them before Mr. X's hospital visit. Prior to 2012, HIV testing was not routine in BC hospitals or family practices; rather, HIV testing focused mostly on those with certain risk behaviours. It may have been difficult for a physician to ask questions about such behaviours or for patients to disclose them, and such questions could have been perceived as intrusive and culturally taboo within certain communities.

As this case demonstrates, routinely offering HIV testing benefits everyone and helps to remove the social and cultural discomfort faced by some patients and medical practitioners.

