Hope to Health
Annual Routine HIV Testing Report
VCH
2018
January 1, 2018 – December 31, 2018

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<thead>
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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>A +/-</td>
<td>An increase or decrease in a particular indicator for current time period compared to the average since the Acute Care strategy launched</td>
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<tr>
<td>AC</td>
<td>Acute Care</td>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>A &amp; P</td>
<td>Attitudes and Perceptions</td>
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<td>BC</td>
<td>British Columbia</td>
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<td>DTES</td>
<td>Downtown Eastside</td>
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<td>H +/-</td>
<td>An increase or decrease in a particular indicator for current time period compared to the historical time period (2008-2009)</td>
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<td>HCP</td>
<td>Healthcare Provider</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HSDA</td>
<td>Health Service Delivery Area</td>
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<td>Lions Gate Hospital</td>
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<td>LHA</td>
<td>Local Health Area</td>
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<td>MSJ</td>
<td>Mount Saint Joseph Hospital</td>
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<td>PBHC</td>
<td>Pemberton Health Centre</td>
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<td>Provincial Health Services Authority</td>
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<td>PHSU</td>
<td>Public Health Surveillance Unit</td>
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<td>RHS</td>
<td>Richmond Hospital</td>
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<td>SGH</td>
<td>Squamish General Hospital</td>
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<tr>
<td>SH</td>
<td>Sechelt Hospital</td>
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<td>SPH</td>
<td>Saint Paul’s Hospital</td>
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<td>STOP</td>
<td>HIV/AIDS Seek and Treat for Optimal Prevention of HIV/AIDS</td>
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<tr>
<td>UBCH</td>
<td>University of British Columbia Hospital</td>
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<td>VCH</td>
<td>Vancouver Coastal Health (Authority)</td>
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<td>VGH</td>
<td>Vancouver General Hospital</td>
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<tr>
<td>WHC</td>
<td>Whistler Health Centre</td>
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<tr>
<td>Y +/-</td>
<td>An increase or decrease, for a particular indicator, in current year-to-date values compared to the previous year-to-date</td>
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Introduction to STOP HIV/AIDS Routine HIV Testing Initiative

As growing evidence shows, early detection and treatment of HIV can significantly improve the morbidity and mortality of this disease, both at the individual and population level. For that reason, everyone should know their HIV status and receive routine HIV testing as part of their overall health care. The Seek and Treat for Optimal Prevention (STOP) of HIV/AIDS was a 3 year pilot project (Feb 2010 – Mar 2013) funded by the Ministry of Health Services to expand HIV testing, treatment and support with the goal of reducing HIV transmission in Vancouver, BC. Following the numerous successes of the pilot, the project was expanded into a provincial program called From Hope to Health in March 2013 to increase HIV testing, treatment, and support to all communities in BC. As part of both the pilot and the expansion projects, a number of initiatives and activities were launched to meet these objectives. Routine HIV screening is among these activities, which aims to reduce the number of individuals unaware of their HIV status and improve early detection of this disease. Routine testing initiatives were launched in both acute care facilities and among participating family practices.
Section 1. HIV Testing Initiative in Acute Care

Introduction
The STOP HIV/AIDS acute care (AC) HIV testing initiative launched in October 2011 to increase routine HIV testing among those patients who were admitted to the hospital and receive blood work. In July 2012 routine testing was expanded to include HIV testing in outpatient settings including emergency departments. The pilot project began with the four acute care hospitals in Vancouver including Vancouver General Hospital (VGH), Saint Paul’s Hospital (SPH), Mount Saint Joseph Hospital (MSJ) and University of British Columbia Hospital (UBC). With the Hope to Health program, the acute care HIV testing initiative now includes almost all hospitals operating within the VCH region including Lions Gate Hospital (LGH), Richmond Hospital (RHS), Squamish General Hospital (SGH), Pemberton Health Centre (PBHC), Powell River General Hospital (PRGH), Sechelt Hospital (SH), and Whistler Health Centre (WHC).

The summary table of admissions (Table 1) reports on high-level site-specific indicators important to monitoring the progress and success of the acute care initiative. This table presents quarterly data for the year of 2018, total counts since the launch of routine testing, quarterly averages and counts, minimum and maximum measures for the historical period (July 1, 2008-June 30, 2010), since sustained implementation of the Acute Care strategy period in Vancouver (July 1, 2012 – December 31, 2014), and during the strategy rollup period (October 1, 2011 – June 30, 2012), as well as year-to-date counts. LGH and RHS officially launched routine testing during the first quarter of 2014 and therefore total counts since launch of strategy for these hospitals will begin January 1, 2014.

Acute care admissions are inpatient admissions to an acute care facility, and do not include extended care admissions, or outpatient visits at a clinic within the hospital. Furthermore, HIV tests represented in the summary table include only HIV tests that could be matched to an acute care admission, thereby excluding HIV tests ordered from outpatient settings within the hospital.

The summary table of emergency department (ED) outpatient visits (Table 2) reports on site-specific indicators for a subset of emergency department visits where patients do not undergo further admission to the hospital. The rationale for reporting ED outpatient visits independent of all ED visits is that the patients who are not further admitted are likely different from those admitted and may represent a unique population affected by this strategy. This table presents quarterly data for 2018, total counts since the launch of ED testing, quarterly averages and counts, minimum and maximum measures for both the historical period (July 1, 2010-June 30, 2011) and since the start of the Acute Care strategy period, as well as year-to-date counts.

The summary table of HIV tests in Coastal Rural hospitals (Table 3) reports on site-specific indicators for hospital visits, including both admissions and ED outpatient visits, HIV testing volumes and yields for rural hospitals. This table presents quarterly data for 2018, total counts since the launch of routine testing, quarterly averages, minimum and maximum measures for both the pre-implementation baseline (October 1, 2012-March 31, 2014) and since the start of the Acute Care strategy period, as well as year-to-date counts.

A column denoting significance indicates if the indicator has increased (+) or decreased (-) at least 10% compared to a reference point (since AC strategy started A+/A-, since historical baseline H+/H-, or current year-to-date compared to previous year-to-date Y+/Y-). The quarterly average in the current half year was used to compare to the quarterly average since sustained implementation of the Acute Care strategy, and to the 2-year historical baseline quarterly average. When possible, differences were compared statistically ($\alpha=0.05$).
## Site and Service Launch Dates

### Saint Paul’s Hospital
- Department of Medicine: October 3, 2011
- Kidney Clinic: October 3, 2011
- Department of Surgery: October 3, 2011
- Department of Emergency: May 22, 2012
- Renal Program (Inpatient): June 1, 2012

### Mount Saint Joseph Hospital
- Department of Medicine: October 3, 2011
- Department of Surgery: October 3, 2011

### Vancouver General Hospital
- Department of Medicine: October 31, 2011
- Department of Neurology: March 1, 2012
- Department of Psychiatry: April 1, 2012
- Department of Respiratory Medicine: May 1, 2012
- Department of Surgery: June 25, 2012
- Department of Emergency: July 1, 2012
- Skin Care Clinic: July 1, 2012

### University of British Columbia Hospital
- Department of Psychiatry: April 1, 2012
- Department of Surgery: June 25, 2012

### Lions Gate Hospital
- January 28, 2014

### Richmond Hospital
- February 11, 2014

### Sechelt Hospital
- May 29, 2014

### Powell River General Hospital
- May 15, 2014

### Squamish General Hospital
- October 30, 2014

### Pemberton Health Centre
- October 15, 2014

### Whistler Health Centre
- October 15, 2014
Results:

**Total Diagnoses since Launch of Acute Care Strategy:**
Since the launch of the acute care strategy there were 211 HIV diagnoses. From urban hospital admissions, there were 89 diagnoses (Table 1), in addition to 109 diagnoses from urban ERs (Table 2). There were 2 diagnoses from acute care testing provided at Coastal Rural Hospitals (Table 3). There were an additional 12 diagnoses in outpatient settings.

**Table 1: Description of Results from Summary Report of Acute Care Admissions**

**SPH**
- Since the launch of the initiative, 27,400 HIV tests have been conducted at SPH among admitted patients [SPH-2], representing 21% of admissions [SPH-3].
- The proportion of admitted patients tested for HIV has increased at SPH [SPH-3] from a quarterly average of 5% historically to a quarterly average of 22% in 2018.
- Since the launch of this strategy, 46 admitted individuals have been diagnosed HIV positive [SPH-4] at SPH for an overall percent positivity since the launch of the strategy of 0.2%, or 1 positive for every 596 tests [SPH-5].

**MSJ**
- Since the launch of the initiative, 6,958 HIV tests have been conducted at MSJ among admitted patients [MSJ-2] representing 26% of admissions [MSJ-3].
- The proportion of admitted patients tested for HIV has substantially increased at MSJ [MSJ-3], from a quarterly average of 1% historically to a quarterly average of 23% in 2018.
- Since the launch of the initiative, 9 individuals have been diagnosed HIV positive [MSJ-4] at MSJ for an overall percent positivity since the launch of the strategy of 0.1%, or 1 positive per 773 tests [MSJ-5]

**VGH**
- Since the launch of the initiative, 54,490 HIV tests have been conducted at VGH [VGH-2], representing 26% of admissions [VGH-3].
- The proportion of admitted patients tested for HIV has increased at VGH [VGH-3] from a quarterly average of 2% historically to a quarterly average of 35% in 2018.
- Since the launch of the AC strategy, 31 admitted patients have tested positive at VGH [VGH-4] for a percent positivity of 0.06%, or 1 positive for every 1,758 tests [VGH-5].

**UBCH**
- Since the launch of the initiative, 1,135 HIV tests have been conducted among admitted patients at UBCH [UBC-2] with 3% of admissions being tested [UBC-3].
- The proportion of admitted patients tested for HIV has increased at UBC [UBC-3] from a quarterly average of 1% historically to a quarterly average of 4% in 2018.
- Since the launch of the acute care strategy, there have been no HIV diagnoses among admitted patients at UBCH [UBC-4].

**LGH**
- Up to the end of 2018, 9,515 HIV tests have been conducted among admitted patients at LGH [LGH-2] with 13% of admissions being tested [LGH-3].
- The proportion of admitted patients tested for HIV has increased at LGH [LGH-3] from a quarterly average of 1% historically to a quarterly average of 13% in 2018.
- Since the launch of the acute care strategy, there have been no HIV diagnoses among admitted patients at LGH [LGH-4].
Since the launch of the initiative, 17,299 HIV tests have been conducted at RHS [RHS-2], representing 24% of admissions [RHS-3].

The proportion of admitted patients tested for HIV has increased at RHS [RHS-3] from a quarterly average of <1% historically to an average of 25% in 2018.

Since the launch of the AC strategy, 3 admitted patients have tested positive at RHS [RHS-4] for a percent positivity of 0.02%, or 1 positive for every 5,766 tests [RHS-5].

Overall

A total of 116,797 HIV tests have been conducted among admitted patients [TOTAL-2] since the launch of the AC strategy, representing 21% of all admissions [TOTAL-3]. Testing volumes in 2018 remained stable compared to testing volumes in 2017.

89 new positives have been diagnosed at participating AC inpatient sites [TOTAL-4] for an overall percent positivity of 0.1%, or 1 new positive for every 1,312 tests [TOTAL-5].

The overall average quarterly percent positivity since the launch of the AC strategy is less than the average historical quarterly percent positivity, which is most likely due to the change from risk-based testing in AC facilities to routine testing promoted by this initiative. A percent positivity of 0.1% meets the current threshold (0.1%) of cost-effectiveness for HIV screening in the general population utilized by the US Centers for Disease Control and Prevention1.

1Centers for Disease Control and Prevention. Revised recommendation for HIV testing of adults, adolescents, and pregnant women in health-care settings. MMWR Recomm Rep 2006; 55(RR14); 1-17.
## Table 1: STOP HIV/AIDS Acute Care Strategy
### Annual Summary Report of Urban Acute Care Admissions

**Prepared by:** Vancouver Coastal Health, Public Health Surveillance Unit
**Prepared:** May 7, 2018

<table>
<thead>
<tr>
<th>Facility</th>
<th>Indicator Name</th>
<th>Current Year</th>
<th>Since Acute Care Strategy</th>
<th>Year to Date Counts</th>
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<td></td>
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<td>Jan-Mar 2018</td>
<td>Apr-Jun 2018</td>
<td>Jul-Sep 2018</td>
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<td></td>
<td>Year 2018</td>
<td>Year 2017</td>
<td>Significance</td>
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</tbody>
</table>

### Notes:
- Number of tests and number of positives is represented only for those patients admitted to the hospital. This table does not include patients tested at an acute care facility without an admission. This data is represented elsewhere in the report.
- Time parameters determined by date of acute care admission.
- **RHS** and **LOH** launched during the February 2014 so all data "since the acute care strategy" begins February 1, 2014.
- Acute Care Initiative was launched at **SPH** on Oct 31, 2011, at **UBCH** on April 1, 2012, at **RHS** and **MSJ** on October 1, 2011.
- Quarterly averages, minimum and maximum values during the Acute Care Strategy rollout period from October 1, 2011 – June 30, 2012.
- Percent Positivity for a given group represents the increase or decrease in the proportion of positive cases compared to the quarterly average during the historical time period.
- Significance levels are based on a significance level of 0.05.

### Interpretation:
- A+H+ represents an increase in the proportion of positive cases compared to the average for the quarters during the Acute Care Strategy rollout period.
- A+H+ represents the year to date total compared to the year to date total for the previous year.
- **A+H-Y:** represents the increase or decrease in the proportion of positive cases compared to the quarterly average during the historical time period.

### Source:
- Providence Health Care Virology Laboratory Database & Vancouver General Hospital Laboratory Database.
Table 2: Description of Results from Summary Report of Emergency Department Visits

**SPH**
- Since the launch of Emergency Department testing at SPH, 17,041 HIV tests have been conducted [SPH-7], representing 4% of patient visits [SPH-8].
- Compared with 2017, testing and diagnoses remained stable in 2018. Compared with the average quarterly test volume observed during historic observation period, testing in 2018 was 6 times higher.
- 56 new positives have been tested in the ED [SPH-9] yielding a percent positivity of 0.3% or 1 positive for every 304 tests [SPH-10].

**MSJ**
- Since the launch of Emergency Department testing at MSJ, 3,081 HIV tests have been conducted [MSJ-7], representing 2% of patient visits [MSJ-8].
- Compared with 2017, testing increased in 2018. Compared with the average quarterly test volume observed during historic observation period, testing in 2018 was 7 times higher.
- 4 new positives have been tested in the ED [MSJ-9] yielding a percent positivity of 0.1% or 1 positive for every 770 tests [MSJ-10].

**VGH**
- Since the launch of Emergency Department testing at VGH, 70,841 HIV tests have been conducted [VGH-7]; with 15% of patients having received an HIV test [VGH-8].
- Compared with 2017, testing increased and diagnoses decreased in 2018.
- The proportion of ED patients tested for HIV has increased at VGH [VGH-8] from a quarterly average of 0.03% historically to a quarterly average of 21% in 2018.
- 34 new positives have been tested in the ED [VGH-9] yielding a percent positivity of 0.05% or 1 positive for every 2,084 tests in the ED [VGH-10].

**LGH**
- Since the launch of Emergency Department testing at LGH, 26,057 HIV tests have been conducted [LGH-7]; with 10% of patients having received an HIV test [LGH-8].
- Compared with 2017, testing decreased in 2018.
- The average quarterly test volume in 2018 was 1,575 tests compared to an average of 7 tests a quarter historically.
- 3 new positives have been tested in the ED [LGH-9] yielding a percent positivity of 0.01% or 1 positive for every 8,686 tests [LGH-10].

**RHS**
- Since the launch of Emergency Department testing at RHS, 39,364 HIV tests have been conducted [RHS-7], representing 17% of patient visits [RHS-8].
- Compared with 2017, testing remained stable and diagnoses decreased in 2018.
- In 2018 the average quarterly test volume was 2,132 tests compared to an average of 1 test a quarter historically.
- 11 new positives have been tested in the ED [RHS-9] yielding a percent positivity of 0.03% or 1 positive for every 3,579 tests [RHS-10].

**Overall**
- Since the launch of Emergency Department testing, 156,384 HIV tests have been conducted among patients [TOTAL-7]; with 10% of patients having received an HIV test.
- Compared with 2017, testing remained stable and diagnoses decreased in 2018.
- The quarterly test average for 2018 is 47% higher than the average quarterly test average since the launch of the acute care strategy in Emergency Departments.
- 108 new positives have been tested in the ED [TOTAL-9] yielding a percent positivity of 0.1% or 1 positive for every 1,448 tests [TOTAL-10].
Table 2: STOP HIV/AIDS Acute Care Strategy
Annual Summary Report of Urban Emergency Department Outpatient Visits
(January 1, 2017 - December 31, 2018)

<table>
<thead>
<tr>
<th>Facility</th>
<th>Indicator Number</th>
<th>Indicator Name</th>
<th>Total Since Launch at Site*</th>
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<th>Sustained Implementation*</th>
<th>1-year Historical Baseline</th>
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<th>Facility</th>
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<th>Sustained Implementation*</th>
<th>1-year Historical Baseline</th>
<th>Year to Date Counts</th>
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<th>Facility</th>
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<th>Total Since Launch at Site*</th>
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<th>1-year Historical Baseline</th>
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Notes:
- Time parameters determined by date of ED Visit.
- MSJ Emergency Department has not officially launched, but results are based on larger AC strategy since May 2012.
- Monthly averages, minimum and maximum values since the Acute Care Strategy launched at each Emergency Department are determined using the first full month of data for all sites (July 2012).
- Positive diagnosis since the launch of the Acute Care Strategy include both residents and non-residents of VCH, while non-residents of VCH are not captured in historical counts.
- Monthly averages, minimum and maximum values since the Acute Care Strategy launched at each Emergency Department are determined using the first full month of data for all sites (July 2012).
- Source: Providence Health Care Virology Laboratory Database & Vancouver General Hospital Laboratory Database.
Table 3: Description of Results from Summary Report of HIV Tests in Coastal Rural Hospitals and Health Centres

HIV testing data for each site is currently unavailable prior to September 2012. Hospital visits in this table include inpatient visits, Emergency Department visits and Outpatient visits.

Coastal Rural Hospitals and Health Centres

**SGH**
- Since the launch of routine HIV testing at SGH, 6,232 HIV tests have been conducted [SGH-2], representing 10% of patient visits [SGH-3].
- Compared to 2017, testing volumes in 2018 increased by 11%.
- 1 new positive has been tested at SGH [SGH-4] yielding a percent positivity of 0.02% or 1 positive for every 6,232 tests [SGH-5].

**WHC**
- Since the launch of routine HIV testing at WHC, 5,666 HIV tests have been conducted [WHC-2], representing 7% of patient visits [WHC-3].
- Compared to 2017, testing volumes in 2018 decreased 4%.
- No new positives have been tested at WHC [WHC-4].

**PBHC**
- Since the launch of routine HIV testing at PBHC, 1,698 HIV tests have been conducted [PBHC-2], representing 8% of patient visits [PBHC-3].
- Compared to 2017, testing volumes in 2018 increased by 16%.
- No new positives have been tested at PBHC [PBHC-4].

**SH**
- Since the launch of routine HIV testing at SH, 3,370 HIV tests have been conducted [SH-2], representing 4% of patient visits [SH-3].
- Compared to 2017, testing volumes in 2018 were similar.
- No new positives have been tested at SH [SH-4].

**PRGH**
- Since the launch of routine HIV testing at PRGH, 9,523 HIV tests have been conducted [PRGH-2], representing 11% of patient visits [PRGH-3].
- Compared to 2017, testing volumes in 2018 increased by 7%.
- 1 new positive has been tested at PRGH [PRGH-4] yielding a percent positivity of 0.01% or 1 positive for every 9,523 tests [PRGH-5].

**Total**
- Since the launch of routine HIV testing at Coastal Rural hospitals, 26,489 HIV tests have been conducted [Total-12], representing 8% of patient visits [Total-13].
- Compared to 2017, testing volumes in 2018 increased by 5%.
- 2 new positives have been tested in Coastal Rural hospitals [Total-14] yielding a percent positivity of 0.01% or 1 positive for every 13,244 tests [Total-15].
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<th>Since Acute Care Strategy</th>
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<th>Year to Date Counts</th>
<th>Significance</th>
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<td></td>
<td>SGH-2</td>
<td>Number of Patients Tested</td>
<td>6232</td>
<td>359</td>
<td>465</td>
<td>408</td>
<td>387</td>
<td>351</td>
</tr>
<tr>
<td></td>
<td>SGH-3</td>
<td>Proportion of Visits Tested</td>
<td>10</td>
<td>9</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>SGH-4</td>
<td>Number Tested Positive§</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>SGH-5</td>
<td>Percent Positivity</td>
<td>0.02</td>
<td>0.3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>WHC</td>
<td>WHC-1</td>
<td>Number of Hospital Visits</td>
<td>832881</td>
<td>6657</td>
<td>5031</td>
<td>5790</td>
<td>4880</td>
<td>4715</td>
</tr>
<tr>
<td></td>
<td>WHC-2</td>
<td>Number of Patients Tested</td>
<td>5565</td>
<td>297</td>
<td>338</td>
<td>273</td>
<td>292</td>
<td>342</td>
</tr>
<tr>
<td></td>
<td>WHC-3</td>
<td>Proportion of Visits Tested</td>
<td>7</td>
<td>4</td>
<td>7</td>
<td>5</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>WHC-4</td>
<td>Number Tested Positive§</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>WHC-5</td>
<td>Percent Positivity</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PBHC</td>
<td>PBHC-1</td>
<td>Number of Hospital Visits</td>
<td>21918</td>
<td>1356</td>
<td>1578</td>
<td>1645</td>
<td>1441</td>
<td>1222</td>
</tr>
<tr>
<td></td>
<td>PBHC-2</td>
<td>Number of Patients Tested</td>
<td>1698</td>
<td>145</td>
<td>129</td>
<td>90</td>
<td>91</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td>PBHC-3</td>
<td>Proportion of Visits Tested</td>
<td>8</td>
<td>11</td>
<td>8</td>
<td>5</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>PBHC-4</td>
<td>Number Tested Positive§</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>PBHC-5</td>
<td>Percent Positivity</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SH</td>
<td>SH-1</td>
<td>Number of Hospital Visits</td>
<td>80162</td>
<td>4230</td>
<td>4757</td>
<td>4876</td>
<td>4371</td>
<td>4316</td>
</tr>
<tr>
<td></td>
<td>SH-2</td>
<td>Number of Patients Tested</td>
<td>3370</td>
<td>191</td>
<td>201</td>
<td>154</td>
<td>180</td>
<td>183</td>
</tr>
<tr>
<td></td>
<td>SH-3</td>
<td>Proportion of Visits Tested</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>SH-4</td>
<td>Number Tested Positive§</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>SH-5</td>
<td>Percent Positivity</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PRGH</td>
<td>PRGH-1</td>
<td>Number of Hospital Visits</td>
<td>89835</td>
<td>4837</td>
<td>4980</td>
<td>5228</td>
<td>4724</td>
<td>4832</td>
</tr>
<tr>
<td></td>
<td>PRGH-2</td>
<td>Number of Patients Tested</td>
<td>9523</td>
<td>563</td>
<td>519</td>
<td>620</td>
<td>559</td>
<td>506</td>
</tr>
<tr>
<td></td>
<td>PRGH-3</td>
<td>Proportion of Visits Tested</td>
<td>11</td>
<td>12</td>
<td>10</td>
<td>12</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>PRGH-4</td>
<td>Number Tested Positive§</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>PRGH-5</td>
<td>Percent Positivity</td>
<td>0.01</td>
<td>0.2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>TOTAL-11</td>
<td>Number of Hospital Visits</td>
<td>339050</td>
<td>21281</td>
<td>20674</td>
<td>21868</td>
<td>18353</td>
<td>17990</td>
</tr>
<tr>
<td></td>
<td>TOTAL-12</td>
<td>Number of Patients Tested</td>
<td>26489</td>
<td>1555</td>
<td>1652</td>
<td>1545</td>
<td>1509</td>
<td>1421</td>
</tr>
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<td></td>
<td>TOTAL-13</td>
<td>Number Tested Positive§</td>
<td>8</td>
<td>7</td>
<td>8</td>
<td>7</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>TOTAL-14</td>
<td>Number Tested Positive§</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td></td>
<td>TOTAL-15</td>
<td>Percent Positivity</td>
<td>0.01</td>
<td>0.13</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Notes:
- H+Y+ represents an increase or decrease in the average for the quarters in the current year compared to the monthly average since the acute care report.
- A+H+Y+ represents an increase or decrease in the average for the quarters in the current year compared to the monthly average during the Historical time period.
- Yearly totals for SH and PRGH will be from June 2014 to present and SGH, PBHC, and WHC will be from November 2014 to present.
- PRGH launched May 15, 2014 and SH launched May 29, 2014. PBHC and WHC launched October 15, 2014, and SGH launched October 30, 2014. Total counts for SH and PRGH will be from June 2014 to present and SGH, PBHC, and WHC will be from November 2014 to present.
- * PRGH launched May 15, 2014 and SH launched May 29, 2014. PBHC and WHC launched October 15, 2014, and SGH launched October 30, 2014. Total counts for SH and PRGH will be from June 2014 to present and SGH, PBHC, and WHC will be from November 2014 to present.
- Pre-implementation Baseline (Oct 1, 2012 - March 31, 2014)
- Year to Date Counts (January 1, 2018 - December 31, 2018)

Source: Providence Health Care, Virology Laboratory Database & Vancouver General Hospital Laboratory Database.
Additional AC Strategy Figures and Tables

Note: Figures and tables that look at testing volumes independent of admissions data include all tests administered in an acute care facility including outpatient settings, such as non-admitted patients visiting the emergency department. The only clinic not included in overall testing volumes is the Immunodeficiency Clinic at St. Paul’s Hospital.

**Figure 1. Number of HIV Tests at VCH Hospitals by Month and Number of Positives at all Sites**

HIV testing volumes have increased substantially since the launch of routine testing with expansion to independent facilities in October 2011, ED and Outpatient in July 2012, and VGH in 2014. The highest number of HIV tests since the launch of the AC strategy was observed during January 2017 (n=7,453 tests), followed by March 2018 (n=7,208 tests).

**Table 4 & Figure 2. HIV Testing Volumes by Hospital Service at Saint Paul’s Hospital**

In 2018 the Emergency Department at SPH administered the highest number of HIV tests, followed by Medicine. The testing volumes in 2018 for Emergency were 2% higher than HIV testing volumes in 2017 and Medicine testing volumes decreased by 14% from 2017 to 2018.

**Table 5 & Figure 3. HIV Testing Volumes by Hospital Service at Mount Saint Joseph Hospital**

In 2018 the Emergency Department at MSJ administered the highest number of HIV tests. Emergency Department testing volumes for 2018 had the greatest change (22% increase) compared to 2017 and Medicine department testing volumes decreased 11%.

**Table 6 & Figure 4. HIV Testing Volumes by Hospital Service at Vancouver General Hospital**

In 2018, the Emergency Department recorded the highest average quarterly HIV testing volumes of all service groups at VGH. However, HIV testing volumes in this department declined in 2018 by 16% compared to 2017. The Neuroscience Department saw a 46% increase between 2017 and 2018.

**Table 7, 8. Overall Hospital Visit and Testing Volume, Number of New Diagnoses, and Percent Positivity by Age Category and Gender**

Since the launch of the AC strategy, testing volumes among patient visits increased substantially across both genders and all age groups compared to the historical quarterly average. During 2018, males aged 60 years or older received the highest number and proportion of HIV tests among males, with 45% of all HIV tests administered were in this age group. The greatest number of new HIV diagnoses since the launch of the AC strategy is among males aged 20-39 years with 82 diagnoses. Percent positivity was the same (0.2%) for men age 20-39 and 40-59. Each age category (20-39, 40-59, 60+) accounted for approximately one third of the overall visits (31%, 33% and 36% respectively).

In 2018 among female patients, those aged 60 years or greater received 47% of all HIV tests among females, with one diagnosis and percent positivity of 0.002. The highest number of both new diagnoses and percent positivity among females since the launch of the AC strategy was among those aged 20-39 years with 13 diagnoses and a yield of 0.04%. Each age category (20-39, 40-59, 60+) accounted for approximately one third of the overall visits (35%, 29% and 36% respectively).

**Figure 5. Overall Admission and Testing Proportions by Age Category and Gender**

Overall testing proportions prior to the AC strategy remained higher than admission proportions among those aged less than 60 years for both genders. After the launch of the AC strategy, testing proportions closely resembled admission proportions across all age categories with considerable increases in the testing proportions among those aged 60 years and greater. This data suggests a change in testing activity from targeted testing of at-risk age groups to routine testing promoted by the AC strategy.
Figure 6. Testing Proportion among those Admitted to Vancouver Hospitals by Age Category, Gender, and Hospital
Across all Vancouver hospitals and among all age categories, the proportion of those admitted who were tested for HIV has increased since the start of the AC strategy. The greatest proportion of those admitted who were tested since the initiative began was observed among males at MSJ aged 20-29, 30-39 and 40-49 years. Compared with historical rates, the largest increase in the proportion of those admitted, who were tested, were observed in males aged 40-49 at MSJ.

Figure 7. Testing Proportion among those Admitted to LGH and RHS by Age Category, Gender, and Hospital
Since January 2014, LGH had modest increases in the proportion of those admitted who were tested for HIV across both genders with the greatest proportion observed among males aged 30-39 years. Since the acute care strategy launched at RHS, substantial increases in the proportion admitted that were tested was observed with the greatest proportion among males aged 30-39 years.
Figure 1. Number of HIV Tests at VCH Hospitals by Month and New Positives at all Sites, 2010-2018

Graph represents all tests ordered (except SPH Immunodeficiency Clinic) in an acute facility regardless of admission status. Time parameters determined by date of test.
Source: Providence Health Care Virology Laboratory Database & Vancouver General Hospital Laboratory Database.
### Table 4. HIV Test Volumes by Hospital Service at Saint Paul's Hospital

<table>
<thead>
<tr>
<th>Service</th>
<th>Quarterly Test Numbers</th>
<th>Since Acute Care Strategy (Oct 1, 2011 - Dec 31, 2018)</th>
<th>Historical Number Tested (July 1, 2008 - June 30, 2010)</th>
<th>Year to Date Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac</td>
<td>100</td>
<td>87</td>
<td>68</td>
<td>91</td>
</tr>
<tr>
<td>Emergency</td>
<td>667</td>
<td>674</td>
<td>646</td>
<td>604</td>
</tr>
<tr>
<td>Medicine</td>
<td>263</td>
<td>286</td>
<td>304</td>
<td>401</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>75</td>
<td>58</td>
<td>79</td>
<td>56</td>
</tr>
</tbody>
</table>

Cardiac = site codes CCU, 5A, 5B, 5D  
Emergency = billing code of doctors at Emergency Department  
Medicine = billing code of doctors at Medical Department  
Psychiatry = site codes 2E, 2N, 9A, 8C

### Figure 2. Number of HIV Tests by Service at Saint Paul’s Hospital

Source: Providence Health Care Virology Laboratory Database & Vancouver General Hospital Laboratory Database.  
Table 5. HIV Test Volumes by Hospital Service at Mount Saint Joseph Hospital

<table>
<thead>
<tr>
<th>Service</th>
<th>Quarterly Test Numbers</th>
<th>Since Acute Care Strategy (Oct 1, 2011 - Dec 31, 2018)</th>
<th>Historical Number Tested (July 1, 2008 - June 30, 2010)</th>
<th>Year to Date Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency</td>
<td>224</td>
<td>220</td>
<td>233</td>
<td>231</td>
</tr>
<tr>
<td>Medicine</td>
<td>57</td>
<td>60</td>
<td>42</td>
<td>61</td>
</tr>
</tbody>
</table>

Emergency = site codes EMER, MERS
Medicine = site codes M3B, M3C, M3W, M3E

Figure 3. Number of HIV Tests by Service at Mount Saint Joseph Hospital

Table 6. HIV Test Volumes by Hospital Service at Vancouver General Hospital

<table>
<thead>
<tr>
<th>Service</th>
<th>Quarterly Test Numbers</th>
<th>Since Acute Care Strategy (Oct 1, 2011 - Dec 31, 2018)</th>
<th>Historical Number Tested (July 1, 2008 - June 30, 2010)</th>
<th>Year to Date Tests Year 2018</th>
<th>Year 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac</td>
<td>0 0 0 0</td>
<td>19 0 32</td>
<td>1 0 2</td>
<td>0 80</td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>2180 2277 2784 3136</td>
<td>2642 125 4638</td>
<td>15 9 22</td>
<td>10377 12389</td>
<td></td>
</tr>
<tr>
<td>Medicine</td>
<td>162 188 211 187</td>
<td>270 122 432</td>
<td>63 52 75</td>
<td>748 708</td>
<td></td>
</tr>
<tr>
<td>Neurosciences</td>
<td>28 48 35 53</td>
<td>34 22 50</td>
<td>9 5 14</td>
<td>164 112</td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>36 15 0 0</td>
<td>42 0 110</td>
<td>27 18 32</td>
<td>53 64</td>
<td></td>
</tr>
<tr>
<td>Renal</td>
<td>18 24 30 35</td>
<td>29 11 45</td>
<td>15 6 23</td>
<td>107 109</td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td>4 3 3 6</td>
<td>17 9 24</td>
<td>11 8 16</td>
<td>16 63</td>
<td></td>
</tr>
</tbody>
</table>

Cardiac = site code C10A
Colposcopy = billing code of doctors at Colposcopy Department
Emergency = billing code of doctors at Emergency Department
Medicine = billing code of doctors at Medicine Department
Neurosciences = site codes T5B, T6B, T5A, T5S, T5T
Psychiatrics = site codes HCE1, HCW1, E1, W1, PAU, HCE2
Renal = billing code of doctors at Renal Department
Respiratory = site codes C8D, T12B

Figure 4. Number of HIV Tests by Service at Vancouver General Hospital

Source: Providence Health Care Virology Laboratory Database & Vancouver General Hospital Laboratory Database.
### Table 7. Hospital Visit and Testing Volume, Number of New Diagnoses, and Percent Positivity among Males by Age Category

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Indicator</th>
<th>Total Since AC Strategy</th>
<th>Quarter</th>
<th>Quarterly Avg Since Strategy (Jul 1 2012-Dec 31, 2018)</th>
<th>Historical Quarterly Avg (Jul 1 2010-Jun 30 2011)</th>
<th>Year to Date</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>G1 2018</td>
<td>Q2 2018</td>
<td>Q3 2018</td>
<td>Q4 2018</td>
<td>Avg</td>
</tr>
<tr>
<td>20-39</td>
<td>Number of Hospital Visits</td>
<td>311341</td>
<td>13022</td>
<td>13571</td>
<td>13569</td>
<td>12725</td>
<td>11513</td>
</tr>
<tr>
<td></td>
<td>Number of Patients Tested</td>
<td>33206</td>
<td>1625</td>
<td>1908</td>
<td>1906</td>
<td>1176</td>
<td>116</td>
</tr>
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<td></td>
<td>Proportion of Visits Tested</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Number Tested Positive§</td>
<td>82</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Percent Positivity</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.1</td>
<td>0.3</td>
</tr>
</tbody>
</table>

### Table 8. Hospital Visit and Testing Volume, Number of New Diagnoses, and Percent Positivity among Females by Age Category

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Indicator</th>
<th>Total Since AC Strategy</th>
<th>Quarter</th>
<th>Quarterly Avg Since Strategy (Jul 1 2012-Dec 31, 2018)</th>
<th>Historical Quarterly Avg (Jul 1 2010-Jun 30 2011)</th>
<th>Year to Date</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>G1 2018</td>
<td>Q2 2018</td>
<td>Q3 2018</td>
<td>Q4 2018</td>
<td>Avg</td>
</tr>
<tr>
<td>20-39</td>
<td>Number of Hospital Visits</td>
<td>327149</td>
<td>13469</td>
<td>13679</td>
<td>13671</td>
<td>13056</td>
<td>12942</td>
</tr>
<tr>
<td></td>
<td>Number of Patients Tested</td>
<td>42641</td>
<td>2040</td>
<td>2154</td>
<td>2159</td>
<td>2192</td>
<td>1517</td>
</tr>
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<td>Proportion of Visits Tested</td>
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<td>16</td>
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<td>13</td>
</tr>
<tr>
<td></td>
<td>Number Tested Positive§</td>
<td>11</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Percent Positivity</td>
<td>0.2</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0</td>
<td>0</td>
<td>0.2</td>
</tr>
</tbody>
</table>

### Notes
- RHS and LGH tests from February 2014-present for both settings
- SPH, MSJ, VGH ER outpatient tests from July 2012-present
- All data is from the Public Health Surveillance Unit.

### Interpretation
- A+H+ indicates an increase or decrease of the measure for the quarter in the current year compared to the quarterly average prior to implementation of the A+H Strategy.
- A-H+ indicates an increase or decrease of the measure for the quarter in the current year compared to the quarterly average during the historical time period.
- A-H+Y indicates an increase or decrease of the measure for the current year compared to the year to date total for the current year compared to the year to date total for the previous year.
- A-H+Y+Y indicates an increase or decrease of the measure for the current year compared to the year to date total for the previous year compared to the year to date total for the previous year for the previous year.
Figure 5: Admission and Testing Proportions by Age Category Before and After the Acute Care Strategy

Males

Before Acute Care Strategy

After Acute Care Strategy

Females

Before Acute Care Strategy

After Acute Care Strategy

Note: Period before acute care strategy includes Q3 2009 - Q2 2011.
Period after acute care strategy includes Q1 2014 - Q4 2018.
Includes VGH, SPH, MSJ, UBCH, LGH, RHS Hospitals
Source: Providence Health Care Virology Laboratory & Vancouver General Hospital Laboratory Database.
Figure 6. Testing Proportion among Those Admitted by Age Category, Since Acute Care Strategy compared to Historical average at SPH, VGH, and MSJ

Source: Providence Health Care Virology Laboratory Database & Vancouver General Hospital Laboratory Database.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit. April 29,
Figure 7. Testing Proportion among Those Admitted by Age Category, Since Acute Care Strategy compared to Historical average at LGH and RHS

Source: Providence Health Care Virology Laboratory Database & Vancouver General Hospital Laboratory Database.
Section 2. HIV Testing Initiative in Family Practice

Introduction:
The STOP HIV/AIDS family practice (FP) HIV testing initiative launched in April 2012 in collaboration with the UBC Continuing Professional Development (CPD) to offer family practice physicians in BC an accredited course in routine HIV testing in various formats. Physicians were encouraged to attend an education session and were given the opportunity to have their HIV testing practices evaluated to determine whether routine HIV testing in this environment is an effective strategy to meet the goals of the STOP HIV/AIDS pilot project.

The summary report of family practice (FP) HIV testing (table 1) reports on high-level indicators by HSDA to monitor the progress of routine testing among family practice physicians participating in this strategy. This table presents quarterly data from 2018, total counts since the launch of routine testing, quarterly averages and counts, minimum and maximum measures for the historical period (July 1, 2008-June 30, 2010), since family practice strategy until previous reporting period (August 1, 2012-December 31, 2018), as well as year-to-date counts.

A column denoting significance indicates if the indicator has increased (+) or decreased (-) at least 10% compared to a reference point (since FP strategy F+/F-, since historical baseline H+/H-, or current year-to-date compared to previous year-to-date Y+/Y-). The quarterly average in the current quarter was used to compare to the monthly average since FP strategy launched, and to the 2-year historical baseline monthly average. When possible differences were compared statistically (\(\alpha=0.05\)).

Physician Representation:
Testing data for family practice is only available for physicians who participate in an HIV testing education session, agree to have their data available for evaluation, and practice within VCH. The education program meets the accreditation requirements from the College of Family Physicians of Canada, which allows participants to receive professional credits. Education is offered in various settings including webinars, in-practice support, small group workshops, interactive online articles and self-directed learning activities to maximize access to family practice physicians across VCH.

It is estimated by UBC Continuing Professional Development that 1,645 family physicians practise in VCH; 1,080 in Vancouver, 179 in Richmond, 231 in Coastal Urban, and 155 in Coastal Rural. Since April 2012, 779 (47%) physicians attended either a workshop, in person support session, or viewed the HIV testing educational webinar. Not all physicians who attended an education session agree to have their HIV testing data monitored for program evaluation.

Among physicians who attended a routine HIV testing education session, 337 (20%) agreed to have their HIV testing data monitored for program evaluation. This evaluation captures data from 225 (24%) family physicians in Vancouver, 29 (16%) Richmond family physicians, 27 (12%) Coastal Urban family physicians, and 26 (17%) Coastal Rural family physicians.
Results:

Total Diagnoses since Launch of Family Practice Strategy:
Overall there have been 105 new HIV diagnoses to date among VCH physicians participating in the pilot. Ninety-six of the diagnoses have come from family physicians practicing in Vancouver, 8 have come from Richmond and one diagnosis from Coastal Urban.

Table 9. Description of Results from Summary Report of Family Practice Strategy by Physician Practice Location

Vancouver
- Since the launch of the initiative, 113,781 HIV tests were conducted by participating physicians. In 2018, 14,155 tests have been administered which is 5% more than in 2017 [VAN-1].
- Since the launch of this strategy, 96 patients have been diagnosed HIV positive [VAN-2]. In 2018, 8 patients were diagnosed positive compared with 5 patients diagnosed in 2017.
- Since the launch of the strategy, the overall percent positivity was 0.08%, or 1 positive for every 1,185 tests [VAN-3].

Richmond
- Since the launch of the initiative, 19,173 HIV tests were conducted by participating physicians. In 2018, 1,704 tests have been administered which is 15% less than in 2017 [RCMD-1].
- Since the launch of the strategy, 8 patients have been diagnosed HIV positive by participating physicians [RCMD-2].
- Since the launch of the strategy, the overall percent positivity was 0.04%, or 1 positive for every 2,397 tests [RCMD-3].

Coastal Urban
- Since the launch of the initiative, 5,916 HIV tests were conducted by participating physicians. In 2018, 704 tests have been administered which is similar to 2017 [CSTU-1].
- Since the launch of the strategy, 1 patient was diagnosed HIV positive by a participating physician; the overall percent positivity was 0.02%, or 1 positive for every 5,916 tests. [CSTU-2].

Coastal Rural
- Since the launch of the initiative, 2,572 HIV tests were conducted by participating physicians. In 2018, 169 tests have been administered which is 47% less than in 2017 [CSTR-1].
- Since the launch of the strategy, no patients have been diagnosed HIV positive by participating physicians [CSTR-2].

Overall
- Since the launch of the initiative, 141,442 HIV tests were conducted by participating physicians in VCH [TOTAL-1]. In 2018 the testing volume increased 2% compared to 2017.
- Since the launch of this strategy, 105 patients have been diagnosed HIV positive [TOTAL-2] by participating physicians.
- The overall percent positivity was 0.07%, or 1 positive for every 1,347 tests [TOTAL-3].
Figure 8: Number of HIV tests and New Positives in Family Practice by Physician Practice Location
The highest number of HIV tests since the launch of the FP strategy was observed during May 2014 (n=2,673 tests) followed by January 2015 (n=2,672). Since August 2015, testing volumes declined steadily.
<table>
<thead>
<tr>
<th>Region</th>
<th>Indicator Name</th>
<th>Totals Since Launch at Site*</th>
<th>Current Year Counts by Quarter</th>
<th>Since Family Practice Strategy€</th>
<th>2-year Historical Baseline (July 1, 2008 - June 30, 2010)</th>
<th>Year to Date Counts</th>
<th>Year 2018</th>
<th>Year 2017</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Patients Tested</td>
<td>113781</td>
<td>3490 3506 3708 3451</td>
<td>4376 2991 6573</td>
<td>1913 1693 2161</td>
<td>14155 13432</td>
<td>A-H+</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Number Tested Positive</td>
<td>96</td>
<td>1 2 3 2</td>
<td>3.7 0 12</td>
<td>5.3 1 9</td>
<td>8 5</td>
<td>A-H-Y+</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Percent Positivity</td>
<td>0.08</td>
<td>0.03 0.06 0.08 0.06</td>
<td>0.08 0 0.2</td>
<td>0.3 0.06 0.4</td>
<td>0.06 0.04</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of Patients Tested</td>
<td>19173</td>
<td>460 429 425 390</td>
<td>737 355 1583</td>
<td>211 187 246</td>
<td>1704 2015</td>
<td>A-H-Y-</td>
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<tr>
<td></td>
<td>Number Tested Positive</td>
<td>8</td>
<td>1 0 0 0</td>
<td>0.3 0 2</td>
<td>0.3 0 1</td>
<td>1 1</td>
<td>A-</td>
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<tr>
<td></td>
<td>Percent Positivity</td>
<td>0.04</td>
<td>0.2 0 0 0</td>
<td>0.04 0 0.1</td>
<td>0.1 0 0.4</td>
<td>0.1 0.05</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of Patients Tested</td>
<td>5916</td>
<td>187 167 194 156</td>
<td>228 145 428</td>
<td>111 89 141</td>
<td>704 703</td>
<td>A-H+</td>
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<tr>
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<td>1</td>
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<td>0.04 0 1</td>
<td>0 0 0</td>
<td>0 1</td>
<td>A-H-Y+</td>
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<tr>
<td></td>
<td>Percent Positivity</td>
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<td>0 0.1</td>
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<td>Number of Patients Tested</td>
<td>2572</td>
<td>32 43 53 41</td>
<td>99 32 230</td>
<td>52 41 59</td>
<td>169 320</td>
<td>A-H-Y-</td>
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<td></td>
</tr>
<tr>
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<td>Number Tested Positive</td>
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<td>0 0 0 0</td>
<td>0 0 0</td>
<td>0.3 0 1</td>
<td>0 0</td>
<td>A+H-Y-</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Percent Positivity</td>
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<td>0 0 0</td>
<td>0.5 0 2</td>
<td>0 0</td>
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<td>5440 3762 8059</td>
<td>2286 2045 2597</td>
<td>16732 16470</td>
<td>A-H+</td>
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<td></td>
</tr>
<tr>
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<td>Number Tested Positive</td>
<td>105</td>
<td>2 2 3 2</td>
<td>4 0 12</td>
<td>6 2 10</td>
<td>9 7</td>
<td>A-H-Y+</td>
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<tr>
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<td>Percent Positivity</td>
<td>0.07</td>
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<td>0.1 0 0.1</td>
<td>0.3 0.1 0.4</td>
<td>0.05 0.04</td>
<td>H-</td>
<td></td>
<td></td>
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</table>

Note: Data subject to change as billing code and test assignment may change.

*Launch date standardized for physicians to be August 2012 because all session types began by August 2012.

€ Quarterly averages, minimum and maximum values since the Family Practice Strategy launched each session type are determined using the first full quarter of data for all sites (Oct 2012).

Data Source: BCCDC Microbiology Lab

Figure 8. Family Practice HIV Testing Volumes by Physician Practice Region: January 2011 - December 2018

Note: Webinars began April 2012, IPS began July 2012, and Workshops started August 2012
Data Source: BCCDC Microbiology Lab