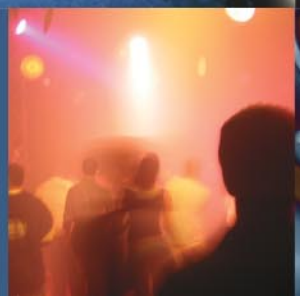



STD / AIDS Control

2004 ANNUAL REPORT



BC Centre for Disease Control

AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

contents

std/aids control

The British Columbia Centre for Disease Control is an organization dedicated to the prevention and control of communicable diseases in British Columbia.

The Division of STD/AIDS Control is exclusively focused on the prevention and control of sexually transmitted infections (STIs), including HIV and AIDS.

- We coordinate province-wide efforts to reduce the spread and minimize the adverse effects of STIs. We do this through education programs, contact tracing and partner notification. The division works with clients both directly, through clinics and outreach workers, and indirectly through local and regional health care providers. The health, dignity and rights of our clients remain our foremost concern.
- We provide STI/AIDS related education and training resources for health care workers throughout the province, including medical residents, interns, public health nurses and other health care providers. We participate in conferences and frequently present on STI related subjects, both in BC and in other jurisdictions. We provide epidemiologic data analysis and consulting services, acting as the provincial reporting centre for cases of STIs, HIV and AIDS. Provincial law requires most STIs, including HIV, be reported so that trends can be accurately measured. Our role is to record, track and share this important data for the benefit of provincial health care authorities, as well as organizations and governments in national and international jurisdictions.
- We participate in STI/AIDS related research and teaching as a university affiliated organization, helping us remain current in our approach.
- We work with international partners in developing countries to improve their capacity to manage STIs, including HIV.

This annual report describes some of the objectives, activities and achievements that marked the past year at STD/AIDS Control. It also includes detailed epidemiology statistics. More information on many of the subjects discussed here can be found on our website at www.bccdc.org, or through our Resource Centre at 604-660-2090.

2004

director's letter

Dr. Michael Rekart, Director

A Message from the Director

The case totals and population rates for all reportable sexually transmitted infections, except AIDS, increased in 2004. New positive HIV tests rose 9.3 per cent, chlamydia, 8 per cent, infectious syphilis, 16 per cent and gonorrhea, 48 per cent. Although there are plausible explanations for all these increases (see explanations under Incidence Trends), the data from 2004 underscore the reality that STIs are the result of sexual behaviors determined by a multitude of factors, the STD/AIDS Control Program being but one. In this context, we have three key roles. Firstly, we must ensure that our direct services to patients conform to best practice standards. These services comprise our clinics, outreach interactions, contact tracing efforts and information delivered to clients via the telephone, internet, written materials, workshops and face-to-face contact. Secondly, we need to collaborate with, and provide support to, all the other individuals and groups that play a role in determining sexual behavior. These include doctors, nurses, educators, community groups, policy makers, governments, advocates, the media, businesses, religious groups, schools and parents. Finally, we must maximize our efforts to provide training to health care workers involved in STI care and prevention.

The internet plays an increasingly important role in today's world. Studies from Vancouver and elsewhere have clearly documented the reality that internet connections, or "cyberspace", is often the means by which people find sexual partners. I am especially proud of the division's prevention and education efforts in 2004 directed towards making internet encounters safer. Projects such as our page on the stdresource.com website and the growing cybersex outreach program have been innovative, imaginative and are gaining recognition within Canada.

Other highlights of particular note this year include advances in our work in Vietnam and a public health messaging campaign for the gay male community.

While 2004 presented many challenges to those of us monitoring numbers, it also offered many rewards. I would especially like to thank our hardworking clerical and administrative staff who work so efficiently in the background supporting the division's control efforts.

Michael L. Rekart

Dr. Michael Rekart
Director, STD/AIDS Control

the year in review

Clinical Activities

Street Nurse Program

Chee Mamuk Program

Education and Communications

Research Program

Publications / Conference Proceedings /
Conference Abstracts / Presentations

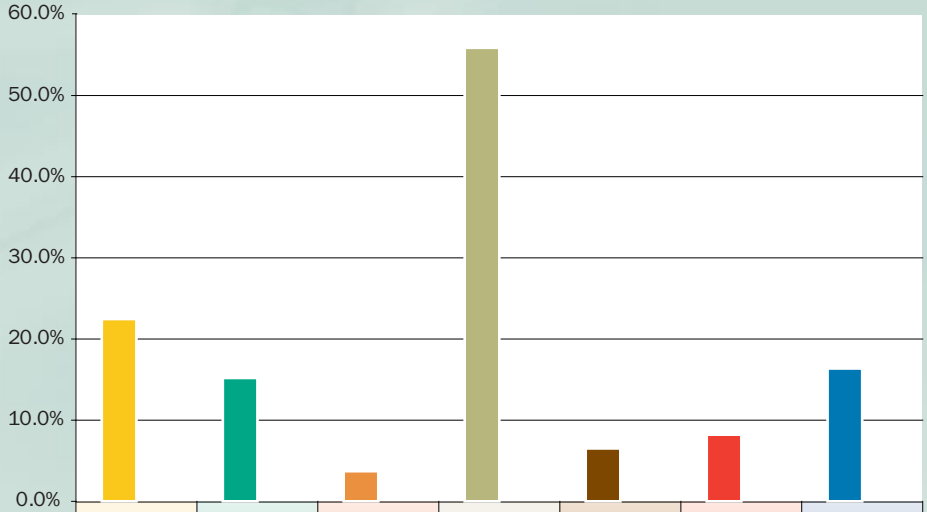
04

clinical activities

STD Clinic and Street Nurses

The division's patient services are delivered through two principal channels: the STD Clinic, located in the BCCDC building at 655 West 12th Avenue in Vancouver, and the Street Nurse Program, which operates from a number of locations throughout the city.

1.1 Reason For Visit • 2004



	STD Screening	STD Symptoms	Contact to STD	HIV Testing	Hepatitis	Wart Treatment	Other
Percentage	22.5	15.2	3.7	55.9	6.5	8.2	16.4
Number	3,934	2,662	652	9,782	1,142	1,440	2,866

* *Other includes: Birth control, counselling, consultation, follow-up, immigration, pregnancy test, results, TB skin testing, treatment and test of cure.*

Note: Percentages do not equal 100% because one client may have several reasons for visit (e.g. HIV testing, symptoms and STI screening).

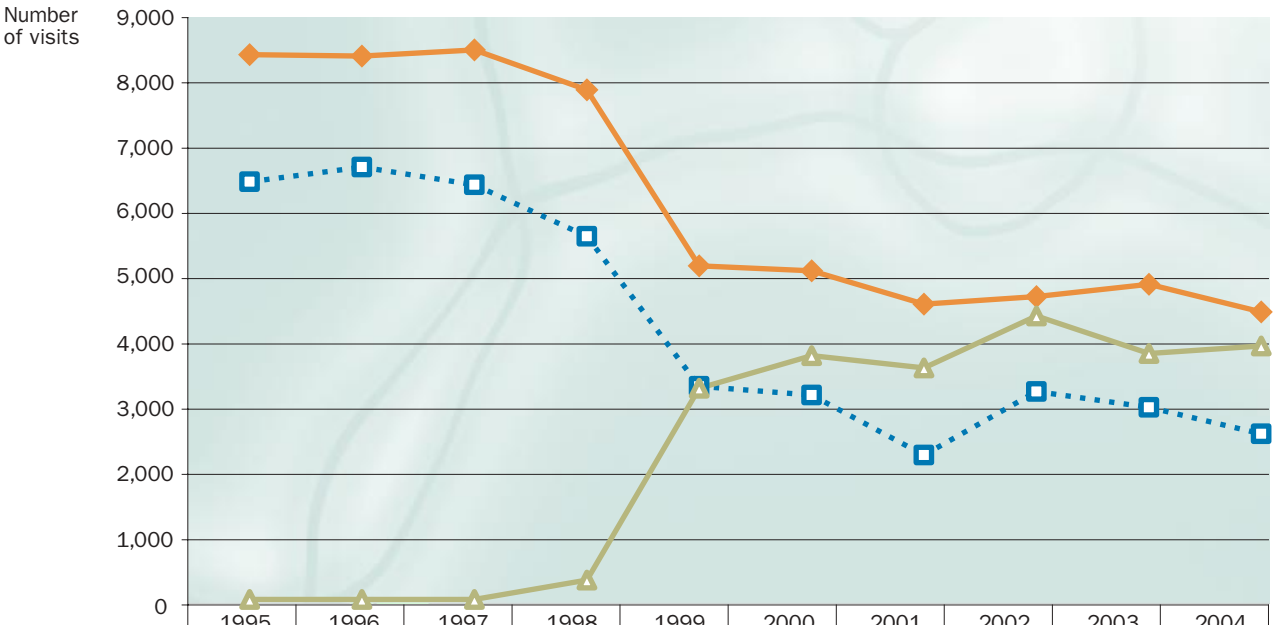
In 2004, the STD Clinic and Street Nurse Program recorded 17,508 visits. The breakdown of clinic visits in 2004 according to 'reason for visit' is very similar to those recorded in the past few years. Some aspects of HIV testing, such as pre-test or post-test counselling, occurred in 9,782 (or 55.9 per cent) of the total visits. Half of the visits (8,688 or 49.6 per cent) were for reasons related to STDs such as STD screening (3,934 visits or 22.5 per cent), STD symptoms (2,662 visits or 15.2 per cent), genital wart treatment (1,440 visits or 8.2 per cent) and contact to an STD (652 visits or 3.7 per cent). Hepatitis testing or vaccination was the motive for 1,142 (6.5 per cent) of visits.

west 12th std clinic

The STD Clinic on 12th Avenue is centrally located, easily accessible to clients, close to the downtown core and adjacent to Vancouver General Hospital. As the site of our primary clinical facility, it provides STI assessment and management services, including HIV testing, for clients from throughout the Lower Mainland. In addition, it is the centre of our epidemiology, education, research and administration activities. At this location we also:

- Conduct STI/HIV/AIDS surveillance, reporting, data management and related epidemiology services.
- Conduct and co-ordinate ongoing STI/HIV/AIDS research at our own and affiliated facilities.
- Provide training in STI clinical management for health care workers from across the province.
- Operate the province-wide STD/AIDS information phone line.
- Operate partner notification services.
- Maintain an STI/AIDS education resource centre for province-wide use.
- Provide administration of all divisional operations.

1.2 West 12th STD Clinic Visits • 1995 to 2004



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
STD	8,025	8,004	8,094	7,506	4,915	4,840	4,350	4,463	4,642	4,235
HIV	6,154	6,368	6,108	5,350	3,139	3,010	2,128	3,063	2,828	2,440
STD & HIV	0	0	0	285	3,110	3,590	3,412	4,176	3,624	3,736
Total	14,179	14,372	14,202	13,151	11,165	11,440	9,890	11,702	11,094	10,412

street nurse program (std/aids outreach)

The AIDS Prevention Street Nurse Program (SNP) is the STD/AIDS Control division's outreach nursing based program. The mandate of the SNP is STI/HIV prevention in the at-risk, hard to reach, and vulnerable/marginalized populations in British Columbia. There were 37,043 direct client encounters in 2004.

Working collaboratively with a wide range of partners, the SNP is guided by frameworks including harm reduction, health promotion and population health to develop innovative and responsive STI/HIV prevention initiatives. Flexible approaches to service delivery and education delivery arise from research, project work and the frontline line experience of the outreach team. Responsiveness to changing conditions also informs new directions in research and project endeavors.

Service delivery: STI/HIV testing, diagnosis and treatment, follow-up and referrals are provided in both clinical and non-clinical settings.

- **Bute Street Clinic –** Located in "The Centre", the lesbian, gay, bisexual and transgendered community centre, Bute Street Clinic continues its busy pace with 6524 client encounters in 2004. A nurse at the clinic provides regular outreach to bathhouses in order to reach gay men. Over 1500 meningococcal C vaccines were given at Bute Street Clinic in December 2004 in response to an outbreak of meningitis C in the gay community.
- **Clinical services –** Offered at small sites housed in Pender Community Health Clinic (PCHC), Surrey Pretrial, Vancouver Detox, and Seymour Street Youth Services site.
- **Mobile clinics/services –** Available through Youth Action Centre (YAC), Women's Information Safe House (WISH), Downtown Eastside Women's Centre, Dusk to Dawn, and at hotels, strolls, parks, the race track, massage parlors, health fairs and others sites as needed.

Education programs: Education programs for client groups, community organizations and peers (those sharing similar backgrounds, conditions or experiences) are provided locally, provincially and internationally. Workshops and field experiences are offered to health professionals and university and college students.

- **SNP collaborated with:**
  - ~ Chee Mamuk (STD/AIDS Aboriginal program) – to provide STI/HIV workshops on reserves throughout British Columbia.
  - ~ Northern Health Authority – to offer workshops for northern nurses and community agency workers in Terrace and Smithers.
  - ~ BC Multicultural Society's Hepatitis C Peer Education Project – to give education and practicum placements to peer outreach workers.
  - ~ Native Health's peer education program.
  - ~ Prison Outreach Program (POP) – to provide education for peer programs in federal prisons.
  - ~ Surrey Needle Exchange – to present peer education workshops.
- Workshops were given at Fraser Valley University, UBC, Langara and John School (a school for those who access sex workers).
- Several information sessions were offered to the Vancouver Police Department's (VPD) City-wide Enforcement Team.

Innovative projects: New projects were incorporated into existing programs.

- **Cyber Outreach Project –** A three phase project begun in January 2004 and extending until April 2006. The 2004 Sex Now Survey found that 50 per cent of gay men met sexual partners through the internet. The goal of the project is to provide an on-line STI/HIV sexual health information and referral service to a gay internet site. The project includes a message board exploring interest in the concept, email questions and responses and live chat services. Each phase is to be evaluated, with Phase 3 running from November 2004 and continuing to November 2005. In December, Jeff Klaussner from San Francisco Public Health and Deb Levine from Internet Sexuality Information Services (ISIS) came to share their experiences relating to internet outreach with the STD/AIDS Control division.
- **Massage parlor outreach –** Street nurses worked with peers from Sex Workers Action Network (SWAN) to access sex workers in massage parlors. A questionnaire about health risks and access to services was developed and will be given in 2005.
- **Patron of Sex Workers Project –** An initiative for conducting focus groups with patrons of sex workers was developed to learn more about accessing these individuals. Focus groups will be held in 2005.
- **Papalooza –** Pap and STI testing were done at festive Papalooza events held in November at a number of sites to reach women who are not accessing the service.

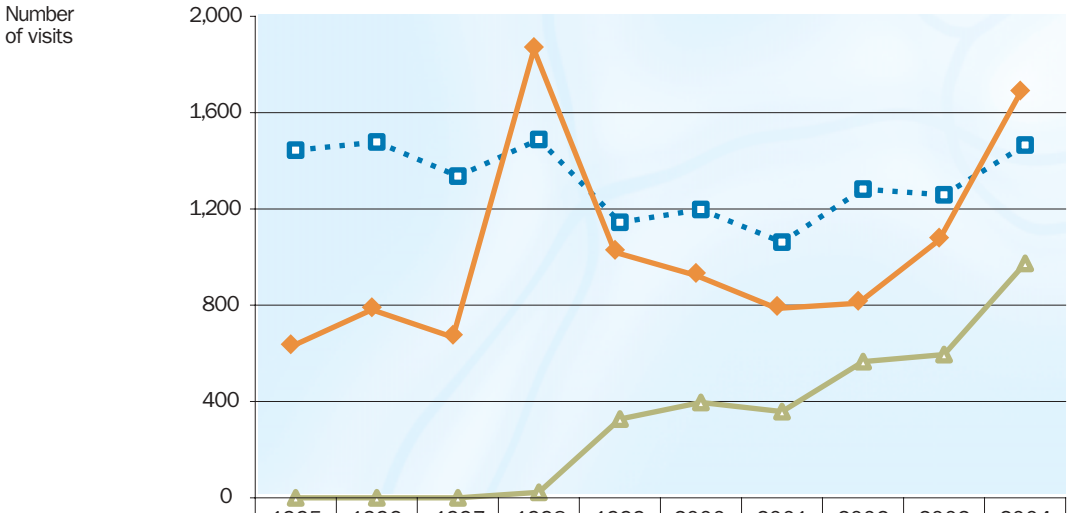
Community Based Research:

- ***"Impact of self sampling for human papilloma virus and targeted recruitment on the uptake of pap testing in street involved women"* Gina Ogilvie –** principal investigator. Two nurses are involved in the study.
- **Sex Now Survey –** SNP collaborated with Community based Research and community partners to conduct surveys in Vancouver, Victoria and Kelowna at Gay Pride events.

Evaluations:

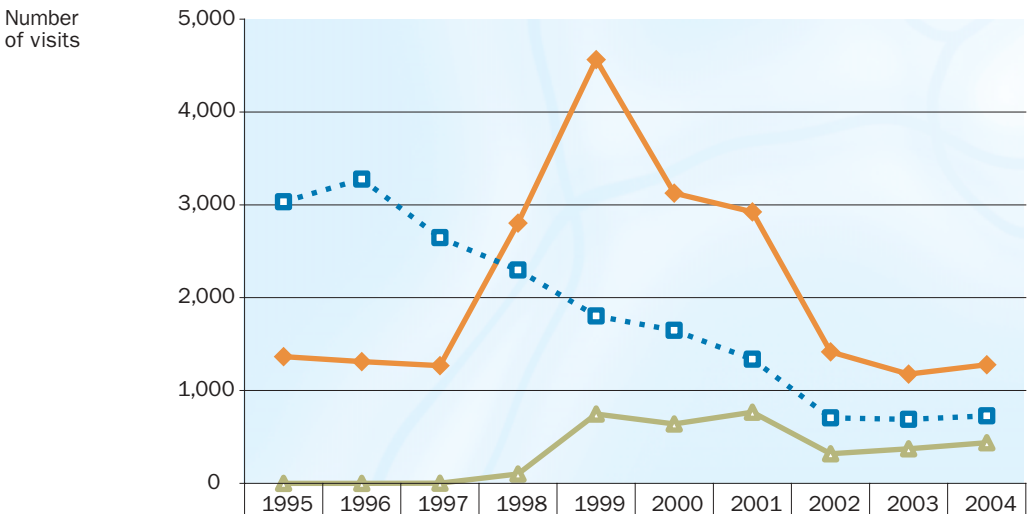
- An evaluation of SNP's involvement working with peers was conducted by Kylie Hutchinson in late 2004. A report is pending.

1.3 Bute Street Clinic Visits • 1995 to 2004



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
STD only	689	843	729	1,924	1,082	986	849	870	1,132	1,743
HIV only	1,444	1,478	1,336	1,488	1,144	1,197	1,062	1,282	1,258	1,465
Both STD and HIV	-	-	-	23	327	396	358	566	595	974
Total	2,133	2,321	2,065	3,435	2,553	2,579	2,269	2,718	2,985	4,182

1.4 Agency/Outreach Visits • 1995 to 2004



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
STD only	1,364	1,312	1,268	2,803	4,564	3,126	2,923	1,417	1,177	1,277
HIV only	3,033	3,277	2,646	2,298	1,802	1,648	1,338	705	689	727
Both STD and HIV	-	-	1	101	747	640	766	319	372	437
Total	4,397	4,589	3,915	5,202	7,113	5,414	5,027	2,441	2,238	2,441

the Chee Mamuk program

Chee Mamuk Aboriginal HIV/AIDS Program

The mandate of Chee Mamuk, formerly the British Columbia Aboriginal AIDS Awareness Program (BCAAAP), is to provide culturally appropriate, on-site and community based HIV/AIDS and STI education and training to Aboriginal communities, organizations and professionals within BC.

The Chee Mamuk Program was formed in 1989 with funding provided by the Ministry of Health, developing as a result of the climbing rates of HIV/AIDS in the Aboriginal community. With a focus on spiritual, mental, emotional and physical health, Chee Mamuk provides awareness of HIV/AIDS and STIs using culture, community involvement and scientific information to educate Aboriginal communities. Currently there are three full time employees: a program manager, an educator and a clerical support person, all of whom have Aboriginal ancestry. The program also offers referrals and consultations, and develops culturally appropriate information materials.

This year Chee Mamuk developed the "3R's" – **Roles, Responsibilities and Results** – to guide program and staff in successfully meeting our mandate.

Another exciting development for Chee Mamuk is the implementation of our Three Trip Process which includes community assessment, training and education and policy development. The plan was formed in order to increase community involvement in the process of HIV and STI education.

Chee Mamuk provided 98 awareness workshops, four train the trainer workshops, presented at five conferences and engaged in 19 health fairs at Aboriginal gatherings. We reached a total of 9,000 people in the 2003-2004 fiscal year. These workshops and presentations continue to grow in demand. The First Nations Inuit Health Branch of Health Canada agreed to partner with our program and provides funding for another part time evaluator to help with the increased need for HIV/AIDS, STI evaluation of Aboriginal HIV/AIDS programming.

Another highlight was the invitation to be keynote speakers at the *Working together to Prevent STIs for the Northwest Territories* conference held in Yellowknife on January 27, 2004. Chee Mamuk presented on our two youth projects, "Chako, Coming of Age" and "Youth Strengthening the Circle", and participated in group discussions. Over 200 frontline workers, youth, nurses and community health representatives from across the Northwest Territories attended.

Chee Mamuk plans to publish a children's book called "The Gathering Tree". The book is being reviewed by three focus groups and an artist is creating illustrations before the book is completed in September 2005. A book launch and celebration is planned for all involved in the book's creation.

Chee Mamuk continues through this work to combine health promotion with our cultural values of love, respect, and caring to prevent HIV/AIDS and STIs.

education and communication: meeting new challenges

Certificate in STI/HIV Clinical Nursing Practice

In response to the pending Provincial scope of practice legislation, STD Education, in partnership with Provincial Health Authorities, the University of British Columbia and the Registered Nurses' Association of British Columbia, initiated the design and development of a distance learning STI/HIV Clinical Nursing Practice.

The goal of the Certificate in STI/HIV Clinical Nursing Practice is to educate and support registered nurses working in settings which require STI/HIV knowledge, expertise and skills. The course will combine on-line experience with clinical face-to-face practicums. The on-line approach was chosen so that the STD/AIDS Control division can more effectively reach healthcare workers throughout the province, while making better use of scarce educational resources.

Upon successful completion of the competency based distance education program, nurses will be certified to deliver comprehensive, client centred STI clinical management and HIV prevention services.

Specific objectives for the distance education certificate course are:

- To educate nurses working in clinical STI/HIV settings in assessment, screening, management, counselling, prevention and surveillance theories, practices and skills.
- To attain knowledge pertaining to sexuality, safer sex, STI/ HIV and related issues.
- To identify, explore and develop the concept of harm reduction as it pertains to risk taking behaviors (i.e. sexual practices, substance use and access to health care services).
- To apply a clinical approach to practice within approved standards and guidelines.

The projected launch of this program is October 2005.

Soul Access

Among other services, STD/AIDS Control disseminates surveillance data on STIs, HIV and AIDS to our clients. Clients include medical health officers, public health nurses, BCCDC staff, the Ministry of Health and Health Canada. The annual and semi-annual reports, either in hardcopy or on our website, have been the principal means of distributing the data. As our customers have become more sophisticated in their data needs, the format of these reports no longer meets their growing needs.

The Soul Access project was initiated in 2002 to meet client's STI/HIV/AIDS data needs by providing them with secured access to the data in a web-based format. A multidimensional on-line analytical processing (OLAP) tool called the 'STD cubes' was adopted for this purpose. STD Control developed the first version of the STD cubes by April 2003. Over the last two years, the cubes have undergone extensive testing and revision while being used within the division. In March 2005, the STD cubes became available on the intranet for authorized users across the province. The cubes will be updated on a regular basis.

There are three separate cubes: a STD cube that contains chlamydia, gonorrhea and syphilis data, an HIV cube and an AIDS cube. The cubes present the numbers of cases and rates in eight to nine dimensions (e.g. date of test, gender, age, ethnicity, health authority and risk group). The numbers are displayed in two or more selected dimensions and can be filtered using any number of the dimensions. The cubes do not contain any personal identifiers and have no links to the original databases. For more information on the STD cubes, visit BCCDC's PartnerNet at: http://www.bccdc.org or email: linda.knowles@bccdc.ca.

research program

The STD/AIDS Research Program has been very busy over the past year. A total of 17 research studies have been implemented, five of which have been completed and are in the analysis/dissemination stage, and five of which are being conducted in collaboration with other divisions within BCCDC.

Much of the research has been done in collaboration with a number of partners such as: the Public Health Agency of Canada, BC Cancer Agency, BC Centre for Excellence in HIV/AIDS, Vancouver Coastal Health, public health nurses in the province and various community agencies.

New Research Studies Underway

- Impact of self-swabbing for Human Papilloma Virus (HPV): A pilot study to assess uptake of HPV screening and subsequent pap testing. There are 50 women recruited to date. The recruitment goal is 150 women.
- Antenatal seroprevalence of hepatitis C and HIV in BC: To test 17,000 antenatal stored samples to determine seroprevalence of hepatitis C and HIV. Testing is completed and analysis is pending.
- Provision of on-line STI education: An evaluation study to look at the usefulness of providing on-line STI education. Three phases have been completed (message board posting, email responses and live chat). Analysis is currently underway.
- Survey of patrons of sex trade workers: To gather information from male patrons of male sex workers about the best way to recruit patrons for research studies. Female sex workers are also being surveyed. There have been two focus groups with sex workers and one focus group with patrons. One more focus group is planned with patrons. Analysis is on-going.
- Assessment of sexual health risk behaviours among massage parlour workers in Greater Vancouver: Ethics approval has been obtained and data collection will begin. The study is being conducted by the Street Nurse Program in partnership with Sex Worker Action Network (SWAN).
- Evaluation of media campaign aimed at men who have sex with men (MSM) population: Evaluation has been completed.

Dissemination of Research

- International Conference on Urban Health (Boston, October 2004): One poster.
- Presentation on Papalooza: Two staff members attended.
- XV International AIDS conference, Bangkok, July 2004: Attended by Mike Rekart.
- 16th International Conference on the Reduction of Drug-related Harm, (Belfast, Northern Ireland, March 2005): Attended by James Tigchelaar. A poster presentation on the Evaluation of Peer Workers in an Outreach Setting was given.
- Fifteen abstracts were submitted for the May 2005 Canadian Conference on HIV/AIDS Research (CAHR). Ten abstracts were submitted for the July 2005 International Society for Sexually Transmitted Diseases Research conference.

publications/conference proceedings/ conference abstracts/presentations

Mike Rekart

Referred Publications

(1) Journals (referenced on PubMed)

1 **Rekart ML.**, Wong T., Wong E., Hutchinson K., Ogilvie GS. The impact of syphilis mass treatment one year later: self-reported behaviour change among participants. *International Journal of STD and AIDS 2004* (in press).

2 Stajduhar KI., Poffenroth L., Wong E., Archibald CP., Sutherland D., **Rekart ML**. Missed Opportunities: Injection drug use and HIV/AIDS in Victoria, Canada. *International Journal of Drug Policy 2004*; #15 , 171-181.

(2) Journals (not referenced on PubMed)

1 Fonseca K., DiFrancesco L., Galli R., Hogg B., Schechter M., Swantee C., **Rekart ML.**, and the Multi-Centre Rapid Test Research Teams. Results from a Multi-Centre Canadian Clinical Trial of a Rapid HIV Antibody Test for Use in Point-of-Care, Clinical and Laboratory Settings. 13th Annual Canadian Association of HIV Research Conference, Montreal, QC, May 2004.

2 Fonseca K., DiFrancesco L., Galli R., Hogg B., Schechter M., Swantee C., **Rekart ML.**, and the Multi-Centre Rapid Test Research Teams. Results from a Multi-Centre Canadian Clinical Trial of a Rapid HIV Antibody Test for Use in Point-of-Care, Clinical and Laboratory Settings. XV International AIDS Conference 2004, Bangkok, Thailand, July 11-16, 2004.

3 **Rekart ML**. STI/HIV prevention and care for vulnerable groups in Ho Chi Minh City, Vietnam. XV International AIDS Conference 2004, Bangkok, Thailand, July 11-16, 2004.

4 **Rekart ML.**, Marchand R., Trussler T., Barker A., Barnett J. The Sex Now Survey: HIV risk and prevention for gay men in Vancouver, Canada. XV International AIDS Conference 2004, Bangkok, Thailand, July 11-16, 2004.

Gina Ogilvie

Invited Presentations

"STIs: What's New in Epidemiology and Management", Infectious Diseases Update, International Medicine and Tropical Diseases, Victoria, October 2004.

"STDs and their associated cutaneous manifestations", dermatology residents, July 2004.

"HPV", medical microbiology residents, June 2004.

"MSM HIV/STI", HIV-STD I-5 Corridor Network Meeting, Centers for Disease Control, Portland, Oregon, May 2004.

"Infectious Syphilis", St Paul's Hospital, ER Department, February 2004.

Conference Proceedings

Moore R., Hsu R., Amirabbasi M., Burgess T., Towers L., **Ogilvie GS.**, St Germain L., Matisic J., Brooks-Wilson A. To Determine the Prevalence of Cervical Human Papillomavirus (HPV) Infection in Women in British Columbia. British Columbia Cancer Agency Annual Cancer Conference, November 2004, Vancouver BC.

Winsor Y., Gold F., MacMillan C., Maginley J., Chakraborty B., Taylor D., STD/AIDS Control outreach nurses, **Ogilvie GS.** A Community Based Pap and STD Screening Approach Targeting Vulnerable Women in Vancouver's Downtown Eastside (DTES). 3rd International Conference on Urban Health, October 2004, Boston MA, USA.

Publications

Ogilvie GS., Patrick DM., Sellors JS., Schulzer M., Petric M., Fitzgerald M. Diagnostic Accuracy of Self Collected Cervicovaginal Samples for Human Papillomavirus vs Clinician Collected Samples: A Meta-Analysis. *Sexually Transmitted Infections* (June 2005) 81(3), p.207-212.

Ogilvie GS., Knowles L., Taylor D., Tigchelaar J., Brunt C., James L., Wong E., Maginley J., Jones H., Rekart ML. Incorporating a Social Networking Approach (SNA) to Enhance Contact Tracing in a Heterosexual Outbreak of Syphilis. *Sexually Transmitted Infections* (April 2005) 81, p.120-127.

Ogilvie GS., Shaw EA., Lusk S., Zazulak J., Kaczorowski J. Access to Colposcopy for at Risk Canadian Women: Can we do better? *Canadian Journal of Public Health*, (September-October, 2004) 95(5), p.346-351.

Rekart ML., Wong T., Wong E., Hutchinson K., **Ogilvie GS.** The impact of syphilis mass treatment one-year later: Self-reported behaviour change among participants. *International Journal of STD and AIDS* (accepted, September 2004).

publications/conference proceedings/ conference abstracts/presentations

Melanie Rivers

Presentations

"Uts'am: Living Our Culture, Abs Education Conference", Richmond, BC.
- Chako, Coming of Age Workshop, February 2004.

"Let's Talk: A National Capacity Building Conference on Children, Youth and Families affected by HIV/AIDS", Toronto, ON:
- Youth Strengthening the Circle and Chako, Coming of Age Workshops, March 2004.

2nd Canadian Hepatitis C Conference: "New Knowledge, New Hope"
- Partnerships, Culture and Connections, From the City to the Rural Communities, Panel Presentations, March 2004.

Nursing Symposium: Viral Hepatitis: Looking at all the Angles – Aboriginal Issues and Hepatitis C, April 2004.

Healing Our Spirit: Strengthening Ties, Strengthening Communities, Vancouver, BC
- From the City to Community: Sharing Harm Reduction Strategies, April 2004.

Courses

UBC School of Nursing: Population Health Course
- Partnerships: Building on Strengths, May 2004.

Abstracts / Conference Proceedings

Aboriginal Plenary Session, April 2004: Moderator.

Lucy Barney

Presentations

2004 BC Aboriginal Capacity and Developmental Research Environments (ACADRE) and Vancouver Coastal Health "Together We Can, Aboriginal Research Forum", Vancouver, BC.

"2004 Healing Our Spirit Aboriginal HIV/AIDs" conferences, held in different communities throughout BC.

"2004 Palliative Care Conference", Richmond, British Columbia: Aboriginal People and Palliative Care Issues around HIV/AIDs.

Professional Contracts

2004 Corrections Canada Services. Developed culturally relevant training manual on HIV/AIDS, TB, STIs and hepatitis for corrections staff, elders, liaison workers and inmates.

2004 Critical Incident Investigation Team member. Assisted in investigation of an Aboriginal inmate's suicide.

2004 – 2006. The McCreary Centre Society. Consultant for research on the stigma of two-spiritedness and HIV/AIDS. (An international research project with Maori, Aborigine and North American Indians)

Professional Reports

2004 – Health Canada, Evaluation of Chee Mamuk's HIV/AIDs and STI Tool Kit.

National and Provincial Research Committees

2004 – Advisory: University of British Columbia and BC Centre for Excellence in HIV/AIDS, St. Paul's Hospital –"The Experience of Aboriginal People Seeking Health Care through the Emergency Department at St. Paul's Hospital".

Joint presentations: Melanie Rivers and Lucy Barney

"Working Together to Prevent STIs", Yellowknife Northwest Territories: "Youth Strengthening the Circle and Chako Coming of Age" Keynote speakers, January 2004.

"A Place of Healing at the End of Life", BC Hospice Palliative Care Association,Vancouver, BC The Spirit World: Closing the Circle of Life, May 2004.

highlights of 2004

The Vietnam HIV/AIDS/STI Community Network Project

Public Health Messaging for the Gay Male Community

The Vietnam HIV/AIDS/STI Community Network Project

In 2002, the BCCDC received a commitment from the Canadian International Development Agency (CIDA) to support a network of STI clinics and outreach and education training programs in southern Vietnam. This project, the Vietnam HIV/AIDS/STI Community Clinics Network – HCCN – is being implemented by the STD/AIDS Control division. It is a five year program aimed at combating HIV/AIDS and the spread of other sexually transmitted infections among vulnerable populations, in particular, sex workers, injection drug users and at-risk youth.

BCCDC will be providing technical expertise and training to health care workers in four provinces (An Giang, Kien Giang, Can Tho, and Ho Chi Minh). Vietnamese partners include the Vietnamese National Ministry of Health, the four Provincial AIDS Committees and the Committee for Population, Families and Children (CPFC). The clinic program supports an etiologic approach to managing sexually transmitted infections. Health care workers are trained to examine patients, review medical histories, and diagnose through on-site laboratory testing. Treatment of a specific infection follows. This is the same approach used in British Columbia. Outreach workers play a significant role in educating vulnerable populations on prevention of STIs, as well as encouraging individuals to utilize the free diagnostic and treatment services offered through the HCCN. A group of trainers from the STD/AIDS Control division and the BCCDC Laboratory conduct training in Vietnam, provide advice on setting up clinics and on-site laboratories, and improve outreach activities. Vietnamese partners provide clinic sites, staff and overall supervision.

2004 was a very important year for HCCN because Memoranda of Understanding (MOU) were signed by three of the four participating provinces, the Vietnamese project office was established and the first clinic was opened in Can Tho. There are currently four Vietnamese field office staff members: a project manager, physician, outreach specialist and administrative coordinator. The first clinic in An Giang, as well as a second clinic in Can Tho, are scheduled to be operational by April 2005.

Public Health Messaging for the Gay Male Community

Recent data from surveys conducted among the gay male community in British Columbia indicate an increase in unprotected anal sex and other risky sexual practices.

Not surprisingly, sexually transmitted infections, including HIV and syphilis, are all increasing rapidly in this community. As part of a comprehensive prevention plan to address these rising rates, a public health messaging campaign was developed.

A team, including Aboriginal health workers, AIDS Service Organization leaders, youth leaders, nurses, physicians and gay community leaders from across the province assisted in selecting a media campaign advertising team. This team also recommended a social marketing approach geared to 18-30 year old gay men, reinforcing the community norm of safe sex. With the gay community's support, an assets based approach was recommended to build on the strengths of the community. Two messages were developed by Elevator Strategy and Design, one harder hitting for the gay press, and one less provocative for physician offices and health units. The ads were distributed in specific media outlets and other locations for three months, including gay newspapers, local newspapers, bathhouses and urinals in gay bars.

An evaluation of the campaign was conducted by Community Based Research in February 2004. Almost 60 per cent of the gay men approached in Vancouver had seen one of the two ads. More men recalled seeing the 'edgier' advertisement. Eighty six percent felt the ads affirmed gay sexuality, and 36 per cent of respondents felt the ads led them to change to safer sexual practices. Eighty five per cent felt the ads were appealing and 99 per cent felt the ads conveyed an important message. This media campaign both reached and affected the target community despite relatively limited distribution.

incidence trends

New cases of gonorrhea increased from 684 in 2003 to 1013 in 2004 (48 per cent). This corresponds to a highly significant rate change from 16.5 to 24.2 per 100,000 (normal value test, p <0.01). The increase was most evident for males: cases rose from 503 to 821 (63 per cent), and the rate from 24.5 to 39.6. Female rates rose to a lesser degree from 8.6 to 9.1per 100,000 (180 to 192 cases, a 6.7 per cent increase). STD/AIDS Control is currently investigating several possible explanations for the increase: (1) increase in testing volume following the introduction of nucleic acid amplification testing (NAAT) of urine for males; (2) false positive NAAT tests (the positive predictive value (PPV) in low prevalence populations can be as low as 50 per cent); (3) an increase in incidence secondary to more risky behavior; and (4) an effect from ciprofloxacin resistance. The first explanation seems most probable since the increase covered all age groups, risk profiles and health authorities.

Chlamydia cases and rates also increased from 2003 to 2004. Cases rose from 8078 to 8721 (8 per cent) and the rate rose from 194.8 to 208.4 per 100,000 (normal value test, p<0.01). This continues a trend that began in 1998. Many jurisdictions in Canada, the United States and Europe are seeing similar trends. There was no significant correlation to age group, gender, risk profile or geographic area within this increase. One hypothesis for the rise is that early treatment dulls the natural immune response making re-infection more likely. This hypothesis is supported by the annual chlamydia re-infection rate in BC which during this period has been climbing by 5 per cent each year.

New positive HIV tests increased from 418 in 2003 to 457 in 2004 (9.3 per cent). This corresponds to a rate increase from 10.1 to 10.9 per 100,000 (normal value test, p = 0.1). Male cases rose from 324 to 339 (4.6 per cent) and female cases from 91 to 115 (26.4 per cent). Rates increased from 15.8 to 16.4 for males and from 4.4 to 5.4 for females. Female rates have risen over the last three years in every age category except 15-19 year-olds. Male rates have not shown any consistent age-related pattern. With respect to risk, the increase in male rates appears to be confined to homosexual males (157 to 176 cases) whereas the risk profile in women showed an increase for heterosexuals from 2002 to 2004 (27 to 48). New positive HIV test rates increased for the Vancouver Island Health Authority (VIHA) from 7 in 2003 to 10.9 in 2004. The rate for the Northern Health Authority has more than doubled over the last two years from 4.1 in 2002 to 8.7 in 2004. The working hypothesis is that more complete follow-up of HIV contacts (since HIV became reportable in May 2003) has uncovered previously unknown HIV infections in women residing outside the Lower Mainland. This hypothesis is based on input from the HIV reportability nurses throughout BC. There were no significant ethnic trends to report from 2004.

Infectious syphilis cases continued an upward trend as well: 305 cases in 2004 as compared to 262 in 2003. This corresponds to a rate increase of 6.3 to 7.3 per 100,000 (normal value test, p = 0.04). While female and male heterosexual cases and rates actually declined, cases and rates rose significantly for gay men (84 to 140 cases). This increase was concentrated in Vancouver and affected all age groups. Caucasians experienced the largest rise in syphilis from 145 in 2003 to 182 in 2004 (25 per cent).

epidemiology

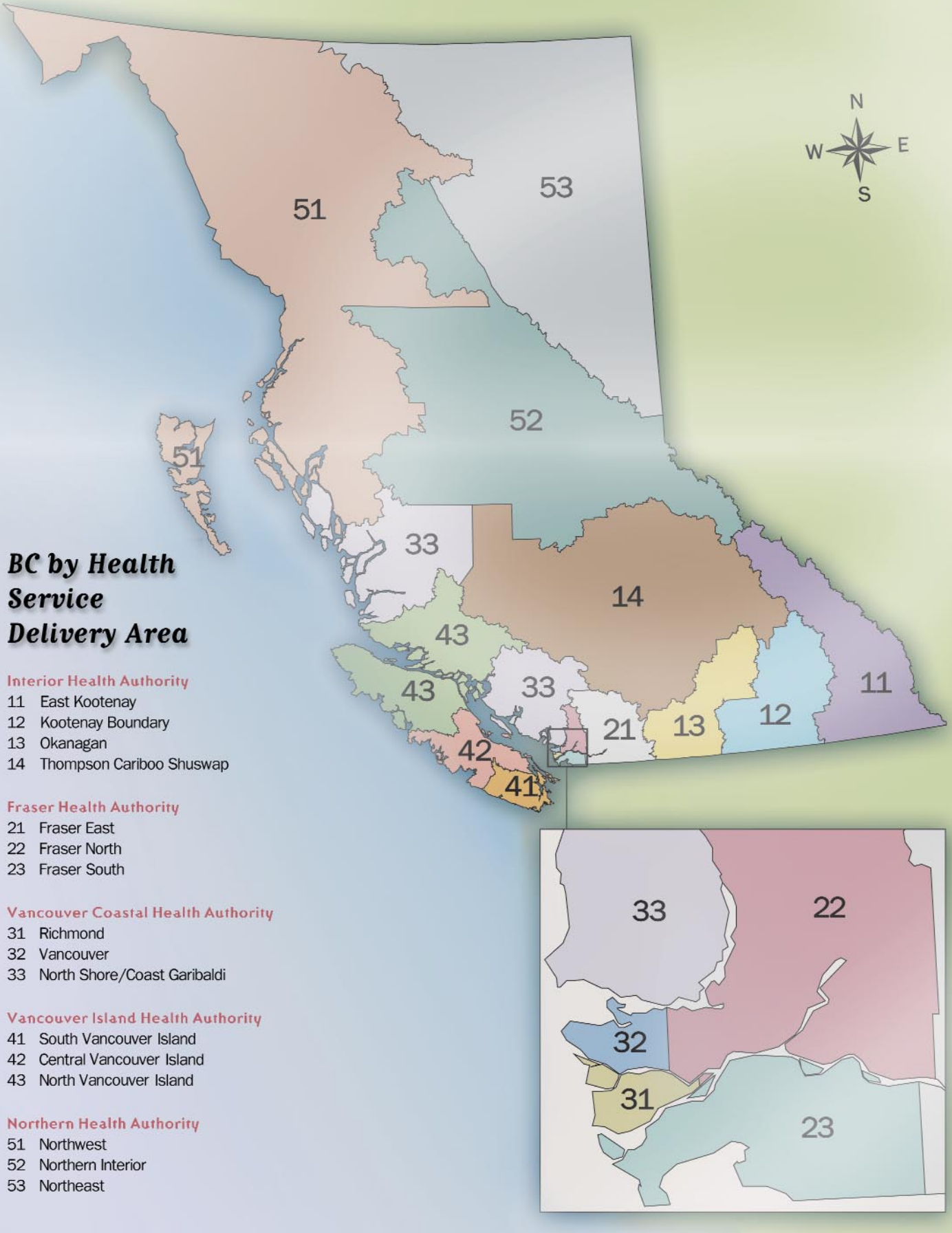
In British Columbia, provincial law requires that certain communicable infections be reported to the Medical Health Officer of the region by health care providers and laboratories. The main reportable STIs are gonorrhea, chlamydia, syphilis, HIV and AIDS. HIV infection became reportable on May 1, 2003.

Mandatory reporting:

- Enables health care workers to follow up on reported infections to ensure adequate treatment and care is provided.
- Reduces the spread of infection through partner notification and other measures.
- Allows health care workers to monitor the incidence of the disease while assisting with prevention strategies.

This reporting supplies the data for our epidemiology report concerning these diseases.

For information on pelvic inflammatory disease please refer to page 39.



BC by Health Service Delivery Area

Interior Health Authority
11 East Kootenay
12 Kootenay Boundary
13 Okanagan
14 Thompson Cariboo Shuswap

Fraser Health Authority
21 Fraser East
22 Fraser North
23 Fraser South

Vancouver Coastal Health Authority
31 Richmond
32 Vancouver
33 North Shore/Coast Garibaldi

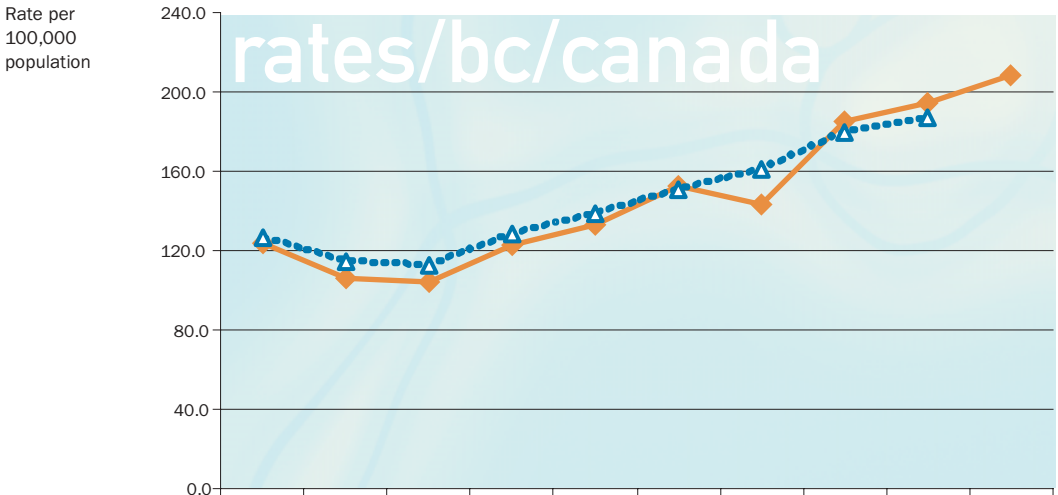
Vancouver Island Health Authority
41 South Vancouver Island
42 Central Vancouver Island
43 North Vancouver Island

Northern Health Authority
51 Northwest
52 Northern Interior
53 Northeast

chlamydia

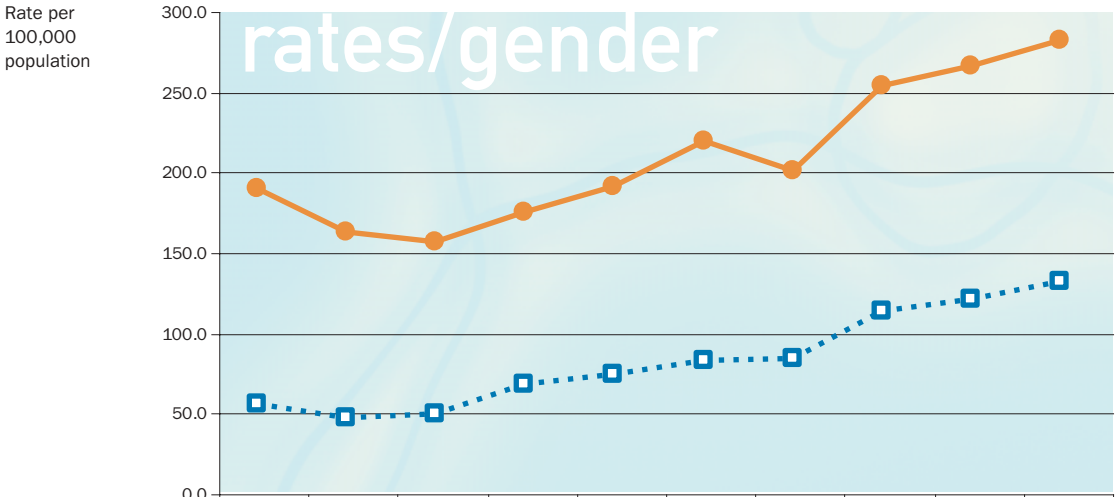
The BC rate per 100,000 population for reported cases of chlamydia genital infection rose significantly from 194.8 in 2003 to 208.4 in 2004. There were no important demographic or geographic trends within this increase.

2.1 BC chlamydia disease case reports and rates • 1995 to 2004



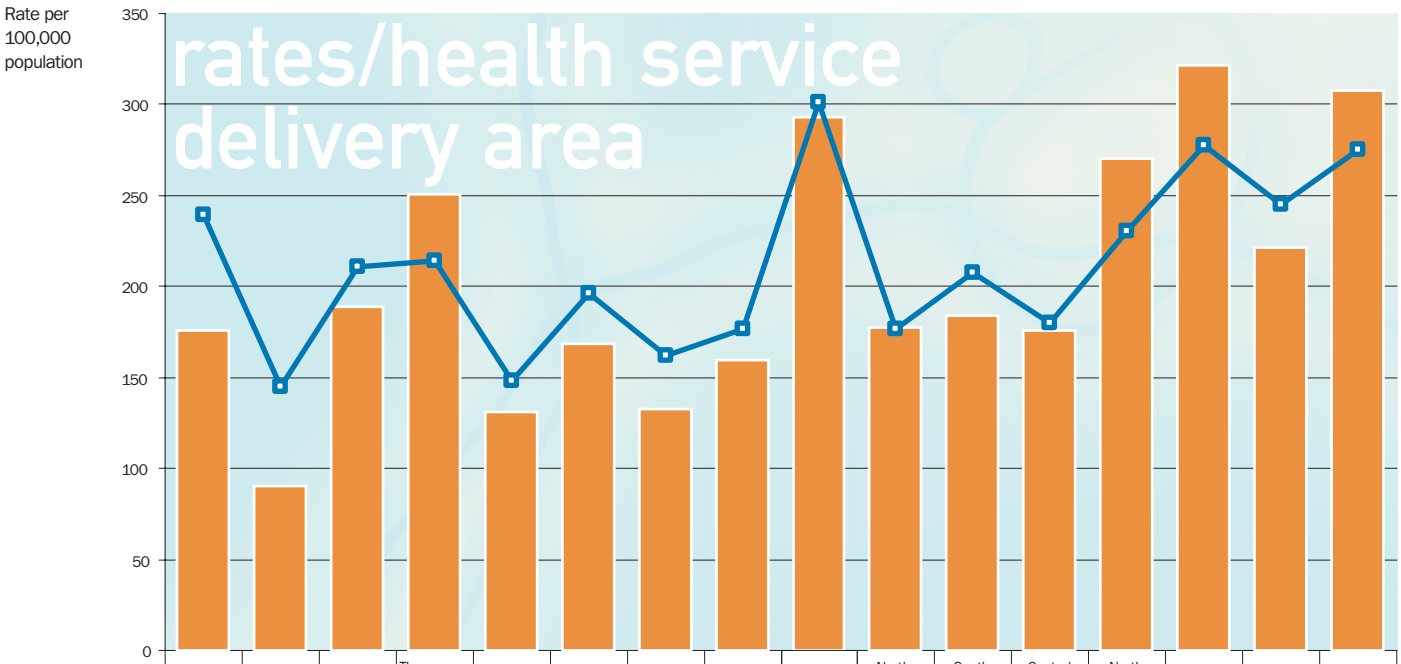
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Chlamydia	4,660	4,116	4,116	4,876	5,351	6,162	5,858	7,615	8,078	8,721
BC Rate	123.4	106.2	104.2	122.4	133.4	152.6	143.6	185.1	194.8	208.4
Canadian Rate	126.8	114.8	112.7	128.8	138.2	150.9	160.7	179.3	186.9	

2.2 BC chlamydia disease case reports and rates by gender • 1995 to 2004



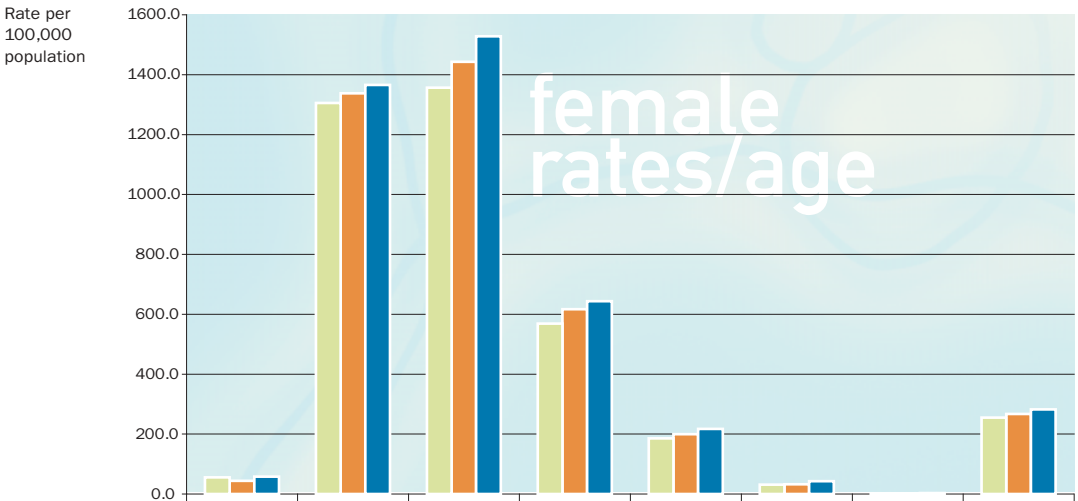
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Reports - Female	3,602	3,191	3,110	3,515	3,866	4,477	4,141	5,291	5,588	5,964
Reports - Male	1,057	917	1,002	1,360	1,484	1,682	1,717	2,323	2,489	2,755
Rate - Female	190.0	164.1	156.8	175.6	191.6	220.2	201.6	255.0	267.1	282.4
Rate - Male	56.2	47.5	51.0	68.7	74.4	83.8	84.8	113.8	121.1	132.9

2.3 BC chlamydia disease case reports and rates by health service delivery area • 2003 to 2004



	East Kootenay	Kootenay Boundary	Okanagan	Thompson Cariboo Shuswap	Fraser East	Fraser North	Fraser South	Richmond	Vancouver	North Shore/Coast Garibaldi	South Vancouver Island	Central Vancouver Island	North Vancouver Island	Northwest	Northern Interior	Northeast
Reports 2004	191	116	671	459	386	1116	1034	311	1751	477	706	437	263	230	368	177
Rate 2003	175.8	90.0	188.5	250.6	131.1	168.3	132.4	159.6	293.2	177.8	183.8	176.1	270.3	321.3	221.5	307.8
Rate 2004	238.9	145.1	210.5	214.0	148.2	196.0	161.7	176.6	301.4	176.6	207.3	179.7	230.0	277.8	245.1	275.2

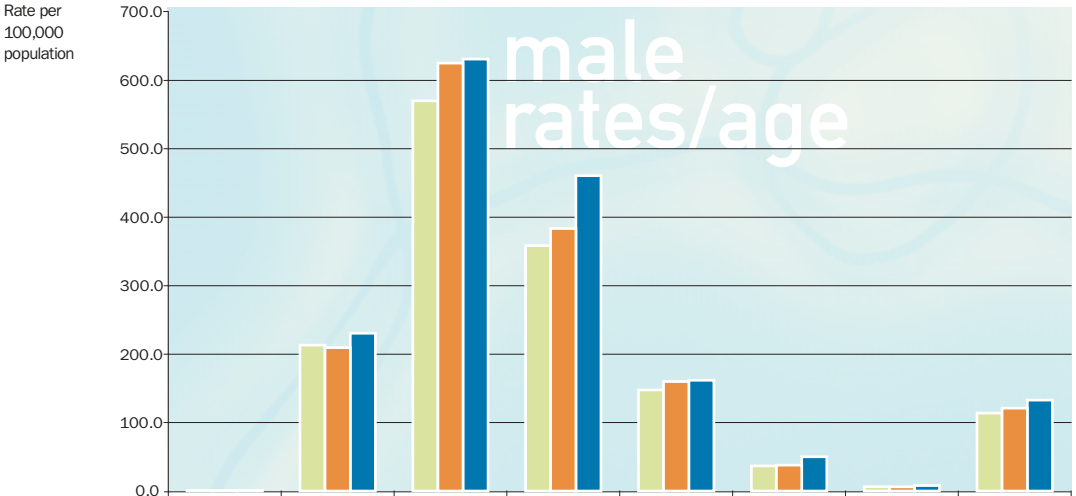
2.4 BC female chlamydia disease rates by age • 2002 / 2003 / 2004



	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	Total*
2002 Rate - Female	55.5	1,305.5	1,356.6	568.9	185.3	31.0	1.3	255.0
2003 Rate - Female	44.1	1,337.8	1,443.1	616.9	199.8	32.5	1.5	267.1
2004 Rate - Female	57.9	1,365.9	1,528.4	643.9	217.2	42.7	2.9	282.4

Total* - Rate includes ALL females (i.e. aged <1 to 60+ years and females with age not specified)

2.5 BC male chlamydia disease rates by age • 2002 / 2003 / 2004



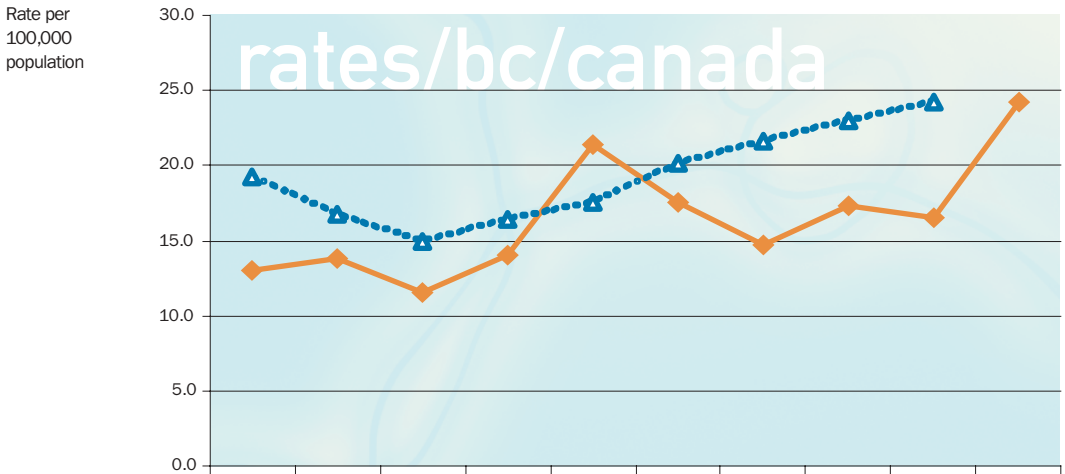
	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	Total*
2002 Rate - Male	0.7	213.3	570.1	358.6	147.6	36.7	6.3	113.8
2003 Rate - Male	0.7	209.6	625.2	383.5	160.0	37.9	6.1	121.1
2004 Rate - Male	0.7	230.5	631.0	460.7	161.8	50.2	7.9	132.9

Total* - Rate includes ALL males (i.e. aged <1 to 60+ years and males with age not specified)

gonorrhea

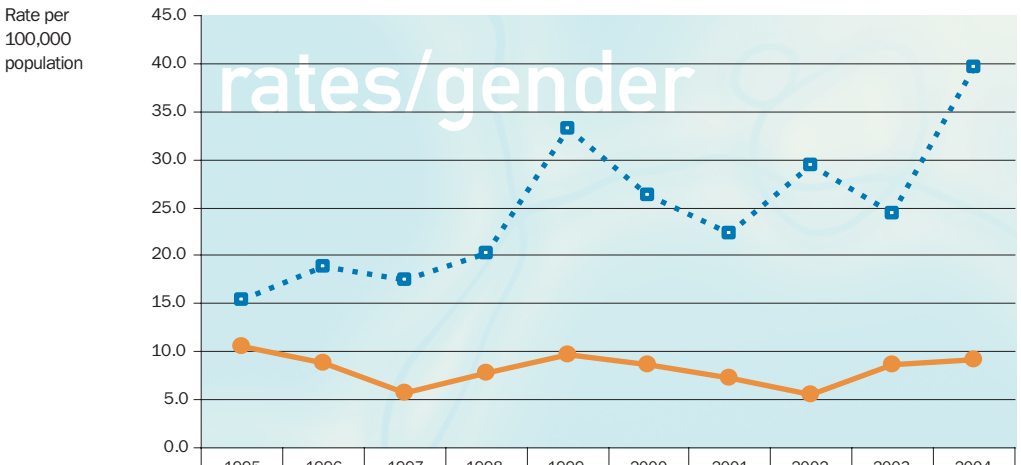
The gonorrhea rate in BC rose significantly from 16.5 per 100,000 in 2003 to 24.2 per 100,000 in 2004. This dramatic increase was most evident for males (24.5 to 39.6). There was no correlation to age, risk category or geography.

3.1 BC gonorrhea disease case reports and rates • 1995 to 2004



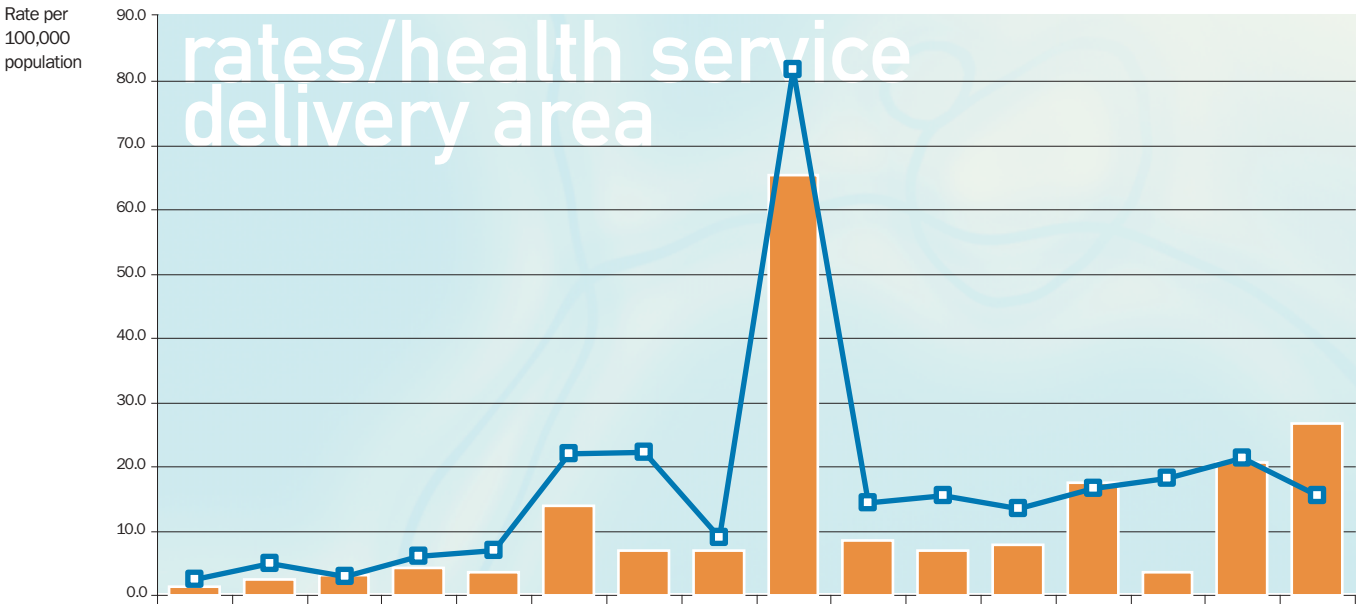
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Reports	492	534	456	558	859	707	600	714	684	1013
BC Rate	13.0	13.8	11.5	14.0	21.4	17.5	14.7	17.4	16.5	24.2
Canadian Rate	19.3	16.8	14.9	16.4	17.6	20.1	21.6	23.0	24.2	

3.2 BC gonorrhea disease case reports and rates by gender • 1995 to 2004



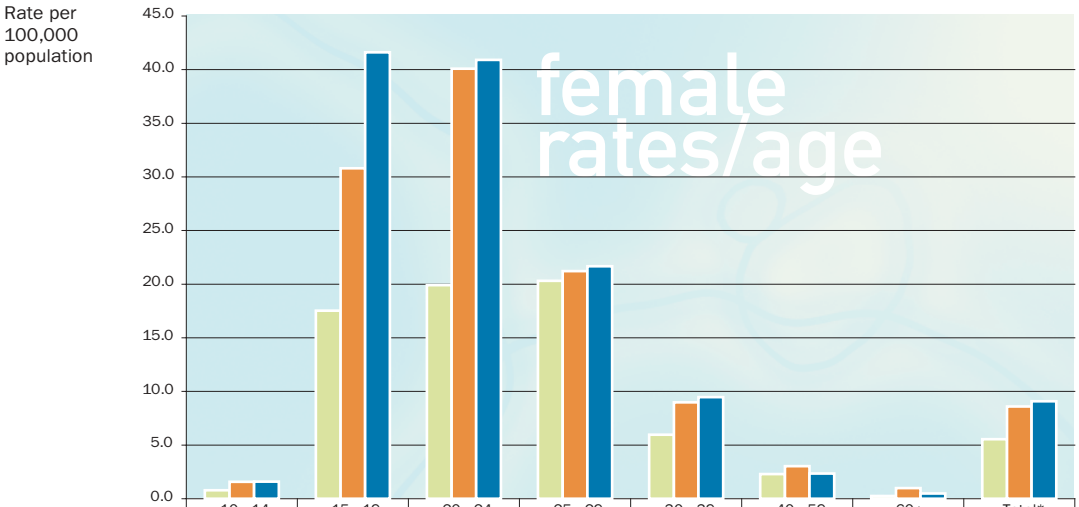
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Reports - Male	290	364	343	402	661	529	451	599	503	821
Reports - Female	199	170	112	155	197	177	149	115	180	192
Rate - Male	15.4	18.9	17.5	20.3	33.2	26.4	22.3	29.4	24.5	39.6
Rate - Female	10.5	8.7	5.6	7.7	9.8	8.7	7.3	5.5	8.6	9.1

3.3 BC gonorrhea disease case reports and rates by health service delivery area • 2003 and 2004



	East Kootenay	Kootenay Boundary	Okanagan	Thompson Cariboo Shuswap	Fraser East	Fraser North	Fraser South	Richmond	Vancouver	North Shore/Coast Garibaldi	South Vancouver Island	Central Vancouver Island	North Vancouver Island	Northwest	Northern Interior	Northeast
Reports 2004	2	4	9	13	18	126	142	16	476	39	53	33	19	15	32	10
Rate 2003	1.3	2.5	3.2	4.2	3.5	13.9	7.0	6.9	65.6	8.6	7.1	7.9	17.6	3.6	20.7	26.7
Rate 2004	2.5	5.0	2.8	6.1	6.9	22.1	22.2	9.1	81.9	14.4	15.6	13.6	16.6	18.1	21.3	15.5

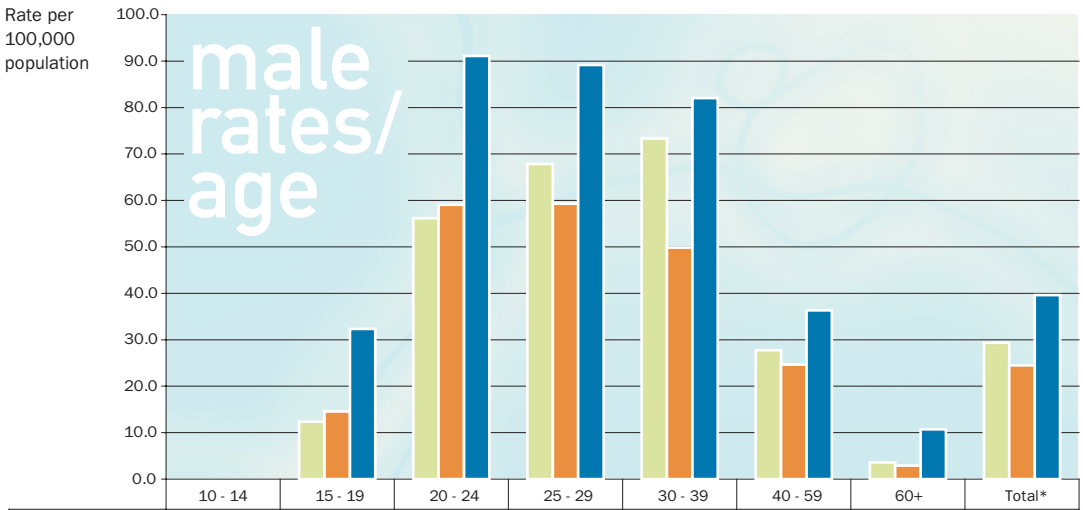
3.4 BC female gonorrhea disease rates by age • 2002 / 2003 / 2004



	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	Total*
2002 Rate - Female	0.8	17.5	19.9	20.3	6.0	2.3	0.3	5.5
2003 Rate - Female	1.6	30.8	40.1	21.2	9.0	3.0	1.0	8.6
2004 Rate - Female	1.6	41.6	40.9	21.7	9.5	2.3	0.5	9.1

Total* - Rate includes ALL females (i.e. aged <1 to 60+ years and females with age not specified)

3.5 BC male gonorrhea disease rates by age • 2002/2003/2004



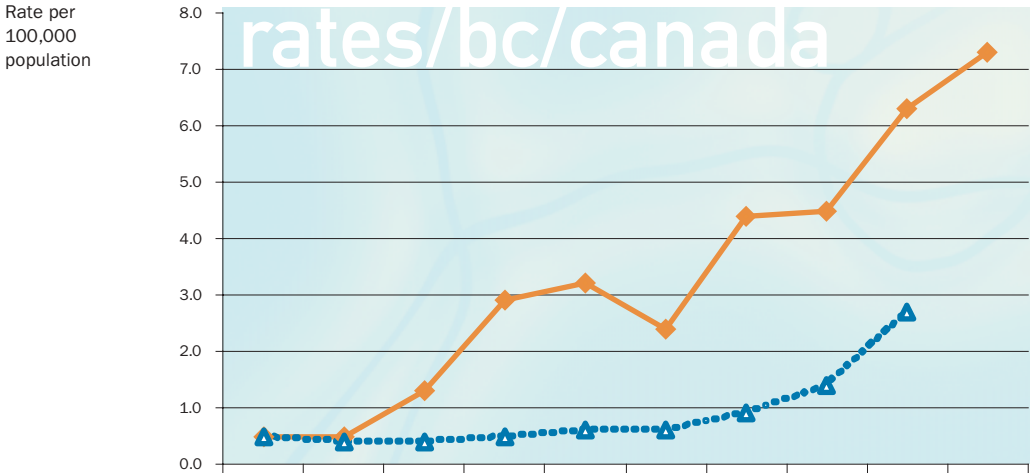
	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	Total*
2002 Rate - Male	-	12.3	56.2	67.8	73.3	27.7	3.6	29.4
2003 Rate - Male	-	14.6	59.1	59.3	49.8	24.6	2.9	24.5
2004 Rate - Male	-	32.3	91.1	89.2	82.0	36.4	10.7	39.6

Total* - Rate includes ALL males (i.e. aged <1 to 60+ years and males with age not specified)

infectious syphilis

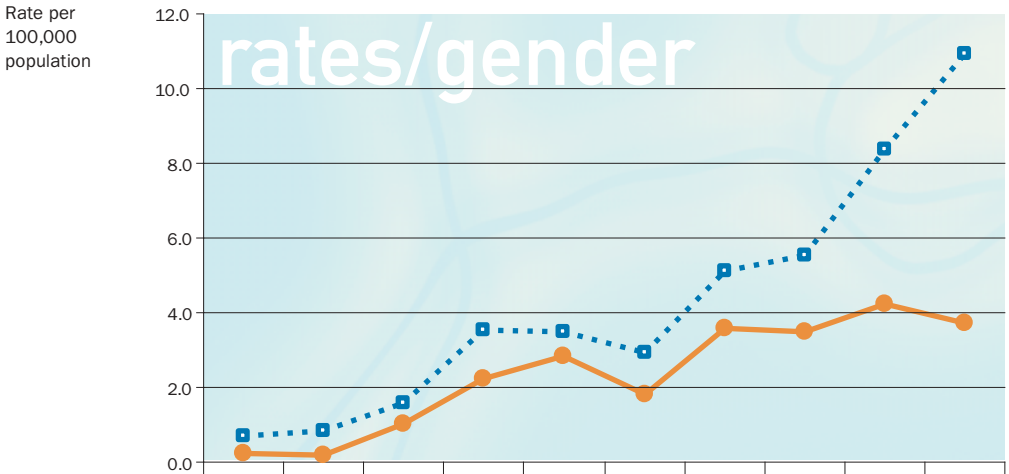
BC's infectious syphilis rate continued to increase significantly. The 2004 rate was 7.3 per 100,000 compared to the 2003 rate of 6.3 per 100,000. The increase was seen primarily in gay men (84 to 140 cases) and in Caucasians (145 to 180 cases). The rates for females and heterosexual males declined compared to 2003.

4.1 BC infectious syphilis disease case reports and rates • 1995 to 2004



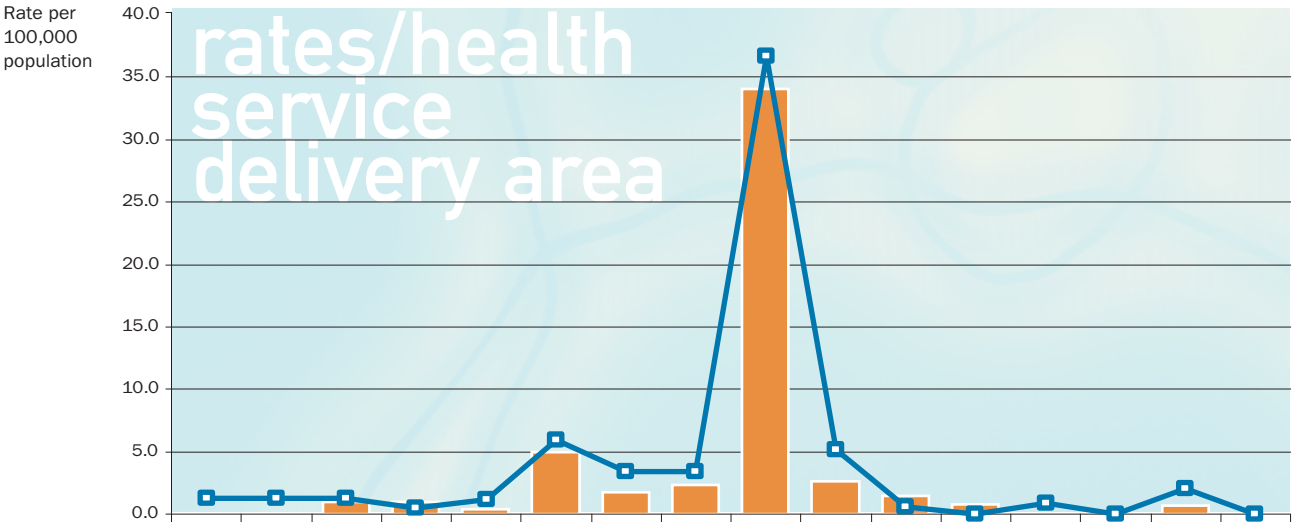
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Reports	17	20	51	115	127	96	178	186	262	306
BC Rate	0.5	0.5	1.3	2.9	3.2	2.4	4.4	4.5	6.3	7.3
Canadian Rate	0.5	0.4	0.4	0.5	0.6	0.6	0.9	1.4	2.7	

4.2 BC infectious syphilis disease case reports and rates by gender • 1995 to 2004



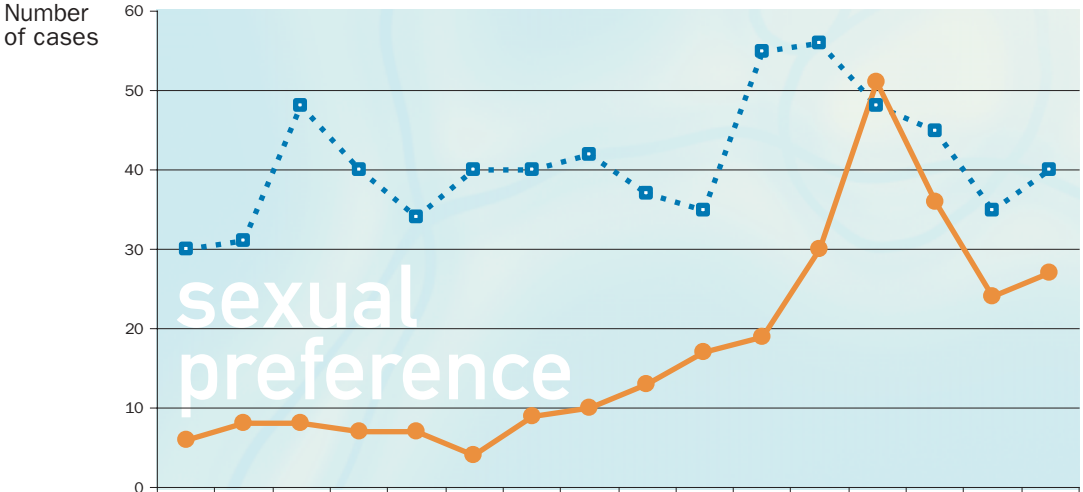
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Reports - Male	13	16	31	70	70	59	104	113	172	227
Reports - Female	4	4	20	45	57	37	74	72	89	79
Rate - Male	0.7	0.8	1.6	3.5	3.5	2.9	5.1	5.5	8.4	11.0
Rate - Female	0.2	0.2	1.0	2.2	2.8	1.8	3.6	3.5	4.3	3.7

4.3 BC infectious syphilis disease case reports and rates by health service delivery area • 2003 and 2004



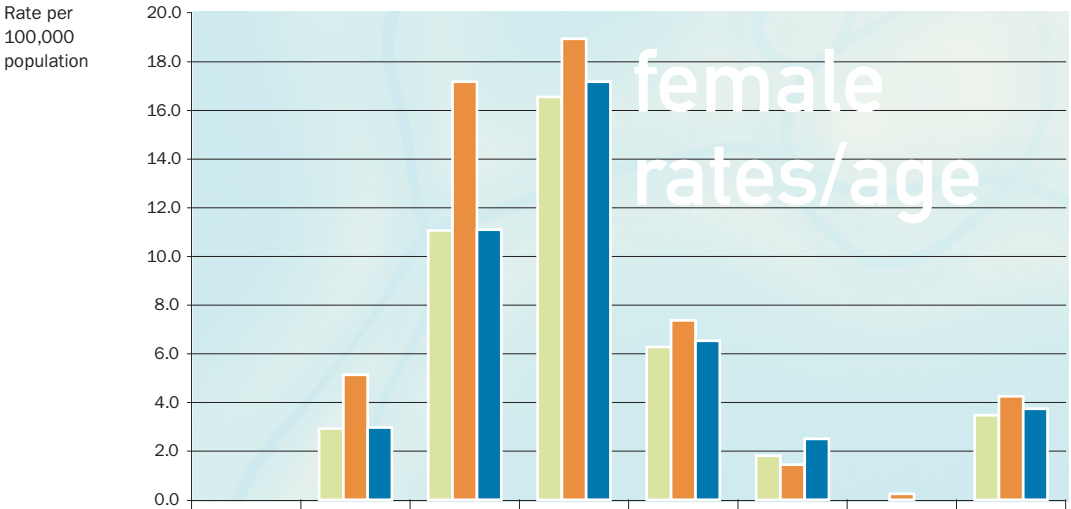
	East Kootenay	Kootenay Boundary	Okanagan	Thompson Cariboo Shuswap	Fraser East	Fraser North	Fraser South	Richmond	Vancouver	North Shore/Coast Garibaldi	South Vancouver Island	Central Vancouver Island	North Vancouver Island	Northwest	Northern Interior	Northeast
Reports 2004	1	1	4	1	3	34	22	6	213	14	2	0	1	0	3	0
Rate 2003	0.0	0.0	1.0	0.9	0.4	5.0	1.8	2.3	34.1	2.6	1.5	0.8	0.0	0.0	0.7	0.0
Rate 2004	1.3	1.3	1.3	0.5	1.2	6.0	3.4	3.4	36.7	5.2	0.6	0.0	0.9	0.0	2.0	0.0

4.4 BC infectious syphilis by sexual preference • 2001 to 2004



	2001 Q 1	2001 Q 2	2001 Q 3	2001 Q 4	2002 Q 1	2002 Q 2	2002 Q 3	2002 Q 4	2003 Q 1	2003 Q 2	2003 Q 3	2003 Q 4	2004 Q 1	2004 Q 2	2004 Q 3	2004 Q 4
Non-MSM	30	31	48	40	34	40	40	42	37	35	55	56	48	45	35	40
MSM	6	8	8	7	7	4	9	10	13	17	19	30	51	36	24	27

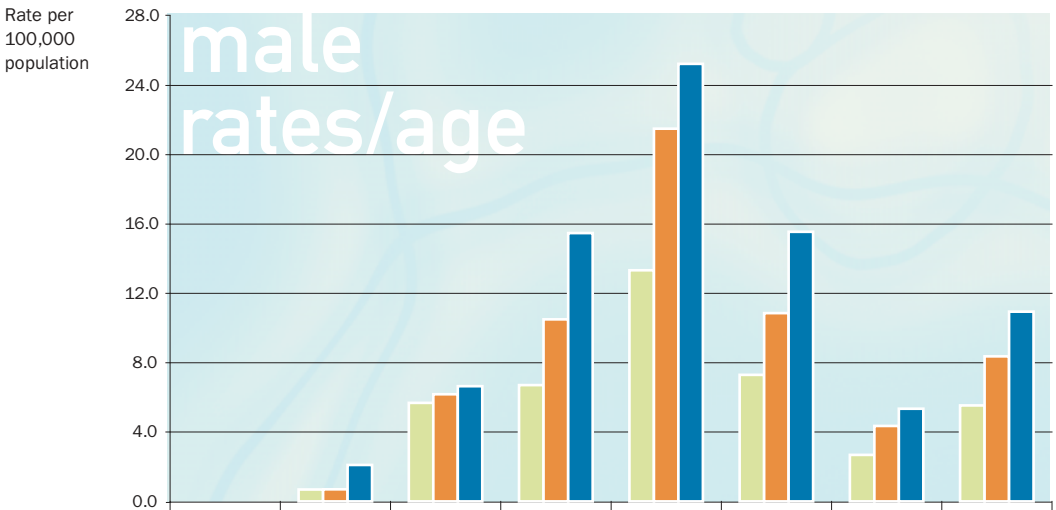
4.5 BC female infectious syphilis disease rates by age • 2002 / 2003 / 2004



	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	Total*
2002 Rate - Female	-	2.9	11.1	16.6	6.3	1.8	-	3.5
2003 Rate - Female	-	5.1	17.2	18.9	7.4	1.4	0.2	4.3
2004 Rate - Female	-	3.0	11.1	17.2	6.5	2.5	-	3.7

Total* - Rate includes ALL females (i.e. aged <1 to 60+ years and females with age not specified)

4.6 BC male infectious syphilis disease rates by age • 2002 / 2003 / 2004

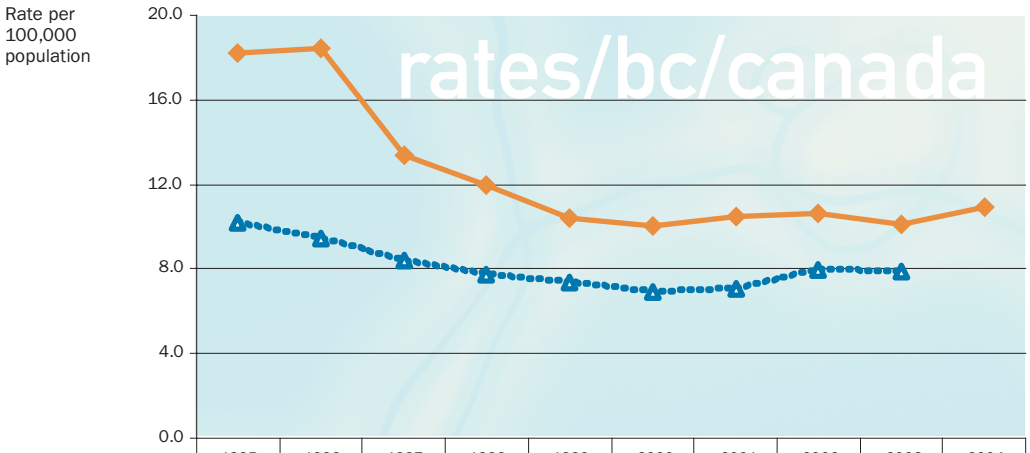


	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	Total*
2002 Rate - Male	-	0.7	5.7	6.7	13.3	7.3	2.7	5.5
2003 Rate - Male	-	0.7	6.2	10.5	21.5	10.9	4.3	8.4
2004 Rate - Male	-	2.1	6.6	15.5	25.2	15.6	5.3	11.0

HIV

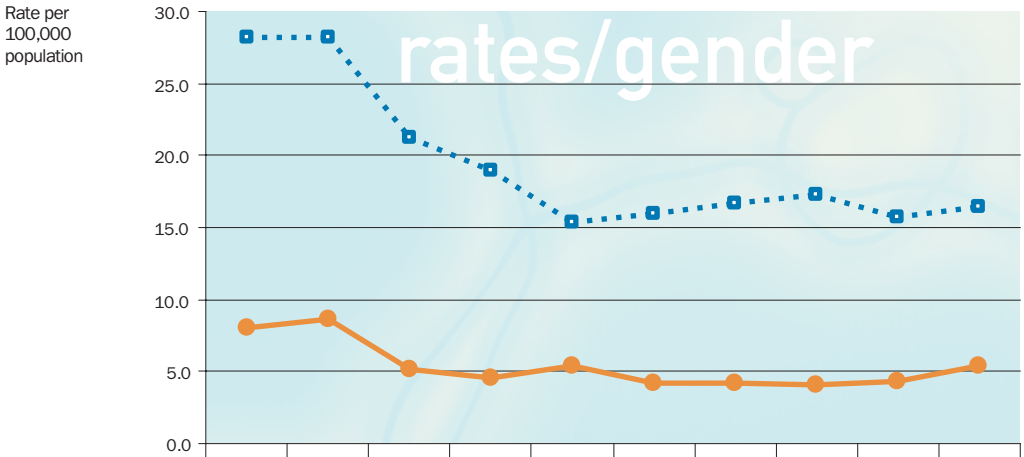
The rate of new positive HIV tests increased from 10.1 in 2003 to 10.9 in 2004. The largest proportional increases were seen in females (91 to 115 cases), and in the Vancouver Island and Northern Health Authorities.

5.1 BC new positive HIV tests and rates • 1995 to 2004



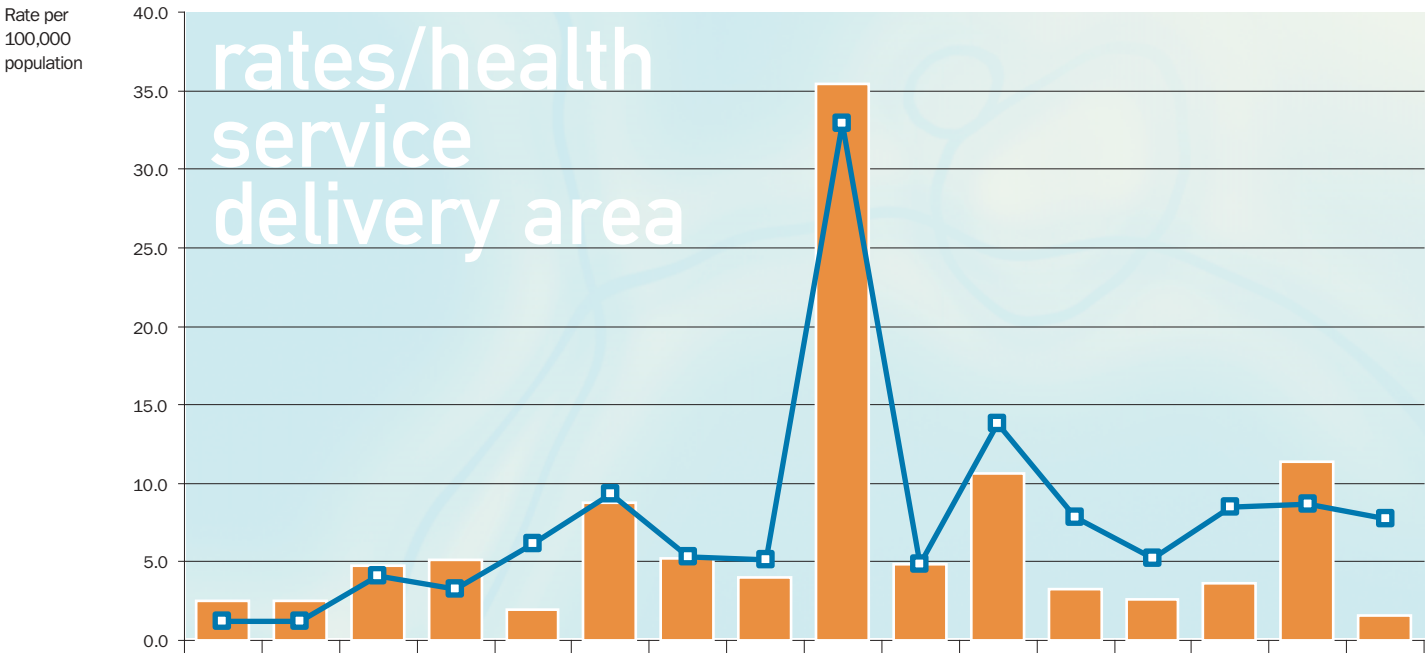
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Reports	687	713	529	476	417	404	429	438	418	457
BC Rate	18.2	18.4	13.4	12.0	10.4	10.0	10.5	10.6	10.1	10.9
Canadian Rate	10.2	9.4	8.4	7.7	7.3	6.9	7.0	8.0	7.9	

5.2 BC new positive HIV tests and rates by gender • 1995 to 2004



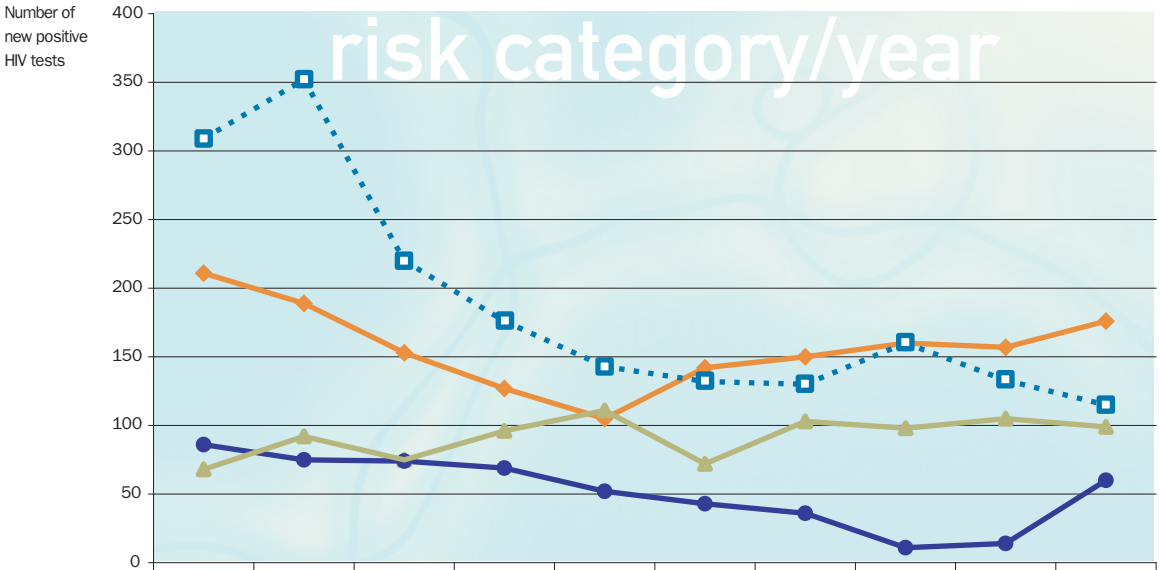
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Reports - Female	153	167	102	92	110	85	87	85	91	114
Reports - Male	530	543	417	375	306	319	337	353	324	340
Rate - Female	8.1	8.6	5.1	4.6	5.5	4.2	4.2	4.1	4.4	5.4
Rate - Male	28.2	28.1	21.2	18.9	15.3	15.9	16.6	17.3	15.8	16.4

5.3 BC new HIV positive tests and rates by health service delivery area • 2003 and 2004



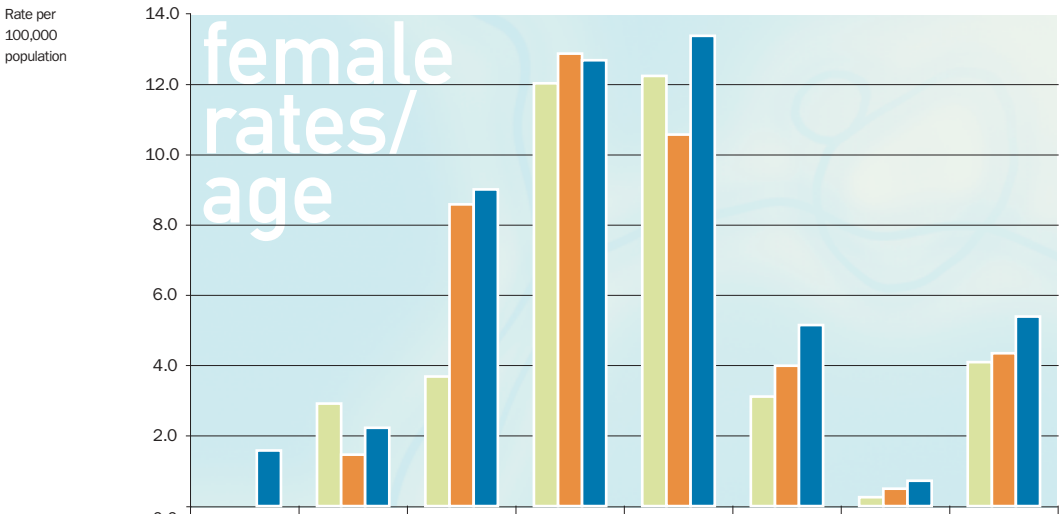
	East Kootenay	Kootenay Boundary	Okanagan	Thompson Cariboo Shuswap	Fraser East	Fraser North	Fraser South	Richmond	Vancouver	North Shore/Coast Garibaldi	South Vancouver Island	Central Vancouver Island	North Vancouver Island	Northwest	Northern Interior	Northeast
Reports 2004	1	1	13	7	16	53	34	9	191	13	47	19	6	7	13	5
Rate 2003	2.5	2.5	4.8	5.1	2.0	8.7	5.3	4.0	35.5	4.8	10.6	3.3	2.6	3.6	11.4	1.6
Rate 2004	1.3	1.3	4.1	3.3	6.1	9.3	5.3	5.1	32.9	4.8	13.8	7.8	5.2	8.5	8.7	7.8

5.4 BC new positive HIV tests by risk category and year • 1995 to 2004



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
MSM	211	189	153	127	105	142	150	160	157	176
IDU	309	352	220	176	143	132	130	160	133	115
HET	68	92	75	96	111	72	103	98	105	99
Unknown	86	75	74	69	52	43	36	11	14	60

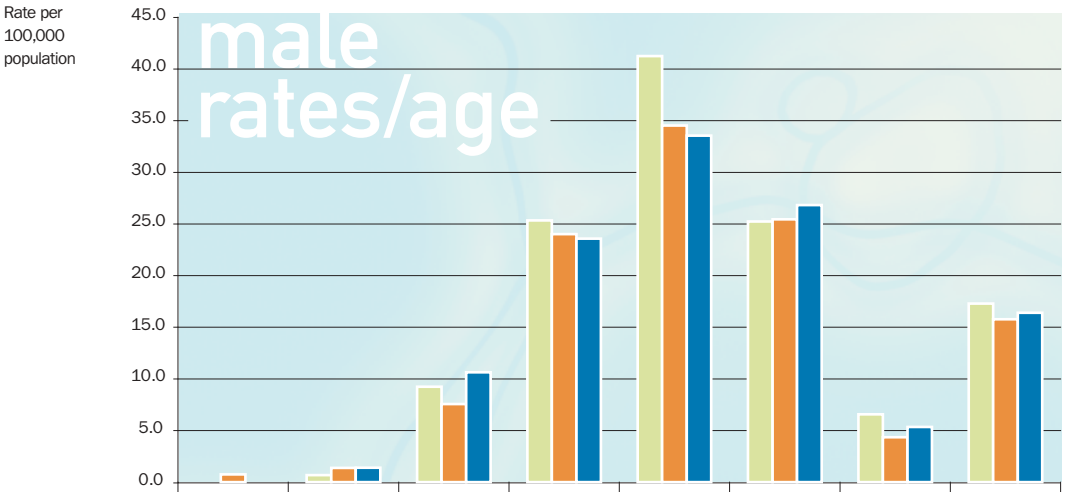
5.5 BC female new positive HIV test rates by age • 2002 / 2003 / 2004



	10 - 14 yrs	15 - 19 yrs	20 - 24 yrs	25 - 29 yrs	30 - 39 yrs	40 - 59 yrs	60+ yrs	Total*
2002 Rate - Female	-	2.9	3.7	12.0	12.2	3.1	0.3	4.1
2003 Rate - Female	-	1.5	8.6	12.9	10.6	4.0	0.5	4.4
2004 Rate - Female	1.6	2.2	9.0	12.7	13.4	5.2	0.7	5.4

Total* - Rate includes ALL females (i.e. aged <1 to 60+ years and females with age not specified)

5.6 BC male new positive HIV test rates by age • 2002 / 2003 / 2004



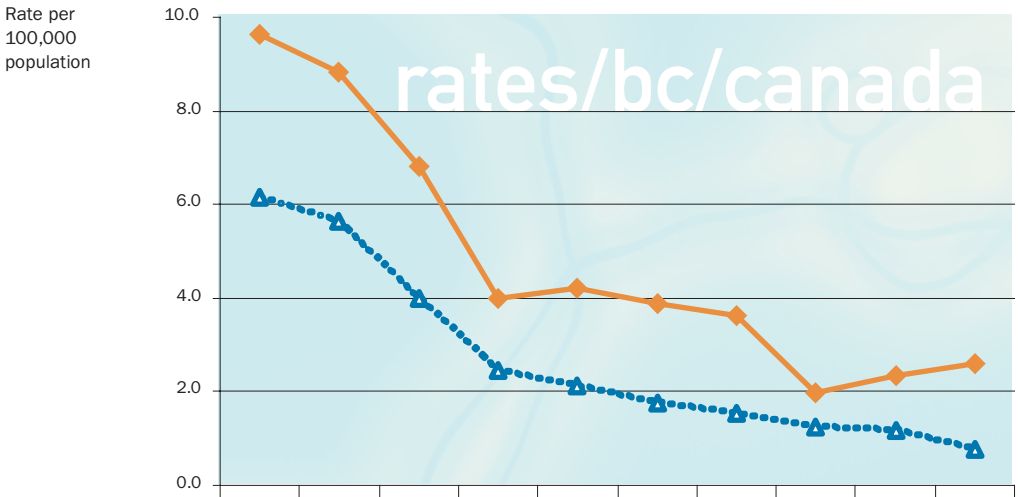
	10 - 14 yrs	15 - 19 yrs	20 - 24 yrs	25 - 29 yrs	30 - 39 yrs	40 - 59 yrs	60+ yrs	Total*
2002 Rate - Male	-	0.7	9.2	25.3	41.3	25.2	6.6	17.3
2003 Rate - Male	0.7	1.4	7.6	24.0	34.5	25.4	4.3	15.8
2004 Rate - Male	-	1.4	10.6	23.6	33.6	26.8	5.3	16.4

Total* - Rate includes ALL males (i.e. aged <1 to 60+ years and males with age not specified)

AIDS

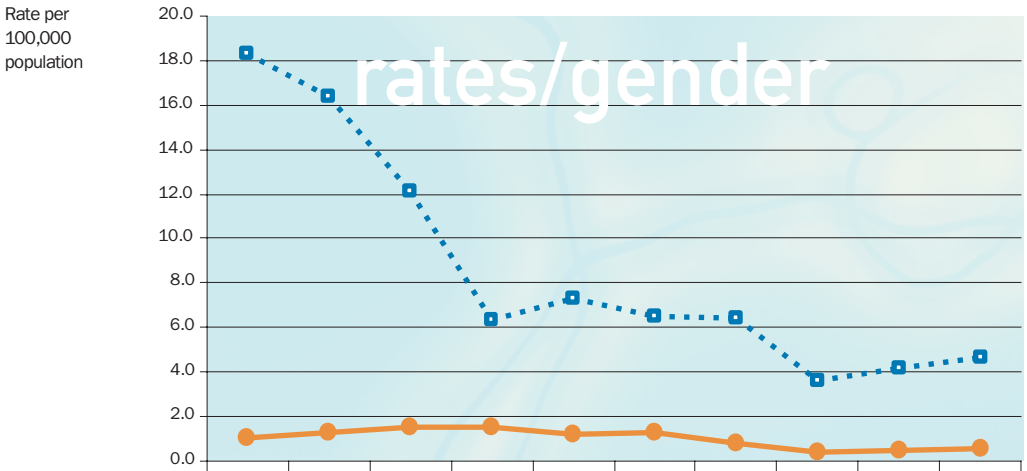
Beginning with this 2004 annual report, we will only include AIDS data up to the previous year (i.e. 2003) because of delays in reporting. Accordingly, the AIDS rate increased from 2.3/100,000 in 2002 to 2.6/100,000 in 2003.

6.1 BC AIDS disease case reports and rates • 1994 to 2003



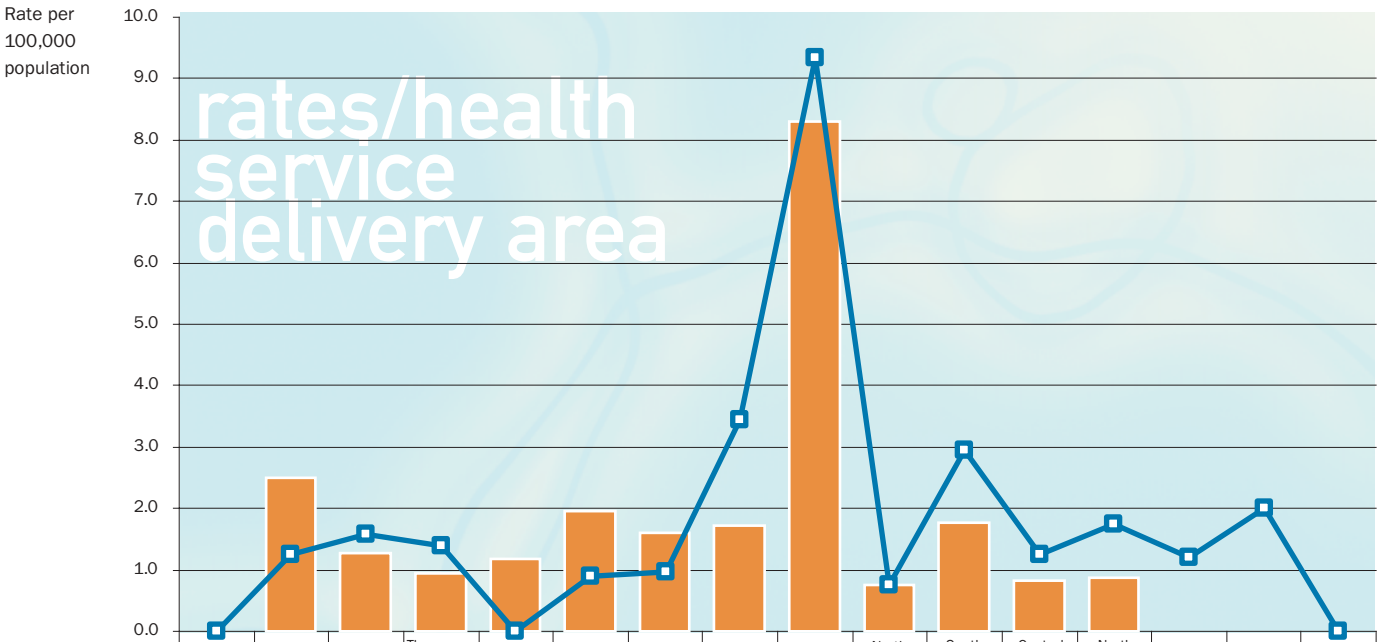
	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Reports	354	333	264	157	168	156	146	81	96	108
BC Rate	9.6	8.8	6.8	4.0	4.2	3.9	3.6	2.0	2.3	2.6
Canadian Rate	6.1	5.6	4.0	2.4	2.1	1.8	1.5	1.3	1.2	0.8

6.2 BC AIDS disease case reports and rates by gender • 1994 to 2003



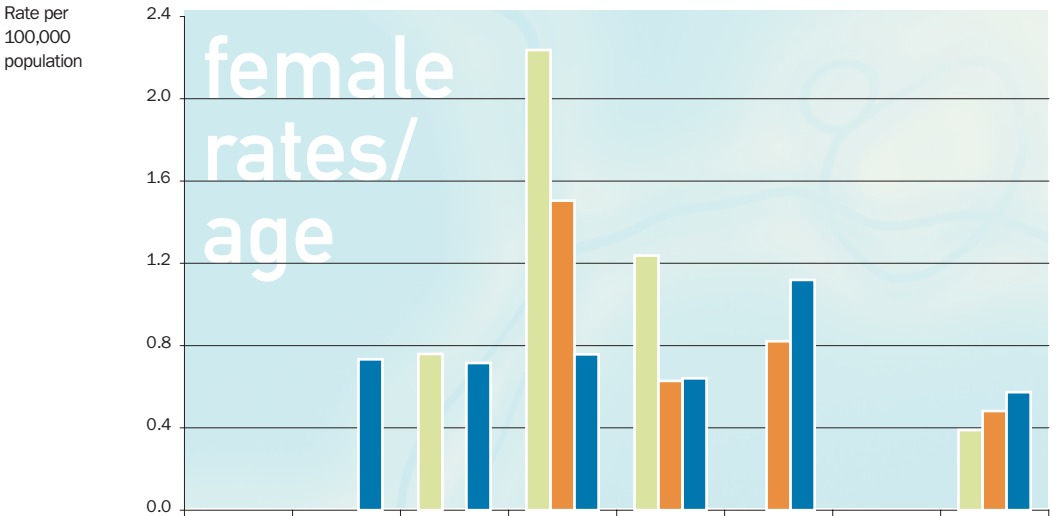
	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Reports - Male	335	308	234	125	144	129	129	73	85	96
Reports - Female	19	25	30	31	24	26	16	8	10	12
Rate - Male	18.3	16.4	12.1	6.4	7.3	6.5	6.4	3.6	4.2	4.7
Rate - Female	1.0	1.3	1.5	1.6	1.2	1.3	0.8	0.4	0.5	0.6

6.3 BC AIDS disease case reports and rates by health service delivery area • 2002 and 2003



	East Kootenay	Kootenay Boundary	Okanagan	Thompson Cariboo Shuswap	Fraser East	Fraser North	Fraser South	Richmond	Vancouver	North Shore/Coast Garibaldi	South Vancouver Island	Central Vancouver Island	North Vancouver Island	Northwest	Northern Interior	Northeast
Reports 2003	0	1	5	3	0	5	6	6	54	2	10	3	2	1	3	0
Rate 2002	0.0	2.5	1.3	0.9	1.2	2.0	1.6	1.7	8.3	0.7	1.8	0.8	0.9	0.0	0.0	0.0
Rate 2003	0.0	1.3	1.6	1.4	0.0	0.9	1.0	3.4	9.3	0.7	2.9	1.2	1.8	1.2	2.0	0.0

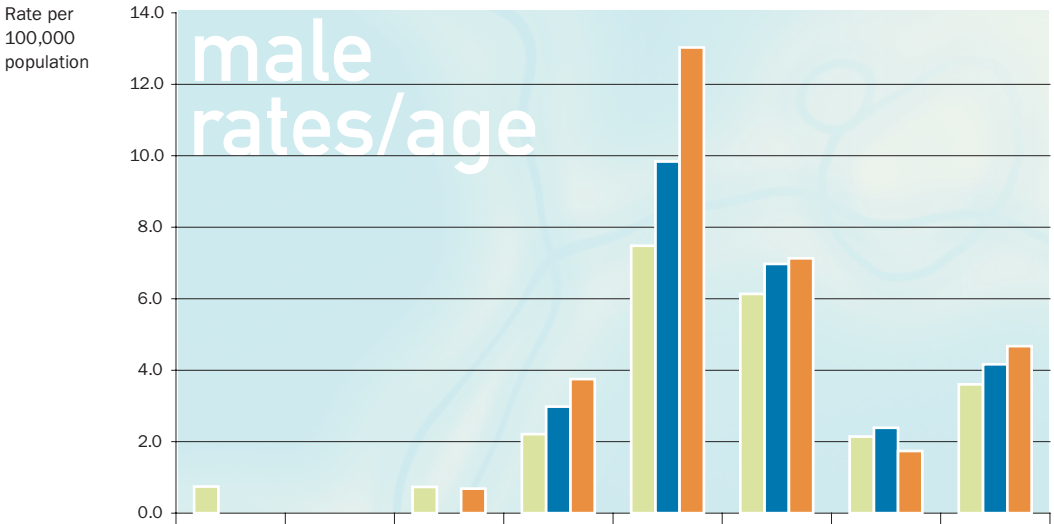
6.4 BC female AIDS disease rates by age • 2001/2002/2003



	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	Total*
2001 Rate - Female	-	-	0.8	2.2	1.2	-	-	0.4
2002 Rate - Female	-	-	-	1.5	0.6	0.8	-	0.5
2003 Rate - Female	-	0.7	0.7	0.8	0.6	1.1	-	0.6

Total* - Rate includes ALL females (i.e. aged <1 to 60+ years and females with age not specified)

6.5 BC male AIDS disease rates by age • 2001/2002/2003



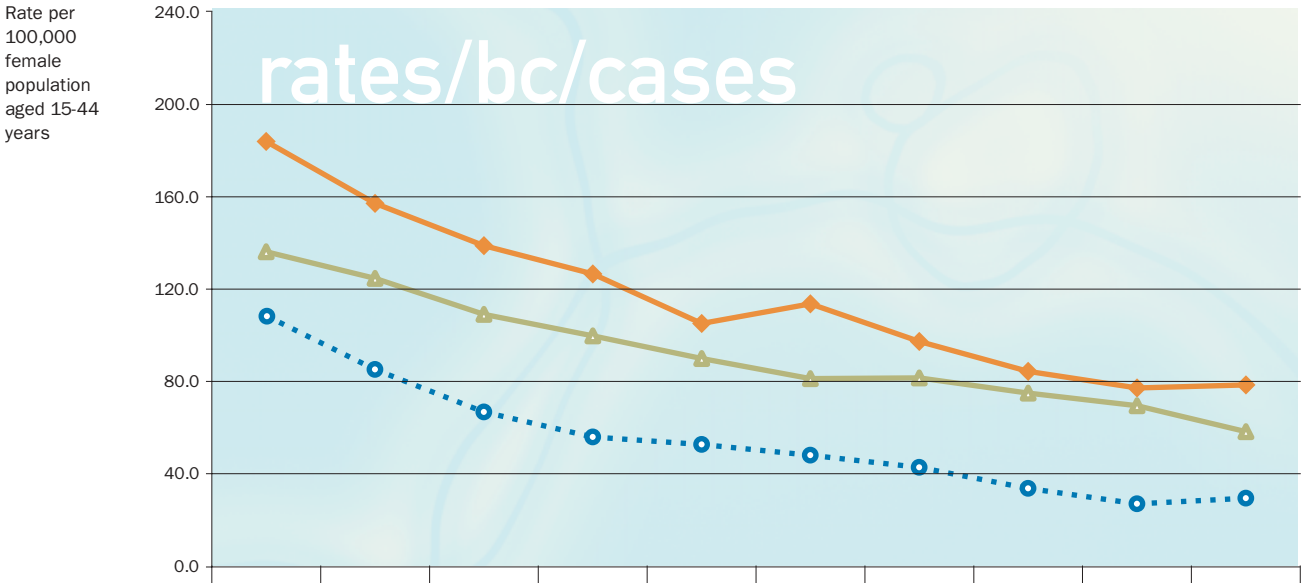
	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	Total*
2001 Rate - Male	0.7	-	0.7	2.2	7.5	6.1	2.1	3.6
2002 Rate - Male	-	-	-	3.0	9.8	7.0	2.4	4.2
2003 Rate - Male	-	-	0.7	3.8	13.0	7.1	1.7	4.7

Total* - Rate includes ALL males (i.e. aged <1 to 60+ years and males with age not specified)

PID

Cases and rates of PID and tubal infertility both rose slightly in 2003, however ectopic pregnancies declined significantly from 626 to 523 cases (69.5 per 100,000 to 58.2 per 100,000). Ectopic pregnancy is probably the most reliable measure of the rate of STI complications.

7.1 Pelvic inflammatory disease, ectopic pregnancy and tubal infertility • 1994 to 2003

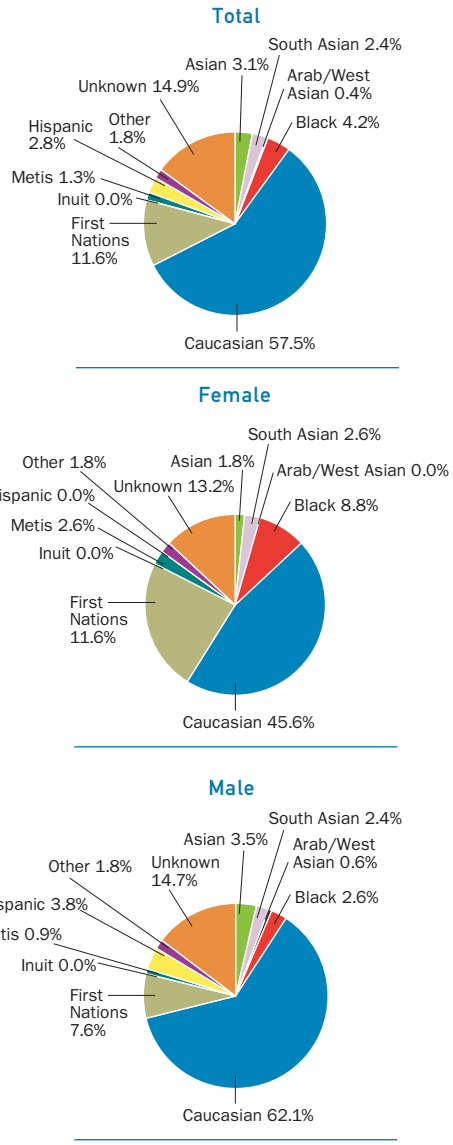


	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
PID Cases	1,557	1,361	1,235	1,142	948	1,024	875	760	695	705
Ectopic Cases	1,153	1,080	970	900	811	732	733	675	626	523
Tubal Cases	918	738	594	504	475	432	384	303	243	264
PID Rate	184.0	157.1	138.8	126.6	105.1	113.7	97.3	84.4	77.2	78.5
Ectopic Rate	136.2	124.7	109.0	99.7	89.9	81.3	81.5	75.0	69.5	58.2
Tubal Rate	108.5	85.2	66.8	55.9	52.7	48.0	42.7	33.6	27.0	29.4

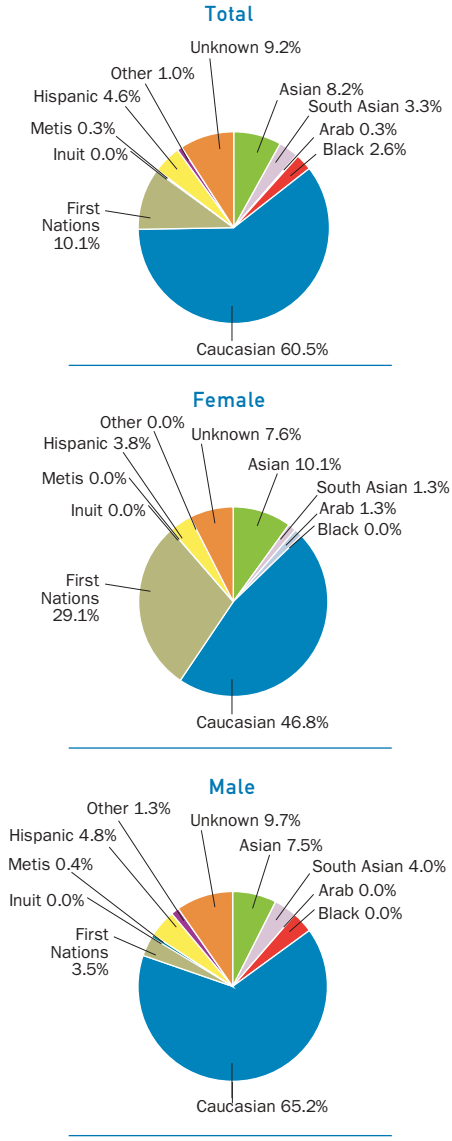
ethnicity

HIV and infectious syphilis continue to disproportionately affect First Nations, especially women.

8.1 BC new HIV positive tests by ethnicity • 2004



8.2 BC infectious syphilis reports by ethnicity • 2004



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STD/AIDS Control Education: 604-660-6220 or

604-660-0556

Chee Mamuk Program: 604-660-1673

HIV Surveillance: 604-775-2911

AIDS Case Reporting: 604-775-2911

West 12th STD Clinic: 604-660-6161

Bute Street STD Clinic: 604-660-7949

Powell Street Outreach Office: 604-660-9695

www.bccdc.org

2004