



BACKGROUND

Testing for HIV and Other Sexually Transmitted and Blood-Borne Infections (STBBI) in Nova Scotia

Purpose

The purpose of this Backgrounder is to provide an overview of issues in Nova Scotia related to HIV testing availability and accessibility. It will demonstrate that HIV testing needs to be part of an integrated STBBI testing protocol, and identifies some key actions by a range of stakeholders.

What is the issue?

Rates of syphilis, chlamydia, and gonorrhoea in Canada have been increasing steadily since the late 1990s, while the overall reported number of new HIV cases in Canada is decreasing. However, certain populations are over-represented among those with new and existing HIV infections: men who have sex with men, Aboriginal populations, and people from African, Caribbean and Black communities.¹ Of significant concern, the Public Health Agency of Canada estimates that approximately 21% of Canadians who have HIV are **unaware** of their status.¹

Social stigma, lack of nearby services, lack of awareness of exposure risks, and concerns related to confidentiality prevent many Canadians from getting tested for STBBIs, including HIV.

More than half of all HIV transmissions originate from people during the first few months after they become infected with HIV (known as **acute infection**). Risk of transmission is 26 times higher during the first three months after infection than during the following months and years.²

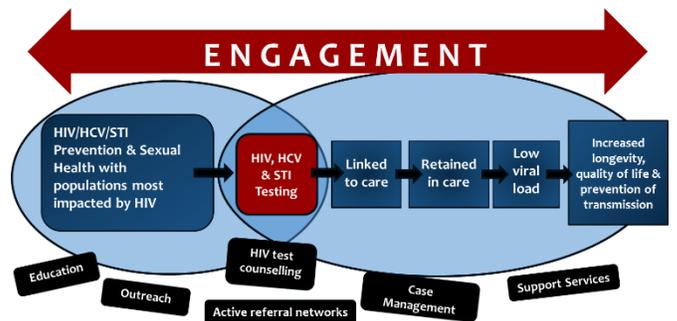
There are two major challenges to identifying recently infected individuals:

- 1) the low levels of HIV testing in Canada; and
- 2) the limitations of certain HIV tests.

As indicated in the figure to the right, testing is a crucial step in the HIV Prevention, Engagement and Care Cascade. Those who are not diagnosed cannot be linked to care and may be more likely to transmit to others.^{3,4}

Why is this important for NS?

- ⊙ Testing for HIV and other STBBIs is not equally available across NS. Only Halifax and Sydney have dedicated sexual health clinics offering anonymous HIV testing. In some communities, STBBI testing is only through family physicians, walk-in or blood-draw clinics, or at hospitals. Many communities lack even this level of testing availability, and people must travel to get access. This can be difficult for youth, and for anyone without easy access to transportation.
- ⊙ Barriers to accessing HIV and other STBBI counselling and testing services persist in Nova Scotia, including geographic isolation for rural communities, a lack of anonymous testing sites, fear of disclosure particularly in small communities, poverty, and continuing stigma associated with HIV. (PHASSC, 2003; PMCS, 2008).
- ⊙ Nova Scotia falls behind other parts of Canada in offering the full range of HIV testing that is available:
 - rapid point-of-care testing - provide results within minutes, rather than an individual having to wait up to 2 weeks and return for results with the lab-based antibody tests. This ensures that a person receives their results.
 - p24 antigen tests and HIV RNA tests - detect the virus itself, have shorter window periods (7-14 days) than antibody tests and can detect HIV infection during the acute phase⁵
- ⊙ Government is accountable for the efficient use of resources and investing in the prevention of STBBIs will save taxpayer dollars.
- ⊙ Treating STBBIs is often less expensive when done during the earlier stages of infection, rather than later stages when the infections are more advanced.^{6,7}



Adapted from Ontario HIV Strategy 2016

Who needs to be involved and what can we do to improve the situation?

Issues of social stigma surrounding testing, gender-based barriers to testing, as well as other social and structural determinants of testing need to be addressed. Ensuring adequate and equitable access to STBBI testing requires a multi-sectoral response. Below are some provincial organizations with joint responsibility on this issue and examples of what could be done to improve:

Department of Justice (DoJ), Corrections Services

- ⊙ Improve access to confidential pre- and post-test STBBI counseling and testing, and (sexual) health services, counseling and support for prisoners in community and correctional settings
- ⊙ Review procedures to reduce barriers that may exist in accessing testing, with particular attention to the maintenance of inmate confidentiality
- ⊙ Work with health partners and appropriate community-based organizations to provide testing and counseling services in order to increase offender comfort around issues of confidentiality.⁸

Department of Health and Wellness, NS Health Authority

- ⊙ Diversify opportunities for people to access STBBI testing: offer testing in more settings, and offer more modes of testing in order to testing easier, more accessible and appealing^{9,10}
- ⊙ Sometimes professionals discourage people from getting tested. Health care practitioners such as doctors and nurses need more education about the need for STBBI testing. Healthcare providers have an important role to play in normalizing testing: Making testing a regular part of health care services.
- ⊙ Increase awareness about HIV in Nova Scotia – among the general public and health practitioners – as well as awareness about the HIV testing and counselling options that are currently available

Department of Education

- ⊙ School-based sexual health curricula should teach young people about testing – when they should seek testing, and where / how to get tested. Teachers and school administrators need more training, support, and capacity building opportunities to deliver this material in a comprehensive and age-appropriate manner¹¹

What are some key considerations to guide our joint efforts?

We have a shared responsibility to provide quality, efficient, effective and culturally-competent health care to Nova Scotians. In the context of STBBI testing, this means:

- ⊙ **HIV testing needs to be normalized.** This means it should be incorporated into routine medical care for all Canadians. By doing so, the stigma surrounding HIV testing will hopefully be reduced.
- ⊙ There is an ongoing national shift toward **integrated approaches** to STBBIs and a move away from HIV as a standalone issue. This will also help normalize HIV testing.
- ⊙ **More testing options will mean more uptake.** Greater access to confidential testing services could help to reach undiagnosed individuals and help them get the treatment and support that they require. Testing methods such as POCT and anonymous testing may help to ease the concerns of some populations that prevent them from seeking testing.
- ⊙ Nova Scotians have the right to access **testing innovations** as soon as they become available in Canada. Multiplex testing platforms and self-testing may have a greater appeal to some populations.¹⁰
- ⊙ STBBI testing is part of a **holistic approach to health.** Many individuals have competing priorities (such as poverty and insecure housing) that take precedence over STBBI testing. **Collaboration** between multiple sectors means the presence of educational and support material at **diverse service sites**, and connections between health and social service sectors to **facilitate linkages** to counseling, testing services, treatment, and support.

¹ Public Health Agency of Canada. (2015). [Summary: Estimates of HIV incidence, prevalence and proportion undiagnosed in Canada, 2014.](#)

² CATIE (2011). [Recently infected individuals: A priority for HIV prevention.](#)

³ Brenner BG, et al. (2007). High rates of forward transmission events after acute/early HIV-1 infection. *The Journal of Infectious Diseases*, 195(7), 951-959.

⁴ Marks, G., Crepaz, N., & Janssen, R. S. (2006). Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the USA. *AIDS*, 20(10), 1447-1450.

⁵ Pilcher C, Christopoulos K, Golden M. Public health rationale for rapid nucleic acid or p24 antigen tests for HIV. *Journal of Infectious Diseases*. 2010 April 15;201 Suppl 1:S7-15.

⁶ Forward, K. R. (2003). The impact of switching to Polymerase Chain Reaction for the diagnosis of Chlamydia trachomatis infection in women. *The Canadian Journal of Public Health*, 94(3), 229-232.

⁷ Johnston, K. M., Levy, A. R., Lima, V. D., Hogg, R. S., Tyndall, M. D., & Guftafson, P., Briggs, A., & Montaner, J. S. (2010). Expanding access to HAART: A cost-effective approach for treating and preventing HIV. *AIDS*, 24(0), 1-7.

⁸ Marshall C. (2008). HIV/AIDS and Hepatitis C in Correctional Facilities: Reducing the Risks. Conducted for the Nova Scotia Commission on AIDS

⁹ Gahagan, J., Condran, B., Sharma, S., & Hatchette, T. (2015). [HIV point-of-care testing in Nova Scotia: A pilot study.](#)

¹⁰ Pant Pai N, Dhurat R, et al. (2014). Will a quadruple multiplexed point-of-care screening strategy for HIV-related co-infections be feasible and impact detection of new co-infections in at-risk populations? Results from cross-sectional studies. *BMJ Open*, 4

¹¹ Our Youth, Our Response. (2014). Building Capacity for Effective HIV/HCV Policy and Programming Responses Across the Atlantic Region: Final Report. Halifax, NS: Dalhousie University, Gender and Health Promotion Studies Unit.