

HIV/AIDS in Saskatchewan

Dr. Stuart Skinner

Clinical Assistant Professor, University of Saskatchewan

Clinical Director, SK HIV Provincial Leadership Team

June 14, 2013

Disclosures

- I have received educational grants/consulting fees from Abbott, BMS, Gilead, Janssen-Ortho, Merck, ViiV. I have served on advisory board for Gilead, Merck and Janssen-Ortho

HIV as a Chronic Disease

- Significant advances in antiretrovirals
 - >25 medications available
 - Reduced toxicities and pill burden
 - Treatment as prevention
- HIV resistance develops rapidly with non-adherence
- HIV-infected adults with a CD4 cell count >500 on long-term ART reach same mortality rates as the general population

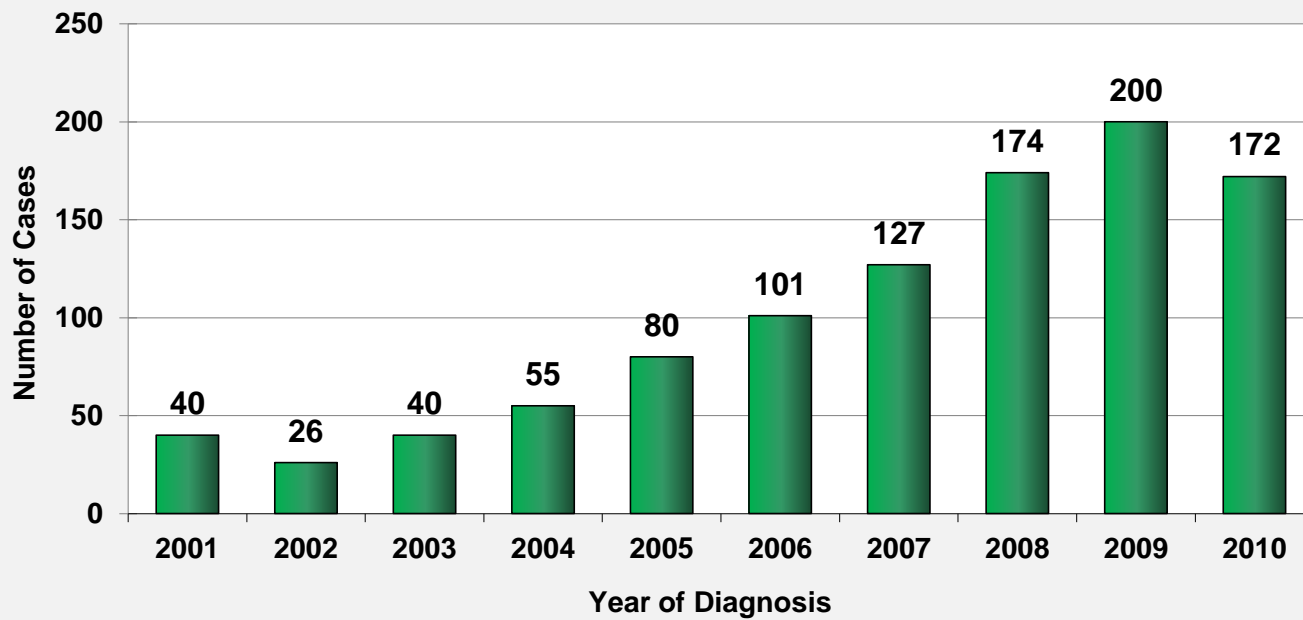
Lewden et al. JAIDS 2007

HIV and IDU is an end-stage result of the social determinants of health

Risky behaviours result from imbalances in people's lives

- Poverty, unemployment, lack of education
- Abuse: physical, sexual, emotional
- Depression and other mental illnesses
- Multi-generational effects of residential schools and other elements of oppression

Number of New HIV Cases in Saskatchewan by Year, 2001 to 2010





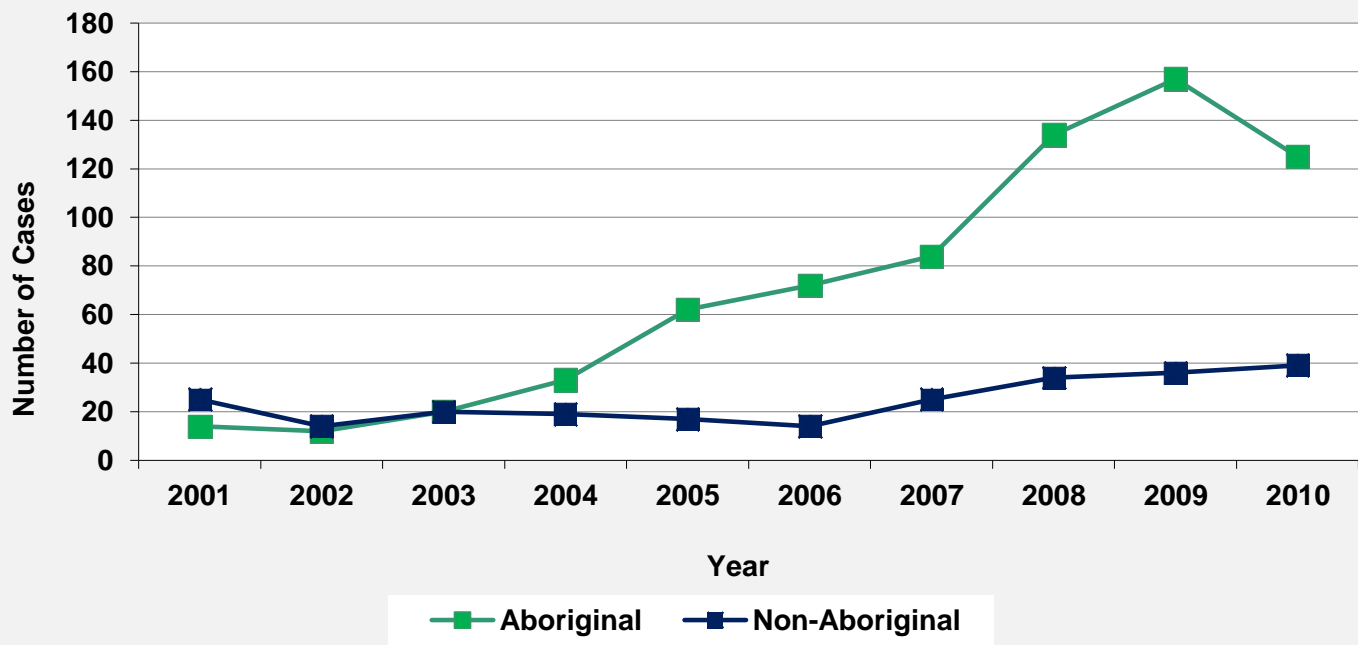
Saskatchewan's HIV Strategy

2010 – 2014

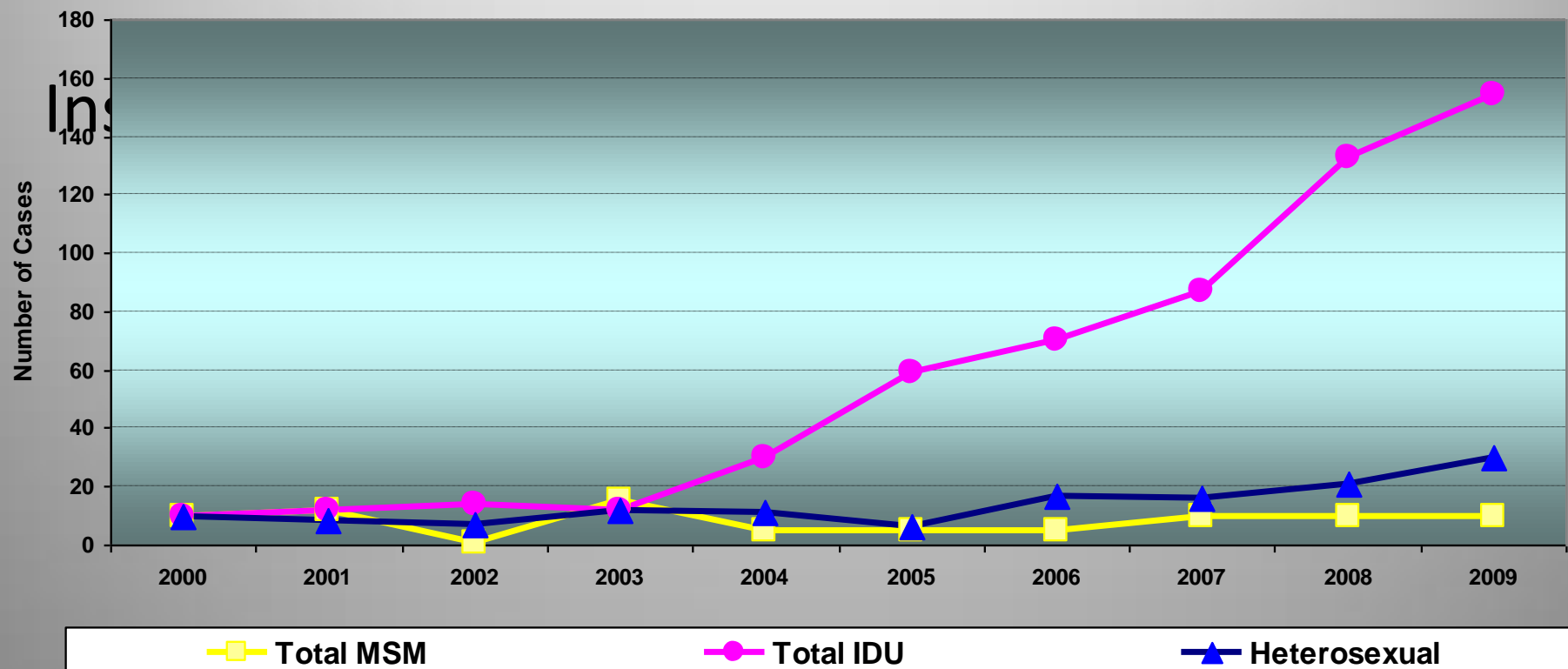
Goals:

- Reduce the number of new HIV infections;
- Improve quality of life for HIV infected individuals; and
- Reduce risk factors for the acquisition of HIV infection
- 4 pillars: Community engagement and education, prevention and harm reduction, clinical management, surveillance and research

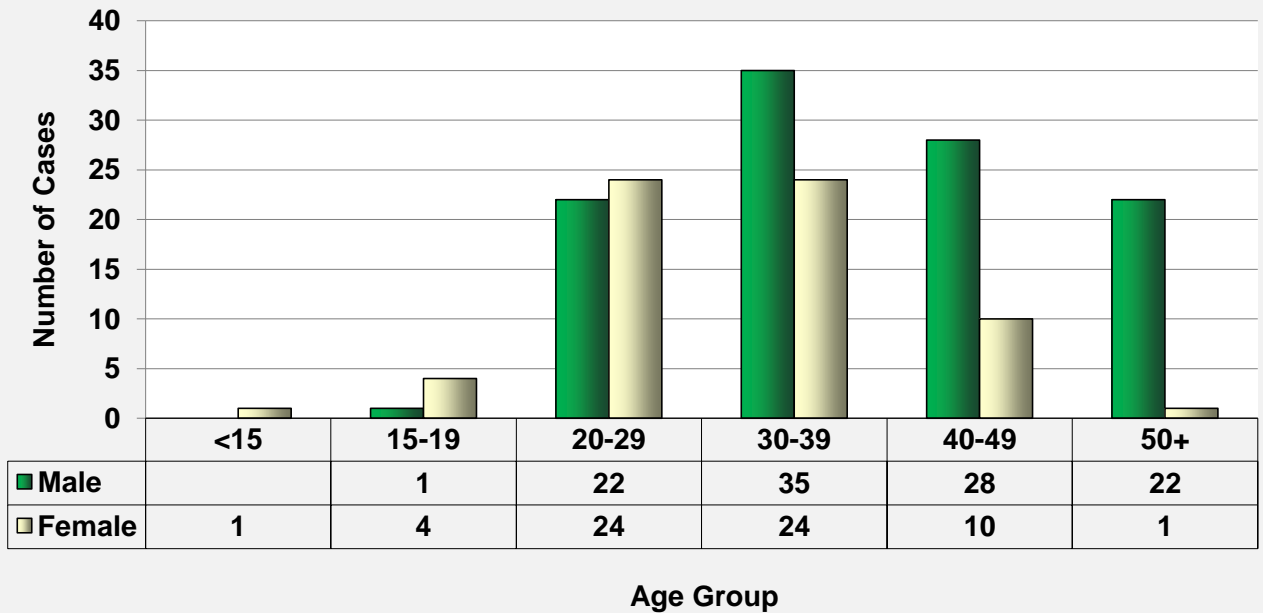
HIV Cases by Self-Reported Ethnicity in Saskatchewan, 2001 to 2010



Selected Risk Factors Among HIV Cases in Saskatchewan, 2000-2009

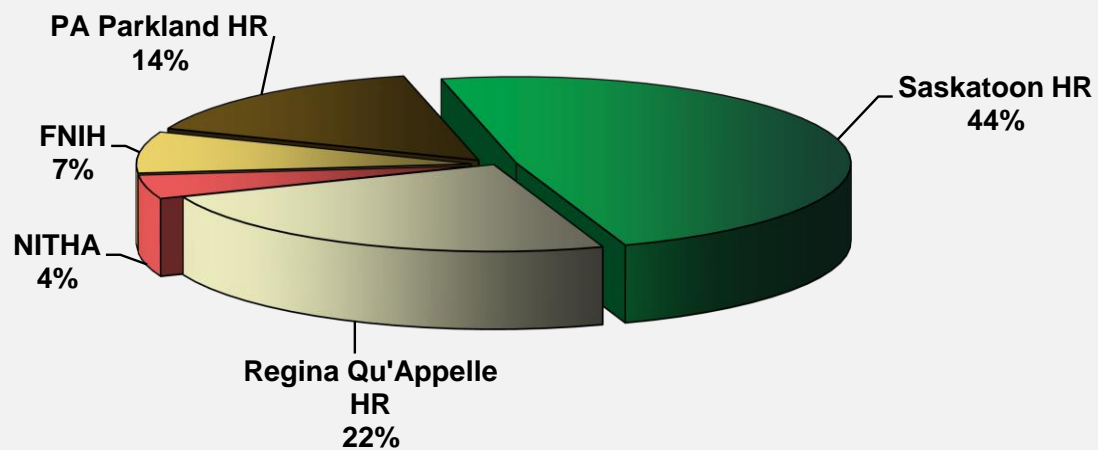


Number of HIV Cases in Saskatchewan by Gender and Age Group, 2010



Age Group

Proportion of HIV Cases Reported by Selected Health Regions in Saskatchewan, 2010



Increasing Burden of HIV/AIDS on Hospitals in Saskatoon, Saskatchewan, Canada

- Significant number of advanced AIDS cases with associated mortality seen in Saskatoon
- Retrospective chart review for all HIV positive patients admitted to hospital in Saskatoon 2008-2010

Results

- 163 patients accounting for 294 admissions
- Total inpatient days was 6184
 - Steady increase over 3 year period
- HIV/AIDS related diagnoses accounted for 2564 days
 - Average stay = 28.6 days
 - Common opportunistic infections: Pneumocystis, HIV encephalopathy/AIDS dementia, Tuberculosis, Wasting syndrome

The Need for HIV Hospice Palliative Care in SK

- High rates of end-stage HIV/AIDS
- Aging HIV positive population
- Vulnerable population with complex medical and social needs not currently being met
- Need for environment with better understanding/empathy of addiction
- Models must be flexible and tailored to community needs and resources

Thank you!