

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

**Karyn Gabler¹, Ellen Demlow¹, Tim Chu¹, Afshan Nathoo²,
Sara Forsting¹, Dr. Reka Gustafson³, Dr. Jat Sandhu⁴**

¹Public Health Surveillance Unit, Vancouver Coastal Health

²Regional HIV Program, Vancouver Coastal Health

³Communicable Disease Control, Vancouver Coastal Health

⁴Decision Support, Vancouver Coastal Health

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Table of Abbreviations

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

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].

RHS

- 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
(January 1, 2018 - December 31, 2018)

Facility*	Indicator Number	Indicator Name	Totals Since Launch at Site†	Current Year				Since Acute Care Strategy						2-year Historical Baseline (July 1, 2008 - June 30, 2010)			Year to Date Counts		Significance
				Counts by Quarter				Sustained Implementation (July 1, 2012- Dec 31, 2018)			Acute Care Strategy Rollout‡ (October 1, 2011 – June 30, 2012)			Avg (Quart)	Min	Max	Year 2018	Year 2017	
				Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Avg (Quart)	Min	Max	Avg (Quart)	Min	Max						
SPH	SPH-1	Number of Acute Admissions	131303	4466	4480	4296	4286	4607	4047	5288	4140	4108	4161	4024	3901	4186	17528	18127	
	SPH-2	Number of Patients Tested	27400	1049	988	886	925	986	567	1170	617	589	669	204	187	212	3848	4270	H+
	SPH-3	Proportion of Admissions Tested	21	23	22	21	22	21	14	22	15	14	16	5	5	5	22	24	H+Y-
	SPH-4	Number Tested Positive§	46	3	2	1	1	1.3	0	4	3.7	2	6	2.1	0	5	7	6	A+H+Y+
	SPH-5	Percent Positivity	0.2	0.3	0.2	0.1	0.1	0.1	0	0.3	0.6	0.3	0.9	1.0	0	2.4	0.2	0.1	
MSJ	MSJ-1	Number of Acute Admissions	27037	969	865	866	852	946	836	1109	889	866	924	912	861	966	3552	3533	
	MSJ-2	Number of Patients Tested	6958	208	188	236	201	250	171	340	209	200	220	9	3	14	833	802	A-H+
	MSJ-3	Proportion of Admissions Tested	26	21	22	27	24	26	20	31	24	23	24	1	0.3	1	23	23	H+
	MSJ-4	Number Tested Positive§	9	0	0	0	0	0.4	0	3	0	0	0	0.3	0	1	0	1	A-H+Y-
	MSJ-5	Percent Positivity	0.1	0	0	0	0	0.2	0	0.9	0	0	0	3	0	7	0	0.1	
VGH	VGH-1	Number of Acute Admissions	209150	7271	7214	7171	7143	7281	6847	8045	7611	7517	7704	6950	6792	7165	28799	27953	
	VGH-2	Number of Patients Tested	54490	2555	2427	2517	2538	1937	822	2520	734	670	797	169	153	196	10037	9682	A+H+
	VGH-3	Proportion of Admissions Tested	26	35	34	35	36	27	12	31	10	9	10	2	2	3	35	35	A+H+
	VGH-4	Number Tested Positive§	31	0	0	0	0	1.1	0	5	2.5	2	3	1	0	2	0	4	A-H+Y-
	VGH-5	Percent Positivity	0.06	0	0	0	0	0.1	0	0.2	0.3	0.3	0.4	0.7	0	1	0	0.04	
UBC	UBC-1	Number of Acute Admissions	33028	1453	1519	1337	1341	1189	1006	1416	1223	1223	1223	1215	1144	1318	5650	5285	A+H+
	UBC-2	Number of Patients Tested	1135	56	51	72	40	41	21	63	19	19	19	12	0	22	219	211	A+H+
	UBC-3	Proportion of Admissions Tested	3	4	3	5	3	3	2	4	2	2	2	1	0	2	4	4	H+
	UBC-4	Number Tested Positive§	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	A+H+Y+
	UBC-5	Percent Positivity	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
LGH	RHS-1	Number of Acute Admissions	74837	4050	3531	3294	3365	3823	3732	3945				3984	3919	4084	14240	15380	H-
	RHS-2	Number of Patients Tested	9515	778	371	355	339	507	201	769				0.4	0	1	1843	2849	H+Y-
	RHS-3	Proportion of Admissions Tested	13	19	11	11	10	13	5	19				0.01	0	0.02	13	19	H+Y-
	RHS-4	Number Tested Positive§	0	0	0	0	0	0	0	0				0.4	0	1	0	0	A+H+Y+
	RHS-5	Percent Positivity	0	0	0	0	0	0	0	0				100		100	0	0	
RHS	LGH-1	Number of Acute Admissions	72663	3773	3736	3636	3690	3727	3561	3936				3254	3164	3375	14835	14879	H+
	LGH-2	Number of Patients Tested	17299	968	934	927	945	880	674	1126				27	21	35	3774	3741	H+
	LGH-3	Proportion of Admissions Tested	24	26	25	25	26	24	19	29				1	1	1	25	25	H+
	LGH-4	Number Tested Positive§	3	0	1	0	0	0.1	0	1				0.1	0	1	1	0	A+H+Y+
	LGH-5	Percent Positivity	0.02	0	0.1	0	0	0.02	0	0.1				0.5	0	3	0.03	0	
Overall	TOTAL-1	Total Acute Admissions	548018	21982	21345	20600	20677	21349	20904	21850				20339	20039	20801	84604	85157	
	TOTAL-2	Total Number of Patients Tested	116797	5614	4959	4993	4988	5075	3578	5645				421	390	457	20554	21555	H+
	TOTAL-3	Proportion of Admissions Tested	21	26	23	24	24	24	17	26				2	2	2	24	25	H+Y-
	TOTAL-4	Total # Tested Positive§	89	3	3	1	1	2	0	6				4	2	8	8	11	A-H+Y-
	TOTAL-5	Percent Positivity	0.1	0.1	0.1	0.02	0.02	0.05	0	0.1				1	0.5	2	0.04	0.05	H-

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 LGH launched during the February 2014 so all data "since the acute care strategy" begins February 1, 2014.

* Acute Care Initiative was launched at VGH on Oct 31, 2011, at UBC on April 1, 2012, at SPH and MSJ on October 1, 2011.

€ Quarterly averages, minimum and maximum values since the Acute Care Strategy reached sustained implementation in July 2012.

£ Quarterly averages, minimum and maximum values during the Acute Care Strategy rollout period from October 1, 2011 – June 30, 2012.

§ Positives diagnosed 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.

Interpretation:

A +/- represents an increase or decrease in the average for the quarter in the current year compared to the quarterly average since Sustained Implementation of the Acute Strategy.

H +/- represents an increase or decrease in the average for the quarters in the current year compared to the quarterly average during the Historical time period.

Y +/- represents an increase or decrease for the year to date total for the current year compared to the year to date total for the previous year.

Source: Providence Health Care Virology Laboratory Database & Vancouver General Hospital Laboratory Database.

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

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)

Facility ^a	Indicator Number	Indicator Name	Total Since Launch at Site ^a	Current Year				Since Acute Care Strategy			1-year Historical Baseline (July 1, 2010 - June 30, 2011)			Year to Date Counts		Significance
				Counts by Quarter				Sustained Implementation ^f (July 1, 2012 – Dec 31, 2018)						Year 2018	Year 2017	
				Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Avg (Quart)	Min	Max	Avg (Quart)	Min	Max			
SPH	SPH-6	Number of ED Outpatient Visits	477039	18803	19148	19677	18773	17705	15219	20017	14738	13776	15828	76401	76322	H+
	SPH-7	Number of Patients Tested	17041	629	645	789	774	628	474	834	111	94	123	2837	2725	A+H+
	SPH-8	Proportion of Visits Tested	4	3	3	4	4	4	3	4	0.8	0.7	0.8	4	4	H+
	SPH-9	Number Tested Positive§	56	1	1	4	1	2	0	7	0	0	0	7	8	A-H+Y-
	SPH-10	Percent Positivity	0.3	0.2	0.2	0.5	0.1	0.3	0	0.8	0	0	0	0.2	0.3	
MSJ	MSJ-6	Number of ED Outpatient Visits	175227	7366	7599	7863	7596	6431	5060	7794	4688	4451	4897	30424	29176	A+++
	MSJ-7	Number of Patients Tested	3081	122	159	123	154	110	32	171	12	8	16	558	465	A+H+Y+
	MSJ-8	Proportion of Visits Tested	2	2	2	2	2	2	0.6	2	0.3	0.2	0.3	2	2	H+Y+
	MSJ-9	Number Tested Positive§	4	1	0	0	0	0.1	0	1	0	0	0	1	0	A+H+Y+
	MSJ-10	Percent Positivity	0.1	1	0	0	0	0.1	0	0.6	0	0	0	0.2	0	
VGH	VGH-6	Number of ED Outpatient Visits	471476	18971	19563	19749	18543	17939	15531	20608	14678	13818	15311	76826	77942	H+
	VGH-7	Number of Patients Tested	70841	4115	4319	3977	3928	2477	10	4123	5	3	8	16339	15725	A+++
	VGH-8	Proportion of Visits Tested	15	22	22	20	21	14	0.1	20	0.03	0.02	0.1	21	20	A+H+Y+
	VGH-9	Number Tested Positive§	34	1	0	0	0	1.5	0	5	0	0	0	1	4	A-H+Y-
	VGH-10	Percent Positivity	0.05	0.02	0	0	0	0.1	0	0.1	0	0	0	0.01	0.03	
LGH	RHS-6	Number of ED Outpatient Visits	261755	13617	13934	14215	14046	12871	7546	14089	10560	10208	10863	55812	54540	H+
	RHS-7	Number of Patients Tested	26057	1985	1509	1389	1416	1235	82	1970	7	2	12	6299	7269	A+H+Y-
	RHS-8	Proportion of Visits Tested	10	15	11	10	10	10	1	14	0.06	0.02	0.1	11	13	A+H+Y-
	RHS-9	Number Tested Positive§	3	0	0	0	0	0.2	0	1	0	0	0	0	0	A-H+Y+
	RHS-10	Percent Positivity	0.01	0	0	0	0	0.02	0	0.1	0	0	0	0	0	
RHS	LGH-6	Number of ED Outpatient Visits	230660	12479	12682	12906	12596	11250	6953	12632	8971	8467	9400	50663	48452	A+++
	LGH-7	Number of Patients Tested	39364	2103	2106	2066	2253	1927	625	2583	1	0	3	8528	8292	A+++
	LGH-8	Proportion of Visits Tested	17	17	17	16	18	17	9	20	0	0	0	17	17	H+
	LGH-9	Number Tested Positive§	11	0	0	0	0	0.7	0	3	0	0	0	0	3	A-H+Y-
	LGH-10	Percent Positivity	0.03	0	0	0	0	0.04	0	0.1	0	0	0	0	0.04	
Overall	TOTAL-6	Number of ED Outpatient Visits	1616157	71236	72926	74410	71554	59618	36335	75140	53635	50720	55699	290126	286432	A+++
	TOTAL-7	Total Number of Patients Tested	156384	8954	8738	8344	8525	5516	599	8930	136	116	145	34561	34476	A+++
	TOTAL-8	Proportion of Visits Tested	10	13	12	11	12	9	2	12	0.3	0.2	0.3	12	12	A+++
	TOTAL-9	Total # Tested Positive§	108	3	1	4	1	4	1	9	0	0	0	9	15	A-H+Y-
	TOTAL-10	Percent Positivity	0.1	0.03	0.01	0.05	0.01	0.1	0.2	0.1	0	0	0	0.03	0.04	

Notes:

Time parameters determined by date of ED Visit.

^a Acute Care Initiative in the Emergency Department was launched at SPH in May, 2012, VGH in July, 2012, RHS and LGH in February, 2014.

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).

§ Positives diagnosed 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.

£ Sustained implementation for LGH and RHS began February 1, 2014. Period ends the quarter before current reporting quarter.

Interpretation:

A +/- 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.

H +/- 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.

Y +/- represents an increase or decrease for the report year to the previous year for the current year compared to the year to date total for the previous year.

Source: Providence Health Care Virology Laboratory Database & Vancouver General Hospital Laboratory Database.

Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit. May 7, 2019.

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].

Table 3: STOP HIV/AIDS Acute Care Strategy
Annual Summary Report of Coastal Rural Acute Care Visits
(January 1, 2018 - December 31, 2018)

Facility	Indicator Number	Indicator Name	Total Since Launch at Site*	Current Year				Since Acute Care Strategy			Pre-implementation Baseline‡ (Oct 1, 2012 - March 31, 2014)			Year to Date Counts [§]		Significance
				Counts by Quarter				Sustained Implementation£ (Jul 1, 2014 – Dec 31, 2018)			Avg (Quart)	Min	Max	Year 2018	Year 2016	
				Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Avg (Quart)	Min	Max						
SGH	SGH-1	Number of Hospital Visits	63254	4201	4328	4329	3737	3586	414	4476	486	431	514	16595	17308	A+H+
	SGH-2	Number of Patients Tested	6232	359	465	408	387	351	231	433	197	162	232	1619	1458	A+H+Y+
	SGH-3	Proportion of Visits Tested	10	9	11	9	10	10	56	10	40	38	45	10	8	H-Y+
	SGH-4	Number Tested Positive§	1	1	0	0	0	0	0	0	0	0	0	1	0	A+H+Y+
	SGH-5	Percent Positivity	0.02	0.3	0	0	0	0	0	0	0	0	0	0.1	0	
WHC	WHC-1	Number of Hospital Visits	82881	6657	5031	5790	4080	4715	331	6814	229.7	205.0	246.0	21558	22084	A+H+
	WHC-2	Number of Patients Tested	5666	297	338	273	292	342	273	412	230	205	246	1200	1249	A-H+
	WHC-3	Proportion of Visits Tested	7	4	7	5	7	7	82	6	100	100	100	6	6	A-H-
	WHC-4	Number Tested Positive§	0	0	0	0	0	0	0	0	0	0	0	0	0	A+H+Y+
	WHC-5	Percent Positivity	0	0	0	0	0	0	0	0	0	0	0	0	0	
PBHC	PBHC-1	Number of Hospital Visits	21918	1356	1578	1645	1441	1222	86	1589	194	143	247	6020	5778	A+H+
	PBHC-2	Number of Patients Tested	1698	145	129	90	91	95	68	118	194	143	247	455	391	A+H-Y+
	PBHC-3	Proportion of Visits Tested	8	11	8	5	6	8	79	7	100	100	100	8	7	H-
	PBHC-4	Number Tested Positive§	0	0	0	0	0	0	0	0	0	0	0	0	0	A+H+Y+
	PBHC-5	Percent Positivity	0	0	0	0	0	0	0	0	0	0	0	0	0	
SH	SH-1	Number of Hospital Visits	80162	4230	4757	4876	4371	4316	3867	5023	3854	3111	4417	18234	17812	H+
	SH-2	Number of Patients Tested	3370	191	201	154	180	183	157	228	92	82	101	726	725	H+
	SH-3	Proportion of Visits Tested	4	5	4	3	4	4	4	5	2	3	2	4	4	H+
	SH-4	Number Tested Positive§	0	0	0	0	0	0	0	0	0	0	0	0	0	A+H+Y+
	SH-5	Percent Positivity	0	0	0	0	0	0	0	0	0	0	0	0	0	
PRGH	PRGH-1	Number of Hospital Visits	89835	4837	4980	5228	4724	4832	4451	5446	4150	3861	4388	19769	20342	H+
	PRGH-2	Number of Patients Tested	9523	563	519	620	559	506	373	596	103	82	127	2261	2110	A+H+
	PRGH-3	Proportion of Visits Tested	11	12	10	12	12	10	8	11	2	2	3	11	10	H+Y+
	PRGH-4	Number Tested Positive§	1	1	0	0	0	0	0	0	0	0	0	1	0	A+H+Y+
	PRGH-5	Percent Positivity	0.01	0.2	0	0	0	0	0	0	0	0	0	0.04	0	
Total	TOTAL-11	Number of Hospital Visits	338050	21281	20674	21868	18353	17990	9381	22285	8914	7821	9708	82176	83324	A+H+
	TOTAL-12	Number of Patients Tested	26489	1555	1652	1545	1509	1421	601	1619	815	690	891	6261	5933	A+H+
	TOTAL-13	Proportion of Visits Tested	8	7	8	7	8	8	6	7	9	9	9	8	7	H-Y+
	TOTAL-14	Number Tested Positive§	2	2	0	0	0	0	0	0	0	0	0	2	0	A+H+Y+
	TOTAL-15	Percent Positivity	0.01	0.13	0	0	0	0	0	0	0	0	0	0.03	0	

Notes:

Time parameters determined by date of HIV Test.

* 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.

§ Positives diagnosed 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.

£ ER visit data unavailable for SGH, WHC, PBHC prior to April 2015 so sustained implementation averages occur from April 1, 2015-December 31, 2015 for these sites and Total.

¥ Testing data unavailable prior to September 1, 2012 for coastal rural hospitals and therefore a historical baseline was not available. ER visit data unavailable for SGH, WHC, PBHC prior to April 2015 so historical visits for these hospitals was removed.

Q ER visit data unavailable for SGH, WHC, PBHC prior to April 2015 so yearly totals for these sites for both 2015 and 2016 begin April 1 – December 31. SH and PRGH yearly totals are complete.

Interpretation:

A +/- 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.

H +/- 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.

Y +/- represents an increase or decrease for the report year to the previous year for the current year compared to the year to date total for the previous year.

Source: Providence Health Care Virology Laboratory Database & Vancouver General Hospital Laboratory Database.

Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit. May 7, 2019.

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.

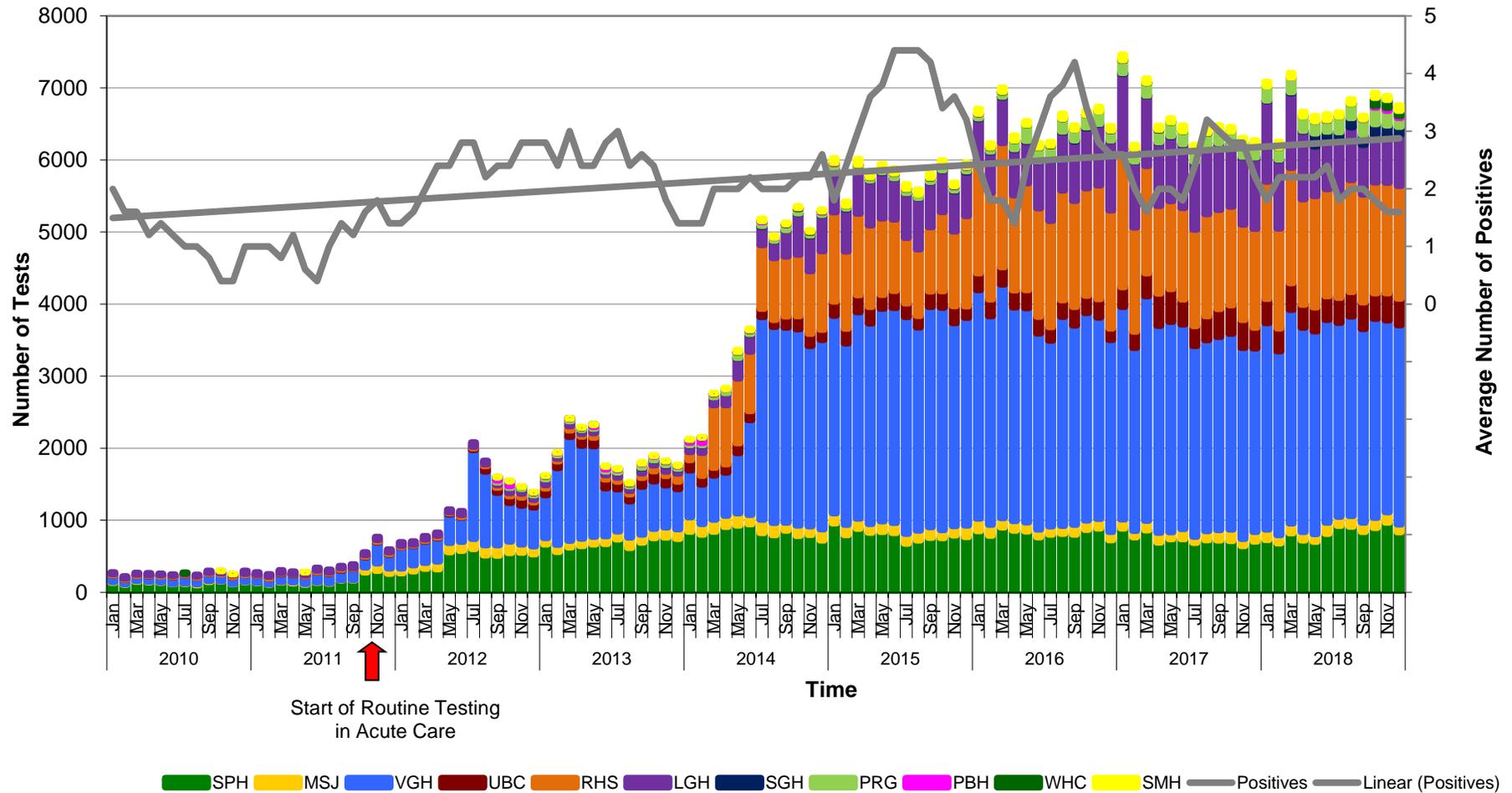
Figure 6. Testing Proportion among those Admitted to Vancouver Hospitals by Age Category, Gender, and Hospital

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.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit. May 7, 2019.

Table 4. HIV Test Volumes by Hospital Service at Saint Paul's Hospital

Service	Quarterly Test Numbers				Since Acute Care Strategy (Oct 1, 2011 - Dec 31, 2018)			Historical Number Tested (July 1, 2008 - June 30, 2010)			Year to Date Tests	
	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Monthly Average	Minimum	Maximum	Monthly Average	Minimum	Maximum	Year 2018	Year 2017
Cardiac	100	87	68	91	84	20	157	16	11	22	346	366
Emergency	667	674	646	604	627	462	797	111	88	132	2591	2541
Medicine	263	286	304	401	453	312	655	127	111	150	1254	1454
Psychiatry	75	58	79	56	65	14	105	22	9	30	268	298

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

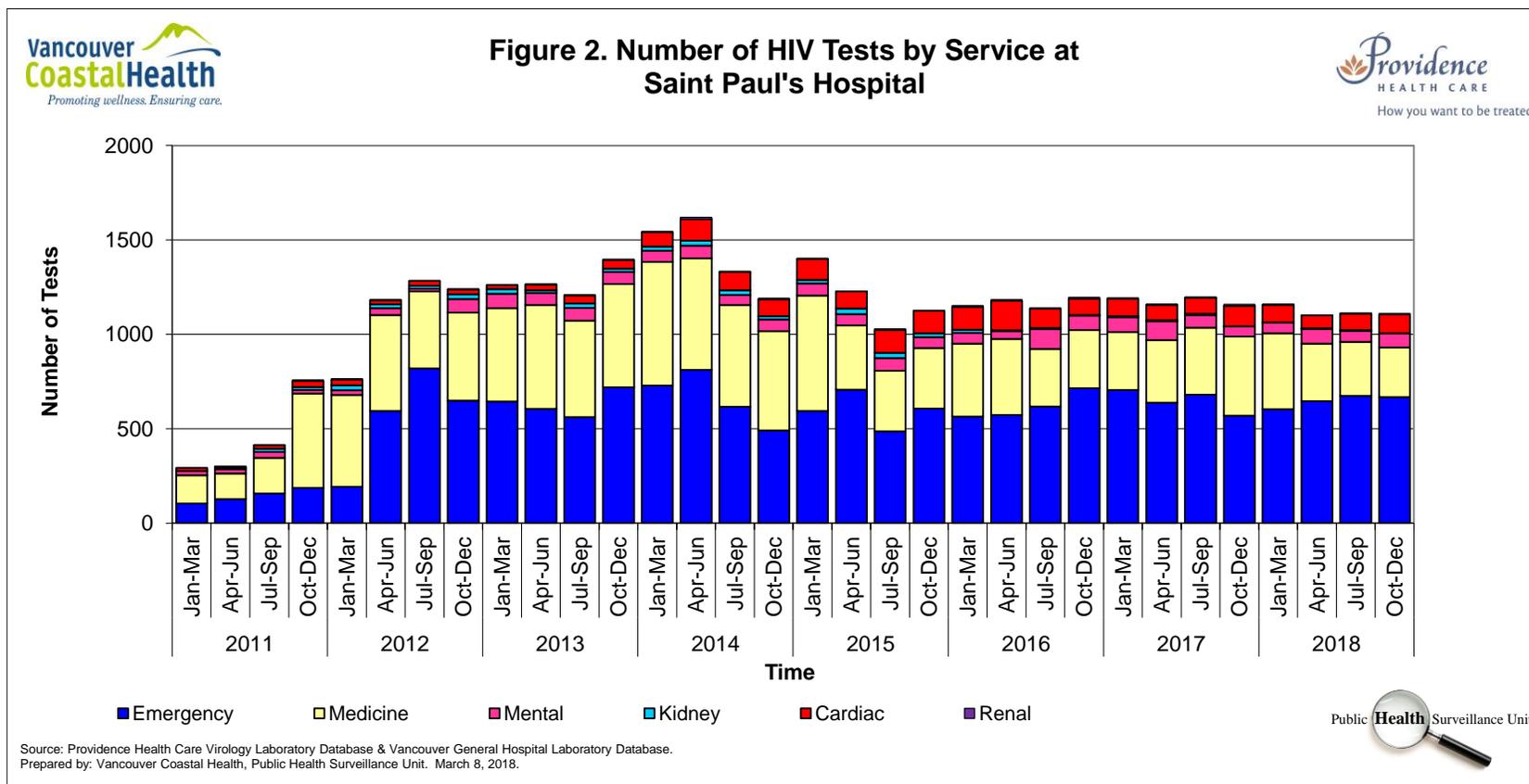


Table 5. HIV Test Volumes by Hospital Service at Mount Saint Joseph Hospital

Service	Quarterly Test Numbers				Since Acute Care Strategy (Oct 1, 2011 - Dec 31, 2018)			Historical Number Tested (July 1, 2008 - June 30, 2010)			Year to Date Tests	
	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Monthly Average	Minimum	Maximum	Monthly Average	Minimum	Maximum	Year 2018	Year 2017
Emergency	224	220	233	231	154	63	219	14	6	18	908	743
Medicine	57	60	42	61	137	48	223	4	2	6	220	247

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

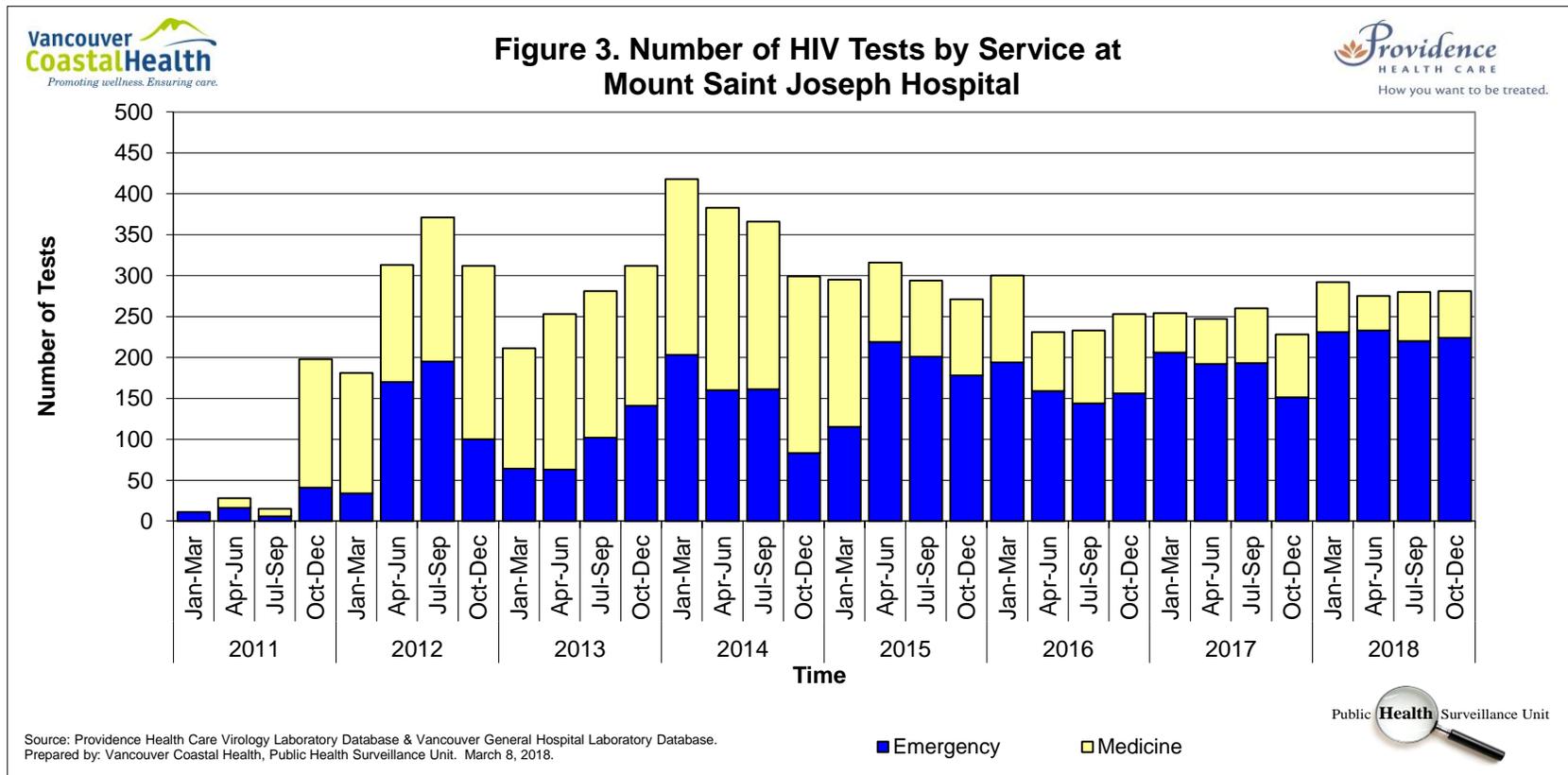


Table 6. HIV Test Volumes by Hospital Service at Vancouver General Hospital

Service	Quarterly Test Numbers				Since Acute Care Strategy (Oct 1, 2011 - Dec 31, 2018)			Historical Number Tested (July 1, 2008 - June 30, 2010)			Year to Date Tests	
	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Monthly Average	Minimum	Maximum	Monthly Average	Minimum	Maximum	Year 2018	Year 2017
Cardiac	0	0	0	0	19	0	32	1	0	2	0	80
Emergency	2180	2277	2784	3136	2642	125	4638	15	9	22	10377	12389
Medicine	162	188	211	187	270	122	432	63	52	75	748	708
Neurosciences	28	48	35	53	34	22	50	9	5	14	164	112
Psychiatry	38	15	0	0	42	0	110	27	18	32	53	64
Renal	18	24	30	35	29	11	45	15	6	23	107	109
Respiratory	4	3	3	6	17	9	24	11	8	16	16	63

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

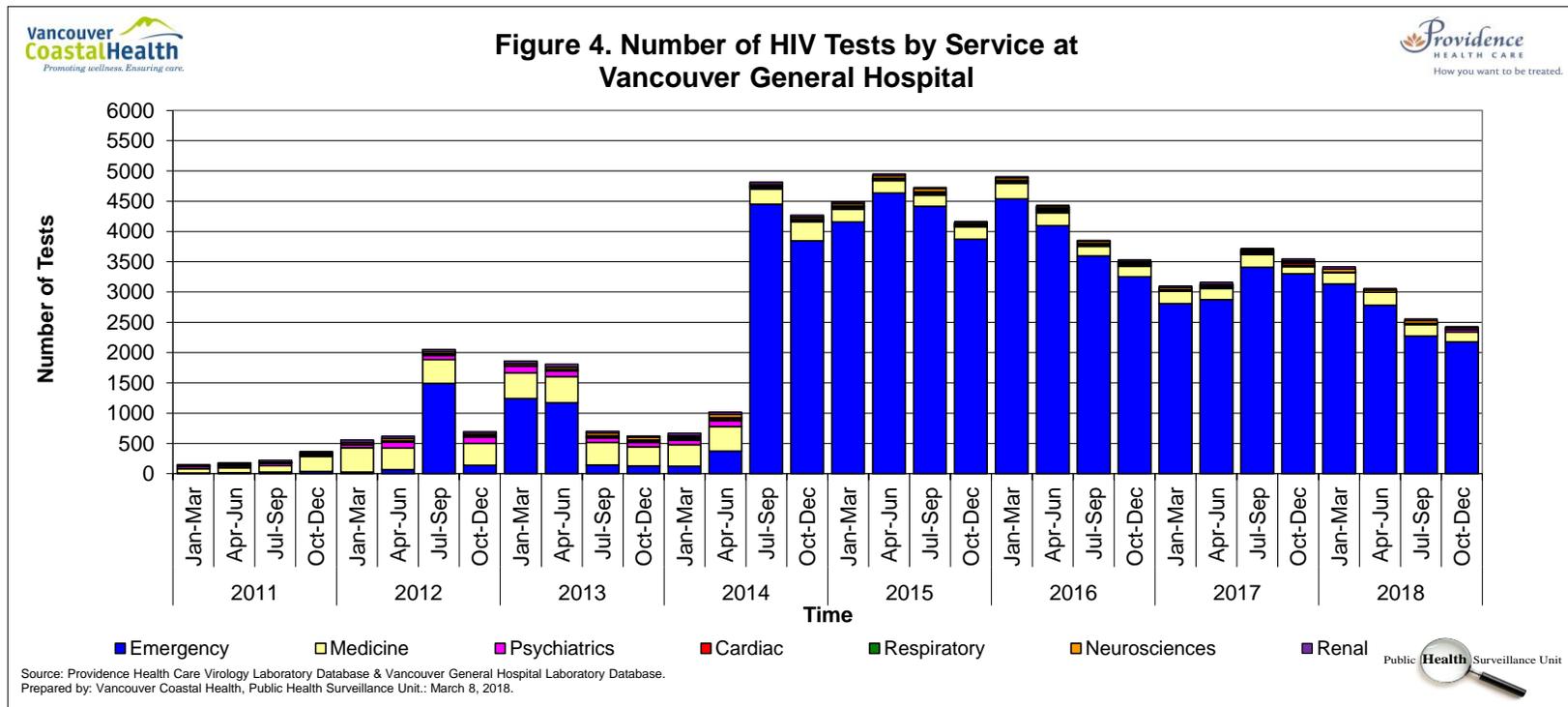


Table 7. Hospital Visit and Testing Volume, Number of New Diagnoses, and Percent Positivity among Males by Age Category

Age Category	Indicator	Total Since AC Strategy*	Quarter				Quarterly Avg Since Strategy (Jul 1 2012-Dec 31, 2018)			Historical Quarterly Avg (Jul 1 2010-Jun 30 2011)			Year to Date		Significance
			Q1 2018	Q2 2018	Q3 2018	Q4 2018	Avg	Min	Max	Avg	Min	Max	2018	2017	
20-39	Number of Hospital Visits	311341	13022	13371	13569	12725	11513	7842	14427	10594	9865	11337	52687	53755	A++
	Number of Patients Tested	33056	1625	1690	1751	1779	1168	327	1810	116	101	132	6845	6714	A++
	Proportion of Visits Tested	11	12	13	13	14	10	4	13	1	1	1	13	12	A++Y+
	Number Tested Positive§	82	3	2	3	2	3	0	7	0.8	0	1	10	15	A-HY-
	Percent Positivity	0.2	0.2	0.1	0.2	0.1	0.3	0	0.4	0.6	0	0.8	0.1	0.2	
40-59	Number of Hospital Visits	327149	13460	13679	13671	13056	12042	8715	13981	11682	11179	12179	53866	53752	A++
	Number of Patients Tested	42841	2080	2146	2159	2192	1517	466	2133	144	114	166	8577	8206	A++
	Proportion of Visits Tested	13	15	16	16	17	13	5	15	1	1	1	16	15	A++Y+
	Number Tested Positive§	65	1	0	1	0	2	1	5	1	0	2	2	8	A-HY-
	Percent Positivity	0.2	0.05	0	0	0	0.2	0	0.2	1	0	1	0.02	0.1	
60+	Number of Hospital Visits	352508	15797	15816	15946	15272	12647	7923	15566	11050	10688	11410	62831	61057	A++
	Number of Patients Tested	62765	3640	3165	3080	2999	2207	588	3477	83	68	106	12884	13022	A++
	Proportion of Visits Tested	18	23	20	19	20	17	7	22	0.7	0.6	0.9	21	21	A++Y-
	Number Tested Positive§	23	0	1	1	0	0.8	0	3	0.3	0	1	2	1	A-HY+
	Percent Positivity	0.04	0	0.03	0.03	0	0.04	0	0.1	0.3	0	0.9	0.02	0.01	
Total	Number of Hospital Visits	990998	42279	42866	43186	41053	36201	24480	43974	33325	31857	34734	169384	168564	A++
	Number of Patients Tested	138662	7345	7001	6990	6970	4892	1381	7207	343	308	376	28306	27942	A++
	Proportion of Visits Tested	14	17	16	16	17	14	6	16	1	1	1	17	17	A++
	Number Tested Positive§	170	4	3	5	2	6	2	13	2	1	4	14	24	A-HY-
	Percent Positivity	0.1	0.05	0.04	0.1	0.03	0.1	0.14	0.2	0.7	0.3	1	0.05	0.1	H-

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

Age Category	Indicator	Total Since AC Strategy*	Quarter				Quarterly Avg Since Strategy (Jul 1 2012-Dec 31, 2018)			Historical Quarterly Avg (Jul 1 2010-Jun 30 2011)			Year to Date		Significance
			Q1 2018	Q2 2018	Q3 2018	Q4 2018	Avg	Min	Max	Avg	Min	Max	2018	2017	
20-39	Number of Hospital Visits	337373	14473	13889	14597	13965	12457	8051	15333	11281	10826	11595	56924	58331	A++
	Number of Patients Tested	31511	1645	1609	1573	1671	1115	298	1658	97	82	116	6498	6486	A++
	Proportion of Visits Tested	9	11	12	11	12	9	4	11	0.9	0.8	1	11	11	A++
	Number Tested Positive§	13	1	0	0	0	0.5	0	2	0.3	0	1	1	1	A-
	Percent Positivity	0.04	0	0	0	0	0	0	0.1	0.3	0	0.9	0.02	0.02	
40-59	Number of Hospital Visits	282093	12072	11742	11680	11595	10389	6612	12134	10162	9817	10525	47089	47562	A++
	Number of Patients Tested	34723	1815	1746	1528	1676	1247	287	1961	93	83	98	6765	6960	A++
	Proportion of Visits Tested	12	15	15	13	14	12	4	16	0.9	0.8	0.9	14	15	A++
	Number Tested Positive§	11	1	1	0	0	0.4	0	2	0.3	0	1	2	1	A++Y+
	Percent Positivity	0.03	0.1	0.1	0	0	0.03	0	0.1	0.3	0	1	0.03	0.01	
60+	Number of Hospital Visits	348866	14965	15442	15745	15263	12599	7682	15658	11496	11032	11872	61415	60000	A++
	Number of Patients Tested	59659	3386	2831	2592	2613	2148	444	3516	33	24	42	11422	12944	A++Y-
	Proportion of Visits Tested	17	23	18	16	17	17	6	22	0.3	0.2	0.4	19	22	A-HY-
	Number Tested Positive§	1	0	0	0	0	0.05	0	1	0	0	0	0	0	A-HY+
	Percent Positivity	0.002	0	0	0	0	0.002	0	0.03	0	0	0	0	0	
Total	Number of Hospital Visits	968332	41510	41073	42022	40823	35445	22470	43064	32938	31675	33842	165428	165893	A++
	Number of Patients Tested	125893	6846	6186	5693	5960	4510	1029	6938	224	212	237	24685	26390	A++
	Proportion of Visits Tested	13	16	15	14	15	13	5	16	0.7	0.7	0.7	15	16	A++Y-
	Number Tested Positive§	25	2	1	0	0	0.9	0	3	0.5	0	1	3	2	A-HY+
	Percent Positivity	0.02	0.03	0.02	0	0	0.02	0	0.04	0.2	0	0.4	0.01	0.01	

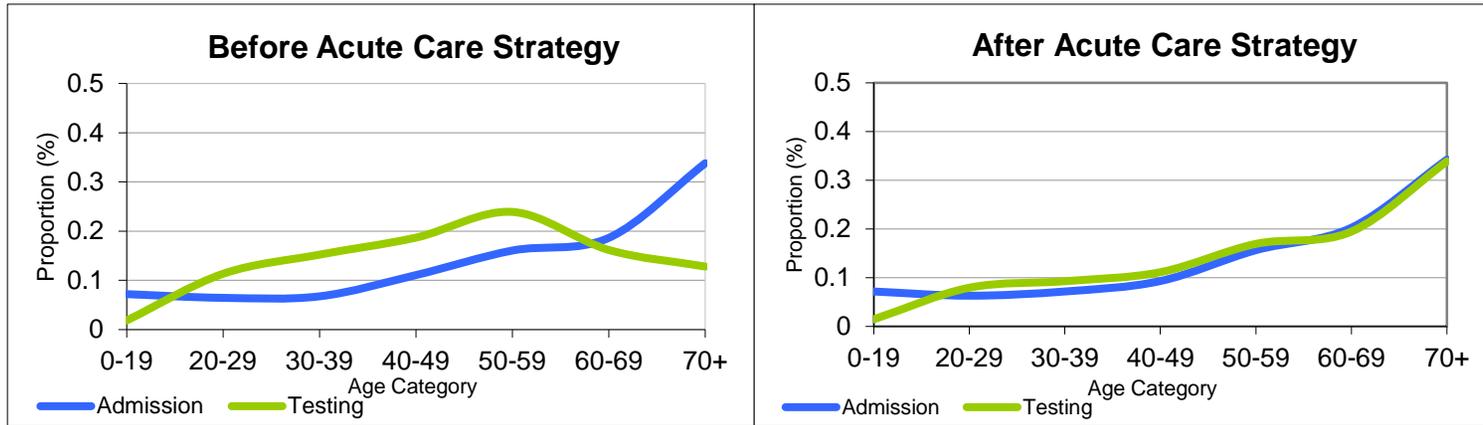
Note:
Cell sizes less than 5 for number tested positive and the corresponding percent positivity are restricted.
Hospital visit includes both inpatient visits and ER outpatient visits. Date of visit is either the first day of an admission or the day of the ER visit.
HIV tests since strategy are from both admissions and ER outpatient settings.
*Since strategy is based on implementation dates by setting and facility
§PH, MSJ, VGH admissions tests from October 2011-present
§PH, MSJ, VGH ER outpatient tests from July 2012-present
§RH and LGH tests from February 2014-present for both settings

Interpretation:
A +/- represents an increase or decrease in the average for the quarters in the current year compared to the quarterly average since Sustained Implementation of the Acute Strategy.
H +/- represents an increase or decrease in the average for the quarters in the current year compared to the quarterly average during the Historical time period.
Y +/- represents an increase or decrease for the year to date total for the current year compared to the year to date total for the previous year.

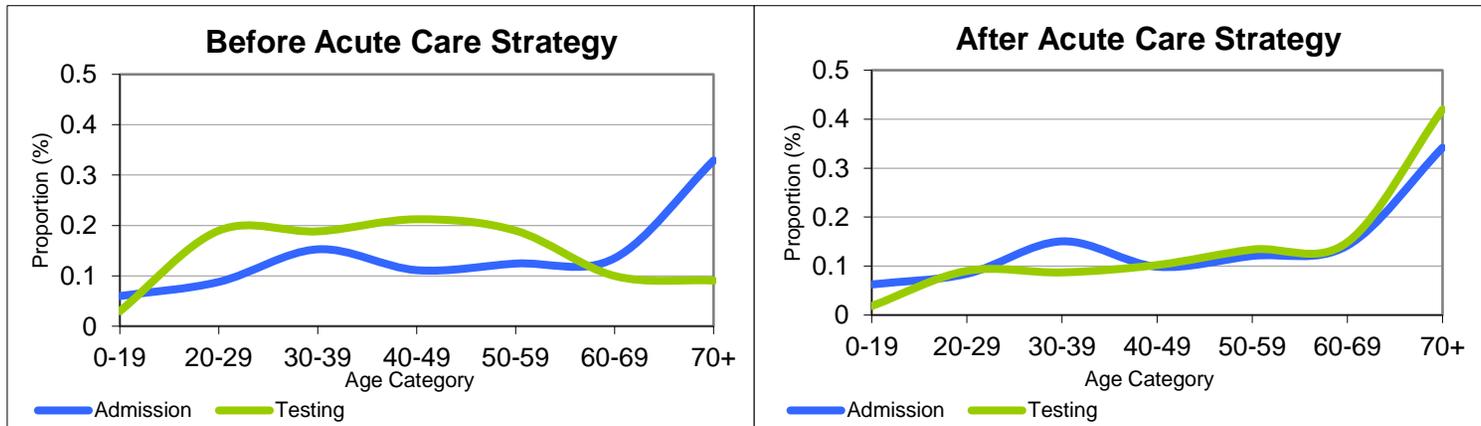
Source: Providence Health Care Virology Laboratory Database & Vancouver General Hospital Laboratory Database.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, April 29, 2019.

Figure 5: Admission and Testing Proportions by Age Category Before and After the Acute Care Strategy

Males

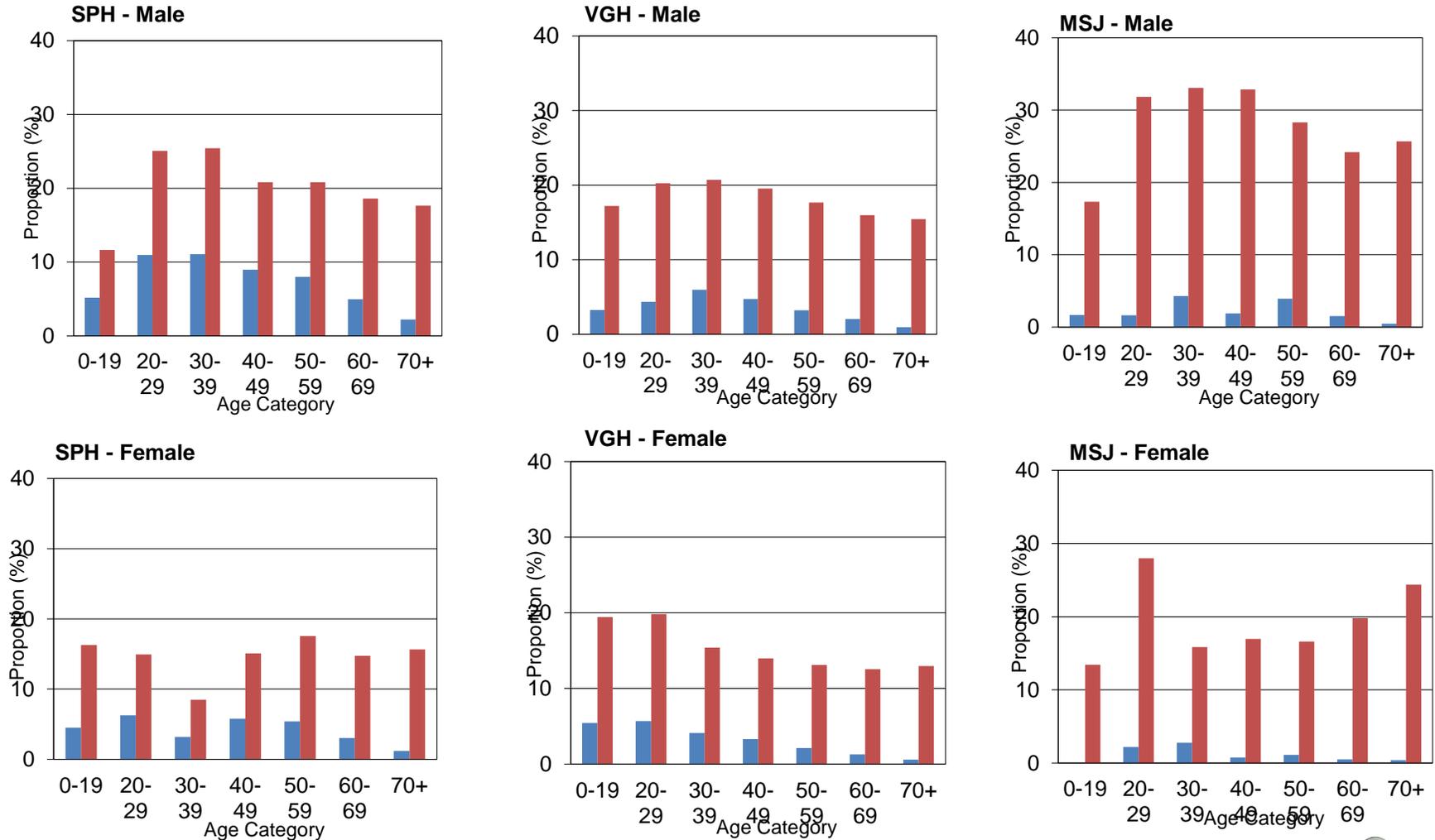


Females



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.
 Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit. April 29, 2019.

Figure 6. Testing Proportion among Those Admitted by Age Category, Since Acute Care Strategy compared to Historical average at SPH, VGH, and MSJ

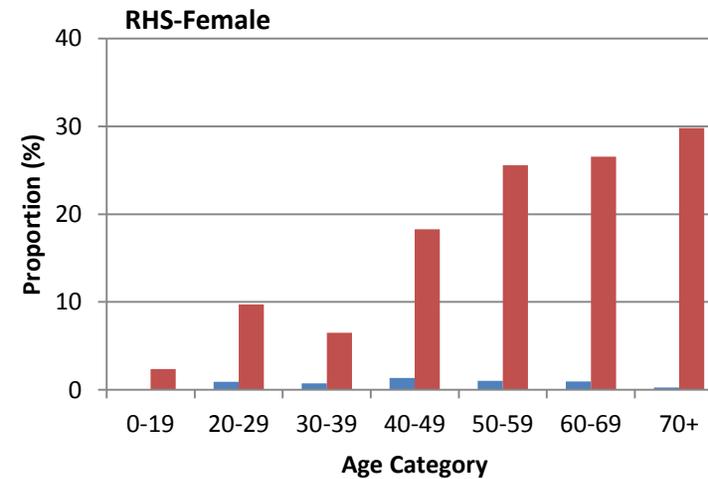
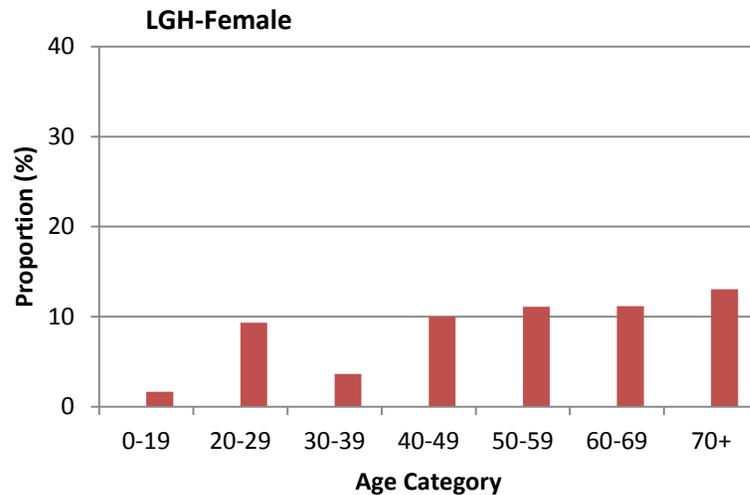
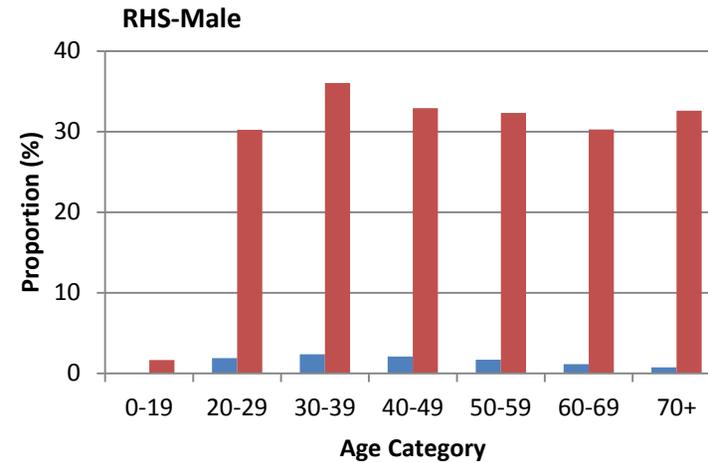
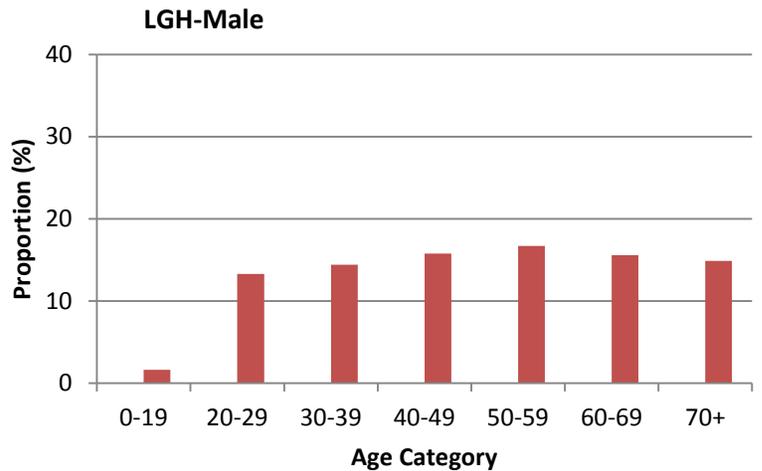


Source: Providence Health Care Virology Laboratory Database & Vancouver General Hospital Laboratory Database.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit. April 29,

■ Historical Baseline (Q3 2008 - Q2 2010)
■ Since Acute Care Strategy



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.
Prepared by: Vancouver Coastal Health, Public Health Surveillance March 8, 2018.

■ Historical Baseline (Q3 2008 - Q2 2010) ■ Since Acute Care Strategy

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 10) 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 9: STOP HIV/AIDS Family Practice HIV Testing Strategy
HIV Testing by Physician Practice Location
2018 (January 1, 2018 - December 31, 2018)**

Region	Indicator Number	Indicator Name	Totals Since Launch at Site*	Current Year				Since Family Practice Strategy€ (Oct 1, 2012- Dec 31, 2018)			2-year Historical Baseline (July 1, 2008 - June 30, 2010)			Year to Date Counts		Significance
				Counts by Quarter				Avg (Quarterly)	Min	Max	Avg (Quarterly)	Min	Max	Year 2018	Year 2017	
				Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018									
Vancouver	VAN-1	Number of Patients Tested	113781	3490	3506	3708	3451	4376	2991	6573	1913	1693	2161	14155	13432	A-H+
	VAN-2	Number Tested Positive	96	1	2	3	2	3.7	0	12	5.3	1	9	8	5	A-H-Y+
	VAN-3	Percent Positivity	0.08	0.03	0.06	0.08	0.06	0.08	0	0.2	0.3	0.06	0.4	0.06	0.04	
Richmond	RCMD-1	Number of Patients Tested	19173	460	429	425	390	737	355	1583	211	187	246	1704	2015	A-H+Y-
	RCMD-2	Number Tested Positive	8	1	0	0	0	0.3	0	2	0.3	0	1	1	1	A-
	RCMD-3	Percent Positivity	0.04	0.2	0	0	0	0.04	0	0.1	0.1	0	0.4	0.1	0.05	
Coastal Urban	CSTU-1	Number of Patients Tested	5916	187	167	194	156	228	145	428	111	89	141	704	703	A-H+
	CSTU-2	Number Tested Positive	1	0	0	0	0	0.04	0	1	0	0	0	0	1	A-H+Y-
	CSTU-3	Percent Positivity	0.02	0	0	0	0	0.02	0	0.2	0	0	0	0	0.1	
Coastal Rural	CSTR-1	Number of Patients Tested	2572	32	43	53	41	99	32	230	52	41	59	169	320	A-H+Y-
	CSTR-2	Number Tested Positive	0	0	0	0	0	0	0	0	0.3	0	1	0	0	A+H-Y+
	CSTR-3	Percent Positivity	0	0	0	0	0	0	0	0	0.5	0	2	0	0	
Total	TOTAL-1	Number of Patients Tested	141442	4169	4145	4380	4038	5440	3762	8059	2286	2045	2597	16732	16470	A-H+
	TOTAL-4	Number Tested Positive	105	2	2	3	2	4	0	12	6	2	10	9	7	A-H-Y+
	TOTAL-5	Percent Positivity	0.07	0.05	0.05	0.07	0.05	0.1	0	0.1	0.3	0.1	0.4	0.05	0.04	H-

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

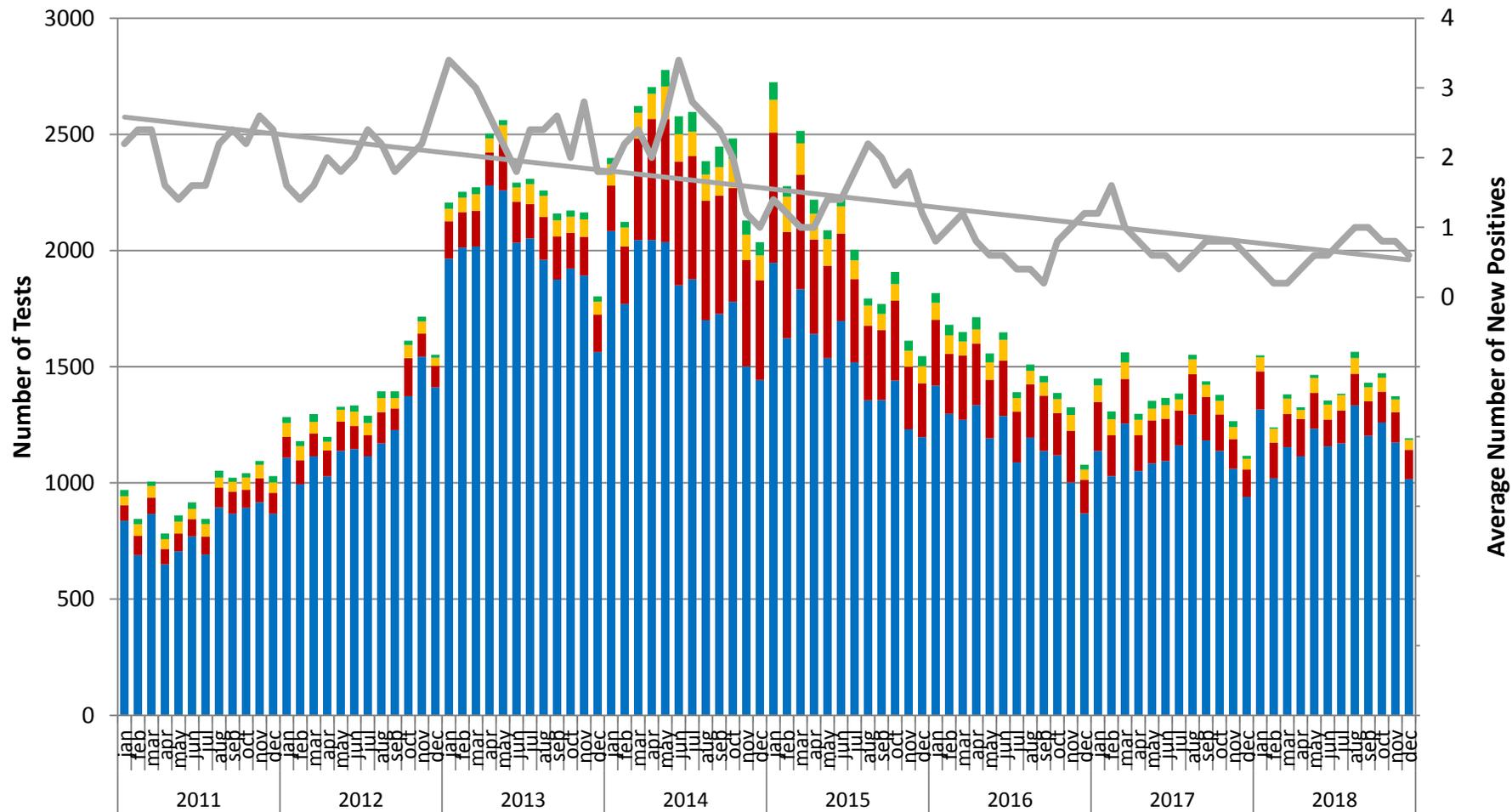
*Launch date standardized for physicians to be August 2012 because all session types began by August 2012.

€ 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

Prepared by: Public Health Surveillance Unit: May 8, 2019.

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

Prepared by: Public Health Surveillance Unit: May 8, 2019.

 test_cr	 test_cu	 test_rmd
 test_van	 pos_total	 Linear (pos_total)