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O135 Seek and treat for optimal prevention of HIV/AIDS (STOP HIV/AIDS)

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Widespread availability of HAART has dramatically decreased rates of AIDS-related diseases and death since 1996, among those engaged in care. The overall success of HAART, however, has been limited because of uneven access to therapy among various groups of HIV infected individuals. In BC, despite a universal health care system (which includes the provision of antiretrovirals free of charge), HAART coverage remains suboptimal among young men who have sex with men (MSM), Aboriginal individuals, the homeless, the poor, the mentally ill, and injection drug users (IDUs). As a result, marginalized and hard-to-reach individuals continue to bear a disproportionate burden of HIV/AIDS related morbidity and mortality in the province. More recently, strong evidence has become available indicating that HAART can impact transmission of HIV. In brief, HAART rapidly and effectively renders HIV undetectable in blood and genital secretions and this is associated with decreased risk of transmission. We recently developed a mathematical model to predict the potential impact of expanding HAART coverage among those in medical need on the spread of HIV in BC. The model used data on the natural history of HIV infection, risk factors, HIV-1 RNA and CD4 cell counts, and the sources of transmission to derive the probable incidence of HIV in the coming years. Based on the available BC data, the model indicates that the status quo (i.e. initiation of HAART at CD4 counts of 200 cells/ mm³ or less, with coverage levels of 50% of those in medical need, and current compliance levels of 78.5%) will result in a continued 10% annual increase in new HIV cases. In contrast, the model predicts that an increase in HAART coverage to 75%, 90% and 100% of those in medical need would result in a decline in the annual incidence of new HIV cases by 37%, 54% and 62%, respectively, resulting in very significant savings over the long term. Therefore, the BC-CfE proposes to expand HAART coverage in BC specifically among hard-to-reach HIV-infected individuals. This program labelled "Seek and Treat for Optimal Prevention of HIV & AIDS" (STOP HIV & AIDS), will aim to decrease AIDS-related diseases and death among those already infected with HIV and to decrease the emergence of new HIV infections in BC. Lessons learned from this initiative should assist in the development of public health policy aimed to expand HAART coverage with the dual goal of decreasing AIDS-related morbidity and mortality and assisting traditional prevention efforts aimed to reduce HIV incidence.