



## HIV and HCV Testing and Diagnosis Indicators

Indicator 12: Number of HIV tests administered by CBOs	
Description	<ul style="list-style-type: none"> <li>The number of HIV tests administered by CBOs. This excludes HIV testing hosted by CBOs and conducted by public health nurses. In other words, external groups or organizations (e.g. BCCDC) have not been involved in the direct provision of testing.</li> </ul>
Significance	<ul style="list-style-type: none"> <li>Community-based approaches have demonstrated to increase uptake of HIV testing and have successfully reached first-time testers and those early in the course of infection (Suthar, et al., 2013).</li> <li>HIV screening may lead to increased case-finding, reduced number of individuals unaware of their HIV status and reduced stigma (BCCfE &amp; BCCDC, 2015).</li> </ul>
Data source	<ul style="list-style-type: none"> <li>CBO administrative data (e.g. test tracking sheets)</li> </ul>
Possible disaggregation	<ul style="list-style-type: none"> <li>Types of HIV tests administered (e.g. Point of Care, traditional blood draw, etc.)</li> <li>Tests administered by people with lived experience vs. social service providers, etc.</li> </ul>
Limitations	<ul style="list-style-type: none"> <li>CBO test tracking issues</li> </ul>

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<b>Indicator 13: Number of HIV tests hosted by CBOs</b>	
Description	<ul style="list-style-type: none"> <li>The number of HIV tests hosted, but not directly administered, by CBOs. This refers to testing that is offered by external groups (e.g. BCCDC) that would come into organizations to provide testing.</li> </ul>
Significance	<ul style="list-style-type: none"> <li>Community testing can increase uptake and successfully reach first-time testers and those newly infected (Suthar, 2013).</li> <li>HIV screening may lead to increased case-finding, increased awareness of HIV status, and reduced stigma (BCCfE &amp; BCCDC, 2015).</li> </ul>
Data source	<ul style="list-style-type: none"> <li>Point of Care HIV testing volumes from STOP HIV/AIDS partner agencies</li> <li>CBO administrative data (e.g. test tracking sheets)</li> </ul>
Possible disaggregation	<ul style="list-style-type: none"> <li>Types of HIV tests administered (e.g. Point of Care, traditional blood draw, etc.)</li> <li>Tests administered by people with lived experience vs. social service providers, etc.</li> </ul>
Limitations	<ul style="list-style-type: none"> <li>Potential for double-counting of HIV testing being conducted in BC</li> </ul>

<b>Indicator 14: Number of new HIV diagnoses identified</b>	
Description	<ul style="list-style-type: none"> <li>Number of individuals identified with a new positive HIV test from testing administered or hosted by CBOs.</li> </ul>
Significance	<ul style="list-style-type: none"> <li>New diagnoses may be influenced by expanded screening efforts and decreased in incidence due to expanded ART (BCCfE &amp; BCCDC, 2015).</li> </ul>
Data source	<ul style="list-style-type: none"> <li>Provincial HIV/AIDS surveillance database at BCCDC</li> </ul>
Possible disaggregation	<ul style="list-style-type: none"> <li>New positive identified by testing administered vs. hosted by CBOs</li> <li>New positives by health authority, gender, age, exposure category</li> </ul>
Limitations	<ul style="list-style-type: none"> <li>Diagnosis with HIV can occur at varying lengths of time after infection. Therefore this is not a measure of incidence (BCCfE &amp; BCCDC, 2015).</li> </ul>





<b>Indicator 15: Number of HCV tests administered by CBOs</b>	
Description	<ul style="list-style-type: none"> <li>The number of HCV tests administered by CBOs. This excludes HCV testing hosted by CBOs and conducted by public health nurses. In other words, external groups or organizations (e.g. BCCDC) have not been involved in the direct provision of testing.</li> </ul>
Significance	<ul style="list-style-type: none"> <li>People living with HCV are often asymptomatic, leading to delayed treatment (CDC, 2015). Undiagnosed and untreated HCV can lead to chronic infections involving serious liver problems.</li> </ul>
Data source	<ul style="list-style-type: none"> <li>CBO administrative data (e.g. test tracking sheets)</li> </ul>
Possible disaggregation	<ul style="list-style-type: none"> <li>Types of HCV tests administered (e.g. blood draw, NAT, HCV-PCR)</li> <li>Tests administered by people with lived experience vs. social service providers</li> </ul>
Limitations	<ul style="list-style-type: none"> <li>CBO test tracking issues</li> </ul>

<b>Indicator 16: Number of HCV tests hosted by CBOs</b>	
Description	<ul style="list-style-type: none"> <li>The number of HIV tests hosted, but not directly administered, by CBOs. This refers to testing that is offered by external groups (e.g. BCCDC) that would come into organizations to provide testing.</li> </ul>
Significance	<ul style="list-style-type: none"> <li>People living with HCV are often asymptomatic, leading to delayed treatment (CDC, 2015). Undiagnosed and untreated HCV can lead to chronic infections involving serious liver problems.</li> </ul>
Data source	<ul style="list-style-type: none"> <li>CBO administrative data (e.g. test tracking sheets)</li> </ul>
Possible disaggregation	<ul style="list-style-type: none"> <li>Types of HCV tests administered (e.g. blood draw, NAT, HCV-PCR)</li> <li>Tests administered by people with lived experience vs. social service providers</li> </ul>
Limitations	<ul style="list-style-type: none"> <li>Potential for double-counting of HCV testing being conducted in BC</li> </ul>





<b>Indicator 17: Number of people with lived experienced trained to provide HIV and HCV testing by CBOs</b>	
Description	<ul style="list-style-type: none"><li>The total number of people with lived experience trained to provide HIV and HCV testing by CBOs.</li></ul>
Significance	<ul style="list-style-type: none"><li>Peer testing events offer people the opportunity to seek low-barriers health care provided by people who understand them culturally (PHS Community Service Society, 2013).</li></ul>
Data source	<ul style="list-style-type: none"><li>CBO administrative data</li></ul>
Possible disaggregation	<ul style="list-style-type: none"><li>HIV- vs. HCV-positive trainees</li></ul>
Limitations	<ul style="list-style-type: none"><li>Training offered by health authority vs. CBOs</li></ul>

<b>Indicator 18: Number of people reached by HIV testing educational information provided by CBOs</b>	
Description	<ul style="list-style-type: none"><li>Total estimated number of people reached by HIV testing educational information provided by CBOs.</li></ul>
Significance	<ul style="list-style-type: none"><li>Social marketing interventions and mass media campaigns have show to be effective in programming HIV testing (Vidanapathirana, et al., 2006; Wei, et al., 2013).</li></ul>
Data source	<ul style="list-style-type: none"><li>CBO administrative data</li></ul>
Possible disaggregation	<ul style="list-style-type: none"><li>Target populations for HIV testing information</li><li>Medium through which educational information is provided (e.g. mass media campaign, informational brochures, workshops, etc.)</li></ul>
Limitations	<ul style="list-style-type: none"><li>Challenges related to tracking reach of educational information</li></ul>





## References

1. BC Centre for Excellence in HIV/AIDS & BC Centre for Disease Control. (2015). HIV Monitoring Quarterly Report: Technical Report. Retrieved from: <http://www.cfenet.ubc.ca/publications/centre-documents/hiv-monitoring-quarterly-reports-fourth-quarter-2014>
2. Centre for Disease Control and Prevention (CDC). (2015). Viral hepatitis: Hepatitis C information. Retrieved from: <http://www.cdc.gov/hepatitis/hcv/cfaq.htm>
3. PHS Community Services Society. (2013). Peer HIV testing: Programming connection case study. Retrieved from: <http://www.catie.ca/en/pc/program/peer-testing-project>
4. Suthar, A.B., Ford, N., Bacanas, P.J., Wong, V.J., Rajan, J.S., Saltzman, A.K., Ajose, O., Fakoya, A.D., Granich, R.M., Negussie, E.K., & Baggaley, R.C. (2013). Towards universal voluntary HIV testing and counselling: A systematic review and meta-analysis of community-based approaches. *PLOS Medicine*, 10(8): e10011496.
5. Vidanapathirana, J., Abramson, M.J., Forbes, A., & Fairley, C. (2006). Mass media interventions for promoting HIV testing: Cochrane systematic review. *Int J Epidemiol*, 35(2): 233-4.
6. Wei, C., Herrick, A., Raymond, H.F., Anglemeyer, A., Gerbase, A., & Noar, S.M. (2013). Social marketing interventions to increase HIV/STI testing uptake among men who have sex with men and male-to-female transgender women. *Cochrane Database of Systematic Reviews*, 9, 1 – 22.