

# HIV cascade of care 2020 in the Québec HIV Cohort: a short report

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In the context of the International AIDS Conference 2022 being held in Montreal, we present a preliminary report of the 2020 HIV cascade of care observed in the Québec HIV Cohort. As part of a plan to end the AIDS epidemic, UNAIDS established targets for HIV treatment scale-up globally, with specific targets for 2020 and 2030. The 2020 target was for 90% of all people living with HIV to know their HIV status, 90% of all people with diagnosed HIV infection to receive sustained antiretroviral therapy (ART), and for 90% of all people receiving ART to reach viral suppression (1). Montreal joined other cities around the world and signed the Paris Declaration on Fast-Track Cities in 2017 (2). Our objective is to report on the 2020 HIV cascade of care among participants of the Québec HIV Cohort, i.e. 1) the proportion of people living with HIV engaged in care in 2020 who received ART; and 2) the proportion of people receiving ART who reached viral suppression.

The Québec HIV Cohort, previously known as the Cohorte Montréalaise, includes all people living with HIV who 1) have ever received HIV care at one of the four following clinics: Clinique Médicale l'Actuel, Clinique Médicale Urbaine du Quartier Latin, Clinique d'Infectiologie Virale Chronique (CIVC) at the Centre Hospitalier de l'Université de Montréal (CHUM); and the Chronic Viral Illness Service (CVIS) at the McGill University Health Centre (MUHC); and 2) have had at least two HIV viral load measurements since 2000. Being engaged in care in 2020 was defined as having had at least one HIV viral load measurement performed at one of the sites in 2020. Given the reduced frequency of visits early in the COVID-19 pandemic, participants who did not have a HIV viral load measurement documented in 2020, but who had one in 2019 and in 2021 were assumed to have remained engaged in care. Receiving ART was defined as documented ART use during 2020 (prescription provided before or during 2020 and no documented arrest before 2020). When ART documentation was missing, participants were assumed to be taking ART if they were virologically suppressed. Viral suppression was defined as an HIV viral load < 200 copies/mL at the last measurement in 2020. Participants who did not have a viral load measured during 2020 but whose last viral load in 2019 and first viral load in 2021 were undetectable were assumed to have remained on ART and were considered virologically suppressed in 2020. Participants with a detectable viral load in 2019 or 2021 without measurement in 2020 were considered detectable in 2020 and were considered not on ART unless ART use was documented. Results were stratified by gender (cis men, cis women, or trans individuals). Participants were assumed to be cisgender unless transgender identity was documented.

In 2020, a total of 5706 people living with HIV received care at one of the participating sites of the Québec HIV Cohort. Among these, 99.6% (n=5686) received ART, and 97.3% (n=5534) of those receiving ART were virologically suppressed (< 200 copies/mL). Among men (n=4750), 99.7% (n=4738) received ART, and 97.6% (n=4624) of those on ART were virologically suppressed. Among women (n=950), 99.2% (n=942) were on ART, and 96.1% (n=905) of those on ART were virologically suppressed. Only 6 participants had documented transgender identity, of whom 6 were on ART and 5 were virologically suppressed.

Our results suggest that among people engaged in HIV care in 2020 at one of the four participating Montreal clinics, the targets for the HIV cascade of care have been reached and surpassed beyond 95%. These results suggest progressive improvement since 2015 (3). Examining the HIV care cascade among people already engaged in care represents one dimension of the overall HIV care continuum for a population of people living with HIV. By default, it excludes those who have not yet been diagnosed and/or linked to care. Also, while reporting on an overall HIV care cascade is helpful, it may mask experiences of HIV care for key populations (e.g., people who use injection drugs, etc.). Analyses among specific populations and by key attributes could help to identify and focus efforts on reducing inequities across the HIV care continuum.

## References

1. UNAIDS. 90-90-90 An ambitious treatment target to help end the AIDS epidemic, October 2014. Pages 1-31. Accessible at: [https://www.unaids.org/sites/default/files/media\\_asset/90-90-90\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/90-90-90_en.pdf)
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