

# OHTN QUARTERLY REPORT: Q1

## April 1 – June 30, 2017

This report provides an overview of OHTN activity in Q1 (April 1- June 30, 2017) detailing contributions towards each of the **Ontario HIV/AIDS Strategy Goals**. This report also includes a list of academic publications in the quarter as well as conference presentations at the 2017 CAHR meeting.

### 1. Improve the health and well-being of populations most affected by HIV

#### *Supporting the evaluation and implementation of supervised injection sites*

With growing recognition of the opioid crisis, the federal government has begun to approve supervised injections sites across Canada. In 2016-17, OHTN collaborated with harm reduction providers in London and Thunder Bay to explore the feasibility of sites in these smaller cities and to determine the most appropriate design and operational characteristics of such sites. Now these local providers are working to generate support for supervised injection facilities in their communities and to implement such services. OHTN has created support materials for this work, including fact sheets and media materials. Some of this material is [available on our website](#), however a more extensive toolkit is available to our community partners in a secure Dropbox. OHTN staff continue to support community partners in meetings with local Medical Officers of Health as part of the implementation process. This supports goal 1.1e of the Ontario HIV/AIDS Strategy.

#### *Addressing HIV stigma*

Reducing HIV stigma is goals 1.2a-d of Ontario's HIV/AIDS Strategy. In Q4, OHTN Director Francisco Ibanez-Carrasco secured funds from the Canadian Institutes of Health Research as the nominated principal investigator of a project implementing the Stigma Index in several Canadian provinces. The project will recruit a large cohort of adults living with HIV in order to better understand and measure stigma and to mobilize local and national efforts to counter stigma. The project helps put a face to HIV (Goal 1.3a) and an introductory video, [HIV Stigma 101](#), also serves this purpose.

Coupled with this effort, the project team, led by Francisco Ibanez-Carrasco and Sean Rourke, has received additional funds this quarter from the Public Health Agency of Canada for an Ontario-based effort. This initiative will coordinate a network of health care providers, medical school educators and other experts to implement interventions addressing HIV-related stigma in health care settings and to improve health services for people living with HIV (Goal 1.3c). This project will benefit from the flow of information about individuals' lived experiences coming from the national Stigma Index project. The national team held the first meeting of the Canadian HIV Stigma Steering Committee in June (19-20). The Ontario team will recruit an Advisory Committee and begin operations in Q2. This project illustrates the synergy of our provincial and national initiatives.

#### *Exploring research findings with people living with HIV*

Goal 1.1 of the Ontario HIV/AIDS Strategy emphasizes our responsibility to engage people living with and at risk of HIV in a meaningful way in our services. A novel example of this engagement is "Pozcast," a monthly OHTN podcast created by and for people living with HIV that launched in Q1. The show aims to explore recent HIV-related research findings to help listeners understand how new evidence might affect their health, their sex lives, their relationships and the services they rely on. The 20-minute show started in a dramatic fashion with episode 1, [Undetectable = Untransmittable](#). It launched in May only a few days before OHTN endorsed the U=U statement prompting a flurry of online attention. The June

episode, [HIV, Fatherhood & Fertility](#), explored how parenting options are changing for HIV-positive men. Each episode includes an expert speaker and a person living with HIV with over 300 downloads to date.

### **Additional Milestones Goal One**

- The OHTN Community-Based Research & Evaluation Fund awarded funding to two new projects:
  - An evaluation of the Ethno-racial Treatment Support Network (based at [CAAT](#)), a program that builds literacy and leadership skills around treatment access. (Goal 1.1a,b)
  - A pilot mental health intervention for newcomer/refugee African, Caribbean and Black men who have sex with men being conducted by [Black CAP](#), which addresses coping with specific barriers faced by these men (racism, homophobia, migration). (Goal 1.1e).
- The evaluation was completed on the pilot of Indigenous Learning Pathways to Prevention (ILLP) Awards. The evaluation will inform the second round of this OHTN award program for Indigenous students, which will launch in September.
- 2-Spirited People of the 1st Nations Executive Director, Kerrigan Johnson, has joined the OHTN Indigenous Research Steering Committee (IRSC).
- Three Research Lounge events were hosted by OHTN this quarter, fostering discussion in our stakeholder communities about emerging research with an expert in that area of research: Challenges in implementing GIPA/MIPA in HIV research & community organizations (Alan Li); HIV, long-term survivorship, and quality of life (Kate Murzin); and HIV in Indigenous communities, reconciliation, and health research (Teddy Syrette).
- The Canadian Association for HIV Research (CAHR) has agreed to fund a flipped workshop on implementation science.

## **2. Promote sexual health and prevent new HIV, STI and hepatitis C infections**

### ***Collaborating to assess the real-world impact of PrEP***

Pre-exposure prophylaxis (PrEP) is an important new tool for reducing the transmission of HIV. Goal 2.2b of the Ontario HIV/AIDS Strategy emphasizes increasing access to PrEP for people at high risk of HIV infection. To support the evidence-informed, real-world use of PrEP, OHTN has partnered with CANFAR and REACH 2.0 to fund a new cohort study that will follow 1,250 people at-risk of HIV as they begin using PrEP in Ontario. Although the majority of people likely to start PrEP in this study are men who have sex with men, the cohort is designed to gather data about the PrEP-using experiences of transgender women, cisgender women, and African, Caribbean and Black individuals and to act as a means of outreach to these communities about PrEP. The study, led by Darrell Tan and Ryan Lisk, will document the benefits and challenges of PrEP rollout, and explore how to optimize delivery and access. The project will include people enrolled in community practices and community-based settings as well as speciality clinics, settings that will have an important role in future PrEP delivery. This collaboration will provide \$450,000 of funding over three years (\$150,000 from OHTN) and build on funding from CIHR.

### ***Learning how to communicate more effectively about HIV transmission risk***

In Q1, Shayna Sparling, post-doctoral research fellow with the Applied Epidemiology Unit, completed the first phase of an “HIV risk communication project.” The project aims to identify ways in which front-line workers might communicate more effectively. This project conducted focus groups with 20 front-line workers from Ontario ASOs. Analysis of worker comments shows that front-line workers often have difficulty recognising the health literacy needs of the people they work with, and are uncomfortable with the statistics about HIV provided to them. The analysis also highlights the impact of stigma on these interactions. These findings will shape a survey to be sent to a much larger number of front-line

workers. The project, which should be completed by the end of 2017, aims to develop guidelines and supports that will help front-line workers in Ontario communicate HIV transmission risks more clearly.

#### **Additional Milestones Goal Two**

- A rapid response, [Impact of victimization on the health of men who have sex with men](#), was published. This is part of a series of rapid responses focused on syndemics requested by [GMSH](#).
- Work was completed supporting Public Health Laboratories of Ontario revisions to the HIV Testing Requisitions to better capture Indigenous identity and gender identity. The forms will be implemented in Q2.

### **3. Diagnose HIV infections early and engage people in timely care**

#### ***Guiding conversations at the moment of HIV diagnosis***

The “HIV Compass” project was initially suggested by the OHTN medical residents in HIV, Caroline Dahyea Jeon and Lucy Manchester. Talking with colleagues and from daily clinical experience, these physicians identified a need for a clinical tool to help patients and health care providers orient themselves at the moment of diagnosis and present clear and simple directions forward. With OHTN support a prototype tool has now been developed consisting of:

- illustrated cards that highlight key directions a patient should consider when moving forward; the cards provide a small amount of key information that can be absorbed in the moment and help the caregiver focus on what is most important during this crucial early conversation.
- a website linked to the cards with more information in each area when the person is ready.

The goal is to provide simple materials that help both parties focus on a few critical issues in the initial conversation – to start conversations, not to end them. The team has gathered feedback from people living with HIV (diagnosed in the past 5 years) and is now in the process of receiving feedback from health care providers. The team hopes to launch the HIV Compass in 2018 along with a social marketing campaign to support its use. This work contributes to goal 3.2 of the Ontario AIDS Strategy.

#### **Additional Milestones Goal Three**

- A revised A/C Study protocol was formally submitted to PHAC including a revised version of the questionnaire, and a comprehensive description of the plan for recruiting participants. It is anticipated that this submission will facilitate further funding in Q2.
- A rapid response, [The role of peers in linkage, engagement, and retention in HIV care](#), was published.

### **4. Improve health, longevity and quality of life for people living with HIV**

#### ***Building partnerships to share public health messages around Undetectable = Untransmittable***

In May 2017, OHTN endorsed the [undetectable = untransmittable \(U=U\) consensus statement](#) affirming that sexual transmission of HIV does not occur when effective, ongoing antiretroviral treatment (ART) has decreased the virus to undetectable levels. In the statement, OHTN acknowledges the importance of this information in driving good public policy and clinical practice – encouraging prompt access to testing, treatment and support, as well as reducing HIV stigma. OHTN has pledged to work with health systems partners to develop consistent education messages and pragmatic interventions that support

high rates of ART adherence, and ongoing condom use to help to reduce STIs. This proactive and multi-stakeholder response has begun with two partners in Q1:

- An agreement with CATIE to collaborate on U=U prevention work / messaging beginning in Q2
- The development of a community brief for the International Council of AIDS Service Organizations (ICASO) authored jointly by ICASO, OHTN, CATIE, the Global Network for People Living with HIV (GNP+NA), the Canadian Positive People's Network (CPPN) and the International Indigenous HIV & AIDS Community (IIHAC). The brief provides a detailed analysis of the scientific, legal, policy and advocacy implications of U=U for people living with HIV and the broader HIV community sector.

#### **Additional Milestones Goal Four**

- A website has been created for Ontario's HIV clinical guidelines and is now being reviewed by clinician advisors prior to launch.
- A rapid response, [Impact of medical assistance in dying on family and friends](#), was published.
- OHTN's supported the Interdisciplinary HIV Parenting Research and Exchange Group (IHPREG) to develop a regular newsletter sharing current and ongoing research around reproductive health.

## **5. Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services**

### ***A window into client services at AIDS service organizations across Ontario***

Phase 1 of the OCASE Reporting Database was completed in Q1. This directly addresses Goal 5.3c of the Ontario HIV/AIDS Strategy which directs OHTN to "leverage existing tools such as OCASE (the Ontario Community-Based AIDS Service and Evaluation system) to strengthen the capacity of provincially funded HIV programs and services to monitor and evaluate their work." Case management workers at Ontario ASOs help their clients access a wide array of services and support them to remain engaged in these services. The new OCASE Reporting Database will help organizations see how their clients are using services by coordinating data from the 30 unique independent databases currently used by case management workers to support clients. With this tool, ASOs will see an overview of the demand for support services coordinated/provided through their agency, and the success of clients in ongoing engagement with these services. The Phase 1 roll-out will provide this data at the agency level and will help agencies gather data for provincial reporting. Further phases will ultimately create a province-wide tool for monitoring services and interventions. For example, in the future, information could be pulled about locations and services being accessed by people with a history of drug use across the province. It could also be used to assess specific interventions over time or compare intervention outcomes.

### ***Province-wide data on the care cascade***

In Q1, the Ontario HIV Epidemiology and Surveillance Initiative (OHESI) released province-wide data on the HIV care cascade in Ontario, addressing goal 5.2a of the Ontario HIV/AIDS Strategy. The report draws on information from the integrated HIV Datamart created by the OHESI partners to enable province-wide monitoring. While the OHTN Cohort Study (OCS) had previously generated cascade data, its results were specific to OCS participants being treated at HIV speciality clinics. This system allows planners and policy makers to look at key indicators for every person diagnosed with HIV through the Public Health Laboratories. OHTN Applied Epidemiology staff made presentations of this data in Q1 to OACHA (Ontario Advisory Committee on HIV/AIDS), OCN (the HIV Outpatient Clinic Network), and WHAI (Women and HIV/AIDS Initiative). They also worked with the OHESI Champions Committee, composed of 17 members from the community-based HIV service sector and HIV clinics, to ensure that [the report](#) is useful and applicable to community needs. The processes established with the Champions Committee

in generating this report will be used for all future OHESI reporting to ensure that new products support collective efforts and impact in neighborhoods, communities and organizations across the province.

### **Additional Milestones Goal Five**

- RFP for Research Chair Evaluation issued.
- Data sharing agreement with Public Health Ontario to transfer data about OHTN Cohort Study participants was renewed for five years.
- New OCHART tracking tools to support Ontario's Hepatitis C Program and Provincial Capacity Building Program have been implemented; training for staff in these programs has been completed, and support materials are available to them. Data entry will begin in Q2.
- Services provided to Evidence Based Practice Unit clients in Q1 included:
  - A summary of services provided to people who use drugs by ASOs in Southwest Ontario; this will inform the AIDS Bureau's strategic response to the HIV outbreak in the region.
  - Support of AIDS Bureau reporting to the Ministry about HIV/HCV programming.
  - HR data from Ontario ASOs provided to support an Ontario AIDS Network HR review.
  - Data on presenting issues, client demographics, service provision and volunteer management was provided to the AIDS Committee of Toronto to assist planning.

### **Organizational Supports**

In our program plan, OHTN sets operational goals to improve the organization's functioning and coordination, and to expand our capacity to act as a provincial backbone organization and as a national leader in HIV program science and community-based research.

#### ***Renewed five-year support for the Canada-Wide CIHR CBR Collaborative***

In April 2017, OHTN received notice that an additional five years of funding for the CIHR Community-based Research Collaborative (a program of REACH) would begin on July 1, 2017. This \$1.5 million grant provides financial and infrastructure support for regional teams that implement community-based HIV research (CBR) initiatives across Canada, with leadership and support from OHTN. This new funding will expand the Collaborative to all Canadian provinces and territories. This initiative continues to build a vibrant, sustainable, national collaborative of people living with HIV, researchers, community-based organizations, clinicians, and policy makers who work to target CBR efforts to the specific challenges in each of their regions. The CBR process itself is a form of social action that enhances knowledge and skills for all partners, builds community, impacts health, and reduces stigma associated with HIV. This approach informs policy, changes practice, and improves conditions in communities.

### **Milestones Organizational Supports**

- Updated financial policies and procedures approved by the Board.
- The new GIPA policy was approved by the Board in May; the implementation plan is in place.
- Employee demographics have been completed.
- The FreshDesk ticketing system is in place and functioning, providing electronic ticketing of staff technical support needs.
- A REACH meeting was held in June to discuss which team projects will proceed in the CIHR implementation science competition. Saskatchewan, Manitoba and Ontario will move forward.
- University Without Walls Fellows for the upcoming 2017-18 year have been identified and notified. A public announcement will be made with the launch of the program in Q2.

## Academic Presentations and Papers Associated with Goal One

(Bolded individuals are OHTN staff or funded researchers, underline indicates conference presenter)

### *OHTN at the Canadian Association for HIV Research*

1. Ayden Scheim, Geoff Bardwell, **Beth Rachlis**, **Sanjana Mitra**, Thomas Kerr. Syringe sharing among people who inject drugs in London, Ontario [poster].
2. **Henry Luyombya**; Marvelous Muchenje, Marisa Nicole Greenspan; **Winston Husbands**; Jelani Kerr; Liviana Calzavara; Valérie Pierre-Pierre; Wangari Tharao. "Helping people in the congregation view HIV/AIDS from a new perspective": Engaging Black churches to implement an HIV stigma-reduction intervention in Ontario [poster]
3. **Barry Adam**. Resilience pathways, childhood escape routes, and mentors reported by gay and bisexual men affected by syndemic conditions [poster].

### *Peer Reviewed Academic Papers*

1. **Benoit AC**, Younger J, Beaver K,... **Raboud J**. [Increased mortality among Indigenous persons in a multisite cohort of people living with HIV in Canada](#). Canadian Journal of Public Health. 2017;108(2):e169-e75.
2. Boucher LM, **Marshall Z**, Martin A, Larose-Hebert K, Flynn JV, Lalonde C, Pineau D, Bigelow J, Rose T, Chase R, Boyd R, Tyndall M, **Kendall C**. [Expanding conceptualizations of harm reduction: results from a qualitative community-based participatory research study with people who inject drugs](#). Harm Reduction Journal. 2017 May 14.
3. Coleman TA, **Bauer GR**, Pugh D, Aykroyd G, Powell L, Newman R. [Sexual Orientation Disclosure in Primary Care Settings by Gay, Bisexual, and Other Men Who Have Sex with Men in a Canadian City](#). LGBT Health. 2017;4(1):42-54.
4. Cox J, Hamelin AM, McLinden T, Moodie EE, Anema A, Rollet-Kurhajec KC, Paradis G, **Rourke SB**, **Walmsley SL**, Klein MB, Canadian Co-infection Cohort I. [Food Insecurity in HIV-Hepatitis C Virus Co-infected Individuals in Canada: The Importance of Co-morbidities](#). AIDS Behaviour. 2017;21(3):792-802.
5. Durbin A, Brown HK, Bansal S, **Antoniou T**, Jung JKH, Lunsy Y. [How HIV affects health and service use for adults with intellectual and developmental disabilities](#). Journal of Intellectual Disability Research. 2017;61(7):682-96.
6. Rehm J, Gmel G, Sr., Hasan OSM, Imtiaz S, Popova S, Probst C, Roerecke M, Room R, Samokhvalov AV, Shield KD, **Shuper PA**. [The contribution of unrecorded alcohol to health harm](#). Addiction. 2017.
7. Smith NG, **Hart TA**, Kidwai A, Vernon JRG, Blais M, **Adam B**. [Results of a Pilot Study to Ameliorate Psychological and Behavioral Outcomes of Minority Stress Among Young Gay and Bisexual Men](#). Behavioural Therapy. 2017;48(5):664-77.
8. **van der Meulen E**. ["It Goes on Everywhere": Injection Drug Use in Canadian Federal Prisons](#). Substance Use & Misuse. 2017;52(7):884-91.
9. Wheeler KM, **Antoniou T**, **Gardner S**, **Light L**, Grewal R, **Globerman J**, **Husbands W**, Burchell AN, Team OCS. [Sociodemographic and Health Profile of Heterosexual Men Living With HIV in Ontario, Canada](#). American Journal of Men's Health. 2017;11(4):855-62.
10. **Wong JPH**, Macpherson F, Vahabi M, Li A. [Understanding the sexuality and sexual health of Muslim young people in Canada and other Western countries: A scoping review of research literature](#). Canadian Journal of Human Sexuality. 2017;26(1):48-59.

## Academic Presentations and Papers Associated with Goal Two

(Bolded individuals are OHTN staff or funded researchers, underline indicates conference presenter)

*OHTN at the Canadian Association for HIV Research*

1. **Shayna Skakoon-Sparling**, **Madison Kopansky-Giles**, **Jean Bacon**, Mark Gilbert. Talk on the front lines: Challenges and effective strategies for communicating about HIV risk for outreach workers in Ontario. [poster]

*Peer-Reviewed Academic Papers*

1. **Adam BD**, **Hart TA**, Mohr J, Coleman T, Vernon J. [HIV-related syndemic pathways and risk subjectivities among gay and bisexual men: a qualitative investigation](#). Culture Health and Sexuality Journal. 2017 Apr:1-14.
2. **Bauer GR**, Giblon R, Coleman TA, Aykroyd G, Fraser M, Pugh D. [Community acceptance and HIV sexual risk among gay and bisexual men in a 'typical' Canadian city](#). Canadian Journal of Human Sexuality. 2017;26(1):7-16.
3. Noor SW, **Adam BD**, **Brennan DJ**, Moskowitz DA, **Gardner S**, **Hart TA**. [Scenes as Micro-Cultures: Examining Heterogeneity of HIV Risk Behavior Among Gay, Bisexual, and Other Men Who Have Sex with Men in Toronto, Canada](#). Archives of Sex Behaviour 2017 April 20.

## Academic Presentations and Papers Associated with Goal Three

(Bolded individuals are OHTN staff or funded researchers, underline indicates conference presenter)

*OHTN at the Canadian Association for HIV Research*

1. **Lucia Light**, **Beth Rachlis**, **Tony Antoniou**, **Jean Bacon**, Ann Burchell, **Claire Kendall**, Mona Loutfy, Anita Rachlis, **Sean B. Rourke**, Ontario HIV Treatment Network Cohort Study. Engagement in care among women versus men: Results from the Ontario HIV Treatment Network Cohort Study (OCS) – Oral Session: Women’s Health, Maternity and Paediatrics
2. **Alexandra Musten**, **Sanjana Mitra**, Alexa Minichiello, Michelle Swab, Jacqueline Gahahan, Shabnam Asghari, Zack Marshall. Successfully integrating HIV point-of care testing in non-traditional settings: Results of an international scoping review of provider perspectives [poster]
3. **Beth Rachlis**, **Lucia Light**, **Claire Kendall**, **Anita Benoit**, Anita Rachlis, Mona Loutfy, Jean Bacon, Frank McGee, **Sean B. Rourke**, Ontario HIV Treatment Network (OCS). Engagement in HIV care among women living with HIV: Results from the Ontario HIV Treatment Network Cohort Study.
4. **James Wilton**, Juan Liu, Ashleigh Sullivan, **Lucia Light**, **Beth Rachlis**, Jane Xiong, Alex Marchand-Austin, Ann Burchell, Fiona Guerra, Claudia Rank, Sharmistha Mishra, Sandra Gardner, Chris Archibald, James Murray, Frank McGee, Doug Sider, **Sean B. Rourke**, Vanessa Allen, Mark Gilbert, on behalf of the Ontario HIV Epidemiology and Surveillance Initiative (OHESI). Trends in engagement in HIV care among diagnosed people living with HIV in the Ontario HIV Laboratory Cohort: A retrospective, population-based cohort study [poster].

*Peer-Reviewed Academic Papers*

1. **Cooper C**. [Rapid HCV RNA testing: removing the final obstacle to elimination](#). Lancet Gastroenterology and Hepatology. 2017;2(7):468-9.
2. Ogunbajo A, Kershaw T, Kushwaha S, Boakye F, Wallace-Atiapah ND, **Nelson LE**. [Barriers, Motivators, and Facilitators to Engagement in HIV Care Among HIV-Infected Ghanaian Men Who have Sex with Men \(MSM\)](#). AIDS and Behavior. 2017 May 26.

## Academic Presentations and Papers Associated with Goal Four

(Bolded individuals are OHTN staff or funded researchers, underline indicates conference presenter)

### *OHTN at the Canadian Association for HIV Research*

1. **Lucia Light**, **Beth Rachlis**, **Curtis Cooper**, **Claire Kendall**, Mona Loutfy, Anita Rachlis, **James Wilton**, **Sean B. Rourke**, Ontario HIV Treatment Network Cohort Study. Late HIV diagnosis and normalization of CD4:CD8 ratio: Results from the Ontario HIV Treatment Network Cohort Study (OCS) – Oral Session: Clinical Sciences

### *Peer-Reviewed Academic Papers*

1. **Antoniu T**, Szadkowski L, **Walmsley S**, **Cooper C**, Burchell AN, Bayoumi AM, Montaner JS, Loutfy M, Klein MB, Machouf N, Tsoukas C, Wong A, Hogg RS, **Raboud J**, Canadian Observational Cohort. [Comparison of atazanavir/ritonavir and darunavir/ritonavir based antiretroviral therapy for antiretroviral naïve patients](#). BMC Infectious Diseases. 2017;17(1):266.
2. Bourliere M, **Cooper CL**, Zeuzem S, Polaris, Investigators P-. [Sofosbuvir, Velpatasvir, and Voxilaprevir for Previously Treated HCV Infection](#). New England Journal of Medicine. 2017;376(22):2134-46.
3. Feld JJ, Ramji A, Shafran SD, Willems B, Marotta P, Huchet E, Vachon ML, Svarovskaia ES, Huang KC, Hyland RH, Yun C, Massetto B, Brainard DM, McHutchison JG, Tam E, Bailey R, **Cooper C**, Yoshida EM, Greenbloom S, Elkhachab M, Borgia S, Swain MG. [Ledipasvir-Sofosbuvir Plus Ribavirin in Treatment-Naïve Patients With Hepatitis C Virus Genotype 3 Infection: An Open-Label Study](#). Clinical Infectious Diseases. 2017 May 23.
4. Kennedy VL, Collins M, Yudin MH, Serghides L, **Walmsley S**, Angel JB, Ongoiba F, Powis J, Smail F, Tharao W, Rachlis A, Silverman M, Sandre R, Regier DA, Loutfy M. [Exploring the Factors Considered by People Living with HIV and Their Partners during Preconception](#). Journal of the International Association of Providers of AIDS Care. 2017;16(3):239-46.
5. Khan ST, McGuinty M, Corsi DJ, **Cooper CL**. [Liver enzyme normalization predicts success of Hepatitis C oral direct-acting antiviral treatment](#). Clin Invest Med. 2017;40(2):E73-E80.
6. Kim CJ, Rousseau R, Huibner S, **Kovacs C**, Benko E, Shahabi K, Kandel G, **Ostrowski M**, **Kaul R**. [Impact of intensified antiretroviral therapy during early HIV infection on gut immunology and inflammatory blood biomarkers: a randomized controlled trial](#). AIDS. 2017;31(11):1529-34.
7. Knox JJ, Buggert M, Kardava L, Seaton KE, Eller MA, Canaday DH, Robb ML, **Ostrowski MA**, Deeks SG, Slifka MK, Tomaras GD, Moir S, Moody MA, Betts MR. [T-bet+ B cells are induced by human viral infections and dominate the HIV gp140 response](#). JCI Insight. 2017;2(8).
8. Moqueet N, Kanagaratham C, Gill MJ, Hull M, **Walmsley S**, Radzioch D, Saeed S, Platt RW, Klein MB, Canadian Co-infection Cohort S. [A prognostic model for development of significant liver fibrosis in HIV-hepatitis C co-infection](#). PLoS One. 2017;12(5):e0176282.
9. Mujib S, Liu J, Rahman A, Schwartz JA, Bonner P, Yue FY, **Ostrowski MA**. [Comprehensive cross-clade characterization of antibody-mediated recognition, complement-mediated lysis and cell-mediated cytotoxicity of HIV-1 envelope specific antibodies towards the eradication of the HIV-1 reservoir](#). Journal of Virology. 2017;91(16).
10. O'Neill TJ, Nguemo JD, Tynan AM, Burchell AN, **Antoniu T**. [Risk of Colorectal Cancer And Associated Mortality In HIV: A Systematic Review And Meta-Analysis](#). Journal of Acquired Immune Deficiency Syndrome. 2017;75(4):439.

11. Osborne BJW, Marsh AK, Huibner S, Shahabi K, Liu C, Contente T, Nagelkerke NJD, **Kovacs C**, Benko E, Price L, MacDonald KS, **Kaul R**. [Clinical and Mucosal Immune Correlates of HIV-1 Semen Levels in Antiretroviral-Naive Men](#). Open Forum Infect Dis. 2017;4(2):ofx033.
12. Pollack RA, Jones RB, Pertea M, Bruner KM, Martin AR, Thomas AS, Capoferri AA, Beg SA, Huang SH, Karandish S, Hao H, Halper-Stromberg E, Yong PC, **Kovacs C**, Benko E, Siliciano RF, Ho YC. [Defective HIV-1 Proviruses Are Expressed and Can Be Recognized by Cytotoxic T Lymphocytes, which Shape the Proviral Landscape](#). Cell Host & Microbe. 2017;21(4):494-506 e4.
13. Rossi C, **Raboud J**, **Walmsley S**, **Cooper C**, **Antoniou T**, Burchell AN, Hull M, Chia J, Hogg RS, Moodie EE, Klein MB, Canadian Observational Cohort. [Hepatitis C co-infection is associated with an increased risk of incident chronic kidney disease in HIV-infected patients initiating combination antiretroviral therapy](#). BMC Infectious Diseases. 2017;17(1):246.
14. Sivarajah V, Venus K, Yudin MH, Murphy KE, Morrison SA, **Tan DH**. [Does maternal HSV-2 coinfection increase mother-to-child transmission of HIV? A systematic review](#). Sexually Transmitted Infections. 2017 June 9.
15. Squires KE, Young B, Santiago L, Dretler RH, **Walmsley SL**, Zhao HH, Pakes GE, Ross LL, Shaefer MS. [Response by gender of HIV-1-infected subjects treated with abacavir/lamivudine plus atazanavir, with or without ritonavir, for 144 weeks](#). HIV AIDS (Auckland). 2017;9:51-61.
16. Yao Y, **Kaushic C**, Jeyanathan M, Xing Z. [A novel virus-vectored respiratory mucosal vaccine enhances anti-tuberculosis immunity in a humanized model system](#). Journal of Infectious Disease. 2017 May 20.

## Academic Presentations and Papers Associated with Goal Five

(Bolded individuals are OHTN staff or funded researchers, underline indicates conference presenter)

### *OHTN at the Canadian Association for HIV Research*

1. **Beth Rachlis**, **Sanjana Mitra**, Ayden Scheim, Geoff Bardwell, Mary Clare Kennedy, Thomas Kerr. Design and operational preferences of supervised injection services among people who inject drugs in London, Ontario [poster].
2. **Jason Globerman**, **David Gogolishvili**, **Sanjana Mitra**, **Danielle Giliauskas**, **Laura Schoffel**, **Emily White**, **Jean Bacon**, **Sean B. Rourke** Evaluation of a Rapid Response Service focused on HIV/AIDS and other sexually transmitted and blood borne infections [poster].
3. Juan Liu, Ashleigh Sullivan, **Madison Kopansky-Giles**, **James Wilton**, **Beth Rachlis**, **Sean B. Rourke**, Doug Sider, Vanessa Allen, Chris Archibald, Frank McGee, James Murray, Mark Gilbert, on behalf of the Ontario HIV Epidemiology and Surveillance Initiative (OHESI). Classifying HIV diagnoses by non-mutually exclusive priority populations to enhance program planning in Ontario [poster].

### *Peer-Reviewed Academic Papers*

1. **Kendall CE**, Boucher LM, Mark AE, Martin A, Marshall Z, Boyd R, Oickle P, Diliso N, Pineau D, Renaud B, Rose T, LeBlanc S, Tyndall M, Lee OM, Bayoumi AM. [A cohort study examining emergency department visits and hospital admissions among people who use drugs in Ottawa, Canada](#). Harm Reduction Journal. 2017;14(1):16.