



## OCS QUICK FACTS

### Late HIV Diagnosis Analysis of the OCS Data

To have the best possible health outcomes, people infected with HIV should be diagnosed as soon as possible after infection and started immediately on treatment. However, when people who are at high risk of being exposed to HIV do not test regularly, they may become infected and experience symptoms or a decline in immune system function for months or even years before they are diagnosed.

Late diagnosis is defined as someone diagnosed with HIV who, within a year, experiences a CD4 cell count less than 350, which indicates that their immune system has been damaged.

To understand HIV late diagnosis in Ontario, we examined CD4 results after diagnosis in OCS participants.

8,219 participants with CD4 data were included in the analysis. Recent timeframes are shown here.<sup>1</sup>

Timeframe	Number of participants <sup>2</sup> (N)	Percent Diagnosed Late
2020-2022	131	36%
2017-2019	232	41%
2014-2016	370	46%
2011-2013	428	52%

Our data shows that the proportion of people diagnosed late with HIV has been declining over the past decade; however, just over one-third of participants diagnosed between 2020 and 2022 were diagnosed late. These findings reinforce the importance of regular testing for people at high risk as well as better awareness of the symptoms of both acute and chronic HIV infection.

<sup>1</sup> A cochrane-armitage test for trend was significant ( $p < 0.01$ ).

<sup>2</sup> The OCS is an open cohort. Its members can leave and cohort can take on new members over time. This means more recent diagnoses are not as well represented. There may also be bias in recruitment over time.

# OCS

OHTN COHORT STUDY

### OCS Questionnaire V.11 Launched

The OCS team reviews and updates the OCS Questionnaire annually based on feedback from OCS participants, data collectors, researchers and other partners. The goal is to adjust the questionnaire to include emerging issues in the emerging scientific evidence and respond to the needs of participants and the community.

Effective January 5th, Questionnaire V.11 was launched at all OCS sites following ethics clearance by each site's Research Ethics Board. For changes implemented in the latest questionnaire, see our [October Newsletter](#).

For a list of all topics included in the current questionnaire, visit [here](#).

### 2022-23 OCS Regional Report

We are excited to share the 2022-23 OCS Regional Report with you. Divided into four regions (Eastern, Northern Ontario, Southwestern Ontario, and Toronto), this report presents the key demographic, socioeconomic and health characteristics of 2,229 OCS participants who completed a questionnaire in 2022.

You can access the Regional Report [here](#). Please feel free to share this report with participants, friends, colleagues, and anyone interested in these issues.

### A new OCS Research Proposal

A new research proposal, *Longitudinal Trajectories of Disability and Physical Activity Among Adults Living with HIV: Findings from the Ontario HIV Treatment Network Cohort Study*, was approved by the OCS Governance Committee in December 2023.

Led by post-doctoral fellow Tai-Te Su and Dr. Kelly O'Brien from the University of Toronto, researchers will draw on longitudinal OCS data to examine the relationship between disability and physical activity trajectories of adults living with HIV. The researchers will also assess how factors, such as age, sex, gender, comorbidity, social support and stigma, might affect the population's disability and physical activity.

We thank the researcher for engaging with the OCS and look forward to the results of their study.

## **New OCS analysis investigating clinical frailty among Indigenous People aging with HIV**

In Canada, ~50% of people living with HIV (PLHIV) are over the age of 50 and this proportion is expected to grow. Indigenous Peoples living with HIV, who make up 5% of Canada's population and 4.6% of HIV infections in Ontario, are highly likely to face compounded frailty and burden because of the intersecting effects of systemic colonial oppression, intergenerational trauma, continued racist violence, service inaccessibility, and socioeconomic disadvantage.

OCS research intern Nicholas Bauer, Dr. Sean Hillier from York University, and Dr. Abigail Kroch from the OHTN are drawing on the OCS data to investigate clinical frailty among Indigenous older adults living with HIV.

Initial data analyses show that Indigenous identity is an *independent predictor* of pre-frailty and clinical frailty and Indigenous older adults living with HIV face greater rates of pre-frailty and clinical frailty as well as disproportionate burdens of aging-related comorbidities compared to their non-Indigenous counterparts in the cohort. These findings are independent of participants' history of AIDS or injection drug use.

No studies to date have looked into this matter. Researchers' findings can play a pivotal role in policy and practical changes in health systems provincially and nationally.

We congratulate the researchers for this distinctive research.

### **OCS Publications on the Website!**

All scholarly publications using the OCS data, from 2012 to present, are now available on the [OCS website](#). You can manually browse the list or search it by author, publication date, category, journal, abstract keywords. You will also find links to each publication's source.

We will continue announcing publications using the OCS data in our respective quarterly newsletters. It is our hope that having a full list on the website will make it easier to access OCS research and publications.

### **Changes to the OCS Study Team**

OCS welcomes three new site staff to the team:

- Stanziani Emma, data collector at Hamilton Health Sciences.
- Jessica Lepage, data collector at Sudbury Regional Hospital.
- Priscilla Chan, Clinical Research Manager at University Health Network/Toronto General Hospital.

We thank all OCS site staff for their dedication and commitment to the work.