

Real time geographic information system (GIS) to map community needle incidence in Regina, Saskatchewan, Canada, using reportneedles.ca for prevention education and rapid HIV testing and interventions of Naloxone training/peer support.

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General

Category: Community engagement in prevention research

Country of research: Canada

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Abstract Text (max 350 words)

Background: In 2022, the national average rate of HIV was 4.7 per 100,000 people while in Saskatchewan, Canada, it was 19.0 per 100,000 people which is over 4 times the national average. The highest HIV incidence was reported among people who inject drugs. AIDS Programs South Saskatchewan Inc. (APSS) operates one of the busiest needle exchanges in the province. Innovations in public health research are required to significantly reduce new HIV and HCV incidence in Canada, which are exceptionally high among people who use injection drugs in Saskatchewan.

APSS created reportneedles.ca, (1st of its kind in Canada) a real time geographic information system (GIS) to map community needle incidence in Regina, Saskatchewan. This community-based, innovative method generates geo maps of hotspots in Regina where community needle incidence in public spaces is the highest to deploy targeted HIV prevention education and HIV testing and harm reduction interventions of Naloxone training and peer support.

Methods: People living with HIV/HCV/Syphilis are an endemic health challenge in Saskatchewan, Canada and injection Drug use (IDU) has been the most common mode of HIV transmission in Saskatchewan, accounting for approximately 65% new HIV diagnoses per year. First Nations communities in Saskatchewan are disproportionately affected by high HIV rates, accounting for 65-80% of the province's HIV-1 incidence.

We will address the strong link between injection drug use and incidence of HIV/STBBI, generate geo maps of hotspots in Regina where community needle prevalence in public spaces is highest, and hold pop-up HIV, HCV and syphilis testing alongside prevention education including pre- and post-exposure prophylaxis (PrEP and PEP) and safe substance use.

Results: The proposed activities will study the feasibility and acceptability of the rapid assessment and response system, change in HIV/HCV/syphilis incidence, relationship between needle prevalence and access to care, change in knowledge regarding PrEP and PEP, and linkage to care for people with HIV/HCV and/or syphilis.

Conclusions: HIV education/prevention intervention will explore the barriers to assessing and utilizing pop-up risk reduction interventions, factors influencing engagement, perceptions and stigma.

Additional questions

Ethical research declaration: Yes

IAS digital learning platform

IAS+: HIV testing, HIV prevention, Community leadership, Stigma

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