

## AIDS DEFINITION

### 200 T-cell count

CAS believes that the inclusion of the 200 T cell criterion in the definition of AIDS would be advantageous to Canada for the following reasons:

#### Social benefits to PHAs

1 Improved access to disability insurance (including both private plans and the Canada Pension Plan). Physicians are more likely to sign a certificate indicating disability if the person has an official AIDS diagnosis. In any legal proceeding, courts are likely to consider an AIDS definition as evidence of disability. The expanded definition will finally capture those who although they have not suffered from an AIDS defining infection, are still in practice disabled because of fatigue or other non defining infections.

2 Improved access to housing. Having an AIDS definition moves people to the top of the waiting list for subsidized housing in a number of jurisdictions.

3 Improved access to drug funding. For example, AZT in New Brunswick is currently paid for only if the person is diagnosed with AIDS. Research has shown that use of anti-virals slows the appearance of opportunistic infections in those with low T cell counts. Expansion of the definition to include those with T cell counts below 200 will ensure that individuals are not deprived of important treatments until they finally come down with the OIs that such treatments could have prevented.

4 Improved access to other social benefits. For example in Quebec it is easier to get supplemental benefits with an AIDS diagnosis.

5 Improved access to experimental treatments. Access is often easier if the person is diagnosed with AIDS.

#### Medical benefits

The 200 T-cell level is not an arbitrary number. Most importantly it is the key intervention point for PCP prophylaxis. Many PHAs who are asymptomatic are still reluctant to begin such prophylaxis because "they feel fine." An AIDS diagnosis would help underscore to both patients and doctors the seriousness of the immune disfunction and emphasize the importance of more aggressive intervention such as prophylaxis for PCP and other OIs.

The inclusion of the 200 T-cell count also allows for more flexible and less intrusive diagnostic procedures. PCP for example may be difficult to distinguish from other non AIDS

defining pneumonias and a physicians ability to identify an AIDS diagnosis on the basis of T cell levels would result in a much simpler diagnostic procedure.

#### Accuracy of epidemiological information

According to Berlin posters WS COI-5 and WS COI-4, the 1987 AIDS definition captures 94.5% of HIV related deaths while the 1993 definition captures 98.4%. (This difference is largely due to the inclusion of women and IV drug users with under 200 T-cells, not to additional AIDS defining illnesses.) The more inclusive definition therefore provides a more complete picture of the extent of the epidemic in Canada and its impact on groups outside the gay male community.

Although a change in definition to include PHAs with less than 200 T-cells would require some statistical retooling in the short term, the more accurate and increased numbers of AIDS cases that this new definition would reveal will stress to policy makers the seriousness of the epidemic in Canada, and the importance of taking decisive steps to fight it.

It has been objected that a change in the AIDS definition will make it more difficult to do modelling and projections. It should be noted that with the addition of several new opportunistic infections such difficulties already must be faced. It is much more practical to deal with all the changes at once than to do so twice, once now for the new OIs and then later when pressure to harmonize the Canadian definition with that in the US becomes irresistible.

#### Harmonization

The AIDS epidemic in Canada is running a similar course to that in the US. There has been a great deal of effort over the past years to harmonize policies around drug release and approval, research and standards of care between the two neighbouring countries. Differing definitions of AIDS in these countries would undermine the basic philosophy of harmonization and co-operation in the fight against the epidemic.

Although some other jurisdictions have failed to follow the US lead in this matter, for better or for worse, Canada's major interactions around this epidemic continue to be with our neighbour to the south. It therefore makes eminent sense to harmonize our two country's definitions.

Lack of harmonization could also have serious effects in the spread of AIDS in Canada. A definition that underreports AIDS cases here as compared to the US, will contribute to complacency by both the government and the public, and lead to higher rates of HIV infection in Canada.