



Hospitalization for HIV/AIDS in Canada

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Background

Following the introduction of highly active antiretroviral therapy (HAART) in the mid-1990s, studies in the U.S. and Europe document significant changes in the epidemiology of HIV/AIDS disease that may have implications for healthcare utilization.^{1,2} HIV/AIDS patients survive longer, need hospital care less frequently due to declines in opportunistic illnesses and their severity, and experience new co-morbidities. The incidence of infection among women and certain populations groups (such as drug users) is showing an upward trend.

Objectives

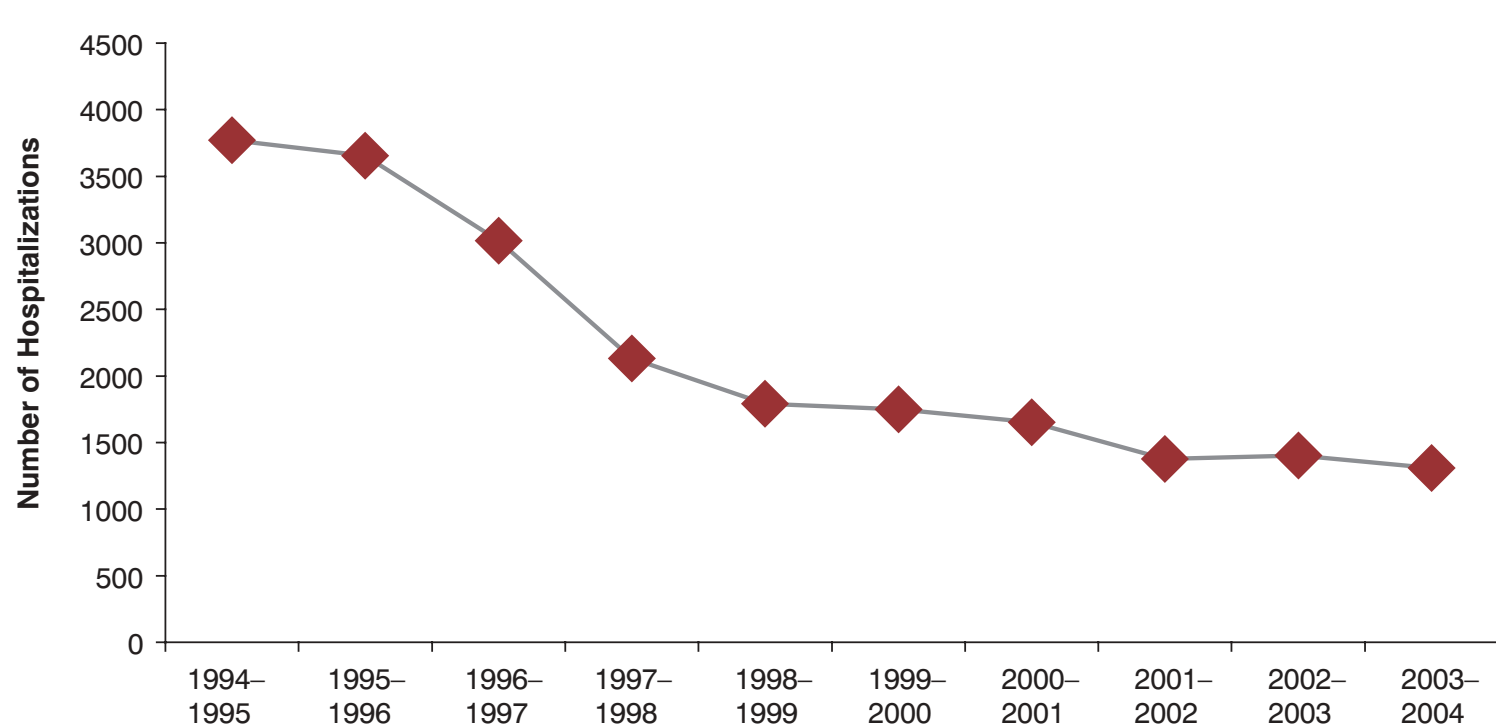
- To explore patterns of HIV/AIDS-related hospitalizations in Canada, 1994–1995 to 2003–2004.
- To explore patient gender, age and reasons for hospitalization.
- To explore 2001–2002 to 2003–2004 HIV/AIDS-related stays in Canadian acute care hospitals not requiring acute care: alternate level of care (ALC).

Methods

- Patients were identified in the Hospital Morbidity Database (HMDB) and Discharge Abstract Database (DAD) of the Canadian Institute for Health Information (CIHI).
- The HMDB provided hospitalization frequencies and patient characteristics based on ICD-9 (042, 043, 044) and ICD-10 (B24) coding.
- The DAD provided ALC stays based on HIV-specific major clinical category (MCC 24) designation.

Results

Trend in HIV/AIDS Hospitalizations in Canada, 1994–1995 to 2003–2004

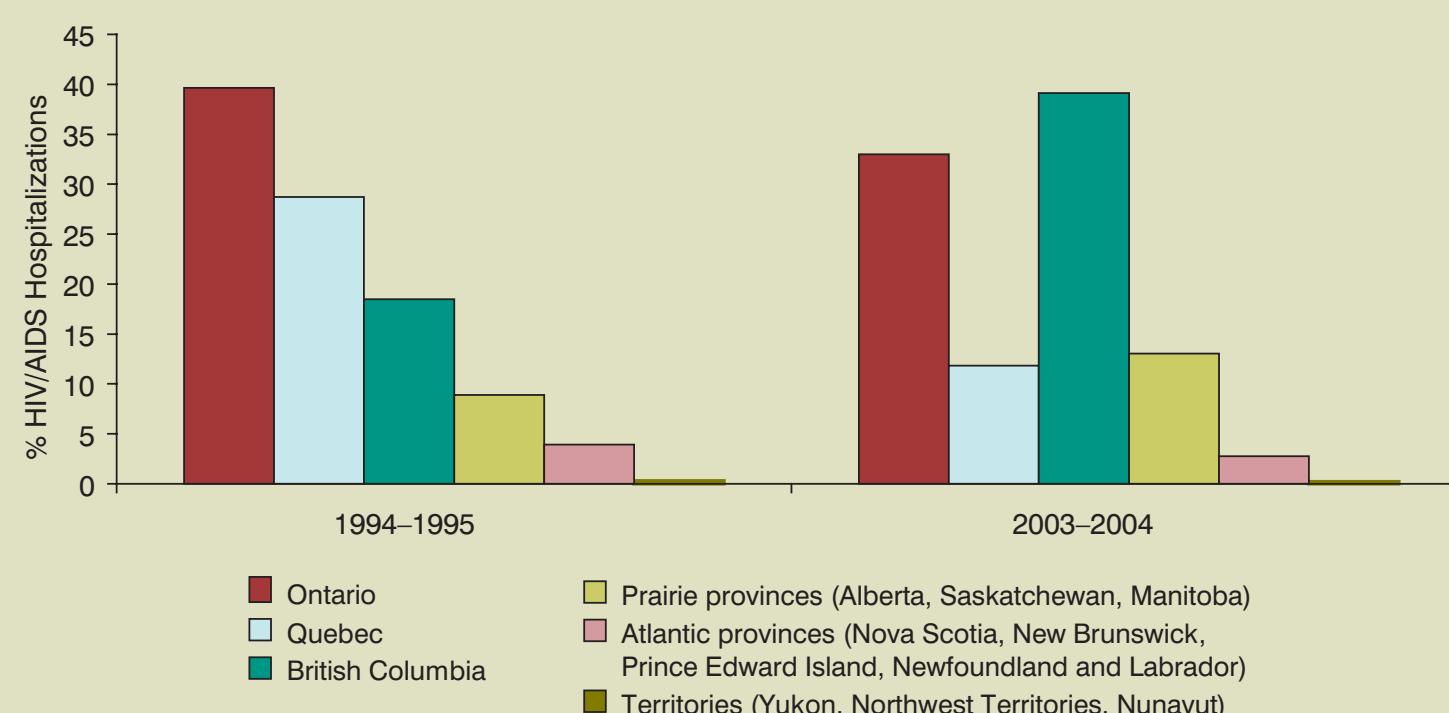


Source: Hospital Morbidity Database, CIHI.

Chart 1

- 21,857 HIV/AIDS-related hospital admissions occurred between 1994–1995 and 2003–2004 (0.007% of all admissions).
- Annual hospitalizations decreased almost threefold from 1994–1995 (n = 3,772) to 2003–2004 (n = 1,309).

HIV/AIDS Hospitalizations in Canada by Province/Territory, 1994–1995 and 2003–2004



Source: Hospital Morbidity Database, CIHI.

Chart 2

- The majority of hospitalizations were seen in British Columbia, Ontario and Quebec in both 1994–1995 (86.9%) and 2003–2004 (72.2%).

Changing Demographics of HIV/AIDS Hospitalizations in Canada, 1994–1995 to 2003–2004

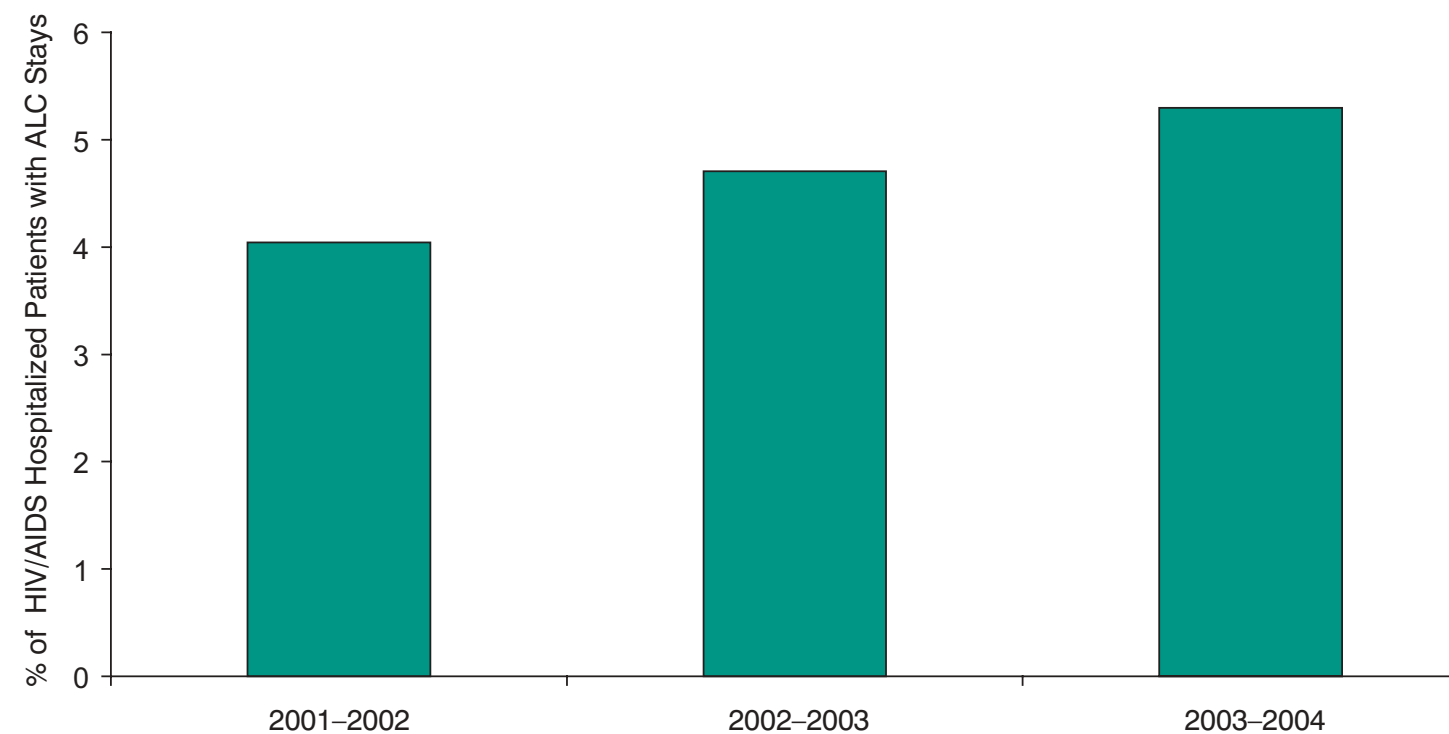


Source: Hospital Morbidity Database, CIHI.

Chart 3

- On average, hospitalized HIV/AIDS patients were 4.1 years older in 2003–2004 (41.4) than in 1994–1995 (37.3).
- Hospitalized HIV/AIDS patients were predominantly men, but the proportion of women being hospitalized nearly doubled from 1994–1995 (11.9%) to 2003–2004 (22.9%).
- Pulmonary opportunistic infections including *Pneumocystis carinii* pneumonia were most common reasons for hospital admissions in both 1994–1995 (22.0%) and 2003–2004 (30.4%).

Alternate Level of Care (ALC) for Hospitalized HIV/AIDS Patients in Canada, 2001–2002 to 2003–2004



Note: Excludes Quebec and the territories due to differences in data collection. Source: Discharge Abstract Database, CIHI.

Chart 4

- The reported proportion of patients experiencing ALC stays increased from 4.0% in 2001–2002 to 5.3% in 2003–2004. Patients occupying acute care beds after they are well enough to be cared for elsewhere are identified as alternate level of care (ALC) patients in some hospitals.

Conclusions

- HIV/AIDS-related hospitalizations in Canada have steadily declined since the introduction of HAART.
- While hospitalizations are decreasing, the characteristics of those being hospitalized are changing, reflecting the changing characteristics of the disease; for example, an increasing percentage of hospitalizations occurs among women.
- A higher percentage of HIV/AIDS patients are experiencing ALC bed stays—this could reflect either a change in coding practices with respect to ALC stays within hospitals or an increasing need to ensure HIV/AIDS patients are receiving appropriate levels of care throughout their care continuum.

References

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