

Canadian Treatment Action Council (CTAC)
Conseil canadien de surveillance et d'accès aux traitements (CCSAT)

PRESS RELEASE

HIV/AIDS and Hepatitis Co-infected Community Calls on Federal and Provincial Governments to Provide Equal Access to Organ Transplant Surgeries and to Establish a Centre of Excellence for Organ Transplantation

Tuesday, August 5 – Mexico City. The Canadian Treatment Action Council (CTAC) and other HIV & Hepatitis groups are advocating for equal access to organ transplantation for people living with HIV and with HIV & Hepatitis (co-infected). They are calling on the federal government to work with their provincial health counterparts to establish a Canadian Centre of Excellence for Solid Organ Transplantation (SOT) for people living with HIV/AIDS and those co-infected.

Despite positive result from other countries that perform SOT in the presence of HIV and co-infection, the Canadian transplant community still sees HIV/AIDS and Co-infection as grounds to withhold transplantation. Data from the US, Spain, France, England and Italy show that there is 1 to 5 year survival in HIV-positive patients who receive a liver transplant and this is similar survival to those transplanted who were HIV-negative.

Other reasons given to justify denying transplantation include: surgeon reluctance, complexity of HIV and anti-transplant drugs, transplantation efficacy in these diseases and insufficient patient demand.

Louise Binder, Co-Chair of CTAC argues that, “These are merely excuses that add to the existing stigma and discrimination that surround HIV/AIDS and co-infection. What is needed in Canada is a Center of Excellence where experts in SOT and in HIV/AIDS and Hepatitis can come together and provide the care needed”.

Colleen Price, Chair of the CTAC Co-Infection Working Group adds, “The number of HIV-positive and co-infected people in Canada is growing. As HAART keeps HIV suppressed there is an increasing need for liver and kidney transplants”.

Curtis Cooper, an HIV/AIDS treating physician says, “There is good data to support SOT in this disease. Highly Active Anti-Retroviral Therapy (HAART) effectively suppresses HIV.” He adds, “Pharmacological management of transplantation is not an issue when the care team is knowledgeable about anti-retroviral medication”.

Dr. Greg Robinson, a retired Toronto physician living with HIV/AIDS desperately requires a liver transplant. He says, “I have been living with HIV/AIDS for years and it is well controlled. What places my health at greatest risk is the lack of a well functioning liver”.

“Forcing Canadians to travel to the United States for organ transplantation can no longer be justified” says James Kreppner of the Canadian Hemophilia Society (CHS), a Toronto lawyer living with both HIV/AIDS and Hepatitis. He adds, “Transplant surgeons should work with their Infectious Disease colleagues to become better educated about HIV/AIDS, co-infection and the benefits of transplantation”.

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Press Conference:
Tuesday August 5, 2008
Room 3, Media Centre, Hall A, Level 1, Centro Banamex, Mexico City
9:00 AM-9:45 AM

Onsite (French, English):

Ruth Pritchard at 55 1358-3394

In Canada (French, English, Spanish):

Beatrice Cardin at 647-330-0114

This press conference is supported by the following organizations:

Canadian Association of HIV Researchers (CAHR)
Dr. Julio Montaner, President-elect, International AIDS Society (IAS)
Ontario HIV Treatment Network (OHTN)
Canadian Hemophilia Society (CHS)
Canadian Aboriginal AIDS Network (CAAN)
Canadian AIDS Society (CAS)
Canadian AIDS Treatment Information Exchange (CATIE)
Canadian Working Group on HIV & Rehabilitation (CWGHR)
Ontario AIDS Network (OAN)
Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-sida)
British Columbia Persons with AIDS Society (BCPWA)
HIV/AIDS Legal Clinic of Ontario (HALCO)
Canadian HIV Trials Network (CTN)