



Canada's source for
HIV and hepatitis C
information

La source canadienne
de renseignements sur
le VIH et l'hépatite C

From *HIV in Canada: A primer for service providers*

Indigenous people

Key Points

- Indigenous people made up 4.9% of the Canadian population in 2016.
- Indigenous people accounted for an estimated 11% of new HIV infections in 2016.
- Indigenous people accounted for an estimated 10% of all Canadians with HIV in 2016.
- Five percent of Indigenous people are HIV positive (based on a pilot A-Track site in Regina).

Indigenous people made up 4.9% of the Canadian population in 2016. They are over-represented in the HIV epidemic, representing about 11% of all new HIV infections (245 new infections) in 2016. HIV incidence has increased in Indigenous populations since 2014, when an estimated 217 new HIV infections occurred.

There were an estimated 6,055 Indigenous people with HIV at the end of 2016, accounting for 10% of HIV infections in Canada (prevalence).

Caution should be used, however, when drawing conclusions from the numbers reported for Indigenous peoples. An adequate description of the HIV epidemic among Indigenous people in Canada requires accurate and complete access to ethnicity data. Ethnicity data are not available for all provinces and territories. As a result, only data from certain provinces and territories are used when examining HIV diagnoses data on Indigenous people.

A-Track collects dried blood spot samples to test for HIV (2012). Five percent of Indigenous people enrolled in the study tested positive for HIV. Only 56% of participants who tested positive for HIV, were aware of their status. It should be noted that this A-Track data is from only one pilot site in Regina and may not represent all Indigenous people in Canada.

According to A-Track, among those who self-reported they were HIV positive, 87% reported being under the care of a doctor for their HIV and 67% reported ever taking prescribed drugs for their HIV.

In Canada, Indigenous populations are very diverse, with communities that reflect variations in historical backgrounds, language and cultural traditions. These communities are disproportionately affected by many social, economic and cultural factors ([determinants of health](#)) that increase their vulnerability to HIV infection.

Resources

[The epidemiology of HIV in Canada](#) – CATIE fact sheet

[Summary: Estimates of HIV incidence, prevalence and Canada's progress on meeting the 90-90-90 HIV targets, 2016](#) – Public Health Agency of Canada

[Where is HIV hitting hardest?](#) – CATIE infographic

[HIV/AIDS in Canada](#) – CATIE infographic

[HIV in Canada](#) – PHAC infographic

[People living with HIV in Canada](#) – CATIE infographic

[New HIV infections in Canada](#) – CATIE infographic

Sources

Public Health Agency of Canada. Summary: Estimates of HIV Incidence, Prevalence and Canada's Progress on

Meeting the 90-90-90 HIV targets, 2016. Public Health Agency of Canada, 2018. Available from: <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/summary-estimates-hiv-incidence-prevalence-canadas-progress-90-90-90.html>

Public Health Agency of Canada. *Summary of key findings from the A-Track pilot survey (2011-2012)* . Available from: <https://www.catie.ca/en/resources/summary-key-findings-track-pilot-survey-2011-2012>

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Disclaimer

Decisions about particular medical treatments should always be made in consultation with a qualified medical practitioner knowledgeable about HIV- and hepatitis C-related illness and the treatments in question.

CATIE provides information resources to help people living with HIV and/or hepatitis C who wish to manage their own health care in partnership with their care providers. Information accessed through or published or provided by CATIE, however, is not to be considered medical advice. We do not recommend or advocate particular treatments and we urge users to consult as broad a range of sources as possible. We strongly urge users to consult with a qualified medical practitioner prior to undertaking any decision, use or action of a medical nature.

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