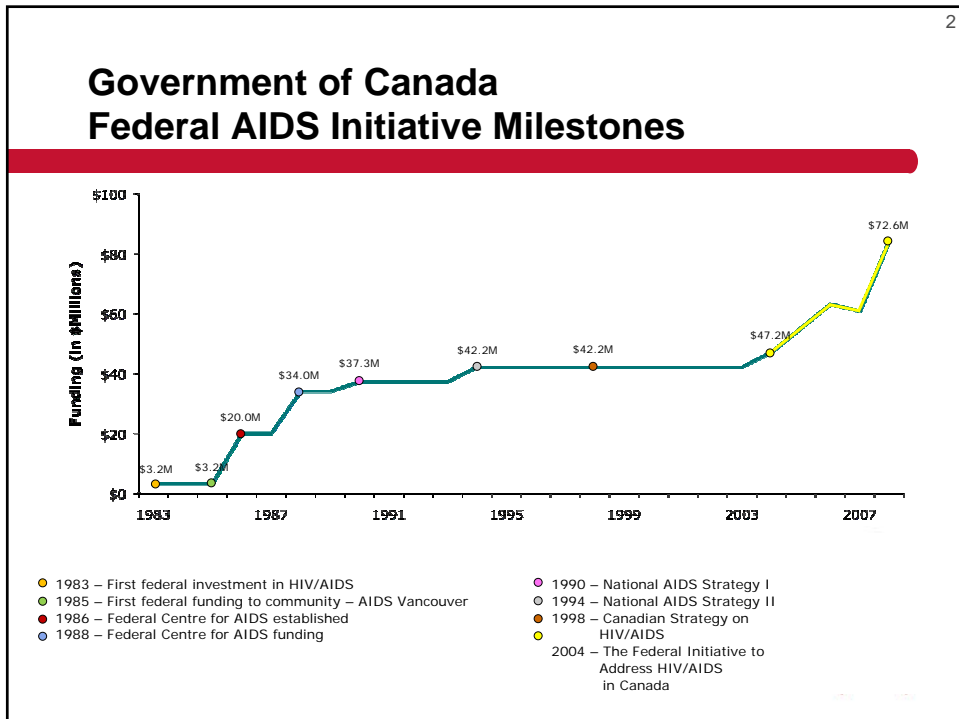


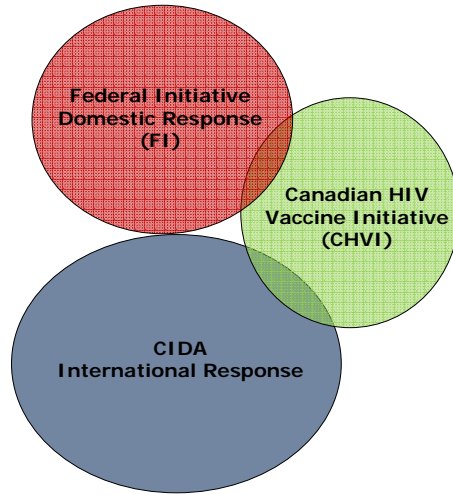


HIV in Canada: Trends and Issues for Advancing Prevention, Care, Treatment and Support Through Knowledge Exchange

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Government of Canada's Response to HIV/AIDS – Three Major Initiatives



Overview of the Federal Initiative to Address HIV/AIDS in Canada 2008-09

Strategic Areas of Focus

Programs and Policy Interventions

Includes G&C funding programs

- AIDS Community Action Program
- National HIV/AIDS Funding Program
- FNIHB On-reserve Program

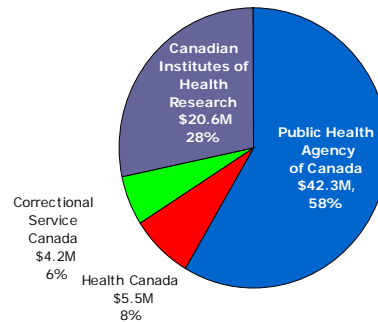
Knowledge Development

- Surveillance & Epidemiology
- Laboratory Science
- Research

Communications & Social Marketing

Coordination, Evaluation & Reporting

Global Engagement



HIV in Canada

- This presentation is based on an environmental scan written by CATIE
- Conducted to:
 - Address the need for a more integrated approach to KE
 - As a starting point for dialogue among stakeholders in HIV
 - To complement other initiatives underway by PHAC and CATIE



Snapshot: HIV in Canada

An estimated 58,000 Canadians were living with HIV in 2005

Comparison of HIV Adult Prevalence rates in 2008

Overall rate in world:	0.8%
Australia	0.2%
UK	0.2%
Canada	0.3%
France	0.4%
Brazil	0.6%
United States	0.6%
Haiti	2.2%
South Africa	18.1%



Snapshot: HIV in Canada

HIV in Canada is a “concentrated” epidemic

- HIV disproportionately affects specific vulnerable populations
- In some vulnerable populations the prevalence of HIV has been estimated to be as high as 23% (based on a research study in MSM in Toronto in 2007 called M-Track)

“Concentrated” epidemics demand interventions designed for the specific vulnerable populations

The Public Health Agency of Canada supports a population-specific approach to HIV prevention



Snapshot: HIV in Canada

HIV in Vulnerable Populations

Among Canadians living with HIV:

- An estimated 55% are gay men or other men who have sex with men (MSM)*
- An estimated 21% are people who inject drugs (IDU)**
- An estimated 27% acquired HIV through heterosexual sex

This is comprised of:

- 12% in people from countries where HIV is endemic
- 15% in people from countries where HIV is not endemic
- An estimated 20% are women
- An estimated 8% are Aboriginal people
- An estimated 2% of prisoners are HIV positive

*this estimate includes 51% whose HIV status is attributable to MSM and 4% whose HIV status could either be attributed to MSM or IDU
 **this estimate includes 17% whose HIV status is attributable to IDU and 5% whose HIV status could either be attributed to MSM or IDU



Snapshot: HIV in Canada

An estimated 2,300 – 4,500 people were newly infected with HIV in Canada in 2005

Primary modes of HIV transmission

- An estimated 45% of new cases **were** attributed to sex between men (MSM)
- An estimated 37% of new cases **were** attributed to heterosexual sex
- An estimated 14% of new cases **were** attributed to injection drug use (IDU)
- An estimated 3% of new cases could have been attributed to either MSM or IDU
- An estimated 1% of new cases **were** attributed to 'other' risk factors

Modes of HIV transmission that are now rare

- Blood transfusions
- Mother-to-child transmission (if HIV is diagnosed and treated in the mother)



Snapshot: HIV in Canada

An estimated 27% of people with HIV do not know their HIV status

- Up to 50% of new transmissions are attributable to people who are newly infected and have a high viral load (Research results from a study in Montreal)
- Once diagnosed with HIV, most people take steps to protect their partners
- Increasing testing is essential – this includes promotion of early and regular testing and increased recognition of sero-conversion symptoms



Snapshot: HIV in Canada

The HIV epidemic in Canada is connected with other infectious diseases

Hepatitis C (HCV)

- 250,000 Canadians are living with HCV
- Primary mode of transmission is sharing drug equipment (HCV is approximately 10 times more infectious through blood contact than HIV)
- Among people who acquired HIV through injection drug use, approximately 50 to 90% are co-infected with HCV
- Testing for HCV among HIV positive people and for HIV among HCV positive people is essential



Snapshot: HIV in Canada

Sexually Transmitted Infections (STIs)

- There has been a two-fold to four-fold increase in reportable STIs among Canada over the last 10 years
- STIs significantly increase the risk of HIV transmission and acquisition
- High rates of STIs are often a marker for HIV risk behaviours
- Testing for STIs among HIV positive people and for HIV in people with an STI is essential

Tuberculosis (TB)

- 2% to 6% of Canadians with HIV have active TB
- Having HIV increases the risk for acquiring TB
- Testing for TB among HIV positive people and for HIV in people with TB is essential



Evidence Informed Approach to HIV Programs

“Combination prevention” – strategies that provide a best mix of prevention programs are recommended

- Education and behavioural interventions (Outreach, sexual health education, harm reduction)
- Enhanced HIV testing and counselling
- Addressing factors that cause vulnerability to HIV (stigma and discrimination, unstable living conditions, barriers to accessing health services)
- Adopting biomedical approaches to prevention (Post exposure prophylaxis, diagnosing and treating STIs to reduce infectiousness, enhancing access to HIV treatment to reduce population-level viral load, prevention of mother-to-child transmission)

The challenge for public health is to determine the best mix of prevention programs and the necessary coverage to reverse the epidemic



Evidence Informed Approach to HIV Programs

Trend towards programming that integrates HIV prevention, diagnosis, care, treatment and support

- Connecting outreach with testing and counselling programs (role of rapid point of care testing is being explored in various regions of Canada)
- Connecting testing and counselling with access to treatment (including reducing viral load and accessing Post exposure prophylaxis)
- Positive prevention for people with HIV as an integrated approach to prevention, care and support

The challenge for public health is to explore new integrated approaches for vulnerable populations that are informed by the latest research



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