Fast Facts: Women

1981 – The year Sandra Ford, a drug technician for the Centers for Disease Control first reported an increase in requests for PCP (*pneumocystis carinii* pneumonia) treatment. This and an unusual number of Kaposi’s Sarcoma cases led to the discovery of the epidemic that became known as AIDS.¹

1983 – The year it was discovered that women could be infected with HIV through sex with a man.²

14,300 – The estimated number of women living with HIV in Canada in 2008.³

26 – The estimated percentage of HIV-positive people in Canada who were women in 2008.³

600–1,120 – The estimated number of women infected with HIV in Canada in 2008.³

43 – The percentage of women diagnosed with HIV between 1998 and 2008 who were Aboriginal.³

19 – The percentage of women diagnosed with HIV in those years who were Black.³

33 – The percentage of women diagnosed with HIV in those years who were White.³

Sex with a man – Accounted for an estimated 71% of HIV infections in women in 2008.³

Injection drug use – Accounted for an estimated 29% of HIV infections in women in 2008.³

34 – The percentage of Canadian women that have ever come forward for HIV testing up to 2006.⁴

4,022 – The number of newly reported cases of hepatitis C among women in Canada in 2009.⁵

25% – The likelihood that an HIV-positive mother will transmit HIV to her baby during pregnancy or birth if she doesn’t take HIV medication.⁶

<2% – The likelihood that an HIV-positive mother will transmit HIV to her baby during pregnancy or birth if she takes HIV medication.²

8 – The estimated percentage of women in Canadian prisons living with HIV in 2007.⁸

37 – The estimated percentage of women in Canadian prisons living with hepatitis C in 2007.⁸

26,000,000 – The number of female condoms sold worldwide in 2008.¹

2. MMWR Weekly. Epidemiologic notes and reports immunodeficiency among female sexual partners of males with Acquired Immune Deficiency Syndrome (AIDS)—New York, 1983 January 7, 31(52);697-8.


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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Production of this content has been made possible through a financial contribution from the Public Health Agency of Canada.

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