### A history of HIV/AIDS

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| 1981 | - The US Centers for Disease Control (CDC) receive reports of unusually high rates of the rare diseases *Pneumocystis carinii* pneumonia (PCP) and *Kaposi's sarcoma* in young gay men.  
- The disease is initially called *Gay-Related Immune Deficiency (GRID)* because it is thought it only affects gay men.  
- Cases are reported in injection drug users by the end of the year. |
| 1982 | - The disease is renamed *Acquired Immune Deficiency Syndrome (AIDS)*.  
- It is realized that the infection can be sexually transmitted.  
- Cases are reported in haemophiliacs and blood transfusion recipients.  
- The first cases of AIDS are reported in Africa.  
- Canada reports its first case of AIDS in March. |
| 1983 | - It is discovered that women can become infected with AIDS through heterosexual sex.  
- Doctors in France isolate a virus – *lymphadenopathy-associated virus (LAV)* – that they believe causes AIDS.  
- The [World Health Organization](https://www.who.int) (WHO) begins global surveillance of AIDS.  
- Cases of AIDS are reported in Canada, fifteen European countries, Haiti, Zaire, seven Latin American countries, and Australia.  
- Canada forms a national task force on AIDS.  
- Le Comité sida aide Montréal (CSAM) is formed from a working group called ARMS. It is funded by the Quebec government with a triple mandate of prevention, advocacy and care. |
| 1984 | - A heterosexual AIDS epidemic is reported in Africa.  
- The [AIDS Committee of Toronto](https://www.actonline.org) (ACT) initiates the first AIDS Awareness Week. |
| 1985 | - Doctors at the US [National Cancer Institute](https://www.cancer.gov) identify a virus – *human T-lymphotropic virus type III (HTLV-III)* – they believe causes AIDS. A court case begins when it becomes evident that this is the same virus identified by French scientists in 1983.  
- The first International Conference on AIDS is held in Georgia, USA.  
- The [Canadian Red Cross](https://www.redcross.ca) begins testing all blood products for HIV.  
- The first Canadian Conference on AIDS is held in Montreal. |
| 1986 | - The first commercial blood test for HIV is licensed by the US [Food and Drug Administration](https://www.fda.gov) (FDA).  
- It is discovered that HIV can be passed from mother to child through breast-feeding.  
- Rock Hudson becomes the first major public figure to die of AIDS.  
- The [Canadian AIDS Society](https://www.canadianaids.ca) is established.  
- The first Canadian AIDS Research Conference is held in Toronto. |
| 1987 | - The [FDA](https://www.fda.gov) approves the first anti-retroviral drug, **AZT**. |
- Vancouver activist Kevin Brown, a founder of the Positive Living Society of British Columbia (formerly BCPWA), lobbies the federal government for access to AZT.
- The WHO develops the first global strategy on AIDS.
- AIDS becomes the first disease ever to be debated at the UN General Assembly.
- Diana, Princess of Wales, is photographed touching a person living with AIDS, creating a media frenzy.
- Clinique L'Actuel, specializing in HIV care, is established in Montreal.

1988
- A world summit of health ministers from 148 countries is held in London, England to develop an AIDS strategy.
- The Director-General of WHO announces that December 1st will be the first World AIDS day.
- AIDS ACTION NOW! is founded in Toronto.

1989
- Ottawa announces compensation for people who contracted HIV from tainted blood products.
- The Interagency Coalition on AIDS and Development is established.
- AIDS ACTION NOW! publishes the first issue of AIDS UPDATE. In subsequent issues the publication becomes bilingual and is renamed TreatmentUpdate/TraitementSida.
- The 5th International AIDS Conference is held in Montreal. It is the first time that medical patients take part in a medical conference. Act-Up Montreal, a new group of activists based on the New York group, demonstrates at the opening of the conference and denounces the lack of funding for treatment and prevention by the Quebec and Canadian governments.

1990
- AIDS ACTION NOW! establishes the Treatment Information Exchange (TIE) and the federal Health Minister announces funding for a national treatment strategy as part of the National AIDS Strategy. The Emergency Drug Release Program opens up to allow access to unapproved treatments for AIDS-related conditions.
- The AIDS ACTION NOW! TIE project becomes the independent organization Community AIDS Treatment Information Exchange (CATIE).
- The Canadian HIV Trials Network is established.
- The Canadian Association for HIV Research is founded.
- COCQ-SIDA, a network of HIV/AIDS community organizations in Quebec, is founded to provide a voice and advocate for its members.

1991
- The Red Ribbon becomes the international symbol of AIDS awareness.
- The first annual AIDS Awareness Week is held across Canada.
- The British Columbia Centre for Excellence in HIV/AIDS is established.

1992
- The FDA approves the first successful combination of drugs to treat AIDS.
- The CDC revises its list of AIDS-defining illnesses to include those that affect women and drug users.
- The Canadian HIV/AIDS Legal Network is founded.
- The Ontario Ministry of Health establishes anonymous testing sites across the province.

1993
- It is found that some people have resistance to AZT even though they have never taken the drug.
- It is realized that HIV is spreading rapidly in Asia and the Pacific.
- CATIE publishes the first edition of Managing Your Health, in partnership with the Toronto People with AIDS Foundation.

1994
- A plan is formulated to replace WHO’s Global Programme on AIDS with the United Nations Programme on AIDS (UNAIDS).
- Research shows that AZT reduces the risk of vertical transmission of HIV from mother to child by
two-thirds during pregnancy.

- The Greater Involvement of People Living with HIV (GIPA) Principle was formalized at the 1994 Paris AIDS Summit when 42 countries agreed to “support a greater involvement of people living with HIV at all...levels...and to...stimulate the creation of supportive political, legal and social environments.”

1995

- The CDC announces that AIDS has become the leading cause of death among Americans aged 25–44 years.
- The FDA approves a new family of anti-retroviral drugs – protease inhibitors.
- The WHO estimates that approximately 18 million adults and 1.5 million children have been infected with HIV since the beginning of the pandemic.
- CATIE is named a partner in the Canadian AIDS Strategy on HIV/AIDS, funded by Health Canada. CATIE takes over the national treatment registry project and assumes a national role.

1996

- UNAIDS is created, made up of the AIDS programmes of the UN Development Programme, World Bank, UN Population Fund, UNICEF, and UNESCO.
- The FDA approves another class of anti-retroviral drugs – non-nucleoside reverse transcriptase inhibitors (NNRTIs).
- Highly Active Anti-retroviral Therapy (HAART) becomes the standard treatment for HIV infection.
- CATIE launches its full-time treatment information phone service and launches its web site.

1997

- The US reports that the number of AIDS-related deaths has dropped substantially for the first time.
- UNAIDS estimates that the number of people living with HIV is 30 million, much higher than previously thought. It is estimated that 1 in 100 people worldwide are living with HIV, with only 1 in 10 of those knowing they are infected.
- The Canadian Aboriginal AIDS Network is established.
- The Canadian Treatment Action Council is established.

1998

- There is an explosive outbreak of HIV among injection drug users in Vancouver. The city becomes known as the place with the highest percentage of people living with HIV in the developed world.
- Doctors start to notice the first drug-resistant strains of HIV.
- Post-exposure prophylaxis (PEP) is pioneered in San Francisco.
- The Canadian Working Group on HIV and Rehabilitation is established.

1999

- The WHO announces that HIV/AIDS has become the fourth largest killer worldwide.
- It is discovered that a single dose of nevirapine is effective in reducing mother-to-child transmission during pregnancy.
- The first human HIV vaccine trial begins in Thailand.

2000

- G8 Leaders endorse the International Development Targets for HIV/AIDS, Tuberculosis, and Malaria.
- The United Nations Secretary General creates the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria.
- CATIE changes its name to the Canadian AIDS Treatment Information Exchange.

2001

- The UN General Assembly holds a groundbreaking Special Session on HIV/AIDS (UNGASS) during which the Global Strategy Framework on HIV/AIDS is created.
- The GIPA (Greater Involvement of People Living with HIV) Principle was endorsed by 189 United Nations member countries as part of the Declaration of Commitment on HIV/AIDS.
- UNAIDS reports that over 40 million people are living with HIV/AIDS, and 24.8 million people have died. Women make up half of those living with HIV/AIDS.
- The National Aboriginal Council on HIV/AIDS is established.
2002
- HIV becomes the leading cause of death worldwide in people aged 15-59 years.

2003
- The WHO announces the “3 by 5” Initiative to bring treatment to 3 million people worldwide by 2005.
- The World Trade Organization grants developing countries the right to buy generic life-saving medications.
- The first officially sanctioned supervised injection site in North America opens in Vancouver’s Downtown Eastside.

2004
- UNAIDS launches the Global Coalition on Women and AIDS to raise the visibility of the impact of HIV/AIDS on women and girls worldwide.
- The WHO supports the provision of sterile injection equipment to reduce HIV transmission.
- 1st Forum in Montreal for people living with HIV in Quebec, organized by COCQ-SIDA.

2005
- Health Canada approves a rapid HIV antibody test for sale to health professionals in Canada, which enables point-of-care (POC) testing that can provide an accurate HIV antibody test result in two minutes.
- At the World Economic Forum’s Annual Meeting in Davos, Switzerland, priorities include a focus on addressing HIV/AIDS in Africa and other hard hit regions of the world.

2006
- The UN convenes a follow-up meeting and issues progress report on the implementation of the Declaration of Commitment on HIV/AIDS.
- The 16th International AIDS Conference is held in Toronto.

2007
- The WHO and UNAIDS recommend that "male circumcision should always be considered as part of a comprehensive HIV prevention package."
- The Canadian HIV Vaccine Initiative (CHVI) is established as Canada’s contribution to the global efforts to develop a safe and effective HIV Vaccine.

2008
- The 20th anniversary of World AIDS Day.
- The 17th International AIDS Conference is held in Mexico City, with a focus on prevention interventions. The Global HIV Prevention Network launches a major report on behavioural HIV Prevention called Behavior Change and HIV Prevention: (Re)Considerations for the 21st Century, Another publication of note is The Lancet Series on HIV Prevention, a series of six articles on the state of the science of HIV prevention.
- With funding from the Public Health Agency of Canada (PHAC), CATIE extends its mandate to become the national Knowledge Exchange Broker of information for the prevention, treatment, care and support for people living with and vulnerable to HIV/AIDS.
- REMAIDES, a French-language news quarterly for people living with HIV – a co-production between France, Switzerland and Quebec (COCQ-SIDA) – starts publishing.

2009
- UNAIDS calls for the implementation of programs to work toward the virtual elimination of mother-to-child transmission of HIV by 2015.

2010
- The Vienna Declaration, a statement seeking to improve community health and safety by calling for the incorporation of scientific evidence into illicit drug policies, is launched at the 18th International AIDS Conference in Vienna, Austria.
- Results of the CAPRISA 004 trial are presented at the Vienna Conference. This is the first trial to provide evidence that the use of an antiretroviral-based microbicide gel (1% tenofovir) can significantly reduce the risk of HIV infection in women.
- United States government lifts a ban in January barring HIV-positive persons from entering the
In July, at the Vienna Conference, the Government of Canada and the Bill & Melinda Gates Foundation announce their renewed commitment of up to $139 million to implement the Canadian HIV Vaccine Initiative (CHVI).

COCQ-SIDA publishes the Quebec Declaration on the Rights and Responsibilities of People Living with HIV.

2011

30 years since the first AIDS case was reported on June 5, 1981.

*Science* magazine names HIV Treatment as Prevention as its Breakthrough of the Year after the HPTN 052 study in serodiscordant couples (where one partner is HIV-positive and the other negative) showed that HIV treatment can significantly decrease the risk of transmission in heterosexual couples.

Results from the iPrEx study in men who have sex with men (MSM) and the TDF2 and Partners PrEP studies in heterosexual couples show that a daily pill containing tenofovir + FTC (Truvada) or tenofovir only (Viread) can significantly reduce the risk of HIV infection.

In a victory for evidence-based science, the Supreme Court of Canada rules that InSite, Vancouver's supervised injection site, can continue to operate without the continual threat of legal interference.

For the first time, WHO includes transgender people as a group at increased risk for HIV infection in their guidelines Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people.

2012

The FDA in the United States approves Truvada (tenofovir plus FTC) for use as pre-exposure prophylaxis (PrEP) in individuals at high-risk for HIV infection.

The International AIDS Conference is held in Washington D.C., the first time the conference has been held in the United States since 1990.

New Canadian HIV guidelines for planning pregnancy are published to help health care practitioners advise HIV-positive people about issues related to fertility and pregnancy.

Despite growing scientific evidence that HIV treatment dramatically reduces the risk of transmission when the viral load is undetectable, the Supreme Court of Canada rules that an HIV-positive person has a legal duty to disclose his or her HIV status to a sexual partner before having any sex that poses a “realistic possibility” of HIV transmission. According to the ruling, a person living with HIV does not have to disclose his or her HIV status before having vaginal sex if a condom is used and the HIV-positive person has a “low” HIV viral load at the time of sex.

The US FDA approves the first home-based rapid test for HIV.

The Canadian Institutes for Health Research (CIHR) announces funding to support the Aboriginal HIV & AIDS Community-Based Research Collaborative Centre and the REACH CBR Collaborative Centre in HIV/AIDS.

2013

PHAC releases a new HIV screening and testing guide that includes recommendations to promote HIV testing during routine medical care.

The Bangkok Tenofovir study finds that once a day tenofovir reduces the risk of HIV transmission in people who use injection drugs. As a result the CDC updates its PrEP guidelines to include people who inject drugs.

WHO releases new HIV treatment guidelines that recommend starting treatment when the CD4 count falls below 500.

The Quebec Ministry of Health publishes the first Canadian interim guidance on PrEP.

The Working Group on Best Practice for Harm Reduction Programs in Canada releases updated and comprehensive Best Practice Recommendations for Canadian Harm Reduction Programs.

CIHR announces funding for two five-year Canadian cure-research projects.

2014

The European AIDS Treatment Group and NAM release a community consensus statement on the use of HIV treatment as prevention.

A preliminary analysis of the PARTNER study reports the first direct evidence that HIV treatment can significantly reduce the risk of HIV transmission for gay men and other MSM who have condomless sex.
• Canadian medical experts release important expert consensus statement on HIV and the criminal law.
• British Columbia releases new HIV testing guidelines for all adults, which recommend that providers routinely offer HIV testing to all patients.
• The CDC issues new comprehensive PrEP guidelines and a supplement for clinicians providing PrEP.
• The Quebec Ministry of Health adopts a consensus statement on viral load and HIV transmission risk. This statement, developed to inform the delivery of risk-reduction counselling, is the first of its kind to be adopted by a Canadian provincial health authority.
• WHO releases new Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations.
• The B.C Ministry of Health releases a report, HIV, Stigma and Society, which examines the underlying drivers of the HIV epidemic among gay and bisexual men in British Columbia.
• The Melbourne Declaration: Nobody Left Behind, a statement calling for an end to discrimination against people with HIV and the eradication of criminalising laws and practices, is launched at the 20th International AIDS Conference in Melbourne, Australia.
• The UN issues new HIV treatment targets: 90% of all people living with HIV diagnosed, 90% of those diagnosed on treatment, and 90% of those on treatment virally suppressed by 2020.

2015

• START, a large clinical trial that ran for several years, provides conclusive evidence that starting treatment soon after HIV diagnosis reduces the risk for serious illness and death. As a result, WHO releases updated guidelines recommending treatment for everyone living with HIV, whatever their CD4 count.
• The Vancouver Consensus at the 2015 IAS Conference in Vancouver calls for world leaders to commit to providing greater access to HIV treatment.
• Results from the PROUD study in England confirm that Truvada as pre-exposure prophylaxis (PrEP) is highly effective for gay men in a “real world” setting.
• Gilead Sciences applies to Health Canada for approval of Truvada as PrEP in Canada.
• The Canadian Positive People Network (CPPN), a new independent network for and by people living with HIV and HIV co-infections, is formed to represent the needs of all persons and communities affected by HIV and HIV co-infections.
• Canada endorses the UNAIDS 90-90-90 global HIV treatment targets.

2016

• Health Canada approves use of daily oral Truvada (tenofovir plus FTC) for use as pre-exposure prophylaxis (PrEP) to reduce the risk of sexual transmission of HIV.
• Updated results from the HPTN 052 and PARTNER studies continue to show that antiretroviral treatment (ART) and an undetectable viral load significantly reduces the risk for HIV transmission through both anal and vaginal sex.
• The Association of Medical Microbiology and Infectious Disease Canada (AMMI) releases a position statement recommending that ART be initiated in adults as soon as HIV is diagnosed, regardless of the CD4 count.
• The Canadian Consensus Statement on the health and prevention benefits of HIV antiretroviral medications and HIV testing aimed at enhancing Canada’s HIV response launches at AIDS 2016.
• The Global Fund Replenishment Conference to fight AIDS, Tuberculosis and Malaria is held in Montreal and raises over $12.9 billion in pledges.
• Nearly 250 Canadian organizations sign a statement calling for implementation of prison-based needle/syringe programs.
• PHAC releases the first national statistics on Canada’s progress to reach the UNAIDS 90-90-90 targets.

2017

• CATIE joins may other national and international organizations in signing on to the Prevention Access Campaign’s U=U (Undetectable = Untransmittable) campaign.
• The generic version of Truvada (tenofovir + FTC) is approved in Canada. Ontario becomes the second province (after Quebec) to add tenofovir + FTC as PrEP to its formulary.
• Canadian guidelines on HIV pre-exposure prophylaxis and non-occupational post-exposure
The Community Consensus Statement *End Unjust HIV Criminalization* is released by the Canadian Coalition to Reform HIV Criminalization. The statement outlines why Canada’s approach to HIV criminalization is wrong.

The Federal Department of Justice releases a report on the *Criminal Justice System's Response to Non-Disclosure of HIV*, which raises awareness and addresses concerns about the over-criminalization of HIV non-disclosure in Canada.

The *Ontario government announces* that Crown attorneys will no longer prosecute cases where people with HIV who have had a suppressed viral for six months do not disclose their status to their sexual partner(s).

Canada’s Chief Medical Officers of Health release a *joint statement* supporting U=U.

2018

- *Canadian HIV pregnancy planning guidelines* are published.
- *Saskatchewan* and *Alberta* pre-exposure prophylaxis guidelines are published.
- British Columbia releases new *prosecutorial guidelines* on HIV non-disclosure.
- PHAC releases *Reducing the health impact of sexually transmitted and blood-borne infections in Canada by 2030: A pan-Canadian STBBI framework for action*, which provides a roadmap for collaborative and complementary actions to reduce the impact of STBBIs in Canada and supports and contributes the achievement of global STBBI targets.
- Health Canada approves the first *dual drug treatment* (a combination of the integrase inhibitor dolutegravir and the non-nuke rilpivirine in a once-daily pill) for HIV maintenance therapy.
- The *Expert consensus statement on the science of HIV in the context of criminal law*, authored by 20 of the world’s leading scientist, including Canadian doctors Julio Montaner and Mona Loutfy, is published.
- Final results from the *PARTNER 2 study* are released and the *Opposites Attract* study results are published. The two studies further confirm that gay men with HIV who have a suppressed viral load do not transmit HIV through anal sex.

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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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