

The illustration features a large red ribbon forming a heart shape on the left side. At the bottom, several hands of different skin tones are shown holding the ribbon. The background is white with scattered circles in blue, teal, and red. A teal-bordered box on the right contains the title text.

World AIDS Day 2020 Toolkit

December 1, 2020

We encourage you to use this toolkit to help amplify messaging and activities for World AIDS Day 2020 and support the communities you serve.



Public Health
Agency of Canada

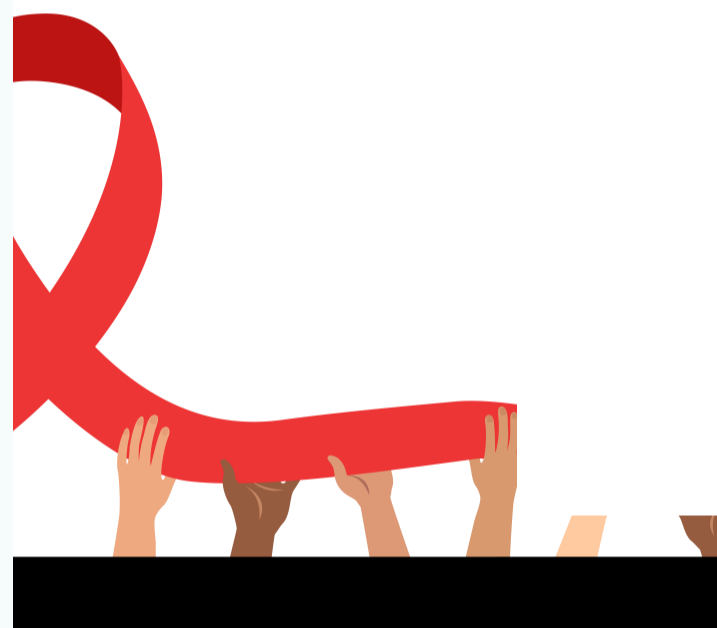
Agence de la santé
publique du Canada

Canada 



World AIDS Day 2020

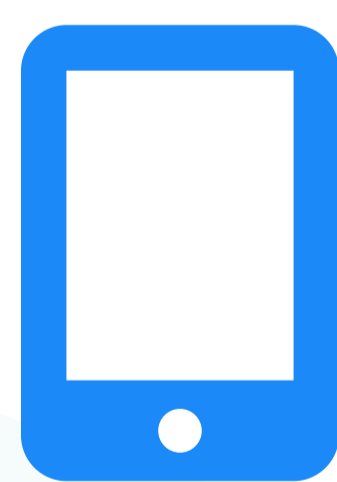
Annually, on December 1st, we commemorate World AIDS Day (WAD) and the start of Aboriginal AIDS Awareness Week (AAAW). This year, World AIDS Day comes at a time when we are facing a global pandemic; where support at both a community and a global level are needed more than ever. Despite the many public health challenges we face, we have an opportunity to join our voices to raise awareness about HIV and challenge HIV-stigma.



The UNAIDS World AIDS Day 2020 theme is **GLOBAL SOLIDARITY, SHARED RESPONSIBILITY**

This year's theme highlights the importance of acting together and how the actions of each one of us contributes to the global response to HIV and AIDS.

Highlights of this Toolkit



Social Media



Infographics & Factsheets



Video Testimonials

Join the conversation!

Help get the message out by liking, sharing, and retweeting!



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Social Media

Social media messages will be released on Twitter, Facebook, LinkedIn and Instagram between December 1st and 5th. Follow us on our accounts below and re-tweet, like, and share messages with your own followers and networks. Customize the messages by tagging others or adding images from your World AIDS DAY (WAD) activities.

These are the hashtags we will be using this year:

#WAD 2020 #WorldAIDSDay #endHIVstigma #UequalsU #U=U

Follow us on:



Twitter

- Minister of Health @CDNMinHealth/@MinSanteCAN
- Chief Public Health Officer (CPHO) @CPHO_Canada/@ACSP_Canada
- Government of Canada Health @GovCanHealth/@GouvCanSante



Instagram

- @HealthyCdns
- @CANenSante



Facebook

- Healthy Canadians
- Canadiens en santé



LinkedIn

- Public Health Agency of Canada | Agence de la Santé publique du Canada
- Health Canada | Sante Canada



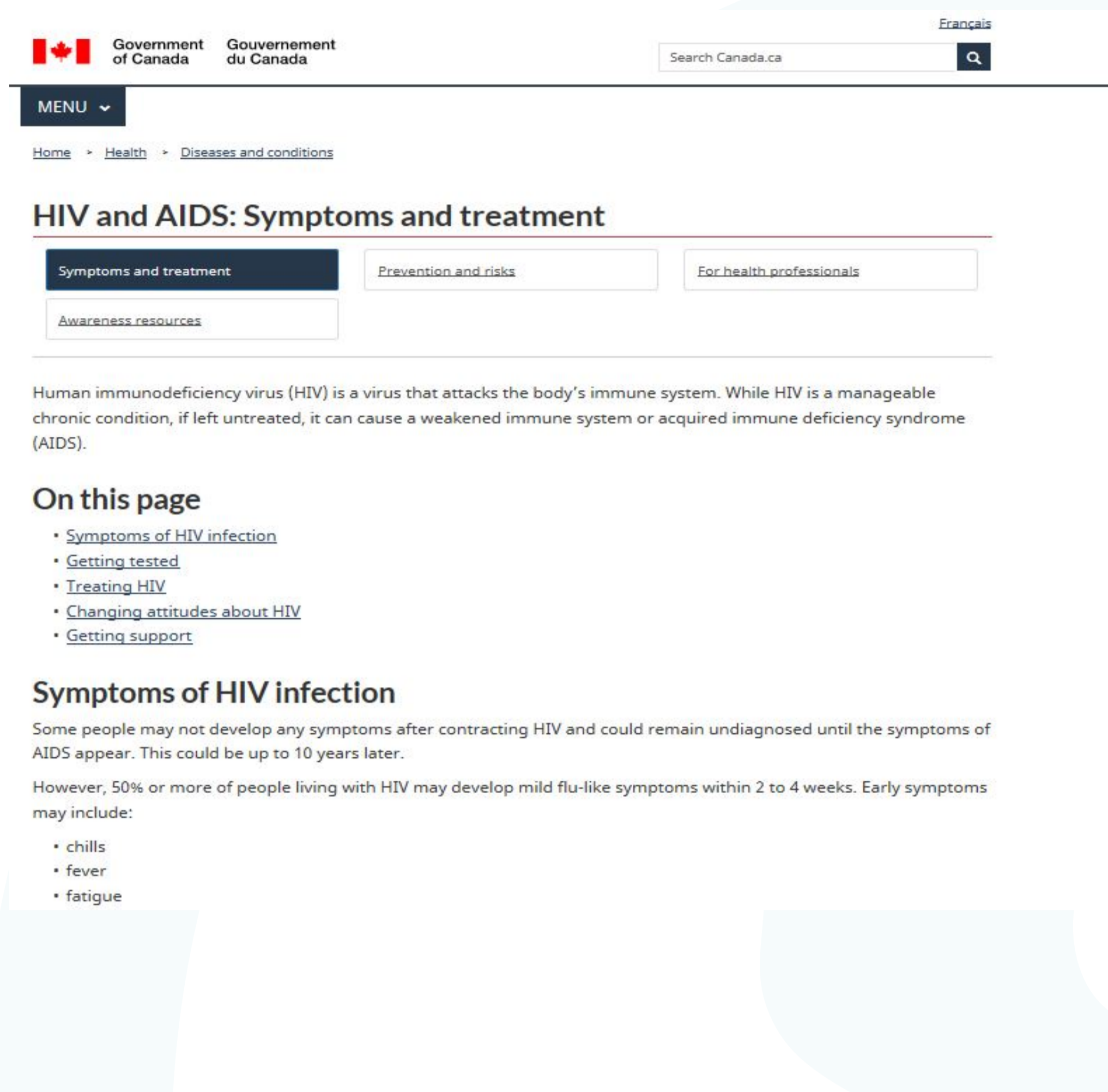
Youtube

- Healthy Canadians
- Canadiens en santé





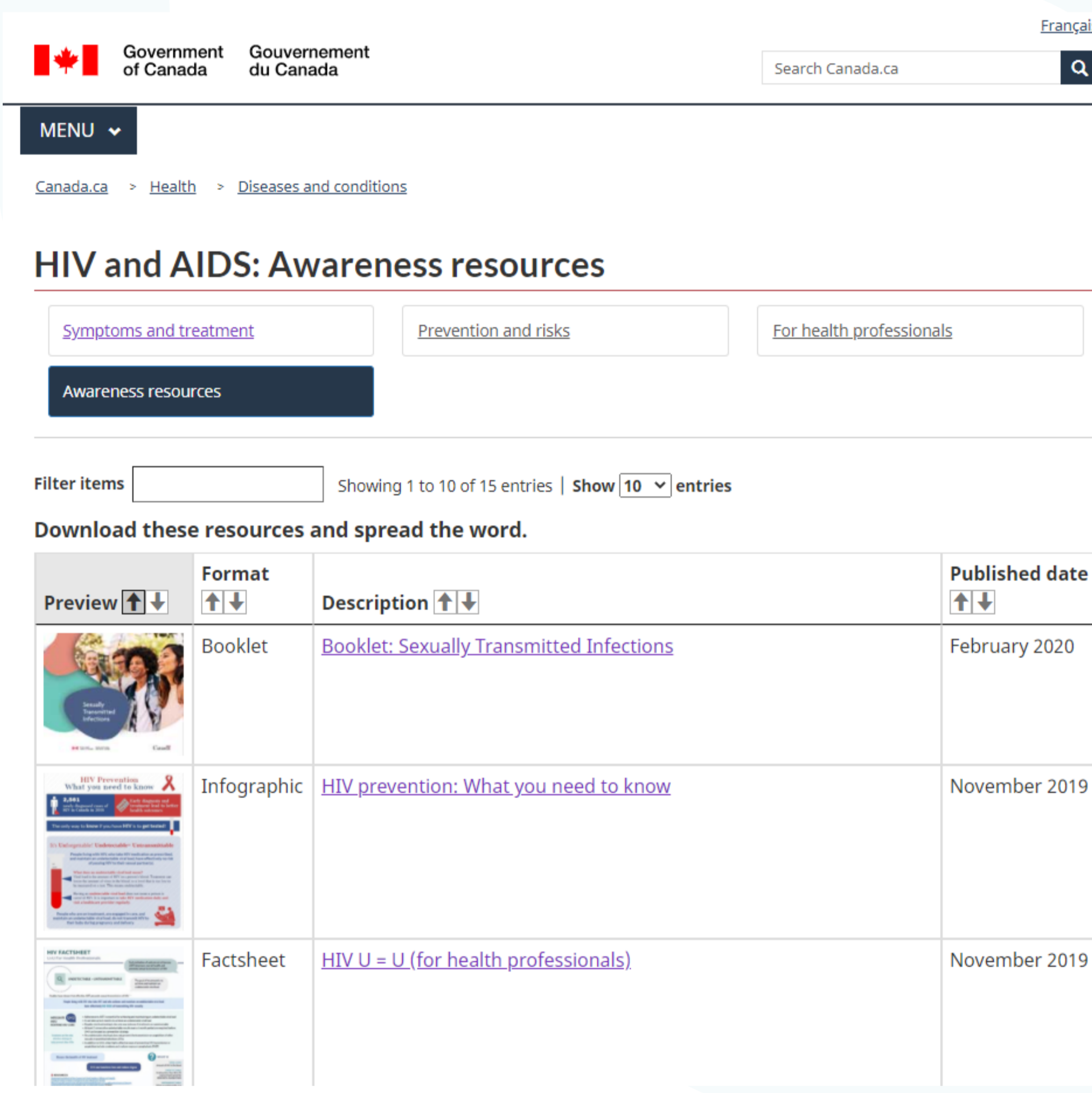
Websites & Links



HIV and AIDS Landing Page

<https://www.canada.ca/en/public-health/services/diseases/hiv-aids.html>

Canada.ca/HIV



Awareness Resources

<https://www.canada.ca/en/public-health/services/diseases/hiv-aids/awareness-resources.html>

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Products and Resources



COMING SOON

Check out the [HIV Awareness Resource](#) page for new products that will be released in the coming weeks, including:



Canada's progress towards 90-90-90 HIV targets (2018)



HIV in Canada: 2019 Surveillance Highlights



Updated: HIV Factsheet: Types of HIV Screening Tests for Health Professionals

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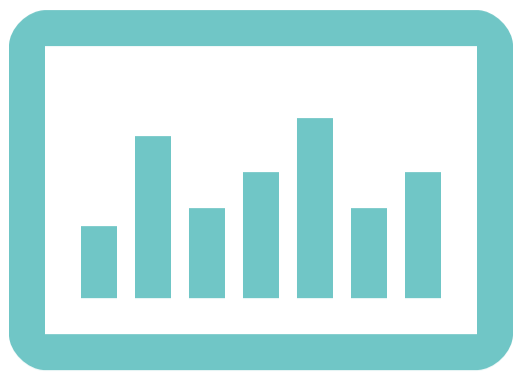


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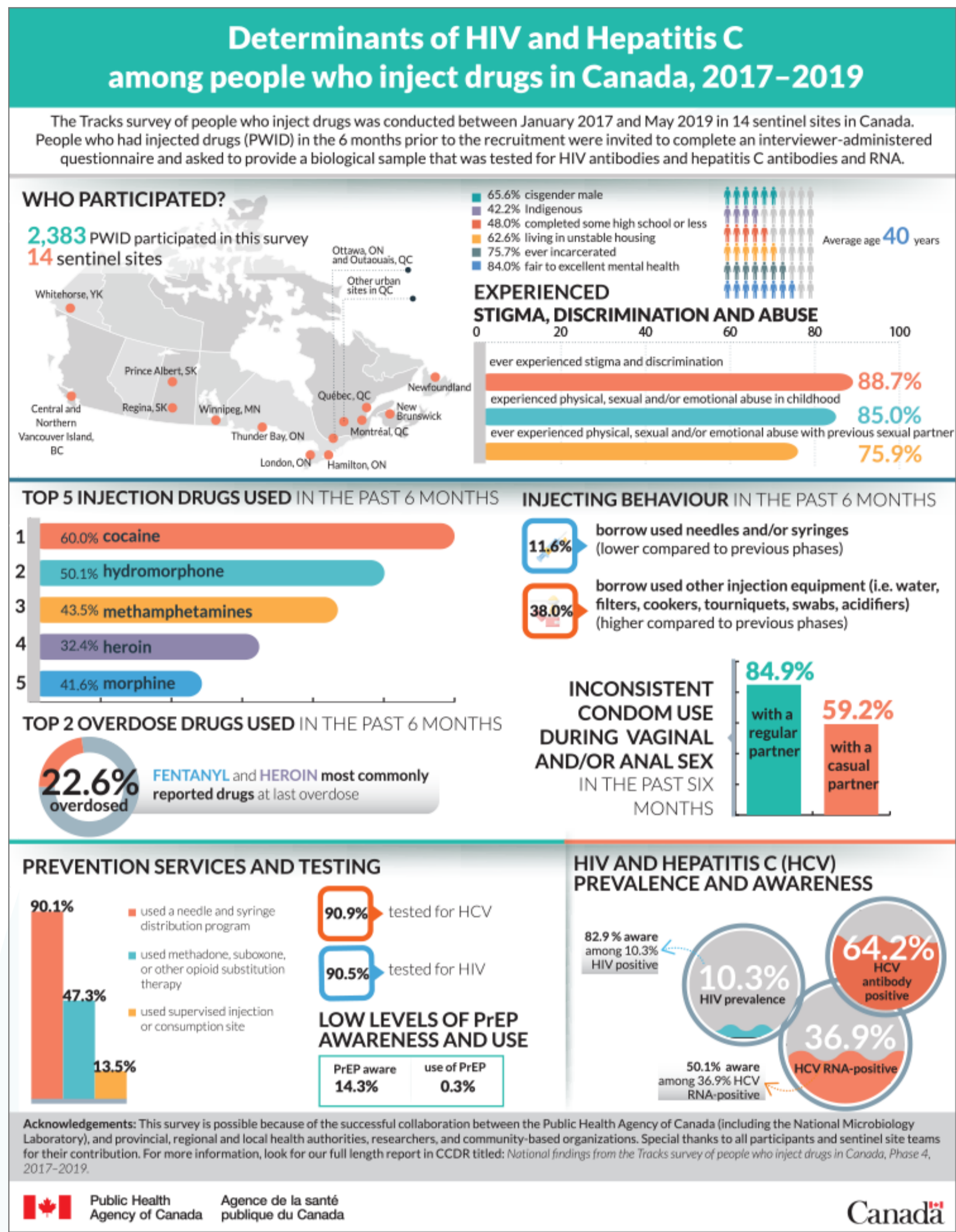


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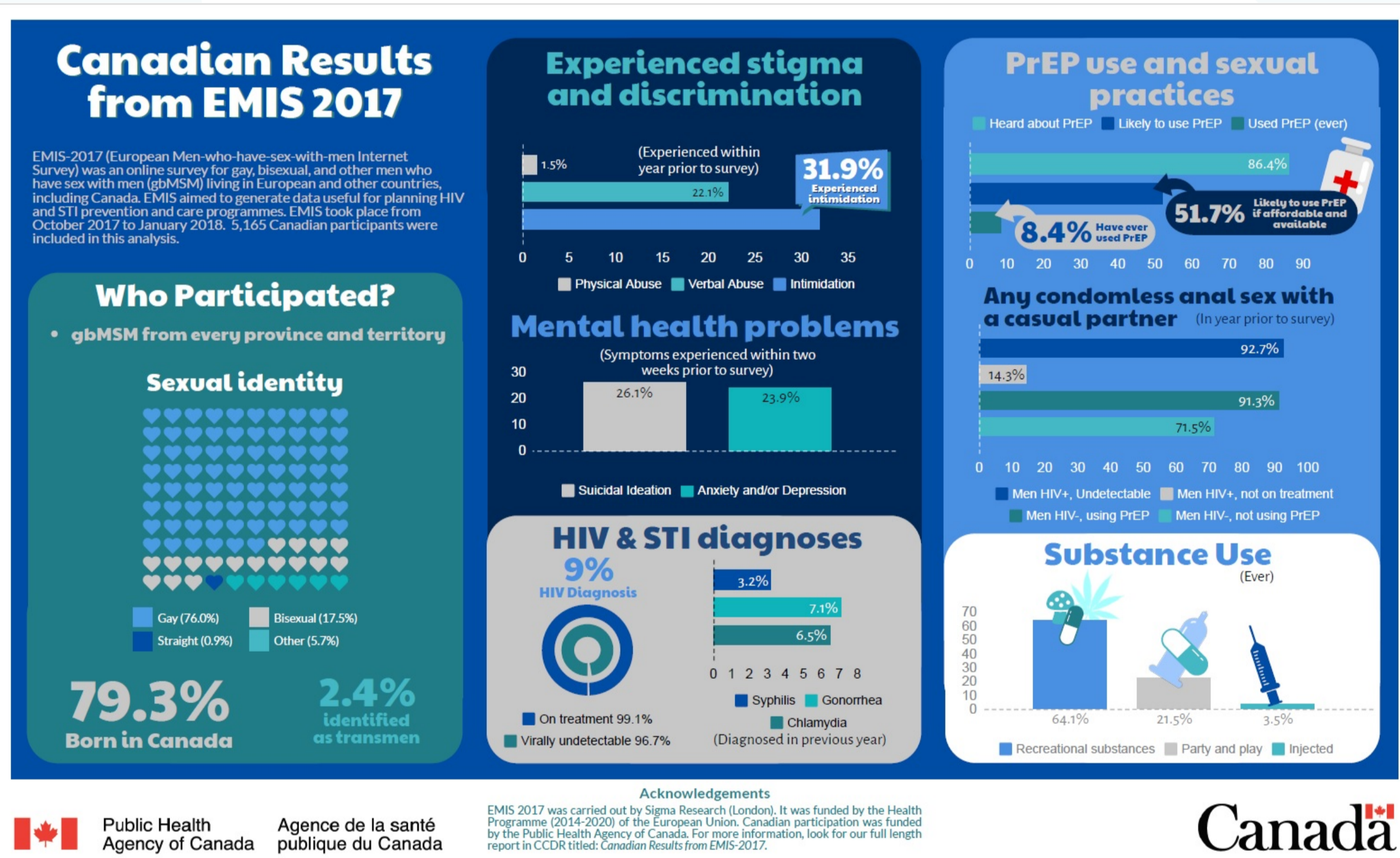


SURVEILLANCE



Determinants of HIV and Hepatitis C among People who Inject Drugs in Canada, 2017-2019

Data from the Tracks survey of people who inject drugs, which was conducted between January 2017 and May 2019 across 14 sentinel sites in Canada



Infographic: Canadian Results from EMIS 2017

Key highlights of Canadian results from the 2017 European Men-who-have-sex-with-men Internet Survey (EMIS-2017), including findings on stigma experiences, mental health, PrEP and sexual practices and substance use

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PREVENTION

HIV Prevention What you need to know

2,561 newly diagnosed cases of HIV in Canada in 2018

Early diagnosis and treatment lead to better health outcomes

The only way to know if you have HIV is to get tested!

It's Unforgettable! Undetectable= Untransmittable

People living with HIV, who take HIV medication as prescribed, and maintain an undetectable viral load, have effectively no risk of passing HIV to their sexual partner(s).

What does an undetectable viral load mean?
Viral load is the amount of HIV in a person's blood. Treatment can lower the amount of virus in the blood, to a level that is too low to be measured on a test. This means undetectable.

Having an **undetectable viral load** does not mean a person is cured of HIV. It is important to **take HIV medication daily and visit a healthcare provider regularly.**

People who are on treatment, are engaged in care, and maintain an undetectable viral load, do not transmit HIV to their baby during pregnancy and delivery.

Infographic: HIV Prevention- What You need to Know

Information for the general public on HIV prevention, including Undetectable = Untransmittable (U=U), PrEP, and PEP and other effective strategies

PROTECT YOURSELF. KNOW YOUR RISK.

In 2018, 50% of Canadians had never been tested for HIV, hepatitis C, or STI.

14% of those living with HIV are unaware of their infection

You are at risk for HIV if you:

- have condomless sex
- share drug-use equipment, even once
- have broken skin or open wounds that come into contact with infected blood or blood products
- already have another STI
- received a blood transfusion or organ transplant in a country that does not screen blood products for HIV

You CANNOT get HIV from:

- using services of someone who has HIV, such as a doctor or hair stylist
- shaking hands
- sharing food
- kissing
- toilet seats

59% of Canadians believe that the responsibility to request an HIV test is shared equally between the patient and the healthcare provider.

If you think you may be at risk... ASK your HEALTHCARE PROVIDER for a TEST.

Earlier diagnosis and treatment leads to better health outcomes.

There is no vaccine to prevent HIV. However, if you are at risk for HIV, there is a pill to reduce your risk of getting HIV. Talk to your doctor about Pre-Exposure Prophylaxis (PrEP). A quick and simple blood test can tell you if you have HIV.

What treatments are available for you?

HIV can be managed effectively with medication. People living with HIV can lead long and healthy lives.

People on treatment who maintain a suppressed viral load pose effectively no risk of transmitting HIV infection to their sexual partners.

How can you reduce your risk?

- Learn about safer sex methods
- Do not share drug-use equipment
- Use condoms, other barriers, and lubricants correctly and consistently
- Take a test
- Encourage your partner to get tested

Where can you go to get tested?

- Health clinic
- Public health unit
- Doctor's office
- Special testing events
- Hospital
- Clinics offering anonymous testing
- Sexual health clinic
- Self-test at home

Infographic: Protect Yourself. Know Your Risk.

Information for the public on key risk factors for HIV, how to reduce your risk, and where to go to for testing and treatment information

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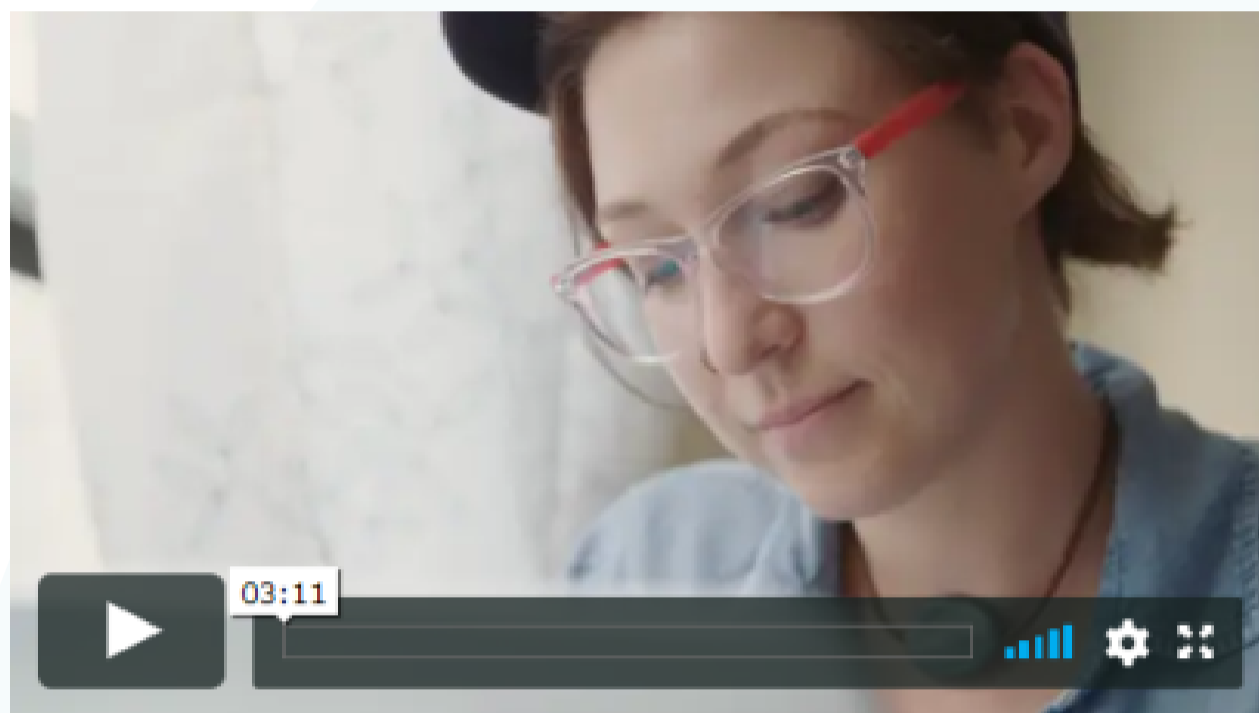


U=U VIDEO TESTIMONIALS



Compilation Video

Listen to the highlights of personal testimonials of 5 individuals living with HIV who have learned to embrace life more fully because of U=U.



Dee's Video

Discover how Dee has learned to embrace life through art, activism and a strong, loving relationship.



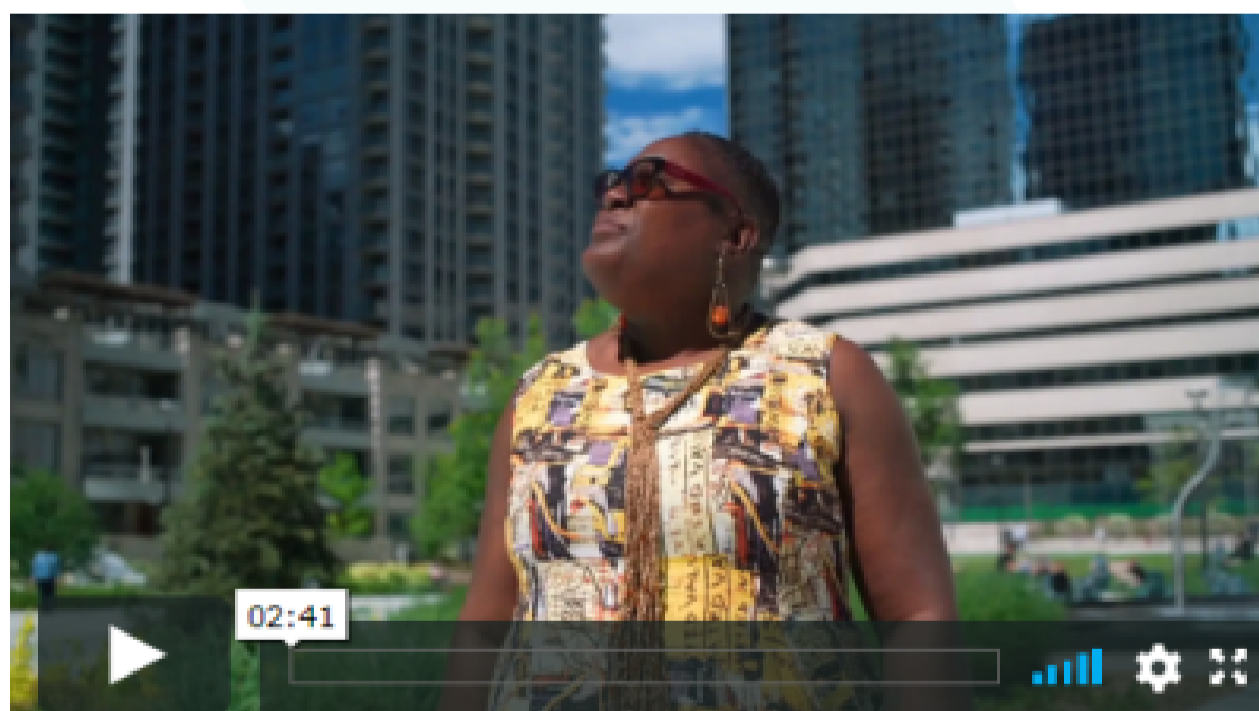
Carlos' Video

Hear how Carlos has found hope and joy in the message of U=U.



Pierre's Video

Hear Pierre talk about his journey of living with HIV for 40 years.



Marvelous' Video

Listen to Marvelous talk about choosing to live positively, help others and follow her dreams.



Daniel's Video

Hear Daniel's journey from being diagnosed with HIV and cancer to having a renewed gratitude for life.





HEALTH PROFESSIONALS

HIV FACTSHEET

U=U For Health Professionals

UNDETECTABLE = UNTRANSMITTABLE

Early initiation of antiretroviral therapy (ART) improves overall health and prevents sexual transmission of HIV

The goal of treatment is to achieve and maintain an undetectable viral load

Studies have shown that effective ART prevents sexual transmission of HIV ^{1,2}

People living with HIV who take ART and who achieve and maintain an undetectable viral load have effectively **NO RISK** of transmitting HIV sexually

INTEGRATE U=U INTO ROUTINE HIV CARE

- Adherence to ART is essential for achieving and maintaining an undetectable viral load
- It can take up to 6 months to achieve an undetectable viral load
- Regular viral load testing is the only way to know if viral levels are undetectable
- At least 2 consecutive undetectable results over a 6 month period are required before U=U can be used as a prevention strategy
- An undetectable viral load does not prevent the transmission or acquisition of other sexually transmitted infections (STIs)
- In addition to U=U, other highly effective ways of preventing HIV transmission or acquisition include condoms and oral pre-exposure prophylaxis (PrEP)

Condoms are the only effective strategy to help prevent other STIs

Discuss the benefits of HIV treatment

U=U can transform lives and reduce stigma

WHAT IS

VIRAL LOAD
Amount of HIV in the blood

UNDETECTABLE
Viral load less than 40 to 50 copies/ml and cannot be detected by standard tests

UNTRANSMITTABLE
When an undetectable viral load prevents the sexual transmission of HIV

RESOURCES

Statement on behalf of the Council of Chief Medical Officers of Health
Criminal Justice System's response to non-disclosure of HIV
Risk of sexual transmission of human immunodeficiency virus with antiretroviral therapy
Undetectable viral load and condom use: a systematic review (CMAJ)
The use of early antiretroviral therapy in HIV-infected persons (AMMI Canada)
U=U: A guide for service providers (CATIE)

For more information, please visit:
Canada.ca and search HIV for health professionals

1. Cohen MS, Chen YQ, McCauley M, Gamble T, Hoenesour MC, Kumarasamy N, et al. Prevention of HIV-1 infection with early antiretroviral therapy. N Engl J Med. 2011;365(9):493-505.
2. Cohen MS, Chen YQ, McCauley M, Gamble T, Hoenesour MC, Kumarasamy N, et al. Antiretroviral therapy for the prevention of HIV-1 transmission. N Engl J Med. 2016;375(9):950-959.
3. Rodger AJ, Cambiano V, Braun V, Vitoras P, Collins S, van Lamen A, et al. Sexual activity without condoms and risk of HIV transmission in serodiscordant couples when the HIV-positive partner is taking suppressive antiretroviral therapy. JAMA. 2016;316(23):171-181.
4. Rodger AJ, Cambiano V, Braun V, Vitoras P, Collins S, Degen O, et al. Risk of HIV transmission through condomless sex in serodiscordant gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. Lancet. 2019;393(10187):2428-2438.
5. Ravitsky SR, Patis AN, Phairwahik N, Giretschik R, Prentice GP, Zablotska-Mason R, et al. Viral suppression and HIV transmission in serodiscordant male couples: an international, prospective, observational, cohort study. Lancet HIV. 2018;8(6):e436-447.

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U=U Infographic for Health Professionals

Tips for Health Professionals on integrating Undetectable = Untransmittable into routine HIV care

HIV FACTSHEET

SCREENING AND TESTING

RECOMMENDATION:
Offer HIV testing as a component of routine care. Individuals involved in high-risk practices should be screened for HIV at least annually.

RISK FACTORS FOR HIV INFECTION
The risks of getting HIV are mostly behaviour-based. Individuals at higher risk include those who:

- share drug use equipment
- exchange sex for drugs or money
- have sex with multiple partners without using a condom
- engage in condomless sexual activity with someone whose HIV status is unknown
- engage in condomless sexual activity with an HIV-positive individual who is not on treatment or whose viral load* is ≥ 200 copies/ml
- have had medical procedures or personal services in regions where HIV is endemic
- received a diagnosis of a sexually transmitted infection, such as syphilis, gonorrhoea or chlamydia

WHOM TO SCREEN
A comprehensive HIV behavioural risk assessment is not required when offering an HIV test. Consider testing:

- individuals presenting with risk factors for HIV infection
- individuals presenting with signs and symptoms of HIV infection
- individuals with illnesses associated with a weakened immune system
- individuals with a suspected exposure to HIV infection
- individuals who are sexually active and have never been tested for HIV
- individuals born, or who travelled or resided in a country where HIV is endemic
- victims of sexual assault
- pregnant women or those planning a pregnancy, and their partners

DID YOU KNOW?
In Canada, it is estimated that 14% of people living with HIV are unaware of their infection.
Canada supports the UNAIDS 90-90-90 targets to eliminate AIDS as a public health threat by 2030.
The first target is that by 2020, 90% of all people living with HIV will know their status.

Consideration:
Healthcare providers should offer HIV testing when screening for other sexually transmitted and blood-borne infections (i.e., syphilis, chlamydia, gonorrhoea, and hepatitis B or C).

In the provision of routine medical care, and in discussion with the client, healthcare providers should consider whether there is a benefit to an HIV test. Healthcare providers should take an active approach to testing and offer an HIV test to clients. They should also provide a test to a client who has asked for one.
* A viral load of < 200 copies/ml is considered undetectable.

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HIV Factsheet: Screening and Testing For Health Professionals

Risk factors for HIV infection, criteria to help in deciding who to screen, and common signs and symptoms of an HIV infection

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HEALTH PROFESSIONALS

HIV FACTSHEET

BIOMEDICAL PREVENTION OF HIV: PrEP AND PEP

	PRE-EXPOSURE PROPHYLAXIS (PrEP)	POST-EXPOSURE PROPHYLAXIS (PEP)
What are PrEP and PEP?	PrEP involves taking a combination of medications to reduce the risk of acquiring HIV infection. It can be taken by HIV-negative individuals at high risk of infection. When taken as prescribed, the medication reduces the risk of acquiring sexually transmitted HIV by more than 90%. If an individual acquires HIV infection, PrEP must be discontinued immediately.	PEP is used to help prevent the acquisition of HIV infection by individuals who may have been recently exposed to HIV. PEP can reduce the risk of HIV infection by more than 80%, when used as prescribed.
When is it taken?	PrEP is taken once a day, on an ongoing basis, in advance of high risk activity. PrEP is less effective if the prescribed dosing schedule is not followed.	PEP is effective when taken within 72 hours of suspected high risk exposure to HIV. It involves antiretroviral medications taken once daily for four weeks (28 days).
Who should be considered for PrEP and PEP?	Individuals at high risk of HIV infection: <ul style="list-style-type: none"> engages in condomless sexual activity with an HIV-positive partner who is not on treatment or whose viral load* is ≥ 200 copies/ml engages in condomless sexual activity with a partner whose HIV status is unknown engages in sexual activity that involves: <ul style="list-style-type: none"> no or inconsistent condom use exchange of sex for drugs or money use of illicit drugs or alcohol dependence shared drug use equipment have a diagnosis of sexually transmitted infections (STI) prison experience In addition, PrEP should be considered for individuals who have taken PEP (i.e., who are at ongoing, high risk of infection).	PEP should be considered for individuals: <ul style="list-style-type: none"> who have had a high-risk exposure to HIV in the workplace (e.g., healthcare setting) or who have had a high-risk exposure to HIV outside of the workplace (e.g., condomless sex with an HIV-positive partner who is not on treatment or whose viral load* is ≥ 200 copies/ml, sexual assault, etc.)

* A viral load of < 200 copies/ml is considered undetectable.

HIV Factsheet: Biomedical Prevention of HIV- PrEP and PEP For Health Professionals

A comparison of the HIV prevention strategies PrEP and PEP, including who should be considered for each and when they should be taken

CANADIANS ARE STILL RELUCTANT TO GET TESTED FOR SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS (STBBI)



TAKE AN ACTIVE APPROACH TO STBBI TESTING

In 2018, 50% of Canadians indicated that they had never been tested for STBBI

Why are Canadians not getting tested for STBBI?

- Fear of a positive result
- Stigma associated with STBBI
- No symptoms
- Do not see themselves as being at risk

Canadians also identified common reasons they might not reach out to their doctor or pharmacist.

- Stigma and fear of being judged
- Concerns over privacy
- Unsure if they would receive meaningful advice
- STI are difficult to talk about
- No established relationship with the healthcare provider

59% of Canadians believe that the responsibility to request an STBBI test is shared equally between the patient and the healthcare provider.

HAVE THE CONVERSATION WITH YOUR PATIENTS

Provide

- trauma-informed and culturally sensitive care
- confidentiality
- a supportive approach, free of judgement
- a safe and respectful space, free of stigma and discrimination
- information on risk factors

Discuss

- routes of transmission
- benefits of early diagnosis
- prevention (including PrEP and PEP)
- ease of testing (often involving only a simple blood test)
- available testing and treatment options
- available pre- and post-test counselling



Learn more: Visit Canada.ca and search SEXUAL HEALTH

Responsible for the Content: The content, knowledge, and insights related to sexually transmitted and blood-borne infections (STBBI) testing report

Infographic: Take an Active Approach to STBBI Testing For Health Professionals

Common reasons identified by Canadians for not getting tested for STBBI and how Health Professionals can discuss testing and treatments options with patients

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