

The epidemiology of HIV in gay, bisexual and other men who have sex with men

This fact sheet provides a snapshot of the HIV epidemic in Canada among gay, bisexual and other men who have sex with men (gbMSM). It is one of a series of fact sheets on the epidemiology of HIV and hepatitis C.

All epidemiological information is approximate, based on the best available data. Most of the data in this fact sheet come from a population-specific surveillance system (M-Track), the *Summary: Estimates of HIV incidence, prevalence and Canada's Progress on Meeting the 90-90-90 HIV target, 2016*, and the *HIV/AIDS Epi Updates Chapter 1: Estimates of HIV prevalence and incidence in Canada, 2011* published by the Public Health Agency of Canada (PHAC). More information can be found in the section "Where do these numbers come from?" at the end of the fact sheet.

Gay, bisexual and other men who have sex with men (gbMSM) represent approximately 2% to 3% of the Canadian population.¹

gbMSM represent approximately 2% to 3% of the adult male population in Canada. Based on this estimate there are approximately 345,284 to 517,926 adult gbMSM in Canada.

Gay, bisexual and other men who have sex with men are 131 times more likely to get HIV than men who do not have sex with men.²

The most recent estimates available that compare HIV incidence rates among key populations are from 2014.

FACT SHEET

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According to 2014 national HIV estimates:

- The HIV incidence rate was 469 per 100,000 gbMSM.
- The HIV incidence rate was 3.6 per 100,000 men who do not have sex with men.
- gbMSM are 131 times more likely to get HIV than men who do not have sex with men.

Note: Because different methods were used to create the 2016 estimates, these 2014 estimates cannot be directly compared to the 2016 estimates.

Over half of all new HIV infections in Canada are in gbMSM (incidence).¹ This varies considerably across Canada.³

According to 2016 national HIV estimates:

- 55.5% of all new HIV infections in Canada are in gbMSM (1,202 new infections). This includes:
 - 52.5% of new HIV infections attributed to sex between men (1,136 new infections); and
 - 3% of new HIV infections attributed to the combined category of injection drug use or sex between men, since both behaviours were reported at testing (66 new infections).

The most recent estimates available by region are for 2011. Based on estimates from 2011:

- The proportion of new HIV infections in gbMSM varies across Canada:
 - 57% in British Columbia (218 gbMSM);
 - 40% in Alberta (99 gbMSM);
 - 8% in Saskatchewan (17 gbMSM);
 - 26% in Manitoba (30 gbMSM);
 - 52% in Ontario (725 gbMSM);
 - 59% in Quebec (445 gbMSM); and
 - 69% in the Atlantic Provinces (24 gbMSM).

Note: Because different methods were used to create the 2016 estimates, the regional estimates from 2011 cannot be directly compared to the 2016 estimates.

The number of new HIV infections in gbMSM has increased since 2014.¹

According to 2016 national HIV estimates:

- The number of new HIV infections attributed to sex between men in 2016 (1,136 new infections) has increased since 2014 (1,053 new infections).
- The number of new HIV infections attributed to the combined category of sex between men or injection drug use in 2016 (66 new infections) has increased since 2014 (47 new infections).

Half of all people with HIV in Canada are gbMSM (prevalence).¹ This varies considerably across Canada.³

According to 2016 national HIV estimates:

- 51.8% of people with HIV in Canada are gbMSM (32,762 people). This includes:
 - 49.1% of people with HIV whose HIV status was attributed to sex between men (30,980 people); and
 - 3% of people with HIV whose HIV status was attributed to the combined category of injection drug use or sex between men, since both behaviours were reported at testing (1,782 people).

The most recent estimates available by region are for 2011. Based on estimates from 2011:

- The proportion of people with HIV who are gbMSM varies across Canada:
 - 45% in British Columbia (5,320 gbMSM);
 - 32% in Alberta (1,600 gbMSM);
 - 10% in Saskatchewan (210 gbMSM);
 - 25% in Manitoba (520 gbMSM);
 - 56% in Ontario (16,800 gbMSM);

- 54% in Quebec (10,480 gbMSM); and
- 54% in the Atlantic Provinces (537 gbMSM).

Note: Because different methods were used to create the 2016 estimates, these regional estimates from 2011 cannot be directly compared to the 2016 estimates.

Approximately 16% of gbMSM have HIV but this varies by city.^{4,5}

According to M-Track (2005–2008), HIV prevalence among gbMSM in Canadian cities is approximately 16%. This varies from 11% to 23%. In select Canadian cities the HIV prevalence rates are:

- 18% in Vancouver
- 14% in Victoria
- 19% in Winnipeg
- 23% in Toronto
- 11% in Ottawa
- 13% in Montreal

Only two-thirds of gbMSM who report being HIV positive are currently on HIV treatment.⁴

According to M-Track (2005–2008), 66% of gbMSM who self-report they are HIV positive are currently taking prescribed HIV drugs.

gbMSM are at risk of hepatitis C.⁴

According to M-Track (2005–2008):

- 5% of gbMSM had evidence of either a current or past hepatitis C infection.
- Up to 2% of gbMSM are co-infected with HIV and hepatitis C.

Key definitions

HIV prevalence—the number of people with HIV at a point in time. Prevalence tells us how many people have HIV.

HIV incidence—the number of new HIV infections in a defined period of time (usually one year). Incidence tells us how many people are getting HIV.

Where do these numbers come from?

All epidemiological information is approximate, based on the best available data. Most of the data in this fact sheet come from a population-specific surveillance system (M-Track) or the 2011, 2014 or 2016 HIV estimates published by the Public Health Agency of Canada (PHAC).

Population-specific surveillance

As part of the Federal Initiative to Address HIV/AIDS in Canada, PHAC monitors trends in HIV prevalence and associated risk behaviours among key vulnerable populations identified in Canada through population-specific surveillance systems. These surveillance systems, also known as the “Track” systems, are comprised of periodic cross-sectional surveys conducted at selected sites within Canada.

M-Track is the national surveillance system of gay, bisexual and other men who have sex with men (gbMSM). For this surveillance system, information is collected directly from gbMSM through a questionnaire and a biological specimen collected for testing for antibodies against HIV, hepatitis C and syphilis. As of December 31, 2009, a total of six sites had participated in M-Track across Canada. M-Track was first implemented in Montreal in 2005 (via linkage with the Argus Survey). Between 2006 and 2007, four additional sites joined M-Track: Toronto and Ottawa (Lambda Survey), Winnipeg and Victoria. More than 4,500 men participated in M-Track between 2005 and 2007. In 2008, Vancouver also implemented M-Track (ManCount Survey).

Limitation—gbMSM from selected urban sites participated on a volunteer basis; therefore, the information presented does not represent all gbMSM in Canada.

National estimates of HIV prevalence and incidence

National HIV estimates are produced by PHAC and published every three years. Estimates of HIV prevalence and incidence are produced by PHAC using statistical methods which take into account some of the limitations of surveillance data (number of HIV diagnoses reported to PHAC) and also account for the number of people with HIV who do not yet know they have it. Statistical modelling, using surveillance data and additional sources of information, allows PHAC to produce HIV estimates among those diagnosed and undiagnosed. The most recent estimates available are for 2016.

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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.

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