

The epidemiology of HIV in youth

This fact sheet provides a summary of the HIV epidemic among youth in Canada. It is one of a series of fact sheets that provide easy to use epidemiological information.

All epidemiological information is approximate, based on the best available data. Most of the data in this fact sheet comes from population-specific surveillance systems (I-Track, M-Track) and *HIV in Canada—Surveillance Report, 2017*, published by the Public Health Agency of Canada. More information can be found in the section Where do these numbers come from? at the end of the fact sheet.

The number of new HIV diagnoses among youth has increased by 10% from 2013 to 2017.¹

According to 2017 national surveillance data:

- The number of new HIV diagnoses among youth (aged 15 to 29) was 495 in 2013.
- The number of new HIV diagnoses among youth was 546 in 2017.

Just under one-quarter of all new HIV diagnoses in 2017 were in youth.¹

According to 2017 national surveillance data:

- Just under one-quarter (23%) of all new HIV diagnoses in 2017 were in youth (aged 15 to 29).

The majority of new HIV diagnoses among youth were in males in 2017.¹

According to 2017 national surveillance data:

- 78% of youth HIV diagnoses were male in 2017.
- Among all HIV diagnoses in males in 2017, 24% were male youth.
- Among all HIV diagnoses in females in 2017, 20% were female youth.

FACT SHEET

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Over half of all HIV diagnoses in youth in 2017 were attributed to gay, bisexual and other men having sex with men.¹

According to 2017 national surveillance data:

- Almost two-thirds (61%) of new youth HIV diagnoses were attributed to gay, bisexual and other men having sex with men (gbMSM), with an additional 3% attributed to gbMSM who also inject drugs.
- Almost one-quarter (19%) were attributed to heterosexual sex.
- 14% were attributed to injection drug use.

Over one-quarter of all HIV diagnoses in Canada were in youth aged 15 to 29.¹

According to national surveillance data collected between 1985 and 2017:

- 21,719 youth have ever been diagnosed with HIV in Canada.
- Just over one-quarter (26%) of all HIV diagnoses (of people whose age was known) were youth aged 15 to 29 years.

In Canada, HIV is prevalent among certain populations of youth.^{2,3,4,5}

According to 2014 national HIV estimates, the HIV prevalence rate in Canada is 0.2%.²

The prevalence rate among street youth, youth who inject drugs, and young MSM is much higher:

- According to a national surveillance system of street youth (aged 15 to 24) in Canada, conducted between 2009 and 2012 (E-SYS), the HIV prevalence rate among street-involved youth was 1%.³
- According to a national surveillance system of people who inject drugs in Canada, conducted between 2010 and 2012 (I-Track), the HIV prevalence rate among youth (aged 15 to 24) who use injection drugs was 3%.⁴

- According to a national surveillance system of men who have sex with men in Canada, conducted between 2005 to 2007 (M-Track), the HIV prevalence rate among young gbMSM (aged 29 or less) was 4%.⁵

Key definitions

Street-involved youth—Street youth are as diverse as Canada's population. However, they all face unstable living conditions and have been subjected to complex social factors in their daily lives, such as poverty and family violence.

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. The data in this fact sheet come from population-specific surveillance systems and routine surveillance.

Routine HIV and AIDS surveillance

Healthcare providers are required to report HIV and AIDS diagnoses to their local public health authorities and they are also asked to report deaths among AIDS cases. Each province/territory then compiles this information and provides it to the Public Health Agency of Canada (PHAC). Additional information is also collected and sent to PHAC, such as information about age, sex, race/ethnicity, exposure category (the way the person may have acquired HIV), and date of diagnosis.

Limitations—These data represent the number of cases reported to PHAC by each province. Reported cases do not truly represent the prevalence or incidence of HIV because these statistics do not include HIV-positive individuals who have not been tested for HIV. Other limitations include reporting delays (the time between the diagnosis of HIV or AIDS and when it is reported to PHAC), under-

reporting (no report is made to the local public health authority by the healthcare provider), and incomplete reporting (where additional information such as age, gender and risk exposure category is missing).

Population-specific surveillance

As part of the Federal Initiative to Address HIV/AIDS in Canada, PHAC monitors trends in HIV prevalence and associated risk behaviour indicators 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.

I-Track is the national surveillance system of people who inject drugs. Through this surveillance system, information is collected directly from people who inject drugs through a questionnaire and a biological specimen sample collected for HIV and hepatitis C antibody testing. The statistics provided in this fact sheet are for the years 2010 to 2012 from participating I-Track sites. Because the system only recruits voluntary participants from selected urban sites, the results do not represent all people who inject drugs across Canada. Youth analyses included those participants aged 29 or less.

M-Track is a national surveillance system of gay, bisexual and other men who have sex with men (gbMSM). Through this surveillance system, gbMSM participants complete a questionnaire and are tested 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. Because the system only recruits voluntary participants from selected urban sites, the results do not represent all gbMSM across Canada. Youth analyses included those participants aged 29 or less.

Enhanced Surveillance of Canadian Street Youth (E-SYS) is the national surveillance system of street-

involved youth. Through this surveillance system, street involved youth between the ages of 15 and 24 complete a questionnaire and are tested through urine and blood samples for STIs and blood-borne infections. Between 1999 and 2003 just under 5,000 youth participated from seven urban centres across Canada. Because the system only recruits voluntary participants from selected urban sites, the results do not represent all street-involved youth in Canada.

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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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