

# The HIV Epidemic and Challenges in Canada

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## Canada



- ★ Founded in 1867
- ★ Large, diverse country
- ★ 9.9 million square Km
- ★ 33 million people
- ★ Most live in urban areas
- ★ 10 Provinces & 2 territories
- ★ Universal health care
- ★ Provincial governments primarily responsible for health care
- ★ HIV epidemic is old (first AIDS case diagnosed in 1979)
- ★ 89% of HIV in 3 largest provinces (Ontario, Quebec, and British Columbia)
- ★ HIV epidemic differs by province

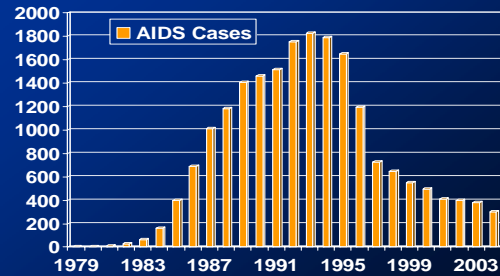
## Summary of Reported Cases of HIV and AIDS in Canada to June 2005

Reported Cases of HIV.....	58,929
Total number of AIDS diagnoses .....	20,146
Total number of deaths.....	13,218
Reported HIV Cases by Gender:	
Adult males.....	44,771 (84%)
Adult females.....	8,566 (16%)
Children (<15 years).....	711 (1.2%)

- ★ Since 2002, approximately 2,500 new HIV cases reported per year
- ★ Assumed that approximately 30% of infected are undiagnosed
- ★ Prior to 1996, women represented 11% of HIV+, in 2004 they represent 27%

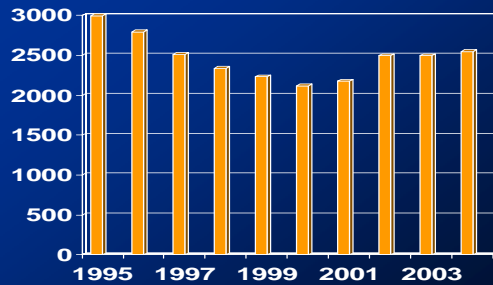
Source: HIV/AIDS in Canada Surveillance Report to June 30, 2005, Centre for Infectious Disease Prevention and Control ( www.phac-aspc.gc.ca/hast-vsm/public\_s.html)

## Number of Reported AIDS Cases by Year of Diagnosis and Adjusted for Reporting Delays, Canada, December 30, 2004



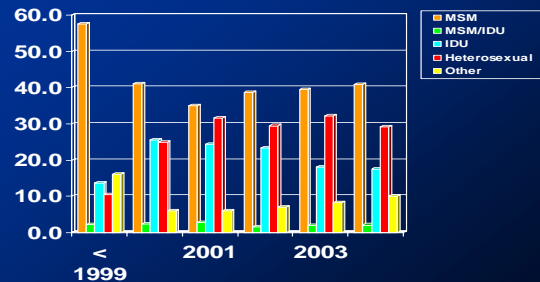
Source: HIV/AIDS in Canada Surveillance Report to June 30, 2005, Centre for Infectious Disease Prevention and Control.

## Number of Positive HIV Test Reports By Year of Test, Canada, 1995 to 2004 (n=24,691)

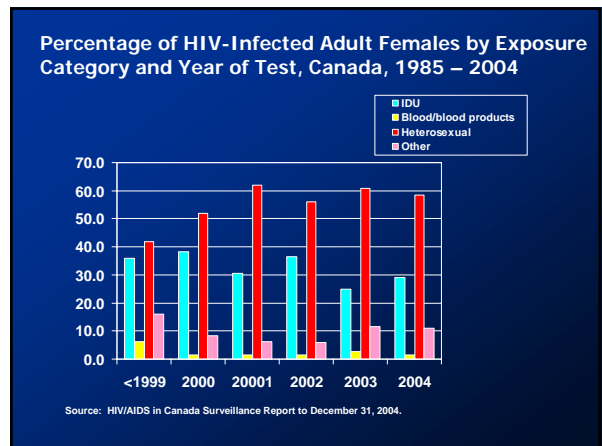
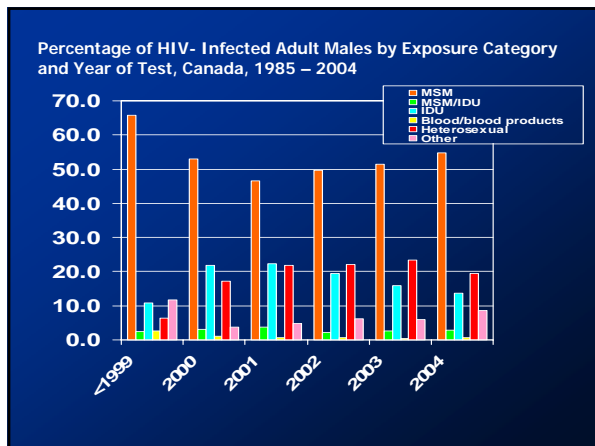


1985-1994: 33,004 HIV positive cases reported to CIDPC (not shown here)  
1995-2004: 24,691 HIV positive cases reported to CIDPC (shown here)

## Percentage of HIV- Infected Adults by Known Exposure Category and Year of Test, Canada, 1985 - 2004



Source: HIV/AIDS in Canada Surveillance Report to June 30, 2005.



## HIV Social Behavioural and Epidemiological Studies Unit

Examples of recent research addressing the challenge of increasing rates of new HIV infections among immigrant communities and men who have sex with men

### EAST Study

Understanding HIV/AIDS Issues in East African Communities in Toronto: Survey of Health-related Behaviours, Beliefs, Attitudes and HIV Prevalence

- Initiated in response to the need for population-based information on the HIV epidemic among immigrant communities originating from endemic areas
- First epidemiologic study of the populations
- Survey and anonymous saliva specimens
- 500 males & females, 16 years+, reside in Toronto area and from one of 5 communities (Ethiopian, Kenyan, Somali, Tanzanian, Ugandan)
- Anticipated completion date: January 2007

### HIV/AIDS Stigma, Denial, Fear and Discrimination: Experiences and Responses of People from African and Caribbean Communities Living in Toronto

**Study Objectives:**

- Describe HIV-related fear, denial, and experiences of stigma and discrimination reported among HIV infected;
- Understand the role of social structures (e.g. family, cultural, economic, political, educational and health institutions) in creating and perpetuating HIV/AIDS-related fear, denial and stigma; and
- Explore other related issues identified through narratives and group discussions.

**Methods:**

- Focus groups discussions & semi-structured interviews with HIV+ and others from Caribbean and sub-Saharan Africa communities (Jamaican, Trinidadian, Guyanese, Kenyan, Somali, Ethiopian)

### Barriers to Addressing HIV/AIDS in the communities – Originating from Within

Within African and Caribbean communities

- Community Gossip** - leads to isolation of HIV positive people, and discourages some from seeking testing, treatment or support services
- Cultural Silences** - Silence about health and sexuality within communities
- Denial of Homosexuality** – HIV equated with homosexuality; no homosexuality in community; no HIV
- Religion** – highly religious and if religious you can't get into trouble/misbehave

### Barriers to Addressing HIV/AIDS in the Communities – Coming from Outside the Communities

#### Coming from outside the communities

- Lack of Information about HIV in Canada compared to “Back Home”
- Media Portrayal - most media coverage focuses on Africa, creating the impression that HIV is not an issue in Canada
- Association of HIV with Africa or Black people – if Black you must be HIV+; stigma results in fear and denial from the community; need to distance community from it

### Barriers to Addressing HIV/AIDS – Social Determinants of Health

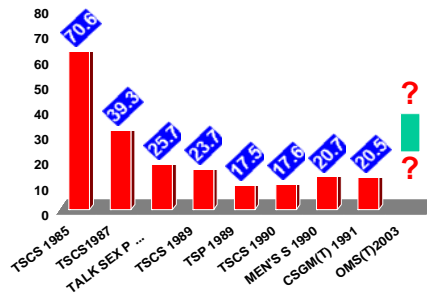
African and Caribbean communities in Toronto face a number of issues that make it difficult to address HIV, including:

- Family issues: reunification, “breakdown”, intergenerational conflict
- Racism, especially police profiling and harassment
- Unemployment, inadequate employment income, non-recognition of foreign credentials
- Settlement issues: language barriers, “culture shock”, isolation and mental health issues
- High drop-out rates, problems with schooling

*“I think the Black community feels it's under siege so that HIV is like one more thing on top of, you know?”*

*(Jamaican woman)*

### UNPROTECTED ANAL SEX IN PREVIOUS 3 MONTHS – 1985 - 2003

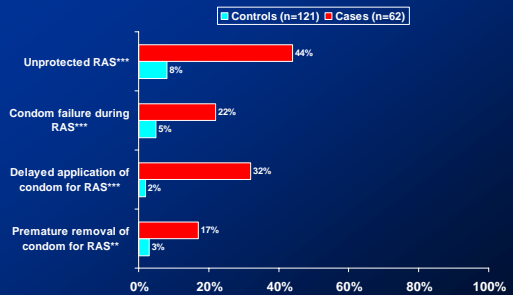


### Risk Factors for Infection among MSM: Result from the Polaris HIV Seroconversion Study



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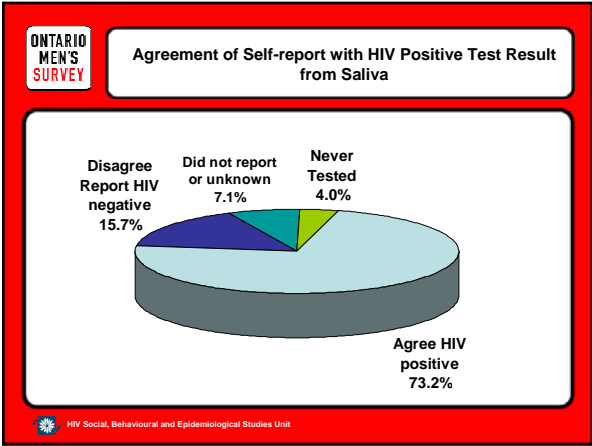
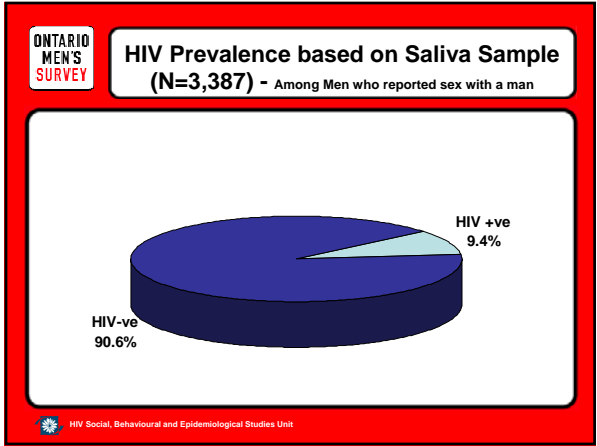
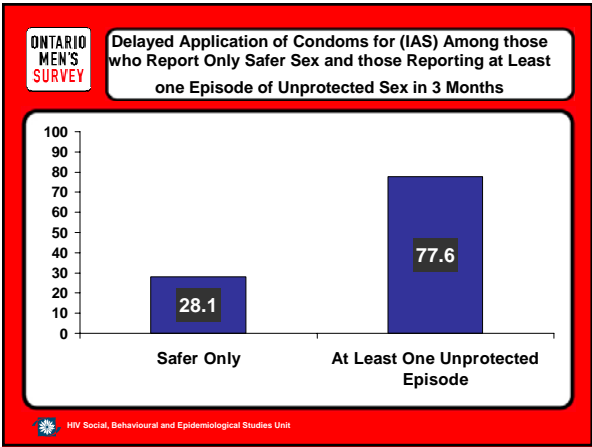
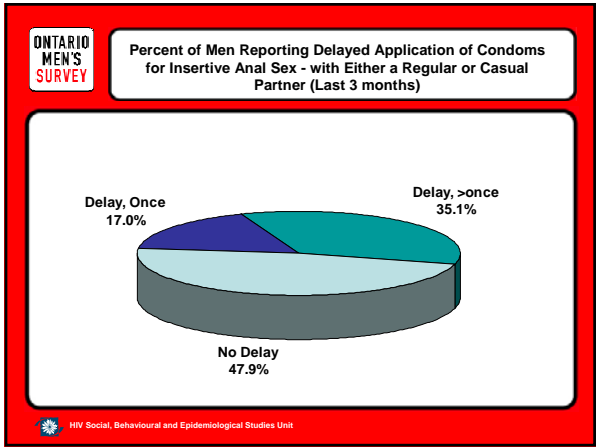
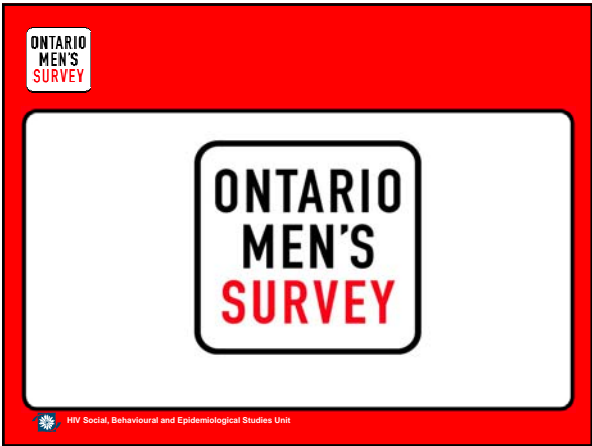
### Sexual Activities With HIV+ Or Status Unknown Partners During the Time Period (continued)



RAS, receptive anal sex  
\* p < 0.05, \*\* p < 0.01, \*\*\* p < 0.001

### Factors Associated With Becoming HIV-infected, Multiple Logistic Regression (n=176)

	OR <sub>adj</sub>	95% CL	P
Unprotected receptive anal sex with HIV+/UK	4.4	1.9-9.9	0.0004
Delayed application of condoms for receptive anal sex with HIV+/UK	5.8	1.4-24	0.01
Condom failure during receptive anal sex with HIV+/UK	2.9	0.84-9.9	0.09



Prevalence of Drug Use and Dependence - 12 mo

Drug	Dual Risk Prevalence	% Dependent of those who use
Alcohol	94.3	38.1
Cannabis	91.0	34.1
Cocaine	67.3	35.2
Crack (free base cocaine)	35.3	53.8
Crystal Methamphetamine	35.7	22.4
Other amphetamines	15.7	23.4
Ecstasy	61.7	31.0
GHB	25.0	8.0
Special K (Ketamine)	48.3	25.5
Heroin	8.3	66.0
Speedball	2.3	-

Dependence = 3 or more of the 7 ICD-10 criteria for dependence.

1. Tolerance, 2. withdrawal, 3. consumed more than intended 4. want to cut down.
5. drug seeking behaviour 6. social repercussions 7. health repercussions.

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Participation in Unprotected Anal Intercourse with a Casual Partner (n=262)

Drug Used in Past 90 days	Participation in Unprotected Anal Intercourse with a Casual Partner (n=262)	
	Unadjusted OR	Adjusted OR*
Crystal-methamphetamine	3.62 (2.03 - 6.44)	2.52 (1.17 - 5.40)
Alcohol	1.79 (0.49 - 6.48)	1.42 (0.35 - 5.72)
Marijuana	1.94 (0.77 - 4.91)	2.06 (0.73 - 5.83)
Cocaine	1.67 (0.95 - 2.92)	1.30 (0.64 - 2.65)
Crack (free base cocaine)	1.16 (0.63 - 2.11)	1.33 (0.64 - 2.80)
Other Amphetamines	0.67 (0.28 - 1.62)	0.38 (0.12 - 1.21)
Ecstasy	1.35 (0.78 - 2.33)	1.53 (0.65 - 3.62)
GHB	1.94 (1.04 - 3.61)	1.77 (0.71 - 4.42)
Special K (ketamine)	1.26 (0.74 - 2.16)	0.51 (0.21 - 1.24)
Heroin	1.71 (0.59 - 5.01)	2.27 (0.56 - 9.24)
Speedball	1.25 (0.11 - 14.0)	0.89 (0.05 - 15.9)
Opiates other than heroin	1.20 (0.66 - 2.18)	1.51 (0.68 - 3.38)
Psychedelics	1.09 (0.61 - 1.95)	1.00 (0.48 - 2.09)
Poppers (Amyl Nitrite)	3.71 (1.84 - 7.89)	4.15 (1.90 - 9.06)
Viagra	3.09 (1.64 - 5.83)	2.24 (1.06 - 4.74)
PAVA/PABA	3.46 (0.75 - 15.8)	0.93 (0.16 - 5.37)
Steroids	2.53 (0.35 - 18.3)	1.10 (0.11 - 8.98)
Barbiturates	1.25 (0.22 - 6.99)	0.87 (0.11 - 7.31)
Tranquillizers	1.07 (0.60 - 1.95)	-

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