

[Home](#) > [Infectious Diseases](#) > [HIV/AIDS](#) > Populations at Risk

## Populations at Risk

---

An estimated 2.5 million people became newly infected with [HIV](#) worldwide in 2007, providing further evidence that HIV transmission knows no boundaries - geographic, socio-economic, gender, age, or otherwise. Although [HIV/AIDS](#) is most entrenched among vulnerable Canadians, it also reaches into the most privileged groups in society.

HIV/AIDS related stigma and discrimination still persist in Canada, and continue to fuel the spread of HIV. As is the case in other parts of the world, populations at risk of HIV infection in Canada include some of the most vulnerable groups in society.

Gay men and other men who have sex with men is the group most affected by the epidemic, accounting for 51 per cent of the estimated 58 000 individuals living with HIV infections in Canada at the end of 2005 (Public Health Agency of Canada estimates). People who use injection drugs comprised a further 17 per cent of the total, and women represented 20 per cent of individuals living with HIV. Aboriginal persons account for a disproportionately high percentage of the individuals living with HIV infections in Canada. Similarly, people from countries where HIV is endemic also represent a disproportionate number of these infections.

## Focussing on key populations in Canada

---

The Government of Canada is committed through the [Federal Initiative to Address HIV/AIDS in Canada](#) to develop discrete approaches to address HIV/AIDS among eight key populations:

- [people living with HIV/AIDS](#)
- [gay men](#)
- [people who inject drugs](#)
- [Aboriginal peoples](#)
- [prison inmates](#)
- [youth at risk](#)
- [women](#)
- [people from countries where HIV is endemic](#)

## Why focus on key populations?

---

Population-specific approaches result in evidence-based, culturally appropriate responses that are better able to address the realities and vulnerabilities that contribute to infection and poor health outcomes for the target groups. These approaches also allow people at risk of infection and those living with HIV/AIDS to directly shape policies and programs that affect them.

## Fact Sheet: People living with HIV/AIDS

---

Under the Federal Initiative to Address HIV/AIDS in Canada (Federal Initiative), the Government of Canada is committed to developing, in concert with those affected or at risk, population-specific approaches to address HIV/AIDS.

While anyone - from all ages, walks of life and socio-economic strata of society - can be affected by HIV or AIDS, the reality is that in Canada (as in most high resource countries) key populations are disproportionately represented among those living with HIV/AIDS.

Advances in treatments available to people living with HIV/AIDS (PLWHA) have significantly increased life expectancy. However, PLWHA have increasingly complex needs as HIV/AIDS and the associated stigma and discrimination may affect their emotional and physical health, quality of life, finances and independence.

## What Are The Numbers?

- At the end of 2005, an estimated 58,000 people were living with HIV (including AIDS), a 16% increase from the estimate for 2002<sup>1</sup>.
- In 2005, approximately 27% of people with HIV were unaware of their infection<sup>2</sup>.
- Of all prevalent HIV infections at the end of 2005, an estimated 51% were attributed to men who have sex with men (MSM), 17% were among people who inject drugs (IDU), 27% were attributed to heterosexual sex, 4% were among MSM-IDU and the remaining were attributed to other exposure categories<sup>1</sup>.
- As of 2005, it was estimated that approximately 21,000 people have died with an HIV/AIDS infection in Canada<sup>1</sup>.
- A significant number of individuals living with HIV are co-infected with the hepatitis C virus. 1 Estimates from enhanced surveillance of HIV risk behaviours among people who inject drugs (I-Track), found that on average 11.7% of Phase 1 participants were infected with both HIV and HCV<sup>3</sup>.

## What Is The Federal Initiative Doing? For Example:

The Public Health Agency of Canada (PHAC) is developing a Population-Specific HIV/AIDS Status Report for PLWHA to guide future policy, program and research priorities. The report will include up-to-date information on the population's demographic profile, on the state of [HIV infections](#), on the factors that increase vulnerability to HIV/AIDS, on currently funded research, on the lived experience of people affected by HIV/AIDS and will conclude with an analysis of the response. This report is being developed with the support of an external working group comprised of representatives of the population, the organizations involved in the response and the research community. The final report is expected to be released in 2009.

The Federal Initiative strives to ensure the direct involvement of PLWHA. For instance, PLWHA play an important role on the Ministerial Advisory Council on the Federal Initiative to Address HIV/AIDS in Canada. They comprise one third of members of the Council and one of the co-chairs must be a PLWHA.

PHAC is establishing a second generation surveillance system called P-Track that will monitor attitudes, behaviours and access to prevention services among PLWHA in Canada. This will be achieved with the central and active involvement of PLWHA and through collaboration with provincial, regional, and local health authorities, community-based organizations, and researchers.

These three initiatives are examples of how the government of Canada values the greater involvement of PLWHA (GIPA principle) and ensures their meaningful involvement in its activities.

Through its community programming, including the [AIDS Community Action Program \(ACAP\)](#) and its [National HIV/AIDS Funds](#), PHAC provides support for community-based organizations to deliver prevention, care and support services to PLWHA and those vulnerable to HIV infection.

The following are just a few examples of projects and programs for PLWHA being supported through PHAC:

- In Alberta, HIV Edmonton has put in place a Positive Peer Program. This long-term social support program holds bi-monthly group meetings that provide PLWHA with the knowledge, behaviour and ability to handle outside influences and stressors. Peer members support other PLWHA in advocating for themselves, overcoming life stressors and becoming leaders in the local, provincial, national and international AIDS movement. (ACAP)
- The Ontario AIDS network has developed the People with HIV/AIDS Leadership Program to strengthen the leadership capacity of PLWHA. The program is designed to maintain, increase effective and meaningful PLWHA involvement in the Ontario AIDS Network and community-based organizations while increasing PLWHA skills and knowledge development related to care, treatment, support and governance. The program was created by PLWHA for PLWHA, is staffed by PLWHA and empowers them to assume leadership positions in their communities. (ACAP)
- The Bureau Local d'Intervention Traitant du Sida - Centre du Québec has put in place a Compassion Campaign for PLWHA to increase public awareness of the situation of PLWHAs, to provide information in order to lessen the fear of HIV infection and encourage tolerance and acceptance of PLWHA. The project also includes the development of sustainable tools such as video presentation to foster compassion for and solidarity with PLWHA, and to address stigma and discrimination. (ACAP)
- The AIDS Committee of Newfoundland and Labrador offers peer networking opportunities for rural PLWHA throughout the province, including monthly peer events, such as discussion groups, meals and workshops for PLWHA as well as a peer program to support newly diagnosed PLWHA. (ACAP)
- The Canadian AIDS Treatment Information Exchange is developing an updated edition of the successful document *Managing Your Health for PLWHA*. The document is a comprehensive educational resource on the PLWHA perspective of living with HIV. Service providers will be able to use the document as a guide when assisting PLWHA and will provide them with their own copy. (Population Fund)

## References:

1. Public Health Agency of Canada. HIV/AIDS Epi Updates, 2007. Surveillance and Risk Assessment Division, Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada, 2007.
2. Boulos D, Yan P, Schanzer D, Remis RS and Archibald C. Estimates of HIV prevalence and incidence in Canada, 2005. *Canada Communicable Disease Report* 2006; 32(15) : 165-174.
3. Public Health Agency of Canada. I-Track: Enhanced Surveillance of Risk Behaviours among People who Inject Drugs. Phase 1 Report, August 2006. Surveillance and Risk Assessment Division, Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada, 2006.

## Fact Sheet: Gay Men

---

Under the Federal Initiative to Address HIV/AIDS in Canada (Federal Initiative), the Government of Canada is committed to developing, in concert with those affected or at risk, population-specific approaches to address HIV/AIDS.

While the impact of HIV/AIDS on the gay community has diminished since the mid-1980s, the group of men who have sex with men (MSM), an epidemiological term describing a behaviour, which encompasses a broad range of people, continues to represent the majority of reported HIV and AIDS diagnoses. This group spans all social categories and overlaps with other key populations and factors, such as age, ethnicity, sexual and drug use practices, that may inform prevention, care, treatment and support approaches.

## What Are The Numbers?

- At the end of 2006, MSM accounted for 76.1% of cumulative reported AIDS cases among adult males<sup>1</sup>.
- Since 1985, MSM accounted for 68.8% of positive HIV test reports among adult males.<sup>1</sup>
- In 2005, MSM accounted for an estimated 45% of all new infections in Canada.<sup>2</sup>
- In 2004, the reported rate of infectious syphilis among males was more than 15 times higher than in 1997, indicating increased risk of exposure to HIV.<sup>3</sup>

## What Is The Federal Initiative Doing? For Example:

The Public Health Agency of Canada (PHAC) is developing a Population-Specific HIV/AIDS Status Report for Gay, 2 Spirit, Bisexual and Other Men who have Sex with Men to guide future policy, program and research priorities. The report will include up-to-date information on the population's demographic profile, the state of HIV infections, the factors that increase its vulnerability to HIV/AIDS, currently funded research, the lived experience of gay men affected by HIV/AIDS and will conclude with an analysis of the response. This report is being developed with the support of an external working group comprised of representatives of the population, the organizations involved in the response and the research community. The final report is expected to be released in 2009.

In 2005, PHAC implemented a second-generation HIV surveillance system called M-Track. The goal of M-Track is to monitor trends in the prevalence of HIV, viral hepatitis, sexually transmitted infections (STI) and associated risk behaviours among MSM. This was achieved through collaboration with provincial, regional, and local health authorities, community-based organizations, and researchers. There are now six M-Track sites across Canada: Montreal, Ottawa, Toronto, Winnipeg, Vancouver and Victoria. Over 4500 men participated in an M-Track survey from 2005 to 2007.

Through its community programming, including the [AIDS Community Action Program](#) (ACAP) and the Specific [Populations HIV/AIDS Fund](#) (Populations Fund), PHAC provides support for community-based organizations to deliver local prevention, care and support services to all people living with HIV/AIDS, including gay men, and those vulnerable to HIV infection. The following are examples of projects and programs for gay men being supported:

- Through the project "Positive Prevention", BC Persons with AIDS Society's Newly Diagnosed Gay Men's Workshop Series is creating a team of peer-facilitators to pilot a workshop series for HIV-positive gay men in the Vancouver area; it will then provide materials, training and coordination to co-facilitate workshops in collaboration with three AIDS Services Organizations situated across British Columbia (ACAP).
- The Pacific Community Resources Society is undertaking the Fraser East Gay, Two Spirited and Men who Have Sex with Men Needs Assessment to quantify and identify these populations' needs to enable effective prevention, planning, and services (ACAP).

- The AIDS Committee of Ottawa, in *The Gay Men's Health and Wellness Project*, provides a variety of outreach, support and education services to gay men and people with HIV/AIDS in the Ottawa area, through such mechanisms as workshops and community events. The project aims to increase HIV risk reduction behaviours that enable gay men to maintain their health and wellness by increasing their knowledge of the contexts in which safer-sex decision making occurs; and through the coordination of peer education and support networks (ACAP).
- Montreal's Action Séro-Zéro operates an *Internet Project and Online Intervention*, with the goal of limiting HIV transmission in young gay and bisexual men by establishing online services around gay health, safer sex, HIV/AIDS and sexually-transmitted infections (ACAP).
- Action Séro-Zéro is also leading the development of a national social marketing campaign in collaboration with AIDS Community Care Montréal, the AIDS Committee of Toronto, the AIDS Coalition of Nova Scotia, AIDS Vancouver, the Canadian AIDS Society and the Community-Based Research Centre. The project seeks to reduce the incidence of HIV/AIDS in the gay community through a community-based campaign and improve attitudes and perceptions about HIV/AIDS and people living with HIV/AIDS (Populations Fund).

## References:

1. Public Health Agency of Canada. HIV and AIDS in Canada. Surveillance report to December 31, 2005. Surveillance and Risk Assessment Division, Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada, 2006.
2. Boulos D, Yan P, Schanzer D, Remis RS and Archibald C. Estimates of HIV prevalence and incidence in Canada, 2005. *Can Commun Dis Rep* 2006; 32(15) : 165-174.
3. Public Health Agency of Canada. [2004 Canadian Sexually Transmitted Infections Surveillance Report](#): Pre-Release. Cited on June 26, 2006.

## Fact Sheet: People Who Inject Drugs

---

Under the Federal Initiative to Address HIV/AIDS in Canada (Federal Initiative), the Government of Canada is committed to developing, in concert with those affected or at risk, population-specific approaches to address HIV/AIDS.

According to the Canadian Addiction Survey, of those Canadians reporting use of an injectable drug at some point in their life, 6.5% (269,000) reported injecting drugs in 2004<sup>1</sup>. Although the number of new HIV infections among people who inject drugs (IDU) appears to be decreasing overall, challenges remain for HIV prevention among women who inject drugs in Canada.

### What Are The Numbers?

- Up to the end of June 2007, injection drug use accounted for 8.0% of cumulative adult AIDS cases and 17.5% (5,465) of cumulative adult HIV-positive test reports. Among IDU with HIV-positive test reports that specified gender, 67.5% were males. An additional 2.3% of HIV-positive test reports were attributed to men who have sex with men who also inject drugs<sup>2</sup>.
- To the end of 2006, the proportion of adult HIV-positive tests attributed to IDU has



gradually decreased from 24.6% in 2001 to 19.3% in 2006<sup>3</sup>.

- Where the exposure category information was reported, the proportion of HIV-positive test reports in adult females who inject drugs was 31.1% in 2001, declining to 25.5% in 2003 before increasing again to 30.7% in 2006<sup>2</sup>.
- For males, the HIV infection pattern is different and the proportion of HIV-positive test reports attributed to injecting drug use is declining steadily -- decreasing from 22.4% in 2001 to 15.4% in 2006<sup>2</sup>.
- Among surveillance reports with ethnicity information noted\*, injection drug use accounted for 40% of reported AIDS cases from Aboriginal peoples over 1979 to 2006 and 58.8% of HIV positive test reports obtained over 1998 to 2006<sup>3</sup>.
- The estimated number of new HIV infections among IDU, 350-650, in 2005 remains unacceptably high<sup>4</sup>.

\* Information on ethnicity is not available for all provinces and territories. Ethnicity information was reported for 79.1% of all AIDS cases reported between 1979 and December 31, 2006, while this information was reported for 29.2% of HIV positive test reports from 1998 to the end of 2006.

## What Is The Federal Initiative Doing? For Example:

The Public Health Agency of Canada (PHAC) is developing a Population-Specific HIV/AIDS Status Report for People Who Inject Drugs to guide future policy, program and research priorities. The report will include up-to-date information on the population's demographic profile, the state of HIV infections, the factors that increase vulnerability to HIV/AIDS, currently funded research, the lived experience of people affected by HIV/AIDS and will conclude with an analysis of the response. This report is being developed with the support of an external working group comprised of representatives of the population, the organizations involved in the response and the research community. The final report is expected to be released in 2009.

To better understand HIV risk behaviours among people who inject drugs, PHAC has established [I-Track](#): an enhanced surveillance system of HIV-associated risk behaviours at sentinel sites across Canada. This has been achieved through collaboration with provincial, regional, and local health authorities, community-based organizations, and researchers.

- Phase I was completed in Victoria, Regina, Toronto, Sudbury, SurvUDI network (Ottawa and 6 sites in the province of Quebec), Winnipeg and Edmonton.
- Phase II was recently completed in Victoria, Regina, Thunder Bay, Sudbury, Kingston, Toronto and is ongoing in the SurvUDI network. Phase II data collection is underway in Prince George and Edmonton. Central and Northern Vancouver Island sites are proposed for fall 2008.

Through its community programming, including the [AIDS Community Action Program](#) (ACAP) and [National HIV/AIDS Funds](#), PHAC provides support for community-based organizations to deliver prevention, care and support services to all people living with HIV/AIDS and those vulnerable to HIV infection, including people who inject drugs.

The following are examples of projects and programs for people who inject drugs being supported through PHAC:

- AIDS Programs South Saskatchewan Inc. provides prevention services to at-risk women (those who are street involved, living with addictions, etc.), people who inject drugs and other at-risk individuals. This includes operating Red Ribbon Place, a 12-unit transitional housing facility that offers homeless and at-risk residents who are living with HIV/AIDS

or hepatitis C, a place to call their own (ACAP).

- Through its *Increasing Compassion Towards People with Addictions* project, Point de Repères, a community-based organization in Quebec City, is providing training and information to increase compassion for people who inject drugs among police officers, merchants and other stakeholders. People who inject drugs are also involved in the development of a video that portrays their lives and features personal accounts (ACAP).

The Labrador Friendship Centre has implemented its *HIV/AIDS Labrador Project* for Aboriginal women and youth, inmates and people who inject drugs who are vulnerable to HIV, hepatitis C and sexually transmitted infections, as well as for Aboriginal people living with HIV/AIDS. Education, training and support to individuals, communities, correctional facility inmates and staff, service providers, parents and educators improve knowledge and capacity to prevent transmission of infections and increase access and use of diagnosis, care, treatment and social supports (Non-Reserve First Nations, Inuit and Métis Communities Project Fund).

## References:

1. Adlaf, EM, Begin P, & Sawka E. (Eds.). 2005 Canadian Addiction Survey (CAS): A national survey of Canadians' use of alcohol and other drugs: Prevalence of use and related harms: Detailed report. Ottawa: Canadian Centre on Substance Abuse.
2. Public Health Agency of Canada. HIV and AIDS in Canada: surveillance report to December 31, 2006. Ottawa: Surveillance and Risk Assessment Division, Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada, 2007
3. Public Health Agency of Canada. HIV/AIDS Epi Updates 2007. Surveillance and Risk Assessment Division, Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada, 2007
4. Boulos D, Yan P, Schanzer D, Remis RS and Archibald C. Estimates of HIV prevalence and incidence in Canada, 2005. Canada Communicable Disease Report 2006; 32(15): 165-174.

## Fact Sheet: Prison Inmates

---

Under the Federal Initiative to Address HIV/AIDS in Canada (Federal Initiative), the Government of Canada is committed to developing, in concert with those affected or at risk, population-specific approaches to address HIV/AIDS.

Correctional Service of Canada (CSC) is the federal government agency responsible for administering sentences of a term of two years or more, as imposed by the courts. Prison inmates in correctional facilities experience higher rates of infectious diseases than the general population<sup>2</sup>. Many enter the correctional system already infected, often as a result of their history of high-risk behaviours. Those who continue to engage in high-risk behaviours, while incarcerated, put others at risk of infection, including placing themselves at risk of further infection.

## What Are The Numbers?

- At the end of 2006-07, there were over 13,200 people incarcerated in federal penitentiaries in Canada and 6,900 offenders actively supervised in the community<sup>3</sup>.

- At year end 2006, 218 people in federal correctional facilities (1.64% of the federal prison population) were known to be living with HIV/AIDS and 3,661 (27.6%) were known to be infected with hepatitis C<sup>4</sup>.
- Between 1999 and 2002, HIV prevalence\* among inmates in Canadian federal penitentiaries rose steadily from 1.65% to 2.04%. In 2003 and 2004, the prevalence fell to 1.92% and 1.43% respectively<sup>5</sup>. In 2005, it rose to 1.67% and remained relatively stable in 2006 at 1.64%<sup>4</sup>.
- The prevalence of HIV among women offenders is higher than among men in Canadian federal penitentiaries. In 2006, HIV prevalence among women offenders was 4.49% versus 1.54% for men<sup>4</sup>.
- In 2006, in any given month, 52.9% of inmates known to be HIV positive were on anti-retroviral therapy; however, all cases are under active medical supervision<sup>4</sup>.
- The number of inmates known to be living with HIV released to the community increased from 183 in 2002 to 214 in 2004. In 2005, this number dropped to 174, rising again in 2006 to 193<sup>4</sup>.

\* Prevalence of infection is based on results of tests. Not all inmates undergo testing, therefore, prevalence of infection may be greater than reported.

## What Is The Federal Initiative Doing? For Example:

The Public Health Agency of Canada (PHAC) will be developing a Population-Specific HIV/AIDS Status Report for Prison Inmates to guide future policy, program and research priorities. The report will include up-to-date information on the population's demographic profile, the state of HIV infections, the factors that increase vulnerability to HIV/AIDS, currently funded research, the lived experience of people affected by HIV/AIDS and will conclude with an analysis of the response. This report is being developed with the support of an external working group comprised of representatives of the population, the organizations involved in the response and the research community. The final report is expected to be released in 2010.

As a partner in the Federal Initiative, CSC is engaging with other federal departments, agencies and non-governmental organizations in addressing the need for prevention, diagnosis, care, treatment and support services. A comprehensive public health program for infectious diseases is provided within CSC with the support of an interdepartmental Letter of Agreement between this agency and PHAC. PHAC has also partnered with CSC in an inmate infectious diseases and risk behaviours survey with both agencies now analyzing the results.

CSC offers confidential voluntary testing to inmates for infectious diseases upon admission and throughout incarceration, as well as access to HIV specialists and treatment. Pre- and post-testing counselling is offered to all those undergoing HIV testing. Educational programs on infectious disease transmission and prevention, discreet access to condoms, dental dams and water-based lubricant, bleach for cleaning injecting, tattooing and piercing equipment, and methadone treatment are available in all CSC correctional facilities.

Through PHAC National HIV/AIDS funding, Prisoners with HIV/AIDS Support Action Network (PASAN), in partnership with the Canadian HIV/AIDS Legal Network, published *Hard Time: Promoting HIV and Hepatitis C Prevention Programming for Prisoners in Canada* in December 2007 that documents best practice prison-based programming to prevent infectious disease transmission.

Through its community programming, including the [AIDS Community Action Program \(ACAP\)](#), PHAC provides support for community-based organizations to deliver prevention, care and support services to all people living with HIV/AIDS and those vulnerable to HIV



infection, including prison inmates.


The following are examples of projects and programs for prison inmates being supported through PHAC:

The BC Persons with AIDS Society (BCPWA) provides the *Entry to Exit: Prison Outreach Program (POP)* that seeks to educate prisoners and prison staff about HIV, its transmission, treatment and associated risk management practices. For HIV-positive prisoners, POP also provides support services for both face-to-face sessions and through a 1-800 telephone number; access to complementary health products through BCPWA's Complementary Health Fund; individual advocacy services, as appropriate; and assistance with pre-release planning.

In Ontario, PASAN offers the Prison In-Reach Program to reduce the transmission of HIV/AIDS among prisoners/ex-prisoners; increase health promotion and health services for prisoners and ex-prisoners living with, and affected by, HIV/AIDS in Ontario; and increase skills-building opportunities for AIDS service organizations and community-based organizations working with prisoners and ex-prisoners. PASAN is the only organization in Canada exclusively providing HIV/AIDS education and support to prisoners, ex-prisoners, young offenders and their families.

Stella l'amie de Maimie, a community-based organization in Montreal has implemented the "*Wings for Our Future*" project for female inmates and/or infected women, as well as workers in the field of parole eligibility and labour force reintegration. Through educational sessions, the inmates gain greater understanding of modes of infection and prevention techniques and social workers become more familiar with resources in providing appropriate referrals.

## References:

1. [Correctional Service of Canada. Role of the Correctional Service of Canada](#) , 2007.
2. Correctional Service Canada. Infectious Diseases Prevention and Control in Canadian Federal Penitentiaries 2000-01: A Report of the Correctional Service of Canada's Infectious Diseases Surveillance System. 2003.
3. Correctional Service Canada. A Roadmap to Strengthening Public Safety Report of the Correctional Service of Canada Review Panel, October 2007.
4. Correctional Service Canada. Health Services preliminary data subject to change, unpublished, 2007.
5. Correctional Service of Canada. Infectious Disease Surveillance in Canadian Federal Penitentiaries 2002-2004. 2006. In press.

## Fact Sheet: Youths at Risk

### [Increasing Awareness and Education of HIV and AIDS in the Region of Durham](#)

Under the Federal Initiative to Address HIV/AIDS in Canada (Federal Initiative), the Government of Canada is committed to developing, in concert with those affected or at risk, population-specific approaches to address HIV/AIDS.

While the reported incidence of HIV among young people (defined here as between 10 and 24 years), constitutes a very small proportion of the total number of HIV/AIDS cases in Canada, the data on risk behaviours, including sexual behaviour, substance abuse, and perceptions amongst youth, demonstrates the potential for HIV transmission. This increases significantly in the case of youth at risk. High-risk behaviours, such as unprotected sex, drug use, street involvement, and factors, including homelessness, mental illness, and sexual

abuse, place youth at higher risk. Gay youth are more vulnerable than their heterosexual peers; and Aboriginal youth are at greater risk than non-Aboriginal populations.

## What Are The Numbers?

- It was estimated that at the end of 2006, 729 youth had been diagnosed with AIDS, representing 3.5% of cumulative AIDS cases.
- Of these cases, in the age group 10-19, mode of transmission was as follows: Blood and blood products - 59.8%; Heterosexual contact/endemic - 13%; men who have sex with men (MSM) - 10.9%; injection drug use (IDU) - 8.7%; MSM/IDU - 4.3%; Other/perinatal - 3.3%
- In the age group 20-24 years, mode of transmission was as follows: MSM - 50.9%; Heterosexual contact/endemic - 21.1%; IDU - 11.8%; MSM/IDU - 9.8%; Blood/blood products 6.3%; Other - 0%
- At the end of 2006, there were 58,981 positive HIV cases with the following information about age reported to the Public Health Agency of Canada (PHAC) -- 868 (1.5%) were among youth aged 15-29 years, and 14,911 (25.3%) were aged 20-29.
- Compared to other age groups, the proportion of positive HIV tests attributed to females is highest among youth, with 40.9% of positive HIV reports being for females aged 15-29. Women in other age groups (30-39, 40-49, and over 50) account for approximately 18% - 31% of positive HIV test results.)<sup>1</sup>

## What Is The Federal Initiative Doing? For Example:

The Public Health Agency of Canada (PHAC) will be developing a Population-Specific HIV/AIDS Status Report for Youth at Risk to guide future policy, program and research priorities. The report will include up-to-date information on the population's demographic profile, the state of HIV infections, the factors that increase its vulnerability to HIV/AIDS, currently funded research, the lived experience of youth at risk affected by HIV/AIDS and will conclude with an analysis of the response. This report will be developed with the support of an external working group comprised of representatives of the population, the organizations involved in the response and the research community. The final report is expected to be released in 2010.

PHAC conducts a [national enhanced surveillance program of street-involved youth](#) and has released several reports containing overviews of available data and several *Quick Facts and Epi Updates*, which address specific issues relating to the street-involved youth population, including more in-depth analyses on STIs, substance use and associated sexual risk behaviours, as well as hepatitis C and injection drug use.<sup>2</sup>

Through its community programming, including the [AIDS Community Action Program](#) (ACAP), PHAC provides support for community-based organizations to deliver local prevention, care and support services to all people living with HIV/AIDS, including youth at risk, and those vulnerable to HIV infection.

The following are examples of projects and programs for youth at risk being supported through ACAP:

- Vancouver's Youth Community Outreach AIDS Society (YouthCO) operates *PEER (Promoting an Effective, Educational Response to) Youth and HIV/AIDS Program*, which delivers comprehensive HIV prevention targeting vulnerable youth through outreach, presentations and workshops. The program trains youth to be HIV/AIDS peer educators and builds capacity in youth-serving organizations to deliver effective HIV prevention/education.

- AIDS Calgary's *YouthXChange Program* addresses two specific needs of youth at risk. The first is to increase HIV/AIDS awareness among youth at risk by providing both information and the means required to reduce their risk of contracting HIV. The second focus is enhancing the quality of life of youth at risk through community-based HIV prevention initiatives, referrals, crisis counselling and problem-solving assistance.
- L'ANONYME (Unité d'intervention mobile l'Anonyme) delivers the program «*Hey fille mets tes culottes*». This is a healthy sexuality intervention targeting girls and vulnerable young mothers in the St-Michel area of Montréal, which incorporates a variety of innovative strategies to engage vulnerable youth, including training.

## References:

1. Public Health Agency of Canada HIV/AIDS Epi Updates November 2007
2. Public Health Agency of Canada, [Community Acquired Infections Division Reports on Street Youth in Canada](#)
3. Public Health Agency of Canada. HIV and AIDS in Canada. Selected Surveillance Tables to June 30, 2007. Surveillance and Risk Assessment Division, Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada, 2007.

## Fact sheet: Aboriginal Peoples

---

Under the Federal Initiative to Address HIV/AIDS in Canada (Federal Initiative), the Government of Canada is committed to developing, in concert with those affected or at risk, population-specific approaches to address HIV/AIDS.

Aboriginal peoples experience poorer health and socio-economic conditions than the general population in Canada. Epidemiological data also suggest that Aboriginal peoples are over-represented in the HIV epidemic and are being infected with HIV at a younger age than the non-Aboriginal population.

### What Are The Numbers?

- According to the 2006 census, approximately 3.8% of Canada's 31.2 million people self-identify as Aboriginal, a term which includes First Nations, Inuit and Métis people<sup>1</sup>.
- Aboriginal peoples represented about 7.5% of all persons living with HIV in Canada at the end of 2005 and approximately 9% of new HIV infections in Canada in 2005<sup>2</sup>.
- Aboriginal peoples comprised 24.4% of reported AIDS cases that noted ethnicity\* in 2006<sup>3</sup>
- In 2006, 50% of reported AIDS cases among Aboriginal peoples were Aboriginal women<sup>4</sup>.
- Among surveillance reports with ethnicity information noted\*, injection drug use accounted for 40% of reported AIDS cases associated with Aboriginal peoples over 1979 to 2006 and 58.8% of HIV-positive test reports obtained over 1998 to 2006<sup>4</sup>.

\* Information on ethnicity is not available for all provinces and territories. Ethnicity information was reported for 79.1% of all AIDS cases reported between 1979 and December 31, 2006, while this information was reported for 29.2% of HIV-positive test reports from 1998 to the end of 2006.

## What Is The Federal Initiative Doing? For Example:

The Public Health Agency of Canada (PHAC) is developing a Population-Specific HIV/AIDS Status Report for Aboriginal Peoples to guide future policy, program and research priorities. The report will include up-to-date information on the population's demographic profile, the state of HIV infections, the factors that increase its vulnerability to HIV/AIDS, currently funded research, the lived experience of Aboriginal peoples affected by HIV/AIDS and will conclude with an analysis of the response. This report is being developed with the support of an external working group comprised of representatives of the population, organizations involved in the response and the research community. The final report is expected to be released in 2009.

The National Aboriginal Council on HIV/AIDS (NACHA) is an advisory committee to PHAC and Health Canada ensuring that the HIV-related needs of First Nations, Inuit and Métis are met. In September 2007, NACHA held its first national policy forum in Montreal. The forum focused on issues specific to First Nations, Inuit and Métis, as well as discussions on the social determinants of health, the challenges related to HIV programming in northern and rural Aboriginal communities, and strategies for increasing HIV testing among Aboriginal populations.

PHAC is working with representatives from Aboriginal community groups and others to develop A-Track -- a second-generation HIV/AIDS surveillance system among Aboriginal peoples. This surveillance system is being designed to collect self-reported information over time on HIV-related risk behaviours, HIV testing history, attitudes toward and access to health care services, as well as knowledge of HIV. To date, two sites have been identified as pilot projects for data collection.

Health Canada's First Nations and Inuit Health Branch (FNIHB) supports initiatives to increase knowledge and awareness of HIV/AIDS among FNIHB health staff, youth aged 10-30 years, women, and community leaders on-reserve. FNIHB has worked to build partnerships at the national, regional and community levels to achieve a coordinated response to HIV/AIDS. Community capacity to respond to HIV/AIDS has been enhanced through awareness building, access to prevention, care and treatment, and supportive social environments for those living with, or at risk of, HIV/AIDS.

PHAC provides support for community-based organizations to deliver local prevention, care and support services to Aboriginal peoples living with HIV/AIDS and those vulnerable to HIV infection through its community programming, including the [Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund](#), the [Specific Populations HIV/AIDS Initiative Fund](#) and the [AIDS Community Action Program](#).

The following are examples of projects and programs for Aboriginal peoples being supported through these funding programs:

- The Canadian Aboriginal AIDS Network is utilizing social marketing principles to increase levels of awareness and knowledge of HIV/AIDS among Aboriginal leadership through its program *Fostering Community Leadership to End HIV/AIDS Stigma and Discrimination* with the aim of creating community environments that are more conducive to establishing effective HIV/AIDS programming for Aboriginal peoples (funded by PHAC).
- Pauktuutit Inuit Women of Canada's project *Ajjigijaunningittuq: Addressing the HIV Needs of Inuit in Urban Centres* aims to improve the quality of life of Inuit infected with, or affected by, HIV in urban centres by improving access to Inuit-centred prevention, diagnosis, care, treatment and support provided by AIDS service organizations, as well as other health, medical and/or social service providers (funded by PHAC).
- Positive Living North delivers *The Choice is Yours: Interactive, Targeted HIV/AIDS Education*, a comprehensive strategy to prevent the spread of HIV within Aboriginal and

other vulnerable populations in the city of Prince George and northern British Columbia. Working in partnership with the Public Health Unit and other stakeholders, the program offers HIV awareness and prevention workshops tailored to the needs of participants whose behaviour puts them at high risk for HIV infection (funded by PHAC).

- A First Nations community in Saskatchewan is working in partnership with other community and regional First Nations agencies to provide a Holistic Youth Wellness Program (*Proud to be Me*) that combines education, physical activity, and mental/spiritual wellness to promote self-esteem and strengthen decision making and support youth in making healthy, informed choices (funded by Health Canada).
- Under its *Harm Reduction Project*, the Native Women's Shelter of Montreal has made arrangements to increase access to HIV testing for clients, created a support group for Aboriginal women living with HIV, facilitated access to therapy and traditional ceremonies for Aboriginal women living with HIV, and developed a resource booklet on services for Aboriginal women in Montreal (funded by PHAC).

## References:

1. Statistics Canada, 2006 Census of Population, catalogue no. 97-558-XCB2006006.
2. Boulos D, Yan P, Schanzer D, Remis RS and Archibald C. Estimates of HIV prevalence and incidence in Canada, 2005. *Canada Communicable Disease Report* 2006; 32(15): 165-174.
3. Public Health Agency of Canada. HIV and AIDS in Canada. Surveillance Report to December 31, 2006. Surveillance and Risk Assessment Division, Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada, 2007.
4. Public Health Agency of Canada. HIV/AIDS Epi Updates, 2007. Surveillance and Risk Assessment Division, Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada, 2007.

## Fact Sheet: Women

---

Under the Federal Initiative to Address HIV/AIDS in Canada (Federal Initiative), the Government of Canada is committed to developing, in concert with those affected or at risk, population-specific approaches to address HIV/AIDS.

Women account for a growing proportion of positive HIV test reports. Among women (15 years and older), the primary exposure categories associated with newly diagnosed HIV infection are heterosexual contact and intravenous drug use (IDU).

### What Are The Numbers?

- Up to the end of 2006, a total of 1,866 AIDS cases and 9,569 HIV infections were reported in adult women<sup>1</sup>.
- It was estimated that at the end of 2005, women accounted for about 20% of individuals living with HIV (including AIDS)<sup>2</sup>.
- In 2006, women accounted for approximately 28% of positive HIV test reports<sup>1</sup>.
- In 2006, 71.2% of the positive HIV test reports among adult women were in women between the ages of 15 and 39 years<sup>1</sup>.



- In 2006, women represented 63.8% of all test reports in the 15-19 years age group<sup>1</sup>.
- Women were estimated to account for 27% of all new HIV infections in 2005, an increase from 24% estimated for 2002<sup>2</sup>.
- In 2006, the proportion of infants born to HIV positive women that were confirmed to be HIV infected by perinatal transmission had decreased to 2.6%, from 26.8% in 1995<sup>1</sup>

## What Is The Federal Initiative Doing? For Example:

The Public Health Agency of Canada (PHAC) is developing a Population-Specific HIV/AIDS Status Report for Women to guide future policy, program and research priorities. The report will include up-to-date information on the population's demographic profile, the state of HIV infections, the factors that increase its vulnerability to HIV/AIDS, currently funded research, the lived experience of women affected by HIV/AIDS and will conclude with an analysis of the response. This report is being developed with the support of an external working group comprised of representatives of the population, the organizations involved in the response and the research community. The final report is expected to be released in 2009.

Through its community programming, including the [AIDS Community Action Program](#) (ACAP), PHAC provides support for community-based organizations to deliver local prevention, care and support services to all people living with HIV/AIDS and those vulnerable to HIV infection, including women.

The following are examples of projects and programs for women being supported through ACAP:

- Through its *Support Program for HIV Positive Women*, British Columbia's Positive Women's Network Society (PWNS) is providing gender-specific professional and peer support interventions to improve access to health care and other services for HIV-positive women. As a leader in addressing the complex psychological needs of HIV-positive women facing stigma, discrimination and marginalization, PWNS is decreasing social isolation and empowering participants to more readily obtain the resources and services they require.
- Through a community-based volunteer-driven approach, the Khali Shiva AIDS Society of Saskatchewan strives to provide HIV-positive women with non-medical supports to empower them to take responsibility for their own health and social welfare. *Positive Women Communicating for Change* provides access to self-care activities, such as sweats and sharing circles with an elder, computer training and conflict management training. The project provides women with employment opportunities to run a drop-in facility serving the homeless population. The project uses a peer model approach to help build capacity for accessing treatment to newly diagnosed HIV-positive women.
- The AIDS Coalition of Nova Scotia (ACNS) is offering its *Community HIV/AIDS Sex Worker Leadership Program*, where sex workers come together to create resources and materials that address the risk of HIV transmission for this community. The ACNS also offers the *Women's Prevention Trainer Program* in partnership with community organizations that work with women.

## References:

1. HIV and AIDS in Canada. Surveillance report to December 31, 2006. Surveillance and Risk Assessment Division, Centre for Communicable Disease and Infection Control, Public Health Agency of Canada, 2007.
2. Boulos D, Yan P, Schanzer D, Remis RS and Archibald C. Estimates of HIV prevalence and incidence in Canada, 2005. Canada Communicable Disease Report 2006; 32(15) :

## Fact Sheet: People from Countries Where HIV/AIDS is Endemic

---

Under the Federal Initiative to Address HIV/AIDS in Canada (Federal Initiative), the Government of Canada is committed to developing, in concert with those affected or at risk, population-specific approaches to address HIV/AIDS.

HIV-endemic countries are defined as those having an adult incidence (ages 15-49) of HIV that is 1.0% of the population or greater and one of the following:

- 50% or more of HIV cases are attributed to heterosexual transmission;
- Male-to-female ratio of 2:1 or less; or
- HIV incidence among women receiving prenatal care is greater than 2%.<sup>1</sup>

### What Are The Numbers?

- For the period 2001-2006, 7.9% of immigrants to Canada originated from a country where HIV is endemic.<sup>2</sup>
- Of the HIV-positive test reports from 1998 to the end of 2006 that were attributed to individuals from countries where HIV is endemic, almost 80% were under the age of 40 years.<sup>1</sup>
- In 2006, 8.3% of new HIV-positive tests reports were attributed to individuals who were from countries where HIV is endemic.<sup>3</sup>
- The proportion of positive adult HIV test reports attributed to heterosexual individuals who were born in a country where HIV is endemic increased from 6% in 2001 to 7.7% in 2003 and more recently to 8.3% in 2006.<sup>3</sup>
- Between 1998 and 2006, women represented 54% of HIV-positive test reports among the HIV endemic category and 42% of AIDS cases during the same time period.<sup>1</sup>
- An estimated 12% of individuals living with HIV/AIDS in Canada at the end of 2005 and approximately 16% of new HIV infections in Canada in 2005 were attributed to heterosexual individuals who did not inject drugs and were born in a country where HIV is endemic.<sup>4</sup>

### What Is The Federal Initiative Doing? For Example:

The Public Health Agency of Canada (PHAC) is developing a Population-Specific HIV/AIDS Status Report for People from Countries where HIV is Endemic to guide future policy, program and research priorities. The report will include up-to-date information on the population's demographic profile, the state of HIV infections, the factors that increase vulnerability to HIV/AIDS, currently funded research, the lived experience of people affected by HIV/AIDS and will conclude with an analysis of the response. This report is being developed with the support of an external working group comprised of representatives of the population, organizations involved in the response and the research community. The final report is expected to be released in 2008.

To gather more detailed information on HIV-associated risk behaviours, HIV testing and exposure to certain intervention programs among individuals within ethnocultural populations in Canada and particularly among people from countries where HIV is endemic, PHAC is developing E-Track, a second-generation HIV surveillance system. It is hoped that the information collected with this system will enable a better understanding of the dynamics of HIV transmission and the potential areas for prevention programs among this vulnerable population. The initial E-Track pilot site is currently underway in Montreal. The implementation of this system is achieved through collaboration with provincial, regional, and local health authorities, community-based organizations, and researchers.

Through its community programming, including the [AIDS Community Action Program \(ACAP\)](#), PHAC provides support for community-based organizations to deliver prevention, care and support services to all people living with HIV/AIDS and those vulnerable to HIV infection, including people from countries where HIV is endemic.

The following are just a few examples of projects and programs for people from countries where HIV is endemic being supported through ACAP:

- Through Improving Access to Services by Immigrant and Refugee Communities in Winnipeg and Brandon Regions, Sexuality Education Resource Centre Manitoba, Inc. increases knowledge, awareness and access to HIV/AIDS prevention, care, and treatment and support services for immigrant and refugee communities and provides culturally sensitive resources.
- The Toronto Francophone Centre's project Ubuntu / Komipesa / Angajmant Kominoté / Engagement communautaire aims to increase HIV/AIDS and associated risk factors awareness among francophones from HIV/AIDS-endemic countries living in Toronto, aged 19 and over. The project also seeks to increase participants' understanding of the HIV testing process.
- In Montreal, the Groupe d'Action pour la Prévention de la transmission du VIH et l'éradication du Sida(GAP-VIES) is assisting people living with HIV/AIDS of Haitian or African origin through the various steps involved in seeking employment, and re-entering the labour force, including dealing with social integration, family, health and financial issues.

## References:

1. Public Health Agency of Canada. HIV/AIDS Epi Updates, 2007. Surveillance and Risk Assessment Division, Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada, 2007.
2. Statistics Canada, 2006 Census of Population, catalogue no 97-557-XCB2006007.
3. Public Health Agency of Canada. HIV and AIDS in Canada. Surveillance Report to December 31, 2006. Surveillance and Risk Assessment Division, Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada, 2007.
4. Boulos D, Yan P, Schanzer D, Remis RS and Archibald C. Estimates of HIV prevalence and incidence in Canada, 2005. Canada Communicable Disease Report 2006; 32(15) : 165-174.

Date Modified: 2012-03-15