# MANITOBA HIV REPORT 2015

The Manitoba HIV Program provides information, specialized care, treatment, and support to approximately 1,250 people living with HIV across the province. The Program has two Winnipeg-based sites: Nine Circles Community Health Centre and the Health Sciences Centre outpatient clinic. In the first quarter of each calendar year, chart audits are conducted for all clients who entered into care in the previous year.

# **HIGHLIGHTS**



### Transmission dynamics continue to change year to year

- For the first time since the start of the Manitoba HIV Program in 2007, same-sex sexual contact between men (i.e. MSM) was the most commonly reported exposure category among clients entering into care in 2015. 39% of new clients reported MSM as their primary exposure category.
- The consistently disproportionate representation of Indigenous populations (23%) and African/African-Canadian/Caribbean populations (23%) among new clients reinforces the need to closely examine and address broader social and structural factors that create and perpetuate these inequities. This should include ensuring that all the broader health needs of these populations are being met.
- Despite increases in rates of HIV infection attributed to injection drug use in neighbouring provinces,

  Manitoba has not experienced such an increase. This may be attributed in part to continued provincial, regional and community efforts to expand clean needle distribution across the province.



### Late diagnosis and presentation to care remain a concern

In 2015, 30% of people entered into care with CD4 counts below 200, meaning they were often very sick. Late diagnosis and delaying the start of HIV medications also increases the chance of a person transmitting HIV to sexual and injecting partners.



### Limited access to care outside Winnipeg creates challenges

More people living outside of the WRHA presented to HIV care with low CD4 counts (36% outside the WRHA vs. 29% inside the WRHA) and fewer had achieved viral suppression at the time of audit (55% outside the WRHA vs. 71% inside the WRHA).

# **FAST FACTS**

- people entered into care with the Manitoba HIV Program in 2015, up from 87 in 2014.
- 74% were newly diagnosed with HIV
- female clients entered into care in 2015.

  Manitoba continues to have one of the largest proportions of women living with HIV, compared to men, in Canada.

## **HIV RISK FACTORS**



39% MSM



21% HIV-endemic Country

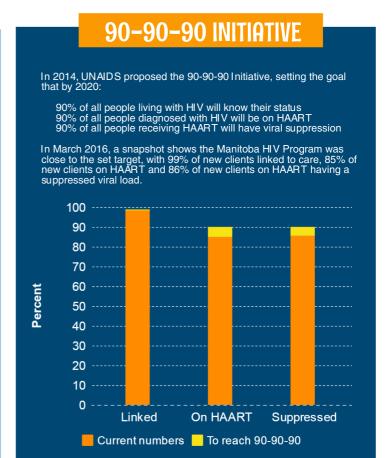


33% Heterosexual



8% Injection Drug Use

# ETHNICITY 8 9 4 23 Caucasian (38%) Indigenous (23%) African/Caribbean/Black (23%) Asian (9%) Other\* (8%) \*The HIV Program will be strengthening its analysis in the "other" category for future reports. If you have questions, please contact the program for more information.



# **RECOMMENDATIONS**

The Manitoba HIV Program encourages routine HIV testing in all health care settings. We recommend that health care providers know the HIV status of all patients under their care, and that all individuals know their own HIV status by getting tested regularly.



People aged 18-70 years should be tested every 5 years.



People aged 18-70 years who belong to populations with a higher burden of HIV infection should be should be tested every year.



People older than 70 years of age should be tested once if HIV status is unknown.



People should also be tested whenever they: identify a risk for HIV acquisition, are pregnant, and are testing for or diagnosed with another STI, Hepatitis C/B, or tuberculosis.

The MB HIV Program endorses the 2014 recommendations in the HIV Testing Guidelines for the Province of BC: bit.ly/BCHIVGuide

