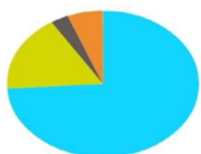
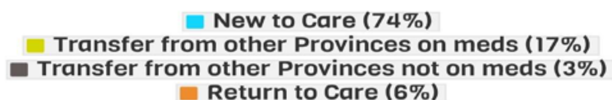
Manitoba HIV Program Update 2012

In 2012 the Manitoba HIV Program admitted 76 new patients. Of this 76, 56 were completely new to care, 5 were returning to care after a gap in treatment, and 15 were transfers from other programs.

Quick Facts: The Numbers

New to Care: Patient Status, 2012 (N =76)





Risk factors, 2012 (N =56)

*MSM= Men Who Have Sex With Men
*PWID = People Who Inject Drugs
*HIV-endemic countries" are generally defined as those that have an adult prevalence (ages 15-49) of HIV that is 1.0% or greater and one of the following: 50% or more of HIV cases attributed to heterosexual transmission; a male to female ratio of 2:1 or less among prevalent infections; or HIV prevalence greater than or equal to 2% among women receiving prenatal care. 12% of individuals new to care with the Manitoba HIV Program in 2012 contracted HIV in HIV-endemic countries.

For those individuals new to HIV care, 77% were tested within the Winnipeg Health Region, 9% were tested in the Northern Region, 5% tested outside of Canada, 4% were tested in Prairie Mountain Region, 4% tested outside of Manitoba (but within Canada), and 2% (1 person) tested in the Interlake Region. Although the majority of new cases were diagnosed within the Winnipeg Health Region, HIV remains a provincial issue.

IMPACT ON KEY POPULATIONS

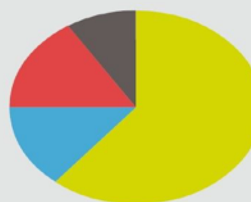
Over-representation of Aboriginal people in New Cases

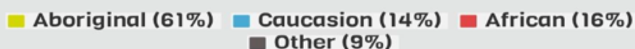
Aboriginal people are dramatically over-represented in new HIV infections in Manitoba and across the country. In Manitoba, we've seen evidence of this troubling trend since 2009.

2009 43%

2012 61%

Ethnicity of New to care Patients (N= 56)





*Aboriginal includes First Nations, Inuit & Métis.

Ongoing Impact on MSM

Across Canada, Men who have sex with men (MSM) are disproportionately affected by HIV. Although heterosexual contact is the leading risk factor in Manitoba, infection rates amongst MSM in our province have not decreased. MSM continue to account for a significant portion of new HIV diagnoses.

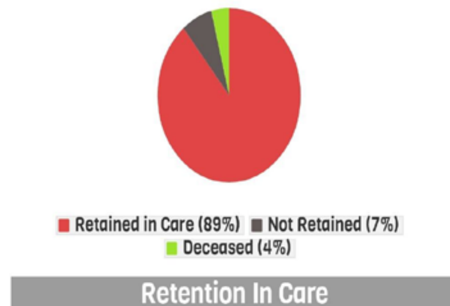
Find. Link. Retain.

The goal of the Manitoba HIV Program is to find people living with HIV, establish links to care and ensure that individuals are retained in care. 75%, (N=41), of the Manitoba HIV Program's 2012 new to care patients were on HIV treatment (HAART or Highly Active Antiretroviral Therapy) as of March 2013. Moreover, 89% of those new to care were retained in care.

Links to Care

Retained:
Tested, diagnosed and engaged with Care. Attended at least 3 visits within 6 months, including two labs.

Not Retained:
Aware of HIV infection but not receiving care or intermittently accessing care.



Retention In Care

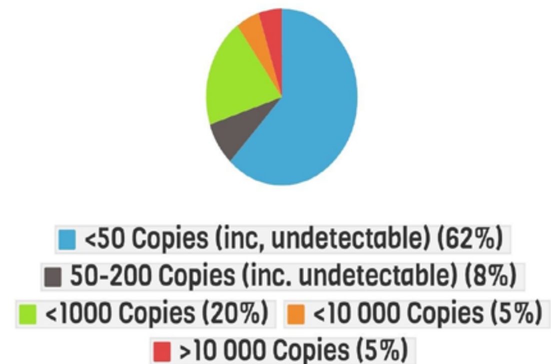
Retention is an integral component of the HIV treatment cascade. After HIV diagnosis, prompt linkage and subsequent retention in care are essential in supporting treatment. The goal of treatment is to achieve optimal health and viral suppression. In addition to improved individual health outcomes, retention in care has implications at a population level by supporting wide scale prevention initiatives.

Along with early diagnosis, retention in care is integral to increase the number of Manitobans living with HIV who are able to maintain suppressed viral loads.The high rate of retention in Manitoba HIV Programs is impressive; a recent meta-analysis has documented that only 59% of people living with HIV in the United States are retained in care. The success of the Manitoba HIV Program in retaining people to care is credited to inter-professional team work and collaboration.

Viral Load Suppression amongst New to Care patients in Manitoba

The primary goal of HIV treatment is the suppression of viral load, preferably to a level where the virus is considered "undetectable." A reduction in viral load is critical for individual health and leads to a dramatic reduction in morbidity and mortality among individuals living with HIV. As well, successful viral suppression has recently been documented as a successful strategy to prevent HIV transmission to others.

51 of new to care patients had a repeat viral load test during the period of data collection (January 2012 to March 2013). The mean viral load at intake was 266,814 copies/mL. At the point of data-collection, the mean viral load was 12,781 copies/mL. 78% ,(N=40), of those new to care were on medications and were further analyzed to assess effectiveness of viral suppression. Viral suppression was achieved in 62% of those new to care (<50 copies/mL) and 70% of the cohort had viral loads less than 200 copies/mL at follow-up.



2012 Viral Load at Follow up

What are the numbers telling us?

Over-Representation of Aboriginal People

The over-representation of Aboriginal people amongst those new to HIV care has been a steadily increasing trend documented by the Manitoba HIV Program since 2009. Given that Aboriginal people account for 16.7% of Manitoba's population, this over-representation is a grave concern for the Manitoba HIV Program.

Heterosexual contact was the predominant risk factor for Aboriginal people new to HIV care (73% men, 75% women). Of note, 25% of Aboriginal women new to HIV care in Manitoba reported injection drug use as a risk of HIV transmission. People Who Inject Drugs (PWID) accounted for 11% of the risk factor for Aboriginal men and men having sex with men (MSM) was a risk factor for 17%

Late Presentation to Care

Early HIV diagnosis has important outcomes at both an individual and population level. Earlier HIV diagnosis allows individuals to access treatment and care and decreases rates of HIV-related morbidity and mortality. It can also decrease the risk of HIV transmission by decreasing an individual's viral load and infectivity.

The Manitoba HIV Program has documented ongoing concerns regarding ongoing late presentation to care for Manitobans living with HIV. In 2012, the trend of late presentation continued, with 66% of Manitobans new to HIV care diagnosed with CD4 counts less than 350 cells/mm3 and 41% presenting with CD4 counts less than 200 cells/mm3. In 2012, 29% of patients new to care with the Manitoba HIV Program presented with opportunistic infections. Delayed HIV diagnosis and late presentation to care remain pressing concerns for the Manitoba HIV Program.

Lend your Voice

WHAT SHOULD YOU BE CONCERNED ABOUT?

Province-Wide HIV care

HIV care in Manitoba is largely Winnipeg-centric; many patients must travel to access specialised care. Join us in advocating for increased funding to establish strong links and programs across the province.

Late Presentation

Delayed HIV diagnosis leads to increased risk of opportunistic infections and complicated care. In 2012, 66% of all newly diagnosed in Manitoba presented late. Early testing leads to better outcomes. Get tested, get Treatment.

Limited access to Rapid HIV Tests

A lack of accountability in making Point-Of-Care-Tests (POCT) or rapid HIV tests widely available in Manitoba, contributes to missed opportunities in HIV prevention efforts. Join us in challenging our government to show leadership in this area and make rapid HIV tests accessible.

Support our work: Donate!

By donating to the Manitoba HIV Program you are supporting life changin programs for people living with HIV. Help us to keep providing these services by donating today.