

Program Update for Indigenous AIDS Awareness Week and World AIDS Day: December 2024

The Manitoba (MB) HIV Program provides information, specialized care, treatment and support to over 2,300 people living with HIV across MB.

This report provides an update on HIV epidemiology in MB, as well as MB HIV Program progress on the HIV cascade of care, and HIV treatment initiatives to curb transmission rates in the province.

New diagnoses of HIV are rapidly increasing in MB

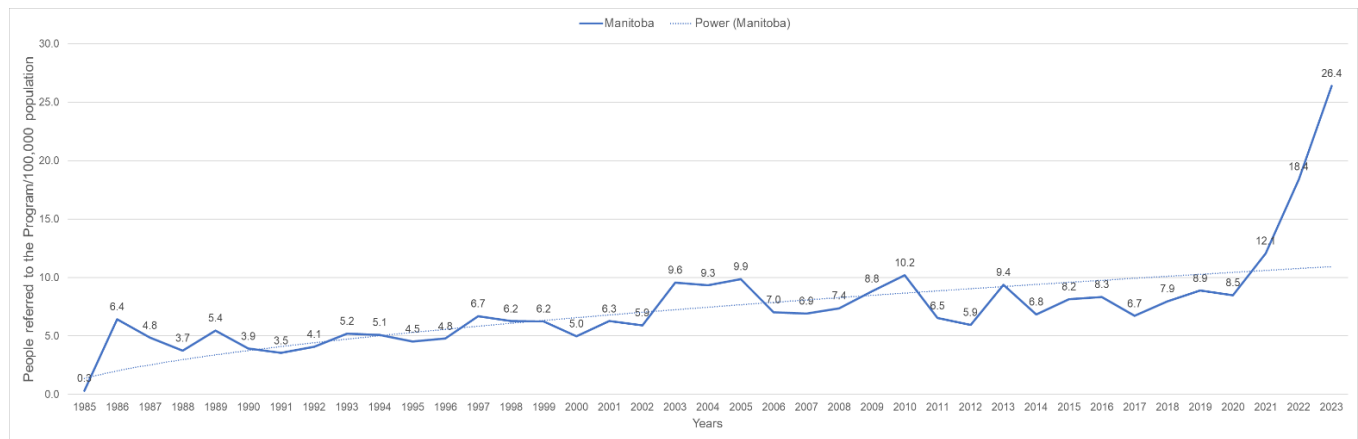


Figure 1. Incidence of HIV in MB, 1985 to 2023

- The incidence of people newly diagnosed with HIV has increased yearly from 1985 to 2023 (Figure 1), but a sharp increase in new diagnoses was seen over the last three years.ⁱⁱⁱ
- Between 2021 and 2023, there was a 130% increase in the number of people newly diagnosed with HIV and referred to the MB HIV Program (Table 1).
- In 2023, the incidence of HIV in MB (26.4 HIV diagnoses/100,000 people) was over five times higher than the incidence of HIV in Canada in 2022 (4.7 HIV diagnoses/100,000 people).ⁱⁱⁱⁱ

Table 1. Number of people newly diagnosed with HIV and referred to the MB HIV Program, 2021 – 2024

Year	Number of people diagnosed with HIV and referred to the MB HIV Program
2021	169
2022	256
2023	388
Jan 1st, 2024 - Oct 31st, 2024	>300

People living with HIV, especially females, are disproportionately experiencing houselessness, mental illness and injection drug use

For all people diagnosed with HIV and referred to the MB HIV Program (N = 404) between 2018-2021:ⁱ

- **Heterosexual sex (63.6%) and injection drug use (56.2%) were the most common modes of HIV acquisition**, followed by sexual activity among gay, bisexual and other men who have sex with men (11.1%).
- **Most people had other complex health conditions.** Over 80% of people had at least one other health condition at entry into care. The most common conditions were sexually transmitted and blood-borne infections (53.2%) and mental health (40.3%).
- **Many people experienced houselessness.** Nearly half of all females and 28.7% of males experienced houselessness.
- **Indigenous Peoples, especially females, were disproportionately affected.** Among all females referred to the MB HIV Program, 85.1% of them self-identified as Indigenous, and among all males referred, 68.6% self-identified as Indigenous.

The HIV cascade of care in MB: Innovative and meaningful efforts are needed to successfully retain people living with HIV in care

With advances in modern-day HIV treatment - antiretroviral therapy (ART) - HIV has evolved into a manageable chronic health condition. Two fundamental goals of HIV care are to link people to ART and support them to reach and sustain an undetectable viral load. This optimizes health for people living with HIV and eliminates onward sexual transmission in the community.

People living with HIV who have undetectable viral loads do not sexually transmit HIV. This concept is known as “U=U” or “Undetectable = Untransmittable.” At a population level, maximizing ART uptake for HIV has been shown to prevent the transmission of HIV and decrease the incidence of new HIV diagnoses. This concept is referred to as “Treatment as Prevention” or “TasP.”

The HIV cascade of care provides a framework to measure successes and gaps in the delivery of clinical care to people living with HIV. Steps in the HIV care cascade include counting how many people are: 1) diagnosed with HIV, 2) linked to HIV care, 3) on HIV treatment, and 4) achieving a suppressed viral load. Highlights from the MB HIV Program cascade of care include (Figure 2):

- A total of 2,301 people have been diagnosed with HIV and referred to the MB HIV Program as of Nov. 8, 2024.
- Many people diagnosed with HIV are linked to HIV care, but are not then successfully retained in HIV care (see Figure 2).
- There are 151 people referred to the MB HIV Program who have not been successfully linked to HIV care.
- Only 66% of people referred to the MB HIV Program have a suppressed viral load.

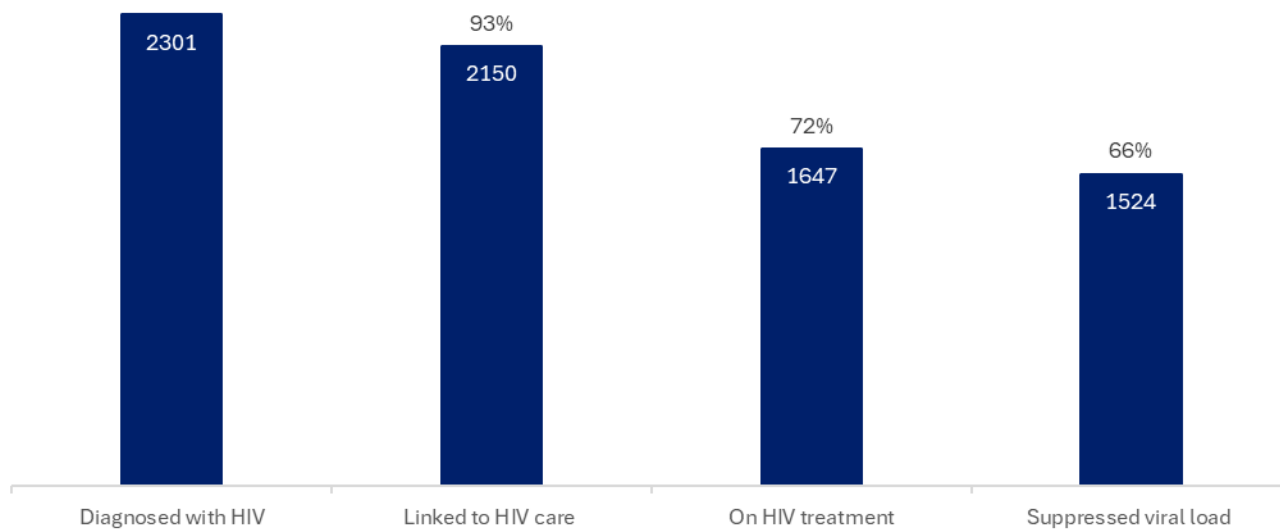


Figure 2. HIV cascade of care for all people referred to the MB HIV Program to Nov. 8, 2024 (N = 2,301)*

**Diagnosed with HIV: Number of people diagnosed with HIV and referred to the MB HIV Program ever as of Nov. 8, 2024. Does not include people who are deceased and people who have moved out of province. Includes people transferred and returned to MB HIV Program from out of province; Linked to HIV care: Among all people diagnosed with HIV and referred to the MB HIV Program ever, the number of people who as of Nov. 8, 2024, have at least one a) record of ART dispensation in MB, AND b) viral load test result in MB; On HIV treatment: Among all people diagnosed with HIV and referred to the MB HIV Program ever, the number of people who as of Nov. 8, 2024, have: a) a record of ART dispensation in MB in the last 6 months, AND b) more than one viral load test result in MB with at least one being in the last 6 months OR an undetectable viral load test result in the last 12 months; Suppressed viral load: Among all people who are “on HIV treatment,” the number of people whose most recent viral load test result as of Nov. 8, 2024 is >200 copies/ml.*

MB HIV Program develops and launches innovative program to improve linking and retaining people living with HIV into care

In July 2024, the MB HIV Program launched the “Program to Access Treatment for HIV and Support” (PATHS). PATHS delivers comprehensive services and offers intensive case management to people living with HIV who are not linked to or retained in HIV care. Service is offered in non-traditional settings such as community spaces, agencies and drop-ins, shelters, encampments, residences, correctional settings, withdrawal management centers, hotels, parks and streets. The goal of the program is to:

- Provide wrap-around care with psychosocial supports to people living with HIV,
- Offer and link to Indigenous led and culturally safe care,
- Support people living with HIV to access and adhere to HIV treatment medication, and
- Support people living with HIV to transition to long term primary care services.

Among 148 people who have been referred to PATHS in Winnipeg and Brandon, Table 2 shows the number and percentage of people who are being supported by PATHS and their HIV care outcomes.

Table 2. Outcomes for people living with HIV referred to PATHS as of Nov. 8, 2024 (N = 148)

	Number of people (%)
Supported by PATHS	47/148 (32%)
On HIV treatment	36/47 (77%)
Suppressed viral load	23/47 (49%)

In only the first few months of operating, PATHS has demonstrated significant success in linking people to HIV care and supporting them to achieve viral suppression, with over 75% of PATHS clients on HIV treatment, and nearly half of PATHS clients achieving viral suppression (Figure 3).

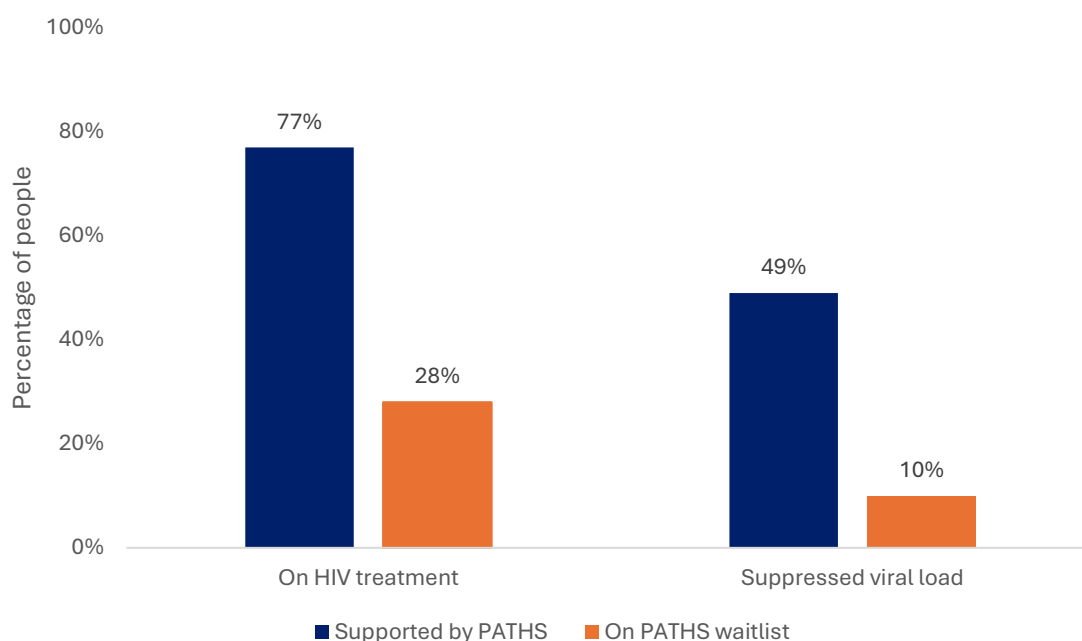


Figure 3. HIV care outcomes among people living with HIV supported by PATHS (N = 47) compared to people living with HIV on the PATHS waitlist (N = 101)

The MB HIV Program is expanding options to access HIV care for people living with HIV in Northern MB and Winnipeg

People newly diagnosed and living with HIV can now receive HIV care and primary care at the Thompson Clinic in Thompson, MB as well as at the Aboriginal Health and Wellness Centre in Winnipeg. This expands the Program’s capacity for HIV care from three (Health Sciences Centre, Nine Circles Community Health Centre and 7th Street Health Access Centre) to five provincial HIV care sites. The MB HIV Program will continue to work to improve access to HIV care as well as support and enhance the role of primary care providers in the care of people living with HIV.

HIV medications are now free for Manitobans

Until recently, people living with HIV were required to meet their Pharmacare deductible before HIV medications were covered by the province (unless they had drug coverage through Employment and Income Assistance or the Non-Insured Health Benefits program). This was cost prohibitive for many people living with HIV and a barrier to HIV care.

In June 2024, Manitoba Health, Seniors and Long-Term Care expanded coverage for HIV medications. The Manitoba HIV Medications Program (MHMP) now covers most medications used for the prevention and treatment of HIV, including:

- pre-exposure prophylaxis (PrEP) for people at ongoing high risk of acquiring HIV,
- post-exposure prophylaxis (PEP) for people who may have been exposed to HIV, and
- ART for people living with HIV

For more information about eligibility and coverage of HIV medications, visit:

<https://www.gov.mb.ca/health/publichealth/cdc/sti/hiv-faq.html>

ⁱ Sharp, A. et al. Sex differences in houselessness, injection drug use, and mental health conditions among people newly diagnosed with HIV in Manitoba, Canada from 2018 to 2021: a retrospective cohort study. *The Lancet Regional Health – Americas*, 2024;36: 100805.

ⁱⁱ MB HIV Program statistical report on number of referrals to the MB HIV Program, 2022-2023.

ⁱⁱⁱ Public Health Agency of Canada (2022). Estimates of HIV incidence, prevalence and Canada's progress on meeting the 90-90-90 HIV targets, 2020.

<https://www.canada.ca/en/publichealth/services/publications/diseases-conditions/estimates-hiv-incidence-prevalence-canadameeting-90-90-90-targets-2020.html>