

# MANITOBA HIV REPORT 2017

The Manitoba HIV Program provides information, specialized care, treatment, and support to approximately 1,318 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, and one Brandon-based site: 7th Street Access Centre. In the first quarter of each calendar year, chart audits are conducted for all clients who entered into care in the previous year.

## HIGHLIGHTS



### High rates of success among people entering care with the Manitoba HIV Program

Although delayed diagnosis and late presentation to care continue to be areas of concern for the Program, overall, once diagnosed and linked to the Program, Manitobans are doing well. Most individuals remained engaged in care for their first year and a large majority of new clients in 2017 had a suppressed viral load by the time of audit, regardless of their treatment status at entry into the program.



### Experiences of stigma and discrimination continue for people living with HIV

People living with HIV in Manitoba continue to experience stigma and discrimination because of their HIV status. Exclusion from family and social activities, verbal and physical harassment or assault, and denial of work opportunities and health services continue to be a reality for people living with HIV in Manitoba.



### HIV testing must be normalized and offered routinely in Manitoba

Late presentation to care is associated with poorer long and short-term health outcomes for people living with HIV and is associated with increased costs to the health care system. Health care providers routinely offering HIV testing is one step that can be taken to reduce the burden of late HIV diagnosis and late presentation to care. Normalizing HIV testing also reduces stigma associated with HIV and makes it more likely that HIV will be diagnosed during its early acute phase.



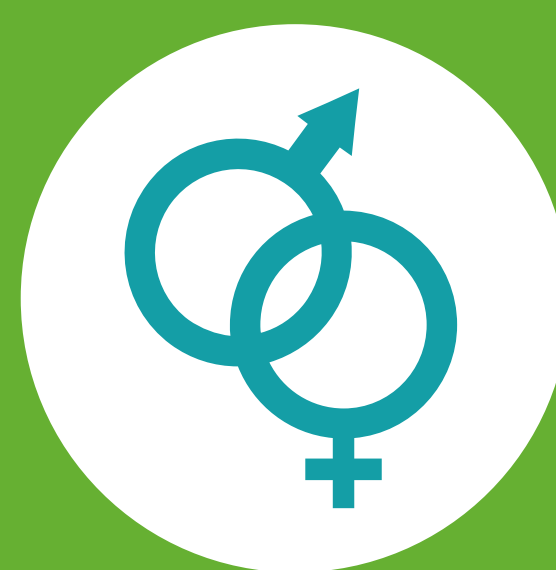
### HIV remains a disease of social exclusion in Manitoba

In 2017, as in previous years, the Manitoba HIV Program has seen a disproportionate number of Indigenous and African/Caribbean/black (ACB)-identifying individuals enter into HIV care. Arguably, these disparities are intrinsically linked with a variety of determinants of health that increase vulnerability for poor health outcomes. As a member of the Manitoba HIV/STBBI Collective Impact Network, the Manitoba HIV Program continues to foster relationships to address these complex issues as part of a coordinated, comprehensive response.

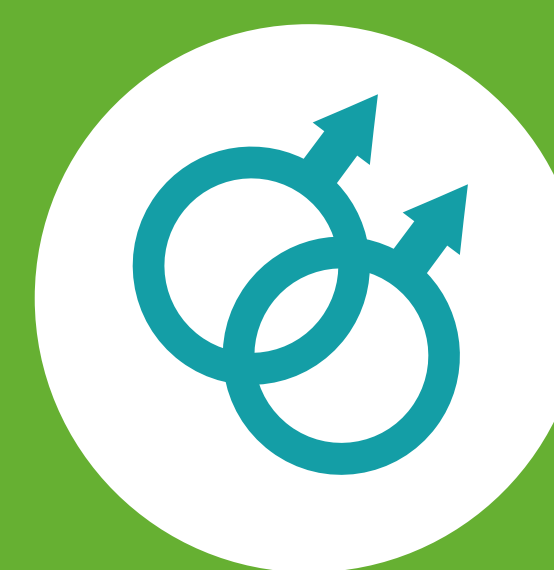
## FAST FACTS

- 95 number of people who entered into care in 2017
- 67% percentage who were newly diagnosed with HIV
- 40 average age at intake
- 66% identified as male
- 34% identified as female

## EXPOSURE CATEGORIES in MANITOBA\*



46% Heterosexual sex



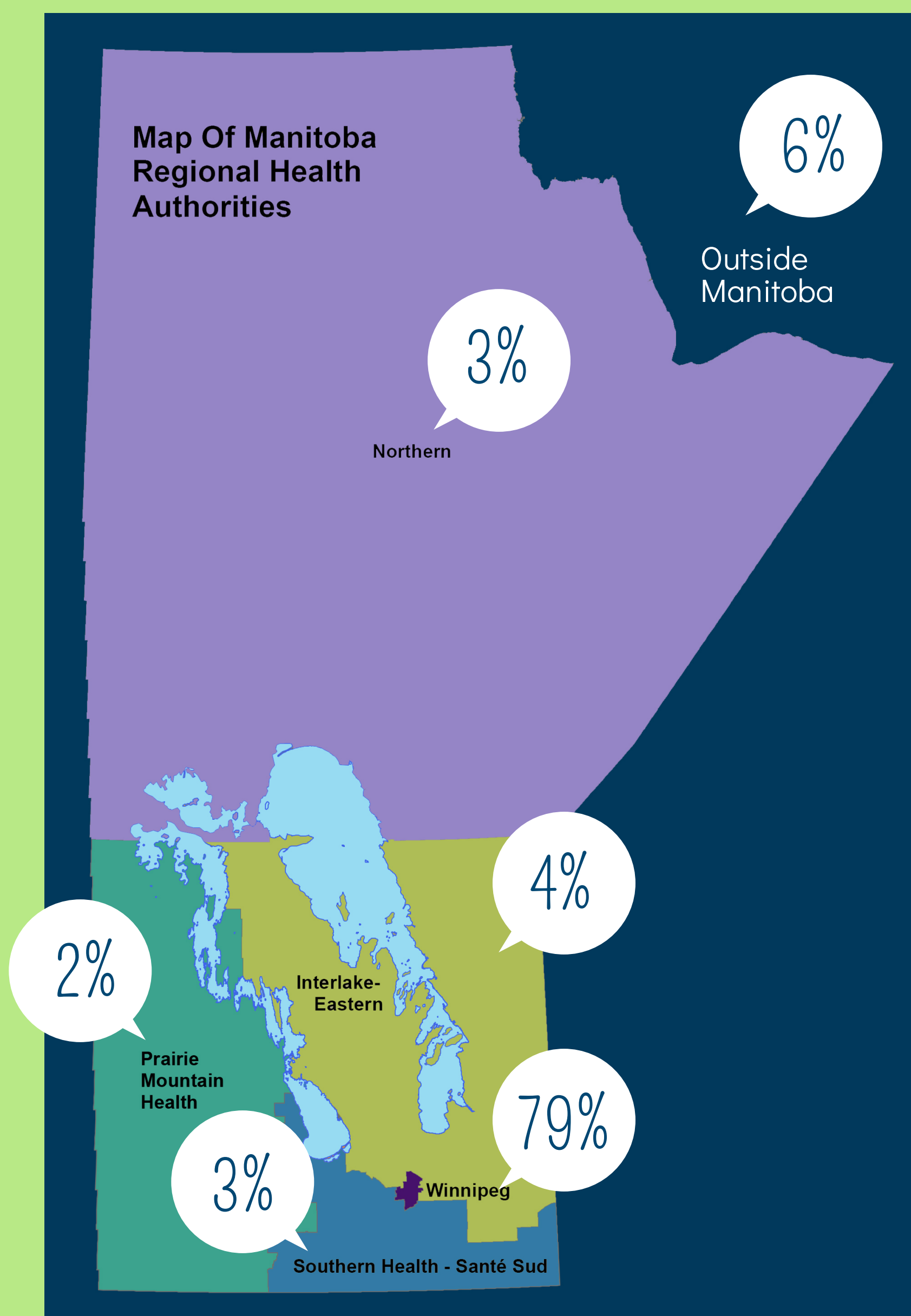
27% Sex between men



18% Injection drug use

\* Self-reported, how people believe they acquired HIV

## GEOGRAPHY



## FIND. LINK. RETAIN.



Found Linked On Treatment Viral Suppression

95	Referred to the Manitoba HIV Program	74	Put on highly active antiretroviral treatment (HAART)
91	Linked to care at HSC, Nine Circles or 7th Street	63	Achieved viral load suppression, making it virtually impossible to transmit HIV *

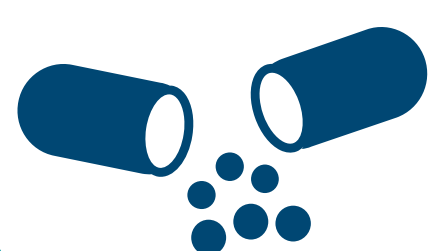
\* At time of chart audit

## MEDICATION ACCESS FOR ALL

\* Manitoba remains the only province in Western Canada where HIV medication is not provided unconditionally free of charge \*

U=U

The evidence is in: If you are HIV positive, take treatment and maintain an undetectable viral load, you can have sex knowing you won't pass HIV on to your sexual partner. In short, when HIV is undetectable, it is untransmittable.



Gaps in medication coverage for people living with HIV are associated with delays and interruption in treatment and may contribute to poorer individual and public health outcomes.



Approximately one half of those who entered into care with the Manitoba HIV program in 2017 had no insurance coverage at all, had co-pays to consider, or were on insurance plans with finite terms.



MANITOBA  
HIV PROGRAM

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