

MANITOBA HIV REPORT 2018

Since 2007, the Manitoba HIV Program has been the primary provider of specialized, evidence-informed HIV care and treatment for people living in Manitoba. At the end of 2018, approximately 1400 people living with HIV were receiving care at one of three clinic sites: Nine Circles Community Health Centre or the Health Sciences Centre in Winnipeg, or the 7th Street Health Access Centre in Brandon.

This factsheet highlights some of the key findings of the 2018 Manitoba HIV Program Update, an annual report that looks at the characteristics of individuals who enter into HIV care each year, identifies key areas for improving health outcomes and outlines key accomplishments that show our program is helping Manitobans live well with HIV.

HIGHLIGHTS

HIV rates among Indigenous People reflect long-standing systemic racism in Manitoba's health care system.



Health care leaders must address barriers faced by Indigenous people that result in avoidable and unfair inequities when accessing care. Systemic racism related to HIV includes: lack of HIV awareness campaigns for Indigenous Manitobans, inequitable access to culturally-safe testing and treatment, and lack of public information available about Pre-Exposure Prophylaxis (PrEP) being available free of charge for people covered under the Non-Insured Health Benefit. The Manitoba HIV Program proudly supports the work of First Nations communities, Tribal Councils and Indigenous-led organizations to help improve health outcomes for HIV positive, Indigenous clients.

Successful testing initiatives contribute to people being diagnosed and connected with care sooner.



In 2018, National HIV/STBBI Testing Day was held in Manitoba for the first time. Sites across the province offered traditional testing services as well as alternative testing technologies like point-of-care testing and dried blood spot testing. HIV testing on that day increased by nearly 150% with many participants being tested for the first time. Initiatives like National Testing Day helped the Manitoba HIV Program achieve a long-standing goal of having less than 15% of all clients present as "very late to care" in 2018 (with CD4 counts below 200).

A harm reduction approach, including better access to harm reduction supplies, is needed to support clients new to care.



In 2018, injection drug use surpassed heterosexual sex as the most-likely mode of HIV transmission in Manitoba. Health care teams employ a variety of harm reduction strategies to help our clients who are injecting drugs achieve positive health outcomes. This includes connecting people to addiction and mental health therapies, prescribing PrEP, and distributing new needles and other safer drug use equipment like sharps containers free of charge.

Access to medication is crucial to preventing HIV transmission in Manitoba.



Manitoba is one of the last provinces that does not provide comprehensive coverage for HIV medication. Current criteria for clients accessing the provincial drug program can result in delay of treatment, treatment interruption, or lack of treatment all together. Ensuring people can access and stay on medication has significant public health benefits: for every HIV transmission prevented due to undetectable viral load as a result of adherence to HIV medication, there is a minimum cost savings of 1.3 million dollars. The Manitoba HIV Program advocates for no-cost HIV treatment for all Manitoba residents who are living with HIV and do not qualify for any other medication cost coverage program.

FAST FACTS

115	number of people who entered into care in 2018
82	of those people were newly diagnosed
38	average age at intake
48	identified as cis/trans female
67	identified as cis/trans male

EXPOSURE CATEGORIES in MANITOBA



34% Injection drug use



24% Sex between men



21% Heterosexual sex

For the first time, exposure categories were determined using self-reported information from clients AND an established risk hierarchy, which will impact year to year comparisons. Previously, exposure categories were assigned based on self-reported information only. For more information, contact HIVprogram@ninecircles.ca

WHAT'S IN A NUMBER?



CD4 count and viral load are two measurements we look at to monitor the progression of an HIV infection and the success of HIV treatment.



CD4 cells are white blood cells that play an important role in our body's immune system. They are targeted and destroyed by HIV.



Viral load is the number of copies of the HIV virus in the bodily fluids of someone living with HIV.



When someone's CD4 count is high, it means treatment is working, and HIV is being managed effectively.



When someone's CD4 count is low, it can be because they're not on medication or it isn't working effectively. If they have just been diagnosed, it can mean they've had HIV for a long time. Low CD4 counts leave people susceptible to other serious infections.



When someone's viral load is high, it can be because they're not on medication or their treatment isn't working effectively. If they have just been diagnosed, it can mean they've had HIV for a long time before testing positive.



When someone's viral load is low, it means treatment is working, and HIV is being managed effectively. Viral load can be so low, it's undetectable.

The goal of HIV medication is to increase CD4 count and decrease viral load.



When viral load is below a certain threshold, HIV is undetectable. When HIV is undetectable, it is untransmittable, which means it is not possible to pass HIV on to someone else through sexual contact. This concept is known as U=U.

Most clients are able to achieve an undetectable viral load in their first year of care but there are many reasons why some clients have a difficult time achieving and maintaining an undetectable viral load. For most, these are rooted in other social determinants of health, but for some, it can be differences in biological make-up.

TEST FOR 1, TEST FOR ALL



In 2018 there were outbreak levels of chlamydia, gonorrhea and syphilis in Manitoba. It's important for health care providers to offer testing for ALL sexually transmitted and blood-borne infections (STBBIs), when a client requests testing, or tests positive for another STBBI.

Condoms are encouraged for all people living with HIV, even if they're undetectable, to prevent infection with other STBBIs.

BUILDING PARTNERSHIPS

The Manitoba HIV Program would like to thank all of our government, academic and community partners that help support HIV Program activities and clients.



Program Partners include:

- The Public Health Agency of Canada
- Indigenous Services Canada
- Manitoba Health
- Winnipeg, Prairie Mountain, Interlake-Eastern, Southern and Northern Health Region- Public Health and Primary Care teams
- Manitoba Association of Community Health
- Manitoba HIV/STBBI Collective Impact Network
- Manitoba First Nations AIDS Working Group
- 2 Spirit People of Manitoba
- Ka Ni Kanichihk
- Manitoba Harm Reduction Network



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