



# World AIDS Day 2019 Social Media Toolkit

**December 1, 2019**

We encourage you to use this toolkit to help amplify messaging and activities for World AIDS Day 2019 and support the communities you serve.



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

**Canada**



## World AIDS Day 2019

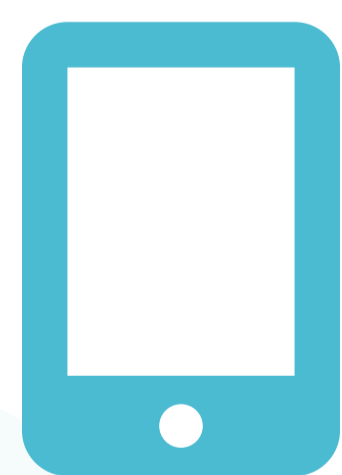
Annually, on December 1st, we commemorate World AIDS Day (WAD) and the start of Aboriginal AIDS Awareness Week (AAAW). This year, we reflect on the significant progress made to improve the lives of those living with HIV, but also recognize the work that still needs to be done to promote the U=U (Undetectable=Untransmittable) message and reduce HIV-related stigma.



The UNAIDS World AIDS Day 2019 theme is **COMMUNITIES MAKE THE DIFFERENCE**

- This year's theme highlights the strength that lies in communities and the important role they play in contributing to the HIV/AIDS response.
- The evidence for U=U, holds tremendous power to reduce HIV-related stigma and transform the lives of people living with HIV. To raise awareness of this important message, the Public Health Agency of Canada will be releasing a series of video testimonials featuring stories of five people living with HIV.

### Highlights of this Toolkit



Social Media Messages



Social Media Calendar



Infographics & Factsheets



Video Testimonials

Join the conversation!

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## Social Media Messages

Social media messages will be released on Twitter, Facebook, LinkedIn, and Instagram between November 25th and December 2nd. Follow us on our accounts below and re-tweet, like, and share messages with your own followers and networks. Customize messages by tagging others or adding images from your World AIDS Day (WAD) activities.

### Hashtags we will be using this year:

**#WorldAIDSDay #endHIVstigma #UequalsU**

### Follow us on:



#### Twitter

- Minister of Health @CDNMinHealth/@MinSanteCAN
- Chief Public Health Officer (CPHO) @CPHO\_Canada/@ACSP\_Canada
- Government of Canada Health @GovCanHealth/@GouvCanSante



#### Instagram

- @healthycdns
- @canensante



#### Facebook

- Healthy Canadians
- Canadiens en santé



#### LinkedIn

- PHAC / ASPC
- Health Canada/ Santé Canada



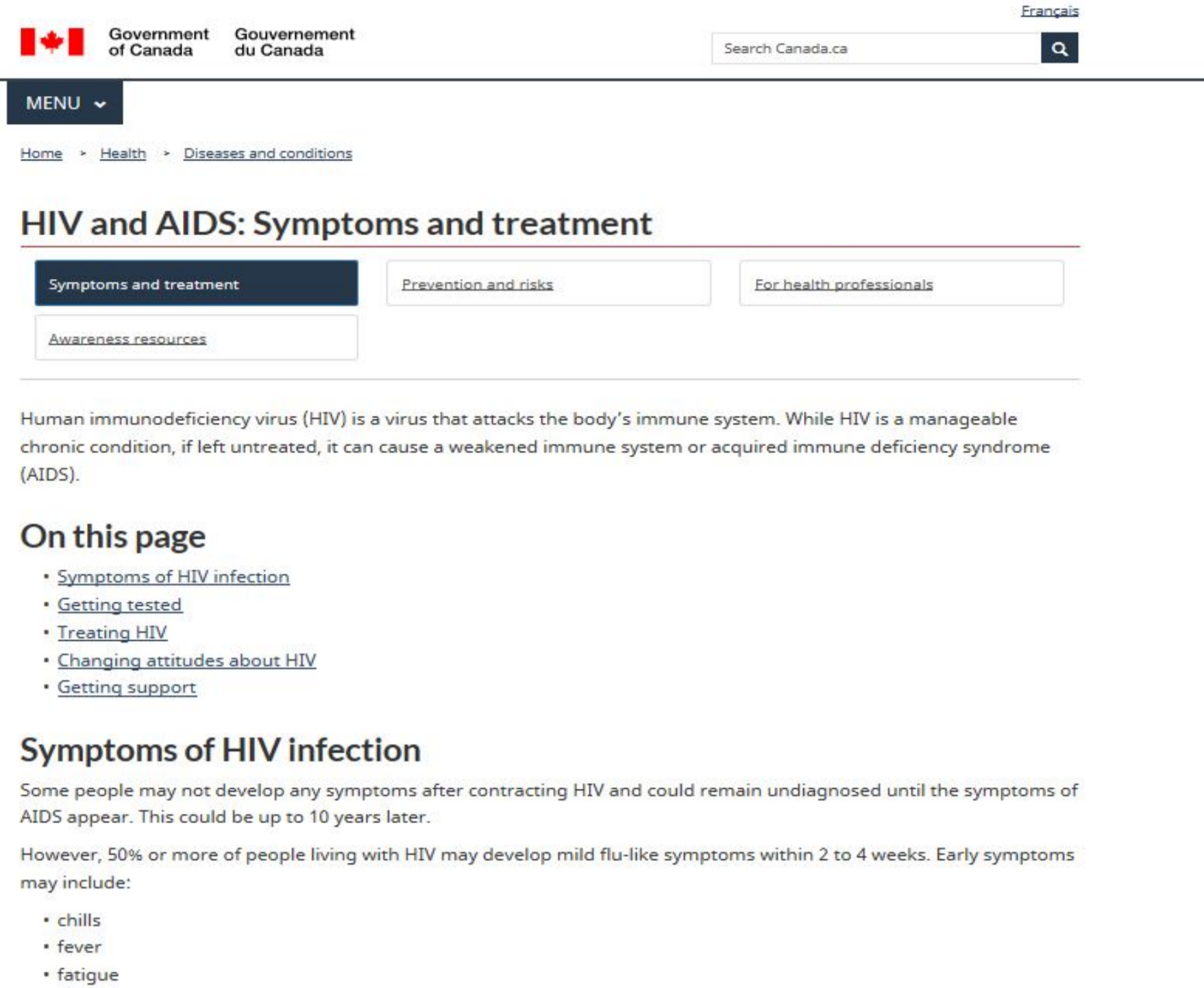
#### Youtube

- Healthy Canadians
- Canadiens en santé





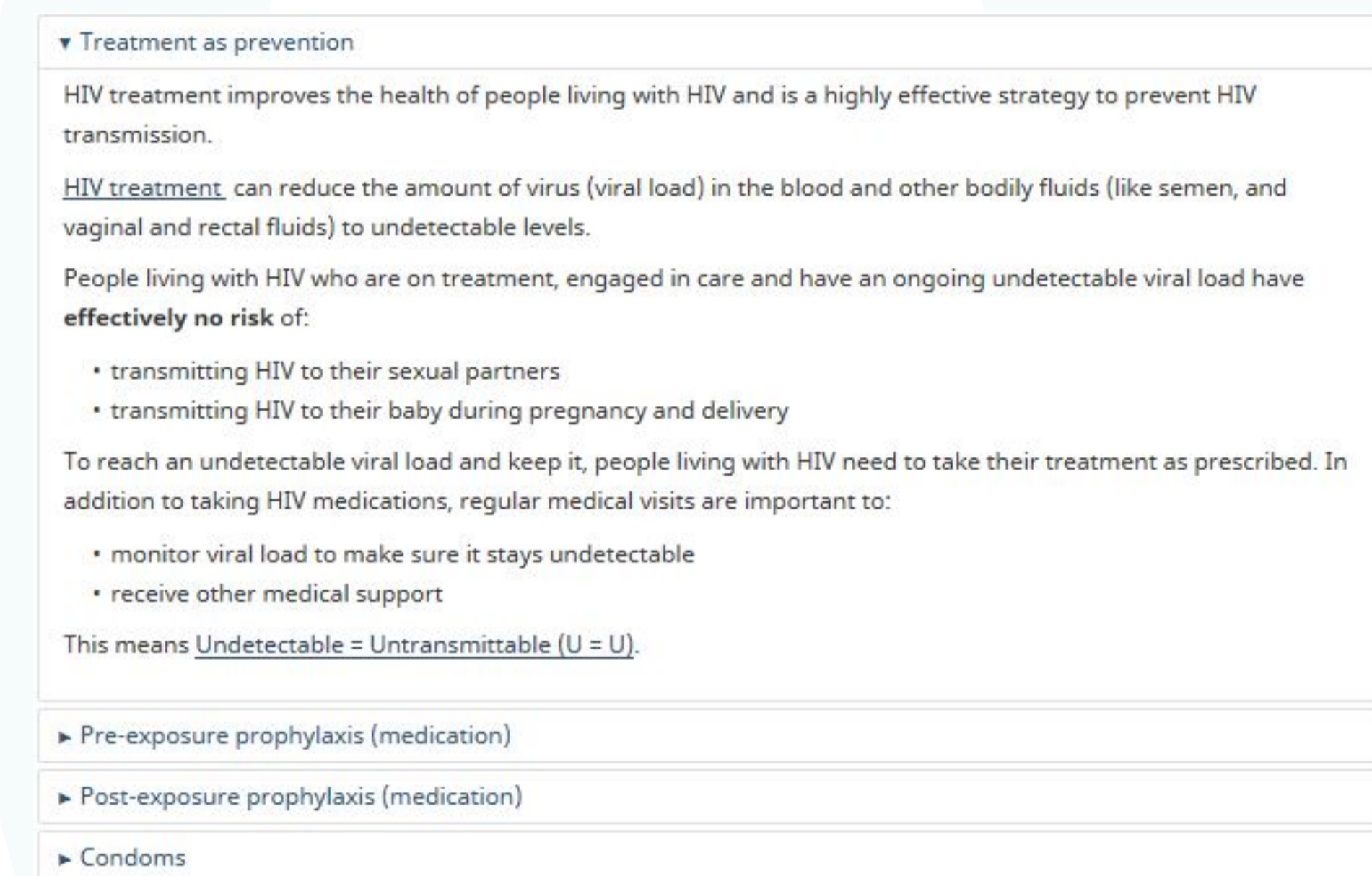
## Website & Links



### HIV and AIDS Landing Page

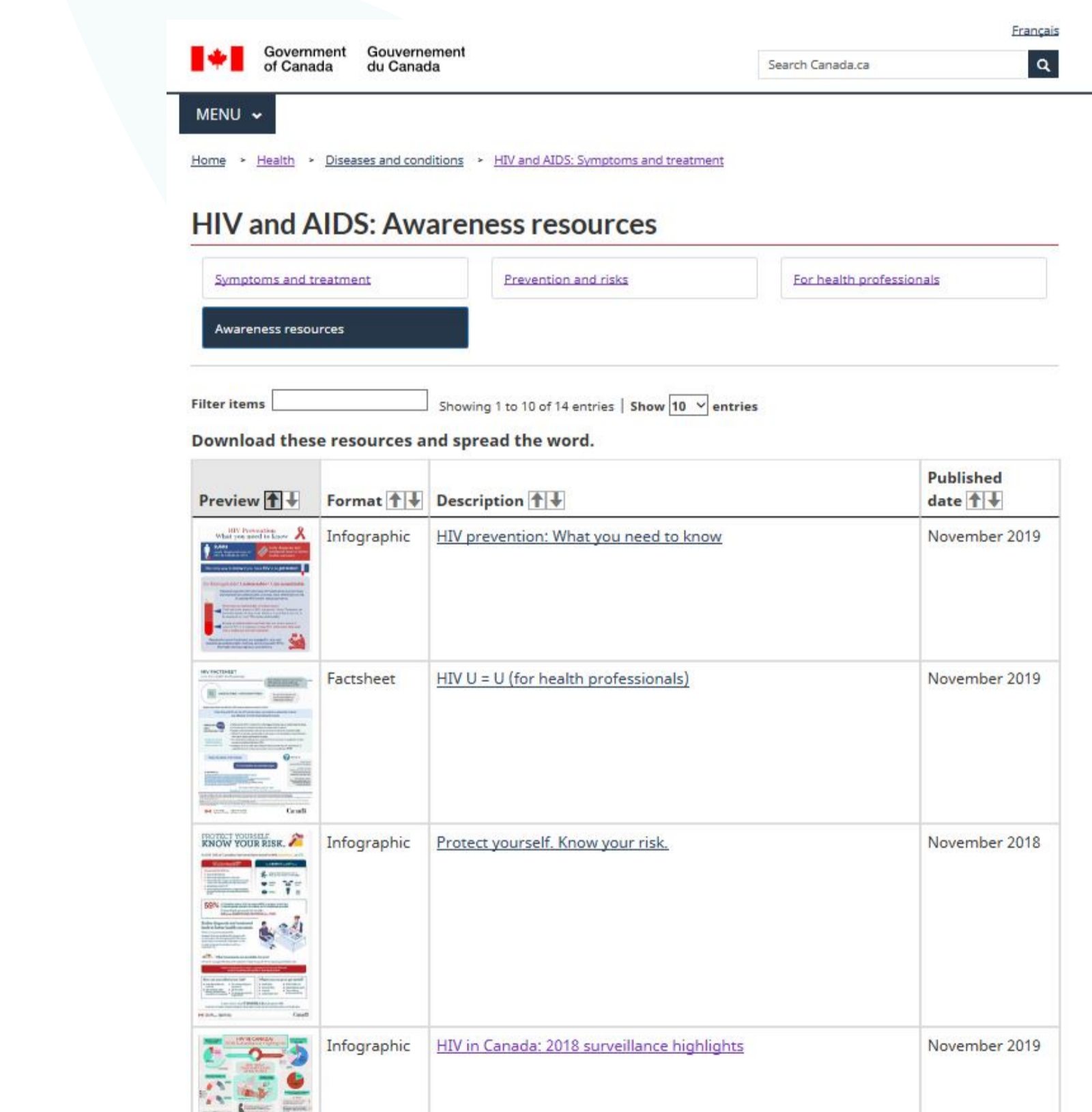
<https://www.canada.ca/en/public-health/services/diseases/hiv-aids.html>

[Canada.ca/HIV](https://www.canada.ca/HIV)



### U=U Web Content

<https://www.canada.ca/en/public-health/services/diseases/hiv-aids/prevention-risks.html>



### Awareness Resources

<https://www.canada.ca/en/public-health/services/diseases/hiv-aids/awareness-resources.html>

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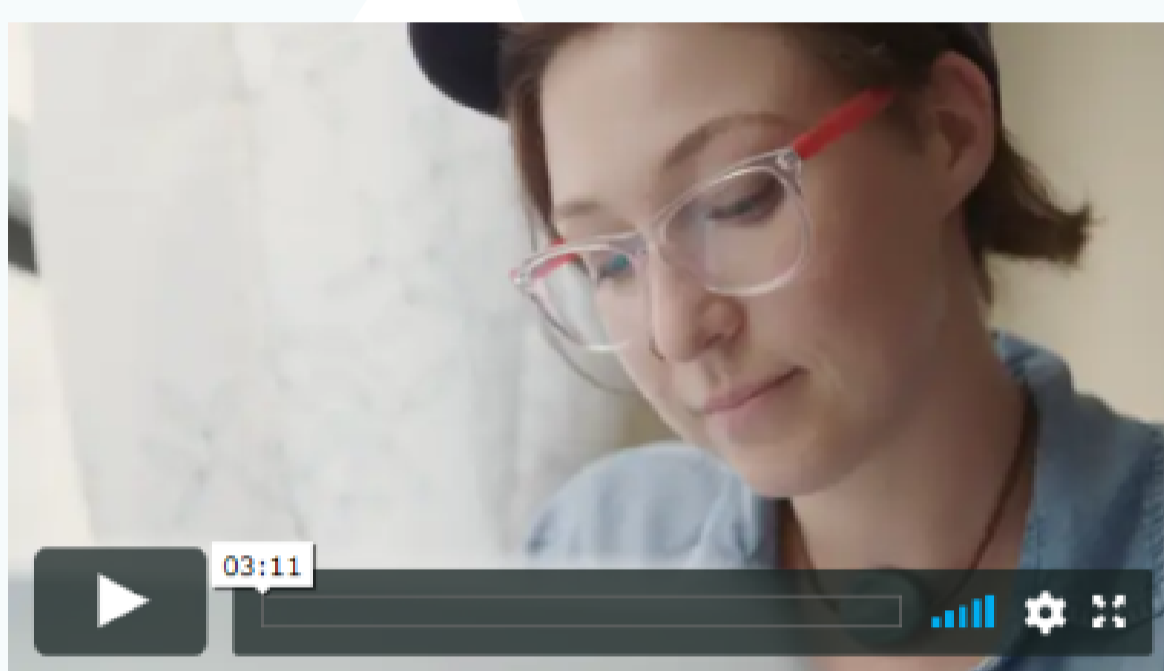
## U=U Video Testimonials

The videos will be promoted on Twitter, Facebook, LinkedIn, Instagram, between November 25th and December 2nd. Please respect the Government of Canada social media schedule at the end of this document, to view, share, and promote the videos as they are released.



### Compilation Video

Listen to the highlights of personal testimonials of 5 individuals living with HIV who have learned to embrace life more fully because of U=U.



### Dee's Video

Discover how Dee has learned to embrace life through art, activism and a strong, loving relationship.



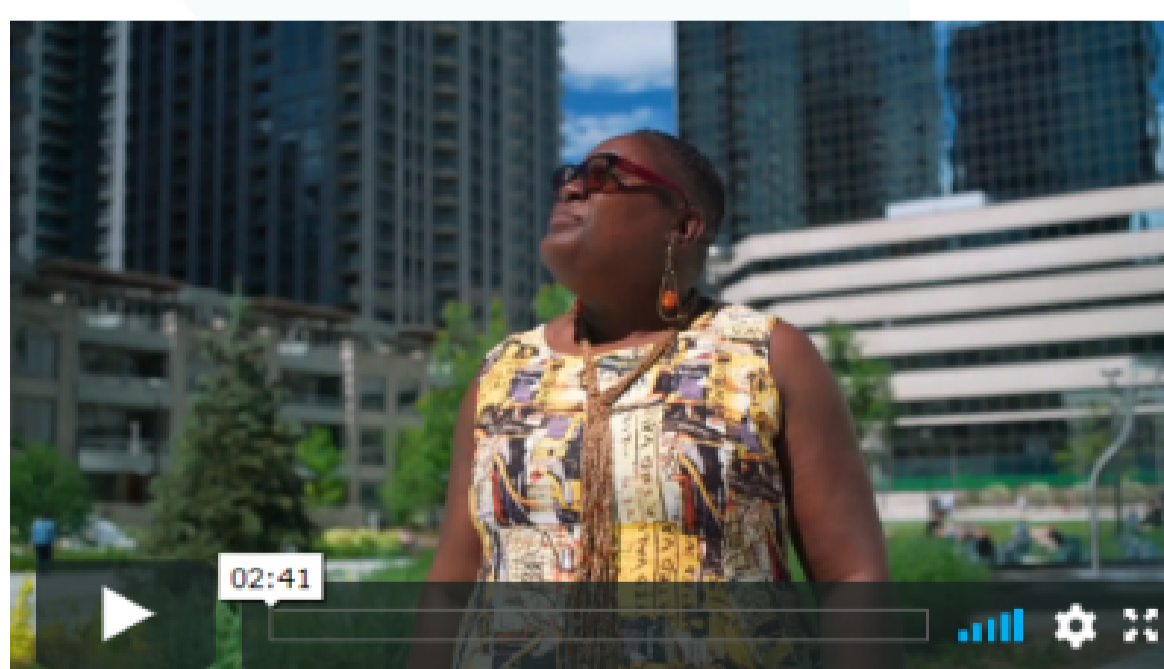
### Carlos' Video

Hear how Carlos has found hope and joy in the message of U=U.



### Pierre's Video

Hear Pierre talk about his journey of living with HIV for 40 years.



### Marvelous' Video

Listen to Marvelous talk about choosing to live positively, help others and follow her dreams.



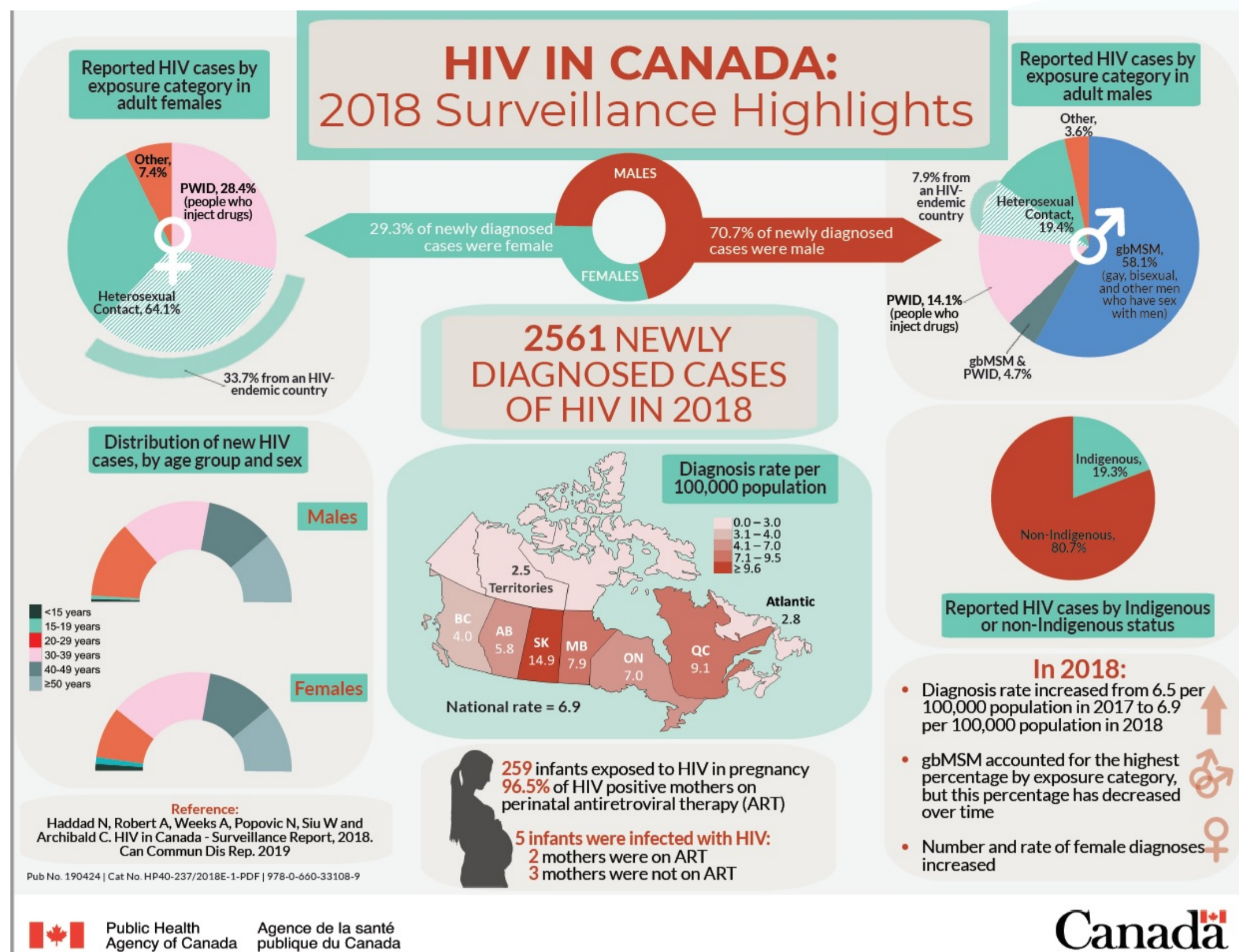
### Daniel's Video

Hear Daniel's journey from being diagnosed with HIV and cancer to having a renewed gratitude for life.



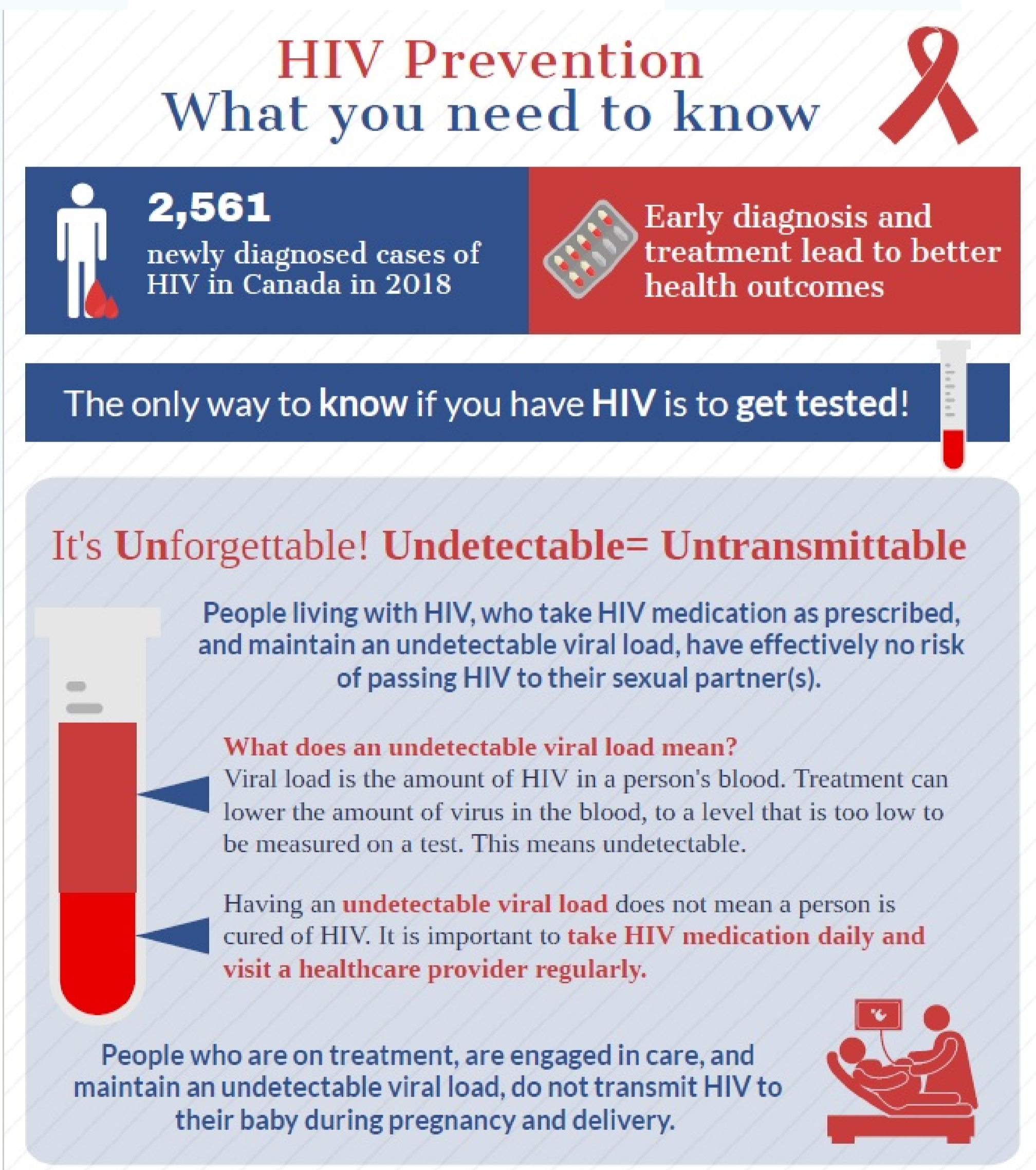


## Products and Resources



### NEW: Infographic: HIV Surveillance Report

A snapshot of 2018 HIV surveillance results in Canada, including the number of newly diagnosed cases and key affected populations



### NEW: Infographic: HIV Prevention- What You need to Know

Information for the general public on HIV prevention, including Undetectable = Untransmittable (U=U), PrEP, and PEP and other effective strategies

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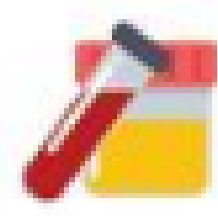
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# World AIDS Day 2019 Social Media Toolkit

## PROTECT YOURSELF. KNOW YOUR RISK.



In 2018, 50% of Canadians had never been tested for HIV, hepatitis C, or STI.

**1.4%** of those living with HIV are unaware of their infection

**You are at risk for HIV if you:**

- have condomless sex
- share drug-use equipment, even once
- have broken skin or open wounds that come into contact with infected blood or blood products
- already have another STI
- received a blood transfusion or organ transplant in a country that does not screen blood products for HIV

**You CANNOT get HIV from:**

- using services of someone who is HIV+, such as a doctor or hair stylist
- shaking hands
- sharing food
- kissing
- toilet seats

**59%** of Canadians believe that the responsibility to request an HIV test is shared equally between the patient and the healthcare provider.

**If you think you may be at risk... ASK your HEALTHCARE PROVIDER for a TEST.**

**Earlier diagnosis and treatment leads to better health outcomes.**

There is no vaccine to prevent HIV. However, if you are at risk for HIV, there is a pill to reduce your risk from getting HIV. Talk to your doctor about Pre-Exposure Prophylaxis or PrEP. A quick and simple blood test can tell you if you have HIV.

**What treatments are available for you?**

HIV can be managed effectively with medication. People living with HIV can lead long and healthy lives.

People on treatment who maintain a suppressed viral load pose effectively no risk of transmitting HIV infection to their sexual partners.

**How can you reduce your risk?**

- Learn about safer sex methods
- Use condoms, other barriers, and lubricants correctly and consistently
- Do not share drug-use equipment
- Ask for a test
- Encourage your partner to get tested

**Where can you go to get tested?**

- Health clinic
- Doctor's office
- Hospital
- Sexual health clinic
- Public health unit
- Special testing events
- Clinics offering anonymous testing

Learn more: Visit [Canada.ca](http://Canada.ca) and search HIV

As reported in the Canadian Awareness Knowledge and Attitudes Survey for Sexually Transmitted and Bloodborne Infections 2018 Findings Report

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## Infographic: Protect Yourself. Know Your Risk.

Information for the public on key risk factors for HIV, how to reduce your risk, and where to go to for testing and treatment information

## Canadian Results from EMIS 2017

EMIS-2017 (European Men-who-have-sex-with-men Internet Survey) was an online survey for gay, bisexual, and other men who have sex with men (gbMSM) living in European and other countries, including Canada. EMIS aimed to generate data useful for planning HIV and STI prevention and care programmes. EMIS took place from October 2017 to January 2018. 5,165 Canadian participants were included in this analysis.

### Who Participated?

• gbMSM from every province and territory

### Sexual identity



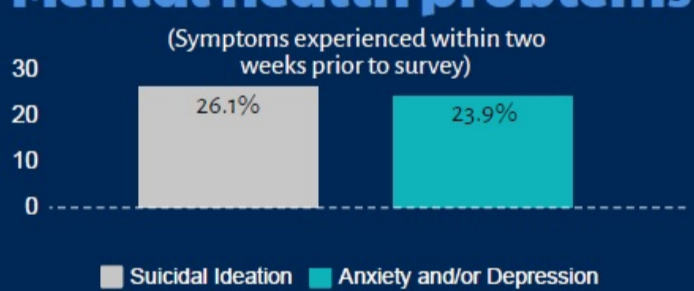
**79.3%** Born in Canada

**2.4%** Identified as transmen

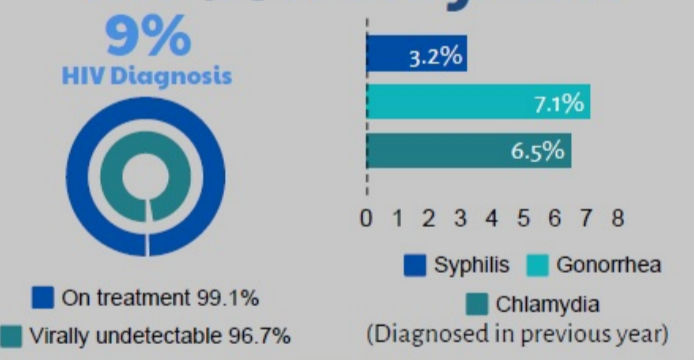
### Experienced stigma and discrimination



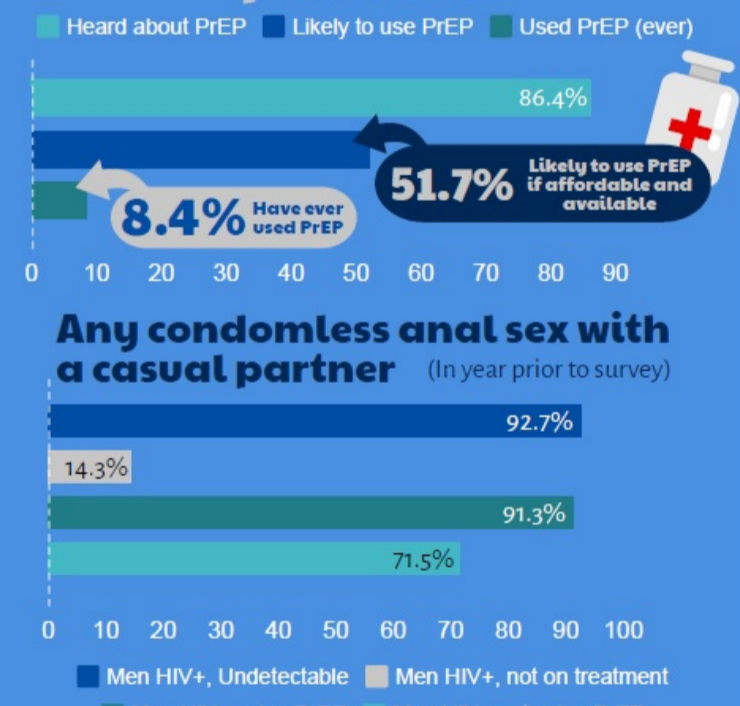
### Mental health problems



### HIV & STI diagnoses



### PrEP use and sexual practices



### Substance Use (Ever)



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Acknowledgements  
EMIS 2017 was carried out by Sigma Research (London). It was funded by the Health Programme (2014-2020) of the European Union. Canadian participation was funded by the Public Health Agency of Canada. For more information, look for our full length report in CDR titled: Canadian Results from EMIS-2017.



## NEW: Infographic: Canadian Results from EMIS 2017

Key highlights of Canadian results from the 2017 European Men-who-have-sex-with-men Internet Survey (EMIS-2017), including findings on stigma experiences, mental health, PrEP and sexual practices and substance use

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# World AIDS Day 2019 Social Media Toolkit

## HIV FACTSHEET

### U=U For Health Professionals

Early initiation of antiretroviral therapy (ART) improves overall health and prevents sexual transmission of HIV

**UNDETECTABLE = UNTRANSMITTABLE**

The goal of treatment is to achieve and maintain an undetectable viral load

Studies have shown that effective ART prevents sexual transmission of HIV <sup>1,2</sup>

**People living with HIV who take ART and who achieve and maintain an undetectable viral load have effectively NO RISK of transmitting HIV sexually**

**INTEGRATE U=U INTO ROUTINE HIV CARE**

- Adherence to ART is essential for achieving and maintaining an undetectable viral load
- It can take up to 6 months to achieve an undetectable viral load
- Regular viral load testing is the only way to know if viral levels are undetectable
- At least 2 consecutive undetectable results over a 6 month period are required before U=U can be used as a prevention strategy
- An undetectable viral load does not prevent the transmission or acquisition of other sexually transmitted infections (STIs)
- In addition to U=U, other highly effective ways of preventing HIV transmission or acquisition include condoms and oral pre-exposure prophylaxis (PrEP)

Condoms are the only effective strategy to help prevent other STIs

Discuss the benefits of HIV treatment

**U=U can transform lives and reduce stigma**

**WHAT IS**

**VIRAL LOAD**  
Amount of HIV in the blood

**UNDETECTABLE**  
Viral load less than 40 to 50 copies/ml and cannot be detected by standard tests

**UNTRANSMITTABLE**  
When an undetectable viral load prevents the sexual transmission of HIV

**RESOURCES**

Statement on behalf of the Council of Chief Medical Officers of Health  
Criminal justice systems' response to non-disclosure of HIV  
Risk of sexual transmission of human immunodeficiency virus with antiretroviral therapy, suppressed viral load and condom use: a systematic review (CMAJ)  
The use of early antiretroviral therapy in HIV-infected persons (AMMI Canada)  
U=U: A guide for service providers (CATIE)

For more information, please visit: [Canada.ca](http://Canada.ca) and search HIV for health professionals

1. Collier AC, Chen YQ, McCauley M, Gamble T, Hesselager MC, Kumarasamy N, et al. Prevention of HIV-1 infection with early antiretroviral therapy. N Engl J Med. 2011;364(9):1011-20.  
2. Collier AC, Chen YQ, McCauley M, Gamble T, Hesselager MC, Kumarasamy N, et al. Antiretroviral therapy for the prevention of HIV-1 transmission. N Engl J Med. 2016;375(9):830-40.  
3. Ridger AJ, Cambiano V, Brown T, Verzaas P, Collins S, van Lunen J, et al. Sexual activity without condoms and risk of HIV transmission in serodiscordant couples when the HIV-positive partner is using suppressive antiretroviral therapy. JAMA. 2013;309(21):2117-24.  
4. Ridger AJ, Cambiano V, Brown T, Verzaas P, Collins S, Dizon O, et al. Risk of HIV transmission through condomless sex in serodiscordant gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. Lancet. 2019;393(10181):2426-34.  
5. Bouillon-Buonafina AM, Phamphak N, Getzoff R, Pringle G, Zlotnik M, Mamo JC, et al. Viral suppression and HIV transmission in serodiscordant male couples: an international, prospective, observational, cohort study. Lancet HIV. 2018;9(8):e238-247.  
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## NEW: HIV Factsheet: U=U Infographic for Health Professionals

### Tips for Health Professionals on integrating Undetectable = Untransmittable into routine HIV care

## HIV FACTSHEET

### SCREENING AND TESTING

**RECOMMENDATION:**  
Offer HIV testing as a component of routine care. Individuals involved in high risk practices should be screened for HIV at least annually.

**RISK FACTORS FOR HIV INFECTION**

The risks of getting HIV are mostly behaviour-based. Individuals at higher risk include those who:

- share drug use equipment
- exchange sex for drugs or money
- have sex with multiple partners without using a condom
- engage in condomless sexual activity with someone whose HIV status is unknown
- engage in condomless sexual activity with an HIV-positive individual who is not on treatment or whose viral load\* is  $\geq 200$  copies/ml
- have had medical procedures or personal services in regions where HIV is endemic
- received a diagnosis of a sexually transmitted infection, such as syphilis, gonorrhoea or chlamydia

**WHOM TO SCREEN**

A comprehensive HIV behavioural risk assessment is not required when offering an HIV test. Consider testing:

- individuals presenting with risk factors for HIV infection
- individuals presenting with signs and symptoms of HIV infection
- individuals with illnesses associated with a weakened immune system
- individuals with a suspected exposure to HIV infection
- individuals who are sexually active and have never been tested for HIV
- individuals born, or who travelled or resided in a country where HIV is endemic
- victims of sexual assault
- pregnant women or those planning a pregnancy, and their partners

**DID YOU KNOW?**

In Canada, it is estimated that 14% of people living with HIV are unaware of their infection.

Canada supports the UNAIDS 90-90-90 targets to eliminate AIDS as a public health threat by 2030.

The first target is that by 2020, 90% of all people living with HIV will know their status.

**Consideration:**  
Healthcare providers should offer HIV testing when screening for other sexually transmitted and blood-borne infections (i.e., syphilis, chlamydia, gonorrhoea, and hepatitis B or C).

In the provision of routine medical care, and in discussion with the client, healthcare providers should consider whether there is a benefit to an HIV test. Healthcare providers should take an active approach to testing and offer an HIV test to clients. They should also provide a test to a client who has asked for one.

\* A viral load of  $< 200$  copies/ml is considered undetectable.

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## HIV Factsheet: Screening and Testing For Health Professionals

### Risk factors for HIV infection, criteria to help in deciding who to screen, and common signs and symptoms of an HIV infection

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## HIV FACTSHEET

### TYPES OF HIV SCREENING TESTS

The choice of HIV test may vary depending on clinical evaluation and patient history, including timing to potential exposure.

<b>Third-generation enzyme immunoassay (EIA) test</b>	The HIV enzyme immunoassay (EIA) test is used to detect antibodies produced in response to HIV infection. Results are reported as reactive* or non-reactive.  It may take up to 12 weeks for an infected individual to produce detectable HIV antibodies (i.e., the generally accepted "window period"), though some people will have a reactive result with third-generation HIV EIA tests as early as 20 to 30 days after exposure.
<b>Fourth-generation test</b>	This test is the most commonly used test in Canada. It's a combination test that detects both antibodies and the HIV p24 antigen. This test is more sensitive than the antibody test and can detect infection within 15 to 20 days.  As many as 95% of people with HIV infection will test positive* with a fourth-generation combination test within 34 days; however, the window period can be up to 12 weeks.
<b>Point-of-care tests (POC)</b>	HIV POC tests can be used to detect HIV antibodies. Results can be available in several minutes. Positive results from HIV POC tests are considered 'preliminary positive' only and should be confirmed with a standard serology test.

\* If an HIV screening test indicates a positive or reactive test result, the laboratory will conduct confirmatory testing to ensure correct diagnosis of an HIV infection.

Window period: In most individuals, antibodies can be detected within weeks of HIV exposure. If the first HIV test is negative and a high risk exposure occurred less than 12 weeks prior (i.e., during the window period), repeat HIV testing should be offered.



For more information, please consult your local public health laboratory or provincial/territorial guidelines.

## HIV Factsheet: Types of HIV Screening Tests For Health Professionals

An overview of the use of three types of HIV screening tests; Third-generation enzyme immunoassay (EIA) test, Fourth-generation test, and Point-of-Care tests (POC)

## HIV FACTSHEET

### BIOMEDICAL PREVENTION OF HIV: PrEP AND PEP

	PRE-EXPOSURE PROPHYLAXIS (PrEP)	POST-EXPOSURE PROPHYLAXIS (PEP)
<b>What are PrEP and PEP?</b>	PrEP involves taking a combination of medications to reduce the risk of acquiring HIV infection. It can be taken by HIV-negative individuals at high risk of infection.  When taken as prescribed, the medication reduces the risk of acquiring sexually transmitted HIV by more than 90%.  If an individual acquires HIV infection, PrEP must be discontinued immediately.	PEP is used to help prevent the acquisition of HIV infection by individuals who may have been recently exposed to HIV.  PEP can reduce the risk of HIV infection by more than 80%, when used as prescribed.
<b>When is it taken?</b>	PrEP is taken once a day, on an ongoing basis, in advance of high risk activity.  PrEP is less effective if the prescribed dosing schedule is not followed.	PEP is effective when taken within 72 hours of suspected high risk exposure to HIV.  It involves antiretroviral medications taken once daily for four weeks (28 days).
<b>Who should be considered for PrEP and PEP?</b>	Individuals at high risk of HIV infection: <ul style="list-style-type: none"> <li>engages in condomless sexual activity with an HIV-positive partner who is not on treatment or whose viral load* is <math>\geq 200</math> copies/ml</li> <li>engages in condomless sexual activity with a partner whose HIV status is unknown</li> <li>engages in sexual activity that involves: <ul style="list-style-type: none"> <li>no or inconsistent condom use</li> <li>exchange of sex for drugs or money</li> <li>use of illicit drugs or alcohol dependence</li> </ul> </li> <li>shared drug use equipment</li> <li>have a diagnosis of sexually transmitted infections (STI)</li> <li>prison experience</li> </ul> In addition, PrEP should be considered for individuals who have taken PEP (i.e., who are at ongoing, high risk of infection).	PEP should be considered for individuals: <ul style="list-style-type: none"> <li>who have had a high-risk exposure to HIV in the workplace (e.g., healthcare setting) or</li> <li>who have had a high-risk exposure to HIV outside of the workplace (e.g., condomless sex with an HIV-positive partner who is not on treatment or whose viral load* is <math>\geq 200</math> copies/ml, sexual assault, etc.)</li> </ul>

\* A viral load of  $< 200$  copies/ml is considered undetectable.

## HIV Factsheet: Biomedical Prevention of HIV- PrEP and PEP For Health Professionals

A comparison of the HIV prevention strategies PrEP and PEP, including who should be considered for each and when they should be taken

## CANADIANS ARE STILL RELUCTANT TO GET TESTED FOR SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS (STBBI)

### TAKE AN ACTIVE APPROACH TO STBBI TESTING



### HAVE THE CONVERSATION WITH YOUR PATIENTS

- Provide**
- trauma-informed and culturally sensitive care
  - confidentiality
  - a non-judgmental approach, free of judgement
  - a safe and respectful space, free of stigma and discrimination
  - information on risk factors

- Discuss**
- routes of transmission
  - benefits of early diagnosis
  - prevention (including PrEP and PEP)
  - ease of testing (often involving only a simple blood test)
  - available testing and treatment options
  - available pre- and post-test counselling

Learn more: Visit [Canada.ca](http://Canada.ca) and search SEXUAL HEALTH

## Infographic: Take an Active Approach to STBBI Testing For Health Professionals

Common reasons identified by Canadians for not getting tested for STBBI and how Health Professionals can discuss testing and treatments options with patients

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## Canadian results from the European Men-who-have-sex-with-men Internet survey (EMIS-2017)

N Brogan<sup>1</sup>, DM Paquette<sup>2\*</sup>, NJ Lachowsky<sup>3</sup>, M Blais<sup>3</sup>, DJ Brennan<sup>4</sup>, TA Hart<sup>5</sup>, B Adam<sup>6,7</sup>

**Abstract**

**Background:** In 2017, the international European Men-who-have-sex-with-men Internet Survey (EMIS-2017) collected data from 50 countries, including Canada for the first time.

**Objective:** To provide an overview of the Canadian EMIS-2017 data to describe the sexually transmitted and other bloodborne infection (STBI) related needs of gay, bisexual and other men who have sex with men (gbMSM).

**Methods:** The EMIS-2017 questionnaire was an updated version of EMIS-2010. It included self-reported sociodemographic data, experience of discrimination, mental health and substance use, knowledge of pre-exposure prophylaxis (PrEP) for HIV, sexual practices and history of STBI testing and diagnosis. Analysis was largely descriptive.

**Results:** Of the 6,059 respondents from Canada, 5,165 participants met the inclusion criteria for this analysis. The majority of participants were born in Canada (79.2%); and over half of the respondents (56.7%) were under the age of 39. In terms of discrimination related to their attraction to other men, participants reported high levels of intimidation (21.9%), verbal abuse (22.1%) and physical violence (1.5%) in the previous year. Regarding mental health, 23.9% had a moderate to severe depression/anxiety score. Almost two-thirds (64.1%) indicated substance use and one-fifth (21.5%) reported chemsex (or the use of stimulant drugs to make sex more intense or last longer). Only 8.4% of participants reported use of PrEP for HIV; however, 51.7% reported being likely to use PrEP if it was available and affordable. Sexual practices, such as condom use, varied by PrEP use with 91.3% of men using PrEP reporting condomless anal intercourse (CAI) compared with 71.5% of men not on PrEP. In terms of STBI testing, 1.5% reported being diagnosed with hepatitis C and 9.0% reported an HIV diagnosis. Of those with an HIV diagnosis, most were on treatment (99.1%) and had an undetectable viral load (96.7%).

**Conclusions:** gbMSM in Canada experienced stigma, discrimination and mental health problems; substance use was high as were high-risk sexual practices, such as CAI, among some groups of men. There was a gap between the proportion of men who were interested in PrEP and those who actually used it, and comprehensive STBI testing was low.

These findings can inform public health action and provide a baseline to examine the impact of current and new interventions.

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**Suggested citation:** Brogan N, Paquette DM, Lachowsky NJ, Blais M, Brennan DJ, Hart TA, Adam B. Canadian results from the European Men-who-have-sex-with-men Internet survey (EMIS-2017). *Can Commun Dis Rep* 2019;45(1):271-82. <https://doi.org/10.14745/ccdr.v45i1a01>

**Keywords:** HIV, sexually transmitted infections, sexual risk practices, gay bisexual and other men who have sex with men, gbMSM, pre-exposure prophylaxis, post-exposure prophylaxis

**Introduction**

In 2017, the second iteration of the European Men-who-have-sex-with-men Internet Survey (EMIS-2017) was launched (1). This survey collected data from gay, bisexual and other men who have sex with men (gbMSM) living in 50 countries, with the aim of generating data useful for planning HIV and sexually transmitted infection (STI) prevention and care programs, and monitoring of

## NEW: CCDR Article: Canadian results from the European Men-who-have-sex-with-men Internet Survey (EMIS 2017)

Canadian results from the 2017 European Men-who-have-sex-with-men Internet Survey (EMIS-2017), including findings on stigma experiences, mental health, PrEP, sexual practices and substance use



## Newly diagnosed cases of HIV in those aged 50 years and older and those less than 50: 2008-2017

N Haddad<sup>1\*</sup>, A Robert<sup>1</sup>, N Popovic<sup>1</sup>, O Varsaneux<sup>1</sup>, M Edmunds<sup>1</sup>, L Jonah<sup>1</sup>, W Siu<sup>1</sup>, A Weeks<sup>1</sup>, C Archibald<sup>1</sup>

**Abstract**

**Background:** Canada's population is aging, with nearly forty percent of Canadians aged 50 years or more. As the population ages, unique challenges related to health are becoming evident, including increasing rates of sexually transmitted and bloodborne infections. Understanding the epidemiology of HIV in older adults is important to guide prevention and control programs.

**Objective:** To assess trends in newly diagnosed cases of HIV in Canada among those aged 50 years and older (≥50 years) and those aged less than 50 (<50 years), and to compare their basic demographic characteristics and exposure categories for the period of 2008 to 2017.

**Methods:** National surveillance of HIV is conducted by the Public Health Agency of Canada through voluntary submission of data by provincial/territorial public health authorities. Descriptive analyses were conducted on reported cases of HIV between January 1, 2008, to December 31, 2017 to compare the demographic profiles and exposure category for the two age groups.

**Results:** Between 2008 and 2017, the proportion of newly diagnosed HIV cases among those ≥50 years increased from 15.1% to 22.6%. The HIV diagnosis rates for both older males and older females increased over time, with a relatively higher increase for females. A higher proportion of newly diagnosed HIV cases were male in the older group (81.2%) compared to the younger group (74.6%). Among both older and younger males, the most common exposure category for HIV was being gay, bisexual and other men who have sex with men (gbMSM), followed by heterosexual contact and injection drug use; however, the relative proportions varied by age with the gbMSM category being higher in the <50 group.

**Conclusion:** In Canada, over 20% of all newly diagnosed cases of HIV are now in people 50 years of age and older. HIV testing and prevention initiatives, historically aimed at younger populations, may not have the same impact for older populations. These data can be used to inform future public health actions designed to address HIV in older populations.

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**Keywords:** HIV, surveillance, gay, bisexual, men who have sex with men, people who inject drugs, 50 years of age and older

**Introduction**

Globally, there were an estimated 36.9 million individuals living with HIV in 2017 (1), and more than 10% of the adult population living with HIV in low and middle-income countries is estimated to be 50 years of age or older (≥50 years) (2). In developed nations, those ≥50 years comprise an estimated 30% of adults living with HIV (3). Due to continued advances in HIV treatment, the number and proportion of people living with HIV at an older age is likely to continue to grow (4); it is predicted that the

## NEW: CCDR Article: Newly diagnosed cases of HIV in those aged 50 years and older and those less than 50: 2008-2017

Trends in newly diagnosed cases of HIV in Canada between 2008 and 2017 across key populations and the implications for HIV testing and prevention initiatives

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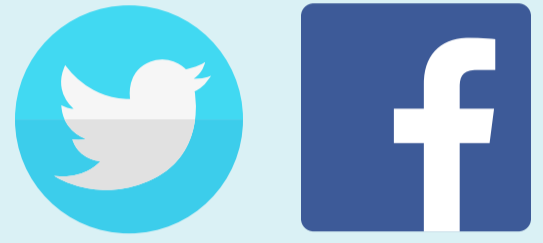
Canada



## NOVEMBER 2019 World AIDS Day Activities



**Monday**



Release of U=U promo video #1



Science of Health Blog post on HIV genetic testing



**Tuesday**



Release U=U promo video #2



Release of EMIS report



**Wednesday**



Promotion of U=U compilation video



Release of U=U promo video #2



**Thursday**



Promotion of U=U video- Dee's Story



HIV Surveillance infographic



**Friday**



Promotion of U=U video- Carlo's Story



New Science of Health Blog post on HIV stigma



Promotion of U=U compilation video



**Saturday**



HIV in Canada Surveillance infobyte



HIV prevention infographic

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## DECEMBER 2019 World AIDS Day Activities



**Sunday World AIDS Day**



Release of Ministers Message for WAD2019



Promotion of U=U video- Daniel's Story



Promotion of U=U video- Pierre's Story



 HIV prevention infographic



 Promotion of U=U video- Marvelous' Story



U=U for health professionals infographic



Promotion of U=U video- Dee's Story



**Monday**



Science of Health Blog post on dried blood spot testing



**Thursday**



Canadian Communicable Disease Report (CCDR)- December Issue- Annual HIV Surveillance Report, Infographic and Article



**Thursday**



Webinar- Annual HIV Surveillance Report

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