

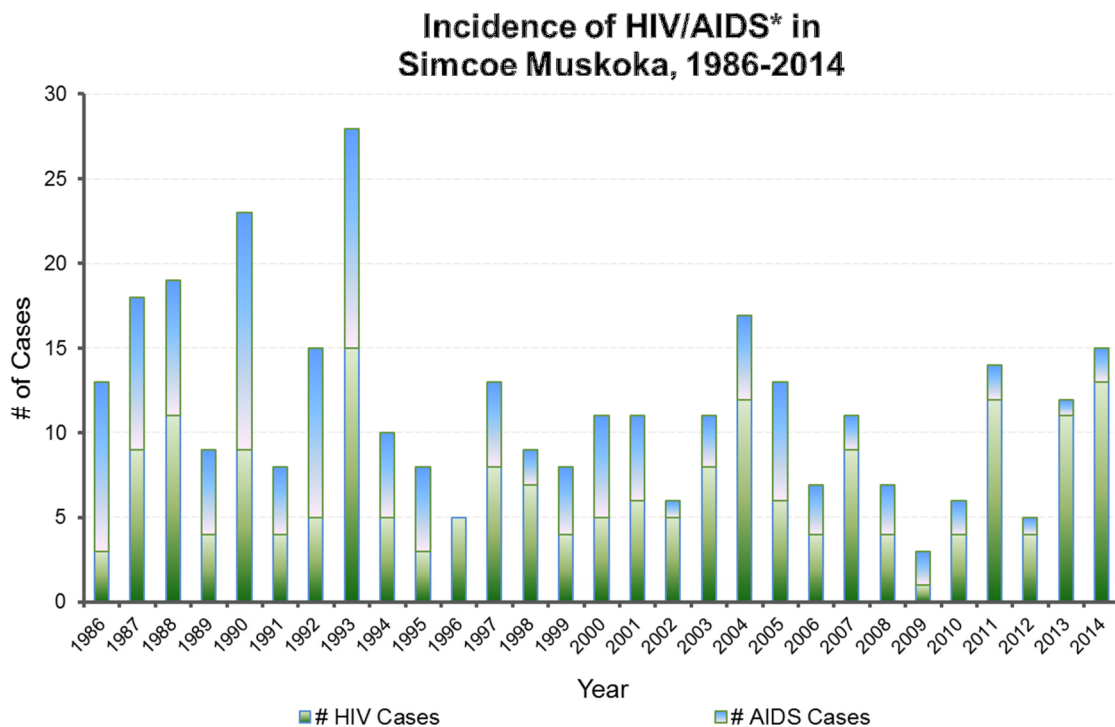
HIV/AIDS Concentrated Among Risk Populations

In 2010, the Ontario Burden of Infectious Diseases Study deemed HIV/AIDS among the ten most burdensome infectious diseases in Ontario based on the years of life lost due to premature mortality (YLL) and years of reduced functioning. Consistent with the provincial epidemiology, the burden of HIV/AIDS in Simcoe Muskoka is concentrated in identified risk populations, especially men who have sex with men (MSM). This report provides local data on the incidence (the number of new cases), prevalence (the number of existing cases), risk factors and the health unit programs that aim to address the problem.

Incidence (New Cases):

Figure 1 below shows the incidence of HIV and AIDS in Simcoe Muskoka. This represents the number of new HIV and AIDS cases who resided in Simcoe Muskoka at the time that they became known to public health. This is not necessarily where they were infected, nor where they were managed. The number of cases is variable: from three to 17 cases annually after the peak years of recognition and diagnosis.

Figure 1:



Data Sources: Integrated Public Health Information System (iPHIS), extracted January 2015

* Confirmed Cases

In the past five years, 87% of Simcoe Muskoka HIV/AIDS cases have been male. Almost half (47%) are between the ages of 25 and 39 (at time of episode) with an additional 40% between 40 and 54 years old. Table 1 provides more details about the age and sex distribution of recent cases.

Table 1: Age and Sex Distribution of SMDHU HIV/AIDS Cases, 2010-2014

Age Group	# Male Cases	# Female Cases	# Cases Combined	% by Age Group
0-14	0	0	0	0%
15-24	0	2	2	4%
25-39	22	4	26	47%
40-54	21	1	22	40%
55+	5	0	5	9%
Total:	48	7	55	
% by Sex	87%	13%		

Source: iPHIS, extracted September 2015

Risk Factors:

In Ontario, the communities most affected by HIV/AIDS are:

- Men who have sex with men (MSM)
- Ontarians from Africa and the Caribbean (where HIV is more common in heterosexuals)
- People who inject drugs
- Aboriginal Peoples
- Women who are represented in the above groups or engage in high-risk activities with them (i.e. share needles, drug equipment and/or sexual activity).

In Simcoe Muskoka, the risk factors are similar. Among the 44 (80%) of HIV/AIDS cases who have provided risk information in the past five years, the risk factors are shown in Table 2.

Table 2: Risk Factor Prevalence Among Simcoe Muskoka HIV/AIDS Cases, 2010-2014

Risk Factor Description (Cases can report more than one risk factor)	% of Male Cases Reporting (N=38)	% of Female Cases Reporting (N=6)
Sex with same sex	68%	0%
Sex with opposite sex	29%	100%
Anonymous sex	39%	17%
Met contact through internet	26%	0%
New partner/multiple partners in recent months	21%	17%
Judgment impaired by alcohol or drugs	18%	0%
Bath House	18%	0%
Co-infection with another sexually transmitted infection	18%	0%

Source: iPHIS, extracted September 2015

Prevalence (Existing Cases):

For a chronic infectious disease such as HIV, the number of existing cases represents all of the people who have ever been infected because they continue to live with it. The prevalence is the most important indicator for health care use planning compared to incidence which is more important for prevention.

The Ontario HIV Epidemiological Unit has modeled the number of existing HIV cases in Simcoe Muskoka to be 275 people, or 1 in every 2000 people (2009). This is not evenly distributed throughout the population: the prevalence is almost nine hundred times higher in the highest risk group (MSM who inject drugs) compared to the lowest risk group (heterosexuals without known risk factors).

While HIV/AIDS poses a burden on the Simcoe Muskoka population, the most burdensome infectious disease in Ontario is another chronic infectious disease: hepatitis C. The modeled hepatitis C prevalence for Simcoe Muskoka is 4800 people, or 1 in every 115 people (2012). This is 17 times higher than the HIV prevalence. Hepatitis C is also concentrated in risk populations, especially injection drug users and people who have been incarcerated.

SMDHU Programming to Address High Risk Populations:

- Public Health Nurses are on site at the David Busby centre in Barrie once per month to offer sexually transmitted infection (STI) and bloodborne illness (BBI) testing to clients who access the centre.
- Men-only clinics are offered in Barrie on Tuesdays from 3-6pm to promote testing among MSM
- Anonymous HIV testing is available to anyone seeking HIV testing every Wednesday between 130pm-4pm. Rapid HIV Point of Care (POC) testing is also available at this clinic
- Rapid HIV POC testing is available at the Barrie clinic including the David Busby centre. Nurses are certified to provide testing to clients who are at high risk for HIV including MSM population.
- PHN online presence on the MSM “Squirt” website (used for casual sexual encounters). Nurses are online for an hour daily to respond to inquiries from members of the Squirt community.
- Discussions with the Central North Corrections Center are underway to make rapid HIV POC testing available for inmates.

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