



KYS Conference: The Epidemiology of HIV in Saskatchewan First Nations Communities

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Indigenous Services
Canada

Services aux
Autochtones Canada





Land Acknowledgement

We acknowledge that we live and work on Treaty 6 Territory and the Homeland of the Métis. We pay our respects to the First Nations and Métis ancestors of this place and reaffirm our relationship with one another.

Prevention

- Distribution of needles

Screening

- HIV testing

Diagnosis

- New diagnoses by Geography, Sex, Age and Exposure Category

Linkage to Care

- Time from diagnosis to engagement in care

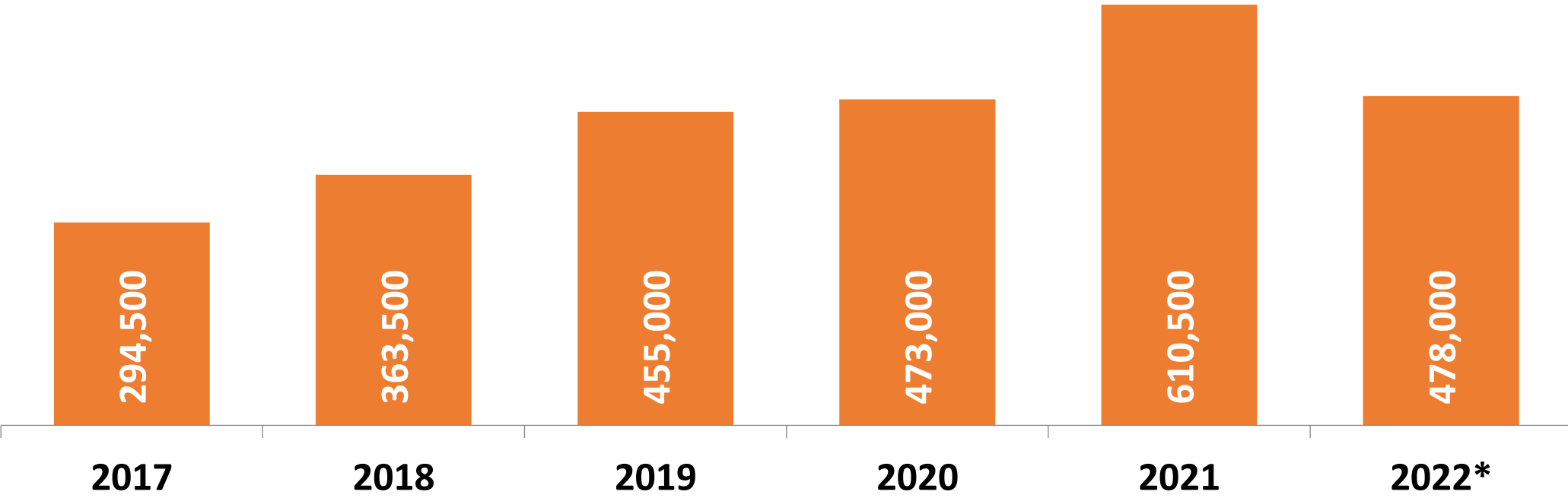
Care Cascade

- Treatment
- Viral suppression

Co-Infection

- HIV and hepatitis C co-infection
- HIV and syphilis co-infection

Annual number of needles distributed by Indigenous Services Canada, 2017 – 2022*



*2022 data is preliminary and is subject to change

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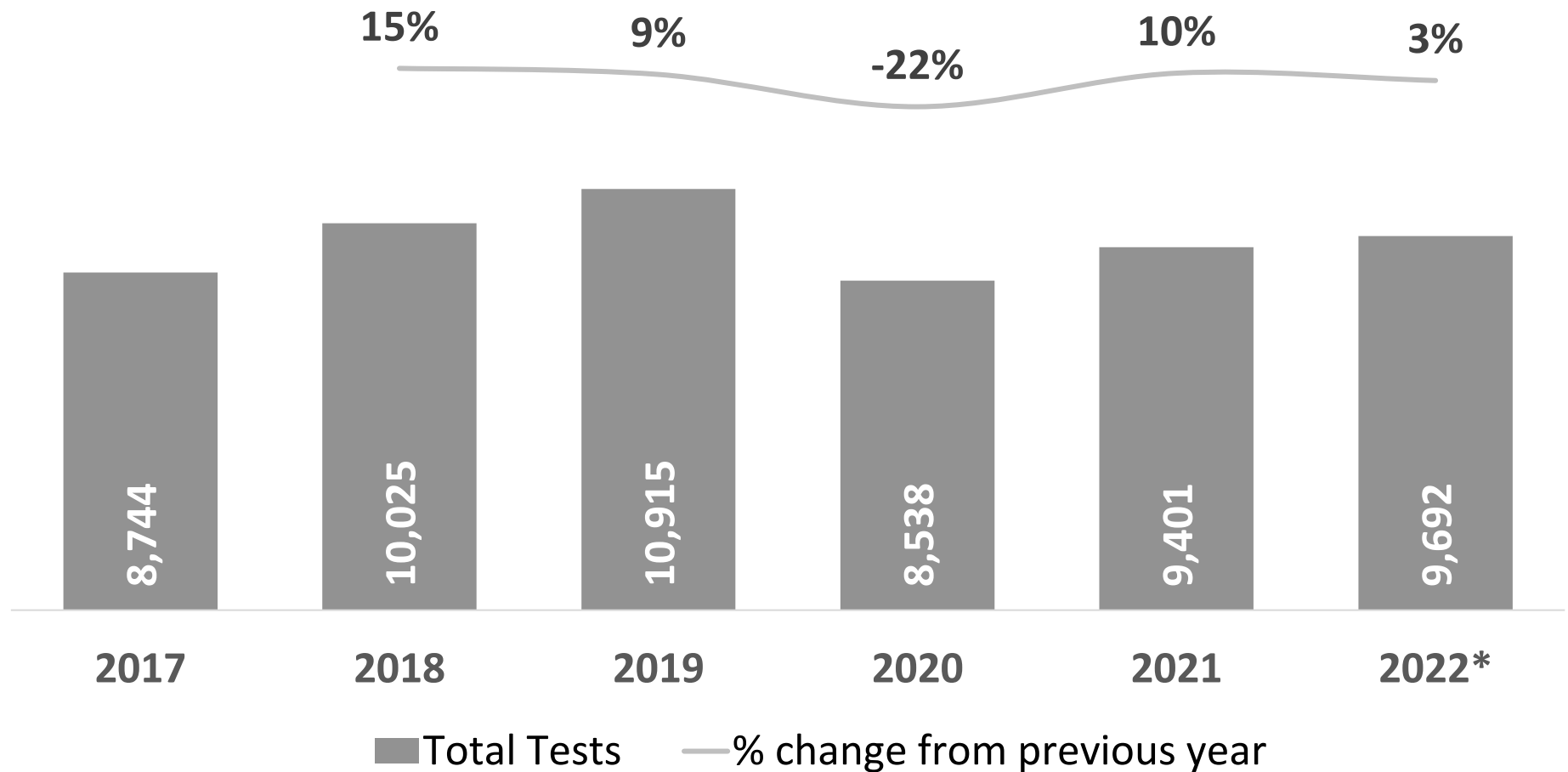
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Annual number of HIV tests conducted in and near Saskatchewan First Nation communities, 2017 – 2022*



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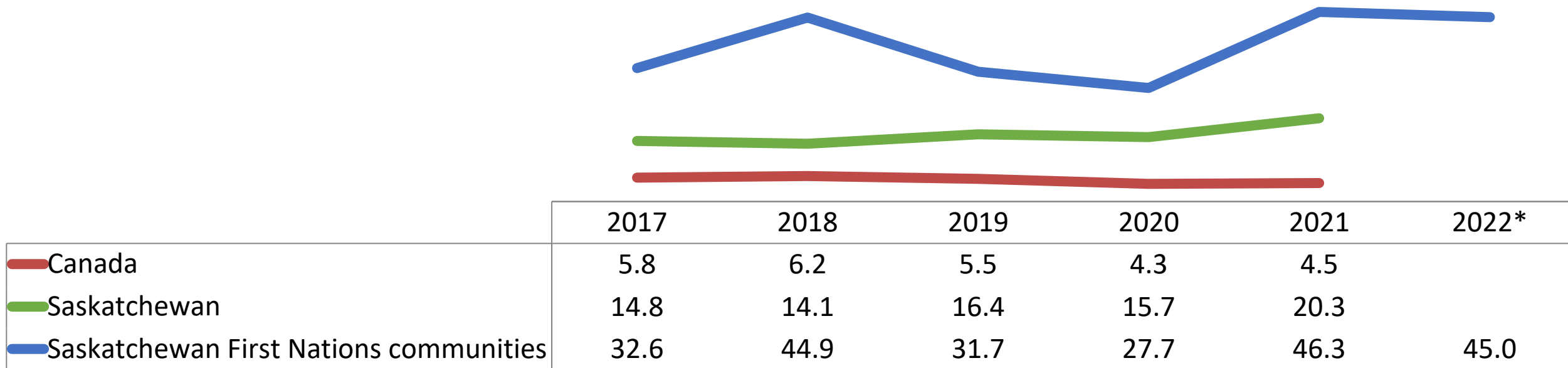
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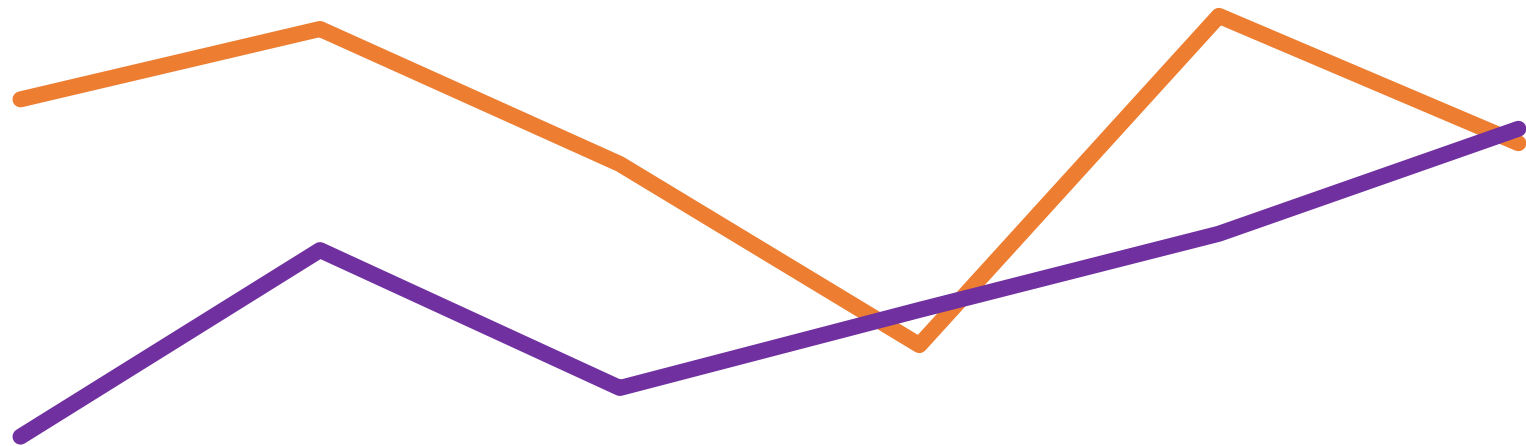
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HIV diagnosis rates (per 100,000 population) in Canada, Saskatchewan, and Saskatchewan First Nations Communities, 2017 – 2022*



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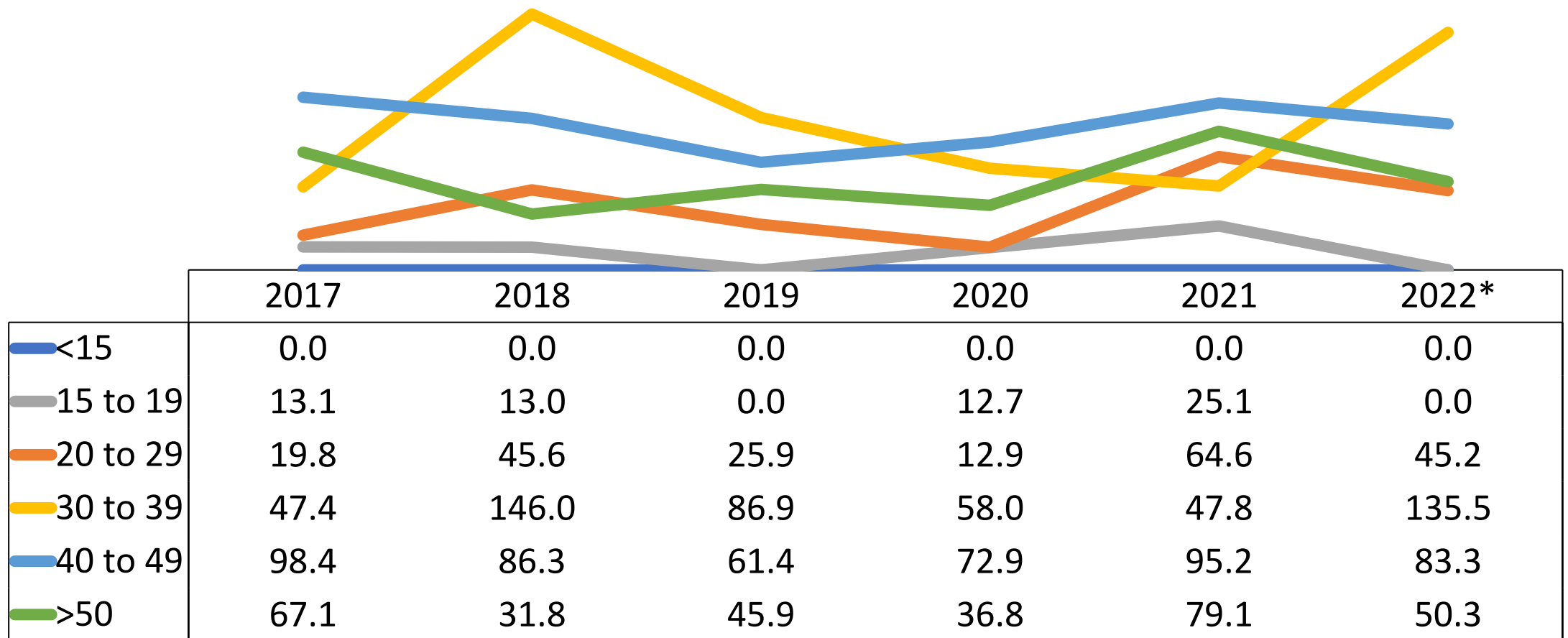
HIV diagnosis rates (per 100,000 population) in Saskatchewan First Nations Communities by sex, 2017 – 2022*



	2017	2018	2019	2020	2021	2022*
Male	48.6	55.4	42.4	24.8	56.7	44.4
Female	16.0	34.0	20.6	28.2	35.6	45.7

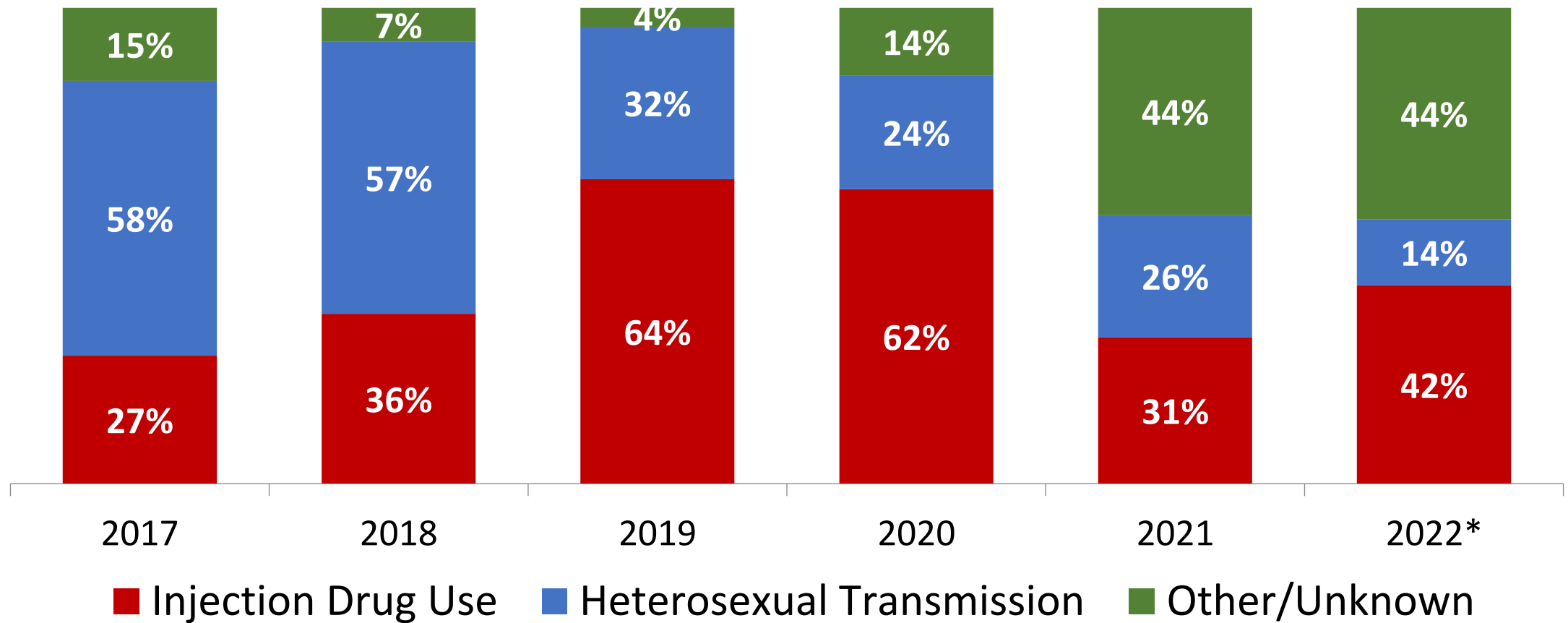
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HIV diagnosis rates (per 100,000 population) in Saskatchewan First Nations Communities by age, 2017 – 2022*



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Proportion of newly diagnosed HIV cases in Saskatchewan First Nations communities by exposure category (PHAC hierarchy), 2017 – 2022*



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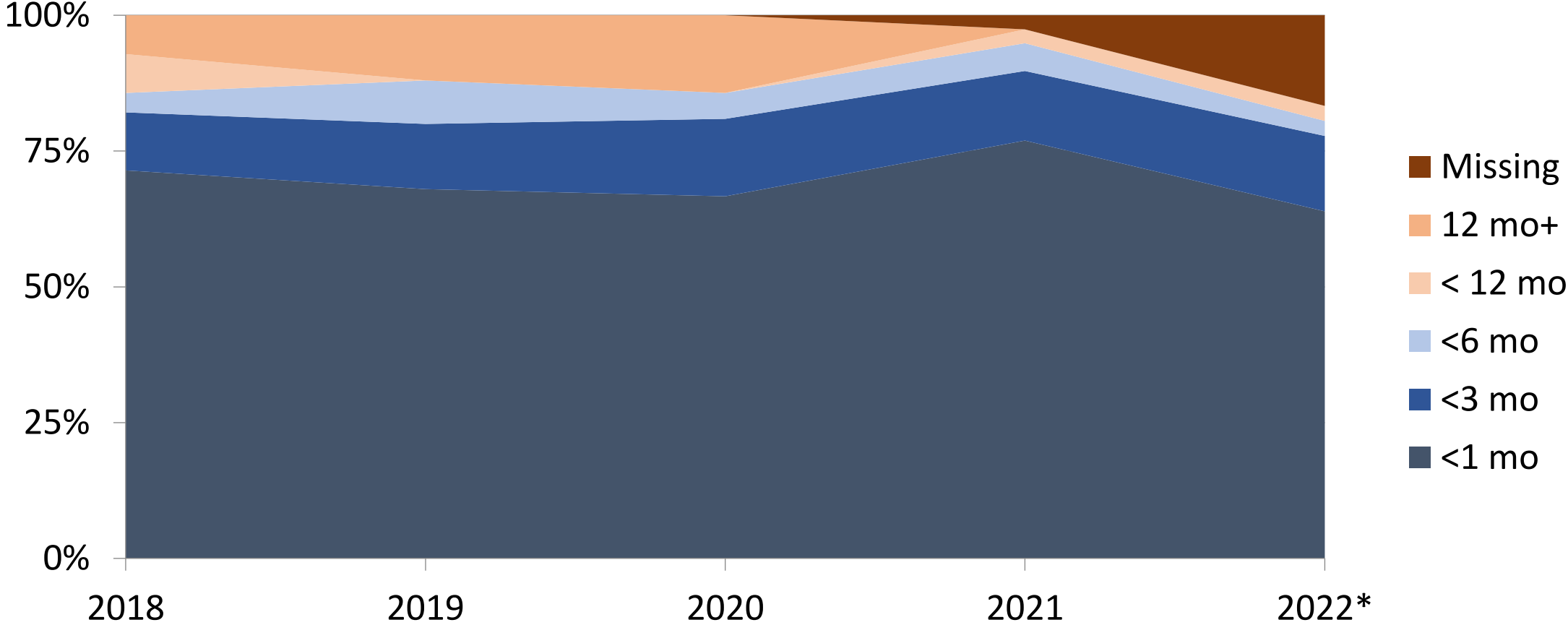
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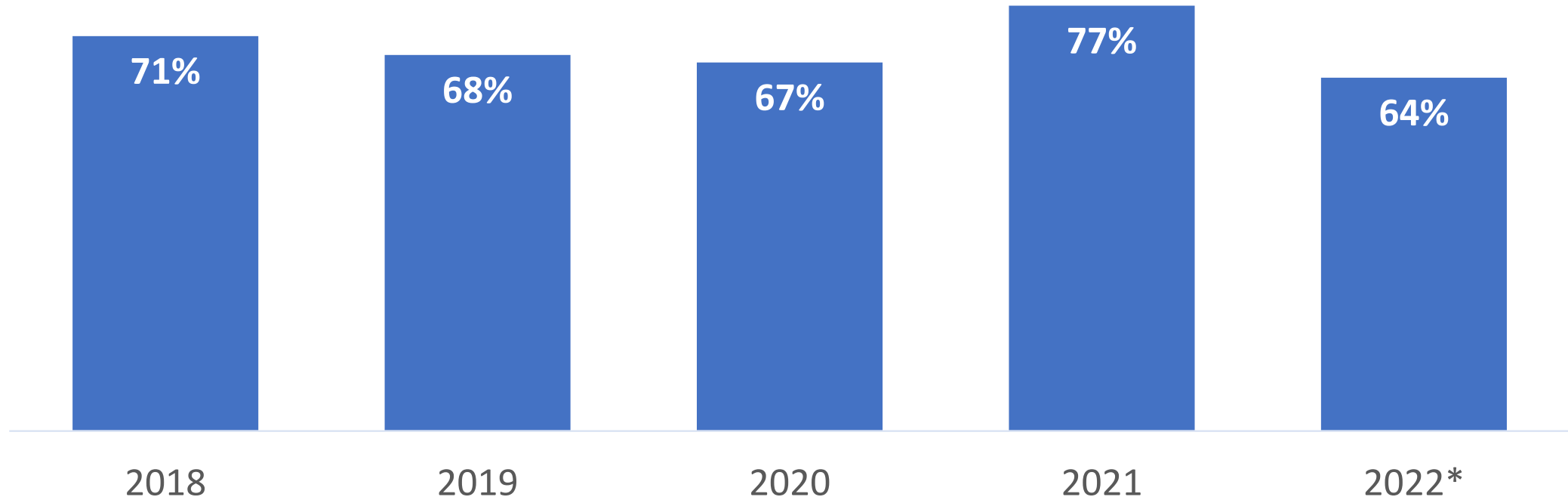
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Time to earliest CD4+ cell count or viral load test for newly diagnosed HIV cases in Saskatchewan First Nations communities, 2018 – 2022*



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Proportion of newly diagnosed HIV cases in Saskatchewan First Nations communities linked to care within 1 month of diagnosis, 2018 – 2022*



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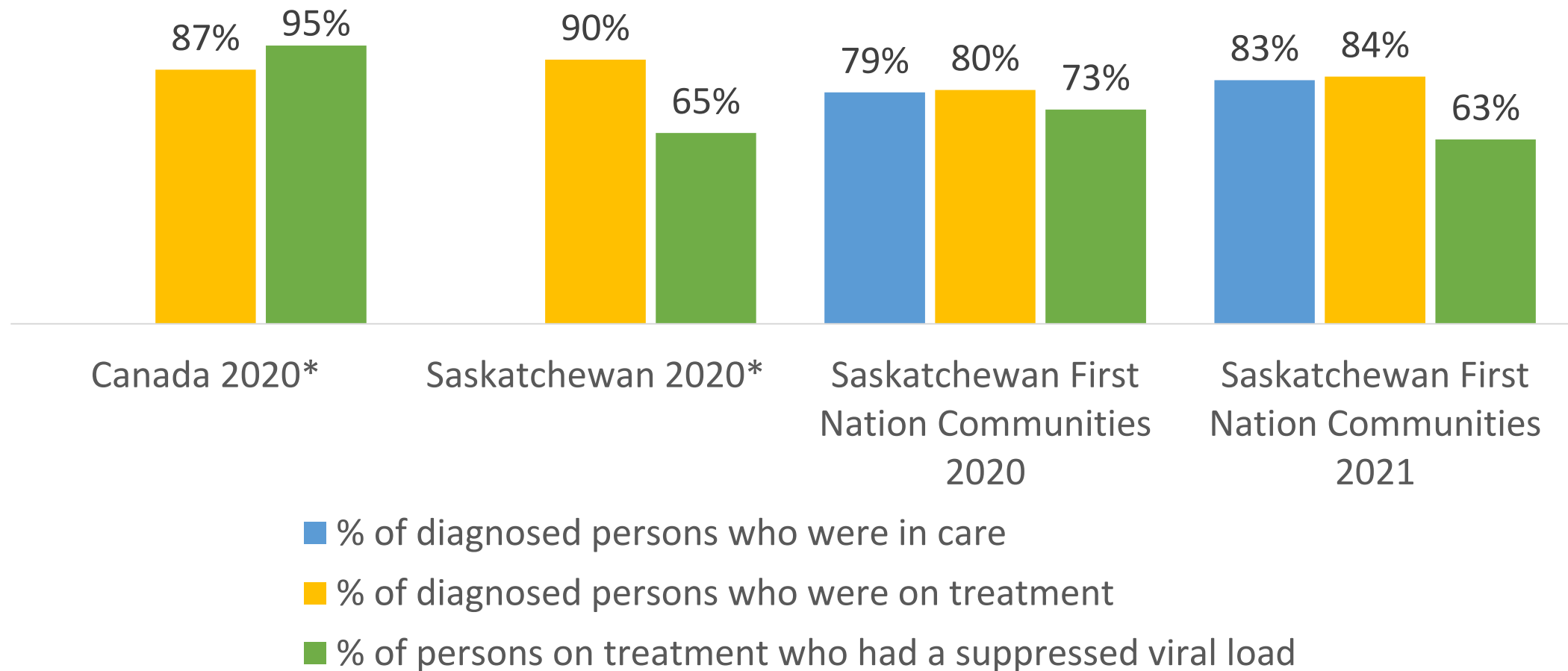
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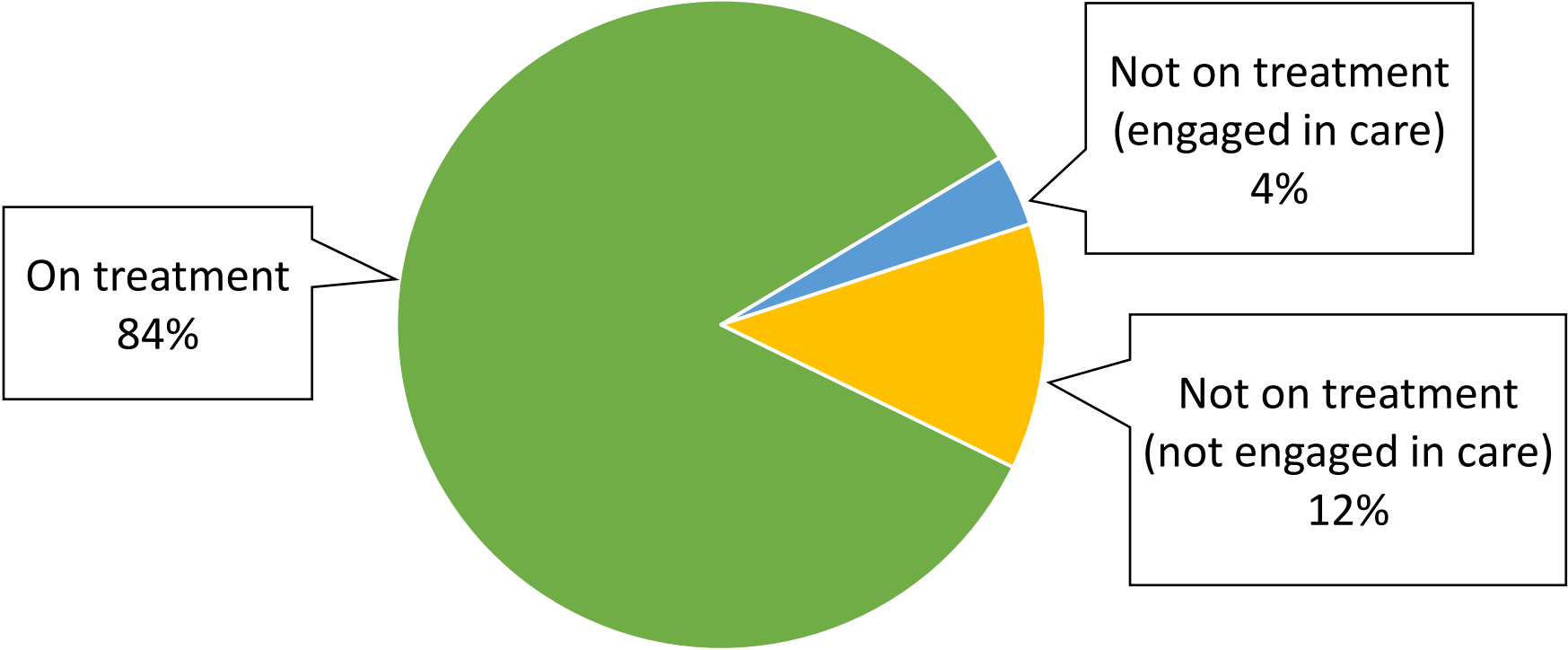
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Care Cascade estimates for all persons living with HIV (PLWH) in Canada, Saskatchewan, and Saskatchewan First Nations Communities, 2020 – 2021



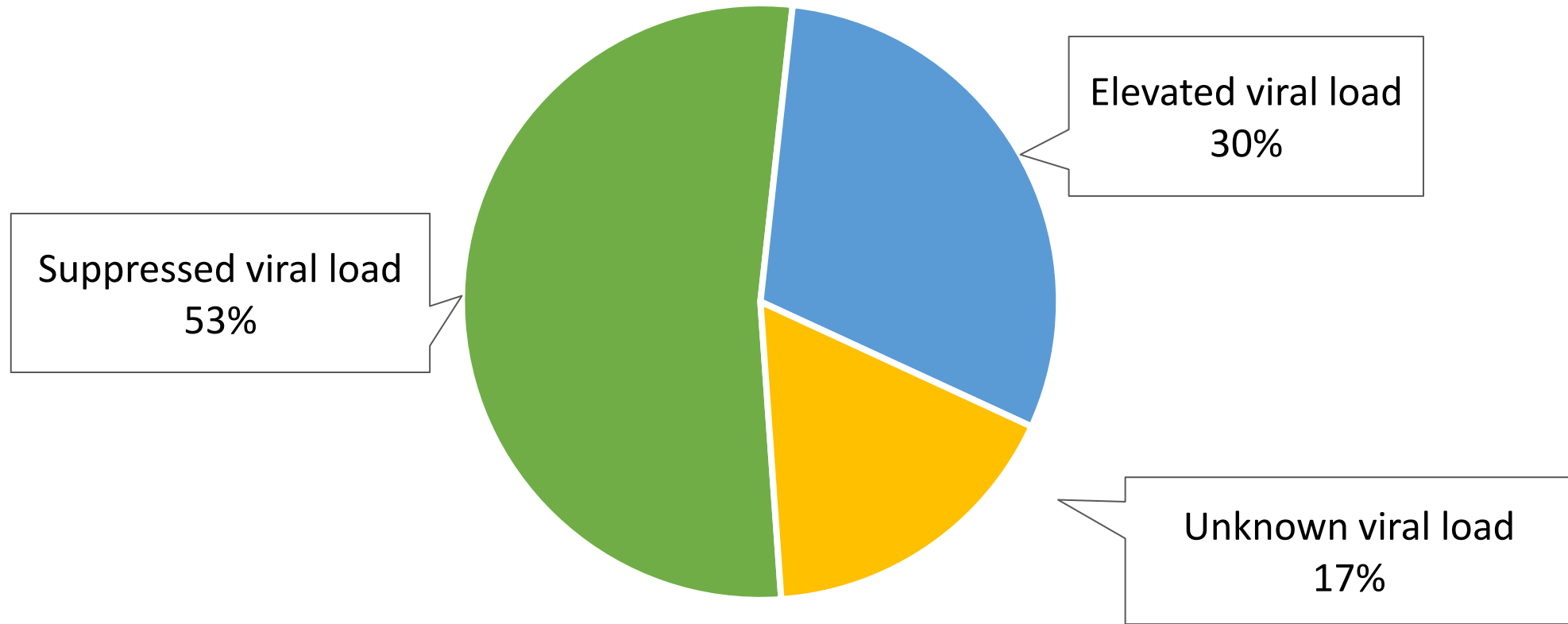
*Caution should be taken when comparing regional estimates to the national and provincial estimates, as varying definitions, data sources and methodology were used

Treatment adherence among all PLWH in Saskatchewan First Nations communities, as of December 31, 2021



-On treatment: client had HIV medication dispensed in the 2021 calendar year
-Engaged in care: client had valid viral load in the 2021 calendar year

Viral suppression among all PLWH in Saskatchewan First Nations communities, as of December 31, 2021



-Suppressed viral load: client had a viral load of <200 copies per mL in the 2021 calendar year

-Elevated viral load: client had a viral load of ≥ 200 copies per mL in the 2021 calendar year

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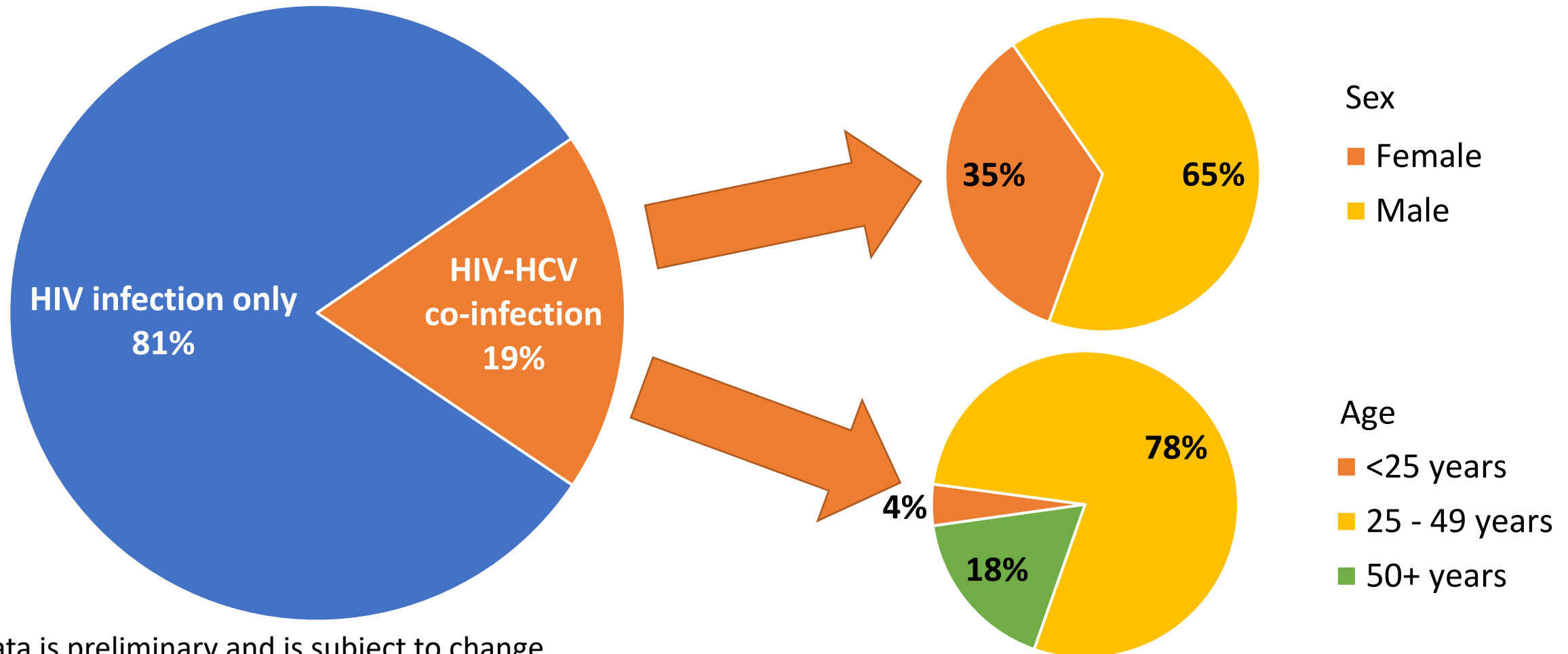
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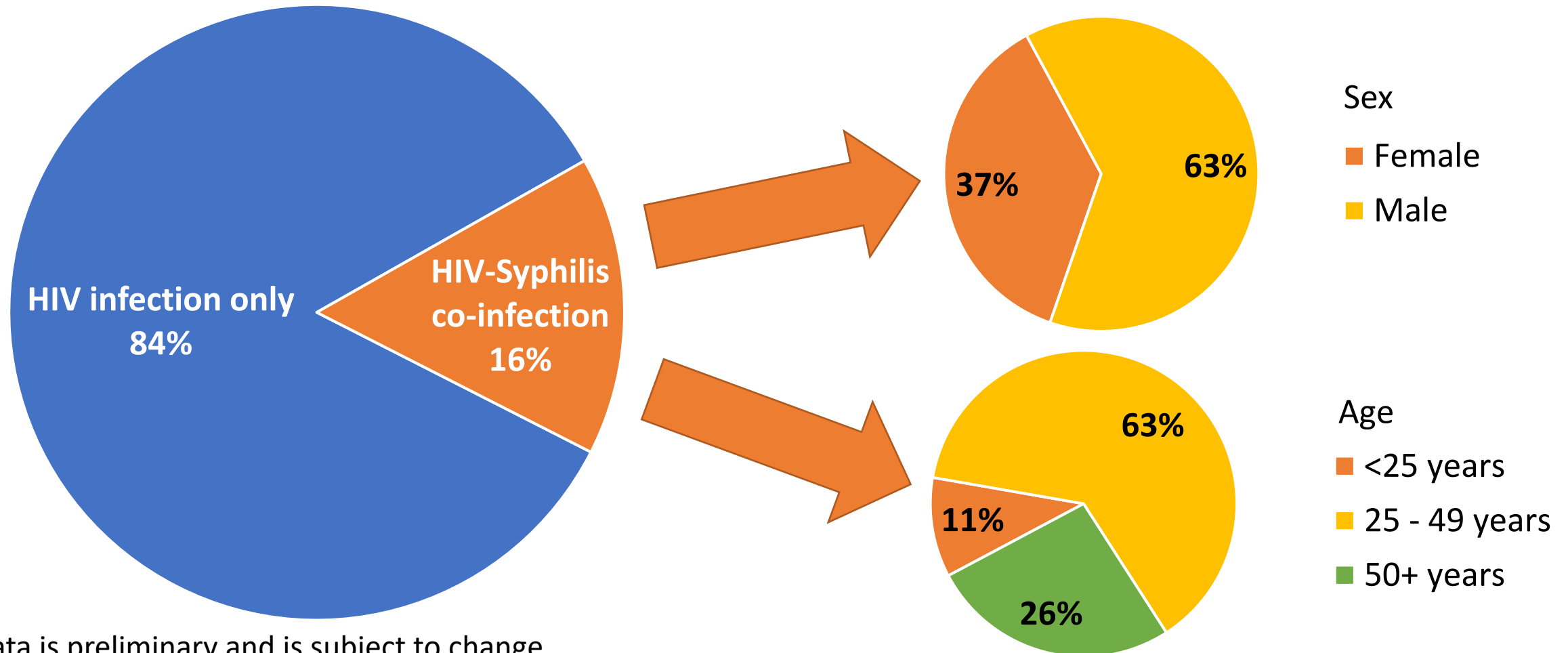
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Hepatitis C (HCV) co-infection among newly diagnosed HIV cases in Saskatchewan First Nations communities, January 1, 2019 – December 31, 2022*



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Syphilis co-infection among newly diagnosed HIV cases in Saskatchewan First Nations communities, January 1, 2019 – December 31, 2022*



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Key Messages

In 2020, the COVID-19 pandemic caused major disruptions to harm reduction programs including needle distribution

The number of HIV tests conducted in and near Saskatchewan First Nations communities in 2022 has only seen a slight 3% increase since 2021

Preliminary 2022 data shows a stable overall HIV diagnosis rate in Saskatchewan First Nations communities, but an increasing rate among women


Preliminarily, the proportion of new HIV cases reporting injection drug use as the exposure category in 2022 increased by 11% from 2021

PLWH continue to be at risk for other infections, such as hepatitis C and syphilis

In terms of HIV surveillance, capturing risk factor information of new cases is important for directing client care and for appropriate intervention planning



Acknowledgements



We would like to acknowledge the efforts by First Nations partners in the prevention of HIV infections, the care of people living with HIV, and their contribution in estimating HIV indicators for First Nations on-reserve communities in Saskatchewan.

References

BC CfE. Primary Care Guidelines for the Management of HIV/AIDS in Adults in British Columbia. Updated August 2021.

https://www.bccfe.ca/sites/default/files/uploads/primary-care-guidelines/Primary-Care-Guidelines_AUG2021.pdf

CDC. Screening for HIV. Updated January 2023.

<https://www.cdc.gov/healthcommunication/toolstemplates/entertainment/tips/HivTesting.html>

Government of Canada. Estimates of HIV incidence, prevalence and Canada's progress on meeting the 90-90-90 HIV targets, 2020. Updated July 2022. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/estimates-hiv-incidence-prevalence-canada-meeting-90-90-90-targets-2020.html>



Thank you!