Manitoba Health

# Manitoba Health Statistical Update on HIV/AIDS

1985 - 2002

**Communicable Disease Control Unit**
**Public Health**

# MANITOBA HEALTH STATISTICAL UPDATE ON HIV/AIDS
# 1985 TO December 2002

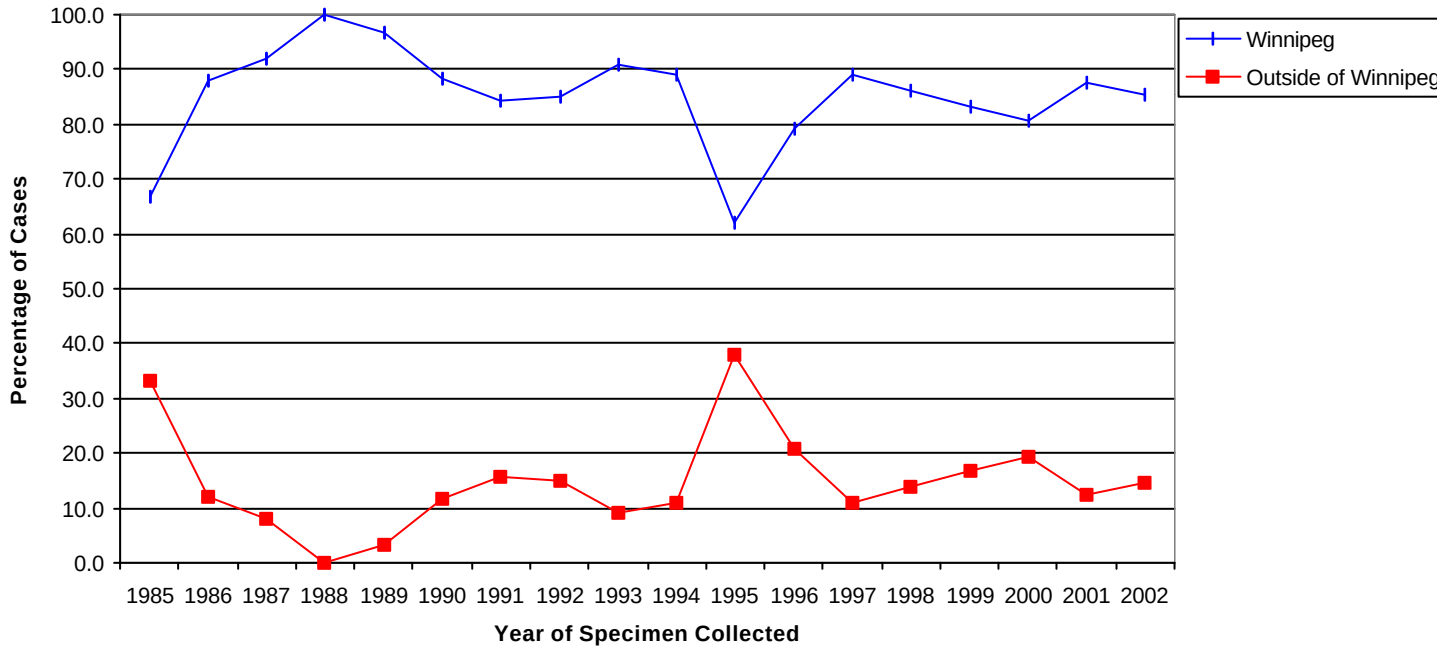
## HIV – January 1, 1985 to December 31, 2002

Between January 1 and December 31, 2002, 68 newly diagnosed cases of HIV were reported in Manitoba; 40 males and 28 females, bringing the total number of cases to 983 since 1985 (Table 1, attached report). While females represent 19% of all HIV cases reported since 1985, 8% of HIV positive individuals were accounted for by females between 1985 and 1994 as compared to 30% between 1995 and December 2002 (Table 1, attached report). The majority of all new cases, both male and female, were between the ages of 20 and 39 years (Figure 2, attached report). Particularly, there has been an increase in the number of females between the ages 20 and 49 years. Between 1985 and 2000, an average of 7 females tested positive while there were 20 and 24 identified in 2001 and 2002, respectively.

Between 1985 and December 2002, 83% (n=819) of all HIV cases reported (at the time of testing) were residents of Winnipeg, while 13% (n=131) of cases resided outside of Winnipeg (Figure 3, attached report). Of the total cases, 3% (n=29) of individuals were from out of province while less than 1% (n=4) of individuals reported missing or unknown geographic information.

With the exception of 2001, there has been a gradual but consistent increase in the percentage of cases residing outside of Winnipeg (see figure below) over recent years. This observation has important implications regarding the availability of HIV prevention and education resources outside of the major urban centre. Further, this finding encourages health care providers to continue to offer HIV testing and counseling.

### Percentage of HIV Positive Cases* by Region of Residence, Manitoba, January 1985 - December 2002




*Cases residing out-of-province or of unknown residence (at the time of testing) are excluded from the denominator.

## Self-Reported Ethnicity

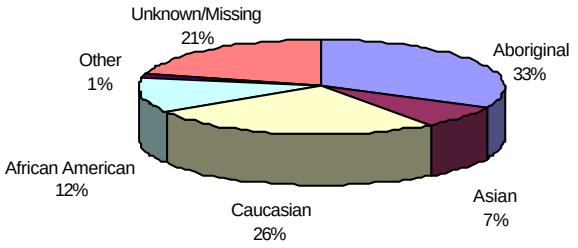
As presented in the charts below, 33% (22/68 cases) of newly diagnosed cases of HIV between January and December 2002 were self-reported as Aboriginal at the time of follow-up, while 26% (18/68 cases) were self-reported as Caucasian. These numbers increase to 41% and 33% respectively when cases with unknown or missing ethnicity are excluded (n=14) due to incomplete or missing *Notification of HIV Infection* forms. When these groups are further examined by mode of transmission, the most commonly reported category for Aboriginals includes IDU[1] (15/22 cases; 68%) and heterosexual activity with person(s) at increased risk of HIV (3/22; 14%). For Caucasians, the majority of individuals reported heterosexual activity with person(s) at increased risk of HIV (9/18; 50%) and MSM[2] (6/18; 33%).

Between January 1999 and December 2001, the majority of new HIV cases self-reported as Aboriginal (75/195 cases; 38%) and Caucasian (66/195 cases; 34%). These values increase to 45% and 40%, respectively, when cases with missing or unknown ethnicity are excluded (n=29). Similar patterns regarding the predominant modes of transmission were observed between 1999 and 2001. For Aboriginals, the two most common transmission categories include IDU (42/75 cases; 56%) and heterosexual activity with person(s) at increased risk of HIV (22/75 cases; 29%). The most commonly reported categories for Caucasians include MSM (26/66 cases; 39%) and heterosexual activity with person(s) at increased risk of HIV (24/66 cases; 36%).

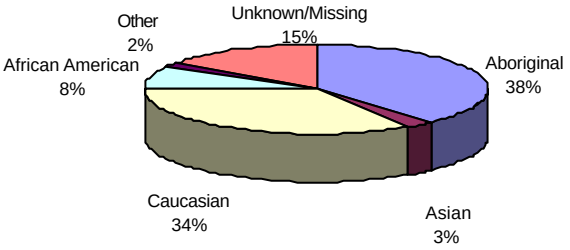
It is important to note that these data are self-reported and reflect individuals coming forward for testing. Misclassification may occur when the index case fails to self-identify, leading to under-representation. In addition, approximately 16% of HIV cases reported between January 1999 and December 2002 were incomplete due to missing or unknown information pertaining to ethnicity.

Despite these limitations, this information is important as it further characterizes at-risk populations to support targeted HIV prevention and planning initiatives. In addition, this information may be used to facilitate the allocation of resources for education and treatment programs within Regional Health Authorities, other health care jurisdictions and the province.

**Percentage of New Positive HIV Cases by Ethnicity in Manitoba, January 2002 to December 2002 (N=68)**




**Percentage of New Positive HIV Cases by Ethnicity in Manitoba, January 1999 to December 2001 (N=195)**




[1] Injection drug use.
[2] Men having sex with men.

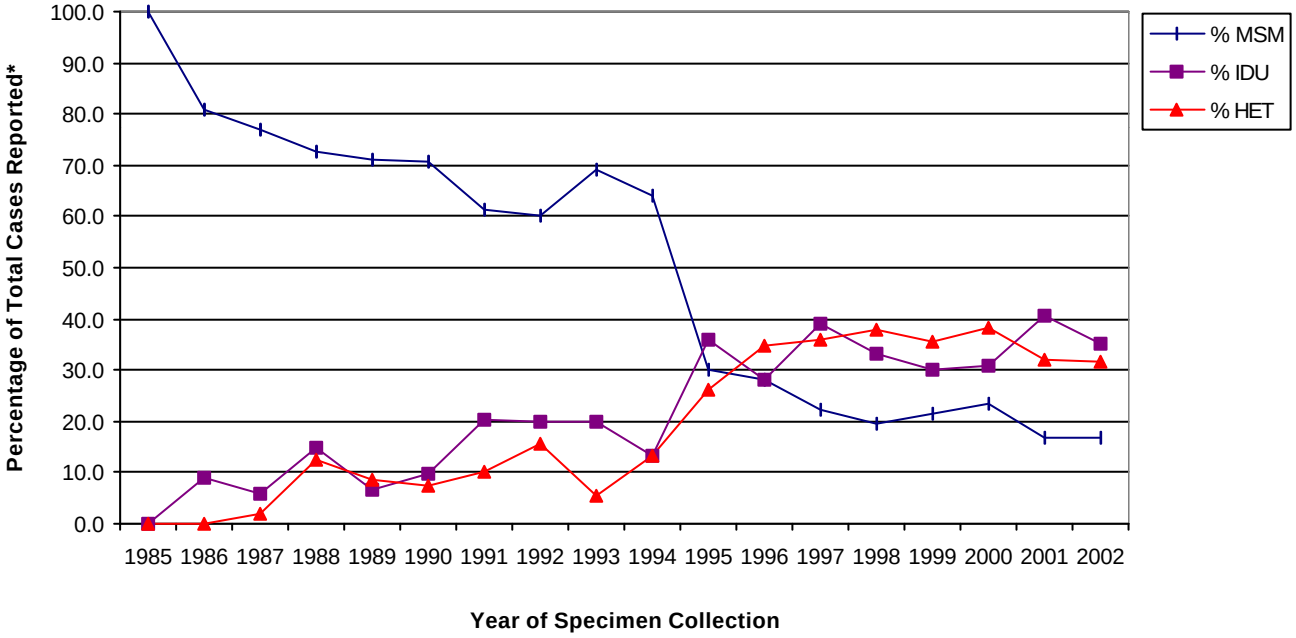
## HIV Transmission Patterns

Of the 28 females testing HIV positive between January and December 2002, the predominant modes of transmission after excluding those with no identified risk (n=3; 11%), were injection drug use (10/25 cases; 40%) and endemic[3] (8/25 cases; 32%). Of the 40 males, excluding those with no identified risk (n=5; 13%), the predominant modes of transmission included heterosexual activity with person(s) at increased risk of HIV (12/35; 34%), IDU (11/35; 31%) and MSM (10/35; 29%).

Table 4 (attached report) describes the mode of transmission for all HIV positive cases. When cases are reviewed from 1985 to December 2002, the most common transmission categories for females include heterosexual activity with person(s) at risk of HIV and IDU. For males, the primary modes of transmission include MSM, heterosexual activity with person(s) at risk of HIV and IDU (Figure 4, attached report).

In total, MSM, IDU and heterosexual activity with person(s) at risk of HIV represent roughly 85% of all HIV antibody positive individuals diagnosed between January 1985 and December 2002 (excluding cases with missing/unknown mode of transmission; n=50). There has been a substantial increase in IDU from 30% in 1999 to 41% in 2001 and then a decrease in 2002 to 35% (refer to graph below). Examined over time, it is evident that the proportion of individuals reporting MSM has declined since 1985 and dropped substantially in 1995. However, the *number* of new cases reporting MSM has remained relatively constant over the last five years, with an average of 13-15 cases per year, with the exception of 2001 and 2002 where there were only 9 and 10 cases, respectively. The proportion of cases reporting heterosexual activity with person(s) at increased risk of HIV has increased steadily since 1995 reaching a high of nearly 40% in 2000.

**Risk Profile for HIV Positive Cases in Manitoba, January 1985 - December 2002**




*Cases with no identified risk (NIR) were excluded from the denominator.
MSM is men having sex with men.
IDU is injection drug use and includes MSM/IDU.
HET is heterosexual activity with person(s) at increased risk of HIV.

[3] Endemic includes persons originating from or residing in countries with a high prevalence of HIV.

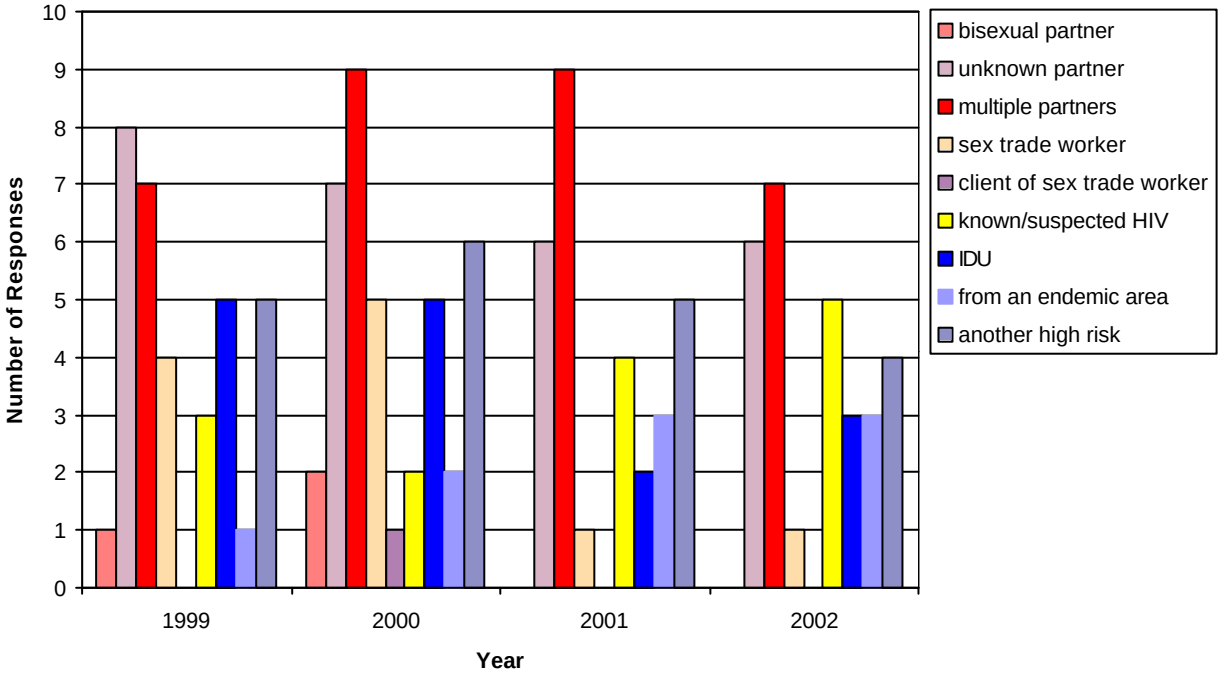
## Heterosexual Contact with Person(s) at Risk of HIV

Between January and December 2002, heterosexual contact with person(s) at risk of HIV was reported as the primary mode of transmission for 19 cases. In 1999, 2000 and 2001 there were 25, 21, 19 cases, respectively.

In 1999, the majority of individuals reported heterosexual contact with an unknown partner (n=8; 32%) and having heterosexual contact with multiple sex partners (n=7; 28%). Similar patterns were observed in 2000, 2001 and 2002, where the majority of cases reported having heterosexual contact with multiple partners (43%, 47% and 37%, respectively) and unknown partners (33%, 32% and 32%, respectively). See figure below.

Although these data reflect individuals coming forward for testing and are subject to over- or under-reporting, they are helpful in identifying current trends. This information is critical to support and direct planning and prevention services within and across health care jurisdictions in Manitoba. Finally, the increase in HIV among heterosexuals over recent years may suggest that HIV testing is becoming more acceptable among this population. As a result, it may be timely to increase the targeted promotion of HIV testing among this group. Further, it is important that health care professionals offer HIV testing and counseling to individuals infected with a bacterial sexually transmitted disease (STD) or to those named as a contact to someone infected with a STD. Both the Provincial AIDS Strategy and Provincial STD Strategy provide goals and objectives to facilitate program planning and prevention strategies to reduce the risk and transmission of HIV and STD.

**Heterosexual Contact with Person(s) at Risk of HIV, Manitoba, January 1999 - December 2002**

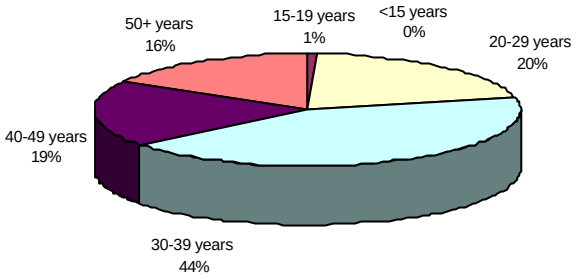



Note: Number of responses may not add up to the total number of individuals reporting heterosexual contact since all Categories within this variable that apply for each case are recorded.

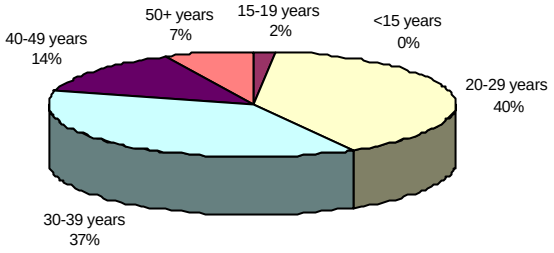
## Age of HIV Positive Cases among MSM Risk Profile

Between January 1995 and December 2002, there was an increase in the age of HIV positive cases reporting MSM as the primary mode of transmission as compared to the earlier time period of 1985-1994. This is particularly evident for those individuals 30 years of age and older, where there was an observed increase, from 58% to 79%. Alternatively, there has been a decrease in cases aged 20 and younger, from 40% during 1985 to 1994 to 20% for the period 1995 to December 2002.

**Age of HIV Positive Cases with MSM Risk Profile in Manitoba, January 1995 - December 2002 (N=104)**




**Age of HIV Positive Cases with MSM Risk Profile in Manitoba, January 1985 - December 1994 (N=321)**




## AIDS – January 1985 to December 31, 2002

Between January 1 and December 31, 2002, 8 new cases of AIDS were reported; 7 cases were male and 1 one case was female. These reports bring the total number of cases to 206 since 1985 (Table 5, attached report). The number of reported AIDS cases has declined somewhat over recent years, due in part to early diagnosis and improved treatment of individuals with HIV infection. Seventy-nine percent of individuals reported with AIDS have died. However, delays in reporting of both cases and deaths make it difficult to determine precisely the incidence and mortality rate.

# APPENDIX A

## Reporting of HIV and AIDS in Manitoba

In Manitoba, HIV testing is non-nominal. A prescribed patient code is assigned when a physician completes the appropriate requisition. This code includes the last two letters of the mother's maiden name, the patient's year of birth, day of birth, gender, regional health authority (as defined by number) and first three characters of the patient's postal code. Prior to August 1998, the former Manitoba Health region (as defined by letter) was assigned to identify the patient's region of residence. As well, postal code was not included.

All HIV antibody testing is carried out at the Cadham Provincial Laboratory (CPL). Positive test results are subsequently reported to the Director of Communicable Disease Control as required by the *Diseases and Dead Bodies Regulation, Public Health Act*. It has been the practice of Communicable Disease Control (CDC) Unit to enter case information into the HIV Database *after* the physician (requesting the test) has verified the test result as a new or existing case. However, there have been delays in the completion of and return of the *Notification of HIV Infection Form* (Appendix B) by health care professionals. Consequently, all HIV positive test results are considered new cases unless otherwise advised by the appropriate health care professional. This practice will avoid the under-reporting of HIV in Manitoba, although, duplicate cases may be included. The CDC Unit continues to work with Regional Health Authorities towards a satisfactory resolution in this regard. A collaborative effort between the Winnipeg Regional Health Authority and the CDC Unit, Manitoba Health has decreased the number of outstanding *Notification of HIV Forms* for 1999 to present.

Twice a year, line-listed data from the HIV Database are extracted and forwarded to the Centre for Infectious Disease Prevention and Control, Health Canada in Ottawa for inclusion within the national report, *HIV and AIDS in Canada*. Although non-nominal, the prescribed patient code is stripped prior to release. Instead, a sequential case number assigned by the database is used to distinguish one case from another.

Provincially and nationally, AIDS cases and deaths are reportable by physicians. A federal reporting form, the *AIDS Case Reporting Form*, is used for this purpose. New AIDS cases and deaths are reported to the Director of Communicable Disease Control and subsequently forwarded to the Centre for Infectious Disease Prevention and Control. The Centre works diligently with other provinces to ensure that there are no duplications in the counting of cases. The variations seen from previous reports with respect to the number of AIDS cases and deaths may be accounted for by delays in reporting as well as the fact that in Manitoba, the database is updated immediately once surveillance staff are notified that a particular case has been accounted for in another province.

APPENDIX B

## NOTIFICATION OF HIV INFECTION (Form prescribed pursuant to subsection 43(2) The Public Health Act P210)

DESIGNATED PATIENT CODE _____
(As per CPL requisition: Last two initials of mother's maiden name; year of birth; day of birth; gender; RHA of residence code; 3-digit forward sortation postal code)

PHYSICIAN NAME _____

LABORATORY REQUISITION NUMBER _____

SPECIMEN DATE _____/_____/_____
yyyy mm dd

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**PRINCIPAL REASON FOR TEST (ONE ONLY)**

- ☐ Requested by patient (no risk identified)
- ☐ Risk factor present (asymptomatic)
- ☐ Symptomatic ☐ STD work-up
- ☐ Travel ☐ Insurance
- ☐ Prenatal
- ☐ Other (specify) _____

**GENDER** ☐ Male ☐ Female ☐ Trans-gender

If female, pregnant? ☐ Yes ☐ No
Receiving anti-retroviral drug(s)? ☐ Yes ☐ No

**M/S** ☐ Unmarried ☐ Married/CL ☐ S/D/W

**COUNTRY OF BIRTH**
☐ Canada ☐ Other _____
If other, year of arrival in Canada _____

**ETHNICITY**
☐ Caucasian ☐ African/African-American
☐ Aboriginal ☐ Asian
Other _____

If aboriginal, treaty status: ☐ Treaty ☐ Non-treaty
Band number _____

**CLINICAL STATUS**

Are HIV-related symptoms present? ☐ Yes ☐ No

Does the patient have AIDS? ☐ Yes ☐ No

**PAST HISTORY**

1) Previous HIV testing? ☐ Yes ☐ No ☐ Unknown
If yes:
Date of most recent negative test: _____
Date of first positive test: _____

2) History of STD ever ☐ Yes ☐ No

3) STD in past 3 months ☐ Yes ☐ No

4) Previous blood or tissue donation ☐ Yes ☐ No

If yes, most recent date _____

Location _____

**RISK INFORMATION**
(Since 1978; check all client characteristics that apply)

| | Yes | No | Unk. |
|---|---|---|---|
| 1) Has had sex with: | | | |
| A male | ☐ | ☐ | ☐ |
| A female | ☐ | ☐ | ☐ |
| 2) Has had heterosexual sex with: | | | |
| A bisexual partner | ☐ | ☐ | ☐ |
| An unknown partner | ☐ | ☐ | ☐ |
| Multiple sex partners | ☐ | ☐ | ☐ |
| A sex trade worker | ☐ | ☐ | ☐ |
| A client of a sex trade worker (i.e. patient is a sex trade worker) | ☐ | ☐ | ☐ |
| A person with known/suspected HIV | ☐ | ☐ | ☐ |
| An injection drug user | ☐ | ☐ | ☐ |
| A person from an HIV endemic area | ☐ | ☐ | ☐ |
| Another high risk partner | ☐ | ☐ | ☐ |
| 3) Has used needles for recreational (non-medical) drug injection | ☐ | ☐ | ☐ |
| 4) Has received blood or blood products a) Prior to Nov. 1985 | ☐ | ☐ | ☐ |
| b) After Nov. 1985 | ☐ | ☐ | ☐ |
| 5) Has received blood or blood products for treatment of a coagulation disorder | | | |
| a) Prior to Nov. 1985 | ☐ | ☐ | ☐ |
| b) After Nov. 1985 | ☐ | ☐ | ☐ |
| 6) Has been exposed to HIV in an occupational setting (e.g. needlestick injury) | ☐ | ☐ | ☐ |
| 7) Born to an HIV positive mother | ☐ | ☐ | ☐ |
| 8) Born in or resident of an HIV-endemic country | ☐ | ☐ | ☐ |

9) Has had:
- ☐ tattoo
- ☐ body piercing
- ☐ acupuncture
- ☐ blood contact from bite, altercation, etc.

10) Other exposure which could have been source of HIV infection, specify _____

11) No identifiable risk factor ☐

**Interview for partners at risk to be done by:** Physician Yes ☐ No ☐ Public Health Nurse Yes ☐ No ☐

**If by public health nurse, physician must first obtain informed consent from client. Has informed consent been obtained?** ☐ Yes ☐ No

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**CONTACT INFORMATION ON PARTNERS TO BE FOLLOWED BY PUBLIC HEALTH:**

Name _____ Home tel _____ Work tel _____
Alias _____ Sex ☐ F ☐ M
Address _____ Postal Code _____ Age/Birth date _____
Occupation _____ Place of Employment/School _____
☐ Live-In Partner ☐ Single Other_____ Lives with ☐ Parents ☐ Informant ☐ Other
Characteristics: Height_____ Wt _____ Eye Colour_____ Hair_____ Complexion _____
Sexual Exposure: (First)_____ To_____(Last) Parenteral(First)_____ To_____(Last)
Notified Yes ☐ Date _____ No ☐ By Whom _____

# Manitoba Health Statistical Update on HIV/AIDS

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1985 - 2002

CDC Unit
Public Health Branch
Manitoba Health

# MANITOBA HEALTH

## Table 1. NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE, 1985-2002

| Year | Male | Female | Total |
|---|---|---|---|
| 1985 | 3 | 0 | 3 |
| 1986 | 70 | 0 | 70 |
| 1987 | 50 | 3 | 53 |
| 1988 | 37 | 4 | 41 |
| 1989 | 57 | 3 | 60 |
| 1990 | 40 | 3 | 43 |
| 1991 | 33 | 6 | 39 |
| 1992 | 39 | 6 | 45 |
| 1993 | 54 | 4 | 58 |
| 1994 | 50 | 7 | 57 |
| 1995 | 42 | 9 | 51 |
| 1996 | 37 | 16 | 53 |
| 1997 | 59 | 17 | 76 |
| 1998 | 53 | 18 | 71 |
| 1999 | 53 | 20 | 73 |
| 2000 | 38 | 19 | 57 |
| 2001 | 39 | 26 | 65 |
| 2002 | 40 | 28 | 68 |
| Total | 794 | 189 | 983 |

## Figure 1. NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE, 1985-2002

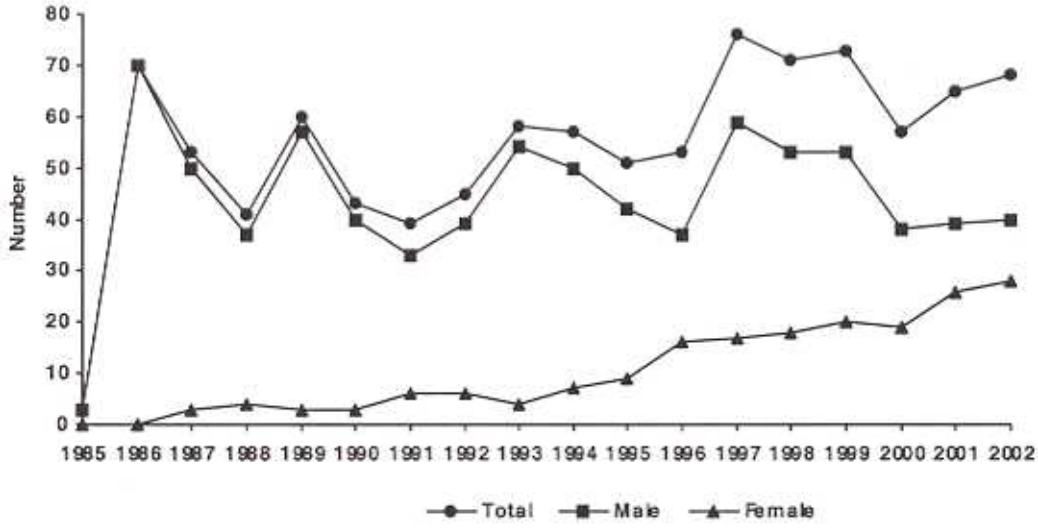
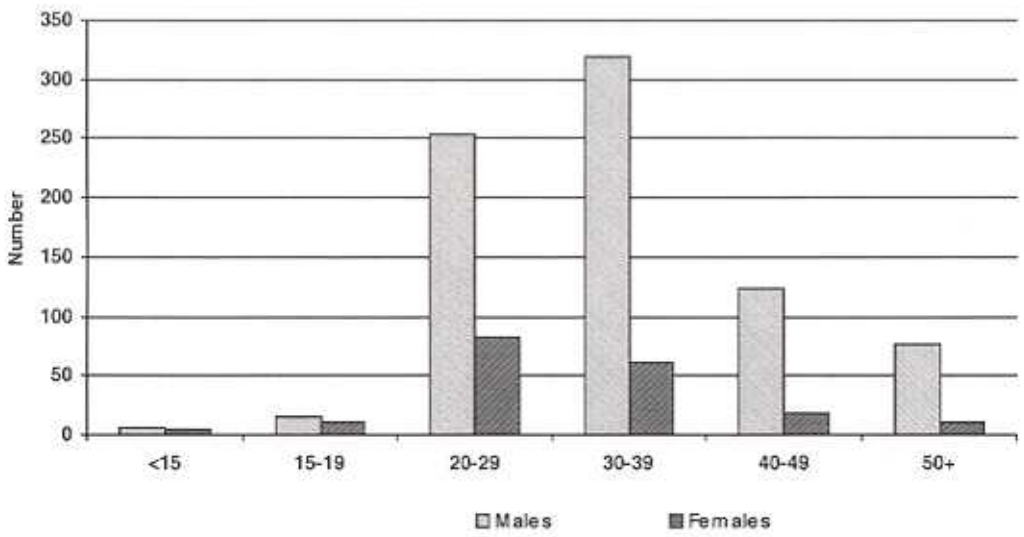


**Table 2. NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE BY AGE AND GENDER, 2002, 2001, CUMULATIVE 1985-2000 AND 1985-2002**

| Age | Gender | 2002 | 2001 | 1985-2000 | 1985-2002 |
|---|---|---|---|---|---|
| | | Total | Total | Total | Total |
| <15 | M | 0 | 0 | 6 | 6 |
| | F | 1 | 0 | 4 | 5 |
| 15-19 | M | 1 | 0 | 14 | 15 |
| | F | 2 | 0 | 9 | 11 |
| 20-29 | M | 5 | 2 | 246 | 253 |
| | F | 8 | 11 | 64 | 83 |
| 30-39 | M | 16 | 21 | 283 | 320 |
| | F | 14 | 9 | 38 | 61 |
| 40-49 | M | 10 | 5 | 109 | 124 |
| | F | 1 | 4 | 13 | 18 |
| 50+ | M | 8 | 11 | 57 | 76 |
| | F | 2 | 2 | 7 | 11 |
| Total | M | 40 | 39 | 715 | 794 |
| | F | 28 | 26 | 135 | 189 |

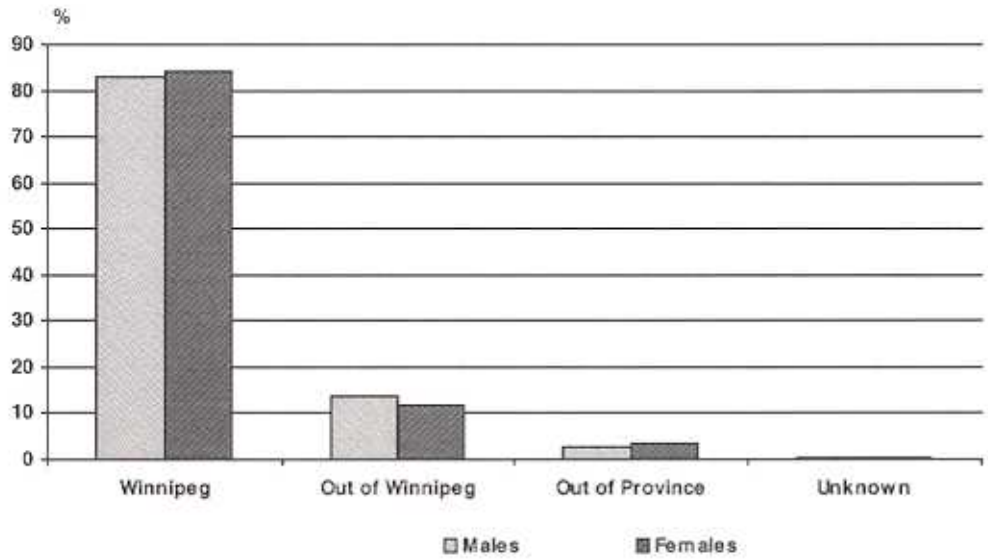
**Figure 2. NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE BY AGE AND GENDER, 1985-2002**



## Table 3. NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE BY GEOGRAPHIC RESIDENCE AND GENDER, 2002, 2001, CUMULATIVE 1985-2000 AND 1985-2002

| Geographic Residence | Gender | 2002 | 2001 | 1985-2000 | 1985-2002 |
|---|---|---|---|---|---|
| | | Total | Total | Total | Total |
| Winnipeg | M | 33 | 33 | 594 | 660 |
| | F | 25 | 23 | 111 | 159 |
| Brandon | M | 0 | 0 | 1 | 1 |
| | F | 1 | 0 | 0 | 1 |
| Assiniboine | M | 0 | 0 | 1 | 1 |
| Brandon, Assiniboine | M | 0 | 0 | 18 | 18 |
| | F | 0 | 0 | 1 | 1 |
| N. Eastman | M | 1 | 1 | 1 | 3 |
| | F | 0 | 0 | 1 | 1 |
| S. Eastman | M | 1 | 0 | 1 | 2 |
| N. Eastman, S. Eastman | M | 0 | 0 | 11 | 11 |
| | F | 0 | 0 | 2 | 2 |
| Interlake | M | 0 | 2 | 24 | 26 |
| | F | 2 | 0 | 3 | 5 |
| Central | M | 4 | 1 | 26 | 31 |
| | F | 0 | 3 | 5 | 8 |
| Parkland | M | 0 | 0 | 5 | 5 |
| | F | 0 | 0 | 1 | 1 |
| Norman | M | 1 | 1 | 3 | 5 |
| | F | 0 | 0 | 1 | 1 |
| Burntwood | M | 0 | 0 | 6 | 6 |
| | F | 0 | 0 | 2 | 2 |
| Unknown | M | 0 | 1 | 2 | 3 |
| | F | 0 | 0 | 1 | 1 |
| Out of Province | M | 0 | 0 | 22 | 22 |
| | F | 0 | 0 | 7 | 7 |
| Total | M | 40 | 39 | 715 | 794 |
| | F | 28 | 26 | 135 | 189 |

## Figure 3. PERCENTAGE OF HIV POSITIVE INFECTIONS IN MANITOBA BY REGION OF RESIDENCE AND GENDER, 1985-2002



## Table 4. NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE BY TRANSMISSION CATEGORY AND GENDER, 2002, 2001, CUMULATIVE 1985-2000 AND 1985-2002

| Transmission Category | Gender | 2002 | 2001 | 1985-2000 | 1985-2002 |
|---|---|---|---|---|---|
| | | Total | Total | Total | Total |
| MSM | M | 10 | 9 | 406 | 425 |
| MSM/IDU | M | 0 | 1 | 46 | 47 |
| Heterosexual' | M | 12 | 9 | 105 | 126 |
| | F | 7 | 10 | 56 | 73 |
| IDU | M | 11 | 13 | 82 | 106 |
| | F | 10 | 10 | 49 | 69 |
| Perinatal | M | 0 | 0 | 2 | 2 |
| | F | 0 | 0 | 1 | 1 |
| Recp B/B products | M | 1 | 0 | 28 | 29 |
| | F | 0 | 2 | 6 | 8 |
| Endemic'' | M | 1 | 2 | 20 | 23 |
| | F | 8 | 3 | 13 | 24 |
| NIR | M | 5 | 5 | 26 | 36 |
| | F | 3 | 1 | 10 | 14 |
| Total | M | 40 | 39 | 715 | 794 |
| | F | 28 | 26 | 135 | 189 |

MSM = men having sex with men

IDU = injection drug use

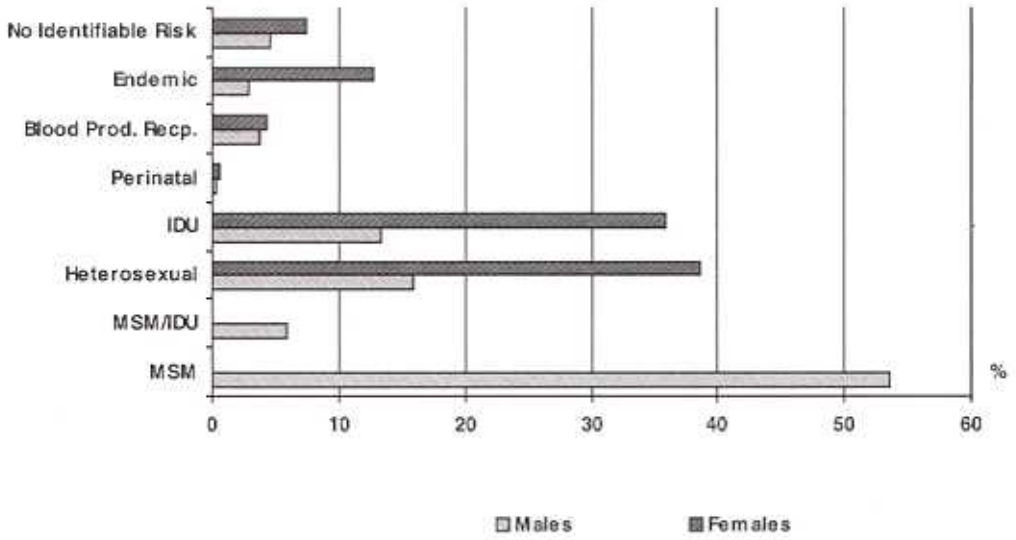
Recp B/B products = recipient of blood/blood product

NIR = No Identified Risk

' Heterosexual activity includes persons reporting heterosexual activity with person(s) at risk of HIV infection

'' Endemic includes persons originating from or residing in countries with a high prevalence of HIV

## Figure 4. PERCENTAGE OF HIV POSITIVE INFECTIONS IN MANITOBA BY TRANSMISSION CATEGORY, 1985-2002

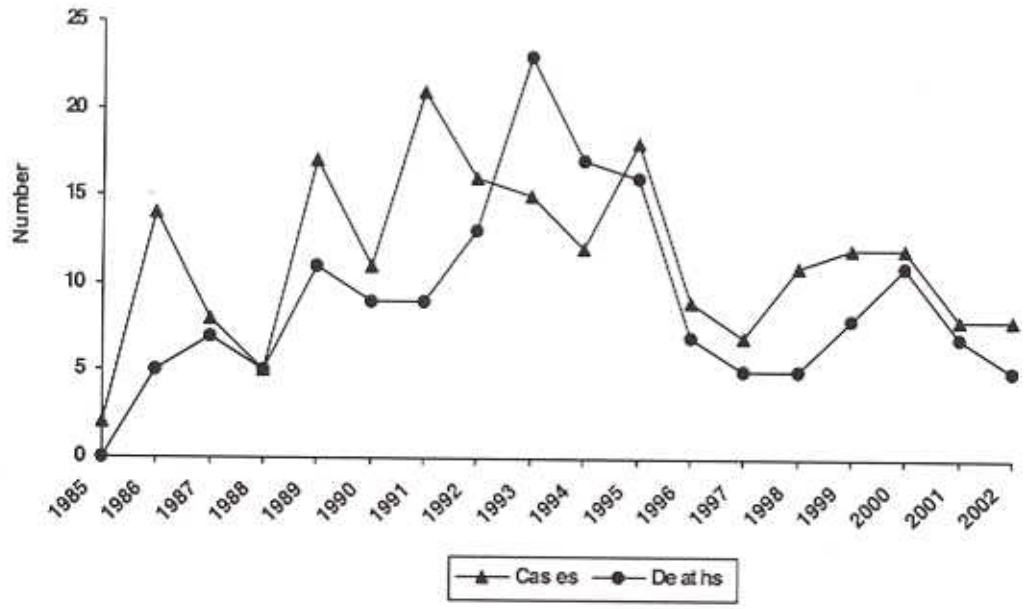


## Table 5. NUMBER OF REPORTED AIDS CASES AND DEATHS, 1985-2002

| Year | Cases Reported* | Deaths Reported* |
|---|---|---|
| 1985 | 2 | 0 |
| 1986 | 14 | 5 |
| 1987 | 8 | 7 |
| 1988 | 5 | 5 |
| 1989 | 17 | 11 |
| 1990 | 11 | 9 |
| 1991 | 21 | 9 |
| 1992 | 16 | 13 |
| 1993 | 15 | 23 |
| 1994 | 12 | 17 |
| 1995 | 18 | 16 |
| 1996 | 9 | 7 |
| 1997 | 7 | 5 |
| 1998 | 11 | 5 |
| 1999 | 12 | 8 |
| 2000 | 12 | 11 |
| 2001 | 8 | 7 |
| 2002 | 8 | 5 |
| Total | 206 | 163 |

* Because of delays in reporting, the number of reported cases and deaths does not necessarily represent the number of cases diagnosed or deaths occuring during the period.

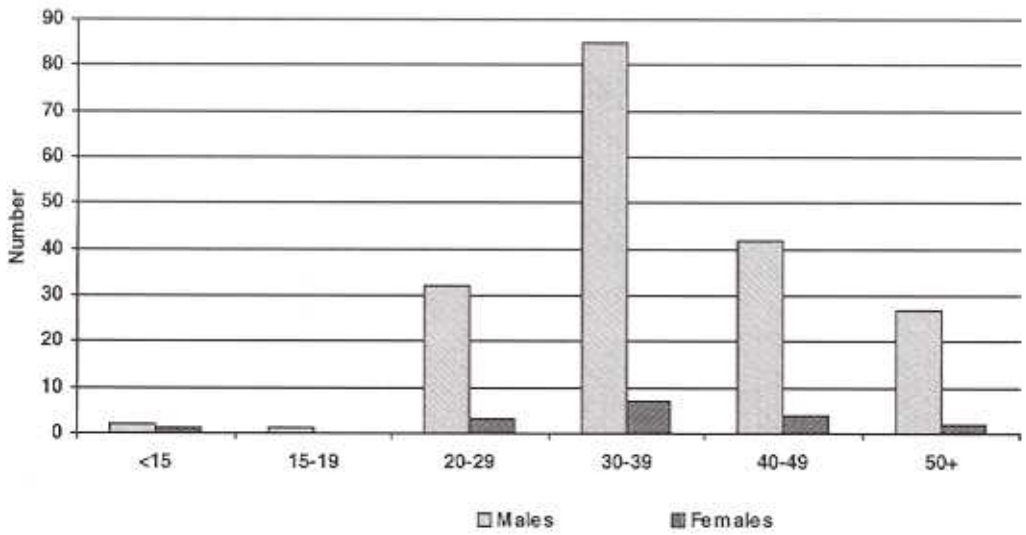
## Figure 5. NUMBER OF REPORTED AIDS CASES AND DEATHS, 1985-2002



## Table 6. NUMBER OF REPORTED CASES OF AIDS BY AGE AND GENDER, 2002, 2001, CUMULATIVE 1985-2000 AND 1985-2002

| Age | Gender | 2002 | 2001 | 1985-2000 | 1985-2002 |
|---|---|---|---|---|---|
| | | Total | Total | Total | Total |
| <15 | M | 0 | 0 | 2 | 2 |
| | F | 0 | 0 | 1 | 1 |
| 15-19 | M | 0 | 0 | 1 | 1 |
| 20-29 | M | 0 | 1 | 31 | 32 |
| | F | 0 | 1 | 2 | 3 |
| 30-39 | M | 3 | 1 | 81 | 85 |
| | F | 1 | 0 | 6 | 7 |
| 40-49 | M | 4 | 2 | 36 | 42 |
| | F | 0 | 1 | 3 | 4 |
| 50+ | M | 0 | 2 | 25 | 27 |
| | F | 0 | 0 | 2 | 2 |
| Total | M | 7 | 6 | 176 | 189 |
| | F | 1 | 2 | 14 | 17 |

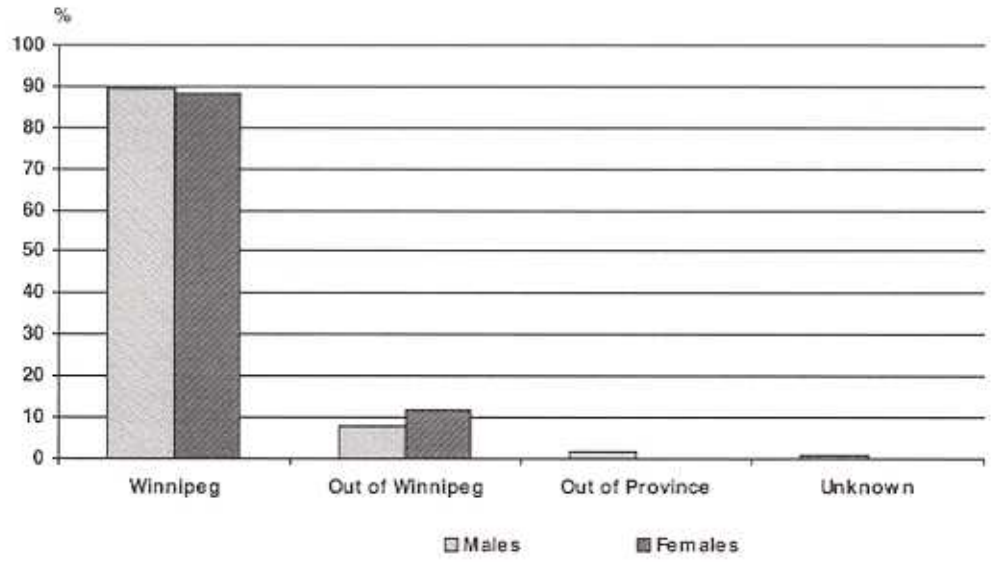
## Figure 6. NUMBER OF REPORTED CASES OF AIDS BY AGE AND GENDER, 1985-2002



## Table 7. NUMBER OF REPORTED CASES OF AIDS BY GEOGRAPHIC RESIDENCE AND GENDER, 2002, 2001, CUMULATIVE 1985-2000 AND 1985-2002

| Geographic Residence | Gender | 2002 | 2001 | 1985-2000 | 1985-2002 |
|---|---|---|---|---|---|
| | | Total | Total | Total | Total |
| Winnipeg | M | 4 | 5 | 160 | 169 |
| | F | 1 | 1 | 13 | 15 |
| Brandon | M | 0 | 0 | 3 | 3 |
| Assiniboine | M | 0 | 0 | 3 | 3 |
| S. Eastman | M | 0 | 0 | 1 | 1 |
| Interlake | M | 0 | 0 | 3 | 3 |
| Parkland | M | 0 | 1 | 2 | 3 |
| | F | 0 | 0 | 1 | 1 |
| Norman | M | 1 | 0 | 0 | 1 |
| Burntwood | M | 0 | 0 | 1 | 1 |
| Chirchill | F | 0 | 1 | 0 | 1 |
| Unknown | M | 2 | 0 | 0 | 2 |
| Out of Province | M | 0 | 0 | 3 | 3 |
| Total | M | 7 | 6 | 176 | 189 |
| | F | 1 | 2 | 14 | 17 |

## Figure 7. PERCENTAGE OF AIDS CASES IN MANITOBA BY REGION OF RESIDENCE AND GENDER, 1985-2002



## Table 8. NUMBER OF REPORTED CASES OF AIDS BY TRANSMISSION CATEGORY AND GENDER, 2002, 2001, CUMULATIVE 1985-2000 AND 1985-2002

| Transmission Category | Gender | 2002 | 2001 | 1985-2000 | 1985-2002 |
|---|---|---|---|---|---|
| | | Total | Total | Total | Total |
| MSM | M | 1 | 1 | 125 | 127 |
| Heterosexual' | M | 1 | 4 | 13 | 18 |
| | F | 0 | 2 | 7 | 9 |
| IDU | M | 0 | 0 | 15 | 15 |
| | F | 0 | 0 | 2 | 2 |
| Perinatal | M | 0 | 0 | 1 | 1 |
| | F | 0 | 0 | 1 | 1 |
| Recp B/B products | M | 0 | 0 | 15 | 15 |
| | F | 0 | 0 | 2 | 2 |
| Endemic'' | M | 0 | 0 | 3 | 3 |
| | F | 0 | 0 | 2 | 2 |
| NIR | M | 5 | 1 | 4 | 10 |
| | F | 1 | 0 | 0 | 1 |
| Total | M | 7 | 6 | 176 | 189 |
| | F | 1 | 2 | 14 | 17 |

MSM = men having sex with men

IDU = injection drug use

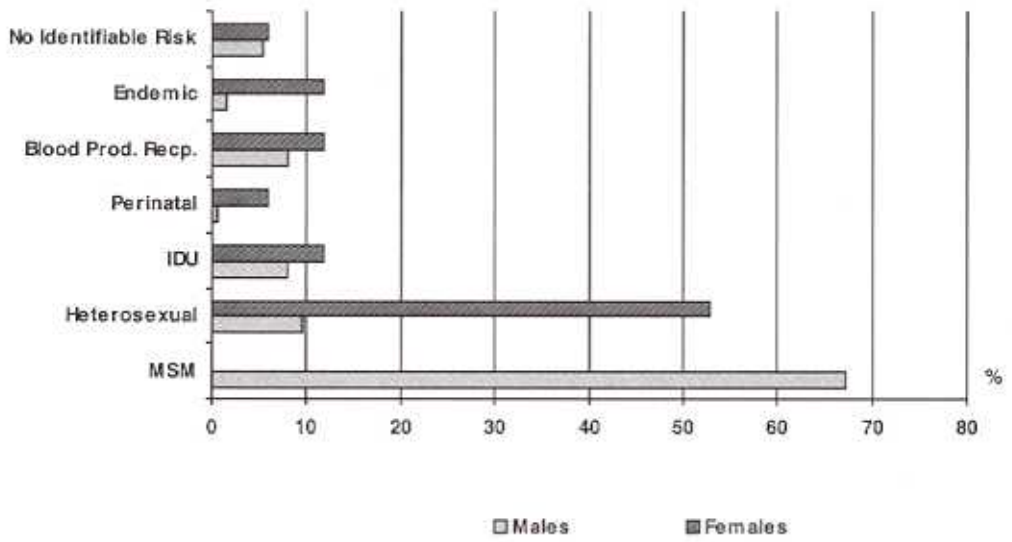
Recp B/B products = recipient of blood/blood product

NIR = No Identified Risk

' Heterosexual activity includes persons reporting heterosexual activity with person(s) at risk of HIV infection

'' Endemic includes persons originating from or residing in countries with a high prevalence of HIV

## Figure 8. PERCENTAGE OF AIDS CASES IN MANITOBA BY TRANSMISSION CATEGORY AND GENDER, 1985-2002



## Table 9. NUMBER OF REPORTED CASES OF AIDS BY PRIMARY DIAGNOSIS AND GENDER, 2002, 2001, CUMULATIVE 1985-2000 AND 1985-2002

| Primary Diagnosis | Gender | 2002 | 2001 | 1985-2000 | 1985-2002 |
|---|---|---|---|---|---|
| | | Total | Total | Total | Total |
| PCP | M | 0 | 1 | 60 | 61 |
| | F | 0 | 0 | 1 | 1 |
| Kaposi's Sarcoma | M | 0 | 1 | 20 | 21 |
| Tuberculosis | M | 0 | 0 | 12 | 12 |
| | F | 0 | 0 | 1 | 1 |
| Other Opportunistic Diseases | M | 2 | 3 | 55 | 60 |
| | F | 0 | 2 | 11 | 13 |
| Other Malignancy | M | 0 | 1 | 6 | 7 |
| HIV Wasting | M | 0 | 0 | 20 | 20 |
| | F | 0 | 0 | 1 | 1 |
| Unknown | M | 5 | 0 | 3 | 8 |
| | F | 1 | 0 | 0 | 1 |
| Total | M | 7 | 6 | 176 | 189 |
| | F | 1 | 2 | 14 | 17 |

PCP = pneumocystis carinii pneumonia

## Figure 9. PERCENTAGE OF AIDS CASES IN MANITOBA BY PRIMARY DIAGNOSIS, 1985-2002