# Summary and Analysis of Santé Montréal's Portrait épidémiologique des infections transmissibles sexuellement et par le sang, région de Montréal, 2013-2022* (DRSP)

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**["Epidemiological Portrait of STBBIs, Montréal region, 2013-2022"]*

In a 52-page report covering 10 years of data on transmission rates, including graphs and tables parsing STBBI cases by age range, sexual orientation, presumed vectors of transmission, and whether the person diagnosed is Canadian-born or not (for new arrivals). As in prior publications by the DRSP (Direction régionale de santé publique, aka Santé Montréal), the *Portrait* also covers other STBBIs like chlamydia, venereal lymphogranulomatosis (LGV), gonorrhea, syphilis, and the viruses hepatitis B and C.

## Understanding New HIV Diagnoses

This year [the *Portrait* was published December 1, 2023], it is the rise, both comparative and actual, of the number of new HIV cases in the Montréal region that has garnered the most attention. Our reflections on the 2022 data reveal a year in which catching up on testing fails to explain the rise in new diagnoses, contrary to presumptions contained in the DRSP's *Portrait*. For organizations working with PLWHAs (People Living with HIV and AIDS) or in the prevention sector generally, this **avoidable** increase calls for a substantial reinvestment, not only of public interest in the struggle, but also of material and financial resources.

To comprehend the rise in new HIV diagnoses in Montréal, we should start with the average number of new cases in the post-PreP, pre-pandemic years. We therefore take 2013 out of the equation when calculating the annual average, since PreP was only marketed starting in June 2013 (in Québec), and hence, its benefits were not felt until 2014. At the other extreme of variables, a stunning lag in testing during the years 2020 and 2021 make for excessive deviations from the recent mean: those numbers shouldnot be included in the average if we want an accurate understanding of this increase in cases.

### New Diagnoses Among Canadian-Born People

Among people **born in Canada**:

- **Average number** of new **HIV diagnoses in Montréal** (2014 to 2019 + 2022) = **135**
- **Number of new HIV** diagnoses in Montréal in 2022: **152**
- **Increase in new cases** compared to the adjusted (trimmed) average: **17**
- Percentage increase in new cases compared to the trimmed average: **approx. 13%**

Firstly, let's look at new diagnoses in Canadian-born people, for whom the increase in HIV diagnoses in 2022 was 13% compared to the trimmed average (see table below). This scale of increase is deplorable, yes, but it is a far cry from the percentage quoted in media coverage of the *Portrait* data. It is important

to specify the number of new local cases compared to the trimmed average to avoid undue public bias regarding the efficacy of prevention methods/campaigns that were implemented during the very period covered by this report. Consider one major example, proving that U=U (undetectable equals untransmittable), one of the main advances in curbing transmissions. In a context where prevention methods are evermore available and effective and when UNAIDS goals (90-90-90) have become more attainable than ever, this increase is still disturbing: we should, rather, be seeing fewer and fewer cases every year.

> *Our public institutions owe answers to the newly diagnosed regarding certain systemic factors: would there have been 17 more people than average infected with HIV if self-testing had been approved prior to November 2020?*
> *Would they have become infected at all if we had real, universal free pharmaceutical coverage for people living with HIV and free PreP made available to the uninsured?*

| **YEAR** | **Total new HIV cases** | **New HIV** diagnoses in (so-called) **"OPE"** | **TOTAL minus "OPE"** |
|---|---|---|---|
| 2014 | 177 | 41 | 136 |
| 2015 | 180 | 29 | 151 |
| 2016 | 183 | 41 | 142 |
| 2017 | 211 | 109 | 102 |
| 2018 | 199 | 61 | 138 |
| 2019 | 190 | 63 | 127 |
| 2022 | 310 | 158 | 152 |
| **Moyenne** | | **71** | **135** |
| **Médiane** | **190** | **61** | **138** |
| 2020 | 116 | 33 | 83 |
| 2021 | 141 | 32 | 109 |

*One statistical trend in the past two years (2022-2021) that is worrisome: late diagnosis rates among men of diverse sexualities. The definition of a late diagnosis for HIV is to have a CD4 count that is below 350pmL in the newly diagnosed person's blood tests. According to provincial data from 2021, 45.2% of men of diverse sexualities fell into this category; in the Montréal region for 2022, that category grew to 47%. That makes the last two years of record the worst in a decade for late diagnoses, the sign of a possible lag in regular testing among people in the very population that is most exposed to transmission.*

## New Diagnoses Among New Arrivals Not Born in Canada

Concerning new diagnoses among newly arrived people born outside Canada, the TOMS continues to investigate the terminology used by the DRSP and the impact of this increase on the community organizations that provide services for them. We should also keep in mind that some of the people counted in this category would have contracted HIV after their arrival in Montréal, a matter on which the *Portrait* is unclear.

We wonder about the likely outdated nature of the acronym "OPE" (people whose country of origin is considered "endemic" for HIV are referred to as "OPE, *originaire de pays endémique*] that Santé Montréal applies to new arrivals not born in Canada. It would appear to be a generalization, as "endemic" certainly cannot apply to HIV rates in all countries that these new arrivals come from.

Without any more detailed information on the countries of origin or qualifiers of their varied experiences, we note the following relevant factors:

- Official barriers to immigrating to Canada as a person living with HIV were eliminated many years ago, and no recent change in regard to HIV status and eligibility to immigrate has been made that could explain the increase;
- The main exclusionary factor that still holds is the evaluation of an applicant's medical cost "burden" as determined by the federal government. As Laura Bisaillon points out in her award-winning recent study on the subject, the personal and financial costs imposed on a PLWHA applicant, from mandatory testing to fees for every treatment involved, can be enormous.[1] The fact that more than ¾ of newly arrived newly diagnosed people are also likely to have been infected recently means that their treatment will likely be less expensive than those with a late diagnosis.[2]
- The year 2022 saw Canada receive its most new arrivals this century, with Montréal remaining the primary destination in Québec. This many more new arrivals means necessarily, even proportionally, more PLWHAs.

Newly arrived PLWHAs are an integral part of our communities, both for the TOMS and for the organizations that actively welcome them. Of the 158 PLWHAs diagnosed here in 2022, 145 arrived during that year, while 8 of them arrived in 2021.[3] For Emily Bobe from CASM (Centre d'Action Sida-Montréal), the increase in numbers of PLWHA new arrivals was a factor in hiring three new client service employees, an increase in staff from 5 to 8 people in the 2022-2023 programming year. CASM further attests to a considerable influx of new members who are regular clients. Two other organizations providing services for newly arrived PLWHAs, GAP-VIES and ACCM, echo CASM's experience. Le CASM, GAP-VIES, and ACCM are but three examples among many who met this increase in service needs and reacted creatively and effectively.

Front-line workers who support the inclusion and wellbeing of newly arrived PLWHAs tell us that, despite all the progress yet unmade and the challenges we face here, anecdotally Montréal has a reputation of being a place where HIV is less stigmatized, and where acceptance is more widespread due to our communities' efforts in this regard. The mere availability of medications, despite the woeful lack of free

[1] Bisaillon, Laura. *Screening Out: HIV Testing and the Canadian Immigration Experience*. UBC Press. Vancouver: 2022

[2] HIV Legal Network. *Immigration and travel to Canada for People living with HIV: Questions & Answers.* (October, 2023)

[3] Practically all of them arrived in 2022 (92%) or in 2021 (5%) *Portrait* p. 24

universal pharmaceutical coverage for HIV treatments, could be enough of a reason – unto itself – to move here for someone who hails from a country where there are serious shortages.

We must keep in mind that people newly arrived in Canada/Québec/Montréal have their own set of experiences and knowledge about their overall health and challenges, both medical and otherwise, that they are likely to face. For newly diagnosed and recently infected people among them, half of whom are diagnosed late, settling in Montréal comes with a dual adaptation period to both country and virus. We are privileged to accompany people like them in our organizations: they provide an opportunity to witness empowerment, both in their personal health and in their acts of solidarity with the community of people from their home country, as well as with our community of PLWHAs of which they are new members.

## Two Perspectives on Hepatitis C [rates]

As for Hepatitis C, our colleagues at the CAPAHC (Centre Associatif Polyvalent d'Aide Hépatite C) caution against taking 2022 data as indicative of a trend: infection rates for 2023 and 2024 will likely show a growing number of new diagnoses.

In Santé Montréal's terms, "After spiking in 2018, the number of new cases fell for the years 2019-2020, then plateaued (without any signs of a post-COVID-19 uptick)"…
Yet in CAPAHC's opinion: "Epidemiological data from 2022 show a low-trending plateau of new Hepatitis C cases since 2020. However, 2023 estimates (for January to October) point to a significant increase in new cases that harkens back to the 2018 spike."

*In its approach to epidemiology, the TOMS prioritizes the experiences and knowledge of people who work on the front lines of Hepatitis C prevention and who accompany people who are living with this [largely] treatable virus. We rely on their expertise and recommend you visit the CAPAHC website for more information: www.capahc.com*

## Bacterial Infections

Rates of infection for bacterial STBBIs would suggest a general trend towards pre-pandemic levels.

### Gonorrhea: New Trend In Infection Locations

There were more positives detected in Montréalers' throat (pharyngeal) and anus zones than [ever] before. Data show a record hike in new infections coming up in swabs of extragenital areas: in men, 63% of infections are extragenital, while [only] 32% in 2022 for women.

> *A good reminder for prevention practices: just as with the other most common STIs, chlamydia and syphilis, gonococcus can be transmitted by contact with body parts other than the penis or vagina.*

### Chlamydia: More Than 2/3 of Recent Spike Result from Tests on Men

With a 2022 rate echoing that of 2019, chlamydia infections in people assigned male at birth and in testing shows a 32% increase over 10 years. It is mentioned that 68% of this climb is from tests where the subject was marked as male.

*A question for prevention: Given that chlamydia is more and more symptomatic in people assigned male (at birth), ought we perform more mouth and rectal swabs on a regular basis rather than doing just the basic urine tests?*

### LVG: A Little-Known Infection Becomes Less Uncommon

A bacteriological "cousin" of chlamydia, venereal lymphogranulomatosis (aka **LGV**) is "now quite present" in Montréal, with more than 100 positive results in 2022, all of which were performed on 2SLGBTQI+ men.

### Syphilis Is on the Rise, With No Sign of Gender Parity

The number of positive syphilis tests among men in 2022 was almost the same as in 2019 (622 vs. 624), following the general trend of bacterial infections. However, the total case count (691) has grown due to, namely, an increase in cases among women (29 vs. 44).

*When there are no apparent lesions, a syphilis test is normally performed by blood draw and is recommended for people in communities for whom VIH prevention is a priority. For more info, check out CATIE (English) or our neighbour, the Portail VIH-sida du Québec (French).*

## Conclusion

In summary, the increase in new cases calls for amping up our resources, not decreasing them. Any cuts (or threats to cuts) in government agency funding is felt in what we can deliver in services to our growing communities. For greater inclusion, with open arms, we must mention that beyond the discrimination faced by people for their serostatus [the stigma of disease or infection], our member organizations and the communities they serve are fighting the disease of discrimination, including racism, ableism, classism, sexism, and prejudices based on gender identity or sexual orientation.