

HIV IN MANITOBA 2023: ANNUAL SURVEILLANCE UPDATE



Epidemiology & Surveillance

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Land Acknowledgement

We acknowledge that we are located on Treaty 1 Territory and that Manitoba is located on the Treaty Territories and ancestral lands of the Anishinaabeg, Anishinewuk, Dakota Oyate, Denesuline and Nehethowuk Nations.

We acknowledge that Manitoba is located on the Homeland of the Red River Métis.

We acknowledge that northern Manitoba includes lands that were and are the ancestral lands of the Inuit.

We respect the spirit and intent of Treaties and Treaty Making and remain committed to working in partnership with First Nations, Inuit and Métis people in the spirit of truth, reconciliation and collaboration.

Acknowledgements

We acknowledge the important contribution and dedicated work of public health and health care practitioners across the province who are involved in the diagnosis, reporting, treatment, and respectful care of persons living with HIV.

We acknowledge all persons in Manitoba who are living with HIV and AIDS. Each case reported on and described within this report is a valued and respected member of our community.

Executive Summary

HIV in Manitoba 2023: Annual Surveillance Update describes epidemiological trends of Human immunodeficiency virus (HIV) in Manitoba by geography, age at diagnosis, sex, and primary mode of exposure over a five-year period, January 1, 2019 - December 31, 2023, with added emphasis on the most current year of data, 2023.

Key highlights include:

- In 2023, 100,463 people were tested for HIV in Manitoba – an increase of 7.5% from 2022 when 93,489 people were tested. Test positivity increased from 0.5% in 2022 to 0.6% in 2023.
- In Manitoba, there were 280 newly diagnosed cases of HIV (141 males, 138 females and one with unknown sex) reported in 2023 (age standardized rate of 20.2 cases per 100,000) compared to 199 cases in 2022 (age-standardized rate of 14.2 cases per 100,000). This represents a 40.7% increase in the number of new HIV diagnoses.
- The age-standardized rate of newly diagnosed HIV cases has been increasing dramatically for the past five years, and more than tripled in 2023 compared to 2019.
- Individuals 30-39 years of age accounted for the highest proportion of newly diagnosed HIV cases in 2023 for both males and females (47.1 per 100,000 among individuals 30-39 years).
- There was a sharp increase in the rate of infection among the 40-49 year age group in 2023 (40.7 per 100,000) compared to 2022 (17.3 cases per 100,000). Cases in this age group are predominantly male, reside in the Winnipeg Health Region; and injection drug use was the most common risk factor reported.
- In 2023, the highest age-standardized rate was reported in the Northern Health Region (37.4 cases per 100,000) followed by the Winnipeg Health Region (23.7 cases per 100,000).
- In 2023, persons who inject drugs (PWID) was the largest driver of transmission among both males and females accounting for 64.0% and 81.2% of cases respectively.
- There were no cases of mother-to-child (perinatal) HIV transmission in 2023.

Introduction

Human immunodeficiency virus (HIV) is a significant public health issue in Manitoba. The rate of infection has tripled since 2019 and structurally and socially disadvantaged populations remain disproportionately impacted¹. Second only to Saskatchewan, Manitoba's rate of newly diagnosed HIV infection in 2023 is the highest in Canada – and three times the national rate.² In 2023, there were 280 newly diagnosed cases of HIV infection reported in Manitoba.

The objective of this report is to describe the epidemiology of newly diagnosed HIV cases among residents of Manitoba over a 5-year period, January 2019 to December 2023, with added emphasis on the current year, 2023. Surveillance data are presented by year of diagnosis, age and sex, geographic region (at time of diagnosis) and primary mode of transmission.

Methods

Data Sources and Case Definitions

In Manitoba, HIV is a notifiable infection under [The Public Health Act](#). Reporting requirements, case definitions and guidelines for the management of cases and contacts are outlined in the [provincial HIV protocol](#). Positive laboratory and clinical case reports are submitted to the Manitoba Health Surveillance Unit (MHSU) by laboratories and health care providers; and subsequently referred to Service Delivery Organizations (including First Nations and Inuit Health Branch, Indigenous Services Canada) for public health follow-up. Upon receipt of a referral, public health nurses collect [standardized patient and contact information](#) through client interviews, and by reviewing hospital and laboratory records and other relevant sources of information (e.g., eChart). Information collected on each client includes socio-demographic information, such as address of residence, date of birth, sex; as well as clinical information, such as date of diagnosis and risk factors. Data are entered into and maintained in the province's Public Health Information Management System (PHIMS) – a Web-based application that facilitates recording and tracking of information on clients with notifiable communicable

¹[Manitoba HIV Program Report 2018-2021](#). Manitoba HIV Program. Winnipeg, Manitoba. December 1, 2022.

²HIV in Canada: 2023 Surveillance Highlights, Public Health Agency of Canada. November 29, 2024.

diseases. PHIMS was deployed in Manitoba in 2018 for all Sexually Transmitted and Blood-Borne Infections (STBBIs). Prior to PHIMS, HIV case data were maintained in the Provincial HIV Surveillance System (Microsoft Access platform).

All newly diagnosed laboratory confirmed cases of HIV reported among residents of Manitoba between January 1, 2019 and December 31, 2023 (n=810) were included in this analysis. A laboratory confirmed case of HIV was defined as serological detection of HIV-1 and/or HIV-2 antibodies (IgM, IgA, IgG), and/or HIV p24 antigen, AND a reactive immunochromatographic confirmatory test, or detection of HIV nucleic acid by polymerase chain reaction, or isolation of HIV in culture. Point-of Care (POC) HIV Testing is available in Manitoba but these results are considered preliminary. All preliminary reactive results obtained by POC testing require confirmatory testing by standard HIV laboratory testing methods.

HIV *testing* data described in this report are maintained by the Cadham Provincial Laboratory Information Management System (LIMS) and were extracted in October 2024.

Inclusion/Exclusion Criteria

All residents of Manitoba who met the case definition and who had an index date between January 1, 2019 and December 31, 2023, were included (n=810). Cases that had previously tested positive but were newly reported to Manitoba (n=230) are summarized as “introduced cases” in Appendix A.

Variable Definitions

Cases were considered to have occurred in the calendar year based on the earliest evidence (index date) of HIV infection (earliest of specimen collection date, lab result date, first classification created on date, classification date) and were assigned to a health region using the client’s postal code of residence at the time of investigation. Cases for which clients had no fixed address or where postal code was missing but their city was Winnipeg were assigned to Winnipeg Health Region (n=36). For all other cases for which clients had no fixed address or where postal code was missing, these were assigned to a health region based on the primary responsible organization (n=42). Clients that could not be assigned to a health region were excluded (n=7). In total, the geographic analysis was based on 803 newly diagnosed cases of HIV reported between 2019 and 2023 and reflects 99% of all newly diagnosed cases among residents of Manitoba during this time frame. Client’s age at time of diagnosis was defined using

birth date and index date; age groups were defined based on standard convention. Cases were assigned a primary mode of transmission based upon a provincially established hierarchy that reviews all reported risk factors and identifies the most likely mode of transmission (Appendix B).

Statistical Methods

Crude rates and age-specific rates were calculated using population data from the Manitoba Health population registry as of June 1st of each year. Age-standardized rates were calculated based on direct standardization using the 2011 Canadian standard population (accessed from Statistics Canada, September 13, 2023). Direct standardization allows for comparison of rates among populations that may have different age distributions across time or geography. Data were validated and cleaned; and descriptive analyses were conducted using R version 4.1.3 (R Core Team, 2022).

Limitations

There are several limitations to consider when interpreting the findings from this report.

- HIV continues to be a stigmatizing infection and may be asymptomatic early in the infection. As a result, individuals may not seek medical attention and may not submit specimens for testing. This may result in delayed diagnosis and reporting, and under-counting of cases in the province.
- The primary modes of exposure may be impacted by self-reporting bias due to limited disclosure or misattribution of risks. Additionally, the reason for seeking HIV testing and/or receptiveness to being tested may also affect accuracy and completeness of the reported risk factors.
- The mechanism by which people are assigned/report their sex does not discern sex from gender for the cases included in this report. Sex, or sex at birth, can differ from a person's gender identity.
- Analyses exploring other variables such as self-reported race, ethnicity and Indigenous status as well as education, income, or social risk factors (e.g., houselessness) could not be readily undertaken.

- Due to different standardization methods and the choice of standard populations, age-standardized rates may differ from other published reports.

Findings

HIV Testing

In Manitoba in 2023, there were 144,771 HIV antigen/antibody screen tests performed and 100,463 people tested for HIV (Figure 1; Data Table 1). This is a 7.5% increase in people tested compared to 2022 when 93,489 people were tested. The percentage of people who tested positive for HIV increased in 2023 (0.6%) compared to 2022 (0.5%). Test positivity is an important measure and should be considered alongside the number of tests performed. HIV test positivity may increase for two main reasons: 1) an increase in the incidence of the infection, or 2) screening programs are becoming more targeted to groups at increased risk of HIV infection and therefore, more cases are diagnosed with fewer tests.

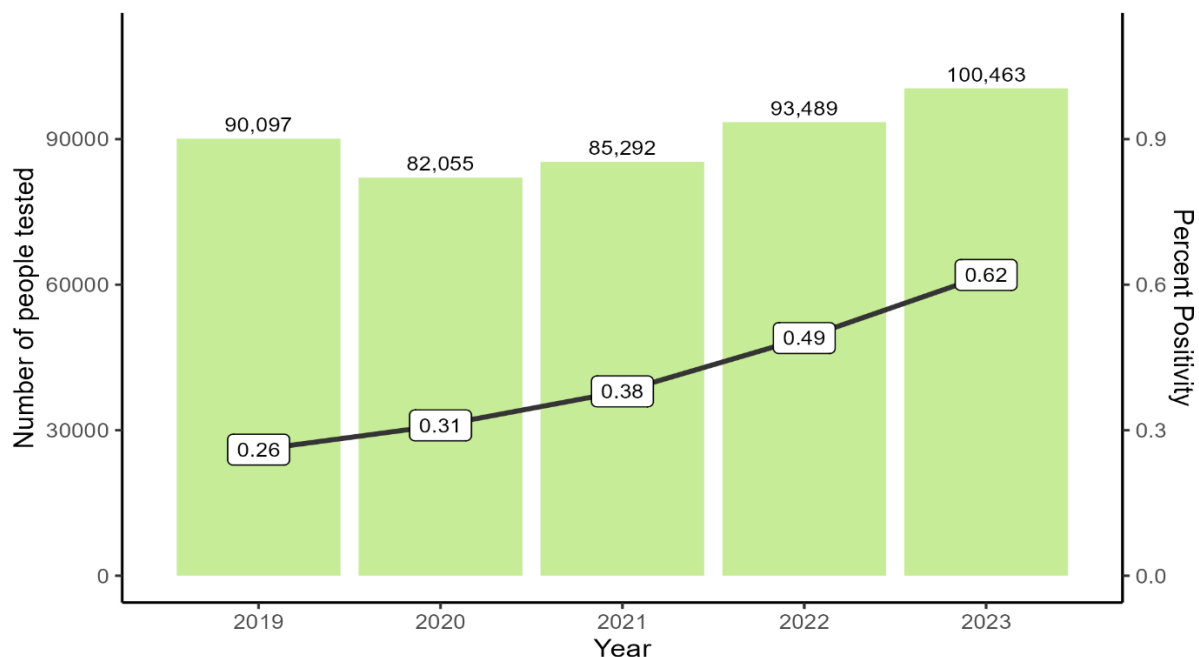


Figure 1. Number of people tested for HIV, processed by Cadham Provincial Laboratory and percent positivity of HIV in Manitoba, 2019-2023.

Note that data tables for figures are found at the end of this report.

In recent years, females had nearly twice as many HIV screen tests performed compared to males (Figure 2). This trend may be explained in part, by routine screening among women during pregnancy, regardless of risk status. There were 62,985 (62.7%) females tested in 2023 compared to 37,478 (37.3%) males. Among both males and females, the 30-39 year age group had the highest number of people tested for HIV (n=33,586; 33.4%), followed by those 20-29 years of age (n=30,383; 30.2%).

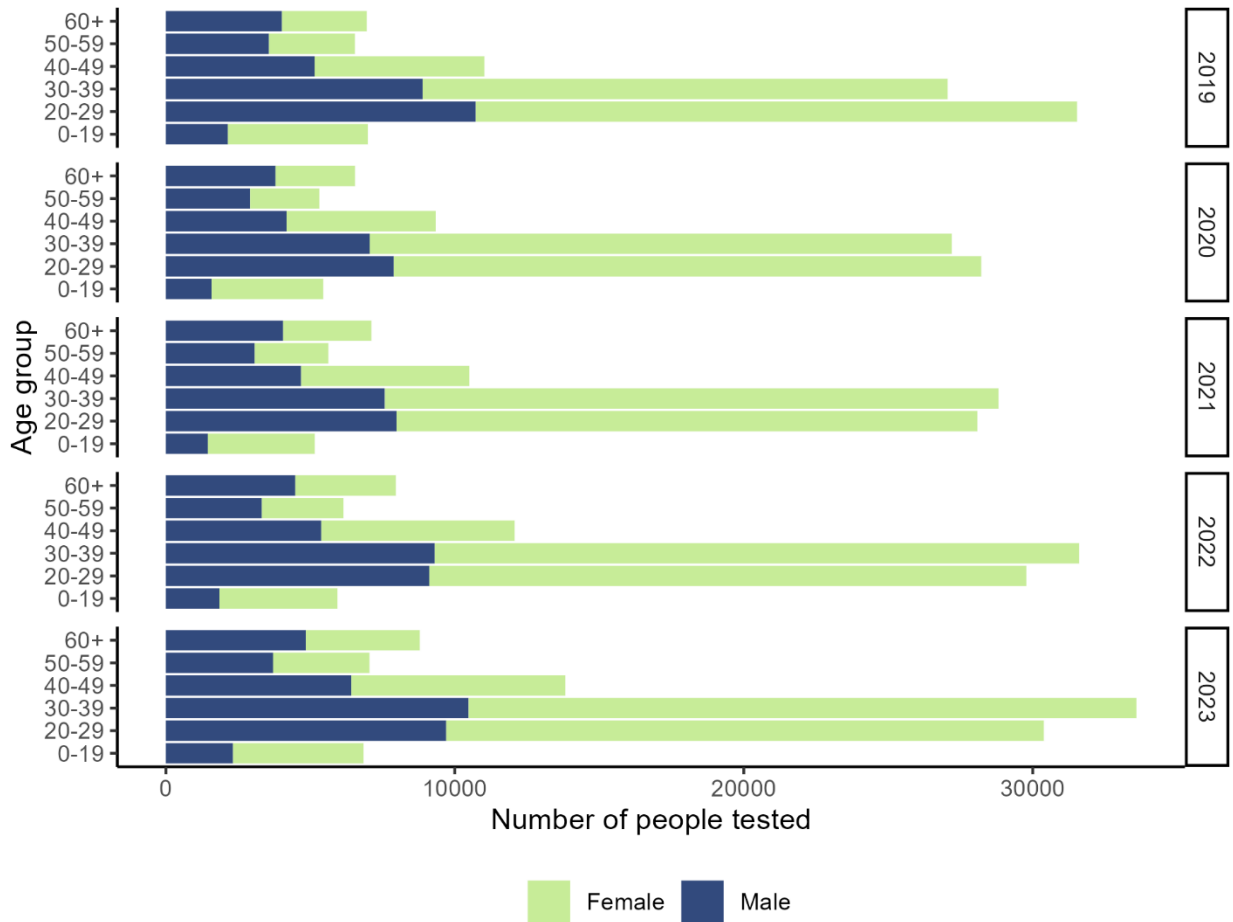


Figure 2. Number of people tested for HIV, processed by Cadham Provincial Laboratory, by sex and age group, Manitoba, 2019-2023.

Surveillance

New HIV Diagnoses in Manitoba

In Manitoba, there were 280 newly diagnosed cases of HIV (141 males, 138 females and one with unknown sex) reported in 2023 (age-standardized rate of 20.2 cases per 100,000 population) compared to 199 cases in 2022 (age-standardized rate of 14.2 cases per 100,000 population) (Figure 3; Data Table 2 and 3). This represents a 40.7% increase in the number of new HIV diagnoses in 2023 from the previous year. Since 2019, the rate of new diagnoses has dramatically increased; and has tripled over the five-year period.

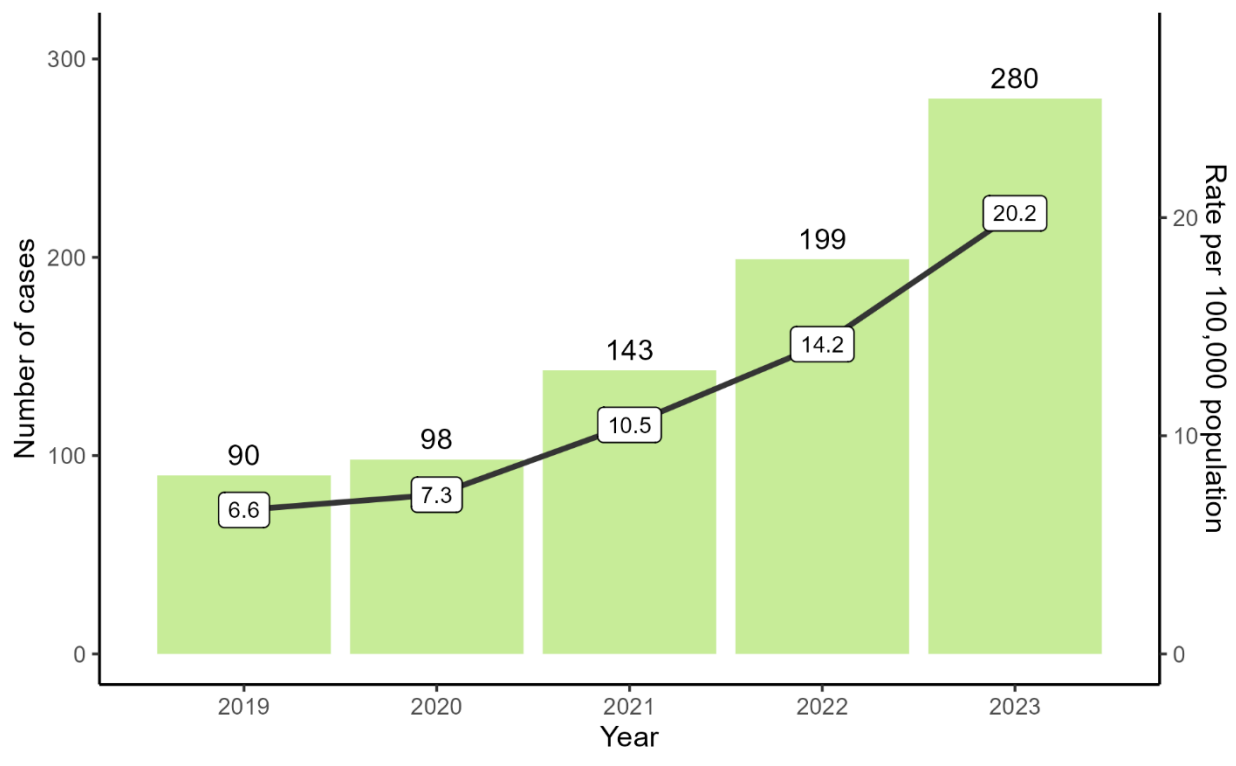


Figure 3. Number of newly diagnosed cases of HIV and age-standardized rate (per 100,000 population), Manitoba, 2019-2023.

Age and Sex Distribution

The rate of newly diagnosed HIV cases among males and females has been steadily increasing since 2019. In 2023, the age-standardized rate among males was slightly higher (20.6 cases per 100,000 population) compared to females (19.8 per 100,000 population). With the exception of 2022, males consistently report a higher rate of infection compared to females (Figure 4; Data Table 3).

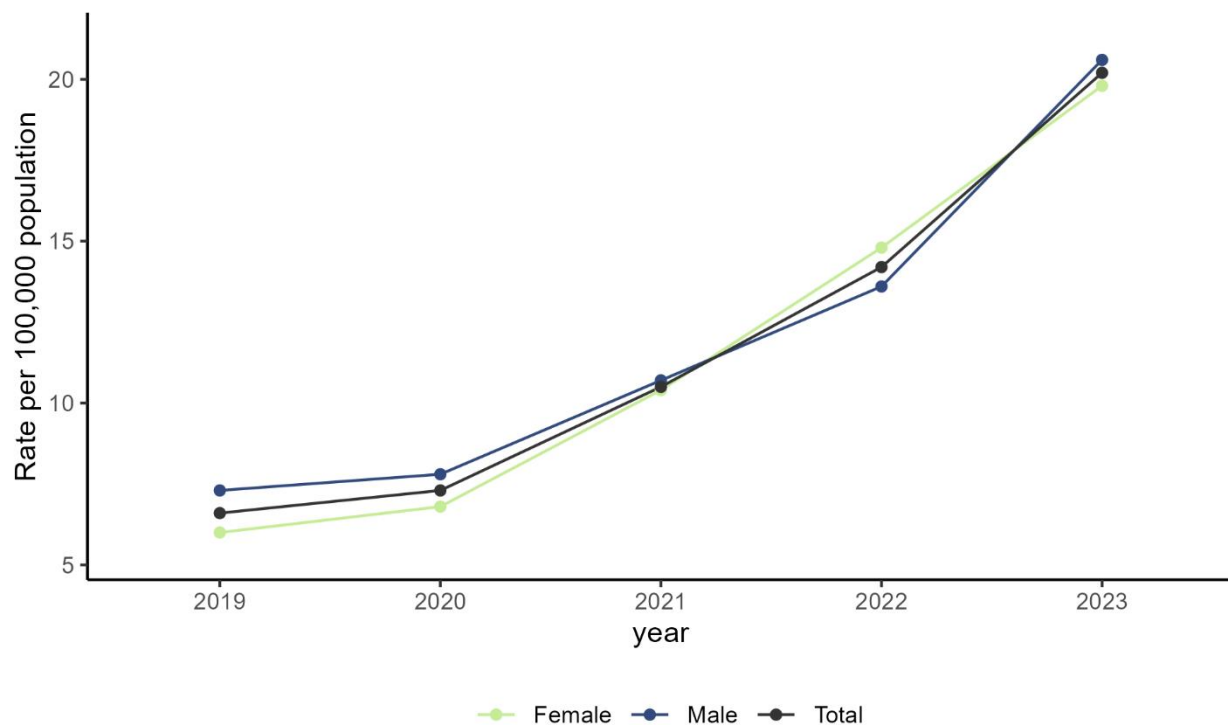


Figure 4. Age-standardized rate of newly diagnosed HIV cases by year and sex, Manitoba, 2019-2023.

The distribution of cases by age group differed by sex (Figure 5). There were more cases among females in younger age groups (≤ 29 years old), whereas there were more cases reported among males in older age groups (≥ 40 years old). Among females, more than half of cases occurred among those 20-39 years old (Figure 5). For males, more than half of cases were reported among cases 30-49 years (Figure 5). In 2023, the median age of cases was 37 years for males and 33 years for females.

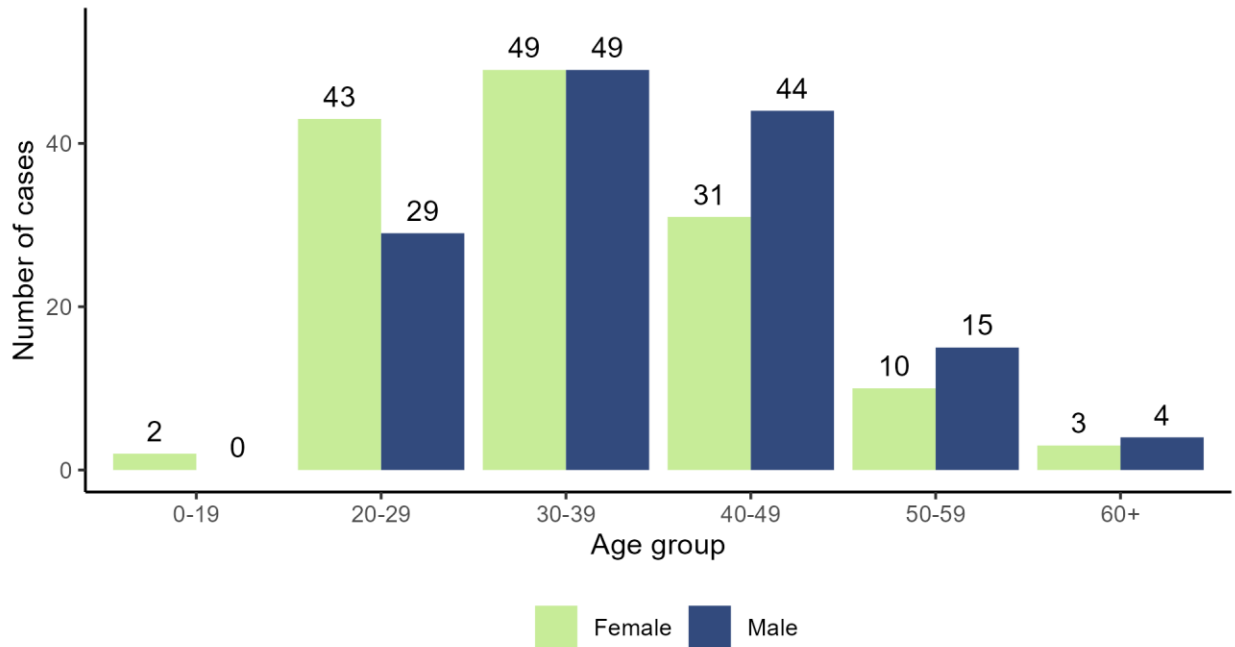


Figure 5. Number of newly diagnosed HIV cases by sex and age group, Manitoba, 2023.

Figure 6 (Data Table 4) illustrates steadily increasing age-specific rates of HIV infection by year of diagnosis for all age groups with the exception of 0-19 and 60+ age groups. Among cases 20-29, the age-specific rate in 2023 doubled compared to 2019 (18.7 vs. 37.1 cases per 100,000 cases in 2019 and 2023, respectively). Among cases 30-39, the age-specific rate nearly tripled compared to 2019 (16.8 vs. 47.1 case per 100,000 in 2019 and 2023, respectively). Among cases 40-49, the age-specific rate increased 7.8 times in 2023 compared to 2019 (5.2 vs. 40.7 case per 100,000 in 2019 and 2023, respectively).

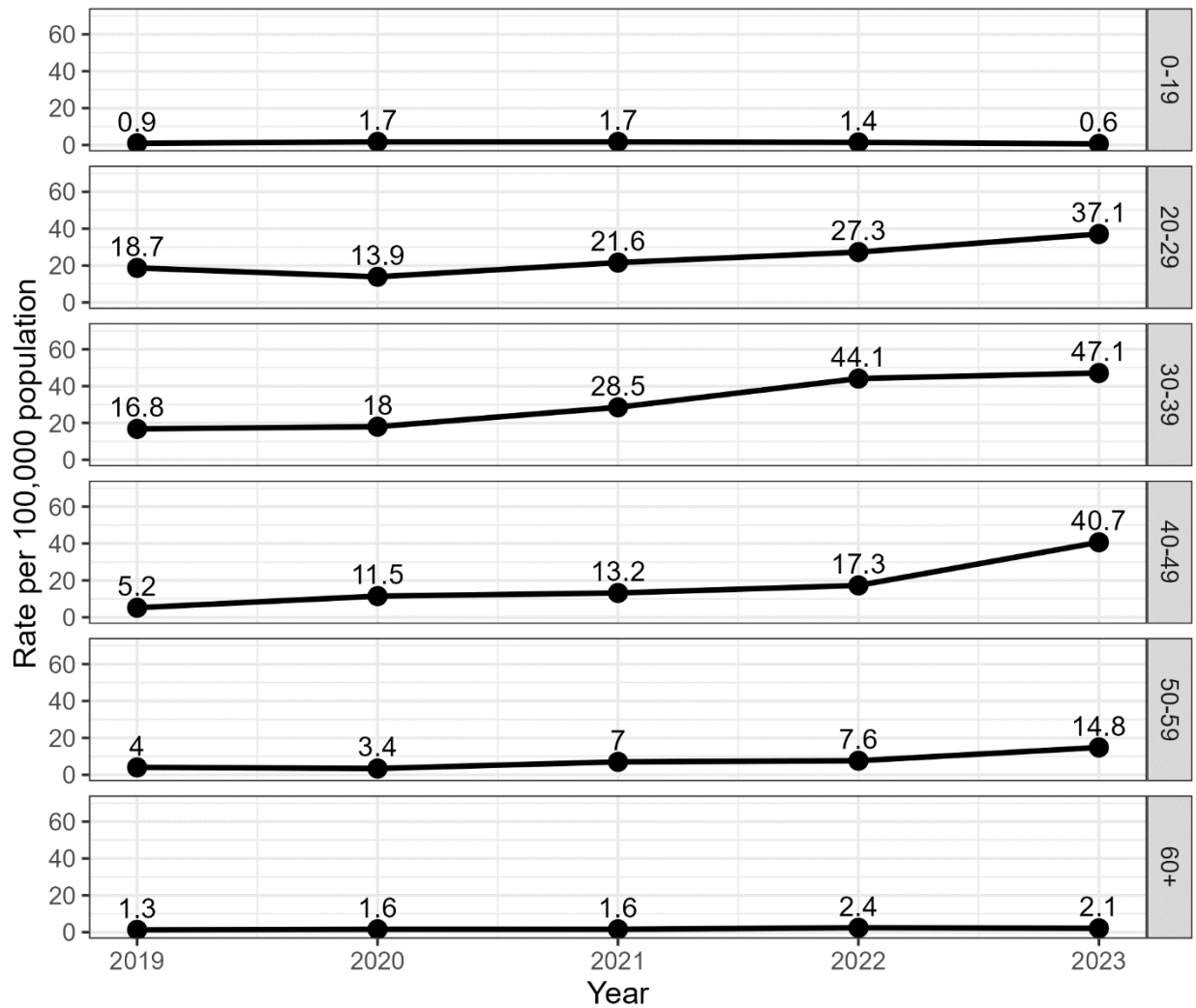


Figure 6. Age-specific rates of newly diagnosed HIV cases by age group and year, Manitoba, 2019-2023.

Geography

The majority of new HIV cases in 2023 were diagnosed and reported among residents of the Winnipeg Health Region (n=198, 70.7%, Figure 7, Data Table 5). In 2023, the number of new HIV cases ranged between 8 and 27 in other health regions in Manitoba.

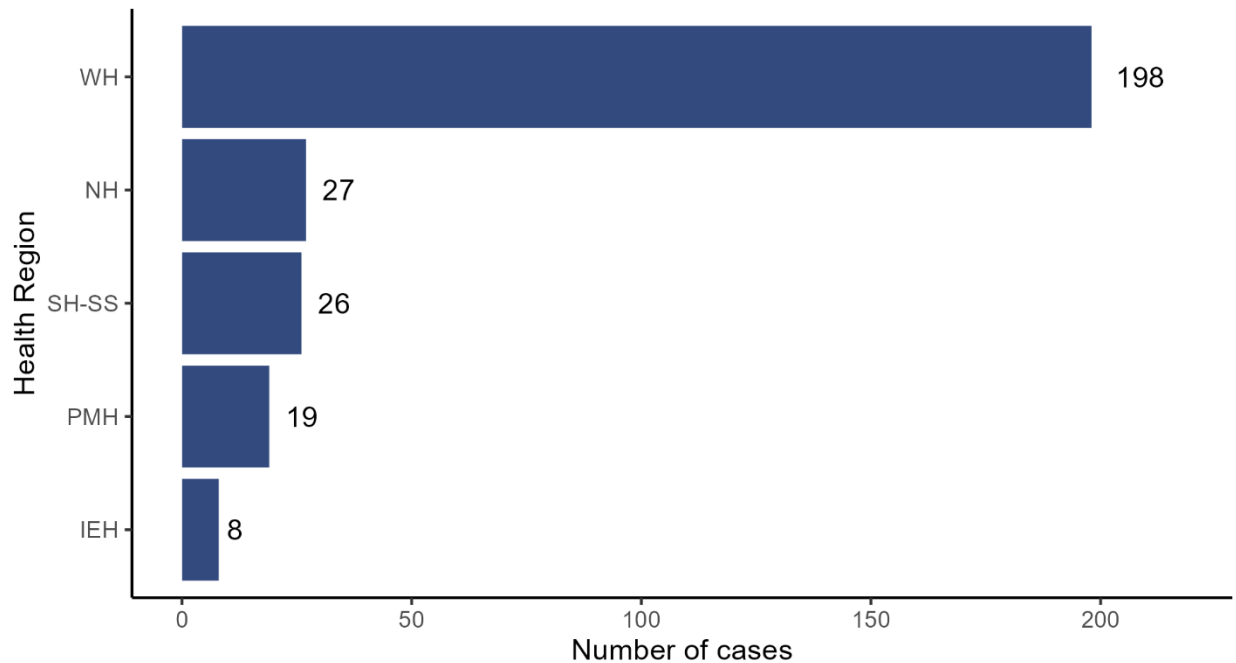


Figure 7. Number of newly diagnosed HIV cases by Health Region, Manitoba, 2023

Abbreviations: IEH (Interlake-Eastern Health), NH (Northern Health), PMH (Prairie Mountain Health), SH-SS (Southern Health – Santé Sud), WH (Winnipeg Health)

As presented in Figure 8 (Data Table 5), in 2023, Northern Health Region had the highest age-standardized rate of new HIV cases (37.4 cases per 100,000) in Manitoba, followed by the Winnipeg Health Region (23.7 cases per 100,000). The age-standardized rate of new HIV cases increased in all health regions from 2022 to 2023, except in the Interlake Eastern Health Region, where the rate showed a slight decrease.

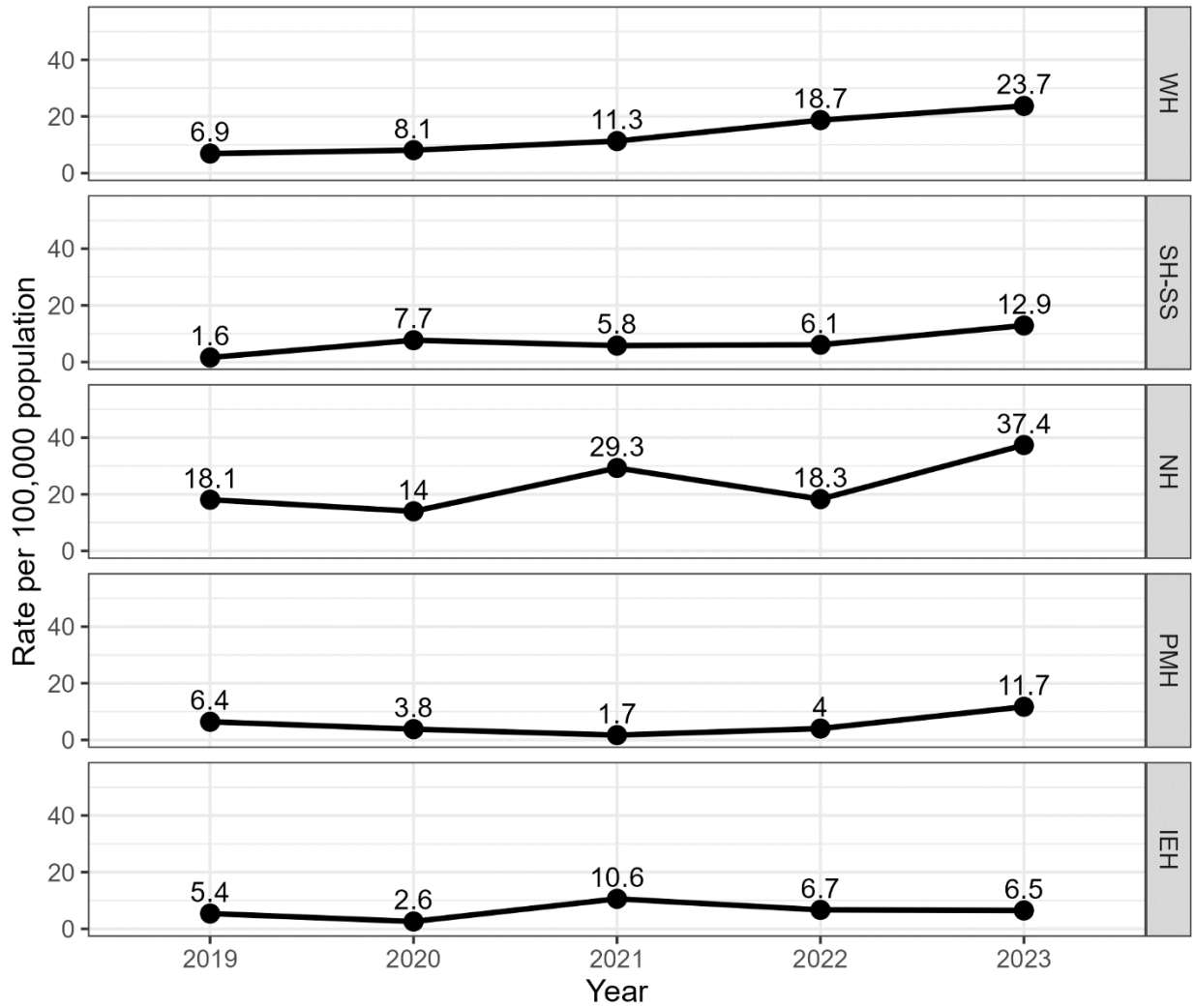


Figure 8. Age-standardized rate of newly diagnosed HIV cases by Health Region and year, Manitoba, 2019-2023.

Abbreviations: IEH (Interlake-Eastern Health), NH (Northern Health), PMH (Prairie Mountain Health), SH-SS (Southern Health – Santé Sud), WH (Winnipeg Health)

Primary Mode of Transmission

Figure 9 illustrates the distribution of most likely mode of transmission by sex for newly diagnosed HIV cases in 2023. Of 280 newly diagnosed cases in 2023, 213 cases (76.1%) had risk factor information reported. Among females (discounting individuals with missing risk information to assign a category), people who inject drugs (PWID) comprised the highest proportion of cases (n=82; 81.2%) followed by heterosexual sex (n=8; 7.9%). Similarly, among males, PWID comprised the greatest proportion of cases (n=71; 64.0%), followed by heterosexual sex (n=14; 12.6%). Since 2019 and every year through 2023, PWID is more commonly reported as the primary mode of transmission than men who have sex with men (MSM). This pattern differs when compared to national HIV surveillance data, where the largest proportion of HIV diagnoses in 2023 was attributed to heterosexual contact among females and male-to-male sexual contact among males.²

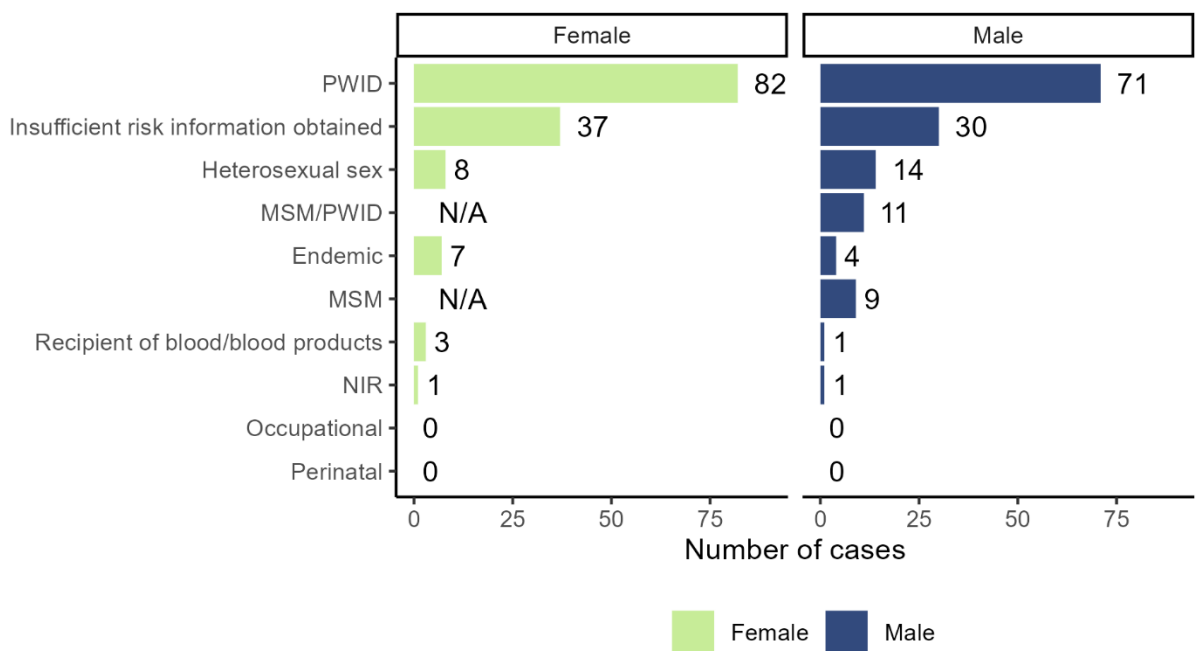


Figure 9. Distribution of newly diagnosed HIV cases by risk exposure category and sex, Manitoba, 2023.

Abbreviations: NIR (no identifiable risk), MSM (men who have sex with men), PWID (people who inject drugs), MSM/PWID (men who have sex with men / people who inject drugs). Note: The MSM and MSM/PWID categories are not applicable (N/A) to females.

Summary

This report describes HIV testing trends and the epidemiology of newly diagnosed cases of HIV infection in Manitoba. The number of people tested for HIV increased in 2023, reaching the highest over the 5-year period (100,463 people). Test positivity for HIV has also been increasing over the past five years (0.3% in 2019 to 0.6% in 2023). The age-standardized rate of newly diagnosed HIV cases in Manitoba increased to 20.2 cases per 100,000 in 2023 from 6.6 cases per 100,000 in 2019. HIV continues to be an ongoing public health concern, with the greatest burden of cases observed among individuals 20-49 years of age. There was a notable increase in the rate of cases among the 40-49 age group in 2023 compared to 2022 (17.3 vs. 40.7 cases per 100,000 cases in 2022 and 2023, respectively). In 2023, the Northern Health Region had the highest age-standardized rate of newly diagnosed HIV cases (37.4 cases per 100,000) followed by Winnipeg Health Region (23.7 cases per 100,000). Persons who inject drugs was the most common primary mode of transmission reported among new HIV cases in Manitoba in 2023 (81.2% among females; 64.0% among males).

Data Tables

The following data tables provide information that accompany the figures and results presented in this report.

Data Table 1. Number of HIV antigen/antibody screen tests and number of people tested, processed by Cadham Provincial Laboratory, Manitoba, 2019-2023

Year	Number of screen tests	Number of people tested	Percent positivity
2019	124,833	90,097	0.26
2020	117,885	82,055	0.31
2021	123,220	85,292	0.38
2022	133,905	93,489	0.49
2023	144,771	100,463	0.62

Data Table 2. Number, crude and age-standardized rates (per 100,000) of newly diagnosed HIV infections by year, Manitoba, 2019-2023

Year	Cases	Crude Rate	Age-Standardized Rate	95% CI
2019	90	6.6	6.6	5.3 – 8.2
2020	98	7.1	7.3	5.9 – 8.9
2021	143	10.2	10.5	8.8 – 12.4
2022	199	13.9	14.2	12.3 – 16.3
2023	280	19.3	20.2	17.9 – 22.7

Data Table 3. Number, crude and age-standardized rates (per 100,000) of newly diagnosed HIV infections by sex and year, Manitoba, 2019-2023^a

Year	Cases	Crude Rate	Age-Standardized Rate	95% CI
Male				
2019	49	7.2	7.3	5.4 – 9.6
2020	52	7.6	7.8	5.8 – 10.3
2021	72	10.4	10.7	8.4 – 13.5
2022	95	13.4	13.6	11.0 – 16.6
2023	141	19.6	20.6	17.3 – 24.3
Female				
2019	41	5.9	6.0	4.3 – 8.2
2020	46	6.6	6.8	4.9 - 9.0
2021	71	10.1	10.3	8.1 - 13.1
2022	104	14.5	14.9	12.1 – 18.0
2023	138	18.9	19.8	16.6 – 23.4

^a Excludes cases where sex was not reported.

Data Table 4. Number and age-specific rates (per 100,000) of newly diagnosed HIV infections by age group and year, Manitoba, 2019-2023

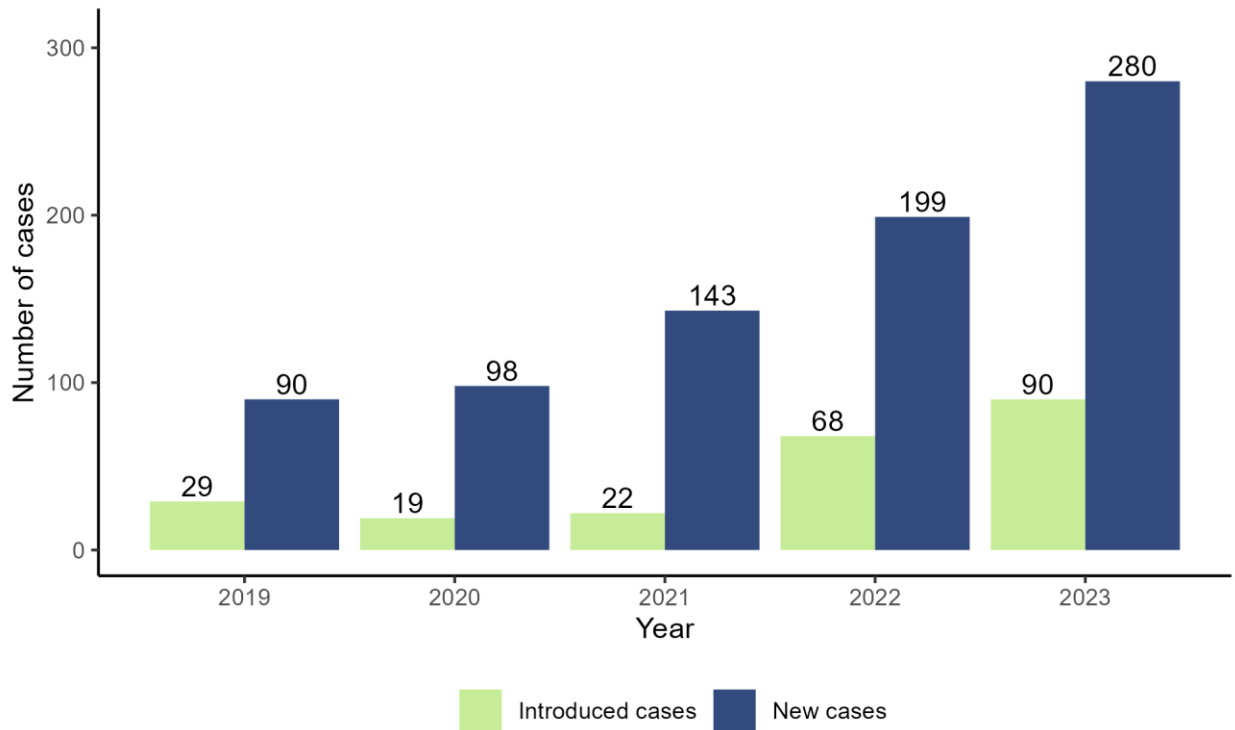
Year	Age Group											
	0-19		20-29		30-39		40-49		50-59		60+	
	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate
2019	3	0.9	35	18.7	32	16.8	9	5.2	7	4.0	4	1.3
2020	6	1.7	26	13.9	35	18.0	20	11.5	6	3.4	5	1.6
2021	6	1.7	41	21.6	56	28.5	23	13.2	12	7.0	5	1.6
2022	5	1.4	53	27.3	89	44.1	31	17.3	13	7.6	8	2.4
2023	2	0.6	73	37.1	98	47.1	75	40.7	25	14.8	7	2.1

Data Table 5. Number, crude and age-standardized rates (per 100,000) of newly diagnosed HIV infections by Health Region and year, Manitoba, 2019-2023

RHA	Cases	Crude Rate	Age-Standardized Rate	95% CI
WH				
2019	55	7.0	6.9	5.2 – 9.0
2020	64	8.1	8.1	6.2 – 10.3
2021	90	11.3	11.3	9.1 – 13.9
2022	156	19.2	18.7	15.9 – 21.9
2023	198	23.8	23.7	20.5 – 27.3
NH				
2019	14	18.2	18.1	9.8 – 30.6
2020	10	12.9	14.0	6.6 – 26.1
2021	22	28.5	29.3	18.2 – 44.6
2022	15	19.3	18.3	10.2 – 30.4
2023	27	34.5	37.4	24.5 – 54.8
SH-SS				
2019	3	1.4	1.6	0.3 – 4.6
2020	15	7.1	7.7	4.3 – 12.7
2021	12	5.6	5.8	3.0 – 10.1
2022	13	5.9	6.1	3.2 – 10.4
2023	26	11.5	12.9	8.4 – 18.9
IEH				
2019	6	4.5	5.4	2.0 – 11.7
2020	3	2.2	2.6	0.5 – 7.6
2021	12	8.8	10.6	5.5 – 18.5
2022	8	5.8	6.7	2.9 – 13.4
2023	8	5.8	6.5	2.8 – 13.0
PMH				
2019	11	6.4	6.4	3.2 – 11.6
2020	6	3.5	3.8	1.4 – 8.4
2021	3	1.7	1.7	0.4 – 5.0
2022	7	4.0	4.0	1.6 – 8.2
2023	19	10.8	11.7	7.0 – 18.4

Appendix A – Introduced HIV Cases

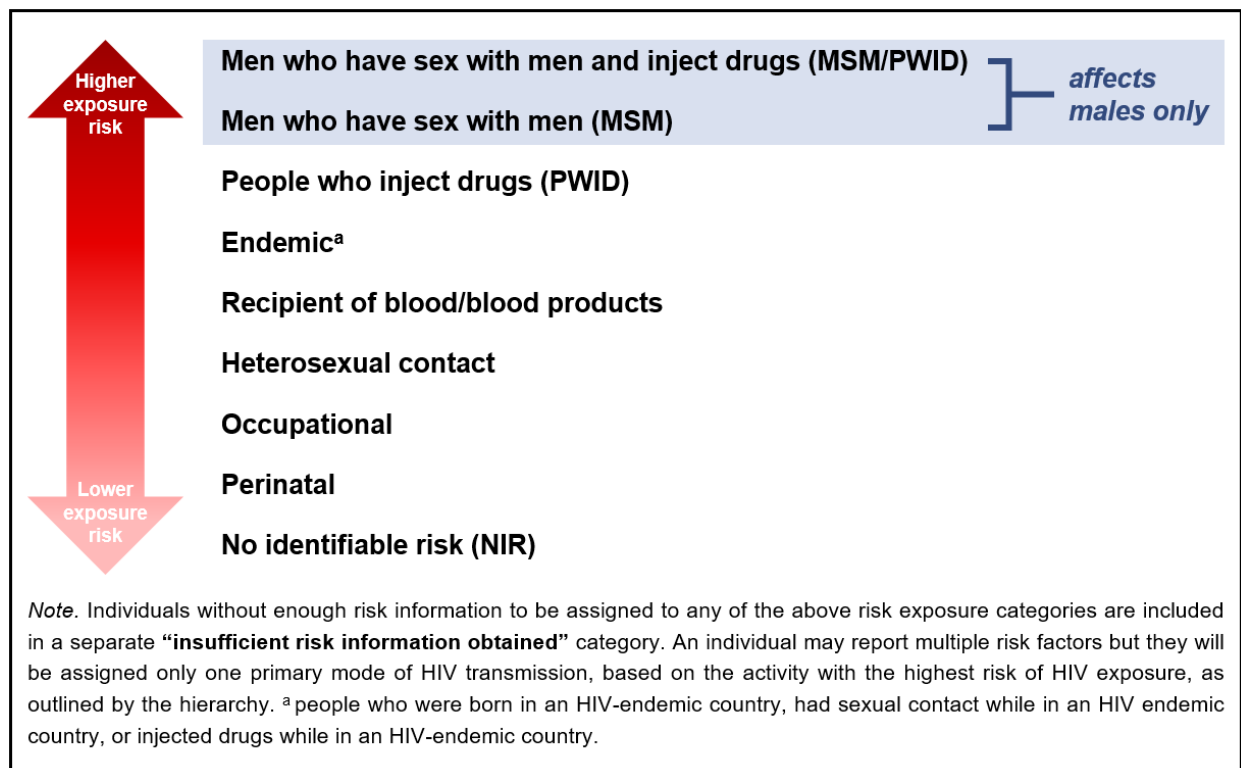
In Manitoba in 2023, there were 90 cases of HIV introduced into Manitoba. Introduced cases are those that have been previously diagnosed elsewhere but are new to the province. Although introduced cases are not incident cases and do not reflect local transmission in Manitoba, they are important to monitor as each case requires ongoing clinical care and antiretroviral therapy and may contribute to ongoing transmission.



Appendix A Figure 1: Number of HIV cases by type of HIV case and year, Manitoba, 2019-2023

Appendix B – Primary Mode of Transmission

Cases were assigned a primary mode of transmission based upon a provincially established hierarchy that reviews all reported risk factors for an individual and identifies the most likely mode of transmission (Appendix B Figure 1).



Appendix B Figure 1. Hierarchy used to assign the primary mode of HIV transmission based on client’s self-reported risk factors, Manitoba.

Definitions

Men who have sex with men and inject drugs (MSM/PWID)

Includes men who report having sex with other men (MSM) and who identify as persons who inject drugs (PWID).

Men who have sex with men (MSM)

Includes men who report having sex with other men.

Persons who inject drugs (PWID)

Includes persons who identify as injecting drugs.

Endemic

Includes persons who originated from, or resided in, an HIV-endemic country. Clients who report the following risk factors were included in this category:

- Born in an HIV-endemic country,
- Sexual contact while in an HIV endemic country, or
- Injection drug use while in an HIV-endemic country.

An HIV-endemic country is defined as a country where the adult (ages 15-49 years) prevalence of HIV is 1.0% or greater and one of the following is satisfied: 50% or more of HIV cases are attributed to heterosexual transmission; the male to female case ratio is 2:1 or less; or HIV prevalence is greater than or equal to 2% among women receiving prenatal care.³

Recipient of blood/blood products

Includes persons who indicate they have received blood or blood products as a possible mode of transmission. Canadian Blood Services has screened all blood/blood products for HIV since 1986.

Heterosexual contact

Includes persons who report heterosexual activity with a person(s) who is HIV positive or is at increased risk of HIV infection.

Occupational

Includes persons who report possible work-related HIV transmission. Examples of occupational transmission include needle stick injury or exposure to blood and/or bodily fluids in an occupational environment.

³Government of Canada (2012). *Chapter 13: HIV/AIDS in Canada among people from countries where HIV is endemic*. <https://www.canada.ca/en/public-health/services/hiv-aids/publications/epi-updates/chapter-13-hiv-aids-canada-among-people-from-countries-hiv-endemic.html>

Perinatal

Includes persons who acquired HIV from their birthing parent during pregnancy, at the time of birth, or through breastmilk transmission.

No identifiable risk (NIR)

Includes persons who report they did not engage in any behaviours or activities that would allow HIV transmission.

Insufficient risk information obtained

This category is assigned to cases missing risk factor information required to assign a primary mode of transmission. This includes investigations with incomplete case investigation forms, investigations in progress, or cases who were lost to follow-up. Incomplete case investigation forms may be due to an inability to locate the individual or have them engage with the public health interview.

The primary mode of transmission should be interpreted with some caution, particularly when making comparisons to previous years, due to the varying degrees of completeness as missing information creates challenges in monitoring changes over time. Beginning in 2020, cases for whom there was insufficient risk information to assign a primary mode of transmission are captured in a separate category “insufficient risk information obtained”. Prior to 2020, cases with insufficient risk information were included with cases classified as “no identifiable risk (NIR)”.

Appendix C – Other HIV Reports

Manitoba HIV Program Updates

Variation in the number of cases reported within [Manitoba HIV Program Updates](#) and [provincial surveillance reports](#) may be explained by differences in case definitions and geographical boundaries. Specifically, the Manitoba HIV Program uses a case definition that requires presentation to a clinic for HIV care, whereas the annual surveillance report counts newly diagnosed cases of HIV based on laboratory confirmation. In addition, the Manitoba HIV Program provides care to HIV-positive individuals who live near and outside the provincial border. These people are included in the Manitoba HIV Program Updates. In surveillance updates, non-residents of Manitoba are excluded.

National HIV Surveillance Reports

Manitoba provides non-nominal HIV surveillance data to the Centre for Communicable Diseases and Infection Control at the Public Health Agency of Canada (PHAC) on an annual basis for inclusion in [national surveillance reports](#). If/where there are variations in case numbers reported in provincial and national reports, this is explained by continuous updating of information within the provincial public health system, PHIMS.