

Discussion

The incidence rate of HIV infection in Peel Region is about half the provincial rate of 4.6 per 100,000. This rate has remained stable since 2003. Since the availability of antiretroviral therapy in the mid-1990s, the incidence of AIDS cases has declined to approximately 1.0 per 100,000 in Ontario and less than 1.0 per 100,000 in Peel. The incidence of HIV/AIDS is higher among males than females except in the under 20 age group where incidence is higher among females. Improved screening of blood and blood products since 1985 has resulted in a marked decline of HIV/AIDS cases from blood transfusions.

Between 2000 and 2004, 29% of HIV/AIDS cases in Peel Region were men having sex with men (MSM) and 30% were heterosexual. During this period, heterosexual transmission overtook MSM as the major risk factor of HIV/AIDS acquisition in Peel. HIV incidence has, however, been reported to be on the increase among young MSM in the U.S. and some parts of Canada.²

Among men in Peel Region, the highest incidence of HIV/AIDS was in the 30-39 year age group. In the most recent decade, heterosexual transmission and origin from an HIV-endemic country have become increasingly important risks among males. Among females, the most dramatic change has been a four-fold increase in cases reporting origin from an HIV-endemic country.

Co-infections of STIs and HIV/AIDS have been reported in Peel Region. This is concerning since it suggests that some HIV-infected persons and their partners are not using adequate protection such as condoms to prevent disease transmission. It is also known that the presence of STIs facilitates the transmission of HIV. With high rates of chlamydia and gonorrhea reported among youth and adults of reproductive age, this trend is worrying because these individuals are at higher risk of acquiring HIV.

Mortality rates from AIDS-related diseases have declined with the advent of antiretroviral therapy. Since 1999, AIDS mortality is about 1.0 per 100,000 in Peel and Ontario.