

HIV in Canada

Surveillance Report to December 31, 2024



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Canada

TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS THROUGH LEADERSHIP, PARTNERSHIP,
INNOVATION AND ACTION IN PUBLIC HEALTH.

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Appendix 1 contains a complete list of all data contributors.

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Any comments and suggestions that would improve the usefulness of future publications are welcome and can be sent to the attention of the National HIV Surveillance Program (HASS) within the Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada, at hass@phac-aspc.gc.ca.

Land Acknowledgement

We respectfully recognize and acknowledge that the lands on which we developed this surveillance report are the homelands of First Nations, Inuit, and Métis Peoples. We acknowledge our privilege to live and work on these lands and strive to foster equitable partnerships with First Nations, Inuit, and Métis Peoples and work collaboratively to advance reconciliation in Canada.

Data presented in this surveillance report was collected by local public health agencies and submitted to the Public Health Agency of Canada (PHAC) by provinces, territories, or other HIV surveillance programs. These public health agencies operate on lands which are the homelands of the First Nations, Inuit, and Métis Peoples.

We invite readers to reflect on the generations of First Nations, Inuit and Métis who have thrived and sustained themselves in the territories which you call home, and urge readers to recognize local Indigenous Knowledge, and contribute to cultural revitalization and self-determination for Indigenous communities.

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List of acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
BEWG	Black Expert Working Group for National HIV Surveillance
COVID-19	SARS-CoV2/ Coronavirus Disease 2019
CPHSP	Canadian Perinatal HIV Surveillance Program
CVSD	Canadian Vital Statistics Death Database
GBMSM	Gay, Bisexual and other Men who have Sex with Men
FNIM-WG	First Nations, Inuit, and Métis Working Group for National HIV and Syphilis Surveillance
GCMS	Global Case Management System
HASS	National HIV Surveillance Program
HIV	Human Immunodeficiency Virus
ICD	International Classification of Diseases
IDU	Injection Drug Use
IME	Immigration Medical Exam
IRCC	Immigration, Refugees and Citizenship Canada
OOC	Out of Country
OOP	Out of Province
PHAC	Public Health Agency of Canada
PrEP	Pre-exposure Prophylaxis
PWID	People who inject drugs
PWUD	People who use drugs
PT	Provinces and Territories
SC	Statistics Canada
STBBI	Sexually Transmitted and Blood-Borne Infections
STI	Sexually Transmitted Infection

Executive summary

The *HIV in Canada, Surveillance Report to December 31, 2024*, was prepared by the Public Health Agency of Canada (PHAC). It presents and describes national epidemiological trends on Human Immunodeficiency Virus (HIV) diagnoses in Canada by geographic region, age at diagnosis, sex, race and/or ethnicity, and exposure category between 2015 and 2024. This surveillance report presents information on first-time diagnoses from all thirteen provinces and territories (PT), and provides evidence for the planning, evaluation, and implementation of HIV testing, prevention, treatment and education. In addition to first time diagnoses, the report presents previously diagnosed cases by province and territory for 2020 to 2024.

The COVID-19 (SARS-CoV2 / Coronavirus Disease 2019) pandemic had impacts, both known and unknown, on access to HIV testing, prevention, and care services as well as on surveillance activities in Canada. For this reason, data for 2020-2021 should be interpreted with caution. Due to surveillance data being refined by PT over time as data are periodically reviewed and updated, surveillance data for previous years may also be updated by provinces and territories along with the current year's dataset. As such, historical data presented in this report may not exactly match historical data presented in previous national reports.

Key findings include:

- In 2024, 2,288 first-time diagnoses (newly diagnosed cases, i.e., no evidence of a previous positive test) of HIV were reported in Canada. This is a decrease of 3.3% compared to 2023 (2,367 new HIV diagnoses in 2023). While this is a decrease in the number of first-time diagnoses from 2023, the number remains higher than pre-pandemic years.
- Data provided by Immigration, Refugees and Citizenship Canada (IRCC) demonstrated that a smaller number of migrants (immigrants, refugees and temporary residents) tested positive for HIV in total during an IME in Canada or abroad in 2024 compared with 2023 (3,167 in 2024 and 3,193 in 2023). While the number of migrants who tested positive for HIV during an IME in Canada increased from 2023 to 2024, the number who tested positive for HIV during an IME abroad decreased. In 2024 the total number of migrants who tested positive for HIV in Canada was 1,699, representing 0.34% of all IMEs in Canada, a higher percentage than pre-pandemic levels (0.24% in 2019) but lower than 2023 when 0.37% of migrants undergoing an IME in Canada tested positive.
- The national first-time HIV diagnosis rate was 5.5 per 100,000 population in 2024. While this was a decrease from 5.9 per 100,000 population in 2023, the rate remained above the relatively stable pre-COVID-19 pandemic rates (e.g. 4.6 per 100,000 in 2019).
- Data received by PHAC from the Provinces and Territories has the sex of cases classified by the mutually exclusive categories of male, female, transgender, or not provided. In some instances, sex and gender may be erroneously conflated in these data. Therefore, data for cases reported as male or female may or may not include transgender people, and reporting may not necessarily align with the gender identity of individuals. The National HIV Surveillance Program (HASS) is actively working on improving data collection and reporting to better represent gender-diverse communities.
- The national first-time HIV diagnosis rate was 7.2 per 100,000 population in males (male sex) and 3.8 per 100,000 population in females (female sex) in 2024; a decrease from the rate reported in males while the rate in females remained constant in 2023 (which were 7.9 and 3.8 HIV diagnoses per 100,000 population, respectively).

- Recent trends in the HIV diagnosis rate among males show a continued decline in rates between 2015 to 2020 from 7.6 per 100,000 to 4.9 per 100,000 before increasing to 7.9 per 100,000 in 2023 and decreasing to 7.2 per 100,000 in 2024. Among females, the trend shows an increase from 2.2 per 100,000 in 2015 to 2.7 per 100,000 females in 2019 before decreasing to 2.0 per 100,000 in 2020 and increasing to 3.8 per 100,000 in 2024. While the 2024 rate in males was within pre-COVID-19 pandemic levels, the rate in females was above pre-COVID-19 pandemic levels.
- When broken down into age groups, the HIV diagnosis rates were highest in the 25 to 29 years age group (12.5 per 100,000 population) and the 30-to-39 year age group (12.9 per 100,000 population) in 2024.
- HIV diagnosis rates were observed to be approximately two times greater in males than in females in all age groups, with the exceptions of the <15 years and the 15-to-19 year age group (HIV diagnosis rates were similar among sexes).
- While the overall national first-time HIV diagnosis rate decreased from 2023 to 2024, HIV diagnosis rates increased in Manitoba, the Territories, and British Columbia and remained constant in Quebec. While a decrease was observed in the Atlantic region as a whole, not all Atlantic provinces saw a decrease.
- The highest first-time HIV diagnosis rate across the provinces and territories was in Manitoba, with 19.5 per 100,000 population, followed by Saskatchewan with 18.6 per 100,000 population. The lowest diagnosis rate was in the Atlantic region with 1.7 per 100,000 population.
- Similar to 2023, the largest proportion of adult HIV diagnoses was attributed to heterosexual contact (38.3%) in 2024. According to reported exposure category, male-to-male sexual contact continues to account for the largest proportion of diagnoses in males, at 49.9% of diagnoses.
- Heterosexual contact continues to account for the largest proportion of diagnoses in females, at 58.1% of diagnoses. Injection drug use also remains a significant factor among cases in both males and females, accounting for 16.9% of all first-time diagnoses in 2024.
- Proportion of diagnoses attributable to different exposure categories also varied by age group. In the 20-to-24-year age group, male-to-male sexual contact accounted for the largest proportion of diagnoses (43.6%). By contrast, among 40-to-59 year-olds, heterosexual contact accounted for the largest proportion of diagnoses (46.7%).
- Race-based data is essential for identifying and understanding disparities in access to HIV care stemming from historic and ongoing colonialism, racism, and systemic and structural inequities in Canada. Although some provinces collect data on the Indigenous identity and race and/or ethnicity of people newly diagnosed with HIV, the data collection method used may differ from that used by the federal system. As a result, the reporting of race and/or ethnicity data varies significantly across jurisdictions and is not always shared with PHAC. Overall, race and/or ethnicity data were reported for

only 38.1% of first-time diagnoses in 2024, representing a continuation of a decreasing trend in race and/or ethnicity data completion since 2015 where 55.3% had race and/or ethnicity data available. No race and/or ethnicity data were reported from Manitoba, Nova Scotia, Saskatchewan, and Quebec for 2024.

- Among the 871 cases of new HIV diagnoses for whom race and/or ethnicity was reported, 31.6% of cases were reported as Black people, 25.4% were reported as white people, and 7.1% were reported as Indigenous Peoples (6.1% First Nations, 0.3% Inuit, and 0.7% Métis). Given race and/or ethnicity data are not missing randomly, these proportions are unlikely to be representative of all first-time diagnoses and should be interpreted with caution. In collaboration with community members, HASS has established a Black Expert Working Group for National HIV Surveillance and a First Nations, Inuit, and Métis Working Group for National HIV and Syphilis Surveillance to provide advice and co-develop strategies to improve the completeness, interpretation, and contextualization of Indigenous identity and race and/or ethnicity data.
- While the number of first-time diagnoses increased between 2020 to 2024 for most provinces/territories, the trends in the number of previously diagnosed cases varied. Likewise, the proportions of reported HIV diagnoses attributed to previously diagnosed cases also varied by province and territory.
- Of the 258 infants reported to be potentially perinatally exposed to HIV in 2024, 96.9% were born to people who had received antiretroviral therapy (ART). There was one infant confirmed to have acquired HIV perinatally that was born to a person who did not receive any ART.
- In 2024, there were 84 cases of acquired immunodeficiency syndrome (AIDS) reported, a continued decrease since 2015. However, findings should be interpreted with caution, as AIDS data were only submitted by four provinces in 2024 (New Brunswick, Ontario, Saskatchewan, and Northwest Territories) and, where this information was available, cases are likely underreported.
- In 2024, there were 128 deaths attributed to HIV (HIV-related death rate of 0.4 per 100,000 population among people living in Canada aged 15 years and older). HIV-related deaths are likely underreported.

Introduction

Human Immunodeficiency Virus (HIV) continues to be a worldwide public health issue affecting millions of people. In 2024, there were an estimated 1.3 million new infections and 40.8 million people living with HIV globally (1). HIV remains a significant public health concern in Canada, with an estimated 70,900 people living with HIV. Of these, 91% are diagnosed, 86% of those diagnosed on treatment, and 96% of those on treatment having viral suppression (2). Despite pre-COVID-19 pandemic decreases, the HIV diagnosis rate in Canada has increased from 3.5 in 2020 (3) to 5.5 per 100,000 population in 2024. Although there have been significant advances in HIV testing, prevention, and treatment, inequitable access to care and support is still a major concern driving the epidemic.

Various population groups face challenges that stem from social and structural determinants of health, including HIV-related stigma and discrimination, racism, ongoing colonization, homophobia and transphobia, drug-related stigma, and criminalization (4). As a result of these factors, HIV disproportionately affects certain populations, such as Gay, Bisexual, and other Men who Have Sex with Men (GBMSM); sex workers; People who inject drugs (PWID); immigrant populations; First Nations, Inuit, and Métis peoples; and African, Caribbean, and Black communities (4).

The impact of this disproportion is often reflected in national estimates of the HIV care cascade. Data have shown that women and other key populations disproportionately impacted by HIV in Canada (5), including people incarcerated in federal correctional facilities, First Nations Peoples in Saskatchewan and Alberta, PWID, and Black communities in Ontario have lower proportions of diagnosis, treatment, and viral suppression (5).

HIV-related stigma, one factor contributing to the burden of HIV among some segments of the population, was described in a Canadian study involving people living with HIV as:

“...having negative experiences within health, social, and [legal] systems and how these experiences could increase the trauma of HIV stigma and discrimination at the time of diagnoses. These experiences included not being allowed to have a friend with them when given the results of their HIV test or not being provided with important information, questions from health and social care providers that the participant felt were stigmatizing, and health promotion materials in the waiting room that they felt depicted people with HIV as being from particular racial and ethnic groups. In several cases, participants felt that health and social care workers were ill-informed about current evidence related to HIV and that more needed to be done to ensure they were well-educated” (6).

Although male-to-male sexual contact attributed to the most HIV diagnoses in previous years, heterosexual contact (39.4% of HIV diagnoses) represented the largest category of HIV diagnoses in 2023; the proportions of HIV diagnoses attributed to heterosexual contact and injection drug use (18.2% of HIV diagnoses in 2023) have both increased since 2018 (3).

The conflation of sex and gender and a lack of reporting of sex and gender information have serious consequences in that it leads to limited understanding of HIV among communities which are highly impacted. For instance, research has shown that transgender females, in comparison to all adults aged 15 years of age and older, were 66 times and transgender males were 6.8 times more likely to have HIV (7). These disparities are likely the result of persistent barriers to care, including limited access to testing and treatment services and stigmatizing experiences within the healthcare system (4).

Following the SARS-CoV-2 (COVID-19) pandemic, reduced HIV testing and increased percentage of positive tests were reported in certain jurisdictions. This further emphasized the need for adequate preparation of health care systems to mitigate disruptions in HIV testing (8). As public health efforts focused on the COVID-19 pandemic, local public health surveillance practices were affected, resulting in additional challenges in the collection of surveillance information.

Despite the effect of HIV antiretroviral therapy (ART) and HIV pre-exposure prophylaxis (HIV PrEP) on the HIV epidemic over time, disparities in access to HIV testing, treatment and PrEP access still exist (9). As individuals living with HIV age, there is an increased risk of non-AIDS defining cancers, cardiovascular disease, liver failure, renal failure, and experiences of earlier polypharmacy compared to those living without HIV; these findings continue to demonstrate how HIV intersects with multiple aspects of the health system (9). Due to changes in the epidemiology of HIV over time, reliable data regarding HIV PrEP, testing, and treatment to allocate resources and implement programs and policies are needed (9). Data reporting must be improved to facilitate the translation of epidemiological data to public health action (9). Thus, annual surveillance reports on the epidemiology of HIV in Canada, including trends over time are published by the Public Health Agency of Canada (PHAC).

The ongoing, systematic collection, analysis, and dissemination of public health data to identify trends in disease or injury are routine public health surveillance activities. These activities inform the design, planning, and monitoring of actions, programs and policies for prevention; and provides information for research (10). The [“Reducing The Health Impact of Sexually-Transmitted and Blood-Borne Infections in Canada by 2030: A Pan-Canadian Framework for Action”](#), released by federal, provincial and territorial Ministers of Health in 2018, describes the significance of surveillance data in evidence-based policy and program development (11). The importance of surveillance data in measuring impact, monitoring and reporting on trends for leveraging existing knowledge and targeting future research was reiterated in the subsequent [“Accelerating our response: Government of Canada five-year action plan on sexually transmitted and blood-borne infections”](#) published in 2019 (12). As well, the [“Government of Canada sexually transmitted and blood-borne infections \(STBBI\) action plan 2024-2030”](#) which was released in early 2024 emphasizes the improvement of STBBI data monitoring and collection practices as a key priority (13).

The term "surveillance" is often used to describe public health activities to understand trends in infectious diseases. We recognize that "surveillance" is also used by law enforcement, private security, and other parties for a different purpose. As a result, the term can raise discomfort or have negative meanings for some individuals and communities, especially racialized, 2SLGBTQI+, people who use drugs, people experiencing homelessness, and other equity-deserving populations. For public health STBBI surveillance, the minimum amount of data necessary is collected. Only provincial or territorial public health authorities have access to personal identifiable information (e.g., name or personal health card number) which are used for the purposes of providing health services and they remove this information before sending data to national systems. All data are stored securely and access to it is highly restricted. Data received regarding individual diagnoses as part of routine reporting by provinces/territories are not shared with other parties (including law enforcement). The reports created using national data are about population trends, not individual people.

A [“Pan-Canadian Health Data Strategy”](#) (14) was developed in light of the COVID-19 pandemic focusing on the modernization of health data collection with short-term data collection priorities. Priorities identified during the pandemic include enhancing data collection on the impact of COVID-19 on racialized populations and improving data collection on the impact of COVID-19 on First Nations, Inuit and Métis populations (15).

The Canadian government has also committed to working towards international targets for the elimination of HIV transmission, including the UNAIDS' 95-95-95 targets for 2025 which are as follows: 95% of those living with HIV are diagnosed, 95% of those diagnosed are on treatment, and 95% of those on treatment are virally suppressed (16) within each sub-population, age groups, and geographic settings.

In addition to these targets, UNAIDS developed additional 10-10-10 targets related to punitive laws and policies, stigma and discrimination, gender inequality and violence, access to people-centered care and context specific services, combination prevention and other areas to further reduce the burden of HIV (16).

Three different teams at PHAC produce reports describing separate aspects of the HIV epidemic in Canada and Canada's progress in meeting national and international HIV transmission reduction goals:

- 1) The National HIV Surveillance Program (HASS);
- 2) The Estimates and Field Surveillance Section; and,
- 3) The HIV and Hepatitis C Enhanced Surveillance Section (ESS), known as "Tracks"

The National HIV Surveillance Program (HASS)

The responsibilities of HASS include routine HIV case surveillance and the creation and dissemination of annual information products, including this surveillance report. Data on first-time diagnoses of HIV in Canada's provinces and territories are collected and reported by HASS. Case data include limited sociodemographic information (i.e. age, sex, race and/or ethnicity) and exposure categories (the most likely route of HIV acquisition). While the HASS produces information products describing trends in new HIV diagnoses overall, it is limited in its ability to highlight trends in new diagnoses among key populations disproportionately impacted by HIV.

The Estimates and Field Surveillance Section

Routine HIV surveillance (i.e., HASS) is used to summarize the information related to people who presented for HIV testing and who also then received an HIV diagnosis. It does not capture the number of people who are living with HIV and have not yet tested (i.e., are not even aware themselves that they have HIV). It also does not capture the total number of people living with HIV and receiving HIV treatment and care in Canada. Instead, this information is estimated using statistical models and methods with data from a variety of sources. PHAC develops [estimates](#) of HIV incidence (new infections), and prevalence (people living with HIV), as well as the HIV care continuum every two years, in partnership with provincial and territorial public health authorities and other government departments (5). In addition, as part of the goal to increase access to combination HIV prevention, PHAC also monitors and reports on trends in HIV PrEP use in Canada. National HIV estimates provide an understanding of changes in HIV transmission patterns over time. They can be used to guide the planning and funding for prevention, treatment, care, and ongoing support for people living with and affected by HIV, and allow public health agencies to identify gaps in care and determine the types of interventions that might help increase the number of people who become virally suppressed and maintain viral suppression. The latest information about people living with HIV in Canada can be found on the [STBBI surveillance page](#) under "Reporting on Canada's progress towards STBBI elimination".

The HIV and Hepatitis C Enhanced Surveillance Section (Tracks)

The Enhanced HIV and Hepatitis C Surveillance Section oversees the Tracks surveillance system which is designed to gather information to describe the sample prevalence of HIV, hepatitis C and other STBBI, HIV-related risk behaviours, and use of STBBI-related services among populations disproportionately impacted by

HIV. They routinely conduct cross-sectional, bio-behavioural surveys among [PWID](#) (17); [First Nations](#) (18), Inuit, and Métis Peoples; GBMSM; and Black people (19). Bio-behavioural surveys are an instrumental tool for measuring and addressing the HIV epidemic, especially among key populations who are often underserved, equity-deserving, and have a greater likelihood of acquiring HIV (20). These bio-behavioural surveys are composed of a questionnaire completed by the respondent along with a dried blood spot collected from a finger-prick blood sample that is tested for HIV, hepatitis C and other STBBI. The questionnaire collects information on socio-demographic characteristics, social determinants of health, use of health and prevention services (including testing and HIV PrEP), substance use and injecting behaviours, sexual behaviours, and care and treatment of HIV and hepatitis C. Tracks consults with the provinces and territories to select sentinel sites (participant recruitment locations) and collaborates with local public health and/or community-based organizations to conduct the bio-behavioural surveys. The survey findings provide the evidence needed to assess the progress towards reaching national and international STBBI targets (12) and are a rich source of information that has been used at the local, provincial, territorial, and federal levels to inform public health policies, programs, plans and interventions, for key populations (e.g. the federal action plan on STBBI).

Review and Renewal of the National HIV Surveillance Program

The National HIV Surveillance Program (HASS) is currently undergoing a review and renewal process with the ultimate goal of better meeting evidence needs. The aim is to identify the national-level surveillance data needed by data users, and to improve the quality and usefulness of that data for an accurate reflection of the current state of the HIV epidemic. The HASS Review and Renewal process is guided by the principles articulated in the Pan-Canadian STBBI Framework for Action – health equity, human rights, meaningful engagement of people living with HIV and key populations, and evidence-based policy and programs. The review phase involved an internal technical assessment, an evidence review, engagement with data providers in the provinces and territories (PT), and community engagement. By contributing to higher quality information to inform policies and programs and meaningfully engaging with partners and expert groups, the Review and Renewal process can contribute to the specific priorities outlined in the Government of Canada's STBBI Action Plan (2024-2030) (13): improve disaggregated monitoring of STBBI trends, collaborate with stakeholders (PT, First Nations, Inuit, Métis, community partners) to review and adapt national surveillance methods, collaborate with communities to develop practices for responsible and culturally appropriate data collection and knowledge mobilization, and support data collection and research on 2SLGBTQI+ communities to inform healthcare service provision.

As a result of community advocacy and through a collaborative effort with community members, HASS co-developed a Black Expert Working Group for National HIV Surveillance (BEWG) in 2023 and a First Nations, Inuit, and Métis Working Group for National HIV and Syphilis Surveillance (FNIM-WG) in 2025, composed of individuals with expertise in HIV care, research, and advocacy. These working groups were established to support the crucial role of community members' collaboration in the improvement of systems for HIV (including diagnosis, data collection, and management) that would be more favourable to the wellbeing of Black and Indigenous communities. The BEWG and the FNIM-WG provide advice and guidance to HASS and surveillance partners, contributing to the collective efforts to improve the quality and completeness of Indigenous identity data and race and/or ethnicity data, and helping to ensure that this information is interpreted and presented in reports in a useful and appropriate manner.

The HASS is collaborating with community and academic experts and with the [Community Based Research Centre \(CBRC\)](#) regarding the improvement of data regarding sex, gender identity, and sexual diversity.

National HIV surveillance reports

Starting with the '[HIV in Canada, Surveillance Report to December 31, 2020](#)', national HIV surveillance reports now present data specifically about first-time HIV diagnoses rather than all positive test results in that year (21). While the inclusion of previously diagnosed HIV cases is important for planning treatment and care needs, the inclusion of these cases has been shown to inflate the number of HIV diagnoses reported per year and overestimate incidence (22). Although the ability to report first-time diagnoses separately from previously diagnosed HIV cases, for all reported years, varies by province and territory, the focus on first time diagnoses improves our knowledge of HIV transmissions to better inform prevention activities.

It is the nature of surveillance data to be continuously updated over time across all jurisdictions (federal, provincial, and local). As such, this report replaces all previous national HIV surveillance reports and presents the most recent surveillance data compiled for HIV, with first-time diagnosis case data included up to December 31, 2024.

This report describes (a) the epidemiology of first-time HIV diagnoses in Canada in 2024 (by geographic region, age at diagnosis, sex, race and/or ethnicity and Indigenous identity, and exposure category), and (b) trends between 2015 and 2024. Though the focus of the Surveillance Report is on first-time diagnoses, data regarding both first-time diagnoses and previously diagnosed cases are included in selected tables to provide information about provincial or territorial HIV care volumes. Updated information on immigration medical screening results for HIV, data on childbearing individuals with infants perinatally exposed to HIV, AIDS diagnoses (the most advanced stage of disease caused by HIV) and HIV mortality are also provided.

Data provided in this report can be divided into two sections:

- The first section focuses on HIV diagnoses in Canada in 2024 by geographic region, age at diagnosis, sex, race and/or ethnicity and Indigenous identity and exposure category, in addition to presenting selected analyses from 2015-2024. This section also includes surveillance data, by province and territory, regarding both first-time diagnoses and previous positives.
- The second section focuses on data from the Canadian Perinatal HIV Surveillance Program (2017-2024), immigration medical screening for HIV (2015-2024), AIDS case surveillance (2015-2024), and HIV-specific mortality (2015-2024).

Methods

Data sources

Data from the following sources are presented in this surveillance report, and described in more detail subsequently:

- The National HIV Surveillance Program (HASS), maintained by the Public Health Agency of Canada (PHAC);
- The Canadian Perinatal HIV Surveillance Program (CPHSP), maintained by the Canadian Pediatric and Perinatal HIV and AIDS Research Group (CPARG);
- Immigration medical screening, maintained by Immigration, Refugees and Citizenship Canada (IRCC);
- The Canadian Vital Statistics Death Database (CVSD), maintained by Statistics Canada (SC).

National HIV Surveillance Program

The National HIV Surveillance Program (HASS), a passive case-based surveillance program, compiles non-identifiable information on recent HIV diagnoses as defined by the national case definition ([PHAC national HIV case definition](#) / [National AIDS case definition](#)) (23). While data collection on HIV diagnoses through public health and laboratory reporting is the responsibility of individual provinces or territories, data submission to PHAC is voluntary. Data on each new diagnosis is submitted to PHAC through secure electronic datasets, aggregated tables, or using the national case report form (24).

Practices for the storage of raw data, including electronic datasets and case report forms, have been outlined in the **Directive for the collection, use and dissemination of information relating to public health (PHAC, 2013, unpublished document)**.

Since 2020, PHAC has requested the submission of data on first-time diagnoses either through a dataset with first-time diagnoses only or a dataset with both first-time diagnoses and previously diagnosed cases (either out of country/out of province or territory) with a variable to distinguish between first-time diagnoses and previously diagnosed cases. Identification and removal of 'duplicate' cases, including cases previously diagnosed within the reporting province or territory, prior to submission to PHAC are the responsibility of provinces or territories. Furthermore, details on 2024 data submitted by PT public health authorities are provided in **Appendix 2**. For the 2024 report, additional data regarding first-time and previously diagnosed cases are included. For these analyses, aggregated and line-listed data on previously diagnosed cases submitted by provinces/territories was used in addition to data on first-time diagnoses.

Information on HIV cases diagnosed on or before December 31, 2024, such as age, sex, race and/or ethnicity, and behaviours and exposures that may be associated with the transmission of HIV (presented as "exposure categories") is presented in this surveillance report. Provincial or territorial HIV surveillance data was submitted to PHAC by all provinces and territories by February 6, 2026, and validated by February 19, 2026. Differences between data published in this report and data published in provincial and territorial surveillance reports are possible as PT surveillance data may be updated after submission to PHAC. In the event of any differences, the provincial and territorial reports are the primary source of information. In addition to 2024 data, Ontario (since 1985), Quebec (since 2015) and British Columbia (since 2020) resubmitted updated historical data. As PTs periodically review and update their surveillance data, refinements may be made to previous records. As a result, PT may submit updated data from previous years along with the current year's data. Therefore, historical data presented in this report may not exactly match historical data presented in previous national reports.

Canadian Perinatal HIV Surveillance Program

National data on the HIV status of infants born to women or other pregnant people living with HIV is collected by the [Canadian Pediatric AIDS Research Group \(CPARG\)](#) through the Canadian Perinatal HIV Surveillance Program (CPHSP) with support from the [Canadian Institutes of Health Research-Canadian HIV Trials Network](#). CPHSP is a sentinel-based active surveillance system that focuses on infants born to people who are pregnant and living with HIV, and children living with HIV receiving care at any participating site. Data are contributed by 22 pediatric and adult HIV centres and public health units from all Canadian provinces and territories, whether they were born in Canada or abroad (25). Information is collected through a national, non-nominal, confidential survey of participating pediatricians in the 22 sites upon obstetric or pediatric referral for care, and updated annually. CPARG estimates that the CPHSP sites cover 95% of all infants born in Canada who were exposed to HIV.

Collected variables include country of birth, self-reported race and/or ethnicity, and HIV acquisition risk category of the pregnant person, as well as antiretroviral regimen and duration during pregnancy, gestational age, mode of delivery of the infant, and infant birth weight. Infant HIV status is determined using polymerase chain reaction testing (confirmed on at least two separate samples) and/or by HIV serology beyond 18 months of age. HIV status is updated annually and include: “confirmed living with HIV”, “confirmed not living with HIV”, or “HIV status not confirmed.”

CPHSP Surveillance data for 2024, including data updates for previous years, were submitted to PHAC in February 2026.

Immigration medical screening

Information from the Immigration Medical Exam (IME) for migrants who have tested positive for HIV in Canada or internationally was included in the Global Case Management System (GCMS), maintained by Immigration, Refugees and Citizenship Canada (IRCC). The GCMS, used for the processing of applications for permanent and temporary residence in Canada by foreign nationals, includes information regarding an individual's IME. IMEs are administrated by third-party panel physicians on behalf of IRCC either in Canada or internationally and must be completed by the following individuals: all foreign nationals applying for permanent residence and some applying for temporary residence in Canada. As of 2002, routine HIV screening was added as a mandatory component to the IME for applicants 15 years of age and older, and for those under 15 years of age with certain risk factors (26). Given that testing is mandatory in standard IMEs, regardless of whether HIV status is known or unknown, HIV detected through the IME does not necessarily represent a new HIV diagnosis. In addition, it is possible that a case could have been counted in previous years if the person had multiple IMEs performed or if they had been tested for HIV in Canada outside of the IME. Data collected by IRCC includes data on individuals who tested positive in Canada in 2024 and those who tested positive outside of Canada and arrived in Canada in 2024.

Aggregate, non-identifying data on individuals who tested positive for HIV during an IME were provided to PHAC by IRCC in July 2025 and included the following data: country of birth, sex, age group, the province or territory where the IME was conducted (if tested in Canada), and the year tested (if tested in Canada) or the year the applicant landed in Canada (if tested outside of Canada). The following individuals are broadly classified as ‘migrants’: immigrants (permanent residents in the economic and family classes); refugees (resettled refugees, protected persons, and asylum claimants); and temporary residents (visitors, international students, temporary foreign workers, and temporary resident permit holders).

Nominal data from in-Canada and international test results where HIV was detected and a valid Canadian residential address including the PT of residence are routinely shared by the IRCC with the applicable PT for the purpose of supporting and facilitating linkage to care. Historically, provinces and territories have either counted data received from IRCC as new diagnoses or excluded these from the counts of new diagnoses, with

the specific procedure varying by PT. Efforts by the PT to improve the differentiation of these cases continued with the 2024 data submission.

Canadian Vital Statistics Death Database

Regardless of cause, deaths in Canada must be registered with the provincial and territorial vital statistics registrars (27). Data on all deaths that occurred are annually submitted to Statistics Canada, responsible for the Canadian Vital Statistics Death Database (CVSD), by provincial and territorial vital statistics registries. The CVSD, a cumulative record of death statistics derived from the annual submission of death registry forms collected by the central registry in each PT, classified cause of death based on International Classification of Diseases (ICD) codes. Between 1979 and 1999, the 9th revision of the International Classification of Diseases (ICD-9) was used to classify deaths with codes 042 to 044 indicating deaths attributed to HIV infection. From 2000 onwards, codes B20 to B24 were used to classify deaths attributed to HIV infection in the 10th revision (ICD-10).

Mortality data specific to year of death, cause of death, sex, and age at death were extracted from the publicly available data “Deaths and age-specific mortality rates, by selected grouped causes” in the CVSD on February 16, 2026 (28). For the national HIV surveillance report, the focus is on deaths attributed specifically to HIV.

Data analysis

Standardized data verification and recording procedures were applied to all datasets submitted by the individual provinces and territories and used to develop the national dataset. Individual PT data is compiled into tables formatted as how they would appear in the report and returned to the submitting PT for review and validation. After resolution of discrepancies (if any) and final agreement from the provinces and territories, national datasets were prepared.

Overall and geographic region, age group and sex stratified case counts and rates (cases per 100,000 population) are presented in this report. Rates were calculated using population data extracted from the Annual Demographic Statistics dataset from Statistics Canada, Demography Division (29) published to indicate the estimated size of the Canadian population on July 1, 2024.

Additional statistical procedures for comparative analyses or methods for handling missing data were not used in this report. Where deemed necessary by provincial and territorial surveillance data providers, data with small cell sizes ($n \leq 5$ cases) were suppressed or data categories were merged.

The national dataset was compiled using first-time diagnoses reported in Canada between 2015 and 2024 using the following definitions:

- **First-time diagnosis:** HIV diagnosed and reported for the first time ever for the individual in the given reporting year and with no evidence of previous diagnosis, neither in another country nor in another Canadian province or territory.
- **Previous diagnosis:** individuals who had evidence of a known previous HIV diagnosis in another country or in another Canadian province or territory, as reported by an indicator in individual case records (see next section for more details).

Finalizing the first-time HIV diagnoses dataset

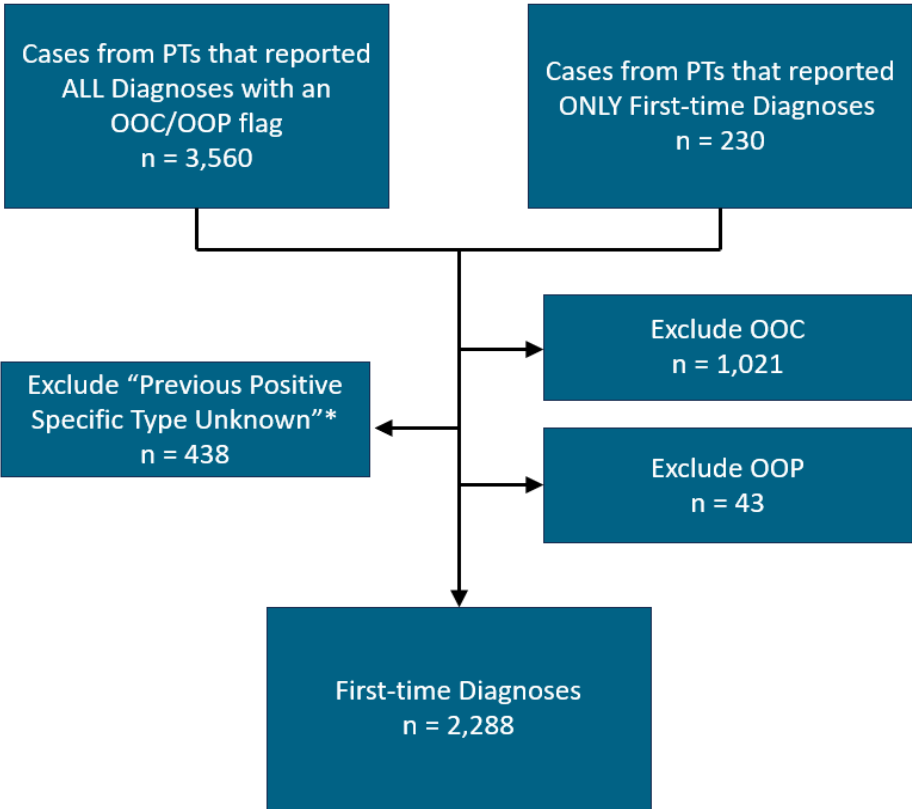
In the 2024 report, all provinces and territories submitted either data for first-time diagnoses only or data for all cases with an indicator for the identification of cases diagnosed outside of Canada (i.e. Out of Country, OOC) or diagnosed in another PT outside of the reporting PT (i.e. Out of Province, OOP). Cases reported from provinces and territories who report only first-time diagnoses and cases identified as first-time diagnoses from provinces and territories who submit all cases were combined, and previously diagnosed cases as identified in

the submitted PT datasets were excluded (**Figure 1**), to produce the final count of first-time HIV diagnoses for the surveillance period, January 1 to December 31, 2024.

In 2024, there were 3,790 (3,560 cases from PT that reported ALL diagnoses with an OOC/OOP flag, 230 cases from PT that reported ONLY first-time diagnoses) total reported HIV cases, of which 1,502 were previous diagnoses (1,021 were classified as out-of-country, 43 were classified as out-of-province, and 438 were classified generally as a previous diagnosis). With the previously diagnosed cases removed, there were a total of **n = 2,288** cases classified as first-time HIV diagnoses in 2024 and used for further analyses in this report (**Figure 1**).

Some provinces and territories provided out-of-country and out-of-province indicators for previous years as part of submissions for the surveillance reports in 2020 onwards. PT data submissions for the reporting years between 2015 and 2024 are outlined in Figure A1 (Appendix 2). The 2015-2024 national first-time diagnosis dataset includes 18,134 records for use in trend analysis and excludes all known out-of-country and out-of-province cases. This total likely includes some previously diagnosed cases since the ability to provide OOC/OOP flags for historical years by PT varied. As a result, trend analyses must be considered with caution. It is anticipated that the accuracy of the first-time diagnosis dataset may improve over time with updates to historical data by PT public health authorities as part of future data submissions.

Figure 1: Schematic showing the data flow for first-time and previously diagnosed HIV cases from all provinces and territories for 2024.



Abbreviations: PT, Province or Territory; OOC, Out of Country; OOP, Out of Province; n, number

* The 'Previous Positives Specific Type Unknown' are previously diagnosed cases that have been identified as previous positives, but insufficient information is available to attribute them to either OOC or OOP.

Surveillance data at a glance

First-time diagnoses

Overall trends in HIV diagnoses

In 2024, there were 2,288 cases of first-time HIV diagnoses reported in Canada. This is a decrease of 3.3% compared with the number of cases reported in 2023 (2,367 cases). The national HIV diagnosis rate was 5.5 cases per 100,000 population (7.2 per 100,000 population in males and 3.8 per 100,000 population in females) in 2024. Between 2015 and 2019, the national diagnosis rate fluctuated within a narrow range (between 4.6 and 5.1 per 100,000) before decreasing sharply overall in 2020 with the onset of COVID-19. While this trend was observed in males (decreasing from 7.6 in 2015 to 6.5 in 2019 and further decreasing to 4.9 per 100,000 population in 2020), the national diagnosis rates in females increased from 2015 to 2019 (from 2.2 to 2.7 per 100,000 population) before decreasing sharply in 2020 (**Figure 2, Data Table 1**). Since 2020, the national HIV diagnosis rates among males and females have shown an upward trend, with a slight increase in 2021 and subsequent rise in 2022, returning the national diagnosis rate to pre-COVID-19 pandemic levels. Following another increase in 2023, the rates decreased slightly in 2024 but remained above pre-COVID-19 pandemic levels overall in both males and females.

Diagnosis rate – the number of people diagnosed with HIV for the first time in a given year for every 100,000 people in the population of Canada that year. This diagnosis data is what is presented in this report.

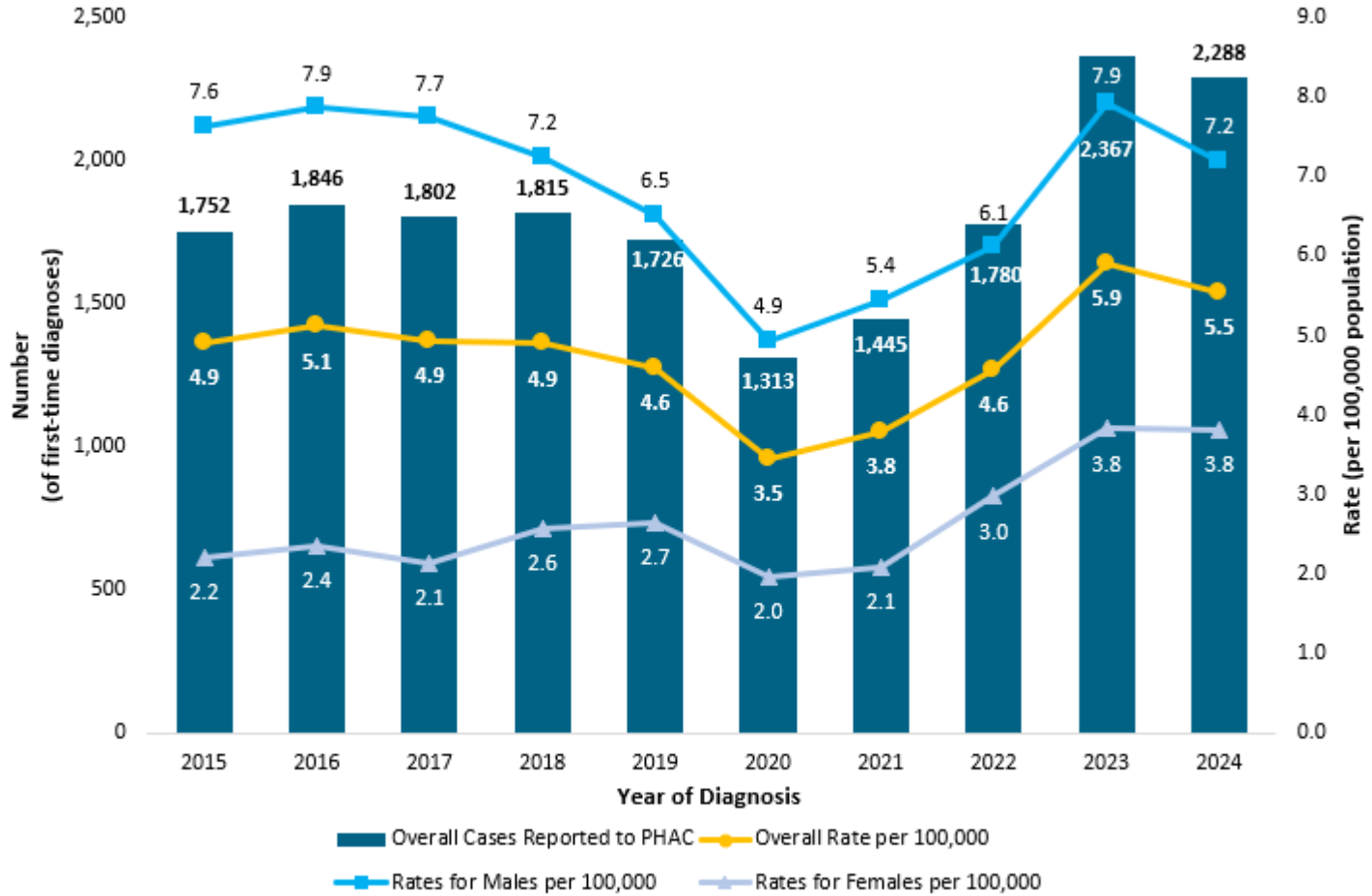
Incidence – the estimated number of new infections occurring during a specific period of time, including people who have not been tested.

Prevalence – the estimated number of people living with HIV - both diagnosed and undiagnosed.

Incidence and prevalence are estimated by the Estimates and Field Surveillance Section and are not presented in this report, but can be found in the "[Canada's progress towards ending the HIV epidemic, 2022](#)" report.

Note that the data tables used to generate figures are found at the end of this report (**Data Tables, 1-11**)

Figure 2: Number of first-time diagnoses of HIV and diagnosis rates overall, by sex and year, Canada, 2015 to 2024 ^{a,b}



^a Rates and counts for Males and Females exclude cases where sex was reported as transgender people, or cases where sex was not reported. Cases where sex was reported as transgender people or not reported are included (n=18 in 2024) in the Overall rate.

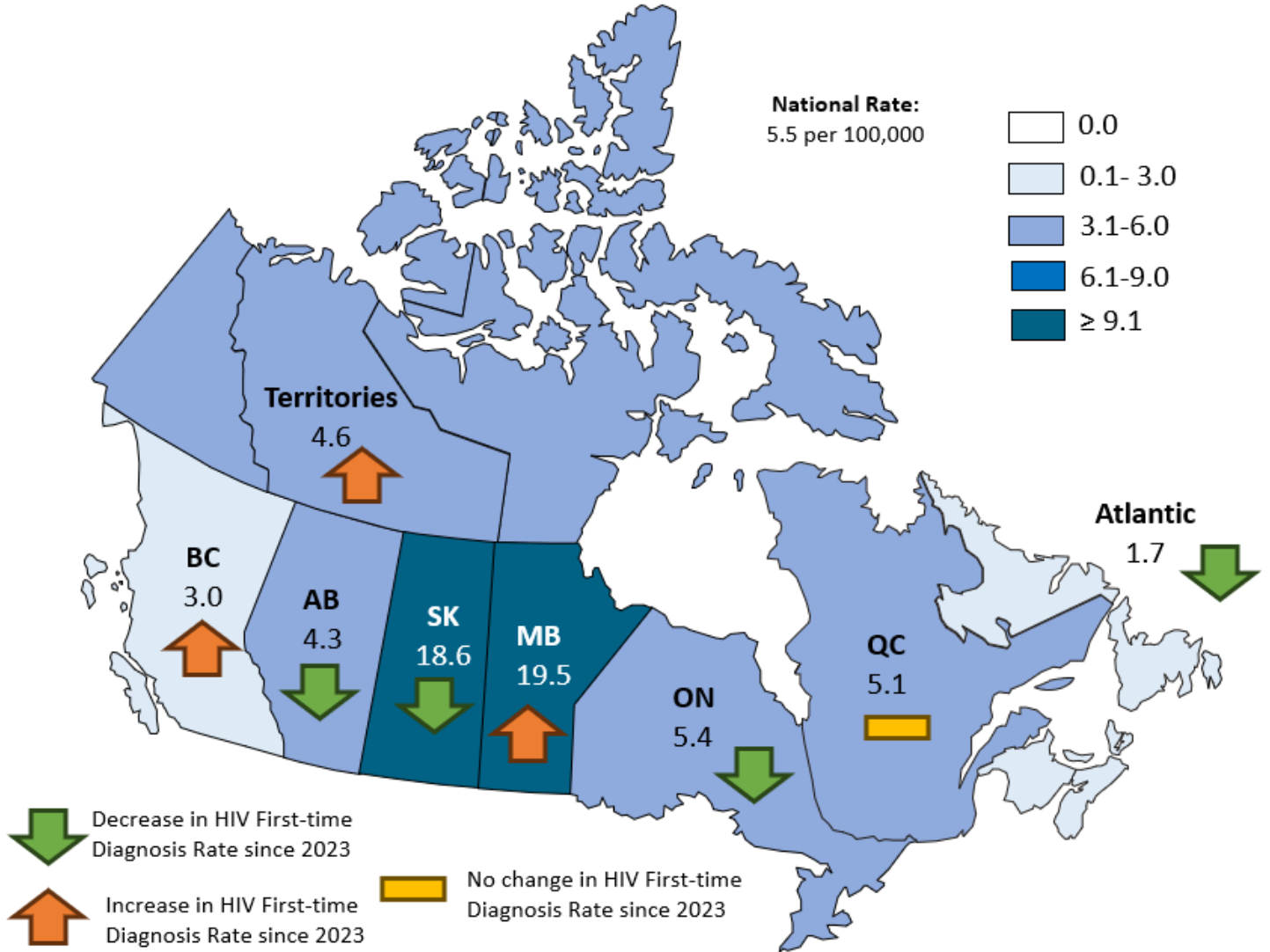
^b For the years 2020-2024, first-time diagnoses are reported for all provinces/territories. Refer to the Technical Notes (**Appendix 2**) for the submission of first-time diagnosis for historical data for each province/territory.

Geographic distribution

The first-time HIV diagnosis rates across Canada are shown in **Figure 3**. Rates for the Territories (Northwest Territories, Nunavut, and Yukon) and the Atlantic region (New Brunswick, Newfoundland and Labrador, Nova Scotia, and Prince Edward Island) are presented as regional averages (average of each provincial or territorial rate). Manitoba had the highest rate (19.5 per 100,000), closely followed by Saskatchewan (18.6 per 100,000); the Atlantic region (1.7 per 100,000) and British Columbia (3.0 per 100,000) had the lowest rates. The overall national rate decreased from 2023 to 2024, and this decrease occurred in Alberta, Saskatchewan, Ontario and the Atlantic region; the rates in British Columbia, Manitoba, and the Territories region increased and the rate in Quebec remained constant. Saskatchewan, Manitoba, Ontario, Quebec, and the Territories region had HIV diagnosis rates observed that exceeded pre-pandemic levels, while all other regions had rates observed that were below or within pre-pandemic levels. (**Figure 3, Data Table 2; for more details, see Supplementary Table 2**).

Canada is a heterogenous country that encourages diverse ways of knowing, living and healing. Consequently, each PT strives to meet the needs of its population and unique geographic region. The transmission of HIV can be influenced by various factors that differ between regions and may be more pronounced in some regions than others, such as access to healthcare, perceived risk of infection, patient provider relationship, housing, work and food security, culture, gender, age and socioeconomic status. Due to the complex factors that can impact how HIV can be transmitted and variation in prevention, testing and treatment practices, the approaches taken by PT to address the issue can vary significantly. As a result, provincial reports should be consulted for further information regarding the status and trends in HIV in those regions, as they will have greater detail regarding their key considerations.

Figure 3: Changes in first-time HIV diagnosis rate per 100,000 population, by province or territory, Canada, 2024 ^{a,b,c}



Abbreviations: BC, British Columbia; AB, Alberta; SK, Saskatchewan; MB, Manitoba; ON, Ontario; QC, Quebec; ≥, greater than or equal

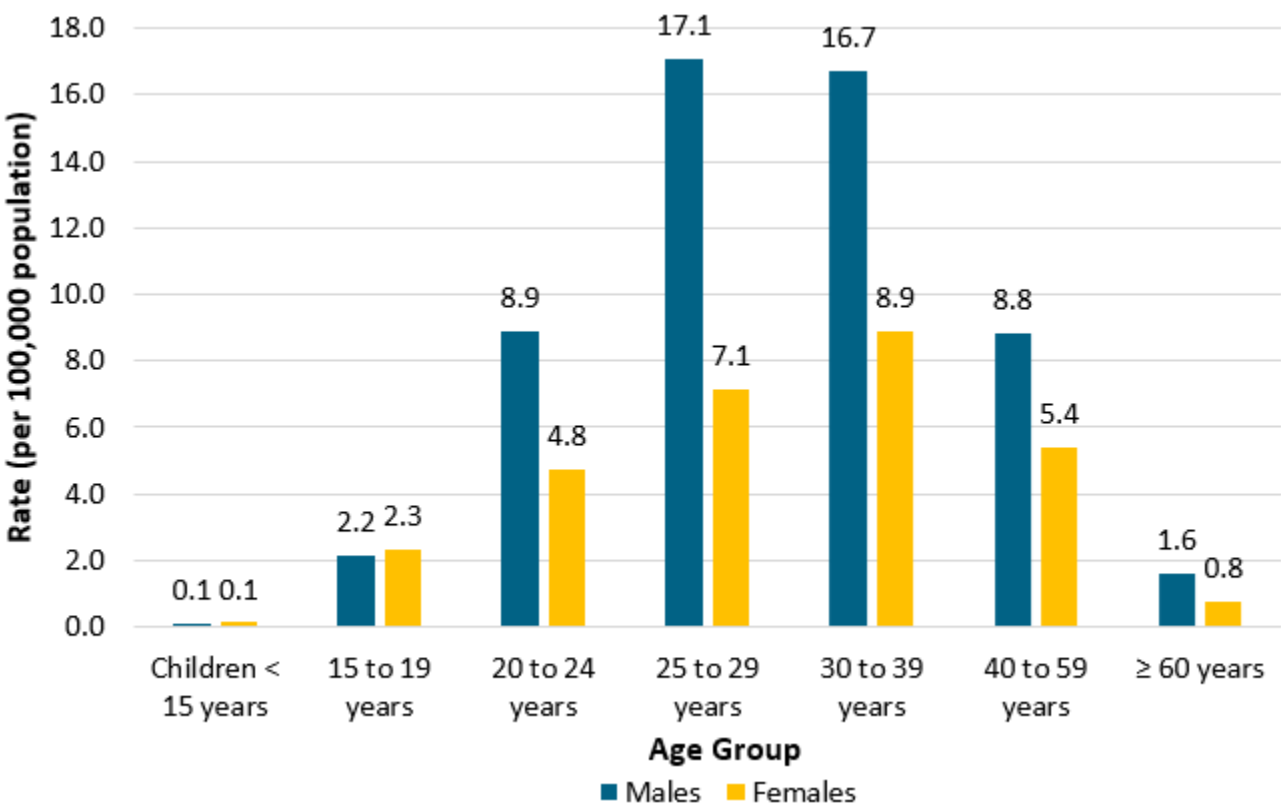
^a Note that for Alberta, national reporting excludes HIV cases where the location of first-ever positive has been identified as out-of-country or outside the reporting province; consequently, HIV case totals and rates in this report may differ from those reported by Alberta.

- ^b Due to small case counts in certain provinces and territories, some regions are aggregated to ensure that individuals cannot be identified. For this reason, interprovincial or interterritorial comparisons cannot always be made.
- ^c Due to the complex factors that can impact how HIV can be transmitted or acquired, the approaches taken by PT to address the issue can vary significantly. As a result, provincial reports should be consulted for further information regarding the status and trends in HIV in those regions, as they will have greater detail regarding their key considerations.

Age group and sex distribution

In 2024, among the cases where sex was reported as male or female (n=2,269), males accounted for 65.4% of diagnoses (n=1,483), while females accounted for 34.6% (n=786). The proportion of cases where sex was reported as female has increased from 22.7% in 2015 to 34.6% in 2024. There were 18 cases where sex was either not reported or reported as transgender people. First-time HIV diagnosis rates were also stratified based on age group and sex. The age-specific HIV diagnosis rate increased for all age groups in females from 2023 to 2024 except for those <15 years (0.2 per 100,000 in 2023 vs. 0.1 per 100,000 in 2024), 25 to 29 years (7.7 per 100,000 in 2023 vs. 7.1 per 100,000 in 2024), and 40 to 59 years (5.9 per 100,000 in 2023 vs. 5.4 per 100,000 in 2024). In males, the age-specific HIV diagnosis rate decreased in all age groups except for the following: 15 to 19 years (1.3 per 100,000 in 2023 vs. 2.2 per 100,000 in 2024), 20 to 24 years (8.9 per 100,000 in both 2023 and 2024), and ≥60 years (1.5 per 100,000 in 2023 and 1.6 per 100,000 in 2024). The highest observed HIV diagnosis rate in any sex-age group was in the male 25-to-29 year age group, with a rate of 17.1 per 100,000 population. Similarly, the 30-to-39 year age group had the highest diagnosis rate among females at 8.9 per 100,000 population. HIV diagnosis rates were observed to be approximately two times greater in males than in females for most age groups. However, for the <15 years and 15-to-19 year age groups, a similar HIV diagnosis rate was observed among females and males (**Figure 4, Data Table 3**).

Figure 4: First-time HIV diagnosis rate per 100,000 population, by sex and age group, Canada, 2024 ^a



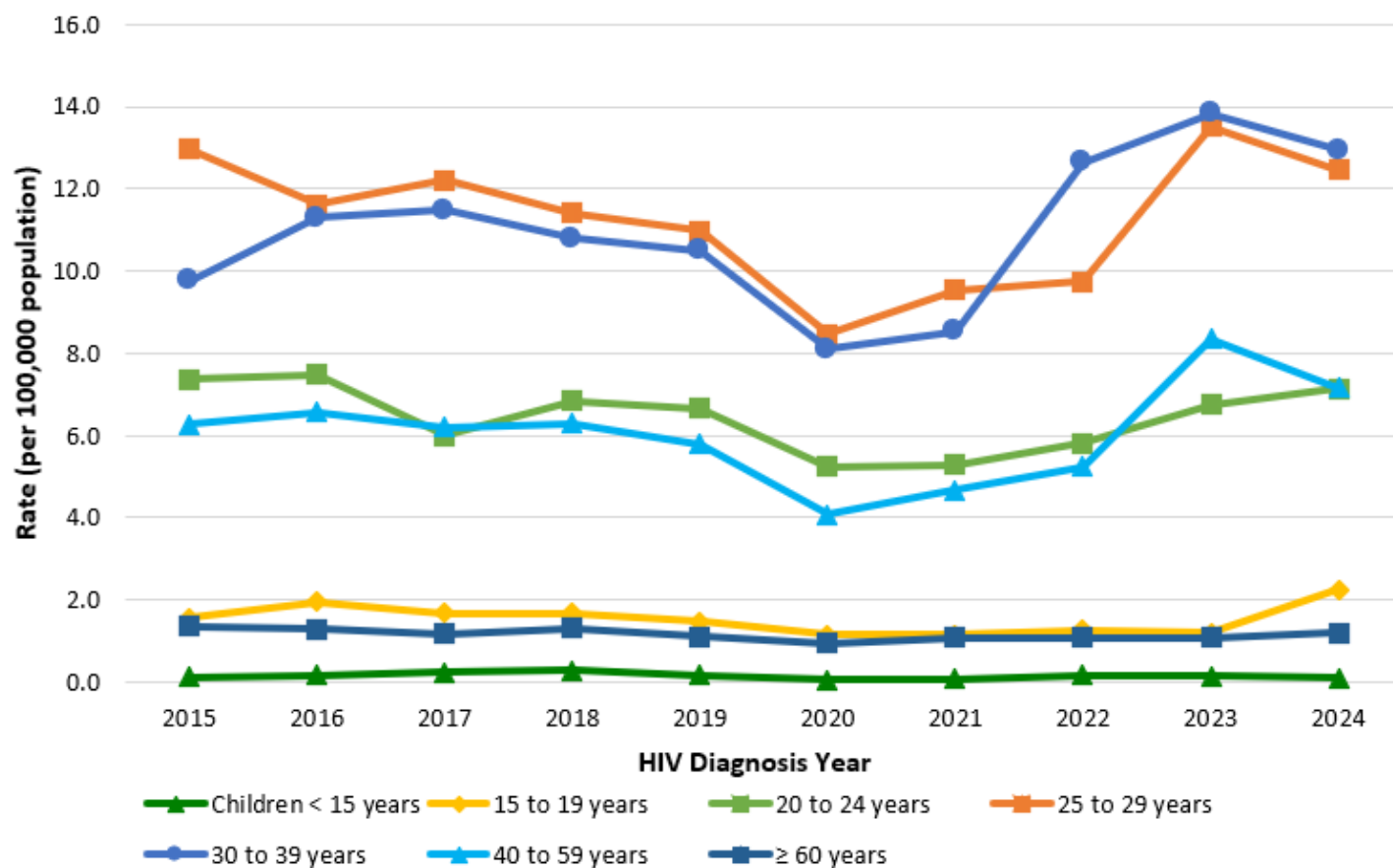
Abbreviations: < less than; ≥, greater than or equal to

^a Excludes cases where sex was reported as transgender people or cases where sex was not reported. These data are excluded because there are not currently any estimates of transgender and gender-diverse population sizes, required for rate estimation, by age and jurisdiction over time available from Statistics Canada. HASS is currently undergoing a renewal process and aims to improve the inclusion of data representing transgender and gender-diverse populations in future years.

While the national HIV diagnosis rate decreased between 2023 and 2024, this was not observed across all age groups and the trends varied across age groups over time. HIV diagnosis rates have decreased from the previous year for all age groups except for 15 to 19 years (1.2 per 100,000 population in 2023 vs. 2.2 per 100,000 population in 2024), 20 to 24 years (6.7 per 100,000 population in 2023 vs. 7.1 per 100,000 population in 2024) and ≥60 years (1.1 per 100,000 population in 2023 vs. 1.2 per 100,000 population in 2024). Prior to 2023, there was some fluctuation in all age groups. However, a general decreasing trend was observed from 2015-2020, followed by an increase through 2023 and a subsequent decrease in 2024. The majority (91.9%) of HIV cases diagnosed in 2024 were between the ages of 20 and 59 years, which reflects trends observed in the previous ten years. The 25-to-29 year age group had the highest diagnosis rate until 2022. By 2024, the highest diagnosis rate was shifted to the 30-to-39 year age group, with a rate of 12.9 per 100,000 population. The HIV diagnosis rate in 2024 was 12.5 and 7.2 per 100,000 population in age groups 25 to 29 and 40 to 59, respectively. The lowest HIV diagnosis rate in adults was observed among those aged 60 years of age and over, with a diagnosis rate of 1.2 per 100,000 population. The diagnosis rates in four of the seven age groups are now at or near pre-COVID-19 pandemic levels, with the exception of the 25 to 29 years, 30 to 39 years, and 40 to 59 years old age groups which are above pre-pandemic levels (**Figure 5, Data Table 4**).

Figure 5: First-time HIV diagnosis rate per 100,000 population, by age group and year, Canada, 2015 to 2024

^a



Abbreviations: < less than; ≥, greater than or equal

^a For the years 2020-2024, first-time diagnoses are reported for all provinces/territories. Refer to the Technical Notes (Appendix 2) for the submission of first-time diagnosis for historical data for each province/territory.

Exposure category distribution

In 2024, data on exposure category was available for 1,739 (76.3%) cases diagnosed in individuals aged 15 years and older. Similar to 2023, the largest proportion of adult HIV diagnoses was attributed to heterosexual contact (n=666, 38.3%); followed by male-to-male sexual contact (n=561, 32.3%) (**Table 1**). In 2021 and prior, the largest proportion was attributed to male-to-male sexual contact. In 2024, the proportion of HIV diagnoses attributed to injection drug use (IDU) decreased to 294 (16.9%) cases from 321 (18.3%) cases in 2023. It should be noted that in past years, the 'Other' category included cases with exposures outside of Canada. Cases where exposure category was reported as exposures outside of Canada were removed from the dataset. Data on HIV diagnoses in Manitoba collected in 2024 about heterosexual contact as an exposure route was not in a format compatible with submission to PHAC and such cases were assigned to other exposure categories. Due to this, the national heterosexual exposure proportion is likely underestimated. This also affected the proportions of exposure categories, with a large increase being noted in the proportion of cases attributed to the 'Other' exposure category.

Among females (≥ 15 years of age), exposure through heterosexual contact accounted for the highest proportion at 58.1% ($n = 357$), followed by IDU (29.6%, $n = 182$) (**Table 1**). In males (≥ 15 years of age), in 2024, the majority of cases were attributed to male-to-male sexual contact (49.9%, $n = 557$), followed by heterosexual contact (27.5%, $n = 307$) and then IDU (10.0%, $n = 112$).

Table 1: Number and proportion of first-time HIV cases (≥ 15 years of age), by sex and exposure category, Canada, 2024 ^{a,b,c,d,e}

Exposure category	Male		Female		Total ^a	
	n	% ^b	n	% ^b	n	% ^b
Male-to-male sexual contact	557	49.9%	n/a	n/a	561	32.3%
Male-to-male sexual contact and IDU	43	3.9%	n/a	n/a	43	2.5%
IDU	112	10.0%	182	29.6%	294	16.9%
Heterosexual contact	307	27.5%	357	58.1%	666	38.3%
Other ^d	97	8.7%	75	12.2%	175	10.1%
Subtotal	1,116	75.4%	614	78.5%	1,739	76.3%
No identified risk ^e	66	4.5%	25	3.2%	93	4.1%
Exposure category unknown or not reported ("missing")	298	20.1%	143	18.3%	448	19.6%
Total	1,480	n/a	782	n/a	2,280	n/a

Abbreviations: n, number; n/a, not applicable; IDU, injection drug use
Refer to **Appendix 3** for details regarding exposure categories.

^a Total cases includes those reported as transgender people and cases where sex was not reported, whereas "male" and "female" columns exclude these cases.

^b Proportions are based on the subtotal count for cases with a known exposure category.

^c Note that for Manitoba cases, information collected in 2024 about heterosexual sex as a route of exposure/transmission was not collected in a manner that was compatible for submission to PHAC. As such, these cases were assigned to other exposure categories, however heterosexual sex is an important factor in HIV transmission in Manitoba.

^d Other includes blood/blood products, perinatal, occupational exposure, IRCC/Out of Country exposure (Alberta) and other exposure categories.

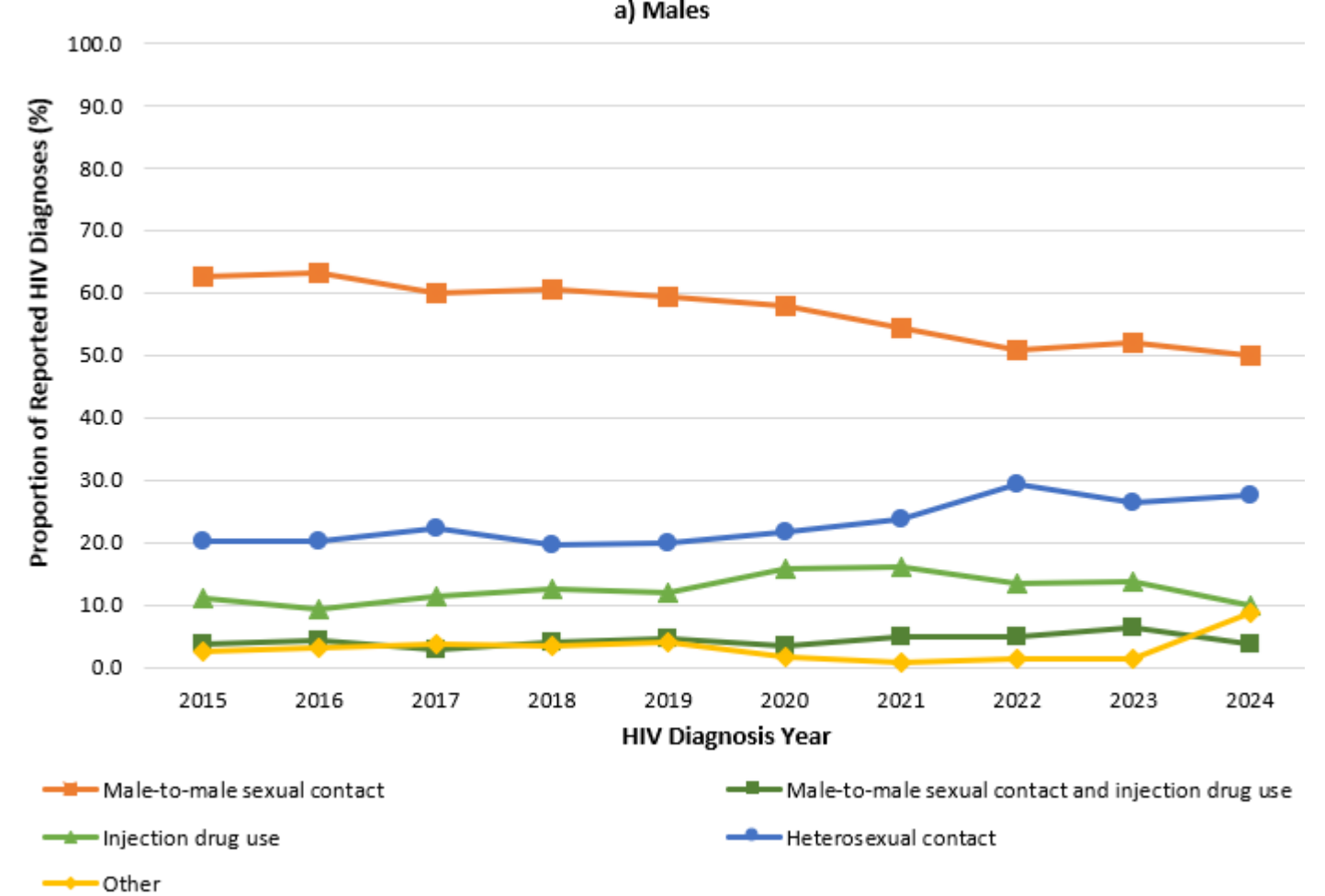
^e Includes cases where the history of exposure to HIV through any of the other modes listed is unknown, or there is no reported exposure history (e.g., because of death, or loss to follow-up).

The distributions for exposure categories in males and females for the last ten years are shown in Figure 6a and 6b, respectively. Among males, the distribution of diagnoses within the different exposure categories fluctuated slightly since 2015, with the proportion of cases attributed to male-to-male sexual contact decreasing and the proportion attributed to heterosexual contact increasing in recent years (**Figure 6a, Data Table 5b**). For females, in the last ten years, the proportion of cases attributed to the IDU exposure category increased from 27.1% in 2015 and to 40.1% in 2020, followed by consecutive decreases to 29.6% between 2021 and 2024 (**Figure 6b, Data Table 5c**).

Caution is advised when comparing the 2024 data with that of previous years. Beginning in 2020, cases considered OOC have been removed from the 'Other' exposure category (with the exception of some cases from Alberta), as part of the methodological change to reporting only first-time diagnoses. This results in an overall

reduction in the number of cases - from all reported cases to first-time diagnoses only and may have influenced the proportions of the exposure categories.

Figure 6a: Percentage distribution of first-time HIV cases among adult males (≥ 15 years old), by exposure category and year of diagnosis, Canada, 2015 to 2024 ^{a,b,c,d}



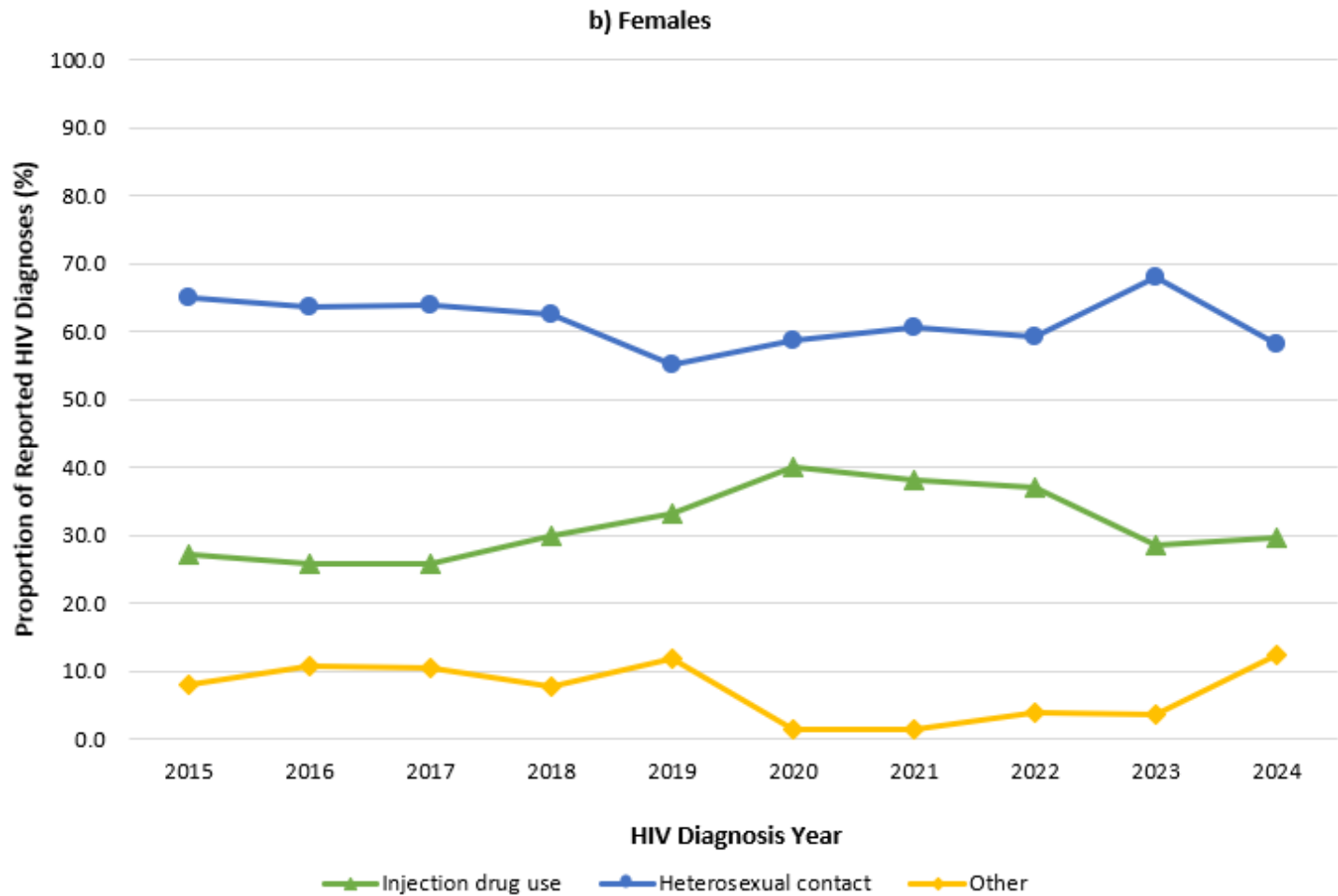
^a Excludes cases with no identified risk, an unknown exposure category, or where the exposure category was not reported.

^b For the years 2020-2024, first-time diagnoses are reported for all provinces/territories. Refer to Technical Notes (**Appendix 2**) for the submission of first-time diagnosis for historical data for each province/territory and for exposure category.

^c Note that for Manitoba cases, information collected in 2024 about heterosexual sex as a route of exposure/transmission was not collected in a manner that was compatible for submission to PHAC. As such, these cases were assigned to other exposure categories, however heterosexual sex is an important factor in HIV transmission in Manitoba.

^d Other includes blood/blood products, occupational exposure, cases from Alberta identified through Immigration Refugees and Citizenship Canada, and other exposure categories.

Figure 6b: Percentage distribution of first-time HIV cases among adult females (≥ 15 years old), by exposure category and year of diagnosis, Canada, 2015 to 2024 ^{a,b,c,d}



^a Excludes cases with no identified risk, an unknown exposure category, or where the exposure category was not reported.

^b For the years 2020 - 2024, first-time diagnoses are reported for all provinces/territories. Refer to Technical Notes (**Appendix 2**) for the submission of first-time diagnosis for historical data for each province/territory and for exposure category.

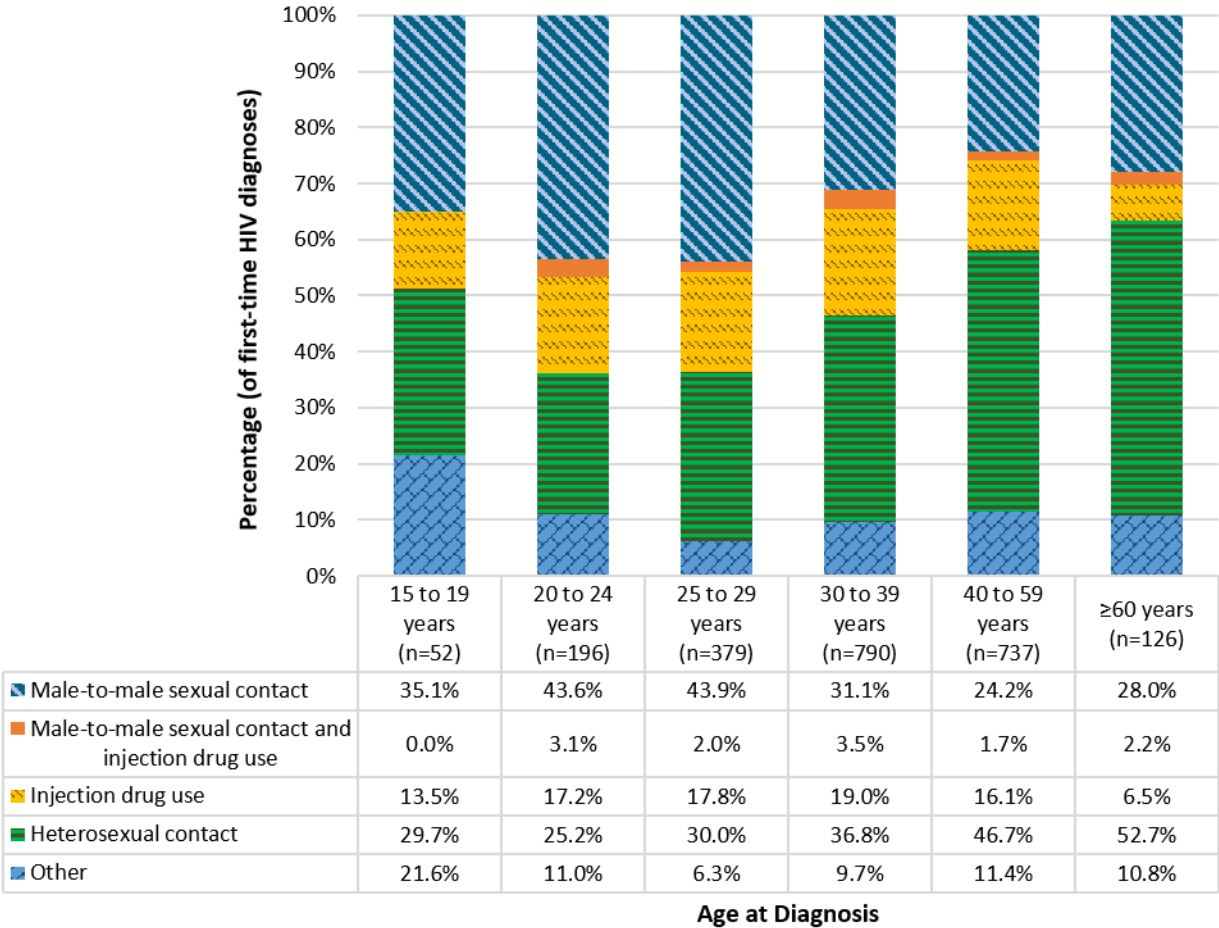
^c Note that for Manitoba cases, information collected in 2024 about heterosexual sex as a route of exposure/transmission was not collected in a manner that was compatible for submission to PHAC. As such, these cases were assigned to other exposure categories, however heterosexual sex is an important factor in HIV transmission in Manitoba.

^d Other includes blood/blood products, occupational exposure, cases from Alberta identified through Immigration Refugees and Citizenship Canada, and other exposure categories.

Exposure category and age group

Among the 15 to 19, 20 to 24, and 25 to 29 age groups, male-to-male sexual contact was the largest exposure category reported, with 35.1%,43.6% and 43.9% of cases respectively. In contrast, heterosexual contact accounted for 36.8%, 46.7%, and 52.7% of reported exposures in the 30 to 39 year old, 40 to 59 year old, and ≥60 year old age groups, respectively. (**Figure 7, Data Table 6**).

Figure 7: Proportion of reported first-time HIV diagnoses (≥ 15 years of age), by exposure category and age group, Canada, 2024 ^{a,b,c}



Abbreviations: n, number; $\geq$, older than or equal

^a Excludes cases with no identified risk, an unknown exposure category, or where the exposure category was not reported.

^b Note that for Manitoba cases, information collected in 2024 about heterosexual sex as a route of exposure/transmission was not collected in a manner that was compatible for submission to PHAC. As such, these cases were assigned to other exposure categories, however heterosexual sex is an important factor in HIV transmission in Manitoba.

^c "Other" includes blood/blood products, occupational exposure, cases from Alberta identified through Immigration Refugees and Citizenship Canada, and other exposure categories.

Race and/or ethnicity

Black or racialized persons, and Indigenous people face unique challenges in accessing and receiving quality care, stemming from the reality of colonialism, systemic and structural racism, and social inequities between white vs. non-white individuals, and Indigenous vs. non-Indigenous individuals in Canada. Stigma and discrimination, a lack of trust in health care professionals, and culturally inadequate or inappropriately tailored services are known barriers to accessing appropriate HIV care among these groups (4, 30-33). The collection of race and/or ethnicity-based information is a crucial element in recognizing, understanding, and addressing these disparities (34). However, the completeness and consistency of this data in HIV surveillance has historically

been suboptimal. Currently, race and/or ethnicity information is missing or non-comparable for more than half of cases in the past few years. Recently, a review of the national HIV surveillance program, including the collection of race and/or ethnicity information, has been undertaken to modernize and strengthen surveillance to better meet the needs of data users. As part of these efforts, we are collaborating with data contributors, data users, and community-based partners to identify priorities and ensure data collection and dissemination are done safely and in ways that reduce harm and provide supports to those populations most likely to be impacted.

Race is a social construct used to categorize people based on perceived physical differences (e.g., skin colour, facial features). While there is no scientifically accepted evidence of a biological basis for the identification and classification of discrete racial groups, ignoring race disregards the reality of injustices and social stratification within society. Disaggregating health indicators by race can therefore help us identify, monitor, and address inequalities that potentially stem from bias and racism — systemic, interpersonal, and internalized (34). Race can be considered an important determinant of health that influences equity in health including the disproportionate burden of HIV in some communities, particularly Indigenous and Black communities.

Ethnicity is a multi-dimensional concept referring to cultural group membership; it may be connected to language, religious affiliation, or nationality, among other characteristics. Ethnicity data can be useful for tailoring culturally appropriate health services and understanding diversity (34).

Racialization is the process by which societies construct races as real, different, and unequal in ways that affect economic, political, and social life, and impose these constructions onto people (35).

By highlighting how race intersects with other social determinants of health, such as age, gender, and socioeconomic status, race-disaggregated data can help to provide a more fulsome picture of Canada's HIV landscape and barriers to care.

“Disaggregated data is a critical tool that helps make visible the ways in which structural racism, systemic white supremacy and social exclusion both harm Indigenous and racialized peoples and sustain unearned privilege for white settlers. By collecting race and Indigenous identifiers, and ensuring they are used in a good way in partnership with [Indigenous and Black or other racialized persons], we can take collaborative actions towards our fully realized health and wellness through evidence-based and self-determined policies, programs, and services.”

— Dr. Danièle Behn Smith, Deputy Provincial Health Officer, Indigenous Health, Ministry of Health, Government of British Columbia (34)

Surveys developed by PHAC to assess the impact of the COVID-19 pandemic on the delivery of STBBI health services have highlighted the disproportionate and increased burden of HIV among racialized communities. Additionally, in a survey conducted between November and December 2020, 20.6% of responding providers reported a strong decrease in their ability to provide services. More than half of these providers provided Indigenous health or healing practice services (36). Among respondents who self-identified as being Black living with HIV in Canada surveyed between May and July 2021, 38% of respondents reported experiencing challenges accessing an HIV care provider or clinic (32). Among Black respondents, there was a noted increased experience of financial or food insecurity, domestic violence, substance use, and discrimination over the course of the COVID-19 pandemic (32), all of which have been linked to vulnerability to HIV infection and pose barriers to HIV treatment (37). This indicates that Black communities continue to be disproportionately impacted by HIV (38). Among Indigenous individuals surveyed between July and September 2021, 23.9% of those wanting or trying to

access HIV testing services and 56.9% of those wanting or trying to access community services were unable to access these services (39). Further, the impact of the COVID-19 pandemic on Indigenous individuals was considerable with 48.0% experiencing barriers due to STBBI services being unavailable when needed (39).

Prior to 2018, all PT except Quebec, Nova Scotia, and British Columbia submitted some race and/or ethnicity information. From the reporting year 2018 onwards, race and/or ethnicity information without Indigenous identity information (First Nations, Inuit, Métis) is available for British Columbia. As of 2024, Saskatchewan, Manitoba, and Nova Scotia have also excluded race and/or ethnicity information from their data submission. Completeness of the data submitted varies significantly across provinces and territories. In 2024, Quebec provided first-time diagnosis case information from 2015-2024, and as such, their case counts for 2015-2024 includes only first-time diagnoses instead of all cases as in previous years. Due to this update in historical data, the proportion of completeness reported in previous years has changed. In 2023, race and/or ethnicity information was available for 44.8% of all cases submitted to PHAC, and in 2024 the proportion of complete data for race and/or ethnicity information decreased to 38.1% (**Table 2**).

Table 2: Completeness of the race and/or ethnicity information in the National HIV Surveillance Dataset, Canada, 2015 to 2024 ^{a,b}

HIV diagnosis year	Percent completeness (%)
2015	55.3%
2016	55.5%
2017	56.3%
2018	59.7%
2019	55.2%
2020	50.7%
2021	45.6%
2022	42.3%
2023	44.8%
2024	38.1%

Refer to **Appendix 2** for details on race/ethnicity categories reported by provinces and territories.

^a Race and/or ethnicity information was not routinely submitted by British Columbia before the reporting year 2018 and it is not submitted by Quebec or Nova Scotia; Manitoba did not submit race and/or ethnicity information in 2021, 2022, 2023 or 2024; Saskatchewan did not submit race and/or ethnicity information in 2024. The type of data that other provinces/territories submit varies considerably, with several provinces/territories only submitting a subset of the categories that are included in the tables and figures and with a varying degree of completeness. **Interpret data with caution.**

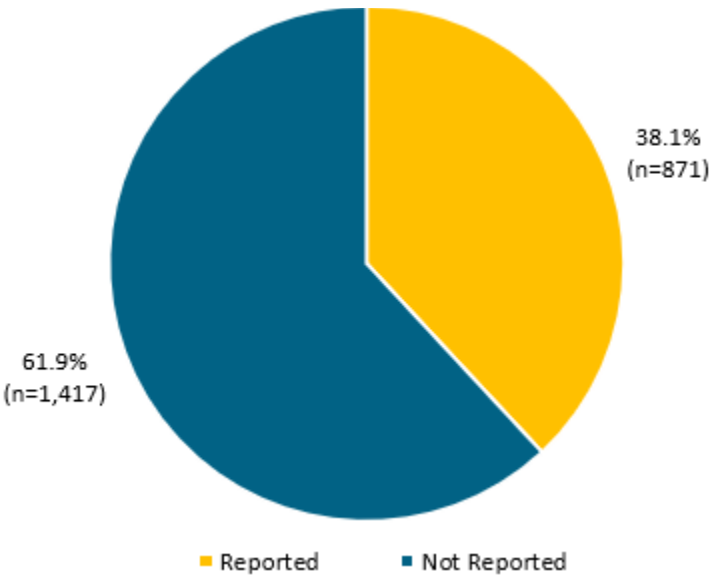
^b Due to updates in historical data, data completeness proportions for previous years have changed and will not match those published in earlier reports (e.g., completeness for 2020 was reported as 36.1% in the HIV in Canada: Surveillance Report to December 31, 2020).

Current reporting practices for race and/or ethnicity information, such as reporting categories, vary and are limited in some provinces and territories. As such, findings should be interpreted with **caution** since a substantial portion of race and/or ethnicity information is missing or not reported. This missingness is not random due to factors such as individual hesitation to report or clinician hesitancy to inquire (40), so the available data are likely

not representative of the national patterns by race and/or ethnicity among HIV cases in Canada. Refer to **Appendix 2** for additional details on the race and/or ethnicity categories reported by provinces and territories.

In 2024, of all cases (n = 2,288), there were only 871 cases where race and/or ethnicity was reported – representing 38.1% of cases with this information available (**Figure 8a**).

Figure 8a: Reporting of race and/or ethnicity data among **all cases**, 2024 (n=2,288) ^a



Refer to **Appendix 2** for details on race/ethnicity categories reported by provinces and territories.
^aRace and/or ethnicity information is not submitted by Québec, Manitoba, Nova Scotia, or Saskatchewan. For British Columbia, Indigenous identity data was not included in the data submitted for race and/or ethnicity; for other jurisdictions, the race and/or ethnicity categories submitted, and completion rate varied, **interpret data with caution**.

Among cases where race and/or ethnicity was reported (n = 871), the proportions should be interpreted carefully as they represent only the cases where race and/or ethnicity was reported, for 2024. Of these, 31.6% were reported as Black, 25.4% were reported as white and 7.1% were reported as Indigenous (6.1% First Nations, 0.3% Inuit, 0.7% Métis, and 0.0% Indigenous-not otherwise specified). The proportion of individuals identifying as Indigenous is an underestimate as race and/or ethnicity information was not included in all data submissions. Historically, most individuals newly diagnosed with HIV in Saskatchewan have self-identified as Indigenous (41). Among males with race and/or ethnicity data, the largest proportion of cases was reported as white (28.4%), followed by Black (21.7%). Comparatively, in females, the largest proportion of cases was reported as Black (55.0%), followed by white (18.2%) (**Table 3 – Figure 8b**).

Research and local public health surveillance data have consistently documented that Indigenous and racialized communities, Black communities in particular, are disproportionately affected by HIV, yet low availability of race and/or ethnicity information collected through the HASS limits the ability to produce this evidence at the national level. Having this information available nationally could inform future research, policy and practice, and allow for comparison with other countries. Through a collaborative effort with community members, the Black Expert Working Group (BEWG) and the First Nations, Inuit, and Métis Working Group for National HIV and Syphilis

Surveillance (FNIM-WG) were developed, which provide ongoing advice to HASS and contribute to the co-development and implementation of strategies to improve the completeness of Indigenous identity and race and/or ethnicity data. The goals are to: 1) help inform and support how provinces and territories collect these data (depending on the needs of particular provinces and territories); 2) rebuild trust by demonstrating PHAC's commitment to pursuing the development of anti-racist and decolonial approaches, in partnership with provinces and territories and community groups, leading to greater confidence among provinces and territories that data they share with PHAC will be used appropriately; 3) result in the availability of more complete, quality data, which will in turn inform the development of evidence and more appropriately tailored prevention programs. In addition to Indigenous identity and race and/or ethnicity data, HASS is collaborating with an established Working Group for people with lived and living experience of injection drug use (PWLLE), and with the Community Based Research Centre (CBRC) regarding the improvement of sex, gender, and sexual diversity data.

Table 3: Number and percentage distribution of first-time HIV cases, where race and/or ethnicity was reported, by sex and race and/or ethnicity, Canada, 2024 ^{a,b,c,d,e,f,g}

Cases where race and/or ethnicity were reported ^a						
Race and/or ethnicity ^{c,d,e,f}	Male		Female		Total ^b	
	n	%	n	%	n	%
Indigenous ^g	32	5.3	30	11.6	62	7.1
a) First Nations	28	4.6	25	9.7	53	6.1
b) Métis	3	0.5	3	1.2	6	0.7
c) Inuit	1	0.2	2	0.8	3	0.3
d) Indigenous, not otherwise specified	0	0.0	0	0.0	0	0.0
South Asian/West Asian/Arab	110	18.1	19	7.4	130	14.9
Asian	54	8.9	6	2.3	60	6.9
Black	132	21.7	142	55.0	275	31.6
Latino/a/e/x	92	15.1	10	3.9	102	11.7
White	173	28.4	47	18.2	221	25.4
Another race and/or ethnicity	16	2.6	4	1.6	21	2.4
Total cases where race and/or ethnicity was reported	609	n/a	258	n/a	871	n/a

Abbreviations: n, number; n/a, not applicable.

Refer to **Appendix 2** for details on race/ethnicity categories reported by provinces and territories.

^a The proportions of the total number of cases **that had race and/or ethnicity reported** (n=871). Cases where race and/or ethnicity was not reported were excluded from the calculations and table.

^b Total cases include those reported as transgender people, and cases where sex was not reported, whereas “male” and “female” columns exclude these cases.

^c Race and/or ethnicity information is not submitted by Québec, Manitoba, Nova Scotia, and Saskatchewan. For British Columbia, Indigenous identity data was not included in the data submitted for race and/or ethnicity. The type of data that other provinces/territories submit varies considerably, with several provinces/territories only submitting a subset of the categories that are included in the tables and figures and with varying degrees of completeness. **Interpret this data with caution.**

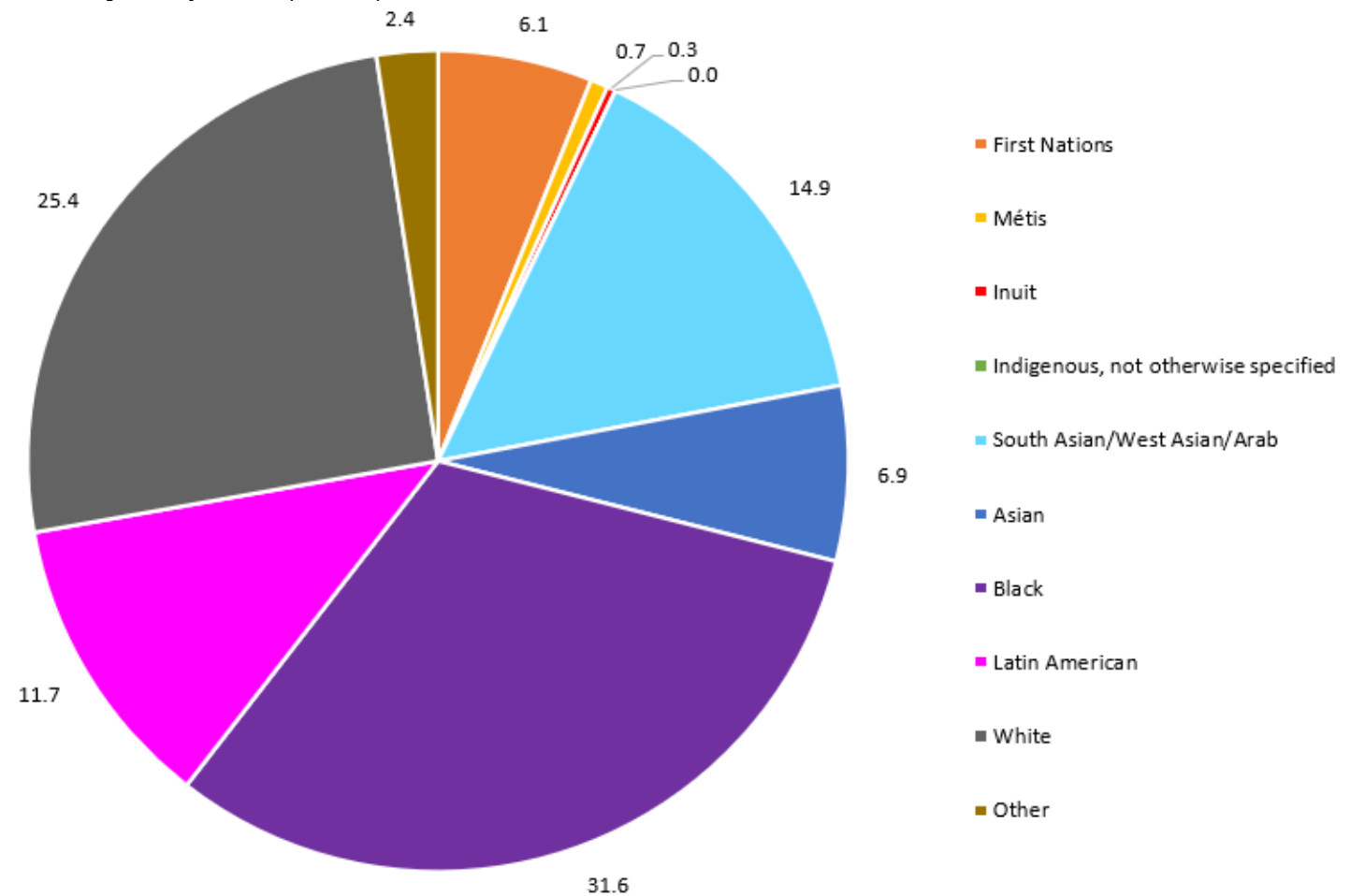
^d Due to low completeness of race and/or ethnicity information, for each category these numbers should be considered minimum numbers and could be higher with more complete data.

^e Reporting of multiple race and/or ethnicity is determined by each province or territory.

^f HASS recognizes that these race and/or ethnicity categories are broad and may be homogenizing.

^g Indigenous category is the sum of the First Nations, Inuit, Métis, and Indigenous, not otherwise specified categories.

Figure 8b: Proportions (%) of race and/or ethnicity among first-time HIV diagnoses **where race and/or ethnicity is reported** (n=871), Canada, 2024 ^a



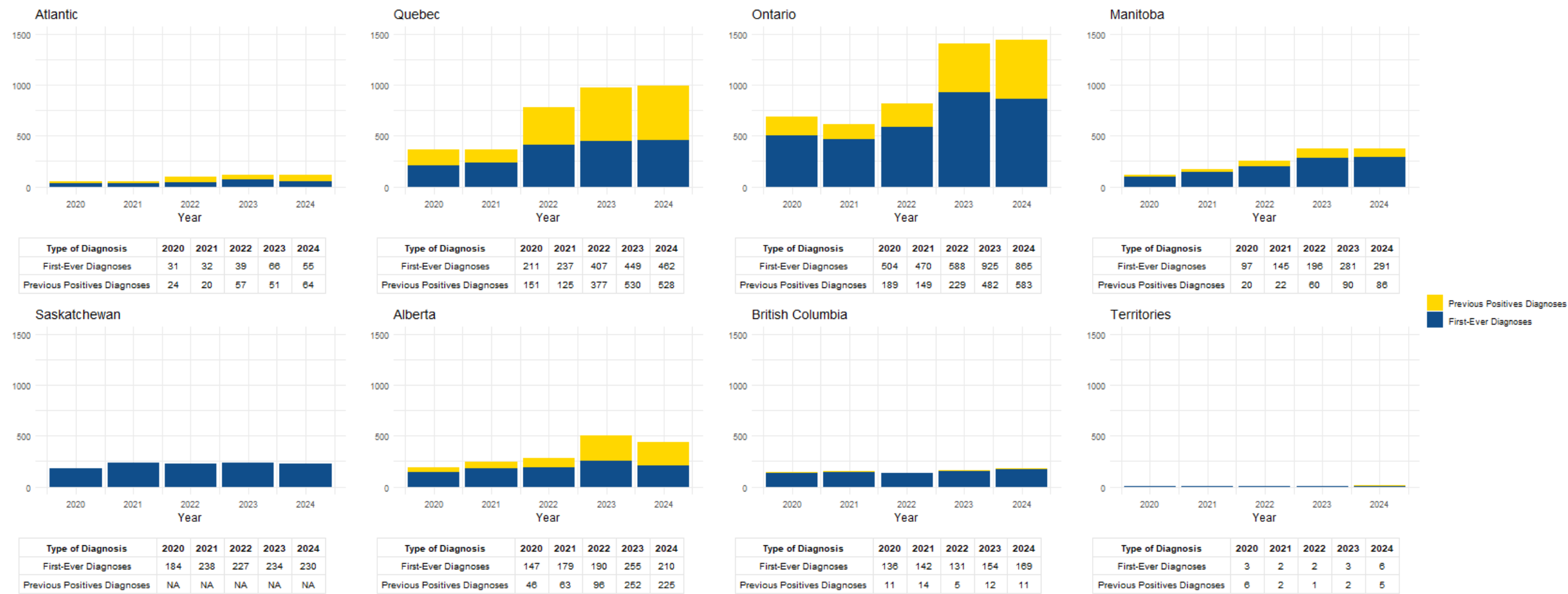
Refer to **Appendix 2** for details on race/ethnicity categories reported by provinces and territories

^a Race and/or ethnicity information is not submitted by Québec, Manitoba, Nova Scotia, or Saskatchewan; for other jurisdictions, the race and/or ethnicity categories submitted, and completion rate varied, interpret data with caution.

All Diagnoses: First-time diagnoses and Previous Positives by Province/Territory

While reporting on first-ever HIV diagnoses provides a better indication of domestic HIV transmission and is useful for the development and implementation of preventative interventions, it does not capture the changing burden of HIV in Canada. Individuals previously diagnosed with HIV elsewhere may move to a new jurisdiction and engage with care, thereby increasing the need for resources within that region. As such, data on both first-ever and previous positive HIV diagnoses is needed to ascertain burden of HIV to plan effective treatment programs and assess Canada's progress in meeting its' 95-95-95 targets. Data on previous positive HIV diagnoses from 2020 through 2024 alongside the number of first-ever HIV diagnoses is presented below (**Figure 9, Data Table 7**). When examining these data, it is important to consider provincial/territorial variation in trends of HIV diagnoses as the epidemiology of the virus varies regionally. Although increases in first-ever diagnoses were observed between 2020 and 2024 for most provinces/territories, the trend in the number of previously diagnosed cases varied with some reporting increases and others reporting decreases. Likewise, the share of reported HIV diagnoses attributed to previously diagnosed cases also varied across provinces/territories with some provinces and territories reporting a lower proportion – such as British Columbia and Manitoba – and others reporting a higher proportion– such as Quebec and Alberta (**Figure 9, Data Table 7**).

Figure 9: Volume of First-Ever and Previous Positive Diagnoses by Province/Territory, 2020-2024 ^{a,b}



^a As of 2019, Saskatchewan reports only first-time diagnosed cases based on the year of testing, which is the reporting year for that HIV case. Previous positive cases referred from other jurisdictions outside Saskatchewan (including OOC) are captured in the SK HIV Public Health database (Panorama), but this data is not extracted or shared with PHAC.

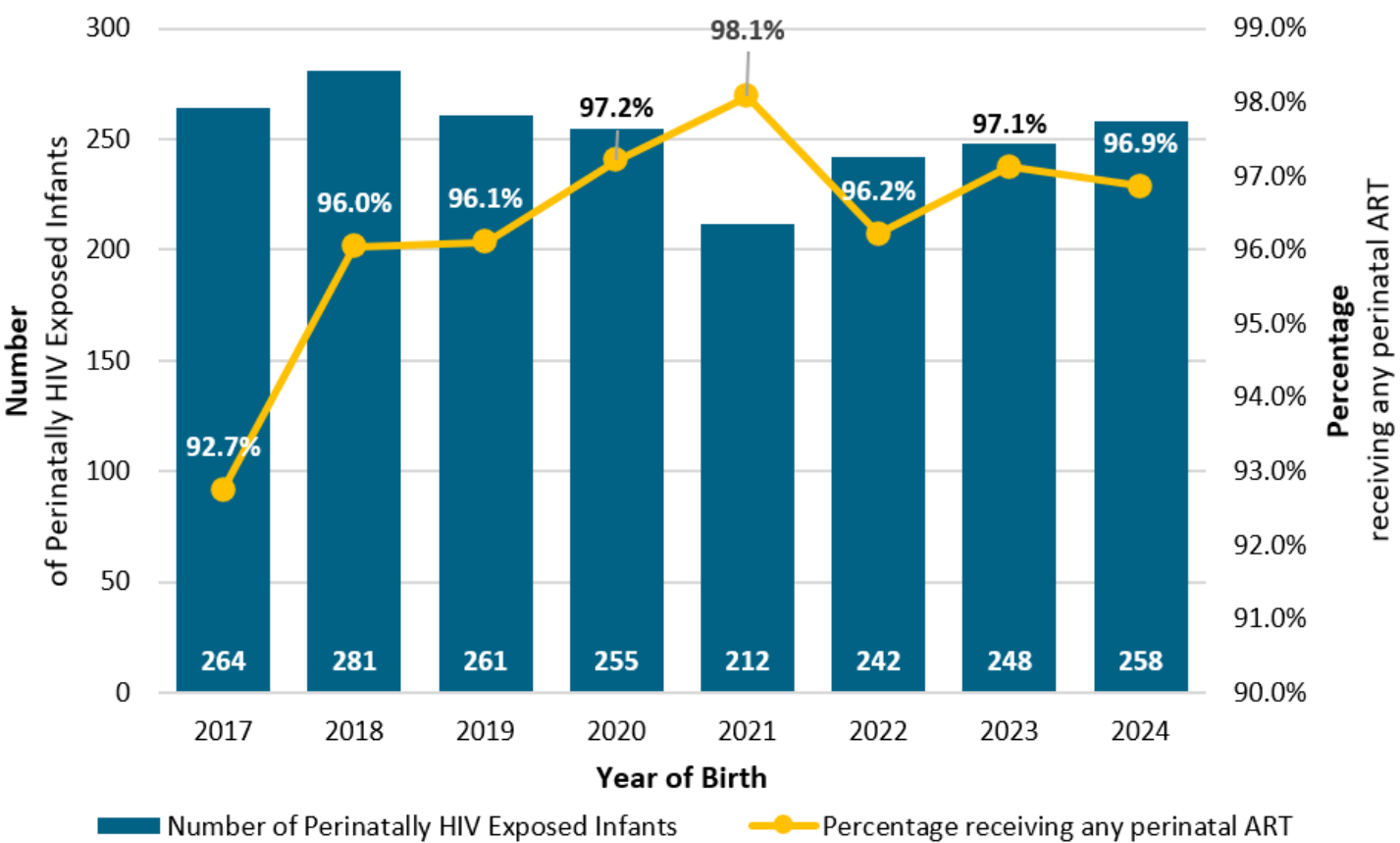
^b Classification of Previous Positive cases presented here for ON differs from the national methodology used to classify these cases for other Provinces and Territories – the number of previous positives for ON may include some duplicate cases and may be an overestimation of the number of previous positive cases.

Additional surveillance data

Canadian Perinatal HIV Surveillance Program (CPHSP)

In 2024, there were 258 infants who were perinatally exposed to HIV and one new perinatal infection in a delivery that took place in Canada. The infant was born to individuals who did not receive any antiretroviral therapy (ART) during their pregnancy. Since 2017, the number of perinatal **exposures** has ranged between 212 and 281 with an average of 253 perinatal exposures per year. For each birth year, between 1 and 11 children are identified with perinatally acquired HIV in Canada; however, most of these children were born outside Canada, with only a minority born domestically. Although the number of perinatal exposures fluctuated yearly, there was a decrease from 264 exposures in 2017 to 258 in 2024 (**Figure 10**). The proportion of women and other pregnant people living with HIV who received any ART during pregnancy in 2024 was 96.9%, which was slightly higher than the average between 2017 and 2022 (96.1%; range 92.7% to 98.1%), and slightly lower than 2023 (97.1%) (**Figure 10**). Despite a decrease in the number of perinatally HIV exposed infants during the pandemic in 2021, the proportion of pregnant people living with HIV who received ART during pregnancy remain constant. Additional results from CPHSP can be found in **Data Table 8**.

Figure 10: Number of perinatally HIV-exposed infants and proportion of mothers and pregnant people living with HIV who received perinatal antiretroviral therapy, by year of birth, Canada, 2017 to 2024 (includes children born outside Canada with perinatally acquired HIV) ^a



Source: CPHSP

Abbreviations: ART, Antiretroviral Therapy

^a The proportion of mothers or pregnant people receiving ART excludes pregnant people with an unknown perinatal ART status. Infants born to pregnant people with an unknown perinatal ART status are included in the total number of perinatally HIV-exposed infants.

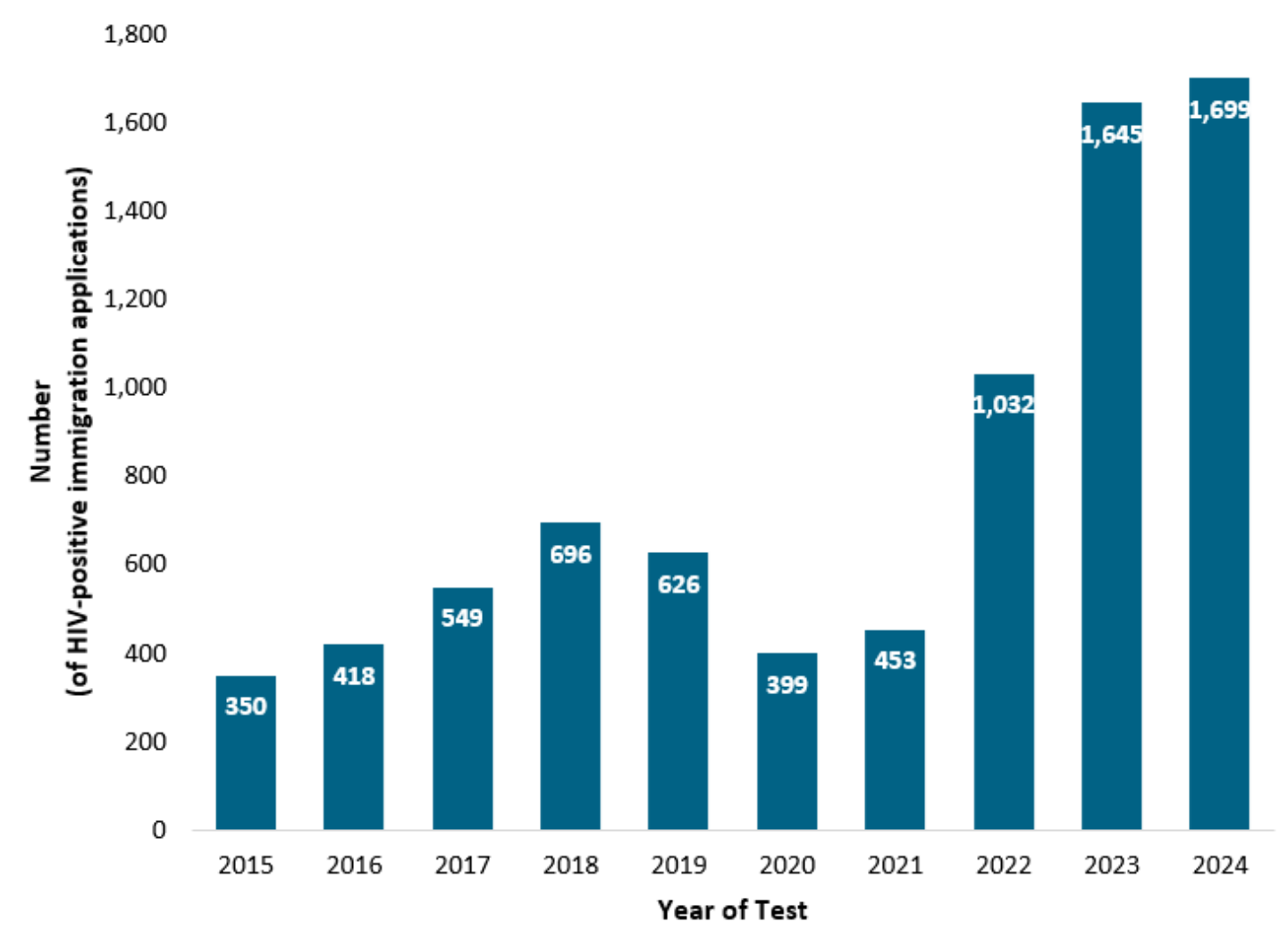
HIV cases identified through immigration medical screening

An reduced number of migrants (immigrants, refugees and temporary residents) tested positive for HIV during an immigration medical exam (IME) in Canada in 2024 compared with 2023. Fewer migrants tested positive for HIV during an IME abroad in 2024 compared with 2023. In 2024, a total of 3,167 migrants tested positive for HIV, with 1,699 of them diagnosed in Canada. This accounted for 0.34% of all IMEs completed in Canada, a proportion higher than pre-pandemic levels (0.24% in 2019). In 2023, a higher proportion was observed (0.37%) where 1,645 migrants tested positive for HIV in Canada. Out of all migrants who tested positive for HIV during the IME in 2024, the proportions of migrants who tested positive internationally (46.4%) and in Canada (53.6%) remained similar compared with the previous year (in 2023), where 48.5% tested positive internationally and 51.5% tested positive in Canada (**Data Table 9**). While IMEs can be conducted either in Canada or outside of Canada, this has no relation to when or where the person acquired HIV.

There was a total of 7,867 individuals who tested positive through an IME conducted in Canada in the last 10 years (2015-2024) (range: 350 to 1,699) (**Figure 11**). Between 2015 and 2024, of the applicants who tested positive for HIV during an IME in Canada, males accounted for a higher proportion, at 59.3% (n = 4,654). Overall, for both males and females, migrants in the 30 to 39 years age group accounted for the highest proportion of positive tests at 37.6% (n = 2,957). This is followed by the 40 to 49 years age group at 25.7% (n = 2,025) and the 20 to 29 years age group, 18.9% (n = 1,490) (**Data Table 10**).

Of the IMEs conducted in Canada between 2015 and 2024 where HIV was detected, 50.3% were completed in Ontario, followed by 28.3% conducted in Quebec, 8.9% in Alberta, and 7.8% in British Columbia. Of the IRCC public health notifications for IMEs conducted in Canada in 2024, 49.4% were sent to Ontario.

Figure 11: Number of migrants who tested positive for HIV during an immigration medical exam conducted in Canada, 2015 to 2024 ^{a,b}



Source: IRCC
^a Immigration, Refugees, and Citizenship Canada and IRCC GCMS as of July 2025. Reproduced and distributed with the permission of Immigration, Refugees, and Citizenship Canada.
^b For applicants tested in Canada, the year refers to the year of the test. For applicants tested internationally, the year refers to the year the applicant landed in Canada or application closed date for individuals without a landing date.

Abbreviations: GCMS, Global Case Management System

AIDS cases

AIDS refers to the most advanced stage of disease caused by HIV. A total of 84 AIDS cases were reported in 2024 (Table 4). Between 2015 and 2024, 1,355 AIDS cases were reported to PHAC. The number of AIDS diagnoses decreased in both males and females between 2015 and 2021 in the provinces that consistently report AIDS data to PHAC (British Columbia, New Brunswick, Nova Scotia, Ontario, and Saskatchewan). Additional AIDS data are available on the Notifiable Diseases website, [Notifiable Diseases Online \(canada.ca\)](https://notifiable-diseases.canada.ca). Refer to Figure A3 (**Appendix 2**) for information on the current reporting of AIDS cases.

Over the years, AIDS reporting practices have changed and a noted decrease in AIDS reporting since 2015 may partially be due to reduced reporting by PT public health authorities. Recently, there has been a shift away from reporting AIDS as a separate diagnosis toward categorizing it as a stage of HIV infection. The stages of HIV infection are determined by CD4 count (an indicator of immune system health) and/or the presence of AIDS defining conditions, such as recurring pneumonia. This method of HIV surveillance has already been implemented in some provinces and territories, as well as in other jurisdictions internationally. For future reporting, HASS will consult with provinces and territories on moving toward reporting HIV staging data rather than AIDS diagnoses exclusively.

Table 4: Number of AIDS cases (all ages), by sex and year of diagnosis, from reporting Canadian provinces and territories, 2015 to 2024 ^{a,b}

Year of diagnosis	Males	Females	Total
2015	163	49	213
2016	138	52	193
2017	119	38	158
2018	110	28	139
2019	83	23	106
2020	86	38	124
2021	83	16	100
2022	73	28	102
2023	98	34	136
2024	58	26	84
Total	1,011	332	1,355

^a Total cases includes those reported as transgender people, and cases where sex was not reported, whereas "male" and "female" columns exclude these cases.

^b AIDS reporting practices by PT authorities have changed over time, refer to **Appendix 2**.

HIV mortality

Based on available Vital Statistics death data from Statistics Canada (SC), there were 1,421 deaths attributed to HIV in Canada between 2015 and 2024. While the number of HIV-attributed deaths has decreased from 192 in 2015 to 105 in 2019, it increased to 137 in 2022 and has since decreased. Meanwhile, the HIV mortality rate in those aged 15 years and older decreased from 0.6 per 100,000 in 2015 to 0.4 per 100,000 in 2020 and remained constant at 0.4 per 100,000 from 2020 onwards. Among those aged 15 years and older, 74.2% (n = 95) of the HIV-attributed deaths were in males. Although the number of deaths in both males and females decreased since 2015, the proportion of deaths in females compared with males decreased from 31.3% (n=60) in 2015 to 18.4% (n=25) in 2020 and then increased to 25.8% (n=33) in 2024. (**Table 5** and **Table 6**). The largest proportion of deaths remains among those aged 40 to 59 years and ≥60 years old, with the proportion amongst those aged 40 to 59 years decreasing from 56.3% (n=71) in 2023 to 44.5% (n=57) in 2024. The proportion of deaths among those aged 60 years or older increased from 25.5% (n=49) in 2015 to 37.5% (n=51) in 2020 and fluctuated before increasing to 44.5% (n=57) in 2024; the proportion of deaths among those aged 30 to 39 years fluctuated between 2015 (9.9%, n=19) and 2024 (10.2%, n=13). While the HIV

mortality rates for those aged ≥ 60 years, 40 to 59 years and 30 to 39 years decreased from 2015-2019 and fluctuated from 2019 to 2024, the mortality rates for the other age groups fluctuated over the entire time period. Except for the ≥ 60 years age group, which saw an increase from 0.4 per 100,000 in 2023 to 0.5 per 100,000 in 2024, the mortality rates for the other age groups either remained stable or decreased from 2023 to 2024 (Table 7).

Table 5: Number of deaths attributed to HIV infection, by age at death and sex, Canada, 2015 to 2024

Age group	Males		Females		Total
	n	%	n	%	n
Under 15 years	0	0	1	100	1
15 years and older	1077	76.5	330	23.5	1420
Total	1077	76.5	331	23.5	1421

Source: SC

Abbreviations: n, number.

Table 6: Number of deaths and sex-specific mortality rate per 100,000 population attributed to HIV infection (≥ 15 years), by sex, Canada, 2015 to 2024 ^{a,b}

Year of death	Males		Females		Total	
	n	Rate	n	Rate	n	Rate
2015	131	0.9	60	0.4	192	0.6
2016	132	0.9	40	0.3	174	0.6
2017	118	0.8	25	0.2	143	0.5
2018	110	0.7	30	0.2	142	0.5
2019	81	0.5	24	0.2	105	0.3
2020	109	0.7	25	0.2	136	0.4
2021	108	0.7	27	0.2	137	0.4
2022	104	0.6	30	0.2	137	0.4
2023	89	0.5	36	0.2	126	0.4
2024	95	0.5	33	0.2	128	0.4
Total	1,077		330		1,420	

Source: SC

^a Due to improvements in methodology and timeliness by Statistics Canada, the duration of data collection has been shortened compared with previous years. As a result, there may have been fewer deaths captured by the time of the release of the CVSD data. The 2024 data should be considered preliminary.

^b Excludes cases where age is not reported or unknown.

Table 7: Number of deaths and age-specific mortality rate per 100,000 population attributed to HIV infection by age group, Canada, 2015 to 2024

Age group	2015			2016			2017			2018			2019			2020			2021			2022			2023			2024		
	n	%	Rate	n	%	Rate	n	%	Rate	n	%	Rate	n	%	Rate	n	%	Rate	n	%	Rate	n	%	Rate	n	%	Rate	n	%	Rate
<15 Years	0	0.0	0.0	1	0.6	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
15 to 19 years	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
20 to 24 years	1	0.5	0.0	1	0.6	0.0	3	2.1	0.1	0	0.0	0.0	1	1.0	0.0	0	0.0	0.0	0	0.0	0.0	1	0.7	0.0	0	0.0	0.0	0	0.0	0.0
25 to 29 years	1	0.5	0.0	4	2.3	0.2	2	1.4	0.1	2	1.4	0.1	1	1.0	0.0	2	1.5	0.1	4	2.9	0.1	5	3.6	0.2	2	1.6	0.1	1	0.8	0.0
30 to 39 years	19	9.9	0.4	23	13.1	0.5	11	7.7	0.2	19	13.4	0.4	11	10.5	0.2	15	11.0	0.3	14	10.2	0.3	22	16.1	0.4	11	8.7	0.2	13	10.2	0.2
40 to 59 years	122	63.5	1.2	108	61.7	1.1	72	50.3	0.7	78	54.9	0.8	59	56.2	0.6	68	50.0	0.7	78	56.9	0.8	57	41.6	0.6	71	56.3	0.7	57	44.5	0.6
≥60 years	49	25.5	0.6	38	21.7	0.5	55	38.5	0.6	43	30.3	0.5	33	31.4	0.4	51	37.5	0.5	41	29.9	0.4	52	38.0	0.5	42	33.3	0.4	57	44.5	0.5
Total	192	n/a	n/a	175	n/a	n/a	143	n/a	n/a	142	n/a	n/a	105	n/a	n/a	136	n/a	n/a	137	n/a	n/a	137	n/a	n/a	126	n/a	n/a	128	n/a	n/a

Source: SC
Abbreviations: n, number; n/a, not applicable

Discussion

In 2024, there were 2,288 first-time diagnoses in Canada. Although this represents a decrease in the number of HIV diagnoses since 2023, the number remains higher than the observed number of HIV diagnoses each year pre-COVID-19 pandemic. While the HIV diagnosis rate has fluctuated in previous years, the 2024 HIV diagnosis rate of 5.5 per 100,000 marks the first decline following four years of consecutive increases since 2020 (3.5 per 100,000). Despite this decrease, the rate remains above pre-pandemic diagnosis rates between 2015 and 2019 (range: 4.6-4.9 per 100,000). Although the diagnosis rate in males decreased (7.2 per 100,000), the diagnosis rate in females remained constant (3.8 per 100,000).

Distinguishing between first-time vs. previous positive diagnoses allows for more accurate reporting and analysis. For instance, an analysis conducted in 2019 has shown that previously diagnosed cases can misrepresent epidemiological trends. Between 2014 and 2017, the reported number of new HIV diagnoses had increased to 16%. However, after the previously diagnosed cases were identified and removed from the data, the increase had dropped to 9%. This distinction is valuable in providing an accurate representation of domestic HIV transmission in Canada (22). This distinction allows for better understanding of HIV epidemiology and transmission for the planning of prevention interventions. Although surveillance data for 2020-2024 includes first-time diagnoses only, not all provinces and territories were able to provide data on first-time diagnoses prior to 2020. There was also substantial regional variation in the proportion of new diagnoses that are classified as previous positives since the pandemic, with some jurisdictions reporting that as high as 53.8% of all cases reported in 2024 were previously diagnosed while others reported very few. Consequently, trends prior to 2020 must be interpreted with caution and additional details on the status of first-time diagnosis reporting by province/territory can be found in **Appendix 2**.

Canada's HIV diagnosis rate of 5.5 per 100,000 was lower than the rates in the United Kingdom (8.7 per 100,000) and France (6.9 per 100,000) (42) and higher than Australia (2.8 per 100,000) (43). In terms of trends, Canada's decline in first-time HIV diagnoses in 2020, followed by consecutive increases through 2023, and a subsequent decline in 2024 was consistent with trends observed in comparable international HIV surveillance systems. For instance, similar patterns were observed in England where the HIV diagnoses increased from 2,240 in 2020 to 2,838 in 2023, followed by a slight decrease to 2,773 in 2024 (44) (45). Aotearoa New Zealand also reached a peak in the number of HIV diagnoses in 2016 followed by a decline until 2021. After consecutive increases in 2022 and 2023, the number of diagnoses slightly decreased to 95 in 2024 (46). In Australia, the number of HIV diagnoses declined to a low of 542 in 2021, before increasing each year to 757 in 2024 (43). The decreases in 2020 were likely due to clinical service disruptions (36) and hesitancy in accessing these services (47); the subsequent increases were affected by increased access to HIV testing after the initial stages of the pandemic (48). Although HIV testing data for 2024 was not available for the New Zealand and Australia, the number of HIV tests performed in England had decreased to 927,251 in 2020 and increased each year to 1,318,795 in 2024, indicating a return to pre-pandemic HIV testing levels (49). Additional subsequent years of data are needed to examine trends post-pandemic.

The fluctuations in HIV testing at provincial public health laboratories over time, with decreases during the COVID-19 pandemic followed by subsequent increases, are likely driven by barriers to accessing STBBI health services. While HIV testing subsequently increased, barriers to accessing STBBI health services still remain. In Manitoba, the number of HIV tests decreased to 117,885 in 2020 before gradually climbing to 145,698 in 2024,

exceeding the 2019 pre-pandemic levels (50). Similarly, in British Columbia, the number of HIV tests decreased to 350,382 in 2020 and increased to 394,001 in 2024, which is within the range observed pre-pandemic (range:330,978-430,182) (51). Previous research examining the effect of pandemic related HIV testing and preventive services reductions found a potential for increased HIV transmission during the COVID-19 pandemic as shown by a modelling study conducted in 32 US cities and a phylogenetic study in key populations disproportionately impacted by HIV in BC (52, 53).

The collection of data on race and/or ethnicity and other social characteristics is a key component in recognizing disparities in access to healthcare, as well as understanding the disproportionate burden of HIV on particular populations (34). The proportion of cases in 2024 for which race and/or ethnicity and Indigenous identity data were available remained low at 38.1%. This low completeness is due to a variety of reasons across the provinces and territories, ranging from limited collection of this information to restrictions on the ability to submit these data to the national HIV surveillance program. In addition, there is variation across the provinces and territories in terms of the categories used to collect race and/or ethnicity and Indigenous identity information. This data gap prevents users of HIV surveillance data from accurately identifying disparities in the burden of HIV in particular populations and understanding the magnitude of prevention and care needs for those populations. As an objective of the renewal work currently being conducted by the national HIV surveillance program, improvement to the collection of race-based data will be made through ongoing collaboration with provincial, territorial, and federal data providers as well as with community members, organizations, and other data users. This includes engagement with and guidance from the Black Expert Working Group for National HIV Surveillance and the First Nations, Inuit and Métis Working Group for National HIV and Syphilis Surveillance, ensuring that data collection is conducted safely and in ways which support communities that are disproportionately impacted by HIV.

Among [First Nations](#) respondents to the HIV bio-behavioural “Tracks” survey in Alberta and Saskatchewan 2018-2020, 81.9% of respondents reported having access to primary health care, though only 36.4% reported using services that included Indigenous health or health practices, and only 37.3% reported receiving STBBI prevention counselling in the preceding twelve months (18). As for HIV testing in participating First Nations communities in Alberta and Saskatchewan, 62.8% of individuals reported ever being tested for HIV (18). During this same period, 18.3% reported avoiding healthcare services because of stigma and discrimination (18).

Similar bio-behavioural “Tracks” surveys conducted from 2017-2019 among [people in Canada who inject drugs](#) found that 11.6% of participants reported injecting with used needles or syringes in the past six months, and 38.0% reported injecting with other used injection equipment, such as filters, cookers, or swabs (17). Survey respondents also reported using harm reduction services, with 90.1% using a needle or syringe distribution program and 13.5% using a supervised injection or consumption site in the preceding twelve months (17). Additionally, 90.5% of people who inject drugs have reported ever testing for HIV (17).

One study conducted between 2015 and 2019 among Black heterosexual men in Ottawa and Windsor, ON, observed lower odds of HIV diagnosis among condom users, as well as increased odds of HIV diagnosis among those without a high school degree and those with difficulty accessing sexual healthcare (54). Additional analyses of the same cohort indicated that 55.0% of Black heterosexual men in Windsor and 70.2% in Ottawa reported at least one or more casual female sexual partners in the preceding year, with only 32.1% and 34.3%, respectively, reporting always using condoms with these partners (55). The proportion of African Canadian adolescents in British Columbia reporting at least two sexual partners within the last year has largely not changed from 51.1% in 2003 to 54.2% in 2018 but the proportion of those reporting not using condoms at the last

occurrence of sex had increased from 31.1% in 2003 to 48.4% in 2018. Those participants who had experienced sexual violence, racial or gender discrimination, or who reported lower levels of perceived neighbourhood safety were more likely to engage in sexual practices with a higher likelihood of transmitting HIV (56). Further, individuals who have experienced racial discrimination were less likely to have ever tested for HIV (38).

While male-to-male sexual contact still accounts for half of HIV diagnoses in adult males (49.9%; n=557) in 2024, the proportion has decreased over time from 62.4% (n=758) in 2015 to 52.1% (n=627) in 2023. Although more research on the impact of the COVID-19 pandemic on HIV transmission is needed, phylogenetic analyses in key populations in British Columbia found reduced growth in clusters predominantly consisting of men who have sex with men during the initial lockdown (53). Previous modelling research from British Columbia demonstrated the impact of ART and PrEP on HIV incidence as every 100 person increase in the number of individuals taking ART or PrEP was associated with a decrease in HIV incidence rates by 2.5% and 1.4% respectively (57). Likewise, each 100 person increase in the number of virologically unsuppressed individuals on ART was associated with a 3.3% increase in the HIV incidence rate (57). Another report on pre-exposure prophylaxis (PrEP) use in British Columbia, which has a publicly-funded access program, noted that the number of new GBMSM PrEP users with a substantial risk of HIV acquisition, has decreased from the third quarter of 2022 to the first quarter of 2024 before increasing in the fourth quarter of 2024 (58). Research with GBMSM from other jurisdictions is needed to understand varying regional contexts.

Regarding other exposure categories, the proportion of cases among males attributed to heterosexual contact has increased from 19.5% (n=225) in 2018 to 29.4% (n=282) in 2022 and decreased to 27.5% (n=307) in 2024; the proportion attributed to injection drug use increased from 9.3% (n=116) in 2016 to 16.1% (n=139) in 2021 before decreasing to 10.0% (n=112) in 2024. The pandemic had a substantial impact on HIV prevention services, with 47.4% of people who use drugs or alcohol reporting difficulty in accessing HIV testing and 43.6% reporting difficulty in accessing PrEP and/or PEP (36).

Similar to previous years, heterosexual contact (58.1%; n=357) and injection drug use (29.6%; n=182) are the most common exposure categories in females. However, increases in the proportions attributable to both exposure categories from 2019-2021 (heterosexual contact: from 55.1% (n=223) in 2019 to 60.6% (n=192) in 2021; injection drug use: from 33.1% (n=134) in 2019 to 38.2% (n=121) in 2021) may be a statistical artifact due to the removal of those diagnosed out of country from the “Other” exposure category (part of the methodological change in 2020 for first-time diagnoses).

The data collected for Manitoba cases in 2024 regarding heterosexual sex as an exposure route was not in a format compatible with national HIV surveillance reporting, as such, these cases were often assigned to other exposure categories. Specifically, cases that would have originally been classified under heterosexual contact were reassigned to other exposure categories (including the “Other” exposure category) and ultimately affected the proportions attributed to each exposure category. In 2024, the proportions of cases attributed to the other exposure category has increased to 8.4% (n=94) (range: 0.8% to 1.5% between 2020-2023) in males and 11.9% (n=73) in females (range: 1.3% to 3.5% between 2020-2023). As such, the trends in proportions of exposure categories over time must be interpreted with caution.

As the proportion of HIV diagnoses attributed to heterosexual contact has increased in recent years, these data suggest that heterosexual transmission has become an increasingly important route of HIV acquisition. A variety of factors contribute to HIV acquisition through heterosexual contact, including social determinants of health and

sexual and preventive practices. Condom use in Canada varies across gender and age with over 60% of cisgender women indicating never using condoms and over 50% of cisgender men indicating never using condoms in the Sex in Canada national survey (59). While sometimes using condoms was most commonly reported by those 18-24 years old, never using condoms were most frequently reported by those over 25 years of age, with the proportion increasing with age (59). Predicted frequency of condom use was lowest in heterosexual women, and decreases with age, but higher in cisgender men at all age groups, and higher in those reporting visible minority status (59). A study among Canadians aged 18-24 years found that the proportion using condoms all the time decreased from 53% in 2020 to 23% in 2023 and increased to 27% in 2024; among youth who were sexually active, 64% had inconsistent use with 1 in 5 never using condoms (60). Unfortunately, this study did not disaggregate data by sexual orientation, sex, or gender. This is consistent with a decline in condom use observed in European adolescents with a decline from 70% to 61% in boys and 63% to 57% in girls between 2014-2022 (61). However, a report on pre-exposure prophylaxis (PrEP) use in British Columbia noted that the number of new PrEP users who reported having a heterosexual sexual partner with HIV and an unsuppressed viral load increased from the second quarter in 2022 to the third quarter of 2024, before decreasing in the fourth quarter. This group also ranked second or third lowest among all non-mutually exclusive risk factors (58).

The COVID-19 pandemic had a considerable impact on risk behaviour, STBI prevention, testing and treatment, and harm reduction intervention, impacting HIV acquisition. These impacts have previously been described elsewhere (36, 62, 63). The prevalence of HIV PrEP use increased in all Canadian provinces after the pandemic, with national prevalence increasing from 59.1 per 100,000 people in 2019 (64) to 89 per 100,000 in 2022 (5).

Migration is likely a significant factor in the increased number of HIV diagnoses reported since the pandemic. In 2024, Canada accepted 483,640 permanent residents, representing a 2.5% increase from 2023 (65). Meanwhile, the number of migrants decreased in Australia (66) and the UK (67). A corresponding increase was observed in the number of HIV cases identified in IMEs conducted in Canada, which increased to 1,699 in 2024 from 1,645 in 2023. Alberta's annual HIV report indicated that 71.0% of HIV cases were acquired out of country, with 75% of these individuals having a previous positive HIV test (68). IRCC noted that the proportion of immigration medical examinations conducted in Canada with a positive HIV test decreased from 0.30% in 2017 to 0.12% in 2021 and increased to 0.37% in 2023 before decreasing to 0.34% in 2024. Despite an increase in the number of IMEs conducted in Canada, the percent positivity decreased slightly, still remaining higher than levels observed pre-pandemic. Migrants also face barriers in accessing HIV testing and care such as difficulty accessing healthcare, HIV-related stigma and other regulatory/policy, health system, community and individual level barriers (4). These barriers may be further exacerbated for those migrants who are sexual or gender minorities, who are racialized, or who engage in sex work (69). When assessing the burden of HIV in migrant communities, it is important to recognise that HIV may also be acquired in Canada. Previous studies have observed that among migrants living with HIV, approximately 40% in Europe (70) and close to half in Australia (71), acquired HIV post-migration. However, the place of HIV acquisition (i.e. in Canada or outside of Canada) generally cannot be distinguished based on national surveillance data received by PHAC from the Provinces and Territories or from IRCC.

Perinatal transmission of HIV in Canada continues to be low, with one perinatal infection in an infant born to a pregnant individual who did not receive any antiretroviral therapy (ART) reported for 2024. ART is very effective in preventing perinatal transmission with a transmission rate of 0.6% for those receiving at least 4 weeks of combined ART pre-delivery compared to 23.5% for those without (72). In 2022, 8.9% of individuals received ART

for less than four weeks continuously during pregnancy (72). This suggested that barriers to timely prenatal care and HIV treatment engagement in pregnancy are ongoing.

Despite advancements in prevention and treatment, HIV continues to impact mortality in Canada, with 1,421 deaths attributed to HIV between 2015 and 2024. This burden is carried disproportionately by communities experiencing other systemic barriers to equity. For example, Black populations are at a significantly increased risk of death from HIV when compared with white populations - 5 times and 21 times greater among males and females, respectively (73). Deaths attributed to HIV also continue to be underreported even though these data are obtained from vital statistics registries. This underreporting can occur due to the order of listing diagnoses affecting cause of death assignment, inter-physician variability in cause of death assignment, difficulty in cause of death ascertainment for certain conditions and misattribution for stigmatized conditions (i.e., HIV) (74). Deaths due to HIV may also be miscoded as “immunodeficiency antibody” or “immunodeficiency other” (75). Among persons diagnosed with HIV in the United States, territories and freely associated states, the HIV-related death rate decreased from 4.6 per 1000 in 2020 to 3.6 per 1000 in 2024, while the all-cause death rate decreased from 18.0 per 1000 to 15.5 per 1000 (76). Meanwhile, a 14% decrease in all-cause deaths amongst people with HIV in England was observed in 2024 compared to 2023 (44). As such, all-cause mortality should be considered in addition to HIV-related to mortality when examining the burden of disease of HIV with respect to mortality.

According to 2024 estimates, 91% of people living with HIV in Canada were diagnosed, 86% of those diagnosed were on treatment, and 96% of those on treatment were virally suppressed (2). Although Canada has made steady progress toward the 95-95-95 targets for HIV diagnosis, treatment, and viral suppressed, these numbers continue to fall short of the recommendations by UNAIDS (16). There are differences across the cascade of care for HIV between different populations. For instance, it was noted that the proportion of the population meeting each step of the HIV continuum of care was lower in females (90% vs. 86% diagnosed, 86% vs. 84% on treatment and 96% vs. 92% virally suppressed for males vs. females respectively) (5). The proportion of individuals meeting each step in the cascade of care varied across populations known to be disproportionately impacted by HIV, such as people incarcerated in federal correctional facilities; people living in First Nations communities in Saskatchewan; First Nations Peoples in Saskatchewan and Alberta, gay bisexual and other men who have sex with men in three urban centres; people who inject drugs; and the African, Caribbean and Black community in Ontario (5).

The National HIV Surveillance Program supports the Government of Canada’s public health commitments, by providing the evidence needed to monitor progress towards the UNAIDS 95-95-95 targets and evaluate the impact of national prevention and care programs. Through collaboration with the Black Expert Working Group for National HIV Surveillance and the First Nations, Inuit, and Métis Working Group for National HIV and Syphilis Surveillance, HASS will improve the quality of surveillance data on Indigenous identity, race and/or ethnicity, sex, gender, and HIV exposure category. These efforts will not only improve the ability to identify disparities but also inform evidence-based policy, improve equity monitoring and better target prevention, testing, and care resources for populations most affected by HIV. The Government of Canada aims to reduce the burden of reporting on data providers, increase the comparability of data across regions, strengthen the relationships with data partners and align federal HIV response efforts with the STBBI Action Plan 2024-2030.

Strengths

This report provides an epidemiological profile of new HIV diagnoses in Canada, including some details regarding HIV cases identified during IMEs among migrants to Canada, perinatal transmission, and HIV

mortality. This surveillance report presents first-time diagnoses for all thirteen provinces and territories, providing information on these diagnoses by age, sex, exposure category, and race and/or ethnicity. More provinces and territories also updated their historical data by further identifying and excluding previously diagnosed cases from 2015 through 2019. The change in recent years to focus on first-time diagnoses allows for a clearer picture of where transmission of HIV may be occurring in Canada as well as make better international comparisons with countries such as the UK and Australia. Some information on newly identified but previously diagnosed cases is presented to provide a sense of the regional new HIV case volumes.

Limitations

Limitations of the surveillance report have been previously detailed (21, 77, 78) and they include low completeness of race and/or ethnicity and Indigenous identity information; an absence of information on, or inconsistent collection of, data elements such as gender identity; and variation in reporting previously diagnosed cases in historical data (prior to 2019). Additionally, people who tested positive through HIV self-testing may not be captured in the national diagnosis data if they did not seek confirmatory testing through the healthcare system.

Any interpretation and use of the race and/or ethnicity and Indigenous identity data presented in this report should be carefully considered given the low completeness of these data. The current race and/or ethnicity and Indigenous identity data is unlikely to provide an accurate representation of the national picture of Indigenous identity or race and/or ethnicity among people living with HIV, as these data are unavailable for nearly two-thirds of newly diagnosed cases. Reasons for this include methodological constraints, privacy concerns, confidentiality, concerns about additional burden in data collection, stigma, and potential or perceived harms related to the collection of these data (79-81). The ongoing HASS renewal work is directly addressing these concerns and aims to improve the collection of race and/or ethnicity and Indigenous identity data in the coming years.

Information on trans and non-binary identities is also limited as the current data includes only binary sex categories (male or female) without data on gender identity. In its current state, the HIV surveillance program does not reflect our changing understanding of sex, gender identity, and sexual orientation (82). HASS is actively working to improve data collection and reporting to better represent gender-diverse communities.

Despite all provinces and territories being able to report on first-time diagnosed HIV cases separately from previously diagnosed cases, some provinces and territories were unable to provide this information consistently from 2015 through 2019. For this reason, all trends prior to 2020 must be interpreted with caution. De-duplication and identification of first-time diagnoses is conducted at the PT level and due to the challenges of de-duplication and limitations in PT systems, it is possible that there may still be some duplicates or previous positive cases remaining in the data. It is expected that there will be a gradual improvement through the removal of previously diagnosed cases from the national dataset over time.

This report only presents diagnosis data, which does not represent the true number of people newly living with HIV (incidence) or total number of people living with HIV (prevalence) in Canada in 2024. Data included in this surveillance report should be considered provisional, as national surveillance data are updated annually. If discrepancies exist between data summarized in this report and provincial or territorial reports, the most recent provincial or territorial report should be utilized.

Conclusion

The number and rate of first-time HIV diagnoses in Canada decreased in 2024 compared to 2023, yet continues to exceed pre-pandemic counts and rates from 2015-2019. Increases in immigration volumes following the removal of pandemic restrictions contributed to increased HIV diagnoses post-pandemic. While trends in HIV diagnosis rates and epidemiology varied regionally, the HIV diagnosis rate in females continues to remain higher than pre-pandemic, increases were noted in the population aged 15 to 19 years and 20 to 24 years in 2024, and most new diagnoses continue to be attributed to heterosexual contact and male-to-male sexual contact. HIV surveillance data assists in monitoring progress against the pan-Canadian STBBI Framework and the associated Government of Canada Action Plan on STBBI, along with Canada's progress towards the international elimination targets (95-95-95 by 2025). Although barriers to accessing care still remain, trends in domestic diagnoses can be used to inform the provision of tailored prevention programs. PHAC will continue to collaborate with provinces, territories, and other surveillance partners to improve HIV surveillance evidence needs, to make progress towards embedding community perspectives, and to produce more culturally appropriate and useful knowledge translation and mobilization products.

Data tables

Data Table 1: Number of first-time diagnoses of HIV and diagnosis rates overall, by sex and year, Canada, 2015 to 2024 ^a

Year of Diagnosis	Overall Diagnoses	Overall Rate per 100,000	Male Diagnoses ^a	Male Rate per 100,000 ^a	Female Diagnoses ^a	Female Rate per 100,000 ^a
2015	1,752	4.9	1,351	7.6	397	2.2
2016	1,846	5.1	1,408	7.9	429	2.4
2017	1,802	4.9	1,404	7.7	393	2.1
2018	1,815	4.9	1,333	7.2	479	2.6
2019	1,726	4.6	1,217	6.5	502	2.7
2020	1,313	3.5	932	4.9	374	2.0
2021	1,445	3.8	1,035	5.4	400	2.1
2022	1,780	4.6	1,185	6.1	581	3.0
2023	2,367	5.9	1,586	7.9	768	3.8
2024	2,288	5.5	1,483	7.2	787	3.8

^a Excludes cases where sex was reported as transgender people, or cases where sex was not reported.

Data Table 2: First-time HIV diagnosis rate (per 100,000 population) by province and territory, Canada, 2024 ^{a,b}

Province or Region	Number of Diagnoses	HIV Diagnosis Rate (per 100,000 population) in 2024
Alberta ^a	210	4.3
Atlantic Region ^b	55	1.7
British Columbia	169	3.0
Manitoba	291	19.5
Ontario	865	5.4
Quebec	462	5.1
Saskatchewan	230	18.6
Territories ^b	6	4.6

^a Note that for Alberta, national reporting excludes HIV cases where the location of first-ever positive has been identified as out-of-country or outside the reporting province; consequently, HIV case totals and rates in this report may differ from those reported by Alberta.

^b Rates for the territories (Yukon, Nunavut, and Northwest Territories) and Atlantic region (Prince Edward Island, New Brunswick, Nova Scotia and Newfoundland and Labrador) are presented as averages. Population data source: Annual Demographic Statistics, Demography Division, Statistics Canada, July 1, 2024.

Data Table 3: First-time HIV diagnosis rate per 100,000 population, by sex and age group, Canada, 2024 ^a

Age group	Males		Females	
	Number of diagnoses	Rate per 100,000	Number of diagnoses	Rate per 100,000
<15 years	3	0.1	4	0.1
15 to 19 years	26	2.2	26	2.3
20 to 24 years	128	8.9	62	4.8
25 to 29 years	271	17.1	104	7.1
30 to 39 years	522	16.7	266	8.9
40 to 59 years	453	8.8	280	5.4
≥60 years	80	1.6	44	0.8

Abbreviation: <, less than.

^a Excludes cases where sex was reported as transgender people, or cases where sex was not reported.

Data Table 4: Number and rate of first-time HIV diagnosis (per 100,000 population) by age group and year, Canada, 2015 to 2024 ^{a,b}

Age group	Year of diagnosis																			
	2015		2016		2017		2018		2019		2020		2021		2022		2022		2024	
	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate
<15 years	8	0.1	10	0.2	14	0.2	18	0.3	10	0.2	4	0.1	5	0.1	11	0.2	10	0.2	7	0.1
15 to 19 years	33	1.6	41	2.0	35	1.7	35	1.7	31	1.5	24	1.2	24	1.2	27	1.3	27	1.2	52	2.2
20 to 24 years	177	7.4	179	7.5	145	6.0	168	6.8	166	6.7	130	5.3	127	5.3	143	5.8	175	6.7	196	7.1
25 to 29 years	315	13.0	287	11.6	308	12.2	296	11.4	291	11.0	227	8.5	255	9.5	267	9.7	393	13.5	379	12.5
30 to 39 years	471	9.8	552	11.3	569	11.5	546	10.8	543	10.5	428	8.1	456	8.5	696	12.7	803	13.8	790	12.9
40 to 59 years	638	6.3	668	6.6	628	6.2	636	6.3	584	5.8	409	4.1	468	4.7	525	5.2	845	8.4	737	7.2
≥60 years	109	1.4	107	1.3	101	1.2	115	1.3	100	1.1	89	0.9	105	1.1	109	1.1	112	1.1	126	1.2

Abbreviations: n = number; <, less than; ≥, greater than or equal

^a Excludes cases where age is not reported or unknown.

^b Population data source: Annual Demographic Statistics, Demography Division, Statistics Canada, July 1, 2024

Data Table 5a: Percentage distribution of first-time HIV cases among adults (≥ 15 years old) by exposure category and year of diagnosis, Canada, 2015 to 2024 ^{a,b,c,d}

Exposure category	Year of diagnosis ^{a,b,c}																			
	2015		2016		2017		2018		2019		2020		2021		2022		2023		2024	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Male-to-male sexual contact	758	48.4	788	48.6	746	46.6	697	44.8	631	43.0	455	41.9	469	39.7	490	34.6	630	35.9	561	32.3
Male-to-male sexual contact and injection drug use	46	2.9	53	3.3	35	2.2	46	3.0	49	3.3	26	2.4	43	3.6	47	3.3	78	4.4	43	2.5
Injection drug use	228	14.6	212	13.1	234	14.6	266	17.1	260	17.7	243	22.4	260	22.0	298	21.0	321	18.3	294	16.9
Heterosexual contact	472	30.2	490	30.2	503	31.4	477	30.7	435	29.7	347	31.9	399	33.8	551	38.9	691	39.4	666	38.3
Other ^d	61	3.9	80	4.9	83	5.2	70	4.5	91	6.2	16	1.5	11	0.9	32	2.3	36	2.1	175	10.1

Abbreviations: n = number

^a Excludes cases with unknown exposure category, cases with no identified risk, and cases where exposure category was not reported.

^b Excludes cases where age is not reported or unknown.

^c Note that for Manitoba cases, information collected in 2024 about heterosexual sex as a route of exposure/transmission was not collected in a manner that was compatible for submission to PHAC. As such, these cases were assigned to other exposure categories, however heterosexual sex is an important factor in HIV transmission in Manitoba.

^d Other includes blood/blood products, perinatal, occupational exposure, IRCC/Out of Country exposure (Alberta), cases from Manitoba include heterosexual contact, and other exposure categories.

Data Table 5b: Percentage distribution of first-time HIV cases among adult males (≥ 15 years old) by exposure category and year of diagnosis, Canada, 2015 to 2024 ^{a,b,c,d,e}

Exposure category	Year of diagnosis ^{a,b,c,d}																			
	2015		2016		2017		2018		2019		2020		2021		2022		2023		2024	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Male-to-male sexual contact	758	62.4	788	63.1	746	59.9	696	60.4	627	59.4	454	57.8	467	54.2	486	50.7	627	52.1	557	49.9
Male-to-male sexual contact and injection drug use	46	3.8	53	4.2	35	2.8	46	4.0	49	4.6	26	3.3	43	5.0	46	4.8	77	6.4	43	3.9
Injection drug use	133	11.0	116	9.3	142	11.4	146	12.7	126	11.9	123	15.6	139	16.1	130	13.6	164	13.6	112	10.0
Heterosexual contact	245	20.2	252	20.2	276	22.2	225	19.5	211	20.0	171	21.8	205	23.8	282	29.4	319	26.5	307	27.5
Other ^e	32	2.6	40	3.2	46	3.7	39	3.4	43	4.1	12	1.5	7	0.8	14	1.5	17	1.4	97	8.7

Abbreviations: n = number

^a Excludes cases where sex was reported as transgender people, or cases where sex was not reported.

^b Excludes cases with unknown exposure category, cases with no identified risk, and cases where exposure category was not reported.

^c Excludes cases where age is not reported or unknown.

^d Note that for Manitoba cases, information collected in 2024 about heterosexual sex as a route of exposure/transmission was not collected in a manner that was compatible for submission to PHAC. As such, these cases were assigned to other exposure categories, however heterosexual sex is an important factor in HIV transmission in Manitoba.

^e Other includes blood/blood products, perinatal, occupational exposure, IRCC/Out of Country exposure (Alberta) and other exposure categories.

Data Table 5c: Percentage distribution of first-time HIV cases among adult females (≥ 15 years old) by exposure category and year of diagnosis, Canada, 2015 to 2024 ^{a,b,c,d,e}

Exposure category	Year of diagnosis ^{a,b,c,d}																			
	2015		2016		2017		2018		2019		2020		2021		2022		2023		2024	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Injection drug use	95	27.1	96	25.7	91	25.7	120	29.8	134	33.1	120	40.1	121	38.2	168	36.9	156	28.5	182	29.6
Heterosexual contact	227	64.9	237	63.5	226	63.8	252	62.5	223	55.1	175	58.5	192	60.6	269	59.1	372	68.0	357	58.1
Other ^e	28	8.0	40	10.7	37	10.5	31	7.7	48	11.9	4	1.3	4	1.3	18	4.0	19	3.5	75	12.2

Abbreviations: n = number

^a Excludes cases where sex was reported as transgender people, or cases where sex was not reported.

^b Excludes cases with unknown exposure category, cases with no identified risk, and cases where exposure category was not reported.

^c Excludes cases where age is not reported or unknown.

^d Note that for Manitoba cases, information collected in 2024 about heterosexual sex as a route of exposure/transmission was not collected in a manner that was compatible for submission to PHAC. As such, these cases were assigned to other exposure categories, however heterosexual sex is an important factor in HIV transmission in Manitoba.

^e Other includes blood/blood products, perinatal, occupational exposure, IRCC/Out of Country exposure (Alberta) and other exposure categories.

Data Table 6: Proportion of reported first-time HIV cases (≥ 15 years of age) by exposure category and age group, Canada, 2024 ^{a,b,c,d}

Age group	Male-to male sexual contact		Male-to-male sexual contact and injection drug use		Injection drug use		Heterosexual contact		Other ^d	
	n	%	n	%	n	%	n	%	n	%
15-19 years	13	35.1	0	0.0	5	13.5	11	29.7	8	21.6
20-24 years	71	43.6	5	3.1	28	17.2	41	25.2	18	11.0
25-29 years	133	43.9	6	2.0	54	17.8	91	30.0	19	6.3
30-39 years	187	31.1	21	3.5	114	19.0	221	36.8	58	9.7
40-59 years	131	24.2	9	1.7	87	16.1	253	46.7	62	11.4
≥ 60 years	26	28.0	2	2.2	6	6.5	49	52.7	10	10.8

Abbreviations: n = number; $\geq$, greater than or equal

^a Excludes cases where age is not reported or unknown.

^b Excludes cases with unknown exposure category, cases with no identified risk, and cases where exposure category was not reported.

^c Note that for Manitoba cases, information collected in 2024 about heterosexual sex as a route of exposure/transmission was not collected in a manner that was compatible for submission to PHAC. As such, these cases were assigned to other exposure categories, however heterosexual sex is an important factor in HIV transmission in Manitoba.

^d Other includes blood/blood products, perinatal, occupational exposure, IRCC/Out of Country exposure (Alberta) and other exposure categories.

Data Table 7: Number of First-Ever and Previous Positive Diagnoses by Province/Territory, 2020-2024 ^a

Province / Territory	Year	First-Ever Diagnoses	Previous Positives Diagnoses
Alberta	2020	147	46
	2021	179	63
	2022	190	96
	2023	255	252
	2024	210	225
British Columbia	2020	136	11
	2021	142	14
	2022	131	5
	2023	154	12
	2024	169	11
Manitoba	2020	97	20
	2021	145	22
	2022	196	60
	2023	281	90
	2024	291	86
Ontario	2020	504	189
	2021	470	149
	2022	588	229
	2023	925	482
	2024	865	583
Quebec	2020	211	151
	2021	237	125
	2022	407	377
	2023	449	530
	2024	462	528
Saskatchewan	2020	184	NA
	2021	238	NA
	2022	227	NA
	2023	234	NA
	2024	230	NA
Atlantic	2020	31	24
	2021	32	20
	2022	39	57
	2023	66	51
	2024	55	64
Territories	2020	3	6
	2021	2	2
	2022	2	1
	2023	3	2
	2024	6	5

Abbreviations: NA, Not Applicable

^a As of 2019, Saskatchewan reports only first-time diagnosed cases based on the year of testing, which is the reporting year for that HIV case. Previous positive cases referred from other jurisdictions outside Saskatchewan (including OOC) are captured in the SK HIV Public Health database (Panorama) but this data is not extracted or shared with PHAC.

Data Table 8: Number of perinatally HIV-exposed infants by year of birth, current status and use of antiretroviral therapy (ART) for prophylaxis, 1984 to 2024 (includes children born outside Canada with perinatally acquired HIV) ^{a,b,c}

	Year of birth									
	1984-2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
No perinatal ART prophylaxis										
Confirmed living with HIV	709	9	5	6	2	2	2	3	1	739
Asymptomatic	40	3	4	4	0	1	2	2	1	57
Symptomatic	17	2	0	1	0	0	0	1	0	21
Died of AIDS	100	0	0	0	0	0	0	0	0	100
Died of other	10	0	0	0	0	0	0	0	0	10
Lost to follow-up ^a	243	4	1	1	2	1	0	0	0	252
Adult care ^b	299	0	0	0	0	0	0	0	0	299
Confirmed not living with HIV	528	10	6	4	4	2	6	4	5	569
HIV status not confirmed	26	0	0	0	1	0	1	0	2	30
Indeterminate	0	0	0	0	0	0	0	0	2	2
Lost to follow-up ^c	26	0	0	0	1	0	1	0	0	28
Subtotal	1,263	19	11	10	7	4	9	7	8	1,338
Any perinatal ART prophylaxis										
Confirmed living with HIV	33	1	2	0	2	0	3	2	0	43
Asymptomatic	5	0	0	0	2	0	3	2	0	12
Symptomatic	4	0	0	0	0	0	0	0	0	4
Died of AIDS	1	0	0	0	0	0	0	0	0	1
Died of other	1	0	0	0	0	0	0	0	0	1
Lost to follow-up ^a	13	1	2	0	0	0	0	0	0	16
Adult care ^b	9	0	0	0	0	0	0	0	0	9
Confirmed not living with HIV	3,560	238	256	236	234	199	214	225	179	5,341
HIV status not confirmed	33	4	9	11	8	6	12	9	68	160
Indeterminate	0	0	0	0	0	0	0	0	66	66
Lost to follow-up ^c	33	4	9	11	8	6	12	9	2	94
Subtotal	3,626	243	267	247	244	205	229	236	247	5,544
Perinatal ART prophylaxis exposure unknown	63	2	3	4	4	3	4	5	3	91
Total	4,952	264	281	261	255	212	242	248	258	6,973

Data Source: CPHSP data received February 23, 2026

Abbreviations: AIDS, Acquired Immunodeficiency Syndrome; ART, Antiretroviral Therapy

^a A child is considered to be lost to follow-up if there are no current status data for the past 3 years or for the 3 years before the child turned 18 years old.

^b These are subjects that were 18 years of age or over by the end of 2024 and transferred to adult care.

^c Also included infants that died before status was finalized.

Data Table 9: Number and percentage distribution of immigration applicants to Canada diagnosed with HIV as a result of an immigration medical exam (IME) by year and location of test, 2015 to 2024 ^{a,b,c}

Year ^{a,b}	Tested in Canada		Tested Internationally	
	Number diagnosed with HIV	% ^c	Number diagnosed with HIV	% ^c
2015	350	63.6	200	36.4
2016	418	55.7	333	44.3
2017	549	65.7	286	34.3
2018	696	67.8	330	32.2
2019	626	52.7	562	47.3
2020	399	53.7	344	46.3
2021	453	52.4	412	47.6
2022	1,032	48.7	1,087	51.3
2023	1,645	51.5	1,548	48.5
2024	1,699	53.6	1,468	46.4
Total	7,867	54.5	6,570	45.5

Source: Immigration, Refugees, and Citizenship Canada and IRCC GCMS as of July 2025. Reproduced and distributed with the permission of Immigration, Refugees, and Citizenship Canada.

^a For applicants tested in Canada, the year refers to the year of the test.

^b For applicants tested internationally, the year refers to the year the applicant landed in Canada.

^c Percentages refer to proportion of category among all positive HIV tests as a result of an IME reported for the particular year specified.

Data Table 10: Number and percentage distribution of immigration applicants to Canada diagnosed with HIV as a result of an immigration medical exam (IME) by location of test, sex, age group, and province, 2015 to 2024 ^{a,b,c,d,e}

	Tested in Canada		Tested Internationally	
	Number diagnosed with HIV	%	Number diagnosed with HIV	%
Sex ^a				
Male	4,654	59.3%	3,868	59.0%
Female	3,197	40.7%	2,689	41.0%
Age group ^b				
<20	104	1.3%	351	5.3%
20-29	1,490	18.9%	1,920	29.2%
30-39	2,957	37.6%	2,245	34.2%
40-49	2,025	25.7%	1,092	16.6%
50+	1,291	16.4%	962	14.6%
Province ^{c,d}				
AB	697	8.9%	733	12.6%
BC	616	7.8%	706	12.1%
MB	173	2.2%	271	4.7%
ON	3,959	50.3%	2,163	37.2%
QC	2,225	28.3%	1,396	24.0%
SK	70	0.9%	166	2.9%
Atlantic provinces ^e	127	1.6%	361	6.2%
Territories ^e	0	0.0%	20	0.3%

Source: Immigration, Refugees, and Citizenship Canada and IRCC GCMS as of July 2025. Reproduced and distributed with the permission of Immigration, Refugees, and Citizenship Canada.

^a Excludes cases where sex was reported as transgender people, or cases where sex was not reported.

^b Excludes cases where age is unknown or not reported.

^c For applicants tested in Canada, the province refers to the province where test was conducted. For applicants tested internationally, the province refers the intended province of residence.

^d Excludes cases where province is unknown or not reported.

^e Due to small numbers, the data for the Atlantic provinces and territories are aggregated.

Data Table 11: International statistics on reported HIV cases by country, 2024 ^a

Country	Cumulative number to 2024 ^a	Number reported in 2024	All ages rate per 100,000 population for 2024
North America and Australia			
Canada	93,264	2,288	5.5
United States	NR	38,856	11.3
Australia	NR	757	2.8
Western Europe			
Austria	11,618	204	2.2
Andorra	96	NR	NR
Belgium	39,232	1,136	9.6
Denmark	8,984	199	3.3
Finland	5,224	226	4.0
France	115,599	4,716	6.9
Germany	86,177	3,259	3.9
Greece	19,055	646	6.2
Iceland	628	39	10.2
Ireland	13,499	1,008	18.8
Israel	12,320	317	3.4
Italy	60,573	2,379	4.0
Luxembourg	3,777	43	6.4
Malta	993	116	20.6
Netherlands	32,587	843	4.7
Norway	7,734	264	4.8
Portugal	70,884	997	9.4
San Marino	94	0	0.0
Spain	75,247	3,228	6.6
Sweden	15,257	296	2.8
Switzerland	38,612	317	3.6
United Kingdom	190,191	5,891	8.7

Abbreviation: NR, not reported

^a The cumulative number is the total number of cases reported by each country since reporting began.

Sources

- [Centers for Disease Control and Prevention. HIV Diagnoses, Deaths, and Prevalence: 2026 Update. Accessed May 19, 2026.](#) Data are considered preliminary because they are based on only a 12-month reporting delay. Note: Data includes the United States' 7 dependent territories (American Samoa, Commonwealth of the Northern Mariana Islands, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the U.S. Virgin Island).
- [HIV, viral hepatitis and sexually transmissible infections in Australia Annual surveillance report 2025. The Kirby Institute, UNSW Sydney, Sydney, Australia.](#)
- [European Centre for Disease Prevention and Control. WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2025 \(2024 data\). Stockholm: European Centre for Disease Prevention and Control; 2025. Accessed December 1, 2025.](#)

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Appendix 2: Technical notes

All provinces, with the exception of Newfoundland and Labrador, submitted line-listed data. Newfoundland and Labrador, the Northwest Territories, Nunavut and Yukon submitted data using the [National HIV/AIDS case report form](#). The national case definitions for both HIV and AIDS can be found on-line: [Case definitions: Nationally notifiable diseases \(canada.ca\)](#).

The data for HIV and AIDS are maintained in two unlinked databases. Different HIV and AIDS reporting requirements and practices exist across the country. Historically, there was also variation in reporting of first-time ever diagnoses of HIV and previous diagnoses, and all cases were referred to as ‘newly reported’ in previous reports. The ability to distinguish between first-time diagnoses and previously diagnosed cases varies by province and territory and by surveillance year. Please refer to ‘**Figure A1: Status of reporting on first-time diagnoses and previously diagnosed cases in all Canadian provinces and territories, 2015 to 2024**’ for more detail about the pattern of reporting among the provinces and territories on previous positive cases over the past ten years. **Figure A2** presents the breakdown of all cases (first-time diagnoses versus previously diagnosed cases) in Canadian provinces and territories over the past 10 years.

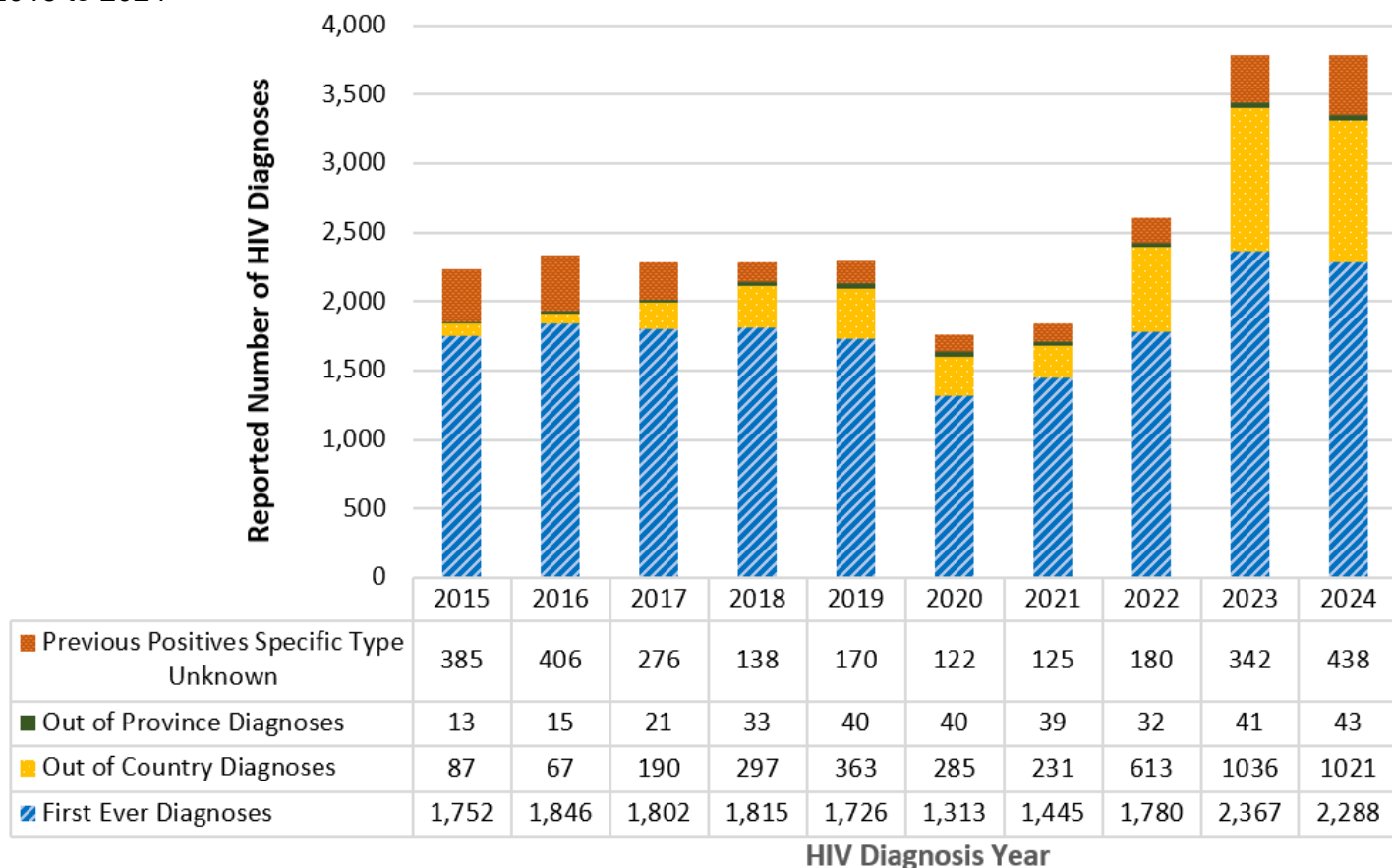
Figure A1: Status of reporting on first-time diagnoses and previously diagnosed cases in all Canadian provinces and territories, 2015 to 2024

Province or Territory	Year									
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Alberta	N	N	N	N	N	Y	Y	Y	Y	Y
British Columbia	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Manitoba	N	N	N	N	Y	Y	Y	Y	Y	Y
New Brunswick	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Newfoundland and Labrador	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Northwest Territories	N	N	N	N	N	Y	Y	Y	Y	Y
Nova Scotia	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Nunavut	N	N	N	N	N	Y	Y	Y	Y	Y
Ontario	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Prince Edward Island	N	N	N	N	Y	Y	Y	Y	Y	Y
Quebec	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Saskatchewan	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Yukon	N	N	N	N	N	Y	Y	Y	Y	Y

Legend

N	No - Case data includes disaggregated out of country/out of province HIV diagnoses.
Y	Yes - Case data represents first-time diagnoses only.

Figure A2: Reported HIV cases (including first-time and previously diagnosed) by year of diagnosis, Canada, 2015 to 2024 ^{a,b,c,d}



^a As of 2019, Saskatchewan reports only first-time diagnosed cases based on the year of testing, which is the reporting year for that HIV case. Previous positive cases referred from other jurisdictions outside Saskatchewan (including OOC) are captured in the SK HIV Public Health database (Panorama), but this data is not extracted or shared with PHAC.

^b Includes data on HIV cases previously diagnosed within Quebec between 2015 and 2016 as Quebec reported first-time diagnoses between 2015-2024 but breakdown of type of previous positives was not reported between 2015 and 2016.

^c The 'Previous Positives Specific Type Unknown' are previously diagnosed cases from Quebec between 2015 and 2016 and other provinces where the cases have been identified as previous positives, but insufficient information is available to attribute them to either OOC or OOP.

^d Cases reported as 'Previously diagnosed in province' for Quebec (2017-2024) have been excluded to correspond to case reporting in the other Provinces and Territories.

HIV data

- Twelve of thirteen provinces and territories provided line-listed data on first-time diagnoses for 2024. Quebec provided line-listed data on all diagnoses within the province that did not separate first-time from previously diagnosed cases in 2024, however they also provided aggregate data tables for first-time diagnoses so that the data could be incorporated into the national analyses.
- Provincial and territorial public health authorities provided information on previously diagnosed cases in their data submission. These were defined as HIV cases that had evidence of a known previous HIV diagnosis in another country (Out of Country, OOC) or in another Canadian province or territory (Out of Province, OOP). The additional aggregate summary data from Quebec included previously diagnosed cases where there was insufficient information to determine if they were OOP or OOC. In this case they were classified as 'Previous Positives Specific Type Unknown' in Figure A2.
- Some Provinces and Territories were able to provide historical information on previous positive cases; however, given resource constraints faced throughout the COVID-19 pandemic, not all provinces and territories were able to do this for this reporting cycle.
- Data within provincial and territorial public health authorities are continuously updated to remove duplicate cases and enhance the completeness of the data.
- For Alberta, in 2024, national reporting excludes HIV cases where the location of the first-time positive has been identified as out-of-country or outside the reporting province; consequently, HIV case totals from PHAC may differ from those reported by Alberta provincial reports. This is also noted within the report.

Race and/or ethnicity and Indigenous identity categories

- Race and/or ethnicity information were submitted by all provinces and territories excluding Manitoba, Nova Scotia, Saskatchewan, and Quebec. Additionally, reporting practices (such as race and/or ethnicity categories used) vary across provinces and territories and are limited in some provinces and territories.
- New Brunswick submitted information about whether a case was First Nations or not First Nations but did not submit information about any other race and/or ethnicity category. British Columbia submitted separate information about race and/or ethnicity for cases, since Indigenous identity information is collected separately. Indigenous identity information for cases was not submitted to PHAC.
- Among the provinces and territories, the completeness of this variable ranged from 0% to 100% in 2024 (38.1% overall) and therefore should be interpreted with caution given the large

amount of missing data and may not be fully representative of the national picture of race and/or ethnicity information for HIV cases.

- Race and/or ethnicity categories are mutually exclusive. Further detail about the categories used in this report are:
 - Individuals reported in the South Asian/West Asian/Arab category include, for example, those of Pakistani, Sri Lankan, Bangladeshi, Armenian, Egyptian, Iranian, Lebanese, or Moroccan descent.
 - Individuals reported in the Asian category include, for example, those of Chinese, Japanese, Vietnamese, Indonesian, Laotian, Korean or Filipino descent.
 - Individuals reported in the Black category include, for example, those of Somali, Haitian or Jamaican descent.
 - Individuals reported in the Latino/a/e/x category include, for example, those of Mexican, Central American, or South American descent.
 - Individuals reported in the 'Other' ethnicity category include those of mixed-race descent or any other racial and/or ethnic category.

Exposure category

- Exposure category data were submitted by all provinces and territories; while 12 of the 13 PT public health authorities submitted exposure category information as line-listed data, Quebec submitted exposure category data in aggregate table form.
- Among the provinces and territories, the completeness of this variable ranged from 50.0% to 100% in 2024 (76.3%% overall).

AIDS data

The AIDS surveillance database captures non-nominal data on people diagnosed with AIDS (as per the national case definition) and includes HIV diagnosis, the disease indicative of AIDS and the vital status for the AIDS case (e.g., death). Among the provinces and territories, the following changes to AIDS reporting have occurred over time, which affect the completeness of AIDS surveillance data (**Figure A3**).

From January 1, 1979, to December 31, 2024, there were 25,223 cases of AIDS reported to PHAC. Additional AIDS data is available on the Notifiable Diseases website, [Notifiable Diseases Online \(canada.ca\)](https://notifiable-diseases.canada.ca).

Figure A3: Status of reporting of AIDS diagnoses in all Canadian provinces and territories, 2015 to 2024 ^{a,b,c}

	Year									
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Alberta ^a	Y	Y	Y	N	N	N	N	N	N	N
British Columbia ^b	Y	Y	Y	Y	Y	Y	Y	Y	Y	LAG
Manitoba ^c	Y	Y	Y	N	N	N	N	N	N	N
Newfoundland and Labrador ^c	N	N	N	N	N	N	N	N	N	N
New Brunswick	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Nova Scotia	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Ontario	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Prince Edward Island ^c	N	N	N	N	N	N	N	N	N	N
Quebec ^c	N	N	N	N	N	N	N	N	N	N
Saskatchewan	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Yukon	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Nunavut	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Northwest Territories	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Legend

Y	Yes - Province reported AIDS Data
N	No - Province does not report AIDS
LAG	AIDS data has not been reported

^a Alberta did not report AIDS data due to under reporting in 2018 and 2019. AIDS is no longer reportable in Alberta as of 2020.

^b There is a one-year lag associated with the submission of AIDS data in British Columbia (e.g. 2023 data was submitted in 2024).

^c AIDS is no longer reportable in: Manitoba as of 2018, Newfoundland and Labrador as of 2009, Prince Edward Island as of 2012, and Quebec as of June 30, 2003.

Appendix 3: Exposure category hierarchy

Based on information submitted about behaviours, HIV or AIDS cases are assigned a single exposure category from the PHAC exposure category hierarchy corresponding to the exposure route with the highest likelihood of HIV transmission. For example, if an individual who uses injection drugs and reports heterosexual contact is diagnosed with HIV, this individual would be attributed to the 'injection drug use' exposure category as this category has a higher likelihood of HIV transmission than 'heterosexual contact'. Several limitations of using the exposure category hierarchy exist: the exposure category does not differentiate between specific behaviours and populations with an increased burden of HIV; assessment of the exposure category can vary based on both the individual's responses and the questions posed by the care provider; and the exposure category hierarchy may need to be revised considering more recent evidence regarding probabilities of HIV transmission with the assistance of surveillance partners and subject-matter experts.

The exposure hierarchy is as follows:

Male-to-male sexual contact: This category includes males who report sexual contact with other males. It is important to note that this is a broad category that does not consider that the likelihood of acquiring or transmitting HIV varies by type of sexual contact, with condomless anal sex having the greatest transmission risk (83, 84)

Male-to-male sexual contact and Injection Drug Use (IDU): This category includes males who report sexual contact with other males and who also report injecting drugs.

Injection Drug Use (IDU): This category includes people who report injecting drugs.

Blood/blood products:

Recipient of blood/clotting factor: Before 1998, it was not possible to separate this exposure category. However, where possible, it has been separated into the following subcategories.

- a) Recipient of blood: Received transfusion of whole blood or blood components, such as packed red cells, plasma, platelets, or cryoprecipitate.
- b) Recipient of clotting factor: Received pooled concentrates of clotting factor VIII or IX for treatment of hemophilia/coagulation disorder.

Heterosexual contact: This exposure applies to a person who indicated heterosexual contact and where there is no indication of male-to-male sexual contact, use of injection drugs, or a recipient of blood or clotting factor before 1998.

Occupational exposure: Exposure to HIV-contaminated blood or body fluids, or concentrated virus, in an occupational setting. This applies only to reported AIDS cases and not to HIV cases where the occupational exposure category is captured under "Other".

Perinatal transmission: The transmission of HIV from a person living with HIV to their infant, either in utero, during childbirth, or through breastfeeding.

Other: Used to classify cases where the mode of HIV transmission is known but cannot be classified into any of the major exposure categories listed here; for example, a recipient of semen from an HIV-positive donor. The "Other" exposure category includes cases from Alberta identified through Immigration Refugees and Citizenship Canada (for years before 2020), and also blood or blood

product/clotting factor replacement therapy recipient, perinatal, occupational exposure and other exposure categories.

No identified risk (NIR): Used when the history of exposure to HIV through any of the other modes listed is unknown, or there is no reported history (e.g., because of death, or loss to follow-up).

Not reported: In certain provinces and territories, exposure categories are not reported to PHAC and are classified as "not reported".

Appendix 4: Supplementary Tables 2024

This file contains the supplementary tables for the Canadian national 2024 HIV surveillance report, 'HIV in Canada Surveillance Report, 2024', which includes data on HIV diagnoses reported to the Public Health Agency of Canada between January 1, 2015 - December 31, 2024. The supplementary tables provide additional data broken down over time (including historical data) and/or by province/territory as applicable in addition to more data from the Canadian Perinatal HIV Surveillance Program (CPHSP) group and Immigration, Refugees, and Citizenship Canada (IRCC); whereas the national 2024 HIV surveillance report presents national HIV surveillance data from 2015-2024 for trends and limited data from these data contributors. While the data for 2020 and onwards includes data on first-time diagnoses only, data for previous years often include data on previously diagnosed cases of HIV. As such, any trends must be interpreted with caution. Where deemed necessary by provincial and territorial surveillance data providers, data with small cell sizes ($n \leq 5$ cases) were suppressed or data categories were merged to create larger categories.

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Table 1: First-time HIV diagnosis rate (per 100,000 population) by province/territory and year of diagnosis (all ages) ^{a,b,c,d,e}

Province/territory	Sex	Diagnosis Year									
		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
British Columbia	Total	5.1	5.0	3.7	3.9	3.4	2.6	2.7	2.4	2.8	3.0
	Male	8.6	8.5	6.8	6.4	5.9	4.3	4.7	4.0	4.5	5.1
	Female	1.5	1.5	0.6	1.5	1.0	0.9	0.7	0.8	1.0	0.7
Yukon	Total	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS
	Male	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS
	Female	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS
Alberta ^e	Total	5.6	6.8	6.7	5.8	5.8	3.3	4.0	4.2	5.4	4.3
	Male	6.9	9.4	9.5	7.9	6.9	4.6	5.0	5.2	7.0	5.3
	Female	4.1	4.1	4.0	3.7	4.6	2.0	3.1	3.3	3.9	3.3
Northwest Territories	Total	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS
	Male	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS
	Female	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS
Nunavut	Total	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS
	Male	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS
	Female	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS
Saskatchewan	Total	14.3	15.0	15.4	14.5	17.1	15.8	20.4	19.3	19.3	18.6
	Male	17.7	16.6	19.9	16.7	18.1	14.5	23.3	19.0	22.5	16.8
	Female	10.8	13.3	10.9	12.4	16.1	17.1	17.4	19.5	16.2	20.3
Manitoba	Total	8.1	8.3	6.7	7.9	6.6	7.0	10.4	13.9	19.3	19.5
	Male	10.9	11.1	9.3	9.4	7.1	7.5	10.4	13.0	19.3	18.3
	Female	5.4	5.5	4.2	6.4	6.2	6.6	10.4	14.6	19.2	20.6
Ontario	Total	4.9	5.1	4.9	5.0	4.5	3.4	3.2	3.9	5.9	5.4
	Male	8.2	8.3	8.1	7.9	6.9	5.4	5.1	5.6	8.4	7.4
	Female	1.8	2.0	1.7	2.2	2.2	1.4	1.2	2.0	3.4	3.3
Quebec	Total	3.7	3.6	4.2	3.7	3.5	2.5	2.8	4.7	5.1	5.1
	Male	6.2	6.0	6.4	5.7	5.4	3.8	4.5	6.9	7.1	7.2
	Female	1.2	1.2	1.9	1.8	1.6	1.1	1.0	2.5	3.0	2.8
New Brunswick	Total	0.9	DS	0.9	1.8	1.8	1.3	1.0	DS	1.9	1.8
	Male	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS
	Female	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS
Nova Scotia	Total	1.7	1.8	1.6	3.2	1.7	1.3	1.6	2.6	3.1	3.2
	Male	3.1	2.8	3.0	4.7	2.7	1.4	2.6	4.5	5.0	4.9
	Female	0.4	0.8	0.2	1.8	0.8	1.2	0.6	0.8	1.3	1.5
Prince Edward Island	Total	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS
	Male	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS
	Female	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS
Newfoundland and Labrador	Total	2.1	1.5	1.7	0.6	1.1	0.9	0.8	1.1	2.4	0.7
	Male	3.8	2.7	3.4	0.4	2.3	1.2	0.8	1.5	3.8	0.7
	Female	0.4	0.4	0.0	0.7	0.0	0.8	0.8	0.7	1.1	0.7
National	Total	4.9	5.1	4.9	4.9	4.6	3.5	3.8	4.6	5.9	5.5
	Male	7.6	7.9	7.7	7.2	6.5	4.9	5.4	6.1	7.9	7.2
	Female	2.2	2.4	2.1	2.6	2.7	2.0	2.1	3.0	3.8	3.8

Abbreviation: "DS", data supressed

^a Population data source: Annual Demographic Statistics, Demography Division, Statistics Canada, July 1, 2024.

^b The HIV Diagnosis Rate for Total population includes cases reported as transgender and cases where sex was not reported, whereas the population estimates from Statistics Canada include males and females only.

^c Reporting of HIV cases for individuals younger than two years of age varies among provinces and territories.

^d For the years 2020 onwards, first-time diagnoses are reported for all provinces/territories. Refer to the Technical Notes (Appendix 2) for the submission of first-time diagnosis for historical data for each province/territory.

^e Note that for Alberta, national reporting excludes HIV cases where the location of first-ever positive has been identified as out-of-country or outside the reporting province; consequently, HIV case totals and rates in this report may differ from those reported by Alberta.



Table 2: Number of first-time HIV cases (all ages) by province/territory, sex and year of diagnosis – Canada, 2015-2024 ^{a,b,c,d,e}

Province/territory	Sex	Diagnosis Year										Total	
		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	n	% ^d
British Columbia	Total	241	241	182	198	175	136	142	131	154	169	1,769	9.8
	Male	204	204	166	160	149	111	123	107	123	144	1,491	n/a
	Female	37	37	14	38	26	24	18	22	28	21	265	n/a
Yukon	Total	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS
	Male	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	n/a
	Female	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	n/a
Alberta ^e	Total	231	285	286	250	252	147	179	190	255	210	2,285	12.6
	Male	145	199	202	172	151	103	111	117	164	130	1,494	n/a
	Female	85	85	84	78	99	43	68	73	91	79	785	n/a
Northwest Territories	Total	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS
	Male	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	n/a
	Female	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	n/a
Nunavut	Total	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS
	Male	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	n/a
	Female	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	n/a
Saskatchewan	Total	160	170	177	168	199	184	238	227	234	230	1,987	11.0
	Male	100	95	115	97	106	85	137	113	137	105	1,090	n/a
	Female	60	75	62	71	93	99	101	114	97	125	897	n/a
Manitoba	Total	105	109	90	107	91	97	145	196	281	291	1,512	8.3
	Male	70	73	62	64	49	52	73	93	142	138	816	n/a
	Female	35	36	28	43	42	45	72	102	138	152	693	n/a
Ontario	Total	678	710	687	720	663	504	470	588	925	865	6,810	37.6
	Male	551	564	561	561	499	396	372	424	652	593	5,173	n/a
	Female	125	138	123	157	162	103	92	155	267	265	1,587	n/a
Quebec	Total	300	296	345	314	299	211	237	407	449	462	3,320	18.3
	Male	250	246	265	237	227	163	192	297	315	329	2,521	n/a
	Female	50	50	80	76	69	48	42	108	131	128	782	n/a
New Brunswick	Total	7	DS	7	14	14	10	8	DS	16	15	96	DS
	Male	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	74	n/a
	Female	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	22	n/a
Nova Scotia	Total	16	17	15	31	17	13	16	27	33	34	219	1.2
	Male	14	13	14	22	13	7	13	23	26	26	171	n/a
	Female	2	4	1	9	4	6	3	4	7	8	48	n/a
Prince Edward Island	Total	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS
	Male	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	n/a
	Female	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	DS	n/a
Newfoundland and Labrador	Total	11	8	9	3	6	5	4	6	13	4	69	0.4
	Male	10	7	9	1	6	3	2	4	10	2	54	n/a
	Female	1	1	0	2	0	2	2	2	3	2	15	n/a
National	Total	1,752	1,846	1,802	1,815	1,726	1,313	1,445	1,780	2,367	2,288	18,134	100
	Male	1,351	1,408	1,404	1,333	1,217	932	1,035	1,185	1,586	1,483	12,934	n/a
	Female	397	429	393	479	502	374	400	581	768	787	5,110	n/a

Abbreviations: n, number; DS, data suppressed

^a Totals for this table includes cases where sex was reported as transgender or cases where sex was not reported, except when attributed to male or female.

^b Reporting of HIV cases for individuals younger than two years of age varies among provinces and territories.

^c For the years 2020 onwards, first-time diagnoses are reported for all provinces/territories. Refer to the Technical Notes (**Appendix 2**) for the submission of first-time diagnosis for historical data for each province/territory.

^d Percentages are calculated based on the total of their respective category.

^e Note that for Alberta, national reporting excludes HIV cases where the location of first-ever positive has been identified as out-of-country or outside the reporting province; consequently, HIV case totals in this report may differ from those reported by Alberta.

Table 3: Number of first-time HIV cases by age group and province/territory – Canada, 2023-2024 ^{a,b,c,d}

Province/territory	Age group (years)							Total
	0-14 ^a	15-19	20-24	25-29	30-39	40-59	60+	n
2024								
British Columbia	0	2	15	31	63	39	19	169
Yukon	DS	DS	DS	DS	DS	DS	DS	DS
Alberta ^c	0	9	12	31	83	66	9	210
Northwest Territories	DS	DS	DS	DS	DS	DS	DS	DS
Nunavut	DS	DS	DS	DS	DS	DS	DS	DS
Saskatchewan	0	9	23	39	81	71	6	229
Manitoba	2	8	31	50	110	81	9	291
Ontario	3	17	65	137	300	297	45	864
Quebec	0	6	41	83	135	163	34	462
New Brunswick	DS	DS	DS	DS	DS	DS	DS	15
Nova Scotia	0	1	5	5	10	9	4	34
Prince Edward Island	DS	DS	DS	DS	DS	DS	DS	DS
Newfoundland and Labrador	0	0	0	2	0	2	0	4
Total ^d	6	52	196	379	790	737	126	2,286
2023								
British Columbia	0	3	8	32	59	44	8	154
Yukon	DS	DS	DS	DS	DS	DS	DS	DS
Alberta ^c	2	2	22	41	85	93	10	255
Northwest Territories	DS	DS	DS	DS	DS	DS	DS	DS
Nunavut	DS	DS	DS	DS	DS	DS	DS	DS
Saskatchewan	0	6	19	34	89	79	5	232
Manitoba	1	1	16	57	99	100	7	281
Ontario	1	11	72	146	296	351	46	923
Quebec	4	3	30	73	149	162	28	449
New Brunswick	DS	DS	DS	DS	DS	DS	DS	16
Nova Scotia	0	0	3	5	10	10	5	33
Prince Edward Island	DS	DS	DS	DS	DS	DS	DS	DS
Newfoundland and Labrador	0	0	1	1	7	2	2	13
Total ^d	8	27	175	393	803	845	112	2,363

Abbreviations: n, number; DS, data supressed

^aReporting of HIV cases for individuals younger than two years of age varies among provinces and territories.

^bFor the years 2020 onwards, first-time diagnoses are reported for all provinces/territories. Refer to the Technical Notes (**Appendix 2**) for the submission of first-time diagnosis for historical data for each province/territory.

^cNote that for Alberta, national reporting excludes HIV cases where the location of first-ever positive has been identified as out-of-country or outside the reporting province; consequently, HIV case totals in this report may differ from those reported by Alberta

^dExcludes cases where age is unknown or not reported.

Table 4: Number of first-time HIV cases among adults (≥ 15 years old) by year of diagnosis and sex - Canada, 2015-2024 ^{a,b,c}

Year of test	Males		Females		Sex not reported/ transgender		Total	
	Number of cases	Cumulative total	Number of cases	Cumulative total	Number of cases	Cumulative total	Number of cases	Cumulative total
2015	1,348	1,348	392	392	2	2	1,742	1,742
2016	1,402	2,750	425	817	7	9	1,834	3,576
2017	1,397	4,147	387	1,204	3	12	1,787	5,363
2018	1,326	5,473	467	1,671	3	15	1,796	7,159
2019	1,213	6,686	495	2,166	7	22	1,715	8,874
2020	930	7,616	371	2,537	6	28	1,307	10,181
2021	1,031	8,647	395	2,932	9	37	1,435	11,616
2022	1,180	9,827	573	3,505	14	51	1,767	13,383
2023	1,580	11,407	762	4,267	13	64	2,355	15,738
2024	1,480	12,887	782	5,049	18	82	2,280	18,018
Total	12,887		5,049		82		18,018	

^aExcludes cases where age is not reported or unknown.

^bFor the years 2020 onwards, first-time diagnoses are reported for all provinces/territories. Refer to the Technical Notes (**Appendix 2**) for the submission of first-time diagnosis for historical data for each province/territory.

^cNote that for Alberta, national reporting excludes HIV cases where the location of first-ever positive has been identified as out-of-country or outside the reporting province; consequently, HIV case totals in this report may differ from those reported by Alberta.

Table 5: Number of first-time HIV cases and HIV Diagnosis Rate by age group, sex and year of diagnosis - Canada, 2015-2024 ^{a,b,c,d,e,f}

Year of diagnosis																																	
Age group	Sex	2015			2016			2017			2018			2019			2020			2021			2022			2023			2024			Total	
		n	%	HIV R _{Dx}	n	%	HIV R _{Dx}	n	%	HIV R _{Dx}	n	%	HIV R _{Dx}	n	%	HIV R _{Dx}	n	%	HIV R _{Dx}	n	%	HIV R _{Dx}	n	%	HIV R _{Dx}	n	%	HIV R _{Dx}	n	%			
< 15 years ^f	Total	8	0.5	0.1	10	0.5	0.2	14	0.8	0.2	18	1.0	0.3	10	0.6	0.2	4	0.3	0.1	5	0.3	0.1	11	0.6	0.2	10	0.4	0.2	7	0.3	0.1	97	0.5
	Male	3	0.2	0.1	6	0.4	0.2	6	0.4	0.2	6	0.5	0.2	4	0.3	0.1	2	0.2	0.1	1	0.1	0.0	3	0.3	0.1	5	0.3	0.2	3	0.2	0.1	39	0.3
	Female	5	1.3	0.2	4	0.9	0.1	6	1.5	0.2	12	2.5	0.4	6	1.2	0.2	2	0.5	0.1	4	1.0	0.1	8	1.4	0.3	5	0.7	0.2	4	0.5	0.1	56	1.1
15 to 19 years	Total	33	1.9	1.6	41	2.2	2.0	35	1.9	1.7	35	1.9	1.7	31	1.8	1.5	24	1.8	1.2	24	1.7	1.2	27	1.5	1.3	27	1.1	1.2	52	2.3	2.2	329	1.8
	Female	18	1.3	1.7	24	1.7	2.2	26	1.9	2.4	22	1.7	2.1	21	1.7	2.0	9	1.0	0.8	11	1.1	1.0	16	1.4	1.5	15	0.9	1.3	26	1.8	2.2	188	1.5
20 to 24 years	Total	177	10.1	7.4	179	9.7	7.5	145	8.1	6.0	168	9.3	6.8	166	9.6	6.7	130	9.9	5.3	127	8.8	5.3	143	8.0	5.8	175	7.4	6.7	196	8.6	7.1	1,606	8.9
	Male	141	10.4	11.3	140	9.9	11.2	112	8.0	8.9	124	9.3	9.7	114	9.4	8.8	92	9.9	7.1	80	7.8	6.4	99	8.4	7.7	120	7.6	8.9	128	8.6	8.9	1,150	8.9
	Female	36	9.1	3.1	39	9.1	3.4	32	8.1	2.8	44	9.2	3.7	51	10.2	4.3	38	10.2	3.2	46	11.5	4.0	43	7.4	3.6	55	7.2	4.4	62	7.9	4.8	446	8.7
25 to 29 years	Total	315	18.0	13.0	287	15.6	11.6	308	17.1	12.2	296	16.3	11.4	291	16.9	11.0	227	17.3	8.5	255	17.7	9.5	267	15.0	9.7	393	16.6	13.5	379	16.6	12.5	3,018	16.7
	Male	252	18.7	20.3	224	15.9	17.7	237	16.9	18.3	236	17.7	17.7	225	18.5	16.4	158	17.0	11.4	189	18.3	13.6	184	15.6	12.9	283	17.9	18.6	271	18.3	17.1	2,259	17.5
	Female	61	15.4	5.1	62	14.5	5.2	70	17.8	5.7	59	12.3	4.7	65	13.0	5.1	69	18.5	5.3	62	15.5	4.8	81	13.9	6.2	107	14.0	7.7	104	13.2	7.1	740	14.5
30 to 39 years	Total	471	26.9	9.8	552	29.9	11.3	569	31.6	11.5	546	30.1	10.8	543	31.5	10.5	428	32.6	8.1	456	31.7	8.5	696	39.1	12.7	803	34.0	13.8	790	34.5	12.9	5,854	32.3
	Male	356	26.4	14.8	412	29.3	16.9	438	31.2	17.7	393	29.5	15.5	375	30.8	14.4	311	33.4	11.7	323	31.3	11.9	470	39.7	16.8	550	34.7	18.6	522	35.2	16.7	4,150	32.1
	Female	115	29.0	4.7	137	31.9	5.6	131	33.3	5.3	152	31.7	6.0	165	32.9	6.4	115	30.8	4.4	130	32.6	4.9	219	37.7	8.1	248	32.3	8.7	266	33.8	8.9	1,678	32.9
40 to 59 years	Total	638	36.4	6.3	668	36.2	6.6	628	34.9	6.2	636	35.1	6.3	584	33.9	5.8	409	31.2	4.1	468	32.5	4.7	525	29.5	5.2	845	35.7	8.4	737	32.2	7.2	6,138	33.9
	Male	500	37.0	9.8	511	36.3	10.1	495	35.3	9.8	466	35.0	9.3	409	33.6	8.2	297	31.9	5.9	347	33.6	7.0	331	28.0	6.6	538	33.9	10.7	453	30.5	8.8	4,347	33.6
	Female	138	34.8	2.7	154	35.9	3.0	132	33.6	2.6	169	35.3	3.3	174	34.7	3.4	110	29.5	2.2	120	30.1	2.4	190	32.7	3.8	302	39.4	5.9	280	35.6	5.4	1,769	34.7
≥ 60 years	Total	109	6.2	1.4	107	5.8	1.3	101	5.6	1.2	115	6.3	1.3	100	5.8	1.1	89	6.8	0.9	105	7.3	1.1	109	6.1	1.1	112	4.7	1.1	126	5.5	1.2	1,073	5.9
	Male	81	6.0	2.2	91	6.5	2.4	88	6.3	2.2	85	6.4	2.1	69	5.7	1.6	63	6.8	1.4	81	7.8	1.8	80	6.8	1.7	74	4.7	1.5	80	5.4	1.6	792	6.1
	Female	27	6.8	0.6	16	3.7	0.4	13	3.3	0.3	30	6.3	0.6	30	6.0	0.6	24	6.4	0.5	24	6.0	0.5	29	5.0	0.6	38	5.0	0.7	44	5.6	0.8	275	5.4
Adult, age unknown	Total	0	0.0	n/a	0	0.0	n/a	1	0.1	n/a	0	0.0	n/a	0	0.0	n/a	0	0.0	n/a	0	0.0	n/a	0	0.0	n/a	0	0.0	n/a	0	0.0	n/a	1	0.0
	Male	0	0.0	n/a	0	0.0	n/a	1	0.1	n/a	0	0.0	n/a	0	0.0	n/a	0	0.0	n/a	0	0.0	n/a	0	0.0	n/a	0	0.0	n/a	0	0.0	n/a	1	0.0
	Female	0	0.0	n/a	0	0.0	n/a	0	0.0	n/a	0	0.0	n/a	0	0.0	n/a	0	0.0	n/a	0	0.0	n/a	0	0.0	n/a	0	0.0	n/a	0	0.0	n/a	0	0.0
Total All Ages	Total	1,751	n/a	n/a	1,844	n/a	n/a	1,801	n/a	n/a	1,814	n/a	n/a	1,725	n/a	n/a	1,311	n/a	n/a	1,440	n/a	n/a	1,778	n/a	n/a	2,365	n/a	n/a	2,287	n/a	n/a	18,116	n/a
	Male	1,351	n/a	n/a	1,408	n/a	n/a	1,403	n/a	n/a	1,332	n/a	n/a	1,217	n/a	n/a	932	n/a	n/a	1,032	n/a	n/a	1,183	n/a	n/a	1,585	n/a	n/a	1,483	n/a	n/a	12,926	n/a
	Female	397	n/a	n/a	429	n/a	n/a	393	n/a	n/a	479	n/a	n/a	501	n/a	n/a	373	n/a	n/a	399	n/a	n/a	581	n/a	n/a	767	n/a	n/a	786	n/a	n/a	5,105	n/a
Total Adults	Total	1,743	n/a	n/a	1,834	n/a	n/a	1,787	n/a	n/a	1,796	n/a	n/a	1,715	n/a	n/a	1,307	n/a	n/a	1,435	n/a	n/a	1,767	n/a	n/a	2,355	n/a	n/a	2,280	n/a	n/a	18,019	n/a
	Male	1,348	n/a	n/a	1,402	n/a	n/a	1,397	n/a	n/a	1,326	n/a	n/a	1,213	n/a	n/a	930	n/a	n/a	1,031	n/a	n/a	1,180	n/a	n/a	1,580	n/a	n/a	1,480	n/a	n/a	12,887	n/a
	Female	392	n/a	n/a	425	n/a	n/a	387	n/a	n/a	467	n/a	n/a	495	n/a	n/a	371	n/a	n/a	395	n/a	n/a	573	n/a	n/a	762	n/a	n/a	782	n/a	n/a	5,049	n/a

Age group not reported	Total	1	n/a	n/a	2	n/a	n/a	1	n/a	n/a	1	n/a	n/a	1	n/a	n/a	2	n/a	n/a	5	n/a	n/a	2	n/a	n/a	2	n/a	n/a	1	n/a	n/a	18	n/a
Total	Total	1,752	n/a	n/a	1,846	n/a	n/a	1,802	n/a	n/a	1,815	n/a	n/a	1,726	n/a	n/a	1,313	n/a	n/a	1,445	n/a	n/a	1,780	n/a	n/a	2,367	n/a	n/a	2,288	n/a	n/a	18,134	n/a

Abbreviations: n, number; R_{DX}, diagnosis rate; n/a, not applicable;<, less than; ≥, greater than or equal to

- ^a Population data source: Annual Demographic Statistics, Demography Division, Statistics Canada, July 1, 2024.
- ^b Cases where sex is not reported or "Unknown", or are reported as transgender are included in the counts, proportions, and rates, except when cases are attributed to Male or Female.
- ^c Percentages are based on the total number of their respective category excluding "Age group not reported".
- ^d For the years 2020 onwards, first-time diagnoses are reported for all provinces/territories. Refer to the Technical Notes (**Appendix 2**) for the submission of first-time diagnosis for historical data for each province/territory.
- ^e Note that for Alberta, national reporting excludes HIV cases where the location of first-ever positive has been identified as out-of-country or outside the reporting province; consequently, HIV case totals and rates in this report may differ from those reported by Alberta.
- ^f Reporting of HIV cases for individuals younger than two years of age varies among provinces and territories.

Table 6: Number and percentage distribution of first-time HIV cases among adults (≥ 15 years old) by exposure category and year of diagnosis – Canada, 2015-2024 ^{a,b,c,d,e,f,g,h,i}

Exposure category		Year of Diagnosis ^{a,b,c}																			Total		
		2015		2016		2017		2018		2019		2020 ^d		2021		2022		2023		2024			
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Male-to-male sexual contact		758	48.4	788	48.6	746	46.6	697	44.8	631	43.0	455	41.9	469	39.7	490	34.6	630	35.9	561	32.3	6,225	41.5
Male-to-male sexual contact and injection drug use		46	2.9	53	3.3	35	2.2	46	3.0	49	3.3	26	2.4	43	3.6	47	3.3	78	4.4	43	2.5	466	3.1
Injection drug use		228	14.6	212	13.1	234	14.6	266	17.1	260	17.7	243	22.4	260	22.0	298	21.0	321	18.3	294	16.9	2,616	17.4
Blood/blood products ^f	a) receipt of blood/ clotting factor	0	0.0	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	4	0.2	1	0.1	6	0.0
	b) recipient of blood	0	0.0	1	0.1	0	0.0	1	0.1	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	2	0.1	5	0.0
	c) recipient of clotting factor	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0	1	0.0
Heterosexual contact ^g		472	30.2	490	30.2	503	31.4	477	30.7	435	29.7	347	31.9	399	33.8	551	38.9	691	39.4	666	38.3	5,031	33.6
Perinatal		3	0.2	1	0.1	0	0.0	1	0.1	0	0.0	0	0.0	0	0.0	2	0.1	2	0.1	2	0.1	11	0.1
Other ^h		58	3.7	78	4.8	83	5.2	67	4.3	90	6.1	16	1.5	11	0.9	29	2.0	30	1.7	170	9.8	632	4.2
Subtotal		1,565	100.0	1,623	100.0	1,601	100.0	1,556	100.0	1,466	100.0	1,087	100.0	1,182	100.0	1,418	100.0	1,756	100.0	1,739	100.0	14,993	100.0
No identified risk ⁱ		37	n/a	49	n/a	52	n/a	59	n/a	65	n/a	48	n/a	40	n/a	75	n/a	90	n/a	93	n/a	608	n/a
Not reported		141	n/a	162	n/a	134	n/a	181	n/a	184	n/a	172	n/a	213	n/a	274	n/a	509	n/a	448	n/a	2,418	n/a
Total		1,743	n/a	1,834	n/a	1,787	n/a	1,796	n/a	1,715	n/a	1,307	n/a	1,435	n/a	1,767	n/a	2,355	n/a	2,280	n/a	18,019	n/a

Abbreviations: n, number; n/a, not applicable; ≥, greater than or equal to

^a The table includes case reported as transgender and cases where sex was not reported.

^b Excludes cases where age is not reported or unknown.

^c Percentages exclude cases with unknown exposure category, cases with no identified risk, and cases where exposure category was not reported.

^d For the years 2020 onwards, first-time diagnoses are reported for all provinces/territories. Refer to Technical Notes (**Appendix 2**) for the submission of first-time diagnosis for historical data for each province / territory and for exposure category.

^e Note that for Alberta, national reporting excludes HIV cases where the location of first-ever positive has been identified as out-of-country or outside the reporting province; consequently, HIV case totals in this report may differ from those reported by Alberta.

^f The subcategories "recipient of blood" from "recipient of clotting factor" have been separated where possible for reporting purposes.

^g Note that for Manitoba cases, information collected in 2024 about heterosexual sex as a route of exposure/transmission was not collected in a manner that was compatible for submission to PHAC. As such, these cases were assigned to other exposure categories, however heterosexual sex is an important factor in HIV transmission in Manitoba.

^h Other includes occupational exposure, cases from Alberta identified through Immigration Refugees and Citizenship Canada, cases from Manitoba include heterosexual contact, and other exposure categories.

ⁱ Includes cases where the history of exposure to HIV through any of the other modes listed is unknown, or there is no reported exposure history (e.g., because of death, or loss to follow-up).

Table 7: Number and percentage distribution of first-time HIV cases among adult males (≥ 15 years old) by exposure category and year of diagnosis – Canada, 2015-2024 ^{a,b,c,d,e,f,g,h}

Exposure category		Year of Diagnosis ^{a,b}																			Total		
		2015		2016		2017		2018		2019		2020		2021		2022		2023		2024			
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Male-to-male sexual contact		758	62.4	788	63.1	746	59.9	696	60.4	627	59.4	454	57.8	467	54.2	486	50.7	627	52.1	557	49.9	6,206	57.2
Male-to-male sexual contact and injection drug use		46	3.8	53	4.2	35	2.8	46	4.0	49	4.6	26	3.3	43	5.0	46	4.8	77	6.4	43	3.9	464	4.3
Injection drug use		133	11.0	116	9.3	142	11.4	146	12.7	126	11.9	123	15.6	139	16.1	130	13.6	164	13.6	112	10.0	1,331	12.3
Blood / blood products ^e	a) receipt of blood/ clotting factor	0	0.0	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1	0	0.0	2	0.0
	b) recipient of blood	0	0.0	1	0.1	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1	3	0.0
	c) recipient of clotting factor	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0	1	0.0
Heterosexual contact ^f		245	20.2	252	20.2	276	22.2	225	19.5	211	20.0	171	21.8	205	23.8	282	29.4	319	26.5	307	27.5	2,493	23.0
Perinatal		1	0.1	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1	2	0.2	5	0.0
Other ^g		31	2.6	39	3.1	46	3.7	37	3.2	42	4.0	12	1.5	7	0.8	13	1.4	15	1.2	94	8.4	336	3.1
Subtotal		1,214	100.0	1,249	100.0	1,245	100.0	1,152	100.0	1,056	100.0	786	100.0	861	100.0	958	100.0	1,204	100.0	1,116	100.0	10,841	100.0
No identified risk ^h		29	n/a	37	n/a	46	n/a	41	n/a	41	n/a	26	n/a	26	n/a	52	n/a	62	n/a	66	n/a	426	n/a
Not reported		105	n/a	116	n/a	106	n/a	133	n/a	116	n/a	118	n/a	144	n/a	170	n/a	314	n/a	298	n/a	1,620	n/a
Total		1,348	n/a	1,402	n/a	1,397	n/a	1,326	n/a	1,213	n/a	930	n/a	1,031	n/a	1,180	n/a	1,580	n/a	1,480	n/a	12,887	n/a

Abbreviations: n, number; n/a. not applicable; ≥, greater than or equal to

^a Percentages exclude cases with unknown exposure category, cases with no identified risk, and cases where exposure category was not reported.

^b Excludes cases where age is not reported or unknown.

^c For the years 2020 onwards, first-time diagnoses are reported for all provinces/territories. Refer to Technical Notes (**Appendix 2**) for the submission of first-time diagnosis for historical data for each province/territory and for exposure category.

^d Note that for Alberta, national reporting excludes HIV cases where the location of first-ever positive has been identified as out-of-country or outside the reporting province; consequently, HIV case totals in this report may differ from those reported by Alberta.

^e The subcategories "recipient of blood" from "recipient of clotting factor" have been separated where possible for reporting purposes.

^f Note that for Manitoba cases, information collected in 2024 about heterosexual sex as a route of exposure/transmission is not reportable in a compatible format. As such, these cases were assigned to other exposure categories, however heterosexual sex is an important factor in HIV transmission in Manitoba.

^g Other includes occupational exposure, cases from Alberta identified through Immigration Refugees and Citizenship Canada, cases from Manitoba include heterosexual contact, and other exposure categories.

^h Includes cases where the history of exposure to HIV through any of the other modes listed is unknown, or there is no reported exposure history (e.g., because of death, or loss to follow-up).

Table 8: Number and percentage distribution of first-time HIV cases among adult females (≥ 15 years old) by exposure category and year of diagnosis – Canada, 2015-2024 ^{a,b,c,d,e,f,g,h}

Exposure category		Year of Diagnosis ^{a,b}																				Total	
		2015		2016		2017		2018		2019		2020		2021		2022		2023		2024			
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Injection drug use		95	27.1	96	25.7	91	25.7	120	29.8	134	33.1	120	40.1	121	38.2	168	36.9	156	28.5	182	29.6	1,283	31.2
Blood / blood products ^e	a) receipt of blood/ clotting factor	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	0.5	1	0.2	4	0.1
	b) recipient of blood	0	0.0	0	0.0	0	0.0	1	0.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.2	2	0.0
	c) recipient of clotting factor	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Heterosexual contact ^f		227	64.9	237	63.5	226	63.8	252	62.5	223	55.1	175	58.5	192	60.6	269	59.1	372	68.0	357	58.1	2,530	61.5
Perinatal		2	0.6	1	0.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.4	1	0.2	0	0.0	6	0.1
Other ^g		26	7.4	39	10.5	37	10.5	30	7.4	48	11.9	4	1.3	4	1.3	16	3.5	15	2.7	73	11.9	292	7.1
Subtotal		350	100.0	373	100.0	354	100.0	403	100.0	405	100.0	299	100.0	317	100.0	455	100.0	547	100.0	614	100.0	4,117	100.0
No identified risk ^h		8	n/a	12	n/a	5	n/a	17	n/a	24	n/a	21	n/a	13	n/a	21	n/a	26	n/a	25	n/a	172	n/a
Not reported		34	n/a	40	n/a	28	n/a	47	n/a	66	n/a	51	n/a	65	n/a	97	n/a	189	n/a	143	n/a	760	n/a
Total		392	n/a	425	n/a	387	n/a	467	n/a	495	n/a	371	n/a	395	n/a	573	n/a	762	n/a	782	n/a	5,049	n/a

Abbreviations: n, number; n/a, not applicable; ≥, greater than or equal to

^a Percentages exclude cases with unknown exposure category, cases with no identified risk, and cases where exposure category was not reported.

^b Excludes cases where age is not reported or unknown.

^c For the years 2020 onwards, first-time diagnoses are reported for all provinces/territories. Refer to Technical Notes (**Appendix 2**) for the submission of first-time diagnosis for historical data for each province/territory and for exposure category.

^d Note that for Alberta, national reporting excludes HIV cases where the location of first-ever positive has been identified as out-of-country or outside the reporting province; consequently, HIV case totals in this report may differ from those reported by Alberta.

^e The subcategories "recipient of blood" from "recipient of clotting factor" have been separated where possible for reporting purposes.

^f Note that for Manitoba cases, information collected in 2024 about heterosexual sex as a route of exposure/transmission is not reportable in a compatible format. As such, these cases were assigned to other exposure categories, however heterosexual sex is an important factor in HIV transmission in Manitoba.

^g Other includes occupational exposure, cases from Alberta identified through Immigration Refugees and Citizenship Canada, cases from Manitoba include heterosexual contact, and other exposure categories.

^h Includes cases where the history of exposure to HIV through any of the other modes listed is unknown, or there is no reported exposure history (e.g., because of death, or loss to follow-up).

Table 9: Number and percentage distribution of first-time HIV cases among adults (≥ 15 years old) by exposure category and age group – Canada, 2023-2024 ^{a,b,c,d,e,f,g,h}

Exposure category ^a	Age group (years) ^b															
	15-19		20-24		25-29		30-39		40-59		≥ 60		Adults-Age group not reported		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
2024																
Male-to-male sexual contact	13	25.0	71	36.2	133	35.1	187	23.7	131	17.8	26	20.6	0	0	561	24.6
Male-to-male sexual contact and injection drug use	0	0.0	5	2.6	6	1.6	21	2.7	9	1.2	2	1.6	0	0	43	1.9
Injection drug use	5	9.6	28	14.3	54	14.2	114	14.4	87	11.8	6	4.8	0	0	294	12.9
Blood/blood products ^e	0	0.0	0	0.0	0	0.0	0	0.0	2	0.3	1	0.8	0	0	3	0.1
Heterosexual contact ^f	11	21.2	41	20.9	91	24.0	221	28.0	253	34.3	49	38.9	0	0	666	29.2
Perinatal	0	0.0	1	0.5	1	0.3	0	0.0	0	0.0	0	0.0	0	0	2	0.1
Other ^g	8	15.4	17	8.7	18	4.7	58	7.3	60	8.1	9	7.1	0	0	170	7.5
No identified risk ^h	3	5.8	8	4.1	17	4.5	31	3.9	27	3.7	7	5.6	0	0	93	4.1
Not reported	12	23.1	25	12.8	59	15.6	158	20.0	168	22.8	26	20.6	0	0	448	19.6
2024 Total	52	100.0	196	100.0	379	100.0	790	100.0	737	100.0	126	100.0	0	n/a	2,280	100.0
2023																
Male-to-male sexual contact	8	29.6	68	38.9	164	41.7	213	26.5	156	18.5	21	18.8	0	0.0	630	26.8
Male-to-male sexual contact and injection drug use	0	0.0	8	4.6	23	5.9	28	3.5	18	2.1	1	0.9	0	0.0	78	3.3
Injection drug use	4	14.8	26	14.9	55	14.0	122	15.2	107	12.7	7	6.3	0	0.0	321	13.6
Blood/blood products ^e	0	0.0	0	0.0	0	0.0	2	0.2	1	0.1	1	0.9	0	0.0	4	0.2
Heterosexual contact ^f	9	33.3	33	18.9	68	17.3	224	27.9	310	36.7	47	42.0	0	0.0	691	29.3
Perinatal	0	0.0	2	1.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.1
Other ^g	0	0.0	1	0.6	3	0.8	9	1.1	15	1.8	2	1.8	0	0.0	30	1.3
No identified risk ^h	1	3.7	11	6.3	9	2.3	32	4.0	34	4.0	3	2.7	0	0.0	90	3.8
Not reported	5	18.5	26	14.9	71	18.1	173	21.5	204	24.1	30	26.8	0	0.0	509	21.6
2023 Total	27	100.0	175	100.0	393	100.0	803	100.0	845	100.0	112	100.0	0	n/a	2,355	100.0

Abbreviations: n, number; n/a, not applicable; ≥, greater than or equal to

^a The Proportions presented include cases where exposure category was "No identified risk" or not reported.

^b Excludes cases where age is not reported or unknown.

^c For the years 2020 onwards, first-time diagnoses are reported for all provinces/territories. Refer to Technical Notes (**Appendix 2**) for the submission of first-time diagnosis for historical data for each province/territory and for exposure category.

^d Note that for Alberta, national reporting excludes HIV cases where the location of first-ever positive has been identified as out-of-country or outside the reporting province; consequently, HIV case totals in this report may differ from those reported by Alberta.

^e The subcategories "recipient of blood" from "recipient of clotting factor" have been separated where possible for reporting purposes.

^f Note that for Manitoba cases, information collected in 2024 about heterosexual sex as a route of exposure/transmission is not reportable in a compatible format. As such, these cases were assigned to other exposure categories, however heterosexual sex is an important factor in HIV transmission in Manitoba.

^g Other includes occupational exposure, cases from Alberta identified through Immigration Refugees and Citizenship Canada, cases from Manitoba include heterosexual contact, and other exposure categories.

^h Includes cases where the history of exposure to HIV through any of the other modes listed is unknown, or there is no reported exposure history (e.g., because of death, or loss to follow-up).

Table 10: Number and percentage distribution of first-time HIV cases among children (<15 years old) by exposure category and year of diagnosis – Canada, 2015-2024 ^{a,b,c,d,e,f,g}

Exposure Category	Year of Test ^{a,b}																				Total			
	2015		2016		2017		2018		2019		2020		2021		2022		2023		2024					
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%		
Blood/Blood Products ^e																								
a) Recipient of blood/clotting factor	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
b) Recipient of blood	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
c) Recipient of clotting factor	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Perinatal transmission	3	50.0	3	50.0	5	45.5	8	61.5	3	50.0	4	100.0	3	75.0	6	85.7	4	50.0	5	83.3	44	62.0		
Other ^f	3	50.0	3	50.0	6	54.5	5	38.5	3	50.0	0	0.0	1	25.0	1	14.3	4	50.0	1	16.7	27	38.0		
Subtotal	6	100	6	100	11	100	13	100	6	100	4	100	4	100	7	100	8	100	6	100	71	100		
No identified risk ^g	1	n/a	2	n/a	0	n/a	0	n/a	0	n/a	0	n/a	1	n/a	1	n/a	1	n/a	0	n/a	6	n/a		
Not reported	1	n/a	2	n/a	3	n/a	5	n/a	4	n/a	0	n/a	0	n/a	3	n/a	1	n/a	1	n/a	20	n/a		
Total	8	n/a	10	n/a	14	n/a	18	n/a	10	n/a	4	n/a	5	n/a	11	n/a	10	n/a	7	n/a	97	n/a		

Abbreviations: n, number; n/a, not applicable; <, less than

^a Percentages exclude cases with unknown exposure category, cases with no identified risk, and cases where exposure category was not reported.

^b Excludes cases where age is not reported or unknown.

^c For the years 2020 onwards, first-time diagnoses are reported for all provinces/territories. Refer to Technical Notes (**Appendix 2**) for the submission of first-time diagnosis for historical data for each province/territory and for exposure category.

^d Note that for Alberta, national reporting excludes HIV cases where the location of first-ever positive has been identified as out-of-country or outside the reporting province; consequently, HIV case totals in this report may differ from those reported by Alberta.

^e The subcategories "recipient of blood" from "recipient of clotting factor" have been separated where possible for reporting purposes.

^f Other includes cases from Alberta identified through Immigration Refugees and Citizenship Canada and other exposure categories.

^g Includes cases where the history of exposure to HIV through any of the other modes listed is unknown, or there is no reported exposure history (e.g., because of death, or loss to follow-up).

Table 11: Number of first-time HIV cases by exposure category and province/territory – Canada, 2023-2024 ^{a,b,c,d,e,f,g,h}

Exposure category	Province / Territory ^a													Total	
	BC	YT	AB ^b	NT	NU	SK	MB	ON	QC	NB	NS	PE	NL	n	% ^c
2024															
Male-to-male sexual contact	82	DS	33	DS	DS	9	15	210	197	DS	10	DS	1	561	32.1
Male-to-male sexual contact and injection drug use	5	DS	6	DS	DS	0	9	10	13	DS	0	DS	0	43	2.5
Injection drug use	2	DS	21	DS	DS	94	150	13	6	DS	3	DS	1	294	16.8
Blood/blood products ^e	0	DS	0	DS	DS	0	1	0	0	DS	1	DS	0	3	0.2
Heterosexual contact	60	DS	55	DS	DS	82	0	209	244	DS	7	DS	0	666	38.2
Perinatal	0	DS	1	DS	DS	1	1	2	0	DS	0	DS	0	7	0.4
Other ^g	3	DS	84	DS	DS	0	84	0	0	DS	0	DS	0	171	9.8
2024 Subtotal	152	DS	200	DS	DS	186	260	444	460	12	21	DS	2	1,745	100.0
No identified risk ^h	0	DS	0	DS	DS	44	0	44	2	DS	0	DS	0	93	n/a
Not reported	17	DS	10	DS	DS	0	31	377	0	DS	13	DS	2	450	n/a
2024 Total	169	DS	210	DS	DS	230	291	865	462	15	34	DS	4	2,288	n/a
2023															
Male-to-male sexual contact	71	DS	63	DS	DS	16	9	264	182	8	12	DS	2	630	35.7
Male-to-male sexual contact and injection drug use	8	DS	14	DS	DS	3	11	18	18	DS	3	DS	2	78	4.4
Injection drug use	9	DS	26	DS	DS	97	153	24	5	DS	6	DS	1	322	18.3
Blood/blood products ^e	0	DS	0	DS	DS	0	4	0	0	DS	0	DS	0	4	0.2
Heterosexual contact	44	DS	94	DS	DS	79	33	186	237	DS	7	DS	6	693	39.3
Perinatal	0	DS	2	DS	DS	2	0	0	2	DS	0	DS	0	6	0.3
Other ^g	1	DS	26	DS	DS	3	0	0	0	DS	1	DS	0	31	1.8
2023 Subtotal	133	DS	225	DS	DS	200	210	492	444	14	29	DS	11	1,764	100.0
No identified risk ^h	1	DS	0	DS	DS	34	2	47	5	DS	0	DS	0	91	n/a
Not reported	20	DS	30	DS	DS	0	69	386	0	DS	4	DS	2	512	n/a

2023 Total	154	DS	255	DS	DS	234	281	925	449	16	33	DS	13	2,367	n/a
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Abbreviations: n, number; n/a, not applicable; DS, data suppressed; BC, British Columbia; YT, Yukon; AB, Alberta; NT, Northwest Territories; NU, Nunavut; SK, Saskatchewan; MB, Manitoba; ON, Ontario; QC, Quebec; NB, New Brunswick; NS, Nova Scotia; PE, Prince Edward Island; NL, Newfoundland and Labrador

^a Reporting of HIV cases for individuals younger than two years of age varies among provinces and territories.

^b Note that for Alberta, national reporting excludes HIV cases where the location of first-ever positive has been identified as out-of-country or outside the reporting province; consequently, HIV case totals in this report may differ from those reported by Alberta.

^c Percentages exclude cases with unknown exposure category, cases with no identified risk, and cases where exposure category was not reported.

^d For the years 2020 onwards, first-time diagnoses are reported for all provinces/territories. Refer to Technical Notes (**Appendix 2**) for the submission of first-time diagnosis for historical data for each province/territory and for exposure category.

^e All HIV cases in the recipient of blood/clotting factor, recipient of blood, recipient of clotting factor exposure categories were attributed to "Blood/blood products".

^f Note that for Manitoba cases, information collected in 2024 about heterosexual sex as a route of exposure/transmission was not collected in a manner that was compatible for submission to PHAC. As such, these cases were assigned to other exposure categories, however heterosexual sex is an important factor in HIV transmission in Manitoba.

^g Other includes occupational exposure, cases from Alberta identified through Immigration Refugees and Citizenship Canada, cases from Manitoba include heterosexual contact, and other exposure categories.

^h Includes cases where the history of exposure to HIV through any of the other modes listed is unknown, or there is no reported exposure history (e.g., because of death, or loss to follow-up).

Table 12: Number and percentage distribution of immigration applicants to Canada diagnosed with HIV as a result of an immigration medical exam (IME) by year and location of test, 2015 to 2024 ^{a,b,c,d}

Year ^{b,c}	Tested in Canada		Tested overseas	
	Number diagnosed with HIV	% ^d	Number diagnosed with HIV	% ^d
2015	350	63.6	200	36.4
2016	418	55.7	333	44.3
2017	549	65.7	286	34.3
2018	696	67.8	330	32.2
2019	626	52.7	562	47.3
2020	399	53.7	344	46.3
2021	453	52.4	412	47.6
2022	1,032	48.7	1,087	51.3
2023	1,645	51.5	1,548	48.5
2024	1,699	53.6	1,468	46.4
Total	7,867	54.5	6,570	45.5

Abbreviations: %, percentage

^a Immigration, Refugees, and Citizenship Canada, IRCC GCMS and IMS/FOSS as of July 2025. Reproduced and distributed with the permission of Immigration, Refugees, and Citizenship Canada.

^b For applicants tested in Canada, the year refers to the year of the test.

^c For applicants tested internationally, the year refers to the year the applicant landed in Canada.

^d Percentages refer to proportion of category among all positive HIV tests as a result of an IME reported for the particular year specified.

Table 13: Number and percentage distribution of immigration applicants to Canada diagnosed with HIV as a result of an immigration medical exam (IME) by location of test, sex, age group, and province, 2015-2024 ^{a,b,c,d,e,f}

	Tested in Canada		Tested overseas	
	Number diagnosed with HIV	%	Number diagnosed with HIV	%
Sex ^b				
Male	4,654	59.3%	3,868	59.0%
Female	3,197	40.7%	2,689	41.0%
Age group ^c				
<20	104	1.3%	351	5.3%
20-29	1,490	18.9%	1,920	29.2%
30-39	2,957	37.6%	2,245	34.2%
40-49	2,025	25.7%	1,092	16.6%
50+	1,291	16.4%	962	14.6%
Province ^{d,e}				
AB	697	8.9%	733	12.6%
BC	616	7.8%	706	12.1%
MB	173	2.2%	271	4.7%
ON	3,959	50.3%	2,163	37.2%
QC	2,225	28.3%	1,396	24.0%
SK	70	0.9%	166	2.9%
Atlantic provinces ^f	127	1.6%	361	6.2%
Territories ^f	0	0.0%	20	0.3%

^a Immigration, Refugees, and Citizenship Canada, IRCC GCMS and IMS/FOSS as of July 2025. Reproduced and distributed with the permission of Immigration, Refugees, and Citizenship Canada.

^b Excludes cases where sex was reported as transgender, or cases where sex was not reported.

^c Excludes cases where age is unknown or not reported.

^d For applicants tested in Canada, the province refers to the province where test was conducted. For applicants tested internationally, the province refers the intended province of residence.

^e Excludes cases where province is unknown or not reported.

^f Due to small numbers, the data for the Atlantic provinces and territories are aggregated.

Table 14: Number of Canadian perinatally HIV-exposed infants by exposure category of the person who gave birth to them and year of infant birth, 1984-2024 ^{a,b}

Childbearing individual exposure category	Year of birth																		Total	
	1984-2016		2017		2018		2019		2020		2021		2022		2023		2024			
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	% ^a
IDU	1,036	23.2	55	25.0	46	18.7	35	16.5	32	14.8	40	21.9	36	17.1	36	17.4	27	12.7	1,343	21.8
Blood products/ Transfusion/ Medical	80	1.8	4	1.8	4	1.6	5	2.4	8	3.7	1	0.5	2	1.0	4	1.9	4	1.9	112	1.8
Heterosexual contact	3,272	73.2	151	68.6	189	76.8	162	76.4	161	74.5	126	68.9	158	75.2	159	76.8	167	78.4	4,545	73.6
Perinatal Transmission ^b	47	1.1	8	3.6	6	2.4	7	3.3	11	5.1	12	6.6	14	6.7	6	2.9	11	5.2	122	2.0
Other	32	0.7	2	0.9	1	0.4	3	1.4	4	1.9	4	2.2	0	0.0	2	1.0	4	1.9	52	0.8
NIR	485	n/a	44	n/a	35	n/a	49	n/a	39	n/a	29	n/a	32	n/a	41	n/a	45	n/a	799	n/a
Total	4,952	100.0	264	100.0	281	100.0	261	100.0	255	100.0	212	100.0	242	100.0	248	100.0	258	100.0	6,973	100.0

Abbreviations: n/a, not applicable
Data Source: CPHSP data received February 23, 2026

^a Percentages based on total number minus reports for which there was no identified risk (NIR).
^b This category includes infants born to people who contracted HIV perinatally themselves.

Table 15: Number of Canadian perinatally HIV-exposed infants by year of birth, current status and use of antiretroviral therapy (ART) for prophylaxis, 1984-2024 ^{a,b,c}

		Year of birth									Total
		1984 - 2016	2017	2018	2019	2020	2021	2022	2023	2024	
No perinatal ART prophylaxis											
Confirmed living with HIV	Total	709	9	5	6	2	2	2	3	1	739
	Asymptomatic	40	3	4	4	0	1	2	2	1	57
	Symptomatic	17	2	0	1	0	0	0	1	0	21
	Died of AIDS	100	0	0	0	0	0	0	0	0	100
	Died of other	10	0	0	0	0	0	0	0	0	10
	Lost to follow-up ^a	243	4	1	1	2	1	0	0	0	252
	Adult care ^b	299	0	0	0	0	0	0	0	0	299
Confirmed not living with HIV		528	10	6	4	4	2	6	4	5	569
HIV status not confirmed	Total	26	0	0	0	1	0	1	0	2	30
	Indeterminate	0	0	0	0	0	0	0	0	2	2
	Lost to follow-up ^c	26	0	0	0	1	0	1	0	0	28
Subtotal		1,263	19	11	10	7	4	9	7	8	1,338
Any perinatal ART prophylaxis											
Confirmed living with HIV	Total	33	1	2	0	2	0	3	2	0	43
	Asymptomatic	5	0	0	0	2	0	3	2	0	12
	Symptomatic	4	0	0	0	0	0	0	0	0	4
	Died of AIDS	1	0	0	0	0	0	0	0	0	1
	Died of other	1	0	0	0	0	0	0	0	0	1
	Lost to follow-up ^a	13	1	2	0	0	0	0	0	0	16
	Adult care ^b	9	0	0	0	0	0	0	0	0	9
Confirmed not living with HIV		3,560	238	256	236	234	199	214	225	179	5,341
HIV status not confirmed	Total	33	4	9	11	8	6	12	9	68	160
	Indeterminate	0	0	0	0	0	0	0	0	66	66
	Lost to follow-up ^c	33	4	9	11	8	6	12	9	2	94

Subtotal	3,626	243	267	247	244	205	229	236	247	5,544
Perinatal ART prophylaxis exposure unknown										
Confirmed living with HIV	38	1	1	0	1	1	1	0	0	43
Confirmed not living with HIV	24	1	0	3	2	2	3	4	2	41
HIV status not confirmed	1	0	2	1	1	0	0	1	1	7
Subtotal	63	2	3	4	4	3	4	5	3	91
Total	4,952	264	281	261	255	212	242	248	258	6,973

Data Source: CPHSP data received February 23, 2026

^a A child is considered to be lost to follow-up if there are no current status data for the past 3 years or for the 3 years before the child turned 18 years old.
^b These are subjects that were 18 years of age or over by the end of 2024 and transferred to adult care.
^c Also included infants that died before status was finalized.

Table 16: Number of Canadian perinatally HIV-exposed infants by geographic region and status at last report, 1984-2024 ^{a,b}

	Confirmed infected							Confirmed not infected	Infection status not confirmed			Total	
	Asymptomatic	Symptomatic	Died of AIDS	Died of other	LFU ^a infected	Adult care	Subtotal		Indeterminate	LFU ^{a,b}	Subtotal	n	%
BC	8	3	4	2	20	50	87	684	2	7	9	780	11.2
Alberta	19	0	5	1	31	41	97	879	9	21	30	1,006	14.4
Saskatchewan	21	0	1	0	1	11	34	615	14	23	37	686	9.8
Manitoba	0	0	1	0	8	2	11	380	4	5	9	400	5.7
Ontario	9	20	40	6	164	85	324	1,954	33	40	73	2,351	33.7
Quebec	25	2	44	1	48	129	249	1,385	5	29	34	1,668	23.9
Atlantic	2	0	5	1	10	4	22	53	2	2	4	79	1.1
Yukon/NWT	0	0	1	0	0	0	1	1	0	1	1	3	0.0
Total	84	25	101	11	282	322	825	5,951	69	128	197	6,973	100.0
% of subtotal	10.2	3.0	12.2	1.3	34.2	39.0	100.0	100.0	35.0	65.0	100.0	n/a	n/a
% of total	1.2	0.4	1.4	0.2	4.0	4.6	11.8	85.3	1.0	1.8	2.8	n/a	n/a

Abbreviations: n, number; n/a, not applicable
Data Source: CPHSP data received February 23, 2026

^a LFU denotes "lost to follow-up."
^b Also included infants that died before status was finalized.

Table 17: Number of Canadian perinatally HIV-exposed infants by race and/or ethnicity and HIV status, 1984-2024 ^{a,b,c,d,e}

			Year of birth																				Total	
			1984-1996		1997-2016		2017		2018		2019		2020		2021		2022		2023		2024			
			n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
White	Total		291	36.9	861	20.7	38	14.4	46	16.4	36	13.8	32	12.5	23	10.8	26	10.7	28	11.3	18	7.0	1,399	20.1
	Prospective cohort	Confirmed living with HIV	29	16.4	13	1.6	0	0.0	0	0.0	0	0.0	0	0.0	1	4.3	0	0.0	1	3.6	0	0.0	44	3.5
		Confirmed not living with HIV	148	83.6	818	98.4	35	100.0	46	100.0	35	100.0	31	100.0	22	95.7	25	100.0	27	96.4	14	100.0	1,201	96.5
	Retrospective cohort	Confirmed living with HIV	76	72.4	13	72.2	1	100.0	0	0.0	1	100.0	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	92	73.0
		Confirmed not living with HIV	29	27.6	5	27.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	34	27.0
	HIV status not confirmed		9	n/a	12	n/a	2	n/a	0	n/a	0	n/a	0	n/a	0	n/a	1	n/a	0	n/a	4	n/a	28	n/a
Black ^a	Total		345	43.7	2,121	50.9	136	51.5	159	56.6	152	58.2	152	59.6	109	51.4	129	53.3	140	56.5	160	62.0	3,603	51.7
	Prospective cohort	Confirmed living with HIV	32	21.3	30	1.6	1	0.8	2	1.4	0	0.0	0	0.0	0	0.0	1	0.8	1	0.7	0	0.0	67	2.2
		Confirmed not living with HIV	118	78.7	1,809	98.4	128	99.2	146	98.6	137	100.0	146	100.0	106	100.0	125	99.2	133	99.3	114	100.0	2,962	97.8
	Retrospective cohort	Confirmed living with HIV	170	90.4	256	94.5	4	80.0	4	100.0	4	100.0	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	439	92.8
		Confirmed not living with HIV	18	9.6	15	5.5	1	20.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	34	7.2
	HIV status not confirmed		7	n/a	11	n/a	2	n/a	7	n/a	11	n/a	5	n/a	3	n/a	3	n/a	6	n/a	46	n/a	101	n/a
Latin American ^b	Total		11	1.4	46	1.1	3	1.1	2	0.7	6	2.3	4	1.6	5	2.4	5	2.1	0	0.0	1	0.4	83	1.2
	Prospective cohort	Confirmed living with HIV	5	71.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	5	7.0
		Confirmed not living with HIV	2	28.6	40	100.0	2	100.0	2	100.0	6	100.0	4	100.0	5	100.0	5	100.0	0	0.0	0	0.0	66	93.0
	Retrospective cohort	Confirmed living with HIV	4	100.0	2	66.7	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	7	87.5

Indigenous ^c	Confirmed not living with HIV		0	0.0	1	33.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	12.5
	HIV status not confirmed		0	n/a	3	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	1	n/a	4	n/a
	Total		76	9.6	828	19.9	69	26.1	60	21.4	52	19.9	54	21.2	60	28.3	65	26.9	61	24.6	59	22.9	1,384	19.8
	Prospective cohort	Confirmed living with HIV	11	21.6	25	3.1	1	1.5	2	3.6	1	2.0	3	6.1	1	1.7	4	7.0	3	5.3	1	2.3	52	4.0
		Confirmed not living with HIV	40	78.4	779	96.9	67	98.5	54	96.4	50	98.0	46	93.9	57	98.3	53	93.0	54	94.7	42	97.7	1,242	96.0
	Retrospective cohort	Confirmed living with HIV	14	63.6	7	50.0	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	22	59.5
		Confirmed not living with HIV	8	36.4	7	50.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	15	40.5
Asian ^d	HIV status not confirmed		3	n/a	10	n/a	0	n/a	4	n/a	1	n/a	5	n/a	2	n/a	8	n/a	4	n/a	16	n/a	53	n/a
	Total		24	3.0	148	3.6	5	1.9	6	2.1	12	4.6	7	2.7	3	1.4	5	2.1	9	3.6	7	2.7	226	3.2
	Prospective cohort	Confirmed living with HIV	0	0.0	2	1.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	1.1
		Confirmed not living with HIV	7	100.0	118	98.3	5	100.0	6	100.0	12	100.0	7	100.0	3	100.0	5	100.0	9	100.0	5	100.0	177	98.9
	Retrospective cohort	Confirmed living with HIV	15	88.2	28	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	43	95.6
		Confirmed not living with HIV	2	11.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	4.4
	HIV status not confirmed		0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	2	n/a	2	n/a
Other ^e	Total		10	1.3	73	1.8	10	3.8	5	1.8	2	0.8	6	2.4	6	2.8	3	1.2	6	2.4	2	0.8	123	1.8
	Prospective cohort	Confirmed living with HIV	1	25.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.9
		Confirmed not living with HIV	3	75.0	66	100.0	10	100.0	5	100.0	2	100.0	6	100.0	6	100.0	3	100.0	6	100.0	2	100.0	109	99.1
	Retrospective cohort	Confirmed living with HIV	3	50.0	5	71.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	8	61.5
		Confirmed not living with HIV	3	50.0	2	28.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	5	38.5
	HIV status not confirmed		0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
	Total		32	4.1	86	2.1	3	1.1	3	1.1	1	0.4	0	0.0	6	2.8	9	3.7	4	1.6	11	4.3	155	2.2
Unknown	Total		32	4.1	86	2.1	3	1.1	3	1.1	1	0.4	0	0.0	6	2.8	9	3.7	4	1.6	11	4.3	155	2.2

	Prospective cohort	Confirmed living with HIV	1	100.0	2	3.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	3.5
		Confirmed not living with HIV	0	0.0	53	96.4	1	100.0	3	100.0	1	100.0	0	0.0	4	100.0	7	100.0	4	100.0	9	100.0	82	96.5
	Retrospective cohort	Confirmed living with HIV	10	33.3	26	96.3	2	100.0	0	0.0	0	0.0	0	0.0	1	100.0	1	100.0	0	0.0	0	0.0	40	65.6
		Confirmed not living with HIV	20	66.7	1	3.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	21	34.4
	HIV status not confirmed		1	n/a	4	n/a	0	n/a	0	n/a	0	n/a	0	n/a	1	n/a	1	n/a	0	n/a	2	n/a	9	n/a
Total	Total		789	100.0	4,163	100.0	264	100.0	281	100.0	261	100.0	255	100.0	212	100.0	242	100.0	248	100.0	258	100.0	6,973	100.0
	Prospective cohort	Confirmed living with HIV	79	19.9	72	1.9	2	0.8	4	1.5	1	0.4	3	1.2	2	1.0	5	2.2	5	2.1	1	0.5	174	2.9
		Confirmed not living with HIV	318	80.1	3,683	98.1	248	99.2	262	98.5	243	99.6	240	98.8	203	99.0	223	97.8	233	97.9	186	99.5	5,839	97.1
	Retrospective cohort	Confirmed living with HIV	292	78.5	337	91.6	9	90.0	4	100.0	5	100.0	2	100.0	1	100.0	1	100.0	0	0.0	0	0.0	651	85.3
		Confirmed not living with HIV	80	21.5	31	8.4	1	10.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	112	14.7
	HIV status not confirmed		20	n/a	40	n/a	4	n/a	11	n/a	12	n/a	10	n/a	6	n/a	13	n/a	10	n/a	71	n/a	197	n/a

Abbreviations: n/a, not applicable
Data Source: CPHSP data received February 23, 2026

^a For example, African, Somali, Haitian, Jamaican.
^b For example, Mexican, Central/South American.
^c Includes Inuit, Métis, First Nations, and Indigenous unspecified.
^d For example, Chinese, Japanese, Vietnamese, Cambodian, Indonesian, Laotian, Korean, Filipino, Lebanese.
^e "Other" includes cases designated as Arab/West Asian.

The prospective cohort consists of children born in Canada and identified before birth or within 3 months of birth.
The retrospective cohort consists of children identified 3 months after birth or children born abroad.
The data before 2016 has been grouped into 2 periods: 1984–1996 (before HAART) and 1997–2015 (HAART era)

Table 18: Number of Canadian perinatally HIV-exposed infants by country of birth of the person who was pregnant and HIV status, 1984-2024

		Year of birth																				Total	
		1984-1996		1997-2016		2017		2018		2019		2020		2021		2022		2023		2024			
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Total		352	44.6	1,742	41.8	114	43.2	108	38.4	90	34.5	90	35.3	96	45.3	99	40.9	77	31.0	80	31.0	2,848	40.8
Prospective cohort	Confirmed living with HIV	41	17.4	37	2.2	1	0.9	2	1.9	1	1.1	3	3.6	2	2.2	4	4.4	3	4.1	1	1.6	95	3.6
	Confirmed not living with HIV	195	82.6	1,652	97.8	110	99.1	102	98.1	88	98.9	81	96.4	91	97.8	86	95.6	71	95.9	61	98.4	2,537	96.4
Retrospective cohort	Confirmed living with HIV	73	68.9	18	60.0	2	100.0	0	0.0	0	0.0	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	94	67.6
	Confirmed not living with HIV	33	31.1	12	40.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	45	32.4
HIV status not confirmed		10	n/a	23	n/a	1	n/a	4	n/a	1	n/a	5	n/a	3	n/a	9	n/a	3	n/a	18	n/a	77	n/a
Total		174	22.1	1735	41.7	113	42.8	132	47.0	126	48.3	122	47.8	88	41.5	95	39.3	117	47.2	137	53.1	2,839	40.7
Prospective cohort	Confirmed living with HIV	11	22.4	23	1.5	1	0.9	1	0.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	36	1.5
	Confirmed not living with HIV	38	77.6	1471	98.5	107	99.1	121	99.2	113	100.0	116	100.0	84	100.0	93	100.0	111	100.0	96	100.0	2,350	98.5
Retrospective cohort	Confirmed living with HIV	112	91.8	216	93.1	3	100.0	4	100.0	3	100.0	1	100.0	1	100.0	0	0.0	0	0.0	0	0.0	340	92.9
	Confirmed not living with HIV	10	8.2	16	6.9	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	26	7.1
HIV status not confirmed		3	n/a	9	n/a	2	n/a	6	n/a	10	n/a	5	n/a	3	n/a	2	n/a	6	n/a	41	n/a	87	n/a
Total		161	20.4	305	7.3	16	6.1	20	7.1	17	6.5	19	7.5	14	6.6	25	10.3	22	8.9	15	5.8	614	8.8
Prospective cohort	Confirmed living with HIV	21	24.1	7	2.5	0	0.0	1	5.0	0	0.0	0	0.0	0	0.0	1	4.0	1	4.5	0	0.0	31	6.2
	Confirmed not living with HIV	66	75.9	269	97.5	15	100.0	19	95.0	16	100.0	19	100.0	14	100.0	24	96.0	21	95.5	10	100.0	473	93.8
Retrospective cohort	Confirmed living with HIV	60	85.7	26	96.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	86	87.8

		Confirmed not living with HIV	10	14.3	1	3.7	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	12	12.2
	HIV status not confirmed		4	n/a	2	n/a	0	n/a	0	n/a	1	n/a	0	n/a	0	n/a	0	n/a	0	n/a	5	n/a	12	n/a
Central & South America	Total		18	2.3	58	1.4	5	1.9	5	1.8	7	2.7	4	1.6	5	2.4	5	2.1	1	0.4	1	0.4	109	1.6
	Prospective cohort	Confirmed living with HIV	4	44.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	4.3
		Confirmed not living with HIV	5	55.6	52	100.0	4	100.0	5	100.0	7	100.0	4	100.0	5	100.0	5	100.0	1	100.0	0	0.0	88	95.7
	Retrospective cohort	Confirmed living with HIV	9	100.0	4	100.0	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	14	100.0
		Confirmed not living with HIV	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	HIV status not confirmed		0	n/a	2	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	1	n/a	3	n/a
Asia & Oceania	Total		18	2.3	156	3.7	7	2.7	7	2.5	11	4.2	10	3.9	4	1.9	7	2.9	14	5.6	8	3.1	242	3.5
	Prospective cohort	Confirmed living with HIV	0	0.0	2	1.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	1.0
		Confirmed not living with HIV	6	100.0	122	98.4	7	100.0	7	100.0	11	100.0	10	100.0	4	100.0	7	100.0	14	100.0	6	100.0	194	99.0
	Retrospective cohort	Confirmed living with HIV	12	100.0	32	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	44	100.0
		Confirmed not living with HIV	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	HIV status not confirmed		0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	2	n/a	2	n/a
Europe	Total		26	3.3	46	1.1	4	1.5	2	0.7	4	1.5	3	1.2	3	1.4	4	1.7	11	4.4	6	2.3	109	1.6
	Prospective cohort	Confirmed living with HIV	1	16.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	1.3
		Confirmed not living with HIV	5	83.3	40	100.0	4	100.0	2	100.0	3	100.0	3	100.0	3	100.0	4	100.0	11	100.0	4	100.0	79	98.8
	Retrospective cohort	Confirmed living with HIV	15	78.9	5	100.0	0	0.0	0	0.0	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	21	84.0
		Confirmed not living with HIV	4	21.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	16.0
	HIV status not confirmed		1	n/a	1	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	2	n/a	4	n/a
Unknown	Total		40	5.1	121	2.9	5	1.9	7	2.5	6	2.3	7	2.7	2	0.9	7	2.9	6	2.4	11	4.3	212	3.0

	Prospective cohort	Confirmed living with HIV	1	25.0	3	3.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	20.0	0	0.0	5	4.1
		Confirmed not living with HIV	3	75.0	77	96.3	1	100.0	6	100.0	5	100.0	7	100.0	2	100.0	4	100.0	4	80.0	9	100.0	118	95.9
	Retrospective cohort	Confirmed living with HIV	11	32.4	36	94.7	3	100.0	0	0.0	1	100.0	0	0.0	0	0.0	1	100.0	0	0.0	0	0.0	52	67.5
		Confirmed not living with HIV	23	67.6	2	5.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	25	32.5
	HIV status not confirmed		2	n/a	3	n/a	1	n/a	1	n/a	0	n/a	0	n/a	0	n/a	2	n/a	1	n/a	2	n/a	12	n/a
Total	Total		789	100.0	4163	100.0	264	100.0	281	100.0	261	100.0	255	100.0	212	100.0	242	100.0	248	100.0	258	100.0	6,973	100.0
	Prospective cohort	Confirmed living with HIV	79	19.9	72	1.9	2	0.8	4	1.5	1	0.4	3	1.2	2	1.0	5	2.2	5	2.1	1	0.5	174	2.9
		Confirmed not living with HIV	318	80.1	3,683	98.1	248	99.2	262	98.5	243	99.6	240	98.8	203	99.0	223	97.8	233	97.9	186	99.5	5,839	97.1
	Retrospective cohort	Confirmed living with HIV	292	78.5	337	91.6	9	90.0	4	100.0	5	100.0	2	100.0	1	100.0	1	100.0	0	0.0	0	0.0	651	85.3
		Confirmed not living with HIV	80	21.5	31	8.4	1	10.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	112	14.7
	HIV status not confirmed		20	n/a	40	n/a	4	n/a	11	n/a	12	n/a	10	n/a	6	n/a	13	n/a	10	n/a	71	n/a	197	n/a

Abbreviations: n/a, not applicable
Data Source: CPHSP data received February 23, 2026

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