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AIDS in Canada

Annual Report on
AIDS in Canada

December 1996



Canada

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Annual Report on AIDS in Canada

December 1996

Prepared by the Division of HIV/AIDS Surveillance

Bureau of HIV/AIDS and STD

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Letter to recipients of the *Annual Report on AIDS in Canada, December 1996*

The Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, Laboratory Centre for Disease Control, prepares this report with the cooperation of provincial and territorial coordinators. The data are provided on a voluntary, confidential, anonymous basis.

The report gives a historical perspective on AIDS in Canada and discusses the usefulness of AIDS surveillance, as well as the issue of reporting delay and underreporting in AIDS surveillance. A brief description of the situation of the AIDS epidemic in Canada is given. Tables on AIDS cases in Canada, more complete than those in the *Quarterly Surveillance Update: AIDS in Canada*, are presented. They show incidence by sex, age at diagnosis, exposure category, and region of diagnosis. The report is based on AIDS cases diagnosed before December 31, 1995, and reported to LCDC up to the end of the second quarter of 1996, ending on June 30. For subgroups in which the number of AIDS cases is moderately high, we give AIDS incidence after correction for reporting delays, as well as reported cases.

The section entitled *Trend Analysis by Birth Cohort* presents analyses by sex and exposure category, by birth cohort. These analyses are illustrated with figures.

This annual report is an overall epidemiologic analysis. For more timely updates of AIDS in Canada, see *Quarterly Surveillance Update: AIDS in Canada*, which contains the essential tables and figures. The October 1996 issue is now available.

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Abbreviations

AIDS: Acquired Immunodeficiency Syndrome

LCDC: Laboratory Centre for Disease Control

MSM: Men who have sex with men

IDU: Intravenous drug users

NIR: No identified risk factors

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1. Introduction

This is the second annual report to be published. It presents the AIDS epidemic in Canada up to the end of December 1995. The report includes all cases diagnosed up to December 1995 and reported to Health Canada from the beginning of surveillance up to the end of the second quarter of 1996.

The first section of the report gives a history of AIDS in Canada and discusses the usefulness of AIDS surveillance. It also describes the problems in the use of surveillance data created by delays in the reporting of AIDS cases. The next section gives an overview of the epidemic in Canada. The fourth section presents a trend analysis of annual AIDS incidence in Canada, by birth cohort. Finally, Appendix 1 provides international statistics on the number of AIDS cases.

2. AIDS in Canada

2.1 Historical perspectives on AIDS in Canada

The first AIDS case in Canada was reported to the Laboratory Centre for Disease Control (LCDC), Department of National Health and Welfare (now Health Canada), in February 1982; this is when the AIDS Case Reporting and Surveillance System was created. (Following a retrospective evaluation of health files, it was determined that the first AIDS case in Canada was diagnosed in 1979).

AIDS surveillance provides accurate indices on the occurrence of the most severe form of HIV infection. The Canadian definition of an AIDS case for surveillance purposes was established on the basis of objective, internationally recognized case criteria, established shortly after the epidemic began. The criteria were widened in 1987 to include presumptive diagnoses of indicator diseases, and two recently defined syndromes, HIV encephalopathy and HIV wasting syndrome. In July 1993, the Canadian criteria were widened again, this time to include pulmonary tuberculosis, recurrent bacterial pneumonia and invasive cervical cancer. This revision was consistent with changes made in all European countries, Australia and New Zealand, but was different from the revision of the US criteria, which also included a CD4 T-lymphocyte count of $< 200/\mu\text{l}$.

Health Canada's LCDC defines an AIDS case as a person with a disease characterized by:

- at least one indicator disease diagnosed definitively; and
- an HIV positive test result or absence of specific causes for underlying immunodeficiency.

This definition was developed in cooperation with the provinces and territories and is accepted and used throughout Canada.

AIDS is a reportable disease in all provinces and territories. Although reporting cases to the federal government is voluntary, the provinces and territories

all participate in the AIDS Case Reporting and Surveillance System (ACRSS). Attending physicians complete a standard, anonymous reporting form which they send to the local medical officer of health. The health department sends a copy of the form to the provincial or territorial department or ministry of health which, in turn, sends the information to the Division of HIV/AIDS Surveillance at LCDC.

2.2 Usefulness of AIDS surveillance

The main aim of HIV/AIDS epidemiology is to study the trends and magnitude of the HIV epidemic and determine its modes of transmission. The **present magnitude** of the HIV epidemic can be described by direct methods, such as seroprevalence studies and surveillance of HIV infections. However, the **only** way of reconstituting the **historical trends** of the epidemic (for example, by exposure category, by geographic and demographic factors and by age at infection) is to make statistical trend analyses using AIDS incidence data from surveillance programs. The historical trends make it possible to describe the development of the epidemic. They help determine the transmission mechanisms over the years and enable projections to be made of future cases of AIDS and HIV infection. Without AIDS surveillance, these aims would be unachievable.

Even though the definition of an AIDS case does not encompass all the pathologic manifestations associated with HIV infection, it does give a highly specific indicator for the serious form of the disease. Furthermore, in a country like Canada, virtually everyone with such a disease should receive medical care, and it is, therefore, theoretically possible to identify all AIDS cases. Through surveillance, it is possible to reliably monitor AIDS incidence trends over time.

AIDS surveillance also highlights possible new transmission mechanisms. As a result of a follow-up inquiry of an AIDS case reported to the Florida

surveillance program and record linkage made possible by the existence of a well-managed registry of AIDS cases, it was determined that a US dentist had transmitted HIV to several patients.

Moreover, because AIDS surveillance data facilitate understanding of the development of the HIV epidemic, they are useful for planning, funding and evaluating health care services and preventive programs.

With AIDS surveillance, the extent and distribution of morbidity and mortality associated with HIV infection can be evaluated and monitored. However, because AIDS is merely the most serious clinical manifestation of HIV infection, complementary approaches must be used to capture the entire spectrum of pathologies associated with HIV infection.

One of the limitations of AIDS surveillance is that the incubation period between HIV infection and the development of AIDS is lengthy and not well characterized. AIDS cases diagnosed today are the result of HIV transmission that occurred from two to 10 years ago or even more. The statistical analysis of the pattern of HIV infection can, however, provide a fairly reliable estimate of AIDS cases that will present in the next five years.

2.3 AIDS surveillance: reporting delays and underreporting

The purpose of the AIDS surveillance program is to monitor the magnitude of the AIDS epidemic and highlight trends in the number of cases. These two aspects can be affected by reporting delays and underreporting. Generally, delays in reporting AIDS cases to LCDC occur between the time of AIDS diagnosis and the time when the case reporting form is completed and received at LCDC. However, delays can occur even when the form is submitted on time. If the form is not properly completed, the local health department must obtain the missing information from other data sources and/or through direct communication with the health care giver.

Statistical analysis of reporting delays of AIDS cases in adults shows that approximately 50% of cases were reported to LCDC within nine months of the date of diagnosis, and that approximately 59% were reported within 12 months. On the basis of the results of record linkage studies in the Canadian Mortality Database, it has been estimated that the reported cases only represent 85% of the diagnosed cases. However, because of the added feature of the analysis to adjust the number of reported cases for the delay in reporting, it is now possible to make an adjustment for a certain number of the 15% of the cases not reported. For this reason, the correction factor for underreporting should be less than 15%, perhaps 10% or even 5%. Because of the delay in reporting and the underreporting, the number of diagnosed cases during a given period, particularly during the last number of years, will actually exceed the number of reported cases.

3. The situation of the AIDS epidemic in Canada

According to the data received up to the end of the second quarter of 1996, 13,643 AIDS cases have been diagnosed from the beginning of the epidemic up to December 31, 1995. With adjustments for reporting delays and underreporting, the number of cases to the end of 1995 was in the order of 18,000 to 20,000. This is an increase of 3,000 to 4,000 cases since the end of 1994. One third of the Canadian AIDS cases occurred in the first 12 years of the epidemic, i.e., up to 1990. Another third of the cases occurred from 1990 to 1993, and another third from 1993 to 1995. The distribution of cases between adults and children as of December 31, 1995, for the general population is the same as that for 1994 (see the *Annual Report on AIDS in Canada, 1994*). However, the distribution between men and women has changed slightly. At the end of 1995, women accounted for 6.5% of cases, whereas they accounted for 6% at the end of 1994. Among women, a larger proportion (7.5%) of cases occurred in those less than 15 years of age than among men in this age group (0.6%).

Distribution of cases by exposure category has also changed over the years. There has been a decrease in the percentage of male cases attributed to sexual relations between men. The proportion of male cases

attributed to this category peaked during 1987-1988 and has been decreasing since then. The category, men who have sex with men and are also IDU, however, has been increasing since the beginning of the epidemic, going from 3% of the total number of cases in 1985 to 5.5% in 1995 (Table 7A). The same trend has occurred in the IDU category. There has also been an increase in the percentage of cases attributed to heterosexual relations. This percentage has increased from 3.4% in 1987 to 8.3% in 1995. Almost 25% of all cases in women aged 15 and over in 1995 occurred in the IDU category; this percentage was 4.4% in 1985 (Table 7B).

The geographic distribution of cases differs among males and females. The majority of male cases (40.9%) are in Ontario while the majority of female cases (52%) are in Quebec. The incidence of cases in Canada in 1995 after adjusting for reporting delay was 7.8/100,000 population.

The following tables present the situation in more detail. When the numbers of AIDS cases are sufficiently high, the numbers in the various groups are also presented adjusted for the delay in reporting.

3.1 Number of reported AIDS cases and number of cases adjusted for reporting delays by sex, age group and year of diagnosis

Table 1 Number of AIDS cases reported, adjusted for reporting delay and 95% confidence limits, and corrected for underreporting using correction factors of 5%, 10% and 15%, by year of diagnosis, Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996

Year of AIDS diagnosis	As reported to LCDC	Adjusted for reporting delay (95% confidence limits)	5% correction for underreporting	10% correction for underreporting	15% correction for underreporting
1979	1	1	1	1	1
1980	4	4	4	4	5
1981	8	8	8	9	9
1982	24	24	25	27	28
1983	66	66 (66 – 68)	70	74	78
1984	162	164 (162 – 170)	172	182	193
1985	371	379 (369 – 400)	399	421	446
1986	631	656 (630 – 693)	690	729	772
1987	942	1,000 (946 – 1065)	1,053	1,112	1,177
1988	1,136	1,232 (1,157 – 1,316)	1,297	1,369	1,450
1989	1,360	1,512 (1,416 – 1,617)	1,592	1,680	1,779
1990	1,398	1,591 (1,483 – 1,709)	1,675	1,768	1,872
1991	1,480	1,736 (1,608 – 1,873)	1,828	1,929	2,043
1992	1,675	2,041 (1,881 – 2,209)	2,148	2,267	2,401
1993	1,666	2,167 (1,971 – 2,368)	2,281	2,408	2,550
1994	1,539	2,219 (1,974 – 2,464)	2,336	2,466	2,611
1995	1,180	2,314 (1,946 – 2,681)	2,435	2,571	2,722
Total	13,643	17,114 (15,646 – 18,670)	18,014¹	19,017¹	20,137¹

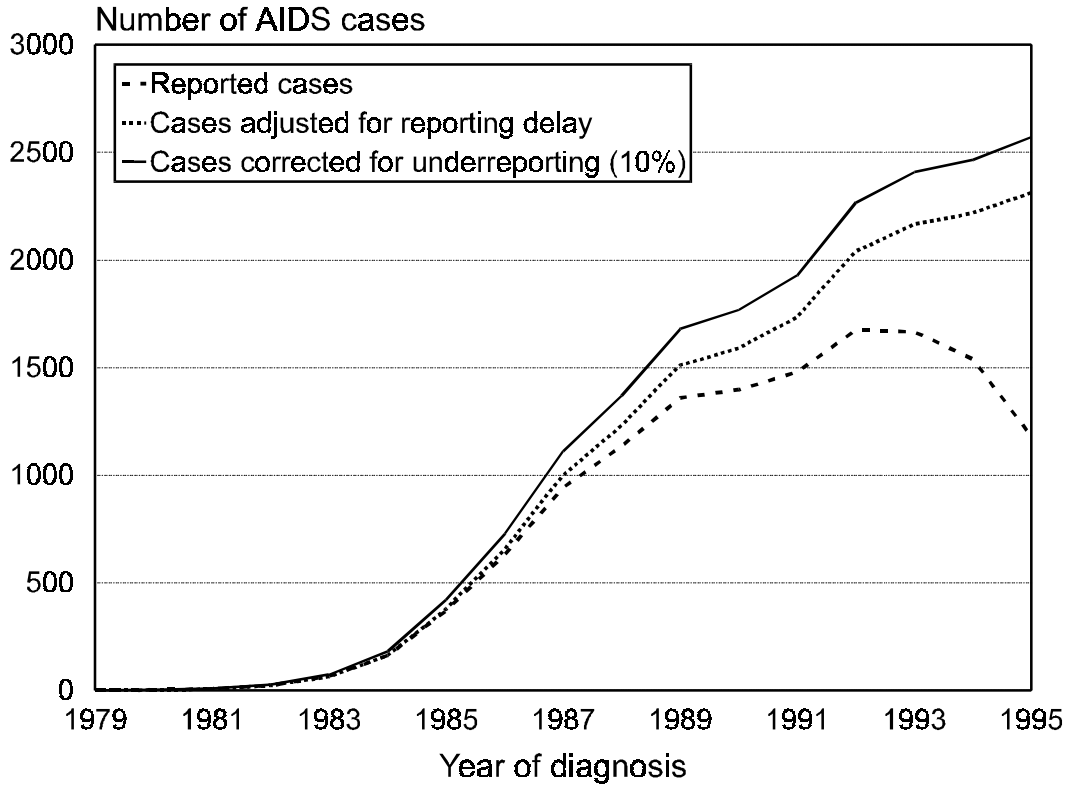
¹ These are estimated cumulative AIDS case totals for Canada from 1979 to 1995 using a 5, 10, and 15% correction for clinical cases that will never actually get reported as AIDS cases. (See note below.)

Note: Statistical analysis based on the current data is able to adjust AIDS cases with potential reporting delays up to 15 years. The ability for adjusting long reporting delays has recovered a significant portion of the AIDS cases previously designated as underreported. The 15% underreporting rate used in previous reports is based on studies carried out several years ago. With the increased capacity of reporting delay adjustment, one might need to use less than 15% for further correction of unreported AIDS cases. Corrections using 5 and 10% are therefore also presented.

Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

Figure 1

Number of AIDS cases reported, adjusted for reporting delay, and corrected for underreporting using a correction factor of 10%, by year of diagnosis, Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996



Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

Table 2A Number of AIDS cases reported, cumulative total, and number of AIDS cases adjusted for reporting delay, cumulative total and annual incidence, by year of diagnosis, by gender, adults (15 years old and over), Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996

Year of AIDS diagnosis	Number of cases reported	Cumulative total	Adjusted for reporting delay		
			Number of cases	Cumulative total	Annual incidence per 100,000
Males					
<1985	232	232	236	236	—
1985	335	567	349	585	3.5
1986	597	1,164	636	1,221	6.2
1987	881	2,045	964	2,185	9.3
1988	1,068	3,113	1,192	3,377	11.4
1989	1,272	4,385	1,457	4,834	13.7
1990	1,325	5,710	1,558	6,392	14.4
1991	1,380	7,090	1,668	8,060	15.2
1992	1,555	8,645	1,943	10,003	17.5
1993	1,548	10,193	2,031	12,034	18.0
1994	1,405	11,598	1,993	14,027	17.4
1995	1,078	12,676	1,826	15,853	15.7
Total	12,676		15,853		
Females					
<1985	20	20	20	20	—
1985	23	43	23	43	0.2
1986	28	71	29	72	0.3
1987	54	125	56	128	0.5
1988	59	184	63	191	0.6
1989	77	261	86	277	0.8
1990	62	323	72	349	0.6
1991	88	411	105	454	0.9
1992	103	514	130	584	1.1
1993	107	621	149	733	1.3
1994	117	738	183	916	1.5
1995	85	823	162	1,078	1.3
Total	823		1,078		
Total					
<1985	252	252	256	256	—
1985	358	610	372	628	1.8
1986	625	1,235	665	1,293	3.2
1987	935	2,170	1,020	2,313	4.9
1988	1,127	3,297	1,255	3,568	5.9
1989	1,349	4,646	1,543	5,111	7.1
1990	1,387	6,033	1,630	6,741	7.4
1991	1,468	7,501	1,773	8,514	8.0
1992	1,658	9,159	2,073	10,587	9.2
1993	1,655	10,814	2,180	12,767	9.5
1994	1,522	12,336	2,176	14,943	9.3
1995	1,163	13,499	1,988	16,931	8.4
Total	13,499		16,931		

Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

Table 2B Number of AIDS cases reported, cumulative total, and number of AIDS cases adjusted for reporting delay, cumulative total and annual incidence, by year of diagnosis, by gender, pediatrics (less than 15 years old), Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996

Year of AIDS diagnosis	Males		Females		Total		Adjusted for reporting delay		Annual incidence per 100,000
	Number of cases reported	Cumulative total	Number of cases reported	Cumulative total	Number of cases reported	Cumulative total	Number of cases	Cumulative total	
	< 1985	5	5	8	8	13	13	13	
1985	7	12	6	14	13	26	13	26	0.2
1986	2	14	4	18	6	32	6	32	0.1
1987	3	17	4	22	7	39	7	39	0.1
1988	6	23	3	25	9	48	9	48	0.2
1989	7	30	4	29	11	59	11	59	0.2
1990	6	36	5	34	11	70	11	70	0.2
1991	7	43	5	39	12	82	13	83	0.2
1992	12	55	5	44	17	99	20	103	0.3
1993	4	59	7	51	11	110	14	117	0.2
1994	8	67	9	60	17	127	25	142	0.4
1995	10	77	7	67	17	144	30	172	0.5
Total	77		67		144		172		

Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

Table 3 Number of AIDS cases reported and adjusted for reporting delay and number of deaths reported, by age group and gender, Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996

Age group Gender	Number of cases reported		Number of cases adjusted for reporting delay (95% confidence limits)	Number of deaths reported		
	n	(%)		n	(%)	
Pediatrics	144	(1.1)	172	(144-242)	94	(0.9)
Males	77	(0.6)	—	—	49	(0.5)
Females	67	(0.5)	—	—	45	(0.5)
Adults	13,499	(98.9)	16,931	(15,662-18,240)	9,842	(99.1)
Males	12,676	(92.9)	15,853	(14,778-16,945)	9,294	(93.5)
Females	823	(6.0)	1,078	(884-1,295)	548	(5.5)
Total	13,643	(100.0)	17,103¹	(15,806-18,482)	9,936	(100.0)

¹ This number is different from the total number of adjusted cases for reporting delay in Table 1. This is due to the fact that, in Table 1, the number of cases has been adjusted first by regions, and then added up to obtain a total for Canada. In Tables 2A, 2B, and 3, the adjusted numbers have been calculated by sex and age group first and then added up for the total. Since these totals are statistical estimates (presented with confidence limits), it is to be expected that they will differ. However, as one can note, the difference between the two estimates is not much different.

Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

Table 4A Number of AIDS cases reported by age group and year of diagnosis, males, Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996

Age group	Year of AIDS diagnosis												Total	
	< 1985	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	n	(%)
Pediatrics	5	7	2	3	6	7	6	7	12	4	8	10	77	(0.6)
< 1	1	3	0	0	5	1	1	5	5	1	2	6	30	(0.2)
1-4	3	3	1	1	0	3	0	1	3	2	2	4	23	(0.2)
5-9	1	1	1	1	0	0	2	0	2	0	2	0	10	(0.1)
10-14	0	0	0	1	1	3	3	1	2	1	2	0	14	(0.1)
Adults	232	335	597	881	1,068	1,272	1,325	1,380	1,555	1,548	1,405	1,078	12,676	(99.4)
15-19	2	3	1	6	3	3	5	3	4	5	2	1	38	(0.3)
20-29	50	61	138	171	217	254	246	244	245	222	178	116	2,142	(16.8)
30-39	109	154	261	404	448	554	584	581	714	693	675	497	5,674	(44.5)
40-49	46	76	134	210	301	338	364	397	438	468	398	316	3,486	(27.3)
50 +	25	41	63	90	99	123	126	155	154	160	152	148	1,336	(10.5)
Total	237	342	599	884	1,074	1,279	1,331	1,387	1,567	1,552	1,413	1,088	12,753	(100.0)

Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

Table 4B Number of AIDS cases reported by age group and year of diagnosis, females, Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996

Age group	Year of AIDS diagnosis												Total	
	< 1985	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	n	(%)
Pediatrics	8	6	4	4	3	4	5	5	5	7	9	7	67	(7.5)
< 1	6	4	2	2	3	3	2	1	4	4	4	1	36	(4.0)
1-4	2	2	1	2	0	1	3	4	1	3	4	4	27	(3.0)
5-9	0	0	0	0	0	0	0	0	0	0	1	0	1	(0.1)
10-14	0	0	1	0	0	0	0	0	0	0	0	2	3	(0.3)
Adults	20	23	28	54	59	77	62	88	103	107	117	85	823	(92.5)
15-19	0	0	0	0	1	1	1	1	0	0	0	0	4	(0.4)
20-29	10	9	9	15	19	23	21	29	35	23	31	20	244	(27.4)
30-39	6	8	12	12	16	28	23	30	43	53	39	46	316	(35.5)
40-49	1	4	3	8	6	11	5	17	15	15	24	15	124	(13.9)
50 +	3	2	4	19	17	14	12	11	10	16	23	4	135	(15.2)
Total	28	29	32	58	62	81	67	93	108	114	126	92	890	(100.0)

Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

Table 4C **Number of AIDS cases reported by age group and year of diagnosis, Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996**

Age group	Year of AIDS diagnosis												Total	
	< 1985	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	n	(%)
Pediatrics	13	13	6	7	9	11	11	12	17	11	17	17	144	(1.1)
< 1	7	7	2	2	8	4	3	6	9	5	6	7	66	(0.5)
1-4	5	5	2	3	0	4	3	5	4	5	6	8	50	(0.4)
5-9	1	1	1	1	0	0	2	0	2	0	3	0	11	(0.1)
10-14	0	0	1	1	1	3	3	1	2	1	2	2	17	(0.1)
Adults	252	358	625	935	1,127	1,349	1,387	1,468	1,658	1,655	1,522	1,163	13,499	(98.9)
15-19	2	3	1	6	4	4	6	4	4	5	2	1	42	(0.3)
20-29	60	70	147	186	236	277	267	273	280	245	209	136	2,386	(17.5)
30-39	115	162	273	416	464	582	607	611	757	746	714	543	5,990	(43.9)
40-49	47	80	137	218	307	349	369	414	453	483	422	331	3,610	(26.5)
50 +	28	43	67	109	116	137	138	166	164	176	175	152	1,471	(10.8)
Total	265	371	631	942	1,136	1,360	1,398	1,480	1,675	1,666	1,539	1,180	13,643	(100.0)

Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

3.2 Number of known deaths by year of death and year of diagnosis

This section presents the number of known deaths in AIDS cases that have been reported to LCDC. The information on deaths is important because it allows us to estimate the number of persons living with HIV/AIDS. It is, however, important to mention that deaths among AIDS cases presented here are under counted. There are different reasons for this. There are reporting delays and underreporting of deaths due to

AIDS, just as there are for the reporting of AIDS cases. It is also possible that deaths due to causes other than AIDS in persons with AIDS are not reported to LCDC. For all these reasons, it must be stressed that **we do not recommend using the difference between the total of reported AIDS cases and total deaths to calculate the total number of persons living with AIDS.**

Table 5 Number of deaths reported and cumulative total, by year of death, for adult males and females (15 years old and over), pediatric cases (less than 15 years old) and all the population, Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996

Year of death	Adult males		Adult females		Pediatrics		Total	
	Number of deaths	Cumulative total	Number of deaths	Cumulative total	Number of deaths	Cumulative total	Number of deaths	Cumulative total
< 1985	107	107	12	12	8	8	127	127
1985	154	261	11	23	9	17	174	301
1986	323	584	16	39	2	19	341	642
1987	487	1,071	30	69	6	25	523	1,165
1988	565	1,636	38	107	5	30	608	1,773
1989	737	2,373	46	153	6	36	789	2,562
1990	823	3,196	45	198	4	40	872	3,434
1991	971	4,167	42	240	7	47	1,020	4,454
1992	1,166	5,333	51	291	10	57	1,227	5,681
1993	1,256	6,589	64	355	13	70	1,333	7,014
1994	1,233	7,822	83	438	12	82	1,328	8,342
1995	1,145	8,967	84	522	8	90	1,237	9,579
1996	196	9,163	7	529	2	92	205	9,784
Total¹	9,294		548		94		9,936	

¹ Totals include 131 male, 19 female and 2 pediatric cases for which year of death is unknown.

Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

Table 6 **Number of AIDS cases reported and known deaths, by year of diagnosis, for adult males and females (15 years old and over), pediatric cases (less than 15 years old), and all the population, Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996**

Year of AIDS diagnosis	Adult males		Adult females		Pediatrics		Total	
	Number of cases reported	Number of deaths among those cases	Number of cases reported	Number of deaths among those cases	Number of cases reported	Number of deaths among those cases	Number of cases reported	Number of deaths among those cases
< 1985	232	218	20	19	13	13	265	250
1985	335	306	23	20	13	11	371	337
1986	597	542	28	23	6	4	631	569
1987	881	756	54	45	7	5	942	806
1988	1,068	884	59	51	9	8	1,136	943
1989	1,272	1,020	77	62	11	9	1,360	1,091
1990	1,325	1,076	62	46	11	7	1,398	1,129
1991	1,380	1,063	88	67	12	7	1,480	1,137
1992	1,555	1,164	103	61	17	11	1,675	1,236
1993	1,548	1,040	107	58	11	5	1,666	1,103
1994	1,405	796	117	68	17	7	1,539	871
1995	1,078	429	85	28	17	7	1,180	464
Total	12,676	9,294	823	548	144	94	13,643	9,936

Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

3.3 Number of reported AIDS cases and number of cases adjusted for reporting delays, by exposure category and year of diagnosis

Table 7A Number of AIDS cases and percentage distribution by exposure category and year of diagnosis, adult males (15 years old and over), Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996

Year of AIDS diagnosis	Exposure category												Total
	MSM	MSM/IDU	IDU	Recipient of blood	Recipient of clotting factor	Heterosexual contact	Occupational exposure	NIR					
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	
< 1985	166 (71.6)	10 (4.3)	1 (0.4)	3 (1.3)	3 (1.3)	39 (16.8)	0 (0.0)	10 (4.3)	232				
1985	277 (82.7)	10 (3.0)	1 (0.3)	8 (2.4)	8 (2.4)	21 (6.3)	0 (0.0)	10 (3.0)	335				
1986	501 (83.9)	22 (3.7)	1 (0.2)	15 (2.5)	11 (1.8)	27 (4.5)	0 (0.0)	20 (3.4)	597				
1987	757 (85.9)	30 (3.4)	12 (1.4)	14 (1.6)	12 (1.4)	30 (3.4)	0 (0.0)	26 (3.0)	881				
1988	911 (85.3)	35 (3.3)	10 (0.9)	24 (2.3)	27 (2.5)	47 (4.4)	0 (0.0)	14 (1.3)	1,068				
1989	1,049 (82.5)	49 (3.9)	23 (1.8)	13 (1.0)	27 (2.1)	64 (5.0)	0 (0.0)	47 (3.7)	1,272				
1990	1,058 (79.9)	59 (4.5)	26 (2.0)	11 (0.8)	35 (2.6)	61 (4.6)	0 (0.0)	75 (5.7)	1,325				
1991	1,084 (78.6)	61 (4.4)	43 (3.1)	9 (0.7)	29 (2.1)	72 (5.2)	0 (0.0)	82 (5.9)	1,380				
1992	1,210 (77.8)	78 (5.0)	55 (3.5)	14 (0.9)	28 (1.8)	94 (6.0)	0 (0.0)	76 (4.9)	1,555				
1993	1,186 (76.6)	83 (5.4)	68 (4.4)	10 (0.7)	14 (0.9)	121 (7.8)	0 (0.0)	66 (4.3)	1,548				
1994	1,072 (76.3)	87 (6.2)	73 (5.2)	5 (0.4)	20 (1.4)	102 (7.3)	1 (< 0.1)	45 (3.2)	1,405				
1995	796 (73.8)	59 (5.5)	58 (5.4)	4 (0.4)	16 (1.5)	89 (8.3)	0 (0.0)	56 (5.2)	1,078				
Total	10,067 (79.4)	583 (4.6)	371 (2.9)	130 (1.0)	230 (1.8)	767 (6.1)	1 (< 0.1)	527 (4.2)	12,676				

Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

Table 7B Number of AIDS cases and percentage distribution by exposure category and year of diagnosis, adult females (15 years old and over), Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996

Year of AIDS diagnosis	Exposure category							Total	
	IDU	Recipient of blood	Recipient of clotting factor	Heterosexual contact	Occupational exposure	NIR			
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)		n (%)
< 1985	2 (10.0)	0 (0.0)	0 (0.0)	16 (80.0)	0 (0.0)	2 (10.0)	20		
1985	1 (4.4)	4 (17.4)	0 (0.0)	17 (73.9)	0 (0.0)	1 (4.4)	23		
1986	0 (0.0)	5 (17.9)	1 (3.6)	20 (71.4)	0 (0.0)	2 (7.1)	28		
1987	2 (3.7)	15 (27.8)	2 (3.7)	31 (57.4)	0 (0.0)	4 (7.4)	54		
1988	6 (10.2)	14 (23.7)	0 (0.0)	37 (62.7)	0 (0.0)	2 (3.4)	59		
1989	8 (10.4)	17 (22.1)	2 (2.6)	45 (58.4)	0 (0.0)	5 (6.5)	77		
1990	7 (11.3)	7 (11.3)	2 (3.2)	39 (62.9)	1 (1.6)	6 (9.7)	62		
1991	16 (18.2)	9 (10.2)	1 (1.1)	57 (64.8)	0 (0.0)	5 (5.7)	88		
1992	19 (18.5)	11 (10.7)	1 (1.0)	64 (62.1)	0 (0.0)	8 (7.8)	103		
1993	23 (21.5)	5 (4.7)	2 (1.9)	68 (63.6)	0 (0.0)	9 (8.4)	107		
1994	28 (23.9)	5 (4.3)	0 (0.0)	78 (66.7)	0 (0.0)	6 (5.1)	117		
1995	21 (24.7)	3 (3.5)	0 (0.0)	56 (65.9)	0 (0.0)	5 (5.9)	85		
Total	133 (16.2)	95 (11.5)	11 (1.3)	528 (64.2)	1 (0.1)	55 (6.7)	823		

Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

Table 7C Number of AIDS cases and percentage distribution by exposure category and year of diagnosis, adults (15 years old and over), Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996

Year of AIDS diagnosis	Exposure category										Total						
	MSM		MSM/IDU		IDU		Recipient of blood		Recipient of clotting factor			Heterosexual contact		Occupational exposure		NIR	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)		n	(%)	n	(%)		
< 1985	166	(65.9)	10	(4.0)	3	(1.2)	3	(1.2)	3	(1.2)	55	(21.8)	0	(0.0)	12	(4.8)	252
1985	277	(77.4)	10	(2.8)	2	(0.6)	12	(3.4)	8	(2.2)	38	(10.6)	0	(0.0)	11	(3.1)	358
1986	501	(80.2)	22	(3.5)	1	(0.2)	20	(3.2)	12	(1.9)	47	(7.5)	0	(0.0)	22	(3.5)	625
1987	757	(81.0)	30	(3.2)	14	(1.5)	29	(3.1)	14	(1.5)	61	(6.5)	0	(0.0)	30	(3.2)	935
1988	911	(80.8)	35	(3.1)	16	(1.4)	38	(3.4)	27	(2.4)	84	(7.5)	0	(0.0)	16	(1.4)	1127
1989	1,049	(77.8)	49	(3.6)	31	(2.3)	30	(2.2)	29	(2.2)	109	(8.1)	0	(0.0)	52	(3.9)	1,349
1990	1,058	(76.3)	59	(4.3)	33	(2.4)	18	(1.3)	37	(2.7)	100	(7.2)	1	(< 0.1)	81	(5.8)	1,387
1991	1,084	(73.8)	61	(4.2)	59	(4.0)	18	(1.2)	30	(2.0)	129	(8.8)	0	(0.0)	87	(5.9)	1,468
1992	1,210	(73.0)	78	(4.7)	74	(4.5)	25	(1.5)	29	(1.8)	158	(9.5)	0	(0.0)	84	(5.1)	1,658
1993	1,186	(71.7)	83	(5.0)	91	(5.5)	15	(0.9)	16	(1.0)	189	(11.4)	0	(0.0)	75	(4.5)	1,655
1994	1,072	(70.4)	87	(5.7)	101	(6.6)	10	(0.7)	20	(1.3)	180	(11.6)	1	(< 0.1)	51	(3.4)	1,552
1995	796	(68.4)	59	(5.1)	79	(6.8)	7	(0.6)	16	(1.4)	145	(12.5)	0	(0.0)	61	(5.3)	1,163
Total	10,067	(74.6)	583	(4.3)	504	(3.7)	225	(1.7)	241	(1.8)	1,295	(9.6)	2	(< 0.1)	582	(4.3)	13,499

Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

Table 7D Number of AIDS cases and percentage distribution by exposure category and year of diagnosis, pediatrics cases (less than 15 years old), Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996

Year of AIDS diagnosis	Exposure category						NIR	Total	
	Recipient of blood		Recipient of clotting factor		Perinatal				
< 1985	0	(0.0)	0	(0.0)	13	(100.0)	0	(0.0)	13
1985	1	(7.7)	0	(0.0)	12	(92.3)	0	(0.0)	13
1986	4	(66.7)	0	(0.0)	2	(33.3)	0	(0.0)	6
1987	0	(0.0)	0	(0.0)	7	(100.0)	0	(0.0)	7
1988	1	(11.1)	0	(0.0)	8	(88.9)	0	(0.0)	9
1989	0	(0.0)	3	(27.3)	8	(72.7)	0	(0.0)	11
1990	0	(0.0)	3	(27.3)	7	(63.6)	1	(9.1)	11
1991	0	(0.0)	1	(8.3)	9	(75.0)	2	(16.7)	12
1992	1	(5.9)	2	(11.8)	13	(76.5)	1	(5.9)	17
1993	1	(9.1)	0	(0.0)	9	(81.8)	1	(9.1)	11
1994	2	(11.8)	1	(5.9)	10	(58.8)	4	(23.5)	17
1995	2	(11.8)	0	(0.0)	13	(76.5)	2	(11.8)	17
Total	12	(8.3)	10	(6.9)	111	(77.1)	11	(7.6)	144

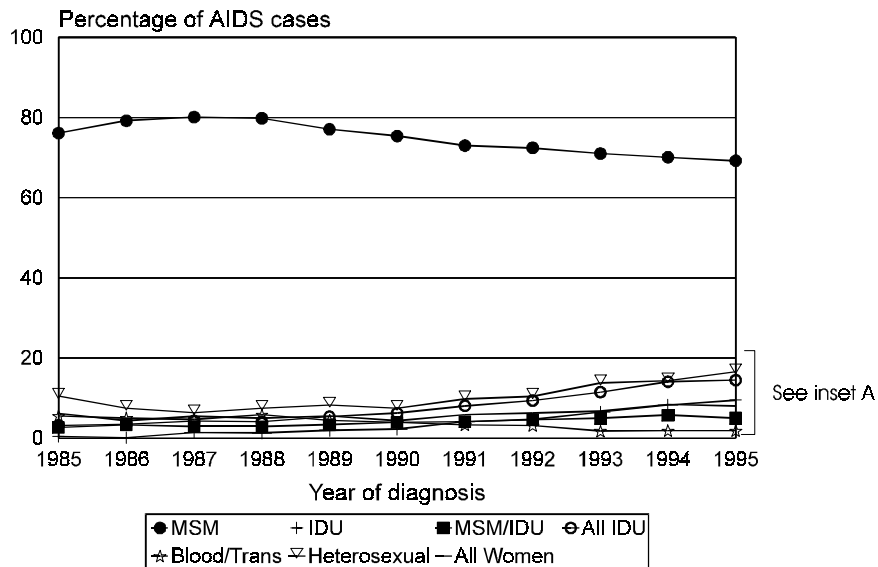
Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

Table 8 Percentage distribution of AIDS cases adjusted for reporting delay, by exposure category (selected exposure categories presented), adults (15 years old and over), Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996

Exposure category	Year of AIDS diagnosis										
	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
MSM	76.1	79.2	80.1	79.8	77.1	75.4	73.0	72.4	71.0	70.1	69.2
IDU	0.5	0.2	1.4	1.3	2.0	2.3	4.1	4.7	6.5	8.3	9.5
MSM / IDU	2.7	3.3	2.9	2.9	3.4	4.0	4.1	4.6	5.0	5.8	5.0
All IDU	3.2	3.5	4.3	4.1	5.4	6.3	8.1	9.4	11.5	14.1	14.5
Recipient of blood/clotting factor	5.6	5.0	4.7	5.9	4.5	4.0	3.3	3.2	1.8	1.9	1.9
Heterosexual risk	10.5	7.5	6.4	7.5	8.3	7.5	9.8	10.4	13.8	14.4	16.6
Women	6.2	4.4	5.5	5.0	5.6	4.4	5.9	6.3	6.8	8.4	8.1

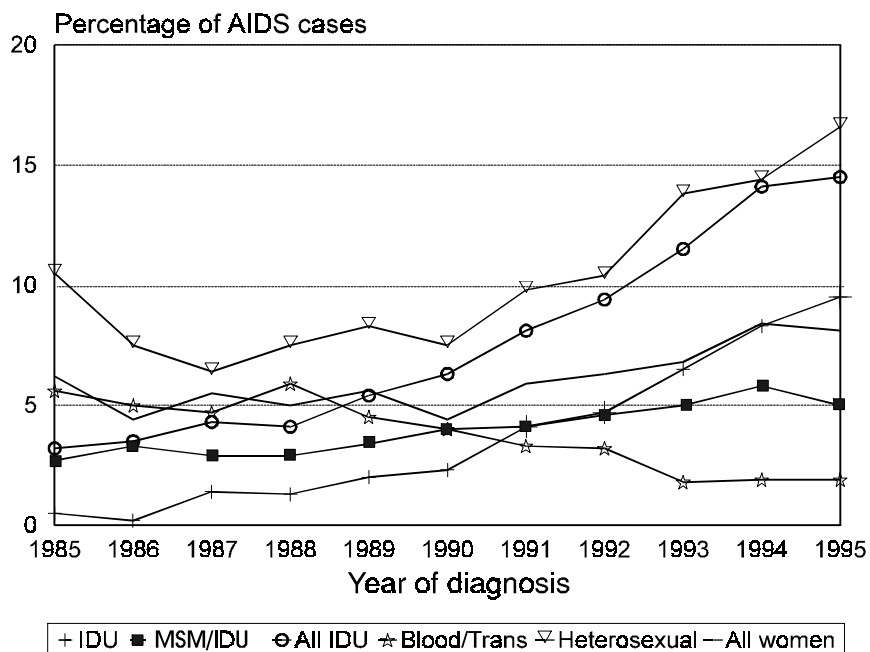
Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

Figure 2 Percentage distribution of AIDS cases adjusted for reporting delay, by exposure category (selected exposure categories presented), adults (15 years old and over), Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996



Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

Inset A



Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

3.4 Number of reported AIDS cases and number of cases adjusted for reporting delays, by sex, geographic region and year of diagnosis

Table 9A Number of AIDS cases reported by region and year of diagnosis, by gender, all ages, Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996

Gender	Region	Year of AIDS diagnosis												Total	
		< 85	85	86	87	88	89	90	91	92	93	94	95	n	(%)
Males	Canada	237	342	599	884	1,074	1,279	1,331	1,387	1,567	1,552	1,413	1,088	12,753	100.0
	BC	36	58	104	131	169	222	220	257	272	270	252	198	2,189	17.2
	Alberta	14	17	21	40	62	75	75	78	96	90	113	87	768	6.0
	Prai./Terr. ¹	2	6	22	17	11	26	28	28	24	25	27	22	238	1.9
	Ontario	87	153	258	395	442	509	580	563	673	637	511	412	5,220	40.9
	Quebec	96	102	184	277	366	417	397	421	465	479	455	325	3,984	31.2
	Atlantic ²	2	6	10	24	24	30	31	40	37	51	55	44	354	2.8
Females	Canada	28	29	32	58	62	81	67	93	108	114	126	92	890	100.0
	BC	0	3	2	4	6	2	2	5	10	12	13	11	70	7.9
	Alberta	1	0	2	4	2	4	0	4	5	5	8	5	40	4.5
	Prai./Terr. ¹	0	0	0	0	3	1	1	2	6	1	3	3	20	2.3
	Ontario	2	2	4	16	17	19	27	32	33	34	40	32	258	29.0
	Quebec	25	24	22	32	32	48	34	49	48	57	54	38	463	52.0
	Atlantic ²	0	0	2	2	2	7	3	1	6	5	8	3	39	4.4
Total		265	371	631	942	1,136	1,360	1,398	1,480	1,675	1,666	1,539	1,180	13,643	

¹ Includes Saskatchewan, Manitoba, Yukon, and Northwest Territories.

² Includes Newfoundland, Prince Edward Island, Nova Scotia, and New Brunswick.

Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

Table 9B Number of AIDS cases reported by region and year of diagnosis, and number of AIDS cases adjusted for reporting delay and annual incidence by region, all ages, Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996

Region	Year of AIDS diagnosis												Total		1995 annual incidence per 100,000	
	< 85	85	86	87	88	89	90	91	92	93	94	95	Cases reported	Adjusted for reporting delay		
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)		
Canada	265	371	631	942	1,136	1,360	1,398	1,480	1,675	1,666	1,539	1,180	13,643	100.0	17,118	7.8
BC	36	61	106	135	175	224	222	262	282	282	265	209	2,259	16.6	2,388	7.4
Alberta	15	17	23	44	64	79	75	82	101	95	121	92	808	5.9	843	3.8
Prai./Terr. ¹	2	6	22	17	14	27	29	30	30	26	30	25	258	1.9	273	1.4
Ontario	89	155	262	411	459	528	607	595	706	671	551	444	5,478	40.2	6,761	8.1
Quebec	121	126	206	309	398	465	431	470	513	536	509	363	4,447	32.6	6,411	12.7
Atlantic ²	2	6	12	26	26	37	34	41	43	56	63	47	393	2.9	442	2.7

¹ Includes Saskatchewan, Manitoba, Yukon, and Northwest Territories.

² Includes Newfoundland, Prince Edward Island, Nova Scotia, and New Brunswick.

Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

Table 9C Annual incidence rate¹ per 100,000 population, adjusted for reporting delay, by regions and year of diagnosis, all ages, Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996

Regions	Year of AIDS diagnosis										
	85	86	87	88	89	90	91	92	93	94	95
Canada	1.5	2.5	3.8	4.6	5.5	5.7	6.2	7.2	7.5	7.6	7.8
BC	2.0	3.5	4.4	5.7	7.0	6.8	7.8	8.4	8.3	8.0	7.4
Alberta	0.7	0.9	1.8	2.6	3.2	3.0	3.3	4.0	3.7	4.8	3.8
Prai./Terr. ²	0.3	1.0	0.8	0.6	1.3	1.4	1.4	1.4	1.3	1.5	1.4
Ontario	1.7	2.8	4.4	4.9	5.7	6.5	6.5	7.9	7.9	7.4	8.1
Quebec	2.0	3.3	5.1	6.7	8.1	7.8	8.9	10.2	11.5	12.2	12.7
Atlantic ³	0.3	0.5	1.2	1.2	1.7	1.5	1.9	2.0	2.6	3.1	2.7

¹ The incidences presented here were calculated by dividing the number of cases adjusted for the delay in reporting by the total population for each region for each year of diagnosis. If it is assumed that the characteristics of the population influencing AIDS are distributed differently in the regions, then comparisons should not be made between the incidences. In conclusion, these incidences are not standardized for comparison purposes.

² Includes Saskatchewan, Manitoba, Yukon, and Northwest Territories.

³ Includes Newfoundland, Prince Edward Island, Nova Scotia, and New Brunswick.

Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

4. Trend analysis by birth cohort

Although the progression from HIV to AIDS is lengthy and subject to variation, trend analysis of AIDS cases provides an indirect measure of the impact of the HIV epidemic on the population. Such analysis is even more useful when the population is divided into birth cohorts because it demonstrates that the levelling off of AIDS incidence in the population as a whole is due mainly to AIDS incidence in men born in 1959 or before. AIDS incidence is continuing to grow in men born after 1960 and in women born after 1950.

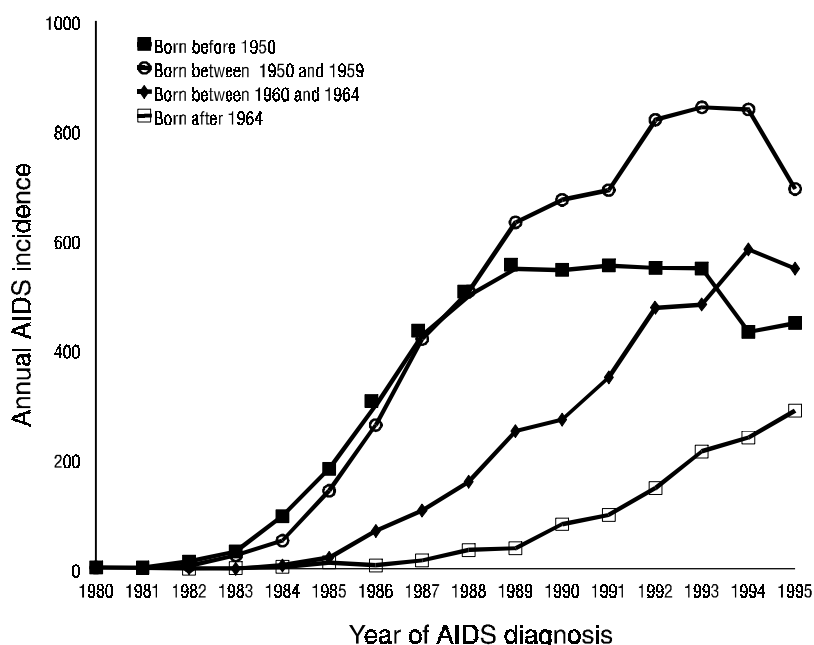
The cases as a whole have been divided into four birth cohorts as follows: “individuals born before 1950,” “individuals born between 1950 and 1959,” “individuals born between 1960 and 1964,” and “individuals born after 1964.” Calculating the age of

these cohorts at the start of the epidemic—around 1984—by intervals yields the following categories: “individuals aged 35 and over,” “individuals aged 25 to 34,” “individuals aged 20 to 24,” and “individuals aged 19 or under.”

4.1. Analysis by sex

Figure 3 shows the trends in the annual incidence of AIDS cases in men, adjusted for reporting delays, by birth cohort. The annual incidence increased for each of the cohorts, but increased later in the cohorts that were younger at the start of the epidemic. It also increased more slowly in these cohorts.

Figure 3 Annual incidence of AIDS cases, adjusted for reporting delays, by year of diagnosis and birth cohort, males, Canada, cases diagnosed as of December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996



Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

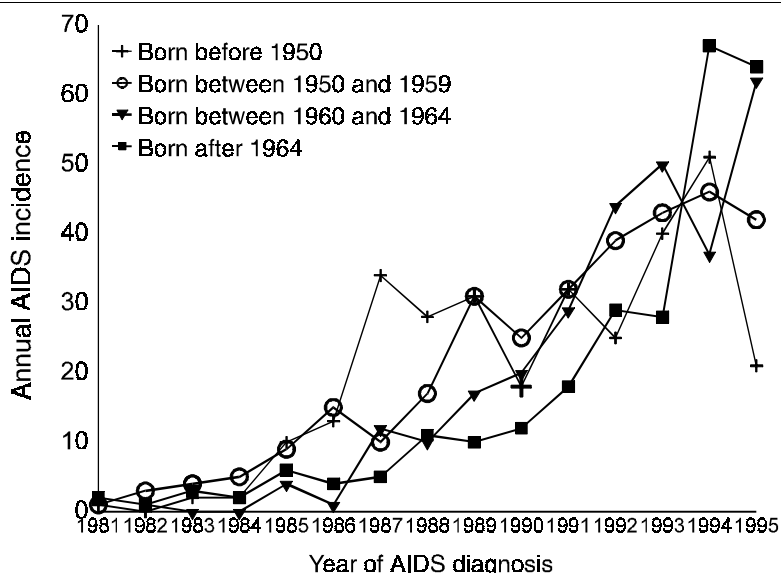
The annual AIDS incidence for the cohort aged 35 and over in 1984 reached a plateau between 1989 and 1993. Incidence for the cohort of individuals aged 25 to 34 at the start of the epidemic has continued to rise, while incidence for the oldest cohort has stabilized. However, the first cohort seems to have levelled off a few years later, between 1992 and 1994.

Incidence has risen steadily in the youngest cohorts. It is interesting to note that the incidence in the cohort aged 20 to 24 at the start of the epidemic has

exceeded that in the 35 and over cohort in recent years, even though it did not increase as quickly.

Figure 4 shows the trends in the annual incidence of AIDS cases in women. In women aged 35 and over at the start of the epidemic, there was a rapid increase in the annual incidence of cases between 1985 and 1987, then the incidence seemed to stabilize. The increase in annual incidence in the other age groups was slower, but extended over the entire period under study. For 1995—the last year under study—the younger the cohort, the higher the annual incidence.

Figure 4 Annual incidence of AIDS cases, adjusted for reporting delays, by year of diagnosis and birth cohort, females, Canada, cases diagnosed as of December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996



Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

Tables 10A and 10B show the distribution of risk factors for each of the birth cohorts, by sex. The chief risk factor for men was homosexual or bisexual contact. The percentage of cases resulting from homosexual or bisexual contact was constant in the two older cohorts, but decreased in the two younger cohorts. However, the “homosexual/bisexual contact and injection drug use (IDU)” and “IDU” risk factors accounted for a progressively higher percentage as cohort age declined (homosexual/bisexual and IDU rose from 2.6% to 9.9% of cases, and IDU from 1.6% to 6.9%).

In women, over 60% of cases in the three oldest cohorts were attributed to heterosexual contact. In the youngest cohort, approximately 35% of cases were attributed to heterosexual contact. The percentage of cases attributed to IDU changed in the cohorts, increasing from 3.8% in the oldest cohort to 18.9% and 21.7% in the next two cohorts. In the youngest cohort, 16% of cases were attributed to IDU. However, all the perinatal cases were included in this cohort, because it included the youngest individuals. Excluding the perinatal cases from this cohort, 24% of cases were attributable to IDU.

Table 10A Number of AIDS cases reported and percentage distribution by exposure categories, by birth cohort, males, Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996

Exposure categories	Born before 1950		Born between 1950 and 1959		Born between 1960 and 1964		Born after 1964	
	n	(%)	n	(%)	n	(%)	n	(%)
Men who have sex with men (MSM)	3,512	(80.5)	4,362	(82.3)	1,740	(76.4)	453	(55.9)
MSM/IDU	112	(2.6)	220	(4.1)	171	(7.5)	80	(9.9)
Injection Drug Use (IDU)	68	(1.6)	152	(2.9)	95	(4.2)	56	(6.9)
Recipient of blood	98	(2.2)	18	(0.3)	12	(0.5)	10	(1.2)
Recipient of clotting factor	77	(1.8)	64	(1.2)	32	(1.4)	67	(8.3)
Heterosexual contact	270	(6.2)	315	(6.0)	130	(5.7)	52	(6.4)
Occupational exposure	0	(0.0)	1	(0.0)	0	(0.0)	0	(0.0)
No identified risk factors	227	(5.2)	170	(3.2)	97	(4.3)	39	(4.8)
Perinatal risk	0	(0.0)	0	(0.0)	0	(0.0)	53	(6.5)

Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

Table 10B Number of AIDS cases reported and percentage distribution by exposure categories, by birth cohort, females, Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996

Exposure categories	Born before 1950		Born between 1950 and 1959		Born between 1960 and 1964		Born after 1964	
	n	(%)	n	(%)	n	(%)	n	(%)
Injection Drug Use (IDU)	9	(3.8)	51	(18.9)	45	(21.7)	28	(16.0)
Recipient of blood	53	(22.3)	24	(8.9)	12	(5.8)	10	(5.7)
Recipient of clotting factor	5	(2.1)	3	(1.1)	2	(1.0)	1	(0.6)
Heterosexual contact	146	(61.4)	183	(67.8)	137	(66.2)	62	(35.4)
Occupational exposure	1	(0.4)	0	(0.0)	0	(0.0)	0	(0.0)
No identified risk factors	24	(10.1)	9	(3.3)	11	(5.3)	16	(9.1)
Perinatal risk	0	(0.0)	0	(0.0)	0	(0.0)	58	(33.1)

Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

4.2 Analysis by exposure category

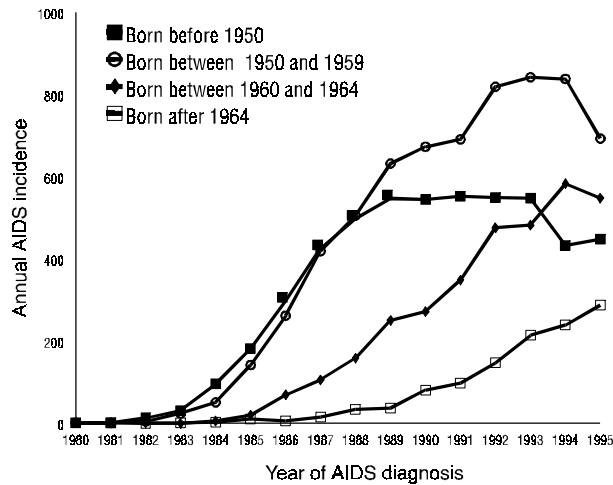
When conducted by exposure category, trend analysis by birth cohort also provides significant information about the impact of the HIV epidemic. It identifies the groups most affected by HIV infection. For each of the exposure categories studied here (“men who have sex with men,” “heterosexual contact,” and “IDU”), the older cohorts seem to have reached plateaus over the years. However, the incidence of AIDS cases is continually increasing in the youngest cohorts.

Figure 5 shows annual incidence trends by birth cohort for cases attributed to the exposure category “men who have sex with men.” Although the annual incidence is lower in this group than for men as a whole, the trend analysis is similar. The plateau for men aged 35 and over at the start of the epidemic began approximately one year earlier. Incidence in young men does not seem to have levelled off; it continues to increase.

Figure 6 shows that the incidence of cases attributed to heterosexual contact is increasing for each birth cohort. The highest annual incidence has occurred in the last four years in the cohort that was aged 25 to

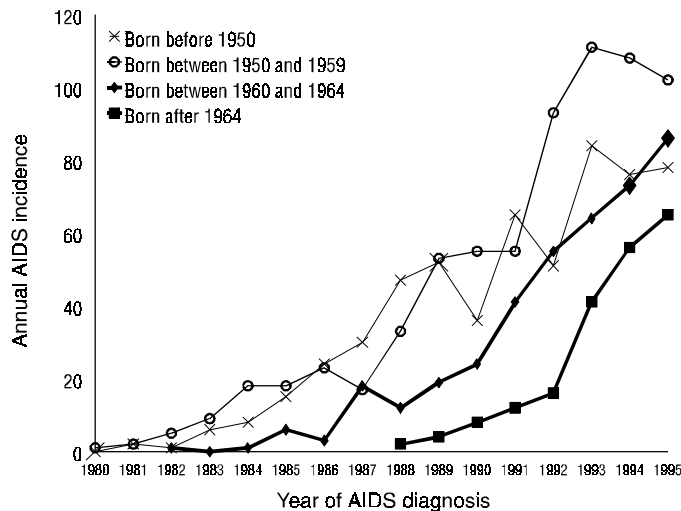
34 years at the start of the epidemic. The lowest incidence rate occurred in the youngest cohort, those less than 19 years of age at the start of the epidemic.

Figure 5 Annual incidence of AIDS cases adjusted for reporting delay, for the exposure category "men having sexual relations with other men", by year of diagnosis and birth cohort, Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996



Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

Figure 6 Annual incidence of AIDS cases adjusted for reporting delay, for the exposure category "heterosexual", by year of diagnosis and birth cohort, Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996

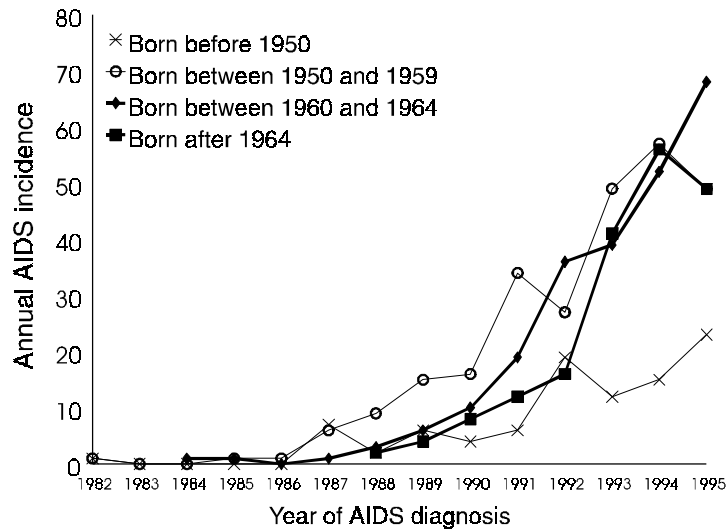


Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

In those AIDS cases attributed to IDU, (Figure 7), the annual incidence has increased over the years in all birth cohorts. The smallest increase occurred in those aged 35 and over at the start of the epidemic. The highest increase has been observed in the youngest

cohorts, with the greatest occurring in the cohort born after 1965, i.e., those less than 19 years of age at the beginning of the epidemic in 1984. For those born between 1960 and 1964, the incidence has continued to increase.

Figure 7 Annual incidence of AIDS cases adjusted for reporting delay, for the exposure category "IDU", by year of diagnosis and birth cohort, Canada, cases diagnosed up to December 31, 1995, last data reported to LCDC for the quarter ending on June 30, 1996



Source: Health Canada. *AIDS in Canada: Annual report on AIDS in Canada*. Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS and STD, LCDC, HPB, Health Canada, 1996.

Appendix 1 — International Statistics

COUNTRY	NUMBER OF CASES	RATE/ 100,000	DATE OF 1995 REPORT
AFRICA			
ALGERIA	217	0.0	Dec. 94
ANGOLA	1,181	2.9	June 96
BENIN	1,280	4.0	Dec. 95
BOTSWANA	3,451	35.9	Dec. 95
BURKINA FASO	3,966	0.0	Feb. 96
BURUNDI	7,024	0.0	Dec. 94
CAMEROON	5,375	0.0	Dec. 94
CAPE VERDE	117	5.4	Dec. 95
CENTRAL AFRICAN REP.	4,939	19.6	Mar. 96
CHAD	3,457	9.3	May 95
COMOROS	15	0.3	Dec. 95
CONGO	7,773	0.0	Apr. 95
CÔTE D'IVOIRE	25,236	0.0	May 95
DJIBOUTI	880	40.2	May 96
EGYPT	129	0.0	Mar. 96
EQUATORIAL GUINEA	157	24.4	Nov 95
ERITRIA	2,323	20.6	July 95
ETHIOPIA	19,433	7.0	July 95
GABON	990	20.1	Oct. 95
GAMBIA	410	5.6	Mar. 96
GHANA	17,564	14.8	Dec. 95
GUINEA	2,356	9.1	June 96
GUINEA-BISSAU	786	7.4	June 96
KENYA	63,875	22.0	June 96
LESOTHO	936	16.6	June 96
LIBERIA	191	0.0	Mar. 94
LIBYAN ARAB JAMAHIRIYA	17	0.0	Nov. 95
MADAGASCAR	24	0.0	June 96
MALAWI	43,067	47.3	Mar. 96
MALI	3,048	4.2	Dec. 95
MAROC	306	0.2	Feb. 96
MAURITANIA	130	0.7	June 95
MAURITIUS	27	0.0	Dec. 94
MOZAMBIQUE	3,118	7.4	May 96
NAMIBIA	5,101	0.0	Dec. 93
NIGER	1,729	0.0	Oct. 95
NIGERIA	1,591	0.0	May 95
REUNION	65	0.0	Mar. 92
RWANDA	10,706	0.0	June 93
SAO TOME AND PRINCIPE	19	3.0	June 96
SENEGAL	1,573	1.5	June 95
SEYCHELLES	16	8.2	Jan. 96

COUNTRY	NUMBER OF CASES	RATE/ 100,000	DATE OF 1995 REPORT
SIERRA LEONE	190	0.8	June 96
SOMALIA	13	0.0	July 95
SOUTH AFRICA	10,351	6.8	Aug. 95
SUDAN	1,341	0.9	Mar. 96
SWAZILAND	590	6.8	Oct. 95
TANZANIA	82,174	95.5	Dec. 95
TOGO	6,466	41.3	May 96
TUNISIA	270	0.7	May 96
UGANDA	48,312	10.3	Mar. 96
ZAIRE	29,434	4.3	Apr. 96
ZAMBIA	34,000	0.0	Apr. 96
ZIMBABWE	41,296	24.4	Oct. 95
TOTAL	499,035		

NORTH AMERICA			
CANADA	13,291	3.4	Mar. 96
MEXICO	28,544	4.6	Mar. 96
UNITED STATES	513,486	15.2	Dec. 95
TOTAL	555,321		

SOUTH AMERICA AND CENTRAL AMERICA			
ANGUILLA	5	0.0	Dec. 95
ANTIGUA AND BARBUDA	45	7.6	Dec. 95
ARGENTINA	8,197	4.7	Mar. 96
ARUBA	22	8.6	May 96
BAHAMAS	2,101	141.8	Dec. 95
BARBADOS	632	36.0	Dec. 95
BELIZE	138	12.8	Dec. 95
BERMUDA	315	77.8	Dec. 95
BOLIVIA	109	0.1	Sep. 95
BRAZIL	79,908	4.9	Feb. 96
BRITISH VIRGIN ISLANDS	11	15.8	Mar. 96
CAYMAN ISLANDS	18	0.0	Dec. 95
CHILE	1,456	1.6	Mar. 96
COLOMBIA	6,541	2.2	Dec. 95
COSTA RICA	947	5.3	Mar. 96
CUBA	440	0.7	Dec. 95
DOMINICA	31	0.0	June 94
DOMINICAN REPUBLIC	3,172	4.7	Mar. 96
ECUATOR	547	0.6	Mar. 96
EL SALVADOR	1,416	6.6	Mar. 96
FRENCH GUIANA	489	41.5	Sep. 95
GRENADA	76	14.1	Sep. 95

COUNTRY	NUMBER OF CASES	RATE/ 100,000 1995	DATE OF REPORT
GUADELOUPE	623	19.4	Sep. 95
GUATEMALA	711	1.0	Dec. 95
GUYANA	698	11.5	June 95
HAITI	4,967	0.0	Dec. 92
HONDURAS	5,174	14.3	Mar. 96
JAMAICA	1,533	20.6	Dec. 95
MARTINIQUE	344	9.6	Sep. 95
MONTSERRAT	7	0.0	Dec. 95
NETHERLANDS ANTILLES	233	38.2	Dec. 95
NICARAGUA	126	0.2	Mar. 96
PANAMA	1,075	7.7	Mar. 96
PARAGUAY	206	0.5	Mar. 96
PERU	4,192	3.5	Mar. 96
SAINT KITTS AND NEVIS	50	12.2	Dec. 95
SAINT LUCIA	76	7.0	Dec. 95
SAINT VINCENT AND THE GRENADINES	74	5.4	Mar. 96
SURINAME	209	4.7	June 95
TRINIDAD AND TOBAGO	2,083	26.0	Dec. 95
TURKS AND CAICOS ISLANDS	39	0.0	Sep. 93
URUGUAY	725	4.0	Mar. 96
VENEZUELA	4,960	2.1	Sep. 95
TOTAL	134,721		

ASIA			
AFGHANISTAN	0	0.0	Feb. 92
AZERBAIJAN	2	0.0	Mar. 96
BAHRAIN	28	1.4	Feb. 96
BANGLADESH	7	0.0	Dec. 95
BHUTAN	0	0.0	Dec. 95
BRUNEI DARUSSALAM	6	0.0	Apr. 96
CAMBODIA	86	0.7	Oct. 95
CHINA	117	0.0	Apr. 96
CYPRUS	50	0.4	Apr. 96
DEMOCRATIC PEOPLE'S REP. OF KOREA	0	0.0	Dec. 95
GEORGIA	2	0.0	Sep. 95
HONG KONG	175	0.8	Apr. 96
INDIA	2,095	0.1	Oct. 95
INDONESIA	95	0.0	Apr. 95
IRAN	118	0.0	Nov. 95
IRAQ	42	0.0	Jan. 96
ISRAEL	376	0.9	Mar. 96
JAPAN	1,186	0.2	May 96
JORDON	40	0.0	Apr. 96
KAZAKHSTAN	5	0.0	Mar. 96

COUNTRY	NUMBER OF CASES	RATE/ 100,000 1995	DATE OF REPORT
KUWAIT	19	0.3	Feb. 96
KYRGYZSTAN	0	0.0	Mar. 96
LAO PEOPLE'S DEM. REPUBLIC	14	0.1	Mar. 96
LEBANON	91	0.3	Feb. 96
MACAO	8	0.0	Mar. 96
MALAYSIA	388	0.7	May 96
MALDIVES	5	1.6	Feb. 96
MONGOLIA	0	0.0	Mar. 96
MYANMAR	1,093	1.3	Feb. 96
NEPAL	48	0.1	Dec. 95
OMAN	59	0.3	May 96
PAKISTAN	55	0.0	Feb. 96
PHILIPPINES	249	0.1	Mar. 96
QATAR	80	0.9	May 96
REPUBLIC OF KOREA	43	0.0	Feb. 96
SAUDI ARABIA	171	0.2	Apr. 96
SINGAPORE	179	2.0	Mar. 96
SRI LANKA	58	0.1	Jan. 96
SYRIAN ARAB REPUBLIC	36	0.0	Jan. 96
TAJIKISTAN	0	0.0	Mar. 96
THAILAND	22,135	5.8	Dec. 95
TURKEY	194	0.0	Mar. 96
TURKMENISTAN	1	0.0	Nov. 95
UNITED ARAB EMIRATES	8	0.0	Nov. 95
UZBEKISTAN	3	0.0	Dec. 95
VIET NAM	316	0.1	Mar. 96
YEMEN	22	0.1	Apr. 96
TOTAL	29,705		

EUROPE			
AUSTRIA	1,532	2.2	Mar. 96
BELARUS	15	0.0	Mar. 96
BELGIUM	2,101	2.0	Mar. 96
BOSNIA HERZEGOVINA	6	-	Sep. 95
BULGARIA	39	0.0	Mar. 96
CROATIA	96	0.3	Mar. 96
CZECH REPUBLIC	74	0.1	Mar. 96
DENMARK	1,866	4.0	Mar. 96
ESTONIA	8	0.2	Mar. 96
FEDERAL YUGOSLAVIAN REP. MACEDONIA	18	-	Oct. 95
FINLAND	231	0.8	Mar. 96
FRANCE	41,058	7.6	Mar. 96
GERMANY	14,518	1.5	Mar. 96
GREECE	1,350	1.6	Mar. 96
HUNGARY	215	0.3	Mar. 96

COUNTRY	NUMBER OF CASES	RATE/ 100,000 1995	DATE OF REPORT
ICELAND	40	1.1	Mar. 96
IRELAND	514	0.8	Mar. 96
ITALY	33,304	9.2	Mar. 96
LATVIA	12	0.1	Mar. 96
LITHUANIA	8	0.1	Mar. 96
LUXEMBOURG	107	3.7	Mar. 96
MALTA	37	0.8	Mar. 96
MONACO	37	9.4	Mar. 96
NETHERLANDS	3,991	3.0	Mar. 96
NORWAY	518	1.5	May 96
POLAND	431	0.3	May 96
PORTUGAL	3,181	5.6	Mar. 96
REPUBLIC OF MOLDOVA	6	0.1	Mar. 96
ROMANIA	3,911	2.7	Mar. 96
RUSSIAN FEDERATION	210	0.0	Mar. 96
SAN MARINO	1	0.0	Sep. 92
SLOVAK REPUBLIC	13	0.0	Mar. 96
SLOVENIA	54	0.8	Mar. 96
SPAIN	38,393	14.1	Mar. 96
SWEDEN	1,371	2.1	Mar. 96
SWITZERLAND	5,112	5.1	Mar. 96
UKRAINE	78	0.1	Mar. 96
UNITED KINGDOM	12,565	2.3	Mar. 96
YUGOSLAVIA*	550	0.9	Mar. 96
TOTAL	167,571		

* Refers to States/areas of the former Socialist Federal Republic of Yugoslavia not otherwise listed separately.

COUNTRY	NUMBER OF CASES	RATE/ 100,000 1995	DATE OF REPORT
OCEANIA			
AMERICAN SAMOA	0	0.0	Mar. 96
AUSTRALIA	6,442	2.9	Mar. 96
COOK ISLANDS	0	0.0	Mar. 96
FIJI	7	0.0	Mar. 95
FRENCH POLYNESIA	50	2.3	Jan. 96
GUAM	37	2.0	Mar. 96
KIRIBATI	0	0.0	Mar. 96
MARIANA ISLANDS	6	0.0	Apr. 96
MARSHAL ISLANDS	2	0.0	Feb. 96
MICRONESIA (Federated States of)	2	0.0	Mar. 96
NAURU	0	0.0	Mar. 96
NEW CALEDONIA	47	2.2	Apr. 96
NEW ZEALAND	523	1.1	Mar. 96
NIUE	0	0.0	Mar. 96
PALAU	1	0.0	Apr. 96
PAPUA NEW GUINEA	158	1.0	Mar. 96
SAMOA	4	0.6	Sep. 95
SOLOMON ISLANDS	0	0.0	Sep. 95
TOKELAU	0	0.0	Mar. 96
TONGA	5	0.0	Apr. 96
TUVALU	0	0.0	Dec. 94
VANUATU	0	0.0	Apr. 95
WALLIS AND FUTUNA ISLANDS	1	0.0	Sep. 95
TOTAL	7,285		
WORLD TOTAL	1,393,638		

SOURCE: WHO Surveillance Program, Geneva.

Appendix 2. Instructions for using Faxlink

Select from the INDEX on the following page the documents you would like to receive, then follow the instructions below:

- (A) Using the handset on your fax machine, dial (613)-941-3900 and wait for a response.
- (B) FAXLINK will ask you to select the language you would like for instructions and documents.
Press: (1) for English; or (2) for French.

Please note that the language you select refers to both the instructions **and** the report you will receive.
- (C) Next, FAXLINK will ask you to select the subject area you would like to access.

Press:(1) for AIDS information; or (2) for Travel related health information; or (3) for Current and past CCDR articles; or (4) for Respiratory or virus reports; or (9) to exit FAXLINK.
- (D) FAXLINK will now ask you if you would like instructions for the FAXLINK system/how to get in touch with the Laboratory Centre for Disease Control or to continue. Press: (2) to continue.
- (E) Next, FAXLINK will ask you if you wish to receive either an INDEX of available documents or to request a specific

document(s). Press:(2) To select document(s) from the INDEX.

- (F) You may now select the document(s) you would like to receive. FAXLINK will ask you to press the number of the document you want and then to press the # key. FAXLINK will confirm your selection.

Press: (1) if correct; or (2) if incorrect.

Next, FAXLINK will ask you if you would like another document. If you do not want another document, press the (#) key to end selections. If you want another document press the number of the document and then # key. FAXLINK will confirm your selection. Press: (1) if correct; or (2) if incorrect.

Continue with these instructions until all documents have been selected.
- (G) To receive the documents you have selected, FAXLINK will ask you to press the RECEIVE OR START BUTTON on your fax machine after the tone.

If you have any problems, please contact Peter Zabchuk at (613) 952-9729 or Stephen Page at (613) 957-0317.

Index for documents relating to HIV/AIDS

Document Access No.	Description	Date	No. of Pages
100	AIDS Case Definition – 1987 Case definition (adapted from CDC, Atlanta) – Revision of the surveillance case definition for AIDS in Canada (letter) – Epidemiologic Review: Canadian AIDS	Sept. 87 Jul. 93 Jan. 94	16
101	1994 Annual Report of AIDS in Canada - Introductory Letter with Information on Access to Report - Table of Contents of Report	Dec. 95	5
102	1994 Annual Report of AIDS in Canada - Introduction, Utility of HIV/AIDS Surveillance - Percentage of AIDS Cases Reported to LCDC by Dec 31, 1994 - Adult AIDS Cases diagnosed between 1979 and 1994 as Reported and Corrected for Reporting Delay and for Underreporting	Dec. 95	5
103	1994 Annual Report of AIDS in Canada SECTION B. Reported cases of AIDS reported to June 30, 1995 and Diagnosed to December 31, 1994	Dec. 95	
104	1994 Annual Report of AIDS in Canada SECTION C. Trends in AIDS in Canada	Dec. 95	2
105	1994 Annual Report of AIDS in Canada SECTION D. HIV in Canada	Dec. 95	2
106	1994 Annual Report of AIDS in Canada Figures 1 to 5. Canadian AIDS cases among specific groups by year of diagnosis (corrected for reporting delay and underreporting) - graphs	Dec. 95	5
107	1994 Annual Report of AIDS in Canada International AIDS Statistics. Source: World Epidemiologic Review, World Health Organization	Dec. 95	3
111	AIDS in Canada: Quarterly Surveillance Update Most recent Canadian AIDS Statistics: updated on a Quarterly basis and released Feb. 15th, May 15th, Aug. 15th and Nov. 15th of each year	Nov. 96	11
130	Epidemiologic Review: AIDS and HIV in Canadian women	Oct. 93	11
131	Epidemiologic Review: TB & AIDS	Oct. 94	3
132	Epidemiologic Review: The current global situation of the HIV/AIDS Pandemic	Jan. 95	2
133	Epidemiologic Review: Two new publications sponsored by the Division of HIV/AIDS Epidemiology	Apr. 95	2
135	Epidemiologic Review: AIDS and HIV among Aboriginal people in Canada	Apr. 94	4
140	Health Care Worker HIV Exposure Study Includes: Study Protocol Exposures by occupational group Protective apparel worn and preventable exposure to blood/body fluids	Jan. 96	6
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