

FACT SHEET: Prevalence of HIV Infection in the A/C Study

About the AC study:

The A/C Study was a community-based research project conducted in Toronto and Ottawa from November 2018 to December 2019. The A/C Study team administered a survey to 1,380 first- and second-generation ACB people¹ in Toronto and Ottawa, aged 15-64 years. The team also requested a finger prick blood sample from survey participants, to test for HIV. 834 individuals agreed to the finger prick. Twelve focus group discussions were held in July 2020 to deepen understanding of the survey data. People from ACB communities played leading roles in all aspects of the project. One of the objectives of the A/C Study was to estimate the prevalence of HIV among ACB people in Toronto and Ottawa.

Why should we estimate the prevalence of HIV in ACB people?

The prevalence of HIV is an estimate of the fraction of the population living with HIV at a given time. It tells us about the burden of disease in the community. The prevalence is also useful in informing policy and practice for addressing HIV. Since ethno-racial data has not been routinely collected for HIV surveillance purposes, it has been difficult to estimate the burden of HIV among ACB people in Canada.

I How were the estimates of HIV prevalence derived?

The prevalence estimates are reported with confidence intervals that reflect the maximum and minimum value of the estimate. We derived the estimates in 3 ways:

- Crude estimates: By dividing the number of people with a positive HIV test by the number of people who took the HIV test.
- Standardized estimates: Statistical weights were applied to the data to ensure that the distribution of ages, sexes, and places of residence of study participants² were like those of ACB people in Toronto and Ottawa. These weights were used to calculate prevalence estimates.
- Standardized estimates in subgroups: By calculating estimates in subgroups of the population using the statistical weights.

¹ Born in a Caribbean or Sub-Saharan African country, or born elsewhere (including Canada) with a parent born in one of those countries

² These factors that are typically used for standardization





How reliable are the estimates?

- Crude estimates: The crude estimates are easy to calculate but only provide information about the people in the study.
- Standardized estimates: The standardized estimates are more complex to calculate and attempt to provide information about all ACB people in Toronto and Ottawa.
- Standardized estimates in subgroups: The estimates in subgroups may not be reliable especially when the number of participants in the subgroup is small.

What do these estimates mean?

- The prevalence of HIV infection among first- and second-generation ACB adults (15-49 years) in Ontario is estimated to be 6.6%, with a low of 6.1% and a high of 7.1%.
- Within subgroups, the estimates vary based on social determinants of health such as education, immigration experience, employment status, and gender.
- People recruited from AIDS service organizations (ASOs), people who completed the survey in French, and older people were more likely to test positive for HIV.
- These estimates should be confirmed in larger population-based studies.

How can I use these estimates?

- These are preliminary estimates of HIV prevalence among ACB people in Toronto and Ottawa collected at a specific time. They do not provide any information on the rate of new cases (incidence).
- There are other methods to estimate the prevalence of HIV which could be used to confirm these estimates.
- These estimates can be used to plan and prepare resources to provide care for ACB people living with HIV in Toronto and Ottawa, and to provide targeted HIV prevention interventions.

Limitations:

- The participants in this study were recruited only from Toronto and Ottawa and may not represent other cities or Ontario as a whole.
- The A/C Study included only first- and second-generation ACB people.
- The people who opted to take the HIV test may not be representative of the ACB population.
- Some of the subgroups include very few participants and therefore estimates for these groups should be interpreted with caution.



What are the estimates?

