

Initial Email Received October 31, 2023

Good evening,

I think there is some misunderstanding about HIV among the gay community in Toronto. I'm getting the impression that the common knowledge seems to be that you "can't die from HIV". Although what this means is that HIV is latent in the body before it progresses to AIDS, it seems that some of the gay people in Toronto seem to be unaware that HIV becomes AIDS. I think they think HIV is like herpes or HPV. Could we please instigate a public awareness campaign that being HIV positive is very serious? I think some members of the community continue to have unprotected sex despite being HIV positive because they do not understand that it's an incurable virus and believe that fearing people with HIV is "stigma". That's obviously true, but that doesn't mean you shouldn't use a condom. I don't think many of the gay youth in Toronto have any idea what HIV is, how it's contracted, or that it becomes AIDS.

I have also read some new research that says that one can live a normal lifespan with HIV provided they take retrovirals. However, the last I heard, was that the longest we can extend the HIV stage is 20 years, and that's the best possible outcome. Can you also please clarify as to what the accurate prognosis is? Even I don't know.

It's also my understanding that there are different strands of HIV, meaning that even if you already have HIV, you can still contract HIV. Someone with a diagnosis of HIV should continue to be cautious so as to not contract a different strain of HIV. I believe HIV positive people are not being careful with one another because they think they are already infected. I think this is the case but I might be incorrect.

Thank you,

Here was my response.

Dear

I appreciate your concerns about HIV awareness and perceptions in the community, and I'm grateful for your engagement on this vital issue. I would like to provide an update on some of the points you raised and introduce newer prevention strategies that have significantly impacted the landscape of HIV prevention:

1. Progression from HIV to AIDS: While it's true that HIV can progress to AIDS, it's important to note that advancements in medical treatments have drastically improved the prognosis for people living with HIV. With proper care and adherence to antiretroviral therapies (ART), individuals with HIV can lead fulfilling, healthy lives.

2. Comparisons with Herpes or HPV: HIV differs significantly from herpes or HPV. Unlike these conditions, HIV does not have a vaccine or a cure. However, modern treatments can effectively manage HIV, allowing individuals to maintain undetectable viral loads and live healthy lives.

3. Stigma and Condom Use: You are right; stigma should never hinder individuals from using protection. Encouraging open conversations about HIV, coupled with comprehensive sex education, is vital in reducing stigma and promoting condom use.

4. Understanding HIV: Education is key. Newer prevention strategies such as PrEP (Pre-Exposure Prophylaxis) and TasP (Treatment as Prevention) have revolutionized HIV prevention. PrEP involves taking a daily pill to prevent HIV transmission, and TasP focuses on maintaining viral suppression in individuals with HIV, preventing transmission to others.

5. Reduction in MSM HIV Seroconversion in Toronto: I appreciate your recognition of the positive trend in reducing HIV transmission among men who have sex with men (MSM) in Toronto. However, it is concerning that there has been a sharp increase in HIV cases among women. This emphasizes the need for targeted prevention efforts and increased awareness among different demographic groups.

6. Next Generation Testing: The introduction of advanced testing methods has indeed revolutionized HIV diagnosis. These new tests significantly reduce the detection period, allowing for faster and more accurate diagnoses. This

advancement is a critical step forward in early intervention and prevention efforts.

Additionally, the U=U (Undetectable = Untransmittable) campaign emphasizes that individuals with undetectable or suppressed viral loads **cannot transmit** HIV to their partners, even when a condom is not used, further reducing and encouraging safe relationships. We are also starting new Anti STBBI studies further reducing the risk of transmitting Sexually Transmitted Blood Borne Infections.

Providing strategies programs that address the social determinants of health, particularly in the context of HIV prevention. It's crucial to recognize that HIV prevention extends beyond medical strategies and treatment. We must also focus on the broader social factors that influence the health of individuals in our community.

Social Determinants of Health refer to the conditions in which people are born, grow, live, work, and age. These factors can have a profound impact on health outcomes. In the context of HIV prevention, the social determinants of health play a pivotal role:

1. **Access to Healthcare:** Ensuring that everyone has equal access to healthcare services, including HIV testing, treatment, and preventive measures, is a fundamental step in reducing the transmission of HIV. Addressing disparities in healthcare access is crucial.

2. **Stigma and Discrimination:** Stigma can prevent individuals from seeking testing, care, and support. Addressing stigma through education and awareness campaigns is essential to create a more inclusive and supportive environment.

3. **Socioeconomic Status:** Economic stability and employment opportunities can influence one's ability to access healthcare, adopt preventive measures, and

adhere to treatment regimens. Programs that address economic disparities are vital.

4. Education and Awareness: Comprehensive sex education and awareness campaigns help individuals make informed decisions about their sexual health. Educational initiatives should be accessible and inclusive.

5. Housing and Homelessness: Stable housing is a critical social determinant of health. Programs that address homelessness and housing insecurity can reduce HIV risk and improve health outcomes.

6. Mental Health and Substance Use: Mental health challenges and substance use can intersect with HIV risk. Programs that provide support for these issues can contribute to a holistic approach to HIV prevention.

7. Community and Social Support: Building supportive communities and networks can reduce social isolation and promote health. Programs that create inclusive and caring environments are invaluable.

8. Cultural Sensitivity: Recognizing cultural diversity and tailoring HIV prevention efforts to different communities is crucial. Programs should be culturally sensitive and linguistically accessible.

Addressing the social determinants of health requires a collaborative effort involving healthcare providers, community organizations, policymakers, and individuals in the community. By creating programs and initiatives that focus on these determinants, we can establish a more comprehensive approach to HIV prevention and ensure that no one is left behind.

I hope this information provides a comprehensive overview of the advancements in HIV prevention and treatment. It is crucial that we continue to promote

accurate information, combat stigma, and tailor our prevention efforts to specific demographics to ensure a comprehensive approach to HIV awareness.

Thank you for your dedication to this important cause. If you have any further questions or would like to discuss this in more detail, please feel free to reach out.

Warm regards,

The information I am sourcing can be found from PHAC (Public Health Agency of Canada, Ontario HIV Epidemiology Surveillance (OHESI Initiative (OHESI), Canadian AIDS and Hepatitis Treatment Information Exchange (CATIE) and US National Institute of Health (NIH)

I specifically did not include specific numbers as they need to be interpreted within the correct context. Here are 2 sources that provide you with the information. z\

[Current HIV Epidemiology information](#)

[WHO HIV by the numbers](#)

[HIV and AIDS](#)

WHO fact sheet on HIV and AIDS with key facts and information on signs and symptoms, transmission, risk factors, testing and counselling, prevention, treatment and WHO response.

www.who.int

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I acknowledge the land I am standing, working, and playing on today is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat People and is now the home to many diverse First Nations, Inuit and Métis peoples. I also acknowledge that Toronto is covered by Treaty 13 signed with the Mississaugas of the Credit, and Williams Treaty signed with multiple Mississaugas and Chippewa bands.

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Je reconnais que la terre sur laquelle je me tiens, travaille et joue aujourd'hui est le territoire traditionnel de nombreuses nations, dont les Mississaugas du Cr dit, les Anishnabeg, les Chippewas, les Haudenosaunee et le peuple Wendat, et qu'elle est aujourd'hui le foyer de nombreuses Prem res nations, d'Inuits et de M tis.

Je reconnais  galement que Toronto est couverte par le trait  n  13 sign  avec les Mississaugas du Credit et par le trait  Williams sign  avec plusieurs bandes de Mississaugas et de Chippewas.

[Book time to meet with me](#)
