

# PEER NAVIGATORS EDUCATIONAL RESOURCE

## HIV/AIDS



September 2024

## Acknowledgment

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## Executive Summary

This educational material, developed as part of the “**We Can Thrive**” Project at the Afro-Canadian Positive Network of BC, provides an introductory overview of HIV/AIDS, designed to enhance understanding and promote prevention within racialized communities, particularly among newcomers, immigrants, and Canadians from sub-Saharan Africa.

The material covers the fundamental definition of **HIV/AIDS**, exploring the difference between HIV and AIDS. It provides global and national statistics, focusing on British Columbia (BC), highlighting the ongoing impact of the virus globally and within Canada.

A key component of the resource includes an overview of the **WHO’s 95-95-95 targets**, which aim to improve global HIV treatment and care. The summary also highlights the progress made in Canada and BC towards these targets, emphasizing ongoing efforts to enhance diagnosis, treatment, support, and care.

Further, the material examines the **modes of transmission**, emphasizing how HIV spreads and the factors that increase transmission risk, such as unsafe sexual practices, sharing needles, and other risk factors pertinent to vulnerable populations.

Additionally, the content outlines practical **risk reduction methods and prevention strategies**, providing actionable guidance on preventing HIV infection. This includes information on safe practices, such as condom use, needle exchange programs, and the role of **Pre-Exposure Prophylaxis (PrEP)** and **Post-Exposure Prophylaxis (PEP)** in preventing HIV transmission.

Through this material, the “**We Can Thrive**” project aims to equip peer navigators and community leaders with culturally relevant information to improve HIV/AIDS education and care, helping to reduce stigma and foster a supportive healthcare environment.

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## Guide Overview

This educational material is designed to support peer navigators in delivering culturally sensitive and stigma-free education on sexually transmitted and blood-borne infections (STBBIs), with a focus on HIV/AIDS.

It offers detailed information and key insights to enhance the understanding of STBBI prevention, testing, and care.

The material includes clear explanations, critical messages, and **interactive elements to facilitate effective learning** and engage the community.

By providing in-depth content and practical resources, this educational tool aims to empower peer navigators in their efforts to promote informed and proactive health practices within their communities.

## Objectives

- Provide peer navigators with a comprehensive understanding of HIV/AIDS, including its transmission, prevention, and treatment.
- Empower peer navigators to deliver accurate and culturally relevant HIV prevention education within their communities.
- Support peer navigators in guiding community members toward HIV testing, treatment, and sustained care services.

# Core Values

## **Cultural Sensitivity**

The educational material is designed to reflect and respect the cultural backgrounds and needs of racialized newcomers, immigrants, and Canadians from sub-Saharan Africa.

## **Stigma-Free Information**

The content promotes a non-judgmental approach to HIV/AIDS prevention, testing, treatment, and care, ensuring that it fosters understanding and support without reinforcing stigma.

## **Community-Driven Insights**

The material incorporates valuable perspectives from individuals with lived experiences to ensure the information is relevant and practical for the communities it serves.

## **Evidence-Informed**

All content is grounded in reliable data and best practices from trusted organizations, including the World Health Organization (WHO) and leading Health organizations like the Public Health Agency of Canada (PHAC).

## **Accessibility and Clarity**

The material is developed to be clear, concise, and accessible, enabling peer navigators and community members to easily understand and apply the knowledge.

## Glossary

| <b>Abbreviation</b> | <b>Meaning</b>                                          |
|---------------------|---------------------------------------------------------|
| ART                 | Antiretroviral Therapy                                  |
| CHABAC              | Canadian HIV/AIDS Black African and Caribbean Network   |
| GBMSM               | Gay, Bisexual, and other Men who have Sex with Men      |
| Hep C               | Hepatitis C                                             |
| HIV/AIDS            | Human Immune Virus/ Acquired Immune Deficiency Syndrome |
| PHAC                | Public Health Agency of Canada                          |
| PrEP                | Pre-Exposure Prophylaxis                                |
| PEP                 | Post-Exposure Prophylaxis                               |
| PLWHIV              | Persons Living with HIV                                 |
| SRH                 | Sexual and Reproductive Health                          |
| STBBIs              | Sexually Transmitted and Blood-borne Infections         |
| WHO                 | World Health Organization                               |



# Peer Navigators Pre-Workshop Knowledge Assessment

[Assessment Link](#)



# Introduction of HIV/AIDS

## What is HIV/AIDS?

HIV is a virus that compromises the body's immune system by targeting white blood cells. The weakening of the immune system makes it easier for the body to succumb to illnesses like tuberculosis, infections, and certain cancers. AIDS represents the most advanced stage of HIV infection. <sup>1</sup>

## Statistics About HIV

HIV continues to be a significant global public health challenge, having claimed approximately 42.3 million lives since it was first identified in 1983.<sup>1</sup> Since 2010, the rate of new HIV infections has dropped by 39%, from 2.1 million to around 1.3 million in 2023.<sup>1,2</sup>

At the end of 2023, an estimated 39.9 million people were living with HIV worldwide. This includes 1.4 million children (aged 0-14) and 38.6 million youth and adults (aged 15 and older). <sup>2</sup>

In 2023, around 630,000 people died from HIV-related causes, highlighting the ongoing impact of this virus on global health. <sup>1</sup>

## Statistics HIV in Canada <sup>2</sup>

### New HIV Diagnoses in 2022:

- There were 1,833 new HIV cases diagnosed, a 24.9% increase from 2021.
- Nationally, the rate is 4.7 cases per 100,000 people.
- In British Columbia, the rate is 2.5 cases per 100,000 people.

### Common ways of transmission:

- Sexual contact between men: 34.8%
- Injection drug use: 20.5%
- Heterosexual contact: 39.2%

### As of 2023, an estimated 65,270 people were living with HIV (PLHIV) in Canada

#### Among PLHIV:

- 51% are GBMSM
- 25% are women
- 13% are people who have used injection drugs

### HIV in British Columbia:

In 2020, there were 108 new HIV cases, primarily among gay, bisexual, and other men who have sex with men (GBMSM) and people who use injection drugs (PWID).

## WHO 95-95-95 Rule <sup>4</sup>

The World Health Organization (WHO) aims to reach the 95-95-95 targets by **2025**, which means:

- 95% of people with HIV **know** their status.
- 95% of those diagnosed are on **treatment**.
- 95% of those on treatment have a **suppressed viral load**.

Comparison of WHO's 95-95-95 Rule for 2023 <sup>4,5,6</sup>

| Data Point/classification | Diagnosed | On Treatment | Suppressed viral load |
|---------------------------|-----------|--------------|-----------------------|
| Global data               | 86%       | 89%          | 93%                   |
| Canada data               | 89%       | 85%          | 95%                   |
| British Columbia data     | 94%       | 92%          | 95%                   |

HIV Among African, Caribbean, and Black (ACB) People<sup>6</sup>:

- There are data gaps—no national estimates for the number of ACB people living with HIV or new infections
- In Ontario, 83%–85% of ACB people diagnosed were on treatment, and 96%–97% of those on treatment had viral suppression

## Population At Risk

HIV infects women and men; it infects people of all ages, ethnicities, and skin colors.

However, in Canada and British Columbia, certain populations with higher HIV rates have historically faced significant health inequities. These challenges are the result of systemic discrimination and structural barriers linked to homophobia, stigma, poverty, racism, and the lasting effects of colonialism.<sup>6</sup>

These populations include GBMSM, PWID, Unborn babies of expectant mothers living with HIV, People in Prisons, and Youth.<sup>6</sup>

## Mode of HIV Transmission

HIV is spread through the exchange of body fluids from an infected person, such as blood, breast milk, semen, vaginal fluids, and mother-to-child transmission during pregnancy and childbirth.<sup>8,9</sup>

However, HIV cannot be spread through everyday contact like kissing, hugging, shaking hands, or sharing personal items, food, or water.<sup>8,9</sup>

For people living with HIV, taking antiretroviral therapy (ART) and keeping the virus at undetectable levels means they cannot transmit it to their sexual partners. Early access to ART and consistent treatment are vital for staying healthy and preventing the spread of HIV.<sup>8,9</sup>

HIV can be both prevented and managed with ART. Without treatment, HIV can gradually progress to AIDS, so starting therapy early is crucial.<sup>8,9</sup>

The WHO defines advanced HIV disease (AHD) as having a CD4 cell count below 200 cells/mm<sup>3</sup> or being at WHO stage 3 or 4. This applies to adults, adolescents, and children under five due to their higher risk of severe illness and death.<sup>4</sup> While CD4 testing is still helpful for identifying AHD, it is no longer required before starting treatment.<sup>4</sup>

## Symptoms of HIV

After contracting HIV, some individuals may not show any symptoms and may remain undiagnosed until AIDS symptoms emerge, which can take up to 10 years.<sup>9</sup>

However, over 50% of people with HIV might experience mild flu-like symptoms within 2 to 4 weeks of infection. Early signs can include chills, fever, fatigue, joint pain, headache, sore throat, muscle aches, and swollen lymph nodes.<sup>9</sup>

These symptoms can last from a few days to several weeks and may resolve on their own. Early HIV infection is often misdiagnosed, so it's important to consult your healthcare provider if you suspect you have HIV and discuss testing options.<sup>9</sup>

# Reducing Risks Factors

## Injecting Drugs

- It's important not to share any drug equipment including water, filters, spoons, cookers, needles, and syringes. <sup>10</sup>
- Always use clean, new equipment for every injection. Joining a substance use treatment program, like methadone or opioid substitution therapy, can also help by reducing drug dependence, and decreasing other risky behaviors, such as having unprotected sex with partners whose HIV status is unknown. <sup>10</sup>

## Pregnancy and Childbirth

- Pregnant or persons planning to have a baby, and their partners should get tested for STBBIs, including HIV. <sup>10</sup>

PLWHIV can reduce the risks of mother-child transmission.

- Take antiretroviral medications to keep the mother's viral load undetectable throughout your pregnancy and avoid breastfeeding after childbirth <sup>10</sup>

## Tattooing, Body Piercings, Acupuncture, and Other Procedures

- Tattoos, body piercing, electrolysis, or acupuncture should be done by professionals who follow strict infection control practices, like those used in hospitals. <sup>10</sup>
- Ensure needles are single-use and disposed of safely after each use, as required by law. <sup>10</sup>

## Medical Tourism

- When traveling abroad for medical care, check that the facility follows proper infection control practices. <sup>10</sup>
- Make sure that any blood and blood products used are screened for HIV and other STBBIs. <sup>10</sup>

## Workplace Exposure

- Follow the routine infection control practices specific to the workplace if the job involves contact with blood or bodily fluids to reduce this risk. <sup>1</sup>

## Treating HIV

Effective treatments are available to manage HIV infection, and starting treatment early can help individuals live healthy lives.<sup>11</sup>

ART is used to treat the infection. These medications work by:

- Lowering the level of HIV in the body, thus reducing the viral load, making the amount of HIV in the blood deficient.
- Slowing the virus's spread by helping protect the immune system by controlling the virus.<sup>11</sup>

HIV treatment not only improves health but also reduces the risk of transmitting HIV to sexual partners.<sup>11</sup>

The principle of "**Undetectable = Untransmittable**" (**U=U**) highlights that when HIV is undetectable in the blood due to effective treatment, it cannot be transmitted through sex.<sup>12</sup> U=U doesn't apply to non-sexual activities such as sharing drug use equipment, pregnancy, breastfeeding, and childbirth.<sup>12</sup>

### **Access an HIV test at the following locations:**

Sexual Health Clinics<sup>13</sup>

◆ Primary Care Clinics<sup>13</sup>

[GetCheckedOnline](#)<sup>13</sup>

Please note: **HIV testing in BC is free and convenient**

# Prevention Strategies

Several effective methods can help prevent HIV transmission.

To maximize protection, these methods should be used consistently and correctly:

## **Condoms** <sup>14</sup>

Using condoms during sex helps prevent HIV, other sexually transmitted infections (STIs), and pregnancy. There are external condoms (worn on the penis) and internal condoms (inserted into the vagina or anus). Support may be needed to access free condoms, learn proper usage, and negotiate their use.

## **Safe Injection Practices**<sup>14</sup>

Using new needles and other injecting equipment (such as cookers and filters) for every injection prevents the spread of HIV and other infections. Support may be required to access free injecting equipment, properly dispose of used equipment, and learn safe injection techniques.

## **Pre-exposure Prophylaxis (PrEP)** <sup>14</sup>

PrEP is a medication taken daily by HIV-negative individuals to help prevent HIV. Regular visits to a healthcare provider are needed every three months for HIV testing, STI screening, monitoring for side effects, and ongoing support. Education about PrEP and assistance in accessing a healthcare provider, paying for the medication, and adhering to the regimen may be necessary.

## **Post-exposure Prophylaxis (PEP)** <sup>14</sup>

PEP involves taking medication after a potential HIV exposure, such as when a condom breaks. It should be started as soon as possible, within 72 hours of exposure, and taken daily for 28 days. Service providers should inform clients about PEP, its availability, and assist with finding a healthcare provider, managing costs, adhering to the medication, and addressing side effects.

## **Additional Risk Reduction Tools:**

Beyond these primary strategies, other risk reduction tools can further decrease the chance of contracting HIV:

### **Choosing Lower-Risk Activities**

Engaging in activities with a lower risk of transmitting HIV and other STIs, such as having oral sex instead of vaginal or anal sex.

### **Selecting Safer Drug Use Methods**

Opting for drug use methods that carry a lower risk of transmitting HIV and other infections, such as smoking rather than injecting.

# Peer Navigators Post-Workshop Knowledge Assessment

[Assessment link](#)





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