

UPDATE: HIV/AIDS IN NOVA SCOTIA  
AUGUST 1994

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This report is based on the Centers for Disease Control definition of the Acquired Immune Deficiency Syndrome (AIDS) revised 1 July, 1993.

Effective 1 July, 1993, the surveillance case definition for AIDS in Canada was changed. The current surveillance case definition for AIDS will be retained in its entirety, and three new indicator clinical conditions will be added. In the presence of HIV infection, the following clinical conditions will be included as indicators of AIDS, for the purposes of surveillance of AIDS in Canada:

1. pulmonary tuberculosis
2. recurrent bacterial pneumonia
3. invasive cervical cancer

The inclusion of these three new indicator diseases in the current surveillance case definition for AIDS will assist in resolving the concerns of underestimating AIDS in women, injection drug users and others.

The cases are recorded by date of onset of symptoms.

Please note that tables one through six are based on the cumulative incidence of AIDS from 1983 to the present. Numbers are insufficient for shorter time periods.

### DATA SOURCES AND LIMITATIONS

These tables are based on reports received from physicians in Nova Scotia who treat people with HIV infection and from the Provincial Public Health Laboratory, which tests for Human Immunodeficiency Virus (HIV). Physicians fill out reports which are sent to the health units throughout Nova Scotia and then finally to the Epidemiology Unit at the Department of Health. It may therefore take several months for a report to be received, checked, and entered into the database. There is consequently some degree of under-reporting of cases for the most recent period covered by the report, especially for the last six months. The tables will be revised in subsequent publications as new case reports are received.

The Department of Health also receives notification of the death of a person with AIDS, or with HIV infection, if it was felt to be a contributing factor. It cross-checks reports received from physicians with reports compiled from death certificates received by the Vital Statistics section. Again, there may be under-reporting for the most recent six month period.

Migration of people from one province to another also affects the reporting of these data. For example, a person may be diagnosed as having AIDS in Toronto and then move to Nova Scotia for treatment. Cases are attributed to the province in which the *diagnosis was made* to avoid counting the cases in both provinces. With respect to deaths, all deaths of people with AIDS who die in Nova Scotia are reported regardless of whether the diagnosis was made here or elsewhere. This has not been a problem as the majority of deaths have occurred in individuals who were also diagnosed here. Deaths of people who are HIV-positive are not recorded unless they die of an AIDS-related condition so that the diagnosis of AIDS would have been made at the time of death. An HIV-positive person who dies, for example, from a heart attack, would not be counted whereas an HIV positive person who dies of *Pneumocystis carinii* pneumonia, a disease indicative of AIDS, would be counted even if the diagnosis of AIDS was not made previous to the person's death.

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**A I D S**

**CUMULATIVE INCIDENCE FROM 1983 TO PRESENT**

**I. ALL CASES**

		<u>Alive</u>	<u>Dead</u>	<u>Total</u>
Adult: 15 years or older	Males	50	99	149
	<u>Females</u>	<u>6</u>	<u>10</u>	<u>16</u>
	Subtotal	56	109*	165
Children: Less than 15 years	Males	0	1	1
	<u>Females</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Subtotal	0	1	1
<b>Total</b>		<b>56</b>	<b>110</b>	<b>166</b>

\* Seven of these cases had onset of symptoms outside of Nova Scotia

**II. ADULT CASES**

1. <u>RISK FACTOR</u>	<u>Cases</u>	<u>Deaths</u>
Homosexual/bisexual activity	127	88
Illicit injection drug use	5	2
Both of the above	2	2
Recipient of blood/blood products	16	10
High risk heterosexual activity		
a) origin in endemic area **	4	3
b) sexual contact with person at risk ***	4	1
No identified risk factors	<u>7</u>	<u>3</u>
<b>Total</b>	<b>165</b>	<b>109</b>

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\*\* a) people originally from or residing in countries with a high prevalence of HIV and where heterosexual transmission of HIV is common;

\*\*\* b) people reporting heterosexual activity with people at risk of HIV infection

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**II. ADULT CASES (Continued)**

2. <u>AGE GROUP</u>	<u>Cases</u>	<u>Deaths</u>
15-19	1	1
20-29	32	14
30-39	63	43
40-49	51	38
50 and over	16	13
<u>Unknown</u>	<u>2</u>	<u>0</u>
<b>Total</b>	<b>165</b>	<b>109</b>

  

3. <u>PRIMARY DIAGNOSIS</u>	<u>Cases</u>	<u>Deaths</u>
KS without PCP*	20	13
PCP without KS	74	50
Both KS and PCP	4	2
Other OI**	50	36
Other Malignancies	6	1
HIV Wasting Syndrome	6	4
Invasive Cervical Cancer	1	0
<u>HIV Encephalopathy</u>	<u>4</u>	<u>3</u>
<b>Total</b>	<b>165</b>	<b>109</b>

**III. ADULT MALES**

1. <u>RISK FACTOR</u>	<u>Cases</u>	<u>Deaths</u>
Homosexual/bisexual activity	127	88
Illicit injection drug use	3	1
Both of the above	2	2
Recipient of blood/blood products	7	2
High risk heterosexual activity:		
a) origin in endemic area	3	3
b) sexual contact with person at risk	1	0
<u>No identified risk factors</u>	<u>6</u>	<u>3</u>
<b>Total</b>	<b>149</b>	<b>99</b>

  

2. <u>AGE GROUP</u>	<u>Cases</u>	<u>Deaths</u>
15-19	0	0
20-29	29	14
30-39	59	42
40-49	48	35
50 and over	11	8
<u>Unknown</u>	<u>2</u>	<u>0</u>
<b>Total</b>	<b>149</b>	<b>99</b>

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\* KS: Kaposi's sarcoma  
 PCP: Pneumocystis carinii pneumonia  
 \*\* OI: Opportunistic infection

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**III. ADULT MALE (continued)**

<b>3. <u>PRIMARY DIAGNOSIS</u></b>	<b><u>Cases</u></b>	<b><u>Deaths</u></b>
KS without PCP	18	12
PCP without KS	67	43
Both KS and PCP	4	2
Other OI	46	34
Other Malignancies	5	1
HIV Wasting Syndrome	5	4
<u>HIV Encephalopathy</u>	<u>4</u>	<u>3</u>
<b>Total</b>	<b>149</b>	<b>99</b>

**IV. ADULT FEMALES**

<b>1. <u>RISK FACTOR</u></b>	<b><u>Cases</u></b>	<b><u>Deaths</u></b>
Illicit injection drug use	2	1
Recipient of blood/blood products	9	8
High risk heterosexual activity:		
a) origin in endemic area	1	0
b) sexual contact with person at risk	3	1
<u>No identified risk factors</u>	<u>1</u>	<u>0</u>
<b>Total</b>	<b>16</b>	<b>10</b>

<b>2. <u>AGE GROUP</u></b>	<b><u>Cases</u></b>	<b><u>Deaths</u></b>
15-19	1	1
20-29	3	0
30-39	4	2
40-49	3	2
50 and over	5	5
<u>Unknown</u>	<u>0</u>	<u>0</u>
<b>Total</b>	<b>16</b>	<b>10</b>

<b>3. <u>PRIMARY DIAGNOSIS</u></b>	<b><u>Cases</u></b>	<b><u>Deaths</u></b>
KS without PCP	1	2
PCP without KS	8	6
Both KS and PCP	0	0
Other OI	4	2
Other Malignancies	1	0
HIV Wasting Syndrome	1	0
Invasive Cervical Cancer	1	0
<u>HIV Encephalopathy</u>	<u>0</u>	<u>0</u>
<b>Total</b>	<b>16</b>	<b>10</b>

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### V. PEDIATRIC CASES

	<u>Male</u>	<u>Female</u>
<b>1. <u>RISK FACTOR</u></b>		
Perinatal transmission	0	0
Recipient of blood/blood products	1	0
<u>Other</u>	<u>0</u>	<u>0</u>
<b>Total</b>	<b>1</b>	<b>0</b>
<b>2. <u>AGE GROUP</u></b>	<u>Male</u>	<u>Female</u>
less than 1 yr.	0	0
1 to 4	0	0
5 to 9	1	0
<u>10 to 14</u>	<u>0</u>	<u>0</u>
<b>Total</b>	<b>1</b>	<b>0</b>

### VI. DISTRIBUTION OF CASES BY HEALTH UNIT REGION

<u>HEALTH UNIT(*)</u>	<u>Alive</u>	<u>Dead</u>	<u>Total</u>
<b>Southwest</b>			
(Digby, Yarmouth & Shelburne)	3	5	8
(Lunenburg and Queens)	1	4	5
<b>Valley</b>			
(Annapolis, Kings and Hants)	2	9	11
<b>Halifax Region</b>			
(Halifax)	41	81	122
<b>Cobequid</b>			
(Colchester and Cumberland)	4	5	9
<b>Northumberland</b>			
(Pictou, Antigonish & Guysborough)	4	0	4
<b>Cape Breton</b>			
(Victoria, Inverness, Cape Breton and Richmond)	<u>1</u>	<u>6</u>	<u>7</u>
<b>Total</b>	<b>56</b>	<b>110</b>	<b>166</b>

\* Counties for each health unit region are indicated in parentheses

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**VII. CASES BY QUARTER SINCE 1983**

<u>Year</u>	<u>Month</u>	<u>Number of Cases</u>	<u>Number of Deaths</u>	<u>Cumulative Cases</u>	<u>Cumulative Deaths</u>
1983	01-03	0	0		
	04-06	1	1		
	07-09	0	0		
	<u>10-12</u>	<u>0</u>	<u>0</u>		
	Subtotal	1	1	1	1
1984	01-03	0	0		
	04-06	0	0		
	07-09	1	1		
	<u>10-12</u>	<u>0</u>	<u>0</u>		
	Subtotal	1	1	2	2
1985	01-03	1	0		
	04-06	2	2		
	07-09	0	0		
	<u>10-12</u>	<u>0</u>	<u>0</u>		
	Subtotal	3	2	5	4
1986	01-03	1	0		
	04-06	2	1		
	07-09	2	1		
	<u>10-12</u>	<u>1</u>	<u>1</u>		
	Subtotal	6	3	11	7
1987	01-03	4	4		
	04-06	3	1		
	07-09	4	0		
	<u>10-12</u>	<u>5</u>	<u>3</u>		
	Subtotal	16	8	27	15
1988	01-03	3	2		
	04-06	3	3		
	07-09	2	4		
	<u>10-12</u>	<u>6</u>	<u>5</u>		
	Subtotal	14	14	41	29
1989	01-03	4	1		
	04-06	5	4		
	07-09	2	2		
	<u>10-12</u>	<u>6</u>	<u>0</u>		
	Subtotal	17	7	58	36



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**VIII. CASES BY QUARTER SINCE 1983 (continued)**

<u>Year</u>	<u>Month</u>	<u>Number of Cases</u>	<u>Number of Deaths</u>	<u>Cumulative Cases</u>	<u>Cumulative Deaths</u>
1990	01-03	2	2		
	04-06	7	3		
	07-09	4	3		
	<u>10-12</u>	<u>0</u>	<u>1</u>		
	Subtotal	13	9	71	45
1991	01-03	3	2		
	04-06	6	4		
	07-09	6	2		
	<u>10-12</u>	<u>5</u>	<u>8</u>		
	Subtotal	20	16	91	61
1992	01-03	5	4		
	04-06	5	2		
	07-09	7	3		
	<u>10-12</u>	<u>9</u>	<u>5</u>		
	Subtotal	26	14	117	75
1993	01-03	6	4		
	04-06	7	9		
	07-09	6	4		
	<u>10-12</u>	<u>9</u>	<u>7</u>		
	Subtotal	28	24	145	99
1994	01-03	9	6		
	04-06	10	5		
	<u>07-09</u>	<u>2</u>	<u>0</u>		
	Subtotal	21	11	166*	110*

\* Cases to date

Please note that it may take about three to six months before the Department of Health is notified about a case or a death. The number of cases and deaths for the last and second periods may therefore be incomplete.

VIII. CASES PER YEAR BY SEX AND RISK FACTOR

	<u>YEAR OF DIAGNOSIS</u>													
	<u>83</u>	<u>84</u>	<u>85</u>	<u>86</u>	<u>87</u>	<u>88</u>	<u>89</u>	<u>90</u>	<u>91</u>	<u>92</u>	<u>93</u>	<u>94*</u>		
<u>Adults:</u>														
Males	1	1	3	5	14	13	14	12	19	23	25	19		
Females	0	0	0	0	2	1	3	1	1	3	3	2		
<u>Risk Factor:</u>	<u>83</u>	<u>84</u>	<u>85</u>	<u>86</u>	<u>87</u>	<u>88</u>	<u>89</u>	<u>90</u>	<u>91</u>	<u>92</u>	<u>93</u>	<u>94</u>		
Homosexual/bisexual activity	1	1	3	5	14	11	11	12	17	19	19	14		
IV drug abuse	0	0	0	0	0	0	1	0	1	1	1	2		
Both of the above	0	0	0	0	0	1	0	0	0	0	1	0		
Recipients of blood/blood products	0	0	0	0	2	2	3	1	1	2	3	1		
Heterosexual activity:														
a) origin in endemic area	0	0	0	0	0	0	1	0	0	0	2	1		
b) sexual contact with persons at risk	0	0	0	0	0	0	0	0	0	3	0	1		
No identified risk factors	0	0	0	0	0	0	1	0	1	1	2	2		
<u>Children:</u>														
Males	0	0	0	1	0	0	0	0	0	0	0	0		
Females	0	0	0	0	0	0	0	0	0	0	0	0		
<u>Risk Factor:</u>	<u>83</u>	<u>84</u>	<u>85</u>	<u>86</u>	<u>87</u>	<u>88</u>	<u>89</u>	<u>90</u>	<u>91</u>	<u>92</u>	<u>93</u>			
Perinatal transmission	0	0	0	0	0	0	0	0	0	0	0			
Blood transfusion recipient	0	0	0	1	0	0	0	0	0	0	0			
Other	0	0	0	0	0	0	0	0	0	0	0			

\* Cases to date

Source: Epidemiology, Nova Scotia Department of Health

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**HIV INFECTION**

**HIV ANTIBODY TESTING IN NOVA SCOTIA**

The following tables summarize information for persons diagnosed and residing in Nova Scotia as being HIV positive regardless of the location where they may have been exposed. Unless otherwise stated, all persons have had a Western blot confirmatory test. Please note that not all persons who are HIV positive come forward for testing. The actual numbers in the population may be three to five times higher than what is presented here. All of the positives should represent new cases as physicians are asked whether or not this is a repeat test. A small number of these cases will represent the first time diagnosis of AIDS as opposed to asymptomatic HIV infection. These few cases will therefore be reported both as a new HIV infection and a new case of AIDS for the year in which they are reported. However, since most people with AIDS were previously known to be HIV positive, this number should be extremely small.

**IX. NEW HIV + CASES BY YEAR**

<u>Year</u>	<u>Samples Submitted</u>	<u>Number HIV+</u>	<u>Percent HIV+</u>
1985	228	26	11.4
1986	846	41	4.8
1987	3,369	54	1.6
1988	3,229	53	1.6
1989	3,890	43	1.1
1990	4,293	44	1.0
1991	5,189	35	0.7
1992	6,964	29	0.4
1993	7,151	32	0.4
(June) 1994	3,777	17	0.5
Date unknown		2	
	38,936	376	1

Unlike AIDS, where an individual is considered to be diagnosed in one province only, a person can be diagnosed as being HIV positive in more than one province. This is because there is no national database to detect multiple testing and reporting requirements for HIV differ from province to province. Therefore, HIV data cannot be compared or aggregated across provinces without cautious interpretation.

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**X. HIV+ CASES BY AGE, SEX AND RISK FACTOR**

	<u>Year of Diagnosis</u>				
	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>
<b><u>ADULTS:</u></b>					
Males	31	32	22	30	11
Females	3	2	7	2	3
<b><u>FEMALES</u></b>					
<b><u>RISK FACTOR:</u></b>					
Homosexual/bisexual activity	1	0	1	0	0
Illicit injection drug use	0	0	1	1	0
Both of the above	0	0	0	0	0
Recipient of blood/blood products	1	0	1	0	0
High risk heterosexual activity:					
a) origin in endemic area	0	1	1	0	1
b) sexual contact with person at risk	1	1	3	1	2
No identified risk factors	0	0	0	0	0
<b><u>AGE GROUP</u></b>					
15-19	0	0	0	0	0
20-29	2	2	3	1	3
30-39	0	0	2	1	0
40-49	0	0	0	0	0
50 and over	0	0	2	0	0
Unknown	1	0	0	0	0

Source: Epidemiology, Nova Scotia Department of Health

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**X. HIV+ CASES BY AGE, SEX AND RISK FACTOR (continued)**

	<u>Year of Diagnosis</u>				
	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>
<u>MALES</u>					
<b>RISK FACTOR:</b>					
Homosexual/bisexual activity	28	28	13	22	7
Illicit injection drug use	0	2	3	1	0
Both of the above	0	0	0	0	0
Recipient of blood/blood products	2	0	0	0	0
High risk heterosexual activity:					
a) origin in endemic area	0	1	1	2	1
b) sexual contact with person at risk	1	0	1	4	2
No identified risk factors	0	1	4	1	1
<b>AGE GROUP</b>					
15-19	0	0	0	1	0
20-29	6	13	2	5	2
30-39	16	15	10	12	5
40-49	4	2	8	9	3
50 and over	2	0	1	3	1
Unknown	3	2	1	0	0

Source: **Epidemiology, Nova Scotia Department of Health**

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	<u>Year of Diagnosis</u>				
	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>
<u>CHILDREN</u>	1	1	0	0	0
<b>RISK FACTOR:</b>					
Perinatal transmission	1	0	0	0	0
Blood transfusion recipient	0	1	0	0	0
Other	0	0	0	0	0
<b>AGE GROUP (yrs)</b>	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>
Less than 1 yr	0	0	0	0	0
1 to 4	1	1	0	0	0
5 to 9	0	0	0	0	0
10 to 14	0	0	0	0	0

Source: Epidemiology, Nova Scotia Department of Health

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**XI. DISTRIBUTION OF NEW HIV+ CASES BY HEALTH UNIT REGION**

<u>HEALTH UNIT (*)</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>
<b>Western</b> (Digby, Yarmouth and Shelburne)	0	0	0	0	0
<b>Lunenburg-Queens</b> (Lunenburg and Queens)	1	0	0	0	0
<b>Fundy</b> (Annapolis, Kings and Hants)	1	1	2	1	0
<b>Atlantic</b> (Halifax)	41	28	22	27	14
<b>Cobequid</b> (Colchester and Cumberland)	0	3	3	3	0
<b>Northumberland</b> (Pictou, Antigonish and Guysborough)	0	1	0	0	0
<b>Cape Breton</b> (Victoria, Inverness, Cape Breton and Richmond)	<u>1</u>	<u>2</u>	<u>2</u>	<u>1</u>	<u>0</u>
<b>Total</b>	<b>44**</b>	<b>35</b>	<b>29</b>	<b>32</b>	<b>14</b>

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\* Counties for each health unit region are indicated in parentheses  
 \*\* Includes 9 exposed outside of Nova Scotia

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**AIDS IN NOVA SCOTIA: 1983 to 1994 (August)**

**CASES AND DEATHS**

