

Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol

Preamble

The Ontario Public Health Standards (OPHS) are published by the Minister of Health and Long-Term Care under the authority of the Health Protection and Promotion Act (HPPA)¹ to specify the mandatory health programs and services provided by boards of health. Protocols are program and topic specific documents which provide direction on how boards of health must operationalize specific requirement(s) identified within the OPHS. They are an important mechanism by which greater standardization is achieved in the province-wide implementation of public health programs.

Protocols identify the minimum expectations for public health programs and services. Boards of health have the authority to develop programs and services in excess of minimum requirements where required to address local needs. Boards of health are accountable for implementing the standards including those protocols that are incorporated into the standards.

Purpose

This protocol provides direction to boards of health on the implementation of the program to prevent and control sexually transmitted infections (STIs) including blood-borne infections (BBIs) and to promote healthy sexuality for priority populations, cases and contacts.

It also provides direction to boards of health regarding:

- Screening, diagnosis, treatment, and counselling of cases and contacts;
- Screening, diagnosis, treatment, and counselling for individuals sharing drug-using equipment; and
- Providing means of reducing the risk of transmission.

HIV, hepatitis B and hepatitis C are implied throughout this protocol in all sections referring to STIs/BBIs.

This protocol replaces the *Sexually Transmitted Diseases (STDs) – STD Control Protocol, December 1997* including the version updated March 2005.

Reference to the Standards

The table below identifies the OPHS standard and requirements to which this protocol relates.

| Standard | Requirement |
|--|--|
| Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV) | <p>Requirement #1: The board of health shall report data elements on sexually transmitted infections and blood-borne infections in accordance with the Health Protection and Promotion Act and the <i>Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008</i> (or as current).</p> <hr/> <p>Requirement #2: The board of health shall conduct surveillance of:</p> <ul style="list-style-type: none">• Sexually transmitted infections;• Blood-borne infections;• Reproductive outcomes;• Risk behaviours; and• Distribution of harm reduction materials/equipment <p>in accordance with the <i>Population Health Assessment and Surveillance Protocol, 2008</i> (or as current) and the <i>Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008</i> (or as current).</p> |

| Standard | Requirement |
|----------|---|
| | Requirement #8: The board of health shall ensure that the medical officer of health or designate receives reports of sexually transmitted infections and blood-borne infections and responds in accordance with the Health Protection and Promotion Act and the <i>Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008</i> (or as current). |
| | Requirement #9: The board of health shall provide or ensure access to provincially funded drugs for the treatment of sexually transmitted infections, at no cost to clients, in accordance with the <i>Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008</i> (or as current). |

Operational Roles and Responsibilities

1) Data collection, reporting and information transfer

The board of health shall:

- a) Use the integrated Public Health Information System (iPHIS) or any other method specified by the Ministry of Health and Long-Term Care (the “ministry”) to notify the ministry of cases and contacts of reportable STIs including BBIs. It is required to include all disease-specific information specified in O. Reg. 569² under the HPPA¹.

Lab Confirmed Case:

- b) Include as much relevant information as possible to facilitate location, counselling, and treatment of cases of reportable STIs/BBIs. A laboratory report alone is insufficient. Case information shall include as much of the following, as described in disease-specific iPHIS user guides³ or any other documentation or any other method specified by the ministry:
 - i) Infection/diagnosis;
 - ii) First name, last name (with the exception of anonymous HIV testing);
 - iii) Birth date or birth year if date of birth not available; and
 - iv) Gender.

Other data elements to be collected and reported for cases of reportable STIs/BBIs could include:

- v) Address/telecommunications;
- vi) Case/encounter date (e.g., onset date, reported date, etc.);
- vii) Treatment; and
- viii) Risk factors (e.g., exposure setting, medical risk factors, and behavioural/social factors).

Contact:

- c) Include as much relevant information as possible to facilitate the location, counselling and treatment of contacts. Information shall include as much of the following information as possible as described in disease-specific iPHIS user guides³ or any other documentation or any other method specified by the ministry:
 - i) Infection/diagnosis;
 - ii) First name, last name;
 - iii) Birth date or birth year if date of birth not available; and
 - iv) Gender.

Other data elements to be collected and reported on contacts could also include:

- v) Address/telecommunications;
 - vi) Contact (e.g., sexual, maternal, household, etc.);
 - vii) Case/encounter date (e.g., onset date, reported date, etc.);
 - viii) Treatment; and
 - ix) Risk factors (e.g., exposure setting, medical risk factors, behavioural/social factors).
- d) Refer information on cases and contacts that are outside the health unit directly to the appropriate board of health within Ontario, using iPHIS or any other method specified by the ministry.
 - e) Refer information on cases/contacts outside of Ontario or Canada to the Public Health Division, of the ministry.

2) Detection and identification

The board of health shall:

- a) Offer screening of STIs including BBIs to individuals who have one or more of the following risk factors:
 - i) Having sexual contact with person(s) with a known STI;
 - ii) Being sexually active and under 25 years;
 - iii) Having a new partner or having had multiple partners in the past year;
 - iv) Being street involved and/or homeless;
 - v) Being a sex worker;
 - vi) Having anonymous sexual partners;
 - vii) Being a victim of sexual assault/abuse;
 - viii) Injection drug use;
 - ix) Using other substances such as alcohol or chemicals (e.g., cocaine, ecstasy);
 - x) Having a previous STI; and
 - xi) Not using contraception or sole use of non-barrier contraception.
- b) Comply with the Child and Family Services Act R.S.O. 1990, c.C.11⁴ regarding the reporting of suspected cases of sexual abuse or exploitation.
- c) Refer to the *Canadian Guidelines on Sexually Transmitted Infections, 2006 Edition*⁵ (or as current) for further information on screening related to specific priority populations.

3) Sexual health clinical services, STIs, and blood-borne infections preventive services

The board of health shall:

- a) Deliver the following clinical services for priority populations:
 - i) Client's health assessment/risk review;
 - ii) STI/BBI education and counselling;
 - iii) Contraception counselling;
 - iv) A mechanism to provide contraceptives at cost and/or free for clients in financial need;
 - v) Pregnancy tests and comprehensive pregnancy counselling;
 - vi) Post-abortion counselling and referral;
 - vii) Provision of counselling, diagnosis, treatment, and management of STIs, including cervical cytology (Pap test);
 - viii) Counselling, testing, and referrals for blood-borne infections;
 - ix) Provision of vaccines at no cost according to provincial eligibility criteria; and
 - x) Provision of condoms at no cost.
- b) Offer free condoms to priority populations at, but not limited to, sexual health/STI clinical services and harm reduction programs.
- c) Provide access to harm reduction supplies through needle and syringe exchange programs which may include other evidence-informed harm reduction strategies in response to local surveillance. Harm reduction strategies include but are not limited to provision of clean and sterile drug-using equipment, condoms, client-centred counselling, skill-building and education, and referral to addictions treatment, health, and other social services.
- d) Refer to the *Sexual Health Clinical Services Manual, January 2002*⁶ (or as current) for more information.

4) Notification

- a) The board of health shall receive notifications of reportable STIs/BBIs as identified in the HPPA, sections 25 to 29!

5) Management

The board of health shall:

- a) Consult with health care providers to ensure that cases of STIs receive appropriate treatment and counselling as recommended by the *Canadian Guidelines on Sexually Transmitted Infections, 2006 Edition*⁵ (or as current). This consultation can include collaboration with health care providers regarding partner notification strategies, as well as follow-up counselling for all STI cases reported.

- b) Consider recommending that a clinical evaluation be done by a paediatrician or experienced physician when referring a suspected case of child and adolescent sexual abuse to child protection services. For further information on screening, refer to the *Canadian Guidelines on Sexually Transmitted Infections, 2006 Edition*⁵ (or as current).

Interviewing the case

- c) Arrange an interview with the case as soon as possible after confirming the diagnosis and treatment with the health care provider.
- d) Discuss with the case all risk factors relevant to the infection and route of transmission during the period of infectivity. The discussion shall also include client-centred education regarding STIs/BBIs and risk reduction counselling.
- e) Discuss with the case the importance of notifying sexual partners and partners who share drug-using equipment and confirm who will assume responsibility for contact notification (case, board of health, health care provider). The board of health shall also include collection of as much of the following information as described in disease-specific iPHIS user guides³ or any other documentation or any other method specified by the ministry:
- First name, last name of contact(s);
 - Birth date or birth year;
 - Gender;
 - Address/telecommunication;
 - Contact (e.g., sexual, casual, etc.);
 - Relevant case/encounter date; and
 - Risk factors.

Ensure that contact tracing is completed when partner notification is done by the health care provider or the case.

Contact tracing:

- f) Begin contact tracing and contact notification as soon as possible after the index case is interviewed.
- g) Follow the time frames for the identification of contacts appropriate to the specific infection:

| Disease | Time Frame for Identification of Contacts | |
|---|--|---|
| i) Gonorrhoea | All partners who have had sexual contact with the case within at least 60 days prior to the onset of symptoms, and parents of infected neonates. | |
| ii) Chlamydia | All partners who have had sexual contact with the case within at least 60 days prior to diagnosis, and parents of infected neonates. | |
| iii) Syphilis | Identify all sex partners and contacts as follows: | |
| | Primary syphilis case | 3 months prior to onset of symptoms |
| | Secondary syphilis case | 6 months prior to onset of symptoms |
| | Early latent case | 1 year prior to the diagnosis |
| | Early congenital syphilis case | Assess mother and her sexual partner(s) |
| Late Latent Case | As late latent syphilis is not considered infectious, consider the assessment of marital or other long-term partners and children as appropriate. | |
| iv) Chancroid | Identify sex partners in contact with the confirmed case within the 14 days prior to onset of symptoms and up to the time of diagnosis. | |
| v) Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) | <ul style="list-style-type: none"> • Start with the most recent contacts. • Consider the outer time limit as the start of risk behaviour or to last known negative test. | |
| vi) Hepatitis B | Variable | |
| vii) Hepatitis C | Variable | |

Refer to the *Canadian Guidelines on Sexually Transmitted Infections, 2006 Edition*⁵ (or as current) for further information on time frames for identification of contacts.

Interviewing the contact

- h) For contact tracing completed by the board of health clinical services or a health care provider, ensure that the board of health staff and/or health care provider assumes responsibility for confidentially notifying contacts of potential exposure to an STI. The board of health staff will initiate partner notification promptly and utilize the following principles:
- i) Confirm identity of the contact;
 - ii) Ensure confidentiality regarding source of information;
 - iii) Obtain history of any symptoms;
 - iv) Provide disease-specific education;
 - v) Provide general preventive STI counselling; and
 - vi) Explain testing and treatment options and, if necessary, assist with referral to a board of health clinic or to a health care provider.

For further information on contact tracing, please refer to the *Sexually Transmitted Infections Case Management and Contact Tracing Best Practice Recommendations, 2008* (or as current).

Drug and vaccine supply distribution

- i) Have available at no cost through the Public Health Division of the ministry, and provide at no cost to clients, the following recommended drugs and/or vaccines for the treatment of STIs:[†]
- i) Amoxicillin 500 mg capsules;
 - ii) Azithromycin 250 mg capsules;
 - iii) Benzathine penicillin G IM injection;
 - iv) Sterile water for injection (diluent for benzathine penicillin G);
 - v) Cefixime 400 mg tablets;
 - vi) Ceftriaxone 250 mg IM injection;
 - vii) Lidocaine 1% solution;
 - viii) Doxycycline hyclate 100 mg capsules;
 - ix) Erythromycin base 250 mg tablets; and
 - x) Spectinomycin (available on a case-by-case basis through the Public Health Division).
- j) Have available, at no cost, hepatitis A and hepatitis B vaccines for individuals eligible under the ministry's publicly funded program.
- i) Individuals eligible for hepatitis A vaccine at no cost include:
 - Persons with chronic liver disease (including hepatitis C);
 - Injection drug users; and
 - Men who have sex with men.
 - ii) Individuals eligible for hepatitis B vaccine at no cost include:
 - Infants born to carrier mothers;
 - Household and sexual contacts of chronic carriers and acute cases;
 - Persons on renal dialysis and those with diseases requiring frequent receipt of blood products*;
 - Individuals awaiting liver transplants*;
 - Injection drug users;
 - Men who have sex with men and individuals with multiple sex partners, STI history;
 - Those having needle-stick injuries in a non-health care setting;
 - Grade 7 students who are part of Hepatitis B School Immunization Program;
 - Children <7 years old whose families have immigrated from countries of high prevalence for hepatitis B, and who may be exposed to hepatitis B carriers through their extended families; and
 - Persons with chronic liver disease (including hepatitis C).

[†] The ministry may restrict distribution and/or redistribute drugs and vaccines to boards of health in the event that product shortages and/or supply issues arise.

* Only the second and third doses will be provided at no cost by the ministry.

- k) Invoice the Public Health Division of the ministry, if the board of health is reimbursing a client for STI drugs (i.e., the purchase of aqueous procaine penicillin G). Invoices should be forwarded to the Public Health Division of the ministry.
- l) At its discretion, redistribute publicly funded drugs provided by the Public Health Division of the ministry for the treatment of STIs to health care providers who manage patients with STIs.
- m) Monitor drugs/vaccines distributed to health care providers or clinics via the board of health to ensure they are being used appropriately. Positive laboratory reports may serve as a monitoring tool for appropriateness of drug usage. The distribution system of free STI drugs and hepatitis B vaccine to health care providers may be audited periodically by the Public Health Division of the ministry.

Glossary

Blood-Borne Infections (BBIs): Include hepatitis B, human immunodeficiency virus (HIV), and hepatitis C. BBIs are transmitted to the blood through sexual activities/intercourse and by the sharing of injection equipment and other drug-related activities.

Contact: A person who has had sex with or reused or shared injecting equipment with or has had some other relevant exposure to an infected individual. The exposure may be a high-risk exposure in which no precautions were taken, and therefore the contact would be at significant risk of any infection found in the infected individual. The exposure may be a low-risk exposure, where varying degrees of precaution were taken, and therefore the contact would have a smaller degree of risk for infection.

Contact tracing: The process of identifying relevant contacts of a person with an infectious disease and ensuring that they are aware of their exposure. For STIs, contacts include individuals with whom the case has had sexual intercourse during the infectious period. Contacts can also include babies of infected mothers. The particular sexual practices of importance vary for different STIs in terms of how they can be transmitted. For blood-borne infections (HIV, hepatitis B, and hepatitis C), needle-sharing contacts and transfusion recipients, as well as those who may have been accidentally exposed to blood by other means, are also relevant.

Partner notification: This term is sometimes used synonymously with contact tracing in the context of HIV. It is also important to consider contacts for which the term “partner” may be inappropriate, such as needle-sharing contacts, transfusion recipients, and children born to infected women.

Priority populations: Are identified by surveillance, epidemiological or other research studies. They are those populations that are at risk and for which public health interventions may be reasonably considered to have a substantial impact at the population level.

Sexually transmitted infections (STIs): Sexually transmitted infections focused on in this document are those that are reportable diseases in Ontario and are often managed by public health. These STIs include chlamydia, gonorrhea, syphilis and blood-borne infections including, hepatitis B, hepatitis C and HIV/AIDS.

References

1. *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7.
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2. O. Reg. 569/90. Available from http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900569_e.htm.
3. Ministry of Health and Long-Term Care. iPHIS manual. Toronto, ON: Queen's Printer for Ontario; 2005.
4. *Child and Family Services Act*, R.S.O. 1990, c.C.11.
Available from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90c11_e.htm.
5. Expert Working Group on the Canadian Guidelines on Sexually Transmitted Infections. Canadian guidelines on sexually transmitted infections. Rev. 2006 ed. Ottawa, ON: Public Health Agency of Canada; 2008.
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Toronto, ON: Queen's Printer for Ontario; 2002.