

# Infectious Diseases Sexual Health, Sexually Transmitted Infections And Blood-borne Infections (including HIV) Standard

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# Overview of Presentation

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- **Comparison between 2008 Ontario Public Health Standards (OPHS) and 1997 Mandatory Health Programs and Services Guidelines (MHPSG)**
- **OPHS Highlights**
- **Cross References**
- **Key/Significant Changes**
- **Contact Information**
- **Questions/Discussion**

# Comparison between OPHS and MHPSG

MHPSG	OPHS
<p><b>Sexually Transmitted Diseases (STD) Including HIV/AIDS</b></p>	<p><b>Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)</b></p>
<p><b>Goal:</b> To reduce the incidence of and complications from all sexually transmitted diseases (STDs) including HIV/AIDS</p>	<p><b>Goal:</b> To prevent or reduce the burden of sexually transmitted infections and blood-borne infections</p> <p>To promote healthy sexuality</p>
<p><b>Objectives:</b> To reduce the incidence rate of gonorrhea to 15 per 100,000 population by the year 2005</p> <p>To reduce the incidence rate of genital chlamydia to 500 per 100,000 women ages 15-24 years by the year 2005</p> <p>To maintain the incidence rate of primary and secondary syphilis at less than one per 100,000 population by the year 2005</p> <p>To maintain the incidence of congenitally acquired syphilis at zero</p> <p>To reduce the number of newly diagnosed human immunodeficiency virus (HIV) infections to less than 800 per year by the year 2005</p> <p>To reduce the incidence of perinatal HIV infection</p>	<p><b>Societal Outcomes and Board of Health Outcomes</b></p>

# OPHS Highlights

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## **Goal**

- To prevent or reduce the burden of sexually transmitted infections and blood-borne infections.
- To promote healthy sexuality.

## **Societal Outcomes**

- There is increased adoption of healthy behaviours among the population regarding sexual health.
- There are enhanced supportive environments regarding healthy sexuality.
- There is a decreased rate of adolescent pregnancy.
- There are reduced transmission and incidence rates of sexually transmitted infections and blood-borne infections.
- There is reduced morbidity and mortality associated with sexually transmitted infections and blood-borne infections.

# OPHS Highlights

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## **Board of Health outcomes**

- The board of health achieves timely and effective detection and identification of cases of sexually transmitted infections and blood-borne infections, and their associated risk factors and emerging trends.
- The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services to promote healthy sexuality and to prevent or reduce the burden of sexually transmitted infections and blood-borne infections.
- The public is aware of risk, protective, and resiliency factors related to healthy sexuality and the prevention of sexually transmitted infections and blood-borne infections.
- Community partners are aware of the importance of having supportive environments to promote healthy sexuality and prevent sexually transmitted infections and blood-borne infections.

# OPHS Highlights

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## **Board of Health outcomes**

- Priority populations have the capacity to adopt behaviours related to healthy sexuality and the prevention of sexually transmitted infections and blood-borne infections.
- The board of health manages reported cases and contacts of sexually transmitted infections and blood-borne infections.
- Health care providers have the capacity to manage cases and contacts of sexually transmitted infections and blood-borne infections.
- Priority populations have access to sexual health services, including contraception and comprehensive pregnancy counselling.
- Priority populations have access to harm reduction services to reduce the transmission of sexually transmitted infections and blood-borne infections.

# OPHS Highlights

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## ASSESSMENT AND SURVEILLANCE

### Requirements:

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 *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).
2. The board of health shall conduct surveillance of:
  - Sexually transmitted infections;
  - Blood-borne infections;
  - Reproductive outcomes;
  - Risk behaviours; and
  - Distribution of harm reduction materials/equipment.

in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).

# OPHS Highlights

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## ASSESSMENT AND SURVEILLANCE

### Requirements:

3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).

## HEALTH PROMOTION AND POLICY DEVELOPMENT

4. The board of health shall increase public awareness of the epidemiology, associated risk behaviours, risk factors, and risk reduction strategies related to healthy sexuality, sexually transmitted infections, and blood-borne infections by:
  - a. Adapting and/or supplementing national and provincial health communications strategies; and/or
  - b. Developing and implementing regional/local communications strategies.

# OPHS Highlights

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## **HEALTH PROMOTION AND POLICY DEVELOPMENT**

### **Requirements:**

5. The board of health shall use a comprehensive health promotion approach to increase the community capacity regarding the promotion of healthy sexuality, including the prevention of adolescent pregnancies, sexually transmitted infections, and blood-borne infections, by:
  - a. Collaborating with and engaging community partners and priority populations;
  - b. Mobilizing and promoting access to community resources;
  - c. Providing skill-building opportunities; and
  - d. Sharing best practices and evidence.
6. The board of health shall collaborate with community partners, including school boards, to create supportive environments to promote healthy sexuality and access to sexual health services.

# OPHS Highlights

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## DISEASE PREVENTION/HEALTH PROTECTION

### Requirements

7. The board of health shall provide clinical services for priority populations to address contraception, comprehensive pregnancy counselling, sexually transmitted infections, and blood-borne infections. For further information, refer to the *Sexual Health Clinic Services Manual, 2002* (or as current).
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 *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).

# OPHS Highlights

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## DISEASE PREVENTION/HEALTH PROTECTION

### Requirements

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 *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).
10. The board of health shall communicate and coordinate care with health care providers to achieve a comprehensive and consistent approach to the management of sexually transmitted infections and blood-borne infections.

# OPHS Highlights

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## **DISEASE PREVENTION/HEALTH PROTECTION**

### **Requirements**

11. The board of health shall engage community partners and priority populations in the planning, development, and implementation of harm reduction programming.
12. The board of health shall ensure access to a variety of harm reduction program delivery models which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies in response to local surveillance.

## Cross References

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- Infectious Diseases Protocol Named in Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV) Standard:
  - Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008
- Other Protocols Named in Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV) Standard:
  - Population Health Assessment and Surveillance Protocol, 2008

# Key/ Significant Changes

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## New – OPHS 2008

- **Principle based program standards**
- **Focused practice sections clearly define accountabilities** (e.g. Societal and BOH outcomes)
- **Individual standard has clearly defined requirements** (e.g. Assessment and surveillance; Health promotion and policy development; disease prevention/health promotion)
- **Specific targets**  
(Performance measures to be developed)
- **Protocol provides specific technical information on STI case management and control**
- **Best Practice documents will support protocol and new standard**

## Old – MHPSG 1997

- **Specific objectives were outlined that included numerical targets and timelines. Objectives had a strong focus on incidence rates** (e.g. specific target for reduction of incidence rates provided)
- **General requirements, standards, and accountabilities were combined**
- **Sexual Health and STI standards were separate** (e.g. Sexually Transmitted Diseases including HIV/AIDS; Sexual Health)
- **Fewer supportive protocols and practice documents**
- **Original MHPSG included only one Harm reduction strategy** (e.g. NEPs)

## Contact Information

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**For further inquiries, please contact:**

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# Questions/Discussion