

Sexual Health and Sexually Transmitted/ Blood-Borne Infections Prevention and Control Protocol, 2019

Ministry of Health and Long-Term Care

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Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health and Long-Term Care under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.^{1,2} The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Protocols are program and topic-specific documents incorporated into the Standards which provide direction on how boards of health shall operationalize specific requirement(s) identified in the Standards.

Purpose

This protocol provides direction to boards of health on the implementation of the program to prevent and control sexually transmitted and blood-borne infections (STBBIs) and to promote healthy sexuality and safer sexual practices for priority populations, cases and contacts. These infections include human immunodeficiency virus (HIV), hepatitis B, hepatitis C, chlamydia, gonorrhea, syphilis and chancroid.

It also provides direction to boards of health regarding:

- Screening, monitoring, diagnosis, treatment, and counseling of cases and contacts;
- Screening, monitoring, diagnosis, treatment, and counseling for individuals sharing drug-using equipment; and
- Preventing the acquisition of new STBBIs and reducing the risk of onward transmission.

Public health action including education and prevention efforts as well as the clinical management of STBBI cases and contacts may vary based on the local needs of Ontario communities. Other published materials may be utilized to further support public health efforts and the management of STBBI cases and contacts. This includes for example: Canadian Guidelines on Sexually Transmitted Infections (2016, or as current), Ontario Gonorrhea Testing and Treatment Guide, 2nd Edition (or as current), Recommendations for the Public Health Response to Hepatitis C in Ontario (2014, or as current), HIV/AIDS Strategy to 2026 (2016, or as current), and HIV Screening and Testing Guide (2012, or as current).³⁻⁷

Further information on the pathogenicity, epidemiology and public health management of STBBIs is also articulated in the Disease Specific Chapters (Appendix A) of the *Infectious Diseases Protocol, 2018* (or as current).⁸ The Provincial Case Definitions (Appendix B) of the *Infectious Diseases Protocol, 2018* (or as current), provide the provincial surveillance case definitions for STBBIs, in addition to reportable disease-specific information, including current laboratory technologies and clinical signs/symptoms, while incorporating national case definitions, when available.⁸

Reference to the Standards

This section identifies the standard and requirement to which this protocol relates.

Infectious and Communicable Diseases Prevention and Control

Requirement 1. The board of health shall conduct population health assessment and surveillance regarding infectious and communicable diseases and their determinants. These efforts shall include:

- a) Reporting data elements in accordance with the *Health Protection and Promotion Act*; the *Infectious Diseases Protocol, 2018* (or as current); the *Rabies Prevention and Control Protocol, 2018* (or as current); the *Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol, 2018* (or as current); and the *Tuberculosis Prevention and Control Protocol, 2018* (or as current);
- b) Conducting surveillance and epidemiological analysis, including the monitoring of trends over time, emerging trends, and priority populations in accordance with the *Infectious Diseases Protocol, 2018* (or as current); the *Population Health Assessment and Surveillance Protocol, 2018* (or as current); the *Rabies Prevention and Control Protocol, 2018* (or as current); the *Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol, 2018* (or as current); and the *Tuberculosis Prevention and Control Protocol, 2018* (or as current);
- c) Responding to international, Federal/Provincial/Territorial and local changes in diseases epidemiology by adapting programs and services; and
- d) Using the information obtained through assessment and surveillance to inform program development regarding communicable diseases and other infectious diseases of public health importance.

Requirement 10. The board of health shall collaborate with health care providers and other relevant community partners to:

- a) Create supportive environments to promote healthy sexual practices,* access to sexual health services, and harm reduction programs and services for priority populations; and
- b) Achieve a comprehensive and consistent approach, based on local assessment and risk surveillance, to address and manage sexually transmitted infections and blood-borne infections in accordance with the *Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol, 2018* (or as current).

Requirement 11. The board of health shall provide public health management of cases, contacts and outbreaks to minimize the public health risk in accordance with the *Infectious Diseases Protocol, 2018* (or as current); the *Institutional/Facility Outbreak Management Protocol, 2018* (or as current); the *Management of Potential Rabies Exposures Guideline, 2018* (or as current); the *Rabies Prevention and Control Protocol,*

* Healthy sexual practices include, but are not limited to, contraception and the prevention and/or management of sexually transmitted infections and blood-borne infections.

2018 (or as current); the *Tuberculosis Prevention and Control Protocol, 2018* (or as current); and the *Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol, 2018* (or as current).

Operational Roles and Responsibilities

- 1) The board of health shall use the integrated Public Health Information System (iPHIS) or any other method specified by the ministry to:
 - a) Notify the ministry of cases and contacts of STBBIs. It is required to include all disease-specific information specified in *Reports, RRO 1990, Reg. 569*, (Reg. 569) under the *Health Protection and Promotion Act* (HPPA).⁹
 - b) Include as much relevant information as possible to facilitate locating, counseling, and treatment of cases and contacts of STBBIs of public health significance. A laboratory report alone is insufficient.
 - c) Comply with the minimum data elements identified in:
 - i) Reg.569 under the HPPA;
 - ii) Disease Specific Chapters of the *Infectious Diseases Protocol, 2018* (or as current);
 - iii) Disease-specific iPHIS user guides;
 - iv) Bulletins and directives issued by Public Health Ontario (PHO); and/or
 - v) Any other documentation or method identified by the ministry or PHO, as specified by the ministry.⁸⁻¹⁰
 - d) Refer information on cases and contacts that are outside the public 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 PHO using iPHIS or any other method specified by the ministry.
 - f) Engage in surveillance and knowledge transfer activities including monitoring, reporting, and informing health care practitioners of STBBI antibiotic resistance risk factors, trends, and patterns over time.

Detection and identification

- 1) The board of health shall comply with the *Child, Youth and Family Services Act, 2017* regarding the reporting of suspected cases of sexual abuse or exploitation.¹¹
- 2) Based on the population health needs assessment in support of community integrated planning, and where screening and testing for STBBIs is being carried out, the board of health shall:
 - a) Refer to the Canadian Guidelines on Sexually Transmitted Infections (2016, or as current) for further information on screening related to specific priority populations.³
 - b) Refer to the Ontario Gonorrhoea Testing and Treatment Guide, 2nd Edition (or as current) for recommendations related to screening and testing for gonorrhoea infections in Ontario.⁴

Sexual Health and Sexually Transmitted/ Blood-Borne Infections Prevention and Control Protocol, 2019

- c) Refer to the *Infectious Diseases Protocol, 2018* (or as current) for requirements related to screening of individuals with the risk of occupational exposure to STBBIs.⁸
- d) Refer to the HIV Screening and Testing Guide (2013, or as current) for further information on HIV screening.⁷
- e) Refer to the Primary Care Management of Hepatitis B – Quick Reference (2014, or as current) and Recommendations for the Public Health Response to Hepatitis C in Ontario (2014, or as current) for further information on hepatitis B and hepatitis C screening.^{5,12}
- f) Provide screening of STBBIs to individuals with one or more of the following risk factors:
 - i) Having sexual contact with:
 - person(s) with a known STBBI;
 - multiple persons; and
 - anonymous persons
 - ii) Previous STI diagnosis;
 - iii) Being a man who has sex with other men;
 - iv) Having a new sexual contact;
 - v) Being sexually active;
 - vi) Being a person who injects drugs;
 - vii) Being a person who misuses alcohol or illicit drugs (e.g., opioids, amphetamines, cocaine, ecstasy);
 - viii) Being street involved and/or unstably housed (e.g., homeless);
 - ix) Engaging in sex work;
 - x) History of trauma (e.g., partner violence, sexual/physical abuse)
 - xi) Occupational exposure; and
 - xii) Not using contraception or sole use of non-barrier contraception and one the above risk factors.

Sexual health services, education and awareness

- 1) The board of health shall:
 - a) Refer to *Healthy Growth and Development Guideline, 2018* (or as current) for requirements related to healthy sexuality and pregnancy counseling programs and services.¹³
 - b) Refer to *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current) for requirements related to harm reduction programs including:
 - i) Naloxone distribution;
 - ii) Needle exchange/syringe programs;
 - iii) Early warning systems;
 - iv) Local opioids response plan;
 - v) Public awareness and education;
 - vi) Supervised injection services; and
 - vii) Outreach programs.¹⁴
 - c) Refer to *Person- and Family-Centred Care: Clinical Best Practice Guidelines (2015, or as current)* for more information on client-centered education and counseling.¹⁵
 - d) Increase public, clinician, and other healthcare provider awareness of the epidemiology, associated risk factors, and risk reduction strategies related to STBBIs, including antibiotic resistance, by:
 - i) Adapting and/or supplementing national and provincial health communications strategies;
 - ii) Developing and implementing regional/local/priority population specific communications strategies; and
 - iii) Sharing surveillance data and best practices.
 - e) Advise clinicians of barriers, challenges, behaviours, and attitudes impacting the ability and decisions of priority populations to access, seek, and comply with STBBI treatment and prevention efforts.
 - f) Based on the population health needs assessment in support of community integrated planning and using all available evidence, including health outcomes and equity impacts, the board of health shall consider adopting additional measures to provide the following clinical services for priority populations:
 - i) Health assessment/risk review;
 - ii) STBBI and contraception education and counseling;
 - iii) Testing, diagnosis, treatment, and management of STBBIs, including cervical cytology;
 - iv) A mechanism to provide contraceptives, including emergency contraception, at cost and/or free for clients in financial need;
 - v) Pregnancy tests and comprehensive pregnancy counseling;
 - vi) Post-abortion counseling and referral;

- vii) STI-related vaccines at no cost according to provincial eligibility criteria (Refer to the current Publicly Funded Immunization Schedules for Ontario [2016, or as current] for detailed information on vaccine eligibility criteria);
- viii) Harm reduction equipment at no cost according to provincial eligibility criteria (Refer to *Substance Use Prevention and Harm Reduction Guideline, 2018* [or as current]);
- ix) Condoms at no cost; and
- x) Education and/or access to HIV prevention strategies (e.g., referrals to access Pre-exposure prophylaxis [PrEP], Post-exposure prophylaxis [PEP]).^{14,16}

Management

- 1) The board of health shall:
 - a) Ensure that cases of STBBIs receive appropriate treatment and counseling informed by the Canadian Guidelines on Sexually Transmitted Infections (2016, or as current).³ This can include collaboration with health care providers regarding partner notification strategies, as well as STBBI education and follow-up counseling for all STBBI cases reported. Refer to Person- and Family-Centred Care: Clinical Best Practice Guidelines (2015, or as current) for more information on client-centered education and counseling.¹⁵
 - b) Recommend that a clinical evaluation be completed by an experienced physician or sexual assault nurse examiner 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 (2016, or as current).³
 - c) Ensure gonorrhea cases and contacts receive appropriate testing, treatment and follow-up informed by the Ontario Gonorrhea Testing and Treatment Guide, 2nd Edition (or as current) and that information on antibiotic resistance trends and patterns is transferred to health care providers to inform appropriate and successful treatment.⁴ The board of health may also choose to consult the PIDAC Sexually Transmitted Infections Case Management and Contact Tracing Best Practice Recommendations (2009, or as current) for additional guidance on case management.¹⁷
 - d) Ensure HIV cases and contacts receive appropriate testing, treatment and care informed by the Clinical Care Guidelines for Adults and Adolescents Living with HIV in Ontario, Canada.¹⁸

Interviewing the case

- 2) The board of health shall:
 - a) Contact the case as soon as possible to decrease the risk of transmission. The confirmation of diagnosis and treatment from the health care provider should not delay case management.

- b) Discuss with the case all risk factors relevant to the infection and route of transmission during the period of infectivity. The discussion may also include client-centered education regarding STBBIs and risk reduction counseling.
- c) Discuss with the case the importance of notifying sexual contacts and contacts the case has shared drug-using equipment with, and confirm who will assume responsibility for contact notification (case, board of health, health care provider).

Contact tracing

- 3) Where feasible, the board of health shall:
 - a) Ensure that the responsibility for completing contact tracing and contact notification is clear (e.g., board of health staff, health care provider, and/or client assumes responsibility). When the board of health takes on the responsibility for contact tracing and contact notification, the board of health shall include collection of as much relevant information as possible to facilitate the locating, counseling and treatment of contacts. Reports shall comply with the minimum data elements identified in:
 - Reg. 569 under the HPPA;
 - Disease Specific Chapters, under the *Infectious Diseases Protocol, 2018* (or as current);
 - Disease-specific iPHIS user guides;
 - Bulletins and directives issued by PHO; and/or
 - Any other documentation or method identified by the ministry or PHO, as specified by the ministry.^{8,9}
 - b) Begin contact tracing and contact notification as soon as possible after the index case is contacted.
 - c) Follow the timeframes for the identification of contacts appropriate to the specific infection as specified in the Disease Specific Chapters of the *Infectious Diseases Protocol, 2018* (or as current) and informed by the Canadian Guidelines on Sexually Transmitted Infections (2016, or as current).^{3,8}

Interviewing the contact

- 4) For contact tracing completed by the board of health clinical staff and services, the board of health shall ensure responsibility for confidentially notifying contacts of potential exposure to an STBBI in accordance with privacy legislation. The board of health shall initiate contact notification promptly and utilize the following principles:
 - a) Confirm identity of the contact using available information;
 - b) Ensure confidentiality regarding source of information;
 - c) Obtain history of any symptoms;
 - d) Provide disease-specific education;
 - e) Provide general preventive STBBI counseling; and
 - f) Explain testing and treatment options and, if necessary, assist with referral to a board of health clinic or to an external health care provider.

Drug and vaccine supply distribution

- 5) The board of health shall:
 - a) Have a mechanism in place to ensure the provision of publicly-funded STBBI medications at no cost to the person with STBBI or the provider.
 - b) Invoice the ministry, if the board of health is reimbursing a client for STI drugs (i.e., the purchase of aqueous procaine penicillin G and/or other drug prescribed by health care provider and not available from the drug distribution list).[†]
 - c) At its discretion, redistribute publicly funded drugs provided by the ministry for the treatment of STIs to health care providers who manage patients with STIs.
 - d) Monitor drugs/vaccines distributed to health care providers or clinics via the board of health to ensure they are being used appropriately.[‡]
 - e) For requirements related to immunization and vaccine storage and handling, refer to the *Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018* (or as current) and the *Vaccine Storage and Handling Protocol, 2018* (or as current).^{19,20}

Glossary

Blood-Borne Infections (BBIs): BBIs included within the document are hepatitis B, hepatitis C and human immunodeficiency virus (HIV). BBIs are transmitted through exposure to infected bodily fluids, including blood.

Contact: A person who has had a relevant exposure to a case whereby transmission of an STBBI may have occurred. The exposure may have been unprotected, or a direct exposure, with no precautions taken (and therefore the contact would be at significant risk of any infection found in the case) or indirect, or protected, with varying degrees of precaution used (and therefore the contact would have a lesser degree of risk).

Contact Notification: This term is sometimes used synonymously with partner notification or contact tracing in the context of sexual exposure. It is the process of ensuring that contacts are aware of their exposure, encouraged to be tested, and facilitate epidemiological investigation of disease clusters. It is also important to consider contacts for which the term “partner” may be inappropriate, such as needle-sharing contacts, transfusion recipients, individuals experiencing sexual assault/abuse and children born to infected women.

Contact Tracing: The process of identifying relevant contacts of a person with an infectious disease. The purposes of contact tracing are to ensure that contacts are

[†] It is important to note that any information that is being shared with the ministry should be carefully redacted (i.e., ‘blacked out’) of all personal health information, in accordance with the *Personal Health Information Protection Act* (PHIPA).

[‡] 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 ministry.

aware of their exposure, encourage contacts to be tested, and facilitate epidemiological investigation of disease clusters. For STIs, relevant contacts include individuals with whom the case has had sexual contact during the infectious period. Contacts can also include babies born to 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), contact tracing involves needle- and drug equipment-sharing contacts, transfusion recipients and those who may have been exposed to blood by other means, as well as those with relevant sexual exposures.

Harm Reduction Strategies: Policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption.

Priority Populations: They are those that are experiencing and/or at increased risk of poor health outcomes due to the burden of disease and/or factors for disease; the determinants of health, including the social determinants of health; and/or the intersection between them. They are identified using local, provincial and/or federal data sources; emerging trends and local context; community assessments; surveillance; and epidemiological and other research studies.

Sexually Transmitted Infections (STIs): Sexually transmitted infections in this document are those that are diseases of public health significance in Ontario as per the HPPA and are often managed by public health. These infections can be bacterial or viral and may be transmitted through sexual contact via vaginal, cervical, urethral, anal or oral routes or vertically from mother to neonate. Bacterial STIs encompassed within this document include chlamydia, gonorrhea, syphilis and chancroid. Viral infections that may be transmitted through sexual contact included in this document are hepatitis B, hepatitis C and the human immunodeficiency virus (HIV).

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Sexual Health and Sexually Transmitted/ Blood-Borne Infections Prevention and Control Protocol, 2019

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Sexual Health and Sexually Transmitted/ Blood-Borne Infections Prevention and Control Protocol, 2019

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