

**Report to  
Rapport au:**

**Ottawa Board of Health  
Conseil de santé d'Ottawa  
9 November 2015 / 9 novembre 2015**

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**Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE      File Number: ACS2015-OPH-CP-0002**

**SUBJECT: ENHANCED STRATEGY TO ADDRESS SEXUALLY TRANSMITTED  
AND BLOOD-BORNE INFECTIONS IN OTTAWA**

**OBJET: STRATÉGIE AMÉLIORÉE RELATIVE AUX INFECTIONS  
TRANSMISSIBLES SEXUELLEMENT ET PAR LE SANG À OTTAWA**

**REPORT RECOMMENDATIONS**

**That the Board of Health for the City of Ottawa Health Unit:**

- 1. Approve Ottawa Public Health's Enhanced Strategy to Address Sexually Transmitted and Blood-Borne Infections (STBBIs) in Ottawa, as outlined in this report;**
- 2. Direct staff to report back in 2017 on the progress of the Enhanced Strategy to Address STBBIs in Ottawa.**

## RECOMMANDATIONS DU RAPPORT

**Que le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa :**

- 1. approuve la stratégie améliorée relative aux infections transmissibles sexuellement et par le sang (ITSS) à Ottawa de Santé publique Ottawa, présentée dans le présent rapport;**
- 2. demande au personnel de rendre compte en 2017 des progrès de la stratégie améliorée relative aux ITSS à Ottawa.**

## EXECUTIVE SUMMARY

In June 2011, the Board of Health approved a multiyear [Sexual Health Strategy](#) that directed Ottawa Public Health (OPH) staff to address an ongoing increase in sexually transmitted infections (STIs) in Ottawa. Through the strategy, OPH expanded access through five new satellite clinics, launched an online campaign for STI testing, increased condom distribution and hosted a continuing education session for primary care providers.

Despite the existing strategy, STI rates continue to increase as does demand for OPH sexual health services in Ottawa. Furthermore, a 2013 community needs assessment identified increasing access to harm reduction services as a top priority to prevent transmission of sexually transmitted blood-borne infections (STBBIs), such as HIV and hepatitis C, among people who use drugs.

As a result, OPH is recommending enhancing its strategy to target resources and programs to priority populations<sup>a</sup> who are at greater risk of STBBIs. The incidence and burden of STBBIs are not evenly distributed across Ottawa's population; specific populations and groups of individuals are disproportionately affected by these infections. For instance, youth and young adults represent a majority of gonorrhea (54.9%) and Chlamydia (78.7%) cases. Gay men and men who have sex with men, people born in countries where HIV is endemic and people who use injection drugs are

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<sup>a</sup> According to Public Health Ontario, priority populations are groups considered "priority" based on specific characteristics including but not limited to: socio-demographic factors; behavioural factors; geographical factors; burden of disease; determinants of health; and access to health services. Priority populations with respect to the Enhanced STBBI Strategy include but may not be limited to people aged 29 and under; people who are GLBTQ, gay men or men who have sex with men (MSM); people who are Aboriginal (Métis, First Nations, Inuit); people who are of Black ethnicity; new immigrants or people from countries where HIV is endemic; people who inject drugs and/or smoke crack; people involved in the sex industry (men and women); people who are/were institutionalized (e.g. prison/treatment); and people who have low income.

disproportionately affected by HIV. And finally, the majority (57.8%) of all hepatitis C cases are among people who use injection drugs.

OPH's proposed enhanced strategy aims to increase focus on populations most in need of sexual health and harm reduction services while expanding capacity of community partners to ensure the general population has access to these services in Ottawa. Through this new strategy, OPH expects more priority populations to utilize OPH's sexual health or harm reduction services; while community care providers will diagnose and treat a greater proportion of the STBBIs for the general public.

An evaluation plan to monitor progress of the enhanced strategy will be put in place and staff plan to report back in 2017.

## RÉSUMÉ

En juin 2011, le Conseil de santé d'Ottawa a approuvé une [Stratégie pluriannuelle en matière de santé-sexualité](#) qui demandait à Santé publique Ottawa (SPO) de prendre des mesures contre l'augmentation des infections transmises sexuellement (ITS) dans la ville. Dans le cadre de cette stratégie, SPO a amélioré l'accès aux soins par la création de cinq cliniques satellites, a lancé une campagne de promotion en ligne du dépistage des ITS, a accru la distribution de condoms et a tenu une séance de formation continue pour les fournisseurs de soins primaires.

Malgré cette stratégie, le taux d'ITS continue d'augmenter à Ottawa, tout comme la demande pour les services de santé sexuelle de SPO. De plus, une évaluation des besoins communautaires a montré en 2013 qu'il est essentiel d'améliorer l'accès aux services de réduction des méfaits pour prévenir la transmission des infections transmissibles sexuellement et par le sang (ITSS) comme le VIH et l'hépatite C, chez les consommateurs de drogue.

Par conséquent, SPO recommande que la stratégie soit améliorée en vue d'adapter les ressources et les programmes aux besoins des populations prioritaires<sup>b</sup>, qui sont à risque de contracter une ITSS. En effet, l'incidence et le fardeau des ITSS ne sont pas répartis également parmi les résidents d'Ottawa. Certains groupes et certaines

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<sup>b</sup> D'après Santé publique Ontario, les populations prioritaires sont caractérisées par certains facteurs de risque particuliers comme des facteurs sociodémographiques, comportementaux ou géographiques, le fardeau des maladies, des déterminants de la santé et l'accès aux services de santé. Dans le cadre de la stratégie améliorée relative aux ITSS à Ottawa, les populations prioritaires sont notamment les personnes âgées de 29 ans ou moins, les personnes GLBTQ, les hommes homosexuels ou ayant des relations sexuelles avec d'autres hommes (HARSAH); les personnes autochtones (Métis, Premières nations, Inuit), les personnes de race noire, les nouveaux immigrants et les personnes provenant de pays où le VIH est endémique, les consommateurs de drogue par injection ou de crack, les hommes et les femmes participant à l'industrie du sexe, les personnes qui ont habité en établissement (p. ex., prison/centre de traitement) et les personnes à faible revenu.

populations particulières sont touchés par ces infections de manière disproportionnée. Ainsi, les jeunes et les jeunes adultes représentent la majorité des cas de gonorrhée (54,9 %) et de chlamydia (78,7 %). Les hommes homosexuels ou ayant des relations sexuelles avec d'autres hommes, les personnes nées dans des pays où le VIH est endémique et les personnes qui consomment des drogues par injection ont un taux de VIH considérablement plus élevé. De même, la majorité (57,8 %) des personnes atteintes de l'hépatite C consomment de la drogue par injection.

La stratégie améliorée que propose SPO vise à mettre davantage l'accent sur les populations ayant le plus besoin de services de santé sexuelle et de réduction des méfaits, tout en améliorant la capacité des partenaires communautaires à donner accès à ces services à la population d'Ottawa en général. Par cette nouvelle stratégie, SPO espère que davantage de membres des populations prioritaires utiliseront ses services de santé sexuelle et de réduction des méfaits, et que les fournisseurs de soins communautaires pourront diagnostiquer et traiter une proportion accrue des cas d'ITSS dans la population en général.

Un plan d'évaluation visant à surveiller les progrès de la stratégie améliorée sera mis en place. Le personnel prévoit de rendre compte de ces progrès en 2017.

## **BACKGROUND**

### **Ottawa Public Health's Role in Sexual Health and STBBIs**

With the overarching public health goals of preventing and reducing the burden of sexually transmitted and blood-borne infections (STBBIs) including gonorrhea, Chlamydia, HIV, hepatitis B and C, Herpes Simplex Virus and syphilis, in Ottawa; and promoting healthy sexuality, Ottawa Public Health (OPH):

- Offers clinical sexual health services (contraception counseling and options, STBBI testing and treatment including access to post-exposure prophylaxis (PEP) for eligible clients);
- Offers harm reduction services including: safer drug use education, safer injection supplies and information, nursing services and counseling including referrals to treatment options, overdose prevention and Naloxone – an antidote that reverses the effect of opiate overdose;
- Provides timely follow up with people who are diagnosed with a STBBI; and,

- Promotes healthy relationships, condom use, and healthy behaviours including safer sex for those who have sex and safer drug use for people who use drugs.

While STBBIs occur throughout the City of Ottawa, the incidence and burden are not evenly distributed across Ottawa's population; specific populations and groups of individuals are disproportionately affected by these infections. While youth and young adults (between ages 15-29) make up 21.6% of the city's population, they represent a majority of gonorrhea (54.9%) and Chlamydia (78.7%) cases.<sup>1,2</sup> Other groups such as gay men and men who have sex with men are over-represented in HIV cases (63.8% of all HIV cases). People born in countries where HIV is endemic (19.0% of all cases) and people who use injection drugs (17.2% of all cases) are also disproportionately affected by HIV. The majority (50.3%) of all hepatitis C cases are among people who use injection drugs (see Supporting Document 1 for more detail).

Other determinants of health also impact health outcomes. Low income may be the most powerful predictor of poor health status and treatment outcomes.<sup>3</sup> Income level affects access to health services, for instance, the bottom 33% of Canadian income earners (compared to the top 33%) were found to be 50% less likely to see a specialist and 40% more likely to wait five days or more for an appointment with a physician.<sup>4</sup> In terms of sexual health and STBBIs, a Toronto study found young women (age 15-24) in the lowest income group to be twice as likely to report Chlamydia infection compared to women in the highest income group.<sup>5</sup>

Twelve percent of Ottawa's population is low income, and 11.1% do not have a regular medical doctor.<sup>6,7</sup> OPH's Enhanced Strategy to Address STBBIs has considered priority populations who are at greater risk and/or who bear the greater burden of STBBIs as well as determinants of health such as income and access to primary care to redress existing gaps in health service access for improved overall population health outcomes.

### **Previous Sexual Health Strategy**

In June 2011, the Ottawa Board of Health adopted a multiyear [Sexual Health Strategy](#) that directed OPH staff to address an ongoing increase in sexually transmitted infections (STIs) in Ottawa. OPH's 2011 Sexual Health Strategy was designed to address the following:

- Continuing high numbers of STIs in Ottawa, particularly among youth and young adults;
- Limited access to sexual health services in some regions of the city; and,

- Ongoing need for capacity building among primary care providers, parents, and in schools to ensure that youth receive the sexual health counseling and support that they need.

In November 2011, the Board of Health received a [Sexually Transmitted Infections and Sexual Health in Ottawa 2011 Report](#) and [Knowledge to Action](#) report outlining a summary of proposed action in four key areas. Specifically, OPH committed to:

- **Expanding access to sexual health services** through additional hours of front-line services
- **Increasing the capacity of parents, schools and primary care providers** to discuss sexual health with youth and young adults;
- **Implementing a multifaceted condom campaign** that targets youth and young adults to educate on the importance of condom use and;
- **Increasing use of technology to enhance sexual health messages** by developing mobile phone applications, using text messaging and other social media for case and contact investigation.

Through the 2011 Strategy, OPH had a number of results including:

- Expanded access through five new satellite clinics across the city - 10 additional hours of direct services per week, for an increase of 1,884 client visits per year; Launched [Get Tested. Why Not?](#) (GTWN) including Canada's first online downloadable requisition form for a person to get tested for gonorrhea and Chlamydia. Three hundred tests were completed through GTWN since campaign launch in 2012;
- Increased condom distribution by 51% since launching the [Sex it Smart](#) (SIS) condom campaign – the first health unit in Canada to provide an option to order condoms on line. Among those who ordered condoms through SIS, 87% were within the target age group (aged 15-29) and there was nearly 50/50 male/female gender split;
- Hosted a Continuing Medical Education event in 2013 - *"The ABCs of STIs"* with 200 community primary care practitioners, of which more than 90% indicated that the information presented would be useful to their work/practice and;

- In partnership with Ottawa Hospital and University of Ottawa, OPH received funding to pilot-test offering Post Exposure Prophylaxis (PEP) (antiretroviral treatment to reduce the risk of transmission of HIV infection after a person may have been exposed to HIV) to eligible clients of OPH's Sexual Health Centre and Gay Zone. In 24 months, 125 people requested PEP, 85 people were eligible and initiated on PEP, and 5 people were diagnosed with HIV during pre-test eligibility screening.

Despite results achieved through the Sexual Health Strategy, challenges persist and there are opportunities to maximize and coordinate delivery of services to enhance OPH's response to STBBIs in Ottawa.

### **Ongoing Challenges and Opportunities in Ottawa**

#### **Rates of some STBBIs including Chlamydia, gonorrhea, and infectious syphilis continue to increase.**

- As noted above, certain populations are disproportionately affected by STBBIs (Supporting Document Table 1) due to risk behaviours (e.g. sharing of drug using equipment; multiple sexual partners; and, unprotected vaginal or anal intercourse that facilitate the transmission of STBBIs).

#### **Increasing demand for OPH sexual health services in Ottawa.**

- OPH's Sexual Health Centre has turned away increasing numbers of people seeking sexual health services from 50 people in 2011 to 1,400 people in 2014. However, of 20,000 clients seen by OPH for sexual health services in 2014, an estimated 65% had access to a regular family doctor, primary care practitioner or college or university health services.
- Sexual health services (STI testing and treatment, and contraception) are within the scope of practice for primary care practitioners (e.g. family doctors, nurse practitioners, college and university health centres, walk-in clinics) yet OPH diagnoses approximately 30% and 25% of Ottawa's total gonorrhea and Chlamydia cases respectively.<sup>8</sup>
- Building on results of the pilot project that made post-exposure-prophylaxis (PEP) available through OPH's Sexual Health Centre and Gay Zone, OPH and partners will continue to work to identify ongoing operational funding to offer PEP in 2016.

### **Increasing demand for OPH harm reduction services (information and materials that reduce harms associated with drug use).**

- In a needs assessment conducted by OPH in 2013, increasing access to harm reduction services was identified as a top priority to prevent HIV and hepatitis C transmission among people who use drugs. (this includes 24 hours a day, seven days per week access to sterile injection supplies and safer inhalation supplies)
- OPH receives an increasing number of requests from harm reduction service users and community partners for Naloxone overdose prevention training. Naloxone is a component of harm reduction programming, and contributes to HIV prevention as overdose prevention programs help to connect people who use drugs with harm reduction services.<sup>9</sup>

### **Increasing pressure to provide timely follow up of STBBIs.**

- In 2012, the Ministry of Health and Long-Term Care (MOHLTC) implemented an Accountability Agreement (AA) performance indicator that requires public health units to initiate follow-up on gonorrhea cases within 48 hours.
- As a result, OPH has re-prioritized their work in order meet the MOHLTC's performance indicator AA, while continuing to respond to increasing numbers of Chlamydia cases, and appropriate follow-up and support to people diagnosed with HIV and hepatitis C, which are among the most burdensome infections according to [The Ontario Burden of Infectious Disease Study](#)<sup>10</sup>.

## **DISCUSSION**

OPH is recommending refining its STBBI approach to increase targeting of resources and programs to priority populations who are at greater risk (i.e. to populations who are most in need of sexual health and harm reduction services while expanding capacity building with community partners to ensure access for the general population in Ottawa). Priority populations for STBBIs are those who experience the greatest burden of STBBIs and include but may not be limited to: people aged 29 and under; people who are gay, lesbian, bi-sexual, trans, and queer (GLBTQ); gay men or men who have sex with men; people who are Aboriginal (Métis, First Nations, Inuit); people who are of Black ethnicity; new immigrants or people from countries where HIV is endemic; people who inject drugs and/or smoke crack; men and women who are involved in the sex industry; people who are/were institutionalized (e.g. prison/treatment); and people who have low income.



The recommended strategy will build on partnerships through which OPH currently provides tailored sexual health and harm reduction services with: Youth Services Bureau; Operation Come Home; Dave Smith Youth Treatment Centre; Gay Zone; Site Needle and Syringe Program partner agencies; Bethany Hope Centre; and Daisy's Drop-In for female sex industry workers.

While OPH has been providing tailored services and outreach to a number of the identified priority population groups, there are other groups such as African, Caribbean and Black, and Aboriginal communities, who are known to be at increased risk or bear a greater burden of STBBIs with which OPH could help build capacity and expand partnerships to address sexual health and harm reduction needs.

During development of the proposed strategy, OPH consulted external partners including community health centres, AIDS Committee of Ottawa, Youth Services Bureau, and Gay Men's Wellness Initiative. Overall, partners are supportive of OPH increasing focus on priority populations for STBBIs.

The objectives of OPH's Enhanced Strategy to Address STBBIs in Ottawa are:

1. To provide sexual health and harm reduction services with an increased focus on priority populations for STBBIs by implementing the following actions:
  - Expanding work with community groups to identify sexual health and harm reduction needs for priority populations and designing tailored services to address these needs (e.g. increase outreach and partnerships with community agencies to provide services).
  - Continuing to build competence of OPH staff to provide culturally relevant and culturally safe sexual health and harm reduction services to priority populations.
  - Redirecting the general public to seek services through the most appropriate provider (e.g. regular doctor, primary care practitioner, walk-in clinic).
  - Continuing to work with community partners to implement Harm Reduction Needs Assessment findings to increase access to harm reduction services in Ottawa.
  - Examining OPH case management practices to identify efficiencies for overall population health outcomes.
2. To ensure that sexual health and harm reduction needs of the general public are being met by:

- Increasing coordination of sexual health and harm reduction information and services by maximizing communication and collaboration with community partners and primary care practitioners.
- Working with community primary care practitioners to design and offer tailored learning opportunities to enhance their capacity in areas such as STBBI testing and treatment, sexual health counseling and contraception, and safer drug use education.
- Continuing to respond to emerging trends (e.g. STBBI increases) with targeted campaigns to raise awareness of risk among particular groups, and continuing to use social media

The Enhanced Strategy will be evaluated to monitor progress. Over time, OPH will expect to observe greater representation of priority populations accessing OPH for sexual health or harm reduction services. As a result of redirecting clients to seek services through the most appropriate provider (regular doctor or other health service) and expanded communication, capacity building and coordination with community partners, it is anticipated that a greater proportion of STBBIs will be diagnosed and treated by community care providers. Further, it is expected that expanded and/or new partnerships will result from efforts to enhance coordination of sexual health and harm reduction services, and through the design of tailored outreach services for priority populations.

## **RURAL IMPLICATIONS**

There are no rural implications associated with this report.

## **CONSULTATION**

OPH consulted a range of key community partners to provide input into the future program directions.

## **LEGAL IMPLICATIONS**

There are no legal impediments to the implementation of the recommendations in this report.

## **RISK MANAGEMENT IMPLICATIONS**

There are no risk management implications associated with this report.

## **FINANCIAL IMPLICATIONS**

There are no financial implications associated with this report.

## **ACCESSIBILITY IMPACTS**

There are no accessibility impacts associated with this report.

## **BOARD OF HEALTH DIRECTION**

This report supports the Board of Health Strategic Direction to enhance collective capacity to reduce preventable infectious diseases.

## **SUPPORTING DOCUMENTATION**

Document 1 – Supporting Data for STBBI rates in Ottawa.

## **DISPOSITION**

Ottawa Public Health will implement the Enhanced Strategy to Address Sexually Transmitted and Blood-Borne Infections as outlined in this report.

## **REFERENCES**

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