

# **Sexually Transmitted & Blood Borne Infections (STBBI) in Manitoba**

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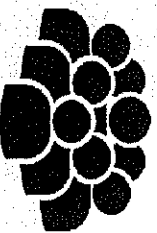
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# Sexually Transmitted & Blood Borne Infections

Chlamydia  
Gonorrhoea  
Hepatitis B Virus (HBV)  
Hepatitis C Virus (HCV)  
Human Immunodeficiency Virus  
(HIV)  
Syphilis

Most common infectious diseases of public health importance.



Spread through:

- person-to-person sexual contact,
- blood-to-blood contact - sharing needles among injection drug users.
- transmission from mother to child during pregnancy and childbirth.



## STBBI Challenges in Manitoba



- Unprecedented changes in STBBI trends contribute to increasing burden on health and health care system.

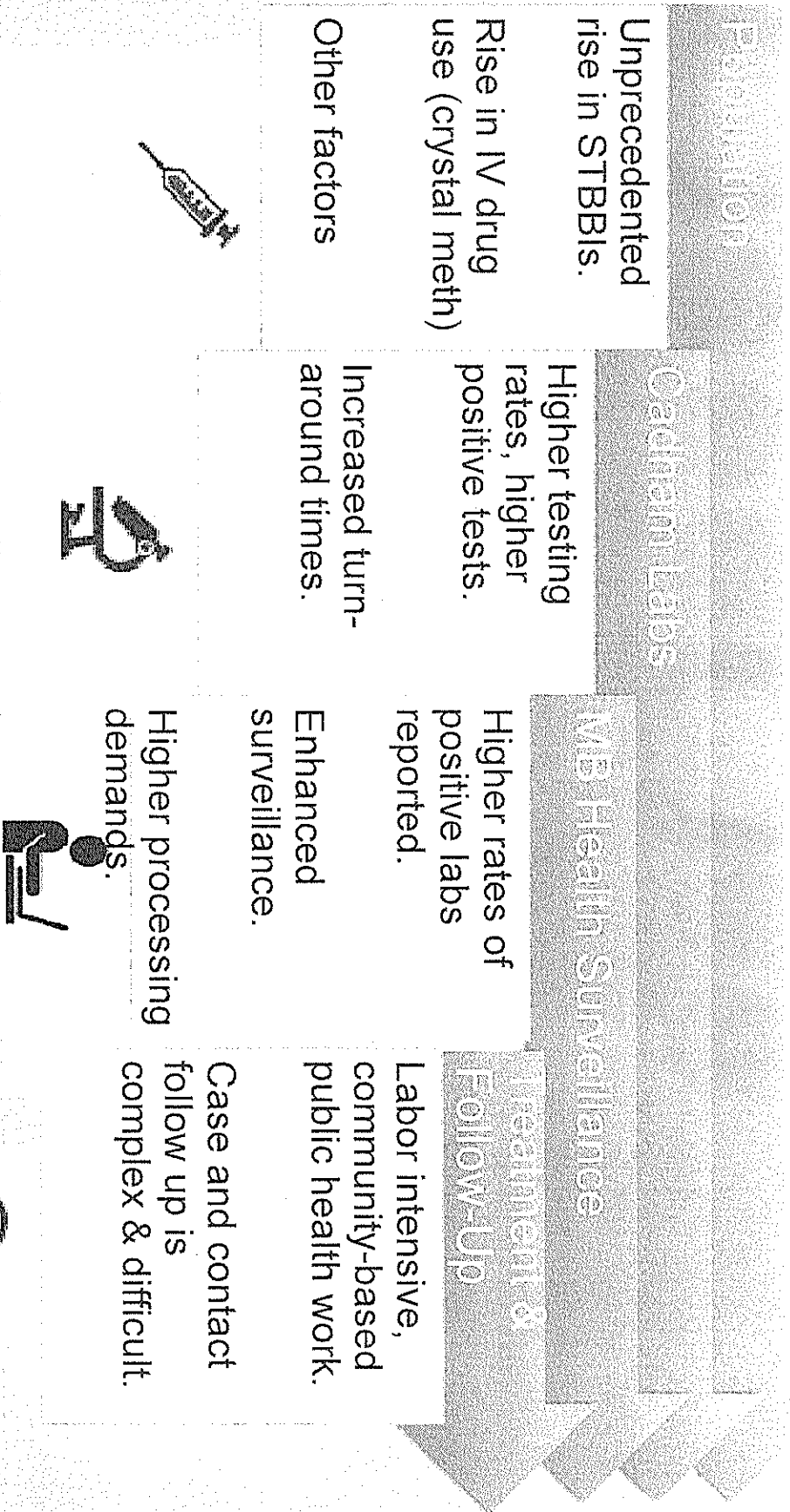


- Socio-demographic determinants contribute to the spread: marginalization, stigma, substance use, trauma, and mental health issues.



- Spread by multiple routes: sexual contact, through blood (injection drug use, piercing, tattooing), mother to baby.
- May be asymptomatic, thus go untreated, contributing to further spread.

# Finding, reporting, treating STBBIs



# Manitoba story



Syphilis - Potential

for long-term

medical

consequences.

Requires high

dose antibiotics,

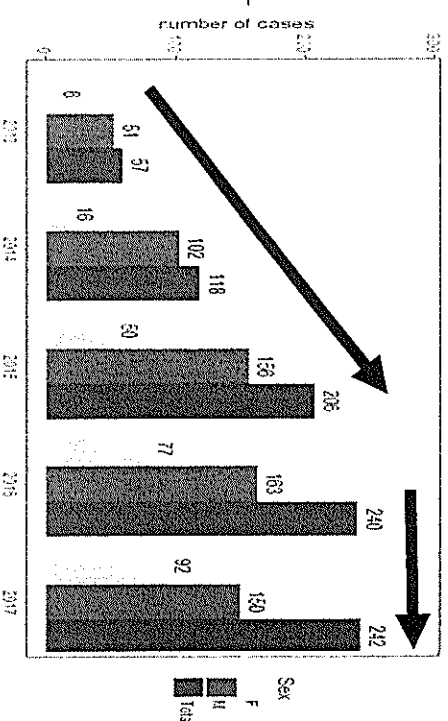
contact tracing

and disease

monitoring to

control outbreaks.

FIGURE 1: Yearly number of Syphilis cases by sex in Manitoba.



2015 – dramatic increase in Syphilis

2015 – Syphilis outbreak response

2015 – First congenital Syphilis case on record

2016-17- Gonorrhea outbreak

2017 – Syphilis cases plateau



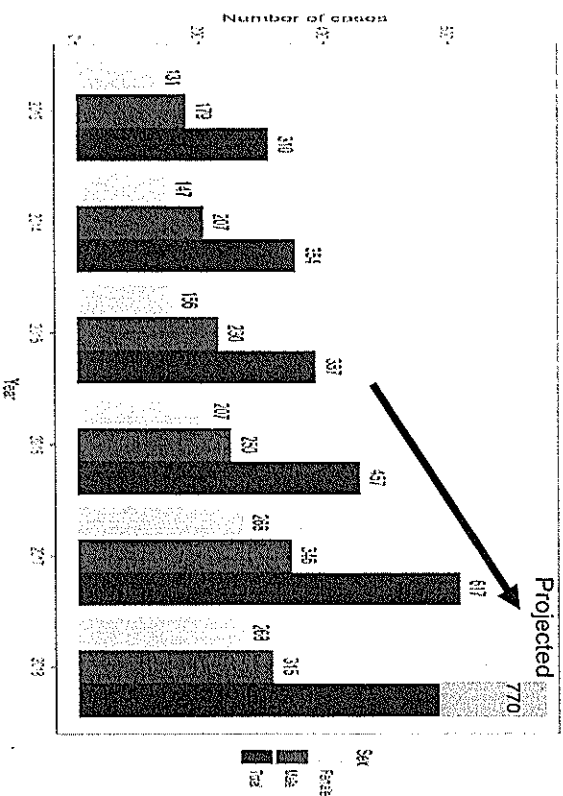
Gonorrhea

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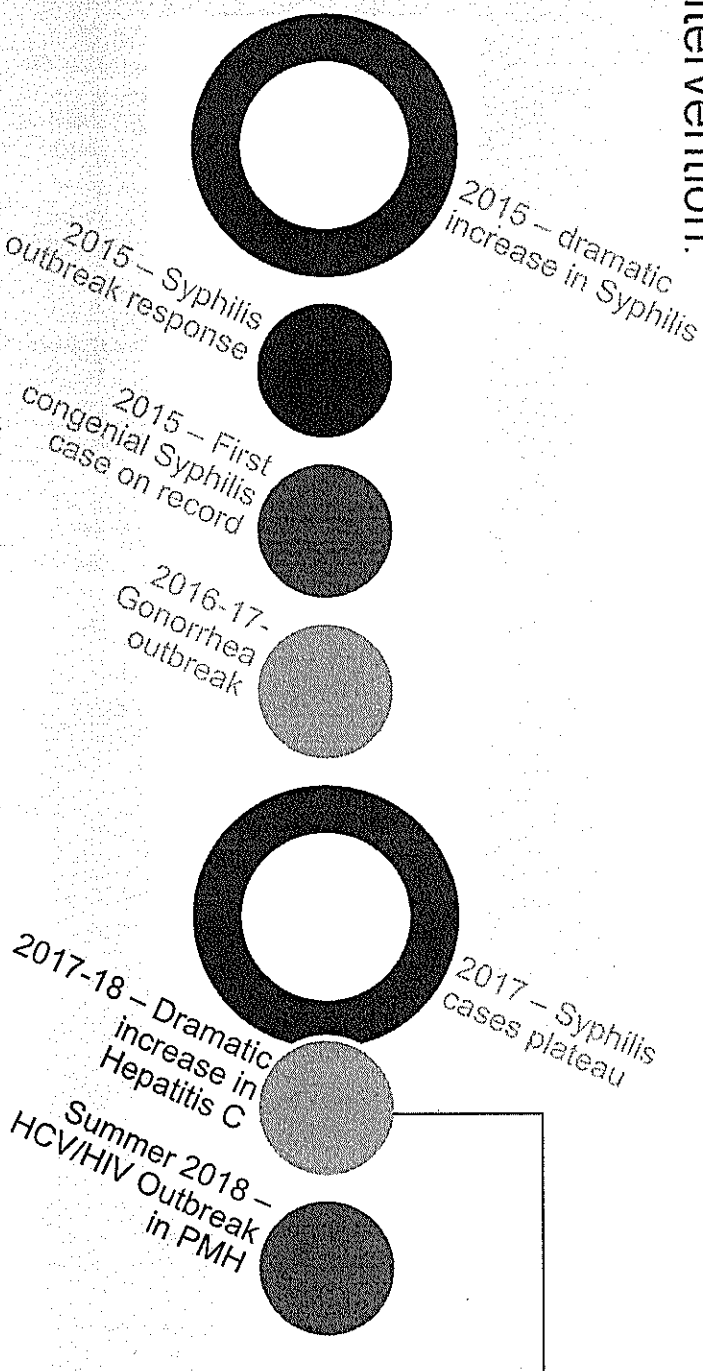
# Manitoba story

## Hepatitis C

- Often precedes a rise in HIV.
- Exacerbated by rise in IVDU.
- May be asymptomatic, leading to further transmission & late treatment.
- Frequently becomes a chronic infection, may require considerable medical intervention.



Hepatitis C





# Manitoba story



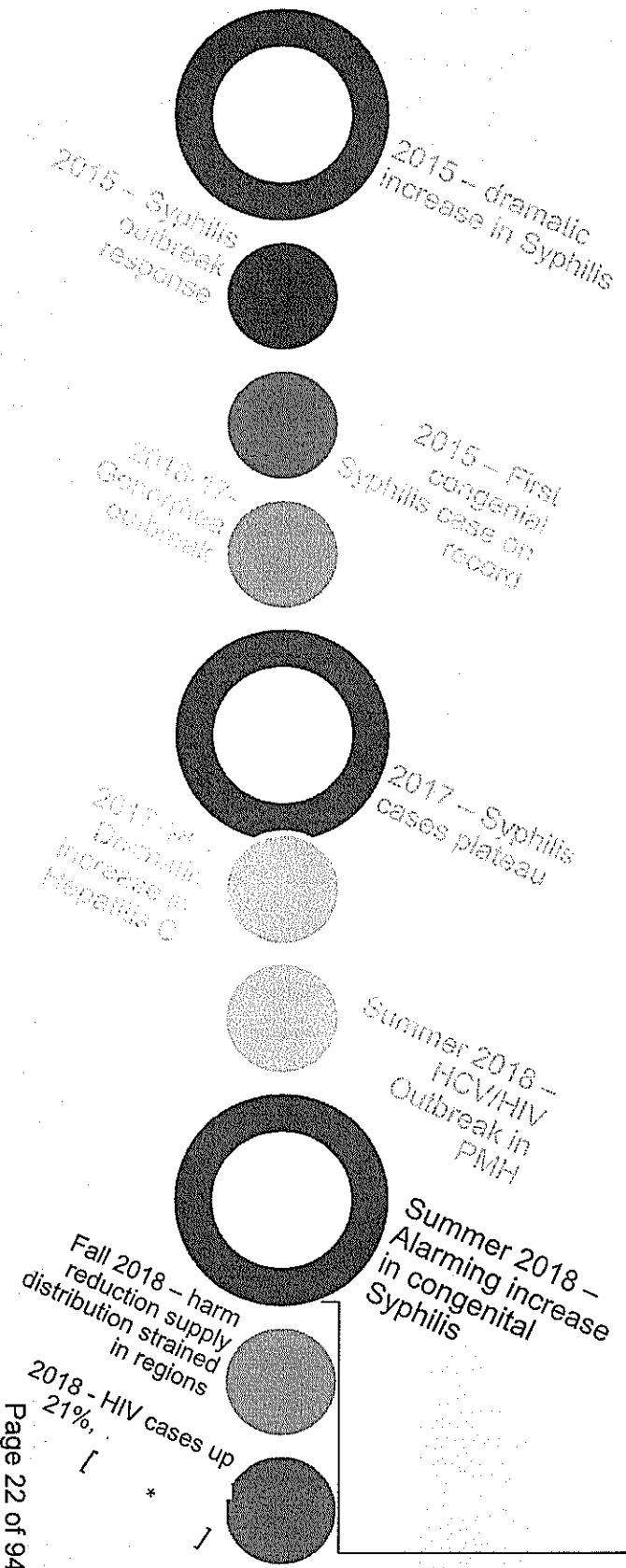
**Congenital Syphilis cases in Manito a:**

**2015 – [\*]**

**2017 – [\*]**

**(as of Sept) 2018 – [\*]**

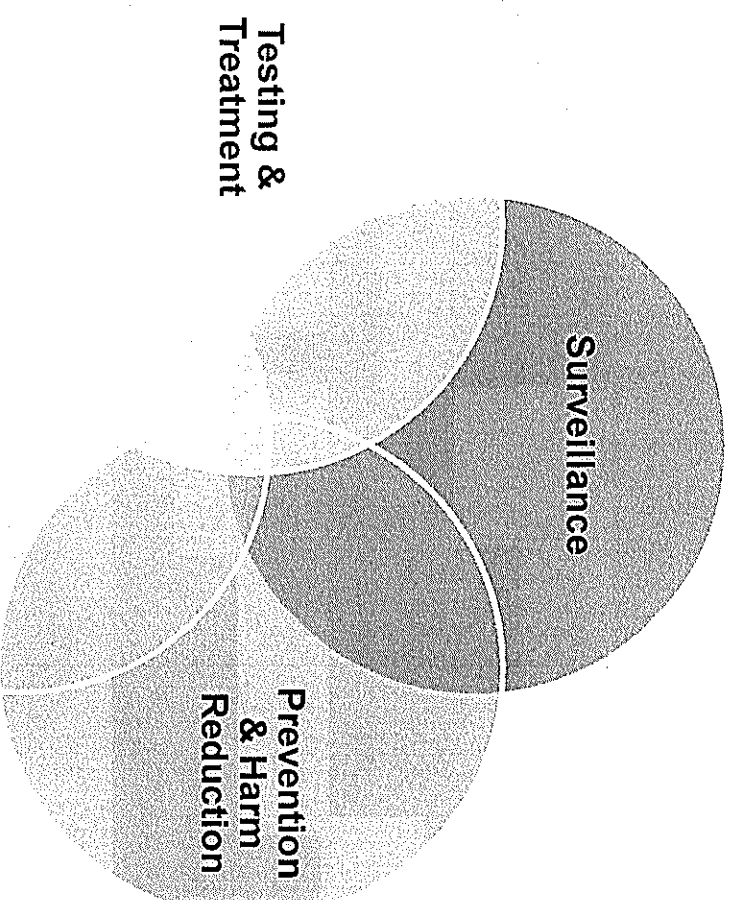
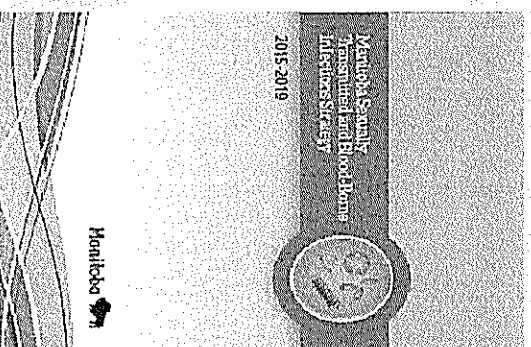
- Syphilis has moved into the general heterosexual population, leading to increased cases in women and increased risk for maternal-fetal transfer.
- Infants with congenital syphilis require considerable medical care and are expected to have long-term medical complications.





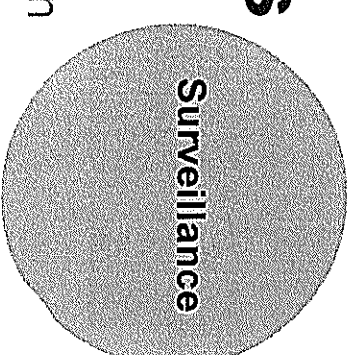
# STBBI Outbreaks

# Provincial Response



Communication

# Key Public Health Activities



Testing &  
Treatment

- Transformation of surveillance data collection with the implementation of the Public Health Information Management System.
- Enhanced surveillance.
- Active case and contact tracing with goal of early treatment.
- Communication with health care providers and the public.

Communication

- Limited harm reduction supplies distribution (needles/syringes/related supplies); distribution has quadrupled since 2013 (from 500,000 annually to a projected 2 million needles in 2018).

Prevention  
& Harm  
Reduction

# Key Public Health Activities

23(1)(a)



Surveillance

- Transformation of surveillance data collection with the implementation of the Public Health Information Management System.
  - Enhanced surveillance.
  - Active case and contact tracing with goal of early treatment.
  - Communication with health care providers and the public.
- Testing & Treatment

- Limited harm reduction supplies distribution (needles/syringes/related supplies); distribution has quadrupled since 2013 (from 500,000 annually to a projected 2 million needles in 2018).



Prevention & Harm Reduction

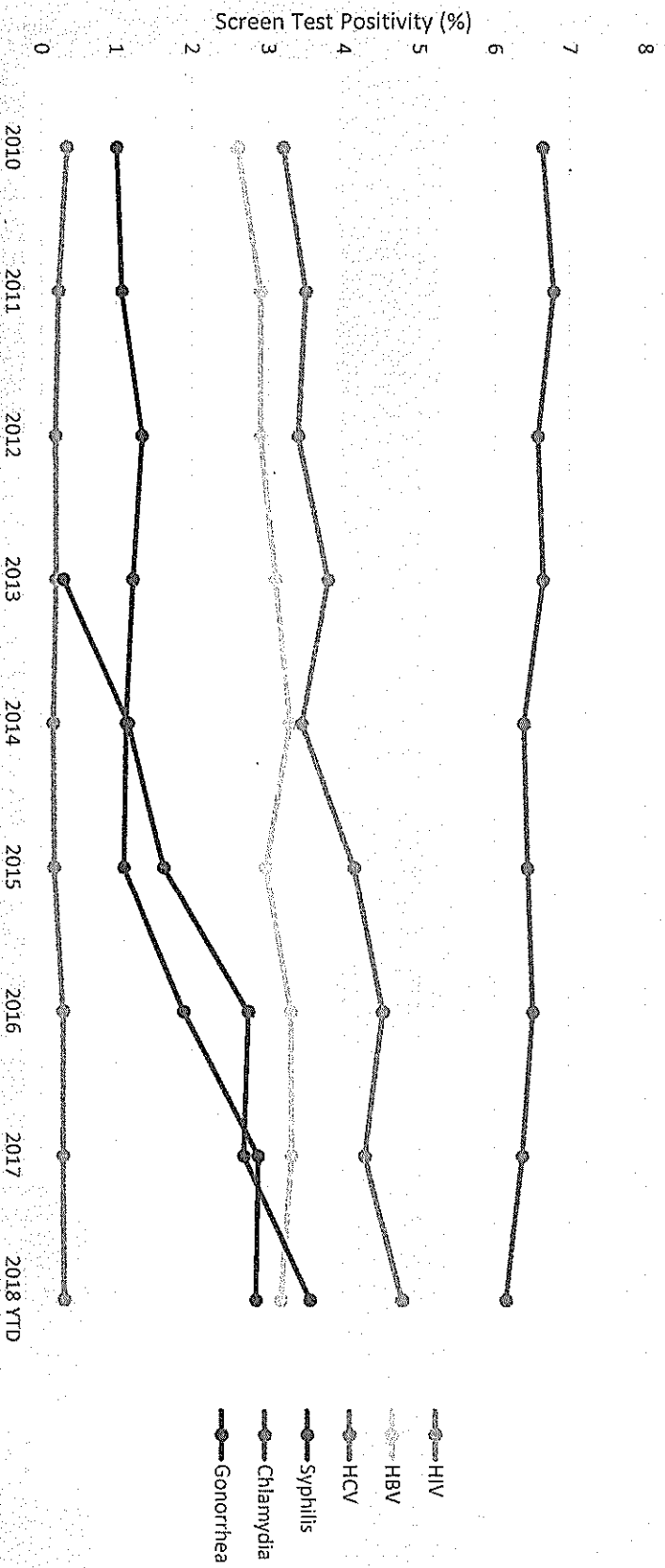


# Cadham Provincial Laboratory (CPL) Higher Volumes



# High Positivity Rates over Time

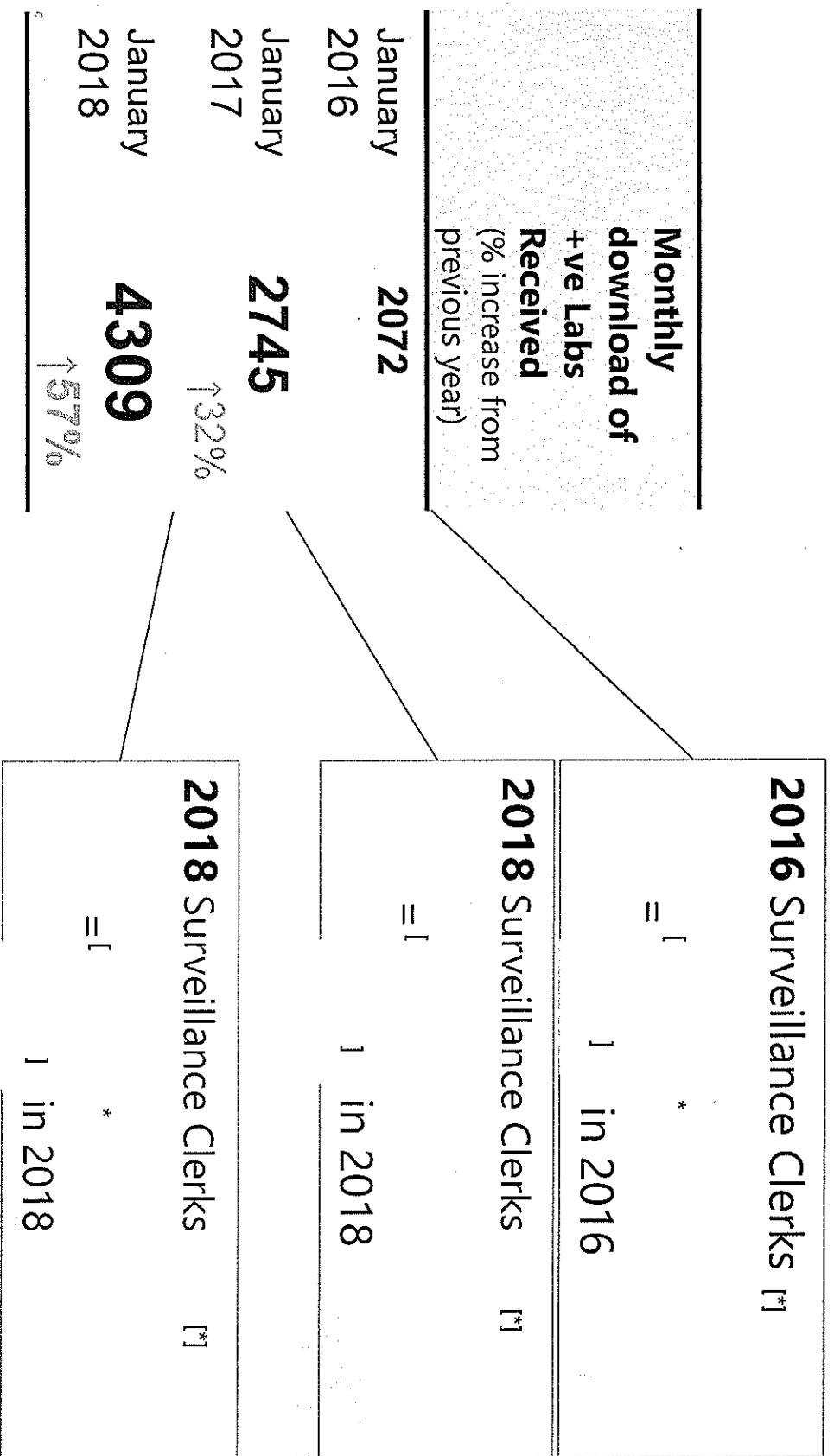
Raw STBBI Positivity Rates, CPL, 2010-2018(YTD)



All \* = 23(1)(a)

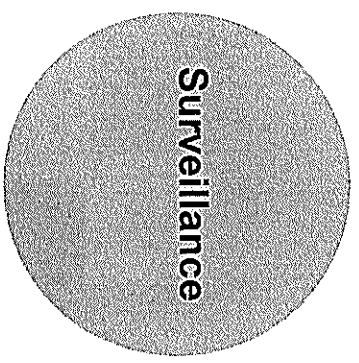


# MB Health STBBI Surveillance



DOUBLE THE LABS

# Public Health Surveillance System



## Pressures:

- Department responsible for provincial public health surveillance system including timely referral to service delivery organizations for case and contact follow up
  - [ 23(1)(a) ]
  - Increased volumes of testing and positive lab results for all STBBIs
  - Transformation projects of public health surveillance systems and interfaces underway and will require time to realize benefits

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System investment in **prevention** activities.

# STBBIs & Intravenous Drug Use (IVDU)

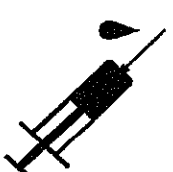
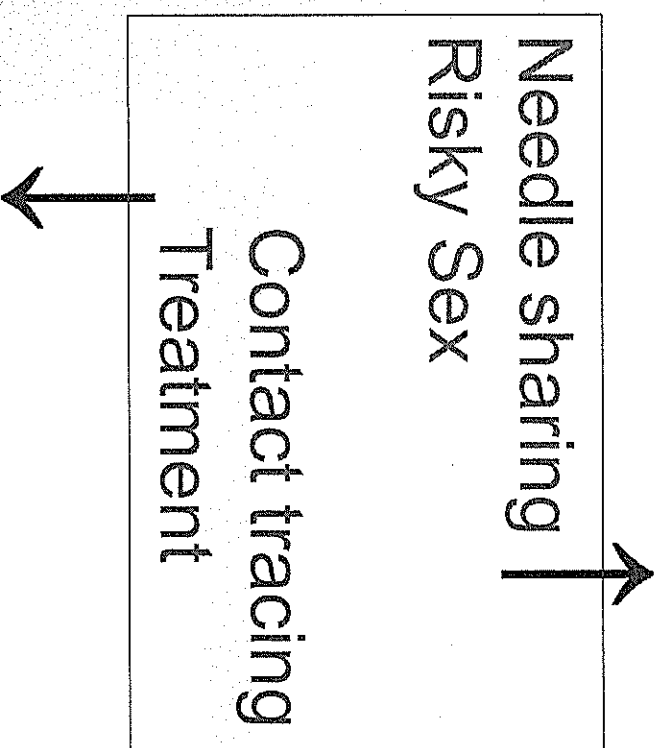


## Crystal Meth

- Predominant street drug in Manitoba.
- Powerfully addictive, central nervous system stimulant.
- Cheap, \$10 “a hit”.
- IV injection preferred (enhances and extends its effects).
- Users prone to unpredictable, violent and drug-seeking behaviors.



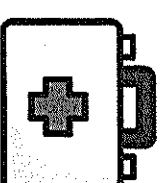
# STBBIs & IVDU



Needle sharing facilitates transmission of HIV, Syphilis, Hep B & C.

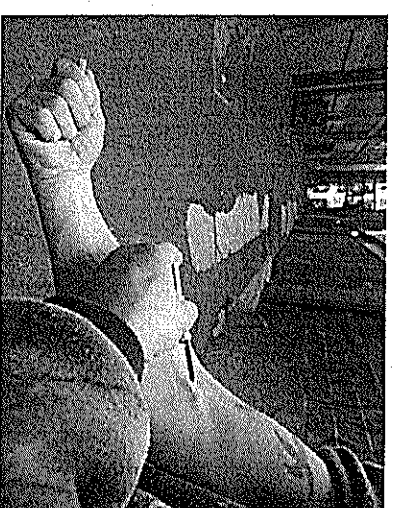


Reduced condom use facilitates transmission of all STBBIs.



Impact of addiction severely hampers testing, surveillance & treatment efforts.

# STBBIs & Stigma

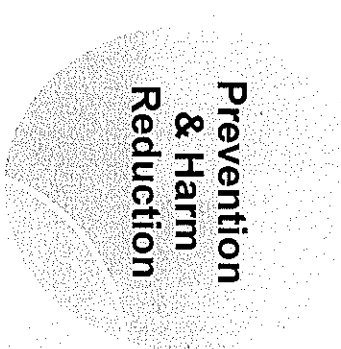


- A dynamic process of devaluation that significantly discredits an individual in the eyes of others.
- Widely recognized as a barrier to the prevention, management and treatment of STBBIs.

# Prevention & harm reduction Communication

## Pressures:

- Multiple STBBI outbreaks
- Correlation with IDU
- Escalating demand for harm reduction supplies
- Lack of coordinated provincial harm reduction effort



Communication

## Implement a provincial harm reduction program

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- Supported by the CPPHO Position Statement on Harm Reduction  
[https://www.gov.mb.ca/health/cppho/docs/ps/harm\\_reduction.pdf](https://www.gov.mb.ca/health/cppho/docs/ps/harm_reduction.pdf)

# Testing & treatment

Testing &  
Treatment

## Pressures:

- slow and steady rise in numbers of people with HIV
- expensive lifetime management ~ \$1 million

• [ 23(1)(a) ]

23(1)(a)

# **Sexually Transmitted & Blood Borne Infections (STBBI) in Manitoba**

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CHIEF PROVINCIAL PUBLIC HEALTH OFFICER POSITION STATEMENT:

**HARM REDUCTION**

Harm Reduction is a proven public health approach that reduces the adverse health, social and economic outcomes related to a variety of risk associated activities. Harm reduction reduces harm to the individual, to families, and to the broader community.

**What is Harm Reduction?**

Harm Reduction most commonly refers to "policies, programs and practices that aim to reduce the negative health, social and economic consequences that may ensue from the use of legal and illegal psychoactive drugs, without necessarily reducing drug use. *Its cornerstones are public health, human rights and social justice*". In recent years, this approach has also been applied to reducing negative health outcomes that are associated with sexual activity. Examples of harm reduction services include:

- needle distribution/recovery
- opioid replacement (eg. methadone)
- overdose antidote provision (eg. naloxone)
- safer sex supply distribution (eg. condoms)
- outreach/education programs

There will always be activities associated with risk in our society. The central focus of a harm reduction approach is on supporting people's efforts to minimize negative health and social outcomes. For example, ensuring access to sterile needles and overdose reversal medications does not eliminate drug use, but does reduce the risk for blood-borne pathogens and drug-related injury. The same can be said for harm reduction approaches that are geared towards reducing the sexual transmission of infections, such as access to safer sex supplies.

Harm reduction promotes health for the individual, and advocates for broader health and social policy change. It does not condone or condemn any particular behaviour. While the historical roots of harm reduction are in the area of substance use, these principles are used in many different contexts. For example, seat belts reduce the harms of driving collisions, and sunscreens reduce the harms from sun exposure.