

Sexually Transmitted and Bloodborne Infections (STBBI) in Manitoba



OUTBREAKS of Syphilis, Gonorrhoea, Hepatitis B and Hepatitis C are occurring in Manitoba.

In 2016, new cases of HIV were identified in all regional health authorities.

MAIN MESSAGES



1 Do you know the STBBI status of the patient in front of you? If not, offer testing.



2 If testing for one STBBI, test for all. (HIV, Syphilis, Chlamydia, Gonorrhoea, Hepatitis B and if indicated, Hepatitis C too!)



3 All of the STBBIs have asymptomatic phases! Don't wait for symptoms to test.

SYPHILIS

WHAT'S HAPPENING?

In 2017, infectious syphilis case counts were up more than

400%
compared to 2013.

A province-wide

OUTBREAK

was declared in 2015.

Rates remain high in males.

In females, the rates have been steadily increasing.

In 2017: Approximately four of every 10 new infectious syphilis cases were in women.



Congenital cases have been reported.

WHAT TO DO?

- When **DIAGNOSING**, look for chancres on the genitals, anus and mouth. In addition to serology, send a Dacron-tipped, Rayon-tipped, and/or flocced swab of the genital or extra-genital lesions to Cadham Provincial Laboratory (CPL) in viral transport medium for Syphilis PCR using a CPL General Requisition form.
- The preferred **TREATMENT** is **BICILLIN LA**. It can be obtained free of charge through public health.
- Be aware of symptoms of secondary and tertiary syphilis as well as **COMPLICATIONS** such as ocular and neurosyphilis.
- Call your local Public Health team for help with staging.
- **SEXUAL CONTACTS** of known syphilis cases should be treated immediately for syphilis without waiting for test results.

Due to primarily heterosexual outbreaks in the north:



TEST pregnant patients who reside in the Northern Health Region of Manitoba and the Kivalliq region of Nunavut at: first prenatal visit, at 28-32 weeks and again upon delivery.

Regardless of location of residence, test pregnant patients more frequently for syphilis if risk for infection is identified.



GONORRHEA

WHAT'S HAPPENING?

In 2017, there were

3,343
cases of Gonorrhoea
reported in Manitoba:

A **274%** increase
since 2013.

Both males and females are affected but over the last five years, rates have been consistently higher in females.

WHAT TO DO?

TESTING TIPS

1. In addition to testing genitals through urine or swabs, also consider taking throat and anal swabs using a red or black topped culture tube.
2. When Gonorrhoea is suspected, add a culture to your NAAT test.

TREAT with a **Cephalosporin** and **Azithromycin**.

AVOID monotherapy with Azithromycin. If there is no other option available then ensure test of cure is done.

Please refer to the provincial protocol for a complete list of situations where test of cure is important.



HIV

WHAT'S HAPPENING?



The number of new HIV cases per year in Manitoba increased by **25%** between 2014 and 2016.

Among transmission events occurring in Manitoba, the most commonly reported risk activity is **HETEROSEXUAL SEX**.



An estimated **21%** of Canadians who have HIV do not know it.

WHAT TO DO?

It is no longer expected that providers complete more thorough pre-test counselling than for any other clinical test.

If you don't know the HIV status of the patient in front of you, **offer testing**. Risk based screening is not recommended.



The Manitoba HIV Program has endorsed the **BC testing guidelines** which include recommended testing frequency.

HEPATITIS B AND HEPATITIS C

WHAT'S HAPPENING?

A HEPATITIS B OUTBREAK is occurring in the province.

The majority of the outbreak cases:

- reside in Winnipeg
- are male
- have a history of injection drug use and/or incarceration



A number of HEPATITIS C OUTBREAKS are also occurring within the province.

Injection drug use and sharing drug paraphernalia are known risk factors associated with these outbreaks.

WHAT TO DO?

HEPATITIS B

Routine STBBI screening:

- Check eChart for previous Hepatitis B testing (HBsAg and HBsAb) and Hepatitis B vaccine history.
- If not fully immunized (minimum three doses by history or eChart) or not immune (HBsAb negative or no result available):
 - Test for HBsAg and HBsAb (both are part of the STI panel).
 - Provide one dose of Hepatitis B vaccine in the same visit, if they meet Manitoba Health vaccine eligibility criteria. Do not wait for lab results.

HEPATITIS C

TESTING: Remember that on the Cadham Lab Requisition Form you must **select HCV Ab**, in addition to the STI panel, to test for all STBBIs.

TREATMENT for Hepatitis C is now covered in the Pharmacare Formulary for all stages of fibrosis.

LAB REQ	
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HEPATITIS B & HEPATITIS C

Refer patients to the Viral Hepatitis Investigation Unit (VHIU).
Phone: 204-787-3630

For post exposure prophylaxis refer to the Integrated Post-exposure Protocol for HIV, HBV and HCV:

www.manitoba.ca/health/publichealth/cdc/protocol/index.html

For more information on how to manage any of these infections, health care provider resources are available at:

www.manitoba.ca/health/publichealth/cdc/sti/index.html

RESOURCES

Provincial STBBI information: www.manitoba.ca/health/publichealth/cdc/sti/index.html

Public Health Offices: www.manitoba.ca/health/publichealth/offices

Cadham Laboratory Guide to Services: www.manitoba.ca/health/publichealth/cpl/docs/guide.pdf

Information on where Harm Reduction Supplies can be accessed: www.streetconnections.ca/service_map.php

BC HIV Testing Guidelines: www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/hiv-testing-guidelines-bc.pdf

Canadian Guidelines on Sexually Transmitted Infections: www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections.html