

Better Health for All

Health Status Reporting Series Four

Bloodborne and Sexually Transmitted Infections



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Our Vision of Better Health for All

The **Better Health for All Series** highlights a number of key findings about the status of our health. We envision a community in which everyone has a chance to live a healthy life and where everyone has the same opportunities to reach their full health potential. Our series highlights what actions are being taken to make this vision a reality and what more we can do to create better opportunities for everyone in our community to achieve better health.

Series 4 provides a snapshot of the Health Region's rates of bloodborne and sexually transmitted infections. It provides information about how Saskatoon Health Region residents compare to the province and the country, the trends in rates of infection, comparisons by gender and age, and a summary of most frequently reported risks related to each infection type. Actions taken to date as well as a renewed call for action are also included.

Better Health for All Series 4: Bloodborne and Sexually Transmitted Infections

Blood-borne infections are caused by viruses (HIV and Hepatitis C) that are transmitted by blood or body fluids that contain blood. A person who is infected with the virus may spread the virus from their blood, semen or vaginal fluids to another person through a break in the skin or mucous membranes. Sexually transmitted infections (STIs) (chlamydia, gonorrhea and syphilis) are bacterial infections usually passed on during unprotected sex with an infected partner. This can be vaginal, oral or anal sex.

Bloodborne and sexually transmitted infections have high health, social and economic costs. Left untreated, chronic infections can spread to other parts of the body and cause pelvic inflammatory disease (PID) in women, infertility in both sexes, and complications in babies of infected mothers. Blood borne infections increase the risk of certain types of cancers and premature death.

What did we find?¹

Saskatoon Health Region has historically had high rates of bloodborne and sexually transmitted infections compared to our national counterparts².

¹ See CommunityView Collaboration www.communityview.ca for detailed definitions of these indicators.

² Neudorf C., Marko J., Wright J., Ugolini C., Kershaw T., Whitehead S., Opondo J., Findlater R. (2009). Health Status Report 2008: A Report of Chief Medical Health Officer. Saskatoon: Saskatoon Health Region, p. 53.

Findings show promise, but we have more work to do:

Bloodborne Infections: Our latest findings reveal that [HIV](#) and [hepatitis C](#) rates continue to steadily decline, but there is still much room to improve. For example, the Region's 2013 Hepatitis C rate was 43.7 per 100,000, 28 percent lower than the last available provincial rate but still 50 percent higher than the last available national rate. The HIV rate has been on a steady decline since its peak in 2009. Despite this progress in our Region, HIV incident rates are still twice the national average and preventable deaths in HIV positive patients still occur, (13 percent have died since 2005). This means that more work in needs to be done, particularly around early testing and more durable linkage and adherence to HIV care and treatment.

Sexually Transmitted Infections: While declines in Hepatitis C and HIV rates show promise, STI rates for our Region are less encouraging. [Chlamydia](#) rates have remained stable since 2010. [Gonorrhea](#) and [syphilis](#) rates have sharply increased since 2011.

Transmission risk factors are changing for HIV, staying same for other infections: In the past, injection drug use (IDU) was clearly the highest risk factor for contracting HIV; today, with greater participation of clients in harm reduction strategies other disease transmission risk factors have proportionately gained prominence, including increased transmission through unprotected sex. In the case of hepatitis C, although overall disease transmission rates have reduced, unsafe needle use still leads among all risks. The top two risks for gonorrhea include unprotected sex, new partners. For syphilis, risks include unprotected sex, new sexual partners, anonymous partners and unprotected sex between men.

Health inequalities and inequities persist: This data highlights a number of gaps in health outcomes between various segments of our population. For example, more than twice as many men reported hepatitis C than women; nine out of 10 syphilis cases reported are in men; and the majority of the Region's HIV cases were also reported in males in 2013. In contrast, the Region's rate of chlamydia in females was 40 percent higher than the male rate in 2013. There is also a disproportionate difference in many rates by age. For example, for HIV and hepatitis C, 30 to 39 year olds tend to have higher rates than any other age group. For chlamydia, 15 to 24 year old females show extremely high rates compared to the same male counterparts. In addition, our recently released report on [Advancing Health Equity in Health Care](#), highlights that a number of very large gaps in health outcomes have persisted over a long period of time between those living in the most and least advantaged areas of Saskatoon. From 2004-2010, 66 percent of [hepatitis C](#) cases, 45 percent of [chlamydia](#) infections and 62 percent of [gonorrhea](#) cases were reported in individuals living in the highest area of deprivation³, which makes up about 20 percent of the total population.

For more information on Health Equity see our Better Health for All Series 3: Advancing Health Equity in Health Care—[What Is Health Equity?](#)

What's being done to decrease infection rates?

Over the past number of years, the Region has worked with key partners including the provincial government and local community agencies to tackle our high rates through a variety of [strategies and approaches](#). For example, the Region has implemented a number of key strategies intended to increase testing among high-risk populations; prevent new HIV infections through HIV "treatment as prevention" (as per the [British Columbia model of treatment as prevention](#)); expand harm reduction services, and provide better prenatal care for HIV mothers; support HIV-positive clients with improved access to

³ Deprivation in Saskatoon was identified using an index of six socioeconomic variables (income, education, employment, marital status, single-parent families, and living alone). The index divides Saskatoon into five categories ranging from highest to lowest deprivation and each area contains approximately one fifth of the population

addictions treatment, multidisciplinary care teams and intensive case management⁴; and measure outcomes to monitor progress and improve services.

Achieving Better Health for All – A Renewed Call to Action for Public Health and its Partners

While there is clearly progress being made in reducing the rates of HIV and hepatitis C, and many efforts are in place to reduce sexually transmitted infections, there is more that should be done. For many, reproductive and sexual health services are the entry point into the medical care system. These services improve health and reduce costs by not only covering pregnancy prevention, HIV and STD testing and treatment, and prenatal care, but also by screening for intimate partner violence and reproductive cancers, providing substance abuse treatment referrals, and counseling on nutrition and physical activity.

Building on the success of its intervention strategies to date, Saskatoon Health Region should continue its targeted approach toward providing opportunities for better health for all. Specifically, the Region should continue to work with its partners to:

1. Improve diagnosis and treatment

- Continue to identify opportunities for HIV testing. This might include the expansion of community sites, testing known clients connected with outreach services, offering testing routinely in family physician offices and in-patient settings.
- Explore innovative approaches to deliver STI testing and treatments as described in the draft provincial STI strategy e.g., Expedited partner treatment, a role for alternate service providers in STI care
- Fully develop the SHR treatment as prevention model, and develop measurable indicators for the HIV treatment cascade⁵.

2. Increase health promotion and prevention efforts

- Advocate for the overall improvement in sexual health and reproductive health services for community members in Saskatoon Health Region of all ages and in particular to adolescents and young people.
- Continue to adopt best practices and link prevention to care whenever possible.
- Expand preventative health promotion strategies such as *Break the Cycle* (a harm reduction model used in the United Kingdom), and *Know Your Status, Know Your Risk* (an approach used by Population and Public Health Street Health) and [It's different now](#)".
- Complete the Street Health 2014 Harm Reduction Survey and implement the selected recommendations.
- Work with partners to address upstream contributors to risk taking behaviours including early childhood trauma.

⁴ HIV case management involves providing support along a continuum of care for persons who are newly diagnosed with HIV, pregnant women or those who have difficulty engaging or have disengaged from care. Clients are typically involved in substance abuse (primarily injection drug use) and are impacted by poverty. A multidisciplinary team comprised of public health nurses, a surveillance nurse, social case manager, addictions counselors and community outreach and education workers utilize a harm reduction approach to care. This includes, conducting psychosocial assessments on intake, the provision of harm reduction supplies, addiction assessments and referral for support, client goal setting and skill building, and coordination and support of health and social services. A model of recovery services is utilized for those challenged with an addiction.

⁵ Nosyk B., Montaner J., Colley G., Lima V.D., Chan K., Heath K., Yip B., Samji H., Gilbert M., Barrios R., Gustafson R., Hogg R., for the STOP HIV/AIDS Study Group. Published Online September 27, 2013 [http://dx.doi.org/10.1016/S1473-3099\(13\)70254-8](http://dx.doi.org/10.1016/S1473-3099(13)70254-8)

3. Target action to narrow the gap in health equity

- Explore strategies that would further narrow the equity gap in disease rates for chlamydia, gonorrhoea, HIV and hepatitis C. e.g., by promoting innovative access to clinics and treatment and outreach activities for particular high risk communities.
- Work more closely with the communities and agencies that represent those most affected by these illnesses such as the Aboriginal community, injection drug users, men who have sex with men and youth.

4. Increase efforts to integrate service support:

- Develop innovative approaches for hepatitis C intervention, including integration with HIV care.
- Increase mental health and addiction support for HIV and hepatitis C clients, including peer support.

5. Improve surveillance:

- Improve STI surveillance to better understand causality and transmission risk factors with opportunities for prevention. This should include the social determinants of health.
- Participate in behavioral risk assessment efforts and apply the knowledge gained to address local factors.

Learn More about the Better Health for All Series

We invite you to consider the information that we have presented in this message and through [CommunityView](#). It is our hope that you will use the *Better Health for All* series to inform the decisions you make towards advancing the vision of a community in which everyone has the opportunity to live healthy lives. Available reports include:

✓ Series 1, March 26 2014

Our Population- A high level look at who lives in our Region. Differences in health outcomes by socioeconomic conditions will be released in upcoming series.

✓ Series 2, May 21 2014

Immunization- Examines a selected set of immunization indicators to report on progress and gaps in coverage rates. Proposes further action to ensure equal opportunities for access to immunization.

✓ Series 3, June 23 2014

Advancing Health Equity in Health Care- Examines a range of health inequalities and proposes health care system action to create equal opportunities for all to achieve better health.

✓ Series 4, July 28, 2014

Bloodborne and Sexually Transmitted Infections - Focuses on communicable disease such as human immunodeficiency virus (HIV), and sexually transmitted infections (STIs).

Upcoming Planned Releases Include:

Fall 2014: More on HIV, Health Behaviours, and Maternal and Child Health.

Release date to be determined: A report on Community Wellbeing- Developed in partnership with the Saskatoon Regional Intersectoral Committee discusses, in greater detail, the social determinants of health and wellbeing.

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