Full Course Text

This document contains the full English text that learners will see when accessing and taking the Sexually Transmitted and Blood-Borne Infections: Barriers to Screening online course.

Course Description

Overview

Health-care providers play a key role in the public health response to sexually transmitted and blood-borne infections (STBBI). By normalizing discussions about sexual health and offering STBBI screening as part of routine care, health-care providers can help prevent the spread of infection and improve access to screening, treatment, ongoing care and support services.

This 90-minute accredited and self-paced course explores current STBBI trends in Canada, provides an overview of the Public Health Agency of Canada's guidance on STBBI screening, and offers strategies to reduce barriers and increase access to STBBI screening as part of routine care.

This is an introductory course designed for front-line health-care providers such as family physicians, nurse practitioners, registered nurses, public health nurses, midwives and other primary care providers.

Skills Gained

By the end of this modules, learners will be able to:

- Explain why STBBI screening for sexually active individuals should be offered as part of routine care
- Describe barriers to STBBI screening
- Apply strategies to overcome barriers and increase access to STBBI screening
- Locate Public Health Agency of Canada guidance and resources to support STBBI screening

Acknowledgements

This online course was developed through a collaboration between the Public Health Agency of Canada, UBC School of Nursing, and UBC CPD.

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REGISTRATION

Sexually Transmitted and Blood-borne Infections: Barriers to Screening

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Iraq	Uganda
Ireland	Ukraine
Isle of Man	United Arab Emirates
Israel	United Kingdom

Italy	Unites States
Jamaica	United States Minor Outlying Islands
Japan	Uruguay
Jersey	Uzbekistan
Jordan	Vanuatu
Kazakhstan	Venezuela, Bolivarian Republic of
Kenya	Viet Nam
Kiribati	Virgin Islands, British
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You're now registered for **Sexually Transmitted and Blood-Borne Infections: Barriers to Screening**. Your eLearning activity is being delivered to your dashboard.

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Course Home Page

Credits: 1.5

Duration: 1.5 hours

Target Audience: Family physicians, nurse practitioners, public health nurses, registered nurses, and other primary care providers.

How to complete this course:

1. Begin your learning journey by selecting the lesson titled "Before You Begin."
2. Once you've begun, you can navigate through the course, from start to finish, using the "Previous" or "Next" buttons at the bottom of each page. You are also welcome to navigate to specific lessons or activities via the main course page; however, you must go through each lesson and activity to complete the course. It is recommended to complete the lessons in chronological order.

3. After completing all course lessons and activities, fill out the "Course Evaluation" to finish the course and receive your Certificate of Completion.

Pre-Course Activities

- Before You Begin
- Pre--Assessment
    - This pre-course activity is designed solely for self-assessment purposes. It will help you gauge your comfort with and knowledge of sexual health and sexually transmitted and blood-borne infections (STBBIs).

Course Content

- Lesson 1: Understanding the Problem
- Lesson 2: Barriers to Routine STBBI Screening
- Lesson 3: Overcoming Barriers to Routine STBBI Screening

Final Evaluation

- Post-Assessment
    - This post-course activity is designed solely for self-assessment purposes. It will help you gauge changes to your comfort and knowledge after having completed this course.
- Course evaluation

Certificate of Completion

- A PDF certificate of completion will automatically be sent to your email address **1 (one) hour** after you complete all course lessons and the course evaluation questionnaire.

Discussion Board

- Discussion Board

Welcome!

This is the discussion forum for the *Sexually Transmitted and Blood-borne Infections: Barriers to Screening* online course. Feel free to post a message here if you would like to share something with other learners.

The discussion board is an opportunity to communicate about barriers to STBBI screening and content within the course. The platform is not monitored by the authors of the course; it is available solely for the purpose of learner discussion. The inferences, opinions, and conclusions found in these discussions do not reflect the opinions or policies of UBC CPD or the Public Health Agency of Canada.

Lesson 1: Barriers in your community

This is a discussion question from Lesson 1: Understanding the Problem.

What barriers to receiving STBBI screening or sexual health services do you think exist in your community?

Lesson 2: Other Barriers

This is a discussion question from Lesson 2: Barriers to Routine STBBI Screening.

What other barriers can you think of that might influence an HCP's ability to offer STBBI screening as part of routine care?

How would these barriers impact care?

Lesson 3: Other Barriers

This is a discussion question from Lesson 3: Overcoming Barriers to Routine STBBI Screening.

Can you recommend another strategy that HCPs should consider when discussing sexual health and STBBIs?

Before You Begin

Learning Objectives

By the end of this course, you will be able to:

1. Explain why STBBI screening for sexually active individuals should be offered as part of routine care
2. Describe barriers to STBBI screening
3. Apply strategies to overcome barriers and increase access to STBBI screening
4. Locate Public Health Agency of Canada guidance and resources to support STBBI screening

Course Structure & Features

This course is made up of:

PreAssessment

Designed solely for self-assessment purposes, this activity will help you gauge your knowledge about and comfort with sexual health and sexually transmitted and blood-borne infections (STBBIs). *Completion of this activity is required in order to complete the course*.

Lessons

- Lesson 1: Understanding the Problem

- Lesson 2: Barriers to Routine STBBI Screening
- Lesson 3: Overcoming Barriers to Routine STBBI Screening

You must complete each lesson in order to complete the course.

Post-Assessment

This post-course activity is designed solely for self-assessment purposes. It will help you gauge changes to your comfort and knowledge after having completed this course. *Completion of this activity is required in order to complete the course*.

Course Evaluation

Completion of this evaluation is *required for course completion.*

Language

This course is available in both English and French. To change language at any time, use the language menu in the top-right corner of your webpage.

Acknowledgements

This course was developed collaboratively by the Public Health Agency of Canada (PHAC) and the University of British Columbia, Division of Continuing Professional Development (UBC CPD).

Authorship

Working Group

- **Ameeta Singh**, BMBS, MSc, FRCPC, Clinical Professor, Division of Infectious Diseases, University of Alberta
- **Monica Durigon**, BSc, BSN, RN(c), MSc, Nurse Educator, Clinical Prevention Services, BCCDC
- **Jasmine Pawa**, BMSc, MD, CCFP, MSc, FRCPC - Public Health and Preventive Medicine Specialist; Adjunct Lecturer, Dalla Lana School of Public Health, University of Toronto
- **Simon Moore,** MD, CCFP, Family Practice, University of British Columbia

Instructional Design & Illustration

- **Craig Ferguson**, Learning & Curriculum Manager, UBC CPD
- **Julia Devorak**, Interactive Designer, UBC CPD
- **Kate Campbell**, Senior Manager, UBC CPD

- **Vivian Lam**, Research Asst/Tech, UBC CPD

Liaison Representatives

- **Chloé Healy**, RN, BScN, Nurse Consultant, PHAC
- **Stacy Sabourin**, Acting Manager, PHAC
- **Stephan Gadient**, Policy Analyst, PHAC

Disclosures

Name	Affiliations, financial or otherwise, with a pharmaceutical, medical device, or communications organization that may have a direct or indirect connection with the content of this course
Ameeta Singh	Nothing to disclose
Chloé Healy	Nothing to disclose
Monica Durigon	Nothing to disclose
Jasmine Pawa	Nothing to disclose
Simon Moore	Nothing to disclose
Stephan Gadient	Nothing to disclose
Craig Ferguson	Nothing to disclose
Julia Devorak	Nothing to disclose

Name	Affiliations, financial or otherwise, with a pharmaceutical, medical device, or communications organization that may have a direct or indirect connection with the content of this course
Kate Campbell	Nothing to disclose
Vivian Lam	Nothing to disclose

Accreditation Information

Accreditor

The University of British Columbia Division of Continuing Professional Development (UBC CPD).

Certification

Mainpro+ (1.5 credit hours)
UBC CPD is fully accredited by the Committee on Accreditation of Continuing Medical Education (CACME) to provide study credits for continuing medical education for physicians. This self-learning program meets the certification criteria of the College of Family Physicians of Canada (CFPC) and has been certified by UBC CPD for up to 1.5 Mainpro+ credits.

Maintenance of Certification (Section 3) (1.5 credit hours)
This activity is an accredited Self-Assessment Program (Section 3), as defined by the Maintenance of Certification Program (MOC) of The Royal College of Physicians and Surgeons of Canada, and approved by UBC CPD for up to 1.5 MOC (Section 3) credit hours.

Canadian Nurses Association (CNA) (1.5 credit hours)
This online course has been approved for 6 CNA credits by the CNA board of directors and the CNA Accreditation Program. CNA accreditation is valid until September 22, 2024.

Certificate of Completion

A PDF certificate of completion will automatically be sent to your email address 1 (one) hour after you complete all course activities, lessons, and the course evaluation questionnaire.

Pre-Course Self-Assessment

Please take a moment to complete the self-reflective exercise below.

Use the sliders to indicate your current level of comfort with the following statements, then calculate your total score using the button at the bottom of the page.

Your answers will not be recorded and are for you to reflect upon your comfort with and knowledge of sexual health and sexually transmitted and blood-borne infections (STBBIs).

How confident are you in your knowledge of sexually transmitted and blood-borne infections?

How comfortable are you in having conversations about sexual health?

How comfortable are you conducting a sexual health assessment?

How confident are you in your ability to provide sexual health information or counselling?

Tip

Jot down your total score. You'll be able to compare it to your score at the end of the course!

Lesson 1: Understanding the Problem

Introduction & Learning Objectives

In this lesson, we will review the definition of sexually transmitted and blood-borne infections (STBBIs), their burden of illness in Canada, and why they are important to screen for.

We will also consider how healthcare providers can help to prevent and control the spread of STBBIs by normalizing discussions about sexual health and offering STBBI screening and information to sexually active people as part of routine care.

By the end of this lesson, you will be able to:

- Explain why STBBIs are a significant public health concern in Canada
- Describe the changing epidemiology of STBBIs in Canada
- Recognize the importance of STBBI co-infections
- Articulate why routine sexual health conversations and routine STBBI screening are important to reducing the spread of STBBIs

STBBIs: The Basics

[Graphic] What are Sexually Transmitted and Blood-Borne Infections? [/Graphic]

What are they?

The term **s**exually **t**ransmitted and **b**lood**b**orne **i**nfection (**STBBI**) describes an infection that is either sexually transmitted or transmitted through blood. This includes, but is not limited to:

- Chlamydia
- Gonorrhea
- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Herpes simplex virus (HSV)
- Human immunodeficiency virus (HIV)
- Human papilloma virus (HPV)
- Syphilis

How do they spread?

Transmission routes are similar for many STBBIs; they are spread through sexual contact or body fluids

What can be done about them?

STBBIs are largely preventable and, with treatment, most STBBIs are curable or manageable.

Public Health Relevance of STBBIs

[Graphic] Why are STBBIs important in the context of public health? [/Graphic]

STBBIs are important in the context of public health because:

- They impose a significant physical, emotional, social and economic cost to individuals, communities, and society.

    - STBBIs can have sexual, reproductive and maternal-child health consequences, including genital and extra-genital symptoms, pregnancy complications, cancer, infertility, and psychosocial consequences
- They are frequently asymptomatic and can lead to serious complications if left undiagnosed or untreated.
- Untreated or unmanaged STBBIs can lead to onward transmission.

Public health interventions are effective

STBBI education, counseling, screening and treatment are effective public health interventions. For example, advances in antiretroviral treatment (ART) are enabling people with HIV to live healthy, long and active lives. Recommended treatment regimens require fewer pills, have fewer adverse side effects, and can suppress viral loads to undetectable levels that improve health outcomes and prevent onward transmission. But treatment can only be initiated if people are offered STBBI screening and know their status.

What is public health?

Public health is the organized effort of society to keep people healthy and prevent injury, illness, and premature death. It is a combination of programs, services, and policies that protect and promote the health of all Canadians.

References

1. Jackson C, Tremblay G. Accelerating our response: Government of Canada five-year action plan on sexually transmitted and blood-borne infections. *Canada communicable disease report*. 2019;45:323-326.
2. Wandeler G, Johnson LF, Egger M. Trends in life expectancy of HIV-positive adults on antiretroviral therapy across the globe: comparisons with general population. *Current opinion in HIV & AIDS*. 2016;11:492-500.

EPIDEMIOLOGY OF STBBIS IN CANADA

Despite the progress made in preventing and controlling infectious diseases, **increasing rates of STBBIs underline the need for continued public health attention and action.**

Infectious Syphilis †	**Gonorrhea** (2nd most reported STBBI*)
Rate of infection (2016-2020) ↑73% (male) ↑773% (female)	*Rate of infection (2015-2019)* ↑77% (male) ↑58% (female)
Cases in 2020‡ 9,382	*Cases in 2019* 35,443

Chlaymdia (most reported STBBI*) *Rate of infection (2015-2019)* ↑25% (male) ↑7% (female) *Cases in 2019* 139,386	**Hepatitis C** *Newly diagnosed infections (2019)* 11,441 • 2980 chronic infections • 356 acute infections • 8,105 unspecified infections
HIV *Newly diagnosed infections (2020)*†† 1,639 *Undiagnosed & unaware of status (2018)* 1 in 8	**Did you know?** In a recent survey of the general population, more than 60% of Canadians reported that they had never been screened for a sexually transmitted infection (STI).

†*Infectious syphilis includes the primary, secondary, and early latent stages of infection.*
Chlamydia and gonorrhea are the most common **notifiable STBBIs.*
‡*Data for 2020 is preliminary.*
††*For most jurisdictions, data for 2020 excludes individuals previously diagnosed outside of Canada (e.g. prior to immigration) or in another province/territory.*
Note: this information is based on data available prior to November 2022.

Co-infection

Because transmission routes are similar for many STBBIs, **co-infection is common**. Co-infection can have treatment and follow-up implications.

Having one STBBI can impact the acquisition, transmission, treatment, and progression of other STBBIs.

References ▼

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Field Guide to Common STBBIs in Canada

The tabs below summarize important information about 7 of the most common STBBIs in Canada.

Anogenital Warts

<Illustration of HPV>

Current situation	Infections with HPV are common, and it is estimated that more than 75% of sexually active Canadians will have a sexually transmitted HPV infection at some point in their lives.
Rate per 100k	In Canada, HPV infections are not reportable but studies report that prevalence may vary by subpopulation. Anogenital warts resulting from HPV infection are common in both males and females.
Screening recommendations	Visual inspection is the usual means of diagnosing anogenital warts. Laboratory testing for HPV is not recommended, as results would not affect treatment and management.
Treatment	The goal of treatment is symptom relief, as treatment does not prevent transmission or recurrence. Topical and ablative treatments can be used in the treatment of anogenital warts. Consult treatment recommendations.
Partner notification	• HPV infection is not nationally notifiable or reportable to local public health authorities in provinces and territories • Partner notification is not required but can be helpful in encouraging risk reduction practices such as HPV immunization, condom use, cancer screening, and self-examination.

Chlamydia

<illustration of chlaymdia bacteria>

Current situation	Chlamydia is the **most common reportable STBBI in Canada**. Rates have been increasing steadily since 1997. Between 2010 and 2019, chlamydia rates have increased by 33.1%. During this time, rates were consistently higher among females than males. However, rates have recently increased more among males than females.
Rate per 100k	**370.8*** (2019) **Chlamydia may be under-detected because the majority of people with an infection are asymptomatic and empiric treatment may be given without laboratory testing*
Screening recommendations	Screening for chlamydia is recommended for: • Asymptomatic sexually-active people under 25 years • All pregnant people • People with risk factors for STBBIs
Treatment	Chlamydia can be cured when treated with antibiotics. Consult recommended treatment regimens.
Reporting and Partner notification	• Chlamydia is nationally notifiable and reportable to local public health authorities by laboratories, physicians, and designated health professionals in all provinces and territories. • Following diagnosis, the healthcare provider and person seeking care should agree on a strategy for notifying sexual partner(s). Ensuring that partners know where to access STBBI testing and treatment is an important way to prevent complications of untreated infection and onward transmission. • In some jurisdictions, public health professionals can assist with partner notification.

Genital herpes

<Illustration of herpes simplex virus>

Current situation	Historically, herpes simplex virus (HSV) type 2 has been the most common cause of genital herpes; however, genital herpes can also result from infection with HSV type 1. **Globally, there has been a significant increase in genital HSV-1 infections, especially in females.**

Rate per 100k	In Canada, genital HSV infections are not reportable and the annual incidence of genital herpes due to HSV-1 and HSV-2 is not known. Many infections are undiagnosed and therefore, epidemiological reports can only provide a partial picture of HSV incidence and prevalence. The 2009 to 2011 Canadian Health Measures Survey (CHMS) estimated HSV-2 seroprevalence among Canadians aged 14 to 59 at 13.6%.
Screening recommendations	**General population:** Screening is not recommended in people with no history of anogenital lesions **Pregnant people:** Healthcare providers should routinely inquire about any history of signs and symptoms that may suggest genital herpes. There is insufficient evidence to support screening during pregnancy when neither risk factors nor a history of genital lesions are identified.
Treatment	Antiviral medications can be used to treat genital herpes. Treatment can accelerate healing, prevent complications, reduce psychological burden, improve quality of life, and reduce the risk of transmission. Consult recommended treatment regimens.
Reporting and Partner notification	• Genital HSV infection is not nationally notifiable but may be reportable to local public health authorities in some provinces and territories. • Partner notification is not required, in part because most first episodes are recurrences and because it is difficult to assess whether a sexual partner already has HSV. People experiencing first or recurrent episodes of genital herpes should be encouraged to inform their most recent and future partners so they can consult their healthcare providers, as needed, for diagnosis and treatment.

Gonorrhea

<illustration of gonorrhea bacteria>

Current situation	Gonorrhea is the **second most commonly reported STI in Canada**. Overall rates of gonococcal infection are increasing in Canada, with a gradual and steady

	increase in reported cases since 1997. Between 2010 and 2019, gonorrhea rates increased by 181.7%. Rates were consistently higher among males than females and also increased more among males than females during this time.
Rate per 100k	**94.3*** (2019) **Gonorrhea may be undiagnosed or unreported because gonococcal infections are often asymptomatic*
Screening recommendations	Screening for gonococcal infections is recommended for: • Asymptomatic sexually-active people under 25 years • All pregnant people • People with risk factors for STBBIs
Treatment	Gonorrhea can be cured when treated with antibiotics. Consult recommended treatment regimens.
Reporting and Partner notification	• Gonorrhea is nationally notifiable and reportable to local public health authorities by laboratories, physicians, and designated health professionals in all provinces and territories. • Following diagnosis, the healthcare provider and person seeking care should agree on a strategy for notifying sexual partner(s). Ensuring that partners know where to access STBBI testing and treatment is an important way to prevent complications of untreated infection and onward transmission. • In some jurisdictions, public health professionals can assist with partner notification.

Hepatitis C

<illustration of Hepatitis C virus>

Current situation	From 2015 to 2018, the total reported cases of hepatitis C increased. From 2018 to 2019, the total reported cases decreased by 10%. In 2019, the total rates of HCV were higher in males than in females.
Rate per 100k	30.4 (2019)
Screening recommendations	Screening is recommended for: • Individuals with risk factors for HCV infection

	• Individuals with symptoms or clinical clues of liver disease, abnormal liver biochemistry, or diagnosis of hepatitis B or HIV
Treatment	Hepatitis C is considered a curable infection. Individuals with chronic hepatitis C require further assessment and should be considered for treatment. Consult a hepatologist, gastroenterologist, infectious disease specialist, or a health professional with experience in the management of viral hepatitis.
Reporting and Partner notification	• Hepatitis C is nationally notifiable and reportable to local public health authorities by laboratories, physicians, and designated health professionals in all provinces and territories. • Following diagnosis, the healthcare provider and person seeking care should agree on a strategy for notifying sexual partners and substance use contacts. Ensuring that partners and contacts know where to access prevention services, STBBI testing, and treatment is an important way to prevent complications of untreated infection and onward transmission. • In some jurisdictions, public health professionals can assist with partner notification.

HIV

<Illustration of HIV>

Current situation	New diagnoses of HIV have remained stable over the last decade. While the largest proportion of new HIV diagnoses are among gay men, bisexual men, and other men who have sex with men (gbMSM), recent trends suggest these proportions are beginning to decrease. In 2018, an estimated 1 in 8 people living in Canada who have HIV haven't been diagnosed and are unaware of their status.
Rate per 100k	**4.3*** (2020) **The COVID-19 pandemic resulted in a decreased demand for, and ability to provide, services related to STBBIs,*

	including HIV screening. This may have had an impact on new diagnosis rates for HIV in 2020.
Screening recommendations	Offer HIV screening as a component of routine care. Individuals who are at increased risk should be screened for HIV at least annually
Treatment	Treatment of HIV is a rapidly evolving and complex area, with changes in recommended regimens occurring as new research and evidence becomes available. If antiretroviral therapy (ART) is being considered, consult a colleague experienced in HIV care or an infectious diseases specialist.
Reporting and Partner notification	• HIV is nationally notifiable and reportable to local public health authorities by laboratories, physicians, and designated health professionals in all provinces and territories. • Following diagnosis, the healthcare provider and person seeking care should agree on a strategy for notifying sexual partners and substance use contacts. Ensuring that partners and contacts know where to access prevention services, STBBI testing, and treatment is an important way to prevent complications of untreated infection and onward transmission. • In some jurisdictions, public health professionals can assist with partner notification. ***Note:*** *For most jurisdictions, data for 2020 excludes individuals previously diagnosed outside of Canada (e.g. prior to immigration) or in another province/territory.*

Syphilis

<Illustration of syphilis bacteria>

Current situation	In the past five years (2016 to 2020), rates of infectious syphilis among females increased by 773%, while rates in males increased by 73%. Overall, infectious syphilis rates have increased by 133% nationally, from 2016 to 2020.
Rate per 100k	**24.7** (2020)
Screening recommendations	Routine screening is recommended for: • People with risk factors for syphilis • Pregnant people*

	• People with risk factors for STBBIs **Screening is of particular importance in pregnancy for the prevention of congenital syphilis and its impact on pregnancy outcomes.*
Treatment	Syphilis is treated with antibiotics. Recommended treatment regimens vary by stage of infection. Post-treatment monitoring and follow-up serology is essential for assessing response to treatment.
Partner notification	• Infectious syphilis is nationally notifiable and reportable by laboratories, physicians and designated health professionals to local public health authorities in all provinces and territories. • Following diagnosis, the healthcare provider and person seeking care should agree on a strategy for notifying sexual partner(s). Ensuring that partners know where to access STBBI testing and treatment is an important way to prevent complications of untreated infection and onward transmission. • In some jurisdictions, public health professionals can assist with partner notification.

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SPOTLIGHT ON SYPHILIS

Syphilis is of considerable public health importance in Canada, where rates of infectious syphilis have increased substantially within the past decade, and especially since 2017. The infographic below summarizes key information that all healthcare providers should know about this STBBI.

Spotlight: Syphilis in Canada

The Great Imitator: Syphilis is known as "the great imitator" because its clinical presentation can closely resemble a variety of other infections or conditions

Who does it affect?	
Adults (infectious syphilis) **The proportion of infections among females and heterosexual males has increased in more recent years.** • gbMSM (gay, bisexual, and other men who have sex with men) • Heterosexual males • Females Populations affected by syphilis over time	**Children** (congenital syphilis) **Neonates** Vertical transmission of syphilis can occur at any time during pregnancy or delivery. Neonates born with congenital syphilis may manifest signs of infection as early as birth or at any point during childhood.
How many people does it affect?	
Adults Number and rate of infectious syphilis cases 9382 infectious syphilis cases in 2020* *all 2020 data are preliminary *infectious syphilis includes the primary, secondary, and early latent (less than one year after infection) stages of infection	**Children** Number of congenital syphilis cases vs. infectious syphilis rates in females 50 congenital syphilis cases in 2020 Congenital syphilis has increased alongside the rates of infectious syphilis in females aged 15-39 years
What are the signs and symptoms?	
Adults Primary syphilis • Genital ulcers or painless lesion (chancre) Secondary syphilis	**Children** Early congenital syphilis • Rhinitis (sniffles) • Osteochondritis

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- Rash or mucosal lesions
- Lymphadenopathy
- Patchy or diffuse alopecia

Early Latent syphilis

- Asymptomatic infection

*These common signs and symptoms are not exhaustive. For more information, please visit: https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/syphilis/risk-factors-clinical-manifestation.html

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- Mucocutaneous lesions

Two thirds of infections may be asymptomatic

*Early congenital syphilis refers to clinical manifestations occurring in children under 2 years of age.

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<tr><td colspan="2">What are the associated health outcomes?</td></tr>
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Adults

- Neuropathologies
- Decreased visual acuity
- Decreased hearing
- Increased risk of HIV acquisition & transmission
- Cardiovascular pathologies
- Tissue destruction

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Children (late congenital syphilis)

- Dental abnormalities: Hutchinson's teeth
- Tibial thickening (saber shins)
- Neurosyphilis
- Anemia

*late congenital syphilis refers to clinical manifestations occurring in children over 2 years of age.

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<tr><td colspan="2">What can we do?</td></tr>
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Routine screening
Once detected, syphilis is curable, which makes detection through routine screening essential. Every encounter is an opportunity to screen for and prevent syphilis.

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Notes & References
Infectious syphilis includes the primary, secondary, and early latent (less than one year after infection) stages of infection.

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Text Description: Infographic

Spotlight: Syphilis in Canada (2014-2020)

The Great Imitator

Syphilis is known as "the great imitator" because its clinical presentation can closely resemble a variety of other infections or conditions.

Who does it affect?

- **Adults** (infectious syphilis): Over the last decade, the majority of infectious syphilis infections have occurred among males - primarily gay, bisexual, and other men who have sex with men (gbMSM). In more recent years, there has been an increase in the proportion of infections among females and heterosexual males.
- **Children** (congenital syphilis): Vertical transmission of can occur at any time during pregnancy or delivery. Neonates born with congenital syphilis may manifest signs of infection as early as birth or at any point during childhood.

How many people does it affect?

Adults:

Year	Number of infectious syphilis cases	Rate per 100K population
2011	1749	5.1
2012	2053	5.9
2013	2215	6.3
2014	2399	6.8
2015	3200	9.0
2016	3877	10.7
2017	4132	11.3
2018	6307	17.0
2019	9245	24.6

Year	Number of infectious syphilis cases	Rate per 100K population
2020	9382	24.7

Children:

Year	Number of congenital syphilis cases	Infectious syphilis rate in females (15-39 years old), per 100K females
2016	4	2.5
2017	7	4.0
2018	17	13.7
2019	53	23.2
2020	50	39.7

The number of cases of congenital syphilis has significantly increased in parallel to the increase observed in rates of infectious syphilis in females aged 15 to 39 years.

Notes: All data for 2020 is preliminary. Infectious syphilis includes the primary, secondary, and early latent (less than one year after infection) stages of infection.

What are the signs and symptoms?

Adults:

- **Primary syphilis:** Genital ulcers or painless lesion (chancre)
- **Secondary syphilis:** Rash or mucosal lesion, lymphadenopathy, patchy or diffuse alopecia
- **Early latent syphilis:** Asymptomatic infection

Children:

- **Early congenital syphilis:** Rhinitis(sniffles), osteochondritis, mucocutaneous lesions
- Two-thirds of infections may be symptomatic.

Notes: These common signs and symptoms are not exhaustive. For more information, please visit Syphilis guide: Risk factors and clinical manifestations. Early congenital syphilis refers to clinical manifestations occurring in children under 2 years of age.

What are the associated health outcomes?

Adults:

- Neuropathologies
- Decreased visual acuity and hearing
- Increased HIV transmission and acquisition
- Cardiovascular pathologies
- Tissue destruction

Children (late congenital syphilis):

- Dental abnormalities: Hutchison's teeth
- Tibial thickening (saber shins)
- Anemia
- Neurosyphilis

Note: Late congenital syphilis refers to clinical manifestations occurring in children over 2 years of age.

What can we do?

Once detected, syphilis is curable, which makes detection through routine screening essential. Every encounter is an opportunity to screen for and prevent syphilis.

IMPORTANCE OF STBBI SCREENING

[Graphic] Why is screening for STBBIs important? [/Graphic]

Screening for STBBIs is important for:

Education & information

Screening provides an opportunity to discuss transmission, signs and symptoms of infections, risk reduction, and preventive measures.

Early detection

Screening facilitates early detection - particularly for those at high risk, or who have potentially been exposed.

When diagnosed, many STBBIs can be managed or treated rapidly and easily.

Breaking the chain

Screening helps catch infections early. This is critical to preventing onward transmission.

Connection to care

Screening links people with treatment, care, and support services.

Early linkage to care and initiation of treatment are associated with increased survival, improved overall health, better quality of life, and a decreased risk of onward transmission.

Screening vs. Diagnostic Testing – What's the difference?

Screening
Screening (or routine testing) is the use of tests to detect asymptomatic infections. Screening may be offered as part of a healthcare encounter, like an annual check-up, or it may be targeted to specific populations, like pregnant people.

Diagnostic Testing
Diagnostic testing is performed to determine the cause of symptoms or investigate a possible issue found during a screening. Diagnostic testing is usually deployed in cases where symptoms of an infection are present.

The focus of this course will be on screening (routine testing) for asymptomatic people.

Reflection

Reflecting on your own context or clinical practice, why do you think it might be important to offer STBBI screening as part of routine care?

Jot down your thoughts in the space below. Your response will not be recorded.

Show/Hide Suggested Responses

Suggestions include:

- it's an opportunity to normalize discussions about sexual health
- it facilitates early detection
- it can help prevent onward transmission
- it's an opportunity to link people with care and support services

References

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Your Role as a Healthcare Provider

[Graphic] What is my role as a healthcare provider?[/graphic]

What can I do?

Primary and secondary STBBI prevention measures at the individual-level have population-level benefits and are key to reducing the incidence (newly acquired infections) and prevalence (number of infections) of STBBIs.

As a healthcare professional, you can…

- **Educate** about STBBIs to help diminish the spread of infection. This may include:
  - **Assessing and discussing risk** for STBBIs
  - **Discussing the signs and symptoms** of STBBIs and the asymptomatic nature of many infections
  - **Helping people recognize and minimize their vulnerability** to STBBIs
- **Offer vaccination** for STBBIs, when indicated, to help protect people who don't have STBBIs from acquiring them
- **Offer STBBI screening** to enable early diagnosis and treatment of infection

By normalizing discussions about sexual health and offering STBBI screening to sexually active people as part of routine care, you will:

- Raise awareness about signs and symptoms of infection
- Provide an opportunity to discuss modes of transmission and prevention measures
- Increase the possibility of early detection and treatment
- Prevent or limit complications
- Lessen the potential for onward transmission

But I don’t specialize in public health!

While STBBIs are a public health concern, detection and prevention are a shared responsibility. As a primary care provider and trusted member of your community, you may be the only point of contact with the healthcare system for some people, making you an essential link in the chain of STBBI prevention.

Discussion

What barriers to receiving sexual health services do you think exist for those to whom you provide care?

Share your response in the discussion board:

Share now

SUMMARY

The Problem

- STBBIs represent a **significant**, and in some cases growing, **public health concern**.
- **Many affected individuals** may not display signs or symptoms of infection, and therefore **may not be aware of their status**.
- STBBIs share common risk factors and common transmission routes; as such, **co-infection is common**.

The Response

- To reduce the health impact of STBBIs in Canada, **screening for STBBIs should be offered to all sexually active persons** accessing care for other reasons, as well as persons at higher risk for STBBIs.
- An **integrated approach** to STBBI prevention and control that includes primary care providers **is the most effective response.**
- Effective public health interventions to prevent STBBI complications, as well as onward transmission, include **early detection, treatment, and partner notification.**

Your Role

Healthcare providers are an important part of the public health response to STBBIs. Through **counseling, education, and offering STBBI screening as part of routine care**, you can help to reduce transmission in your community, and help prevent complications. Doing this **normalizes and increases access to screening, while reducing stigma around sexual health and STBBIs**.

Go Further: Additional Resources

PHAC Guides and Resources

The Public Health Agency of Canada (PHAC) publishes a number of resources related to the prevention and management of STBBIs in Canada. These resources include the Sexually Transmitted and Blood-borne Infections: Guides for Health Professionals, which are comprehensive guides focused on specific STBBIs.

What can you find in these guides?

- Best practices for the prevention and management of STBBIs by primary care and public health professionals
- Public health guidance for the most common STBBIs in Canada, including:
    - Screening and diagnostic testing
    - Treatment recommendations
    - Follow-up and partner notification
- Additional PHAC resources for health professionals

Note that PHAC's STBBI guides and resources do not supersede:

- Provincial/territorial legislative, regulatory, policy or practice requirements
- Any guidelines that govern the practice of health professionals in their respective jurisdictions, whose recommendations may differ due to local epidemiology or context

PHAC Guides and Resources for Health Professionals

- Chlamydia
- Genital herpes
- Gonorrhea
- Hepatitis C
- HIV
- HPV infections
- Syphilis

Other Information Sources

The information in this course is largely derived from PHAC publications, but there are other valuable sources of information, including Provincial or Territorial Health Authorities and Public Health Offices, and Canadian non-governmental organizations/community-based organizations (NGOs/CBOs).

- **Provincial and Territorial Health Authorities and Public Health bodies** publish guides and information related to the prevention and

management of STBBIs. In most cases, the specific advice and recommendations in these guides supersede the recommendations found in PHAC's STBBI guides.

- **Canadian NGOs** can be sources of useful information and resources for both clinicians and people seeking care.

NGOs/CBOs

- CATIE HIV and hepatitis C resources
- Canadian Public Health Association (CPHA)
- National Collaborating Centres for Public Health funded by PHAC, hosted by University of Manitoba
- Canadian AIDS Society
- Pauktuutit HIV/AIDS and Sexual Health for Inuit women
- CAAN HIV and STBBI resources and advocacy for Indigenous peoples
- HIV Legal Network

Learning Check

You're just about at the end of Lesson 1: Understanding the Problem.

Before moving on, test your knowledge of some of the key points discussed in this lesson.

Total number of questions: **6**

#	Question	Options	Feedback
1	**What do chlamydia, gonorrhea, hepatitis B, hepatitis C, HIV, and syphilis have in common?** *Choose the correct response.*	1. They're spread through sexual contact or body fluids 2. They're a serious public health concern in Canada 3. They're largely preventable and, with treatment, can be cured or managed **4. All of these responses are correct**	✔ **You are correct!** These infections are all spread through sexual contact/body fluids, are serious public health concerns in Canada, and, with education or treatment, can be prevented, cured or managed.
			Almost! All of the responses are correct.

2	**Since 2011, rates of syphilis have _____.** *Choose the correct response to fill in the blank.*	1. **Increased** 2. Decreased 3. Stayed the same	✔ **You are correct!** ✖ **Incorrect.** Since 2011, the rates of infectious syphilis have increased significantly. Between 2016 and 2020, rates of infectious syphilis among females increased by **773%**, while rates in males increased by **73%**.
3	*True or false?* **The number of congenital syphilis cases in Canada has increased from less than 5 each year in 2011-2016 to 50 or more in the past two years?**	1. **True** 2. False	✔ **You are correct!** ✖ **Incorrect.** This statement is **true**. Rates of congenital syphilis in Canada have been rising alongside rates of infectious syphilis in females aged 15-39.
4	*True or false?* **Chlamydia and gonorrhea are the two most commonly reported STBBIs.**	1. **True** 2. False	✔ **You are correct!** ✖ **Incorrect.** This statement is **true**. Chlamydia is the most common reportable STBBI in Canada and gonorrhea is number two. Note that both chlamydia and gonorrhea may be under-detected because they are often asymptomatic.
5	*True or false?* **Having one STBBI can impact the acquisition, transmission, treatment, and progression of other STBBIs.**	1. **True** 2. False	✔ **You are correct!** ✖ **Incorrect.** This statement is **true**. Transmission routes are similar for many STBBIs and co-infection is common. Co-infection can have treatment and follow-up implications. For this reason, if an STBBI is suspected, take the

			opportunity to screen for other STBBIs.
6	**Why is routine STBBI screening important?** *Choose the best response.*	1. It's an opportunity to discuss sexual health 2. It facilitates early detection 3. It can help to break the chain of transmission 4. It links people with treatment, care, and support services 5. **All of these responses**	✔ **You are correct!** ✖ **Almost.** These are **all** reasons why HCP's should offer of STBBI screening as part of routine care. Remember that every encounter is an opportunity to screen and prevent the spread of STBBIs.

LESSON 2: BARRIERS TO ROUTINE STBBI SCREENING

INTRODUCTION & LEARNING OBJECTIVES

In the previous lesson, we reviewed why STBBIs are a public health concern in Canada and the importance of integrating STBBI screening and sexual health conversations into routine care. However, there can be substantial challenges to putting this into practice.

In this lesson, we'll consider some of the barriers that both people seeking care and HCPs may experience in obtaining and providing sexual health care and education.

By the end of this lesson, you will be able to:

- Explain how barriers prevent people from learning about or accessing STBBI screening
- Describe the potential impacts of specific barriers and how they can affect health outcomes
- Identify the barriers in your own practice that might make it difficult to offer routine STBBI screening

BARRIERS: THE BASICS

The barriers that prevent a **person seeking care** from accessing sexual health services, including STBBI screening, can be physical – like transportation or a clinic's hours of operation; but they can also include social, cultural, or psychological factors.

Similarly, the barriers that a **healthcare provider (HCP)** might face stem from a variety of factors, including time, comfort with the topic, and knowledge of available resources.

Whatever their form or source, barriers can contribute to the spread of infections in Canada, as they prevent people from obtaining the information they need to understand, advocate for, and manage their own sexual health.

This lesson will examine some of the most common barriers experienced by people seeking care and HCPs.

Barriers for People Seeking Care

In the first half of this lesson, we'll take a look at the barriers to sexual health services, including STBBI screening, that people seeking care may experience.

Understanding Common Barriers for People Seeking Care

The barriers encountered by a person seeking care may be the result of social norms, beliefs or past experiences of health and social service organizations.

The common barriers presented here aren't an exhaustive list of all the obstacles experienced by Canadians seeking sexual health services and care. In addition, barriers are not mutually exclusive – they're interconnected and intersect in numerous ways.

Common Barriers	Description
Racism	Racism and discrimination are barriers that can prevent people from seeking care. People who have experienced racism and discrimination may be less likely to trust health professionals or institutions and engage in care. Language barriers may also prevent people from accessing sexual health services and information.
Social Norms & Values	Social norms and values, cultural attitudes and religious beliefs may inform the way individuals perceive health and illness. This can influence views on the causes of illness, acceptable health prevention and promotion measures (including vaccines, condoms, and birth control), and comfort in discussing health issues with sexual partners, family, friends, or healthcare providers.
Physical Access	Access to health and social services can impact a person's vulnerability or resilience to STBBIs. Clinic location and hours of operation can present barriers for people with limited transportation options, inflexible working hours, caregiving responsibilities, or other demands on their time.
Cisnormativity and Heteronormativity	Due to stigma and discrimination, gender and sexually diverse people may avoid or delay seeking care (including STBBI screening) or be reluctant to discuss sexual health concerns.
Privacy Concerns	Concerns about privacy and confidentiality can lead to individuals avoiding or delaying care. This is often connected to the stigma and discrimination associated with STBBIs or the

	shame and embarrassment a person might experience when disclosing sexual health information to a healthcare provider. In smaller communities, confidentiality and privacy may be more challenging to maintain.
Lack of Knowledge & Comfort	The way an individual perceives health, wellness and their vulnerability to STBBIs may create barriers that prevent them from accessing care. This can include lack of knowledge about transmission and complications of infection, embarrassment and discomfort discussing sexual health, or fear of STBBI screening and the belief that STBBIs are minor health concerns.

[INTERACTIVE VENN DIAGRAM}

Racism	**Example:** *"I have seen people from my racial background being treated poorly, and I don't want to experience the same thing."*
Social Norms & Values	**Example:** *"In my culture, we must be married to engage in sexual activity. Because I am not married, I won't discuss sex with my healthcare provider."*
Physical Access	**Example:** *"I'm supposed to get tested at a clinic that closes before I get off work."*
Cisnormativity & Heteronormativity	**Example:** *"I've been judged by healthcare providers when sharing information about my sexual practices."*
Privacy Concerns	**Example:** *"My family doctor is good friends with my mom. I don't want my parents to find out that I'm sexually active, so I won't tell my doctor."*
Lack of Knowledge & Comfort	**Example:** *"STBBIs happen to others, not me."*

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A Theoretical Framework for Conceptualizing Barriers

One way to understand barriers to STBBI screening and care is by considering where people experience them during their healthcare journey.

In this course, we'll use a theoretical framework called **Levels of Prevention** to identify where people may experience barriers along their healthcare journey.

[LEVELS OF PREVENTION GRAPHIC]

• Course of infection • Prevention intervention	No infection	Infection onset	Infection	Clinical diagnosis	Clinical course

Upstream Prevention

Aims to address social determinants of health that can influence vulnerability to and resilience against STBBIs

Example: adapting STBBI programs and services to be inclusive of lived experiences, cultural contexts, and health needs of people seeking car

Primary Prevention

Aims to prevent STBBIs among people without infection

This is done by:

- preventing exposures to and acquisition of infection
- altering behaviours that can lead to infection

Example: providing counselling and education about risk reduction and safer sexual practices, including prevention strategies such vaccinations, condom use and pre-exposure prophylaxis (PrEP)

Secondary Prevention

Aims to reduce the impact of an infection that has already occurred

This is done by:

- detecting and treating infection as soon as possible
- encouraging prevention strategies to prevent transmission or reinfection

Example: offering STBBI screening as part of routine care to detect and treat infection early

Tertiary Prevention

Aims to improve health and prevent the progression of chronic STBBIs

This is done by helping people manage long-term, often-complex health conditions in order to improve their overall health

Example: linking people with chronic STBBIs to treatment, care, and support services

We'll explore each of these levels of prevention, and the barriers that can occur, on the subsequent pages.

Upstream Barriers for People Seeking Care

What are upstream barriers?

For people seeking care, upstream barriers are those that influence the person's vulnerability to or resilience against STBBIs.

Examples Include:

- **Racism** that reduces access to housing, education, and healthcare
- **Social norms, cultural attitudes and religious beliefs** that impact sexual and gender-based violence, condom negotiation and the use of contraception, sexual expectations, marriage and reproduction
- **Language barriers** that prevent a person from accessing care and information in their primary or first language
- **Experiences of discrimination** in healthcare settings that have made a person less likely to seek care
- **Cost, fees or health insurance eligibility** that can prevent a person from accessing treatment, care and support services
- **Unstable housing** or **homelessness** that reduces a person's capacity to access healthcare

Case Study

Let's take a closer look at an example of an upstream barrier. In the scenario below, a lack of familiarity with the Canadian healthcare system and health insurance serves to restrict a person's access to STBBI screening.

[Case study text]

- I arrived in Canada recently, and I'm still getting set up in my new home
- I've seen signs around about STBBIs. They are encouraging folks to get screened.
- STBBIs –Know for sure, get screened today!

- I'm not sure how much it costs …
- …so I haven't gone to get screened.

Primary-level Barriers for People Seeking Care

What are primary-level barriers?

For people seeking care, primary-level barriers are **those that could lead to a person acquiring an STBBI**.

Examples include:

- **Lack of knowledge** or misinformation about STBBIs that leads to exposure and infection
- **Social norms and values**, **cultural attitudes**, or **religious beliefs** that inform discussions about sexual health or influence adoption of preventive measures
- **Personal attitudes and beliefs** that downplay the risk of acquiring infection
- **Negative experiences with HCPs** that leads someone to distrust information, ignore professional advice, delay or avoid care

Case study

Let's take a closer look an example of a primary-level barrier for a person seeking care. In the scenario below, a young person describes a negative interaction with a HCP that has made them less likely to seek sexual health services or disclose information about sexual orientation or sexual practices in the future.

[Case study text]

- Last time I went to the clinic for STBBI screening, I had a bad experience.
- The doctor rolled their chair away from me when I disclosed my sexual orientation…
- …it made me feel judged, and I don't want to go back to the clinic.

Secondary-level Barriers for People Seeking Care

What are secondary-level barriers?

For people seeking care, secondary-level barriers are **those that affect the early diagnosis and treatment of an STBBI**, leading to greater likelihood of onward transmission or reinfection.

Examples include:

- **Clinic hours** that conflict with family, work, or school commitments
- **Clinic locations** that are hard to access using public transportation or require the use of a personal vehicle

- **Privacy concerns** that might discourage a person from seeking care or sharing sexual health information with a HCP
- **Embarrassment or fear** of having an STBBI or of a positive result

Case study

Let's take a closer look at an example of a secondary-level barrier for a person seeking care. In the scenario below, privacy concerns and embarrassment are barriers to receiving timely diagnosis and treatment for a sexual health concern.

[Case study text]

- I started seeing someone new a few months ago, and we've gotten really close!
- A few days ago, I started noticing some strange stuff with my body. I'm worried it could be an STBBI.
- I know I need to get checked out…it's just that my doctor is good friends with my parents. I'm afraid they'll find out!
- …so I won't go see the doctor. Maybe this rash will clear up on its own…

Tertiary-level Barriers for People Seeking Care

What are tertiary-level barriers?

For people seeking care, tertiary-level barriers are those that **make it challenging to access care and support services when living with a chronic STBBI.**

Examples include:

- **Confusion about treatment** options and required follow-up
- **Embarrassment or stigma** that leads a person to avoid or delay treatment and care
- **Ongoing care and follow-up** that may require the need to see both a primary care provider and a specialist

While this lesson focuses on understanding the impacts of primary- and secondary-level barriers, it's important to be aware that barriers may be experienced throughout a person's healthcare journey.

Activity: Identifying the Health Impacts of Barriers

As we've seen, barriers are experienced in different and unique ways along a person's healthcare journey. When people experience barriers to accessing sexual health services and care, the health impact on the individual and how they respond may vary widely.

In this activity, you will be provided with 4 different statements. Use the Levels of Prevention framework to identify where the barriers are located along the person's health care journey.

[Question 1/4] "My boyfriend said that I can't get syphilis from oral sex, so I'm not that worried."

At what level is this barrier occurring?

Upstream – Primary – Secondary - Tertiary

Drag the slider or tap/click to make your selection.

[Feedback] Correct!/Incorrect

In this case, a lack of knowledge and accurate sexual health information could lead to acquiring an STBBI, making this a **primary-level** barrier.

[Question 2/4] "In my community, sex before marriage is not acceptable. I would never ask a doctor or nurse about sex, never mind asking them to test me for something!"

At what level is this barrier occurring?

Upstream – Primary – Secondary - Tertiary

Drag the slider or tap/click to make your selection.

[Feedback] Correct!/Incorrect

This statement suggests both **upstream** and **primary-level** barriers. While this person may be vulnerable to acquiring an STBBI, they also express attitudes and beliefs that might prevent them from seeking care.

[Question 3/4] "I've got this weird rash on the bottom of my feet, but it'll probably go away if I use more soap."

At what level is this barrier occurring?

Upstream – Primary – Secondary - Tertiary

Drag the slider or tap/click to make your selection.

[Feedback] Correct!/Incorrect.

In this case, a lack of knowledge and accurate information has affected early diagnosis and treatment, making this a **secondary-level** barrier.

[Question 4/4] "Someone I know told me I should get tested because they found out they have HIV, but what if I'm positive? I'm too scared to find out."

At what level is this barrier occurring?

Upstream – Primary – Secondary - Tertiary

Drag the slider or tap/click to make your selection.

[Feedback] Correct!/Incorrect.

Avoiding or delaying STBBI screening out of fear of a positive result is a **secondary-level** barrier that could affect early detection and treatment.

That's the end of this activity. Click Next to continue.

Need a hint?

Hint

Upstream	Upstream-level barriers influence a person's vulnerability to or resilience against STBBIs.
Primary	Primary-level barriers could lead to a person acquiring an STBBI.
Secondary	Secondary-level barriers affect the early diagnosis and treatment of an STBBI.
Tertiary	Tertiary-level barriers make it challenging to access care and support services when living with a chronic STBBI.

Reflection

In this half of the lesson we've looked at some of the barriers that might prevent a person from seeking care, and we've also considered what some of the health impacts of these barriers might be.

Reflection

Which of these barriers seem like they might be the most relevant or most common in your own practice? Were any of these barriers surprising to you? Why or why not?

Jot down your thoughts in the space below. Your response will not be recorded.

Part 2: Barriers for Healthcare Providers

While we've just looked at some of the common barriers that may affect people seeking care, it's also important to acknowledge that healthcare providers (HCPs) can experience barriers in their efforts to normalize sexual health conversations and routine STBBI screening.

For the remainder of this lesson, we'll examine some of these barriers in greater detail, and pay particular attention to their potential impacts on people's sexual health.

Understanding Common Barriers for Healthcare Providers

Healthcare providers (HCPs), especially those who do not specialize in sexual health or STBBIs, may experience barriers that can influence their ability to provide sexual health services, including routine STBBI screening. In this brief section we'll focus on three common barriers reported by HCPs:

Lack of Time

HCPs often report feeling that they do not have enough time in their interaction with a person seeking care to leave room to discuss sexual health or offer STBBI screening as part of routine care.

Discomfort around Sexual Health Conversations

Feeling uncomfortable discussing sexual health isn't limited to people seeking care - it can be uncomfortable for HCPs as well. This can include embarrassment or discomfort with discussions around sexual health in general, or more specific conversations about sexual practices.

Lack of Knowledge or Informational Resources

Many HCPs who do not specialize in sexual health or STBBIs report that they are unaware of current screening and testing recommendations, or the signs and symptoms of STBBI infection.

Levels of Prevention Framework Applied to Barriers for Healthcare Providers

As with barriers for people seeking care, those experienced by healthcare providers (HCPs) can be mapped onto **Levels of Prevention** framework, which can help understand their potential health impacts.

- Lack of time
- Discomfort around sexual health conversations
- Lack of knowledge or informational resources

Discussion: Other barriers

Discussion

What other barriers can you think of that might influence an HCP's ability to offer STBBI screening as part of routine care?
How would these barriers impact care?

Share your response in the discussion board:

SUMMARY

The Problem

- **People seeking care** experience a variety of barriers that prevent them from seeking or obtaining sexual health information and routine STBBI screening.
- These barriers can prevent people from **asking questions**, **disclosing information**, or **seeking care**.
- **Healthcare providers** (HCPs) also experience barriers that make it challenging to discuss sexual health or offer routine STBBI screening.

The Response

- Understanding the barriers faced by people seeking care, as well as those faced by HCPs is an important first step in working to reduce them.
- In the next lesson, we'll look at strategies to reduce barriers and make STBBI screening more accessible to those seeking care.

GO FURTHER: ADDITIONAL RESOURCES

Resources for People Seeking Care

An important strategy for increasing access to routine testing for STBBIs is for healthcare providers (HCPs) to act as educators. However, you won't always be able to answer every question during a single visit, and some people may not be receptive to discussing their sexual health history in a healthcare setting. In these cases, HCPs should encourage people to access written or web based resources.

Provided here are a few links to articles, brochures, booklets, and websites that provide information on sexual health and STBBIs.

Resources for People Seeking Care

- Booklet: Sexually Transmitted Infections (PHAC)
- Getting tested for sexually transmitted infections (STI) (PHAC)
- Safer Sex Guide (CATIE)
- Sex & U: Your trusted resource for sexual and reproductive health (SOGC)
- Using condoms (CATIE)

Resources for Healthcare Providers

Caring for a Diverse Population

One of the most impactful steps to lowering the barriers to STBBI education and screening for Canadians is to learn more about the people who come to you to receive care. This limited collection of resources provides HCPs with additional information on providing care to a diverse population and working with people from historically marginalized or stigmatized groups.

Resources for Health Care Providers

- At a glance: prevention of STBBIs among ethnocultural communities (PHAC)
- Questions and Answers: Inclusive Practice in the Prevention of Sexually Transmitted and Blood Borne Infections among Ethnocultural Minorities (PHAC)
- STBBI prevention guide: Screening and diagnostic testing (PHAC)
- Factors Impacting Vulnerability to HIV and Other STBBIs (CPHA)

LEARNING CHECK

You're just about at the end of Lesson 2: Barriers to Routine STBBI Screening.

Before moving on, test your knowledge of some of the key points discussed in this lesson.

Total number of questions: **5**

#	Question	Options	Feedback
1	*True or false?* **For people seeking care, past negative experiences with the healthcare system might be a barrier to seeking care in the future.**	• **True** • False	✔ **You are correct!** ✖ **Incorrect.** This statement is **true**. People who have experienced stigma and discrimination in healthcare settings may be less likely to seek care in the future.

2	*True or false?* **Healthcare providers can experience barriers that make it more challenging to include STBBI screening as part of routine care.**	• **True** • False	✔ **You are correct!** ✖ **Incorrect.** This statement is **true**. Lack of time, discomfort, or lack of knowledge/informational resources can all act as barriers that prevent HCPs from initiating sexual health conversations and offering STBBI screening part of routine care. In the next module, we will look at strategies to help overcome these barriers.
3	**Racism that reduces access to housing, education, and healthcare is an example of a(n) _____-level barrier.** *Choose the correct response to fill in the blank.*	• **Upstream** • Primary • Secondary • Tertiary	✔ **You are correct!** ✖ **Incorrect.** Racism that reduces access to housing, education, and healthcare is an example of an **upstream-level barrier** because it influences susceptibility to or resilience against STBBIs. Barriers like racism can negatively influence a person's long-term health outcomes before they even come into contact with the healthcare system.
4	**Personal attitudes and beliefs that downplay the risk of acquiring an STBBI are an example of a(n) _____-level barrier.** *Choose the correct response to fill in the blank.*	• Upstream • **Primary** • Secondary • Tertiary	✔ **You are correct!** ✖ **Incorrect.** This is an example of a **primary-level barrier** because a reduced sense of personal-risk could lead to a person acquiring an STBBI.
5	**Privacy concerns that might discourage a person from seeking**	1. Upstream 2. Primary 3. **Secondary**	✔ **You are correct!** ✖ **Incorrect.**

	care or sharing sexual health information with a HCP are an example of a(n) _____-level barrier *Choose the correct response to fill in the blank.*	4. Tertiary	This is an example of a **secondary-level barrier** because avoiding or postponing care can affect the early diagnosis and treatment of an STBBI. This could potentially lead to a greater likelihood of onward transmission or reinfection.

LESSON 3: OVERCOMING BARRIERS TO ROUTINE STBBI SCREENING

INTRODUCTION

As discussed in Lesson 2, many barriers can prevent a person from seeking and receiving sexual health services and care. This lesson presents strategies to **create a more welcoming space**, have **respectful and inclusive discussions**, conduct short **sexual health assessments**, and make use of the **resources in your community**. All of the strategies and tips are based on adopting and maintaining a **person-centered approach to care**.

The creators of this course recognize that some barriers are beyond the control of any individual healthcare provider (HCP), and that working conditions and access to resources can vary widely. Therefore, not all of the strategies and tips presented here may be relevant or possible in every situation. Learners should evaluate and select the strategies that will work best in their own context.

[Side Panel]

Importance of routine STBBI screening

STBBIs represent a significant, and in some cases growing, public health concern that primary care providers can play an important role in addressing.

Through education, vaccination, and offering STBBI screening as part of routine care, you can help to reduce STBBI transmission. Doing this normalizes and increases access to screening, while reducing stigma around sexual health and STBBIs.

Every clinical encounter is an opportunity to offer STBBI screening.

Learning Objectives

After completing this lesson, you will be able to:

- Understand the importance of a person-centered approach to STBBI prevention and care
- Make a clinical space more welcoming
- Identify and make use of respectful and inclusive language
- Conduct a brief sexual health assessment following the 5P model
- Evaluate and select appropriate strategies for providing sexual health information and care

Introduction to Person-centered Care (1/2)

[Graphic] Why should I adopt a person-centered approach?

What is a person-centered approach?

A person-centered approach to care is one that takes into account a person's circumstances, experiences, needs, goals, and values to ensure that they are treated with respect and dignity. It acknowledges that the people we provide care for have different experiences and circumstances that affect which interventions may be feasible or acceptable to them. Healthcare providers should be aware of these factors and tailor care to individual health needs.

Why is a person-centered approach important for care?

STBBIs do not affect all people equally. Susceptibility to, and resilience against, STBBIs are both directly and indirectly influenced by social determinants of health (SDoH). In particular, people who have experienced systemic stigma, exclusion, marginalization, mental health issues, and discrimination based on race, immigration status, sexual orientation, gender identity, drug use, or involvement in sex work may be more susceptible to STBBIs.

[Tool tip: *Examples of social determinants of health include education, income, employment, gender and gender norms, culture, unstable housing or homelessness, access to health services, and social environments*]

A person-centered approach to care is foundational to all the strategies and tips presented in this lesson.

Introduction to Person-centered Care (2/2)

[Image] How can I apply a person-centered approach in my clinical practice?

Taking a person-centered approach to care involves:

- Creating a welcoming space
- Using respectful and inclusive language
- Tailoring information and care

We'll investigate each of these key components in more detail in the following pages.

Person-centered Care: Creating a Welcoming Space (1/2)

What is a welcoming space?

A welcoming space is somewhere a person can feel safe, unjudged, comfortable, and cared for. This section focuses on the physical aspects of a welcoming space, but all of the principles of a person-centered approach to care that follow are intended to make people feel welcome and safe.

Why does a welcoming space matter?

The physical space of a healthcare facility can have an impact on the feelings or comfort of a person seeking care. This is particularly true for people from groups which have faced marginalization or discrimination in healthcare or other institutional settings. Research and interviews suggest that a person's overall impression of a healthcare setting or encounter can be affected by the welcome they receive and the degree to which they're made to feel comfortable in a clinical space.

A welcoming space, especially in a healthcare context, can help lower a person's level of anxiety or isolation. In many cases, welcoming spaces can serve as a retreat from stigmatization and discrimination.

Person-centered Care: Creating a Welcoming Space (2/2)

How can I create a welcoming space?

You can make your clinical space more welcoming by:

- Offering comfortable seating
- Having resources and health information materials and posters available:
    - In a variety of languages
    - Reflecting individuals from a variety of cultural and religious backgrounds, gender identities, sexual orientations, races, ethnicities, abilities, and ages
- Using warm colours and art on the walls
- Having safer sex and/or harm reduction supplies available in public and private areas
- Providing a physically accessible space
- Offering places where people can sit privately by themselves or with others
- Providing gender neutral bathrooms
- Ensuring adequate outdoor lighting

Click the + in the figure below to learn more about each way you can make a clinical space more welcoming.

[Figure]

Resources and health information materials	Offer free resources/health information materials in a variety of languages and reflecting individuals from a variety of cultural and religious backgrounds, gender identities, sexual orientations, races, ethnicities, abilities, and ages.
Physically-accessible space	Ensure that all doors (including interior ones) are wide enough to accommodate mobility aids like wheel chairs or electric scooters. Where possible, doors should open by pressure plate or sensor. If your clinic has stairs, a ramp or electric lift may help with accessibility. [Push to Open]
Gender-inclusive washrooms	Gender neutral washrooms can help to make your clinical space feel more inclusive.
Artwork and walls	Use warm colours and art on the walls to make the space more inviting and less clinical.
Private seating	Offer places where people can sit privately by themselves or with others. This can be especially helpful in addressing privacy or confidentiality concerns.
Comfortable seating	Provide comfortable seating to ensure that people seeking care are able to relax while they wait.
Harm reduction supplies	Provide harm reduction supplies in private areas.
Safer sex supplies	Offering free safer sex supplies in public and private areas (washroom or exam rooms) helps make them more accessible and normalizes sexual health promotion in your space.

Reflection

Reflection

What makes your practice environment a welcoming space?
What could be done to make it more welcoming?

Jot down your thoughts in the space below. Your response will not be recorded.

[Button] Show suggested responses

Suggestions include:

- Having resources/health information materials and posters available in a variety of languages that reflect individuals from a variety of cultural and religious backgrounds, gender identities, sexual orientations, races, ethnicities, abilities, and ages
- Having safer sex and/or harm reduction supplies available in public and private areas
- Providing a physically accessible space
- Offering places where people can sit privately by themselves or with others
- Providing gender neutral bathrooms
- Ensuring adequate outdoor lighting

Person-centered Care: Using Respectful and Inclusive Language (1/2)

What is respectful and inclusive language?

Respectful and inclusive language is based on the understanding that everyone will experience and interpret language differently. Speaking respectfully and inclusively involves making thoughtful language choices and avoiding words, terms, and expressions that are hurtful towards certain communities or that can exclude people, groups, or communities. There isn't a prescriptive formula for how to have a conversation using the right words, but there are some overarching principles that can help us to reflect on whether we are speaking in a respectful and inclusive way.

Why does language matter so much?

The words we use to discuss health can have an impact on our conversations with and about people seeking care. The use of respectful and inclusive language can help people feel safe, comfortable, and better understood by healthcare providers.

Conversations about sexual health and STBBIs are an essential part of routine care, but they can be uncomfortable. Using respectful and inclusive language can help to ease some of that discomfort, which can make conversations easier and more productive. Respectful and inclusive language can also help to make conversations clearer or more accurate, as it gives people access to a larger or more relevant vocabulary for sharing their experiences.

Person-centered Care: Using Respectful and Inclusive Language (2/2)

How can I use respectful and inclusive language in my own clinical practice?

This list of suggestions is based on the key strategies for discussing sexual health, substance use, and STBBI developed by the Canadian Public Health Association:

- **Choose your words with care**
  - The words you choose can have a strong influence on the way your message is received. When discussing sexual practices or health, avoiding the use of words that are stigmatizing, judgmental, or loaded with negative associations helps to build trust and a feeling of safety in your conversations.
- **Keep up-to-date**
  - Language changes over time, and staying current is important. Staying on top of new terminology can be a challenge, but it's also an opportunity to demonstrate your understanding and familiarity with what's being discussed.
- **Prepare to get it wrong**
  - Don't let the fear of using the 'wrong' word keep you from having important conversations about sexual health. It's OK to make mistakes, as long as you're open to feedback and ready to learn something new.
- **Put the person first**
  - When discussing people, ensure that the words you choose prioritize their identity and individuality over any condition or characteristic.
- **Aim for inclusivity**
  - Whether you're aware of the diversity of the people to whom you provide care, try to use terms that are as inclusive as possible without making assumptions. For example, if you're not sure of a person's sexual orientation or marital status, use the term 'partner' rather than 'husband' or 'wife.'
- **Adapt your language to the individual**
  - There's no correct set of terms to use in all situations and with all people, even people who may appear to belong to similar groups or be impacted by similar issues. Try to use language that acknowledges the identity of your audience and helps them feel comfortable. If you're unsure of the correct pronouns or preferred names for body parts, the best thing to do is ask.
- **Stick to the essentials**
  - Before describing a person based on their characteristics (like ethnicity, gender identity, ability, etc.), ask yourself if this is relevant information.

Similarly, when asking about potentially sensitive topics like sexual orientation or practices, explain the reason or relevance of your question.

Learning Check

Test your knowledge of respectful and inclusive language with this short quiz.

Total number of questions: **5**

#	Question	Options	Feedback
1	**"Are you having _____?"** *Select the option that best demonstrates respectful and inclusive language.*	• **Sex with multiple partners** • Promiscuous sex	✔ **You are correct!** ✖ **Incorrect.** "Sex with multiple partners" is both less judgemental and more accurate than "promiscuous sex."
2	**"PrEP may be a good option if you have a partner who is _____ and not on stable antiretroviral therapy."** *Select the option that best demonstrates respectful and inclusive language.*	• **Living with HIV** • HIV infected	✔ **You are correct!** ✖ **Incorrect.** Describing a person as "infected" can be dehumanizing, as it defines them according to an illness and ignores their individuality. When discussing people, try to put the person first.
3	**"Your results are back, and you have _____."** *Select the option that best demonstrates respectful and inclusive language.*	• **Tested negative for [STBBI]** • A clean bill of health	✔ **You are correct!** ✖ **Incorrect.** The use of the words "clean" or "dirty" to describe a person or their health can be seen as stigmatizing and judgemental. When describing a person's health, try to stick to the facts
4	**"How would you describe your _____?"** *Select the option that best*	• **Sexual orientation** • Sexual preference	✔ **You are correct!** ✖ **Incorrect.**

	demonstrates respectful and inclusive language.		Sexual orientation or just orientation are preferred because “preference” suggests that nonheterosexuality is a choice. “Preference” also suggests a selection from two or more choices, excluding bisexual people and pansexual people, among others.
5	**"_____ can increase the likelihood of acquiring an STBBI."** *Select the option that best demonstrates respectful and inclusive language.*	• **Sex without a condom or other method of protection** • Risky sex	✔ **You are correct!** ✖ **Incorrect.** "Sex without a condom or other method of protection" is a more sex positive and less judgemental way of phrasing this question.

Person-Centered Care: Tailoring Information and Care

A person-centered approach is an essential strategy for tailoring sexual health information and care to the needs of an individual. Learning about an individual’s motivations, prior experiences and available resources will help you provide information and discuss prevention strategies that are more acceptable and realistic for the circumstances of the person seeking care.

Tips for tailoring care:

1. Start by asking the person about things they feel are impacting their health.
2. Consider the other factors in the person’s life that might make some information or prevention strategies impractical or impossible to adopt, and modify your suggestions accordingly.
3. When providing information on prevention strategies, always remember that it will only be effective if it is acceptable and realistic for the individual.

Familiarity with the following strategies and approaches can also help facilitate safe and respectful discussions about sexual health and STBBIs:

Click on each heading to learn more.

- **Sex positivity**

    - Adopting a sex-positive approach means respecting the wide range of human sexuality. It involves talking with people openly and without judgement regarding their sexuality. A sex-positive approach respects the sexual rights of all persons and also acknowledges that not everyone has learned about or experienced sexuality in a positive and affirming way.
- **Harm reduction**
    - Harm reduction is often associated with helping people who use substances to have safer and healthier lives, but it also applies to sexual health and STBBI prevention. This approach starts by recognizing that people are not required to abstain from sex or change their practices to receive respect, compassion, or care. Some harm reduction strategies include barrier methods during sexual activity, routine STBBI screening, and vaccinations.
- **Trauma and violence-informed care**
    - Trauma and violence-informed care (TVIC) focuses on creating environments where people seeking care do not experience further traumatization or re-traumatization. TVIC also supports people seeking care to make decisions concerning their care needs at a safe and comfortable pace. Some TVIC strategies include acknowledging the effects of historical and structural conditions, seeking input about safe and inclusive strategies, and encouraging empowerment in choosing care options and adopting harm reduction strategies.
- **Social determinants of health**
    - Structural and social conditions such as income, housing, social inclusion, employment, and education can impact a person's health and ability to start and maintain STBBI prevention practices. An understanding of the factors influencing a person's health can help you to identify local resources and referrals.

References

1. Canadian Public Health Association. Language Matters: Using respectful language in relation to sexual health, substance use, STBBIs and intersecting sources of stigma. Published June 2016. Accessed February 23, 2022. https://www.cpha.ca/sites/default/files/uploads/resources/stbbi/language-tool-e.pdf

Putting It into Practice

We've just covered three key components of a person-centered approach to care:

- Creating a welcoming space
- Using respectful and inclusive language
- Tailoring information and care

In this next section, we'll see **how these concepts can be put into practice** to reduce barriers to accessing sexual health services and STBBI screening. We'll focus on five practical areas:

1. Normalizing discussions about sexual health and STBBIs
2. Initiating the discussion
3. Conducting a sexual health assessment
4. Providing education and information
5. Connecting with resources and services outside your practice

Putting It into Practice: Normalizing discussions about sexual health and STBBIs

Using a person-centered approach to provide culturally sensitive and trauma-informed care within a safe, private, and respectful environment that is free of judgement can help to normalize discussions about sexual health and STBBI screening.

Here are some general tips for normalizing discussions about sexual health and STBBIs with people seeking care:

At the start of the discussion

- Ask what pronoun(s) they prefer
- Ask which terms they prefer to use to identify different parts of their body
- Advise the person that the information they provide is confidential and tell them about limitations to confidentiality
- Inform the person that they do not have to answer questions that make them feel uncomfortable

During the discussion

- Check-in to make sure the person is comfortable
- Use discretion and only ask questions relevant to the person's care
- Explain why you are asking particular questions (e.g., I'm asking this so I can identify which STBBI screening would be most appropriate.)
- Use simple and respectful language (e.g., Can you tell me a little bit more about your partners? Are these people you are able to contact? What type of sex do you engage in with your partners?)
- Use open-ended questions to encourage the person to share their own stories (e.g., Can you share with me what you know about protecting yourself from STBBIs?)

Next, we'll look at how these tips can be put into practice.

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1. Canadian Public Health Association. Discussing Sexual Health, Substance Use and STBBIs: A guide for service

providers. https://www.cpha.ca/sites/default/files/uploads/resources/stbbi/discussionguide_e.pdf. Published 2017. Accessed February 23, 2022.
2. Public Health Agency of Canada. STBBI prevention guide: Assessment and counselling. https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/stbbi-prevention-guide/assessment-counselling.html. Updated December 9, 2021. Accessed February 23, 2022.

Putting It into Practice: Initiating the Discussion

Some health care providers can feel uncomfortable initiating discussions about sexual health, especially if it isn't the reason for the person's visit. However, taking a person-centered approach can be helpful, especially if you convey that these topics are discussed with everyone as part of the care you regularly provide.

Be aware that some individuals may not be ready to discuss sex, sexual health, and STBBIs or may wish to address them at another time.

To help initiate discussions about sexual health and STBBIs, consider introducing the topic as a part of routine care, while being sure to check-in on the person's comfort and understanding. Here are some ways to initiate a discussion about sexual health and STBBIs:

"*Is it okay if I ask you a few questions about your overall health? This also includes your sexual health. I recognize that some of these questions can be very personal, but I do ask everyone these questions. If any of the questions make you feel uncomfortable, you don't have to answer them if you do not want to.*

All the information you share with me is kept confidential. You may see me taking notes, or putting them in your record, but everything is stored securely.

What questions do you have before we begin?

What would you would like to discuss today?"

Where possible, you should adapt how you initiate the discussion based on the purpose of the visit. Here are some examples:

- **Everyone:** STBBI screening is something that I offer to everyone. Would you like to get screened today?
- **Reproductive health consult:** While you're here to discuss contraception, it's also important that we talk about other areas of sexual health and screening for STBBIs.
- **Vaccination consult:** Have you been vaccinated against hepatitis A (HAV), hepatitis B (HBV), and human papillomavirus (HPV)? If not, did you know that vaccination protects against these STBBIs?

- **Travel health consult:** When people are travelling, sex with new partners is not uncommon. If you'd like, we could do a sexual health check-up before you go or when you return.

Privacy and confidentiality

What are my privacy and confidentiality obligations?

All conversations about STBBIs, sexual activity, sexual orientation, gender identity, or partner disclosures are confidential.

What are the limits of confidentiality?

When explaining duty to maintain confidentiality, it's important to emphasize that there are limits to what can or will be kept private. These limits include:

- When a person is a danger to themselves or others
- When there is reason to believe child abuse or neglect is occurring
- Mandatory reportable infections, including certain STBBIs (for example: HIV, syphilis, chlamydia, and gonorrhea), and public health follow-up
- Sharing health records/information within the circle of care

References

1. Canadian Public Health Association. Language Matters: Using respectful language in relation to sexual health, substance use, STBBIs and intersecting sources of stigma. https://www.cpha.ca/sites/default/files/uploads/resources/stbbi/language-tool-e.pdf. Published June 2016. Accessed February 23, 2022.
2. Public Health Agency of Canada. STBBI prevention guide: Assessment and counselling. https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/stbbi-prevention-guide/assessment-counselling.html. Updated December 9, 2021. Accessed February 23, 2022

Putting It into Practice: Conducting a Sexual Health Assessment

Conducting a brief sexual health assessment during routine care creates an opportunity to discuss STBBIs, vaccinations, or safer sex. In practice, keeping the assessment short is preferred because longer assessments may make some people uncomfortable and deter them from seeking care.

Discussing sexual health and offering STBBI screening as part of routine care doesn't have to be uncomfortable or time consuming.

Conducting a routine and brief sexual health assessment according to the 5 Ps can help you structure discussions, identify health concerns, as well as tailor interventions, such as counselling, vaccination, physical exams, STBBI screening, and treatment.

The information below has been adapted from the Canadian Public Health Association and the PHAC STBBI Guides for Health Professionals, and is not a complete reference on sexual health assessments. Sexual health assessments should be tailored to each person based on their preferences and needs.

Click on the tiles to learn more about each of the **5 Ps of a sexual health assessment**, including sample questions.

Partners

Gather information about sexual **partners** to help assess for risk of infection and tailor interventions such as counselling and STBBI screening. Asking about partners also sets the stage for contact tracing if and when needed. Additionally, it helps to determine which STBBI screening should be offered and what specimens to collect based on the context or local epidemiology of infection.

Example Questions

- Are you currently having sex?
    - If not, have you ever had any type of sex? Might you in the future?
- When did you last have sex of any kind – oral, anal, vaginal?
    - Was it with a regular or casual partner(s)?
- If you needed to contact these partners, would you be able to do so?

Practices

Ask about present and past sexual **practices** to help you identify the person's health and well-being needs. This can lead into talking about screening, harm reduction and prevention strategies to reduce STBBI transmission.

Example Questions

- What part(s) of your body do you use for sex?
- What kind of sex do you have (or have you had in the past): Vaginal sex (penetration of the vagina)? Anal sex (penetration of the anus)? Oral sex (mouth on penis, vagina, or anus)? Manual stimulation of the penis, vagina, anus?

Protection from STBBIs

Ask about which prevention strategies are used, if any, to prevent STBBI transmission in order to provide individualized counselling and offer support and referrals.

This is an opportunity to discuss transmission and prevention of STBBIs, as well as potential barriers to access and use of prevention strategies.

Example Questions

- Can you share with me what you know about protecting yourself and your partners from STBBIs?
- Do you or your (regular and casual) partner(s) use any types of barrier protection during sex (condoms or dental dams)?
    - When do you use barrier protection (all the time/sometimes/never?
    - What influences your choice to use condoms, dental dams, or both?
- Do you ask about your partner's sexual health history or history of STBBIs before having sex?
- What are you, or your partner(s), doing to avoid STBBIs (and pregnancy)?
- Are there any other prevention strategies you would like to discuss, like PrEP or PEP?
- If you were to rate your risk for STBBIs, would you say you are at no risk, or at low, medium, or high risk?
- Do you have concerns about discussing STBBIs (and pregnancy) prevention with your partner(s)?
- Have you been vaccinated against hepatitis A, hepatitis B, and/or HPV?

Past history of STBBIs

Find out about **past STBBI history** to tailor discussions about the importance of routine STBBI screening and other STBBIs for which screening is not available (e.g., genital herpes, anogenital warts - HPV).

Example Questions

- Have you or your partner(s) been tested for STBBIs?
    - If yes, what were the results?
- Were you or your partner(s) ever treated for an STBBI?
- Do you have any signs or symptoms that worry you – any sores, lesions, lumps, bumps, discharge, odor, or pain?
    - If yes, are you currently experiencing it? When did it start?
- Have you experienced pain during sex in the past?
- Have you ever noticed any pain or burning when you urinate?

Pregnancy

Discuss **pregnancy** with people who want to become pregnant now or in the future, or those who are pregnant and want to discuss their options. It is also important to consider discussing contraceptive options for people who do not wish to become pregnant. Also discuss pregnancy with anyone whose sexual and/or romantic partner(s) is pregnant, may become pregnant, or does not want to become pregnant.

Example Questions

- When was your last menstrual period? (*for those with internal reproductive organs)*
- Are you or your partner(s) using any contraception methods to avoid pregnancy?
- How important is it for you to avoid pregnancy?
- Have you or your partner(s) ever been pregnant? Are you, or do you think you might be pregnant now?
- Are you or your romantic or sexual partner(s) trying to get pregnant? Are you or your romantic or sexual partner(s) interested in becoming pregnant in the future?

Tip

You should adapt or change which questions are asked and the language used depending on the nature of the visit, the rapport with the person, and their understanding of STBBIs. Some individuals may not be ready to discuss these topics or may wish to address them at another time. In some circumstances, simply offering STBBI screening as part of routine care may be the best approach.

Putting It into Practice: Providing Education and Information

Based on the sexual health assessment, it might be appropriate for you to provide STBBI information, answer questions, or respond to concerns.

While these conversations can be challenging, using a person-centered approach to care can help facilitate safe and respectful discussions about sexual health and STBBIs.

Counselling: Providing information

In the context of STBBI prevention and control, **counselling** is a person-centered intervention that aims to support decision making. When providing counselling, keep your focus on knowledge, attitudes, and behaviours that:

- Maintain or increase safer practices appropriate for the individual
- Increase understanding of the importance of screening and testing
- Prevent acquisition and transmission of STBBIs
- Increase uptake of vaccination

Remember that education and information needs to be provided respectfully and without judgement. Prevention strategies should always be adapted to the specific health needs and circumstances of the person seeking care.

Motivational Interviewing: Empowering change

A person-centered counselling technique that might help you have more productive and respectful conversations around sexual health, STBBIs, and prevention practices is **Motivational Interviewing** (MI). MI is a collaborative, goal-oriented style of

communication designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change.

MI is based on the idea that only the person seeking care can change their behaviour, and they must have their own motivations for doing so. It requires HCPs to resist the urge to offer “the right advice,” and instead listen with empathy and find ways to empower the person.

When discussing sexual health and STBBIs, motivational interviewing can help HCPs and people seeking care:

- Understand the context in which STBBI exposure and transmission occur
- Identify which prevention practices are acceptable and realistic for the individual
- Explore barriers to the adoption and maintenance of prevention practices, and approaches to overcome them

Check out an example motivational interview script here

1. *May I ask you a few questions about condoms?*
2. *On a scale of 1 to 10, where 1 is “not at all important” and 10 is “very important,” how important is it for you to always use condoms?*
    - If the person seeking care responds with a score of 8 or more, proceed to Question 4.
    - If the person seeking care responds with a score of 7 or less, ask: "Can you share with me why you said X and not lower?" (This paradoxical question challenges the person to come up with reasons why it is important to use condoms.)
3. *What would it take or what would have to happen to make it more important for you to use condoms?*
    - The person seeking care and the healthcare provider can discuss these responses.
4. *On a scale of 1 to 10, how confident are you that you and your partner(s) could always use condoms?*
    - If person seeking care responds with a score of 8 or more, ask about and explore possible barriers that could occur and how the person might deal with them.
    - If person seeking care responds with a score of 7 or less, ask: "Why did you say X and not lower?" (This paradoxical question prompts persons to think about their strengths in managing condom use.)
5. *What would it take or what would have to happen for you to become more confident that you (or your partner) could use condoms every time you have sex?*
    - The person seeking care and the healthcare provider can use this as a context for problem solving around condom use.

Discussion

Can you recommend other strategies that HCPs should consider when discussing sexual health and STBBIs?

Share your perspective in the course discussion board by clicking the button below:

Share now

References

1. Public Health Agency of Canada. STBBI prevention guide: Assessment and counselling. https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/stbbi-prevention-guide/assessment-counselling.html. Updated December 9, 2021. Accessed February 23, 2022

Putting It into Practice: Connecting with Resources & Services Outside Your Practice

Following a sexual health assessment, it's unlikely that you'll be able to cover everything that the person seeking care needs to know in a single visit. It's also possible that the person will decline your offer of STBBI screening or require additional information or services beyond what you're able to provide.

In these cases, **having informational resources, as well as a familiarity with the services and resources in your community or surrounding area, can be a valuable strategy** for ensuring that people have access to the information and care they need.

Resources for people seeking care

When discussing sexual health and STBBIs, healthcare providers (HCPs) should be prepared to offer informational resources and provide referrals to nearby services and organizations. Have resources available in a variety of languages and that reflect individuals from a variety of cultural and religious backgrounds, gender identities, sexual orientations, communities, abilities, and ages.

Ensure that you have resources and information about topics such as:

- Intimate partner violence
- Sexual assault and sexualized violence
- Crisis interventions
- Pregnancy options counseling and resources
- Young families and youth parenting
- Sexual dysfunction
- Gender and sexual identity
- Sexuality and disability

- Substance use treatment and harm reduction services

Tip

HCPs should have a ready supply of printed or digital resources to share with people seeking care.

Referrals

If you find yourself working with a person whose care needs you aren't able to meet, you can **recommend alternatives or refer them to more specialized services.**

You should be able to recommend or provide referrals to clinics and other community resources that meet the needs of the people you provide care for, reducing barriers and increasing access to services like:

- Anonymous, free, specialized, 2SLGBTQ!IA+ friendly, etc.
- Specialized sexual health and STBBI clinics
- Specialized care and support services for treatment and management of chronic STBBIs
- Aids service organizations
- Local public health
- Access to translation services or other resources that might help you provide care

Summary

- Healthcare providers (HCPs) can play an important role in preventing the spread of STBBIs by offering STBBI screening as part of routine care. They should be aware of the barriers that might prevent people from accessing sexual health services and care.
- HCPs will not be able to address every barrier to accessing care. Identifying those areas where you can make an impact is key. This may be different for every HCP.
- A **person-centered approach to care** that takes into account a person's circumstances, experiences, needs, goals, and values helps to ensure that they are treated with respect and dignity. It also helps to reduce barriers to accessing care by ensuring that the **clinical space is welcoming**, the **language used is respectful and inclusive**, and **care and information is tailored** to the needs of the person.
- A brief sexual health assessment based on the **5Ps** can help you provide tailored information and care.
- **Familiarity with the resources** available to you, both informational and practical, can help you to reduce barriers to routine STBBI screening.

Go Further: Additional Resources

Here is a collection of guides, resources, and online courses on talking about sex and STBBIs, conducting sexual health assessments, and counselling to support HCPs in providing person-centered care.

PHAC Guides and Resources

- Booklet: Sexually Transmitted Infections
- Communicating about substance use in compassionate, safe and non-stigmatizing ways
- Genital herpes counselling tool
- Safer Condom Use
- Sexual Health Landing Page
- Sexually transmitted infections (information for travellers)
- STBBI: Guides for Health Professionals
- Stigma: Why Words Matter
- Trauma and violence-informed approaches to policy and practice

Resources from Other Organizations

- Comprehensive sexual health assessments for adolescents (CPS)
- Discussing sexual health, harm reduction and STBBIs: A guide for service providers (CPHA)
- Language matters: Using respectful language in relation to sexual health, substance use, STBBIs and intersecting sources of stigma (CPHA)
- Reducing stigma and discrimination through the protection of privacy and confidentiality (CPHA)
- Sex & U (SOGC)
- Trauma- and Violence- informed Physical Examinations and STBBI testing: A guide for service providers (CPHA)
- Trauma-informed Care Resources (NWAC)
- Using condoms (CATIE)

Online Courses

- Continuing Education Centre (CATIE)
- Exploring STBBIs and stigma: An introductory course for health and social service providers (CPHA)
- HIV Testing in Primary Care (UBC CPD)
- Motivational Interviewing (UBC CPD)
- Optimizing Care for Gay, Bisexual, and other Men who have Sex with Men (gbMSM) (UBC CPD)

- Provide safer, more inclusive care for STBBIs (CPHA)

End of Lesson

Congratulations! You have reached the end of this lesson

Click below to begin the Post-Assessment.

Post- Assessment

Please take a moment to complete the self-reflective exercise below.

Use the sliders to indicate your current level of comfort with the following statements, then calculate your total score using the button at the bottom of the page.

Your answers will not be recorded and are for you to think about how your comfort and knowledge has changed after completing the course.

1. How confident are you in your knowledge of sexually transmitted and blood-borne infections?
2. How comfortable are you in having conversations about sexual health?
3. How comfortable are you in taking a sexual history or sexual health assessment?
4. How confident are you in your ability to provide appropriate sexual health resources or counselling?

Total Score (Calculate score)

Tip

Compare your new score to the one you earned before starting the course! Hopefully it has increased as a result!

If you have completed all three lessons, please click "Finish course" to fill out the compulsory course evaluation.

Note that you must complete all course lessons in order to complete the compulsory evaluation questionnaire and finish the course.

COURSE EVALUATION

INTRODUCTION

Please complete this questionnaire to receive up to 1.5 Mainpro+ / MOC Section 3 / CNA credits. UBC CPD is committed to maintaining confidentiality and personal privacy. Please be aware that by completing this activity, it is assumed that your consent has been given for responses to be collected for the purpose of evaluation and quality improvement. Survey responses are connected to user profiles. ***All data will be kept strictly confidential.***

Privacy Notification: Your personal information is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act (FIPPA)*. This information will be used for the purpose of evaluating this program and website. Questions about the collection of this information may be directed to cpd.online@ubc.ca

EVALUATION

1

I am a:

- ○ Family Physician
- ○ Specialist Physician
- ○ Midwife
- ○ Nurse Practitioner
- ○ Registered Nurse
- ○ Allied Health
- ○ Resident
- ○ Student
- ○ Profession not listed above (please specify)

Page 2

Question #2

2

What is your area of specialization?

Page 3

Question #3

3

What is your area of specialization?

Page 4

Question #4

4

Please specify your profession:

Page 5

Question #5

5

Response is required

Please specify:

Page 6

Question #6

6

Response is required

I primarily work in the following practice setting:

- An urban community
- A rural community
- Both urban and rural communities
- Not in clinical practice / Not applicable
- Other

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Question #7

7

Response is required

Please specify your practice setting:

Page 8

Question #8

8

Response is required

The number of years I have been in practice is:

- < 1 year
- 1–5 years
- 6–10 years
- > 10 years
- Not applicable

Question #9

9

Response is required

The province or territory in which I primarily practice:

Page 9

Question #10

10

Response is required

Within which BC provincial health authority are you current working? (Please select all that apply)

- [ ] First Nations Health Authority
- [ ] Fraser Health
- [ ] Interior Health
- [ ] Island Health
- [ ] Northern Health
- [ ] Providence Health Care
- [ ] Provincial Health Services Authority
- [ ] Vancouver Coastal Health
- [ ] Not Applicable

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Course Material

Question #11

11

Response is required

As a result of completing this course, I am able to...

	Strongly agree	Agree	Disagree	Strongly disagree
Explain why STBBI screening for sexually active individuals should be offered as part of routine care				
Describe barriers to STBBI screening				
Apply strategies to overcome barriers and increase access to STBBI screening				
Locate Public Health Agency of Canada guidance and resources to support STBBI screening				

Question #12

12

Response is required

Did you perceive any bias, whether industry or other, in any of the course content?

Yes No

Page 11

Question #13

13

Response is required

Please explain the perceived bias:

Page 12

Question #14

14

Response is required

Did the course offer balanced views of diagnostic tools and/or therapeutic options?

Yes No

Page 13

Question #15

15

Response is required

Please explain which parts of the course you felt were missing balanced views:

Page 14

Question #16

16

Response is required

Reflecting on the course content, what impact will this education have on your practice?

Question #17

17

Response is required

Can you identify any barriers to incorporating what you learned into your practice? What can you do to overcome them?

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Online Course:

Question #18

18

Response is required

Please rate the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a. This education met my learning needs.					
b. This education was evidence based.					
c. I would recommend this education to a colleague.					
d. This education was interactive.					
e. This education was accessible.					
f. This education was easy to navigate.					

Question #19

19

Response is required

How did you find the level of the content?

○ Too basic ○ Slightly too basic ○ Just right ○ Slightly too advanced ○ Too advanced

Question #20

20

The estimated completion time for this module is 1.5 hours (90 min). **Did you find that this estimate was**:

○ Accurate ○ Too low ○ Too high ◉ No answer

Question #21

21

Which language(s) did you view the course in?

○ Only English
○ Only French
○ A mix of English and French
◉ No answer

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Question #22

22

Please describe your thoughts on the visuals of this course:

Path: p

Question #23

23

Please describe any technical difficulties that you encountered:

Path: p

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Question #24

24

Additional comments or suggestions:

CERTIFICATE

Hi [RegistrantFirstName] [RegistrantLastName],

Please find attached your certificate of completion for the online course on Sexually Transmitted and Blood-borne Infections: Barriers to Screening.

[SAMPLE]

THE UNIVERSITY OF BRITISH COLUMBIA
Faculty of Medicine, Continuing Professional Development

This is to certify that

Learner Name

enrolled and completed:

Sexually Transmitted and Blood-Borne Infections: Barriers to Screening

1 September 2022

The University of British Columbia Division of Continuing Professional Development (UBC CPD) is fully accredited by the Committee on Accreditation of Continuing Medical Education (CACME) to provide study credits for continuing medical education for physicians. This Self-Learning program meets the certification criteria of the College of Family Physicians of Canada and has been certified by UBC CPD for up to 1.0 **Mainpro+** Self-Learning credits. Each physician should claim only those credits accrued through participation in the activity. This online course has been approved for 6.0 CNA credits by the CNA board of directors and the CNA Accreditation Program.

CFPC Session ID#: 195327-001

Brenna Lynn, PhD
Associate Dean, Continuing Professional Development
UBC Faculty of Medicine