

Field Guide to Common STBBIs in Canada

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Note

Public Health Agency of Canada (PHAC) STBBI guides and resources do not supersede:

- Provincial/territorial legislative, regulatory, polity, 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

Chlamydia

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 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.

Gonorrhoea

Current situation

Gonorrhoea is the **second most commonly reported STBBI 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, gonorrhoea 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)

**Gonorrhoea 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

Gonorrhoea can be cured when treated with antibiotics. Consult **recommended treatment regimens**.

Reporting and partner notification

- Gonorrhoea 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

Current situation

From 2015 to 2018, the total reported hepatitis C virus (HCV) infections increased. From 2018 to 2019, the total reported infections decreased by 10%. In 2019, the total rates of HCV infection 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 signs of liver disease, abnormal liver biochemistry, or diagnosis of hepatitis B or HIV

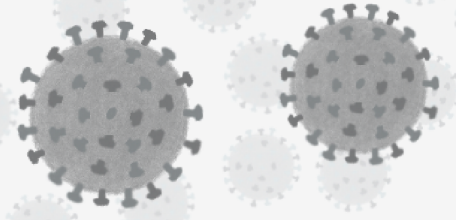
Treatment

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.

Genital herpes



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.

Human immunodeficiency virus

Current situation

New diagnoses of human immunodeficiency virus (HIV) have remained stable over the last decade. While the largest proportion of new HIV diagnoses are among gay, bisexual, 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 involved in **high risk practices** 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.

Anogenital warts

Current situation

Infections with human papilloma virus (HPV) are common, and it is estimated that more than 75% of sexually active people in Canada 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

Laboratory testing for HPV is not recommended, as results would not affect treatment and management. Visual inspection is the usual means of diagnosing anogenital warts.

HPV vaccination is recommended for individuals of certain ages, whether or not anogenital warts have been diagnosed. Consult the **Canadian Immunization Guide** and **provincial or territorial vaccination schedules** and immunization guidelines.

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 **recommended treatments**.

Reporting and 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.

Syphilis

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)

**The COVID-19 pandemic resulted in a decreased demand for, and ability to provide, services related to STBBIs, including syphilis screening. This may have had an impact on diagnosis rates of infectious syphilis in 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.

Reporting and partner notification

- Infectious syphilis 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.

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