Region of Waterloo Public Health
Sexual Health and Harm Reduction
Program Report 2011-2013

September 2014
Executive Summary

The Sexual Health and Harm Reduction (SHHR) program is one of five programs in the Infectious Diseases, Dental, and Sexual Health (IDDSH) division of Region of Waterloo Public Health (ROWPH). Comprised of multi-disciplinary staff, the program provides client-centred sexual health and harm reduction clinical services and participates in a wide range of non-clinical activities that protect and promote health.

This SHHR program report provides an overview of the SHHR program clinical operations and highlights local and provincial statistics of sexually transmitted infections (STIs; chlamydia, gonorrhea, and syphilis), and blood-borne infections (Human Immunodeficiency Virus [HIV], Acquired Immune Deficiency Syndrome [AIDS], hepatitis B, and hepatitis C). The report also includes the program’s new and ongoing health promotion activities.

Highlights from the report include:

- In 2013, there were over 12,000 visits to the sexual health clinics at the Waterloo and Cambridge Public Health offices, and AIDS Committee of Cambridge, Kitchener, Waterloo, and Area (ACCKWA) site combined.
- The most frequently reported primary reason for visiting clinic was to have an STI test (36% of all primary reasons reported).
- Since implementation of same-day clinic appointments in January 2013, there has been a 57 per cent decrease in the number of no-shows to the physician-led sexual health clinic.
- From 2011-2013, there were 4,671 cases of sexually transmitted and blood-borne infections in Waterloo Region.
- The top three infections (i.e. chlamydia, gonorrhea, and hepatitis C) accounted for 96.8 per cent of all STI cases in Waterloo Region.
- In 2013, the rate of gonorrhea was 32.4 per 100,000 which was higher than the previous five-year average annual rate for 2008-2012 (22.9 per 100,000).
- The Waterloo Region Sexual Health Youth Strategy is moving forward in several key areas including the enhancement of services in schools and co-locating clinical services in the community.
- Recommendations from the Waterloo Region Integrated Drug Strategy are also moving forward led by the Harm Reduction Coordinating Committee which consists of Public Health staff and community partners with experience or expertise in the area of harm reduction.
# Abbreviations

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACCKWA</td>
<td>AIDS Committee of Cambridge, Kitchener, Waterloo, and Area</td>
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<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
</tr>
<tr>
<td>BBI</td>
<td>Blood-borne infection</td>
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<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<tr>
<td>HPPA</td>
<td>Health Protection and Promotion Act</td>
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<tr>
<td>IDDSH</td>
<td>Infectious Diseases, Dental and Sexual Health</td>
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<tr>
<td>iPHIS</td>
<td>Integrated Public Health Information System</td>
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<tr>
<td>MOHLTC</td>
<td>Ministry of Health and Long-Term Care</td>
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<tr>
<td>NSP</td>
<td>Needle Syringe Program</td>
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<tr>
<td>OHIP</td>
<td>Ontario Health Insurance Program</td>
</tr>
<tr>
<td>OPHS</td>
<td>Ontario Public Health Standards</td>
</tr>
<tr>
<td>POWW</td>
<td>Preventing Overdose Waterloo Wellington</td>
</tr>
<tr>
<td>SDOH</td>
<td>Social Determinants of Health</td>
</tr>
<tr>
<td>SHHR</td>
<td>Sexual Health and Harm Reduction</td>
</tr>
<tr>
<td>SHYS</td>
<td>Sexual Health Youth Strategy</td>
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<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
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1.0 Introduction

The Sexual Health and Harm Reduction (SHHR) program is one of five programs in the Infectious Diseases, Dental, and Sexual Health division of Region of Waterloo Public Health (ROWPH). Comprised of multi-disciplinary staff, the program provides client-centred sexual health and harm reduction clinical services and participates in a wide range of non-clinical activities that protect and promote health.

The SHHR program at ROWPH is responsible to the Board of Health for implementing the 12 requirements outlined in the Sexual Health, Sexually Transmitted Infections (STI), and Blood-borne Infections (BBI) Standard of the Ontario Public Health Standards (OPHS)\(^1\). In addition, it complies with the Sexual Health and Sexually Transmitted Infections and Prevention and Control Protocol, which outlines how the program should conduct its work. The goals of the standard are to “prevent or reduce the burden of sexually transmitted infections and blood-borne infections” and to “promote healthy sexuality”. The Board of Health expected outcomes as outlined in the Standard are listed in Appendix A.

In order to meet the requirements outlined in the Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections Standard and Protocol, Region of Waterloo Public Health’s (herein referred to as Public Health) SHHR program provides a variety of services to residents in Waterloo Region. Additionally, the SHHR program is actively involved in community-wide initiatives and works in partnership with community organizations to improve sexual health and harm reduction outcomes.

This report provides an overview of Public Health’s SHHR program, information and data on common sexual health indicators, and new and ongoing activities within the program.

Client-centered services offered by the SHHR program include:
- Testing, treatment, education, and referrals for sexually transmitted infections (STI) and blood-borne infections (BBI);
- Counselling on a variety of sexual health issues (e.g. healthy relationships, sexual orientation, sexual assault referrals, post-therapeutic abortion, STI management);
- Providing access to birth control and Pap tests for women 24 years of age and younger;
- Providing needle syringe programs at Public Health offices and throughout the community in partnership with key community agencies;
- Condom distribution; and
- Managing STI/BBI cases and contacts of cases.

Other SHHR program activities include:
- Engaging in health promotion and policy development activities (e.g. Waterloo Region Sexual Health Youth Strategy) with community partners and policy-makers that have clients from priority populations;\(^2\)

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\(^1\) The OPHS are requirements for all public health programs and services, which include assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. Ontario Public Health Standards (2008). Ontario Ministry of Health and Long-Term Care.

\(^2\) Priority populations are populations that are at-risk and for whom public health interventions may be reasonably considered to have a substantial impact at the population level. Ontario Public Health Standards (2008). Ministry of Health and Long-Term Care.
• Involvement with area health care providers (e.g. physicians and nurse practitioners) through advisories, updates, and providing free medication for STI treatment;
• Providing counselling and education in local public schools;
• Providing phone line access to registered nurses Monday through Friday;
• Leading harm reduction programs and services in the region; and
• Conducting surveillance of, and reporting data on, STIs and BBIs in Waterloo Region and reporting this information to the Ontario Ministry of Health and Long-Term Care (MOHLTC) and the community.

2.0 Surveillance Snapshot

Public Health collects data on several sexually transmitted and blood-borne infections. Below is a snapshot of chlamydia, gonorrhea, syphilis, Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), and hepatitis B and C in Waterloo Region with some provincial comparator data.

2.1 Sexually Transmitted Infections and Blood-borne Infections

Sexually transmitted infections (STI) and blood-borne infections (BBI) are a group of infections that are caused by agents found in blood, semen, vaginal secretions, saliva, and breast milk. Transmission of these infectious agents varies by disease. In this report, sexually transmitted and blood-borne infections include chlamydia, gonorrhea, syphilis, hepatitis B, hepatitis C, HIV, and AIDS. Chlamydia, gonorrhea, and syphilis are caused by bacteria and transmitted through unprotected oral, vaginal, and anal sex. Hepatitis B, hepatitis C, HIV, and AIDS are caused by viruses and spread through contact with blood, semen, and other potentially infectious body fluids.

From 2011-2013, there were 4,671 cases of sexually transmitted and blood-borne infections in Waterloo Region. Chlamydia accounted for the majority of these infections (81.5%) followed by gonorrhea (8.0%). The top three infections (i.e. chlamydia, gonorrhea, and hepatitis C) accounted for 96.8 per cent of all cases in Waterloo Region (Refer to Table 1).

Table 1. Number and proportion of sexually transmitted and blood-borne infections, Waterloo Region, 2011-2013 combined

<table>
<thead>
<tr>
<th>Rank</th>
<th>Disease</th>
<th># of Cases</th>
<th>Proportion of Cases (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Chlamydia</td>
<td>3,807</td>
<td>81.5</td>
</tr>
<tr>
<td>2</td>
<td>Gonorrhea</td>
<td>375</td>
<td>8.0</td>
</tr>
<tr>
<td>3</td>
<td>Hepatitis C</td>
<td>340</td>
<td>7.3</td>
</tr>
<tr>
<td>4</td>
<td>Syphilis*</td>
<td>108</td>
<td>2.3</td>
</tr>
<tr>
<td>5</td>
<td>HIV/AIDS</td>
<td>36</td>
<td>0.8</td>
</tr>
<tr>
<td>6</td>
<td>Hepatitis B</td>
<td>5</td>
<td>0.1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>4,671</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Includes infectious, non-infectious, and unspecified cases of syphilis

Refer to Appendix B for data sources and methodology.
Over this time period:

- The rate of gonorrhea in Ontario has been increasing in recent years, and the local rate increased between 2012 and 2013. The 2013 local rate of gonorrhea remained lower than that for the province as a whole; although, the difference was not statistically significant.
- The rate of infectious syphilis has been gradually increasing over recent years; although, local rates continue to be lower than that of the province.
- Rates of hepatitis B, hepatitis C, and HIV/AIDS all remained relatively stable and below those of the province.
- The local chlamydia incidence rate has been consistently lower significantly than the provincial rate since 2008; however, rates continue to rise.

### 2.2 Teen Pregnancy Rate

Teen pregnancy\(^4\) rate is a major health outcome indicator of adolescent sexual and reproductive health. The teenage pregnancy rate is the number of pregnancies per 1,000 females aged 15 to 19 years. Pregnancy rates attempt to capture all pregnancies, not only those where the outcome is a live birth, but also those resulting in still births, induced abortions, and fetal loss\(^ii\).

In Waterloo Region, the teenage pregnancy rate declined over the 2010 to 2012 time period as shown in Figure 1. Of the area municipalities, the majority of teen pregnancies are occurring in Kitchener and Cambridge. Teen pregnancy rates in Waterloo Region closely resembled those of the entire province of Ontario for the same time period.

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\(^{4}\) Pregnancies include live births, still births, and therapeutic abortions. Births occurring outside of hospitals (i.e., home births) are not captured. Note that multiple births (i.e. twins, triplets, etc.) are counted as one delivery/pregnancy.
Figure 1. Teen (15 to 19 years) pregnancy rates per 1,000 females, by year, Waterloo Region and Ontario, 2010-2012

Source: Inpatient Discharges (2010-2012), Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: May 23, 2014
Hospital and Medical Services Data (2010-2012), Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: May 23, 2014

For more information on teenage pregnancy rates in Waterloo Region, please refer to the Reproductive, Maternal, and Infant Health Status Report found on the Region of Waterloo Public Health website.

2.3 Therapeutic Abortion Rate

Therapeutic abortion, also known as induced abortion, is a surgical or medical method of pregnancy termination. From a public health perspective, it is useful to monitor therapeutic abortion rates as an indicator of the prevalence of unintended pregnancies. The therapeutic abortion data comes from the Ontario Ministry of Health and Long-Term Care and includes abortions performed in hospitals, abortion clinics, and private physician offices. Abortions completed outside of Ontario are not included and may constitute a relatively large number of abortions, especially those over 20 weeks’ gestation.

5 Medically/pharmacologically-induced abortions, those induced by the emergency contraceptive pill, RU-486, or methotrexate (usually reserved for ectopic pregnancies), are not captured. Pregnancies ending in spontaneous abortion (i.e., miscarriage) or fetal loss are not captured.
Therapeutic abortion rates among women of reproductive age (15 to 49 years) in Waterloo Region have remained consistent between 2010 and 2012. Figure 2 compares therapeutic abortion rates of Waterloo Region to Ontario. Waterloo Region rates are lower.

Figure 2. Therapeutic abortion rates per 1,000 females aged 15 to 49 years, Waterloo Region and Ontario, 2010-2012

![Graph showing therapeutic abortion rates per 1,000 females aged 15 to 49 years in Waterloo Region and Ontario, 2010-2012](image)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Cases</th>
<th>Rate per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>1,511</td>
<td>11.1</td>
</tr>
<tr>
<td>2011</td>
<td>1,505</td>
<td>11.2</td>
</tr>
<tr>
<td>2012</td>
<td>1,428</td>
<td>10.6</td>
</tr>
</tbody>
</table>

Source: Hospital and Medical Services Data 2010-2012, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: May 23, 2014.

In Waterloo Region, the highest rates of abortions are within the 20 to 24 year age group followed by the 25 to 29 year age group (Figure 3). These findings are consistent with Ontario rates.
3.0 Clinical Services

In response to local surveillance, including the continued increase in rates of sexually transmitted infections, Public Health offers a range of services to identify, treat, and manage cases of STIs and BBIs. One of the most significant interventions is the Sexual Health Clinic. Services provided by these clinics are mandated by the Ontario Public Health Standards and delivered at the Waterloo and Cambridge Public Health offices and community sites across the region. Clinic costs are covered by OHIP revenue and Public Health’s cost shared budget.

3.1 Sexual Health Clinic

The sexual health clinic is provided by a team of physicians, nurse practitioners, and public health nurses. The following services are available:

- STI/BBI testing, diagnosis, education, counselling, and STI treatment;
- Provision of contraception, pregnancy testing, and comprehensive pregnancy counselling;
- Physical exam, health assessment, risk review, and Pap test;
- Hepatitis A/B vaccines to high risk clients according to provincial eligibility criteria; and
- Referral to community resources where appropriate.

There are a mix of appointment types: booked, same-day, and drop-in. Services which are short in duration (e.g. counselling and contraception) are offered at all times when clinic is open.
(Mondays and Fridays 8:30am to 4:30pm and Tuesday, Wednesday, Thursday from 8:30am to 7:30pm).

3.1.1 Clinic Attendance\(^6\) (2011-2013)

In 2013, over 12,000 visits were made to the clinics for sexual health services (Figure 4). This includes visits to the intake clinic\(^7\), physician attended drop-in, physician attended regular clinic, nurse practitioner clinic, and nurse counselling at both the Waterloo and Cambridge offices combined. Intake had the greatest number of visits (n=4,714) followed by the drop-in clinic (n = 4,024). The clinic had 1,596 visits followed by the nurse practitioner clinic (n=945) and appointment-based counselling clinic (n=788).

Typically, the Waterloo Public Health office sees more clients each year than the Cambridge office (Refer to Figure 4).

Figure 4. Number of visits to the sexual health clinic, by year, Waterloo and Cambridge offices, 2011-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Waterloo</th>
<th>Cambridge</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>8,741</td>
<td>3,822</td>
<td>12,563</td>
</tr>
<tr>
<td>2012</td>
<td>9,456</td>
<td>3,987</td>
<td>13,443</td>
</tr>
<tr>
<td>2013</td>
<td>8,356</td>
<td>3,711</td>
<td>12,067</td>
</tr>
</tbody>
</table>


Attendance at the sexual health clinic is relatively stable throughout the year with small increases in the number of clients to the physician and nurse practitioner led clinics during the months of October and November. The least busy month is December.

\(^6\) In this section, clinic data from the years 2011 through 2013 will be described. In 2010 the IDDSH division underwent reorganization and the data from 2010 and earlier is not comparable. It is also difficult to compare data from 2009 to the present as the services and structure of the clinic have changed.

\(^7\) Intake is a centralized clinical service open to the public during Public Health operating hours.
3.1.2 Intake Service

Intake is a centralized clinical service open to the public during Public Health operating hours. Staffed by public health nurses, clients can access a number of services regularly offered by three programs at Public Health (i.e. Sexual Health and Harm Reduction, Vaccine Preventable Disease, and Tuberculosis). Sexual health and harm reduction services available include (but are not limited to):

- Accessing birth control pills
- Accessing harm reduction supplies
- Booking appointments
- Counselling
- Pregnancy tests
- Health information
- Obtaining test results
- Internal/external referrals

In 2013, there were 6,570 visits to the intake clinics at the Waterloo and Cambridge offices combined. Of these visits, 71.6 per cent (n = 4,714) were sexual health and harm reduction related. Approximately 73 per cent of intake clients seeking sexual health and harm reduction services were female.

3.1.3 No-Show Rates

The SHHR program tracks the number of clients who do not show up for their scheduled clinic appointment (termed no-show) for program planning purposes. In previous years, no-show rates for appointments made to the appointment-based (physician led) clinics have been high (29% of visits by appointment in 2011 and in 2012 resulted in no-shows – Waterloo and Cambridge Public Health offices combined). This can be attributed to the fact that it can take weeks to get an appointment at the physician and nurse practitioner-led sexual health clinics. On average, a client could wait three to five weeks for an appointment.

In January 2013, the Waterloo office sexual health clinic introduced same day clinic appointments by reducing the number of appointments that can be booked in advance to free up clinic space on a daily basis. Since this change, the no-show rate at the physician-led clinic has decreased 55.2 per cent (from 29% in 2012 to 13% in 2013) at the Waterloo office (Refer to Figure 5).
3.1.4 Reason for Visit

Clients attend the sexual health clinic for a variety of reasons. The reason(s) for the visit is recorded by the nursing staff and used for program planning purposes. STI testing, birth control, and harm reduction accounted for 69 per cent of all the visits in 2013. The remainder of visits were for reasons such as STI treatment, contraception counselling, and pregnancy testing.

HIV testing is also provided at ACCKWA\(^8\), the local HIV/AIDS service organization, located in downtown Kitchener. A Public Health Nurse visits ACCKWA on a weekly basis to staff a HIV clinic. In 2013, there were 297 visits to the ACCKWA testing clinic. Approximately 82 per cent of these visits included an HIV test (rapid\(^9\) or standard). The majority of clients were male (81%).

3.1.5 Client Profile

At the sexual health clinic, basic demographic information is collected. In 2013, 62 per cent of clinic clients were female. Clients were between the ages of 13 and 76\(^{10}\). The average age of female clients was 24 while the average age of male clients was 30. Approximately 7 per cent of visits were made by school aged clients (those aged 10 to 17 years).

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\(^{8}\) AIDS Committee of Cambridge, Kitchener, Waterloo, and Area

\(^{9}\) Rapid HIV tests involve pricking the finger and testing the person's blood while they wait.

\(^{10}\) Intake data is not included in the age analysis. The age of the client is not recorded for intake visits.
3.1.6 Access to Free or Low-Cost Medication

In response to rising rates of sexually transmitted infections, Public Health is looking to ensure individuals have access to treatment and medication free of charge. In order to increase availability of medication, ROWPH initiated a project to increase medication distributed to local hospital emergency departments, walk-in clinics, family physicians and nurse practitioners, college and university health services, and community health centres. At the close of 2013, 36 health care providers/facilities in Waterloo Region were on the distribution list.

This publically funded strategy ensures free, prompt, and appropriate treatment for reportable STIs to reduce/prevent further transmission of disease in the community.

Birth control pills and emergency contraceptives (i.e. the morning after pill) are also provided at cost recovery for clinic clients from the health unit. Condoms are available for free.

High risk clients who meet eligibility criteria as outlined by the Ministry of Health and Long-term Care (MOHLTC) can access free hepatitis A & B vaccines from Public Health.

3.1.7 Information Phone Line

Public Health provides an information phone line service for the public to call with questions or concerns related to sexual health and harm reduction. This is a distinct phone number offered by the Region of Waterloo separate from the Service First Call Centre phone number. The Waterloo phone line receives anywhere from 50 to 100 calls per day. The majority of callers are

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11 Totals may not add to 100 due to rounding.
female (79%) and range in age from 11 to 60 plus years. In 2013, the top reasons for calling were:

1. STI Information (42%);
2. Contraception Information (22%);
3. Clinic Information (6%);
4. Booking an Appointment (6%);
5. Pregnancy Options (6%); and
6. Other (8%).

4.0 Disease Reporting and Case Management

4.1 Disease Reporting

Under the authority of the Health Protection and Promotion Act (HPPA), Ontario Regulation 569, certain diseases or suspected occurrences of these diseases, must be reported to Public Health by physicians, laboratories, and administrators of hospitals, schools, and institutions. Diseases applicable to the SHHR program include chlamydia, gonorrhea, syphilis, HIV, AIDS, hepatitis B, and hepatitis C. The public health system depends upon these reports of communicable diseases to monitor the health of the community and to provide the basis for preventive action.

The SHHR program completes disease reporting through the integrated Public Health Information System (iPHIS). Case epidemiological data is entered into the iPHIS database and used by Public Health in the following ways:

- Detecting outbreaks and epidemics;
- Allowing timely follow-up of communicable disease reports so that further transmission is prevented;
- Facilitating the prompt implementation of appropriate public health interventions and educational efforts;
- Shaping prevention programs, identifying specific sub-populations at highest risk, and using resources efficiently;
- Evaluating the success of disease control efforts;
- Facilitating epidemiological research; and
- Contributing to provincial, national, and international surveillance efforts.

4.2 Case Management

Case management and contact tracing are mandatory for the reportable diseases listed above. This involves telephone contact with clients, their sexual partners, physician offices, and testing laboratories. Contact tracing is done as soon as possible after the case is reported.

The SHHR program is accountable to the MOHLTC under the Public Health Accountability Agreement Indicators for the following indicator: Time between health unit notification of a case of gonorrhea and initiation of follow-up. The purpose of this indicator is to determine the proportion of confirmed gonorrhea cases where initiation of follow-up occurred within 2 business days.

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12 Contact tracing is the process of identifying relevant contacts of a person with an infectious disease and ensuring that they are aware of their exposure (Provincial Infectious Diseases Advisory Committee, 2009).
In 2010, Public Health reported 56 per cent of cases meeting this requirement. In 2011, that proportion rose to 82 per cent and in 2012, the proportion was 96 per cent. By 2013, 99 per cent of cases met the accountability agreement indicator.

In 2013, there were 1,539 positive STI/BBI cases in Waterloo Region. Public Health followed up with each of these cases and their contacts as required by the Ontario Public Health Standards.

5.0 Health Promotion and Research

Health promotion is an integral component of Public Health. It is defined as “the process of enabling people to increase control over, and to improve their health”vi. This can be achieved by building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health care services toward prevention of illness and promotion of healthiv.

The SHHR program participates in various health promotion initiatives across the region including child health fairs where a Public Health Nurse attends to provide sexual health information (e.g. talking to your child about sexual health) to parents of children zero to six years of age. The SHHR program also receives a number of requests to attend community organizations to present information on sexual health topics.

Additionally, the SHHR program delivers community-wide sexual health programs for youth and their families. These include Growing Bodies, Open Minds and Girl Time. Growing Bodies, Open Minds is a program offered to parents of school-aged children that assists parents in talking with their children about puberty, sexual health, and values. Girl Time is a program offered to grade 7 and 8 girls that promotes healthy sexual attitudes, choices/decisions, and behaviours.

The SHHR program contributes to division wide research initiatives. Of note is the Review of Public Health’s Sexual Health Services for Secondary School Students in Waterloo Region. This review identified secondary school students at-risk for STIs, substance misuse, and unplanned pregnancies and how to best reach this population. Stemming from this is the Waterloo Region Sexual Health Youth Strategy (see below). The full report can be found on the Public Health website.


In 2013, an adult sexual health priority population report and a gay, bisexual, and other men who have sex with men situational assessment were also completed. The situational assessment can be found here:


13 This number is comprised of the following: chlamydia (n = 1220), gonorrhea (n = 164), hepatitis B (n = 0), hepatitis C (n = 100), HIV/AIDS (n = 14), infectious syphilis (n = 21), and non-infectious and unspecified syphilis (n = 20).
5.1 Waterloo Region Sexual Health Youth Strategy

The Waterloo Region Sexual Health Youth Strategy (SHYS) was developed in 2012 in partnership with several community organizations. This was in response to findings from a Waterloo Region youth survey and focus group results, a review of literature, and an environmental scan of existing sexual health services for youth in Waterloo Region. Additionally, surveillance data showed increases in chlamydia rates in Waterloo Region and that most chlamydia infections were found within the 15 to 24 year age group.

The SHYS aims to promote healthy sexuality among youth in Waterloo Region and provide a comprehensive, strategic direction for youth sexual health education, programs, and services in Waterloo Region. In 2013, some of the SHYS activities included:

- Exploring the possibility of providing sexual health services in a Waterloo Region community location;
- Looking into providing enhanced sexual health services in Waterloo Region secondary schools; select schools identified for a pilot project to commence in 2014; and
- Advocating for the expansion of the health and physical education component of the Ontario curriculum for elementary school students.

Several other initiatives are in progress. For more information on the SHYS, please visit the Public Health website at [http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/SexualHealthYouthStrategy_WR.pdf](http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/SexualHealthYouthStrategy_WR.pdf).

5.2 Involvement in Public Schools

5.2.1 Overview

Region of Waterloo Public Health sexual health nurses are present in all 16 Waterloo Region District School Board secondary schools to provide sexual health information and services to students and staff. Nurses are available to students and staff one half day each week during the school year.

Sexual health nurses are available to consult with students in the following areas:

- Abstinence counselling
- Relationship counselling
- Contraception information
- Sexual assault counselling
- Sexual orientation counselling
- Pregnancy counselling
- STI/hepatitis B counselling
- Emergency contraception counselling
- Post therapeutic abortion counselling
- Project information related to sexual health

Sexual health nurses also provide support to teachers in the following capacities: classroom teaching, consultation, health promotion (including school wide campaigns or presentations), resource development, and facilitating or coordinating student led activities related to sexual health.

Public Health nurses are available on a consultation basis to students and teachers in the Waterloo Catholic District School Board and in private schools.

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14 Content for this section provided by the Review of Public Health’s Sexual Health Services for Secondary School Students in Waterloo Region, August 2010 report.
5.2.2 ROWPH Sexual Health Counselling in Schools Program Statistics 2012-2013

Between September 2012 and June 2013, a total of 1,052 student visits were completed by sexual health nurses in Waterloo Region District School Board secondary schools. The majority of visits were made by females (82%) and ranged in age from 12 to 20 with the majority of students being between the ages of 15 to 17 (73%). Reasons for visiting the school nurse varied; however, birth control counselling and pregnancy counselling accounted for over half of all visits (60%) (Refer to Table 2).

Table 2. Reason for student visit with school nurse, Waterloo Region District School Board secondary schools, 2012-2013 school year

<table>
<thead>
<tr>
<th>Reason for visit</th>
<th>Count</th>
<th>% of total visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth control/pregnancy counselling</td>
<td>627</td>
<td>60</td>
</tr>
<tr>
<td>Harm reduction</td>
<td>177</td>
<td>17</td>
</tr>
<tr>
<td>Consultation</td>
<td>76</td>
<td>7</td>
</tr>
<tr>
<td>Healthy relationship counselling</td>
<td>52</td>
<td>5</td>
</tr>
<tr>
<td>STI counselling</td>
<td>42</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>74</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>1,052</td>
<td>100</td>
</tr>
</tbody>
</table>

Teachers can also access sexual health nurse services in their schools. Teachers may refer a student to the sexual health nurse to discuss an issue or invite the nurse to come into their classroom to teach a sexual health lesson. Services provided to teachers also include school presentations made by the sexual health nurse, curriculum or resource development, or consultation in student-led activities. During the same school year (2012-2013) there were 170 teacher visits. The majority of these visits were for consultation purposes (75%)\(^{15}\).

In comparison to previous years, the number of student visits with a sexual health nurse at the secondary schools has decreased. This is due to decreased sexual health nurse presence in the schools as a result of resource reallocation at Public Health to place a larger emphasis on health promotion programming. Prior to 2011, sexual health nurses were in secondary schools one day per week. This has decreased to half a day per week.

6.0 Harm Reduction

In addition to sexual health, harm reduction is a key area of focus for the SHHR program. In this context, harm reduction refers to policies, programs, and practices that aim primarily to reduce the adverse health, social, and economic consequences of illicit drug use. It focuses on the prevention of harm, rather than on the prevention of drug use itself. Harm reduction benefits people who use drugs, their families, and the community.

\(^{15}\) It should be noted that these encounters might be an underestimation of the number of encounters as they were captured in paper format and may not have been completed on a consistent basis. In addition, emails, informal consultations with teachers (i.e. hallway conversations), professional development sessions provided by sexual health nurses to staff, and provision of resources are not captured in the teacher services statistics.
Harm reduction employs a range of different strategies with the goal of minimising the risk of the client contracting infectious diseases (especially BBIs), overdosing, or suffering other consequences related to the illicit drug use. A large component of harm reduction in Canada is the needle syringe program; an evidence based Public Health intervention program to prevent BBIs, which are difficult and costly to treat, by helping people who inject drugs avoid sharing needles and equipment.

In addition to the NSP, there are several other harm reduction initiatives the SHHR program takes part in. They include:

- Condom distribution;
- Leading the Harm Reduction Coordinating Committee as part of the Waterloo Region Integrated Drugs Strategy;
- Participating on the Central West Hepatitis Network; and the
- Addition of a Social Determinants of Health Public Health Nurse.

### 6.1 Needle Syringe Program (NSP)

The needle syringe program (NSP) is a provincial initiative that has been operated by the SHHR program in Waterloo Region since 1995. The goal of the NSP is to reduce the risk of HIV and hepatitis transmission by increasing access to sterile harm reduction supplies, sterile needles and syringes, removing used needles and syringes from circulation in the community, and educating clients about the risk of re-using injection equipment. Clients can access supplies, counselling, and referrals for testing, treatment, and referrals to other community services.

Easy access is an important successful criterion of the NSP. Coordinated through Public Health, the services of the NSP are provided to the community by three community agencies:

- Region of Waterloo Public Health at their offices in Waterloo and Cambridge;
- AIDS Committee of Cambridge, Kitchener, Waterloo and Area (ACCKWA) at their Kitchener office; and
- Cambridge Shelter Corporation at their main office/shelter site.

ACCKWA, in partnership with Sanguen Health Centre, also offers this service through their outreach workers at several community locations. These include:

- Mary’s Place (Kitchener);
- The Bridges (Cambridge);
- Cambridge Self-Help Food Bank;
- ACCKWA’s satellite office in Cambridge;
- Street Outreach located at Kitchener City Hall (summer months); and
- Various Out of the Cold sites (winter months).

Clients who attended the needle syringe clinics were predominantly male (66.5%), and on average 36 years of age (Sexual Health and Harm Reduction Program Data, 2013). Of all needle syringe contacts in 2013, 96 per cent were repeat clients.

### 6.2 Condom Distribution

Condom distribution is an important part of promoting safer sex practices and reducing the transmission of STIs. Public Health purchases condoms and provides them free of charge to community partners by request, in addition to providing them to clients at the Waterloo and
Cambridge Public Health offices. Community partners requesting condoms from September 2012 to June 2013 included:

- ACCKWA;
- Ontario Addiction Treatment Centres; (Park Street Methadone Clinic and King Street Location, both in Kitchener);
- John Howard Society;
- Community Justice Initiatives;
- Reaching Our Outdoor Friends (ROOF);
- Cambridge Self-Help Food Bank;
- Kitchener Downtown Community Health Centre;
- Grand River Hospital – Freeport Site;
- Langs Community Health Centre; and the
- House of Friendship.

6.3 Waterloo Region Integrated Drugs Strategy

The Waterloo Region Integrated Drugs Strategy is an initiative led by the Waterloo Region Crime Prevention Council with planning support from Public Health. The goal of the initiative was to develop a comprehensive, coordinated, and integrated plan for addressing issues related to illicit drugs, alcohol, and prescription medication use in Waterloo Region. In December 2011, the final report of the Waterloo Region Integrated Drugs Strategy was approved. As a result of the strategy, Public Health in collaboration with several community partners with experience and expertise in harm reduction have developed a harm reduction implementation plan for Waterloo Region. Overseeing implementation of the plan is the Harm Reduction Coordinating Committee which consists of community members and representatives from the following agencies: ACCKWA, Cambridge Shelter Corporation, Waterloo Region Crime Prevention Council, House of Friendship, Kitchener Downtown Community Health Centre, Region of Waterloo Social Services, Sanguen Health Centre, Supportive Housing of Waterloo, and Public Health. Working groups will be formed to further refine and implement the priorities outlined in the plan. Implementation of the plan is expected to begin in late 2014.

6.4 Social Determinants of Health Public Health Nurse

The Social Determinants of Health Nurses Initiative began in April of 2011. Funding was provided by the Ministry of Health and Long-Term Care (MOHLTC) to each of Ontario's 36 Boards of Health for two Social Determinants of Health (SDOH) nurses. This initiative was introduced to provide expertise and support for identified priority populations. Public Health has one position in the SHHR program area of the Infectious Diseases, Dental, and Sexual Health division dedicated to harm reduction and one position in the Healthy Growth and Development program of the Child and Family Health division. The full time Public Health Nurse position in SHHR is addressing program/service needs of a specific population impacted negatively by the determinants of health. The priority population for harm reduction services and programs are people who use/misuse substances.

Some of the activities performed by the social determinants of health nurse over the last year included:

- Collaborated with Preventing Overdose Waterloo Wellington (POWW) and worked with staff and students at Elmira District Secondary School to implement overdose prevention training for all grade 9 and grade 12 students. The nurse also collaborated with POWW on other training sessions;

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16 The availability of condoms at these locations may vary.
• Promoted awareness of needle syringe programs and harm reduction programming, and actively worked to increase availability of harm reduction services in the community
  o Worked to increase the number of syringes returned through promotion and by increasing the number of syringe disposal sites;
• Increased capacity of Region of Waterloo Public Health staff and community partners to address harm reduction and determinants of health, particularly related to stigmatization, service provision and promoting access to health care for clients; and
• Provided subject matter expertise and other support to Waterloo Region’s Harm Reduction Coordinating Committee.
7.0 Appendices

7.1 Appendix A. Board of Health Outcomes - Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV) Standard

- The board of health achieves timely and effective detection and identification of cases of sexually transmitted infections and blood-borne infections, and their associated risk factors and emerging trends.
- The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services to promote healthy sexuality and to prevent or reduce the burden of sexually transmitted infections and blood-borne infections.
- The public is aware of risk, protective, and resiliency factors related to healthy sexuality and the prevention of sexually transmitted infections and blood-borne infections.
- Community partners are aware of the importance of having supportive environments to promote healthy sexuality and prevent sexually transmitted infections and blood-borne infections.
- Priority populations have the capacity to adopt behaviours related to healthy sexuality and the prevention of sexually transmitted infections and blood-borne infections.
- The board of health manages reported cases and contacts of sexually transmitted infections and blood-borne infections.
- Health care providers have the capacity to manage cases and contacts of sexually transmitted infections and blood-borne infections.
- Priority populations have access to sexual health services, including contraception and comprehensive pregnancy counselling.
- Priority populations have access to harm reduction services to reduce the transmission of sexually transmitted infections and blood-borne infections.
7.2 Appendix B. Data Sources and Methodology

- The statistics in this report represent the most current confirmed case count for sexually transmitted and blood-borne infections in Waterloo Region and Ontario and they supersede all previous statistics, and are different from subsequent reports. This is a result of data cleaning efforts and reporting lags and does not reflect an actual change in disease incidence within the population.
- All included diseases had an accurate episode date between January 1, 2009 and December 31, 2013 and a case classification of ‘confirmed’.
- Provincial case summaries are compiled by Public Health Ontario. Provincial data was downloaded from the eHealthOntario portal and includes all diseases reported in the province of Ontario with an accurate episode date between January 1, 2008 and December 31, 2013; the Ontario data for 2013 is preliminary and was extracted as of April 2, 2014.
- 2013 population data is a projection. Projections are extrapolated using the growth rates observed between census counts.
- Age-standardized rates were calculated by the direct method using the 1991 Canadian Standard Population from Statistics Canada to allow for comparison between Waterloo Region and Ontario.
- As of April 28, 2009, new provincial case definitions for reportable diseases came into effect in order to reflect the changing epidemiology of infectious diseases and the use of newer laboratory techniques (Infectious Disease Protocol, 2009, Ontario MOHLTC). These updates impacted the classification of several diseases and may influence the incidence of some diseases before and after the year 2009. As such, an observed increase or decrease in disease incidence during this period may not reflect a true change in incidence.
- Syphilis case classifications for infectious and other categories were taken from the December 2009 Provincial Epidemiological Infectious Diseases Summary on the eHealthOntario portal.
7.3 Appendix C: Citations


\[\text{iii Region of Waterloo Public Health (2012). Quick Stats: Therapeutic Abortions. Waterloo, ON: Epidemiology and Health Analytics Team.}\]

\[\text{http://www.toronto.ca/health/cdc/communicable_disease_surveillance/list_disease.htm}\]

\[\text{http://www.toronto.ca/health/cdc/communicable_disease_surveillance/list_disease.htm}\]

\[\text{vi World Health Organization (2013). Ottawa Charter.}\]
\[\text{http://www.who.int/healthpromotion/conferences/previous/ottawa/en/}\]