

# Sexual Health and Harm Reduction

Program Report 2014-2015

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## Executive Summary

The Sexual Health and Harm Reduction (SHHR) program is one of five programs in the Infectious Diseases, Dental, and Sexual Health (IDS) division of Region of Waterloo Public Health and Emergency Services (ROWPHE). 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 (BBIs; 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 2015, there were 12,910 visits to the sexual health clinics at the Waterloo and Cambridge Public Health offices, AIDS Committee of Cambridge, Kitchener, Waterloo, and Area (ACCKWA) site, and Youth Sexual Health Clinics combined.
  - The most frequently reported primary reason for visiting clinic was to have an STI test (64.7 per cent of all primary reasons reported). In 2013, this proportion was 36 per cent showing a 79.7 per cent increase in STI testing as the primary reason for a visit.
- No-show rates to the physician-led sexual health clinic have remained low since the introduction of same-day clinic appointments in January 2013.
- In 2015, there were 1,825 cases of sexually transmitted and blood-borne infections in Waterloo Region.
  - The top three infections (i.e. chlamydia, gonorrhea, and hepatitis C) accounted for 96.2 per cent of all STI cases in Waterloo Region.
- The Waterloo Region Sexual Health Youth Strategy is moving forward in several key areas including reporting results of a parent survey, enhancing sexual health services in public secondary schools, and continuing to operate two youth-friendly sexual health clinics in the community.
- Recommendations from the Waterloo Region Integrated Drug Strategy are also moving forward led by the community-based Harm Reduction Coordinating Committee. Improving access to needle disposal containers and increasing the distribution of naloxone in the community, and overdose prevention initiatives, are two of the activities currently in progress.

## Abbreviations

ACCKWA	AIDS Committee of Cambridge, Kitchener, Waterloo, and Area
AIDS	Acquired immunodeficiency syndrome
BBI	Blood-borne infection
HIV	Human immunodeficiency virus
HPPA	Health Protection and Promotion Act
IDS	Infectious Diseases, Dental and Sexual Health
iPHIS	Integrated Public Health Information System
MOHLTC	Ministry of Health and Long-Term Care
NSP	Needle Syringe Program
OHIP	Ontario Health Insurance Program
OPHS	Ontario Public Health Standards
SDOH	Social Determinants of Health
SHHR	Sexual Health and Harm Reduction
SHYS	Sexual Health Youth Strategy
STI	Sexually transmitted infection

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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 (IDS) division of Region of Waterloo Public Health and Emergency Services (ROWPHE). 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 ROWPHE 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)<sup>1</sup>. 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, ROWPHE’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 the SHHR program, information and data on common sexual health indicators, and new and ongoing activities within the program.

Clinic and clinic-related services offered by the SHHR program include:

- Testing, treatment, education, and referrals for STIs and BBIs;
- Counselling on a variety of sexual health issues (e.g. healthy relationships, STI management, sexual orientation, sexual assault referrals, post-therapeutic abortion);
- Providing access to birth control and Pap tests for women 24 years of age and younger;
- Providing harm reduction programs and services. For example, needle syringe programs at Public Health offices and throughout the community in partnership with key community agencies, and the Naloxone Distribution Program;
- Condom distribution; and
- Managing STI/BBI cases and contacts of cases.

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<sup>1</sup> 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.

Other SHHR program activities include:

- Engaging in health promotion and policy development activities (e.g. Waterloo Region Sexual Health Youth Strategy) with community partners that have clients from priority populations<sup>2</sup>, and with policy-makers
- Involvement with area health care providers (e.g. physicians and nurse practitioners) through advisories, updates, and providing free medication for STI treatment;
- Providing counselling, education, and enhanced sexual health services in local public schools;
- Providing phone line access to registered nurses Monday through Friday;
- Collaborating with partners to plan for, and implement, a range of other harm reduction programs and services (e.g. Waterloo Region Harm Reduction Coordinating Committee, overdose prevention)
- 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, gonorrhoea, syphilis, Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), and hepatitis B and C in Waterloo Region. Public Health also monitors and reports on teen pregnancy and therapeutic abortion rates.

For more information on infectious diseases in Waterloo Region, please see [http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/WR\\_InfectiousDiseaseReport\\_2016.pdf](http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/WR_InfectiousDiseaseReport_2016.pdf).

### 2.1 Sexually Transmitted Infections and Blood-borne Infections

In 2015, there were 1,825 cases of sexually transmitted and blood-borne infections in Waterloo Region. Chlamydia accounted for the majority of these infections (78.4 per cent) followed by gonorrhoea (11.4 per cent). The top three infections (i.e. chlamydia, gonorrhoea, and hepatitis C) accounted for 96.2 per cent of all cases of sexually transmitted and blood-borne infections in Waterloo Region<sup>3</sup> (Refer to Table 1).

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<sup>2</sup> 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.

<sup>3</sup> Refer to page 112 of the Waterloo Region Infectious Diseases ([http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/WR\\_InfectiousDiseaseReport\\_2016.pdf](http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/WR_InfectiousDiseaseReport_2016.pdf)) for data sources and methodology.

Table 1. Number and proportion of sexually transmitted and blood-borne infections, Waterloo Region, 2015

Rank	Disease	Number of Cases	Proportion of Cases (per cent)
1	Chlamydia	1,431	78.4
2	Gonorrhoea	208	11.4
3	Hepatitis C	117	6.4
4	Syphilis*	52	2.8
5	HIV/AIDS	16	0.9
6	Hepatitis B	1	0.1
Total		<b>1,825</b>	<b>100.0</b>

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

Source: Region of Waterloo Public Health and Emergency Services (2016). *Infectious Diseases in Waterloo Region – Surveillance Report 2015*. Waterloo, ON: Amy MacArthur.

Highlights from the Infectious Diseases in Waterloo Region – Surveillance Report 2015:

- Chlamydia rates have been steadily increasing over the last ten years, both locally and provincially. Rates of chlamydia are particularly high among females in the 15 to 24 year age group. However, local rates have remained significantly lower than provincial rates since 2006.
- Since 2009, the rate of gonorrhoea has been increasing locally (143 per cent increase) and provincially (62 per cent increase), with a peak in 2014; local rates have since started to decline in 2015. Reasons for the increases are not known, and are being studied by the provincial government.
- Local rates of Hepatitis C have been consistently and significantly lower than those of the province since 2006.
- Both local and provincial infectious syphilis rates have been increasing over the last 10 years; however, Waterloo Region rates have remained consistently lower than provincial rates. Almost all syphilis cases in 2015 were among males.

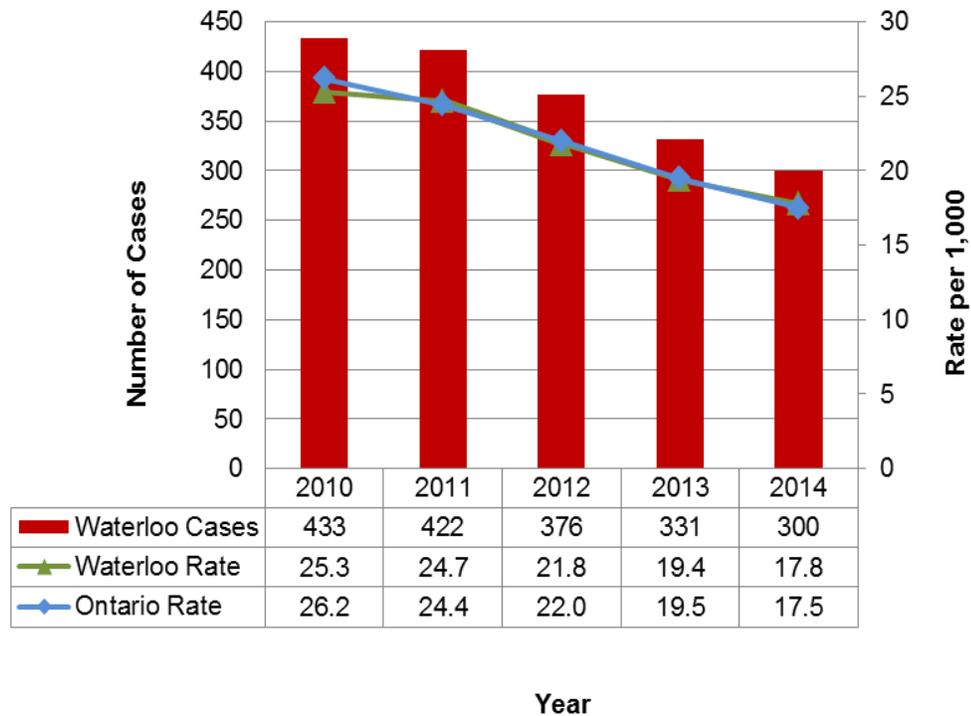
## 2.2 Teen Pregnancy Rate

Teen pregnancy<sup>4</sup> 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<sup>1</sup>.

Since 2010, the teenage pregnancy rate has continued to decline in Waterloo Region (Figure 1). Teen pregnancy rates in Waterloo Region closely resembled those of the entire province of Ontario for the same time period.

<sup>4</sup> 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, Waterloo Region and Ontario, 2010-2014



Source: *Inpatient Discharges (2012-2015)*, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: September 19, 2016.  
*Hospital and Medical Services Data (2012-2014)*, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: June 15, 2016.  
*Estimates of Population by Age and Sex (2001-2015)*, Statistics Canada, Community Data Program, Extracted: April 6, 2016.

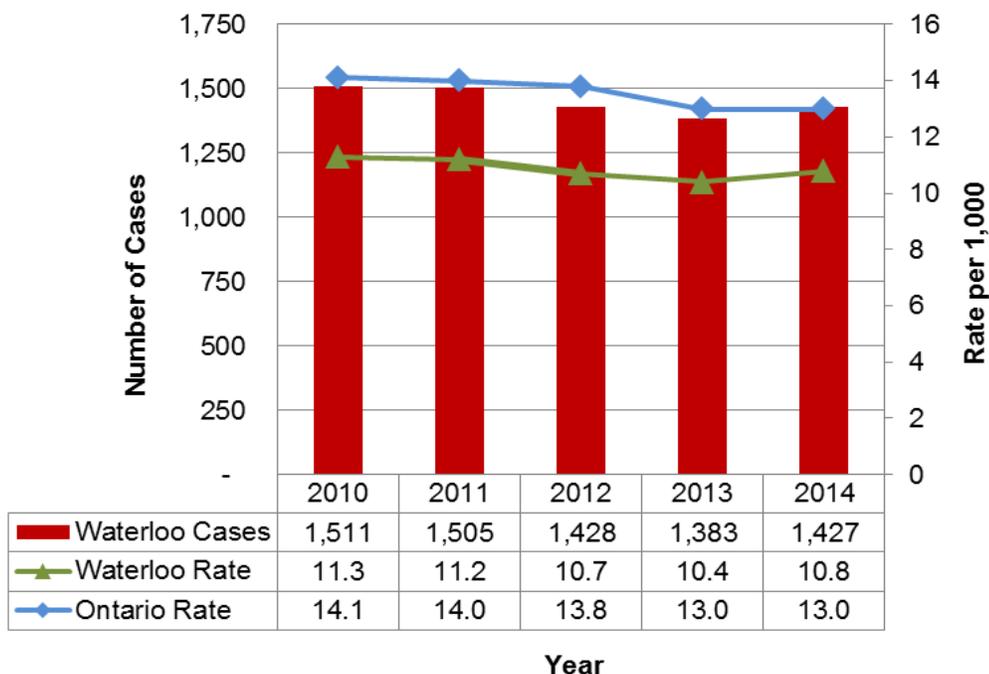
### 2.3 Therapeutic Abortion Rate

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<sup>ii</sup>. 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<sup>5</sup>. This data should be interpreted with caution as abortions completed outside of Ontario are not included. This may underestimate the true incidence of therapeutic abortions in Waterloo Region and Ontario.<sup>ii</sup>

<sup>5</sup> 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 2014 and are lower than those of Ontario (Figure 2).

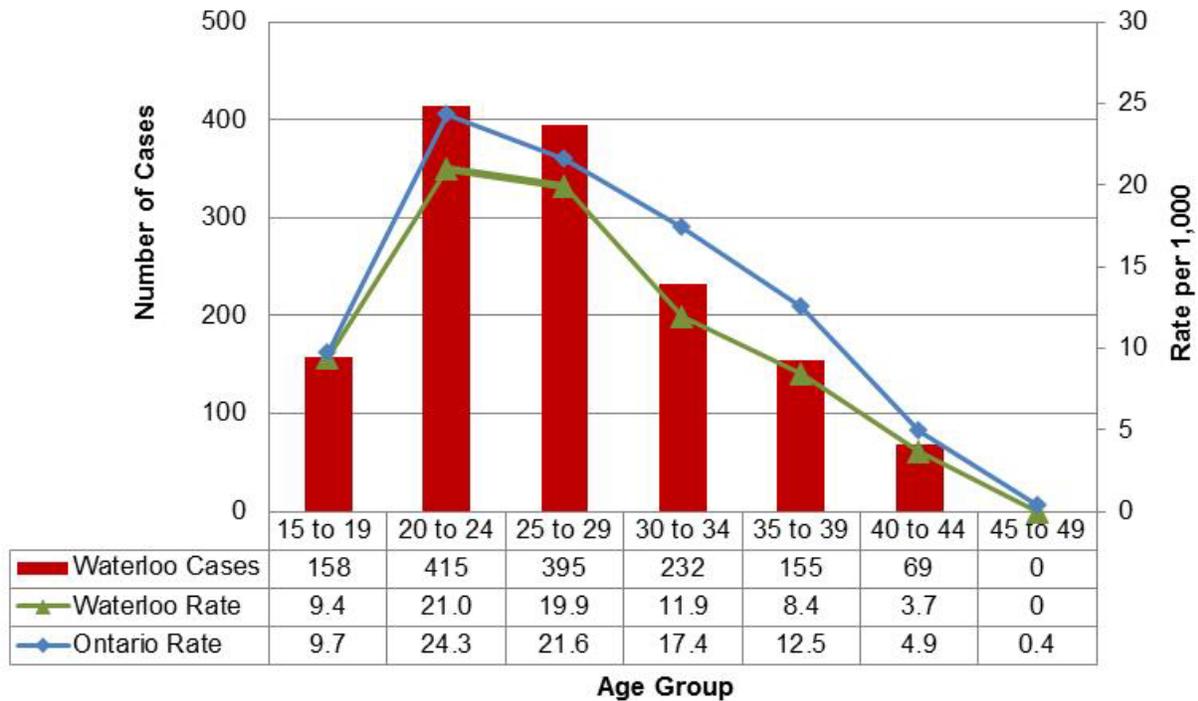
Figure 2. Therapeutic abortion rates per 1,000 females aged 15 to 49 years, Waterloo Region, 2010-2014



Source: *Inpatient Discharges (2012-2015)*, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: September 19, 2016.  
*Hospital and Medical Services Data (2012-2014)*, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: June 15, 2016.  
*Estimates of Population by Age and Sex (2001-2015)*, Statistics Canada, Community Data Program, Extracted: April 6, 2016.

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.

Figure 3. Therapeutic abortion rates per 1,000 females aged 15 to 49 years, by age group, Waterloo Region, 2014



\*Note: In the 45 to 49 year age group for Waterloo Region, the number of cases and the 2014 rate is not reportable (less than 5 cases were reported).

Source: *Inpatient Discharges (2012-2015)*, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: September 19, 2016.

*Hospital and Medical Services Data (2012-2014)*, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: June 15, 2016.

*Estimates of Population by Age and Sex (2001-2015)*, Statistics Canada, Community Data Program, Extracted: April 6, 2016.

### 3.0 Clinical Services

In response to local surveillance Public Health offers a range of services to identify, treat, and manage cases of sexually transmitted and blood-borne infections. One of the most significant interventions is the Public Health's sexual health clinics. 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.

### 3.1 Sexual Health Clinic

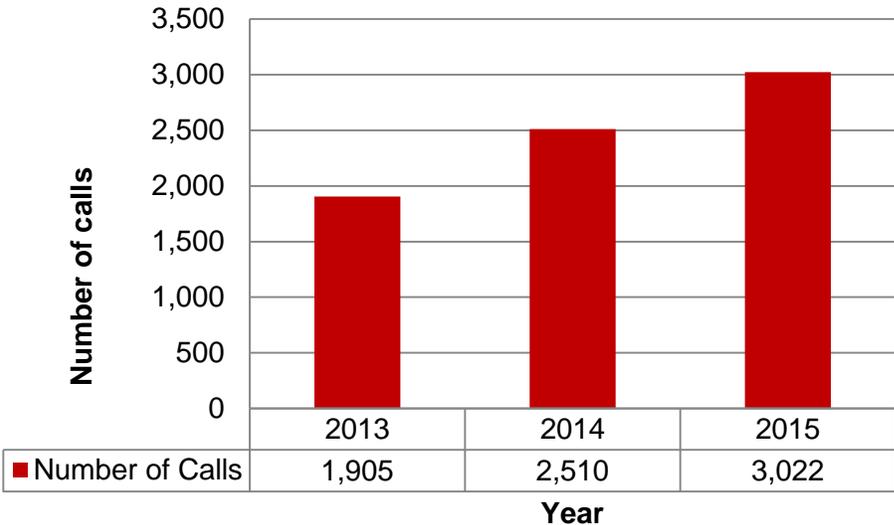
The sexual health clinic services are provided by a team of physicians, nurse practitioners, and public health nurses in the SHHR program. The following services are available:

- 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, and Human Papilloma Virus (HPV) 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. contraceptive sales, STI treatment, and accessing harm reduction supplies) are offered at all times when clinic is open (Mondays, Wednesdays and Fridays from 8:30am to 4:00pm and Tuesday and Thursday from 8:30am to 7:30pm).

Public Health also 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 is staffed by a Public Health Nurse and on an annual basis receives thousands of calls (2015 = 3,022). The number of calls per year is increasing (Figure 4). The top reasons for calling include STI information, contraception information, clinic information, booking an appointment, and pregnancy options.

Figure 4. Number of phone calls to the SHHR information phone line, Waterloo Region, 2013-2015



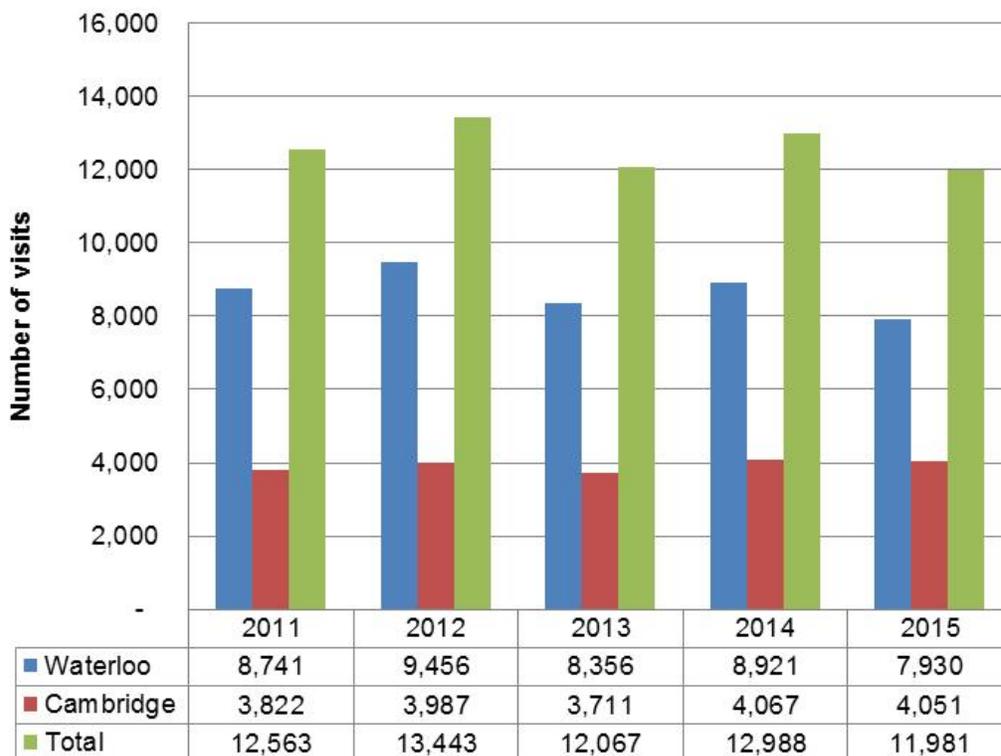
Source: Region of Waterloo Public Health and Emergency Services Call Logs, Extracted September 19, 2016.

### 3.1.1 Clinic Attendance

In 2015, 11,981 visits were made to the clinics for sexual health services (Figure 5). This includes visits to the intake clinic<sup>6</sup>, physician attended clinic (both drop-in and appointment based), nurse practitioner clinic, and nurse counselling at both the Waterloo and Cambridge offices, combined<sup>7</sup>.

Intake had the greatest number of visits (n = 5,496) followed by the physician attended clinic (n = 5,075). Typically, the Waterloo office sees more clients each year than the Cambridge office (Figure 5).

Figure 5. Number of visits to the sexual health clinic, Waterloo and Cambridge offices, 2011-2015<sup>8</sup>



Source: Region of Waterloo Public Health and Emergency Services Clinic PMI Reporting System, Extracted September 15, 2016. Region of Waterloo Public Health and Emergency Services Sexual Health Intake Form (2011-2015). Extracted September 15, 2016.

<sup>6</sup> Intake is a centralized clinical service open to the public during Public Health operating hours.

<sup>7</sup> There were 929 additional visits made to ACCKWA, the Youth Sexual Health Clinic and visits classified as “Other” which occurred on non-clinic days, combined. These have not been included in Figure 5 as their location is not specific to Waterloo or Cambridge. Visits made to the ACCKWA clinic and the youth clinics are described later in this report.

<sup>8</sup> While this report focuses on data from 2014 and 2015, some data elements are presented in five year increments to show trends over time.

In 2015, attendance at the sexual health clinic was relatively stable throughout the year. September was the busiest month (n = 560) followed by March and June (517 and 503 visits, respectively). The least busy month was January (n = 447).

### **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 in intake include (but are not limited to):

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

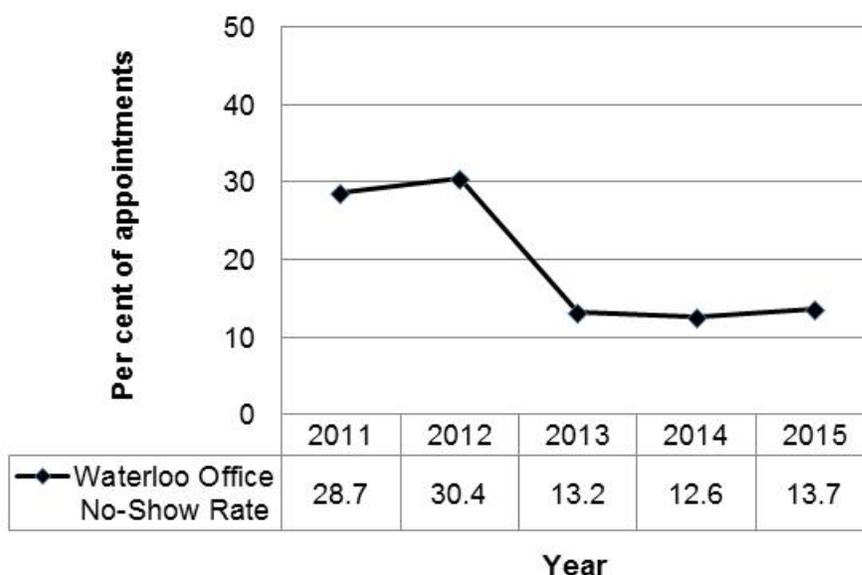
In 2015, there were 6,620 visits to the intake clinics at the Waterloo and Cambridge offices combined. Both the Waterloo and Cambridge intake clinics have a heavy sexual health and harm reduction related clientele. In Cambridge, 99.5 per cent of all intake visits were related to sexual health and harm reduction and of all the visits, 68.9 per cent were strictly for harm reduction purposes.

In Waterloo, 77.8 per cent of visits to the intake clinic are for sexual health and harm reduction, and overall, 30.7 per cent of visits relate specifically to harm reduction.

### **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. Historically, no-show rates for appointments made to the appointment-based (physician led) clinics were high. Since the introduction of same day clinic appointments at the physician led clinic in 2013, the no show rate dropped 56.6 per cent from 2012 to 2013 and has remained consistent (Figure 6).

Figure 6. Percentage of physician attended clinic appointments resulting in a no-show, Waterloo office, 2011-2015



Source: Region of Waterloo Public Health and Emergency Services Clinic PMI Reporting System, Extracted September 19, 2016.

The Cambridge office does not offer same-day clinic appointments and no-show rates have remained consistent in 2013, 2014, and 2015 (26.1 per cent, 20.4 per cent and 25.4 per cent, respectively).

### 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 account for the majority of visits. The remaining visits are for reasons such as STI treatment, contraception counselling, and pregnancy testing. In 2015, 81.1 per cent of clients reported their primary reason for visiting as STI testing, birth control, or harm reduction.

HIV testing is also provided at ACCKWA<sup>9</sup>, the local HIV/AIDS service organization, located in downtown Kitchener. A Public Health Nurse visits ACCKWA on a weekly basis to staff a HIV testing clinic. Between 2013 and 2015, the number of visits to the ACCKWA testing clinic has remained consistent (297, 233, and 250, respectively). The majority of visits (2015 = 83.2 per cent) include a HIV test (rapid<sup>10</sup> or standard), and clients are predominantly male (2015 = 84.8 per cent).

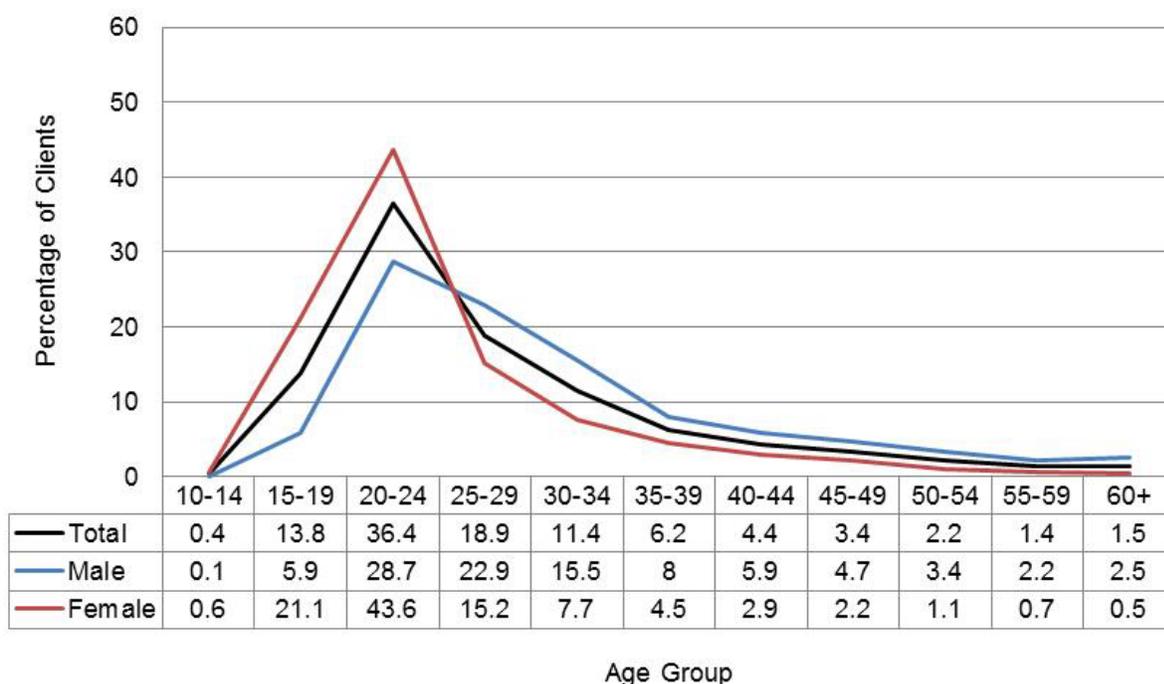
<sup>9</sup> AIDS Committee of Cambridge, Kitchener, Waterloo, & Area

<sup>10</sup> Rapid HIV tests involve pricking the finger and testing the person's blood while they wait.

### 3.1.5 Client Profile

At the sexual health clinic, basic demographic information is collected. In previous years, the clinic has seen more females than males on an annual basis. In 2015, the proportion of males to females was relatively even (48.2 per cent and 51.4 per cent, respectively<sup>11</sup>). Clients were between the ages of 10 and 78 years<sup>12</sup> and 36.4 per cent of clients fell within the 20-24 age cohort (Figure 7). The average age of clients was 28 (the average age for both males and females was 28). Approximately 5 per cent of visits were made by school aged clients (those aged 10 to 17 years)<sup>13</sup>.

Figure 7. Client age distribution by gender, Waterloo and Cambridge offices combined, 2015<sup>14</sup>



Source: Region of Waterloo Public Health and Emergency Services Sexual Health and Harm Reduction Program Statistics, Extracted September 20, 2016.

### 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, ROWPHE 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. Since

<sup>11</sup> The remaining 0.4 per cent of clients identified as “Other”.

<sup>12</sup> Intake data is not included in the age analysis. The age of the client is not recorded for intake visits.

<sup>13</sup> Client profile is determined by using Waterloo and Cambridge records for the physician and nurse practitioner-led appointments and drop-in clinic.

<sup>14</sup> Totals may not add to 100 due to rounding.

2013, the number of health care providers/facilities in Waterloo Region receiving free medication for their patients has doubled (2013 = 36, 2015 = 71).

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 Public Health. Condoms are available for free.

High risk clients who meet eligibility criteria as outlined by the MOHLTC can access free hepatitis A & B and HPV vaccines from Public Health.

## **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<sup>iii</sup>. Reportable diseases applicable to the SHHR program include chlamydia, gonorrhoea, syphilis, HIV, AIDS, hepatitis B, and hepatitis C. The public health system depends upon these reports to monitor the health of the community and to provide the basis for preventive action<sup>iii</sup>.

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<sup>15</sup> 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 gonorrhoea and initiation of follow-up. The purpose of this indicator is to determine the proportion of confirmed gonorrhoea cases where initiation of follow-up occurred within 2 business days. In 2015, Public Health reported 99.1 per cent of cases meeting this requirement, close to our 100 per cent target.

Recently, the MOHLTC added another accountability agreement indicator to monitor: Per cent of confirmed gonorrhoea cases treated according to recommended Ontario treatment guidelines. In 2015, 58.9 per cent of gonorrhoea cases in Waterloo Region were treated according to the recommended Ontario treatment guidelines. Public Health continues to monitor treatment and educate primary care providers about the significance of adherence to the provincial guidelines in the treatment of gonorrhoea. This is a critical component in the battle against rising rates of anti-microbial resistance to gonorrhoea medication.

## **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”<sup>iv</sup>. 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 health.

The SHHR program participates in various health promotion initiatives across the region including the Waterloo Region Sexual Health Youth Strategy and youth friendly sexual health clinics. The SHHR program also receives a number of requests to attend community organizations to present information on sexual health topics to a variety of audiences.

Additionally, in 2014 and 2015, the SHHR program delivered Girl Time; a program offered to grade 7 and 8 girls that promotes healthy sexual attitudes, choices/decisions, and behaviours. The program however, is currently on hold pending an evaluation and a review of program priorities.

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<sup>15</sup> 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).

## **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, a review of local data on STIs, and an environmental scan of existing sexual health services for youth in Waterloo Region.

Implementation of Sexual Health Youth Strategy initiatives is guided by a Steering Committee, which is led by Public Health and includes representatives from the AIDS Committee of Cambridge, Kitchener, Waterloo & Area (ACCKWA), oneROOF Youth Services, Sexual Assault Support Centre, SHORE Centre, Waterloo Catholic District School Board and Waterloo Region District School Board. The Strategy 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.

Since 2013, the SHYS Steering Committee has:

- Established two youth-friendly sexual health clinics (one in Cambridge and one in Kitchener) providing access to birth control, STI treatment, and pregnancy testing and options counselling;
- Enhanced sexual health services provided in Waterloo Region District School Board secondary schools by Public Health Nurses;
- Created a sexual health resource for parents entitled “The Talk: From Tots to Teens” which can be found on the Public Health website or by clicking [here](#);
- Created a youth-friendly interactive sexual health website, [www.doinit.ca](http://www.doinit.ca); and
- Surveyed parents of Waterloo Region to determine parent-child communication about sexual health and their sexual health support needs when talking with their children about sexual health.

For more information on the SHYS, and to review the timeline for upcoming activities (pages 22-24), please visit

<http://www.regionofwaterloo.ca/en/regionalGovernment/resources/CS/SA2016-0223.pdf>.

## **5.2 Involvement in Public Schools<sup>16</sup>**

ROWPHE Public 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 and provide the following services:

- Abstinence counselling
- Relationship counselling
- Provision of contraception
- Pregnancy testing and options counselling
- STI/hepatitis B counselling
- Post therapeutic abortion counselling

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<sup>16</sup> 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.

- Sexual assault counselling/referral
- Sexual orientation counselling
- Provision of emergency contraception and counselling
- Project information related to sexual health

Public 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.

### 5.2.1 Sexual Health Counselling in Schools Program Statistics

Between September 2014 and June 2015, a total of 1,405 student visits were completed by Public Health Nurses (referred to as school nurse) in Waterloo Region District School Board secondary schools. Almost two-thirds of the visits were made by females (63.6 per cent) and those who visited the clinic ranged in age from 13 to 20. Most students were between the ages of 15 to 17 (78.6 per cent). Reasons for visiting the school nurse varied; however, birth control/pregnancy counselling and condom dispensing accounted for the majority of visits (84.0 per cent). Students can visit the nurse for one or multiple visits. Table 2 shows the students' main reason for visiting the school nurse.

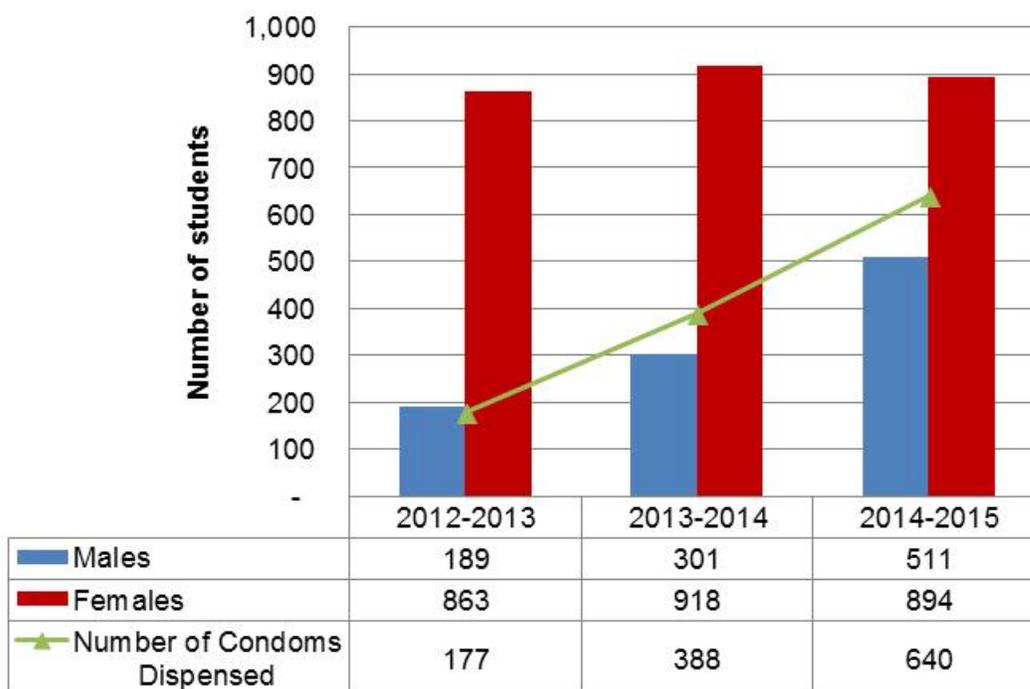
Table 2. Main reason for visit with school nurse, Waterloo Region District School Board secondary schools, by school year

Reason for visit	School Year 2012-2013	School Year 2013-2014	School Year 2014-2015
Birth control/pregnancy counselling <sup>17</sup>	627	576	517
Condom dispensing	177	388	640
Healthy relationship counselling	52	70	51
STI counselling/referral	42	63	53
Other	150	102	117
No reason specified	4	20	27
<b>Total</b>	<b>1,052</b>	<b>1,219</b>	<b>1,405</b>

Source: Region of Waterloo Public Health and Emergency Services Sexual Health and Harm Reduction School Visit Statistics, Extracted September 21, 2016.

Between 2013 and 2015, there has been an increase in the proportion of males visiting the school nurse (See Figure 8). This could explain the substantial increase in condom dispensing between the 2012-2013, 2013-2014, and 2014-2015 school years.

Figure 8. Number of visits to the school nurse, by gender, Waterloo Region District School Board secondary schools, 2012-2015



Source: Region of Waterloo Public Health and Emergency Services Sexual Health and Harm Reduction School Visit Statistics, Extracted September 20, 2016.

Teachers can also access the Public Health Nurse at their schools. Teachers may refer a student to the school nurse to discuss an issue or invite the school nurse to come into their classroom to teach a sexual health lesson. Services provided to teachers also include school presentations made by the school nurse, curriculum or resource development, or consultation in student-led activities.

During the 2014-2015 school year, there were 56 interactions recorded between teachers and Public Health Nurses. Additionally, Public Health Nurses provided 92 group sessions/classroom presentations during that same time period.

### 5.2.2 Enhanced Sexual Health Services in Public Secondary Schools

As seen in Table 2, a fair amount of visits to the school nurse relate to contraception and pregnancy. Some visits result in the student seeking only information and support; others include the student requesting to begin a course of contraception medication (birth control). Historically, the process to obtain birth control involved the student travelling to a Region of Waterloo Public Health office to pick it up. Data showed that over 40 per cent of students who requested birth control did not pick it up. Upon consultation with students, transportation was mentioned as the main reason that students were unable to get to a clinic.

In response to this issue, and as an activity of the Waterloo Region Sexual Health Youth Strategy, a pilot project was implemented in Waterloo Region District School Board (WRDSB) secondary schools to enhance the service provided to students by Public Health Nurses in January 2014. Two schools were selected to be part of the pilot project. At the pilot schools, students who met with the school nurse and requested contraception received comprehensive counselling<sup>18</sup> and up to a four month supply of birth control. Of all the students who requested birth control at the pilot schools, only one did not access it. This student was the only one who was referred to a Public Health clinic to pick up their birth control. During the same period at the non-pilot schools, 42 per cent of students who requested birth control and needed to visit a Public Health clinic to access it, did not do so.

These findings supported the expansion of the above enhanced sexual health service into additional public secondary schools. In the 2015-2016 school year, twelve secondary schools offered the enhanced services. As of September 2016, all public secondary schools in Waterloo Region offer enhanced sexual health services to their students. For more information please visit

[http://chd.region.waterloo.on.ca/en/healthyLivingHealthProtection/resources/Enhancing\\_Sexual\\_Health\\_Services\\_in\\_School.pdf](http://chd.region.waterloo.on.ca/en/healthyLivingHealthProtection/resources/Enhancing_Sexual_Health_Services_in_School.pdf).

### **5.3 Youth-Friendly Sexual Health Clinics**

Increasing access to sexual health services has been a major focus of the Waterloo Region Sexual Health Youth Strategy. One of the ways that the strategy has worked to eliminate barriers by providing greater access to youth at risk for poor sexual health outcomes is through the development of two youth-friendly sexual health clinics.

Reallocation of resources has allowed for two new clinic locations that are specifically targeted to teens and young adults requiring sexual health services. Clinic locations were chosen based on a number of factors including student feedback, socio-economic demographics of the surrounding area, easily accessible location by foot and/or transit, and an opportunity to partner with a host organization that provides other services targeted to youth. The clinics are operated at the following locations:

- City of Kitchener Downtown Community Centre at 35-B Weber Street West
- YMCA Teen Drop-In Zone (formerly the Z Beside the Y) at 256 Hespeler Road in Cambridge.

Youth can receive similar services to those offered at the Waterloo and Cambridge Public Health offices. In 2015, the majority of visits at the Kitchener site were for STI testing (70 per cent). At the Cambridge site, over half of the clients were seeking condoms (53.3 per cent).

Both clinics are held every Wednesday from 3:30 to 6:30 p.m. Most weeks, the Kitchener clinic is operating at full capacity (six to eight clients). Attendance at the Cambridge clinic has been

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<sup>18</sup> Comprehensive counselling includes, but is not limited to: assessing student's readiness, discussing abstinence, reviewing age of consent if sexually active, reviewing student's health history, checking the student's blood pressure, and discussing health relationships.

inconsistent. The Cambridge site is being reviewed as the intended population does not appear to be utilizing the services.

## **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.

Harm reduction employs a range of different strategies with the goal of minimising the risk of the client contracting infectious diseases (especially HIV, hepatitis B and hepatitis C), overdosing, or suffering other consequences related to the illicit drug use. A large component of harm reduction in Ontario is the Needle Syringe Program (NSP); 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 offers or participates in. They include:

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

The Social Determinants of Health Public Health Nurse initiative began in 2011 and is responsible for addressing program/service needs for those who use/misuse substances. This nurse is involved in all harm reduction activities and contributes to education, awareness, and outreach activities. Furthermore, the nurse provides subject matter expertise and other support to Waterloo Region's Harm Reduction Coordinating Committee. In 2015, the nurse, in collaboration with a community member, also conducted overdose prevention training sessions in Grade 9 and 12 classes at Elmira District Secondary School. Expansion of the program to other schools is being considered.

### **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

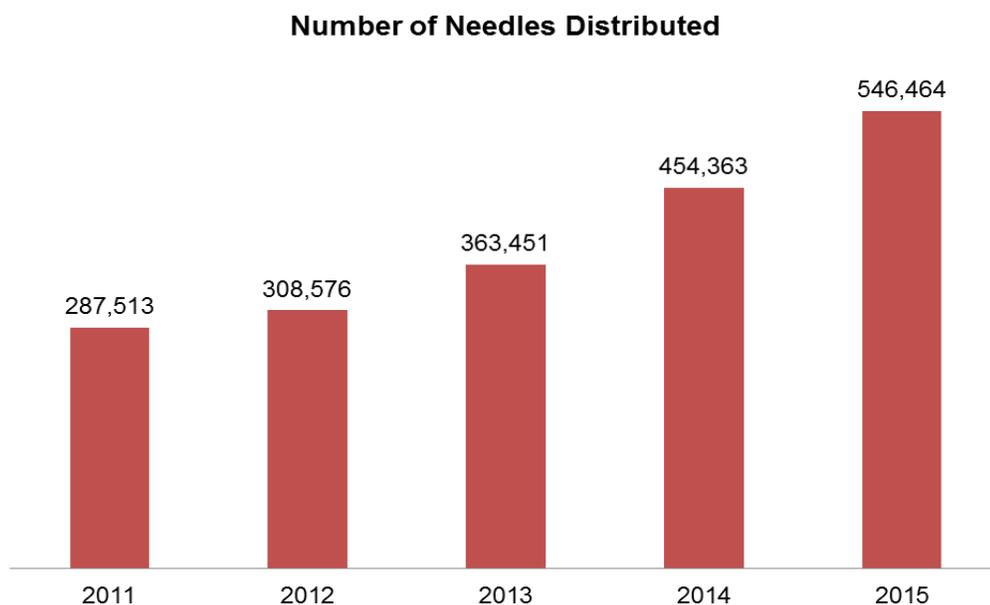
supplies, counselling, and referrals for testing, treatment, and referrals to other community services.

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 five community agencies:

- ROWPHE at their offices in Waterloo and Cambridge;
- AIDS Committee of Cambridge, Kitchener, Waterloo and Area (ACCKWA) at their Kitchener office;
- Cambridge Shelter Corporation at their main office/shelter site;
- oneROOF Youth Services; and
- Sanguen Health Centre.

ACCKWA and Sanguen Health Centre offer this service through their outreach activities. This includes Sanguen Health Centre's Community Health Van which commenced operation in late 2015. From 2011 to 2015, the needle syringe program has seen a steady increase in the number of needles distributed each year (Figure 9).

Figure 9. Number of needles distributed through the needle syringe program, Waterloo Region, 2011-2015



Source: Region of Waterloo Public Health and Emergency Services Sexual Health and Harm Reduction Program Data, Extracted November 7, 2016.

Clients who attended the needle syringe clinics were predominantly male (68.2 per cent). The average age of male clients was 36.5 years, and the average age of female clients was 33.4 years. Of all needle syringe contacts in 2015, 94 per cent were repeat clients. These findings are consistent with data from previous years.

## **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 in 2015 included<sup>19</sup>:

- ACCKWA
- ACT Team, Grand River Hospital Mental Health Team
- Cambridge Self-Help Food Bank
- Cambridge Youth Clinic
- Centre for Family Medicine – 3 locations
- Grand River Hospital – Freeport Site
- House of Friendship
- John Howard Society
- Kitchener Downtown Community Health Centre
- Langs Community Health Centre
- Ministry of Children and Youth Services
- Monica Ainslie Place
- Ontario Addiction Treatment Centres; (Park Street Methadone Clinic and King Street Location, both in Kitchener)
- oneROOF Youth Services
- SHORE Centre
- Towards Recovery Clinic
- Tri-Pride

## **6.3 Naloxone Distribution Program**

Naloxone is a prescription medication that has the ability to reverse the effects of an opioid (e.g. heroin) overdose, and the distribution of the medication is designed to reduce the number of preventable deaths due to opioid overdose. Since late 2013/mid-2014, Sanguen Health Centre and Region of Waterloo Public Health have offered naloxone to clients who have identified a history of past or current opioid use. In 2015, a total of 77 naloxone kits were handed out by Public Health<sup>20</sup>. This number is expected to grow as outreach activities continue to expand across Waterloo Region. Naloxone kits can be obtained from Public Health by appointment or by dropping into Public Health between the hours of 1:00 and 3:00pm on Fridays at both the Waterloo and Cambridge offices. Education and training about the kits is provided and coordinated by the Social Determinants of Health Public Health Nurse.

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<sup>19</sup> The availability of condoms at these locations may vary.

<sup>20</sup> This number includes kits handed out to new and repeat clients and also includes replacement kits that were provided to clients if they lost a kit.

Sanguen Health Centre also distributes naloxone kits through their outreach program. For more information on naloxone and overdose prevention initiatives, visit <http://www.regionofwaterloo.ca/en/regionalGovernment/resources/CS/SA2016-0412.pdf> and click on PHE-IDS-16-03 which can be found on page 3, item 5.4.

#### **6.4 Waterloo Region Integrated Drugs Strategy**

The Waterloo Region Integrated Drugs Strategy (WRIDS) is an initiative started by the Waterloo Region Crime Prevention Council and is now led by a community-based Steering Committee. The recommendations in the strategy are based on four pillars (harm reduction, prevention, recovery and rehabilitation, and enforcement and justice) strategically suited to creating change in Waterloo Region. Public Health, in collaboration with several community partners with experience and expertise in harm reduction, are working to implement the harm reduction-related recommendations in the Strategy. Collectively, the partners developed a harm reduction implementation plan for Waterloo Region. Overseeing implementation of the plan is the Harm Reduction Coordinating Committee.

#### **6.5 Harm Reduction Coordinating Committee**

The Harm Reduction Coordinating Committee (HRCC) consists of community members involved or affected by substance use and representatives from the following agencies: ACCKWA, Cambridge Shelter Corporation, the Kitchener Downtown Community Health Centre House of Friendship, Preventing Overdose Waterloo Wellington, Region of Waterloo Community Services, Sanguen Health Centre, St. Mary's Counselling, and Public Health. There are also four community members on the committee.

The purpose of the HRCC is to implement the harm reduction recommendations developed as part of the WRIDS. Of the 23 harm reduction-related recommendations, the HRCC prioritized three recommendations for implementation over the next three years. These include:

- Recommendation #39 – Expand harm reduction programs and services (increase access to services, disposal, initiate a range of harm reduction initiatives that support individuals who inject and/or inhale substances, etc.);
- Recommendation #45 – Increase public awareness of topics related to substance use; and
- Recommendation #51 – Develop and implement a harm reduction-specific strategy for the health care sector.

Work plans have been developed for recommendations #39 and #45 and have been approved by the HRCC and the WRIDS.

## 7.0 Future Directions

The Ontario Public Health Standards are currently under revision, which could result in the implementation of modifications or enhancements to current public health services (i.e. clinical services, case management, and health promotion) over the next few years.

The IDS program is evaluating the clientele accessing our clinical services and the overall needs in our community. This is part of a larger strategy to ensure appropriate focus on health promotion and programming for priority populations.

The Sexual Health Youth Strategy is reaching the end of its original timeframe and the community-based steering committee is considering next steps. The goals, objectives and focus areas of the strategy are being reviewed, and activities are being updated to reflect priorities going forward. Overall, work has been done in all three focus areas— access, education, and parents — and it is an opportune time to review the strategy as a whole and determine next steps.

Harm reduction programming will continue with a focus on overdose prevention and how to best expand harm reduction services across Waterloo Region. Overdose prevention activities will include programming in schools, expanding distribution of naloxone, developing a surveillance system to monitor overdosing trends in the region, and improving disposal of used needles in our communities.

Public Health continues to work with physicians, increasing access to free medication for sexually transmitted infections and ensuring appropriate treatment to gonorrhoea. This is of particular importance as there are growing numbers of antibiotic-resistant gonorrhoea worldwide. Combination therapies are now recommended to effectively treat the infection, as advised by Public Health Ontario.

## **8.0 Appendices**

### **8.1 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.

## **8.2 Appendix B**

### **Citations**

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<sup>i</sup> Region of Waterloo Public Health (2012). Reproductive, Maternal, and Infant Health in Waterloo Region: a Health Status Report. Waterloo, ON: Jessica Deming, Laura Armstrong, Mike Delorme, Stephen Drew, Lindsay Steckley, Amanda Tavares, and Jennifer Toews.

<sup>ii</sup> Region of Waterloo Public Health (2016). Data Request: Therapeutic Abortions. Waterloo, ON: Epidemiology and Health Analytics Team.

<sup>iii</sup> Toronto Public Health (2013). List of Reportable Diseases in Ontario. Toronto, ON.  
[http://www.toronto.ca/health/cdc/communicable\\_disease\\_surveillance/list\\_disease.htm](http://www.toronto.ca/health/cdc/communicable_disease_surveillance/list_disease.htm)

<sup>iv</sup> World Health Organization (2013). Ottawa Charter.  
<http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>