Preventing and Managing Sexually Transmitted Infections
McGill Annual Refresher Course for Family Physicians
December 4, 2019

Dr. Robert Carlin, MDCM, CCFP, FCFP
Assistant Professor, Department of Family Medicine, McGill University
CLSC Métro, GMF-U Village Santé, CIUSSS Centre-Ouest

Disclosure for Dr. Robert Carlin

- **Question 1:** Do you intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. “off-label” use of medication)?

  Yes, noted twice in presentation

- **Question 2:** Have you had an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization?

  No

Objectives for Workshop

Understand	Understand various forms of stigma and develop strategies to create inclusive spaces (approximately 15 minutes)
Develop	Develop skills to manage common STBBIs seen by the Family Physician in Montreal (approximately 30 minutes)
Understand	Understand prevention options available for HIV and other STBBIs (approximately 15 minutes)

Learners' Rights

- Participate
- Pass
- Privacy
- Respect
- Fun

Source: Exploring STBBIs and Stigma (Calgary Health and CPHA) https://www.cpha.ca/workshops-reducing-stbbi-related-stigma

Pre-Lecture Survey

- Would you consider yourself comfortable to extremely comfortable talking about sexual health? Not at all?
- Would you consider yourself comfortable to extremely comfortable talking about harm reduction strategies? Not at all?
- Would you consider yourself aware to extremely aware of STBBI treatment and prevention? Not at all?

Source: Exploring STBBIs and Stigma (Calgary Health and CPHA) https://www.cpha.ca/workshops-reducing-stbbi-related-stigma

A Few Definitions

- STBBIs – sexually transmitted and blood borne infections includes chlamydia, genital herpes, gonorrhea, hepatitis B, hepatitis C, HIV, human papillomavirus, syphilis, public lice, syphilis, trichomoniasis, and others

Source: Exploring STBBIs and Stigma (Calgary Health and CPHA) https://www.cpha.ca/workshops-reducing-stbbi-related-stigma

A Few Definitions

- Harm reduction – examples: condom distribution, education programs, naloxone programs, needle exchange programs, peer support programs, supervised injection facilities

- Sex-positivity – recognizes sexuality as a central to the human experience, attempts to remove some of the shame often associated with sexuality

Source: Exploring STBBIs and Stigma (Calgary Health and CPHA) https://www.cpha.ca/workshops-reducing-stbbi-related-stigma

A Few Definitions

- Trauma-informed care –
- “In trauma-informed services, safety and empowerment for the service user are central, and are embedded in policies, practices, and staff relational approaches. Service providers cultivate safety in every interaction and avoid confrontational approaches. Trauma-informed approaches are similar to harm-reduction-oriented approaches, in that they both focus on safety and engagement.”

Source: Trauma-informed practice guide, BC Provincial Mental Health and Substance Use Planning Council, 2013, available at http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

A Few Definitions

Trauma-informed care –

"A key aspect of trauma-informed services is to create an environment where service users do not experience further traumatization or re-traumatization (events that reflect earlier experiences of powerlessness and loss of control) and where they can make decisions about their treatment needs at a pace that feels safe to them."

Source: Trauma-informed practice guide, BC Provincial Mental Health and Substance Use Planning Council, 2013, available at http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

Short Exercise

- Think of the most important person in your life.
- Remember this name.
- Think of the three most important things in your life (i.e. activities, hobbies, pets).
- Remember these three things.

Source: Exploring STBBIs and Stigma (Calgary Health and CPHA) https://www.cpha.ca/workshops-reducing-stbbi-related-stigma

Talk to your neighbor - 2 min

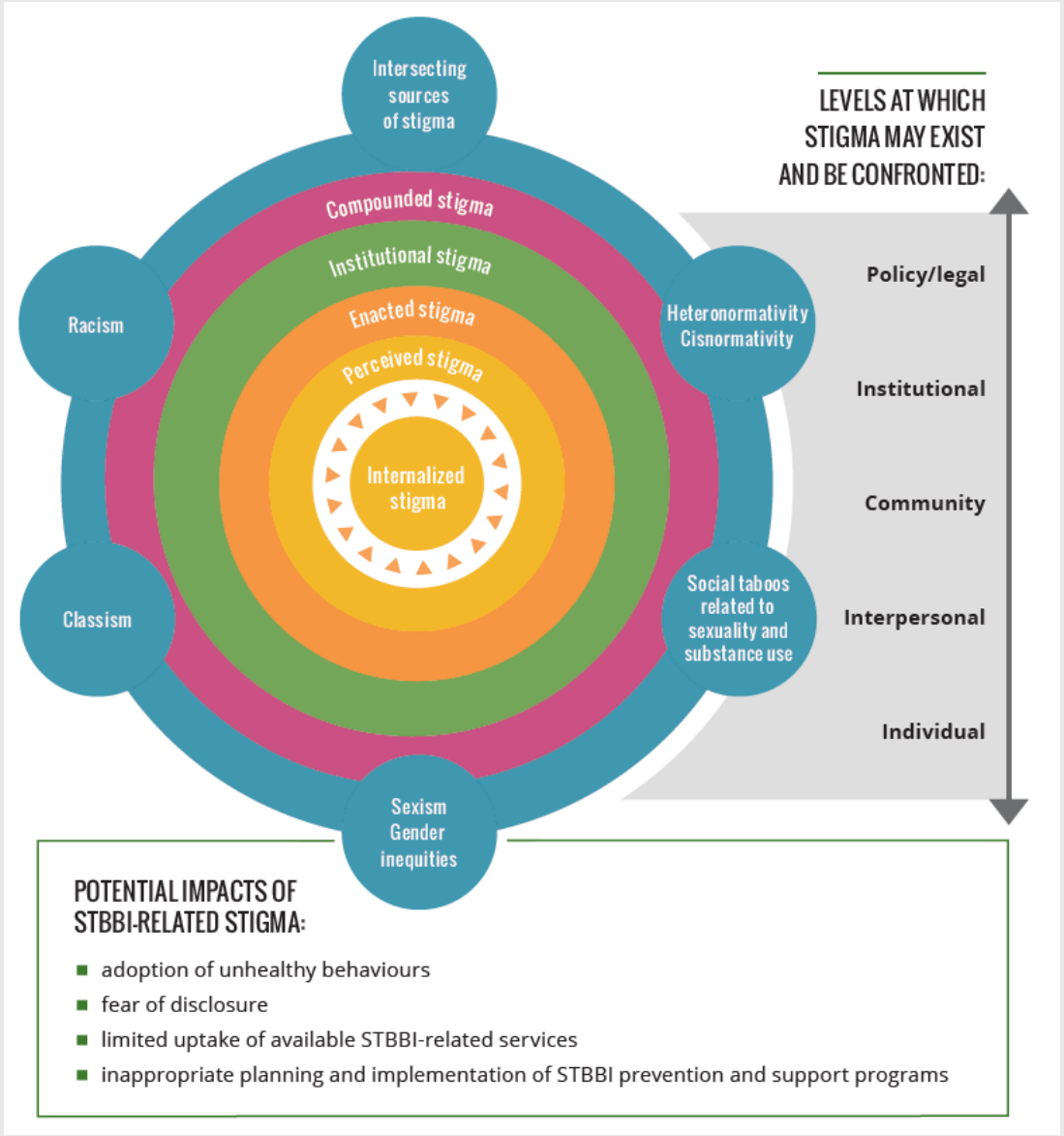
- Describe what you did this past weekend.
- You CANNOT mention the most important person and three most important things in your life.

Source: Exploring STBBIs and Stigma (Calgary Health and CPHA) https://www.cpha.ca/workshops-reducing-stbbi-related-stigma

How did you feel?

- What did you share?
- Do you feel that you got to know your neighbour?
- Did you accidentally talk about anything on your list? Did you feel stressed? Did you have to "police" what you said?
- Do you think that your patients censor themselves? Around gender identity, relationships, sexual orientation, sexual practice, substance use?

Source: Exploring STBBIs and Stigma (Calgary Health and CPHA) https://www.cpha.ca/workshops-reducing-stbbi-related-stigma



Source: Exploring STBBIs and Stigma (Calgary Health and CPHA) https://www.cpha.ca/workshops-reducing-stbbi-related-stigma

What can you do?

1. Clarify your values
2. Use correct terminology and inclusive language
3. Avoid assumptions (gender, orientation, sexual activity, knowledge)
4. Be aware of your body language
5. Respect your patients' right to privacy and confidentiality
6. Ensure patients understand limits to confidentiality
7. Consider your professional obligations
8. Create and maintain inclusive and affirming spaces

Source: Exploring STBBIs and Stigma (Calgary Health and CPHA) https://www.cpha.ca/workshops-reducing-stbbi-related-stigma

Inclusive Spaces

SEE:

What are some indicators within your workplace that would signify that it is an inclusive space for all people?

What are some barriers?

HEAR:

Is the language used within your workplace inclusive and respectful?

Is there space for private conversations?

FEEL:

How do people feel within your service setting?

How do you know?

Source: Exploring STBBIs and Stigma (Calgary Health and CPHA) https://www.cpha.ca/workshops-reducing-stbbi-related-stigma

Source: https://images.app.goo.gl/2EkEnGp5T8oqvbs16

Epidemiology

How many Quebecers are diagnosed with an STBBI each year?

What percentage of all MADOs (Maladies à déclaration obligatoire) in Québec are STBBI's?

Are any populations particularly at risk for STIs in Quebec?

Epidemiology

- 40 000 Quebecers receive a diagnosis of a STBBI that includes on of the following infections:
  - Chlamydia
  - Gonorrhea
  - Syphilis
  - Lymphogranuloma venereum
  - HIV (human immunodeficiency virus)
  - Hepatitis B and C

Source: MSSS - Infections transmissibles sexuellement et par le sang (ITSS) https://www.msss.gouv.qc.ca/professionnels/itss/infections-transmissibles-sexuellement-et-par-le-sang-itss/?statistiques

Epidemiology

75% of all MADOs in Quebec are STBBIs

Source: MSSS - Infections transmissibles sexuellement et par le sang (ITSS) https://www.msss.gouv.qc.ca/professionnels/itss/infections-transmissibles-sexuellement-et-par-le-sang-itss/?statistiques

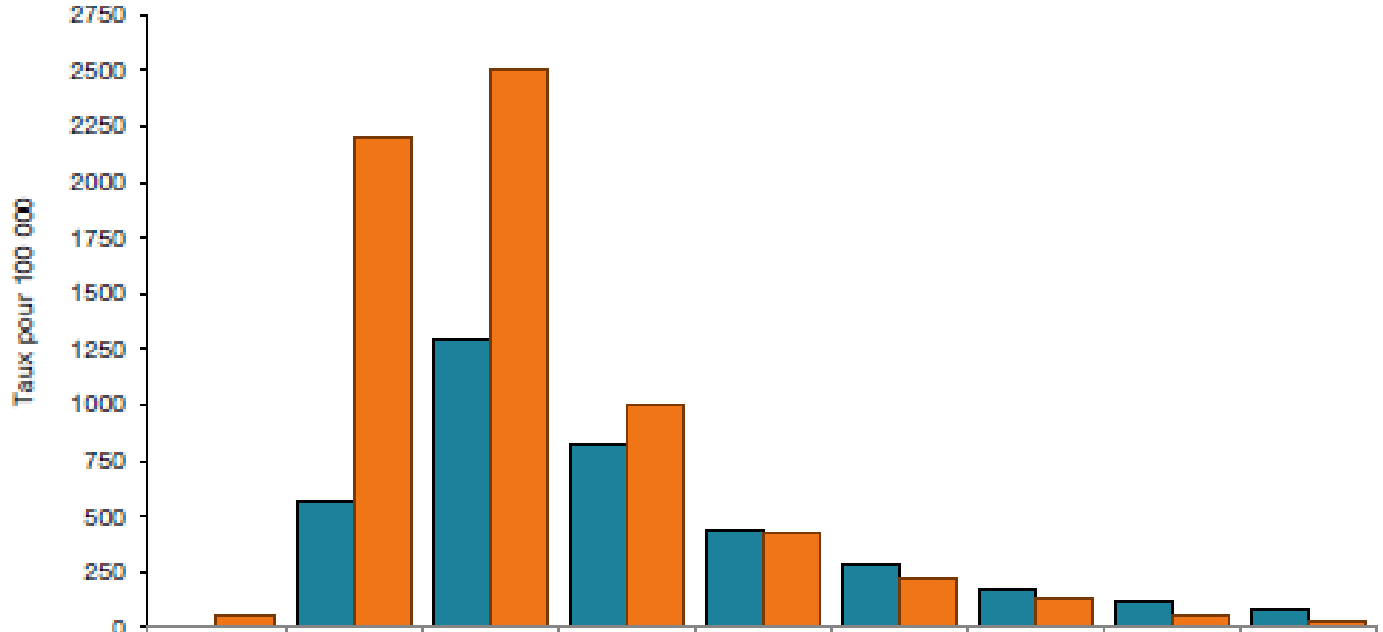
Epidemiology – Populations at Risk

- young people aged 15 to 24;
- young people in difficulty (for example, street youth);
- men who have sex with men;
- people who use drugs by injection or inhalation;
- persons who are incarcerated or have been imprisoned;
- people from a region where HIV infection is endemic;
- people who are indigenous;
- people who are sex workers;
- trans people.

Source: MSSS - Infections transmissibles sexuellement et par le sang (ITSS) https://www.msss.gouv.qc.ca/professionnels/itss/infections-transmissibles-sexuellement-et-par-le-sang-itss/?statistiques

CHLAMYDIA

Figure 2 **Infection à *Chlamydia trachomatis* : taux d'incidence des cas déclarés, selon l'âge et le sexe, Québec, 2017**



	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54
Hommes	4,3	568,1	1291,4	825,4	434,8	291,5	166,5	116,1	83,0
Femmes	58,1	2199,9	2506,9	1005,7	430,4	228,5	126,4	58,4	27,4

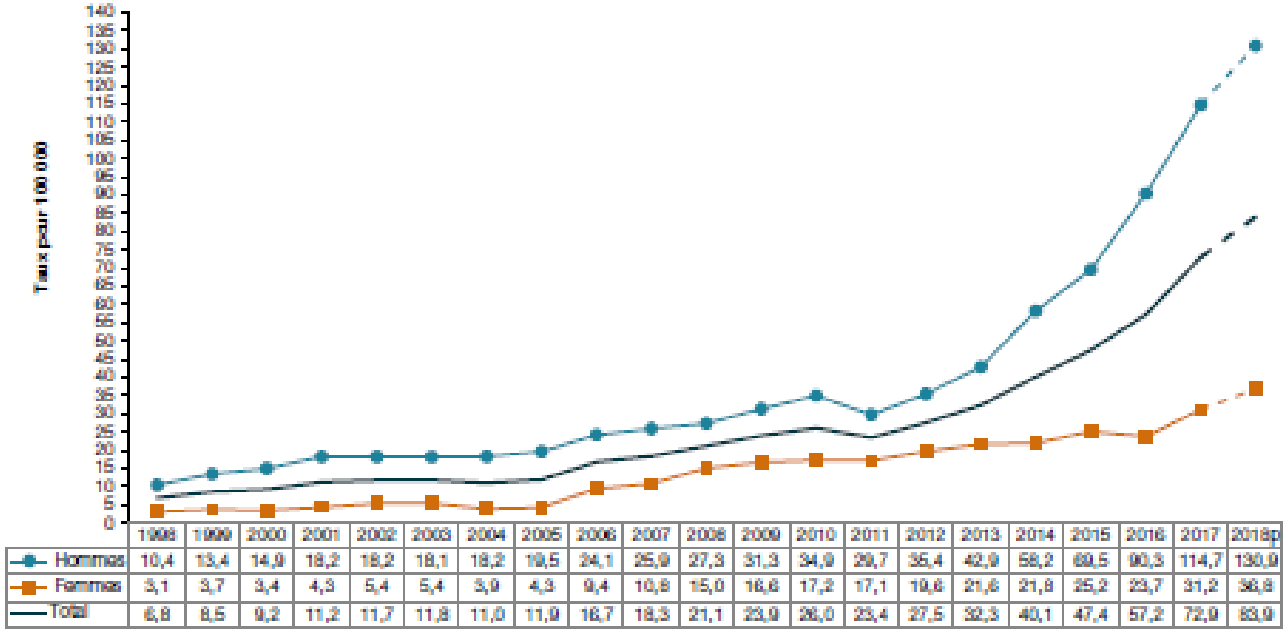
Notes : Taux exprimé pour 100 000 personnes.

Données extraites du Fichier des maladies à déclaration obligatoire (MADO).

Source: INSPQ - Portrait des infections transmissibles sexuellement et par le sang (ITSS) au Québec : année 2017 et projections 2018: https://www.inspq.qc.ca/publications/2471

GONORRHEA

Figure 5 **Infection gonococcique : taux d'incidence des cas déclarés selon le sexe, Québec, de 1998 à 2018p**



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018p
Hommes	10,4	13,4	14,9	18,2	18,2	18,1	18,2	19,5	24,1	25,9	27,3	31,3	34,9	29,7	35,4	42,9	58,2	69,5	90,3	114,7	130,9
Femmes	3,1	3,7	3,4	4,3	5,4	5,4	3,9	4,3	9,4	10,8	15,0	16,8	17,2	17,1	19,6	21,6	21,9	25,2	23,7	31,2	36,8
Total	6,8	8,5	9,2	11,2	11,7	11,8	11,0	11,9	16,7	18,3	21,1	23,9	26,0	23,4	27,5	32,3	40,1	47,4	57,2	72,9	83,9

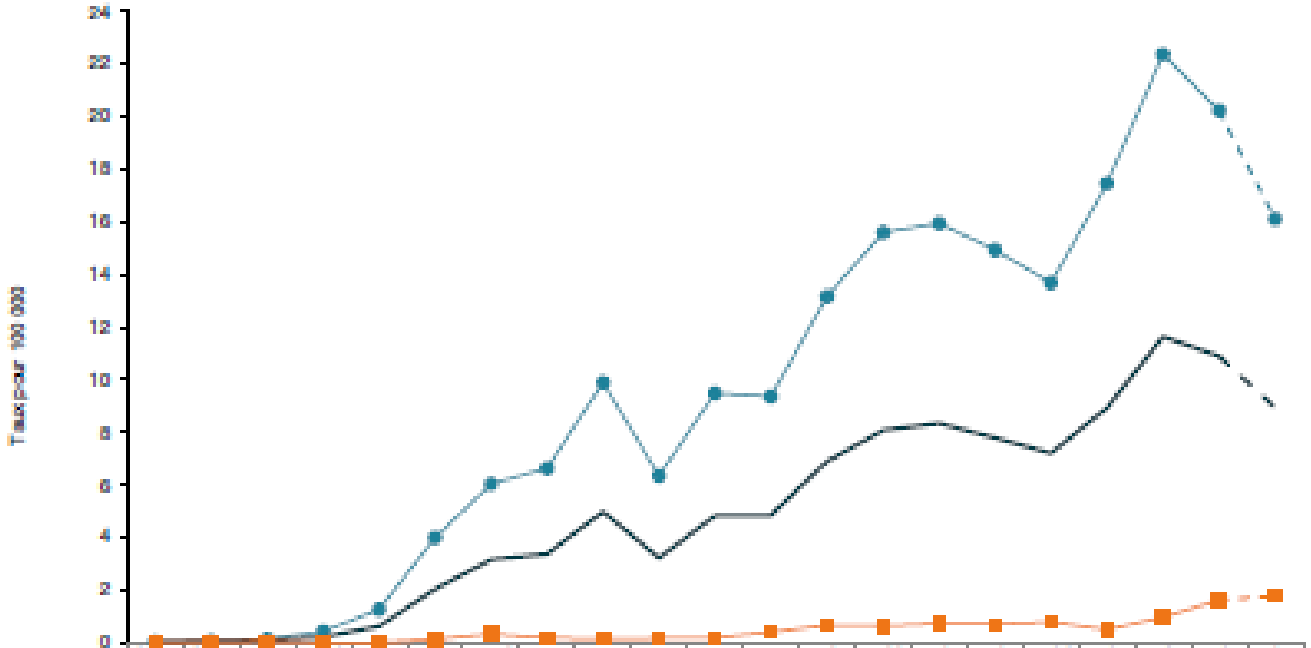
Notes : Taux exprimé pour 100 000 personnes. Pour 2018, il s'agit du taux projeté à partir du nombre de cas survenus au cours des 222 premiers jours de l'année CDC.

Données du Fichier des maladies à déclaration obligatoire (MADO).

Source: INSPQ - Portrait des infections transmissibles sexuellement et par le sang (ITSS) au Québec : année 2017 et projections 2018: https://www.inspq.qc.ca/publications/2471

SYPHILIS

Figure 9 **Syphilis infectieuse : taux d'incidence des cas déclarés, selon le sexe, Québec, de 1998 à 2018p**



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018p
Hommes	0,1	0,1	0,1	0,4	1,3	4,0	6,0	6,6	9,9	6,4	9,5	9,4	13,2	15,6	15,9	14,9	13,7	17,5	22,4	20,2	16,1
Sexes réunis	0,0	0,1	0,1	0,2	0,6	2,0	3,2	3,4	5,0	3,2	4,8	4,9	6,9	8,1	8,3	7,6	7,2	8,9	11,6	10,9	8,9
Femmes	0,0	0,0	0,1	0,0	0,0	0,1	0,3	0,2	0,2	0,2	0,2	0,4	0,7	0,6	0,7	0,7	0,8	0,5	1,0	1,6	1,8

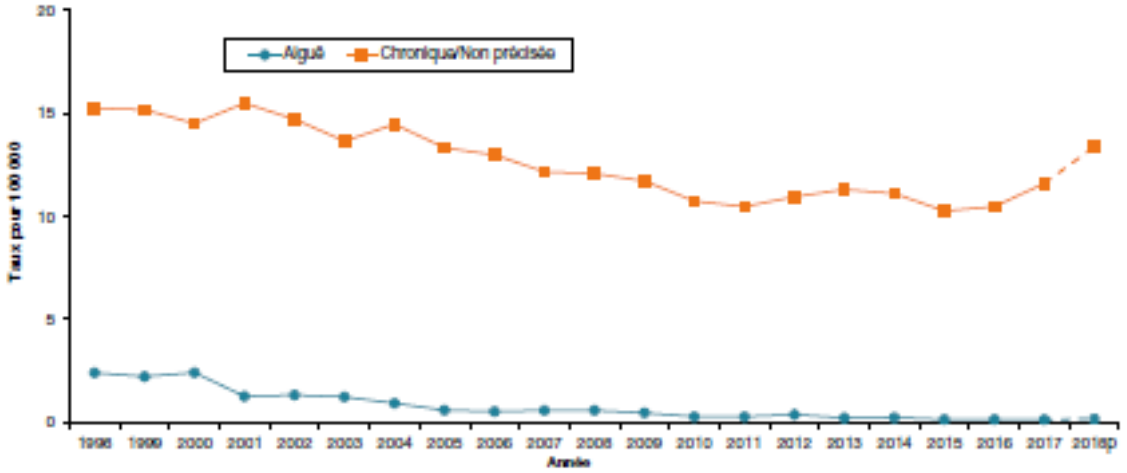
Notes : Taux exprimé pour 100 000 personnes. Pour 2018, il s'agit du taux projeté à partir du nombre de cas survenus au cours des 222 premiers jours de l'année CDC.

Comprend tous les cas de syphilis infectieuse (primaire, secondaire et latente de moins d'un an).

Données du Fichier des maladies à déclaration obligatoire (MADO)

Source: INSPQ - Portrait des infections transmissibles sexuellement et par le sang (ITSS) au Québec : année 2017 et projections 2018: https://www.inspq.qc.ca/publications/2471

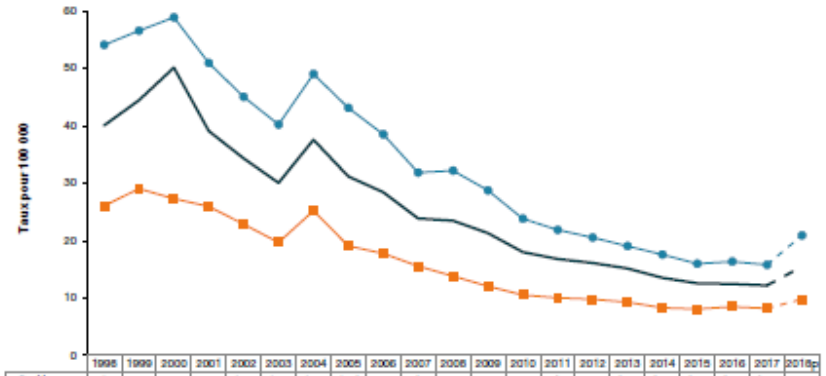
Figure 18 **Hépatite B (aiguë, chronique et non précisée) : taux brut d'incidence des cas déclarés, Québec, de 1998 à 2018p**



Notes : Taux exprimé pour 100 000 personnes. Pour 2017, il s'agit du taux projeté à partir du nombre de cas survenus au cours des 222 premiers jours de l'année.

Données extraites du Fichier des maladies à déclaration obligatoire (MADO).

Figure 19 **Hépatite C : taux d'incidence des cas déclarés, selon le sexe, Québec, de 1998 à 2018p**



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018p
Hommes	54,0	56,5	58,9	50,9	45,0	40,2	49,0	43,1	38,5	31,6	32,2	26,7	23,6	21,9	20,5	19,0	17,6	16,0	16,3	15,8	20,9
Femmes	26,0	29,0	27,3	25,9	22,8	19,7	25,2	19,1	17,7	15,6	13,6	12,1	10,5	10,0	9,6	9,3	8,3	8,1	8,5	8,2	9,8
Total	40,0	44,4	50,1	39,1	34,3	30,0	37,5	31,2	28,4	23,9	23,4	21,3	18,0	16,8	16,1	15,1	13,5	12,6	12,5	12,2	15,5

Notes : Taux exprimé pour 100 000 personnes. Pour 2017, il s'agit du taux projeté à partir du nombre de cas survenus au cours des 222 premiers jours de l'année CDC.

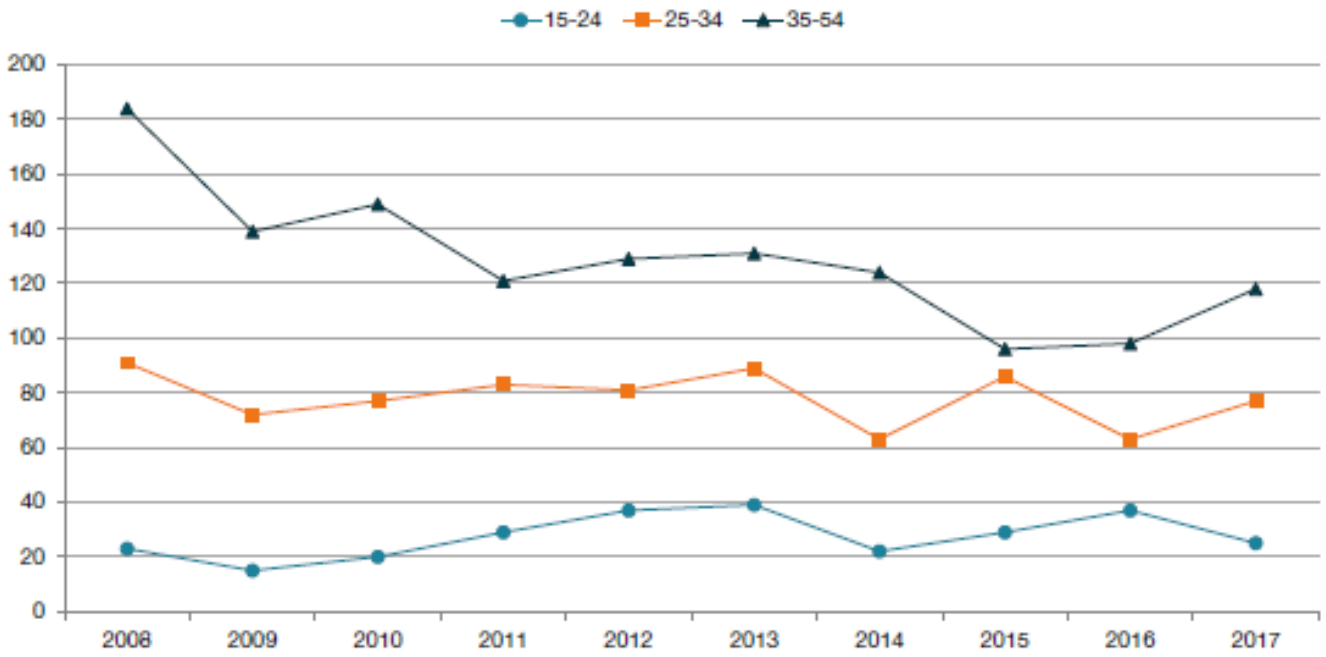
Données du Fichier des maladies à déclaration obligatoire (MADO).

Source: INSPQ - Portrait des infections transmissibles sexuellement et par le sang (ITSS) au Québec : année 2017 et projections 2018: https://www.inspq.qc.ca/publications/2471

HEPATITIS B AND HEPATITIS C

HIV

Figure 23 **Infection par le VIH : nombre de nouveaux diagnostics selon les groupes d'âge, chez les hommes de 15 à 54 ans, Québec, de 2008 à 2017**



Données provisoires tirées du Programme de surveillance du VIH au Québec (INSPQ), octobre 2018.

Source: INSPQ - Portrait des infections transmissibles sexuellement et par le sang (ITSS) au Québec : année 2017 et projections 2018: https://www.inspq.qc.ca/publications/2471

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Clinical Apps and Websites

- https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections.html
- https://www.inesss.qc.ca/nc/en/publications/publications/publication/guides-dusage-optimal-sur-le-traitement-pharmacologique-des-itss-mise-a-jour-condylomes-mars-201.html

Case # 1 Part A

- L. K. (age 22) presents with dysuria, urethral discomfort, and urethral discharge. There are no symptoms of urinary frequency, hematuria, or other urinary symptoms.
  - What is your diagnosis?
  - What are possible organisms involved?
  - What testing is available and should be done?
  - What treatment and recommendations should be offered?

Urethritis

- What are possible organisms involved?
  - chlamydia, gonorrhea
  - if testing results are negative and symptoms persist, consider *Mycoplasma genitalium* or *Trichomonas vaginalis*
- What testing is available and should be done?
  - NAAT (nucleic acid amplification test)
    - sites (urine, +/- pharyngeal, rectal according to exposure)
  - gram stain and culture from urethral swab

Sources: https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections.html
https://www.inesss.qc.ca/nc/en/publications/publications/publication/guides-dusage-optimal-sur-le-traitement-pharmacologique-des-itss-mise-a-jour-condylomes-mars-201.html

Urethritis

- What treatment and recommendations should be offered?

1ST CHOICE:

cefixime 800 mg PO in a single dose OR ceftriaxone 250 mg IM in a single dose (latter preferred if male sexual partners)

AND

azithromycin 1 g PO in a single dose

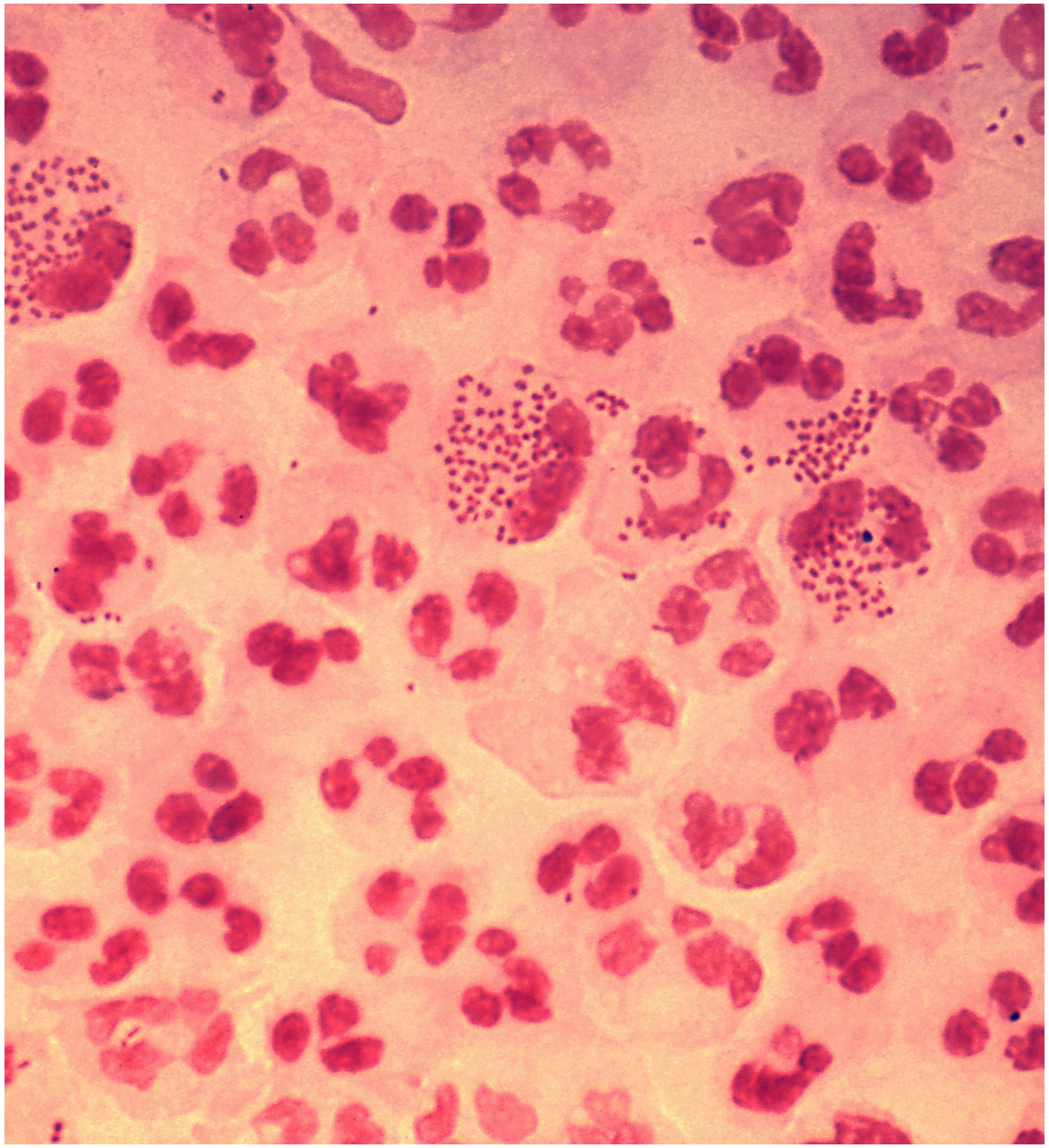
Code K (free medication)

Sources: https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections.html
https://www.inesss.qc.ca/nc/en/publications/publications/publication/guides-dusage-optimal-sur-le-traitement-pharmacologique-des-itss-mise-a-jour-condylomes-mars-201.html

Urethritis

- What treatment and recommendations should be offered?
  - abstain from sexual contact for 7 days AND until symptoms resolve (barrier method for ALL sexual activities as alternative, if concerns about adherence to abstinence)
  - discuss partner notification
  - offer further screening
  - review vaccination status

Sources: https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections.html
https://www.inesss.qc.ca/nc/en/publications/publications/publication/guides-dusage-optimal-sur-le-traitement-pharmacologique-des-itss-mise-a-jour-condylomes-mars-201.html



Case # 1, Part B

- L. K. (age 22) NAAT (urinary sample) result is positive for both chlamydia and gonorrhea. Culture is positive for gonorrhea with resistance to ciprofloxacin, but not cephalosporins. A rectal and throat swab are negative.
  - Would you change your treatment?
  - What partner follow-up is recommended?

Source: https://commons.wikimedia.org/wiki/File:Gonococcal_urethritis_PHIL_4085_lores.jpg#/media/File:Gonococcal_urethritis_PHIL_4085_lores.jpg

Urethritis: gonorrhea & chlamydia

- Would you change your treatment?
  - No, but this needs to be declared as a MADO at this point.

- What partner follow-up is recommended?
  - support with partner notification
    - explain reason for partner notification
    - identify partners to notify
    - prepare the person to notify their partners
    - intervene for patient unable to notify their partners

*** confidential and anonymous ***

Source: https://publications.msss.gouv.qc.ca/msss/fichiers/2019/19-308-07W.pdf; https://publications.msss.gouv.qc.ca/msss/fichiers/2014/14-328-01A.pdf

Contact: gonorrhea & chlamydia

- assessment, screening, and preventive treatment

- if asymptomatic …

1ST CHOICE:

cefixime 800 mg PO in a single dose (if no oral exposure) OR ceftriaxone 250 mg IM in a single dose (consider po, if oral exposure and throat specimen for NAAT & culture done)

AND

azithromycin 1 g PO in a single dose

code L (free medication); code M (accelerated treatment)

Sources: https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections.html
https://www.inesss.qc.ca/nc/en/publications/publications/publication/guides-dusage-optimal-sur-le-traitement-pharmacologique-des-itss-mise-a-jour-condylomes-mars-201.html

Contact: gonorrhea & chlamydia

Testing in an asymptomatic partner for chlamydia (CT) and gonorrhea (NG):

	CT – Prélèvement chez un partenaire asymptomatique		NG – Prélèvement chez un partenaire asymptomatique			
	♀	♂	♀		♂	
Exposition \ **Analyse**	**TAAN**		**Culture**	**TAAN**	**Culture**	**TAAN**
Génitale	1er choix : vaginal 2e choix : endocervical 3e choix : urinaire	urinaire	endocervical	1er choix : vaginal 2e choix : endocervical 3e choix : urinaire	urétral	urinaire
Anale	rectal		rectal			
Orale	aucun prélèvement recommandé		pharyngé			

Source: https://publications.msss.gouv.qc.ca/msss/fichiers/2019/19-308-10W.pdf

Contact: gonorrhea & chlamydia

Expedited partner treatment (EPT) / Traitement accéléré des partenaires (TAP):

- THREE conditions:
  - after discussion with patient infected, appears unlikely that contact will consult for clinical assessment
  - no contraindications to EPT
  - patient infected able to give treatment and information to contact without compromising personal safety
- Exclusions:
  - Chlamydia (LGV, rectal infections, known allergy, partner known to have symptoms, partner less than 14 years, preferred treatment is not single dose oral)
  - Gonorrhea (resistant strain, oral exposure for partner, known allergy, partner known to have symptoms, partner less than 14 years, preferred treatment is not single dose oral)
- Last choice for pregnant women and male-to-male transmission

Sources: https://publications.msss.gouv.qc.ca/msss/fichiers/2019/19-328-03W.pdf

Follow-up: gonorrhea & chlamydia

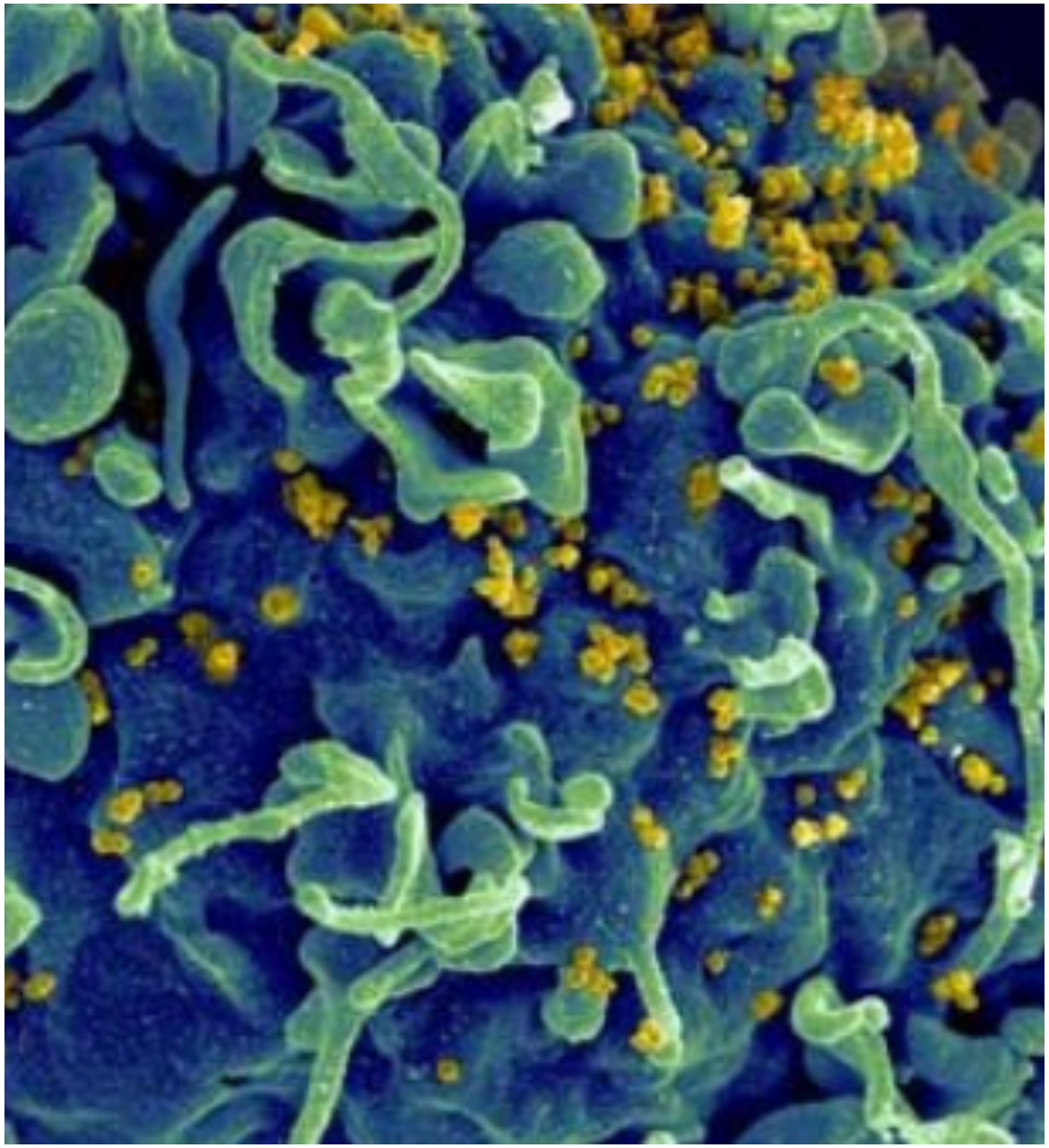
- Is a test of cure recommended?
  - Chlamydia – persistence of symptoms or signs, pregnancy, adherence issues, alternative treatment, rectal infection treated with azithromycin, LGV genotype

    NAAT 3 weeks after END of treatment
  - Gonorrhea - persistence of symptoms or signs, pregnancy, adherence issues, alternative treatment even if sensitive, any pharyngeal, known resistance to treatment (or in partner)

    Pharyngeal: culture 3 days to 2 weeks after END of treatment or NAAT and culture 2 weeks after END of treatment

    Non-pharyngeal: NAAT and culture 2 weeks after END of treatment; culture with NAAT, if persistent symptoms

Sources: https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections.html; https://www.inesss.qc.ca/nc/en/publications/publications/publication/guides-dusage-optimal-sur-le-traitement-pharmacologique-des-itss-mise-a-jour-condylomes-mars-201.html



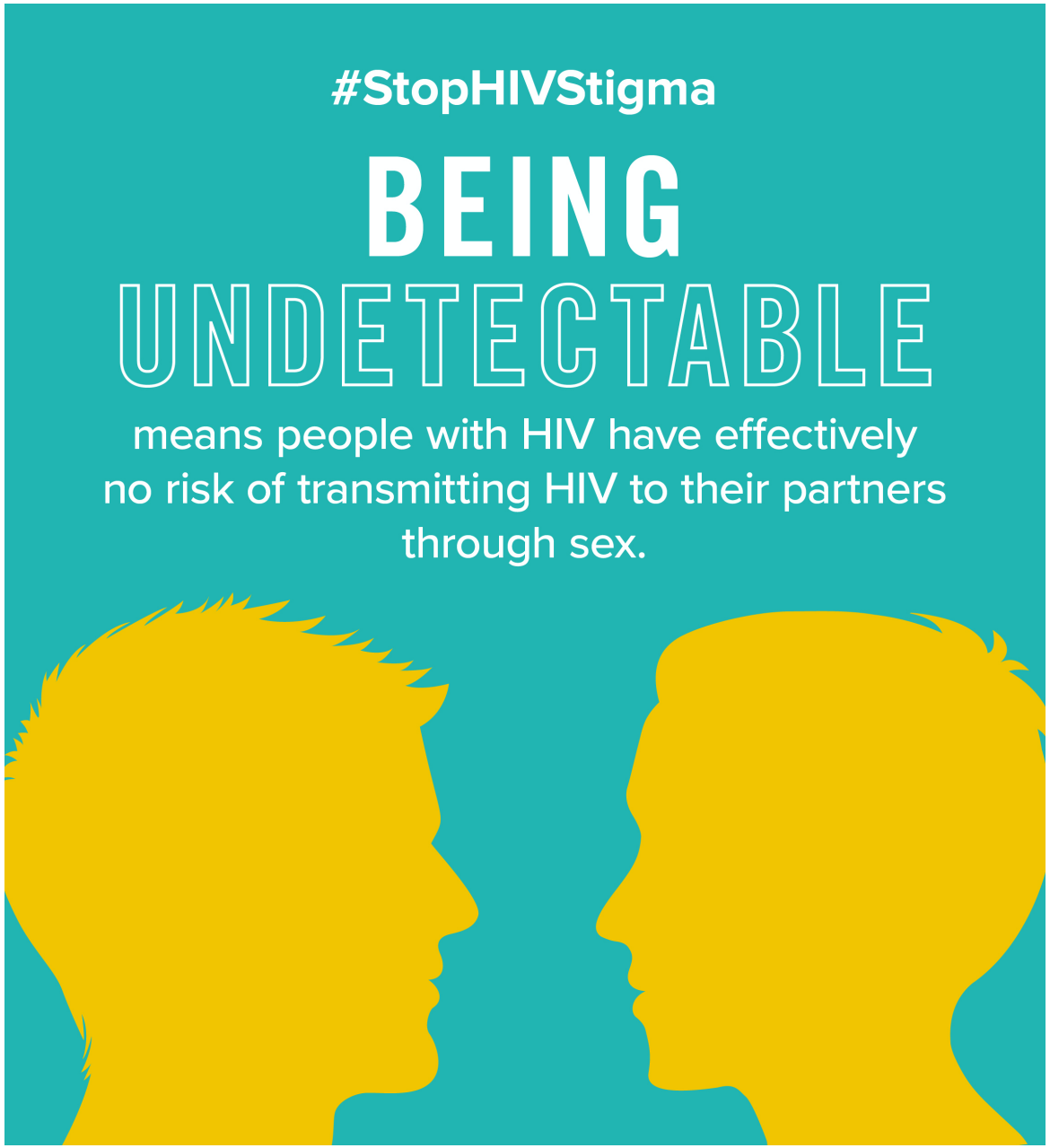
HIV – U.S. Survey … 2019

41% of HIV-negative 18-22-year old individuals said they are “not at all” or “only somewhat” informed about HIV.

More than a quarter of HIV-negative 23–36-year old individuals avoided hugging or talking to an HIV-positive person.

30% said they would prefer not to interact socially with someone living with HIV.

Source: Survey of young adults uncovers stigma and low knowledge surrounding HIV. https://www.id-hub.com/2019/11/25/survey-young-adults-uncovers-stigma-low-knowledge-surrounding-hiv/



Source: https://www.cdc.gov/hiv/risk/art/index.html

U=U

- Testimonials of people living with HIV
- https://youtu.be/vqzEvIpxaRs

- CATIE video – Can't Pass It On
- https://youtu.be/mfBI4mbazTk

PrEP (Pre-exposure Prophylaxis)

- **U.S. Preventive Services Task Force (USPSTF) 2019**

- recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to patients at high risk of HIV acquisition (A recommendation)

- **Health Canada Overall Benefit-Risk Assessment 2016**

- Once-daily oral Truvada, taken as part of a comprehensive risk-reduction program, significantly reduced new HIV-1 acquisitions compared with placebo in populations of high-risk MSMs and in sero-discordant heterosexual couples. The totality of the data supports the conclusion that the benefits of Truvada for PrEP outweigh the risks. The decision to prescribe Truvada for the prevention of sexual acquisition of HIV infection should carefully weigh the individual's risks for acquiring HIV, their understanding of the importance of adherence to medication, and their potential for development of renal or bone toxicity.

- **Experiences and needs of Canadian men-who-have-sex-with-men, 2017 survey results (CCDR 2019)**

- The gap between the proportion of men who were interested in PrEP (50%-60%) and those who actually used it (10.5%-12.5%) is significant and comprehensive STBBI testing was low.

Sources: https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis; https://hpr-rps.hres.ca/reg-content/regulatory-decision-summary-detail.php?lang=en&linkID=RDS00107; https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2019-45/issue-11-november-7-2019/article-1-canadian-men-who-have-sex-with-men-survey-results.html

Cases #5

- Q. T. has sought post-exposure prophylaxis at a nearby sexual health clinic after several “accidents” involving unprotected anal sex with casual partners.
  - Is PrEP recommended?
- Y. U. is in a closed relationship with an HIV+ partner who has regular medical follow-up and viral load less than 40 copies/ml. Neither partner have had any recent sexually transmitted infections. They have not used any drugs other than cannabis and alcohol in the past 5 years. They use condoms for anal sex.
  - Is PrEP recommended?
- https://wwwn.cdc.gov/hivrisk/estimator.html#-mb|rai.con.prep.art

PrEP Indications

- Men who have sex with men (MSM) (*strong recommendation; high quality of evidence*) and transgender women (*strong recommendation; moderate quality of evidence*), who report condomless anal sex within the last six months and who have any of the following:
  - Infectious syphilis or rectal bacterial sexually transmitted infection (STI), particularly if diagnosed in the preceding 12 months;
  - Recurrent use of nonoccupational post-exposure prophylaxis (nPEP) (more than once);
  - Ongoing sexual relationship with HIV-positive partner with substantial risk of transmissible HIV; or
  - High-incidence risk index (HIRI)-MSM risk score ≥11.

- PrEP is not recommended in the context of a stable closed relationship with a single partner with no or negligible risk of having transmissible HIV (*strong recommendation; moderate quality of evidence*).

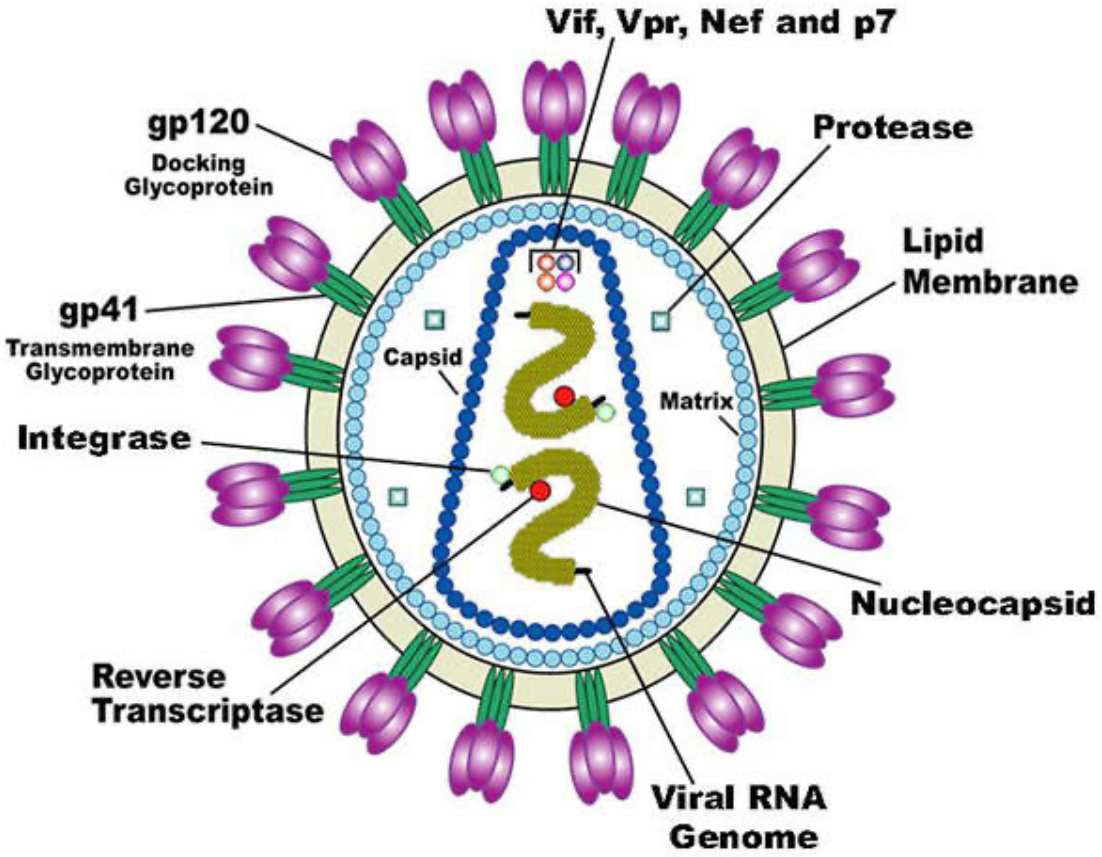
Sources: https://www.cmaj.ca/content/cmaj/189/47/E1448.full.pdf

PrEP Indications

- Heterosexual exposure
  - Recommend PrEP for the HIV-negative partner in heterosexual serodiscordant relationships reporting condomless vaginal or anal sex where the HIV-positive partner has a substantial risk of having transmissible HIV (*strong recommendation; high quality of evidence*).
  - PrEP may be considered for the HIV-negative partner in heterosexual serodiscordant relationships reporting condomless vaginal or anal sex, where the HIV-positive partner has a low but non-negligible risk of having transmissible HIV (*weak recommendation; moderate quality of evidence*).

- People who inject drugs (PWID) exposure (off label)
  - PrEP may be considered for PWID if they share injection drug use paraphernalia with a person with a non-negligible risk of HIV infection (*weak recommendation; moderate quality of evidence*).

Sources: https://www.cmaj.ca/content/cmaj/189/47/E1448.full.pdf



Sources: https://www.clinicaltrialsarena.com/projects/truvada-prevention-hiv/

PrEP Treatment

- Regimen for use as PrEP:
  - tenofovir disoproxil fumarate/ emtricitabine (TDF/FTC) 300/200 mg once daily (*strong recommendation; high quality of evidence*).
- As an alternative,
  - TDF/FTC 300/200mg administered “on demand”(two pills taken together 2 to 24 hours before first sexual exposure, followed by one pill daily until 48 hours after last sexual activity) may be considered in MSM (*weak recommendation; high quality of evidence*).

Sources: https://www.cmaj.ca/content/cmaj/189/47/E1448.full.pdf

PrEP Monitoring

- Baseline:
  - serology HIV, hepatitis A, hepatitis B, hepatitis C, syphilis; screening for gonorrhea and chlamydia; complete blood count; ALT; creatinine; urinalysis; +/- pregnancy
- 30 days (if symptomatic or abnormal at baseline):
  - serology HIV; creatinine
- Every 3 months:
  - serology HIV, syphilis; screening for gonorrhea and chlamydia; creatinine; +/- pregnancy
- Always:
  - indication, adherence, other prevention strategies, symptoms of seroconversion

Sources: https://www.cmaj.ca/content/cmaj/189/47/E1448.full.pdf

PEP (off label)

- Within 72 hours of a moderate or a high risk exposure with a person who has a substantial risk of having transmissible HIV (consider for low but non-negligible risk)
- Two nucleoside reverse transcriptase inhibitors:
  - TDC/FTC 300/200 mg po once daily (preferred)
- Third agent:
  - raltegravir 400mg po twice daily (strong recommendation)

Sources: https://www.cmaj.ca/content/cmaj/189/47/E1448.full.pdf

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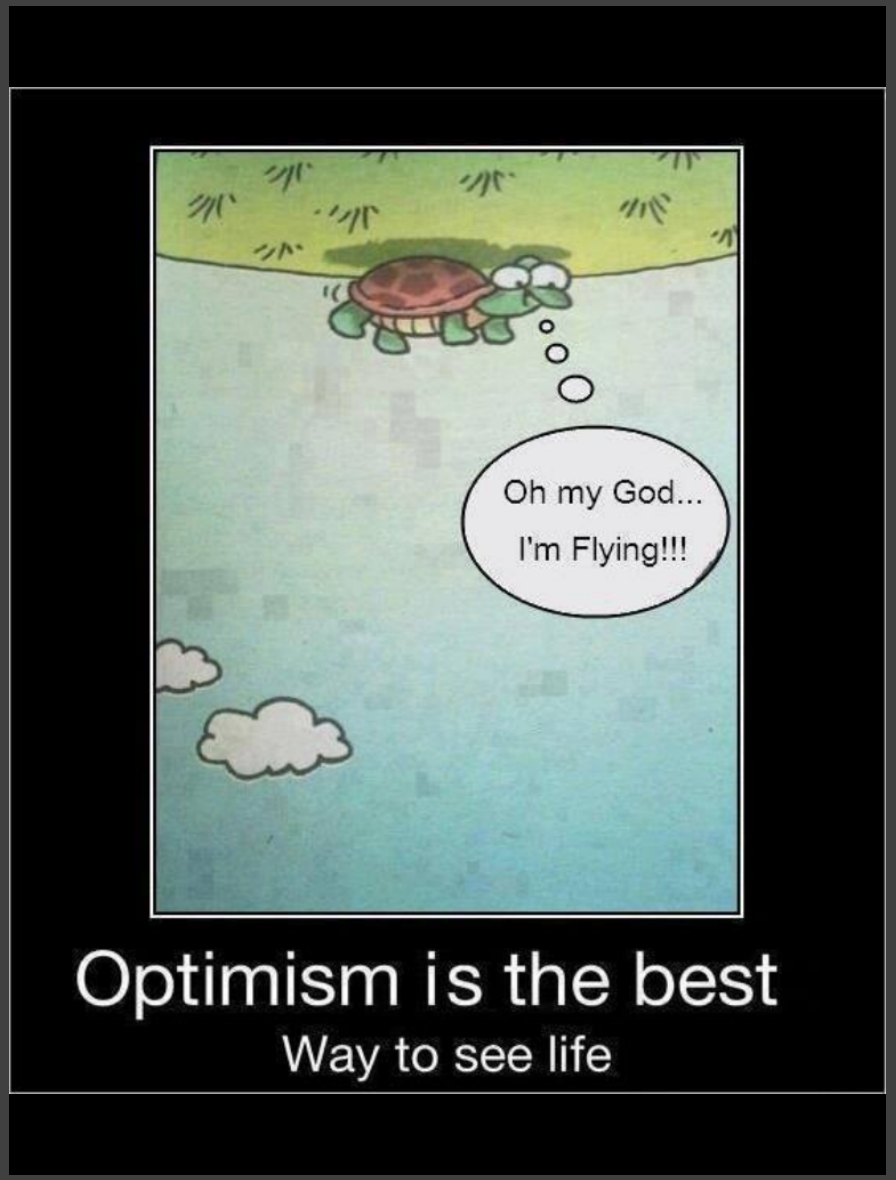

Sources: https://images.app.goo.gl/tUpK3Wi6Vm77a5Zi6

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