



My Sexual Wellness Guide: **For Indigenous Youth** Living in Prince Albert, Saskatchewan

Prince Albert Métis Women's Association Inc
Communities, Alliances & Networks





Acknowledgements

In partnership, CAAN Communities, Alliances & Networks and the Prince Albert Métis Women's Association (PAMWA) created a knowledge bundle around STBBIs and sexual wellness. CAAN is located on Treaty 4 Traditional Territory in Saskatchewan - the original lands of the Cree, Ojibwe (OJIB-WĒ), Saulteaux (SO-TO), Dakota, Nakota, Lakota, and the homeland of the Métis Nation. PAMWA is also located in Saskatchewan on Treaty 4 Traditional Territory of the Cree and Dene peoples, and the homeland of the Métis Nation. Our knowledge bundle is a product of the CAAN's Keeping Our Fires Project offering culturally safe and stigma-free education around

STBBI prevention, testing, treatment, care and support. Production of this sexual wellness guide has been made possible through funding from the Public Health Agency of Canada (PHAC). The views expressed herein do not necessarily represent the view of the Public Health Agency.

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Indigenous Determinants of Health

Stigma and discrimination are one of the many barriers to healthcare.

The historical trauma and ongoing effects of colonialism have contributed to socioeconomic disparities, posing as a barrier to employment, housing, education, and healthcare. Additionally, geographical isolation and environmental factors pose a challenge to accessible healthcare facilities and resources around prevention, testing, treatment, and ongoing care and support. With the healthcare system being rooted in Western knowledge, there are barriers to culturally appropriate care or healing practices and a history of mistrust. Not to mention, the COVID-19 pandemic has impacted the accessibility and demand to all services increasing the risk of transmission and rates, leading to vulnerability to HIV, HCV, and STBBIs.

However, there are Indigenous-led initiatives and responses with communities across the country aimed at addressing these social determinants of health. These initiatives demonstrate empowerment, strength, and resiliency while promoting (w)holistic health and well-being through Indigenous Ways of Knowing and Doing.

Let's talk about stigma and discrimination!

Stigma and **discrimination** are a set of negative attitudes and false beliefs rooted in old myths and misconceptions, biases, and lack of knowledge around transmission, symptoms, treatments, and possible cures. It can contribute to isolation, despair, fear of disclosure, and possibly internalized stigma and self-shame. These attitudes and beliefs can take form in:

- Judging someone's morals and actions.
- Stereotyping a certain demographic of people.
- Negative language, names, and comments.
- Socially isolating a family member and/or community member.
- Refusal of casual contact.
- A health care provider breaching
- Confidentiality or refusing to provide care.



 VIDEO

Scan the QR code to watch *A Positive Life Starts With You's "The Stigma Around HIV"* YouTube Video

Reflection Activity



With the guide of cultural traditions and values, how can you create a safe space for a friend/community member living with sexually transmitted and blood borne infections (STBBIs)?

Share your ideas below.

Human Immunodeficiency Virus (HIV)

What is HIV
(Human Immunodeficiency virus)?

H = **Human**
HIV is a virus that can be spread through human bodily fluids.

I = **Immunodeficiency**
It weakens your immune system by destroying important cells that can fight diseases and infections.

V = **Virus**
It is a bug that can reproduce itself using a cell in a person's body. HIV replicates inside the body.



There are 3 stages of HIV:

1. Acute infection: flu-like symptoms may be present as there is a large viral load in the blood and is transmittable;
2. Chronic infection: the continued increase of viral loads and is transmittable;
3. Acquired Immunodeficiency Syndrome (AIDS): the most severe stage where the viral load is high badly damaging the immune system and other serious illnesses and infections may be present.

***i* DID YOU KNOW?**

Viral load is the measurement of the amount of HIV in a person's blood which is measured in copies per millilitre (copies/ml).

Statistics about HIV in Canada

i According to the PHAC's HIV in Canada, Surveillance Report to December 31, 2020, it was estimated that around **62,790** Canadians were living with HIV. About **6,472** identified as Indigenous (First Nations, Métis, or Inuit). **One-third** of new cases among Indigenous people identified as female.

i Saskatchewan had the highest number of new HIV infections compared to other provinces and territories in Canada. The highest number of new infections was found among people who injected drugs (**60%**), followed by people who identified as heterosexual (**28%**). The remaining reported cases (**6.5%**) were gay, bisexual, and other men-who-have-sex-with-men (gbMSM).

i According to CATIE, 82 First Nations communities reported that 88% of community members were diagnosed with HIV and on treatment. 78% of community members on treatments have achieved viral suppression. Today, the HIV rates in Canada continue to rise and remain a concern.

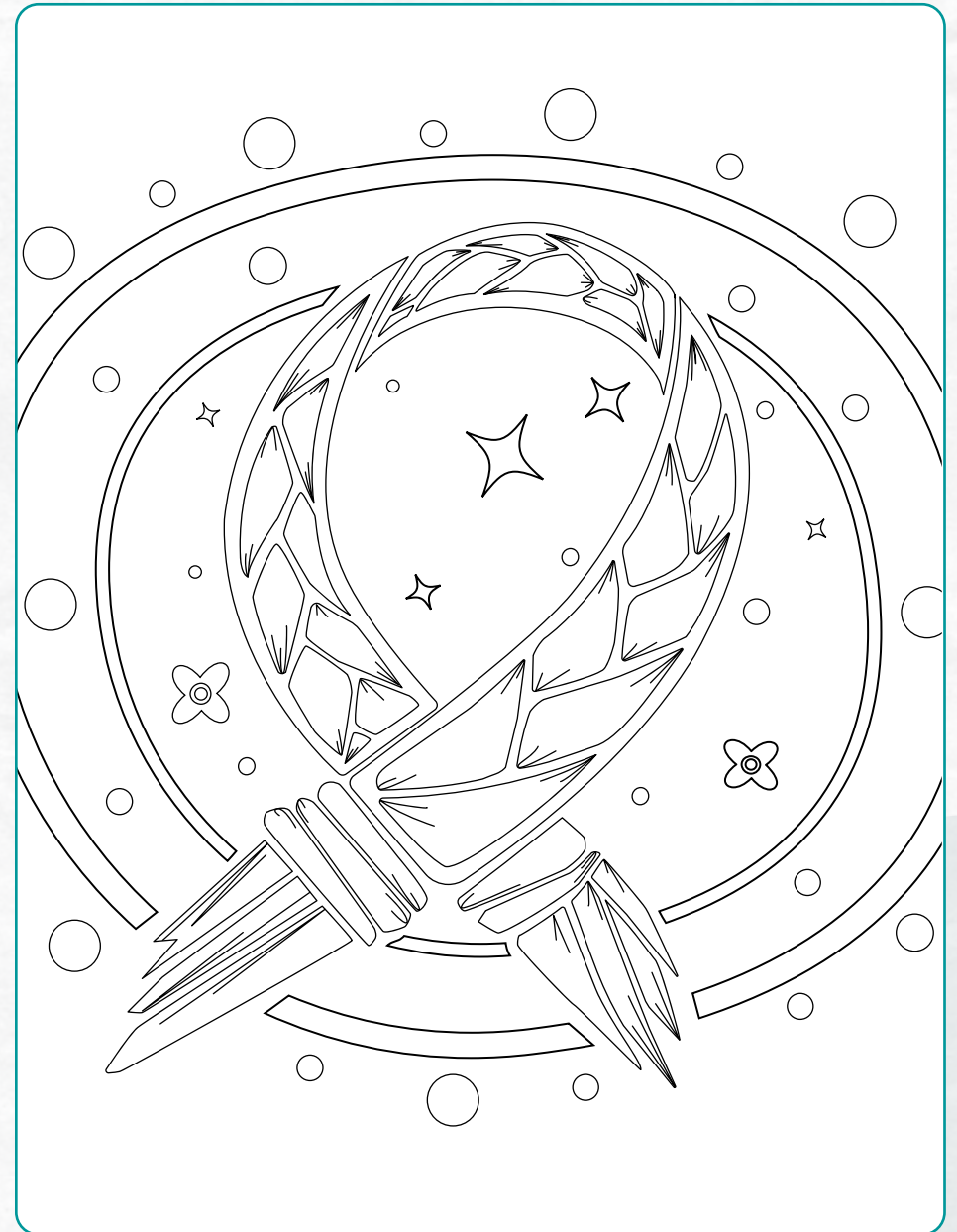
? WHAT IS VIRAL SUPPRESSION?

Viral suppression means the reduction of HIV to an undetectable or low viral load through treatment known as antiretroviral therapy (ART).

📖 RESOURCE

To learn more, check out CATIE's [The Epidemiology of HIV in Canada](https://catie.ca/the-epidemiology-of-hiv-in-canada) at catie.ca/the-epidemiology-of-hiv-in-canada

Colouring Activity



HIV Transmission

i HIV can be transmitted through 5 bodily fluids:

Semen (pre-cum), vaginal fluid, rectal fluid, blood, and breast milk if they enter the bloodstream or of the wet linings (vagina, rectum, and foreskin), wounds, and small cuts during intercourse on the vagina or rectum.

i It can be passed through:

Unprotected sexual intercourse, pregnancy, birth, breastfeeding, sharing needles (for injection drug use, piercings, tattoos, acupuncture), sharing razors, and sharing other drug equipment.

i Many myths around HIV create stigma.

It *cannot* be transmitted from being near someone with HIV, saliva, shaking hands, kissing, sneezing, coughing. It can also not be passed through toilet seats, water fountains, swimming pools, insects, or animals.

i DID YOU KNOW?

Anyone can get HIV, no matter...

- *Your age*
- *Your race or ethnic origin*
- *Your gender*
- *Your sexual partner(s)*

HIV Symptoms

First Signs of HIV

Flu-like symptoms can occur 1-4 weeks after transmission, however, some can not present any signs or symptoms. It's important not to assume that you or your partner(s) don't have HIV or any other STBBIs. The only way to truly know is to get tested.

Symptoms may include

- Fever*
- Night sweats*
- Sore throat*
- Mouth ulcers*
- Swollen lymph nodes*
- Chills*
- Fatigue*
- Rash*
- Muscle aches*

HIV Prevention

Below are prevention measures you can adopt to protect you and your partner(s) sexual well-being:

- Use condoms, physical barriers, and lube EVERY TIME you have sexual intercourse.*
- Avoid sharing sex toys and clean them between use (viruses can live on them for days).*
- Don't share needles, sharp objects, or drug-use equipment. This carries the highest risk for transmission.*
- Take PrEP (post-exposure prophylaxis) before sexual intercourse to reduce the risk of HIV.*
- Take PEP (post-exposure prophylaxis) after being exposed to HIV (it must be taken 72 hours after exposure and taken for 28 days).*
- Get tested regularly and ask your partner(s) to get tested too.*

 **What prevention measures are you going to start using moving forward?**

Share them below

Reflection Activity



What are some common myths you've heard about HIV? How can storytelling or oral traditions promote a better understanding of HIV?

Share your thoughts below.



 **VIDEO**

Scan the QR code to watch CAAN & CATIES' Strong Medicine to hear more stories about Indigenous People Living With HIV or visit catie.ca/strongmedicine

What are PrEP and PEP?

Pre-Exposure Prophylaxis (PrEP)

As discussed previously, *you can take pre-exposure prophylaxis (PrEP) as a prevention measure for those who are HIV-negative to reduce the risk of getting HIV.* It is a prescription pill that contains two antiretroviral drugs and can be used with other medications that you can take regularly before and after having sexual intercourse. It prevents HIV from replicating in immune cells and is intended for ongoing use. It is not the same as PEP which prevents HIV transmission *after* potential exposure.

Post-Exposure Prophylaxis (PEP)

Post-exposure prophylaxis (PEP) should be taken within 72 hours after possibly being exposed to HIV and taken for 28 days. Similar to PrEP, it prevents HIV from replicating throughout the body but contains three antiretroviral drugs and is *not intended for regular use.* PEP is highly effective but not 100% preventative. You can get access to PEP at a health clinic or emergency room after a risk assessment is performed to determine your risk of HIV.

RESOURCE

Learn more about PrEP and PEP by visiting CATIE.ca and visit local sexual health clinics for access to PrEP and PEP.



HIV Treatment

U = U

Undetectable = Untransmittable

Although there is no cure for HIV, antiretroviral therapy treatment makes it possible for people living with HIV to have healthy and long lives and reduce their viral loads to be **undetectable and untransmittable** (200 copies/ml) after at least six months of treatment. This means it prevents transmission to sexual partners, needle partners, and children (through pregnancy, birth, and breastfeeding/chestfeeding). Treatment also prevents further damage of the immune system, reducing the risk of developing other health conditions, such as certain types of cancers.

Jordan Merasty's Story



I was 16 years old when I got the virus. I'm 28 now.

I lost friends, and family because of it and some people looked down on me when they first found out I was positive. I was taking a program when I worked for ESP 4 Youth when I found out I was positive. I went straight on treatment to preserve what little immune system I had left.

During my first year of being positive, a lot of my friends and family didn't want me to be around their house or their kids. I also had a friend who was pregnant at the time and she didn't want to share a smoke with me; that made me feel like I was a walking disease and couldn't be touched by anyone. It was the same with some of my family members as well as my dad. He had called me down like "Go die somewhere else don't need to watch you die from this disease" and still does to this day. I don't let it get to me because I have a wonderful support team who are my best friends and some of my family members and coworkers.

For everyone with their first diagnosis, we all think it's a death sentence but nowadays it's treatable and manageable; *we can live a long healthy life.*

I have been through about 7 different treatment pills due to not taking them every day so I encourage you all to keep on your treatment. I had to go on new ones for a while until I found the right treatment that my body could take. Most of the pills I took gave me bad side effects. I finally found the right medication for myself and have been gaining a lot of weight because of it. How I deal with my side effects is by using medicinal marijuana, it helps me with nausea and to keep my food down.

I didn't know much about HIV till I met with an HIV Peer Support Worker named Nichole Ballantyne, I told her what I had been going through with my diagnosis, and she made me feel better about myself, being positive, and that I wasn't going to die.

For everyone with their first diagnosis, we all think it's a death sentence but nowadays it's treatable and manageable; we can live a long healthy life. Later on, I decided I wanted to be like Nichole and help people who first find out they're positive, give them a better way to understand what they're going through and what they're going to deal with in the future. I then became a Youth Ambassador for 2 weeks, and then a Peer Support worker for 2 months at the age of 18. I then went to school for my GED, once I had that I got my position back as a full-time Peer Support Worker at the age 21 and have been one ever since.

The people I have met during my employment and the people who I visit are all okay with me being HIV positive.

Looking to Get Tested?



You may be feeling a range of emotions around getting tested for HIV.

It is common to feel anxious about navigating and trusting the healthcare system or fear stigma, discrimination, and the possibility of a positive result. It is also common to feel curious and empowered to know your status.

You have the choice to decide if you are or aren't ready to learn your status.

There are options for different tests available in Saskatchewan where you can do an antigen/antibody test or nucleic acid (NAT) test with the help of a health care physician. You also have the option to do it yourself or with someone you trust with the INSTI HIV Self-Test Kits. Self-tests are safe and 99% reliable.

LEARN MORE

Contact your local health care clinic or public nurse to learn more about the antigen/antibody test or nucleic acid test and to book an appointment.

RESOURCE

If you are interested in an INSTI HIV Self-Test Kit, you can get them for free from the Prince Albert Métis Women's Association or order one for free from CATIE's HIV Self-Testing Distribution Project by visiting: orders.catie.ca/book/hiv-self-testing-kit/

RESOURCE

Public Health Agency of Canada's Report on Hepatitis B and C Surveillance in Canada: 2019 canada.ca/en/public-health/services/publications/diseases-conditions/report-hepatitis-b-c-canada-2019.html

Things You Should Know Before Getting Tested

Before you get tested;

It's important to know that the testing provider may ask you a series of questions about your sexual activity. The HIV Legal Network advises that ***you do not legally need to disclose any of this information to get HIV testing.*** It is just the provider's way of recording information which can be used as evidence if you are ever in any legal trouble.

If your result is positive;

Identifiable information (name and contact information) may be provided to public health authorities and stored in their database (only your name will not be provided if it was an anonymous test). Public Health will perform a process called either "contact tracing," "partner notification," or "partner counselling." They will ask for your sex partner(s) and possibly needle partner(s) name and contact information and either have you, your doctor, or their staff notify them about their possible exposure to HIV. The authorities may sometimes take action against you if they believe you are putting others at risk which can be challenged with the help of a lawyer.

RESOURCE

Check out HIV Legal Network's HIV and the Criminal Law in Canada on their website hivlegalnetwork.ca to learn more legal information about the public health authorities. If you are ever in legal trouble, please contact a lawyer.

Guide to using the HIV Self-test Kits

- Step 1:** Wash and dry your hands in warm water.
- Step 2:** Lay out all of the items included in the kit on a flat surface and in a well-lit area.
- Step 3:** Use the lancet to prick your finger. Rub the palm of your hand up to your finger to collect a full drop of blood into Bottle 1 (red cap). Try not to let your sample spill on the sides.
- Step 4:** Place the cap on Bottle 1 and turn it upside down to the liquid and your blood sample. It should be dark red. If not, add another drop of blood.
- Step 5:** Pour the liquid of Bottle 1 into the test device and let it absorb.
- Step 6:** Turn Bottle 2 (blue cap) upside down to mix it then pour the liquid into the test device. Let it absorb.
- Step 7:** Repeat the previous step with Bottle 3 (clear cap).
- Step 8:** Read the results immediately.

i NOTE:

The self-test contains the testing device and three small liquid bottles. It does require you to prick your finger to get a drop of blood, so a bandage and lancet are also provided in the kit.

If you receive a positive test, you will need a confirmation test to get medical care. You have the choice between an anonymous test or a nominal test.

Duty to Disclose Your Status

If you are living with HIV, you may be worried about having to disclose your status.

You *do not* need to disclose your status to the following group of people:

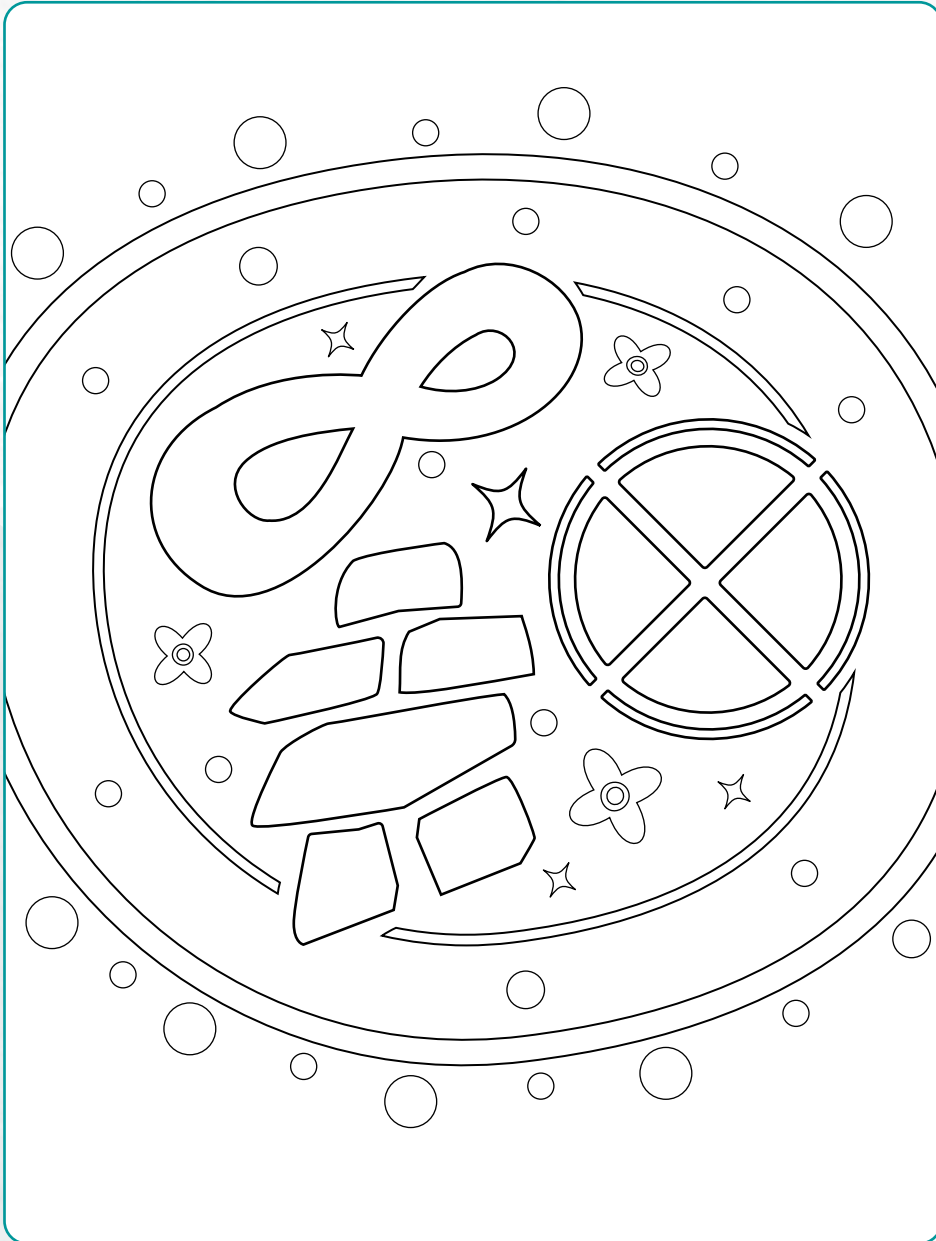
- Family members and friends
- Employer and colleagues
- Landlord, shelter, or neighbours
- Health care professionals (doctors, nurses, dentists, etc.)
- Social service workers (including child protective services)
- Post-secondary institution staff and peers
- Band office

However, you *do* need to legally disclose your HIV status to sexual partners (one-time, short-term, long-term, or spouse) before sexual intercourse if there is a risk of transmission to avoid any legal prosecution. Even if HIV is not transmitted, you could still get charged with a serious crime, such as aggravated sexual assault. However, you do not need to disclose your status if you are having sexual intercourse with a condom and have a low viral load (1500 copies/ml).

📖 RESOURCE

Check out CAAN & HIV Legal Network's *Know Your Rights Indigenous Communities: HIV, Privacy, and Confidentiality* on their website. hivlegalnetwork.ca to learn more about your duty to disclose your HIV status.

Colouring Activity



Hepatitis C (HCV)

What is Hepatitis C (HCV)?

Hepatitis C (HCV) is an infection caused by the RNA virus, which attacks the virus and leads to illness, liver scarring, and injury over time. There are different phases of the virus, which are acute, mild, and chronic Hepatitis C. Acute infection refers to when someone first contracts the virus and doesn't experience symptoms or know they have it. After six to eight weeks, they may experience mild symptoms. If the virus does not clear up after 6 months, it becomes chronic and can develop into cirrhosis of the liver, liver failure, and liver cancer.

i DID YOU KNOW?

The liver is an important organ that helps the body digest food, break down toxins, and fight against infection.



Statistics on HCV in Canada

-  According to the Public Health Agency's 2019 surveillance Report, up to 317,000 people were living with HCV in Canada.
-  In 2018, there were approximately 11, 441 new reported cases of Hepatitis C (1.8 per 100,00 people).
-  New reported cases were found higher amongst people who identified as male in comparison to those who identified as female. It was the second most common diagnosis after cancer.
-  Second to Manitoba, Saskatchewan has the second highest rate of reported cases.
-  Similar to HIV, Indigenous people (First Nations, Métis, and Inuit) are disproportionately affected by the epidemic. It was estimated that 1 in every 30 Indigenous people in Canada were living with chronic HCV.

HCV Transmission

Hepatitis C is commonly transmitted from blood to blood (including dried blood) through the linings of the nose, mouth, or through breaks of the skin. Sharing drug use equipment for smoking, snorting, and injecting poses a risk. As well as unsterilized medical, tattoo, and jewellery equipment. The virus is strong and can live outside of the body for many days and in syringes for many weeks.

It cannot be transmitted through casual contact, such as shaking hands, hugging, kissing, sneezing, coughing, or being around someone living with Hepatitis C.

You cannot look at someone and tell if they are living with HCV. Equally important, not everyone with tattoos or piercings has it. Someone also cannot build an immunity to the virus if you have caught it in the past --reinfection is common.

Symptoms of HCV

Symptoms may possibly occur two to twelve weeks after exposure. After six to eight weeks, some may experience mild symptoms such as:

- Nausea
- Vomiting
- Abdominal pain
- Reduced appetite
- Dark urine
- Jaundice (skin and eyes turn yellow)

Other symptoms include:

- Fever
- Fatigue
- Pale faeces
- Joint pain

HCV Prevention

Unlike other forms of Hepatitis (Hep. A and B), there is no vaccine available for prevention measures.

However, to protect you and your sexual partner(s) from Hepatitis C, you can:

- Use condoms, physical barriers, and lube EVERY TIME you have sexual intercourse.
- Don't share needles, sharp objects, or drug-use equipment. This carries the highest risk for transmission.
- Don't share personal care items, such as toothbrushes, nail clippers, and razors.
- Sterilize tattoo and piercing equipment to avoid the transmission of HCV.
- Get tested regularly and ask your partner(s) to get tested too.

 **What prevention measures are you going to start using moving forward?**

Share them below

Reflection Activity



What are some common myths you've heard about Hepatitis C? How can storytelling or oral traditions promote a better understanding of Hepatitis c?

Share your thoughts below.

HCV Testing & Treatment



Hepatitis C treatment can cure up to 95% of people living with the virus. It's important to seek treatment as soon as possible to avoid any further damage to the liver. The only way to truly know you have hepatitis and receive treatment, you have to get tested.



The treatment consists of taking a pill for eight to twelve weeks. It will prevent further damage to the liver, liver failure, liver cancer, and more. The health of your liver and quality of life can improve from treatment.



Getting tested for Hepatitis C involves two different blood tests. The first blood test screens for HCV antibodies to see if you ever had the virus. The second blood test confirms your viral load to see if you currently have HCV. Depending on the nurse or doctor, they may require you to do the blood test separately on different days or can do both tests in one visit. Unfortunately, unlike HIV, there are no self-test kits available to know your status.

Syphilis & Transmission

Syphilis has been on the rise in Canada.


It is caused by the bacterium *treponema pallidum* which can be transmitted through unprotected sex (vaginal, anal, and oral) from syphilis sore and through pregnancy. It can cause serious damage to the body and can be lethal if not cured. There are different types of syphilis, each with their own set of symptoms:


- Primary syphilis
- Secondary syphilis
- Late/tertiary syphilis
- Neurosyphilis
- Congenital syphilis




Statistics of Syphilis in Canada

According to PHAC's Infectious Syphilis and congenital syphilis in Canada 2021 infographic:

 There were **11,268** cases of infectious syphilis (30 per 100,000 population) and **96** cases of early congenital syphilis.

 The rates of infectious syphilis spiked by **166%** between 2017-2019 and **continue to increase**. This spike was related to the decreased demand for STBBI services during the COVID-19 pandemic.

 Following the Northwest Territories, **Saskatchewan is the second province to see the highest increase** in infectious syphilis cases (**1,346%**). Cases were reported higher among those who identified as female, in comparison to MSM (men and men who have sex with men).

RESOURCE

To learn more about infectious and congenital statistics in Canada, you can gain access to PHAC's Infectious syphilis and congenital syphilis in Canada, 2021 infographic at www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2022-48/issue-11-12-november-december-2022/infectious-congenital-syphilis-canada-2021.html

Symptoms of Syphilis

Primary syphilis

Depending on where the virus entered the body (mouth, penis, vagina, and/or anus) **painless sores or ulcers/ lesions will appear for 3-6 weeks.**

Secondary syphilis

After the sores or ulcers/lesions are healed or a few weeks after, **rashes may appear around the hands, stomach, bottom of the feet, and in or around the mouth, penis, vagina, and/or anus.** These rashes may not be itchy or noticeable. Someone with secondary syphilis may also experience flu-like symptoms (fever, headache, fatigue, muscle aches, sore throat, swollen lymph glands, weight loss, and patchy hair loss).

Late/tertiary syphilis

After 1-2 years without treatment, syphilis will begin to affect the heart, brain, nervous system, blood vessels, and other internal organs which can lead to serious health issues and possibly death.

Neurosyphilis

As mentioned in the late/tertiary stage of syphilis, it can **affect internal organs like the brain.** Neurosyphilis can occur at any stage, affecting memory, clear thinking, and personality changes.

Congenital syphilis

Congenital syphilis is when the infection is passed from the mother to the baby through pregnancy. This can lead to **miscarriages, stillbirths, and death of a newborn.** It is common for babies born with syphilis to not have any symptoms, but some can have a rash. It can also lead to seizures, developmental issues, and other serious health issues in the baby/child if it is not treated.

RESOURCE

Check out CATIE's STI Basics at catie.ca/essentials/sti-basics to learn more information about syphilis symptoms and stages.



Colouring Activity



Other STBIs

The Public Health Agency of Canada reported a **significant increase in Chlamydia (26%) and Gonorrhea (171%)** cases between 2011 to 2019. These STIs remain the most common and are reported the highest in Nunavut, Northwest Territories, Yukon, and Manitoba. It is also predicted that another common infection is HPV, where PHAC estimates at least **70%** of sexually active people have transmitted it at some point in their lives. In 2020, it was also reported **0.42 cases per 100,00** people of acute Hepatitis B and a total of **2,881** of chronic or unspecified stages of the virus. Unfortunately, there is a lack of race-based/ethnicity data to determine how these STIs affect Indigenous communities. There is also a lack of data on newly reported cases of herpes and Hepatitis A commonly undiagnosed.

RESOURCE

To learn more about STBI statistics, you can visit the following PHAC resources below:

- Access the *Chlamydia, gonorrhea and infectious syphilis in Canada: 2020 (Infographic)* at canada.ca/en/public-health/services/publications/diseases-conditions/chlamydia-gonorrhea-infectious-syphilis-canada-2020-infographic.html
- Access information on Human Papillomavirus (HPV) at canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/human-papillomavirus-hpv.html
- Access the Genital herpes guide: Etiology and epidemiology at canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/herpes-simplex-virus/etiology-epidemiology.html
- Access Hepatitis B in Canada: 2020 surveillance data update at canada.ca/en/public-health/services/publications/diseases-conditions/hepatitis-b-canada-2020-surveillance-data-update.html

Other STBBIs (continued)

Chlamydia:

Transmitted through unprotected oral, vaginal, and anal sexual intercourse with an infected sexual partner and can be cured with antibiotics after performing a urine test. Symptoms may include burning during urination, burning around the tip of the penis, painful intercourse, bleeding after intercourse, discharge (penis, vagina, and/or anus), painful and/or swelling testicles, lower abdominal pain, and abnormal vaginal bleeding.

Gonorrhoea:

Also transmitted through unprotected oral, vaginal, and anal sexual intercourse. It can be cured with antibiotics after a swab and/or urine test. Some may not experience symptoms at all, while others may experience symptoms 2-7 days after contact. These symptoms may include thick yellowish discharge (vaginal, rectal, penile), burning during urination, burning and/or itching (around the anus and in or around the penis), lower abdominal pain, sore throat, and abnormal vaginal bleeding.

Herpes Simplex Virus (HSV):

There are two variants of the virus, HSV-1 (sore or blisters that occur around the mouth) and HSV-2 (sores or blisters that occur around the thighs and genitals). These sore or blister outbreaks occur until the virus is in a dormant phase (no outbreaks present). Transmission occurs through unprotected oral, vaginal, and anal sexual intercourse and skin-to-skin contact during both outbreak and dormant phases. There is no cure, but there is an antiviral treatment to take every day to prevent or shorten re-occurring outbreaks. A diagnosis can be performed by a blood or swab test.

Hepatitis A & B:

Like Hepatitis C, these viruses affect the liver. Hep. A is transmitted through unprotected sexual intercourse with an infected person, sharing drug use equipment, sharing needles, faecal matter, contaminated food and water, and travelling to countries with high hepatitis rates. Hep. B is transmitted through saliva, unprotected sexual intercourse, sharing drug use equipment and needles, sharing hygiene products, sharing sex toys, and unsterilized equipment (medical, manicures, pedicures, tattoos, and piercings).

For both, some may experience jaundice, fatigue, fever, dark urine, diarrhea, pale stools, nausea, vomiting, loss of appetite, and abdominal pain. For Hep. A, you may experience symptoms 15-50 days after exposure and either last 1-2 weeks if it is a mild infection or 2-5 months if it is a severe infection. For Hepatitis B, some may experience symptoms 2-5 months after exposure. A diagnosis can be performed for both through a blood test, but there is no cure. Hep. A resolves on its own and your body builds immunity. As for Hep. B there is treatment if it doesn't resolve on its own within 6 months, there is treatment to prevent further damage to the liver.

Human Papillomavirus Virus (HPV):

There are over 100 strains/types of the virus and most clear up on its own within 2 years. It's often transmitted through both unprotected sexual intercourse and skin-to-skin contact. There are usually no symptoms after contracting the virus and it may take 2-3 months or even years for genital warts to appear (soft or hard, cauliflower-like bumps that can be raised or flat). There is no diagnostic test, but a healthcare provider may examine the genital warts and there are treatments to remove the warts and reduce transmission.

RESOURCE

To learn more about the other STBBIs and their testing and treatment procedures, check out Ottawa Public Health's Sexually Transmitted (STIs) and Blood Borne Infections (BBIs) webpage at thelinkottawa.ca/en/sexual-health/sexually-transmitted-blood-borne-infections-stbbis.aspx OR CATIE's STI Basics at www.catie.ca/essentials/sti-basics



pamwa.ca
caan.ca