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Working from a sexual health or harm reduction perspective: Integration of HIV, HCV, tuberculosis and other sexually transmitted and blood-borne infections (STBBIs)

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STBBIs Committee/Unit



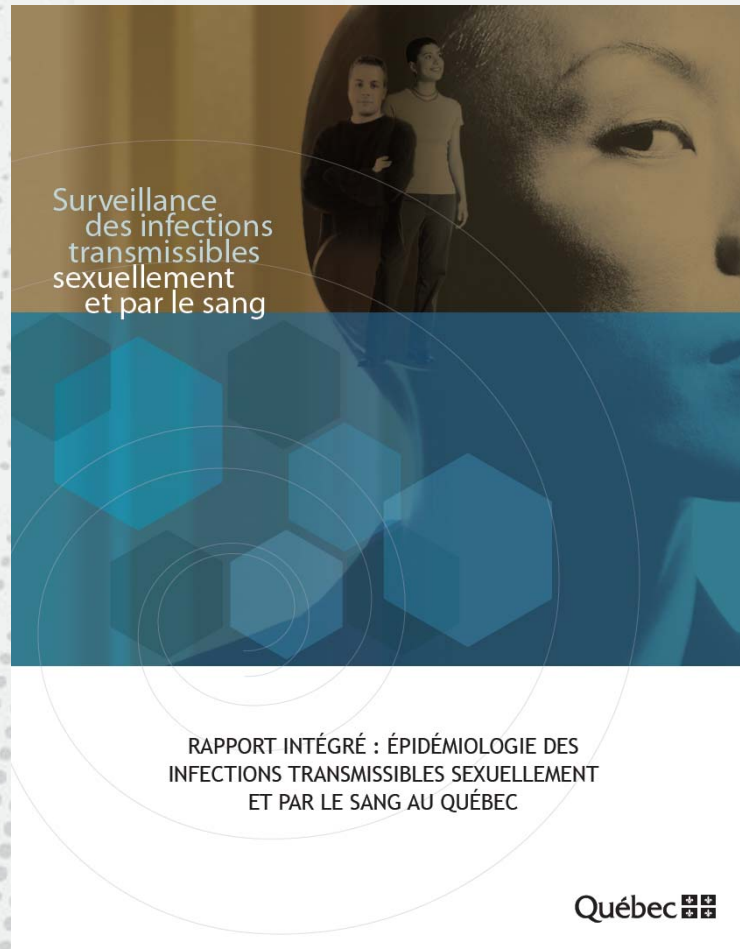
Institut national
de santé publique
Québec

Objectives

To review:

- The epidemiology of infections
- The synergistic relationships between related infections
- A holistic approach to prevention and treatment
- Bringing the right balance of clinical and policy perspectives as well as an awareness of service delivery/program issues.





•About numbers,
trends and people.

STBBIs are not distributed equally among populations

- They tend to be concentrated in specific populations that have high risk activities
- These activities are associated with other STBBIs
- Which is why we must use integrated approaches

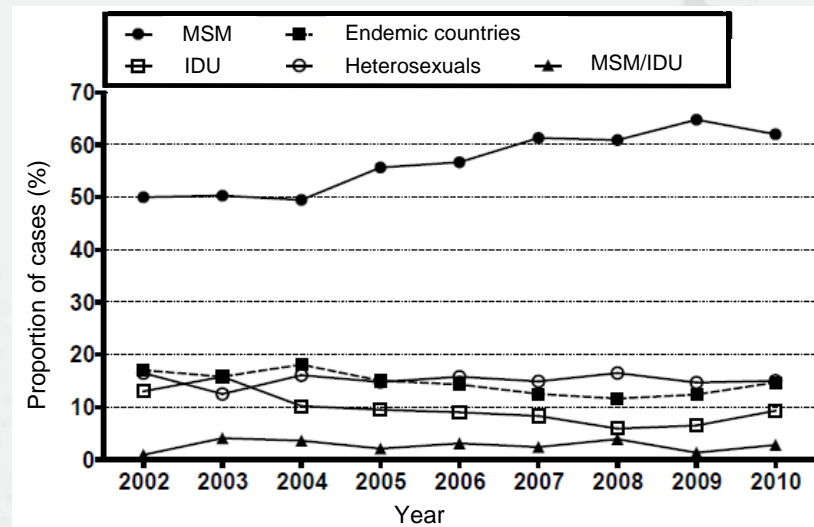


Figure 17 Evolution of the proportion of new cases by exposure category for NEW DIAGNOSIS, Quebec HIV Monitoring Program, April 2002 to December 2010.

Men who have sex with men (MSM)

Argus 2005 with <30 years old:

- ~80% = alcohol, ~50% = cannabis and 25% = cocaine 2 hours prior to sex at least once within the last 6 months = ↓protection
- 1/8 = HIV and 15% don't know
- 60% of gonorrhoea among men and 90% of all infections syphilis
- Homophobia, discrimination and sarcasm undermine self-esteem and can push some people to take more risks

People who use drugs (by injection and inhalation)

- In Quebec, the number of people who use injection drugs (IDU) is estimated at 23,000
- Average age: ♂ = 34 years and ♀ = 29 years
- Limited education
- Almost half (46%) of street youth have used injectable drugs at least once
- 3% = HIV and 25% = HCV
- Other problems: poverty, homelessness, violence, imprisonment, mental illness

Aboriginal communities

- Aboriginals = almost 2/3 are under age 30
- Communities of Terres-Cries and James Bay area as well as those of Nunavik have:
 - a chlamydia infection rate 8 and 15 times higher, respectively, than the provincial average
 - a gonorrhoea infection rate 4 and 33 times higher, respectively, than the provincial average

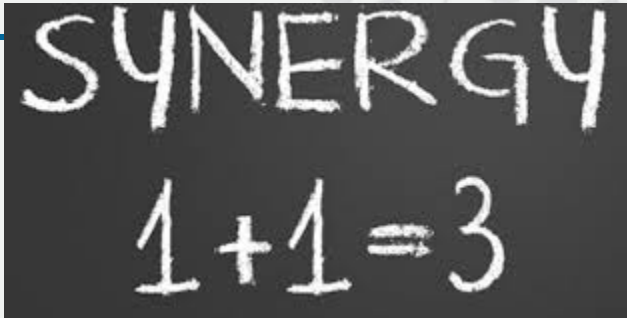
Incarcerated persons

- Close to 4% are HIV+ and 20% HCV+
- 28% of ♂ and 43% of ♀ were/are IDUs
- Detention facilities house vulnerable people, who become even more so due to their environment
- However, at the same time, the prison environment can be conducive to prevention and better managed chronic diseases

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SYNERGY
 $1+1=3$

Synergy between STBBIs

HIV increases

- For HPV:
 - Duration and persistence of infections
 - Cancers and condylomas (genital warts)

HPV increases

- For HIV
 - Risk of transmission or acquisition

Synergy between STBBIs

HIV increases

- For HCV
 - Complications
 - Drug interactions during treatment
 - Drug intolerance

HCV increases

- For HIV
 - Risk of faster progression

Synergy between STBBIs

HIV increase

- For HSV
 - Chronic and increasingly frequent lesions
 - Antiviral resistance

HSV increase

- For HIV
 - Transmission and acquisition risk

Synergy between STBBIs

HIV increase

- For syphilis
 - Faster evolution towards neurosyphilis
 - Chronic contagious lesions
 - Transmission risk

Syphilis increase

- For HIV
 - Transmission risk

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There is more than pills to be healthy!

“It is possible to change lifestyle habits by having an effect on the environment, living conditions and individual behaviours.”



Definition of sexual health, WHO*

- The experience of the ongoing state of physical, psychological, and sociocultural well being related to sexuality.
- It is evidenced in the free and responsible expressions of sexual capabilities that foster harmonious personal and social wellness, enriching individual and social life.
- It is not merely the absence of dysfunction, disease and/or infirmity.
- For sexual health to be attained and maintained it is necessary that the sexual rights of all people be recognized and upheld.

*this is a “working” definition and has not been officially adopted by WHO

Definition of holistic approach

- The holistic approach looks at the “whole picture.”
- The whole picture is much more important than the sum of its parts.
- The whole picture can only be understood by examining each of its components independently.

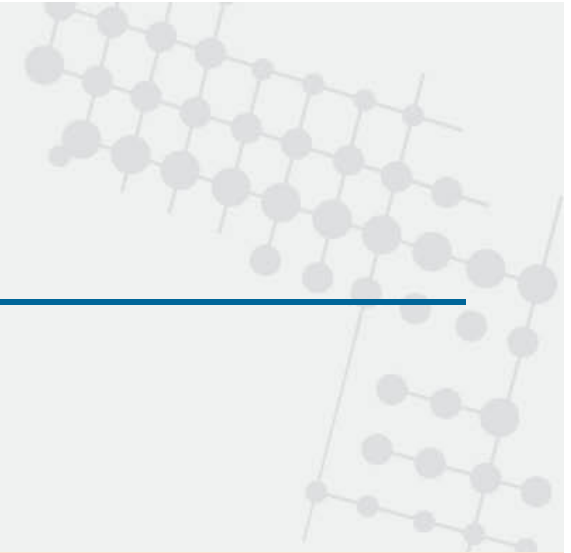
Definition of harm reduction

General approach uses...

- Upstream to reduce the risk of negative consequences (primary prevention)
- Downstream to reduce negative consequences (secondary or tertiary prevention)
- The field of action covers the entire intervention continuum, from primary to tertiary
- Where health and community services share responsibilities

Pierre Brisson

Drastic paradigm change



Harm Reduction Approach (risks and consequences reduction)		Traditional Approach (reduction of supply and demand)	
Reduce negative effects of drug use		Reduce the incidence and prevalence of drug use	
Reduce risks and negative consequences of drug use	Reduce negative consequences of drug use	Reduce/eliminate risks related to drug use	Reduce/eliminate current drug use
Primary	Secondary/tertiary	Primary	Secondary/tertiary

Advocacy

- The Justice Department launched a policy to address homophobia
- COCQ-Sida brings together advocacy organizations for people living with HIV
- The Association pour la défense des droits et l'inclusion des personnes qui consomment des drogues du Québec (ADDICQ) plays a similar role on behalf of people who use injection drugs.

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Current directions

Quebec National Public Health Program, 2003-2012:

- Three strategies to implement at the local, regional and provincial levels
 1. Support community development
 2. Support intersectorial measures that contribute to health and well-being
 3. Promote and support preventive clinical practices

- Three intervention approaches to reduce STBBIs
 1. Provide services to at-risk populations
 2. Organize activities where at-risk populations live
 3. Create environments that are conducive to prevention



www.msss.gouv.qc.ca, Section Documentation, Publications

Current directions

Quebec Strategy to address STBBIs, 2003-2012:

Eight strategies to implement at the regional and local levels

1. Empower people
2. Support vulnerable people
3. Encourage the use of preventive practices
4. Implement specific prevention practices
5. Support community development
6. Ensure that infected people are managed
7. Take part in intersectorial measures that promote health and well-being
8. Strengthen surveillance and support functions



www.msss.gouv.qc.ca, Section Documentation, Publications



Current directions

L'épidémie silencieuse; 4^e rapport national sur l'état de santé de la population, 2010:

Three parts:

1. To prevent

- Targeted community measures
- Make condoms more accessible
- Activities and services adapted to vulnerable populations

2. To detect

- Easier access to screening tests for vulnerable populations
- To influence the service and professional practice organizations

3. To treat

- Raise awareness of co-infection HIV-STIs among health professionals
- Make post-exposure prophylactic treatments available in a professional and non-professional setting
- Prevent transmission



www.msss.gouv.qc.ca, Section Documentation, Publications



Departmental directions and action plans for STBBIs

The Health and Social Services Department (MSSS) publishes many documents to guide the intervention with

- Street youth
- Men who have sex with other men
- People who use injection drugs...

Prevention and health promotion

Activities primarily led by **community organizations** and **public health agencies**

- Goal: awareness and information
- Key messages:
 - Condom
 - Risk reduction
 - Screening tests
- Methods:
 - Outreach and Internet
 - Make condoms available for free or for a small fee
 - Counseling
 - Various community actions
 - Needle exchange program

To watch for: **supervised injection sites in Montréal?**

Testing and diagnosis

Scientific opinion according to *Optimiser le dépistage et le diagnostic de l'infection par le VIH*, INSPQ, 2011:

Goal: increase the number people living with HIV who are aware of their HIV status early on, in order to:

- Provide them with health and social services
- Prevent forward transmission (preventive measure)



www.inspq.qc.ca, section Publications, VIH

Optimal treatment

Clinical Practice Guides:

- **Antiretroviral therapy** for HIV-positive adults according to the *Guide pour les professionnels de la santé du Québec, 2010*:
 - Start treatment for asymptomatic people when: CD4 < 350 cells/ μ l
 - *In practice, treatment can begin much sooner.*
- *La prise en charge et le traitement des personnes **co-infectées** par les virus de l'immunodéficience humaine (**VIH**) et de l'hépatite B (**VHB**)*, 2011
- *La prise en charge et le traitement des personnes **co-infectées** par les virus de l'immunodéficience humaine (**VIH**) et de l'hépatite C (**VHC**)*, 2006
- Management and treatment guidelines for people living with hepatitis C are to be published.

Source: www.msss.gouv.qc.ca , Documentation, Publications

Optimal treatment



➤ **Post-exposure** prophylaxis for HIV, HBV, HCV

- *Guide pour la prophylaxie post-exposition à des liquides biologiques dans le contexte du travail, October 2011*
- *Guide pour la prophylaxie après une exposition au VIH, VHB et VHC dans un contexte non professionnel, 2010*

(Must begin within 72 hours of suspected exposure)

➤ **Pre-exposure** prophylaxis:

- The MSSS has begun a process of reflection
- Interim notice underway
- No practical guide at present
- *In reality:*
 - *Many requests but little participation due to strict requirements (taking drugs on a continuous basis, regular screening tests, etc.)*
 - *Some doctors prescribe this treatment*

Source: www.msss.gouv.qc.ca , Section Documentation, Publications

Support for health and social services professionals

➤ Training:

- National training programs on STBBIs and vulnerable populations (INSPQ)¹;
 - Based on prevention strategies: doctors, nurses and psycho-social professionals
- National mentoring program on HIV/AIDS and hepatitis;
 - Based on treatment, care and follow-up: doctors, nurses and pharmacists

➤ Motivator by introduction of special fee code for doctors with regards to vulnerable populations

➤ Amendment to public health legislation³ so that nurses can perform screening tests and vaccination

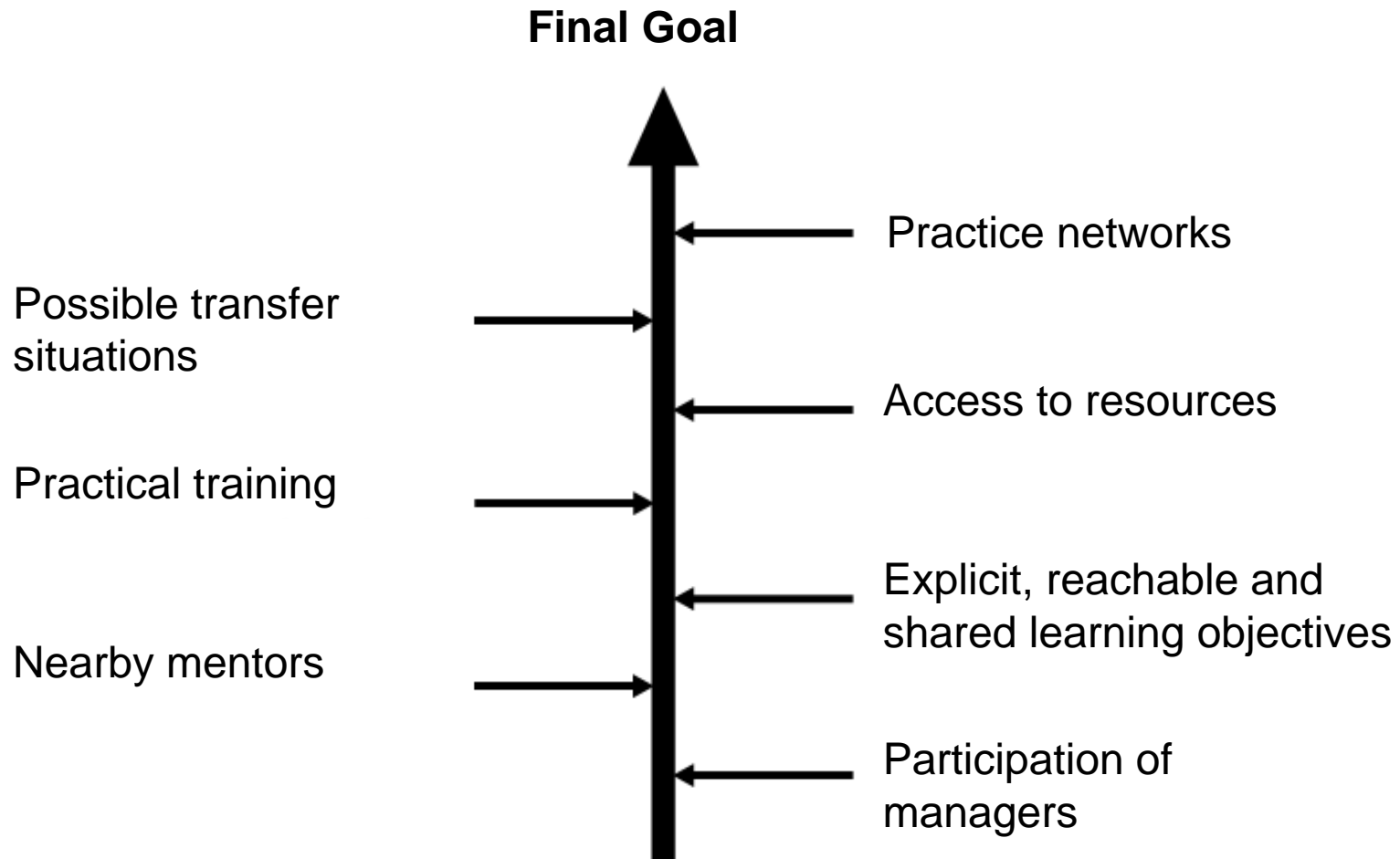
Source:

¹ www.espaceitss.ca and www.inspq.qc.ca

² www.pnmvs.org

³ *Loi sur les infirmières et les infirmiers* (L.R.Q., c. I-8)

ENABLING ENVIRONMENTS



By Nicole Marois

Programmes nationaux
de formation sur les
Infections **T**ransmissibles
Sexuellement et par le **S**ang
et sur les stratégies
d'intervention auprès des
populations vulnérables



RÉPERTOIRE 2012 - 2013



Québec 
• Institut national de santé publique
• Ministère de la Santé et des Services sociaux

Examples of training
programs related to
HIV and HCV



*Institut national
de santé publique*
Québec 

**MIEUX
CONTRIBUER
À LA LUTTE
AUX ITSS**



**Enjeux et défis en
MILIEU CORRECTIONNEL**



Virus de l'hépatite C

Pour une prise en charge en réseau des personnes infectées

GOAL

Increase access to treatment and follow up of people living with HCV in all regions of Quebec by optimising:

- Clinical abilities
- Collaboration between stakeholders



Hépatite C

Traitements, effets secondaires et contre-indications

Entrevue avec
Richard Lalonde

1 2 3 4 5

Calendrier

Jun 2013

D	L	M	M	J	V	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

[plus d'info sur les événements](#)

ACCUEIL



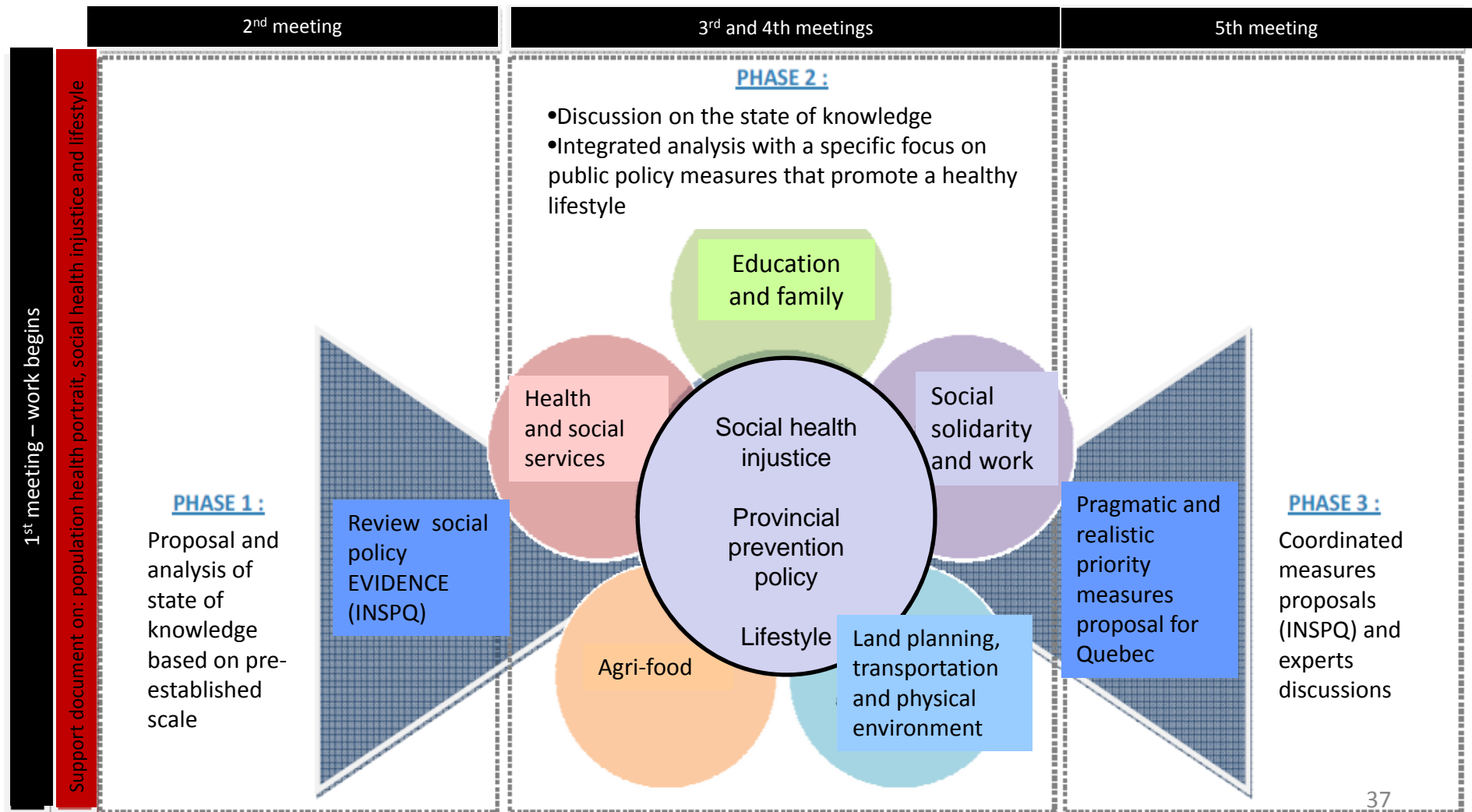
Consultez tous les articles

Actualités

11 mars 2013

Le MSSS publie le sommaire du Rapport de vigie rehaussée de la syphilis infectieuse chez les femmes. Accédez-y ici.

POLITIQUE NATIONALE DE PRÉVENTION



Challenges

Implementation of prevention strategies:

- Organizational issues: resources and services coordination
- To recognize that STBBIs are an important issue and a priority:
 - To ensure that STBBIs are properly dealt with at the regional and local levels
- Integration and support of effective strategies
- Knowledge integration and transfer to health professionals to renew practices

Questions and Comments

Dial *7 to
un-mute your line

Feel free to type your questions or comments
in the chat window on the left side of your
screen.





TORONTO SEPTEMBER
17-19
2013

New Science

New Directions in HIV & HCV

Join us for a thought-provoking national forum that will:

-  Report on current and evolving practices
-  Investigate options for integrated treatment and prevention approaches

LOOK FOR DETAILS APRIL 15



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#CATIEforum

If you are a frontline worker, program manager, healthcare professional, researcher or policy-maker, join us!



Thank you

- Please evaluate this webinar!