

COMMUNICABLE DISEASE REPORT

Quarterly Report

Volume 30, Number 4

December 2013

Sexually Transmitted and Bloodborne Infections

Reporting

All laboratory-confirmed sexually transmitted and bloodborne infections (STBBIs) are to be reported to the Regional Medical Officer of Health (RMOH) or designate responsible for appropriate investigation, treatment, case follow up and provincial reporting.

Reportable STBBIs in Newfoundland and Labrador

Chancroid	Hepatitis B Virus (HBV)	Lymphogranuloma venereum (LGV)
Chlamydia	Hepatitis C Virus (HCV)	Syphilis, all categories
Gonorrhoea	HIV	

For a complete list of reportable diseases in Newfoundland and Labrador, please visit <http://www.health.gov.nl.ca/health/publichealth/dcd/listabc20.pdf>

Table 1: Incidence rate of select STBBIs, Newfoundland and Labrador, 2013

Infection	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Chlamydia	152.7	122.3	108.2	100.3	117.0	104.0	124.4	132.6	165.5	152.5
Gonorrhoea	0.2	0.2	1.6	3.5	2.7	1.9	2.3	5.0	3.1	7.8
Syphilis, all categories	0.0	0.4	0.6	1.6	2.5	1.6	2.7	1.9	2.5	2.3
HIV	1.5	1.7	1.4	0.0	0.6	1.2	1.0	0.6	1.5	1.1
Hepatitis B Virus (HBV)	4.6	5.6	2.5	5.1	5.5	4.7	4.4	5.4	2.5	4.8
Hepatitis C Virus (HCV)	13.9	15.9	18.6	18.5	19.8	16.5	12.0	12.1	13.0	19.8

STBBI Prevention Strategies

Western Region Launches Safer Bars Initiative

In 2013 Western Health launched the Safer Bars Campaign to address the issue of unplanned and unprotected sexual activity under the influence of alcohol and drugs. The goal is to promote safer sex and reduce the incidence of sexually transmitted infections, unplanned pregnancies and the need for abortion services.

A local committee comprised of representatives from Western Health and several community based organizations including: AIDS Committee of Newfoundland and Labrador, Corner Brook Status of Women's Council, Western Regional Coalition to End Violence, Grenfell Campus Students Union, and Community Mental Health Initiative launched an awareness campaign to address some risks associated with drinking alcohol. Bars throughout the Western region displayed the campaign's colorful posters, coasters and condoms promoting a safer environment for their patrons.

The campaign is designed to help customers have a better understanding of the different risks involved when drinking and how to choose wisely to minimize risks. It is a Social Marketing Campaign that includes free coasters, posters, condoms, lube and a web link for resources. It is intended to help bar owners educate customers and minimize negative health impacts at bar locations.



The four key messages promoted through the campaign are:

Big Night Out = Big Consequences! Know Your Limits – Message regarding the risks of drinking and driving, pregnancy, fetal alcohol spectrum disorder and impact on relationships.

Protect Yourself. Not everything has to go viral! – Message regarding the risks of sexually transmitted infections and sexting.

Size Does Matters! Know Your Limits – Message regarding the standard drink size.

Put on Something Sexy – Message regarding safer sex. Use a condom.

The posters also have QR codes which can be scanned by smart phones for instant access to the campaign's website, www.clubcode.ca. This site contains information about standard drink sizes, sexual violence, safer sex, drinking and driving, as well as local community resources and other sites to contact for additional assistance.

“As a bar owner or operator, especially one that caters to students, it is important to be vigilant about the risks and responsibilities we have”, says Kieran Smith, Liquor Services Coordinator with the Grenfell Campus Student Union. “The *Backlot* is pleased to be a part of this initiative”.

The committee is excited that a number of local bar owners have agreed to be a part of this initiative and to participate in the pre and post evaluations to measure the success of the campaign. The initial launch was May 2013 in which had 13 bars participating. The re-launch in October was supported by 25 bars. Post evaluations are currently underway and feedback to date is all positive from both bar patrons and bar owners. Surveys conducted with post-secondary students also indicate a positive response to the campaign. The Committee is exploring the possibility of launching similar campaign messages to high school students to address the issue of unplanned and unprotected sexual activity while under the influence of alcohol and drugs.

For More Information, please contact: Kim Dawson, Regional Sexual and Reproductive Health Consultant, Western Health at Email: kimdawson@westernhealth.nl.ca

Eastern Health Launches Phase 2:

TAKE CARE DOWN THERE... ACROSS EASTERN HEALTH REGION

Making a Difference

Take care down there” is not an expression many of us use in our work place. But for colleagues, Donna Dawe and Anita Forward, it is a message they feel so strongly about that they have developed an entire Health Promotion campaign around it.

Daily they encounter daily the puzzled faces of individuals who are unaware of the risks associated with sexual activity. Sexually Transmitted Infections (STIs) are often treated lightly, but in fact they are no joke. If left untreated, they could jeopardize an individual's health or affect his/her chances of becoming a parent someday. Unplanned pregnancies, too, can be very stressful.



In 2011 Eastern Health's Health Promotion department launched the Take Care Down There (TCDT) campaign to address the increase in youth STIs and unplanned pregnancies. The main objective of the campaign was to increase awareness of the importance of condom use in men and women generally, aged 18-30 years throughout the Eastern Health region.

They held focus groups to find out if and how successful TCDT was, and to gain insight into the knowledge level, attitudes, behaviours and social norms related to sex and sexuality among our region's youth.

Frankly, they were amazed at the lack of awareness that existed around general sexual health information! In response, a follow-up TCDT campaign was launched in September 2013 targeting post-secondary students. A TCDT website was developed – an informative web site full of accessible information, videos, resources and links. It also highlights four key messages:

- Use a condom,
- Get tested,
- Talk to your partner, and
- Know your risks.

Talking about sex and sexuality is not easy for everyone – for a variety of reasons. But it is important to recognize that conversations are necessary, in particular when we're trying to protect and educate our youth.

Take Care Down There (TCDT) Roadshow

As front-line workers, they wanted to give clients the tools they need to make informed decisions. They felt it was needed to go where the target population was – and to inform them directly about healthy sexual activity.

And that's exactly what they did. Last fall, Donna and Anita visited Memorial University and College of the North Atlantic campuses throughout the Eastern Region.

The overall reaction from post-secondary students, faculty and staff was, and continues to be, very positive. Faculty members posted videos and pictures of our campus visits with the students on their Facebook pages.

Amongst students, the condom tins that were given away were a hit. The custom-made silver condom tins contained two condoms each and featured different witty slogans designed to educate the students about healthy sexual behaviours. On the back, there was a QR code which youth could scan with their smart phone to take them directly to the TCDT website for further information about sexual health.

The condom tins created a buzz which helped to better connect with students. Once a student received a condom tin, he/she seemed to have a greater comfort level coming back, bringing friends and asking questions – just what was intended, to start normalizing sexual health by talking about it.

By the end of the roadshow they had interacted with over 3,000 post-secondary students and, in an effort to push the word out even farther, they held media interviews with local radio and television stations as well as newspapers.

Partnerships

It takes more than one group to get the message out. So they gathered a group of health professionals and community partners, also dedicated to the promotion of sexual health in Eastern Region, to form a TCDT working group. They partnered with the: Cervical Screening Initiative Program, Communicable Disease Control Program, Memorial University Student Health, Planned Parenthood (NL Sexual Health Center), public health nurses, nurse practitioners, Newfoundland and Labrador Sexual Assault and Crisis Prevention Centre and Mental Health and Addictions Program.

The working group members are all experts in various aspects of sexual health and work directly with the target population. They have contributed their knowledge and expertise to the development of the TCDT website and have been instrumental in the distribution of TCDT materials and messages.

Visit their "Storyline" at <http://storyline.easternhealth.ca/2014/02/13/taking-care-down-there-across-eastern-health-region/>

This article was written by Anita Forward and Donna Dawe, Health Promotion Consultants Eastern Health They may be contacted at email: anita.forward@easternhealth.ca
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Public Health Agency of Canada: HIV Screening and Testing Guide (Key Messages)

The Public Health Agency of Canada new HIV screening and testing guide released in 2013 recommends to health care practitioners to test the following persons for HIV as part of routine care:

- Those who request a test
- Pregnant women and those planning to become pregnant and their partners as appropriate
- Individuals presenting with clinical indication of HIV infection or with illness associated with a weakened immune system
- Sexually active clients who have never been tested
- Individuals who have shared drug use equipment
- Victims of sexual assault
- Individuals who have had unprotected vaginal or anal intercourse with a partner whose HIV status is positive or unknown
- Anyone who has, or has had another STI, Hepatitis C and/or T.B.

A suggested provider-initiated approach such as:

“HIV is transmitted primarily through unprotected sex, shared drug equipment use and from a pregnant mother to her child. Would you like me to order an HIV test as part of your blood work today?”

Such a method would help normalize testing. At this point of screening the client does not have to identify their risk factors to the provider removing a common barrier to testing. Of course the client does need a basic understanding of the advantages and disadvantages of the test and must be able to understand the results.

Undiagnosed HIV cases are a missed opportunity and represent a significant public health challenge. The longer people are unaware of their HIV infection the more likely they are to unknowingly transmit the virus to other. All discussions around HIV testing give rise to an opportunity to reinforce risk reduction and promote routine testing.

There are several advantages to HIV testing. A negative result is an opportunity for a person to make choices so that they can remain HIV negative. Early detection can improve treatment results and prevent further transmission. Detection at any point of the disease allows for initiating lifesaving treatment and access to other appropriate services. Testing can give rise to conversations with clients about strategies they may use to reduce their risk for exposure.

Adapted and used with permission from Infectious Disease Prevention and Control: Human Immunodeficiency Virus, HIV Screening and Testing Guide. Public Health Agency of Canada

Newfoundland and Labrador Communicable Disease Surveillance

Monthly Disease Report: December 2013



DISEASE CLASS	DISEASE NAME	TOTAL			EASTERN			CENTRAL			WESTERN			LABRADOR GRENFELL		
		Dec	YTD 13	YTD 12	Dec	YTD 13	YTD 12	Dec	YTD 13	YTD 12	Dec	YTD 13	YTD 12	Dec	YTD 13	YTD 12
Enteric, Food and Waterborne	Amoebiasis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Botulism	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Campylobacteriosis	2	47	42	2	27	27	0	11	5	0	9	10	0	0	0
	Cryptosporidiosis	0	3	5	0	0	0	0	0	0	0	3	4	0	0	1
	Cyclosporiasis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Cytomegalovirus	3	25	6	2	19	4	0	2	1	1	1	1	0	3	0
	Giardiasis	2	31	32	0	2	3	0	3	4	2	24	23	0	2	2
	Hepatitis A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Listeriosis	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0
	Norovirus Infection	0	88	101	0	38	18	0	26	13	0	21	52	0	3	18
	Salmonellosis	4	55	74	3	29	36	1	10	17	0	8	10	0	8	11
	Shigellosis	0	3	0	0	3	0	0	0	0	0	0	0	0	0	0
	Typhoid/Paratyphoid Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Verotoxigenic Escherichia coli	1	4	2	1	4	2	0	0	0	0	0	0	0	0	0	
Yersiniosis	0	1	1	0	0	0	0	0	0	0	1	1	0	0	0	
Diseases Transmitted by Direct Contact and Respiratory Route	Creutzfeldt-Jakob Disease (CJD)	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0
	Group B Streptococcal Disease of Newborn	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0
	Influenza Virus of a Novel Strain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Influenza A, Laboratory Confirmed	41	627	237	29	258	103	5	135	67	7	197	19	0	37	48
	Influenza B, Laboratory Confirmed	15	33	209	3	10	81	8	10	34	3	11	51	1	2	43
	Invasive Group A Streptococcal Disease	1	8	4	1	2	1	0	1	2	0	3	0	0	2	1
	Invasive Haemophilus Influenza non-type B	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0
	Invasive Meningococcal Disease (IMD), Conf	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Invasive Meningococcal Disease (IMD), Prob	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Invasive Pneumococcal Disease (IPD)	1	11	19	1	4	6	0	0	3	0	6	9	0	1	1
	Legionellosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Meningitis, Bacterial (other than Hib, IMD or IPD)	1	1	2	0	0	0	1	1	0	0	0	1	0	0	1
	Meningitis, Viral	1	3	5	0	2	5	0	0	0	0	0	0	1	1	0
	Nontuberculosis Mycobacterial Disease	0	2	10	0	1	10	0	0	0	0	1	0	0	0	0
	Severe Respiratory Illness, unknown origin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Tuberculosis, non-respiratory	0	3	0	0	1	0	0	0	0	0	1	0	0	1	0
Tuberculosis, respiratory	0	9	4	0	2	1	0	0	0	0	1	1	0	6	2	

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		Dec	YTD 13	YTD 12	Dec	YTD 13	YTD 12	Dec	YTD 13	YTD 12	Dec	YTD 13	YTD 12	Dec	YTD 13	YTD 12
Sexually Transmitted and Bloodborne Pathogens	Chlamydia	59	800	857	30	501	496	12	60	57	4	106	118	13	133	186
	Gonorrhoea	4	41	16	3	38	5	0	0	1	0	1	0	1	2	10
	Hepatitis C	7	104	65	4	75	52	0	7	2	3	20	11	0	2	0
	HIV Infection	1	6	8	1	6	7	0	0	1	0	0	0	0	0	0
	Syphilis, infectious	1	9	9	0	5	7	0	1	1	1	3	1	0	0	0
	Syphilis, non-infectious	0	3	4	0	2	4	0	0	0	0	0	0	0	1	0
Vectorborne & Other Zoonotic Diseases	Lyme disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Malaria	0	1	4	0	0	4	0	0	0	0	1	0	0	0	0
	Q Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rabies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Toxoplasmosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Trichinellosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	West Nile Virus Infection	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vaccine Preventable	Chickenpox	15	158	371	9	82	83	3	60	174	3	10	99	0	6	15
	Congenital Rubella Syndrome	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Hepatitis B	5	25	14	1	11	12	1	5	1	0	1	1	3	8	0
	Invasive Haemophilus Influenza type B (Hib)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Measles	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Mumps	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pertussis	1	20	0	1	14	0	0	0	0	0	0	0	0	6	0
	Rubella	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Source: Communicable Disease Control System, Department of Health and Community Services, Government of Newfoundland and Labrador

Date verified: 21-Feb-2014

Disclaimer: Data are subject to continuous updates; small variations in numbers may occur.

Note: Prior to January 2011, "Invasive Meningococcal Disease, Probable" was included under the heading "Invasive Meningococcal Disease"

The majority of chickenpox cases meet the probable case 'definition'

There was one case of Dengue Fever in August 2013 related to travel.