

Sexual Health

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What is Sexual Health?

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

How are we doing?

NWT Context:

- What do our indicators look like?
- In what areas is work being done?
- Where do we need to improve?
- What do you think?



Sexually Transmitted Infections (STIs): 101

Bacterial Infections

- Chlamydia *
- Gonorrhea *
- Syphilis *

*Reportable infections

STIs : 101

Viral Infections

- HPV (Human Papilloma Virus)
 - Herpes Simplex Virus
 - Hepatitis B *
 - HIV/AIDS *
 - Hepatitis C *

*Reportable infections

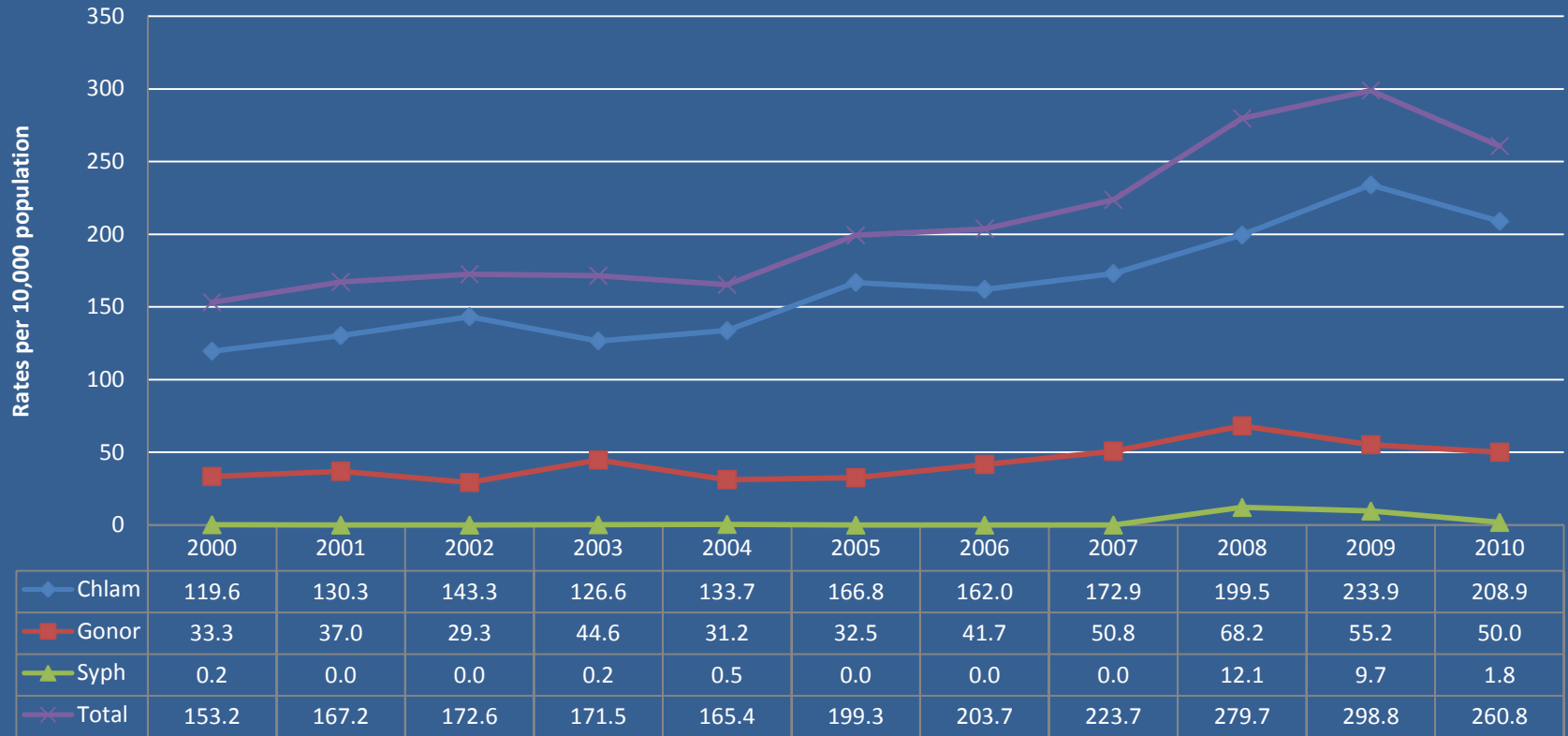
STIs : 101

Parasitic Infections

- Pubic Lice
- Scabies (sometimes)
 - Trichomonas

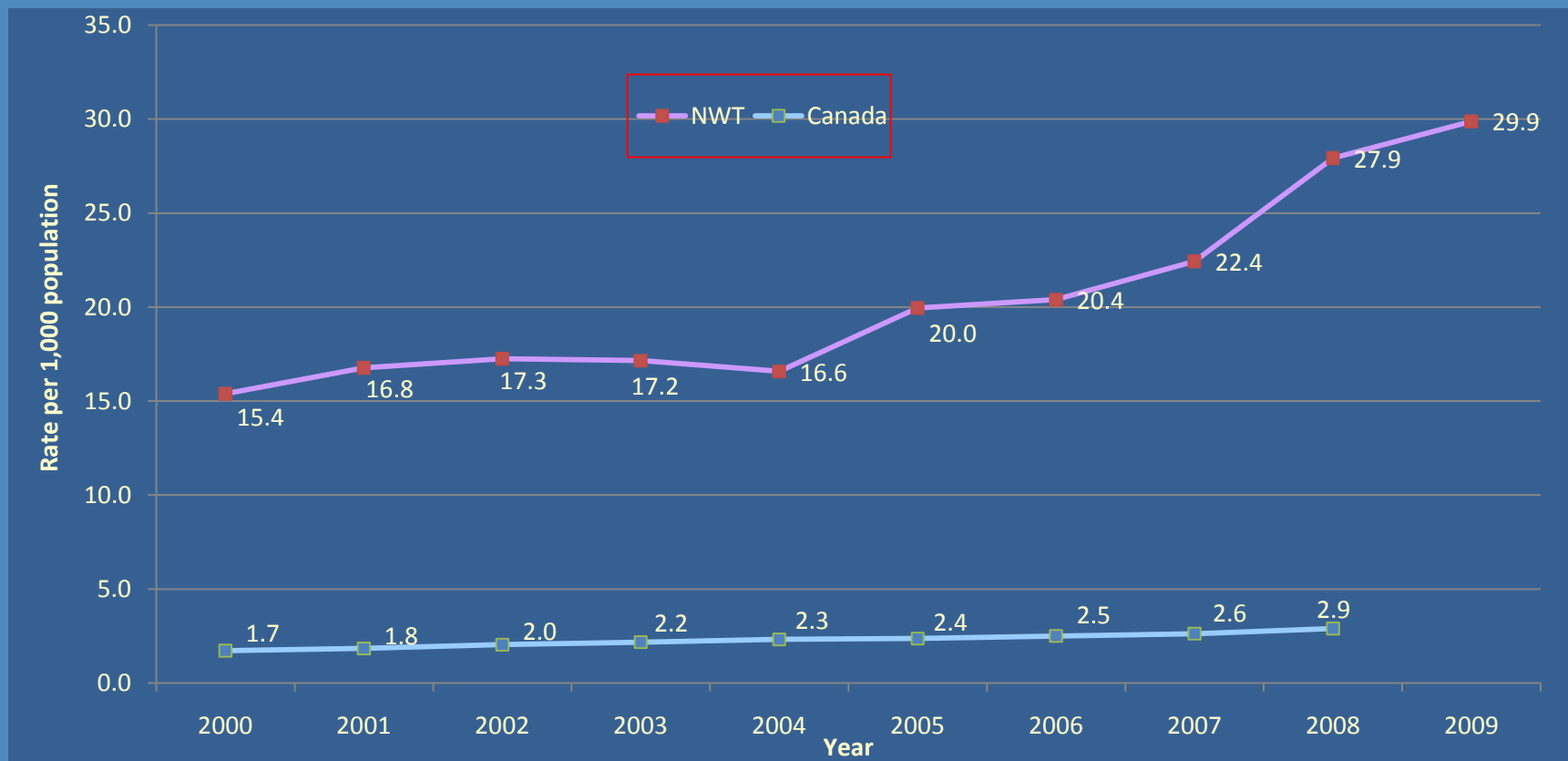
Rates of STI in the NWT

Incidence rates of STIs, NWT 2000-2010

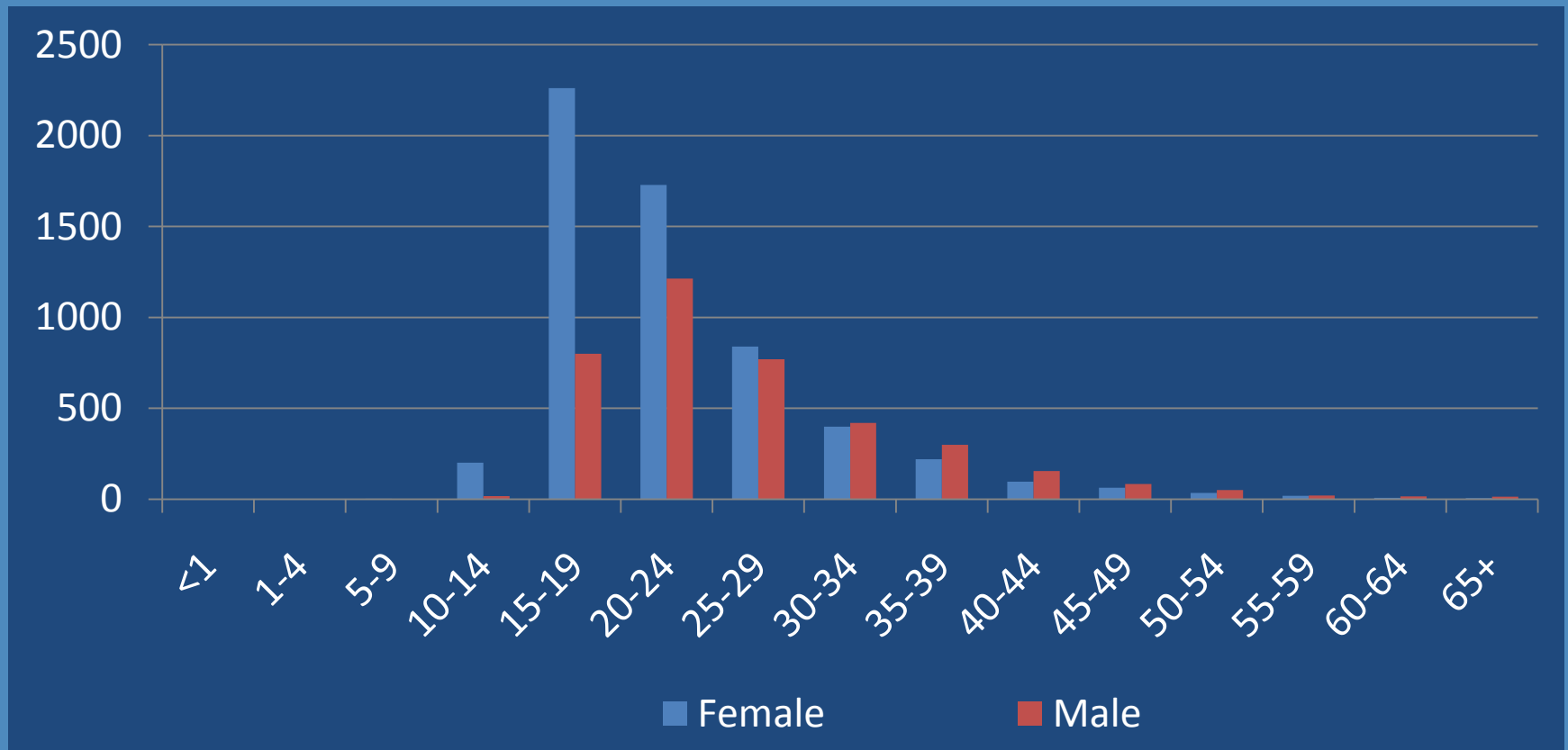


Source: Health Protection Unit, Department of Health & Social Services

STI Rates- NWT & Canada (2000 – 2009)

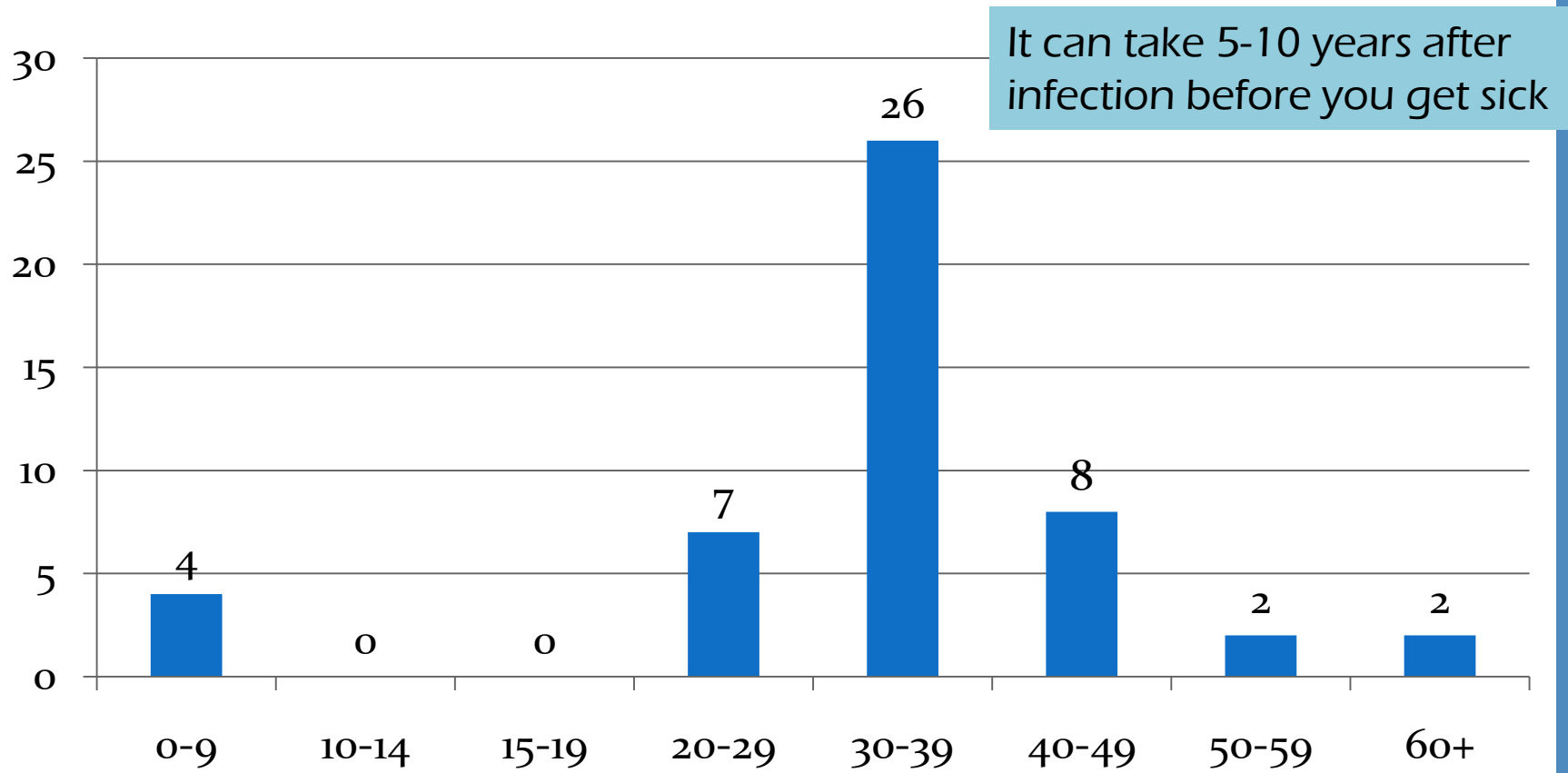


Northwest Territories Sexually Transmitted Infections 2000-2010 (n=9734)



HIV/AIDS in the NWT

1987-2010 Age distribution n=49



The reality:

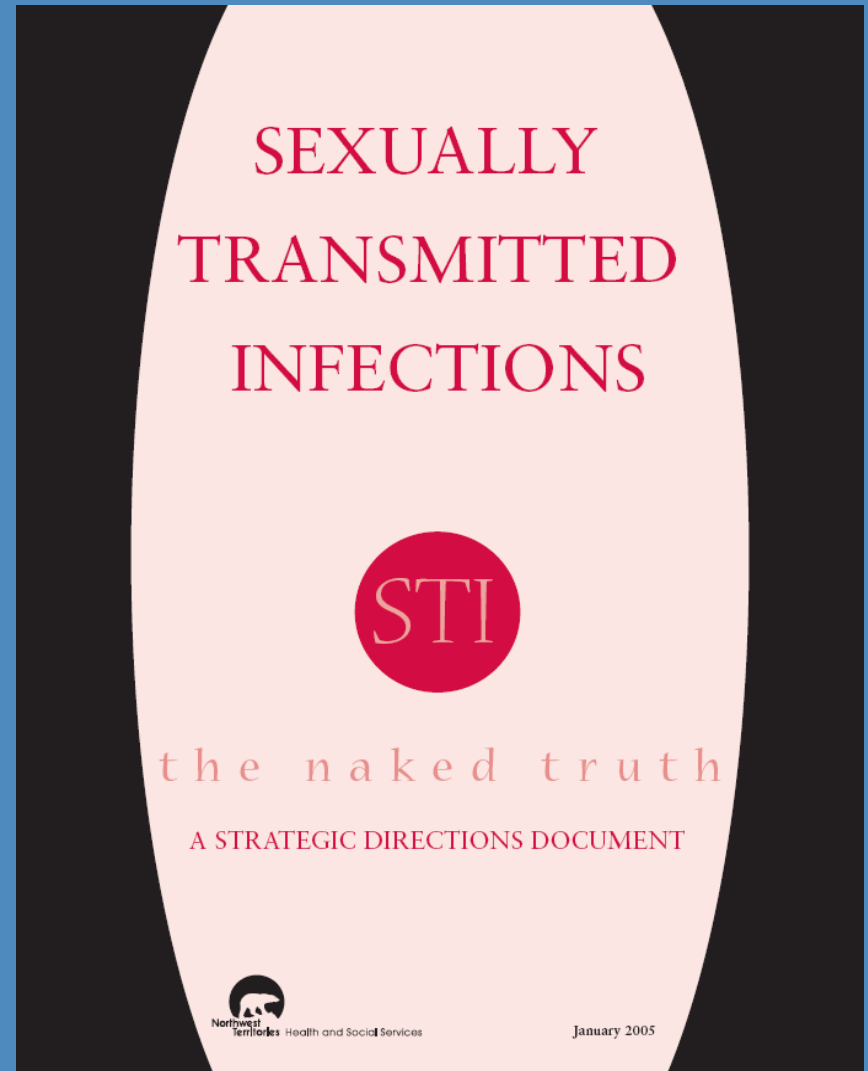
- 19 year old with Chlamydia and Gonorrhea recently exposed to HIV
 - Has a history of STIs for last 5 years
 - 10 Known sexual partners (can't recall all names)

Why?

- Let's think about the factors that may have lead to this reality
- What are the impacts – physical, emotional, social, societal?
- We will come back to this

Sexual Health Initiatives

- Document describes key elements of a comprehensive approach to prevent and control STIs in the NWT
- Identifies goals, objectives and actions to aid in raising awareness
- Key areas of focus: clinical practice and treatment, community prevention, health promotion and community involvement



Sexual Health Initiatives

- **Clinical Practice:**

Quarterly audits done by the Health Protection Unit to assess clinical treatment and partner notification undertaken by NWT community health nurses and public health nurses

87% of cases and contacts successfully followed-up

Sexual Health Initiatives



respect yourself protect yourself

SYPHILIS ALERT

The NWT is experiencing a syphilis outbreak.

Syphilis is a sexually transmitted infection (STI).

If left untreated, syphilis can cause:

- blindness
- deafness
- paralysis
- brain or heart disease

Babies born to mothers affected with syphilis may have serious health problems.

Syphilis can be transmitted by:

- oral, vaginal or anal sex
- skin contact with any sores or rashes
- mother to unborn child

Prevention:

- **Avoid sexual contact even with a condom or latex barrier until your doctor says all blood tests are satisfactory**
- **Never have sexual contact with anyone who has sores in the genital area**
- **Use a condom or latex barrier EVERY TIME**

Contact your local health care provider for questions on syphilis or call

Health Line
1-888-255-1010
TOLL FREE 24/7
www.hithss.gov.nt.ca

Northwest Territories Health and Social Services

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- Clinical Case Management
- Outbreak detected 2008
- Response coordinated through Health Protection Unit
- Enhanced surveillance, testing, case finding and treatment

Sexual Health Initiatives

- Clinical Practice:**

Clear guidelines developed for practitioners around cervical cancer screening, treatment and follow-up

Path for HPV infection follow-up

 NWT Cervical Cancer Screening Clinical Practice Guidelines		
<p>A woman with a visibly abnormal cervix or abnormal bleeding should be referred appropriately, regardless of the Pap test findings.</p>		
Screening Initiation	<p>Cervical cancer screening should begin 3 years after the onset of intimate sexual activity (includes intercourse, as well as digital or oral sexual activity involving the genital area), or at age 21, whichever occurs earlier.</p>	
Screening Recommendations	Negative smear	
	Routine Screening: Repeat smear annually until there are 3 consecutive normal smears, then continue every 2 years.	
	Positive smear	
	ASC-US: Atypical Squamous Cells - Undetermined significance	See reverse
	LSIL: Low-grade Squamous Intraepithelial Lesion	See reverse
	ASC-H: Atypical Squamous Cells - cannot exclude HSIL	Refer for colposcopy
	HSIL: High-grade Squamous Intraepithelial Lesion	Refer for colposcopy
	AGC: Atypical Glandular Cells	Refer for colposcopy
	AIS: Adenocarcinoma in Situ	Refer for colposcopy
	Unsatisfactory smear	Repeat Pap smear in 3 months.
Increased Surveillance	<ul style="list-style-type: none"> Women with immunosuppression (i.e. organ transplant, long-term steroids, HIV positive status) should be screened with Pap smears every 6 months until there are 2 consecutive normal smears, then continue at 12 month intervals. Women with a history of cervical cancer, HSIL, or AIS should be screened annually for life. 	
Discontinue Screening	<p>Women age 69 and older should discontinue screening if 3 or more normal smears in the last 10 years AND have no history of cervical cancer, HSIL or glandular lesion. If no prior screening, perform 3 annual Pap smears, then discontinue if all normal.</p>	
Screening Women with Special Circumstances		
<ul style="list-style-type: none"> Women who have never been sexually active have a low probability of developing cervical cancer. However, any intimate sexual activity (includes intercourse, as well as digital or oral sexual activity involving the genital area), with a partner of either gender, can transmit the HPV virus. If there is any doubt whether a woman has ever had intimate sexual contact, Pap screening should be initiated. Pregnant women should be screened with a Pap smear if more than 1 year since last Pap or if indicated according to the guideline. If the result is ASC-US or LSIL, repeat Pap 6 months postpartum. Women who have received HPV vaccination still require PAP screening according to this guideline. Women who have had a hysterectomy with the cervix removed may discontinue screening as long as there is no history of high-grade lesions. If prior HSIL, AIS, AGC, or cancer, yearly vaginal vault Pap smears should be performed. Women who have undergone subtotal hysterectomy and retained their cervix should continue with PAP screening. Women with benign endometrial cells should undergo endometrial biopsy if post-menopausal. If premenopausal & asymptomatic, no action is required. 		
<p>March 2010</p>		

Partnerships

The Prevalence of Human Papillomavirus (HPV) and its Impact on Cervical Dysplasia in the Northwest Territories

About HPV

Human Papillomavirus (HPV) is a very common sexually transmitted infection that may cause genital warts and in rare instances, lead to cervical cancer in women. During normally administered Pap tests, samples can also be tested for the presence of HPV. A Pap test is a great tool to reduce a woman's risk of developing cervical cancer and involves collecting cells from a woman's cervix and looking through a microscope to make sure that the cells are normal and healthy. A positive HPV test only means that you have HPV in your cervix and it does not mean that you have or will develop cervical cancer or genital warts.

Purpose of this Study

The purpose of this International Polar Year study was to find out the prevalence of the HPV infections in NWT women. The investigators also wanted to understand whether there are some life habits that increase the chance of acquiring the infection. NWT public health professionals will use this information to develop effective cancer screening and prevention programs for women in the North.

The study was designed and developed by a committee that consisted of local researchers, community members, and Aboriginal organization representatives.

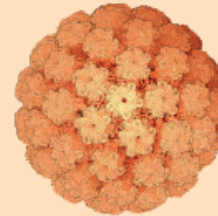
Data Collection

The study took place between April 2008 and March 2010. Over 6,000 Pap test samples were collected and tested from NWT women aged 14-84. Some women were also asked to complete a short questionnaire during their regular Pap test visits. Health professionals collected over 1280 questionnaires. The study was conducted in 19 health clinics that included 15 communities across the NWT.

Results

The first results of this study tell us that:

- ✦ About 24% of women in the NWT have an HPV infection, which is similar to other areas in Canada.
- ✦ A considerable number of young women under the age of 20 are sexually active and get Pap smears — 10% of the sample were in women aged 14-19.
- ✦ Because women and men do not know when they are infected, initial HPV infection happens early — 50% of Pap smears from women aged 14-19 showed HPV infection.
- ✦ Most HPV infections clear on their own, but some cause cervical abnormalities that can lead to cervical cancer.

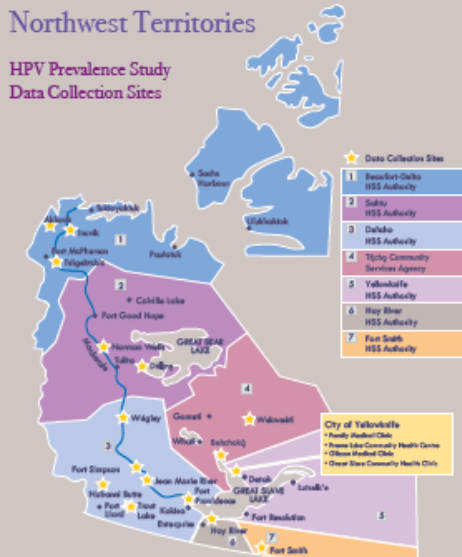


The Human Papillomavirus

Note that data analysis is not yet completed and communities will be updated when the results are released.

Northwest Territories

HPV Prevalence Study Data Collection Sites



Project Team

Dr. Yang Mao (PI, Public Health Agency of Canada), Dr. Paul Brassard (co-PI, McGill University), Candice Lys (Project Coordinator, Institute for Circumpolar Health Research), Government of the Northwest Territories Department of Health and Social Services, HPV Steering Committee

Acknowledgements

A special thanks to all nurses, nurse practitioners, midwives, physicians, and staff for their active participation in this study. Also, thank you to the study steering committee members for your time and expertise.

Sexual Health Initiatives

- **HPV Vaccine Program:**
- Prevention better than cure
- The HPV vaccine prevents cervical cancer. It provides protection against four types of HPV virus:
 - types 16 and 18 that cause about 70% of cervical cancers
 - types 6 and 11 that cause about 90% of genital warts
- NWT Program started in 2009 – grade 4/5 and community catch-ups of older girls

Sexual Health Initiatives

- Health Promotion:
- Youth Sexual Health Social Marketing Strategy
 - Youth Sexual Health Website
 - Youth Sexual Health Comic Book
 - Sexual Health Education Lesson Plan Kit

Sexual Health Initiatives

- **Youth Sexual Health Website:**

- Target Audience: Youth aged 13-19 years
- Includes resources & links for teachers
- Q & A section for anonymous questions
- Updated regularly
- Content, design & website features guided by input from NWT youth & Sexual Health Steering Committee



Sexual Health Initiatives



Sexual Health Initiatives

- Website

- Various promotional events in Edzo, Gameti, Yellowknife, Norman Wells, Fort Smith, Fort Providence and visits planned to Inuvik, Tulita, Lutselk'e this spring.



Sexual Health Initiatives

- Sexual Health Comic Book
- Focus group tested with NWT youth
- Completion date Spring 2011
- Healthy Aboriginal Network (Vancouver, B.C.)
- Distributed throughout the territory



Sexual Health Initiatives

- **Sexual Health Education Lesson Plan Kit**
- Development of educator resource tied to respectyourself.ca website
- Lesson Plans will be available as PDF's from website and in printed and DVD format
- Specific ties to ECE Family Life Curriculum Learning Outcomes will be identified for educators
- Process guided by steering committee
- Community skill building workshops for educators in 2011-2012



Back to our case study

- 19 year old with Chlamydia and Gonorrhea recently exposed to HIV
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What's the impact?

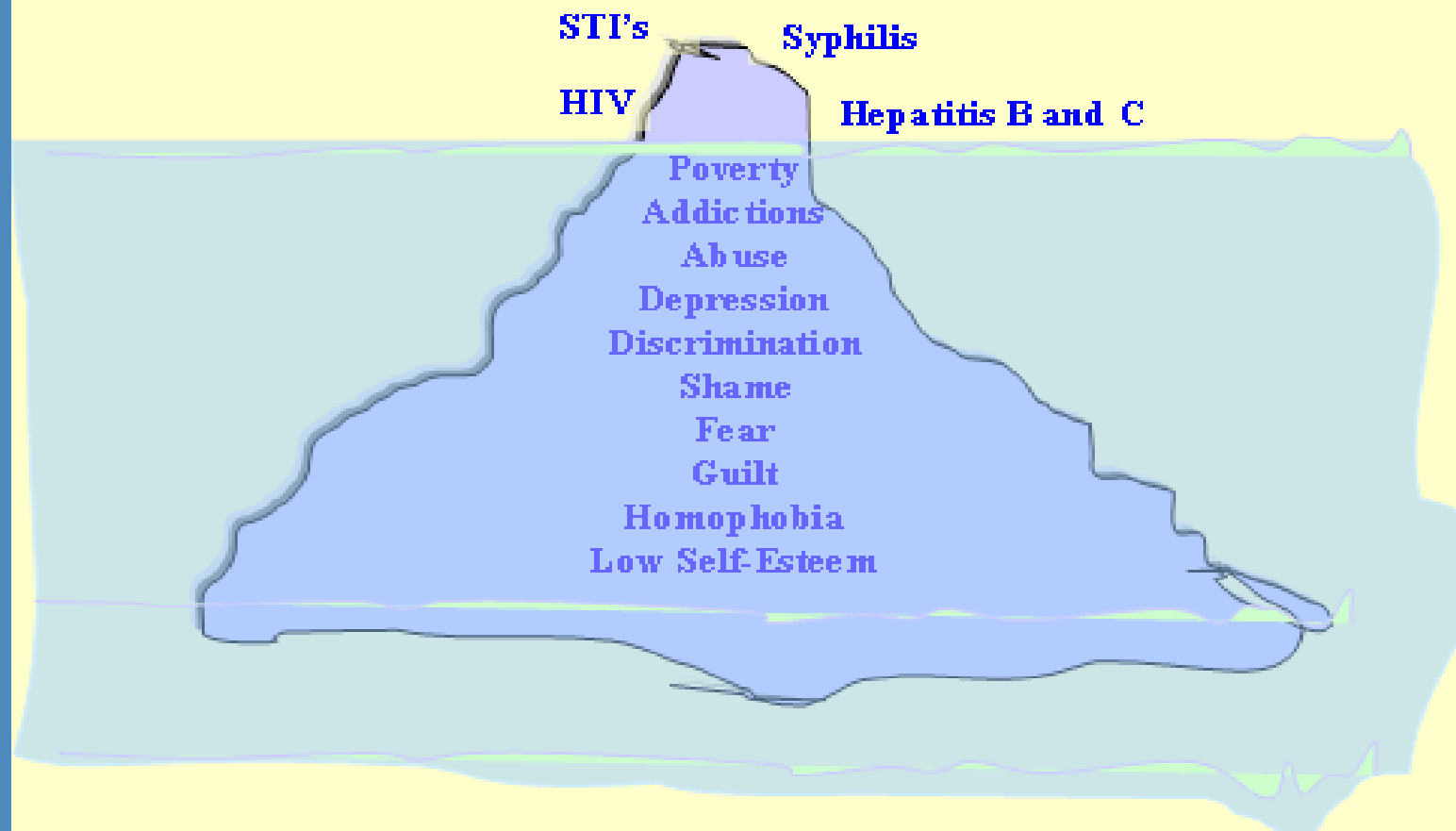
- Physical?
- Body Damage
 - PID
 - Disseminated Diseases
 - Congenital Effects
 - Infertility

What else?

- If we think about the holistic definition of sexual health what are the other impacts?

The Reality

ICEBERG of RISK



The Impacts

- What can we do as individual women and members of our community to promote safe and healthy sexuality?