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Patrick O'Byrne NP PhD

Professor of Nursing
Nurse Practitioner
University of Ottawa | Ottawa Public Health
School of Nursing | STI Clinic Services
Patrick.OByrne@uOttawa.ca



Disclosures

Conflicts of Interest

Public Appointee to Minister of Health	 Ontario HIV/AIDS Advisory Committee 		
Funding	 Public Health Ontario Ontario HIV Treatment Network Ontario Ministry of Health Health Canada Canadian Institutes of Health Research Public Health Agency of Canada National Microbiology Laboratory Community Based Research Centre 		
Conflicts of Interest	None to declare		

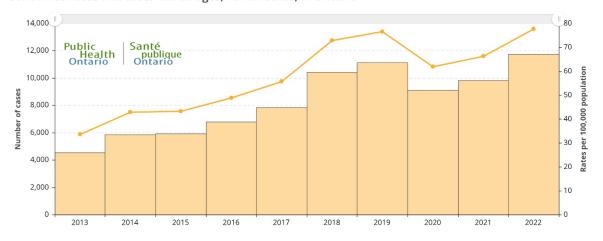
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Context in Ontario

STI/HIV Epidemiology (Ontario)

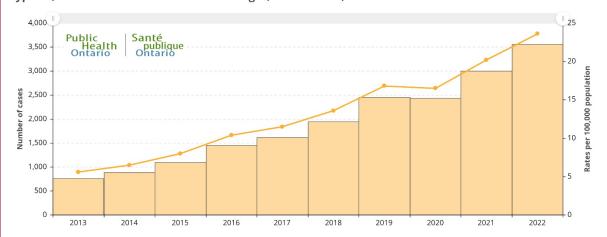
Gonorrhea rates and cases for all ages, for all sexes, in Ontario



Chlamydia rates and cases for all ages, for all sexes, in Ontario



Syphilis, infectious rates and cases for all ages, for all sexes, in Ontario



HIV rates and cases for all ages, for all sexes, in Ontario



Polling Question

Among guys who have sex with guys, what proportion of chlamydia and gonorrhea infections are detected exclusively at extra-genital sites (i.e., oro-pharynx &/or rectum only)?

- a. 25-30%
- b. 45-50%
- c. 65-70%
- d. 80-85%



Dara Spatz Friedman^{1,2}, Patrick O'Byrne^{1,2}

Table 2: Detection of gonorrhea or chlamydia by site of infection, gbMSM, Sexual Health Clinic^a, Ottawa, July 1, 2012–June 30, 2017

	Gonorrhea			Chlamydia		
Cases	Number of cases	Average annual number of cases	Percent of all cases	Number of cases	Average annual number of cases	Percent of all cases ^b
All cases	258	51.6	100.0%	414	82.8	100.0%
Total with known site	258	51.6	100.0%	413	82.6	99.8%
Genital only	140	28	54.3%	215	43	51.9%
Genital and extragenital	37	7.4	14.3%	27	5.4	6.5%
Extragenital only	81	16.2	31.4%	171	34.2	41.3%
Pharyngeal	14	2.8	5.4%	18	3.6	4.3%
Rectal	61	12.2	23.6%	142	28.4	34.3%
Pharyngeal and rectal	6	1.2	2.3%	11	2.2	2.7%
Other	0	0	0.0%	1	0.2	0.2%

Abbreviation: gbMSM, gay, bisexual, and other men who have sex with men

Table 3: Detection of gonorrhea or chlamydia by site of infection, gbMSM, Sexual Health Clinic^a, Ottawa, May 1, 2018–October 31, 2019

	Gonorrhea			Chlamydia		
Cases	Number of cases	Average annual number of cases	Percent of all cases	Number of cases	Average annual number of cases	Percent of all cases ^b
All cases	348	219.8	100.0%	332	209.7	100.0%
Total with known site	348	219.8	100.0%	330	208.4	99.4%
Genital only	41	25.9	11.8%	75	47.4	22.6%
Genital and extragenital	64	40.4	18.4%	40	25.3	12.0%
Extragenital only	243	153.5	69.8%	215	135.8	64.8%
Pharyngeal	106	66.9	30.5%	19	12.0	5.7%
Rectal	72	45.5	20.7%	152	96.0	45.8%
Pharyngeal and rectal	65	41.1	18.7%	44	27.8	13.3%
Other	0	0.0	0.0%	2	1.3	0.6%

Abbreviation: gbMSM, gay, bisexual, and other men who have sex with men



^a Data source: Ministry of Health and Long-term Care, integrated Public Health Information

System, extracted by Ottawa Public Health, November 19, 2019

^b Does not include one case where site was unknown

^a Data source: Ministry of Health and Long-term Care, integrated Public Health Information System, extracted by Ottawa Public Health, November 19, 2019

^b Does not include two cases where site was unknown

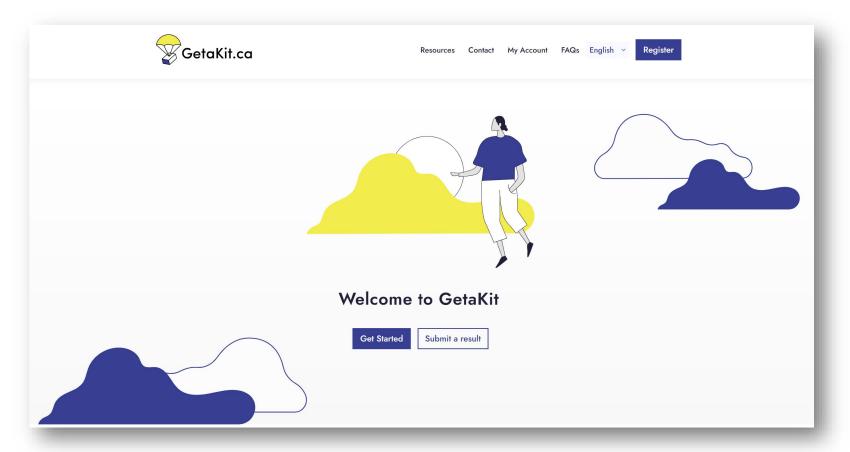
The Intervention



What is GetaKit?



- Automated clinical decision tool that recommends / provides sexual health services
- Based on guidelines from: PHAC, MOH, PHO, PHOL, CMAJ





What is Available?



- Gonorrhea / Chlamydia
 - Swabs (oral/rectal)
 - Urine
- Syphilis
 - Serology
- Hepatitis C
 - Serology
- HIV
 - Serology
 - Self-test









SELF-SWAB COLLECTION GUIDE



Handling precautions

- Handle the swab tube carefully, as the liquid inside it can irritate skin or other body parts.
- . If the liquid inside the tube spills on your skin, wash the affected area with soap and water. If the liquid splashes into your eyes, flush your eyes with water immediately.
- If the liquid inside the tube is spilled, clean the area with detergent (soap) and water. If a spill occurs after collecting your specimen, FIRST clean the affected area with detergent and water, and then with 0.5% sodium hypochlorite (bleach).
- The collection tube contains quanidine hydrochloride. Do not allow direct contact between quanidine hydrochloride and sodium hypochlorite (bleach) or other highly reactive reagents, such as acids or bases. These mixtures can release a noxious gas.
- If any of these events occur, notify your healthcare provider.

Swab collection - Scan the QR codes below for instructional videos on how to collect your swabs!

- Remove the collection tube and open the swabs. There are two swabs. Take out the swab with the bigger cotton-like tip. Throw away the smaller swab; it is not needed for either of the tests.
- · Carefully remove the cotton-tipped swab from the packaging. Do NOT touch the tip of the swab. Do NOT pre-wet the swab in the liquid in the tube before collection.

FOR ORAL SWABS:

- o Hold the swab below the black line at the opposite end of the swab cotton.
- Swab the back of your throat and both tonsils and the uvula.
- Make sure the swab does NOT touch your tongue or cheeks.
- Label the tube with the sticker marked "throat"

FOR RECTAL SWABS:

- Hold the swab below the black line at the opposite end of the swab cotton.
- o Insert the swab 3-5 cm into your burn and rotate for 10-15 seconds.
- Label the tube with the yellow sticker marked "rectum"
- · After you have collected your swab, remove the cap from the swab tube.
- Insert the swab into the swab tube until the black line on the swab is lined up with the tube rim.
- Bend the swab against the tube to break the swab at the black line. Leave the swab end in the tube.
- Tightly close the swab tube lid and throw away the top portion of the swab.
- · Repeat these steps for the second swab, if applicable.
- Remember to label your swab tubes with the corresponding sticker (throat or rectum)
- Store your swabs at room temperature until you drop them off at the lab.

THROAT SWAB VIDEO

RECTAL SWAB VIDEO











BEFORE SWAB COLLECTION

- Use only the cotton tipped swab for testing. Discard the flocked swab.
- Avoid use of over-the-counter hygiene and/or prescription products in the throat before or during the swab.
- Avoid contact of solution with skin, eyes, or mucous membranes. If contact does occur, immediately wash area with large amounts of water









eline on the swab shaft is lined up with the tu Carefully lean the swab against the tube time n. The tip of the swab should not be submerge ouid prior to breaking the shaft. to break the swah shaft at the scoreline



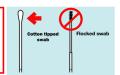


lightly close the cobas PCR Media tube. and the top portion of the swab. Wash y hands. The samples can be stored at room mperature before bringing them to your

HOW TO TAKE A RECTAL SWAB

BEFORE SWAB COLLECTION

- Use only the woven swab for testing. Discard the flocked swab. A small amount of feces may be visible on the swab after testing.
- Avoid use of over-the-counter hygiene and/or prescription products to, or in, the rectum before or during the swab.
- · Avoid contact of solution with skin, eyes, or mucous membranes. If contact does occur, immediately wash area with large amounts of water





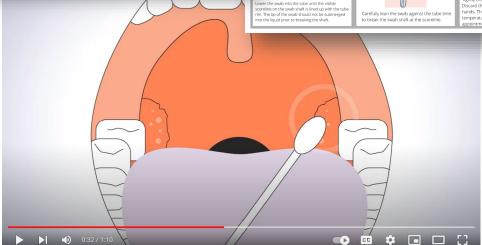








ightly close the cobas PCR Media tube ard the top portion of the swab. Wash yo hands. The samples can be stored at room emperature before bringing them to your



GetaKit: How to Do the Oral Swab















How does GetaKit work?



- 1. User accesses website, registers, and completes risk assessment
- 2. GetaKit system algorithm determines testing needs & presents these to user
- 3. User opts-in/out of testing
- 4. GetaKit nurse reviews and approves/rejects/modifies order
- 5. GetaKit system generates requisitions (with local ordering provider) and shipping labels
- 6. GetaKit team mails out requisitions/swabs OR requisitions become available
- 7. GetaKit system sends automated message notifying user of order status/shipping
- 8. User receives testing materials and goes to local lab (private or local STI clinic)
- 9. Local lab does testing and/or forwards specimens to PHOL
- 10. Test results returned to local provider
- 11. Test results returned to GetaKit system and made available to user
- 12. Person treated in local clinic by local ordering provider (as needed)
- 13. GetaKit systems sends automated retest reminders based on users' risk practices



Polling Question

When should people who are diagnosed with chlamydia or gonorrhea complete re-screening?

- a. After 1-2 month
- b. After 3-6 months
- c. After 9-12 months
- d. Never (not clinically indicated)

Sexually transmitted and blood-borne infections: Guides for health professionals



Government Gouvernement du Canada

Gonorrhea guide: Treatment and follow-up

Screening for reinfection

Repeat screening of people with a gonococcal infection is recommended six months ost treatment, because of the risk of reinfection $\frac{47}{2}$.

Chlamydia and LGV guide: Treatment and follow-up

Screening for reinfection

Repeat screening is recommended three months ost-treatment for all people with *C. trachomatis* infection because the risk of reinfection is high. 19 20



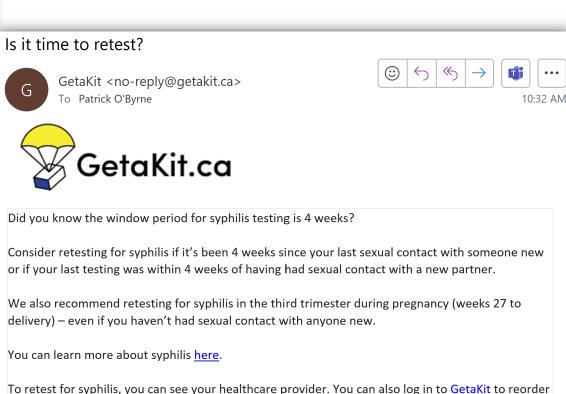
Ontario Gonorrhea Testing and Treatment Guide, 2nd Edition Santé publique Ontario

Re-Screening

- Gonorrhea cases should be re-screened six months fter treatment. If re-screening at six months is not possible, cases should be re-screened when they next seek medical care within the next 12 months.
- For individuals at ongoing risk for STBBI, consider screening for gonorrhea, chlamydia, syphilis and HIV at three-month intervals.







syphilis testing today.

Who can use GetaKit?



- **1.** Age: 18 years of age or older
- 2. Risk factors: Sexually active and/or share drug equipment

3. Geo-location:

- Anywhere in Ontario
 - HIV self-test
- Participating Public Health Unit jurisdictions
 - Swabs / serology / urine

Participating PHUs

Public Health Unit	Infections	Status
Ottawa Public Health Leeds, Grenville, Lanark Kingston, Frontenac, Lennox & Addington North Bay Parry Sound Hastings Prince Edward Renfrew County	 Gonorrhea/Chlamydia Urine Oral/rectal swabs HIV Serology Self-test Syphilis serology Hepatitis C serology Gonorrhea/Chlamydia Urine Oral/rectal swabs HIV self-test 	Live
Peterborough	• All	Launch Mar 4 2024
Peel	• All	Date TBD
Windsor	ΔII	Date TBD



Outcomes

Overall Uptake (July 20 2020) n=9644



	Metric	%
	Cis-female	21%
Gender	Cis-male	68%
	Trans-female	2.5%
	Trans-male	1.5%
	Gender non-conforming	7%

Me	%	
	gbMSM	54%
Sexual Orientation	Heterosexual	25%
	Two-Spirited	0.6%
	ACB	17%
Ethnicity	Arab	5%
	Indigenous	4%
	Latinx	5%
	Asian	22%
	White	40%

Diagnostic Outcomes



Infection	# of Orders	# of Results	Positive Results	Positivity Rate (All orders)	Positivity Rate (Completed tests)
Chlamydia	489		12	2.4%	
Gonorrhea	489		1	0.2%	
Syphilis	489		1	0.2%	
HIV	9522		28	0.3%	



Let's try it out



Patrick O'Byrne NP PhD

Professor of Nursing
Nurse Practitioner
University of Ottawa | Ottawa Public Health
School of Nursing | STI Clinic Services

Patrick.OByrne@uOttawa.ca

LinkedIn https://www.linkedin.com/in/patrick-o-byrne-a89132250/
Twitter https://twitter.com/Patrick OByrne