

STBIs



SEXUALLY TRANSMITTED AND BLOODBORNE INFECTIONS (STBIs) ARE EVERYBODY'S BUSINESS

Since the first diagnosis of AIDS in 1981, 20 million persons have died of the disease throughout the world. The number of persons living with HIV/AIDS is estimated at somewhere between 34 and 46 million. In 2003 alone, there were five million new cases of infection.

Throughout the world, unprotected sex between heterosexual partners constitutes the predominant mode of transmission for the virus, representing close to 55 % of notified cases. Intravenous drug use plays an increasingly important role in transmission and could become the driving force for an epidemic in the near future. A fivefold increase in infection has been observed among drug users.

Studies reveal that the prevalence of STBIs may be compared with HIV-infection rates. At the least, we can conclude that a population with a high rate of STBIs is significantly at risk of HIV infection. These sexually transmitted infections increase the risk of HIV transmission by a factor of two to five.

There are disturbing signs of an increase in some sexually transmitted infections that have nearly disappeared, such as syphilis and gonorrhea. An increase in risky behaviour in several regions (notably Montréal and Nunavut) has also been observed. As *Nunavimmiuts* travel more and more frequently, the barrier of isolation can no longer serve as protection.

In spite of the great and important efforts made by health workers to trace the contacts of persons infected with an STI, the single-dose treatment, which has proven very effective in terms of acceptance of treatment, does not contribute to changing risky sexual habits.

The work overload at the CLSCs is an obstacle to the implementation of programs for the prevention of STBIs. The population suffers from a lack of knowledge. One result of the widespread stigmatization relative to the problem of HIV/AIDS is that very few persons seek screening in spite of the prenatal program. Too many *Nunavimmiuts* still believe that AIDS will not reach Nunavik.

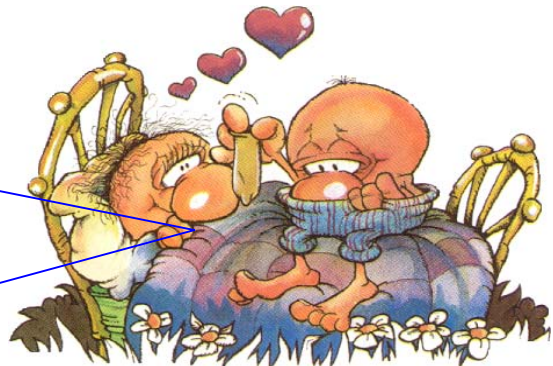
References: ONUSIDA 2004. Report on world health 2004, WHO

Why have STDs become STIs ?

STDs, or sexually transmitted diseases, are now called STIs: **Sexually transmitted infections**. In general, the term *disease* is associated with the presence of symptoms, whereas the term *infection* includes affected individuals with no apparent symptoms. An individual can therefore be infected with and transmit an STI even though he or she does not feel sick.

STI or STBI ?

Some diseases can be transmitted in two ways, sexually or through blood.



CHLAMYDIA

Chlamydia is a sexually transmitted disease that is often asymptomatic, which can make it difficult to detect. It can cause cervicitis* and endometritis. The infection persists until adequate treatment. Without treatment, it can last months or even years.

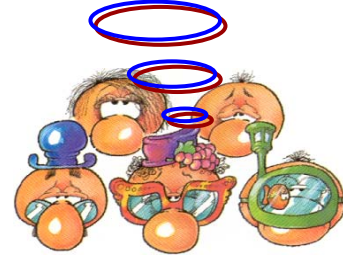
Chlamydia can give rise to complications such as pelvic inflammatory disease, infertility, ectopic pregnancy (pregnancy that develops outside the uterus) and others.

GONORRHEA

Among women, gonorrhea usually appears in the form of urethritis, pelvic inflammation or cervicitis. In men, the infection appears in the form of urethritis or epididymitis. Gonorrhea persists until adequate treatment.

It can lead to certain complications such as salpingitis, infertility, arthritis, meningitis, endocarditis and epididymitis in men.

These two diseases can be transmitted sexually, but also from mother to newborn during delivery.



STBI - PARTNERS TO CONTACT ACCORDING TO CONTAGIOUS PERIOD

INFECTION	PARTNER TO CONTACT
Genital <i>Chlamydia trachomatis</i> infection or Gonorrhea infection	<ul style="list-style-type: none"> ✓ Partners who had genital contact with the index case within 60 days preceding the onset of symptoms or the time of diagnosis; ✓ If there were no sexual partners within the 60 days preceding the diagnosis, contact the index case's most recent sexual partner; ✓ Partners who had sexual contact with the index case before the latter completed treatment or less than seven days after single-dose treatment; ✓ Partners who had sexual contact with a symptomatic index case.
Primary syphilis	Partners who had sexual contact with the index case : <ul style="list-style-type: none"> ✓ Up to 90 days before the onset of symptoms or the diagnosis; ✓ During the symptomatic period.
Secondary syphilis	Partners who had sexual contact with the index case : <ul style="list-style-type: none"> ✓ Up to six months before the onset of symptoms or the time of diagnosis ; ✓ During the symptomatic period.
Early latent syphilis	Partners who had sexual contact with the index case up to one year before the time of diagnosis.

Cervicitis :

Inflammation of the cervix, of infectious origin

Salpingitis :

Inflammation of the fallopian tubes

Endometritis :

Inflammation of the mucosa of the uterus

Epididymitis :

Acute or chronic inflammation of the epididymis, very often accompanied by orchitis

Epididymis :

Elongated structure along the posterior border of the testis in the ducts of which the spermatozoa are stored, consisting of a head, a body and a tail.

Orchitis :

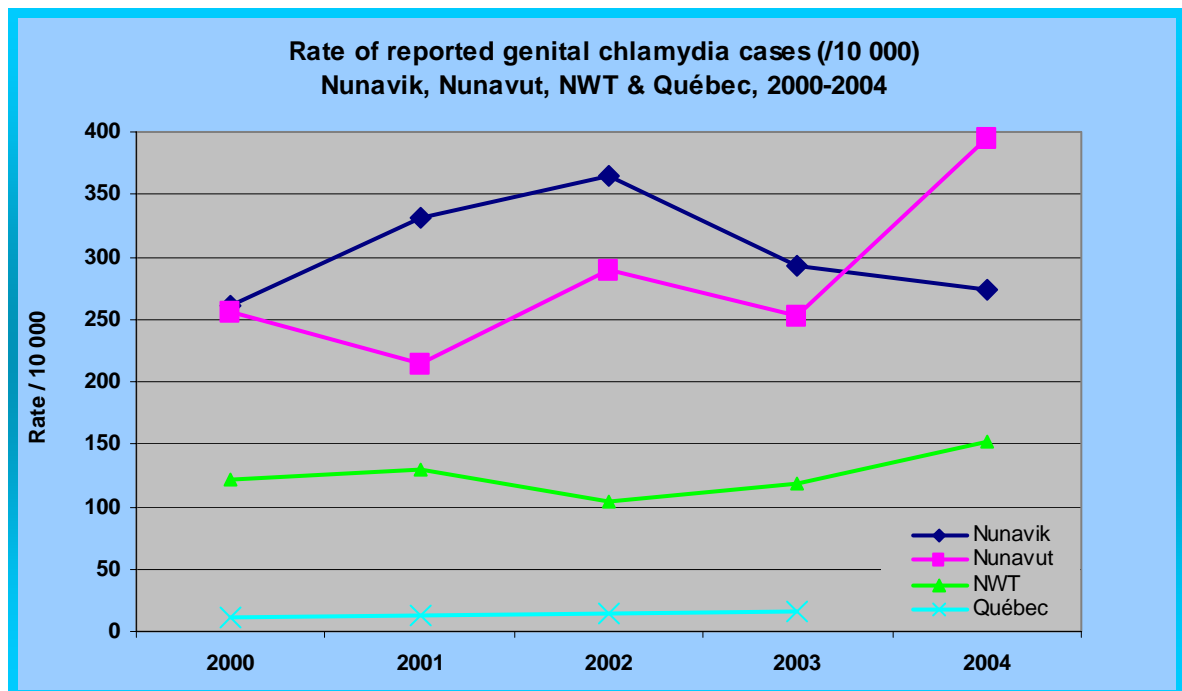
General term for any acute or chronic inflammation of the testes





and now...

INFO - Chlamydia and Gonorrhea in Nunavik



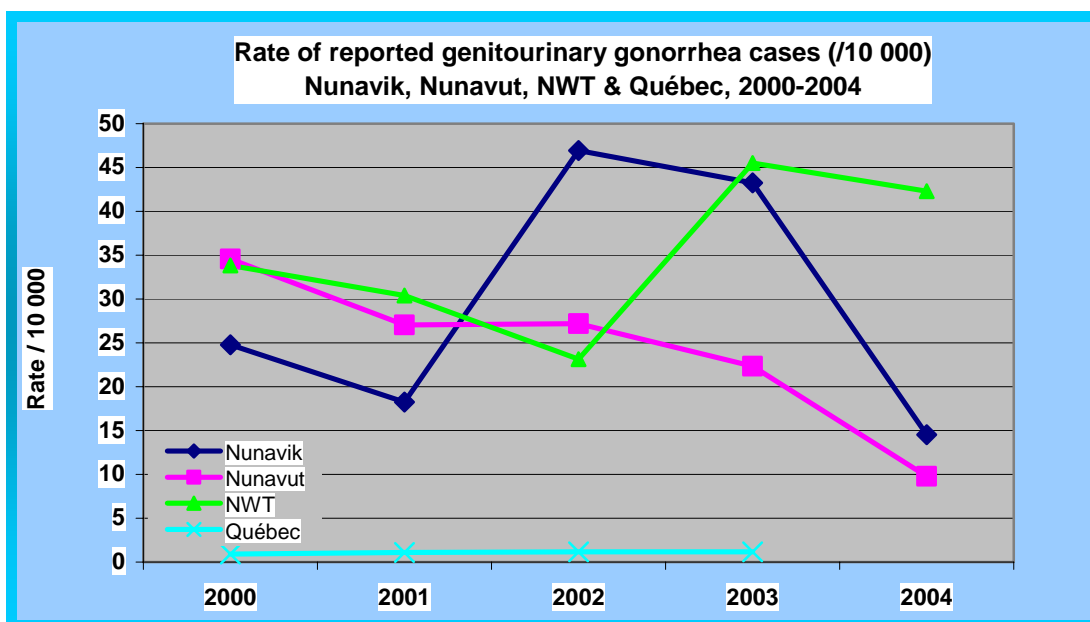
The rates of sexually transmitted diseases (STIs) in Nunavik are often compared with those of the entire province of Québec. That comparison must be maintained, but it is also relevant to compare it with other regions such as Nunavut and the Northwest Territories (NWT), whose cultural, historical and ethnic backgrounds are closer to the reality of Nunavik

In Nunavik, in spite of an increase in the Chlamydia rate in 2002, that rate remained relatively stable from 2000 to 2004

The Nunavut and NWT rates are also stable, except for a net increase in 2004 for Nunavut.

Nunavik's average Chlamydia infection rate is the highest of the four regions identified in the chart, and that average is more than 20 times greater than that for all of Québec. In general, a very high STI rate is associated with risky sexual behavior, including less effective protection during sexual relations. These results lead us to believe that such is the case in Nunavik.

Condoms are the best
method of
preventing STIs.



The gonorrhea rate in Nunavik was more or less the same in 2000-2001 and 2004; a significant increase occurred in 2002-2003. Interestingly, the same type of phenomenon appears to have occurred in the NWT, but with a one-year gap. Once the data is available, it will be interesting to see if the similarity persists over time.

Between 2000 and 2004, a progressive drop in the rate of this STI occurred in Nunavut (going from roughly 35/10,000 to 10/10,000).

Once again, the average gonorrhea rate in Nunavik during these years was more than 25 times higher than the provincial average.

In Nunavik, since October 2003, all the reported cases of gonorrhea were recorded on the Hudson coast. In other words, no cases of gonorrhea were reported on the Ungava coast during this period.



SO... spread the word about condoms!

