

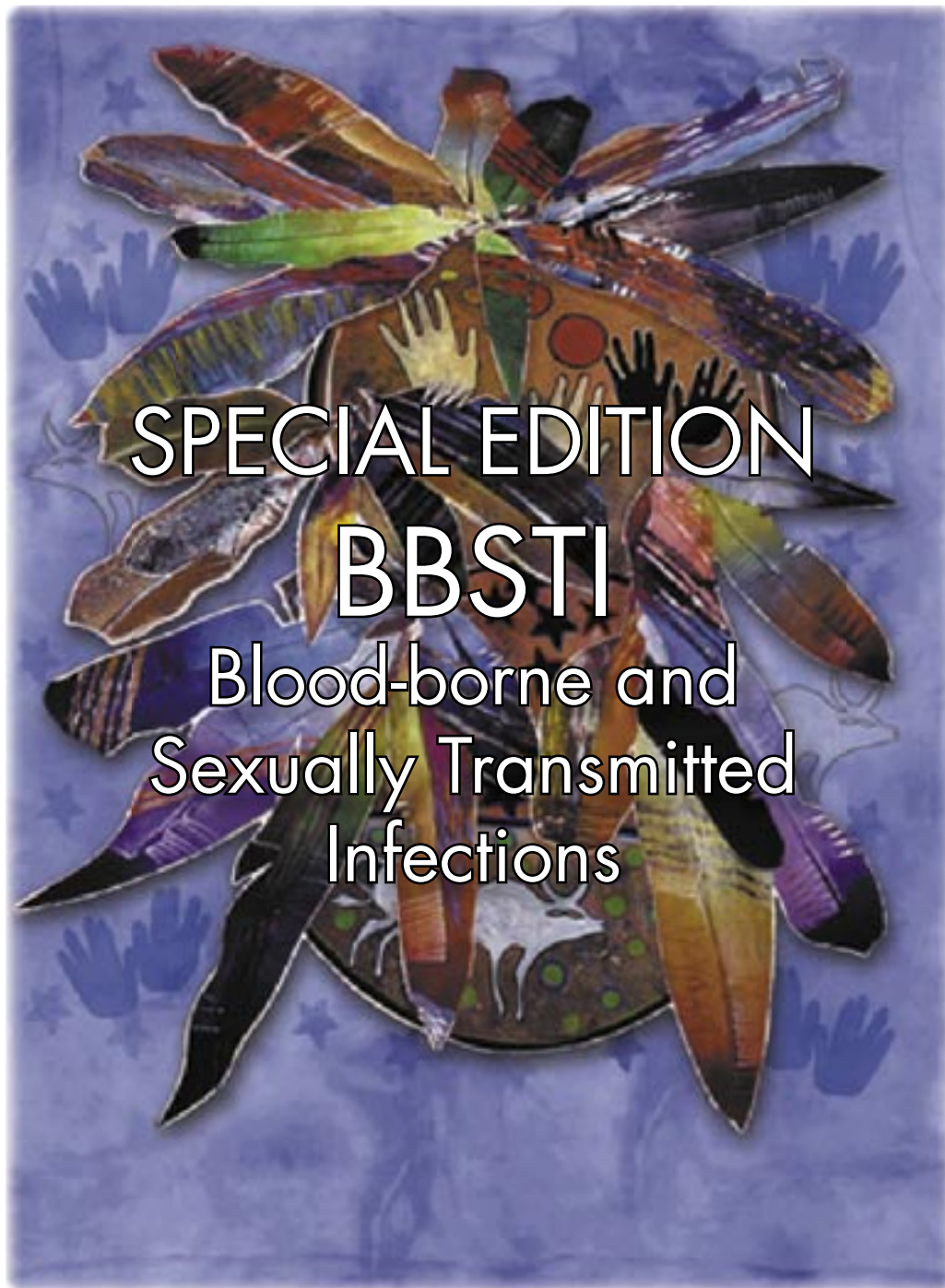
NEWSLETTER

THE CIRCLE OF HOPE

The First Nations and Inuit of Quebec
HIV and AIDS Strategy



Special Edition 2004



SPECIAL EDITION

BBSTI

Blood-borne and Sexually Transmitted Infections

SUMMARY

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"To work together in the spirit of honour and respect towards a holistic HIV/AIDS strategy for the First Nations and Inuit of Quebec"

NEWSLETTER THE CIRCLE OF HOPE

This newsletter aims to provide an information and communication platform to all the people affected by HIV and AIDS among the Quebec First Nations and Inuit. It also aims to provide an update on the FNQLHSSC HIV/AIDS-related projects. If you wish to subscribe to receive your free copy of the newsletter, or if you wish to publish a text, personal account or open letter, please contact the FNQLHSSC at 418-842-1540. The opinion expressed in this newsletter are those of the authors and do not necessarily reflect the official positions of the FNQLHSSC or its funding sources.

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THE TRANSMISSION OF BBSTI, A QUESTION OF BEHAVIOUR

Are you familiar with BBSTI, which stands for Blood-borne and Sexually Transmitted Infections (BBSTI), and which we used to call simply STD for Sexually Transmitted Diseases? The new term was coined in order to include a wider range of diseases, notably the various forms of hepatitis.

There are several types of BBSTIs. In this Bulletin, we will introduce you to a few of them, as well as to their symptoms, modes of detection, consequences and modes of transmission. In order to illustrate how easily and freely these infections circulate, I am going to tell you my story.

In July 2002, I was alone and not dating anyone. During the summer I met a young man, who was not from here, at least I don't think he was. We shared a lot of interests in common like cinema and music. In time, we became very close. His name was Paul. When we had sexual relations, we always used a condom. Unfortunately, he moved away a few months later, and because of the distance, we no longer saw each other.

Then I met Daniel, who was without a doubt, the best looking guy in the world. My friends were all jealous because I had met such a sweet and well-intentioned young man. During our first sexual contacts, we used the condom, at my request. I asked him if he had any objections and he told me that he wasn't crazy about using condoms. After a few weeks, I felt completely confident with him. I knew that he had gone out with other girls, but his past didn't worry me. He didn't look like the kind of guy who sleeps with every girl he meets and on top of that he was athletic and took care of himself. When he asked me if we could dispense with the condom, I immediately agreed. For me it was "safe" and since I had always used a condom with Paul, I felt I was all right.

Our love story lasted a couple of months, until we broke up. I was really hurt, but life goes on and then I met Eric. We were really quite different from each other, and I think that is what attracted me about him. I really wanted to please him and when the time came for having sex, we didn't talk much, we just did it, and without a condom. I didn't ask that we use one and he didn't offer. It all happened with no questions asked. Clearly, the relation didn't last very long and we broke up without suffering too much.

At the beginning of the summer I was with several of my girl friends and we began to talk about BBSTIs. One of our friends said that we could have an infection, without even realizing it. She told us about genital herpes, gonorrhoea, chlamydia and even AIDS. She told us that we could contract any of those infections if we had unprotected sex with someone who carries the infection. I began to be a little afraid, because of my behaviour over the past year. I felt however that it was impossible for it to happen to me, because I was so healthy. I didn't tell anyone about my fears, but I did some research to learn more and to find out if my friend was right.

A few weeks ago, I went to see a doctor to take at BBSTI test, and I just got the results. ... **I am HIV POSITIVE.**

The diagnosis was a shock for me and also for my partners. I needed support in order to tell my partners what my serological condition was, so that they would also go for blood tests and break the chain of transmission.

I tried to find out how or from whom I caught it, so I made a diagram to better understand it. Clearly, it really won't help me to find out where I caught the virus, but I realized that because I believed I was "safe" I had engaged in risky behaviours that put others at risk. If you examine my diagram, you will see that Daniel got the virus from Anick, who got it from her old boyfriend "S", who got it from an old girlfriend, and so and so on. ,

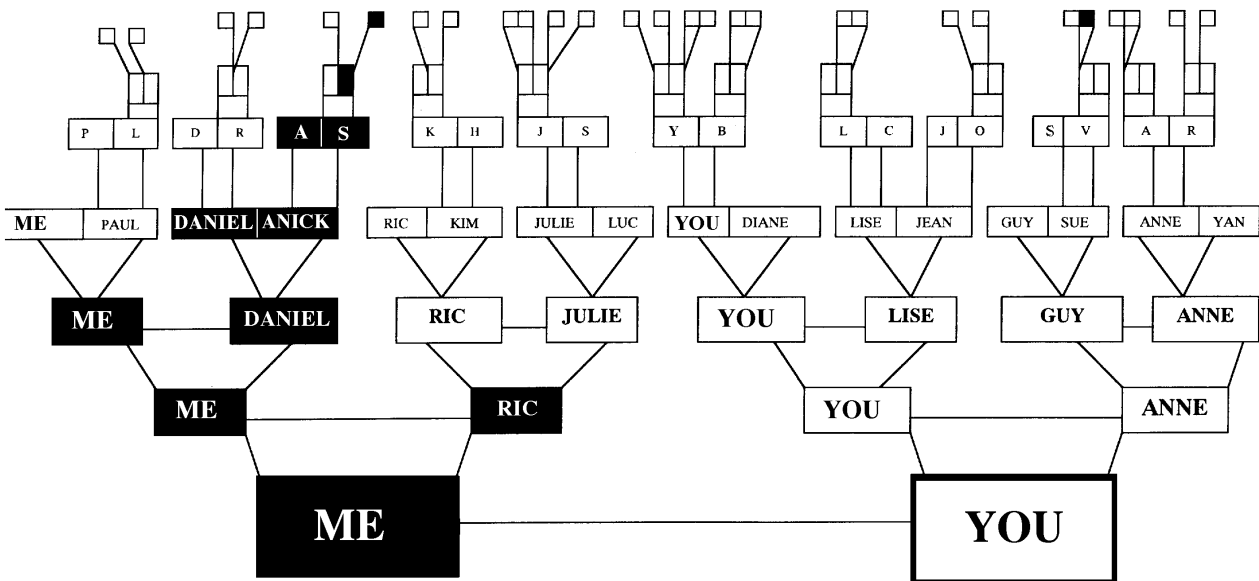
The chain doesn't stop here. Each of the new singles that emerge from the broken couple continues along in a new direction with someone else and the number of persons increases.

Now that I'm with your and I know what my serological condition is, we will use protection. As for you, what kind of at risk behaviour did you engage in?

Of every possible BBSTI, I got AIDS. I could have caught a different infection with different symptoms and consequences, but it would have been the result of the same risky behaviour. I was responsible for my health, like you are responsible for yours.

THE TRANSMISSION OF BBSTI, A QUESTION OF BEHAVIOUR

JULY 2002



JULY 2003

OUR SEXUAL HEALTH IS IN BAD SHAPE!

Several thousand people in Quebec are infected with an STD and don't even know it. Fewer teenagers use condoms. A higher number of older men go to see prostitutes. The number of violent sexual relationships is on the rise. In a nut shell, the sexual health of people in Quebec is deteriorating. However, authorities continue to ignore the situation. A medical doctor speaks out.

By François Guérard

The statistics are alarming. In Quebec, up to 40% of the adult population have contracted the human papilloma virus, a sexually transmitted disease (STD) that is spreading at the speed of light and that can lead to cervix and anal cancer. A study conducted by McGill University proved that one in five female students out of a sample of 489, were infected. Most people who carry the disease are unaware of it because the disease shows no external signs and can take several years before it manifests itself.

In most cases, the STD does not lead to any serious consequences. However, its potential damage cannot be taken lightly. The infection can lead to condyloma, warts in the shape of a small cauliflower that appear around the anus, vulva or women's legs and on the penis for men. In some rare cases, the virus can slowly lead to cervix or anal cancer. So many people are infected because the virus can be transmitted by skin contact, fellatio or...a simple kiss.

"We cannot ignore a disease that affects so many people" states Dr. Marc Steben, a counsellor at the Quebec National Institute of Public Health and the Montreal Centre Public Health Branch. At the end of October, Dr. Steben will chair a congress held by the Association des médecins de langue française du Canada. Close to 350 physicians, psychologists and sexologists will attend the event dedicated to sexual health. "12 years ago, we were very optimistic at the end of the congress. The situation is far worse now" stated the specialist.

Studies have shown a 75% increase in the cases of Chlamydia in Quebec since 1996. The situation is alarming because the disease often shows no symptoms and can lead to infertility. And that is not the end of it. One out of five adults in Quebec



is affected by genital herpes, a disease that cannot be completely cured, according to Dr Steben. Other than the stinging which occurs during breakouts, the consequences of herpes on the libido are disastrous. People often stop having sexual relationships from fear of contaminating their partner.

No wonder we are surprised by these statistics: STDs are taboo in our society. The media and politicians continuously speak out on AIDS in Africa but they ignore the sexual health problems in our country, says Marc Steben. "Many people fail to realize you can be infected with an STD even if there aren't any symptoms. Several people believe that HIV can be cured but that's far from the truth! We can control the disease but at the cost of many serious side effects: high cholesterol, osteoporosis, fat loss on the face."

Teenagers represent the population most at risk. They have very little knowledge about STDs. We teach them about the dangers of tobacco, alcohol and drug abuse before the importance of sexual health. The worst is yet to come. With the new high school reform, personal formation classes will be abolished, during which a few hours were taken to discuss sexual education. Teachers will have the opportunity - but not the obligation - to speak about sex during French, Chemistry and History classes! We can only hope that they manage to talk about things such as homosexuality or anal sex... The University of Quebec in Rimouski and Trois-Rivières are the only ones where a sexology class is given to future teachers.

A CONDOM? NO WAY!

The days when a young boy learnt about sex from a Playboy magazine stolen from his father are long gone. Teenagers exchange porno movies downloaded from the Internet, several of them go to raves, where stimulating drugs such as ecstasy incite them to fondle each other. According to Marc Steben, their parents are no better. Prostitution, swinging and sexual tourism are on the rise. With Viagra, a higher number of older men contract STDs. "Men who could no longer have sexual relations can now have an erection. On the other hand, their partners may no longer be sexually active. These men want to take advantage of their good fortune and consequently engage in high risk sexual practices



The physician notes that while it can be desirable to have several sexual partners, there can be high risks if the condom is not used properly. "When some men have a new partner, they use a condom for the first two or three weeks. Then they stop using it because they feel safe. However, STDs have a long incubation period and several are asymptomatic. The disease is therefore transmitted without the person knowing it. It is wiser to have screening test before giving up the condom.

"Abortions, herpes infections that recur with every menstrual period, condyloma on the penis, which have to be burned off with nitrogen for two years: all these are unfortunate consequences because a person chose not to use a condom, says Dr Steben. I always tell my patients that you can never use too many condoms. The commonality of STDs has given the population a false sense of security. Because of this, the population's safety habits have not followed the evolution of sexual practices."

According to the physician, the situation can also be explained by the negative image associated with condoms in Quebec. "In Scandinavian countries, safe sex means good sex". In Quebec, safe sex means "No way! It's no fun. We are so obsessed with the loss of pleasure that we forget about the long term consequences of unsafe sex".

What is the Scandinavian's secret? "They discuss the issue of condoms and associate it with pleasure", says Marc Steben. I went to a seminar where a Scandinavian advertisement for condoms was presented. You see a naked couple fondling each other.

With a wink of the eye, the woman takes out a condom and puts it on the man, with a smile on her face. You then hear the couple reach its climax. A Canadian ad would probably show an impersonal, clinical scene, with the lights on, the music off and an instruction guide at hands' reach."

Source: http://www.canoe.qc.ca/artdevivre couples/sept24_02_malade_a-can.html

CHLAMYDIA

Chlamydia (pronounced kla-mid-ee-ah) is a very common bacterial sexually transmitted infection - and one of the more serious.

It can spread silently in females and cause a painful, long-term condition called PID (pelvic inflammatory disease) and infertility (the inability to have children). Pregnant women can pass this infection on to their babies at birth, who can then get infections of their eyes or lungs.

You can get chlamydia from oral, vaginal or anal sex.

The symptoms and signs

A woman may never know she is infected with chlamydia until she has a test for it or decides to have a baby and has problems trying to become pregnant.

For those who develop symptoms, they usually appear one to three weeks after sex with an infected person. Sometimes, the symptoms are so mild that a person may not notice them. Men often have no symptoms and can spread the infection without knowing they have it. It is very important that chlamydia be treated right away.

What to look for

| Females: |
|--------------------------------------------------------------|
| ▪ a new or different discharge from the vagina |
| ▪ a burning feeling when urinating |
| ▪ pain in the lower abdomen, sometimes with fever and chills |
| ▪ pain during sex |
| ▪ vaginal bleeding between periods |
| ▪ vaginal bleeding after intercourse |

Males:

- a watery or milky drip from the penis
- an itchy feeling inside the penis
- a burning feeling when urinating
- pain or swelling in the testicles

A quick and reliable urine test is available for chlamydia in most centres for both men and women. If you are having sex and have taken chances, see a health professional or go to a clinic and ask to be tested.

How chlamydia is treated

Chlamydia can often be treated with just one dose of antibiotics taken by mouth. But you can get it again right away from your partner if he/she isn't treated as well.

You must get a prescription for the right antibiotic from your doctor. Don't borrow medicine from your friends, and you cannot buy the medicine on the street.

Treatment is important

Your doctor or nurse may ask you for the name of your partner or ask you to tell your partner so that this STI will not be spread further. Make sure you take your medication until it is finished. Ask your doctor or nurse how soon after treatment you can have sexual intercourse. If you are a female with chlamydia and you don't get treated, this could happen to you:

- you might develop a pain in your abdomen or belly that never seems to go away
- the infection could spread to all your reproductive organs and cause PID
- you may have problems later in life getting pregnant or during your pregnancy.

The long-term effects of chlamydia on males are not well known.

Source: Health Canada, What you need to know about STI – Sexually Transmitted Infections, 2002

Number of infections due to Chlamydia

Genital chlamydiosis is the most common STI for which reporting is mandatory. In 2002, there were 11,131 reported cases in Quebec. Most of the reported cases involved women (72%). Over 70% of these cases were reported among young people between 15 and 24 years old. After an important decline until the mid-nineties, the number of reported cases increased by 54 %, between 1998 and 2002. The increase was noted for men and women and for all age groups under 60 years old. All regions in Quebec are affected by genital chlamydiosis. In most regions the incidence rate is comparable to general rate in Quebec i.e., 144.3 cases out of 100,000 people in 2002 with the exception of Nunavik and the Cree Territories in the James-Bay Region, where the rate is five to twenty times higher than in the rest of Quebec. The improvement of detection methods for chlamydiosis isn't the only explanation for the increase of reported cases. It can also be explained by high risk sexual practices; this hypothesis is all the more plausible because of the increase of other STI.

Source: Ministère de la santé et des services sociaux du Québec. Portrait des infections transmissibles sexuellement et par le sang (ITSS), de l'hépatite C, de l'infection par le VIH et du sida au Québec – Décembre 2003

GONORRHEA

You may have heard of this STI by other names such as "the clap" or "a dose." Gonorrhoea is a common STI which, if not treated early, can cause serious health problems, especially for women.

Gonorrhoea in women left untreated could lead to a painful, long-term condition called PID (pelvic inflammatory disease) and infertility (the inability to have children).

A pregnant woman can pass gonorrhoea to her baby during birth, and cause a serious eye infection or blindness.

You can get gonorrhoea from oral, vaginal and anal sex.

The symptoms and signs

If you catch gonorrhoea from having sex with an infected partner, you might not notice any symptoms. If you do, they will appear three to five days after sex.

Even if you don't have symptoms, you can have gonorrhoea and you can pass it on to others.

What to look for

| Females: |
|----------------------------------------------|
| ▪ new or different discharge from the vagina |
| ▪ a burning feeling when urinating |
| ▪ pain in the lower abdomen |
| ▪ fever and chills |
| ▪ pain during sex |
| ▪ vaginal bleeding between periods |
| ▪ vaginal bleeding after intercourse |
| ▪ possible rectal pain |
| ▪ rectal discharge |

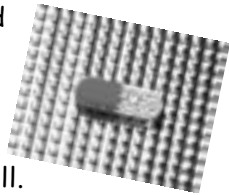
| Males: |
|---------------------------------------------------------------------|
| ▪ discharge from the penis, may be thick and yellow-green in colour |
| ▪ burning feeling when urinating |
| ▪ pain or swelling in the testicles |
| ▪ possible rectal pain |
| ▪ rectal discharge |

To test for gonorrhoea, a swab of the area is usually taken or a new urine test may be used at some centres.

How gonorrhoea is treated

Gonorrhoea can often be treated with just one dose of antibiotics taken by mouth and can be cured. But you can get it again right away from your partner if he/she isn't treated as well.

See a doctor or go to a clinic and, if you have gonorrhoea, tell your partner.



Source: Health Canada, What you need to know about STI _ Sexually Transmitted Infections, 2002

Number of infections due to gonorrhoea

The statistics for gonorrhoea are somewhat different than those for Chlamydia: there are fewer cases (880 cases in 2002); more men affected (76% of the cases 2002); 40% of the cases were reported among people aged between 15 and 24 years old and 42% of the cases were reported among adults between 25 and 40 years old. The incidence rate (number of cases per 100,000 people) is higher among young men aged between 20 and 24 years old, a percentage rate that is five times higher than for the general population (58.9 compared to 11.4). In fact, the incidence rate for gonococcal disease is systematically higher for men than for women, except for the 15 to 19 year olds, where young girls represent a higher rate.

Furthermore, the distribution of cases isn't proportional in all the regions: 60% of the cases are declared in the Montreal Region and 15% in the adjoining regions of Laval and Montérégie. The incidence rate for men aged between 15 and 24 years old is thus twice as high as the one for the entire region.

The incidence rate for gonococcal disease decreased every year as of the early eighties but this trend does not apply anymore. The number of reported cases went from 495 in 1998 to 880 in 2002 and during the same period, the incidence rate increased by 72%, rising from 6.6 in 1998 to 11.4 in 2002. Information has shown that 60% of the reported cases in 2001 and 2002 involved men having sex with other men (MHSWM). The overstatement for this population group is quite high, compared to what would be expected in terms of its proportion in the general population (probably between 5 and 10%). The figures for Quebec are however comparable to the figures reported around the world for gonococcal disease among MHSWM.

Source : Ministère de la santé et des services sociaux du Québec. Portrait des infections transmissibles sexuellement et par le sang (ITSS), de l'hépatite C, de l'infection par le VIH et du sida au Québec – Décembre 2003

TRICHOMONAS OR "TRICH"

Trichomonas is a germ that can be spread during sex. It can cause vaginitis in women - an inflamed, sore and itchy vagina, sometimes with an unusual discharge. Very rarely trichomonas can lead to pelvic inflammatory disease (PID) - a serious infection in women. If a woman who is pregnant has "trich", her baby may be born early or weigh less than normal.

Even if you don't have any symptoms you can still pass on "trich" to your partner if you are infected.

What to look for

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|----------------------------------------------------------|
| Females: |
| ▪ frothy, off-white or yellowish-green vaginal discharge |
| ▪ itching and irritation of the genital area |
| ▪ vaginal odour |
| ▪ pain during sex |
| ▪ painful or frequent urination |

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|----------------------------------------------------------------|
| Males: |
| ▪ Often males don't have any symptoms but they may experience: |
| ▪ slight discharge from the penis |
| ▪ burning sensation on urination |
| ▪ irritation and redness of the head of the penis |

Trichomonas can be diagnosed by a swab of the discharge or infected area.

Trichomonas can be treated with pills, but both you and your partner (or partners) need to be treated to prevent you from getting the infection again.

You can protect yourself against "trich" by using a condom every time you have sex.

Source: Health Canada, What you need to know about STI _ Sexually Transmitted Infections, 2002

PUBIC LICE AND SCABIES

You may have heard of someone getting "crabs" from sex. This happens when tiny insects spread from an infected person to you. This can happen as a result of sex, but not always. You can also get scabies and lice from using bed sheets or towels or wearing the clothes of an infected person.

The symptoms and signs

Symptoms of scabies and lice occur when the insects either bite you or burrow into your skin to lay their eggs. With lice, you may actually see the pearly white eggs on the hair in your pubic area, close to the skin.

What to look for

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| Scabies: |
| ▪ itching, mainly at night |
| ▪ a rash may appear between your fingers, on your wrists, abdomen, ankles, on the bend of your elbows, or around your genitals |

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|---------------------------------------------------------|
| Pubic lice: |
| ▪ perhaps an itch in the pubic area |
| ▪ light brown insects the size of a pinhead may be seen |
| ▪ oval, whitish eggs may be seen on the hair |

How scabies and lice are treated

Scabies and lice may be treated easily with special creams, lotions or shampoos, which are available at a drugstore. Ask the pharmacist for help, and then follow the directions carefully.

If you don't treat scabies or lice, you may get a skin infection that will require a visit to a doctor.

Avoid close body contact with others if you have scabies or lice. Get treatment to avoid passing them to others.

Wash clothes and bed linen in hot water, or dry-clean and press with a very hot iron. Freezing clothes, fabrics or blankets or storing them in an air-tight plastic bag for two weeks will also destroy the insects and their eggs.

If you have scabies or pubic lice, be sure to tell your sex partners. Anyone with whom you have had close contact or who has shared your bed sheets, clothes or towels should be treated, even if they don't have an itch or rash.

Source: Health Canada, What you need to know about STI _ Sexually Transmitted Infections, 2002

GENITAL HERPES

Genital herpes is an STI that causes painful sores on and around the genitals. The same family of viruses also causes "cold sores" around the mouth.

Genital herpes is most commonly spread by direct contact with open sores, usually during sex. If you touch herpes sores, wash your hands with soap and water to avoid spreading the infection.

Although it is rare, pregnant women can pass this infection to their baby during or after child birth. Herpes infection in infants can be life-threatening.

Herpes is not spread by toilet seats, bathtubs, swimming pools or hot tubs.

It is possible to pass the virus to your sex partners even when you have no sores, so safer sex using a condom is always important. However, remember that the areas of skin not covered by the condom are not protected.

You can get genital herpes through oral sex even from cold sores.

To prevent spread during oral sex use

- a condom on the penis
- a condom cut length-wise or a dental dam over the female genital area

After the sores from the first attack heal, the herpes sores may appear again from time to time. There is no cure for genital herpes, but medication may shorten the attacks and make the sores less painful. Once you have herpes, you are infected for life.

The symptoms and signs

Tingling or itching in the genital area may appear within a week of having sex with an infected person. A cluster of tiny blisters will likely appear. These blisters will burst and leave painful sores, which last from two to three weeks. A fever and headache may occur in the first attack.

What to look for

Females:

- sores inside or near the vagina, on the genitals, near the anus, or on the thighs and buttocks
- tender lumps in the groin

Males:

- sores on the penis, around the testicles, near the anus, and on thighs and buttocks
- tender lumps in the groin

Both males and females can get sores in the mouth or in the genital area after oral sex with an infected person.

How genital herpes is treated

If you think you may have genital herpes, see a doctor as soon as possible. The doctor can give you medication to help ease the pain of the attack and control further attacks.

Keep the infected area clean and dry. Wash your towel before re-using.

After bathing, use a hair dryer instead of a towel around the sores, or pat dry gently.

Try to wear loose fitting clothing made of natural materials such as cotton.

If urinating is painful, pouring warm water over the area may help, or urinate in the bathtub just before getting out.

Source: Health Canada, What you need to know about STI _ Sexually Transmitted Infections, 2002

HUMAN PAPILLOMAVIRUS (HPV)

HPV is thought to be one of the most common viral STI. HPV is a virus that is spread through sex or close skin-to-skin, genital area contact with someone who is infected.

There are different types of HPV that can cause different problems. Many people can be infected with HPV and not know it. Some kinds of HPV can cause genital warts. Other types can lead to cancer.

Genital Warts

Genital warts are growths on or around the genitals or anal area in both males and females that are caused by HPV. The warts can be different sizes. They may look like a very small cauliflower or be flat and hard to see. They grow in moist areas such as the penis, the vagina, the cervix, the anus, the scrotum and the thighs. Very rarely warts may appear on the lips or in the mouth after oral sex with an infected person. The warts are not usually painful but can occasionally be itchy and may have a discharge or bleed - especially if they have been irritated.

For a woman who is pregnant, it's not certain what effect genital warts have on her baby. The baby may be at risk of getting an HPV infection in the throat, but experts don't believe that the warts are passed along to the baby very often.

If you think you may have genital warts you should see your doctor. If you do have genital warts, no treatment can guarantee that you will be cured of your HPV infection. However, treating your warts may lower your risk of passing them along to others. Your doctor may apply medication directly onto the warts. He or she may also give you medication that you apply to your warts yourself. Even when they are treated, warts often return. But over time many people eventually clear HPV from their bodies, and don't get any more warts.

The types of HPV that cause genital warts do not cause cancer. But, because you could have more than one type of HPV you could be at risk for both warts and cancer.

Genital Cancers (Cervical Cancer, Cancer of the Penis or Anus)

Some types of HPV can cause cancer, one of the most common being cervical cancer in women. The cervix is deep inside the vagina. It's the opening to the womb or uterus. The cervix is the most common place in females to be infected with HPV.

When the cervix is infected with HPV, changes can occur in the cells of the cervix. These changes can lead to cancer of the cervix if they are not found and treated. Almost all cervical cancers are caused by HPV. A Pap test is the best way to check the cells of the cervix to see if they have any changes. If your cervix has precancerous or cancerous changes you may not have any symptoms - that is why it is so important to have regular Pap tests.



Some types of HPV can also lead to other cancers in the genital area in both males and females - like anal cancer, cancer of the penis and cancer of the vulva.

Using a condom every time you have sex may help to reduce your risk of getting HPV. But the virus can still be spread through skin that is not covered by a condom.

Anyone who has had sex is at risk of having HPV, even if there are no symptoms. If you are concerned that you may be infected with HPV you should see your doctor. And if you are female, it's important that you see your doctor regularly for Pap testing.

Source: Health Canada, What you need to know about STI _ Sexually Transmitted Infections, 2002

HEPATITIS B

Hepatitis B is an infection of the liver caused by a virus. It is much easier to get than HIV (AIDS). Sometimes the infection goes away by itself or sometimes people carry the virus for the rest of their lives and never know, but still give it to other people. A lot of people have hepatitis B without knowing it. It can cause serious problems later in life, including permanent liver disease and cancer of the liver.

The good news is that hepatitis B can be prevented by a vaccine.

The symptoms and signs

Most people who become infected with hepatitis B have no symptoms. Symptoms usually occur within two to six months after contact. They can include:

| |
|-----------------------------------------------------------|
| ▪ poor appetite, nausea and vomiting |
| ▪ headaches |
| ▪ feeling very tired |
| ▪ a general feeling of being unwell |
| ▪ jaundice (yellow colouring of the eyes and skin) |

How hepatitis B is spread

The hepatitis B virus is spread through infected body fluids such as blood, semen and vaginal fluid. An infant can be vaccinated at birth to protect against infection if the mother carries the hepatitis B virus.

To lower your chances of getting hepatitis B, make sure you:

- practice safer sex
- do not share needles and syringes
- do not share instruments used in body-piercing, tattooing or hair removal
- do not share toothbrushes or razors
- get vaccinated.

You can find out if you have hepatitis B through a blood test.

If you have been infected, avoid having sex until your doctor says it's okay.

Your sexual partner can be protected against the infection by getting the hepatitis B vaccine.

Remember, hepatitis B is not always an STI. You can get it other ways as well.

Source: Health Canada, What you need to know about STI _ Sexually Transmitted Infections, 2002

Number of infections due to hepatitis B

Acute hepatitis B is the only blood borne and sexually transmitted infection (BBSTI) for which a steady decline has been reported. The incidence rate went from 6.3 cases out of 100,000 people in 1990 to 1.3 cases out of 100,000 people in 2002, an 80% decline reported both for men and women. The number of declared cases of acute hepatitis B went from 482 in 1990 to 99 in 2002.

In the early nineties, the highest incidence rate was among people aged between 20 and 39 years old. In 2002, the highest incidence rate was among people aged between 40 and 49 years old. These positive effects are most likely due to expanded vaccination against the disease. In fact, as of 1994, all fourth grade children are voluntarily vaccinated against hepatitis B. In 1999, the vaccine was offered to high school teenagers in Grades 11 and 12. Other than the cases of acute hepatitis B, certain cases of chronic hepatitis B were reported. These involved people who had contracted the disease in the past and for whom the disease continues to be detectable; these people can therefore transmit the disease. In 1999, 969 cases of acute hepatitis B were reported in Quebec.

Source: Ministère de la santé et des services sociaux du Québec. Portrait des infections transmissibles sexuellement et par le sang (ITSS), de l'hépatite C, de l'infection par le VIH et du sida au Québec – Décembre 2003



SYPHILIS

Syphilis is a serious disease that can affect your entire body. If not treated, syphilis may cause serious health problems years later, such as heart or brain damage.

You can have it without knowing and pass it on to others.

Syphilis can be spread during oral, vaginal or anal sex.

Pregnant women with syphilis can give it to their unborn child, sometimes causing birth defects - even death.



The symptoms and signs

Sores often go unnoticed and may disappear on their own if not treated, but the infection is still active. Symptoms may appear from days to months after infection.

- | |
|--------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ▪ painless sore around or in the vagina, on the penis, inside the mouth or near the anus |
| <ul style="list-style-type: none"> ▪ "flu"-like symptoms |
| <ul style="list-style-type: none"> ▪ rash on the palms of the hands, soles of the feet, or over the whole body. |

A simple blood test can tell whether you have been exposed to syphilis.

Syphilis is cured with antibiotics.

If you have syphilis, your partner(s) will need to know so that they can see their doctor and possibly be treated. Re-infection from an untreated partner can happen.

Source: Health Canada, What you need to know about STI _ Sexually Transmitted Infections, 2002

Number of cases

In Quebec, the number of reported cases of infectious syphilis went from 375 in 1984 to under 15 in 1995. The lowest number of cases, three, was reported in 1998¹. The incidence rate for infectious syphilis declined every year and went to 0.1 cases out of 100,000 from 1998 to 2000. However, at the end of 2000, the number of reported cases increased in the Montreal Region. In fact, the incidence rate for infectious syphilis increased: in 2001 it was of 0.2, in 2002 it was of 0.6 and will probably be of 1.3 in 2003. In 2002, 48 cases of infectious syphilis were reported in Quebec, all among men. 92% of these are MHSWM and 77 % are from the Montreal region.

As of September 20th 2003², 76 cases (74 men, 2 women) had been reported, 62 of which (81 %) were in the Montreal Region. Due to this trend, we can expect over 100 cases of infectious syphilis for 2003. Available information shows that a high proportion of these people 41 %, are HIV infected. The cases of infectious syphilis among HIV infected people suggest high risk sexual practices, especially among HARSAM who go to saunas in the Montreal Region. This could also suggest a higher risk of contracting HIV for this population.

The resurgence of syphilis, especially among MHSWM, was also noted in other Canadian, American and European cities.

1. R. Parent, M. Alary, S. Venne, M. Dupont et B. Duval, Analyse des cas d'infection génitale à Chlamydia trachomatis, de gonorrhée, d'hépatite B et de syphilis déclarés au Québec, 1997-2001, ministère de la Santé et des Services sociaux, collection « Analyses et surveillance », avril 2003.

2. M.J. Lortie, Rapport hebdomadaire des données du fichier des maladies à déclaration obligatoire, Sem CDC 03-38, 22 septembre 2003.



Syphilis Resurgence Raises Concerns About HIV Transmission

Syphilis rates are on the rise in Canada, and health officials are concerned about the potential impact on HIV transmission.

The Centre for Infectious Disease Prevention and Control (CIDPC) notes that syphilis is a serious sexually transmitted infection that was rare in Canada only five years ago. In 2001, however, the rate of syphilis infections was more than double the 1997 rate. Outbreaks have been noted across the country - among sex trade workers in downtown Vancouver, among heterosexuals in Yukon, and among men who have sex with men in Calgary, Ottawa and Montreal.

The interaction between syphilis and HIV makes this jump in infection rates even more troubling. Syphilis infection increases the risk of being infected with HIV by three to five times. As well, people who are already HIV-positive and also have syphilis infection are at greater risk of transmitting HIV to someone else. Syphilis can also progress more quickly and be more difficult to treat in people who are HIV-positive.

Symptoms of syphilis infection include a painless open sore in the genital area, throat or anus; patchy hair loss; a rash anywhere on the body; fever, swollen glands and muscle and joint pain. If syphilis is left untreated, it may progress to tertiary syphilis and affect the brain, the blood vessels, the heart or the bones. Diagnosis of syphilis infection can be done through a blood test or by examining fluid from the sore under a microscope.

Most cases of syphilis can be treated with injectable penicillin. In January 2002, Wyeth-Ayerst Canada Inc. formally notified their stakeholders of a decision to discontinue the distribution of Bicillin L-A (injectable benzathine penicillin G) in Canada. Health Canada has been able to obtain information on alternative worldwide distributors of Bicillin to address availability in the short-term. CIDPC will continue to work with all involved parties to identify a long-term solution to the problem.

Source: www.hc-sc.gc.ca/hppb/hiv_aids/communique.html

Source: Health Canada. Communiqué VIH/sida Volume 1 Numéro - Automne 2002

SALPINGITIS: A CAUSE OF INFERTILITY THAT CAN BE AVOIDED

Claire Viognier

(MFI) Salpingitis is an infection of the Fallopian tubes. This disease, which can go undetected, is one of the leading causes of infertility but it can be avoided.

The Fallopian tubes are usually infected by a sexually transmitted disease (STD): Chlamydia and gonorrhoea are the leading causes of Salpingitis and are caused by having unprotected sexual relations. It is estimated that between 70 and 80 % cases of fallopian tube related infertility are caused by Chlamydia. In the best case scenario, the infection is detected in the uterine cervix, during routine gynaecological examination. However, in most cases, the infection is detected when it has already reached the Fallopian tubes.



According to the latest statistics, there are 89 million new cases of Chlamydia throughout the world, mostly in Asia and Sub-Saharan Africa. Both men and women can be contaminated: between 50 and 90 % of men and 90 % of women infected show no symptoms. The bacteria, transmitted during unprotected sexual relations, proliferate in the genital system. If they are not treated, the germs reach the Fallopian tubes and cause Salpingitis.

It takes about two or three weeks for the untreated germs to reach the Fallopian tubes. Salpingitis can be accompanied by severe pain, fever and discharge, which lead people to rapidly see a doctor. However, for some women the evolution is undetectable for several months or even several years. This type of Chlamydia is said to be chronic and is dangerous because of its consequences.

Salpingitis can sometimes be detected through routine gynaecological examination but in some "discrete" cases an ultrasound, radiograph or even a coelioscopy, under general anaesthesia, are necessary to examine the tubes.

The damaged tubes may never again be functional which is essential for reproduction. It is in the tubes that the sperm and ovules connect and where the egg first separates before going into the uterus. The infection sometimes clogs the tubes or sometimes alters the tube walls, which increases the risk of spontaneous abortion or ectopic pregnancy.

A woman who has contracted salpingitis is six times more likely to develop an ectopic pregnancy. Infertility is the most likely consequence of salpingitis. This cause is usually detected after an infertility examination, which confirms the high incidence of undetected cases of this disease.

Every time the disease is contracted, the risk of infertility increases: after one spell, there is a 15% risk. After two, the risk doubles to 30% and it reaches 60% for women who contract salpingitis more than three times.

Salpingitis can be treated with antibiotics, for a certain number of weeks, depending on the type of germ. The partner also has to be treated. The physician also has to make sure the tubes heal properly and therefore usually prescribes anti-inflammatory drugs in combination with antibacterial treatment. Women are never immune against salpingitis: they can contract it several times throughout their life.

Having multiple sexual partners increases the risk of contracting Chlamydia and gonorrhoea, which are the leading cause of salpingitis. Condoms are a good way to reduce the risk of STDs. If a condom was not used with a new sexual partner, it is recommended to see a physician for a screening test two or three weeks after the first sexual relation or as soon as any symptom of a sexually transmitted disease appears.

Source: www.rfi.fr/fichiers/MFI/Sante/928.asp

What are microbicides?

Microbicides are substances that can be put in the vagina or rectum before sex to reduce the risk of infection from HIV or other sexually transmitted infections (STIs). Depending on the type, some microbicides may also help to prevent unwanted pregnancy.

Recently, you may have heard that the well-known spermicide nonoxynol-9 does not prevent the spread of HIV and may even increase the risk. Fortunately, researchers are testing many other promising microbicides.

Are microbicides available now?

Not yet. But some experts believe that safe, effective microbicides could be available within five years. They may be sold as gels, creams, suppositories, films, sponges or vaginal rings.

How do microbicides work?

Microbicides prevent the spread of HIV by either killing the virus, blocking its entry into the body, and/or boosting the body's natural defence systems. Some microbicides may also prevent the spread of other sexually transmitted infections (STIs).

Some microbicides will be intended for vaginal use only, while others may also be safe for rectal use.

Why are microbicides important?

Vaginal microbicides will provide women and couples with a new way to protect themselves and their partners against infection from HIV and other STIs.

Around the world, almost half (43%) of all HIV infections affect women. Each year, 2.1 million women - more than 5,700 per day - become infected with HIV. The leading cause of infection among women is having unprotected sex with a man. But it may be difficult or even dangerous for some women to insist that their partner use a condom. A woman may:

- believe that men have the right to make all decisions about sex
- be afraid of being ridiculed, rejected or punished by her partner

- have less power than her partner, or depend on him for food, shelter or money
- want to have children (or be forced to have children), or
- not have access to the information, support and resources she needs

Microbicides will allow women to protect themselves without the knowledge or permission of their sexual partners. For example, a woman may use a microbicide if her partner will not use a condom, or if she doesn't want him to know that she is using protection.

Some microbicides may allow a woman to become pregnant (if she wants to) without risking infection from HIV and other STIs.

Making safe, low-cost microbicides available to women around the world could save millions of lives.

Will microbicides replace condoms in the future?

No. Using condoms properly will still be the best way to prevent infection from HIV and other STDs. But microbicides will be an option when a partner cannot - or will not - use condoms. Microbicides could also be used as "back-up" protection, in case a condom breaks.

References

Canadian AIDS Society. "Microbicides: A Female-Controlled Method of Preventing HIV and Other Sexually Transmitted Diseases," Community Mobilization Kit.

Source: Canadian Health Network, www.canadian-health-network.ca

THE FUTURE OF SEXUAL HEALTH

Research developments in microbicides.

In the last decade, research has emerged about microbicides.

- A microbicide is any substance that can be applied to the vagina or rectum to reduce the transmission of sexually transmitted infections (STIs). The products currently under development are in the form of lotion, foam and gel.

Potential benefits of microbicides:

- Will allow individuals to protect themselves discretely if they do not or cannot consistently use condoms.
- Microbicides will also be available with or without spermicidal agents providing women the option of using this as a method of pregnancy prevention, while still protecting them from STIs.

The invisible condom:

One microbicide being developed at Laval University in Quebec has been dubbed 'the invisible condom'. If proven effective the invisible condom will be:

- a liquid gel at room temperature which could easily be inserted to coat the vagina or anus before sex,
- able to solidify after insertion,
- capable of providing protection from sexually transmitted infections for several hours, and as well of protection from unintended pregnancy,
- released in a dissolved form from the vagina or anus after several hours.



Human trials began on this product in 2001. If the 'invisible condom' works it will take several years for the product to reach the market.

Source: Canadian AIDS Network, www.canadian-health-network.ca Home/ partner features.

CONDOM – THE VERY SAFEST PROTECTION!

What is it?

- Also known, among others, as a rubber or a safe, the condom is a cylinder that is closed at one end and that is usually made from clear latex.
- Latex condoms and the safest and the most resistant. They come lubricated and non-lubricated and with and without a reservoir (to collect the sperm), with or without a spermicidal, coloured, and may be ribbed or without ribs.
- They are quite readily available and can be found in your local pharmacy, local convenience store, in some schools, restaurants, bars, etc. They are sold over the counter.
- The condom is the only contraceptive that offers protection against both contraception and most STDs



How does it work?

- The condom is placed on the erect penis prior to any genital contact or penetration. It acts as a barrier that prevents sperm from entering the vagina. It should preferably be used with a spermicidal. Ensure that the condom is made from latex and check the date of expiry, because after two years its effectiveness decreases.
- The condom is installed by unrolling it along the entire length of the penis.
- A space of about two centimetres must be left at the top end, which is obtained by pressing on the reservoir and removing any air, to allow room for the sperm and to prevent the condom from ripping.
- After ejaculation, carefully hold the bottom rim of the condom as you remove it to ensure that none of the sperm in the area of the vulva runs into the vagina.
- Be sure to use a lubricated condom or use a water based lubricant whenever a condom is used for sexual relations with penetration; do not use Vaseline, because Vaseline can

alter the condom and might cause it to tear. Non-lubricated condoms can be used for oral relations.

- A new condom must be used for every sexual relation.

Advantages

- Condoms provide good protection against most STDs (chlamydia, gonorrhoea, HIV, hepatitis B, condyloma, herpes, etc). However it does not provide protection against condyloma or herpes if there are lesions on the pubis, because it does not cover these regions. The condom is however the best way to prevent STDs.
- They are readily available.
- They are easy to use.
- They are practical in cases of occasional or unexpected sexual relations.
- Contrary to other methods, they do not require any waiting period for the contraceptive effects to wear off. They can therefore be used during the months or the weeks prior to a desired pregnancy.
- They are the only contraceptive available for men who want to prevent their partners from getting pregnant.
- They can be used to prolong sexual pleasure or can be integrated into sexual games. Many men have also found that condoms allow them to prolong the sexual relation. As they decrease sensitivity, they delay ejaculation.

Disadvantages

- Condoms have to be put on during sexual relations, and many people dislike this interruption. Others however find that they can be pleasantly integrated into sexual caresses.
- They sometimes reduce the intensity of the pleasure for the man.
- They are heat sensitive (even the heat of the human body, if the condom is carried in a back pocket).
- Condoms are fragile and have to be handled with care!

Cost and Effectiveness

Cost: The cost of condoms varies between \$8 and \$10 the dozen.

Effectiveness: At least 90% when used in combination with a spermicidal (most failures are due to incorrect use) and 97% when combined with a spermicidal lubricant.

Precautions

- Never use a condom which has passed the expiry date.
- Never reuse a condom.
- Install prior to any penetration.
- Use caution in the presence of metal objects (rings, watches) and finger nails in order to avoid tearing.
- Withdraw the penis immediately after ejaculation, by holding the ring at the base of the condom.
- Individuals who are allergic to latex should consult a physician or pharmacist for information about other types of condoms that are available.

FEMALE CONDOM

What is it?

- It is similar to a male condom except larger and more lubricated and is inserted into the vagina.
- It is a cylinder that is closed at one end and has rings at both ends.
- Compared to the male condom, it provides better protection against STDs and better protection for the genital organs.
- However, it is more cumbersome and difficult to use, especially for teenagers. It is much less popular than the male condom.
- The female condom can be bought in pharmacies without prescription.

How does it work?

- The female condom collects the sperm, which the rings at its end prevent from entering into the uterus and fertilizing the ovum.

- The extremity with the smaller rings must be inserted into the vagina as far as the cervix, whereas the other end remains outside the vagina to protect the vulva.

Advantages

- The female condom provides good protection against most STDs because it prevents contact between the vulva and the base of the penis.
- It also protects more effectively against certain STDs than the male condom.
- It can also be inserted up to eight hours before sexual relations.
- It is made from pre-lubricated polyurethane and is suitable to people who are allergic to latex.

Disadvantages

- The outside ring may be cumbersome; it also makes sounds that irritate both the man and the woman.
- It is not always easy to insert into the vagina and requires that the woman be familiar with her body.
- It is more expensive than the male condom.

Cost and Effectiveness

Cost: about \$3

Effectiveness: approximately 75 to 96%.

Precautions

- Make sure to rub the outside membrane in order to evenly spread the lubricant inside the condom.
- For greater effectiveness, use in combination with a spermicidal.
- A new condom must be used for every sexual relation.

Source : www.teljeunes.com, thématique.

HIV/AIDS

AIDS is an illness we all know about, as it strikes a growing number of the people around us. Yet while more is known about the disease, it continues to arouse deep-rooted prejudice. In fact, people living with AIDS and those close to them are sometimes subject to discrimination which can have devastating psychological and social consequences. Because the epidemic is still spreading and there are ways to avoid becoming infected, it's important to review what we know about the illness. That way we can help keep the virus from spreading and eliminate the prejudice surrounding AIDS.

AIDS or Acquired Immune Deficiency Syndrome, is the most serious form of infection caused by the Human immunodeficiency Virus (HIV).

HIV: Destroys the human body's defence system and makes it incapable of fighting illnesses and infections, enables other illnesses to develop which sooner or later can cause death.

HIV has no preference in terms of the sexual orientation, skin colour or age of the people it affects. In brief, men and women of all ethnic origins, whether homosexual or heterosexual, must take all the necessary precautions to avoid becoming infected. With no cure for this illness, PREVENTION remains the single most effective means of fighting HIV.

How is HIV transmitted?

HIV is transmitted through sexual activity, by blood, or from a mother to her baby.

Transmission through sexual activity:

HIV is mainly transmitted through unprotected anal or vaginal intercourse with someone who is infected with HIV. When sperm, vaginal secretions or menstrual blood enter the partner's body through anal or vaginal penetration, HIV can enter the bloodstream and spread throughout the body. The presence of other sexually transmitted diseases (STDs) makes HIV transmission even easier.

Transmission by blood:

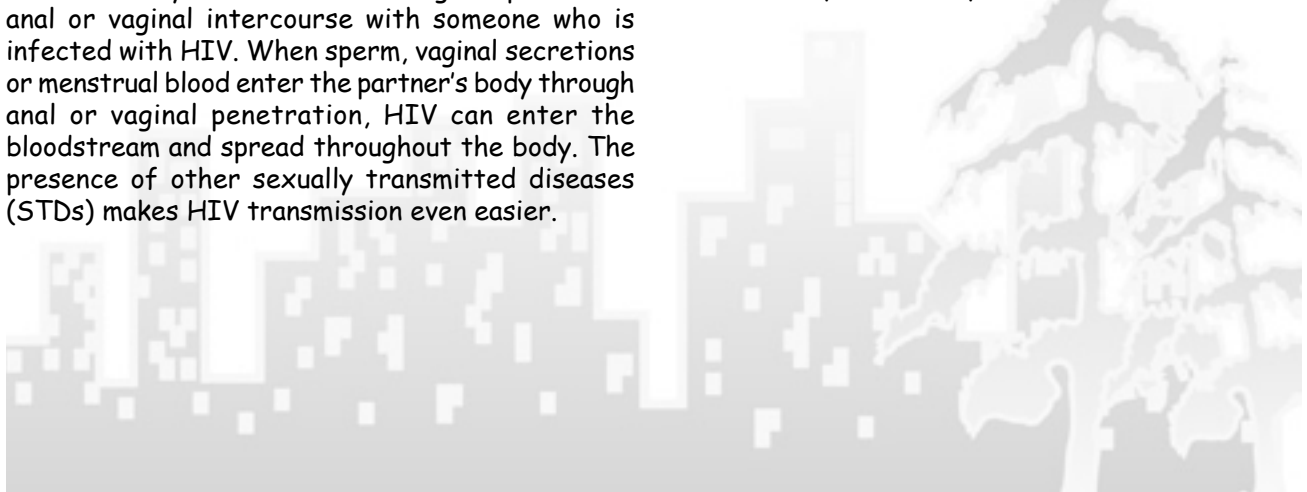
Transmission of HIV through contact with infected blood is very common when people share materials to inject drugs (cocaine, heroin, steroids, etc.). In so doing, they risk injecting HIV directly into their bloodstream. The needles used for tattoos and piercing ears can also transmit HIV if they have not been sterilized. Since 1985 the Red Cross has made sure that all donor blood is analyzed and any contaminated blood removed, thereby minimizing the risk of HIV infection for recipients. Yet the risk was much greater for anyone who received a blood transfusion between 1978 and 1985. IT IS IMPOSSIBLE TO CONTRACT HIV BY GIVING BLOOD since a new needle is used every time.

Transmission of HIV from mother to baby:

A mother living with HIV can transmit the virus to her baby during pregnancy, birth or, less commonly, breastfeeding.

How can we avoid HIV transmission during sexual activity?

If you choose to engage in sexual activity, the best way to reduce the risk of contracting HIV is to make sure that neither you nor your partner have been infected with the virus, and that you remain faithful to each other. Otherwise, you should practice safer sex. For those who engage in sexual activities involving penetration, a condom is the best source of protection against HIV and other STDs. Note that birth-control pills and IUDs (intrauterine devices) provide ABSOLUTELY NO protection against either HIV or other STDs. Using a condom will definitely make you feel safer during sexual intercourse. Right from the start of any sexual activity, make sure it is clear that you intend to use a condom. To feel more comfortable wearing a condom, men who have never used one may wish to try one on alone.



How to prevent transmitting HIV through blood contact?

IF YOU inject drugs, **ALWAYS USE A NEW SYRINGE** and **NEVER** share your injecting materials. New syringes are available wherever you see the following sign:



If you cannot get a new syringe, it is extremely important to disinfect your injecting materials with pure bleach before using it again. The folder entitled "One Fit, One Shot" describes how to do this. If you are living with HIV, or if you ever engaged in activities in which you risked contracting HIV, you can protect others by not giving blood.

How can a mother avoid transmitting HIV to her baby?

Studies show that some medications can reduce the risk of a mother transmitting HIV to her baby. Moreover, the baby should not be breastfed.

Can HIV and AIDS be treated?

Right now there is **NO VACCINE** or cure for the illness: **PREVENTION REMAINS THE ONLY WAY TO FIGHT THE SPREAD OF HIV.** However, various drugs can slow the development of HIV within the body and keep AIDS symptoms from developing. Other medication can also be used to treat infections resulting from AIDS and help improve the individual's quality of life. Rapid advances in medical research give us hope that one day there will be a vaccine or drug capable of controlling the disease. Until then, everyday life is often difficult for people living with HIV or AIDS. Even though the diagnosis may change their way of life, aspirations and priorities, one thing is certain: now more than ever, these people need support, love and understanding from all those around them.

Source: Aids you better be concerned! Gouvernement du Québec, Ministère de la Santé et des Services sociaux. Centre de coordination sur le Sida.





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Our mission:

Improve the physical, mental, emotional and spiritual well being of First Nation and Inuit individuals, families and communities in respect of their local autonomy and culture. By helping the communities that wish to initiate, develop and promote comprehensive health & social programs and services as designed by First Nations and Inuit organizations recognized by our First Nations and Inuit.

The role of the FNQLHSSC is to assist Quebec and Labrador First Nations and Inuit communities and organizations in the defence, maintenance and the exercise of their inherent rights IN HEALTH AND SOCIAL SERVICES as well as to help them in the realization (delivery) and the development of THESE programs.

- 1 To ensure services shall be available to assist as requested by First Nations and Inuit communities and MEMBER organizations of the FNQLHSSC in exercising our inherent rights and autonomy to design and control health and social services delivery to members of our respective nations.
- 2 Upon request from First Nations and Inuit communities to promote SUCCESSFUL community models and to provide technical support to First Nations and Inuit organizations for health and social services innovative and traditional practices, research, development and training.
- 3 In respect of existing community practices and needs, to maintain AND IMPROVE communication and consultation with First Nations and Inuit communities and MEMBER organizations of THE FNQLHSSC in order to ensure that health and social services programs are adapted to our needs.
- 4 To promote, facilitate and support the exchange of information and ideas between First Nations and Inuit communities and MEMBER organizations of the FNQLHSSC on all aspects of health and social services development initiatives.
- 5 Upon request, to support and assist First Nations and Inuit communities and MEMBER organizations of the FNQLHSSC to ensure recognition of our full jurisdiction and/or authority over health and social services.
- 6 To support the development of capacity building within First Nations and Inuit communities and member organizations of the FNQLHSSC to be able to take on increased health and social services responsibilities at the community level.

You may, at any time, address your comments or suggestions concerning the newsletter's content at FNQLHSSC, 250 Michel Laveau, 1st floor, Wendake (Qc) G0A 4V0,
Tel: 418-842-1540, Fax: 418-842-7045, e-mail: gchastroux@cssspnql.com.
It will also be our pleasure to publish your messages, articles or advertisement!

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