

PORCUPINE HEALTH UNIT

Medical Officer of Health Report to the Board of Health



We Are Public Health - Nous sommes la santé publique
σαα³ βααβΓΔΕ ΓΔΛΠΡ·Δ³ ΓΓ·∇ Δ·∇σβ³ ΔΓ

Prepared by:
Dr. Lianne Catton
Medical Officer of Health – Chief Executive Officer
March 30, 2023



MEDICAL OFFICER OF HEALTH UPDATE

PHU COVID-19 RESPONSE

Porcupine Health Unit Status

This table was updated on **Wednesday, March 29, 2023, at 12:00 p.m.**

Total Tests Completed*	181,985
Number of cases**	9,224
2023 Cases	297
Active Outbreaks	0
In Hospital	3
Deceased	88

*Of which PHU is aware. Data has a 2-day lag and is extracted from the Ministry of Health VA Tool.

**Number of confirmed cases, to date, including active, out of region, and resolved.

***Number of recovered cases plus the number of deceased cases.

Testing data includes testing from community assessment centres and other health care settings, as well as targeted surveillance initiatives, such as in long-term care homes. Data is current with a 2-day lag.

To date the PHU has 9,224 cases of COVID-19 with 2 current active outbreaks across the region which are respiratory and non-COVID. During COVID-19, the PHU reported COVID-19 and other outbreaks separately. A new online outbreak reporting system has been started which incorporates COVID-19 outbreaks as part of PHU's reportable infectious diseases. Outbreaks will be reported by type, location, and facility, however if the congregate care setting is small in nature, the facility will not be named to protect the privacy of residents.

ONTARIO PUBLIC HEALTH STANDARDS

With the ongoing changes in response to the COVID-19 pandemic and recognizing that the vaccine program will continue to demand PHU staff resources, the PHU continues to look to recovery, planning and the return to public health programs and priorities.

Alerts:

The PHU continues to be in a red alert with respect to opioid related overdoses and deaths. An alert which was issued on March 7th, was reassessed yesterday and despite improvement in numbers there are still and concerning trends. The alert will remain in effect and reassessed in two week's time. The PHU region continues to have concerns around other substances in the drug supply requiring increased doses of Naloxone. Announcements and posters were shared with community partners via e-mail and were also posted on social media.

MEDICAL OFFICER OF HEALTH UPDATE

Ontario Seniors Dental Care Program (ODSCP):

The Ontario Seniors Dental Care Program continues to enroll seniors, and sign agreements with dentists and denturists. With an overwhelming demand for this program, by the Fall of 2022 it was estimated the PHU would experience a shortfall for this program. A one-time funding request for the program's operational budget was completed in the Fall of 2022. The program continued to operate while awaiting the response from the Ministry. The PHU has now received the funding from the Ministry to cover the shortfall from 2022. A request to the Ministry has been made through the PHU's Annual Service Plan submission for additional and permanent funding for the OSDCP, as it is expected the program will continue to see an increase in demand. It is uncertain how the new Federal announcement, Canada Dental Benefit, will impact this program.

Healthy Environments:

The Environmental Health team continues to complete a phenomenal amount of work. As of March 20, 2023, the team had completed 81.1% of high-risk inspections. The expected due date for completion is the end of April. In addition, 35.8% moderate-risk inspections have been completed with the expected due date for completion by the end of June. At times, the team experiences challenges to the legislated requirement ensuring public health inspectors are able to enter premises to conduct inspections. These inspections inform, educate and advise of the required action for the health and safety of the public. Challenges to inspection processes and requirements have resulted in the issuance of formal letters to remind organizations of this important legislative requirement.

Healthy Growth and Development:

The PHU continues to work in collaboration with the Timmins & District Hospital conducting assessments of newborns and new Mothers. The PHU region tends to have a higher rate of at-risk families who may benefit from the Healthy Babies Healthy Children (HBHC) program. The statistics for the PHU area are unfortunately very concerning with respect to young families, young Moms, smoking during pregnancy, and healthy eating during pregnancy make this program incredibly important. The PHU will be meeting with Sensenbrenner Hospital in Kapuskasing and Notre Dame Hospital in Hearst around re-establishing the program, reviewing the PHU's population health profile and continued collaboration.

An increased number of families in the region have been receiving professional home visits from the PHU team. The Professional Home Visiting program has been implemented across Kapuskasing, Smooth Rock Falls and Hearst offices. The program has had instructor recertification of the PHU team members. The obstetric liaison program continues for three birthing hospitals and post-partum contact calls occur Monday to Friday.

The perinatal peer support group held a six-week series with nine participants registered. The PHU led one session based on "Make the Connection" with messaging that mother and baby attachment and bonding is done throughout the day with tips and tricks to make the moments count. The PHU continues to offer virtual prenatal series. Recently twenty registrants participated with eleven qualifying for the Federal program Canadian Prenatal Nutrition Program (CPNP). The CPNP supports pregnant women with educational support, and vitamin and

MEDICAL OFFICER OF HEALTH UPDATE

nutritional needs. Four sessions were hosted by the registered dietitian and public health nurses in collaboration with Brighter Future and Early ON centres providing an overview of their programs.

The PHU Healthy Families program was fortunate to send one Public Health Nurse to the Queering the Compass training to gain knowledge and perspective on how the PHU can improve on inclusiveness within our team. Perinatal Substance Use Training (free to CAPC/CPNP in Ontario) was attended by the Program Coordinator. Unfortunately, higher rates of substance use continue to occur in the PHU region. This highly informative training based on providing trauma informed care uses a harm reduction model. The PHU Healthy Families program continues its collaboration with Early Years network, with partners and organizations working together to improve the health and well-being of families and little ones. Three staff members attended training for mental health first aid. The training will look at how the PHU can support families post-partum.

Tobacco and Substance Use:

The PHU has returned to work that had been started pre pandemic and continues to collaborate with provincial and regional partners. Staff attended the Ontario Public Health Association (OPHA) virtual National Conference on Tobacco and Vaping. The theme of this conference was Charting the Course to less than 5% by 2035. The PHU rates for tobacco and vaping use are incredibly high. The provincial rate for tobacco is 16-19 % in comparison to the PHU at 23-25%. The Building On, Progress Towards New Gains campaign, which aims to help public health practitioners re-focus on confronting the key issues that will help the PHU get to 5% tobacco use prevalence. The conference provided an opportunity to facilitate knowledge translation and exchange, networking, and collaboration among leaders and frontline practitioners in the tobacco and vaping field.

PHU staff attended webinars hosted by the YMCA Youth Cannabis Awareness Program – Building Healthy Communities. The webinars informed by protective factors contributing to youth mental health, provided a multi-faceted approach to increase knowledge and skills supporting positive youth development, in terms of cannabis use and its impact on their growth and development.

The PHU staff also attended webinars hosted by The Canadian Centre on Substance Use and Addiction (CCSA) regarding the new Canadian Guidance on Alcohol and Health. Canada's Guidance on Alcohol and Health provides evidence-based advice on alcohol to support people in making informed decisions about their health. The guidance is based on the latest research on alcohol-related risks and replaces Canada's Low-Risk Alcohol Drinking Guidelines (LRDGs) issued in 2011. The guidance is based on the principle of autonomy in harm reduction and the fundamental idea behind it, that people living in Canada have a right to know that all alcohol use comes with risk. CCSA is creating knowledge mobilization products that will be tailored to meet the needs of the PHU audience which will be shared accordingly.

Icelandic Prevention Model:

The PHU continues its work developing plans to support implementation of the Icelandic Prevention Model. The PHU has met with consultants from the City of Timmins Building Safer Communities, to find linkages between projects, to increase capacity and to find commonalities. Next steps for the program will be discussions with community partners to prepare for mobilization of this project; planning for meetings to be held in April, to plan an initial pilot project in Timmins. Although communities within the PHU are unique it is expected that the data around risk factors associated with substance use among youth recommendations will benefit the entire region.

MEDICAL OFFICER OF HEALTH UPDATE

Vaccine Preventable Disease:

COVID-19 Vaccine:

In alignment with the province, on April 3rd the PHU will be announcing a Spring COVID-19 Campaign. The target population to receive a booster or bi-valent dose six months since their last dose are expected to be those higher risk individuals over the age of sixty-five and others who are at high-risk for other reasons. It is expected but not yet confirmed that the Fall campaign will align with the Influenza program.

The PHU continues to provide key messages and information around the COVID-19 response and vaccine via social media. Messaging continues to promote staying home when unwell.

Vaccine Clinics:

In some PHU communities where there is limited or no primary care available, the PHU continues to provide opportunities for routine vaccination for those under the age of six, to receive their primary series. During the month of February, 253 clients were seen, and 435 vaccines administered. There were eighteen vaccine clinics held at high schools across the PHU region where Tetanus, Diphtheria, and Pertussis were administered. Two social media posts around the Immunization School's Pupils Act (ISPA) were issued. ISPA is legislation of required vaccination for pupils. The Medical Officer of Health has a duty and authority to suspend children and youth for not having certain vaccines under ISPA. No suspensions were issued during COVID-19, nor are any expected to be issued this year. The PHU utilized significant resources via letter and phone campaigns to families, providing opportunities for vaccine education, addressing barriers to vaccine, and vaccination questions. These labour-intensive letter and phone campaigns have resulted in high vaccine rates for our region, with the PHU leading provincially in the vaccination rate for meningitis. To assess that vaccines are being stored as required to maintain their viability, the PHU conducted cold chain inspections across the region of vaccine refrigerators. Two incidents were reported with \$1200 loss in vaccine wastage.

Chronic Disease and Injury Prevention:

The PHU continues to offer the Stay on Your Feet program to prevent falls in older persons. The PHU is connecting with long-term care homes to evaluate this program within the home and its impact on residents. The PHU provided a presentation in Hornepayne during their Moonlight Walk and also provided a Family and Friends display at an Aging at Home event in Smooth Rock Falls.

Infectious and Communicable Disease Prevention and Control:

Self-Testing Clinics:

The PHU continues important work within the clinical services department with the offering of self-testing for chlamydia and gonorrhea. The PHU is one of the only health units in the province offering this program and has

MEDICAL OFFICER OF HEALTH UPDATE

received many inquiries from other health units requesting information around this program. Self-testing has been offered one day a week in Timmins since September 2022. Clients, who are asymptomatic, do not see a Health Care Provider, but are able to collect their own specimen for testing. The PHU clinic team is always present to answer questions or concerns, or to provide education and awareness. As of September 2022, 43 clients have

been tested. Chlamydia was detected in three individuals which is important as PHU rates are historically high and often chlamydia in females can be asymptomatic. The PHU's goals for the program are to increase access to routine testing and to decrease hesitancy around testing, specifically in smaller communities, within the PHU region. The program also increases staff capacity. The PHU plans to expand this program across the region. (Please see report in Appendix A: Clinic Report Chlamydia and Gonorrhea Self Testing).

Cervical Screening:

The PHU continues to offer cancer screening through pap testing. Access and availability to testing, along with the availability of the HPV vaccine, to screen and detect abnormal cells long before they become cancerous, is a positive trend the PHU sees. Many women within the PHU region do not have a health care provider or their health care provider does not perform cervical screening which is challenging. Clinics have been offered in communities where there is no access to cervical screening services. Clinics have been offered one day per month in Cochrane, and one day every 3-4 months in Matheson based on demand. To date, two clinics were held in Matheson with seventeen pap tests completed and five clinics with forty-seven pap tests completed in Cochrane. Clinics are held more regularly in Timmins with eight clinics and 124 pap tests completed. The PHU has a clinic physician that travels with a nurse to the community to provide the pap testing clinics. Clinics in Cochrane and Matheson are promoted through the MICs partners. (Please see report in appendix B: Clinic Report Cervical Screening Pap Testing)

Reportable Diseases:

The PHU has had ninety-two confirmed reportable diseases between January and February 2023. This rate is lower than all the years since 2014 with exception for 2021-22. However, it is expected that the PHU will see an increase. The majority of reportable diseases is chlamydia, followed by latent Tuberculosis infection and Hepatitis. Most cases are in Timmins but are occurring across the region. There are fifty-three cases of sexually transmitted infection; 240 cases of influenza for the 2022-23. Seventeen cases of latent Tuberculosis (TBI), that are monitored and offered treatment to prevent active TB as well as cases of active Tuberculosis. Tuberculosis cases are increasing in the PHU region. The treatment for Tuberculosis is lengthy and is impacted greatly by stigma, historical trauma and many challenges. There are numerous infections that are related and challenging to treat when looking at social determinants of health and risk factors.

Substance Use Injury Prevention:

The PHU continues to increase Naloxone distribution sites with several new sites onboarded. The Matheson Fire Department, Recovery North and several First Nation communities have announced a non-public emergency where the PHU has supported education and training and Naloxone distribution sites in the communities, engaged with leadership providing a presentation. The PHU continues to partner to provide education and awareness.

MEDICAL OFFICER OF HEALTH UPDATE

Supervised Consumption Site:

The community engagement continues around the supervised consumption site. The Canadian Mental Health Association is the lead now as the operator for the project and the application has been sent to the Ministry for provincial funding.

Emergency Response:

The PHU recently attended the Stronger Together event. The event looked at ways to better coordinate a culturally mindful, inclusive, and indigenous led evacuation. The PHU team is diligently working and planning for the expected evacuations which require a substantial amount of work.

Information Technology:

The I.T. department continues to take steps to update and insure a safe and secure system. A phishing exercise was recently conducted. Staff continue to receive training and have completed educational exercises around business email compromise, data protection, data destruction, email compromise, and ransom malware.

Human Resources:

Recruitment and retention continue to be a challenge for the PHU. It is expected this will remain the case in both the short, interim, and potentially long term as the recent Provincial budget did not mention any additional public health funding. The PHU Human Resources Department along with nursing staff attended a career fair at Northern College on March 22nd. The PHU team was well received, and many students took the time to engage with our staff. The HR staff as part of the Mentorship and Recruitment Committee continue to look for appropriate events to attend both virtually and in person. Human Resources continues to engage summer student recruitment and ways to support and increase interest in public health as a career. Under the direction of the MOH and in collaboration with the Director of Corporate Services, a new process has been developed to ensure any student positions we do hire align with our core mandate.

Other:

Grand Rounds were recently held at the PHU. An education presentation which mirrored a recent presentation to the Board, around Governance, a review of the HPPA, Board Bylaws, budget funding and accountability was provided to staff. It is planned that this educational presentation will be provided to staff annually to inform staff around the financial status of the PHU, and of any Ministerial changes.

Respectfully Submitted,
Lianne Catton, M.D., CCFP-EM, MPH
Medical Officer of Health/Chief Executive Officer
Porcupine Health Unit



PORCUPINE HEALTH UNIT

Appendix A Clinic Report Chlamydia and Gonorrhoea Self Testing

March 30, 2023

Clinic Report- Chlamydia and Gonorrhea Self-Testing



March 28, 2023

Porcupine Health Unit

Prepared by: Mary France Caron-Bruneau

Self-Testing Clinics

Infectious and Communicable Diseases Prevention and Control Standard

Requirement:

The board of health shall collaborate with health care providers and other relevant partners to ensure access to, or provide based on local assessment, clinical services (e.g., sexual health/sexually transmitted infection [STI] clinics) for priority populations to promote and support healthy sexual practices and the prevention and/or management of sexually transmitted infections and blood-borne infections.

Sexual Health and Sexually Transmitted/ Blood-Borne Infections Prevention and Control Protocol

Detection and Identification

The board of health shall:

Provide screening of STBBIs to individuals with one or more of the following risk factors:

- i) Having sexual contact with:
 - person(s) with a known STBBI;
 - multiple persons; and
 - anonymous persons
- ii) Previous STI diagnosis;
- iii) Being a man who has sex with other men;
- iv) Having a new sexual contact;
- v) Being sexually active;
- vi) Being a person who injects drugs;
- vii) Being a person who misuses alcohol or illicit drugs (e.g., opioids, amphetamines, cocaine, ecstasy);
- viii) Being street involved and/or unstably housed (e.g., homeless);
- ix) Engaging in sex work;
- x) History of trauma (e.g., partner violence, sexual/physical abuse)
- xi) Occupational exposure; and
- xii) Not using contraception or sole use of non-barrier contraception and one the above risk factors.

Sexual Health Services, Education and Awareness

The board of health shall:

Based on the population health needs assessment in support of community integrated planning and using all available evidence, including health outcomes and equity impacts, the board of health shall consider adopting additional measures to provide the following clinical services for priority populations:

- i) Health assessment/risk review;
- ii) STBBI and contraception education and counseling;
- iii) Testing, diagnosis, treatment, and management of STBBIs, including cervical cytology;
- iv) A mechanism to provide contraceptives, including emergency contraception, at cost and/or free for clients in financial need;
- v) Pregnancy tests and comprehensive pregnancy counseling;
- vi) Post-abortion counseling and referral;

Background

Self-Testing Clinics for Chlamydia and Gonorrhea have been offered one day per week in Timmins since September 21, 2022. Clients do not see a health care provider during these clinics; they collect their own specimens (urine, throat and/or anal swabs) based on the type of sexual activity they are having. This clinic is only for those without symptoms. Clients with symptoms or who have been a contact of a case are encouraged to book an appointment with the nurse.

During the clinics, a nurse is available if there are questions, but their role is mainly to process the specimens after each client and ensure documentation of the visit. Clear directions are provided to clients by the administrative staff and instructions for the proper collection of specimens are posted in the washroom. Clients are required to sign a consent and a self-reported risk assessment is optional. Condoms are also available in the washroom for clients.

The clinics are by appointment, through an online booking system. The PHU website has a sexual health page with a link to the booking system. A QR code and short web link (phu.fyi/clinics) to the sexual health page on the PHU website is included on all sexual health promotional items and self-testing posters.

To date, the clinic has been promoted on Facebook and more recently on Instagram. Posters have also been shared with primary care providers, sexual health partners (Timmins Youth Wellness Hub, Living Space, Fierté Timmins Pride), and distributed to local colleges and drinking establishments.

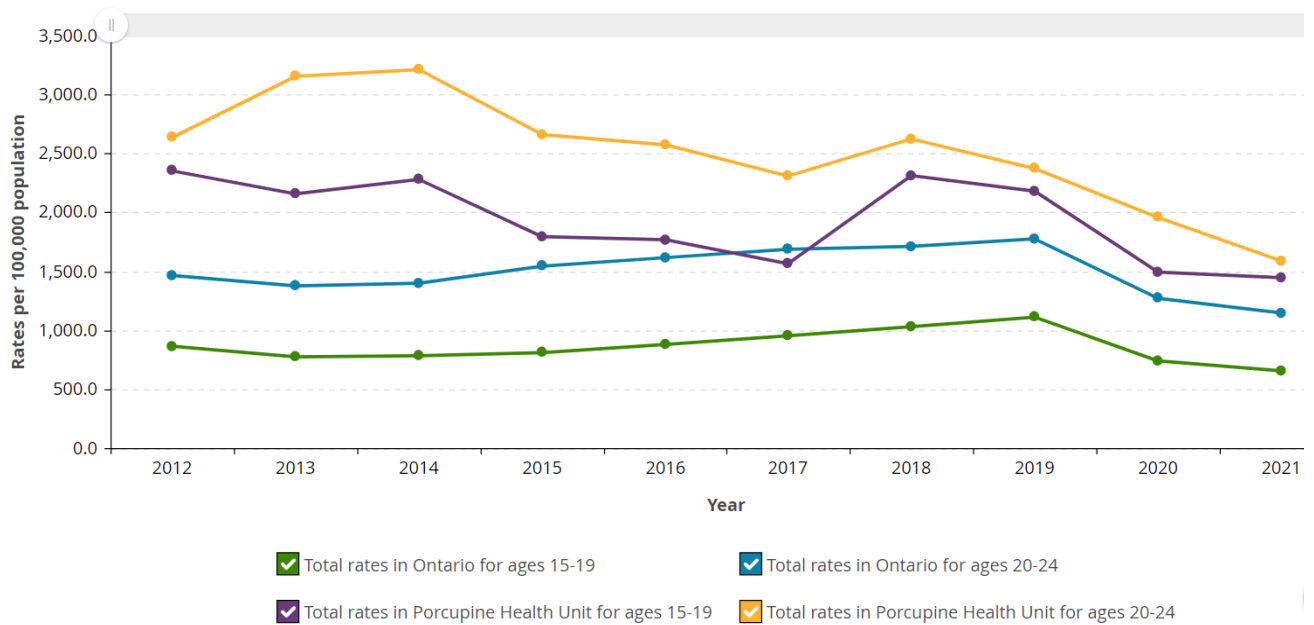
Since September, 43 clients have been tested in the self-testing clinic. Of these clients, 23 were females and 20 were males, with average age for females being 27 and 33 for males. Chlamydia has been detected in 3 individuals tested to date, in one individual the infection was present in multiple sites tested (throat and urine).

Goals

- Increase access to routine testing
 - Testing available for all exposed sites based on type of sexual activity
 - No appointment wait times
 - Book online, multiple clinic options
- Reduce barriers to access
 - Stigma
 - Embarrassment
 - Wait times
 - Self collected, no need to see a provider
- Increase staff capacity
 - Offer more community clinics (symptomatic clients, BBI testing, pop-up clinics for priority population)
 - Collaborate with harm reduction for outreach clinics, and testing (HIV, Syphilis and HCV testing)
 - Develop SH programming based on gaps in the community (e.g. Pap screening)

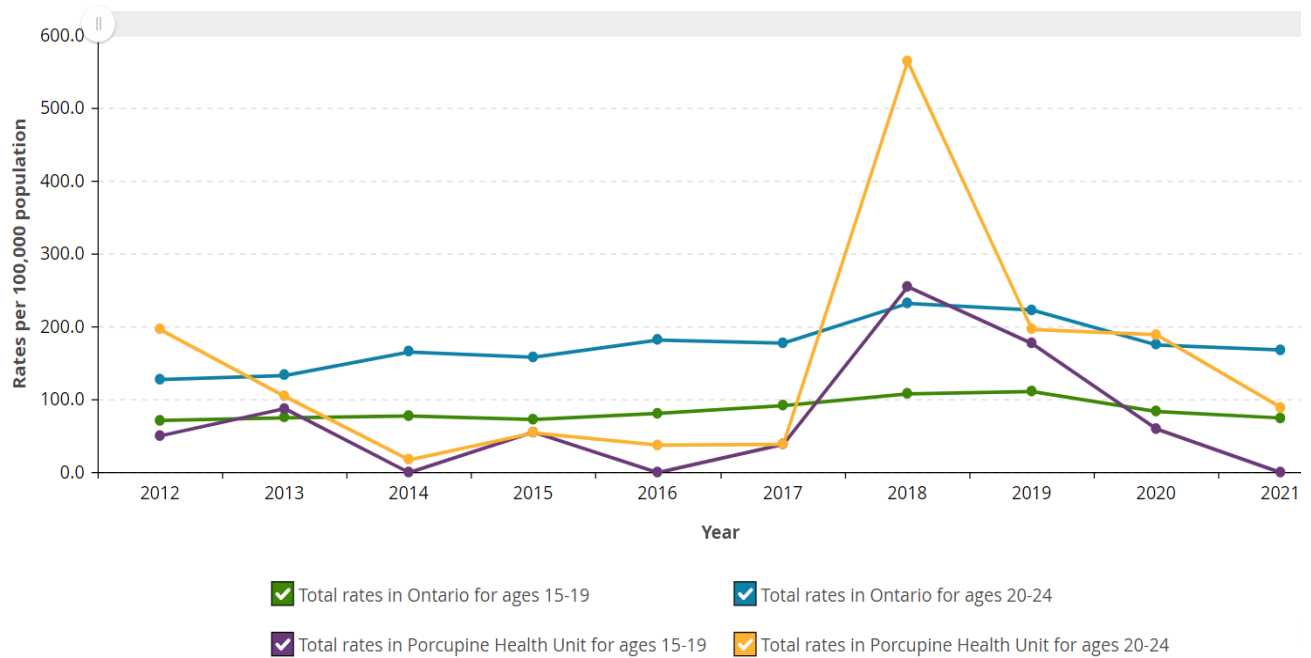
Data

Chlamydia rates by age, for all sexes, in Porcupine Health Unit vs Ontario



(PHO <https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Reportable-Disease-Trends-Annually>)

Gonorrhoea rates by age, for all sexes, in Porcupine Health Unit vs Ontario



(PHO <https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Reportable-Disease-Trends-Annually>)

Data supporting self-testing

High-risk populations such as the 15-29 years group are the least likely to seek testing (Barth et al, 2002).

Stigma, embarrassment, fear, and denial were often reported reasons for not acquiring testing within those high-risk populations (Barth et al., 2002; O’Byrne, Patrick and Dias, 2008).

Often clients are asymptomatic – not being prompted to access the HCP-directed clinic but would complete routine self-testing (Habel et al., 2018; Fielder, Carey, and Carey, 2013).

Bathhouses in Ottawa offered urine drop-off, reaching people who have never been tested before, and prompting others to seek additional testing such as serology (O’Byrne, Patrick, and Dias, 2008).

High satisfaction and ease of self-testing were preferred to clinician-collected sampling (Paudyal et al., 2015).

Meta-analysis reports suggest programs that offer self-testing increase their uptake for STI testing and case findings (Ogale et al., 2019).

Adolescents rate self-collected urine samples as the preferred choice of STI testing due to the comfort of not having to speak to/see a HCP, followed by self-swabbing (Serlin et al., 2002).

Data supporting self-swabbing

Self-collected urine/vaginal swabs are widely accepted but this only provides access to the heterosexual population (Alexander et al., 2008).

More than half of CT or GC cases in MSM would be missed if solely urine sampling was provided (Marcus et al., 2011).

Pharyngeal CT cases in heterosexual women are nearly equal to that of MSM, though throat swabs are not offered as often to heterosexual people compared to MSM (Karlsson, Osterlund, and Forssen, 2011).

Self-swabbing increased testing coverage in the throat by 32% and anal by 33% resulting in increased detection of CT and GC cases in comparison to the baseline year (Barbee et al., 2016).

The creation of an asymptomatic clinic resulted in a capacity increase of 11% (Knight et al., 2013).

No statistically significant difference in results from self-collected samples and clinician-collected samples, when provided detailed instruction (Alexander et al., 2008; Barbee et al., 2016).

References

- Alexander S, Ison C, Parry J, Llewellyn C, Wayal S, Richardson D, Phillips A, Smith H, Fisher M; Brighton Home Sampling Kits Steering Group. (2008). Self-taken pharyngeal and rectal swabs are appropriate for the detection of Chlamydia trachomatis and Neisseria gonorrhoeae in asymptomatic men who have sex with men. *Sex Transm Infect.*
- Barbee LA, Tat S, Dhanireddy S, Marrazzo JM. (2016). Implementation and Operational Research: Effectiveness and Patient Acceptability of a Sexually Transmitted Infection Self-Testing Program in an HIV Care Setting. *Journal of Acquired Immune Deficiency Syndromes* (1999). 72(2):e26-31.
- Barth K.R., Cook R.L., Downs, J.S., Switzer, G.E., & Fischhoff, B. (2002). Social stigma and negative consequences: factors that influence college students' decisions to seek testing for sexually transmitted infections. *Journal of American College Health*, 50:4, 153-159.
- Fielder, R. L., Carey, K. B., & Carey, M. P. (2013) Acceptability of Sexually Transmitted Infection Testing Using Self-collected Vaginal Swabs Among College Women, *Journal of American College Health*, 61:1, 46-53.
- Habel, M. A., Brookmeyer, K. A., Oliver-Veronesi, R., & Haffner, M. M. (2018). Creating Innovative Sexually Transmitted Infection Testing Options for University Students: The Impact of an STI Self-testing Program. *Sexually transmitted diseases*, 45(4), 272–277.
- Karlsson A, Osterlund A, Forssen A. (2011). Pharyngeal Chlamydia trachomatis is not uncommon anymore. *Scand J Infect Dis* 2011; 43:344 –348.

Knight, V., Ryder, N., Guy, R.J., Lu, H., Wand, H.C., & McNulty, A.M. (2013). New Xpress Sexually Transmissible Infection Screening Clinic Improves Patient Journey and Clinic Capacity at a Large Sexual Health Clinic. *Sexually Transmitted Diseases*, 40, 75–80.

Marcus, J. L., Bernstein, K. T., Kohn, R. P., Liska, S., & Philip, S. S. (2011). Infections missed by urethral-only screening for chlamydia or gonorrhea detection among men who have sex with men. *Sexually Transmitted Diseases*, 38(10), 922-4.

O’Byrne, P. & Dias, R.. (2008). Urine drop-off testing: A self-directed method for STI screening and prevention. *Canadian Journal of Human Sexuality*. 17. 53-59.

Ogale Y, Yeh PT, Kennedy CE, Toskin I, & Narasimhan M. (2019). Self-collection of samples as an additional approach to deliver testing services for sexually transmitted infections: a systematic review and meta-analysis. *BMJ Glob Health*. 4(2):e001349.

Paudyal P, Llewellyn C, Lau J, Mahmud M, & Smith H. (2015). Obtaining self-samples to diagnose curable sexually transmitted infections: a systematic review of patients' experiences. *PLoS One*. 10(4):e0124310.

Public Health Ontario. (n.d.). *Infectious disease trends in Ontario*. Retrieved from <https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Reportable-Disease-Trends-Annually>.

Serlin, M., Shafer, M.A., Tebb, K., Gyamfi, A.A., Moncada, J., Schachter, J. & Wibbelsman, C. (2002). What sexually transmitted disease screening method does the adolescent prefer? Adolescents’ attitudes toward first-void urine, self-collected vaginal swab, and pelvic examination. *Arch Pediatric Adolescent Medicine*.

Self-testing Clinic for Chlamydia and Gonorrhoea NOW AVAILABLE IN TIMMINS!

This clinic is only for those
without symptoms.

Appointments are needed.
Book online at phu.fyi/clinics



Porcupine
Health Unit • Bureau de santé



Cliniques d'autodépistage de la chlamydia et de la gonorrhée maintenant offertes à Timmins!

Les cliniques sont réservées aux
personnes qui **n'ont pas** de symptômes.

Il faut prendre rendez-vous.
Prenez rendez-vous en ligne à
phu.fyi/cliniques





PORCUPINE HEALTH UNIT

Appendix B Clinic Report Cervical Screening Pap Testing

March 30, 2023



Clinic Report- Cervical Screening (Pap Testing)

March 28, 2023

Porcupine Health Unit

Prepared by: Mary France Caron-Bruneau

Cervical screening (Pap Testing) Clinics

Infectious and Communicable Diseases Prevention and Control Standard

Requirement:

The board of health shall collaborate with health care providers and other relevant partners to ensure access to, or provide based on local assessment, clinical services (e.g., sexual health/sexually transmitted infection [STI] clinics) for priority populations to promote and support healthy sexual practices and the prevention and/or management of sexually transmitted infections and blood-borne infections.

Sexual Health and Sexually Transmitted/ Blood-Borne Infections Prevention and Control Protocol

Detection and Identification

The board of health shall:

Provide screening of STBBIs to individuals with one or more of the following risk factors:

i) Having sexual contact with:

- person(s) with a known STBBI;
- multiple persons; and
- anonymous persons

ii) Previous STI diagnosis;

iii) Being a man who has sex with other men;

iv) Having a new sexual contact;

v) Being sexually active;

vi) Being a person who injects drugs;

vii) Being a person who misuses alcohol or illicit drugs (e.g., opioids, amphetamines, cocaine, ecstasy);

viii) Being street involved and/or unstably housed (e.g., homeless);

ix) Engaging in sex work;

x) History of trauma (e.g., partner violence, sexual/physical abuse)

xi) Occupational exposure; and

xii) Not using contraception or sole use of non-barrier contraception and one the above risk factors.

Sexual Health Services, Education and Awareness

The board of health shall:

Based on the population health needs assessment in support of community integrated planning and using all available evidence, including health outcomes and equity impacts, the board of health shall consider adopting additional measures to provide the following clinical services for priority populations:

- i) Health assessment/risk review;

- ii) STBBI and contraception education and counseling;
- iii) Testing, diagnosis, treatment, and management of STBBIs, including cervical cytology;
- iv) A mechanism to provide contraceptives, including emergency contraception, at cost and/or free for clients in financial need;
- v) Pregnancy tests and comprehensive pregnancy counseling;
- vi) Post-abortion counseling and referral;

Background

Cervical Screening has been offered at the Health Unit for several years. Screening is offered to all eligible individuals who do not have access to testing.

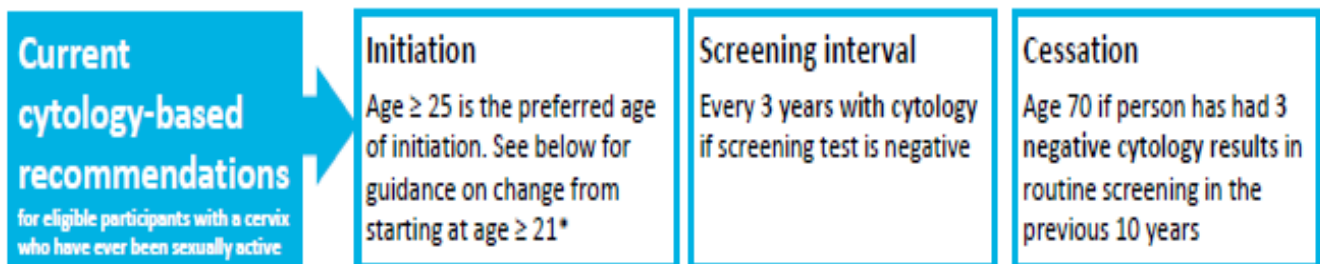
Although there have been Pap clinics offered in branch communities over the years to fill gaps in services, over the last 4-5 years, Pap clinics were mainly offered at the Timmins clinic. Clinics continue to be offered 1-2 days each month in Timmins.

Since October 2022, based on local assessments and discussions with primary care partners, clinics have been offered in communities where there is no access to cervical screening services. Clinics are offered 1 day per month in Cochrane and 1 day every 3-4 months in Matheson based on demand. To date, there have been 2 clinics in Matheson and 5 clinics in Cochrane.

Clinics are provided by nurses and the clinic lead physician is available for consults and referrals. At the Pap screening clinics, all clients are also offered testing for sexually transmitted infections.

Clinics have been promoted through MICs partners and posters have been posted in key locations in Cochrane and Matheson.

It is important to note that in January 2022, Ontario Health-Cancer Care Ontario, updated the cytology-based recommendations for the Ontario Cervical Screening Program. The revised recommendations for eligible participants with a cervix who have ever been sexually active are:



*Guidance during the change to human papillomavirus (HPV) testing

Ontario Health (Cancer Care Ontario) is working with the Ministry of Health to implement HPV testing in cervical screening in Ontario. Until then, please continue to use cytology-based screening. Recommendations from the Canadian Task Force on Preventive Health Care and recent evidence support a higher age of initiation for cervical screening (with cytology or HPV testing). Primary care providers are now encouraged to initiate cytology-based screening at age 25 for those who are or have ever been sexually active, with one exception: people who are immunocompromised and are or have ever been sexually active can continue to start screening at age 21. Please note, primary care cancer screening tools and resources are not yet aligned with this guidance and will be updated with HPV implementation⁸.

Data

Cervical Screenings Completed from October 2022-March 2023

Office	Number of Cervical Screenings
Timmins (8 clinics)	124
Cochrane (5 clinics)	47
Matheson (2 clinics)	17
Total	188

References

Ontario Health-Cancer Care Ontario. Ontario Cervical Screening Program: Screening Recommendations Summary. January 2022.

Cervical Screening (Pap Testing)

**For individuals who do not have
access to testing.**

**If you are over 25, you should have a Pap test every 3
years until 70 (unless recommended to follow-up earlier).**

**Call the Porcupine Health Unit at
705-272-3394**



Porcupine
Health Unit • Bureau de santé

porcupinehu.on.ca

Dépistage du cancer du col de l'utérus (Test de Pap)

**Pour les personnes qui n'ont pas accès
à des tests.**

Si vous avez plus de 25 ans, vous devriez passer un test de Pap au moins tous les trois ans jusqu'à 70 ans (à moins que l'on vous ait recommandé de faire un suivi plus tôt).

Appelez le Bureau de santé Porcupine au

705-272-3394



Health Unit • Bureau de santé

porcupinehu.on.ca