

# STBBIs in MB

Testing Recommendations  
Specimen collection  
POCT and Self-tests for HIV

Dr. Laurie Ireland MD CCFP

**Nine Circles and The Manitoba HIV Program  
operates on the original lands of the  
Anishinaabe, Cree, Oji-Cree, Assiniboine,  
Dakota, and Dene peoples, and the  
homeland of the Métis Nation.**

# Presenter Disclosure:

## **Faculty:**

Dr. Laurie Ireland

## **Relationships with financial sponsors:**

No Conflicts to Disclose

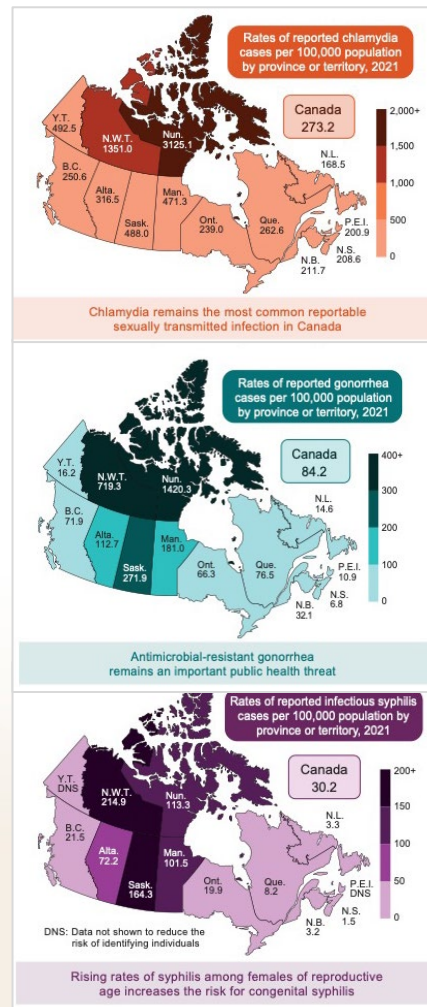
# Learning Objectives

**By the end of this presentation participants will:**

- Be familiar with the rates of STBBIs in MB
- Be aware of STBBI testing recommendations
- Feel comfortable offering routine STBBI testing in their practice, including throat and rectal swabs for gonorrhea and chlamydia
- Be familiar with HIV testing modalities available in Manitoba and referral pathways for care

# Chlamydia, Gonorrhoea and Syphilis in Canada; 2021 Surveillance update

- National incidence rate Chlamydia: 273.2/100,000
- Manitoba's incidence rate: **471.3/100,000**
- National incidence rate Gonorrhoea: 84.2/100,000
- Manitoba's incidence : **181.0/100,000**
- National incidence rate Syphilis: 30.2/100,000
- Manitoba's incidence rate : **101.5/100,000**



# Hepatitis in Canada: 2021 Surveillance update

## Acute Hepatitis B

- National incidence rate: 0.3/100,000
- **Manitoba's incidence rate: 0.57/100,000**

## Hepatitis B, chronic and unspecified

- National incidence rate: 8.9/100,000
- **Manitoba's incidence rate: 15/100,000**

## Hepatitis C, acute, chronic and unspecified

- National incidence rate: 19.7/100,000
- **Manitoba's incidence rate: 42.3/100,000**

Data source: Public Health Agency of Canada, Notifiable Diseases Online, 2022 [Online] <https://diseases.canada.ca/notifiable>. i. Survey on the impact of COVID-19 on the delivery of STBBI prevention, testing and treatment, including harm reduction services, in Canada. Ottawa, ON: Public Health Agency of Canada; 2022. Pub.: 210294  
ii. Infectious syphilis includes the primary, secondary and early latent (less than one year after infection) stages of infection. For more information visit <https://www.canada.ca/en/public-health/services/surveillance/sexually-transmitted-blood-borne-infections.html>  
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Public Health  
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Canada

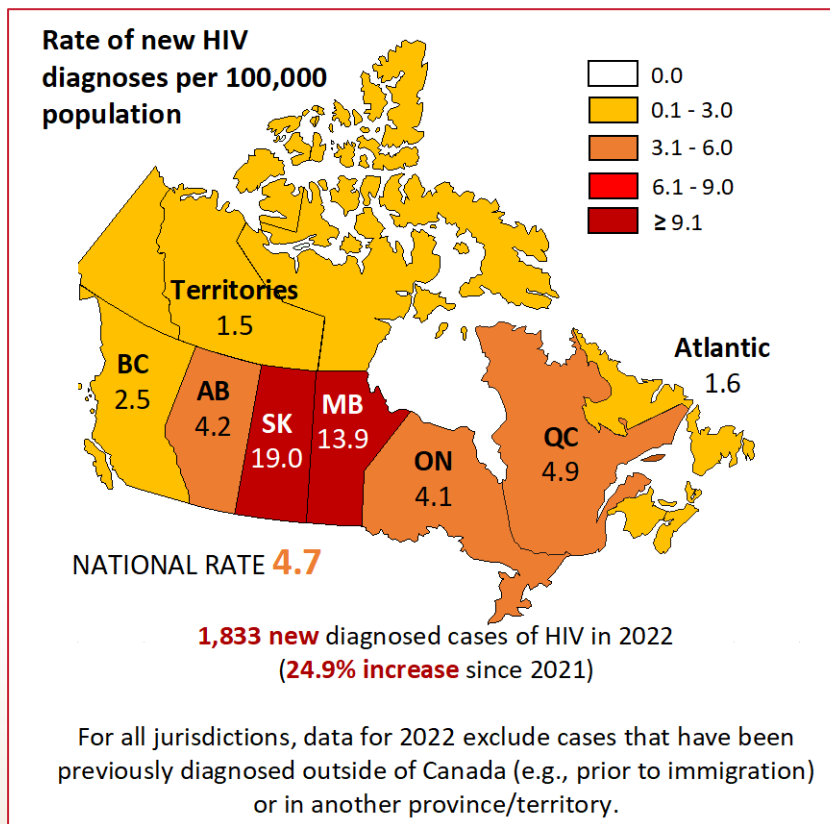


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[www.mbHIV.ca](http://www.mbHIV.ca)

# HIV in Canada: 2022 Surveillance update

- National incidence rate HIV: 4.7/100,000
- Manitoba's incidence rate: 13.9/100000



Data source: Public Health Agency of Canada, Notifiable Diseases Online, 2022 [Online] <https://diseases.canada.ca/notifiable>. I. Survey on the impact of COVID-19 on the delivery of STBBI prevention, testing and treatment, including harm reduction services. In Canada. Ottawa, ON: Public Health Agency of Canada; 2022. Pub.: 210294  
II. Infectious syphilis includes the primary, secondary and early latent (less than one year after infection) stages of infection. For more information visit <https://www.canada.ca/en/public-health/services/surveillance/sexually-transmitted-blood-borne-infections.html>  
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 Public Health Agency of Canada Agence de la santé publique du Canada



# STBBIs in MB 2023

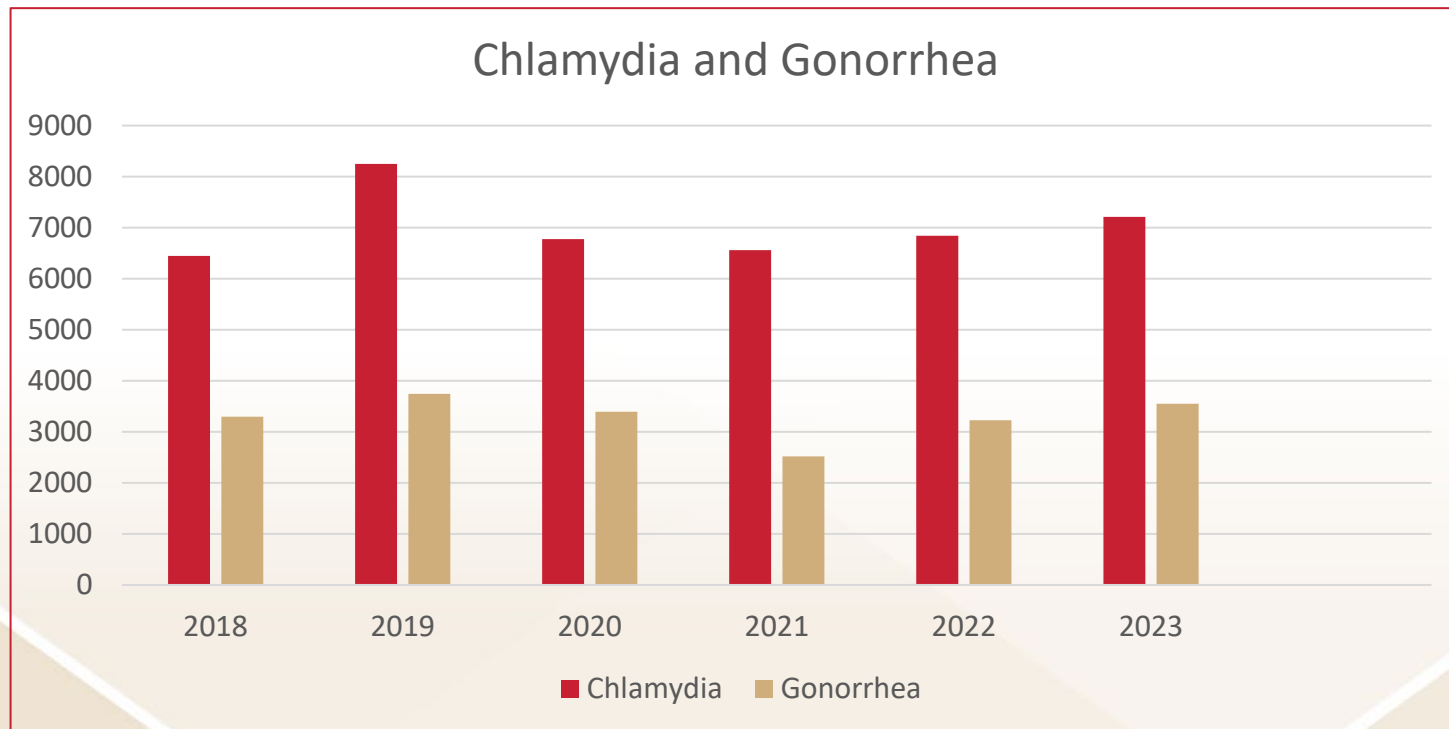
**Disclaimer:**

**This is preliminary data from MB Health. Case counts, particularly those in the last 3-6 months, are subject to change as investigations may be ongoing**



# Chlamydia/Gonorrhea

- >7200 Chlamydia cases in 2023
- >3500 Gonorrhea cases in 2023

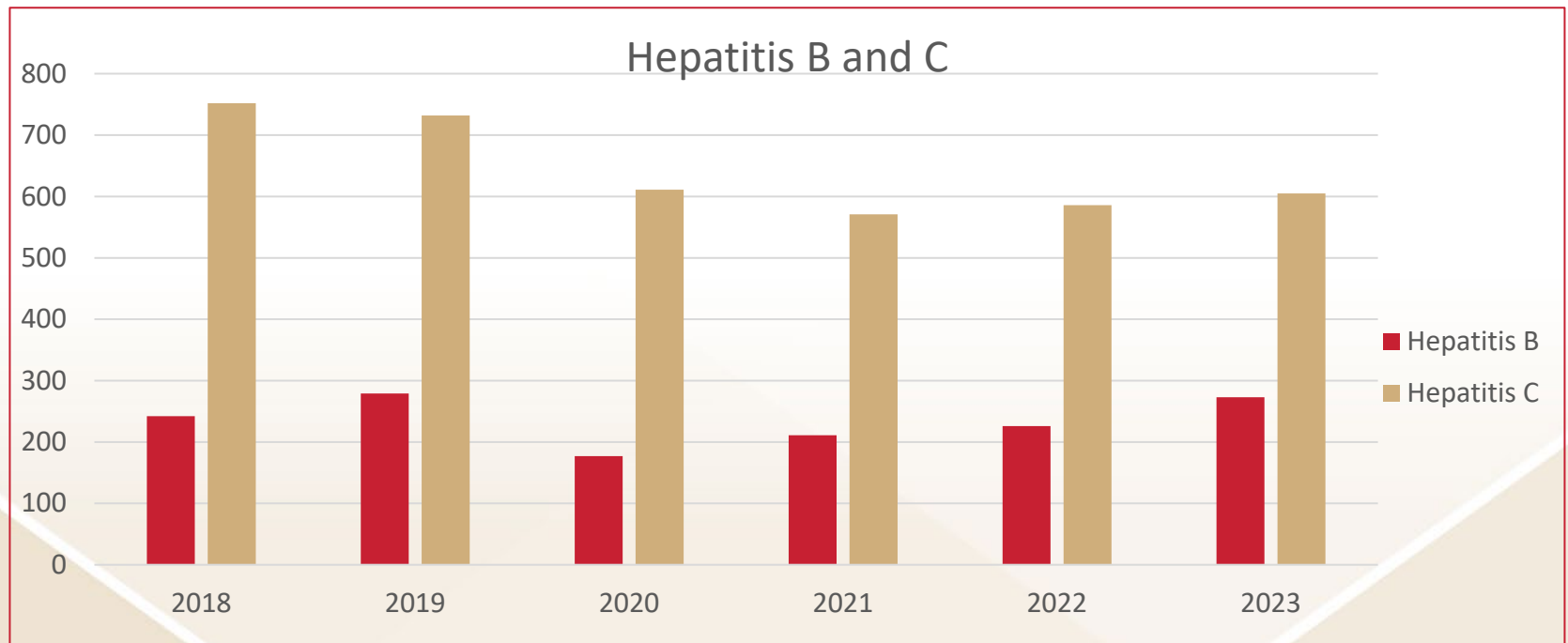


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# Hepatitis B/C

- Approx 270 Hepatitis B cases in 2023
- Approx 600 Hepatitis C cases in 2023

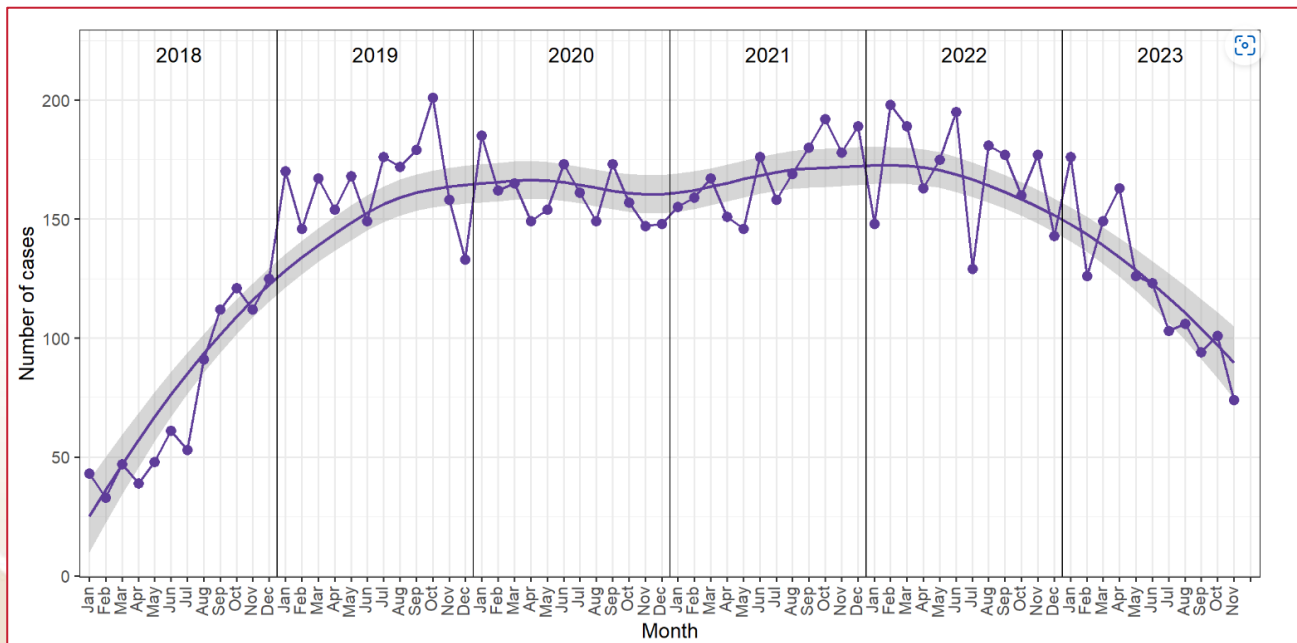


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# Syphilis

- >1300 new syphilis cases in 2023. Lower than last 5 years (approx. 1900 cases/year) \*note syphilis investigations can take weeks to months to finalize. End of year case count may increase.
- Preliminary congenital syphilis count in the WRHA is also lower in 2023 (data not finalized)
- May be some room for cautious optimism. However case counts remain far above pre-2018 levels

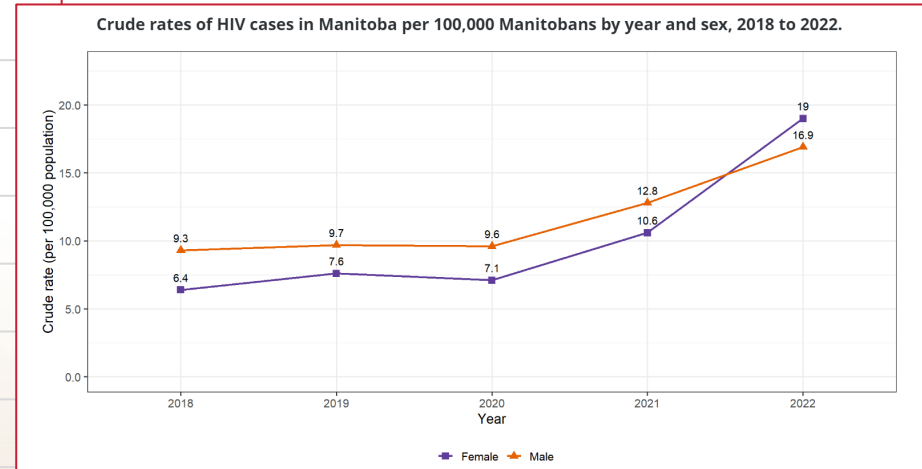
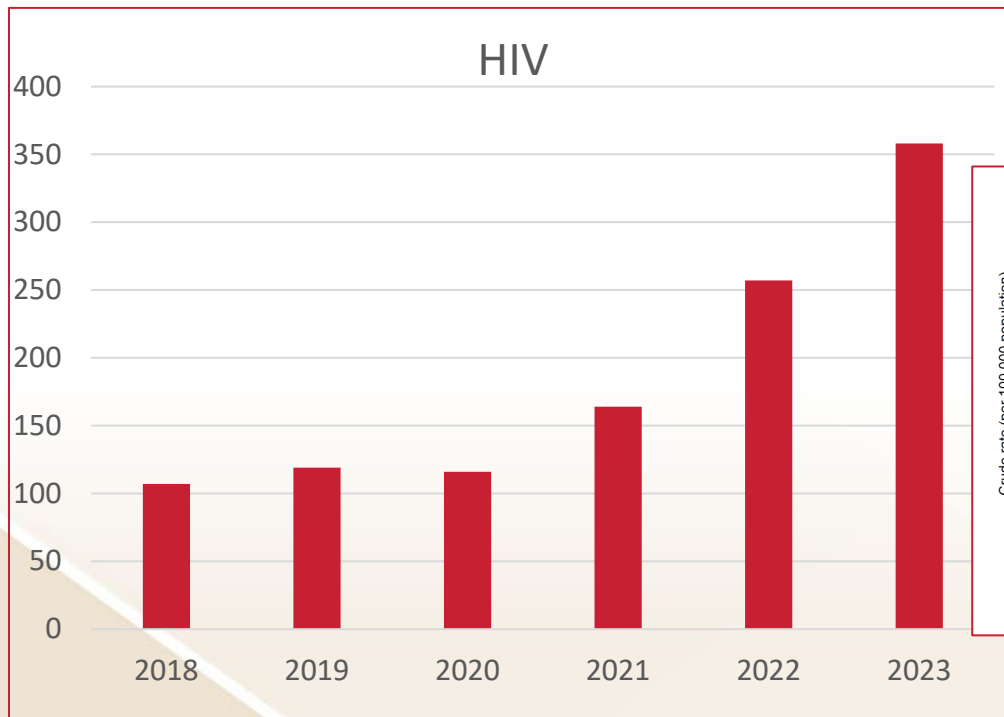


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This is preliminary data from MB Health. Case counts, particularly those in the last 3-6 months, are subject to change as investigations may be ongoing

# HIV

- >350 new HIV cases in MB in 2023. Approx 50% increase from 2022, and 150% increase from the 5yr average



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# HIV in Manitoba



Between 2018 (N=111) and 2021 (N=169) there was a 52% increase in the total number of HIV cases



The rate of HIV is increasing in the Winnipeg Regional Health Authority, Northern Health Region, Interlake-Eastern Health Region and Southern Health – Santé Sud Region

## For all people who entered the Manitoba HIV Program between 2018 and 2021:



Around 50% were female



Nearly 50% of females and 25% of males experienced houselessness



Around 65% of females and 35% of males self-reported injection drug use



Heterosexual sex and injection drug use were the most common modes of self-reported HIV acquisition



6 in 10 self-identified as heterosexual and 2 in 10 self-identified as gay, bisexual or men who have sex with men (gbMSM)



Around 70% of people who reported drug use, reported using methamphetamine



8 in 10 people had at least one STBBI prior to diagnosis with HIV



Around 80% of people had at least one other comorbid condition at entry into care



7 in 10 self-identified as Indigenous



# HIV in Manitoba

## HIV Projections in MB: Status quo, 2024-2028

YEAR	Maximum number of people referred to the MBHIVP
2024	486
2025	593
2026	724
2027	884
2028	1,080

Zulma Rueda, Roberto Hincapie, Diego Munoz, Lucelly Lopez, Yoav Keynan.  
Projections of the new HIV diagnoses based on historical data. September, 2023.

# A Pan-Canadian STBBI framework for action

- Reducing the health impact of sexually transmitted and blood-borne infections in Canada by 2030
- Core Pillars
  - Prevention
  - **Testing**
  - Initiation of Care and Treatment
  - Ongoing Care and Support

<https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/reports-publications/sexually-transmitted-blood-borne-infections-action-framework.html>

# The Social Determinants of Health

- STBBI do not affect all people equally
- Rates of STBBI are both directly and indirectly influenced by the social determinants of health, including: education, income, employment, gender, culture, unstable housing or homelessness, access to health services, and social environments
- Individuals who have experienced systemic stigma, exclusion, marginalization, mental health issues and discrimination based on race, immigration status, sexual orientation, gender identity, drug use, or involvement in sex work may be more vulnerable to STBBI
- Canada's colonial history and continued health and social inequities experienced by Indigenous Peoples also contribute to STBBI vulnerability.
- The Pan-Canadian STBBI Framework for Action can only be successful and build resilience to prevent the transmission of STBBI if it considers and addresses these contextual factors

<https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/reports-publications/sexually-transmitted-blood-borne-infections-action-framework.html>



# Routine STBBI Testing

- Normalizes and decreases stigma
- Provides opportunity review risks and preventative strategies:
  - Condom use
  - Access to safe drug-use supplies
  - Post exposure prophylaxis (PEP) to prevent blood borne infections
  - Pre-exposure prophylaxis (PrEP) to prevent HIV
  - Immunizations (HPV, Hep A, Hep B)
- Offer care and supportive services for mental health and substance use disorders that may contribute to risk
- Allows for earlier linkage to care and treatment
- Treatment prevents onward transmission

The MB PEP protocol is available at: <https://www.gov.mb.ca/health/publichealth/cdc/protocol/pep.html>

HIV Testing and Prevention guidelines including PrEP are available at: <https://mbhiv.ca/healthcare-providers/guidelines/>

Map of where to access PrEP services: <https://mbhiv.ca/services-map/>

Map of access to drug-use supplies available at: <https://streetconnections.ca/locations>

# STBBI Testing Recommendations

- Offer STBBI testing to all as part of routine care, regardless of risk
- If you test for one, test for all STBBIs
- In pregnancy, recommend STBBI screen at least three times:
  - First trimester, 28 to 32 weeks and at delivery
  - More frequent testing if ongoing risks/exposures
  - Monthly testing for syphilis if new infection/treatment
- Re-screen annually if sexually active
- Re-screen more frequently if high risk, q 3-6 months
  - gbMSM inclusive of transgender individuals
  - People who inject drugs or share drug use supplies
  - New or multiple partners
  - Recent STBBI



# Routine STBBI testing

Does not require an extensive review of risk factors or exam

Suggested Approach:

*“Did you know that MB has one of the highest rates of sexually transmitted infections in Canada?”*

*“Most STBBIs come with no symptoms”*

*“I recommend regular testing for everyone”*

*“Would you like testing today?”*



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# Review of Risk, Exposure and Symptoms

STBBI testing does not require an extensive review of risk factors or exam, can ask permission to explore further

Suggested Approach:

*“I’d like to ask you a few more questions centered on sexual activity and drug use. This will help guide us on how often you may want to be tested, and guide any additional exam, swabs, or treatment you may benefit from, is that ok?”*

# Review of Risk, Exposure and Symptoms

## Risk:

*“Are you sexually active with new or multiple partners in the last year or since you were last tested?”*

*“Do you use needles or share drug-use supplies?”*

## Exposures:

*“Do you have sex with a partner with a penis, and if so, do you ever receive anal, or give oral sex?”*

## Contacts:

*“Have you had sex with a partner with a known sexually transmitted infection?”*

## Symptoms:

*“Do you have any genital, rectal or oral sores, pain or discharge?”*



# STBBI Treatment at time of Testing

Offer treatment at the time of testing if

- Symptoms consistent with an STI
- High risk and unlikely to return for results
- Are a confirmed contact to an STI

MB Health Protocols provide information on treatment for STBBIs

<https://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html>

# Test for One, Test for All

A complete STBBI screen should include:

- Gonorrhoea and Chlamydia testing
- Syphilis serology
- Hepatitis A and B serology if non-immune
- Hepatitis C serology if no previous testing, repeated if ongoing risks
- HIV testing
- Swab of any ulcerative lesions for HSV or Treponema
- Vaginal swab for Trichomoniasis

# Specimen Collection

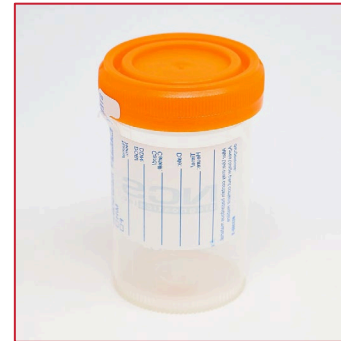


<https://healthproviders.sharedhealthmb.ca/files/guide-to-services.pdf>



# Gonorrhoea and Chlamydia Testing

- Genital Testing
  - Urine NAAT testing
  - Cervical NAAT testing
- Extra-genital testing if penile exposures
  - Throat
  - Rectal
- Sample the cervix, rectum or pharynx with the Aptima unisex swab specimen collection kit:



# Extra-genital site GC/CT testing

- High rates of rectal and pharyngeal in gbMSM, inclusive of transgender and gender diverse individuals, and should be routinely offered
- Throat and rectal swab may also be offered to cis-gendered women who report anal or oral penile or sex toy exposures as infections may be missed with urogenital testing alone
- Samples may be collected by a provider or self-collected based on individual preference, given appropriate collection instructions are provided

Research | [Open access](#) | Published: 15 November 2021

## Rectal specimen self-collection for chlamydia and gonorrhea screening: a cross-sectional feasibility study at a community health center

[Marwan S. Haddad](#), [Lauren Bifulco](#), [Jeannie McIntosh](#) & [Meghan Mc Clain Garcia](#)

ORIGINAL STUDY

## *Neisseria gonorrhoeae* and *Chlamydia trachomatis* Among Women Reporting Extragenital Exposures

Trebach, Joshua D. BS<sup>1</sup>; Chauk, C. Patrick MD<sup>2\*</sup>; Page, Kathleen R. MD<sup>3\*</sup>; Tuddenham, Susan MD, MPH<sup>4</sup>; Ghanem, Khalil G. MD, PhD<sup>5</sup>

[Author Information](#)

*Sexually Transmitted Diseases* 42(5):p 233-239, May 2015. | DOI: 10.1097/OLQ.0000000000000248

ORIGINAL STUDIES

## Extragenital Gonorrhea and Chlamydia Among Men and Women According to Type of Sexual Exposure

Bamberger, David M. MD<sup>1\*</sup>; Graham, Georgia MD<sup>2\*</sup>; Dennis, Lasha BA<sup>3</sup>; Gerkovich, Mary M. PhD<sup>4</sup>

[Author Information](#)

*Sexually Transmitted Diseases* 46(5):p 329-334, May 2019. | DOI: 10.1097/OLQ.0000000000000967

[Metrics](#)



# Extra-genital site GC/CT testing

Provider collected specimens, Cadham Lab instructions:

- Extragenital testing may be appropriate for individuals who have engaged in oral sex, anal sex or have ophthalmia.
- Throat, rectal and eye samples for Chlamydia testing should be collected using the Aptima Unisex Swab Collection kit using the blue swab
- To ensure adequate sampling, gently rotate the swab at the source for 10 to 15 seconds. Place the blue swab into the unisex transport tube.
- Carefully break the shaft of the swab at the scored line, and then recap the transport tube



# ninecircles

COMMUNITY HEALTH CENTRE

## Self-collected Throat Swab Instructions

1. Wash your hands with soap and water.
2. Remove the transport tube and collection swab from packaging.
3. Check that the transport tube is labelled with your information and indicates **“throat swab”**.
4. Open the package containing the collection swab. The collection swab is **blue**.



5. Hold the collection swab far enough from the tip.
  6. Reach the collection swab into your mouth to the back of your throat.
  7. Rub the swab tip firmly and quickly from side to side (between area circled in image) 2-3 times.
  8. Unscrew the cap from the transport tube.
- Important!** Do not pour out the liquid in the tube. Do not puncture the foil on the cap top.
9. Place the collection swab into the transport tube, snapping it at scored line.
  10. Put the cap back on the transport tube and twist it closed to prevent leaks.
  11. Put the transport tube into the transparent bag and place in the window in the washroom.
  12. Wash your hands with soap and water.

### Self-collected Rectal Swab Instructions

1. Wash your hands with soap and water.
2. Remove the transport tube and collection swab from packaging.
3. Check that the transport tube is labelled with your information and indicates **“rectal swab”**.
4. Open the package containing the collection swab. The collection swab is **blue**.



5. Firmly hold the collection swab above the scored line (closer to the swab tip).
6. Get into a comfortable position that allows you access to your anus. Placing one foot on the toilet may help.
7. Gently insert the swab 1 inch into the rectum and twirl the swab in a circle 2-3 times.
8. Unscrew the cap from the transport tube.

**Important!** Do not pour out the liquid in the tube. Do not puncture the foil on the cap top.



9. Place the collection swab into the transport tube, snapping it at scored line.
10. Put the cap back on the transport tube and twist it closed tightly to prevent leaks.
11. Put the transport tube into the transparent bag and place in the window in the washroom.
12. Wash your hands with soap and water.

# Gonorrhoea culture

- To support provincial surveillance for resistance, consider a swab for GC culture
  - If symptomatic, or
  - If treatment failure
- Use the amies charcoal transport medium to collect specimen from the anus, throat, eye, vagina, or cervix
- For urethra use a rayon swab or a plastic loop in charcoal media
- Send to lab within 24 hours





# Ulcerative Lesions

## Syphilis PCR

- Gently remove necrotic material or crusts from lesion with sterile gauze. May wet gauze with sterile preservative-free saline if desired
- Gently express clear exudates from lesion and touch swab to exudates to absorb it



## HSV Swab

- Expose and clean base of lesion with sterile gauze and saline.
- Scrape epithelial cells from base vigorously with a sterile swab.
- If dry, moisten swab in sterile saline, swab lesion

- Use Dacron, Rayon or flocced nylon swab
- Place swab in vial containing sterile VTM

# Trichomoniasis

- Vaginal swabs for trichomoniasis (provider or self collected)





# STBBI serology

- HIV 1/2 Ag/Ab combo
- Syphilis screen
- Hepatitis B sAg and sAb if non-immune
- Hepatitis A Ab testing if non-immune
- Hepatitis C Ab
- Hepatitis C PCR if previously cleared infection and ongoing risk (provide information on req)

**For CPL Lab Use Only**

**Cadham Provincial Laboratory** **Manitoba Health**

**General Requisition**

ONLY ONE SPECIMEN TYPE PER REQUISITION  
All areas of the requisition must be completed (please print clearly)  
See back for requisition/specimen instructions

Cadham Provincial Laboratory P.O. Box 6450 Winnipeg, MB R3C 3Y1 Tel: (204) 945-6123 Fax: (204) 786-4770 E-mail: cadham@gov.mb.ca Website: www.gov.mb.ca/health/publichealth/cpl

<b>RELEVANT CLINICAL INFORMATION</b>		<b>PATIENT INFORMATION</b>	
Outbreak Code: <input type="checkbox"/> In-Patient <input type="checkbox"/> Out-Patient		PHN: _____ MR Health Req. # _____	
Reason for Test: <input type="checkbox"/> Immigration <input type="checkbox"/> Occupational <input type="checkbox"/> Other: <input type="checkbox"/> Needlestick <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Pregnant <input type="checkbox"/> Immune Status		Alternate ID: <input type="checkbox"/> RCMP# <input type="checkbox"/> Other Provinces/Territories <input type="checkbox"/> Military# <input type="checkbox"/> Other:	
Relevant History: <input type="checkbox"/> Autopsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Food Borne Illness <input type="checkbox"/> Cancer/Chemotherapy <input type="checkbox"/> Dialysis <input type="checkbox"/> Transplant		Uninsured: <input type="checkbox"/> Cheque/Money Order enclosed <input type="checkbox"/> Payment to follow	
Signs and Symptoms: <input type="checkbox"/> Bronchiolitis <input type="checkbox"/> Fever <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Pneumonia <input type="checkbox"/> Diarrhea <input type="checkbox"/> Influenza-Like Illness <input type="checkbox"/> Rash <input type="checkbox"/> Encephalitis <input type="checkbox"/> Jaundice <input type="checkbox"/> Other:		Date of Birth: _____ Sec: _____ Chart/Clinic/Lab # _____	
Travel/Treatment History:		Patient Legal Last Name _____ First Name _____	
<b>SPECIMEN INFORMATION</b>		Street or Other (e.g., General Delivery) _____ Phone # _____	
Specimen Type: _____ Specimen Source: _____		City/Municipality/First Nations Reserve _____ Postal Code _____	
Collected at: _____ Date/Time: _____		<b>RETURN REPORT TO:</b>	
<b>COPY REPORT TO:</b>		Ordering Practitioner Last Name _____ First Name _____ Initials _____	
Other Practitioner Last Name _____ First Name _____		Facility _____	
Facility _____ Secure Fax # _____		Facility Address _____ City/Town _____	
		Postal Code _____ Phone # _____ Secure Fax # _____	
		After Hours Contact # for Critical Results: _____	
<b>SEROLOGY</b>		<b>PARASITOLOGY</b>	
Serology Test Panels (see #1 over) <input type="checkbox"/> STBBI Panel <input type="checkbox"/> Prenatal Panel <input type="checkbox"/> Post Exposure: Source Panel (1,2) <input type="checkbox"/> Prenatal HIV OPT OUT (3) <input type="checkbox"/> Post Exposure: Exposed Panel (3)		<input type="checkbox"/> Ova & Parasites <input type="checkbox"/> Skin Scrapings <input type="checkbox"/> Pinworm Examination <input type="checkbox"/> Blood Smears <input type="checkbox"/> Identification <input type="checkbox"/> Other:	
HIV (4) <input checked="" type="checkbox"/> HIV 1,2 Ag/Ab Combo <input type="checkbox"/> Syphilis Screen		<b>MICROBIOLOGY</b>	
Hepatitis <input checked="" type="checkbox"/> HAV IgG (Immunity) <input type="checkbox"/> HBcAb (Total) <input checked="" type="checkbox"/> HBsAg <input checked="" type="checkbox"/> HAV IgM (acute HAV infection) <input type="checkbox"/> HBsAb (Immunity) <input checked="" type="checkbox"/> HCV Ab		Bacteriology <input type="checkbox"/> Culture & Sensitivity (C&S) <input type="checkbox"/> C. difficile Toxin Testing <input type="checkbox"/> MRSA Screen <input type="checkbox"/> Helicobacter pylori Culture <input type="checkbox"/> Other: _____ <input type="checkbox"/> Spore/Sterilizer Testing	
Nucleic Acid (Plasma Only) (5) <input type="checkbox"/> WNV PCR <input type="checkbox"/> HCV Genotyping <input type="checkbox"/> HBV PCR/QUANT <input type="checkbox"/> HCV PCR/QUANT		Gonorrhoea <input type="checkbox"/> Gonorrhoea Culture <input type="checkbox"/> Chlamydia & Gonorrhoea Screen (NAAT) <input type="checkbox"/> Urine (APTIMA Urine Tube/Yellow) <input type="checkbox"/> Urethra (APTIMA Unisex Swab) <input type="checkbox"/> Cervix (APTIMA Unisex Swab) <input type="checkbox"/> Other: _____	
Miscellaneous Serology Acute Immune Status Measles <input type="checkbox"/> IgM <input type="checkbox"/> IgG CMV <input type="checkbox"/> IgM <input type="checkbox"/> IgG Mumps <input type="checkbox"/> IgM <input type="checkbox"/> IgG EBV <input type="checkbox"/> IgM <input type="checkbox"/> IgG Rubella <input type="checkbox"/> IgM <input type="checkbox"/> IgG HSV <input type="checkbox"/> IgM <input type="checkbox"/> IgG Varicella <input type="checkbox"/> IgM <input type="checkbox"/> IgG Parvo B19 <input type="checkbox"/> IgM <input type="checkbox"/> IgG Toxoplasma <input type="checkbox"/> IgM <input type="checkbox"/> IgG WNV <input type="checkbox"/> IgM <input type="checkbox"/> IgG		Referral Isolate: <input type="checkbox"/> Identification <input type="checkbox"/> Susceptibility Testing <input type="checkbox"/> Subtyping Isolate Information: _____	
<input type="checkbox"/> Lyme Ab <input type="checkbox"/> H. pylori Ab <input type="checkbox"/> Mycoplasma pneumoniae IgM		<b>VIRUS DETECTION (must specify virus requested)</b> <input type="checkbox"/> Viral Detection <input type="checkbox"/> PCR/NAAT (specify): _____	
<b>OTHER TESTS OR REQUESTS</b>			
<b>IMPORTANT: BLOOD COLLECTION SERVICES ARE NOT AVAILABLE AT CADHAM PROVINCIAL LABORATORY</b>			

MC4368 (02/20)

See back of req for details on STBBI panel test inclusion

# HIV Testing

- Standard HIV test (Cadham lab)
  - 4<sup>th</sup> generation P24 Ag – HIV-1/2 Ab test
  - Window period 15 - 45 days months
- Point of care rapid HIV test
  - 3<sup>rd</sup> generation HIV Ab test
  - Window period 30 days – 3 months
  - Requires confirmatory standard HIV test
- INSTI HIV self test
  - 3<sup>rd</sup> generation HIV Ab test
  - Window period 30 days – 3 months
  - Requires confirmatory standard HIV test

MANITOBA HIV PROGRAM

## HIV TESTING

GUIDELINES

Know the HIV status of all patients in your care.

Patient Characteristics	Recommendations
Under 12 years of age	Routine HIV testing is not recommended. HIV testing may be clinically indicated for: – Infants less than 18 months of age, consult Pediatric Infectious Diseases – Children 18 months to 11 years of age if a risk for HIV acquisition is identified
12 to 70 years of age	Routine HIV test every 5 years. HIV testing should be offered more frequently if clinically indicated.*
12 to 70 years of age and additional risks for HIV acquisition are identified, including: – Gay, bisexual and other men who have sex with men (gbMSM) – People who inject drugs (PWID) or share drug use equipment – People having unprotected sex with multiple partners	Routine HIV test every year. HIV testing should be offered more frequently if clinically indicated.*
12 to 70 years of age who belong to populations currently experiencing a higher burden of HIV infection, including: – People from countries where HIV is endemic** – Indigenous Peoples***	Offer HIV test every year if HIV status is unknown or additional risks for HIV acquisition are identified. HIV testing should be offered more frequently if clinically indicated.*
Over 70 years of age and HIV status is not known	One HIV test if no previous testing

\*\*This includes Sub-Saharan Africa, the Caribbean, Central/South Central America and Asia. In 2018, 22% of new clients to care in Manitoba self-identified as African/Caribbean/Black (ACB). Eighteen percent of clients were from Southeast Asia and Latin America, and 6% were from East and Southeast Asia.

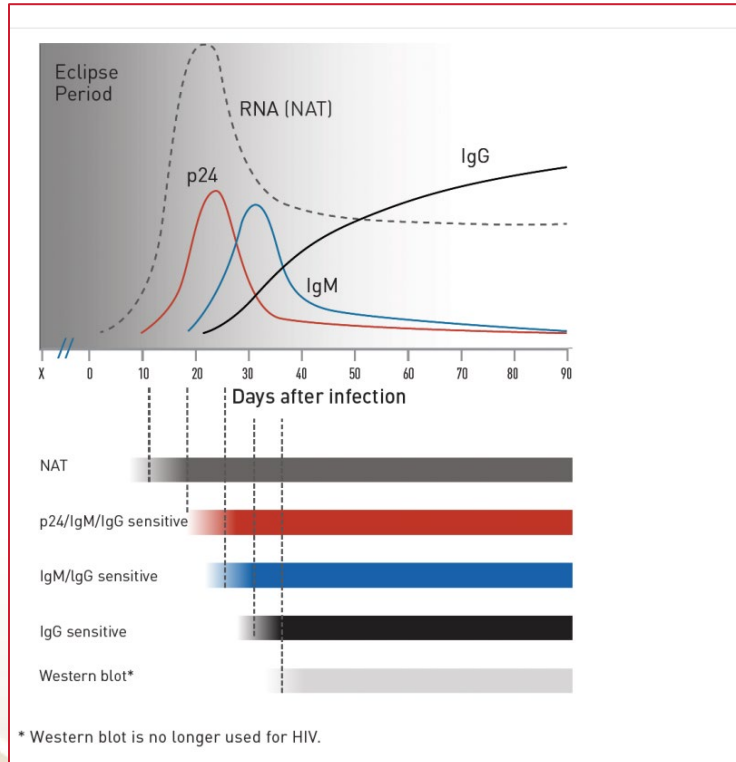
\*\*\*In 2018, over 50% of new clients to care self-identified as Indigenous (First Nations, Inuit and Métis).<sup>1</sup> The higher burden of HIV in Indigenous Peoples is related to historic and ongoing colonial impacts and structural racism. Providers should increase their understanding of the historic and current context of HIV in Indigenous Peoples, and increase their knowledge of culturally safe care in order to safely inquire about STBBI risk factors and offer HIV testing.<sup>2</sup>

**\*An HIV test should also be offered to all patients when:**

- The patient is new to your care and their HIV status is unknown.
- Testing for or diagnosing a sexually transmitted blood born infection (STBBI) including gonorrhoea, chlamydia, syphilis, hepatitis B or hepatitis C.
- Testing for or diagnosing tuberculosis.
- Diagnostic blood work is ordered for [a new or worsening medical condition that may be indicative of HIV.](#)<sup>3</sup>
- The patient presents with symptoms of acute HIV infection (for example, fever, sore throat, rash, fatigue, muscle aches and headache).
- A risk for HIV acquisition is identified.
- The patient is a survivor of sexual assault.
- The patient is pregnant. Offer HIV testing at the first prenatal visit, in the third trimester, and at delivery if HIV status is unknown.
- The patient requests an HIV test.

Obtaining informed consent for HIV testing is the same as it is for any other diagnostic test or treatment in Manitoba.

# POCT HIV



- An 3<sup>rd</sup> generation antibody screen which requires confirmatory testing
- Window period for reactive test 30 day to 3 months
- Provider performs test

# HIV Point of Care Testing (POCT)

- HIV Point of Care Testing
  - Nine Circles Community Health Centre
  - Healthy Sexuality Harm Reduction
  - Main Street Project
  - Our Own Health Centre
  - Women's Hospital HSC
  - Thompson General Hospital L&D
  - St. Boniface General Hospital L&D
- For HIV POCT inquiries, contact 204-945-1306

# HIV Self Tests

- Get a Free HIV Self Test | I AM website
  - [www.i-am.health](http://www.i-am.health)
- Offers options to increase accessibility, in person or delivery
- Can search by location within Manitoba
- > 50 locations in MB to pick up in person
- Requires confirmation serology for diagnosis





EN

Use the search tool to find your best option to get a kit

**Search by Location**

City → MANITOBA ↓ Location name →

HOW TO GET MY KIT ↓

Get a Kit

### DIY self-test app

**HOW TO GET MY KIT:**  
Mail

**SUPPORT OFFERED:**  
In-person, Online

The I'm Ready DIY self-test app is part of the Ready to Know national program providing access and connections to care for HIV self-testing.

[Visit Website](#)

**DOWNLOAD THE APP:**

### Youville Centre

**HOW TO GET MY KIT:**  
Order by phone, In-person

**SUPPORT OFFERED:**  
In-person

204-255-4840

6-845 Dakota Street  
Winnipeg  
Manitoba  
R2M 5M3

Youville St Vital Community Health Centre is a place where you are listened to and can work on your health concerns with a knowledgeable team of health professionals.

[Visit Website](#)

### Manitoba Harm Reduction Network - Swan River

**HOW TO GET MY KIT:**  
In-person

**SUPPORT OFFERED:**  
In-person

204-783-6184

516 Main St E  
Swan River  
Manitoba  
R0L 1Z0

The Manitoba Harm Reduction Network works toward equitable access, systemic change, and reducing the transmission sexually transmitted and blood-borne infections (STBBI) through advocacy, policy work, education, research and relationships.

[Visit Website](#)

### Nisichawayasihk Cree Nation Family and Community Wellness Centre

**HOW TO GET MY KIT:**  
In-person

**SUPPORT OFFERED:**  
In-person

204-484-2341

14 Bay Road Drive  
Nelson House  
Manitoba  
R0B 1A0

We provide a wide range of health and child and family services designed to support physical, mental, emotional and spiritual wellness from conception and birth through to adulthood and Elder care.

[Visit Website](#)

### Equal Housing Initiative Inc.

**HOW TO GET MY KIT:**  
In-person

**SUPPORT OFFERED:**  
In-person

431-800-5996

654 Main St.  
Winnipeg  
Manitoba  
R3B 1C4

Equal Housing Initiative's Community of Practice is managed by a core group based on an agreed coordination mandate as noted earlier in this document. The core group provides administrative and program support as necessary.

[Visit Website](#)

### Access Downtown Primary Care Clinic

**HOW TO GET MY KIT:**  
In-person

**SUPPORT OFFERED:**  
In-person

204-940-1626

640 Main Street  
Winnipeg  
Manitoba  
R3B 0L8

ACCESS Centres offer health and social services that vary from community to community. They are unique to each community they serve ensuring that the needs of the community are met. Services include front line health care from physicians or nurse practitioners to assistance with mental health, home care, employment and income assistance programs.

[Visit Website](#)

### Survivor's Hope Crisis Centre

**HOW TO GET MY KIT:**  
In-person

**SUPPORT OFFERED:**  
In-person

204-753-5353.

24 Aberdeen Ave  
Pinawa  
Manitoba  
R0E 1L0

Survivor's Hope Crisis Centre Inc. (SHCC) is a sexual violence resource centre, serving those of all genders in the Interlake Eastern Region of Manitoba.

[Visit Website](#)

### Centre de santé Saint-Boniface

**HOW TO GET MY KIT:**  
In-person

**SUPPORT OFFERED:**  
In-person

204-940-1155

170 Goulet Street, 2nd floor  
Winnipeg  
Manitoba  
R2H 0R7

Center de santé Saint-Boniface is a community health center that provides bilingual services to the French-speaking population of Winnipeg and residents of Saint-Boniface and Saint-Vital. Programs and services at the Health Center are offered by an interdisciplinary team.

[Visit Website](#)



# Reactive POCT

## For people who have a reactive result using a point of care HIV test (POCT):

- Inform individual of the need for confirmatory HIV test using a 4th generation Ag/Ab test
- A confirmatory HIV test can be done by the individual's primary care provider
- If individual does not have a primary care provider or would prefer to obtain the test from an alternate provider, support the individual to self-refer to the MBHVP by calling 1-866-449-0165
- Provide client education

# Reactive POCT

- If unable to draw confirmatory serology, complete the Public Health Form
- MHSU 4487: STBBI Case Report Form For POCT/Rapid Testing
- Provides Public Health ability to support efforts to connecting client to confirmatory testing and care

[www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu\\_4487.pdf](http://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu_4487.pdf)



## MHSU 4487: STBBI CASE REPORT FORM FOR POINT OF CARE/RAPID TESTING

To be completed by a health care provider for all individuals who have a reactive point of care/rapid test result for human immunodeficiency virus (HIV), syphilis, or hepatitis C, but have not had confirmatory laboratory-based testing concurrent with or following the rapid test. Self-test results should not be reported, but are recommended to be confirmed by laboratory-based testing.

### CASE IDENTIFICATION

*LAST NAME	*FIRST NAME	*DATE OF BIRTH YYYY-MM-DD
ALTERNATE LAST NAME		ALTERNATE FIRST NAME
*SEX <input type="radio"/> FEMALE <input type="radio"/> MALE <input type="radio"/> INTERSEX <input type="radio"/> UNKNOWN	*GENDER IDENTITY (VOLUNTARY, SELF-REPORTED) <input type="radio"/> CISGENDER (SAME AS SEX AT BIRTH) <input type="radio"/> TRANSGENDER MAN <input type="radio"/> DECLINED <input type="radio"/> TRANSGENDER WOMAN <input type="radio"/> TRANSGENDER PERSON <input type="radio"/> OTHER (SPECIFY IN BOX #)	*IF OTHER GENDER IDENTITY, SPECIFY
*REGISTRATION NUMBER (FORMER MHSIC) 8 DIGITS (UPPERCASE ALPHANUMERIC)	*HEALTH NUMBER (PHIN) 9 DIGITS	ALTERNATE ID SPECIFY TYPE OF ID
*ADDRESS AT TIME OF DIAGNOSIS →	<input type="checkbox"/> ADDRESS IN FIRST NATION COMMUNITY	*CITY/TOWN/VILLAGE
*PROVINCE/TERRITORY	*POSTAL CODE AAA-BBB-CCCC	*PHONE NUMBER ###-###-####

### TYPE OF POINT OF CARE TEST AND RESULT

TYPE OF TEST AND MANUFACTURER	TEST RESULT(S)	TEST & RESULT DATE
INSTI HIV-1/HIV-2 ANTIBODY TEST	<input type="radio"/> REACTIVE FOR HIV	YYYY/MM/DD
INSTI MULTIPLEX HIV-1 / HIV-2 / SYPHILIS ANTIBODY TEST	<input type="radio"/> REACTIVE FOR HIV <input type="radio"/> REACTIVE FOR SYPHILIS	YYYY/MM/DD
OTHER TEST (SPECIFY)		YYYY/MM/DD

<b>PATIENT IS INFORMED OF TEST RESULT</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN
---	--

### REPORTER INFORMATION

FORM COMPLETED BY (PRINT NAME)	FORM COMPLETION DATE YYYY/MM/DD
FACILITY NAME/ADDRESS/PHONE#	

\* IDENTIFIES CRITICAL DATA ELEMENT OR SECTION TO BE COMPLETED. IF THIS DATA IS MISSING, THE FORM WILL BE RETURNED.

PLEASE SUBMIT THIS FORM BY SECURED FAX OR COURIER TO THE MANITOBA HEALTH SURVEILLANCE UNIT, 4050 – 300 CARLTON ST. WINNIPEG, MB | CONFIDENTIAL FAX 204-948-3044

AFTER HOURS EMERGENCY PHONE FOR PUBLIC HEALTH ISSUES IS (204) 788-8666.

THIS FORM IS AVAILABLE FOR DOWNLOAD IN A FILLABLE PDF FORMAT AT:  
[HTTP://WWW.GOV.MB.CA/HEALTH/PUBLICHEALTH/SURVEILLANCE/FORMS.HTML](http://www.gov.mb.ca/health/publichealth/surveillance/forms.html)

SEPTEMBER 2023



# Positive HIV Serology

- Inform of diagnosis as soon as possible after positive test
- Reassure
- Counsel on prevention transmission and review for any partners at risk
- Refer to the MBHIVP

## My HIV test is positive, now what?

Finding out you have HIV may be a shock. You are not alone. There is help. With treatment, care and support, you can live long and well with HIV. Here's what else you need to know.

**1 HIV can be treated.** With treatment and support, people living with HIV can live long and healthy lives. HIV treatment is usually very simple, has few side effects, and can prevent HIV from passing to others. This is done by lowering the amount of virus in your body to an undetectable level. When a person's virus becomes undetectable (measured by a blood test), they:

- Cannot pass HIV to their sex partners
- Have a lower chance of passing HIV when sharing equipment for injecting drugs
- Will not pass HIV to a baby during pregnancy or delivery

**U = U: Undetectable = Untransmittable**

It is important to get care and treatment as soon as you can.

**2 Make sure you are referred to the Manitoba HIV Program.** The person who gave you your test result will refer you to the Manitoba HIV Program so that you can start your HIV care.

If you had a reactive test result from a point of care or HIV self-test, you should see a healthcare provider for confirmatory lab testing. **You can also refer yourself to the Manitoba HIV Program. Call 1-866-449-0165.**

**3 You can keep yourself and others safe.** HIV can be passed to others during sex, by sharing equipment to use drugs, or during pregnancy, birth or breastfeeding. You can help stop HIV from passing to others by:

- Practicing safer sex if you do have sex
- Using new equipment every time if you inject drugs or choosing different ways of using drugs
- Taking your HIV medication regularly
- Feeding your baby formula with support from the Manitoba HIV Program Infant Formula Program
- Using pre-exposure prophylaxis (PrEP) for your HIV-negative sex partner(s)

**4 A public health nurse may contact you.** The nurse will provide you with information about HIV. They will also talk to you about people you may have had contact with and the importance of them being tested for HIV. You do not need to provide your name to people you have had contact with.

**5 You don't have to tell everyone you have HIV,** but you do have a legal duty to tell your sex partner(s) you have HIV before some kinds of sex. Find out more at HIV Legal Network: [www.hivlegallnetwork.ca](http://www.hivlegallnetwork.ca)


**For more information, contact:**

- The Manitoba HIV Program: [www.mbHIV.ca](http://www.mbHIV.ca) or 1-866-449-0165
- CATIE: [www.catie.ca](http://www.catie.ca) or 1-800-263-1638
- Street Connections: [www.streetconnections.ca](http://www.streetconnections.ca)
- Sexuality Education Resource Centre Manitoba (SERC): [www.serc.mb.ca/](http://www.serc.mb.ca/)
- Canadian HIV/AIDS Legal Network: [www.hivlegallnetwork.ca/](http://www.hivlegallnetwork.ca/)
- Manitoba Harm Reduction Network: [www.mhrn.ca](http://www.mhrn.ca)
- Sex Friendly Manitoba: [www.sexfriendlymb.ca](http://www.sexfriendlymb.ca)
- Workplace Disclosure Decision Guide: [www.disclosureguide.realizecanada.org/](http://www.disclosureguide.realizecanada.org/)
- Financial support for people living with HIV with the PHIA Fund Guidelines: [www.nhinedirects.ca/wp-content/uploads/2018/12/PHIA-Fund-Guidelines.pdf](http://www.nhinedirects.ca/wp-content/uploads/2018/12/PHIA-Fund-Guidelines.pdf)

<https://mbhiv.ca/wp-content/uploads/2023/07/46636-NC-HIV-positive-now-what-web.pdf>

# HIV Care Referral

- MBHIVP Three sites for care for adults:
  - [Nine Circles Community Health Centre](#) (Winnipeg)
  - [Health Sciences Centre outpatient clinic](#) (Winnipeg)
  - [7th Street Access Centre](#) Prairie Mountain Health Region (Brandon)
- Pediatric Infectious Disease Specialist
- Working with partners to expand care sites (Thompson and AHCW)

 <b>MANITOBA HIV PROGRAM</b> <b>REFERRAL FORM</b>		
<i>The testing practitioner is responsible for communicating HIV test results to the patient.                      All patients who test positive for HIV should be referred to the Manitoba HIV program with client consent.</i>		
Today's date (dd/mmm/yyyy): / /		
<b>PATIENT INFORMATION</b>		
Last name:	Street address:	
First name:	City/town:	
MB Health #:	Postal code:	
PHIN:	Primary phone number:	
Date of birth (dd/mmm/yyyy): / /	Can we leave a confidential voice message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sex at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	Secondary phone number:	
Gender identity:	Can we leave a confidential voice message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Two spirit	Email:	
<input type="checkbox"/> Other _____	Social media handle:	
<input type="checkbox"/> Prefer not to specify	Client preferred language:	
Specimen date of positive HIV test (dd/mmm/yyyy): / /	Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Site of HIV test:	Notes related to contacting client (alternate contact, community services, etc):	
New HIV diagnosis: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Acute symptoms:		
Medical history (attach HIV antigen/antibody report and other relevant investigations):		
<b>PROVIDER INFORMATION</b>		
Referring provider first and last name:	Phone number:	Fax number:
<b>Client requests (select one):</b>		
Both primary care and HIV care at:		
<input type="checkbox"/> Nine Circles Community Health Centre, 705 Broadway, Winnipeg <input type="checkbox"/> 7th St. Health Access Centre, Brandon		
HIV care only at (patient must have a primary care provider):		
<input type="checkbox"/> Health Sciences Centre Ambulatory Clinic, Winnipeg <input type="checkbox"/> 7th St. Health Access Centre, Brandon		
First and last name of provider who will provide primary care:	Phone number:	Fax number:

REFER CLIENTS BY FAX TO: 204-318-3181

1-866-449-0165  
[www.mbHIV.ca](http://www.mbHIV.ca)  
 06/2023

# STBBI Positive results

STBBI protocols

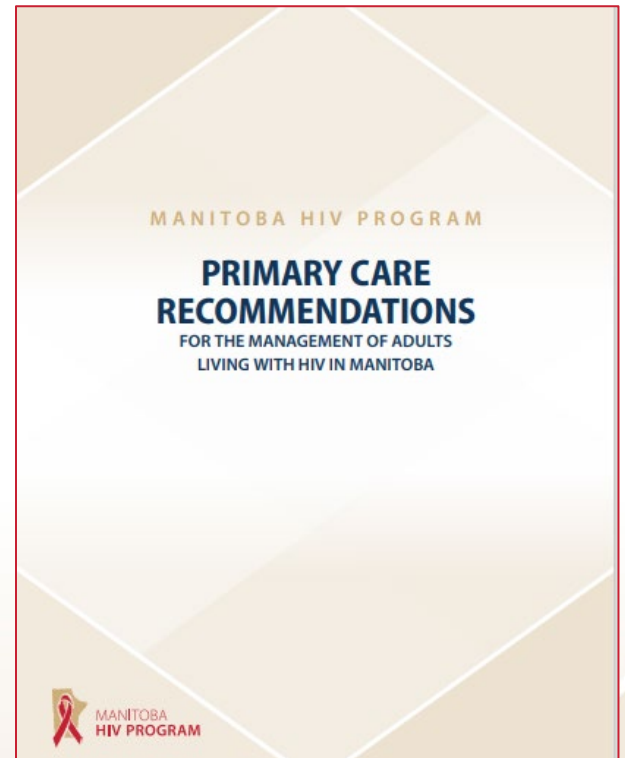
<https://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html>

Medication stock ordering

<https://www.gov.mb.ca/health/publichealth/cdc/protocol/form11.pdf>

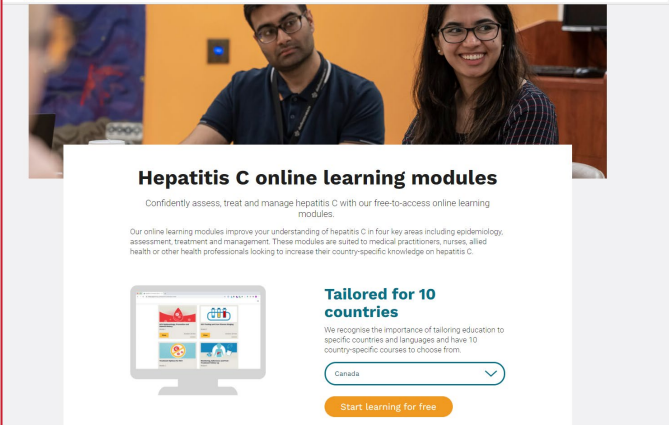
# Coming soon

- Primary Care Recommendations for PLWH in MB to increase capacity for ongoing care and monitoring within primary care
  - Monitoring labs
  - Immunizations
  - Preventative screening
- Primary care quality indicators to support best practice for STBBI screening, treatment and follow-up



# Hepatitis Treatment Referral

- Viral Hepatitis Investigative Unit, HSC, Ph: 204-787-3630, Fax 204-787-7086
- Mount Carmel Clinic, Ph: 204-589-9428, Fax: 204-582-6006
- Pediatric Infectious Diseases or Pediatric Gastroenterology for clients 17 years and younger).



**Hepatitis C online learning modules**

Confidently assess, treat and manage hepatitis C with our free-to-access online learning modules.

Our online learning modules improve your understanding of hepatitis C in four key areas including epidemiology, assessment, treatment and management. These modules are suited to medical practitioners, nurses, allied health or other health professionals looking to increase their country-specific knowledge on hepatitis C.

**Tailored for 10 countries**

We recognise the importance of tailoring education to specific countries and languages and have 10 country-specific courses to choose from.

Canada

Start learning for free

# STBBI Report Form

Tariff	Description	Rate
78010	Completion of Pages 1 and 2: Treatment, risk factors, staging	\$20
78011	Completion of page 3: Contacts to the case	\$30

<https://www.gov.mb.ca/health/publichealth/surveillance/forms.html>

**MHSU 6781 - PROVIDER REPORT FORM FOR SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS (STBBI) AND STI TREATMENT**

**Manitoba Health Clear Form**

NEW REPORT  (YYYY-MM-DD)      UPDATED REPORT  (YYYY-MM-DD)

**I. CLIENT IDENTIFICATION** subject > client details > personal information

LAST NAME		FIRST NAME		DATE OF BIRTH (YYYY-MM-DD)
SEX <input type="radio"/> FEMALE <input type="radio"/> MALE <input type="radio"/> UNKNOWN	GENDER IDENTITY (VOLUNTARY, SELF-REPORTED) <input type="radio"/> GENDER SAME AS SEX AT BIRTH <input type="radio"/> TRANSGENDER MAN <input type="radio"/> TRANSGENDER WOMAN <input type="radio"/> OTHER (SPECIFY)			AGE (YRS) <small>(IF DOES NOT COMPLETED)</small>
REGISTRATION NUMBER (FORMER MHSIC)	HEALTH NUMBER (PHN)		ALTERNATE ID	
ADDRESS AT TIME OF DIAGNOSIS → ADDRESS IN FIRST NATION COMMUNITY			CITY/TOWN/VILLAGE	
PROVINCE/TERRITORY	POSTAL CODE (A6A 1A9)	PHONE NUMBER (888 888-8888)		
ALTERNATE IDENTIFYING OR LOCATION INFORMATION (IF ANY, E.G. ALTERNATE NAME, SOCIAL MEDIA, ALTERNATE ADDRESS)				
PREVIOUS NON-NOMINAL CODE(S) OR NAME(S) USED FOR POSITIVE HIV TEST(S) IF APPLICABLE (SPECIFY COUNTRY/PROVINCE, CODENAME, AND DATES YYYY-MM-DD IF KNOWN)				

**II. PREGNANCY** subject > risk factors

IS CLIENT PREGNANT/POST PARTUM?  YES      EDD OR DELIVERY DATE: YYYY-MM-DD       NO       UNKNOWN

**III. INFECTION INFORMATION** investigation > investigation details > disease summary > update > disease event history

REASON FOR REPORTING:  LAB CONFIRMED INFECTION(S) (SPECIFY BELOW)       STBBI TREATMENT PROVIDED (CONTACTS OR CLINICAL CASES) (TEST RESULTS PENDING OR NOT DONE) PROCEED TO TREATMENT INFORMATION

LAB CONFIRMED INFECTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> CHLAMYDIA GONORRHEA	<input type="checkbox"/> CHANCRID	<input type="checkbox"/> LGV	<input type="checkbox"/> HEPATITIS B	<input type="checkbox"/> HEPATITIS C	<input type="checkbox"/> HIV	<input type="checkbox"/> SYPHILIS
SPECIMEN COLLECTION DATE (YYYY-MM-DD)							

**IV. TREATMENT INFORMATION** investigation > prescriptions > prescription summary

PRESCRIBER NAME		PRESCRIBER FACILITY					
SYPHILIS	<input type="checkbox"/> BENZATHINE PENICILLIN G 2.4 million units, IM weekly, 1 dose START DATE (YYYY-MM-DD):	<input type="checkbox"/> BENZATHINE PENICILLIN G 2.4 million units, IM weekly, 2 doses START DATE (YYYY-MM-DD):	<input type="checkbox"/> BENZATHINE PENICILLIN G 2.4 million units, IM weekly, 3 doses START DATE (YYYY-MM-DD):	<input type="checkbox"/> CEFTRAXONE 1 g daily x 10 days, IV/IM (2004-09) START DATE (YYYY-MM-DD):			
	<input type="checkbox"/> CEFTRAXONE 2 g daily x 10 days, IV/IM (2004-09) START DATE (YYYY-MM-DD):	<input type="checkbox"/> DOXYCYCLINE 100 mg PO BID x 14 days START DATE (YYYY-MM-DD):	<input type="checkbox"/> DOXYCYCLINE 100 mg PO BID x 28 days START DATE (YYYY-MM-DD):	<input type="checkbox"/> PENICILLIN G 3-4 M IV Q6H x 10-14 days START DATE (YYYY-MM-DD):			
CHLAMYDIA GONORRHEA	<input type="checkbox"/> AZITHROMYCIN 1g PO, single dose START DATE (YYYY-MM-DD):	<input type="checkbox"/> CEFTRAXONE 500 mg PO, single dose START DATE (YYYY-MM-DD):	<input type="checkbox"/> DOXYCYCLINE 100 mg PO BID x 7 DAYS START DATE (YYYY-MM-DD):	<input type="checkbox"/> METRONIDAZOLE 500 mg PO BID x 14 DAYS START DATE (YYYY-MM-DD):			
	<input type="checkbox"/> AMOXICILLIN 500 mg PO TID x 7 DAYS START DATE (YYYY-MM-DD):	<input type="checkbox"/> CEFTRAXONE 250 mg IM, single dose START DATE (YYYY-MM-DD):	<input type="checkbox"/> DRYTHROMYCIN 500 mg PO QID x 7 DAYS START DATE (YYYY-MM-DD):				
OTHER TREATMENT (LGV) / OTHER INFECTION IF APPLICABLE	SPECIFY: _____						START DATE (YYYY-MM-DD): _____
UPDATE TO PREVIOUS INFORMATION SUBMITTED	<input type="checkbox"/> SPECIFY DETAILS ON ANY CHANGE TO SYPHILIS TREATMENT PLAN (E.G. CLIENT DID NOT ATTEND FOR ANOTHER DOSE)						

MHSU 6781 (2023-04-05) - PROVIDER REPORT FORM FOR SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS (STBBI) AND STI TREATMENT CONFIDENTIAL - WHEN COMPLETED

PAGE 1 OF 3

# Questions

[lireland@ninecircles.ca](mailto:lireland@ninecircles.ca)



## eConsult:

- ID
- HIV
- Hepatitis C
- STBBI
- STBBIs in pregnancy
- Email to register:  
[servicedesk@sharedhealthmb.ca](mailto:servicedesk@sharedhealthmb.ca)