

## **Infectious Questions EP 29: STBBI programming and COVID-19 (2019-nCoV, Pt 14)**

Shivoan: Welcome to Infectious Questions, a public health podcast produced by the National Collaborating Centre for Infectious Diseases. I'm Shivoan Balakumar. Our series on COVID-19 continues, covering topics and questions of interest among public health practitioners in Canada. In this fourteenth episode, you'll learn about the impacts of COVID-19 on public health programming for sexually transmitted and blood-borne infections, otherwise known as STBBIs in Canada. NCCID's Jamie Neufeld spoke with Jennifer Graytrix, the interim director of the Provincial Sexually Transmitted Infections Program at Alberta Health Services.

Jamie: While sexually transmitted and blood-borne infections outbreaks, STBBIs, including syphilis and gonorrhea, are continuing across the country, public health operations are having to redirect resources to the response to COVID-19 to stop transmission of the virus to save lives. What changes in resources have taken place in public health STBBI programming, and what changes have been made to services to accommodate the COVID-19 response?

Jennifer: In Alberta, we've been experiencing ongoing gonorrhea and syphilis outbreaks now for multiple years. During COVID-19, our provincial emergency coordination centre deemed the provincial STI program an essential service. That meant that our team of STI clinics, centralized services and partner notification nurses who are located throughout the province remained available to provide access for STI care, which we hope provides clients with alternative options rather than using our emergency and urgent care centres. So, our first change in response to the pandemic was to ensure that we integrated all the new infection prevention and control measures and the personal protective equipment requirements. We brought that into our practice to ensure that we had the ongoing safety of our staff and patients foremost.

Our next change was to adapt our practices to meet the ambulatory care guidelines that were brought rolled out, and that required us to develop criteria to prioritize STI care needs. That was when we were experiencing reduced staffing levels due to illness and self-isolation requirements, loss of childcare for some people and other reasons that came along with COVID. We focused on continuing to provide care to those requiring STI and HIV treatment, such as people with positive lab results, people who are symptomatic, sexual contacts to STIs and HIV, those who are needing HIV post-exposure prophylaxis and those who had experience to sexual assault.

Jamie: Thanks, Jennifer. What impact do you think COVID-19 will have on STBBI rates?

Jennifer: This is a question that everyone is very interested in and asking. It's early to determine what the impact will be, and it may be difficult to ever know. Here in Alberta, we have seen a drop in our weekly STI case counts and the labs

that are coming in. That may be related to decreased access to testing, through changes to practice in community care clinics, but also due to many of our community-based outreach programs that have had to change their service delivery models in response to COVID. I think as the weeks progress, it is possible that, for populations that can practice social distancing, we may see a reduction in new partner change, which would have a positive impact on our outbreak. But, there may be others who are placed in an even more vulnerable situation putting them at greater risk. I also think that social distancing practices and the community's fear of the virus, initially and ongoing, may also be keeping people from accessing testing at this time.

Teams across our province have been working diligently to continue to ensure that harm reduction supplies have remained available.

Jamie: Has your program been able to use alternative strategies to provide STBBI services that you have not in the past, for example, phone or virtual appointments?

Jennifer: Yeah, it's been a very creative time and I'm very proud of our team for all of their innovative ideas and solutions that they've brought forward to ensure that we can provide care to clients, still while maintaining the principles of social distancing where we're able to. We've developed some telephone triage for appointments, telephone visits for patients requiring routine care, drive-through treatment options for oral medications, so like a contactless way of providing treatment. We've also been doing home visiting for those with transportation issues, we've expanded our patient delivered partner therapy, and we've created a process for a designate medication pickup. So, for those who do require a clinic visit, we've identified procedures so we can see both asymptomatic and symptomatic patients with influenza-like illness if needed.

Jamie: What are some other potential considerations for STBBI programs at this time?

Jennifer: Our immediate consideration, of course, was to ensure the safety of clients and staff while still engaging in STI care. Once those processes were confirmed and worked out, many other considerations went into thinking about the program changes. A few examples are things like concerns about the use of oral medications for gonorrhoea and the impact it might have on resistance development. We're concerned about missing STI cases if access to services was restricted to only those experiencing symptoms, knowing that many STI cases are asymptomatic. Plus, missing infections of extragenital testing were not able to be sustained as those swabs were also being used for COVID testing. Then, the lack of cultures in our surveillance program to monitor gonorrhoea resistance was another concern raised.

Jamie: How are you planning to return to previous STI service levels as the pandemic evolves?

Jennifer: As capacity allows and based on facilities specific COVID requirements. We've begun to implement expanded access to STI care, after ensuring our urgent STI clients have received their care. We're also starting to return to case finding and populations that were most impacted by the syphilis outbreak and those who may be experiencing access issues. So, some of these clients have included anyone who's pregnant and their partners, people with no fixed address, clients who've travelled from remote communities, are HIV patients, and then those with new partners who have not had testing in the last three months. As the relaunch progresses, we are continuing to revise our processes, hoping to return to new normal operations while maintaining the public health requirements for safety for staff and clients.

Jamie: Lastly, are there potential benefits that you can anticipate for STBBI services and programming from the COVID-19 response for the future?

Jennifer: I'm very hopeful that we can borrow an incredible amount of expertise and tools that have been developed for the outbreak management across the province for COVID and apply these learnings to gonorrhea and syphilis outbreaks. Some of the things have been website development, communication strategies, testing new technologies, virtual care and rapid implementation of changes to electronic medical records. I believe that the profile and importance of contact tracing in the COVID outbreak management has risen among Canadians in the population, and I look forward to seeing how innovations for COVID might apply to STI outbreaks. It has been an incredible experience to see an organization of our size come together to manage this pandemic.

Shivoan: That was Jamie Neufeld's phone interview with Jennifer Gratrix. If you have other public health questions on COVID-19, please submit them to [nccid@umanitoba.ca](mailto:nccid@umanitoba.ca). Production of this podcast has been made possible through a financial contribution from the Public Health Agency of Canada, but the views expressed here do not necessarily represent those of the agency. The host organization at the NCCID is the University of Manitoba. Learn more at [nccid.ca](http://nccid.ca).