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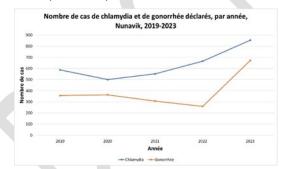
STBBIs: Worrying Rise in Cases of Gonorrhea and Chlamydia in Nunavik

By:

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Epidemiological situation

An **alarming rise** in some sexually transmitted and bloodborne infections (STBBIs) was observed in Nunavik in 2023, with an increase of 159% in infections with Neisseria gonorrhoeae (NG) compared to 2022 (670 cases vs. 259 cases) as well as an increase of 28% in infections with Chlamydia trachomatis (CT) for the same year (854 cases vs. 665 cases). A rise in the number of screening tests for STBBIs performed in Nunavik was observed in 2023 compared to previous years, but this does not fully explain the increase in cases, particularly attributable to a rise in community transmission.





These STBBIs still primarily affect individuals aged 14 to 29 years, who represented 66% of the cases in 2023. We also noted that two thirds of the infections were reported among women but that men also seem less inclined than women to get tested for STBBIs on the territory (50% fewer among the 14-to-29-year age group in 2022). Unfortunately, the overall rising tendency in STBBIs does not appear to be levelling off, with more than 811 cases of infections with Neisseria gonorrhoeae and Chlamydia trachomatis reported to date since the beginning of 2024, which leads us to reiterate these public-health recommendations for Nunavik:

- 1. It is recommended, for all individuals requesting an STBBI test or for whom testing is indicated, to offer minimally, according to an opt-out approach, systematic testing for chlamydia, gonorrhea, syphilis and HIV, and this regardless of the person's individual risk factors.
- 2. It is encouraged to offer opportunistic testing for these four STBBIs to all individuals seeking care at the CLSC, regardless of the reason, and especially those who normally have a lower tendency to consult at the CLSC with emphasis on individuals aged 14 to 29 years.
- 3. The Quick CheckUp low-threshold approach must be encouraged and facilitated in order to provide access to simplified, accelerated and less-stigmatizing STBBI testing.



Infection with Neisseria gonorrhoeae and antibiotic resistance

The rate of *Neisseria gonorrhoeae*'s antibiotic resistance (cefixime, azithromycin) continues to rise alarmingly in Québec. In such a context, the Department of Public Health is monitoring failed treatment (or cases with short intervals between episodes) of gonococcal infection in Nunavik. The good news is that no cases of resistance to cefixime or ceftriaxone have been reported to date. We insist on the **importance of proceeding with cultures for NG** in all the Nunavik communities, and this in spite of the risks that certain specimens may be affected by shipping conditions.

Nunavik clinicians therefore play a crucial role in monitoring antibiotic resistance and in controlling the spread of infection with NG by:

- **1.** Taking specimens for culture when indicated:
 - Take specimens at all exposed sites (including the pharynx and the anus) and, besides the indicated NAAT, systematically request a culture in the following situations:
 - in the presence of symptoms suggestive of an infection with NG;
 - during testing of a sexual partner of an individual with an infection with NG;
 - after a positive NAAT result, before treatment. The culture must, however, not delay treatment;
 - during the control test for a pharyngeal infection with NG.
- 2. Prescribing the recommended treatment according to the courses of action in effect:
 - Treat according to the INESSS' <u>GUO : Infection non compliquée à Chlamydia trachomatis ou à Neisseria</u> <u>gonorrhoeae</u>.
- 3. Checking the effectiveness of treatment by performing a control test:
 - Perform a control test for all cases of infection with NG in accordance with the minimum time periods and the tests recommended in the *INESSS'* GUO.
- 4. Supporting the infected individual in identifying and notifying his or her partners (IPPAP):
 - Refer to the MSSS' tool Soutenir la personne atteinte d'une ITSS pour qu'elle avise ses partenaires.
- 5. Assuming care for exposed partners according to the provincial recommendations:
 - Refer to the MSSS' tool <u>Personne exposée à une ITSS : que faire ?</u>
 - In certain situations, the exposed partner may be treated without being assessed. Refer to the document <u>Traitement accéléré des partenaires (TAP) pour les infections à Chlamydia trachomatis et à Neisseria</u> <u>gonorrhoeae</u>.
- 6. Collaborating in the public-health intervention (as applicable):
 - The laboratories AND the clinicians must report all cases of CT and NG to the Nunavik Department of Public Health, using the form for consultation in sexual health or the form for reporting *MADOs* (AS-770) and sending it by fax to 1-866-867-8026 or by e-mail to <u>STBBI.NRBHSS@ssss.gouv.qc.ca</u>.

References

STBBI Toolbox | Nunavik Regional Board of Health and Social Services (nrbhss.ca)

Guide québécois de dépistage des ITSS

Tableau des indications de dépistage des ITSS adapté au Nunavik

Prélèvements et analyses recommandés chez une personne asymptomatique - Infections à chlamydia trachomatis ou à Neisseria gonorrhoeae et LGV

Prise en charge clinique des tests d'amplification des acides nucléiques pharyngés positifs pour Neisseria gonorrhoeae – Mise à jour Juillet 2023 GUO : Infection non compliquée à Chlamydia trachomatis ou à Neisseria gonorrhoeae

GUO : Approche syndromique

Personne exposée à une ITSS : que faire ?

<u>Traitement accéléré des partenaires (TAP) pour les infections à Chlamydia trachomatis et à Neisseria gonorrhoeae</u> Soutenir la personne atteinte d'une ITSS pour qu'elle avise ses partenaires