

**SEXUALLY TRANSMITTED  
DISEASE CONTROL**

**British Columbia  
Centre for Disease Control**

**1997  
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## PREFACE

This report is divided into six sections:

**STD EPIDEMIOLOGY** is organized by disease and provides information about temporal trends, age, gender, and geographical distribution. The *STD Annual Report* no longer contains HIV/AIDS epidemiology. This information is contained in the *AIDS Update* report that is produced by STD/AIDS Control (Division) on a semi-annual basis.

Please note that the 1997 data for the section on "Pelvic Inflammatory Disease" was not available at the time of publication. Consequently, the statistical information contained in this section is only up to and including 1996.

**REPORT ON STD CLINIC** chronicles the activities of the Division's STD Clinic that was located in Vancouver at 828 West 10th Avenue, however, is now located at 655 West 12<sup>th</sup> Avenue. This Clinic report is also useful for following crude trends in non-reportable STDs.

**REPORT ON STREET OUTREACH PROGRAM** chronicles the activities of the Division's AIDS Prevention Street Nurse Program that services the lower mainland.

**REPORT ON ATEC SERVICES** chronicles the activities of both the STD Clinic and Outreach Clinics with respect to HIV test visits.

**REPORT ON EDUCATION** provides a summary of the various educational activities carried out by the Division.

**OTHER REPORTS** include the following: a description of the non-nominal enhanced HIV Surveillance System; a summary of the STD/AIDS Resource Centre; and a breakdown of AIDS Communication funding for the 1996/97 fiscal year.

Any questions, comments or suggestions to improve future publications can be referred to:

David M. Patrick, MD, FRCPC, MHSc	telephone: (604) 660-7484
Associate Director	fax: (604) 775-0808
BC Centre for Disease Control Society	internet: david.patrick@bccdc.hnet.bc.ca
655 West 12 <sup>th</sup> Avenue	
Vancouver BC V5Z 4R4	

For additional copies of the *1997 STD Annual Report* contact:

STD/AIDS Resource Centre	telephone: (604) 660-2090
BC Centre for Disease Control Society	fax: (604) 775-0808
655 West 12 <sup>th</sup> Avenue	internet: ellen.leung@bccdc.hnet.bc.ca
Vancouver BC V5Z 4R4	

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## EXECUTIVE SUMMARY

The annual rate of gonorrhea edged slightly lower in British Columbia (BC) from 12.7 per 100,000 population in 1996 to 11.6 per 100,000 population in 1997.

The trend toward a decline in the rate of reporting of genital chlamydia infection stalled between 1996 and 1997 with the 1997 rate of 104.4 per 100,000 population remaining much the same as that from the previous year.

After four years with annual rates at or below 0.5 per 100,000 population, the rate of infectious syphilis rose to 1.3 per 100,000 population in 1997. This increase was explained by a steep rise in endemic transmission associated with the sex trade in downtown Vancouver. This outbreak began during the summer of 1997 and has continued into 1998.

The 1996 rate of pelvic inflammatory disease (PID) was 139.0 per 100,000 female population between the ages 15 and 44. There has been a slow but steady decline in this rate since 1986. As these rates are derived from hospital and daycare hospital discharges, it is thought to represent only 20% of the total burden of PID in BC.

Reported rates of tubal infertility and ectopic pregnancy appear to be declining reaching 66.8 and 109.2, respectively, per 100,000 female population between the ages of 15 and 44 during 1996.

There were three cases of documented neonatal herpes infection in BC during 1997 for a rate of 0.07 per 1,000 live births.

Of 2,333 isolates of a herpes simplex virus (HSV) from a genital site identified during

1997 at the British Columbia Centre for Disease Control Society (BCCDCS) Provincial Laboratory, 69% were HSV type II.

The number of diagnoses of genital warts in the Vancouver STD Clinic located at 655 West 12<sup>th</sup> Avenue fell from 596 in 1996 to 403 in 1997.

Women with persistent infections with oncogenic genotypes of human papillomavirus (HPV) are at higher risk of developing cancer of the cervix. The British Columbia Cancer Agency estimates 183 new cases and 55 deaths related to that malignancy for 1997.

There were 14,320 visits to the Vancouver STD Clinic (located at 655 West 12<sup>th</sup> Avenue) for STD diagnosis, HIV testing or both during 1997.

Thirty-seven percent of patients presenting for STD diagnosis were symptomatic. The most frequently recorded diagnoses at the Vancouver Clinic include non-gonococcal urethritis, genital warts, yeast vaginitis or balanitis, bacterial vaginosis, chlamydial infections, and herpes simplex virus infections. The Vancouver Clinic serves clients from all over BC.

Among Vancouver Clinic attenders, there has been a consistent trend between 1990 and 1997 for an increased proportion reporting "always" using condoms. This proportion was 31.3% in 1997. Seventeen percent of male clients and 5.5% of female clients reported ever having had same-gender sexual relations.

The AIDS Prevention Street Nurse Program (Outreach Program) reported 40,980 client

encounters during 1997. This Outreach Program brings HIV and STD services to high risk populations including sex trade workers, injection drug users (IDUs), high risk Aboriginals, street-involved adults and youth, immigrants, and refugees.

In response to the high prevalence rate of HIV infection among IDUs, four new street nurse positions and one new office assistant position were funded by the Vancouver/ Richmond Health Board. These new resources have allowed increased outreach services to IDUs and other residents at risk for sexually transmitted diseases (STD) and HIV in Vancouver's downtown eastside.

Staff of STD/AIDS Control, either at the Vancouver STD Clinic or Outreach Clinics, performed 5,615 HIV tests. The positivity rate for tests performed was 0.9% at the Vancouver STD Clinic, 6.5% at the Main Street Clinic, 2.5% at the Bute Street Clinic, and 7.4% at the city jail/detox.

STD/AIDS Control continued to design and develop a variety of comprehensive education and training packages during 1997. These included:

- delivery of a quality STD/HIV/AIDS educational package for public health nurses

- a two-day workshop on Pre and Post Test Counselling for HIV
- a five-day STD Training Program
- on- and off-site continuing education for medical students, residents, physicians, and associated professionals
- expansion of the "Immigrant and Refugee Women's Health Care Project: HIV/AIDS Peer Support and Education Project"
- workshops for professional and non-professional health service providers throughout BC
- Professional Education Accessed Closer to Home (PEACH) workshops for professionals delivered in their own communities.

Non-nominal HIV surveillance continues in collaboration with the BC Centre for Disease Control Society's (BCCDCS) Provincial Laboratory. Its results are published in semi-annual reports on HIV and AIDS produced by STD/AIDS Control.

## **STD EPIDEMIOLOGY**



## GONORRHEA EPIDEMIOLOGY

The annual rate of gonorrhoea edged slightly lower in British Columbia from 12.7 per 100,000 population in 1996 to 11.6 per 100,000 population in 1997.

Of 458 individuals with *Neisseria gonorrhoeae* infection, 57 (12.4%) had a documented co-infection with *Chlamydia trachomatis*. This underscores the continued need to treat persons diagnosed with gonorrhoea for both pathogens.

Four people had gonorrhoea at more than one anatomical site and one had simultaneous infection with gonorrhoea, chlamydia

and syphilis.

Proportions of isolates exhibiting penicillinase production, tetracycline resistance and reduced susceptibility to ciprofloxacin remain similar to or lower than those observed last year at 2.5%, 2.9% and 3.4% respectively for 1997.

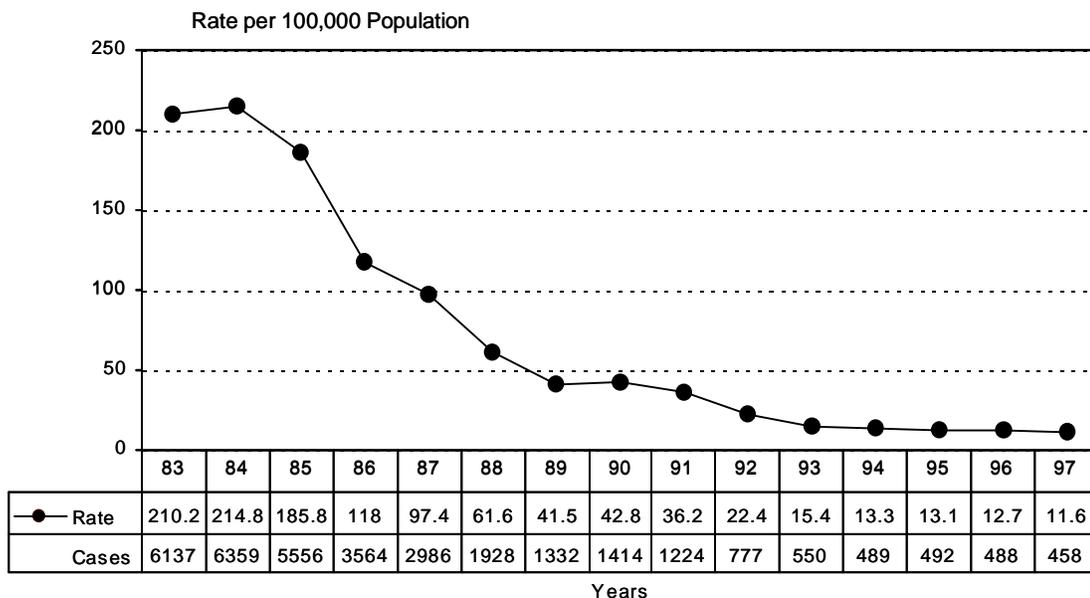
There has been an increase in the proportion of isolates with chromosomally mediated resistance (measured against penicillin) from 1.4% to 7.6% from 1996 to 1997. This does not yet impact choices for drug treatment.

Table 1.1

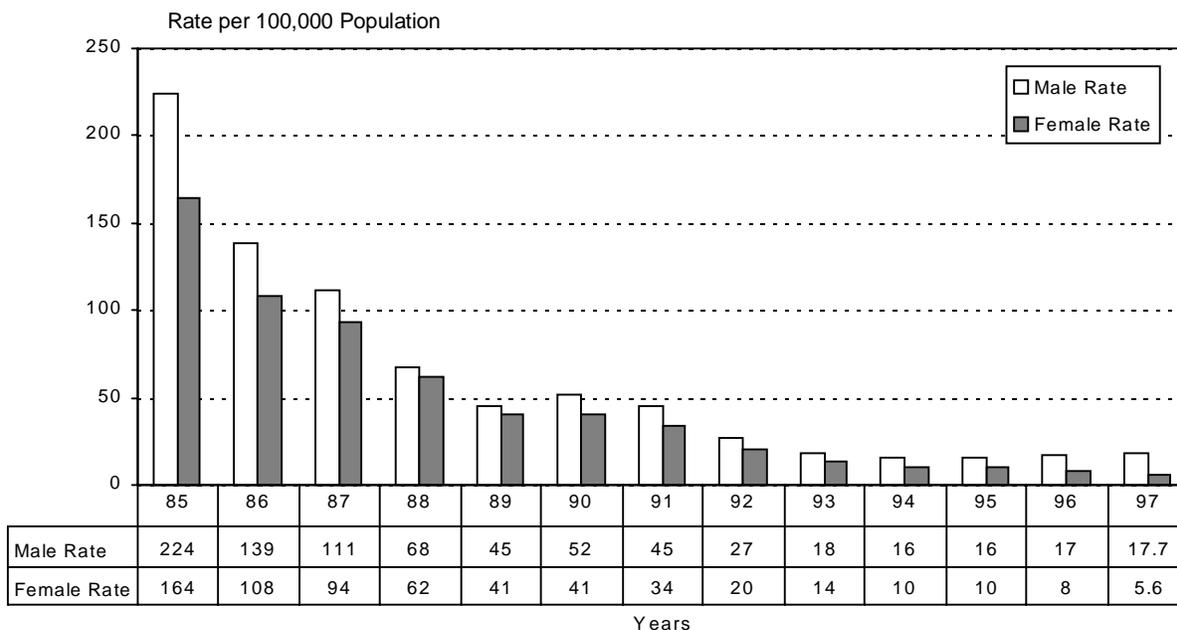
**Gonorrhoea - New Notifications, 1997**  
by Health Jurisdiction  
Rate per 100,000 Population

HEALTH JURISDICTION	TOTAL	RATE
East Kootenay	0	
Central Kootenay	1	1.2
North Okanagan	1	0.8
South Okanagan	2	0.9
South Central	3	2.2
Upper Fraser Valley	5	2.1
Boundary	23	4.3
Simon Fraser/New Westminster	37	12.0
Coast Garibaldi	1	1.3
Central Vancouver Island	12	5.0
Upper Vancouver Island	5	4.1
Cariboo	5	6.4
Skeena	12	12.7
Peace River	6	9.1
Northern Interior	11	8.4
Vancouver	283	51.1
Burnaby	12	6.6
North Shore	9	5.1
Richmond	8	5.3
Capital Regional District	19	5.6
Not Specified	3	---
<b>BRITISH COLUMBIA</b>	<b>458</b>	<b>11.6</b>

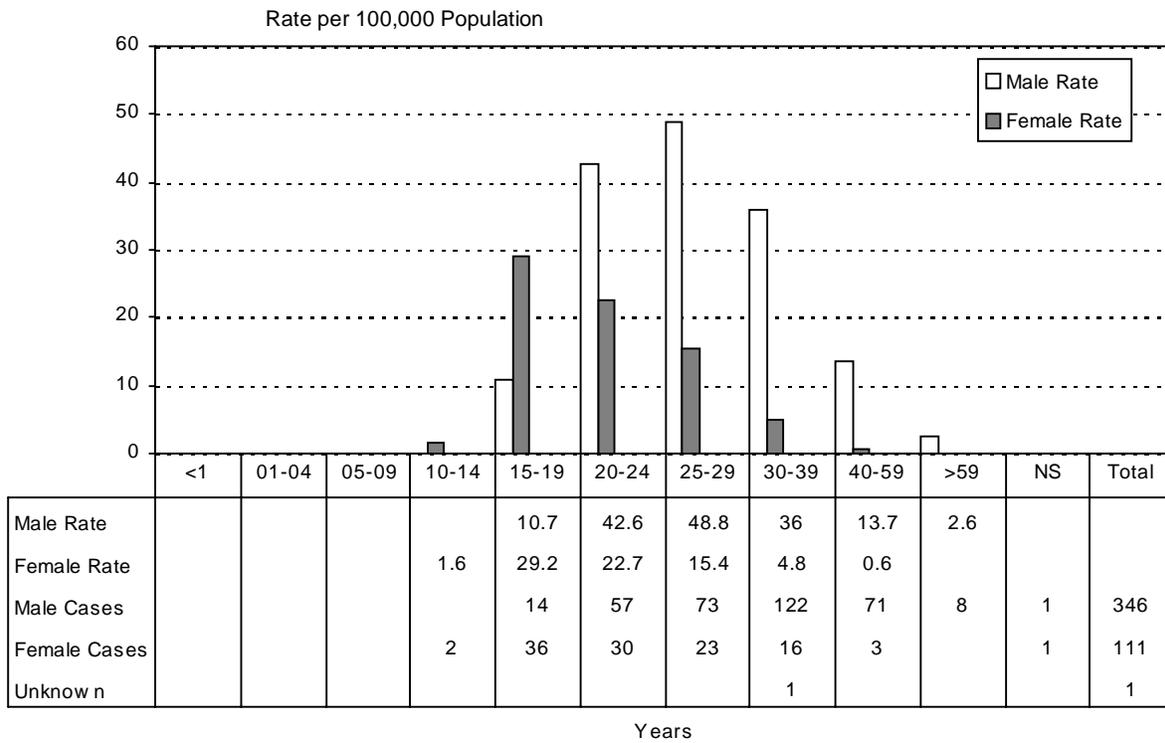
Graph 1.1  
Gonorrhea - New Notifications by Year, 1983-1997



Graph 1.2  
Gonorrhea - New Notifications by Gender, 1985-1997



**Graph 1.3**  
**Gonorrhea - New Notifications by Age and Gender, 1997**



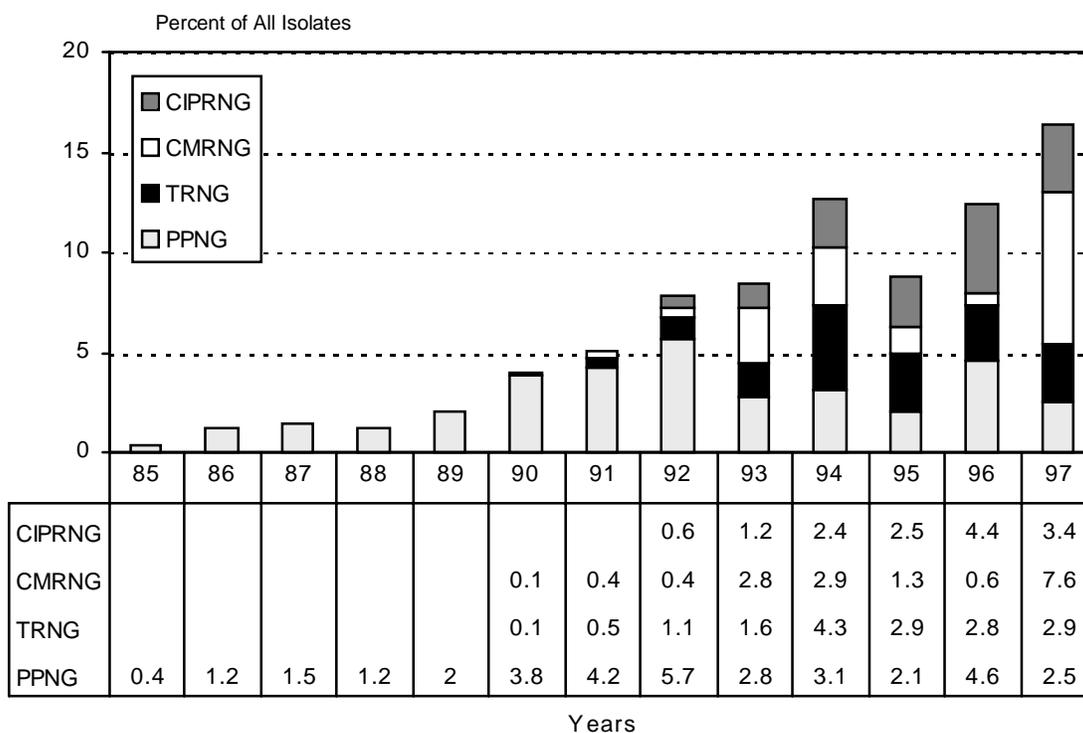
Unknown - Notifications where gender not specified.  
 NS - Notifications where age not specified.

Table 1.2

**Gonorrhoea - New Notifications, 1985-1997**  
by Type: Non-Resistant and Resistant Isolates<sup>1</sup>

YEAR	NON RESISTANT	PPNG	PERCENT OF TOTAL	TRNG	PERCENT OF TOTAL	CMRNG	PERCENT OF TOTAL	CIPRNG	PERCENT OF TOTAL
1985	5,556	23	0.4						
1986	3,564	43	1.2						
1987	2,986	46	1.5						
1988	1,928	24	1.2						
1989	1,326	27	2.0						
1990	1,414	56	3.8	2	0.1	1	0.1		
1991	1,224	54	4.2	6	0.5	5	0.4		
1992	724	45	5.7	9	1.1	3	0.4	5	0.6
1993	514	16	2.8	9	1.6	16	2.8	7	1.2
1994	445	16	3.1	22	4.3	15	2.9	12	2.4
1995	433	10	2.1	14	2.9	6	1.3	12	2.5
1996	444	23	4.6	14	2.8	7	1.4	22	4.4
1997	398	12	2.5	14	2.9	36	7.6	16	3.4

Graph 1.4  
Gonorrhoea - New Notifications by Resistant Isolates<sup>1</sup> as a Percentage of Total Cases, 1985-1997



<sup>1</sup> Each new notification can result in more than one resistance pattern.

PPNG Penicillinase producing *Neisseria gonorrhoeae*

TRNG Tetracycline resistant *Neisseria gonorrhoeae* - recording of this isolate commenced in 1990

CMRNG Chromosomally mediated resistant *Neisseria gonorrhoeae* (penicillin only) - recording of this isolate commenced in 1990

CIPRNG Ciprofloxacin resistant *Neisseria gonorrhoeae* - recording of this isolate commenced in 1992

## CHLAMYDIA EPIDEMIOLOGY

The trend toward a decline in the rate of reporting of genital chlamydia infection stalled between 1996 and 1997 with the 1997 rate of 104.4 per 100,000 population remaining much the same as that from the previous year.

Further progress may be sluggish unless regions receive resources for routine partner notification and treatment (regions without resources account for

approximately two-thirds of cases).

Of 4,116 individuals with genital chlamydia infection, 57 (1.4%) had a documented co-infection with *Neisseria gonorrhoeae*, seven (0.2%) had a documented co-infection with syphilis, and one had a simultaneous infection with chlamydia, gonorrhoea and syphilis.

Table 2.1

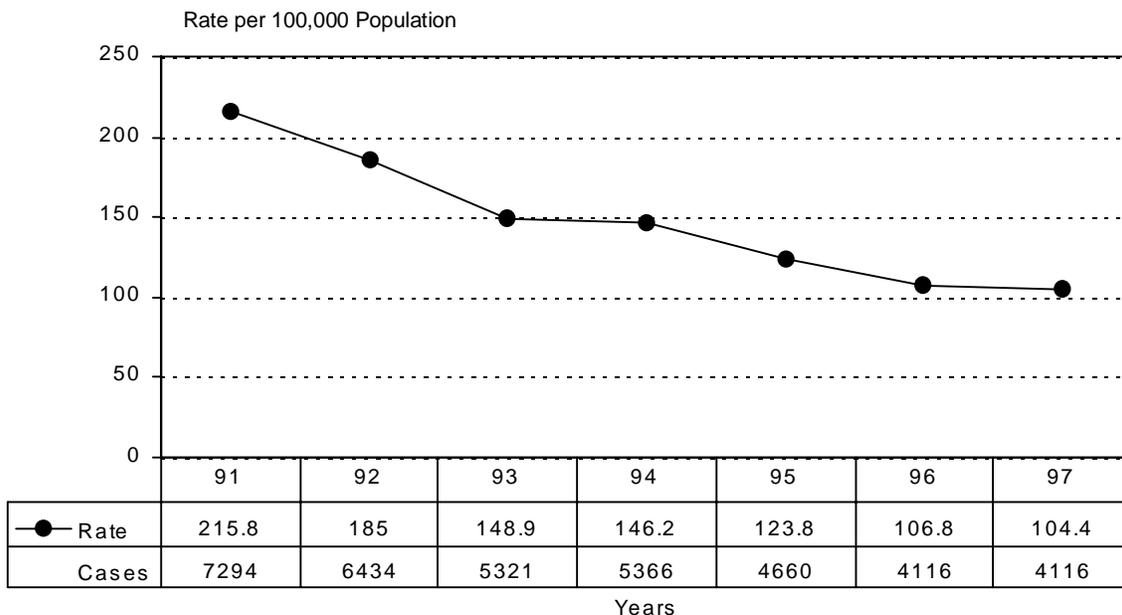
### ***Chlamydia - New Notifications, 1997***

*by Health Jurisdiction and Gender*

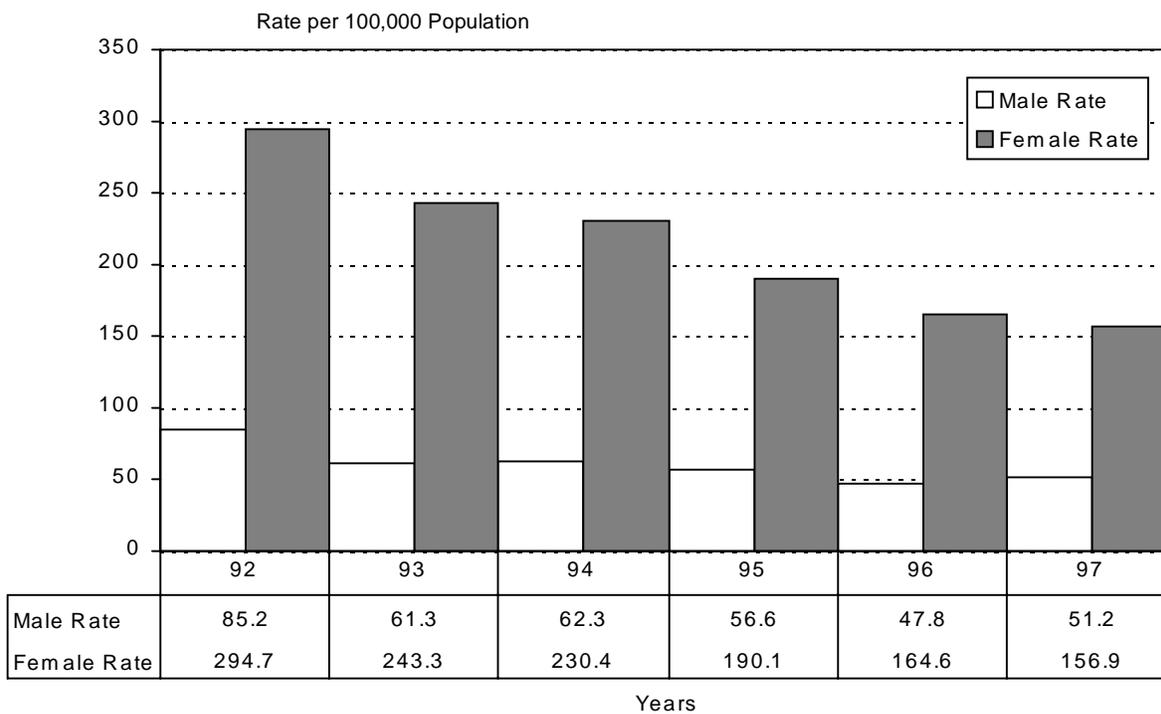
*Rate per 100,000 Population*

HEALTH JURISDICTION	MALE	RATE	FEMALE	RATE	UNKNOWN	TOTAL	RATE
East Kootenay	14	33.7	45	112.1	1	60	73.5
Central Kootenay	23	55.4	86	210.0		109	132.2
North Okanagan	13	21.1	71	114.6		84	68.0
South Okanagan	50	45.3	150	129.4		200	88.4
South Central	40	59.5	106	160.5		146	109.6
Upper Fraser Valley	35	29.6	88	75.3		123	52.3
Boundary	68	25.3	300	110.7	1	369	68.4
Simon Fraser/New Westminster	84	55.0	229	148.4		313	102.0
Coast Garibaldi	23	58.8	50	133.3	1	74	96.6
Central Vancouver Island	62	51.6	232	190.5	1	295	121.9
Upper Vancouver Island	41	65.7	143	237.0		184	149.9
Cariboo	17	42.7	89	235.0		106	136.5
Skeena	32	64.8	131	290.0		163	172.3
Peace River	18	52.5	45	141.9		63	95.4
Northern Interior	36	53.1	117	183.4		153	116.3
Vancouver	296	108.1	708	252.7		1,004	181.3
Burnaby	39	43.7	90	96.9		129	70.8
North Shore	18	21.2	67	73.5		85	48.3
Richmond	21	28.3	58	74.6		79	52.0
Capital Regional District	71	43.6	297	169.5		368	108.9
Not Specified	1	---	8	---		9	---
<b>BRITISH COLUMBIA</b>	<b>1,002</b>	<b>51.2</b>	<b>3,110</b>	<b>156.9</b>	<b>4</b>	<b>4,116</b>	<b>104.4</b>

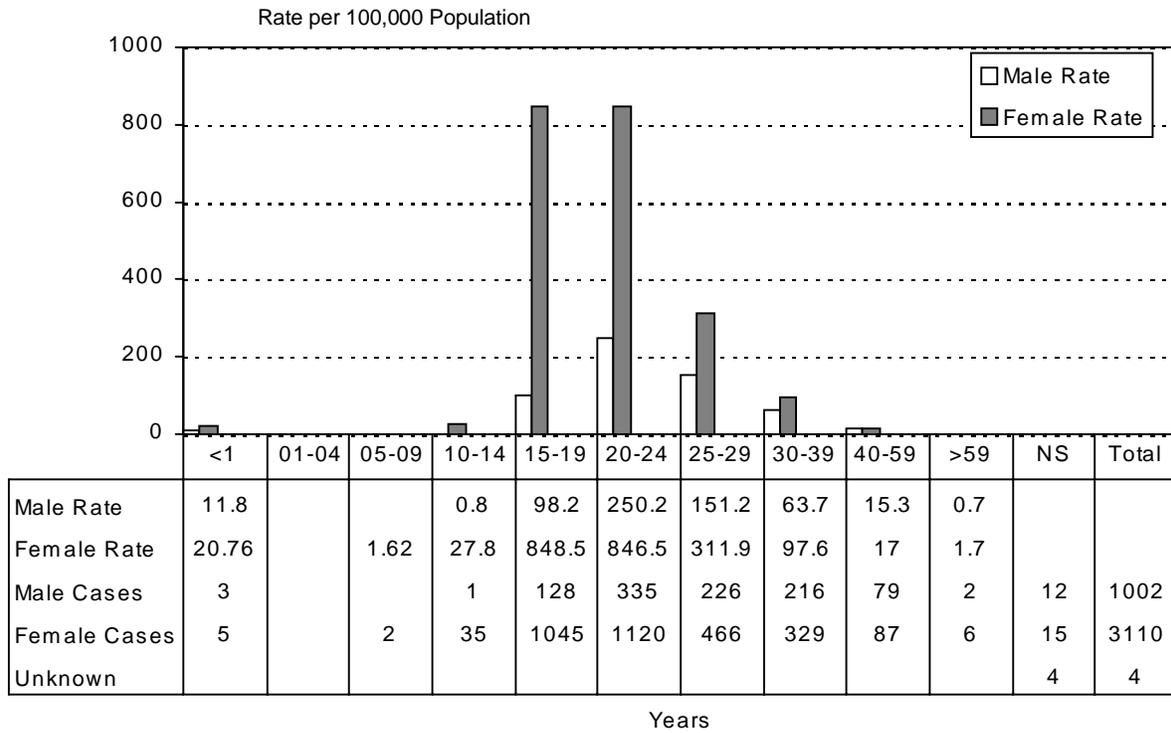
**Graph 2.1**  
**Chlamydia - New Notifications by Year, 1991-1997**



**Graph 2.2**  
**Chlamydia - New Notifications by Gender, 1992-1997**



Graph 2.3  
Chlamydia - New Notifications by Age and Gender, 1997



Unknown - Notifications where gender not specified.  
NS - Notifications where age not specified.

## SYPHILIS EPIDEMIOLOGY

After four years with annual rates at or below 0.5 per 100,000 population, the rate of infectious syphilis rose to 1.3 per 100,000 population in 1997.

This increase was explained by a steep rise in endemic transmission associated with the sex trade in downtown Vancouver. This outbreak began during the summer of 1997 and has continued into 1998.

Extraordinary efforts at partner notification and treatment will be required to put an end to the current outbreak.

Two cases of congenital syphilis were diagnosed. No neurosyphilis or tertiary syphilis were documented in 1997.

An increase of genital ulcer disease in a population already affected by HIV is concerning because genital ulcers greatly facilitate the sexual transmission of the human immunodeficiency virus (HIV).

Physicians should be alert to the increased likelihood of seeing ulcers (primary stage) or generalized rashes (secondary stage) resulting from infectious syphilis.

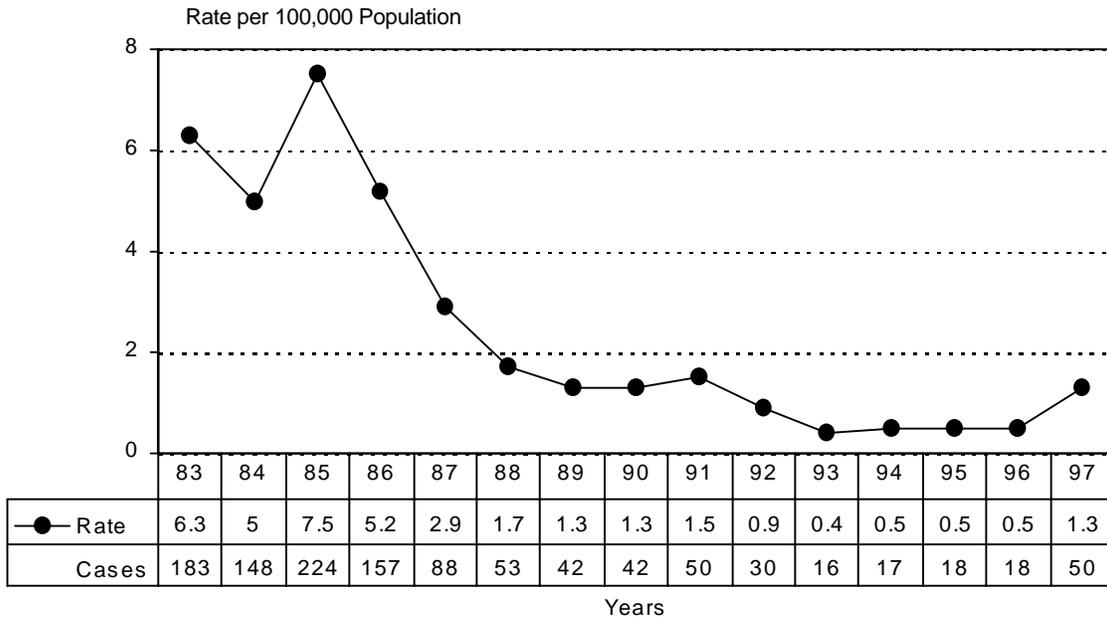
Table 3.1

***Infectious Syphilis<sup>1</sup> - New Notifications, 1997***  
*by Health Jurisdiction*  
*Rate per 100,000 Population*

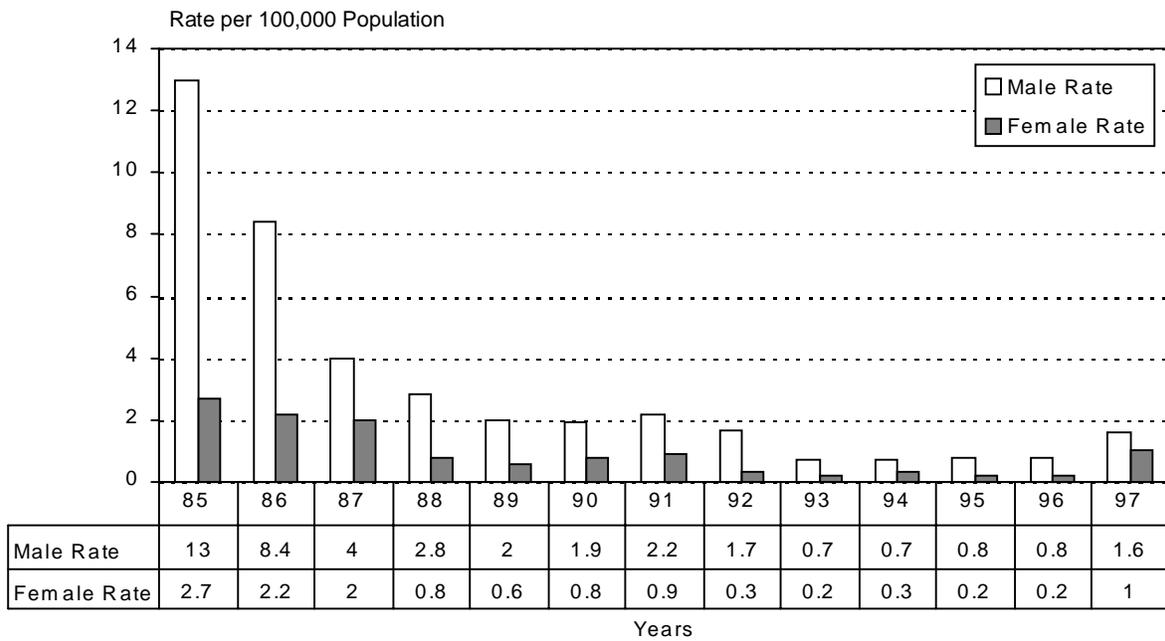
HEALTH JURISDICTION	TOTAL	RATE
East Kootenay		
Central Kootenay		
North Okanagan		
South Okanagan		
South Central		
Upper Fraser Valley	1	0.4
Boundary	6	1.1
Simon Fraser/New Westminster		
Coast Garibaldi		
Central Vancouver Island		
Upper Vancouver Island	2	1.6
Cariboo		
Skeena		
Peace River		
Northern Interior		
Vancouver	37	6.7
Burnaby	3	1.6
North Shore	1	0.6
Richmond		
Capital Regional District		
<b>BRITISH COLUMBIA</b>	<b>50</b>	<b>1.3</b>

<sup>1</sup> Infectious syphilis includes the primary, secondary, early latent, and early congenital stages.

**Graph 3.1**  
**Infectious Syphilis<sup>1</sup> - New Notifications by Year, 1983-1997**

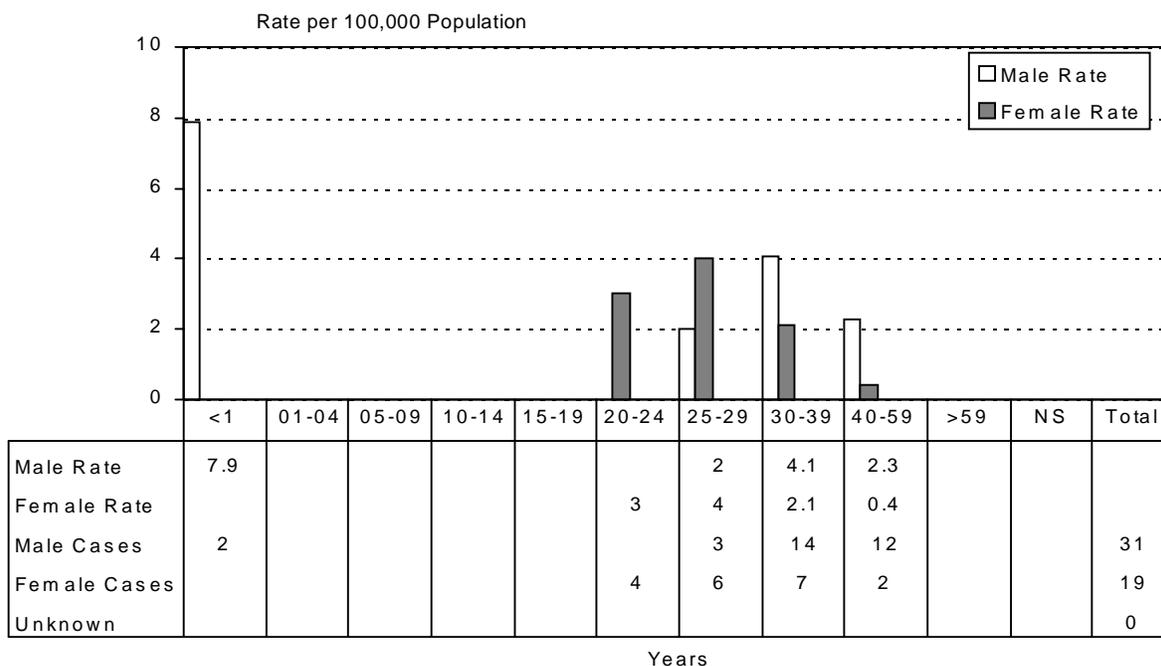


**Graph 3.2**  
**Infectious Syphilis<sup>1</sup> - New Notifications by Gender, 1985-1997**



<sup>1</sup> Infectious syphilis includes the primary, secondary, early latent, and early congenital stages.

**Graph 3.3**  
**Infectious Syphilis<sup>1</sup> - New Notifications by Age and Gender, 1997**



<sup>1</sup> Infectious syphilis includes the primary, secondary, early latent, and early congenital stages.

Unknown - Notifications where gender not specified.

NS - Notifications where age not specified.

**Table 3.2**

**Syphilis by Stage - New Notifications, 1983-1997**  
 Rate per 100,000 Population

YEAR	EARLY CONGENITAL		PRIMARY		SECONDARY		EARLY LATENT		OTHER (NON-INFECTIOUS)		TOTAL CASES
	CASES	RATE <sup>1</sup>	CASES	RATE	CASES	RATE	CASES	RATE	CASES	RATE	
1983			56	2.0	69	2.4	58	2.1	10	0.4	193
1984			35	1.2	56	2.0	58	2.0	30	1.0	179
1985			75	2.6	61	2.1	88	3.1	56	1.9	280
1986			42	1.4	60	2.1	55	1.9	54	1.9	211
1987			30	1.0	25	0.8	33	1.1	130	4.4	218
1988			15	0.5	20	0.7	20	0.7	105	3.5	160
1989	1	0.0	9	0.3	15	0.5	16	0.6	65	2.1	106
1990			11	0.3	12	0.4	19	0.6	108	3.5	150
1991			11	0.3	22	0.7	17	0.5	65	2.0	115
1992			6	0.2	13	0.4	13	0.4	58	1.4	90
1993			3	0.1	5	0.1	8	0.2	57	1.6	73
1994			4	0.1	7	0.2	6	0.2	89	2.4	106
1995			4	0.1	9	0.2	5	0.1	78	2.1	96
1996			3	0.1	6	0.2	9	0.2	94	2.4	112
1997	2	0.0	22	0.6	10	0.2	16	0.4	64	1.6	114

<sup>1</sup> Rate for early congenital syphilis is per 1,000 live births.

## PELVIC INFLAMMATORY DISEASE EPIDEMIOLOGY

*Please note that 1997 data for pelvic inflammatory disease, tubal infertility, and ectopic pregnancy were not available at the time of publication. Data presented on the next few pages is up to and including 1996.*

The rate of pelvic inflammatory disease (PID) (excluding BC residents treated elsewhere in Canada) was 139.0 per 100,000 female population between the ages of 15 and 44, a minor decline from the preceding year.

As these rates are derived from hospital

and day care hospital discharges, it is thought to represent only 20% of the total burden of PID in British Columbia.

Regional PID rates may be affected by different availability of hospital beds and do not necessarily indicate only variation in background PID rates.

Reported rates of tubal infertility and ectopic pregnancy appear to be declining, reaching 66.8 and 109.2, respectively, per 100,000 female population between the ages of 15 and 44 during 1996.

Table 4.1

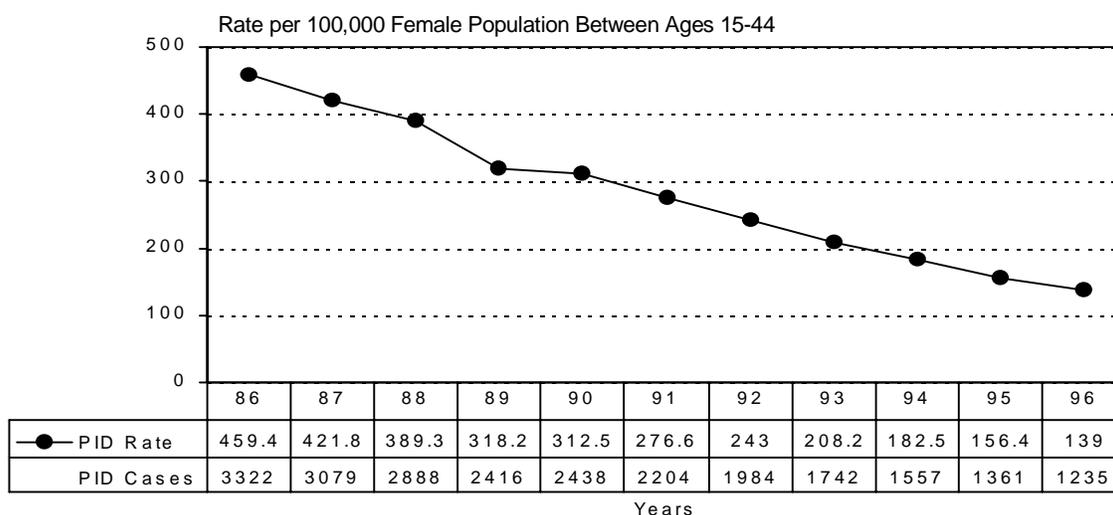
<b>Pelvic Inflammatory Disease, 1996</b>		
<i>by Health Jurisdiction</i>		
<i>All Diagnoses &amp; Total Care<sup>1</sup></i>		
<i>Rate per 100,000 Female Population Between Ages 15-44</i>		
HEALTH JURISDICTION	TOTAL	RATE
East Kootenay	44	252.0
Central Kootenay	34	204.8
North Okanagan	31	126.8
South Okanagan	76	172.6
South Central	39	130.1
Upper Fraser Valley	71	147.1
Boundary	145	123.0
Simon Fraser/New Westminster	88	121.6
Coast Garibaldi	19	116.4
Central Vancouver Island	99	199.6
Upper Vancouver Island	54	200.4
Cariboo	51	290.4
Skeena	26	118.7
Peace River	37	239.9
Northern Interior	94	292.4
Vancouver	132	91.5
Burnaby	36	80.4
North Shore	37	95.1
Richmond	13	36.0
Capital Regional District	121	164.6
Not Specified	2	---
<b>BRITISH COLUMBIA</b>	<b>1,249</b>	<b>140.6</b>

<sup>1</sup> Total Care consists of acute and day surgery hospital discharges. Includes BC residents treated elsewhere in Canada.

Graph 4.1

**Pelvic Inflammatory Disease (PID), 1986-1996**

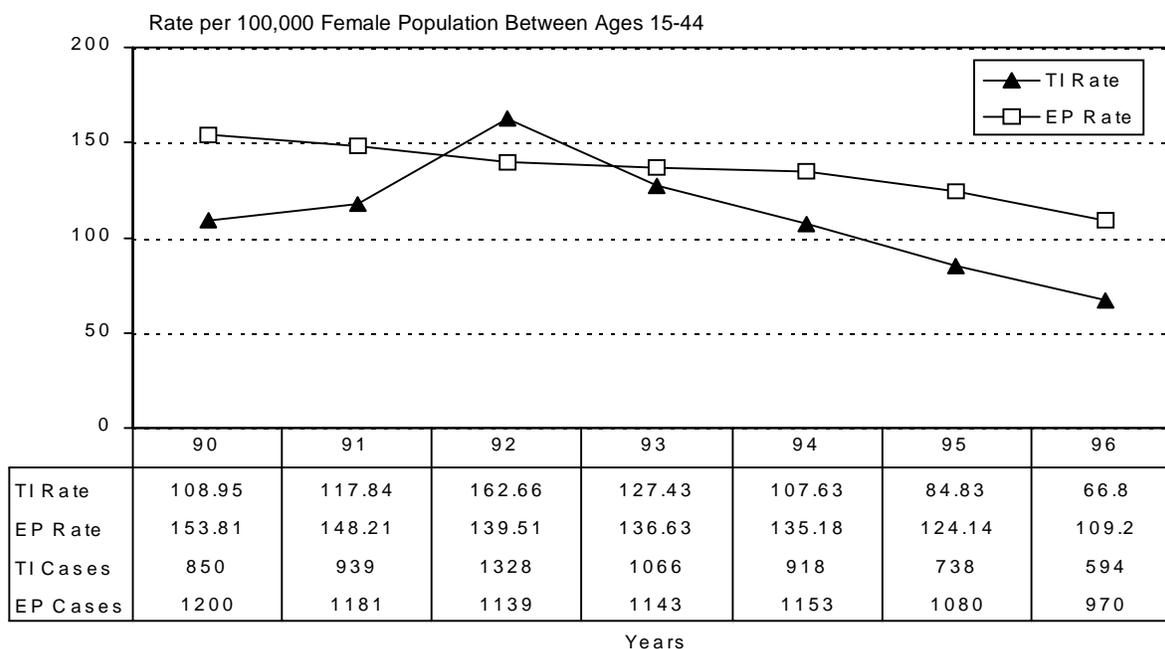
by all Diagnoses & Total Care<sup>1</sup> - does not include BC residents treated elsewhere in Canada



Graph 4.2

**Tubal Infertility (TI) and Ectopic Pregnancy (EP), 1990-1996**

by all Diagnoses (TI)/ Principal Diagnosis (EP) & Total Care<sup>1</sup> - includes BC residents treated elsewhere in Canada

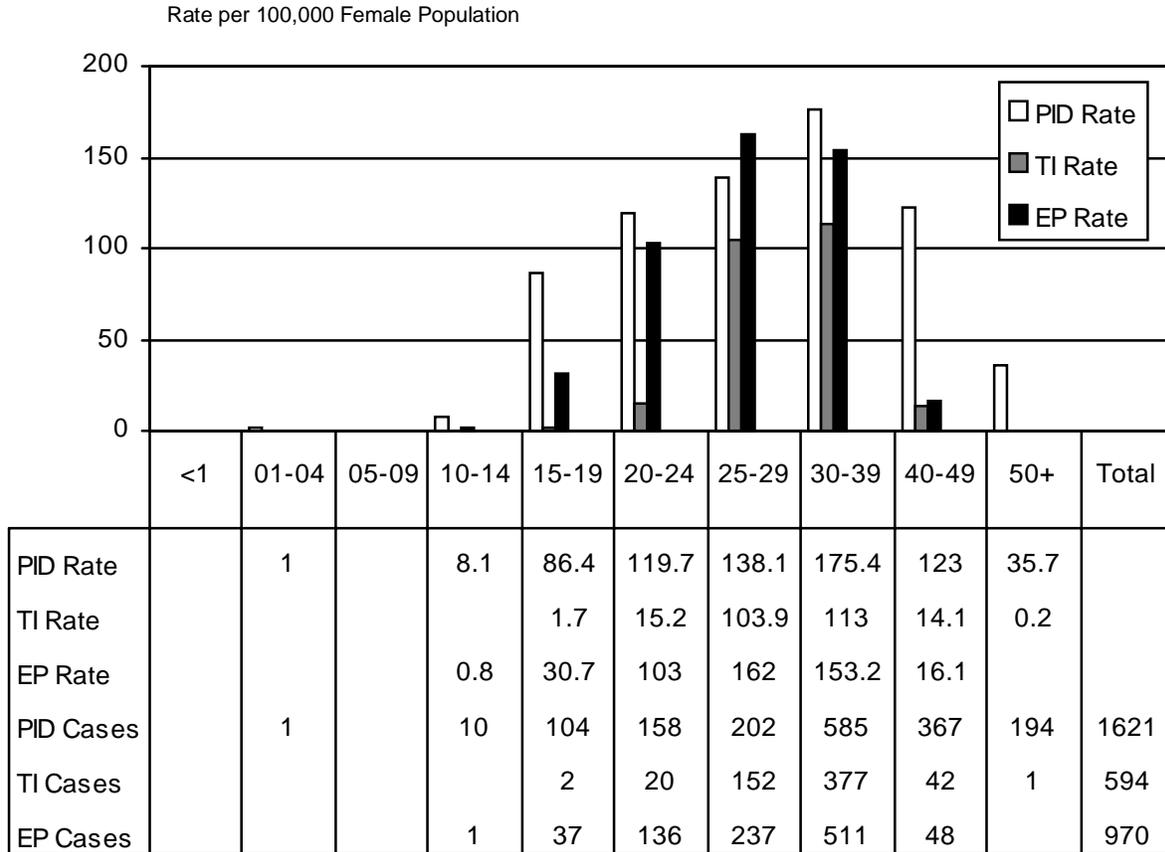


<sup>1</sup> Total Care consists of acute and day surgery hospital discharges.

Data Source: Ministry of Health and Ministry Responsible for Seniors: Information and Analysis, CIHI data - hospital discharges for ICD9 = 614 excluding 614.6 & 614.7 (PID), ICD9 = 6282 (TI), and ICD9 = 633 (EP).

PID Pelvic Inflammatory Disease  
 TI Tubal Infertility  
 EP Ectopic Pregnancy

**Graph 4.3**  
**Pelvic Inflammatory Disease and Complications by Age, 1996**  
 by all Diagnoses (PID & TI)/Principal Diagnoses (EP) & Total Care<sup>1</sup>  
 includes BC residents treated elsewhere in Canada



<sup>1</sup> Total Care consists of acute and day surgery hospital discharges.

Data Source: Ministry of Health and Ministry Responsible for Seniors: Information and Analysis, CIHI data - hospital discharges for ICD9 = 614 excluding 614.6 & 614.7 (PID), ICD9 = 6282 (TI), and ICD9 = 633 (EP).

PID Pelvic Inflammatory Disease  
 TI Tubal Infertility  
 EP Ectopic Pregnancy

## GENITAL HERPES EPIDEMIOLOGY

Neonatal Herpes Simplex Virus (HSV) infection is a rare but frequently devastating outcome for infants born to mothers with new or established genital herpes infections.

HSV infections are laboratory reportable. Laboratories doing HSV diagnostics in British Columbia (BC) (i.e. BCCDCS Virology Lab, Children's Hospital Virology Lab, and University of BC Virology Lab) were contacted for positive culture results on infants less than 3 months of age. Attending physicians were contacted to confirm that a diagnosis of neonatal herpes was made.

There were three cases of documented neonatal herpes infection in BC during 1997 for a rate of 0.07 per 1,000 live births.

One case represented serious

disseminated infection and the two remaining represented localized skin involvement probably associated with intrapartum transmission.

BC's rate of neonatal herpes is considerably lower than rates reported from the United States. This may be a true finding or result from less complete ascertainment.

Retrospective examination of neonatal herpes rates for all of BC is currently not feasible. Outlined in Table 5.1 is a look-back tracked by Dr. Eva Thomas and Children's Hospital Virology Lab.

Of 2,333 isolates of a herpes simplex virus from a genital site identified during 1997 at the BCCDCS Provincial Laboratory, 69% were HSV type II.

Table 5.1

<b>Neonatal Herpes, 1990-1997 at BC Children's Hospital</b>	
YEAR	TOTAL
1990	1
1991	2
1992	1
1993	
1994	1
1995	
1996	1
1997	1

Table 5.2

**Diagnosed Genital Herpes, 1990-1997**  
For STD Clinic Patients

YEAR	GENDER	CULTURE PROVEN	PRESUMPTIVE	TOTAL
1990	Male	184	72	256
	Female	87	36	123
	<b>Total</b>	<b>271</b>	<b>108</b>	<b>379</b>
1991	Male	113	122	235
	Female	80	63	143
	<b>Total</b>	<b>193</b>	<b>185</b>	<b>378</b>
1992	Male	134	100	234
	Female	78	49	127
	<b>Total</b>	<b>212</b>	<b>149</b>	<b>361</b>
1993	Male	139	75	214
	Female	70	36	106
	<b>Total</b>	<b>209</b>	<b>111</b>	<b>320</b>
1994	Male	91	91	182
	Female	74	38	112
	<b>Total</b>	<b>165</b>	<b>129</b>	<b>294</b>
1995	Male	74	76	150
	Female	55	47	102
	<b>Total</b>	<b>129</b>	<b>123</b>	<b>252</b>
1996	Male	61	81	142
	Female	34	46	80
	<b>Total</b>	<b>95</b>	<b>127</b>	<b>222</b>
1997	Male	79	62	141
	Female	44	34	78
	<b>Total</b>	<b>123</b>	<b>96</b>	<b>219</b>

## GENITAL WARTS EPIDEMIOLOGY

Infections caused by genotypes of human papillomavirus (HPV) may manifest as genital warts, flat warts, atypical cervical cytology or may be latent (demonstrable only by detecting HPV DNA in genital epithelium).

The rate of diagnosis of genital warts in the Vancouver STD Clinic located at 655 West 12<sup>th</sup> Avenue is depicted in Table 6.1.

Though HPV infections can last for years and may not be cleared by removal of warts, many people will clear their virus over time.

Women with persistent infections with oncogenic genotypes of HPV are at higher risk of developing cancer of the cervix.

HPV DNA can be found integrated into the host genome in over 98% of cancers of the cervix. The BC Cancer Agency estimates 183 new cases and 55 deaths related to that malignancy for 1997 (Annual Report 1996-1997). While these rates are considerably lower than before the initiation of Pap screening, knowledge that HPV infection is a necessary prerequisite for most cases should lead us to search for ways to further enhance prevention.

Table 6.1

**Diagnosed Genital Warts and Treatment, 1990-1997**  
For STD Clinic Patients

YEAR	GENDER	GENITAL WARTS DIAGNOSIS	LIQUID NITROGEN TREATMENTS	AVERAGE TREATMENTS PER PATIENT
1990	Male	444	844	1.9
	Female	146	364	2.5
	<b>Total</b>	<b>590</b>	<b>1,208</b>	<b>2.0</b>
1991	Male	478	884	1.8
	Female	98	241	2.5
	<b>Total</b>	<b>576</b>	<b>1,125</b>	<b>2.0</b>
1992	Male	452	1,160	2.6
	Female	131	426	3.3
	<b>Total</b>	<b>583</b>	<b>1,586</b>	<b>2.7</b>
1993	Male	467	1,118	2.4
	Female	168	459	2.7
	<b>Total</b>	<b>635</b>	<b>1,577</b>	<b>2.5</b>
1994	Male	432	1,176	2.7
	Female	127	421	3.3
	<b>Total</b>	<b>559</b>	<b>1,597</b>	<b>2.9</b>
1995	Male	345	1,027	3.0
	Female	124	424	3.4
	<b>Total</b>	<b>469</b>	<b>1,451</b>	<b>3.1</b>
1996	Male	444	1,297	2.9
	Female	152	385	2.5
	<b>Total</b>	<b>596</b>	<b>1,682</b>	<b>2.8</b>
1997	Male	303	1,060	3.5
	Female	100	376	3.8
	<b>Total</b>	<b>403</b>	<b>1,436</b>	<b>3.6</b>

## **REPORT ON STD CLINIC**



## STD CLINIC

The STD Clinic (Clinic) moved to the new British Columbia Centre for Disease Control Society building at 655 West 12<sup>th</sup> Avenue in Vancouver in September 1997.

The number of Clinic visits, the ratio of male to female STD visits and visits for HIV testing (ATEC visits) remain fairly constant.

We continue to see small gains in risk reduction (Table 7.5 - a small increase in the percentage of responses of *always* using condoms and a small decrease in the percentage of responses of *never* using condoms).

Upon reviewing the numbers of specific diagnosis (Table 7.3), one will note that 4,604 of the 8,040 visits (57%) resulted in "no new diagnosis." This means that 43%

of Clinic visits resulted in a specific diagnosis. Over half of the work done in the Clinic focusses on supportive counselling around risk behaviour, patient education, screening, case finding, and immunization.

Clients voluntarily visit the Clinic for screening and evaluation. This can be viewed as a positive health seeking behaviour.

An undocumented observation by Clinic staff is the increasing number of clients wanting *both* an STD and HIV test. An enhancement currently being worked on with our computerized record system will allow us to document this trend in the future.

Table 7.1

**STD Clinic Patient Visits, 1990-1997**  
by Gender and Type of Visit

YEAR	GENDER	STD EXAM OR FOLLOW-UP	HIV PRE OR POST TEST	TOTAL
1990	Male	6,853		
	Female	3,160		
	<b>Total</b>	<b>10,013</b>	<b>3,172</b>	<b>13,185</b>
1991	Male	6,417		
	Female	2,615		
	<b>Total</b>	<b>9,032</b>	<b>4,619</b>	<b>13,651</b>
1992	Male	6,132		
	Female	2,725		
	Other	13		
	<b>Total</b>	<b>8,870</b>	<b>6,113</b>	<b>14,983</b>
1993	Male	6,159		
	Female	2,926		
	<b>Total</b>	<b>9,085</b>	<b>5,891</b>	<b>14,976</b>
1994	Male	5,852		
	Female	2,673		
	<b>Total</b>	<b>8,525</b>	<b>6,018</b>	<b>14,543</b>
1995	Male	5,334		
	Female	2,608		
	Other	17		
	<b>Total</b>	<b>7,959</b>	<b>6,154</b>	<b>14,113</b>
1996	Male	5,408	4,060	9,468
	Female	2,524	2,034	4,558
	Other	30	274	304
	<b>Total</b>	<b>7,962</b>	<b>6,368</b>	<b>14,330</b>
1997	Male	5,484	4,138	
	Female	2,529	1,970	
	Other	27		
	<b>Total</b>	<b>8,040</b>	<b>6,108</b>	<b>14,320</b>

Table 7.2

**Reason(s) for Visit<sup>1</sup>, 1997**  
*by Non-ATEC<sup>2</sup> Patient Visits to the STD Clinic*

REASON FOR VISIT <sup>1</sup>	COUNT	PERCENT
STD symptoms	2,940	36.6
Screening	1,691	21.1
Consult	343	4.3
Test of cure	12	0.2
Results	242	3.0
Counselling	2	0.0
Follow-up	325	4.0
Hepatitis B follow-up	602	7.5
Contact chlamydia	114	1.4
Contact gonorrhea	21	0.3
Contact pelvic inflammatory disease	20	0.2
Contact non-gonococcal urethritis	50	0.6
Contact syphilis	13	0.2
Contact trichomonas	3	0.0
Contact warts	34	0.4
Contact other	28	0.4
Positive chlamydia	20	0.2
Positive syphilis	11	0.1
Pregnancy Test	2	0.0
Wart treatment	925	11.5
Other treatment	267	3.3
Serological testing for both HIV and syphilis <sup>3</sup>	17	0.2
Other	339	4.2
<b>TOTAL</b>	<b>8,021</b>	<b>99.7</b>

<sup>1</sup> Patient may contribute more than one reason for visit.

<sup>2</sup> ATEC - AIDS Testing, Education and Counselling

<sup>3</sup> These are patients who present for HIV testing but also had a syphilis test.

Table 7.3

**STD Diagnoses<sup>1</sup>, 1997**  
by Non-ATEC<sup>2</sup> Patients Visits to the STD Clinic

DIAGNOSIS	MALE	FEMALE	OTHER	TOTAL
Bacterial vaginosis		154		154
Cervicitis		29		29
Chancroid	1			1
Chlamydia - cervix		46		46
Chlamydia - rectum	1			1
Chlamydia - urethra	116			116
Epididymitis	11			11
Fungal rash	102	5		107
Genital lesion - not yet diagnosed	15	1		16
Genital warts	301	99		400
Genital warts - recurrent	118	29		147
Gonorrhoea - cervix		4		4
Gonorrhoea - rectum	12	1		13
Gonorrhoea - throat	13			13
Gonorrhoea - urethra	29			29
Gonorrhoea: CIPRNG - urethra	1			1
Gonorrhoea: CMRNG - throat	3			3
Gonorrhoea: CMRNG - rectum	2			2
Gonorrhoea: CMRNG - urethra	8			8
Gonorrhoea: PPNG - throat	1			1
Gonorrhoea: PPNG - urethra	3			3
Gonorrhoea: TRNG - cervix		1		1
Gonorrhoea: TRNG - throat	1	1		2
Gonorrhoea: TRNG - urethra	4			4
Gonorrhoea - presumptive	3			3

... continued on the next page

<sup>1</sup> Patients may have multiple diagnoses.

<sup>2</sup> ATEC - AIDS Testing, Education and Counselling

CIPRNG Ciprofloxacin resistant *Neisseria gonorrhoeae*  
 CMRNG Chromosomally mediated resistant *Neisseria gonorrhoeae* (penicillin only)  
 PPNG Penicillinase producing *Neisseria gonorrhoeae*  
 TRNG Tetracycline resistant *Neisseria gonorrhoeae*

Table 7.3 (continued)

<b>STD Diagnoses<sup>1</sup>, 1997</b>				
<i>by Non-ATEC<sup>2</sup> Patients Visits to the STD Clinic</i>				
DIAGNOSIS	MALE	FEMALE	OTHER	TOTAL
Hepatitis A - immune	4			4
Hepatitis B - carrier	2			2
Hepatitis B - immune	84	17		101
Hepatitis C - positive	24	8		32
Herpes simplex	79	44		123
Herpes simplex - presumptive	62	34		96
Molluscum	86	22		108
No new diagnosis	3,102	1,499	3	4,604
Non-gonococcal urethritis	558			558
Non-gonococcal urethritis - recurrent	83			83
Other	111	45		156
Pediculosis pubis	18	2		20
Pelvic inflammatory disease		89		89
Proctitis	14			14
Scabies	26	8		34
Syphilis - primary	6			6
Syphilis - early latent	1	1		2
Syphilis - late latent	1			1
Treated as a contact	176	109		285
Trichomonas	1	13		14
Urethritis - not yet diagnosed	2			2
Yeast balanitis	170			170
Yeast vaginitis		172		172
<b>TOTAL</b>	<b>5,355</b>	<b>2,433</b>	<b>3</b>	<b>7,791</b>

<sup>1</sup> Patients may have multiple diagnoses.<sup>2</sup> ATEC - AIDS Testing, Education and Counselling

Table 7.4

**Patient Residence, 1997**

*by Health Jurisdiction*

*for Non-ATEC<sup>1</sup> Patient Visits to the STD Clinic*

HEALTH JURISDICTION	PATIENT	PERCENT
East Kootenay	5	0.1
Central Kootenay	8	0.2
North Okanagan	1	0.0
South Okanagan	12	0.2
South Central	9	0.2
Upper Fraser Valley	60	1.2
Boundary	342	6.9
Simon Fraser/New Westminster	300	6.0
Coast Garibaldi	58	1.2
Central Vancouver Island	11	0.2
Upper Vancouver Island	9	0.2
Cariboo	7	0.1
Skeena	10	0.2
Peace River	3	0.1
Northern Interior	8	0.2
Vancouver	2,953	59.5
Burnaby	425	8.6
North Shore	296	6.0
Richmond	157	3.2
Capital Regional District	23	0.5
Non-British Columbian	30	0.6
Not Specified	240	4.8
<b>TOTAL</b>	<b>4,967</b>	<b>100.2</b>

<sup>1</sup> ATEC - AIDS Testing, Education and Counselling

Table 7.5

**Sexual Risk Factors - CONDOM USE, 1990-1997**  
Reported by STD Clinic Patients

YEAR	FREQUENCY	MALE		FEMALE		TOTAL	
		RESPONSES <sup>1</sup>	PERCENT	RESPONSES <sup>1</sup>	PERCENT	RESPONSES <sup>1</sup>	PERCENT
1990	Always	924	19.5	388	18.8	1,312	19.3
	Never	2,647	55.7	1,287	62.5	3,934	57.8
	Sometimes	1,180	24.8	384	18.7	1,564	22.9
	<b>Total</b>	<b>4,751</b>	<b>100.0</b>	<b>2,059</b>	<b>100.0</b>	<b>6,810</b>	<b>100.0</b>
1991	Always	1,145	24.9	379	20.0	1,524	23.5
	Never	2,241	48.8	1,066	56.2	3,307	50.9
	Sometimes	1,210	26.3	451	23.8	1,661	25.6
	<b>Total</b>	<b>4,596</b>	<b>100.0</b>	<b>1,896</b>	<b>100.0</b>	<b>6,492</b>	<b>100.0</b>
1992	Always	763	22.2	285	19.0	1,048	21.2
	Never	1,637	47.7	815	54.2	2,452	49.7
	Sometimes	1,035	30.1	403	26.8	1,438	29.1
	<b>Total</b>	<b>3,435</b>	<b>100.0</b>	<b>1,503</b>	<b>100.0</b>	<b>4,938</b>	<b>100.0</b>
1993	Always	1,192	29.0	560	28.5	1,752	28.8
	Never	1,657	40.2	887	45.2	2,544	41.8
	Sometimes	1,269	30.8	516	26.3	1,785	29.4
	<b>Total</b>	<b>4,118</b>	<b>100.0</b>	<b>1,963</b>	<b>100.0</b>	<b>6,081</b>	<b>100.0</b>
1994	Always	1,287	25.4	649	22.7	1,936	24.4
	Never	1,843	36.3	1,148	40.1	2,991	37.7
	Sometimes	1,946	38.3	1,066	37.2	3,012	37.9
	<b>Total</b>	<b>5,076</b>	<b>100.0</b>	<b>2,863</b>	<b>100.0</b>	<b>7,939</b>	<b>100.0</b>
1995	Always	1,006	24.6	532	22.3	1,538	23.7
	Never	1,306	31.9	823	34.5	2,129	32.9
	Sometimes	1,458	35.6	905	38.0	2,363	36.5
	Other <sup>2</sup>	325	7.9	123	5.2	448	6.9
	<b>Total</b>	<b>4,095</b>	<b>100.0</b>	<b>2,383</b>	<b>100.0</b>	<b>6,478</b>	<b>100.0</b>
1996	Always	1,255	30.1	609	26.5	1,864	28.8
	Never	1,358	32.6	827	36.0	2,185	33.8
	Sometimes	1,518	36.4	854	37.2	2,372	36.7
	Other <sup>2</sup>	39	0.9	7	0.3	46	0.7
	<b>Total</b>	<b>4,170</b>	<b>100.0</b>	<b>2,297</b>	<b>100.0</b>	<b>6,467</b>	<b>100.0</b>
1997	Always	1,354	32.2	618	29.5	1,972	31.3
	Never	1,247	29.7	711	34.0	1,958	31.1
	Sometimes	1,474	35.1	729	34.8	2,203	35.0
	Other <sup>2</sup>	123	2.9	36	1.7	159	2.5
	<b>Total</b>	<b>4,198</b>	<b>99.9</b>	<b>2,094</b>	<b>100.0</b>	<b>6,292</b>	<b>99.9</b>

<sup>1</sup> Responses are visit based.

<sup>2</sup> Reported condom use either with casual, vaginal or rectal sex only.

**Graph 7.1**  
**Frequency of Reported CONDOM USE by STD Clinic Patients, 1990-1997**

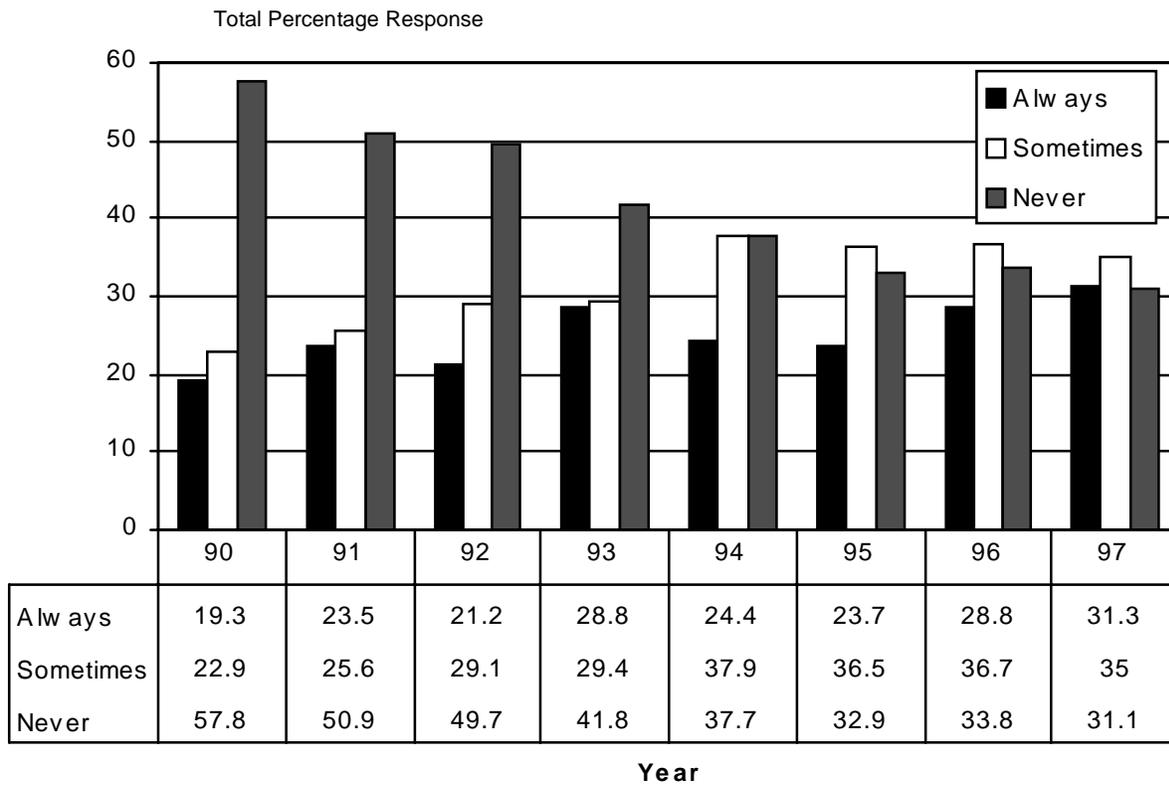


Table 7.6

**Sexual Risk Factors - SITES EXPOSED, 1990-1997**

Sites<sup>1</sup> Exposed During Sexual Activity  
Reported by STD Clinic Patients

YEAR	SITE	MALE		FEMALE		TOTAL	
		RESPONSES	PERCENT	RESPONSES	PERCENT	RESPONSES	PERCENT
1990	Rectal	200	5.5	54	3.7	254	5.0
	Genital	3,584	98.1	1,454	99.7	5,038	98.6
	Throat	1,483	40.6	786	53.9	2,269	44.4
	Other	3	0.1	1	0.1	4	0.1
	<b>Patients</b>	<b>3,654</b>		<b>1,458</b>		<b>5,112</b>	
1991	Rectal	332	8.7	118	7.1	450	8.2
	Genital	3,732	98.0	1,654	99.2	5,386	98.4
	Throat	1,903	50.0	1,047	62.8	2,950	53.9
	Other	1	0.0	2	0.1	3	0.1
	<b>Patients</b>	<b>3,809</b>		<b>1,667</b>		<b>5,476</b>	
1992	Rectal	479	11.8	163	8.0	642	10.5
	Genital	3,959	97.2	2,008	99.0	5,967	97.8
	Throat	2,490	61.1	1,368	67.4	3,858	63.2
	Other	5	0.1			5	0.1
	<b>Patients</b>	<b>4,073</b>		<b>2,029</b>		<b>6,102</b>	
1993	Rectal	577	13.9	143	6.8	720	11.5
	Genital	3,850	92.5	2,082	99.2	5,932	94.8
	Throat	2,648	63.6	1,483	70.7	4,131	66.0
	Other	9	0.2	4	0.2	13	0.2
	<b>Patients</b>	<b>4,161</b>		<b>2,098</b>		<b>6,259</b>	
1994	Rectal	570	15.0	144	7.4	714	12.4
	Genital	3,530	92.9	1,929	99.1	5,459	95.0
	Throat	2,510	66.1	1,405	72.2	3,915	68.1
	Other	15	0.4	6	0.3	21	0.4
	<b>Patients</b>	<b>3,799</b>		<b>1,947</b>		<b>5,746</b>	
1995	Rectal	453	14.4	149	8.4	602	12.2
	Genital	2,960	94.1	1,761	98.9	4,721	95.8
	Throat	1,967	62.5	1,212	68.0	3,179	64.5
	Other	9	0.3	5	0.3	14	0.3
	<b>Patients</b>	<b>3,146</b>		<b>1,781</b>		<b>4,927</b>	
1996	Rectal	373	11.0	135	8.5	508	10.2
	Genital	2,810	82.6	1,342	84.3	4,152	83.1
	Throat	1,816	53.4	928	58.3	2,744	54.9
	Other	9	0.3	4	0.2	13	0.3
	<b>Patients</b>	<b>3,404</b>		<b>1,592</b>		<b>4,996</b>	
1997	Rectal	560	16.6	158	10.1	718	14.5
	Genital	3,279	97.0	1,490	95.5	4,769	96.5
	Throat	2,244	66.4	1,084	69.5	3,328	67.4
	Other	6	0.2			6	0.1
	<b>Patients</b>	<b>3,381</b>		<b>1,560</b>		<b>4,941</b>	

<sup>1</sup> Sites are not mutually exclusive.

A patient may have multiple responses thus the total sum of responses for Rectal, Genital, Throat and Other may be greater than the total sum of patients.

Table 7.7

**Sexual Risk Factors - PREFERRED SEXUAL PARTNERS, 1990-1997**  
 Reported by STD Clinic Patients

YEAR	PARTNER	MALE		FEMALE	
		RESPONSES <sup>1</sup>	PERCENT	RESPONSES <sup>1</sup>	PERCENT
1990	Men	728	10.2	3,314	99.2
	Women	6,326	88.3	16	0.5
	Both	108	1.5	9	0.3
	<b>Total</b>	<b>7,162</b>	<b>100.0</b>	<b>3,339</b>	<b>100.0</b>
1991	Men	874	12.3	3,070	98.8
	Women	6,134	86.2	8	0.3
	Both	106	1.5	29	0.9
	<b>Total</b>	<b>7,114</b>	<b>100.0</b>	<b>3,107</b>	<b>100.0</b>
1992	Men	776	13.4	2,508	97.9
	Women	4,904	84.5	23	0.9
	Both	124	2.1	30	1.2
	<b>Total</b>	<b>5,804</b>	<b>100.0</b>	<b>2,561</b>	<b>100.0</b>
1993	Men	460	12.1	1,732	97.7
	Women	3,257	85.9	23	1.3
	Both	74	2.0	18	1.0
	<b>Total</b>	<b>3,791</b>	<b>100.0</b>	<b>1,773</b>	<b>100.0</b>
1994	Men	368	11.0	1,435	96.3
	Women	2,859	85.3	19	1.3
	Both	123	3.7	36	2.4
	<b>Total</b>	<b>3,350</b>	<b>100.0</b>	<b>1,490</b>	<b>100.0</b>
1995	Men	366	11.6	1,442	96.7
	Women	2,644	84.0	16	1.1
	Both	136	4.3	33	2.2
	<b>Total</b>	<b>3,146</b>	<b>99.9</b>	<b>1,491</b>	<b>100.0</b>
1996	Men	373	11.5	1,419	95.7
	Women	2,747	84.8	20	1.3
	Both	120	3.7	43	2.9
	<b>Total</b>	<b>3,240</b>	<b>100.0</b>	<b>1,482</b>	<b>99.9</b>
1997	Men	383	13.6	1,199	94.5
	Women	2,329	83.0	25	2.0
	Both	95	3.4	45	3.5
	<b>Total</b>	<b>2,807</b>	<b>100.0</b>	<b>1,269</b>	<b>100.0</b>

<sup>1</sup> The responses are visit based for 1990 to 1992 and are patient based from 1993 onward. This explains the drop in total responses. The percentage columns remain the most relevant.

## **REPORT ON STREET OUTREACH PROGRAM**



## STREET OUTREACH PROGRAM

Since its inception, the AIDS Prevention Street Nurse Program (Outreach Program) has focussed on STD and HIV prevention among targeted high risk populations. This target group consists of any person who does not access traditional health care facilities and is at risk for contracting STDs and HIV. This includes, but is not limited to the following populations: street sex workers; injection drug users (IDU); street involved adults and youth; high risk Aboriginals; immigrants; and refugees.

In 1997, client encounters increased to 40,980. A description of STD and HIV outreach clinic visits can be found in Tables 8.1, 8.2 & 8.3.

Client encounters may encompass the following: HIV testing and counselling; risk reduction education; needle exchange; condom distribution; linkage to appropriate resources; medical referral; primary care delivered by sessional physicians; supportive care; care and treatment of IDU related conditions such as abscesses; STD diagnosis and management; psychological support; and first aid.

The Main Street Clinic recorded 15,971 client visits in 1997. As in previous years, the male to female ratio for clinic visits was 2:1, with the average male age of 37 years and the average female age of 34 years. The consequences of injection drug use continued to be a major focus for this Clinic, in particular HIV and Hepatitis C infection. The syphilis outbreak among Downtown Eastside residents resulted in several off-site clinics conducted in hotels, drop-ins and shelters. Also, additional resources were dedicated to follow-up for treatment and contact tracing.

The Bute Street Clinic recorded 4,193 client

visits in 1997. The male to female ratio for clinic visits was 5:1, with the average male age of 32 years and the average female age of 29 years. This Clinic is located in The Centre, a community resource for gay, lesbian, bisexual, and transgendered persons. The hepatitis A outbreak among men who have sex with men (MSM) and the hepatitis A vaccine outbreak interruption campaign required additional nursing outreach services to coffee shops, bars and bath houses frequented by MSM.

The Seymour Street Clinic recorded 3,697 client encounters in 1997. The male to female ratio for clinic visits was 2:1, with the average male age of 27 years and the average female age of 21 years. Several changes in the Downtown South (DTS) street youth and sex trade were noted in the past year: an increase of IDU among youth; an increase in the number of street youth frequenting DTS drop-ins; and a decline in the number of street prostitutes. In response, the Seymour street nurses opened regularly scheduled clinics and outreach services at the DTS drop-ins and safe houses for youth during the afternoons and evenings. The Seymour on-site clinic hours and the daytime mobile outreach were discontinued to allow for expanded hours and outreach in the DTS. Outreach to street prostitutes and youth not connected to DTS agencies and drop-ins continued.

Off-site outreach clinic and educational services at the Vancouver City Jail, Burnaby Correctional Centre for Women, Vancouver Detox, and Cordova Detox continued. A total of 2,460 client encounters were recorded at these sites. The mobile outreach street nurse van continued to operate five evenings/week and was accessed by clients on the street, in residences, and by

clients frequenting 'shooting galleries.' Client encounters via the outreach van totalled 14,659 in 1997. The male to female ratio for client encounters was 1:2.

Two healthcare workers work with the Latin American and Asian communities by providing STD/HIV education and support, including a peer education training component. The two workers access an important new client base by working a portion of their time at the Bridge Health Clinic for refugees and new immigrants.

An important shift in HIV incidence was observed among IDUs beginning in the third quarter of 1997. For the first time since 1993, there was a significant decline

in the number of new cases of HIV infection. In response to the high prevalence rate of HIV infection among IDUs, four new street nurse positions and one new office assistant position has been funded by the Vancouver/ Richmond Health Board. These new resources will allow increased outreach services to IDUs and other residents at risk for STDs and HIV in the DTES.

*total client contacts 1992 = 14,166*  
*total client contacts 1993 = 19,553*  
*total client contacts 1994 = 26,218*  
*total client contacts 1995 = 31,778*  
*total client contacts 1996 = 39,429*  
*total client contacts 1997 = 40,980*

Table 8.1

**STD Diagnoses<sup>1</sup> - All Vancouver Outreach Clinics, 1997**

STD DIAGNOSIS	MALE	FEMALE	OTHER	TOTAL
Bacterial vaginosis		92		92
Cervicitis		30		30
Chlamydia - cervix		13		13
Chlamydia - urethra	18			18
Epididymitis	2			2
Fungal rash	18	2		20
Genital lesion - not yet diagnosed	5	4		9
Genital warts	60	15		75
Genital warts - recurrent	2			2
Gonorrhea - cervix		2		2
Gonorrhea - rectum	1			1
Gonorrhea - urethra	19		1	20
Gonorrhea - presumptive	2	1		3
Hepatitis A - acute	2	1		3
Hepatitis A - immune	3	1		4
Hepatitis B - acute	3	1		4
Hepatitis B - carrier		1		1
Hepatitis B - immune	36	16		52
Hepatitis C - positive	21	18		39
Herpes simplex	4	10		14
Herpes simplex - presumptive	2	5		7
No new diagnosis	807	452	8	1,267
Non-gonococcal urethritis	22			22
Non-gonococcal urethritis - recurrent	5			5
Other	21	24		45
Pediculosis pubis	6			6
Pelvic inflammatory disease		10		10
Pregnant		6		6
Scabies	15			15
Syphilis - primary		1		1
Syphilis - late latent			1	1
Treated as contact	49	27	1	77
Trichomoniasis	5	33		38
Urethritis - not yet diagnosed	45			45
Yeast balanitis	2		1	3
Yeast vaginitis		50		50
<b>TOTAL</b>	<b>1,175</b>	<b>815</b>	<b>12</b>	<b>2,002</b>

<sup>1</sup> One patient may have multiple diagnoses.

Table 8.2

**Vancouver Outreach Clinics - 1993-1997**  
by Type of Encounter<sup>1</sup>

YEAR	TYPE OF ENCOUNTER	MAIN STREET	RICHARDS/ SEYMOUR STREET	BUTE STREET	JAIL/ DETOX	TOTAL
1993	<b>Client</b>	<b>5,881</b>	<b>9,076</b>	<b>2,663</b>	<b>1,933</b>	<b>19,553</b>
	STD	1,606	708	825	564	3,703
	HIV	934	270	415	439	2,058
1994	<b>Client</b>	<b>8,822</b>	<b>10,159</b>	<b>3,744</b>	<b>3,493</b>	<b>26,218</b>
	STD	1,353	641	936	514	3,444
	HIV	412	150	290	177	1,029
1995	<b>Client</b>	<b>11,342</b>	<b>6,962</b>	<b>4,026</b>	<b>9,448</b>	<b>31,778</b>
	STD	831	390	673	105	1,999
	HIV	1,843	630	1,441	561	4,475
1996	<b>Client</b>	<b>13,004</b>	<b>7,740</b>	<b>3,825</b>	<b>14,860</b>	<b>39,429</b>
	STD	751	353	835	114	2,053
	HIV	2,259	730	1,514	577	5,080
1997	<b>Client</b>	<b>15,971</b>	<b>3,697</b>	<b>4,193</b>	<b>17,119</b>	<b>40,980</b>
	STD	1,056	121	673	105	1,955
	HIV	1,855	233	1,336	564	3,988

<sup>1</sup> An encounter denotes an outreach event involving an individual from the target group. This encounter may involve STD or HIV diagnostic activities yet demonstrates the opportunities available for Outreach Nurses to provide clients with information, education and counselling.

Jail/Detox encounters include encounters made via mobile outreach.

For 1993 and 1994, HIV encounters consisted of only HIV pre-test visits. From 1995 onward, HIV encounters are comprised of both HIV pre- and post-test visits.

In 1997, the Richards Street Clinic closed while the Seymour Street Clinic opened.

Table 8.3

**Vancouver Outreach Clinics - 1996-1997**  
by Type of Testing

TEST	YEAR	MAIN STREET	RICHARDS/ SEYMOUR STREET	BUTE STREET	JAIL/ DETOX	STREET VISIT	TOTAL
Syphilis	1996	808	295	506	969	280	2,858
	1997	830	100	582	436	244	2,192
Hepatitis A antibody	1996	16	3	3	1		23
	1997	25	1	13	6		45
Hepatitis B surface antibody	1996	449	159	239	289	200	1,336
	1997	458	51	276	303	143	1,231
Hepatitis C antibody	1996	400	76	40	244		760
	1997	381	33	124	231		769

## **REPORT ON ATEC SERVICES**



## ATEC SERVICES

ATEC is an acronym which stands for **A**IDS or **A**nti-HIV **T**esting, **E**ducation and **C**ounselling.

In September 1994, STD/AIDS Control was able to add a new database to the already computerized STD record system which documents visits to the Vancouver STD Clinic for HIV antibody testing.

The ATEC database is separate from the STD database. In the ATEC database, clients are identified by their first names, initials and birthdates whereas in the STD database full names are used.

Work is currently underway to streamline the electronic record for clients presenting for both an STD and ATEC visit while main-

taining the option to have separate records for each. Many clients now expect the HIV antibody test to be included in their STD check-up.

1995 was the first full year of electronic data collection from Clinic visits for HIV testing.

The summary of information presented is from HIV test visits by clients to the Vancouver STD Clinic located at 655 West 12<sup>th</sup> Avenue and also to the various street outreach clinics (Main, Richards/Seymour, Bute, Jail, and detoxes).

Unknown or no responses were not included in the tables below.

**HIV Test Visits** - For the past three years, more than half of the total number of clients visited the STD Clinic.

Table 9.1

### *HIV Pre-Test Visits*

LOCATION	1995		1996		1997	
	TOTAL	% OF TOTAL	TOTAL	% OF TOTAL	TOTAL	% OF TOTAL
STD Clinic	3,256	55.6	3,192	54.8	3,297	58.7
Outreach Clinics	(2,603)	(44.4)	(2,635)	(45.2)	(2,318)	(41.3)
Main	1,025	17.5	1,043	17.9	994	17.7
Richards/Seymour	358	6.1	399	6.8	140	2.5
Bute	773	13.2	751	12.9	719	12.8
Jail	170	2.9	140	2.4	100	1.8
Detox - Vancouver	150	2.6	169	2.9	138	2.4
Detox - Cordova	99	1.7	118	2.0	170	3.0
Detox - Pender	28	0.5				
Burnaby Corrections Centre for Women			15	0.3	57	1.0
<b>TOTAL</b>	<b>5,859</b>	<b>100.0</b>	<b>5,827</b>	<b>100.0</b>	<b>5,615</b>	<b>100.0</b>

## Gender

For the past three years, the ratio of male to female clients remained approximately 2:1.

Table 9.2

<b>HIV Test Visits by Gender</b>			
CLIENT	1995	1996	1997
Male	3,624	3,789	3,700
Female	1,958	1,873	1,776
<b>RATIO (MALE TO FEMALE)</b>	<b>2:1</b>	<b>2:1</b>	<b>2:1</b>

## Previous HIV Test Visits

For the past three years, approximately 40% of clients reported that they were testing for HIV for the first time.

Table 9.3

HIV TEST	1995		1996		1997	
	TOTAL	% OF TOTAL	TOTAL	% OF TOTAL	TOTAL	% OF TOTAL
HIV Testing for the First Time	2,058	39.7	1,879	40.7	1,745	39.8
Previous HIV Test Done	3,131	60.3	2,740	59.3	2,635	60.2
<b>TOTAL</b>	<b>5,189</b>	<b>100.0</b>	<b>4,619</b>	<b>100.0</b>	<b>4,380</b>	<b>100.0</b>

## HIV Test Results

In 1997, of all the HIV tests done at the STD Clinic, 0.9% were positive. Whereas,

of all the HIV tests done at the various street outreach clinics, 3.4% were positive.

Table 9.4

<b>Percentage of HIV Test Results that are Positive</b>			
LOCATION	1995	1996	1997
STD Clinic	1.4	1.1	0.9
Outreach Clinics	(5.9)	(5.3)	(3.4)
Main	8.3	8.2	6.5
Richards/Seymour	3.3	1.5	2.7
Bute	3.9	3.6	2.5
Jail	9.0	6.2	7.4
Detox - Vancouver	4.0	1.8	0.7
Detox - Cordova	6.2	7.6	5.0
Detox - Pender	0.0		
Burnaby Corrections Centre for Women		6.7	3.4
<b>TOTAL</b>	<b>3.4</b>	<b>3.0</b>	<b>2.4</b>

## Primary Concern

For the past three years, sexual risk was the primary concern for the majority of clients.

Table 9.5

PRIMARY CONCERN	1995		1996		1997	
	TOTAL	% OF TOTAL	TOTAL	% OF TOTAL	TOTAL	% OF TOTAL
	Blood Recipient	30	0.5	5	0.1	11
HIV Contact	9	0.2	44	0.8	31	0.6
Needle Risk	681	12.4	617	10.9	430	8.1
Occupational Risk	32	0.6	24	0.4	15	0.3
Screening	610	11.1	778	13.8	830	15.7
Sexual Risk	4,041	73.6	4,107	72.9	3,916	73.9
Symptoms	4	0.1	3	0.1	4	0.1
Other	85	1.5	59	1.0	59	1.1
<b>TOTAL</b>	<b>5,492</b>	<b>100.0</b>	<b>5,637</b>	<b>100.0</b>	<b>5,296</b>	<b>100.0</b>

## Number of Sexual Partners

For the past three years, more than half of the clients reported having *none, one or two sexual partners* in the previous six months.

Table 9.6

NUMBER OF SEXUAL PARTNERS	1995		1996		1997	
	TOTAL	% OF TOTAL	TOTAL	% OF TOTAL	TOTAL	% OF TOTAL
	None, One or Two	3,895	68.7	3,797	67.5	3,740
More than Two	1,778	31.3	1,830	32.5	1,688	31.1
<b>TOTAL</b>	<b>5,673</b>	<b>100.0</b>	<b>5,627</b>	<b>100.0</b>	<b>5,428</b>	<b>100.0</b>

For the past three years, slightly more than half of the clients reported having *more than ten sexual partners* in their lifetime.

Table 9.7

NUMBER OF SEXUAL PARTNERS	1995		1996		1997	
	TOTAL	% OF TOTAL	TOTAL	% OF TOTAL	TOTAL	% OF TOTAL
	Less than Ten	1,428	43.0	1,357	44.9	1,289
More than Ten	1,893	57.0	1,664	55.1	1,629	55.8
<b>TOTAL</b>	<b>3,321</b>	<b>100.0</b>	<b>3,021</b>	<b>100.0</b>	<b>2,918</b>	<b>100.0</b>

### Condom Use

For the past three years, the majority of clients (total of 'no' and 'sometimes'

responses) reported that they were not consistently using condoms.

Table 9.8

<b>Reported Condom Use</b>						
FREQUENCY	1995		1996		1997	
	TOTAL	% OF TOTAL	TOTAL	% OF TOTAL	TOTAL	% OF TOTAL
Yes	1,481	26.7	1,610	29.1	1,520	28.6
No	1,195	21.5	1,223	22.1	1,071	20.2
Sometimes	2,870	51.7	2,700	48.8	2,716	51.2
<b>TOTAL</b>	<b>5,546</b>	<b>99.9</b>	<b>5,533</b>	<b>100.0</b>	<b>5,307</b>	<b>100.0</b>

### Needle Drug Use

For the past three years, approximately 20% of clients reported needle drug use as a risk behaviour even though only 8-12%

reported needle risk (see Table 9.5) as their primary concern.

Table 9.9

<b>Needle Drug Use</b>						
	1995		1996		1997	
	TOTAL	% OF TOTAL	TOTAL	% OF TOTAL	TOTAL	% OF TOTAL
Yes	1,245	21.5	1,240	21.7	1,033	19.3
No	4,538	78.5	4,476	78.3	4,315	80.7
<b>TOTAL</b>	<b>5,783</b>	<b>100.0</b>	<b>5,716</b>	<b>100.0</b>	<b>5,348</b>	<b>100.0</b>

### Sexual Orientation

For the past three years, the majority of clients reported heterosexual as their sexual orientation.

Table 9.10

<b>Sexual Orientation</b>						
ORIENTATION	1995		1996		1997	
	TOTAL	% OF TOTAL	TOTAL	% OF TOTAL	TOTAL	% OF TOTAL
Bisexual	461	7.9	435	7.6	364	6.6
Heterosexual	4,356	75.0	4,321	75.2	4,244	76.9
Homosexual/Lesbian	991	17.0	988	17.2	905	16.4
Unknown	3	0.0	1	0.0	4	0.1
<b>TOTAL</b>	<b>5,811</b>	<b>99.9</b>	<b>5,745</b>	<b>100.0</b>	<b>5,517</b>	<b>100.0</b>

## **REPORT ON EDUCATION**



## EDUCATION

STD/AIDS Control (Division) continued to design and develop a variety of comprehensive education and training programs. These programs were delivered to a diverse group of health care professionals throughout British Columbia (BC). Also, the education staff participated as active partners in a variety of projects and initiatives both locally and provincially.

### Education for Public Health Nurses

In 1997, over 1,100 clinic nursing hours, 30 physician hours, and 275 hours of design and coordination resulted in the development and delivery of a quality STD/HIV/AIDS educational package for public health nurses.

Ninety-seven public health nurses from various parts of this province received theoretical and/or clinical training via the two-day workshop for Pre and Post Test Counselling for HIV or the five-day STD Training Program.

Public health nurses from both urban and rural settings either employed by the provincial or federal government, as well as First Nations and other community based health agencies, requested and received STD/HIV/AIDS education.

### Continuing Medical Education

The Division's medical staff played a primary role in the initiation and development of educational materials used provincially, federally and internationally.

There is a continued commitment to deliver both on- and off-site education to medical students, residents, physicians, and associated professionals.

In 1997, on-site continuing medical education delivered by the Division's physicians totalled 220 hours while off-site education totalled another 140 physician hours.

### AIDS Street Outreach Nurse Program

The outreach nurses and health care workers delivered STD/HIV/AIDS education to public health nurses throughout this province. In addition, they delivered a broad spectrum of workshops to a variety of health agencies that provided services to street-involved people.

### Education Department

In order to effectively respond to the increase in STD/HIV infections among the 'hard to access immigrant communities,' the Education Department, in collaboration with its regional and community health partners, expanded their peer education strategies.

In collaboration with ethno-cultural educators and the BC Multicultural Health Services Society, plans were developed to expand the "Immigrant and Refugee Women's Health Care Project: HIV/AIDS Peer Support and Education Project."

In accordance with the Project's goal of providing STD/HIV/AIDS information to immigrant and refugee women, plans included the broadening of sexual health education to include other sexually transmitted diseases in addition to HIV and the expansion to ten languages from the original five. The Project was piloted in 1996 with a grant from Health Canada which continues to be a financial supporter.

Preliminary plans are underway to develop an equivalent peer educational package to respond to the learning needs of immigrant

and refugee men in these communities.

With the assistance of ethno-cultural consultants, a qualitative research project was initiated to explore the various factors influencing sexual risk taking behaviours among diverse groups and communities.

Professional and non-professional health service providers from throughout BC requested educational workshops. These requests for education range from basic STD/HIV/AIDS information to a number of related issues (e.g. harm reduction, professional standards and guidelines, etc.).

Professional Education Accessed Closer to Home (PEACH) continued to be an efficient, cost effective method of delivering education to public health nurses and health service providers in outlying communities. Based on individual needs assessments, PEACH workshops were custom developed. They were delivered in the community in partnership with the staff from the requesting health agency.

A commitment to collaborative partnerships in prevention education is the primary component in the delivery of STD/HIV/AIDS education.

## **OTHER REPORTS**



## ENHANCED SURVEILLANCE FOR HIV

In many jurisdictions, the use of HIV testing data to obtain an accurate view of the epidemic has been hampered by concerns over confidentiality.

Consequent omissions of unique patient identifiers from testing requisitions and data sets lead to difficulty with identifying duplicate tests for the same individual and with obtaining missing risk and demographic data.

Some jurisdictions in Canada have chosen to address the above concerns by adopting a system of nominal (use of names) testing.

Rather than opting to modify a system of non-nominal HIV testing which has been accepted by physicians and community groups in British Columbia (BC), we sought to improve HIV surveillance by making better use of the non-nominal information already in place.

The non-nominal enhanced HIV Surveillance System (HIVSS) involves the following:

- 1) Reporting of all positive HIV tests from the Provincial Laboratory to a surveillance database.
- 2) A computerized algorithm to identify duplicate HIV testing reports.
- 3) Follow-up with healthcare providers on positive HIV test reports (by a nurse). This serves to obtain missing information (ethnicity, risks, previous

negative tests), validate existing information, and resolve outstanding questions of duplication. Also, the nurse offers information about services available which can assist the clinician in case management. Care providers are reminded of protocols for reporting AIDS cases and that assistance is available to patients and clinicians who are having difficulty reaching partners that need to receive notification of possible contact with HIV.

### Implications of the HIV Database

The information gathered by the HIVSS has pointed out several policy directions for BC and has helped guide programming as follows:

- 1) Program planning is underway in Aboriginal communities after the dissemination of information about their particular problem with HIV.
- 2) Programs have been initiated to enhance specific cultural messages to various ethnocultural communities affected by HIV.
- 3) The extent to which injection drug use was driving the epidemic in BC was initially demonstrated with HIVSS data.
- 4) Finally, HIVSS data indicate that there are still new HIV infections among men who have sex with men.

## STD/AIDS RESOURCE CENTRE

The Resource Centre provides up-to-date information to health care providers, schools, students, the public, and staff from the Division. STD/HIV/AIDS information and educational resources are available in

various media form including videotapes, books, pamphlets, and posters. Not only has the number of requests for information been steadily increasing but the diversity of the requests have also been expanding.

Table 10.1

<b>Resource Centre - Number of Users</b>	
TYPE OF USER	TOTAL
Internal (Division's staff)	388
External (students, public, health educators)	1,395
<b>TOTAL</b>	<b>1,783</b>

Table 10.2

<b>Resource Centre - Internal (Staff) Users</b>	
ITEM	TOTAL
Videotape Loan	85
Book Loan	64
Interlibrary Loan	77
Audiovisual Equipment Loan	43
Pamphlet	6,102
Poster	89
Manual	289
Journal Article	84
Literature Search	48
Photocopying	55,762
Slide Making	424
Phone Transfer	3,804

Table 10.3

<b>Resource Centre - External Users</b>	
ITEM	TOTAL
Videotape Loan	884
Pamphlet	63,443
Poster	1,355
Manual	820
Referral/Reference	159
STD Auditing Kit	14
Photocopy	2,398

## AIDS COMMUNICATION CONTRACTS

As front-line workers providing health services in the community, public health staff are acutely aware of what is needed in their respective communities regarding STD/HIV/AIDS prevention education from a public health perspective.

STD/AIDS Control provides public health staff with opportunities to develop and implement various initiatives through funds that are specifically allocated to health units/departments for STD/HIV/AIDS

education.

The information collected from these initiatives are often incorporated into STD/AIDS Control's knowledge base for future projects and also assist in provincial policy development.

Listed in Table 11.1 are the health units/departments that received AIDS Communication funding for STD/HIV/AIDS initiatives in the 1996/97 fiscal year.

Table 11.1

### ***AIDS Communication Contracts, 1996/97***

HEALTH UNIT/DEPARTMENT	STD/HIV/AIDS INITIATIVE(S)	AMOUNT
Boundary	Education to youth. Community conference in Langley.	\$ 10,000
Capital Regional District	Produce training manual to assist providers who work with street youth.	10,000
Cariboo	Education to youth.	6,634
Central Kootenay	STD follow-up project. Education to youth. Purchase teaching materials.	10,000
Central Vancouver Island	Education to employees at risk for exposure to blood and body fluids.	9,650
Coast Garibaldi	Education to teachers, peer counsellors and parents.	10,000
East Kootenay	Education to firefighters, paramedics, RCMP, jail guards, and sheriffs.	10,000
Northern Interior	Develop and produce an STD/HIV/AIDS video with a northern perspective.	10,000
Peace River	Education to service providers. Purchase teaching materials.	5,733
Richmond	Education to youth.	10,000
Simon Fraser	Conduct a needs assessment on the street-involved population.	10,000
Skeena	Education to youth. CONDOMANIA campaign. Purchase teaching materials.	10,000
South Central	Education to service providers caring for mentally challenged adults.	10,000
South Okanagan	Develop teaching modules for service providers and peer counsellors.	10,000
Upper Fraser Valley	Education to youth. Develop and produce pamphlet.	10,000
Vancouver	Develop and produce STD booklet in English and Vietnamese.	10,000
<b>TOTAL</b>		<b>\$152,017</b>