



NWT Sexual Health and Sexually Transmitted Blood Borne Infection (STBBI) Program Standards

Six overarching goals of the NWT Sexual Health Program:

1. Prevent and minimize morbidity and mortality associated with sexually transmitted and blood borne infections in the NWT
2. Promote sexual health and wellbeing across the life span
3. Honour diversity, choice and sexuality
4. Monitor and respond to changes in disease trends, resistance patterns, and new emerging threats and technologies.
5. Maintain a quality improvement process to enhance the quality of services provided
6. Respect confidentiality to maintain the trust of the population we serve

Definitions

- **Child Sexual Abuse (CSA) Prevention¹:**
 - **Primary CSA Prevention:** Prevention before child sexual abuse would otherwise occur; this is typically applied to interventions with a whole population focus
 - **Secondary CSA Prevention:** Prevention when there is an existing risk of sexual abuse; targeted at “at-risk” groups or contexts experiencing disproportionate rates of child sexual abuse; and,
 - **Tertiary CSA Prevention:** Prevention that reduces the harm/consequences from sexual abuse and reduces the likelihood of recurrence; this type of programming is generally the most highly targeted, narrowly focused on individuals and contexts affected by CSA.
- **High Risk Pregnant individuals:** Individuals who are pregnant and during STBBI risk assessment identify one or more of the following risk factors²:
 - Non-monogamous relationship (new or multiple sex partners, sex partner with concurrent partner)
 - Sex partner who has a STBBI or is HBsAg-positive
 - Sex without use of barrier protection (non-monogamous)
 - Victim of intimate partner, family or sexual violence
 - History of incarceration in the last year of the client or any of their sexual partners
 - Under housed or precariously housed
 - Exchanges sex for money, drugs or other goods
 - Substance use (drug, alcohol or both)
 - Recent or current injection drug use
 - Lives in a high morbidity area
 - Exposure to higher risk social environments (i.e. circuit parties, post-secondary institutions, etc.).

¹ Smallbone, S., Marshall, W. L., & Wortley, W. L. (2008). Preventing Child Sexual Abuse: Evidence, Policy and Practice. Collompton, U.K. Willan Publishing.

² Consider that some groups are made more vulnerable due to systematic issues brought forward by colonization or compounding contextual factors.



- **Quality Care:** Care that is delivered in an equitable, evidence-based, acceptable and timely manner.

Part 1.0 Prevent and minimize morbidity and mortality associated with sexually transmitted and blood borne infections in the NWT

1. Prevent and minimize morbidity and mortality associated with STBBIs	
<u>Overview</u> Prioritizing immunizations, testing, screening, treatment and management of cases and contacts to minimize morbidity and mortality of STBBIs among NWT residents.	
<u>Outcome:</u> NWT residents receive timely and appropriate identification and management of STBBI cases and contacts in the NWT reducing the overall impacts of STBBIs on overall health and wellbeing of residents.	
Standard	Indicators
1.1 General	
1.1.1. Shall provide quality care and timely access to STBBI assessment and testing across the Northwest Territories.	<p>Evidence of individual and population assessments targeting the highest risk population</p> <p>Evidence to show appropriate treatment as per approved clinical guidelines</p> <p>Evidence that individuals at highest risk of STBBIs are prioritized</p>
1.1.2. Staff providing sexual health services must have current knowledge of evidence based clinical references and guidelines from an approved source, as well as local services and resources for referral, including supports for those threatened by family violence or sexual abuse.*	<p>Evidence of staff training/orientation to variety of approved clinical references, guidelines and available local resources, including supports for those threatened by domestic violence or sexual abuse</p> <p>Evidence of regular review and revision of available sexual health, abuse and domestic violence resource list</p>
1.2 Assessments and Testing	
1.2.1. STBBI testing is accessible to all residents.	Evidence that residents from across the NWT report STBBI testing to be available and accessible to them
1.2.2. STBBI risk assessments are conducted in accordance with Canadian STI Guidelines and should include the following elements: <ul style="list-style-type: none"> • Relationship status • Sexual risk behaviour • STBBI History • Reproductive Health History • Substance use • Psychosocial history 	<p>Evidence that NWT Sexually Transmitted Infections Case Investigation form is completed in accordance with Canadian STI Guidelines</p> <p>% of STBBI risk assessments are comprehensive and are</p>



<ul style="list-style-type: none"> Housing Socio-economic status 	conducted in accordance with Canadian STI Guidelines
1.2.3. All pregnant persons receive an STBBI risk assessment in accordance with Canadian STI Guidelines. and those deemed as high risk for STBBIs. Using one's best clinical judgement, closely monitor and regularly test high risk pregnant persons throughout their pregnancy and immediately in the postpartum period.	<p>Evidence of close monitoring of high risk pregnant persons throughout pregnancy and immediate post-partum period.</p> <p>Evidence of all pregnant persons offered an STBBI risk assessment.</p>
1.2.4. Shall conduct screening of syphilis, HIV and Hepatitis on all prenatal persons and newborns.	% of pregnant individuals and newborn babies who received appropriate STBBI screenings pre- and post-natal
1.2.5. Efforts are made to identify and follow-up on pregnant persons who may not present for standard prenatal care as per the NWT Prenatal Record and Prenatal Record User Guide .	Evidence that prenatal outreach efforts are attempted
1.2.6. Interactions, care and assessments of sexual assault survivors are conducted in accordance with the NWT Guidelines for the Care of Survivors of Sexual Assault .	Evidence that the assessment and care of sexual assault survivors is conducted in accordance with the NWT Guidelines for the Care of Survivors of Sexual Assault
1.2.7. All survivors of sexual assault have access to evidence-based and acceptable health care assessment.	<p>Evidence that survivors of sexual assault report that health care assessment is accessible and acceptable</p> <p>Evidence that sexual assault assessments follow best practices and are evidence based</p>
1.2.8. As per NWT Child and Family Services Act section 8 8(1), all suspected or confirmed child sexual abuse or mistreatment is immediately reported to a Child Protection Worker, Peace Officer or authorized persons in accordance with Health and Social Services Authority policies and regulations.	<i>NOTE: given the sensitive and highly confidential nature of child sexual abuse and mistreatment, this standard will not be measured nor reported on.</i>
1.3. Case and Contact Management	
1.3.1. Unless otherwise directed by the Chief Public Health Officer, public health management of STBBI cases, contacts and outbreaks, to minimize public health risk, is provided in accordance with: <ul style="list-style-type: none"> Canadian Guidelines on Sexually Transmitted Infections, 2006 edition NWT Communicable Disease Manual NWT Infection Prevention and Control Manual Any further applicable NWT Clinical Practice Guidelines 	Documentation of treatment and specific control measures for client and contact(s) align with appropriate communicable disease guidelines and/or CPHO direction
1.3.2. As per NWT Reportable Disease Control Regulations (4.1a), cases are notified and control measures are initiated (in accordance with appropriate communicable disease guidelines) within 24 hours of diagnosis.	% of positive cases notified and treated/monitored within 24 hours of diagnosis
1.3.3. As per NWT Reportable Disease Control Regulations (3.1a), cases receive appropriate control measures (including treatment and monitoring) for their stage of infection, in accordance with Canadian Guidelines on Sexually Transmitted Infections.	% of cases identified as positive who received complete and correct treatment and follow-up according to their STBBI of diagnosis



1.3.4. As per NWT Reportable Disease Control Regulations (4.1b), contact identification is initiated within 24 hours of diagnosis.	% of contact line lists initiated within 24 hours of diagnosis and notification of the case
1.3.5. As per NWT Reportable Disease Control Regulations (8.1), contact notification is initiated within 7 days of case diagnosis, in accordance with the appropriate trace back periods as outlined in Canadian Guidelines on Sexually Transmitted Infections.	% contacts notified within 7 days of case's diagnosis % contacts received appropriate assessment % contacts received treatment
1.3.6. Continuity of STBBI care and management is provided regardless of the healthcare setting in which care is initially accessed (i.e., primary care, public health, community health centre, emergency department, correctional facility etc.)	% cases and contacts identified outside of public health system that are referred, followed up and provided quality care
1.3.7. All high risk newborns, born to HBsAg positive mothers, are given Hepatitis B post exposure prophylaxis, in accordance with the Hepatitis B Prenatal and Newborn Flow Chart https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/cpi-105-hepatitis-b-prenatal-newborn-flow-chart.pdf	% high risk newborns born to HBsAg positive mothers are given Hepatitis B post exposure prophylaxis, in accordance with the Hepatitis B Prenatal and Newborn Flow Chart
1.3.8. HIV care in the NWT meets UNAIDS 90-90-90 standards: <ul style="list-style-type: none"> 1.3.8.1 Shall make every reasonable effort to find and inform all persons living with HIV of their status 1.3.8.2 Shall make every reasonable effort to ensure all persons living with HIV receive sustained antiretroviral treatment 1.3.8.3 Shall make every reasonable effort to ensure all persons living with HIV who receive treatment achieve viral suppression 	90% of all persons living with HIV in the NWT will know their HIV status 90% of all people with diagnosed HIV infection in the NWT will receive sustained antiretroviral therapy 90% of all people receiving antiretroviral therapy in the NWT achieve viral suppression.
1.3.9. Shall conduct routine follow-up of STBBI cases and contacts in accordance to the Routine Follow-up for STI cases and Contact Lost to Follow-up Flow Chart .	% follow up attempts meet flow chart requirements of both cases and contacts
1.4. Immunization	
1.4.1 Health Care providers regularly assess immunization status for vaccine preventable sexually transmitted diseases (i.e., Hepatitis, HPV) and offer vaccination, as appropriate.	Evidence of residents eligible for STBBI immunizations have been immunized or have been offered immunization in accordance with NWT immunization schedule
1.4.2. All newborns receive the first dose of the Hepatitis B vaccine series at birth, as per NWT Immunization Schedule .	% of newborns who have initiated Hepatitis B vaccine series at birth.



References and Resources

Accreditation Canada – Public Health Standards

Northwest Territories Public Health Act: Reportable Disease Control Regulations. (2009). *Government of the Northwest Territories, Department of Justice*. <https://www.justice.gov.nt.ca/en/files/legislation/public-health/public-health.r10.pdf>

NWT Clinical Practice Information Notice #173: [Enhanced Congenital Syphilis Screening](#)

NWT Clinical Practice Information Notice #160: [NWT Guidelines for the Care of Survivors of Sexual Assault - Revision 2020](#)

NWT Guidelines for the Care of Survivors of Sexual Assault (February 2020). *Government of the Northwest Territories*. <https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/nwt-guidelines-care-survivors-sexual-assault.pdf>

NWT Child and Family Services Act - Section 8 8(1). *Government of the Northwest Territories, Department of Justice*. <https://www.justice.gov.nt.ca/en/files/legislation/child-family-services/child-family-services.a.pdf>

Pauktuutit Inuit Women of Canada. (2021). *Uuktuutiit: Inuit sexual health indicators*. Retrieved from: <https://pauktuutit.ca/project/uuktuutiit-inuit-sexual-health-indicators/>

Sexually Transmitted and Blood Borne Infections (STBBI) prevention guide. (December, 2021). *Public Health Agency of Canada*. <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections/canadian-guidelines-sexually-transmitted-infections-17.html>

Sexually Transmitted Infections Case Management and contact tracing best practice recommendations. (April 2009). *Provincial Infections Disease Advisory committee (PIDAC), Ontario Ministry of Health and Long Term care*. <https://www.publichealthontario.ca/-/media/documents/S/2009/sti-case-management-contact-tracing.pdf>

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Part 2.0 Promote sexual health and wellbeing across the life span

2.1 Promote Sexual Health and Wellbeing across the life span	
<p><u>Overview:</u> Delivery of upstream interventions aimed to promote healthy sexual behaviours, practices and relationships and prevent sexually transmitted and blood borne infections and sexual abuse is delivered in an age-appropriate manner to residents across the lifespan.</p>	
<p><u>Outcome:</u> NWT residents benefit from a range of age appropriate sexual health and wellness promotion activities which reduce rates of STBBIs as well as improve general sexual health and relationships.</p>	
Standard	Indicators
2.1.1. Sexual health and well-being is promoted across the life-span	Evidence that sexual health and well-being promotion resources, activities and services are available for populations across the life-span
2.1.2. A wide range of sexually transmitted and blood borne infection prevention and sexual health promotion activities are delivered: <ul style="list-style-type: none"> • at various levels of the population; • based on priorities identified by population needs assessments and community, and target population; • which address the determinants of health; • which build capacity and empower the community; and • which create supportive physical and supportive environments 	Evidence that a variety of STBBI prevention and sexual health promotion activities are occurring at various levels of the population, based on identified priorities, to address determinants of health, build capacity and create supportive environments.
2.1.3. Shall collaborate with health care providers, relevant community partners and community members to create supportive environments to promote healthy relationships, healthy sexual practices, access to sexual health services and harm reduction programs and services for priority populations”	<p>Evidence of engagement in the creation of supportive environments</p> <p>Evidence of equity, and increased accessibility, of sexual health and well-being services and resources for populations identified as priority</p>
2.1.4. Evidence-based sexual health and STBBI prevention education is offered across the NWT	Evidence of standardized sexual health and STBBI prevention education delivered in all NWT communities
2.1.5. Sexual Health education aligns with Canadian Guidelines for Sexual Health Education and is delivered in a culturally safe and appropriate, trauma informed and inclusive manner.	<p>Evidence that standardized Sexual Health education is delivered in alignment with the Canadian Guidelines for Sexual Health Education</p> <p>Evidence that sexual health education is reported to be delivered in a culturally safe and appropriate, trauma informed and inclusive manner.</p>



<p>2.1.6. Education and communications promote healthy relationships and address the impact of gender-based violence, sexism, racism on vulnerability to STBBI</p>	<p>Evidence of the delivery of education and communications that promote healthy relationships and address the impact of gender-based violence, sexism, racism on vulnerability to STBBIs</p>
<p>2.1.7. Shall adopt a holistic approach to sexual health education considering the physical, emotional, mental, social, religious, cultural and political influences on sexual health and well-being.</p>	<p>Evidence that sexual health is holistic and considers the diverse influences on sexual health and well-being.</p>
<p>2.1.8. Effective sexual health communication strategies are developed and implemented with partners and with input from the community.</p>	<p>Evidence of the reported effectiveness of sexual health communication strategies</p> <p>Evidence of engagement with target populations on the development of sexual health communication strategies</p>
<p>2.1.9. Harm-reduction approach is promoted and adopted to meet sexual health needs of populations more likely exposed to STBBIs</p>	<p>Evidence of the adoption of a harm reduction approach to promote sexual health of those more</p>
<p>2.1.10. STBBI immunizations are provided across the NWT in accordance with NWT Immunization schedule and protocols</p>	<p>See indicator for 1.4.1.</p>
<p>2.1.11. STBBI primary prevention is incorporated in the course of routine patient care, as appropriate.</p>	<p>Evidence that patients receive primary STBBI prevention during routine care</p>
<p>2.1.12. Primary, secondary and tertiary child sexual abuse prevention initiatives are delivered in the NWT, which target:</p> <ul style="list-style-type: none"> • Offenders (or potential offenders); • Survivors (or individuals at risk); • Situations where sexual abuse has occurred or is more likely to occur; and, • Communities 	<p>Evidence that primary, secondary and tertiary child sexual abuse prevention initiatives are delivered</p> <p>Evidence that prevention initiatives encompass all four targets: Offenders, survivors, situations where sexual assault has or may occur, and communities.</p>
<p>2.1.13. All survivors of sexual abuse, regardless of age, have access to appropriate supports.</p>	<p>Evidence that age appropriate, supports are available to sexual abuse survivors across the NWT</p> <p>Sexual Abuse survivors report that available supports meet their needs</p>



References and Resources

Accreditation Canada – Public Health Standards

Canadian Guidelines on Sexually Transmitted infections: Sexually Transmitted and Blood Borne Infections (STBBI) prevention guide. (December, 2021). *Public Health Agency of Canada*. <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections/canadian-guidelines-sexually-transmitted-infections-17.html>

NWT Clinical Practice Information Notice #144: NWT Immunization Schedule – Amendment. <https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/cpi-144-nwt-immunization-schedule.pdf>

Pauktuutit Inuit Women of Canada. (2021). *Uuktuutiit: Inuit sexual health indicators*. Retrieved from: <https://pauktuutit.ca/project/uuktuutiit-inuit-sexual-health-indicators/>

Smallbone, S., Marshall, W. L., & Wortley, W. L. (2008). *Preventing Child Sexual Abuse: Evidence, Policy and Practice*. Collompton, U.K. Willan Publishing.



Part 3.0 Honour diversity, choice and sexuality

3.1. Honour diversity, choice and sexuality	
<p><u>Overview</u> Sexual health programs and services in the NWT are designed and delivered to meet the needs of a diverse population.</p>	
<p><u>Outcome</u> All NWT residents feel safe and respected when accessing Sexual Health services and programs in the NWT regardless of age, gender, culture or sexual orientation.</p>	
Standard	Indicators
<p>3.1.1. All patient interactions and care is delivered in a manner that treats all peoples and their families with dignity and compassion, and is:</p> <ul style="list-style-type: none"> • Relationship-based • Culturally safe • Trauma informed • Inclusive • Gender responsive and sensitive • Free of discrimination and judgement 	<p>Documentation that all staff delivering sexual health services have completed all applicable GNWT training including, but not limited to, cultural competency training, HSS cultural safety training etc.</p> <p>Evidence of the perceived delivery of relationship-based, culturally safe, trauma-informed, inclusive, gender responsive and sensitive care which is free of discrimination and judgement.</p>
<p>3.1.2. Health care providers and staff interfacing with patients are trained to have the skills, knowledge and behaviours to provide:</p> <ul style="list-style-type: none"> • Relationship-based • Culturally safe • Trauma informed • Inclusive • Gender responsive and sensitive • Free of discrimination and judgement 	<p>Documentation that all staff delivering sexual health services have completed training in the delivery of care that honours diversity, choice and sexuality.</p> <p>Evidence of the reported delivery of care that honours diversity, choice and sexuality.</p>
<p>3.1.3. Communications, programs and sexual health services are designed to:</p> <ul style="list-style-type: none"> • Promote inclusion and respect • Reduce stigma and discrimination 	<p>Evidence that Communications, programs and sexual health services are designed with the identified goals in mind.</p> <p>Evidence communications, programs and sexual health services are reported to successfully meet the identified goals.</p>



References and Resources

Accreditation Canada – Public Health Standards

Government of the Northwest Territories. (2019). *Caring for our people: Cultural safety action plan 2018-2020*.
<https://www.hss.gov.nt.ca/sites/hss/files/resources/cultural-safety-action-plan.pdf>

Pauktuutit Inuit Women of Canada. (2021). *Uuktuutiit: Inuit sexual health indicators*. Retrieved from:
<https://pauktuutit.ca/project/uuktuutiit-inuit-sexual-health-indicators/>



Part 4.0 Monitor and respond to changes in disease trends, resistance patterns, and new emerging threats and technologies

4.0 Monitor and respond to changes in disease trends, resistance patterns, and new emerging threats and technologies	
<u>Overview:</u> Surveillance, reporting and dissemination of sexual health information to those who will take action.	
<u>Outcome:</u> Sexual health programs, services as well as STBBI and other sexual health related public health management in the NWT are designed, implemented, and monitored using reported surveillance data.	
Standard	Indicators
4.1 General surveillance and reporting	
4.1.1. Shall conduct timely reporting of all reportable sexually transmitted and blood borne infections to the Office of the Chief Public Health Officer (OCPHO) in accordance with NWT Disease Surveillance Regulations	% of reportable diseases (diagnosed or suspected) reported to CPHO during required time frame
4.1.2. The OCPHO is immediately notified of a diagnosis or suspected diagnosis of the following: <ul style="list-style-type: none"> o All forms of Hepatitis o Epidemic forms of any disease 	Schedule 3, Part 1 reportable diseases are reported to CPHO immediately after diagnosis or making an opinion
4.1.3. The OCPHO is notified within 24 hours of a diagnosis or suspected diagnosis of the following reportable diseases: <ul style="list-style-type: none"> o Syphilis o Acquired immunodeficiency syndrome (AIDS) o Chancroid o Chlamydial infections o Gonococcal infections o Herpes simplex, congenital or neonatal o Human immunodeficiency virus (HIV). 	The listed Schedule 3 reportable diseases are reported to CPHO within 24 hours of diagnosis or making an opinion
4.1.4. Shall report all notifiable tests performed (Schedule 2 – Disease Surveillance regulations) to the CPHO with the appropriate information within 3 months of receiving a result, in accordance with the NWT Disease Surveillance Regulations	% of notifiable tests conducted are reported to CPHO during required time frame
4.1.5. The OCPHO is notified within 3 months of conducting a Papinocolaou smear test	Schedule 2 notifiable tests are reported to CPHO within 3 months of administering the test
4.1.6. Reportable tests performed (Schedule 4 – Disease Surveillance regulations) are reported to the CPHO within 3 months of receiving a result.	% of reportable tests conducted are reported to CPHO during required time frame
4.1.7. The OCPHO is notified within 3 months of conducting a Human immunodeficiency virus (HIV) test.	Schedule 4 reportable tests are reported to CPHO within 3 months of administering the test
4.1.8. HIV and Syphilis investigations deemed to be lost to follow up are forwarded to the Office of the Chief Public Health Officer for further action after one month.	% of HIV and Syphilis case investigations deemed to be lost to follow up were forwarded to OCPHO for further action after 1 month



<p>4.1.9. all STBBI case and contact investigations are completed using the appropriate reporting form as updated from time to time:</p> <ul style="list-style-type: none"> • NWT Sexually Transmitted Infections (STI) Case Investigation Form: https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/nwt-sexually-transmitted-infections-case-investigation-form.pdf • Sexually Transmitted Infections (STI) Contact Tracing Report Form: https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/sexually-transmitted-infections-contact-tracing-report-form.pdf • Enhanced Hepatitis B and C – Case Investigation: https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/hepatitis-b-c-case-investigation-form.pdf 	<p>% of case investigations reported on appropriate reporting form</p> <p>% of contact tracing investigations completed on the appropriate reporting form</p>
<p>4.2 Dissemination of sexual health data and emerging research to inform action</p>	
<p>4.2.1. Surveillance data is analyzed and interpreted to assess potential implications for population sexual health.</p>	<p>Evidence that STBBI surveillance data is used to assess population-level sexual health</p>
<p>4.2.2. STBBI surveillance data is regularly updated, made available and used at a regional/ community level (as appropriate) to examine the epidemiology of repeat infections and co-infections and plan interventions, where appropriate.*</p>	<p>Evidence that analyzed STBBI surveillance data is available and up-to-date</p> <p>Evidence that analyzed STBBI surveillance data is available to those who will use the data to respond to trends through interventions and improves services, as required.</p>
<p>4.2.3. Surveillance data is disseminated to the organization's leaders, partners, and the public in a timely and audience appropriate manner.</p>	<p>Evidence that analyzed STBBI surveillance data is shared with leaders, partners and the public in a timely and audience appropriate manner.</p> <p>Evidence that the shared public STBBI surveillance data is perceived to be communicated in an accessible, timely and appropriate way.</p>
<p>4.2.4. Guidance from the Chief Public Health Officer is updated and disseminated to the NWT Health and Social Services Authorities and other applicable front line organizations, in a timely manner, in response to:</p> <ul style="list-style-type: none"> • New information on resistance patterns and disease trends; • New emerging diseases; • New technologies and investigative testing; • New treatments available; and/or • Any other emerging research impacting STBBIs and Sexual Health protection 	<p>Evidence that CPHO guidance is updated in response to emerging research and evidence and disseminated in a timely, responsive manner.</p>



References and Resources

Northwest Territories Public Health Act: Disease Surveillance Regulations. (September 14, 2009). *Government of the Northwest Territories, Department of Justice*. <https://www.justice.gov.nt.ca/en/files/legislation/public-health/public-health.r9.pdf>

Accreditation Canada – Public Health Standards

NWT Clinical Practice Information Notice #157: [Lost to follow-Up of STI Cases and Contacts Flow chart](#) (Amended from CPI #135)

Sexually Transmitted Infections Case Management and contact tracing best practice recommendations. (April 2009). *Provincial Infections Disease Advisory committee (PIDAC), Ontario Ministry of Health and Long Term care*. <https://www.publichealthontario.ca/-/media/documents/S/2009/sti-case-management-contact-tracing.pdf>

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Part 5.0 Maintain a quality improvement process to enhance the quality of service provided

5.0 Maintain a quality improvement process to enhance the quality of service provided	
<p><u>Overview</u> Sexual health programs, communications and clinical STBBI management is regularly assessed for safety, effectiveness and quality.</p>	
<p><u>Outcome</u> Safe, quality and evidence based sexual health programming, communications and clinical STBBI management delivered in the NWT.</p>	
Standard	Indicators
5.1.1. Surveillance data is used to plan and evaluate STBBI and sexual health programs and services*	<p>Evidence that surveillance data is used to evaluate existing STBBI and sexual health programs and services.</p> <p>Evidence that surveillance data is used to plan STBBI and sexual health programs and services.</p>
5.1.2. The effectiveness of communication strategies is evaluated and improvements are made as a result.	Evidence that communication strategies are evaluated and revised, as required.
5.1.3. Audits originating from the Office of the Chief Public Health Officer (including units within Population Health division) are acknowledged within 10 business days upon receipt and are responded to within the timeframe outlined within the audit.	Proportion of audits acknowledged within 10 business days

References and Resources

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Sexually Transmitted Infections Case Management and contact tracing best practice recommendations. (April 2009). *Provincial Infections Disease Advisory committee (PIDAC), Ontario Ministry of Health and Long Term care.*
<https://www.publichealthontario.ca/-/media/documents/S/2009/sti-case-management-contact-tracing.pdf>

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Part 6.0 Respect confidentiality to maintain the trust of the population we serve

6.0 Respect confidentiality to maintain the trust of the population we serve	
<u>Overview</u> Sexual Health services and policies are designed and delivered in a manner that emphasizes and prioritizes the privacy and confidentiality of residents.	
<u>Outcome</u> NWT residents trust that their privacy and confidentiality is maintained when accessing sexual health services.	
Standard	Indicators
6.1.1. There are written policies to protect the privacy, security, and confidentiality of personal health information.	Evidence of policies in place to protect the privacy, security and confidentiality of information
6.1.2. Confidential testing is offered in all NWT communities	% communities in which confidential STBBI testing is available
6.1.3. All health care service providers working in the NWT have completed the mandatory NWT Privacy and Health Information Act and Information Security training.	% of individuals working within the NWT health care system that have completed the NWT Privacy and Health Information Act training.

References and Resources

Accreditation Canada – Public Health Standards

Government of the Northwest Territories. Department of Health and Social services. (July 2015). *Health Information Act Guide: a practical guide to the Northwest Territories Health Privacy Legislation*. <https://www.hss.gov.nt.ca/sites/hss/files/hia-guide.pdf>

Government of the Northwest Territories, Department of Justice. (2014). *Health Information Act*. <https://www.justice.gov.nt.ca/en/files/legislation/health-information/health-information.a.pdf>