Sexually Transmitted Disease Control

1998
Annual Report

STD/AIDS Control
British Columbia Centre for Disease Control

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Canadian Cataloguing in Publication Data

Main entry under title:
Sexually transmitted disease control : ... annual report. -- 1992 -

Annual.
Publisher varies: 1993 -1997, Ministry of Health and Ministry Responsible for Seniors; 1998 - , British Columbia Centre for Disease Control Society.
Continues: Annual reports (British Columbia. Sexually Transmitted Diseases Control Division).
ISSN 1183 - 2622.
ISSN 1488 - 6723 = Sexually transmitted disease control

1. Sexually transmitted diseases - British Columbia - Statistics - Periodicals. I. British Columbia. Ministry of Health and Ministry Responsible for Seniors.
II. British Columbia Centre for Disease Control Society.

RA644.V4S49 614.5'47'097110721 C99-960325-6

DIRECTOR'S REPORT

Looking back, 1998 was a busy year at STD/AIDS Control.

The British Columbia Centre for Disease Control (BCCDC) acquired new status as a society within the Vancouver/Richmond Health Board while still retaining its provincial mandate. This provided STD/AIDS Control with an impetus and an opportunity to re-examine everything we do. It also renewed our commitment to improving the health status of British Columbians by controlling and preventing STDs and HIV/AIDS.

Program highlights included the following:

- STD Clinic: The Ministry of Health funded a Chlamydia Control Program to focus on province-wide chlamydia contact tracing.
- Street Outreach Program: A highly favourable evaluation by an independent third party confirmed the effectiveness of the Program.
- Street Outreach Program: Screening, treatment and contact follow-up was increased as a result of the ongoing outbreak of syphilis in Vancouver's downtown eastside.
- Education: All educational training programs continued to expand as a result of their popularity and high demand.
- Education: Promotion and distribution of the female condom was underway. The female condom is a new device used by women for preventing STDs, HIV and unplanned pregnancies.
- BC Aboriginal AIDS Awareness Program (BCAAAP): Innovative educational strategies were developed and implemented after the hiring of Lucy Barney (Program Manager) and Melanie Rivers (Educator).

It is also important to note that STD/AIDS Control's Associate Director, Dr. David Patrick, devoted much of his time and energy to chairing the nationwide committee which revised the Canadian Guidelines for the Management of STDs.

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DIRECTOR'S REPORT
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In the area of research, STD/AIDS Control actively participated in several important studies including:

- an evaluation of a rapid HIV blood test
- a study of STDs and the risk behaviour in street youth
- a prospective, open cohort research project examining HIV incidence among injection drug users (VIDUS - Vancouver Injection Drug User Study)

Another important project, the Ho Chi Minh City (HCMC) STD/AIDS Clinic and Outreach Program, involved an international partnership with healthcare workers in HCMC (formerly Saigon), Vietnam. Funded by the Canadian International Development Agency (CIDA) for three years, STD/AIDS Control and the Provincial Laboratory will be responsible for training, supporting, monitoring, and evaluating healthcare workers in the management of STDs. Cultural sensitivity must be integrated throughout this project.

In these times of restraint and restructuring, STD/AIDS Control has attempted to maintain fiscal responsibility without compromising the quality of the services that we deliver to our individual clients and the public health community of BC and Canada. At times this has been difficult, however, with some creativity, imagination and a willingness to accept change, we believe that we have succeeded.

Lastly, I would like to take this opportunity to express me deepest gratitude to the staff at STD/AIDS Control for their dedication, enthusiasm, loyalty, and commitment in providing a quality service to the public. None of the above work would be possible without them.

Michael L. Rekart, MD, FRCPC, DTM&H
Director
STD/AIDS Control

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EXECUTIVE SUMMARY

GONORRHEA. The annual rate of gonorrhea in British Columbia (BC) increased by 16% from 11.6 per 100,000 population in 1997 to 13.5 per 100,000 population in 1998. This increase was not confined to any particular health region and primarily involved males aged 20 to 59 and females aged 15 to 39.

CHLAMYDIA. The annual rate of genital chlamydia infection in BC increased to 118.9 per 100,000 population in 1998 from a low of 104.0 per 100,000 population in 1997. This increase was not confined to any particular age, gender or health region.

Factors contributing to the increase in rate may include the following: utilization of a more sensitive technology for diagnosis; enhanced case finding through partner notification; and/or a true increase in incidence.

SYPHILIS. The annual rate of syphilis in BC increased to 2.8 per 100,000 population in 1998 from 1.3 per 100,000 population in 1997. This increase was primarily confined to Vancouver and its adjacent health regions and primarily involved males aged 20 to 59 and females aged 15 to 39.

The outbreak of infectious syphilis continued in Vancouver's downtown eastside. Syphilis is being transmitted between sex trade workers and their customers in Vancouver's downtown eastside with secondary cases reported in adjacent communities in the Lower Mainland.

PELVIC INFLAMMATORY DISEASE (PID). The annual rate of PID in BC declined from 138.5 per 100,000 female population aged 15 to 44 in 1996 to 126.2 per 100,000 female population aged 15 to 44 in 1997. There were also slight declines in the annual rates of tubal infertility and ectopic pregnancy from 1996 to 1997.

GENITAL HERPES. The number of newly diagnosed cases of genital herpes at the STD Clinic, located at 655 West 12th Avenue in Vancouver, has shown a trend to decline.

Although the incidence of documented new herpes infections was slightly lower in 1998, the prevalence probably remains very high. Since a large proportion of people with genital herpes remain undiagnosed, laboratory reports provide only a limited view of the burden of infection in this province. Genital herpes is one of the two most prevalent sexually transmitted infections; genital warts is the other. In 1998, no culture proven cases of neonatal herpes were identified.

GENITAL WARTS. The number of diagnoses of genital warts at the STD Clinic declined slightly over the last decade with 351 new diagnoses in 1998.

STD CLINIC. There were 13,394 visits to the STD Clinic for STD evaluation and/or HIV testing during 1998.

An enhancement to the STD Clinic's electronic record system was implemented in late 1998 and has had an impact on the sorting of client data collected - the client who has an STD evaluation and HIV testing done in one visit can now be recorded and counted as one visit rather than two separate visits.

A noticeable change in client risk behaviours was the increase in the number of clients who reported using condoms "sometimes". There was also a slight decrease in the number of "always" and "never" responses to condom use.

An encouraging trend was a decrease in the percentage of HIV tests that were reactive from clients visiting the STD Clinic and the Street Outreach Program's outreach clinics.

STREET OUTREACH PROGRAM. The focus of the Street Outreach Program is to provide STD/HIV prevention services to marginalized populations.

Both the outbreak of infectious syphilis in Vancouver's downtown eastside and the number of clients now infected with HIV have had a significant impact on the work and the challenges of the Street Outreach Program.

In 1998, client encounters increased by 26% from 40,980 client encounters in 1997 to 51,611. Also the number of syphilis, Hepatitis A, B and C tests performed by outreach nurses increased substantially.

The number of needles exchanged by the Street Outreach Program declined due to a change in drug use patterns and an increase in the limits of needles clients were permitted to exchange at the fixed Vancouver Needle Exchange site.

Two healthcare workers continue to work with the Latin American and Asian communities by providing STD/HIV education and support. These two workers also provide services at the Bridge Health Clinic for refugees and new immigrants.

The Street Outreach Program conducted a needs assessment on street-involved clients for the Simon Fraser Health Region. Mobile outreach services to this health region by the Street Outreach Program have continued one evening per week.

EDUCATION. Staff at STD/AIDS Control are committed to responding to the training and educational needs of healthcare providers throughout this province.

In 1998, the training and educational programs designed and delivered to healthcare providers, community-based agencies, government, and other interested groups included the following:

- a 5-day STD Clinical Training Course for public health nurses offered 3 times/year
- a 2-day HIV Pre & Post Test Counselling Course offered once a year
- a 5-day Street Outreach Training Course offered once a year
- street outreach training sessions for nurses, and medical/nursing students
- street outreach workshops at treatment and detox centres, correctional institutions, and healthcare facilities
- Professional Education Accessed Closer to Home (PEACH) workshops for healthcare providers delivered in their own communities
- hands-on clinical training at the STD Clinic
- continuing medical education to nursing and medical staff

The STD/AIDS Resource Centre continues to provide the most current information to healthcare providers, schools, students, and the public.

STD/AIDS Control provides public health staff, working for a health unit/department, with opportunities to develop and implement initiatives through grants that are specifically allocated to health regions for STD/HIV/AIDS education. The information collected from these various initiatives are often incorporated into STD/AIDS Control's knowledge base for future projects.

REPORT ON STD EPIDEMIOLOGY

Director: Michael L. Rekart, MD, FRCPC, DTM&H

Associate Director: David M. Patrick, MD, FRCPC, MHSc

The Report on STD Epidemiology is organized by disease and provides information about temporal trends, age, gender, and geographical distribution. The *STD Annual Report* does not contain HIV/AIDS epidemiology. This information is contained in the *HIV/AIDS Update* report that is published by STD/AIDS Control on a semi-annual basis.

Please note that the 1998 data for the section on "Pelvic Inflammatory Disease & Complications" was not available at the time of publication. Consequently, the statistical information contained in this section is only up to and including 1997.

GONORRHEA

Although the rate of gonorrhea remains relatively low in BC, it has increased by 16% from 11.6 per 100,000 population in 1997 to 13.5 per 100,000 population in 1998. This represents an increase in the number of cases from 458 in 1997 to 541 in 1998.

This increase in rate is not confined to any one particular region of BC. Most cases involved males aged 20 to 59 and females aged
15 to 39.

When compared with 1997, age-specific rates for males aged 25 to 29, 30 to 39 and 40 to 49 have increased from 48.8 to 54.5, from 36.0 to 39.0, and from 13.7 to 19.6 per 100,000 population respectively.

Compared with 1997, age-specific rates for females aged 15 to 19 and 20 to 24 have increased from 29.2 to 34.2 and from 22.7 to 35.5 per 100,000 population respectively.

Of the 541 cases of gonorrhea from 1998 (Table 1.4), 4.4% were penicillinase producing, 1.7% were tetracycline resistant, 3.5% were ciprofloxacin resistant, 0.7% were ciprofloxacin intermediate resistant, and 4.3% exhibited low level chromosomally mediated resistance to several antibiotics.

There was no significant change in the overall proportion of resistant isolates or in the specific forms of resistance between 1997 and 1998.

Table 1.1
Gonorrhea by HEALTH REGION, 1998
rate per 100,000 population

Health Region	Total	Rate	Comments
Burnaby	30	15.8	
Capital	13	3.9	
Cariboo	6	7.8	
Central Vancouver Island	8	3.3	
Coast Garibaldi	2	2.6	
East Kootenay	3	3.7	
Fraser Valley	16	6.7	
Kootenay Boundary	-	-	
North Okanagan	-	-	
North Shore	12	6.7	
North West	8	8.7	
Northern Interior	16	12.0	
Okanagan Similkameen	4	1.7	
Peace Liard	10	15.1	
Richmond	11	6.8	
Simon Fraser	16	5.1	1 gender unknown
South Fraser	35	6.2	
Thompson	6	4.4	
Upper Island	2	1.6	
Vancouver	343	60.8	
British Columbia	**541**	**13.5**	

Simon Fraser includes New Westminster but not Burnaby.

Table 1.2
Gonorrhea by HEALTH REGION and AGE - MALE, 1998

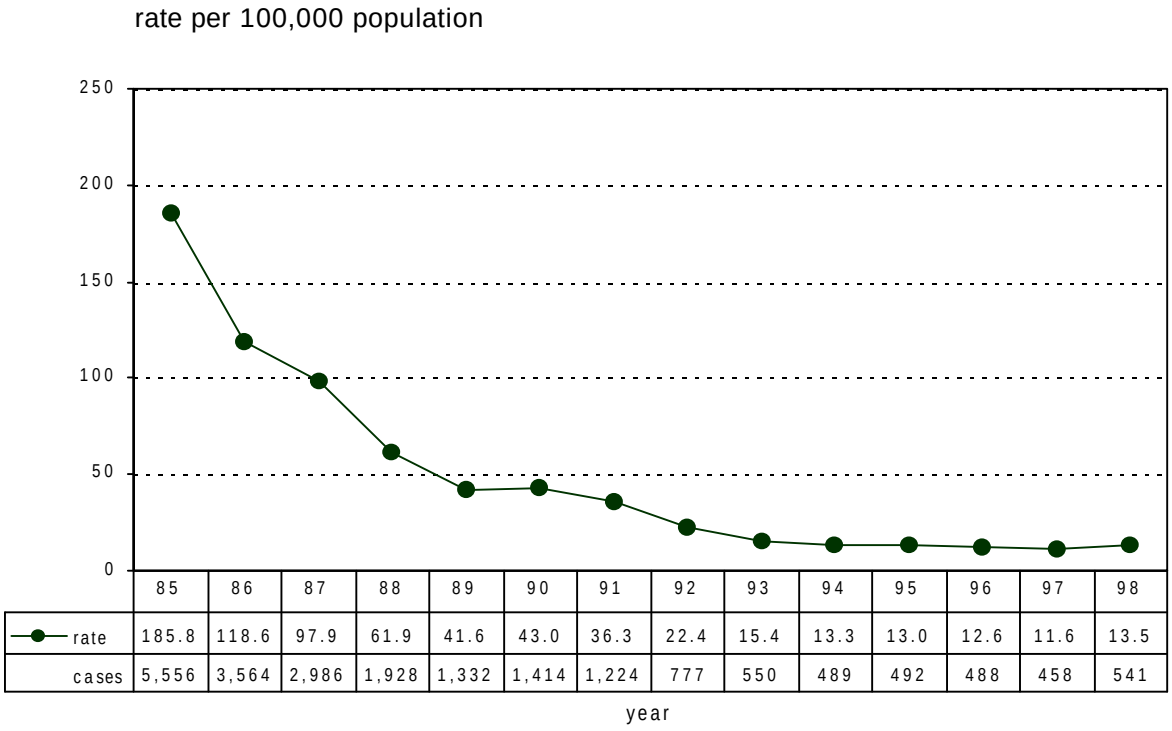
Health Region	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-39	40-59	> 60	NS	Total
Burnaby					1	2	2	5	8			18
Capital						1	2	1	3			7
Cariboo						1		1				2
Central Vancouver Island					2		1	1	3			7
Coast Garibaldi								1				1
East Kootenay							1	1	1			3
Fraser Valley					1	1	2	1	2	1		8
Kootenay Boundary												-
North Okanagan												-
North Shore						1		2	2	2		7
North West						1	1					2
Northern Interior						2	2	5				9
Okanagan Similkameen						1			1			2
Peace Liard						3	2					5
Richmond						1	1	1	6			9
Simon Fraser							3	3	3	1		10
South Fraser						4	9	4	6	1	1	25
Thompson							2		2			4
Upper Island									1			1
Vancouver					10	27	53	107	68	3		268
British Columbia	**-**	**-**	**-**	**-**	**14**	**45**	**81**	**133**	**106**	**8**	**1**	**388**

Table 1.3
Gonorrhea by HEALTH REGION and AGE - FEMALE, 1998

Health Region	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-39	40-59	> 60	NS	Total
Burnaby					6	2	1	2	1			12
Capital					3	2	1					6
Cariboo					3			1				4
Central Vancouver Island							1					1
Coast Garibaldi					1							1
East Kootenay												-
Fraser Valley					4	1	2	1				8
Kootenay Boundary												-
North Okanagan												-
North Shore					2	1		1	1			5
North West					3	3						6
Northern Interior					1	4	1	1				7
Okanagan Similkameen						1	1					2
Peace Liard					2	2	1					5
Richmond							1	1				2
Simon Fraser					4			1				5
South Fraser				1	2	3	2	2				10
Thompson						2						2
Upper Island					1							1
Vancouver				3	12	25	12	19	3	1		75
British Columbia	**-**	**-**	**-**	**4**	**44**	**46**	**23**	**29**	**5**	**1**	**-**	**152**

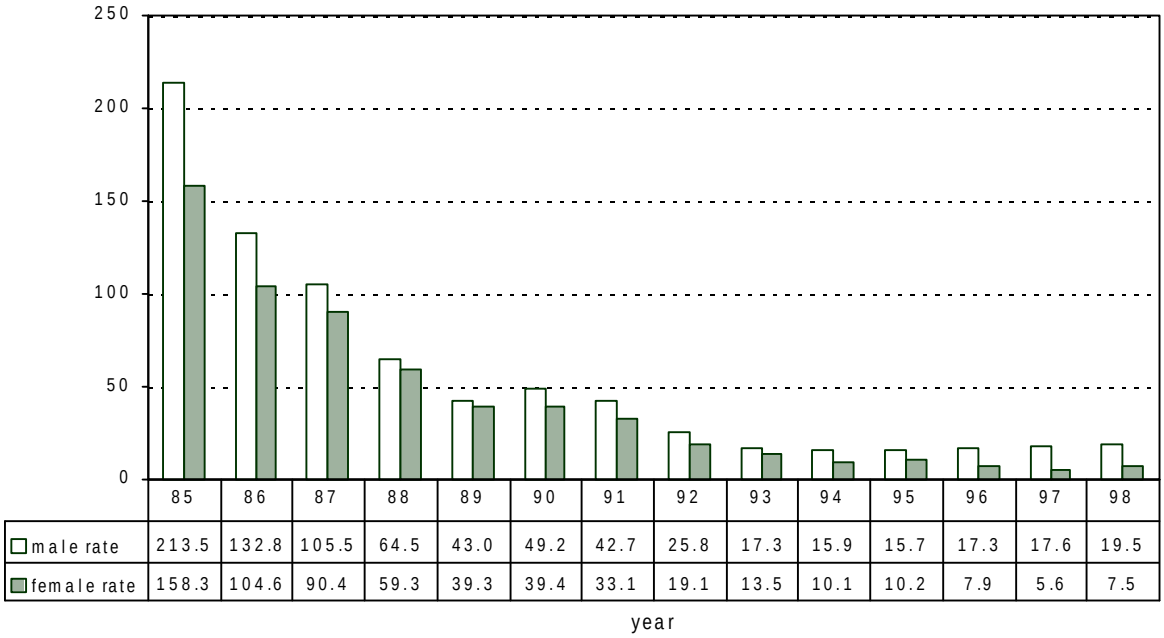
NS - Notifications where age not specified.
Simon Fraser includes New Westminster but not Burnaby.

Graph 1.1
Gonorrhea, 1985 to 1998



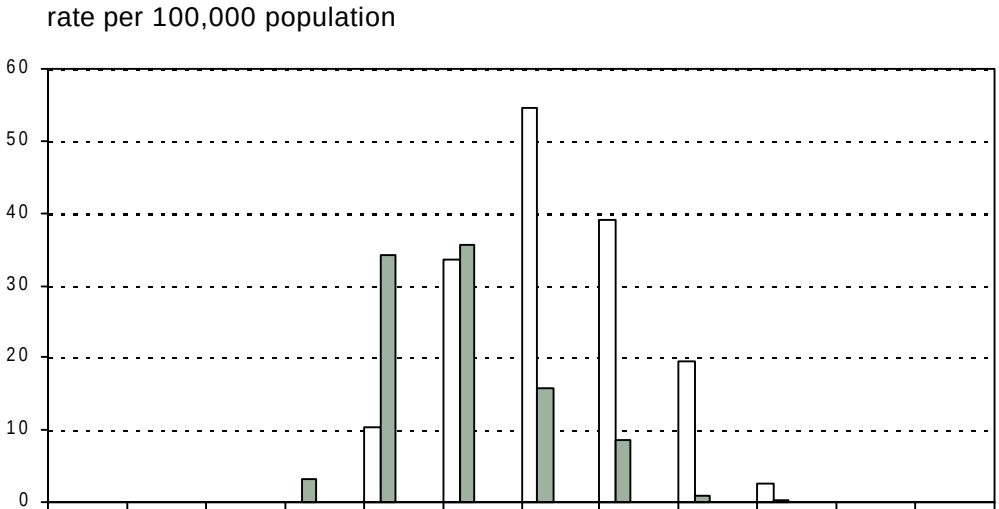
	85	86	87	88	89	90	91	92	93	94	95	96	97	98
rate	185.8	118.6	97.9	61.9	41.6	43.0	36.3	22.4	15.4	13.3	13.0	12.6	11.6	13.5
cases	5,556	3,564	2,986	1,928	1,332	1,414	1,224	777	550	489	492	488	458	541

Graph 1.2
Gonorrhea by GENDER, 1985 to 1998



	85	86	87	88	89	90	91	92	93	94	95	96	97	98
male rate	213.5	132.8	105.5	64.5	43.0	49.2	42.7	25.8	17.3	15.9	15.7	17.3	17.6	19.5
female rate	158.3	104.6	90.4	59.3	39.3	39.4	33.1	19.1	13.5	10.1	10.2	7.9	5.6	7.5

Graph 1.3
Gonorrhea by AGE and GENDER, 1998



	< 1	1to4	5to9	10to14	15to19	20to24	25to29	30to39	40to59	> 60	NS	total
male rate					10.2	33.6	54.5	39.0	19.6	2.6		
female rate				3.1	34.2	35.5	15.8	8.6	0.9	0.3		
male cases					14	45	81	133	106	8	1	388
female cases				4	44	46	23	29	5	1		152
unknown									1			1

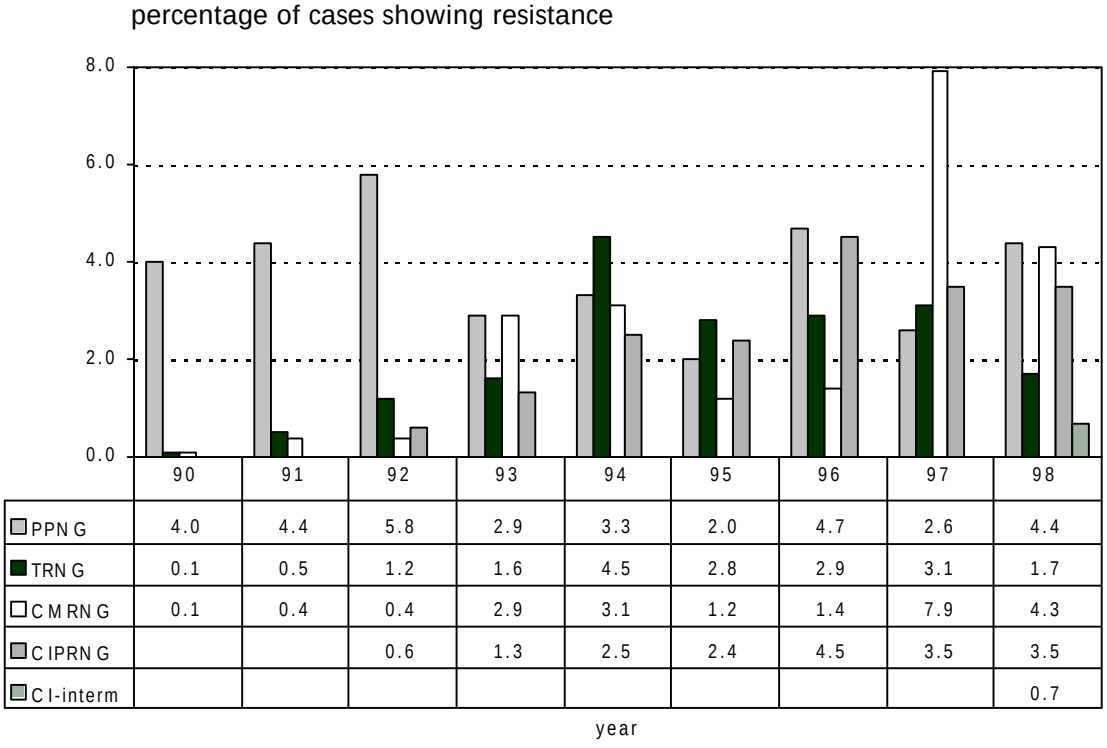
age in years

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

Table 1.4
Gonorrhea by RESISTANCE as a PERCENTAGE of total cases, 1985 to 1998

Year	PPNG	% of TOTAL	TRNG	% of TOTAL	CMRNG	% of TOTAL	CIPRNG	% of TOTAL	CI - interm	% of TOTAL	TOTAL Cases
1985	23	0.4									5,556
1986	43	1.2									3,564
1987	46	1.5									2,986
1988	24	1.2									1,928
1989	27	2.0									1,332
1990	56	4.0	2	0.1	1	0.1					1,414
1991	54	4.4	6	0.5	5	0.4					1,224
1992	45	5.8	9	1.2	3	0.4	5	0.6			777
1993	16	2.9	9	1.6	16	2.9	7	1.3			550
1994	16	3.3	22	4.5	15	3.1	12	2.5			489
1995	10	2.0	14	2.8	6	1.2	12	2.4			492
1996	23	4.7	14	2.9	7	1.4	22	4.5			488
1997	12	2.6	14	3.1	36	7.9	16	3.5			458
1998	24	4.4	9	1.7	23	4.3	19	3.5	4	0.7	541

Graph 1.4
Gonorrhea by RESISTANCE as a PERCENTAGE of total cases, 1990 to 1998



	90	91	92	93	94	95	96	97	98
PPNG	4.0	4.4	5.8	2.9	3.3	2.0	4.7	2.6	4.4
TRNG	0.1	0.5	1.2	1.6	4.5	2.8	2.9	3.1	1.7
CMRNG	0.1	0.4	0.4	2.9	3.1	1.2	1.4	7.9	4.3
CIPRNG			0.6	1.3	2.5	2.4	4.5	3.5	3.5
CI-interm									0.7

Each case can result in more than one resistance pattern.

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

CHLAMYDIA

The rate of reported genital chlamydia infection increased to 118.9 per 100,000 population in 1998 from a low of 104.0 per 100,000 population in 1997.

This could reflect the deployment of more sensitive nucleic acid amplification technology for diagnosis, the increased case finding as a result of enhanced partner notification, a true increase in incidence, or a combination of factors. It is of concern that increases in the rates of other bacterial STDs (i.e. gonorrhea and syphilis) are being observed concurrently.

The chlamydia rate has increased across most age and gender strata and in most geographic areas of BC. The rate has increased by 34% in males compared with 10% in females. This may reflect the increased testing among males as the sensitive nucleic acid amplification technology makes testing available on first void urine specimens for the first time.

The Provincial Laboratory performed 3,448 chlamydia tests for males in the fiscal year 1996/97, 5,857 tests in 1997/98, and 7,547 in the 1998 calendar year.

If the increased chlamydia rate is truly the result of better case finding, then there should be a resumed decline within the next 2 to 3 years. To verify trends in the rate of chlamydia infection, the rate of complications of chlamydia (i.e. pelvic inflammatory disease, tubal infertility, and ectopic pregnancy) also needs to be monitored.

Table 2.1
Chlamydia by HEALTH REGION, 1998

rate per 100,000 population

Health Region	Total	Rate	Comments
Burnaby	206	108.7	
Capital	397	118.4	
Cariboo	107	139.4	
Central Vancouver Island	275	113.5	
Coast Garibaldi	84	107.3	
East Kootenay	44	54.2	
Fraser Valley	233	97.5	
Kootenay Boundary	141	170.6	
North Okanagan	73	61.8	
North Shore	97	53.9	
North West	147	160.4	
Northern Interior	201	150.4	
Okanagan Similkameen	202	87.8	
Peace Liard	115	173.6	
Richmond	131	80.7	
Simon Fraser	229	72.5	
South Fraser	407	72.0	
Thompson	192	141.8	
Upper Island	192	156.3	
Vancouver	1,290	228.8	1 gender unknown
unknown	6		
British Columbia	**4,769**	**118.9**	

Simon Fraser includes New Westminster but not Burnaby.

Table 2.2
Chlamydia by HEALTH REGION and AGE - MALE, 1998

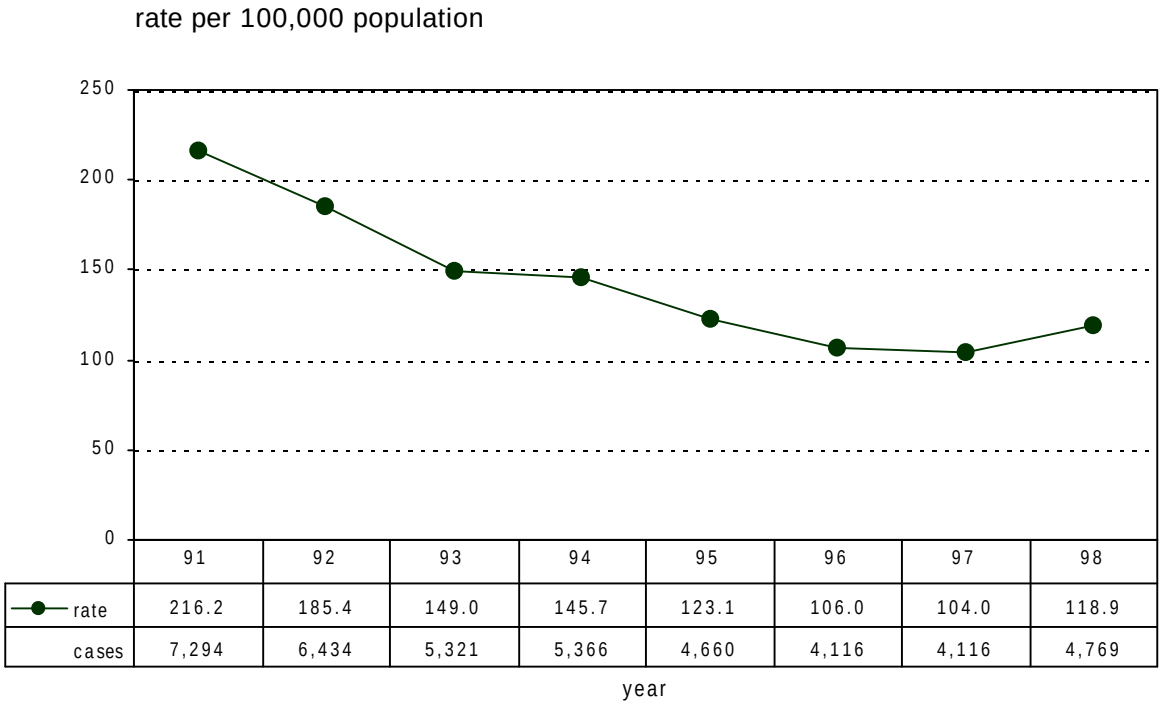
Health Region	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-39	40-59	> 60	NS	Total
Burnaby					5	17	19	15	13			69
Capital					10	43	28	18	6		1	106
Cariboo					2	13	6	2				23
Central Vancouver Island					18	21	11	6	2			58
Coast Garibaldi					2	6	9	4	3		1	25
East Kootenay					1	3	4				1	9
Fraser Valley				1	10	20	16	14	6		1	68
Kootenay Boundary					1	15	8	7	2			33
North Okanagan					4	7	5	5	2			23
North Shore					3	9	6	4	3		1	26
North West					5	11	6	5	1			28
Northern Interior					8	20	12	14	4		1	59
Okanagan Similkameen					11	23	10	3	5			52
Peace Liard					4	17	10	7	1			39
Richmond					4	5	10	6	17			42
Simon Fraser					4	26	13	16	5			64
South Fraser	1				10	48	24	21	7			111
Thompson					13	16	18	11	3			61
Upper Island	1				5	18	6	5	2			37
Vancouver				1	27	100	100	123	51	5		407
British Columbia	**2**	**-**	**-**	**2**	**147**	**438**	**321**	**286**	**133**	**5**	**6**	**1,340**

Table 2.3
Chlamydia by HEALTH REGION and AGE - FEMALE, 1998

Health Region	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-39	40-59	> 60	NS	Total
Burnaby				5	36	42	30	18	6			137
Capital				3	96	126	42	16	4		4	291
Cariboo				1	33	29	13	8				84
Central Vancouver Island				1	86	73	24	26	5		2	217
Coast Garibaldi				1	20	25	5	6			2	59
East Kootenay				1	12	11	6	3			2	35
Fraser Valley				2	65	62	21	10	2		3	165
Kootenay Boundary				2	36	34	15	14	7			108
North Okanagan				1	24	17	2	4	2			50
North Shore				1	25	20	14	10	1			71
North West				1	45	40	16	14	2		1	119
Northern Interior					55	59	19	5	3	1		142
Okanagan Similkameen				2	52	60	24	11	1			150
Peace Liard				3	27	27	10	5	1		3	76
Richmond	1				15	26	13	21	13			89
Simon Fraser					47	67	28	13	9		1	165
South Fraser				3	117	113	41	17	5			296
Thompson				1	40	58	20	9	2		1	131
Upper Island		1		4	51	57	21	16	4		1	155
Vancouver				10	191	303	164	160	51	2	1	882
British Columbia	**1**	**1**	**-**	**42**	**1,073**	**1,249**	**528**	**386**	**118**	**3**	**21**	**3,422**

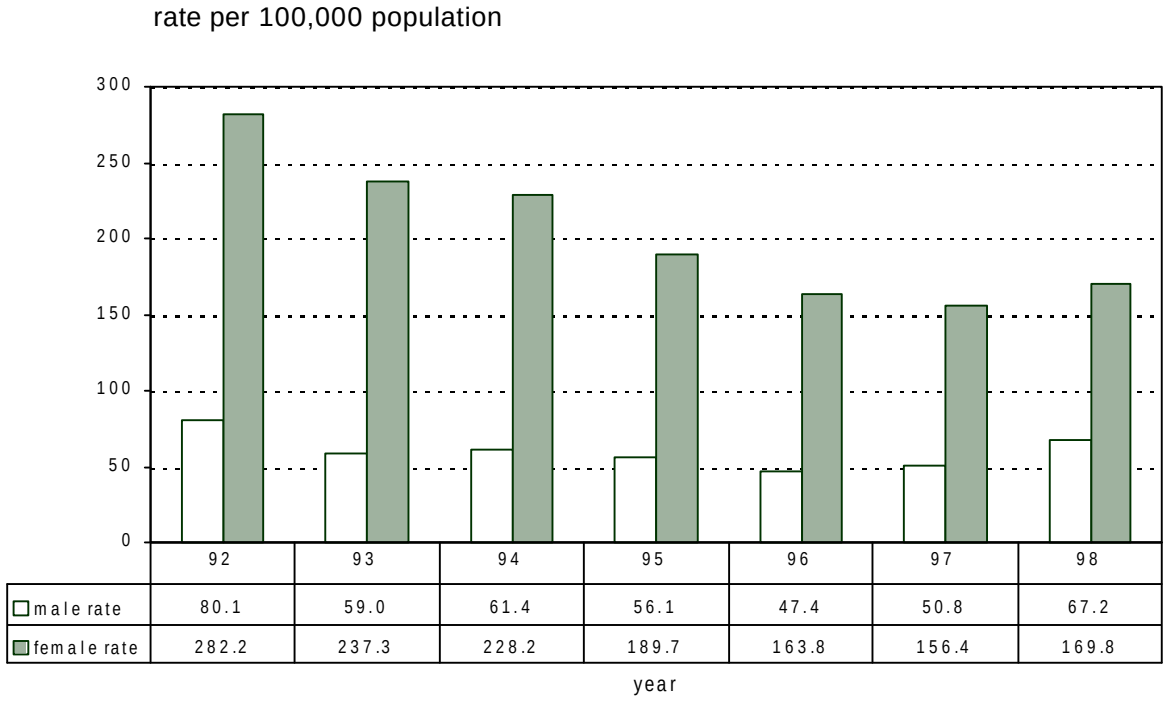
NS - Notifications where age not specified.
Simon Fraser includes New Westminster but not Burnaby.

Graph 2.1
Chlamydia, 1991 to 1998



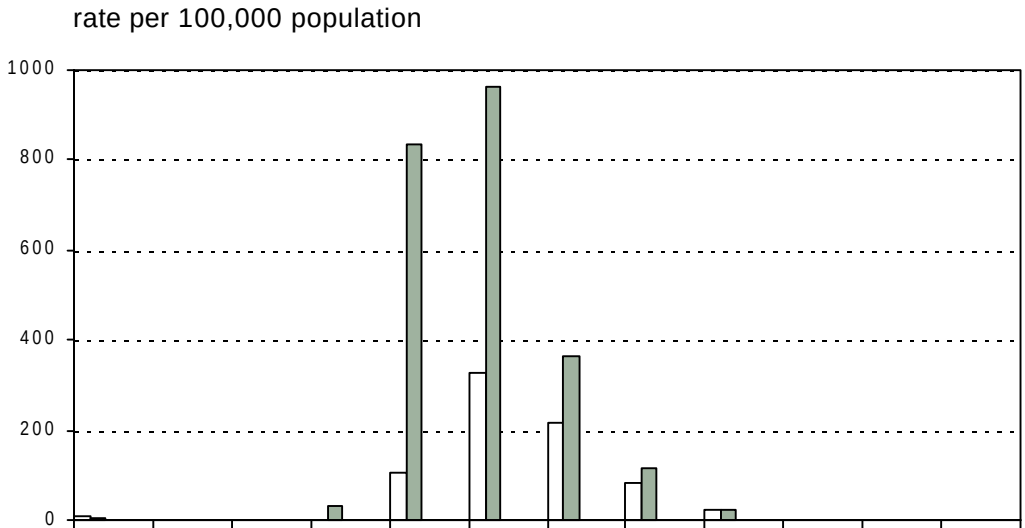
	91	92	93	94	95	96	97	98
rate	216.2	185.4	149.0	145.7	123.1	106.0	104.0	118.9
cases	7,294	6,434	5,321	5,366	4,660	4,116	4,116	4,769

Graph 2.2
Chlamydia by GENDER, 1992 to 1998



	92	93	94	95	96	97	98
male rate	80.1	59.0	61.4	56.1	47.4	50.8	67.2
female rate	282.2	237.3	228.2	189.7	163.8	156.4	169.8

Graph 2.3
Chlamydia by AGE and GENDER, 1998



	< 1	1to4	5to9	10to14	15to19	20to24	25to29	30to39	40to59	> 60	NS	total
male rate	8.4			1.5	107.6	327.0	216.0	83.9	24.6	1.6		
female rate	4.5	1.1		33.0	833.6	962.7	363.4	114.9	21.8	0.8		
male cases	2			2	147	438	321	286	133	5	6	1,340
female cases	1	1		42	1,073	1,249	528	386	118	3	21	3,422
unknown						1					6	7

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

SYPHILIS

An outbreak of infectious syphilis (i.e. primary, secondary and early latent) continues in Vancouver's downtown eastside. Rates of syphilis have increased in Vancouver and adjacent municipalities with the overall provincial rate increasing to 2.8 per 100,000 population in 1998 from 1.3 per 100,000 population in 1997 and from 0.5 per 100,000 population in 1994 through 1996.

Cases of syphilis have increased among both men and women with men aged 20 to 59 and women aged 15 to 39 responsible for the majority of cases.

Of the 112 documented cases of syphilis in 1998, 36 were primary stage, 22 were secondary stage, and 54 were early latent stage. No new early congenital cases were documented in 1998. In addition, there were 80 documented cases of non-infectious syphilis, largely late latent syphilis (Table 3.4).

Syphilis is being transmitted between sex trade workers and their customers in Vancouver's downtown eastside with secondary cases in the adjacent communities of the Lower Mainland.

Partner notification and treatment in this group is difficult due to the chaotic lifestyles of those involved and to the poor recall and/or cooperation in partner notification and treatment procedures. It is hoped that greater awareness among providers and the affected community as well as enhanced efforts in partner notification, screening and treatment will result in curtailment of this current outbreak.

Table 3.1
Infectious Syphilis by HEALTH REGION, 1998
rate per 100,000 population

Health Region	Total	Rate	Comments
Burnaby	5	2.6	
Capital	-	-	
Cariboo	-	-	
Central Vancouver Island	1	0.4	
Coast Garibaldi	-	-	
East Kootenay	-	-	
Fraser Valley	-	-	
Kootenay Boundary	-	-	
North Okanagan	-	-	
North Shore	-	-	
North West	-	-	
Northern Interior	-	-	
Okanagan Similkameen	-	-	
Peace Liard	-	-	
Richmond	3	1.8	
Simon Fraser	3	0.9	
South Fraser	7	1.2	
Thompson	-	-	
Upper Island	1	0.8	
Vancouver	92	16.3	
British Columbia	**112**	**2.8**	

Infectious Syphilis - primary, secondary, early latent, and early congenital stages.
Simon Fraser includes New Westminster but not Burnaby.

Table 3.2
Infectious Syphilis by HEALTH REGION and AGE - MALE, 1998

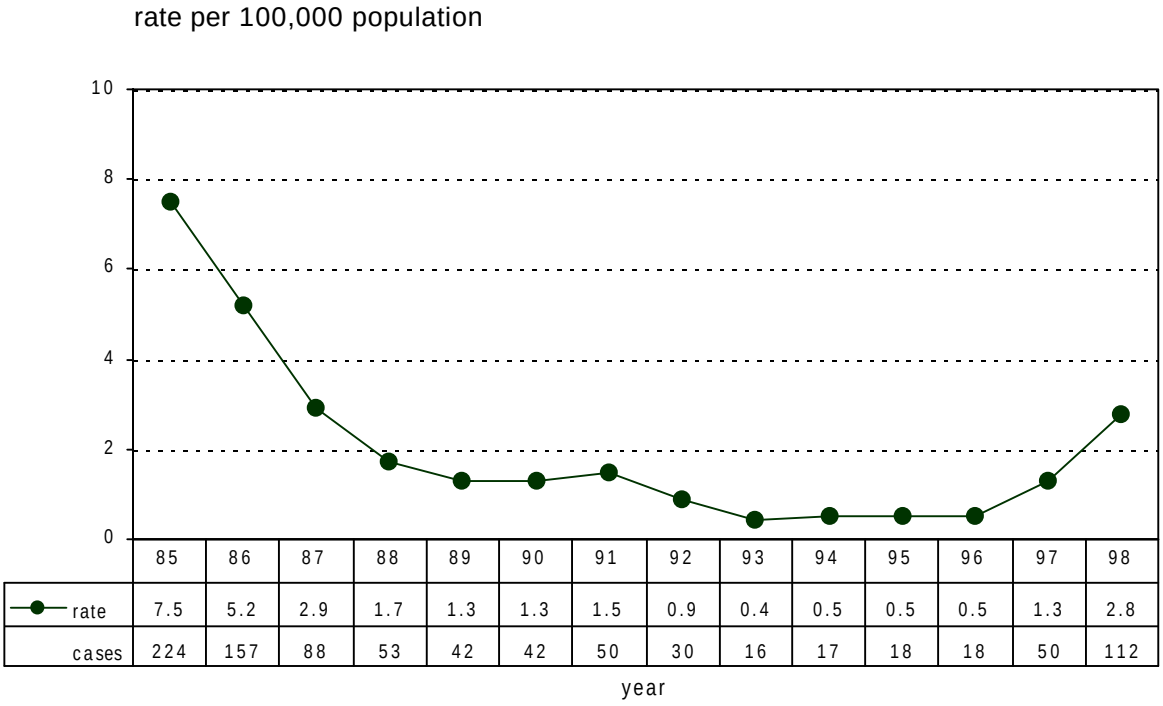
Health Region	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-39	40-59	> 60	NS	Total
Burnaby									1			1
Capital												-
Cariboo												-
Central Vancouver Island												-
Coast Garibaldi												-
East Kootenay												-
Fraser Valley												-
Kootenay Boundary												-
North Okanagan												-
North Shore												-
North West												-
Northern Interior												-
Okanagan Similkameen												-
Peace Liard												-
Richmond								1	1			2
Simon Fraser								1	2			3
South Fraser								1	2			3
Thompson												-
Upper Island												-
Vancouver					1	3	2	25	20	7		58
British Columbia	**-**	**-**	**-**	**-**	**1**	**3**	**2**	**28**	**26**	**7**	**-**	**67**

Table 3.3
Infectious Syphilis by HEALTH REGION and AGE - FEMALE, 1998

Health Region	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-39	40-59	> 60	NS	Total
Burnaby						2		1	1			4
Capital												-
Cariboo												-
Central Vancouver Island					1							1
Coast Garibaldi												-
East Kootenay												-
Fraser Valley												-
Kootenay Boundary												-
North Okanagan												-
North Shore												-
North West												-
Northern Interior												-
Okanagan Similkameen												-
Peace Liard												-
Richmond								1				1
Simon Fraser												-
South Fraser							1	1	1		1	4
Thompson												-
Upper Island								1				1
Vancouver					3	2	7	14	8			34
British Columbia	**-**	**-**	**-**	**-**	**4**	**4**	**8**	**18**	**10**	**-**	**1**	**45**

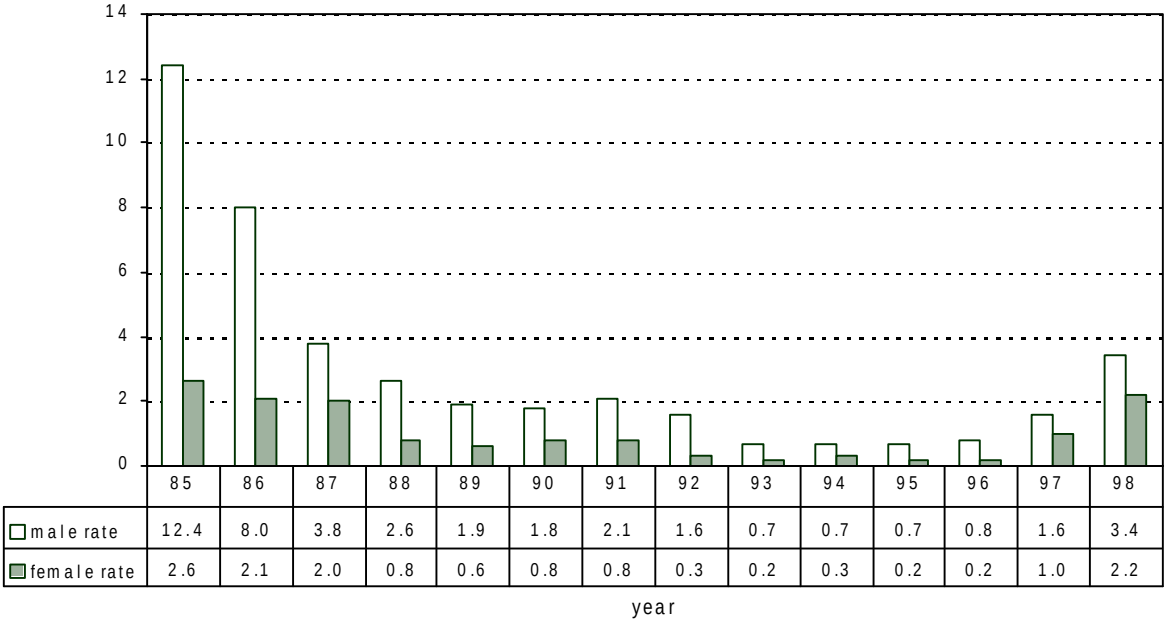
Infectious Syphilis - primary, secondary, early latent, and early congenital stages.
NS - Notifications where age not specified.
Simon Fraser includes New Westminster but not Burnaby.

Graph 3.1
Infectious Syphilis, 1985 to 1998



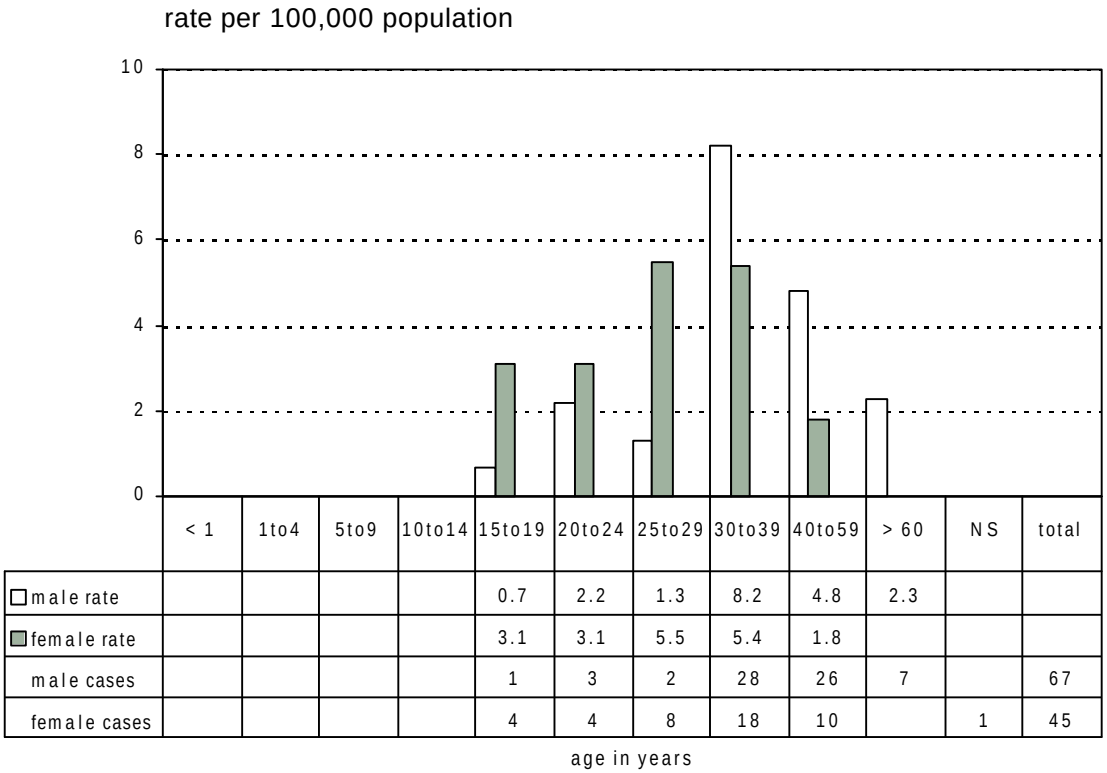
	85	86	87	88	89	90	91	92	93	94	95	96	97	98
rate	7.5	5.2	2.9	1.7	1.3	1.3	1.5	0.9	0.4	0.5	0.5	0.5	1.3	2.8
cases	224	157	88	53	42	42	50	30	16	17	18	18	50	112

Graph 3.2
Infectious Syphilis by GENDER, 1985 to 1998
Infectious Syphilis - primary, secondary, early latent, and early congenital stages.



	85	86	87	88	89	90	91	92	93	94	95	96	97	98
male rate	12.4	8.0	3.8	2.6	1.9	1.8	2.1	1.6	0.7	0.7	0.7	0.8	1.6	3.4
female rate	2.6	2.1	2.0	0.8	0.6	0.8	0.8	0.3	0.2	0.3	0.2	0.2	1.0	2.2

Graph 3.3
Infectious Syphilis by AGE and GENDER, 1998



	< 1	1to4	5to9	10to14	15to19	20to24	25to29	30to39	40to59	> 60	NS	total
male rate					0.7	2.2	1.3	8.2	4.8	2.3		
female rate					3.1	3.1	5.5	5.4	1.8			
male cases					1	3	2	28	26	7		67
female cases					4	4	8	18	10		1	45

NS - Notifications where age not specified.

Table 3.4
Syphilis by STAGE, 1985 to 1998
rate per 100,000 population EXCEPT rate for Early Congenital Syphilis is per 1,000 live births

	Early Congenital		Primary		Secondary		Early Latent		Other (Non-Infectious)		
Year	**Total**	**Rate**	**Total**	**Rate**	**Total**	**Rate**	**Total**	**Rate**	**Total**	**Rate**	**TO TAL**
1985		-	75	2.5	61	2.0	88	2.9	56	1.9	280
1986		-	42	1.4	60	2.0	55	1.8	54	1.8	211
1987		-	30	1.0	25	0.8	33	1.1	130	4.3	218
1988		-	15	0.5	20	0.6	20	0.6	105	3.4	160
1989	1	0.0	9	0.3	15	0.5	16	0.5	65	2.0	106
1990		-	11	0.3	12	0.4	19	0.6	108	3.3	150
1991		-	11	0.3	22	0.7	17	0.5	65	1.9	115
1992		-	6	0.2	13	0.4	13	0.4	58	1.7	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	0.1	22	0.6	10	0.3	16	0.4	64	1.6	114
1998		-	36	0.9	22	0.5	54	1.3	80	2.0	192

PELVIC INFLAMMATORY DISEASE & COMPLICATIONS

The annual rate of pelvic inflammatory disease (PID) in BC declined from 138.5 per 100,000 female population aged 15 to 44 to 126.2 per 100,000 between 1996 and 1997 (Graph 4.1).

There have also been slight declines in the rates of tubal infertility (TI) and ectopic pregnancy (EP) between these years. The consistent decline in reporting of PID since 1986 may reflect favourably on the progressively increased efforts to control the chlamydia rate in BC.

Table 4.1

Pelvic Inflammatory Disease & Complications by HEALTH REGION, 1997

based on acute & day surgery hospital discharges
based on ALL[1] diagnoses (PID&TI) / PRINCIPAL[2] diagnosis (EP)
INCLUDES BC residents treated elsewhere in Canada
rate per 100,000 female population AGED 15 to 44 only

	Pelvic Inflammatory Disease (PID)		Tubal Infertility (TI)		Ectopic Pregnancy (EP)		
Health Region	**Total**	**Rate**	**Total**	**Rate**	**Total**	**Rate**	**15-44**
Burnaby	37	81.1	21	46.0	33	72.4	45,608
Capital	116	158.9	46	63.0	73	100.0	73,006
Cariboo	52	303.9	6	35.1	28	163.6	17,110
Central Vancouver Island	81	164.2	27	54.7	56	113.5	49,330
Coast Garibaldi	17	100.2	4	23.6	19	112.0	16,959
East Kootenay	28	164.1	9	52.7	28	164.1	17,066
Fraser Valley	81	159.8	28	55.3	59	116.4	50,677
Kootenay Boundary	47	278.1	11	65.1	15	88.7	16,902
North Okanagan	42	177.1	21	88.6	28	118.1	23,709
North Shore	21	53.3	22	55.8	25	63.4	39,429
North West	32	147.5	12	55.3	33	152.1	21,690
Northern Interior	65	201.5	12	37.2	26	80.6	32,258
Okanagan Similkameen	58	129.0	24	53.4	45	100.1	44,952
Peace Liard	25	159.3	7	44.6	22	140.2	15,695
Richmond	24	62.5	13	33.9	15	39.1	38,388
Simon Fraser	76	101.6	63	84.2	69	92.2	74,805
South Fraser	145	115.2	70	55.6	147	116.7	125,922
Thompson	55	184.3	16	53.6	41	137.4	29,842
Upper Island	29	108.2	16	59.7	40	149.2	26,809
Vancouver	119	82.3	76	52.5	93	64.3	144,654
unknown	4				5		
British Columbia	**1,154**	**127.5**	**504**	**55.7**	**900**	**99.5**	**904,811**

[1] ALL diagnoses - PID/TI contributes to the hospital stay but may not be the diagnosis most responsible for the stay.

[2] PRINCIPAL diagnosis - EP diagnosis is considered most responsible for the hospital stay.

Simon Fraser includes New Westminster but not Burnaby.

Data Source: Ministry of Health and Ministry Responsible for Seniors: Information and Analysis, CIHI
Discharges for PID is ICD9 = 614 excluding 614.6 & 614.7; TI is ICD9 = 6282; and EP is ICD9 = 633.

Table 4.2

Pelvic Inflammatory Disease (PID) by HEALTH REGION and AGE, 1997

based on acute & day surgery hospital discharges and ALL[1] diagnoses
INCLUDES BC residents treated elsewhere in Canada

Health Region	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-39	40-44	45-49	50+	Total
Burnaby						2	3	18	14	4	12	53
Capital					10	15	19	54	18	14	12	142
Cariboo					7	7	7	28	3	5	5	62
Central Vancouver Island					8	13	10	34	16	10	15	106
Coast Garibaldi					3	2		7	5	3	1	21
East Kootenay					6	2	3	11	6	3	4	35
Fraser Valley					5	8	16	45	7	11	14	106
Kootenay Boundary					5	7	11	17	7	1	6	54
North Okanagan					1	1	9	23	8	4	9	55
North Shore						2	5	8	6	5	8	34
North West					4	5	7	11	5	7	3	42
Northern Interior					4	5	12	33	11	6	11	82
Okanagan Similkameen				1	8	12	8	21	8	8	6	72
Peace Liard			1		5	5	3	6	5	2	7	34
Richmond				1	1	1	4	12	5	4	7	35
Simon Fraser			2	2	6	10	12	32	12	7	10	93
South Fraser			1	3	12	17	28	64	20	18	24	187
Thompson					3	10	4	26	12	7	2	64
Upper Island			1	1	2	6	4	9	6	5	5	39
Vancouver				3	5	14	17	56	24	19	14	152
unknown				1		1	1		1		1	5
British Columbia	**-**	**-**	**5**	**12**	**95**	**145**	**183**	**515**	**199**	**143**	**176**	**1,473**

[1] ALL diagnoses - PID contributes to the hospital stay but may not be the diagnosis most responsible for the stay.

Simon Fraser includes New Westminster but not Burnaby.

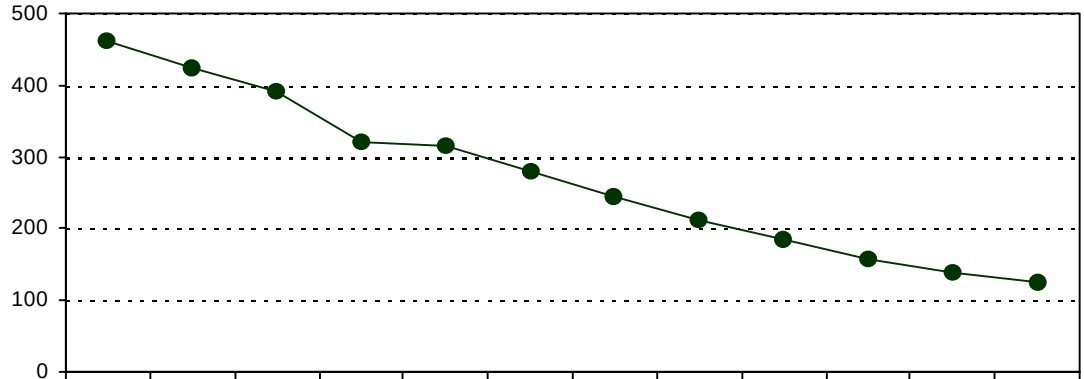
Data Source: Ministry of Health and Ministry Responsible for Senior: Information and Analysis, CIHI Discharges for PID is ICD9 = 614 excluding 614.6 & 614.7; TI is ICD9 = 6282; and EP is ICD9 = 633.

Graph 4.1

Pelvic Inflammatory Disease (PID), 1986 to 1997

based on acute & day surgery hospital discharges and ALL[1] diagnoses
DOES NOT INCLUDE BC residents treated elsewhere in Canada

rate per 100,000 female population AGED 15 to 44



	86	87	88	89	90	91	92	93	94	95	96	97
rate	462.1	424.4	391.6	320.3	314.7	278.7	245.8	210.8	183.6	156.8	138.5	126.2
cases	3,322	3,079	2,888	2,416	2,438	2,204	1,984	1,742	1,557	1,361	1,235	1,142

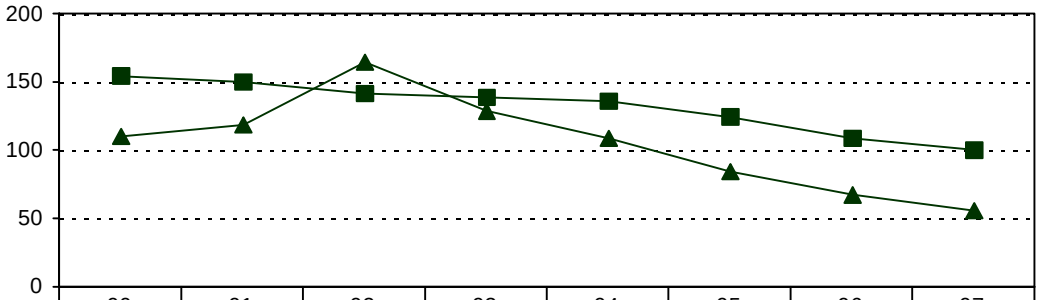
year

Graph 4.2

Tubal Infertility (TI) & Ectopic Pregnancy (EP), 1990 to 1997

based on acute & day surgery hospital discharges and ALL[1] diagnoses (TI)/PRINCIPAL[2] diagnosis (EP) INCLUDES BC residents treated elsewhere in Canada

rate per 100,000 female population AGED 15 to 44



	90	91	92	93	94	95	96	97
TI rate	109.7	118.7	164.5	129.0	108.3	85.0	66.6	55.7
EP rate	154.9	149.3	141.1	138.3	136.0	124.4	108.8	99.5
TI cases	850	939	1,328	1,066	918	738	594	504
EP cases	1,200	1,181	1,139	1,143	1,153	1,080	970	900

year

[1] ALL diagnoses - PID/TI contributes to the hospital stay but may not be the diagnosis most responsible for the stay.

[2] PRINCIPAL diagnosis - EP diagnosis is considered most responsible for the hospital stay.

Data Source: Ministry of Health and Ministry Responsible for Seniors: Information and Analysis, CIHI Discharges for PID is ICD9 = 614 excluding 614.6 & 614.7; TI is ICD9 = 6282; and EP is ICD9 = 633.

Table 4.3

Tubal Infertility (TI) by HEALTH REGION and AGE, 1997

based on acute & day surgery hospital discharges and ALL[1] diagnoses
INCLUDES BC residents treated elsewhere in Canada

Health Region	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-39	40-44	45-49	50+	Total
Burnaby						1	2	16	2			21
Capital						4	11	27	4			46
Cariboo						1		5				6
Central Vancouver Island							5	20	2			27
Coast Garibaldi								4				4
East Kootenay						1	2	6				9
Fraser Valley						3	7	17	1			28
Kootenay Boundary							4	6	1			11
North Okanagan							3	18				21
North Shore						1	1	16	4			22
North West						1	4	6	1			12
Northern Interior						2	3	6	1			12
Okanagan Similkameen					1	1	3	18	1			24
Peace Liard							3	4				7
Richmond								12	1			13
Simon Fraser						3	14	45	1		1	64
South Fraser						2	18	43	7			70
Thompson						2	3	11				16
Upper Island							2	11	3	1		17
Vancouver						1	12	57	6			76
unknown												
British Columbia	**-**	**-**	**-**	**-**	**1**	**23**	**97**	**348**	**35**	**1**	**1**	**506**

[1] ALL diagnoses - TI contributes to the hospital stay but may not be the diagnosis most responsible for the stay.
Simon Fraser includes New Westminster but not Burnaby.
Data Source: Ministry of Health and Ministry Responsible for Seniors: Information and Analysis, CIHI Discharges for PID is ICD9 = 614 excluding 614.6 & 614.7; TI is ICD9 = 6282; and EP is ICD9 = 633.

Table 4.4

Ectopic Pregnancy (EP) by HEALTH REGION and AGE, 1997

based on acute & day surgery hospital discharges and PRINCIPAL[1] diagnosis
INCLUDES BC residents treated elsewhere in Canada

Health Region	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-39	40-44	45-49	50+	Total
Burnaby					2	6	6	17	2	1		34
Capital					2	13	20	36	2			73
Cariboo					2	9	4	12	1			28
Central Vancouver Island					3	11	14	23	5			56
Coast Garibaldi					1	3	3	9	3			19
East Kootenay					2	1	5	20				28
Fraser Valley					3	6	26	20	4			59
Kootenay Boundary						2	1	11	1			15
North Okanagan					4	1	7	15	1			28
North Shore						1	6	16	2			25
North West						2	10	20	1			33
Northern Interior					2	2	5	16	1			26
Okanagan Similkameen					6	6	13	18	2			45
Peace Liard					1	5	9	6	1			22
Richmond					1	1	5	7	1			15
Simon Fraser					3	10	17	37	2			69
South Fraser						20	45	74	8			147
Thompson						12	10	18	1			41
Upper Island					2	7	8	19	4			40
Vancouver					2	8	21	56	6			93
unknown					1		1	3				5
British Columbia	**-**	**-**	**-**	**-**	**37**	**126**	**236**	**453**	**48**	**1**	**-**	**901**

[1] PRINCIPAL diagnosis - EP diagnosis is considered most responsible for the hospital stay.

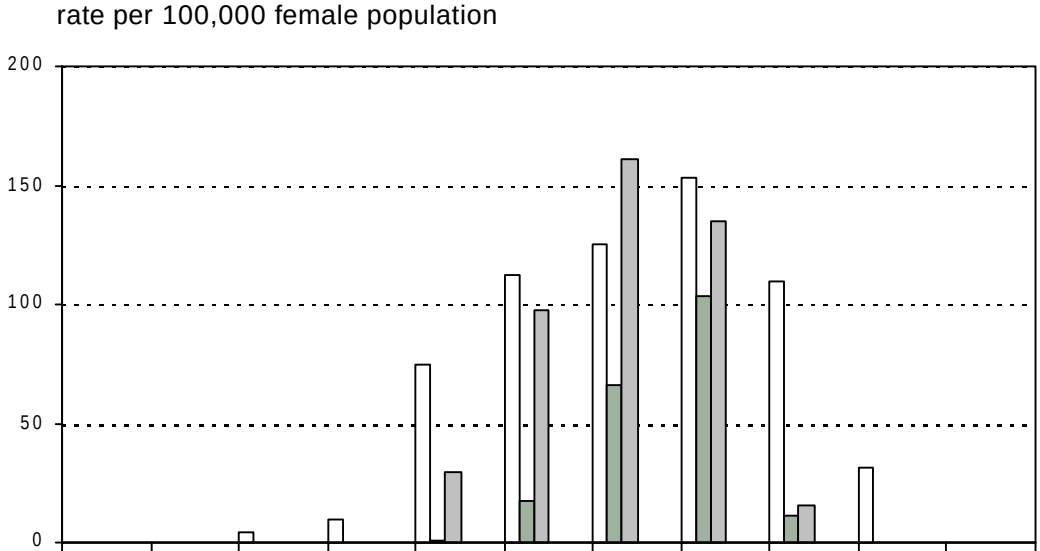
Simon Fraser includes New Westminster but not Burnaby.

Data Source: Ministry of Health and Ministry Responsible for Seniors: Information and Analysis, CIHI Discharges for PID is ICD9 = 614 excluding 614.6 & 614.7; TI is ICD9 = 6282; and EP is ICD9 = 633.

Graph 4.3

Pelvic Inflammatory Disease (PID) & Complications (TI & EP) by AGE, 1997

based on acute & day surgery hospital discharges
based on ALL[1] diagnoses (PID&TI) / PRINCIPAL[2] diagnosis (EP)
INCLUDES BC residents treated elsewhere in Canada



	< 1	1to4	5to9	10to14	15to19	20to24	25to29	30to39	40to49	50+	total
PID rate			4.0	9.5	75.1	112.2	125.0	152.8	109.3	31.0	
TI rate					0.8	17.8	66.3	103.3	11.5	0.2	
EP rate					29.2	97.5	161.2	134.4	15.7		
PID cases			5	12	95	145	183	515	342	176	1,473
TI cases					1	23	97	348	36	1	506
EP cases					37	126	236	453	49		901

age in years

[1] ALL diagnoses - PID/TI contributes to the hospital stay but may not be the diagnosis most responsible for the stay.

[2] PRINCIPAL diagnosis - EP diagnosis is considered most responsible for the hospital stay.

Data Source: Ministry of Health and Ministry Responsible for Seniors: Information and Analysis, CIHI Discharges for PID is ICD9 = 614 excluding 614.6 & 614.7; TI is ICD9 = 6282; and EP is ICD9 = 633.

GENITAL HERPES

Nearly 1 in 5 adult Americans are infected with herpes simplex virus type 2 (HSV). There are no comparable Canadian data, however, it is likely that genital herpes is one of the two most prevalent sexually transmitted infections; human papillomavirus (HPV) is the other.

Since a large proportion of people with genital herpes remains undiagnosed, laboratory reports provide only a limited view of the burden of infection in BC. At present, publicly funded type-specific herpes serology for diagnosis of silent infections or clarification of infection status is not available in Canada. It may, however, be accessed at a cost to the client through private facilities in Canada.

While stable over the last five years, the number of newly diagnosed cases of genital herpes at the Vancouver STD Clinic, located at 655 West 12th Avenue, has shown a trend to decline. This may be compatible with a slightly lower incidence of new infections although it is likely that the prevalence remains very high.

In 1998, no culture proven cases of neonatal herpes were identified. The Provincial Laboratory, the Virology Lab of Children's and Women's Health Centre of BC, and the University of BC Virology Lab all perform herpes simplex cultures and have not isolated the herpes virus from neonates. This is consistent with the sporadic identification of neonatal herpes over the past decade reported through the Children's and Women's Health Centre of BC (Table 5.1).

Table 5.1
Neonatal Herpes - Cases, 1990 to 1998 at Children's and Women's Health Centre of BC

Year	Total
1990	1
1991	2
1992	1
1993	-
1994	1
1995	-
1996	1
1997	1
1998	-

Table 5.2
Genital Herpes - Diagnosed Cases, 1990 to 1998 at the Vancouver STD Clinic

Year	Gender	Culture Proven	Presumptive	Total
1990	male	184	72	256
	female	87	36	123
	TOTAL:	**271**	**108**	**379**
1991	male	113	122	235
	female	80	63	143
	TOTAL:	**193**	**185**	**378**
1992	male	134	100	234
	female	78	49	127
	TOTAL:	**212**	**149**	**361**
1993	male	139	75	214
	female	70	36	106
	TOTAL:	**209**	**111**	**320**
1994	male	91	91	182
	female	74	38	112
	TOTAL:	**165**	**129**	**294**
1995	male	74	76	150
	female	55	47	102
	TOTAL:	**129**	**123**	**252**
1996	male	61	81	142
	female	34	46	80
	TOTAL:	**95**	**127**	**222**
1997	male	79	62	141
	female	44	34	78
	TOTAL:	**123**	**96**	**219**
1998	male	85	62	147
	female	43	27	70
	TOTAL:	**128**	**89**	**217**

GENITAL WARTS

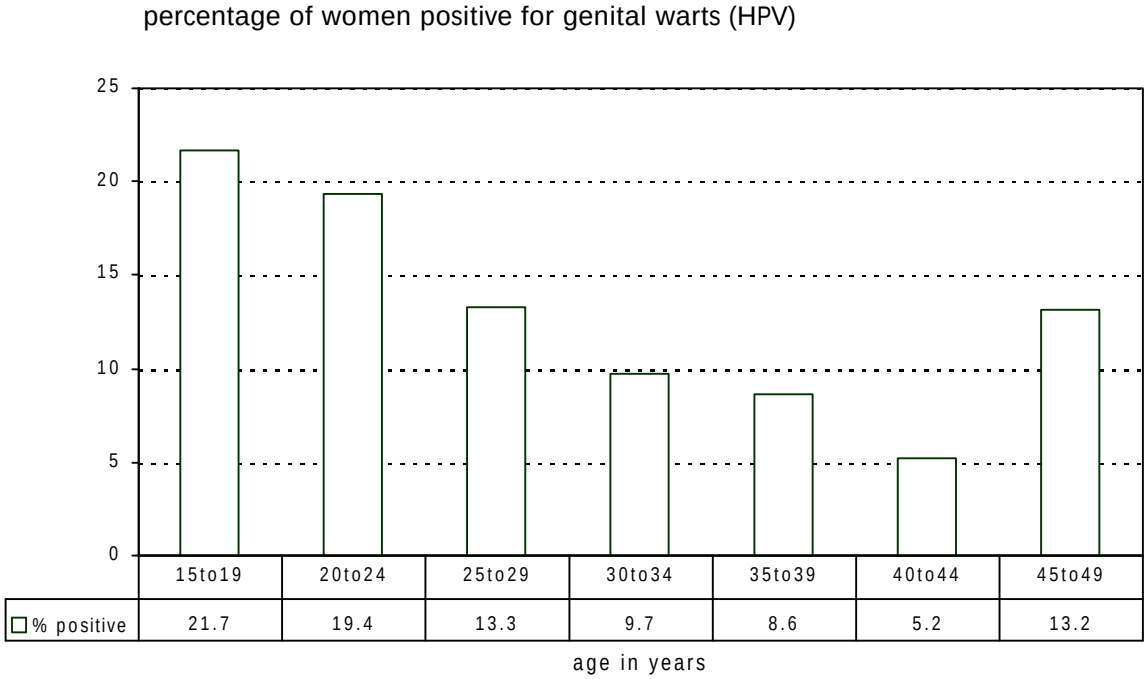
Human papillomavirus (HPV) infection is thought to be the most prevalent sexually transmitted infection, especially in younger people.

The number of diagnoses of genital warts at the Vancouver STD Clinic, located at 655 West 12th Avenue, is oscillating but may be slightly declining over the last decade with 351 new diagnoses in 1998.

Until this year, there were no Canadian prevalence data available. An Ontario study (Graph 6.1) recently evaluated the prevalence of oncogenic HPV carriage in cervical samples from sexually active women who attended family physicians for cervical screening. In the study, carriage prevalence exceeded 20% in women aged 15 to 19 and declined in the progressively older age cohorts. An explanation for the apparent increase in carriage for women aged 45 to 49 was not given.

Long term studies of cohorts of women have shown that oncogenic HPV carriage was not necessarily permanent with approximately one third losing carriage every year. It is those women with persistent carriage of high risk HPV who may be at higher risk of later developing cancer of the cervix.

Graph 6.1
Genital Warts (HPV) Prevalence in Ontario Women



by cervical hybrid capture or polymerase chain reaction (PCR)

Data Source: Sellors JW, Bangura H, Lytwyn A, Mahony JB, Chong S, Keller J, & Janjusevic V. A population-based survey for ano-genital papillomavirus (HPV), cervical cytology, and risk factors in Canadian women [page 201, abstract 356]. Poster presentation at the 13th meeting of the International Society for Sexually Transmitted Diseases Research, Denver, Colorado, USA, 1999.

Table 6.1
Genital Warts - Diagnosed Cases, 1990 to 1998
at the Vancouver STD Clinic

Year	Gender	Total
1990	male	444
	female	146
	TOTAL:	**590**
1991	male	478
	female	98
	TOTAL:	**576**
1992	male	452
	female	131
	TOTAL:	**583**
1993	male	467
	female	168
	TOTAL:	**635**
1994	male	432
	female	127
	TOTAL:	**559**
1995	male	345
	female	124
	TOTAL:	**469**
1996	male	444
	female	152
	TOTAL:	**596**
1997	male	303
	female	100
	TOTAL:	**403**
1998	male	268
	female	83
	TOTAL:	**351**

REPORT ON STD CLINIC

Nursing Administrator:	Linda Knowles, RN, BScN
Clinic Physician	Hugh D. Jones, MD, Dip Ven
Nursing Clinic Supervisor:	Tony Rees, RN
Clinic Office Manager:	Norah Young

The Report on the STD Clinic chronicles the activities of STD/AIDS Control's STD Clinic located in Vancouver at 655 West 12th Avenue. The Clinic report is also useful for following crude trends on non-reportable STDs. This section (Tables 7.8 to 7.16) also includes the combined data from both the STD Clinic and the Street Outreach Program with regards to HIV testing.

STD CLINIC

The STD Clinic is located in Vancouver at 655 West 12th Avenue.

The STD Clinic continues to provide service to a similar clientele over the years. The number of clients seen, the ratio of male to female clients, the reasons for visit, and the visit outcomes have remained consistent.

An enhancement to the STD Clinic's electronic record system was implemented in late 1998 and has had an impact on the sorting of client data collected. Previously, all STD visits and HIV visits were recorded separately in the system. Thus, the client who had an STD evaluation and HIV testing done in one visit was recorded and counted as two separate visits (i.e. one STD visit and one HIV visit).

With the enhanced record system, the client who has an STD evaluation and HIV testing done in one visit can now be recorded and counted as one visit but retains the option of logging two separate visits.

A noticeable change in client risk behaviours was the increase in the number of clients who reported using condoms "sometimes" (Table 7.5). There was also a slight decrease in the number of "always" and "never" responses to condom use. This may reflect a lack of commitment to consistent protected sexual contact and could be a partial explanation for the rising number of cases of gonorrhea, chlamydia and infectious syphilis documented in late 1998 and into early 1999.

A encouraging trend was a decrease in the percentage of HIV tests that were reactive from clients visiting the STD Clinic and the Street Outreach Program's outreach clinics (Table 7.12).

Table 7.1
Clinic Visits - GENDER and TYPE OF VISIT, 1991 to 1998

Year	Gender	STD Visit	HIV Pre/Post Test Visit	STD & HIV Visit	Total
1991	male	6,417			
	female	2,615			
	TOTAL:	**9,032**	**4,619**		**13,651**
1992	male	6,132			
	female	2,725			
	other	13			
	TOTAL:	**8,870**	**6,113**		**14,983**
1993	male	6,159			
	female	2,926			
	TOTAL:	**9,085**	**5,891**		**14,976**
1994	male	5,852			
	female	2,673			
	TOTAL:	**8,525**	**6,018**		**14,543**
1995	male	5,334			
	female	2,608			
	other	17			
	TOTAL:	**7,959**	**6,154**		**14,113**
1996	male	5,408	4,060		9,468
	female	2,524	2,034		4,558
	other	30	274		304
	TOTAL:	**7,962**	**6,368**		**14,330**
1997	male	5,484	4,138		9,622
	female	2,529	1,970		4,499
	other	27			27
	TOTAL:	**8,040**	**6,108**		**14,148**
1998	male	5,186	3,832	204	9,222
	female	2,267	1,783	105	4,155
	other	15	2		17
	TOTAL:	**7,468**	**5,617**	**309**	**13,394**

Table 7.2
Clinic Visits - REASON FOR VISIT[1], 1998

Reason for Visit	Count	Percent
contact - chlamydia	113	0.8
contact - gonorrhea	21	0.2
contact - non-gonococcal urethritis	54	0.4
contact - other	16	0.1
contact - pelvic inflammatory disease	18	0.1
contact - syphilis	26	0.2
contact - trichomonas	4	0.0
contact - warts	24	0.2
consult	463	3.4
counselling	3	0.0
follow-up	352	2.6
Hepatitis A vaccine	118	0.9
Hepatitis B follow-up (vaccination)	624	4.6
HIV pre-test counselling	2,881	21.4
HIV post-test counselling	2,562	19.0
HIV retest	3	0.0
immigration	4	0.0
other treatment	336	2.5
other - not specified	352	2.6
positive chlamydia test	22	0.2
positive gonorrhea test	4	0.0
positive syphilis test	15	0.1
positive trichomoniasis test	1	0.0
pregnancy test	1	0.0
psychologist	295	2.2
results	103	0.8
STD symptoms	2,270	16.9
screening	1,948	14.5
serological testing for both HIV and syphilis	52	0.4
test of cure	5	0.0
wart treatment	762	5.7
TOTAL:	**13,452**	**100.0**

[1] Clients may have more than one reason for clinic visits.

Table 7.3
Clinic Visits - STD DIAGNOSIS[1], 1998

STD Diagnosis	Male	Female	Other	Total
bacterial vaginosis		149		149
cervicitis		19		19
chlamydia - cervix		51		51
chlamydia - rectum	1			1
chlamydia - urethra	133	1		134
epididymitis	20			20
fungal rash	68	4		72
genital lesion - not yet diagnosed	18	3		21
genital warts	268	83		351
genital warts - recurrent	125	22		147
gonorrhea - cervix		4		4
gonorrhea - rectum	3	1		4
gonorrhea - throat	8	5		13
gonorrhea - urethra	35	1		36
gonorrhea: CIPRNG - urethra	4			4
gonorrhea: CI - interm - cervix		1		1
gonorrhea: CMRNG - throat	2			2
gonorrhea: CMRNG - rectum	2			2
gonorrhea: CMRNG - urethra	5			5
gonorrhea: PPNG - cervix		1		1
gonorrhea: PPNG - throat	2			2
gonorrhea: PPNG - urethra	6			6
gonorrhea: TRNG - throat	2			2
gonorrhea: TRNG - urethra	4			4
gonorrhea - other	1			1
gonorrhea - presumptive	4			4
... continued on the next page				

[1] Clients may have multiple STD diagnoses.

PPNG	Pencillinase producing *Neisseria gonorrhoeae*
TRNG	Tetracycline resistant *Neisseria gonorrhoeae*
CMRNG	Chromosomally mediated resistant *Neisseria gonorrhoeae* (penicillin only)
CIPRNG	Ciprofloxacin resistant *Neisseria gonorrhoeae*
CI - interm	Ciprofloxacin intermediate resistant *Neisseria gonorrhoeae*

A diagnosis of gonorrhea showing resistance is only counted once (e.g. gonorrhea: CIPRNG - urethra is NOT also counted as gonorrhea - urethra).

Table 7.3 (continued)
Clinic Visits - STD DIAGNOSIS[1], 1998

STD Diagnosis	Male	Female	Other	Total
Hepatitis A - immune	35	8		43
Hepatitis B - carrier	14	1		15
Hepatitis B - immune	72	35		107
Hepatitis C - positive	31	5		36
herpes simplex	85	43		128
herpes simplex - presumptive	62	27		89
molluscum contagiosum	68	15		83
no new diagnosis	3,398	1,596	1	4,995
non-gonococcal urethritis	482			482
non-gonococcal urethritis - recurrent	56			56
other[2]	105	33		138
pediculosis pubis	4	2		6
pelvic inflammatory disease		55		55
pregnant		1		1
proctitis	5			5
scabies	22	2		24
syphilis - primary	14	1		15
syphilis - secondary	2			2
syphilis - early latent	4	1		5
syphilis - late latent	4	2		6
syphilis - previously known	3			3
treated as a contact	184	112		296
trichomonas	1	7		8
urethritis - not yet diagnosed	4			4
yeast balanitis	145			145
yeast vaginitis		115		115
TOTAL:	**5,511**	**2,406**	**1**	**7,918**

[1] Clients may have multiple STD diagnoses.
[2] other - Clients present with genital lesions or rashes that are not STD-related.

Table 7.4
Clinic Visits - client's place of residence by HEALTH REGION, 1998

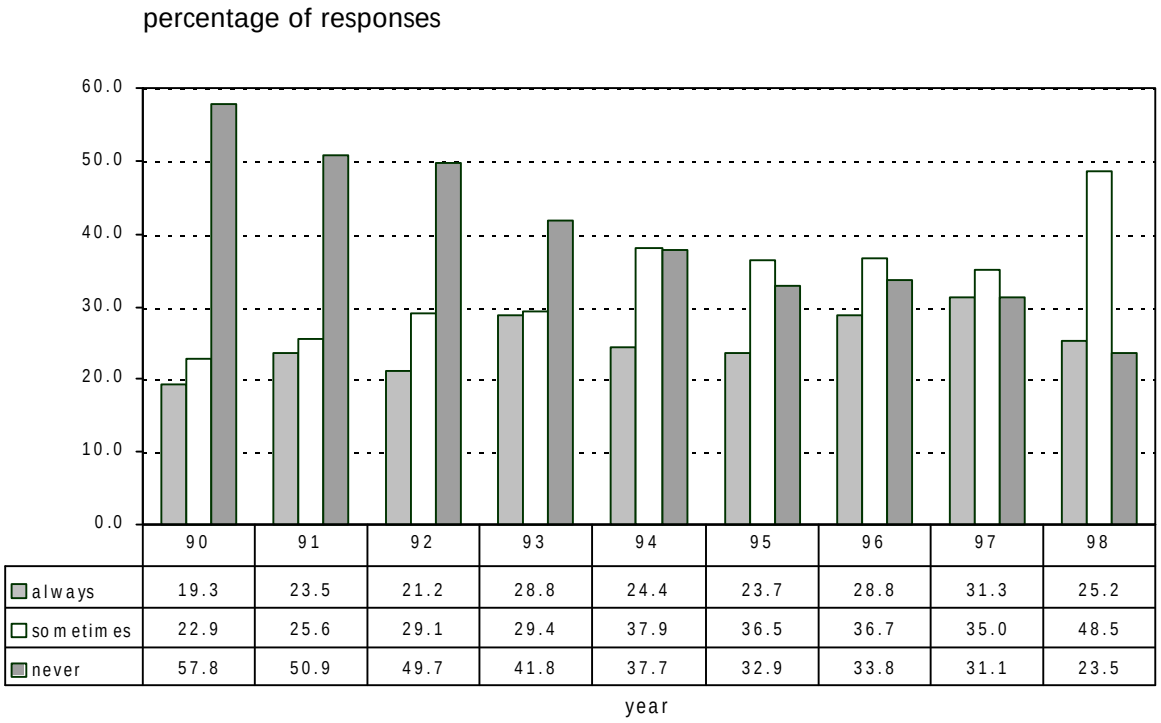
Health Region	Count	Percent
Burnaby	393	5.1
Capital	18	0.2
Cariboo	7	0.1
Central Vancouver Island	22	0.3
Coast Garibaldi	55	0.7
East Kootenay	3	0.0
Fraser Valley	67	0.9
Kootenay Boundary	3	0.0
North Okanagan	2	0.0
North Shore	304	3.9
North West	6	0.1
Northern Interior	5	0.1
Okanagan Similkameen	12	0.2
Peace Liard	1	0.0
Richmond	170	2.2
Simon Fraser	331	4.3
South Fraser	349	4.5
Thompson	9	0.1
Upper Island	13	0.2
Vancouver	5,942	76.8
out of province	26	0.3
TOTAL:	**7,738**	**100.0**

Table 7.5
Clinic Visits - CONDOM USE as reported by clients, 1991 to 1998

		Male		Female		Total	
Year	**Frequency**	**Responses**	**Percent**	**Responses**	**Percent**	**Responses**	**Percent**
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
	TOTAL:	**4,596**	**100.0**	**1,896**	**100.0**	**6,492**	**100.0**
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
	TOTAL:	**3,435**	**100.0**	**1,503**	**100.0**	**4,938**	**100.0**
1993	always	1,192	28.9	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
	TOTAL:	**4,118**	**100.0**	**1,963**	**100.0**	**6,081**	**100.0**
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
	TOTAL:	**5,076**	**100.0**	**2,863**	**100.0**	**7,939**	**100.0**
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[1]	325	7.9	123	5.2	448	6.9
	TOTAL:	**4,095**	**100.0**	**2,383**	**100.0**	**6,478**	**100.0**
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[1]	39	0.9	7	0.3	46	0.7
	TOTAL:	**4,170**	**100.0**	**2,297**	**100.0**	**6,467**	**100.0**
1997	always	1,354	32.3	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[1]	123	2.9	36	1.7	159	2.5
	TOTAL:	**4,198**	**100.0**	**2,094**	**100.0**	**6,292**	**100.0**
1998	always	2,978	27.5	908	19.8	3,886	25.2
	never	2,385	22.0	1,234	26.9	3,619	23.5
	sometimes	5,111	47.2	2,361	51.5	7,472	48.5
	other[1]	344	3.2	82	1.8	426	2.8
	TOTAL:	**10,818**	**100.0**	**4,585**	**100.0**	**15,403**	**100.0**

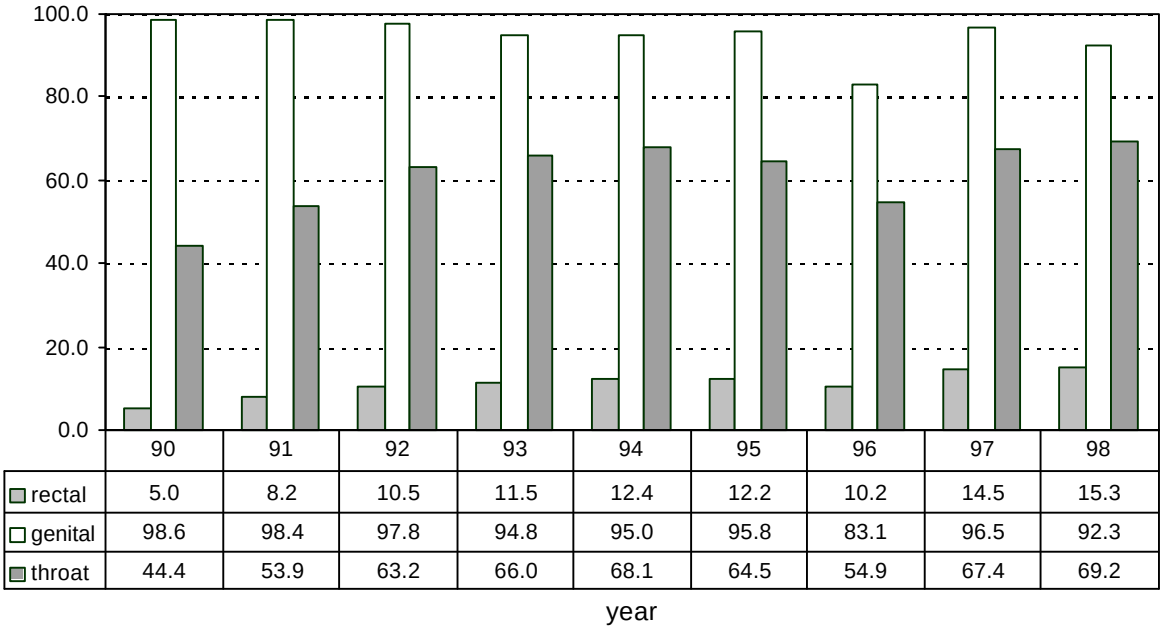
[1] other - Reported condom use varies depending on the type of sex (e.g. condom use only with casual sex).

Graph 7.1
Clinic Visits - CONDOM USE as reported by clients, 1990 to 1998



	90	91	92	93	94	95	96	97	98
always	19.3	23.5	21.2	28.8	24.4	23.7	28.8	31.3	25.2
sometimes	22.9	25.6	29.1	29.4	37.9	36.5	36.7	35.0	48.5
never	57.8	50.9	49.7	41.8	37.7	32.9	33.8	31.1	23.5

Graph 7.2
Clinic Visits - SITES EXPOSED[1]
during sexual activity as reported by clients, 1990 to 1998



	90	91	92	93	94	95	96	97	98
rectal	5.0	8.2	10.5	11.5	12.4	12.2	10.2	14.5	15.3
genital	98.6	98.4	97.8	94.8	95.0	95.8	83.1	96.5	92.3
throat	44.4	53.9	63.2	66.0	68.1	64.5	54.9	67.4	69.2

[1] Sites exposed are not mutually exclusive thus a client may report multiple sites.

Table 7.6
Clinic Visits - SITES EXPOSED[1]
during sexual activity as reported by clients, 1991 to 1998

		Male		Female		Total	
Year	**Site**	**Responses**	**Percent**	**Responses**	**Percent**	**Responses**	**Percent**
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
	client	**3,809**		**1,667**		**5,476**	
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
	client	**4,073**		**2,029**		**6,102**	
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
	client	**4,161**		**2,098**		**6,259**	
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
	client	**3,799**		**1,947**		**5,746**	
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	68.1	3,179	64.5
	other	9	0.3	5	0.3	14	0.3
	client	**3,146**		**1,781**		**4,927**	
1996	rectal	373	11.0	135	8.5	508	10.2
	genital	2,810	82.5	1,342	84.3	4,152	83.1
	throat	1,816	53.3	928	58.3	2,744	54.9
	other	9	0.3	4	0.3	13	0.3
	client	**3,404**		**1,592**		**4,996**	
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
	client	**3,381**		**1,560**		**4,941**	
1998	rectal	865	16.4	319	13.0	1,184	15.3
	genital	4,874	92.5	2,257	91.9	7,131	92.3
	throat	3,579	68.0	1,768	72.0	5,347	69.2
	other	6	0.1	3	0.1	9	0.1
	client	**5,267**		**2,456**		**7,723**	

1 Sites exposed are not mutually exclusive thus a client may report multiple sites.

Table 7.7
Clinic Visits - PREFERRED SEXUAL PARTNERS as reported by clients, 1991 to 1998

		Male		Female	
Year	**Partner**	**Responses**	**Percent**	**Responses**	**Percent**
1991	male	874	12.3	3,070	98.8
	female	6,134	86.2	8	0.3
	both	106	1.5	29	0.9
	TOTAL:	**7,114**	**100.0**	**3,107**	**100.0**
1992	male	776	13.4	2,508	97.9
	female	4,904	84.5	23	0.9
	both	124	2.1	30	1.2
	TOTAL:	**5,804**	**100.0**	**2,561**	**100.0**
1993	male	460	12.1	1,732	97.7
	female	3,257	85.9	23	1.3
	both	74	2.0	18	1.0
	TOTAL:	**3,791**	**100.0**	**1,773**	**100.0**
1994	male	368	11.0	1,435	96.3
	female	2,859	85.3	19	1.3
	both	123	3.7	36	2.4
	TOTAL:	**3,350**	**100.0**	**1,490**	**100.0**
1995	male	366	11.6	1,442	96.7
	female	2,644	84.0	16	1.1
	both	136	4.3	33	2.2
	TOTAL:	**3,146**	**100.0**	**1,491**	**100.0**
1996	male	373	11.5	1,419	95.7
	female	2,747	84.8	20	1.3
	both	120	3.7	43	2.9
	TOTAL:	**3,240**	**100.0**	**1,482**	**100.0**
1997	male	383	13.6	1,199	94.5
	female	2,329	83.0	25	2.0
	both	95	3.4	45	3.5
	TOTAL:	**2,807**	**100.0**	**1,269**	**100.0**
1998	male	959	16.8	2,137	85.6
	female	4,197	73.4	60	2.4
	both	211	3.7	102	4.1
	unknown	348	6.1	198	7.9
	TOTAL:	**5,715**	**100.0**	**2,497**	**100.0**

The responses are visit based from 1991 to 1992, client based from 1993 to 1997, and visit based for 1998. The percentage columns remain the most relevant.

Table 7.8
Clinic/Outreach Visits - HIV pre-test visits by LOCATION, 1995 to 1998

HIV Pre-Test Visits

Location	Count	1995	1996	1997	1998
STD CLINIC	total	3,256	3,192	3,297	2,998
	% TOTAL	55.6	54.8	58.7	56.6
OUTREACH CLINICS[1]	total	2,603	2,635	2,318	2,295
	% TOTAL	44.4	45.2	41.3	43.4
Main	total	1,025	1,043	994	1,047
	% TOTAL	17.5	17.9	17.7	19.8
Richards/Seymour	total	358	399	140	41
	% TOTAL	6.1	6.8	2.5	0.8
Bute	total	773	751	719	808
	% TOTAL	13.2	12.9	12.8	15.3
Jail	total	170	140	100	146
	% TOTAL	2.9	2.4	1.8	2.8
Vancouver Detox	total	150	169	138	139
	% TOTAL	2.6	2.9	2.5	2.6
Cordova Detox	total	99	118	170	114
	% TOTAL	1.7	2.0	3.0	2.2
Pender Detox	total	28			
	% TOTAL	0.5			
Burnaby Correctional	total		15	57	
Centre for Women	% TOTAL		0.3	1.0	
TOTAL:		**5,859**	**5,827**	**5,615**	**5,293**

[1] Outreach Clinics is comprised of the following: Main, Seymour, Bute, Jail, Vancouver Detox, Cordova Detox, Pender Detox (1995 only) and Burnaby Correctional Centre for Women.
For 1998, the total for Burnaby Correctional Centre for Women is included in the total for Jail.
From 1996 onward, data for Pender Detox is no longer collected.

Table 7.9
Clinic/Outreach Visits - HIV pre-test visits by GENDER, 1995 to 1998

Gender

Year	Male (M)	Female (F)	TOTAL	Ratio (M:F)
1995	3,624	1,958	5,582	2:1
1996	3,789	1,873	5,662	2:1
1997	3,700	1,776	5,476	2:1
1998	3,630	1,655	5,285	2:1

Table 7.10
Clinic/Outreach Visits - SEXUAL ORIENTATION of clients presenting for HIV test visits, 1995 to 1998

Sexual Orientation

Orientation	Count	1995	1996	1997	1998
bisexual	total	461	435	364	319
	% TOTAL	7.9	7.6	6.6	6.5
heterosexual	total	4,356	4,321	4,244	3,864
	% TOTAL	75.0	75.2	76.9	78.3
msm or wsw	total	991	988	905	749
	% TOTAL	17.1	17.2	16.4	15.2
unknown	total	3	1	4	
	% TOTAL	0.1	0.0	0.1	-
TOTAL:		**5,811**	**5,745**	**5,517**	**4,932**

msm or wsw - men who have sex with men or women who have sex with women

Table 7.11
Clinic/Outreach Visits - PREVIOUS HIV TEST VISITS or FIRST HIV TEST VISITS, 1995 to 1998

Previous or First time HIV Test Visits

Year	First Time	% of TOTAL	Previous Test	% of TOTAL	TOTAL
1995	2,058	39.7	3,131	60.3	5,189
1996	1,879	40.7	2,740	59.3	4,619
1997	1,745	39.8	2,635	60.2	4,380
1998	1,494	31.1	3,314	68.9	4,808

Table 7.12
Clinic/Outreach Visits - PERCENTAGE OF HIV TESTS that are REACTIVE, 1995 to 1998

Percentage of HIV Tests that are Reactive

Location	1995	1996	1997	1998
STD CLINIC	1.4	1.1	0.9	0.9
OUTREACH CLINICS[1]	5.9	5.3	3.4	3.5
Main	8.3	8.2	6.5	4.6
Richards/Seymour	3.3	1.5	2.7	-
Bute	3.9	3.6	2.5	2.5
Jail	9.0	6.2	7.4	7.0
Vancouver Detox	4.0	1.8	0.7	
Cordova Detox	6.2	7.6	5.0	1.8
Pender Detox	0.0			
Burnaby Correctional Centre for Women		6.7	3.4	
TOTAL:	**3.4**	**3.0**	**2.4**	**2.1**

[1] Outreach Clinics is comprised of the following: Main, Seymour, Bute, Jail, Vancouver Detox, Cordova Detox, Pender Detox (1995 only) and Burnaby Correctional Centre for Women.
For 1998, the percentage for Burnaby Correctional Centre for Women is included in the percentage for Jail.
From 1996 onward, data for Pender Detox is no longer collected.

Table 7.13
Clinic/Outreach Visits -
PRIMARY CONCERN of clients presenting for HIV test visits, 1995 to 1998

Primary Concern

Primary Concern	Count	1995	1996	1997	1998
blood recipient	total	30	5	11	11
	% TOTAL	0.5	0.1	0.2	0.2
HIV contact	total	9	44	31	10
	% TOTAL	0.2	0.8	0.6	0.2
needle risk	total	681	617	430	436
	% TOTAL	12.4	10.9	8.1	8.4
occupational risk	total	32	24	15	12
	% TOTAL	0.6	0.4	0.3	0.2
screening	total	610	778	830	786
	% TOTAL	11.1	13.8	15.7	15.1
sexual risk	total	4,041	4,107	3,916	3,910
	% TOTAL	73.6	72.9	73.9	74.9
symptoms	total	4	3	4	6
	% TOTAL	0.1	0.1	0.1	0.1
other	total	85	59	59	50
	% TOTAL	1.5	1.0	1.1	1.0
TOTAL:		**5,492**	**5,637**	**5,296**	**5,221**

Table 7.14
Clinic/Outreach Visits - number of SEXUAL PARTNERS in the previous SIX MONTHS, 1995 to 1998 as reported by clients presenting for HIV test visits

Sexual Partners in previous SIX MONTHS

Number of Sexual Partners	Count	1995	1996	1997	1998
none, one or two	total	3,895	3,797	3,740	3,884
	% TOTAL	68.7	67.5	68.9	68.1
more than two	total	1,778	1,830	1,688	1,818
	% TOTAL	31.3	32.5	31.1	31.9
TOTAL:		**5,673**	**5,627**	**5,428**	**5,702**

Table 7.15
Clinic/Outreach Visits - number of SEXUAL PARTNERS in a LIFETIME, 1995 to 1998 as reported by clients presenting for HIV test visits

Sexual Partners in a LIFETIME

Number of Sexual Partners	Count	1995	1996	1997	1998
less than ten	total	1,428	1,357	1,289	1,593
	% TOTAL	43.0	44.9	44.2	38.9
more than ten	total	1,893	1,664	1,629	2,505
	% TOTAL	57.0	55.1	55.8	61.1
TOTAL:		**3,321**	**3,021**	**2,918**	**4,098**

Table 7.16
Clinic/Outreach Visits -
NEEDLE DRUG USE in clients presenting for HIV test visits, 1995 to 1998

Needle Drug Use

Needle Drug Use	Count	1995	1996	1997	1998
yes	total	1,245	1,240	1,033	845
	% TOTAL	21.5	21.7	19.3	16.9
no	total	4,538	4,476	4,315	4,167
	% TOTAL	78.5	78.3	80.7	83.1
TOTAL:		**5,783**	**5,716**	**5,348**	**5,012**

REPORT ON STREET OUTREACH PROGRAM

Outreach Administrator: Laura Moore-Dempsey, RN, BScN

Team Leader: Juanita Maginley, RN, BScN (candidate)

Team Leader: James Tigchelaar, RN

The Report on the Street Outreach Program chronicles the activities of STD/AIDS Control's AIDS Prevention Street Nurse Program that services the Lower Mainland.

STREET OUTREACH PROGRAM

The focus of the AIDS Prevention Street Nurse Program (Street Outreach Program) is STD/HIV prevention in marginalized populations, that is, any person who is unwilling or unable to access traditional healthcare facilities and is at risk for contracting STD/HIV. This includes but is not limited to the following population groups: sex trade workers; injection drug users (IDU); street-involved adults and youth; immigrants and refugees; and gay, lesbian, bisexual, and transgendered persons.

Client encounters increased by 26% from 40,980 in 1997 to 51,611 in 1998. A description of STD/HIV outreach clinic visits can be found in Tables 8.2, 8.3, 8.4, and 8.5. Educational activities provided by the Street Outreach Program are summarized in the Report on Education (page 55).

Client encounters may encompass the following: HIV testing and counselling; STD testing, diagnosis and management; risk reduction education; Hepatitis A, Hepatitis B and influenza vaccination; 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; psychological support; and first aid.

The Main Street Clinic and the Downtown Eastside Outreach services recorded 21,359 client encounters in 1998. As in previous years, the male to female ratio for clinic visits (e.g. for STD evaluation and/or HIV testing) was 2:1, with an average male age of 40 years, an average female age of 34 years, and an average transgendered age of 31 years. Street nurses provided regularly scheduled outreach services in Vancouver's Downtown Eastside to over 40 single room occupancy residences, to drop-ins (e.g. those who visit a community agency for a hot meal or to seek shelter for the night), and to those hanging about in parks. In response to the syphilis outbreak, resources for syphilis follow-up, testing, treatment, and contact tracing were increased. The number of needles exchanged declined dramatically due to a change in drug use patterns and an increase in the limits of needles clients were permitted to exchange at the fixed Vancouver Needle Exchange site.

The Bute Street Clinic recorded 5,848 client encounters in 1998. The male to female ratio for clinic visits was 4:1, with an average male age of 35 years, an average female age of 30 years, and an average transgendered age of 28 years. The Bute Street Clinic was increasingly accessed by street youth and IDU clients since the closure of our Seymour Street Clinic site in 1997. Needle exchange doubled from the previous year.

The Seymour Street Outreach Service recorded 9,549 client encounters in 1998. The male to female ratio for clinic visits was 2:1, with an average male age of 28 years, an average female age of 27 years, and an average transgendered age of 44 years. After the closure of the Seymour Street Outreach Clinic site, the Seymour Street Outreach Service continued regularly scheduled clinic and outreach services at Downtown South (DTS) youth drop-ins, agencies, safe houses, and single room occupancy residences. Outreach to street sex trade workers and youth continued to be a challenge. Increased mobility by street youth around Vancouver and the Lower Mainland was observed by several youth oriented community agencies.

Off-site outreach clinic and educational services to the Vancouver Jail and Detox, Pender Detox, and Burnaby Correctional Centre for Women continued. A total of 2,478 client encounters were recorded at these sites in 1998.

The mobile outreach street nurse van operates five evenings per week and is accessed by clients on the streets, in residences, and by clients frequenting 'shooting galleries'.The outreach van recorded 12,377 client encounters in 1998. The male to female ratio was 1:2.

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

The incidence of HIV seroconversion remained unchanged from 1997, however, the increase in the total number of clients now infected with HIV has had a significant impact on the work done by the Street Outreach Program.

The infectious syphilis outbreak among people living in or frequenting Vancouver's downtown eastside has challenged the Street Outreach Program. Screening, treatment and contact follow-up has increased in parks, drop-ins, and single room occupancy residences.

The Street Outreach Program conducted a needs assessment on street-involved clients for the Simon Fraser Health Region in 1998. Recommendations have been provided to the region. Mobile outreach services to this health region have continued one evening per week. Weekly liaison with the New Westminster Health Department is ongoing.

An extensive external evaluation entitled, "Urban Outpost Nursing - Taking One Step at a Time", was completed by the School of Nursing, University of British Columbia. The evaluation showed the effectiveness of the Street Outreach Program in promoting positive changes in clients toward preventing STD/HIV/AIDS, reducing harm, and promoting well being.

Table 8.1
Number of Client Encounters, 1992 to 1998

Year	Client Encounter
1992	14,166
1993	19,553
1994	26,218
1995	31,778
1996	39,429
1997	40,980
1998	51,611

Table 8.2
Vancouver Outreach Clinics - TYPE OF ENCOUNTER, 1993 to 1998

Outreach Clinics	Type of Encounter	1993	1994	1995	1996	1997	1998
Main	client[1]	5,881	8,822	11,342	13,004	15,971	21,359
	STD	1,606	1,353	831	751	1,056	2,243
	HIV	934	412	1,843	2,259	1,855	1,983
	both						81
Richards/Seymour	client[1]	9,076	10,159	6,962	7,740	3,697	9,549
	STD	708	641	390	353	121	179
	HIV	270	150	630	730	233	53
	both						1
Bute	client[1]	2,663	3,744	4,026	3,825	4,193	5,848
	STD	825	936	673	835	673	1,946
	HIV	415	290	1,441	1,514	1,336	1,503
	both						22
Jail/Detox/Mobile	client[1]	1,933	3,493	9,448	14,860	17,119	14,855
	STD	564	514	105	114	105	121
	HIV	439	177	561	577	564	481
	both						14
TOTAL:	**client[1]**	**19,553**	**26,218**	**31,778**	**39,429**	**40,980**	**51,611**
	STD	**3,703**	**3,444**	**1,999**	**2,053**	**1,955**	**4,489**
	HIV	**2,058**	**1,029**	**4,475**	**5,080**	**3,988**	**4,020**
	both	**-**	**-**	**-**	**-**	**-**	**118**

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

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 - STD DIAGNOSIS[1], 1998

STD Diagnosis	Male	Female	Other	Total
bacterial vaginosis		103	1	104
cervicitis		10		10
chlamydia - cervix		15		15
chlamydia - urethra	25			25
epididymitis	4			4
fungal rash	13	1		14
genital lesion - not yet diagnosed	6	4		10
genital warts	45	11	1	57
genital warts - recurrent		1		1
gonorrhea - cervix		9		9
gonorrhea - rectum	3	2		5
gonorrhea - throat	2			2
gonorrhea - urethra	25			25
gonorrhea - presumptive	2	14		16
gonorrhea: CIPRNG - cervix		1		1
gonorrhea: CIPRNG - urethra	2			2
gonorrhea: CMRNG - rectum	1			1
gonorrhea: CMRNG - throat	1			1
gonorrhea: CMRNG - urethra	5			5
gonorrhea: TRNG - rectum	2			2
Hepatitis A - acute	3			3
Hepatitis A - immune	132	45	1	178
Hepatitis B - acute	6	3		9
Hepatitis B - carrier	5	4		9
Hepatitis B - immune	198	81	1	280
Hepatitis C - positive	217	126	2	345
... continued on the next page				

[1] Clients may have multiple STD diagnoses.

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

A diagnosis of gonorrhea showing resistance is only counted once (e.g. gonorrhea: CIPRNG - cervix is NOT also counted as gonorrhea - cervix).

Table 8.3 (continued)
Vancouver Outreach Clinics - STD DIAGNOSIS[1], 1998

STD Diagnosis	Male	Female	Other	Total
herpes simplex	12	7		19
herpes simplex - presumptive	6			6
molluscum	6			6
no new diagnosis	2,847	971	27	3,845
non-gonococcal urethritis	53			53
non-gonococcal urethritis - recurrent	3			3
other[2]	39	48		87
pediculosis pubis	12	4		16
pelvic inflammatory disease		9		9
pregnant		3		3
proctitis	2			2
scabies	28	11		39
syphilis - primary	2	2		4
syphilis - secondary	1			1
syphilis - early latent	4	4		8
syphilis - late latent	3	2		5
syphilis - other	2			2
treated as a contact	43	33		76
trichomoniasis	3	33		36
urethritis - not yet diagnosed	73			73
yeast balanitis	11		1	12
yeast vaginitis		46		46
TOTAL:	**3,847**	**1,603**	**34**	**5,484**

[1] Clients may have multiple STD diagnoses.
[2] other - Clients present with genital lesions or rashes that are not STD-related.

Table 8.4
Vancouver Outreach Clinics - TYPE OF TESTING, 1996 to 1998

Outreach Clinics	Type of Testing	1996	1997	1998
Main	syphilis	808	830	1,330
	Hepatitis A antibody	16	25	261
	Hepatitis B surface antibody	449	458	564
	Hepatitis C antibody	400	381	478
Richards/Seymour	syphilis	295	100	44
	Hepatitis A antibody	3	1	11
	Hepatitis B surface antibody	159	51	28
	Hepatitis C antibody	76	33	18
Bute	syphilis	506	582	940
	Hepatitis A antibody	3	13	87
	Hepatitis B surface antibody	239	276	327
	Hepatitis C antibody	40	124	173
Jail/Detox/Mobile	syphilis	1,249	680	420
	Hepatitis A antibody	1	6	119
	Hepatitis B surface antibody	489	446	279
	Hepatitis C antibody	244	231	259
TOTAL:	**syphilis**	**2,858**	**2,192**	**2,734**
	Hepatitis A antibody	**23**	**45**	**478**
	Hepatitis B surface antibody	**1,336**	**1,231**	**1,198**
	Hepatitis C antibody	**760**	**769**	**928**

Table 8.5
Vancouver Outreach Clinics - NEEDLE EXCHANGE, 1996 to 1998

Needle Exchange	1996	1997	1998
needles IN	224,765	436,362	270,672
needles OUT	221,077	431,553	265,743

REPORT ON EDUCATION

Nursing Education Administrator: Jacqueline Barnett, RN

STD/AIDS Resource Centre: Ellen Leung

The Report on Education provides a summary of the various educational, training and resource activities carried out by STD/AIDS Control.

EDUCATION

STD/AIDS Control Division functions as the centre for critical information and education on STD/HIV/AIDS within BC. The Division's staff are committed to responding to the educational and training needs of healthcare providers throughout this province.

Presented below is a summary of the 1998 training and educational programs designed and delivered to healthcare providers, government, community-based agencies, and other interested groups. Table 9.5 provides a summary of training activities.

1. Hands-On Clinical Training for Public Health Nurses

Access to specialized STD hands-on clinical training for provincial and federal public health nurses is in constant demand. One-to-one clinical practicum sessions by the STD nursing staff (2 to 5 days in duration) are provided, once it is established that the necessary STD theory has been reviewed and once the nursing candidate has successfully passed the preset exam.

During 1998, the STD nursing staff designed and produced an instructional videotape on the male and female STD examination that is to be included in the newly revised STD lecture videotape series.

2. STD & HIV Training Courses

The Division provides a 5-day STD Training Course for public health nurses three times per year. The demand for the program remains high. With regionalization taking place in this province, more nurses are requiring specialized STD clinical training in order to fulfill their current employment mandates.

The Division also provides a 2-day HIV Pre & Post Test Counselling Course once a year. This skills-building workshop provides a comprehensive approach to the issues and clinical practices required to effectively assist clients in their efforts to make well informed decisions regarding their health and HIV status. The demand for this workshop continues to increase as the complexities and issues of HIV become a greater concern within communities.

In 1998, a new 5-day Street Outreach Training Course for public health nurses was designed, developed and focus tested. Over 100 hours of nursing time was committed to completing a provincial needs assessment and to developing and producing two instructional videotapes. In addition, comprehensive trainer and student manuals, complete with class outlines, presentation tools and evaluation, were developed and produced.

3. Hands-On Street Outreach Training

Provincial nursing and medical staff often request specialized street outreach training that encompasses the health practices of STD/HIV/AIDS management in addition to addressing the myriad of health related issues (e.g. addiction, homelessness, poverty, etc.).

4. Street Outreach Educational Sessions

Nurses and healthcare workers from the Street Outreach Program deliver educational sessions/workshops to high risk populations and community-based agencies. These sessions/workshops often take place in treatment and detox centres, correctional institutions, healthcare facilities, and community settings.

5. Professional & Community Education

A select team of Divisional educators respond to both on-site and off-site requests for training and education.

PEACH (Professional Education Accessed Closer to Home), the closer to home educational program developed in 1995, continues to be the foundation for a diverse number of STD/HIV/AIDS workshops/sessions delivered at various locations in BC.

PEACH has proven itself to be an efficient, cost-effective method of delivering training to public health nurses, physicians and other healthcare providers in outlying communities.

PEACH workshops are tailored to address the specific STD/HIV/AIDS needs and concerns of the healthcare staff and their respective communities.

In 1998, a concerted effort was given to collaborating and supporting peer education initiatives in both youth and the hard-to-access immigrant and refugee community.

6. Ethnocultural Educators

Under the supervision and direction of the Division's Nursing Education Administrator and in collaboration with existing community agencies, the ethnocultural educators completed a social marketing health promotion project.

The project explored the commonalities of sexual risk taking and health seeking behaviours between two groups: young gay men and young immigrant women.

The objectives of the project were:

- to identify factors which influence young people's involvement in risky relations
- to describe young people's perceptions of risk in a sexual relationship
- to identify the cultural and gender role components which influence sexual risk taking in young gay men and young immigrant women

Qualitative data were collected from two focus groups then analyzed. Findings from the project were incorporated into existing educational materials.

7. Continuing Medical Education

The Division's medical staff (i.e. physicians) respond to both on-site and off-site continuing medical education requests from nursing and medical groups. On-site education in the STD Clinic is tailored to address the students' and practitioners' clinical needs whereas off-site educational sessions are tailored to address a broader spectrum of issues.

8. STD/AIDS Resource Centre

The STD/AIDS Resource Centre provides the most current information to healthcare providers, schools, students, the public, and staff from the Division.

STD/HIV/AIDS information and educational resources are available in various media formats including videotapes, books, pamphlets, and posters.

Table 9.1
STD/AIDS Resource Centre
Number and Type of Users, 1998

Type of User	Total
external requests - students, nurses, public	1,079
internal requests - Division's staff	621
TOTAL:	**1,700**

Table 9.2
STD/AIDS Resource Centre
External Users, 1998

Item	Requests	Quantity
resource loans	420	759
resource materials distributed	721	67,129
reference/referral	126	126
photocopying	69	1,134
STD training kit	34	34

Table 9.3
STD/AIDS Resource Centre Internal (Staff) Users, 1998

Item	Request	Quantity
resource loans	216	384
resource materials distributed	163	23,417
reference/referral	51	51

9. STD/HIV/AIDS Communication Grants

Working as front-line educators 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.

The Division provides public health staff, working for a health unit/department, with opportunities to develop and implement initiatives through grants that are specifically allocated to health regions for STD/HIV/AIDS education.

The information collected from these initiatives are often incorporated into the Division's knowledge base for future projects.

Listed in Table 9.4 is a summary of health region grants from STD/AIDS Control for initiatives in the 1997/98 fiscal year.

Table 9.4
STD/HIV/AIDS Communication Grants, 1997/98 fiscal year

Health Region	STD/HIV/AIDS Initiative(s)	Amount
Cariboo	Education to youth through an interactive theatre production.	10,000
Central Vancouver Island	Peer education to at-risk youth groups.	10,000
Coast Garibaldi	Education to women about HIV testing.	10,000
Fraser Valley	Peer Education.	10,000
Kootenay Boundary	Purchase resource materials and supplies for educational sessions.	10,000
North West	Peer Education. Mall displays. Guest speaker. Purchase resources.	10,000
Northern Interior	Education to youth through student-driven drama presentations.	10,000
Okanagan Similkameen	Develop and pilot a Peer Counsellor Training Module.	10,000
Richmond	Education to youth. Develop a portable training facility.	10,000
Simon Fraser	Peer education to injection drug users. Community forums.	30,000
South Fraser	Develop and distribute educational packages to various media outlets.	10,000
Thompson	Education to those who provide care to adults with mental challenges.	10,000
Upper Island	Education to elementary and high school teachers.	10,000
Vancouver	Develop resource materials for use in the classroom setting.	10,000
TOTAL:		**$160,000**

Simon Fraser includes New Westminster and Burnaby.

Table 9.5

Education and Hands-On Clinical Training, 1998

EDUCATION

Focus of Education	Participant	Location	Number of Participants	Hours of Education
STD	nurses - STD Training Course	Vancouver	24	221
HIV	nurses - HIV Pre & Post Test Counselling Course	Vancouver	55	242
street outreach	nurses - Street Outreach Training Course	Vancouver	8	14
street outreach	staff - community-based agency	Lower Mainland	229	78
street outreach	clients - community-based agency	Lower Mainland	292	70
street outreach	staff - corrections	Lower Mainland	60	8
street outreach	adult clients - corrections	Lower Mainland	134	12
street outreach	youth - corrections	Lower Mainland	120	10
street outreach	staff - detox	Lower Mainland	3,203	240
PEACH	nurses	provincial	1,262	358
PEACH	nursing students	Vancouver	30	75
PEACH	peer educators	Vancouver	80	50
PEACH	conference participants	provincial	1,000	20
PEACH	nurses - professional development	provincial	200	80
PEACH	nurses - consultation	provincial	60	120
medical	physicians	Vancouver	1,360	40
medical	physicians	Simon Fraser	40	5
medical	physicians	Prince George	60	10
medical	physicians	Langley	40	10
medical	physicians	Vancouver Island	40	10
medical	medical students	Vancouver	120	25
medical	nursing students	Vancouver	75	10
TOTAL:			**8,492**	**1,708**

HANDS-ON CLINICAL TRAINING

Focus of Training	Participant	Number of Participants	Hours of Training
nursing	nurses - Medical Services Branch	6	126
nursing	nurses - Aboriginal Band Nurses	2	161
nursing	nurses - Burnaby Health Department	1	14
nursing	nurses - Vancouver/Richmond Health Board	5	140
nursing	nurses - University of Victoria	2	35
nursing	nurses - STD Training Course	24	158
nursing	nurses - STD/AIDS Control	9	392
street outreach	medical students	22	45
street outreach	nurses	67	35
street outreach	student nurses	14	40
street outreach	Street Outreach Training Course	8	48
medical	physicians	5	28
medical	family practice residents	25	110
medical	internal medicine residents	1	35
medical	medical students	6	252
TOTAL:		**197**	**1,619**

Example: In 1998, 24 nurses attended the STD Training Course and collectively received 221 hours of education and 158 hours of hands-on clinical training.