

CHRONIC & INFECTIOUS DISEASES

Sexually transmitted and blood-borne Infections (STBBIs) are a public health concern in Canada. This infographic explores how the COVID-19 pandemic affected the availability and accessibility of STBBI and related health services for First Nations, Inuit, and Métis teens and adults who sought or wanted to find STBBI services during the pandemic. The information in this infographic is based on the national “Impact of COVID-19 Survey”, coordinated by the Public Health Agency of Canada, in partnership with the National Collaborating Centres for Indigenous Health and Infectious Diseases (NCCID)¹. This infographic is a companion to the report “COVID-19 and Indigenous peoples’ access to STBBI and related health services: National survey results” and report summary “COVID-19 and Indigenous Peoples’ access to STBBI services: Summarizing survey, interview, and focus group findings.”

General information:

HIV, Chlamydia, gonorrhea, syphilis, hepatitis C, hepatitis A, hepatitis B, HPV, herpes simplex virus, and lymphogranuloma venereum are the most common STBBIs.

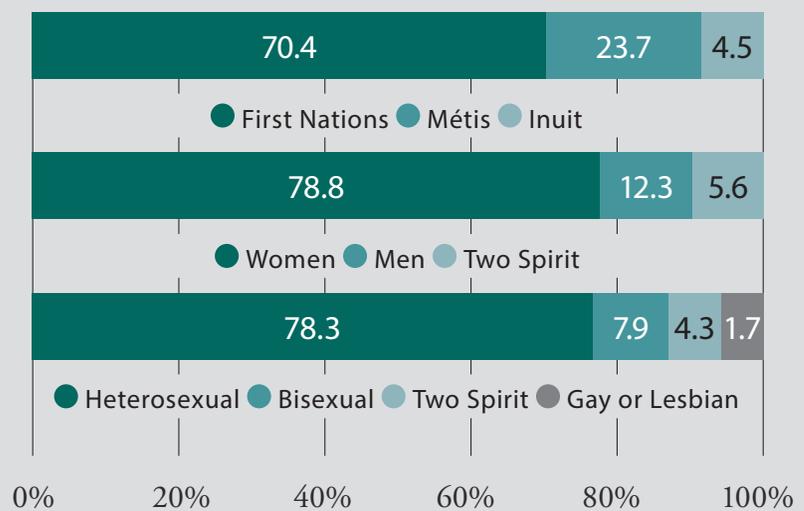
Injection drug use accounts for most new infections for both HIV and hepatitis C cases among Indigenous populations.

Survey details and findings:



Number of respondents (n):
1,183 between July 2021
and January 2022

How did respondents identify?



Among those responding to questions about mental wellness:

61.8%
of 1,183

Respondents reported that their mental health had worsened during the pandemic

31.6%
of 752

Respondents felt they could not use mental health and wellness services provided by a therapist, counsellor, nurse, social worker, or physician during the pandemic

Number of respondents who looked for, considered, or wanted to get healthcare services for STBBI prevention, testing, and treatment during the pandemic:

114



¹ The quantitative findings are from the Impact of COVID-19 Survey coordinated by the Public Health Agency of Canada. The Impact of COVID-19 Survey was conducted from July 2021 to January 2022 and assessed the impact of COVID-19 on the delivery and access to sexually transmitted and blood-borne infections (STBBI) prevention and testing services, including harm reduction services, on key populations in Canada. The opinions expressed in this infographic are those of the authors and do not necessarily reflect the views of the Public Health Agency of Canada.



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The most common reasons for not accessing STBBI prevention, testing, and treatment services were (n=102):

48.0%

STBBI services were not available when needed

42.2%

COVID-19 related public health measures restricted access

33.3%

Difficulty getting a referral or an appointment

22.6%

Fear of, concern about, or experienced anti-Indigenous racism



The most common reasons for not receiving mental wellness support and services from therapists, counsellors, nurses, social workers, or physicians were (n=577):

45.4%

COVID-19 related public health measures restricted access

45.6%

Difficulty getting a referral or an appointment

44.4%

The service was not available when needed

Among those responding to questions about accessing cultural supports:

64.0% of 1,168

respondents said they sought or wanted to find cultural supports such as ceremonies, on-the-land activities, or feasts

47.8% of 741

respondents felt they were not able to find the cultural supports they desired

The most common reasons for not receiving cultural supports were (n=672):

62.5%

COVID-19 related public health measures restricted these supports

52.2%

Fear of, or concern about exposure to someone with COVID-19

Among those responding to questions about seeking and finding counselling, community services, or interpreter and/or peer support:

42.4% out of 33

respondents wanted or tried to, but were not able to use counselling services related to syphilis, Hepatitis C, HIV, or other STBBIs

56.9% out of 51

respondents wanted or tried to, but were not able to use community services

66.7% out of 30

respondents wanted or tried to, but were not able to use interpreters and/or peer health service navigators



Conclusion: Thoughtful service planning and delivery that is built on community knowledge and expertise can improve STBBI care for all!



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