

# Empowering Healthcare Support Staff

Engagement session to address the syphilis outbreak

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# LAND ACKNOWLEDGEMENT

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We would like to acknowledge that we are presenting today from **Treaty 6**, the ancestral and traditional home of the **Cree, Dene, Blackfoot, Nakota, Saulteaux**, and the homeland of the **Métis Nation**. Additionally, we recognize **Treaty 7** as the traditional lands of the **Siksika Nation, Piikani Nation, Kainai Nation, Stoney Nakoda Nations** (including the **Chiniki, Bearspaw, and Good Stoney First Nations**), the people of the Tsuut'ina Nation, and the Métis Nation of Alberta. We honor the Indigenous Peoples who have lived and cared for these lands for generations and acknowledge their ongoing role as stewards. Celebrating the rich cultures, traditions, and contributions of Indigenous Peoples, we continue to journey forward together on the path toward reconciliation.



# WELCOME PRAYER



# AGENDA

## **Introduction**

- Purpose and objectives of this session

## **Engaging with Indigenous Ways of Knowing**

- Significance of Indigenous ways of knowing
  - Introduction to the Medicine Wheel
  - Two-Eyed Seeing Approach

## **A quick review of Syphilis**

- Overview of Syphilis
- Impact of Syphilis
  - Reviewing the Alberta Syphilis Outbreak Rates
- Reiew barriers to routine screening
- How to overcome barriers to syphilis screening

## **Understanding the role of healthcare support staff**

- The role you play in tackling syphilis
- Strategies to address the syphilis outbreak

# OBJECTIVES OF THIS SESSION

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## **Discuss**

Explain how western medicine and Indigenous ways of knowing come together to enhance the understanding of the health of individuals and communities



## **Review**

Review our understanding of stigma and barriers to testing, and explore how they relate to syphilis



## **Learn**

Learn how syphilis is transmitted and how it is treated



## **Understand**

Understand your role in helping to reduce the high rates of syphilis

## PURPOSE OF THIS SESSION

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- To **increase awareness** on the high rates of syphilis in Alberta
- Empower healthcare support staff by providing the necessary **knowledge to address the syphilis outbreak** through educational initiatives.



# LESSONS FROM MANAGEMENT OF SYPHILIS IN NUNAVUT 2012- 2020

- "The role of the CHRs cannot be underestimated. To quote the Royal Commission on Aboriginal Peoples: 'One of the most successful programs involving Aboriginal people in promoting health of Aboriginal people is the community health representative program.'"
- "In many northern and isolated communities, the CHR provides the only continuity of care in some communities."
- "The CHRs are the people that the community members trust and relate to in terms of health information and services."

# ENGAGING WITH INDIGENOUS WAYS OF KNOWING

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## ELDER ROSEANN'S FOUR DIRECTION TEACHING ON STTBIs

In the **Northern door** (white), the **fourth phase** is for healing and self-care and where education comes in.

In the **western door** (black), the **third phase** is full blown symptoms and definitely needs professional help. Monitoring is needed and medicines are administered.



In the **eastern door** (yellow), we have an **illness that begins as a seed**. It has an incubation period before moving onto the next phase. During this time, it is not visible, or it might pass as a simple symptom.

In the **southern door** (red), the **secondary phase** is when people are starting to experience symptoms of an infection and sometimes this is where a person should consult a professional.

Our bodies are sacred. We can learn from ceremonial and spiritual teachings on the **importance of keeping our bodies healthy and safe**. STBBI testing can be one of the many ways we maintain this.

*"The medicine wheel is a valuable tool and I view everything as a part of the medicine wheels. In this exercise, I will use the medicine wheel as an example of how STBBIs evolve in the human body. As any disease **it has a beginning and an end.**"*

*"There are many STBBIs, and our people need to be aware and practice safe sex practices. **Protection is the key word.**"*

# TWO-EYED SEEING

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## Indigenous Ways of Knowing

The strengths of Indigenous knowledge and ways of knowing



***The Gift of Multiple Perspectives***

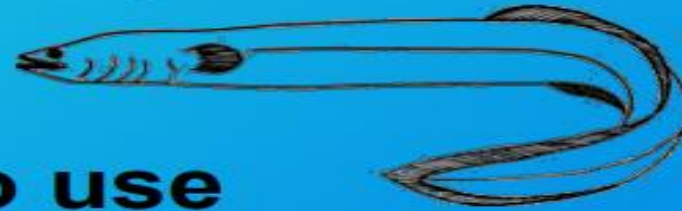
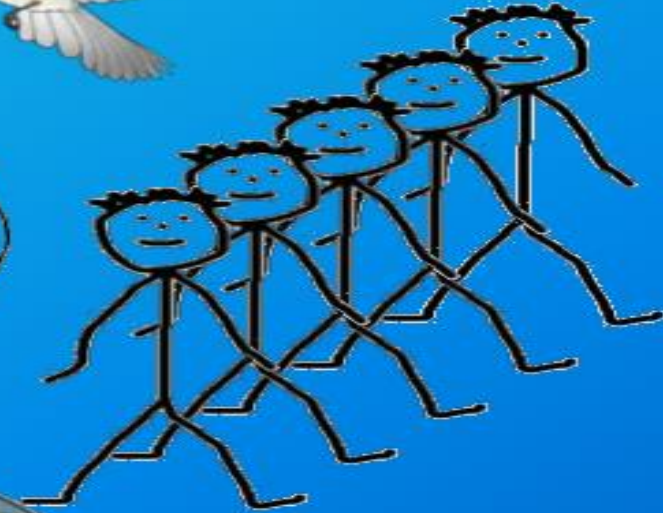
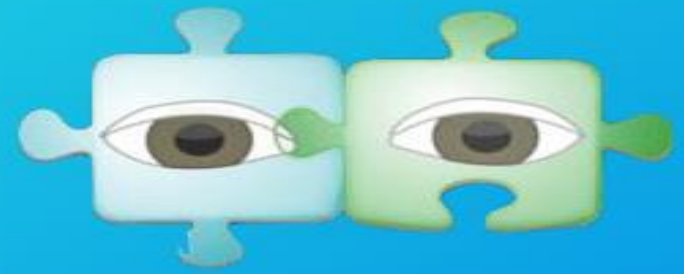
## Western Ways of Knowing

The strengths of Western knowledge and ways of knowing

# Two-Eyed Seeing

**LEARN ... to see from one eye with the best in our Indigenous ways of knowing, and from the other eye with the best in the Western (or mainstream) ways of knowing ...**

**... and learn to use both these eyes together, for the benefit of all.**



# CHR STBBI TRAINING

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- Stay tuned for announcements to in-person training to be provided by the FNIHB STBBI Team!
- Held in 6 locations
- Winter 2024





# A QUICK REVIEW OF SYPHILIS



# LET'S REVIEW SYPHILIS

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What is syphilis



Stages of syphilis  
- Symptoms



Transmission

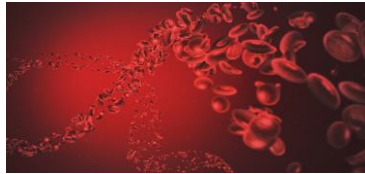


Testing



Treatment

An infection that is either sexually transmitted and/or transmitted through blood



## WHAT ARE **SEXUALLY TRANSMITTED** AND **BLOOD-BORNE** INFECTIONS?

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Chlamydia

Gonorrhea

Syphilis

Hep C

Human Immunodeficiency  
Virus (HIV)

# DID YOU KNOW?

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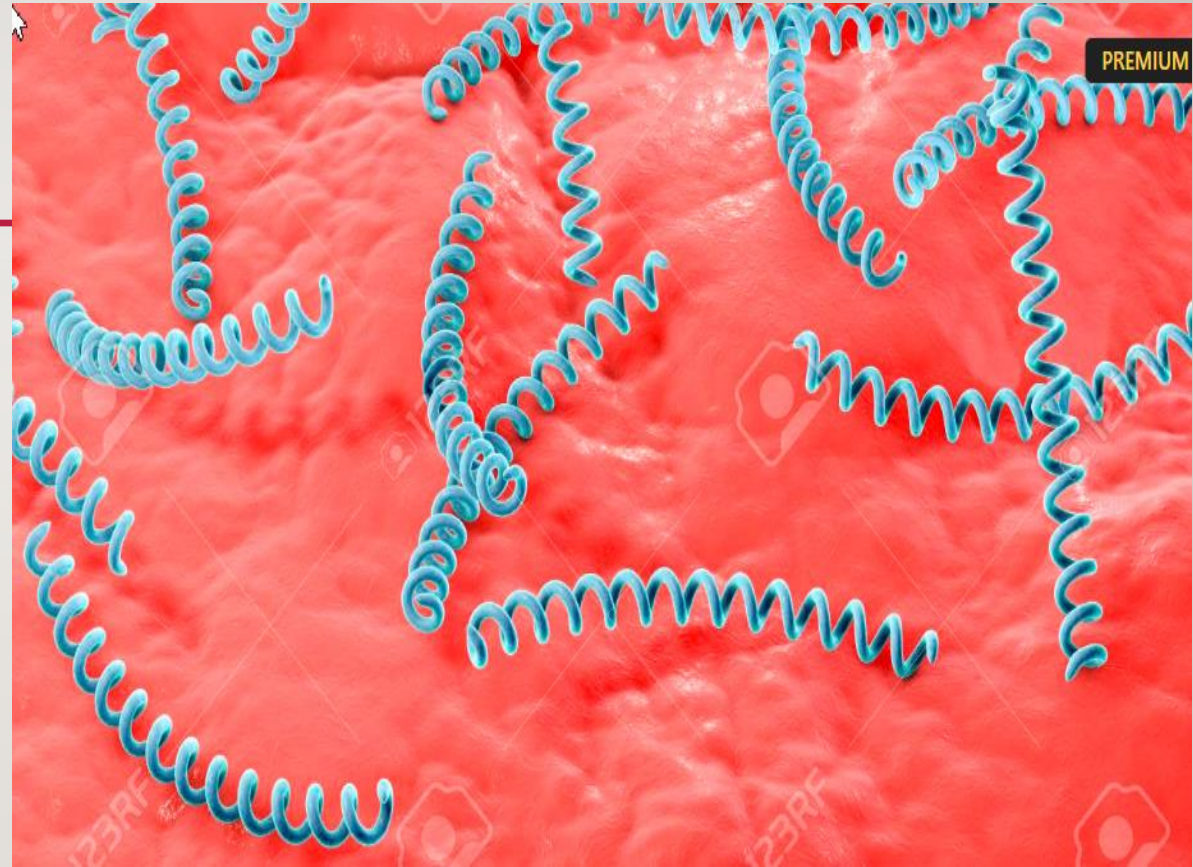
- In a Canadian survey of the general population, **>60%** of respondents reported that they **have never been screened** for a sexually transmitted infection (STBBI).
- STBBIs are largely **preventable** and, with treatment, most STBBIs are curable or manageable.
- Having one STBBI can impact the **spread, treatment, and development** of other STBBIs.



# WHAT IS SYPHILIS?

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Syphilis is a sexually transmitted infection (STI) caused by a bacteria called *Treponema Pallidum*. It infects the genital area, lips, mouth, or anus of both men and women. Infection develops in stages; each stage can have different signs and symptoms.



Bacteria: *Treponema Pallidum*

Also called “spirochetes” – spiral shaped

Many people with syphilis initially experience no symptoms

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## WHAT ARE THE SYMPTOMS SYPHILIS?

**Primary** - painless sore (chancre) mostly in the genital area, lips and mouth. Sore goes away on its own within a few weeks

**Secondary** - non-itchy rash on the chest, belly, genitals, palms of the hands and soles of the feet; it disappears but can come back months later.

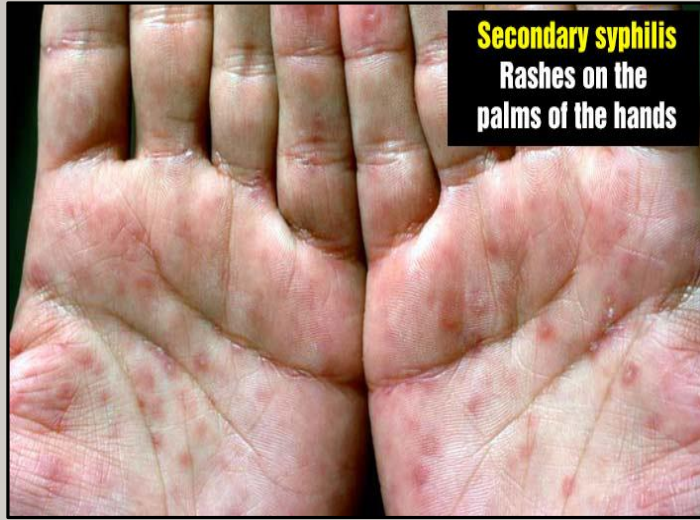
**Other symptoms** - headache, fever, hair loss, swollen lymph nodes and bumps or hair patches inside the mouth, anus and external genitals

**Latent stage** - if untreated, it progresses to latent stage; no symptoms at this time.

**Tertiary stage** - cardiovascular involvement, with growths on bones, skin, or internal organs. May result in memory loss or personality changes.

# Primary Syphilis





## Secondary Syphilis

### Other symptoms

- Rashes
- Hair loss
- Muscle aches
- Fever
- Sore throat
- Tiredness, fatigue
- Swollen lymph nodes



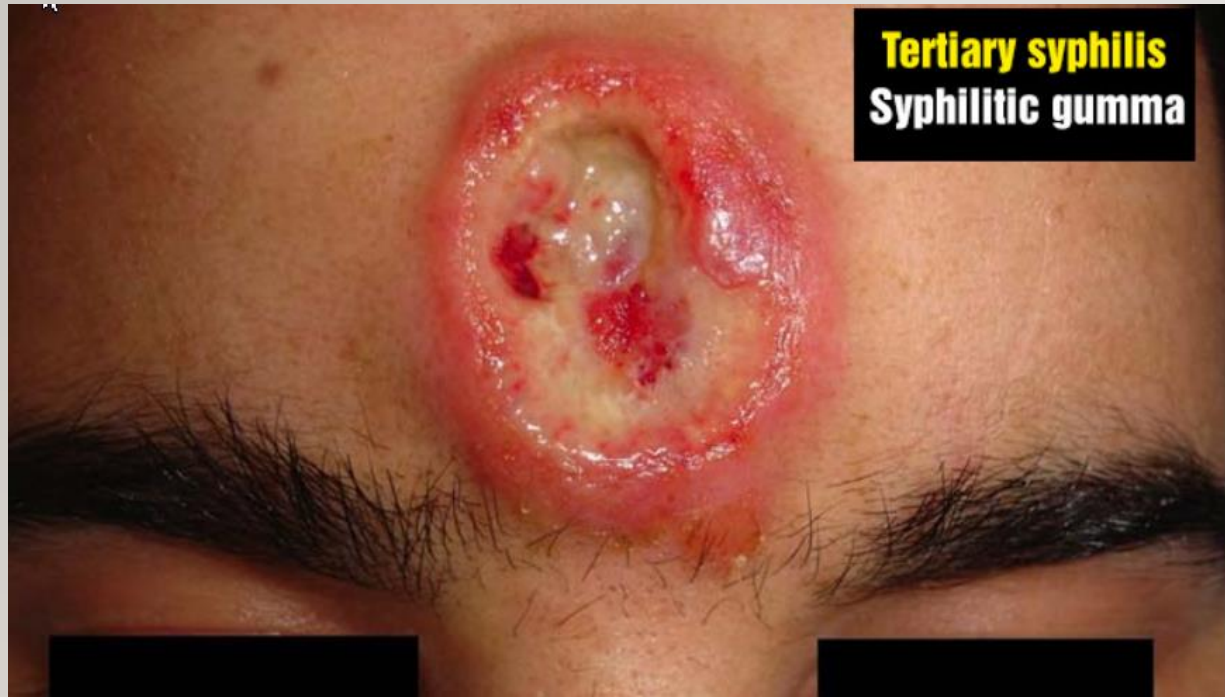
Swollen Inguinal Lymph Node



# Latent Stages

## (Hidden Stage)

- **Early Latent Stage** – Serology shows some reactivity without evidence of primary, secondary or tertiary syphilis. Symptoms have resolved, occurs within one year from onset of infection.
- **Late Latent Stage** – Asymptomatic. Serology shows reactivity of unknown duration, usually greater than one year.



- Tertiary syphilis can cause bone, cardiovascular and neurological changes in up to one third of untreated people at least 7 years after the initial infection.
- Tertiary syphilis is now rare due to effective treatment and the widespread use of antibiotics.

## What are the associated health outcomes?<sup>5</sup>

### Adults



neuropathologies



decreased hearing



decreased visual acuity



cardiovascular pathologies



tissue destruction



increased HIV acquisition & transmission

### Children (late congenital syphilis<sup>††</sup>)



dental abnormalities:  
Hutchinson's teeth



tibial thickening  
(saber shins)



neurosyphilis



anemia

<sup>††</sup>Late congenital syphilis refers to clinical manifestations occurring in children over 2 years of age

# WHO CAN GET SYPHILIS?

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- Passed between people through sexual contact
- Spread it to others without knowing it.
- Pregnant people can pass the infection to their unborn baby.
- Babies can get infected if a mother is not treated during pregnancy



# HOW DO WE TEST FOR SYPHILIS?

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- **BLOOD SAMPLE** -This can detect signs of current or past syphilis infection.
- **SORE SWAB** - A cotton swab is used to collect fluid from a sore for testing.
- **PHYSICAL EXAM** –HCP will examine the genital area for sores, rashes, or growths.



The good news is

# TREATMENT FOR SYPHILIS

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- Syphilis can be cured with antibiotics!
- Syphilis screening and timely treatment are essential to prevent transmission and complications.



# CONGENITAL (PRESENT AT BIRTH) SYPHILIS

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- Congenital syphilis (CS) is a disease that occurs when a pregnant client with syphilis passes the infection on to the baby during pregnancy.
- Syphilis in pregnancy can lead to **fetal infection** resulting in **preterm birth, congenital abnormalities,** and **stillbirth**

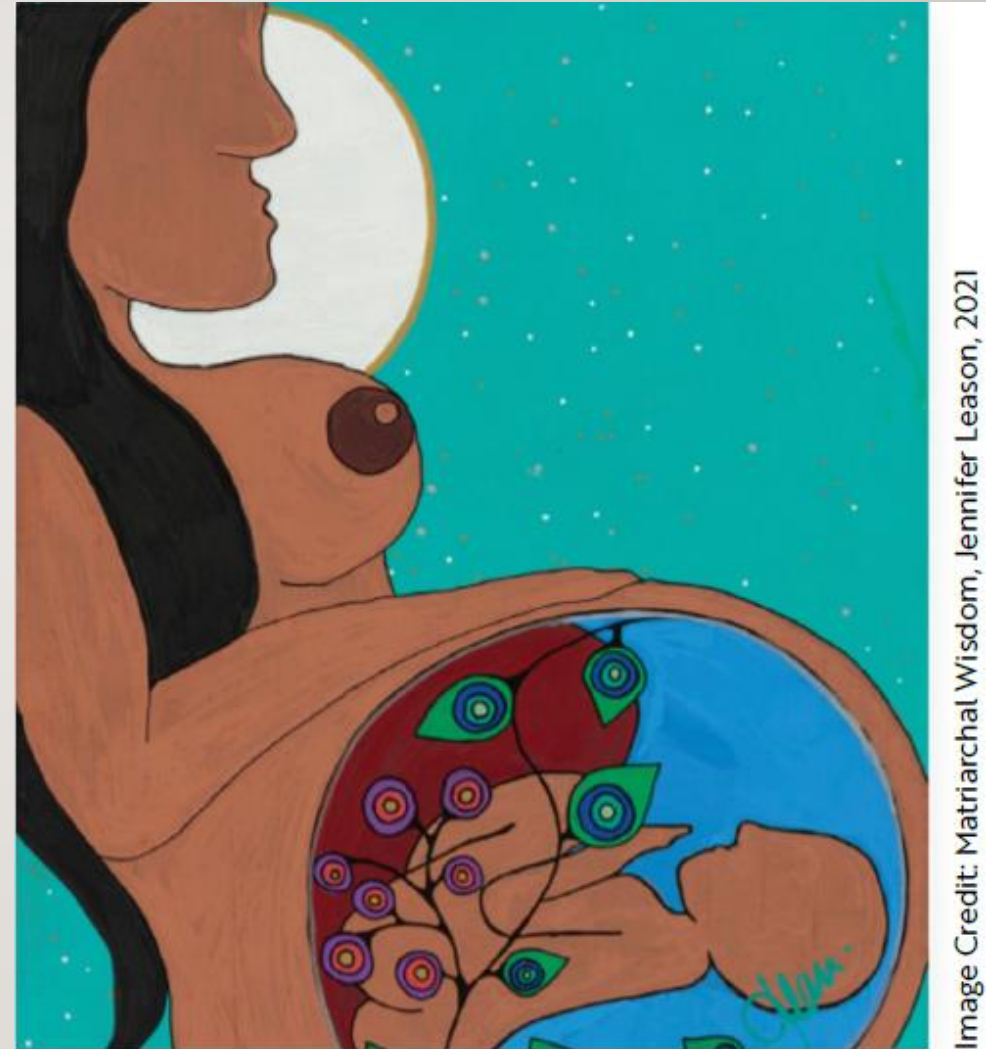


Image Credit: Matriarchal Wisdom, Jennifer Leason, 2021

# The number of babies born with syphilis is **increasing**

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- Infection can occur as early as 9 weeks gestation and be diagnosed even later than 2 years old.
- Approximately 60-90% of live babies who are born with congenital syphilis are **asymptomatic** (they have no symptoms) at birth.
- Nearly all transmissions to babies are prevented if the mother receives treatment during the first 28 weeks of pregnancy.

### Sniffles



Highly infectious discharge, hoarse  
mouth breathing

### Skin Eruptions



Lesions on the hands and feet

## SOME EARLY SIGNS OF CONGENITAL SYPHILIS



**Syphilis is Serious.**

AHF

[freeSTDcheck.org](http://freeSTDcheck.org)

gettyimages®

Credit: FREDERIC J. BROWN

# UNDERSTANDING THE IMPACT OF SYPHILIS ACROSS CANADA

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# Infectious syphilis and congenital syphilis in Canada, 2022\*

## INFECTIOUS SYPHILIS



There were **13,953 cases** of infectious syphilis\*\* reported in 2022, corresponding to a **rate of 36.1 cases per 100,000 population**

↑ **11% rate increase since 2021**

↑ **109% rate increase since 2018<sup>†</sup>**

## CONGENITAL SYPHILIS



There were **117 cases** of confirmed early congenital syphilis\*\* reported in 2022, corresponding to a **rate of 31.7 cases per 100,000 live births**

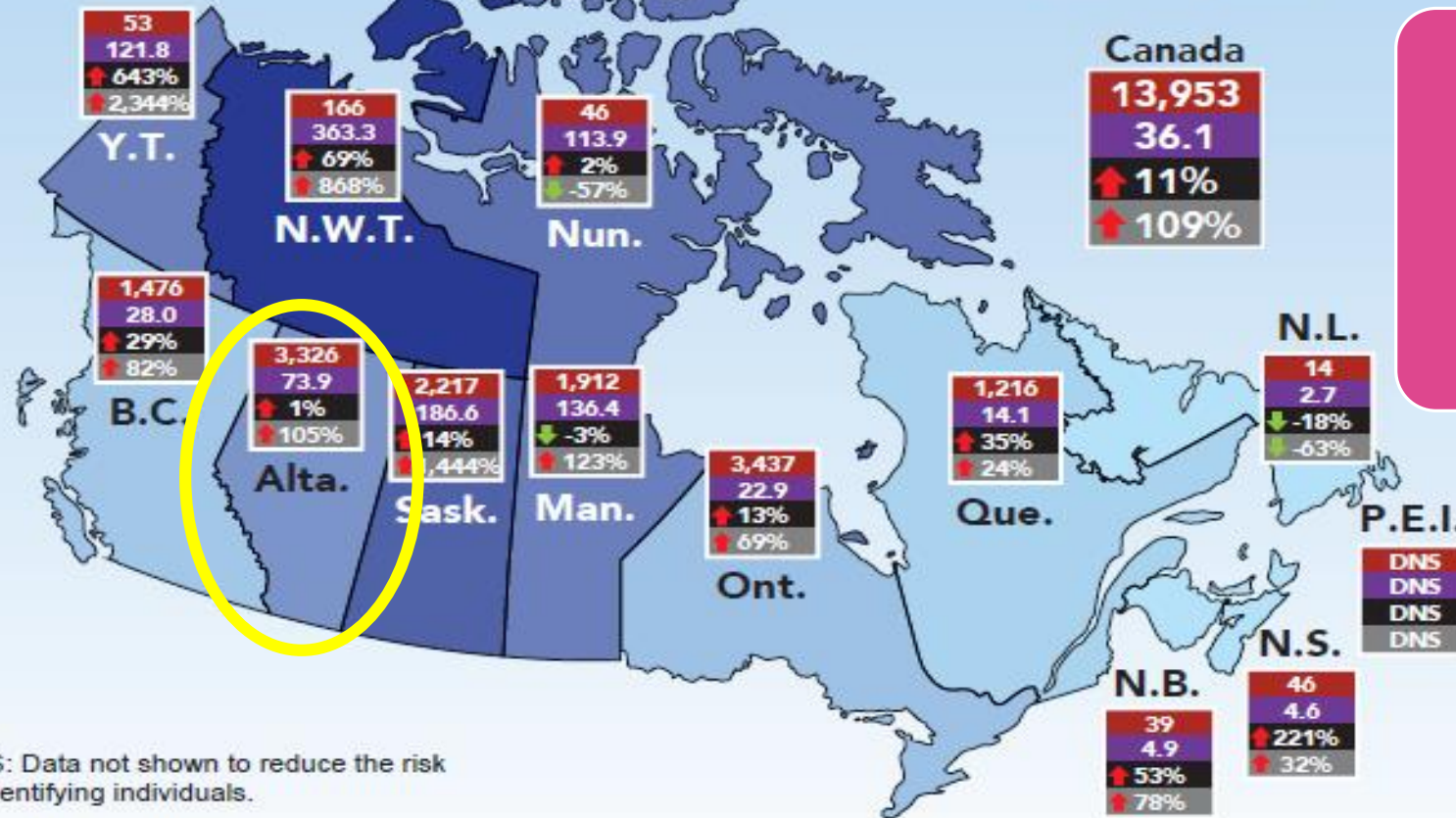
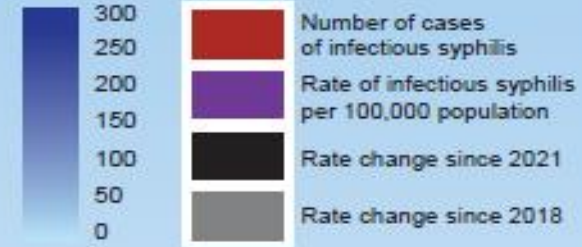
↑ **7% rate increase since 2021**

↑ **599% rate increase since 2018<sup>†</sup>**



# Reported cases and rates<sup>††</sup> of infectious syphilis by province and territory in 2022

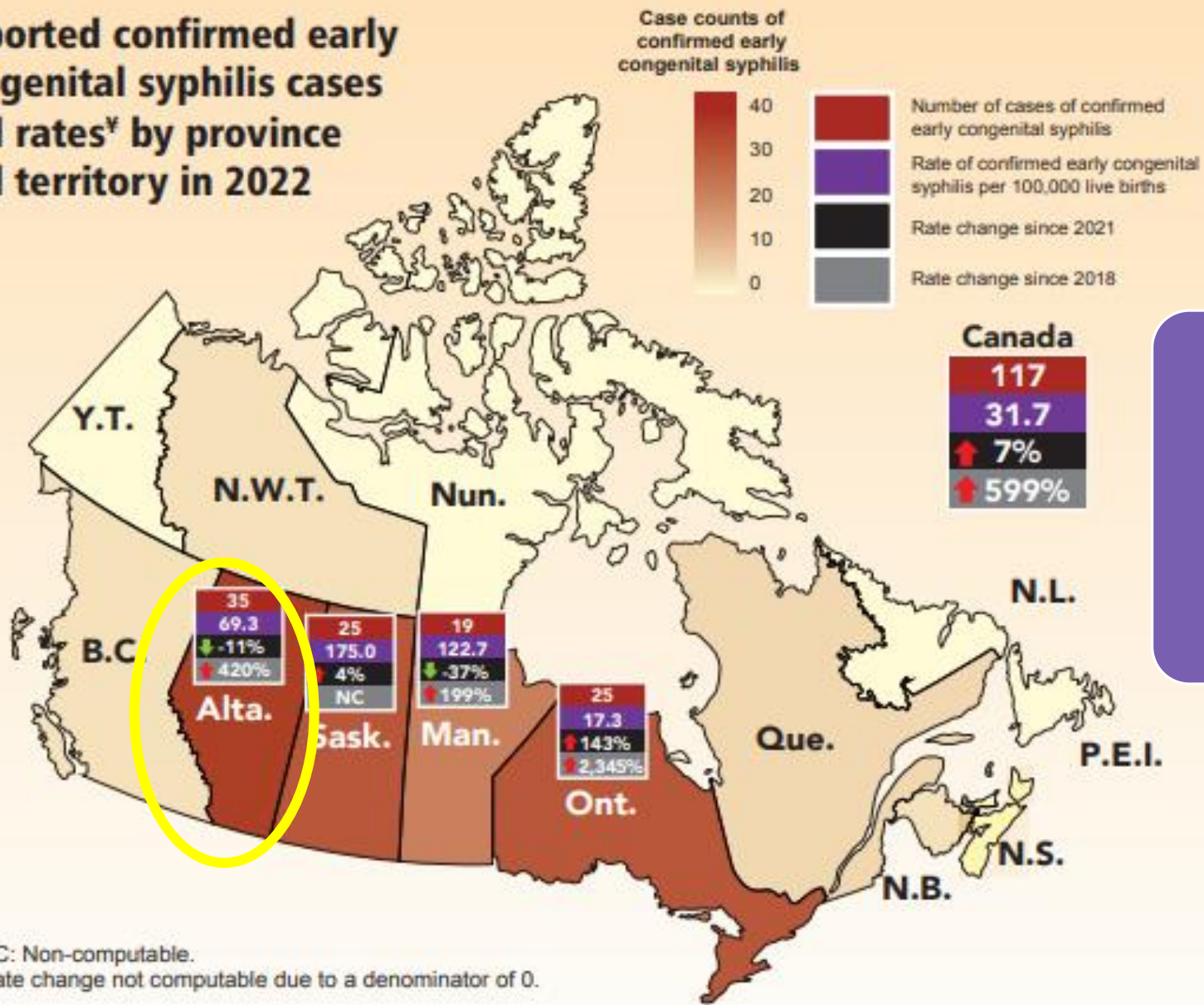
Rate by 100,000 population



1998 - Canada set a goal to eliminate infectious syphilis by keeping the rate below 0.5 cases per 100,000 people.

DNS: Data not shown to reduce the risk of identifying individuals.

# Reported confirmed early congenital syphilis cases and rates<sup>y</sup> by province and territory in 2022



2002 – Alberta reported the first case of congenital syphilis in over 10 years.

**Did you know  
syphilis is on the  
rise in Alberta?  
Get tested.**



Government  
of Canada

Gouvernement  
du Canada

Canada



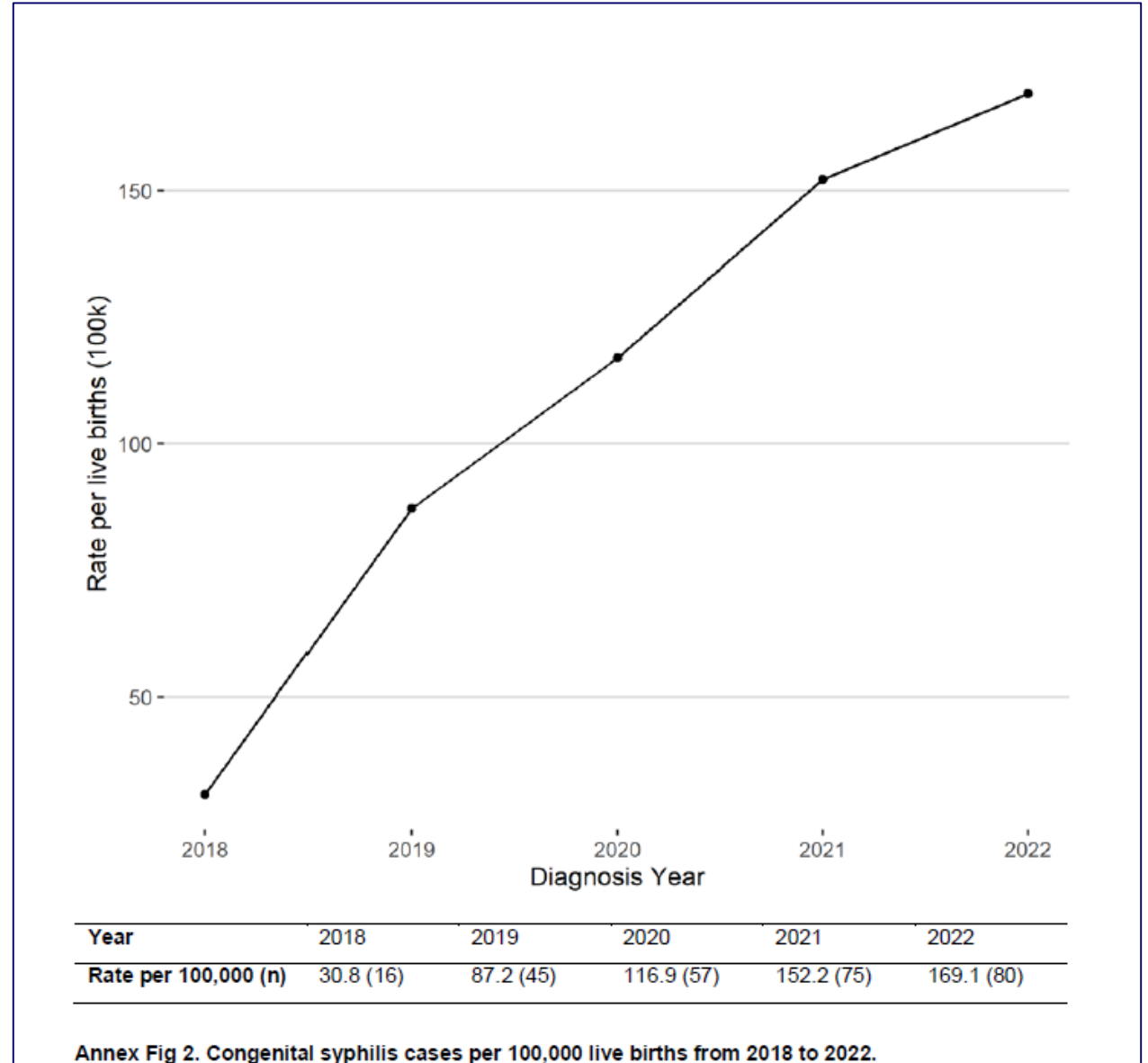
# SYPHILIS OUTBREAK IN ALBERTA

- 2019 Alberta declared a **syphilis outbreak**.
- Syphilis cases were reported across **all genders, sexual orientations, and age groups**
- A **disease outbreak** is when more cases of a disease happen than usual in a specific community, place or time.

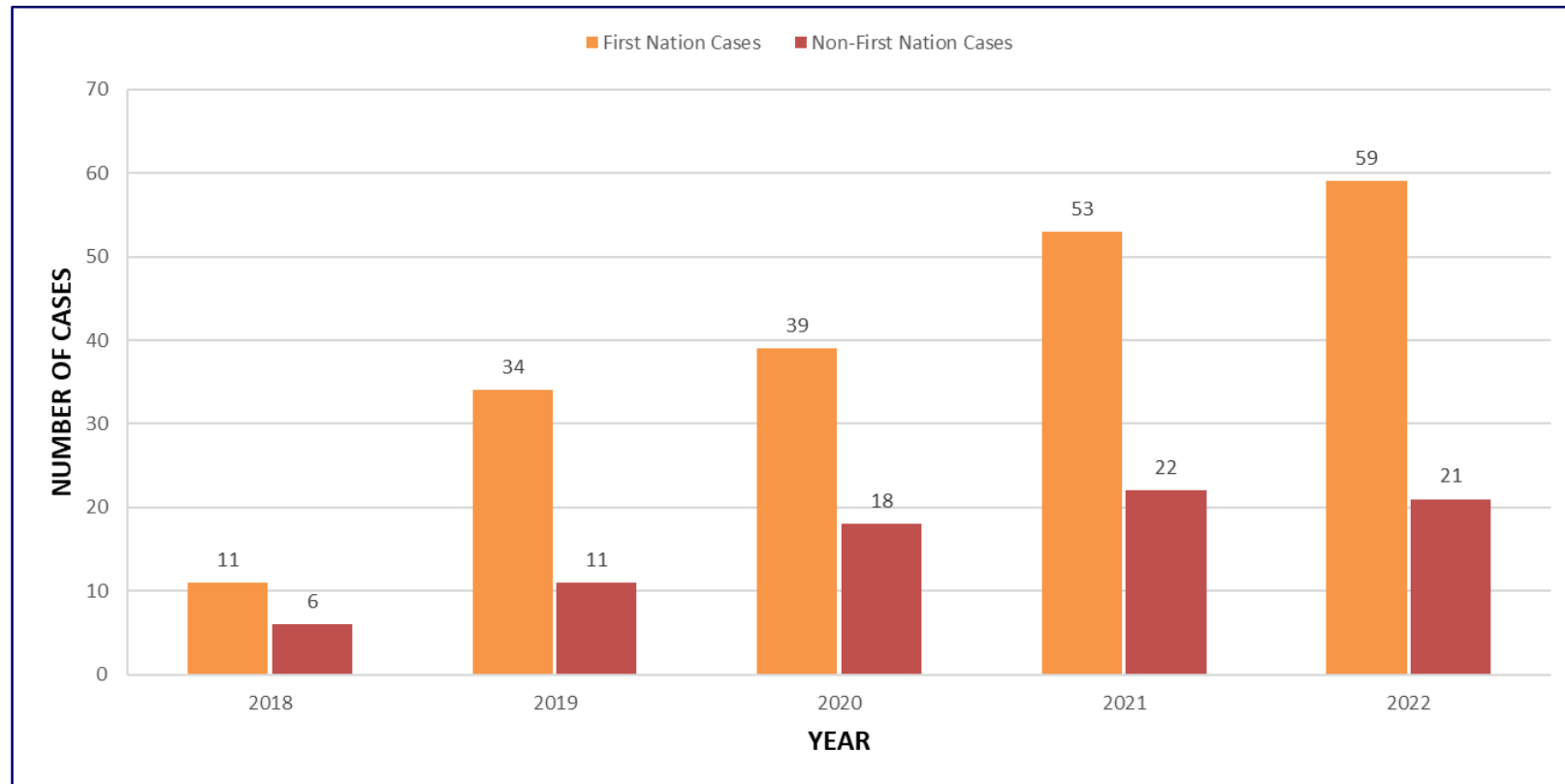
# Congenital Syphilis Continues To Rise in Alberta.

**273 infants** have been diagnosed with congenital syphilis between 2018-2022.

**50** of these cases resulted in infant deaths.



# Number of Reported Congenital Syphilis, First Nation and Non-First Nations People, Alberta, 2018 - 2022



- In 2022, 59 congenital syphilis cases were reported among First Nation people living in Alberta and 21 cases among non-First Nation people.

# IN ALBERTA HISTORY TELLS US

EDMONTON VOL. 5 No. 232 FRI. APR. 24 - SUN. APR. 26 2007

# 24 hours

WEEKEND Starr gaze  
▶ Nearly 70, Ringo is still rockin!  
V4

CANADA Afghan blast  
▶ Surviving reporter says bomb attack was almost unimaginable

weather Today, 20  
Tonight, 10  
Tomorrow, 21

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## STD spike

Education is experiencing a rise in sexually transmitted infections like chlamydia and gonorrhea in college-age men and women, warns Dr. Anamta Singh, pictured above. Sexually active people in these age groups should learn to protect themselves. P. 4

Proprietor and Publisher: Sun Media Corporation, #250, 4800 52 Ave., Edmonton, Alberta, T6B 2A1

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EDMONTON VOL. 5 No. 46 TUESDAY MAY 1 2007

# 24 hours

PEOPLE IN THE NEWS  
**Belongings on the block**  
▶ Courtney Love plans to auction Kurt Cobain's things.

UPFRONT  
**Positive outlook**  
▶ Most immigrants have few regrets about their decisions to move to Canada, poll says.

weather Today, 17  
Tonight, 8  
Tomorrow, 16



## Syphilis ALERT!

Use condoms.  
Get tested.

413 5156  
STD Centre

Capital Health  
EDMONTON AREA

### SYPHILIS OUTBREAK FORCES CAPITAL HEALTH TO ISSUE A ...

# STD SOS

Capital Health has launched a public information campaign regarding the dangers of syphilis as a result of an outbreak of the disease in Alberta. The campaign includes ads at bus stops like this one at 124 Street and 137 Avenue, where a man walked yesterday.

Proprietor and Publisher: Sun Media Corporation, #250, 4800 52 Ave., Edmonton, Alberta, T6B 2A1

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# TODAY, SYPHILIS REMAINS A PROBLEM

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Over 3,200 cases of syphilis were reported in 2021, 20 times higher than 2014.

Pregnant individuals can even pass it on to their babies.



71 infants were diagnosed with syphilis at birth in 2021.

Up from only one in 2015.

It can impact everyone

ALL SEXUALLY ACTIVE INDIVIDUALS CAN GET SYPHILIS.



Reported cases in 2021

ASK A COMMUNITY HEALTH NURSE FOR MORE INFORMATION

DID YOU KNOW THAT  
SYPHILIS IS ON THE  
**RISE**  
IN ALBERTA





HOW DO WE  
ADDRESS THIS  
PROBLEM

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# IDENTIFY THE COMMON BARRIERS

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- Fear of stigma, shame and discrimination
- Social exclusion
- Concerns about confidentiality and privacy
- Limited access to STBBI prevention services

- 
- The **stigma** associated with STBBIs and the lack of culturally relevant care experienced by Indigenous Peoples negatively impacts screening rates.
  - (Dunn et al., 2022)



# EXAMPLES OF COMMON BARRIERS FOR PEOPLE SEEKING SEXUAL HEALTH SERVICES AND CARE

- **Racism:** *"I have seen people from my racial background being treated poorly, and I don't want to experience the same thing."*
- **Social norms and values** *"In my culture, we must be married to engage in sexual activity. Because I am not married, I won't discuss sex with my healthcare provider."*
- **Physical access:** *"I'm supposed to get tested at a clinic that closes before I get off work."*
- **Cisnormativity and heteronormativity:** *"I've been judged by healthcare providers when sharing information about my sexual practices."*
- **Privacy concerns:** *"My family doctor is good friends with my mom. I don't want my parents to find out that I'm sexually active, so I won't tell my doctor."*
- **Lack of knowledge and comfort:** *"STBBIs happen to others, not me."*

# OVERCOMING BARRIERS TO TESTING AND SCREENING

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# WHAT IS MY ROLE?

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As a trusted member of your community, you may be the only point of contact with the healthcare system for some people, **making you an essential link in the chain of STBBI prevention.**



**Encouraging STBBI screening** can help reduce transmission in your community. This normalises and increases access to screening, while reducing stigma around syphilis and STBBI testing.

# NORMALIZING DISCUSSIONS ABOUT SCREENING AND TESTING

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**By encouraging STBBI screening for sexually active people, you can:**

- Raise awareness about signs and symptoms of infection
- Provide an opportunity to discuss modes of transmission and prevention measures
- Increase the possibility of early detection and treatment
- Lessen potential for onward transmission
- Facilitate options for testing by working with other members of the healthcare team



## Creating a welcoming space

Research suggest that a person's overall impression of a healthcare setting or encounter can be affected by the **welcome they receive** and the **degree to which they're made to feel comfortable** in a clinical space.

A welcoming space, especially in a healthcare context, can **help lower a person's level of anxiety** or isolation. In many cases, welcoming spaces can serve as a retreat from stigmatization and discrimination.



# HOW CAN YOU CREATE A WELCOMING SPACE?

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- Ensure that resources, health information materials, and posters are available throughout the clinic and waiting area.
- Collaborate with your clinic team to ensure the availability of safe sex supplies in both public and private areas.



# FOCUS ON KNOWLEDGE SHARING

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- Provide education about syphilis, including how it is transmitted, the increasing risk of syphilis, how it can be prevented, and syphilis testing and treatment.
- Work to form positive relationships with community members and promote the message that syphilis is easily treated if it is diagnosed early!

# PRIVACY AND CONFIDENTIALITY



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## What are my privacy and confidentiality obligations?

- All conversations about STTBIs and sexual activity are confidential

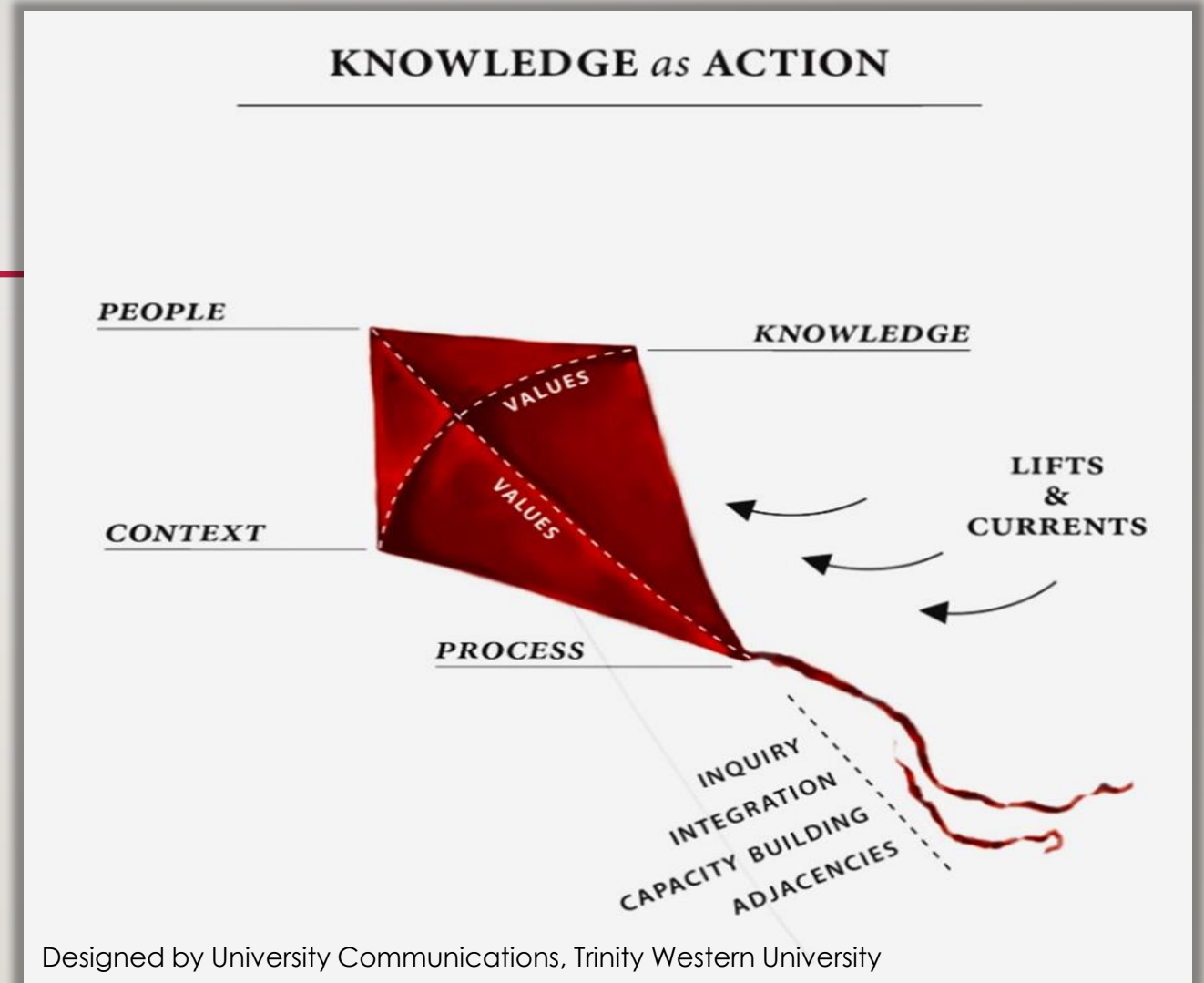
## What are the limits of confidentiality?

- Sharing health records/information within the circle of care (nurses, doctors, nurse practitioners, paramedics and other members of the healthcare team)
- When a person is in danger to themselves or others
- Mandatory reportable infections (syphilis) and public health follow up
- When there is reason to believe child abuse or neglect

# THE KITE MODEL

- Using the kite as a model to initiate and sustain action.
- Recognizing the community's strengths
- Recognizing the Indigenous Ways of Knowing.
- Highlighting the two-eyed seeing framework

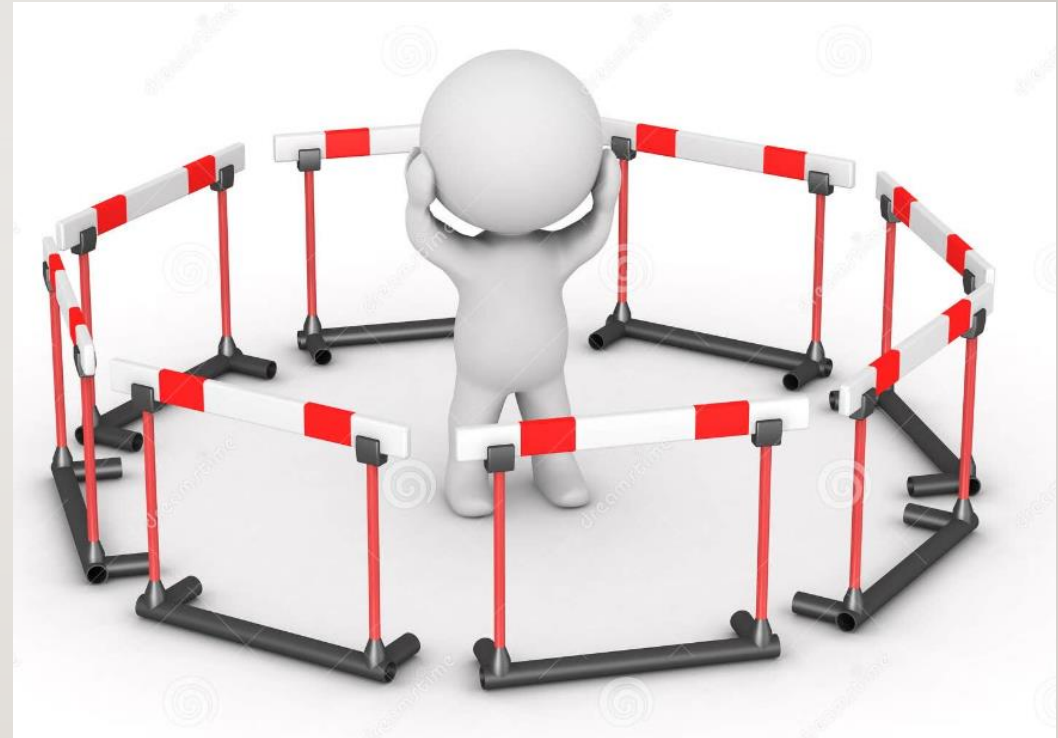
- What can make the kite fly?
- Who can make the kite fly?



# WHERE DO WE GO FROM HERE?

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- Why do I care about this problem?
- What can I contribute to address this problem?
- What is my role in addressing this problem?
- What knowledge and skills do I need to help build the community's capacity to address this problem?



# WE WORK AS A TEAM

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- FNIHB CDC – STBBI Team
- Healthcare Support Staff
- Community health staff and FNIHB Surge Team
- Community members and leaders



# KEY MESSAGES

- Syphilis rates continues rise in Alberta and remains a concern
- Syphilis can be cured with antibiotics
- Pregnant women should undergo testing during pregnancy to prevent congenital syphilis
- If left untreated, it can lead to serious complications
- Fear, stigma, shame and discrimination are identified as major barriers to syphilis testing and treatment
- Regular STBBI testing is a normal part of protecting your health if you are sexually active
- Healthcare services should be accessible and available

# HAVE A SEXUAL HEALTH QUESTION?

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<https://www.centreforsexuality.ca/>

**Confidential!**



question?

**Email \***

**Your Question**

**Age**

- 0-12
- 13-17
- 18+

**SUBMIT**



# RESOURCES

- [Homepage - Healthy Parents Healthy Children](#)
- [Sex & U \(sexandu.ca\)](#)
- [Parents - Parents | Teaching Sexual Health](#)
- [Sexual and Reproductive Health - NWAC STBBI](#)
- [Combatting the rise in congenital syphilis: How service providers can support prevention, testing and treatment | CATIE - Canada's source for HIV and hepatitis C information](#)
- [Syphilis resources | CATIE - Canada's source for HIV and hepatitis C information](#)
- [https://www.nwac.ca/assets-knowledge-centre/31-March-STBBI\\_Toolki-EN.pdf](https://www.nwac.ca/assets-knowledge-centre/31-March-STBBI_Toolki-EN.pdf)
- [Birth Control Methods \(sieccan.org\)](#)
- <https://www.cpha.ca/sites/default/files/uploads/resources/stbbi/language-tool-e.pdf>
- <https://stbbi.nwac.ca/trauma-informed-care-resources/>
- [Syphilis Outbreak | Alberta Health Services](#)
- [What is an STI? – YouTube](#)
- <https://www.youtube.com/watch?v=VkSeTmbsRWs>



# POLLING QUESTIONS



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**LET'S CHECK OUR  
KNOWLEDGE!**

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# QUESTIONS

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