The SexEducator

14

WINTER | 2010

A MAGAZINE FOR INTERVENERS AND EDUCATORS WHO ARE OFFERING SEX-EDUCATION ACTIVITIES FOR YOUNG PEOPLE OF SECONDARY-SCHOOL AGE

A production of the ministère de la Santé et des Services sociaux du Québec in collaboration with the Université du Québec à Montréal and Tel-jeunes

HELPING YOUNG PEOPLE MAKE INFORMED CHOICES WITH REGARD TO SCREENING TESTS FOR SEXUALLY TRANSMITTED AND BLOOD-BORN INFECTIONS

BY MARIKA LAPRISE-MOUGEOT

IN COLLABORATION WITH
RICHARD CLOUTIER
VALÉRIE MARCHAND
CLAUDE LABERGE

TO RECEIVE *The SexEducator* FREE OF CHARGE, SUBSCRIBE AT msss.gouv.qc.ca/itss/abonnement
TO GIVE YOUR OPINION ABOUT THE MAGAZINE, GO TO msss.gouv.qc.ca/itss/evaluation

Québec

Simon and Emily, both 16, have been dating for a while now. One day, when they're alone at Simon's place, they're lying on the couch, kissing and touching each other. After a long while, just as they're about to make love, Simon shyly asks Emily, "*Are you safe?*"

Emily: *I think so...*

Simon: *Have you been tested?*

Emily: *Yes. I had a PAP test and I didn't have anything. My doctor didn't say anything else so I must be okay.*

Simon: *Well, if the doctor said you didn't have anything, then you must be safe.*

Emily: *What about you? Have you had a test?*

The SexEducator

NO. 14, WINTER 2010

THIS MAGAZINE IS PRODUCED BY
Ministère de la Santé et des Services sociaux du Québec
- Direction des communications
- Direction générale de santé publique
  - Richard Cloutier, Editor-in-chief
  - Valérie Marchand, Editor
  - Claude Laberge, Medical consultant

Université du Québec à Montréal
- Marika Laprise-Mougeot, Sexologist-educator, Master's student in sexology
- Francine Duquet, Professor in the Department of Sexology

and Tel-jeunes
- Christine Turcotte, facilitator
- Louise Blais, Director of services

Graphic design: Immaculæ conception graphique

The photographs in this magazine are used only to illustrate the topics discussed herein. The people that appear in them are models.

The SexEducator is also available in French, under the name *Ça sexprime.*

Subscriptions
Subscriptions to the magazine *The SexEducator* are free. Go to *www.msss.gouv.qc.ca/itss/abonnement.*

What do you think of the magazine?
You can give us your opinion about this magazine and help improve its contents by answering a few questions. Go to: *www.msss.gouv.qc.ca/itss/evaluation* and select *English version* and then *Evaluation of the Magazine* The SexEducator.

Back issues
Back issues of the magazine are available in PDF format only. Go to *www.msss.gouv.qc.ca/itss* and select *English*, then *Documentation/For Educators/The SexEducator.*

Legal deposit
Bibliothèque nationale du Québec, 2010
National Library of Canada, 2010
ISSN 1913-1526 (Print version)
ISSN 1913-1534 (PDF version)

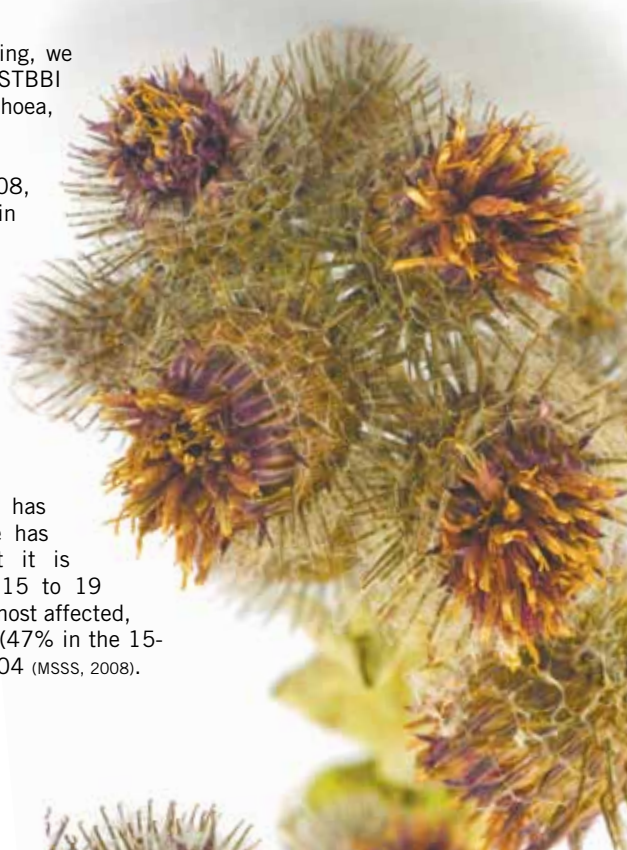
As we can see from Emily and Simon's story, consulting a doctor can give you a false sense of security when it comes to sexual health. Indeed, for young people, a medical consultation can be perceived as a certificate of sexual health that guarantees they do not have sexually transmitted and blood-borne infections (STBBI). However, if you are under the impression that your partner is "safe" simply because he or she has undergone testing but you do not know which tests were run, then you can easily end up with an STBBI. This is why it is important to be able to help young people make informed choices regarding STBBI testing. A screening test can be a pertinent preventive method when you think you might have engaged in risky sexual behaviours. These tests don't protect against infections—the only effective protection method is using a condom every time you have sex—but they give information about your infectious status and, if required, lead to getting treatment. Although teachers and other professionals are not specialists, they can counsel young people about screening tests and suggest this issue as a topic of discussion during group activities.

UPSURGE OF STBBI AMONG YOUTH...

Before describing issues linked to STBBI screening, we should remind readers that currently in Québec STBBI are increasing. Two of them, chlamydia and gonorrhoea, affect young people in particular.

With almost 15 000 cases reported in 2008, **chlamydia** is the most common reportable STBBI in the province. The number of reported cases rose by 50% between 1997 and 2004, then levelled off between 2004 and 2006. However the infection seems to have entered into a new upward phase since 2007. Young people aged 15 to 24 are the ones most affected by this infection. More specifically, over the last few years, just over 1% of girls have been diagnosed with chlamydia annually (MSSS, 2008).

The number of reported cases of **gonorrhoea** has increased by over 200% since 1998. This rise has been recorded among men and women, but it is especially remarkable among young girls aged 15 to 19 (increase of over 334%). Men continue to be the most affected, but in 2007 women accounted for 30% of cases (47% in the 15- to 24-year age group), compared with 18% in 2004 (MSSS, 2008).



… DESPITE RATHER STABLE SEXUAL BEHAVIOURS

The most recent studies and surveys show that just under half of young Canadians aged 15 to 19 have had sexual relations at least once. Slightly more young Quebecers in the same age group have had sexual relations at least once, with a rate of sexual activity estimated at 58% (Rotermann, 2008).

Despite popular belief and messages disseminated in the media, average age at first sexual relation, among those who become sexually active between the ages of 14 to 17, is around 15 years old and has been stable for about 20 years (Canadian Association for Adolescent Health [CAAH], 2006; Fernet, Imbleau and Pilote, 2002, Rotermann, 2008); however it's important to keep in mind that about 50% of young people have their first sexual relation after 18 years of age. Oral-genital sex appears to be popular among these youth since 68% have engaged in this practice at least once, at an average age of 15 (CAAH, 2006). Sexually active youth who participated in the CAAH study had had three sex partners on average, and about a third had had casual partners. The study also showed that 76% of these youth had used condoms during the most recent sexual relation. However, use of this protection method decreases with age. Fewer 17-year-olds than 15-year-olds use condoms, and more use oral contraceptives (Fernet et al., 2002; Rotermann, 2008). This finding indicates that they are at greater risk of contracting an STBBI since oral contraceptives do not protect against these infections. A study conducted by SOM in spring 2009 showed that over half of young people aged 16 to 24 stop using condoms after they've been going out with their steady partner for a month.

Studies show that many youth engage in behaviours that put them at risk for STBBI, which could explain the renewed increase of these infections. However, the observed upswing could also be attributable to the higher number of youth who go for testing and to the greater sensitivity of these tests (MSSS, 2008).

YOUNG PEOPLE AND STBBI SCREENING

There is little information on the number of youth who go for screening since only positive STBBI test results are tallied in the national reports published annually. However, the 2003 Canadian Community Health Survey revealed that about 106 000 youth aged 15 to 24, or 4% of those who have had sexual relations, have been diagnosed with an STBBI (Rotermann, 2005). However it appears that half of sexually active youth undergo testing before they stop using condoms with a regular partner. Moreover, it is clear that more girls than boys get tested (62% vs. 37% respectively) (SOM, 2009).

AN ASSORTMENT OF CONCERNS AND QUESTIONS

Many young people are concerned about STBBI screening, as can be seen in the messages adolescents have posted on the Tel-jeunes Web site (www.teljeunes.com).

- *I'd like to know more about screening tests (how it works, how old you have to be, and what they're used for) because at my school, I don't get much information.*
- *Who can perform STI tests?*
- *I read that you can catch an STI by doing a blow job. How can this STI be detected? Where does it show up? In the mouth? On the genitals?*
- *I want to know if I should get an STI test and get my boyfriend to have one before we stop using condoms even if we've never had sex with anyone else.*
- *I'd like to have an HIV test but I want it to be done in an anonymous clinic. I'd like to know where they are in my region. Where can I find out? Thanks.*
- *I'd like to know what to do to get tested without my parents knowing. I'd also like to know how it's done.*
- *When you get tested to find out if you have an STI at a gynaecologist's or a CLSC, about how long does it take before you get the results?*
- *I went to an STI screening centre and they wouldn't test me for herpes but that's the one that scares me the most. I still don't feel reassured and it's stressing me out. The nurse says that they need to take the samples for analysis based on your symptoms; if you don't have any, then you can't do anything. But I read on the Internet that they can tell if you have herpes from a blood sample and/or secretions… I'd like to know where in my region I can go to have this test…*
- *What's a urogenital examination?*

You have surely noticed that adolescents have many questions on STBBI detection methods, testing procedures and confidentiality of results. You may think you don't know the answers to all these questions, but you don't have to know everything. What's important is to help teens find answers to their questions and to refer them to the appropriate resources.

Young people are concerned about STBBI screening but many of them still don't know much about this topic. This issue of *The SexEducator* is designed to help teachers and other education professionals shed light on the question. More specifically, we will discuss reasons for having screening tests, what screening involves and when to get tested. Knowing what will happen during the visit with a doctor or nurse when testing occurs will help adolescents shatter myths and understand the advantages and limits of this prevention method, a necessity if one has engaged in risky sexual behaviours.

To make it easier to understand the various screening tests, we will first go over modes of STBBI transmission, noting personal characteristics and behaviours that put individuals at higher risk of transmission.

MODES OF STBBI TRANSMISSION

Some infections spread only through sexual contact (e.g. chlamydia and gonorrhoea), others mostly through blood (e.g. hepatitis C); still others can spread either sexually or through blood (e.g. HIV, syphilis and hepatitis B). The term currently used to designate all these infections is "sexually transmitted and blood-borne infections" (STBBI).

Sexual transmission of infections occurs when a person has infectious agents (bacteria, viruses or fungi) in body fluids involved in sexual activities, especially sperm and vaginal secretions but also blood (through menstruation and microlesions that can form in genital and anal areas and in the mouth). STBBI can also spread through objects that have been in contact with contaminated blood (drug injection and inhalation equipment, needles used for tattoos and piercings). In addition, some STBBI can spread through direct contact (skin-to-skin) with an infected area, such as when there is contact with a lesion caused by an STBBI (e.g. condylomas, genital herpes or syphilis) or when there are parasites on the skin (crabs or scabies). Like other types of infections, STBBI can be transmitted and contracted more than once. It is also possible to have more than one STBBI at once.

The "virginity" of both partners does not exclude all risk of transmission. The popular definition of "virginity" (the absence of vaginal penetration) is not synonymous with absence of sexual activity since some young people consider themselves to be virgins even if they have oral-genital or anal sex. In these cases, there is contact between body parts that could be infected with an STBBI, and areas through which germs could enter (mouth, penis, vagina, anus): transmission of some STBBI is thereby possible. As a result, during an oral-genital relation, herpes can spread to the genitals or the mouth (Holmes et al., 2008; Institut national de santé publique du Québec, 2003) while gonorrhoea and syphilis can be transmitted to the throat, penis or anus (Public Health Agency of Canada, 2008). Moreover, someone could have contracted an STBBI by sharing a syringe or needle—even if he or she has never had sexual relations—and then later contaminate a sex partner. Finally, a person can be an STBBI carrier from birth since several of these infections, such as hepatitis and HIV, can be transmitted during pregnancy, childbirth, or breastfeeding (HIV only).

Many STBBI are asymptomatic. Therefore, you can be infected without knowing it. For this reason, the secret to a healthy and fulfilling sexuality resides in responsible and safe sexual behaviours where condom use is prominent, regardless of the context.

RISKY BEHAVIOURS

Some sexual behaviours, and even personal or sociodemographic characteristics, can substantially increase risks of contracting an STBBI. Table 1 presents various risk factors associated with STBBI.

When an adolescent presents any of these factors, it is advisable to refer him or her to the appropriate resources for STBBI testing (see table Some STBBI resources, p. 18).

MEDICAL EXAMINATION ≠ STBBI SCREENING TEST

As we saw in the scenario, young people can think that systematically having a gynaecological exam or a routine checkup means being screened for STBBI. Obviously, this is not the case, unless the doctor is asked specifically for screening. The Pap test, used to detect cancerous or precancerous cervical lesions, does not detect STBBI. Moreover, some STBBI such as herpes and human papilloma virus (HPV) are impossible to detect when there are no symptoms or lesions. Furthermore, the type of specimen varies depending on the STBBI in question: urethral or vaginal specimens may be required for some tests, while for others, urine or blood samples may be needed.

TABLE 1 FACTORS ASSOCIATED WITH STBBI

The risk of contracting an STBBI increases in the following cases:

- sexually active individual under 25 years old;
- numerous sex partners (five or more) in the past year;
- people from regions where STBBI are common;
- history of STBBI;
- men who have sex with men;
- street youth;
- tattoo or piercing with non-sterile equipment;
- sharing drug injection or inhalation equipment;
- sharing sex toys not protected with a condom;
- sexual relations under the influence of drugs or alcohol (use of these substances can reduce vigilance or the capacity to negotiate safer sexual behaviours);
- unprotected sexual relations with a person who has an STBBI;
- unprotected sexual relations with a new partner while travelling (because the frequency of some infections is higher in some countries);
- unprotected sexual relations with a person who has one of the risk factors listed above.

Source: INSPQ, 2007.

SCREENING OR DETECTION?

In the health field, we refer to screening tests and detection tests. The expression "detection test" is broader and applies to tests that detect an infection in symptomatic and asymptomatic individuals. A "screening test" is used in cases where a person has no symptoms but nevertheless wants confirmation that he or she does not have an STBBI. Depending on the objective (screening or determining the cause of the symptoms) and the infection for which the test is being run, a doctor might take samples from different sites and utilize different tests. In any case, once the tests have been performed, the doctor will make a diagnosis, that is, interpret the information on hand received (signs and symptoms, test results, etc.) and suggest preventive or curative actions.

IS THERE SUCH A THING AS A ZERO-STBBI CERTIFICATE?

If there are symptoms, the doctor can usually quickly diagnose the STBBI contracted based on the nature of the symptoms, a clinical examination, sexual behaviours and the lifestyle habits of the person and his or her partners. If there are no symptoms, screening tests are chosen based on the risky behaviours of the person and his or her partners. ***However, these screening tests have limits since some STBBI (e.g. herpes and HPV infection) cannot be detected when there are no symptoms.***

Although screening tests are indispensable to ensure no STBBI has been contracted as a result of risky behaviours, they are not a guarantee that a person is 100% safe.

WINDOW PERIOD AND INCUBATION PERIOD

When it comes to STBBI screening, it is important to be familiar with two notions: the window period and the incubation period.

The **window period** is the period of time between the moment when an STBBI is acquired and when biomedical analyses can detect the infection in most infected people. The window period varies from one STBBI to another and one test to another (see Table 3, p. 7). It is, so to speak, an indicator of the ideal waiting period before having a screening test. However, **even though the infection is not detectable yet, it is present in the body and can be transmitted** during sexual relations or when sharing drug injection or inhalation equipment. Nonetheless, a test performed during the window period can detect the infection in some individuals.

The **incubation period** is the time between the moment when the infection is acquired and when symptoms appear. The person is infected but is unaware of it because there are no symptoms; he or she risks contaminating partners inadvertently. The incubation period varies greatly depending on the infection and can be longer than the window period.

OTHER GOOD REASONS FOR GETTING TESTED

Whether or not a person has symptoms, having an STBBI screening test is justified by a number of risk factors (Table 1). People in stable relationships who wish to stop using condoms or who are planning a pregnancy should also get tested (MSSS, 2006a). It should be noted that screening for chlamydia, gonorrhoea, syphilis, hepatitis B and HIV is part of the prenatal examination, and such screening should be systematically proposed to pregnant women (MSSS, 2006c). Screening tests should be done by an authorized professional from the health and social services network (MSSS, 2006a). This professional can be a physician or a nurse practising in clinics specialized in STBBI, in general medical clinics, or in CLSC youth clinics.

CONDITIONS TO BE MET BEFORE STOPPING CONDOM USE

Although it isn't foolproof, the condom is still the best way to protect against STBBI. However, couples often want to stop using condoms because they're in a stable, sexually exclusive relationship, because they want to use only a contraceptive method, or because they are planning to have a child in the near future.

Both partners should then consult a health professional, who will assess the need to perform screening tests. ***If testing is required, condoms should be used until results have been obtained****.*

The decision to stop using condoms with a stable partner implies a tacit or explicit agreement to be sexually exclusive or to use condoms with other sex partners. This commitment is important because a couple's decision to quit using condoms requires each partner to protect the other from possible STBBI. We should also remember that even though condoms are very effective against most STBBI, they do not offer complete protection, particularly in the case of HPV infection and herpes, where lesions can be located in areas other than the genital area covered by a condom.

Source : MSSS, Foire aux questions – condom, 2009

STBBI: A VARIETY OF SOURCES

The type of test performed depends on the nature of the STBBI (bacterial, viral, parasitic or fungal) and the presence or absence of symptoms. The sources of STBBI are shown in Table 2.

A DETECTION METHOD FOR EACH STBBI

STBBI originate in a variety of sources; correspondingly, there are several detection methods. Table 3 summarizes the characteristics of STBBI and their detection methods.

As noted earlier, there are many detection methods. It should be made clear to young people that one test or exam will not detect all STBBI, and that **when there are no symptoms, some STBBI (herpes, HPV infection) cannot be detected**. Moreover, STBBI can be detected through analyses only after a certain period of time; this time interval—the window period—varies from one infection to another. However, in some cases, testing is pertinent even if still within the window period. Consequently, young people who have risky behaviours or have symptoms should be advised to consult a health professional. Furthermore, even though the decision to get tested is wise, it is important to remind adolescents that **using condoms during sexual relations is essential since several STBBI are asymptomatic**.

TABLE 2 SOURCES OF STBBI

- A **bacteria** is a unicellular (single cell) microorganism; some are pathogenic for humans (can cause diseases). Bacterial STBBI (e.g.: gonorrhoea, chlamydia) are treated with antibiotics.
- A **virus** is an extremely small infectious agent that enters a cell and uses it to reproduce itself and infect other cells. Some viral STBBI such as HIV and herpes are incurable; some medications may reduce or eliminate symptoms, but the virus remains in the body and the person is infected for life. Other viral STBBI, such as hepatitis C, can be treated and cured. Individuals can also recover spontaneously from hepatitis A, B and C or HPV infections.
- A **parasite** is an organism that takes advantage of another organism to satisfy its own needs. Some parasites (e.g. crabs) can be eliminated using medicated cremes, lotions or shampoos, and by dry cleaning or washing in very hot water (50 °C) clothing, bedding and other items that could spread the organism.
- **Other sources of STBBI** include germs (fungi, protozoa) that can cause vaginitis. This infection can be treated with medicated cremes or tablets, depending on the cause. Yeast vaginitis is not usually considered a sexually transmitted infection since it can develop naturally as a result of an imbalance of the vaginal flora; however, it can be provoked by sexual contact.

Sources: ASPC, 2008; Encyclobio, 2008; Goldman et Ausiello, 2004; Regnault, 1992.

TABLE 3 THE MAIN STBBI AND THEIR DETECTION METHODS

	STBBI	Specific features	Detection methods	Window period and incubation period	Health professionals who do the tests
BACTERIA	Chlamydia	• Bacterial infection caused by *Chlamydia trachomatis* • Often asymptomatic, this infection can persist for several months if not treated	• Vaginal swab* • Urine analysis	• Window period: up to about 14 days after contact exposure • Incubation: 2 to 5 weeks after infection is acquired	• Nurse or physician • If patient has symptoms, the physician will determine which tests to perform.
	Gonorrhoea	• Bacterial infection caused by *Neisseria gonorrhoeae* • Persists as long as left untreated	• Swab to collect secretions from the genitals, throat or anus • Urine analysis	• Window period: 7 days • Incubation: 2 to 7 days	• Nurse or physician • If patient has symptoms, the physician will determine which tests to perform.
	Syphilis	• Bacterial infection caused by *Treponema pallidum* • Syphilis can evolve to different stages if left untreated	• Swab of the lesion • Blood test	• Window period: up to 6 weeks • Incubation: Primary stage: 3 to 90 days Secondary stage: 2 weeks to 6 months Tertiary stage: 1 to 20 years	• Nurse or physician • If patient has symptoms, the physician will determine which tests to perform.
VIRUS	Herpes	• Infection caused by herpes simplex virus • There is no cure for herpes, but some medications can relieve symptoms, reduce duration and frequency of lesions, and reduce the risk of transmission • Herpes can be transmitted to sex partners even in the absence of lesions.	• A swab of the lesion is the only way to confirm the diagnosis and determine the type of virus (type 1 usually causes cold sores; type 2 generally causes genital lesions). Consequently, the infection cannot be detected if there are no lesions. There is a blood test available (difficult to get in Québec) that can detect antibodies to type 1 or type 2	• Window period: 6 to 12 weeks • Incubation: 2 to 5 weeks	• The test must be done by a physician because diagnosing this STBBI and determining which samples to collect require a clinical examination.
	Human papilloma virus (HPV)	• There are several types of HPV: some produce condylomas (or genital warts); others cause lesions that can lead to cervical cancer • Condylomas generally disappear without treatment in less than 2 years. In some cases, a physician will treat them if severity warrants it. While the lesions may disappear, the virus can remain in the body; therefore it is still possible to transmit it to sex partners, and lesions can reappear.	• Diagnosed by clinical exam for condylomas • A Pap test can detect cervical lesions	• Window period: varies, can be very long • Incubation: 1 to 8 months	• Physician, because making a diagnosis requires a visual examination or Pap test.
	Hepatitis A, B and C**	Hepatitis A virus (HAV)	• Blood test (only performed if symptoms are present)	HAV • Window period: about 6 weeks after exposure • Incubation: 15 to 50 days	Hepatitis A, B and C: • If asymptomatic, screening test can be done by a nurse or a physician. • If patient has symptoms, the physician will determine which tests to perform.
		Hepatitis B virus (HBV)	• Blood test	HBV • Window period: 1 to 2 months • Incubation: 6 days after percutaneous exposure and 1 to 3 months after mucous membrane exposure	
		Hepatitis C virus (HCV)	• Blood test	HCV • Window period: 8 to 9 weeks • Incubation: 2 weeks to 6 months	
	HIV **	• Infection caused by human immunodeficiency virus (HIV) • Once contracted, the infection persists for life	• Blood test: if symptomatic, some tests can detect the infection before the end of the window period	• Window period: 3 months • Incubation: 2 weeks to 6 months for primary symptomatic infection and several years for AIDS	• Nurse or physician • If patient has symptoms, the physician will determine which tests to perform.
PARASITES	Scabies	• Infection caused by a parasite (*Sarcoptes scabiei*) that causes skin lesions	• A clinical exam is required for diagnosis	• Incubation: 3 weeks	• Nurse or physician
	Crabs (or pubic lice)	• Infection caused by a parasite (*Phthirus pubis*) that infests pubic hair	• A clinical exam is required for diagnosis		• Nurse or physician
OTHER CAUSES	Vaginitis	• Infection caused by yeast fungi (*Candida albicans*) or protozoa (*Trichomonas vaginalis*) that cause vaginal discharge	• Swab to collect vaginal secretions sent for laboratory analysis. Culture is taken only when patient is symptomatic	• Incubation: undetermined for fungal infections; 5 to 28 days for trichomonal infection	• Physician

Sources: PHAC, 2008; Holmes et al., 2008; MSSS, 2006c.

* A swab involves collecting secretions in a body cavity using a small cylindrical cotton brush on a small stick. Usually, samples are taken from the cervical (cervix) or vaginal area in girls, and from the urethral area (urethra) in boys. Boys are often apprehensive of having to provide urethral samples.

** Hepatitis and HIV infection can be transmitted in various ways. Hepatitis A spreads mainly through non-sexual routes, that is, fecal-oral contamination, but it can also be transmitted sexually (oral-anal relations). Hepatitis B and HIV spread through sexual contact or contact with contaminated blood (sharing drug injection or inhalation equipment). Hepatitis C is spread through contact with contaminated blood (mainly through sharing drug injection or inhalation equipment).

EVERYTHING YOU NEED TO KNOW ABOUT SCREENING TESTS

To demystify screening tests, we have put together a list of the main questions young people might have about these tests. The table is a good summary that teachers and other professionals can use when discussing this topic with young people.

WHERE DO YOU GO TO FIND OUT ABOUT HAVING STBBI SCREENING TESTS?

There are several options. You can talk to your family doctor or go to a medical clinic, a youth clinic or a specialised clinic at a CLSC. These professionals are well equipped to assist people who are likely to get tested. They are kind and caring, which should reassure young people. You can also call Info-Santé at 8-1-1 (see also the list of resources at the back of the magazine).

CONFIDENTIALITY AND CONSENT RELATED TO THE CONSULTATION

In regards to sexual health issues, young people are often worried about confidentiality and some might be afraid that if they see someone about an STBBI, their parents will be notified. It is important to remind them of the basic principles of confidentiality and consent to medical care.

In Québec, minors 14 years of age or over may give their own consent to the care they require without the need for parental authority (Civil Code of Québec, 2009). This provision fosters young people's access to health services, particularly for emergency oral contraception and STBBI screening. Otherwise, some adolescents might be reluctant to consult. If a young person is under 14, the health professional must obtain a parent's or guardian's consent before proceeding with STBBI screening tests. Nonetheless, youth under 14 years of age who have sexual relations should be encouraged to consult since their health may be at stake.

To respect the right to confidentiality of minors aged 14 and over, medical clinics or screening centres must check with adolescents how they wish to be contacted (phone them at home to confirm an appointment or receive results? Or would another communication method be better?). The right to confidentiality means the information collected is kept strictly confidential and can only be used for the purposes for which it was collected (MSSS, 2006c).

TABLE 4 QUESTIONS AND ANSWERS ABOUT STBBI SCREENING TESTS*

How often should you have screening tests?	If a person has risk factors, it is recommended to get tested every six months or more often, depending on the degree of risk (e.g. STBBI re-infections, multiple sex partners). Moreover, since a number of STBBI are asymptomatic, individuals may be infected without knowing it, which is why it is important to have screening tests when engaging in risky behaviours. However, tests should not be considered a preventive method. Using condoms every time you have sexual relations will provide protection against STBBI; frequent testing does not!
How can you access screening tests?	It depends on the person's condition. When there are no symptoms, the person can go to a medical clinic or to a CLSC youth clinic, or make an appointment with a doctor or a nurse. When there are symptoms, the person should see a physician right away since doctors are the only professionals qualified to do a thorough examination and make a diagnosis. In either case, the person can go to a walk-in clinic or make an appointment.
What will happen during the appointment?	For people with no visible symptoms—which is the case for most STBBI—the consultation begins with pre-test counselling (see Table 5, p. 9) to assess the risk factors (such as type of sexual relations, use of protective methods, number of partners and their characteristics, drug use). This step is essential to determine the type of test to perform. The health professional (nurse or doctor) usually uses this opportunity to give prevention advice adapted to the patient's behaviours. When there are symptoms (e.g. discharge, pain, skin lesions), a doctor must be consulted since a clinical examination is required to establish a diagnosis. Based on information given by the person, the professional may decide to collect specimens from the cervix, vagina, anus, throat, urethra or visible lesion. Urine or blood samples might also be needed, depending on the STBBI test to be performed.
How can you get the results?	All screening results, except those for HIV, can be given by telephone. However, it is preferable that they be given in person since post-test counselling advice can emphasize methods for protecting against STBBI. As a general rule, the professional will suggest making an appointment a few weeks after the test to give the patient the results and proceed with post-test counselling (see Table 5, p. 9).
How reliable are screening tests?	The first determinant of the reliability of a screening test is that it be done in accordance with the window period, that is, the time required after a sexual relation before a laboratory test can detect an infection. This time period varies by type of infection to detect; for example, seven days for gonorrhoea, three months for HIV. There is no waiting period for herpes and condylomas since the only way to establish a diagnosis is to perform a medical examination when a person has lesions. Of course, during the time between most recent unprotected sexual relation and knowing the test result, it is essential to use condoms to avoid the risk of infecting someone else or contracting an STBBI (which would not be detected by the test that was just done).

* Rémi Provost, a nurse attached to the integrated STI screening and prevention centre (SIDEP) at CSSS Jeanne-Mance in Montréal, helped with this table.

In accordance with the *Public Health Act*, there are reportable diseases (MADO, or maladie à déclaration obligatoire) that, as their name indicates, physicians and laboratories must report to regional public health directors when an individual's screening test is positive. Hepatitis A, B and C, syphilis, chlamydia and gonorrhoea are MADO. Reporting is nominal, that is, the patient's name and address are indicated on the form, in addition to other information about the reportable disease that was contracted (MSSS, 2006c). This information is also used to prepare profiles of the distribution and evolution of reportable diseases in the territory, and serves to guide preventive actions and avoid the spread of infections (MSSS, 2004b). Only individuals authorized by the Act have access to nominal information.

Nominal reporting does not apply to HIV infection (except in the case where someone is donating or receiving blood, organ or tissues). Information on HIV infection is collected for purposes of ongoing surveillance of the state of the population's health and to plan prevention activities designed for the population at large or for sub-groups.

THE SCREENING TEST: A UNIQUE OPPORTUNITY TO THINK ABOUT PREVENTION

Someone who is in a clinic to have a screening test or to pick up results might feel somewhat vulnerable due to the possibility that he or she may have contracted an STBBI. These two moments provide health professionals with opportunities to offer counselling. Pre-test counselling can reveal the real risks to which people are exposed and the motivation they may have to change their behaviours. It is a good opportunity to provide prevention advice and insist on the importance of the subsequent visit or of follow-up (MSSS, 2006c). During post-test counselling, preventive interventions can be reinforced since the person is especially receptive to prevention messages (MSSS, 2006c). Table 5 presents the main themes raised during counselling visits.

Medical exams and screening tests should not be perceived as the only preventive methods. Although someone's environment can play a significant role in their adopting preventive behaviours (e.g. influence of peers, access to condoms), each individual is responsible for choosing to protect himself or herself by using condoms and not sharing drug injection or inhalation equipment (MSSS, 2006a). Young people must learn to develop the notion of responsibility towards themselves and others. By discarding false beliefs such as, "I don't have symptoms so I'm okay," "I don't have symptoms so I can't spread an STBBI," and "I'm a virgin so I'm risk-free," they'll be more aware of the consequences of having unprotected sex.

TABLE 5 THEMES TO BE RAISED BY HEALTH PROFESSIONALS DURING COUNSELLING VISITS

PRE-TEST COUNSELLING

Evaluation of risk level

- Sociodemographic characteristics of the individual: country of origin, sex, age, etc.
- Clinical history: transfusion of blood or blood products, STBBI and result of most recent screening, vaccination, pregnancy, repeated abortions, etc.
- Sexual behaviours: sex of partner(s), number of sex partners in the past months, sexual practices, use of protective and contraceptive methods.
- Sexual network: prostitution, going to saunas, time in a correctional institution, information about sex partner(s) (living in Québec, living outside Québec, etc.).
- Lifestyle habits and exposure to blood: drug consumption and method used (injection, inhalation, etc.), tattoos, piercings, etc.

Preventive counselling based on detected risks

- Give advice adapted to the person's risk factors.
- Help the person make decisions about adopting and maintaining safer behaviours.

POST-TEST COUNSELLING

If result is negative

- Go over the previous visit.
- Give information on the significance of these results and the limits of screening.
- Evaluate the possibility of a false-negative result.
- Evaluate the persistence of risk and the pertinence of regular screening.
- Repeat preventive counselling based on the risks detected.
- Help the person make decisions about adopting and maintaining safer behaviours.
- Assess the need for follow-up visits.

If result is positive

- Go over the previous visit.
- Give information about the infection or infections detected and the significance of a positive result.
- Provide advice on preventive measures adapted to the individual's risk factors and what to do to restrict transmission of the STBBI contracted.
- Provide advice about the measures to take to reduce the risk of complications, and explain the treatment.
- Help the person make decisions about adopting and maintaining safer behaviours.
- Provide support for preventive intervention with the partner(s) (partner notification).
- Provide information about available resources.

Source : MSSS, 2006c.

WHAT TO DO IF AN STBBI SCREENING TEST RESULT IS NEGATIVE

Screening tests are not a method of protection against STBBI. This means that young people must be informed that negative STBBI test results should not be perceived as protection for future risky behaviours (MSSS, 2006c). Moreover, given the limited sensitivity (precision) of the tests, an STBBI may go undetected for a number of reasons. For example, the time between engaging in risky behaviour (unprotected sexual relation or drug use) and getting tested could be too short; maybe the urine sample was collected too soon after micturation; the sample could have been taken while the girl was menstruating; or perhaps the person was taking antibiotics when the sample was collected (MSSS, 2006c). When a false-negative result is suspected, the person must undergo testing again to confirm or refute the result (MSSS, 2006c). In addition and as already mentioned, some STBBI (herpes and HPV infection) cannot be detected when there are no symptoms, and a negative result to one or several analyses does not guarantee the absence of all STBBI. It is important to remember this fact. To prevent future transmission, the person must be encouraged to use condoms when having sexual relations and to avoid sharing drug injection or inhalation equipment (MSSS, 2006a).

WHAT TO DO IF AN STBBI SCREENING TEST RESULT IS POSITIVE

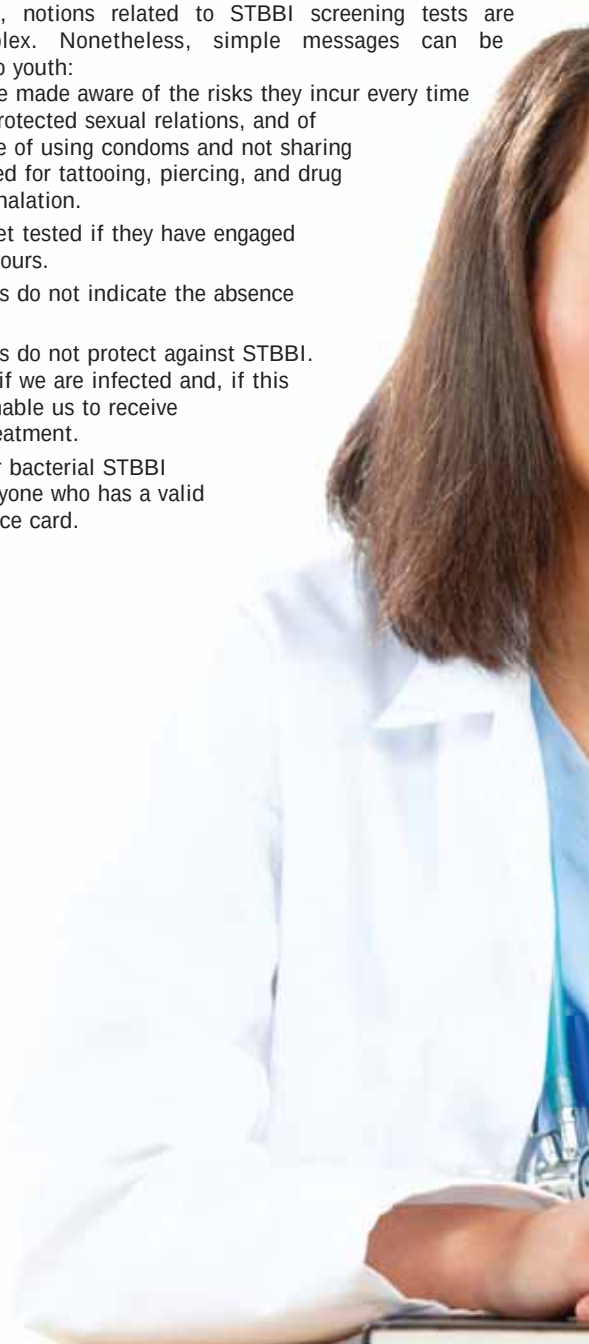
A positive result indicates that the person has an STBBI, even if he or she is asymptomatic. The person must see a doctor to get a prescription for appropriate treatment (MSSS, 2006a). Medications used to treat bacterial STBBI are free for infected individuals and their partners, as long as they have valid health insurance cards. The treatment prescribed by the physician must be strictly followed (PHAC, 2008). During treatment, or within seven days following single-dose treatment, and as long as symptoms have not disappeared (including the partner's, if applicable), the infected individual must use condoms if engaging in sexual relations (oral, vaginal and anal), or abstain from having sex (MSSS, 2006c).

To interrupt the chain of infection transmission and prevent complications, it is essential that the infected person informs his or her sex partners. These individuals can then get appropriate treatment, avoid passing on the infection and prevent complications linked to untreated STBBI (MSSS, 2004a). It is important to tell adolescents that health professionals can support them in their efforts to reach their partners. Professionals from the CLSC can even contact partners when a young person feels too ill at ease to do so. These professionals will respect confidentiality and won't name the person who asked them for help. An adolescent can also get support from telephone help lines (see p. 18) or talk to someone close to him or her. It is also important that adolescents whose screening tests were positive become aware of their responsibility not only concerning their own sexual health but that of their partners. Out of respect for themselves and for others, they should always adopt safe sexual behaviours (MSSS, 2004a).

A positive screening test result can also cause emotional distress (fear, shame, confusion, etc.). Post-test consultations are important because young people can receive support and follow-up. They can also seek support from peers or significant adults such as teachers or other professionals. Activity 3 in the "Learning Activities" section focuses on the theme of emotions and emotional support following a positive screening test.

As we can see, notions related to STBBI screening tests are relatively complex. Nonetheless, simple messages can be communicated to youth:

- They should be made aware of the risks they incur every time they have unprotected sexual relations, and of the importance of using condoms and not sharing equipment used for tattooing, piercing, and drug injection or inhalation.
- They should get tested if they have engaged in risky behaviours.
- Screening tests do not indicate the absence of all STBBI.
- Screening tests do not protect against STBBI. They indicate if we are infected and, if this is the case, enable us to receive appropriate treatment.
- Treatments for bacterial STBBI are free for anyone who has a valid health insurance card.



Learning activities

A variety of activities are suggested to help you inform and support young people as they learn about STBBI screening. The activities are designed mainly for teens aged 14 to 16. These activities are designed not only for schools but also for use in other contexts and organizations, such as youth centres. The content sections to consult are indicated at the beginning of each activity.

Given the contents of these activities, facilitators should inform students that they can consult the school psychologist, CLSC nurse or social worker. Indeed, complementary educational services were introduced to help young people find solutions to the difficulties they experience, and can be used either as part of a particular program or as a specific intervention (Ministère de l'Éducation du Québec, 2002). These professionals are valuable allies and should be kept informed of teachers' in-class activities.

The following table can assist you in carrying out these activities in schools. It outlines a few examples of how they can be integrated into the Québec Education Program as well as into complementary educational services programs. In addition, the activities suggested here are intended as examples. Professionals in schools can draw inspiration from them, or modify or reorganize them to integrate the activities into more general learning contexts.

Possible associations with the Québec Education Program and with complementary educational services programs

QUEBEC EDUCATION PROGRAM

GOALS OF THE EDUCATION PROGRAM

Construction of identity
Construction of world view
Empowerment

SUBJECT AREAS

Science and technology

The science and technology program is particularly appropriate for the theme of STBBI screening, during which various STBBI can be defined and their modes of transmission explained. In this context, the competency *Communicates in the languages used in science and technology* is ideal.

Ethics and religious culture

In this area, the theme can be introduced in the form of considering the ethical importance of informing one's sex partners that they might have contracted an STBBI and the need to use condoms to avoid spreading such an infection. The competency *Engages in dialogue* is required.

Visual arts

Activities on the theme of STBBI screening can also be done during visual arts classes. For example, students can be asked to draw a comic strip illustrating various feelings that can arise when someone is told he or she has a positive STBBI test result. The comic strip can be carried out as part of the competency *Creates media images*.

BROAD AREAS OF LEARNING

Health and well-being

To ensure that students develop a sense of responsibility for adopting good living habits with respect to health, safety and sexuality.

Focuses of development

Self-awareness and awareness of his or her basic needs
Self-affirmation; respect for his or her physical and psychological well-being; need for acceptance and growth; need for recognition and fulfillment, need to express his or her emotions.

Active lifestyle and safe behaviour
Adoption of safe behaviour in all circumstances; adoption of healthy lifestyle habits.

CROSS-CURRICULAR COMPETENCIES

Uses information

Systematizes the information gathering process; gathers information; puts information to use.

Uses information and communications technologies

Becomes familiar with technologies; uses technology to support learning; evaluates his or her use of this technology.

Communicates appropriately

Becomes familiar with various modes of communication; uses various modes of communication; manages the communication process.

LEARNING CONTEXT

See instructions at the beginning of each activity.

COMPLEMENTARY EDUCATIONAL SERVICES PROGRAMS

PROMOTION AND PREVENTION SERVICES PROGRAM

Provide students with an environment conducive to the development of a healthy lifestyle and of skills that are beneficial to their health and well-being.

HELP SERVICES PROGRAM

Help students with any difficulties they encounter.

Sources : MELS, 2007; MEQ, 2002.

ACTIVITY 1

Biologist for a day

DURATION
75 minutes

PEDAGOGICAL GOALS
It is assumed that having a better understanding of various types of STBBI and of detection methods will bring young people to take better charge of their sexual health.

- Know about different types of STBBI (bacterial, viral, parasitic)
- Know about the various types of screening tests (blood, urine, urethral, vaginal, anal or pharyngeal specimens).
- Distinguish detection methods based on the source of STBBI.

CONTENT

- Sources of STBBI (p. 6 of the magazine)
- Table summary of main STBBI and detection methods (p. 7)
- Confidentiality and consent related to the consultation (p. 8-9)

SUBJECT AREA
Science and technology

Preparing the activity

1

In teams of three or four, young people are asked to look for information about one of the following STBBI: chlamydia, gonorrhoea, vaginitis, herpes, HPV infection, syphilis, hepatitis, HIV, crabs and scabies. If needed, assign an STBBI to each team, or let the teens choose the one on which they would like to work.

Doing the activity

2

To determine the origin of the STBBI chosen and to identify its modes of transmission and screening, young people should search the Internet (looking at reliable sites dealing with STBBI; suggestions can be found at the back of the magazine) or various sources found in the library, or in science television shows.

3

One after the other, teams present the results of their research in front of the class. The teacher or facilitator can comment, correct or add to the teams' presentations to ensure that the information passed on is accurate. He or she should help young people understand that they can be infected with an STBBI without having symptoms. The teacher or facilitator should also explain *incubation period* (i.e. the period preceding the time when symptoms appear but during which the infection can be spread) and *window period* (i.e. the period of time when the infection develops but can't be detected).

Integrating the activity

4

The teacher or facilitator asks the adolescents to give the reasons for which someone might go for screening tests. He or she also explains why, starting at age 14, young people can give consent themselves to get tested without their parents being informed. The teacher or facilitator helps young people become aware that STBBI screening tests do not protect against STBBI and in no way replace the need to use condoms for protection.

ACTIVITY 2

I have something to tell you...

DURATION
60 minutes

PEDAGOGICAL GOALS
To identify ways to discuss with sex partners when there has been exposure to an STBBI, and to negotiate condom use.

- Using role playing, learn to tell someone diplomatically about a possible STBBI transmission.
- Know the arguments that will get his or her sex partner to use condoms when having sexual relations.

CONTENT

- What to do if an STBBI test result is positive (p. 10 of the magazine)
- *The SexEducator* No. 4, "Sexual health: protect it!" (available at www.msss.gouv.qc.ca/itss, in the section *Documentation for educators*: pp. 10 and 17)

SUBJECT AREA
Ethics and religious culture

Preparing the activity

1. The young people are invited to form teams of four or five persons each.

2. The teacher or facilitator ensures that the two following themes are divided evenly among the teams: 1) Tell a sex partner that you might have given him or her an STBBI, and recommend that he or she consult to receive treatment and get a screening test; 2) Negotiate condom use, given that you are an STBBI carrier. Variations can be suggested to each team (e.g. the person is a current, past, casual or stable sex partner; the STBBI can be treated or not, etc.).

Doing the activity

3. Working in teams, the youth write a scenario (dialogue) lasting two to five minutes on a theme they've been assigned. They must be tactful and effective.

4. The teams then take turns acting out their scenarios in front of the class.

Integrating the activity

5. The teacher or facilitator can go over the scenarios presented, describing the elements to abide by and the conditions conducive to telling a partner that there could have been transmission of an STBBI during unprotected sexual relations. He or she highlights the importance of this process (interrupts the chain of transmission, prevents complications for the partner because appropriate treatment can be given, future condom use by the partner). The teacher or facilitator also stresses the importance of respecting the person who tells us we might have contracted an STBBI: it isn't easy to do but shows that the person is concerned about our health and well being. It should also be noted that health professionals can provide support to notify sex partners and professionals in CLSC can even contact partners when an adolescent is too uncomfortable to do it himself or herself. These professionals ensure confidentiality and will not name the person who made the request.

ACTIVITY 3

Disturbing news

DURATION
Varies according to the scope of the project

PEDAGOGICAL GOALS
- Understand the emotions a person can feel when told about a positive test result.
- Be aware of available sources for emotional support.

CONTENT
- What to do if an STBBI test result is positive (p. 10 of the magazine)
- Some STBBI resources (p. 18)

SUBJECT AREA
Visual arts

Preparing and doing the activity

1

The youth are asked to create a comic strip, either individually or in teams. During the visual arts course, creating a comic strip is a pertinent exercise since it provides an opportunity to practice drawing techniques and create story scenarios. Using the comic strip as a base, the teens could, for instance, illustrate the reactions of someone who has just been told about a positive STBBI screening test result and the steps to take to obtain emotional support. Emphasis should be on the character's emotional expressions (verbal or non-verbal: anger, shame, anxiety, fear, sadness, concern, surprise). Emotional support can come from peers, parents, nurse, psychologist, teacher or help line that could be included in the charachter's environment.

2

At the end of the session, the youth can show their comic strips to the group. In this manner, they will be exposed to a wide range of reactions and emotions that a positive screening test result can elicit, and to possible sources of emotional support.

Integrating the activity

3

The teacher or facilitator can conclude the activity by emphasizing the importance of emotional support when a test result is positive since such news can provoke fear, shame, confusion or other reactions that can be destabilizing. The youth will be made aware that someone close to them might ask for support and that they need to find help for this person. In the latter case, they can turn to various resources such as teachers, health professionals or help lines.

Myth or fact?

ACTIVITY 4

DURATION
60-75 minutes

PEDAGOGICAL GOAL
- Know the myths and facts about STBBI transmission, screening and treatment.

Preparing the activity

1. Copies of the following table are made beforehand; the table is a basis for the activity. Cut out each statement.

2. Explain to students the nature of the activity by saying that, when it comes to STBBI, several myths persist and it can be difficult to distinguish myth from fact. Establish the distinction between myth (inaccurate information based on false beliefs) and fact (information whose accurateness can usually be demonstrated).

3. Divide the group into 10 teams of three or four. Give each team two statements.

*Some of these statements are based on those found on the Trojan Web site.

ANSWERS

A: Myth. B: Myth. C: Myth. D: Myth. E: Myth. F: Fact. G: Myth. H: Fact. I: Myth. J: Myth. K: Fact. L: Myth. M: Fact. N: Myth. O: Myth. P: Myth. Q: Fact. R: Myth. S: Myth. T: Fact.

Facts and myths about sexually transmitted and blood-borne infections

A	The only girls with whom I've had sexual relations were virgins. Therefore, I don't need to wear a condom.	
B	I'm taking the pill so I'm protected against STBBI.	
C	My girlfriend and I have never had complete sexual relations with anyone else, so we don't need to use condoms when we have sex together.	
D	I know my sex partner really well. We're the best friends in the world and I'd know if he'd caught anything.	
E	He's so gorgeous, he couldn't have an STBBI!	
F	I can have an STBBI even if I don't have symptoms.	
G	She's a really serious person. She doesn't "run around" at all. She has nothing for sure!	
H	It's important to use a condom or a piece of latex even for oral-genital relations.	
I	It's not so bad if I get an STBBI. A little pill will take care of it!	
J	If I catch an STBBI, I'll notice right away because of the symptoms.	
K	You can catch some STBBI even if you use a condom.	
L	We only have oral sex so we can't catch an STBBI.	
M	Many STBBI don't cause symptoms.	
N	I've had chlamydia so now I'm immunized against this infection.	
O	My boyfriend always pulls out before ejaculating so I'm protected against STI.	
P	My girlfriend's been vaccinated against HPV so we can stop using condoms.	
Q	Some STBBI can't be cured.	
R	The last time I saw my doctor I had a Pap test and she told me everything was fine. So I don't have an STBBI.	
S	You can't catch more than one STBBI at a time.	
T	Since I'm now 15, I can have a screening test and my parents don't have to be told.	

CONTENT

- Modes of STBBI transmission (p. 4 of the magazine)
- Risky behaviours (p. 4)
- Confidentiality and consent relating to medical consultation (p. 8)
- *The SexEducator* No. 4 – "Sexual health: protect it!" (available at www.msss.gouv.qc.ca/itss, in the section *Documentation for educators*)

Doing the activity

4

The teams must determine if the statements they have been given are myth or fact, and find arguments to support their answers.

5

One after the other, each team is invited to present the results of their work to the group (statements they were given, their answers and the reasons for their answers).

Integrating the activity

6

After presenting each statement, invite the group to react to the teams' arguments. If needed, correct the facts or add to what the students reported.

7

Ask students to name other myths they've heard about STBBI and sexuality.

8

Conclude the activity by summarizing the main points noted by the youth. Their answers should highlight the fact that a number of incorrect ideas prevail about modes of STBBI transmission, ways to protect against these infections and their symptoms and about risky behaviours. End the session by specifying that the best way to protect against STI is to use a condom for every sexual relation, and for as long as both partners have not had screening tests.

OTHER POSSIBLE ACTIVITIES

Drama

Ask students to create a play that features a couple where one character has to tell the other about an STI. You can suggest different scenarios:

- STI was contracted when one partner was unfaithful;
- New relationship (how to say you have to use protection because you have an STI or you think you might have one?);
- One-night stand (how do you tell your one-night stand partner that he or she may have caught an STI?);
- First sexual relation and you think that your partner gave you an STI (how do you discuss it with him or her?).

Competency 1: Create dramatic works

Science and technology

Courses that deal with biotechnologies are well suited to explore notions of window period, incubation period, and symptomatic or asymptomatic infection. Students can do research on STBBI and screening techniques.

Competency 2:
Makes the most of his/her knowledge of science and technology

A workshop in the computer lab could be organized in conjunction with complementary educational services to help students find health and social services resources related to STBBI and discover the resources available in their region.

Cross-curricular competencies:
Uses information and communications technologies

SOME STBBI RESOURCES

Here are a few resources where young people, facilitators and teachers can find information about STBBI.

Tel-jeunes
Telephone help line and Internet site for young people.

1 800 263-2266 (24 hours a day, 7 days a week)
[www.teljeunes.com]

sexualityandu.ca
Web site of the Society of Obstetricians and Gynaecologists of Canada dedicated to sex education and information.

[www.sexualityandu.ca/teachers, or **teens]**

Ministère de la Santé et des Services sociaux
Service de lutte contre les infections transmissibles sexuellement et par le sang.

[www.msss.gouv.qc.ca/itss]

T'as juste une vie
Web site with references on sexually transmitted infections, drugs, tobacco, alcohol and gambling**.**

[www.tasjuste1vie.com]

Canadian Association for Adolescent Health
Web site presenting quality information for young people to help them make choices and remain healthy.

[www.youngandhealthy.ca/caah]

Info-Santé
Health and social services centres help line.

8-1-1

j'capote.com
Web site for young people that promotes condom use.

[www.jcapote.com]

Elysa
Site about human sexuality that was initiated by a group of teachers at Université du Québec à Montréal (UQAM).

[www.elysa.uqam.ca/elysa.htm]

Public Health Agency of Canada
Self learning module on Sexually Transmitted Diseases (STD).

[www.phac-aspc.gc.ca/slm-maa/index-eng.php]

BIBLIOGRAPHY

CANADIAN ASSOCIATION FOR ADOLESCENT HEALTH (2006). "Sexual Knowledge, Attitudes and Behaviours of Canadian Teenagers and Mothers of Teens", *Pro-Teen*, Vol. 15, No. 1-2, June, [On-line]. [www.acsa-caah.ca] (4 November 2008).

ENCYCLOBIO (2008). "Lexique – Virus", [On-line]. [www.cite-sciences.fr/lexique] (5 November 2008).

FERNET, Mylène, Monique IMBLEAU and François PILOTE (2002). "Sexualité et mesures préventives contre les MTS et la grossesse", dans Enquête sociale et de santé auprès des enfants et des adolescents québécois 1999, Québec, Institut de la statistique du Québec, p. 273-291.

GOLDMAN, Lee, and Dennis AUSIELLO (2004). Cecil Textbook of Medicine, 22e édition, Philadelphie, Saunders, 2506 p.

HOLMES, King K., et al. (2008). Sexually Transmitted Diseases, 4th Edition, New York, McGraw-Hill, 2166 p.

INSTITUT NATIONAL DE SANTÉ PUBLIQUE DU QUÉBEC (2003). L infection génitale au virus Herpès Simplex, [On-line]. [www.inspq.qc.ca] (16 November 2008).

INSTITUT NATIONAL DE SANTÉ PUBLIQUE DU QUÉBEC (2007). Complément québécois aux Lignes directrices canadiennes sur les infections transmissibles sexuellement, édition 2006, [On-line]. [publications.msss.gouv.qc.ca/acrobat/f/documentation/2007/07-345-01.pdf] (19 September 2008).

"Integrity of the person" in QUÉBEC, *Civil Code of Québec: L.Q. 1994, c. 64, updated on 15 April 2009*, sec. 14, [On-line]. [www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/CCQ/CCQ_A.html] (17 April 2009).

MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX (2004a). *Programme québécois d'intervention préventive auprès des personnes atteintes d'une infection transmissible sexuellement (ITS) et auprès de leurs partenaires*, [On-line]. [publications.msss.gouv.qc.ca/acrobat/f/documentation/2004/04-325-02.pdf] (31 October 2008).

MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX (2004b). *Portrait des infections transmissibles sexuellement et par le sang (ITSS), de l'hépatite C, de l'infection par le VIH et du sida au Québec*, coll. "Analyses et surveillance", Québec, ministère de la Santé et des Services sociaux, 38 p.

MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX (2006a). "Questions about screening tests", [On-line]. [www.msss.gouv.qc.ca/itss] (31 October 2008).

MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX (2006b). "Maladies à déclaration obligatoire", [On-line]. [www.msss.gouv.qc.ca/sujets/santepub/mado.php] (17 November 2006).

MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX (2006c). *Guide québécois de dépistage des infections transmissibles sexuellement et par le sang*, Québec, ministère de la Santé et des Services sociaux, 160 p.

MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX (2008). *Portrait des infections transmissibles sexuellement et par le sang (ITSS) au Québec – Année 2007 (et projections 2008)*, coll. "Analyses et surveillance", nº 32, [On-line]. [www.msss.gouv.qc.ca] (7 January 2009).

PUBLIC HEALTH AGENCY OF CANADA (1998). "Oral Contraceptive and Condom Use", STI-EPI Update, [On-line]. [www.phac-aspc.gc.ca/publicat/epiu-aepi/std-mts/std511_e.html] (17 November 2006).

PUBLIC HEALTH AGENCY OF CANADA (2008). *Canadian Guidelines on Sexually Transmitted Infections*, [On-line]. [www.phac-aspc.gc.ca/std-mts/sti-its/index-eng.php] (7 January 2009).

QUÉBEC. *Public Health Act: RSQ, chapter S-2.2, Updated to 15 April 2009*, [On-line]. [www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/S_2_2/S2_2.html] (17 April 2009).

REGNAULT, J.P. (1992). *Agressions et défenses du corps humain*, Paris, Éditions Vigot, 449 p.

ROTERMANN, Michelle (2005). "Sex, condoms and STDs among young people", *Health Reports*, Vol. 16, No. 3, May, p. 39-45.

ROTERMANN, Michelle (2008). "Trends in teen sexual behaviour and condom use", *Health Reports*, Vol. 19, No. 3, September, p. 1-5.

SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA (2006a). "Sexually Transmitted Infections", [On-line]. [www.sexualityandu.ca/professionals/sti.aspx] (1 November 2006).

TEL-JEUNES (2006). "Tests d'ITSS", [On-line]. [www.teljeunes.com] (13 November 2006).

TROJAN (2008). "Myth vs Fact" [On-line]. [www.trojansafesex.ca/mythfact.htm] (5 December 2008).

www.msss.gouv.qc.ca/itss

Santé et Services sociaux Québec

TEL-JEUNES
www.teljeunes.com
1 800 263-2266

UQÀM

09-314-03A