I'm not a robot

What is stbbi testing

Screening is a confidential, easy and quick way to find out if you have a sexually transmitted and blood-borne infection (STBBI).People who have an STBBI do not always have symptoms. They can be infected and pass the infection on without being aware of it. The only way to confirm whether or not someone has an infection is by testing for STBBIs. Screening means that people who have contracted an STBBI can be treated appropriately and avoid the complications of an untreated infection.After having sex without a condom or after sharing drug injection or inhalation equipment, you should get tested for STBBIs.Also, if you are in a stable romantic relationship and are thinking about stopping using condoms, both partners should get tested to make sure they are not taking any risks. Sexually transmitted and blood-borne infections (STBBIs) are infections (bacteria, parasites, or viruses) that pass to someone through sexual contact or specific activities that involve blood. Some examples of STBBIs are chlamydia, syphilis, human immunodeficiency virus (HIV), hepatitis B (HBV), hepatitis C (HCV), and gonorrhea. Using the term STBBIs instead of the more common “STIs” or “STDs” allows us to recognize that these infections aren’t always transmitted through sexual activity. Remember: There is no shame in getting an STBBI or in wanting to get tested to ensure you don’t have one. Keep in mind that: STBBIs don’t make you dirty You are the same person you were before any diagnosis It isn’t your fault Sexual contact, for example, by exchanging bodily fluids from vaginal, oral, or anal sex between partners Sharing drug use equipment: This includes needles, pipes, straws, and bills Sharing tattoo or piercing equipment Often, STBBIs show no signs or symptoms, and many people don’t know they have one. The only way to know is to get tested. If you’re looking for testing and/or treatment, you can contact one of the following: Algonquin College Health Services (Ottawa campus): 613-727-4723 ext. 7222 Ottawa Public Health Sexual Health Clinic: 613-234-4641 GetaKit (at-home testing): GetaKit.ca By contacting your healthcare provider, community health clinic, or public health nurse Most STBBIs can be cleared completely with proper treatment. The sooner you get treatment, the better. That’s why early testing is so important! If you’re looking for testing and/or treatment, you can contact one of the following: Algonquin College Health Services (Ottawa campus): 613-727-4723 ext. 7222 Ottawa Public Health Sexual Health Clinic: 613-234-4641 GetaKit (at-home testing): GetaKit.ca By contacting your healthcare provider, community health clinic, or public health nurse Reduce your risk of getting an STBBI or passing one along by using safer sex methods and practicing harm reduction during drug use. Specific ways to reduce your risk of STBBIs: Use barriers such as condoms and dental dams during oral, vaginal, and anal sex Engage in intimacy that doesn’t pose a high risk for STBBIs, e.g. giving or receiving a massage, mutual masturbation, or sharing a sexual fantasy Avoid sharing needles, pipes, straws/bills, tattoo or piercing equipment, and sex toys. Top tips for preventing STBBIs: Get tested regularly: This means getting tested as part of your regular health check-ups and before and after new sexual partners Have honest conversations: Talk to your sexual partner(s) about their STBBI status. This can feel scary, but it’s necessary to keep yourself as safe and healthy as possible! References: Sexuality Education Resource Centre. (2023). What are STBBIs?. Public Health Agency of Canada. (2025). STBBI Prevention Guide. STBBIs are frequently asymptomatic and can lead to serious complications if left undiagnosed or untreated. STBBI screening can raise awareness about signs and symptoms and provide an opportunity to discuss transmission and prevention measures. Screening increases the possibility of early detection and treatment, prevents or limits complications and lessens potential for transmission. Offer screening for STBBIs during routine care, with special attention to individuals who are more likely to be exposed. Age, gender, medical and sexual history as well as risk factors all inform the decision to screen. More frequent screening may be appropriate for individuals with ongoing risk factors. Screening for STBBIs can be normalized by using statements such as, “I always suggest testing for STBBIs. Are you okay with being tested?” Many STBBIs have similar risk factors and transmission modes, and co-infection is common. If an STBBI is suspected, take the opportunity to screen for other STBBIs. Some STBBIs can cause inflammation, ulcers or both and increase the risk of HIV acquisition and transmission. Consult etiology specific guides for screening recommendations. Clinical presentation and sexual and substance use history will help inform what specimens and samples to collect, from which anatomical sites (pharyngeal, genital, rectal) and the type of diagnostic tests. Depending on type of sexual activity, it may be necessary to collect specimens from multiple anatomical sites. Consult etiology specific guides or the STI-associated Syndromes guide for information on diagnostic tests. Barriers to screening and testing Underscreening for STBBIs results in missed opportunities to detect infection and thereby prevent transmission. There are several common STBBI screening barriers at the individual, healthcare and social level. Individual barriers Underestimated personal risk Lack of awareness about STBBI screening and benefits Perception that STBBIs are minor health concerns Fear of invasive procedures such as urethral swabbing, speculum exam and venipuncture Self-consciousness about or previous negative experience with physical examination including genital, gynecological or rectal examination Shame, or internalized stigma about sexual or substance use practices Concerns around confidentiality Lack of access or poor connection to the health care system (e.g. men can be less likely to seek care)Footnote 1 Fear of disclosing sexual orientation, gender identity or gender-affirming surgery Healthcare barriers Attitudes and behaviours, which lead to stigmaFootnote 2Footnote 3 Lack of confidence in taking a sexual history, screening, testing and treating STBBIs Topic avoidance Lack of time due to competing medical priorities Lack of knowledge, preparedness or discomfort in providing: Social barriers Stigma Discrimination Lack of anonymity in smaller communities Individuals may be more vulnerable to STBBI and more likely to experience barriers to screening and testing if they have experiencedFootnote 9: Stigma Exclusion Marginalization Mental health issues Discrimination based on race, immigration status, sexual orientation, gender identity or substance use Involvement in sex work These barriers and STBBI-related stigma can be reduced by offering screening in a person-centred, culturally safe and trauma-informed manner, as part of routine care. Motivational interviewing techniques can be used to identify barriers and the means to overcome themFootnote 10. The use of urine and other self-obtained specimens, like vaginal and rectal swabs, can increase acceptance of screening in persons reluctant to be examined. Self-testing (e.g., HIV self-testing) and point of care (POC) testing (where available) can also facilitate uptake of screening. Additional resources Footnote 1 Banks I. No man's land: Men, illness, and the NHS. BMJ. 2001;323(7320):1058-1060. doi: 10.1136/bmj.323.7320.1058 [doi]. Return to footnote 1 referrer Footnote 2 Myles A. The role of physicians’ attitudes and the provision of hepatitis C virus treatment to people who inject drugs. Open Medicine Journal. 2016;3(1). Return to footnote 2 referrer Footnote 3 Wagner AC, Girard T, McShane KE, Margolese S, Hart TA. HIV-related stigma and overlapping stigmas towards people living with HIV among health care trainees in canada. 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Sexual and reproductive health care for women with intellectual disabilities: A primary care perspective. Int J Family Med. 2013;2013:642472. doi: 10.1155/2013/642472 [doi`]. Return to footnote 7 referrer Footnote 8 White W, Brenman S, Paradis E, et al. Lesbian, gay, bisexual, and transgender patient care: Medical students' preparedness and comfort. Teach Learn Med. 2015;27(3):254-263. Return to footnote 8 referrer Footnote 9 Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada. A summary of the pan-canadian framework on sexually-transmitted and blood-borne infections. Can Commun Dis Rep. 2018;44(7/8):179-81. Return to footnote 9 referrer Footnote 10 Hall K, Gibbie T, Lubman DI. Motivational interviewing techniques: Facilitating behaviour change in the general practice setting. Aust Fam Physician. 2012;41(9):660. Return to footnote 10 referrer It appears you are trying to access this site using an outdated browser. As a result, parts of the site may not function properly for you. We recommend updating your browser to its most recent version at your earliest convenience. Sexually transmitted and blood borne infections (STBBI) are infectious diseases that are transmitted from one person to another through sexual contact and/or exposure to contaminated blood, for example through the exchange of consumer materials. They used to be called STM or STI. People with STBBIs often have no symptoms. These people can therefore transmit one or more infections unknowingly. It is for this reason that regular testing is recommended. At the age of 14, it is possible to decide independently to get tested. STBBI screenings are quick and confidential. Screening allows people with STBBIs to be adequately treated, avoid complications associated with STBBIs, and prevent transmission in communities. Among the most common STBBIs are : Chlamydia Chlamydia is a bacterial infection and one of the most common STBBIs, especially in young people. It can affect the cervix, urethra, anus, and even the eyes. Most people will have no symptoms. It can be treated effectively with antibiotics to avoid longer-term complications. GonorrheaIt is a bacterial infection that often appears in co-infection with Chlamydia. It can affect the cervix, urethra, anus, throat and even eyes. Men are more often symptomatic than women. Symptoms include abnormal discharge and pain when urinating. It can be treated with antibiotics. Syphilis Syphilis is a bacterial infection with a high prevalence in Nunavik. It can evolve in different stages all associated with different symptoms that may resemble other diseases or go unnoticed. Syphilis can be transmitted to the child during pregnancy or childbirth if left untreated and cause significant health problems. When detected, syphilis is treated well with an antibiotic injection. Herpes Herpes is a virus that causes lesions in or around the mouth and genitals. It is transmitted through kissing and sexual intercourse. The lesions are painful and can reappear during the life of a person with the disease. The symptoms of herpes can be treated with medication, even if the virus remains present for life. HPV HPV is a virus that is transmitted during sex. It is very frequently found in the general population. In some cases, it can lead to cervical cancer. It is recommended that women have preventive PAP or HPV testing regularly. Talk to a health professional. Hepatitis B Hepatitis B is a virus that is transmitted through blood, mainly through needle sharing or sexual intercourse. The virus affects the liver and can lead to health complications. Hepatitis can be prevented through vaccination. Hepatitis C Hepatitis C is a disease caused by a virus that is transmitted through the blood, mainly when sharing needles or consumption materials. It affects the liver and can lead to health complications. Hepatitis C can be treated.HIV HIV is a virus that affects the immune system and is transmitted from person to person through blood (including during pregnancy and childbirth), semen, rectal fluid, vaginal secretions and human milk. It is not transmitted by shaking hands, coughing or sharing a meal. There is currently no cure for HIV, but there are treatments to control the infection and allow those infected with the virus to lead a healthy life and not transmit the virus. Learn more about safe sex practicesRessources: Pauktuutit Doodly : Brochures: Flyer Get tested Poster Get testedSurveillance updatesDeclaration rates for gonorrhea and chlamydia infections in Nunavik are higher than those reported for the province of Quebec, a shortcoming observed for more than 20 years.However, unlike other Inuit / First Nations communities across Canada, Nunavik’s HIV cases remain, for now, very low. With high rates of gonorrhea, chlamydia and syphilis, the future rise of HIV is a source of concern.To monitor in the future: graphs and statistics for the population (reporting annually, starting in 2016). STBBIs are frequently asymptomatic and can lead to serious complications if left undiagnosed or untreated. STBBI screening can raise awareness about signs and symptoms and provide an opportunity to discuss transmission and prevention measures. Screening increases the possibility of early detection and treatment, prevents or limits complications and lessens potential for transmission. Offer screening for STBBIs during routine care, with special attention to individuals who are more likely to be exposed. Age, gender, medical and sexual history as well as risk factors all inform the decision to screen. More frequent screening may be appropriate for individuals with ongoing risk factors. Screening for STBBIs can be normalized by using statements such as, “I always suggest testing for STBBIs. Are you okay with being tested?” Many STBBIs have similar risk factors and transmission modes, and co-infection is common. If an STBBI is suspected, take the opportunity to screen for other STBBIs. Some STBBIs can cause inflammation, ulcers or both and increase the risk of HIV acquisition and transmission. Consult etiology specific guides for screening recommendations. 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