

# Disruptions of Sexually Transmitted and Blood Borne Infections (STBBI) Testing Services During the COVID-19 Pandemic in Ontario: Service Providers' Experiences and Responses

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**CAHR Virtual Conference: April 27-29, 2022**

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# Background

- The designation of sexually transmitted and blood borne infections (**STBBI**) testing as “**non-essential**” health services during the COVID-19 pandemic in Ontario has **negatively impacted their availability**.
- Published studies from Canada and US have found that the lack of available sexual health services such as STBBI testing has contributed to individuals’ **unmet sexual health needs** throughout the pandemic.
- In response to unmet sexual health needs, many sexual health service providers have adopted **alternative models of care** such as **virtual interventions** and **self-sampling/testing**.
- Our objective was to investigate **service providers’ experiences of disruptions to STBBI testing** during the COVID-19 pandemic in Ontario, as well as the **adoption and acceptability of alternative models of care** among service providers.

## Methods

- As part of a larger **community-based research study**, data collection and analysis were led by **3 Peer Researchers** and a **Community Advisory Board** was consulted throughout the study.
- Semi-structured **virtual focus groups (3)** and **in-depth interviews (11)** were conducted between **October 2020-February 2021** with a diverse group of **sexual health service providers (n=18)** (i.e. frontline workers, sexual health nurses, etc.).
- **Purposive and snowball sampling** recruitment methods were used, and analysis techniques were informed by grounded theory.
- Transcripts were **transcribed verbatim** and coded using NVivo 12 software. Each participant was assigned a **pseudonym**.

# Results

## Participants (n=18)

- **Current Job:** frontline workers at community-based or HIV/AIDS service organizations (n=7), sexual health nurses (n=4), physicians (n=2), public health workers (n=2), clinic counsellors/HIV testing professionals (n=2), managers of sexual health clinic (n=1)
  - **Years of Experience:** Over five years (n=9), 1-5 years (n=7), less than one (n=2)
  - **Location of Work in Ontario:** Greater Toronto Area (n=7), Ottawa (n=2), other large urban areas (>100,000) (n=8), rural communities (1,000-29,999) (n=1)
  - **Populations Primarily Served\*:** gay, bisexual, queer, and other men who have sex with men (n=15), people who use intravenous drugs (n=8), trans/gender non-conforming (n=7), sex workers (n=5), youth (n=2), adults between 18-60 (n=1), immigrants/newcomers (n=1)
- \*not mutually exclusive*

## Disruptions to STBBI Testing

- Participants identified the **reallocation of public health resources and staff toward COVID-19 management**, as well as the **closures, reduced hours, and lower in-person capacities at sexual health clinics** as causes for a sharp decline in the availability of sexual health testing services in Ontario.
- Prior to the pandemic, **Ontario Public Health provided 50% of STBBI testing in the province**. But with a focus on COVID management, sexual health testing demand was been **redirected toward other sexual health service providers** such as private labs, family doctors, and other community-based sexual health clinics who also faced COVID-related constraints.
- After the first “lockdown” period (March-May, 2020) **new clinics were created and capacities were increased at existing clinics** to meet the continued demand for sexual health testing.

# Results

## Innovations in STBBI Testing

- **Virtual and self-sampling interventions were adopted** for STBBI testing to increase service capacity while reducing risk of COVID-19 transmission. These innovations included: **“Virtual Nurse Clinic”** and **“Quick Test Clinic”**
- There was a **shift away from in-person visits** to remote risk assessment, intake, and counselling sessions using the phone or internet. **In-person visits were limited to clients in “urgent” need of testing or treatment**, such as those with recent exposure, symptoms, or high-risk profiles.
- Participants suggested that **alternative models of testing were highly acceptable among their staff and clients**, and that they were more convenient, accessible, safe, comfortable, cost-effective, and “less workload heavy” compared to traditional clinic-based models, and that **they filled the gaps in testing caused by the pandemic**.

Virtual Nurse Clinic	Quick Test Clinic
Requisition is filled over the phone and sent to LifeLabs or Dynacare; client visits the lab of choice for testing	Requisition is pre-filled; client visits any participating location* to pick-up requisition and self-collect samples on-site
Reserved for ‘low-risk’ clients; clients with clear exposure or other risks referred to in-person services	Reserved for asymptomatic clients; clients with symptoms or clear exposure referred to in-person services
All types of testing available	Only chlamydia and gonorrhea testing

# Discussion and Conclusion

- **Availability of publicly funded and community-based STBBI testing services was critically reduced** in Ontario, Canada during the COVID-19 pandemic.
- Alternative models of care such as **virtual and self-sampling interventions were adopted** for STBBI testing, and **acceptability was high among service providers**. Their lived experiences of timely and effectively implementing such services also **demonstrated their feasibility** within the context of Ontario.
- There are **potential benefits of alternative STBBI testing services such as virtual and self-sampling interventions beyond the pandemic**, and such services should continue to be offered in the province. This should be **in conjunction with traditional clinic-based testing services** to meet the different needs of various sexual health service clients.
- There is a need to view **sexual health as a comprehensive part of our overall understanding of health**, and there is a serious need for **widely available and accessible publicly funded sexual health services** for all residents.
- Interestingly, disruptions to STBBI testing caused by the pandemic was identified as the **catalyst for approval and implementation of new testing initiatives** by our service provider participants.
- Future research in **implementation science is critical and necessary for the development, adoption, evaluation, and expansion** of innovative sexual health and STBBI testing services in Ontario.

This study was approved by the University of Toronto Ethics Board and funded by the Canadian Institutes for Health Research  
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