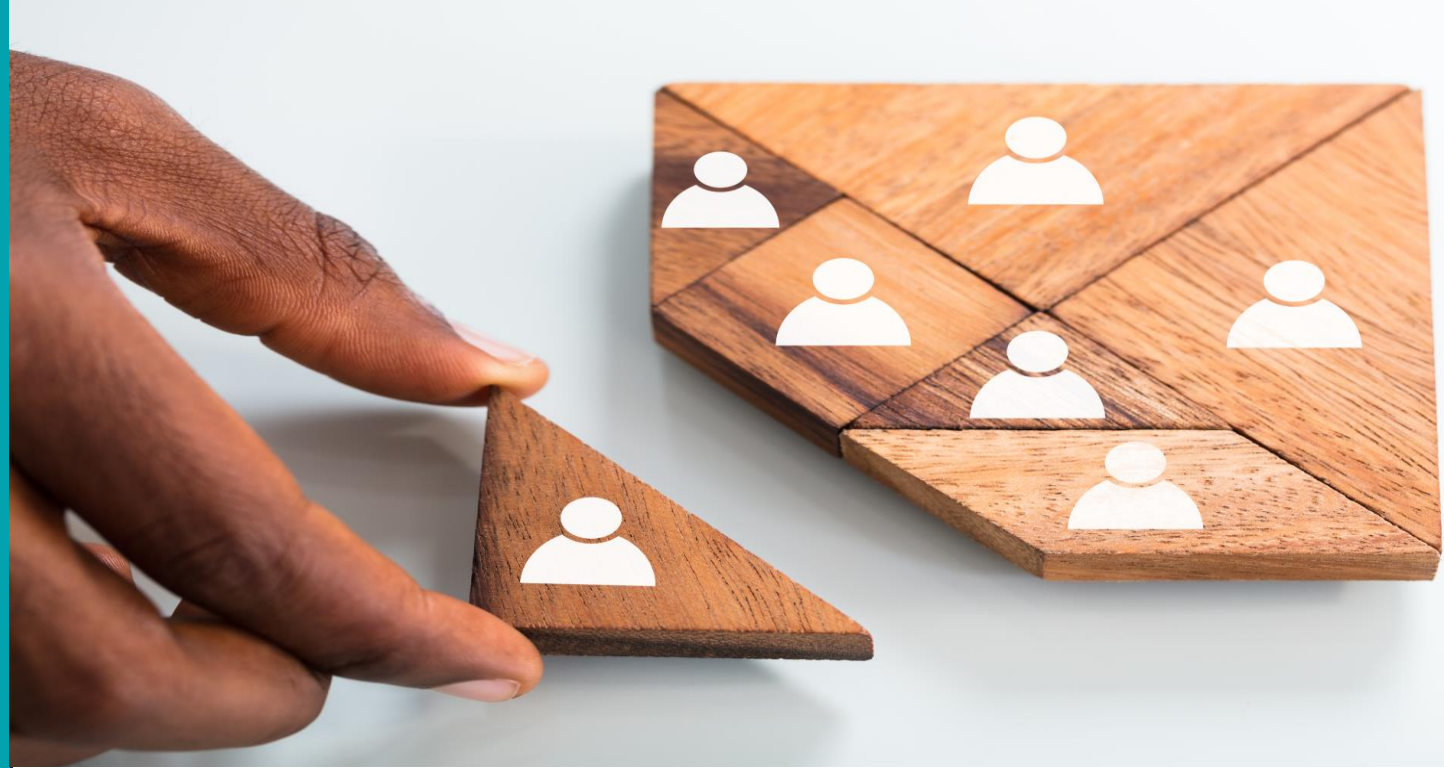


Changing the Way We Work Community of Practice for Ontario Family Physicians

June 6, 2025

Dr. Daniel Warshafsky
Dr. Rachita Gurtu



Infectious Disease and Management of STIs Part II



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



Infectious Disease and Management of STIs Part II

Moderator:

- Dr. Eleanor Colledge, CPD Program Director, University of Toronto and Family Physician, South East Toronto Family Health Team, Toronto, ON

Panelists:

- Dr. Daniel Warshafsky, Toronto, ON
- Dr. Rachita Gurtu, Mississauga, ON

Host:

- Dr. Jobin Varughese, Brampton, ON

The Changing the Way We Work Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

Please note that due to changes to the Cert+ platform, there will be delays in credits being applied to your account.

Self-learning program

The session materials, including recordings, tools, and resources are available as self-learning modules.

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 80 credits.

To participate in this self-learning:

- Select the dates/sessions you wish to participate in. You are welcome to complete as many sessions as you wish.
- Watch the video recording of the live session.
- Review the session tools and resources.
- Complete the self-learning post-session activity, click the button below.

Complete self-learning activity 



Self-Learning Activity and Evaluation: COVID-19 Community of Practice for Ontario Family Physicians

By completing this Self-Learning Activity for the COVID-19 Community of Practice for Ontario Family Physicians, you are confirming that you have completed this activity.

*** 1. Attestation: I confirm that I have completed the COVID-19 CoP self-learning activity (video and resources).**
(If completing multiple session dates, please enter all that apply below
ENTER DATE AS Month-Day-Year i.e. December 10, 2021)

Session Date(s):

Name:

Email:

*** 2. After reviewing this COVID-19 session material (video and resources), I have a question (s) regarding the content that needs clarifying.**

☐ I have no questions

☐ Question:

Missed a session and want to earn credits?

The Self-learning Program
lets you earn credits for
watching past sessions.
Just click the link and fill
out a 60 second survey!

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

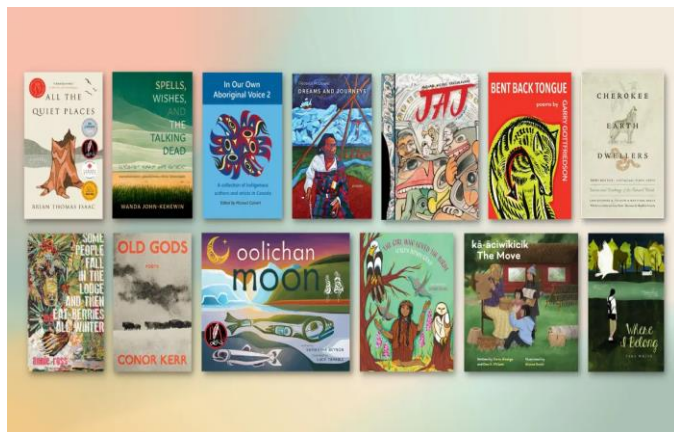
I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.



National Indigenous History Month

#NIHM2025

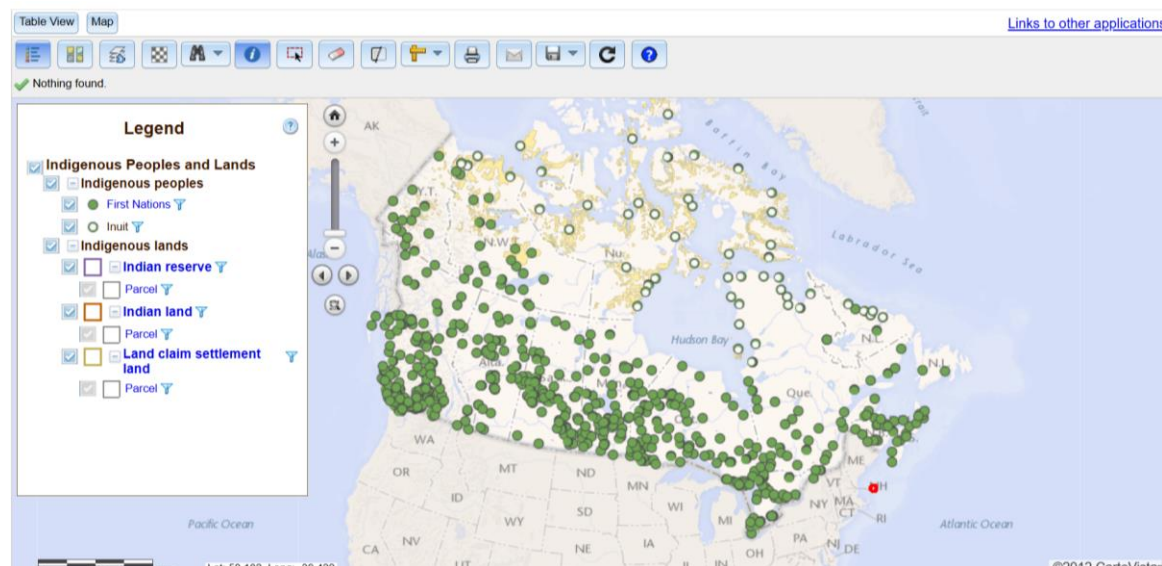
Discover stories and traditions



Explore the past and honour the truth



Learn more about present day communities



Changing the way we work

A community of practice for family physicians

At the conclusion of this series participants will be able to:

- Identify the current best practices for delivery of primary care and how to incorporate into practice.
- Describe point-of-care resources and tools available to guide decision making and plan of care.
- Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

Disclosure of Financial Support

This CPD program has received in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto in the form of logistical and promotional support.

Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

- The Scientific Planning Committee has full control over the choice of topics/speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by a three-member national/scientific planning committee.

Planning Committee: Dr. Jobin Varughese (OCFP), Dr. Ali Damji (DFCM), Dr. Eleanor Colledge (DFCM), Dr. Harry O'Halloran, Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Marisa Schwartz (DFCM)

Previous webinars & related resources:

<https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions>



Dr. Daniel Warshafsky – Panelist

Associate Chief Medical Officer of Health at the Office of the Chief Medical Officer of Health



Dr. Rachita Gurtu – Panelist

Family Physician & Medical Director, Healthy Sexuality Clinics
Region of Peel Public Health

Speaker Disclosure

- Faculty Name: **Dr. Daniel Warshafsky**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: N/A
 - Others: N/A

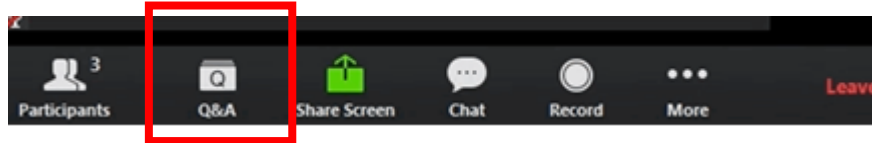
- Faculty Name: **Dr. Rachita Gurtu**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians, UofT Family Medicine Program - Trillium site
 - Others: N/A

Speaker Disclosure

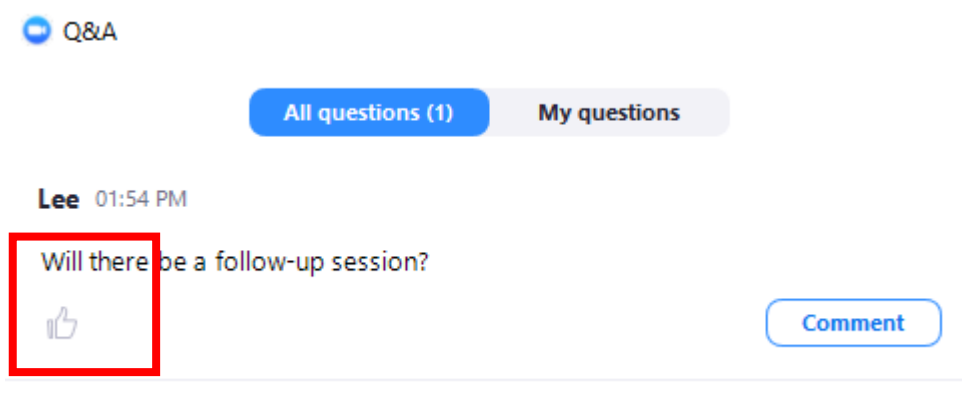
- Faculty Name: **Dr. Jobin Varughese**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: Toronto Metropolitan University, School of Medicine (Interim Assistant Dean of Primary Care Education), William Osler Health System (Associate Vice President of Academics)
- Faculty Name: **Dr. Eleanor Colledge**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: The Foundation for Medical Practice Education (McMaster University)

How to Participate

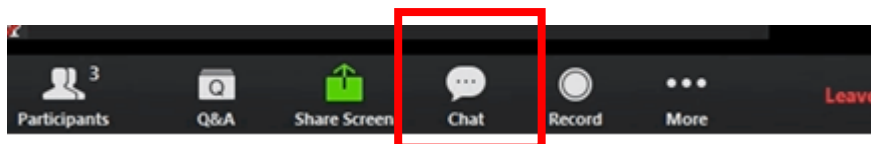
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guest's questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.





Dr. Daniel Warshafsky – Panelist

Associate Chief Medical Officer of Health at the Office of the Chief Medical Officer of Health



Dr. Rachita Gurtu – Panelist

Family Physician & Medical Director, Healthy Sexuality Clinics
Region of Peel Public Health

Public Health Update

Changing the Way We Work CoP

Dr. Daniel Warshafsky
Office of the Chief Medical Officer of Health

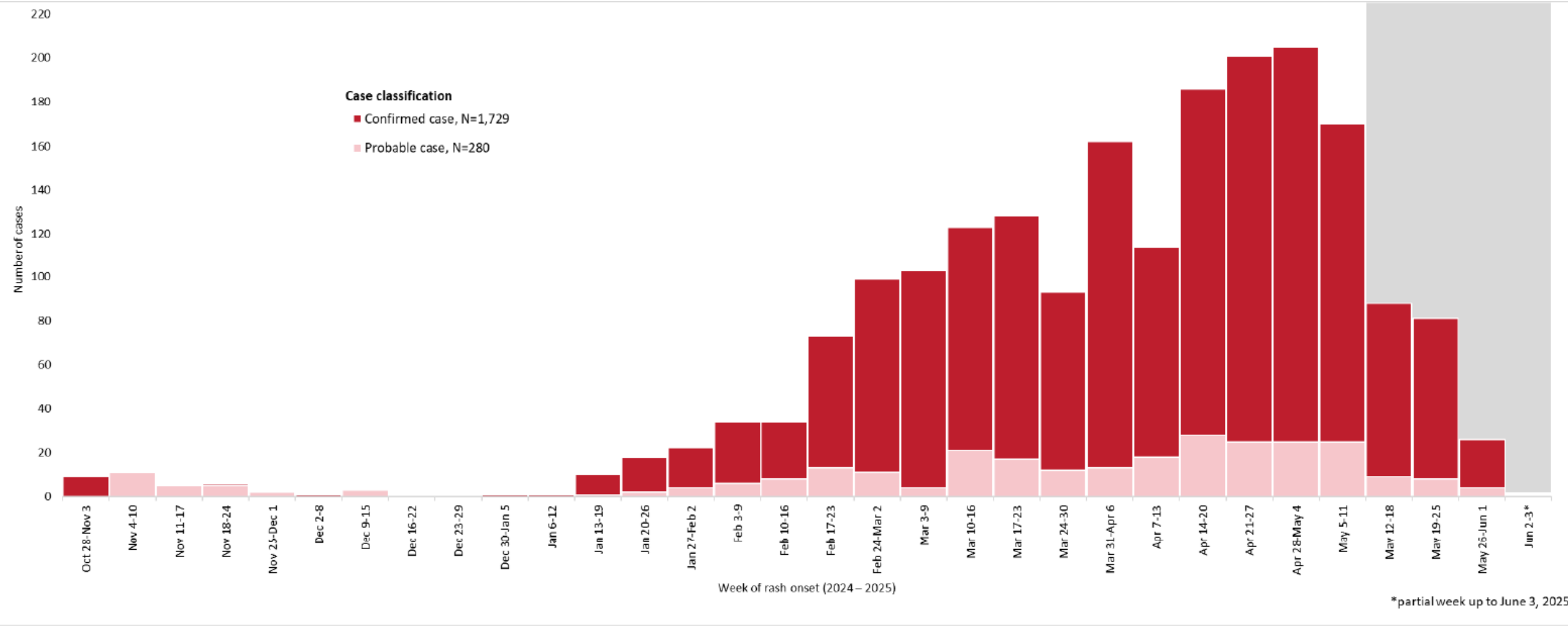
June 6, 2025



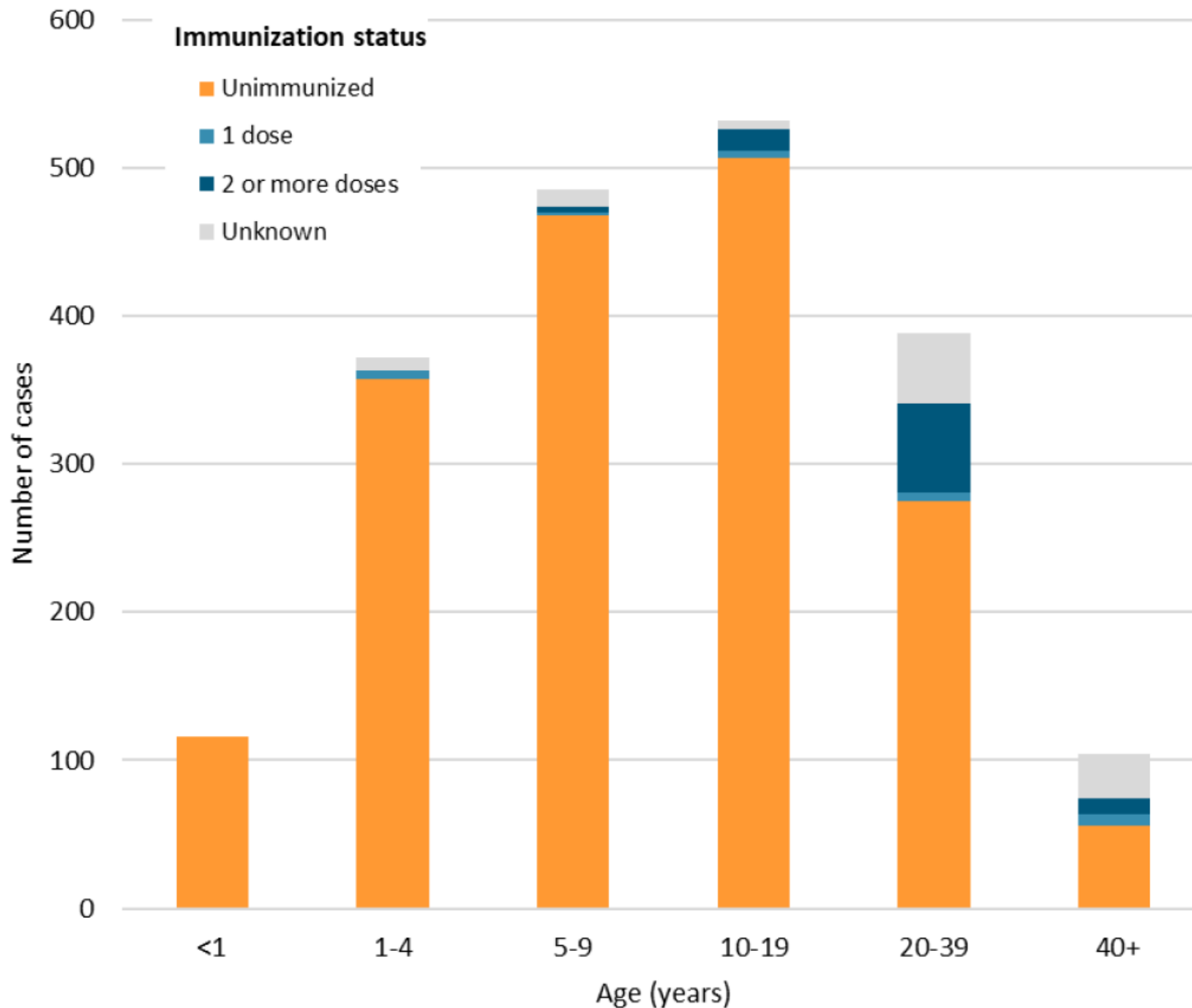
Ontario Measles Outbreak Update

- Measles continues to spread in Ontario due to ongoing exposures and transmission among susceptible individuals
- **As of June 3, 2025,**
 - 2,009 cases in 19 public health units have been reported in association with this outbreak
 - This represents an increase of 121 cases since May 27, 2025
 - 140 hospitalizations (7.0%)
 - 9 ICU admissions (0.4%)
 - 39 pregnant persons
 - 6 cases of congenital measles
- There was one death that occurred in a congenital case of measles who was born pre-term and had other underlying medical conditions
- For more information on place and dates of exposure to measles in Ontario, please visit Public Health Ontario's [website](#)

Number of Measles Outbreak Cases by Week of Rash Onset and Case Classification: Ontario, October 28, 2024 – June 3, 2025

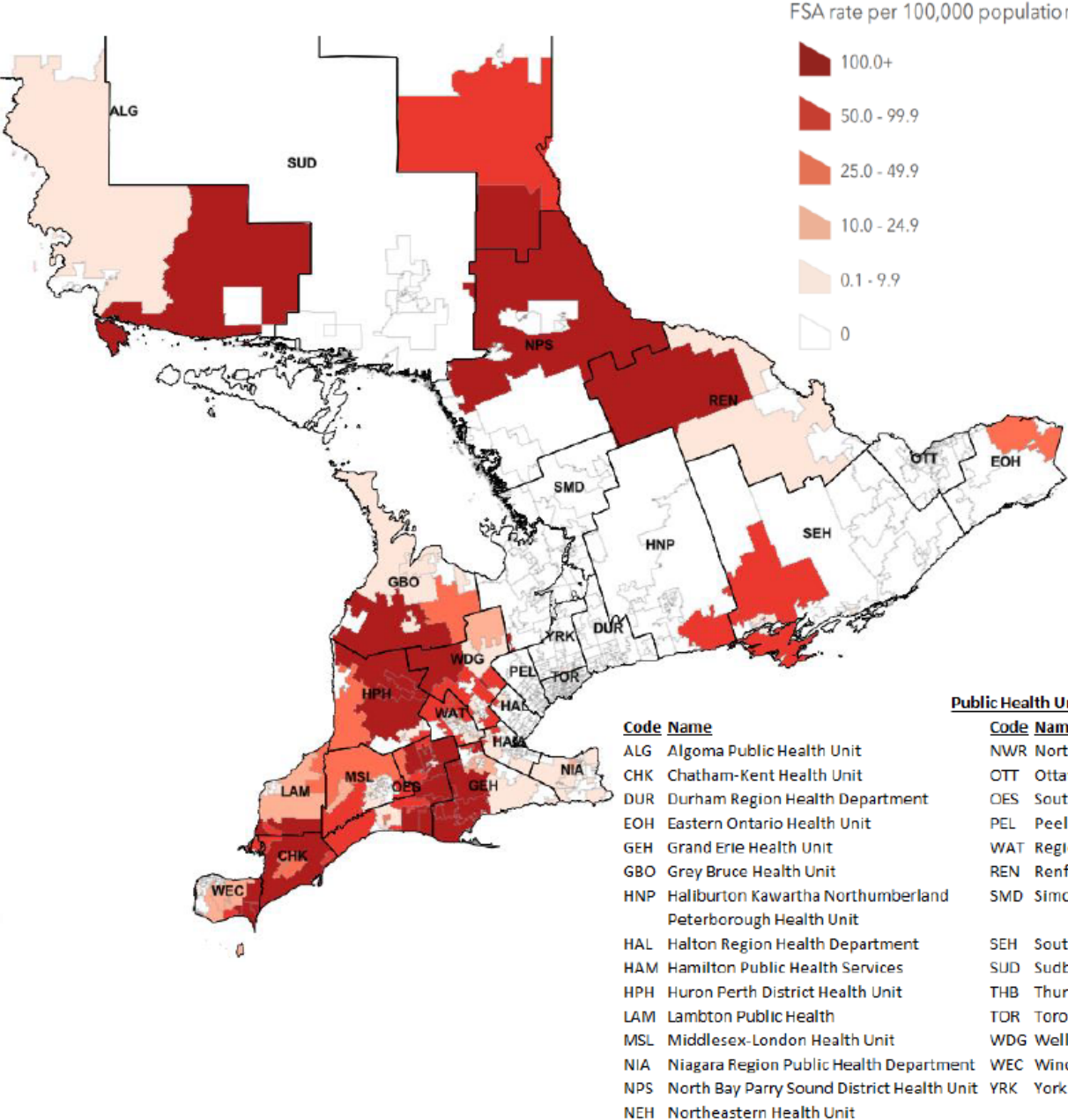


Week of rash onset	Oct 28-Nov 3	Nov 4-10	Nov 11-17	Nov 18-24	Nov 25-Dec 1	Dec 2-8	Dec 9-15	Dec 16-22	Dec 23-29	Dec 30-Jan 5	Jan 6-12	Jan 13-19	Jan 20-26	Jan 27-Feb 2	Feb 3-9	Feb 10-16	Feb 17-23	Feb 24-Mar 2	Mar 3-9	Mar 10-16	Mar 17-23	Mar 24-30	Mar 31-Apr 6	Apr 7-13	Apr 14-20	Apr 21-27	Apr 28-May 4	May 5-11	May 12-18	May 19-25	May 26-Jun 1	Jun 2-3*
Confirmed case	9	0	0	1	0	1	0	0	0	1	1	9	16	18	28	26	60	88	99	102	111	81	149	96	158	176	180	145	79	73	22	0
Probable case	0	11	5	5	2	0	3	0	0	0	0	1	2	4	6	8	13	11	4	21	17	12	13	18	28	25	25	25	9	8	4	0
Total cases	9	11	5	6	2	1	3	0	0	1	1	10	18	22	34	34	73	99	103	123	128	93	162	114	186	201	205	170	88	81	26	0

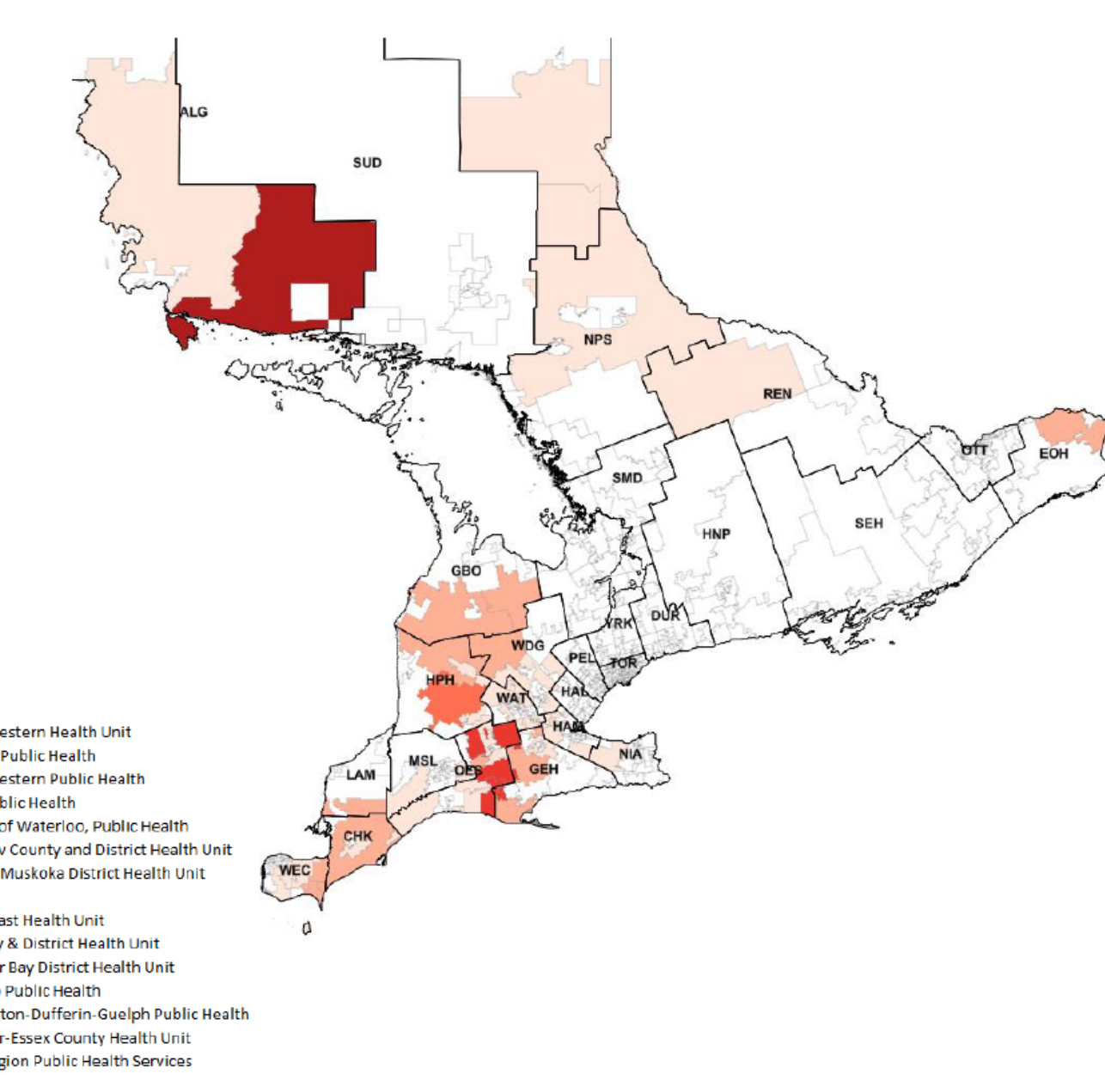


94% of cases in the current measles outbreak were unimmunized or had unknown immunization status

(A) Cumulative cases: October 28, 2024 – June 3, 2025



(B) Recent cases (rash onset in the last 21 days): May 13, 2025 – June 3, 2025



Testing: Collect specimen from multiple sites and within 7 days of rash onset

- For all suspected measles cases, collect **NP/throat swab and urine**

Test	Specimen Type & Volume	Collection Kit	Timing of Collection
Measles virus detection (PCR)	Nasopharyngeal Swab	Virus Respiratory Kit# 390082	<ul style="list-style-type: none">Within 7 days of rash onset.
Measles virus detection (PCR)	Throat Swab	Virus Culture Kit# 390081	<ul style="list-style-type: none">Within 7 days of rash onset.
Measles virus detection (PCR)	Urine (minimum 10mL)	Sterile container	<ul style="list-style-type: none">Within 14 days of rash onset.

- For laboratory/testing related questions and support, call PHO's Laboratory Customer Service Centre
 - Business hours: 416-235-6556 or toll Free: 1-877-604-4567
 - After hours: 416-605-3113 (duty officer)

Don't forget clinical information on your requisition!

- Use PHO Laboratory Requisition form - BOTH virus detection (PCR) and diagnostic serology
- **Check “diagnosis” box and clearly mark “Suspect case of measles” in the Testing Indications**

Testing Indication(s) / Criteria			
<input checked="" type="checkbox"/> Diagnosis	<input type="checkbox"/> Screening	<input type="checkbox"/> Immune Status	<input type="checkbox"/> Follow-up / Convalescent
<input type="checkbox"/> Pregnancy / Perinatal	<input type="checkbox"/> Impaired Immunity	<input type="checkbox"/> Post-mortem	
Other (Specify):	<div>Suspect case of Measles</div>		

- Include the following information on each requisition:
 - Patient's **symptoms** and **onset date**
 - **Exposure history, travel history** (if applicable), **MMR/V vaccination history**
 - **Outbreak or investigation number** (if applicable)

Reporting and Public Health Unit (PHU) Response

All suspect cases of measles should immediately be reported to the local PHU
– **do not wait for lab confirmation**

- Individuals with suspected measles should be advised to **isolate while lab results are pending**
- For confirmed measles cases, the local PHU will perform contact identification and management, which may include recommendations for measles PEP and/or exclusion from work, school, or other high-risk settings for susceptible contacts
 - Local PHU may contact HCPs to request assistance in **determining a patient's susceptibility to measles**, and **providing measles vaccine to known contacts for PEP for patients in their practices**
- For more information on measles PEP, please refer to Public Health Ontario's [document](#)

IPAC Considerations for Measles When Providing Care to Patients with Suspect/Confirmed Measles

- Only health care workers with presumptive immunity to measles should provide care to patients with suspected/confirmed measles
 - Evidence of presumptive immunity = **at least two doses of measles-containing vaccine (MMR/V)** after 1 year of age OR **laboratory evidence of immunity**
 - **Consider obtaining staff's evidence of immunity on file** to avoid staff exclusion in the event of a measles exposure
- Health care workers should wear **a fit-tested, seal-checked N95 respirator** when providing care
 - **Droplet and Contact Precautions** (gloves, gown, eye protection) are also recommended due to risk of exposure to rash and respiratory secretions
- **If referring patients to other health care settings (e.g., lab, hospital), call ahead prior to patient's arrival** so that appropriate IPAC precautions can be implemented to avoid exposures (i.e., mask upon arrival, arrange for patient to be placed immediately in an appropriate isolation room)
- For more information on IPAC practices, please refer to Public Health Ontario's [webpage](#)

Outbreak Immunization Strategy in Impacted Areas

- As part of the outbreak management strategy, **individuals who live, work, travel (e.g., family visit), worship, or spend time in affected regions and communities* with active measles cases** are recommended to receive MMR vaccine as follows:

Age group	Recommendation
Infants (six to 11 months)	Should receive one dose of the measles, mumps, rubella (MMR) vaccine. Note: Two additional doses are required after the age of one year
Children (one to four years)	Children who have received their first dose of MMR vaccine are encouraged to receive a second dose as soon as possible (at a minimum of four weeks from the first dose)
Adults (18+ years) born on or after 1970	A second dose of MMR vaccine is recommended

- These recommendations also apply to those who **are travelling to areas where measles is of concern**, either domestically or internationally

** Affected regions refer to southwestern Ontario, specifically Southwestern, Grand Erie, Huron Perth, Chatham-Kent, Windsor-Essex, and other regions*

General Immunization Considerations

- Serologic testing is not recommended before or after receiving measles-containing vaccine
- If an individual's immunization records are unavailable, **immunization with measles-containing vaccine is generally preferred to ordering serology** to determine immune status
 - There is no harm in giving measles-containing vaccine to an individual who is already immune

Measles in Pregnancy

- **What are the risks of maternal measles infection during pregnancy?**
 - Increased risk of maternal complications
 - Pregnancy loss
 - Preterm birth
 - Low birth weight
 - Congenital measles infection in the infant
- **Actions for HCPs:**
 - Assess measles immunity status of pregnant patients, **ideally prior to pregnancy**
 - If non-immune, MMR vaccination should be given at least 4 weeks prior to becoming pregnant

Lyme Disease

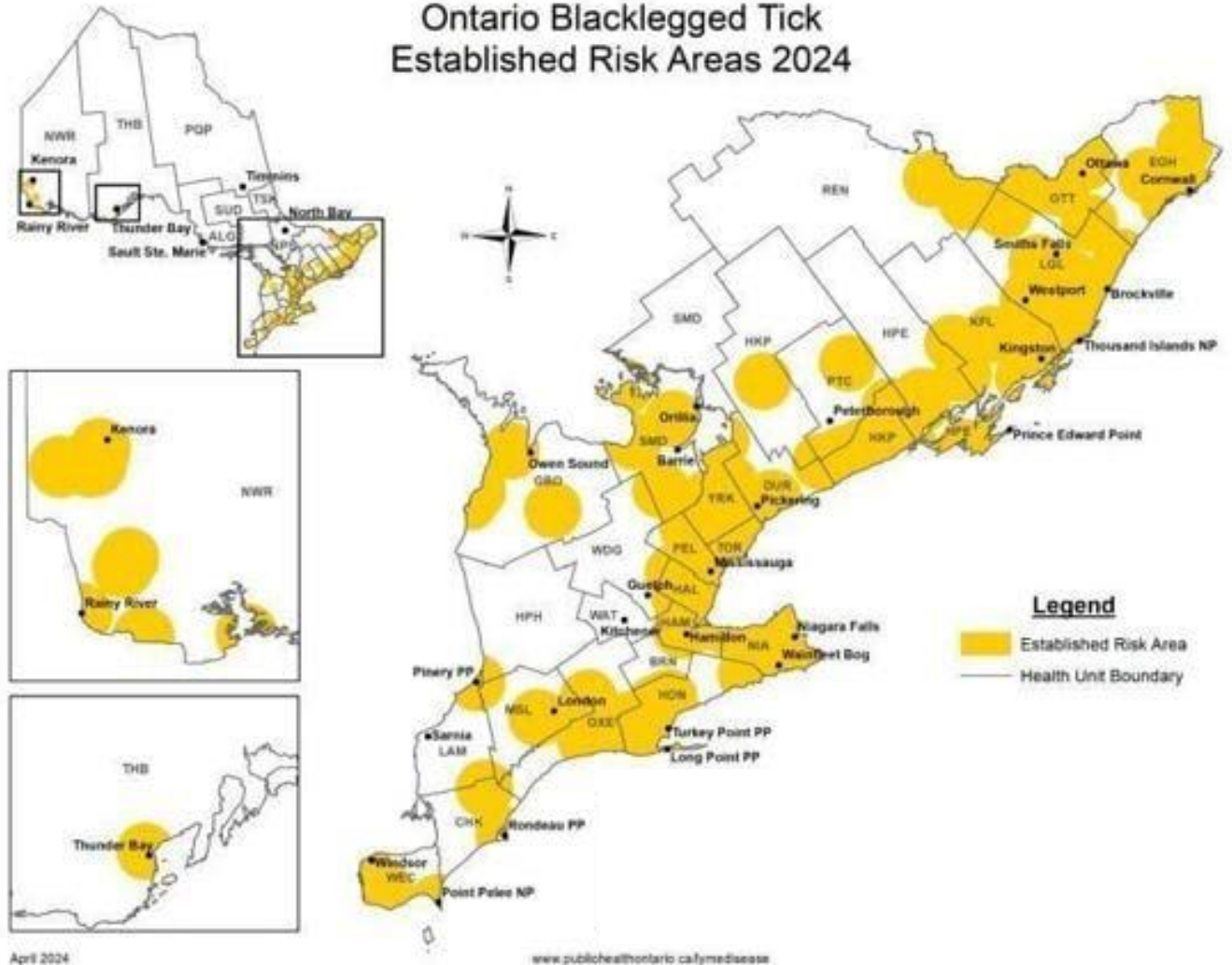
- Tick-borne illness caused by *Borrelia burgdorferi*
- In **2024**, there were **2,337 cases** of Lyme disease reported across Ontario (149.8 cases per 1,000,000 population)
 - Higher than 5-year average of 97.2 cases per 1,000,000 population
- In **2025**, there are **85 cases** year-to-date (data available for January to March)
- However, ticks are most active in the **spring, summer, and fall**

Established Risk Areas

- Despite established risk areas, it is possible to encounter an infective blacklegged tick **almost anywhere in Ontario**, given that the habitat is suitable (e.g., wooded or brushy areas)
- Refer to PHO's [Ontario Vector-Borne Disease Tool](#) for up-to-date surveillance data

Public
Health
Ontario

Sant 
publique
Ontario



Tick Submission and Testing

- Tick submission is **no longer required for surveillance in most areas in Ontario**
 - Primary purpose of tick identification is to monitor new and emerging tick populations
 - Submitting ticks from areas with established tick populations does not provide additional information
- Ticks can be submitted for identification within 48 hours through the [eTick website](#)






Lyme Disease Prevention

- **Before going into wooded or brushy areas:**
 - Wear closed-toe shoes
 - Tuck shirt into pants, and pants into socks
 - Wear light-coloured, long-sleeved clothes to spot ticks easily
 - Apply insect repellent to clothing and exposed skin
- **While outdoors:**
 - Walk on cleared paths/trails
 - Avoid using trails created by animals (such as deer and moose), as ticks are often found on the grass and plants along these trails
- **Before returning or when you are indoors:**
 - Do a full-body tick check on yourself, children, and pets
 - Shower as soon as possible to wash off unattached ticks
 - If you find an attached tick, remove it by the head as soon as possible

Explore geographic trends in vector-borne diseases dating back to 2014 up until the current week. Use the tabs at the bottom of the tool to navigate between vector-species and surveillance topics. Data will be updated weekly for all VBD human cases. Mosquito data will be updated weekly during the mosquito season (May-October).

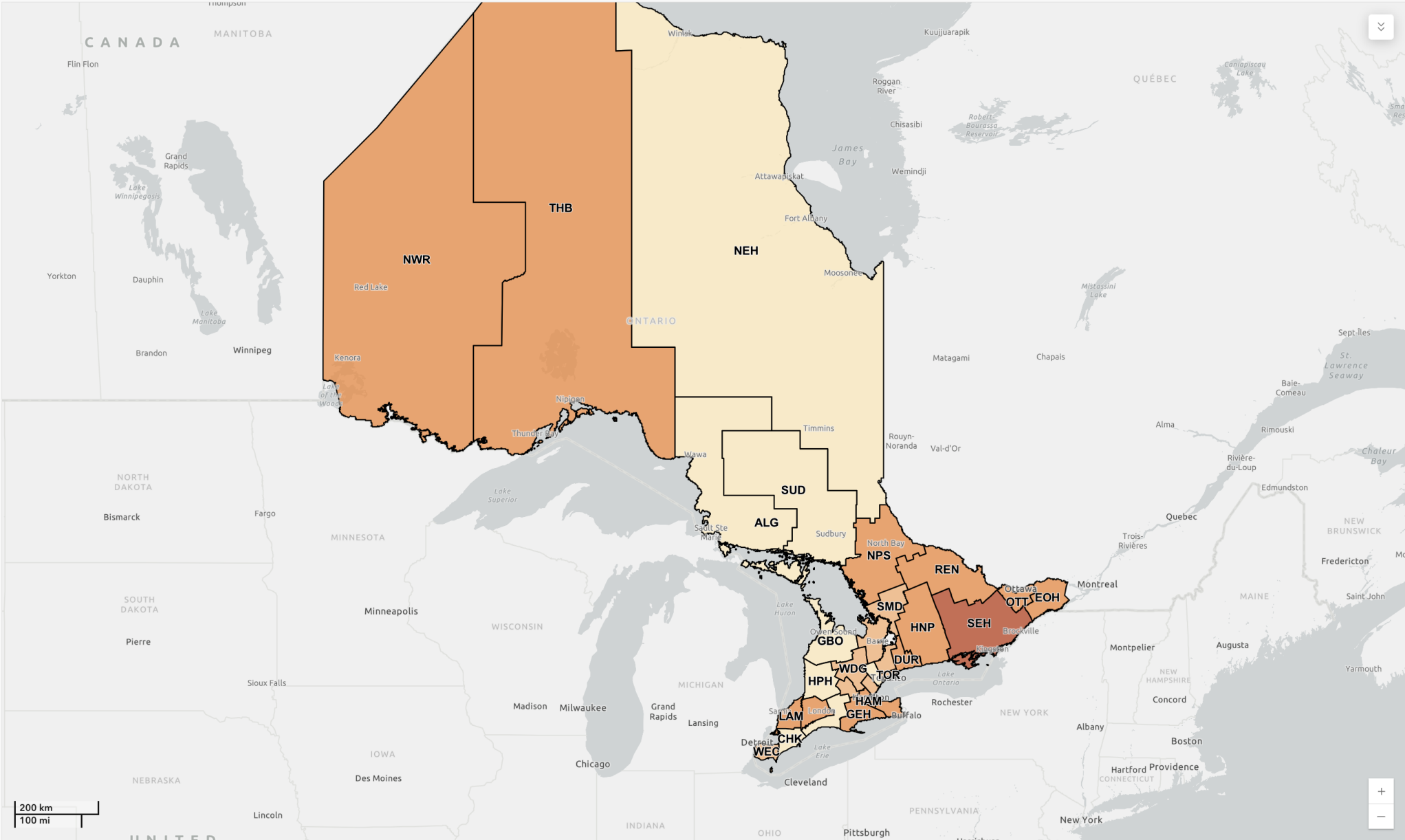
Key features:
Overview - ON: View provincial-level most recent week (MRW) and year-to-date (YTD) case counts for all reportable vector-borne diseases (VBD), including West Nile virus illness, Lyme disease, anaplasmosis, babesiosis, Powassan virus infection.
Overview - PHU: Explore data at the public health unit level, including most recent week (MRW) and year-to-date (YTD) case counts, as well as percent positivity (PP) for West Nile virus (WNV) and eastern equine encephalitis virus (EEEV) in mosquito pools.
Maps: To change VBD dimensions, turn on/off the layer of interest from the layer drop-down button within each map tab.
Need help using the tool? Technical notes and a user guide are available in the menu at the top right corner of the tool to support interpretation and navigation.

Contact communicable.diseasecontrol@oahpp.ca for more information.

 West Nile Virus	<div>0</div> <div>Cases - Most Recent Week</div>	<div>0</div> <div>Cases - YTD</div>
 Lyme Disease	<div>5</div> <div>Cases - Most Recent Week</div>	<div>165</div> <div>Cases - YTD</div>
 Anaplasmosis	<div>0</div> <div>Cases - Most Recent Week</div>	<div>5</div> <div>Cases - YTD</div>
 Babesiosis	<div>0</div> <div>Cases - Most Recent Week</div>	<div>0</div> <div>Cases - YTD</div>
 Powassan Virus Disease	<div>0</div> <div>Cases - Most Recent Week</div>	<div>0</div> <div>Cases - YTD</div>
Most Recent Week: Week 22 (May 26 - June 1, 2025); YTD: Up to end of Week 22 (January 1 - June 1, 2025)		
<div><div>Overview - Ontario</div><div>Overview - PHU</div><div>BLT Risk Areas</div><div>Mosquito Traps</div><div>Mosquito Species</div><div>Anaplasmosis</div><div>Babesiosis</div><div>EEEV</div><div>LD</div><div>Powassan</div><div>WNV</div></div>		

Lyme Disease Human Cases, Positive Ticks by Public Health Unit

Select a PHU
None



* YTD: Up to end of
Week 22 (January 1 - June 1, 2025)

Testing for STIs in Primary Care

Dr. Rachita Gurtu MD, CCFP

Objectives

- Testing indications for genital herpes and Trichomonas
- Available tests for genital herpes and Trichomonas in Ontario
- Treatment recommendations for genital herpes and Trichomonas

Genital Herpes

Genital Herpes- Counselling key points

- Devastating diagnosis due attached social stigma
- Common condition
 - ~14% individuals 14-59 years old in Canada have HSV-2
- Recurrent, chronic infection; however, it is a manageable condition
- Infection can live in your body for a long time undetected or unrecognized
- Most people who have genital herpes don't know they have it because they have mild, short-lived or no symptoms, or they think the symptoms are due to another condition
- Condoms, if used consistently and correctly will reduce, but will not eliminate the risk of HSV transmission or acquisition

Genital Herpes- Testing

- **HSV NAAT**
 - Sample from lesions-approaches sensitivity and specificity of 100%
- **Type Specific Serology (TSS)**
 - Not recommended for screening in asymptomatic individuals
 - When to consider:
 - Signs and symptoms of HSV are present but NAAT is negative or not feasible
 - Note: repeat viral testing of fresh lesions is preferred over TSS
 - To identify the need for preventative measures when sexual partners are suspected to be serodifferent/serodiscordant

Genital Herpes- Testing



General Test Requisition

ALL sections of the form must be completed by [authorized](#) health care providers for each specimen submitted, or testing may be delayed or cancelled. Verify that **all testing requirements** are met before collecting a specimen. For HIV, respiratory viruses, or culture isolate requests, use the dedicated requisitions available at: publichealthontario.ca/requisitions

For Public Health Ontario's laboratory use only:

Date Received (yyyy-mm-dd): PHO Lab No.:

Patient Information

Health Card No.: 12345678

Date of Birth (yyyy-mm-dd): 1992-01-20 Sex: ☐ Male

Medical Record No.: ☒ Female

Last Name (per health card): Doe

First Name (per health card): Jane

Address: Postal Code:

City: Tel:

Investigation / Outbreak No. from PHO or Health Unit (if applicable):

Specimen Information

★ Date Collected (yyyy-mm-dd): 2023-10-02 Submitter Lab No.:

☐ Whole Blood ☐ Serum ☐ Plasma
☐ Bone Marrow ☐ Cerebrospinal Fluid (CSF) ☐ Nasopharyngeal Swab (NPS)
☐ Oropharyngeal / Throat Swab ☐ Sputum ☐ Bronchoalveolar Lavage (BAL)
☐ Endocervical Swab ☐ Vaginal Swab ☐ Urethral Swab
☐ Urine ☐ Rectal Swab ☐ Faeces

Other (Specify type AND body location):

LABIA SWAB

Test(s) Requested

Enter each assay as per the publichealthontario.ca/testdirectory:

1. HSV NAAT
2.
3.
4.
5.
6.

For routine hepatitis A, B or C serology, complete this section instead:

Hepatitis A ☐ Immune Status (HAV IgG) ☐ Acute Infection (HAV IgM, signs/symptoms info)
Hepatitis B ☐ Immune Status (anti-HBs) ☐ Chronic Infection (HBsAg + total anti-HBc)
☐ Acute Infection (HBsAg + total anti-HBc + IgM if total is positive) ☐ Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)

Hepatitis C ☐ Current / Past Infection (HCV total antibodies)
No immune status test for HCV is currently available.

Ordering Healthcare Provider Information

Licence No.: Healthcare Provider Full Name:

001234 Dr. R. Gurtu

Org. Name: Address:

City: Postal Code: Province:

Tel: Fax:

Copy to Lab / Health Unit / Other Authorized Healthcare Provider

Licence No.: Lab / Health Unit / Other Authorized Provider Name:

Org. Name: Address:

City: Postal Code: Province:

Tel: Fax:

Patient Setting

☒ Clinic / Community ☐ ER (Not Admitted / Not Yet Determined) ☐ ER (Admitted)
☐ Inpatient (Non-ICU) ☐ ICU / CCU ☐ Congregate Living Setting

Testing Indication(s) / Criteria

☒ Diagnosis ☐ Screening ☐ Immune Status ☐ Follow-up / Convalescent
☐ Pregnancy / Perinatal ☐ Impaired Immunity ☐ Post-mortem

Other (Specify):

Signs / Symptoms

☐ No Signs / Symptoms ★ Onset Date (yyyy-mm-dd): 2023-09-28
☐ Fever ☒ Rash ☐ STI
☐ Gastrointestinal ☐ Respiratory ☐ Hepatitis ☐ Meningitis / Encephalitis

Other (Specify):

Relevant Exposure(s)

☒ None / Not Applicable Most Recent Date (yyyy-mm-dd):
Occupational Exposure / Needlestick Injury (Specify): ☐ Source ☐ Exposed

Other (Specify):

Relevant Travel(s)

☒ None / Not Applicable Most Recent Date (yyyy-mm-dd):

Travel Details:

Genital Herpes- Treatment (non-pregnant)

Treatment	Instructions for use	Comments
Primary episode	Acyclovir 200 mg PO five times per day for 5-10 days [A-I]- ideally within 7 days after symptom onset or Famciclovir 250 mg PO TID for 5 days [A-I]- ideally within 5 days after symptom onset or Valacyclovir 1000 mg PO BID for 10 days [A-I]- ideally within 3 days after symptom onset	<ul style="list-style-type: none"> • Provide treatment to those experiencing a first episode unless all lesions have already healed.
Episodic treatment	Valacyclovir 500 mg PO BID OR 1 g PO once daily for 3 days [B-I] or Famciclovir 125 mg PO BID for 5 days [B-I] or Acyclovir 200 mg PO 5 times per day for 5 days [C-I]	<ul style="list-style-type: none"> • Prompt initiation at the onset of prodromal symptoms may shorten the severity and duration of lesions
Suppressive Treatment	Valacyclovir 500 mg PO OD [A-I] (for people with ≤ 9 recurrences per year) or Valacyclovir 1000 mg PO OD [A-I] (for people with >9 recurrences per year) or Acyclovir 200 mg PO 3-5 five times per day or 400 mg PO BID [A-I] or Famciclovir 250 mg PO BID [A-I]	<ul style="list-style-type: none"> • Reduces length, frequency and severity of recurrences, asymptomatic viral shedding and transmission

Genital Herpes- Treatment (in pregnancy)

Treatment	Instructions for use	Comments
Primary episode	Acyclovir 200 mg PO QID for 5-10 days [A-I]	<ul style="list-style-type: none">• C-section can reduce the risk of vertical transmission• C-section is recommended in the case of newly acquired genital HSV in the third trimester
Suppressive Treatment	Acyclovir 200 mg PO QID [A-I] or Acyclovir 400 mg PO TID [A-I] or Valacyclovir 500 mg PO BID [A-I]	<ul style="list-style-type: none">• To reduce the risk of outbreak and asymptomatic viral shedding at the time of delivery and the need for C- section• Start at GA 36 weeks and continue until delivery for anyone with a history of HSV-2 and for those who had a recurrence of genital herpes within the previous year.

The background is a solid dark blue. A large, lighter blue circle is positioned on the right side, partially cut off by the edge. A vertical line of a slightly different shade of blue runs through the center of the image.

Trichomonas

Trichomonas vaginalis

- **Protozoan infection – NOT a reportable infection in Ontario**
- **Sexually transmitted cause of vaginitis**
 - Penis-vagina sex, vagina-vagina, vagina-toys/fomites
- **Often asymptomatic, particularly in males/trans females**
- **Signs and symptoms:**
 - Vaginal discharge (yellow-green, thin, large amount, frothy)
 - Erythema of vulva and cervix ("strawberry cervix")
 - Vulvar irritation or itch
 - Dysuria/burning

Trichomonas - Who to screen?

- **No clear recommendations for asymptomatic screening either through PHAC or CDC**
 - Data lacking on whether asymptomatic screening reduces any adverse health events or community spread
- **May want to consider asymptomatic screening in the following groups:**
 - Pregnant individuals
 - May be associated with premature rupture of the membranes, preterm birth and low birth weight. However, not known if treatment will improve pregnancy outcomes.
 - Those at risk for other STIs
 - Trichomonas infection associated with an increased risk of HIV acquisition and transmission
 - Females/trans males living with HIV
 - Trichomonas infection associated with increased risk for PID

Trichomonas

Which tests should I do?

Test	Site	
NAAT	<ul style="list-style-type: none">• Vaginal• Endocervical• Urine	<ul style="list-style-type: none">• Vaginal or endocervical preferred for female/trans male• Urine should be first catch, not midstream• Can use same sample for chlamydia or gonorrhea NAAT
Culture	<ul style="list-style-type: none">• Vaginal	<ul style="list-style-type: none">• Can be combined with yeast, BV testing

Hologic Aptima Unisex Swab



(can use same swab if also testing for Chlamydia and Gonorrhea NAAT)

7530-4581

A vial of HOLOGIC Aptima HIV-1 RNA test reagent. The vial is clear with an orange label that reads "HOLOGIC Aptima HIV-1 RNA". A red pipette tip is shown next to the vial.

Hologic Aptima Multitest Swab

- (can use the same swab if also testing for Chlamydia and Gonorrhea NAAT)

7530-4581

Name: _____
 DOB: _____
 DPN: _____
 Card/ Card#: _____
 Date: _____
 Time/ Hour: _____

After Use, may contain hazardous material.
 Avoid usage, pried container making dangerous.

Urine NAAT

- First-catch urine (20 to 30 mL of initial urine stream)
- Can use same sample for Chlamydia and Gonorrhea NAAT)
- Vaginal or cervical NAAT preferred for female/trans male patients

Ontario Ministry of Health Laboratory Requisition Requisitioning Clinician / Practitioner		Laboratory Use Only	
Name			
Address			
Clinician/Practitioner Number CPSO / Registration No.		Clinician/Practitioner's Contact Number for Urgent Results () Service Date mm dd yyyy	
Check (✓) one: <input type="checkbox"/> OHIP/Insured <input type="checkbox"/> Third Party / Uninsured <input type="checkbox"/> WSIB		Health Number Version Sex Date of Birth mm dd yyyy <input type="checkbox"/> M <input type="checkbox"/> F	
Additional Clinical Information (e.g. diagnosis)		Province Other Provincial Registration Number Patient's Telephone Contact Number () ()	
<input type="checkbox"/> Copy to: Clinician/Practitioner Last Name First Name Address		Patient's Last Name (as per OHIP Card)	
		Patient's First & Middle Names (as per OHIP Card)	
		Patient's Address (including Postal Code)	
Note: Separate requisitions are required for cytology, Ontario Cervical Screening Program HPV and cytology tests, histology/pathology, ColonCancerCheck FIT test, and tests performed for Public Health Laboratory.			
x Biochemistry		x Hematology	
Glucose <input type="checkbox"/> Random <input type="checkbox"/> Fasting		CBC	
HbA1C		Prothrombin Time (INR)	
Creatinine (eGFR)		Immunology	
Uric Acid		Pregnancy Test (Urine)	
Sodium		Mononucleosis Screen	
Potassium		Rubella	
ALT		Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive)	
Alk. Phosphatase		Repeat Prenatal Antibodies	
Bilirubin		Microbiology ID & Sensitivities (if warranted)	
Albumin		Cervical	
Lipid Assessment (includes Cholesterol, HDL-C, Triglycerides, calculated LDL-C & Cholesterol/HDL-C ratio; individual lipid tests may be ordered in the "Other Tests" section of this form)		Vaginal	
Albumin / Creatinine Ratio, Urine		Vaginal / Rectal – Group B Strep	
Urinalysis (Chemical)		Chlamydia (specify source): urine	
Neonatal Bilirubin: days hours		GC (specify source): urine	
Clinician/Practitioner's tel. no. ()		Sputum	
Patient's 24 hr telephone no. ()		Throat	
Therapeutic Drug Monitoring:		Wound (specify source):	
Name of Drug #1		Urine	
Name of Drug #2		Stool Culture	
Time Collected #1 hr. #2 hr.		Stool Ova & Parasites	
Time of Last Dose #1 hr. #2 hr.		Other Swabs / Pus (specify source):	
Time of Next Dose #1 hr. #2 hr.			
Time of Next Dose #2 hr. #2 hr.			
Time of Next Dose #3 hr. #2 hr.			
Time of Next Dose #4 hr. #2 hr.			
Time of Next Dose #5 hr. #2 hr.			
Time of Next Dose #6 hr. #2 hr.			
Time of Next Dose #7 hr. #2 hr.			
Time of Next Dose #8 hr. #2 hr.			
Time of Next Dose #9 hr. #2 hr.			
Time of Next Dose #10 hr. #2 hr.			
Time of Next Dose #11 hr. #2 hr.			
Time of Next Dose #12 hr. #2 hr.			
Time of Next Dose #13 hr. #2 hr.			
Time of Next Dose #14 hr. #2 hr.			
Time of Next Dose #15 hr. #2 hr.			
Time of Next Dose #16 hr. #2 hr.			
Time of Next Dose #17 hr. #2 hr.			
Time of Next Dose #18 hr. #2 hr.			
Time of Next Dose #19 hr. #2 hr.			
Time of Next Dose #20 hr. #2 hr.			
Time of Next Dose #21 hr. #2 hr.			
Time of Next Dose #22 hr. #2 hr.			
Time of Next Dose #23 hr. #2 hr.			
Time of Next Dose #24 hr. #2 hr.			
Time of Next Dose #25 hr. #2 hr.			
Time of Next Dose #26 hr. #2 hr.			
Time of Next Dose #27 hr. #2 hr.			
Time of Next Dose #28 hr. #2 hr.			
Time of Next Dose #29 hr. #2 hr.			
Time of Next Dose #30 hr. #2 hr.			

The image displays four sets of swabs, each consisting of a tube and a separate swab stick. The tubes are labeled with 'RUOH' and 'STAG' and feature various safety symbols. The swab sticks have white tips and are shown with their respective colored caps (black, blue, red, and white) removed.

- **Vaginal C&S**
(Yeast, BV, Trichomonas)

[illegible]

Trichomonas- Treatment

	Treatment	Comments
Non-pregnant	Metronidazole 2 g PO in a single dose [A-I] or Metronidazole 500 mg PO BID for 7 days [A-I]	<ul style="list-style-type: none">• Intravaginal metronidazole gel is not effective
Pregnancy	Metronidazole 2 g PO in a single dose for symptom relief [A-I]. Alternate treatment: Metronidazole 500 mg PO BID for 7 days [A-I]	<ul style="list-style-type: none">• It is not known whether treatment will improve pregnancy outcomes

Note: Recommended to treat any current sexual partners with same treatment regimen

Trichomonas – Follow up

- Repeat testing if symptoms persist
- No recommendations for test of cure (TOC) in Canada
 - CDC suggests retesting all women/trans men 3 months after treatment due to high rates of re-infection.
 - CDC does not recommend retesting in men/trans females (data is insufficient)

Key take-aways

HSV

- Can be a devastating diagnosis- counselling is important
- Testing of lesions with HSV NAAT is the preferred method for diagnosis
- HSV serology not recommended for asymptomatic screening

Trichomonas

- STI-associated cause of vaginitis
- Test in those with symptoms using NAAT (cx, vagina, urine) or vagina C&S
- Treatment is mainly for symptom relief
 - Insufficient data on whether it changes health outcomes or community spread
- No clear guidelines for asymptomatic screening for Trichomonas
 - May want to consider in pregnant individuals, those at-risk for other STIs or in women/trans males living with HIV

Resources

- [Genital herpes guide: Key information and resources - Canada.ca](#)
- [STI-associated syndromes guide: Vaginitis - Canada.ca](#)
- [CDC- Trichomoniasis - STI Treatment Guidelines](#)

OCFP supports for Mental Health, Addictions and Chronic Pain

Mental health, addictions and chronic pain are challenging conditions. Find information to support the care you give patients – in a way that also considers your wellbeing.



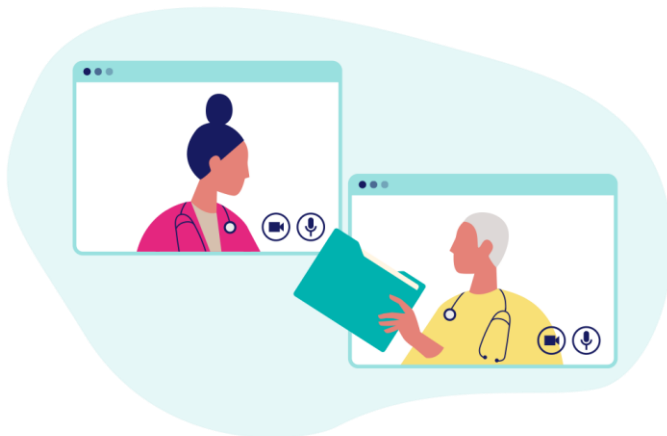
Community of Practice

Join upcoming sessions:

Income Benefit Programs for People Living on Low Income and in Poverty-Primary Care Providers' Role
(June 19th)

Navigating the Complexities of Opioid Prescribing for Chronic
(June 25th)

Best Practices for Nicotine Cessation
(July 23rd)



Peer Connect Mentorship

Receive tailored support to skillfully respond to mental health issues, address substance use disorders, and chronic pain challenges in your practice.

Join

Health Equity CoP



The OCFP, in partnership with the DFCM, has developed a new community of practice series, focused on enhancing care for marginalized or underserved populations; supporting family physicians in addressing the unique needs of their patients.

Launch: June 19

Topic: Income Benefit Programs for People Living on Low Income and in Poverty – Primary Care Providers' Role

[Register](#)

RECENT SESSIONS

March 7	Infectious Disease & HPV Cervical Screening Implementation	Dr. Daniel Warshafsky Dr. Jonathan Isenberg Dr. Rachel Kupets
March 21	Infectious Disease & Dermatology Treatments	Dr. Gerald Evans Dr. Juthika Thakur
April 4	Infectious Disease, Penicillin Allergy (De)labelling & Newcomer Care Resources	Dr. Daniel Warshafsky Dr. Mariam Hanna Dr. Vanessa Redditt
May 2	Infectious Disease and Management of STIs	Dr. Daniel Warshafsky Dr. Rachita Gurtu
May 23	Infectious Disease and Opportunities for Improving the Way We Work	Dr. Allison McGeer Dr. Tara Kiran

Previous webinars, Self-Learning & Related Resources:
<https://dfcm.utoronto.ca/changing-way-we-work-community-practice>

UPCOMING SESSIONS

Month	Date
June 2025	June 27
July 2025	July 18
September 2025	September 5

SAVE THE DATE

Registration link will be emailed
to you closer to the date



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians

Leaders for a healthy Ontario



Questions?

Webinar recording and curated Q&A will be posted soon

Our next Community of Practice: June 27, 2025

Contact us: ocfpcme@ocfp.on.ca

Visit: <https://dfcm.utoronto.ca/past-changing-way-we-work-community-practice-sessions>

The Changing the Way we Work Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

Post session survey will be emailed to you. Mainpro+ credits will be entered for you with the information you provided during registration.