Sexually Transmitted and Blood-Borne Infection (STBBI) Testing Policy

Ministry of Health

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Contents

Acknowledgements

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Dr. Saqib Shahab, Chief Medical Health Officer, Population Health Branch
Dr. Julie Kryzanowski, Deputy Chief Medical Health Officer, Population Health Branch
Dr. Temitope Aina, Population Health and Preventive Medicine Resident, Population Health Branch
Aman Saini - Public Health Program & Policy Consultant, Population Health Branch
Bijay Adhikari, Manager, Surveillance and Epidemiology, Population Health Branch
Fred Andayi, Provincial Communicable Disease Epidemiologist, Population Health Branch
Lisa Haubrich, Communicable Disease Consultant, Population Health Branch
Medical Laboratory Licensing Program, Medical Services Branch
Sangeeta Gupta, Director, Disease Prevention, Population Health Branch

Saskatchewan Health Authority

Dr. Ahmed Faress, Medical Health Officer
Dr. Jasmine Hasselback, Medical Health Officer
Dr. 'Lanre Medu, Medical Health Officer
Dr. Jessica Minion, Medical Director/Clinical Lead, Roy Romanow Provincial Laboratory
Janice Seebach, Provincial STBBI Coordinator
Kelly Greenwald, RN, BScN, Clinical Integration, Public Health, North Battleford
Kelly Kekich, BScN, RN Manager, Clinical Integration, Public Health, Vulnerable Populations, & Harm Reduction
Paulette Martin, Regional HIV Coordinator, Prince Albert
Susanne Nicolay, Clinical Nurse Supervisor, First Nations & Metis Health Services, Partner Wellness Wheel Medical Clinic

Indigenous Services Canada

Laura Matz, Director, Health Protection Division, First Nations Inuit Health Branch
Leegay Jagoe, Outreach Coordinator, Saskatchewan Region

Clinicians and Professional Associations

Dr. Takaya, Dr. Wudel, Dr. Sanche, Dr. Janvier and Dr. Spence - Division of Infectious Diseases, Saskatoon and Positive Living Program.
Dr. Markentin and Dr. Kiesman, Westside Community Clinic
Katelyn Roberts and Dr. Markentin, Sanctum Care Group
Terri Belcourt, Director Practice and Education, College of Registered Nurses of Saskatchewan
Jeannine Bruce, Administrator, Saskatchewan Association of Nurse Practitioners

Abbreviations

DBS	Dried blood spot test
CBO	Community Based Organization
CT	*Chlamydia trachomatis*
gbMSM	Gay, bisexual or other men who have sex with men
HIV	Human Immunodeficiency Virus
ISC	Indigenous Services Canada
MD	Medical doctor
NG	*Neisseria gonorrhea*
NITHA	Northern Inter-Tribal Health Authority
NP	Nurse Practitioner
POCT	Point of care test
RRPL	Roy Romanow Provincial Laboratory
SHA	Saskatchewan Health Authority
STBBI	Sexually transmitted and blood borne infection
TDG	Transportation of Dangerous Goods

Preamble

The Ministry of Health (Ministry) provides strategic direction, establishes policies and standards for health care and public health programs and services. The Ministry monitors and evaluates the efficiency of programs and services and their effectiveness in achieving goals established for the provision of health services and the health of the population.

The Saskatchewan Health Authority (SHA), Indigenous Services Canada, Northern Inter-Tribal Health Authority and health care organizations are key partners in achieving the provincial goals and objectives for the health of the population. Organizations must ensure that delivery of programs, services and related operational activities are aligned in accordance with strategic direction to effectively address public health issues within the province.

Program policies set provincial expectations and direction on how health care organizations shall approach specific requirements. This document outlines provincial policy and supportive guidelines intended to:

- Establish principles and goals that form the basis for programs and services;
- Provide strategic direction for program implementation and service delivery;
- Support the development, implementation, and review of organizational policies, standards, procedures, and guidelines;
- Ensure practices align with legislation and regulations;
- Ensure consistency, accountability, and effectiveness in service delivery; and
- Uphold a shared commitment to public health and safety.

Program documents are periodically reviewed and revised as necessary to ensure continued relevance and effectiveness and to reflect the changes in priorities and best management practices.
This document replaces the Saskatchewan Routine Human Immunodeficiency virus (HIV) Testing Policy dated March 2015.

Reference to Legislation, Regulation and Standards

The Medical Laboratory Licensing Regulations Act, 1994

- The Medical Laboratory Licensing Regulations, 1995

In Saskatchewan, all medical laboratories operate under a license issued by the Ministry of Health in accordance with *The Medical Laboratory Licensing Act, 1994* and *The Medical Laboratory Licensing Regulations*. Compliance with all lab licensing requirements is mandatory at each testing site. Only designated qualified persons as identified on the lab license are permitted to perform point-of-care tests (POCT) or specimen collection, including dried blood spot (DBS) specimen collection.

The Public Health Act, 1994

The Public Health Act, 1994 provides authority and a legal framework in Saskatchewan to protect the public from communicable disease, injuries and hazards. One of the powers and responsibilities of the minister outlined within the Act includes establishing goals, establishing program standards, and evaluating programs.

- The Disease Control Regulations

The Public Health Act, 1994 and *The Disease Control Regulations* establish requirements to prevent, detect, investigate, treat or control communicable diseases. All sexually transmitted and blood-borne infections (STBBIs) designated as category II communicable diseases require follow up and must be reported to a medical health officer. Physicians and nurses who provide testing are responsible for providing counselling, initiating treatment, collecting contact information and reporting to a medical health officer within 72 hours.

Purpose

The *Sexually Transmitted and Blood Borne Infection (STBBI) Testing in Saskatchewan: Provincial Policy and Guidelines* (Saskatchewan STBBI Testing Policy) outlines expectations for programs and services that contribute to achieving goals for the health of the population, namely reducing STBBIs through the provision of STBBI testing services.

GOAL

The Saskatchewan STBBI Testing Policy encourages convenient, routine population-based testing to identify STBBIs early, provide timely treatment and care, prevent and reduce transmission, and foster healthier communities.

OBJECTIVES

- Provide options for STBBI testing in Saskatchewan to reduce missed opportunities for testing.
- Offer STBBI testing in accordance with legislation, national and provincial guidelines, and standards.
- Connect individuals receiving positive STBBI test results to follow up care and treatment.

PRINCIPLES

Reducing stigma associated with STBBIs is a critical component of this policy. Stigma remains one of the most significant barriers to accessing essential resources including health care and STBBI testing and is associated with poorer health outcomes. While addressing stigma requires a comprehensive approach across all levels including education, training, practices and policy, integrating regular discussion about sexual health and routinely offering STBBI testing is a small but meaningful step towards reducing stigma. It is important that individuals feel safe and respected during testing, treatment and follow-up. Properly trained personnel can create an environment where individuals feel comfortable accessing testing, receiving a diagnosis, and discussing treatment options without fear of judgment or discrimination.

Testing is confidential. However, some information must be shared with a medical health officer to protect public health in accordance with the Public Health Act, 1994. It is the responsibility of the person tested to inform their contacts of a positive test result or ask a physician or nurse to do so. The physician or nurse may, in turn, ask for assistance from public health to do so. Health care providers can encourage and support individuals in having conversations with their sexual partners about the importance of getting tested to break the chain of transmission. As with all personal health information, it is the responsibility of the test provider and health care organization to ensure the confidentiality of persons being tested.

Testing is voluntary. People are free to accept or refuse testing without pressure, threat or coercion. People may request STBBI testing (self-initiated testing) or it may be offered by a provider (provider-initiated testing). Provider-initiated testing can happen in a variety of settings, such as pre-natal care, hospitals, primary care clinics, correctional facilities, outreach and other community settings. When offering a test, both opt-in and opt-out testing are acceptable, and the approach may vary based on the setting and population served.

Access to Testing is Equitable. Testing is widely available, and all people, regardless of sex, gender, race, income, sexual orientation, geographic location, status, age, or culture, have access to testing and other health care services to meet their needs

STBBI Testing Policy

People can be significantly affected by sexually transmitted and blood-borne infections such as syphilis, HIV, hepatitis C, chlamydia, and gonorrhea. Early testing and diagnosis of these conditions can prevent spread to others and reduce the possibility of serious complications.

STBBI testing in Saskatchewan is universal, comprehensive and convenient, and individuals are offered a variety of testing options.

Routine Testing: should be offered or provided to all persons who:

- request testing from their care providers;
- have never been tested before or do not have any record of testing;[1]
- are pregnant (at initial prenatal visit or earliest encounter), who want to get pregnant or have challenges with fertility; and
- present with signs and symptoms suggestive of a STBBI.

Annual testing is recommended for populations at increased risk for STBBIs. including persons who are:

- gay, bisexual, and other men who have sex with men (gbMSM);
- transgender persons;
- living with HIV.

More frequent testing (every 3-6 months) is recommended for populations including persons who:

- have multiple or new sexual partners;
- engage in high-risk sexual practices (sex under the influence of alcohol or other substances, anonymous partnering);
- exchange goods or services for sex or trade with those who do;
- have lived or living experience of incarceration;
- experience housing instability or street involvement; and
- have a partner with a known STBBI and who engages in unprotected sexual activities.

Targeted opt-out testing is also recommended for population groups and or communities experiencing high prevalence of STBBIs. Local epidemiology needs to be considered and for specific individuals, and their travel history and risk factors also need to be considered (Government of Canada, 2024).

REFER TO APPENDIX A FOR FURTHER DETAILS

[1] Chlamydia and gonorrhea (Ct and NG) 15 to 30 years old, Hep C born between 1945 and 1975, HIV over the age of 15

[1] Government of Canada (2023) recommends screening all pregnant individuals for NG and CT during the first trimester or at the first antenatal visit, and in the third trimester. Screening at the time of labour for NG and CT in should occur when: i) No screening has occurred in 3rd trimester; ii) a positive test result during pregnancy without treatment and a test-of-cure (Government of Canada, 2023). Syphilis screening should occur at the first prenatal visit with repeat screening completed at 28-32 weeks and at delivery in areas with outbreaks or for pregnant individuals with ongoing risk of infection or reinfection (Government of Canada, 2024). All pregnant individuals should be tested for HIV, Hepatitis C and Hepatitis B in the first trimester.

PROVIDE OPTIONS FOR STBBI TESTING IN SASKATCHEWAN

REFER TO APPENDIX B – TESTING OPTIONS

Ensure a range of testing options (**Figure 1**) are available to meet individual patient and population needs and preferences:

Figure 1: Framework of Testing Options. This figure represents a matrix of options to access testing for sexually transmitted and blood-borne infections (STBBIs) in traditional and non-traditional health care settings.

- Offer **lab-based testing** through routine offering of STBBI testing in healthcare and outreach settings. This is the recommended testing method for persons who have symptoms, are pregnant, or require monitoring for treatment response or effectiveness.
- Offer **point-of-care testing (POCT)** to supplement lab-based testing. POCT should be used for rapid clinical decision-making for diagnosis and treatment, which can prevent STBBI transmission. This is an alternative testing method for persons who are unable to access lab-based testing or who may not return for test results or treatment.
- Offer **self-testing** as an alternative to lab-based testing or POCT.
- Develop policies, procedures, work standards and care pathways to support implementation and integration of lab-based, point-of-care, and self-testing options across laboratory, clinical and public health services.

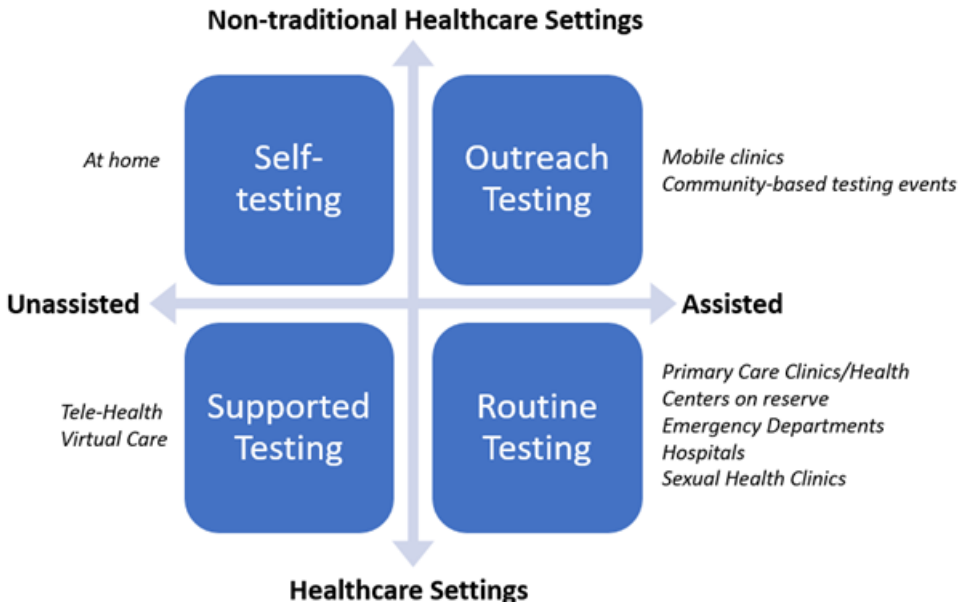

Figure 1: Testing Options. *This figure represents a matrix of options to access testing for sexually transmitted and blood-borne infections (STBBIs) in traditional and non-traditional health care settings.*

OFFER STBBI TESTING IN ACCORDANCE WITH NATIONAL AND PROVINCIAL GUIDELINES, STANDARDS, AND LEGISLATION

REFER TO APPENDIX C - TESTING TECHNICAL GUIDANCE

Test for One, Test for All: Co-infections are common among people with STBBIs. Furthermore, the risk of HIV transmission between individuals is increased when one of them has another STI such as syphilis. When and where feasible, offer testing for all STBBIs, in accordance with provincial and national clinical guidelines:

- Risk factors tend to be the same for all STBBIs, testing for all at once can identify co-infections so all can be treated.
- Specimens must be collected, transported and tested in accordance with regulatory and administrative requirements, including considerations for licensing as per *The Medical Laboratory Licensing Act and Regulations*, where applicable.

CONNECT INDIVIDUALS RECEIVING POSITIVE STBBI TEST RESULTS TO FOLLOW UP CARE AND TREATMENT

REFER TO APPENDIX D – TESTING IMPLEMENTATION CHECKLIST

Implement testing in accordance with guiding principles and connect individuals receiving positive STBBI test results to follow up care and treatment:

- A clinical pathway should outline how all persons with positive test results receive treatment and/or additional testing for confirmatory diagnosis and treatment monitoring, in a timely manner.
- Except for self-tests, all test results must be entered into the client record and positive test results reported to a medical health officer.

Glossary

Antenatal: Pregnant women before birth.

Antimicrobial: Substances used to kill or inhibit the growth of bacteria, fungi, viruses, or other microbes.

Care Pathway: Clinical pathways are tools that translate clinical practice guideline recommendations into local structures with an aim to standardize care for a specific clinical problem.

Diagnostic test: Used when symptoms are present, or when a screening test is positive, to confirm the presence of an infection or disease. Diagnostic tests are more reliable than screening tests and may be used to help plan treatment, monitor treatment effectiveness, and make a prognosis.

False negative: A test result that wrongly indicates an infection or disease is not present when it is.

False positive: A test result that wrongly indicates the presence of an infection or disease.

Health care organization: Include regulated professionals such as physicians, nurses, midwives, pharmacists. There are also health services providers who are not regulated, such as health care aides, technicians, wellness counsellors, and health educators. Not all health services providers are qualified to conduct testing.

Health services providers: Include physicians, medical residents, nurses, nurse practitioners, registered midwives, and pharmacists. Not all health services providers are qualified to conduct testing.

Laboratory license: Authorization to operate a medical laboratory granted pursuant to *The Medical Laboratory Licensing Act, 1994* and supporting regulations.

Medical laboratory: A place where a test is performed or where a specimen is taken or collected for the purpose of transporting it to another medical laboratory where it is to be tested.

Neonate: An infant less than four weeks old.

Nurse: An individual registered within the College of Registered Nurses of Saskatchewan, the College of Licensed Practical Nurses of Saskatchewan, or the College of Registered Psychiatric Nurses of Saskatchewan. The individual competencies and roles and duties of nurses must be considered within the context of testing.

Opt-in Testing: A person is offered testing. They must accept testing before the test can occur**.**

Opt-out Testing: Routine opt-out testing creates an opportunity to screen individuals who may be reluctant to discuss or disclose risk factors that is generally used in an opt-in approach. This approach is highly effective because it removes stigma associated with STBBI testing, promotes earlier diagnosis and treatment which reduces transmission. A person is informed that testing is a part of routine care for everyone and will occur unless they explicitly decline. This is commonly used for HIV testing but can be expanded to other STBBIs in high yield settings.

Provider-initiated testing: Testing completed upon recommendation of a health care provider as a standard part of medical care (based on routine testing recommendations) or based on clinical or risk assessment. Provider-initiated testing may be offered as opt-in or opt-out testing.

Screening: Screening refers to assessing and testing asymptomatic individuals to detect an STBBI. The goal is early detection and treatment to reduce complications, transmission and reinfection.

Self-initiated testing: Testing completed upon request of an individual or testing completed by an individual using a self-test kit.

Sensitivity: The test's ability to identify an individual with a disease as positive. Higher sensitivity means there is a lower chance of a false-negative result (testing negative when positive for an infection or condition).

Social determinants of health: A specific group of social and economic factors within the broader determinants of health. These relate to an individual's place in society, such as income, education or employment.

Specificity: The chance that a positive result correctly indicates that a person has an infection or condition. Higher specificity means there is a lower chance of a false-positive result (testing positive when negative for an infection or condition).

Test: Examination or analysis of a specimen taken or collected from a human body to obtain information for screening, diagnosis, prophylaxis, treatment, or any other health-related purpose.

Transgender persons: People whose gender identity differs from that typically associated with the sex they were assigned at birth.

Turn-Around Time (TAT): The time it takes for tests to be processed once received at the testing laboratory. This does not include time in transit which may increase the overall TAT from specimen collection to results being available; the overall TAT may be much greater when specimens are collected in rural or remote areas.

Window Period: The time between exposure to an infection and when a test can reliably detect the infection. During this time, a test may produce a false negative result. The window period varies by organism.

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Appendix A: Testing Recommendations

Infectious Agent	Based on age/year of birth	New or multiple sexual partners	Pregnant	Neonates	gbMSM	Transgender persons	Other
Chlamydia **Gonorrhea**	Sexually active <30 years of age	Every 3-6 months	1st trimester, 3rd trimester, and during labor if not earlier	Screen all infants exposed during pregnancy or at delivery	Annual	Annual	Individuals with high- risk sexual behaviour, a history of previous STI, street-involvement
Syphilis	Sexually active	Every 3-6 months	1st trimester, 28-32 weeks, and during labour All individuals who deliver stillborn	Screen all infants exposed during pregnancy	Every 3-6 months*	Every 3-6 months*	Individuals: infected with HIV, is or has been incarcerated who use substances or access addiction services
HIV	Every five years for everyone over 13 years of age	Every 3-6 months	1st prenatal appointment (more often if ongoing risk factors)	Screen all infants exposed during pregnancy	Annual	Annual	Individuals who: Exchange sex for money, food or drugs, Inject or share drug use equipment Are diagnosed with TB Have a current STI
Hepatitis C	One time test for individuals born between 1945-1975	--	1st trimester (Atkinson, 2024)	Screen all infants exposed during pregnancy at 2 months of age	Annual if engage in high-risk practices or have other ongoing risk factors such as HIV co-infection	Annual if engage in high-risk sexual practices or have other ongoing risk factors such as injection drug use	Individuals: who inject or share drug use equipment/needles (including for tattooing or piercing), is or has been incarcerated, from endemic countries (Biondi, 2024)

*Individuals who are not sexually active or are in a stable monogamous relationship may not require as frequent testing

Appendix B: Testing Options

TESTING SETTINGS

Clinics, Emergency Departments and Hospitals: Traditionally, accessing medical tests requires a visit to a health care setting either through an appointment or drop-in basis where applicable. A qualified health care provider conducts a clinical assessment and orders appropriate tests. Specimens may be collected in the clinic, on the ward, or at a different location. Specimens are then tested with point of care tests (POCT) or transported to a laboratory for testing. Although these settings offer a comprehensive approach to providing medical care, individuals may experience barriers such as proximity to a clinic or specimen collection site, long wait times for appointments or inconvenient hours of operation.

Mobile Clinics: Providers reaching out to individuals is a common approach used to improve access to services (including testing and treatment). Considerations such as space and privacy are important in mobile settings. Testing and diagnostic services may be limited to specimen collection and/or POCT within these settings. All sites conducting POCT or collecting specimens, including dried blood spot (DBS) specimens, must be licensed under *The Medical Laboratory Licensing Act, 1994*.

Community-based Wellness and Testing Events: Testing events are innovative approaches that reduce stigma, promote wellness and improve testing access. These events are generally planned in partnership with a community/organization and require qualified test providers and other personnel to operate the event[2,3]. Testing and diagnostic services may be limited to specimen collection, POCT or distribution of self-test kits within these settings. All sites conducting POCT or collecting specimens, including DBS, must be licensed under *The Medical Laboratory Licensing Act, 1994*.

Tele-health or Virtual Care: Virtual care is another innovative approach that supports self-collection of specimens for STBBI testing. Individuals will access a qualified health care provider remotely via phone or a virtual health care portal to request testing, collect specimens as directed, and arrange the transport of specimens to a laboratory. Test results will be provided in a variety of manners such as through the MySaskHealthRecord or through the virtual care portal. This option is appropriate for individuals who are not experiencing clinical symptoms, are in areas that may not have access to testing locally or for individuals who are uncomfortable with seeking testing in traditional health care settings. When individuals self-collect specimens in their own home, a lab license is not required. Consideration must be given to ensuring access to follow-up testing and treatment when individuals receive positive results through these testing *services*.

At-Home or Setting of Individual Choosing: Individuals may use a self-test kit[4] when they are uncomfortable with, or do not have access to, other testing settings. Self-testing can overcome barriers (such as transportation) to routine testing performed in traditional health care settings and/or engage individuals not reached by mobile clinics or community-based testing events. For example, distributing self-tests through social networks significantly increases testing among at-risk populations and new diagnoses.[5] A lab license is not required for self-test kit distribution sites. Patient education and information is critical to ensure individuals understand the test, can interpret the results and know who to contact for follow-up questions or to arrange confirmatory testing if they have a positive or reactive result.

The above outlines a variety of test settings. In some instances, a combination of options may be used. For example, there are hybrid models in which a requisition may be printed at home and is taken to a stationary lab for submission or collection of specimens.

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[3] https://sidcn.ca/wp-content/uploads/2019/01/get-tested-guide-2-18.01.2019.pdf

[4] https://static1.squarespace.com/static/561d5888e4b0830a0f1ed08b/t/65e7c27bfe5a1a49803edd00/1709687419842/2023-MHRN-EVENT-TESTING-GUIDE-V2-FULL-FIN.pdf

[5] In Canada, self-test kits are licensed and available for HIV testing only (as of April 2025).

[6] Rapid Response Service. Free HIV self-testing: Best practices, positivity rates, and associated costs. Toronto, ON: The Ontario HIV Treatment Network; August 2020. Retrieved from https://www.ohtn.on.ca/rapid-response-free-hiv-self-testing-basic-practices-positivity-rates-and-associated-costs/

SPECIMIN COLLECTION

Conventional specimen collection – This is the standard approach for testing and generally involves phlebotomy (so testing on blood can be completed), urine or swab collection. Specimens are collected by trained and qualified health services providers under approved conditions for collection, transport, and storage (e.g., time and temperature) to maintain integrity of samples (Singh, 2017). All sites collecting conventional specimens must be licensed under *The Medical Laboratory Licensing Act, 1994*

Alternative specimen collection – Alternatives to conventional specimen collection increase access to testing for individuals and communities where health care services are limited, or infrastructure is limited for transporting specimens to a laboratory. An example of alternate specimen collection is Dried Blood Spot (DBS) testing for HIV, Hepatitis C and syphilis. All sites collecting DBS specimens must be licensed under *The Medical Laboratory Licensing Act.*

Self-collection – Specimens (dried blood spots, urine, swabs) are collected in health care or non-health care settings (including at home) by the individual (self). Patient education and information is a critical element in ensuring individuals collect specimens as directed and arrange the transport of specimens to a laboratory, if necessary.

Alternative and **self-collection** methods are useful in settings such as primary care clinics that are not equipped, or do not have staff trained, to do phlebotomy. They are also useful in remote or resource-limited areas without proximity to a laboratory, or where infrastructure is limited for transporting samples. They may be a preferred option for people or populations who do not have easy access to health services or who refuse phlebotomy, or for whom barriers (such as transportation, time) is a barrier to accessing conventional specimen collection sites.

TESTING METHODS

Lab-based Testing – Conventional lab testing is the most traditional and common type of testing. It requires a qualified health care provider to order STBBI testing with a lab requisition, based on testing polices, best practices and clinical assessments. Specimens (blood, urine, swabs) are collected in health care or non-health care settings by the individual (self-collection) or by a qualified health care provider in accordance with quality assurance standards and submitted to a licensed laboratory for testing. Lab-based tests set the standard against which new tests are compared to measure their accuracy. Lab-based tests may be more specialized and provide more detailed (e.g. confirmatory) laboratory information than what is available in other testing modalities; for example, viral loads, genetic characterization, and sensitivity or resistance to available treatments.

Point-of-Care Testing – Like lab-based testing, point-of-care testing (POCT) requires a qualified health care provider to order and interpret STBBI testing based on testing polices, best practices and clinical assessments. Specimens (blood, urine, swabs) are collected and testing is completed where care is delivered to the client. POCT may use handheld, portable, or benchtop instruments used outside a laboratory setting. POCT are most beneficial when they are viewed as one step in a testing continuum that begins at the point-of-care and eventually leads to confirmatory or additional lab-based testing. A lab license is required for sites performing POCT.

POCT is useful in community clinics and remote or resource-limited areas without proximity to a laboratory or where infrastructure is limited for transporting samples. It is also beneficial in settings in which timely test results are required to support prompt treatment which can help interrupt transmission. This may include emergency rooms, obstetric units, correctional facilities mobile clinics, and community-based testing events and outreach for persons with risk factors for STBBIs (e.g., anonymous or multiple sex partners, sex-on-premises, party-and-play networks). POCT may also be offered to people or populations who have barriers (such as transportation/ time), refuse lab-based testing, or who may not return for test results and treatment. This may include persons accessing primary care through emergency and outreach services, with active substance use disorders, who experience unstable housing, transiency, or frequent movement between health jurisdictions, either within or between provinces. It is important to consider how individuals with positive results will be supported in the immediacy and over the longer term after receiving the result (e.g. getting them linked to treatment and ongoing care). POCT should be used to supplement lab-based testing, as POCTs may not distinguish between a past or recent infection or be used for monitoring response to treatment.

Appendix C: Testing Technical Guidance

This information can be used to help health services providers determine what testing options are appropriate in their settings based on the populations they serve, their ability to connect individuals to treatment and ongoing care and support and the pre-requisites or requirements for implementation.

Please Note:

- If an STBBI is suspected or diagnosed, a more comprehensive assessment may be indicated, which could include:

    - Current concerns regarding a sexual contact
    - History of current or past symptoms
    - Relevant social determinants of health (SDoH)
    - Psychosocial history
    - Travel history
    - Substance use history
    - Reproductive health and history
    - A physical examination
    - Complete testing for all STBBIs

- Every STBBI has its own incubation period. It is important that clients are counselled that retesting for an STBBI may be needed if tested too early after exposure and the incubation period is not over. Clients may initially test negative for an STBBI but this may be a false-negative test result.

- Clients may be experiencing a variety of feelings when seeking STBBI testing including fear, embarrassment, anger and guilt. A non-judgmental and culturally responsive approach that normalizes STBBI testing can help make clients feel more comfortable and engaged in seeking follow-up care and repeat or additional testing, as recommended by their test provider.

HIV

	LAB-BASED TESTS*			POINT OF CARE TESTS*		AT HOME TESTS
	Serology	**Viral Loads****	**Dried Blood Spots**	**HIV/Syphilis**	**HIV only**	**HIV Self-Test**
Indications	Screening and diagnosis https://www.canada.ca/en/public-health/services/hiv-aids/hiv-screening-testing-guide.html#c1			Screening to inform immediate management https://publications.saskatchewan.ca/api/v1/products/11997/formats/81578/download		Screening for individual knowledge
Specimen to be Tested	Serum from Phlebotomy	Plasma from Phlebotomy	Whole Blood from Finger Stick	Whole Blood from Finger Stick	Whole Blood from Finger Stick	Whole Blood from Finger Stick
Who Collects Specimen	Nurse, Technologist, Phlebotomist	Nurse, Technologist, Phlebotomist	Health professionals must be in compliance with lab licensing requirements at each testing site and must have completed the education and training requirements for DBS. Individuals in their home.	Nurse, NP or MD who has completed training	Nurse, NP or MD who has completed training	Individual
Who Performs Testing	Technologist in Laboratory	Technologist in Laboratory	Technologist in Laboratory	Nurse, NP or MD who has completed training	Nurse, NP or MD who has completed training	Individual

HIV

	LAB-BASED TESTS*			POINT OF CARE TESTS*		AT HOME TESTS
	Serology	**Viral Loads****	**Dried Blood Spots**	**HIV/Syphilis**	**HIV Only**	**HIV Self-Test**
Specimen Storage and Transport Requirements	Needs to be centrifuged within 24 hrs. Store and transport at room temperature. Transport requires TDG (transportation of dangerous goods) certification.	Needs to be centrifuged within 6 hrs. Freeze samples as soon as possible, and transport frozen. Transport requires TDG certification.	Needs to be left to dry at least 3 hours. Store and transport at room temperature. Transport via courier or Canada Post; exempt from TDG.	none*	none*	none
Confirmatory Steps	none	none	none	Positive results require lab-based test confirmation	Positive results require lab-based test confirmation	Positive results require lab-based test confirmation
Results Handling	Lab results will be visible in EMR. Public Health will be sent notification of new positives from lab.	Lab results will be visible in EMR. Public Health will be sent notification of new positives from lab.	Lab results will be visible in EMR. Public Health will be sent notification of new positives from lab.	Results documented on local chart. Site is responsible for notifying Public Health.	Results documented on local chart. Site is responsible for notifying Public Health.	Clients are encouraged to seek follow-up after a reactive test
Laboratory Licensing Requirements	Specimen collection: yes if outside a Physician clinic or hospital (as all SHA hospitals are licensed for specimen collection). Testing: yes.	Specimen collection: yes if outside a Physician clinic or hospital (as all SHA hospitals are licensed for specimen collection) Testing: yes.	Specimen collection: yes if outside a Physician clinic or hospital (as all SHA hospitals are licensed for specimen collection) Testing: yes.	Lab license is required.	Lab license is required.	none

HIV

	LAB-BASED TESTS*			POINT OF CARE TESTS*		AT HOME TESTS
	Serology	**Viral Loads****	**Dried Blood Spots**	**HIV/Syphilis**	**HIV only**	**HIV Self-Test**
Funding Requirements	Publicly funded	Publicly funded for specific indications**	Publicly Funded	Publicly Funded	Publicly Funded	Publicly Funded
Turn-around time	1-3 days from receipt at testing laboratory	1-3 days from receipt at testing laboratory	Approximately 3 weeks from receipt at RRPL (testing is currently sent out of province)	<5 minutes	<5 minutes	<5 minutes
Sensitivity and Specificity Caveats	Gold standard for diagnosis	n/a	Dried Blood Spot testing is less sensitive than traditional serology & viral load testing.	Point of Care tests are less sensitive than traditional serology testing and cannot differentiate between active infection and treated (viral suppression).		
Window Period Considerations	Tests may be falsely negative 2 to 7 weeks after exposure	n/a	Tests may be falsely negative 2 to 7 weeks after exposure	Tests may be falsely negative 3 to 12 weeks after exposure.		Tests may be falsely negative 3 to 12 weeks after exposure
Target Populations and Settings	**See Appendix A**					

* Positive point of care tests require lab-based confirmatory testing. Sites must have the ability to arrange for sample submission of either serology or DBS.

**HIV viral loads are routinely available for patients diagnosed with HIV, and for at-risk women in labour who have not received adequate prenatal care.

HEPATITIS C

LAB-BASED TESTS			
Indications	**Standard testing for screening, diagnosis** https://www.canada.ca/en/public-health/services/diseases/hepatitis-c/health-professionals-hepatitis-c.html#a2		
	Serology	**Viral Loads**	**Dried Blood Spots**
Specimen to be Tested	Serum from Phlebotomy	Plasma from Phlebotomy	Whole Blood from Finger Stick
Who Collects Specimen	Nurse, Technologist, Phlebotomist	Nurse, Technologist, Phlebotomist	Health professionals must be compliance with lab licensing requirements at each testing site and must have completed the education and training requirements for DBS. Individuals in their home.
Who Performs Testing	Technologist in Laboratory	Technologist in Laboratory	Technologist in Laboratory
Specimen Storage and Transport Requirements	Needs to be centrifuged within 24 hrs. Store and transport at room temperature. Transport requires TDG certification.	Needs to be centrifuged within 6 hrs. Freeze samples as soon as possible, and transport. Transport requires TDG certification.	Needs to be left to dry at least 3 hours. Store and transport at room temperature. Transport via courier or Canada Post; exempt from TDG.
Confirmatory Steps	none	none	none
Results Handling	Lab results will be visible in eHealth Viewer. Public Health will be sent notification of new positives from lab.	Lab results will be visible in eHealth Viewer. Public Health will be sent notification of new positives from lab.	Lab results will be visible in eHealth Viewer. Public Health will be sent notification of new positives from lab.
Laboratory Licensing Requirements	Specimen collection: yes if outside a Physician clinic or hospital (as all SHA hospitals are licensed for specimen collection) Testing: yes.	Specimen collection: yes if outside a Physician clinic or hospital (as all SHA hospitals are licensed for specimen collection) Testing: yes).	Specimen collection: yes if outside a Physician clinic or hospital (as all SHA hospitals are licensed for specimen collection) Testing: yes.

HEPATITIS C

LAB-BASED TESTS			
	Serology	**Viral Loads**	**Dried Blood Spots**
Funding Requirements	Publicly funded	Publicly funded for specific indications*	Publicly Funded
Turn-around Time	1-3 days from receipt at testing laboratory	1-3 days from receipt at testing laboratory	Approximately 3 weeks from receipt at RRPL (testing is currently sent out of province)
Sensitivity and Specificity Caveats	Cannot differentiate current active infectious from past infection, or re-infection status	n/a	Dried Blood Spot testing is less sensitive than traditional serology & viral load testing.
Window Period Consideration	Tests may be falsely negative 5 to 10 weeks after exposure	n/a	Tests may be falsely negative 5 to 10 weeks after exposure
Target Populations and Target Settings	See Appendix A		
*HCV viral loads are routinely available for patients diagnosed with HCV, and to detect reinfections and determine cure in individuals previously treated or cleared of infection			

SYPHILIS

	LAB-BASED TESTS			POINT-OF-CARE TESTS
	Serology	**Dried Blood Spots**	**PCR**	**HIV/Syphilis**
Indications	Canadian STBBI Guidelines (https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/syphilis.html#a1.2)			Canadian Guidelines are not yet available. BCCDC Guidance may be used as a reference. http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/STI/Med%20Handouts/Guidance%20INSTI%20Multiplex%20POCT%20-%202024.10.pdf
Specimen to be Tested	Serum from Phlebotomy	Whole Blood from Finger Stick	Swab of primary lesion or neonatal nasal secretions, submitted in Universal Transport Media (UTM)	Whole Blood from Finger Stick
Who Collects Specimen	Nurse, Technologist, Phlebotomist	Health professionals must be compliance with lab licensing requirements at each testing site and must have completed the education and training requirements for DBS. Individuals in their home	Nurse, NP or MD	Nurse, NP or MD who has completed training
Who Performs Testing	Technologist in Laboratory	Technologist in Laboratory	Technologist in Laboratory	Nurse, NP or MD who has completed training

SYPHILIS

	LAB-BASED TESTS			POINT-OF-CARE TESTS
	Serology	**Dried Blood Spots**	**PCR**	**HIV/Syphilis**
Specimen Storage and Transport Requirements	Needs to be centrifuged within 24 hrs. Store and transport at room temperature. Transport requires TDG certification.	Needs to be left to dry at least 3 hours. Store and transport at room temperature. Transport via courier or Canada Post; exempt from TDG.	Store and transport refrigerated.	none*
Confirmatory Steps	none	Positive results require lab-based test confirmation and RPR determination	none	Positive results require lab-based test confirmation and RPR determination
Results Handling	Lab results will be visible in eHealth Viewer. Public Health will be sent notification of new positives from lab.	Lab results will be visible in eHealth Viewer. Public Health will be sent notification of new positives from lab.	Lab results will be visible in eHealth Viewer. Public Health will be sent notification of new positives from lab.	Results documented on local chart. Site is responsible for notifying Public Health.
Laboratory Licensing Requirements	Specimen collection: yes if outside a Physician clinic or hospital (as all SHA hospitals are licensed for specimen collection) Testing: yes.	Specimen collection: yes if outside a Physician clinic or hospital (as all SHA hospitals are licensed for specimen collection). Testing: yes.	Specimen collection: yes if outside a Physician clinic or hospital (as all SHA hospitals are licensed for specimen collection) Testing: yes.	Yes
Funding Requirements	Publicly funded	Publicly Funded	Publicly Funded	Publicly Funded
Turn-around Time	1-3 days from receipt at testing laboratory	Approximately 3 weeks from receipt at RRPL (testing is currently sent out of province)	1-3 days from receipt at testing laboratory.	<5 minutes

SYPHILIS

	LAB-BASED TESTS			POINT-OF-CARE TESTS
	Serology	**Dried Blood Spots**	**PCR**	**HIV/Syphilis**
Sensitivity and Specificity Caveats	Gold standard for diagnosis	Cannot differentiate between current active infection vs. previous untreated or successfully treated infection. Dried Blood Spot testing is less sensitive than traditional serology	Only indicated if a primary lesion is present. Negative results do not rule out syphilis infection.	Cannot differentiate between current active infection vs. previous untreated or successfully treated infection.
Window Period Considerations	Tests may be falsely negative up to 90 days after exposure	Tests may be falsely negative up to 90 days after exposure	In the presence of a primary lesion, PCR may be positive earlier than serology	Tests may be falsely negative up to 90 days after exposure
Target Populations and Settings	See Appendix A			
*Positive point of care and DBS tests require in-lab confirmatory testing. Sites must have the ability to arrange for serology sample submission.				

	LAB-BASED TESTS	
	NAAT	**Culture***
Indications	**Asymptomatic sexually active people under 30 years, all pregnant people during their first trimester (or at their first antenatal visit) and third trimester, neonates born to mothers with gonorrhea or chlamydia and any other people with risk factors for sexually transmitted and blood-borne infection (STBBI). Testing every 3-6 months should be considered for persons with multiple sexual partners or a new partner since last tested.** **Canadian STBBI Guidelines**	**Antimicrobial susceptibility for optimizing treatment and public health monitoring of antimicrobial resistance trends. Where clinical manifestations suggest a sexually transmitted infection (STI), obtain swabs for culture in addition to samples for NAAT**
Specimen to be Tested	Swab of vagina, cervix, urethra (male only), rectum, throat, eye, etc., collected in Aptima® transport media. First catch urine, transferred to Aptima® transport media.	Swab of vagina, cervix, urethra (male only), rectum, throat, eye, etc., collected in Amies liquid media (i.e. Eswab®)
Who Collects Specimen	Individual, Nurse, NP or MD	Individual, Nurse, NP or MD
Who Performs Testing	Technologist in Laboratory	Technologist in Laboratory
Specimen Storage and Transport Requirements	Store and transport at room temperature. Exempt from TDG.	Store and transport at room temperature.
Confirmatory Steps	None	None
Results Handling	Lab results will be visible in eHealth Viewer. Public Health will be sent notification of new positives from lab.	Lab results will be visible in eHealth Viewer. Public Health will be sent notification of new positives from lab.
Laboratory Licensing Requirements	Specimen collection: yes if outside a Physician clinic or hospital (as all SHA hospitals are licensed for specimen collection) Testing: yes.	Specimen collection: yes if outside a Physician clinic or hospital (as all SHA hospitals are licensed for specimen collection) Testing: yes.

	LAB-BASED TESTS	
	NAAT	**Culture***
Funding Requirements	Publicly funded	Publicly funded
Turn-around Time	1-3 days from receipt at testing laboratory	2-4 days from receipt at testing laboratory
Sensitivity and Specificity Caveats	NAAT may remain positive 2-3 weeks after successful treatment	Culture for GC is less sensitive than NAAT and this may be further reduced by delays in sample transportation or exposure of sample to cold temperatures. Culture is required for antimicrobial susceptibility testing.
Window Period Considerations	Tests may be falsely negative up to 2 weeks after exposure to Gonorrhea and up to 6 weeks after exposure to Chlamydia	Tests may be falsely negative up to 2 weeks after exposure to Gonorrhea and up to 6 weeks after exposure to Chlamydia
Target Populations and Settings	See Appendix A	
*Culture is available of Gonorrhea only. NAAT testing is more sensitive and should be used for primary diagnostic testing. Culture should be done in certain circumstances in addition to NAAT and, if positive, can provide antimicrobial susceptibility results.		

HEPATITIS B

LAB-BASED TESTS			
	Serology	**Viral Loads****	**Dried Blood Spots***
Indications	https://www.canada.ca/en/public-health/services/reports-publications/primary-care-management-hepatitis-b-quick-reference.html#sec2		
Specimen to be Tested	Serum from Phlebotomy	Plasma from Phlebotomy	Whole Blood from Finger Stick
Who Collects Specimen	Nurse, Technologist, Phlebotomist	Nurse, Technologist, Phlebotomist	Health professionals must be compliance with lab licensing requirements at each testing site and must have completed the education and training requirements for DBS. Individuals in their home
Who Performs Testing	Technologist in Laboratory	Technologist in Laboratory	Technologist in Laboratory
Specimen Storage and Transport Requirements	Needs to be centrifuged within 24 hrs. Store and transport at room temperature. Transport requires TDG certification.	Needs to be centrifuged within 6 hrs. Freeze samples as soon as possible, and transport frozen. Transport requires TDG certification.	Needs to be left to dry at least 3 hours. Store and transport at room temperature. Transport via courier or Canada Post; exempt from TDG.
Confirmatory Steps	none	none	none*
Results Handling	Lab results will be visible in eHealth Viewer. Public Health will be sent notification of new positives from lab.	Lab results will be visible in eHealth Viewer. Public Health will be sent notification of new positives from lab.	Lab results will be visible in eHealth Viewer. Public Health will be sent notification of new positives from lab.
Laboratory Licensing Requirements	Specimen collection: yes if outside a medical clinic or hospital. Testing: yes.	Specimen collection: yes if outside a medical clinic or hospital. Testing: yes.	Specimen collection: yes if outside a medical clinic or hospital. Testing: yes.

LAB-BASED TESTS			
	Serology	**Viral Loads**	**Dried Blood Spots**
Funding Requirements	Publicly funded	Publicly funded for specific indications**	Publicly Funded
Turn-around Time	1-3 days from receipt at testing laboratory	1-3 days from receipt at testing laboratory	Approximately 3 weeks from receipt at RRPL (testing is currently sent out of province)
Sensitivity and Specificity Caveats	Gold standard for diagnosis and staging of hepatitis B virus infection.	n/a	Dried Blood Spot testing is less sensitive than traditional serology & viral load testing.
Window Period Considerations	Hepatitis B antigen tests may be falsely negative up to 9 weeks after exposure		Hepatitis B antigen tests may be falsely negative up to 9 weeks after exposure
Target Populations and Target Settings	See Appendix A		

*DBS testing for HBV only detects active infection (i.e. Hepatitis B surface antigen). If other serology/antigen testing is needed, conventional lab-based serology is required.
**HBV viral loads are routinely available for patients diagnosed with HBV

Appendix D: Testing Implementation

TESTING IMPLEMENTATION CHECKLIST

Assessment	☐ What parts of the testing policy are being implemented? ☐ What are the testing and prevalence rates in the geographic area? ☐ What testing services are available through all partners in the geographic area (SHA, ISC, NITHA, AHA, CBOs, Pharmacies, other health services providers)? ☐ What are the opportunities to fill current gaps in testing services to reach the target audience? - Education for public - Education for health services providers - Expansion of testing involving additional partners - Implement innovative interventions in terms of STBBI testing technology and service delivery models - Promote stigma-free access to STBBI testing
Implementation Planning	☐ Staffing requirements in alignment with Standards - Medical Laboratory Licensing Act and Regulations - Professional Scope of Practice - Job descriptions - Competencies - Medical Directives - Training and Certification as required ☐ Testing - Medical Laboratory License (if necessary) - Certification of Transportation of Dangerous Goods (if necessary) - Calibrated Equipment required for testing (e.g. specimen collection materials, centrifuge, refrigerator) - Supplies for testing - Interpretation of test results ☐ Documentation - Documentation and record management of tests completed - Documentation and record management of test results - Notification to Public Health of Positive Results ☐ Provision of Care - Policies. Procedures, Work Standards Clinical Pathways developed to address: ▪ Pre-test risk assessment and education ▪ Delivery of Test Results to the patient ▪ Prompt (within optimal time period) linkage to care and follow up ▪ Provision of treatment ▪ Access to publicly funded medications for treatment at point of service delivery (e.g. Azithromycin, Bicillin, etc.) ▪ Post-test counselling ▪ Contact tracing and arrangements for partner notification, testing and chemoprophylaxis as applicable ▪ Linkage to care and follow-up ▪ Referrals for additional follow-up

	☐ Monitoring and Evaluation - Develop a plan to monitor the impact of the expansion: ▪ What metrics will be used to monitor the impact? ▪ Are mechanisms in place to develop the metrics? ▪ How often will the metrics be reviewed (monthly, quarterly, semi-annually, annually)?
Consultation and Communication Plan	☐ Consultation and Communication Plan Developed - With funders of programs and services if increased capacity will be required - With key partners within the Organization ▪ Health services providers ▪ Leadership ▪ Quality Assurance Program - With key partner organizations within the geographic area - With Regulatory bodies and Professional Associations - With the Laboratory Services (e.g. RRPL) - With relevant Government Ministries (for Legislative and Regulatory impacts and awareness) - With the public and target audience

Appendix E: Testing Resources

LABORATORY LICENSE

To apply for a new license or to amend a current license to include DBS specimen collection or additional POCTs, complete the application form located on the Government of Saskatchewan's website: Operate a Medical Laboratory | Licensing for Health Care Practices and Professionals | Government of Saskatchewan

If you have any questions regarding Laboratory Licensing, please contact Lab Licensing at LabLicensing@health.gov.sk.ca for further information.

LABORATORY TESTING

Transportation of Dangerous Goods (TDG) Training: https://tc.canada.ca/en/dangerous-goods/tdg-bulletin-tdg-training

Roy Romanow Provincial Laboratory Compendium of Tests: https://rrpl-testviewer.ehealthsask.ca/

TESTING SUPPLIES

1. Order the following **DBS** supplies by emailing NML_DBS-LNM_GSS@phac-aspc.gc.ca.
   NML provides Hemolance Lancets (Purple), Coin Envelopes, Bitran Bags (7X8), Humidity Indicator Cards, DBS Cards, Drying Racks, and Desiccants.
2. Order RRPL Laboratory Requisitions: Chemistry and Immunoserology per local agency policy or print from RRPL Compendium of Tests: https://rrpl-testviewer.ehealthsask.ca/
3. Phlebotomoy and testing supplies – as per local supply chain

PUBLIC HEALTH REPORTING REQUIREMENTS

Notification forms available at: https://www.ehealthsask.ca/services/Manuals/Pages/CDCManual.aspx (see Selected Attachments as Templates or Forms, Notifications and Data Collection Worksheets for direct links):

- Chlamydia and Gonorrhea Notification Form
- Syphilis Notification Form
- Congenital syphilis Notification Form
- Human Immunodeficiency Virus Notification Form
- Hepatitis C Notification Form
- Hepatitis B Notification Form

TRAINING/HEALTH PROFESSIONAL RESOURCES

- BC Center for Disease Control
  - Hepatitis C: The Basics Online Course
- Canadian Public Health Association:
  - Self-assessment tool for STBBIs and stigma: https://www.cpha.ca/self-assessment-tool-stbbis-and-stigma
  - Trauma- and violence- informed care toolkit: https://www.cpha.ca/trauma-and-violence-informed-care-toolkit
  - Factors Impacting Vulnerability to HIV and other STBBIs: https://www.cpha.ca/sites/default/files/uploads/resources/stbbi/FIV_EN.pdf
  - Core Competencies for STBBI Prevention: https://www.cpha.ca/sites/default/files/uploads/resources/stbbi/CPHA_EN.pdf
- CATIE
  - https://www.catie.ca/education-publications-websites-education/open-courses
- Public Health Agency of Canada (PHAC):
  - Sexual Health and Sexually Transmitted Infections: https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections.html
  - Questions and Answers: Inclusive Practice in the Prevention of Sexually Transmitted and Blood Borne Infections among Ethnocultural Minorities:
  - https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/reports-publications/questions-answers-minorities.html
- Saskatchewan Infectious Disease Care Network (SIDCN):
  - Get Tested: A guide for communities and providers to offer HIV testing https://sidcn.ca/wp-content/uploads/2019/01/get-tested-guide-2-18.01.2019.pdf
- Saskatchewan HIV Collaborative: https://skhiv.ca/healthcare-professionals/
- Saskatchewan Ministry of Health:
  - HIV Information for Health Care Providers
  - https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/blood-and-blood-borne-illness/hiv-information-for-health-care-providers
  - Guidelines for the Use of HIV Point of Care (POC) Test Kits in Saskatchewan https://publications.saskatchewan.ca/api/v1/products/11997/formats/81578/download
- SexLifeSask: https://sexlifesask.ca/healthcare-providers
- University of Saskatchewan STBBI Treatment Education Program for Saskatchewan (STEPS): https://cmelearning.usask.ca/specialized-programs/stepsprogram/programoverview.php
- Other resources:
  - Manitoba Community Event-Based STBBI Testing Toolkit https://static1.squarespace.com/static/561d5888e4b0830a0f1ed08b/t/65e7c27bfe5a1a49803edd00/1709687419842/2023-MHRN-EVENT-TESTING-GUIDE-V2-FULL-FIN.pdf
  - University of British Columbia, Continuing Professional Development Free U=U Training https://ubccpd.ca/learn/learning-activities/course?eventtemplate=853