



# **MANAACII WIITHAGAPIN**

(harm reduction)



talking  
about  
STBBIs in  
Manitoba

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## ABOUT SYPHILIS



**Syphilis is a kind of bacteria that is transmitted from close skin-to-skin contact during sex,** usually inside, on or near the genitals or rectum.

External condoms protect against syphilis for the areas covered by the condom, but syphilis can be transmitted to/from skin not covered. Internal condoms cover more skin and may protect better against syphilis.

**Syphilis can spread to a fetus during pregnancy, to an infant during birth or during close contact after birth,** and may cause stillbirth or serious health consequences for the newborn.

*Most people with syphilis do not have, or do not realize they have, any symptoms.*

If you have had close skin-to-skin contact with someone who has syphilis or who may have syphilis, we recommend you and your partner access testing services regardless of the presence of symptoms.

# SYPHILIS SYMPTOMS

1. A **sore** where the bacteria entered your body, appearing **days to weeks after being exposed**, and lasting days to weeks, sometimes painless, but can also be painful if irritated or infected. (PRIMARY syphilis)
2. A **rash** on the face, chest, arms, palms of the hands, legs, soles of the feet, appearing **weeks to months after exposure**, and lasting days to weeks. (SECONDARY syphilis)
3. If syphilis goes untreated, serious **damage can result in many organs of the body, including the brain**, appearing years after exposure. (TERTIARY syphilis)

- Since sores and rash can be caused by other things, many people might not realize these symptoms are caused by syphilis.
- Syphilis symptoms go away by themselves but syphilis does not go away unless treated. The longer you have syphilis without treatment, the more damage is caused and the more medication you will require to clear the infection.
- Medication for a recent syphilis infection is usually two shots of penicillin in the large muscles of the upper arms or upper legs.
- A longer-term syphilis infection that has gone untreated may require repeating the doses of penicillin every two weeks and having your blood tested more than once to make sure the infection has been cleared.
- Syphilis infection can make your body more open to HIV infection. If you have one, you could have both.
- HIV infection can make you more vulnerable to having a severe case of syphilis, including rapid progression to neurosyphilis (a form of syphilis infection in the brain).
- It can also be more difficult to treat syphilis in those with HIV, and more difficult to test for syphilis to track how well medications against syphilis are working.

# CONGENITAL SYPHILIS

## *How can congenital syphilis (CS) affect a baby?*

CS can have serious and permanent health impacts on a baby. How CS affects a baby's health depends on how long the birthing parent had syphilis and if, or when, they got treatment for the infection.

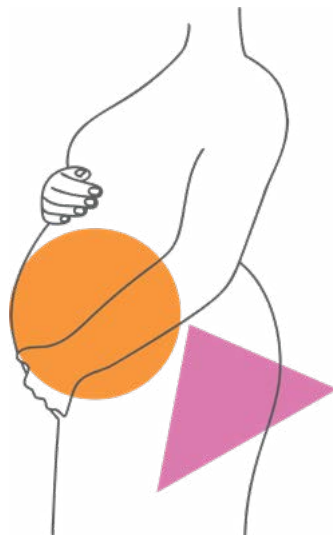
CS can cause:

- miscarriage (losing the baby during pregnancy)
- stillbirth (a baby born dead)
- prematurity (a baby born early)
- low birth weight
- death shortly after birth

*Up to 40% of babies born to people with untreated syphilis may be stillborn or die from the infection as a newborn.*

Babies born with CS may have:

- deformed bones
- severe anemia (low red blood cell count)
- enlarged liver and spleen
- jaundice (yellowing of the skin and eyes)
- brain and nerve problems such as blindness or deafness
- meningitis
- skin rashes



# STAGES OF SYPHILIS

## *Stage: Primary*

**Window:** Usually 2 to 3 weeks after infection, but can be anywhere from 1 to 12 weeks after infection

**Symptoms:** Painless sore(s) where syphilis entered your body. Usually on or near your penis, vulva, and anus, inside vagina rectum or mouth

**Duration:** 3 to 8 weeks from first appearance of sore(s)

## *Stage: Secondary*

**Window:** Usually 6 to 12 weeks after infection, but can appear anywhere from 4 to 24 weeks (1 to 6 months) after infection

**Symptoms:** Blisters/rash anywhere on the body as syphilis spreads. Face, chest, back, palms of hands, soles of feet

**Duration:** 3 to 12 weeks from first appearance of rash

## *Stage: Latent*

**Window:** *Early*—Less than 2 years after end of symptoms. *Late*—More than 2 years after symptoms

**Symptoms:** Symptoms may no longer be present, but the infection remains and will continue to cause damage

**Duration:** Months to years

## *Stage: Tertiary*

**Window:** 3 to 30 years after exposure

**Symptoms:** Permanent damage to brain, heart, and other organs.

## *Stage: Neurosyphilis*

**Window:** Any stage **Symptoms:** Infection of the brain and spinal chord can occur at any stage and cause meningitis, stroke, hearing loss, blindness, paralysis and dementia

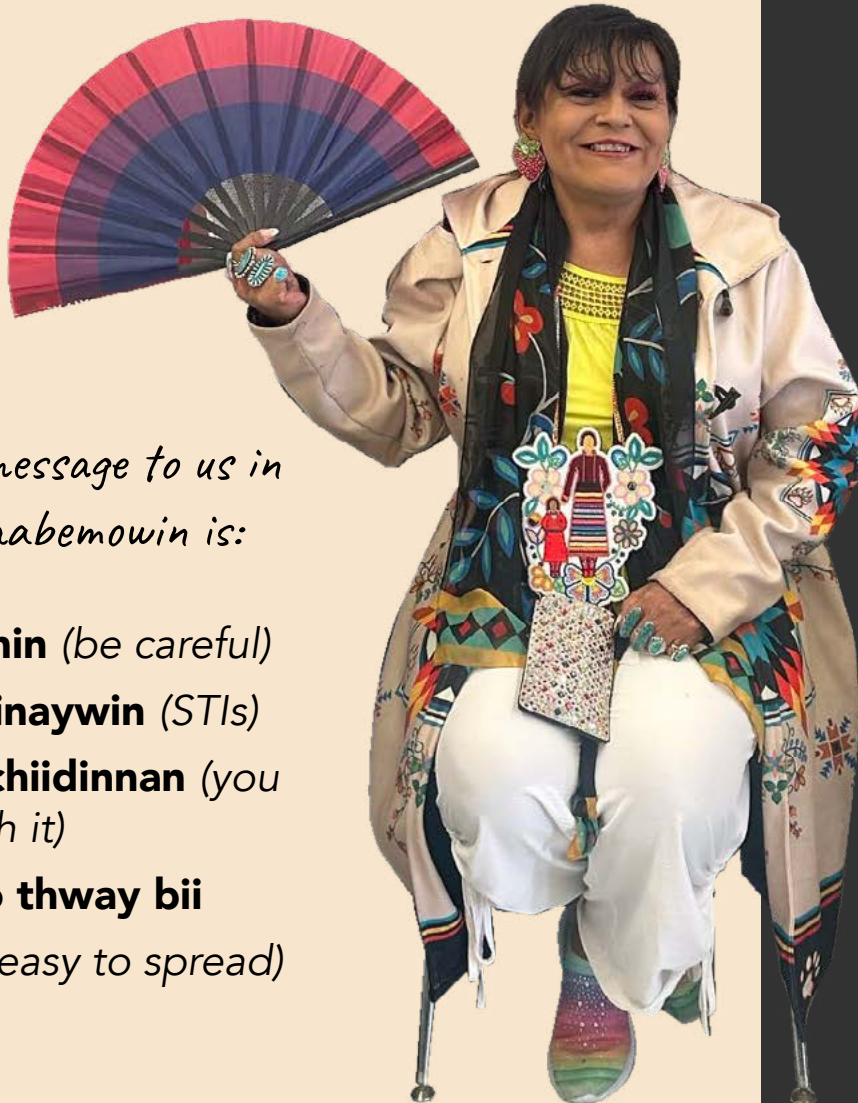






# Gayle Pruden

*Mino Pimatisiwin Sexual Wellness Lodge Kookum*



*Gayle's message to us in  
Anishinaabemowin is:*

**Agomithin** (be careful)

**machapinaywin** (STIs)

**kiitacatchiidinnan** (you  
can catch it)

**Akay oo thway bii**

**day** (it's easy to spread)



*Gayle's jingle dress  
regalia*



# MANAACII WIITHAGAPIN

(harm reduction)

## OVERVIEW

Information was collected over three sharing circles at Sunshine House with people with lived experience, community members and Sunshine House staff.

Project is led by Knowledge Holders Gayle Pruden (Ojibwe) and Dr. Ellen Cook (Cree).

Project is a partnership between Waniska/Ka Ni Kanichihk, Sunshine House and the University of Manitoba and is funded by the Feast Centre for STBBI research.

**PROJECT AUTHORS:** Dr. Ellen Cook, Gayle Pruden, Melissa Morris, Dr. John Schellenberg, Laverne Gervais, Levi Foy and Helina Zegeye.

## THREE GUIDING QUESTIONS WERE ASKED AT THE START OF THE SHARING CIRCLE

**1. What are your thoughts around rapid STBBI testing? Would you use this service?**  
What would you need to use rapid testing?

**2. What are your thoughts about self testing for STBBIs?**  
Would you use this service? What would you need to help you use the self tests?

**3. What aftercare or supports would you want if you tested positive?**  
What about a negative result?

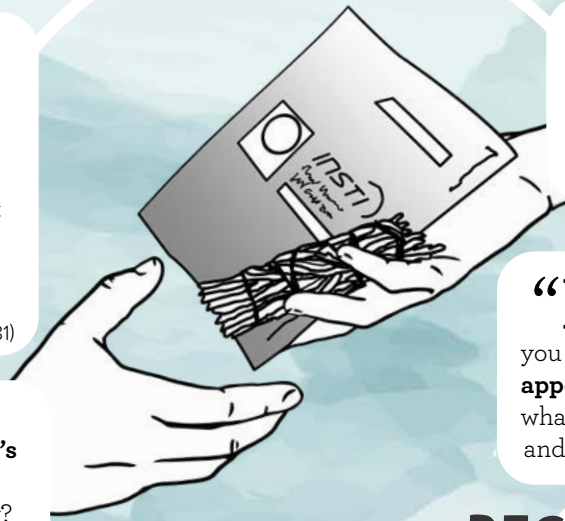
## SELF TESTING

“So, I think it would maybe work for somebody that was very familiar with testing, that was very, like, okay, **I know what I’m going to do if I test positive. So, there’s no question in my mind,** if I test positive, I’m going to the doctor the next day, or I’m doing something. I’m reaching out to my Elder, I’m reaching out to somebody. But I would need to know before I did that test what my supports would be.”

(MWHR-FG-01-120322-100PM#001, POS. 81)

“It’s so quick, the turnaround from that. **I would want somebody with the knowledge of where’s the clinic, what number do I phone, who am I going to talk to,** can I sit and talk to someone now? That’s what I would need for myself immediately.”

(MWHR-FG-01-120322-100PM#001, POS. 96)



## SUPPORTS

“I would come here to **Sunshine House,** or the **Nine Circles** clinic that’s up on Broadway there.”

(MWHR-FG-01-120322-100PM#001, POS. 82)

“**T**rained peer, healthcare provider, clinic nurse practitioner. Yeah, somebody like that. Somebody who has knowledge of what to do next, where can you go, and have an idea or a database where I can receive that help.”

(MWHR-FG-01-120322-100PM#001, POS. 98)

“It would be my perfect world if the Manitoba HIV Program had a **hotline,** and you could do the test with them on the hotline, and if you needed aftercare, then they could **immediately set you up with an appointment.** And by the time you got off the phone, you knew what time, what day, and where to go to have that aftercare, so at least you can process and not worry about the future.”

(MWHR-FG-04-042423-645PM#004, POS. 51)

## RECOMMENDATIONS

► **Continue educating Elders** on harm reduction and STBBI knowledge, and integrating traditional supports into an STBBI care cascade for Indigenous peoples.

► **Broaden the supports** for self-testing and resources to guide users to care.

► **Educate the community** on syphilis, prevention, symptoms and treatment including self-testing options.

► **Ongoing training and support** around distributing and knowledge about STBBI self-tests including community organizations, peers and community members.

## Other findings from participants:

Potential for **third-party testing spaces** like MOPS or Sunshine House that offer non-clinical support while testing was mentioned by several participants as a good way to facilitate more testing and ease anxiety.

Participants needed **more information** in the community about Syphilis testing and treatment. They were open to using a Syphilis self test.



# ABOUT MPOX

**Mpox is a viral infection that often appears with a rash that may be painful. Most people recover on their own after a few weeks. In some circumstances, people can become very sick and could die.**

## SYMPTOMS

People usually develop symptoms 5 to 21 days after being exposed to the virus. Symptoms typically last 14 to 28 days.

Symptoms often include a rash or sores that can affect any part of the body, including:

- Face and mouth
- Arms and legs
- Hands and feet
- Anus, rectum, and genitals

The rash or sores can be accompanied by general symptoms, such as:

- Fever
- Chills
- Swollen lymph nodes
- Headache
- Muscle, joint or back pain
- Exhaustion

## HOW MPOX IS PASSED

Mpox can be passed from person-to-person through contact with the lesions or scabs of a person who has mpox. These lesions or scabs may be found on the skin or mucosal surfaces (such as the eyes, mouth, throat, genitals, anus, or rectum).

It may also be possible for it to be passed through:

- Contact with bodily fluids, such as blood, saliva, and semen.
- Sexual activity, including oral and skin-to-skin contact
- Direct contact with personal items that a person who has mpox uses, such as sex toys, clothing, bedding, towels and toothbrushes.
- Respiratory particles from talking, breathing, coughing or sneezing, during close contact.

Emerging evidence suggests that some people who have mpox may be contagious 1 to 4 days before their symptoms begin. This is known as pre-symptomatic transmission. At this time, it's not yet known



how often pre-symptomatic transmission occurs.

There's also a chance that people who are pregnant and have mpox can pass the virus to their fetus through the placenta.

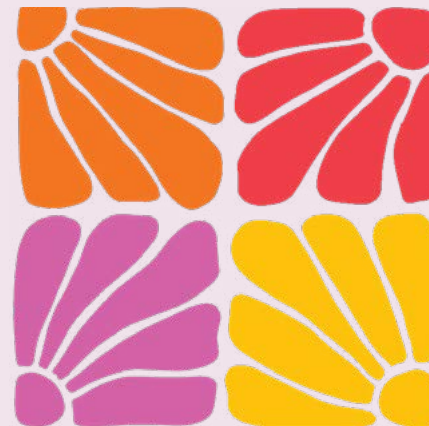
## GETTING TESTED

You may be advised to get tested for mpox based on a combination of factors, such as:

- Signs and symptoms.
- Risk factors, such as exposure to a case or travel history.

Contact a health care provider or your local public health authority for more information on getting assessed and tested.

*Health Links—Info Santé (204-788-8200 or toll free at 1-888-315-9257)*



## VACCINES AND TREATMENT

The vaccine Imvamune® is authorized by Health Canada for adults 18 years of age and older. Two doses of Imvamune® are recommended for people who are at highest risk of exposure to mpox, before they are exposed to the virus.

This includes:

- Men who have sex with men (MSM) and individuals who have sex with MSM and who meet at least one of the following criteria:
- Having two or more sexual partners or who are in a relationship where at least one of the partners has other sexual partners
- Having had a confirmed sexually transmitted infection in the past year
- Individuals who self-identify as sex workers, regardless of self-identified sex or gender
- Staff or volunteers in sex-on-premises venues where workers may have contact with objects or materials that may be contaminated with the mpox virus without the use of personal protective equipment



Vaccination is also recommended for people who have had a potential exposure and in settings where transmission is happening. For those who have had a probable exposure, it is important to get vaccinated as soon as possible, ideally within 4 days of exposure. Immunization programs vary across the provinces and territories so reach out to a healthcare provider or your local public health authority to learn more.

Treatment for mpox includes wound care, pain control, and treatment of bacterial superinfections and other complications.

## RISKS OF GETTING MPOX

Most cases in Canada so far are in people with multiple sexual partners, mostly men who report sexual contact with other men. It's important to stress that the risk of exposure to the virus is not limited to any group or setting. Anyone can get or pass on mpox if they come into close contact with someone who has the virus, regardless of sex, race, gender or sexual orientation. We continue to monitor for and investigate cases of mpox in Canada. We will update this information as it becomes available.

## PREVENTING MPOX TRANSMISSION

You can lower your risk of getting or passing on mpox with the following measures:

- Get vaccinated if eligible.
- Avoid sharing lube, sex toys, fetish gear, douching equipment, toothbrushes, substance use equipment like pipes and syringes, bedding, towels and clothing.
- If sharing, use condoms on sex toys, and change them out between sexual partners.
- Limit your number of sexual partners.
- Avoid close physical contact, including sexual and skin-to-skin contact, with someone who has mpox.
- Check yourself regularly for symptoms like unusual lesions, rash, and fever. If in doubt, isolate from others, get tested, and contact your local health provider for advice.
- Stay home and limit contact with others if you have symptoms, or as recommended by your health



care provider.

- Maintain good hand hygiene and respiratory etiquette.
- Clean and disinfect high touch surfaces and objects.
- Stay informed by accessing trusted sources of information.

## IF YOU HAVE MPOX

If you have mpox, your local public health authority may require or suggest you isolate to prevent passing it on to others. Follow their advice on isolation including the length of time they recommend. The isolation period usually ends when the rash has healed (all the scabs have fallen off on their own and the skin is healing).

To lower the risk of passing on the virus to others when isolating, you should avoid:

- Leaving your home unless you need urgent medical care.
- Contact with people, especially those who are at risk of more severe disease, such as young children, individuals with weakened immune systems, and anyone who is pregnant.
- Directly touching people, including through sexual contact.
- Contact with animals, including pets, livestock

and wildlife, as mpox can be passed from humans to animals.

- Sharing personal items (such as razors, needles, sex toys, and toothbrushes).

You should also practise the following measures when isolating:

- Wear a well-fitting medical mask when around others.
- Clean your hands and cover coughs and sneezes.
- Clean and disinfect all surfaces and objects that you've had contact with.
- Handle your own laundry and utensils, unless you're unable to do so.
- Do not donate blood or any other bodily fluids (including sperm) or tissue.
- Postpone non-urgent medical visits and procedures.
- Seek advice from a health care provider if you're breastfeeding.

At this time, we're still researching how mpox is transmitted, including the possible risks after a person has recovered. Contact your local public health authority for more information on safer sex practices after recovering from mpox.



## IF YOU'VE BEEN EXPOSED TO MPOX

Contact your local public health authority if you may have been exposed to someone with mpox. Your local public health authority may also notify you if you've been exposed. They will provide you with instructions on what to do, which may vary depending on your exposure risk level.

In some instances, you may be instructed to get tested for the virus or go to a vaccination clinic to receive a vaccination.

Unless you have been instructed otherwise, you can continue routine daily activities, while taking some precautions for 21 days after you've been exposed:

- Self-monitor for symptoms of mpox.
- Avoid taking medications that are known to lower fever, as they may mask an early symptom of mpox. For example, acetaminophen, ibuprofen, and acetylsalicylic acid.
- Continue to cover coughs and sneezes and clean your hands regularly.
- If symptoms develop, isolate immediately, and follow the instructions of your local public health authority.

*Mpox info taken from the Public Health Agency of Canada*

## THE LATEST INFO ABOUT MPOX IN MANITOBA

For the most current information about mpox and other infectious diseases, including complete vaccine eligibility, visit the Government of Manitoba Public Health website: [gov.mb.ca/health/publichealth/](https://gov.mb.ca/health/publichealth/)

As of August 2024, cases of mpox are still being detected in Canada, with increased cases in Ontario.

A new mpox variant has been identified in Africa and the World Health Organization declared a public health emergency of concern (PHEIC) because of it. However, as of August 2024, this variant has not yet been found in North America.

## MINO PIMATISIWIN SEXUAL WELLNESS LODGE

is an Indigenous-led STBBI testing & treatment clinic rooted in Indigenous health and wellness hosted by Ka Ni Kanichihk. Our culturally-safe space offers testing, treatment, traditional medicine, referrals and more!

For more information please visit our website:  
[www.goaskauntie.ca](http://www.goaskauntie.ca)

Find us at  
**765**  
MAIN STREET

Find us  
**OVER DER!**

- ↑ NORTH ON MAIN
- RIGHT ON SUTHERLAND
- ↓ RIGHT (SOUTH) ON AUSTIN



*Bündigen!*

TUES, THURS BY DROP IN:  
STBBI TESTING & TREATMENT  
11AM-3PM ONLY

MINO PIMATISIWIN  
SEXUAL WELLNESS LODGE

ADMIN@KANIKANICHIK.CA  
204-594-6500

[WWW.GOASKAUNTIE.CA](http://WWW.GOASKAUNTIE.CA) FOR MORE INFORMATION



# ABOUT H.I.V.

## WHAT IS HIV?

HIV stands for human immunodeficiency virus.

HIV is a virus that can weaken your immune system, the body's built-in defence against disease and illness. You can have HIV without knowing it. That's why it's so important to get tested.

With proper treatment and care, people with HIV can live long and healthy lives and avoid passing HIV to others. In fact, a person living with HIV who is on successful treatment cannot pass HIV to their sex partners.

There is no vaccine to prevent HIV but there are things you can do to avoid passing or getting HIV. Read on to learn more!

## WHO CAN GET HIV?

Anyone can get HIV, no matter...

- your age
- your sex, gender or sexual orientation
- your race or ethnic origin

## HOW DOES A PERSON GET HIV?

HIV can only be passed by these five body fluids:

- blood
- semen (including pre-cum)
- rectal fluid
- vaginal fluid
- breast milk

HIV can only be passed when the virus in one of these fluids gets into the bloodstream of an HIV-negative person—through broken skin, the opening of the penis or the wet linings of the body, such as the vagina, rectum or foreskin. HIV cannot be passed through healthy, unbroken skin.

The two main ways that HIV can be passed are:

- through sex
- by sharing needles or other equipment to inject drugs (including steroids or hormones)

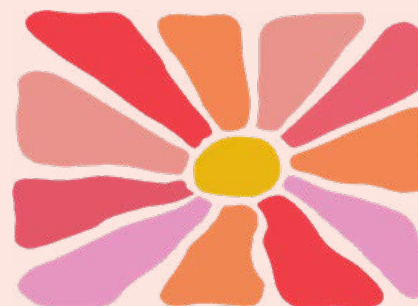
HIV can also be passed:

- to a fetus or baby during pregnancy, birth or breastfeeding
- by sharing needles or ink to get a tattoo
- by sharing needles or jewelry to get a body piercing
- by sharing acupuncture needles

HIV *cannot* be passed by:

- shaking hands, working or eating with someone who has HIV
- hugs or kisses
- coughs, sneezes or spitting
- swimming pools, toilet seats or water fountains
- insects or animals

Since November 1985, all blood products in Canada are checked for HIV, to ensure that it is safe to get a blood transfusion. And there is no chance of getting HIV from donating blood.



## HIV AND SEX

HIV can be passed during sex. But there are ways to protect yourself and your sex partners:

- Condoms and lube. Use a new condom every time you have sex. This will help protect you from HIV and other STIs (sexually transmitted infections), such as gonorrhea and syphilis. Use only water- or silicone-based lubricants; oil-based lubricants can make a condom break.
- HIV treatment. If you have HIV and are not on HIV treatment, talk to your doctor about starting HIV treatment. HIV drugs can protect your health and prevent HIV transmission. When a person is on HIV treatment and has a suppressed viral load, they do not pass HIV during sex.
- PrEP. If you are HIV-negative and at higher risk for HIV, you might be a candidate for PrEP (pre-exposure prophylaxis). PrEP involves an HIV-negative person taking certain HIV drugs to reduce the risk of getting HIV. A person starts PrEP before being exposed to HIV. Talk to your doctor to find out if PrEP might be right for you.



- PEP. If you are HIV-negative and may have been exposed to HIV, you can take PEP (post-exposure prophylaxis). PEP drugs must be started as soon as possible (within 72 hours of being exposed to HIV) and need to be taken for 28 days. A person starts PEP after being exposed to HIV.
- Not sharing sex toys. Avoid sharing sex toys (and if you do, cover the toy with a new condom before each use). It is also important to clean your toys between vaginal and anal use.
- Choosing oral sex, masturbation and forms of sexual stimulation that pose little or no risk of HIV.

People can have HIV or other STIs without knowing it because these infections often do not cause symptoms. Don't assume that you or your partner knows if they have HIV or any other STI. The only way to know for sure is to get tested.



## HIV AND DRUG USE

HIV can be passed by sharing needles and other drug equipment.

Sharing needles and other drug equipment can also spread hepatitis B and C, viruses that damage the liver.

Protect yourself and the people you do drugs with.

If you use drugs, there are things you can do to protect yourself and use drugs in a safer way. This is called harm reduction.

To practice safer drug use:

- Use a new needle and syringe every time you inject drugs (or steroids or hormones). Get new needles and supplies from your local harm reduction program, needle/syringe program or community health centre.
- Never share drug equipment (such as cookers, filters, water, alcohol swabs, pipes, straws), not even with your sex partner. Use your own drug equipment every time.
- Get tested for HIV and hepatitis viruses. If you test positive for HIV or hepatitis B and C, talk to your doctor about getting treatment.

When people are on successful HIV treatment there is a lower

chance of passing HIV from sharing equipment for using drugs, but we don't know exactly how much it reduces the risk. It is best to use new needles and equipment every time.

## HIV AND PREGNANCY

Without proper treatment and care, HIV can be passed from a pregnant person to their baby during

If you are pregnant or thinking about getting pregnant, get tested for HIV.

If you are HIV-positive, with proper treatment and care, you can have an HIV-negative baby.

If you take HIV treatment, get proper care and maintain a suppressed viral load before and during your pregnancy, you will not pass HIV to your baby during pregnancy or delivery. If you are not on treatment when you first get pregnant, starting HIV treatment as soon as possible dramatically lowers the chance of passing HIV to your baby.

To prevent HIV transmission after your baby is born, Canadian guidelines recommend feeding your baby formula instead of breastfeeding.

Talk to a healthcare provider you trust if you wish to breastfeed or if you have questions about infant feeding.

## HOW IS HIV TREATED?

HIV is treated with HIV medications (also called HIV treatment). These medications have to be taken as prescribed by your doctor. They cannot get rid of HIV but they can keep it under control.

If you are diagnosed with HIV, the sooner you start treatment, the better it is for your health.

Taking HIV treatment exactly as prescribed and maintaining

a suppressed viral load also prevents HIV transmission.

Without HIV treatment, your immune system can become too weak to fight off serious illnesses, and you can eventually become sick with life-threatening infections and cancers. This is called AIDS (acquired immunodeficiency syndrome). But thanks to effective HIV treatment, these days most people with HIV never get AIDS.





*Beadwork by  
Rebecca Murdock*





PEOPLE DONT TALK ABOUT  
THAT YOU CAN LIVE A LONG  
HEALTHY LIVE BEING HIV +

I LOOK GOOD AND I FEEL GOOD.

BUT WE SHOULD TALK MORE  
ABOUT ALL THAT WE WENT  
THROUGH... FEELINGS, OUR  
EXPERIENCES, EVERYTHING.

BACK IN THE DAY I HAD TO  
TAKE 5 TO 6 PILLS DAILY

JUST TO TRY TO FIGHT  
OFF THE HIV

I USED TO BE  
TERRIFIED OF  
ANYONE TOUCHING  
MY BLOOD

A NOSEBLEED,  
A CUT,

EVEN MY  
MENSTRUAL  
CYCLE.

I DREADED IT COMING.  
IT JUST HAPPENS  
NATURALLY.

YOU CANT STOP IT

WHEN MY HIV WAS  
OUT OF CONTROL

I FELT LIKE A KILLER.

BUT ITS DIFFERENT  
NOW

THESE DAYS I ONLY  
TAKE ONE PILL

IM  
UNDETECTABLE  
=  
UNTRANSMITABLE

I NO LONGER  
LIVE WITH  
THESE FEARS IN  
MY BODY.

I'M GOING TO BE  
OKAY.  
IT'S GOING TO BE  
OKAY.

I'M GOING TO  
LIVE A LONG  
HEALTHY LIFE.

AND I HAVE SO  
MANY PEOPLE TO  
THANK FOR THAT





Feast Centre for  
Indigenous STBBI Research



Ka Ni Kanichihk Inc.  
"those who lead"



UM  
Rady Faculty of  
Health Sciences

