

British Columbia Action Plan for Addressing Syphilis among 2S/GBTQ+ Populations



Introduction:

In British Columbia, rates of infectious syphilis have been increasing over the past decade. 559 cases of syphilis were reported in the province in 2013, while 2,068 cases of syphilis were reported in 2023. The number of infectious syphilis cases amongst 2S/GBTQ+ has been steadily increasing since 2011. In 2019, the 2S/GBTQ+ population accounted for more than 80% of all syphilis cases reported that year. With increasing rates of syphilis amongst 2S/GBTQ+ and other populations, the Provincial Health Officer declared a syphilis outbreak in 2019.

Syphilis, often called the “great imitator,” can be difficult to identify, and stigma or discrimination in healthcare settings may deter 2S/GBTQ+ people from seeking timely screening or treatment. These barriers can lead to delays in diagnosis and increase the risk of transmission. Addressing these challenges requires urgent and targeted action.¹

Methodology:

Health Initiative for Men (HIM) held a provincial syphilis consultation on Tuesday February 18th, 2025 in Vancouver, BC. Attendees included healthcare providers, researchers, representatives from community-based organizations, and community members. HIM, Community-Based Research Centre (CBRC), and the BC CDC delivered presentations to provide participants with information on the provincial syphilis context, research findings, and past syphilis testing campaigns. This was followed by a group discussion concerning syphilis challenges, opportunities, and recommended actions.

Recommended Actions:

Prevention:

- **Improve Access to Doxy-PEP**
Review current BC doxy-PEP eligibility criteria, expand and streamline current access pathways, and explore new modes of access.
- **Educate Communities**
Create and deliver community education on syphilis and doxy-PEP in safe community spaces and in secondary and post-secondary schools. Work with community leaders to help facilitate these efforts.
- **Review and Increase Sexual Health Education for Healthcare Providers**
Create toolkits and healthcare provider guidelines for currently practicing healthcare providers. Increase sexual health education for current medical school students.

¹ This section was informed by [WHO](#), [Clement et al.](#), [Vancouver Coastal Health](#), [Myer](#), and the [BC CDC](#).

Screening:

- **Increase Low-Barrier Testing and Self-Testing Options**

Offer more opportunities to, and spaces for, low-barrier testing and self-testing options. These can include using syphilis point-of-care testing, as well as dried blood spot testing (DBS).

- **Implement Syphilis Screening as a Part of Routine Care**

Incorporate syphilis screening into routine care for 2S/GBTQ+ clientele, including in primary care. Adopt an opt-out approach for STI requisitions and bloodwork.

- **Educate Healthcare Providers**

Increase education for healthcare providers on syphilis and STI screening for 2S/GBTQ+ people.

Treatment:

- **Treat all Presumptive Cases at the Point of Testing**

Currently, registered nurses in BC are not authorized to treat individuals who present with possible symptoms of syphilis unless there is confirmed contact with a known case. Providing treatment for presumptive cases can help to eliminate infection and reduce loss to follow-up.

- **Provide Treatment via Outreach**

Offer syphilis treatment and services through targeted outreach programs in community settings such as shelters, drop-in centres, and events in order to reach people who may not access traditional healthcare spaces. These efforts should also include on-site testing, education, and linkages to ongoing care.

- **Increase Syphilis Treatment Awareness**

Create and deliver campaigns for 2S/GBTQ+ people and other communities to increase knowledge of and reduce stigma surrounding syphilis treatment.

Overarching Actions & Recommended Next Steps:

The recommended actions above focus on three key priorities: syphilis prevention, screening, and treatment. Stakeholders can implement relevant and feasible recommendations within their organizations and communities. For example, community-based organizations can take the lead on developing and delivering educational programming, while healthcare providers can focus on improving treatment and care delivery. Furthermore, research personnel should initiate targeted, intentional data collection to evaluate the impact and effectiveness of these actions over time. This includes identifying service gaps, particularly for 2S/GBTQ+ communities. Some recommendations, like community outreach events, offer opportunities for meaningful cooperation between stakeholders, reinforcing the need for collaborative approaches to effectively address syphilis among BC's 2S/GBTQ+ population.



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