

2025

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



Introduction:

Alberta has reported some of the highest syphilis rates in the country, prompting a province-wide public health response. While rates of infectious syphilis have increased within heterosexual populations, 2S/GBTQ+ communities continue to be disproportionately affected. Contributing factors include barriers to regular testing, limited awareness of prevention and treatment options, and increased stigma. This action plan presents targeted recommendations to address syphilis within Alberta's 2S/GBTQ+ communities through prevention, screening, and treatment.

Methodology:

Community-Based Research Centre (CBRC) convened a provincial syphilis meeting in October 2024. Attendees included healthcare providers, researchers, representatives from community-based organizations, and community members. Presentations were delivered by CBRC, Alberta Health Services, and community-based organizations to provide participants with information on the provincial syphilis context, provincial research findings, community consultation data, and local syphilis initiatives. This was followed by a group discussion activity to identify and prioritize key recommendations concerning syphilis prevention, screening, and treatment.

Recommended Actions:

Prevention:

- **Expand Doxy-PEP Access**

Educate community members and providers on doxy-PEP as a prevention tool for syphilis and other STIs. Facilitate doxy-PEP guideline development, including supporting current efforts to develop national doxy-PEP guidelines which can be adapted and integrated into existing Alberta STBBI guidelines (e.g., HIV PrEP). To help facilitate patient access, create a list of Alberta providers willing to prescribe doxy-PEP to facilitate patient access.

Screening:

- **Adopt Opt-Out Syphilis Screening**

Adopt opt-out screening, informing patients that syphilis testing is routine care for all sexually active people who may be at risk and proceeding with testing unless they decline.

- **Expand Screening Access Points**

Increase and diversify screening access points, including primary care, pharmacy, and community-based settings (e.g., street outreach, 2S/GBTQ+ community events).

- **Integrate Innovative Screening Technologies**

Where appropriate, integrate innovative screening technologies like syphilis point-of-care testing (POCT) to enhance screening accessibility, deliver rapid results, and allow for early initiation of treatment.



Treatment:

- **Expand Treatment Accessibility**

Increase the capacity of providers to deliver treatment, as well as the number and diversity of treatment sites (e.g., pharmacies, clinics, community-based settings).

- **Improve Treatment Aftercare**

Implement practices to reduce injection pain—such as anesthetic use—and offer treatment options (e.g., oral, injectable) based on patient preference. Support patients in aftercare planning (e.g., prevention, follow-up screening).

Overarching Actions:

- **Increase Community Outreach**

Develop and implement targeted outreach strategies to expand access to prevention, screening, and treatment information and services for 2S/GBTQ+ communities in accessible locations (e.g., street outreach, 2S/GBTQ+ community spaces and events).

- **Meaningfully Engage 2S/GBTQ+ Communities**

Prioritize the meaningful involvement of 2S/GBTQ+ communities in the design, implementation, and monitoring of syphilis prevention, screening, and treatment initiatives. Partner with community-based organizations to facilitate access to people with lived experience to ensure that services are culturally relevant and accessible.

- **Develop and Implement a Public Syphilis Communications Strategy**

Establish and implement a sustainable, community-informed communications strategy to increase syphilis awareness and knowledge among 2S/GBTQ+ and other affected communities. The strategy must prioritize accessibility and should be appealing to target audiences. It should be comprehensive, addressing prevention, screening, and treatment. Finally, it should allow for easy linkage to relevant services across the province.

- **Enhance Provider Capacity**

To ensure optimal care for Alberta's 2S/GBTQ+ communities, equip providers (e.g., primary care, pharmacists) with the knowledge and tools necessary to offer effective syphilis prevention, screening, and treatment (e.g., guidelines and training on doxy-PEP, testing frequency, staging, and treatment). Offer cultural competency training to all healthcare providers to reduce stigma and improve patient-care access and experience, particularly concerning care for 2S/GBTQ+ and Indigenous or racialized communities.

- **Increase Government Support**

Implementation of this action plan will require government action. This includes sufficient and sustainable funding for organizations responsible for carrying out recommended actions. Government action is also required to enable adoption of multiple recommendations, including the adoption of opt-out screening, the adoption of doxy-PEP guidelines, and expansion of syphilis POCT. Where government action is insufficient, other stakeholders should respond via advocacy and, where feasible, securing alternative funding sources.

Recommended Next Steps:

A provincial task force should be created and meet regularly to support further planning, implementation, and monitoring of this action plan.

The task force should be composed of diverse stakeholders, including community members, community-based organizations, healthcare providers, and government representatives. Geographic representation and representation of 2S/GBTQ+ belonging to underserved communities should be considered when selecting members. To maximize synergies and reduce duplication of efforts, the task force should be integrated alongside other collaborative efforts to address syphilis in Alberta. To catalyze progress and prevent “meeting purgatory”—cyclical meetings that fail to result in tangible outcomes—the task force should develop SMART objectives with clear milestones, timelines, and accountability measures. In ever shifting times, there is an increased need to identify and secure funding sources to support the implementation and maintenance of the action plan, including government grants, private donations, and explore potential partnerships with community-based organizations and health authorities across the province and beyond.



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